# Infection Prevention and Control Assessment Tool for Long-term Care Facilities

This tool is intended to assist in the assessment of infection control programs and practices in nursing homes and other long-term care facilities. If feasible, direct observations of infection control practices are encouraged. To facilitate the assessment, health departments are encouraged to share this tool with facilities in advance of their visit.

**Overview**

**Section 1: Facility Demographics**

**Section 2: Infection Control Program and Infrastructure**

**Section 3: Direct Observation of Facility Practices (optional)**

**Section 4: Infection Control Guidelines and Other Resources**

**Infection Control Domains for Gap Assessment**

1. Infection Control Program and Infrastructure
2. Healthcare Personnel and Resident Safety
3. Surveillance and Disease Reporting
4. Hand Hygiene
5. Personal Protective Equipment (PPE)
6. Respiratory/ Cough Etiquette
7. Antibiotic Stewardship
8. Injection safety and Point of Care Testing
9. Environmental Cleaning

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| **Section 1. Facility Demographics** V1-3-1  |
| Facility Name (for health department use only) | Click here to enter text. |
| NHSN Facility Organization ID (for health department use only) | Click here to enter text. |
| State-assigned Unique ID | Click here to enter text. |
| Date of Assessment | Click here to enter a date. |
| Type of Assessment | [ ]  On-site [ ]  Other (specify): Click here to enter text. |
| Rationale for Assessment (Select all that apply) | [ ]  Outbreak [ ]  Input from accrediting organization or state survey agency [ ]  NHSN data (if available)[ ]  Collaborative (specify partner[s]): Click here to enter text.)[ ]  Other (specify): Click here to enter text. |
| Is the facility licensed by the state? | [ ]  Yes [ ]  No  |
| Is the facility certified by the Centers for Medicare & Medicaid Services (CMS) | [ ]  Yes [ ]  No  |
| Facility type | [ ]  Nursing home [ ]  Intermediate care facility [ ]  Assisted living facility[ ]  Other (specify): Click here to enter text. |
| Number of licensed beds | Click here to enter text. |
| Total staff hours per week dedicated to infection prevention and control activities  | Click here to enter text. |
| Is the facility affiliated with a hospital? | [ ]  Yes (specify – for health department use only): Click here to enter text.[ ]  No  |

**Section 2: Infection Control Program and Infrastructure**

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| 1. Infection Control Program and Infrastructure
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| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| 1. The facility has specified a person (e.g., staff, consultant) who is responsible for coordinating the IC program.
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The person responsible for coordinating the infection prevention program has received training in IC

*Examples of training may include: Successful completion of initial and/or recertification exams developed by the Certification Board for Infection Control & Epidemiology; Participation in infection control courses organized by the state or recognized professional societies (e.g., APIC, SHEA).* | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility has a process for reviewing infection surveillance data and infection prevention activities (e.g., presentation at QA committee).
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. Written infection control policies and procedures are available and **based on** evidence-based guidelines (e.g., CDC/HICPAC), regulations (F-441), or standards.

*Note: Policies and procedures should be tailored to the facility and extend beyond OSHA bloodborne pathogen training or the CMS State Operations Manual* | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. Written infection control policies and procedures are reviewed at least annually or according to state or federal requirements, and updated if appropriate.
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility has a written plan for emergency preparedness (e.g., pandemic influenza or natural disaster).
 | [ ]  Yes [ ]  No | Click here to enter text. |

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| 1. Healthcare Personnel and Resident Safety
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| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| Healthcare Personnel |
| 1. The facility has work-exclusion policies concerning avoiding contact with residents when personnel have potentially transmissible conditions which do not penalize with loss of wages, benefits, or job status.
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility educates personnel on prompt reporting of signs/symptoms of a potentially transmissible illness to a supervisor
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility conducts baseline Tuberculosis (TB) screening for all new personnel
 | [ ]  Yes [ ]  No | Click here to enter text. |

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| II. Healthcare Personnel and Resident Safety, continued |
| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| 1. The facility has a policy to assess healthcare personnel risk for TB (based on regional, community data) and requires periodic (at least annual) TB screening if indicated.
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility offers Hepatitis B vaccination to all personnel who may be exposed to blood or body fluids as part of their job duties
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility offers all personnel influenza vaccination annually.
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility maintains written records of personnel influenza vaccination from the most recent influenza season.
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility has an exposure control plan which addresses potential hazards posed by specific services provided by the facility (e.g., blood-borne pathogens).

*Note: A model template, which includes a guide for creating an exposure control plan that meets the requirements of the OSHA Bloodborne Pathogens Standard is available at:* <https://www.osha.gov/Publications/osha3186.pdf> | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. All personnel receive training and competency validation on managing a blood-borne pathogen exposure at the time of employment.

*Note: An exposure incident refers to a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an individual’s duties.* | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. All personnel received training and competency validation on managing a potential blood-borne pathogen exposure within the past 12 months.
 | [ ]  Yes [ ]  No | Click here to enter text. |
| Resident Safety |
| 1. The facility currently has a written policy for to assess risk for TB (based on regional, community data) and provide screening to residents on admission.
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility documents resident immunization status for pneumococcal vaccination at time of admission.
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility offers annual influenza vaccination to residents.
 | [ ]  Yes [ ]  No | Click here to enter text. |

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| 1. Surveillance and Disease Reporting
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| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| Surveillance |
| 1. The facility has written intake procedures to identify potentially infectious persons at the time of admission.

*Examples: Documenting recent antibiotic use, and history of infections or colonization with C. difficile or antibiotic-resistant organisms*  | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility has system for notification of infection prevention coordinator when antibiotic-resistant organisms or *C. difficile* are reported by clinical laboratory.
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility has a written surveillance plan outlining the activities for monitoring/tracking infections occurring in residents of the facility.
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility has system to follow-up on clinical information, (e.g., laboratory, procedure results and diagnoses), when residents are transferred to acute care hospitals for management of suspected infections, including sepsis.

*Note: Receiving discharge records at the time of re-admission is not sufficient to answer “yes”* | [ ]  Yes [ ]  No | Click here to enter text. |
| Disease Reporting |
| 1. The facility has a written plan for outbreak response which includes a definition, procedures for surveillance and containment, and a list of syndromes or pathogens for which monitoring is performed.
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility has a current list of diseases reportable to public health authorities.
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility can provide point(s) of contact at the local or state health department for assistance with outbreak response.
 | [ ]  Yes [ ]  No | Click here to enter text. |

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| 1. Hand Hygiene
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| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| 1. Hand hygiene policies promote preferential use of alcohol-based hand rub (ABHR) over soap and water in most clinical situations.

*Note:* *Soap and water should be used when hands are visibly soiled (e.g., blood, body fluids) and is also preferred after caring for a patient with known or suspected C. difficile or norovirus during an outbreak or if rates of C. difficile infection in the facility are persistently high.* | [ ]  Yes [ ]  No | Click here to enter text. |
| IV. Hand Hygiene, continued |
| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| 1. All personnel receive training and competency validation on HH at the time of employment.
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. All personnel received training and competency validation on HH within the past 12 months.
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility routinely audits (monitors and documents) adherence to HH

*Note: If yes, facility should describe auditing process and provide documentation of audits* | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility provides feedback to personnel regarding their HH performance.

*Note: If yes, facility should describe feedback process and provide documentation of feedback reports* | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. Supplies necessary for adherence to HH (e.g., soap, water, paper towels, alcohol-based hand rub) are readily accessible in resident care areas (i.e., nursing units, resident rooms, therapy rooms).
 | [ ]  Yes [ ]  No | Click here to enter text. |

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| 1. Personal Protective Equipment (PPE)
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| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| 1. The facility has a policy on Standard Precautions which includes selection and use of PPE (e.g., indications, donning/doffing procedures).
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility has a policy on Transmission-based Precautions that includes the clinical conditions for which specific PPE should be used (e.g., *C. difficile,* Influenza).
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. Appropriate personnel receive job-specific training and competency validation on proper use of PPE at the time of employment.
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. Appropriate personnel received job-specific training and competency validation on proper use of PPE within the past 12 months.
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility routinely audits (monitors and documents) adherence to PPE use (e.g., adherence when indicated, donning/doffing).

*Note: If yes, facility should describe auditing process and provide documentation of audits* | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility provides feedback to personnel regarding their PPE use.

*Note: If yes, facility should describe feedback process and provide documentation of feedback reports* | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. Supplies necessary for adherence to proper PPE use (e.g., gloves, gowns, masks) are readily accessible in resident care areas (i.e., nursing units, therapy rooms).
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. Respiratory Hygiene/Cough Etiquette
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| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| 1. The facility has signs posted at entrances with instructions to individuals with symptoms of respiratory infection to: cover their mouth/nose when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after contact with respiratory secretions?
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility provides resources for performing hand hygiene near the entrance and in common areas.
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility offers facemasks to coughing residents and other symptomatic persons upon entry to the facility.
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility educates family and visitors to notify staff and take appropriate precautions if they are having symptoms of respiratory infection during their visit?
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. All personnel receive education on the importance of infection prevention measures to contain respiratory secretions to prevent the spread of respiratory pathogens
 | [ ]  Yes [ ]  No | Click here to enter text. |

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| 1. Antibiotic Stewardship
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| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| 1. The facility can demonstrate leadership support for efforts to improve antibiotic use (antibiotic stewardship).
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility has identified individuals accountable for leading antibiotic stewardship activities
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility has access to individuals with antibiotic prescribing expertise (e.g. ID trained physician or pharmacist).
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility has written policies on antibiotic prescribing.
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility has implemented practices in place to improve antibiotic use.
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility has a report summarizing antibiotic use from pharmacy data created within last 6 months.

*Note: Report could include number of new starts, types of drugs prescribed, number of days of antibiotic treatment) from the pharmacy on a regular basis* | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility has a report summarizing antibiotic resistance (i.e., antibiogram) from the laboratory created within the past 24 months.
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility provides clinical prescribers with feedback about their antibiotic prescribing practices.

*Note: If yes, facility should provide documentation of feedback reports* | [ ]  Yes [ ]  No | Click here to enter text. |

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| VII. Antibiotic Stewardship, continued |
| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| 1. The facility has provided training on antibiotic use (stewardship) to all nursing staff within the last 12 months.
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility has provided training on antibiotic use (stewardship) to all clinical providers with prescribing privileges within the last 12 months.
 | [ ]  Yes [ ]  No | Click here to enter text. |

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| 1. Injection Safety and Point of Care Testing
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| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| 1. The facility has a policy on injection safety which includes protocols for performing finger sticks and point of care testing (e.g., assisted blood glucose monitoring, or AMBG).
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. Personnel who perform point of care testing (e.g., AMBG) receive training and competency validation on injection safety procedures at time of employment.

*Note: If point of care tests are performed by contract personnel, facility should verify that training is provided by contracting company* | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. Personnel who perform point of care testing (e.g., AMBG) receive training and competency validation on injection safety procedures within the past 12 months.

*Note: If point of care tests are performed by contract personnel, facility should verify that training is provided by contracting company* | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility routinely audits (monitors and documents) adherence to injection safety procedures during point of care testing (e.g., AMBG).

*Note: If yes, facility should describe auditing process and provide documentation of audits* | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility provides feedback to personnel regarding their adherence to injection safety procedures during point of care testing (e.g., AMBG).

*Note: If yes, facility should describe feedback process and provide documentation of feedback reports* | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. Supplies necessary for adherence to safe injection practices (e.g., single-use, auto-disabling lancets, sharps containers) are readily accessible in resident care areas (i.e., nursing units).
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility has policies and procedures to track personnel access to controlled substances to prevent narcotics theft/drug diversion.
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. Environmental Cleaning
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| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| 1. The facility has written cleaning/disinfection policies which include routine and terminal cleaning and disinfection of resident rooms.
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility has written cleaning/disinfection policies which include routine and terminal cleaning and disinfection of rooms of residents on contact precautions (e.g., *C. difficile)*.
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility has written cleaning/disinfection policies which include cleaning and disinfection of high-touch surfaces in common areas.
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility cleaning/disinfection policies include handling of equipment shared among residents (e.g., blood pressure cuffs, rehab therapy equipment, etc.).
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. Facility has policies and procedures to ensure that reusable medical devices (e.g., blood glucose meters, wound care equipment, podiatry equipment, and dental equipment) are cleaned and reprocessed appropriately prior to use on another patient.

*Note: If external consultants (e.g., wound care nurses, dentists or podiatrists) provide services in the facility, the facility must verify these providers have adequate supplies and space to follow appropriate cleaning/disinfection (reprocessing) procedures to prevent transmission of infectious agents**Note: Select not applicable for the following:* 1. *All medical devices are single use only or dedicated to individual residents*
2. *No procedures involving medical devices are performed in the facility by staff or external consultants*
3. *External consultants providing services which involve medical devices have adequate supplies that no devices are shared on-site and all reprocessing is performed off-site*
 | [ ]  Yes [ ]  No [ ]  Not Applicable | Click here to enter text. |
| 1. Appropriate personnel receive job-specific training and competency validation on cleaning and disinfection procedures at the time of employment.

*Note: If environmental services are performed by contract personnel, facility should verify that training is provided by contracting company* | [ ]  Yes [ ]  No | Click here to enter text. |

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| IX. Environmental Cleaning, continued |
| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| 1. Appropriate personnel received job-specific training and competency validation on cleaning and disinfection procedures within the past 12 months.

*Note: If environmental services are performed by contract personnel, facility should verify that training is provided by contracting company* | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility routinely audits (monitors and documents) quality of cleaning and disinfection procedures.

*Note: If yes, facility should describe auditing process and provide documentation of audits* | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. The facility provides feedback to personnel regarding the quality of cleaning and disinfection procedures.

*Note: If yes, facility should describe feedback process and provide documentation of feedback reports* | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. Supplies necessary for appropriate cleaning and disinfection procedures (e.g., EPA-registered, including products labeled as effective against *C. difficile* and Norovirus) are available.

*Note: If environmental services are performed by contract personnel, facility should verify that appropriate EPA-registered products are provided by contracting company* | [ ]  Yes [ ]  No | Click here to enter text. |

**Section 3: Direct Observation of Facility Practices (optional)**

Certain infection control lapses (e.g., reuse of syringes on more than one patient or to access a medication container that is used for subsequent patients; reuse of lancets) can result in bloodborne pathogen transmission and should be halted immediately. Identification of such lapses warrants appropriate notification and testing of potentially affected patients.

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| **Point of Care Testing Observations (e.g., assisted blood glucose monitoring)**  |
| **HH performed** | **Clean gloves worn** | **Single use, lancet used?1** | **Testing meter2** | **Gloves removed3** | **HH performed3** |
| [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Dedicated to resident, cleaned/disinfected before storing[ ]  Cleaned/disinfected before next resident | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Dedicated to resident, cleaned/disinfected before storing[ ]  Cleaned/disinfected before next resident | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Dedicated to resident, cleaned/disinfected before storing[ ]  Cleaned/disinfected before next resident | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Dedicated to resident, cleaned/disinfected before storing[ ]  Cleaned/disinfected before next resident | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Dedicated to resident, cleaned/disinfected before storing[ ]  Cleaned/disinfected before next resident | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Dedicated to resident, cleaned/disinfected before storing[ ]  Cleaned/disinfected before next resident | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Dedicated to resident, cleaned/disinfected before storing[ ]  Cleaned/disinfected before next resident | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Dedicated to resident, cleaned/disinfected before storing[ ]  Cleaned/disinfected before next resident | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **Notes: 1***Lancet holder devices (e.g., lancing penlets) are not suitable for multi-patient use.* *2 If the manufacturer does not provide instructions for cleaning and disinfection, then the testing meter should not be used for >1 patient.* *3Gloves should be changed and HH performed before assisting the next resident with POCT.* |

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| **Hand Hygiene and Contact Precautions Observations**  |
| **Staff type\*** | **Type of opportunity** | **HH performed?** | **Gown or glove indicated?** | **Gown/glove used?** |
| Click here to enter text. | [ ]  Room entry [ ]  Room exit[ ]  Before resident contact [ ]  After resident contact[ ]  Before glove [ ]  After glove[ ]  Other: Click here to enter text. | [ ]  Alcohol-rub [ ]  Hand Wash [ ]  No HH done | [ ]  Gown only [ ]  Glove only[ ]  Both [ ]  No | [ ]  Gown used [ ]  Glove used[ ]  Both [ ]  Neither |
| Click here to enter text. | [ ]  Room entry [ ]  Room exit[ ]  Before resident contact [ ]  After resident contact[ ]  Before glove [ ]  After glove[ ]  Other: Click here to enter text. | [ ]  Alcohol-rub [ ]  Hand Wash [ ]  No HH done | [ ]  Gown only [ ]  Glove only[ ]  Both [ ]  No | [ ]  Gown used [ ]  Glove used[ ]  Both [ ]  Neither |
| Click here to enter text. | [ ]  Room entry [ ]  Room exit[ ]  Before resident contact [ ]  After resident contact[ ]  Before glove [ ]  After glove[ ]  Other: Click here to enter text. | [ ]  Alcohol-rub [ ]  Hand Wash [ ]  No HH done | [ ]  Gown only [ ]  Glove only[ ]  Both [ ]  No | [ ]  Gown used [ ]  Glove used[ ]  Both [ ]  Neither |
| Click here to enter text. | [ ]  Room entry [ ]  Room exit[ ]  Before resident contact [ ]  After resident contact[ ]  Before glove [ ]  After glove[ ]  Other: Click here to enter text. | [ ]  Alcohol-rub [ ]  Hand Wash [ ]  No HH done | [ ]  Gown only [ ]  Glove only[ ]  Both [ ]  No | [ ]  Gown used [ ]  Glove used[ ]  Both [ ]  Neither |
| Click here to enter text. | [ ]  Room entry [ ]  Room exit[ ]  Before resident contact [ ]  After resident contact[ ]  Before glove [ ]  After glove[ ]  Other: Click here to enter text. | [ ]  Alcohol-rub [ ]  Hand Wash [ ]  No HH done | [ ]  Gown only [ ]  Glove only[ ]  Both [ ]  No | [ ]  Gown used [ ]  Glove used[ ]  Both [ ]  Neither |
| Click here to enter text. | [ ]  Room entry [ ]  Room exit[ ]  Before resident contact [ ]  After resident contact[ ]  Before glove [ ]  After glove[ ]  Other: Click here to enter text. | [ ]  Alcohol-rub [ ]  Hand Wash [ ]  No HH done | [ ]  Gown only [ ]  Glove only[ ]  Both [ ]  No | [ ]  Gown used [ ]  Glove used[ ]  Both [ ]  Neither |
| Click here to enter text. | [ ]  Room entry [ ]  Room exit[ ]  Before resident contact [ ]  After resident contact[ ]  Before glove [ ]  After glove[ ]  Other: Click here to enter text. | [ ]  Alcohol-rub [ ]  Hand Wash [ ]  No HH done | [ ]  Gown only [ ]  Glove only[ ]  Both [ ]  No | [ ]  Gown used [ ]  Glove used[ ]  Both [ ]  Neither |
| Click here to enter text. | [ ]  Room entry [ ]  Room exit[ ]  Before resident contact [ ]  After resident contact[ ]  Before glove [ ]  After glove[ ]  Other: Click here to enter text. | [ ]  Alcohol-rub [ ]  Hand Wash [ ]  No HH done | [ ]  Gown only [ ]  Glove only[ ]  Both [ ]  No | [ ]  Gown used [ ]  Glove used[ ]  Both [ ]  Neither |
| Click here to enter text. | [ ]  Room entry [ ]  Room exit[ ]  Before resident contact [ ]  After resident contact[ ]  Before glove [ ]  After glove[ ]  Other: Click here to enter text. | [ ]  Alcohol-rub [ ]  Hand Wash [ ]  No HH done | [ ]  Gown only [ ]  Glove only[ ]  Both [ ]  No | [ ]  Gown used [ ]  Glove used[ ]  Both [ ]  Neither |
| **\*Staff key: MD= Physician, PA= Physician assist., NP= Advanced practice nurse, RN=Registered nurse, LPN=Licensed practice nurse, CNA=Certified nurse aide or assist., REHAB= Rehabilitation staff (e.g. physical, occupational, speech), DIET=Dietary staff, EVS=Environmental services or housekeeping staff, SW = Social worker, UNK = Unknown/unable to determine** |

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| **Indwelling Urinary Catheter (IUC) Maintenance Observations (i.e., Foley)** |
| **Indication assessed regularly** 1 | **Indication appropriate 2** | **HH before handling IUC** | **Clean gloves donned before handling IUC** | **Bag < 2/3 full** | **Bag below bladder** | **Unobstructed flow** | **Device secured properly**  | **Bag emptied properly 3** | **Specimen collected properly 4** | **Gloves Removed after handling IUC** | **HH after handling IUC** |
| [ ]  Yes [ ]  No [ ]  NA\*  | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA |
| [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA |
| [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA |
| [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA |
| [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA |
| [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA |
| *\*NA = Not assessed****1*** *On-going need for IUC is assessed for appropriateness and indication is documented in medical records per facility policy**2 See:* [*https://www.cdc.gov/hicpac/pdf/CAUTI/CAUTIguideline2009final.pdf*](https://www.cdc.gov/hicpac/pdf/CAUTI/CAUTIguideline2009final.pdf) *Table 2A for list of appropriate indications for IUC and more information regarding appropriate maintenance****3*** *Clean container is used to catch urine and spigot does not come into contact with container; Additional PPE (e.g., face shields, gown) should be worn per facility policy to prevent body fluid exposure* ***4*** *HH is performed and clean gloves worn to manipulate IUC sample collection port, port is cleaned with alcohol prior to access, specimen is collected using blunt syringe, leur lock syringe, or 10 cc syringe; specimen not obtained from the collection bag* |
| **Comments:** Click here to enter text. |

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| **Central Venous Catheter (CVC) Maintenance Observations***NOTE: May be referred to as Central Line and includes PICC line* |
| **Indication appropriate 1** | **CVC maintenance performed regularly 2** | **Dressing clean, dry and intact** | **Dressing dated 3** | **HH performed before handling CVC** | **Clean gloves donned before handling CVC** | **CVC connected and disconnected aseptically** | **CVC hub scrubbed 4** | **CVC hub allowed to dry** | **Unused CVC ports are capped**  | **CVC accessed with sterile devices only** | **Gloves removed after handling CVC** | **HH after handling CVC** |
| [ ]  Yes [ ]  No[ ]  NA\* | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA |
| [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA |
| [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA |
| [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA |
| [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA |
| *\*NA = Not assessed****1*** *Refer to* [*http://www.cdc.gov/hicpac/pdf/guidelines/bsi-guidelines-2011.pdf*](http://www.cdc.gov/hicpac/pdf/guidelines/bsi-guidelines-2011.pdf) *for recommendations on CVC maintenance (e.g., appropriate indications)**2 Appropriate maintenance should include documentation of the following in the medical record: date and site of insertion, assessment of on-going need for CVC, and frequency of dressing changes and replacement of system components (e.g., catheter tubing, connectors) per facility policy**3 Dressing should be labeled with date changed and be within timeframe for routine dressing changes per facility policy**4 Procedure for “Scrub the Hub”: Hub is handled aseptically (i.e., ensuring hub does not touch anything non-sterile) while port cap is removed and discarded; Appropriate antiseptic pad (e.g., 70% alcohol, chlorohexidine) is used to scrub end and sides (threads) of hub thoroughly applying friction for 10 to 15 seconds; Catheter line is disinfected several centimeters toward resident’s body using same antiseptic pad to apply friction; Hub is left open “uncapped” shortest time possible. See* [*http://www.cdc.gov/dialysis/PDFs/collaborative/Hemodialysis-Central-Venous-Catheter-STH-Protocol.pdf*](http://www.cdc.gov/dialysis/PDFs/collaborative/Hemodialysis-Central-Venous-Catheter-STH-Protocol.pdf) *and* [*http://www.cdc.gov/hicpac/pdf/guidelines/bsi-guidelines-2011.pdf*](http://www.cdc.gov/hicpac/pdf/guidelines/bsi-guidelines-2011.pdf) *for further guidance*  |
| **Comments:** Click here to enter text. |

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| --- |
| **Wound Dressing Change Observations** |
| **All supplies are gathered before dressing change 1** | **HH performed before dressing change** | **Clean gloves donned before dressing change 2** | **Multi-dose wound care meds are used appropriately 3** | **Dressing change performed in manner to prevent cross-contamination 4** | **Gloves removed after dressing change completed** | **HH performed after dressing change completed** | **Reusable equipment****cleaned and/or disinfected appropriately 5** | **Clean, unused supplies discarded or dedicated to one resident** | **Wound care performed/assessed regularly 6** | **Wound care supply cart is clean 7** |
| [ ]  Yes [ ]  No [ ]  NA\* | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA |
| [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA |
| [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA |
| [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA |
| [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No[ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA |
| ***\*****NA = Not assessed****1*** *Dedicated wound dressing change supplies and equipment should be gathered and accessible on a clean surface at resident’s bedside before starting procedure****2*** *Additional PPE (e.g., face mask/face shield, gown) should be worn to prevent body fluids exposure per facility policy**3 Multi-dose wound care medications (e.g., ointments, creams) should be dedicated to a single resident whenever possible or a small amount of medication should be aliquoted into clean container for single-resident use; Meds should be stored properly in centralized location and never enter a resident treatment area**4 Gloves should be changed and HH performed when moving from dirty to clean wound care activities (e.g., after removal of soiled dressings, before handling clean supplies); Debridement or irrigation should be performed in a way to minimize cross-contamination of surrounding surfaces from aerosolized irrigation solution; All soiled dressing supplies should be discarded immediately**5 In addition to reusable medical equipment, any surface in the resident’s immediate care area contaminated during a dressing change should be cleaned and disinfected; Any visible blood or body fluid should be removed first with a wet, soapy cloth then disinfected with an EPA-registered disinfectant per manufacturer instructions and facility policy; Surfaces/equipment should be visibly saturated with solution and allowed to dry for proper disinfection before reuse* *6 Wound care documentation should include wound characteristics (e.g., size, stage), dressing assessment (e.g., clean, dry), and date and frequency of dressing changes; Wound care is documented in medical records per facility policy**7 Wound care supply cart should never enter the resident’s immediate care area nor be accessed while wearing gloves or without performing HH first. These are important to preventing cross-contamination of clean supplies and reiterates the importance of collecting all supplies prior to beginning wound care.* |
| **Comments:** Click here to enter text. |

**Section 4: Infection Control Guidelines and Other Resources**

* **General Infection Prevention**

[ ]  CDC Infection Prevention Resources for Long-term Care: <http://www.cdc.gov/longtermcare>

[ ]  CDC/HICPAC Guidelines and recommendations: <http://www.cdc.gov/HAI/prevent/prevent_pubs.html>

[ ]  CMS State Operations Manual, Appendix PP, Released Nov 2014 (IC Guidance on pages 182-220): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R127SOMA.PDF>

* **Healthcare Personnel Safety**

[ ]  Guideline for Infection Control in Healthcare Personnel: <http://www.cdc.gov/hicpac/pdf/InfectControl98.pdf>

[ ]  Immunization of HealthCare Personnel: <http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>

[ ]  CDC Influenza Vaccination Tool-kit for Long-term Care Employers: <http://www.cdc.gov/flu/toolkit/long-term-care/index.htm>

[ ]  Occupational Safety & Health Administration (OSHA) Bloodborne Pathogen and Needlestick Prevention Standard: <https://www.osha.gov/SLTC/bloodbornepathogens/index.html>

* **Hand Hygiene**

[ ]  Guideline for Hand Hygiene in Healthcare Settings: <http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf>

[ ]  Hand Hygiene in Healthcare Settings: <http://www.cdc.gov/handhygiene>

Examples of Hand Hygiene Auditing Tools:

[ ]  Measuring Hand Hygiene Adherence: Overcoming the Challenges: <http://www.jointcommission.org/assets/1/18/hh_monograph.pdf>

[ ]  iScrub: <http://compepi.cs.uiowa.edu/index.php/Research/IScrub>

* **Personal Protective Equipment**

[ ]  2007 Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings: <http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>

[ ]  Management of Multi-Drug Resistant Organisms in Healthcare Settings, 2006: <http://www.cdc.gov/hicpac/pdf/guidelines/MDROGuideline2006.pdf>

[ ]  Guidance for the Selection and Use of Personal Protective Equipment in Healthcare Settings: <http://www.cdc.gov/HAI/prevent/ppe.html>

[ ]  CDC Sequence for Donning and Removing Personal Protective Equipment: <http://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>

* **Respiratory Hygiene/Cough Etiquette**

[ ]  2007 Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings: <http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>

[ ]  Respiratory Hygiene and Cough Etiquette in Healthcare Settings: <http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>

[ ]  Recommendations for preventing the spread of influenza: <http://www.cdc.gov/flu/professionals/infectioncontrol/>

* **Antimicrobial stewardship**

[ ]  CDC Implementation Resources for Antibiotic Stewardship: <http://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html>

* **Safe Injection and Point of Care Testing Practices**

[ ]  2007 Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings: <http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>

[ ]  CDC Injection Safety Web Materials: <http://www.cdc.gov/injectionsafety>

[ ]  CDC training video and related Safe Injection Practices Campaign materials: <http://oneandonlycampaign.org>

[ ]  Infection Prevention during Blood Glucose Monitoring and Insulin Administration: <http://www.cdc.gov/injectionsafety/blood-glucose-monitoring.html>

[ ]  Frequently Asked Questions (FAQs) regarding Assisted Blood Glucose Monitoring and Insulin Administration: <http://www.cdc.gov/injectionsafety/providers/blood-glucose-monitoring_faqs.html>

* **Environmental Infection Control**

[ ]  Guidelines for Environmental Infection Control in Healthcare Facilities: <http://www.cdc.gov/hicpac/pdf/guidelines/eic_in_HCF_03.pdf>

[ ]  EPA Listing of disinfectant products with sporicidal activity against *C. difficile*: <https://www.epa.gov/sites/production/files/2016-06/documents/list_k_clostridium.pdf>

[ ]  Options for Evaluating Environmental Infection Control: <http://www.cdc.gov/HAI/toolkits/Evaluating-Environmental-Cleaning.html>

* **Resources to assist with evaluation and response to breaches in infection control**

[ ]  Patel PR, Srinivasan A, Perz JF. Developing a broader approach to management of infection control breaches in health care settings. Am J Infect Control. 2008 Dec; 36(10); 685-90 [http://www.ajicjournal.org/article/S0196-6553(08)00683-4/abstract](http://www.ajicjournal.org/article/S0196-6553%2808%2900683-4/abstract)

[ ]  Steps for Evaluating an Infection Control Breach: <http://www.cdc.gov/hai/outbreaks/steps_for_eval_IC_breach.html>

[ ]  Patient Notification Toolkit: <http://www.cdc.gov/injectionsafety/pntoolkit/index.html>

 Assessment Summary

   

| **I. Infection Control Program and Infrastructure** |
| --- |
| Incomplete Elements |
| * + - 1. The facility has specified a person (e.g., staff, consultant) who is responsible for coordinating the IC program.
 |
| * + - 1. The person responsible for coordinating the infection prevention program has received training in IC
 |
| * + - 1. The facility has a process for reviewing infection surveillance data and infection prevention activities (e.g., presentation at QA committee).
 |
| 1. Written infection control policies and procedures are available and **based on** evidence-based guidelines (e.g., CDC/HICPAC), regulations (F-441), or standards.
 |
| 1. Written infection control policies and procedures are reviewed at least annually or according to state or federal requirements, and updated if appropriate.
 |
| 1. The facility has a written plan for emergency preparedness (e.g., pandemic influenza or natural disaster).
 |
| Summary of ‘No’ Responses |
| 1. The facility has specified a person (e.g., staff, consultant) who is responsible for coordinating the IC program.
 |
| 1. The person responsible for coordinating the infection prevention program has received training in IC
 |
| 1. The facility has a process for reviewing infection surveillance data and infection prevention activities (e.g., presentation at QA committee).
 |
| 1. Written infection control policies and procedures are available and **based on** evidence-based guidelines (e.g., CDC/HICPAC), regulations (F-441), or standards.
 |
| 1. Written infection control policies and procedures are reviewed at least annually or according to state or federal requirements, and updated if appropriate.
 |
| 1. The facility has a written plan for emergency preparedness (e.g., pandemic influenza or natural disaster).
 |
| Action Items:[ ]  Facility will conduct additional training for healthcare personnel (e.g., to correct a problem observed) [ ]  Facility will improve regular training program, including incorporation of competency assessments [ ]  Facility will initiate feedback program [ ]  Facility will initiate auditing program[ ]  Health dept. provided recommendation(s) at time of visit [ ]  Facility will develop/update policies and procedures[ ]  Health dept. provided resource(s)/tool(s) at time of visit [ ]  Other (specify): Click here to enter text. Facility Response:[ ]  Facility agrees with assessment in this domain [ ]  Facility plans to take action to mitigate[ ]  Other (specify): Click here to enter text. |
| All Items Confirmed |
| Notes/Recommendations: Click here to enter text. |

| **II. Healthcare Personnel and Resident Safety** |
| --- |
| Incomplete Elements |
| **Healthcare Personnel** |
| 1. The facility has work-exclusion policies concerning avoiding contact with residents when personnel have potentially transmissible conditions which do not penalize with loss of wages, benefits, or job status.
 |
| 1. The facility educates personnel on prompt reporting of signs/symptoms of a potentially transmissible illness to a supervisor
 |
| 1. The facility conducts baseline Tuberculosis (TB) screening for all new personnel
 |
| 1. The facility has a policy to assess healthcare personnel risk for TB (based on regional, community data) and requires periodic (at least annual) TB screening if indicated.
 |
| 1. The facility offers Hepatitis B vaccination to all personnel who may be exposed to blood or body fluids as part of their job duties
 |
| 1. The facility offers all personnel influenza vaccination annually.
 |
| 1. The facility maintains written records of personnel influenza vaccination from the most recent influenza season.
 |
| 1. The facility has an exposure control plan which addresses potential hazards posed by specific services provided by the facility (e.g., blood-borne pathogens).
 |
| 1. All personnel receive training and competency validation on managing a blood-borne pathogen exposure at the time of employment.
 |
| 1. All personnel received training and competency validation on managing a potential blood-borne pathogen exposure within the past 12 months.
 |
| **Resident Safety** |
| 1. The facility currently has a written policy for to assess risk for TB (based on regional, community data) and provide screening to residents on admission.
 |
| 1. The facility documents resident immunization status for pneumococcal vaccination at time of admission.
 |
| 1. The facility offers annual influenza vaccination to residents.
 |
| Summary of ‘No’ Responses |
| **Healthcare Personnel** |
| 1. The facility has work-exclusion policies concerning avoiding contact with residents when personnel have potentially transmissible conditions which do not penalize with loss of wages, benefits, or job status.
 |
| 1. The facility educates personnel on prompt reporting of signs/symptoms of a potentially transmissible illness to a supervisor
 |
| 1. The facility conducts baseline Tuberculosis (TB) screening for all new personnel
 |
| 1. The facility has a policy to assess healthcare personnel risk for TB (based on regional, community data) and requires periodic (at least annual) TB screening if indicated.
 |
| 1. The facility offers Hepatitis B vaccination to all personnel who may be exposed to blood or body fluids as part of their job duties
 |
| 1. The facility offers all personnel influenza vaccination annually.
 |
| 1. The facility maintains written records of personnel influenza vaccination from the most recent influenza season.
 |
| 1. The facility has an exposure control plan which addresses potential hazards posed by specific services provided by the facility (e.g., blood-borne pathogens).
 |
| 1. All personnel receive training and competency validation on managing a blood-borne pathogen exposure at the time of employment.
 |
| 1. All personnel received training and competency validation on managing a potential blood-borne pathogen exposure within the past 12 months.
 |
| **Resident Safety**  |
| 1. The facility currently has a written policy for to assess risk for TB (based on regional, community data) and provide screening to residents on admission.
 |
| 1. The facility documents resident immunization status for pneumococcal vaccination at time of admission.
 |
| 1. The facility offers annual influenza vaccination to residents.
 |
| Action Items:[ ]  Facility will conduct additional training for healthcare personnel (e.g., to correct a problem observed) [ ]  Facility will improve regular training program, including incorporation of competency assessments [ ]  Facility will initiate feedback program [ ]  Facility will initiate auditing program[ ]  Health dept. provided recommendation(s) at time of visit [ ]  Facility will develop/update policies and procedures[ ]  Health dept. provided resource(s)/tool(s) at time of visit [ ]  Other (specify): Click here to enter text. Facility Response:[ ]  Facility agrees with assessment in this domain [ ]  Facility plans to take action to mitigate[ ]  Other (specify): Click here to enter text. |
| All Items Confirmed |
| Notes/Recommendations: Click here to enter text. |

| **III. Surveillance and Disease Reporting** |
| --- |
| Incomplete Elements |
| **Surveillance** |
| 1. The facility has written intake procedures to identify potentially infectious persons at the time of admission.
 |
| 1. The facility has system for notification of infection prevention coordinator when antibiotic-resistant organisms or *C. difficile* are reported by clinical laboratory.
 |
| 1. The facility has a written surveillance plan outlining the activities for monitoring/tracking infections occurring in residents of the facility.
 |
| 1. The facility has system to follow-up on clinical information, (e.g., laboratory, procedure results and diagnoses), when residents are transferred to acute care hospitals for management of suspected infections, including sepsis.
 |
| **Disease Reporting** |
| 1. The facility has a written plan for outbreak response which includes a definition, procedures for surveillance and containment, and a list of syndromes or pathogens for which monitoring is performed.
 |
| 1. The facility has a current list of diseases reportable to public health authorities.
 |
| 1. The facility can provide point(s) of contact at the local or state health department for assistance with outbreak response.
 |
| Summary of ‘No’ Responses |
| **Surveillance** |
| 1. The facility has written intake procedures to identify potentially infectious persons at the time of admission.
 |
| 1. The facility has system for notification of infection prevention coordinator when antibiotic-resistant organisms or *C. difficile* are reported by clinical laboratory.
 |
| 1. The facility has a written surveillance plan outlining the activities for monitoring/tracking infections occurring in residents of the facility.
 |
| 1. The facility has system to follow-up on clinical information, (e.g., laboratory, procedure results and diagnoses), when residents are transferred to acute care hospitals for management of suspected infections, including sepsis.
 |
| **Disease Reporting** |
| 1. The facility has a written plan for outbreak response which includes a definition, procedures for surveillance and containment, and a list of syndromes or pathogens for which monitoring is performed.
 |
| 1. The facility has a current list of diseases reportable to public health authorities.
 |
| 1. The facility can provide point(s) of contact at the local or state health department for assistance with outbreak response.
 |
| Action Items:[ ]  Facility will conduct additional training for healthcare personnel (e.g., to correct a problem observed) [ ]  Facility will improve regular training program, including incorporation of competency assessments [ ]  Facility will initiate feedback program [ ]  Facility will initiate auditing program[ ]  Health dept. provided recommendation(s) at time of visit [ ]  Facility will develop/update policies and procedures[ ]  Health dept. provided resource(s)/tool(s) at time of visit [ ]  Other (specify): Click here to enter text. Facility Response:[ ]  Facility agrees with assessment in this domain [ ]  Facility plans to take action to mitigate[ ]  Other (specify): Click here to enter text. |
| All Items Confirmed |
| Notes/Recommendations: Click here to enter text. |

| **IV. Hand Hygiene**  |
| --- |
| Incomplete Elements |
| 1. The facility hand hygiene (HH) policies promote preferential use of alcohol-based hand rub over soap and water except when hands are visibly soiled (e.g., blood, body fluids) or after caring for a resident with known or suspected C. difficile or norovirus.
 |
| 1. All personnel receive training and competency validation on HH at the time of employment.
 |
| 1. All personnel received training and competency validation on HH within the past 12 months.
 |
| 1. The facility audits (monitors and documents) adherence to HH
 |
| 1. The facility provides feedback to personnel regarding their HH performance.
 |
| 1. Supplies necessary for adherence to HH (e.g., soap, water, paper towels, alcohol-based hand rub) are readily accessible in resident care areas (i.e., nursing units, resident rooms, therapy rooms).
 |
| Summary of ‘No’ Responses |
| 1. The facility hand hygiene (HH) policies promote preferential use of alcohol-based hand rub over soap and water except when hands are visibly soiled (e.g., blood, body fluids) or after caring for a resident with known or suspected C. difficile or norovirus.
 |
| 1. All personnel receive training and competency validation on HH at the time of employment.
 |
| 1. All personnel received training and competency validation on HH within the past 12 months.
 |
| 1. The facility audits (monitors and documents) adherence to HH
 |
| 1. The facility provides feedback to personnel regarding their HH performance.
 |
| 1. Supplies necessary for adherence to HH (e.g., soap, water, paper towels, alcohol-based hand rub) are readily accessible in resident care areas (i.e., nursing units, resident rooms, therapy rooms).
 |
| Action Items:[ ]  Facility will conduct additional training for healthcare personnel (e.g., to correct a problem observed) [ ]  Facility will improve regular training program, including incorporation of competency assessments [ ]  Facility will initiate feedback program [ ]  Facility will initiate auditing program[ ]  Health dept. provided recommendation(s) at time of visit [ ]  Facility will develop/update policies and procedures[ ]  Health dept. provided resource(s)/tool(s) at time of visit [ ]  Other (specify): Click here to enter text. Facility Response:[ ]  Facility agrees with assessment in this domain [ ]  Facility plans to take action to mitigate[ ]  Other (specify): Click here to enter text. |
| All Items Confirmed |
| Notes/Recommendations: Click here to enter text. |

| **V. Personal Protective Equipment (PPE)**  |
| --- |
| Incomplete Elements |
| 1. The facility has a policy on Standard Precautions which includes selection and use of PPE (e.g., indications, donning/doffing procedures).
 |
| 1. The facility has a policy on Transmission-based Precautions that includes the clinical conditions for which specific PPE should be used (e.g., *C. difficile,* Influenza).
 |
| 1. Appropriate personnel receive job-specific training and competency validation on proper use of PPE at the time of employment.
 |
| 1. Appropriate personnel received job-specific training and competency validation on proper use of PPE within the past 12 months.
 |
| 1. The facility audits (monitors and documents) adherence to PPE use (e.g., adherence when indicated, donning/doffing).
 |
| 1. The facility provides feedback to personnel regarding their PPE use.
 |
| 1. Supplies necessary for adherence to proper PPE use (e.g., gloves, gowns, masks) are readily accessible in resident care areas (i.e., nursing units, therapy rooms).
 |
| Summary of ‘No’ Responses |
| 1. The facility has a policy on Standard Precautions which includes selection and use of PPE (e.g., indications, donning/doffing procedures).
 |
| 1. The facility has a policy on Transmission-based Precautions that includes the clinical conditions for which specific PPE should be used (e.g., *C. difficile,* Influenza).
 |
| 1. Appropriate personnel receive job-specific training and competency validation on proper use of PPE at the time of employment.
 |
| 1. Appropriate personnel received job-specific training and competency validation on proper use of PPE within the past 12 months.
 |
| 1. The facility audits (monitors and documents) adherence to PPE use (e.g., adherence when indicated, donning/doffing).
 |
| 1. The facility provides feedback to personnel regarding their PPE use.
 |
| 1. Supplies necessary for adherence to proper PPE use (e.g., gloves, gowns, masks) are readily accessible in resident care areas (i.e., nursing units, therapy rooms).
 |
| Action Items:[ ]  Facility will conduct additional training for healthcare personnel (e.g., to correct a problem observed) [ ]  Facility will improve regular training program, including incorporation of competency assessments [ ]  Facility will initiate feedback program [ ]  Facility will initiate auditing program[ ]  Health dept. provided recommendation(s) at time of visit [ ]  Facility will develop/update policies and procedures[ ]  Health dept. provided resource(s)/tool(s) at time of visit [ ]  Other (specify): Click here to enter text. Facility Response:[ ]  Facility agrees with assessment in this domain [ ]  Facility plans to take action to mitigate[ ]  Other (specify): Click here to enter text. |
| All Items Confirmed |
| Notes/Recommendations: Click here to enter text. |

| **VI. Respiratory/ Cough Etiquette** |
| --- |
| Incomplete Elements |
| 1. The facility has signs posted at entrances with instructions to individuals with symptoms of respiratory infection to: cover their mouth/nose when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after contact with respiratory secretions?
 |
| 1. The facility provides resources for performing hand hygiene near the entrance and in common areas.
 |
| 1. The facility offers facemasks to coughing residents and other symptomatic persons upon entry to the facility.
 |
| 1. The facility educates family and visitors to notify staff and take appropriate precautions if they are having symptoms of respiratory infection during their visit?
 |
| 1. All personnel receive education on the importance of infection prevention measures to contain respiratory secretions to prevent the spread of respiratory pathogens
 |
| Summary of ‘No’ Responses |
| 1. The facility has signs posted at entrances with instructions to individuals with symptoms of respiratory infection to: cover their mouth/nose when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after contact with respiratory secretions?
 |
| 1. The facility provides resources for performing hand hygiene near the entrance and in common areas.
 |
| 1. The facility offers facemasks to coughing residents and other symptomatic persons upon entry to the facility.
 |
| 1. The facility educates family and visitors to notify staff and take appropriate precautions if they are having symptoms of respiratory infection during their visit?
 |
| 1. All personnel receive education on the importance of infection prevention measures to contain respiratory secretions to prevent the spread of respiratory pathogens
 |
| Action Items:[ ]  Facility will conduct additional training for healthcare personnel (e.g., to correct a problem observed) [ ]  Facility will improve regular training program, including incorporation of competency assessments [ ]  Facility will initiate feedback program [ ]  Facility will initiate auditing program[ ]  Health dept. provided recommendation(s) at time of visit [ ]  Facility will develop/update policies and procedures[ ]  Health dept. provided resource(s)/tool(s) at time of visit [ ]  Other (specify): Click here to enter text. Facility Response:[ ]  Facility agrees with assessment in this domain [ ]  Facility plans to take action to mitigate[ ]  Other (specify): Click here to enter text. |
| All Items Confirmed |
| Notes/Recommendations: Click here to enter text. |

| **VII. Antibiotic Stewardship** |
| --- |
| Incomplete Elements |
| 1. The facility can demonstrate leadership support for efforts to improve antibiotic use (antibiotic stewardship).
 |
| 1. The facility has identified individuals accountable for leading antibiotic stewardship activities
 |
| 1. The facility has access to individuals with antibiotic prescribing expertise (e.g. ID trained physician or pharmacist).
 |
| 1. The facility has written policies on antibiotic prescribing.
 |
| 1. The facility has implemented practices in place to improve antibiotic use.
 |
| 1. The facility has a report summarizing antibiotic use from pharmacy data created within last 6 months.
 |
| 1. The facility has a report summarizing antibiotic resistance (i.e., antibiogram) from the laboratory created within the past 24 months.
 |
| 1. The facility provides clinical prescribers with feedback about their antibiotic prescribing practices.
 |
| 1. The facility has provided training on antibiotic use (stewardship) to all nursing staff within the last 12 months.
 |
| 1. The facility has provided training on antibiotic use (stewardship) to all clinical providers with prescribing privileges within the last 12 months.
 |
| Summary of ‘No’ Responses |
| 1. The facility can demonstrate leadership support for efforts to improve antibiotic use (antibiotic stewardship).
 |
| 1. The facility has identified individuals accountable for leading antibiotic stewardship activities
 |
| 1. The facility has access to individuals with antibiotic prescribing expertise (e.g. ID trained physician or pharmacist).
 |
| 1. The facility has written policies on antibiotic prescribing.
 |
| 1. The facility has implemented practices in place to improve antibiotic use.
 |
| 1. The facility has a report summarizing antibiotic use from pharmacy data created within last 6 months.
 |
| 1. The facility has a report summarizing antibiotic resistance (i.e., antibiogram) from the laboratory created within the past 24 months.
 |
| 1. The facility provides clinical prescribers with feedback about their antibiotic prescribing practices.
 |
| 1. The facility has provided training on antibiotic use (stewardship) to all nursing staff within the last 12 months.
 |
| 1. The facility has provided training on antibiotic use (stewardship) to all clinical providers with prescribing privileges within the last 12 months.
 |
| Action Items:[ ]  Facility will conduct additional training for healthcare personnel (e.g., to correct a problem observed) [ ]  Facility will improve regular training program, including incorporation of competency assessments [ ]  Facility will initiate feedback program [ ]  Facility will initiate auditing program[ ]  Health dept. provided recommendation(s) at time of visit [ ]  Facility will develop/update policies and procedures[ ]  Health dept. provided resource(s)/tool(s) at time of visit [ ]  Other (specify): Click here to enter text. Facility Response:[ ]  Facility agrees with assessment in this domain [ ]  Facility plans to take action to mitigate[ ]  Other (specify): Click here to enter text. |
| All Items Confirmed |
| Notes/Recommendations: Click here to enter text. |

| **VIII. Injection safety and Point of Care Testing** |
| --- |
| Incomplete Elements |
| 1. The facility has a policy on injection safety which includes protocols for performing finger sticks and point of care testing (e.g., assisted blood glucose monitoring, or AMBG).
 |
| 1. Personnel who perform point of care testing (e.g., AMBG) receive training and competency validation on injection safety procedures at time of employment.
 |
| 1. Personnel who perform point of care testing (e.g., AMBG) receive training and competency validation on injection safety procedures within the past 12 months.
 |
| 1. The facility audits (monitors and documents) adherence to injection safety procedures during point of care testing (e.g., AMBG).
 |
| 1. The facility provides feedback to personnel regarding their adherence to injection safety procedures during point of care testing (e.g., AMBG).
 |
| 1. Supplies necessary for adherence to safe injection practices (e.g., single-use, auto-disabling lancets, sharps containers) are readily accessible in resident care areas (i.e., nursing units).
 |
| 1. The facility has policies and procedures to track personnel access to controlled substances to prevent narcotics theft/drug diversion.
 |
| Summary of ‘No’ Responses |
| 1. The facility has a policy on injection safety which includes protocols for performing finger sticks and point of care testing (e.g., assisted blood glucose monitoring, or AMBG).
 |
| 1. Personnel who perform point of care testing (e.g., AMBG) receive training and competency validation on injection safety procedures at time of employment.
 |
| 1. Personnel who perform point of care testing (e.g., AMBG) receive training and competency validation on injection safety procedures within the past 12 months.
 |
| 1. The facility audits (monitors and documents) adherence to injection safety procedures during point of care testing (e.g., AMBG).
 |
| 1. The facility provides feedback to personnel regarding their adherence to injection safety procedures during point of care testing (e.g., AMBG).
 |
| 1. Supplies necessary for adherence to safe injection practices (e.g., single-use, auto-disabling lancets, sharps containers) are readily accessible in resident care areas (i.e., nursing units).
 |
| 1. The facility has policies and procedures to track personnel access to controlled substances to prevent narcotics theft/drug diversion.
 |
| Action Items:[ ]  Facility will conduct additional training for healthcare personnel (e.g., to correct a problem observed) [ ]  Facility will improve regular training program, including incorporation of competency assessments [ ]  Facility will initiate feedback program [ ]  Facility will initiate auditing program[ ]  Health dept. provided recommendation(s) at time of visit [ ]  Facility will develop/update policies and procedures[ ]  Health dept. provided resource(s)/tool(s) at time of visit [ ]  Other (specify): Click here to enter text. Facility Response:[ ]  Facility agrees with assessment in this domain [ ]  Facility plans to take action to mitigate[ ]  Other (specify): Click here to enter text. |
| All Items Confirmed |
| Notes/Recommendations: Click here to enter text. |

| **IX. Environmental Cleaning** |
| --- |
| Incomplete Elements |
| 1. The facility has written cleaning/disinfection policies which include routine and terminal cleaning and disinfection of resident rooms.
 |
| 1. The facility has written cleaning/disinfection policies which include routine and terminal cleaning and disinfection of rooms of residents on contact precautions (e.g., *C. difficile)*.
 |
| 1. The facility has written cleaning/disinfection policies which include cleaning and disinfection of high-touch surfaces in common areas.
 |
| 1. The facility cleaning/disinfection policies include handling of equipment shared among residents (e.g., blood pressure cuffs, rehab therapy equipment, etc.).
 |
| 1. Facility has policies and procedures to ensure that reusable medical devices (e.g., blood glucose meters, wound care equipment, podiatry equipment, and dental equipment) are cleaned and reprocessed appropriately prior to use on another patient.
 |
| 1. Appropriate personnel receive job-specific training and competency validation on cleaning and disinfection procedures at the time of employment.
 |
| 1. Appropriate personnel received job-specific training and competency validation on cleaning and disinfection procedures within the past 12 months.
 |
| 1. The facility audits (monitors and documents) quality of cleaning and disinfection procedures.
 |
| 1. The facility provides feedback to personnel regarding the quality of cleaning and disinfection procedures.
 |
| 1. Supplies necessary for appropriate cleaning and disinfection procedures (e.g., EPA-registered, including products labeled as effective against *C. difficile* and Norovirus) are available.
 |
| Summary of ‘No’ Responses |
| 1. The facility has written cleaning/disinfection policies which include routine and terminal cleaning and disinfection of resident rooms.
 |
| 1. The facility has written cleaning/disinfection policies which include routine and terminal cleaning and disinfection of rooms of residents on contact precautions (e.g., *C. difficile)*.
 |
| 1. The facility has written cleaning/disinfection policies which include cleaning and disinfection of high-touch surfaces in common areas.
 |
| 1. The facility cleaning/disinfection policies include handling of equipment shared among residents (e.g., blood pressure cuffs, rehab therapy equipment, etc.).
 |
| 1. Facility has policies and procedures to ensure that reusable medical devices (e.g., blood glucose meters, wound care equipment, podiatry equipment, and dental equipment) are cleaned and reprocessed appropriately prior to use on another patient.
 |
| 1. Appropriate personnel receive job-specific training and competency validation on cleaning and disinfection procedures at the time of employment.
 |
| 1. Appropriate personnel received job-specific training and competency validation on cleaning and disinfection procedures within the past 12 months.
 |
| 1. The facility audits (monitors and documents) quality of cleaning and disinfection procedures.
 |
| 1. The facility provides feedback to personnel regarding the quality of cleaning and disinfection procedures.
 |
| 1. Supplies necessary for appropriate cleaning and disinfection procedures (e.g., EPA-registered, including products labeled as effective against *C. difficile* and Norovirus) are available.
 |
| Action Items:[ ]  Facility will conduct additional training for healthcare personnel (e.g., to correct a problem observed) [ ]  Facility will improve regular training program, including incorporation of competency assessments [ ]  Facility will initiate feedback program [ ]  Facility will initiate auditing program[ ]  Health dept. provided recommendation(s) at time of visit [ ]  Facility will develop/update policies and procedures[ ]  Health dept. provided resource(s)/tool(s) at time of visit [ ]  Other (specify): Click here to enter text. Facility Response:[ ]  Facility agrees with assessment in this domain [ ]  Facility plans to take action to mitigate[ ]  Other (specify): Click here to enter text. |
| All Items Confirmed |
| Notes/Recommendations: Click here to enter text. |

| **Follow Up Activities:** |
| --- |
| [ ]  Repeat on-site assessment planned (date: Click here to enter a date.) |
| [ ]  Repeat remote (phone/email) assessment planned (date: Click here to enter a date.) |
| [ ]  Other (specify): Click here to enter text. |

| **Other Comments:** |
| --- |
| Click here to enter text. |

 

[ ]  IC Program and Infrastructure [ ]  HCP Safety

 [ ]  Surveillance/Reporting [ ]  Hand Hygiene [ ]  PPE

[ ]  Respiratory Etiquette [ ]  Antibiotic Stewardship

 [ ]  Injection Safety/POC Testing [ ]  Environmental Cleaning