**Implementation Checklist**

**Source Control and Physical Distancing**

**Implementation Checklist: Source Control Measures and Physical Distancing**

| **Regulation** | **Suggested Actions** |
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| **§483.80(a)(1)** A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;  **§483.80(a)(2)** Written standards, policies, and procedures for the program, which must include, but are not limited to:  (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;  (ii) When and to whom possible incidents of communicable disease or infections should be reported;  (iii) Standard and transmission-based precautions to be followed to prevent spread of infections;  (iv)When and how isolation should be used for a resident; including but not limited to:  (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and  (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.  (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and  (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.”1 | * Review for comprehensive and updated Infection Prevention and Control policies including COVID-19 guidelines and staff performance requirements related to source control and physical distancing when indicated for large gatherings * Review requirements for and develop plan for maintenance of resident cloth re-useable facial coverings when source control is indicated or if resident prefers to wear source control * Educate staff regarding policies for infection prevention related to source control, face mask use and hand hygiene * Educate staff regarding policies for physical 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 source control and physical distancing * Educate staff, residents, and visitors regarding the importance for residents to wear cloth facial coverings when indicated * Communicate routinely with residents and visitors the current guidance related to 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 * 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), Updated Sept. 23, 2022**  **“Implement Source Control Measures**  [Source control](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#sourcecontrol) refers to use of respirators or well-fitting facemasks or cloth masks to cover a person’s mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing.  Further information about types of masks and respirators, including those that meet standards and the degree of protection offered to the wearer, is available at: [Masks and Respirators (cdc.gov)](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html).  People, particularly those at high risk for severe illness, should wear the most protective form of source control they can that fits well and that they will wear consistently.  Healthcare facilities may choose to offer well-fitting facemasks as a source control option for visitors but should allow the use of a mask or respirator with higher-level protection that is not visibly soiled by people who chose that option based on their individual preference.”2  “Source control options for employees include:   * “A NIOSH-approved particulate respirator with N95 filters or higher; * A respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators (Note: these should not be used instead of a NIOSH-approved respirator when respiratory protection is indicated); * A barrier face covering that meets ASTM F3502-21 requirements including Workplace Performance and Workplace Performance Plus masks; OR * A well-fitting facemask.”2   “When SARS-CoV-2 [Community Transmission](https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk) levels are high, source control is recommended for everyone in a healthcare setting when they are in areas of the healthcare facility where they could encounter patients.   * HCP could choose not to wear source control when they are in well-defined areas that are restricted from patient access (e.g., staff meeting rooms) if they do not otherwise meet the criteria described below and [Community Levels](https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=CommunityLevels&null=CommunityLevels) are not also high. When [Community Levels](https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=CommunityLevels&null=CommunityLevels) are high, source control is recommended for everyone.   When SARS-CoV-2 [Community Transmission](https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk) levels are **not** high, healthcare facilities could choose not to require universal source control.  However, even if source control is not universally required, it remains recommended for individuals in healthcare settings who:   * Have suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze); or * Had [close contact](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#closecontact) (patients and visitors) or a [higher-risk exposure](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html) (HCP) with someone with SARS-CoV-2 infection, for 10 days after their exposure; or * Reside or work on a unit or area of the facility experiencing a SARS-CoV-2 outbreak; universal use of source control could be discontinued as a mitigation measure once no new cases have been identified for 14 days; or * Have otherwise had source control recommended by public health authorities   Individuals might also choose to continue using source control based on personal preference, informed by their perceived level of risk for infection based on their recent activities (e.g., attending crowded indoor gatherings with poor ventilation) and their potential for developing severe disease.  For example, if an individual or someone in their household is at [increased risk for severe disease](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html), they should consider wearing masks or respirators that provide more protection because of better filtration and fit to reduce exposure and infection risk, even if source control is not otherwise required by the facility.  HCP and healthcare facilities might also consider using or recommending source control when caring for patients who are moderately to severely immunocompromised.”2  **Visitors**  During an outbreak investigation, visitors should go directly to the resident’s room. “Also, visitors should physically distance themselves from other residents and staff, when possible.”4 | * Review and update COVID-19 policies and procedures related to source control for staff * Educate staff regarding policies for infection prevention related to source control, face mask use and hand hygiene and their respective roles and responsibilities. Include in training:   + Overview of the rational for source control as a strategy to reduce spread   + PPE that should be utilized based upon the current COVID Community Transmission levels 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 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 source control * Educate staff, residents, and visitors regarding source control when indicated * Communicate routinely with staff related to current guidance for 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 physical distancing in large gatherings * Present findings to QAPI Committee for discussion and follow up * Evaluate staff adherence to source control measures when indicated   + Number of events   + Location and trends   + Outcomes * Monitor employee performance at varied times to observe:   + Proper face mask use and maintenance   + Provision of assistance to residents in proper facial covering use and physical distancing when indicated   + Provide reeducation as needed * Present findings to QAPI Committee for discussion and follow up   **Residents:**   * Review and update COVID-19 policies and procedures related to source control for residents when indicated   + 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 source control policies and procedures *when indicated* 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 source control cloth facial covering or facemask * Incorporate resident’s roles and responsibility related to 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 physical distancing during large gatherings   + 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 when indicated * Present findings to QAPI Committee for discussion and follow up   **Visitors**   * Review and update COVID-19 policies and procedures related to source control for visitors per current guidance   + Expectations and use of Face mask/face covering   + When to wear   + Visitation requirements for visitors for large gatherings, visitation during an outbreak investigation, etc.   + Hand hygiene   + Roles and responsibilities   + Accountability and in adherence outcomes * Appropriate signage * Educate visitors and vendors regarding source control cloth facial covering or facemask and respective roles and responsibilities * Incorporate vendor’s roles and responsibility related to 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 |
| Physical distancing is “just one component of how to protect yourself and others. It is important to consider the risk in a particular setting, including local COVID-19 Community Levels and the important role of ventilation, when assessing the need to maintain physical distance.”3  **Centers for Medicare & Medicaid Services (CMS) QSO-20-39-NH Nursing Home Visitation – COVID-19 (REVISED) 09/23/2022**  The Centers for Medicare & Medicaid Services (CMS) indicates that, “During peak times of visitation and large gatherings (e.g., parties, events) facilities should encourage physical distancing.”4  CMS also indicates, “A resident who is unable to wear a mask due to a disability or medical condition may attend communal activities, however they should physically distance from others during large gatherings. If possible, facilities should educate the resident on the core principles of infection prevention, such as hand hygiene, physical distancing, cough etiquette, etc. and staff should provide frequent reminders to adhere to infection prevention principles.”4  Facilities can provide visual reminders (such as signs) to remind residents and visitors to maintain physical distancing when in large gatherings, perform hand hygiene and source control. | * Review and updated COVID-19 policies and procedures related to physical distancing during peak times of visitation and large gatherings:   + What is physical distancing   + Communal areas   + Dining process   + Activities   + Resident unit and Common areas   + Visitation areas - internal and external   + Visitors/vendor expectations and requirements * Observe the environment for proper physical distancing of communal areas, dining and activity tables and residents in common areas * Educate staff regarding policies for physical distancing respective to their roles and responsibilities per policy * Educate residents regarding policies for physical distancing * Educate visitors regarding policies for physical distancing and * Evaluate environment, infection control practices, and safety * Monitor outcomes at varied times, observing:   + Resident care units   + Common areas   + Dining process and location   + Visitor areas * Present findings to QAPI Committee for discussion and follow up |
| **F882 Infection Preventionist**  “The facility must designate one or more individual(s) as the infection preventionist(s) (IP)(s) who are responsible for the facility’s IPCP. The IP must:  §483.80(b)(1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;  §483.80(b)(2) Be qualified by education, training, experience or certification;  §483.80(b)(3) Work at least part-time at the facility; and  §483.80(b)(4) Have completed specialized training in infection prevention and control.”1  F868 Quality Assessment and Assurance  “§483.80(c) Infection Preventionist participation on quality assessment and assurance committee.  The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility’s quality assessment and assurance committee and report to the committee on the IPCP on a regular basis.”1 | * Review and revise policies and procedures related to source control and physical distancing in accordance with current guidance from CDC, CMS and State resources * 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 facility. Incorporate in to process surveillance plan. * Present findings and improvement plans to QAPI/QAA Committee for discussion and follow up |

**References and Resources**

1Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17) Advance Copy, 2022: <https://www.cms.gov/files/docuent/appendix-pp-guidance-surveyor-long-term-care-facilities.pdf>

**2** Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic), Updated Sept. 23, 2022: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

3 Centers for Disease Control and Prevention. CDC Streamlines COVID-19 guidance to help the public better protect themselves and understand their risk. August 11, 2022: <https://www.cdc.gov/media/releases/2022/p0811-covid-guidance.html>

4 Centers for Medicare & Medicaid Services. QSO-20-39-NH, Nursing Home Visitation – COVID-19 (REVISED), 09/23/2022: <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

Centers for Medicare & Medicaid Services. Infection Prevention, Control & Immunizations Critical Element Pathway, CMS-20054 (10/26/2022): <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes>