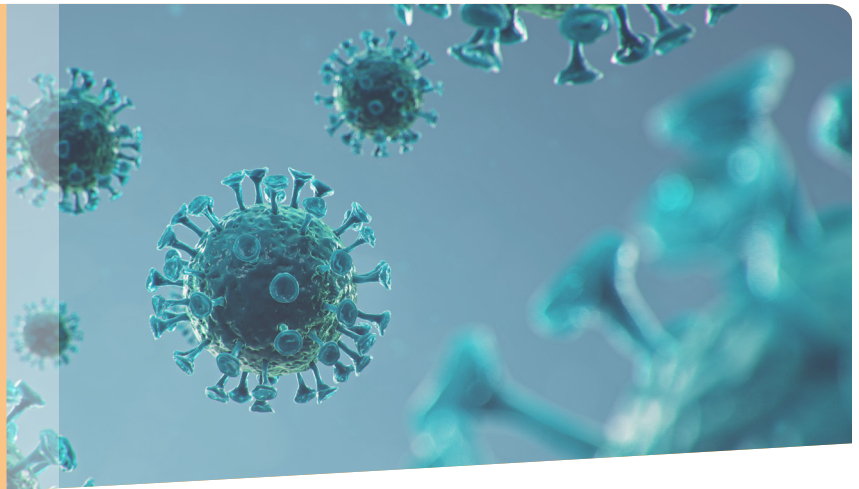


Facility Information Sheet

for CMS COVID-19 Focused Surveys



This document contains information and guidance based on the CMS COVID-19 Focused Surveys facilities have encountered. Please refer to PharMerica's COVID-19 P&P on ViewMasteRx for expanded guidance as well as source documents therein, including CDC and WHO guideline statements.

Resources:

- [CMS COVID-19 Focused Survey for Nursing Homes](#)
- [CDC Coronavirus Disease 2019 \(COVID-19\) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings](#)

Signs and Symptoms of COVID-19

- Hallmark: Fever, cough, shortness of breath.
- Emergency: Severe trouble breathing, persistent pain or pressure in the chest, new confusion or inability to arouse, bluish lips or face.

Checking resident temperatures

- Resident temperatures should be checked daily by Nurse or CNA and documented, as fever is a hallmark symptom of COVID-19. Facility Administrator and Medical Director should be notified of febrile residents, to ensure they are worked up/ruled out for COVID-19 per P&P.

Screening facility staff

- Facility should be screening all staff at the beginning of their shift for fever and signs/symptoms of illness.
- Facility should be actively taking staff temperatures and documenting absence of illness (or signs/symptoms of COVID-19 as more information becomes available).

Social Distancing Residents

- Residents should all receive instruction on social distancing of > 6 feet.
- Facility may place signage stressing the importance of social distancing and reminding residents to maintain > 6 feet distance from others.
- Social activities that require close proximities should be temporarily suspended.

Face Mask / PPE Use

- Per CMS Memorandum dated 3-23-20, it is acknowledged that state/federal surveyors should NOT cite facilities for lack of PPE, including Face Masks, in instances of critical shortages.
- Facilities SHOULD make documented efforts to quantify estimated demands and acquire these supplies.
- Transmission-Based Precautions should be implemented as follows:
 - For a resident on Contact Precautions: staff don gloves and isolation gown before contact with the resident and/or his/her environment;
 - For a resident on Droplet Precautions: staff don a facemask within six feet of a resident;
 - For a resident on Airborne Precautions: staff don an N95 or higher level respirator prior to room entry of a resident;
 - For a resident with an undiagnosed respiratory infection: staff follow Standard, Contact, and Droplet Precautions (i.e., facemask, gloves, isolation gown) with eye protection when caring for a resident unless the suspected diagnosis requires Airborne Precautions (e.g., tuberculosis);
 - For a resident with known or suspected COVID-19: staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator if available. A facemask is an acceptable alternative if a respirator is not available. Additionally, if there are COVID-19 cases in the facility or sustained community transmission, staff implement universal use of facemasks while in the facility (based on availability).
- When COVID-19 is identified in the facility, staff wear all recommended PPE (i.e., gloves, gown, eye protection and respirator or facemask) for the care of all residents on the unit (or facility-wide based on the location of affected residents), regardless of symptoms (based on availability).
- If using a reusable mask, it should be routinely disinfected and allowed to dry using an EPA-registered [product from List-N](#).

Cleaning shared equipment

- Per PMC's COVID-19 P&P Section 6.d: An EPA-registered, hospital-grade disinfectant will be routinely applied to these high contact areas according to product specifications:
 - Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19. These products can be identified by the following claim:
 - “[Product name] has demonstrated effectiveness against viruses similar to COVID-19 on hard, non-porous surfaces. Therefore, this product can be used against COVID-19 when used in accordance with the directions for use against [name of supporting virus] on hard, non-porous surfaces.”
 - Reference EPA's List N for appropriate products.

How is the facility protecting residents?

- Show surveyor facility policy and procedure for COVID-19;
OR
- Refer to PharMerica COVID-19 ICP Policy and Procedure on ViewMasteRx.

Continuing COVID-19 Education

- Per PMC's COVID-19 P&P Section 5.a: Facility Administrator/Designated Facility COVID-19 IPC champion is responsible for providing relevant facility HCPs with job-specific education on the prevention of infectious diseases, training on the use of and fitting of PPE/respiratory devices whenever available, and disease-state specific education regarding COVID-19.
- Specifically, Per PMC's COVID-19 P&P Appendix A: Facility Administrator/dedicated facility staff member should:
 - Check CDC COVID-19 website daily for updated facility/HCP recommendations;
 - Educate relevant personnel on best practice Hand and Respiratory Hygiene;
 - Educate relevant personnel on best practice handling of PPE;
 - Review signs and symptoms of COVID-19 with relevant personnel.
- These educational components should be ongoing and at an appropriate frequency corresponding to the rate at which new information is provided.
 - A staff member should be assigned responsibility for monitoring public health advisories (federal and state) and updating the COVID-19 response coordinator and members of the COVID-19 planning committee when COVID-19 is in the geographic area.
- This education may be done in whatever manner is most appropriate for facility staff: in person, via recorded audio/visual message, or via text transmission, at the discretion of the facility's responsible personnel.

Handling HD patients (regarding PPE)

- Per CMS Memorandum dated 3-23-20, the facility should provide residents who must leave the facility regularly for medically necessary purposes (e.g., residents receiving hemodialysis and chemotherapy) a facemask (if available) whenever they leave their room, including for procedures outside of the facility.
- Additionally - In general, if outside HCPs do not meet general criteria for COVID-19 induced restricted facility access, but said HCP is appropriately wearing PPE, they should be allowed to enter and provide services to the patient (interdisciplinary hospice care, dialysis, organ procurement, home health, etc.)

Hospice personnel visits

- Hospice personnel should be wearing facemask as part of appropriate PPE required for their admission to facility. There is a distinct possibility said personnel may be asymptomatic carriers of SARS-CoV-2 and it is important they wear these protective barriers to avoid dispersion of their potentially infectious respiratory secretions.

Responding to suspected cases of COVID-19

- See PMC's COVID 19 P&P Section 2: Manage suspected and confirmed cases of COVID-19:
 - Appropriate placement of suspected cases of COVID-19;
 - Timely notification of infection control personnel at facility and state/local health department;
 - Enforce PPE use and hand hygiene.
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Isolation Procedures

- See PMC COVID-19 P&P Section 2.a: Placement of PUIs
 - “Place individuals meeting CDC-suspected case definition in a designated, isolated, negative-pressure room
 1. If facility does not have such a quarantine room readily available, place individual in designated and isolated room and consult local health department
 - ONLY healthcare professionals (HCPs) essential for providing direct patient care will enter room
 1. Adhere to the hand hygiene and PPE guidance found in this document (see section 2.d)
 2. Keep log to record all HCPs who encounter suspected case patient(s)
See Appendix F...”
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Visitation Policy

- See PMC COVID-19 P&P Section 3: Manage Visitor Access and Movement Within the Facility
 - Note: per 3-13-20 CMS Memorandum, facility will restrict visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation. Accepted visitors will still be subject to infection control measures as outlined in document.
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Staffing

- Does the facility have an preparedness plan for staffing in an emergency?
- Can the facility produce staffing schedules?
- Does the facility have copies of staffing agency contracts on hand
 - How are agency staff being trained on facility COVID-19 procedures

Contact your PharMerica Consultant Pharmacist for additional information or to discuss In-service opportunities

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