**Infection Prevention and Control Plan**

**Intent of the Infection Prevention and Control Plan**

The Infection Prevention and Control Plan (IPCP) consists of the Infection and Prevention Control policy and procedures, and the Antibiotic Stewardship policy and procedures. The facility staff and its associates adhere to the mission and goals set forth in the IPCP which is reviewed annually and approved and adopted by the facility’s Infection Control Committee.

**Mission and Goals**

Facility leadership is committed to a comprehensive Infection Prevention and Control Plan (IPCP) focused on both employee health and resident care practices. The IPCP encompasses the prevention of adverse outcomes such as health care associated infections (HCAI) 1, supporting staff in all areas of the facility to improve resident care, minimizing health care associated occupational hazards, optimizing antibiotic use, and fostering evidence-based decision-making. To that end, the IPCP provides staff with a coordinated organizational structure, technical procedures, comprehensive work practices and guidelines to reduce the risk of infection transmission and exercise antibiotic stewardship.  The goals of the IPCP are to:

1. Provide a safe, sanitary, and comfortable environment for residents, visitors, and staff.
2. Improve resident and facility outcomes related to the risk of infection to residents and staff through:
   1. Proactively preventing, identifying, reporting, investigating, and controlling infections and communicable diseases;
   2. Initiating proper measures to limit unprotected exposure to pathogens or their further spread from identified sources of contagion—including infections associated with procedures and the use of medical equipment and medical services; and
   3. Collecting, analyzing, and trending data; and, instituting appropriate corrective actions.
3. Provide education to identify and correct problems relating to infection control practices, including, but not limited to: hand hygiene, standard precautions, transmission-based precautions, immunization protections, injection safety, infection versus colonization, and competency testing / evaluation.
4. Optimize the use of antibiotics to meet resident-specific and community-specific needs per the Company *Antibiotic Stewardship* policy.
5. Facilitate compliance with federal, state, and local regulations relating to infection control and antibiotic stewardship.

**Scope**

The Infection Prevention and Control Plan is based on the latest recommendations from the Centers for Disease Control and Prevention (CDC) 2.  The major components include:

1. Surveillance of Infections **-** Ongoing monitoring for occurrence of infections for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment.
2. Implementation of Control Measures and Precautions **-** Basics such as cleaning procedures, hand hygiene practices, and Standard and Transmission Based Precautions.
3. Prevention of Infection **- S**taff and resident education focusing on risk of infection, practices to decrease infection risk, infection control policies and procedures, availability of immunizations, and their administration to residents and staff, as appropriate.
4. Report of Infection **-** Specific Department of Health reporting according to state and local regulations.
5. Population Served - The IPCP is based on the needs of the population served and the environment of care. The population consists of predominantly elderly and compromised individuals living in a post-acute or long-term environment. Underlying disease processes and co-morbidities put the residents at high risk for infection. The challenges of providing care and services to this unique population are woven into the policies, procedures and protocols of the IPCP. Efforts are directed toward employees, visitors, contract staff and licensed independent practitioners including medical staff.
6. Antibiotic Stewardship **- S**pecific elements as defined by the CDC 3.

**Committee Oversight**

1. The multi-disciplinary Infection Prevention and Control Committee (IPCC) is a component of the facility Quality Assessment and Performance Improvement (QAPI) committee. The IPCC:   
   1. Implements infection prevention and control policy and protocol;
   2. Monitors and evaluates infection prevention and control activity and outcomes;
   3. Reviews and analyzes data monthly to identify trends;
   4. Documents and implements corrective action as appropriate;
   5. Meets monthly and reports to the QAPI committee and facility management at least quarterly; and
   6. Documents IPCC attendance and maintains committee minutes.
2. The QAPI committee:
   1. Provides oversight for continuous improvement and sustainability of infection prevention and control, and antibiotic stewardship practices and outcomes**;**
   2. Reviews drugs identified to be included in the monthly Drug Regimen Review (DRR) including antibiotics;
      1. The pharmacist conducts the DRR which includes a review of the medical record concurrently with the MAR (or other list of current medications), and reviews if the taking of an antibiotic supports the infection prevention and control program— especially the antibiotic stewardship program; and
   3. Conducts an annual review of the IPCP, and updates the plan as necessary in conjunction with the IPCC and facility leadership.

QAPI committee record-disclosure of information is limited to demonstrating compliance to the QAPI committee requirements to identify and correct quality deficiencies.

1. IPCC committee members include:
   1. Medical Director/Designee,
   2. Director of Nursing,
   3. Infection Preventionist,
   4. Administrator/ Designee,
   5. Facility Safety Officer,
   6. Pharmacy Representative,
   7. Lab Representative,
   8. Maintenance representative,
   9. Community representative (annually), and
   10. Others as designated by the facility may include—business office representative, dietary, social service, etc.

**Authority Statement**

The facility Infection Preventionist, in conjunction with the Infection Prevention and Control Committee (IPCC):

1. Investigates the etiology of infections;
2. Monitors infection control practices pertaining to residents, employees, visitors and the environment;
3. Promotes and monitors immunization protocols for residents and staff;
4. Generates and reviews data such as infection rates and antibiotic-resistance rates;
5. Monitors and reports on the use of antibiotics to meet resident-specific and community-specific needs;
6. Recommends procedures for asepsis, disinfection, sterilization, isolation, and environmental control of microorganisms; and
7. Reports relevant information to facility leadership.

The facility Medical Director and the Infection Preventionist are authorized to initiate action as indicated when there is sufficient reason to believe that an infectious, hazardous condition exists that could endanger any resident, employee, or visitor. This includes the initiation of Transmission Based Precautions and any necessary restrictions during an outbreak situation.

The facility administrator designates at least one individual as the infection Preventionist (IP) who is responsible for the facility’s IPCP. 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.

The individual designated as the IP, or at least one of the individuals if there is more than one IP, is a member of the facility’s QAPI committee and reports to the QAPI committee on the IPCP on a regular basis.

*This statement of authority is reviewed and authenticated annually by the facility IPCC Team, the facility Medical Director and clinical management team, including the Administrator and the Director of Nursing.*

**Infection Surveillance System**

Facility leadership maintains written standards, policies, and procedures for the Infection Prevention and Control Program, designed to detect, control, and prevent possible communicable diseases or infections before they can spread to other persons in the facility.

Detection

Detection of infections is accomplished through an ongoing, facility-based, system of surveillance. All infections are identified and reported to the Infection Control Preventionist (IP). The IP maintains tracks and trends on an ongoing monthly line-listing of residents with infections, and monitors for outbreak potential. The IP reviews and compares follow-up lab data and completes a monthly review to identify trends.

1. Definitions:
   1. ***Health care-associated infection*** (HCAI) (***Facility associated)*** - Any infection in a resident that is not present at the time of admission or readmission, and that does not develop before the first 72-hours of admission or readmission; an infection in a resident while receiving health care for another condition 1.
   2. ***Other healthcare associated infections*** - Any infection in a recently hospitalized resident (within 8-weeks) present at the time of admission to the facility, or that develops within the first 72-hours of admission or readmission.
   3. Community ***associated infections*** - any infection in a resident who has not been in another healthcare facility within the prior 8-weeks, is present at the time of admission, or develops within the first 72-hours of admission or readmission.

Control

To control the potential spread of infection, the type and duration of precaution is based on the resident’s condition and follows the CDC guidelines 4, 5.Elements of the Infection Prevention and Control Planinclude 7:

1. Surveillance and Disease Reporting on:  
   1. Epidemic infections,
   2. Urinary tract infections,
   3. Respiratory tract infections,
   4. Tuberculosis,
   5. Skin and soft tissue infections and infestations, and
   6. Other infections.
2. Standard and transmission-based precautions include:  
   1. Hand Hygiene
   2. Respiratory and Cough Etiquette
   3. Work Exclusion Policies -The circumstances under which employees with a communicable disease or infected skin lesions are prohibited from direct contact with residents or their food—if direct contact will transmit the disease.
   4. Isolation Precautions - When and how isolation should be used for a resident; including but not limited to:
      1. A requirement that the isolation is the least restrictive for the resident;
      2. Antibiotic resistant bacteria - Multi drug resistant organisms (MDRO) such as MRSA, vancomycin-resistant enterococci (VRE) or antibiotic-resistant gram-negative bacilli; and
      3. Immunosuppressed residents.
   5. Personal Protective Equipment
   6. Injection Safety
   7. Point of Care Testing(including glucometer cleaning)
   8. Linen management
3. Antibiotic Stewardship involves:
   1. Sufficient time for staff from relevant departments to contribute to stewardship activities;
   2. Training and education ensuring participation from the many groups that can support stewardship activities; and
   3. Stewardship-related duties in job descriptions and annual performance reviews.
4. Facility Management (including environmental control, waste management, product evaluation and disinfection, sterilization, and asepsis).
5. Facility *Exposure Control Plan* for OSHA Blood-Borne Pathogens 6
   1. Competency Evaluation
6. Emergency Preparedness
   1. Outbreak Control
      1. Pandemic Influenza
   2. Natural Disaster
7. Screening and Immunization for Residents, Staff, and Volunteers:
   1. Baseline TB Screening,
   2. Influenza Vaccination (and goal),
   3. Hepatitis B Vaccination, and
   4. Pneumococcal considerations.
8. Resident Care and Health
9. Employee Health
10. Education in infection prevention and control policy and practices for an—
    1. Employee,
    2. Visitor, and
    3. Resident.

Prevention

Prevention of infection is a priority and is stressed through the promotion and compliance with Standard Precautions and CDC Hand Hygiene Guidelines as well as compliance with immunization recommendations.

Organization Assessment

The Department of Health and Human Services Centers for Disease Control and Prevention recommend that the long-term care organization conducts a comprehensive assessment of its infection prevention and control programs and practices. It has made an assessment tool available (Version 1.3.1-September 2016) 8 which includes:

Section 1: Facility Demographics

Section 2: Infection Control Program and Infrastructure

Section 3: Direct Observation of Facility Practices (optional)

Section 4: Infection Control Guidelines and Other Resources

This assessment tool contains checklists, surveillance monitors, and resources to assist the IPCC in evaluating the effectiveness of the Infection Prevention and Control Plan, to identify gaps, and to develop an action plan for improvement and approval.

Infection Preventionist Responsibilities

In collaboration with the Infection Prevention and Control Committee (IPCC), the Infection Preventionist coordinates activities related to:

1. Culture Surveillance   
   1. Monitor, review, and track all cultures and lab data for resolution of infections, infectious trends, and potential for outbreaks including:
      1. *Monthly Line Listing* of infections and cultures—
         1. Track new infections monthly;
         2. Initiate a new list monthly, eliminating resolved infections from the past month;
         3. Differentiate nosocomial and community acquired infections;
         4. Analyze potential outbreaks; and
         5. Summarize infections monthly.
      2. Targeted review for *Clostridium difficile* infection (C-diff); Methicillin-Resistant Staphylococcus Aureus (MRSA); Vancomycin-Resistant Enterococci (VRE) and other Multi Drug Resistant Organisms (MDRO); Acinetobacter; Strep Pneumonia, Legonella, and others as required by specific States (Example: Candida Auris as required in New York State).
      3. Case review as indicated.
2. Routine Surveillance
3. Communicate with staff during walking rounds.
4. Review information sources daily:
   * 1. The *24-Hour Report,*
     2. Medical progress notes,
     3. Lab/Radiology reports,
     4. Nurses’ Notes,
     5. Treatment/Medication records,
     6. Assessments, and
     7. Transfer information.
5. Observe the environment by conducting purposeful walking rounds in resident care and non-resident care areas.

Antibiotic Drug Resistance Management

1. Identify and designate residents known to be colonized or infected (with MRSA & MDRO) for early detection and initiation of precautions to decrease the risk of transmission to other residents.  
   1. Evaluate residents admitted with known infection or colonization of MDRO for appropriate precautions and room placement;
   2. Evaluate residents newly diagnosed with MDRO infection for appropriate precautions and room placement. Complete room transfer as indicated;
   3. Implement policies and procedures for Transmission Based Precautions for cases of MDRO;
   4. Adhere to cohorting guidelines: Residents colonized or infected with a MDRO cannot be placed in room with another resident who has:  
      1. A different multi-drug resistant organism;
      2. An invasive device such as a port, IV line, track, indwelling bladder catheter;
      3. A recent post-operative wound;
      4. Open wound(s) (including pressure ulcer); and/or
      5. Severe immunosuppression (e.g., cancer, HIV, transplant patients, etc.)
2. Provide care management for residents with MDRO according to the specific Transmission Based Precaution restrictions. When possible, residents are not restricted to their rooms:
   1. Provide cover/containment of infected area when resident is outside his/her room;
   2. Limit the resident’s activity outside his/her room if unable to contain infectious material or the resident has poor hygiene;
   3. Observe health-care providers and interactions with MDRO colonized/infected residents to determine if infection control policies are being observed; and
   4. Provide employee re-education and/or disciplinary action as needed.
3. Staff Exposure Management
4. Arrange for necessary testing and/or follow-up in the event staff members are exposed to an infectious disease in accordance with federal regulations and CDC recommendations. Prevention and management of employee exposure is provided through:  
   1. Complete new employee pre-placement evaluations and screening tests;
   2. Coordinate employee immunizations including Hepatitis B and influenza vaccinations;
   3. Coordinate employee annual surveillance testing and lab work as needed;
   4. Maintenance of the employee medical records; and
   5. Evaluate and coordinate care for employees who are exposed to blood-borne pathogens and infectious diseases (including potential exposure to MDRO).
5. Outreach Notification  
   1. Notify the receiving hospital or other facility and transporting service (ambulance) when a resident with MDRO is being transferred for treatment, evaluation or testing. Include:
      1. Verbal report to transporting service and receiving facility; and
      2. Identification of MDRO on the transfer form.
6. Antibiotic Stewardship Oversight
   1. Conduct a formal review for the appropriateness of any antibiotics prescribed on a regular basis.
7. Resident Safety Advisories   
   1. Post and share resident safety advisories as indicated.

Antibiotic Use Protocols and Systems

1. Facility leadership reduces a resident's risk of adverse drug reactions and preserves drug efficacy in the face of rising multi drug-resistant pathogens by establishing elements of antibiotic stewardship 3 including:  
   1. Leadership Commitment - Necessary human, financial, and information technology resources to develop and manage the antibiotic stewardship program; improve antibiotic use and the frequency with which they are used; and a commitment to quality improvement.
   2. Accountability - A single leader responsible for program outcomes.
   3. Drug Expertise - A pharmacist leader to co-lead the antibiotic stewardship program responsible for working to improve antibiotic use.
   4. Monitoring and Tracking - Audit and analyze facility-wide antibiotic prescribing and resistance patterns.
   5. Reporting antibiotic use, resistance, and customer data integration (CDI) trends to doctors, nurses, and relevant staff.
   6. Documenting - Corrective action identified under the facility IPCP.
   7. Educating and engaging clinicians and department heads to improve antibiotic use and implement strategies to optimize the use of antibiotics—
      1. Provide education and regular updates on antibiotic prescribing, antibiotic resistance, and infectious disease management that address both national and local issues; and
      2. Share facility-specific information on antibiotic use as a tool to motivate improved prescribing
      3. Utilize options for providing education on antibiotic use such as:
         1. Didactic presentations in formal and informal settings;
         2. Messaging through posters and flyers and newsletters;
         3. Electronic communication to staff groups. Review de-identified cases with providers where changes in antibiotic therapy could have been made;
         4. Web-based educational resources to help staff develop education content; and
         5. Pair education with corresponding interventions and measurement of outcomes to enhance educational effectiveness
   8. Evaluating - Coordinating with quality improvement staff to regularly review and analyze QAPI incident and antibiotic use data, including data resulting from drug regimen reviews; and, act on available data to make improvements to ensure optimum use, quality, and patient safety.
2. The Infection Prevention and Control Plan provides specific interventions to improve antibiotic use that can be divided into three categories (See the Company *Antibiotic Stewardship Policy*):  
   1. Broad,
   2. Pharmacy-driven, and
   3. Infection and syndrome specific.
3. The Infection Prevention and Control Committee:
4. Reviews and identifies facility interventions highlighted in the CDC/Institute for Healthcare Improvement “Antibiotic Stewardship Driver Diagram and Change   
   Package” 9.
5. Collaborates with laboratory services staff to:
   * 1. Guide empiric therapy;
     2. Create and interpret cumulative antibiotic resistance report (an antibiogram);
     3. Ensure that lab reports present data in a way that supports optimal antibiotic use:
     4. Ensure that lab information provided is useful to stewardship efforts; and
     5. Ensure lab partner contracts are written accordingly;
6. Coordinates with information technology staff to integrate stewardship protocols into existing workflow such as:
   * 1. Embedding relevant information and protocols at the point of care;
     2. Implementing clinical decision support for antibiotic use;
     3. Creating prompts for action to review antibiotics in key situations; and
     4. Facilitating the collection and reporting of antibiotic use data.
   1. Places performance expectations on nurses to:
      1. Assure cultures are performed before starting antibiotics;
      2. Review medications as part of their routine duties; and
      3. Prompt discussions of antibiotic treatment, indication, and duration.
   2. Monitors antibiotic prescribing and prepares periodic reports for the QAPI Committee. Antibiotic stewardship measurement is critical to identify opportunities for improvement and assess the impact of improvement efforts.

Influenza and Pneumococcal Immunizations

1. Influenza
   1. Before offering the influenza immunization, each resident or the resident’s representative receives education regarding the benefits and potential side effects of the immunization;
   2. 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;
   3. The resident or the resident’s representative has the opportunity to refuse immunization; and
   4. The resident’s medical record includes documentation that indicates, at a minimum that:
      1. The resident or resident’s representative was provided education regarding the benefits and potential side effects of influenza immunization, and
      2. The resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.
2. Pneumococcal Disease
   1. Before offering the pneumococcal immunization, each resident or the resident’s representative receives education regarding the benefits and potential side effects of the immunization;
   2. Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated, or the resident has already been immunized;
   3. The resident or the resident’s representative has the opportunity to refuse immunization; and
   4. The resident’s medical record includes documentation that indicates, at a minimum that:
      1. The resident or resident’s representative was provided education regarding the benefits and potential side effects of pneumococcal immunization, and
      2. The resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.

Infection Prevention and Control Manual

The Infection Prevention and Control Policies and Procedures Manual is state specific. Policies and the IPCP are reviewed annually, and revisions made as needed.

Compliance with Governmental, Regulatory and Accrediting Agencies

Facility leadership reviews and assesses compliance with pertinent governmental, regulatory and accreditation agencies, including but not limited to OSHA, State Specific Departments of Health, County Health Department, EPA, CDC, and FDA.

1. State Specific - Mandatory reporting of specific infectious conditions as serious event.
2. OSHA - Exposure Control Plans for TB and Blood-borne Pathogens.
3. CDC and APIC- compliance with published standards for prevention of healthcare-associated infections and Antibiotic Stewardship

**Resources:**

1. National Action Plan to Prevent Health Care-Associated Infections: Road Map to Elimination - <https://health.gov/hcq/pdfs/hai-action-plan-ltcf.pdf>

2. <https://www.cdc.gov/longtermcare/index.html> 3.<https://www.cdc.gov/getsmart/healthcare/implementation/core-elements.html>

4. <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>

*Guidelines for Isolation Precaution: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007*

Recommendations for LTC from the *Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006*

5. <http://dr.carondelet.org/dl/Clinical%20Syndromes.pdf>

6. [*https://www.osha.gov/Publications/osha3186.pdf*](https://www.osha.gov/Publications/osha3186.pdf)

7. SHEA/APIC Guideline: Infection Prevention and Control in the Long Term Care Facility. HHS Public Access

8. <https://www.cdc.gov/infectioncontrol/pdf/icar/ltcf.pdf>

9. <https://www.cdc.gov/getsmart/healthcare/pdfs/Antibiotic_Stewardship_Change_Package_10_30_12.pdf>

**Plan Approved:** *Document that the plan was approved for the facility*

**Plan Reviewed/Revised:** *Date the plan was reviewed*

**Revision Date:** *Date the plan was last revised*