



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-21-08-NLTC

DATE: December 30, 2020

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Revised COVID-19 Focused Infection Control Survey Tool for Acute and Continuing Care

Memorandum Summary

- ***CMS is committed*** to taking critical steps to ensure America’s health care facilities are prepared to respond to the COVID-19 Public Health Emergency.
- ***Revised COVID-19 Focused Infection Control Survey Tool:*** CMS is making revisions to the non-long term care (NLTC) focused infection control survey tool for acute and continuing care providers to reflect COVID-19 guidance updates, provide clarifications to existing information, and update the appropriate CMS regulatory tag considerations if a citation is warranted.

Background

On January 31, 2020, the Secretary of Health and Human Services determined that a Public Health Emergency (PHE) exists and on March 13, 2020, the President declared a national emergency due to the COVID-19 pandemic, which triggered the Secretary’s ability to authorize waivers or modifications of certain requirements pursuant to [section 1135 of the Social Security Act](#) (the Act). Under section 1135(b)(5) of the Act, CMS prioritized surveys by authorizing modification of timetables and deadlines for the performance of certain required activities. On March 4, 2020, CMS issued [QSO-20-12-All](#) announcing a prioritization and suspension of certain surveys. On March 20, 2020 (updated on September 28, 2020), CMS issued the [QSO 20-20-All](#) memorandum, which introduced the focused infection control (FIC) survey and tool. The FIC survey tool is available to every provider in the country to make them aware of infection control priorities during this time of crisis, and providers and suppliers may perform a voluntary self-assessment of their ability to meet these priorities.

In accordance with [QSO-20-35-All](#) (dated August 17, 2020) related to the revised survey prioritization, during the COVID-19 PHE, surveyors should continue to utilize the COVID-19 FIC survey tool for Acute and Continuing Care as part of any survey that is conducted. For complaint investigations, if a complaint allegation is not related to infection control concerns, then the FIC survey tool will generally not be utilized. However, if onsite observations of the complaint investigation reveal concerns with infection control (IC), the surveyor should contact their State Agency (SA) for possible expansion of the survey to include the FIC survey tool. This memo updates the FIC survey tool for acute and continuing care providers and replaces the tool originally released in QSO-20-20-ALL (dated March 20, 2020).

Not all providers/suppliers have specific IC regulatory requirements that will tie directly to every question on the FIC survey tool. However, most providers/suppliers have basic requirements that are closely related to IC issues, such as providing safe care and/or maintaining sanitary environments and equipment. As with the normal survey process for assessing compliance with the Medicare conditions, all identified deficiencies must be supported by the statute or regulations and reported using the principles of documentation. The FIC survey tool can also be used by facilities for COVID-19 infection control education and self-assessment purposes.

COVID-19 Focused Infection Control Survey Tool for Acute and Continuing Care

CMS is revising the COVID-19 Focused Infection Control Survey Tool for Acute and Continuing Care to help ensure an effective assessment of a provider's or supplier's implementation of the appropriate infection prevention standards (e.g., transmission-based precautions, face coverings, etc.). We also updated the additional considerations sections for hospitals, critical access hospitals, and dialysis facilities to reflect the correct CMS regulatory tag and to clarify dialysis considerations.

Clarification of Guidance for Screening of those Entering a Healthcare Facility

CMS is also taking this opportunity to revise the FIC survey tool to align with recent updates from the Centers for Disease Control and Prevention (CDC) related to screening and triage of those entering healthcare facilities. Specifically, facilities should have a screening process to assess for signs/symptoms consistent with COVID-19 and for exposure to others with known or suspected COVID-19. CDC recommends options for screening symptoms that include but are not limited to: screening questions with an assessment of illness, self-monitored pre-arrival temperature checks with reported absence of fever and symptoms, and facility-monitored temperature checks upon arrival. CDC notes that "although screening for symptoms will not identify asymptomatic or pre-symptomatic individuals with SARS-CoV-2 infection, symptom screening remains an important strategy to identify those who could have COVID-19 so appropriate precautions can be implemented."¹ Healthcare facilities are encouraged to review CDC's updated infection prevention and control (IPC) recommendations when developing or revising their screening policies and procedures.

¹ Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>) – accessed November 6, 2020.

Additional Resource Links:

- Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>)
- Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance) <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>
- Summary for Healthcare Facilities: Strategies for Optimizing the Supply of PPE during Shortages (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/strategies-optimize-ppe-shortages.html>)
- CMS current emergencies page that lists the latest updates and guidance related to COVID-19 survey activity: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>
- The HHS Office for Civil Rights (OCR) provides resources on complying with Federal civil rights laws during the COVID-19 pandemic at the following link: <https://www.hhs.gov/civil-rights/for-providers/civil-rights-covid19/index.html>. OCR also provides resources for assisting hospitals and other healthcare providers with satisfying their legal obligations to provide meaningful access to individuals with limited English proficiency and effective communication to individuals with disabilities at the following link: <https://www.hhs.gov/civil-rights/for-individuals/special-topics/hospitals-effective-communication/index.html>.

Contact: Questions may be submitted to: QSOG_EmergencyPrep@cms.hhs.gov.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State Agency/CMS Branch Location training coordinators immediately.

/s/

David R. Wright
Director, Quality, Safety & Oversight Group

cc: Survey and Operations Group Management

Attachment: COVID-19 Focused Infection Control Survey Tool: Acute and Continuing Care

COVID-19 Focused Infection Control Survey *Tool*: Acute and Continuing Care

Please note red italics show updates since last release. Revised: December 2020

General guidance: This survey tool provides a focused review of the critical elements associated with the transmission of *SARS-CoV-2, the virus that causes* COVID-19, and will help surveyors to prioritize survey activities while onsite *within healthcare facilities*. These efficiencies will decrease the potential for transmission of the virus, as well as lessen disruptions to the facility and minimize exposure of the surveyor. Surveyors should be mindful to ensure their activities do not interfere with the active treatment or *infection prevention efforts*. Facilities are expected to be in compliance with CMS guidance in effect at the time of the survey. Refer to QSO memos released at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions>.

Content within this tool may be generally applied to any *healthcare* setting. However, CMS recognizes that not all acute and continuing care providers *and suppliers* have the same acuity, capacity, *or regulatory requirements* and therefore, depending upon the setting, not all information will be applicable on every survey (e.g.; aerosol-generating procedures section). *Any deficient practice should be cited at the applicable Infection Prevention and Control (IPC) tag for the provider/supplier being surveyed*. If citing for noncompliance related to COVID-19 *related practices*, the surveyor(s) must include the following language at the beginning of the Deficient Practice Statement or other place determined appropriate on the Form CMS-2567: “Based on [observations/interviews/record review], the facility failed to [properly prevent and/or contain – or other appropriate statement] **COVID-19.**”

If surveyors see concerns related to compliance with other requirements, they should investigate them in accordance with guidance in the appropriate provider/supplier appendix of the State Operations Manual and related survey instructions. Surveyors may also need to consider investigating concerns related to Emergency Preparedness in accordance with the guidance in Appendix Z of the State Operations Manual (e.g., for emergency staffing).

For purposes of this *survey tool*, “staff” includes employees, consultants, contractors, volunteers, and others who provide care and services to patients on behalf of the facility. Additionally, the general term “facility” means inpatient, congregate settings, hospitals, intermediate care facilities for individuals with developmental disabilities, dialysis facilities, and clinics; and “home” refers to settings such as hospice and home health where care is provided in the home.

Entering the Facility/Triage/Registration/Visitor Handling

- Is signage posted at facility entrances with visitation restrictions and screening procedures
- *Does the facility have a screening process for those entering the facility (patients and visitors) to mitigate the risk of COVID-19 exposure (for example: exposure to COVID-19 screening questions and assessment of symptoms/illness);*
- Are staff trained on appropriate processes (e.g., questions to ask and actions to take) to rapidly identify and isolate suspect COVID-19 cases?

- Is there a process that occurs after a suspected case is identified to include immediate notification of facility leadership/infection control?

Visitation

- *Are visitors, if permitted on the premises based on state or federal guidance (e.g., reopening recommendations), instructed to frequently perform hand hygiene; limit their interactions with others in the facility; and restrict their visit to the room of the patient they are visiting or other location designated by the facility?*

Standard and Transmission-Based Precautions (TBPs)

CMS is aware that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for not having certain supplies (e.g., *Personal Protective Equipment (PPE)*) such as gowns, N95 respirators, surgical masks) if they are having difficulty obtaining these supplies for reasons outside of their control. However, CMS does expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact their healthcare coalition for assistance

(<https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx>) or *public health authorities* for assistance, follow national and/or local guidelines for optimizing their current supply or identify the next best option to care for patients. Among other practices, optimizing their current supply may mean prioritizing *the* use of gowns based on *the* risk of exposure to infectious *materials*, blood or body fluids, splashes or sprays, high contact procedures, or aerosol-generating procedures (AGPs), as well as possibly extending use of PPE (follow national and/or local guidelines). Current CDC guidance for healthcare professionals is located at: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html> and *guidance for* healthcare facilities is located at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/us-healthcare-facilities.html>. Guidance on strategies for optimizing PPE supply is located at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the State Agency should contact the CMS Regional Location.

General Standard Precautions

- Are staff performing *all of* the following appropriately:
- Respiratory hygiene/cough etiquette,
 - Environmental cleaning and disinfection, and
 - Reprocessing of reusable patient medical equipment (i.e., cleaning and disinfection per device and disinfectant manufacturer's instructions for use)?

Hand Hygiene

- Appropriate hand hygiene practices (e.g., alcohol-based hand rub (ABHR) or soap and water) are followed. Unless hands are visibly soiled, an alcohol-based hand rub is preferred over soap and water in most clinical situations.*
- Staff wash hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids).
- If there are shortages of ABHR, *do staff perform* hand hygiene using soap and water instead?
- Do staff perform hand hygiene (even if gloves are used) in the following situations:
 - Before and after contact with patients;
 - After contact with blood, body fluids, or visibly contaminated surfaces or other objects *or* surfaces in the care environment;
 - After removing personal protective equipment (e.g., gloves, gown, *eye protection*, facemask); and
 - Before performing a procedure such as an aseptic task (e.g., insertion of an invasive device such as a urinary catheter, manipulation of a central venous catheter, medication preparation, and/or dressing care).
- Interview appropriate staff to determine if hand hygiene supplies (*e.g., ABHR, soap and paper towels*) are readily available and who they contact for replacement supplies.

Did staff implement appropriate hand hygiene? Yes No (see appropriate IPC tags for the provider/supplier type)

Personal Protective Equipment (PPE)

- Determine if staff appropriately use PPE including, but not limited to, the following:
 - Gloves are worn if potential contact with blood or body fluid, mucous membranes, non-intact skin, *potentially contaminated skin or potentially contaminated equipment*;
 - Gloves are removed after contact with blood or body fluids, mucous membranes, non-intact skin, *potentially contaminated skin or potentially contaminated equipment*;
 - Gloves are changed and hand hygiene is performed before moving from a contaminated site to a clean site during care (body, equipment, etc.);
 - An isolation gown worn for direct patient contact if the patient has uncontained secretions or excretions;
 - *Appropriate mouth, nose, and eye protection (e.g., facemasks or respirator with goggles or face shield) along with isolation gowns are worn for patient care activities or procedures that are likely to contaminate mucous membranes, or generate splashes or sprays of blood, body fluids, secretions, or excretions;*
 - *Unless additional source control is needed, facemasks are worn by all staff while they are in the healthcare facility.*
- If PPE use is extended/reused, is it done according to national and/or local guidelines? If it is reused, is it *appropriately* cleaned/decontaminated/*stored*/maintained after and/or between uses?

Interview appropriate staff to determine if PPE is available, accessible and used by staff.

- Are there sufficient PPE supplies available to follow *IPC* guidelines? In the event of PPE shortages, what procedures *are* the facility taking to address this issue?
- Do staff know how to obtain PPE supplies before providing care?
- Do they know who to contact for replacement supplies?

Aerosol-Generating Procedures (AGPs)

- Appropriate mouth, nose, clothing, gloves, and eye protection (e.g., N95 or higher-level respirator, if available; gowns, face shield) is worn for performing *AGPs* and/or *any* procedures that are likely to generate splashes or sprays of blood or body fluids and COVID-19 is suspected;
- *Procedures* that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously. If performed, the following should occur:
 - Staff in the room should wear an N95 or higher-level respirator, eye protection, gloves, and a gown.
 - The number of staff present during the procedure should be limited to only those essential for care and procedure support.
 - AGPs should ideally take place in an airborne infection isolation room (AIIR). If an AIIR is not available and the procedure is medically necessary, then it should take place in a private room with the door closed.
 - Clean and disinfect procedure room surfaces promptly and with *an* appropriate *EPA-registered* disinfectant *for healthcare settings*. Use disinfectants on [EPA's List N: Disinfectants for Coronavirus \(COVID-19\)](#) or other national recommendations.

Did staff implement appropriate use of PPE? Yes No (see appropriate IPC tags for the provider/supplier type)

Transmission-Based Precautions

Determine if appropriate transmission-based precautions are implemented, including but not limited to:

- Signage on the patient's room regarding need for transmission-based precautions;
- PPE use by staff (i.e., don gloves and gowns before contact with the patient and their care environment while on contact precautions; don facemask within *six* feet of a patient on droplet precautions; for facilities that use/have N-95 masks - don a fit-tested N95 or higher level respirator prior to room entry of a patient on airborne precautions);
- Dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs, blood glucose monitor equipment) is used, or if not available, then equipment is cleaned and disinfected according to manufacturers' instructions using an EPA-registered disinfectant *for healthcare settings (effective against the identified organism if known)* prior to use on another

patient or before being returned to a common clean storage area. *Healthcare settings should refer to List N for EPA-registered disinfectants qualified for use against COVID-19*;

- When transport or movement is medically-necessary outside of the patient room, does the patient wear a facemask?
- Contaminated surfaces, objects and environmental surfaces that are touched frequently and in close proximity to the patient (e.g., bed rails, over-bed table, bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare use (effective against the organism identified if known) at least daily and when visibly soiled.

- Interview appropriate staff to determine if they are aware of processes/protocols for transmission-based precautions and how staff is monitored for compliance.
- For providers of care in the home, has the provider educated patients and family members regarding transmission of infectious diseases and specifically mitigating transmission of COVID-19?
- Interview appropriate staff to determine if they are aware of processes/protocols for transmission-based precautions and how staff is monitored for compliance.
- If concerns are identified, expand the sample to include more patients with transmission-based precautions.

Did the staff implement appropriate transmission-based precautions? Yes No (see appropriate IPC tags for the provider/supplier type)

Standards, Policies and Procedures

- Did the facility establish a facility-wide *IPC Program (IPCP)* including written standards, policies, and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19?
- Do the facility's policies or procedures include when to notify local/state public health officials if there are clusters of respiratory illness or cases of COVID-19 that are identified or suspected?
- Concerns must be corroborated as applicable including the review of pertinent policies/procedures as necessary.

Did the facility develop and implement an overall IPCP including policies and procedures for undiagnosed respiratory illness and COVID-19? Yes No (see appropriate IPC tags for the provider/supplier type)

Infection Surveillance

- Does the facility know how many patients in the facility *currently* have been diagnosed with COVID-19 (suspected and confirmed)?

- The facility has established/implemented a surveillance plan, based on a facility assessment, for identifying, tracking, monitoring and/or reporting of fever, respiratory illness, or other signs/symptoms of COVID-19.
- The plan includes early detection, management of a potentially infectious, symptomatic patients and the implementation of appropriate transmission-based precautions/PPE.
- The facility has a process for communicating the diagnosis, treatment, and laboratory test results when transferring patients to an acute care hospital or other healthcare provider.
- Can appropriate staff (e.g., nursing and leadership) identify/describe the communication protocol with local/state public health officials?
- Interview appropriate staff to determine if *IPC* concerns are identified, reported, and acted upon.

Did the facility provide appropriate infection surveillance? Yes No (see appropriate IPC tags for the provider/supplier type)

Education, Monitoring, and Screening of Staff

- *Does the facility have a screening process for all staff to complete prior to or at the beginning of their shift that reviews for exposure to others with known or suspected COVID-19, signs/symptoms of illness and includes whether fever is present (screened upon arrival or self-reported absence of fever)?*
- Is there evidence the provider has educated staff on *SARS-CoV-2 and* COVID-19 (e.g., symptoms, how it is transmitted, screening criteria, work exclusions)?
- How does the provider convey updates on COVID-19 to all staff?
- If staff develop symptoms (*as stated above*) at work, does the facility:
 - have a process for staff to report their illness or developing symptoms;
 - inform the facility's infection preventionist and include information on individuals, equipment, and locations the person came in contact with; and
 - follow current guidance about returning to work (e.g., local health department *or* CDC *recommendations*): <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>.

Did the facility provide appropriate education, monitoring, and screening of staff? Yes No (see appropriate IPC tags for the provider/supplier type)

Emergency Preparedness - Staffing in Emergencies

- Policy development: Does the facility have a policy and procedure for ensuring staffing to meet the needs of the patients when needed during an emergency, such as a COVID-19 outbreak?
- Policy implementation: In an emergency, did the facility implement its planned strategy for ensuring staffing to meet the needs of the patient? (N/A if emergency *staffing* was not needed)

Did the facility develop and implement policies and procedures for staffing strategies during an emergency?

- Yes No (see appropriate Emergency Preparedness tag for the provider/supplier type)

The following sections are specific nuances to consider and assess when on survey.

Considerations Specifically for Surveys of Hospitals and Critical Access Hospitals

Patient Care

- Is the facility restricting patients *that are on transmission-based precautions* to their rooms *(to the extent possible)* except for medically necessary purposes? If patients have to leave their room, are they wearing a facemask performing hand hygiene, limiting their movement in the facility, and performing social distancing (staying at least 6 feet away from others).
- Has the facility isolated *patients* with known or suspected COVID-19 in a private room *with access to a private bathroom* (if available), or taken other actions based on national (e.g., CDC), state, or local public health authority recommendations?

Did staff provide appropriate care for patients with known or suspected COVID-19? Yes No (Hospital Tag A-0747, CAH Tag C-1231)

Environmental Cleaning

- During environmental cleaning *and disinfection* procedures, personnel wears appropriate PPE to prevent exposure to infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye protection).
- *Are environmental* surfaces in patient care areas cleaned and disinfected, using an EPA-registered disinfectant on a regular basis (e.g., daily), when spills occur, and when surfaces are visibly contaminated? Use disinfectants on [List N](#) of the EPA

website for EPA-registered disinfectants that have qualified under EPA’s emerging viral pathogens program for use against SARS-COV-2 or other national recommendations;

- Cleaners and disinfectants, including disposable wipes, are used in accordance with manufacturer’s instructions (e.g., dilution, storage, shelf-life, contact time).
- The hospital decontaminates spills of blood or other body fluids according to its policies and procedures, using appropriate EPA-registered hospital disinfectants.

Did staff provide appropriate environmental cleaning for facilities with known or suspected COVID-19? Yes No
(Hospital Tag A-0747, CAH Tag C-1231)

Additional Considerations Specifically for Dialysis Facility Surveys

Hand Hygiene Considerations

- *Hands should be washed with soap and water if visibly soiled. If not visibly soiled, hand hygiene with alcohol-based hand rub may be used. Handwashing sinks should be dedicated only for handwashing purposes and should remain clean.* (see § 494.30(a)(1)(i))
- Remove gloves and perform hand hygiene between each patient or dialysis station

Cleaning and Disinfection Considerations

- Items taken to the dialysis station must be either disposed of, dedicated for use on a single patient, or cleaned and disinfected before being taken to a common clean area or used on another patient
- Use proper aseptic technique during vascular access care, medication preparation and administration
- Proper cleaning and disinfection of the dialysis station including the dialysis machine, chair, prime waste receptacle, reusable acid, and bicarbonate containers after the previous patient fully vacate the station.
- *The facility’s usual practice for cleaning and disinfection of external surfaces and the internal circuits of hemodialysis machines, including those used for COVID-19 patients, continue to be appropriate. Facilities should ensure cleaning and disinfection procedures are consistent with the manufacturer’s instructions for use and any cleaning agents used for surface disinfection is active against SARS-CoV-2. Healthcare settings should refer to List N for EPA-registered disinfectants qualified for use against COVID-19.*
- Clean areas should be clearly designated for the preparation, handling and storage of medications and unused supplies and equipment.
- Clean areas should be clearly separated from contaminated areas where used supplies and equipment are handled.

- Proper disposal of bio-hazard waste

Isolation Considerations

- *Any surfaces, supplies, or equipment (such as dialysis machines) located within 6 feet of symptomatic patients should be cleaned and disinfected or discarded, as appropriate.*
- *Items taken into the dialysis station should either be disposed of, dedicated for use only on a single patient, or cleaned and disinfected before being taken to a common clean area or used on another patient. Waiting areas should be organized to separate patients with symptoms from patients without symptoms.*
- *Patients with confirmed or suspected SARS-CoV-2 infection should maintain at least 6 feet of separation from other patients at all times in the dialysis facility, e.g. waiting area, treatment area.*
- *Patients with confirmed or suspected COVID-19 should be dialyzed in a separate room or area. If separate room or area is not available, patients with confirmed or suspected COVID-19 may be dialyzed in the general treatment area, however they should be separated by at least 6 feet from the nearest patient (in all directions). Note: A negative COVID-19 test result is not a requirement for discontinuing isolation precautions. Surveyors should verify that facilities are adhering to CDC's most recent guidance for [discontinuing transmission-based precautions](#).*

Did staff implement appropriate hand hygiene, cleaning/disinfection and isolation considerations? Yes No (see Condition 42 CFR 494.30 and Tags V110-V148)