

Infection Prevention in Long Term Care (LTC)

Healthcare-associated Infections Program
Center for Healthcare Quality
California Department of Public Health



Objectives

- Review the elements of an Infection Prevention program in long term care facilities
- Describe the regulatory and CMS requirements for skilled nursing facilities (SNF)
- Explain standard, transmission-based precautions, and Enhanced Barrier Precautions (EBP) in SNF
- Review procedure for housekeeping practices (environmental services or EVS) and California considerations for EBP
- Discuss infection prevention surveillance and its importance in infection prevention
- Identify resources available for infection preventionists

What is an Infection Prevention Program?

- A LTC infection prevention (IP) program includes evidence-based practices to prevent healthcare-associated infections (HAI) and provide safe, quality resident care

What makes an effective LTC IP program?

- An effective IP program must be managed by a trained infection preventionist who ensures that written infection prevention policies and procedures are adhered to by healthcare providers (HCP)
- Active administrative support and an engaged staff are essential to an effective IP program

What Makes an IP Program Effective In a Facility?

An effective IP program must engage participation from multiple disciplines facility wide

- Administration
- Nursing
- Environmental Services
- Pharmacy
- Dietary
- Engineering/facilities management
- Other ancillary departments (Activities, therapy, for example)

Core Infection Prevention Practices

For Use in All Health Care Settings at All Times

- ☐ Visible, tangible leadership support for infection control
- ☐ Infection prevention training for all HCP
- ☐ Resident, family, caregiver HAI prevention education
- ☐ Performance monitoring and feedback
- ☐ Early, prompt removal of invasive devices
- ☐ Occupational health
- ☐ Standard precautions
 - ☐ Hand hygiene
 - ☐ Environmental cleaning and disinfection
 - ☐ Injection safety, medication safety
 - ☐ Assess risk, use PPE appropriately
 - ☐ Minimize potential exposures
 - ☐ Clean and reprocess reusable medical equipment
- ☐ Transmission-based precautions as necessary

[Establishing an Effective Infection Prevention and Control Program in SNF \(ca.gov\)](https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_EstablishingIC_Program.aspx)
(https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_EstablishingIC_Program.aspx)

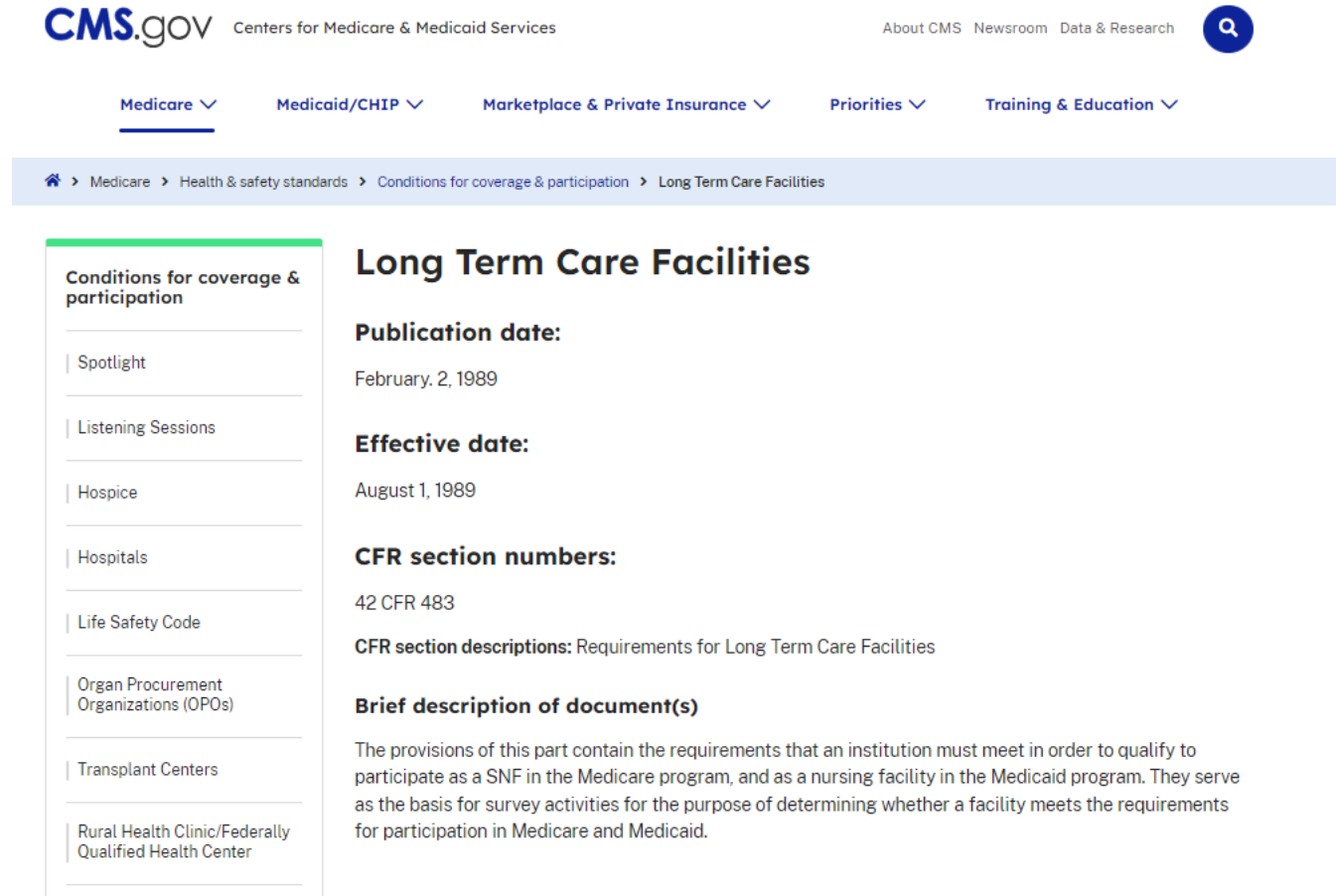
What Other Elements Should be Included in a LTC IP Program?

Antibiotic Stewardship Program

Includes:

- Element 1: Leadership commitment
- Element 2: Accountability of leader for ASP outcomes
- Element 3: Drug expertise access
- Element 4: Action to implement at least one intervention to improve antibiotic use
- Element 5: Tracking antibiotic use practices and outcomes
- Element 6: Reporting antibiotic use to physicians, nurses and relevant staff
- Element 7: Education for clinical providers and nursing staff on rationale and goals

CMS Requirements for LTC Facilities



The screenshot displays the CMS.gov website. At the top, the CMS.gov logo is followed by the text 'Centers for Medicare & Medicaid Services'. To the right are links for 'About CMS', 'Newsroom', and 'Data & Research', along with a search icon. Below this is a navigation bar with dropdown menus for 'Medicare', 'Medicaid/CHIP', 'Marketplace & Private Insurance', 'Priorities', and 'Training & Education'. The 'Medicare' dropdown is open, showing a breadcrumb trail: 'Home > Medicare > Health & safety standards > Conditions for coverage & participation > Long Term Care Facilities'. The main content area is titled 'Long Term Care Facilities'. It includes sections for 'Publication date:' (February 2, 1989), 'Effective date:' (August 1, 1989), 'CFR section numbers:' (42 CFR 483), and 'CFR section descriptions:' (Requirements for Long Term Care Facilities). A 'Brief description of document(s)' section follows, stating that the provisions require institutions to meet certain criteria to participate as a SNF in Medicare or a nursing facility in Medicaid. On the left side of the main content, there is a sidebar titled 'Conditions for coverage & participation' with a list of links: 'Spotlight', 'Listening Sessions', 'Hospice', 'Hospitals', 'Life Safety Code', 'Organ Procurement Organizations (OPOs)', 'Transplant Centers', and 'Rural Health Clinic/Federally Qualified Health Center'.

Conditions for coverage & participation

- Spotlight
- Listening Sessions
- Hospice
- Hospitals
- Life Safety Code
- Organ Procurement Organizations (OPOs)
- Transplant Centers
- Rural Health Clinic/Federally Qualified Health Center

Long Term Care Facilities

Publication date:
February 2, 1989

Effective date:
August 1, 1989

CFR section numbers:
42 CFR 483

CFR section descriptions: Requirements for Long Term Care Facilities

Brief description of document(s)
The provisions of this part contain the requirements that an institution must meet in order to qualify to participate as a SNF in the Medicare program, and as a nursing facility in the Medicaid program. They serve as the basis for survey activities for the purpose of determining whether a facility meets the requirements for participation in Medicare and Medicaid.

(<https://www.cms.gov/medicare/health-safety-standards/conditions-coverage-participation/long-term-care>)

Skilled Nursing Facility Surveys

- CDPH Licensing & Certification surveys SNFs every 6–16 months
 - SNF can be surveyed out of schedule and sooner than expected
 - Focus on facilities with prior outbreaks
- Surveyors assess compliance with state and federal standards
- Investigates complaints of abuse and infectious disease concerns
 - SNF visited immediately when those are reported
- Revisits if high risk findings are found during a survey

[CDPH CHCQ LCP Pages](http://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/Regulations.aspx)

(www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/Regulations.aspx)

California Title 22 Regulations

- Division 5 Licensing and Certification of Health Facilities
 - Chapter 1 General Acute Care Hospital
 - Article 7 Administration
 - Chapter 2 Acute Psychiatric Hospital
 - **Chapter 3 Skilled Nursing Facilities**
 - Chapter 4 Intermediate Care Facilities
 - Chapter 7 Primary Care Clinics
 - Chapter 7.1 Specialty Clinics
 - Article 6 Hemodialyzer Reuse
 - Chapter 12 Correctional Treatment

[Title 22 Regulations \(ca.gov\)](https://www.cdss.ca.gov/ord/entres/getinfo/pdf/rcfci3.pdf)

(<https://www.cdss.ca.gov/ord/entres/getinfo/pdf/rcfci3.pdf>)

Reportable Diseases and Conditions – Title 17

- All cases of reportable diseases **shall** be reported to the local health officer
 - Reportable conditions may vary by local health jurisdiction
 - California Confidential Morbidity Report (CMR) form is used to report all conditions except TB
 - Local public health should be consulted for specific requirements, forms, method of reporting

[Title 17, California Code of Regulations \(CCR\) 2500, 2593, 2641.5-2643.20, and 2800-2812 Reportable Diseases and Conditions](#)

(<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/ReportableDiseases.pdf>)

Standard Precautions in LTC

- Hand hygiene
- Alcohol hand rub is acceptable for hand hygiene, unless hands are visibly soiled, or during a C. difficile or norovirus outbreak
- Use soap and water when hands are visibly soiled
- Environmental cleaning and disinfection
- Injection and medication safety
- Assess the risk of transmission in task to be performed to select appropriate personal protective equipment (PPE) including gloves, gowns, face masks
- Minimize potential exposures through respiratory hygiene and cough etiquette
- Reprocessing reusable medical equipment between each resident and when soiled

Transmission-based Precautions As Necessary

- Additional precautions needed for residents with documented or suspected diagnoses where contact with the resident, their body fluids, or their environment presents a transmission risk despite adherence to Standard Precautions
- Includes the use of appropriate PPE specific to the mode of pathogen transmission
 - Contact
 - Droplet
 - Airborne precautions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-24-08-NH

DATE: March 20, 2024

TO: State Survey Agency Directors

FROM: Director, Quality, Safety & Oversight Group (QSOG)

SUBJECT: Enhanced Barrier Precautions in Nursing Homes

Memorandum Summary

- CMS is issuing new guidance for State Survey Agencies and long term care (LTC) facilities on the use of enhanced barrier precautions (EBP) to align with nationally accepted standards.
- EBP recommendations now include use of EBP for residents with chronic wounds or indwelling medical devices during high-contact resident care activities regardless of their multidrug-resistant organism status.
- The new guidance related to EBP is being incorporated into F880 Infection Prevention and Control.

[CMS QSO-24-08-NH](https://www.cms.gov/files/document/qso-24-08-nh.pdf)

(<https://www.cms.gov/files/document/qso-24-08-nh.pdf>)

What Happened to CDPH's Enhanced Standard Precautions?

- Because California nursing homes are now required per CMS QSO-24-08-NH to implement CDC's EBP, CDPH has "retired" our Enhanced Standard Precautions (ESP) guidance
- CDPH's ESP was based on the same core principles as EBP, so SNFs that previously implemented CDPH's ESP should be well-positioned to be in compliance with the CMS requirements for EBP implementation
- California SNFs should **refer to CDC's EBP guidance and FAQs:**
<https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/ppe.html>
<https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html>

(<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-24-15.aspx>)

The *Moments* of Enhanced Barrier Precautions

- Hand hygiene

During **high-contact** resident care activities:

- Dressing
- Bathing/showering
- Transferring
- Providing hygiene
- Handling soiled or changing linens (bed linens or resident clothing)
- Changing briefs, or assisting with toileting
- Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator
- Wound care: any skin opening requiring a dressing

What are Enhanced Barrier Precautions?

- Multidrug-resistant organism (MDRO) transmission is common in skilled nursing facilities, contributing to substantial resident morbidity and mortality and increased healthcare costs
- Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce transmission of resistant organisms that employs targeted gown and glove use during high contact resident care activities
- EBP may be indicated (when Contact Precautions do not otherwise apply) for residents with any of the following:
 - Wounds or indwelling medical devices, regardless of MDRO colonization status
 - Infection or colonization with an MDRO

[CDC Enhanced Barrier Precautions](https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/ppe.html?CDC_AAref_Val=https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html)

(www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/ppe.html?CDC_AAref_Val=https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html)

Why Does EBP Apply to All Residents with Wounds or Indwelling Medical Devices, Regardless of MDRO Status?

More than 50% of nursing home residents are colonized with an MDRO

- These residents can serve as sources of MDRO transmission and outbreaks within facility
- Residents' MDRO colonization status is frequently unknown to the facility

Indwelling medical devices and wounds are risk factors for MDRO colonization

- Use of EBP for residents with wounds or indwelling medical devices is intended to protect high-risk residents
 - Prevents acquisition of an MDRO especially during MDRO outbreaks
 - Serve as a source of transmission if they have already become colonized

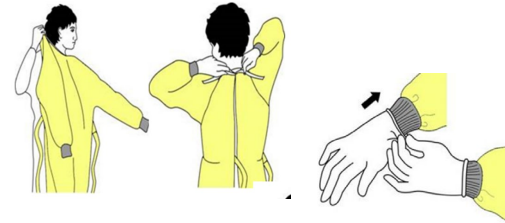
Who Needs Enhanced Barrier Precautions?

- All residents with *any of the following*:
 - Infection or colonization with an MDRO *when Contact Precautions do not apply*
 - Wounds
 - Indwelling medical devices *regardless of MDRO colonization status*
- Urinary catheter
- Central lines/intravenous catheters
- Artificial ventilation
- G-tubes
- Other external devices
- Unhealed wounds
 - Drainage leads to environmental contamination



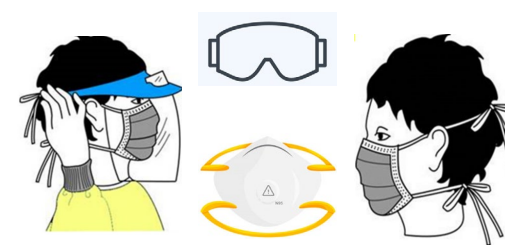
What are the Tools of Enhanced Barrier Precautions?

Hand hygiene
(hand sanitizer or
soap and water)



Personal protective
equipment (PPE):
gloves, gowns

Environmental
cleaning (EVS)+



Personal protective
equipment (PPE):
mask or N95 and
eye protection*

**Per standard precautions, if splash anticipated, or if the resident has an infection that is transmitted via respiratory secretions, add appropriate PPE (mask or N95, eye protection)*

+EVS (housekeeping) is a California consideration and not part of CDC's EBP

California Considerations for EVS: AFL 24-15

- EVS personnel should use gown and gloves while cleaning and disinfecting the area around residents on EBP
 - Removing soiled linen
 - Cleaning and disinfecting high-touch surfaces such as bed rails, remote controls, bedside tables or stands on or near the resident's bedspace
 - Terminal cleaning and disinfection of a EBP room
- EVS personnel need to
 - Remove their gown and gloves and perform hand hygiene before cleaning and disinfecting the next resident's bedspace in an EBP room
 - Using gown and gloves for high-contact cleaning and disinfecting activities around the next resident's bedspace will depend on whether the next resident is also on EBP or on Contact Precautions

[Enhanced Barrier Precautions: Additional Considerations for CA SNFs](http://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/EBP_AdditionalConsiderationsForCA_SNF.pdf)

(www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/EBP_AdditionalConsiderationsForCA_SNF.pdf)

Cleaning and Disinfecting the Environment (*Including Additional Considerations for CA SNFs*)

- Use hand hygiene, gowns and gloves when cleaning the environment

Examples of high-contact activities for which EVS personnel should use gown and gloves while cleaning and disinfecting the environment around residents on EBP:

- Removing soiled linen
- Cleaning and disinfecting high-touch surfaces such as bed rails, remote controls, bedside tables or stands on or near the resident's bedspace
- Terminal cleaning and disinfection



[Project Firstline EVS Toolkit \(ca.gov\)](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ProjectFirstlineEVSToolkit.aspx)

(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ProjectFirstlineEVSToolkit.aspx)

[Enhanced Barrier Precautions: Additional Considerations for CA SNFs](http://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/EBP_AdditionalConsiderationsForCA_SNF.pdf)

(www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/EBP_AdditionalConsiderationsForCA_SNF.pdf)

More Housekeeping Guidance With CA Considerations

- For routine, daily cleaning and disinfection of the room when the areas immediately surrounding the resident are not touched
 - Taking out the trash
 - Cleaning and disinfecting high touch surfaces such as light switches and door handles in common areas of the room
- EVS staff perform hand hygiene before entering the room and use gloves, but a gown is not generally necessary
- When leaving the room, EVS personnel remove their gloves and perform hand hygiene

Gown and Glove Use by Visitors/Family/Caregivers

- Visitors and family members need to wear gown and gloves only when they are participating in high-contact care activities for a resident on EBP
 - Example: Assisting with morning or evening care
 - Feeding when repositioning is required
 - Taking resident to the toilet
- Visitors should always perform hand hygiene upon entry to and exit from the room

Taking the EBP Resident Out of the Room

- Residents on EBP are not restricted to their rooms or limited from participation in group activities or communal dining
- When preparing a resident on EBP to leave their room, SNF healthcare personnel (HCP) should perform hand hygiene and wear a gown and gloves in the room, remove it, perform hand hygiene again, and transport without PPE unless required
- HCP need to ensure that the resident's secretions/excretions are contained and that the resident performs hand hygiene and puts on clean personal clothing or gown HCP should then remove their gown and gloves and perform hand hygiene before assisting the clean resident to leave the room

Resident Transfers to Another Facility (*Interfacility*)

- In addition to steps for intrafacility transfer:
 - May use gloves to assist resident into transport vehicle (van, car, ambulance)
 - Communicate resident risk factors for transmission to receiving facility
 - Use **intrafacility transfer form**; assign responsibility for completion
 - Phone call to receiving personnel for key MDRO such as CRE, *C. auris*

Early, prompt removal of invasive devices

- During each healthcare encounter, assess the medical necessity of any invasive device to identify the earliest opportunity for safe removal
- Vascular catheter
- Indwelling urinary catheter
- Feeding tube
- Ventilator
- Surgical drain

Applying Surveillance Definitions

- Always refer to written definitions to ensure accuracy of applying case definitions
 - Use standardized, published, validated definitions where available (NHSN, McGeer, Loeb)
- For accurate and valid comparisons, use the same definitions
 - If definitions change, the comparability of rates over time will be compromised

Loeb and McGeer Criteria

APPENDIX 1

LOEB CRITERIA FOR URINARY TRACT INFECTION

Syndrome	Loeb Criteria
Suspected Urinary Tract Infection	<p><u>No indwelling catheter:</u></p> <ul style="list-style-type: none"> • Acute dysuria alone <p>OR</p> <ul style="list-style-type: none"> • Fever ($>37.9^{\circ}\text{C}$ [100°F] or a 1.5°C [2.4°F] increase above baseline temperature) <p>AND</p> <p>at least one of the following, new or worsening:</p> <ul style="list-style-type: none"> • Urgency • Frequency • Suprapubic pain • Gross hematuria • Costovertebral angle tenderness • Urinary incontinence
	<p><u>With indwelling catheter (Foley or suprapubic):</u></p> <p>At least one of the following:</p> <ul style="list-style-type: none"> • Fever ($>37.9^{\circ}\text{C}$ [100°F] or a 1.5°C [2.4°F] increase above baseline temperature) • New costovertebral tenderness • Rigors with or without identified cause • New onset delirium



LOEB AND REVISED MCGEER CRITERIA

	Loeb Criteria	Revised McGeer Criteria
Purpose	Clinical criteria used to inform resident care decisions regarding initiation of antibiotics	Surveillance criteria used to count cases consistently
Data needed to apply the criteria	Clinical data (signs and symptoms of an infection) <i>See Appendix 2</i>	<ul style="list-style-type: none"> • Clinical data (signs and symptoms of an infection) • Lab results (e.g., WBC count) • Microbiology data (e.g., urine culture results) • Imaging results (e.g., chest X-ray that is positive for an infiltrate) <i>See Appendix 2</i>
When do these criteria apply?	During the initial clinical assessment of a resident with a suspected infection, even if infection has not been confirmed by diagnostic testing	Retrospective review of clinical data, which often are not available during the initial clinical assessment
Clinical utility	To inform clinical decision making on antibiotic initiation, often before diagnostic testing is available	To measure number of true infections and to estimate the incidence/prevalence of an infection
Caveat	Clinical criteria err on the side of caution and recommend empiric treatment for residents with a high likelihood of infection, not just confirmed infections. Therefore, these criteria are not appropriate for use retrospectively to count true infections.	Failure to meet surveillance definitions does not always mean there was no infection present and vice versa; a resident meeting the surveillance definition does not always mean that an antibiotic was indicated.

Tufts Medical Center



September 2021



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[Loeb-and-Revised-McGeer-Criteria.pdf \(infectioncontrolma.org\)](https://infectioncontrolma.org/docs/Loeb-and-Revised-McGeer-Criteria.pdf)

(<https://infectioncontrolma.org/docs/Loeb-and-Revised-McGeer-Criteria.pdf>)

NHSN: Symptomatic UTI (SUTI)

In resident without a Urinary Catheter or removed >2 calendar days prior to event, where day of catheter removal is equal to day one

Must meet criteria
1, or 2 or 3

Criteria -1

Either of the following:

- ☐ Acute dysuria
- ☐ Pain, swelling, or tenderness of testes, epididymis, or prostate

OR

Criteria -2

Either of the following:

- ☐ Fever
- ☐ Leukocytosis

and

ONE or more of the following:

- ☐ Costovertebral angle pain or tenderness
- ☐ Suprapubic pain
- ☐ Gross hematuria
- ☐ New or increased incontinence
- ☐ New or increased urgency
- ☐ New or marked increased frequency


OR

Criteria -3

Two or more of the following:

- ☐ Costovertebral angle pain or tenderness
- ☐ Suprapubic tenderness
- ☐ Gross hematuria
- ☐ New or increased incontinence
- ☐ New or increased urgency
- ☐ New or marked increased frequency

Sample LTC Surveillance Log

 **Daily Infection Prevention & Control Surveillance Tool**
For Long Term Care Facilities

◆ New symptoms must be reported to Infection Prevention & Control immediately
 ◆ The resident should be placed on appropriate precautions as soon as symptoms are noted

Date: _____ **Facility/ Unit:** _____ **Page:** _____ **of** _____

Resident Name/ MRN	Room	Date of Onset of Symptoms	Type of symptoms/positive lab results (Check all that apply)							Precautions Initiated		Signs & Symptoms for example... Respiratory: new onset fever, new or worsening cough, shortness of breath and/or pneumonia Gastrointestinal: vomiting and/or diarrhea UTI: urgency, frequency, dysuria, increased temperature	Initials
			Urinary Tract	Respiratory	Gastrointestinal	C.difficile	ESBL	MRSA	Soft Tissue Infection	Droplet	Contact		

Each shift must update this form as required.
 Night Shift must fax this form to 250-739-5934 (Nanaimo local) at the end of the shift.

To be reviewed: July 2012

Project Firstline

cdph.ca.gov/Programs/CHCQ/HAI/Pages/ProjectFirstline.aspx

Welcome to LHI.Care LA County Departm... Order of the State P... Interim Guidance fo... Enhanced Standard... NHSN login Ebola Resources - L... IHI ConsultantsList...

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California Department of PublicHealth

I am looking for I am a Programs A-Z Index

Home Programs Center for Health Care Quality Healthcare Associated Infections Project Firstline

HEALTHCARE-ASSOCIATED INFECTIONS (HAI) PROGRAM

Preventing HAI in Skilled Nursing Facilities
HAI Education for Healthcare Professionals
HAI Homepage

PROJECT FIRSTLINE
CDC's National Training Collaborative for Healthcare Infection Prevention & Control

California Department of PublicHealth

What is Project Firstline?

Project Firstline is a CDC-funded initiative that provides infection prevention and control education and training to frontline healthcare workers. In California, Project Firstline will focus specifically on Certified Nursing Assistants (CNA) in skilled nursing facilities (SNF). In coordination with public health infection prevention partners, Project Firstline's team of regionally-based infection prevention trainers will offer competency-based health education and training. Together we can reduce HAI in California SNF, and keep our residents safe and healthy!

Register for Training Sessions

The Sept-Oct courses are now available to register now on our [Project Firstline Registration page](#). A Certificate of Attendance is provided upon completion of the course evaluation. SNF are

About Us

Learn more about Project Firstline by reviewing our [Frequently Asked Questions \(FAQs\)](#).
Print our About Us Flyer (PDF) to distribute and

Trainings for CNAs include infection prevention basics



[CDPH Project Firstline](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ProjectFirstline.aspx)

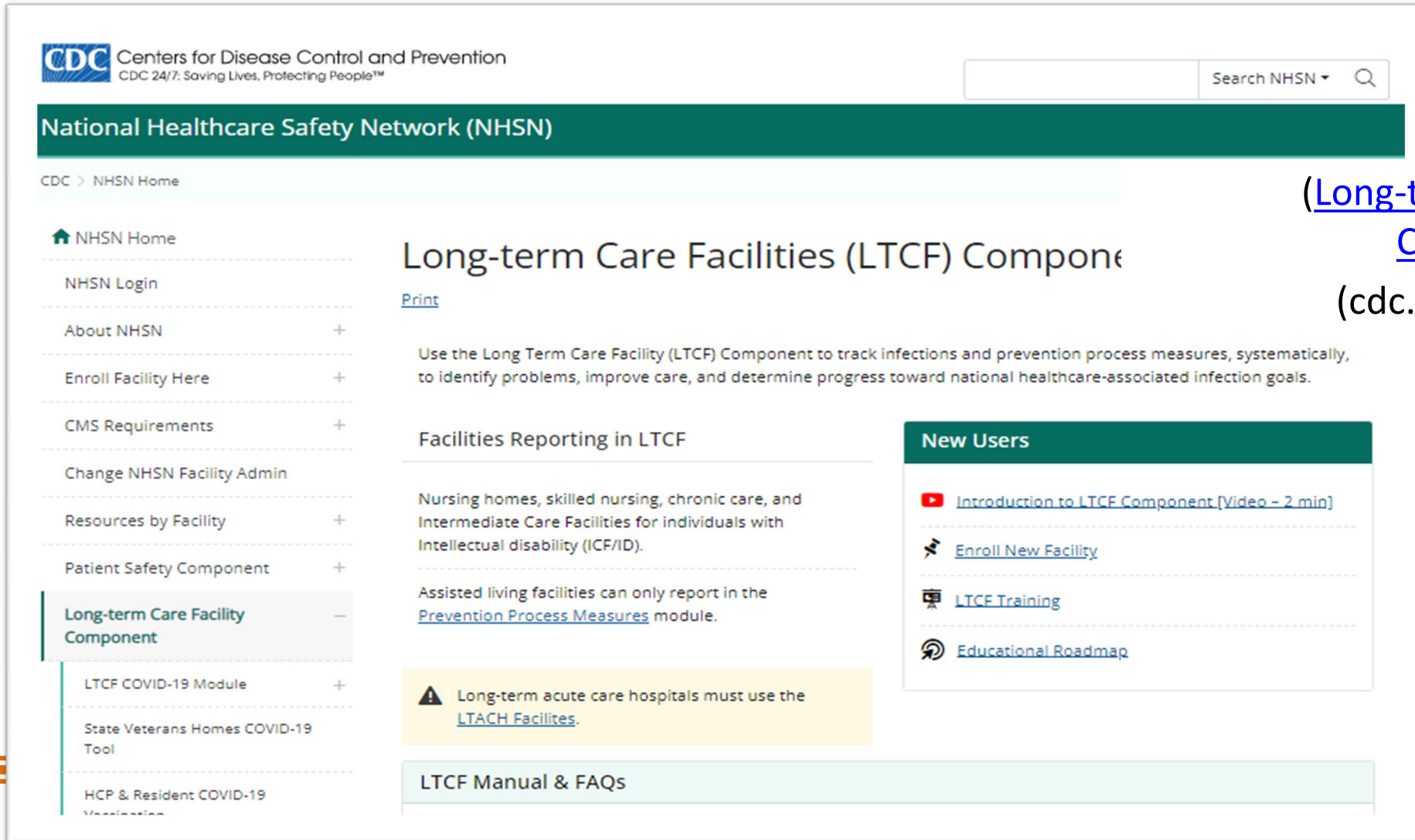
(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ProjectFirstline.aspx)

When to Contact the HAI Program

- For infection prevention **education and training** resources
- With **questions** about infection prevention and control policies, procedures, and recommended practices
- Conducting **onsite infection prevention assessments** in your jurisdiction's healthcare facilities
- For **assistance with investigation and response** to unusual infectious disease occurrences and outbreaks in healthcare facilities and other congregate settings in your jurisdiction
- To participate in statewide or regional HAI/antimicrobial resistance (AR) prevention collaboratives

Email: HAIProgram@cdph.ca.gov

NHSN Long Term Care Facility Website



The screenshot displays the NHSN Long Term Care Facility (LTCF) Component website. At the top, the CDC logo and text "Centers for Disease Control and Prevention" are visible, along with the tagline "CDC 24/7: Saving Lives, Protecting People™". A search bar labeled "Search NHSN" is located in the top right. Below the header, a green banner reads "National Healthcare Safety Network (NHSN)". The main content area is titled "Long-term Care Facilities (LTCF) Component" and includes a "Print" link. A sidebar on the left lists navigation options: "NHSN Home", "NHSN Login", "About NHSN", "Enroll Facility Here", "CMS Requirements", "Change NHSN Facility Admin", "Resources by Facility", "Patient Safety Component", "Long-term Care Facility Component" (which is expanded to show "LTCF COVID-19 Module", "State Veterans Homes COVID-19 Tool", and "HCP & Resident COVID-19 Vaccination"), and "LTCF Manual & FAQs". The main content area describes the purpose of the LTCF Component: "Use the Long Term Care Facility (LTCF) Component to track infections and prevention process measures, systematically, to identify problems, improve care, and determine progress toward national healthcare-associated infection goals." It also lists "Facilities Reporting in LTCF": "Nursing homes, skilled nursing, chronic care, and Intermediate Care Facilities for individuals with Intellectual disability (ICF/ID)." and "Assisted living facilities can only report in the Prevention Process Measures module." A "New Users" section provides links to "Introduction to LTCF Component [Video - 2 min]", "Enroll New Facility", "LTCF Training", and "Educational Roadmap". A yellow warning box states: "Long-term acute care hospitals must use the LTACH Facilities."

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Search NHSN

National Healthcare Safety Network (NHSN)

CDC > NHSN Home

NHSN Home

NHSN Login

About NHSN

Enroll Facility Here

CMS Requirements

Change NHSN Facility Admin

Resources by Facility

Patient Safety Component

Long-term Care Facility Component

LTCF COVID-19 Module

State Veterans Homes COVID-19 Tool

HCP & Resident COVID-19 Vaccination

Long-term Care Facilities (LTCF) Component

[Print](#)

Use the Long Term Care Facility (LTCF) Component to track infections and prevention process measures, systematically, to identify problems, improve care, and determine progress toward national healthcare-associated infection goals.

Facilities Reporting in LTCF

Nursing homes, skilled nursing, chronic care, and Intermediate Care Facilities for individuals with Intellectual disability (ICF/ID).

Assisted living facilities can only report in the [Prevention Process Measures](#) module.

New Users

- [Introduction to LTCF Component \[Video - 2 min\]](#)
- [Enroll New Facility](#)
- [LTCF Training](#)
- [Educational Roadmap](#)

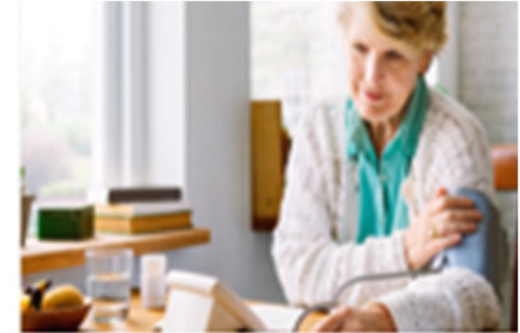
⚠ Long-term acute care hospitals must use the [LTACH Facilities](#).

LTCF Manual & FAQs

([Long-term Care Facilities \(LTCF\) Component | NHSN | CDC](https://www.cdc.gov/nhsn/ltc/index.html))
([cdc.gov/nhsn/ltc/index.html](https://www.cdc.gov/nhsn/ltc/index.html))

What Does APIC Have to Offer?

- LTC education
 - LTC Certificate
 - Webinars for CEUs
- APIC Text for Long-Term Care
- Publications:
 - *Prevention Strategist*
 - *American Journal of Infection Control*
- Guidelines to download
 - Free for all, free for members, or for a charge



Long-Term Care



An APIC Guide
2009

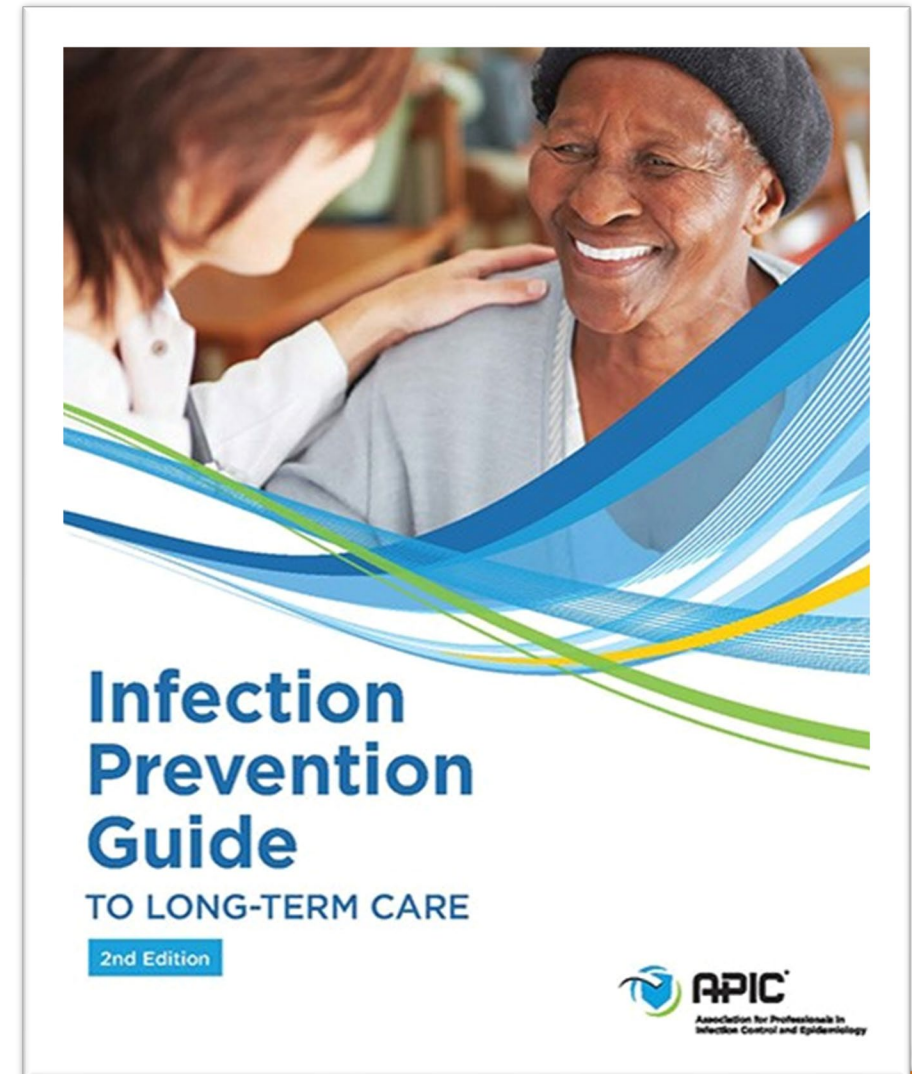
**Guide to the Elimination of
Methicillin-Resistant *Staphylococcus
aureus* (MRSA) in the Long-Term
Care Facility**

APIC's Infection Prevention Guide to LTC

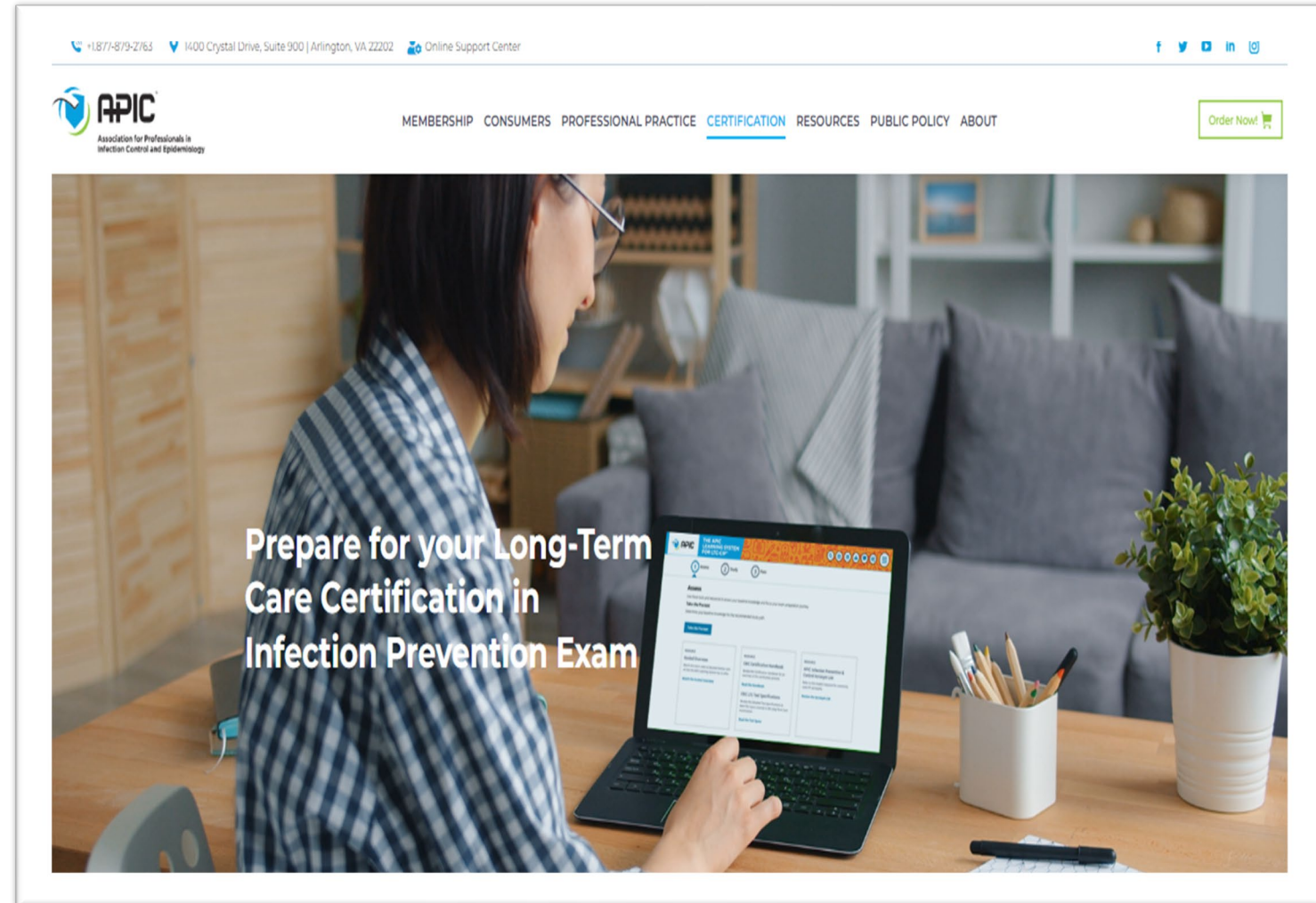
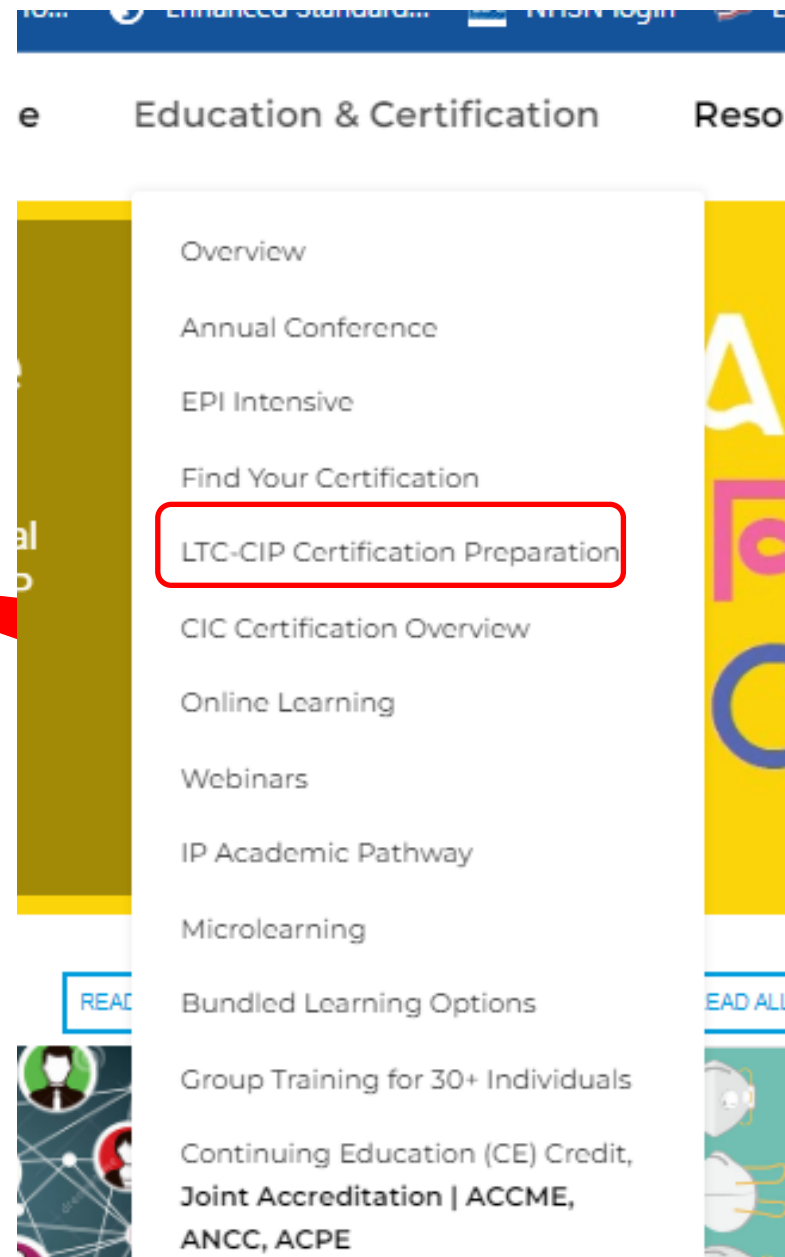
- Good resource for the new SNF Infection Preventionist
- Available templates for surveillance

[APIC Store](#)

(www.secure.apic.org/web/ItemDetail?iProductCode=SLS6008&Category=BOOKS)



LTC CIC Course from APIC



California Association for Health Facilities (CAHF)

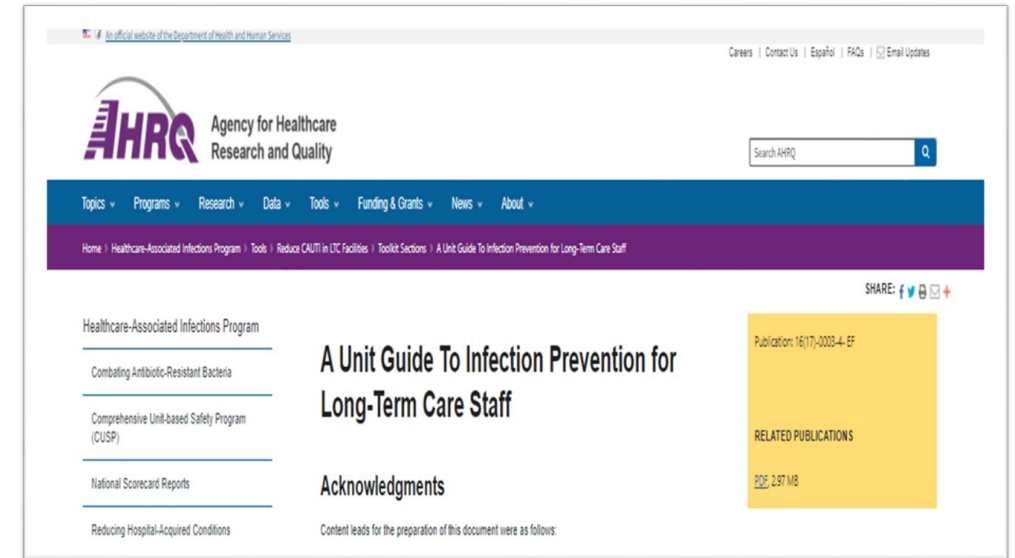
- CAHF is a non-profit trade association for SNF, and intermediate-care facilities for people with intellectual disabilities
- Provides CA's long term care facilities
 - Education and training
 - Legislative and regulatory advocacy
 - Insurance and membership benefits



[CAHF website](http://www.cahf.org/)
(www.cahf.org/)

Agency for Healthcare Research and Quality (AHRQ)

- Federal agency charged
 - with improving the safety and
 - quality of healthcare for all
 - Americans
- Develops knowledge, tools
 - & data to improve healthcare
- Helps consumers, healthcare
 - professionals and policymakers
 - make informed health decisions



[AHRQ Unit Guide To Infection Prevention for LTC Staff](http://www.ahrq.gov/hai/quality/tools/cauti-ltc/modules/resources/guides/infection-prevent.html)

(www.ahrq.gov/hai/quality/tools/cauti-ltc/modules/resources/guides/infection-prevent.html)

Leading Age California

- A non-profit organization that provides advocacy for quality, senior living and care through:
 - Advocacy
 - Education
 - Public Relations
- Represents non-profit providers of senior living and care and business services providers



PUBLIC POLICY

EDUCATION & EVENTS ▾

MEMBER COMMUNITY

INITIATIVES

RESOURCES

AGE ON. RAGE ON.



[EMERGE Leadership Development](http://leadingageca.org)
 [\(leadingageca.org\)](http://leadingageca.org)
 [\(www.leadingageca.org/emergeleadership\)](http://www.leadingageca.org/emergeleadership)

Questions?