

## **Infection Control Review for the Facility to Provide:**

### **1. Review IPCP standards, policies, and procedures:**

- Provide the policy for current standards (provide policies for 1. testing for covid, 2. undiagnosed respiratory illness, 3. when to report outbreaks/diseases to state and local health authorities, and 4. which communicable diseases need to be reported.) (Do you use the state epidemiology reporting guide).
- Who is responsible for reporting communicable diseases and how does this person communicate to authorities?
- Provide the annual policy manual review by the Administrator, DNS, and Medical Director.

### **2. Infection Surveillance:**

- Provide the exclusion from work policy.
- Provide the policy/plan that explains surveillance which includes how staff 1. identify, 2. track, 3. monitor, and 4. report infections and communicable disease and outbreaks for staff and residents.
- Provide the policy or education that shows how staff know what to do when a possible MDRO is detected, or an outbreak occurs. (i.e. implement PPE, conduct lab testing, management strategies)
- What is the process to report outbreaks?
- Provide the infection log/tracking for COVID, MDRO's, ensure MDRO history is included. Provide the facility criteria-based tool used to define infections i.e. McGeer's. Provide the line list for your current or most recent outbreak.
- Provide the policy on EBP
- Provide a list of residents on EBP with the reason for precautions.
- Provide any information related to how staff know who is on EBP?
- Provide how the facility surveillance plan analyzes infections i.e. trending of a UTI on a unit compared with the same time last year and what is done to follow up when spikes are detected?
- When a resident is sent out or received from an outside provider, how does staff communicate or receive infection status? (i.e. resident has MRSA).
- Provide the facility sample collection policies for testing for infections (i.e. from the lab or nursing manual, each individual collection may be in several policies what staff needs to do for example collecting a specific from a COVID symptomatic individual) according to national standards.
- Provide the environmental rounds, and what is done when findings are identified.
- Provide a list of residents who are on Enhanced Barrier Precautions for targeted MDRO's, their room numbers and if any, the name of the roommate.

### **3. Water Management:**

- Provide a flow diagram or way that staff detect areas of possible Legionella or other waterborne pathogens.
- Provide how the facility is preventing waterborne pathogens i.e. visual inspections, disinfectant, temperature control to prevent scalding and what are the measures, (check policy) and who is responsible to review any testing or identified out of range normalcy?
- Has any resident had legionellosis since the last survey date and if so, what measures did the facility take?

### **4. Laundry Services:**

- Please provide the cleaning schedule if applicable.

5. **Antibiotic Stewardship:**

- Provide the **policy** which shows the antibiotic 1. indication, 2. dosage, and 3. duration of use, that the antibiotic use is indicated, what assessment tool is used to determine if the antibiotic is indicated.
- Show that antibiotic use is reviewed by a prescribing practitioner periodically; how often does the facility review antibiotic use with practitioners, i.e. with every antibiotic ordered, with every positive lab test, when resident is newly admitted or readmitted on an antibiotic, during monthly pharmacy consultant reviews, and/or during QAA committee review?
- Show how the facility ensures the antibiotic prescribed is appropriate?
- Provide the **policy or plan** showing that if the criterion for antibiotic use is not met, what is the system of feedback?
- When is the McGeers or other surveillance data tool used, i.e. prior to antibiotic use? Who does that? Is a form filled out or are the criteria reviewed? How do you know the criteria was reviewed.

6. **Infection Preventionist:**

- Provide professional training license or education (i.e. nursing license/microbiologist degree).
- How many hours does the IP work per week.
- Provide specialized training documentation (i.e. certification in IP obtain certificate).

7. **Influenza, Pneumococcal and COVID-19 immunizations for Residents:**

- Provide the list of residents who have been immunized for influenza during influenza season (10/1 through 3/31).
- Provide the list of residents who have been immunized for pneumococcal, as well as which pneumococcal vaccine was provided.
- Provide tracking for resident COVID-19 immunizations.
- For all the above you will be required to provide consent, education, (risk/benefit), and screening (history/eligibility) for the residents who are chosen as the sample.

**COVID-19 immunizations for staff:**

- You will be asked for a staff member for compliance with COVID-19 vaccination requirement. (education and offering of COVID-19 immunization, screening, eligibility (exemption), education risks and benefits, was the immunization administered.

**Intravenous therapy:**

- The survey team will ask to review the IV policies for #2 sections A. through L. Please tab your manual or identify the policies in the table of content.

**INTRAVENOUS THERAPY PROGRAM REVIEW**  
**IN ACCORDANCE WITH THE PUBLIC HEALTH CODE OF THE STATE OF CONNECTICUT**  
**SECTION 19-13-D8u (please refer to the full regulation)**

Facility:	Address:		
Inspected by:		Date:	
<b>Area of review</b>	<b>MET</b>	<b>NO MET</b>	<b>N/A</b>
1. IV therapy prohibited unless ordered by a physician or other provider with prescriptive authority.			
2. Written policies and procedures are developed that ensure safe care for all patients including:			
a. Objectives/Goals/Scope			
b. Names/Titles/Duties/Responsibilities			
c. Education/Training/Supervision/Competencies			
d. Physician Orders.			
e. Safe administration/ monitoring/ documentation and termination of therapy.			
f. Preparation, labeling, and handling of IV admixtures			
g. Procurement, maintenance, and storage of equipment and solutions.			
h. Recognition of signs and symptoms of complications including sepsis.			
i. Infection control, surveillance, review, and prevention of infections.			
j. Quality Management, review, safety, and effectiveness.			
k. Only physician/ extender and/or credential R.N. may remove central vein access.			
l. Prohibit blood draws, IV push, without a waiver.			
3. IV Therapy Nurse based on physician order may;			
a. Initiate venipuncture in a peripheral vein and administer IV fluids and /or admixture into the vein.			
4. Licensed nurses deliver IV fluids, admixtures, monitor, care for site, terminate procedure, and record event and observations.			
5. IV log is maintained including outcome of therapy and any complications.			
6. IV supplies are maintained in accordance with policy minimums.			