

Facility Program Audit

Facility Name: _____ Date: _____

Infection Preventionist: _____

Area of Review	Yes	No	Comments
The facility has an Infection Prevention and Control Policy and Procedure addressing:			
Regulatory Requirements (F880- State Specific- for reporting of Communicable Diseases)			
Hand Hygiene (Staff, residents, visitors) Policy			
Employee Health (TB testing, restrictions for infectious disease, etc.) policies			
Visitors: <ul style="list-style-type: none"> Passive screening through use of signs at the entrances to alert visitors with s/s of communicable diseases not to enter the facility Exception protocol for visitation of a resident at end-of-life 			
Management of Residents with Infectious Diseases			
Prevention of Catheter-Associated UTI's			
Antibiotic Use and Antibiotic Stewardship Program			
Standard and Transmission Based Precautions			
Waste disposal, pest control, etc.			
Environmental Rounds			
Aseptic technique and procedures			
Cleaning and Disinfection procedures including appropriate products for appropriate surfaces and equipment			
Food Safety and Dietary Policies <ul style="list-style-type: none"> No bare-hand touching of food for meals, snacks, activities 			
Outbreak prevention and management			
Rotating of Stock Supplies			

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Clinical cultures			
Pets and Animals in the facility			
Pest Control			
Ice Chests and Machines			
Review of microbiology culture and sensitivity reports and follow up			
Linen handling and laundry policies			
Housekeeping Policies			
Beauty Shop Policy			
Blood and Body Fluid Spill Clean Up <ul style="list-style-type: none"> • Occupational Health 			
Cleaning and Disinfection of Equipment: <ul style="list-style-type: none"> • Blood Glucose Meters • Nebulizer Equipment • Electric Shavers • Commodes • Thermometers • Infusion pumps • Scales • Etc. 			
Maintenance Policies for Infection Prevention and Control			
Staff education (orientation, yearly, during outbreaks and as needed) <ul style="list-style-type: none"> • -Handwashing • -Blood Borne Pathogens, Standard and Transmission Based Precautions • -Personal Protective Equipment • -Outbreak Management • -Infection Prevention • -Cleaning and disinfecting of surfaces and equipment • -Linen Handling • -Antibiotic Stewardship • -Multidrug Resistant Organisms • -Definition of Infections (i.e. evidence based definitions such as Loeb, CDC, AHRQ, McGeers Criteria) 			

Facility has a preadmission process that identifies the presence of infections or symptoms of communicable diseases			
Facility has a current resident immunization and vaccination program (Influenza and Pneumococcal (including the PCV13-CDC)			
Facility has a TB Exposure Control Plan			
The Infection Preventionist Maps Infections daily			
There is evidence of Process Surveillance (audits to ensure practices are consistent with policies—i.e. hand washing, appropriate aseptic technique, PPE as indicated, etc.)			
There is evidence of Outcome Surveillance: *Monitoring of program effectiveness *Evidence of daily data review -Elevations of temperature -Purulent drainage -Culture report reviews -Antibiotic orders *Calculation of Infection Rates with investigation for clusters and/or trends *Data analysis *Plan based on analysis *Quality Assurance Involvement			
There is evidence of ongoing (every shift) of surveillance and monitoring for symptoms of potential outbreaks and/or infections			
The facility has evidence of a system to record incidents and follow up corrective action			
There is evidence the facility identifies how reports will be provided to staff and/or practitioners to revise interventions or approaches to re-evaluate related in infection rates			

Evaluator: _____ Date: _____

Comments: _____

