

# The Long-Term Care Infection Preventionist's Survival Guide

*Setting Up a Successful Infection Control Program*



HEALTH QUALITY INNOVATORS

# Getting Started

Locate and review scope of responsibilities document/job description

Locate and review the facility's infection prevention policies

Establish a point of contact list:

- ✓ Local health department
- ✓ Corporate contacts
- ✓ Reporting systems and EHR help desk support
- ✓ Vaccine supplier (pharmacy)
- ✓ State health department
- ✓ Local hospital contacts
- ✓ Who is reporting in NHSN (establish account if needed)
- ✓ Lab contact

Familiarize yourself with the EHR and lab reporting system

Determine after-hours expectations for infection control issues or potential outbreaks



## Resources

- [Sample Job Description for the Infection Preventionist](#)
- [AHRQ Infection Prevention for Long-Term Care Staff](#)
- [Infection Prevention and Control Program](#)
- [5-Step Enrollment for Long-term Care Facilities](#)
- [LTCF COVID-19 Module Enrollment](#)
- [Point of Contact List](#)

Corporate Contacts		
Name	Title	Email or Phone
Name	Title	Email or Phone

Local Health Department		
County or Region		
Name	Title	Email or Phone
Name	Title	Email or Phone

State Health Department		
Name	Title	Email or Phone
Name	Title	Email or Phone

National Healthcare Safety Network (NHSN)

### LTCF COVID-19 Module Enrollment

CDC's NHSN is supporting the nation's COVID-19 response by introducing the new COVID-19 Module for Long Term Care Facilities (LTCFs) in the NHSN's LTCF Component. LTCFs eligible to report into the new COVID-19 Module include skilled nursing facilities/nursing homes, Intermediate Care Facilities for individuals with Intellectual Disability (ICFID), and assisted living facilities.

Participation in the COVID-19 Module for LTCFs requires facilities to be actively enrolled in NHSN. LTCFs that are currently enrolled in NHSN's LTCF Component have immediate access to the new module and may begin reporting. If your facility previously enrolled, but is no longer able to gain access, contact NHSN user support at [usersupport@cdc.gov](mailto:usersupport@cdc.gov) for assistance. Please do not re-enroll a previously enrolled facility. A facility should only enroll into NHSN once.

### 5-Step Enrollment for Long-term Care Facilities

View enrollment steps for LTCFs only submitting COVID-19 data

The below steps serve as a guide for Long-term Care Facilities (LTCFs) enrolling in the National Healthcare Safety Network (NHSN).

Once a facility is registered with NHSN, users can then continue with the NHSN enrollment process for the facility using SAMS authentication tokens. This requires the installation of an Entrust Authenticator application on a device or a hard token which is a physical Entrust grid card mailed to your home address. If the designated NHSN facility user has not previously registered with SAMS and received an authenticated token, the user must complete the identity verification process with SAMS prior to gaining access to continue with the NHSN enrollment process for the facility.

A facility should only enroll once into the LTCF Component. Once a facility is enrolled, additional options become available, such as adding additional users and enrolling in additional Components.

#### Step 1: Enrollment Preparation

- Review required [LTCF Enrollment Guidance](#) (PDF - 1 MB).  
Note: The [LTCF Enrollment Training slides](#) (PDF - 4 MB) serve as a detailed guide through the enrollment process.
- Check trusted websites and spam blocker settings.
  - Please use the supported browsers: Microsoft Edge or Google Chrome.
  - Note: Microsoft Windows Users: Microsoft is moving away from supporting Internet Explorer 11 (IE) in 2021. Do not use Internet Explorer when accessing NHSN.
  - Add [cdc.gov](http://cdc.gov) to your list of trusted websites and remove cookies for

# Questions to Consider



## EHR and Lab Reporting

- Do lab results flow directly into the EHR?
- Will the lab notify the facility or ordering provider of abnormal results?
- How are you notified when lab results are in the residents' charts?
- Where can I find the results in the residents' records?
- Does the electronic health record show trends and compare past results?
- Do I have access to the records?



## After Hours Expectations for IC Issues or Outbreaks

- How will you be notified if there is an IC issue or outbreak identified?
- Will you be expected to report to the facility or can you provide direction over the phone?
- Who should have my contact information?
- Can I access records outside the facility?



# Questions to Consider



## Rapid Flu and Antigen COVID Tests

- Where are the test kits stored?
- Are we CLIA certified?
- How are expiration dates monitored?
- How are test results documented in the resident's chart?
- Who orders the test kits?
- Are there standing orders for flu and COVID testing?
- What is the protocol for testing?



## Send Out Testing

- What lab do we use?
- What forms are needed and who fills them out?
- Do we order labs through the EHR?
- Who obtains the specimens and how are they transported to the lab?
- What is the process for nurses to notify IP regarding any infections, antibiotics, etc.?

# Isolation, PPE and Supplies



- Review isolation protocols, including the process to establish an isolation room
- Locate and inventory the isolation carts and PPE supplies
- Identify the system for ordering and tracking PPE supplies
- Locate additional supplies and ensure you have access to all supplies
- Review isolation and infection prevention and control signage



## Resources

- [Isolation Precautions Guideline](#)
- [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](#)
- [Precautions to Prevent Transmission of Infectious Agents](#)
- [Fundamental Elements to Prevent Transmission of Infectious Agents](#)
- [Transmission-Based Precautions](#)
- [Implementation of PPE Use in Nursing Homes to Prevent Spread of MDROs](#)
- [Infection Prevention and Control of Epidemic- and Pandemic-Prone Acute Respiratory Infections](#)
- [PPE Burn Rate Calculator](#)
- [Contact Precautions Sign \(English\)](#)
- [Contact Precautions Sign \(Spanish\)](#)
- [Airborne Precautions Sign \(English\)](#)
- [Airborne Precautions Sign \(Spanish\)](#)
- [Droplet Precautions Sign \(English\)](#)
- [Droplet Precautions Sign \(Spanish\)](#)
- [Enhanced Barrier Precautions Sign](#)
- [COVID-19 \(Masking and Visitation\) Signage](#)
- [Water, Sanitation and Environmentally Related Hygiene \(WASH\) Posters](#)

**PLEASE HELP KEEP US SAFE**

**Self-Screen Prior to Entering**

Positive COVID-19 viral test?  
Close contact with someone with COVID-19?  
Fever, chills or cough?  
Shortness of breath or difficulty breathing?  
Fatigue or headache?  
Muscle or body aches?  
New loss of taste or smell?  
Sore throat, congestion or runny nose?  
Nausea, vomiting or diarrhea?

If you are experiencing any of these symptoms, please return to your car and call the front desk.

**ALTO** **MEDIDAS DE PRECAUCIÓN POR CONTACTO** **ALTO**

**Todos deben:**

Limpiarse las manos, incluso antes de entrar y al salir de la habitación.

Los proveedores de atención médica y el personal deben, además:

- Ponerse guantes antes de entrar y desechar los guantes después de salir de la habitación.
- Ponerse una bata antes de entrar y desechar la bata antes de salir de la habitación. No usar la misma bata para atender a más de una persona.
- Usar equipo de uso exclusivo para la habitación y limpiar y desinfectar el equipo después de usarlo para otra persona.

**STOP** **AIRBORNE PRECAUTIONS** **STOP**

**EVERYONE MUST:**

- Clean their hands, including before entering and when leaving the room.
- Put on a fit-tested N-95 or higher level respirator before room entry.
- Remove respirator after exiting the room and closing the door.

Room must remain unoccupied.

**ALTO** **MEDIDAS DE PRECAUCIÓN POR GOTITAS** **ALTO**

**Todos deben:**

Limpiarse las manos, incluso antes de entrar y al salir de la habitación.

Asegurarse de tener los ojos, la nariz y la boca totalmente cubiertos antes de entrar a la habitación.

quitarse la protección facial antes de salir de la habitación.

# Questions to Consider



## Isolation Carts and PPE Supplies

- Where are the carts located?
- What is the process to order an isolation set up and how is it communicated?
- Is there a process in place to determine what supplies are needed in the cart?
- Who monitors the cart to restock supplies?



## Additional Supplies

- How do I access supplies?
- Are supplies stored on each unit/floor?
- How is inventory monitored?
- How are supplies ordered?
- Who is responsible for setting up/taking down supplies?
- Who is responsible for monitoring necessary postings regarding infection, protocols, precautions, etc.?





# Infection Prevention and Control

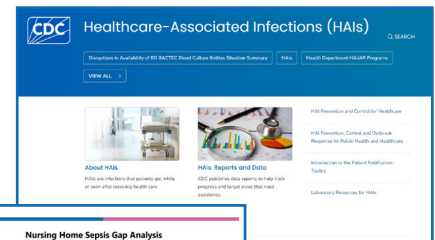


- Identify if there is a notification system when a new infection is identified or an antibiotic is ordered
- Identify residents at high risk for infection
- Review resident vaccination history
- Conduct chart reviews of residents on antibiotics
- Familiarize yourself with sepsis and its risks
- Stay current with enhanced barrier precautions guidance and incorporate principles into the program
- Meet and review infection policies/processes with the medical director
- Conduct an initial ICAR to establish a baseline and implement an action plan for findings that do not meet IPC expectations



## Resources

- [Revised McGeer Criteria for Infection Surveillance Checklist](#)
- [Healthcare-Associated Infections](#)
- [Adult Immunization Schedule by Age](#)
- [ACIP Vaccine Recommendations](#)
- [Locating and Tracking Adult Vaccine Records](#)
- [Hopkins ABX Guide](#)
- [Enhanced Barrier Precautions in SNFs](#)
- [FAQs about Enhanced Barrier Precautions in Nursing Homes](#)
- [Enhanced Barrier Precautions Sign](#)
- [INTERACT Guidance on Management of Possible Sepsis](#)
- [Sepsis Risk Assessment Evaluation Tool](#)
- [Nursing Home Sepsis Gap Analysis](#)
- [ICAR Tool for General Infection Prevention and Control Across Settings](#)
- [Instructions: ICAR Tool for General Infection Prevention and Control Across Settings](#)
- [ICAR Section 1 Demographics](#)
- [Module 3: Transmission Based Precautions \(TBP\) Facilitator Guide](#)
- [Section 3: Observation Form - Transmission-Based Precautions \(TBP\)](#)
- [Action Plan Templates](#)
- [Infection Prevention Audit Tools](#)



Element	Yes	No	N/A	Unsure	Comments
<b>Leadership Support</b>					
1. Do you have a sepsis program? If yes, please describe in comments...					
2. Does your sepsis program have leadership support (i.e. administrator, medical director, medical staff, clinical staff)?					
3. Have medical staff actively involved in sepsis prevention?					
<b>Compliance</b>					
4. Do you report on sepsis at? <ul style="list-style-type: none"> <li>a. Quality Committee</li> <li>b. Infection Control Committee</li> </ul>					
5. Do you have infection or sepsis data with staff? If yes, list type of data under comments.					
6. Do you have education with patients and families? List how under comments.					
<b>Education</b>					
7. Do you have a sepsis recognition training program? <ul style="list-style-type: none"> <li>a. If no, do you need assistance completing this program?</li> <li>b. Does training staff have an annual recurrent sepsis training?</li> <li>c. Do you offer additional training to staff?</li> </ul>					
8. What are the topics you address? List under comments.					
9. Do you have an infection prevention committee? List under comments.					
10. What are the topics you address? List under comments.					
11. Does your admission or transfer assessment?					

Vaccine	19-24 years	27-49 years	50-64 years	65 years
COVID-19 (a)	1 or more doses of updated (2023-2024) formula vaccine (See note)			
Influenza (Inactivated (IRV) or Influenza recombinant (IRV) (a))	1 dose annually			
Shingles (Shingrix) (a)	1 dose annually			
Botulinum Toxin (A) (a)	Sequential administration during pregnancy. (See note)			
Tetanus, diphtheria, acellular pertussis (Tdap or Tdap) (a)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (See note)			
Meningitis (Meningitis) (a)	1 dose Tdap, then Td or Tdap booster every 10 years.			
Varicella (VZV) (a)	2 doses (if born in 1980 or later)			
Rotavirus (RV) (a)	2 doses for immunocompromising conditions (See note)			
Human papillomavirus (HPV) (a)	3 or 2 doses depending on age at onset, vaccination or conditions			

# Questions to Consider



## New Infection Notification System

- How are new infections reported?
- Do the lab results come to me?
- How are new antibiotic prescriptions reported?
- How are suspected infections reported?
- Do I have access to review lab results in the resident's chart?
- Has an investigation into the origin of the infection been initiated/completed?



## Infection Risks

- Residents with a foley catheter
- Residents with open wounds/decubitus ulcers
- Residents with diabetes
- Residents on antibiotics
- Residents that leave the facility
- Residents that are immunocompromised
- Residents at risk for aspirating

# Surveillance



Identify the process for contacting providers for IPC concerns

Contact the local health department and introduce yourself to the infection preventionist and epidemiologist; obtain list of reportable diseases

Review system for collaboration with MDS coordinator for accurate documentation and coding of vaccinations

Meet with the admission coordinator to discuss obtaining vaccination information prior to/upon admission

Participate in QAPI and add meetings on your calendar

Communicate findings with the leadership team

Monitor COVID-19 hospitalizations, death and ED visit levels

Locate the facility emergency preparedness plan and review identified risks



## Resources

- [Long Term Care Infection Control Worksheet](#)
- [LTCF RAI 3.0 User's Manual](#)
- [Quality Measure Tip Sheets](#)
- [Virginia Vaccine Immunization Information System](#)
- [South Carolina Statewide Immunization Online Network](#)
- [ShowMeVax \(Missouri\) Registration](#)
- [ShowMeVax \(Missouri\)](#)
- [Kansas Immunization Information System Registration](#)
- [Kansas Immunization Information System](#)
- [QAPI Meeting Agenda Guide](#)
- [Resident COVID-19 Vaccination/Booster Program QAPI Review](#)
- [QAPI at a Glance](#)
- [CDC COVID Data Tracker](#)
- [Hazard Vulnerability Assessment \(HVA\) Tool](#)
- [Kaiser Permanente Hazard Vulnerability Analysis](#)
- [Hazards Vulnerability Analysis](#)

# Questions to Consider



## Process for Contacting Providers After Hours

Includes: Medical director, primary care physicians, nurse practitioners, pharmacists

- Who contacts the provider or who authorizes who contacts the provider?
- Where is the provider contact information?
- What criteria is needed to contact a provider after hours?
- Can residents be transferred to the ER without a provider order?
- How are orders entered in the EHR?
- How is the pharmacy notified of medication orders/changes?



## Local Health Department Contacts

County: \_\_\_\_\_

Phone #: \_\_\_\_\_

Main contact name: \_\_\_\_\_

Main contact email: \_\_\_\_\_



## Sharing Information with the Leadership Team

Share information at daily stand-up meetings, risk meetings and QAPI meetings.  
Include findings from assessments and audits/observations.

Other:

# Additional Resources



- [Toolkit for Isolated Infection Preventionists](#)
- [HAI Checklists](#)
- [Content of an Infection Prevention and Control Plan](#)
- [Infection Prevention and Control Plan Checklist](#)
- [Giving Infection Prevention Feedback](#)
- [General Resources on Bloodborne Pathogens](#)
- [Training Requirements in OSHA Standards](#)
- [Infection Control Amplification in Nursing Centers](#)
- [SHEA/CDC Outbreak Response Training Program](#)
- [Developmental Path of the Infection Preventionist](#)
- [TB 101 for Health Care Workers](#)
- [Project Firstline](#)
- [Infection Prevention Training \(CDC\)](#)

**Tool Time**  
INFECTION PREVENTION AND CONTROL PLAN CHECKLIST

1

**Checklist Instructions:** This checklist is intended to be used by infection preventionists, infection control, infection control coordinators, and other staff. It is intended to be used in all geographic areas. Check the items that apply to your organization based on current regulations, local, state, and federal requirements. Check the items that apply to your organization based on current regulations, local, state, and federal requirements. Check the items that apply to your organization based on current regulations, local, state, and federal requirements.

**Organization:** \_\_\_\_\_ **Department/Unit:** \_\_\_\_\_

**Date of Review:** \_\_\_\_\_ **Reviewer:** \_\_\_\_\_

Question	Y	N	NA	Comments
Does the organization have written IPC policies and procedures for all services and settings?				
Does the organization have a plan to identify the individuals responsible for the IPC program?				
If applicable to your setting, does the plan identify the individuals responsible for the IPC program?				
If applicable, does the plan identify the individuals responsible for management of IPC activities?				
If applicable, is the role of the individual responsible for management of IPC activities clearly defined in the organization's policies and procedures?				
Has the individual responsible for the management of IPC activities received appropriate training and education?				
If applicable, does the plan identify the individuals responsible for the IPC program?				
If applicable, does the plan identify the individuals responsible for the IPC program?				

11 **The Source** June 2012

**APIC**  
AMERICAN PROFESSIONAL INFECTION CONTROL SOCIETY

**APIC TOOLKIT**  
**YOU ARE NOT ALONE:**  
**PRACTICAL TIPS AND STRATEGIES FOR THE ISOLATED INFECTION PREVENTIONIST**

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