**Infection Prevention and Control Program Policy**

It is a policy of this facility to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

**Policy Explanation and Compliance Guidelines**

1. The designated Infection Preventionist serves as a consultant to our staff on infectious diseases, resident room placement, implementing of isolation precautions, staff and resident exposures, surveillance, and epidemiological investigations of exposures of infectious diseases.
2. The RNs and LPNs supervise direct care staff in daily activities to assure appropriate precautions and techniques are observed, assess the resident's isolation needs, initiate appropriate precautions in accordance with our established policies and current CDC Infection Control Isolation Guidelines, consult with the Medical Director (and/or the resident's attending Physician) as soon as possible to obtain written order for same; and consult the Infection Preventionist for questions regarding isolation, infection control issues, and questions relative to communicable diseases and infections.
3. Surveillance:
	1. A system of surveillance is utilized for prevention, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon a facility assessment and accepted national standards.
	2. The Infection Preventionist serves as a leader in surveillance activities, maintains documentation of incidents, findings, and any corrective actions made by the facility and reports surveillance findings to the facility's Quality Assessment and Assurance Committee.

c. The RNs and LPNs participate in surveillance through assessment of residents and reporting changes in condition to the residents' physicians and management staff, per protocol for notification of changes and in-house reporting of communicable diseases and infections

1. Hand Hygiene Protocol:
	1. All staff shall wash their hands when coming on duty, between resident contacts, after handling contaminated objects, after PPE removal, before/after eating, before/after toileting, and before going off duty.
	2. Staff shall wash their hands before and after performing resident care procedures.
	3. Hands shall be washed in accordance with our facility's established hand

washing procedure.

1. Isolation Protocol:
	1. Standard precaution shall be observed for all residents.
	2. A resident with an infection or communicable disease shall be placed on isolation precautions as recommended by current CDC Guidelines for Isolation
	3. Residents will be placed on the least restrictive isolation precaution for the

shortest duration possible under the circumstances.

* 1. When a resident on isolation precautions must leave the resident care unit/area, the charge nurse on that unit/area shall communicate to all involved departments the nature of the isolation and shall prepare the resident for transport in accordance with current isolation precaution guidelines.
	2. Residents with Tuberculosis are placed on Airborne Precautions and placed in a special room that is equipped with special air handling and ventilation capacity. If no such room is available, the resident(s) will be discharged to a facility with such capabilities or the hospital.
	3. lmmunocompromised and myelosuppressed residents shall be placed in a private room if possible and shall not be placed with any resident having an infection or communicable disease.
1. Antibiotic Stewardship:
	1. An antibiotic stewardship program will be implemented as part of the overall infection prevention and control program.
	2. Antibiotic use protocols and a system to monitor antibiotic use will be implemented as part of the antibiotic stewardship program.
	3. The Infection Preventionist will serve as the leader of the antibiotic stewardship program.
	4. The Director of Nursing, Infectious Disease Physician, Medical Director, consultant pharmacist, and laboratory manager will serve as resources for the antibiotic stewardship program.

7.Influenza and Pneumococcal Immunization:

1. Residents will be offered the influenza vaccine each year between October 1 and March 31, unless contraindicated or received the vaccine elsewhere during that time period.
2. Residents will be offered the pneumococcal vaccines recommended by the CDC upon admission, unless contraindicated or received the vaccines elsewhere.
3. Education will be provided to the residents and/or representatives regarding the benefits and potential side effects of the immunizations prior to offering the vaccines.
4. Residents will have the opportunity to refuse the immunizations.
5. Documentation will reflect the education provided and details regarding whether or not the resident received the immunizations.

8.Equipment Protocol:

a. All reusable items and equipment requiring special cleaning, disinfection, or sterilization shall be cleaned in accordance with our current procedures governing the cleaning and sterilization of soiled or contaminated equipment.

b. Single-use disposable equipment is an alternative to sterilizing reusable medical instruments. Single-use devices must be discarded after use and are never used for more than one resident.

* 1. Reusable items potentially contaminated with infectious materials shall be placed in red regulated waste bags, labeled and placed in the soiled utility room for pickup and processing.
	2. The Environmental Services Team will decontaminate equipment with a germicidal detergent prior to storing for reuse
	3. All contaminated disposable items shall be discarded in a waste receptacle lined with a plastic bag.
1. Supplies Protocol:
	1. Sterile supplies shall be appropriately packaged or purchased prepackaged and sterile from the manufacturer.
	2. Sterile supplies are routinely checked for expiration dates and are replaced as necessary.
	3. Prepacked sterile items are considered sterile until opened or damaged. Packaging shall be inspected prior to use.
2. Linens:
	1. Laundry and direct care staff shall handle, store, process, and transport linens so as to prevent spread of infection.
	2. Clean linen shall be delivered to resident care units on covered linen carts with covers down.
	3. Linen shall be stored on all resident care units on covered carts, shelves, in bins, drawers, or linen closets.
	4. Soiled linen shall be collected at the bedside and placed in a linen bag. When the task is complete, the bag shall be closed securely and placed in the soiled utility room. Soiled linen shall not be kept in the resident's room or bathroom.
	5. Environmental services staff shall not handle soiled linen unless it is properly bagged.
3. Resident/Family/Visitor Education:
	1. Residents, family members, and visitors are provided information relative to the rationale for the isolation, behaviors required of them in observing these precautions, and conditions for which to notify the nursing staff.
	2. Information on various infectious disease is available from our Infection Preventionist.
	3. Isolation signs are used to alert staff, family members, and visitors of isolation precautions.
4. Staff Communicable Disease Screening and Immunization:
	1. Direct care staff shall be screened for tuberculosis, and COVID at the time of employment and shall comply with new hire physical examinations and immunization requirements.
	2. Influenza vaccine shall be offered when appropriate
	3. Hepatitis B vaccine shall be offered to all staff that have the potential for contact with blood/body fluids, or other potentially infectious materials.
5. Staff Communicable Disease Guidelines:
	1. Our staff will follow the below guidelines when he/she:
		1. Is feverish and appears to be in the infectious stages of an illness.
		2. Experiences an occupational exposure to blood/body fluids.
		3. Has been exposed to a communicable disease.
		4. Exhibits infected skin lesions.
	2. Based on the specific circumstances, employees with a communicable disease or infected skin lesion will be prohibited from direct contact with residents or their food, if direct contact will transmit the disease.
	3. Our Infection Preventionist shall coordinate screening procedures in case of widespread exposure of staff to any infectious disease.
	4. Direct care staff shall demonstrate competence in resident care procedures established by our facility.
	5. Staff shall use personal protective care equipment (PPE) according to established facility policy governing the use of PPE.
6. Annual Review:
	1. The facility will conduct an annual review of the infection prevention and control program, including associated programs and policies and procedures.
	2. Following review, the infection and prevention control program will be updated as necessary.