

Infection Prevention and Control Program Evaluation Tool: Assisted Living Communities (ALC)

This tool is intended to assist LTC facilities (assisted living communities/facilities) in conducting their annual infection prevention and control (IPC) program assessment. The purpose of conducting the annual IPC program assessment is to assess for and identify gaps in the facility’s IPC program. By identifying program gaps, facilities will be able to identify opportunities for improvement and apply principles of quality improvement to improve, strengthen and sustain their infection prevention and control programs.

Areas that are addressed in this tool:

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. Environmental cleaning
7. COVID-19 and respiratory hygiene
8. Point-of-care testing
9. Linen management

Facility Demographics	
Facility Name	Click or tap here to enter text.
Date of Assessment	Click or tap here to enter text.
Type of Assessment	<input type="checkbox"/> Facility Self-Assessment <input type="checkbox"/> Group Assessment: <input type="checkbox"/> Virtual <input type="checkbox"/> On-site Names of those participating in the assessment: Click or tap here to enter text.
Facility type	<input type="checkbox"/> Nursing home <input type="checkbox"/> Intermediate care facility <input type="checkbox"/> Assisted living facility <input type="checkbox"/> Other (specify): Click or tap here to enter text.
Number of licensed beds	Click or tap here to enter text.

Facility Demographics	
Name of dedicated Infection Prevention Specialist (IPS) for facility:	Click or tap here to enter text.
Total hours per week dedicated by IPS to infection prevention and control activities	Click or tap here to enter text.
Is there a memory care unit at facility?	Click or tap here to enter text.

Q	Evaluation Criteria	Y/N/NA	Comments
1	Is there an effective Infection Prevention and Control (IPC) program in place according to the facility administrator?	Click or tap here to enter text.	Click or tap here to enter text.
2	Has an oversight committee/group for the community's IPC Program been established?	Click or tap here to enter text.	Click or tap here to enter text.
3	Has an individual been assigned to the role of Infection Prevention Specialist (IPS)?	Click or tap here to enter text.	Click or tap here to enter text.
	3a. If yes, has the IPS received specialized IPC training?	Click or tap here to enter text.	Click or tap here to enter text.
4	Are there are written policies related to infection control in place such as:	Click or tap here to enter text.	Click or tap here to enter text.
	4a. Basic infection control for the ALC	Click or tap here to enter text.	Click or tap here to enter text.
	4b. Standard precautions	Click or tap here to enter text.	Click or tap here to enter text.
	4c. Transmission-based precautions	Click or tap here to enter text.	Click or tap here to enter text.
	4d. Emergency response related to infection control needs including outbreaks	Click or tap here to enter text.	Click or tap here to enter text.

Q	Evaluation Criteria	Y/N/NA	Comments
	4e. Entry/work restriction of staff or visitors if communicable disease or illness	Click or tap here to enter text.	Click or tap here to enter text.
	4f. Resident management if communicable disease- or illness-related concerns	Click or tap here to enter text.	Click or tap here to enter text.
	4g. Environmental cleaning in occupied areas	Click or tap here to enter text.	Click or tap here to enter text.
	4h. Bloodborne Pathogens Exposure Control Program	Click or tap here to enter text.	Click or tap here to enter text.
	4i. Blood glucose monitoring and injection safety	Click or tap here to enter text.	Click or tap here to enter text.
5	Is there a current tuberculosis screening and testing program in place for new staff and residents and annual review?	Click or tap here to enter text.	Click or tap here to enter text.
6	Is there a current Hepatitis B vaccine program in place for staff that includes declination form completion and retention when applicable?	Click or tap here to enter text.	Click or tap here to enter text.
7	Is there a system in place for the community to notify point(s) of contact at the local or state health department for assistance or consultation when needed?	Click or tap here to enter text.	Click or tap here to enter text.
8	Is there a system for tracking and monitoring infections occurring in the community's residents?	Click or tap here to enter text.	Click or tap here to enter text.
9	Describe any prevention programs for residents or staff related to vaccine preventable illnesses that the ALC has in place.	Click or tap here to enter text.	Click or tap here to enter text.

Q	Evaluation Criteria	Y/N/NA	Comments
<p>NOTES: Click or tap here to enter text.</p>			

Program assessment completed by: Click or tap here to enter text.

The following gaps in the IC Program were identified on the annual assessment as follows:

1. Infection control program and infrastructure

Click or tap here to enter text.

2. Healthcare personnel and resident safety

Click or tap here to enter text.

3. Surveillance and disease reporting

Click or tap here to enter text.

4. Hand hygiene

Click or tap here to enter text.

5. Personal protective equipment (PPE)

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8. Point-of-care testing

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9. Linen management

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