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**Universal Source Control Measures and Social/Physical Distancing**

## **Overview and General Information**

The spread of COVID-19 from the community and within the health center is challenging. With the number of residents living closely together and close contact of care givers even when outside visitation is limited, a higher risk exists for those who live in the building.

The Centers for Disease Control and Prevention (CDC) and the Centers for Medicare and Medicaid Services (CMS) have provided guidance to reduce the risk of COVID- 19 outbreaks, including the implementation of universal source control measures and social/physical distancing, which are important strategies that will assist to effectively mitigate these risks. Full adherence to these requirements are key steps in the strategies for re-opening health care facilities across the nation.

Universal Source Control Measures

“Source control refers to use of well-fitting cloth face masks or facemasks to cover a person’s mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19”.1

Universal source control measures should always be in place unless situations requiring additional Personal Protective Equipment (PPE) such as a respirator or facemask is warranted related to COVID-19 community prevalence and/or the facility COVID-19 status per requirements.

In accordance with CDC and CMS guidance, it is recommended that all facilities should ensure that healthcare personnel (HCP) are using appropriate PPE when they are interacting with residents, to the extent that PPE is available and per CDC guidance on conservation of PPE. For the duration of the state of emergency in their respective State, all facility HCP should:

* + Wear a mask while in the facility.
    - When available, face masks are preferred over cloth facial covering for health care personnel as facemasks offer both source control and protection for the wearer against exposure of infectious material such as splashes and sprays form others.
      * Guidance on optimizing PPE is provided by CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
    - Cloth face coverings should NOT be worn by health care personnel instead of a respirator or facemask if PPE is required.
  + HCP should wear a face mask in break rooms, common areas and other spaces where they might encounter co-workers and other individuals
  + HCP should remove their respirator or facemask, perform hand hygiene, and put on their cloth mask when leaving the facility at the end of their shift
* Residents
  + Residents should wear cloth facial covering or facemask when tolerated whenever they leave their room, including any procedures or appointments outside of the facility.
  + Residents who leave the health center for appointments should also wear a mask during transport
  + Residents who have trouble breathing, are unconscious or incapacitated, or not able to remove the mask without assistance should not wear masks.
  + Residents whenever possible, whether they have COVID-19 symptoms or not, should cover their noses and mouths when HCP are in their room (i.e. they can use tissues, cloth masks, or non-medical masks when those are available).
    - “Residents should not use medical facemasks unless they are COVID-19-positive or assumed to be COVID-19-positive”2.
* Visitors and Vendors
  + Visitors and Vendors, if permitted into the facility per guidance, should wear a cloth face covering or face mask while visiting. Visitors, during the visitation process, should wear face coverings throughout the visitation process.
  + “If a visitor is unable or unwilling to maintain these precautions (such as young children), consider restricting their ability to enter the facility.
  + All visitors should maintain social distancing and perform hand washing or sanitizing upon entry to the visitation area or the facility”4
* Educate
  + It is important to educate residents, visitors, vendors, and HCP “about the importance of performing hand hygiene immediately before and after any contact with their facemask or cloth mask”1.

Physical/Social Distancing

Physical distancing (social distancing) is a mitigation strategy that is important in the community and is very important in health care organizations. Providing care and services to residents requires close physical contact between residents and HCP. “Physical distancing (maintaining at least 6 feet between people) is an important strategy to prevent SARS-CoV-2 transmission”.1

*Implementation strategies for physical/social distancing will depend on the stages described in the CMS Re-opening Guidance or the direction for state and local officials.*

Examples of how physical distancing can be implemented include:

* Implement physical/social distancing measures (remaining at least 6 feet apart from others) per guidance such as:
  + “Cancel communal dining and group activities, such as internal and external activities” in alignment with current guidance if indicated.
  + “Remind residents to practice social distancing, wear a cloth face covering (if tolerated), and perform hand hygiene.”
  + Remind HCP to practice social distancing and wear a facemask (for source control) when in break rooms or common areas”
  + “Considerations when restrictions are being relaxed include:
    - Allowing communal dining and group activities for residents without COVID-19, including those who have fully recovered while maintaining social distancing, source control measures, and limiting the numbers of residents who participate.
    - Allowing for safe, socially distanced outdoor excursions for residents without COVID-19, including those who have fully recovered. Planning for such excursions should address:
      * Use of cloth face covering for residents and facemask by HCP (for source control) while they are outside
      * Potential need for additional PPE by HCP accompanying residents
      * Rotating schedule to ensure all residents will have an opportunity if desired, but that does not fully disrupt other resident care activities by HCP
      * Defining times for outdoor activities so families could plan around the opportunity to see their loved ones”3
* Visitation
  + Limiting visitors to the facility to those essential for the residents’ physical or emotional well-being and care in accordance with federal and state guidelines/requirements
    - Continue to encourage the use of alternative mechanisms for resident and visitor interactions such as video-call applications on cell phones or tablets.
* “Modifying in-person group healthcare activities (e.g., group therapy, recreational activities) by implementing virtual methods (e.g., video format for group therapy) or scheduling smaller in-person group sessions while having residents sit at least 6 feet apart if allowed per guidance.
  + In some circumstances, such as higher levels of community transmission or numbers of patients with COVID-19 being cared for at the facility, and when healthcare-associated transmission is occurring, facilities might cancel in-person group activities in favor of an exclusively virtual format.”1

“For HCP, the potential for exposure to SARS-CoV-2 is not limited to direct patient care interactions. Transmission can also occur through unprotected exposures to asymptomatic or pre-symptomatic co-workers in breakrooms or co-workers or visitors in other common areas. Examples of how physical distancing can be implemented for HCP include:

* Reminding HCP that the potential for exposure to SARS-CoV-2 is not limited to direct patient care interactions.
* Emphasizing the importance of source control and physical distancing in non-resident care areas.
* Providing family visitation areas where all individuals (e.g., visitors, HCP) can remain at least 6 feet apart from each other.
* Designating areas and staggered schedules for HCP to take breaks, eat, and drink that allow them to remain at least 6 feet apart from each other, especially when they must be unmasked.”1

*CMS memo 20-30 of May 18, 2020 “Nursing Home Reopening Recommendations for States and local Officials” also contains valuable information regarding phased re-opening strategies, including universal source measures to be maintained and social/physical distancing protocols, which are in agreement with CDC Recommendations for source control.*

**Competencies which may be associated with Universal Source Control Measures include but are not limited to:**

* Understanding of Infection Control Practices which include COVID-19
* Program Development and Implementation for COVID-19 prevention and mitigation
* Proper use of Personal Protective Equipment
* Knowledge of proper hand hygiene practices
* Education regarding universal source control measures
* Communication skill and contact with outside infection control resources

**HCP Competencies in Universal Source Control Measures include but are not limited to:**

* Knowledge of Infection Control Practices which include COVID-19
* Ability to properly follow proper hand hygiene practices
* Demonstration of ability to properly don and doff Personal Protective Equipment including proper use, removal, and storage of medical grade face masks
* Knowledge of the need for resident use of cloth facial coverings when in common areas and ability to assist residents with proper use
* Ability to remind residents of proper hand hygiene and assist with completion

**Suggestions for Resources may include but are not limited to:**

The Centers for Medicare and Medicaid Services has provided several memos for health centers to refer to when planning programs to address facility responses to COVID-19. This guidance will be helpful for the health center in collaboration with state, regional, and local officials to prevent outbreaks within the health center and plan for phased reduction of restrictions.

The Center for Disease Control has dedicated portions of its website to providing long term care providers with information on prevention of infection, development of programs related to COVID-19, and has a link to an Infection Preventionist training site to assist health center professionals to become better educated in this role.

State specific guidelines are available to assist the health center to follow regulation provided through their state.

**References:**

1Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic. November 4, 2020:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#:~:text=Implement%20Universal%20Source%20Control%20Measures,talking%2C%20sneezing%2C%20or%20coughing>

3 Centers for Disease Control and Prevention. Preparing for COVID-19 in Nursing Homes. June 25, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

Centers for Disease Control and Prevention. Strategies for Optimizing the Supply of Facemasks. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>

2The Centers for Medicare and Medicaid Services. COVID-19 Long-Term Care Facility Guidance. April 2, 2020. <https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf>

4Centers for Medicare & Medicaid Services. “Nursing Home Reopening Guidelines for State and Local Officials”; May 18, 2020, Revised 09/28/20; CMS QSO-20-30-NH; <https://www.cms.gov/files/document/qso-20-30-nh.pdf>

The Centers for Medicare and Medicaid Services. Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes. November 2020 version 13. <https://www.cms.gov/files/document/covid-toolkit-states-mitigate-covid-19-nursing-homes.pdf>

## **Leader’s Guide**

There are multiple factors to consider when addressing COVID-19 spread and its effect on the health center. Following Universal Source Control Measures to create a consistent method to prevent infection spread within the health center is critical to preventing outbreaks, particularly when community spread of COVID-19 is prevalent.

Policies and procedures following the guidelines provided through The Centers for Medicare and Medicaid Services (CMS), the Centers for Disease Control and Prevention (CDC), and state specific guidance will enable the health care organization to consistently implement strategies to maintain the health, safety, and welfare of residents and staff.

Universal Source Control Measures and Physical (Social) Distancing, consistent with CDC, CMS, and State guidance, are essential core strategies in the prevention of the spread of infection. These strategies are applicable to all health care personnel, residents, vendors, visitors, and others who enter the health care organization.

Staff education and training for COVID-19 prevention must promote universal source control and proper Personal Protective Equipment (PPE) use. Training for residents, staff, visitors, vendors, and others on the use of face masks at all times, per guidance is expected. Ongoing monitoring and auditing is important for adherence with expected requirements. While adherence by all health care personnel is expected, staff will also need to re-educate residents on the importance of cloth facial covering use.

Through established COVID-19 policy and procedures, adherence to universal source control measures and physical/social distancing in accordance with guidance, will be essential components to an organization’s COVID-19 Pandemic Plan and reopening processes today and in the near future.

Some areas leaders need to consider for Universal Source Control Measures and Physical Distancing may include:

* Staff Resources:
* Infection Preventionist
* Licensed Nurses
* Administrator
* Director of Nursing Services and designees
* All Staff
* Residents and Resident Representatives
* Education:
* Infection Control Practices and Prevention of Transmission
* Policies and Procedures for Infection Control, including COVID-19
* Specific Universal Source Control Measure policies and procedures, also incorporated into other polices as applicable (All departments)
* Specific physical distancing (social distancing) policies and procedures, also incorporated into other polices as applicable (All departments)
* Proper use and application of Personal Protective Equipment
* Proper application and removal of face masks and cloth facial coverings
* Hand hygiene and use of hand sanitizers
* Active screening process
* Visitation process per guidance
* Physical plant considerations and communal area considerations
* Staff break time processes and break room location and set up
* Documentation Considerations:
* Employee education and competency demonstration outcomes
* Documentation of resident understanding and ability to apply/remove cloth facial covering
* Care plan and care assignment sheets to indicate resident skill in facial covering management and hand hygiene
* Daily documentation of resident willingness to apply facial covering consistently
* Monitoring and Evaluation
* Observation of staff performance with coaching as needed
* Staff interview regarding availability and use of PPE and face masks
* Observation of resident compliance
* Resident interviews regarding use and availability of facial coverings
* Medical Record Audit for daily documentation of resident use of facial coverings
* Infection control tracking of all infections, locations, and trends
* COVID-19 tracking and trending
* QAPI review and reporting

**References:**

Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic. November 4, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#:~:text=Implement%20Universal%20Source%20Control%20Measures,talking%2C%20sneezing%2C%20or%20coughing>.

Centers for Disease Control and Prevention. Preparing for COVID-19 in Nursing Homes. June 25, 2020; <https://cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

Centers for Disease Control and Prevention. Strategies for Optimizing the Supply of Facemasks. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>

Centers for Medicare & Medicaid Services. “Nursing Home Reopening Guidelines for State and Local Officials”; May 18, 2020, Revised 09/28/20; CMS QSO-20-30-NH; <https://www.cms.gov/files/document/qso-20-30-nh.pdf>

The Centers for Medicare and Medicaid Services. COVID-19 Long-Term Care Facility Guidance. April 2, 2020. <https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf>

The Centers for Medicare and Medicaid Services. Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes. November 2020 version 13. <https://www.cms.gov/files/document/covid-toolkit-states-mitigate-covid-19-nursing-homes.pdf>

## **Implementation Checklist: Universal Source Control Measures**

| **Regulation** | **Suggested Actions** |
| --- | --- |
| **F880 Infection Control**  “§483.80 Infection Control: The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.  (a) Infection Prevention and Control Program (IPCP)  The facility must establish an infection prevention and control program that must include, at a minimum, the following:  (a)(1) Prevent, identification, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and others providing services under contractual arrangements based upon the facility assessment and accepted national standards.  (a)(2) Written standards and policies and procedures, including surveillance to ensure prompt identification and prevention of spread; when/to whom possible incidents are reported; Standard and transmission based precautions to be followed to prevent spread; when and how isolation should be used for residents: types and duration in the least restrictive manner; When to prohibit employees with infections from direct resident or food contact  (a)(3)(vi) Hand hygiene procedures to be followed by staff involved in direct resident contact.” [[1]](#footnote-1) | * Review for comprehensive and updated Infection Prevention and Control policies including COVID-19 guidelines and staff performance requirements related to universal source control and physical/social distancing * Review requirements for and develop plan for maintenance of resident cloth re-useable facial coverings * Educate staff regarding policies for infection prevention related to universal source control, face mask use and hand hygiene * Educate staff regarding policies for physical/social distancing respective to their roles and responsibilities per policy * Audit employee training and in-service records for IPCP education and competency of infection prevention practices related to universal source control and physical distancing * Educate staff, residents, and visitors regarding the importance for residents to wear cloth facial coverings when not in their room * Communicate routinely with residents and visitors the current guidance related to universal source control, physical distancing and their roles and responsibilities. * Monitor employee performance at varied times to observe:   + Proper face mask use and maintenance   + Physical distancing per policy   + Provision of assistance to residents in proper facial covering use and social distancing * Present findings to QAPI Committee for discussion and follow up |
| **Centers for Disease Control and Prevention. Preparing for COVID-19 in Nursing Homes. June 25, 2020**  **Centers for Medicare and Medicaid Services. COVID-19 Long-Term Care Facility Guidance. April 2, 2020**  **Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic. November 4, 2020**  Universal Source Control Measures  In accordance with CDC and CMS guidance, it is recommended that all facilities should ensure that healthcare personnel (HCP) are using appropriate PPE when they are interacting with residents, to the extent that PPE is available and per CDC guidance on conservation of PPE.  For the duration of the state of emergency in their respective State:   * HCP must wear a mask while in the facility in accordance with current guidance.   + When available, face masks are preferred over cloth facial covering for health care personnel as facemasks offer both source control and protection for the wearer against exposure of infectious material such as splashes and sprays form others.     - Guidance on extended use and reuse of facemasks should be consistent with CDC “Optimizing Personal Protective Equipment (PPE) Supplies”   + Cloth face coverings should NOT be worn by health care personnel instead of a respirator or facemask if PPE is required. * HCP should wear a face mask in break rooms, common areas and other spaces where they might encounter co-workers and other individuals * HCP should remove their respirator or facemask, perform hand hygiene, and put on their cloth mask when leaving the facility at the end of their shift | * Review and update COVID-19 policies and procedures related to universal source control for staff * Educate staff regarding policies for infection prevention related to universal source control, face mask use and hand hygiene and their respective roles and responsibilities. Include in training:   + Overview of the rational for universal source control as a strategy to reduce spread   + PPE that should be utilized based upon the current COVID status in the community and in the facility per guidance   + Face mask vs. face cloth covering   + Break time, break room, conference rooms, meetings, gathering of staff   + Resident source control   + Visitor source control   + Vendor source control * Include universal source control into orientation, agency orientation, vendor, orientation, visitor orientation, volunteers (if allowed per guidance, and going training plan. * Audit employee training and in-service records for IPCP education and competency of infection prevention practices related to universal source control * Educate staff, residents, and visitors regarding the importance for residents to wear cloth facial coverings when not in their room * Communicate routinely with staff related to current guidance for universal source control and their roles and responsibilities. * Monitor employee performance at varied times to observe:   + Proper face mask use, hand hygiene and maintenance   + Provision of assistance to residents in proper facial covering use and social distancing * Present findings to QAPI Committee for discussion and follow up * Evaluate staff adherence to universal source control measures and COVID-19 cases within the health center and community.   + Number of events   + Location and trends   + Outcomes * Monitor employee performance at varied times to observe:   + Proper face mask use and maintenance   + Physical distancing per policy   + Provision of assistance to residents in proper facial covering use and social distancing   + Provide reeducation as needed * Present findings to QAPI Committee for discussion and follow up |
| * Residents   + Residents should wear cloth facial covering or facemask when tolerated whenever they leave their room, including any procedures or appointments outside of the facility.   + Residents who leave the health center for appointments should also wear a mask during transport   + Residents who have trouble breathing, are unconscious or incapacitated, or not able to remove the mask without assistance should not wear masks.   + Residents whenever possible, whether they have COVID-19 symptoms or not, should cover their noses and mouths when staff are in their room (i.e. they can use tissues, cloth masks, or non-medical masks when those are available).     - “Residents should not use medical facemasks unless they are COVID-19-positive or assumed to be COVID-19-positive”2. | * Review and update COVID-19 policies and procedures related to universal source control for residents   + Face mask/face covering   + When to wear   + In room protocol   + When staff are in room during the provision of cares   + Leaving the facility for appointments   + Visitation * Review memory care or specialty unit policies to incorporate universal source control policies and procedures for residents, resident reapplication of face covering and resident non-adherence – incorporating techniques for staff when working with residents with dementia or cognitive loss. * Educate residents regarding universal source control cloth facial covering or facemask * Incorporate resident’s roles and responsibility related to universal source control into admission and re-admission policies. * Monitor outcomes at varied times, observing:   + Proper face covering/mask use   + Provision of assistance to residents in proper facial covering use and social distancing   + Proper face mask use when leaving and re-entering the facility   + Proper face mask use during visits   + Adherence of face mask use on memory care unit * Present findings to QAPI Committee for discussion and follow up |
| * Visitors and Vendors   + Visitors and Vendors, if permitted into the facility per guidance, should wear a cloth face covering or face mask while visiting. Visitors, during the visitation process, should wear face coverings throughout the visitation process.   + “If a visitor is unable or unwilling to maintain these precautions (such as young children), consider restricting their ability to enter the facility.   + All visitors should maintain social distancing and perform hand washing or sanitizing upon entry to the visitation area or the facility.”3 | * Review and update COVID-19 policies and procedures related to universal source control for visitors and vendors per current guidance   + Expectations and use of Face mask/face covering   + When to wear   + Visitation requirements for visitors and vendors   + Hand hygiene   + Roles and responsibilities   + Accountability and in adherence outcomes * Appropriate signage * Educate visitors and vendors regarding universal source control cloth facial covering or facemask and respective roles and responsibilities * Incorporate resident’s roles and responsibility related to universal source control into admission and re-admission policies. * Incorporate vendor’s roles and responsibility related to universal source control into vendor policies. * Monitor outcomes at varied times, observing:   + Proper face covering/mask use and hand hygiene   + Proper face mask use when leaving and re-entering the facility   + Proper face mask use during visits   + Adherence of face mask use during visitation * Present findings to QAPI Committee for discussion and follow up |
| **Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic. November 4, 2020**  **Centers for Medicare and Medicaid Services. COVID-19 Long-Term Care Facility Guidance. April 2, 2020**  Physical/Social Distancing  Physical distancing (social distancing) is a mitigation strategy that is important in the community and is very important in health care organizations. Providing care and services to residents requires close physical contact between residents and HCP. Physical distancing (maintaining at least 6 feet between people) is an important strategy to prevent SARS-CoV-2 transmission.1  *Implementation strategies for physical/social distancing will depend on the stages described in the CMS Re-opening Guidance or the direction for state and local officials.*  Examples of how physical distancing can be implemented include:   * Implement physical/social distancing measures (remaining at least 6 feet apart from others) per guidance such as:2   + “Cancel communal dining and group activities, such as internal and external activities” in alignment with current guidance if indicated.   + “Remind residents to practice social distancing, wear a cloth face covering (if tolerated), and perform hand hygiene.   + Remind HCP to practice social distancing and wear a facemask (for source control) when in break rooms or common areas   + Considerations when restrictions are being relaxed include:     - Allowing communal dining and group activities for residents without COVID-19, including those who have fully recovered while maintaining social distancing, source control measures, and limiting the numbers of residents who participate.     - Allowing for safe, socially distanced outdoor excursions for residents without COVID-19, including those who have fully recovered. Planning for such excursions should address:       * Use of cloth face covering for residents and facemask by staff (for source control) while they are outside       * Potential need for additional PPE by staff accompanying residents       * Rotating schedule to ensure all residents will have an opportunity if desired, but that does not fully disrupt other resident care activities by staff       * Defining times for outdoor activities so families could plan around the opportunity to see their loved ones”4 * Visitation * Limiting visitors to the facility to those essential for the residents’ physical or emotional well-being and care in accordance with federal and state guidelines/requirements   + Continue to encourage the use of alternative mechanisms for resident and visitor interactions such as video-call applications on cell phones or tablets. * “Modifying in-person group healthcare activities (e.g., group therapy, recreational activities) by implementing virtual methods (e.g., video format for group therapy) or scheduling smaller in-person group sessions while having patients sit at least 6 feet apart.   + In some circumstances, such as higher levels of community transmission or numbers of patients with COVID-19 being cared for at the facility, and when healthcare-associated transmission is occurring, facilities might cancel in-person group activities in favor of an exclusively virtual format.”5   “For HCP, the potential for exposure to SARS-CoV-2 is not limited to direct patient care interactions. Transmission can also occur through unprotected exposures to asymptomatic or pre-symptomatic co-workers in breakrooms or co-workers or visitors in other common areas. Examples of how physical distancing can be implemented for HCP include:   * Reminding HCP that the potential for exposure to SARS-CoV-2 is not limited to direct patient care interactions. * Emphasizing the importance of source control and physical distancing in non-resident care areas. * Providing family visiting areas where all individuals (e.g., visitors, HCP) can remain at least 6 feet apart from each other. * Designating areas and staggered schedules for HCP to take breaks, eat, and drink that allow them to remain at least 6 feet apart from each other, especially when they must be unmasked.”5 | * Review and updated COVID-19 policies and procedures related to physical distancing   + What is physical distancing   + Communal areas   + Dining process   + Activities   + Rehabilitation   + Resident unit and Common areas   + Visitation areas - internal and external   + Conference room   + Meeting rooms   + Office area   + Break room   + Break times   + Visitors/vendor expectations and requirements * Designate physical distancing parameters in communal, dining and visiting areas * Observe the environment for proper physical/social distancing of communal areas, dining and activity tables and residents in common areas * Educate staff regarding policies for physical/social distancing respective to their roles and responsibilities per policy * Educate residents regarding policies for physical/social distancing respective to their roles and responsibilities per policy * Educate visitors regarding policies for physical/social distancing respective to their roles and responsibilities per policy * Educate vendors regarding policies for physical/social distancing respective to their roles and responsibilities per policy * Evaluate environment, infection control practices, and safety * Monitor outcomes at varied times, observing:   + Resident care units   + Common areas   + Dining process and location   + Rehabilitation   + Activity/Recreational Therapy   + Meetings and Conference room use   + Office space   + Nursing stations   + Visitor areas * Present findings to QAPI Committee for discussion and follow up |
| **F882 Infection Preventionist**   * “483.80(b)(c) The facility must designate one or more individuals to function as the Infection Preventionist who are responsible for the facility Infection Prevention and Control (IPCP) Program.   483.80(b)(1) Primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field  482.80(b)(2) Be qualified by education, training, experience, or certification  482.80(b)(3) Must work at least part time at the facility  482.80(b)(4) Have completed specialized training in infection prevention and control  482.80 Must be a member of and participate on the QAA committee and report to the committee on the IPCP during the committee on a regular basis.”1 | * Review and revise policies and procedures related to universal source control and physical/social distancing in accordance with current guidance and reopening phase requirements. * Develop and implement COVID-19 Prevention Program and provide education to staff, residents, and others as required * Observe staff performance in proper application, removal and wearing a face mask at all times in the health center as well as physical distancing. Incorporate in to process surveillance plan. * Present findings and improvement plans to QAPI/QAA Committee for discussion and follow up |

**References**

1Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf>

5Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic. November 4, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#:~:text=Implement%20Universal%20Source%20Control%20Measures,talking%2C%20sneezing%2C%20or%20coughing>.

4Centers for Disease Control and Prevention. Preparing for COVID-19 in Nursing Homes. June 25, 2020; <https://cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

Centers for Disease Control and Prevention. Strategies for Optimizing the Supply of Facemasks. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>

2The Centers for Medicare and Medicaid Services. COVID-19 Long-Term Care Facility Guidance. April 2, 2020. <https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf>

The Centers for Medicare and Medicaid Services. COVID-19 Long-Term Care Facility Guidance Nursing Home Reopening Guidelines for State and Local Officials. May 18, 2020. <https://cms.gov/files/document/qso-20-30-nh.pdf>

3The Centers for Medicare and Medicaid Services. Nursing Home Reopening Recommendations for State and Local Officials. QSO-20-30-NH revised September 28, 2020. <https://www.cms.gov/files/document/qso-20-30-nh.pdf>

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Centers for Medicare and Medicaid Services (CMS) Infection Prevention Critical Element Pathway, Form CMS 20057 (8/2017): <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>

**References and Resources:**

Centers for Medicare & Medicaid Services: QSO-20-38-NH, Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements and Revised COVID19 Focused Survey Tool. August 26, 2020: <https://www.cms.gov/files/document/qso-20-38-nh.pdf>

Centers for Medicare & Medicaid Services. CMS Updates COVID-19 Testing Methodology for Nursing Homes. September 29, 2020: <https://www.cms.gov/newsroom/press-releases/cms-updates-covid-19-testing-methodology-nursing-homes>

Centers for Medicare & Medicaid Services: QSO-20-37-CLIA, NH, Interim Final Rule (IFC), CMS-3401-IFC, Updating Requirements for Reporting of SARS-CoV-2 Test Results by Clinical Laboratory Improvement Amendments of 1988 (CLIA) Laboratories, and Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency. August 26, 2020: <https://www.cms.gov/files/document/qso-20-37-clianh.pdf>

## **Training Plan – Universal Source Control Measures Physical Distancing**

|  |  |  |
| --- | --- | --- |
| **Training Name: Universal Source Control Measures for Facility Staff** | | |
|  | ❑ **Training** ❑ **Simulation** ❑ **Workshop** 🗹 **Presentation** | |
| ***Training Objectives*** | 1. Understand the COVID-19 guidance and requirements related to universal source control and physical distancing 2. Identify the roles and responsibilities of facility staff as it relates to physical distancing and universal source control | |
| ***Connection to Overall Project Goals*** | * This training is part of the overall COVID-19 plan to educate and support facility staff to implement universal source control measures and physical distancing strategies needed to prevent the spread of COVID-19 in the facility | |
| ***Participants:***  ***Who should attend?*** | There is one training session for all employees to attend. Education is offered in slide presentation form with speaker’s notes for use by each facility. | |
| **What training should they attend before this one?** | * No pre-requisite |
| **What training should they attend after this?** | * No specific follow-up training |
| ***Facilitators:***  ***(How many trainers should participate and whom?)*** | One presenter will be needed to facilitate the presentation, discussion and post-test | |
| **Logistics Requirements** | **What is needed?** |  |
| * Room for training * Computer and Projector * Screen or other blank light-colored surface | |

**Training References**

Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf>

Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic. November 4, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#:~:text=Implement%20Universal%20Source%20Control%20Measures,talking%2C%20sneezing%2C%20or%20coughing>.

Centers for Disease Control and Prevention. Preparing for COVID-19 in Nursing Homes. June 25, 2020; <https://cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

Centers for Disease Control and Prevention. Strategies for Optimizing the Supply of Facemasks. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>

The Centers for Medicare and Medicaid Services. COVID-19 Long-Term Care Facility Guidance. April 2, 2020. <https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf>

The Centers for Medicare and Medicaid Services. COVID-19 Long-Term Care Facility Guidance Nursing Home Reopening Guidelines for State and Local Officials. May 18, 2020. Revised September 28, 2020: <https://cms.gov/files/document/qso-20-30-nh.pdf>

The Centers for Medicare and Medicaid Services. Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes. November 2020 version 13. <https://www.cms.gov/files/document/covid-toolkit-states-mitigate-covid-19-nursing-homes.pdf>

## **Post Test – Universal Source Control Measures**

|  |  |
| --- | --- |
| **Question: True or False?** | **Answer** |
| 1. COVID-19 is transmitted from the respiratory tract and airborne. |  |
| 1. Wearing a mask is only important if you are going into a room where the resident has COVID-19. |  |
| 1. If a resident does not want to wear a facial covering it does not matter since they do not have COVID-19. |  |
| 1. I am to be screened for COVID-19 symptoms and my temperature taken whenever I come to work. |  |
| 1. I need to help residents to wash their hands frequently. |  |
| 1. Physical/social distancing (maintaining at least 6 feet between people) is an important strategy to prevent COVID-19 |  |
| 1. Universal Source Control Measures refers to use of masks or medical facemasks to cover a person’s mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing or coughing. |  |
| 1. Even though the resident, my co-workers, or I do not have symptoms of COVID-19 I need to follow universal source control measures to prevent it’s spread. |  |
| 1. Universal source control and physical/social distancing is required of all staff, residents, visitors and vendors |  |

Employee Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Post Test Answer Key – Universal Source Control Measures**

|  |  |
| --- | --- |
| **Question: True or False?** | **Answer** |
| 1. COVID-19 is transmitted from the respiratory tract and airborne. | True |
| 1. Wearing a mask is only important if you are going into a room where the resident has COVID-19. | False |
| 1. If a resident does not want to wear a facial covering it does not matter since they do not have COVID-19. | False |
| 1. I am to be screened for COVID-19 symptoms and my temperature taken whenever I come to work. | True |
| 1. I need to help residents to wash their hands frequently. | True |
| 1. Physical/social distancing (maintaining at least 6 feet between people) is an important strategy to prevent COVID-19 | True |
| 1. Universal Source Control Measures refers to use of masks or medical facemasks to cover a person’s mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing or coughing. | True |
| 1. Even though the resident, my co-workers, or I do not have symptoms of COVID-19 I need to follow universal source control measures to prevent it’s spread. | True |
| 1. Universal source control and physical/social distancing is required of all staff, residents, visitors and vendors | True |

Employee Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. [↑](#footnote-ref-1)