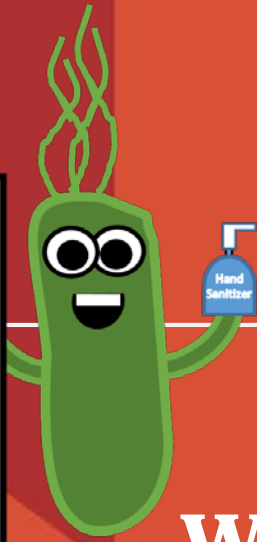


**LTC
Webinar
Series
Webinar#
1
Regulations
CMS &
COMAR**



Webinar #1 for Longterm Care Facilities Regulations from CMS and COMAR

Peggy Pass RN, MS, CIC, FAPIC

**Chief, Division of Infection Prevention & Control
Infectious Disease Epidemiology & Outbreak Response
Bureau**

September 13, 2018

Objectives

- List the current regulations for infection prevention that CMS (Medicare/Medicaid) revised in October 2016
- List five of the elements required in an Infection Control Program for a long-term care facility
- Be able to describe the process that sets your priorities in Infection Prevention and Control for your facility each year

CMS Regulations

October 4, 2016

The Centers for Medicare & Medicaid Services (CMS) issued a final rule to make major changes to improve the care and safety of the nearly 1.5 million residents in over 15,000 long-term care facilities that participate in the Medicare and Medicaid programs.

Go to the Federal Register

<https://www.federalregister.gov/documents/2016/10/04/2016-23503/medicare-and-medicaid-programs-reform-of-requirements-for-long-term-care-facilities#h-30>

INFECTION CONTROL (§ 483.80)

We are requiring facilities to develop an Infection Prevention and Control Program (IPCP) that includes an Antibiotic Stewardship Program and designate at least one Infection Preventionist (IP).

Phase 1

- Resident Rights and Facility Responsibilities*
- Freedom from Abuse Neglect and Exploitation*
- Admission, Transfer and Discharge*
- Resident Assessment
- Comprehensive, Person-Centered Care Planning*
- Quality of Life
- Quality of Care*
- Physician Services
- Nursing Services*
- Pharmacy Services*
- Laboratory, radiology and other diagnostic services
- Dental Services*
- Food and Nutrition*
- Specialized Rehabilitation
- Administration (Facility Assessment – Phase 2)*
- Quality Assurance and Performance Improvement* - QAA Committee
- Infection Control – Program*
- Physical Environment*

Complete by November 28,
2016

* - this section partially
implemented in Phases 2 and 3



Phases 2 and 3

- Behavioral Health Services*
 - Quality Assurance and Performance Improvement* - QAPI Plan
 - Infection Control – Facility Assessment and Antibiotic Stewardship **
 - Compliance and Ethics*
 - Physical Environment- smoking policies *
-
- Quality Assurance and Performance Improvement* - Implementation of QAPI
 - Infection Control – Infection Control Preventionist *
 - Compliance and Ethics*
 - Physical Environment-call lights at resident bedside *
 - Training *

Complete by November 28,
2017

Complete by November 28,
2019

42 CFR 483.80 – Infection Control

§483.80 Infection Control

- The facility must establish and maintain an **infection prevention and control program** designed to provide a safe, sanitary, and comfortable environment to help **prevent the development and transmission** of communicable diseases and **infections**
- (a) **Infection prevention and control program** – The facility must establish an infection prevention and control program (IPCP) that must include at a minimum, the following elements:
 - (1) 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 §483.70(e) – refers to “facility assessment” and following accepted national standards;

42 CFR 483.75 – QA & Perf.Improv.

- Participation in Quality Assurance Committee and maintain existing Quality Assurance requirements

42 CFR 483.80 – Infection Control

- (e) **Facility assessment** – The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must **review and update** the assessment, as necessary, and **at least annually**. The facility must also review and update this assessment whenever there is, or the facility plans for, any **change** that would require a substantial modification to any part of this assessment. The facility must address or include:
 - (1) The facility's resident population, including, but not limited to:
 - (i) Both the number of residents and the facility's resident capacity;
 - (ii) The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent factors that are present within that population;
 - (iii) The **staff competencies** that are **necessary to provide the level and types of care needed for the resident population**;

42 CFR 483.80 – Infection Control

- (iv) **The physical environment**, equipment, services, and other physical plant considerations that are necessary to care for this population; and
- (v) Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, **activities and food and nutrition services**.
- (2) The facility's resources, including, but not limited to,
 - (i) All buildings and/or other physical structures and vehicles;
 - (ii) **Equipment (medical and non-medical)**;
 - (iii) **Services** provided, such as **physical therapy, pharmacy**, and specific **rehabilitation** therapies;
 - (iv) All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their **education and/or training and any competencies related to resident care**



42 CFR 483.80 – Infection Control

- (v) Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and
- (vi) Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.
- **(3) A facility-based and community-based risk assessment, utilizing an all-hazards approach.**
- (f) Staff qualifications
- (1) The facility must employ on a full-time, part-time, or consultant basis those professionals necessary to carry out the provision of these requirements.
- (2) Professional staff must be licensed, certified, or registered in accordance with applicable State laws.

42 CFR 483.80 – Infection Control

- (g) Use of outside resources
- (1) If the facility does not employ a qualified professional person to furnish a specific service to be provided by the facility, the facility must have that service furnished to residents by a person or agency outside the facility under an arrangement described in section 1861(w) of the Act or (with respect to services furnished to NF residents and dental services furnished to SNF residents) an agreement described in paragraph (g)(2) of this section.
- (2) Arrangements as described in section 1861(w) of the Act or agreements pertaining to services furnished by outside resources must specify in writing that the facility assumes responsibility for –
 - (i) Obtaining services that meet professional standards and principles that apply to professionals providing services in such a facility; and
 - (ii) The timeliness of the services

42 CFR 483.80 – Infection Control

- (2) **Written standards, policies, and procedures** for the program, which must include, but are not limited to:
 - (i) A **system of surveillance** designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
 - (ii) **When and to whom possible incidents of communicable disease or infections should be reported;**
 - (iii) **Standard and transmission-based precautions** to be followed to prevent spread of infections;
 - (iv) **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, and

42 CFR 483.80 – Infection Control

- (b) Infection preventionist – The facility must designate one or more individuals as the infections preventionist(s) (IPs) who are responsible for the facility’s IPCP. The IP must
- (B) **A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.**
- (v) **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 will transmit disease; and**
- (vi) **The hand hygiene procedures** to be followed by staff involved in direct resident contact
- (3) **An antibiotic stewardship program** that includes antibiotic use protocols and a system to monitor antibiotic use.
- (4) **A system for recording incidents identified under the facility’s IPCP and the corrective actions taken by the facility**
- (b) Infection preventionist – The facility must designate one or more individuals as the infections preventionist(s) (IPs) who are responsible for the facility’s IPCP



42 CFR 483.80 – Infection Control

- (d) Influenza and pneumococcal immunizations –
- (1) Influenza – the facility must develop policies and procedures to ensure that –
- (i) Before offering the influenza immunization, each **resident** or the resident's representative receives **education regarding the benefits and potential side effects** of the immunization;
- (ii) Each resident is **offered** an influenza immunization **October 1 through March 31 annually**, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;
- (iii) The **resident** or the resident's representative **has the opportunity to refuse** immunization; and
- (iv) The resident's **medical record includes documentation** that indicates, at a minimum, the following:
 - (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization

42 CFR 483.80 – Infection Control

- (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal
- (2) **Pneumococcal disease** – the facility must develop policies and procedures to ensure that –
 - (i) Before offering the pneumococcal immunization, each **resident** or the resident's representative **receives education regarding the benefits and potential side effects of the immunization**;
 - (ii) Each **resident is offered pneumococcal immunization (both types of vaccine, i.e. Pneumovax and Prevnar)**, unless the immunization is medically contraindicated or the resident has already been immunized;
 - (iii) The resident or the resident's representative has the **opportunity to refuse immunization**; and

42 CFR 483.80 – Infection Control

- (iv) The resident's **medical record includes documentation** that indicates, at a minimum, the following:
 - (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and
 - (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.
- (e) Linens – Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.
- (f) Annual review – the facility will conduct an annual review of its IPCP and update their program, as necessary.
- [81 FR 68868, October 4, 2016]

42 CFR 483.75 – QA and Perf.Improv.

- QAPI Plan – as required by the Affordable Care Act



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Nursing Home Quality Assurance & Performance Improvement

[QAPI Tools](#)

[QAPI Resources](#)

[Adverse Events in Nursing Homes](#)

[Consumer Engagement](#)

[QAPI Description and Background](#)

QAPI Description and Background

QAPI Description

QAPI is the coordinated application of two mutually-reinforcing aspects of a quality management system: Quality Assurance (QA) and Performance Improvement (PI). QAPI takes a systematic, comprehensive, and data-driven approach to maintaining and improving safety and quality in nursing homes while involving all nursing home caregivers in practical and creative problem solving.

- QA is the specification of standards for quality of service and outcomes, and a process throughout the organization for assuring that care is maintained at acceptable levels in relation to those standards. QA is on-going, both anticipatory and retrospective in its efforts to identify how the organization is performing, including where and why facility performance is at risk or has failed to meet standards.



- PI (also called Quality Improvement - QI) is the continuous study and improvement of processes with the intent to better services or outcomes, and prevent or decrease the likelihood of problems, by identifying areas of opportunity and testing new approaches to fix underlying causes of persistent/systemic problems or barriers to improvement. PI in nursing homes aims to improve processes involved in health care delivery and resident quality of life. PI can make good quality even better.

As a result, QAPI amounts to much more than a provision in Federal statute or regulation; it represents an ongoing, organized method of doing business to achieve optimum results, involving all levels of an organization.

Five Elements

We developed a general framework for implementing a QAPI program in nursing homes, based on five key elements of effective quality management. [Click Here](#) for detailed information on the Five Elements

QAPI Background

The existing Quality Assessment and Assurance (QAA) provision at 42 CFR, Part 483.75(o) specifies the QAA committee composition and frequency of meetings in nursing facilities and requires facilities to develop and implement appropriate plans of action to correct identified quality deficiencies. This provision provides a rule but not the details as to the means and methods taken to implement the QAA regulations. CMS is now reinforcing the critical importance of how nursing facilities establish and maintain accountability for QAPI processes in order to sustain quality of care and quality of life for nursing home residents.





In March 2010, Congress passed the Affordable Care Act. The Provisions set forth at Section 6102 (c) of the Affordable Act provide the opportunity for CMS to mobilize some of the best practices in nursing home QAPI and to identify technical assistance needs in advance of a new QAPI regulation. The provision states that the Secretary (delegated to CMS) shall establish and implement a QAPI program for facilities that includes development of standards (regulations) and provision of technical assistance on the development of best practices in order to meet such standards. This new provision significantly expands the level and scope of required QAPI activities to ensure that facilities continuously identify and correct quality deficiencies as well as sustain performance improvement.

Beginning in September 2011, CMS launched a prototype QAPI program in a small number of homes. The demonstration provided us with best practices for helping facilities upgrade their current quality programs. We then combined results from the demonstration with consumer, provider, and stakeholder feedback to establish QAPI tools and resources.

Downloads

[QAPI Five Elements \[PDF, 45KB\]](#) 

42 CFR 483.80 – Infection Control

The IP must:

- (1) Have **primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;**
- (2) **Be qualified by education, training, experience or certification;**
- (3) **Work at least part-time** at the facility; and
- (4) **Have completed specialized training in infection prevention and control**
- (c) **IP participation on quality assessment and assurance committee** – The individual designated as the IP, or at least one of the individuals if there is more than one IP, **must be a member** of the facility's quality assessment and assurance committee and **report** to the committee on the IPCP on a **regular basis**

42 CFR 483.75 – QA and Perf.Improv.

- Full Implementation of QAPI and integration of Infection Preventionist

Summary of Important Points:

- Each facility needs an “infection control program”
 - Must be written
 - Primary goal is to prevent infection by use of five essential elements:
 - Prevention
 - Identification
 - Reporting
 - Investigating
 - Controlling Infection
- Proper linen care, storage, and removal
- Flu and pneumonia vaccines given to prevent illness
 - Flu vaccine to all residents and staff – mask policy for anyone who says no
 - Both pneumonia vaccines given to all residents and staff over 65 years of age
- Help in the development of an Antibiotic Stewardship Program

Summary (cont'd)

- A facility risk assessment or “hazard vulnerability assessment” should be performed annually or more often if necessary
- Development and implementation of proper policies and procedures
- Monitoring and auditing of staff performance (using competency validation methodology-”demonstrating mastery”)
- Documentation of audits and follow-up with positive or negative feedback to personnel
- A check-back function for those not following proper policy to ensure change occurred
- Develop and implement an Antibiotic Stewardship Program

Summary

- Facility must have someone(s) designated as the Infection Preventionist and that individual(s) must have specialized training
 - Nurse or microbiology technologist or MPH with APIC, SHEA, or other IP training
 - Preferably CIC-APIC Board certified in Infection Control – must retake test every 5 years
 - Must work for the facility at least part-time

Other Federal Regulations

Dec. 13, 2016

In 2014, The United States Advisory Committee on Immunization Practices (ACIP) recommended PCV13 (pneumococcal conjugate vaccine) for all adults ≥ 65 years of age [5]. CMS agrees with the ACIP (Advisory Committee on Immunization Practices) that adults of any age with a high-risk condition should receive both PCV13 (Pneumovax) and the 23-valent pneumococcal polysaccharide vaccine (PPSV23 or Pneumovax).

***Legionella* Regulations**

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C 17-30-*Hospitals/CAHs/NHs*
REVISED 06.09.2017

DATE: June 02, 2017

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Requirement to Reduce *Legionella* Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires' Disease (LD)

******Revised to Clarify Provider Types Affected******

***Legionella* Regulations**

Memorandum Summary

- ***Legionella Infections:*** The bacterium *Legionella* can cause a serious type of pneumonia called LD in persons at risk. Those at risk include persons who are at least 50 years old, smokers, or those with underlying medical conditions such as chronic lung disease or immunosuppression. Outbreaks have been linked to poorly maintained water systems in buildings with large or complex water systems including hospitals and long-term care facilities. Transmission can occur via aerosols from devices such as showerheads, cooling towers, hot tubs, and decorative fountains.
- ***Facility Requirements to Prevent Legionella Infections:*** Facilities must develop and adhere to policies and procedures that inhibit microbial growth in building water systems that reduce the risk of growth and spread of *legionella* and other opportunistic pathogens in water.
- *This policy memorandum applies to Hospitals, Critical Access Hospitals (CAHs) and Long-Term Care (LTC). However, this policy memorandum is also intended to provide general awareness for all healthcare organizations.*

Federal Regulatory Groups for Long Term Care Facilities

* Substandard quality of care = one or more deficiencies with s/s levels of F, H, I, J, K, or L in Red

F730 Nurse Aide Perform Review – 12Hr/Year In- service
F731 Waiver-Licensed Nurses 24Hr/Day and RN Coverage
F732 Posted Nurse Staffing Information

483.40 Behavioral Health Services

F740 Behavioral Health Services
F741 Sufficient/Competent Staff-Behav Health Needs
F742 *Treatment/Svc for Mental/Psychosocial Concerns
F743 *No Pattern of Behavioral Difficulties Unless Unavoidable
F744 *Treatment /Service for Dementia
F745 *Provision of Medically Related Social Services

483.45 Pharmacy Services

F755 Pharmacy Svcs/Procedures/Pharmacist/Records
F756 Drug Regimen Review, Report Irregular, Act On
F757 *Drug Regimen is Free From Unnecessary Drugs
F758 *Free from Unnec Psychotropic Meds/PRN Use
F759 *Free of Medication Error Rates of 5% or More
F760 *Residents Are Free of Significant Med Errors
F761 Label/Store Drugs & Biologicals

483.50 Laboratory, Radiology, and Other Diagnostic Se

F770 Laboratory Services
F771 Blood Blank and Transfusion Services
F772 Lab Services Not Provided On-Site
F773 Lab Svcs Physician Order/Notify of Results
F774 Assist with Transport Arrangements to Lab Svcs
F775 Lab Reports in Record-Lab Name/Address
F776 Radiology/Other Diagnostic Services
F777 Radiology/Diag. Svcs Ordered/Notify Results
F778 Assist with Transport Arrangements to Radiology
F779 X-Ray/Diagnostic Report in Record-Sign/Dated

483.55 Dental Services

F790 Routine/Emergency Dental Services in SNFs
F791 Routine/Emergency Dental Services in NPs

483.60 Food and Nutrition Services

F800 Provided Diet Meets Needs of Each Resident
F801 Qualified Dietary Staff
F802 Sufficient Dietary Support Personnel
F803 Menus Meet Res Needs/Prep in Advance/Followed
F804 Nutritive Value/Appeal . Palatable/Prefer Temp
F805 Food in Form to Meet Individual Needs

F806 Resident Allergies, Preferences and Substitutes
F807 Drinks Avail to Meet Needs/Preferences/ Hydration
F808 Therapeutic Diet Prescribed by Physician
F809 Frequency of Meals/Snacks at Bedtime
F810 Assistive Devices - Eating Equipment/Utensils
F811 Feeding Asst -Training/Supervision/Resident
F812 Food Procurement, Store/Prepare/Serve - Sanitary
F813 Personal Food Policy
F814 Dispose Garbage & Refuse Properly

483.65 Specialized Rehabilitative Services

F825 Provide/Obtain Specialized Rehab Services
F826 Rehab Services- Physician Order/Qualified Person

483.70 Administration

F835 Administration
F836 License/Comply w/Fed/State/Local Law/Prof Std
F837 Governing Body
F838 Facility Assessment
F839 Staff Qualifications
F840 Use of Outside Resources
F841 Responsibilities of Medical Director
F842 Resident Records - Identifiable Information
F843 Transfer Agreement
F844 Disclosure of Ownership Requirements
F845 Facility closure-Administrator
F846 Facility closure
F849 Hospice Services
F850 *Qualifications of Social Worker >120 Beds
F851 Payroll Based Journal

483.75 Quality Assurance and Performance Improvem

F865 QAPI Program/Plan, Disclosure/Good Faith Attempt
F866 {PHASE-3} QAPI/QAA Data Collection and Monitoring
F867 QAPI/QAA Improvement Activities
F868 QAA Committee

483.80 Infection Control

F880 Infection Prevention & Control
F881 Antibiotic Stewardship Program
F882 {PHASE-3} Infection Preventionist Qualifications/Role
F883 *Influenza and Pneumococcal Immunizations

483.85 {PHASE-3} Compliance and Ethics Program

F895 {PHASE-3} Compliance and Ethics Program

483.90 Physical Environment

F906 Emergency Electrical Power System
F907 Space and Equipment
F908 Essential Equipment. Safe Operating Condition
F909 Resident Bed
F910 Resident Room
F911 Bedroom Number of Residents
F912 Bedrooms Measure at Least 80 Square Ft/Resident
F913 Bedrooms Have Direct Access to Exit Corridor
F914 Bedrooms Assure Full Visual Privacy
F915 Resident Room Window
F916 Resident Room Floor Above Grade
F917 Resident Room Bed/Furniture/Closet
F918 Bedrooms Equipped/Near Lavatory/Toilet
F919 Resident Call System
F920 Requirements for Dining and Activity Rooms
F921 Safe/Functional/Sanitary/Comfortable Environment
F922 Procedures to Ensure Water Availability
F923 Ventilation
F924 Corridors Have Firmly Secured Handrails
F925 Maintains Effective Pest Control Program
F926 Smoking Policies

483.95 Training Requirements

F940 {PHASE-3} Training Requirements - General
F941 {PHASE-3} Communication Training
F942 {PHASE-3} Resident's Rights Training
F943 Abuse, Neglect, and Exploitation Training
F944 {PHASE-3} QAPI Training
F945 {PHASE-3} Infection Control Training
F946 {PHASE-3} Compliance and Ethics Training
F947 Required In-Service Training for Nurse Aides
F948 Training for Feeding Assistants
F949 {PHASE-3} Behavioral Health Training

Bloodborne Pathogen Standard

Creating an Exposure Control Plan

- OSHA's Bloodborne Pathogen Standard 29 CFR 1910.1030
- In 1991, the Occupational Safety and Health Administration (OSHA) issued a Bloodborne Pathogen Standard to protect workers from occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and other Bloodborne pathogens.

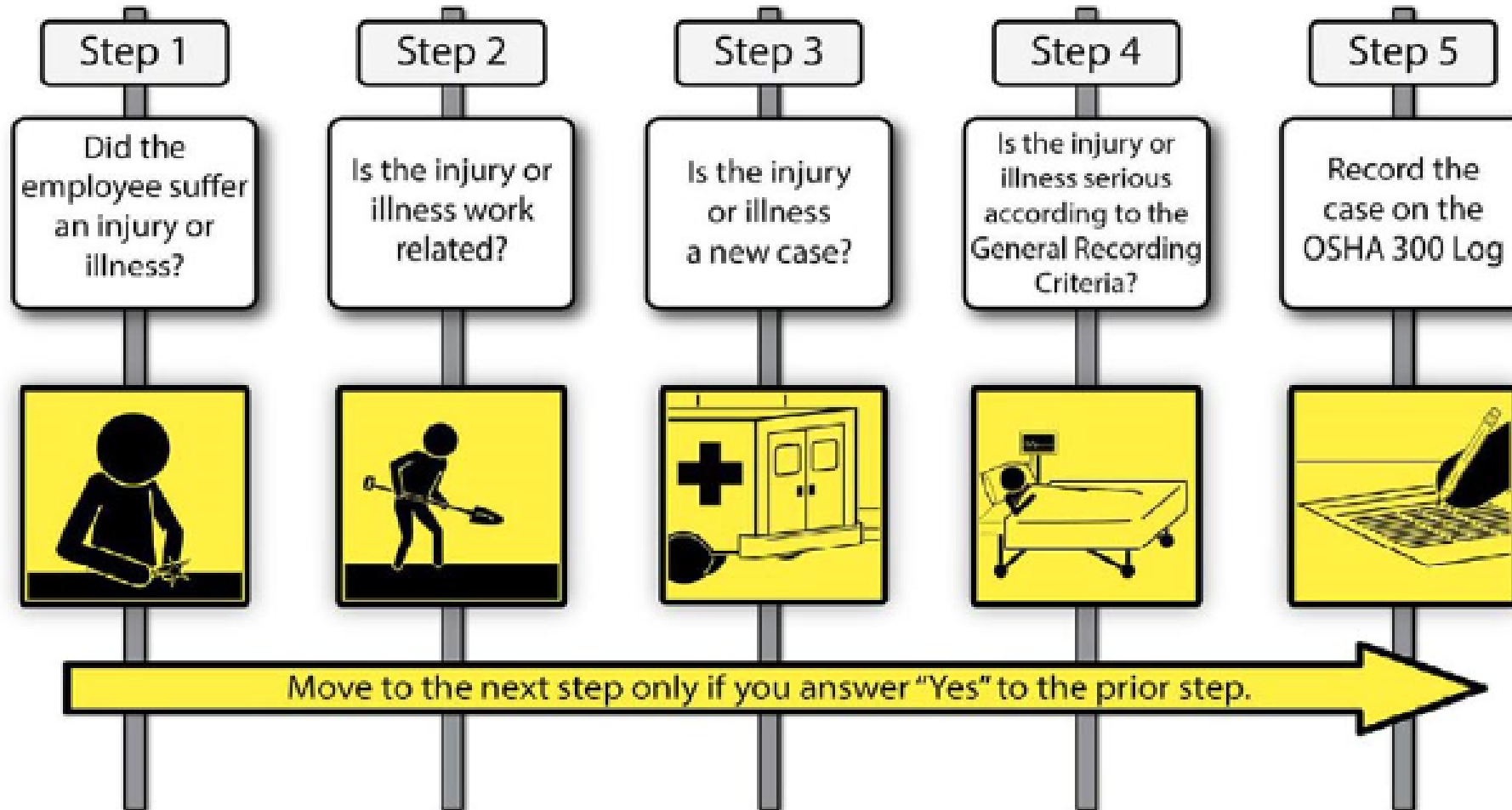
Tuberculosis Control Plan

- 29 CFR Part 1910
- Occupational Exposure to Tuberculosis; Proposed Rule; Termination of Rulemaking Respiratory Protection for *M. tuberculosis*; Final Rule; Revocation



Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Facilities, 1994

5 Step Process for Determining Injury and Illness Recordability



OSHA 300 Log Reporting

- Recording and Reporting Occupational Injuries and Illness (29 CFR 1904)
- Annual reporting; generally in February of the following year, report the pervious year's OSHA reportable occupational injuries and illnesses

Maryland Specific Regulations

COMAR 10.07.02

.21 Infection Control Program

- A. Infection Control Program – The facility shall establish, maintain, and implement an effective infection control program that:
 - (1) Investigates, controls, and prevents infections in a timely manner through a system that enables the facility to:
 - **(a) Analyze patterns of infected individuals;**
 - **(b) Analyze changes in prevalent organisms;**
 - **(c) Analyze increases in the rate of infection; and**
 - (d) Obtain surveillance data for the prevention and control of additional cases
 - (2) **Determines the procedures, such as appropriate precautions, that are to be applied to an individual resident;**

**Need to know your
baselines and bugs!**

.21 Infection Control Program

- (3) Maintains a record of infections in the facility, and the corrective actions that were taken related to infections; and
- (4) Monitors and evaluates the:
 - (a) Effectiveness of the infection control program by **surveying rates of infection, especially of those residents who have an especially high risk of infection; and**
 - (b) Effective implementation of the policies and procedures that are outlined in §F(1) of this regulations.
- B. The facility shall assign **at least one individual with education and training in infection surveillance, prevention, and control to be responsible for approving actions to prevent and control infections.**

Know how to calculate rates!
Look into risk stratifying your residents...

.21 Infection Control Program

- C. Effective **January 1, 2005**, the facility's **infection control coordinator shall attend a basic infection control training course** that is approved by the Office of Healthcare Quality and the Office of Epidemiology and Disease Control Program for the Department.
- D. The facility shall have **mechanisms for communicating the results of infection control activities to employees, and the individual or individuals who are responsible for the facility's performance.**
- E. The facility's communication mechanism shall ensure that the administrator, director or nursing, and the medical director receive and address reports of infection control findings and recommendations in a timely manner.
- F. Infection Control Policies and Procedures:

ALL HCP need to know how the facility is doing regarding IP&C!

.21 Infection Control Program

- (1) The infection control program shall establish **written policies and procedures to investigate, control, and prevention infections** in the facility including policies and procedures to:
- (a) Identify facility-associated infections and communicable diseases in accordance with COMAR 10.06.01;
- **(b) Report occurrences of certain communicable diseases and outbreaks of communicable diseases to the local health department in accordance with COMAR 10.06.01 and Health-General Article, §18-202, Annotated Code of Maryland;**
- (c) Institute appropriate infection control steps when an infection is suspected or identified in order to control infection and prevent spread to other residents;

Recognize early and
get help from LHDs

.21 Infection Control Program

- (d) Perform **surveillance of residents and employees** at appropriate intervals to monitor and investigate causes of infection, facility-associated and community acquired, and the manner in which it was spread;
- (e) **Train employees about infection control and hygiene including:**
 - (i) **Hand hygiene;**
 - (ii) **Respiratory protection;**
 - (iii) **Soiled laundry and linen processing;**
 - (iv) **Needles, sharps, or both;**
 - (v) **Special medical waste handling and disposal; and**

.21 Infection Control Program

- **(vi) Appropriate use of antiseptics and disinfectants**
- **(f) Train and monitor employee application of infection control and aseptic techniques; and**
- **g) Review the infection control program at least annually and revise as necessary.**
- **(2) The facility shall provide information concerning the communicable disease status of any resident being transferred or discharged to any other facility, including a funeral home.**
- **(3) The facility shall obtain information concerning the communicable disease status of any resident being transferred or discharged to the facility**

.21 Infection Control Program

- **G. Preventing Spread of Infection**
- **(1) The facility shall assess any residents with signs and symptoms of an infectious illness for the possibility of transmission to another resident or employee**
- **(2) The facility shall take appropriate infection control steps to prevent the transmission of a communicable disease to residents, employees, and visitors as outlined in the following guidelines:**
 - (a) Guideline for Isolation Precautions in Hospitals; and
 - (b) Guidelines for Infection Control in Health Care Personnel.

.21 Infection Control Program

- (3) The facility shall **prohibit employees with communicable disease or with infected skin lesions from direct contact with residents or their food** if direct contact could transmit the disease.
- (4) The facility shall **require employees to perform hand hygiene after each direct resident contact** for which hand hygiene is indicated by accepted professional practice.
- (5) The facility shall **handle, store, process, and transport linens so as to prevent the spread of infection.**

Infection Control

Isolation Precautions

Updates

Authors

Executive Summary

Abbreviations

Part I: Review of Scientific Data Regarding Transmission of Infectious Agents in Healthcare Settings

Part II: Fundamental Elements Needed to Prevent Transmission of Infectious Agents in Healthcare Settings

Part III: Precautions to Prevent Transmission

[CDC](#) > [Infection Control](#) > [Isolation Precautions](#)

Isolation Precautions



Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007)

[Isolation Precautions Guideline – Print Version](#)  [PDF – 1 MB]

Updates



See [updates](#) to this guideline:

- Mumps
- Ebola Virus Disease
- Measles Immunization
- Tdap Vaccine

.21-1 Employee Health Program

- A. The facility's infection control program shall monitor the relevant health status of all employees, as it relates to infection control. **The following guidelines shall aid the facility in implementing its employee health program:**
 - **(1) Guidelines for Infection Control in Health Care Personnel;**
 - **(2) Immunization of Health-Care Workers: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC); and**
 - **(3) COMAR 09.12.31**

Resident and Volunteer Health Program

- .21-2 Resident Health Program
- A. The facility's infection control program shall include monitoring of the health status of all residents to determine if the residents are free from tuberculosis in a communicable form
- .21-3 Volunteer Health Program
- A. The facility shall urge that volunteers... accept annual influenza vaccination and tuberculin testing as considered necessary by the facility. The facility shall give appropriate health care information to such volunteers to provide maximum protection to residents

.21-4 Infection Control – Standard Precautions

- A. Standard Precautions – All employees shall routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or the body fluids of any resident is anticipated as outlined in:
 - (1) Guideline for Isolation Precautions in Hospitals; and
 - (2) COMAR 09.12.31
- B. The infection control program shall include the handling of medical waste as defined in COMAR 10.06.06

COMAR 10.06.01

Outbreak Definition

- (a) A foodborne disease outbreak – 2 or more epidemiologically related cases of illness following consumption of common food item or items
- (c) **An increase in the number of infections** in a facility, such as a hospital, long-term care facility, assisted living facility, school, or child care center, **over the baseline rate usually found in that facility**

Questions

