

## Infection Prevention and Control Program Evaluation Tool: Skilled Nursing Facilities (SNF)

This tool is intended to assist LTC facilities (including Nursing Homes, Intermediate Care and Skilled Nursing Homes) 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:**

- I. Infection Control Program and Infrastructure
- II. Healthcare Personnel and Resident Safety
- III. Surveillance and Disease Reporting
- IV. Hand Hygiene
- V. Personal Protective Equipment (PPE)
- VI. COVID-19 and Respiratory Hygiene
- VII. Injection Safety and Point-of-Care Testing
- VIII. Antibiotic Stewardship
- IX. Environmental Cleaning
- X. Water Management Program

Facility Demographics	
<b>Facility Name</b>	Click or tap here to enter text.
<b>Date of Assessment</b>	Click or tap here to enter text.
<b>Type of Assessment</b>	<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.
<b>Facility type</b>	<input type="checkbox"/> Skilled nursing home <input type="checkbox"/> Nursing home <input type="checkbox"/> Intermediate care facility Other (specify): Click or tap here to enter text.
<b>Number of licensed beds</b>	Click or tap here to enter text.
<b>Name of dedicated Infection Preventionist (IP) for facility</b>	Click or tap here to enter text.
<b>Total hours per week dedicated by IP to infection prevention and control activities</b>	Click or tap here to enter text.
<b>Is there a Memory Care Unit at facility?</b>	Click or tap here to enter text.

## I. Infection Control Program and Infrastructure

Elements to be assessed	Assessment (Y/N/NA)	Notes/Areas for Improvement
a. The facility has a designated person who is responsible for coordinating the IC program.	Click or tap here to enter text.	Click or tap here to enter text.
b. The person responsible for coordinating the infection prevention program has received specialized training in IC. <i>Example of training may include successful completion of CMS/CDC Infection Preventionist for LTC on-line training.</i>	Click or tap here to enter text.	Click or tap here to enter text.
c. The facility has a process for formally reviewing infection surveillance trending data and infection prevention activities (e.g., presentation at QAPI committee, etc.).	Click or tap here to enter text.	Click or tap here to enter text.
d. Written infection control policies and procedures are available and <b>based on</b> evidence-based guidelines (e.g., CDC/HICPAC), reviewed at least annually or according to requirements. Must include the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> Basic infection control (group activities, dining, etc.)</li> <li><input type="checkbox"/> Standard precautions</li> <li><input type="checkbox"/> Transmission-based precautions (isolation)</li> <li><input type="checkbox"/> Emergency preparedness related to infection control needs including outbreak situations</li> <li><input type="checkbox"/> Bloodborne pathogens exposure control plan</li> </ul>	Click or tap here to enter text.	Click or tap here to enter text.

## Infection Control Domains

II. Healthcare Personnel and Resident Safety		
Elements to be assessed	Assessment (Y/N/NA)	Notes/Areas for Improvement
<b>Healthcare Personnel</b>		
a. The facility has work-exclusion policies concerning avoiding contact with residents when personnel have potentially transmissible conditions.	Click or tap here to enter text.	Click or tap here to enter text.
b. The facility educates personnel on prompt reporting of signs/symptoms of a potentially transmissible illness to a supervisor.	Click or tap here to enter text.	Click or tap here to enter text.
c. The facility has a policy to assess new personnel for baseline TB screening; annual healthcare personnel risk for TB (based on regional, community data) and requires periodic (at least annual) TB screening if indicated.	Click or tap here to enter text.	Click or tap here to enter text.
d. The facility offers Hepatitis B vaccination to all personnel (within 10 days of hire) who may be exposed to blood or body fluids as part of their job duties.	Click or tap here to enter text.	Click or tap here to enter text.
e. The facility offers all personnel influenza vaccination annually.	Click or tap here to enter text.	Click or tap here to enter text.
f. The facility maintains written records of personnel influenza vaccination from the most recent influenza season.	Click or tap here to enter text.	Click or tap here to enter text.
g. Facility offers COVID-19 vaccination or resources for obtaining prior to start date for new employees and as appropriate for boosters for existing staff.	Click or tap here to enter text.	Click or tap here to enter text.
h. All personnel receive training and competency validation at time of employment as well as annually on managing a bloodborne pathogen exposure, hand hygiene, standard precautions and transmission-based precautions.	Click or tap here to enter text.	Click or tap here to enter text.

## II. Healthcare Personnel and Resident Safety

Elements to be assessed	Assessment (Y/N/NA)	Notes/Areas for Improvement
<b>Resident Safety</b>		
a. The facility currently has a written policy to assess risk for TB (based on regional, community data) and provide screening to residents on admission.	Click or tap here to enter text.	Click or tap here to enter text.
b. The facility documents resident immunization status for pneumococcal vaccination at time of admission.	Click or tap here to enter text.	Click or tap here to enter text.
c. The facility offers COVID-19 vaccinations/boosters as well as annual influenza vaccinations to residents.	Click or tap here to enter text.	Click or tap here to enter text.

## III. Surveillance and Disease Reporting

Elements to be assessed	Assessment (Y/N/NA)	Notes/Areas for Improvement
a. Does the facility have a written procedure for how to perform screening on new admissions for potentially infectious illnesses/diseases?	Click or tap here to enter text.	Click or tap here to enter text.
b. Does the facility have a written surveillance plan outlining the facility activities that should be monitored, including outcomes (i.e., infections) and processes (i.e., hand hygiene compliance)?	Click or tap here to enter text.	Click or tap here to enter text.
c. Are there systems in place so that clinical information related to infection control reasons is passed on when residents are transferred to other care settings (dialysis, transitional care, etc.)	Click or tap here to enter text.	Click or tap here to enter text.
d. Is there also a system to assure information is passed back to the facility when the resident is admitted to the hospital for management of suspected infections including sepsis?	Click or tap here to enter text.	Click or tap here to enter text.

### III. Surveillance and Disease Reporting

Elements to be assessed	Assessment (Y/N/NA)	Notes/Areas for Improvement
e. Is there a system in place that assures that the infection preventionist is notified when COVID-19, <i>C. difficile</i> , <i>C. auris</i> or other antibiotic resistant organisms are reported by a laboratory?	Click or tap here to enter text.	Click or tap here to enter text.

### IV. Hand Hygiene

Elements to be assessed	Assessment (Y/N/NA)	Notes/Areas for Improvement
a. Hand hygiene (HH) policies promote preferential use of alcohol- based hand rub (ABHR) over soap and water in most clinical situations. <i>Note: Soap and water should be used when hands are visibly soiled and is also preferred after caring for a patient with known or suspected C. difficile or norovirus during an outbreak or if rates of C. diff infection in the facility are persistently high.</i>	Click or tap here to enter text.	Click or tap here to enter text.
b. The facility routinely conducts audits of compliance with hand hygiene policy, reporting data to the organization through infection control oversight committee (i.e., QAPI, etc.) so that rates and trends are monitored and improvement projects developed when indicated.	Click or tap here to enter text.	Click or tap here to enter text.
c. The facility provides feedback to personnel regarding their HH performance.	Click or tap here to enter text.	Click or tap here to enter text.
d. 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).	Click or tap here to enter text.	Click or tap here to enter text.

V. Personal Protective Equipment (PPE)		
Elements to be assessed	Assessment (Y/N/NA)	Notes/Areas for Improvement
a. Appropriate personnel receive job-specific training and competency validation on proper use of PPE at the time of employment, as well as annually.	Click or tap here to enter text.	Click or tap here to enter text.
b. The facility routinely audits (monitors and documents) adherence to PPE use (e.g., adherence when indicated, donning/ doffing).	Click or tap here to enter text.	Click or tap here to enter text.
c. The facility provides feedback to personnel regarding their PPE use.	Click or tap here to enter text.	Click here to enter text.
d. 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).	Click or tap here to enter text.	Click here to enter text.

VI. COVID-19 Protocols and Respiratory Hygiene		
Elements to be assessed	Assessment (Y/N/NA)	Notes/Areas for Improvement
a. The facility has signs posted at entrances with instructions to individuals with symptoms of respiratory infection to practice proper respiratory etiquette.	Click or tap here to enter text.	Click or tap here to enter text.
b. The facility has policy for screening visitors and staff for COVID-19 prior to entry.	Click or tap here to enter text.	Click or tap here to enter text.
c. The facility provides hand hygiene stations and source control PPE (i.e., masks or respirators as indicated) at point of entry.	Click or tap here to enter text.	Click or tap here to enter text.
d. The facility educates family and visitors to notify staff and take appropriate precautions if they are having symptoms of respiratory infection during their visit?	Click or tap here to enter text.	Click or tap here to enter text.

VI. COVID-19 Protocols and Respiratory Hygiene		
Elements to be assessed	Assessment (Y/N/NA)	Notes/Areas for Improvement
e. Educational material and signs are posted at point of entry and throughout facility for staff, visitors and residents on prevention information related to COVID-19 and other respiratory pathogens.	Click or tap here to enter text.	Click or tap here to enter text.

VII. Antibiotic Stewardship		
Elements to be assessed	Assessment (Y/N/NA)	Notes/Areas for Improvement
a. The facility has identified individuals accountable for leading antibiotic stewardship activities.	Click or tap here to enter text.	Click or tap here to enter text.
b. The facility has written policies on antibiotic prescribing including use of protocols and a system to monitor antibiotic use.	Click or tap here to enter text.	Click or tap here to enter text.
c. The facility has access to individuals with antibiotic prescribing expertise (e.g., ID trained physician or pharmacist).	Click or tap here to enter text.	Click or tap here to enter text.
d. The facility has a report summarizing antibiotic use from pharmacy data created within last 6 months.	Click or tap here to enter text.	Click or tap here to enter text.
e. The facility has provided training on antibiotic use (stewardship) to all clinical providers with prescribing privileges and to nursing staff within the last 12 months.	Click or tap here to enter text.	Click or tap here to enter text.

VIII. Injection Safety and Point-of-Care Testing		
Elements to be assessed	Assessment (Y/N/NA)	Notes/Areas for Improvement
a. 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).	Click or tap here to enter text.	Click or tap here to enter text.
b. Personnel who perform point of care testing (e.g., AMBG) receive training and	Click or tap here to enter	Click or tap here to enter text.

VIII. Injection Safety and Point-of-Care Testing		
Elements to be assessed	Assessment (Y/N/NA)	Notes/Areas for Improvement
competency validation on injection safety procedures at time of employment and also annually.	text.	
c. The facility routinely audits (monitors and documents compliance rates) of staff adherence to approved policies for injection safety procedures during point of care testing (e.g., AMBG) and provides feedback to personnel regarding adherence rates of compliance.	Click or tap here to enter text.	Click or tap here to enter text.
d. 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).	Click or tap here to enter text.	Click or tap here to enter text.
e. The facility has policies and procedures to track personnel access to controlled substances to prevent narcotics theft/drug diversion.	Click or tap here to enter text.	Click or tap here to enter text.

IX. Environmental Cleaning		
Elements to be assessed	Assessment (Y/N/NA)	Notes/Areas for Improvement
a. Appropriate personnel receive job-specific training and competency validation on cleaning and disinfection procedures at the time of employment.	Click or tap here to enter text.	Click or tap here to enter text.
b. Appropriate personnel received job-specific training and competency validation on cleaning and disinfection procedures within the past 12 months.	Click or tap here to enter text.	Click or tap here to enter text.
c. The facility has written cleaning/disinfection policies which include routine and terminal cleaning and disinfection of resident rooms including those on transmission-based precautions.	Click or tap here to enter text.	Click or tap here to enter text.
d. The facility utilizes an EPA hospital registered disinfectant that has been approved by the infection Control Committee oversight for cleaning and disinfecting in resident care areas and	Click or tap here to enter text.	Click or tap here to enter text.



IX. Environmental Cleaning		
Elements to be assessed	Assessment (Y/N/NA)	Notes/Areas for Improvement
on healthcare related surfaces and equipment.		
e. The facility has written cleaning/disinfection policies which include handling of equipment shared among residents (e.g., blood pressure cuffs) and for cleaning and disinfection of high-touch surfaces in common areas.	Click or tap here to enter text.	Click or tap here to enter text.
f. Facility has policies and procedures to ensure that reusable medical devices (e.g., blood glucose meters, wound care equipment, podiatry equipment, etc.) are cleaned and reprocessed appropriately prior to use on another patient.	Click or tap here to enter text.	Click or tap here to enter text.
g. The facility routinely audits (monitors and documents) quality of cleaning and disinfection procedures.	Click or tap here to enter text.	Click or tap here to enter text.
h. The facility provides feedback to personnel regarding the quality of cleaning and disinfection procedures.	Click or tap here to enter text.	Click or tap here to enter text.
i. Supplies necessary for appropriate cleaning and disinfection procedures are available (including products labeled as effective against <i>C. difficile</i> and norovirus). Note: <i>If environmental services are performed by contract personnel, facility should verify that appropriate EPA-registered products are provided by contracting company.</i>	Click or tap here to enter text.	Click or tap here to enter text.

X. Water Management Program		
Elements to be assessed	Assessment (Y/N/NA)	Notes/Areas for Improvement
a. Facilities must develop and adhere to policies and procedures that inhibit microbial growth in building water systems that reduce the risk of growth and spread of legionella and other opportunistic pathogens in water.	Click or tap here to enter text.	Click or tap here to enter text.

## X. Water Management Program

Elements to be assessed	Assessment (Y/N/NA)	Notes/Areas for Improvement
b. Has the facility used the CDC's Water Management Toolkit for Healthcare to conduct a risk assessment and action plan from? <a href="https://www.cdc.gov/legionella/wmp/toolkit/index.html">https://www.cdc.gov/legionella/wmp/toolkit/index.html</a>	Click or tap here to enter text.	Click or tap here to enter text.

**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:

**I. Infection Control Program and Infrastructure**

Click or tap here to enter text.

**II. Healthcare Personnel and Resident Safety**

Click or tap here to enter text.

**III. Surveillance and Disease Reporting**

Click or tap here to enter text.

**IV. Hand Hygiene**

Click or tap here to enter text.

**V. Personal Protective Equipment (PPE)**

Click or tap here to enter text.

**VI. COVID-19 and Respiratory Hygiene**

Click or tap here to enter text.

**VII. Injection Safety and Point-of-Care Testing**

Click or tap here to enter text.

**VIII. Antibiotic Stewardship**

Click or tap here to enter text.

**IX. Environmental Cleaning**

Click or tap here to enter text.

**X. Water Management Program**

Click or tap here to enter text.