

## **85095.5 Infection Control Requirements**

### **(a)**

A licensee shall ensure that infection control practices are maintained as follows:

(1) All staff and volunteers shall perform hand hygiene. (A) Hand hygiene shall include hand washing with soap and water or using an alcohol-based sanitizer or any other sanitizing method recommended by a medical professional, local health official, health department, or other research-based medical authority. (B) Hand hygiene shall be conducted as follows: 1. Immediately before and after client care. 2. Before and after handling, preparing or eating foods. 3. Before and after assisting with medications. 4. After contact with blood, body fluids or other potentially infectious material, or contaminated surfaces. 5. Immediately before putting gloves on and immediately after removing gloves. 6. When hands are visibly soiled. (2) Environmental cleaning and disinfection activities shall be performed following the manufacturers' instructions for proper use of the cleaning and disinfecting products. These activities shall be completed, at a minimum, as follows: (A) Surfaces such as floors, chairs, toilets, sinks, counters and tabletops shall be cleaned and disinfected on a regular basis to ensure they are safe and sanitary. These surfaces shall also be disinfected when these surfaces are contaminated and visibly soiled with blood or body fluids or other potentially infectious material. (B) Walls and window coverings in client care areas shall be dusted or cleaned on a regular schedule to ensure they are safe and sanitary and

when they are visibly contaminated or soiled. (C) Spills of blood and other potentially infectious materials and surfaces shall be promptly cleaned and disinfected. (D) Facility items that cannot be disinfected shall be discarded immediately in an appropriate waste receptacle with a tight-fitting cover or otherwise made inaccessible to human contact or transmission. (E) For a client's personal item(s) that cannot be disinfected, the licensee shall work with the client to mitigate human contact or transmission. (3) All staff who are assigned to assist clients with the self-administration of injectable medication shall observe the following procedures: (A) Medications administered by injection shall be drawn up in a clean area. (B) A syringe and needle shall only be used once per injection on one resident and then properly disposed of in accordance with the California Code of Regulations, Title 8, Section 5193. (C) The top of a medication vial shall always be cleaned with an alcohol swab before needle entry. (4) All facility staff and volunteers shall use gloves as a protective barrier to prevent the spread of potential infection as specified below. (A) Gloves shall always be worn when: 1. Coming into contact with blood or body fluids or other potentially infectious material such as saliva, stool, vomit or urine. 2. There is a cut or open wound on the hands of the staff or volunteer. 3. Assisting with direct client care and coming into direct contact with clients, such as bathing, dressing, or assisting with incontinence when there is a risk of contact with blood, body fluids or other potentially infectious material. 4. Administering first aid. (B) A pair of gloves may not be used on multiple clients and shall be properly discarded in between completing an interaction with one client and prior to an interaction with another client or after being used as described in subsection (a)(4) above. (C) Gloves shall be removed and discarded in the nearest appropriate waste receptacle with a tight-fitting cover immediately following the glove use as required by subsection

(a)(4)(A) with one client and prior to an interaction with another client. (5) All staff and volunteers, regardless of having direct contact with clients, shall practice and maintain respiratory etiquette, such as covering the mouth and nose with a tissue or elbow rather than one's hand when coughing or sneezing, to minimize exposure to potential illness. (A) A tissue shall be disposed of in the nearest waste receptacle with a tight-fitting cover immediately after use. (6) All direct care staff assigned to assist clients with the self-administration of medication or assigned to the care of a client shall clean and disinfect reusable medical equipment as follows: (A) Reusable medical equipment shall be disinfected using an EPA (Environmental Protection Agency) approved disinfectant prior to use for the care of another client. 1. Physical separation between clean and soiled equipment shall be maintained to prevent cross contamination.

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**1.**

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**2.**

Before and after handling, preparing or eating foods.

**3.**

Before and after assisting with medications.

**4.**

After contact with blood, body fluids or other potentially infectious material, or contaminated surfaces.

**5.**

Immediately before putting gloves on and immediately after removing gloves.

**6.**

When hands are visibly soiled.

**(2)**

Environmental cleaning and disinfection activities shall be performed following the manufacturers' instructions for proper use of the cleaning and disinfecting products. These activities shall be completed, at a minimum, as follows: (A) Surfaces such as floors, chairs, toilets, sinks, counters and tabletops shall be cleaned and disinfected on a regular basis to ensure they are safe and sanitary. These surfaces shall also be disinfected when these surfaces are contaminated and visibly soiled with blood or body

fluids or other potentially infectious material. (B) Walls and window coverings in client care areas shall be dusted or cleaned on a regular schedule to ensure they are safe and sanitary and when they are visibly contaminated or soiled. (C) Spills of blood and other potentially infectious materials and surfaces shall be promptly cleaned and disinfected. (D) Facility items that cannot be disinfected shall be discarded immediately in an appropriate waste receptacle with a tight-fitting cover or otherwise made inaccessible to human contact or transmission. (E) For a client's personal item(s) that cannot be disinfected, the licensee shall work with the client to mitigate human contact or transmission.

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**(B)**

Walls and window coverings in client care areas shall be dusted or cleaned on a regular schedule to ensure they are safe and sanitary and when they are visibly contaminated or soiled.

**(C)**

Spills of blood and other potentially infectious materials and surfaces shall be promptly cleaned and disinfected.

**(D)**

Facility items that cannot be disinfected shall be discarded immediately in an appropriate waste receptacle with a tight-fitting cover or otherwise made inaccessible to human contact or transmission.

**(E)**

For a client's personal item(s) that cannot be disinfected, the licensee shall work with the client to mitigate human contact or transmission.

**(3)**

All staff who are assigned to assist clients with the self-administration of injectable medication shall observe the following procedures: (A) Medications administered by injection shall be drawn up in a clean area. (B) A syringe and needle shall only be used once per injection on one resident and then properly disposed of in accordance with the California Code of Regulations, Title 8, Section 5193. (C) The top of a medication vial shall always be cleaned with an alcohol swab before needle entry.

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Medications administered by injection shall be drawn up in a clean area.

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A syringe and needle shall only be used once per injection on one resident and then properly disposed of in accordance with the California Code of Regulations, Title 8, Section 5193.

**(C)**

The top of a medication vial shall always be cleaned with an alcohol swab before needle entry.

**(4)**

All facility staff and volunteers shall use gloves as a protective barrier to prevent the spread of potential infection as specified below. (A) Gloves shall always be worn when: 1. Coming into contact with blood or body fluids or other potentially infectious material such as saliva, stool, vomit or urine. 2. There is a cut or open wound on the hands of the staff or volunteer. 3. Assisting with direct client care and coming into direct contact with clients, such as bathing, dressing, or assisting with incontinence when there is a risk of contact with blood, body fluids or other potentially infectious material. 4. Administering first aid. (B) A pair of gloves may not be used on multiple

clients and shall be properly discarded in between completing an interaction with one client and prior to an interaction with another client or after being used as described in subsection (a)(4) above. (C) Gloves shall be removed and discarded in the nearest appropriate waste receptacle with a tight-fitting cover immediately following the glove use as required by subsection (a)(4)(A) with one client and prior to an interaction with another client.

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Gloves shall always be worn when:

1. Coming into contact with blood or body fluids or other potentially infectious material such as saliva, stool, vomit or urine.
2. There is a cut or open wound on the hands of the staff or volunteer.
3. Assisting with direct client care and coming into direct contact with clients, such as bathing, dressing, or assisting with incontinence when there is a risk of contact with blood, body fluids or other potentially infectious material.
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Administering first aid.

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Coming into contact with blood or body fluids or other potentially infectious material such as saliva, stool, vomit or urine.

**2.**

There is a cut or open wound on the hands of the staff or volunteer.

**3.**

Assisting with direct client care and coming into direct contact with clients, such as bathing, dressing, or assisting with incontinence when there is a risk of contact with blood, body fluids or other potentially infectious material.

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A pair of gloves may not be used on multiple clients and shall be properly discarded in

between completing an interaction with one client and prior to an interaction with another client or after being used as described in subsection (a)(4) above.

**(C)**

Gloves shall be removed and discarded in the nearest appropriate waste receptacle with a tight-fitting cover immediately following the glove use as required by subsection (a)(4)(A) with one client and prior to an interaction with another client.

**(5)**

All staff and volunteers, regardless of having direct contact with clients, shall practice and maintain respiratory etiquette, such as covering the mouth and nose with a tissue or elbow rather than one's hand when coughing or sneezing, to minimize exposure to potential illness. (A) A tissue shall be disposed of in the nearest waste receptacle with a tight-fitting cover immediately after use.

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**(6)**

All direct care staff assigned to assist clients with the self-administration of medication or assigned to the care of a client shall clean and disinfect reusable medical equipment as follows: (A) Reusable medical equipment shall be disinfected using an EPA (Environmental Protection Agency) approved disinfectant prior to use for the care of another client. 1. Physical separation between clean and soiled equipment shall be maintained to prevent cross contamination.

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**(b)**

In addition to subsection (a), when one or more clients in the facility are diagnosed with a contagious disease, the following shall apply: (1) In addition to the requirements of subsection (a)(2), assigned staff and volunteers, regardless of having direct contact with clients, shall be required to perform enhanced environmental cleaning and disinfection to maintain a safe and sanitary environment and to prevent, contain, and mitigate the transmission of the contagious disease. (A) The licensee shall consult with a medical professional, local health official, health department, or other research-based medical authority to determine the type of enhanced environmental cleaning based on the contagious disease in the facility. (B) The enhanced cleaning and disinfection shall occur in any impacted areas and immediately after contact with a client who has a contagious disease. (2) All staff and volunteers providing direct care to a client who has a contagious disease shall wear appropriate Personal Protective Equipment (PPE) to prevent exposure to infectious agents or chemicals through the respiratory system, skin, or mucous membranes of the eyes, nose, or mouth. PPE may include gloves, gowns, masks, respirators, shoe coverings and eye protection. (A) The licensee shall consult with a medical professional, local health official, health department, or other research-based medical authority to determine the type of PPE to be used based on the contagious disease present in the facility. (B) PPE shall be removed and discarded in the nearest appropriate waste receptacle with a tight-fitting cover immediately following the assisting with

direct care for each client. (C) The licensee shall ensure all staff and volunteers are trained in the proper use of all required PPE prior to being around clients and annually thereafter. (D) PPE shall be used when assisting with direct client care, such as bathing, or assisting with incontinence. (3) There shall be separation and care of clients whose illness requires separation, including quarantine or isolation, from others.

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In addition to the requirements of subsection (a)(2), assigned staff and volunteers, regardless of having direct contact with clients, shall be required to perform enhanced environmental cleaning and disinfection to maintain a safe and sanitary environment and to prevent, contain, and mitigate the transmission of the contagious disease. (A) The licensee shall consult with a medical professional, local health official, health department, or other research-based medical authority to determine the type of enhanced environmental cleaning based on the contagious disease in the facility. (B) The enhanced cleaning and disinfection shall occur in any impacted areas and immediately after contact with a client who has a contagious disease.

**(A)**

The licensee shall consult with a medical professional, local health official, health department, or other research-based medical authority to determine the type of enhanced environmental cleaning based on the contagious disease in the facility.

**(B)**

The enhanced cleaning and disinfection shall occur in any impacted areas and immediately after contact with a client who has a contagious disease.

**(2)**

All staff and volunteers providing direct care to a client who has a contagious disease shall wear appropriate Personal Protective Equipment (PPE) to prevent exposure to

infectious agents or chemicals through the respiratory system, skin, or mucous membranes of the eyes, nose, or mouth. PPE may include gloves, gowns, masks, respirators, shoe coverings and eye protection. (A) The licensee shall consult with a medical professional, local health official, health department, or other research-based medical authority to determine the type of PPE to be used based on the contagious disease present in the facility. (B) PPE shall be removed and discarded in the nearest appropriate waste receptacle with a tight-fitting cover immediately following the assisting with direct care for each client. (C) The licensee shall ensure all staff and volunteers are trained in the proper use of all required PPE prior to being around clients and annually thereafter. (D) PPE shall be used when assisting with direct client care, such as bathing, or assisting with incontinence.

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The licensee shall consult with a medical professional, local health official, health department, or other research-based medical authority to determine the type of PPE to be used based on the contagious disease present in the facility.

**(B)**

PPE shall be removed and discarded in the nearest appropriate waste receptacle with a tight-fitting cover immediately following the assisting with direct care for each client.

**(C)**

The licensee shall ensure all staff and volunteers are trained in the proper use of all required PPE prior to being around clients and annually thereafter.

**(D)**

PPE shall be used when assisting with direct client care, such as bathing, or assisting with incontinence.

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including quarantine or isolation, from others.

**(c)**

An Infection Control Plan shall be developed by the licensee and shall be included in the Plan of Operation required by Section 85022. (1) The Infection Control Plan shall include all of the following: (A) Identification of a staff position to perform the duties of an Infection Control Lead for the facility. 1. Contact information for the designated Infection Control Lead shall be made available to the department upon request. 2. A description shall be included of how the Infection Control Lead shall be trained by a medical professional, local health official, health department, or other research-based medical authority that provides infection control training that will include enforcement of the Infection Control Plan. (B) A description of how the licensee shall meet the specific infection control practice requirements of subsections (a), (b) and (d). (C) An Infection Control Training Plan. 1. Initial training requirements for new facility staff shall be addressed in the plan, with training to be provided by the Infection Control Lead within 10 calendar days of employment. 2. Ongoing training requirements for all facility staff shall be addressed by the plan, with training to be provided by the Infection Control Lead. 3. The description of initial and ongoing training shall address the requirements of subsections (a), (b) and (d). (D) The licensee shall review the use of infection control procedures in the facility at least annually, if local government public health determines an epidemic outbreak has occurred, or if the review is requested by the local licensing agency. (E) The licensee shall ensure that staff encourage clients to follow infection control practices as necessary.

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position to perform the duties of an Infection Control Lead for the facility. 1. Contact information for the designated Infection Control Lead shall be made available to the department upon request. 2. A description shall be included of how the Infection Control Lead shall be trained by a medical professional, local health official, health department, or other research-based medical authority that provides infection control training that will include enforcement of the Infection Control Plan. (B) A description of how the licensee shall meet the specific infection control practice requirements of subsections (a), (b) and (d). (C) An Infection Control Training Plan. 1. Initial training requirements for new facility staff shall be addressed in the plan, with training to be provided by the Infection Control Lead within 10 calendar days of employment. 2. Ongoing training requirements for all facility staff shall be addressed by the plan, with training to be provided by the Infection Control Lead. 3. The description of initial and ongoing training shall address the requirements of subsections (a), (b) and (d). (D) The licensee shall review the use of infection control procedures in the facility at least annually, if local government public health determines an epidemic outbreak has occurred, or if the review is requested by the local licensing agency. (E) The licensee shall ensure that staff encourage clients to follow infection control practices as necessary.

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Contact information for the designated Infection Control Lead shall be made available to the department upon request.

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A description shall be included of how the Infection Control Lead shall be trained by a medical professional, local health official, health department, or other research-based medical authority that provides infection control training that will include enforcement of the Infection Control Plan.

**(B)**

A description of how the licensee shall meet the specific infection control practice requirements of subsections (a), (b) and (d).

**(C)**

An Infection Control Training Plan. 1. Initial training requirements for new facility staff shall be addressed in the plan, with training to be provided by the Infection Control Lead within 10 calendar days of employment. 2. Ongoing training requirements for all facility staff shall be addressed by the plan, with training to be provided by the Infection Control Lead. 3. The description of initial and ongoing training shall address the requirements of subsections (a), (b) and (d).

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Initial training requirements for new facility staff shall be addressed in the plan, with training to be provided by the Infection Control Lead within 10 calendar days of employment.

**2.**

Ongoing training requirements for all facility staff shall be addressed by the plan, with training to be provided by the Infection Control Lead.

**3.**

The description of initial and ongoing training shall address the requirements of subsections (a), (b) and (d).

**(D)**

The licensee shall review the use of infection control procedures in the facility at least annually, if local government public health determines an epidemic outbreak has occurred, or if the review is requested by the local licensing agency.

**(E)**

The licensee shall ensure that staff encourage clients to follow infection control practices as necessary.

**(d)**

When an emergency, as defined in Government Code section 8558, or federal emergency for a contagious disease is proclaimed or declared, the licensee shall develop an Emergency Infection Control Plan that includes infection control measures that are not already addressed in the Infection Control Plan as specified in subsection (c), to prevent, contain, and mitigate the associated contagious disease. (1) The Emergency Infection Control Plan shall include the applicable infection control measures required by the federal, state, and local government public health authorities for the contagious disease, and shall be completed and sent to the Department within 15 calendar days from the date the state or federal emergency is proclaimed or declared. In the event there are differing standards between the government public health authorities, the licensee shall follow the strictest requirement. (2) If there are no additional infection control measures to be taken to prevent, contain, and mitigate the associated contagious disease that are not already addressed in the Infection Control Plan, then the licensee shall notify the Department of this determination within 15 calendar days from the date on which the state or federal emergency is proclaimed or declared. (A) The licensee shall complete and send to the Department within 15 calendar days any updates to the Emergency Infection Control Plan should additional infection control measures to prevent, contain, and mitigate the associated contagious

disease be recommended by federal, state, and local government public health authorities or the Department that are not already addressed in the Infection Control Plan. (3) The Emergency Infection Control Plan shall be submitted to the Department and used until the proclaimed or declared state of emergency is no longer in effect. (4) The Emergency Infection Control Plan shall be made available to clients, facility staff and, if applicable, each clients' representative. (5) All staff shall be trained on the Emergency Infection Control Plan immediately but no later than 10 calendar days after submission to the Department. (6) The Emergency Infection Control Plan shall be reviewed and updated as necessary or whenever new infection control measures are recommended by the federal, state, and local government public health authorities, or as determined by the Department, until the proclaimed or declared state of emergency is no longer in effect. Any updates to the plan shall be made available to staff, clients and if applicable, each client's representative, and submitted to the Department.

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**(2)**

If there are no additional infection control measures to be taken to prevent, contain, and mitigate the associated contagious disease that are not already addressed in the Infection Control Plan, then the licensee shall notify the Department of this determination within 15 calendar days from the date on which the state or federal



emergency is proclaimed or declared. (A) The licensee shall complete and send to the Department within 15 calendar days any updates to the Emergency Infection Control Plan should additional infection control measures to prevent, contain, and mitigate the associated contagious disease be recommended by federal, state, and local government public health authorities or the Department that are not already addressed in the Infection Control Plan.

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**(3)**

The Emergency Infection Control Plan shall be submitted to the Department and used until the proclaimed or declared state of emergency is no longer in effect.

**(4)**

The Emergency Infection Control Plan shall be made available to clients, facility staff and, if applicable, each clients' representative.

**(5)**

All staff shall be trained on the Emergency Infection Control Plan immediately but no later than 10 calendar days after submission to the Department.

**(6)**

The Emergency Infection Control Plan shall be reviewed and updated as necessary or whenever new infection control measures are recommended by the federal, state, and local government public health authorities, or as determined by the Department, until the proclaimed or declared state of emergency is no longer in effect. Any updates to

the plan shall be made available to staff, clients and if applicable, each client's representative, and submitted to the Department.