



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C 17-09-ALL

DATE: November 18, 2016
TO: State Survey Agency Directors
FROM: Director
Survey and Certification Group
SUBJECT: Infection Control Pilot: 2017 Update

Memorandum Summary

- **Project Overview:** The Centers for Medicare & Medicaid Services (CMS) is in the second year of a three year pilot project to improve assessment of infection control and prevention regulations in Long Term Care (LTC) facilities, hospitals, and during transitions of care. All surveys during the pilot will be educational surveys (no citations will be issued) and will be conducted by a national contractor.
- **Second Year Activities:** Using draft surveyor Infection Control Worksheets (ICWS) based on the new Long Term Care regulation as well as a revised hospital surveyor ICWS, 40 hospital surveys will be paired with surveys of LTC facilities, in order to provide an opportunity to assess infection prevention during transitions of care. In addition, CMS will pilot technical assistance opportunities for facilities in efforts to improve their infection control programs to meet these new regulations. The draft ICWSs are attached to provide transparency of CMS pilot expectations.

Background

CMS is in the second year of a pilot project to meet survey priorities related to assessing the continuum of infection prevention efforts for, and between, hospitals and nursing homes. The proposed outcomes of the pilot include new surveyor infection control tools, and survey processes that can be used to optimize future assessment of new and proposed infection control regulations. The new LTC regulation has been finalized with phased implementation over the next three years.

In the first year of this pilot, a draft LTC surveyor ICWS was developed, in collaboration with the Centers for Disease Control and Prevention (CDC), and tested in 10 pilot surveys. In anticipation of the second year of this pilot, we also developed a draft revision of the current hospital surveyor ICWS.

Scope of Work

During Fiscal Year 2017, the following will occur:

- In October, 2016 a Technical Expert Panel (TEP), composed of multiple stakeholders, CMS and CDC, met to provide input to CMS on how best to assess infection prevention during the transitions of care. Based on TEP input, the ICWSs will include questions on this topic and then be finalized for use in pilot surveys.
- 40 hospitals and a single LTC facility associated with each hospital (based on admissions between each facility) will be surveyed using the ICWSs and assessed for infection prevention during transitions of care.
- Based on survey findings, action plans for improvement will be developed in conjunction with the national contractor, and technical assistance may be identified and offered to help with improvement.
- The ICWSs will be revised based on surveyor feedback after surveys have been completed.

There is no firm commitment to use an ICWS during hospital or LTC surveys in the future. We will use a revised version of the hospital ICWS and anticipate that there may be further changes based on feedback from the pilot surveys. The language on the LTC surveyor ICWS is subject to change based on surveyor or stakeholder feedback. Regardless of future changes to these draft ICWSs, they represent transparency for facilities.

CMS will use a national contractor to perform these educational pilot surveys. While no citations will be issued, if an Immediate Jeopardy deficiency is noted, a referral to the CMS Regional Office (RO) will be made. CMS Central Office staff will communicate details and updates regularly with ROs and State Survey Agencies throughout this pilot. The selection of the facilities to participate in this pilot will be communicated at a later time to the ROs. Additionally, CMS is releasing the draft ICWSs to provide transparency of CMS pilot expectations.

Contact: Please send all questions to Dr. Daniel Schwartz at daniel.schwartz2@cms.hhs.gov.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/

David R. Wright

Attachment (s)

Attachment 1- Draft pilot surveyor LTC IWCS

Attachment 2- Draft pilot surveyor hospital IWCS

cc: Survey and Certification Regional Office Management

The contents of this letter support activities or actions to improve patient or resident safety and increase quality and reliability of care for better outcomes.

This draft pilot worksheet does not reflect current CMS policy and will not be used during current surveys. The questions on the worksheet reflect new regulatory language and will be tested during pilot surveys that will not result in citations. There is no CMS commitment to use this tool, or any version, on future surveys after the regulatory language is implemented.

NAME OF SURVEYOR AND CREDENTIALS	
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***Draft Centers for Medicare and Medicaid Services
Pilot Long Term Care (LTC) Infection Control Worksheet***

The following is a list of questions that will be used to assess infection prevention and control during 40 pilot on-site surveys, in order to develop policy for federal regulatory compliance with the Infection Prevention and Control Conditions of Participation in LTC facilities. The infection prevention and control program will be evaluated through a combination of observations; interviews with staff, residents and their family/support persons; review of medical records and pertinent infection control program documentation.

For these educational pilot surveys, surveyors will be reviewing *all* program documentation for which the worksheet prompts. Additionally, the facilities chosen for survey will be large and diverse enough to provide opportunity for surveyors to observe *all* care required to adequately answer worksheet questions. This approach is for testing purposes only and does not prohibit the surveyors from utilizing other information gathering processes if further investigation is needed to address areas of concern.

As stated in the SC17-09 policy memorandum released on November 18, 2016; while no citations will be issued, if an Immediate Jeopardy deficiency is noted, a referral to the CMS Regional Office will be made.

Note: Significant breaches of infection control practices or an immediate jeopardy finding would require notification of state health department or CMS Regional Office.

The assessment reviews the following domains:

1. Infection Control program infrastructure and Infection Preventionist
2. Infection Preventionist relationship to Quality Assurance Committee
3. Infection surveillance and outbreak response.
4. Influenza and pneumococcal Immunization
5. Linen management
6. Infection prevention during transitions of care

Facility Information

LTC Facility Name:	
CMS Certification Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Start date/time:	____/____/____ and _____AM/PM
End date/time:	____/____/____ and _____AM/PM

Section A	Infection Prevention and Control Program (IPCP) Infrastructure	Assessments	Comments
A.1.	The facility has written infection prevention and control policies and procedures which are based on current nationally recognized evidence-based guidelines (e.g., CDC/HICPAC), regulations or standards for its Infection Prevention and Control Program (IPCP).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A.2.	The facility has evidence of mandatory personnel infection prevention and control training which includes the IPCP written standards, policies, and procedures.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A.3.	The facility has documentation of a facility infection control risk assessment conducted according to infection control professional organizations (e.g. APIC, SHEA) guidelines.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A.4.	Facility has documentation of an annual review of the IPCP using a risk assessment of both facility and community risks, and updates the program as necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Section B	Infection Preventionist	Assessments	Comments
B.1.	The facility has designated one or more individuals with specialized training in infection prevention and control as the Infection Preventionist (IP). This individual works at least part-time in the facility. <i>Examples of specialized training may include: Successful completion of initial and/or recertification exams developed by the Certification Board for Infection Control & Epidemiology; Participation in infection control courses organized by the state or recognized professional societies (e.g., APIC, SHEA).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B.2.	There is written evidence that the IP is a member of the facility's quality assessment and assurance committee and reports to the committee on a regular basis.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Section C	Quality Assessment and Assurance (QAA) Committee	Assessment	Comments
C.1.	The IP has provided documentation of incidents of communicable disease and infections identified under the facility's IPCP to the QAA Committee.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C.2.	The facility's written QAA Committee plan includes monitoring and evaluation of the activities of the IPCP.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

C.3.	There is evidence that the QAA Committee develops plans of action to address incidents of communicable disease identified during review of infection surveillance, staff adherence to infection prevention practices, and antibiotic stewardship data provided by the IP.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C.4.	Adverse events related to breaches in infection prevention practices are analyzed using root cause analysis (RCA) in order to promote sustainable practice improvements throughout the facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Section D	Infection Surveillance http://www.cdc.gov/nhsn/ltc/	Assessment	Comments
D.1.	The facility has a written surveillance plan, based on the risk assessment, outlining activities for monitoring/tracking infections occurring in residents of the facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D.2.	The facility has system in place for early detection and management of potentially infectious symptomatic residents at the time of admission, including implementation of precautions as appropriate <i>Examples: Documenting recent antibiotic use, and history of infections or colonization with C. difficile or antibiotic-resistant organisms.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D.3.	The facility has a system in place (e.g., notification of IP by clinical laboratory) for early detection and management of potentially infectious symptomatic residents, including implementation of precautions as appropriate.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D.4.	The facility surveillance practices include: <ul style="list-style-type: none"> a. Use of published surveillance criteria (e.g., 2012 CDC National Healthcare Safety Network (NHSN) Long Term Care Criteria) to define infections. b. Use of a data collection tool. c. Periodic update to QAA (e.g. quarterly). d. Follow-up activity in response to surveillance data (e.g. outbreaks). e. Report summarizing surveillance data annually. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
D.5.	The facility has a current list of communicable diseases which are reportable to local/state public health authorities.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D.6.	The facility can demonstrate knowledge of when and to whom to report communicable diseases, healthcare associated infections (as appropriate), and potential outbreaks.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Section E	Antibiotic Stewardship Programs http://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html	Assessments	Comments
E.1.	The facility has an antibiotic stewardship program that has been approved by the governing body (e.g. facility administrator and facility leadership) to improve antibiotic use.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

E.2.	The facility has identified one or more clinical leaders accountable for antibiotic stewardship-related duties as per their position description (e.g. nursing director, medical director, or consultant pharmacist).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E.3.	The facility has written protocols on antibiotic prescribing. Note: The intent is to verify appropriateness based on clinical indications and laboratory findings, duration of use, and national standards.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E.4.	The facility uses infection assessment tools or management algorithms for antibiotic use for one or more infections. <i>Examples: Use of an SBAR tool for UTI assessment, application of the Loeb minimum criteria for initiation of antibiotics.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E.5.	The facility has a report summarizing antibiotic use from pharmacy data created within last 6 months. <i>Note: Report could include number of new starts, types of drugs prescribed, or number of days of antibiotic treatment per 1,000 resident days.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E.6.	The facility has a report summarizing antibiotic resistance (i.e. antibiogram) based on laboratory data created within the past 24 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E.7.	The facility clinical leadership (e.g. medical director or director of nursing) provides clinical prescribers with feedback about their antibiotic prescribing practices.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E.8.	The facility clinical leadership (e.g. medical director or consulting pharmacist) has provided training on antibiotic use (stewardship) to all nursing staff and clinical providers with prescribing privileges within the last 12 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E.9.	The facility has educational materials on antibiotic stewardship for residents and families.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Section F	Hand Hygiene	Assessments	Comments
F.1.	<i>The facility hand hygiene policies promote preferential use of alcohol-based hand rub (ABHR) over soap and water in most clinical situations.</i> <i>Note: Soap and water should be used when hands are visibly soiled (e.g., blood, body fluids) and is also preferred after caring for a patient with known or suspected C. difficile or norovirus during an outbreak, or if rates of C. difficile infection in the facility are persistently high.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
F.2.	All personnel receive training and competency validation on HH at the time of employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
F.3.	All personnel receive training and competency validation on HH at least every 12 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

F.4.	The facility audits (monitors and documents) HH adherence and provides feedback among the following: <ul style="list-style-type: none"> a. Nursing staff including RNs, LPN, and CNAs b. Therapy staff (e.g., PT, OT, speech) c. Clinical staff including physicians, NPs, PAs d. Dietary and nutrition including food-preparers e. Environmental services personnel f. Contract staff (e.g. dialysis staff, physical therapy, respiratory therapy, phlebotomy) 		
F.5.	Facility has written and implemented a resident HH policy (e.g. HH performed immediately before meals).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<p>Hand Hygiene Tracer</p> <p>Hand hygiene is performed in a manner consistent with the LTC facility infection control practices, policies, and procedures to maximize the prevention of infection and communicable disease including the following:</p> <p><i>Note: Observations for compliance with hand hygiene elements should be assessed throughout the facility.</i></p>		
F.6.	Soap, water, and a sink are readily accessible in appropriate locations including, but not limited to, resident care areas, food and medication preparation areas. <p><i>Note: Resident care supplies should be protected from splashing water if located close to sinks.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
F.7.	Alcohol-based hand rub is readily accessible and placed in appropriate locations. Some examples may include: <ul style="list-style-type: none"> • Entrances to resident rooms, • At the bedside (as appropriate for resident population), • In individual pocket-sized containers carried by healthcare personnel, • Staff work station, and/or • Other convenient locations 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
F.8.	Personnel perform hand hygiene (even if gloves are used): <ul style="list-style-type: none"> • Before contact with the resident • Before performing an aseptic task (e.g. insertion of an invasive device (e.g. urinary catheter) 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
F.9.	Personnel perform hand hygiene: <ul style="list-style-type: none"> • After contact with the resident • After contact with blood, body fluids, or visibly contaminated surfaces • After contact with objects and surfaces in the resident’s environment • After removing personal protective equipment (e.g., gloves, gown, facemask) 	<input type="checkbox"/> Yes <input type="checkbox"/> No	

F.10.	When being assisted by healthcare personnel, resident hand hygiene is performed: <ul style="list-style-type: none"> • Prior to resident leaving room if on transmission-based precautions • After toileting • Before meals 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Section G	Standard Precautions Tracer	Assessments	Comments
G.1.	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).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
G.2.	Gloves are worn if there is contact with blood or body fluid, mucous membranes, or non-intact skin.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
G.3.	Gloves are removed after contact with blood or body fluids, mucous membranes, or non-intact skin.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
G.4.	Gloves are changed and hand hygiene performed before moving from a contaminated-body site to a clean-body site during resident care.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
G.5.	Gown are worn for direct resident contact if the resident has uncontained secretions or excretions.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
G.6.	Facemasks are worn if contact with residents with new acute cough or respiratory symptoms (e.g. influenza-like illness).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
G.7.	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.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
G.8.	PPE is appropriately discarded after resident care prior to leaving room, followed by hand hygiene.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Section H	Transmission Based Precautions	Assessments	Comments
H.1.	The facility has policies and procedures for transmission-based precautions (i.e. Contact Precautions, Droplet Precautions, Airborne Isolation Precautions) to be followed to prevent spread of infections; which includes selection and use of PPE (e.g., indications, donning/doffing procedures) and specifies the clinical conditions for which specific PPE should be used (e.g., C. difficile, Influenza).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H.2.	Residents with known or suspected infections, or with evidence of symptoms that represent an increased risk for transmission, are placed on the appropriate transmission based precautions. Note: Resident placement (e.g. single/private room or cohorted) is made on an individual case basis based on presence of risk factors for increased likelihood of transmission (e.g. uncontained drainage, stool incontinence). Note: Facility should have a process to manage residents on transmission based precautions when no single/private room is available.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

H.3.	The facility limits the movement of residents (in accordance with policies) on transmission-based precaution with active symptoms (diarrhea, nausea and vomiting, draining wounds that cannot be contained for highly infectious diseases (e.g. norovirus, C difficile)) outside of their room for medically necessary purposes only.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H.4.	Facility has written policies and procedures to ensure that after resident discharge, all visibly or potentially contaminated surfaces are thoroughly cleaned and disinfected, and all linens and towels (e.g. textiles) are replaced. Note: Privacy curtains should be changed or cleaned with an EPA registered disinfectant after discharge.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Transmission Based Precautions Tracer	Assessments	Comments
H.5.	Signs indicating a resident is on transmission-based precautions are clear and visible.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
H.6.	Staff are able to successfully verbalize the transmission based precautions required before entering a resident's room.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
H.7.	Hand hygiene is performed before entering resident care environment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
H.8.	Gloves and gowns are donned upon entry into the environment (e.g. room or cubicle) of resident on Contact Precautions.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
H.9.	Dedicated or disposable noncritical resident-care equipment (e.g., blood pressure cuffs) is used, or if not available, then equipment is cleaned and disinfected according to manufacturers' instructions prior to use on another resident.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
H.10.	Gloves and gowns are removed and properly discarded, and hand hygiene is performed before leaving the resident care environment. <i>Note: Although preferred for most clinical circumstances, ABHR is not appropriate when hands are visibly soiled (e.g., blood, body fluids) or after caring for a resident with known or suspected C. difficile or norovirus during an outbreak or if endemic rates of C. difficile infection (CDI) are high. In these circumstances, soap and water should be used.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
H.11.	In rooms with residents on Contact Precaution, objects and environmental surfaces that are touched frequently (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.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Section I	Injection Practices and Sharps Safety (Medications and Infusates) Tracer	Assessments	Comments
I.1.	Appropriate personnel receive training and competency validation on injection safety procedures at time of employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I.2.	Appropriate personnel receive training and competency validation on injection safety procedures at least every 12 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

I.3.	The facility audits (monitors and documents) and provides feedback to personnel regarding their adherence to injection safety practices Note: If yes, facility should provide documentation of audits.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I.4.	The facility has policies and procedures to monitor and track personnel with access to injectable controlled substances to prevent potential transmission of infections secondary to contamination of syringes and medication vials. Note: this question highlights the relationship between narcotics theft/drug diversion and contaminated syringes and medication vials.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I.5.	Injections are prepared using clean (aseptic) technique in an area that has been cleaned and is free of contamination (e.g., visible blood, or body fluids). Note: Clean technique includes performing hand hygiene before injection or medication preparation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to observe	
I.6.	Needles are used for only one resident.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I.7.	Syringes are used for only one resident (this includes manufactured prefilled syringes).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I.8.	Insulin pens are used for only one resident.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I.9.	The rubber septum on any medication vial, whether unopened or previously accessed, are disinfected with alcohol prior to piercing	<input type="checkbox"/> Yes <input type="checkbox"/> No N/A	
I.10.	Medication vials are entered with a new needle. Note: Reuse of syringes and/or needles to enter a medication vial contaminates the contents of the vial, making the vial unsafe for use on additional residents. If a surveyor sees needles being reused to enter a vial to obtain additional medication for the same patient, no citation should be made if the vial is discarded immediately.	<input type="checkbox"/> Yes <input type="checkbox"/> No N/A	
I.11.	Medication vials are entered with a new syringe. Note: Reuse of syringes and/or needles to enter a medication vial contaminates the contents of the vial, making the vial unsafe for use on additional residents. If a surveyor sees syringes being reused to enter a vial to obtain additional medication for the same patient, no citation should be made if the vial is discarded immediately.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to observe	
I.12.	Medication vials labeled for single dose – single use is only used for one resident.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I.13.	Bags of IV solutions are used for only one resident (and not as a source of flush solution for multiple residents).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I.14.	Medication administration tubing and connectors are used for only one resident.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

I.15.	Multi-dose medication vials are dated when they are first opened and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial. <i>Note: The beyond-use date is different from the expiration date for the vial. The multi-dose vial can be dated with either the date opened or the discard date as per facility policy, as long as it is clear what the date represents and the same policy is used consistently throughout the facility.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I.16.	Multi-dose medication vials used for more than one resident are stored appropriately and do not enter the immediate resident care area (e.g. procedure rooms, resident room). <i>NOTE: If multi-dose vials enter the immediate resident care area, they must be dedicated for single resident use and discarded immediately after use.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to observe	
I.17.	All sharps are disposed of in puncture-resistant sharps containers.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I.18.	Sharps containers are replaced when the fill line is reached.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I.19.	Sharps containers are disposed of appropriately as medical waste.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Section J	Point Of Care Devices (e.g. Blood Glucose Meter, INR Monitor) Tracer	Assessment	Comments
J.1	Appropriate personnel receive training and competency validation on point of care testing procedures (e.g. during assisted blood glucose monitoring) at time of employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
J.2.	Appropriate personnel receive training and competency validation on point of care testing procedures (e.g. during assisted blood glucose monitoring) at least every 12 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
J.3.	Supplies necessary for adherence to safe point of care testing (e.g., single-use, auto-disabling lancets, sharps containers) are readily accessible in resident care areas.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
J.4.	Hand hygiene is performed before and after the procedure for each resident.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
J.5.	Gloves are worn by healthcare personnel when performing the finger stick procedure to obtain the sample of blood, and are removed after the procedure (followed by hand hygiene).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
J.6.	Finger stick devices are not used for more than one resident. <i>Note: This includes both the lancet and the lancet holding device.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

J.7.	If used for more than one resident, the point-of-care testing device (e.g., blood glucose meter, INR monitor) is cleaned and disinfected after every use according to manufacturer's instructions. Note: if manufacturer does not provide instructions for cleaning and disinfection, then the device should not be used for >1 resident.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
J.8.	The facility has protocols for performing finger sticks and point of care testing (e.g., assisted blood glucose monitoring)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
J.9.	The facility audits (monitors and documents) and provides feedback to personnel regarding their adherence to point of care testing practices Note: If yes, facility should provide documentation of audits.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Section K	Central Venous Line/Catheters: Accessing and Maintenance Tracer	Assessment	Comments
K.1.	The facility provides evidence that only properly trained personnel who demonstrate competence for access and maintenance of central venous catheters are given this responsibility. Mark N/A if facility does not accept residents with a central line and then skip the remainder of K.2.-K.9.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
K.2.	If the facility accepts residents with central lines, the expectation is that observations would be made. If no observations were available, the surveyors is to skip questions 2 through 9.	<input type="checkbox"/> No observations available	Must document why not:
K.3.	Central venous line/catheter insertion date and indication are documented.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
K.4.	Hand hygiene is performed before and after manipulating catheter.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
K.5.	Central line dressings are observed to be clean, dry, and intact.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
K.6.	Dressing is changed with clean (aseptic) technique using clean gloves or sterile gloves.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
K.7.	Access port is scrubbed with an appropriate antiseptic (chlorhexidine, povidone iodine, iodophor, or 70% alcohol) prior to accessing.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
K.8.	Catheter is accessed only with sterile devices.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
K.9.	Residents with central venous catheters are assessed regularly to determine continued need for the catheter and this assessment is documented in the medical record. (The central line is promptly removed when no longer needed.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Section L	Indwelling Urinary Catheters Tracer	Assessment	Comments

L.1.	The attending physician/practitioner has provided a written rationale for the use of a urinary catheter consistent with evidence-based guidelines (e.g. acute urinary retention, bladder outlet obstruction, neurogenic bladder or terminally ill for comfort measures). Note: 483.25(e)(2)(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that the catheterization was necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
L.2.	There is evidence that only trained personnel who have demonstrated competency are given the responsibility of inserting urinary catheters.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
L.3.	Catheter is secured properly.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
L.4.	Catheter insertion date and indication are documented.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Section M	Urinary Catheter Access and Maintenance Tracer:	Assessment	Comments
M.1.	The facility provides evidence that only trained personnel who have demonstrated competency are given the responsibility of maintaining urinary catheters.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
M.2.	Hand hygiene is performed before and after manipulating the urinary catheter and gloves are worn.	<input type="checkbox"/> Yes <input type="checkbox"/> No N/A	
M.3.	Urine collection bag is kept below the level of the bladder and off the floor at all times.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
M.4.	Urinary catheter tubing is unobstructed and free of kinking.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
M.5.	Urine bag is emptied using a separate, clean collection container for each resident; drainage spigot does not touch collecting container.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
M.6.	Urine samples are obtained via needleless port and not obtained from the collection bag.	<input type="checkbox"/> Yes <input type="checkbox"/> No N/A	
M.7.	Residents with indwelling urinary catheters are assessed regularly for continued need for the catheter, and the need is documented. The attending physician/practitioner has documented a valid clinical indication for the use of the catheter and ongoing assessment and orders for the removal when the clinical condition demonstrates that catheterization is no longer necessary. The written rationale for the use of a urinary catheter is consistent with evidence-based guidelines (e.g. acute urinary retention, bladder outlet obstruction, neurogenic bladder or terminally ill for comfort measures).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Section N	Respiratory Therapy Tracer	Assessment	Comments
N.1	If no observations available for respiratory therapy, skip questions 1 through 8.	<input type="checkbox"/> No observations available	

N.2.	Hand hygiene is performed before and after contact with a resident or any respiratory equipment used on the resident.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
N.3.	Gloves are worn when in contact with respiratory secretions and changed before contact with another resident, object, or environmental surface.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
N.4.	Only sterile solutions (e.g. water or saline) are used for nebulization.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
N.5.	Single-dose vials for aerosolized medications are not used for more than one resident.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
N.6.	If multi-dose vials for aerosolized medications are used, manufacturers' instructions for handling, storing, and dispensing the medications are followed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
N.7.	If multi-dose vials for aerosolized medications are used for more than one resident, they are stored appropriately and do not enter the immediate resident treatment area.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
N.8.	Jet nebulizers are for single resident use and are cleaned and stored as per facility policy, rinsed with sterile water, and air-dried between treatments on the same resident. Note: Mesh nebulizers which remain in the ventilator circuit and are not cleaned or disinfected are changed at an interval recommended by manufacturer's instructions. Nebulizers/drug combination systems are cleaned and disinfected according to the manufacturer's instructions.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
N.9.	The head of the bed is elevated at an angle of 30-45° in the absence of medical contraindications, for residents at high risk for aspiration (e.g. resident with an enteral tube in place).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Section O	Wound Management Tracer	Assessment	Comments
O.1.	Hand hygiene is performed before a wound procedure.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
O.2.	Gloves are worn during the dressing procedure.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
O.3.	A gown is worn if healthcare personnel contamination is anticipated during the dressing procedure (e.g. excessively draining wounds).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
O.4.	Reusable dressing care equipment (e.g., bandage scissors) must be cleaned and reprocessed (i.e., disinfected or sterilized according to manufacturer's instructions) if shared between residents. Refer to current CDC guidelines <u>CDC Guideline for Disinfection and Sterilization in Healthcare Facilities,2008</u> <u>https://www.cdc.gov/hicpac/Disinfection_Sterilization/6_0disinfection.html</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

O.5.	Clean wound dressing supplies are handled in a way to prevent cross contamination between residents (e.g. wound care supply cart which remains outside of resident care areas; unused supplies are discarded or remain dedicated to resident).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
O.6.	The dressing change is conducted per physician/practitioner orders.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
O.7.	Multi-dose wound care medications (e.g., ointments, creams) should be dedicated to one resident whenever possible. NOTE: If multi-dose wound care medications (e.g., ointments, creams) are used for more than one resident, then the medications should be stored in a central medication area and should not enter the resident treatment area. For example, a small aliquot of medication should be dispensed into a clean container for single-resident use.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
O.8.	Gloves are removed and hand hygiene is performed immediately after the procedure.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
O.9.	Wound care documentation in resident’s medical record reflects the condition of the wound and includes the following: a. Type of dressing b. Frequency of dressing change c. Wound description (e.g., measurement, characteristics)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Section P	Environmental Cleaning And Disinfection	Assessment	Comments
P.1.	The facility has cleaning/disinfection policies which include routine and terminal cleaning and disinfection of resident rooms, and high-touch surfaces in common areas. Note: Privacy curtains should be changed after resident is discharged, or cleaned with an EPA approved disinfectant as needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
P.2.	The facility cleaning/disinfection policies include handling of equipment shared among residents (e.g., blood pressure cuffs, rehab therapy equipment, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

P.3.	<p>Facility has policies and procedures to ensure that reusable medical devices (e.g., wound care equipment, podiatry equipment, and dental equipment) are cleaned and reprocessed appropriately prior to use on another resident.</p> <p>Note: If external consultants (e.g., wound care nurses, dentists or podiatrists) provide services in the facility, the facility must verify these providers have adequate supplies and space to follow appropriate cleaning/disinfection (reprocessing) procedures to prevent transmission of infectious agents</p> <p>Note: Select “not applicable” if any of the following are true:</p> <ol style="list-style-type: none"> 1. All medical devices are single use only or dedicated to individual residents 2. No procedures involving medical devices are performed in the facility by staff or external consultants 3. External consultants providing services which involve medical devices have adequate supplies, no devices are shared on-site, and all reprocessing is performed off-site. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
P.4.	<p>Appropriate personnel receive job-specific training and competency validation on cleaning and disinfection procedures at the time of employment and within the past 12 months.</p> <p>Note: If environmental services are performed by contract personnel, the facility should verify that training is provided by contracting company.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
P.5.	<p>The facility audits (monitors and documents) and provides feedback to personnel regarding the quality of cleaning and disinfection procedures.</p> <p>Note: If yes, facility should provide documentation of audits.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
P.6.	<p>Supplies necessary for appropriate cleaning and disinfection procedures (e.g., EPA-registered for use in healthcare facilities, including products labelled as effective against <i>C. difficile</i> and Norovirus) are available and used according to manufacturer instructions for use.</p> <p>Note: If environmental services are performed by contract personnel, facility should verify that appropriate EPA-registered products are provided by contracting company.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section Q	HealthCare Personnel Safety	Assessment	Comments
Q.1.	<p>The facility has policies prohibiting contact with residents or their food when personnel have potentially communicable diseases or infected skin lesions.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q.2.	<p>The employee health policies address the following:</p> <ol style="list-style-type: none"> a. Work-exclusion policies that encourage reporting of illnesses. b. Education of personnel on prompt reporting of illness to supervisor and/or employee health. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	

Q.3.	The facility based on applicable State law, has a written policy to provide personnel TB screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q.4.	Documentation of a protocol for monitoring and evaluating clusters or outbreaks of illness among healthcare personnel.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q.5.	The facility has an exposure control plan which address potential hazards posed by specific services provided by the facility (i.e., OSHA requirement for blood-borne pathogens).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q.6.	All personnel receive training and competency validation on managing a blood-borne pathogen exposure at the time of employment and at least every 12 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Section R	Respiratory Disease Prevention [(e.g. Pneumococcal, Influenza and Tuberculosis (TB))]	Assessment	Comments
R.1.	The facility has a written policy to assess risk for TB (based on local health department data) and provide screening to residents on admission.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
R.2.	The resident's medical record includes documentation of TB screening on admission. Note: Review may focus on recent admissions to the facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
R.3.	The facility has a written policy that requires family and visitors take appropriate precautions if they are having symptoms of respiratory infection during their visit.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
R.4.	Signs are posted at the entrances with instructions to individuals with symptoms of respiratory infection to: cover their mouth/nose when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after contact with respiratory secretions. Note: See CDC website for examples of signage.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
R.5.	The facility provides resources for performing hand hygiene (i.e. alcohol based hand-rub) near the entrance and in common areas.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
R.6.	The facility has policy to provide facemasks to residents with a new acute cough and other symptomatic persons upon entry to the facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
R.7.	All personnel receive education the at the time of employment and at least every 12 months on the importance of infection prevention measures to contain respiratory secretions to prevent the spread of respiratory pathogens.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
R.8.	The facility documents resident immunization status for pneumococcal and influenza vaccination at time of admission (or as required by per state law). Note: The process by which a facility determines resident immunization status may include information provided by the resident/or family member healthcare designated power of attorney.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

R.9.	The resident's medical record includes documentation that indicates (at a minimum) either the resident received the pneumococcal immunizations, or the resident refused or had a contraindication to one or both pneumococcal vaccinations.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
R.10.	The resident's medical record includes documentation that an influenza immunization is offered annually. Note: The resident or the resident's representative has the opportunity to refuse influenza immunization.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
R.11	Facility has policy and procedures to ensure the resident or resident's representative receives education regarding benefits and potential side effects of each immunization.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Section S	Linen Management	Assessment	Comments
S.1.	Healthcare handle soiled linens with minimum agitation to avoid contamination of the environment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
S.2.	Soiled linens are bagged or otherwise contained at the point of collection in leak-proof containers or bags, and are not sorted or rinsed in the location of use. Note: Covers are not needed on contaminated textile hampers in resident care areas.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
S.3.	The receiving area for contaminated/soiled linen is clearly separated from clean laundry areas. Note: Workflow should prevent cross contamination (i.e. If fans are used the ventilation should not flow from dirty to clean laundry areas).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
S.4.	If facility laundry services are contracted out and performed offsite, the contract must show evidence that the contractor's laundry service meets healthcare industry laundry standards.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
S.5.	Clean linen are packaged, transported, and stored in a manner that ensures cleanliness and protection from contamination (e.g. dust and soil).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
S.6.	The facility should be using the fabric manufacturer's recommended laundry cycles, water temperatures, and chemical/detergent products.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
S.7.	The facility has handwashing stations in areas where non-bagged, soiled linen is handled.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
S.8.	The facility has a policy for cleaning and disinfecting linen carts on the premises or for cart exchange off the premises.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section T	Infection Prevention, Stewardship, and Responsibility of Care During Care Transitions	Assessment	Comments
T.1.	<p>When transferring a resident to another facility, the LTC facility has a process, and can demonstrate evidence, that resident documentation sent to the receiving facility providers includes direct contact information [name, phone number, email] for the resident’s treating clinician (MD, APN, PA), transferring nursing unit and case manager (if applicable) before or at the time of transfer?</p> <p>CDC sample transfer form: Example1.pdf for the Inter-facility Infection Control Transfer Form https://www.cdc.gov/hai/pdfs/toolkits/InfectionControlTransferFormExample1.pdf</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
T.2.	<p>The LTC facility has a process, and can demonstrate evidence, that documentation of resident infection, colonization or known history of positive culture with multidrug-resistant organism, <i>C. difficile</i>, or other epidemiologically important organism (e.g. scabies) is sent to receiving provider (e.g. hospital) before or at the time of transfer?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
T.3.	<p>The LTC facility has a process and can demonstrate evidence that documentation of the presence of clinical signs or symptoms of potentially communicable diseases (e.g., vomiting, diarrhea, cough) is sent to receiving provider before or at the time of transfer?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
T.4.	<p>The LTC facility has a process and can demonstrate evidence that communication of critical information regarding central lines and urinary catheters (i.e. insertion date, rationale), or other medical devices, is sent to receiving provider before or at the time of transfer?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
T.5.	<p>The LTC facility has a process and can demonstrate evidence that communication of the rationale and use of transmission-based precautions/PPE is sent to receiving provider before or at the time of transfer (e.g. C difficile with diarrhea)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
T.6.	<p>The LTC facility has a process and can demonstrate evidence that communication of current or recent (i.e. within past 7 days) antibiotic use, which includes dose, route, indication, start date/stop date, and date and time of last antibiotic administered is sent to receiving provider before or at the time of transfer?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

T.7.	The LTC facility verifies that critical medications and equipment are available at the receiving facility (e.g. Critical Access Hospital) at the time of transfer to prevent disruptions in the continuity of care (e.g., IV antibiotics and administration equipment).	<input type="checkbox"/> Yes <input type="checkbox"/> No NA	
T.8.	The LTC facility has a process for and can demonstrate evidence that they have sent additional information about potentially transmissible infections, resistant organisms, and antibiotic use if missing or unavailable at the time of resident transfer to the hospital.	<input type="checkbox"/> Yes <input type="checkbox"/> No	blank
T.9.	The LTC facility has evidence that essential resident information about potentially transmissible infections, resistant organisms, and antibiotic use is reviewed and addressed (e.g. transmission-based precautions) at the time of arrival from a hospital.	<input type="checkbox"/> Yes <input type="checkbox"/> No	blank

This draft pilot worksheet does not reflect current CMS policy and will not be used during current surveys. The questions on the worksheet reflect NPRM language and will be tested during pilot surveys that will not result in citations. There is no CMS commitment to use this tool, or any version, on future surveys after the regulatory language is finalized and implemented.

***Draft Centers for Medicare and Medicaid Services
Pilot Hospital Infection Control Worksheet***

The following is a list of items that will be assessed during on-site surveys, in order to determine federal regulatory compliance with the Infection Prevention and Control in hospitals. Criteria are to be evaluated through a combination of observation; interviews with staff, patients and their family/support persons; review of medical records and of any necessary infection control program documentation. During the survey, observations or concerns may prompt the surveyor to request and review specific hospital policies and procedures. Surveyors are expected to use their judgment and review only those documents necessary to investigate their concern(s) or to validate their observations.

For these unique educational pilot testing surveys, the contracted surveyors will be reviewing **all** program documentation for which the worksheet prompts. Additionally, the facilities chosen for sampling will be such that support the increased opportunity for surveyors to observe **all** care required to adequately answer worksheet questions. It is understood this approach is for testing purposes only and does not prohibit the final product from utilizing a different survey information gathering process such as one that bases further investigation upon “triggered” areas of concern.

As stated in the SC17-09 policy memorandum released on November 18, 2016; while no citations will be issued, if an Immediate Jeopardy deficiency is noted, a referral to the CMS Regional Office will be made.

Note: Significant breaches of infection control practices would require notification of state health department.

Hospital Characteristics

Hospital Name:	
CMS Certification Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Start date/time:	___/___/___ and _____AM/PM
End date/time:	___/___/___ and _____AM/PM

Module 1: Infection Prevention Program

Section 1.A. Infection Prevention Program and Resources

Elements to be assessed		Surveyor Notes
1.A.1 The hospital has designated one or more individual(s) responsible for the infection prevention and control program, who is/are appointed by the governing body based on recommendations of the medical staff leadership and nursing leadership.	<input type="radio"/> Yes <input type="radio"/> No	
1.A.2 The hospital can provide evidence that the Infection Preventionist, IP(s)/Infection Control Professional, ICP(s) is/are qualified and maintain(s) qualifications through education, training, experience or certification related to infection control consistent with hospital policy.	<input type="radio"/> Yes <input type="radio"/> No	
1.A.3 The hospital can provide evidence that the hospital has developed general infection prevention and control policies and procedures that are based on nationally recognized guidelines and applicable state and federal law.	<input type="radio"/> Yes <input type="radio"/> No	
1.A.4 The hospital provides evidence of compliance with reportable diseases requirements of the local health authority.	<input type="radio"/> Yes <input type="radio"/> No	
1.A.5 The hospital can provide documentation of actions taken to address any infection control issues identified by public health authorities.	<input type="radio"/> Yes <input type="radio"/> No	
1.A.6 The infection prevention and control program reflects the scope and complexity of the hospital services provided. Note: Note: For example, a hospital that offers an organ transplant program (contrasted with a hospital that does not offer an organ transplant program) would be expected to have an infection prevention and control program that addresses infection issues specific to the organ transplant patient.	<input type="radio"/> Yes <input type="radio"/> No	
1.A.7 The hospital can provide evidence that the hospital performs an annual facility infection risk assessment that evaluates and prioritizes potential risks for infection, contamination, and exposures and the infection prevention and control program's preparedness to eliminate or mitigate such risks	<input type="radio"/> Yes <input type="radio"/> No	
1.A.8 The governing body ensures that surveillance systems are actively tracking all infection prevention and control and antibiotic use activities.	<input type="radio"/> Yes <input type="radio"/> No	

1.A.9 The IP(s)/ICP(s) are responsible for all documentation, written or electronic, of the infection prevention and control program and its surveillance, prevention, and control activities.	<input type="radio"/> Yes <input type="radio"/> No	
1.A.10 The hospital has infection control policies and procedures relevant to construction, renovation, maintenance, demolition, and repair, including the requirement for an infection control risk assessment (ICRA) to define the scope of the project and need for barrier measures before a project gets underway.	<input type="radio"/> Yes <input type="radio"/> No	

Section 1.B. Hospital QAPI Systems Related to Infection Prevention

Elements to be assessed		Surveyor Notes
The hospital infection prevention and control program is coordinated with the hospital QAPI program as evidenced by:		
1.B.1 The hospital can provide evidence that HAIs and other infections identified in the infection prevention and control program are addressed in collaboration with the hospital QAPI program (i.e., development and implementation of corrective interventions, and ongoing evaluation of interventions implemented for both success and sustainability).	<input type="radio"/> Yes <input type="radio"/> No	
1.B.2 The hospital tracks healthcare personnel exposure events, evaluates event data, and develops corrective action plans to reduce the incidence of such events.	<input type="radio"/> Yes <input type="radio"/> No	
1.B.3 The hospital utilizes a risk assessment process to prioritize selection of quality indicators for infection prevention and control.	<input type="radio"/> Yes <input type="radio"/> No	
1.B.4 The hospital has policies and procedures to prevent the diversion of scheduled drugs.	<input type="radio"/> Yes <input type="radio"/> No	

1.B.5 The hospital has a system to track movement of all scheduled drugs from point of entry into the hospital to point of departure (administration to the patient, destruction, or return to the manufacturer).	<input type="radio"/> Yes <input type="radio"/> No	
1.B.6 The hospital can provide evidence that data from the tracking system is regularly reviewed and discrepancies or unusual access patterns are investigated in a timely manner.	<input type="radio"/> Yes <input type="radio"/> No	
1.B.7 The hospital can provide evidence that patient safety risks (e.g., exposure to pathogens) are assessed, in consultation with the infection prevention program, when diversion involving tampering or substitution is identified.	<input type="radio"/> Yes <input type="radio"/> No	
1.B.8 The hospital can provide evidence that appropriate authorities, in accordance with State and Federal laws, are notified when diversion is identified.	<input type="radio"/> Yes <input type="radio"/> No	
1.B.9 The hospital can provide evidence that medication control policies and procedures are evaluated whenever diversion is identified and necessary systems and processes are implemented to ensure identified gaps are corrected.	<input type="radio"/> Yes <input type="radio"/> No	
1.B.10 The hospital tracks healthcare personnel exposure events, evaluates event data, and develops and implements corrective action plans to reduce the incidence of such events.	<input type="radio"/> Yes <input type="radio"/> No	

Section 1.C. Systems for the Surveillance, Prevention, and Control of Healthcare-Associated Infections and Other Infectious Diseases

Elements to be assessed		Surveyor Notes
1.C.1. The hospital has a system in place for early detection and management of potentially infectious persons at initial points of entry to the hospital, including rapid isolation as appropriate. Note: Travel history and previously identified infections in other health care facilities are included as part of admission protocols.	<input type="radio"/> Yes <input type="radio"/> No	

<p>1.C.2 The hospital has a respiratory/hygiene cough etiquette program to prevent transmission of respiratory pathogens at points of entry to the hospital and in other waiting/common areas.</p>	<input type="radio"/> Yes <input type="radio"/> No	
<p>1.C.3 The hospital has a surveillance program to monitor incidence of epidemiologically important organisms targeted for prevention and control.</p> <p>Note: Infectious agents may be considered epidemiologically important based on the following characteristics: propensity for transmission within healthcare facilities, association with serious clinical disease, antibiotic resistance to first-line therapies or multiple classes of agents, unusual patterns of resistance, newly discovered or reemerging pathogen. Please refer to CDC’s Guideline for Isolation Precautions for further details: https://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf</p>	<input type="radio"/> Yes <input type="radio"/> No	
<p>1.C.4 The hospital has policies and procedures to minimize the risk of healthcare-associated infections and transmission of targeted epidemiologically important organisms within the hospital.</p> <p>Note: Hospitals defines epidemiologically important organisms as: Infectious agents that have one or more of the following characteristics: 1) are readily transmissible; 2) have a proclivity toward causing outbreaks; 3) may be associated with a severe outcome; or 4) are difficult to treat. CDC Isolation Guidelines</p>	<input type="radio"/> Yes <input type="radio"/> No	
<p>1.C.5 The hospital uses surveillance data to implement corrective actions rapidly when increased rates of healthcare-associated infections or transmission of targeted epidemiologically important organisms are detected.</p>	<input type="radio"/> Yes <input type="radio"/> No	
<p>1.C.6 The hospital has systems in place for early detection and management of infectious patients identified during the hospital stay, including rapid isolation of patients as appropriate.</p> <p>Note: System includes prompt notification of the IP by the clinical microbiology laboratory when epidemiologically important organisms (e.g. new novel or targeted antibiotic-resistant organisms are detected).</p>	<input type="radio"/> Yes <input type="radio"/> No	
<p>1.C.7 Hospital has policies and procedures to minimize exposure of medications and medical equipment to tap water.</p>	<input type="radio"/> Yes <input type="radio"/> No	
<p>1.C.8 Hospital has a water management program to reduce the risk of <i>Legionella</i> growth and spread.</p> <p>Note: Please see https://www.cdc.gov/legionella/downloads/toolkit.pdf for key elements of a water management program.</p>	<input type="radio"/> Yes <input type="radio"/> No	
<p>1.E.9 The hospital follows recommendations of the Advisory Committee on Immunization Practices (ACIP) for immunization of healthcare personnel, including offering hepatitis B and influenza vaccination.</p>	<input type="radio"/> Yes <input type="radio"/> No	

Section 1.D. Systems for the Optimization of Antibiotic Use Through Stewardship

Elements to be assessed		Surveyor notes
1.D.1 The hospital has an active hospital-wide program for optimizing antibiotic use through stewardship.	<input type="radio"/> Yes <input type="radio"/> No	
1.D.2 An individual who is qualified through education, training, or experience in infectious diseases and/or antibiotic stewardship is appointed by the governing body as the leader of the antibiotic stewardship program based on the recommendations of medical staff and pharmacy leadership.	<input type="radio"/> Yes <input type="radio"/> No	
1.D.3 A pharmacist who is qualified through education, training, or experience in infectious diseases and/or antibiotic stewardship provides drug expertise to the antibiotic stewardship program.	<input type="radio"/> Yes <input type="radio"/> No	
1.D.4 Antibiotic stewardship program follows nationally recognized guidelines for improving antibiotic use.	<input type="radio"/> Yes <input type="radio"/> No	
1.D.5 Antibiotic stewardship program reflects scope and complexity of hospital services provided.	<input type="radio"/> Yes <input type="radio"/> No	
1.D.6 Antibiotic stewardship program includes competency-based training and education of hospital personnel and staff, including medical staff and, as applicable, personnel providing contracted services in the hospital, on the practical application of antibiotic stewardship guidelines, policies, and procedures.	<input type="radio"/> Yes <input type="radio"/> No	
1.D.7 Antibiotic stewardship program demonstrates coordination among all components of the hospital responsible for antibiotic use and resistance, including the infection prevention and control program, QAPI program, medical staff, nursing services, and pharmacy services.	<input type="radio"/> Yes <input type="radio"/> No	
1.D.8 Antibiotic stewardship program documents the evidence-based use of antibiotics in all departments and services of the hospital.	<input type="radio"/> Yes <input type="radio"/> No	
1.D.9 Antibiotic stewardship program tracks antibiotic use and demonstrates sustained improvements in appropriate antibiotic use in all departments and services of the hospital.	<input type="radio"/> Yes <input type="radio"/> No	

Section 1.E. Infection Prevention Systems, and Training Related to Personnel

Elements to be assessed		Surveyor Notes
1.E.1 The hospital can provide evidence of documented job-specific training for all healthcare personnel on hospital infection control practices, policies, and procedures upon hire, and at least annually.	<input type="radio"/> Yes <input type="radio"/> No	
1.E.2 The hospital can provide evidence that its training programs address problems identified by the IP(s)/ICP(s).	<input type="radio"/> Yes <input type="radio"/> No	
1.E.3 The hospital infection control system trains personnel for whom contact with blood or other potentially infectious material is anticipated on the OSHA blood borne pathogens standards upon hire, as needed and at least annually.	<input type="radio"/> Yes <input type="radio"/> No	
1.E.4 The hospital infection control system puts in place and monitors efforts to prevent needle sticks, sharps injuries, and other employee exposure events.	<input type="radio"/> Yes <input type="radio"/> No	
1.E.5 Following an exposure incident, post-exposure evaluation and follow-up, including prophylaxis as appropriate, is available to the individual and performed by or under the supervision of a practitioner.	<input type="radio"/> Yes <input type="radio"/> No	
1.E.6 The hospital's respiratory protection program details required worksite-specific procedures and elements for required respirator use and ensures that respiratory fit testing is provided at regular intervals to personnel at risk.	<input type="radio"/> Yes <input type="radio"/> No	
1.E.7 Hospital has well-defined policies concerning contact of personnel with patients when personnel have potentially transmissible conditions. Note: The hospital provides education to personnel on need for prompt reporting of illness to supervisor and/or occupational health. The hospital has work-exclusion policies that encourage reporting of illnesses and does not penalize with loss of wages, benefits, or job status.	<input type="radio"/> Yes <input type="radio"/> No	

Section 1.F. Infection Prevention, Stewardship, and Responsibility of Care During Care Transitions

Elements to be assessed		Surveyor Notes
Intent: To prevent the transmission of infections and maintain continuity of care during transitions of care		
1.F.1 The hospital has a process and can demonstrate evidence that communication of patient information to receiving (e.g. nursing home) providers includes direct contact information [name, phone number, email] for patient's treating clinician (MD, APN, PA), transferring nursing unit, and case manager (if applicable) before or at the time of transfer? See http://www.cdc.gov/hai/pdfs/toolkits/InfectionControlTransferFormExample1.pdf for the Inter-facility Infection Control Transfer Form.	<input type="radio"/> Yes <input type="radio"/> No	
1.F.2 The hospital has a process and can demonstrate evidence that communication of patient infection, colonization or known history of positive culture with multidrug-resistant organism, <i>C. difficile</i> , or other epidemiologically important organism (e.g. scabies) is sent to receiving provider before or at the time of transfer?	<input type="radio"/> Yes <input type="radio"/> No	
1.F.3 The hospital has a process and can demonstrate evidence that communication of the presence of clinical signs or symptoms of potentially communicable diseases (e.g., vomiting, diarrhea, cough) is sent to receiving provider before or at the time of transfer?	<input type="radio"/> Yes <input type="radio"/> No	
1.F.4 The hospital has a process and can demonstrate evidence that communication of critical information regarding central lines and urinary catheters (i.e. insertion date, rationale), or other medical devices, is sent to receiving provider before or at the time of transfer?	<input type="radio"/> Yes <input type="radio"/> No	
1.F.5 The hospital has a process and can demonstrate evidence that communication of the rationale and use of transmission-based precautions/PPE is sent to receiving provider before or at the time of transfer (e.g. <i>C difficile</i> with diarrhea)?	<input type="radio"/> Yes <input type="radio"/> No	
1.F.6 The hospital has a process and can demonstrate evidence that communication of current or recent (i.e. within past 7 days) antibiotic use, which includes dose, route, indication, start date/stop date, and date and time of last antibiotic administered is sent to receiving provider before or at the time of transfer?	<input type="radio"/> Yes <input type="radio"/> No	
1.F.7 The hospital verifies that critical medications and equipment is available at the receiving facility at the time of transfer to prevent disruptions in the continuity of care (e.g., IV antibiotics and administration equipment).	<input type="radio"/> Yes <input type="radio"/> No	

1.F.8 The hospital has a process for and can demonstrate evidence that they have sent additional information about potentially transmissible infections, resistant organisms, and antibiotic use if missing or unavailable at the time of patient arrival at the nursing home.	<input type="radio"/> Yes <input type="radio"/> No	
1.F.9 The hospital has evidence that essential information about potentially transmissible infections, resistant organisms, and antibiotic use is reviewed and addressed (e.g. transmission-based precautions) at the time of patient arrival from a transferring facility (e.g. nursing home)?	<input type="radio"/> Yes <input type="radio"/> No	

Module 2: General Infection Prevention Elements - to be applied to all locations providing patient care .

Section 2.A. Hand Hygiene

Elements to be assessed		Surveyor Notes
<p>Hand hygiene is performed in a manner consistent with hospital infection control practices, policies, and procedures to maximize the prevention of infection and communicable disease including the following:</p> <p>Note: Observations for compliance with hand hygiene elements should be assessed throughout the hospital.</p>		
<p>2.A.1 Soap, water, and a sink are readily accessible in appropriate locations including, but not limited to, patient care areas and food and medication preparation areas.</p> <p>Note: Medications should not be prepared near areas of splashing water (e.g. within 3 feet of a sink). Alternately when space is limited, a splash guard can be mounted beside the sink.</p>	<input type="radio"/> Yes <input type="radio"/> No	
<p>2.A.2 Alcohol-based hand rub is readily accessible and placed in appropriate locations. The locations may include:</p> <ul style="list-style-type: none"> • Entrances to patient rooms, • At the bedside, • In individual pocket-sized containers carried by healthcare personnel, • Staff workstations, and/or • Other convenient locations. 	<input type="radio"/> Yes <input type="radio"/> No	

<p>2.A.3 Personnel perform hand hygiene:</p> <ul style="list-style-type: none"> • Before contact with the patient • Before performing an aseptic task (e.g., insertion of IV or urinary catheter) 	<input type="radio"/> Yes <input type="radio"/> No	
<p>2.A.4 Personnel perform hand hygiene:</p> <ul style="list-style-type: none"> • After contact with the patient • After contact with blood, body fluids, or visibly contaminated surfaces • After removing gloves 	<input type="radio"/> Yes <input type="radio"/> No	
<p>2.A.5 The hospital hand hygiene policies promote preferential use of alcohol-based hand rub (ABHR) over soap and water in most clinical situations.</p> <p>Note: Soap and water should be used when hands are visibly soiled (e.g., blood body fluids) and is also preferred after caring for a patient with known or suspected <i>C. difficile</i> or norovirus during an outbreak or if rates of <i>C. difficile</i> infection in the facility are persistently high.</p>	<input type="radio"/> Yes <input type="radio"/> No	
<p>2.A.6 Personnel do not wear artificial fingernails and/or extenders when having direct contact with patients at high risk of infection (e.g., those in intensive care units or ORs) per hospital policy.</p>	<input type="radio"/> Yes <input type="radio"/> No	
<p>2.A.7 The hospital can provide evidence that all healthcare personnel have documented training and competency to perform proper hand hygiene.</p>	<input type="radio"/> Yes <input type="radio"/> No	
<p>2.A.8 The hospital can provide evidence that routine audits of adherence to hand hygiene policies are conducted and feedback from audits is provided to personnel.</p>	<input type="radio"/> Yes <input type="radio"/> No	

Section 2.B. Injection Practices and Sharps Safety (Medications and Infusates)

Elements to be assessed		Surveyor Notes
<p>Injections are given and sharps safety is managed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:</p>		
<p>2.B.1 Injections are prepared using aseptic technique in an area that has been cleaned and is free of contamination (e.g., visible blood, or body fluids).</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Unable to observe</p>	
<p>2.B.2 Needles are used for only one patient.</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Unable to observe</p>	
<p>2.B.3 Syringes are used for only one patient (this includes manufactured prefilled syringes).</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Unable to observe</p>	
<p>2.B.4 Insulin pens are used for only one patient.</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Unable to observe</p>	
<p>2.B.5 The rubber septum on all medication vials, whether unopened or previously accessed, is disinfected with alcohol prior to piercing.</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Unable to observe</p>	

<p>2.B.6 Medication containers are entered with a new needle.</p> <p>Note: Reuse of syringes and/or needles to enter a medication container contaminates the contents of the container, making the container unsafe for use on additional patients. If a surveyor sees needles or syringes being reused to enter a container to obtain additional medication for the same patient, no citation should be made if the container is discarded immediately.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
<p>2.B.7 Medication containers are entered with a new syringe.</p> <p>Note: Reuse of syringes and/or needles to enter a medication container contaminates the contents of the container making the container unsafe for use on additional patients. If a surveyor sees needles or syringes being reused to enter a container to obtain additional medication for the same patient, no citation should be made if the container is discarded immediately.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
<p>2.B.8 Medication containers labeled for single dose – single use are only used for one patient.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
<p>2.B.9 Bags of IV solution are used for only one patient (and not as a source of flush solution for multiple patients).</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
<p>2.B.10 Medication administration tubing and connectors are used for only one patient.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	

<p>2.B.11 Multi-dose vials are dated when they are first opened and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) beyond-use date for that opened vial.</p> <p>Note: The beyond-use date is different from the expiration date printed on the vial by the manufacturer. The beyond-use date should never exceed the expiration date. The multi-dose vial can be dated by the hospital with either the date opened or the discard date as per hospital policy, as long as it is clear what the date represents and the same policy is used consistently throughout the hospital.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
<p>2.B.12 Multi-dose medication vials used for more than one patient are stored appropriately and do not enter the immediate patient treatment areas (e.g., operating room, patient room, anesthesia carts).</p> <p>Note: If multi-dose vials enter the immediate patient treatment area, they must be dedicated for single patient use and discarded immediately after use.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
<p>2.B.13 All sharps are disposed of in puncture-resistant sharps containers.</p>	<input type="radio"/> Yes <input type="radio"/> No	
<p>2.B.14 Sharps containers are replaced when the fill line is reached.</p>	<input type="radio"/> Yes <input type="radio"/> No	
<p>2.B.15 Sharps containers are disposed of appropriately as medical waste.</p>	<input type="radio"/> Yes <input type="radio"/> No	
<p>2.B.16 The hospital can provide evidence that all healthcare personnel who prepare and/or administer injections and parenteral infusions have documented training and competency to perform the procedures using safe injection practices.</p>	<input type="radio"/> Yes <input type="radio"/> No	
<p>2.B.17 The hospital can provide evidence that routine audits of adherence to safe injection practices are conducted and feedback from audits is provided to personnel.</p>	<input type="radio"/> Yes <input type="radio"/> No	

Section 2.C. Personal Protective Equipment (PPE) for Standard Precautions

Elements to be assessed		Surveyor Notes
<p>Personal protective equipment is utilized in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:</p>		
<p>2.C.1 Supplies for adherence to Standard Precautions using PPE (e.g., gloves, gowns, mouth, eye, nose, and face protection) are available and located near point of use.</p>	<input type="radio"/> Yes <input type="radio"/> No	
<p>2.C.2 Personnel wear gloves for procedures/activities where contact with blood and/or other potentially infectious materials, mucous membranes, non-intact skin or potentially contaminated intact skin could occur.</p>	<input type="radio"/> Yes <input type="radio"/> No	
<p>2.C.3 Healthcare personnel change gloves and perform hand hygiene before moving from a contaminated body site to a clean body site.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
<p>2.C.4 Gowns are worn to prevent contamination of skin and clothing during procedures/activities where contact with blood, body fluids, secretions, or excretions could occur.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
<p>2.C.5 Gowns and gloves are removed and hand hygiene is performed before leaving the patient's room or care area (e.g. including moving to another patient).</p>	<input type="radio"/> Yes <input type="radio"/> No	

2.C.6 Appropriate mouth, nose and eye protection is worn for aerosol-generating procedures and/or procedures/activities that are likely to generate splashes or sprays of blood, body fluids, secretions or excretions.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
2.C.8 The hospital can provide evidence that all healthcare personnel who use PPE have documented training and competency to properly select and use PPE, including proper donning and doffing.	<input type="radio"/> Yes <input type="radio"/> No	
2.C.9 The hospital can provide evidence that routine audits of adherence to proper use of PPE are conducted and feedback from audits is provided to personnel.	<input type="radio"/> Yes <input type="radio"/> No	

Section 2.D. Environmental Services

Elements to be assessed		Surveyor Notes
The hospital infection prevention and control program maintains a clean and sanitary environment to avoid sources and transmission of infection. Environmental service are provided in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:		
2.D.1 During environmental cleaning procedures, personnel wear appropriate PPE to prevent exposure to infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye protection).	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
2.D.2 Environmental surfaces in patient care areas are cleaned and disinfected, using an EPA-registered disinfectant when spills occur and when surfaces are visibly contaminated, and on a regular basis (e.g., daily). Note: High-touch surfaces (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in patient bathrooms) are cleaned and disinfected more frequently than minimal-touch surfaces.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	

2.D.3 After a patient vacates a room, all visibly or potentially contaminated surfaces are thoroughly cleaned and disinfected and towels and bed linens are replaced with clean towels and bed linens.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
2.D.4 Cleaners and disinfectants, including disposable wipes, are used in accordance with manufacturer's instructions (e.g., dilution, storage, shelf-life, contact time).	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
2.D.5 Separate clean (laundered if not disposable) cloths are used to clean each room and corridor.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
2.D.6 Mop heads and cleaning cloths are laundered at least daily using appropriate laundry techniques (e.g., following manufacturer instructions when laundering microfiber items).	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
2.D.7 The hospital decontaminates spills of blood or other body fluids according to its policies and procedures, using appropriate EPA-registered hospital disinfectants.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
2.D.8 The hospital has established and follows a schedule for areas/equipment to be cleaned/serviced regularly (e.g., HVAC equipment, refrigerators, ice machines, eye wash stations, scrub sinks).	<input type="radio"/> Yes <input type="radio"/> No	
Laundry is processed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:		
2.D.9 Personnel handle soiled textiles/linens with minimum agitation to avoid contamination of air, surfaces, and persons.	<input type="radio"/> Yes <input type="radio"/> No	

<p>2.D.10 Soiled textiles/linens are bagged or otherwise contained at the point of collection in leak-proof containers or bags and are not sorted or rinsed in the location of use.</p> <p>Note: Covers are not needed on contaminated textile hampers in patient care areas.</p>	<input type="radio"/> Yes <input type="radio"/> No	
<p>2.D.11 The receiving area for contaminated textiles is clearly separated from clean laundry areas and is maintained at negative pressure compared with the clean areas of the laundry in accordance with FGI (formerly AIA) construction standards in effect during the time of facility construction.</p>	<input type="radio"/> Yes <input type="radio"/> No	
<p>2.D.12 If hospital laundry services are contracted out and performed offsite, the contract must show evidence that the contractor's laundry service meets these design standards.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
<p>2.D.13 Clean textiles are packaged, transported, and stored in a manner that ensures cleanliness and protection from dust and soil.</p>	<input type="radio"/> Yes <input type="radio"/> No	
<p>Reprocessing of non-critical items is accomplished in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:</p>		
<p>2.D.14 Reusable noncritical patient-care devices (e.g., blood pressure cuffs, oximeter probes) are disinfected on a regular basis (e.g., after use on each patient, once daily, or once weekly) and when visibly soiled.</p>	<input type="radio"/> Yes <input type="radio"/> No	
<p>2.D.15 Hospital has policies that clearly define responsibilities for cleaning and disinfection of non-critical equipment, mobile devices, and other electronics (e.g., ICU monitors, ventilator surfaces, bar code scanners, point-of-care devices, mobile work stations, code carts, airway boxes).</p>	<input type="radio"/> Yes <input type="radio"/> No	
<p>2.D.16 Manufacturers' instructions for cleaning noncritical medical equipment are followed.</p>	<input type="radio"/> Yes <input type="radio"/> No	
<p>2.D.17 Hydrotherapy equipment (e.g., Hubbard tanks, tubs, whirlpools, spas, birthing tanks) are drained, cleaned, and disinfected using an EPA-registered disinfectant according to manufacturer's instructions after each patient use.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	

2.D.18 The hospital can provide evidence that all personnel responsible for cleaning and disinfection have documented training and competency to clean and disinfect according to hospital policies and procedures.	<input type="radio"/> Yes <input type="radio"/> No	
2.D.19 The hospital can provide evidence that routine audits of adherence to cleaning and disinfection procedures are conducted and feedback from audits is provided to personnel.	<input type="radio"/> Yes <input type="radio"/> No	

Module 3: Equipment Reprocessing

Section 3.A. Reprocessing of Semi-Critical Equipment

Semi-critical equipment are objects that contact mucous membranes or non-intact skin and require, at a minimum, high-level disinfection prior to reuse (e.g. some endoscopes, speculums, laryngoscope blades)

Elements to be assessed		Surveyor Notes
<p>High-Level Disinfection (HLD) is defined as the complete elimination of all microorganisms in or on an instrument, except for small amounts of bacterial spores.</p> <p>INSTRUCTIONS:</p> <ul style="list-style-type: none"> Use the items in Section 3.C. "Single-Use Devices" to assess the reprocessing of any item(s) of semi-critical equipment that is (are) labeled as a single use device. Any item(s) of semi-critical equipment that is (are) labeled as a single use device must be reprocessed by a reprocessor that is registered with the FDA as a third-party reprocessor and cleared by the FDA to reprocess the specific device in question. For all items labeled reusable, use section 3A. 		
<p>HLD of Reusable Instruments and Devices is accomplished in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including:</p>		
3.A.1 Hospital policies address steps to take when there are discrepancies between a device manufacturer's instructions and automated high-level disinfection equipment manufacturer's instruction for completing high-level disinfection.	<input type="radio"/> Yes <input type="radio"/> No	

3.A.2 Only devices labeled as reusable are reprocessed directly by the hospital onsite, or offsite via a reprocessing vendor.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
3.A.3 All reusable semi-critical items receive at least high-level disinfection prior to reuse.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
3.A.4 If any high-level disinfection is performed off-site, the item(s) are decontaminated prior to off-site transport.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
3.A.5 Is all high-level disinfection done off-site?	<input type="radio"/> Yes: STOP here and SKIP to Section 3.B. <input type="radio"/> No: Answer all questions in this Section. NOTE: If any high-level disinfection is done onsite, complete questions 3.A.6 through 3.A.18	
Observe the main area for central sterilization/reprocessing services. Surveyors must assess reprocessing if performed on-site.	<p style="text-align: center;">Central Reprocessing</p> <input type="radio"/> Unable to observe elements in central reprocessing area. (If selected, Do not complete questions 3.A.6 – 3.A.18)	
3.A.6 A workflow pattern is followed such that devices flow from soiled areas to clean/sterile areas and there is clear separation between soiled and clean workspaces.	<input type="radio"/> Yes <input type="radio"/> No	

<p>3.A.7 Items are thoroughly pre-cleaned according to manufacturer instructions as soon as practical after use.</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Unable to observe</p>	
<p>3.A.8 Flexible endoscopes are inspected for damage and leak tested as part of each reprocessing cycle.</p> <p>(An endoscope is an instrument designed to visually examine the interior of a bodily canal or hollow organ such as the colon, larynx, bladder, or stomach)</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Unable to observe</p>	
<p>3.A.9 Items are thoroughly cleaned according to manufacturer instructions as soon as practical after use and visually inspected for residual soil prior to high-level disinfection.</p> <p>Note: For instruments with lumens (e.g., endoscopes), cleaning of devices must include all channels using cleaning brushes of appropriate size.</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Unable to observe</p>	
<p>3.A.10 Enzymatic cleaner or detergent is used and discarded according to manufacturer's instructions (typically after each use).</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Unable to observe</p>	
<p>3.A.11 Cleaning brushes are single-use, disposable items or, if reusable, cleaned and either high-level disinfected or sterilized (per manufacturer's instructions) at least daily.</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Unable to observe</p>	
<p>3.A.12 For chemicals used in high-level disinfection, manufacturer's instructions are followed for:</p> <ul style="list-style-type: none"> • Preparation, • Testing for appropriate concentration, and • Replacement (e.g., prior to expiration or loss of efficacy). 	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Unable to observe</p>	

<p>3.A.13 If automated reprocessing equipment is used, the manufacturer's recommended connectors are used to assure that all endoscope channels are appropriately disinfected.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe</p>	
<p>3.A.14 Devices undergo disinfection for the appropriate length of time as specified by manufacturer's instructions.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	
<p>3.A.15 Devices undergo disinfection at the appropriate temperature as specified by manufacturer's instructions.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe</p>	
<p>3.A.16 After high-level disinfection, devices are rinsed in accordance with manufacturers' instructions.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe</p>	
<p>3.A.17 Devices are dried completely prior to reuse.</p> <p>Note: For instruments with lumens (e.g., endoscopes), this includes flushing all channels with alcohol and forcing air through the channels.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe</p>	
<p>3.A.18 Routine maintenance procedures for high-level disinfection equipment are performed regularly by qualified personnel in accordance with manufacturer's instructions. (Confirm maintenance records are available.)</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe</p>	

<p>3.A.19 After high-level disinfection, devices are stored in a manner to protect from damage or contamination</p> <p>Note: Endoscopes must be hung in a vertical position or according to the scope cabinet manufacturer’s instructions.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
<p>3.A.20 The hospital has a system in place to identify which endoscope was used on a patient for each procedure.</p>	<input type="radio"/> Yes <input type="radio"/> No	
<p>3.A.21 The hospital has policies and procedures outlining hospital response (i.e. risk assessment and recall) in the event of a reprocessing failure</p>	<input type="radio"/> Yes <input type="radio"/> No	
<p>3.A.22 The hospital can provide evidence that all personnel given responsibility for semi-critical device reprocessing have documented training and competency in accordance with hospital policies and procedures and/or manufacturers’ instructions.</p>	<input type="radio"/> Yes <input type="radio"/> No	
<p>3.A.23 The hospital can provide evidence that routine audits of adherence to semi-critical device reprocessing procedures are conducted and feedback from audits is provided to personnel.</p>	<input type="radio"/> Yes <input type="radio"/> No	

Section 3.B. Reprocessing of Reusable Critical Equipment, Instruments and Devices: Sterilization

Critical equipment, instruments and devices are objects that enter sterile tissue or the vascular system and must be sterile prior to use (e.g. surgical instruments, cardiac and urinary catheters, implants, and ultrasound probes used in sterile body cavities)

Elements to be assessed		Surveyor Notes
<p>Sterilization is a validated process used to render a product free of all forms of viable microorganisms.</p> <p>INSTRUCTIONS:</p> <ul style="list-style-type: none"> Use the items in Section 3.C. "Single-Use Devices" to assess the reprocessing of any item(s) of critical equipment that is (are) labeled as a single use device. Any item(s) of critical equipment that is (are) labeled as a single use device must be reprocessed by a reprocessor that is registered with the FDA as a third-party reprocessor and cleared by the FDA to reprocess the specific device in question. <p>Sterilization of reusable equipment, instruments and devices is accomplished in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable diseases including the following:</p>		
<p>3.B.1 Hospital policies address steps to take when there are discrepancies between a device manufacturer's instructions and the sterilizer's manufacturer's instruction for completing sterilization.</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	
<p>3.B.2 All reusable critical items are sterilized prior to reuse.</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	
<p>3.B.3 If any sterilization is performed off-site, the item(s) are decontaminated prior to off-site transport.</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> N/A</p>	

3.B.4 Is all sterilization done off-site?	<input type="radio"/> Yes: STOP here and SKIP to Section 3.C <input type="radio"/> No: Answer all questions in this section Note: If any sterilization is done onsite, complete questions 3.B.5 through 3.B.19	
Observe the main area for central sterilization services and if possible, also assess sterilization in another area.	Central Sterilization Area <input type="radio"/> Unable to observe elements in central sterilization area. (If selected, question 3.B.5 – 3.B.19 LEFT column should not be answered)	
3.B.5 Contaminated instruments are transported to the decontamination area in a manner that protects patients and personnel from exposure to pathogens. (e.g. a covered container that is leak proof, puncture resistant, and labeled with a biohazard legend).	<input type="radio"/> Yes <input type="radio"/> No	
3.B.6 Personnel working in the decontamination area and handling contaminated instruments wear PPE.	<input type="radio"/> Yes <input type="radio"/> No	
3.B.7 Items are thoroughly pre-cleaned according to manufacturers’ instructions as soon as practical after use and visually inspected for residual soil prior to sterilization. Note: For instruments with lumens, pre-cleaning of devices must include all channels using cleaning brushes of appropriate size.	<input type="radio"/> Yes <input type="radio"/> No	
3.B.8 A workflow pattern is followed such that devices flow from soiled areas to clean/sterile areas and there is clear separation between soiled and clean workspaces.	<input type="radio"/> Yes <input type="radio"/> No	
3.B.9 Enzymatic cleaner or detergent is used and discarded according to manufacturer’s instructions (typically after each use).	<input type="radio"/> Yes <input type="radio"/> No	
3.B.10 Items are thoroughly cleaned according to manufacturers’ instructions as soon as practical after use and visually inspected for residual soil prior to sterilization. Note: For instruments with lumens, cleaning of devices must include all channels using cleaning brushes of appropriate size.	<input type="radio"/> Yes <input type="radio"/> No	

3.B.11 Cleaning brushes are single-use, disposable items or, if reusable, cleaned and either high-level disinfected or sterilized (per manufacturer's instructions) at least daily.	<input type="radio"/> Yes <input type="radio"/> No	
3.B.12 After cleaning, items are appropriately wrapped-packaged for sterilization (e.g., package system selected is compatible with the sterilization process being performed, hinged instruments are open, and instruments are disassembled if indicated by the manufacturer).	<input type="radio"/> Yes <input type="radio"/> No	
3.B.13 A chemical indicator (process indicator) is placed correctly in the instrument packs in every load.	<input type="radio"/> Yes <input type="radio"/> No	
3.B.14 A biological indicator, intended specifically for the type and cycle parameters of the sterilizer, is used at least weekly for each sterilizer and with every load containing implantable items.	<input type="radio"/> Yes <input type="radio"/> No	
3.B.15 For dynamic air removal-type sterilizers (e.g., prevacuum steam sterilizer), an air removal test (Bowie-Dick test) is performed in an empty dynamic-air removal sterilizer each day the sterilizer is used to verify efficacy of air removal.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
3.B.16 Sterile packs are labeled with the sterilizer used, the cycle or load number, and the date of sterilization, and, if applicable, the expiration date.	<input type="radio"/> Yes <input type="radio"/> No	
3.B.17 Logs for each sterilizer cycle are current and include results from each load.	<input type="radio"/> Yes <input type="radio"/> No	
3.B.18 Routine maintenance for sterilization equipment is performed regularly by qualified personnel in accordance with manufacturer's instructions (confirm maintenance records are available).	<input type="radio"/> Yes <input type="radio"/> No	
3.B.19 After sterilization, medical devices and instruments are stored so that sterility is not compromised.	<input type="radio"/> Yes <input type="radio"/> No	
3.B.20 Sterile packages are inspected for integrity and compromised packages are repackaged and reprocessed prior to use.	<input type="radio"/> Yes <input type="radio"/> No	

*“Immediate use” is defined as the shortest possible time between a sterilized item’s removal from the sterilizer and its aseptic transfer to the sterile field. A sterilized item intended for immediate use is not stored for future use, nor held from one case to another.

<p>3.B.21 If immediate-use steam sterilization is performed, all of the following criteria are met:</p> <ul style="list-style-type: none"> • Work practices ensure proper cleaning and decontamination, inspection, and arrangement of the instruments into the recommended sterilizing trays or other containment devices before sterilization. • Once clean, the item is placed within a container intended for immediate use and not stored for later use or for use in another surgical case. • The sterilizer cycle and parameters used are selected according to the manufacturers’ instructions for use for the device, container, and sterilizer. • The sterilizer function is monitored with monitors (e.g., mechanical, chemical and biologic) that are approved for the cycle being used. • The processed item must be transferred immediately*, using aseptic technique, from the sterilizer to the actual point of use, the sterile field in an ongoing surgical procedure. 	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Unable to observe</p>	
<p>3.B.22 Immediate-use sterilization is NOT performed on the following devices:</p> <ul style="list-style-type: none"> • Implants (except in documented emergency situations when no other option is available). • Post-procedure decontamination of instruments used on patients who may have Creutzfeldt-Jakob disease or similar disorders. • Devices that have not been validated with the specific cycle employed. • Single-use devices that are sold sterile. 	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	
<p>3.B.23 In the event of a reprocessing error/failure that could result in the transmission of infectious disease, personnel respond using a risk assessment and recall/remove device) according to hospital policies and procedures.</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	
<p>3.B.24 The hospital can provide evidence that all personnel given responsibility for semi-critical device reprocessing have documented training and competency in accordance with hospital policies and procedures and/or manufacturers’ instructions.</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	
<p>3.B.25 The hospital can provide evidence that routine audits of adherence to device reprocessing procedures are conducted and feedback from audits is provided to personnel.</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	

Section 3.C. Single-Use Devices

Elements to be assessed		Surveyor Notes
<p>Single use devices are used in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:</p>		
<p>3.C.1 If the hospital elects to reuse any devices labeled for single use by the manufacturer, these devices are reprocessed by an entity or a third party reprocessor that is registered with the FDA as a third-party reprocessor and cleared by the FDA to reprocess the specific device in question. The hospital has documentation from the third party reprocessor confirming this is the case.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p>	
<p>3.C.2 Devices labeled for single use by the manufacturer are discarded after use and not used for more than one patient if they have not been reprocessed by an approved third-party reprocessor.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	
<p>3.C.3 The hospital can provide evidence that all personnel given responsibility for device reprocessing have documented training and competency in accordance with hospital policies and procedures and/or manufacturers' instructions.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	

Module 4: Patient Tracers

Section 4.A. Indwelling Urinary Catheters

Elements to be assessed		Surveyor Notes
Urinary catheters are inserted, accessed, and maintained in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:		
4.A.1 The hospital can provide evidence that only properly trained personnel with documented competency to insert and maintain urinary catheters are given the responsibility to perform these procedures.	<input type="radio"/> Yes <input type="radio"/> No	
4.A.2 The hospital can provide evidence that routine audits of adherence to urinary catheter insertion and maintenance procedures are conducted and feedback from audits is provided to personnel.	<input type="radio"/> Yes <input type="radio"/> No	
4.A.3 The hospital has guidelines for appropriate indications for urinary catheters.	<input type="radio"/> Yes <input type="radio"/> No	
Urinary catheter access and maintenance:		
4.A.4 Catheter is secured properly after insertion. Note: This may not apply to catheters placed in the OR if the catheter is removed in the OR immediately after the procedure.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
4.A.5 Catheter insertion and indication are documented.	<input type="radio"/> Yes <input type="radio"/> No	
4.A.6 Hand hygiene is performed before and after manipulating catheter.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	

4.A.7 Urine bag is kept below level of bladder at all times.	<input type="radio"/> Yes <input type="radio"/> No	
4.A.8 Catheter tubing is unobstructed and free of kinking.	<input type="radio"/> Yes <input type="radio"/> No	
4.A.9 Urine bag is emptied using aseptic technique, using a separate, clean collection container for each patient; drainage spigot does not touch collecting container.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
4.A.10 Urine samples are obtained aseptically (via needleless port for small volume).	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	

Section 4.B. Central Venous Catheters

Elements to be assessed		Surveyor Notes
Central venous catheters are inserted, accessed and maintained in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:		
Insertion:		
4.B.1 The hospital can provide evidence that only properly trained personnel with documented competency to insert central venous catheters are given this responsibility.	<input type="radio"/> Yes <input type="radio"/> No	
4.B.2 The hospital can provide evidence that routine audits of adherence to central venous catheter insertion procedures are conducted and feedback from audits is provided to personnel.	<input type="radio"/> Yes <input type="radio"/> No	
If unable to observe any central venous catheter insertions, skip 4.B.3 through 4.B.8.	<input type="radio"/> No observations available (If selected, ALL questions from 4.B.2 – 4.B.7 will be blocked)	

4.B.3 Hand Hygiene is performed before and after insertion.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
4.B.4 Maximal barrier precautions are used for insertion (includes use of cap, mask, sterile gown, sterile gloves, and a sterile full body drape).	<input type="radio"/> Yes <input type="radio"/> No	
4.B.5 Personnel use >0.5% chlorhexidine with alcohol for skin antisepsis prior to insertion (If contraindicated [e.g., neonatal population], tincture of iodine, an iodophor, or 70% alcohol can be used as alternatives).	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
4.B.6 Sterile gauze or sterile, transparent, semi-permeable dressing is used to cover catheter site (may not apply for well-healed tunneled catheters).	<input type="radio"/> Yes <input type="radio"/> No	
4.B.7 If the femoral site is used for central venous catheter insertion for adults, justification for this site is in the medical record.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
4.B.8 Central venous line insertion and indication are documented.	<input type="radio"/> Yes <input type="radio"/> No	
Accessing/Maintenance		
4.B.9 The hospital can provide evidence that only properly trained personnel with documented competency to access and maintain central intravascular catheters are given this responsibility.	<input type="radio"/> Yes <input type="radio"/> No	
4.B.10 The hospital can provide evidence that routine audits of adherence to central venous catheter maintenance procedures are conducted and feedback from audits is provided to personnel.	<input type="radio"/> Yes <input type="radio"/> No	

If unable to observe the access or maintenance of any central venous catheters, skip 4.B.11 through 4.B.15.	<input type="radio"/> No observations available (If selected, ALL questions from 4.B.9 – 4.B.13 will be blocked)	
4.B.11 Hand hygiene is performed before and after manipulating catheter.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
4.B.12 Dressings that are wet, soiled, or dislodged are changed promptly.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
4.B.13 Dressing is changed with aseptic technique using clean or sterile gloves.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
4.B.14 Access port is scrubbed with an appropriate antiseptic (chlorhexidine, povidone iodine, an iodophor, or 70% alcohol) prior to accessing.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
4.B.15 Catheter is accessed only with sterile devices.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	

Section 4.C. Ventilator/Respiratory Therapy

Elements to be assessed		Surveyor Notes
Respiratory procedures are performed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:		
If no observations available, skip questions 4.C.1 through 4.C.8.		
4.C.1 through 4.C.8: General respiratory therapy practices (applies to patients with and without ventilators):		
4.C.1 Hand hygiene is performed before and after contact with patient or any respiratory equipment used on patient.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
4.C.2 Gloves are worn when in contact with respiratory secretions and changed before contact with another patient, object, or environmental surface.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
4.C.3 Only sterile solution (e.g., water or saline) is used for nebulization.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
4.C.4 Single-dose vials for aerosolized medications are not used for more than one patient.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	

4.C.5 If multi-dose vials for aerosolized medications are used, manufacturers' instructions for handling, storing, and dispensing the medications are followed.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A <input type="radio"/> Unable to observe	
4.C.6 If multi-dose vials for aerosolized medications are used for more than one patient, they are stored appropriately and do not enter the immediate patient treatment area.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
4.C.7 Manufacturer's instruction are followed for use and cleaning of Jet nebulizers. Note: Mesh nebulizers, which remain in the ventilator circuit and are not cleaned or disinfected, are changed at an interval recommended by manufacturer's instructions. Nebulizer/drug combination systems are cleaned and disinfected according to manufacturer's instructions.	<input type="radio"/> Yes <input type="radio"/> No	
4.C.8 Head of bed is elevated at an angle of 30--45 degrees, in the absence of medical contraindication(s), for patients at high risk for aspiration (e.g., a person receiving mechanically assisted ventilation and/or who has an enteral tube in place).	<input type="radio"/> Yes <input type="radio"/> No	

Ventilators:		
Ventilators are used in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:		
4.C.9 The hospital can provide evidence that only properly trained personnel with documented competency to provide respiratory therapy for ventilated patients are given this responsibility.	<input type="radio"/> Yes <input type="radio"/> No	

4.C.10 The hospital can provide evidence that routine audits of adherence to respiratory therapy procedures for ventilated patients are conducted and feedback from audits is provided to personnel.	<input type="radio"/> Yes <input type="radio"/> No	
If no observations available, skip questions 4.C.11 through 4.C.15.		<input type="radio"/> No observations available (If selected, ALL questions from 4.C.11 – 4.C.17 will be blocked)
4.C.11 Ventilator circuit (i.e., ventilator tubing and exhalation valve and the attached humidifier) is changed if visibly soiled or mechanically malfunctioning.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
4.C.12 Sterile water is used to fill humidifiers.	<input type="radio"/> Yes <input type="radio"/> No	
4.C.13 Condensate that collects in the tubing of a mechanical ventilator is periodically drained and discarded, taking precautions not to allow condensate to drain toward the patient.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
4.C.14 If single-use open-system suction catheter is employed, a sterile, single-use catheter is used.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
4.C.15 Only sterile fluid is used to remove secretions from the suction catheter if the catheter is used for re-entry into the patient's lower respiratory tract.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	

Section 4.D. Spinal Injection Procedures

Elements to be assessed		Surveyor Notes
Spinal injection procedures are performed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:		
If unable to observe spinal injection procedure, skip questions 4.D.1 through 4.D.3.		
4.D.1 Hand hygiene performed before and after the procedure.	<input type="radio"/> Yes <input type="radio"/> No	
4.D.2 The spinal injection procedure is performed using aseptic technique and sterile equipment, including use of sterile gloves.	<input type="radio"/> Yes <input type="radio"/> No	
4.D.3 Facemasks are worn by healthcare personnel who are placing a catheter or injecting materials into the epidural or subdural space (e.g., during myelogram, epidural or spinal anesthesia).	<input type="radio"/> Yes <input type="radio"/> No	

Section 4.E. Point of Care Devices (e.g. Blood Glucose Meter, INR Monitor)

Elements to be assessed		Surveyor Notes
Point of care devices are used in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:		
4.E.1 The hospital can provide evidence that all personnel responsible for using point-of-care devices have documented training and competency to perform the procedures according to hospital policies and/or manufacturers' instructions.	<input type="radio"/> Yes <input type="radio"/> No	

4.E.2 The hospital can provide evidence that routine audits of adherence to point-of-care device procedures are conducted and feedback from audits is provided to personnel.	<input type="radio"/> Yes <input type="radio"/> No	
4.E.3 Hand hygiene is performed before and after the procedure.	<input type="radio"/> Yes <input type="radio"/> No	
4.E.4 Gloves are worn by healthcare personnel when performing the finger stick procedure to obtain the sample of blood, and are removed after the procedure (followed by hand hygiene).	<input type="radio"/> Yes <input type="radio"/> No	
4.E.5 Finger stick devices are not used for more than one patient. Note: This includes both the lancet and the lancet holding device.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
4.E.6 If used for more than one patient, the point-of-care blood testing device (e.g., blood glucose meter, INR monitor) is cleaned and disinfected after every use according to manufacturer’s instructions. Note: if manufacturer does not provide instructions for cleaning and disinfection, then the device should not be used for >1 patient.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	

Section 4.F. Isolation: Contact Precautions

Elements to be assessed	Surveyor Notes
Patients requiring contact isolation are identified and managed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:	
If unable to observe a patient on Contact Precautions skip elements 4.F.1 to 4.F.12.	<input type="radio"/> No observation available (If selected ALL questions from 4.F.1 – 4.F.12 will be blocked)

4.F.1 Patient with known or suspected infections or with evidence of syndromes that represent an increased risk for contact transmission are placed on Contact Precautions.	<input type="radio"/> Yes <input type="radio"/> No	
4.F.2 Gloves and gowns are available and located near point of use.	<input type="radio"/> Yes <input type="radio"/> No	
4.F.3 Signs indicating patient is on Contact Precautions are clear and visible.	<input type="radio"/> Yes <input type="radio"/> No	
4.F.4 Patients on Contact Precautions are housed in single-patient rooms when possible or cohorted based on a clinical risk assessment.	<input type="radio"/> Yes <input type="radio"/> No	
4.F.5 Hand hygiene is performed before entering patient care environment.	<input type="radio"/> Yes <input type="radio"/> No	
4.F.6 Gloves and gowns are donned upon entry into the environment (e.g. room or cubicle).	<input type="radio"/> Yes <input type="radio"/> No	
4.F.7 Gloves and gowns are removed and discarded, and hand hygiene is performed before leaving the patient care environment.	<input type="radio"/> Yes <input type="radio"/> No	
4.F.8 Dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs) is used, or if not available, then equipment is cleaned and disinfected prior to use on another patient according to manufacturers' instructions.	<input type="radio"/> Yes <input type="radio"/> No	
4.F.9 The hospital limits the movement of patients on Contact Precautions outside of their room to medically necessary purposes only.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	

4.F.10 If a patient on Contact Precautions must leave their room for medically necessary purposes, there are methods followed to communicate that patient's status and to prevent transmission of infectious disease.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
4.F.11 Objects and environmental surfaces in patient care areas that are touched frequently (e.g., bed rails, overbed table, bedside commode, lavatory surfaces in patient bathrooms) are cleaned and disinfected with an EPA-registered disinfectant frequently (at least daily) and when visibly soiled.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
4.F.12 After patient discharge, all visibly or potentially contaminated surfaces are thoroughly cleaned and disinfected and all textiles (e.g. linens and towels) are replaced with clean textiles.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	

Section 4.G. Isolation: Droplet Precautions

Elements to be assessed		Surveyor Notes
Patients requiring Droplet Precautions are identified and managed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:		
4.G.1 Patients known or suspected to be infected with pathogens transmitted by respiratory droplets (e.g., seasonal influenza, rhinovirus, <i>Neisseria meningitidis</i> , mycoplasma) are placed on Droplet Precautions.	<input type="radio"/> Yes <input type="radio"/> No	
If unable to observe a patient on Droplet Precautions, skip elements 4.G.2 to 4.G.9.		<input type="radio"/> No observation available (If selected ALL questions from 4.G.2 – 4.G.9 will be blocked)
4.G.2 Facemasks are available and located near point of use.	<input type="radio"/> Yes <input type="radio"/> No	

4.G.3 Signs indicating patient is on Droplet Precautions are clear and visible.	<input type="radio"/> Yes <input type="radio"/> No	
4.G.4 Patients on Droplet Precautions are housed in single-patient rooms when available or cohorted based on a clinical risk assessment.	<input type="radio"/> Yes <input type="radio"/> No	
4.G.5 Hand hygiene is performed before contact with the patient.	<input type="radio"/> Yes <input type="radio"/> No	
4.G.6 Personnel don facemasks upon entering the patient care environment or private room.	<input type="radio"/> Yes <input type="radio"/> No	
4.G.7 Facemask is removed and discarded and hand hygiene is performed upon leaving the patient care environment.	<input type="radio"/> Yes <input type="radio"/> No	
4.G.8 The hospital limits movement of patients on Droplet Precautions outside of their rooms to medically necessary purposes only.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
4.G.9 If a patient on Droplet Precautions must leave their room for medically necessary purposes, there are methods followed to communicate that patient's status and to prevent transmission of infectious disease, including the use of a facemask by the patient if possible. Note: The hospital may have specific policies regarding the use of PPE for pediatric patients.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	

Section 4.H. Isolation: Airborne Isolation Precautions

Elements to be assessed		Surveyor Notes
<p>Patients requiring Airborne Precautions are identified and managed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:</p>		
<p>4.H.1 Patients with known or suspected infectious agents that are transmitted person-to-person by the airborne route (e.g., TB, measles, chickenpox, disseminated herpes zoster) are placed on Airborne Isolation Precautions.</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	
<p>If possible, observe for compliance with Airborne Isolation Precautions elements in multiple patient care areas in the hospital.</p> <p>If unable to observe a patient on Airborne Isolation Precautions, skip elements 4.H.2 to 4.H.8.</p>		<p><input type="radio"/> No observation available (If selected do not answer questions from 4.H.2 – 4.H.8)</p>
<p>4.H.2 NIOSH-approved particulate respirators (N-95 or higher) are available and located near point of use.</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	
<p>4.H.3 Signs indicating patient is on Airborne Isolation Precautions are clear and visible.</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	
<p>4.H.4 Personnel wear a fit tested NIOSH-approved particulate respirator (N95 or higher) when entering the airborne infection isolation room (AIIR) for patients with confirmed or suspected TB. Hospital policies are followed for other pathogens requiring AIIR.</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	
<p>4.H.5 Personal Air-Purified Respirators (PAPRs) are available for healthcare personnel who cannot be fit tested.</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	

4.H.5 Hand hygiene is performed before contact with the patient.	<input type="radio"/> Yes <input type="radio"/> No	
4.H.6 Patients on Airborne Precautions are housed in AIIR that meet all of the following specifications: <ul style="list-style-type: none"> • At least 6 (existing facility) or 12 (new construction/renovation) air changes per hour or per state licensure rules; • Direct exhaust of air to outside. If not possible, all air returned to air handling system or adjacent spaces is directed through HEPA filters; • When AIIR is in use for a patient on Airborne Precautions, air pressure is monitored daily with visual indicators (e.g., smoke tubes, flutter strips), regardless of the presence of differential pressure sensing devices (e.g., manometers); • AIIR door kept closed when not required for entry and exit Note: If AIIR is not available, hospital policy should address patient transfer to a hospital that has an available AIIR.	<input type="radio"/> Yes <input type="radio"/> No	
4.H.7 The hospital limits movement of patients on Airborne Precautions outside of their room to medically-necessary purposes.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
4.H.8 If a patient on Airborne Precautions must leave their room for medically necessary purposes, there are methods followed to communicate that patient’s status and to prevent transmission of infectious disease, including the use of a facemask by the patient if possible. Note: The hospital may have specific policies regarding the use of PPE for pediatric patients.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	

Section 4.I. Surgical Procedures

Elements to be assessed		Surveyor Notes
Surgical procedures are performed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:		
4.I.1The hospital can provide evidence that routine audits of adherence to recommended infection control practices for surgical site infection (SSI) prevention are conducted and feedback from audits is provided to personnel.	<input type="radio"/> Yes <input type="radio"/> No	

<p>4.1.2 The hospital can provide evidence that the SSI prevention program addresses appropriate prophylactic antibiotic use, including preoperative timing of administration, appropriate antibiotic selection, and discontinuation postoperatively.</p>	<input type="radio"/> Yes <input type="radio"/> No	
<p>If unable to observe any surgical procedure, skip elements 4.1.3 to 4.1.10.</p>		
<p>4.1.3 Healthcare personnel perform a surgical scrub before donning sterile gloves for surgical procedures (in OR) using either an antimicrobial surgical scrub agent or an FDA-approved alcohol-based antiseptic surgical hand rub.</p> <p>Note: If visibly soiled, hands and forearms should be prewashed with soap and water before using an alcohol-based antiseptic surgical hand rub.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
<p>4.1.4 After surgical scrub, hands and arms are dried with a sterile towel (if applicable), and sterile surgical gown and gloves are donned in the OR.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
<p>4.1.5 Surgical attire (e.g., scrubs) and surgical caps/hoods covering all head and facial hair are worn by all personnel and visitors in semi restricted and restricted areas.</p> <p>Note: Restricted area includes ORs, procedure rooms, and the clean core (sterile supply) area. The semi restricted area includes the peripheral support areas of the surgical suite.</p>	<input type="radio"/> Yes <input type="radio"/> No	
<p>4.1.6 Surgical masks are worn fully covering mouth and nose by all personnel in restricted areas where open sterile supplies or scrubbed personnel are located.</p>	<input type="radio"/> Yes <input type="radio"/> No	
<p>4.1.7 A new surgical mask is worn for every procedure.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	

4.1.8 Sterile drapes are used to establish sterile field.	<input type="radio"/> Yes <input type="radio"/> No	
4.1.9 Sterile field is maintained and monitored constantly. Ensure that: <ul style="list-style-type: none"> • Items used within sterile field are sterile. • Items introduced into sterile field are opened, dispensed, and transferred in a manner to maintain sterility. • Sterile field is prepared in the location where it will be used and as close as possible to time of use. • Movement in or around sterile field is done in a manner to maintain sterility. 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
4.1.10 Traffic in and out of OR is kept to minimum and limited to essential personnel.	<input type="radio"/> Yes <input type="radio"/> No	

Processes ensuring infection control in the OR are accomplished in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:		
If the hospital does not provide any surgical services, skip 4.1.9 through 4.1.17.	<input type="radio"/> No surgical services (If selected, Do not answer questions 4.1.9 – 4.1.17)	
4.1.11 Cleaners and EPA-registered hospital disinfectants are used and dated in accordance with hospital policies and procedures and manufacturer’s instructions (e.g., dilution, storage, shelf-life, contact time). Note: The cleaners and disinfectants can be dated by the hospital with either the date opened or the discard date as per hospital policy, as long as it is clear what the date represents and the same policy is used consistently throughout the hospital.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
4.1.12 All horizontal surfaces (e.g., furniture, surgical lights, booms, equipment) are damp dusted before the first procedure of the day using a clean, lint-free cloth and EPA-registered hospital detergent/disinfectant.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
4.1.13 High touch environmental surfaces are cleaned and disinfected between patients.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	

<p>4.1.14 ORs are terminally cleaned after last procedure of the day (including weekends) and each 24-hour period during regular work week. Terminal cleaning includes wet-vacuuming or mopping floor with an EPA-registered disinfectant.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe</p>	
<p>4.1.15 Anesthesia equipment surfaces that are touched by personnel while providing patient care or while handling contaminated items are cleaned and low-level disinfected between use on patients, according to manufacturers' instructions.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe</p>	
<p>4.1.16 Exterior surfaces of anesthesia equipment that are not knowingly contaminated during patient care are terminally low-level disinfected at the end of the day, according to manufacturers' instructions.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe</p>	
<p>4.1.17 Internal components of the anesthesia machine breathing circuit are cleaned per hospital policy or manufacturer's instructions.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe</p>	
<p>4.1.18 Reusable noncritical items (e.g., blood pressure cuffs, ECG leads, tourniquets, oximeter probes) are cleaned and disinfected between patients.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe</p>	
<p>4.1.19 Ventilation requirements meet the following:</p> <ul style="list-style-type: none"> • Positive pressure, ≥ 15 air exchanges per hour (at least 3 of which are fresh air) • 90% filtration (HEPA is optional), air filters checked regularly and replaced according to hospital policies and procedures • Temperature and relative humidity levels are maintained at required levels • Doors are self-closing • Air vents and grill work are clean and dry. 	<p><input type="radio"/> Yes <input type="radio"/> No</p>	