Tips for Meeting the Infection Preventionist Requirements in Skilled Nursing and Long-Term Care Facilities

Nursing facilities are required to have one or more staff members who have been designated as the Infection Preventionist (IP)\(^1\) and who are responsible for the facility’s Infection Prevention and Control Program (IPCP).

The regulatory requirements for the IP with tips on how to ensure compliance are listed below. See CMS’s State Operating Manual Appendix PP updated 2-03-23 for F882 Infection Preventionist pages 801-806.

The facility must designate one or more individual(s) as the IP who are responsible for the facility’s Infection IPCP.

**TIP:** Recommend identifying and training at least two (2) or more individuals to be able to serve as IP so when one IP is unavailable or leaves, the facility will always have at least one person with the qualifications to meet the regulations.

The IP works at least part-time at the facility. Designated IP hours per week can vary based on the facility and the resident population. The amount of time required to fulfill the role should be determined by the facility assessment to determine the resources it needs for its IPCP, and ensure these resources are provided for the IPCP to be effective.

**TIP:** Make sure the IP is at least a part-time employee or consultant that is provided dedicated time to perform IP responsibilities as they cannot be performed at the same time as resident care. It may be hard for the DON to assume these additional responsibilities unless the facility assessment clearly supports it.

**TIP:** Utilize the facility assessment to make sure the amount of time the IP works at the facility on IPCP related issues aligns with the type of residents cared for in the facility, taking into consideration residents who may be at higher risk of infections or outbreaks such as ventilator or dialysis.

**TIP:** If the infection rate increases in a facility, such as during a COVID-19 outbreak, the IP must increase hours in the facility designated to the infection prevention needs of the residents.

The IP must physically work onsite in the facility. The person cannot be an off-site consultant or perform the IP work at a separate location such as a corporate office or affiliated short term acute care facility.

**TIP:** Make sure the IP visits the facility on a regular basis. If a consultant or corporate person, they need to be physically in the building overseeing the IPCP program.

\(^1\) [F882 – Infection Preventionist Qualifications – §483.80(b)(1)-(4)(c)]
Review your facility records for the following related to the designated IP: The facility must provide documentation of the IP’s primary professional training. There must be one (1) of the following:

- Certificate / diploma or degree in nursing; or
- Bachelor’s degree (or higher) in microbiology or epidemiology; or
- Associate’s degree or higher in medical technology or clinical laboratory science; or
- Completion of training in another related field such as that for physicians, pharmacists, and physician’s assistants.

**TIP:** Maintain a copy in the IPs personnel file, of their college or university diploma/certificate or some other evidence of their training in one of the approved areas. Make sure this information is readily available during a survey visit, such as keeping a copy with the facility survey book or materials, if you have one.

**The IP must complete specialized training in infection prevention and control.**

**TIP:** The approved training program must be completed prior to assuming the role of the IP. Another reason to consider having at least two people trained and qualified so that the facility is not out of compliance when one IP leaves and you wait for the next to complete the additional required training.

**TIP:** Make sure evidence of completion of the additional specialized training is available.

**TIP:** Always print the certificate upon completion of the course. Make sure this information is readily available during a survey visit, such as keeping a copy with the facility survey book or materials, if you have one.

**The designated IP must be a member of the facility’s QAA Committee and must routinely report to the QAA Committee on the facility’s IPCP.**

**TIP:** Include on QAA committee agenda an item that includes ‘review of infection surveillance findings and next steps’.

**TIP:** Make sure to have a sign-in sheet that captures the IP’s participation in the QAPI meeting by making sure the title of IP is listed next to the name on the attendance sheet or the meetings minutes.

**Resources for IPCP Training**

- AHCA Infection Preventionist Specialized Training (IPCO)
- CDC Nursing Home Infection Preventionist Training Course
- APIC Infection Preventionist Essentials Training