Regulatory Compliance in Infection Control Long Term Care

Mary Gish, DNP, RN, NEA-BC, CIC
Lead Nurse Consultant
Infection Prevention and Control
Licensing and Certification

CDPH California Department of PublicHealth

Objectives

1) Verbalize an understanding of the Infection Prevention and Control related State and Federal Regulations that can be cited during a complaint investigation or recertification survey (F880, F881, F883).

2) Understand the components of an Infection Prevention and Control Program such as Risk Assessment, Annual Review, and Surveillance.

3) Be able to access key reference materials such as national guidelines and internet resources.

Title 22 – Infection Control Regulations for SNF

- 72321. Nursing Service– Patients with Infectious Diseases
- 72323. Nursing Service – Cleaning, Disinfecting and Sterilizing
- 72345. Dietetic Service – Sanitation
- 73247. Dietetic Service – Cleaning and Disinfection of Utensils
- 72535. Employees' Health Examination and Health Records
- 72537. Reporting of Communicable Diseases
- 72539. Reporting of Outbreaks
- 72541. Unusual Occurrences
- 72619. Space & Equipment for Autoclaving, Sterilizing & Disinfecting
- 72621. Housekeeping
- 72623. Laundry .
- 72625. Clean Linen
- 72627. Soiled Linen
- 72629. Provisions for Emptying Bedpans

CDPH California Department of PublicHealth

SNF Federal Infection Control Regulations

- SNFs: Main F-Tags: 334; 441; 454
- Some other potential related tags:
  - F201, §483.12(a)(2), Transfer and Discharge Requirements
  - F272, §483.20(b), Comprehensive Assessments
  - F274, §483.20(b), Significant Change Assessments
  - F279, §483.20(k)(1)(i), Comprehensive Care Plan
  - F280, §483.20(k)(2)(iii), Comprehensive Care Plan Revision
  - F329, §483.25(l), Unnecessary Drugs
  - F334, §483.25(l)(2)(n), Influenza and Pneumococcal Immunizations
  - F371, §483.35(i)(2), Sanitary Conditions
  - F454, §483.70(a)(6), Life Safety from Fire… ABHRs
  - F465, §483.70(h), Other Environmental Conditions
  - F498, §483.75(f), Proficiency of Nurse Aides

CDPH California Department of PublicHealth

Eff 11/2017 Federal Infection Control Regulations

- SNFs: Main F-Tags: 838, 880, 881, 883, 921
- Some other potential related tags:
  - F622, §483.15, Transfer and Discharge Requirements
  - F636, §483.20, Comprehensive Assessments
  - F637, §483.20(b)(2)(ii), Comp Assess after Significant Change
  - F656, §483.21(b), Comprehensive Care Plan
  - F658, §483.21(b)(3), Comprehensive Care Plan Revision
  - F725 or 726, §483035(a),(c) Nursing Services
  - F741, §483.40 Behavioral Health staff caring for residents with dementia
  - F801, §483.60(a) Food and Nutrition Staff
  - F812, §483.60(i), Sanitary Conditions
  - F925, §483.90(i)(4), Effective Pest Control Program
  - F839, §483.70(f), Staff Qualifications

CDPH California Department of PublicHealth

Infection Control Crosswalk

November 29, 2017 and after	Prior to November 2017
F622, §483.15, Transfer and Discharge Requirements	F201, §483.12(a)(2), Transfer and Discharge Requirements
F636, §483.20, Comprehensive Assessments	F272, §483.20(b), Comprehensive Assessments
F637, §483.20(b)(2)(ii), Comprehensive Assessment after Significant Change	F274, §483.20(b), Significant Change Assessments
F656, §483.21(b), Comprehensive Care Plan	F279, §483.20(k)(1)(i), Comprehensive Care Plan
F658, §483.21(b)(3), Comprehensive Care Plan Revision	F280, §483.20(k)(2)(iii), Comprehensive Care Plan Revision
F725 or 726, §483.35(a),(c) Nursing Services	
F741, §483.40 Behavioral Health staff caring for residents with dementia	
F801, §483.60(a) Food and Nutrition Staff	
F812, §483.60(i), Sanitary Conditions	F371, §483.35(i)(2), Sanitary Conditions
F835, §483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards.	F454, §483.70(a)(6), Life Safety from Fire… ABHRs
F839, §483.70(f), Staff Qualifications	F498, §483.75(f), Proficiency of Nurse Aides
F880, Infection Control	F441, Infection Control
F881, § 483.80(a)(2) Antibiotic Stewardship Program	F329, §483.25(l), Unnecessary Drugs
F882, §483.80(b), Infection Preventionist Nov 2019	
F883, §483.80(d) Influenza and Pneumococcal Immunizations	F334, §483.25(l)(2)(n), Influenza and Pneumococcal Immunizations
F925, §483.90(i)(4), Effective Pest Control Program	F465, §483.70(h), Other Environmental Conditions

CDPH California Department of PublicHealth

Infection Control Regulations for SNFs

F880

483.80 Infection Control

… establish and maintain an Infection Prevention and Control Program (IPCP) designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of *communicable* disease and infection.

Infection Control Regulations for SNFs

F880 Infection Prevention and Control Program must include the following parts:

1. A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases that:

    a. Covers all residents, staff, volunteers, visitors, and other individuals

    b. Is based on the individual facility assessment;

    a. Follows accepted national standards;

2. Written standards, policies and procedures in accordance with §483.80(a)(2);

3. A system for recording incidents identified under the IPCP and corrective actions taken by the facility; and

4. An antibiotic stewardship program (ASP) (F881)

CDPH California Department of PublicHealth

Infection Prevention and Control Program

Infection Control Risk Assessment

§483.70(e)

Considers potential hazards

Prioritizes

Most can lead to significant patient (or staff) harm.

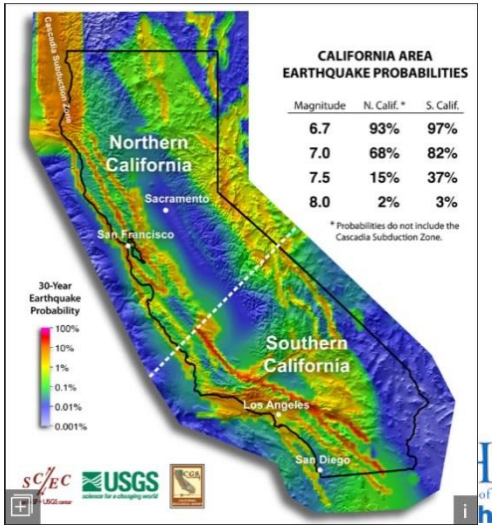
Infection Control Risk Assessment

F838

- §483.70(e) Facility assessment. The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually.

Elements to Consider

- Geography/Topography/Weather
- Population
- Communication
- Employees
- Environment
- Cleaning, Disinfection, Sterilization
- Risks for Infections
- Procedures performed
- Emergency Management
- Education and Competency Evaluation



2017 Infection Control Risk Assessment (Example Template)

Program Components	Probability of Performance- Failure				Impact (Clinical/Financial/ Resources)			Infection Prevention Systems				Scor
Potential Risks/Problems	High	Med	Low	Never	High	Moderate	Minimal	Poor	Fair	Good	Excellent	≥7
	3	2	1	0	3	2	1	3	2	1	0	
Mandatory (no opting out) Local, State and Federal Regulation (add 7 to all items in this column)												
Procedures HAI's												
Central Line Insertion												
Urinary Catheters												
Ventilators												
Prevention Activities												
Hand Hygiene program												
Standard Precautions												
TB screening of patients												
Appropriate prophylactic antibiotic												
Appropriate OR attire												
Environment												
Medication Refrigerator Temp logs												
Sterilization monitoring												
Infection from inadequate air handling												
Positive Pressure room monitoring												
Cleaning/high level disinfection process												
Construction/Renovation Program (ICRA's)												
Regulated Waste Management Program												

2017 Infection Control Risk Assessment (Example Template)

Program Components	Probability of Performance- Failure				Impact (Clinical/Financial/ Resources)			Infection Prevention Systems				Sco
Potential Risks/Problems	High	Med	Low	Never	High	Moderate	Minimal	Poor	Fair	Good	Excellent	≥7
	3	2	1	0	3	2	1	3	2	1	0	
Policy Procedures												
Current polices or procedures related to-infection control and prevention												
Established policy or procedures-safe injection practices												
Preparedness												
Bioterrorism Agents												
Norovirus/Influenza/Other Respiratory infections												
Outbreak												
Community ID Risk-Lice/scabies/bed bugs												
Employee Health												
Annual TB screening (TST/QFT)												
Annual Fit Testing												
Staff immunization program												
Bloodborne Pathogens Plan												
ATD/Tuberculosis Plan												
Multi Drug Resistance Organisms												
MRSA(Methicillin Resistant Staph aureus)												
C diff (Clostridium difficile)												
VRE (Vancomycin Resistant Enterococcus)												
ESBL/CRE(Extended Spectrum Beta lactam/Carbapenem Resistant Enterobacteriaceae)												

The Infection Control (IC) Risk Assessment grid is a visual tool to develop IC program priorities and stratify infection risks based on our geography, location in the community, and our patient population. The ann is developed based on these risks. The Risk Assessment is an ongoing, continual process. If an outbreak should occur it will take precedence over the IC Plan.

Zero- Process has been going well **Low or 1-** Processes are initiated and being followed **Med or 2-**The processes in place are working well and the outcomes are improving and sustaining **High or 3-** Training or sessions may need to be scheduled

Risk Assessment Completed on: Date_____ Name_____

Annual Review of the IPCP

F880, §483.80(f) Annual review.

The facility will conduct an annual review of its IPCP and update their program, as necessary.

Annual Review of the IPCP

- Dates of Review
- Did they consider outcomes from last year
- Did they base it on the Facility Risk Assessment
- Was it approved? By whom?
- Can you see evidence of the program at work through observation

Annual Review of the IC Program

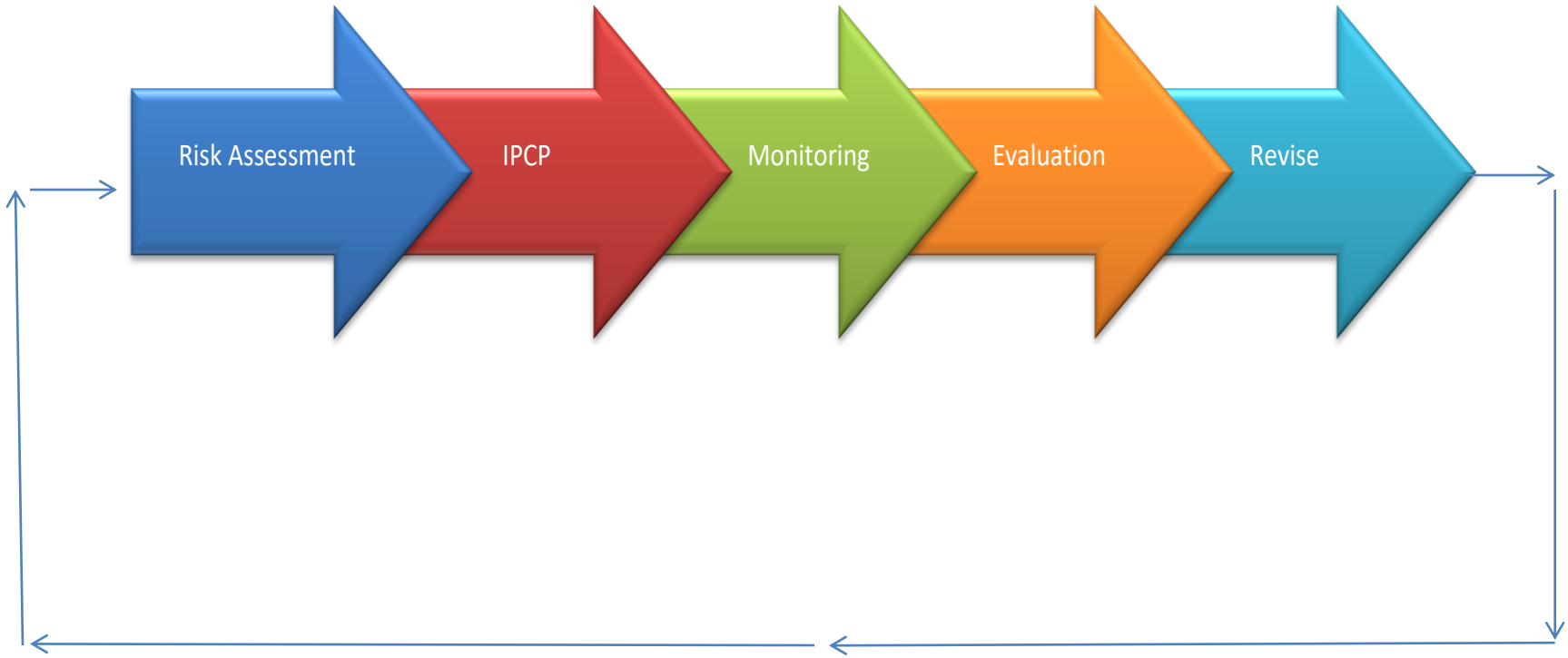


TABLE 9-1: Sample Infection Prevention and Control Yearly Progress Report

Goals	Objectives	Interventions	Evaluation/Program
1. Increase hand hygiene compliance	Increase hand hygiene compliance by 25% among all personnel, including physicians, in the next quarter	• Install more alcohol-based hand rubs in readily accessible areas.[5] • Install posters of facility staff performing hand hygiene in strategic locations. • Feed back electronic hand hygiene monitoring results to physicians and staff at monthly meetings.	Hand hygiene compliance increased by 30%—goal met!
2. Perform proper cleaning and high-level disinfection of endoscopes	Reprocessing technicians and nurses achieve 100% compliance with monitoring the high-level disinfectant before each use per manufacturer's written instructions for use[7–9] by second quarter of 2017	• Post instructions for use of specific test strips in reprocessing area. • Assign staff weekly to monitor process of testing before each use. • Continue training of all reprocessing staff and nurses. • Ensure that the process is included in staff competencies for high-level disinfection.	Compliance is 90%. To promote improvement, do the following: • Include vendor training on test strips. • Have each reprocessing staff member perform return demonstration of proper process per manufacturer's instructions. • Continue to monitor.
3. Practice safe injection technique	All staff prepare multidose vials of medications in clean areas (away from bedside) 100% of the time within the first quarter of 2017 in all dialysis clinics[10,11]	• Add pictures of proper process to screen savers in all clinics. • Educate staff on both shifts with checklist. • Use secret shoppers to observe for proper technique.	Compliance is 100%. Continue to monitor every other quarter.
4. Decrease sharps injuries in employees	Reduce scalpel injuries in surgical staff by 75% from last year's rate by the second quarter of this year	• Team of staff to trial and choose specific safety scalpels for use in surgical areas • Education/reeducation on proper use of devices chosen • Use physician champion to assist other surgeons in using a neutral zone for passing of sharps on the sterile field.	Scalpel injuries decreased by 75%—goal met!

CDPH California Department of PublicHealth

Infection Prevention and Control Program

CDPH California Department of PublicHealth

IPCP

F880, §483.80(a)(2)

Requires written standards, policies, and procedures for the program, which must include:

System of *surveillance* to identify possible communicable diseases or infections before they can spread to other persons in the facility

Infection Control Regulations for SNFs

F880 Interpretive Guidelines for Surveillance

- The facility must establish a system for surveillance based upon national standards of practice and the facility assessment, including the resident population and the services and care provided.

- The facility must establish routine, ongoing, and systematic collection, analysis, interpretation, and dissemination of surveillance data to identify infections (i.e., HAI and community-acquired), infection risks, communicable disease outbreaks, and to maintain or improve resident health status.

sur·veil·lance

/sərˈvāləns/

noun

close observation, especially of a suspected spy or criminal.
"he found himself put **under surveillance** by military intelligence"
synonyms: observation, scrutiny, watch, view, inspection, supervision; spying, espionage, infiltration, reconnaissance; *informal* bugging, wiretapping, recon
"we learned later that we had been under surveillance"

Source: https://www.google.com/search?q=surveillance+definition&oq=Surveillance&aqs=chrome.3.69i57j0l5.4844j0j8&sourceid=chrome&ie=UTF-8

CDPH California Department of PublicHealth

- What surveillance activities would you expect a LTC Facility to perform?

Surveillance Examples

- Process (Action Items)
  - Hand washing
  - PPE application
  - Standard or transmission based precautions
  - Visitor compliance with standard or transmission based precautions
  - Cleaning and disinfection of patient rooms, medical equipment
  - Use of glucometer
  - Foley catheter insertion and care
  - Ventilator care
  - Injection safety practices
  - Linen handling

Surveillance Examples

- Outcome
  - UTIs, CAUTIs (Catheter associated urinary tract infections)
  - VAEs (Ventilator associated events)
  - Respiratory illness
  - Skin and Tissue Infections (scabies, herpes zoster, herpes simplex)
  - Gastroenteritis (nausea, vomiting, diarrhea)
  - Clostridium difficile (colonization or infection)
  - MDROs
  - Immunization of residents
  - Immunization of employees
  - TB testing (employees and residents)
  - Endocarditis, hepatitis, septic arthritis, and abdominal infections.

CDPH California Department of PublicHealth

F880, §483.80(a)(4)

- System for recording incidents identified under the IPCP

VANCOUVER ISLAND health authority

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

CDPH California Department of PublicHealth

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

HSAG HEALTH SERVICES ADVISORY GROUP

Infection Prevention and Control Surveillance Sample Log

Facility: Starview Convalescent Center **Month and Year:** June 2012

*R= Recurrent, M=Maintenance, P=Prophylaxis (According to McGreer's Criteria) **I.P.S. = Invasive Procedure Site ***CAI= Community Associated Infection ****HAI = Healthcare Associated Infection

VRm.#	Resident Name	Admit Date	Onset Date	Urine	Respiratory	Skin	Ear/Eye	Blood	GI	Other	R/M/P*	I.P.S. (Foley)**	Fever	Signs and Symptoms	Change in Mental Status?	Organism on Culture	X-Ray (+/-)	Treatment	CAI***	HAI****	Does NOT meet Criteria	COMMENT
1A	Resident A	6/1 2012	6/3 2012	X								F C		Hematuria, pain		50,000 E. coli	0	Bactrim				Pt arrived evening of 6/1, and SX developed morning of 6/3.
2B	Resident B	5/2 2011	6/10 2012	X								0	100.2°F	Cloudy urine, sl confusion, temp elevated		50,000 enterococcus	0	Cipro				
5C	Resident C	6/1 2012	6/11 2012	X								0		Cloudy urine	--	10,000 EC 25,000 KP 50,000 PM	0	Macrobid				
10A	Resident D	6/5 2012	6/10 2012	X								0	100.1°F	Hematuria, headache	--	100,000 klebsiella p.	0	Cipro				
3A	Resident E	1/2 2012	6/22 2012		X								100°	New cough			N	Levaquin				
11A	Resident F	6/1 2012	6/24 2012		X								0	Runny nose, dry cough		0	0	Azithromycin				
5A	Resident G	3/2 2012	6/20 2012			X							0	Pus		MRSA	0	Vancomycin				
3A	Resident E	1/2 2012	6/25 2012							X			99.5°F	Abd. pain, foul smelling diarrhea x6		C. diff on toxin test	0	Vancomycin PO				
3B	Resident H	2/12 2011	6/29 2012							X			0	Watery diarrhea x4		C. diff	0	Flagyl				No recent AXB use.
7C	Resident X	1/13 2003	6/25 2012		X								101°F	Increased coughing			P	Levaquin				
7C	Resident X	1/13 2003	6/29 2012							X				Foul smelling stool, Diarrhea x6		C. diff		Vancomycin PO				

Infection Prevention and Control Program

What Are Nationally Accepted Guidelines?

Association for Professionals in Infection Prevention and Epidemiology(APIC)

*Centers for Disease Prevention and Control (CDC)

Infectious Disease Society of America

Society for Healthcare Epidemiology of America (SHEA)

Infection Prevention and Control Program

Policies and Procedures

- Policies and Procedures include:

1. A system for surveillance to identify communicable diseases
2. Reporting requirements (when and to whom)
3. Standard and Transmission Based Precautions
4. Circumstances when employees are prohibited
5. from working
6. Hand hygiene procedures for resident contact

- Policies and Procedures include:

1. A system for surveillance to identify communicable diseases
2. Reporting requirements (when and to whom)
3. Standard and Transmission Based Precautions
4. Circumstances when employees are prohibited
5. from working
6. Hand hygiene procedures for resident contact

Reportable Conditions

California Statute

Term/Source	Definition
Communicable, contagious, or infectious disease HSC section 1250.4(a)(2)	Any disease that is capable of being transmitted from person-to-person with or without contact and as established by the California Department of Public Health pursuant to Section 120130, and Section 2500 et seq. of Title 17 of the California Code of Regulations.
Outbreak Title 17 CCR section 2500(a)(20)	The occurrence of cases of a disease (illness) above the expected or baseline level, usually over a given period of time, in a geographic area or facility, or in a specific population group. The number of cases indicating the presence of an outbreak will vary according to the disease agent, size and type of population exposed, previous exposure to the agent, and the time and place of occurrence. Thus, the designation of an outbreak is relative to the usual frequency of the disease in the same facility or community, among the specified population, over a comparable period of time. A single case of a communicable disease long absent from a population or the first invasion by a disease not previously recognized requires immediate reporting and epidemiologic investigation.
*Single Case (World Health Organization)	A single case of a communicable disease long absent from a population, or caused by an agent (e.g. bacterium or virus) not previously recognized in that community or area, or the emergence of a previously unknown disease, may also constitute an outbreak and should be reported and investigated.
Unusual Disease Title 17 CCR section 2500(a)(24)	A rare disease or a newly apparent or emerging disease or syndrome of uncertain etiology which a health care provider has reason to believe could possibly be caused by a transmissible infectious agent or microbial toxin.

* Reference not statute

CDPH California Department of PublicHealth

Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20, and §2800-2812 Reportable Diseases and Conditions*

§ 2500. REPORTING TO THE LOCAL HEALTH AUTHORITY.

- **§ 2500(b)** It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or condition listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.
- **§ 2500(c)** The administrator of each health facility, clinic, or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local officer.
- **§ 2500(a)(14)** "Health care provider" means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

URGENCY REPORTING REQUIREMENTS [17 CCR §2500(h)(I)]

✆! = Report immediately by telephone (designated by a • in regulations).
† = Report immediately by telephone when two or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness (designated by a • in regulations.)
✆ = Report by telephone within one working day of identification (designated by a + in regulations).
FAX ✆ ✉ = Report by electronic transmission (including FAX), telephone, or mail within one working day of identification (designated by a + in regulations).
= All other diseases/conditions should be reported by electronic transmission (including FAX), telephone, or mail within seven calendar days of identification.

REPORTABLE COMMUNICABLE DISEASES §2500(j)(1)

FAX ✆ ✉ Amebiasis
Anaplasmosis
✆ ! Anthrax, human or animal
FAX ✆ ✉ Babesiosis
✆ ! Botulism (infant, Foodborne, Wound, Other)
Brucellosis, animal (except infections due to *Brucella canis*)
✆ ! Brucellosis, human
FAX ✆ ✉ Campylobacteriosis
Chancroid
FAX ✆ ✉ Chickenpox (Varicella) (outbreaks, hospitalizations and deaths)
FAX ✆ ✉ Chikungunya Virus Infection
Chlamydia trachomatis infections, including lymphogranuloma venereum (LGV)
✆ ! Cholera
✆ ! Ciguatera Fish Poisoning
Coccidioidomycosis
Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)
FAX ✆ ✉ Cryptosporidiosis
Cyclosporiasis
Cysticercosis or taeniasis
✆ ! Dengue Virus Infection
✆ ! Diphtheria
✆ ! Domoic Acid Poisoning (Amnesic Shellfish Poisoning)
Ehrlichiosis
FAX ✆ ✉ Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
✆ ! *Escherichia coli*: shiga toxin producing (STEC) including *E. coli* O157
✆ ! Flavivirus infection of undetermined species
† FAX ✆ ✉ Foodborne Disease
Giardiasis
Gonococcal Infections
FAX ✆ ✉ *Haemophilus influenzae*, invasive disease, all serotypes (report an incident of less than five years of age)
FAX ✆ ✉ Hantavirus Infections
✆ ! Hemolytic Uremic Syndrome
FAX ✆ ✉ Hepatitis A, acute infection
Hepatitis B (specify acute case or chronic)
Hepatitis C (specify acute case or chronic)
Hepatitis D (Delta) (specify acute case or chronic)
Hepatitis E, acute infection
Human Immunodeficiency Virus (HIV) Infection, stage 3 (AIDS)
✆ Human Immunodeficiency Virus (HIV), acute infection
Influenza, deaths in laboratory-confirmed cases for age 0-64 years
✆ ! Influenza, novel strains (human)
Legionellosis
Leprosy (Hansen Disease)
Leptospirosis
FAX ✆ ✉ Listeriosis
Lyme Disease
FAX ✆ ✉ Malaria
✆ ! Measles (Rubeola)
FAX ✆ ✉ Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
✆ ! Meningococcal Infections
Mumps
✆ ! Novel Virus Infection with Pandemic Potential
✆ ! Paralytic Shellfish Poisoning
FAX ✆ ✉ Pertussis (Whooping Cough)
✆ ! Plague, human or animal
FAX ✆ ✉ Poliovirus Infection
FAX ✆ ✉ Psittacosis
FAX ✆ ✉ Q Fever
✆ ! Rabies, human or animal
FAX ✆ ✉ Relapsing Fever
Respiratory Syncytial Virus (only report a death in a patient less than less than five years of age)
Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like illnesses
Rocky Mountain Spotted Fever
Rubella (German Measles)
Rubella Syndrome, Congenital
FAX ✆ ✉ Salmonellosis (Other than Typhoid Fever)
✆ ! Scombroid Fish Poisoning
✆ ! Shiga toxin (detected in feces)
FAX ✆ ✉ Shigellosis
✆ ! Smallpox (Variola)
FAX ✆ ✉ Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)
FAX ✆ ✉ Syphilis
Tetanus
FAX ✆ ✉ Trichinosis
FAX ✆ ✉ Tuberculosis
Tularemia, animal
✆ ! Tularemia, human
FAX ✆ ✉ Typhoid Fever, Cases and Carriers
FAX ✆ ✉ Vibrio Infections
✆ ! Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)
FAX ✆ ✉ West Nile Virus (WNV) Infection
✆ ! Yellow Fever
FAX ✆ ✉ Yersiniosis
✆ ! Zika Virus Infection
✆ ! OCCURRENCE of ANY UNUSUAL DISEASE
✆ ! OUTBREAKS of ANY DISEASE (including diseases not listed in § 2500). Specify if institutional and/or open community.

HIV REPORTING BY HEALTH CARE PROVIDERS §2641.30-2643.20
Human Immunodeficiency Virus (HIV) infection at all stages is reportable by traceable mail, person-to-person transfer, or electronically within seven calendar days. For complete HIV-specific reporting requirements, see Title 17, CCR, §2641.30-2643.20 and https://archive.cdph.ca.gov/programs/aids/Pages/OAHIVRptgSP.aspx

REPORTABLE NONCOMMUNICABLE DISEASES AND CONDITIONS §2800–2812 and §2593(b)
Disorders Characterized by Lapses of Consciousness (§2800-2812)
Pesticide-related illness or injury (known or suspected cases)**
Cancer, including benign and borderline brain tumors (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the Cervix) (§2593)***

LOCALLY REPORTABLE DISEASES (If Applicable):

* This form is designed for health care providers to report those diseases mandated by Title 17, California Code of Regulations (CCR). Failure to report is a misdemeanor (Health & Safety Code §120295) and is a citable offense under the Medical Board of California Citation and Fine Program (Title 16, CCR, §1364.10 and 1364.11).
** Failure to report is a citable offense and subject to civil penalty ($250) (Health and Safety Code §105200).
*** The Confidential Physician Cancer Reporting Form may also be used. See Physician Reporting Requirements for Cancer Reporting in CA at: www.ccrcal.org.

CDPH 110a (07/2016)

CDPH California Department of PublicHealth

- Policies and Procedures include:

1. A system for surveillance to identify communicable diseases
2. Reporting requirements (when and to whom)
3. Standard and Transmission Based Precautions
4. Circumstances when employees are prohibited from working
5. Hand hygiene procedures for resident contact

CDC Guidelines

2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings

Jane D. Siegel, MD; Emily Rhinehart, RN MPH CIC; Marguerite Jackson, PhD; Linda Chiarello, RN MS; the Healthcare Infection Control Practices Advisory Committee

Acknowledgement: The authors and HICPAC gratefully acknowledge Dr. Larry Strausbaugh for his many contributions and valued guidance in the preparation of this guideline.

Suggested citation: Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings
https://www.cdc.gov/infectioncontrol/guidelines/isolation/

CDPH California Department of PublicHealth

DISEASE-SPECIFIC ISOLATION RECOMMENDATIONS

Standard Precautions

- CMV
- HIV
- Hepatitis B and C
- Aspergillosis

Contact Precautions

- MRSA (mask if respiratory infection)
- VRE
- Adenovirus
- Diarrhea
- C. Difficile
- Rotavirus
- E coli 0157
- Enterovirus
- Salmonella
- Shigella
- Hepatitis A
- Herpes Zoster (shingles, localized)
- Herpes simplex
- Parainfluenza (mask if coughing)
- RSV (mask if productive cough)
- Lice
- Scabies
- Chicken pox (symptomatic, until all lesions crusted and dried)

Droplet Precautions

- Pertussis
- Influenza A or B
- MRSA (respiratory infection)
- Neissera meningitides (suspected or confirmed)
- Coxsackie
- Bacterial meningitis (for 24 hours after effective antibiotic therapy)
- RSV (droplet and contact)
- Mumps
- Rubella

Airborne Precautions

- Chicken pox
- Disseminated herpes zoster (shingles)
- Measles

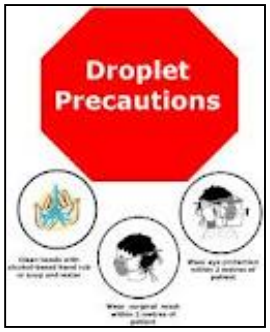
N-95 Mask:

- Tuberculosis
- SARS
- Avian influenza

WWW.NURSINGCENTER.COM

CDPH California Department of PublicHealth

What to Look For



- Observations:
  - Signage (the facility is not required to use signs, but must have a communication tool
  - Are HCW & visitors following the posted signage?
  - Availability & use of personal protective equipment
  - Are staff using a single pair of gloves for multiple tasks, multiple residents, direct or indirect contact with the environment or resident care equipment?
  - Is hand sanitizer readily available?

CDPH California Department of PublicHealth

- Policies and Procedures include:

1. A system for surveillance to identify communicable diseases
2. Reporting requirements (when and to whom)
3. Standard and Transmission Based Precautions
4. Circumstances when employees are prohibited from working
5. Hand hygiene procedures for resident contact

Employee Health Policy

I AGREE TO REPORT TO THE PERSON IN CHARGE:

Any of the following symptoms, either while at work or outside of work, including the date that the symptoms first started:

1. Diarrhea
2. Vomiting
3. Jaundice (yellowing of the eyes or skin)
4. Sore throat with fever
5. A lesion containing pus such as a boil or open infected wound on the hands, wrists, exposed portions of the arms or other parts of the body (unless the lesion is protected by disposable gloves or a dry, tight fitting bandage).

Policies and Procedures Employee Health

- Work Restriction Guidelines (following national standards)
  - Patient Care Workers
  - Food Workers
- TB Assessment Program
- Monitoring for clusters or outbreaks of staff illness
- Exposure Control Plan (OSHA Bloodborne Pathogen)
- Education and Competency Assessment
  - Knowledge and skill with respect to the IPCP and Policies and Procedures

72535. Employees' Health Examination and Health Records.

§483.12(a)(2), F441 – Infection Control Program

Health Exam and TB Screening

Health Exam and TB Screening

Employees

- Health Exam within 90 days prior to 7days after employment
- Includes: Medical history and physical examination
- Repeat annually
- Test for tuberculosis
- The facility shall maintain a health record for each employee….

Health Exam

Residents

1. TB Screening
2. Influenza Vaccine (§483.25)
3. Pneumococcal Vaccine (§483.25)

CDPH California Department of PublicHealth

F883 Pneumococcal and Influenza Vaccine

- Pneumococcal conjugate vaccine, 13-valent (Prevnar 13®)
- Pneumococcal polysaccharide vaccine, 23-valent adult (Pneumovax 23®)
- Influenza October 1-March 31st
- Initial pneumococcal vaccine at age 65 or per MD Second pneumococcal vaccine 1 year after the first vaccine was administered (8 weeks for high risk)
- Documentation of consent (risk, benefits and alternatives), or refusal, contraindication or record of immunization are required

*Source: ACIP, 2015

CDPH California Department of PublicHealth

- Policies and Procedures include:

1. A system for surveillance to identify communicable diseases
2. Reporting requirements (when and to whom)
3. Standard and Transmission Based Precautions
4. Circumstances when employees are prohibited from working
5. Hand hygiene procedures for resident contact

Hand Hygiene

Wash with Soap and Water

- When hands are visibly dirty
- After known or suspected exposure to *Clostridium difficile*
- After known or suspected exposure to patients with suspect or infectious diarrhea during *norovirus* outbreaks
- Before eating
- After using a restroom

Use Alcohol Based Hand Sanitizer

- For everything else for example:
- Before and after gloving (sterile or clean)
- Medication Administration
- Any invasive procedure (catheterization, blood glucose)
- Contact with patient

CDPH California Department of PublicHealth

What to Look for

- Observations of all Health Care Workers (HCW) for hand hygiene:

Policies and Procedures Resident

- Communicable Disease Reporting
- Hand Hygiene
- Use of PPE
- Respiratory Hygiene
- Resident Placement for Transmission based Precautions when a private room is unavailable
- Use and Care of Urinary Catheters
- Wound/Skin/Fecal Incontinence
- Point of Care Testing (Glucometer, INR)
- Medication Safety
- Use and Care of Peripheral and Central Line Catheters
- Environmental Cleaning (Rooms, Discharge, Pt Equipment)

CDPH California Department of PublicHealth

Environmental Infection Control Policies

- Each facility shall routinely clean articles and surfaces such as furniture, floors, walls, ceilings, supply and exhaust grills and lighting fixtures….
- Cleaning supplies and equipment shall be stored in rooms for housekeeping use only.
- Commercial detergent/germicide shall be used for all cleaning.
- Mop heads shall be removable and changed at least daily.

CDPH California Department of PublicHealth

Touring the Facility

Building Tour

- General observations of facility:
  - Overall Cleanliness
  - Linen storage
  - Resident rooms
  - Resident Bathrooms
  - Medication Rooms
  - Dirty and Clean Utility Rooms
  - Activities Room, Dining Room, Common Areas
  - Management of trash, soiled linen and medical waste
  - Vents, grills (areas that need periodic cleaning)

CDPH California Department of PublicHealth

Observations

- Overall facility cleanliness, presence of offensive odors, pests, overflowing trash
- Linen
- Do healthcare workers (HCW) and visitors have or exhibit signs of illness and communicable diseases?
- Cleanliness of resident care equipment
  - glucometers
  - vital sign machines
  - commodes
  - weighing devices, (scales)
  - lift devices (slings)
  - shower chairs
  - Is the equipment cleaned between residents?

CDPH California Department of PublicHealth

Observations of Glucometers/INRs

Observations of Glucometers:

- Glucometers must be cleaned between each resident
- Product effective against viruses
- Observe a demonstration
  - Review the manufacturer's recommendations
  - Review the disinfectant's printed directions
- Make sure that they match for is the right
  - Product for the glucometer
  - Process for cleaning (1 or 2 steps)
  - Time to kill (wet time, dwell time)

- Not cleaning/disinfecting glucometers in between patients could result in an IJ

CDPH California Department of PublicHealth

Observations of Environmental Cleaning

- Cleaning/Discharge cleaning of resident rooms
- Dilution/mixing of disinfectant or germicide, & the contact time.
- Automatic dispenser(s), when was it last calibrated?
- Cleaning product is EPA approved for use in health care setting.
- If it isn't cleaned it cannot be disinfected
- High touch areas, equipment, drapes…

F880 Linens

- §483.*80(e)* Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

California Department of PublicHealth

Linen and Laundry

- Critical Role in infection prevention and control program.
- Healthcare textiles often contain large numbers of microorganisms
- Organisms commonly found on healthcare textiles include gram-negative bacteria(E coli), coagulase negative staphylococci(Staph) and *Bacillus* sp. in addition to normal microbial skin flora.

CDPH California Department of PublicHealth

Laundering Process

- Produce healthcare textiles that are free of vegetative pathogens (hygienically clean)
- The antimicrobial action is mechanical, thermal, and chemical factors.
- Hot Water: 160° F (71° C) for a minimum of 25 minutes
- Low temperature washing at 71°F to 77°F (22°C – 25°C)

CDPH California Department of PublicHealth

Linen General Rules

- A physical barrier should exist between clean, stored linen and contaminated, soiled linen.
- All linen storage should be locked or in an area away from confused or inquisitive residents
- Shelves, carts, folding tables, etc. should be cleaned at scheduled intervals.
- Transport of bulk clean linen to residents' rooms should be done in a clean, covered cart.
- Appropriate PPE, such as gloves and gowns, while sorting soiled linen.
- Laundry rooms should have a sharps container.
- Laundry washing and drying temperatures must adhere to state or national requirements.

CDPH California Department of PublicHealth

Infection Prevention and Control Program

Antibiotic Stewardship Program

F881, §483.80(a)(3);

- The IPCP must include: An antibiotic stewardship program (ASP) that includes antibiotic use protocols and a system to monitor antibiotic use.

Antibiotic stewardship refers to a set of commitments and activities designed to *"optimize the treatment of infections while reducing the adverse events associated with antibiotic use."*

F881 Antibiotic Stewardship

§483.80(a)(3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use.

The intent:

- Protocols to optimize the treatment of infections by the appropriate antibiotic;
- Reduces the risk of adverse events, including the development of antibiotic-resistant organisms,
- Develops, promotes, and implements a facility-wide system to monitor the use of antibiotics.

CDPH California Department of PublicHealth

Source: CDC

CDPH California Department of PublicHealth

Antibiotic Stewardship

1. Incorporated into the overall infection control program
2. Be reviewed on an annual basis
3. Contain reports demonstrating monitoring of antibiotic usage and resistance data.

Defining Stewardship

"Antimicrobial stewardship refers to coordinated interventions designed to improve and measure the **appropriate** use of antimicrobials by promoting the selection of the optimal antimicrobial drug regimen, dose, duration of therapy, and route of administration."

5Ds

- DIAGNOSIS
- DRUG
- DOSE
- DURATION
- DE-ESCALATION

IDSA Stewardship Policy

CDPH California Department of PublicHealth

Every time antibiotics are prescribed:

1. Order recommended cultures before antibiotics are given and start drugs promptly.

2. Make sure indication, dose, and expected duration are specified in the patient record.

3. Reassess within 48 hours and adjust Rx if necessary or stop Rx if indicated.

Specific recommendations for common prescribing situations:

Rx for urinary tract infections

- Make sure that culture results represent true infection and not just colonization.
  - Assess patient for signs and symptoms of UTI.
  - Make sure that urinalysis is obtained with every urine culture.
- Treat for recommended length of time and ensure that planned post-discharge treatment takes into account the antibiotics given in the hospital.

Rx for pneumonia

- Make sure that symptoms truly represent pneumonia and not an alternate, non-infectious diagnosis.
- Treat for the recommended length of time and ensure that planned post-discharge treatment takes into account the antibiotics given in the hospital.

Rx for MRSA infections

- Verify that MRSA is growing in clinically relevant cultures. Do not use vancomycin to treat infections caused by methicillin-susceptible staph (and not MRSA).

SOURCE: CDC Vital Signs, 2014

CDPH California Department of PublicHealth

Good Samaritan Hospital Antibiogram

Effective January 31, 2016 - Expires January 31, 2017

Cumulative Antimicrobial Susceptibility Report* (Percent Susceptible)

		Beta-lactams										Aminoglycosides			FQ	Other					
Gram-negative organisms	Number of isolates	Amoxacillin/clavulanic acid	Ampicillin	Ampicillin/sulbactam	Aztreonam	Cefazolin	Cefepime	Ceftazidime (Not on formulary)	Ertapenem	Meropenem	Piperacillin/tazobactam	Amikacin	Gentamicin	Tobramycin	Levofloxacin	Minocycline	Polymyxin B/Colistin	Tetracycline	Trimethoprim/sulfamethoxazole	Oral cephalosporins for UTI§	Nitrofurantoin§
Enterbacteriaceae																					
Citrobacter freundii	4	R	R	R	-	R	-	-	-	-	-	-	-	-	-	-	-	-	-	R	-
Enterobacter aerogenes	6	R	R	R	67	R	100	67	100	100	83	100	100	100	100	-	-	100	100	R	**
Enterobacter cloacae †	21	R	R	R	76	R	90	81	81	90	81	100	90	90	95	-	-	86	90	R	**
Eschericia coli	127	-	39	44	91	57	93	92	100	99	94	99	84	82	50	-	-	70	69	83 (83)	94 (69)
Klebsiella pneumoniae	40	-	R	78	98	88	98	98	100	100	95	100	95	98	98	-	-	85	90	95 (22)†	41 (22)†
Klebsiella oxytoca	8	-	R	-	-	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Proteus mirabilis †	20	-	65	0	100	0	95	95	100	95	100	100	50	55	65	R	R	R	60	**	R
Serratia marcescens	6	R	R	R	-	R	-	-	-	-	-	-	-	-	-	-	R	-	-	R	R
Nonfermenting Gram-negatives																					
Acinetobacter baumanii	7	R	R	-	R	R	-	-	R	-	-	-	-	-	-	-	-	-	-	R	-
Pseudomonas aeruginosa	49	R	R	R	62	R	67	85	R	75	79	100	81	85	60	R	100 (12)†	R	R	R	R
Stenotrophomonas maltophilia	8	R	R	R	R	R	-	-	R	R	R	R	R	R	-	-	-	R	-	R	R
Other Gram-negatives																					
Haemophilus influenzae	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

*The percent susceptible for each organism/antimicrobial combination was generated by including the first isolate of that organism encountered on a given patient. Organisms with < 10 isolates do not have sensitivities reported due to lack of scientific validity.

†Calculated from fewer than the standard recommendation of 30 isolates; number in paranthesis is number of isolates tested; §Data from urinary isolates only; **Selective isolates (ex. multi-drug resistant organisms) were tested but did not achieve threshold for reporting

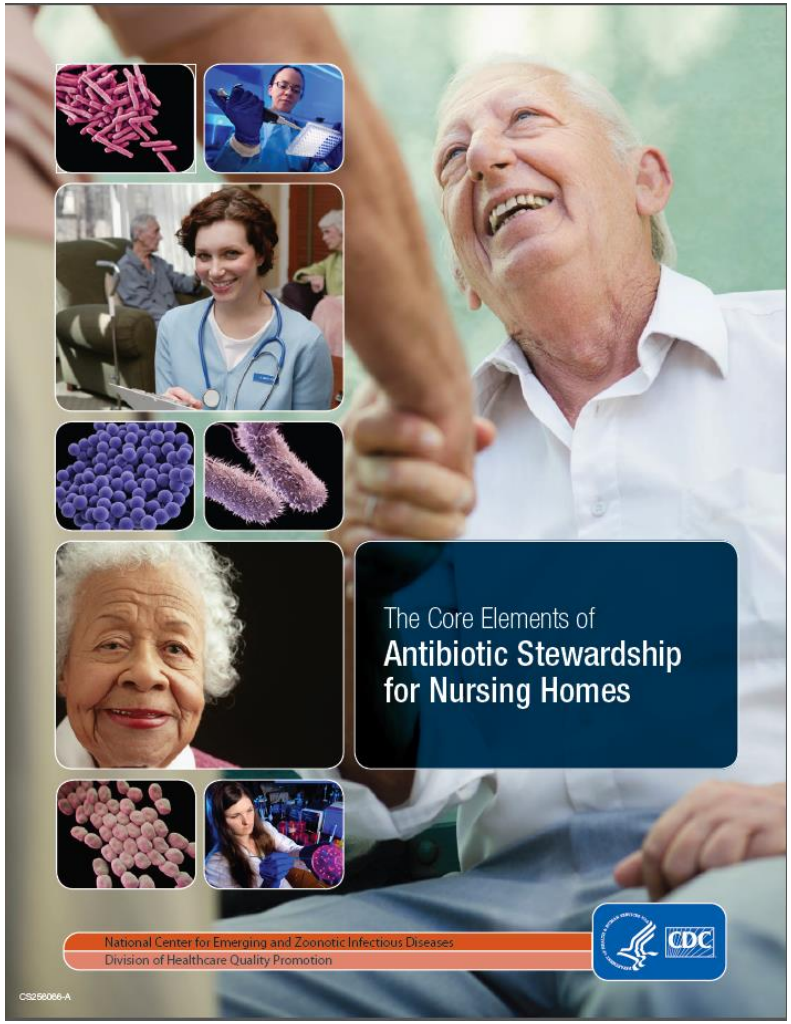
Abbreviations: CF - cystic fibrosis; R - intrinsic resistance; [-] Drug not tested or not indicated

Daily Review of Parenteral Antibiotics

Date	Patient	Team	Antibiotic	Indication	Cultures	Notes
2/1	Duck, Daffy	PICU	Pip/taz	PNA	Sputum: Haemphilus BL (-)	de-escalate to ceftriaxone
2/1	Mouse, Mickey	Surgery	Cefoxitin	Appendicitis	none	-
2/1	Mermaid, Ariel	Yellow	Ceftriaxone	UTI	Urine: *Klebsiella*	Plan 3 days
2/1	Carpet, Aladdin	NICU	Ampicillin Gentamicin	r/o sepsis	Blood: NG	-
2/1	King, Nala	Red	Pip/taz	FN	Blood: NG	Change interval to q6h

CDPH California Department of PublicHealth

Antibiotic Stewardship



Infection Prevention, Control & Immunizations

Infection Control: *This facility task must be used to investigate compliance at F880, F881, and F883. For the purpose of this task, "staff" includes employees, consultants, contractors, volunteers, and others who provide care and services to residents on behalf of the facility. The Infection Prevention and Control Program (IPCP) program must be facility-wide and include all departments and contracted services. If a specific care area concern is identified, it should be evaluated under the specific care area, such as for pressure ulcers, respiratory care, catheter care, and medication pass observations which include central lines, peripheral IVs, and oral/IM/respiratory medications.*

Coordination:

☐ One surveyor coordinates the facility task to review for:

- The overall Infection Prevention and Control Program (IPCP);
- The annual review of the IPCP policies and practices;
- The review of the surveillance and antibiotic stewardship programs; and
- Tracking influenza/pneumococcal immunization of residents.

☐ Team assignments must be made to include the review of:

- Laundry services;
- A resident on transmission-based precautions, if any;
- Five sampled residents for influenza/pneumococcal immunizations; and
- Other care-specific observations if concerns are identified.

☐ Every surveyor assesses IPCP compliance throughout the survey and communicates any concerns to the team.

Hand Hygiene:

☐ Staff implement standard precautions (e.g., hand hygiene and the appropriate use of personal protective equipment (PPE)).

☐ Appropriate hand hygiene practices are followed.

☐ Alcohol-based hand rub (ABHR) is readily accessible and placed in appropriate locations. These may include:

- Entrances to resident rooms;
- At the bedside (as appropriate for resident population);
- In individual pocket-sized containers by healthcare personnel;
- Staff work stations; and
- Other convenient locations.

☐ Staff wash hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids), or after caring for a resident with known or suspected C. difficile infection (CDI) or norovirus during an outbreak, or if endemic rates of CDI are high. ABHR is not appropriate to use under these circumstances.

☐ Staff perform hand hygiene (even if gloves are used) in the following situations:

- Before and after contact with the resident;

- After contact with blood, body fluids, or visibly contaminated surfaces or other objects and surfaces in the resident's environment;
- After removing personal protective equipment (e.g., gloves, gown, facemask); and
- Before performing a procedure such as an aseptic task (e.g., insertion of an invasive device such as a urinary catheter, manipulation of a central venous catheter, and/or dressing care).

☐ When being assisted by staff, resident hand hygiene is performed after toileting and before meals.

☐ Interview appropriate staff to determine if hand hygiene supplies are readily available and who they contact for replacement supplies.

☐ Soap, water, and a sink are readily accessible in appropriate locations including, but not limited to, resident care areas, food and medication preparation areas.

1. Did staff implement appropriate hand hygiene? ☐ Yes ☐ **No F880**

Personal Protective Equipment (PPE):

☐ Determine if staff appropriately use and discard PPE including, but not limited to, the following:

- Gloves are worn if potential contact with blood or body fluid, mucous membranes, or non-intact skin;
- Gloves are removed after contact with blood or body fluids, mucous membranes, or non-intact skin;
- Gloves are changed and hand hygiene is performed before moving from a contaminated body site to a clean body site during resident care;
- A gown is worn for direct resident contact if the resident has uncontained secretions or excretions;
- A facemask is worn if contact (i.e., within 3 feet) with a resident with new acute cough or symptoms of a respiratory infection (e.g., influenza-like illness);
- Appropriate mouth, nose, and eye protection (e.g., facemasks, face shield) is worn for performing aerosol-generating and/or procedures that are likely to generate splashes or sprays of blood or body fluids;
- PPE is appropriately discarded after resident care, prior to leaving room, followed by hand hygiene; and
- 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).

☐ Interview appropriate staff to determine if PPE supplies are readily available and who they contact for replacement supplies.

2. Did staff implement appropriate use of PPE? ☐ Yes ☐ **No F880**

Transmission-Based Precautions:

☐ Determine if appropriate transmission-based precautions are implemented, including but not limited to:

- PPE use by staff (i.e., don gloves and gowns before contact with the resident and/or his/her environment while on contact precautions; don facemask within three feet of a resident on droplet precautions; don a fit-tested N95 or higher level respirator prior to room entry of a resident on airborne precautions;

- Dedicated or disposable noncritical resident-care equipment (e.g., blood pressure cuffs, blood glucose monitor equipment) is used, or if not available, then equipment is cleaned and disinfected according to manufacturers' instructions using an EPA-registered disinfectant prior to use on another resident;
- The least restrictive TBP possible under the circumstances;
- Objects and environmental surfaces that are touched frequently and in close proximity to the resident (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in resident bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare use at least daily and when visibly soiled.

☐ Interview appropriate staff to determine if they are aware of processes/protocols for transmission-based precautions and how staff is monitored for compliance.

☐ If concerns are identified, expand the sample to include more residents with transmission-based precautions.

3. Did the staff implement appropriate transmission-based precautions? ☐ Yes ☐ **No F880** ☐ NA

Laundry Services:

☐ Determine whether staff handle, store, and transport linens appropriately including, but not limited to:

- Using standard precautions (i.e., gloves) and minimal agitation for contaminated linen;
- Holding contaminated linen and laundry bags away from his/her clothing/body during transport;
- Bagging/containing contaminated linen where collected, and sorted/rinsed only in the contaminated laundry area (double bagging of linen is only recommended if outside of the bag is visibly contaminated or is observed to be wet on the outside of the bag);
- Transporting contaminated and clean linens in separate carts; if this is not possible, the contaminated linen cart should be thoroughly cleaned and disinfected per facility protocol before being used to move clean linens. Clean linens are transported by methods that ensure cleanliness, e.g., protect from dust and soil;
- Ensuring mattresses, pillows, bedding, and linens are maintained in good condition and are clean (Refer to F584); and
- If a laundry chute is in use, laundry bags are closed with no loose items.

☐ Laundry Rooms – Determine whether staff:

- Maintain/use washing machines/dryers according to the manufacturer's instructions for use;
- If concerns, request evidence of maintenance log/record; and
- Use detergents, rinse aids/additives, and follow laundering directions according to the manufacturer's instructions for use.

4. Did the facility store, handle, transport, and process linens properly? ☐ Yes ☐ **No F880**

Infection Prevention, Control & Immunizations

Policy and Procedure:

- ☐ The facility established a facility-wide IPCP including written IPCP standards, policies, and procedures that are current and based on national standards.
- ☐ The policies and procedures are reviewed at least annually.
- ☐ Concerns must be corroborated as applicable including the review of pertinent policies/procedures as necessary.

5. Did the facility develop and implement an overall IPCP including policies and procedures that are reviewed annually?
☐ Yes ☐ **No F880**

Infection Surveillance:

- ☐ The facility has established/implemented a surveillance plan, based on a facility assessment, for identifying, tracking, monitoring and/or reporting of infections.
- ☐ The plan includes early detection, management of a potentially infectious, symptomatic resident and the implementation of appropriate transmission-based precautions.
- ☐ The plan uses evidence-based surveillance criteria (e.g., CDC NHSN Long-Term Care or revised McGeer Criteria) to define infections and the use of a data collection tool.
- ☐ The plan includes ongoing analysis of surveillance data and review of data and documentation of follow-up activity in response.
- ☐ The facility has a process for communicating the diagnosis, antibiotic use, if any, and laboratory test results when transferring a resident to an acute care hospital or other healthcare provider; and obtaining pertinent notes such as discharge summary, lab results, current diagnoses, and infection or multidrug-resistant organism colonization status when residents are transferred back from acute care hospitals.
- ☐ The facility has a current list of reportable communicable diseases.
- ☐ Staff can identify to whom and when communicable diseases, healthcare-associated infections (as appropriate), and potential outbreaks must be reported.
- ☐ Prohibiting employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit disease.
- ☐ Interview appropriate staff to determine if infection control concerns are identified, reported, and acted upon.

6. Did the facility provide appropriate infection surveillance? ☐ Yes ☐ **No F880**

Antibiotic Stewardship Program:

- ☐ Determine whether the facility has an antibiotic stewardship program that includes:

Infection Prevention, Control & Immunizations

- Written antibiotic use protocols on antibiotic prescribing, including the documentation of the indication, dosage, and duration of use of antibiotics;
- 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 and identify what infection assessment tools or management algorithms are used for one or more infections (e.g., SBAR tool for urinary tract infection (UTI) assessment, Loeb minimum criteria for initiation of antibiotics);
- A process for a periodic review of antibiotic use by prescribing practitioners: for example, review of laboratory and medication orders, progress notes and medication administration records to determine whether or not an infection or communicable disease has been documented and whether an appropriate antibiotic has been prescribed for the recommended length of time. Determine whether the antibiotic use monitoring system is reviewed when the resident is new to the facility, when a prior resident returns or is transferred from a hospital or other facility, during each monthly drug regimen review when the resident has been prescribed or is taking an antibiotic, or any antibiotic drug regimen review as requested by the QAA committee;
- Protocols to optimize the treatment of infections by ensuring that residents who require antibiotics are prescribed the appropriate antibiotic;
- A system for the provision of feedback reports on antibiotic use, antibiotic resistance patterns based on laboratory data, and prescribing practices for the prescribing practitioner.

7. Did the facility conduct ongoing review for antibiotic stewardship? ☐ Yes ☐ **No F881**

Influenza and Pneumococcal Immunizations:

☐ Select five residents in the sample to review for the provision of influenza/pneumococcal immunizations.

☐ Document the names of residents selected for review.

☐ Give precedence in selection to those residents whom the survey team has selected as sampled residents.

☐ Review the records of the five residents sampled for documentation of:

- Screening and eligibility to receive the vaccine;
- The provision of education related to the influenza or pneumococcal immunizations (such as the benefits and potential side effects);
- The administration of pneumococcal and influenza vaccine, in accordance with national recommendations. Facilities must follow the CDC and ACIP recommendations for vaccines; and
- Allowing a resident or representative to refuse either the influenza and/or pneumococcal vaccine. If not provided, documentation as to why the vaccine was not provided.

☐ For surveys occurring during influenza season, unavailability of the influenza vaccine can be a valid reason why a facility has not implemented the influenza vaccine program, especially during the early weeks of the influenza season. Ask the facility to demonstrate that:

- The vaccine has been ordered and the facility received a confirmation of the order indicating that the vaccine has been shipped or that the product is not available but will be shipped when the supply is available; and
- Plans are developed on how and when the vaccines are to be administered.

Infection Prevention, Control & Immunizations

☐ As necessary, determine if the facility developed influenza and pneumococcal vaccine policies and procedures, including the identification and tracking/monitoring of all facility residents' vaccination status.

8. Did the facility provide influenza and/or pneumococcal immunizations as required or appropriate? ☐ Yes ☐ **No F883**

Infection Preventionist November 2019

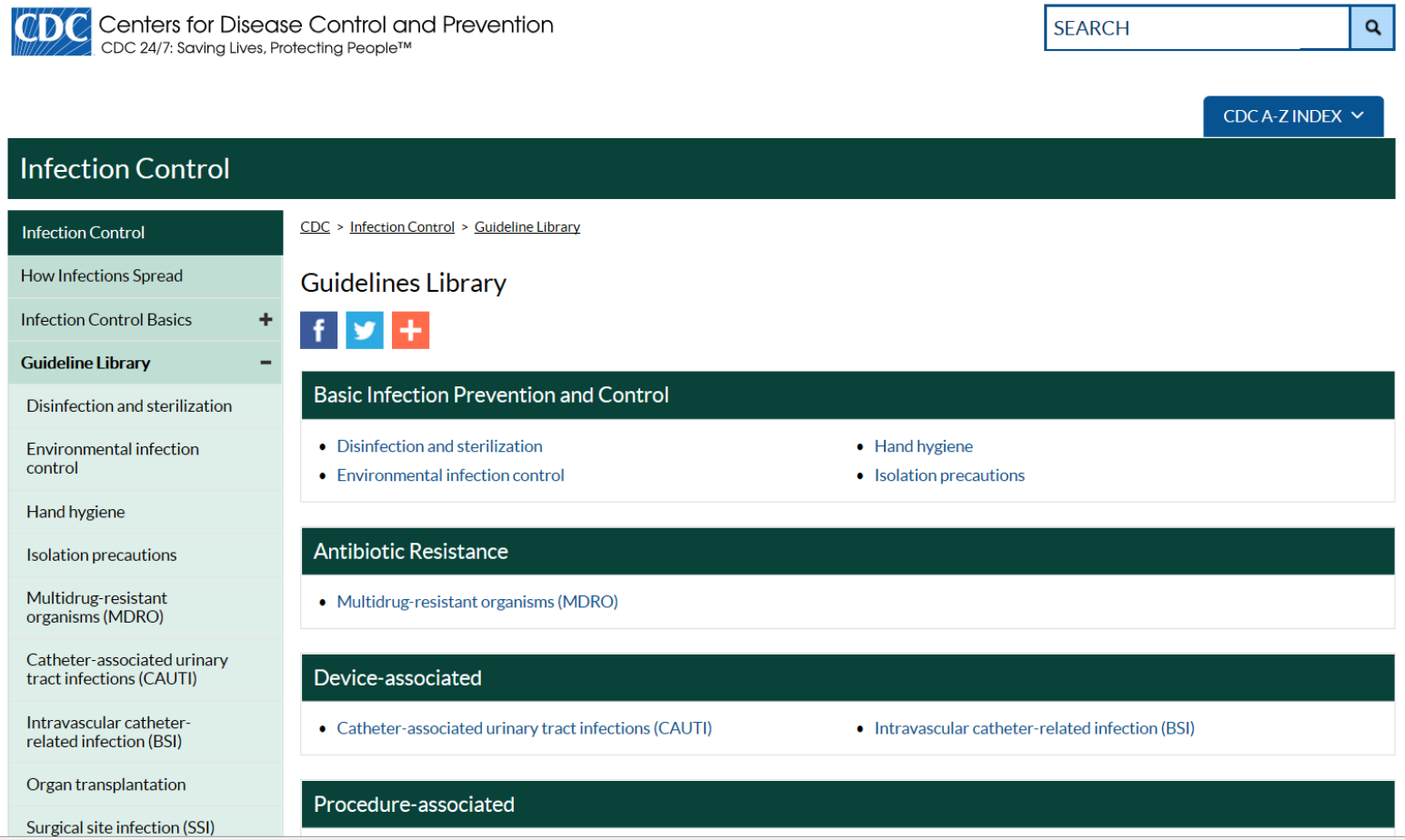
- Infection Preventionist must be designated
- Must have training in nursing, medical technology, epidemiology or related field
- Be qualified by education, training experience or certification
- Work at least part time at the facility
- Have completed specialized training in IC
- Be a member and reports to the QA Cte

Infection Preventionist's Role

- Implementation of infection control plan
- Collection and analysis of infection data
- Evaluation of products
- Development and review of policies and procedures
- Consultation on infection risk assessment, prevention, and control strategies (includes activities related to occupational health, construction, and emergency management)
- Education efforts directed at interventions to reduce infection risks

CDPH California Department of PublicHealth

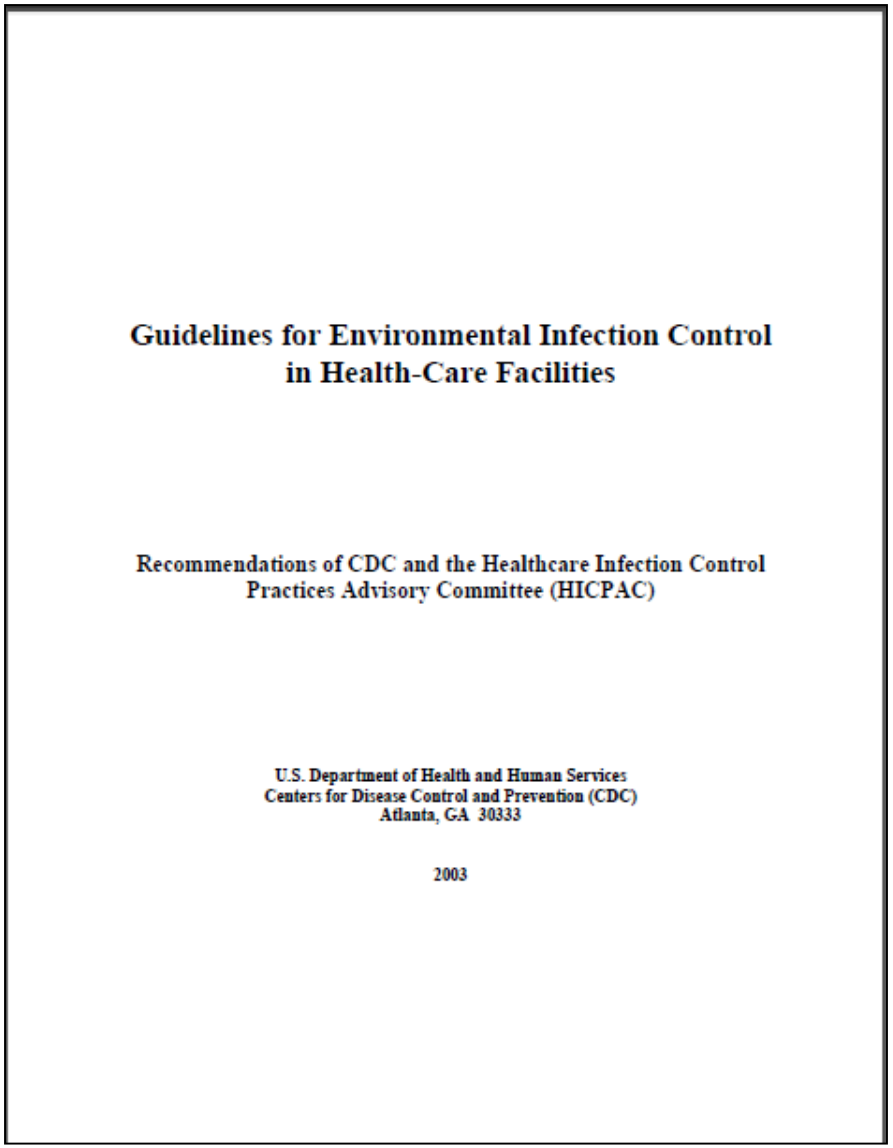
CDC– Infection Control Guidelines



https://www.cdc.gov/infectioncontrol/guidelines/index.html

CDPH California Department of PublicHealth

Guidelines



Guidelines for Environmental Infection Control in Health-Care Facilities

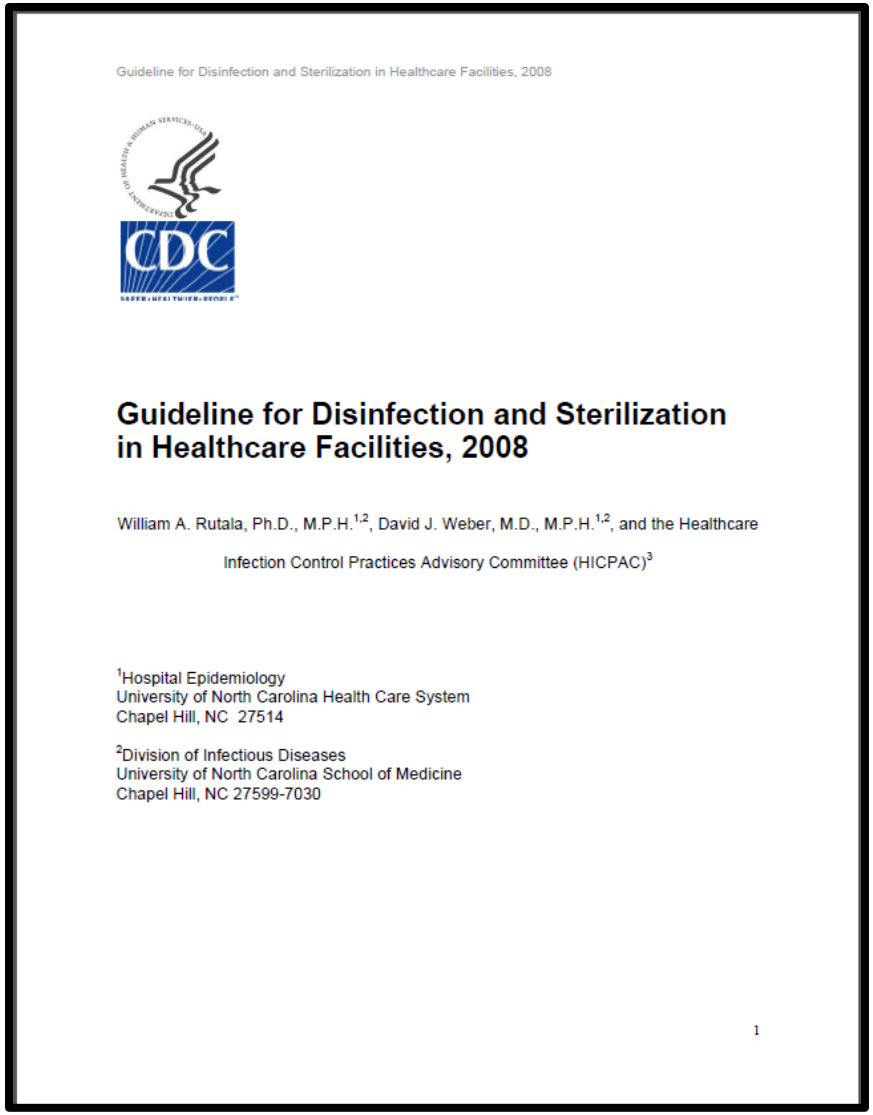
Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC)

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention (CDC)
Atlanta, GA 30333

2003

CDPH California Department of PublicHealth

Guidelines



Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008

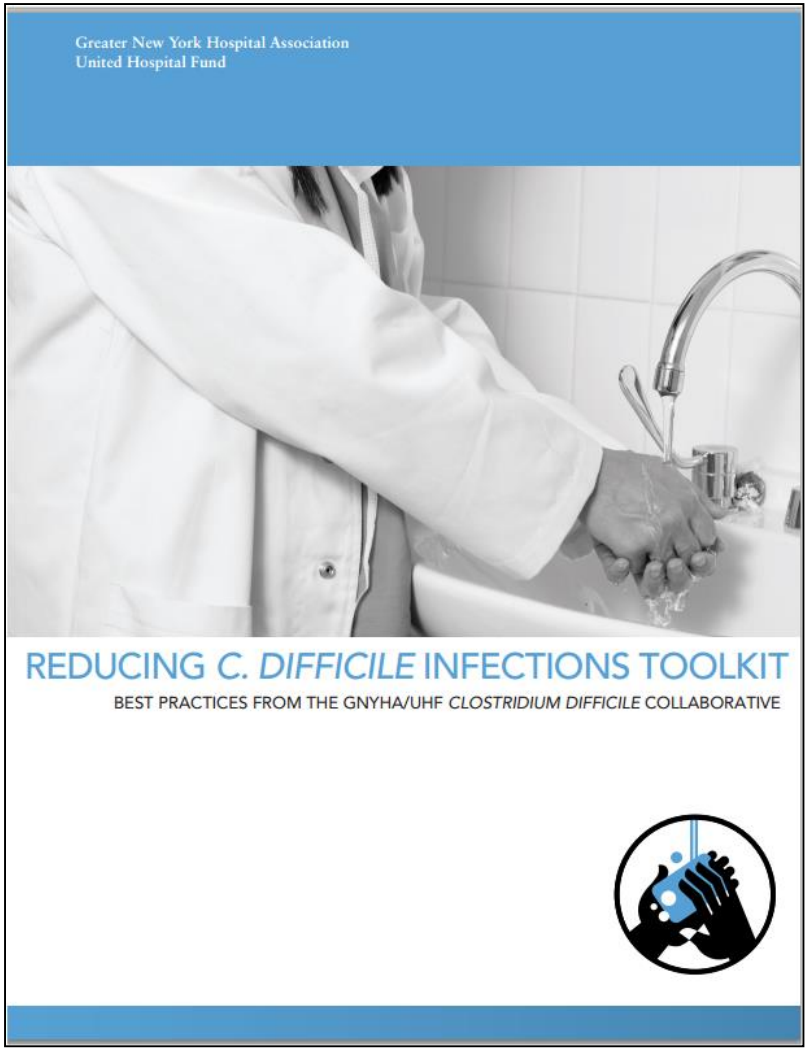
William A. Rutala, Ph.D., M.P.H.[1,2], David J. Weber, M.D., M.P.H.[1,2], and the Healthcare Infection Control Practices Advisory Committee (HICPAC)[3]

[1]Hospital Epidemiology
University of North Carolina Health Care System
Chapel Hill, NC 27514

[2]Division of Infectious Diseases
University of North Carolina School of Medicine
Chapel Hill, NC 27599-7030

CDPH California Department of PublicHealth

Guidelines



http://apic.org/Resource_/TinyMceFileManager/Practice_Guidance/cdiff/C.Diff_Digital_Toolkit_GNYHA.pdf

CDPH California Department of PublicHealth

Guidelines

CDPH California Department of PublicHealth

Guidelines

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

SEARCH

CDC A-Z INDEX

Nursing Homes and Assisted Living (Long-term Care Facilities [LTCFs])

Nursing homes, skilled nursing facilities, and assisted living facilities, (collectively known as long-term care facilities, LTCFs) provide a variety of services, both medical and personal care, to people who are unable to manage independently in the community. Over 4 million Americans are admitted to or reside in nursing homes and skilled nursing facilities each year and nearly one million persons reside in assisted living facilities. Data about infections in LTCFs are limited, but it has been estimated in the medical literature that:

- 1 to 3 million serious infections occur every year in these facilities.
- Infections include urinary tract infection, diarrheal diseases, antibiotic-resistant staph infections and many others.
- Infections are a major cause of hospitalization and death; as many as 380,000 people die of the infections in LTCFs every year.

CLINICAL STAFF INFORMATION
Fact sheets, guidelines, reports, and resources

RESIDENT INFORMATION
Fact sheet, patient safety and other information

PREVENTION TOOLS
Checklists, fact sheet, toolkits, and additional links

The Core Elements of Antibiotic Stewardship for Nursing Homes

The Department of Health and Human Services has developed a strategy to address infections in Long-term Care Facilities in Phase 3 of the National Action Plan to Prevent Health Care-Associated Infections: Road Map to Elimination

CDPH California Department of PublicHealth

Objectives

1) Verbalize an understanding of the Infection Prevention and Control related State and Federal Regulations that can be cited during a complaint investigation or recertification survey (F880, F881, F883).

2) Understand the components of an Infection Prevention and Control Program such as Risk Assessment, Annual Review, and Surveillance.

3) Be able to access key reference materials such as national guidelines and internet resources.

References

Centers for Disease Control and Prevention (2014). Core Elements of Hospital Antibiotic Stewardship Programs. Atlanta, GA: US Department of Health and Human Services, CDC.

Fijan S. & Turk S. (2012) Hospital textiles, are they a possible vehicle for healthcare-associated infections? *Int J Environ Res Public Health*; 9(9): 3330-3343.

http://ismp.org/

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

http://apic.org/Resource_/TinyMceFileManager/Practice_Guidance/cdiff/C.Diff_Digital_Toolkit_GNYHA.pdf

http://www.cdc.gov/

http://www.cdc.gov/hicpac/pubs.html

http://www.idsociety.org/stewardship_policy/

CDPH California Department of PublicHealth

Contact Information

Mary Gish, DNP, RN, NEA-BC, CIC
Lead Nurse Consultant, Infection Control
Sacramento Headquarters Office
916-552-8636 office
916-842-9827 cell
mary.gish@cdph.ca.gov

Thank You!

Questions?