

**Infection Prevention and Control Assessment Tool for Long-term Care Facilities**

This tool is intended to assist in the assessment of infection control programs and practices in nursing homes and other long-term care facilities. If feasible, direct observations of infection control practices are encouraged. To facilitate the assessment, health departments are encouraged to share this tool with facilities in advance of their visit.

**Overview**

**Section 1: Facility Demographics**

**Section 2: Infection Control Program and Infrastructure**

**Section 3: Direct Observation of Facility Practices (optional)**

**Section 4: Infection Control Guidelines and Other Resources**

**Infection Control Domains for Gap Assessment**

1. Infection Control Program and Infrastructure
2. Healthcare Personnel and Resident Safety
3. Surveillance and Disease Reporting
4. Hand Hygiene
5. Personal Protective Equipment (PPE)
6. Respiratory/ Cough Etiquette
7. Antibiotic Stewardship
8. Injection safety and Point of Care Testing
9. Environmental Cleaning

This is an edited version of a document prepared by the Center for Disease Control and Prevention, an agency of the U.S. Department of Human Services, and/or its contractors. You can find the original unedited version at <https://www.cdc.gov/infectioncontrol/pdf/icar/ltcf.pdf>. (12SOW-QIN-QIN-05/06/20-3688).

|  |
| --- |
| **Section 1. Facility Demographics** |
| Facility Name  | Click or tap here to enter text. |
| NHSN Facility Organization ID  | Click or tap here to enter text. |
| State-assigned Unique ID | Click or tap here to enter text. |
| Date of Assessment | Click or tap to enter a date. |
| Type of Assessment | [ ]  On-site [ ]  Other (specify): Click or tap here to enter text. |
| Rationale for Assessment (Select all that apply) | [ ]  Outbreak[ ]  Input from accrediting organization or state survey agency[ ]  NHSN data (if available)[ ]  Collaborative (specify partner[s]): Click or tap here to enter text.[ ]  Other (specify): Click or tap here to enter text. |
| Is the facility licensed by the state? | [ ]  Yes [ ]  No |
| Is the facility certified by the Centers for Medicare & Medicaid Services (CMS) | [ ]  Yes [ ]  No |
| Facility Type | [ ]  Nursing home [ ]  Intermediate care facility [ ]  Assisted living facility [ ]  Other (specify): Click here to enter text |
| Number of licensed beds | Click or tap here to enter text. |
| Total staff hours per week dedicated to infection prevention and control activities | Click or tap here to enter text. |
| Is the facility affiliated with a hospital? | [ ]  Yes[ ]  No |

**Section 2: Infection Control Program and Infrastructure**

|  |
| --- |
| 1. **Infection Control Program and Infrastructure**
 |
| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| 1. The facility has specified a person (e.g., staff, consultant) who is responsible for coordinating the IC program.
 | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. The person responsible for coordinating the infection prevention program has received training in IC

*Examples of training may include: Successful completion of initial and/or recertification exams developed by the Certification Board for Infection Control & Epidemiology; Participation in infection control courses organized by the state or recognized professional societies (e.g., APIC, SHEA).* | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. The facility has a process for reviewing infection surveillance data and infection prevention activities (e.g., presentation at QA committee).
 | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. Written infection control policies and procedures are available and based on evidence-based guidelines (e.g., CDC/HICPAC), regulations (F-880), or standards.

[List of FTags](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/List-of-Revised-FTags.pdf)*Note: Policies and procedures should be tailored to the facility and extend beyond OSHA bloodborne pathogen training or the CMS State Operations Manual*  | [ ] Yes [ ]  No | Date Reviewed: Click or tap to enter a date.Click or tap here to enter text. |
| 1. Written infection control policies and procedures are reviewed at least annually or according to state or federal requirements and updated if appropriate.
 | [ ] Yes [ ]  No | Date Reviewed: Click or tap to enter a date.Click or tap here to enter text. |
| 1. The facility has a written plan for emergency preparedness (e.g., COVID-19 pandemic, influenza epidemic or pandemic, or natural disaster).

*Note: Enter date reviewed in Comments* | [ ] Yes [ ]  No | Date Reviewed: Click or tap to enter a date.Click or tap here to enter text. |

**Section 2: Infection Control Program and Infrastructure cont.**

|  |
| --- |
| 1. **Healthcare and Personnel and Resident Safety**
 |
| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| Healthcare Personnel |  |  |
| 1. 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.
 | [ ] Yes [ ]  No | Date Reviewed: Click or tap to enter a date.Click or tap here to enter text. |
| 1. The facility educates personnel on prompt reporting of signs/symptoms of a potentially transmissible illness to a supervisor.
 | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. The facility conducts baseline Tuberculosis (TB) screening for all new personnel.
 | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. 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.
 | [ ] Yes [ ]  No | Date Reviewed: Click or tap to enter a date.Click or tap here to enter text. |
| 1. The facility offers Hepatitis B vaccination to all personnel who may be exposed to blood or body fluids as part of their job duties
 | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. The facility offers all personnel influenza vaccination annually.
 | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. The facility maintains written records of personnel influenza vaccination from the most recent influenza season.
 | [ ] Yes [ ]  No | Date Reviewed: Click or tap to enter a date.Click or tap here to enter text. |
| 1. The facility has an exposure control plan which addresses potential hazards posed by specific services provided by the facility (e.g., blood-borne pathogens).

*Note: A model template, which includes a guide for creating an exposure control plan that meets the requirements of the OSHA Bloodborne Pathogens Standard is available at:* <https://www.osha.gov/Publications/osha3186.pdf> | [ ] Yes [ ]  No | Date Reviewed: Click or tap to enter a date.Click or tap here to enter text. |
| 1. All personnel receive training and competency validation on managing a blood-borne pathogen exposure at the time of employment.

*Note: An exposure incident refers to a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an individual’s duties.* | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. All personnel received training and competency validation on managing a potential blood-borne pathogen exposure within the past 12 months.
 | [ ] Yes [ ]  No | Click or tap here to enter text. |
| Resident Safety |
| 1. 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.
 | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. The facility documents resident immunization status for pneumococcal vaccination at time of admission.
 | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. The facility offers annual influenza vaccination to residents.
 | [ ] Yes [ ]  No | Click or tap here to enter text. |

|  |
| --- |
| 1. **Surveillance and Disease Reporting**
 |
| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| Surveillance |  |  |
| 1. The facility has written intake procedures to identify potentially infectious persons at the time of admission.

*Examples: Documenting recent antibiotic use, and history of infections or colonization with C. difficile, positive for COVID-19, or antibiotic-resistant organisms, or evolving organisms such as coronavirus.* | [ ] Yes [ ]  No | Date Reviewed: Click or tap to enter a date.Click or tap here to enter text. |
| 1. The facility has system for notification of infection prevention coordinator when antibiotic-resistant organisms, coronavirus, C. difficile or any new unknown virus or organism emergence are reported by clinical laboratory.
 | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. The facility has a written surveillance plan outlining the activities for monitoring/tracking infections occurring in residents of the facility.
 | [ ] Yes [ ]  No | Date Reviewed: Click or tap to enter a date.Click or tap here to enter text. |
| 1. The facility has system to follow-up on clinical information, (e.g., laboratory, procedure results and diagnoses), when residents are transferred to acute care hospitals for management of suspected infections, including sepsis.

*Note: Receiving discharge records at the time of re-admission is not sufficient to answer “yes”* | [ ] Yes [ ]  No | Click or tap here to enter text. |
| Disease Reporting |  |  |
| 1. The facility has a written plan for outbreak response which includes a definition, procedures for surveillance and containment, and a list of syndromes or pathogens for which monitoring is performed.
 | [ ] Yes [ ]  No | Click or tap to enter a date.Click or tap here to enter text. |
| 1. The facility has a current list of diseases reportable to public health authorities.
 | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. The facility can provide point(s) of contact at the local or state health department for assistance with outbreak response.
 | [ ] Yes [ ]  No | Click or tap here to enter text. |

|  |
| --- |
| 1. **Hand Hygiene**
 |
| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| 1. Hand hygiene policies promote preferential use of alcohol-based hand rub (ABHR) over soap and water in most clinical situations.

*Note: Soap and water should be used when hands are visibly soiled (e.g., blood, body fluids) and is also preferred after caring for a patient with known or suspected C. difficile or COVID-19, or norovirus during an outbreak, or if rates of C. difficile infection in the facility are persistently high.* | [ ] Yes [ ]  No | Date Reviewed: Click or tap to enter a date.Click or tap here to enter text. |
| 1. All personnel receive training and competency validation on HH at the time of employment.
 | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. All personnel received training and competency validation on HH within the past 12 months.
 | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. The facility routinely audits (monitors and documents) adherence to HH

*Note: If yes, facility should describe auditing process and provide documentation of audits*  | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. The facility provides feedback to personnel regarding their HH performance.

*Note: If yes, facility should describe feedback process and provide documentation of feedback reports* | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. 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).
 | [ ] Yes [ ]  No | Click or tap here to enter text. |

|  |
| --- |
| 1. **Personal Protective Equipment (PPE)**
 |
| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| 1. The facility has a policy on Standard Precautions which includes selection and use of PPE (e.g., indications, donning/doffing procedures).
 | [ ] Yes [ ]  No | Date Reviewed: Click or tap to enter a date.Click or tap here to enter text. |
| 1. 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, COVID-19, Influenza).
 | [ ] Yes [ ]  No | Date Reviewed: Click or tap to enter a date.Click or tap here to enter text. |
| 1. Appropriate personnel receive job-specific training and competency validation on proper use of PPE at the time of employment.
 | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. Appropriate personnel received job-specific training and competency validation on proper use of PPE within the past 12 months.
 | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. The facility routinely audits (monitors and documents) adherence to PPE use (e.g., adherence when indicated, donning/doffing).

*Note: If yes, facility should describe auditing process and provide documentation of audits* | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. The facility provides feedback to personnel regarding their PPE use.

*Note: If yes, facility should describe feedback process and provide documentation of feedback reports* | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. 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).
 | [ ] Yes [ ]  No | Click or tap here to enter text. |

|  |
| --- |
| 1. **Respiratory Hygiene/Cough Etiquette**
 |
| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| 1. 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?
 | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. The facility provides resources for performing hand hygiene near the entrance and in common areas.
 | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. The facility offers facemasks to coughing residents and other symptomatic persons upon entry to the facility.
 | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. The facility educates family and visitors to notify staff and take appropriate precautions if they are having symptoms of respiratory infection during their visit?
 | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. All personnel receive education on the importance of infection prevention measures to contain respiratory secretions to prevent the spread of respiratory pathogens
 | [ ] Yes [ ]  No | Click or tap here to enter text. |

|  |
| --- |
| 1. **Antibiotic Stewardship**
 |
| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| 1. The facility can demonstrate leadership support for efforts to improve antibiotic use (antibiotic stewardship).
 | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. The facility has identified individuals accountable for leading antibiotic stewardship activities
 | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. The facility has access to individuals with antibiotic prescribing expertise (e.g. ID trained physician or pharmacist).
 | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. The facility has written policies on antibiotic prescribing.
 | [ ] Yes [ ]  No | Date Reviewed: Click or tap to enter a date.Click or tap here to enter text. |
| 1. The facility has implemented practices in place to improve antibiotic use.
 | [ ] Yes [ ]  No | Date Reviewed: Click or tap to enter a date.Click or tap here to enter text. |
| 1. The facility has a report summarizing antibiotic use from pharmacy data created within last 6 months.

*Note: Report could include number of new starts, types of drugs prescribed, number of days of antibiotic treatment) from the pharmacy on a regular basis.* | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. The facility has a report summarizing antibiotic resistance (i.e., antibiogram) from the laboratory created within the past 24 months.
 | [ ] Yes [ ]  No | Date Reviewed: Click or tap to enter a date.Click or tap here to enter text. |
| 1. The facility provides clinical prescribers with feedback about their antibiotic prescribing practices.

*Note: If yes, facility should provide documentation of feedback reports* | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. The facility has provided training on antibiotic use (stewardship) to all nursing staff within the last 12 months.
 | [ ] Yes [ ]  No | Date Reviewed: Click or tap to enter a date.Click or tap here to enter text. |
| 1. The facility has provided training on antibiotic use (stewardship) to all clinical providers with prescribing privileges within the last 12 months.
 | [ ] Yes [ ]  No | Date Reviewed: Click or tap to enter a date.Click or tap here to enter text. |

|  |
| --- |
| 1. **Injection Safety and Point of Care Testing**
 |
| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| 1. The facility has a policy on injection safety which includes protocols for performing finger sticks and point of care testing (e.g., assisted blood glucose monitoring, or AMBG).
 | [ ] Yes [ ]  No | Date Reviewed: Click or tap to enter a date.Click or tap here to enter text. |
| 1. Personnel who perform point of care testing (e.g., AMBG) receive training and competency validation on injection safety procedures at time of employment.

*Note: If point of care tests are performed by contract personnel, facility should verify that training is provided and what training is by contracting company.*  | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. Personnel who perform point of care testing (e.g., AMBG) receive training and competency validation on injection safety procedures within the past 12 months.

*Note: If point of care tests are performed by contract personnel, facility should verify that training is provided by contracting company* | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. The facility routinely audits (monitors and documents) adherence to injection safety procedures during point of care testing (e.g., AMBG)

*Note: If yes, facility should describe auditing process and provide documentation of audits* | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. The facility provides feedback to personnel regarding their adherence to injection safety procedures during point of care testing (e.g., AMBG).

*Note: If yes, facility should describe feedback process and provide documentation of feedback reports.* | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. Supplies necessary for adherence to safe injection practices (e.g., single-use, auto-disabling lancets, sharps containers) are readily accessible in resident care areas (i.e., nursing units).
 | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. The facility has policies and procedures to track personnel access to controlled substances to prevent narcotics theft/drug diversion.
 | [ ] Yes [ ]  No | Date Reviewed: Click or tap to enter a date.Click or tap here to enter text. |
| 1. **Environmental Cleaning**
 |
| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| 1. The facility has written cleaning/disinfection policies which include routine and terminal cleaning and disinfection of resident rooms.
 | [ ] Yes [ ]  No | Date Reviewed: Click or tap to enter a date.Click or tap here to enter text. |
| 1. The facility has written cleaning/disinfection policies which include routine and terminal cleaning and disinfection of rooms of residents on contact precautions (e.g., C. difficile, COVID-19).
 | [ ] Yes [ ]  No | Date Reviewed: Click or tap to enter a date.Click or tap here to enter text. |
| 1. The facility has written cleaning/disinfection policies which include cleaning and disinfection of high-touch surfaces in common areas
 | [ ] Yes [ ]  No | Date Reviewed: Click or tap to enter a date.Click or tap here to enter text. |
| 1. The facility cleaning/disinfection policies include handling of equipment shared among residents (e.g., blood pressure cuffs, rehab therapy equipment, etc.)
 | [ ] Yes [ ]  No | Date Reviewed: Click or tap to enter a date.Click or tap here to enter text. |
| 1. 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.

*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* *Note: Select not applicable for the following:* * *All medical devices are single use only or dedicated to individual residents*
* *No procedures involving medical devices are performed in the facility by staff or external consultants*
* *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*
 | [ ] Yes [ ]  No[ ]  N/A | Date Reviewed: Click or tap to enter a date.Policy Current: Choose an item.Click or tap here to enter text. |
| 1. Appropriate personnel receive job-specific training and competency validation on cleaning and disinfection procedures at the time of employment.

*Note: If environmental services are performed by contract personnel, facility should verify that training is provided by contracting company* | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. Appropriate personnel received job-specific training and competency validation on cleaning and disinfection procedures within the past 12 months.

*Note: If environmental services are performed by contract personnel, facility should verify that training is provided by contracting company* | [ ] Yes [ ]  No | Date Reviewed: Click or tap to enter a date.Click or tap here to enter text. |
| 1. The facility routinely audits (monitors and documents) quality of cleaning and disinfection procedures.

*Note: If yes, facility should describe auditing process and provide documentation of audits* | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. The facility provides feedback to personnel regarding the quality of cleaning and disinfection procedures.

*Note: If yes, facility should describe feedback process and provide documentation of feedback reports* | [ ] Yes [ ]  No | Click or tap here to enter text. |
| 1. Supplies necessary for appropriate cleaning and disinfection procedures (e.g., EPA-registered, including products labeled as effective against C. difficile, COVID-19 and Norovirus, include contact time for effectiveness) are available.

*Note: If environmental services are performed by contract personnel, facility should verify that appropriate EPA-registered products are provided by contracting company and process includes adherence to contact time* | [ ] Yes [ ]  No | Click or tap here to enter text. |