

Infection Prevention and Control Program for Assisted Living Facilities (South Dakota)



Current Guidance

ARTICLE 44:70 ASSISTED LIVING CENTERS <https://sdlegislature.gov/Rules/Administrative/32256>
(Please refer to Article 44:70 for complete information)

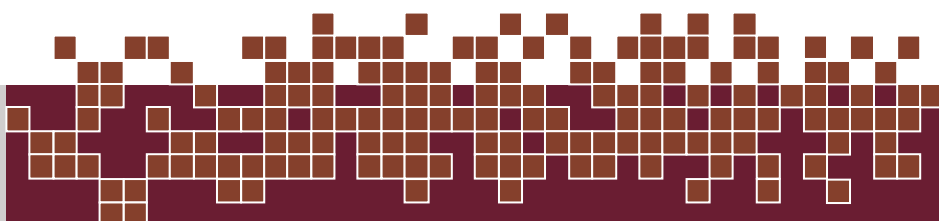
44:70:02:09. Infection prevention and control. The infection prevention and control program shall utilize the concept of standard precautions as the basis for infection prevention and control. Bloodborne pathogen control shall be maintained according to the requirements contained in 29 C.F.R. 1910.1030, July 1, 2006. The facility shall designate an employee to be responsible for the implementation of the infection prevention and control program including monitoring and reporting activities. The facility shall have written procedures that govern the use of aseptic techniques and procedures in all areas of the facility. Each facility shall develop policies and procedures for the handling and storage of potentially hazardous substances (including lab specimens). The facility shall provide orientation and continuing education to all personnel on the facility's staff on the cause, effect, transmission, prevention, and elimination of infections. Each facility shall develop a written policy for evaluation and reporting of any employee with a reportable infectious disease.

44:70:04:04. Personnel training. The facility shall have a formal orientation program and an ongoing education program for all healthcare personnel. Ongoing education programs must cover the required subjects annually. These programs must be completed within 30 days of hire for all healthcare employees and must include the following subjects (*note not all educational topics are included in the following list*):

- (2) Emergency procedures and preparedness
- (3) **Infection control and prevention**
- (7) **Incidents and diseases subject to mandatory reporting and the facility's reporting mechanisms**

44:70:04:05. Employee health program. The facility shall have an employee health program for the protection of the residents. All personnel shall be evaluated by a licensed health professional for freedom from a reportable communicable disease that poses a threat to others before assignment to duties or within 14 days after employment including an assessment of previous vaccinations and tuberculin skin tests. The facility may not allow anyone with a communicable disease, during the period of communicability, to work in a capacity that would allow spread of the disease. Any personnel absent from duty because of a reportable communicable disease that may endanger the health of residents and fellow employees may not return to duty until they are determined by a physician, physician assistant, or nurse practitioner, or their designee to no longer have the disease in a communicable state.

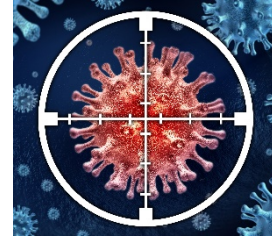
44:70:04:09. Disease prevention. Each facility shall provide an organized infection control program for preventing, investigating, and controlling infection. The facility shall establish written policies regarding visitation in the various services and departments of the facility. Any visitor who has an infectious disease, who has recently recovered from such a disease, or who has recently had contact with such a disease shall be discouraged from entering the facility.



What to Include in Your Written Program/Plan

Develop a Written Infection Prevention and Control Plan that describes key elements of your program including:

- A description of the Infection Prevention and Control Program including goals and objectives and strategies to reduce risks for each goal
- The annual Facility Infection Prevention Risk Assessment
- Responsibility for ongoing surveillance and reporting
- TB Exposure Control Plan
- Exposure Control Plan for Bloodborne Pathogens
- Antibiotic Stewardship
- Performance Improvement
- Emergency Management and Planning
- Annual evaluation process



Source - [Content of an Infection Prevention and Control Plan.pdf \(apic.org\)](#)

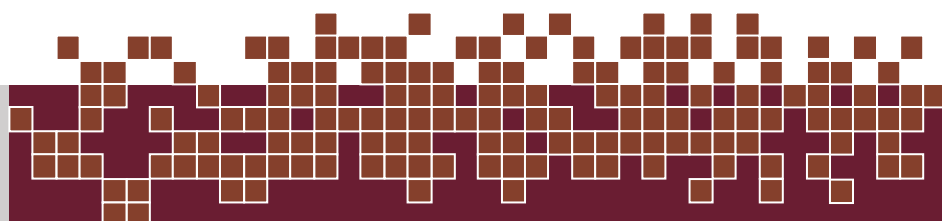
Sources for developing an Infection Prevention and Control Plan

- Content of an Infection Prevention and Control Plan.
[Content of an Infection Prevention and Control Plan.pdf \(apic.org\)](#)
- Best Practices and Good Ideas: Infection Control in Nursing Homes
[infection-control-nursing-homes.pdf \(nyc.gov\)](#)
- Coronavirus / COVID-19 Preparedness and Response Plan (Updated 5/28/2021) Allen Flores Consulting Group [coronavirus.pdf \(caassistedliving.org\)](#)

Annual Infection Prevention Risk Assessment

Conduct an Annual Infection Prevention Risk Assessment. An Infection Prevention Assessment will assist your facility in identifying infection hazards and risks, with the goal, where possible, of eliminating, reducing, containing, or managing identified infection risks.

- Sources for conducting and Infection Prevention and Control Risk Assessment
 - Infection Prevention and Control Risk Assessment - [IPC-RiskAssessment.xlsx \(live.com\)](#)
 - CDC Infection Prevention and Control Assessment Tool for Long-term Care Facilities
[CDC IC Assessment Tool LTCF v1 3](#)



Policies

Develop and maintain (at least annual review) Infection Prevention and Control Policies and Procedures. The following policies/procedures are recommended (not intended to be an all-inclusive list)

<ul style="list-style-type: none">• Infection Tracking and Surveillance• Communicable Disease Reporting• Antibiotic Stewardship• TB Infection Control• COVID-19 Plan• Standard Precautions• Contact Precautions• Droplet Precautions• Handwashing• Safe Injection Practices• Personal Protective Equipment• Medication Administration• Water Management	<ul style="list-style-type: none">• Environmental Cleaning and Disinfection• Cleaning Shared Medical Equipment• Linen Handling• Disposal of Contaminated Supplies• Blood Spill• Employee Illness and Return to Work• Visitor Protocols• Blood Borne Pathogens• Multidrug-Resistant Organisms (MDRO)• Wound Care• Catheter Care• Outbreak Response
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Source - <https://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/guidelines.html>

Employee Education and Training

Provide new employee education and training and annual documented education and training on the facility infection prevention and control program. Topics to include for all employees (Sample list, not intended to be all inclusive):

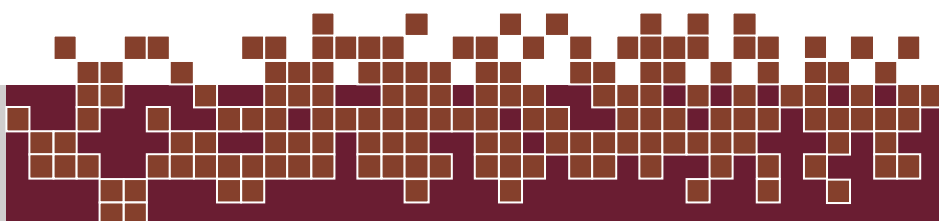
- Handwashing
- Personal Protective Equipment
- Environmental Cleaning and Disinfection
- Disposal of Contaminated Supplies
- Blood Spill
- Blood Borne Pathogen Exposure
- Employee Illness and Return to Work
- Visitor Protocols

Provide licensed and unlicensed staff with resident care responsibilities additional education and training (note policy list above) based on job responsibilities.

Employee Competency Validation

Provide competency validation of employee knowledge and understanding of key policies, procedures, and practices, including but not limited to:

- Handwashing
- Personal Protective Equipment – Donning and Doffing
- Cleaning Shared Medical Equipment
- Medication Administration
- Safe Injection Practices
- Peri Care
- Wound Care
- Catheter Care



Tuberculosis Infection Control

Develop a formal TB screening and education process including but not limited to:

- Employee Screening
- Employee Education
- Maintain Accurate Employee Records (Screening and Education)
- Screen Residents Pre-Admission/Admission for history of TB and TB signs and symptoms (follow state guidelines for testing)
- Develop Infection Control Protocols

Surveillance/Auditing

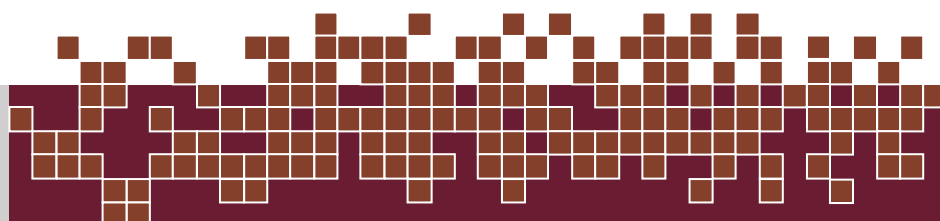
Maintain a formal process for infection prevention surveillance, reporting and outbreak response.

Resources:

- [Monthly Infection Control Log](#)
- [Long-Term Care Acute Gastroenteritis Surveillance Line List and Outbreak Summary \(cdc.gov\)](#)
- COVID-19 Line List [COVID-19 and Senior Living - CALA \(caassistedliving.org\)](#)
- [LTC Respiratory Surveillance Line List and Surveillance Outbreak Summary \(cdc.gov\)](#)

Additional Recommendations from the Centers for Disease Control and Prevention:

- Maintain an exposure control plan which addresses potential hazards posed by specific services provided by the facility (e.g., blood-borne pathogens). Note: A model template, which includes a guide for creating an exposure control plan that meets the requirements of the OSHA Bloodborne Pathogens Standard is available at: <https://www.osha.gov/Publications/osh3186.pdf>
- Review infection surveillance data and infection prevention activities at a QA Committee at least quarterly.
- Develop a written plan for outbreak response which includes a definition, procedures for surveillance and containment, and a list of syndromes or pathogens for which monitoring is performed.
- Maintain a current list of diseases reportable to public health authorities.
- Maintain written intake procedures to identify potentially infectious persons at the time of admission. Examples: Documenting recent antibiotic use, and history of infections or colonization with *C. difficile* or antibiotic-resistant organisms.
- Audit (routinely monitor and document) adherence to PPE use (e.g., adherence when indicated, donning/doffing).
- Follow-up on clinical information, (e.g., laboratory, procedure results and diagnoses), when residents are transferred to acute care hospitals for management of suspected infections, including sepsis.
- Conduct routine audits of supplies necessary for adherence to proper PPE use (e.g., gloves, gowns, masks) confirming supplies are readily accessible in resident care areas (i.e., nursing units, therapy rooms).



- Audit (routinely monitor and document) adherence to Hand Hygiene.
- Conduct routine audits of supplies necessary for adherence to Hand Hygiene (e.g., soap, water, paper towels, alcohol-based hand rub) confirming supplies are readily accessible in resident care areas (i.e., nursing units, resident rooms, therapy rooms).
- Post signage at entrances with instructions to individuals with symptoms of respiratory infection to: cover their mouth/nose when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after contact with respiratory secretions?
- Provide resources for performing hand hygiene near the entrance and in common areas.
- Maintain written cleaning/disinfection policies which include routine and terminal cleaning and disinfection of resident rooms.
- Conduct routine audits (monitors and documents) of quality of cleaning and disinfection procedures.
- Conduct routine audits of supplies necessary for appropriate cleaning and disinfection procedures (e.g., EPA-registered, including products labeled as effective against *C. difficile* and Norovirus) confirming supplies are available.

Additional infection prevention and control questions can be found here:

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

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