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Proposed Infection Prevention and Control Chapter for the Nursing Care Center Program

IC.04.01.01

The organization has an infection prevention and control program for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for patients, residents, staff, and visitors.

Elements of Performance (EPs) for IC.04.01.01

1. **The organization designates one or more individual(s) as the infection preventionist(s) or infection control professional(s) who is qualified, in accordance with law and regulation, through education, training, experience, or certification in infection prevention to be responsible for the infection prevention and control program.**
   Note: The infection preventionist(s) or infection control professional(s) works at least part-time at the organization

2. **The infection preventionist(s) or infection control professional(s) is responsible for the following:**
   - Development and implementation of infection surveillance, prevention, and control policies and procedures that adhere to law and regulation and nationally recognized guidelines
   - Documentation of the infection prevention and control program and its surveillance, prevention, and control activities
   - Competency-based training and education of staff on infection prevention and control policies and procedures and their application
   - The prevention and control of infections and communicable diseases, including monitoring staff adherence to infection prevention and control policies and procedures
   - Communication and collaboration with all components of the organization involved in infection prevention and control activities, including but not limited to the antibiotic stewardship program and the water management program
   - Participation in and reporting to the organization's quality assessment and performance improvement committee on infection prevention and control issues
   Note: The outcome of competency-based training is the staff's ability to demonstrate the skills and tasks specific to their roles and responsibilities. Examples of competencies may include donning/doffing of personal protective equipment and the ability to correctly perform the processes for high-level disinfection. (For more information on competency requirements, refer to HR.01.06.01, EPs 1,3, 5, 6).
   (See also EC.02.05.02, EP 2)

3. **The organization infection prevention and control program has written policies and procedures to guide its activities and methods for preventing and controlling the transmission of infections and communicable diseases. The policies and procedures are in accordance with applicable law and regulation, nationally recognized evidence-based guidelines, and standards of practice and, at a minimum, address**

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the following:
- Surveillance methods and activities to identify infections and communicable diseases
- Internal reporting of infections, infectious contamination or exposure, or infection control breaches
- Reporting of infections and communicable diseases to local and state public health authorities
- Standard precautions
- Transmission-based precautions, including duration, how and when they should be used by staff, and a requirement that the isolation is the least restrictive possible for the patient or resident based on their infection and condition
- Insertion, maintenance, and discontinuation of invasive medical devices used in the organization's patient and resident population (for example, intravascular catheter, enteral feeding tube, indwelling urinary catheter, ventilator)
- Handling, storing, processing, and transporting of laundry and linens in the manner that prevents contamination
Note 1: Relevant federal, state, and local law and regulations include but are not limited to the Centers for Medicare & Medicaid Services Conditions of Participation, the Food and Drug Administration (FDA) regulations for reprocessing single-use medical devices; Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard 29 CFR 1910.1030, Personal Protective Equipment Standard 29 CFR 1910.132, and Respiratory Protection Standard 29 CFR 1910.134; health care worker vaccination laws; state and local public health authorities' requirements for reporting of communicable diseases and outbreaks and requirements for transmission-based precautions; and state and local regulatory requirements for biohazardous or regulated medical waste generators.
Note 2: An example of internal reporting is notifying the infection preventionist or other staff about a potentially infectious, symptomatic patient or resident at the time of admission.
Note 3: Standard precautions include hand hygiene, environmental cleaning and disinfection, injection and medication safety, use of Personal Protective Equipment (PPE), minimizing potential exposures, and reprocessing, storage, and transport of equipment or devices used for patient care. For full details on standard precautions, refer to The Centers for Disease Control and Prevention (CDC) Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings
https://www.cdc.gov/infectioncontrol/guidelines/core-practices/index.html

6. **The organization provides supplies to support infection prevention and control activities.**
Note: Examples of supplies include alcohol-based hand sanitizers, hand soap, personal protective equipment, and cleaning and disinfection supplies

IC.06.01.01

The organization implements its infection prevention and control program through surveillance, prevention, and control activities

Elements of Performance (EPs) for IC.06.01.01

1. **To prioritize the program's activities and determine what resources are necessary for the program, the organization identifies risks for infection, contamination,**

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and exposure that pose a risk to patients, residents, and staff based on the following:
- Its geographic location, community, and population served
- The care, treatment, and services it provides
- The analysis of surveillance activities and other infection control data
- Relevant infection control issues identified by the local, state, or federal public health authorities that could impact the organization
Note: Risks may include organisms with a propensity for transmission within health care facilities based on published reports and the occurrence of clusters of patients or residents (for example, norovirus, respiratory syncytial virus [RSV], influenza, measles, and organisms with antimicrobial resistance such as Carbapenem-resistant Enterobacterales [CRE], Candida auris).
(See also EC.02.06.05, EP 2)

2. The organization reviews identified risks at least annually or whenever significant changes in risk occur.

3. The organization implements activities for the surveillance, prevention, and control of infections and communicable diseases, including maintaining a clean and sanitary environment to avoid sources and transmission of infection, and addresses any infection control issues identified by public health authorities that could impact the organization.
(See also NPSG.07.01.01, EP 1)

4. The organization implements its policies and procedures for infectious disease outbreaks, including the following:
- Implementing infection prevention and control activities when an outbreak is first recognized by internal surveillance or public health authorities
- Reporting an outbreak in accordance with state and local public health authorities' requirements
- Using the least restrictive visitation practices and considering alternate options when restrictions are necessary
- Communicating information necessary to prevent further transmission of the infection among patients, residents, visitors, and staff, as appropriate

5. The organization implements policies and procedures to minimize the risk of communicable disease exposure and acquisition among its staff, in accordance with law and regulation. The policies and procedures address the following:
- Screening and medical evaluations for infectious diseases
- Immunizations
- Staff education and training, including education on vaccines
- Management of staff with potentially infectious exposures or communicable illnesses, including the circumstances under which the organization prohibits employees with a communicable disease or infected skin lesions from direct contact with patients or residents or their food, if direct contact will transmit the disease
Note: The Advisory Committee on Immunization Practices (ACIP) provides vaccine-specific recommendations and guidelines at https://www.cdc.gov/vaccines/hcp/acip-recs/index.html.

6. The organization monitors patterns and trends in infections and implements a corrective action plan to address and prevent transmission of infection.

7. The organization evaluates its infection prevention and control program and the

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effectiveness of the corrective action plan at least annually and makes updates, as necessary.

IC.06.01.03

The organization implements policies and procedures to help prevent and control the development and transmission of vaccine-preventable diseases among patients and residents.

Elements of Performance (EPs) for IC.06.01.03

1. **The organization offers recommended vaccinations, including influenza, pneumococcal disease, and COVID-19, to patients and residents, unless the vaccination is medically contraindicated, or the patient or resident has already been immunized.**
   Note 1: The organization follows national guidelines on when to administer recommended vaccinations to a patient or resident.
   Note 2: The patient or resident or their surrogate decision-maker has the opportunity to refuse vaccination.
   Note 3: Receipt or nonreceipt of vaccination due to medical contraindication or refusal is documented in the patient's or resident's medical record.
2. **Before offering vaccination, the organization provides education to patients and residents and their surrogate decision-maker on the benefits and potential side effects of vaccination.**
   Note 1: This education is documented in the patient's or resident's medical record.
   Note 2: In situations where vaccination requires multiple doses, for example COVID-19 vaccination, the patient or resident is educated about the benefits or risks and potential side effects of vaccination before requesting consent for administration of any additional doses.

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