§483.80 Infection Control (F441)
F 880 - 883
Cindy Deporter
DHSR

F Tags

- Regulatory Group: Infection Control
  - F880: Infection Prevention and Control ("Old F441")
    - §483.80 (a)(1-2)(4)(e-f)
  - F881: Antibiotic Stewardship Program (New)
    - §483.80 (a)(3)
  - F882: Infection Preventionist Qualifications/Role (New)
    - §483.80 (b-c)
  - F883: Influenza and Pneumococcal Immunizations ("Old F334")
    - §483.80 (d)

Background/Benefit to Residents

- F441- frequently cited
- 1.6-3.8 million healthcare-associated infections (HAIs) in nursing homes every year
- 40 to 75 percent of antibiotics prescribed are potentially inappropriate

F880: High Level Overview of Changes to Regulatory Language Infection Prevention and Control Program (IPCP) §483.80 (a)(e-f)

- Regulatory language added emphasis on a system for identifying and reporting of infections and communicable diseases
- The IPCP applies to residents, staff, volunteers, visitors, and contractors
- Based upon the facility assessment and national standards

Federal Regulatory Language

§483.80 Infection Control F 880

The facility must establish and maintain an infection ***prevention and*** control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of ***communicable*** disease and infection.

§483.80(a) Infection Control Program

The facility must establish an Infection ***prevention and*** control program ***(IPCP) that must include, at a minimum, the following elements:***

F880: High Level Overview of Changes to Regulatory Language Infection Prevention and Control Program (IPCP) §483.80 (a)(e-f)

Specifies that policies and procedures must address:

- Surveillance
- Reporting
- Standard and Transmission-based Precautions
- Isolation (added emphasis on considering the appropriateness and least restrictive use)

Annual review of the IPCP and update as needed

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F880: Changes in Interpretive Guidance

- ❑ Surveillance (Process and Outcome)
- ❑ Facility Assessment
- ❑ Ensuring staff are aware of policies and procedures

F880: Changes in Interpretive Guidance

- Antibiotic Review → Moved to F881
- Policies and Procedures → Reviewed annually and incorporate facility risk assessment.

F880: Changes in Interpretive Guidance

- Medical Device Safety → **Point-of-care devices (fingerstick devices, blood glucose meters)**
- Safe Medication Administration → SDV, MDV, needles, insulin pens
- Standard Precautions → Hand hygiene, PPE, respiratory hygiene/ cough etiquette, environmental and equipment cleaning and disinfection

Hand Hygiene and Glove Use with CDI

Alcohol-based hand rub or soap and water?

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Hand Hygiene with CDI and Norovirus Cont.

	CDI Outbreak or High Rates of Infection in the Facility	Norovirus Outbreak or High Rates of Infection in the Facility	Single Case of CDI, Norovirus, or During Non-Outbreak Times in the Facility
Alcohol-based hand rub (except when hands are visibly soiled or contaminated by blood or body fluids, before/after eating or toileting)			✓
Handwashing with soap and water	✓	✓	

Program Elements:

- ***1) A system for preventing, identifying, reporting, investigation and controlling infections and communicable diseases for all residents, staff, volunteers, visitors and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to 483.70 (e) and following accepted national standards:***

Programs Elements…

(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:

- ***(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;***
- ***(ii) When and to whom possible incidents of communicable disease or infections should be reported;***
- ***(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;***

Program elements….

- ***(iv) When and how isolation should be used for a resident; including but not limited to:***
  - ***(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and***
  - ***(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.***
    - ***(v) The circumstances under which*** **the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease*; and***
    - ***(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.***

Transmission-Based Precautions

When should they be used?

- Based on the likelihood of transmission
  - Pathogen
  - Resident risk factors
  - Psychological impact
  - Other residents

Implementing Contact Precautions

When should I put on personal protective equipment (PPE)?

"Contact precautions …require the use of appropriate PPE, including a gown and gloves **upon** entering the room."

PPE For Droplet Precautions

When should I apply a facemask when caring for a resident on droplet precautions?

"Facemasks are to be used **upon** entry into a resident's room or cubicle with respiratory droplet precautions."

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Program Elements….

- ***(3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use.***
- ***(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.***

§483.80 (b) Infection preventionist
[§483.80(b) and all subparts will be implemented beginning November 28, 2019 (Phase 3)]

- Remember in NC we have a State Law that requires that you have a designated staff to be the Infection Preventionist
- We already require in NC most of this under state law.

483.80(b) ***Infection Preventionist: all subparts implemented beginning 11/28/19*** ***(Already required in NC)***

The facility must designate one or more individual(s) as the infection Preventionist(s) (IP)(s) who is responsible for the facility's IPCP. The IP must:

(1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;

(2) Is qualified by education, training, experience or certification;

(3) ***Works at least part-time at the facility; and***

(4) ***Has completed specialized training in infection prevention and control.*** ***NC SPICE Program***

§483.80 (c) IP participation on QA and A Committee (beginning November 28, 2019 (Phase 3)

- ***The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis.***
- ***[§483.95(c) will be implemented beginning November 28, 2019 (Phase 3)]***

483.80 (c) continued…

- ***(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.***
- ***(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.***

Linens

How should the laundry be surveyed to assess for compliance?

- Manufacturer's instructions for use
  - Washing machines and dryers
  - Detergents
  - Linens

Annual Review

- **§483.*80(f) Annual review.***
- ***The facility will conduct an annual review of its IPCP and update their program, as necessary.***

Annual Review: Intent

- ***Develops and implements an ongoing infection prevention and control program (IPCP) to prevent, recognize, and control the onset and spread of infection to the extent possible and reviews and updates the IPCP annually and as necessary.***

-This would include revision of the IPCP as national standards change;

Intent

- ***Establishes facility-wide systems for the prevention, identification, investigation and control of infections of residents, staff, and visitors.***
  - ***It must include an ongoing system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility and procedures for reporting possible incidents of communicable disease or infections;***

Intent

- **Develops and implements written policies and procedures for infection control that, at a minimum:**
  - **Explain how standard precautions and when transmission-based precautions should be utilized, including but not limited to the:**
    - **type and duration of precautions for particular infections or organisms involved and**
    - **that the precautions should be the least restrictive possible for the resident given the circumstances and the resident's ability to follow the precautions;**

Intent

- ***Prohibit staff with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and***
  - ***Require staff follow hand hygiene practices consistent with accepted standards of practice.***
  - ***Requires staff handle, store, process, and transport all linens and laundry in accordance with accepted national standards in order to produce hygienically clean laundry and prevent the spread of infection to the extent possible.***

Definition

- ***Cleaning: removal of visible soil (e.g., organic and inorganic material) from objects and surfaces and is normally accomplished manually or mechanically using water with detergents or enzymatic products.***
- ***Cohorting:* the practice of grouping residents infected or colonized with the same infectious agent together to confine their care to one area and prevent contact with susceptible residents (cohorting residents).**
  - ***During outbreaks, healthcare staff may be assigned to a specific cohort of residents to further limit opportunities for transmission (cohorting staff). The terms "cohort or cohorting" is standardized language used in the practice of infection prevention and control; the use of this terminology is not intended to offend residents or staff.***

Definition

- **Contaminated laundry: laundry which has been soiled with blood/body fluids or other potentially infectious materials or may contain sharps.**
- **Decontamination: the use of physical or chemical means to remove, inactivate, or destroy pathogenic organisms on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.**
- **Disinfectant: usually a chemical agent (but sometimes a physical agent) that destroys disease-causing pathogens or other harmful microorganisms but might not kill bacterial spores. It refers to substances applied to inanimate objects.**
- **Disinfection: thermal or chemical destruction of pathogenic and other types of microorganisms. Disinfection is less lethal than sterilization because it destroys most recognized pathogenic microorganisms but not necessarily all microbial forms (e.g., bacterial spores).**

Definition

- ***Infection preventionist: term used for the person(s) designated by the facility to be responsible for the infection prevention and control program.***
  - ***NOTE: Designation of a specific individual, detailed training, qualifications, and hourly requirements for an infection preventionist are not required until implementation of Phase 3.***

Definition

- ***(Regulated) Medical waste: liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling (e.g., blood-soaked bandages); contaminated sharps.*** ***Follow state law.***

Infection Control & Prevention Program

- ***Healthcare-associated infections (HAIs) can cause significant pain and discomfort for residents in nursing homes and can have significant adverse consequences.***
- ***The facility must establish and maintain an IPCP designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.***
- ***This program must include, at a minimum, a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, and visitors. The IPCP must follow national standards and guidelines.***

Program requirements….

- ***For purposes of this guidance, we would expect facilities to tailor the emphasis of their IPCP for visitors.***
  - ***We expect facilities to work to prevent transmission of infection to the resident from the visitor using reasonable precautions and national standards. For example, passive screening through the use of signs at the entrances to alert visitors with signs and symptoms of communicable diseases not to enter the facility.***

Program Requirements:

- ***If a facility has a visitor exception protocol (e.g., end-of-life care), this would need to be determined by the facility. In this case, if a symptomatic visitor/family member must enter the facility, the visitor must still follow the facility's policies for prevention of transmission (e.g., following respiratory hygiene/cough etiquette procedures).***

The program must include:

- ***A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases that:***
  - ***Covers all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement;***
  - ***Is based on the individual facility assessment;***
  - ***Follows accepted national standards;***

Program must include:

- ***Written standards, policies and procedures in accordance with §483.80(a)(2);***
- ***A system for recording incidents identified under the IPCP and corrective actions taken by the facility; and***
- ***An antibiotic stewardship program (ASP) (F881).***

F 881: **483.*80(a)(3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use.***

Intent:

- ***Develops and implements protocols to optimize the treatment of infections by ensuring that residents who require an antibiotic, are prescribed the appropriate antibiotic;***
- ***Reduces the risk of adverse events, including the development of antibiotic-resistant organisms, from unnecessary or inappropriate antibiotic use; and***
- ***Develops, promotes, and implements a facility-wide system to monitor the use of antibiotics.***

Antibiotic Stewardship

Antibiotic Stewardship

As part of their IPCP programs, facilities must develop an antibiotic stewardship program that promotes the appropriate use of antibiotics and includes a system of monitoring to improve resident outcomes and reduce antibiotic resistance.

-This means that the antibiotic is prescribed for the correct indication, dose, and duration to appropriately treat the resident while also attempting to reduce the development of antibiotic-resistant organisms.

Program requirements:

- ***The facility must develop an antibiotic stewardship program which includes the development of protocols and a system to monitor antibiotic use.***
- ***This development should include leadership support and accountability via the participation of the medical director, consulting pharmacist, nursing and administrative leadership, and individual with designated responsibility for the infection control program if different.***

Program

The Antibiotic Stewardship Program in Relation to Pharmacy Services

- ***The assessment, monitoring, and communication of antibiotic use shall occur by a licensed pharmacist in accordance with §483.45(c), F756, Drug Regimen Review. A pharmacist must perform a medication regimen review (MRR) at least monthly, including review of the medical record and identify any irregularities, including unnecessary drugs.***

F881: Antibiotic Stewardship Program

- Part of the infection prevention and control program (IPCP)
- Antibiotic use protocols
- System to monitor antibiotic use and resistance

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F881: Antibiotic Stewardship Program Cont.

- System to monitor antibiotic use and resistance, for example:
  - Medical record reviews
  - Laboratory tests
  - Prescription documentation
  - Outcome metrics

Facility Assessment

(F838):

The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment.

Facility Assessment

F 883 continued:

The facility assessment must address or include a facility-based and community-based risk assessment, utilizing an all-hazards approach. See §483.70(e) (F838) for guidance on the facility assessment.

-The results of the facility assessment must be used, in part, to establish and update the IPCP, its policies and/or protocols to include a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for residents, staff, and visitors.

Facility Assessment

NOTE: A community-based risk assessment should include review for risk of infections (e.g., multidrug-resistant organisms- MDROs) and communicable diseases such as tuberculosis and influenza. Appropriate resident tuberculosis screening should be performed based on state requirements.

Policies and Procedures

- **The facility must develop and implement written policies and procedures for the provision of infection prevention and control. The facility administration and medical director should ensure that current standards of practice based on recognized guidelines are incorporated in the resident care policies and procedures. These IPCP policies and procedures must include, at a minimum:**
- **As necessary, and at least annually, review and revision of the IPCP based upon the facility assessment (according to 483.70(e)) which includes any facility and community risk;**
- **An ongoing system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;**
- **When and to whom possible incidents of communicable disease or infections should be reported within the facility;**

Policies and Procedures

- ***How to use standard precautions and how and when to use transmission-based precautions (i.e., contact precautions, droplet precautions, airborne isolation precautions). The areas described below are part of standard and transmission-based precautions[40] which are further described under their respective sections.***
  - ***For example: Hand hygiene (HH) (e.g., hand washing and/or ABHR): consistent with accepted standards of practice such as the use of ABHR instead of soap and water in all clinical situations except when hands are visibly soiled (e.g., blood, body fluids), or after caring for a resident with known or suspected Clostridium (C.) difficile or norovirus infection during an outbreak, or if infection rates of C. difficile infection (CDI) are high; in these circumstances, soap and water should be used.***

Link

- ***http://www.cdc.gov/handhygiene/providers/index.html***
- ***NOTE: According to the CDC, strict adherence to glove use is the most effective means of preventing hand contamination with C. difficile spores as spores are not killed by ABHR and may be difficult to remove even with thorough hand washing. For further information on appropriate hand hygiene practices see the following CDC website:***

Policies and Procedures

- **The selection and use of PPE (e.g., indications, donning/doffing procedures) and the clinical conditions for which specific PPE should be used (e.g., CDI, influenza);**
- **Addressing the provision of facemasks for residents with new respiratory symptoms;**
- ***Addressing the provision of facemasks for residents with new respiratory symptoms;***
- ***Addressing resident room assignment (e.g. single/private room/cohorted) as appropriate and/or available, based on a case by case analysis of the presence of risk factors for increased likelihood of transmission (e.g., uncontained drainage, stool incontinence);[40]***
- ***The process to manage a resident on transmission-based precautions when a single/private room is not available;***
- ***Limiting the movement of a resident with a highly infectious disease (e.g., norovirus, CDI) who is on transmission-based precautions with active symptoms (e.g., resident has diarrhea, vomiting, draining wounds, or other uncontained excretions or secretions) while outside of his/her room for medically necessary purposes only;[40] and***

Policies and Procedures

Respiratory Hygiene/Cough Etiquette:

- ***Implementing policies and procedures would include providing resources and instructions for performing HH in or near lobby areas or entrances; provide conveniently-located dispensers of ABHR and supplies for hand washing where sinks are available.***
- ***During times of increased prevalence of respiratory infections in the community, facilities must have facemasks available and should offer facemasks to coughing or sneezing visitors and other symptomatic persons (e.g., family who accompany ill residents upon entry to the facility). Symptomatic (e.g., coughing) visitors should wear a facemask or maintain at least a three foot separation from others in common areas (e.g., admitting office***

Posting of Signs

- ***In addition, the facility should consider posting signs in the facility with instructions to family/visitors with symptoms of respiratory infection to cover their mouth/nose when coughing or sneezing; use and dispose of tissues; perform hand hygiene after contact with respiratory secretions; and to take appropriate precautions if they are having symptoms of respiratory infection or other communicable diseases.***

Resident Care Activities

- ***Urinary catheters, which must include a written rationale for the use, consistent with evidence-based guidelines (e.g., acute urinary retention, bladder outlet obstruction, neurogenic bladder or terminally ill for comfort measures) (Refer to §483.25(e)(2)(i)(ii)&(iii) Incontinence, F690, for further information.);***
- ***Wound care, fecal/urinary incontinence care, and skin care. Since the IPCP must be based on the facility assessment, the presence of certain resident conditions would require that the facility have policies and procedures related to other specific services such as mechanical ventilation, infusion therapy, and/or dialysis either onsite or at an offsite dialysis facility;***
- ***Performing fingersticks and point-of-care testing (e.g., assisted blood glucose monitoring) to the extent identified as a resident need based on the facility assessment;***
- ***Preparation, administration, and care for medications administered by injection or peripheral and central venous catheters, if performed by the facility; and***
- ***Use and care of peripheral and central venous catheters, if performed by the facility.***

Blood Glucose Meters

How should blood glucose meters be cleaned and disinfected?

- Dedicated or multi-patient use?
- EPA-registered disinfectant

Environmental Cleaning and Disinfection

Environmental cleaning/disinfection:

- ***Routine cleaning and disinfection of high-touch surfaces in common areas, resident rooms, and at the time of discharge; and***
- ***NOTE: Privacy curtains in the resident's room should be changed when visibly dirty by laundering or cleaning with an Environmental Protection Agency (EPA)-registered disinfectant per manufacturer's instructions.***
- ***Cleaning/disinfection of resident care equipment including equipment shared among residents (e.g., blood pressure cuffs, rehabilitation therapy equipment, blood glucose meters, etc.).***

Surveyors

- Next slides go over areas that surveyors review about your policy and procedures to assure that they meet the intent of the regulation.

Written Health Occupational Policies that must cover…

- ***Reporting of staff illnesses and following work restrictions per nationally recognized standards and guidelines;***
- ***Prohibiting contact with residents or their food when staff have potentially communicable diseases or infected skin lesions***
- ***Assessing risks for tuberculosis (TB) based on regional/community data and screening staff to the extent permitted under applicable federal guidelines and state law;***
- ***Monitoring and evaluating for clusters or outbreaks of illness among staff;***
- ***Implementing an exposure control plan in order to address potential hazards posed by blood and body fluids, from dialysis, glucose monitoring or any other point of care testing; and***

Written Health Occupational…

Education and competency assessment:

- ***Facilities must ensure staff follow the IPCP's standards, policies and procedures.***
- ***Therefore, staff must be informed and competent. Knowledge and skills pertaining to the IPCP's standards, policies and procedures are needed by all staff in order to follow proper infection control practices (e.g., hand hygiene and appropriate use of personal protective equipment) while other needs are specific to particular roles, responsibilities, and situations (e.g., injection safety and point of care testing).***

Written Health Occupational….

- ***Furthermore, residents and their representatives should receive education on the facility's IPCP as it relates to them (e.g., hand hygiene, cough etiquette) and to the degree possible/consistent with the resident's capacity. For example, residents should be advised of the IPCP's standards, policies and procedures regarding hand hygiene before eating and after using the restroom.***

Surveillance

- *The facility must establish a system for surveillance based upon national standards of practice and the facility assessment, including the resident population and the services and care provided.*
  - *The facility must establish routine, ongoing, and systematic collection, analysis, interpretation, and dissemination of surveillance data to identify infections (i.e., HAI and community-acquired), infection risks, communicable disease outbreaks, and to maintain or improve resident health status. As part of the system of surveillance, identification and prevention, the facility should determine how it will track the extent to which staff are following the facility's IPCP policies and procedures, and facilities would want to particularly address any areas that are related to a corrective action.*

Surveillance

The facility's surveillance system must include a data collection tool and the use of nationally-recognized surveillance criteria such as but not limited to CDC's National Healthcare Safety Network (NHSN) Long Term Care Criteria to define infections or updated McGeer criteria[50].

-Furthermore, the facility must know when and to whom to report communicable diseases, healthcare-associated infections (as appropriate), and potential outbreaks (e.g., list of communicable diseases which are reportable to local/state public health authorities). The facility must document follow-up activity in response to important surveillance findings (e.g., outbreaks).

Surveillance

- *In addition, the facility must establish and implement a system, including who to notify (e.g. infection preventionist), for early detection and management of a potentially infectious, symptomatic resident at the time of admission.*
- *This includes the identification and use of appropriate transmission-based precautions. This is important to incorporate into the resident's baseline care plan that must be developed within 48 hours of admission and include the minimum healthcare information necessary to properly care for a resident, including physician orders (e.g., medication orders). See §483.21, Comprehensive Person-Centered Care Planning for further information.*

Surveillance

- ***Furthermore, the facility must have a process for communicating information at the time of transfer (e.g., CDC, state, or other standardized inter-facility infection transfer form) when a resident has an infection or is colonized.***
- ***When a resident is transferred, the information provided to the receiving provider must include special instructions or precautions for ongoing care and other necessary information including a discharge summary. When a resident is discharged, the discharge summary must include the resident's disease diagnoses and health conditions, course of illness/treatment or therapy, medications, and pertinent lab, radiology, consultation results, and instructions or precautions for ongoing care. See §483.21(c)(2), Discharge Summary (F661) and §483.15(c)(2)(iii), Transfer and Discharge (F622) for further information on these requirements.***

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:***

Process

Hand hygiene;

- ***Appropriate use of personal protective equipment (e.g., gowns, gloves, facemask);***
- ***Injection safety;***
- ***Point-of-care testing (e.g., during assisted blood glucose monitoring);***
- ***Implementation of infection control practices for resident care such as but not limited to urinary catheter care, wound care, injection/IV care, fecal/urinary incontinence care, skin care, respiratory care, dialysis care, and other invasive treatments;***
- ***Managing a bloodborne pathogen exposure. NOTE: This may not lend itself to monitoring and feedback;***
- ***Cleaning and disinfection products and procedures for environmental surfaces and equipment;***
- ***Appropriate use of transmission-based precautions; and***
- ***Handling, storing, processing, and transporting linens so as to prevent the spread of infection.***

Process

- ***Another component of a system of identification is outcome surveillance. For example, this addresses the criteria that staff would use to identify and report evidence of a suspected or confirmed HAI or communicable disease. This*** **process consists of collecting/documenting data on individual *resident* cases and *comparing* the collected data to standard written definitions (criteria) of infections.**
- ***NOTE: Refer to the CDC/SHEA Position Statement: Surveillance Definitions of Infections in Long-Term Care Facilities: Revisiting the McGeer Criteriahttps://www.cdc.gov/nhsn/ for examples of nationally accepted surveillance definitions.***

System Surveillance Data

DATA ANALYSIS, DOCUMENTATION AND REPORTING

- ***The facility's policies and procedures for a system of surveillance must include data to properly identify communicable diseases or infections before they spread. Therefore, the policies and procedures would include identifying:***
  - ***Data to be collected, including how often and the type of data to be documented, including:***

System Surveillance Data

- ***The infection site (i.e., type of infection), pathogen (if available), signs and symptoms, and resident location, including summary and analysis of the number of residents (and staff, if applicable) who developed infections;***
- ***Observations of staff including the identification of ineffective practices (e.g., not practicing hand hygiene and/or using PPE when indicated as well as practices that do not follow the facility's IPCP policies and procedures), if any; and***
- ***The identification of unusual or unexpected outcomes (e.g. foodborne outbreak), infection trends and patterns.***

Surveillance Data includes…

- ***How the data will be used and shared with appropriate individuals (e.g., staff, medical director, director of nursing, quality assessment and assurance committee- QAA), when applicable, to ensure that staff minimize spread of the infection or disease (e.g., require revision of staff education and competency assessment).***
- ***The facility must identify how reports will be provided to staff and/or prescribing practitioners in order to revise interventions/approaches and/or re-evaluate medical interventions related to the infection rates and outcomes.***

RECOGNIZING, CONTAINING AND REPORTING COMMUNICABLE DISEASE OUTBREAKS

- ***The facility must know how to recognize and contain infectious disease outbreaks. An outbreak is the occurrence of more cases than expected in a given area or among a specific group of people over a particular period of time.***
- ***If a condition is rare or has serious health implications, an outbreak may involve only one case. While a single case of a rare infectious condition or one that has serious health implications may or may not constitute an outbreak, facilities should not wait for the definition of an outbreak to act.***

Outbreaks

- *Take the appropriate steps to diagnose and manage cases, implement appropriate precautions, and prevent further transmission of the disease as well as documentation of follow-up activity in response; and*

- *Comply with state and local public health authority requirements for identification, reporting, and containing communicable diseases and outbreaks.*

Prevention and Controlling Transmission

-Direct *Contact* Transmission (Person-to-Person) occurs when microorganisms *such as methicillin-resistant Staphylococcus aureus (MRSA), vancomycin-resistant enterococci (VRE), carbapenem-resistant Enterobacteriaceae (CRE), influenza*, *or mites from a scabies-infected resident* are transferred from an infected or colonized person to another person. *In nursing homes, resident-to-resident direct contact transmission may occur in common areas of the facility such as the recreation room, rehabilitation area, and/or dining room.*

-Indirect *Contact* Transmission: involves the transfer of an infectious agent through a contaminated *inanimate* object *or person.*

- The following are examples of opportunities for indirect *contact transmission:*

• Clothing, uniforms, laboratory coats, or isolation gowns used as PPE may become contaminated with potential pathogens after care of a resident colonized or infected with an infectious agent, (e.g., MRSA, VRE, and *C. difficile*); and

-Contamination of high touch environmental surfaces (e.g., bedside table, bed rails, toilets, sinks, and handrails), contributes to transmission of pathogens including C. difficile and norovirus.

General Survey Information

SAFE INJECTION PRACTICES

MEDICAL DEVICE SAFETY

Medical devices may be used for administration of medications, point-of-care testing, or for other medical uses.

- ***Point-of-Care Testing***
- *Point-of-care testing is diagnostic testing that is performed at or near the site of resident care. This may be accomplished through use of portable, handheld instruments such as blood glucose meters or prothrombin time meters. This testing may involve obtaining a blood specimen from the resident using a fingerstick device.*

Fingerstick Devices

- ***CDC recommends the use of single-use, auto-disabling fingerstick devices in settings where assisted blood glucose monitoring is performed. This practice prevents inadvertent reuse of fingerstick devices for more than one person. Additionally, the use of single-use, auto-disabling fingerstick devices protects healthcare staff from needlestick injuries. If reusable fingerstick devices are used for assisted monitoring of blood glucose, then they must never be used for more than one resident.***

Fingerstick….

NOTE: If fingerstick devices are used on more than one resident, surveyors must cite at this tag and utilize the guidelines in Appendix Q for immediate jeopardy. Furthermore, the state survey agency (SA) must notify the appropriate state public health authority of the deficient practice.

- ***NOTE: For information on fingerstick safety, please refer to:***
  - ***https://www.cdc.gov/injectionsafety/fingerstick-devicesbgm.html***
  - ***https://www.cdc.gov/injectionsafety/providers/blood-glucose-monitoring_faqs.html***

Blood Glucose Meters

- **Blood glucose meters, can become contaminated with blood and, if used for multiple residents, must be cleaned and disinfected after each use according to manufacturer's instructions for multi-patient use. Additionally, staff must not carry blood glucose meters in pockets.**
- **The FDA has released guidance for manufacturers regarding appropriate products and procedures for cleaning and disinfection of blood glucose meters.**
  http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/InVitroDiagnostics/ucm227935.htm

- ***NOTE:*** *If the facility failed to clean and disinfect, per device manufacturer's instructions, and blood glucose meters are used for more than one resident, surveyors must cite this tag and utilize the guidelines in Appendix Q as it may constitute immediate jeopardy.*

Safe Medication Administration

All injectable medications must be prepared and administered in accordance with safe injection practices

- ***NOTE: If it is identified that needles or syringes are used for more than one resident, surveyors must cite noncompliance at this tag and utilize the guidelines in Appendix Q for immediate jeopardy. The SA must notify the appropriate state public health authority of the deficient practice;***

Other devices….

Single dose (single-use) medication vials, ampules, and bags or bottles of intravenous solution are used for only one resident;

• Medication administration tubing and connectors are used for only one resident.

NOTE: Surveyors must cite at this tag if noncompliance is identified and utilize the guidelines in Appendix Q for immediate jeopardy. The SA must notify the appropriate state public health authority of the deficient practice;

Investigative Summary

- ***Surveyors would use the Infection Control Facility Task to determine compliance with the infection control part of the survey. One surveyor should coordinate the review of the facility's overall infection prevention and control program (IPCP), however, each member of the survey team should assess for compliance throughout the entire survey when observing his/her assigned areas and tasks. The IPCP must be facility-wide and include all departments and contracted services. The surveyor should corroborate any concerns observed through interviews and record and/or document review.***

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§483.80(d) Influenza and pneumococcal immunizations

Influenza. The facility must develop policies and procedures to ensure that-

- **(i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;**
- **(ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;**

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- **(iii) The resident or the resident's representative has the opportunity to refuse immunization; and**
- **(iv)The resident's medical record includes documentation that indicates, at a minimum, the following:**
  - **(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and**
  - **(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.**

§483.*80(d)*(2) Pneumococcal disease.

The facility must develop policies and procedures *to* ensure that-

- **(i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;**
- **(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;**
- **(iii) The resident or the resident's representative has the opportunity to refuse immunization; and**
- **(iv)The resident's medical record includes documentation that indicates, at a minimum, the following:**
- **(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and**

Pneumococcal…….

- **(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.**

General Information

NOTE:

A nursing home may encounter residents who do not have adequate documentation of vaccinations. With the exception of influenza vaccine and pneumococcal polysaccharide vaccine (PPSV), providers should only accept written, dated records as evidence of vaccination. Self-reported doses of influenza vaccine and PPSV are acceptable. A resident representative can report on behalf of the resident if he/she is unable to self-report and the representative has knowledge of the resident's medical care. State laws may have more stringent requirements related to documentation.

NOTE

- ***NOTE**: As of the date of publication of this guidance, ACIP recommends that "both 23-valent pneumococcal polysaccharide vaccine (PPSV23) and 13-valent pneumococcal conjugate vaccine (PCV13) vaccines should be administered routinely in series to all adults aged ≥65 years."≥65 years so they should be vaccinated based on the ACIP recommendations for their age group. For more up-to-date information on timing and intervals between vaccines, please refer to ACIP vaccine recommendations located at http://www.cdc.gov/vaccines/hcp/acip-recs/index.html and https://www.cdc.gov/vaccines/schedules/hcp/index.html. [71] ACIP explained that PPSV23 is effective in preventing invasive pneumococcal disease (IPD) but the effectiveness of PPSV23 in preventing non-bacteremic pneumococcal pneumonia has been inconsistent. ACIP expects administration of both PCV13 and PPSV23 will provide optimal protection against pneumococcal infections. The recommendations for adults aged <65 years are different than for adults aged The recommendations for adults aged <65 years are different than for adults age For more up-to-date information on timing and intervals between vaccines, please refer to ACIP vaccine recommendations located at http://www.cdc.gov/vaccines/hcp/acip-recs/index.html and https://www.cdc.gov/vaccines/schedules/hcp/index.html.*

Questions?

YAY

We are done!