§483.80-Infection Control

F880–Infection Prevention and Control

The Center for Medicare and Medicaid Services (CMS) made changes to guidance under F-tag F880 Infection Prevention and Control. At F880, the facility must have an infection prevention and control program that includes a system for preventing, identifying, reporting, investigating, and control infections and communicable diseases that covers all residents, staff, contractors, consultants, volunteers, visitors, and others who provide resident services on behalf of the facility and students. The facility must include explanations of standard and transmission-based precautions, when and how to use droplet precautions, how to clean and disinfect blood glucose monitors, and include MDRO colonization and infection including contact precautions. Contact precautions are used for residents infected or colonized with MDROs when a resident has wounds, secretions, or excretions that are unable to be covered or contained; and, on units or in facilities where, despite attempts to control the spread of the MDRO, ongoing transmission is occurring. In addition, the facility must have a water management program including the assessment, monitoring, and what to do to intervene when control limits are not met.

§483.80(a)(3) Antibiotic Stewardship Program-F881

CMS made changes to guidance under F-tag F881 Antibiotic Stewardship Program. At F881, the facility must monitor closely the antibiotics being prescribed to residents to ensure they are indicated and appropriate for use and provide feedback to prescribing practitioners when response to antibiotics or laboratory results do not indicate their utilization, and all antibiotics must have an indication, dose, and duration included in the order by the prescribing practitioner.

§483.80(b)-Infection Preventionist-F882

CMS made changes to guidance under F-tag F882 Infection Preventionist. The facility must have a specially trained infection preventionist beyond the primary professional training that works at least part time in the facility and cannot be a consultant or work for the corporate office or affiliated acute care facility. The infection preventionist must have enough hours to dedicate to the assessment, development, implementation, monitoring, and managing the infection prevention and control program and participate on the Quality Assessment and Assurance (QAA) committee.

§483.80(d)(1)-Influenza and Pneumococcal Immunization-F883

CMS made changes to guidance under F-tag F883 Influenza and Pneumococcal Immunization. On November 22, 2019, the Advisory Committee on Immunization Practices (ACIP) released updated recommendations on the use of 13-valent pneumococcal conjugate vaccine (PCV13) among adults aged 65 or older. ACIP states that PCV13 vaccination is no

longer routinely recommended for all adults aged 65 or older. Instead, shared clinical decision-making for PCV13 use is recommended for these individuals who do not have an immunocompromising condition, cerebrospinal fluid leak, or cochlear implant and who have not previously received PCV13. Facilities must follow the ACIP recommendations for vaccines.

§483.75(g)(1)(iv)-Quality Assessment and Assurance-F868

CMS made changes to guidance under F-tag F868 Quality Assessment and Assurance (QAA) committee. The facility infection preventionist (IP) must be an active participant on the QAA committee and report on the infection prevention and control program (ICPC) on a regular basis. For the IP to be considered an active participant they should attend each QAA meeting and if they cannot attend another staff member should report on the IP's behalf, but this does not change or absolve the IP's responsibility to fulfill the role of QAA committee member or reporting on the IPCP.

Action for Facilities:

- Examine existing policy and/or process on the infection prevention and control program to ensure that it includes a system for preventing, identifying, reporting, investigating, and controlling infections and communicable disease that covers all parties who live, work, or visit the facility and that it includes explanations and directions for usage of standard, transmission-based, droplet, and contact precautions.
- Review existing water management program to ensure it includes assessment, monitoring, and interventions when control limits are not met and update where needed.
- Educate staff on policy and process changes related to infection prevention and control practices.
- Educate staff on Enhanced Barrier Precautions and when to use them.
- Evaluate current Antibiotic Stewardship Program to ensure through use of infection assessment tools, monitoring of antibiotic use, and feedback and education to prescribers that unnecessary antibiotic use is not taking place.
- Identify the infection preventionist, and backup infection preventionist to prevent gaps in coverage, and ensure they have received special training on infection prevention and control outside of their primary professional training, work at least part time in the facility, are not a consultant or work for the corporate office or affiliated acute care facility, and that they have enough hours dedicated to the assessment, development, implementation, monitoring, and management of the infection prevention and control program and participate on the QAA committee.
- Evaluate current policy and/or process related to 13-valent pneumococcal conjugate vaccine (PCV13) to ensure the facility is following the current recommendations for vaccines from the Advisory Committee on Immunization Practices (ACIP).
- Examine, and update where needed, the current policy and process for engagement of the infection preventionist as a member of the QAA committee and their role for reporting on the IPCP at each QAA meeting.