

Infection Control Policy

OBJECTIVE OF THE INFECTION CONTROL POLICY

The objective of this requirement is for the facility to develop a comprehensive Infection Control Policy that establishes a facility-wide system for the prevention, identification, investigation and control of infections of residents, staff and visitors the is based upon facility assessment, best practices and regulatory compliance for the goal of quality systems for care. A collaborative effort between the facility leadership, employees, resident/resident representative, facility staff, Medical Director, and pharmacist is essential for success of the Infection Prevention and Control Program.

POLICY:

It is the policy that this facility's Infection Prevention and Control Program (IPCP), is based upon information from the Facility Assessment and follows national standards and guidelines to prevent, recognize and control the onset and spread of infection whenever possible. The Infection Prevention and Control Program includes a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to regulatory requirements and following accepted national standards.

1. Written standards, policies, and procedures for the Infection Prevention and Control program, include:
 - a. Surveillance: A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
 - b. Reporting: When and to whom possible incidents of communicable disease or infections should be reported. It is the policy that the facility will follow State reporting requirements on which communicable diseases will be reported to the local/state authorities
 - c. Standard and transmission-based precautions to be followed to prevent the spread of infections.
 - a. Hand Hygiene to be followed by staff with direct care, handling resident care equipment and the environment
 - b. Selection and Use of PPE
 - c. Provision of facemasks for residents with new respiratory symptoms
 - d. When and how isolation should be used for a resident; including but not limited to;
 - a. The type and duration of the isolation, depending upon the infectious agent or organism involved.



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- b. A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
- c. Selection of room (private/semi-private/cohorted on a case-by-case bases as appropriate and available-facility to identify risk factors that could lead to likelihood of transmission
 - i. Identification of process to manage a resident when a private room is not available
- d. Limiting the movement of a resident with a highly infectious disease for only medically necessary purposes
- e. Implementation Respiratory Hygiene/Cough Etiquette
 - a. Resources and instructions provided at the lobby
 - i. Dispenser for Alcohol-based hand rub
 - ii. During times of increased prevalence of respiratory infections in the community, facemasks will also be available.
 - iii. Signs posted for symptomatic visitors to wear a facemask, maintain at least 3-foot separation from others in common areas, cover their mouth/nose when coughing or sneezing, use and disposal of tissues and hand hygiene
- f. Occupational Health procedures, including:
 - a. The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food if direct contact transmits the disease.
 - b. TB screening of staff based on regional/community data (**Insert State Specific**)
 - c. Monitoring and evaluating for clusters or outbreaks of staff illness
 - d. The facility Exposure Control Plan
 - e. Education and competency assessment
- g. The hand hygiene procedures to be followed by staff involved in direct resident contact.
- h. Resident Care Activity procedures including
 - a. Use and care of urinary catheters consistent with requirements and best practice
 - b. Wound care, incontinence care and skin care
 - c. Finger stick and point-of-care testing
 - d. Preparation, administration and care for medications administered by injection or peripheral and central venous catheters
 - e. Use and care of peripheral and central venous catheters
- i. Environmental cleaning and disinfection
 - a. Routine Cleaning and disinfection
 - b. Cleaning/disinfection of resident care equipment, including shared equipment

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2. An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use.
3. Recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.
4. A system for linen handling to prevent the spread of infection to include handling, storing, processing and transporting linens
5. An annual review will be conducted to review the Infection Prevention and Control Program and update the program as necessary including necessary updates as national standards change.
6. **(Required Phase 3, November 28, 2019)** The facility will designate one or more individual(s) as the infection preventionist(s) (IP)(s) who is responsible for the facility's IPCP. The infection preventionist will:
 - c. Have primary professional training in nursing, medical technology, microbiology, epidemiology, or another related field;
 - d. Is qualified by education, training, experience or certification.
 - e. Works at least part-time at the facility.
 - f. Has completed specialized training in infection prevention and control.
 - g. Be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis
 - h. Be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis.
7. Policies and Procedures for the facility Influenza and Pneumococcal Immunizations

DEFINITIONS:

"Airborne precautions" refers to actions taken to prevent or minimize the transmission of infectious agents/organisms that remain infectious over long distances when suspended in the air. These particles can remain suspended in the air for prolonged periods of time and can be carried on normal air currents in a room or beyond, to adjacent spaces or areas receiving exhaust air.

"Alcohol-based hand rub" (ABHR) refers to a 60-95 percent ethanol or isopropyl containing preparation base designed for application to the hands to reduce the number of viable microorganisms

"Antifungal" refers to a medication used to treat a fungal infection such as athlete's foot, ringworm or candidiasis.

"Anti-infective" refers to a group of medications used to treat infections.

“Cleaning”: removal of visible soil (e.g., organic and inorganic material) from objects and surfaces and is normally accomplished manually or mechanically using water with detergents or enzymatic products.

“Cohorting”: the practice of grouping residents infected or colonized with the same infectious agent together to confine their care to one area and prevent contact with susceptible residents (cohorting residents). During outbreaks, healthcare staff may be assigned to a specific cohort of residents to further limit opportunities for transmission (cohorting staff). The terms “cohort or cohorting” is standardized language used in the practice of infection prevention and control; the use of this terminology is not intended to offend residents or staff.

“Colonization” refers to the presence of microorganisms on or within body sites without detectable host immune response, cellular damage, or clinical expression.

“Communicable disease” (also known as [a.k.a.] “contagious disease”): an infection transmissible (e.g., from person-to-person) by direct contact with an affected individual or the individual's body fluids or by indirect means (e.g., contaminated object).

“Community-acquired infections” (a.k.a. “present on admission”): infections that are present or incubating at the time of admission and which generally develop within 72 hours of admission.
“Contact precautions”: measures that are intended to prevent transmission of infectious agents which are spread by direct or indirect contact with the resident or the resident’s environment.

“Contaminated laundry”: laundry which has been soiled with blood/body fluids or other potentially infectious materials or may contain sharps.

“Decontamination”: the use of physical or chemical means to remove, inactivate, or destroy pathogenic organisms on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

“Disinfectant”: usually a chemical agent (but sometimes a physical agent) that destroys disease causing pathogens or other harmful microorganisms but might not kill bacterial spores. It refers to substances applied to inanimate objects.

“Disinfection”: thermal or chemical destruction of pathogenic and other types of microorganisms. Disinfection is less lethal than sterilization because it destroys most recognized pathogenic microorganisms but not necessarily all microbial forms (e.g., bacterial spores).

“Droplet precautions” refers to actions designed to reduce/prevent the transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions.

“Hand hygiene”: a general term that applies to hand washing, antiseptic hand wash, and alcohol-based hand rub.

“Hand washing”: the vigorous, brief rubbing together of all surfaces of hands with plain (i.e., nonantimicrobial) soap and water, followed by rinsing under a stream of water.

“Healthcare-associated infection (HAI)”: an infection that residents acquire, that is associated with a medical or surgical intervention (e.g., podiatry, wound care debridement) within a nursing home and was not present or incubating at the time of admission.

“Hygienically clean”: being free of pathogens in sufficient numbers to cause human illness.

“Infection”: the establishment of an infective agent in or on a suitable host, producing clinical signs and symptoms (e.g., fever, redness, heat, purulent exudates, etc.).

“Infection prevention and control program” refers to a program (including surveillance, investigation, prevention, control, and reporting) that provides a safe, sanitary and comfortable environment to help prevent the development and transmission of infection.

“Infection preventionist”: term used for the person(s) designated by the facility to be responsible for the infection prevention and control program. NOTE: Designation of a specific individual, detailed training, qualifications, and hourly requirements for an infection preventionist are not required until implementation of Phase 3.

“Isolation” refers to the practices employed to reduce the spread of an infectious agent and/or minimize the transmission of infection.

“Isolation precautions” see “Transmission-Based Precautions”

“Methicillin-resistant staphylococcus aureus (MRSA)” refers to Staphylococcus aureus bacteria that are resistant to bacteria that are resistant to treatment with semi-synthetic penicillins (i.e. Oxacillin/Nafcillin/Methicillin).

“Multi-Drug resistant organisms (MDROs)” refers to microorganisms, predominantly bacteria, that are resistant to one or more classes of antimicrobial agents. Although the names of certain

MDROs describe resistance to only one agent, these pathogens are frequently resistant to most available antimicrobial agent.

“Outbreak” is the occurrence of more cases of a particular infection than is normally expected, the occurrence of an unusual organism, or the occurrence of unusual antibiotic resistance patterns.

“Personal protective equipment (PPE)”: protective items or garments worn to protect the body or clothing from hazards that can cause injury and to protect residents from cross-transmission. **“(Regulated) Medical waste”**: liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling (e.g., blood-soaked bandages); contaminated sharps. **NOTE**: Authorities having jurisdiction may have more stringent regulations than OSHA.

“Standard Precautions”: infection prevention practices that apply to all residents, regardless of suspected or confirmed diagnosis or presumed infection status. Standard precautions is based on the principle that all blood, body fluids, secretions, excretions except sweat, regardless of whether they contain visible blood, non-intact skin, and mucous membranes may contain transmissible infectious agents. Furthermore, equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents. Standard precautions include but are not limited to hand hygiene; use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; safe injection practices, and respiratory hygiene/cough etiquette. Also, equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents (e.g., wear gloves for direct contact, properly clean and disinfect or sterilize reusable equipment before use on another patient).

“Surveillance” refers to the ongoing, systematic collection, analysis, interpretation, and dissemination of data to identify infections and infection risks, to try to reduce morbidity and mortality and to improve resident health status.

“Transmission-based precautions” (a.k.a. “Isolation Precautions”): actions (precautions) implemented, in addition to standard precautions, that are based upon the means of transmission (airborne, contact, and droplet) in order to prevent or control infections. **NOTE**: Although the regulatory language refers to “isolation,” the nomenclature widely accepted and used in this guidance will refer to “transmission-based precautions” instead of “isolation

“Vancomycin-resistant enterococcus (VRE)” refers to enterococcus that has developed resistance to vancomycin

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- CMS State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Advance-Appendix-PP-Including-Phase-2-.pdf>
 - Centers for Disease Control and Prevention. (2015). Core elements of Antibiotic Stewardship for Nursing Homes Accessed on August 28, 2017 from <https://www.cdc.gov/longtermcare/pdfs/core-elements-antibiotic-stewardship.pdf>
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EXAMPLES OF RECOMMENDED (BUT NOT LIMITED TO) INDIVIDUAL INFECTION CONTROL PROCEDURES:

1. Accessing Vascular Devices
2. Annual Review of the Infection Prevention and Control Program
3. Antibiotic Stewardship
4. Barber and Beautician Services
5. Blood and Body Fluid Exposure
6. Blood and Body Fluid Spill Clean up
7. Cleaning, Disinfection and Sterilization
8. Cleaning and Disinfecting Blood Glucose Meters
9. Cleaning and Disinfecting PT/INR Machine/Monitor
10. Cleaning and Disinfecting Nebulizer Equipment
11. Cleaning and Disinfecting Resident Care Equipment
12. Dishwashing Machine
13. Finger Stick Devices
14. Hand Hygiene
15. Humidifiers
16. Ice Chests and Machines
17. Influenza Immunization
18. Insulin Pens
19. Linen (Handling, Storing, Processing and Transporting)
20. Occupational Health
21. Outbreak Management
22. Personal Protective Equipment
23. Pest Control
24. Pets and Animals in the Long-Term Care Facility
25. Pneumococcal Immunizations
26. Point-of-Care Testing



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- 27.Preadmission Process
- 28.Reportable Diseases
- 29.Reporting of Communicable Disease
- 30.Respiratory Hygiene/Cough Etiquette
- 31.Rotating Stock Supplies
- 32.Safe Medication Administration
- 33.Shelf Life of Sterile Items
- 34.Standard Precautions
- 35.Sterilization of Critical Devices
- 36.Surveillance (Process and Outcome)
- 37.System for Recording Infection Prevention and Control Program Incidents
- 38.System for Reporting Surveillance Information to Staff and Practitioners
- 39.Transmission-Based Precautions
- 40.Tuberculosis Screening (State Requirements)
- 41.Use of Multi-Dose vials
- 42.Visitors

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