

Infection Prevention & Control Program

This domain performs a comprehensive assessment of the Infection Prevention and Control program at your facility as it currently functions.

Leadership Support of Infection Prevention and Control (IPC) Program

1 - Senior leadership supports a culture of safety within my organization.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

2 - Facility leaders actively participate in the development of the Infection Prevention Risk Assessment and Plan.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

3 - Each facility or unit has a specific infection prevention goal, for which respective leadership is accountable.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

4a - Does facility leadership have a defined process for addressing compliance failure when Infection prevention problems are identified?

- Yes
- No
- Unsure

4b - The facility or unit leadership monitors the progress of corrective action plans to ensure sustained remediation of identified problems.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Infection Prevention Authority

5b - Does the IPC program have an authority statement in policy?

- Yes
- No
- Unsure

5a - Does the IPC program have sufficient authority within the health system to ensure effectiveness of the program?

- Yes
- No
- Unsure

Program Resources

6 - Does the IPC team have sufficient human resources for maintaining the IPC program?

- Yes
- No
- Unsure

7 - Does the IPC team have sufficient fiscal resources for maintaining the IPC program?

- Yes
- No
- Unsure

8 - Does the IPC team have sufficient material resources for maintaining the IPC program?

- Yes
- No
- Unsure

9 - How many Full Time Equivalent (FTEs) are dedicated to the IPC program?

- <1
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10+

10a - How many hours a week are you able to dedicate to your facility's IPC program?

- Less than 10 hours per week
- 10 hours to less than 20 hours per week
- 21 hours to less than 30 hours per week
- 31 hours to 39 hours per week
- 40+ hours per week

10b - Do you feel that this is enough time to meet the demands of the position?

- Yes
- No

11a - How many additional roles and responsibilities are included within your job duties?

- None

- One
- Two
- Three +

11b - What are these additional job duties? (i.e., Quality, etc.)

Infection Preventionist Education & Training

12a - Does the facility have one or more qualified individuals to manage the IPC program?

- Yes
- No
- Unsure

12b - The person(s) charged with directing the IPC program at the health facility is/are qualified and trained in infection control by: (select all that apply)

- Successful completion of infection control certification (CIC)
- Participation in Infection Control Courses organized by recognized professional societies
- Access and opportunity for ongoing Infection Prevention professional development and continuing education
- Secondary education
- None
- Other

Committee Structure

15a - Does the hospital have a committee that is responsible for infection prevention activities within the organization? If so, which committee?

- Infection Control Committee (ICC)
- Quality Improvement Committee
- None
- Other

15b - Does the committee have any standing agenda items related to Infection Prevention and Control? (select all that apply)

- Healthcare-associated infection (HAI) data
- Outbreak investigations
- Antimicrobial use concerns
- IPC Audit data
- Disinfection & Sterilization reports
- Dialysis reports/ Hemodialysis performance measures
- Environmental services reports
- Occupational Health reports
- Laboratory reports (microbiology, immunology, serology)
- Maintenance & Engineering Reports
- Construction & Renovation Reports
- Environment of Care Reports
- Community disease trends

- None of the above
- Other

16 - Does the Infection Prevention Committee address infection prevention issues in collaboration with the hospital quality improvement program?

- Yes
- No
- Not Applicable- hospital does not have a quality improvement program

Organizational Structure

17a - Does the IPC program have a position within the Emergency Management and Incident Command structure?

- Yes
- No
- Unsure

17b - Has the IP received special training for their role in emergency preparedness?

- Yes
- No

18 - Is the IPC program involved in product evaluation prior to purchase and procurement of supplies?

- Yes
- No
- Unsure

19 - Does the IPC program partner with the supply management team to address supply chain disruption and determine appropriate substitutes?

- Yes
- No
- Unsure

Policy & Procedure

20a - Has the IPC program developed general infection prevention policies and procedures?

- Yes
- No
- Unsure

20b - Are the IPC policies based on nationally recognized guidelines and state/ federal requirements?

- Yes
- No
- Unsure

20c - What frequency are policies and procedures updated or reviewed?

- Annually
- Every two years

- When new standards and guidelines are released
- Policies are not periodically updated
- Other

21 - Does the IPC program review department-specific policies as they pertain to infection prevention and control?

- Yes
- No
- Unsure

Annual Risk Assessment & Infection Prevention Plan

22a - Does the IPC program perform an annual facility risk assessment?

- Yes
- No
- Unsure

22b - What potential risks are evaluated in the annual risk assessment?

- Community and population served
- Device-associated infections
- Procedure-associated infections
- Emerging infectious disease
- Environment of care
- Antimicrobial Stewardship
- Supply chain
- MDROs
- Community infection rates
- Employee health
- Emergency Management/ Disaster preparedness
- Device reprocessing
- Environmental cleaning
- Other

23 - Does the IPC program have a formal, written Infection Prevention and Control plan that reflects the scope and complexity of services provided at the facility?

- Yes
- No
- Unsure

Surveillance Plan & Reporting

24a - Do you report surveillance data to the National Healthcare Safety Network (NHSN) or other hospital quality data organizations?

- Yes
- No

24b - What is currently being reported?

- Antimicrobial Use & Resistance
- Lab ID (C.diff)

- Central Line-Associated Bloodstream Infection
- Central Line Insertion Practice Events
- Multidrug Resistant Organism/ Clostridioides difficile Infections (CDI)
- Coronavirus (COVID-19) Disease
- Non-ventilator- Associated Pneumonia
- Ventilator-Associated Events
- Pediatric Ventilator-Associated Events
- Surgical Site Infections
- Catheter-Associated Urinary Tract Infections
- Healthcare Personnel Influenza Vaccination
- Healthcare Personnel COVID Vaccination
- Healthcare Personnel Exposure
- Other

25a - Does the IPC program have a formal, written surveillance plan?

- Yes
- No

25b - Is the surveillance plan based on information derived from the annual risk assessment?

- Yes
- No

25c - What frequency is the surveillance plan reviewed and updated?

- Annually
- Every two years
- The surveillance program is not routinely updated
- Other

25d - Does your facility perform whole-house or targeted surveillance?

- Whole house
- Targeted
- None of the above

Program Documentation

26 - Does the IPC program track and maintain documentation of the IPC program activities?

- Yes
- No
- Unsure

Education & Training

27a - Does the IPC program direct or facilitate job-specific competency-based training for infection prevention practice?

- Yes
- No
- Unsure

27b - Who receives infection prevention education and training?

- Clinical healthcare personnel
- Ancillary Personnel
- Non-clinical healthcare personnel
- Clinical Support
- Students & Trainees
- Volunteers
- Contractors
- None
- Other

27c - What frequency is infection prevention education and training provided?

- Upon hire
- Annually
- When new products and protocols are introduced
- As remediation for compliance failures
- Targeted performance improvement
- None
- Other

28 - Does the IPC program have a designated educator whose role is to educate healthcare personnel?

- Yes
- No
- Unsure

29a - Do healthcare personnel who are expected to have contact with blood or other potentially infectious material receive training regarding bloodborne pathogen exposure prevention and facility response protocols?

- Yes
- No
- Unsure

29b - What frequency is bloodborne pathogen training and education provided?

- Upon hire
- Annually
- As remediation for compliance failures or practice lapses
- After employee injury or exposure
- None
- Other

30 - Do healthcare personnel receive additional training in response to recognized lapses in adherence to infection prevention practices?

- Yes
- No
- Unsure

31 - Do healthcare personnel receive just-in-time training to address newly recognized infectious disease threats?

- Yes
- No
- Unsure

32a - Does the facility provide infection prevention education for patients and visitors?

- Yes
- No
- Unsure

32b - Does the IPC program review infection prevention educational materials before it is provided to patients and visitors?

- Yes
- No
- Unsure

Occupational Health

33 - Does the hospital have sick leave policies in place to encourage healthcare personnel to stay home when they develop signs and symptoms of a transmissible pathogen?

- Yes
- No
- Unsure

34 - Does the hospital have a screening program in place to ensure employees are free from symptoms and illness prior to work?

- Yes
- No
- Unsure

35 - Do healthcare personnel have 24/7 access to the occupational health team in the event of an exposure?

- Yes
- No
- Unsure

36a - Does the IPC program ensure that healthcare personnel either receive immunizations or have documented evidence of immunity against diseases recommended by the CDC's Advisory Committee on Immunization Practices (ACIP)?

- Yes
- No
- Unsure

36b - In general, what immunizations are required for all healthcare personnel by the facility?

- Influenza
- COVID-19
- Hepatitis B
- Measles, Mumps, Rubella (MMR)
- Varicella (Chickenpox)
- Tetanus, Diphtheria, Pertussis (Tdap)

- Meningococcal
- Tuberculosis/ Bacillus Calmette-Guerin (BCG)
- Cholera
- Hepatitis A
- Hemophilus influenzae type B (Hib)
- Polio (IPV)
- Typhoid
- Rabies
- Other (may include Smallpox, Anthrax, Ebola, Yellow Fever, etc.)

36c - Does the facility provide additional doses of vaccine when indicated based on employee assessment?

- Yes
- No
- Unsure

37 - Does the facility require contracted services and vendors to provide evidence of immunization or approved declination (i.e., seasonal influenza) prior to working at the facility?

- Yes
- No
- Unsure

Answer Key

Leadership Support of Infection Prevention and Control (IPC) Program

1 - Senior leadership supports a culture of safety within my organization.

- Strongly Agree - **Preferred**
- Agree - **Preferred**
- Disagree
- Strongly Disagree

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Yes - Preferred

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Unsure

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Yes - Preferred

No

Unsure

8 - Does the IPC team have sufficient material resources for maintaining the IPC program?

Yes - Preferred

No

Unsure

9 - How many Full Time Equivalent (FTEs) are dedicated to the IPC program? **(Not Scored – Informational Only)**

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1

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10+

10a - How many hours a week are you able to dedicate to your facility's IPC program? **(Not Scored – Informational Only)**

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Yes - Preferred

No

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One

Two

Three +

11b - What are these additional job duties? **(Not Scored – Informational Only)**

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12a - Does the facility have one or more qualified individuals to manage the IPC program?

Yes - Preferred

No

Unsure

12b - The person(s) charged with directing the IPC program at the health facility is/are qualified and trained in infection control by: **(Select all preferred options)**

Successful completion of infection control certification (CIC) - **Preferred**

Participation in Infection Control Courses organized by recognized professional societies - **Preferred**

Access and opportunity for ongoing Infection Prevention professional development and continuing education - **Preferred**

Secondary education - **Preferred**

None

Other

Committee Structure

15a - Does the hospital have a committee that is responsible for infection prevention activities within the organization? If so, which committee?

Infection Control Committee (ICC) - **Preferred**

Quality Improvement Committee - **Preferred**

None

Other

15b - Does the committee have any standing agenda items related to Infection Prevention and Control? **(Select all preferred options)**

Healthcare-associated infection (HAI) data - **Preferred**

Outbreak investigations - **Preferred**

Antimicrobial use concerns - **Preferred**

IPC Audit data - **Preferred**

Disinfection & Sterilization reports - **Preferred**

Dialysis reports/ Hemodialysis performance measures - **Preferred Optional**

Environmental services reports - **Preferred**

Occupational Health reports - **Preferred Optional**

Laboratory reports (microbiology, immunology, serology) - **Preferred**

Maintenance & Engineering Reports - **Preferred**

Construction & Renovation Reports - **Preferred**

Environment of Care Reports - **Preferred**

Community disease trends - **Preferred**

None of the above

Other

16 - Does the Infection Prevention Committee address infection prevention issues in collaboration with the hospital quality improvement program?

Yes - Preferred

No

Not Applicable- hospital does not have a quality improvement program

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17a - Does the IPC program have a position within the Emergency Management and Incident Command structure?

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17b - Has the IP received special training for their role in emergency preparedness?

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Yes - Preferred

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Unsure

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20a - Has the IPC program developed general infection prevention policies and procedures?

Yes - Preferred

No

Unsure

20b - Are the IPC policies based on nationally recognized guidelines and state/ federal requirements?

Yes - Preferred

No

Unsure

20c - What frequency are policies and procedures updated or reviewed? **(Select all preferred options)**

Annually - Preferred

Every two years - Preferred

When new standards and guidelines are released - Preferred

Policies are not periodically updated

Other

21 - Does the IPC program review department-specific policies as they pertain to infection prevention and control?

Yes - Preferred

No

Unsure

Annual Risk Assessment & Infection Prevention Plan

22a - Does the IPC program perform an annual facility risk assessment?

Yes - Preferred

No

Unsure

22b - What potential risks are evaluated in the annual risk assessment? **(Select all preferred options)**

Community and population served - **Preferred**

Device-associated infections - **Preferred**

Procedure-associated infections - **Preferred**

Emerging infectious disease - **Preferred**

Environment of care - **Preferred**

Antimicrobial Stewardship - **Preferred**

Supply chain - **Preferred**

MDROs - **Preferred**

Community infection rates - **Preferred Optional**

Employee health - **Preferred**

Emergency Management/ Disaster preparedness - **Preferred**

Device reprocessing - **Preferred**

Environmental cleaning - **Preferred**

Other

23 - Does the IPC program have a formal, written Infection Prevention and Control plan that reflects the scope and complexity of services provided at the facility?

Yes - Preferred

No

Unsure

Surveillance Plan & Reporting

24a - Do you report surveillance data to the National Healthcare Safety Network (NHSN) or other hospital quality data organizations? **(Not Scored – Informational Only)**

Yes

No

24b - What is currently being reported? **(Not Scored – Informational Only)**

Antimicrobial Use & Resistance

Lab ID (C.diff)

Central Line-Associated Bloodstream Infection

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Yes - Preferred

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Yes - Preferred

No

25c - What frequency is the surveillance plan reviewed and updated?

Annually - Preferred

Every two years

The surveillance program is not routinely updated

Other

25d - Does your facility perform whole-house or targeted surveillance? **(Not Scored – Informational Only)**

Whole house

Targeted

None of the above

Program Documentation

26 - Does the IPC program track and maintain documentation of the IPC program activities?

Yes - Preferred

No

Unsure

Education & Training

27a - Does the IPC program direct or facilitate job-specific competency-based training for infection prevention practice?

Yes - Preferred

No

Unsure

27b - Who receives infection prevention education and training? **(Select all preferred options)**

- Clinical healthcare personnel - **Preferred**
- Ancillary Personnel - **Preferred**
- Non-clinical healthcare personnel - **Preferred**
- Clinical Support - **Preferred**
- Students & Trainees - **Preferred**
- Volunteers - **Preferred**
- Contractors - **Preferred**
- None
- Other

27c - What frequency is infection prevention education and training provided? **(Select all preferred options)**

- Upon hire - **Preferred**
- Annually - **Preferred**
- When new products and protocols are introduced - **Preferred**
- As remediation for compliance failures - **Preferred**
- Targeted performance improvement - **Preferred**
- None
- Other

28 - Does the IPC program have a designated educator whose role is to educate healthcare personnel? **(Not Scored – Informational Only)**

- Yes
- No
- Unsure

29a - Do healthcare personnel who are expected to have contact with blood or other potentially infectious material receive training regarding bloodborne pathogen exposure prevention and facility response protocols?

- Yes - Preferred**
- No
- Unsure

29b - What frequency is bloodborne pathogen training and education provided? **(Select all preferred options)**

- Upon hire - **Preferred**
- Annually - **Preferred**
- As remediation for compliance failures or practice lapses. - **Preferred**
- After employee injury or exposure - **Preferred**
- None
- Other

30 - Do healthcare personnel receive additional training in response to recognized lapses in adherence to infection prevention practices?

- Yes - Preferred**
- No
- Unsure

31 - Do healthcare personnel receive just-in-time training to address newly recognized infectious disease threats?

Yes - Preferred

No

Unsure

32a - Does the facility provide infection prevention education for patients and visitors?

Yes - Preferred

No

Unsure

32b - Does the IPC program review infection prevention educational materials before it is provided to patients and visitors?

Yes - Preferred

No

Unsure

Occupational Health

33 - Does the hospital have sick leave policies in place to encourage healthcare personnel to stay home when they develop signs and symptoms of a transmissible pathogen?

Yes - Preferred

No

Unsure

34 - Does the hospital have a screening program in place to ensure employees are free from symptoms and illness prior to work?

Yes - Preferred

No

Unsure

35 - Do healthcare personnel have 24/7 access to the occupational health team in the event of an exposure?

Yes - Preferred

No

Unsure

36a - Does the IPC program ensure that healthcare personnel either receive immunizations or have documented evidence of immunity against diseases recommended by the CDC's Advisory Committee on Immunization Practices (ACIP)?

Yes - Preferred

No

Unsure

36b - In general, what immunizations are required for all healthcare personnel by the facility? (**Select all preferred options**)

Influenza - Preferred

COVID-19 - Preferred

Hepatitis B - Preferred

- Measles, Mumps, Rubella (MMR) - **Preferred**
- Varicella (Chickenpox) - **Preferred**
- Tetanus, Diphtheria, Pertussis (Tdap) - **Preferred**
- Meningococcal - **Preferred**
- Tuberculosis/ Bacillus Calmette-Guerin (BCG) - **Preferred Optional**
- Cholera - **Preferred Optional**
- Hepatitis A - **Preferred Optional**
- Hemophilus influenzae type B (Hib) - **Preferred Optional**
- Polio (IPV) - **Preferred Optional**
- Typhoid - **Preferred Optional**
- Rabies - **Preferred Optional**
- Other (may include Smallpox, Anthrax, Ebola, Yellow Fever, etc.)

36c - Does the facility provide additional doses of vaccine when indicated based on employee assessment?

- Yes - Preferred**
- No
- Unsure

37 - Does the facility require contracted services and vendors to provide evidence of immunization or approved declination (i.e., seasonal influenza) prior to working at the facility?

- Yes - Preferred**
- No
- Unsure

Guidance

Leadership Support of Infection Prevention and Control (IPC) Program

Core Element Description: Assessment of leadership accountability, engagement, and support of the IPC program.

Free Access: Regulatory

Centers for Medicare and Medicaid Services. (n.d.) Hospital infection control worksheet
<https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/downloads/survey-and-cert-letter-15-12-attachment-1.pdf>

Free Access: Guidelines

Centers for Disease Control and Prevention. (2019). Infection control in healthcare personnel: Infrastructure and routine practices for occupational infection prevention and control services. Recommendations only. https://www.cdc.gov/infection-control/media/pdfs/guideline-infection-control-hcp-recommendations-only-h.pdf?CDC_AAref_Val=https://www.cdc.gov/infectioncontrol/pdf/guidelines/infection-control-HCP-recommendations-only-H.pdf

Healthcare Infection Control Practices Advisory Committee. (2024, April 12). CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings—Recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC). <https://www.cdc.gov/infection-control/hcp/core-practices/index.html>

Infection Prevention Authority

Core Element Description: Assessment of the authority and ability of the IPC program to promote and require change within the health system.

Free Access: Guidelines

Healthcare Infection Control Practices Advisory Committee. (2024, April 12). CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings—Recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC). <https://www.cdc.gov/infection-control/hcp/core-practices/index.html>

Program Resources

Core Element Description: Assessment of resources allocated to the IPC program to ensure its success.

Free Access: Guidelines

Healthcare Infection Control Practices Advisory Committee. (2024, April 12). CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings—Recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC). <https://www.cdc.gov/infection-control/hcp/core-practices/index.html>

Infection Preventionist Education & Training

Core Element Description: Assessment of the preparation, training, and continued development of

the Infection Preventionists within the IPC program.

Free Access: Guidelines

Healthcare Infection Control Practices Advisory Committee. (2024, April 12). CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings—Recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC). <https://www.cdc.gov/infection-control/hcp/core-practices/index.html>

Purchase Required: Resources

Holmes, K., McCarty, J., & Steinfeld, S. (2021, February 1). Infection Prevention and Control Programs. In Boston K.M., et al, eds. APIC Text. <https://text.apic.org/toc/overview-of-infection-prevention-programs/infection-prevention-and-control-programs>

Committee Structure

Core Element Description: Assessment of the IPC program committee and reporting structure within the health system.

Free Access: Regulatory

Centers for Medicare and Medicaid Services. (2026). State Operations Manual Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_a_hospitals.pdf

Purchase Required: Resources

Holmes, K., McCarty, J., & Steinfeld, S. (2021, February 1). Infection Prevention and Control Programs. In Boston K.M., et al, eds. APIC Text. <https://text.apic.org/toc/overview-of-infection-prevention-programs/infection-prevention-and-control-programs>

Organizational Structure

Core Element Description: Assessment of the IPC program's role in organizational initiatives and structures within the health system.

No Guidance Available - *Intentionally left blank*

Policy & Procedure

Core Element Description: Assessment of policies and procedures related to general infection prevention practices within the facility.

Free Access: Regulatory

Centers for Medicare and Medicaid Services. (2026). State Operations Manual Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_a_hospitals.pdf

Free Access: Guidelines

Healthcare Infection Control Practices Advisory Committee. (2024, April 12). CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings—Recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC).

<https://www.cdc.gov/infection-control/hcp/core-practices/index.html>

Annual Risk Assessment & Infection Prevention Plan

Core Element Description: Assessment of the Infection Prevention annual program plan and risk assessment.

Free Access: Regulatory

Centers for Medicare and Medicaid Services. (n.d.) Hospital infection control worksheet
<https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/downloads/survey-and-cert-letter-15-12-attachment-1.pdf>

Surveillance Plan & Reporting

Core Element Description: Assessment of the IPC program's surveillance plan and reporting.

Free Access: Regulatory

Centers for Medicare and Medicaid Services. (2026). State Operations Manual Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals.
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_a_hospitals.pdf

Program Documentation

Core Element Description: Assessment of the documentation and record-keeping within the IPC program.

Free Access: Regulatory

Centers for Medicare and Medicaid Services. (2026). State Operations Manual Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals.
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_a_hospitals.pdf

Education & Training

Core Element Description: Assessment of education and training of healthcare personnel provided by or directed by the IPC program.

Free Access: Regulatory

Occupational Safety and Health Administration. (2015). Training requirements in OSHA standards. <https://www.osha.gov/sites/default/files/publications/osha2254.pdf>

Centers for Medicare and Medicaid Services. (2026). State Operations Manual Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals.
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_a_hospitals.pdf

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Occupational Health

Core Element Description: Assessment of occupational health as it pertains to the IPC program.

No Guidance Available - *Intentionally left blank*

Additional Guidance

Free Access: Resources

Association for Professionals in Infection Control and Epidemiology. (2021, March 15). Risk assessment for infection surveillance, prevention, and control programs in ambulatory healthcare settings: Explanation of the risk assessment tool and the template for a risk assessment report.

https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fapic.org%2FResource_%2FTinyMceFileManager%2FEducation%2FASC_Intensive%2FResources_Page%2FASC_Risk_Assessment_Template.docx&wdOrigin=BROWSELINK

Association for Professionals in Infection Control and Epidemiology. (n.d) Facility Infection Control Risk Assessment Tool.

<https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fhigherlogicdownload.s3.amazonaws.com%2FAPIC%2Feb3f0499-9134-44a4-9b14-f1d9f3915c3f%2FUploadedImages%2FICRiskAssessmentTool2007Form.doc&wdOrigin=BROWSELINK>

Association for Professionals in Infection Control and Epidemiology. (n.d). IC risk assessment analysis.

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