



COVID-19 Long-Term Care Infection Control Assessment and Response (ICAR) Tool

Home Care Providers: Please Review Supplemental Guidance Before Completing

The following infection prevention and control assessment tool should be used to assist long-term care settings with preparing to care for residents with COVID-19. Elements should be assessed through a combination of interviews with staff and direct observation of practices in the facility.

This assessment tool will also be used to capture information from home care agencies where applicable.

The assessment focuses on the following priorities, which should be implemented by all long-term care facilities.

- **Keep COVID-19 from entering your facility:**
 - Limit access points to the facility.
 - Restrict all visitors except for compassionate care situations (e.g., end of life).
 - Restrict all volunteers and non-essential healthcare personnel (HCP), including consultant services (e.g., barber).
 - Actively screen all HCP for fever and respiratory symptoms before starting each shift; send them home if they are ill.
 - Cancel all field trips outside of the facility.
 - Assess if any staff or consultants work at multiple facilities. Dedicate staff to one facility only.
 - Have residents who must regularly leave the facility for medically necessary purposes (e.g., residents receiving hemodialysis) wear a facemask whenever they leave their room, including for procedures outside of the facility.
- **Identify infections early:**
 - Actively screen all residents at least daily for fever and respiratory symptoms; immediately isolate anyone who is symptomatic.
 - Long-term care residents with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include: new or worsening malaise, new dizziness, diarrhea, or sore throat. Identification of these symptoms should prompt isolation and further evaluation for COVID-19 if it is circulating in the community.
 - Notify the health department if: severe respiratory infection, clusters (≥ 3 residents and/or HCP) of respiratory infection, or individuals with known or suspected COVID-19 are identified.
- **Prevent spread of COVID-19:**
 - Cancel all group activities and communal dining.
 - Enforce social distancing among residents.
 - Implement universal facemask use by all people in the facility (source control), including all staff, residents, and visitors.

- If facemasks are in short supply, they should be prioritized for direct care personnel. All HCP should be reminded to practice social distancing when in break rooms or common areas.
 - Residents and staff who do not provide direct patient care may wear cloth masks as source control. Cloth masks are not considered PPE and should not be used instead of a surgical mask or respirator.
- If COVID-19 is identified in the facility, restrict all residents to their room and have HCP wear all recommended PPE for all resident care, regardless of the presence of symptoms. Refer to strategies for optimizing PPE when shortages exist.
 - Cohort COVID-19 positive residents with dedicated staff in one area and COVID-19 negative residents with dedicated staff in a separate area.
 - This approach is recommended to account for residents who are infected but not manifesting symptoms. Recent experience suggests that a substantial proportion of long-term care residents with COVID-19 do not demonstrate symptoms.
 - When a case is identified, public health can help inform decisions about testing asymptomatic residents on the unit and in the facility.
- **Assess supply of personal protective equipment (PPE) and initiate measures to optimize current supply:**
 - For example, extended use of facemasks and eye protection or prioritization of gowns for certain resident care activities
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
- **Identify and manage severe illness:**
 - Facility performs appropriate monitoring of ill residents (including documentation of pulse oximetry if available) at least 3 times daily to quickly identify residents who require transfer to a higher level of care.

Demographics

Date of Assessment	
Assessment Completed by	
Facility Name	
Facility Location (County)	
Facility Type	<input type="checkbox"/> Long Term Care <input type="checkbox"/> Skilled Nursing Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted living Facility <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Home Care <input type="checkbox"/> Other _____
Number of Licensed Beds	
Facility Certified by CMS	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility Licensed by State	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility License #	
Facility Affiliated with Hospital	<input type="checkbox"/> Yes _____ <div style="text-align: center;">Hospital Name</div> <input type="checkbox"/> No
Contact Person	
Contact Person's Title	
Contact Person's Phone	
Contact Person's Email	
Total Staff Hours Per Week Dedicated to Infection Prevention	

Which of the following situations apply to the facility? (Choose the most appropriate answer)

- ☐ No cases of COVID-19 currently reported in their community (county)
- ☐ Cases reported in their community (county)

<input type="checkbox"/> Sustained transmission reported in their community (county) <input type="checkbox"/> Cases identified in their facility (either among HCP or residents)		
How many days supply does the facility have of the following PPE and alcohol-based hand sanitizer (ABHS)? Facemasks: N-95 or higher-level respirators: Isolation gowns: Eye protection: Gloves: ABHS:		
Visitor restrictions (Home Care Providers check N/A) <input type="checkbox"/> N/A		
Elements to be assessed	Assessment	Notes/Areas for Improvement
Facility restricts all visitation except certain compassionate care situations, such as end of life situations, decided on a case by case basis.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Potential visitors are screened prior to entry for fever or respiratory symptoms. Those with symptoms are not permitted to enter the facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Visitors that are permitted inside, must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Visitors are reminded to frequently perform hand hygiene.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Facility has sent a communication (e.g., letter, email) to families advising them that no visitors will be allowed in the facility except for certain compassionate care situations, such as end of life situations, and that alternative methods for visitation (e.g., video conferencing) will be facilitated by the facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Facility has provided alternative methods for visitation (e.g., video conferencing) for residents.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Facility has posted signs at entrances to the facility advising that no visitors may enter the facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Education, monitoring, and screening of healthcare personnel (HCP)		
Elements to be assessed	Assessment	Notes/Areas for Improvement
Facility screens all HCP (including consultant personnel) at the beginning of their shift for fever and respiratory symptoms	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	

(actively takes their temperature and documents absence of shortness of breath, new or change in cough, and sore throat).		
If HCP are ill, they are instructed to put on a facemask and return home.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Facility keeps a list of symptomatic HCP.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dedicated health care personnel are assigned to work with COVID positive patients. These personnel do not interact with other staff or residents.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Non-essential personnel including volunteers and non-essential consultant personnel (e.g., barbers) are restricted from entering the building.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Personnel who work at multiple facilities are assigned to a single facility until COVID-19 transmission in the community has been contained.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Facility has provided education and refresher training to HCP (including consultant personnel) about the following: <ul style="list-style-type: none"> <input type="checkbox"/> COVID-19 (e.g., symptoms, how it is transmitted) <input type="checkbox"/> Sick leave policies and importance of not reporting or remaining at work when ill <input type="checkbox"/> Adherence to recommended IPC practices, including: <ul style="list-style-type: none"> ○ Hand hygiene, ○ Selection and use including donning and doffing PPE, ○ Cleaning and disinfecting environmental surfaces and resident care equipment <input type="checkbox"/> Any changes to usual policies/procedures in response to PPE or staffing shortages 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Education, monitoring, and screening of residents		
Elements to be assessed	Assessment	Notes/Areas for Improvement
Facility assesses residents for fever and symptoms of respiratory infection upon admission and at least daily throughout their stay in the facility, including atypical symptoms such as new or worsening malaise, new dizziness, diarrhea, or sore throat. Identification of these atypical symptoms should prompt	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	

isolation and further evaluation for COVID-19 if it is circulating in the community.		
Residents with suspected respiratory infection are immediately placed in appropriate Transmission-Based Precautions.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Facility performs appropriate monitoring of ill residents (including documentation of pulse oximetry, if available) at least 3 times daily to quickly identify residents who require transfer to a higher level of care.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Facility keeps a list of symptomatic residents.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Facility has dedicated wing or area to manage patients with COVID-19 which is separate from other residents and personnel in non-COVID area.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Facility has taken action to stop group activities inside the facility and field trips outside of the facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Facility has taken action to stop communal dining.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Facility has residents who must regularly leave the facility for medically necessary purposes (e.g., residents receiving hemodialysis or chemotherapy) wear a facemask whenever they leave their room, including for procedures outside of the facility.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
If PPE supply allows, have HCP wear all recommended PPE (gown, gloves, eye protection, and respirator or facemask) for care of these residents, regardless of symptoms. Refer to strategies for optimizing PPE when shortages exist.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Facility has provided education to residents about the following: <ul style="list-style-type: none"> <input type="checkbox"/> COVID-19 (e.g., symptoms, how it is transmitted) <input type="checkbox"/> Importance of immediately informing HCP if they feel feverish or ill <input type="checkbox"/> Actions they can take to protect themselves (e.g., hand hygiene, covering their cough, maintaining social distancing) <input type="checkbox"/> Actions the facility is taking to keep them safe (e.g., visitor restrictions, changes in PPE, canceling group activities and communal dining) 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	

<p>Additional actions when COVID-19 is identified in the facility or there is sustained transmission in the community (some facilities may choose to implement these earlier)</p> <p><input type="checkbox"/> Residents are encouraged to remain in their room. If there are cases in the facility, residents are restricted (to the extent possible) to their rooms except for medically necessary purposes. If residents leave their room, they wear a facemask, perform hand hygiene, limit movement in the facility and perform social distancing.</p> <p><input type="checkbox"/> Cohort ill residents with dedicated HCP.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Availability of PPE and Other Supplies</p>		
<p>Elements to be assessed</p>	<p>Assessment</p>	<p>Notes/Areas for Improvement</p>
<p>Facility has assessed current supply of PPE and other critical materials (e.g., alcohol-based hand rub, EPA-registered disinfectants, tissues).</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>If PPE shortages are identified or anticipated, facility will make an urgent PPE request through the Office of Emergency Medical Services. (See education resources in toolkit for further information.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Facility has implemented measures to optimize current PPE supplies, which include options for extended use, reuse, and alternatives to PPE.</p> <p>For example, under extended use, the same facemask and eye protection may be worn during the care of more than one resident. Gowns could be prioritized for select activities such as activities where splashes and sprays are anticipated (including aerosol generating procedures) and high-contact resident care activities that provide opportunities for transfer of pathogens to hands and clothing of HCP.</p> <p>Additional options and details are available here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html</p>	<p><input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never</p>	
<p>Hand hygiene supplies are available in all resident care areas.</p>	<p><input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never</p>	

<p>Alcohol-based hand sanitizer* with 60-95% alcohol is available in every resident room, hallway, and other resident care and common areas.</p> <p>*If there are shortages of ABHS, hand hygiene using soap and water is still expected.</p>	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Sinks are stocked with soap and paper towels.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
PPE is available in resident care areas (e.g., outside resident rooms). PPE includes: gloves, gowns, facemasks, N-95 or higher-level respirators (if facility has a respiratory protection program and HCP are fit-tested) and eye protection (face shield or goggles).	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
<p>EPA-registered, hospital-grade disinfectants with an emerging viral pathogens claim against SARS-CoV-2 are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment.</p> <p>*See EPA List N: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2</p>	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Increased frequency of environmental cleaning while COVID-19 transmission is occurring in the community.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Tissues are available in common areas and resident rooms for respiratory hygiene, cough etiquette, and source control.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Infection Prevention and Control Practices		
Elements to be assessed	Assessment	Notes/Areas for Improvement
<p>HCP wear the following PPE when caring for residents with undiagnosed respiratory illness unless the suspected diagnosis required Airborne Precautions (e.g., tuberculosis):</p> <ul style="list-style-type: none"> • Gloves • Isolation gown • Facemask or respirator • Eye protection (e.g., goggles or face shield) <p>If COVID-19 is suspected, an N-95 or higher-level respirator is preferred, if available and the facility has a respiratory</p>	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	

protection program with fit-tested HCP; facemasks are an acceptable alternative.		
PPE are removed in a manner to prevent self-contamination, hand hygiene is performed, and new PPE are put on after each resident except as noted in CDC's extended use and reuse guidance.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Facility has implemented universal use of facemasks for all staff, residents, and visitors while in the facility. If facemasks are in short supply, they are prioritized for direct care personnel.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
All HCP are reminded to practice social distancing when in break rooms or common areas.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Non-dedicated, non-disposable resident care equipment is cleaned and disinfected after each use.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
EPA-registered disinfectants are prepared and used in accordance with label instructions.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
<p>HCP perform hand hygiene in the following situations:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Before resident contact, even if PPE is worn <input type="checkbox"/> After contact with the resident <input type="checkbox"/> After contact with blood, body fluids or contaminated surfaces or equipment <input type="checkbox"/> Before performing sterile procedure <input type="checkbox"/> After removing PPE <p>*A=always, S=sometimes, N=never</p>	<input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> N	
<p>Additional actions when COVID-19 is identified in the facility or there is sustained transmission in the community (some facilities may choose to implement these earlier)</p> <p>Consider having HCP wear all recommended PPE (gown, gloves, eye protection, N95 respirator (or facemask if not available)) for the care of all residents, regardless of presence of symptoms. This is done (if PPE supply allows) when COVID-19 is identified in the facility. Refer to strategies for optimizing PPE when shortages exist. This approach is recommended to account for residents who are infected but not manifesting symptoms. Recent experience suggests that a substantial proportion of long-term care residents with COVID-19 do not demonstrate symptoms.</p>	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Communication		

Elements to be assessed	Assessment	Notes/Areas for Improvement
Facility communicates information about known or suspected COVID-19 patients to appropriate personnel (e.g., transport personnel, receiving facility) before transferring them to healthcare facilities.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Facility notifies the health department about any of the following: <ul style="list-style-type: none"> • COVID-19 is suspected or confirmed in a resident or healthcare provider • A resident has severe respiratory infection • A cluster (e.g., ≥ 3 residents or HCP with new-onset respiratory symptoms over 72 hours) of residents or HCP with symptoms of respiratory infection is identified. 	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Facility has a plan to acquire temporary staff on short notice in case of an emergency staffing shortage.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Facility can provide points of contact with the local/state health department	<input type="checkbox"/> Yes <input type="checkbox"/> No	