

### Infection Control & Immunizations

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

Surveyor \_\_\_\_\_

*This is a facility-level task (not staged) involving observations of infection control practices throughout the survey process. Each team member should use this worksheet to direct observations, record information, and mark any areas of concern for questions 1 -7. Narrative documentation should be made in the Notes section for all areas of concern. If concerns with infection control practices are observed (any of Questions 1 -7 are answered No for any team member), the surveyor assigned responsibility for this task will review the infection control program, using the probes on the worksheet to determine whether a functioning infection control program is in place (Question 8). In addition, complete Question 9 on all surveys. Team members not specifically assigned the responsibility of completing the Infection Control task should surveyor initiate Infection Control in the QIS DCT and answer only questions pertaining to observations made.*

Observations	Notes
<p>1. Are proper hand-washing techniques followed by the staff?  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F444</b></p>	
<p>2. Are gloves worn if there is contact with blood, specimens, tissue, body fluids, or excretions?  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F441</b></p>	
<p>3. Are gloves changed between resident contacts?  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F441</b></p>	
<p>4. Are staff who are providing direct care free from communicable diseases or infected skin lesions?  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F443</b></p>	
<p>5. Are precautions observed for the disposal of soiled linens, dressings, disposable equipment (sharps, etc.), and for the cleaning of contaminated reusable equipment?  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F441</b></p>	
<p>6. Are linens and laundry handled or transported in a manner to prevent the spread of infection?  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F445</b></p>	
<p>7. Are isolation precautions implemented when it is determined that a resident needs isolation?  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F442</b></p>	

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Review	Notes
<p><i>Complete Question 8 only if any one of Questions 1 - 7 = No (concerns were noted with the facility's infection control practices).</i></p>	
<p>Determine through interview and record review whether there is a functioning infection control program in place that provides:</p> <ul style="list-style-type: none"> <li>• A system to prevent the development and transmission of disease;</li> <li>• A system to monitor and investigate causes and methods of spreading infection;</li> <li>• A routine review of surveillance data and recommendations for disease and infection prevention and control;</li> <li>• Periodic review and revision, as indicated, of the written program; and</li> <li>• Evidence of monitoring staff adherence to protocols such as hand washing, isolation, and immunizations.</li> </ul> <p><b>8. Does the facility establish and maintain an infection control program designed to provide a safe, sanitary and comfortable environment and to help prevent development and transmission of disease and infection?</b></p> <p style="text-align: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No   <b>F441</b></p>	
<p><i>Note: During the Entrance Conference, the team coordinator requested the Influenza/-Pneumococcal Immunization - Policy and Procedures.</i></p> <p><i>Note: Residents are selected from the Stage I Census Sample Report; however, sampling and review can occur during Stage II.</i></p> <ul style="list-style-type: none"> <li>• For surveys conducted during influenza season (October 1 – March 31), select five (5) residents from the Census Sample Report, or</li> <li>• For surveys conducted outside influenza season, select five (5) Census Sample Report residents who resided in the facility during the previous influenza season.</li> <li>• Follow the Procedure section in the Investigative Protocol contained in F tag F334 to complete a review of the implementation of the facility's immunization policies and procedures for influenza and pneumococcal pneumonia.</li> </ul> <p><b>9. Did the facility develop and implement policies and procedures related to influenza and pneumococcal immunizations?</b></p> <p style="text-align: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No   <b>F334</b></p>	