

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

INFECTION PREVENTION AND CONTROL

FACT SHEET

Nursing homes are required to follow specific standards in order to ensure that residents receive appropriate care, have a good quality of life, and are treated with dignity. **You can use these standards to advocate for your rights.**

Infection prevention and control deficiencies are among the most frequently cited health violations in nursing homes. According to the Centers for Disease Control and Prevention ([CDC](#)), **1 to 3 million serious infections occur every year in nursing home and assisted living facilities and as many as 388,000 residents die each year due to infections.** Many infections can be prevented and controlled through basic precautions, such as hand hygiene.

Following are the standards we have identified as essential to infection prevention and control in nursing homes. The numbers below the descriptive title of each standard indicate the specific regulatory provision (42 C.F.R. XX) and relevant F-tag (utilized by state and federal inspectors when citing a nursing home for violation of the standard). Italicized text indicates that the language is quoted directly from federal Requirements or Guidance. For more information on infection prevention and control, please see LTCCC's [Issue Alert](#) or visit www.NursingHome411.org for all of our [fact sheets](#) on residents' rights and care standards.

Standards of Care

Infection Control

42 C.F.R. § 483.80 | F880

Infection prevention and control program. *The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:*

- *A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment . . . ;*
- *Written standards, policies, and procedures for the program, which must include, but are not limited to:*
 - *A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;*
 - *When and to whom possible incidents of communicable disease or infections should be reported;*
 - *Standard and transmission-based precautions to be followed to prevent spread of infections;*
 - *When and how isolation should be used for a resident; including but not limited to:*
 - *The type and duration of the isolation, depending upon the infectious agent or organism involved, and*

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- *A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.*
- *The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and*
- *The hand hygiene procedures to be followed by staff involved in direct resident contact.*
- *A system for recording incidents identified under the facility’s IPCP and the corrective actions taken by the facility.*

Linens. *Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.*

Annual review. *The facility will conduct an annual review of its IPCP and update their program, as necessary.*

NOTE: INFECTION PRECAUTIONS CANNOT BE OVERLY RESTRICTIVE

The Centers for Medicare & Medicaid Services (CMS) Guidance states that “transmission-based precautions should be the least restrictive possible for the resident based on his/her clinical situation and used for the least amount of time.” CMS adds that staff must take measures to reduce or minimize any potential psychosocial side effects of a resident’s isolation (such as boredom, anger, and depression). CMS makes clear that nursing homes must continue to ensure that each resident’s individualized needs are met, including those for activities.



Antibiotic Stewardship Program

42 C.F.R. § 483.80(a)(3) | F881

The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

- *An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use.*

NOTE: OVERUSE OF ANTIBIOTICS IN NURSING HOMES IS DANGEROUS & HARMFUL

According to the [CDC](#), “studies have shown that 40–75% of antibiotics prescribed in nursing homes may be unnecessary or inappropriate. Harms from antibiotic overuse are significant for the frail and older adults receiving care in nursing homes. These harms include risk of serious diarrheal infections from *Clostridium difficile*, increased adverse drug events and drug interactions, and colonization and/or infection with antibiotic-resistant organisms.”



Infection Preventionist

42 C.F.R. §§ 483.80(b), 483.80(c) | F882

The facility must designate one or more individual(s) as the infection preventionist(s) (IP)(s) who are responsible for the facility's IPCP. The IP must:

- *Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;*
- *Be qualified by education, training, experience or certification;*
- *Work at least part-time at the facility; and*
- *Have completed specialized training in infection prevention and control.*

IP participation on quality assessment and assurance committee. *The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis.*

BEWARE, CMS IS PROPOSING TO ROLL BACK THIS REQUIREMENT

The federal requirement that nursing homes have an infection preventionist in the facility at least on a part time basis was established in 2016 in response to concerns about high rates of infections and deaths among nursing home residents. However, in July 2019, in response to nursing home industry lobbying efforts to reduce safety standards, CMS issued a proposed rule that would roll back the infection preventionist standard. Specifically, CMS is proposing to allow facilities to have an infection preventionist who only devotes "sufficient" time to infection prevention and control. LTCCC strongly opposes the proposed rule because a facility's determination of what is "sufficient" may be based on profit incentives rather than resident safety.

Note: Please check back periodically. We will update this fact sheet when the final rule has been published.

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Influenza and Pneumococcal Immunizations

42 C.F.R. § 483.80(d) | F883

Influenza. *The facility must develop policies and procedures to ensure that-*

- *Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;*
- *Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;*
- *The resident or the resident's representative has the opportunity to refuse immunization; and*
- *The resident's medical record includes documentation that indicates, at a minimum, the following:*

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- *That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and*
- *That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.*

Pneumococcal disease. *The facility must develop policies and procedures to ensure that-*

- *Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;*
- *Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;*
- *The resident or the resident's representative has the opportunity to refuse immunization; and*
- *The resident's medical record includes documentation that indicates, at a minimum, the following:*
 - *That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and*
 - *That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.*

IMPORTANCE OF VACCINATIONS

CMS states that vaccinations are essential to the health and well-being of nursing home residents, noting that outbreaks put both residents and staff at risk of infection. CMS notes that individuals "65 years or older are two to three times more likely than the younger population to get pneumococcal infections."

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Additional Information & Resources

LTCCC strongly encourages nursing home residents to review their facility's infection prevention and control policies to ensure that adequate procedures are in place to deal with individual infections and outbreaks. The CDC has also developed [10 key infection prevention questions](#) that consumers should ask nursing homes. We recommend using the CDC resource as well as the information provided in this fact sheet to assist you in evaluating a nursing home's practices and protocols.

Recent outbreaks of infectious diseases in nursing homes across the country also suggest that nursing home residents at facilities with previous infection prevention and control violations are at a higher risk of experiencing harm. **LTCCC recommends that residents review their facility's health inspection records to determine whether infection prevention and control violations occurred in the previous few years.** For the latest data on infection prevention and control violations at your nursing home or in your community, please visit LTCCC's [Nursing Home Data & Information](#) webpage.