

Infection Prevention and Control Program

Purpose: _____ (Name of Facility) maintains an effective program to reduce the risk of and prevent the transmission of all infections between residents, healthcare workers and visitors. This program involves the collaboration and participation of staff and services within the facility and is designed to meet the intent of regulatory and accrediting agencies.

An Infection Prevention and Control Committee, (IPCC) consisting of the Administrator, the Health Care Director, the Nurse, and staff designated to direct infection control activities, will meet at least quarterly to:

- ◆ Review infection prevention/control guidelines to assure issues related to emerging and reemerging communicable diseases are addressed.
- ◆ Monitor facility's compliance with infection control policy.
- ◆ Determine which EPA-registered disinfectant solution the facility will use and assure its availability to staff who are required to use the solution.
- ◆ Review the efficacy of in-use disinfectants when evidence of continuing transmission of an infectious agent (e.g., rotavirus, *C. difficile*, norovirus) may indicate resistance to the in-use product and change to a more effective disinfectant as indicated.
- ◆ Review and evaluate the infection prevention/control guidelines no less than annually and update as necessary to prevent blood borne and respiratory pathogen transmission.
- ◆ Conduct facility wide surveillance to identify opportunities to prevent and/or reduce the rate of infection in our residents, employees, and visitors.
- ◆ Review findings related to facility-associated infections and make recommendations based on the results of the review.
- ◆ Make recommendations for new procedures, policies and/or activities as appropriate.

Reporting of Suspected or Confirmed Communicable Diseases

The Administrator will be responsible for reporting to the local health director all suspected or confirmed communicable diseases and conditions in accordance with Rule 13F.0802 Reporting and Notification of a Suspected or Confirmed Communicable Disease Outbreak within timeframes established by 10A NCAC 41A.0101 Reportable Diseases and Conditions.

All suspected or confirmed cases of novel coronavirus infections (COVID-19) will be reported immediately by telephone and written report.

All diseases and conditions required to be reported immediately and within 24 hours will be reported by telephone to the local health department. A *Communicable Disease Report OR an electronic format provided by the Division of Public Health* including the name, address and epidemiologic information will be submitted within 7 days.

The Administrator will be responsible for implementing recommendations, to the greatest extent practicable, provided by the local health department in response to a suspected or confirmed communicable disease case, condition or communicable disease outbreak.

The Administrator will inform the residents and their representatives within 24 hours following confirmation by the local health department of a communicable disease outbreak, or one or more confirmed cases of COVID-19 among any resident or staff person.

The Administrator will:

- ◆ Not disclose any personally identifiable information of the residents or staff;
- ◆ Provide information on the measures the facility is taking to prevent or reduce the risk of transmission, including whether normal operations of the facility will change;
- ◆ Provide weekly updates until the communicable illness within the facility has resolved, as determined by the local health department; and,
- ◆ Provide education to the residents concerning measures they can take to reduce the risk of spread or transmission of infection.

The *IPCC* will be responsible for monitoring the facility's compliance with Infection Prevention and Control Program and Policies, which are consistent with the federal Centers for Disease Control and Prevention guidelines, include:

- Blood Glucose Monitoring and Insulin Administration
- Standard Precautions
- Transmission-Based Precautions
- Cleaning, Sanitizing/ Disinfecting Resident Environment and Reusable Equipment
- Accessibility of Infection Control Devices and Supplies
- Control Plan for Staff Exposure to Blood and Body Fluids
- Reporting of Communicable Diseases and Conditions
- Suspected or Confirmed Communicable Disease
- Staff Screening and Restriction
- Visitor Screening and Restriction
- Personal Protective Equipment (PPE)
- Staffing During a Communicable Disease Outbreak

During a public health emergency as declared by the United States and that applies to North Carolina or a public health emergency declared by the state of North Carolina, the *IPCC* will review and update *Infection Control* policies and procedures to reflect guidelines and recommendations by CDC, local health department, and North Carolina Department of Health and Human Services.

The Administrator will assure all staff are trained within 30 days of hire and annually on the policies and procedures regarding:

- Standard Precautions
- Transmission-Based Precautions
- Reporting of Communicable Diseases and Conditions
- Suspected or Confirmed Communicable Disease
- Staff Screening and Restriction
- Visitor Screening and Restriction

The training on Hand Hygiene and Personal Protective Equipment (PPE), included in Standard Precautions, will include hands-on demonstration by a trained instructor and return demonstration by the staff person.

The facility will assure staff employed in a management or supervisory role are trained within 30 days of hire and annually on the policies and procedures listed above in addition to the policy on Staffing During a Communicable Disease Outbreak.

The facility will assure all policies and procedures included in the Infection Prevention and Control Program be maintained in the facility and accessible to facility staff.

This Infection Prevention and Control Program **will be/has been** incorporated into the facility's emergency preparedness disaster plan and will be updated as needed to address any emerging infectious disease threats to protect the residents during a shelter-in-place or emergency evacuation event.

Attachments:

- Blood Glucose Monitoring and Insulin Administration Policy
- Standard Precautions Policy
- Transmission-Based Precautions Policy
- Cleaning, Sanitizing/ Disinfecting Resident Environment and Reusable Equipment Policy
- Accessibility of Infection Control Devices and Supplies Policy
- Control Plan for Staff Exposure to Blood and Body Fluids Policy
- Reporting of Communicable Diseases and Conditions Policy
- Suspected or Confirmed Communicable Disease Policy
- Staff Screening and Restriction Policy
- Visitor Screening and Restriction Policy
- Personal Protective Equipment (PPE) Policy
- Staffing During a Communicable Disease Outbreak Policy

Accessibility of Infection Control Devices and Supplies Policy

Policy: Infection Prevention and Control

Title: Accessibility of Infection Control Devices and Supplies

Effective Date:

Purpose:

The purpose of this policy is to assure the availability of infection control devices and supplies to prevent the transmission of germs.

Procedure:

- The facility will provide access to alcohol-based hand sanitizer with at least 60% alcohol throughout the facility and keep sinks stocked with soap and paper towels. Remind residents, visitors and personnel to frequently perform hand hygiene.
- The facility will ensure adequate cleaning and disinfectant supplies are available, including EPA-registered **disposable disinfectant wipes** so that commonly used surfaces can be wiped down.
- The facility will ensure the appropriate Personal Protective Equipment (PPE) and face coverings for personnel, residents, and visitors.
- The facility will provide tissues and no-touch receptacles for used tissue disposal.

Blood Glucose Monitoring/Insulin Administration Policy

Policy: Infection Control/ Standard Precautions
Title: Blood Glucose Monitoring/Insulin Administration
Effective Date:
<p>Purpose:</p> <p>To prevent bloodborne pathogen transmission during blood glucose monitoring and insulin administration; and,</p> <p>To assure proper disposal of single-use equipment used to puncture skin, mucous membranes, and other tissues.</p>
<p>Procedure:</p> <ul style="list-style-type: none">• Finger stick devices will never be used for more than one person.• Each glucose meter will be labeled with the resident's name. Blood glucose meters will not be shared.• Insulin pens will be assigned to individual persons and labeled appropriately. Insulin pens will never be used for more than one person.• Staff will use single-use lancets that permanently retract upon puncture.• Staff will dispose of used lancets, needles and syringes at the point of use in an approved sharps container. Never reuse lancets, needles or syringes.• Staff will wear gloves during blood glucose monitoring, insulin administration and during any other procedure that involves potential exposure to blood or body fluids.• Staff will change gloves between resident contacts. Staff will change gloves that have touched potentially blood-contaminated objects or finger stick wounds before touching clean surfaces. Staff will discard gloves in appropriate receptacles.• Staff will perform hand hygiene immediately after removal of gloves and before touching other medical supplies intended for use on other persons.

Cleaning, Sanitizing/Disinfecting Resident Environment and Reusable Equipment Policy

Policy: Infection Control
Title: Cleaning, Sanitizing/ Disinfecting Resident Environment and Reusable Equipment
Effective Date:
<p>Purpose:</p> <p>To reduce and eliminate the probability of contamination and on environmental surfaces and patient care equipment and preventing the transmission of pathogens.</p>
<p>Procedure:</p> <p>Clean</p> <ul style="list-style-type: none">• Wear disposable gloves to clean and disinfect.• Clean surfaces using soap and water, then use disinfectant.• Cleaning with soap and water reduces number of germs, dirt and impurities on the surface. Disinfecting kills germs on surfaces.• Practice routine cleaning of frequently touched surfaces.<ul style="list-style-type: none">◦ More frequent cleaning and disinfection may be required based on level of use.◦ Surfaces and objects in common areas should be cleaned and disinfected before each use.• High touch surfaces include:<ul style="list-style-type: none">◦ Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc. <p>Disinfect</p> <ul style="list-style-type: none">• Disinfect with an EPA-Registered agent OR household disinfectant on List N: Disinfectants for use against SARs-CoV-2 external icon, the virus that causes COVID 19.• Follow the instructions on the label to ensure safe and effective use of the product.• Many products recommend:<ul style="list-style-type: none">◦ Keeping surface wet for a period of time (see product label).◦ Precautions such as wearing gloves and making sure you have good ventilation during use of the product.• If products on List N external icon are not available, diluted household bleach solutions can be used if appropriate for the surface. Unexpired household bleach will be effective against coronaviruses when properly diluted.<ul style="list-style-type: none">◦ Use bleach containing 5.25%–8.25% sodium hypochlorite. Do not use a bleach product if the percentage is not in this range or is not specified.

- Follow the manufacturer's application instructions for the surface, ensuring a contact time of at least 1 minute.
- Ensure proper ventilation during and after application.
- Check to ensure the product is not past its expiration date.
- Never mix household bleach with ammonia or any other cleanser. This can cause fumes that may be very dangerous to breathe in.
- Prepare a bleach solution by mixing:
 - 5 tablespoons (1/3rd cup) of 5.25%–8.25% bleach per gallon of room temperature water OR
 - 4 teaspoons of 5.25%–8.25% bleach per quart of room temperature water
 - Bleach solutions will be effective for disinfection up to 24 hours.

Frequency

- On a daily basis, horizontal surfaces (bed tables), surfaces frequently touched by residents and staff (bed rails, doorknobs), and lavatory facilities will be cleaned and disinfected with an approved EPA-registered agent.
- High-touch surfaces will be cleaned and disinfected at least twice a day.
- All and any surface visibly soiled with blood or body fluids will be cleaned and disinfected immediately.
- Once a resident has been discharged from a room or area, horizontal and vertical surfaces, as well as floors, will be cleaned and disinfected using an EPA-registered agent for environmental sanitation.

Reusable Resident Equipment

- All reusable resident care equipment and durable medical equipment will be cleaned and disinfected **after each resident use** with an EPA-registered agent. **Example: Blood pressure monitoring devices, electronic thermometers, and blood glucose meters.**

PPE

- Wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.
 - Trash saturated with blood or body fluids will be disposed of in an appropriate biohazard container and treated accordingly; items not saturated may be discarded as routine medical waste.
 - Additional personal protective equipment (PPE) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
 - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.

Hand Hygiene

- Wash your hands often with soap and water for 20 seconds.
 - Always wash immediately after removing gloves and after contact with a person who is sick.

- Hand sanitizer: If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

Other

- Used cleaning solutions will be discarded, and housekeeping equipment will be rinsed and allowed to dry prior to reuse.

Control Plan for Staff Exposure to Blood and Body Fluids Policy

Policy: Infection Prevention and Control
Title: Control Plan for Staff Exposure to Blood and Body Fluids
Effective Date:
Purpose:
<p>The purpose of this policy is to outline the staff member's and facility's responsibility when an exposure occurs.</p>
Procedure:
<ul style="list-style-type: none">• Each employee must report any significant cuts or skin wounds that he/she may have to his/her supervisor or to the Administrator (or designee) prior to performing any task(s) that may involve potential exposure to blood or body fluids.• An employee with impairment of normal skin condition (e.g., wounds, cuts, scrapes, dermatitis, chapped skin, rash, etc.) must wear appropriate protective equipment (i.e., occlusive bandages, gloves, gown, masks, etc.) when performing tasks that may involve exposure to blood or body fluids.• Any staff member with exudative lesions, weeping dermatitis, or suspected scabies in a location which may not likely come into contact with the resident, equipment or device may be allowed to work with a physician's approval.• Any staff member with exudative lesions, weeping dermatitis, or suspected scabies in a location which could potentially come in contact with the resident, equipment or devices will not work until the condition is resolved and a physician states the employee is safe to return to work.• All blood or body fluids should be considered potentially infectious at all times.• Staff must wear protective clothing when providing treatment to a resident with a potentially contagious blood-borne illness.• Should skin exposure to blood or body fluids occur, the employee should:<ul style="list-style-type: none">○ Stop the procedure as soon as it is safe and/or practical to do so;○ Wash the exposed area thoroughly with soap and running water;○ Report the incident to his/her supervisor, who will report to the Administrator (or designee);○ Fill out and complete an exposure report form; and○ Obtain counseling.

- If the skin exposure involves large amounts of blood or prolonged contact with blood, especially if the exposed skin is chapped or otherwise broken, use alcohol or peroxide as an antiseptic after thorough hand washing.
- Should exposure to blood or body fluids occur to the eyes or mouth, the employee should:
 - Flush the exposed area immediately with water;
 - If desired, rinse the mouth with peroxide;
 - Report the incident to the individual's supervisor, who will report it to the Administrator (or designee);
 - Complete an exposure report form; and
 - Obtain counseling.
- Should an exposure to blood/body fluids occur from a needle stick, cut from a sharp instrument, or contamination of an open wound or broken skin, the employee should:
 - Allow the wound to bleed freely;
 - Wash the exposed area with soap and water;
 - Apply antiseptic as desired:
 - Isopropyl alcohol 70%; or
 - Hydrogen peroxide 3%.
 - Report the incident to the Administrator (or designee);
 - Complete an exposure report form; and
 - Receive medical care.

____ follows current Centers for Disease Control and Prevention (CDC) Guidelines and Recommendations governing occupational exposure to blood and/or body fluids.

Personal Protective Equipment (PPE) Policy

Policy: Infection Prevention and Control

Title: Personal Protective Equipment (PPE)

Effective Date:

It is the facility's responsibility to provide appropriate PPE for staff, residents and visitors.

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions.

Purpose:

To establish when to use Personal Protective Equipment (PPE) **in the assisted living facility**

Procedure:

- Standard Precautions:
 - Gloves should be used when touching blood, body fluids, secretions, excretions, or contaminated items and for touching mucous membranes and nonintact skin.
 - A gown should be used during procedures and patient care activities when contact of clothing and/or exposed skin with blood/body fluids, secretions or excretions are anticipated.
 - Mask and goggles or a face shield should be used during patient care activities that are likely to generate splashes and sprays of blood, body fluids, secretions or excretions.
- Contact Precautions:
 - Gloves and gown should be used for all interactions that may involve contact with the resident and/or the resident's environment of care (e.g., medical equipment, environmental surfaces).
 - Donning PPE upon room entry and properly discarding before exiting the resident's room is done to contain pathogens.
- Droplet Precautions:
 - A surgical mask should be used.
 - To assist with source control, the resident will be asked to wear a mask.
- Airborne Precautions:
 - A particulate respirator should be used.
 - To assist with source control, the resident will need to wear a mask.
- Cleaning and Disinfecting
 - Wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.

- Trash saturated with blood or body fluids will be disposed of in an appropriate biohazard container and treated accordingly; items not saturated may be discarded as routine medical waste.
- Additional personal protective equipment (PPE) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
- Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.

- Hand Hygiene: Hand hygiene should be performed immediately after removing PPE, during PPE changes and removal if necessary, and between residents.

Reporting of Communicable Diseases and Conditions Policy

Policy: Infection Prevention and Control
Title: Reporting of Communicable Diseases and Conditions
Effective Date:
All communicable diseases required to be reported in accordance with 10A NCAC 41A.0101 Reportable Diseases and Conditions and 10A NCAC 41A.0102 Method of Reporting will be reported to the local health director.
Purpose: To assure all suspected and confirmed communicable diseases are reported accordance with 10A NCAC 13F.1802 Reporting and Notification of a Suspected or Confirmed Communicable Disease Outbreak
Procedure: <ul style="list-style-type: none">• The Administrator, or designee, will report all suspected and confirmed communicable diseases and conditions to the local health director in accordance with timeframes established by 10A NCAC 41A.0101 Reportable Diseases and Conditions.• Diseases required to be reported immediately will be reported initially by telephone and DHHS 2124 Communicable Disease Report OR in electronic format.• Diseases required to be reported within 24 hours will be reported initially by telephone and within 7 days utilizing DHHS 2124 Communicable Disease Report OR in electronic format.• Each report will include the resident's name, address and epidemiologic information.• The Administrator will implement recommendations, to the greatest extent practicable, provided by the local health department in response to suspected, confirmed or outbreak of a communicable disease or condition.• The Administrator will inform the residents and their representatives within 24 hours following confirmation by the local health department of a communicable disease outbreak, or one or more confirmed cases of COVID-19 among any resident or staff person. The Administrator will:<ul style="list-style-type: none">○ Not disclose any personally identifiable information of the residents or staff;○ Provide information on the measures the facility is taking to prevent or reduce the risk of transmission, including whether normal operations of the facility will change;○ Provide weekly updates until the communicable illness within the facility has resolved, as determined by the local health department; and,○ Provide education to the residents concerning measures they can take to reduce the risk of spread or transmission of infection.

Staff Screening and Restrictions from Working Policy

Policy: Infection Prevention and Control

Title: Staff Screening and Restrictions from Working

Effective Date:

Purpose:

To identify the presence of symptoms of communicable disease in staff and to determine staff's ability to work

Procedure:

Screening

- All staff will report any signs of illness (e.g., fever, cough, difficulty breathing, muscle or body aches, sore throat, new loss of taste or smell, open weeping wounds) immediately.
- All staff will be screened for fever and respiratory symptoms at the start of each shift. Their temperature will be taken and the absence of shortness of breath, new or change in cough, and sore throat will be documented.
- Staff with fever, respiratory symptoms, or other symptoms will be instructed to put on a facemask, leave work and self-isolate at home, or not report to work until testing has been completed and results received.

Restrictions

- Staff may return to work if:
 - At least 10 days have passed since symptoms first appeared **and**
 - At least 24 hours have passed since last fever without the use of fever-reducing medications **and**
 - Symptoms (e.g., cough, shortness of breath) have improved.
- After returning to work, Staff should:
 - Wear a facemask for source control at all times while in the facility until all symptoms are completely resolved or at baseline.
 - A facemask for source control does not replace the need to wear an N95 or equivalent or higher-level respirator (or other recommended PPE) when indicated,
 - Self-monitor for symptoms, notify supervisor, seek re-evaluation if symptoms recur or worsen.

Note: Staff who are **not severely immunocompromised** and were **asymptomatic** throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.

Note: Staff who are **severely immunocompromised** but who were **asymptomatic** throughout their infection may return to work when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test

Staffing During a Communicable Disease Outbreak Policy

Policy: Infection Prevention and Control

Title: Staffing During a Communicable Disease Outbreak

Effective Date:

The facility will provide minimum staffing to maintain a safe work environment and safe resident care by adjusting staff schedules, rotating staff to positions that support patient care activities.

Purpose:

To outline procedures and strategies for addressing staffing issues and ensuring staffing to meet the needs of the residents during a communicable disease outbreak

Procedure:

- All non-essential procedures and visits will be cancelled; and, staff who work in these areas will be trained and shifted to support other resident care activities.
- Supervisors will be trained and assigned to other duties including, but not limited to, resident care activities.
- As appropriate, request that HCP postpone elective time off from work.
- Identify [designated healthcare facilities](#) or [alternate care sites](#) with adequate staffing to care for residents with COVID-19.
- Develop plans to allow asymptomatic staff who have had an [unprotected exposure to](#) the virus that causes COVID-19 but are not known to be infected to continue to work.
- If shortages continue despite other mitigation strategies, consider implementing criteria to allow HCP with suspected or confirmed COVID-19 who are well enough and willing to work but have not met all [Return to Work Criteria](#) to work.

Standard Precautions Policy

Policy: Infection Prevention and Control

Title: Standard Precautions

Effective Date:

(The following is adapted from the CDC publication *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*, which can be obtained at www.cdc.gov)

Standard Precautions are used for all patient care. They're based on a risk assessment and make use of common-sense practices and personal protective equipment use that protect healthcare providers from infection and prevent the spread of infection from patient to patient.

Standard Precautions include a group of infection prevention practices that apply to all residents, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered.

The application of Standard Precautions during resident care is determined by the nature of the interaction and the extent of anticipated blood, body fluid, or pathogen exposure. For some interactions, only gloves may be needed; during other interactions, use of gloves, gown, and face shield or mask and goggles is necessary.

Purpose:

To prevent and stop the spread of bloodborne pathogens in the facility.

Procedure:

- **Hand Hygiene**
 - Perform hand hygiene:
 - Before having direct contact with residents.
 - After contact with blood, body fluids or excretions, mucous membranes, non-intact skin, or wound dressings.
 - After contact with a resident's intact skin (e.g., when taking a pulse or blood pressure or lifting a resident).
 - If hands will be moving from a contaminated-body site to a clean-body site during resident care.
 - After contact with inanimate objects (including medical equipment) in the immediate vicinity of the resident.
 - After removing gloves.
 - **Additional key times to wash hands** include:
 - After blowing one's nose, coughing, or sneezing.
 - After using the restroom.
 - Before eating or preparing food.
 - After contact with animals or pets.
 - Before and after providing routine care for another person who needs assistance (e.g., a child).

- During the delivery of care, avoid unnecessary touching of surfaces in close proximity to the resident to prevent both contamination of clean hands from environmental surfaces and transmission of pathogens from contaminated hands to surfaces.
- When hands are visibly dirty, contaminated with proteinaceous material, or visibly soiled with blood or body fluids, wash hands with either a non-antimicrobial soap and water or an antimicrobial soap and water.
- If hands are not visibly soiled, or after removing visible material with non-antimicrobial soap and water, decontaminate hands in the care situations described above. The preferred method of hand decontamination is with an alcohol-based hand rub.
 - Alternatively, hands may be washed with an antimicrobial soap and water.
 - Frequent use of alcohol-based hand rub immediately following handwashing with non-antimicrobial soap may increase the frequency of dermatitis.
- Wash hands with non-antimicrobial soap and water or with antimicrobial soap and water if contact with spores (e.g., *C. difficile* or *Bacillus anthracis*) is likely to have occurred. The physical action of washing and rinsing hands under such circumstances is recommended because alcohols, chlorhexidine, iodophors, and other antiseptic agents have poor activity against spores.
- Do not wear artificial fingernails or extenders if duties include providing direct resident care.

- **Personal protective equipment (PPE)**

- Observe the following principles of use:
 - Wear PPE when the nature of the anticipated resident interaction indicates that contact with blood or body fluids may occur.
 - Prevent contamination of clothing and skin during the process of removing PPE.
 - Before leaving the resident's room or cubicle, remove and discard PPE.
- **Gloves**
 - Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, or potentially contaminated intact skin (e.g., of a resident incontinent of stool or urine) could occur
 - Wear gloves with fit and durability appropriate to the task
 - Wear disposable medical examination gloves for providing direct resident care.
 - Wear disposable medical examination gloves or reusable utility gloves for cleaning the environment or medical equipment.
 - Remove gloves after contact with a resident and/or the surrounding environment (including medical equipment) using proper technique to prevent hand contamination. Do not wear the same pair of gloves for the care of more than one resident. Do not wash gloves for the purpose of reuse since this practice has been associated with transmission of pathogens.
 - Change gloves during resident care if the hands will move from a contaminated body-site (e.g., perineal area) to a clean body-site (e.g., face).

- **Gowns**
 - Wear a gown that is appropriate to the task, to protect skin and prevent soiling or contamination of clothing during procedures and resident-care activities when contact with blood, body fluids, secretions, or excretions is anticipated.
 - Wear a gown for direct resident contact if the resident has uncontaminated secretions or excretions.
 - Remove gown and perform hand hygiene before leaving the resident's environment.
 - Do not reuse gowns, even for repeated contacts with the same resident.
- **Mouth, nose, eye protection**
 - Use PPE to protect the mucous membranes of the eyes, nose and mouth during procedures and resident-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions and excretions. Select masks, goggles, face shields, and combinations of each according to the need anticipated by the task performed.
- **Respiratory Hygiene/Cough Etiquette**
 - Educate healthcare personnel on the importance of source control measures to contain respiratory secretions to prevent droplet and fomite transmission of respiratory pathogens, especially during seasonal outbreaks of viral respiratory tract infections (e.g., influenza) in communities.
 - All staff *with signs and symptoms of a respiratory infection* must cover mouth and nose with a tissue when coughing or sneezing. If no tissue is available, staff must cough or sneeze into his/her upper sleeve or elbow.
 - Dispose of the tissue after use in the nearest waste receptacle;
 - Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects/materials.
 - Staff *with signs and symptoms of a respiratory infection* must wear a facemask to protect others.
 - Implement the following measures to contain respiratory secretions in residents and accompanying individuals who have signs and symptoms of a respiratory infection, beginning at the point of initial encounter:
 - Post signs at entrances and in strategic places (e.g., elevators, cafeterias) within the Community to remind residents and other persons with symptoms of a respiratory infection to cover their mouths/noses when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after hands have been in contact with respiratory secretions.
 - Provide tissues and no-touch receptacles (e.g. Foot-pedal operated lid or open, plastic-lined waste basket) for disposal of tissues.
 - Provide resources and instructions for performing hand hygiene in or near common areas; provide conveniently-located dispensers of
 - Alcohol-based hand rubs and, where sinks are available, supplies for handwashing.

- During periods of increased prevalence of respiratory infections in the community (e.g., as indicated by increased school absenteeism, increased number of residents seeking care for a respiratory infection), offer masks to coughing residents and other symptomatic persons (e.g., persons who accompany ill residents) upon entry into the facility and encourage them to maintain special separation, ideally a distance of at least 3 feet, from others in common areas.
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- **Resident room/apartment placement**
 - When selecting a resident's room/apartment, consider the potential for transmission of infectious agents.
 - Place residents who pose a risk for transmission to others (e.g., uncontained secretions, excretions, wound drainage or viral respiratory or gastrointestinal infections) in a single-resident room when available.
- **Resident-care equipment and instruments/devices**
 - All resident care equipment will be cleaned with an EPA- registered disinfectant or a solution of Clorox solution composed of a 1:10 ratio. Manufacturer's recommendations will be followed.
 - Wear PPE (e.g., gloves, gown), according to the level of anticipated contamination, when handling resident-care equipment and instruments/devices that is visibly soiled or may have been in contact with blood or body fluids.
 - See *Cleaning, Sanitizing/Disinfecting Resident Environment and Reusable Equipment Policy*.
- **Care of the environment**
 - Surfaces that are likely to be contaminated with pathogens, including those that are in close proximity to the resident (e.g., bed rails, bedside tables) and frequently-touched surfaces in the resident care environment (e.g., door knobs, surfaces in and surrounding toilets in residents' rooms) will be cleaned and disinfected on a more frequent schedule compared to that for other surfaces.
 - EPA-registered disinfectants that have micro biocidal (i.e., killing) activity against the pathogens most likely to contaminate the resident-care environment will be used in accordance with manufacturer's instructions.
 - See *Cleaning, Sanitizing/Disinfecting Resident Environment and Reusable Equipment Policy*.
- **Textiles and laundry**
 - Handle used textiles and fabrics with minimum agitation to avoid contamination of air, surfaces and persons.
 - If laundry chutes are used, ensure that they are properly designed, maintained, and used in a manner to minimize dispersion of aerosols from contaminated laundry.

- **Safe injection practices**

- Do not administer medications from a syringe to multiple residents, even if the needle or cannula on the syringe is changed. Needles, cannulas and syringes are sterile, single-use items; they should not be reused for another resident nor to access a medication or solution that might be used for a subsequent resident.
- Do not administer medications from single-dose vials or ampules to multiple residents or combine leftover contents for later use.
- Do not keep multi dose vials in the immediate resident care area and store in accordance with the manufacturer's recommendations; discard if sterility is compromised or questionable.

- **Worker safety**

- Staff will dispose of used lancets, needles and syringes at the point of use in an approved sharps container. Never reuse lancets, needles or syringes.
- Staff will never re-cap a used needle.
- Staff will wear gloves during blood glucose monitoring and during any other procedure that involves potential exposure to blood and body fluids. Perform hand hygiene immediately after removing gloves.

Suspected or Confirmed Communicable Disease Policy

Policy: Infection Prevention and Control

Title: Suspected or Confirmed Communicable Disease

Effective Date:

The Administrator will report to the local health department all suspected and/or confirmed cases of communicable disease, conditions or outbreak. An outbreak is defined as *any increase above expected OR more than one in either illnesses among residents or staff with the same identified infectious cause (e.g., evidence of the same virus or bacteria found on laboratory testing), or illnesses among residents or staff with the same or similar symptoms (e.g., vomiting and diarrhea or fever and cough) but no identified infectious cause.*

All other residents will be encouraged to distance themselves at least 6 feet from others, wear face coverings when out of their rooms, and perform frequent hand hygiene.

If a confirmed communicable disease outbreak occurs, **all staff and residents will be screened for symptoms daily and tested every 2 weeks.**

Purpose:

To outline resident care when there is a suspected or confirmed communicable disease in the facility.

Procedure:

Isolation

- If a resident is suspected of or identified as having a communicable disease, the resident will be immediately isolated in their room.
- All other residents will be encouraged to remain in their rooms (self-isolate) while awaiting assessment to determine if they are also infected or exposed.
- For a resident who exhibits signs of dementia and/or is unable to isolate independently in their room, the resident may:
 - Be assigned a staff member to assist with the isolation;
 - Be relocated within the facility where other residents with the same symptoms/diagnosis; or,
 - Be transferred to a setting that is equipped to adhere to recommended infection prevention and control practices.
- While the resident is in isolation, the facility will apply Standard and Transmission-Based Precautions as indicated and assign specific staff members to provide care and assistance.
- All other residents will be encouraged to distance themselves at least 6 feet from others and wear face coverings.
- *If residents have been in contact with a staff person who is either suspected or confirmed to have a communicable disease, the residents will be asked to remain in their room until testing has been completed and results received.*

Group Activities

- Residents who have tested positive for a communicable disease will have individualized resident activities in their rooms.
- Resident activities for all other residents will be in small groups with residents physically distancing and wearing face covering.

Communal Dining

- Residents who have tested positive for a communicable disease will be served meals in their room.
- All other residents will be encouraged to have meals in their rooms.
- Residents who are not able to have meals served to their rooms will be served in the dining room in a manner that allows 6 feet distance between them, which may include multiple seatings for each meal.

Source Control

- All other residents will be encouraged to distance themselves at least 6 feet from others and wear face coverings when out of their rooms.

Screening Visitors and criteria for restricting visitors who exhibit signs of illness

Posting signage for visitors regarding screening and restricting procedures

Procedures for screening facility staff and criteria for restricting staff who exhibit signs of illness

Procedures and strategies for addressing staffing issues and ensuring staffing to meet the needs of the residents during a communicable disease outbreak

- Isolation and precautions will remain until discontinued by the resident's medical provider. (For most persons with COVID-19 illness, isolation and precautions can generally be discontinued 10 days *after symptom onset*¹ and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms.)

Transmission-Based Precautions Policy

Policy: Infection Prevention and Control

Title: Transmission-Based Precautions

Effective Date:

Transmission-Based Precautions are the second tier of basic infection control and are to be used in addition to [Standard Precautions](#) for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission.

Purpose:

To prevent and stop the spread of infection within the facility.

Procedure:

- Contact Precautions are used for residents with known or suspected infections that represent an increased risk for contact transmission.
 - Ensure appropriate patient placement in a single room if possible. Make room placement decisions balancing risks to other patients.
 - Wear a gown and gloves for all interactions that may involve contact with the patient or the patient's environment. Donning PPE upon room entry and properly discarding before exiting the patient room is done to contain pathogens.
 - When transport or movement is necessary, cover or contain the infected or colonized areas of the resident's body.
 - Use disposable or dedicated patient-care equipment (e.g., blood pressure cuffs). If common use of equipment for multiple patients is unavoidable, clean and disinfect such equipment before use on another patient.
 - Prioritize cleaning and disinfection of the rooms of patients on contact precautions ensuring rooms are frequently cleaned and disinfected focusing on frequently-touched surfaces and equipment in the immediate vicinity of the resident.
- Droplet Precautions are used for residents known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing or talking.
 - Ensure appropriate patient placement in a single room if possible. Make decisions regarding patient placement on a case-by-case basis considering infection risks to other patients in the room and available alternatives.
 - Use personal protective equipment (PPE) appropriately. Don mask upon entry into the resident room or resident space.
 - To assist with source control, ask the resident to wear a mask.

- Limit transport and movement of patients outside of the room to medically-necessary purposes. If transport or movement outside of the room is necessary, instruct resident to wear a mask and follow Respiratory Hygiene/Cough Etiquette.
- Airborne Precautions are used for residents known or suspected to be infected with pathogens transmitted by the airborne route (e.g., tuberculosis, measles, chickenpox, disseminated herpes zoster).
 - The facility does not have the capability to maintain an Airborne Infection Isolation Room (AIIR) so patients requiring airborne isolation (i.e., rule-out or confirmed Mycobacterium Tuberculosis, **measles, chickenpox**, disseminated herpes zoster) will be transferred to an acute care hospital.
 - Restrict susceptible healthcare personnel from entering the room of patients known or suspected to have measles, chickenpox, disseminated zoster, or smallpox if other immune healthcare personnel are available.
 - Use personal protective equipment (PPE) appropriately, including a fit-tested NIOSH-approved N95 or higher level respirator for healthcare personnel.
 - Limit transport and movement of patients outside of the room to medically-necessary purposes. If transport or movement outside an AIIR is necessary, instruct patients to wear a surgical mask, if possible, and observe Respiratory Hygiene/Cough Etiquette. Healthcare personnel transporting patients who are on Airborne Precautions do not need to wear a mask or respirator during transport if the patient is wearing a mask and infectious skin lesions are covered.
 - Immunize susceptible persons as soon as possible following unprotected contact with vaccine-preventable infections (e.g., measles, varicella or smallpox).

Visitor Screening and Restrictions Policy

Policy: Infection Prevention and Control

Title: Visitor Screening and Restrictions

Effective Date:

Purpose:

To outline screening process for visitors and specify restrictions

Procedure:

Screening

- All visitors will enter through the (_____ door) OR main entrance only.
- Signs regarding visitation policies and screening and restriction procedures will be posted at the visitor entrance.
- All visitors will be screened for the presence of fever and symptoms consistent with COVID-19.

Restrictions

- Visitors with fever or symptoms consistent with COVID 19 will not be allowed to enter the building.
- Visitors with no fever or symptoms will be asked to wear face covering while in the facility.