

Infection Control & Immunizations

Facility Name: _____ Facility ID: _____ Date: _____

Surveyor _____

Each team member should make observations of infection control practices throughout the survey. Use this worksheet to direct observations, record information, and mark any areas of concern for questions 1 -7. Enter narrative documentation in the Notes section for all areas of concern. Team members not specifically assigned the responsibility of completing the Infection Control task should surveyor initiate Infection Control in the QIS DCT and answer only the questions pertaining to the concerns identified.

The surveyor assigned overall responsibility for completion of this task will use the Investigative Protocol at tag F441 to review the infection control program on all surveys and complete Question 8. In addition, use the Investigative Protocol at tag F334 to complete Question 9 on all surveys.

NOTE: *This revised worksheet incorporates changes made by CMS to the infection control tags with a 9/30/2009 effective date. CMS has collapsed all of the infection control tags into F441. Because of the changes, the tags offered in the QIS DCT are not consistent with the CMS changes. Until the next change to the QIS DCT, surveyors should complete the Infection Control worksheet and follow the guidance below.*

After completing this worksheet, answer all of the CEs in the QIS DCT for Infection Control, marking each as Yes or No. Any findings for CE1-8 will be cited under F441.

If CE1 (F444 in the QIS DCT), CE4 (F443 in the QIS DCT), CE6 (F445 in the QIS DCT) or CE7 (F442 in the QIS DCT) are marked “No” in the QIS DCT, mark the corresponding F tag offered by the QIS DCT as “NA” and initiate F441 for the Facility to document findings related to CE1, CE4, CE6, or CE7.

Observations	Notes
<p>1. Are proper hand-washing techniques followed by the staff? <input type="checkbox"/> Yes <input type="checkbox"/> No F441</p>	
<p>2. Are gloves worn if there is contact with blood, specimens, tissue, body fluids, or excretions? <input type="checkbox"/> Yes <input type="checkbox"/> No F441</p>	
<p>3. Are gloves changed between resident contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No F441</p>	
<p>4. Are staff who are providing direct care free from communicable diseases or infected skin lesions? <input type="checkbox"/> Yes <input type="checkbox"/> No F441</p>	

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<p>5. Are precautions observed for the disposal of soiled linens, dressings, disposable equipment (sharps, etc.), and for the cleaning of contaminated reusable equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No F441</p>	
<p>6. Are linens and laundry handled or transported in a manner to prevent the spread of infection? <input type="checkbox"/> Yes <input type="checkbox"/> No F441</p>	
<p>7. Are isolation precautions implemented when it is determined that a resident needs isolation? <input type="checkbox"/> Yes <input type="checkbox"/> No F441</p>	
Review	Notes
<p>Follow the Investigative Protocol contained in tag F441 to complete a review of the infection control program.</p> <p><i>The facility is in compliance with 42 CFR 483.65 Infection Control if:</i></p> <ul style="list-style-type: none"> • The infection prevention and control program demonstrates ongoing surveillance, recognition, investigation and control of infections to prevent the onset and the spread of infection, to the extent possible; • The facility demonstrates practices to reduce the spread of infection and control outbreaks through transmission-based precautions (e.g., isolation precautions); • The facility demonstrates practices and processes (e.g., intravenous catheter care, hand hygiene) consistent with infection prevention and prevention of cross-contamination; • The facility demonstrates that it uses records of incidents to improve its infection control processes and outcomes by taking corrective action; • The facility has processes and procedures to identify and prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; • The facility consistently demonstrates appropriate hand hygiene (e.g., hand washing) practices, after each direct resident contact as indicated by professional practice; and • The facility demonstrates handling, storage, processing and transporting of linens so as to prevent the spread of infection. 	

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<p>8. Does the facility establish and maintain an infection control program designed to provide a safe, sanitary and comfortable environment and to help prevent development and transmission of disease and infection?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No F441</p>	
<p><i>Note: During the Entrance Conference, the team coordinator requested the Influenza/-Pneumococcal Immunization - Policy and Procedures.</i></p> <p><i>Note: Residents are selected from the Stage I Census Sample Report; however, sampling and review can occur during Stage II.</i></p> <ul style="list-style-type: none">• For surveys conducted during influenza season (October 1 – March 31), select five (5) residents from the Census Sample Report, or• For surveys conducted outside influenza season, select five (5) Census Sample Report residents who resided in the facility during the previous influenza season.• Follow the Procedure section in the Investigative Protocol contained in F tag F334 to complete a review of the implementation of the facility's immunization policies and procedures for influenza and pneumococcal pneumonia. <p>9. Did the facility develop and implement policies and procedures related to influenza and pneumococcal immunizations? <input type="checkbox"/> Yes <input type="checkbox"/> No F334</p>	