**Infection Control – Infection Preventionist Competency**

Suggested Implementation Checklist

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| **Regulation** | **Recommended Action** |
| --- | --- |
| **F880§483.80 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.  §483.80(a) Infection prevention and control program.  The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;  §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:  (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;  (ii) When and to whom possible incidents of communicable disease or infections should be reported;  (iii) Standard and transmission-based precautions to be followed to prevent spread of infections;  (iv)When and how isolation should be used for a resident; including but not limited to:   1. The type and duration of the isolation, depending upon the infectious agent or organism involved, and 2. A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.   (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and  (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.  §483.80(a)(4) A system for recording incidents identified under the facility’s IPCP and the corrective actions taken by the facility.  §483.80(e) Linens.  Personnel must handle, store, process, and transport linens so as to prevent the spread of  infection.  §483.80(f) Annual review.  The facility will conduct an annual review of its IPCP and update their program, as necessary.”[[1]](#footnote-1)  Note: Recommended Actions also address the following related Administration Requirements of Participation:  F838 Facility Assessment  Note: Recommended Actions also address the following related Food and Nutrition Services Requirements of Participation:   * F812 Food Procurement, Store/Prepare/Serve -- Sanitary | * Review/Update Facility-Wide Resource Assessment regarding census, acuity, and diagnoses of the facility’s resident population. * Review/Update Facility-Wide Resource Assessment regarding prevalence of facility and community infections. * Review/Update Facility-Wide Resource Assessment regarding Staff’s knowledge, skills, and abilities related to Infection Prevention and Control competencies. * Review/Update Facility-Wide Resource Assessment regarding physician and physician extender specialties; vendor contracts; current supplies and equipment. * Review Quality Measures associated with UTIs. * Review hospitalizations associated with infections. * Review past survey citations associated with Infection Prevention and Control issues. * Initiate/Review all staff’s education files for Infection Prevention and Control training and areas of weakness in this area as determined in performance reviews. * Review/Develop a training plan for staff regarding Infection Prevention and Control. * Incorporate above training into orientation and annual in-service calendar. * Provide training and resources for management level staff regarding supervision and monitoring for compliance related to Infection Prevention and Control policies and procedures; *e.g.,* CMS-20054 Infection Prevention, Control & Immunization; CMS-20055 Kitchen Observation; CMS-20061 Environment; CMS 20082 Unnecessary Medications * Review current Infection Prevention and Control Program policies and procedures for compliance with F880 – F883 Requirements of Participation and update as necessary. |
| **F881 §483.80(a) Infection prevention and control program.**  “The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(3) An antibiotic stewardship program that includes antibiotic use protocolssystem to monitor antibiotic use.”[[2]](#footnote-2)  Note: Recommended Actions also address the following related Pharmacy Services Requirements of Participation:   * F756 Drug Regimen Review, Report Irregularities, Act on * F757 Unnecessary Medications | * Develop/Review antibiotic use protocols on antibiotic prescribing, including documentation of the indication, dosage, and duration of use of antibiotics. * Develop/Review 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. * Identify what infection assessment tools or management algorithms are used for one or more infections (*e.g.,* McGeer, Loeb). * Develop/Review facility-wide system to monitor the use of antibiotics. * Initiate/Review all licensed nurses’ education files for Antibiotic Stewardship training and areas of weakness in this area as determined in performance reviews. * Review/Develop a training plan for licensed nurses regarding Antibiotic Stewardship. * Incorporate above training into orientation and annual in-service calendar. * Initiate/Review all prescribers’ files for Antibiotic Stewardship training. * Review/Develop a training plan for prescribers regarding Antibiotic Stewardship. * Incorporate above training into orientation and annual in-service calendar. |
| **F882 §483.80(b) Infection preventionist**  **[§483.80(b) and all subparts will be implemented beginning November 28, 2019 (Phase 3)]**  “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:  §483.80(b)(1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;  §483.80(b)(2) Be qualified by education, training, experience or certification;  §483.80(b)(3) Work at least part-time at the facility; and  §483.80(b)(4) Have completed specialized training in infection prevention and control.  §483.80 (c) IP participation on quality assessment and assurance committee.  The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility’s quality assessment and assurance committee and report to the committee on the IPCP on a regular basis.”[[3]](#footnote-3)  Note: Recommended Actions also address the following related Quality Assurance and Performance Improvement Requirements of Participation:   * F868 QAA Committee | * Review the personnel files of all individuals designated as facility Infection Preventionists for compliance with Requirements of Participation at F882. * Professional training (license and/or degree validation) * Infection Prevention and Control education, training, experience, or certification (reference checks and/or copies of certificates) * Acknowledgment of part-time status * Review QAA/QAPI committee membership document for inclusion of Infection Preventionist(s) as member(s). * Review participation of Infection Preventionist(s) in QAA/QAPI committee. * Review performance reviews of Infection Preventionists for areas of weakness and develop individualized education plan. |
| **F883 §483.80(d) Influenza and pneumococcal immunizations**  “§483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that-  (i) Before offering the influenza immunization, each resident or the resident’s representative receives education regarding the benefits and potential side effects of the immunization;  (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated, or the resident has already been immunized during this time period;  (iii) The resident or the resident’s representative has the opportunity to refuse immunization; and  (iv)The resident’s medical record includes documentation that indicates, at a minimum, the following:   1. That the resident or resident’s representative was provided education regarding the benefits and potential side effects of influenza immunization; and 2. That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.   §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that-  (i) Before offering the pneumococcal immunization, each resident or the resident’s representative receives education regarding the benefits and potential side effects of the immunization;  (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated, or the resident has already been immunized;  (iii) The resident or the resident’s representative has the opportunity to refuse immunization; and  (iv)The resident’s medical record includes documentation that indicates, at a minimum, the following:   1. That the resident or resident’s representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and 2. That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.”[[4]](#footnote-4)   Note: “ACIP recommends that “both 23-valent pneumococcal polysaccharide vaccine (PPSV23) and 13-valent pneumococcal conjugate vaccine (PCV13) vaccines should be administered routinely in series to all adults aged ≥65 years.” ACIP explained that PPSV23 is effective in preventing invasive pneumococcal disease (IPD) but the effectiveness of PPSV23 in preventing non-bacteremic pneumococcal pneumonia has been inconsistent. ACIP expects administration of both PCV13 and PPSV23 will provide optimal protection against pneumococcal infections. The recommendations for adults aged <65 years are different than for adults aged ≥65 years so they should be vaccinated based on the ACIP recommendations for their age group. For more up-to-date information on timing and intervals between vaccines, please refer to ACIP vaccine recommendations located at <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>  And <https://www.cdc.gov/vaccines/schedules/hcp/index.html>”[[5]](#footnote-5)  Note: Additional immunizations (*e.g.,* tetanus, shingles) should also be considered for residents based upon CDC recommendations.  Note: Refer to state licensure laws regarding resident and healthcare worker requirements regarding tuberculosis testing/screening.  Note: Refer to Occupational Safety and Health Administration (OSHA) requirements for Hepatitis B vaccinations. | * Review/Update Facility-Wide Resource Assessment regarding prevalence of facility and community influenza and pneumococcal infections. * Review facility Emergency Plan for outbreak management of influenza as well as MDRO infections and other communicable diseases. * Review Quality Measures associated with influenza and pneumococcal immunizations. * Review physician approved policies for orders of influenza and pneumococcal vaccines. * Review systems of documenting education, administration, and refusals of influenza and pneumococcal immunizations. * Review systems of documenting other vaccinations. |

**References and Resources**

* Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf>

# Centers for Disease Control and Prevention (CDC) Infection Prevention Training: <https://www.cdc.gov/longtermcare/training.html>

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* Infection Prevention and Control Assessment Tool for Long-Term Care Facilities. <https://www.cdc.gov/infectioncontrol/pdf/icar/ltcf.pdf>
* LTC Survey Pathways (Download)
* <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes.html>
* CMS-20054 Infection Prevention, Control & Immunization
* CMS-20055 Kitchen Observation
* CMS-20061 Environment
* CMS 20082 Unnecessary Medications
* ACIP vaccine recommendations located at <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html> And <https://www.cdc.gov/vaccines/schedules/hcp/index.htm>
* Protecting Healthcare Personnel
* <https://www.cdc.gov/hai/prevent/ppe.html>
* Empowering Nurses to Protect Themselves and Their Patients: Nurses’ Role in Antibiotic Stewardship
* <https://www.youtube.com/watch?v=woR0phbOw8s>
* Association for Professionals in Infection Control and Epidemiology IC Risk Assessment Tool Form and IC Risk Assessment and Analysis (pg. 634): [www.apic.org](https://urldefense.proofpoint.com/v2/url?u=http-3A__www.apic.org&d=DwQFAg&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=e619p8B1PHn8vknwQ7KdQFaSjEZ7IPcO-ZalaVYDUqs&m=mYPXmUM8mF8li1QXPxrMuSp5FdmrL3PcKaXB2CNEz0o&s=SUw8OLZq_ha6iDZJXy6iZYNMiSw5yx_ZQ5Tt8Ve5LAg&e=)
* CDC’s National Healthcare Safety Network Long Term Care Criteria (pg. 637): [https://www.cdc.gov/nhsn/ltc/index.html](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.cdc.gov_nhsn_ltc_index.html&d=DwQFAg&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=e619p8B1PHn8vknwQ7KdQFaSjEZ7IPcO-ZalaVYDUqs&m=mYPXmUM8mF8li1QXPxrMuSp5FdmrL3PcKaXB2CNEz0o&s=fijgFOWByMg4LRKZEq8RlfC5eKAp7W-y8AQvC01I44Y&e=)
* CDC/SHEA Position Statement: Surveillance Definitions of Infections in Long-Term Care Facilities: Revisiting the McGeer Criteria or NHSN (pg. 638): [https://www.cdc.gov/nhsn/](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.cdc.gov_nhsn_&d=DwQFAg&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=e619p8B1PHn8vknwQ7KdQFaSjEZ7IPcO-ZalaVYDUqs&m=mYPXmUM8mF8li1QXPxrMuSp5FdmrL3PcKaXB2CNEz0o&s=ZI-lsf9QX_2AgpInDiwGSgtyvYDlS_eMZMK8v08n4lM&e=)
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* CDC Information on Disinfection and Sterilization (pg. 643): [https://www.cdc.gov/infectioncontrol/guidelines/Disinfection/index.html](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.cdc.gov_infectioncontrol_guidelines_Disinfection_index.html&d=DwQFAg&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=e619p8B1PHn8vknwQ7KdQFaSjEZ7IPcO-ZalaVYDUqs&m=mYPXmUM8mF8li1QXPxrMuSp5FdmrL3PcKaXB2CNEz0o&s=-YR0DqfXYza7QrULrheZovgcwq1dwH6t3ozUX97IzY4&e=)
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* CDC Clinical Reminder: Use of Fingerstick Devices on More than One Person Poses Risk for Transmitting Bloodborne Pathogens (pg. 646): [https://www.cdc.gov/injectionsafety/fingerstick-devicesbgm.html](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.cdc.gov_injectionsafety_fingerstick-2Ddevicesbgm.html&d=DwQFAg&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=e619p8B1PHn8vknwQ7KdQFaSjEZ7IPcO-ZalaVYDUqs&m=mYPXmUM8mF8li1QXPxrMuSp5FdmrL3PcKaXB2CNEz0o&s=sov8RirGntiOuBg6IIwBSyB7bQsCQyFNxaIG55Y55Wg&e=)
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2. [↑](#footnote-ref-2)
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4. Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-4)
5. Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-5)