

e-figure. Infection Prevention and Control and Antibiotic Stewardship Survey

FACILITY DEMOGRAPHICS

1. Facility name:
2. Facility location (State):
3. My role at the facility:

INFECTION CONTROL (IC) PROGRAM AND INFRASTRUCTURE

4. Does your facility have a specified person (e.g. staff, consultant) responsible for coordinating the IC program?
- 4a. If yes, has the person responsible for coordinating the IC program received formal training in IC?
5. Does your facility have a process for reviewing infection surveillance data and infection prevention activities (e.g., presentation at QA committee)?
6. Written infection control policies and procedures are available and based on evidence-based guidelines (e.g. CDC/HICPAC), regulations (F-441), or standards.
7. Written infection control policies and procedures are reviewed and updated at least annually.
8. Does your facility have a written plan for emergency preparedness (e.g., pandemic influenza or natural disaster)?

HEALTHCARE PERSONNEL AND RESIDENT SAFETY

- 9.* Are staff members paid during work absences associated with acute respiratory illness?
10. Does your facility offer staff free influenza vaccination annually?
11. Does your facility maintain written records of staff influenza vaccination?
12. Does your facility document resident pneumococcal vaccination status at the time of admission?
13. Does your facility provide annual influenza vaccination to residents?

SURVEILLANCE AND DISEASE REPORTING

14. Does your facility have written intake procedures to identify potentially infectious residents at the time of admission?
15. Does your facility have a written surveillance plan outlining the activities for monitoring/tracking infections in residents?
16. Does your facility have a system to follow-up on clinical information, (e.g., laboratory, procedure results and diagnoses), when residents are transferred to acute care hospitals for management of suspected infections? *Note: Receiving discharge records at the time of re-admission is not sufficient to answer "yes"*.
17. Does your facility have a written plan for outbreak response which includes a definition, procedures for surveillance and containment, and a list of syndromes or pathogens for which monitoring is performed?
18. Does your facility have access to a list of diseases that are reportable to public health authorities?
19. Does your facility have contacts at the local and/or state health department for assistance with outbreak response?

HAND HYGIENE (HH)

20. Do your facility's HH policies promote preferential use of alcohol-based hand rub over soap and water except when hands are visibly soiled (e.g., blood, body fluids) or after caring for a resident with known or suspected *C. difficile* or norovirus?
21. Do all staff receive HH training and competency validation at the time of employment?
22. Has all staff received HH training and competency validation within the past 12 months?
23. Does your facility monitor and document adherence to HH?
24. Does your facility monitor and document feedback to staff regarding their HH?
25. Are HH supplies (e.g., soap, water, paper towels, alcohol-based hand rub) readily accessible in resident care areas (i.e., nursing units, resident rooms, therapy rooms)?
- 26.* Are HH supplies (e.g., soap, water, paper towels, alcohol-based hand rub) readily accessible in the school?

PERSONAL PROTECTIVE EQUIPMENT (PPE)

27. Does your facility have a policy on Transmission-based Precautions that includes the clinical conditions for which specific PPE should be used (e.g., Influenza)?
- 28.^ Does your nursing staff receive job-specific training and competency validation on proper use of PPE at the time of employment?
- 29.^ Does your physician staff receive job-specific training and competency validation on proper use of PPE at the time of employment?
- 30.^ Does your therapy staff receive job-specific training and competency validation on proper use of PPE at the time of employment?
- 31.^ Does your housekeeping staff receive job-specific training and competency validation on proper use of PPE at the time of employment?
- 32.^ Has nursing staff received job-specific training and competency validation on proper use of PPE within the past 12 months?
- 33.^ Has physician staff received job-specific training and competency validation on proper use of PPE within the past 12 months?
- 34.^ Has therapy staff received job-specific training and competency validation on proper use of PPE within the past 12 months?
- 35.^ Has housekeeping staff received job-specific training and competency validation on proper use of PPE within the past 12 months?
36. Does your facility monitor and document adherence to PPE use (e.g., donning/doffing)?
37. Does your facility monitor and document feedback to staff regarding their PPE use?
38. Are PPE supplies (e.g., gloves, gowns, masks) readily accessible in resident care areas (i.e., nursing units, resident rooms, therapy rooms)?

RESPIRATORY HYGIENE/COUGH ETIQUETTE

- 39.* Does your facility have signs posted at entrances with instructions that visitors with symptoms of respiratory infection should not visit?
- 40.* Does your facility provide tissues and no-touch receptacles for disposal of tissues?
41. Does your facility provide HH resources near the facility entrance and in common areas?
- 42.* Does your facility educate families and visitors not to visit the facility if they are having symptoms of respiratory infection?

43. Does your facility educate all staff on infection prevention measures to contain respiratory secretions to prevent the spread of respiratory pathogens when examining and caring for residents with signs and symptoms of a respiratory infection?

ANTIBIOTIC STEWARSHIP

44. Does your facility demonstrate leadership support for efforts to improve antibiotic use?
45. Has your facility identified individuals accountable for leading antibiotic stewardship activities?
46. Does your facility have access to individuals with antibiotic prescribing expertise (e.g., ID trained physician or pharmacist)?
47. Does your facility have written policies on antibiotic prescribing?
48. Has your facility implemented practices to improve antibiotic use?
49. Does your facility have a report summarizing antibiotic use from pharmacy data created within the last 6 months? *Note: Report could include number of new prescriptions, types of drugs, number of antibiotic-days*
50. Does your facility have a report summarizing antibiotic resistance (i.e., antibiogram) created within the past 24 months?
51. Does your facility provide clinical prescribers with feedback about their antibiotic prescribing practices?
52. Has your facility provided training on antibiotic stewardship to all nursing staff within the last 12 months?
53. Has your facility provided training on antibiotic stewardship to all clinical providers with prescribing privileges within the last 12 months?

ENVIRONMENTAL CLEANING

54. Does your facility have written policies for both routine and terminal cleaning/disinfection of resident rooms?
55. Does your facility have written policies for both routine and terminal cleaning/disinfection of the rooms of residents on transmission precautions (e.g., influenza)?
56. Do your facility's policies include cleaning/disinfection of high-touch surfaces in common areas?
- 57.* Do your facility's policies include cleaning/disinfection of the school?
58. Do your facility's policies include cleaning/disinfection of equipment shared among residents?
- 59.* Do your facility's policies include cleaning/disinfection of toys shared among residents?
- 60.* Do your facility's toy cleaning/disinfection policies include who is responsible for cleaning/ disinfection of toys?
- 61.^ Does nursing staff receive job-specific training and competency validation on cleaning/disinfection procedures at the time of employment?
- 62.^ Does housekeeping staff receive job-specific training and competency validation on cleaning/disinfection procedures at the time of employment? *Note: If environmental services are performed by contract personnel, you have verified that training is provided by contracting company.*
- 63.^ Has nursing staff received job-specific training and competency validation on cleaning/disinfection procedures within the past 12 months?

- 64.^ Have housekeeping staff received job-specific training and competency validation on cleaning/disinfection procedures within the past 12 months? *Note: If environmental services are performed by contract personnel, you have verified that training is provided by contracting company.*
65. Does the facility monitor and document the quality of cleaning/disinfection procedures?
66. Does the facility monitor and document feedback to staff regarding the quality of cleaning/disinfection procedures?
67. Are supplies that are necessary for appropriate cleaning/disinfection procedures (e.g., EPA-registered, including products labeled as effective against *C. difficile* and Norovirus) available?

* denotes questions that were not included in the original CDC survey

^ denotes questions for which the language describing the subject of the question was expanded from “appropriate personnel” to specify individual roles, i.e. nursing staff, physician staff, therapy staff, housekeeping staff