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**OBJECTIVES**

1. Verbalize an overview of the Infection Prevention and Control Program essentials and regulations associated with the program.
2. List the 7 Core Elements of Antibiotic Stewardship
3. Describe how to select, mentor and support the Infection Preventionist with consideration of F882
4. Discuss communication strategies for working with facility leadership in support of the Infection Prevention and Control Program

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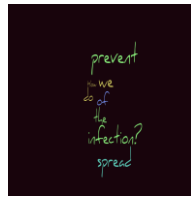
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**OVERVIEW OF INFECTION PREVENTION**




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## UPDATED F-TAGS ASSOCIATED WITH INFECTION CONTROL

- Tags as of 5/23
  - F880: Infection Control #2 10.111/110.188 surveys 9.2 % (as of 10/28/21)
  - F881: Infection Control & Prevention Program (ASP)
  - F882: Infection Preventionist
  - F883: Influenza and Pneumococcal Immunizations
  - F884 - Reporting - National Health Safety Network #1 10.426/119.188 9.5%
  - F885 - Reporting - Residents, Representatives & Families
  - F886 - Testing Residents & Staff (Removed 5/23)
  - F887 - Covid Immunization
  - F888 - COVID-19 Vaccination of Facility Staff (Removed 6/23)
- Associated Cross Tags
  - F690: Urinary Incontinence (UTI's)
  - F757: Unnecessary Drugs (Antibiotics)

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### F880 INFECTION CONTROL



#### Infection Control

"The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections."

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual>

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### INFECTION PREVENTION AND CONTROL PROGRAM COMPONENTS



- System for prevention, identification, investigation and control of infections and communicable disease
- Written standards, policies and procedures
- System to record incidents identified and corrective actions taken
- Linen handling, storage processing and transport
- Annual Review
- Antibiotic Stewardship Program
- Designated Infection Preventionist

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>

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### INFECTION PREVENTION POLICIES & PROCEDURES



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### IPC POLICIES AND PROCEDURES

- Surveillance
- Reporting of communicable disease or infections
- Standard and transmission-based precautions
- When and how isolation should be used
- When employees can and cannot work
- Hand Hygiene
- Water Management Program
- Construction
- Rotating Stock
- Pets and Animals in the Facility
- Ice Chests and Machines
- Visitation
- Reporting
- Beauty and Barber Shop
- Linen processing, handling, storage, etc.
- Pest Control



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### Infection Prevention Policies & Procedures Checklist

- \_\_\_ IPCP policy that includes a PLAN based on Risk Assessment
- \_\_\_ Surveillance Program
- \_\_\_ Standard Precautions, Contact Precautions and Transmission-based precautions to include PPE use, gowning/gloving, resident placement
- \_\_\_ Enhanced Barrier Precautions
- \_\_\_ Outbreak Management
- \_\_\_ CAUTI Guidelines (APIC 2014) and Appropriate DX for use
- \_\_\_ Specialty services policies: Mechanical Ventilation, Infusion Therapy, Dialysis, etc.; Facility specific Wound/Injury care
- \_\_\_ Incontinence Care
- \_\_\_ Performing fingersticks and point-of-care testing and disinfection of machines after use
- \_\_\_ Preparation, administration, and care for ALL medications administered (tablets, injections, eye gts) etc.
- \_\_\_ Environmental cleaning/disinfection: Routine cleaning and disinfection daily in all areas of building and discharge cleaning
- \_\_\_ Cleaning/Disinfection of personal and shared resident care equipment
- \_\_\_ Written occupational health policies that address reporting of staff illnesses and following work restrictions
- \_\_\_ Assessing risks for tuberculosis (TB) and screening staff and residents per Guidelines
- \_\_\_ Implementing an exposure control plan in order to address potential hazards posed by blood and body fluids, and injection safety
- \_\_\_ Education and competency assessment to ensure staff follow the IPCP's standards & policies
- \_\_\_ Vaccination policies for Residents
- \_\_\_ Vaccination policies for staff
- \_\_\_ Water Management Program
- \_\_\_ Construction
- \_\_\_ Rotating Stock
- \_\_\_ Pets and Animals in the Facility
- \_\_\_ Facility Pets
- \_\_\_ Ice Chests and Machines
- \_\_\_ Visitation
- \_\_\_ Reporting
- \_\_\_ Beauty and Barber Shop
- \_\_\_ Linen processing, handling, storage, etc.
- \_\_\_ Pest Control

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**DONS**

How are you ensuring the program is meeting the goals?

- Review IP reports on audits conducted
- Have a pulse on the new infections
- Knowledgeable about any potential transmissions
- Up to date Policies & Procedures based on evidenced based practices
- Embracing the IP program



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**ANNUAL REVIEW**



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**ANNUAL REVIEW**

F880 Infection Control  
§483.80(f) Annual review.

"The facility will conduct an annual review of its IPCP and update their program, as necessary."



<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>

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**Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings**

**Section 1 Facility Demographics and Infection Prevention and Control (IPC) Infrastructure**  
Living: "Terms: Care"

**General Facility Demographics and IPC Infrastructure**

Date of Assessment: \_\_\_\_\_  
 Facility Name: \_\_\_\_\_  
 State/Territory: \_\_\_\_\_ County: \_\_\_\_\_  
 Full facility name: \_\_\_\_\_ State/Territory assigned unique ID of applicable: \_\_\_\_\_  
 Facility type (Complete the demographic form that corresponds to the type of facility): \_\_\_\_\_ NPI# Facility Organization ID of applicable: \_\_\_\_\_  
 Acute Care Hospital / Critical Access Hospital CMS Facility ID of applicable: \_\_\_\_\_  
 Long-term Care Facility  
 Residential Residential Care  
 Other (specify): \_\_\_\_\_

Facility Respondent Name(s) and Job Title(s): \_\_\_\_\_

**Assessment for assessment:**  
 Performed by facility  
 Performed by external agency (contracting organization)  
 Performed by state or local public health department  
 Other (specify): \_\_\_\_\_  
 ACAC  
 LAMH  
 CDC  
 Other (specify): \_\_\_\_\_

Emergency endoscopies (specify anatomy): \_\_\_\_\_  
 Outbreak (specify): \_\_\_\_\_

**Obtain a list of products used for cleaning and disinfection of environmental surfaces and their relevant patient/resident care equipment at the facility.**

EPA registration number(s) for products used in patient/resident rooms: \_\_\_\_\_  
 EPA registration number(s) for products used in common areas: \_\_\_\_\_  
 EPA registration number(s) for products used on non-critical patient/resident care equipment (e.g., blood glucose meters): \_\_\_\_\_

U.S. Department of Health and Human Services  
 Centers for Disease Control and Prevention

**INFECTION PREVENTION ASSESSMENT TOOL**

- Three Sections to Tool
- Section 1 (pictured) Demographics
- Section 2 Facilitator Guide Assessment Modules
- Section 3 Observation Forms

**CMS TOOLS**

To review Policies & Practices

Observation Forms

Click on each Module below to open the tool in a fillable PDF document.

- Module 1 - Training Audio Feedback [PDF - 5 pages]
- Module 2 - Hand Hygiene [PDF - 7 pages]
- Module 3 - Transmission-Based Precautions (TBP) [PDF - 30 pages]
- Module 4 - Environmental Services (ES) [PDF - 18 pages]
- Module 5 - High-level Disinfection and Sterilization [PDF - 13 pages]
- Module 6 - Injection Safety [PDF - 11 pages]
- Module 7 - Point of Care (POC) Blood Testing [PDF - 9 pages]
- Module 8 - Wound Care [PDF - 9 pages]
- Module 9 - Healthcare Laundry [PDF - 9 pages]
- Module 10 - Antibiogram Sensitivity [PDF - 5 pages]

Click on each link below to open the form in a fillable PDF document.

- Observation Form - Hand Hygiene [PDF - 3 pages]
- Observation Form - Transmission-Based Precautions (TBP) [PDF - 16 pages]
- Observation Form - Environmental Services (ES) [PDF - 15 pages]
- Observation Form - High-level Disinfection and Sterilization [PDF - 10 pages]
- Observation Form - Injection Safety [PDF - 10 pages]
- Observation Form - Point of Care (POC) Blood Testing [PDF - 7 pages]
- Observation Form - Wound Care [PDF - 7 pages]
- Observation Form - Healthcare Laundry [PDF - 3 pages]

- <https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html>

Item	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Person-to-person															
2. Airborne															
3. Surface contact															
4. Contaminated items															
5. Droplets															
6. Contact with															
7. Surface contact															
8. Contact with															
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**INFECTION PREVENTION TRAINING RESOURCE: "IPC RISK ASSESSMENT SPREADSHEET (EXCEL)"**

<https://www.cdc.gov/hai/ipy/epi/ipy-training/ipy-training.html>

### ENHANCED BARRIER PRECAUTIONS (EBP)

- CMS OIG memo [QSO-24-08-NH](#)
- Survey Documents: <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes>
- CDC Recommendations <https://www.cdc.gov/hai/containment/PPE-NursingHomes.html>
- CDC FAQ <https://www.cdc.gov/hai/containment/faq.html>
- EBP are indicated for residents with any of the following:
  - Infection or colonization with a CDC-targeted MDRO when Contact Precautions do not otherwise apply; or
  - Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO.
- Examples of chronic wounds include, but are not limited to, **pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and venous stasis ulcers**. (Not skin tears or skin breaks band aid type dressings)
- Indwelling medical device examples include **central lines, urinary catheters, feeding tubes, and tracheostomies. A peripheral intravenous line (not a peripherally inserted central catheter) is not considered an indwelling medical device for the purpose of EBP.**
- Differences noted between CMS & CDC:
  - PPE usage: More lenient than CDC – does not have to be outside room but staff need to know where it is (“easily accessible”).
  - Signage: CDC Orange signs not required but need a communication system that allows all staff to know when and who require EBP prior to providing care.
  - Therapy in room: therapists will need to gown & glove when providing prolonged care in transfers and ambulation etc.
  - Dining Room: EBP is not required as a short transfer time is needed.
  - Hall – Aggrav. short contact is required –no EBP

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

### Infection Prevention, Control & Immunizations

CMS-20054 (4/1/24)

Interview appropriate staff to determine if PPE supplies are readily available, accessible, and used by staff, and who they contact for replacement supplies.

- Are there sufficient PPE supplies available to follow infection prevention and control guidelines? In the event of PPE shortages, what procedures is the facility taking to address this issue?

**Enhanced Barrier Precautions (EBP):**  
EBP use is evaluated when investigating specific care activities, such as wound care, enteral feeding, urinary catheter care, etc. EBP are indicated during high contact care activities for residents with infection or colonization with a CDC targeted MDRO (when contact precautions do not apply) or for any resident who has a chronic wound and/or indwelling medical device.  
High contact resident care activities include dressing, bathing/showering, transferring, isolating, providing hygiene, changing linens or linens, device care or use, central line, urinary catheter, feeding tube, tracheostomy/ventilator, or wound care. Generally, for residents with a chronic wound(s), not skin breaks or sores covered with an adhesive bandage (e.g., Band-Aid) or similar dressing.

Interview staff to determine if they are aware of which residents require the use of EBP prior to providing high-contact care activities?  
 Is PPE readily available to staff?

**Transmission Based Precautions (TBP):**  
 Determine if appropriate transmission-based precautions are implemented, including but not limited to:

- For a resident on contact precautions: staff don gloves and isolation gown before contact with the resident and/or his/her environment;
- For a resident on droplet precautions: staff don a facemask and eye protection (goggles or face shield) within six feet of a resident and prior to resident room entry;
- For a resident on airborne precautions: staff don a fit-tested N95 or higher-level respirator prior to room entry of a resident;
- For a resident with an undiagnosed respiratory infection: staff follow standard, contact, and droplet precautions (i.e., facemask, gloves, isolation gown) with eye protection when caring for a resident unless the suspected diagnosis requires airborne precautions (e.g., tuberculosis);
- Dedicated or disposable noncritical resident-care equipment (e.g., blood pressure cuffs, blood glucose monitor equipment) is used, or if not available, then reusable resident medical equipment is cleaned and disinfected according to manufacturers' instructions using an EPA-registered disinfectant for healthcare settings and effective against the identified organism (if known) prior to use on another resident;
- Objects and environmental surfaces that are touched frequently and in close proximity to the resident (e.g., bed rails, over bed table, bedside commode, lavatory surfaces in resident bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare settings and effective against the organism identified (if known) at least daily and when visibly soiled;
- Signage on the use of specific PPE (for staff) is posted in appropriate locations in the facility (e.g., outside of a resident's room, wing, or facility-wide).

4249-0004-0100-0000  
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<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes>

(Survey resources)

Page 1

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

### Infection Prevention, Control & Immunizations

- Residents on TBP are placed in a private/single room if available/appropriate, or are cohoused with residents with the same pathogen, or share a room with a roommate with limited risk factors, as accordance with national standards.
- Before visiting a resident, who is on TBP or quarantine, the facility informs visitors of the potential risk of visiting and precautions necessary when visiting the resident.

Observe staff to determine if they use appropriate infection control precautions when moving between resident rooms, units and other areas of the facility.

Interview appropriate staff to determine if they are aware of processes/protocols for transmission-based precautions and how staff is monitored for compliance.

If concerns are identified, expand the sample to include more residents on transmission-based precautions.

**1. Did the staff use appropriate infection control practices (e.g., hand hygiene, use of PPE, environmental cleaning and disinfection, and reprocessing of reusable resident medical equipment)?**  Yes  No **F380**

**ICPC Standards, Policies, and Procedures:**

- The facility established a facility-wide ICPC including written ICPC standards, policies, and procedures that are current and based on the facility assessment (according to 483.70(c)) and national standards (e.g., for unbagged respiratory illness and COVID-19).
- The facility's policies or procedures include which communicable diseases are reportable to local (not) or state public health authorities. The facility has a current list of reportable communicable diseases.
- Staff (e.g., infection preventionist) can identify and describe the communication protocol with local/state public health officials (e.g., to whom and when communicable diseases, healthcare-associated infections (as appropriate), and potential outbreaks must be reported).
- The policies and procedures are reviewed at least annually.

**2. Does the facility have an ICPC including standards, policies, and procedures that are current, based on national standards, and reviewed at least annually?**  Yes  No **F380**

**Infection Surveillance:**

- The facility prohibits employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact with transmissible disease. Staff are excluded from work according to national standards.
- The facility has established implemented a surveillance plan, based on a facility assessment, for identifying, tracking, monitoring and/or reporting of infectious, communicable diseases and outbreaks among residents and staff. Interview staff and review the surveillance plan to determine how the staff monitors residents to identify possible infections and communicable diseases.

4249-0004-0100-0000  
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ANTIBIOTIC STEWARDSHIP



Antibiotic Stewardship is based on CDC

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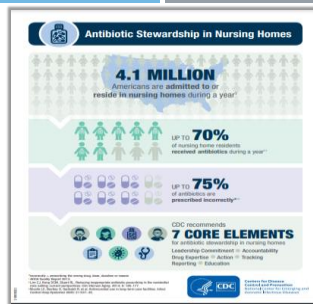
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CDC ANTIBIOTIC STEWARDSHIP IN NURSING HOMES



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ANTIBIOTIC STEWARDSHIP PROGRAM

- The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:
  - An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use.
  - Program implementation and monitoring
  - Reports
  - Feedback to prescribers
  - Resident assessment
  - Criteria for infection
  - Education
    - Nursing Staff
    - Prescribing practitioners



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The image shows a screenshot of the CDC website page titled "Core Elements of Antibiotic Stewardship for Nursing Homes". To the right is a circular diagram with "Core elements of antibiotic stewardship" in the center. The surrounding elements are: Leadership Commitment, Accountability, Drug Expertise, Action, Tracking, Reporting, Education, and Donor's (DON's).

URL: [HTTPS://WWW.CDC.GOV/ANTIBIOTIC-USE/CORE-ELEMENTS/NURSING-HOMES.HTML](https://www.cdc.gov/antibiotic-use/core-elements/nursing-homes.html)

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### F881 ANTIBIOTIC STEWARDSHIP AND CDC

- Leadership Commitment
- Accountability
- Drug Expertise
- Action
- Tracking
- Reporting
- Education

DON's:  
 Have you reviewed your Antibiotic Stewardship Plan?  
 Does it contain all of these elements?  
 Are each of the elements explained?  
 Does it have your purpose and process defined?  
 Does it contain all of your tools?

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	Yes	No
Is key leadership supportive of this effort? Support by leadership (i.e., the board and/or administrator, director of nursing, or medical director) is critical to change.		
Is the medical director actively involved in quality improvement and/or infection control?		
Is the nursing home financially stable?		
Is the nursing home's ownership and/or management stable (i.e., no changes anticipated over the next six months)?		
Is the nursing home in good standing with the State Survey Agency (e.g., not identified as a Special Focus Facility, not under State receivership, has not had admissions frozen)?		
Are there at least two staff who can serve as program champions and commit to leading the activity? Program champions could include (but are not limited to) the director of nursing, assistant director of nursing, change network(s), infection prevention consultant/practitioner, and the medical director or other prescribing clinician. It is critical that at least two, if not more, staff are willing to lead the effort and champion it.		
Is there time to train staff? Implementation will require training for nursing staff and possibly prescribing clinicians, depending on the look. Initial training for nurses and prescribing clinicians may take approximately 30 minutes to 2 hours. Are there sufficient resources (e.g., time, funds) to cover such training?		
Are there sufficient funds to make copies of materials for nurses, prescribing clinicians, and, as appropriate, residents and family members?		
Are there resources for implementing mechanisms to sustain the effort (e.g., staff who can train new nurses as they are hired and include the topic in the annual education program)? The key to sustaining any new activity is ensuring everyone is knowledgeable about it.		

[www.hrg.gov/sites/default/files/vsl/vslwv/nhguide9\\_TK1\\_T3-Readiness\\_Assessment\\_final.docx](http://www.hrg.gov/sites/default/files/vsl/vslwv/nhguide9_TK1_T3-Readiness_Assessment_final.docx)

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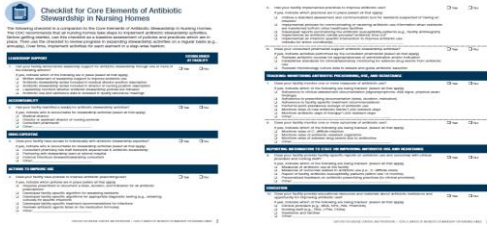
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CDC Core Elements of Antibiotic Stewardship in Nursing Homes Checklist



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<https://www.cdc.gov/antibiotic-use/core-elements/nursing-homes.html>

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EXAMPLE OF AN ANTIBIOTIC STEWARDSHIP PLAN

- What is in the Plan?
  - Policy
  - Procedure
  - Resources
  - Appendices
    - #1 Criteria
    - #2 Tools used
    - #3 Measurement Protocols
      - Antibiotic Use
      - Stewardship Actions
      - Outcomes



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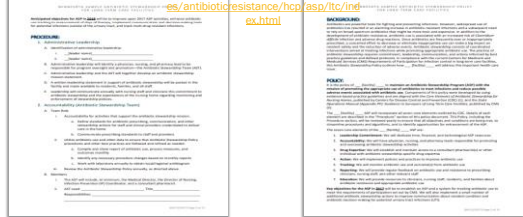
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EXAMPLE FROM MN DEPARTMENT OF HEALTH

<https://www.health.state.mn.us/diseases/antibioticresistance/hcp/asp/rtc/index.html>



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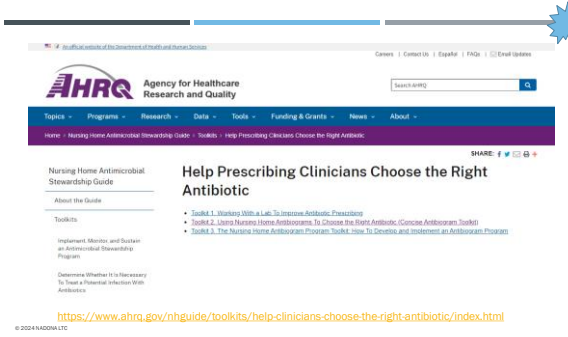
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5. Did the facility store, handle, transport, and process linens properly?  Yes  No F880  N/A, not a recertification survey

**Antibiotic Stewardship Program:**

Determine whether the facility has an antibiotic stewardship program that includes:

- Written antibiotic use protocols on antibiotic prescribing, including the documentation of the indication, dosage, and duration of use of antibiotics;
- 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 urinary tract infection (UTI) assessment); Look maximum criteria for initiation of antibiotics);
- A process for a periodic review of antibiotic use by prescribing practitioners. For example, review of laboratory and medication orders, progress notes and medication administration records to determine whether or not an infection or communicable disease has been documented and whether an appropriate antibiotic has been prescribed for the recommended length of time. Determine whether the antibiotic use monitoring system is reviewed when the resident is new to the facility, when a prior resident returns or is transferred from a

HR-10164 - April 2022 Page 7

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION FOR MEDICINE MEDICINE SERVICES

**Infection Prevention, Control & Immunizations**

Hospital or other facility, during each monthly drug regimen review when the resident has been prescribed or is taking an antibiotic, or any antibiotic drug regimen review as required by the QAA committee;

- Protocols to optimize the treatment of infections by ensuring that residents who require antibiotics are prescribed the appropriate antibiotic; and
- A system for the provision of feedback reports on antibiotic use, antibiotic resistance patterns based on laboratory data, and prescribing practices for the prescribing practitioners.

If there are concerns with the antibiotic stewardship program, surveyors must complete an investigation utilizing the Unnecessary Medication Review CIE Pathway for at least one resident on an antibiotic to assess whether the resident(s) is being prescribed an antibiotic unnecessarily. Expand the sample as needed to determine scope and severity of findings.

- Determine whether a resident is already included in the sample from the initial pool or as one of the five residents selected for the unnecessary medication review.
- If there are not any sampled residents, select a high-risk resident receiving an antibiotic from the facility's infection surveillance log (e.g., UTI without a culture, long-term use, no signs or symptoms noted) to add to the sample.

6. Did the facility conduct ongoing review for antibiotic stewardship?  Yes  No F881  N/A, not a recertification survey

HR-10164-IC Page 22

Infection Preventionist (IP):

**INFECTION PREVENTIONIST**



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**F882 INFECTION PREVENTIONIST**



- The facility must designate one or more individual(s) as the infection Preventionist(s) (IP)(s) who are responsible for the facility's IPCP. The IP must:
  - Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;
  - Be qualified by education, training, experience or certification;
  - Work at least part-time at the facility;
  - Have completed specialized training in infection prevention and control.
- IP participation on quality assessment and assurance committee and report to the committee on the IPCP on a regular basis.

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**INFECTION PREVENTIONIST (IP)**

- What **specialized training in Infection prevention and control** has your IP had?
- Is your IP a self starter?
- Does your IP possess the qualities needed to be a successful IP such as?
  - Leader
  - Collaborator
  - Educator
  - Communicator
  - Data Analyst /Critical Thinker (Audits)

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**ROLES OF THE IP**



**Leader**

- IP administers the IPC program through determining:
  - program priorities,
  - responding to IPC events
  - identifying and initiating performance improvement projects (PIPs).
- The IP advocates for resources for the program
- The IP is accountable for the results of the program,
- Lastly the IP must be able to challenge expectations and consider alternative viewpoints

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**ROLES OF THE IP CONT.**



**Collaborator**

- Merriam Webster defines **collaborator** as someone who works with another person or group.
- The IP is a natural selection to be the liaison within and outside of the facility.
- The IP works within the facility to build agreement and teams to support the IP activities and goals.
- Outside of the facility, the IP builds relationships to bring support and resources to the facility IPC program.

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**ROLES OF THE IP CONT.**



**Educator**

- The IP is teaching all day long.
- The IP interacts and teaches to a variety of audiences such as staff, residents, families and visitors.
- The IP should be constantly cognizant of the adult learning principles.
- Whether the IP is teaching in a classroom, in a huddle on the unit or in a “just in time” situation, content needs to be delivered with these concepts in mind.
- Education was and continues to be a huge focus of the IP during the pandemic and going forward.

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**ROLES OF THE IP CONT.**  
**Communicator**



- There is a need for robust written and verbal communication skills.
- The IP will need to be able to provide concise and accurate information to the various stakeholders on a timely basis.
- The messages and methods of communication need to be in a manner that is appropriate for the different audiences.
- The IP uses these strong communication skills when encouraging the staff to assist in identifying and implementing infection prevention interventions to IPC issues.

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**ROLES OF THE IP CONT.**



- Data Analyst /Critical Thinker
  - IP uses the scientific evidence found in literature and governmental guidance and translates it into practice.
  - Performance and outcome surveillance data is used to determine IPC activities.
  - The IP will also use this data to shift priorities and resources when new issues arise such as an outbreak or as we have recently witnessed a pandemic.

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**HIRING AND RETAINING INFECTION PREVENTIONISTS**

**DONs**

- When you interview for this position what are you looking for?
  - Do these roles come to mind or do you consider them because they are a good nurse?
- What kind of support do you offer?
  - Is the Infection Preventionist considered a key position in the facility?
  - Is enough time dedicated to this role to ensure that the program gets the attention it deserves as well as an indication to the IP and the other staff that infection prevention is a priority for the facility?
  - Is clear direction regarding expectations of the role and how those expectations can be met within the timeframe allotted for the IP role expressed on hire and throughout the tenure of the IP?
  - Have you ensured those expectations are communicated to new leadership, should that occur, to provide consistency in the role?

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**Infection Preventionist (IP):**  
 During interview with facility administration and Infection Preventionist(s), determine the following:  
 The facility designated one or more individual(s) as the infection preventionist(s) who are responsible for the facility's IPCP.  
 The Infection Preventionist (s) works at least part-time at the facility.  
 The Infection Preventionist(s) completed specialized training in infection prevention and control.

Review facility records for the following related to the designated IP:  
 Professional training: the facility must provide documentation of the IP's primary professional training. There must be one of the following:  
 • Certificate/diploma or degree in nursing, or  
 • Bachelor's degree (or higher) in microbiology or epidemiology, or  
 • Associate's degree or higher in medical technology or clinical laboratory science; or  
 • Completion of training in another related field such as that for physicians, pharmacists, and physician's assistants.  
 Specialized training in infection prevention and control.  
 • Completed prior to assuming the role of the IP, and  
 • Evidence of completion is available (e.g., certificate).

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE & MEDICAID SERVICES

**Infection Prevention, Control & Immunizations**

7. Did the facility designate at least one qualified IP, who is responsible for the facility's IPCP?  Yes  No F882

**F883 INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS**

Influenza & Pneumococcal- The facility must develop policies and procedures to ensure that:

- Receives education prior to receiving immunization
- Influenza immunization is offered annually (usually 10/1-3/31)
- Pneumococcal immunization is offered unless medically contraindicated or has already been immunized
- Immunization may be refused
- Medical record must reflect:
  - Education was provided including benefits and side effects
  - Immunization was received or did not receive due to medical contraindications or refusal of (already received)

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**Influenza, Pneumococcal, and COVID-19 Immunizations for Residents:**  
 Review the records of the five residents (influenza, pneumococcal, and COVID-19) for documentation of:  
 • Screening and eligibility to receive the vaccine(s);  
 • The provision of education related to the influenza, pneumococcal, and COVID-19 vaccines (such as the benefits and potential side effects);  
 • The administration of vaccines in accordance with national recommendations, which includes doses administered;  
 • Facilities must follow the CDC and Advisory Committee on Immunization Practices (ACIP) recommendations for vaccines; and  
 • Allowing a resident or representative to accept or refuse the influenza, pneumococcal, and COVID-19 vaccines. If not provided, documentation as to why the vaccine(s) was not provided.  
 For surveys occurring during influenza season, unavailability of the influenza vaccine can be a valid reason why a facility has not implemented the influenza vaccine program, especially during the early weeks of the influenza season. Similarly, pneumococcal or COVID-19 vaccine supplies may be limited anytime of the year. Ask the facility to demonstrate that:  
 • The vaccine has been ordered and the facility received a confirmation of the order indicating that the vaccine has been shipped or that the product is not available but will be shipped when the supply is available; and  
 • Plans are developed on how and when the vaccines will be administered when they are available.  
 As necessary, determine if the facility developed influenza, pneumococcal, and COVID-19 vaccine policies and procedures for residents. Review policies and procedures and interview facility staff and residents and/or resident representatives to determine:  
 • How residents and/or resident representatives receive education on the benefits and potential side effects before being offered a vaccine. If multiple doses are required, how residents and/or resident representatives, will again receive education on the benefits and potential side effects before being offered the vaccine; and  
 • How screening is conducted for eligibility (e.g., medical contraindications, previous vaccination), the vaccines are offered, and consent or refusal is obtained.

8. Did the facility provide influenza and/or pneumococcal immunizations as required or appropriate for residents?  Yes  No F883

9. Did the facility educate and offer COVID-19 immunization as required or appropriate for residents?  Yes  No F887

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Educate and Offer COVID-19 Immunizations for Staff

- Review facility documentation for sampled staff for evidence of:
  - Screening and eligibility to receive the vaccine(s);

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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Infection Prevention, Control & Immunizations

- The provision of education regarding the benefits, risks and potential side effects associated with the vaccine;
  - Being offered the vaccine or provided information on obtaining the vaccine;
  - The administration of vaccines, if accepted in accordance with national recommendations.
- As necessary, review facility policies and procedures and interview staff to determine:
- How staff are educated on the benefits, risks and potential side effects before being offered a vaccine, for each dose offered;
  - How staff vaccination status is documented;
  - How staff are screened for eligibility (e.g., medical contraindications, previous vaccinations), vaccines offered, and consent is obtained, and
  - If the facility provided information to staff on obtaining the vaccine if it is not available in the facility.

10. Did the facility maintain staff documentation of screening, education, offering, and current COVID-19 vaccination status?  
 Yes  No F887

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OTHER F TAGS RELATING TO COVID



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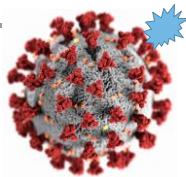
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COVID FTAGS



- F884** – Reporting of COVID -19 cases – National Health Safety Network
- F885** – Reporting – To Residents, Representatives & Families
- F886** – Testing- Of Residents & Staff
- F887** – Offering Vaccines (educating residents or resident representatives and staff regarding the benefits and potential side effects associated with the COVID-19 vaccine, and offering the vaccine. Furthermore, LTC facilities must report COVID-19 vaccine and therapeutics treatment information to the Centers for Disease Control and Prevention’s (CDC) National Healthcare Safety Network (NHSN).
- F888**- COVID-19 Vaccination of Facility Staff Matrix to fill out for survey

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F690 - INCONTINENCE

- For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that—
  - If incontinent of bladder; receives appropriate treatment to prevent UTIs and restore continence to the extent possible.
  - If a resident is admitted without a catheter that they are not catheterized unless their medical condition warrants and if a resident is admitted with a catheter, the resident is assessed for removal of catheter as soon as medically appropriate



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F757 – UNNECESSARY DRUGS

- Each resident's drug regimen must be free from unnecessary drugs.
  - An unnecessary drug is any drug when used—
    - In excessive dose (including duplicate drug therapy);
    - For excessive duration;
    - Without adequate monitoring
    - Without adequate indications for its use;
    - In the presence of adverse consequences which indicate the dose should be reduced or discontinued
    - Any combinations of the reasons stated above



<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsandRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>

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Infection Prevention, Control & Immunizations

**Infection Control:** This facility task must be used to investigate compliance at F850, F881, F882, F883, F887, and F888. For the purpose of this task, "staff" includes all facility employees (regardless of clinical responsibilities or resident contact), licensed practitioners, adult students, trainees, and volunteers, and individuals who provide care, treatment or other services for the facility and/or its residents, under contract or by other arrangement. The infection prevention and control program (IPC) must be facility-wide and include all departments and contracted services. If a specific care area concern is identified, it should be evaluated under the specific care area, such as for pressure ulcers, respiratory care, catheter care, and medication pass observation which include central lines, peripheral IVs, and oral/IM respiratory medications.



**Focused Infection Control (FIC) Survey (not associated with a recertification):**

- Surveyors must evaluate the facility's compliance at all critical elements (CE) in the CMS 20034, Infection Prevention, Control & Immunization pathway with the exceptions of CEN4 (Water Management), CEN5 (Laundry Services), and CEN6 (Antibiotic Stewardship Program).
- Do not conduct a full compliance review of F888 at CEN10, CEN11, and CEN12 if the facility was determined to be in substantial compliance with F888 within the previous six weeks and no substantive changes have been made to the policies and procedures for staff COVID-19 vaccinations.

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes>

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Infection Prevention, Control & Immunizations CMS-20054 (4/1/24)

**Coordination:**

Each surveyor is responsible for assessing the facility for breaks in infection control throughout the survey and is to answer CE's of concern.

One surveyor performs or coordinates the facility task to review for:

- Standard and transmission-based precautions
- Infection Prevention and Control Program (IPC) standards, policies, and procedures
- Infection surveillance
- Waste management
- Laundry services
- Antibiotic stewardship program (review at least one resident who is receiving an antibiotic if there are concerns)
- Infection Preventionist
- Influenza, pneumococcal, and COVID-19 immunizations

Sample residents/staff as follows:

- Sample one staff to verify compliance with requirements for educating and offering COVID-19 immunization (select one staff from the actual working schedules for all staff provided during entrance conference).
- Sample three residents on transmission-based precautions (TBP) for purposes of determining compliance with infection prevention and control national standards, as well as resident care, screening, testing, and reporting.
- Sample five residents for influenza, pneumococcal, and COVID-19 immunizations review.

**General Standard Precautions:**

Staff are performing the following appropriately:

- Respiratory hygiene/cough etiquette.
- Environmental cleaning and disinfection, and
- Reprocessing of reusable resident medical equipment (e.g., cleaning and disinfection of glucometers per device and disinfectant manufacturer's instructions for use).

Residents, visitors, and others at the facility wear appropriate source control, in accordance with national standards.

When there is a known communicable disease outbreak, the facility should screen visitors for signs and symptoms of the communicable disease in accordance with national standards and/or state and local health department recommendations. Screening may be conducted by active or passive (e.g., self-screening) means, depending upon national, state or local recommendations.

**Hand Hygiene:**

Appropriate hand hygiene practices (i.e., alcohol-based hand rub (ABHR) or soap and water) are followed.

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes>

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COMMUNICATION STRATEGIES

- How does the DON provide that support in an upward manner?
  - Ensure that the ADM/CEO etc. has significant information of the expectations of the IP.
  - Provide the ADM/CEO with the time required to complete those tasks/expectations
  - When budgeting continue to support the need of the IP time by making it a priority and budgeted first before staffing.
  - When speaking in front of groups (IDT, Board s, QAPI etc.) uphold the IP as a VIP and a role model.
  - Keeping Infection Prevention in front of all staff during meetings and in personal conversations when appropriate.

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Helping  
YOUR  
Infection  
Preventionist  
to SUCCEED!



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**NEW INFECTION PREVENTIONIST?**

- **MEET** – Meet with the Infection Preventionist
- **REVIEW** – Review the Requirements
- **REFERENCE** - Cross reference current P&P's to determine needed updates
- **DISCUSS** - Discuss with Medical Director
- **INCLUDE** - Include the Pharmacy Consultant

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**EDUCATION REQUIREMENTS**



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**COMPETENCY EXAMPLE**



**Infection Prevention Nurse Coordinator Competency Assessment**

Facility Infection Prevention and Control Nurse Coordinator may complete the following assessment of Coordinator's competence and qualifications. To perform a self-assessment, nurse should assign each attribute. Competency should demonstrate clear action. If any, will score for all items as 1.

1 = competent  
2 = needs improvement  
3 = not competent

Management	Assess to address items of I.P.P.		
<b>His knowledge of:</b>			
Basic principles of management	1	2	3
The scope of the professional nursing practice	1	2	3
Levels of change theory	1	2	3
<b>Education</b>			
<b>His knowledge of:</b>			
Principles of adult education and teaching strategies	1	2	3
Methods to assess knowledge acquisition of the learner	1	2	3
Educational techniques and methods for adults	1	2	3
Current educational techniques	1	2	3
<b>Surveillance</b>			
<b>His knowledge of:</b>			
Principles of epidemiology	1	2	3
Surveillance methods	1	2	3
Options for multidisciplinary assessment of infection	1	2	3
Basic statistical calculations	1	2	3
Flow analysis	1	2	3
Diagnostic mechanisms	1	2	3

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### AUDITS FOR OVERSIGHT

- Hand Hygiene Audits
- Food Preparation Audits
- Personal Protective Equipment Audits
- Water Pass Audits
- Med Pass Audits
- Catheter Care Audits
- Peri-Care Audits
- Room Sanitization Audits
- Environmental Audits
- Dining Room Audits
- Linen Handling Audits



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### REFERENCES AND RESOURCES

- Centers for Disease Control and Prevention. Infection Prevention and Control & Immunization Critical Element Pathway: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/LTC-Survey-Pathways.pdf>
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- [www.ahrq.gov/sites/default/files/wysiwyg/nhguide/3\\_TK1\\_T3-Readiness\\_Assessment\\_Final.docx](http://www.ahrq.gov/sites/default/files/wysiwyg/nhguide/3_TK1_T3-Readiness_Assessment_Final.docx)
- CMS State Operations Manual, Appendix PP - Guidance to Surveyors for Long Term Care Facilities: [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_pp\\_guidelines\\_tfcf.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_tfcf.pdf)
- CDC-Core Elements of Antibiotic Stewardship for Nursing Homes: <http://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html>
- U.S. Department of Health & Human Services: AHRQ - Nursing Home Antimicrobial Stewardship: <http://www.ahrq.gov/nhguides/index.html>
- Minnesota Department of Health Minnesota Antimicrobial Stewardship Program Toolkit for Long-term Care Facilities: <https://www.health.state.mn.us/diseases/antibioticresistance/hcp/asp/ib/index.html>
- Centers for Disease Control and Prevention. Infection Prevention and Control & Immunization Critical Element Pathway: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/LTC-Survey-Pathways.pdf>

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