Federal and State Infection Control Requirements

Federal: State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities Table of Contents (Rev. 107, 04-04-14):

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§483.65 Infection Control:

The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.

§483.65(a) Infection Control Program:

The facility must establish an Infection Control Program under which it –

(1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.

§483.65(b) Preventing Spread of Infection:

(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

§483.65(c) Linens:

Personnel must handle, store, process and transport linens so as to prevent the spread of infection.

Interpretive Guidelines:

§483.65(a) Infection Control Program:

The facility’s infection control program must have a system to monitor and investigate causes of infection (nosocomial and community acquired) and manner of spread. A facility should, for example, maintain a separate record on infection that identifies each resident with an infection, states the date of infection, the causative agent, the origin or site of infection, and describes what cautionary measures were taken to prevent the spread of the infection within the facility. The system must enable the facility to analyze clusters, changes in prevalent organisms, or increases in the rate of infection in a timely manner.
Surveillance data should be routinely reviewed and recommendations made for the prevention and control of additional cases.

The written infection control program should be periodically reviewed by the facility and revised as indicated.

§483.65(b) Preventing Spread of Infection

Prevent and control outbreaks and cross-contamination using transmission-based precautions in addition to standard precautions;

Use records of infection incidents to improve its infection control processes and outcomes by taking corrective actions, as indicated;

Implement hand hygiene (hand washing) practices consistent with accepted standards of practice, to reduce the spread of infections and prevent cross-contamination.

§483.65(c) Linens

In consultation with the Centers for Disease Control and Prevention (CDC), the CMS is updating surveyor guidance to address improvements in technology utilized in laundry processing. Specifically, the CMS is updating the existing interpretive guidance:

“Detergent and water physically remove many microorganisms from linen through dilution during the wash cycle. An effective way to destroy microorganisms in laundry items is through hot water washing at temperatures above 160 degrees F (71 degrees C) for 25 minutes. Alternatively, low temperature washing at 71 to 77 degrees F (22-25 degrees C) plus a 125-part-per-million (ppm) chlorine bleach rinse has been found to be effective and comparable to high temperature wash cycles.”

The CMS is also adding guidance on maintenance of laundry equipment and laundry items and ozone laundry cleaning systems. These updates in interpretive guidance complement other guidance within the SOM under “Handling Linens to Prevent and Control Infection Transmission.”

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§483.35(i) Sanitary Conditions

The facility must: (1) - Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) - Store, prepare, distribute and serve food under sanitary conditions

The intent of this requirement is to ensure that the facility:
• Obtains food for resident consumption from sources approved or considered satisfactory by Federal, State or local authorities; and

• Follows proper sanitation and food handling practices to prevent the outbreak of foodborne illness. Safe food handling for the prevention of foodborne illnesses begins when food is received from the vendor and continues throughout the facility’s food handling processes.

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§483.15(h)(2): Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.

Interpretive Guidelines §483.15(h)(2)

“Sanitary” includes, but is not limited to, preventing the spread of disease-causing organisms by keeping resident care equipment clean and properly stored. Resident care equipment includes toothbrushes, dentures, denture cups, glasses and water pitchers, emesis basins, hair brushes and combs, bed pans, urinals, feeding tubes, leg bags and catheter bags, pads and positioning devices.

For kitchen sanitation, see §483.70(h), Other Environmental Conditions.

For facility-wide sanitary practices affecting the quality of care, see §483.65, Infection Control.

“Orderly” is defined as an uncluttered physical environment that is neat and well-kept.


State: Texas Administrative Code:

Chapter 19 Nursing Facility Requirements For Licensure And Medicaid Certification

Chapter 19 Nursing Facility Requirements For Licensure And Medicaid Certification
Subchapter Q: Infection Control. RULE §19.1601 Infection Control.

Chapter 19 Nursing Facility Requirements For Licensure And Medicaid Certification
Subchapter Q: Infection Control. RULE §19.1602Universal Precautions.

Chapter 19 Nursing Facility Requirements For Licensure And Medicaid Certification