





Infection Prevention Tools for Success

(Competencies, Regulatory, Education, Posters)

| | |
|---|--|
| <h3 style="background-color: #cccccc; padding: 5px;">Antibiotic Stewardship</h3> <div style="display: flex; justify-content: space-around; align-items: center;">   </div> | <p>Education for residents & families</p> <p>http://professionals.site.apic.org/files/2013/10/AntibioticInfographic14-FINAL.pdf</p> <p>Education for healthcare professionals (HCP)</p> <p>http://professionals.site.apic.org/files/2017/09/ABCs-of-Antibiotics_forHCWs_final-hiq.pdf</p> |
| <h3 style="background-color: #cccccc; padding: 5px;">Personal Protective Equipment (PPE)</h3> <div style="display: grid; grid-template-columns: repeat(3, 1fr); gap: 10px;">      </div> | <p>Staff Education</p> <p>http://www.apic.org/Resource_TinyMceFileManager/consumers_professionals/APIC_DosDontsofMask_hiq.pdf</p> <p>http://professionals.site.apic.org/files/2013/09/DosDonts-of-Gloves.pdf</p> <p>https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf</p> |
| <h3 style="background-color: #cccccc; padding: 5px;">Hand Hygiene</h3> <div style="display: flex; justify-content: space-around; align-items: center;">   </div> | <p>Education for everyone</p> <p>http://www.who.int/gpsc/5may/How_To_HandWash_Poster.pdf?ua=1</p> <p>http://www.who.int/gpsc/5may/How_To_HandRub_Poster.pdf</p> |

Injection Safety



Multi-Dose Vial 28 day expiration calculator

<https://www.gohcl.com/images/PDF/Multi-Dose-Vial-Chart.pdf>

Respiratory Hygiene/Cough Etiquette



Posters

<http://www.health.state.mn.us/cyc/>

<http://epi.publichealth.nc.gov/cd/docs/ICPosterCoul.pdf>

Regulatory



NC TB Manual

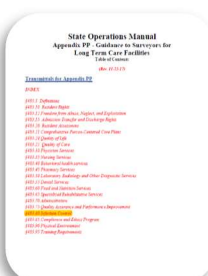
<http://epi.publichealth.nc.gov/cd/lhds/manuals/tb/toc.html>

NC Communicable Disease Manual & Reportable Illnesses

<http://epi.publichealth.nc.gov/cd/lhds/manuals/cd/toc.html>

NC Sanitation Rules

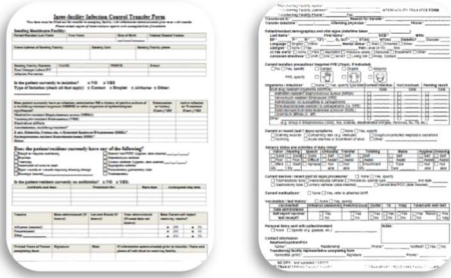
<http://ehs.ncpublichealth.com/docs/rules/294306-2-1300.pdf>



CMS Appendix PP State Operations Manual (Revised 11/22/17), Infection Control starts on page 634

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>

Regulatory



CDC transfer tool

<https://www.cdc.gov/hai/pdfs/toolkits/infectioncontroltransferformexample1.pdf>

NC DPH transfer tool

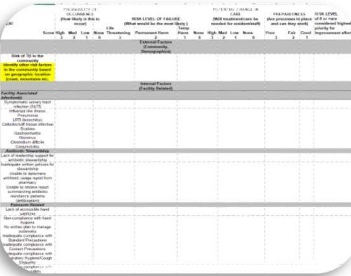
<http://epi.publichealth.nc.gov/cd/hai/docs/InterfacilityTransferInstructionsandForm.pdf>

- List A. EPA's Registered Antimicrobial Products as Sterilizers
- List B. EPA's Registered Tuberculocide Products Effective Against *Mycobacterium tuberculosis*
- List C. EPA's Registered Antimicrobial Products Effective Against Human HIV-1 Virus
- List D. EPA's Registered Antimicrobial Products Effective Against Human HIV-1 and Hepatitis B Virus
- List E. EPA's Registered Antimicrobial Products Effective Against *Mycobacterium tuberculosis*/Human HIV-1 and Hepatitis B Virus
- List F. EPA's Registered Antimicrobial Products Effective Against Hepatitis C Virus
- List G. EPA's Registered Antimicrobial Products Effective Against Norovirus
- List H. EPA's Registered Antimicrobial Products Effective Against Methicillin Resistant *Staphylococcus aureus* (MRSA) and Vancomycin Resistant *Enterococcus faecalis* or *faecium* (VRE)
- List J. EPA's Registered Antimicrobial Products for Medical Waste Treatment
- List K. EPA's Registered Antimicrobial Products Effective Against *Clostridium difficile* Spores(PDF)
- List L. EPA's Registered Antimicrobial Products that Meet the CDC Criteria for Use Against the Ebola Virus
- List M. Registered Antimicrobial Products with Label Claims for Avian (Bird) Flu Disinfectants

EPA registered disinfectants (Hepatitis, HIV, TB, C. difficile, Norovirus)

<https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>

SPICE Resources



INFECTION PREVENTION AND CONTROL PROGRAM
Facility Name
Date

NOTE: This document is a template for your use, and should be adapted to meet your facility's needs.

Scope of facility: maintains an organized, effective facility-wide program designed to systematically identify and reduce the risk of acquiring and transmitting infections among residents, visitors and healthcare workers. This program involves the collaboration of many programs and services within the facility and is designed to meet the intent of regulatory and accrediting agencies.

AUTHORITY: Authority for the Infection Prevention and Control program at [Facility Name] Long Term Care (LTC) has been delegated by the Director of [State] to the facility infection preventionist. In collaboration with the Director and the Facility Medical Director the infection preventionist has the authority to institute emergency medical and/or administrative action when there is danger or threat to residents, staff or personnel regarding infection prevention/control matters. This includes but may not be limited to:

- Isolate or cohort residents with known or suspected infectious diseases in an effort to reduce the risk of disease transmission.
- Close the unit to further admissions, if during an epidemic this action is deemed necessary or prudent.

Sample IC risk assessment template

Sample policy for LTC IC Program

Hand Hygiene competency checklist

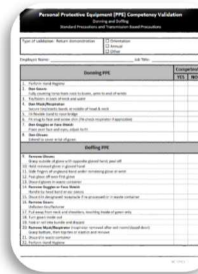
Injection Safety competency checklist

PPE competency checklist

LTC surveillance tools (2012 McGeer & CDC-NHSN)

- UTI
- GI including C. difficile & norovirus
- Respiratory infections
- Skin & soft tissue infections

<https://spice.unc.edu/infection-control-tools-policy-risk-assessment-competency-and-more/>



LTC UTI Infection Worksheet
 (SPICE facility) NUR CLAIR MURS

| Resident Name/NIH # | Sex | Date of birth | Resident location (unit/room #) |
|---|---|---|---|
| Date specimen collected: | Gender: | Resident type: <input type="checkbox"/> Short-stay <input type="checkbox"/> Long-stay | Days of 1st admission to facility: |
| <input type="checkbox"/> 1 calendar day - Community Onset (CO) | <input type="checkbox"/> Male <input type="checkbox"/> Female | Days of current admission to facility: | Has resident been transferred from an acute care facility to your facility in the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> 2 calendar days - Long Term Care Facility Onset (LCO) | <input type="checkbox"/> Unknown | Has resident been transferred from an acute care facility to your facility in the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has resident been transferred from an acute care facility to your facility in the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Primary Resident Service Type: | Has resident been transferred from an acute care facility to your facility in the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has resident been transferred from an acute care facility to your facility in the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has resident been transferred from an acute care facility to your facility in the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Long-term general nursing | Has resident been transferred from an acute care facility to your facility in the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has resident been transferred from an acute care facility to your facility in the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has resident been transferred from an acute care facility to your facility in the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Long-term psychiatric | Has resident been transferred from an acute care facility to your facility in the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has resident been transferred from an acute care facility to your facility in the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has resident been transferred from an acute care facility to your facility in the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Intermediate care | Has resident been transferred from an acute care facility to your facility in the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has resident been transferred from an acute care facility to your facility in the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has resident been transferred from an acute care facility to your facility in the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Skilled nursing | Has resident been transferred from an acute care facility to your facility in the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has resident been transferred from an acute care facility to your facility in the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has resident been transferred from an acute care facility to your facility in the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Assisted living | Has resident been transferred from an acute care facility to your facility in the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has resident been transferred from an acute care facility to your facility in the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has resident been transferred from an acute care facility to your facility in the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Residential care | Has resident been transferred from an acute care facility to your facility in the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has resident been transferred from an acute care facility to your facility in the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has resident been transferred from an acute care facility to your facility in the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Other | Has resident been transferred from an acute care facility to your facility in the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has resident been transferred from an acute care facility to your facility in the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has resident been transferred from an acute care facility to your facility in the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Where was catheter inserted or date of onset event: | Where was catheter inserted or date of onset event: | Where was catheter inserted or date of onset event: | Where was catheter inserted or date of onset event: |
| <input type="checkbox"/> In place <input type="checkbox"/> Removed within last 2 calendar days <input type="checkbox"/> Not in place | <input type="checkbox"/> In place <input type="checkbox"/> Removed within last 2 calendar days <input type="checkbox"/> Not in place | <input type="checkbox"/> In place <input type="checkbox"/> Removed within last 2 calendar days <input type="checkbox"/> Not in place | <input type="checkbox"/> In place <input type="checkbox"/> Removed within last 2 calendar days <input type="checkbox"/> Not in place |
| Where catheter NOT in place, was another urinary device type present at the time of onset event? <input type="checkbox"/> Yes <input type="checkbox"/> No | Where catheter NOT in place, was another urinary device type present at the time of onset event? <input type="checkbox"/> Yes <input type="checkbox"/> No | Where catheter NOT in place, was another urinary device type present at the time of onset event? <input type="checkbox"/> Yes <input type="checkbox"/> No | Where catheter NOT in place, was another urinary device type present at the time of onset event? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Was catheter inserted: | Was catheter inserted: | Was catheter inserted: | Was catheter inserted: |
| <input type="checkbox"/> In place <input type="checkbox"/> Removed within last 2 calendar days <input type="checkbox"/> Not in place | <input type="checkbox"/> In place <input type="checkbox"/> Removed within last 2 calendar days <input type="checkbox"/> Not in place | <input type="checkbox"/> In place <input type="checkbox"/> Removed within last 2 calendar days <input type="checkbox"/> Not in place | <input type="checkbox"/> In place <input type="checkbox"/> Removed within last 2 calendar days <input type="checkbox"/> Not in place |
| Date of event (date of 1st NUR or date of specimen) | Date of event (date of 1st NUR or date of specimen) | Date of event (date of 1st NUR or date of specimen) | Date of event (date of 1st NUR or date of specimen) |

Laboratory Testing - If NUR culture, NUR (does not meet UTI surveillance definitions)

NIH #1: NIH #1: NIH #1: NIH #1:

NIH #2: NIH #2: NIH #2: NIH #2:

NIH #3: NIH #3: NIH #3: NIH #3:

NOTE: "Fast and other microorganisms, which are NOT bacteria, are NOT reportable UTI pathogens. "Rapid flora" is NOT considered an organism.