

Infection Control Plan

Infection control recommendations are based on guidelines provided by the Centers for Disease Control (CDC).

Always follow any guidance or instructions from health care providers; local or state health departments; state regulatory agencies; and your organization's policies and procedures.

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Introduction

A sound infection control plan is an important part of resident safety and quality care. This plan shall be implemented and updated as necessary to follow guidance from the Centers for Disease Control and Prevention and state public health recommendations.

The plan shall be reviewed and updated at least annually and as needed.

This plan was last reviewed on: **05/04/2022**

Infection Preventionist

The community will identify a staff person to perform the duties of an “Infection Preventionist.” They do not necessarily have to work under the title of infection preventionist to hold this role.

Our Infection Preventionist	
The following individual has been designated as the Infection Preventionist for this community:	
Name:	
Title:	
Phone number:	
Email address:	

According to the [Association for Professionals in Infection Control](#), an infection preventionist is:

A professional who makes sure healthcare workers and residents are doing all the things they should to prevent infections... They look for patterns of infection; observe practices; educate staff; leadership; develop policies and procedures; and coordinate with local and national public health agencies.

Training and Qualifications

The individual designated as infection preventionist shall meet the following minimum training and qualification requirements:

1. Hold an active valid license as a Medical Doctor, Registered Nurse, or Licensed Practical/Vocational Nurse

OR

2. Receive training from one of the following:
 - a. A medical professional
 - b. A local health department official
 - c. A research-based medical authority, such as the Centers for Disease Control and Prevention: <https://www.cdc.gov/longtermcare/training.html>
3. Proof of training and qualifications will be retained in the individual's personnel file.

Responsibilities

The infection preventionist will be responsible for monitoring and implementing the Infection Control Plan, including:

1. Reviewing and updating the Infection Control Plan at least once per year and as needed
2. Ensuring staff receive all necessary infection control training
3. Staff perform proper hand hygiene
4. Staff have appropriate personal protective equipment available
5. Personal protective equipment is used correctly

6. Safe injection practices are followed
7. Cleaning and disinfection practices are followed

Infection Control Training

Staff will receive appropriate infection control training as followed. The designed Infection Preventionist is responsible for providing or coordinating infection control training.

Initial Orientation Training

All staff will receive initial orientation training on infection control before providing care to residents. This training will cover:

1. Standard Precautions
2. Hand hygiene
3. Personal protective equipment
4. Cleaning and disinfection
5. Respiratory etiquette
6. Infection control and medications (if applicable to their job duties)
7. Influenza

Ongoing Training

All staff will receive initial ongoing training on infection control. This training will cover:

1. An annual update on the infection control plan
2. An annual update on Standard Precautions, hand hygiene, and personal protective equipment

3. Training provided as needed if/when a resident develops a communicable disease, including any necessary PPE
4. Training provided as needed if/when a local, state, or federal emergency is declared or proclaimed for a communicable disease
5. If/when an Emergency Infection Control Plan is developed, staff will be trained within 10 calendar days.

Standard Precautions

Standard Precautions are infection control methods which require care staff to assume that all blood, body fluids, secretions, excretions (except sweat), nonintact skin, and mucous membranes may contain transmissible infectious agents. Standard Precautions are designed to reduce the risk of transmission of pathogens from both recognized and unrecognized sources of infection. In addition to blood and blood contaminated body fluids, Standard Precautions apply to feces, nasal secretions, urine, vomitus, sputum, and saliva (all moist body substances except sweat).

1. Standard Precautions are to be followed during all resident care/contact.
2. All blood and body fluids will be considered potentially infectious.
3. Care staff with occupational exposure to blood or other body fluids will follow Standard Precautions and wear Personal Protective Equipment (PPE) when coming into contact with all body fluids, secretions, excretions (except sweat), nonintact skin, and mucous membranes.
4. Standard Precautions include the appropriate methods for:
 - a. Hand hygiene.
 - b. Personal Protective Equipment (PPE).
 - c. Injection safety.
 - d. Respiratory hygiene/cough etiquette. (see Respiratory Illness Outbreak policy for details)
 - e. Use and handling of disposable and reusable medical equipment.
 - f. Environmental cleaning.
 - g. Handling of textiles and laundry.
5. Any care staff who are known to be affected with any illness in a communicable stage should not be allowed to have direct contact with residents or resident food. The Infection Preventionist will involve Human Resources in any personnel decisions.

Hand Hygiene

Hand hygiene is a critical step in infection control. Staff are to follow proper hand hygiene procedures. Hand hygiene can be completed through proper handwashing and/or use of alcohol-based hand sanitizer. Hand hygiene will be used to aid in the prevention and spread/transmission of infections.

1. According to the Centers for Disease Control and Prevention (CDC), alcohol-based hand sanitizers are the most effective products for reducing the number of germs on the hands in in most situations.
 - a. Wash your hands with soap and water:
 - i. When hands are visibly soiled.
 - ii. After caring for a person with known suspected infectious diarrhea.
 - iii. After known or suspected exposure to C difficile.
2. Staff must perform hand hygiene:
 - a. Before and after each shift worked.
 - b. Immediately before and after resident care.
 - c. Before and after handling, preparing or eating foods.
 - d. Before and after assisting with medications.
 - e. After contact with blood, body fluids, or contaminated surfaces.
 - f. Immediately before putting personal protective equipment and immediately after removing personal protective equipment.
 - g. When hands are visibly soiled.
 - h. Before and after cleaning any area in the Community.
 - i. Before and after using the restroom.
 - j. Before and after smoking.
 - k. After combing hair.
 - l. After covering their mouth when sneezing and coughing.
 - m. Any other appropriate time.

3. The use of gloves does not replace handwashing or the use of alcohol-based hand sanitizer.

Alcohol-based Hand Sanitizer Procedure

1. Put product on hands and rub hands together.
2. Cover all surfaces until hands feel dry.
3. This should take around 20 seconds.

Handwashing Procedure with Soap and Water

1. When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product recommended by the manufacturer to your hands.
2. Rub your hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers.
3. Rinse your hands with water and use disposable towels to dry. Use towel to turn off the faucet.
4. Avoid using hot water, to prevent drying of skin.

Personal Protective Equipment

The Community provides Personal Protective Equipment (PPE) for use by care staff during any job task that may result in contact with blood or other body fluids.

The following Personal Protective Equipment (PPE) will be made available as required:

- Gloves
- Gowns
- Medical/surgical masks
- N95 respirators
- Goggles/eye protection
- CPR masks

Storage of PPE

Personal protective equipment is readily available to all staff but is stored in a manner the prevents inadvertent access by residents.

PPE	Storage Location
Gloves	
Medical / Surgical Masks	
N95 Respirators	
Gowns	
Eye Protection	
CPR Masks	

Use of Gloves

1. Wear gloves for all resident care/contact and/or tasks where the potential for contact with blood or other body fluids may exist. Examples include but are not limited to:
 - a. Coming into contact with blood or body fluids such as saliva, stool, vomit or urine.
 - b. There is a cut or open wound on the hands of the staff or volunteer.
 - c. Assisting with direct resident care and coming into direct contact with residents, such as bathing, dressing, or assisting with incontinence.
 - d. Administering first aid.
2. Change gloves and perform hand hygiene during resident care, if:
 - a. Gloves become damaged or torn.
 - b. Gloves become visibly soiled.
 - c. Moving from work on a soiled body site to a clean body site on the same resident.
3. Never wear the same pair of gloves in the care of more than one resident.
4. Never wash gloves for the purpose of reuse.
5. Remove gloves before touching equipment such as telephones, charts, computers, monitors, doorknobs, refrigerator handles, food, pens, pencils, elevator buttons, etc.
6. After use of gloves, they are disposed of in the nearest appropriate waste receptacle with a tight-fitting cover.
7. Perform hand hygiene immediately after removing gloves.

Other PPE: Community policies are followed for use of all other personal protective equipment. These policies are readily available to all staff.

Cleaning and Disinfection

Procedures are followed to ensure a clean and safe environment. This includes environment cleaning and disinfection as well as disposal and disinfection of care equipment.

Environmental Cleaning and Disinfection

Environmental cleaning and disinfection is performed as follows:

1. All products are used in accordance with manufacturer instructions.
2. Appropriate EPA-registered disinfectants are used for disinfection:
<https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>
3. Surfaces such as floors, chairs, toilets, sinks, counters and tabletops shall be cleaned and disinfected on a daily basis to ensure they are safe and sanitary.
4. These surfaces shall also be disinfected when these surfaces are contaminated or visibly soiled.
5. Walls and window coverings in resident care areas are dusted or cleaned on a regular schedule to ensure they are safe and sanitary or when they are visibly contaminated or soiled.
6. Clean Before Using Disinfectants
 - a. Soiled areas must first be cleaned to ensure the effectiveness of the disinfectant product.
 - b. Clean surfaces using water and soap or detergent to reduce soil and debris.

7. Disinfection

- a. Follow product label instructions for proper use and handling including use of personal protective equipment (PPE).
- b. Pay attention to the contact time disinfectants should be left on surfaces to be effective (including disinfecting wipes). Carefully follow instructions for the dilution of concentrated products to ensure effective use.
- c. Disinfectant products can only be applied using a labeled application method.
- d. Use products in well ventilated areas.
- e. Do not mix disinfecting products. Mixing different products can produce toxic fumes.

Cleaning and Disinfection Frequency

1. Our maintains routine cleaning and disinfection schedules and procedures.
2. High risk areas and frequently touched surfaces are cleaned and disinfected at least daily and when soiled. These include:
 - a. First aid stations/health offices
 - b. Restrooms
 - c. Dining areas and kitchens
 - d. High-traffic hallways and entrances/exits
 - e. Employee break areas
 - f. Desks and chairs
 - g. Counters, tables and chairs
 - h. Door handles, push plates and handrails
 - i. Kitchen and bathroom fixtures
 - j. Light switches

Spills of Blood and Other Potentially Infectious Materials

Spills of blood and other potentially infectious materials will be promptly cleaned and disinfected as follows:

1. Wear a pair of gloves.
2. If there is broken glass:
 - a. Use tongs or a pan and brush to sweep up as much of the broken glass (or container) as possible. Do not pick up pieces with your hands.
 - b. Discard the broken glass in a sharps container. If this is not possible due to the size of the broken glass, wrap the glass or container in several layers of paper and discard it carefully in a separate container. Do not place it in the regular waste container.
3. Use disposable paper towels to absorb as much of the body fluids as possible.
4. Wipe the area with water and detergent until it is visibly clean.
5. Saturate the area again with an appropriate disinfectant, such as diluted bleach. Allow it to air dry. Ensure signage is posted to prevent slips and falls.
6. Remove gloves and discard them.
7. Wash hands carefully with soap and water, and dry thoroughly with single-use towels.
8. Contact human resources if there were any exposures to blood or body fluids.

Items and Equipment

1. Items and equipment that are single-use shall be disposed of in an appropriate waste container with a tight-fitting cover.
2. Reusable medical equipment, such as blood pressure cuffs, etc. shall be cleaned and disinfected prior to use for the care of another resident:
 - a. Thoroughly wipe down the equipment using an appropriate EPA-registered disinfectant.

- b. Wipe clean with a damp cloth (water)
- c. Allow to air dry
- d. Clean and soiled equipment are stored and handled separately.

Cleaning and Disinfection Log

Date	Time	Type of Cleaning		Staff Person	Staff Signature	Notes	Manager Initials
		Regular daily cleaning	High touch surfaces				

Respiratory Etiquette

Following CDC recommendations for respiratory etiquette can help to reduce the spread of germs. All staff and volunteers, regardless of having direct contact with residents, shall practice and maintain respiratory etiquette to minimize exposure to potential illness.

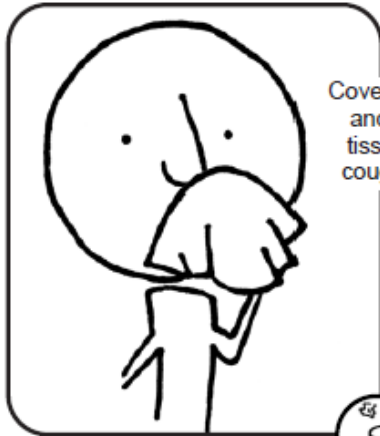
The CDC “Cover Your Cough” sign on the next page may be posted as a visual reminder.

Respiratory Etiquette Procedure

1. The mouth and nose shall be covered with a tissue or one's upper sleeve or elbow when coughing or sneezing.
2. Hand(s) are not used to cover the mouth and nose.
3. If a tissue is used, it shall be disposed of in the nearest waste receptacle with a tight-fitting cover immediately after use.

Stop the spread of germs that make you and others sick!

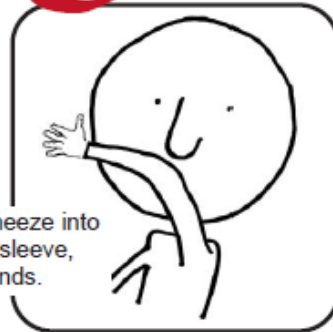
Cover your Cough



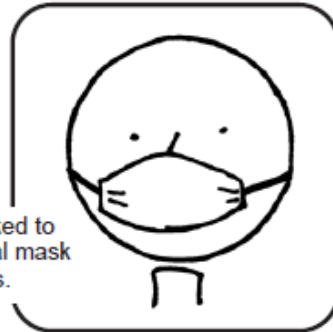
Cover your mouth and nose with a tissue when you cough or sneeze

or

cough or sneeze into your upper sleeve, not your hands.



Put your used tissue in the waste basket.



You may be asked to put on a surgical mask to protect others.

Clean your Hands

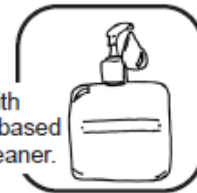
after coughing or sneezing.



Wash with soap and water

or

clean with alcohol-based hand cleaner.



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INFECTION CONTROL AND EPIDEMIOLOGY, INC.

Injections

The following procedures are followed by all staff who assist residents with injectable medications:

1. Medications administered by injection shall be drawn up in a clean area.
2. The same syringe and needle shall only be used to assist one resident and then properly disposed of after each use in a puncture-resistant waste receptacle with a tight-fitting cover.
3. A medication vial shall not be entered with a used syringe or needle.
4. The top of a medication vial shall always be cleaned with an alcohol swab before needle entry.

Sharps

Sharps are any material that can puncture or cut human skin or a red trash bag (such as syringes with needles, needles alone, lancets, razor blades, broken glass, and similar sharp objects). ALL sharps must be discarded into an approved sharps container.

Sharps Disposal

1. Needles and other sharps are never to be discarded directly into a red bag, red bag-lined biohazard box or into other waste streams.
2. All needles and sharps must be discarded directly into approved sharps disposal containers.
3. An approved sharps container shall be available where sharps are utilized.
4. Containers for the disposal of sharps shall be limited to those approved by the Infection Preventionist.
5. Sharps containers shall not be overfilled. Filled containers shall be properly sealed and disposed of in receptacles lined with a red bag.
6. Sharps disposal containers are puncture resistant, not puncture proof. Filled containers are to be handled with caution; sharps may penetrate under certain conditions.
7. Sharps containers are picked up as needed by a licensed medical waste disposal company.

Guidelines for the Safe Handling of Sharps

1. Sharps are never to be discarded directly into the regular trash.

2. Needles are not to be clipped or bent.
3. The user shall be responsible for proper sharps disposal. Sharps shall not be left on furniture, equipment, or counter tops.
4. Sharps should never be carried in pockets. Needles and other sharps used at a distance from a disposal container shall be transported safely to the disposal area by using a puncture-resistant basin or similar container.

When a Resident Has a Communicable Disease

Additional procedures will be followed when one or more residents are diagnosed with a communicable disease.

1. Enhanced environmental cleaning and disinfection to maintain a safe and sanitary environment and to prevent, contain, and mitigate the transmission of the communicable disease.
2. Enhanced environmental cleaning and disinfection shall be of all frequently touched surfaces such as doorknobs, handles, and shared items
3. Enhanced environment cleaning will be performed once per shift and as often as necessary.
4. All staff and volunteers providing direct care to a resident who has a communicable disease shall wear appropriate Personal Protective Equipment (PPE) to prevent exposure to infectious agents or chemicals through the respiratory system, skin, or mucous membranes of the eyes, nose, or mouth. PPE may include gloves, gowns, masks, respirators, shoe coverings and eye protection.
5. The Infection Preventions will consult with the residents physician or a local health department to determine the type of PPE to be used based on the communicable disease present in the facility.
6. All staff and volunteers will receive additional training regarding the specific communicable disease and appropriate infection control measures.
7. There shall be separation and care of residents whose illness requires separation, including quarantine or isolation, from others.

Emergency Infection Control Plan

When a local state, or federal emergency for a communicable disease is proclaimed or declared, the Infection Preventionist shall develop and implement an Emergency Infection Control Plan that includes infection control measures that are not already addressed in the Infection Control Plan to prevent, contain, and mitigate the associated communicable disease. The COVID-19 pandemic is an example of such an emergency.

The Emergency Infection Control Plan shall include:

1. Infection control measures required by the federal, state, and local government public health authorities for the communicable disease
2. The plan will be completed and sent to the Department within 15 calendar days from the date the state or federal emergency is proclaimed or declared.
3. In the event there are differing standards between the government public health authorities, the Community will follow the strictest requirement.
4. The Emergency Infection Control Plan will be used until the proclaimed or declared state of emergency is no longer in effect.
5. The Emergency Infection Control Plan will be distributed to residents, facility staff, and each residents' responsible party.
6. All staff shall be trained on the Emergency Infection Control Plan immediately but no later than 10 calendar days after submission to the Department.
7. The Emergency Infection Control Plan will be reviewed and updated as necessary every 30 calendar days, or whenever new infection control measures are recommended by the federal, state, and local government public health authorities, until the proclaimed or declared state of emergency is no longer in effect.

8. Any updates to the plan shall be shared with staff, residents and if applicable, each resident's authorized representative, and submitted to the Department.