

## **310\_675-7-17.1 Infection Control**

### **(a)**

The facility shall have an infection control policy and procedures to provide a safe environment. The policy shall address the prevention and transmission of disease and infection. The facility, and its personnel, shall practice the universal precautions identified by the Centers for Disease Control. All personnel shall demonstrate their knowledge of universal precautions through performance of duties.

### **(b)**

The facility shall maintain a sanitary environment and prevent the development and transmission of infection in the following areas. (1) Food handling practices; (2) Laundry practices including linen handling. (3) Disposal of environmental and resident wastes. (4) Pest control measures. (5) Traffic control for high-risk areas. (6) Visiting rules for high-risk residents. (7) Sources of air-borne infections. (8) Health status of all employees and residents. (9) Isolation area for residents with communicable diseases.

#### **(1)**

Food handling practices;

#### **(2)**

Laundry practices including linen handling.

#### **(3)**

Disposal of environmental and resident wastes.

**(4)**

Pest control measures.

**(5)**

Traffic control for high-risk areas.

**(6)**

Visiting rules for high-risk residents.

**(7)**

Sources of air-borne infections.

**(8)**

Health status of all employees and residents.

**(9)**

Isolation area for residents with communicable diseases.

**(c)**

Infection control policies to prevent the transmission of infection shall include the following: (1) Excluding Personnel and visitors with communicable infections. (2) Limiting traffic in dietary and medication rooms. (3) Using aseptic and isolation techniques including hand washing techniques. (4) Bagging each resident's trash and refuse. (5) Issuing daily damp wipe cloths, treated dust cloths and clean wet mops, as needed. (6) Laundering the used wet mops and cleaning cloths every day. (7) Cleaning the equipment for resident use daily, and the proper disposal of infected materials. (8) Providing properly identifiable plastic bags for the proper disposal of infected materials. (9) Tuberculosis risk assessment. An annual facility tuberculosis risk assessment is to be performed by a licensed nurse or physician using a Department approved risk assessment tool.

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Cleaning the equipment for resident use daily, and the proper disposal of infected materials.

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Providing properly identifiable plastic bags for the proper disposal of infected materials.

**(9)**

Tuberculosis risk assessment. An annual facility tuberculosis risk assessment is to be performed by a licensed nurse or physician using a Department approved risk assessment tool.

**(d)**

When scheduled to be cleaned, the toilet areas, utility rooms, and work closets, shall be cleaned with a disinfectant solution and fresh air shall be introduced to deodorize.

**(e)**

Test for tuberculosis and tuberculin skin test for residents. Within thirty (30) days

from admission, all residents admitted to the facility after the adoption of this rule shall receive a test for tuberculosis. All tests and examinations shall be in conformance with the "Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019" guidelines for preventing the transmissions of mycobacterium tuberculosis in healthcare settings as published by the Centers for Disease Control and Prevention. (1) Tests for tuberculosis shall be administered by a licensed nurse or physician. (2) Where a skin test is contra-indicated, a chest radiograph, interpreted by a medical consultant in collaboration with the city, county or state health department, is acceptable. (3) Residents claiming a prior positive tuberculin skin test shall have documentation in their medical record, obtained from a licensed health care professional, of their test results and interpretation; otherwise, a two-step tuberculin skin test shall be done.

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