



INFECTION CONTROL PLAN OUTLINE FOR LONG-TERM CARE FACILITIES

The [Medical Care Availability and Reduction of Error \(MCARE\) Act of March 20, 2002](#), was amended in 2007 with the addition of Chapter 4 with guidance on reducing and preventing healthcare associated infections (HAI). The amendment includes provisions for Pennsylvania healthcare facilities (i.e., hospitals, ambulatory surgical facilities, and long-term care (LTC) facilities) to develop and implement a facility-specific infection control (IC) plan which must be submitted to and approved by the Pennsylvania Department of Health (PA DOH).

The PA DOH, Healthcare Associated Infection Prevention (HAIP) Division is providing the following *Infection Control Plan Outline For Long-Term Care Facilities* (outline) **to help guide the creation or modification** of an LTC facility's IC plan. This outline provides topics that should be included in the IC plan. **However, outline content must be edited to address the targeted audience (i.e., facility staff) and provide an overview of IC processes and practices used at your facility.**

Requirements:

1. The IC plan must meet MCARE requirements, specifically detailed in [Section 403](#) and other applicable laws as noted in [Section 403 \(b\)](#).
 - a. Applicable laws include but may not be limited to the following:
 - i. Pennsylvania Code: [Long-Term Care Facilities](#)
 - ii. Federal Code: [Long-Term Care Facilities](#)
 - iii. [Healthcare Facilities Act of 1979](#)
 - iv. [OSHA Standards relevant to healthcare](#) (e.g., [bloodborne pathogens](#), [personal protective equipment](#), [respiratory protection](#))
2. The IC plan must align with current nationally recognized guidelines and evidence-based practices **relevant to the facility** (e.g., [Association for the Health Care Environment](#) (AHE), [Association for Professionals in Infection Control and Epidemiology](#) (APIC), [American Society of Heating, Refrigerating and Air-Conditioning Engineers](#) (ASHRAE), [Centers for Disease Control & Prevention](#) (CDC), [Infectious Diseases Society of America](#) (IDSA), [Society for Healthcare Epidemiology of America](#) (SHEA), [World Health Organization](#) (WHO)).
3. A completed (i.e., scored) facility-specific infection control risk assessment (RA) must be included in the IC plan submission to the HAIP Division as an individual document, an appendix, or a table in the IC plan. The HAIP Division has several RA resources that can be found [here](#).



Key Concepts For Utilizing This Outline:

1. The submitted IC plan and RA should be reflective of facility processes/services and the current fiscal/calendar year that they represent, which is often identified in the header or titling of the document.
2. The IC plan and RA should include a date of infection control committee (ICC) approval or a dating field showing a pending status for post-DOH ICC approval.
3. The IC plan should contain current terminology (e.g., hand hygiene vs. handwashing; standard precautions vs. universal precautions), defined abbreviations, functional links, and a reference section.
4. This outline includes lists of examples. When developing your IC plan, only examples relevant to your facility should be used.
5. This outline includes sample text in *italics* to describe what might be included in an IC plan. If used, sample text must be modified to align with facility processes and operations.
6. **Bold** text is used for emphasis or section headings.
7. Reference to relevant facility policies is applicable in all IC plan sections.



Recommended IC Plan Content/Structure:

1. Title:

- a. Include the facility name, document name (i.e., Infection Control Plan), and calendar/fiscal year that the IC plan represents in the header of the document.
- b. Consider including the ICC approval date at the beginning or end of the IC plan.

2. Introductory Statement / Purpose

- a. Provide the reason for the IC plan and what it is intended to accomplish. *Sample statements:*
 - i. *The infection control (IC) plan contains high-level details of the facility's infection prevention & control program (IPCP), laying out the framework for the detection, prevention, and control of healthcare associated infections (HAI) and disease transmission among residents, visitors, and healthcare personnel (HCP) (e.g., staff, providers, contractors, volunteers, and students).*
 - ii. *The IC plan meets the requirements detailed in the Medical Care Availability and Reduction of Error Act (MCARE) of 2002 (amended in 2007), and other applicable laws in alignment with nationally recognized standards and evidence-based practice guidelines.*

3. Scope

- a. Describe the scope of the IC plan. *Sample statement:*
 - i. *All HCP are responsible for adhering to the IC plan, policies, and processes regardless of their position.*

4. Facility Properties

- a. If applicable, describe the facility's affiliation with a network/system.
- b. Describe the patient population(s) served at the facility.
 - i. Examples may include geriatrics, cognitively impaired, and high-risk populations (e.g., transplant patients, immunocompromised patients, ventilated patients).
- c. Describe services provided at the facility including service types provided by outside vendors.
 - i. Examples may include skilled nursing, memory care, physical therapy, dialysis, dental care, and podiatric care.
- d. Include building characteristics such as building descriptions, aging utilities, number of licensed beds, and room types (e.g., private, double occupancy, shared bathrooms, locked units).

5. Infection Control Risk Assessment

- a. Include a statement in the IC plan about the performance of an annual IPCP RA that considers potential facility-specific risks that increase the chance of infectious disease development or transmission among patients or HCP.



- i. Examples of risk categories include community, population served, facility infrastructure, staff competency, services offered, staff immunity, IC practice compliance, invasive medical device use, MDRO & communicable disease prevalence, and HAI prevalence.
- b. Describe how the highest-scoring risks from the RA are used to develop annual IPCP goals (e.g., [specific, measurable, achievable, relevant, time-bound goals](#)) and strategies for goal achievement which are documented in the IC plan or other IPCP document (e.g., IPCP goal document, RA, IC plan appendix). *Sample statement:*
 - i. *The facility performs an annual risk assessment (RA) to assess and identify risks for acquiring and/or transmitting infections, prioritizes them, and then develops strategies to mitigate or eliminate the risks. Prioritized risks are also used to develop specific/measurable annual IPCP goals that are (insert one of the following: included in [insert title of document] / cataloged below).*
- c. **A facility RA is not** a gap analysis, emergency preparedness [all-hazard](#) self-assessment, infection control assessment and response (ICAR) tool, or [ICRA for construction](#).
- d. Resources for developing a facility's IPCP RA:
 - i. [PA DOH Infection Control Risk Assessment Resource](#)
 - ii. [PA-HAI recorded educational event](#)

6. Infection Prevention & Control Program Structure / Authority

- a. Describe how the facility's leadership supports and empowers the IPCP, ICC, and infection preventionists (IP). *Sample statement:*
 - i. *[insert facility name]'s leadership supports the IPCP, infection control committee (ICC), and infection preventionist (IP) and is committed to resident safety, providing quality healthcare services, and preventing the transmission of infectious pathogens, diseases, and/or conditions.*
- b. Authority
 - i. Describe the governing body or facility leader who has full legal authority and responsibility for facility programs, operations, and services and how authority for IPCP oversight, implementation, and containment strategy duties are delegated.
 1. Include a statement that authority for oversight of the IPCP is given to the multidisciplinary ICC. *Sample statement:*
 - a. *The governing body delegates authority for IPCP oversight to the ICC.*
 2. Include a statement that [authority for the development, implementation, monitoring, and enforcement of the IPCP is given to the infection preventionist \(IP\)](#). *Sample statement:*
 - a. *The governing body delegates authority for IPCP development, implementation, monitoring, and enforcement to the IP.*
 3. Include a statement regarding the authority to institute precautions and containment strategies needed to respond to an infectious disease threat. *Sample statement:*



- a. *The governing body delegates the authority to the IP to institute precautions and/or containment strategies needed to respond to an infectious disease threat.*
- c. Describe the IPCP structure, relationship with other committees (e.g., [Quality Assurance & Performance Improvement](#) (QAPI), Patient Safety), and how IPCP activities, outcomes, surveillance, and compliance data are disseminated. *Sample statement:*
 - i. *IPCP data, activities, and outcomes are discussed at quarterly ICC meetings, reported to the quality assurance and performance improvement (QAPI) committee, and communicated to the governing body.*
- d. Describe the affiliation between the facility's IPCP and QAPI program as required by [Federal code](#). *Sample statement:*
 - i. *Infection control is an integral part of the QAPI program at the facility. As applicable, the QAPI program assists with the development and monitoring of IPCP process improvement measures (e.g., action plans, HAI prevention bundles).*
- e. Describe the frequency in which the IC plan and RA are updated, reviewed, and approved by the ICC. It is recommended that these documents are updated at least annually and more often if needed, with ICC approval dating reflected in each document.
- f. Include a frequency for how often IC policies are updated, reviewed, and approved by the ICC.
- g. Infection Preventionist
 - i. Describe how the facility meets [Federal code](#) requirements in demonstrating that the facility designates one or more individual(s) as the infection preventionist who is responsible for the facility's IPCP. The IP must have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field; be qualified by education, training, experience, or certification; work at least part-time at the facility; and have completed specialized training in infection prevention and control.
 1. Include IP characteristics such as:
 - a. Number of facility IPs
 - b. Title(s)
 - c. Professional credentials
 - d. Infection control training (e.g., [APIC](#), [CDC](#))
 - e. If applicable, [Certification in Infection Control \(CIC\)](#) status or expectations
 - f. Employment status (e.g., part-time or full-time); if part-time, number of hours per week dedicated to the IPCP. *Sample statement:*
 - i. *The facility has [insert number of IPs] designated IP(s) that has primary professional training in [Select appropriate: nursing, medical technology, microbiology, epidemiology, or other related field], and is qualified by completing specialized training in*



infection prevention and control provided by [insert source of specialized training].

- ii. Include IP Duties
 - 1. Examples may include the development, implementation, monitoring, and enforcement of the IPCP; developing and updating IC plan and policies; ongoing facility-wide surveillance and reporting of HAIs, outbreaks, Pennsylvania reportable diseases and breaches in IC practices; monitoring emergency preparedness organizations (e.g., CDC, [Pennsylvania Health Alert Network \(PA-HAN\)](#)) for notices of local/state communicable disease threats, emerging pathogens, exposure guidelines; developing and facilitating IC education.
- h. Describe the fiscal and human resources allocated to the facility's IPCP. Examples may include:
 - i. IP workstation
 - ii. Software access (e.g., Microsoft Office, Microsoft Teams)
 - iii. Journal access
 - iv. Fee and time for initial IP training and continuing education
 - v. Membership with professional organizations
 - vi. Support for certification
 - vii. Administrative or clerical support for the IPCP (e.g., administrative assistant to print and distribute ICC meeting packets, posters, newsletters), if applicable
- i. Infection Control Committee (ICC)
 - i. Describe how the facility meets MCARE requirements of having a multidisciplinary ICC. Consider including the title/position of each member to drive consistent ICC attendance. Refrain from listing out names of committee members to reduce IC plan editing needs when turnover occurs. The ICC should ideally include frontline HCP in addition to facility leadership, **as applicable to the facility**.
 - 1. Medical staff: This could include the chief medical officer (CMO), medical director, or infectious disease physician.
 - 2. Administration: This could include the chief executive officer (CEO), chief financial officer (CFO), chief nursing officer (CNO), director of nursing (DON), facility administrator, comptroller, or other members of the c-suite.
 - 3. Lab services: This could include the lab director, lab personnel, and lab consultant if applicable to the facility.
 - 4. Nursing staff: This could include the DON, nursing manager/supervisor, or staff nurse.
 - 5. Pharmacy staff: This could include the pharmacy director, clinical pharmacist, or pharmacy consultant if applicable to the facility.



6. Physical plant staff: This could include the facilities director, maintenance supervisor, or physical plant consultant if applicable to the facility.
 7. Patient safety officer (**not required for LTC settings**)
 8. Infection control: Should include the facility IP (i.e., and not just a consultant). Could also include the infectious disease (ID) physician, epidemiologist, and additional IPs.
 9. Community member: Cannot be an agent, employee, or contractor of the health care facility.
- ii. Include ICC characteristics that may include chairmanship, quorum, meeting frequency, meeting minutes, and action items. *Sample statement:*
 1. *The [insert title of the ICC chairperson] chairs the ICC. A quorum for ICC meetings shall be [insert # of members required for ICC meeting quorum] inclusive of the facility IP, ICC chair, and an administrative or medical staff member. The ICC meets at least quarterly and more frequently if needs arise. Written meeting minutes with documentation of agenda items, discussions, and actions/recommendations are maintained.*
 - iii. Include ICC duties
 1. Examples may include reviewing and approving the infection control plan, risk assessment, and policies; reviewing surveillance, HAI, and IC practice compliance data; recommending and carrying out quality improvement activities, addressing issues related to emerging pathogens, reviewing and approving cleaning, disinfection and sterilization products and practices for use in the facility.

7. Evidence-Based Strategies to Detect, Prevent, and Control Healthcare-Associated Infections and Disease Transmission

a. Detection

i. Resident Screening

1. Describe the facility's resident screening process. *Sample statements:*
 - a. *Trained HCP and screening checklists (e.g., pre-admission assessment prior to acceptance, assessment at the time of admission) are used to perform resident screening as a means to identify residents with:*
 - i. *Current signs or symptoms of infection*
 - ii. *Current, history of, or recent exposure to a communicable disease (e.g., chickenpox, COVID-19, tuberculosis (TB))*
 - iii. *Immunization status (e.g., [include all that apply such as: pneumococcal, COVID-19, influenza])*
 - iv. *Current or history of colonization or infection with multidrug-resistant organisms (MDRO) (e.g., (e.g., [Candida auris](#) (C.*



[auris](#)), [Clostridioides difficile](#) (C. diff), [carbapenem-resistant Enterobacterales](#) (CRE), [extended-spectrum beta-lactamases](#) (ESBL), [methicillin-resistant Staphylococcus aureus](#) (MRSA), [vancomycin-resistant Enterococci](#) (VRE)

ii. [Employee Health](#)

1. Describe the facility's HCP pre-employment health screening process.

Sample statements:

a. *Pre-employment health screening of new HCP includes:*

i. *Evaluation of vaccination or immunity status for [CDC-recommended vaccine-preventable diseases for HCP](#)*

ii. *Vaccination history for [COVID-19](#) and influenza*

iii. *Assessment for [tuberculosis](#) (TB) (i.e., baseline screening and TB risk assessment)*

2. Reference a facility policy or describe sick leave procedures, associated work restrictions/furloughing for ill HCP, and the person responsible for managing these occurrences. *Sample statement:*

a. *The facility uses established criteria for defining what constitutes an occupational communicable disease exposure (e.g., [CDC](#)) and has sick leave policies to encourage HCP to go or stay home when they develop signs or symptoms of illness.*

iii. Surveillance

1. Describe the facility's surveillance and reporting plan.

a. Define surveillance. *Sample statement:*

i. *Surveillance is an ongoing and investigative process to identify MDROs, communicable diseases, outbreaks, IC practice breaches, and potential HAIs resulting from or involving any service rendered at the facility.*

b. Include the responsible person(s) (e.g., IP) for performing [ongoing, facility-wide surveillance](#) and surveillance training requirements. Examples of reporting platforms that offer surveillance training include the [National Healthcare Safety Network](#) (NHSN), [PA-Patient Safety Reporting System](#) (PA-PSRS), and [PA National Electronic Disease Surveillance System](#) (PA-NEDSS). *Sample statement:*

i. *The IP is responsible for performing facility-wide surveillance and has completed initial surveillance and reporting training offered by the National Healthcare Safety Network (NHSN), PA-Patient Safety Reporting System (PA-PSRS), and PA National Electronic Disease Surveillance System (PA-NEDSS).*

c. Include the facility's surveillance data sources. Examples may include:



- i. Laboratory tests
 - ii. Kardex/resident profile/electronic medical record system
 - iii. Radiology/imaging reports
 - iv. Antibiotic starts
 - v. Readmissions
 - vi. New onset symptom assessments/reports from residents (and/or family, guardian, durable power of attorney (POA), etc.)
 - vii. Reports received from other healthcare facilities/providers
 - viii. Environmental / unit rounds
 - d. HAI Surveillance
 - i. Include the standard HAI surveillance definitions (i.e., Patient Safety Authority's (PSA) "[Training Manual and User's Guide | Nursing Home Event Reporting](#)" (adaptation of updated McGeer Criteria and CDC guidelines)) used at the facility.
 - ii. Describe the consistent application of surveillance definition use for HAI reporting. *Sample statement:*
 1. *Consistent application of surveillance definitions is used by the IP. HAIs meeting PSA "[Training Manual and User's Guide | Nursing Home Event Reporting](#)" surveillance definitions are reported even if a provider disagrees (e.g., in the event that the resident is not diagnosed with a clinical infection).*
 - e. Consider referencing the facility's surveillance and reporting policy unless most details are included in the IC plan.
 2. External surveillance reporting
 - a. HAI: Describe the HAI reporting process that aligns with [MCARE Section 404.a.](#) requirements. *Sample statements:*
 - i. *All HAIs (e.g., bloodstream infections; pneumonia; skin/soft tissue infections, urinary tract infections) are deemed serious events and are reported to PA-PSRS within [24 hours](#) of occurrence, discovery, or confirmation.*
 - ii. *Residents (or family, guardian, POA, as appropriate) receive written notification of serious events within [7 days](#) of occurrence, discovery, or confirmation.*
 - b. Outbreaks: Describe the facility process for reporting outbreaks. *Sample statement:*
 - i. *Outbreaks are reported to PA DOH or the local county health department.*
 - c. Infection Control Practice Breaches: Describe the facility process for reporting infection control practice breaches. *Sample statement:*



with suspected or confirmed infection during outbreaks of C. difficile or norovirus.

- d. Describe the availability of alcohol-based hand rub (ABHR) and hand washing sinks in the facility.
 - e. Reference the facility's hand hygiene policy.
3. [Personal protective equipment](#) (PPE)
- a. Define PPE and provide examples of PPE types stocked at the facility.
Sample statement:
 - i. *PPE is worn to minimize exposure to blood/body fluid and/or infectious pathogens and includes items such as gowns, gloves, face masks, face shields/goggles, respirators, etc.*
 - b. Describe the location/availability of PPE supply in the facility.
4. [Respiratory hygiene/cough etiquette](#)
- a. Describe the respiratory hygiene/cough etiquette processes in place at the facility.
 - i. *Respiratory hygiene/cough etiquette is used at the facility to prevent the transmission of respiratory infections (e.g., influenza, rhinovirus, COVID-19), and promoted by posting visual alerts (e.g., [cover your cough signage](#)) and providing supplies (e.g., facial tissues, face masks, no touch waste receptacles, ABHR) at the facility entrance(s)/waiting room(s).*
5. [Sharps safety](#) and [safe injection](#) practices
- a. Define sharps safety and provide examples of safety devices used at the facility. Examples may include needleless IV systems, self-sheathing needles, safety scalpels, etc. *Sample statement:*
 - i. *Sharps with engineered sharp injury protection mechanisms are used at the facility. This includes items such as needleless IV systems, self-sheathing needles, safety scalpels, etc. that contain built-in safety features for preventing injuries such as needlesticks, etc.*
 - b. State which safe injection practice guidelines are followed at the facility. Examples of safe infection practice guidelines include CDC, [One and Only Campaign](#), and [WHO](#).
6. [Environmental cleaning and disinfection](#)
- a. Describe who is responsible for performing environmental cleaning and disinfection of the facility (e.g., onsite department, contracted service).
 - b. Describe how manufacturer IFUs are followed for all cleaning/disinfection products used at the facility.
 - c. Reference the facility's environmental cleaning/disinfection policy.
7. Cleaning, and disinfection of resident care equipment and devices



- a. Describe the use of [Spaulding Classification](#) (i.e., non-critical, semi-critical, critical) to determine the type of reprocessing needed for resident care equipment used at the facility.
- b. Describe how manufacturer IFUs are accessed by HCP at the facility and used for all reprocessing methods and processes (e.g., resident care equipment, devices, reprocessing equipment, reprocessing chemicals/disinfectants)
- c. [Cleaning and disinfection of resident care equipment](#)
 - i. Describe who is responsible for, how often, and what is used to clean and disinfect resident care equipment at the facility.
 1. *Cleaning and disinfection of resident-care equipment (e.g., blood pressure (BP) cuffs, thermometers, medication pumps, glucometers) is performed by the equipment user with the use of a [US Environmental Protection Agency \(EPA\)-registered disinfectant after every resident use.](#)*
- d. [High-level disinfection \(HLD\) and sterilization](#)
 - i. Most LTC facilities will not perform onsite HLD or sterilization of reusable resident care equipment. If either reprocessing method is performed onsite, include separate sections for each (i.e., HLD & Sterilization) within the IC plan. If not, remove this bullet and sub-bullets and move to the next section.
 - ii. If offsite HLD and/or sterilization services are used by the facility, state so in the IC pan and include a policy reference that details the offsite exchange of soiled and reprocessed equipment.
 - iii. If HLD and/or sterilization is performed onsite:
 1. Identify equipment used requiring HLD or sterilization. Examples may include endoscopes, ultrasound probes, surgical instruments, and laryngoscope blades.
 2. Identify the HLD and/or sterilization reprocessing equipment used at the facility. Examples may include an automated endoscope reprocessor, Trophon unit, steam sterilizer, and vaporized hydrogen peroxide.
 3. Identify the HLD and sterilization standards/guidelines used at the facility. Examples may include [AAMI ST91:2021](#), [ANSI/AAMI ST79:2017](#), AORN and [CDC](#).
 4. Provide details of where equipment is stored after it is high-level disinfected or sterilized.
 5. Reference the facility's HLD and/or sterilization policies.
- e. Storage of supplies and equipment



- i. Describe the location and identification (e.g., tagged, bagged, placed into clean storage) of where and how clean equipment is stored at the facility.
- ii. Describe the location of where clean and commercially packaged sterile supplies are stored at the facility. *Sample statement:*
 1. *Clean and commercially packaged sterile supplies are stored in clean storage rooms using a first-in, first-out shelf rotation.*
- iii. **If applicable**, describe the location of where sterile instruments and devices that are reprocessed onsite are stored.
 1. Describe the facility's vent-related sterility approach for storing sterile surgical instruments and devices reprocessed onsite. *Sample statement:*
 - a. *Sterile storage of instrument trays and devices is located in a restricted and environmentally controlled sterile storage room. An event-related shelf-life practice is used for sterile storage which means that the sterilized product (e.g., wrapped surgical instrument tray, sterile peel pouch) should remain sterile until an event (e.g., tear in packaging, broken seal) causes the item to become contaminated.*

8. Linen Management

- a. Describe who is responsible for supplying clean linen and reprocessing soiled linen for the facility (e.g., onsite department, contracted service).
- b. If contracted, include the type of accreditation that the healthcare laundry management service maintains. Examples may include the Healthcare Laundry Accreditation Council (HLAC) and Hygienically Clean Certification from TRSA.
- c. If onsite laundering services are used, include the linen management guidelines used by the facility for processing linen. An example is [CDC](#).
- d. Include a reference to the facility's linen management policy.

c. Education

- i. Describe the facility process and topics used for educating residents and visitors. *Samples statements:*
 1. *As applicable, [education of residents, and visitors](#) is provided on the following **facility-relevant** topics which **could** include:*
 - a. *Disease acquisition and transmission, transmission-based precautions*
 - b. *Resident hygiene practices:*



- i. *Respiratory hygiene/cough etiquette*
 - ii. *Oral care*
 - iii. *Hand hygiene*
 - iv. *Bathing*
 - c. *Wound care*
 - d. *Device care*
 - e. *Signs and symptoms of infection*
 - f. [Enhanced Barrier Precautions](#)
 - g. *Vaccination*
 - ii. Describe the facility process and topics used for mandatory infection control education of new employees, and annual or as needed training. *Sample statements:*
 1. [Mandatory IC education for all HCP](#)
 - a. *Upon hire (i.e., prior to providing job duties), annually, and as needed IC education is provided. Educational topics include but may not be limited to:*
 - i. *Disease acquisition, chain of infection and transmission*
 - ii. *Standard, transmission-based, and enhanced barrier precautions*
 - iii. *PPE use, location, [sequence of donning/doffing](#)*
 - iv. *Hand hygiene; methods, supplies, monitoring/compliance*
 - v. *OSHA Bloodborne Pathogens Exposure Control Plan*
 - vi. *Employee Health (e.g., vaccinations, reporting of infection and/or exposure, TB)*
 - vii. *TB (e.g., transmission, risk, management, latent vs. infection)*
 - viii. *Contents and location of IC plan*
 - b. *Competency-based training completed by all HCP upon hire (i.e., prior to performing task independently), annually, and as needed if changes occur, for job-specific IC practices (e.g., insertion and/or maintenance of invasive devices, cleaning/disinfection of equipment or environmental surfaces)*
- d. Control
 - i. [Transmission-Based Precautions](#)
 1. Define Transmission-Based Precautions (TBP) *Sample statement:*
 - a. *Transmission-based precautions (TBP) are the second tier of basic infection control and are used in addition to standard precautions for*



residents who may be infected or colonized with certain infectious pathogens for which additional precautions are needed to prevent infection transmission.)

2. **If applicable**, identify who outside of the facility IP has the authority to initiate TBP. Examples may include any HCP as per policy and nursing staff as per protocol.
 3. Include the guidelines used for selecting the type and duration of TBP. The primary source used by most healthcare facilities is [CDC's Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings \(2007\)](#).
 4. Describe the facility's resident placement practices with the use of private or cohorts in multi-occupancy rooms.
 5. Include the availability of an airborne infection isolation room (AIIR).
 - a. Describe how residents requiring airborne precautions (e.g., for suspected or confirmed TB) are managed if an AIIR is unavailable.
 - b. Reference the title of the facility's [Respiratory Protection Plan](#) that details who is responsible (e.g., employee health, IP) for performing medical clearance, fit testing, and training of HCP upon hire and annually for respirator use, and which types of respirators are provided by the facility (e.g., N95, powered air purifying respirator (PAPR)).
 6. Describe how the facility communicates TBP, infection, and MDRO statuses internally and externally to HCP and/or receiving facilities.
 - a. Examples of internal communication may include the use of medical record flags and/or signage to alert HCP at the facility.
 - b. Examples of external communication may include the use of verbal report and/or written notification (e.g., standardized interfacility [infection control transfer](#) form, medical record) when transferring a patient to another healthcare facility.
 7. Reference the facility's TBP policy.
- ii. [Enhanced Barrier Precautions \(EBP\)](#)
1. Define EBP. *Sample statement:*
 - a. *Enhanced barrier precautions (EBP) is an approach of targeted gown and glove use during high-contact resident care activities, designed to reduce transmission of MDRO.*
 2. Describe when EBP applies to resident care. *Sample statement:*
 - a. *EBP may be applied (when contact precautions do not otherwise apply) to residents with:*
 - i. *Wounds or indwelling medical devices, regardless of MDRO colonization status*



- ii. *Infection or colonization with an MDRO*
 - 3. Reference the facility's EBP policy.
- iii. Bloodborne Pathogens (BBP) Exposure Control Plan (ECP)
 - 1. Include a statement about the existence of a facility BBP ECP that is updated at least annually and when needs arise to reflect new or modified tasks and procedures that affect occupational exposure to blood, body fluid, or potentially infectious material (OPIM) to comply with [OSHA's bloodborne pathogen standard](#).
 - 2. Reference the facility's BBP ECP.
- iv. HCP MDRO Exposure Management
 - 1. Indicate that evidence-based [CDC](#) and/or [OSHA guidelines](#) are used for the evaluation and management of HCP for unprotected MDRO exposures.
- v. [Outbreak Investigation](#)
 - 1. Define an outbreak. *Sample statement:*
 - a. *An outbreak refers to an increase in the number of cases of a disease above what is normally expected in a facility, specific community, or geographic area. However, a single case of an epidemiological significant pathogen (e.g., Ebola) may be considered an outbreak.*
 - 2. Reference the facility's outbreak policy.
- vi. [Compliance Monitoring](#)
 - 1. Include the facility's IC practice compliance monitoring priorities. Examples may include hand hygiene, PPE use, cleaning, and disinfection processes.
 - 2. Describe the facility's process for providing immediate feedback/real-time correction when IC practice noncompliance is observed.
 - 3. Describe the facility's process for enforcing IC practice compliance.
 - 4. Describe how compliance outcome data is reported to the ICC and shared/distributed to HCP.

8. Facilities / Physical Plant Operations

- a. Describe plant operations related to infection control at your facility. Consider including information about the following:
 - i. Heating, ventilation, and air conditioning (HVAC) system(s)
 - 1. Identify who is responsible for maintaining and performing preventative maintenance of the HVAC system at the facility. Examples may include a maintenance department, building management, and contracted HVAC service provider.
 - 2. Include the guidelines used for setting pressure, temperature, and humidity parameters for required spaces in the facility. Examples may include ANSI/ASHRAE/ASHE Standard 170, and Facility Guidelines Institute (FGI).
 - ii. Refrigerators/freezers



1. Identify which types of refrigeration/freezers are used onsite at the facility. Examples may include medication and resident nutrition.
 2. Identify if there is a manual, continuous electronic, and/or audible alarm temperature monitoring process in place and who is responsible for documenting daily temperatures, and notification/actions taken for out-of-range readings.
- iii. Water Management Plan (WMP)
1. Include information about the facility's water management plan, its development, review cadence, and oversight committee or team.
 - a. *Sample statements:*
 - i. *The facility has a [Water Management Plan \(WMP\)](#) to mitigate waterborne pathogen transmission risks.*
 - ii. *A [water infection control risk assessment \(WICRA\)](#) was performed to evaluate facility water sources, modes of transmission, and potential resident exposure risks which was used in developing the facility's water management plan.*
 - iii. *The water management plan team meets at least annually to review, update, and approve the WMP.*
 - b. Reference the facility's WMP.
- iv. Construction
1. Discuss the IP's involvement in construction and remediation (e.g., water incursions) planning, meetings, [infection control risk assessments \(ICRA\)](#), and rounding to ensure contractor and maintenance staff adherence to ICRA mitigation strategies/barriers at the facility. *Sample statement:*
 - a. *The IP is involved in performing an [infection control risk assessment \(ICRA\)](#) when the facility is planning new construction or renovation and monitoring the risk mitigation measures in place (e.g., barriers, negative pressure, HEPA filtration) during construction or remediation to ensure that patient care spaces are not contaminated with dust and infectious pathogens (e.g., *Aspergillus*).*

9. [Antibiotic Stewardship](#)

- a. Define antibiotic stewardship. *Sample statement:*
 - i. *Antibiotic stewardship is the effort to optimize (i.e., measure and improve) how antibiotics are prescribed by clinicians and used by residents.*
- b. Describe the facility's Antibiotic Stewardship Program (ASP), activities (e.g., antibiotic utilization, proper antibiotic selection, duration of use, antibiogram), and oversight committee.
- c. Identify the antibiotic stewardship guidelines used at the facility. Examples may include the CDC [Core Elements of Antibiotic Stewardship for Nursing Homes](#) and the SHEA/Infectious Disease Society of America (IDSA) [Clinical Practice Guidelines for Implementing an Antibiotic Stewardship Program](#). *Sample statements:*



- i. *The facility has an antibiotic stewardship program that is led by a clinical pharmacist. Program activities (e.g., antibiotic utilization, proper antibiotic selection and duration of use) are reported to the ICC.*
- ii. *The facility utilizes the CDC [Core Elements of Antibiotic Stewardship for Nursing Homes](#) for guidelines on tracking/reporting, education, drug expertise, etc.*

10. **Distribution of [PA-HAN Advisories](#) and PA Patient Safety Authority's [Patient Safety Journal](#)**

- a. Describe the distribution of PA-HAN advisories to relevant facility HCP
- b. Describe the distribution of PA Patient Safety Authority's rolling online journal articles and the annual Patient Safety Journal to all HCP including the location and method of distribution.
 - i. Examples of distribution methods may include email notification, posting in newsletters, posting in key locations (e.g., locker room, time clock), and electronic access on facility computer.



References: (Only include facility-relevant references with functional links or citations)

1. APIC. [Association for Professionals in Infection Control and Epidemiology.](#)
2. ASHE. [Infection Control Risk Assessment 2.0 Toolkit for Construction & Renovation.](#)
3. CDC. [Core Elements of Antibiotic Stewardship for Nursing Homes](#)
4. CDC. [Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings.](#)
5. CDC. [Disinfection and Sterilization.](#)
6. CDC. [Environmental Infection Control Guidelines.](#)
7. CDC. [Hand Hygiene in Healthcare Settings.](#)
8. CDC. [Infection Control in Healthcare Personnel.](#)
9. CDC. [Multidrug-Resistant Organisms \(MDRO\) Management.](#)
10. CDC. [Outbreak Investigations in Healthcare Settings.](#)
11. CDC. [Recommended Vaccines for Healthcare Workers.](#)
12. CDC. [Standard Precautions for All Patient Care.](#)
13. CDC. [Transmission-Based Precautions.](#)
14. Code of Federal Regulations. Title 42, Public Health. Chapter IV, Centers for Medicare & Medicaid Services, Department of Health and Human Services. [Title 42, Chapter IV, Subchapter G, Part 483.](#)
15. [Facility Guidelines Institute](#)
16. National Healthcare Safety Network (NHSN). [Healthcare Personnel Safety Component \(HPS\)](#)
17. OSHA. [Occupational Safety and Health Administration.](#)
18. OSHA. Bloodborne Pathogens Standard. Title 29, Labor. Subtitle B, Regulations Relating to Labor. Chapter XVII, Occupational Safety and Health Administration, Department of Labor. Part 1910, Occupational Safety and Health Standards. Subpart Z, Toxic and Hazardous Substances. [§ 1910.1030 Bloodborne pathogens.](#)
19. Pennsylvania Code. Title 28, Health and Safety. Part IV, Health Facilities. [Title 28, Subpart C. Long Term Care Facilities](#)
20. Pennsylvania Code. Title 28, Health and Safety. [Chapter 27, Communicable and Noncommunicable Diseases.](#)
21. Pennsylvania DOH. [PA Health Alert Network \(PA-HAN\).](#)
22. Pennsylvania Law. [PA Medical Care Availability and Reduction of Error \(MCARE\) Act 2002 amended 2007.](#)
23. Pennsylvania Patient Safety Authority (PSA). [Patient Safety Journal.](#)
24. PSA. [Training Manual and User's Guide | Nursing Home Event Reporting](#) (standard HAI definitions for LTC use, adapted by PSA using McGeer Criteria and CDC guidelines)
25. [Pennsylvania Patient Safety Reporting System](#) (PA-PSRS).

This outline was created by the Pennsylvania Department of Health (Department), Bureau of Epidemiology Healthcare Associated Infection Prevention (HAIP) Division for PA healthcare facilities to reference as they develop their infection control plans for submission to the Department. The Department respectfully requests that prior to using this document or its content in any manner for other purposes, such as by other entities, that written permission be given by the Department: RA-DHAI@pa.gov