The Infection Preventionist in Long-Term Care
Role and Task Checklist

Contents

IPC Program Purpose

To provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

The IPC program establishes a facility-wide system for the prevention, identification, investigation, reporting and control of communicable diseases and infections among residents, staff and visitors.

IPC Policies and Procedures

An IPC Policy defines and provides evidence and rationale for a required IPC practice, including guidance about practice implementation. An IPC procedure outlines the specific steps or actions for performing an IPC practice.

Every policy and procedure document should have the same basic structure. Every policy and procedure document should have an appropriate title, the date of last revision or review, the date that the policy or procedure takes effect and the name and signature of the individual or committee responsible for review and approval.

- The definition of the IPC practice should be stated.
- The purpose of the policy and procedure should provide background to explain the rationale for the practice.
- The staff or departments responsible for following the policy and procedure should be clearly defined.
- The policy content should address when the practice should be performed and provide additional guidance and information about performing the practice.
    - For example, the hand hygiene policy should address the fingernail length and use of hand lotions.
- The procedure content should outline the steps used to perform the IPC practice, including supplies, or equipment, if appropriate.
- The policy or procedure should also address issues relevant to monitoring and maintaining adequate supply levels at the point of use.
- All guidelines, standards, or other resources used to develop the policy and/or procedure should be identified and referenced. When applicable, key terms used in the policy and procedure should be defined. This can be accomplished at the time they are used or by including a glossary at the start or end of the document.

Policy, Standard, Procedure, and Guideline:
- Guidelines provide additional recommended guidance
- Procedure establishes proper steps to take
- Standards assigns quantifiable measures
- Policy identifies issues and scope

Elements of a Policy
- Purpose: Facilities should develop and implement written policies and procedures as a core activity of their IPC program. These policies and procedures promote safety for residents, visitors, and staff by providing instruction on how to prevent the spread of pathogens and development of healthcare-associated infections.

- Scope: The purpose of the policy scope statement is to guide the development of a new or revised policy, provide a summary of a proposed policy, and ensure that those who might be affected by a policy are identified, considered, and consulted.

- Definitions: Define the infection prevention and control practice. *Example: The Centers for Disease Control and Prevention (CDC) defines hand hygiene as "cleaning your hands by using either handwashing (washing hands with soap and water), antiseptic hand wash, antiseptic hand rub (i.e., alcohol-based hand sanitizer including foam or gel), or surgical hand antisepsis" In this facility, hand hygiene is performed by using either alcohol-based hand rub (ABHR) or washing hands with soap and water.*

- Policy: Defines and provides evidence and rationale for a required IPC practice, including guidance about practice implementation.

Scope of the LTC Infection Prevention and Control Program (IPCP)

Describes what activities will be conducted and to what extent they will be implemented. The scope will vary based on risk assessment, size, resident population, community needs, and available resources.
- Surveillance
- Data analysis
- Implementation of prevention and control interventions
- Education of staff, residents, families, and visitors
- Environment and equipment cleaning and disinfecting
- Product evaluation
- Immunization
- Policy and Procedure evaluation and review
- Outbreak investigation
- Committee coordination and communications
- Consultation
- Antibiotic Stewardship
- Disaster Preparedness

IPC Program: Core Activities
- Developing and implementing written policies and procedures to instruct staff on the importance of IPC practices and when and how to perform them.

- Creating a system for recording incidents identified by the IPC program and the corrective actions taken by the facility within the Quality Assurance Performance Improvement (QAPI) program.
- Implementing a system for infection surveillance to identify and prevent the spread of infections.
- Implementing a system for investigating and reporting incidents of communicable disease to identify, prevent, and control infection outbreaks.
- Conducting an annual review of IPC program policies, procedures, and activities and updating them, as necessary based on the facility's IPC risk assessment.
- Establishing a program to optimize the treatment of infections and reduce adverse events when prescribing antibiotics.

LTC Infection Prevention and Control Plan

The infection prevention and control program is described in a written plan. The plan is developed to address needs identified in the risk assessment, as well as:

- Defines the oversight and management of the Infection Prevention and Control Program
- Identifies the authority and guidance statements
- Identifies goals, objectives, and metrics that will be used to evaluate program effectiveness
- Addresses infection prevention collaboration and support
- Address education needs of staff, residents, and visitors
- Identifies prioritized prevention goals
- Addresses surveillance and reporting requirements
- Identifies infection prevention challenges – i.e. transitions in care, resident safety.

Annual IPC Risk-Assessment

An IPC risk assessment evaluates the resident population and services provided to identify potential infection hazards.

- An assessment performed to identify key internal and external infection vulnerabilities that can inhibit efforts to prevent and control infections.
- Set IPC program priorities and goals.
- Review and update policies, procedures, and activities.
- Determine IPC resources needed to prevent pathogen transmission and development of infections.
- High risk, high volume, high-cost, problem-prone.
- Evaluates risks specific to your facility and your community
- Establishes infection prevention priorities
- Sets goals and objectives

Laboratory Services

The IP must be knowledgeable about available laboratory services

- Tests available and normal ranges of available tests

- Turnaround time
- Reporting of results
- Specimen collection, holding, and transport: High quality specimen required to produce high quality results.
  - Urine
  - Stool
  - Wound

Surveillance

Facilities must establish a system for surveillance based upon national standards of practice, the facility assessment, the resident population, and services and care provided. Surveillance must include a data collection tracking tool and the use of nationally recognized surveillance criteria such as the CDC's National Healthcare Safety Network (NHSN) McGeer's and Loeb's minimum criteria set.

Surveillance is the comprehensive method of measuring process and outcome data; data collection, analysis and dissemination of patient-level and environmental information as a process to HAI prevention.

Examples

- Hand Hygiene; process and outcome data
- Transmission Based Precautions; process and outcome data
- Labs; patient-level data
- Point-of-care data
- Point-of-care testing
- Environment of Care (EOC); process and outcome data

Process Surveillance

Process surveillance is the review of practices by staff directly related to resident care. The purpose is to identify whether staff implement and comply with the facility's IPCP policies and procedures. Some areas that facilities may want to consider for process surveillance are the following:

- Hand Hygiene
- PPE use
- Injection safety
- Point of care testing
- Resident care/procedure practices
- Bloodborne-pathogen exposure
- Cleaning and disinfection
- Transmission-based precaution audits
- Linen management
- Food Services

Outcomes Surveillance

Identify specific infection events (infections and pathogens) to monitor among residents and staff.

- Multi-drug resistant organism (MDRO) surveillance is one way to monitor the prevalence of antibiotic resistance in your facility and detect the emergence of new antibiotic resistance.
- Surveillance of infections and pathogens can help identify outbreaks.
- Infection/Syndromic Surveillance; analysis of patient data

Outbreak Investigation and Surveillance

An outbreak can be defined as the occurrence of more cases of a communicable disease than expected in a given area or among a specific group of people over a particular period of time.

- Early recognition of an outbreak is key for implementing control measures to prevent resident and staff illness, staffing shortages, closure of units and admission restrictions.
- Events or triggers that should prompt an investigation into whether an outbreak is occurring includes:
  - An increase over baseline infection rate
  - A sudden cluster of infections on a unit or during a short period of time.
  - A single case of a rare or serious infection.
- The purpose of an outbreak investigation is to stop the transmission of pathogens and prevent additional infections.
- Document the experience to support reporting and provide information to prevent future outbreaks.
- When an outbreak is identified, the facility should:
  - Take appropriate steps to diagnose and manage cases to prevent further transmission.
  - Document septs of the investigation.
  - Comply with federal, state, and local health authority requirements.

Outbreak Investigation Process and Reporting:

- Establish that an outbreak exists
- Monitor ill residents
- Prevent transmission (control and contain)
- Notify appropriate stakeholders (Staff, administration, local and state HDs)
- Work with state and local health departments
- Educate (staff, residents, visitors)
- Monitor compliance with contain and control interventions (HH, TBPs)
- Analyze data, disseminate findings, institute practice changers for identified gaps
- Report outbreak and findings to the Quality Assurance Committee
- Resources

Outbreak Response Plan

Situation: organism, type of infection, colonized body site
Background: who, what, when
Assessment: preliminary investigation and actions
Recommendation: actions, interventions

When evaluating whether an outbreak has ended, you need to consider 3 factors.
- Incubation period: Time from exposure to illness onset
- Period of contagiousness: Time when infected individual is capable of transmitting disease to others.
- Date of most recent case.

Surveillance Process

- Select surveillance criteria: population, process, or infection type.
- Define criteria for measurement (standardized case definitions, numerator, and denominator).
- Decide what method you will use for your surveillance:
    - Concurrent Surveillance:
        - Regular rounds on resident units
        - Verbal or written reports from nursing staff
    - Retrospective Surveillance:
        - Culture data (lab reports)
        - Pharmacy reports of antibiotic use
        - Radiology reports
        - Chart review
- Develop line lists for tracking purposes (Infection Control Log)
  Standardized way to collect information. Helps organize the information. Can be utilized for day-to-day activities. Useful outbreak identification and/or investigation tool.
    - Formatted as a table
    - Rows are individuals
    - Columns are characteristics
- Seasonal daily routine will differ: Use different tracking tools
    - influenza surveillance for congregate setting
    - outbreak log
    - employee influenza vaccination tracking form

Antibiotic Stewardship

Antibiotic stewardship refers to a set of commitments and actions designed to *optimize the treatment of infections while reducing the adverse events associated with antibiotic use.*
- Data sources that can be utilized for outcome surveillance:
    - Cultures or other diagnostic tests
    - Antibiotic orders and/or administration reports.
    - Documentation of signs/symptoms

- o Transfer/discharge summaries
- [NHSN Core Elements of Antibiotic Stewardship](#)

Antibiotic Stewardship Tools
AHRQ Tools: https://www.ahrq.gov/nhguide/toolkits.html
Tracking Tool: [Infection and Antibiotic Use Tracking Tool Instructions (state.mn.us)](#)

Quality Assessment and Assurance Committee
[CMS Resources](#):
Quality Assurance Performance Improvement Project (QAPIP) Based Routine
- Brainstorming exercise:
  - o How can you incorporate QAPIP based work into your daily routine?
  - o What resources or tools would you need?
  - o Who can help you?
  - o What will you observe?
  - o What will you do with the data you collected?

QA Performance Improvement Project (PIP)
The QA PIP is structed to facilitate and assure an objective and systematic performance improvement program that monitors and evaluates the quality of care provided to individuals.

- Hand hygiene compliance improvement
- Reduction of multidrug resistant organisms
- Improving influenza vaccination coverage
- Ensuring environmental cleaning and disinfection
- PPE compliance monitoring
- Hand hygiene compliance monitoring
- Produce reports to share with units, providers, and at ICC and QAPI meetings
- Work with your in-house or reference lab to develop lab reports containing the lab metrics you will need to perform surveillance.

Education
Proper education and training of staff is critical in the work of preventing healthcare-acquired infections.

Staff education must occur:
- Upon hire
- Annually
- As needed throughout the year

Topics:
- Hand hygiene
- Transmission-Based Precautions: Build knowledge

- Environment of Care: The environment's role in resident/staff safety
- Employee Health: Individual role/responsibility in infection prevention

Mock Survey and Assessments

[CMS Infection, Prevention, Control, and Immunizations](#)

[CMS Covid-19 targeted Survey](#)

Additional Resources

[Infection Control | CDC](#)

[Guidelines Library | Infection Control | CDC](#)

[Hand Hygiene Template (train.org)](#)

Infection Preventionist in Long-Term Care

Task Checklist

IPC Program: Core Activities

This checklist provides a list of core activities that the IP should be completing on a regular basis based on the identified timetable.

Daily:

☒Paperwork review and update

- New Admissions
    - ○ Interfacility Transfer Form
    - ○ New Infections
    - ○ Transmission based precautions.
        - Signage placed (droplet, contact, enteric, other)
        - PPE bins placed directly outside of the resident room and well stocked. (What is your plan for restocking every shift)
        - Hand hygiene available inside and outside of every room
        - Trash receptacle placed inside of every room for the appropriate doffing of PPE
- 24-hour report
- Lab and pharmacy results (Antibiotic Stewardship)

☐Line list (Outcomes Surveillance):

Weekly:

Process Measure Surveillance (Audits)

☐Hand Hygiene
☐Transmission-based precautions
☐Environmental Services

Monthly:

Process Measure Surveillance (Audits)
☐Wound Care

☐Safe Injection Practices

☐Point of Care

☐Food Service

☐Laundry

Outcome Surveillance

☐Respiratory Tract Infections

☐Urinary Tract Infections

☐Gastrointestinal Infections

☐Skin, Soft Tissue, Wound & Mucosal Infections

☐Other

Antibiotic Stewardship

☐Cultures or other diagnostic tests

☐Antibiotic orders and/or administration reports.

☐Documentation of signs/symptoms

☐Transfer/discharge summaries

Quality Assessment and Assurance Committee

☐Quality assurance performance improvement project updates

☐Hand hygiene compliance data

☐PPE use compliance

☐Targeted multidrug resistant organism trending

☐Environment of care rounds data

Quarterly:

☐Inservice Education and Training

☐Mock surveys

Annually:

☐Review and update IPC policies

☐Conduct an annual IPC Risk-Assessment

- Infection Events
- IPC Practice Failures
- CDC ICAR
- CMS Assessment

As Necessary:

Outbreak Response

☐Create an outbreak response plan

- Situation: organism, type of infection, colonized body site
- Background: who, what, when
- Assessment: preliminary investigation and actions
- Recommendation: actions, interventions