

Infection Prevention & Control Program Post-Acute/Long Term Care Facility Assessment Worksheet

Section 1: Facility Demographics	
Facility Name	
Date	
Type of Assessment	<input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Follow up <input type="checkbox"/> Other:
Licensed by state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certified by CMS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility Type	<input type="checkbox"/> Nursing Home <input type="checkbox"/> Intermediate Care Facility <input type="checkbox"/> Other:
Number of Licensed Beds	
Total staff hours per week dedicated to infection prevention and control activities	
Is facility associated with a hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 2: Infection Control Program and Infrastructure (F880 and F882))		
Elements to be assessed	Assessment	Notes/Areas for Improvement
<p>A. The facility has specified an individual(s) as the infection preventionist(s) responsible for the facility's IPCP (F882) and California AB 2644 and AB 1585</p> <ul style="list-style-type: none"> • <i>Must have primary professional training as a licensed nurse, medical technologist, microbiologist, epidemiologist, public health professional, or other health care related field.</i> • <i>Must be qualified by education, training, clinical or health care experience, or certification, and must have completed specialized training in infection prevention and control.</i> • <i>Must be Full-time in California (may be filled by one or two qualified staff)</i> • <i>Completed specialized training in infection prevention and control</i> • <i>Member of facility's quality assessment and assurance committee</i> 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. IPC Risk Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. IPCP written program plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. The facility has established/implemented a surveillance plan, based on a facility assessment, for identifying, tracking, monitoring and/or reporting of infections.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Plan includes early detection, management of a potentially infectious, symptomatic resident and implementation of appropriate transmission-based precautions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
F. The plan uses evidence-based surveillance criteria (e.g., CDC NHSN Long-Term Care or revised McGeer Criteria) to define infections and the use of a data collection tool.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

G. The plan includes ongoing analysis of surveillance data and review of data and documentation of follow-up activity in response. (e.g., presentation at QAA committee).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H. Annual Review of IPCP	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I. Written infection control policies and procedures are available and based on evidence-based guidelines (e.g., CDC/HICPAC), regulations or standards	<input type="checkbox"/> Yes <input type="checkbox"/> No	
J. Written infection control policies and procedures are reviewed at least annually or according to state or federal requirements, and updated if appropriate	<input type="checkbox"/> Yes <input type="checkbox"/> No	
K. The facility has a process for communicating the diagnosis, antibiotic use, if any, and laboratory test results when transferring a resident to an acute care hospital or other healthcare provider; and obtaining pertinent notes such as discharge summary, lab results, current diagnoses, and infection or multidrug-resistant organism colonization status when residents are transferred back from acute care hospitals.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
L. The facility has a current list of reportable communicable diseases.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
M. Staff can identify to whom and when communicable diseases, healthcare-associated infections (as appropriate), and potential outbreaks must be reported.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
N. Prohibiting employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit disease.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
O. The facility has a written plan for emergency preparedness (e.g., pandemic influenza or natural disaster).	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 3: Healthcare Personnel and Resident Safety (Immunizations F883)

Elements to be assessed	Assessment	Notes/Areas for Improvement
Healthcare Personnel		
A. 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. The facility educates personnel on prompt reporting of signs/symptoms of a potentially transmissible illness to a supervisor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. The facility conducts baseline Tuberculosis (TB) screening for all new personnel	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. The facility offers Hepatitis B vaccination to all personnel who may be exposed to blood or body fluids as part of their job duties	<input type="checkbox"/> Yes <input type="checkbox"/> No	
F. The facility offers all personnel influenza vaccination annually.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
G. The facility maintains written records of personnel influenza vaccination from the most recent influenza season.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

H. The facility has an exposure control plan which addresses potential hazards posed by specific services provided by the facility (e.g., blood-borne pathogens)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I. All personnel receive training and competency validation on managing a blood-borne pathogen exposure at the time of employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
J. All personnel received training and competency validation on managing a potential blood-borne pathogen exposure within the past 12 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Resident Safety		
A. 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. The facility documents resident immunization status for pneumococcal vaccination at time of admission. <ul style="list-style-type: none"> Review records for documentation of: Screening and eligibility to receive the vaccine; The provision of education related to the pneumococcal immunization (such as the benefits and potential side effects); The administration of pneumococcal vaccine, in accordance with national recommendations. Facilities must follow the CDC and ACIP recommendations for vaccines; and Allowing a resident or representative to refuse the pneumococcal vaccine. If not provided, documentation as to why the vaccine was not provided 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. The facility offers annual influenza vaccination to residents. <ul style="list-style-type: none"> Review the records for documentation of: Screening and eligibility to receive the vaccine The provision of education related to the influenza immunization (such as the benefits and potential side effects) The administration of influenza vaccine, in accordance with national recommendations. Facilities must follow the CDC and ACIP recommendations for vaccines; and Allowing a resident or representative to refuse the influenza vaccine. If not provided, documentation as to why the vaccine was not provided 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Written influenza and pneumococcal vaccine policies and procedures, including the identification and tracking/monitoring of all facility residents' vaccination status.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 4: Hand Hygiene (F880)		
Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Hand hygiene policies promote preferential use of alcohol-based hand rub (ABHR) over soap and water in most clinical situations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Staff wash hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids), or after caring for a resident with known or suspected C. difficile infection (CDI) or norovirus during an outbreak, or if endemic rates of CDI are high.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

C. Soap, water, and a sink are readily accessible in appropriate locations including, but not limited to, resident care areas, food and medication preparation areas.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Staff perform hand hygiene (even if gloves are used) in the following situations: <ul style="list-style-type: none"> • <i>Before and after contact with the resident;</i> • <i>After contact with blood, body fluids, or visibly contaminated surfaces or other objects and surfaces in the resident's environment</i> • <i>After removing personal protective equipment (e.g., gloves, gown, facemask); and</i> • <i>Before performing a procedure such as an aseptic task (e.g., insertion of an invasive device such as a urinary catheter, manipulation of a central venous catheter, and/or dressing care)</i> 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. All personnel receive training and competency validation on HH at the time of employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
F. All personnel received training and competency validation on HH within the past 12 months	<input type="checkbox"/> Yes <input type="checkbox"/> No	
G. The facility routinely audits (monitors and documents) adherence to HH	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H. The facility provides feedback to personnel regarding their HH performance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I. 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). Staff identify who contact for replacement supplies.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
J. When being assisted by staff, resident hand hygiene is performed after toileting and before meals.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 5: Personal Protective Equipment (PPE) (F880)

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. The facility has a policy on Standard Precautions which includes selection and use of PPE (e.g., indications, donning/doffing procedures). <ul style="list-style-type: none"> • <i>Gloves are worn if potential contact with blood or body fluid, mucous membranes, or non-intact skin</i> • <i>Gloves are removed after contact with blood or body fluids, mucous membranes, or non-intact skin</i> • <i>Gloves are changed and hand hygiene is performed before moving from a contaminated body site to a clean body site during resident care</i> • <i>A gown is worn for direct resident contact if the resident has uncontained secretions or excretions</i> • <i>A facemask is worn if contact (i.e., within 3 feet) with a resident with new acute cough or symptoms of a respiratory infection (e.g., influenza-like illness)</i> • <i>Appropriate mouth, nose, and eye protection (e.g., facemasks, face shield) is worn for performing aerosol-generating and/or procedures that are likely to generate splashes or sprays of blood or body fluids</i> • <i>PPE is appropriately discarded after resident care, prior to leaving room, followed by hand hygiene</i> 	<input type="checkbox"/> Yes <input type="checkbox"/> No	

B. 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).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Appropriate personnel receive job-specific training and competency validation on proper use of PPE at the time of employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Appropriate personnel received job-specific training and competency validation on proper use of PPE within the past 12 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. The facility routinely audits (monitors and documents) adherence to PPE use (e.g., adherence when indicated, donning/doffing)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
F. The facility provides feedback to personnel regarding their PPE use.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
G. 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 6: Respiratory Hygiene/Cough Etiquette (F880)

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. The facility provides resources for performing hand hygiene near the entrance and in common areas.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. The facility offers facemasks to coughing residents and other symptomatic persons upon entry to the facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. The facility educates family and visitors to notify staff and take appropriate precautions if they are having symptoms of respiratory infection during their visit	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. All personnel receive education on the importance of infection prevention measures to contain respiratory secretions to prevent the spread of respiratory pathogens	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 7: Antibiotic Stewardship (F881)

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. The facility can demonstrate leadership support for efforts to improve antibiotic use (antibiotic stewardship)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. The facility has identified individuals accountable for leading antibiotic stewardship activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. The facility has access to individuals with antibiotic prescribing expertise (e.g., ID trained physician or pharmacist).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. The facility has written policies on antibiotic prescribing, including the documentation of the indication, dosage, and duration of use of antibiotics.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Protocols to review clinical signs and symptoms and laboratory reports to determine if the antibiotic is indicated or if adjustments to therapy should be made and identify what infection assessment tools or management algorithms are used for one or more infections (e.g., SBAR tool for	<input type="checkbox"/> Yes <input type="checkbox"/> No	

urinary tract infection (UTI) assessment, Loeb minimum criteria for initiation of antibiotics)		
F. The facility has a report summarizing antibiotic use from pharmacy data created within last 6 months	<input type="checkbox"/> Yes <input type="checkbox"/> No	
G. The facility has a report summarizing antibiotic resistance (i.e., antibiogram) from the laboratory created within the past 24 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H. The facility provides clinical prescribers with feedback about their antibiotic prescribing practices.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I. The facility has provided training on antibiotic use (stewardship) to all nursing staff within the last 12 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
J. The facility has provided training on antibiotic use (stewardship) to all clinical providers with prescribing privileges within the last 12 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 8: Environmental Cleaning		
Elements to be assessed	Assessment	Notes/Areas for Improvement
A. The facility has written cleaning/disinfection policies which include routine and terminal cleaning and disinfection of resident rooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. The facility has written cleaning/disinfection policies which include routine and terminal cleaning and disinfection of rooms of residents on contact precautions (e.g., <i>C. difficile</i>).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. The facility has written cleaning/disinfection policies which include cleaning and disinfection of high-touch surfaces in common areas	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. The facility cleaning/disinfection policies include handling of equipment shared among residents (e.g., blood pressure cuffs, rehab therapy equipment, etc.).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. 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. <ul style="list-style-type: none"> <i>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</i> <i>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</i> 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
F. Appropriate personnel receive job-specific training and competency validation on cleaning and disinfection procedures at the time of employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
G. Appropriate personnel received job-specific training and competency validation on cleaning and disinfection procedures within the past 12 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

H. The facility routinely audits (monitors and documents) quality of cleaning and disinfection procedures.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I. The facility provides feedback to personnel regarding the quality of cleaning and disinfection procedures.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
J. Supplies necessary for appropriate cleaning and disinfection procedures (e.g., EPA-registered, including products labeled as effective against <i>C. difficile</i> and Norovirus) are available.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 9: Laundry (F880)		
Elements to be assessed	Assessment	Notes/Areas for Improvement
<p>A. Handle, store, and transport linens appropriately</p> <ul style="list-style-type: none"> • <i>Using standard precautions (i.e., gloves) and minimal agitation for contaminated linen</i> • <i>Holding contaminated linen and laundry bags away from his/her clothing/body during transport</i> • <i>Bagging/containing contaminated linen where collected, and sorted/rinsed only in the contaminated laundry area (double bagging of linen is only recommended if outside of the bag is visibly contaminated or is observed to be wet on the outside of the bag);</i> • <i>Transporting contaminated and clean linens in separate carts; if this is not possible, the contaminated linen cart should be thoroughly cleaned and disinfected per facility protocol before being used to move clean linens. Clean linens are transported by methods that ensure cleanliness, e.g., protect from dust and soil</i> • <i>Ensuring mattresses, pillows, bedding, and linens are maintained in good condition and are clean (Refer to F584); and</i> • <i>If a laundry chute is in use, laundry bags are closed with no loose items.</i> 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>B. Process Linen – Laundry Rooms</p> <ul style="list-style-type: none"> • <i>Maintain/use washing machines/dryers according to the manufacturer’s instructions for use</i> • <i>If concerns, request evidence of maintenance log/record; and</i> • <i>Use detergents, rinse aids/additives, and follow laundering directions according to the manufacturer’s instructions for use.</i> 	<input type="checkbox"/> Yes <input type="checkbox"/> No	