



2026 UPDATE

INFECTION PREVENTION

**CHALLENGES, OPPORTUNITIES,
AND BEST PRACTICES**

INTRODUCTION

Preventing infections is challenging, especially in care settings where there are group activities and people interact with practitioners, caregivers, family members, and others on a regular basis. Having solid processes, widespread and ongoing education, and cutting-edge information are key to infection prevention throughout the care continuum.

TABLE OF CONTENTS

Risks and Challenges 3

5 Elements of an Infection Prevention & Control Program 4

7 Steps to Optimize Protection 5

5 Tips for Outbreak Management 8

Mini Survey Prep Checklist 10

Enhanced Barrier Protections 13

RISKS AND CHALLENGES

Despite the best efforts of practitioners, caregivers, and others to prevent infections, they are problematic and present a danger, especially to individuals who are frail, ill, or have chronic conditions.

According to the Centers for Disease Control and Prevention (CDC), infections pose a real concern in nursing homes where many residents are frail and many have multiple illnesses and conditions. Infections ranging from COVID-19, influenza, and pneumonia to MRSA, soft tissue and skin infections, and urinary tract infections pose serious health risks in this population. For instance, CDC says that there are approximately 3.8 million emergency department visits for infectious and parasitic diseases every year, and about 482,000 of these result in hospitalization. Influenza and pneumonia alone cause nearly 50,000 deaths per year and are the 12th leading cause of death in the US.

Adding to the challenges is the issue of antimicrobial resistances. Data published last year shows that six bacterial antimicrobial-resistant hospital-onset infections increased by 20% during the pandemic, compared to the pre-pandemic period. At the same time, CDC says that more than 2.8 million antimicrobial-resistant infections occur each year; and more than 35,000 people die from these illnesses.

5 ELEMENTS OF AN INFECTION PREVENTION & CONTROL PROGRAM

Nursing homes must maintain an infection prevention and control program (IPCP) to provide a safe and sanitary environment for residents while preventing the transmission of communicable diseases and infections. With F880 among the top citations in 2024, here are five key areas to focus on to comply with the requirement.



7 STEPS TO OPTIMIZE PROTECTION

Once facilities have a program in place, the next step is to maximize infection prevention and control, minimize outbreaks and surges, and increase vaccination rates.

STEP 1

Provide support for the infection preventionist

While every facility is required to have an infection preventionist (IP), one person can't do everything. "I believe the infection preventionist needs to be the puppeteer who makes sure everyone is doing their part and ensures they have the training and education they need," said Joleann Beene, RN-BC, IP-BC, FACDONA, CDP, CADDCT, president of the Texas chapter of NADONA. "It is important that everyone understands that the IP is the team leader and not the entire team.

This means training and education for everyone from nurses and other clinical care team members to housekeeping and dietary staff. For instance, they need to understand the difference between enhanced barrier precautions, standard precautions, and contact precautions.

Standard precautions (such as the use of masks and gloves) are used for interactions with residents when needed to protect against contact with blood, body fluids, secretions, and excretions. Contact precautions are more specific and involve the use of gowns and gloves whenever a team member enters the resident's room, regardless of the care or services they are providing. Enhanced barrier precautions, designed to reduce the transmission of multidrug-resistant organisms, involve targeted use of gowns and gloves during high-contact resident care, especially for those individuals at high risk of infections.

As guidance, trends, information, technology, and data regarding infections are constantly evolving, all team members should be kept in the loop about updates and changes. For example, the Centers for Medicare & Medicaid Services (CMS) recently issued revised guidance about enhanced barrier precautions. They are now recommended for use during "high-contact activities for residents with chronic wounds or indwelling medical devices, regardless of MDRO status, in addition to residents who have an infection or colonization with a CDC-targeted or other epidemiologically important MDRO when contact precautions do not apply." This was among the revisions to the State Operations Manual Appendix PP; so staff should be educated about such regulatory changes and how it affects them. They should know what and how they should document and share information and when and how to communicate with the IP.

STEP 2

Get back to the basics

"We need to go back and look at what infection prevention and control efforts have been successful," said Beene. Part of this involves reminding staff how to prevent bringing infections in and out of the building. "After they've had a long day, they want to go home and hug their kids. But they need to take off their clothes and put on something fresh before they interact with their families." Visitors and others who come into the building should also be informed about the importance of taking precautions, such as washing their hands before and after they have contact with residents and not coming into the facility if they have an active infection of any kind or signs of one (such as coughing, sneezing, or a fever). It is important to remind people with posters, signs, flyers, and other mechanisms until this becomes second nature.

7 STEPS TO OPTIMIZE PROTECTION

STEP 3

Implement enhanced barrier precautions designed to reduce multidrug-resistant organisms (MDRO) in nursing homes

As outlined in Step 1, these include wearing gloves and gowns during high-contact resident care activities for MDRO-colonized or infected residents or those at high risk of acquiring an MDRO (such as those with wounds or indwelling catheters).

STEP 4

Emphasize education

Beene said, “This doesn’t mean big meetings, because that’s time-consuming. Instead, have small huddles and watch infection control measures in action to assess opportunities for education or training. And point out any errors in a positive, professional way.” If you make changes to or add protocols or processes, give people time to get up to speed and provide ongoing training. Enable people to ask questions and seek additional guidance without blame or shame.

STEP 5

Proactively address isolation

“We have to plan for ways for people to continue to be engaged with their families and others when isolation or quarantines are necessary. We can’t just let people sit around all day,” Beene said. Instead, she suggested that facilities can keep residents connected with families through FaceTime and Zoom calls, and staff can be encouraged to supplement their interactions with residents by playing games or telling stories. She added, “At the same time, I think that we learned the lesson during COVID that we went too far in terms of separating people from the outside world. We absolutely could do better with that.”

While technology can help reduce isolation, it is important to remember that it is not a substitute for human interaction. A culture that encourages creative engagement — such as doorway games and hallway entertainment can make a difference.

STEP 6

Keep your radar up

“One thing we learned from the pandemic is that the minute we start hearing about an infection or virus, we need to take it seriously,” Beene said. “Even if it comes to nothing, we need to prepare.” This means having consistently educated and engaged teams who are alert to red flags and issues. These include the respiratory status of residents, as well as changes in appetite or bowel movements, sudden changes in cognition, or loss of interest in activities.

7 STEPS TO OPTIMIZE PROTECTION

STEP 7

Vaccine education still needs attention

“I think we moved the needle a little bit, but we need to keep up the education and keep reminding people about the importance of vaccines for RSV, flu, and pneumonia, as well as COVID,” Beene said, adding, “There are still people out there spreading vaccine misinformation. We have to be proactive in sharing facts about vaccinations.”

Recommendations for and coverage of vaccines have been a moving target, particularly in recent months. At the same time, there is frequent new information coming out. For example, a recent study showed that cancer patients who received the mRNA COVID vaccine within months of their treatment lived longer than those individuals with cancer who didn’t get the vaccine.

Staff, residents, and families alike need to be engaged with accurate, current information from reliable sources. This should be an ongoing effort. The pharmacist is a key source of information and education, and they can work with you on activities such as vaccination clinics.

When discussing vaccines with residents and staff, consider some tips:

- Give individuals an opportunity to discuss their beliefs, listen, and ask them to clarify that you understood them.
- Ask open-ended questions such as “What have you heard about the COVID vaccine?”
- Be prepared to address concerns about safety and efficacy with information, such as the science behind vaccines, from reliable, trusted sources.
- Lead by example. Share personal stories about why you get vaccinated.

5 TIPS FOR OUTBREAK MANAGEMENT

Even with effective infection prevention and control programs in place, cases of infection can still occur — sometimes, even outbreaks. In these instances, consider these approaches from Steven J. Schweon, RN, MPH, MSN, CIC, LTC-CIP, CPHQ, FSHEA, FAPIC, a Pennsylvania-based infection preventionist and consultant, on how to remain centered and replace fear with empowerment. Not surprisingly, some guidance about outbreaks arose from the COVID pandemic. More recently, CMS has revised guidance on restricting visitors and non-essential health care personnel. However, one thing remains consistent: if you experience an outbreak, caregivers, visitors, and others need to be informed. Communication — including with hospitals, local and state health departments, and other relevant organizations in the community — is key.

1. CHANGE YOUR LANGUAGE TO PREVENT PANIC

The messenger should first be calm and focused before speaking to the staff; otherwise, the staff will feed into the messenger's anxiety. Next, "consider not using the word 'outbreak,' which tends to get staff excited and nervous. Instead, use 'increased cases' or 'cluster' when discussing the situation with front-line staff," Schweon said, adding, "This reduces stress, which is important because your team needs to be centered, not fearful and excited."

2. IDENTIFY AND ADDRESS THE CHALLENGES YOU FACE

These include communication challenges, residents with mental impairments or the potential for violent behaviors, personal hygiene issues, and trust and/or compliance concerns. Among other challenges: the inability or unwillingness of residents to adhere to safety restrictions, potential limited ability of staff to quickly and easily access hand sanitizer and germicidal wipes during national emergencies, and staff feeling like they can't afford to stay home when they are ill. Schweon suggested, "Perform a gap analysis using CDC and CMS tools. Identify what efforts you need to have in place, what supplies and resources you need, and where you need to make improvements."

3. DON'T RUSH TO JUDGMENT; DO SOME SLEUTHING

"Things have to make sense for you in the infection prevention world. Shake up your game and look for different ways to get information. Look at situations from different sides to broaden your insight and perspective," said Schweon. Of course, this doesn't mean that the team shouldn't respond immediately and activate policies, procedures, and processes to prevent the spread of an infection. However, it is important not to declare an outbreak when that might not be what is really happening.

5 TIPS FOR OUTBREAK MANAGEMENT

4. KEEP YOUR DATA CURRENT AND USE IT TO IDENTIFY TRENDS AND OPPORTUNITIES FOR QUALITY AND PERFORMANCE IMPROVEMENT

This should include data about resident recommended vaccine adherence, not just for COVID but for influenza, pneumococcal disease, shingles, and RSV. Schweon adds that it's very upsetting for the resident, their family, and the facility staff when an unvaccinated resident develops a vaccine-preventable disease. In addition, a robust infection surveillance system will detect trends and promote swift mitigation, leading to resident safety and better outcomes.

5. HAVE THE RIGHT INFECTION PREVENTIONIST AND GIVE THEM THE SUPPORT AND RESOURCES THEY NEED

"A passionate infection preventionist can help ignite your staff and promote infection prevention," said Schweon. Don't just give them responsibility and expect them to succeed. Listen to them and work with them to implement positive change and make sure the care team has the tools, such as masks, gowns, and gloves, they need.

INFECTION CONTROL MINI SURVEY PREP CHECKLIST

Infection prevention and control efforts in nursing homes and other healthcare settings have come under tremendous scrutiny since the pandemic. It is essential to make sure all the Is are dotted and Ts crossed.

The following checklist will help you stay confident that everything is in order and that everyone on your team is engaged and prioritizing infection prevention and control efforts on a daily basis.

Facility Support - Background Information

Facility Name	
Associate Name	
Associate Contact Info and Title	
Date of Form Completion	

Hand Hygiene (Related to F-TAG F880)

	Yes	No	Comments
Does your facility follow appropriate hand hygiene practices?	<input type="checkbox"/>	<input type="checkbox"/>	
Is alcohol-based hand rub at least 70% and is readily accessible and placed in appropriate locations?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your staff wash hands with soap and water when their hands are visibly soiled?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your staff wash their hands after contact with residents?	<input type="checkbox"/>	<input type="checkbox"/>	
Are hand hygiene supplies readily available?	<input type="checkbox"/>	<input type="checkbox"/>	
Are soap, water, and sink readily accessible in appropriate locations including, but not limited to resident care and prep areas?	<input type="checkbox"/>	<input type="checkbox"/>	

INFECTION CONTROL MINI SURVEY PREP CHECKLIST

Implementation of appropriate use of PPE (Related to F-TAG F880)

	Yes	No	Comments
Are appropriate transmission-based precautions implemented?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is your facility utilizing dedicated or disposable noncritical resident care equipment?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is your facility implementing the least restrictive transmission based precautions?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are environmental surfaces that are touched frequently and in close proximity to the resident being cleaned and disinfected at least daily or when visibly soiled?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are your facility staff members aware of processes/protocols for transmission based precautions?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Laundry Services (Related to F-TAG F880)

	Yes	No	Comments
Are your facility staff members handling, storing, and transporting linens appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are your facility staff members using Standard Precautions and minimal agitation for contaminated linen?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are your facility staff members holding contaminated linen and laundry bags away from their body during transport?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are your facility staff members holding clean linens away from their body during transport?	<input type="checkbox"/>	<input type="checkbox"/>	_____

INFECTION CONTROL MINI SURVEY PREP CHECKLIST

Did your facility develop and implement an overall IPCP (policies and procedures) that are reviewed annually (Related to F-tag F880 F881)

	Yes	No	Comments
Does your facility have an established/ implemented surveillance plan for identifying, tracking, and reporting infections?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your facility have a current list of reportable communicable diseases?	<input type="checkbox"/>	<input type="checkbox"/>	
Can your staff identify to whom and when communicable diseases and healthcare-associated infections are to be reported?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your facility conduct ongoing review for antibiotic stewardship?	<input type="checkbox"/>	<input type="checkbox"/>	

Influenza and Pneumococcal Immunizations (Related to F-tag F883)

Resident Name / Room #	Influenza Immunization		Pneumococcal Immunization		If declined, reason for decline documented?	
	Yes	No	Yes	No	Yes	No
1 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

ENHANCED BARRIER PRECAUTIONS

The Centers for Disease Control and Prevention (CDC) recently updated its [Frequently Asked Questions \(FAQs\) on Enhanced Barrier Precautions](#). The agency developed this information to help practitioners and others understand how to best protect their patients, themselves, and others.

The document starts by defining enhanced barrier precautions as “an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes. Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices).” These precautions, said the CDC, “expand the use of gown and gloves beyond anticipated blood and body fluid exposures” for use during high-contact resident care activities that are known to result in the transfer of multi-drug resistant organisms.

Enhanced barrier precautions are specifically intended for MDROs and, CDC stated, “do not replace existing guidance regarding use of contact precautions for other pathogens and conditions.” Examples of the MDROs currently targeted by CDC include pan-resistant organisms, Carbapenemase-producing carbapenem-resistant Enterobacterales, and Carbapenemase-producing carbapenem-resistant Pseudomonas. It is worth noting that enhanced barrier precautions are not recommended for residents with *C. difficile*.

Currently, CDC has not recommended implementation of enhanced barrier precautions for settings other than nursing facilities. As the studies used to inform enhanced barrier precaution guidance were conducted among adult nursing home residents, this information may not be appropriate for other populations such as pediatric long-term care residents and older adults in various senior living settings.



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