

### Infection Control & Immunizations

Facility Name: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Date: \_\_\_\_\_

Surveyor \_\_\_\_\_

*Each team member should make observations of infection control practices throughout the survey. Use this pathway to direct observations, record information, and mark any areas of concern for Questions 1 -8. Enter narrative documentation for all areas of concern. Team members not specifically assigned the responsibility of completing the Infection Control task need only answer the CE question if there are “No” responses to observations.*

*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 9. In addition, use the Investigative Protocol at Tag F334 to complete Question 10 on all surveys.*

Observations	Notes
<p><b>1. Are proper hand-washing techniques followed by the staff?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F441</b></p>	
<p><b>2. Are gloves worn if there is contact with blood, specimens, tissue, body fluids, or excretions?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F441</b></p>	
<p><b>3. Are gloves changed between resident contacts?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F441</b></p>	

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Observations	Notes
<p><b>4. Are staff who are providing direct care free from communicable diseases or infected skin lesions?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F441</b></p>	
<p><b>5. Are precautions observed for the disposal of soiled linens, dressings, disposable equipment (sharps, etc.), and for the cleaning of contaminated reusable equipment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F441</b></p>	
<p><b>6. Are linens and laundry handled or transported in a manner to prevent the spread of infection?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F441</b></p>	
<p><b>7. Are isolation precautions implemented when it is determined that a resident needs isolation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F441</b></p>	

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Observations	Notes
<p>8. Are all other staff practices consistent with current infection control principles and do those practices prevent cross-contamination? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F441</b></p>	
Review	Notes
<p>Follow the Investigative Protocol contained in Tag F441 to complete a review of the infection control program.</p> <p>The facility is in compliance with 42 CFR 483.65 Infection Control if:</p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• The facility demonstrates practices to reduce the spread of infection and control outbreaks through transmission-based precautions (e.g., isolation precautions);</li> <li>• The facility demonstrates practices and processes (e.g., intravenous catheter care, hand hygiene) consistent with infection prevention and prevention of cross-contamination;</li> <li>• The facility demonstrates that it uses records of incidents to improve its infection control processes and outcomes by taking corrective action;</li> <li>• 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;</li> <li>• The facility consistently demonstrates appropriate hand hygiene (e.g., hand washing) practices, after each direct resident contact as indicated by professional practice; and</li> <li>• The facility demonstrates handling, storage, processing, and transporting of linens so as to prevent the spread of infection.</li> </ul>	

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Observations	Notes
<p><b>9. 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?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F441</b></p>	
Review	Notes
<p><i>Note: Use the Influenza/Pneumococcal Immunization - Policy and Procedures the team coordinator requested during the Entrance Conference.</i></p> <p><i>Note: Select residents from the Stage 1 Census Sample Report; however, sampling and review can occur during Stage 2.</i></p> <ul style="list-style-type: none"> <li>• For surveys conducted during influenza season (October 1 – March 31), select five (5) residents from the Census Sample Report, or</li> <li>• For surveys conducted outside influenza season, select five (5) Census Sample Report residents who resided in the facility during the previous influenza season.</li> <li>• 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.</li> </ul> <p><b>10. Did the facility develop and implement policies and procedures related to influenza and pneumococcal immunizations?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F334</b></p>	