**Infection Control Review for the facility to provide:**

**Policies, Procedures Transmission Based Precautions, and Surveillance**

* Infection Control Policy Manual with yearly signed review.
* Policy for undiagnosed respiratory illness (requiring containment) and COVID-19
* Exclusion from work for communicable disease or infected skin lesion, i.e. shingles, C-diff.
* Surveillance plan to identify, track, monitor and or report infections, communicable diseases, and outbreaks for residents and staff. Include which communicable diseases are reportable to local and/or state public health authorities and who is responsible for reporting communicable diseases and outbreaks.
* Plan for early detection, management of a potentially infectious, symptomatic resident requiring lab testing or implementation of appropriate TBP/PPE
* Environmental Rounds
* Evidence based surveillance criteria used (i.e. CDC NHSN LTC or revised McGeer criteria) to define infections and the use of a data collection tool.
* Include ongoing analysis of surveillance data and documentation of follow up activity in response/monthly tracking of Infections with percentages.
* Process to obtain information from sending facility (i.e. hospital, dialysis) or how information is sent to receiving facility (i.e., hospital, dialysis, MD office) in regards to infection status to include but not limited to d/c summary, lab results, diagnoses, treatment and infection or MDRO status.

**Water Management**

* How the facility has assessed where Legionella and other opportunistic waterborne pathogens can grow and spread. (Description of water systems using text and flow diagrams)
* Control measures to prevent the growth of Legionella and other opportunistic waterborne pathogens based on nationally accepted standards and which standard is used (i.e. CDC, ASHRAE, EPA)
* Monitoring measures in place (testing protocol, acceptable ranges) and interventions for abnormalities
* List of residents with Legionella since last survey exit date.

**Antibiotic Stewardship**

* Policies and protocols for prescribing, documenting indication, dosage and duration of abt. use.
* Tracking with evidence of stewardship
* Follow up protocols on antibiotic use to ensure antibiotic is indicated, adjustment to therapy is required, what assessment tool is used. (i.e SBAR, Loeb)
* Education
* Reporting/Feedback/Review of providers prescribing antibiotics. i.e., antibiotic review to include laboratory data, recommended length of time, review on admission/readmission, reviewed monthly by pharmacy consultant.
* Ensure all residents who are receiving antibiotics are included on the Matrix.

**Immunizations**

* Immunization logs for Pneumonia, COVID-19, and influenza (if being surveyed from September to March) (Copy of all 3 policies if not provided to the Team Leader on entrance)

**IV Therapy Program**

* IV policy and procedure manual with yearly signed review
* IV therapy Log
* IV certifications
* IV education policy and education conducted for staff.
* IV competency policy and IV competencies performed (CNAs and licensed staff)
* IV waivers

LTN 8/1/23