

Home Care Infection Prevention and Control Program™

Home Care & Hospice IPC Forms and Reference Documents

SURVEILLANCE, IDENTIFICATION, AND REPORTING OF INFECTIONS	
Reference Document	Purpose
1. Home Care & Hospice Surveillance Definitions	To determine if a patient's infection meets the surveillance definition for select home care-onset healthcare-associated infections.
Forms	Purpose
1. Outcome Measures to Calculate a Home Care-onset Healthcare-associated Infection	To document the selected surveillance event(s) by the type of care and select the surveillance formulas (i.e., numerator, denominator, and multiplier) to calculate the outcome data.
2. Process Measures to Calculate Compliance with Infection Prevention Activities	To document the selected surveillance event(s) by the type of activity and select the surveillance formulas to calculate the data.
3. Outcome Measures to Calculate Occupational Health Surveillance Activities	To document the selected occupational health surveillance event(s) by the type of event and determine the surveillance formulas (i.e., numerator, denominator, and multiplier) to calculate the outcome data.
4. Skin and Soft Tissue Infection Surveillance Worksheet	To document the analysis of a potential skin and soft tissue infection related to wound care, its outcome, and actions planned.
5. Urinary Tract Infection Surveillance Worksheet	To document the analysis of a potential urinary tract infection related to patient care, its outcome, and actions planned.
6. Central Line-associated Bloodstream Infection Surveillance Worksheet	To document the analysis of a potential central line-associated bloodstream infection related to patient care, its outcome, and actions planned.
7. Central Line-associated Bloodstream Infection Line List	To document the central line days and calculate the CLABSI rate.
8. Catheter-associated Symptomatic Urinary Tract Infection Line List	To document the patient and indwelling catheter days and calculate the CA-SUTI and SUTI rates.
9. Skin and Soft Tissue Infection Line List	To document the patient and wound care days and calculate the SSTI rate.
10. Home Care & Hospice Monthly Surveillance Report	To document the patients who met the surveillance criteria for select home care-onset healthcare-associated infections.

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11. Home Care & Hospice Surveillance Summary	To document the quarterly data aggregation for patients who met the surveillance criteria for select home care-onset healthcare-associated infections.
12. Home Care & Hospice Infections Present on Admission and Other Excluded Infections	To document an infection present on admission and its reason for not meeting the home care and hospice surveillance definition criteria.
13. Home Care & Hospice Infections Present on Admission and Other Exclusions Summary	To document the quarterly data aggregation for the infections considered present on admission and the reasons for not meeting the home care and hospice surveillance definition criteria.
14. Home Care & Hospice Infection Prevention and Control Transfer Summary	To provide documentation to a transferring facility when the patient is suspected or confirmed of having a communicable illness at the time of transfer.
15. Multidrug-resistant Organism and <i>C. difficile</i> Prevalence and Incidence Log	To document patients with a Multidrug-resistant Organism (MDRO) or <i>C. difficile</i> on treatment at admission or who became infected during in-home care.

HAND HYGIENE	
Reference Document	Purpose
1. CDC vs. WHO Hand Hygiene Guideline Comparison	To compare the CDC and WHO hand hygiene guidelines and select a guideline or specific policies to follow during patient care activities.

CLEANING AND DISINFECTION	
Forms	Purpose
1. Medication and Vaccine Refrigerator Temperature Log	To document the temperature of an “in-use” refrigerator where medications or vaccines are stored.
2. Food Refrigerator Temperature Log	To document the temperature of an “in-use” refrigerator where patient food is stored.
3. Temperature and Humidity Log	To document the temperature and humidity of a room where sterile supplies are stored.

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CLEANING AND DISINFECTION	
4. Troubleshooting Record	To record the actions taken when temperature variances are identified in a refrigerator, freezer, or storage room.
5. Equipment and Supplies Storage: Vehicle Inspection Checklist	To document an inspection of the supplies stored in a staff member's home care bag and vehicle.

ISOLATION PRECAUTIONS	
Reference Documents	Purpose
1. Sequence for Putting on Personal Protective Equipment	To list the steps for donning personal protective equipment.
2. Sequence for Removing Personal Protective Equipment: Option One	To list the steps in removing personal protective equipment safely.
3. Sequence for Removing Personal Protective Equipment: Option Two	To list an alternative method to remove personal protective equipment safely.
4. Management of MDROs in the Home and Facility-based Hospice Setting	To summarize the CDC guidelines for the <i>Management of Multidrug-Resistant Organisms in Healthcare Settings</i> , specific to care in the home and IPU.
5. Category A Bioterrorism Agents	To provide a summary of agents of bioterrorism to consider in the ICRA and emergency preparedness.
Forms	Purpose
1. Criteria for Determining the Type of Isolation Precautions for a Patient with <i>C. diff.</i> or a Multidrug-Resistant Organism	To document the decision-making process and select the type of isolation precautions.
2. Pandemic Preparedness Self-Assessment	To document the organization's readiness for another pandemic.

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN	
Forms	Purpose
1. Sharps and Safety Device Evaluation	To document the evaluation of a new safety device before staff implementation.
2. Blood and Body Fluid Exposure	To document the circumstances of a blood or body fluid exposure and document follow-up actions taken.
3. Sharps Injury Log	To document a needlestick injury or cut from a sharp object contaminated with another

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BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN	
	person's blood or other potentially infectious materials.
4. Source Patient Blood Test Consent/Declination	To document the consent from the person whose blood from a sharps injury resulted in an occupational exposure to bloodborne pathogens.

RESPIRATORY PROTECTION PLAN	
Forms	Purpose
1. Respirator Medical Questionnaire and Examination	To document the staff's history of prior respirator use and medical conditions that may impact their ability to wear a respirator.
2. Verification of Qualitative Fit Test (QLFT)	To document the results of respirator fit testing activities.
3. Voluntary Respirator Use	To document acknowledgment of the risks and actions needed when wearing a respirator voluntarily.
4. TB Risk Assessment Tool	To document the assessment and evaluation for TB risks and determine the frequency of respirator fit testing.

OCCUPATIONAL HEALTH PROGRAM	
Reference Documents	Purpose
1. Staff Work Restrictions for Certain Diseases and Conditions	To determine when staff must be excluded from work and for how long.
2. Staff Work Restrictions for Certain Vaccine-Preventable Diseases and Conditions	To determine when staff with a vaccine-preventable illness must be excluded from work and for how long.
Forms	Purpose
1. Health Screening	To document staff's health history and the results of their health screenings.
2. Hepatitis B Vaccination Acceptance/Declination	To document the acceptance and administration of the Hepatitis B vaccine or its declination.
3. Influenza Vaccination Acceptance/Declination	To document the acceptance and administration of the influenza vaccine or its declination.

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OCCUPATIONAL HEALTH PROGRAM	
4. COVID-19 Vaccination Acceptance/Declination	To document the acceptance and administration of the COVID-19 vaccine or its declination.
5. COVID-19 Vaccination Status	To document COVID-19 Vaccination Status when required by county or state regulations.
6. Immunization and TB Screening	To document the staff's vaccination history and the results of TB testing.
7. Tuberculin Skin Test Record	To document the placement and results of staff's TB skin testing.
8. Tuberculosis Symptom Evaluation & Risk Assessment	To document the presence or absence of TB symptoms and their TB risk factors.
9. Observation Checklist for Placing a Tuberculin Skin Test	To document the competency of the person conducting the TB skin test.
10. Observation Checklist for Reading a Tuberculin Skin Test	To document the competency of the person reading the results of the TB skin test.
11. Occupational Illness & Injury Log	To document the self-reported communicable illnesses and injuries and actions taken.
12. COVID-19 Staff Exposure Risk Assessment	To document the evaluation activities following staff's exposure to COVID-19.
13. COVID-19 Log Form	To document when a staff member tests positive for COVID-19.

PATIENT AND STAFF EDUCATION	
Forms	Purpose
1. Infection Prevention and Control Skills Review	To document the staff's competence in performing a myriad of activities in a manner that prevents and controls infection.
Reference Document	Purpose
1. Hand Hygiene Knowledge Assessment	To document the staff's knowledge of hand hygiene activities.
2. Hand Hygiene Knowledge Assessment Answer Key	To provide the correct answers to the hand hygiene knowledge assessment questions and provide references.
Forms	Purpose
1. Home Care and Hospice Infection Prevention and Control Competency Assessment	To document the staff's competence in performing activities in a manner that prevents and controls infection.

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QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT	
Reference Document	Purpose
1. Infection Prevention and Control Program Data Collection Matrix	To summarize the infection prevention and control data to be collected, their frequencies, and suggested forms.
Forms	Purpose
1. Home Care & Hospice Infection Prevention and Control Risk Assessment Tool	To document self-assessment activities and score the prioritized infection prevention and control risks.
2. Home Care & Hospice Infection Prevention and Control Competency Assessment Summary	To document the data aggregation, analysis, and actions planned for the staff's competence assessment activities.
3. Influenza Vaccination Summary: 2026-2027 Influenza Season	To document the influenza vaccination data aggregation, analysis, and actions planned.
4. Home Care & Hospice Occupational Illness & Injury Data Summary	To document the occupational health surveillance data aggregation, analysis, and actions planned.
5. Home Care & Hospice Infection Prevention and Control Program Goals	To document the selected organization-wide infection prevention and control goals.
6. Home Care & Hospice Infection Prevention and Control Program Goals Evaluation	To document the comprehensive data aggregation, analysis, and actions planned for the organization-wide infection prevention and control goals.
7. Home Care & Hospice Infections Present on Admission and Other Exclusions Summary	To document the quarterly data aggregation for the infections considered present on admission and the reasons for not meeting the home care and hospice surveillance definition criteria.
8. Home Care & Hospice Surveillance Summary	To document the quarterly data aggregation for patients who met the surveillance criteria for select home care-onset healthcare-associated infections.
9. Home Care & Hospice Surveillance Summary Analysis	To document the patient surveillance data aggregation.