

## Urgent & Serious Pathogen Checklist

Name of Person Completing Checklist:

Return Form to: IP, Charge Nurse, Shift supervisor, DON or Administrator ( Circle)

RESIDENT / ROOM #:

IC PRECAUTIONS :

DATE:

### TASK List (Check complete)

☐ Verify case -lab, report, history, colonization, infection, identify site

☐ Organism of Concern: \_\_\_\_\_

☐

Infection

☐

Colonization

### Initiate Precautions

☐ Enhanced Barrier

☐

Contact

☐

Droplet

☐

Airborne

☐ Isolation signs in place

☐ PPE Cart set up outside of room

☐

ABHS Available

☐ Gowns

☐

Gloves

☐

Mask

☐

N95 Respirator

☐ Is a staff person/department responsible for stocking PPE Cart each shift/day

☐ Name of person responsible: \_\_\_\_\_

### Resident Care Equipment

1=Dedicated

2= Disposable

3= Shared (cleaned per policy)

☐ Stethoscope

☐

BP Cuff

☐

Thermometer

☐ Vitals Machine

### Roommate Status

☐ N/A -private room

☐

Moved

☐

Screened

☐ No invasive medical devices in roommate

☐ More than one (1) case present

☐

Cohort

☐

Cluster

☐ Cohorting occurring with uninfected or colonized resident/patient

### Notifications Made

☐ Administration

Name & Date

\_\_\_\_\_

☐ NM DOH Epi & Response

(NMDOH EPI 505-827-0006, Fax  
505-827-0013)

Date:

☐ Transferring facility or

transportation if applicable

Name & Date

\_\_\_\_\_

### Notify/ educate all individuals involved in care

- |   |                                     |                                  |   |
|---|-------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Nursing          | <input type="checkbox"/> Dietary    | <input type="checkbox"/> EVS     | <input type="checkbox"/> Maint/Facilities |
| <input type="checkbox"/> Therapy Services | <input type="checkbox"/> Activities | <input type="checkbox"/> Hospice | <input type="checkbox"/> Social Worker    |
| <input type="checkbox"/> Other            |                                     |                                  |   |

### IC Processes

- ☐ Start/maintain Line List
- ☐ Coordinate with NMDOH Epi for testing recommendations (testing supplies and processing of specimens often out of State)
- ☐ Prioritize testing for those who require a higher level of care(e.g. trachs) or were in contact with the case for three days
- ☐ Point prevalence surveys are conducted every 2-4 weeks until two rounds are negative in
- ☐ Dedicate Staff to resident/unit
- ☐ Provide education to staff
- ☐ Provide education to residents and family/visitors
- ☐ Changes in handling of dishes/meal trays ☐ Yes ☐ No  
If Yes ☐ Disposable
- ☐ Changes in Laundry processes ☐ Yes ☐ No  
If Yes ☐ Hot water ☐ Bleach ☐ Sanitizer  
☐ Sour ☐ Ozone ☐ End of shift

### Environmental Cleaning

- ☐ Resident room cleaned daily with effective disinfectant (see EPA List)
- ☐ Terminal clean of occupied room daily
- ☐ Disinfectant product required Name of Product: \_\_\_\_\_
- ☐ Privacy curtains cleaned ☐ Daily ☐ Weekly  
☐ At discharge
- ☐ Audits of EVS cleaning effectiveness performed using:  
☐ Visual inspection (not preferred) ☐ fluorescent markers  
☐ ATP
- ☐ Separate mops, and cleaning rags used for each side of shared rooms, dedicate EVS cart  
☐ Yes ☐ No

### Additional Notes: