

Hospice 418.60 CoP Infection Control Worksheet
Updated May 2017

Hospice: _____ Survey Date: _____

Surveyor Name: _____

- Is there evidence of an Infection control program: Yes ___ No ___

Does the infection control program include:

- Staff education on infectious disease transmission? Yes ___ No ___
- Patient education on infectious disease transmission? Yes ___ No ___
- Protocols for prevention of infection from:

- | | | |
|----------------------------------|---------|--------|
| 1. Airborne pathogens | Yes ___ | No ___ |
| 2. Infusion therapy | Yes ___ | No ___ |
| 3. Urinary tract care | Yes ___ | No ___ |
| 4. Respiratory tract care | Yes ___ | No ___ |
| 5. Wound care | Yes ___ | No ___ |
| 6. Multi-drug resistant organism | Yes ___ | No ___ |
| 7. Blood-borne pathogens | Yes ___ | No ___ |

- Evidence of staff monitoring for compliance with policies and procedures? Yes ___ No ___
- Protocols for educating staff (including contract and volunteer), patient, family and other caregiver education? Yes ___ No ___
- Evidence of a specific program for protecting patients, staff and families for bi-directional spread of blood borne pathogens?
Yes ___ No ___
- Does the policy address transmission of infectious agents in all settings where patients reside (home, inpatient, SNF, etc.)? Yes ___ No ___
- Does staff maintain infection control standards during home visits?
Yes ___ No ___
- Does QAPI review, track and analyze employee and patient illnesses?
Yes ___ No ___