



**Core Infection Prevention
Healthcare Assessment Tool
Hospitals, LTACH, and LTCF**

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|---------------------------|--|
| Facility Name: | Respondent Name: |
| Assessment Date: | Respondent Title: |
| IP Conducting Assessment: | Assessment Type: <input type="checkbox"/> Case/cluster/outbreak response <input type="checkbox"/> Infection prevention breach (<i>specify: injection safety, reprocessing, other</i>) <input type="checkbox"/> Special project, <i>specify:</i> |

| | FACILITY DEMOGRAPHICS | Response | Notes |
|-----|---|--|-------|
| 1. | Is the facility licensed by the state? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. | Is the facility certified by the center for Medicare & Medicaid Services (CMS)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3a. | Facility type: | <input type="checkbox"/> Acute care hospital, <i>specify specialty unit (if applicable):</i> <input type="checkbox"/> Ambulatory surgery center <input type="checkbox"/> Long-term acute care hospital (LTACH) <input type="checkbox"/> Inpatient rehab facilities <input type="checkbox"/> Outpatient clinic, <i>specify: dialysis, dental, other</i> <input type="checkbox"/> Skilled nursing facility (no ventilator care) <input type="checkbox"/> Ventilator-equipped skilled nursing facility <input type="checkbox"/> Other, <i>specify:</i> | |
| 3b. | Number of licensed beds? | | |

| | FACILITY DEMOGRAPHICS | Response | Notes |
|-----|--|---|-------|
| 4a. | Is the facility accredited? | <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>skip to 5</i> | |
| 4b. | Who is the accrediting organization? | <input type="checkbox"/> Accreditation Association for Ambulatory Health Care (AAAHC) <input type="checkbox"/> American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) <input type="checkbox"/> American Osteopathic Association (AOA) <input type="checkbox"/> The Joint Commission (TJC) <input type="checkbox"/> Other, <i>specify:</i> | |
| 5. | Is the facility affiliated with a hospital or corporation? | <input type="checkbox"/> Yes, <i>specify hospital or corporation:</i> <input type="checkbox"/> No | |

| | INFECTION PREVENTION PROGRAM INFRASTRUCTURE | Response | Notes |
|------------|---|---|--------------|
| 6. | Are any services contracted out to vendors? | <input type="checkbox"/> Yes, <i>select all that apply:</i> <input type="checkbox"/> Barber/stylist <input type="checkbox"/> Podiatry <input type="checkbox"/> Dialysis <input type="checkbox"/> Radiology <input type="checkbox"/> Environmental cleaning <input type="checkbox"/> Registry / agency <input type="checkbox"/> Laboratory <input type="checkbox"/> Respiratory therapy <input type="checkbox"/> Linen <input type="checkbox"/> Wound care <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other, specify: <input type="checkbox"/> No | |
| 7a. | Is there a specific person at the facility who is responsible for coordinating the infection prevention (IP) program? | <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>skip to 8</i> | |
| 7b. | What kind of training have they received? | | |
| 7c. | What are their credentials/license? | | |
| 7d. | How many hours per week is this individual onsite? | | |
| 7e. | How long has this individual been responsible for infection prevention? | | |
| 8a. | Do you have facility specific written policies for infection prevention? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | INFECTION PREVENTION PROGRAM INFRASTRUCTURE | Response | Notes |
|------------|---|---|--------------|
| 8b. | Is an annual infection prevention risk assessment performed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8c. | Do you have a written infection prevention plan that is updated annually based on the risk assessment? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9a. | Is there a leader (for example, a physician or pharmacist) responsible for improving antibiotic use (specifically, antibiotic stewardship activities) at your facility? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9b. | Does the facility have written policies and procedures to improve antibiotic use? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | TRAINING AND EDUCATION | Response | Notes |
|------|---|---|-------|
| 10a. | Does the infection prevention program provide education and training to all staff who have contact with patients or patient care items? | <input type="checkbox"/> Yes, <i>specify when:</i> <input type="checkbox"/> Upon hire/during orientation <input type="checkbox"/> At least annually <input type="checkbox"/> No, <i>skip to 11</i> | |
| 10b. | Is there a comparable training program for contractor services including volunteers? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 11. | Are infection prevention education materials provided to patients, family members and other caregivers? | <input type="checkbox"/> Yes, <i>specify topics covered:</i> <input type="checkbox"/> No | |

| | FACILITY POLICY IMPLEMENTATION / INFECTION PREVENTION PROTOCOLS AND IMPLEMENTATION | Response | Notes |
|-------------|--|--|--------------|
| 12a. | What is the expected method for performing hand hygiene? | <input type="checkbox"/> Alcohol- sanitizer <input type="checkbox"/> Soap and water <input type="checkbox"/> Use gloves as part of hand hygiene <input type="checkbox"/> None of the above | |
| 12b. | Has your soap or alcohol-based hand rub been evaluated for acceptability / tolerability among staff? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 12c. | Are the supplies necessary for adherence to hand hygiene readily accessible in patient care areas? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 12d. | Where are sinks located? | <input type="checkbox"/> Hallways <input type="checkbox"/> Nursing stations <input type="checkbox"/> Patient rooms <input type="checkbox"/> Therapy rooms <input type="checkbox"/> Other, <i>specify</i> : | |

| | FACILITY POLICY IMPLEMENTATION / INFECTION PREVENTION PROTOCOLS AND IMPLEMENTATION | Response | Notes |
|------|--|--|-------|
| 12e. | Where are alcohol sanitizers located? | <input type="checkbox"/> Entrance to building <input type="checkbox"/> Entrance to dining room <input type="checkbox"/> Hallways <input type="checkbox"/> Immediately outside patient rooms <input type="checkbox"/> Nursing units <input type="checkbox"/> Patient rooms <input type="checkbox"/> Therapy rooms <input type="checkbox"/> Other, <i>specify</i> : | |
| 13. | Is there a clear delineation of responsibility for cleaning high-touch surfaces among healthcare personnel? Examples: computer keyboard, light switch, bedside table, IV pole | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 14a. | Have EVS, nursing staff, and central processing staff designated who is responsible to clean all surfaces or pieces of equipment which come into contact with patients? | <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>skip to 15</i> | |
| 14b. | How does a staff member know when a piece of reusable patient care equipment is clean? For example, IV pumps, tube feeding machines, portable suction | | |

| | FACILITY POLICY IMPLEMENTATION / INFECTION PREVENTION PROTOCOLS AND IMPLEMENTATION | Response | Notes |
|------------|--|---|--------------|
| 15. | Does the facility have a system in place for early detection and management of potentially infectious persons (patients or visitors) at the initial point of entry including rapid isolation as appropriate? | <input type="checkbox"/> Yes, <i>describe processes:</i> <input type="checkbox"/> No | |
| 16. | Does the facility have a system in place for interfacility communication of infectious status and isolation needs of patients prior to transfer to another facility? | <input type="checkbox"/> Yes, <i>describe processes:</i> <input type="checkbox"/> No | |
| 17. | Does the facility have a system to monitor incidence of epidemiologically important organisms and targeted healthcare associated infections? | <input type="checkbox"/> Yes, <i>describe process:</i> <input type="checkbox"/> No | |
| 18. | Do all healthcare workers know when to initiate Standard, Enhanced Standard or Transmission-based precautions? | <input type="checkbox"/> Yes, <i>describe process:</i> <input type="checkbox"/> No | |

| | EVALUATION AND FEEDBACK | Response | Notes |
|-------------|---|---|--|
| 19a. | Does your facility conduct competency assessments* of all staff entering patient rooms/areas on procedures for Transmission-based precautions? | <input type="checkbox"/> Yes, <i>specify when</i> : <input type="checkbox"/> Upon hire/during orientation <input type="checkbox"/> At least annually <input type="checkbox"/> No | *Competency assessment is defined as a process of ensuring that healthcare personnel demonstrate the skills and knowledge to perform a procedure properly and according to facility standards and policies. This may be done through direct observation by trained observers of personnel performing a simulated procedure on a mannequin or an actual procedure on a patient. |
| 19b. | Does your facility conduct competency assessments* of all staff working in patient care areas to ensure proper hand hygiene technique? | <input type="checkbox"/> Yes, <i>specify when</i> : <input type="checkbox"/> Upon hire/during orientation <input type="checkbox"/> At least annually <input type="checkbox"/> No | |
| 19c. | Does your facility conduct competency assessments* of all staff with cleaning responsibilities, including patient care staff and Environmental Services staff? | <input type="checkbox"/> Yes, <i>specify when</i> : <input type="checkbox"/> Upon hire/during orientation <input type="checkbox"/> At least annually <input type="checkbox"/> No | |
| 19d. | Does your facility conduct competency assessments* of all staff with responsibility for preparing and administering parenteral medication outside of the pharmacy on procedures for safe injection? | <input type="checkbox"/> Yes, <i>specify when</i> : <input type="checkbox"/> Upon hire/during orientation <input type="checkbox"/> At least annually <input type="checkbox"/> No | |
| 20a. | Does your facility conduct routine adherence monitoring* of procedures for | <input type="checkbox"/> Donning and doffing of gowns/gloves and mask | *Adherence monitoring is defined as an assessment (typically by direct |

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| | observing the following Transmission-based precautions? <i>Select all that apply.</i> | <input type="checkbox"/> Use of signs if applicable <input type="checkbox"/> Use of dedicated equipment <input type="checkbox"/> Cleaning of shared equipment <input type="checkbox"/> None of the above | observation, either hospital-wide or unit-specific) of healthcare personnel compliance with facility policies. |
| 20b. | Does your facility conduct routine adherence monitoring* of hand hygiene? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 20c. | Does your facility conduct routine adherence monitoring* of daily environmental cleaning/disinfection of patient rooms via ATP bioluminescence, direct observation, fluorescent marker, or other method? | <input type="checkbox"/> Yes, <i>specify method:</i> <input type="checkbox"/> ATP bioluminescence <input type="checkbox"/> Direct observation <input type="checkbox"/> Fluorescent marker <input type="checkbox"/> Other, specify: <input type="checkbox"/> No | |
| 20d. | Does your facility conduct routine adherence monitoring* of post-discharge/terminal environmental cleaning/disinfection of patient rooms via ATP bioluminescence, direct observation, fluorescent marker, or other method? | <input type="checkbox"/> Yes, <i>specify method:</i> <input type="checkbox"/> ATP bioluminescence <input type="checkbox"/> Direct observation <input type="checkbox"/> Fluorescent marker <input type="checkbox"/> Other, specify: <input type="checkbox"/> No | |
| 20e. | Does your facility conduct routine adherence monitoring* of cleaning/disinfection of shared medical equipment via ATP bioluminescence, direct observation, fluorescent marker, or other method? | <input type="checkbox"/> Yes, <i>specify method:</i> <input type="checkbox"/> ATP bioluminescence <input type="checkbox"/> Direct observation <input type="checkbox"/> Fluorescent marker <input type="checkbox"/> Other, specify: | |

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| | | <input type="checkbox"/> No | |
| 20f. | Does your facility conduct routine adherence monitoring* of safe injection practice? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 21a. | Does your facility routinely feedback data to unit-level providers on adherence to procedures for Transmission-based precautions? | <input type="checkbox"/> Yes, <i>specify method</i> : <input type="checkbox"/> Use of gowns/gloves <input type="checkbox"/> Use of signs <input type="checkbox"/> Use of dedicated equipment <input type="checkbox"/> No | |
| 21b. | Does your facility routinely feedback data to unit-level providers on adherence to hand hygiene? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 21c. | Does your facility routinely feedback data to unit-level providers on adherence to daily environmental cleaning/disinfection of patient rooms? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 21d. | Does your facility routinely feedback data to unit-level providers on adherence to post-discharge environmental cleaning/disinfection of patient rooms? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 21e. | Does your facility routinely feedback data to unit-level providers on adherence to cleaning/disinfection of shared medical equipment? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 21f. | Does your facility routinely feedback data to unit-level providers on adherence to safe injection practice? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |