



The purpose of this document is to guide health care facilities in preparing, submitting, and maintaining Infection Control (IC) Plans in accordance with the Pennsylvania [Medical Care Availability and Reduction of Error \(MCARE\) Act of 2002, as amended in 2007](#). It is intended as a reference to clarify requirements, outline the submission and review process, and support facilities in aligning their IC Plans with regulatory standards and best practices.

## Table of Contents

General Requirements .....	1
Submission and Approval Process .....	2
Infection Prevention and Control Risk Assessment .....	3
Plan Content and Standards .....	4
Implementation and Verification .....	5
Revisions and Updates .....	5
Penalties and Enforcements .....	6
Contact and Support .....	6

## GENERAL REQUIREMENTS

### Question 1: What is the MCARE Act?

**Answer:** The MCARE Act is a Pennsylvania Act that requires health care facilities to develop, implement, and maintain a facility-specific IC Plan. [Section 403](#) of the MCARE Act lists the mandatory components of the plan. The MCARE Act also defines health care associated infections (HAIs) as Serious Events, [per MCARE Section 405 \(a\)](#) which means they must be reported within 24 hours of occurrence or discovery and disclosed to affected patients in writing within seven days of occurrence or discovery in accordance with [MCARE Section 308 \(b\)](#).

### Question 2: Who is ultimately responsible for submitting, maintaining, and approving the IC Plan?

**Answer:** The Facility Administrator is ultimately responsible for ensuring that the IC Plan is developed, submitted to the Pennsylvania Department of Health (DOH), maintained, and updated as needed. The Facility Administrator must also ensure that evidence of plan approval is on file. Although the day-to-day development and implementation of the plan is performed by Infection Prevention staff and the IC Committee, accountability rests with facility leadership.

### Question 3: What role does the Infection Preventionist or IC Department play?

**Answer:** The Infection Preventionist or IC Department is responsible for leading the development and implementation of the IC Plan. This includes conducting the facility’s Infection Prevention and Control (IPC) Risk Assessment (RA), coordinating plan revisions, and ensuring that the IC Plan and IPC RA are annually reviewed and approved by the facility’s IC Committee.



**Question 4: Who at the Pennsylvania Department of Health reviews and approves IC Plans?**

**Answer:** IC Plans are reviewed by the Division of Healthcare Associated Infection Prevention (HAIP) IC Plan Review Team within the DOH's Bureau of Epidemiology (BOE). The team evaluates plans for compliance with the MCARE Act and applicable requirements.

**Question 5: Can my facility submit the same IC Plan as another hospital or a facility in my health system?**

**Answer:** Typically, facilities are not permitted to share an IC Plan and instead must have a facility-specific IC Plan reflective of services offered and IPC practices used at the facility. The only time where facilities can share an IC Plan is if the facilities share a state license number. Facilities that are added to a primary facility's state license number are called campuses and are considered to be extensions of the primary facility. However, even when sharing a state license and IC Plan, each campus must include campus-specific details about any services that might differ among campuses in their IC Plan and each campus must still complete its own IPC RA. This is because campuses may operate at different locations from the primary facility and offer different services.

## SUBMISSION AND APPROVAL PROCESS

**Question 6: When must a new facility submit its IC Plan?**

**Answer:** A new facility must submit its IC Plan and accompanying IPC RA as directed by the Bureau of Long-Term Care Programs or Bureau of Health Facilities and Home Care Services. New health care facilities are required to apply for a state license, and during that process, the licensing division (i.e., the Bureau of Long-Term Care Programs or Bureau of Health Facilities and Home Care Services) will provide guidance on the IC Plan submission requirements. All IC Plan submissions must be submitted to the BOE HAIP via Survey123, following the process outlined in the [Infection Control Plan Submission Checklist](#).

**Question 7: When must an IC Plan be submitted after receiving notice from the Pennsylvania Department of Health?**

**Answer:** Facilities have 30 days to submit an IC Plan after receiving notice that an IC Plan submission is required.

**Question 8: How long does it take for the IC Plan to be reviewed and approved?**

**Answer:** After HAIP receives the submission, it is placed into a queue for reviewer assignment. Once assigned, the reviewer will notify the facility that the review has started and will have 30 days to provide the facility with the review outcome. The overall timeline for final approval varies depending on plan complexity, the need for revisions, and the volume of submissions.

**Question 9: What happens if my IC Plan is not accepted on the first review?**

**Answer:** Most IC Plans require some form of revision. If the plan is not accepted on the initial review, the reviewer will email the facility with the outcome and will offer a consultation by phone or Teams to discuss the recommendations. After this consultation, the facility will be required to submit a revised plan within 30 calendar days.

**Question 10: What if my IC Plan is not accepted after multiple reviews?**

**Answer:** If the plan is still not accepted after two reviews, HAIP may recommend that the facility seek assistance from an independent consultant who is Certified in Infection Control (CIC) to ensure that the IC Plan meets all MCARE Act requirements and industry standards and can be effectively implemented.



**Question 11: How will my facility be notified when the IC Plan is approved?**

**Answer:** When the IC Plan is approved, the HAIP Division will send a formal acceptance letter by email. The letter is also shared with the appropriate DOH licensing division. Facilities should attach the approval letter to the IC Plan and keep it on file for surveyor reference.

## INFECTION PREVENTION AND CONTROL RISK ASSESSMENT

**Question 12: What is an IPC RA?**

**Answer:** An IPC RA is a systematic, facility-wide evaluation that identifies and prioritizes infection risks specific to the services provided, the populations served, and the facility's environment. Its purpose is to guide the development of annual IPC goals and risk mitigation strategies needed to meet identified risks. It is distinct from the construction-related Infection Control Risk Assessment (ICRA), which is used during construction or renovation projects.

**Question 13: Why must my facility complete an IPC RA?**

**Answer:** The IPC RA is an industry standard that ensures that prevention and control strategies are based on the facility's unique risks rather than on generic approaches. It is a comprehensive and systematic way to determine the state of the IPC program. It quantifies the facility's unique risks based on its characteristics such as patient population, staffing, resources, geography, community, etc.

**Question 14: How often must the IPC RA be completed or updated?**

**Answer:** The IPC RA must be completed at least annually and updated whenever there are significant changes that impact the IPC program, such as new or discontinued service offerings, shifts in patient populations, ownership changes, or renovations that impact the IPC program.

**Question 15: What factors should be included in the IPC RA?**

**Answer:** The IPC RA should consider the types of patients and populations served, the range of services provided, the facility's layout and environmental risks, the use of invasive devices, outcomes and surveillance data, staffing levels, the potential for outbreaks and transmission of multidrug-resistant organisms (MDRO), and HAI risk.

**Question 16: Does the IPC RA need to be submitted with the IC Plan?**

**Answer:** Yes. The IPC RA must be submitted with the IC Plan. Submissions that do not include the IPC RA are incomplete and will not be accepted.

**Question 17: How is the IPC RA used during the IC Plan review process?**

**Answer:** Reviewers use the IPC RA to confirm that the facility is identifying facility-specific risks annually and prioritizing the highest scoring risks to develop annual goals and risk mitigation strategies that inform updates to IPC documents.



## PLAN CONTENT AND STANDARDS

### Question 18: What must be included in an IC Plan that meets the minimum MCARE Act requirements?

**Answer:** [MCARE Act, Section 403](#) requires that every IC Plan include **eight** specific components. These components are:

- 1) A multidisciplinary Infection Control Committee
- 2) Effective measures for the detection, control, and prevention of HAIs
- 3) Culture surveillance processes and policies
- 4) A system to identify and designate patients colonized or infected with methicillin-resistant *Staphylococcus aureus* (MRSA) or other MDRO
- 5) Procedures and protocols for staff who may have had potential exposure to a patient or resident known to be colonized or infected with MRSA or MDRO, including cultures and screenings, prophylaxis and follow-up care
- 6) An outreach process for notifying a receiving health care facility or an ambulatory surgical facility of any patient known to be colonized prior to transfer within or between facilities
- 7) A required Infection Control intervention protocol that includes precautions based on nationally recognized standards, evidence-based intervention protocols, isolation procedures, physical plant operations, antimicrobial stewardship, mandatory staff education, and fiscal and human resource requirements
- 8) A procedure for distributing advisories issued under [Section 405\(b\)\(4\)](#)

### Question 19: Are there additional items required beyond the eight MCARE Act components that must be included in the IC Plan?

**Answer:** Under [Section 404](#) of the MCARE Act, facilities must also comply with HAI data reporting and notification obligations, using standard HAI surveillance definitions. Hospitals must report HAIs to the National Healthcare Safety Network (NHSN) on a continuous basis and are required to implement a qualified electronic surveillance system. Ambulatory surgical facilities and nursing homes must report HAIs to the Pennsylvania Patient Safety Reporting System (PA-PSRS). These obligations must be addressed in the IC Plan to demonstrate compliance and must also be fulfilled in practice per MCARE Act requirements. Additionally, under [Section 403\(b\)](#) of the MCARE Act, facilities must meet all requirements of Chapter 4, Section 3 and any applicable laws.

### Question 20: What documents or evidence must accompany the IC Plan submission?

**Answer:** A complete submission must include the facility-specific IC Plan and the IPC RA. Facilities may opt to submit select policies for one-time, high-level feedback. The HAIP team will **only** review the following optionally submitted policies: hand hygiene, standard precautions, transmission-based precautions, sterilization, disinfection, environmental cleaning/disinfection, and HAI surveillance. Although we can only review these policies and provide detailed feedback, we are available to answer any questions you may have to assist you with other policies and protocols. All documents must be submitted as original Word, PDF, or Excel files through [Survey123](#). Scanned documents, zip files, policy manuals, and shared links will not be accepted.



## IMPLEMENTATION AND VERIFICATION

**Question 21: How do reviewers verify that my IC Plan contains all the necessary information to be implemented at the facility?**

**Answer:** Reviewers look for evidence that the IC Plan contains facility-specific strategies for infection detection, prevention, and control. They verify that the plan references facility policies, requires initial and annual IPC education with competencies, and describes how compliance will be monitored and enforced for all categories of staff. Reviewers also confirm that the plan includes systems for tracking and analyzing infection data and sharing results to drive improvement.

**Question 22: What type of training and staff education is required in the IC Plan?**

**Answer:** Facilities must provide mandatory IPC education, as per [Section 403\(a\)\(7\)\(vi\)](#) of the MCARE Act, to all health care personnel (HCP) (e.g., providers, contracted staff, students, volunteers), upon hire, annually, and whenever changes occur. This training must cover disease acquisition and the chain of infection, standard and transmission-based precautions, the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen standards, the facility's Exposure Control Plan, employee health requirements such as vaccinations, tuberculosis screening, and reporting of infection or exposure, as well as the contents and location of the IC Plan. In addition to staff training, facilities must also provide patients, families, and visitors with education, as applicable, on IPC best practices. These topics may include respiratory hygiene and cough etiquette, the use of required personal protective equipment (PPE) when entering rooms with transmission-based precautions, proper hand hygiene, recognition of signs and symptoms of infection, pre and post-operative care, wound care, device care, and self-care practices.

**Question 23: What type of competency-based training is required in the IC Plan?**

**Answer:** Competency-based training must be completed by HCP upon hire, prior to performing tasks independently, annually, and whenever changes occur. This training applies to all HCP, including those responsible for cleaning, disinfection, or sterilization of equipment, surgical instruments, or environmental surfaces, as well as those responsible for the insertion or maintenance of invasive devices when applicable to the facility. Competency-based training ensures that staff are able to demonstrate the necessary knowledge and skills to safely and effectively carry out IPC practices in alignment with nationally recognized standards and facility policies.

**Question 24: How can you ensure compliance?**

**Answer:** Compliance is monitored through observations, audits, and analysis of adherence to IPC practices detailed in the IC Plan such as hand hygiene, transmission-based precautions, etc. Facilities are expected to establish performance targets, set annual IPC program goals, provide strategies and oversight to reach targets/goals and provide real-time feedback to staff when noncompliance is observed.

## REVISIONS AND UPDATES

**Question 25: Do I need to keep my IC Plan updated once it is approved?**

**Answer:** Yes. The IC Plan must be kept current to reflect changes in nationally recognized standards, changes in services or populations, and maintain alignment with the results of the annual IPC RA.



**Question 26: Under what circumstances should my facility resubmit an IC Plan?**

**Answer:** Facilities required to resubmit their IC Plan will receive an IC Plan submission request email from DOH. An IC Plan submission is required for all newly licensed hospitals, ambulatory surgical facilities and nursing homes in the state of Pennsylvania, facilities undergoing a direct change in ownership or services provided, and facilities referred to the IC Plan team by a licensing surveyor or division.

**Question 27: As my facility updates its IC Plan each year, do I need to send it to the DOH for review?**

**Answer:** In general, facilities are not required to resubmit updates once the IC Plan has been approved.

## PENALTIES AND ENFORCEMENTS

**Question 28: What happens if my facility fails to submit an IC Plan before opening?**

**Answer:** If a facility does not submit an IC Plan before opening, it will be referred to its respective licensing division (i.e., Bureau of Long-Term Care Programs or Bureau of Health Care Facilities and Home Care Services), who may find the facility in violation of the MCARE Act. Refer to [MCARE Penalties](#).

**Question 29: What happens if my facility does not revise and resubmit an IC Plan when requested?**

**Answer:** If a facility fails to revise and resubmit its IC Plan when directed, it will be referred to its respective licensing division (i.e., Bureau of Long-Term Care Programs or Bureau of Health Care Facilities and Home Care Services) and may be considered in violation of the MCARE Act and subject to enforcement actions until an acceptable plan is approved.

## CONTACT AND SUPPORT

**Question 30: Who should I contact if I have questions about IC Plan requirements or reviewer recommendations?**

**Answer:** Facilities should contact the HAIP Division [IC Plan Review Team](#) at the DOH or their assigned reviewer. Facilities may also attend the weekly question and answer (Q&A) office hours ( [Teams Meeting Link](#) ) hosted every Wednesday from 1–2 PM EST for live support.

**Question 31: Where can I find additional training or resources on IC Plan development?**

**Answer:** Facilities can access training and resources through the Commonwealth of Pennsylvania [Infection Control Plan Submission Toolbox and Resources](#) page. Additional support is available through [TRAIN PA](#).