

Infection Prevention and Control Tools

This tool is intended to assist in the assessment of infection control programs and practices in both acute care settings and long-term care facilities. If feasible, direct observations of infection control practices are encouraged. This form has uses open ended questions to allow the respondent to answer questions freely and with little leading. This form is also intended to be used in six and 12 months from now to allow for tracking of responses.

Overview

Section 1: Facility Demographics

Section 2: Infection Control Program Policies and Infrastructure

Section 3: Direct Observation of Facility Practices

Section 4: Infection Control Guidelines and Other Resources

Section 5: Summary

Infection Control Domains for Gap Assessment

- I. Infection Control Program and Infrastructure
- II. Hand Hygiene
- III. Personal Protective Equipment (PPE)
- IV. Environmental Cleaning

Section 1. Facility Demographics																																	
Facility Name (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	<input type="checkbox"/> On-site <input type="checkbox"/> Other (specify): Click here to enter text.																																
Rationale for Assessment (Select all that apply)	<input type="checkbox"/> Outbreak <input type="checkbox"/> Input from accrediting organization or state survey agency <input type="checkbox"/> NHSN data (if available) <input type="checkbox"/> Collaborative (specify partner[s]): Click here to enter text.) <input type="checkbox"/> Other (specify): Click here to enter text.																																
Name and position/title of respondent:																																	
Is the facility licensed by the state?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																
Is the facility certified by the Centers for Medicare & Medicaid Services (CMS)	<input type="checkbox"/> Yes <input type="checkbox"/> No																																
Facility type	<input type="checkbox"/> Nursing home with ventilators <input type="checkbox"/> Nursing home without ventilators <input type="checkbox"/> Intermediate care facility <input type="checkbox"/> Assisted living facility <input type="checkbox"/> Inpatient Rehabilitation Facility <input type="checkbox"/> Acute Care Hospital <input type="checkbox"/> Critical Access Hospital <input type="checkbox"/> Long-term Acute Care Hospital (LTACH) <input type="checkbox"/> Other (specify): Click here to enter text.																																
Number of licensed beds (<i>Acute Care Facilities</i>)	<table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">Max Beds</th> <th style="text-align: center;">Current Census</th> <th style="text-align: center;">Notes on Layout</th> </tr> </thead> <tbody> <tr> <td>ICU beds:</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td>Surgical Beds:</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td>General Beds:</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td>Long-term care:</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td>Rehab beds:</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td>Total:</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td></td> </tr> </tbody> </table>		Max Beds	Current Census	Notes on Layout	ICU beds:	_____	_____		Surgical Beds:	_____	_____		General Beds:	_____	_____		Long-term care:	_____	_____		Rehab beds:	_____	_____		Total:	_____	_____					
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Skilled nursing beds:	_____	_____																															
Total:	_____	_____																															
Rooming	<p>Is there a dedicated ventilator unit? (If no, skip remainder of this set) <input type="radio"/> yes <input type="radio"/> no</p> <p>Are ventilator-dependent residents ever roomed outside of the vent unit? (e.g., patients with a trach, but not dependent on a ventilator; <i>mark N/A if not applicable</i>)</p> <p>_____</p>																																

	Are ventilator-nondependent residents ever roomed outside of the vent unit? (<i>mark N/A if not applicable</i>) _____
Dialysis	Is dialysis ever performed at the facility? _____ (If yes) Is there a separate dialysis unit or 'dialysis den' for this? (circle) Dialysis Unit Dialysis Den
Total staff hours per week dedicated to infection prevention and control activities	
What laboratory support is available (e.g. onsite or send out and where)?	

Section 2: Infection Control Program and Infrastructure

I. Infection Control Program Policies and Infrastructure		
Elements to be assessed	Assessment	Notes/Areas for Improvement
<p>A. For long-term care: Do you have a specific person (e.g., staff, consultant) who is responsible for coordinating the IC program? Who / what is their title?</p> <p>B. For acute care: Do you provide fiscal and human resource support for maintaining an infection prevention and control program?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Name: _____</p> <p>Title: _____</p> <p>Hours: _____</p>	<p>Click here to enter text.</p>
<p>C. Is the person responsible for coordinating the infection prevention program qualified and has received training in infection control?</p> <p>D. What kind of training have they received? (<i>Check all that apply</i>)</p> <p><input type="checkbox"/> Successful completion of initial and recertification exams developed by the Certification Board for Infection Control & Epidemiology (CIC).</p> <p>AND/OR</p> <p><input type="checkbox"/> Participation in infection control courses organized by recognized professional societies (e.g., APIC, SHEA).</p> <p>E. Do they have other roles at your facility outside of IC/IP?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> CIC <input type="radio"/> APIC / SHAE <input type="radio"/> Health Department run <input type="radio"/> Unsure <input type="radio"/> Other: _____</p> <p><input type="radio"/> QI <input type="radio"/> ADON <input type="radio"/> Unsure <input type="radio"/> Other: _____</p>	<p>Click here to enter text.</p>

<p>F. Do you have written polices for infection control and prevention?</p> <p>G. What are these polices based on? (e.g. F-441 regulations and CDC/HICPAC guidelines)</p> <p>H. How often are they updated and reviewed? (Annually is recommended)</p> <p>I. Where can they be found?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> F-441 <input type="radio"/> HICPAC <input type="radio"/> Unsure <input type="radio"/> Other</p> <p><input type="radio"/> Every year <input type="radio"/> More than every year <input type="radio"/> Multiple times a year <input type="radio"/> Unsure</p> <p><input type="radio"/> Online <input type="radio"/> Handbook <input type="radio"/> Other</p>	<p>Click here to enter text.</p>
<p>J. Are infection control/prevention educational materials provided to patients, family members, and other caregivers?</p> <p>K. (If yes) What educational materials do you use? (e.g. booklet, video, packets, in-person training)</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Booklet <input type="radio"/> Video <input type="radio"/> Packet <input type="radio"/> Other</p>	
<p>L. Does your facility have a list of MDROs ? (Should include carbapenem-resistant <i>Enterobacteriaceae</i> (CRE) and <i>C. difficile</i>)</p> <p>M. (If yes) Which organisms are tracked?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> CRPA <input type="radio"/> VRE <input type="radio"/> MRSA <input type="radio"/> CRE <input type="radio"/> C diff</p>	
<p>N. Does your facility have a surveillance program to monitor for drug-resistant organisms like CRE?</p> <p>O. (If yes) Which organisms are tested for?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> CRPA <input type="radio"/> VRE <input type="radio"/> MRSA <input type="radio"/> CRE <input type="radio"/> C diff</p>	
<p>P. Does your facility participate in regional antimicrobial resistance prevention programs?</p> <p>Q. (If yes) Can you describe who is involved?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Health department <input type="radio"/> Regional partners <input type="radio"/> Acute care facilities <input type="radio"/> Other: _____ <input type="radio"/> Unsure</p>	

<p>R. Is there a system in place for intra-facility community about infectious status or isolation needs of individuals prior to transfer to other units or shared spaces within the facility?</p> <p>S. (If yes) What are those systems?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Verbal communication <input type="radio"/> Electronic communication <input type="radio"/> Handoff system <input type="radio"/> Other: _____ <input type="radio"/> Unsure</p>	<p>Describe:</p>
<p>T. Is there a system in place for inter-facility communication to identify the infectious status and transmission-based precautions of patients prior to accepting patients from other facilities?</p> <p>U. (If yes) What are those systems?</p> <p>V. How often does your facility receive information from the transferring facility about the resident's MDRO status? (<i>Please write in comments: Always, usually, about half of the time, seldom, or never</i>)</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Verbal communication <input type="radio"/> Electronic communication <input type="radio"/> Handoff system <input type="radio"/> Other: _____ <input type="radio"/> Unsure</p> <p><input type="radio"/> Always <input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Never</p>	
<p>W. Is there a system in place for inter-facility communication to identify the infectious status and isolation needs of patients prior to transfer to other facilities?</p> <p>X. (If yes) What are those systems?</p> <p>Y. Among residents with an MDRO transferred from your facility to other healthcare facilities, how often does this facility communicate information to the accepting facility about the resident's MDRO (<i>Please write in comments: Always, usually, about half of the time, seldom, or never</i>)</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Verbal communication <input type="radio"/> Electronic communication <input type="radio"/> Handoff system <input type="radio"/> Other: _____ <input type="radio"/> Unsure</p> <p><input type="radio"/> Always <input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Never</p>	

<p>Z. Is there a system in place for timely notification when a novel or targeted MDRO is detected at the laboratory or transferring facility?</p> <p>AA. (If yes) How is that carried out?</p> <p>BB. (If yes) Who is notified? (<i>IP or clinician?</i>)</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Verbal communication <input type="radio"/> Electronic communication <input type="radio"/> Handoff system <input type="radio"/> Other: _____ <input type="radio"/> Unsure</p> <p><input type="radio"/> IP <input type="radio"/> Clinician <input type="radio"/> Nurse <input type="radio"/> Other: _____ <input type="radio"/> Unsure</p>	
<p>CC. Is there a system in place for identifying patients with targeted MDROs at admission/readmission so that precautions can be applied?</p> <p>DD. (If yes) What system is in place</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Medical record flag <input type="radio"/> Coding on patient room (e.g. flags on door) <input type="radio"/> Signage <input type="radio"/> Other: _____ <input type="radio"/> Unsure</p>	
<p>EE. (<i>For long term care</i>) Does your facility have a system in place to follow-up on pending laboratory results after admission?</p> <p>FF. (<i>For acute care</i>) Does your facility have a system in place to notify a facility of new or updated laboratory results on a patient they received from this facility?</p> <p>GG. How often is your facility notified of pending laboratory results when receiving a patient?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Always <input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Never</p>	
<p>HH. Is signage available for patients that need transmission-based precautions?</p> <p>II. Does signage provide clear directions for indicated transmission based precautions and PPE that is required?</p> <p>JJ. What signage is available to identify individuals with an MDRO and the appropriate precautions?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Contact isolation <input type="radio"/> Droplet <input type="radio"/> Airborne <input type="radio"/> Mask/gown/glove <input type="radio"/> C diff / handwashing</p>	

<p>H. Does the facility audit (monitors and documents) adherence to HH?</p> <p>I. (If yes) How many HH audits were performed last month?</p> <p>J. (If yes) What process is used for audits?</p> <p>K. (If yes) Is there a process for improvement when non-adherence is observed? What is it?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p># _____</p> <p><input type="radio"/> Unsure</p> <p><input type="radio"/> Paper checklist <input type="radio"/> Electronic app <input type="radio"/> Electronic system <input type="radio"/> Other: _____ <input type="radio"/> None</p> <p><input type="radio"/> Repeat training course <input type="radio"/> In-person training <input type="radio"/> Regular audits <input type="radio"/> Other: _____</p>	<p>Click here to enter text.</p>
<p>L. Are personnel provided feedback on hand hygiene performance?</p> <p>M. (If yes) How is this feedback provided?</p> <p>N. (If yes) How often does feedback happen? (<i>The respondent can describe frequency of feedback</i>)</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> In-person results <input type="radio"/> Paper summary <input type="radio"/> Electronic summary <input type="radio"/> Other: _____</p> <p><input type="radio"/> Annually <input type="radio"/> More than annually <input type="radio"/> Every 6 months <input type="radio"/> Monthly <input type="radio"/> Other: _____</p>	<p>Click here to enter text.</p>

III. Personal Protective Equipment (PPE)		
Elements to be assessed	Assessment	Notes/Areas for Improvement
<p>A. What is the facility's policy on standard precautions? (<i>e.g., indications, selection, and use or donning/doffing procedures</i>)</p> <p>B. Does your facility have a competency-based training program for use of PPE?</p> <p>C. What is the policy for transmission-based precautions for clinical conditions like influenza or <i>C. difficile</i>?</p>	<p><input type="radio"/> Has policy for donning/doffing <input type="radio"/> Has policy for selection of appropriate PPE <input type="radio"/> Has policy for indications</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Droplet precautions for flu <input type="radio"/> Contact precautions for C diff <input type="radio"/> Enhanced precautions</p>	<p>Click here to enter text.</p>
<p>D. Does your facility have a list of MDROs or situations for which contact precautions (<i>or enhanced standard precautions for SNFs</i>) should be instituted?</p> <p>E. Which organisms are included?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> <i>C. difficile</i> <input type="radio"/> CRE <input type="radio"/> CRPA <input type="radio"/> MRSA <input type="radio"/> VRE</p>	<p>Click here to enter text.</p>

<p>F. Do personnel receive training and competency validation on PPE at the time of employment? <i>(This would include anyone potentially exposed to infection agents, like volunteers and environmental services)</i></p> <p>G. How frequently do personnel receive training and competency validation on PPE? <i>(Should be annually)</i></p> <p>H. Are policies and training provided when new equipment or protocols are introduced?</p> <p>I. For PPE, what type of training is provided? <i>(Looking for 1) appropriate indications for specific PPE components, 2) proper donning, doffing, adjustment, and wear of PPE, and 3) proper care, maintenance, useful life, and disposal of PPE)</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Annually <input type="radio"/> More than annually <input type="radio"/> Every 6 months <input type="radio"/> Other: _____ <input type="radio"/> Only once</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Appropriate indications for PPE components <input type="radio"/> Donning/doffing/wear of PPE <input type="radio"/> Care/maintenance <input type="radio"/> Disposal of PPE</p>	<p>Click here to enter text.</p>
<p>J. Does the facility audit (monitors and documents) adherence to PPE?</p> <p>K. (If yes) How many PPE audits were performed last month?</p> <p>L. (If yes) What process is used for audits?</p> <p>M. Is there a process for improvement when non-adherence is observed?</p>	<p><input type="radio"/> Monitors/documents adherence <input type="radio"/> Monitors/documents appropriate wear <input type="radio"/> Other: _____ <input type="radio"/> None</p> <p># _____</p> <p><input type="radio"/> Unsure</p> <p><input type="radio"/> Paper checklist <input type="radio"/> Electronic app <input type="radio"/> Electronic system <input type="radio"/> Other: _____ <input type="radio"/> None</p> <p><input type="radio"/> Repeat training course <input type="radio"/> In-person training <input type="radio"/> Regular audits <input type="radio"/> Other: _____</p>	<p>Click here to enter text.</p>
<p>N. Are personnel provided feedback on PPE use performance?</p> <p>O. How is feedback provided to personnel regarding their PPE use? <i>(Has a system for feedback in place)</i></p> <p>P. How frequently is feedback provided? <i>(Provides feedback semi-annually)</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> In-person results <input type="radio"/> Paper summary <input type="radio"/> Electronic summary <input type="radio"/> Other: _____</p> <p><input type="radio"/> Annually <input type="radio"/> More than annually <input type="radio"/> Every 6 months <input type="radio"/> Monthly <input type="radio"/> Other: _____</p>	<p>Click here to enter text.</p>

IV. Environmental Cleaning		
Elements to be assessed	Assessment	Notes/Areas for Improvement
<p>A. Are there written policies for cleaning/disinfection which include routine and terminal cleaning and disinfection of rooms?</p> <p>B. Where are those written policies found?</p> <p>C. Do they include specific instructions for MDROs?</p> <p>D.</p> <p>E. Do they include cleaning and disinfection of high-touch surfaces in common areas?</p> <p>F.</p> <p>G. Do they include cleaning and disinfection of mobile equipment or equipment shared among residents (glucometer/thermometers/BP cuff)? (<i>Who cleans what list</i>)</p> <p>H. Are items like brooms, brushes, toilet brushes shared among different patient rooms?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Online <input type="radio"/> In-print <input type="radio"/> Other: _____</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Click here to enter text.</p>
<p>I. Who is trained on cleaning and disinfection?</p> <p>J. Do personnel receive training and competency validation at the time of employment?</p> <p>K. How frequently do personnel receive training and competency validation? (<i>Should be annually</i>)</p> <p>L. How do personnel demonstrate competency with environmental cleaning following training? (<i>Correct technique is observed by trainer</i>)</p> <p>M. How is competency with environmental cleaning procedures documented for personnel who clean and disinfect care areas?</p> <p>N. Does the facility audit environmental cleaning? (<i>e.g., monitoring technology, direct observation</i>)</p> <p>O. (If yes) How many audits were performed last month?</p>	<p><input type="radio"/> EVS <input type="radio"/> Nursing <input type="radio"/> Nursing assistants <input type="radio"/> Technicians <input type="radio"/> Other: _____</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Annually <input type="radio"/> More than annually <input type="radio"/> Every 6 months <input type="radio"/> Other: _____ <input type="radio"/> N/a</p> <p><input type="radio"/> Technique observed by trainer <input type="radio"/> Completing modules <input type="radio"/> Fluorescent marking <input type="radio"/> Other: _____ <input type="radio"/> N/a</p> <p><input type="radio"/> Paper documentation <input type="radio"/> Electronic documentation <input type="radio"/> Other: _____ <input type="radio"/> N/a</p> <p><input type="radio"/> Direct observation <input type="radio"/> Fluorescent marking <input type="radio"/> Technology monitoring <input type="radio"/> Other: _____ <input type="radio"/> N/a</p> <p># _____ <input type="radio"/> Unsure</p>	<p>Click here to enter text.</p>

<p>P. How is feedback provided to personnel regarding quality of the cleaning and disinfection procedures?</p> <p>Q. How often is feedback provided?</p> <p>R. What is the improvement process for when non-adherence is observed?</p> <p>S. If the facility contracts environmental services, do they have a similar training program?</p>	<p><input type="radio"/> In-person results <input type="radio"/> Paper summary <input type="radio"/> Electronic summary <input type="radio"/> Other: _____</p> <p><input type="radio"/> Annually <input type="radio"/> More than annually <input type="radio"/> Every 6 months <input type="radio"/> Monthly <input type="radio"/> Other: _____</p> <p><input type="radio"/> Repeat training course <input type="radio"/> In-person training <input type="radio"/> Regular audits <input type="radio"/> Other: _____</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/a</p>	
<p>T. What protocols are in place to ensure that healthcare personnel can readily identify equipment that has been properly cleaned and disinfected and is ready for patient use? (<i>e.g., tagging system, placement in a dedicated clean area</i>)</p>	<p><input type="radio"/> Tagging system <input type="radio"/> Placement in dedicated clean area <input type="radio"/> Other: _____ <input type="radio"/> N/a</p>	<p>Click here to enter text.</p>

Section 3: Direct Observation of Facility Practices

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.

Glow Germ Assessment					
Room Number	Bed rail/controls	Tray table	Bathroom sink	Bathroom light switch	Bedside chair
Room 1	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Room 2	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Room 3	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Room 4	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Room 5	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Who is responsible for cleaning:	Respondent 1 Title (e.g. IP, nurse, EVS)	Respondent 1 Answer	Respondent 2 Title	Respondent 2 Answer
Bedside table				
Floor				
Floor if soiled (blood or other bodily fluid)				
Changing bed linens				
Refilling ABHR (if applicable)				
Computer on wheels (if applicable)				
Patient linens (if applicable)				
Glucometer (if applicable)				
Reusable thermometer (if applicable)				

Room observations

Facility: _____

	All rooms						Isolation rooms		
	ABHR available in room?	ABHR available outside room?	Sink available in room? (not including bathroom)	Sink free of supplies or medication? (within 1m)	Faucet offset from drain?	Water drains rapidly (i.e. no pooling)	Signage present	Signage states required PPE	PPE available outside room?
Unit: _____ Room #: _____ # of beds: _____ Isolation: _____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> n/a	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> n/a	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> n/a	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> n/a	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> n/a	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> n/a
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Hand Hygiene and Contact Precautions Observations – Complete on app and fill in later. Complete as many as possible in 15 minutes of observation.

Staff type*	Type of opportunity	HH performed?	Gown or glove indicated?	Gown/glove used?
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*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

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/resphgiene.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(08)00683-4/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

Click to update summary tables

Spell Check

Create new file with summary tables

I. Infection Control Program and Infrastructure

Notes/Recommendations: [Click here to enter text.](#)

II. Hand Hygiene

Notes/Recommendations: [Click here to enter text.](#)

III. Personal Protective Equipment (PPE)

Notes/Recommendations: [Click here to enter text.](#)

IV. Environmental Cleaning

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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.](#)

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