**Infection Prevention & Control Policy and Procedure**

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**OBJECTIVE OF THE INFECTION CONTROL POLICY**

The objective of this requirement is for the facility to develop a comprehensive Infection Prevention and Control Policy that establishes a facility-wide system for the prevention, identification, reporting, investigation and control of infections and communicable diseases of residents, staff, contractors, consultants, volunteers, students and visitors that 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 to ensure current infection control standards of practice are based upon recognized guidelines 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 and communicable diseases 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, students in the facility’s nurse aide training programs or from affiliated academic institutions, 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, will include:
2. Surveillance: A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
	1. Process
	2. Outcome
	3. Data Analysis
	4. Documentation
	5. Reporting
3. 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
4. Standard Precautions -evidence-based practices that apply to all resident care, regardless of suspected or confirmed infection.
5. Transmission-based Precautions to be implemented during resident care activities to be followed to prevent the spread of infections, consistent with accepted national standards when Standard Precautions are not sufficient alone to prevent the spread of transmission.
	1. Contact
	2. Droplet
	3. Airborne
6. Selection and use of personal protective equipment (PPE)
7. When and how isolation should be used for a resident; including but not limited to;
	1. The type and duration of the isolation, depending upon the infectious agent or organism involved.
	2. A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
8. Instructions provided or posted at entrance areas for visitors and others entering the facility on hand hygiene, respiratory hygiene, and cough etiquette in accordance with national standards
	1. Hand hygiene products will be available and offered
	2. Facemasks will be available and offered during times of increased prevalence of respiratory infections in the community
	3. Signs will be posted with instructions on visitation restrictions for those with symptoms of respiratory infection or other communicable diseases.
9. Active screening that may include completion of a questionnaire or tool for visitors to identify signs and symptoms of communicable disease or exposure to identify if visitor is permitted to visit or excluded.
10. 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.
11. The hand hygiene procedures to be followed by staff involved in direct resident contact.
12. Written occupational health policies that address:
	1. Reporting of staff illnesses
	2. Following work restrictions in accordance with national standards and guidance
	3. Prohibiting contact with residents or their food when staff have potentially communicable diseases or infected skin lesions
	4. Assessing risk for tuberculosis (TB) based upon exposure or cases of TB in the facility. Screen employees based upon State and Federal guidelines
	5. Monitoring and evaluating for patterns, clusters, or outbreak of illnesses among staff
	6. Implementation of an exposure control plan that addresses potential hazards from blood and/or body fluids
13. The facility will put into place a system for recording incidents identified under the facility’s Infection Prevention and Control Program and the corrective actions that will be taken by the facility.
14. Implementation of a documented Water Management Program that minimizes the risk of Legionella and other opportunistic pathogens in building water systems consistent with national accepted standards that includes:
	1. Assessment
	2. Measures to prevent growth
	3. Reporting healthcare-associated *legionellosis* or an outbreak of an opportunistic waterborne pathogen causing disease
15. The facility will handle, store, process, and transport linens in a manner to prevent the spread of infection.
16. The facility will clean, disinfect, and inspect mattresses and pillows for appropriate use by another resident
17. The facility will conduct an annual review of the Infection Prevention and Control Program and update the program as necessary.
18. The facility will put in place an antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use.
19. The Infection Prevention and Control Program will include Resident Care Activity procedures including
	1. Use and care of urinary catheters consistent with requirements and best practice
	2. Wound care, incontinence care and skin care
	3. Finger stick devices and point-of-care testing
	4. Blood Glucose Meters
	5. Safe Medication Administration to include preparation, administration and care for medications administered by injection or peripheral and central venous catheters
	6. Use, access, and care of peripheral and central venous catheters
20. The Infection Prevention and Control Program will include environmental cleaning and disinfection consistent with best practice guidance to include:
	1. Routine cleaning and disinfection
		1. Routine schedules
		2. Frequently touched surfaces
		3. Resident care equipment
		4. Soiled surfaces
		5. Resident rooms
			1. Privacy curtains should be changed when visibly dirty and laundered or disinfected with appropriate EPA disinfectant in accordance with the manufacturer’s recommendations
		6. Common use areas
		7. Terminal cleaning
	2. Cleaning/disinfection of resident care equipment, including shared equipment
21. 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:
	1. Have primary professional training in nursing, medical technology, microbiology, epidemiology, or another related field;
	2. Is qualified by education, training, experience or certification.
	3. Works at least part-time at the facility.
	4. Has completed specialized training in infection prevention and control.
	5. Be a member of the facility’s quality assessment and assurance committee and report to the committee on the IPCP on a regular basis
	6. Be a member of the facility’s quality assessment and assurance committee and report to the committee on the IPCP on a regular basis.
22. Policies and Procedures for the facility Influenza and Pneumococcal Immunizations
23. Education:
	1. Employees: Standards, policies and procedures for the Infection Prevention and Control Program including competency validation consistent with employee role
	2. Residents and Resident Representatives: Infection Prevention and Control Program as it relates to the resident and/or resident representative (i.e., hand hygiene, respiratory hygiene and cough etiquette, etc.)

**DEFINITIONS as outlined in the CMS State Operations Manual1** :

• “**Airborne precautions**” refer 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 infectious 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

• “**Alcohol-based handrub (ABHR)”** refers to a 60-95 percent ethanol or isopropyl alcohol-containing preparation base designed for application to the hands to reduce the number of viable microorganisms.

• **“C. difficile infection (CDI)”** refers to an infection from a bacterium that causes colitis, an inflammation of the colon, causing diarrhea.

• **“Cleaning”** refers to 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”** refers to 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).2 During outbreaks, healthcare staff may be assigned to a specific cohort of residents to further limit opportunities for transmission (cohorting staff). The term “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. 3

• **“Communicable disease (also known as (a.k.a.) “contagious disease**”)” refers to 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’**)” refer to infections that are present or incubating at the time of admission and which generally develop within 72 hours of admission.

• “**Contact precautions”** refer to 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.4

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

• “**Decontamination”** refers to 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”** refers to 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.5

• “**Disinfection**” refers to 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). 6

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

• **“Hand hygiene”** refers to a general term that applies to hand washing, antiseptic handwash, and alcohol-based hand rub.7

• **“Hand washing”** refers to washing hands with soap and water.8

• “**Healthcare-associated infection (HAI)”** refers to 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”** refers to being free of pathogens in sufficient numbers to cause human illness.9

• “**Infection”** refers to 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 preventionist”** refers to the person(s) designated by the facility to be responsible for the infection prevention and control program as specified in §483.80(b) (F882).

• “**Legionellosis”** refers to two clinically and epidemiologically distinct illnesses: Legionnaires’ disease, which is typically characterized by fever, myalgia, cough, and clinical or radiographic pneumonia; and Pontiac fever, a milder illness without pneumonia (e.g., fever and muscle aches). Legionellosis is caused by Legionella bacteria.

• “**Multidrug-resistant organisms (MDROs)”** refer 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 agents.

• “**Personal protective equipment (PPE)”** refers to protective items or garments worn to protect the body or clothing from hazards that can cause injury and to protect residents from cross-transmission.

• “**Standard precautions”** refer to the 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 resident’s 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 hand hygiene, proper selection and use of personal protective equipment, safe injection practices, respiratory hygiene/cough etiquette, environmental cleaning and disinfection, and reprocessing of reusable resident medical 10, 11 equipment.

• **“Transmission-based precautions (a.k.a. “Isolation Precautions”)”** refer to 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 by the healthcare community and used in this guidance will refer to “transmission-based precautions” instead of “isolation” as these terms can be used interchangeably.

 **NOTE**: References to non-CMS sources are provided as a service and do not constitute or imply endorsement of these organizations or their programs by CMS or the U.S. Department of Health and Human Services. CMS is not responsible for the content of pages found at these sites. URL addresses and referenced documents were current as of the date of this publication. Guidelines change, and facilities are responsible for following the most current standards.”1

**CMS References listed:**

1 Siegel, J.D., Rhinehart, E., Jackson, M., Chiarello, L., & the Healthcare Infection Control Practices Advisory Committee. “Guideline for isolation precautions: Preventing transmission of infectious agents in healthcare settings (2007).” Accessed on February 27, 2021 from <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>

2 See endnote 1

3 See endnote 1

4 See endnote 1

5 Centers for Disease Control and Prevention. “Guideline for disinfection and sterilization in healthcare facilities (2008).” Accessed on February 27, 2021 from <https://www.cdc.gov/hicpac/pdf/guidelines/Disinfection_Nov_2008.pdf>

6 See endnote 5

7 Centers for Disease Control and Prevention. (2002, October 25). “Guideline for hand hygiene in healthcare settings: Recommendations of The Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force.” MMWR; 51(No.RR-16). Accessed on February 27, 2021 from <http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf>

8 Centers for Disease Control and Prevention. “Hand Hygiene in Healthcare Settings.” www.cdc.gov. Accessed on February 27, 2021 from <https://www.cdc.gov/handhygiene/providers/index.html> . (reference was updated from SOM Rev. 173)

9 Association for the Advancement of Medical Instrumentation (AAMI). (2009). ANSI/AAMI ST65:2008/(R)2013. Processing of reusable surgical textiles for use in health care facilities, 2008. Arlington, VA.

10 See endnote 1

11 Healthcare Infection Control Practices Advisory Committee (HICPAC). (2017). “Core infection prevention and control practices for safe healthcare delivery in all settings–recommendations of the HICPAC.” www.cdc.gov. Accessed on February 27, 2021 from <https://www.cdc.gov/hicpac/recommendations/core-practices.html> .

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. Blood Glucose Meters
8. Cleaning, Disinfection and Sterilization
9. Cleaning and Disinfecting Blood Glucose Meters
10. Cleaning and Disinfecting PT/INR Machine/Monitor
11. Cleaning and Disinfecting Nebulizer Equipment
12. Cleaning and Disinfecting Resident Care Equipment
13. Dishwashing Machine
14. Education
15. Enhanced Barrier Precautions
16. Facility Assessment including Risk Assessment
17. Finger Stick Devices
18. Hand Hygiene
19. Humidifiers
20. Ice Chests and Machines
21. Infection Preventionist
22. Influenza Immunization
23. Insulin Pens
24. Linen (Handling, Storing, Processing and Transporting)
25. Mattresses and Pillows
26. Occupational Health
27. Outbreak Management
28. Personal Protective Equipment
29. Pest Control
30. Pets and Animals in the Long-Term Care Facility
31. Pneumococcal Immunizations
32. Point-of-Care Testing
33. Preadmission Process
34. Reportable Diseases
35. Reporting of Communicable Disease
36. Respiratory Hygiene/Cough Etiquette
37. Rotating Stock Supplies
38. Safe Medication Administration
39. Shelf Life of Sterile Items
40. Standard Precautions
41. Sterilization of Critical Devices
42. Surveillance (Process and Outcome)
43. System for Recording Infection Prevention and Control Program Incidents and Corrective Actions
44. System for Reporting Surveillance Information to Staff and Practitioners
45. Transmission-Based Precautions
46. Tuberculosis Screening (State Requirements)
47. Use of Multi-Dose vials
48. Visitors and Visitation
49. Water Management Program

**References and Resources**

* 1Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17) Advance Copy, 2022: <https://www.cms.gov/files/document/appendix-pp-guidance-surveyor-long-term-care-facilities.pdf>
* Centers for Medicare & Medicaid Services. Nursing Homes: <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes>
* Centers for Medicare & Medicaid Services. Survey Resources: <https://www.cms.gov/files/zip/survey-resources-staff-vaccine-documents-06072022.zip>
* Centers for Medicare and Medicaid Services. Revised Long-Term Care Surveyor Guidance: Revisions to Surveyor Guidance for Phases 2 & 3, Arbitration Agreement Requirements, Investigating Complaints & Facility Reported Incidents, and the Psychosocial Outcome Severity Guide. 6.29.22: <https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/revised-long-term-care-surveyor-guidance-revisions-surveyor-guidance-phases-2-3-arbitration>
* Centers for Disease Control and Prevention. Nursing Homes and Long-Term Care Facilities. Updated Nov. 9, 2021: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-home-long-term-care.html>
* Centers for Disease Control and Prevention. Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs). Last Reviewed July 12, 2022: <https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>
* United States Department of Labor, Occupational Safety and Health Administration, Bloodborne Pathogens Standard: <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030>