

Infection Prevention & Control in Senior Care Organizations

Between 1 and 3 million serious infections occur every year in senior care organizations,¹ and infections are a major cause of hospitalization and death among older adults. Thus, a critical aspect of providing safe, high-quality care to senior care residents is having infection prevention and control (IPC) initiatives in place at senior care organizations.

Implementing and monitoring these initiatives — as well as training and educating staff about IPC — are integral to managing the risks that infections and infectious diseases present to residents' health and well-being. Further, strong IPC efforts can help reduce organizational risk and potentially decrease costs.

This checklist covers various IPC considerations to help senior care leaders and staff members evaluate their current practices and identify areas for improvement.²

	Yes	No
Culture of Safety		
Does your organization support a culture of safety in which staff members are empowered to remind others about IPC and raise concerns without fear of punitive action?		
Has your organization designated a qualified infection preventionist to direct and oversee strategic efforts aimed at curbing infections and improving quality of resident care? ³		
Has your organization designated appropriately trained individuals to implement IPC activities and monitoring?		
Does your organization's commitment to resident safety require that staff members accept personal responsibility for IPC every day?		

	Yes	No
Culture of Safety (continued)		
When infection control lapses occur, are the incidents investigated and are corrective actions taken?		
Does your organization have a process for collecting, reviewing, and acting on data and quality measures related to IPC?		
Infection Prevention and Control Program		
Does your organization have a written IPC program that includes evidence-based policies, procedures, and protocols for infection prevention, infection control, monitoring, and communication?		
Have all staff members in your organization read the IPC program and acknowledged it in writing?		
Does your organization's IPC program include written emergency preparedness protocols for events such as infectious disease outbreaks and natural disasters?		
Does the IPC program include written competencies for infection prevention practices, including staff safety procedures and cleaning, disinfection, and sterilization processes?		
Are staff members' duties, responsibilities, and competencies relative to IPC included in their job descriptions?		
Does the IPC program require compliance with Centers for Disease Control and Prevention (CDC) protocols for collecting, handling, and testing clinical specimens?		
Do organizational leaders, the infection preventionist, and the administrative team stay current on IPC guidelines and best practices to ensure your organization's program is up to date and effective?		
Does your organization assess its IPC program at least annually to evaluate and prioritize potential risks for infections, contamination, and exposures as well as the organization's preparedness to manage such risks?		
Does your organization enact surveillance measures to ensure compliance with the IPC program, and is compliance documented?		

	Yes	No
Training and Education		
Has the infection preventionist received specialized training and education on infectious diseases processes and IPC strategies and techniques?		
Are all new staff members (including full-time employees, contractors, temporary staff, and volunteers) educated about IPC strategies and techniques prior to being allowed to perform their duties?		
Is education and training on all aspects of IPC conducted at least annually or according to state and federal requirements?		
Does your organization provide additional training to address potential new infectious transmission threats and when new equipment or procedures are implemented?		
Does your organization provide frequent IPC updates and reminders?		
Are employees given feedback about their compliance with IPC protocols, and is additional training provided in response to recognized lapses in protocols?		
Antibiotic Stewardship		
For more information, see MedPro's Risk Tips: Antibiotic Stewardship in Senior Care Organizations.		
Occupational Health		
Does your organization require adherence to Occupational Safety & Health Administration bloodborne pathogen standard?		
Is a protocol in place to implement postexposure evaluation and follow-up?		
Does your organization ensure that healthcare personnel receive immunizations as recommended by the CDC and required by federal, state, or local authorities?		
Does your organization maintain written records of personnel vaccination?		
Does your organization offer hepatitis B vaccinations to personnel at risk of occupational exposure?		

	Yes	No
Occupational Health (continued)		
Is a tuberculosis (TB) screening required upon hire and annually thereafter (or as required by state law or a risk assessment) for healthcare personnel at risk of TB exposure?		
Has your organization implemented sick leave policies that encourage healthcare personnel to stay home when they develop signs or symptoms of infectious illnesses?		
Hand Hygiene and Respiratory Hygiene		
Does your organization have written hand hygiene and respiratory hygiene policies based on best practices?		
Are healthcare workers educated about hand hygiene and respiratory hygiene protocols, the benefits of compliance, and the possible risks of noncompliance?		
Are adequate and readily accessible supplies always available (including soap, water, paper towels, tissues, and alcohol-based hand rub)?		
Does your organization have procedures to contain respiratory secretions in residents who have respiratory infection symptoms?		
Are residents and their visitors encouraged to wash their hands, be mindful of infection control efforts, and ask questions — or remind staff members — if they think an appropriate action has not been taken?		
Does your organization offer visual cues and reminders to staff, residents, and visitors about practicing good hand hygiene and respiratory hygiene (e.g., strategically placed hand sanitizer and tissues; social media posts; and signs, posters, and flyers about cough etiquette and handwashing)?		
Does your organization have laminated signs posted at entrances and within the facility reminding personnel, residents, and visitors of appropriate safety precautions if they have respiratory infection symptoms?		
Reusable Medical Instruments and Devices		
For more information, see MedPro's Infection Prevention and Control Strategies for Reusable Medical Instruments and Devices in Senior Care Facilities	Managin	g

	Yes	No
Injection Safety		
Does your organization have policies and procedures to prevent drug diversion and to track provider and staff access to controlled substances?		
Has your organization implemented protocols for the use of aseptic technique — i.e., handling, preparing, and storing medications and injection equipment/supplies to prevent microbial contamination?		
Does your organization's IPC policies require that medication preparation occurs only in clean, dedicated medication prep areas?		
Has your organization implemented policies and procedures for cleaning and disinfection of environmental surfaces?		
Does your organization's IPC program include guidance on safe injection practices (using a needle/syringe for one patient only; disinfecting the rubber septum on a medication vial prior to piercing; using single-dose medication vials whenever possible, etc.)?		
Has your organization implemented or considered technologies related to injection safety (e.g., auto-disable syringes or reuse prevention syringes)?		
Do personnel who prepare and/or administer medications or perform point-of-care testing receive training on safe injection practices during orientation, annually, and when new equipment, technology, or procedures are introduced?		
Does your organization routinely audit (monitor and document) adherence to injection safety procedures and provide feedback to personnel?		
Do injection protocols adhere to CDC's infection control guidelines for assisted blood glucose monitoring and insulin administration?		
Are adequate injection safety supplies available at the facility (e.g., single-use vials and sharps containers)?		
Are used sharps disposed of at the point of care in sharps containers that are closable, puncture-resistant, and leak-proof?		
Are sharps containers removed and replaced immediately when full?		

	Yes	NO
Personal Protective Equipment		
Does your organization have sufficient and appropriate personal protective equipment (PPE; e.g., gloves and face masks) available and accessible to personnel in resident care areas?		
Are personnel educated about the specific types of transmission-based precautions (e.g., standard precautions, contact precautions, and enhanced barrier precautions) and when/which types of PPE are required?		
For contact precautions and enhanced barrier precautions, is clear signage posted on doors or walls outside of resident rooms indicating the type of precaution and the required PPE?		
Are personnel taught proper PPE donning and doffing techniques?		
Is PPE removed and discarded before leaving resident rooms or care areas?		
Does the facility routinely audit (monitor and document) adherence to PPE use and provide feedback to personnel?		
Environmental Cleaning		
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	Yes	No
Environmental Cleaning (continued)		
Does your organization routinely audit (monitor and document) the quality of cleaning/disinfection practices and provide feedback to personnel?		
Does your organization's heating, ventilation, and air-conditioning system have regular maintenance and cleaning?		
Do designated personnel conduct regular inspections and maintain the internal and external structure of your facility?		
Does your organization adhere to food safety practices, including storage and sanitation processes in the dining areas?		
Does your organization maintain the proper hot water and cold water temperatures allowable by state regulations or codes?		
Are your organization's water sources periodically tested for Legionella?		

Resources

For more complete guidelines and recommendations on IPC in senior care settings, see the CDC's Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings and MedPro's Risk Resources: Infection Prevention & Control in Senior Care Organizations.

Endnotes

This document does not constitute legal or medical advice and should not be construed as rules or establishing a standard of care. Because the facts applicable to your situation may vary, or the laws applicable in your jurisdiction may differ, please contact your attorney or other professional advisors if you have any questions related to your legal or medical obligations or rights, state or federal laws, contract interpretation, or other legal questions.

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¹ Centers for Disease Control and Prevention. (2020, April 30). Nursing homes and assisted living (long-term care facilities [LTCFs]). Retrieved from https://www.cdc.gov/longtermcare/

² This checklist is primarily based on the following resources: Centers for Disease Control and Prevention. (2023, January 12 [last reviewed]). *Infection control assessment and response (ICAR) tool for general infection prevention and control (IPC) across settings.* Retrieved from www.cdc.gov/hai/prevent/infection-control-assessment-tools.html; Centers for Disease Control and Prevention. (2022, November 29 [last reviewed]). *CDC's core infection prevention and control practices for safe healthcare delivery in all settings.* Retrieved from www.cdc.gov/infectioncontrol/guidelines/core-practices/index.html; Centers for Disease Control and Prevention. (2015). *The core elements of antibiotic stewardship for nursing homes.* Retrieved from www.cdc.gov/antibiotic-use/core-elements/pdfs/core-elements-antibiotic-stewardship-H.pdf; Centers for Disease Control and Prevention. (2022, July 12 [updated]). *Implementation of personal protective equipment (PPE) use in nursing homes to prevent spread of multidrugresistant organisms* (MDROs). Retrieved from www.cdc.gov/hai/containment/PPE-Nursing-Homes.html; Centers for Disease Control and Prevention. (2016). *Infection prevention and control assessment tool for long-term care facilities (Version 1.3.1)*.

³ Designating an infection preventionist is required under the Centers for Medicare & Medicaid Services Rules of Participation for Long-Term Care Providers (42 CFR, § 483.80 Infection Control). The requirement was effective November 28, 2019.