

INFECTION CONTROL IN FOCUS

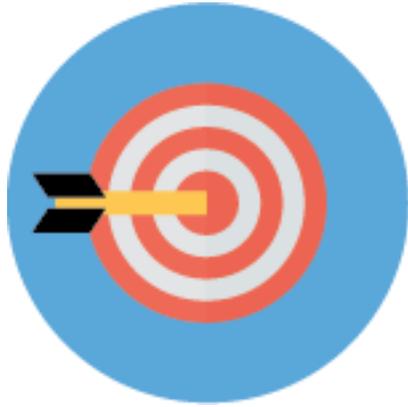


From Regulatory Foundations to Real-World Compliance

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Objectives

- Explain the regulatory requirements and surveyor expectations related to infection prevention and control in nursing homes, including F880 and associated guidance.
- Identify common infection control deficiencies cited during surveys and analyze the underlying causes of noncompliance.
- Apply practical strategies and best practices to strengthen infection control programs and reduce the risk of citations.



Infection Prevention and Control

- Infection prevention and control (IPC) is a practical, evidence-based approach preventing patients and health workers from being harmed by avoidable infections.
- Effective IPC requires constant action at all levels of the health system, including policymakers, facility managers, health workers and those who access health services.



Infection Control F-Tags

§483.80 Infection Control

- F880 – Infection Prevention & Control
- F881 – Antibiotic Stewardship Program
- F882 – Infection Preventionist Qualifications/Role
- F883 – Influenza and Pneumococcal Immunizations
- F884 – Reporting – National Health Safety Network
- F887 – COVID-19 Immunization

IPC F-Tag Citation Ranking

F-Tag	2019	2020	2021	2022	2023	2024	2025
F880 - IPC	1	1	2	2	3	1	1
F881 - ABS	48	57	57	60	59	56	47
F882 - IP	N/A	75	71	71	85	91	93
F883 – Flu/Pna Vx	50	47	42	41	35	34	39
F884 - NHSN	N/A	2	1	1	1	5	None
F887 – COVID Vaccine	N/A	N/A	96	63	76	78	None

Data obtained from [QCOR](#) Citation Frequency Report run on July 22, 2025.



F880 Infection Prevention & Control

Top Citations - Nationwide

	2019	2020	2021	2022	2023	2024
1	F880 Infection Prevention & Control	F880 Infection Prevention & Control	F884 Reporting - NHSN	F884 Reporting - NHSN	F884 Reporting - NHSN	F880 Infection Prevention & Control
2	F689 Free of Accidents	F884 Reporting - NHSN	F880 Infection Prevention & Control	F880 Infection Prevention & Control	F689 Free of Accidents	F689 Free of Accidents
3	F812 Food Procurement, Store / Prepare / Serve Sanitary	F689 Free of Accidents	F689 Free of Accidents	F689 Free of Accidents	F880 Infection Prevention & Control	F884 Reporting - NHSN

Source: [QCOR](#), Citation Frequency Report (run 7/22/2025)

Top Citations – Nevada

	2019	2020	2021	2022*	2023*	2024*
1	F684 Quality of Care	F880 Infection Prevention & Control	F884 Reporting - NHSN	F884 Reporting - NHSN	F684 Quality of Care	F684 Quality of Care
2	F761 Label/Store Drugs	F884 Reporting - NHSN	F880 Infection Prevention & Control	F684 Quality of Care	F600 Free from Abuse and Neglect	F812 Food Procurement, Store / Prepare / Serve Sanitary
3	F880 Infection Prevention & Control	F684 Quality of Care	F689 Free of Accidents	F656 Develop / Implement Comp. POC	F884 Reporting - NHSN	F761 Label/Store Drugs

*F880 ranked 7th in 2022, 10th in 2023, 5th in 2024, and 3rd in 2025 for top citations

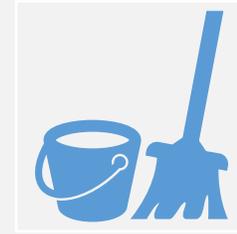
Source: [QCOR](#), Citation Frequency Report (run 8/7/2025)



Hand hygiene.



Failure to follow correct precautions.



Failure to clean and disinfect shared medical equipment.



Failure to properly handle, store, process or transport linens.

Common Citations – F880

§483.80 Infection Control – F880

The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.



§483.80 Infection Control – F880

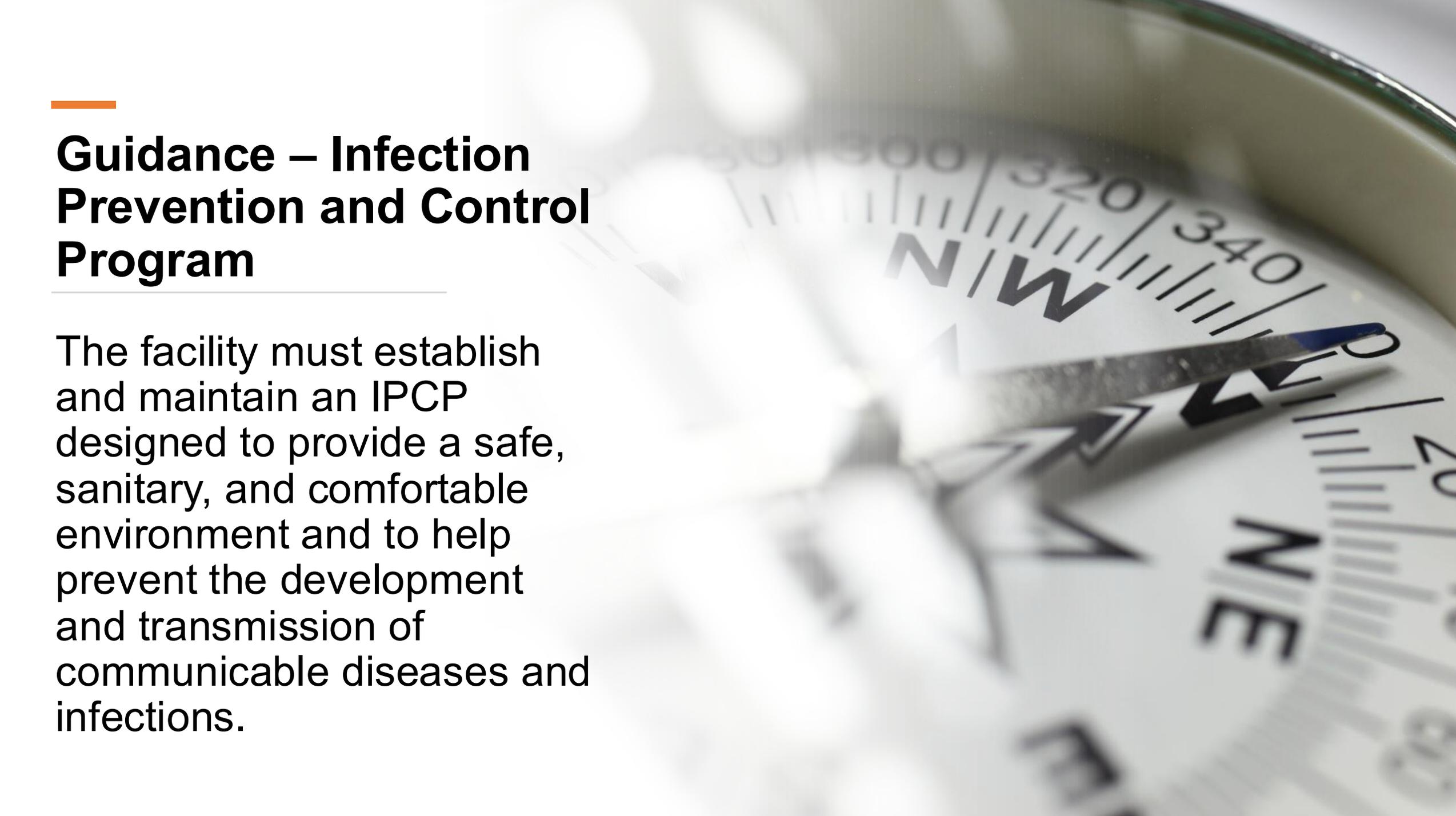
Must include, at a minimum:

- A system for preventing, identifying, reporting, investigating and controlling infections and communicable disease for all persons in a facility.
- Written standards, policies, and procedures for the program.
 - Surveillance system.
 - Identify when and to whom possible incidents of communicable diseases or infections should be reported.
 - Standard and transmission-based precautions.
 - When and how isolation should be used for a resident.
 - Circumstances under which employees with a communicable disease from direct contact with residents.
 - Hand hygiene procedures.

§483.80 Infection Control – F880

Must include, at a minimum (cont.):

- A system for recording incidents identified under IPC program policies and procedures and the corrective actions taken by the facility.
- How personnel handle, store, process, and transport linens to prevent the spread of infections.
- The facility must also conduct an annual review of its ICP program and update their program, as necessary.



Guidance – Infection Prevention and Control Program

The facility must establish and maintain an IPCP designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.



Facility Assessment

- The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents, at least annually.
- This assessment must be used, in part, to establish and update the IPC program, its policies and/or protocols.

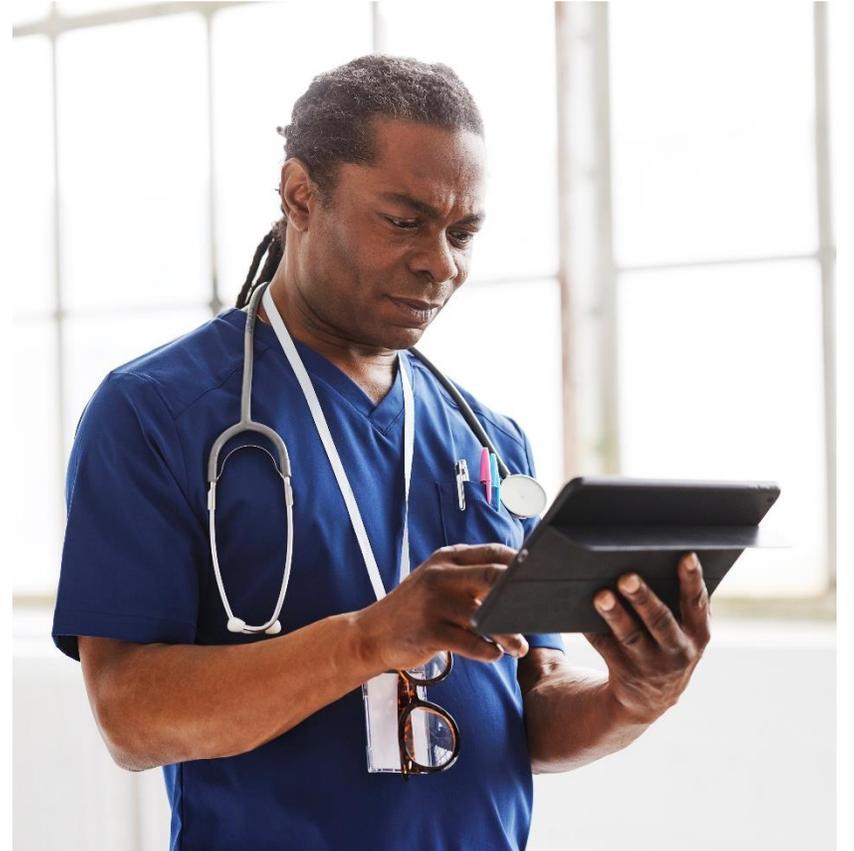
IPC Policies and Procedures

- The facility must develop and implement written policies and procedures for the provision of infection prevention and control.



Surveillance

- The facility must establish a system for surveillance based upon national standards of practice and the facility assessment, including the resident population and the services and care provided.
- The facility's surveillance system must include a data collection tool and the use of nationally-recognized surveillance criteria, such as but not limited to, the CDC's National Healthcare Safety Network (NHSN) Long Term Care Criteria to define infections or updated McGeer criteria.

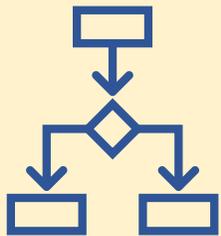


Surveillance



Process Surveillance

- The review of practices by staff directly related to resident care.



Outcome Surveillance

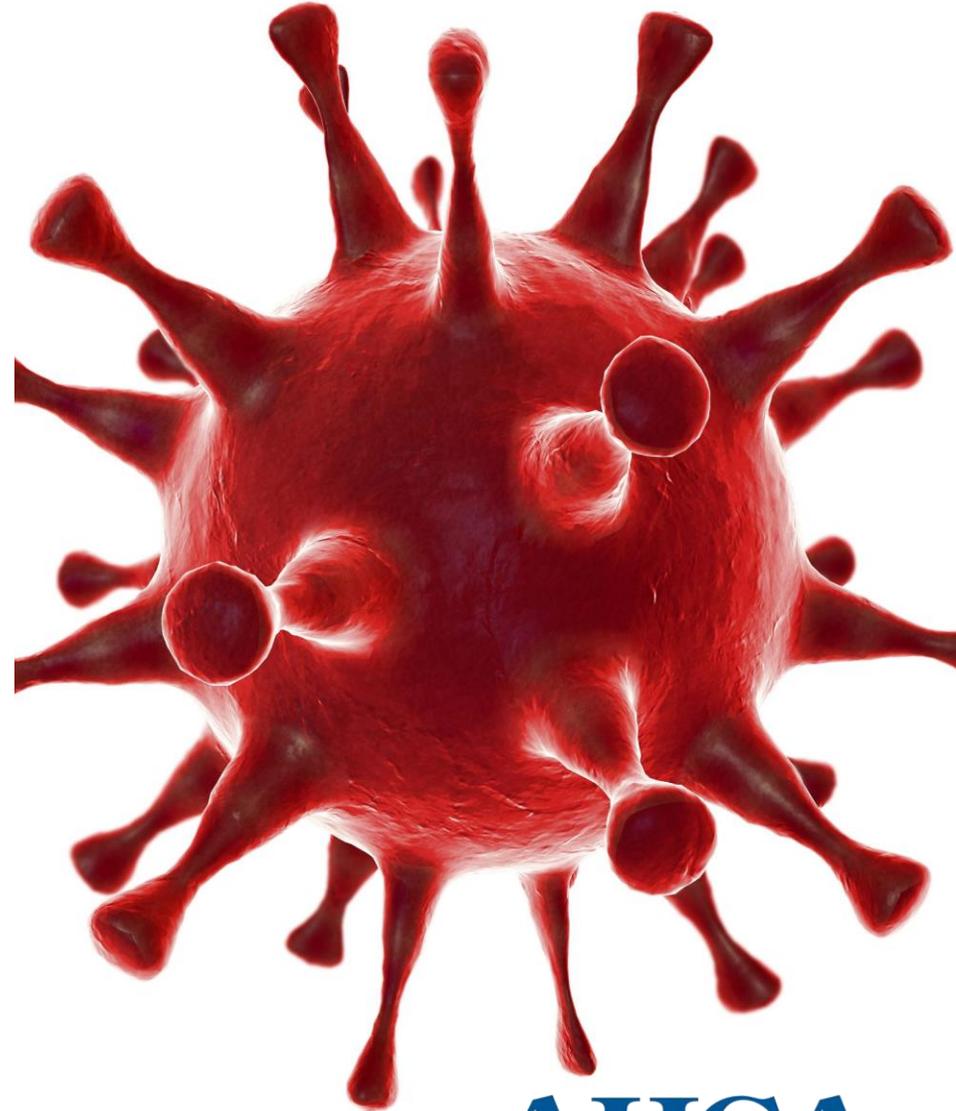
- Collecting/documenting data on individual resident cases and comparing the collected data to standard written definitions(criteria) of infections.

[Surveillance Definitions of Infections in Long-Term Care Facilities: Revisiting the McGeer Criteria - PMC](https://www.cdc.gov/nhsn/)

<https://www.cdc.gov/nhsn/>

Managing Outbreaks

- An outbreak is the occurrence of more cases of disease than expected in a given area or among a specific group of people over a particular period of time.
- The facility must know how to recognize and contain infectious disease outbreaks.





Water Management



Water Management

- Facilities must be able to demonstrate its measures to minimize the risk of Legionella and other opportunistic pathogens in building water systems such as by having a documented water management program.
 - Must be based on nationally accepted standards.
 - Include an assessment to identify where pathogens could grow and spread.
 - Measure to prevent the growth of opportunistic pathogen and how to monitor them.



Water Management Resources

- [Home | ashrae.org](https://www.ashrae.org)
- [Toolkit: Developing a Legionella Water Management Program | Control Legionella | CDC](#)
- [Technologies for Legionella Control in Premise Plumbing Systems | US EPA](#)

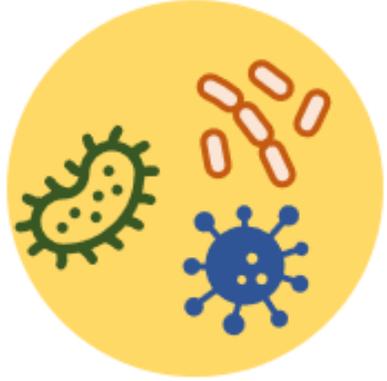


Water Management Resources

- [AHCA Education: What's Up with Water Management & Legionella](#)
- [AHCA Education: Water Management Training](#)
- [Tips for Meeting Legionella Requirements in Skilled Nursing Facilities](#)
- [AHCA/NCAL IP Hot Topic Brief Legionella Prevention with Water Management Programs](#)
- [AHCA Clinical Scenario: Legionella Outbreak](#) and [Teaching Tool](#)



Spread of Infections



How do Infections Spread?

Direct Transmission (Person to Person)

- Direct transmission occurs when microorganisms are transferred from an infected/colonized person to another person. Contaminated hands of healthcare personnel are often implicated in direct contact transmission. Agents that can be transmitted by direct contact include, but are not limited to MRSA, VRE, and Influenza.

Indirect Transmission

- Indirect transmission involves the transfer of an infectious agent through a contaminated intermediate object.

Standard Precautions

Applies to:	PPE used for these situations	Required PPE	Room restriction
All residents	Any potential exposure to: <ul style="list-style-type: none">• Blood• Body Fluids• Mucous Membranes• Non-intact skin• Potentially contaminated environmental surfaces or equipment	Depending on anticipated exposure: gloves, gown, or facemask or eye protection (Change PPE before caring for another resident)	None

[Implementation of Personal Protective Equipment \(PPE\) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms \(MDROs\) | LTCFs | CDC](#)

Enhanced Barrier Precautions

Applies to:	PPE used for these situations	Required PPE	Room restriction
<p>All resident with <i>any of the following</i>:</p> <ul style="list-style-type: none"> • Infection or colonization with a CDC-targeted MDRO when Contact Precautions do not apply • Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO 	<p>During high-contact resident care activities:</p> <ul style="list-style-type: none"> • Dressing • Bathing/showering • Transferring • Providing hygiene • Changing linens • Changing briefs or assisting with toileting • Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator* • Wound care: any skin opening requiring a dressing* 	<p>Gloves and gown prior to the high-contact care activity</p> <p>(Change PPE before caring for another resident)</p> <p>(Face protection may also be needed if performing activity with risk of splash or spray)</p>	<p>None</p>

- [Implementation of Personal Protective Equipment \(PPE\) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms \(MDROs\) | LTCFs | CDC](#)
- [QSO-24-08-NH \(cms.gov\)](#)

Examples of MDROs targeted by CDC include:

- Pan-resistant organisms,
- Carbapenemase-producing carbapenem-resistant Enterobacterales,
- Carbapenemase-producing carbapenem-resistant *Pseudomonas*,
- Carbapenemase-producing carbapenem-resistant *Acinetobacter baumannii*, and
- *Candida auris*

Additional epidemiologically important MDROs may include, but are not limited to:

- Methicillin-resistant *Staphylococcus aureus* (MRSA),
- ESBL-producing Enterobacterales,
- Vancomycin-resistant *Enterococci* (VRE),
- Multidrug-resistant *Pseudomonas aeruginosa*,
- Drug-resistant *Streptococcus pneumoniae*

Source: [Frequently Asked Questions \(FAQs\) about Enhanced Barrier Precautions in Nursing Homes | HAI | CDC #15](#)

It is important, though, to also speak with your local or state health department to ask about other important MDROs that may need to be included as well.

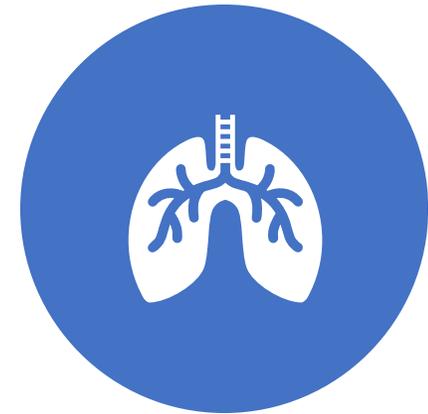
Transmission-Based Precautions



CONTACT



DROPLET



AIRBORNE

Contact Precautions

Applies to:	PPE used for these situations	Required PPE	Room restriction
<p>All residents infected or colonized with a MDRO in any of the following situations:</p> <ul style="list-style-type: none"> • Presence of acute diarrhea, draining wounds or other sites of secretions or excretions that are unable to be covered or contained • For a limited time-period, as determined in consultation with public health authorities, on units or in facilities during the investigation of a suspected or confirmed MDRO outbreak • When otherwise directed by public health authorities <p>All residents who have another infection (e.g., <i>C. difficile</i>, norovirus, scabies) or condition for which Contact Precautions is recommended in Appendix A (Type and Duration of Precautions Recommended for Selected Infections and Conditions) of the CDC Guideline for Isolation Precautions</p>	<p>Any room entry</p>	<p>Gloves and Gown (Don before room entry, doff before room exit; change before caring for another resident)</p> <p>(Face protection may also be needed if performing activity with risk of splash or spray)</p>	<p>Yes, except for medically necessary care</p>

When should a facility use Contact Precautions versus Enhanced Barrier Precautions for residents with an MDRO?

- If the resident has:
 - Acute diarrhea,
 - Draining wounds, or other sites of secretions or excretions that are unable to be covered or contained, or
 - For a limited time period during a suspected or confirmed MDRO outbreak investigation.

If none of these criteria are met and the resident does not have another indication for Contact Precautions, then EBP could be used (unless otherwise directed by public health authorities).



System of Recording Incidents

- Facilities must develop and implement a system for recording incidents identified under the program and the corrective actions taken by the facility based on the investigation of the incidents in accordance with §483.80(a)(4).



Medical Device Safety

- Point-of-care testing
 - Fingertick devices
 - Blood glucose meters
 - Medication administration
- Accessing vascular devices

Blood Glucose Meters

- Frequently cited.
- The guidance notes: **If fingerstick devices are used on more than one resident, surveyors must cite at this tag and utilize the guidelines in Appendix Q for immediate jeopardy.** Furthermore, the SA must notify the appropriate local/state public health authority of the deficient practice.



Tips for Meeting the Cleaning and Disinfection of Blood Glucose Meter Requirements

- Whenever possible assign blood glucose meter to an individual person.
- If blood glucose meter must be shared, clean and disinfect it after every use, per manufacturer's instructions. To prevent carry-over of blood and infectious agents.
- Ensure contact/dwell time for disinfectant is followed.

Linens

- Laundry services
- Handling linens
- Transporting linens
- Storage of linens
- Processing laundry
- Mattresses and pillows



Tips for Meeting the Linen Requirements

PPE Use

- Wear PPE to protect all staff from contaminants.
- Ensure proper hand hygiene.
- Wear tear resistant gloves.
- Remove PPE in resident's room or laundry room.

Laundry Handling

- Handle all laundry as potentially contaminated.
- Never move or carry soiled linen against the body.
- Place in a leak-proof container.

Transporting Laundry

- Facility practices should include how staff will handle and transport laundry with appropriate measures to prevent cross contamination.

Linen Storage

- Clean linen must always be kept separate from contaminated.
- Ensure the laundry room door remains closed when not in use.
- Make sure linen carts are kept closed.



F881 – Antibiotic Stewardship Program

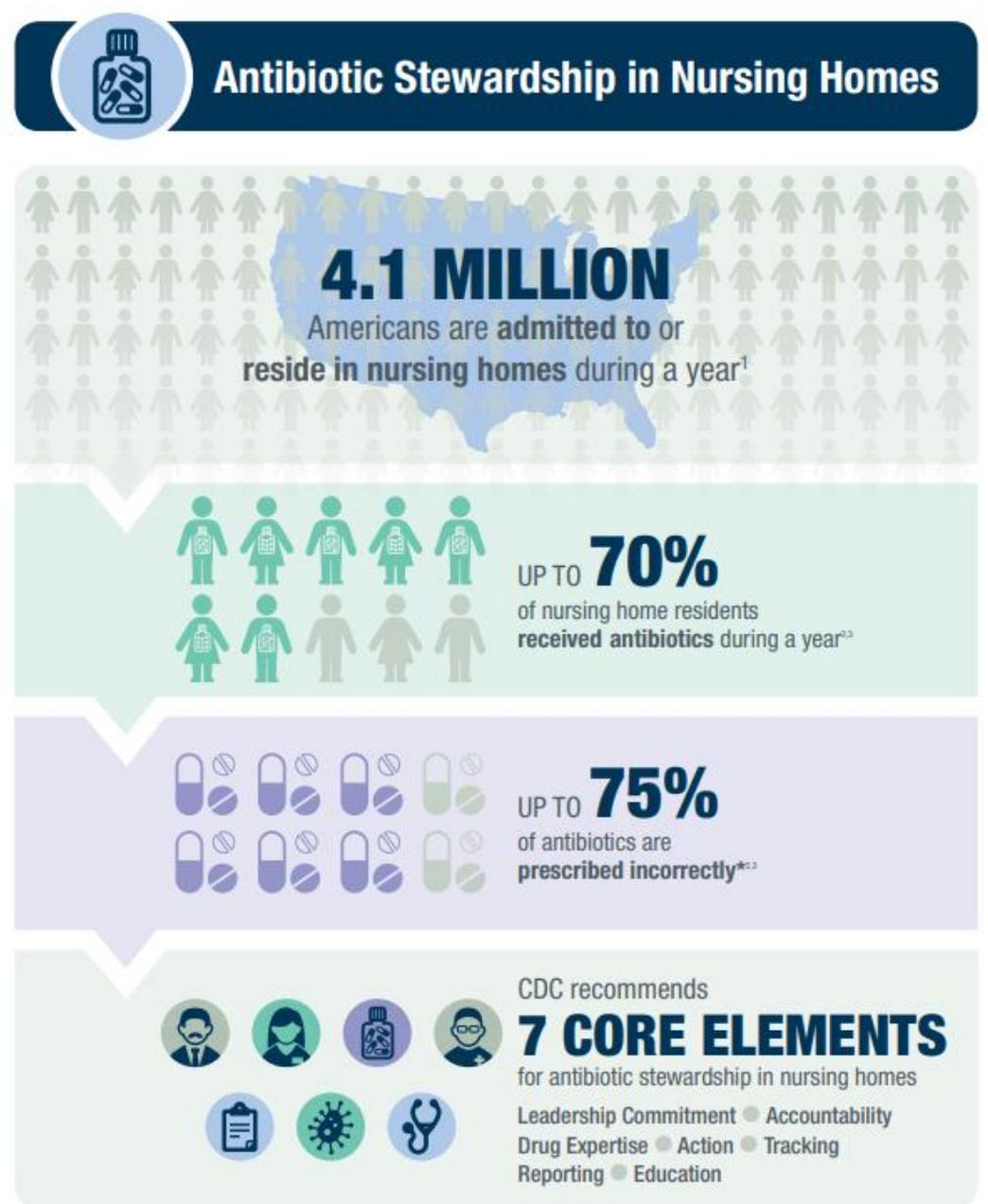
As part of their IPCP programs, facilities must develop an antibiotic stewardship program that promotes the appropriate use of antibiotics and includes a system of monitoring to improve resident outcomes and reduce antibiotic resistance. This means that the antibiotic is prescribed for the correct indication, dose, and duration to appropriately treat the resident while also attempting to reduce the development of antibiotic-resistant organisms

Antibiotic Stewardship Program – Core Elements

1	LEADERSHIP COMMITMENT	Demonstrate support and commitment to safe and appropriate antibiotic use in your facility.
2	ACCOUNTABILITY	Identify physician, nursing, and pharmacy leads responsible for promoting and overseeing antibiotic stewardship activities in your facility.
3	DRUG EXPERTISE	Establish access to consultant pharmacists or other individuals with experience or training in antibiotic stewardship for your facility.
4	ACTION	Implement at least one policy or practice to improve antibiotic use.
5	TRACKING	Monitor at least one process of antibiotic use and at least one outcome from antibiotic use in your facility.
6	REPORTING	Provide regular feedback on antibiotic use and resistance to prescribing clinicians, nursing staff and other relevant staff.
7	EDUCATION	Provide resources to clinicians, nursing staff, residents, and families about antibiotic resistance and opportunities for improving antibiotic use.

ASP Resources

- [Core Elements of Antibiotic Stewardship for Nursing Homes | Antibiotic Prescribing and Use | CDC](#)
- [Antibiotic Stewardship Toolkit.pdf](#)
- [AHCA Clinical Scenario ASB vs UTI Clinical Scenario FINAL.pdf](#)



*Incorrectly = prescribing the wrong drug, dose, duration or reason

¹ AHCA Quality Report 2013.

² Lim CJ, Kong DCM, Stuart RL. Reducing inappropriate antibiotic prescribing in the residential care setting: current perspectives. *Clin Interv Aging*. 2014; 9: 165-177.

³ Nicolle LE, Bentley D, Garibaldi R, et al. Antimicrobial use in long-term care facilities. *Infect Control Hosp Epidemiol* 2000; 21:537-45.



Centers for Disease
Control and Prevention
National Center for Emerging and
Zoonotic Infectious Diseases

F882 – Infection Preventionist

The facility must designate one or more individuals as the infection preventionist (IP) who is responsible for assessing, developing, implementing, monitoring, and managing the IPCP.

Qualifications

- Has the background and ability to fully carry out the requirements of the IP based on the needs of the resident population.

Hours of Work

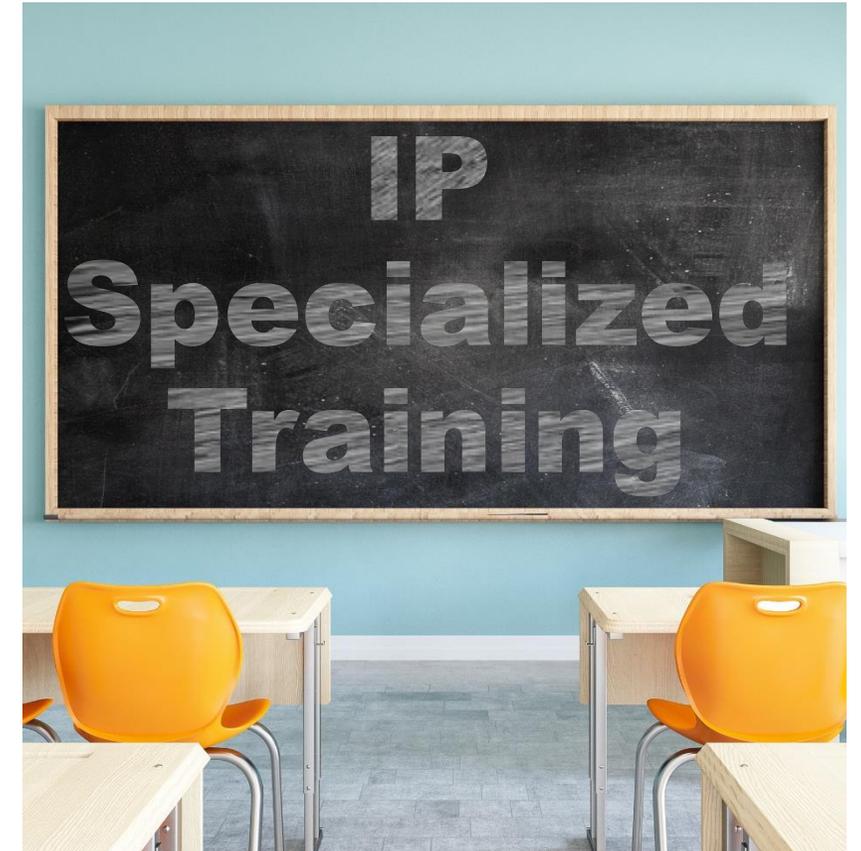
- At least part-time and based on the facility assessment.

Specialized Training

- Must have obtained specialized training prior to assuming the role.

CMS recommends specialized training include the following topics:

- Infection prevention and control program overview,
- The infection preventionist's role,
- Infection surveillance,
- Outbreaks,
- Principles of standard precautions,
- Principles of transmission-based precautions,
- Resident care activities,
- Water management,
- Linen management,
- Preventing respiratory infections,
- Tuberculosis prevention,
- Occupational health considerations,
- Quality assurance and performance improvement,
- Antibiotic stewardship, and
- Care transitions.





**Recommended for
Administrators Too!**



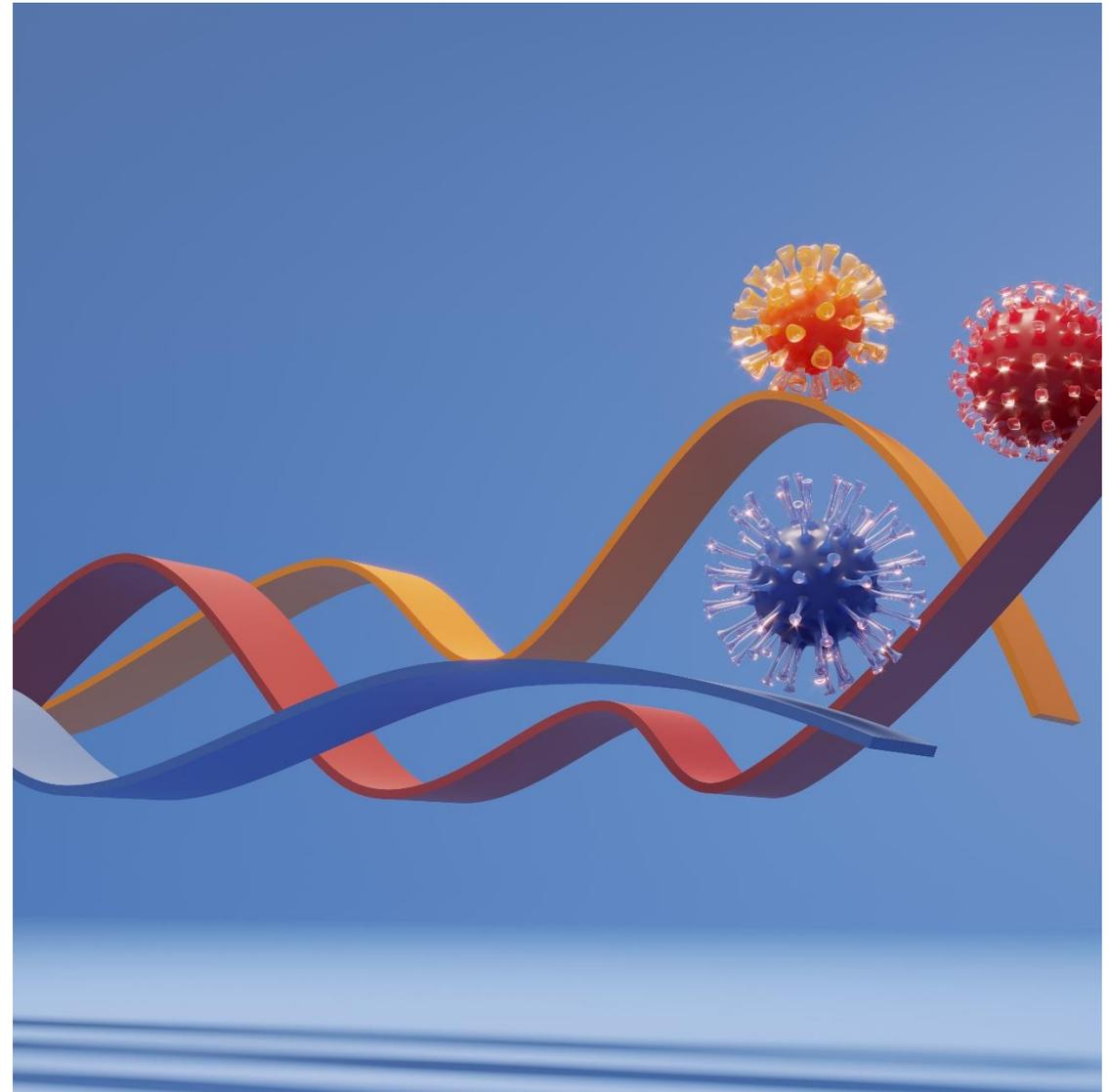
[AHCA Education: Infection Preventionist Specialized Training - IPCO](#)

- Specifically tailored to train IPs in nursing facilities.
 - Flexible and self-paced (take up to 12 months to complete)
 - Online learning 24/7
 - 9 course modules
- Cost: \$450 \$350 AHCA/NCAL members | \$650 \$550 Non-members
- 24.5 ANCC/NAB contact hours and a Specialized Training Completion certificate (valid for 3 years) are awarded upon completion.

F884 – Reporting – National Health Safety Network

Nursing homes must electronically report information about COVID-19, influenza, and respiratory syncytial virus (RSV) weekly to the Centers for Disease Control and Prevention's (CDC) National Health Safety Network (NHSN), which includes:

- Facility census,
- Resident vaccination status for COVID-19, influenza, and RSV,
- Confirmed resident cases of COVID-19, influenza, and RSV (overall and by vaccination status),
- Hospitalized residents with confirmed cases of COVID-19, influenza, and RSV (overall and by vaccination status).



F884 – Reporting – National Health Safety Network

AHCA Resources

- [CMS System Application Access Guide](#)
- [NHSN Help Desk Job Aid](#)
- [NHSN Tip Sheet](#)
- [QIO NHSN Support Reference Guide](#)

CDC/NHSN Resources

- [Long-term Care Facilities \(LTCF\) Component | NHSN | CDC](#)
- [Resources for Users New to NHSN | Training | NHSN | CDC](#)
- [Guidance for Adding New Users](#)
- [LTCF | Respiratory Pathogens and Vaccination Module | NHSN | CDC](#)

F884 - Key Considerations for NHSN Reporting Compliance

- Ensure your facility has an [active \(NHSN\) Facility Administrator](#) at all times. ***This is required for reporting data in NHSN.***
- Ensure more than one person has access to NHSN to complete mandatory reporting and is trained in data collection and reporting.
- Check the [NHSN LTCF Component](#) pages routinely for updates, including but not limited to the following pages:
 - [LTCF | Respiratory Pathogens and Vaccination Module | NHSN | CDC](#)
 - [HCP Flu Vaccination | HPS | NHSN | CDC](#)
 - [HPS | Weekly HCP COVID-19 Vaccination | NHSN | CDC](#)

SNF QRP Reporting Requirements.

Vaccination Type	Persons	Required vs. Optional	Reporting Cadence	Reporting Deadline	Facility-level vs. Person-level	NHSN Component	CMS Reporting Requirement
COVID-19	HCP	Required	Monthly (1 week per month)	Due 4.5 months after the last week of a reporting quarter	Facility-level OR person-level	LTC	SNF QRP measure
Influenza	HCP	Required	Annually	Annual data due 6 weeks after the end of flu season (reporting period Oct. 1 st – March 31 st , due May 15 th)	Facility-level	HPS	SNF QRP measure

<https://www.cms.gov/files/document/snf-qrp-data-collection-and-final-submission-deadlines-fy-2027.pdf>



Immunizations

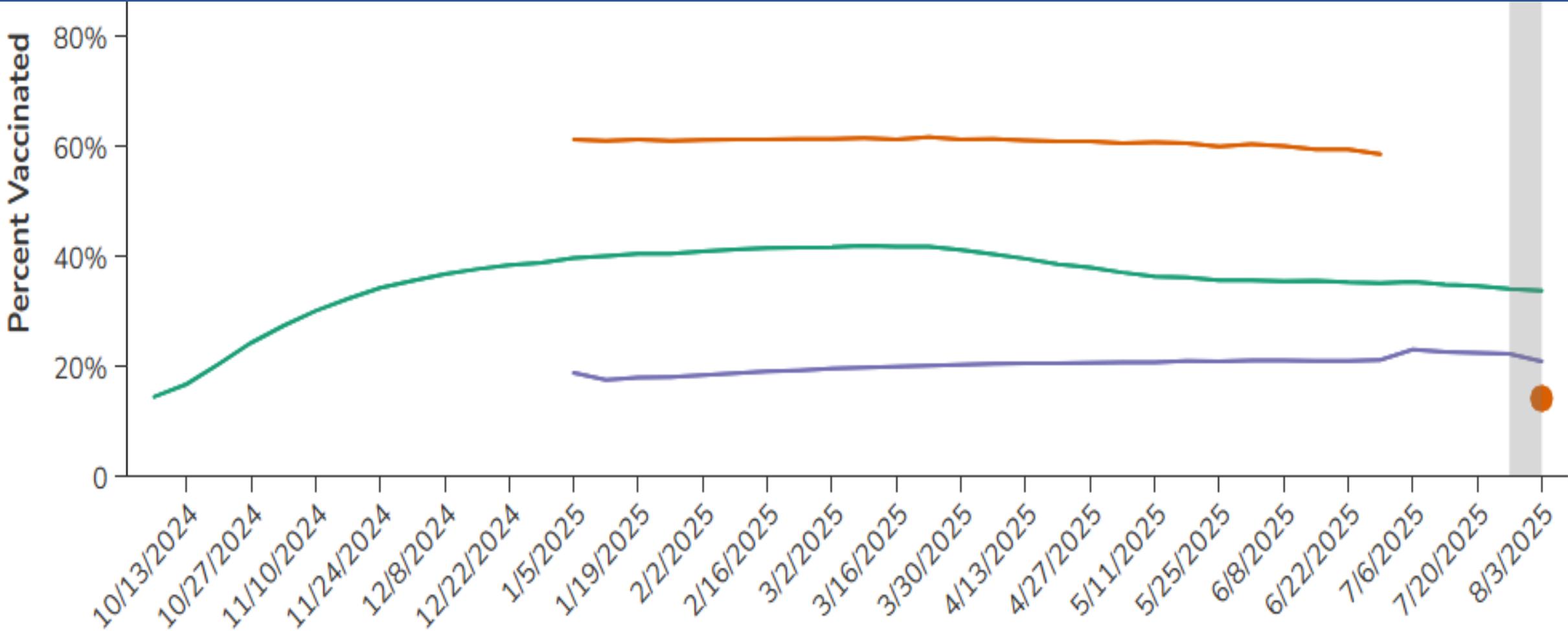
F883 – Influenza and pneumococcal immunizations (residents)

F887 – COVID19 immunization (staff and residents)

- Vaccines must be offered, with education about the risks, benefits and potential side effects provided before.
- Documentation is essential.

Encouraging Vaccinations This Season – So You and Your Residents Can Risk Less and Do More

Vaccination Coverage Among Nursing Home Residents



Vaccine Type

COVID-19 Influenza RSV

Vaccine hesitancy refers to delay in acceptance or refusal of vaccines despite availability of vaccination services. Vaccine hesitancy is complex and context-specific, varying across time, place, and vaccines. It is influenced by factors such as complacency, convenience, and confidence.



According to the World Health Organization, vaccine hesitancy is among the top threats to global health and few effective strategies address this growing problem.



Trying to convince staff, residents and/or their representatives by simply providing the facts about vaccination may backfire and make them even more hesitant.

Motivational Interviewing (MI)

- MI is a way of conversing that builds a person's own motivation and reasons for change and respects their decision-making capacity.



Guiding Principles of MI: Compassion, Acceptance, Partnership, and Evocation (CAPE)

ENGAGE & ESTABLISH TRUST

- Create safe space for open bilateral dialogues

1

UNDERSTAND VIEWS
“What Matters” to them

- Elicit “what matters” most to the patient (concerns, beliefs, fears)

2

OFFER INFORMATION
(Use ASK-TELL-ASK)

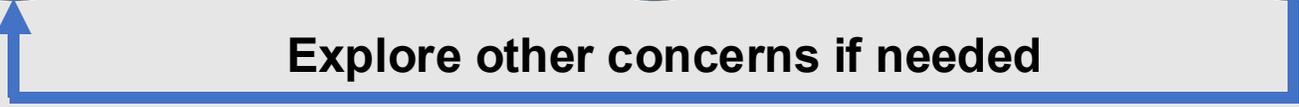
- Provide targeted information that addresses “what matters”

3

CLARIFY & ACCEPT
Their Decision

- Validate Autonomy

4

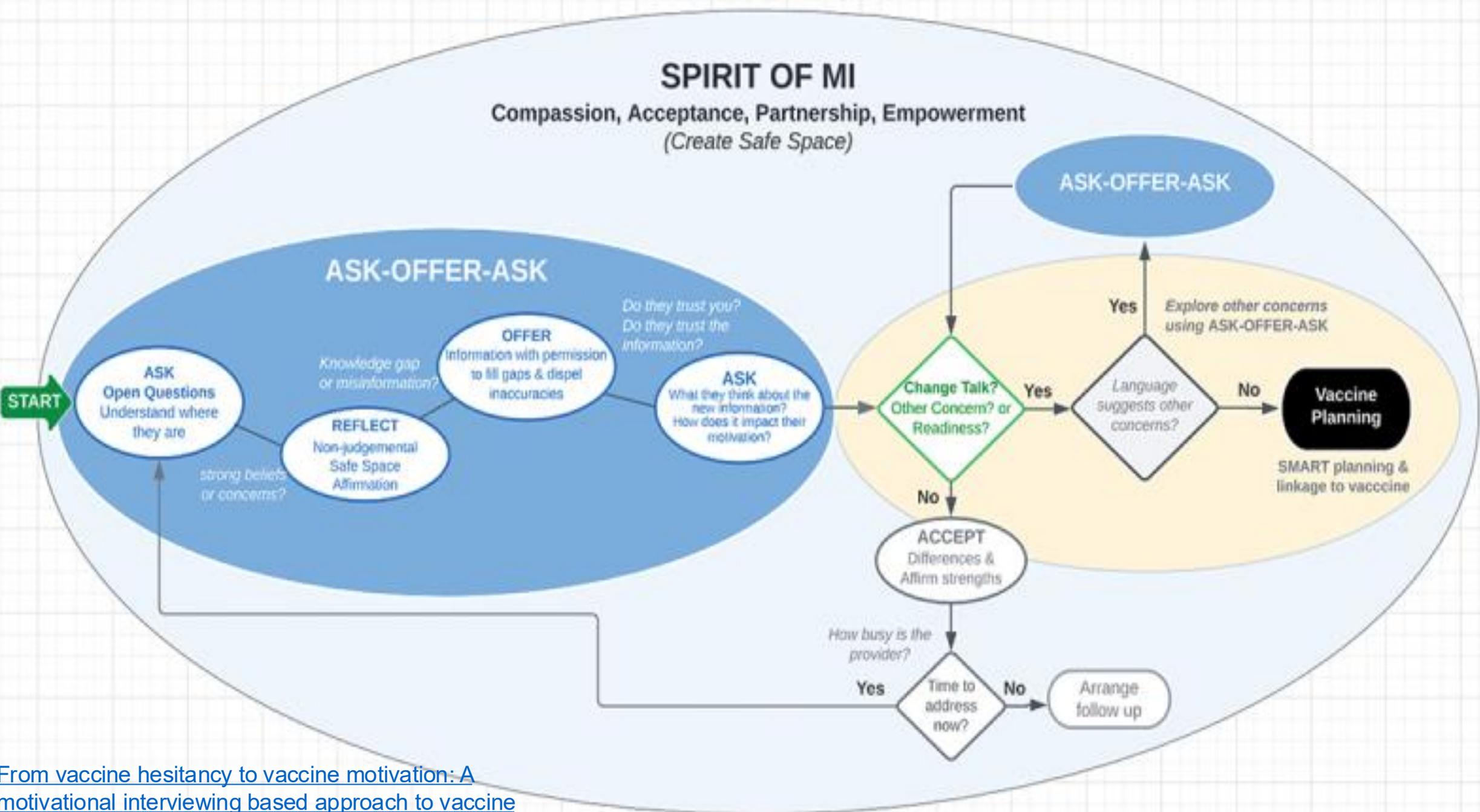


Gagneur A, Gutnick D, Berthiaume P, Diana A, Rollnick S, Saha P. [From vaccine hesitancy to vaccine motivation: A motivational interviewing based approach to vaccine counselling](#). Hum Vaccin Immunother. 2024 Dec 31;20(1):2391625. doi: 10.1080/21645515.2024.2391625. Epub 2024 Aug 26. PMID: 39187772; PMCID: PMC11352791.



SPIRIT OF MI

Compassion, Acceptance, Partnership, Empowerment
(Create Safe Space)



[From vaccine hesitancy to vaccine motivation: A motivational interviewing based approach to vaccine counselling - PMC](#)



Engage & Establish Trust

Demonstrate that:

- You are curious to understand and help.
- You will not impose your views.
- They can express their views without fear of judgement.

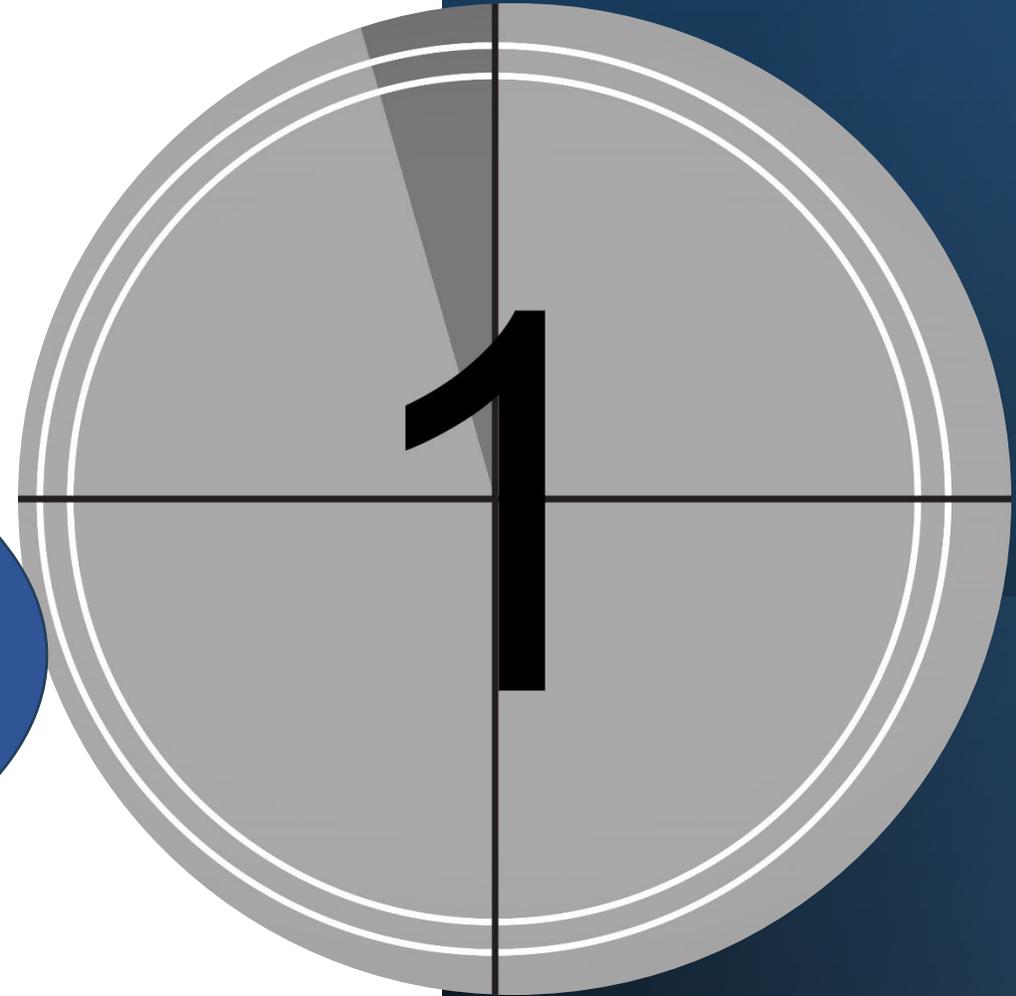
Actions At This Step:

- DON'T try to correct misinformation or try to convince with more arguments.
- DO listen and learn.
- DO let them express their fears and concerns, respecting this need before they are ready to learn.

Engage & Establish Trust

Examples

What would you need to feel more comfortable about getting vaccinated?





Understand Their Views

Aims:

- Understand the specific determinant(s) of the person's hesitation.
- Determine what specific relevant information will increase the person's perception of the importance of vaccination.

Actions At This Step:

- DON'T try to correct misinformation or try to convince with more arguments.
- DO affirm their desire to be healthy.
- DO summarize their concerns to help them feel understood.

Understand Their Views

Tell me more about your

*You have done a lot of
research and want to make
sure you are making the
best-informed decision for
yourself.*

*safety,
of*

2



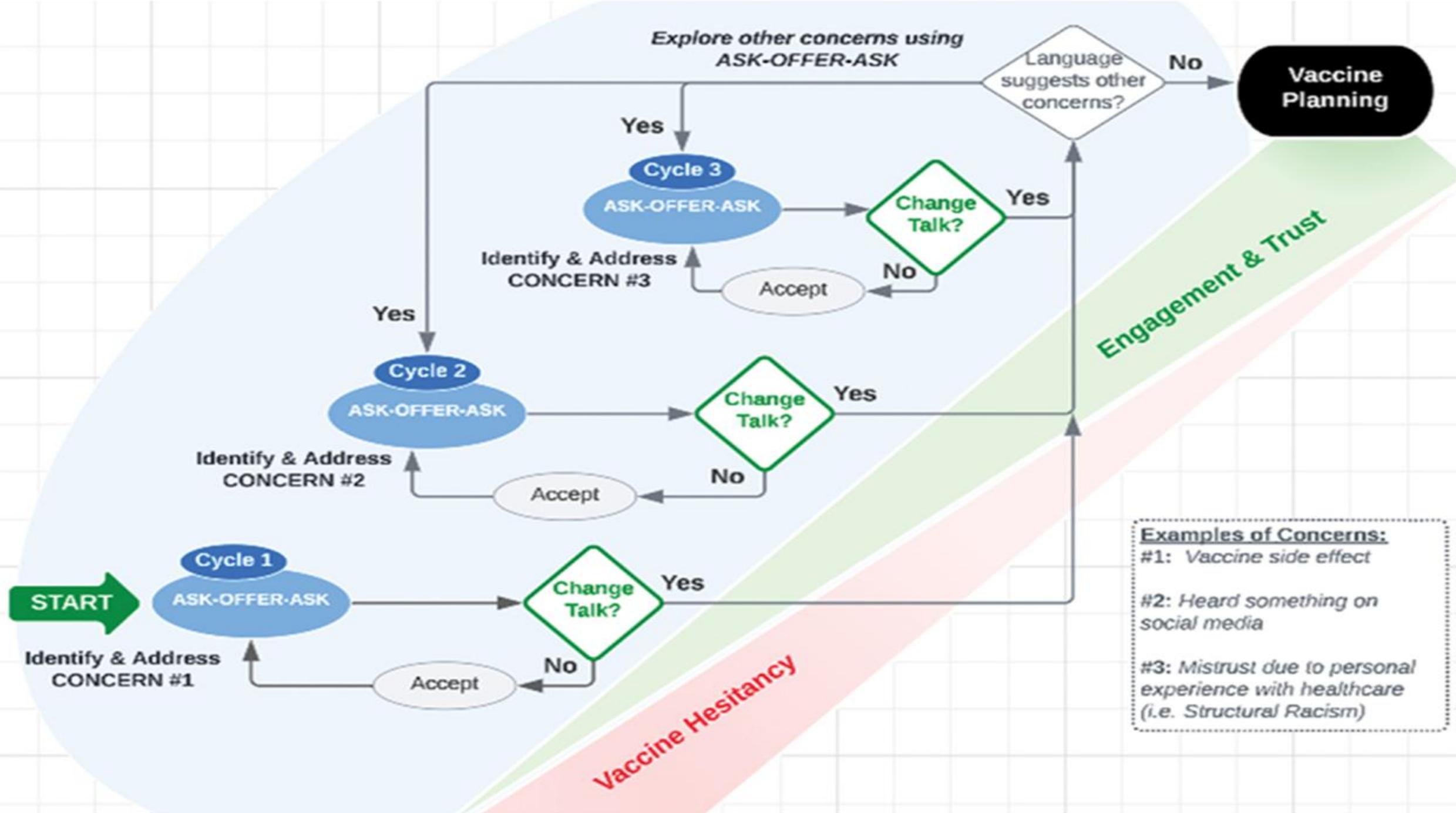
Offer Information

Aims:

- To provide targeted information to fill knowledge gaps and correct any misinformation that was identified in step 2.
- To facilitate movement from ambivalence to action.

Actions At This Step:

- DON'T
 - Give information without asking permission.
 - Give information that is not relevant to their concerns.
 - Give too much information at once.
- DO
 - Ask for permission to give relevant information.
 - Validate if the new information changes their perception.



Offer Information

*What do you think of that
information?"*





Clarify & Accept Their Decision

Aims:

- To strengthen the relationship of trust.
- To continue the conversation in the future as new information emerges.
- To move forward with vaccine planning when the person is ready.

Actions At This Step:

- DON'T try to force a decision or pressure for an immediate decision.
- DO:
 - Respect their autonomy.
 - Allow time for reflection.
 - Summarize and validate what they have said in a positive way to move forward with change.

Clarify & Accept Their Decision

*Now that you have this
new information, what
would you like to do?*





Motivational Interviewing (MI)

The cultivation of trust through MI can lead to a lessening of VH and strengthening of vaccine confidence and motivation, especially in marginalized communities in which trust has not been effectively cultivated by healthcare institutions.



Additional Resources

[AHCA/NCAL](#) / [Quality](#) / [#GetVaccinated](#)

#GetVaccinated

Your trusted resource for respiratory virus protection in long term care.

Help protect long term care residents and staff from COVID-19, influenza, and RSV, especially during the fall and winter months. Learn about the latest vaccination recommendations and access resources to help increase uptake.



As respiratory viruses become more prevalent during the fall and winter months, the importance of annual vaccinations is more critical than ever, especially for those residing and working in long term care. COVID-19, influenza (flu), and respiratory syncytial virus (RSV) pose significant health risks during this period. Why get vaccinated? [Learn more.](#)

FLU

Everyone 6 months and older should get vaccinated every flu season.

[LEARN MORE](#)

COVID-19

Everyone 6 months and older should get one dose of the updated COVID-19 vaccine.

[LEARN MORE](#)

RSV

Adults 60 years and older as well as pregnant people have the option to receive a single dose of RSV vaccine.

[LEARN MORE](#)

CONTACTS

Provider/General Inquires

COVID19@ahca.org

Press Inquires

ahcapressoffice@ahca.org

FEATURED RESOURCE

#GetVaccinated PSA

Protect residents and staff this season. Download and share.

[LEARN MORE](#)

THE NATIONAL INFECTION PREVENTION FORUM

Join the national forum to stay updated on the latest in infection prevention.

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Clinical Practice

AHCA/NCAL strives to provide important resources, guides, and information specifically geared for clinical staff in long term and post-acute care centers. With so many centers around the country working to improve, no center is alone in its endeavors, regardless of if it is focused on improving center safety, building a new specific condition ward, or reevaluating the nutrition plan for residents.

QUESTIONS?

EMAIL REGULATORY@AHCA.ORG

INFECTION PREVENTION & CONTROL

General Resources

- [🔗 Tips for Writing Infection Control Policies and Procedures](#)
- [🔗 Hot Topic Brief: Understanding and Utilizing Antibiograms](#)
- [🔗 Hot Topic Brief: Tuberculosis](#)
- [🔗 Hot Topic Brief and Tip Sheet Managing Bed Bugs and Head Lice in Healthcare Settings](#)
- [🔗 Measles Risk in the Long Term Care Setting](#)
- [🔗 Hot Topic Brief: Emergency Preparedness for the Infection Preventionist – Part 1](#)
- [🔗 Hot Topic Brief: Emergency Preparedness for the Infection Preventionist – Part 2](#)
- [🔗 Hot Topic Brief: Key Points and Resources for H5 Bird Flu Preparedness](#)
- [🔗 Tips for Meeting OSHA Fit Test Requirements in Skilled Nursing Facilities](#)
- [🔗 Tips for Outbreak Management in Skilled Nursing Facilities](#)
- [🔗 Tips For Meeting The Linen Requirements In Skilled Nursing Facilities](#)

ENHANCED BARRIER PRECAUTIONS

- [🔗 Hot Topic Brief: MDRO Transmission Outside of Resident Rooms, Implications for Therapy Services and Enhanced Barrier Precautions](#)
- [🔗 Enhanced Barrier Precautions Toolkit](#)
- [🔗 EBP Frequently Asked Questions](#)
- [🔗 CDC - PPE Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms](#)
- [🔗 CDC Webinar - Implementation and Use of Enhanced Barrier Precautions in Nursing Homes](#)
- [🔗 CDC - FAQs about Enhanced Barrier Precautions in Nursing Homes](#)
- [🔗 AHCA/NCAL Clinical Scenario - Enhanced Barrier Precautions](#)
- [🔗 AHCA/NCAL Clinical Scenario - Enhanced Barrier Precautions Teaching Tool](#)

CLINICAL COMPETENCIES

- [🔗 Contracted Nurse Competency Profile](#)
 Facilities should utilize this resource to develop an initial competency profile of contracted staff at the time of hire. Utilization of this tool will help...

LTC National Infection Prevention Forum (NIPF)

- The NIPF is a national forum for any Infection Preventionist (IP), or infection prevention champions in long-term care (LTC), to share lessons learned, find resources and get answers to questions.
- The NIPF fosters collaboration and sharing of experiences among IPs in LTC.
- In addition, APIC and CDC subject matter experts are available to address questions.



To join the forum or learn more visit
www.ahcancal.org/nipf.

We Are Here For You!



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Thank you!

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