

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
<http://www.dail.vermont.gov>
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

November 19, 2020

Ms. Melissa Haupt, Administrator
Berlin Health & Rehab Ctr
98 Hospitality Drive
Barre, VT 05641-5360

Dear Ms. Haupt:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 20, 2020**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/04/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/20/2020
NAME OF PROVIDER OR SUPPLIER BERLIN HEALTH & REHAB CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 98 HOSPITALITY DRIVE BARRE, VT 05641	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000	The filing of this plan of correction does not constitute an admission of the allegations set forth in the statement of deficiencies. The plan of correction is prepared and executed as evidence of the facility's continued compliance with applicable law.	11/19/20
F 880 SS=E	<p>The Division of Licensing and Protection conducted an unannounced onsite focused infection control survey on 10/19/20. The following regulatory deficiencies were identified as a result:</p> <p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§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.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§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;</p> <p>§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</p>	F 880		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE 11/19/2020

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 880	<p>Continued From page 2</p> <p>provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Findings include:</p> <p>Per observations on 10/19/20, facility staff failed to utilize proper infection control practices. The following observations were made on 10/19/20:</p> <ol style="list-style-type: none"> At 10:02 AM, a Licensed Nursing Assistant (LNA) was observed doing 1:1 monitoring outside a resident's room (B14) that signage indicated was on contact and aerosol precautions. The LNA was wearing a surgical mask, eye covering and no other personal protective equipment (PPE). The LNA stated that the resident on 1:1 is a wanderer and needed to be kept in the room due to precautions. The LNA was observed taking a plate from the resident on 1:1 without wearing gloves and placing the plate on a tray rack. At 10:19 AM, an LNA was observed exiting a resident room on A wing that was on contact and aerosol precautions carrying a food tray. The LNA was not wearing gloves. The tray was placed on a tray cart. No hand hygiene was observed. At 10:21 AM an A wing unit nurse was observed entering and exiting a resident room without gloves. The room was on contact and aerosol precautions. The nurse confirmed that h/she was not wearing gloves and stated that h/she should have been wearing gloves when in the resident's room. At 10:25 AM a housekeeper was observed entering a resident room on A wing carrying clothing without gloves on. The room was on contact and aerosol precautions. The 	F 880	<p>Weekly with results reported to QAPI weekly times 4, then monthly times 2 or until substantial compliance is achieved</p> <p>Infection preventionist and Director Of Nursing to monitor</p> <p><i>F880 POC accepted 11/17/20 [signature]</i></p>	

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F 880	Continued From page 3 housekeeper exited the room without gloves and doffed his/her PPE outside the room and then discarded the PPE in a trash bin approximately 15 feet from the room. 5. At 10:35 AM, a staff member was observed on C wing donning PPE prior to entering a resident room. H/she put on gloves prior to donning gown. In an interview on 10/19/20 at 10:55 AM the facility Infection Preventionist (IP) stated that the gloves are to be donned last when donning full PPE. At 10:55 AM on 10/19/20, the Center Nurse Executive (CNE) stated that it is his/her expectation that staff don full PPE when entering a resident room on that is on contact and aerosol precautions. Stated that full PPE includes gloves, N95 mask, gown and face cover. The CNE also agreed that the LNA on 1:1 observation should have worn gloves when removing an item from room B14.	F 880			

ROOT CAUSE ANALYSIS REPORT FORM¹

Berlin Health and Rehabilitation Center									
98 Hospitality Drive									
Barre, VT 05641		Date: 11/09/2020							
1. THE EVENT -infection control survey citation (F880-E)		RCA Team Members: See sign in sheet.							
2. BACKGROUND & FACTORS SUMMARY – Answer the following questions (brief summary only- attach supporting documents).									
2.1	What was the sequence of events that was expected to take place?	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 disease and infections							
2.2	Was there a deviation from the expected sequence?	Yes							
		<p>1. At 10:02 AM, a Licensed Nursing Assistant (LNA) was observed doing 1:1 monitoring outside a resident's room (B14) that signage indicated was on contact and aerosol precautions. The LNA was wearing a surgical mask, eye covering and no other personal protective equipment (PPE). The LNA stated that the resident on 1:1 is a wanderer and needed to be kept in the room due to precautions. The LNA was observed taking a plate from the resident on 1:1 without wearing gloves and placing the plate on a tray rack.</p> <p>2. At 10:19 AM, an LNA was observed exiting a resident room on A wing that was on contact and aerosol precautions carrying a food tray. The LNA was not wearing gloves. The tray was placed on a tray cart. No hand hygiene was observed.</p>							

2.3	Was any deviation from the expected sequence likely to have led to or contributed to an adverse event?	Yes	<p>3. At 10:21 AM an A wing unit nurse was observed entering and exiting a resident room without gloves. The room was on contact and aerosol precautions. The nurse confirmed that h/she was not wearing gloves and stated that h/she should have been wearing gloves when in the resident's room.</p> <p>4. At 10:25 AM a housekeeper was observed entering a resident room on A wing carrying clothing without gloves on. The room was on contact and aerosol precautions. The housekeeper exited the room without gloves and doffed his/her PPE outside the room and then discarded the PPE in a trash bin approximately 15 feet from the room.</p> <p>5. At 10:35 AM, a staff member was observed on C wing donning PPE prior to entering a resident room. H/she put on gloves prior to donning gown. In an interview on 10/19/20 at 10:55 AM the facility Infection Preventionist (IP) stated that the gloves are to be donned last when donning full PPE.</p> <p>At 10:55 AM on 10/19/20, the Center Nurse Executive (CNE) stated that it is his/her expectation that staff don full PPE when entering a resident room on that is on contact and aerosol precautions. Stated that full PPE includes gloves, N95 mask, gown and face cover. The CNE also agreed that the LNA on 1:1 observation should have worn gloves when removing an item from room B14</p>
2.4	Was the expected sequence described in policy, procedure, written guidelines, or included in staff training?	Yes	<p>As above</p> <p>Hand hygiene-IC203 Contact precaution-IC301 Droplet/resp precautions-IC303</p>

2.5	Does the expected sequence or process meet regulatory requirements and/or practice standards? Cite references and/or literature reviewed by the team.	Yes	
2.6	Did human action or inaction appear to contribute to the adverse event?	Yes	Long term care unit unfamiliar with process
2.7	Did a defect, malfunction, misuse of, or absence of equipment appear to contribute to the event?	no	
2.8	Was the procedure or activity involved in the event being carried out in the usual location?	Yes	
2.9	Was the procedure or activity being carried out by regular staff familiar with the consumer and activity?	no	Quarantine unit is normally where respiratory precautions are. Due to positive COVID case on—10/5/2020 an additional unit needed to go onto precautions as the positive staff member worked on that unit
2.10	Were involved staff credentialed/skilled to carry out the tasks expected of them?	Yes	
2.11	Were staff trained to carry out their respective responsibilities?	Yes	
2.12	Were staffing levels considered to have been adequate at the time of the incident?	Yes	
2.13	Were there other staffing factors identified as responsible for or contributing to the adverse event?	No	
2.14	Did inaccurate or ambiguous information contribute to or cause the adverse event?	no	
2.15	Did a lack of communication or incomplete	no	

	communication contribute to or cause the adverse event?		
2.16	Did any environmental factors contribute to or cause the adverse event?	no	
2.17	Did any organizational or leadership factors contribute to or cause the adverse event?	no	
2.18	Did any assessment or planning factors contribute to or cause the adverse event?	no	
2.19	What other factors are considered relevant to the adverse event?	Describe:	
2.20	Rank order the factors considered responsible for the adverse event, beginning with the proximate cause, followed by the most important to less important contributory factors.	Inconsistent monitoring of newly placed precautions on long term care unit	
	Was a root cause identified?	Yes	Inconsistent monitoring of newly placed precautions on long term care unit
3.	RISK REDUCTION ACTIONS TAKEN – List the actions that have already been taken to reduce the risk of a future occurrence of the event under consideration. Note the date of implementation.		
	Action Taken - Description		Date Implemented

1. Facility wide education on using PPE related to transmission based precautions. Education will included demonstration, knowledge check testing, and observational audits November 16, 2020

Rank	PREVENTION STRATEGIES – List from highest priority to lowest priority the recommended actions designed to prevent a future occurrence of the adverse event. Begin with a rank of 1 (highest). For each strategy or action provide an estimated cost, if known, and any additional considerations or recommendations for implementing the strategy (e.g., phase-in, immediate need, triage by risk).	Estimated Cost	Special Considerations
1	Training on PPE	Zero	All departments
2	Monitoring	Zero	All departments
3	QAPI	Zero	Results of audits reported monthly for 3 months
4			
5			
6			
7			

5. INCIDENTAL FINDINGS – List and describe any incidental findings that should be carefully reviewed for corrective action.

6. APPROVAL – After review of this summary report, all team members should notify the team leader of either their approval or recommendations for revision. Following all revisions the report should be signed by the team leader prior to submission.
 Signature of Team Leader: _____ Date Signed: _____

The information contained in this report is confidential and is intended solely to promote safety and reduce consumer risk.

Forward this report to all RCA team members and to the following individuals:

Name	Title	Organization	Address	Email
Sandra McLean	LP	Berlin Health and Rehab	98 Hospitality Drive, Barre, VT 05641	sandra.mclean@berlinhealth.com
Lori Daniels	LPN			
Sabrina Martel	RN			
Jennifer Hunt	Admissions			admissions@berlinhealth.com
Tanya Harper	LPN			
Melody Bonaventura	Rec. Director			

Casesy Dose Housekeeping

Amy Turner BOM

Keith Hook Maintenance

Sam McDonald SS

Kathie Sirocco RN

Karen Loggans Unit Clerk

Stacy Campbell Scheduler

Mary Baker RN BOM

November 11, 2020

To Whom it May Concern:

This letter is to that the elements of the plan of correction will be completed by November 19, 2020. Please consider this the required attestation statement of completion. Please let us know if you have any questions.

Respectfully,

Nancy Baker, RN, DON

Nancy Baker, RN

Director of Nursing

Berlin Health and Rehabilitation Center

IC203 Hand Hygiene

MANUAL TITLE:	Infection Control Policies and Procedures
POLICY TITLE:	IC203 Hand Hygiene
APPLICATION:	Genesis HealthCare Skilled Nursing Centers
EFFECTIVE DATE:	02/15/01
REVIEW DATE:	11/15/19
REVISION DATE:	11/28/17

POLICY

Adherence to hand hygiene practices is maintained by all Center personnel. This includes hand washing with soap and water when hands are visibly soiled and after exposure to known or suspected *Clostridium difficile* or infectious diarrhea (i.e., Norovirus) and the use of alcohol based hand rubs for routine decontamination in clinical situations. Per the Centers for Disease Control and Prevention (CDC), when hands are not visibly dirty, alcohol-based hand sanitizers are the preferred method for hand hygiene.

Alcohol based hand rubs will be placed near entrances and in common areas.

PURPOSE

To improve hand hygiene practices and reduce the transmission of pathogenic microorganisms.

PROCESS

1. Perform hand hygiene:

- 1.1 Before patient care;
- 1.2 Before an aseptic procedure;
- 1.3 After any contact with blood or other body fluids, even if gloves are worn;
- 1.4 After patient care;
- 1.5 After contact with the patient's environment.

2. Hand hygiene techniques:

- 2.1 To wash hands with soap and water: Wet hands with warm (not hot) water, apply soap to hands, and rub hands vigorously outside the stream of water for 20 seconds covering all surfaces of the hands and fingers. Rinse hands with warm water and dry thoroughly with a disposable towel. Use clean, dry, disposable towel to turn off faucet.
- 2.2 To decontaminate hands with alcohol based rub: Apply product to palm of one hand and rub hands together, covering all surfaces of the hands and fingers until the hands are dry. Follow manufacturer's instructions for amount and application of product.
- 2.3 Keep hands and fingernails in good condition, with nails at a recommended length of no more than ¼".

IC301 Contact Precautions

MANUAL TITLE:	Infection Control Policies and Procedures
POLICY TITLE:	IC301 Contact Precautions
APPLICATION:	Genesis HealthCare Skilled Nursing Centers
EFFECTIVE DATE:	02/15/01
REVIEW DATE:	11/15/19
REVISION DATE:	06/15/19

POLICY

In addition to Standard Precautions, Contact Precautions will be used for diseases transmitted by direct or indirect contact with the patient or the patient's environment. State regulations will be followed when applicable.

PURPOSE

To reduce the risk of transmission of epidemiologically important microorganisms by direct or indirect contact.

PROCESS

1. Place patient in private room, if possible.
 - 1.1 Patient may cohort with an individual who has the same organism.
 - 1.2 Do **not** place colonized or infected patient with another patient who has:
 - 1.2.1 A different multi-drug resistant organism;
 - 1.2.2 An invasive device such as a port, IV line, trach, or indwelling bladder catheter;
 - 1.2.3 A recent post-operative wound;
 - 1.2.4 Open wound(s) (including pressure injury);
 - 1.2.5 Severe immunosuppression (e.g., cancer, HIV, etc.).
2. Place a "STOP. Please see nurse before entering room." sign on door.
3. Instruct staff, patient and his/her representative, and visitors regarding Precautions and the use of personal protective equipment (PPE).
4. Staff must use barrier precautions when entering the room.
 - 4.1 Wear gown and gloves.
 - 4.2 Wear eye protection if splashing of infectious material is likely.
 - 4.3 Change gloves and gowns during care if gloves/gowns come in direct contact with infectious material.
 - 4.4 Change gown and gloves and perform hand hygiene before providing care to other patient in the room.
 - 4.5 Before exiting room, remove and bag gown and gloves and wash hands upon exiting room.
 - 4.5.1 Remove bagged PPE from room and discard in soiled utility.
 - 4.5.2 Wash hands.
5. Dedicate personal care equipment (e.g., thermometer, blood pressure cuff, stethoscope, etc.) or use disposable equipment when available.
 - 5.1 If use of common equipment is unavoidable, clean and disinfect item before use with another patient.
6. Limit transport of such patients to essential purposes such as diagnostics and therapeutic procedures that cannot be performed in the patient's room. Provide cover/ containment of .infected area when the patient is outside of his/her room. Patients will follow respiratory hygiene/cough etiquette. Staff will assist the patient with hand hygiene as needed.
 - 6.1 Notify the healthcare provider in the receiving area of the impending arrival of the patient and of the precautions necessary to prevent transmission; and

IC303 Droplet Precautions and Respiratory Hygiene/Cough Etiquette

MANUAL TITLE:	Infection Control Policies and Procedures
POLICY TITLE:	IC303 Droplet Precautions and Respiratory Hygiene/Cough Etiquette
APPLICATION:	Genesis HealthCare Skilled Nursing Centers
EFFECTIVE DATE:	09/01/04
REVIEW DATE:	11/15/19
REVISION DATE:	06/15/19

POLICY

Droplet Precautions will be followed in addition to Standard Precautions when caring for a patient who has known or suspected infection by microorganisms that are transmitted by droplets (large particle droplets, larger than 5 µm in size); for example, influenza. State regulations will be followed when applicable.

PURPOSE

To prevent transmission of infectious agents by droplets.

PROCESS

1. Place patient in private room, if possible.
 - 1.1 Patient may cohort with an individual who has the same organism.
 - 1.1.1 Avoid placing patients who are immunocompromised with patients who are on Droplet Precautions.
 - 1.2 When neither private room nor cohorting is possible, patient may share a room with a roommate with limited risk factors. Maintain spatial separation of at least three feet between the infected individual and others, including other patients and visitors.
 - 1.3 Draw curtain between patient beds.
 - 1.4 Special air handling is not necessary.
 - 1.5 May keep door to room open.
2. Post a "STOP. Please see nurse before entering room." sign on door.
3. Instruct staff, patient and his/her representative, and visitors regarding Precautions and use of personal protective equipment (PPE).
4. Staff will put on surgical mask upon entry to room of infected individual. Handle items contaminated with respiratory secretions (e.g., tissues) with gloves.
 - 4.1 If substantial spraying of respiratory secretions is anticipated, gloves and gown as well as goggles/face shield should be worn.
 - 4.2 Change personal protective equipment and perform hand hygiene between contact with patients in the same room.
 - 4.3 Before exiting room, remove and bag PPE and wash hands.
 - 4.3.1 Remove bagged PPE from room and discard in soiled utility.
5. Limit transport of such patients to essential purposes such as diagnostics and therapeutic procedures that cannot be performed in the patient's room. Provide cover/containment of infected area when the patient is outside of his/her room. Patients will follow respiratory hygiene/cough etiquette. Staff will assist the patient with hand hygiene as needed.
 - 5.1 Notify the healthcare provider in the receiving area of the impending arrival of the patient and of the precautions necessary to prevent transmission; and
 - 5.2 For patients being transported outside of the Center, inform the receiving facility and the medi-van or emergency vehicle personnel in advance about the type of transmission-based precautions being used.

6. Dedicate personal care equipment (thermometer, blood pressure cuff, stethoscope, etc.) or use disposable equipment when available.

6.1 If use of common equipment is unavoidable, clean and disinfect item before use with another patient.




7. Clean and disinfect frequently touched surfaces daily (e.g., doorknobs, bed rails, over-bed table).

8. Once the patient is no longer a risk for transmitting the infection (i.e., duration of the illness and/or can contain secretions), discontinue precautions.

Refer to:

- [Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions](#)
- [Respiratory Hygiene/Cough Etiquette procedure](#)
- [Safety and Health Policies and Procedures, Personal Protective Equipment policy](#)
- [Use of Reusable Plates and Utensils for Patients on Transmission-Based Precautions in-service](#)

Which PPE Do I Use?

PPE	Patient Specific Contact & Droplet Precautions (Infection Specific – i.e., MDRO, C.diff)	Patient Specific Contact & Airborne Precautions (COVID Outbreaks, AOU, Patients that frequently go out for medical appointments – dialysis, chemo, etc., Suspected/Presumed, Positive COVID patient)	Extended Contact & Airborne Precautions (COVID Dedicated Units Only)
Gloves	X	X	X
Gown	X - Patient-specific use	X - Patient-specific use	X - Extended use
N95/KN95 Respirator		X - Universal “mask” for the shift	X - Universal “mask” for the shift
Face Mask	X - Universal “mask” for the shift		
Eye Protection: <ul style="list-style-type: none"> • Face Shield-with N95/KN95 Respirator 		X - Face shield worn in patient room; may be changed to goggles outside of room and worn throughout shift	X - Face shield worn in patient room; may be changed to goggles outside of room and worn throughout shift
<ul style="list-style-type: none"> • Goggles/Safety Glasses-with face masks 	X - Worn throughout shift		
Precaution Sign	 <p>PATIENT-SPECIFIC CONTACT PLUS DROPLET PRECAUTIONS</p> <p>STOP</p> <p>Please see the Nurse before entering the Patient's room!</p> <ul style="list-style-type: none"> 1. Enter the room wearing N95/KN95 and goggle and gown and gloves and change gloves after 15 minutes of use. 2. When in the room, wear eye shield and gloves and change gloves after 15 minutes of use. 3. Keep your face shielded by your face shield. Before you leave the room, remove the face shield and gloves and change gloves after 15 minutes of use. 4. If you are wearing a face shield, change it after 15 minutes of use. 5. All other PPE should be removed in the patient's room. 6. After exiting the room, change gloves and change gloves after 15 minutes of use. <p>Genesis Please see the Nurse before entering the Patient's room!</p>	 <p>PATIENT-SPECIFIC CONTACT PLUS AIRBORNE PRECAUTIONS</p> <p>STOP</p> <p>Please see the Nurse before entering the Patient's room!</p> <ul style="list-style-type: none"> 1. Enter the room wearing N95/KN95 and gown and gloves and change gloves after 15 minutes of use. 2. When in the room, wear eye shield and gloves and change gloves after 15 minutes of use. 3. Keep your face shielded by your face shield. Before you leave the room, remove the face shield and gloves and change gloves after 15 minutes of use. 4. If you are wearing a face shield, change it after 15 minutes of use. 5. All other PPE should be removed in the patient's room. 6. After exiting the room, change gloves and change gloves after 15 minutes of use. <p>Genesis Please see the Nurse before entering the Patient's room!</p>	 <p>EXTENDED CONTACT PLUS AIRBORNE PRECAUTIONS</p> <p>STOP</p> <p>Please see the Nurse before entering the Patient's room!</p> <ul style="list-style-type: none"> 1. Enter the room wearing N95/KN95 and gown and gloves and change gloves after 15 minutes of use. 2. When in the room, wear eye shield and gloves and change gloves after 15 minutes of use. 3. Keep your face shielded by your face shield. Before you leave the room, remove the face shield and gloves and change gloves after 15 minutes of use. 4. If you are wearing a face shield, change it after 15 minutes of use. 5. All other PPE should be removed in the patient's room. 6. After exiting the room, change gloves and change gloves after 15 minutes of use. <p>Genesis Please see the Nurse before entering the Patient's room!</p>

CLINICAL COMPETENCY VALIDATION Hand Hygiene

Name: _____ Center & Unit: _____

Validation Reason: Orientation Annual review Periodic review
 Identified need New program, device, or procedure

CRITICAL ELEMENTS:

	Not Met	Met
1. Verbalizes when hand hygiene should be completed:		
a. Washing with soap and water when hands are visibly soiled.		
b. Washing with soap and water after exposure to known or suspected Clostridium difficile or infectious diarrhea (i.e. Norovirus).		
c. Washing with soap and water before eating or after using the restroom.		
d. Use of alcohol based hand rub for routine decontamination in clinical situations.		
Hand Washing:		
2. Turns on water at sink.		
3. Wet hands and wrists thoroughly.		
4. Applies cleanser or soap to hands.		
5. Lathers all surfaces of fingers and hands, including above the wrists, producing friction for at least (twenty) 20 seconds.*		
6. Cleans fingernails by rubbing fingertips against palms of the opposite hand.		
7. Rinses all surfaces of hands, wrists, and fingers keeping hands lower than the elbows and the fingertips down.		
8. Uses clean, dry paper towel to dry all surfaces of hands, wrists, and fingers.		
9. Uses clean, dry paper towel, to turn off faucet, without contaminating hands.		
10. Does not touch the inside of the sink at any time.		
11. Disposes of used paper towel(s) in wastebasket immediately after shutting off faucet.		
Alcohol Based Hand Rub (ABHR) from a Dispenser:		
12. Verbalizes when alcohol based rub can be utilized.		
13. Applies product to palm of one hand, rubs hands together, covering all surfaces of the hands and fingers until product is dry.		
14. Follows manufacturer's instructions for amount and application of product.		
Alcohol Based Hand Rub (ABHR) from a Pocket or Clip-on Individual Container		
15. Pulls pocket ABHR out of pocket and dispenses adequate gel or foam into one hand.		
16. Places bottle back into pocket with other hand before performing hand rub.		
17. Performs hand rub (see #13), thoroughly coating all surfaces of both hands.		
18. Goes directly to patient without touching anything else—or re-entering hands into pockets.		

RESULTS (check appropriate item, sign, & date):

Passed Needs education Date: _____ Validated by: _____
 Education provided by: _____ on _____ (date)
 Re-validated by: _____

COMMENTS *(Explain type & content of education or training needed/provided, response to education, or other pertinent info.):*

I have successfully completed this competency validation.

Signature:	Date:
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CLINICAL COMPETENCY VALIDATION

**Putting On (Donning) Personal Protective Equipment (PPE) /
Taking Off (Doffing) PPE**

Name: _____ Center & Unit: _____

- Validation Reason: Orientation Annual review Periodic review Outbreak prevention/containment
 Identified need New program, device, or procedure

CRITICAL ELEMENTS:

	Not Met	Met
PUTTING ON PPE		
Gowning		
1. Performs hand hygiene before donning PPE.		
2. Gathers gown; chooses appropriate size.		
3. Picks up gown.		
4. Holds gown out in front and allows gown to open.		
5. Does not shake the gown or allow it to touch the floor.		
6. Slips arms into the sleeves.		
7. Pulls gown on, per manufacturer's directions.		
8. Ties the neck ties into a bow so they can be easily untied later.		
9. Pulls gown until it completely covers clothing. Ties the back ties in a bow so they can be easily untied or broken later. Ties all ties on the gown, as appropriate.		
a. If the gown is too small to fully cover the torso, uses two gowns. Puts on the first gown with the opening in the front and the second gown over the first with the opening in the back. The gown should cover torso from neck to knees, arms to end of wrists, and wraps around the back.		
10. Uses gowns only once and then removes and discards*.		
Masking or Respirator		
1. Places and holds the mask over the nose, mouth, and chin.		
2. Secures bands behind ears or secure the straps on crown of head (top strap) and base of neck (bottom strap).		
3. Fits the flexible nose piece over nose bridge with both hands, without bending/tenting the nose piece. Does not pinch the nose piece.		
4. Adjusts to fit snugly around face and below chin with no gaps.		
5. If respirator is used, seal checks the respirator each time it is put on.		
Goggles or Face Shield		
1. Positions goggles and/or face shield over face and/or eyes.		
2. Secures to head using attached ear pieces and/or head band.		
3. Adjusts to fit comfortably and ensures goggles/face shield does not affect the fit/seal of the face mask/respirator.		
Gloving		
1. If right-handed, slides one glove on left hand (reverse if left-handed).		
2. With gloved hand, slides other hand into second glove.		
3. Interlaces fingers to smooth folds and creates a comfortable fit.		
4. Carefully looks for tears or holes. Replaces glove if necessary.		
5. Pulls the cuff of the gloves over the cuff of the sleeves of the gown.		

6. Acknowledges Safety Considerations: Keeps hands away from face and front of gown, limits surfaces touched, changes gloves when torn or heavily contaminated, performs hand hygiene after removing gloves. Changes gloves between each patient contact.		
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TAKING OFF (DOFFING) PPE – EXAMPLE 1

Removing Gloves—OUTSIDE OF GLOVES ARE CONTAMINATED! Removes gloves and gown just before exiting patient/resident room.

1. Using one gloved hand, grasps the outside of the opposite glove, palm area and peels off the first glove.		
2. Holds the removed glove in the gloved hand and slides fingers of ungloved hand under remaining glove at the wrist and peels off second glove over the first glove. The glove is turned inside out.		
3. Discards gloves in a waste container.		
4. If hands get contaminated during glove removal, immediately performs hand hygiene.		

Removing Gown—GOWN FRONT AND SLEEVES ARE CONTAMINATED! Removes gloves and gown just before exiting patient/resident room.

1. Unfastens gown ties with ungloved hands, taking care that sleeves do not contact the body when reaching for the ties.		
2. Slips hands underneath the gown at the neck and shoulders, peeling away from shoulders, touching inside of gown only. NOTE: If removing a 3-arm hole gown, reaches behind right shoulder and peels the gown over right shoulder, right arm, and across body. Allows gown to fall off shoulders and reaching behind, slips fingers of one hand under the cuff of the opposite arm and pulls the hand into the sleeve grasping the gown from the inside. Repeats for the opposite arm.		
3. Slips fingers of one hand under the cuff of the opposite arm and pulls the hand into the sleeve, grasping the gown from the inside.		
4. Reaches across and pushes the sleeve off the opposite arm.		
5. Folds the gown towards the inside and folds or rolls into a bundle so only the "clean" part of the gown is visible.		
6. Discards gown in a waste container, or if a washable gown, places in plastic bag, seals/ties the bag, and places in a laundry receptacle.		
7. If hands get contaminated during gown removal, immediately performs hand hygiene.		

Removing Goggles or Face Shield—OUTSIDE OF GOGGLES OR FACE SHIELD IS/ARE CONTAMINATED!

1. If removing goggles/face shield, removes outside of patient/resident room or patient/resident care area.		
2. Removes goggles or face shield from the back by lifting the "clean" ear or head pieces away from the face. Does not touch the front of the goggles/face shield.		
3. If goggles or face shield are reusable, places them in designated location for cleaning/disinfecting prior to next use.		
4. If goggles or face shield is not reusable, discards in a waste container.		
5. If hands get contaminated during goggle or face shield removal, immediately performs hand hygiene.		

Removing Face Mask or Respirator—FRONT OF MASK/RESPIRATOR IS CONTAMINATED! DO NOT TOUCH!

1. If removing a face mask or respirator, removes outside of patient/resident room or patient/resident care area.		
2. Grasps the bottom ties or the elastic bands of the mask/respirator and lift overhead, then grasps the bands/ties at the top and lifts over face, removing without touching the front of the mask/respirator. If removing a face mask or respirator with ear loops, bending forward slightly, reaches behind one ear and grasps the back of the elastic strap then peels away from ear. With the opposite hand, reaches behind the ear grasping the back of the elastic strap and peels away from the ear and the face holding onto this elastic strap.		
2. Discards mask in a waste container.*		
3. If hands get contaminated during mask/respirator removal, immediately performs hand hygiene.		

Hand Hygiene

1. Performs hand hygiene using soap and water or alcohol based hand rub (ABHR) immediately after removing all PPE.		
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2. Performs hand hygiene between steps if hands become contaminated and immediately after removing all PPE.		
3. Performs hand hygiene before donning a reuse face mask, respirator, goggles, or face shield.		
TAKING OFF (DOFFING) PPE—EXAMPLE 2*		
Removing Gown and Gloves—GOWN FRONT AND SLEEVES AND OUTSIDE OF GLOVES ARE CONTAMINATED!		
1. Grasps the gown in the front and pulls away from the body so that the ties at the neck and back break, touching the outside of the gown only with the gloved hands.		
2. While removing the gown from the shoulders/neck, begins folding or rolling the gown inside-out into a bundle.		
3. While removing the gown, peels off gloves from both hands touching only the inside of the gloves and gown with bare hands.		
4. Once removed, places the gown and gloves into a waste container.		
5. If hands get contaminated during removal of gown and gloves, immediately performs hand hygiene.		
Removing Goggles or Face Shield—OUTSIDE OF GOGGLES OR FACE SHIELD IS/ARE CONTAMINATED!		
1. Removes goggles or face shield from the back by lifting the “clean” ear or head pieces away from the face.		
2. If goggles or face shield are reusable, places them in designated receptacle for subsequent reprocessing.		
3. If goggles or face shield are not reusable, discards in a waste container.		
4. If hands get contaminated during goggle or face shield removal, immediately performs hand hygiene.		
Removing Mask or Respirator—FRONT OF MASK/RESPIRATOR IS CONTAMINATED! DO NOT TOUCH!		
1. Grasps the bottom ties or the elastic bands of the mask/respirator and lifts overhead, then grasps the bands/ties at the top and lifts over face, removing without touching the front of the mask/respirator.		
2. Discards in a waste container.		
3. If hands get contaminated during mask/respirator removal, immediately performs hand hygiene.		
Hand Hygiene		
1. Performs hand hygiene using soap and water or alcohol based hand rub (ABHR) immediately after removing PPE.		
2. Performs hand hygiene between steps if hands become contaminated and immediately after removing all PPE.		

*If re-use or extended use practices are in place (e.g. COVID-19), follows that guidance.

Passed Needs education Date: _____ Validated by: _____
 Education provided by: _____ on _____ (date)
 Re-validated by: _____

COMMENTS (Explain type & content of education or training needed/provided, response to education, or other pertinent info.):

I have successfully completed this competency validation.

Signature: _____	Date: _____
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