

	<p>Policy: Infection Prevention and Control Program</p> <p>Infection Prevention Administrative</p>
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Purpose: To help prevent the development and transmission of communicable diseases and infections within the facility.

Policy: This facility has established and maintains an infection prevention and control program designed to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines.

Procedure:

1. The designated Infection Preventionist is responsible for oversight of the program and serves as a consultant to our staff on infectious diseases, resident room placement, implementing isolation precautions, staff and resident exposures, surveillance, and epidemiological investigations of exposures of infectious diseases.
2. All staff are responsible for following all policies and procedures related to the program.
3. Surveillance:
 - a. A system of surveillance is utilized for prevention, 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 facility assessment and accepted national standards.
 - b. The Infection Preventionist serves as the leader in surveillance activities, maintains documentation of incidents, findings and any corrective actions made by the facility and reports surveillance findings to the facility's Quality Assessment and Assurance Committee.
 - c. The RNs and LPNs participate in surveillance through assessments of residents and reporting changes in condition to the resident's physician and management staff, per protocol for notification of changes and in-house reporting of communicable diseases and infections.
4. Standard Precautions:
 - a. All staff shall assume that all residents are potentially infected or colonized with an organism that could be transmitted during the course of providing resident care services.
 - b. Hand hygiene will be performed in accordance with our facility's established hand hygiene procedures.
 - c. All staff will use personal protective equipment (PPE) according to established facility policy governing the use of PPE.

- d. Licensed staff will adhere to safe injection and medication administration practices, as described in relevant facility policies.
 - e. Environmental cleaning and disinfection will be performed according to facility policy. All staff have responsibilities related to the cleanliness of the facility, and are to report problems outside of their scope to the appropriate department.
5. Isolation Protocol (Transmission-Based Precautions):
- a. A resident with an infection or communicable disease will be placed on transmission-based precautions as recommended by current CDC guidelines.
 - b. Residents will be placed on the least restrictive transmission-based precautions for the shortest duration possible under the circumstances.
 - c. When a resident on transmission-based precautions must leave the resident care unit/area, the charge nurse on that unit/area will communicate to all involved departments the nature of the isolation and will prepare the resident for transport in accordance with current transmission-based precaution guidelines.
 - d. Residents with tuberculosis are placed on airborne precautions and placed in a special room that is equipped with special air handling and ventilation capacity. If no such room is available, the resident(s) will be discharged to a facility with such capabilities.
 - e. Immunocompromised and myelosuppressed residents shall be placed in a private room if possible and will not be placed with any resident having an infection or communicable disease.
6. Antibiotic Stewardship:
- a. An antibiotic stewardship program will be implemented as part of the overall infection prevention and control program.
 - b. Antibiotic use protocols and a system to monitor antibiotic use will be implemented as part of the antibiotic stewardship program.
 - c. The Infection Preventionist, with oversight from the Director of Nursing, serves as the leader of the antibiotic stewardship program.
 - d. The Medical Director, consultant pharmacist, and laboratory manager will serve as resources for the antibiotic stewardship program.
7. Influenza and Pneumococcal Immunization:
- a. Residents will be offered the influenza vaccine each year between October 1 and March 31, unless contraindicated or received the vaccine elsewhere during that time.
 - b. Residents will be offered the pneumococcal vaccines recommended by the CDC upon admission, unless contraindicated or received the vaccines elsewhere.
 - c. Education will be provided to the residents and/or resident representatives regarding the benefits and potential side effects of the immunizations prior to offering the vaccines.
 - d. Residents will have the opportunity to refuse immunizations.

- e. Documentation will reflect the education provided and details regarding whether or not the resident received the immunizations.
8. COVID-19 Immunizations:
- a. Residents and staff will be offered the COVID-19 vaccine when vaccine supplies are available to the facility.
 - b. Residents and staff will be screened prior to offering the vaccination for prior immunization, medical precautions and contraindications to determine candidacy for the vaccination.
 - c. Education about the vaccine, risks, benefits, and potential side effects will be given to residents or resident representatives and staff prior to offering the vaccine.
 - d. Residents or resident representatives will have the opportunity to accept or refuse a COVID-19 vaccination, and change their decision based on current guidance.
 - e. Staff will have the opportunity to receive the COVID-19 vaccination or apply for a religious or medical exemption to the vaccine for the facility consideration as per current guidelines and facility policy.
 - f. Documentation will reflect the education provided and details regarding whether or not the resident or staff received the vaccine.
9. COVID-19 Testing:
- a. Anyone with even mild symptoms of COVID-19, regardless of vaccination status, should receive a viral test for SARS-CoV-2 as soon as possible.
 - b. Asymptomatic residents with close contact with someone with SARS-CoV-2 infection should have a series of three viral tests for SARS-CoV-2 infection. Testing is recommended immediately (but not earlier than 24 hours after exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5.
 - i. Due to challenges in interpreting the result, testing is generally not recommended for symptomatic people who have recovered from SARS-CoV-2 infection in the prior 30 days. Testing should be considered for those who have recovered in the prior 31-90 days; however, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended.
 - ii. Guidance for work restrictions, including recommended testing for HCP with higher-risk exposures is based on current CDC guidance. (See *Return to Work Criteria for Healthcare Personnel with COVID-19 Infection or Exposure to COVID-19 Policy*)
 - c. Testing considerations for an outbreak of SARS-CoV-2 can be found in the Coronavirus Prevention and Response Policy under “IPC practices when caring for residents with suspected or confirmed SARS-CoV-2 infections.”

- d. Performance of pre-procedure or pre-admission testing is at the discretion of the facility.
- e. Performance of expanded screening testing of asymptomatic HCP without know exposures is at the discretion of the facility.
- f. The facility will have a plan as to how SARS-CoV-2 exposures in the facility will be investigated and managed and how contact tracing will be performed.
- g. If healthcare-associated transmission is suspected or identified, the facility may consider expanded testing of HCP and residents as determined by the distribution and number of cases throughout the facility and ability to identify close contacts. If an expanded testing (e.g., affected unit as opposed to the entire facility) approach is taken and testing identifies additional infections, testing should be expanded more broadly. If possible, testing should be repeated every 3-7 days until no new cases are identified for at least 14 days.

10. Equipment Protocol:

- a. All reusable items and equipment requiring special cleaning, disinfection or sterilization will be cleaned in accordance with our current procedures governing the cleaning and sterilization of soiled or contaminated equipment.
- b. Single-use disposable equipment is an alternative to sterilizing reusable medical instruments. Single-use devices must be discarded after use and are never used for more than one resident.
- c. Reusable items potentially contaminated with infectious materials will be placed in an impervious clear plastic bag. Label bag as "CONTAMINATED" and place in the soiled utility room for pickup and processing.
- d. Licensed nursing staff will decontaminate nursing equipment with a germicidal cleaner as per manufacturer's recommendations prior to storing for reuse.

11. Supplies Protocol:

- a. Sterile supplies will be appropriately packaged and sterilized or purchased prepackaged and sterile from the manufacturer.
- b. Sterile supplies are routinely checked for expiration dates and are replaced as necessary.
- c. Prepackaged sterile items are considered sterile until opened or damaged. Packaging will be inspected prior to use.
- d. Non-sterile supplies are stored and maintained as clean prior to use.

12. Linens:

- a. Laundry and direct care staff will handle, store, process and transport linens to prevent spread of infection.
- b. Clean linen will be separated from soiled linen at all times.
- c. Clean linen will be delivered to resident care units on covered linen carts with covers down.
- d. Linen will be stored on all resident care units on covered carts, shelves, in bins, drawers, or linen closets.

- e. Soiled linen will be collected at the bedside and placed in a linen bag. When the task is complete, the bag will be closed securely and placed in the soiled utility room. Soiled linen will not be kept in the resident's room or bathroom.
 - f. Environmental services staff will not handle soiled linen unless it is properly bagged.
13. Resident/Family/Visitor Education and Screening:
- a. Residents, family members, and visitors are provided information relative to the rationale for the isolation, behaviors required of them in observing these precautions, and conditions for which to notify the nursing staff.
 - b. Information on various infectious diseases is available from the Infection Preventionist.
 - c. Isolation signs are used to alert staff, family members, and visitors of transmission-based precautions.
 - d. Passive screening, such as signs, are posted in the facility to alert family members and visitors to adhere to handwashing, respiratory etiquette, and other infection control principles to limit spread of infection from family members and visitors.
 - e. More active screening, such as the completion of screening tools or questionnaires that elicits information related to recent exposures or current symptoms may be used as per facility policy.
14. Staff Communicable Disease Screening and Immunizations:
- a. Direct care staff will comply with physical examinations and immunization screening requirements upon employment and annually.
 - b. Direct care staff will be tested for TB and at least annually.
 - c. Influenza vaccine will be offered annually.
 - d. Tetanus, Diphtheria, and Pertussis (Tdap) vaccine will be offered to those employees who have not previously received this vaccine. Tetanus-Diphtheria vaccine will be offered as a booster dose as needed (i.e., every 10 years).
 - e. Hepatitis B vaccine will be offered to all staff that have the potential for contact with blood/body fluids, or other potentially infectious materials.
 - f. Varicella vaccine will be offered to all staff that are serologically non-immune to varicella.
15. Staff Referral to Treatment Centers/Services:
- a. Our staff will be referred to the appropriate medical treatment center/service when he/she:
 - i. Is feverish and appears to be in the infectious stages of an illness.
 - ii. Experiences an occupational exposure to blood/body fluids.
 - iii. Has been exposed to a communicable disease.
 - iv. Exhibits infected skin lesions.

- b. Based on the specific circumstances, employees with a communicable disease or infected skin lesion will be prohibited from direct contact with residents or their food, if direct contact will transmit the disease.
- c. The Infection Preventionist will coordinate screening procedures in case of widespread exposure of staff to any infectious disease.

16. Staff Education:

- a. All staff shall receive training, relevant to their specific roles and responsibilities, regarding the facility's infection prevention and control program, including policies and procedures related to their job function.
- b. All staff will demonstrate competence in relevant infection control practices.
- c. Direct care staff will demonstrated competence in resident care procedures established by the facility.

17. Water Management:

- a. A water management program has been established as part of the overall infection prevention and control program.
- b. Control measures and testing protocols are in place to address potential hazards associated with the facility's water systems.
- c. The Maintenance Director serves as the leader of the water management program.

18. Annual Review:

- a. The facility will conduct an annual review of the infection prevention and control program, including associated programs and policies and procedures based upon the facility assessment which includes any facility and community risk.
- b. Following the review, the infection and prevention control program will be updated as necessary.

References:

Center for Disease Control and Prevention. *Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic*. Located at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>. Accessed May 8, 2023.

Centers for Medicare & Medicaid Services. *State Operations Manual (SOM) Appendix PP: Guidance to Surveyors for LTC Facilities* (February 2023), F880-Infection Prevention and Control. 42 C.F.R. §483.80(a)(1)(2)(4)(e)(f).

Centers for Medicare & Medicaid Services. *State Operations Manual (SOM): Appendix PP: Guidance to Surveyors for LTC Facilities* (February 2023), F887-COVID-19 Immunization.. 42 C.F.R. §483.80(d)(3)(i-vii).