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| **FEDERAL** |
| **Met?** | Not Met? | TAG | Rule |
|  |  | F-880 | **Hands: Staff implement standard hand hygiene precautions, including PPE** |
|  |  | F-880 | Hands: Alcohol-based hand rubs (ABHR) accessible in appropriate locations |
|  |  | F-880 | Hands: Staff wash hands when visibly soiled or when ABHR not appropriate |
|  |  | F-880 | Hands: Hand hygiene performed even with gloves before/after resident contact |
|  |  | F-880 | Hands: Hand hygiene performed after contact with blood/fluids/contaminated surfaces |
|  |  | F-880 | Hands: Resident hand hygiene after toileting/before meals when assisted by staff |
|  |  | F-880 | Hands: Soap/water/sink readily accessible in appropriate locations |
|  |  | F-880 | Gloves: worn if potential contact with blood/fluid/membranes/non-intact skin |
|  |  | F-880 | Gloves: removed after contact with blood/fluid/membranes/non-intact skin |
|  |  | F-880 | Gown: direct resident contact if resident has uncontained secretions/excretions |
|  |  | F-880 | Facemask: worn if in 3 ft of resident w/ new acute cough/symptoms of respiratory infection |
|  |  | F-880 | Mask/Shield: worn for certain procedures (aerosol-generating/spraying of fluids) |
|  |  | F-880 | PPE discarded after resident care, before leaving room, followed by hand hygiene |
|  |  | F-880 | PPE supplies accessible in resident care areas |
|  |  | F-880 | **Transmission-based precautions (TBP):** PPE use by staff |
|  |  | F-880 | TBP: Dedicated/disposable non-critical resident equip OR equip cleaned/disinfected |
|  |  | F-880 | TBP: Least restrictive TBP under circumstances |
|  |  | F-880 | TBP: high touch surfaces cleaned/disinfected daily/when soiled |
|  |  | F-880 | Laundry: staff handle/store/transport linens appropriately |
|  |  | F-880 | Laundry: equipment maintained per manufacturer instructions |
|  |  | F-880 | Laundry: supplies (detergent, etc.) used per manufacturer instructions |
|  |  | F-880 | P&P: facility has IPCP based on standards |
|  |  | F-880 | P&P: facility reviews P&P at least annually |
|  |  | F-880 | **Surveillance: facility has surveillance plan to identify/track/monitor/report infections** |
|  |  | F-880 | Surveillance: plan incl detection, management of resident, TBP |
|  |  | F-880 | Surveillance: plan uses evidence-based criteria to define infections & uses data tool |

**INFECTION CONTROL CHECKLIST**

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| **FEDERAL** |
|  |  | F-880 | Surveillance: plan includes ongoing analysis & documentation of follow-up activity |
|  |  | F-880 | Surveillance: process for communicating/obtaining test results for transfers |
|  |  | F-880 | Surveillance: facility has current list of reportable diseases |
|  |  | F-880 | Surveillance: staff can identify who/when to report to |
|  |  | F-880 | Surveillance: employees w/ communicable disease have no direct resident/food contact |
|  |  | F-881 | **Stewardship: written antibiotic use protocols (incl: document indication/dosage/duration)** |
|  |  | F-881 | Stewardship: protocols to review signs/symptoms/labs to evaluate antibiotic usage |
|  |  | F-881 | Stewardship: process for periodic review of antibiotic use by prescribers |
|  |  | F-881 | Stewardship: protocols to optimize treatment of infections |
|  |  | F-881 | Stewardship: system for providing feedback reports on use/resistance patterns/prescribing |
|  |  | F-883 | **Vaccines: screening & eligibility for receiving vaccine** |
|  |  | F-883 | Vaccines: provision of education (e.g., benefits, potential side effects) |
|  |  | F-883 | Vaccines: administration of vaccines per national recommendations (CDC, ACIP) |
|  |  | F-883 | Vaccines: documentation of resident/representative refusal |
|  |  | F-883 | Vaccines: if not implemented due to shortage, documentation |
|  |  | F-883 | Vaccines: facility P&P |

**STATE**

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| **STATE—Until 3/29** |
| **Met?** | Not Met? | TAG | Rule |
|  |  | 1342 | **Program: Establish/maintain infection control program to provide safe/sanitary/comfortable environment & prevent spread of infection** |
|  |  | 1343 | Program: Investigate/control/prevent infection |
|  |  | 1344 | Program: Decide what procedures (e.g., isolation) to apply to individual residents |
|  |  | 1345 | Program: Document incidents/corrective actions |
|  |  | 1346 | Prevention: acceptable resident isolation per program |
|  |  | 1347 | Prevention: employees w/ communicable disease no direct resident/food contact |
|  |  | 1348 | Prevention: handwashing after direct resident contact |
|  |  | 1349 | Prevention: report names with reportable disease & follow health authority’sdirection |
|  |  | 1350 | Have/implement policies for control of disease; maintain evidence of compliance with state/local codes |
|  |  | 1351 | Documented review of facility’s tuberculosis risk per CDC |
|  |  | 1352 | TB screening for staff prior to providing services, documented |
|  |  | 1353 | If facility determines employee exposed to communicable disease, act appropriately |
|  |  | 1354 | If facility determines employee exposed to communicable disease, reassess risk |
|  |  | 1355 | TB screening for residents at admission per doctor recommendation/CDC |
|  |  | 1356 | Policy: develop/implement policy to protect from vaccine-preventable disease per HSC 224 |
|  |  | 1357 | Policy: employee/contractor receive vaccines per facility policy based on risk assessment |
|  |  | 1358 | Policy: specifies which vaccines employees/contractors must receive |
|  |  | 1359 | Policy: includes procedures to verify compliance of employees/contractors with policy |
|  |  | 1360 | Policy: includes procedures to exempt employees/contractors with contraindications |
|  |  | 1361 | Policy: if employee/contractor exempted, procedures to protect residents |
|  |  | 1362 | Policy: prohibits retaliation against employee/contractor who was exempted |
|  |  | 1363 | Policy: requires documentation of employee/contractor compliance/exemption |
|  |  | 1364 | Policy: includes disciplinary action facility may take against empl/contractor fails to comply |
|  |  | 1365 | Policy: may include procedures for employee/contractor be exempt for conscience/religion |
|  |  | 1366 | Policy: may prohibit exempt employee/contractor from resident contact in disaster |

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| **STATE—Until 3/29** |
|  |  | 1367 | Offer vaccinations per ACIP/CDC |
|  |  | 1368 | Offer pneumococcal at admission and to resident 65+/candidate for vaccine; administer unless contraindicated |
|  |  | 1369 | May give 2nd pneumococcal 5 yrs later, based on assessment unless contraindicated/refused |
|  |  | 1370 | Must offer flu vaccine to residents/employees with resident contact, unless contraindicated or refused by resident |
|  |  | 1371 | Flu vaccines completed by 11/30 each year; admissions 11/30-3/31 receive vaccine unless contraindicated/refused |
|  |  | 1372 | P&P: resident/representative receives education re: benefits/side effects & document |
|  |  | 1373 | Hep B vaccines for employees: method to identify risk, offer vaccine to those at risk |
|  |  | 1374 | Resident records: documentation of receipt, refusal, or contraindication |
|  |  | 1375 | Linens: handle/store/process/transport to prevent spread of infection & per§19.325 |
|  |  | 1376 | QAAC monitors the infection control program. |
|  |  | 1377 | Follow universal precautions; comply with OSHA |