

 **HIGHLIGHTS: Overview of Requirements**

- Expands required elements of center’s Infection Prevention & Control Program (IPCP).
- IPCP must include Antibiotic Stewardship Program.
- Conduct annual review of center’s IPCP and update program as necessary.
- Infection Preventionist must meet specific qualification requirements.
- Infection Preventionist must be member of QAA committee and report on IPCP on a regular basis.
- Incorporates language change from resident’s legal representative to resident’s representative.

 **REVIEW & ACTION: Implementation Strategies and Tips**

Phase I – by November 28, 2016

- ✓ Review your infection prevention and control program and policies/procedures to determine if all newly required elements are addressed. *Note expanded requirements address prevention as well as control of infections.*
 - Does your system address the following in accordance with accepted national standards?
 - Infections and communicable diseases for all residents, staff, visitors, volunteers, students and others providing services under contract
 - Prevention, identification, surveillance, reporting & tracking, investigation, control
 - Do you have written standards, policies, and procedures for the IPCP including, but not limited to?
 - Surveillance identification before spread
 - When and to whom possible incidents should be reported
 - Standard and transmission-based precautions to prevent spread
 - When and how isolation should be used for a resident: type and duration of isolation, requirement that isolation should be least restrictive possible
 - Circumstances to prohibit employees with communicable disease or other infectious state from direct contact with residents or their food
 - Hand hygiene for staff involved in direct resident contact
 - Do you have a system for recording incidents (e.g. communicable diseases and infections) identified under the facility’s IPCP and corrective actions taken by the facility?
 - Do you perform an annual review of the IPCP and update the program as necessary?
- ✓ Review Influenza and Pneumococcal immunization policies and procedures to determine if consistent with changes to the requirements.
 - Consider changing language from resident’s legal representative to resident’s representative.
- ✓ Review organizational practices related to linen handling, storage, process and transport to ensure they are consistent with preventing spread of infection.
- ✓ Provide training to all staff in accordance with the facility’s IPCP (see § 483.95 Training requirements).

- ✓ Incorporate identified areas for process improvement from steps above into QAPI program. (see § 483.75 Quality assurance and performance improvement).

Phase II – by November 28, 2017

- ✓ Implement an antibiotic stewardship program including
 - Antibiotic use protocols addressing antibiotic prescribing practices.
 - Use standardized tools and criteria when assessing for infection and considering treatment (e.g McGeer criteria).
 - Monitoring system for antibiotic use (i.e. antibiotic use reports, antibiotic resistance reports).
 - Include frequency of monitoring/review such as when resident is new, returns to center, monthly DRR.
 - Establish process for feedback to prescribing practitioners.
- ✓ Use the facility assessment to re-evaluate the system for your IPCP and make changes as needed.
 - Note: Community based risk assessment should include review for risk of infections and communicable diseases.

Phase III – by November 28, 2019

- ✓ Determine who will be the designated Infection Preventionist(s).
 - Works at least part time at the facility
 - Has primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field
- ✓ Ensure Infection Preventionist(s) completed specialized training in infection prevention & control.
- ✓ Add the Infection Preventionist(s) to the QA&A committee membership.
 - Report on IPCP on a regular basis at QA&A

TIPS

*Engage an inter-professional team including direct care staff when reviewing your IPCP to best evaluate strengths and identify areas requiring improvement.

*Include the Medical Director and Consultant Pharmacist when implementing antibiotic stewardship program.

*Ensure a plan for revising IPCP as national standards change.

*Use the CDC Core Elements for Antibiotic Stewardship in Nursing Homes to support development of the program.

*Perform regular hand hygiene observations and report through QAPI as appropriate.

RESOURCES: Additional Materials to Help You

- View applicable F-tags [here](#)
- [AHCA Infection Preventionist Specialized Training \(IPCO\) - Register now!](#)
- [CDC Core Elements of Antibiotic Stewardship in Nursing Homes](#)
- [CDC Infection Control Resources](#) and [CDC Antibiotic Stewardship Resources](#)
- [CDC's Infection Control Assessment Tool for Long-term Care Facilities](#)
- [Advancing Excellence Resources on Reducing c. diff infections](#)
- [AHCA Webinar from CDC's Dr. Nimalie Stone](#)
- [SHEA/APIC Guidelines](#)
- [Driving Quality by Operationalizing Business Systems: A Call to Action](#)