

INFECTION PREVENTION/CONTROL and ANTIBIOTIC STEWARDSHIP PROGRAMS

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
Is your infection prevention and control program and antibiotic stewardship program:					
a. active, hospital-wide, program-specific, and include off-site settings?	☐	☐	☐		
b. do program components include surveillance, prevention, and control of HAI and other infectious diseases?	☐	☐	☐		
c. does the program focus on optimization of antibiotic use through stewardship?	☐	☐	☐		
d. is there documentation the hospital is working collaboratively between the infection prevention program and QAPI when issues are identified?	☐	☐	☐		
e. is there documentation that the antibiotic stewardship program is working collaboratively with QAPI program and infection prevention program when issues are identified?	☐	☐	☐		
f. based on individual hospital assessment and conducted in accordance with nationally recognized standards of practice or guidelines for reducing development and transmission of HAI?	☐	☐	☐		
g. based upon best practices for improving antibiotic usage and for reducing development and transmission of antibiotic-resistant organisms?	☐	☐	☐		
h. reflect the scope and complexity of hospital services provided?	☐	☐	☐		
A-0747 COP §482.42					
Is there an individual (or group of individuals) appointed by the governing body as the infection preventionist/infection control professional who has the responsibility for the infection prevention and control program?	☐	☐	☐		
Was the appointment based upon recommendations of medical staff leadership and nursing leadership?	☐	☐	☐		
Is the appointed individual qualified through education, training, experience or certification in infection prevention and control?	☐	☐	☐		
Document in the comments section the date the individual was approved by the governing body	☐	☐	☐		
A-0748 COP §482.42(a)(1)					

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Does the hospital have criteria to determine the number of infection preventionist(s)/infection control professional(s) and other resources needed to operate effectively?	☐	☐	☐		
A-0748 COP §482.42(a)(1)					
Does the infection prevention and control program:					
a. have documented policies and procedures based upon national standards and evidence-based protocols?	☐	☐	☐		
b. have policies and procedures to prevent and control infections not just between patients and personnel but also for all patients, personnel and visitors?	☐	☐	☐		
c. employ methods for prevention and control of infection transmission within the hospital and between the hospital and other healthcare settings?	☐	☐	☐		
d. does the hospital track both hospital and community onset cases of C-Diff and MRSA?	☐	☐	☐		
e. does the hospital consider the impact of their outpatient departments on their inpatient units?	☐	☐	☐		
A-0749 COP §482.42(a)(2)					
Does the hospital infection prevention and control program include appropriate policies and procedures to ensure that the hospital provides and maintains a clean and sanitary environment in all areas of hospital including all inpatient and outpatient areas?	☐	☐	☐		
Does the hospital ensure a clean and sanitary environment by monitoring:					
a. housekeeping	☐	☐	☐		
b. maintenance repairs, renovation and construction activities	☐	☐	☐		
c. onsite laundry facilities	☐	☐	☐		
d. food storage, preparation, serving and dish rooms (kitchen)	☐	☐	☐		
e. refrigerators, freezers and ice machines	☐	☐	☐		
f. air handlers	☐	☐	☐		

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g. autoclave rooms h. venting systems i. inpatient rooms j. all treatment areas including outpatient k. laboratories l. waste handling m. surgical areas (inpatient, ambulatory and outpatient) n. central supply storage o. equipment cleaning A-0750 COP §482.42(a)(3)	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		
Do the hospital infection control policies and procedures ensure that any infection control issues identified by public health officials are appropriately investigated and reported? A-0750 COP §482.42(a)(3)	☐	☐	☐		
Do the hospital infection prevention and control policies and procedures include: a. all hospital settings and locations including ambulatory care and outpatient settings? b. all programs or services lines provided by the hospital? c. detection, investigation and control of infectious outbreaks? d. provisions for infection prevention control program evaluation and revision of the program, when indicated either by changes in standards of practices or changes in hospital? Document in comments section the national standards or evidence-based protocol that each infection prevention and control policy and procedure are based upon? A-0750 COP §482.42(a)(3)	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐		
Does the hospital have a water management program that: a. is based on ASHRAE standards and CDC toolkit? b. includes a hospital risk assessment to identify Legionella and other waterborne pathogens?	☐ ☐	☐ ☐	☐ ☐		

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c. does the water management program specify testing protocols and acceptable ranges for control measures? d. includes documentation of water management program activities including testing results and corrective actions taken when testing is out of range?	☐ ☐	☐ ☐	☐ ☐		
A-0750 COP §482.42(a)(3)					
Does the infection prevention and control program reflect the scope of services offered throughout hospital including all departments, service lines, inpatient/outpatient services, locations and any contracted services? Does the ICP program have mechanisms in place to respond to hospital changes such as addition of services or locations? Is the ICP program consistent with infection control standards of practice and appropriate to scope and complexity of hospital services?	☐ ☐	☐ ☐	☐ ☐		
A-0751 COP §482.42(a)(4)					
Is the infection preventionist/infection control professional responsible for: a. ensuring the infection prevention program complies with nationally recognized guidelines? b. developing, implementing, auditing and monitoring compliance with policies, procedures and IC program requirements? c. developing an active system for identifying, investigating, reporting and preventing the spread of infections and communicable diseases? d. communicating and collaborating with the hospitals QAPI program, antibiotic stewardship program, other departments and services in the performance of quality assurance and infection control education activities?	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐		
A-0772 COP §482.42(c)(2)(i) A-0774 COP §482.42(c)(2)(iii) A-0776 COP §482.42(c)(2)(v) A-0777 COP §482.42(c)(2)(vi)					
Is the infection prevention and control professional responsible for:					

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a. all documentation, written or electronic, of the infection prevention and control program b. all infection prevention and control program surveillance, prevention and control activities? c. communication and collaboration with the QAPI program on any infection prevention and control issues? d. prevention and control of HAI including auditing for compliance with applicable policies and procedures by staff.	☐	☐	☐		
A-0773 COP §482.42(c)(2)(ii)					
Is the Infection preventionist responsible for competency-based training and education of the following hospital personnel and staff on the practical applications of infection prevention and control guidelines, policies and procedures: a. medical staff b. contracted staff c. all employees	☐	☐	☐		
A-0775 COP §482.42(c)(2)(iv)					
ANTIBIOTIC STEWARDSHIP PROGRAM					
Does the antibiotic stewardship program have a designated individual) or group of individuals) who: a. is qualified through education, training, or experience in infectious disease and/or antibiotic stewardship as the leader of ABS? b. is appointed by the governing body? c. has been recommended by the medical staff and pharmacy leadership? d. has evidence of ongoing qualification through education, training, experience or certification? e. has developed and implemented antibiotic stewardship policies?	☐	☐	☐		
Document in comments section date of governing body approval.					
A-0760 §482.42(b)(1)					
Is there documentation the antibiotic stewardship program: a. is coordinated with the infection prevention and control program, QAPI, medical staff, nursing services, and pharmacy services?	☐	☐	☐		

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b. promotes evidence-based prescribing and usage of antibiotics to reduce incidence of adverse consequences of inappropriate antibiotic use (including but not limited to adverse drug events, CDIs, growth of antibiotic resistance)?	☐	☐	☐		
c. documents improvements including sustained improvements in proper antibiotic usage including reduction in CDI and antibiotic resistance?	☐	☐	☐		
d. improved proper antibiotic usage in all departments, all services throughout the hospital?	☐	☐	☐		
e. has incorporated nationally recognized guidelines and best practices for improving antibiotic use?	☐	☐	☐		
f. reflects the scope and complexity of hospital services offered?	☐	☐	☐		
g. updates the program with any evidence-based improvements in antibiotic prescribing practices?	☐	☐	☐		
Document in comments section the national standards or evidence-based protocol that the antibiotic stewardship policies and procedures are based upon?	☐	☐	☐		
A-0761 §482.42(b)(2)(i) A-0762§482.42(b)(2)(ii) A-0763§482.42(b)(2)(iii) A-0764 §482.42(b)(3) A-0765 §482.42(b)(4)					
Is the antibiotic stewardship leader responsible for:					
a. the development and implementation of a hospital wide AS program based on nationally recognized guidelines to monitor and improve antibiotic use?	☐	☐	☐		
b. documenting the AS program activities and antibiotic use issues?	☐	☐	☐		
c. communicating and collaborating with medical staff, nursing, and pharmacy leadership, ICP, and QAPI programs on antibiotic use issues?	☐	☐	☐		
d. competency-based training and education of hospital personnel and staff, contracted staff, medical staff on AS guidelines, policies and procedures?	☐	☐	☐		

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A-0778 COP §482.42(c)(3)(i) A-0779 COP §482.42(c)(3)(iii) A-0780 COP §482.42(c)(3)(iii) A-0781 COP §482.42(c)(3)(iv)					
Governing Body and Leadership Responsibilities					
Does the governing body ensure:					
a. there are systems for tracking infection surveillance, prevention, and control, and antibiotic use activities?	☐	☐	☐		
b. Systems document the implementation, success and sustainability of these activities?	☐	☐	☐		
c. there are policies and procedures outlining the roles and responsibilities for infection prevention and control, how hospital committees and departments interface with IPC, how to prevent infectious disease, and how to report infectious disease/communicable disease to the IPC program?	☐	☐	☐		
d. there is adequate leadership support of the IPC and antibiotic stewardship programs?	☐	☐	☐		
e. all HAIs and other infectious diseases and antibiotic use issues are addressed with QAPI leadership?	☐	☐	☐		
f. QAPI and training programs address problems identified by IPC and antibiotic stewardship?	☐	☐	☐		
g. that corrective action plans addressing IPC and antibiotics stewardship issues are implemented and successful?	☐	☐	☐		
A-0770 §482.42(c)(1)(i) A-0771 §482.42(c)(1)(ii)					
UNIFIED AND INTEGRATED INFECTION PREVENTION AND CONTROL AND ANTIBIOTIC STEWARDSHIP PROGRAMS FOR MULTI-HOSPITAL SYSTEMS					
If the hospital systems chooses a unified and integrated infection prevention and control and antibiotic stewardship program for separately certified multi-hospital systems, does the system governing body ensure each separately certified hospital(s):					
a. has an infection prevention and control and antibiotics stewardship program for the entire hospital?	☐	☐	☐		
b. programs consider the unique properties of the population and services they serve?	☐	☐	☐		
c. programs consider the needs and concerns of each hospital separately?	☐	☐	☐		

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d. identify QAPI issues specifically impacting their hospital and integrates those issues into the overall QAPI program? A-0785 §482.42(d) A-0786 §482.42(d)(1) A-0787 §482.42(d)(2) A-0788 §482.42(d)(3)	☐	☐	☐		
If the hospital is part of an unified and integrated system: a. is there a designated individual with expertise in infection prevention and control and antibiotic stewardship who is responsible for communicating with implementing, and maintaining the policies and procedures of the unified program? b. is there documentation that the designated individual communicates with the unified leadership related to issues? c. is there documentation of staff training on infection prevention and control and antibiotic stewardship? A-0789 §482.42(d)(4)	☐ 	☐ 	☐ 		

Helpful Hints

- [Infection Prevention Worksheet](#)
- [Infection Prevention Checklist for Outpatient Settings](#)
- [HHS Action Plan to Prevent Healthcare-Associated Infections](#)

Key Resources and Links

- [COP §482.42](#)
- [29 CFR 1910.1030](#)
- [CDC Core Elements of Antibiotic Stewardship](#)
- [QSO-22-20-Hospitals](#)