1. **PURPOSE**

The facility recognizes that its infection prevention and control program plays a major role in its efforts to improve patient safety and quality of care. The purpose of this policy is:

1. To establish standards for an active facility-wide program for the surveillance, prevention, and control of Healthcare Associated Infections (“HAIs”) and other infectious diseases which demonstrates adherence to nationally recognized infection prevention and control guidelines and best practices for reducing the development and transmission of HAIs.
2. To establish leadership and responsibility for the facility-wide program and leadership’s commitment to the program.
3. To fulfill Critical Access Hospital conditions of participation in the Medicare program and Joint Commission accreditation standards.
4. **POLICY / SCOPE**
5. The governing body or responsible individual is responsible for appointing the Professional(s), ensuring the Program is in place, and that infection prevention and control is addressed within the facility.
6. The Professional(s) shall be responsible for the development, implementation, and administration of the Program and written Plan, and for review of this policy.
7. The standards captured in the Program and Plan shall apply to all departments, all clinical and nonclinical staff, independent contractors, medical staff members, and any other person who works in the facility or comes into the facility, including patients, visitors, and family as applicable.
8. **DEFINITIONS**
9. “***HAIs***” means Healthcare Associated Infections
10. “***Plan***” means the written Infection Prevention and Control Plan that incorporates the standards required under the Program
11. “***Professional(s)***” means the Infection Prevention and Control Professional(s) appointed by the governing body or responsible individual based on the recommendations of medical staff and nursing leadership.
12. “***Program***” means the Infection Prevention and Control Program.
13. “***QAPI***” means Quality Assurance and Performance Improvement
14. “***Team***” means the Infection Prevention and Control Team, which may include staff with expertise in infection control, building management, and other key team members who can perform a risk assessment and put in place infection prevention and control activities.
15. **PROCEDURES**
16. Governing Body or Responsible Individual Responsibilities. The governing body, or responsible individual, must ensure all of the following:
    1. Systems are in place and operational for the tracking of all infection surveillance, prevention and control, in order to demonstrate the implementation, success, and sustainability of such activities.
    2. All HAIs and other infectious diseases identified by the infection prevention and control program are addressed in collaboration with the facility’s QAPI leadership.
    3. The facility provides the following resources when needed to support the Program:
       1. Laboratory resources;
       2. Equipment and supplies; and
       3. Other resources needed to develop, implement, and administer the Program and written Plan
    4. [PLACEHOLDER – if needed, include processes for ensuring the governing body or responsible individual addresses the above-mentioned activities. *For example, indicate whether such activities will be addressed in annual meetings of the governing body, joint meetings of the QAPI leadership and Professional(s), or whether the Professional(s) is responsible for presenting reports or annual findings to the governing body and responsible individuals on a dedicated or ad hoc basis.*]
17. Appointment of the Infection Prevention and Control Professional
    1. The governing body or responsible individual for the facility shall appoint Professional(s).
    2. The Professional(s) shall be qualified through education, training, experience, or certification in infection prevention and control, but may be an employee, contractor, or consultant.
       1. [PLACEHOLDER – include the education, training, experience, or certification that your organization shall require for this professional]
    3. The appointment of the Professional(s) shall be based on the recommendations of medical staff leadership and nursing leadership.
       1. [PLACEHOLDER – Populate with any organization specific appointment or election procedures applicable to your organization, if needed. If the professional will be a physician or other professional eligible for medical staff membership consider whether medical staff membership is required and cross-reference that policy accordingly. Consider whether this process can or should overlap with existing appointment procedures contained in other policies and applicable to other appointed roles]
18. Responsibilities of the Infection Prevention and Control Professional(s). The Professional(s) shall be responsible for:
    1. Developing and implementing facility-wide infection surveillance, prevention, and control policies and procedures that adhere to evidence-based practice and nationally recognized guidelines, including this policy, the Program, and the Plan.
       1. [PLACEHOLDER – If relevant to implementation of this procedure, provide organization-specific details here]
    2. Creating, compiling, and maintaining all documentation, written or electronic, related to the Program and its surveillance, prevention, and control activities.
       1. The Professional(s) shall develop a written Plan that sets forth the Program standards discussed in Section (4) below and any other written documentation necessary to develop, implement, and evaluate the Program and standards set forth in this Policy.
       2. [PLACEHOLDER – If relevant to implementation of this procedure, provide organization-specific details here]
    3. Communication and collaboration to implement the Program.
       1. The Professional(s) will consult with persons who have expertise in infection prevention and control, when the Professional(s) do not have the necessary expertise to make knowledgeable decisions.
       2. The Professional(s) shall communicate and collaborate with the QAPI program on infection prevention and control issues and antibiotic stewardship program.
       3. The Professional(s) may build a Team to implement the Program and perform required risk assessments.
       4. The Professional(s) may consult with community leaders and outside experts who can provide information about the facility’s population and associated health risks.
       5. [PLACEHOLDER – If relevant to implementation of this procedure, provide organization-specific details here]
    4. Providing or ensuring the provision of competency-based training and education of facility personnel and staff, including medical staff, and, as applicable, personnel providing contracted services in the facility, on the practical applications of infection prevention and control guidelines, policies and procedures.
       1. [PLACEHOLDER – If relevant to implementation of this procedure, provide organization-specific details here]
    5. Preventing and controlling HAIs, including auditing of adherence to infection prevention and control policies and procedures by facility personnel.
       1. [PLACEHOLDER – If relevant to implementation of this procedure, provide organization-specific details here]
19. Infection Prevention and Control Program
    1. The Professional(s) and Team, if applicable, are responsible for capturing the standards for the Program set forth in this Section (4) in a written Plan.
    2. The Professional(s) and Team, if applicable, will use evidence-based national guidelines, or expert consensus in the absence of guidelines, in developing the Program.
    3. *The Program sets forth methods for preventing and controlling the transmission of infections within the facility and between the facility and other healthcare settings and addresses*:
       1. Use of standard precautions, such as PPE to reduce the risk of infection;
       2. Use of transmission-based precautions in response to pathogens suspected or identified within the facility’s service setting and community, and specific to the way the pathogen is transmitted.
       3. Minimizing risks of infection when storing and disposing of infectious waste.
       4. Communication of infection prevention and control measures to licensed independent practitioners, staff, visitors, patients, and families, including at least hand and respiratory hygiene practices.
       5. Investigation of outbreaks of infectious disease, and the process for such investigations;
       6. Screening licensed independent practitioners and staff who come into contact with infections for exposure and/or immunity to infectious disease.
       7. Providing assessment, potential testing, prophylaxis/treatment, or counseling or referrals for services to patients, licensed independent practitioners or staff when the individual has, is suspected of having, or has been occupationally exposed to an infectious disease.
       8. Reporting the results of infection surveillance, prevention, and control information to:
          1. Appropriate staff within the facility; and
          2. Local, state, and federal public health authorities in accordance with law;
          3. Other receiving or referring health care facilities, when the facility becomes aware that it has either
             1. transferred a patient who has an infection requiring monitoring, treatment and/or isolation;
             2. received a patient who has an infection requiring monitoring, treatment and/or isolation.
       9. Influenza vaccination program that includes:
          1. Provision of influenza vaccinations to licensed independent practitioners and staff when care, treatment, or services are provided on-site at accessible sites and times;
          2. Establishing an annual influenza vaccine program offered to licensed independent practitioners and staff;
          3. Education of licensed independent practitioner sand staff about the influenza vaccine; non-vaccine control and prevention measures; and the diagnosis transmission and impact of influenza, and any other relevant educational information;
          4. Setting goals to improve influenza vaccination rates;
          5. Written description of the methodology used to determine influenza vaccination rates;
          6. At least annual:
             1. Evaluation of reasons given by licensed independent practitioners and staff for declining influenza vaccination;
             2. Improvement of vaccination rates according to established goals; and
             3. Provision of influenza vaccination rate data to key stakeholders which may include leaders, licensed independent practitioners, nursing staff, and other staff.
       10. [PLACEHOLDER – Either this policy or the written Plan should provide detailed clinical standards that relate to reach Program requirement, according to evidence-based practice and nationally recognized standards]
    4. *The Program addresses surveillance, prevention, and control of HAIs, including*:
       1. Targeted screening for occurrence of multidrug-resistant organisms (MDRO), central line-associated bloodstream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI).
       2. Implementation of evidence-based practices to prevent HAIs through at least the following measures:
          1. Development and implementation of policies and practices based on evidence to reduce risk of MDRO, CLABSI, CAUTI, and SSI occurrence;
          2. Implementation of processes for preventing MDRO, CLABSI, and SSI based on periodic risk assessments;
          3. Measurement and monitoring infection prevention processes, outcomes, and compliance using evidence based guidelines or best practices for MDRO, CLABSI, CAUTI, and SSI.
       3. [PLACEHOLDER – Either this policy or the written Plan should provide detailed clinical standards developed by the Professional(s) according to evidence-based practice and nationally recognized standards]
    5. *The Program ensures maintenance of a clean and sanitary environment to avoid sources and transmission of infection*.
       1. The Program addresses cleaning, disinfecting, and sterilizing of medical equipment devices and supplies in accordance with standardized practices including:
          1. Cleaning and performing low-level disinfection of medical equipment, devices, and supplies such as stethoscopes and blood glucose meters;
          2. Performing intermediate and high-level disinfection and sterilization of medical equipment devices and supplies, such as implants, surgical instruments, and flexible endoscopes;
          3. Storing and disposing of medical equipment, devices, and supplies,
          4. Reprocessing single use devices consistent with regulatory and professional standards;
          5. Orientation, training, and competency of health care workers who process medical equipment, devices, and supplies;
          6. Levels of staffing and supervision of health care workers processing medical equipment, devices, and supplies;
          7. Quality monitoring;
       2. [PLACEHOLDER – Either this policy or the written Plan should provide detailed clinical standards developed by the Professional(s) according to evidence-based practice and nationally recognized standards]
    6. *The Program addresses any infection control issues identified by public health authorities*
       1. The Program addresses facility preparations to respond to an influx of potentially infectious patients, including:
          1. Processes for obtaining and tracking current clinical and epidemiological information from facility resources regarding new infections that could cause an influx of potentially infectious patients
          2. Method for communicating critical information to licensed independent practitioners and staff about emerging infections that could cause an influx of potentially infectious patients
          3. Process for responding to an influx of potentially infectious patients.
       2. [PLACEHOLDER – Either this policy or the written Plan should provide detailed clinical standards developed by the Professional(s) according to evidence-based practice and nationally recognized standards]
    7. *The Program reflects the scope and complexity of the services provided at the facility*.
       1. [PLACEHOLDER – Either this policy or the written Plan should provide detailed clinical standards developed by the Professional(s) according to evidence-based practice and nationally recognized standards]
20. Risk Assessment and Goals
    1. The Professional(s) and Team, if applicable, shall perform a risk assessment to review and identify the facility’s risks at least annually and whenever significant changes occur.
       1. The risk assessment shall identify its risks for acquiring and transmitting infections based on:
          1. Its geographic location, community, and population served;
          2. The care, treatment, and services it provides;
          3. The analysis of surveillance activities and other infection control data.
       2. The risk assessment must include input from, at a minimum, infection control personnel, medical staff, nursing, and leadership. Input may come from the Team if its composition reflects these minimum standards..
       3. The results of the risk assessment should be ideally prioritized in order of level of probability and potential for harm.
       4. The Professional(s) and Team, if applicable, will prioritize the risks identified for acquiring and transmitting infections and will document the prioritized risks.
    2. Based on the identified risks, the Professional(s) and Team, if applicable, shall set goals to minimize the possibility of transmitting infections.
       1. The goals include the following:
          1. Addressing prioritized risks
          2. Limiting unprotected exposure to pathogens
          3. Limiting the transmission of infections associated with procedures
          4. Limiting the transmission of infections associated with the use of medical equipment, devices, and supplies,
          5. Improving compliance with hand hygiene guidelines
       2. The Professional(s) and any infection prevention and control team should set goals for reducing the risks of infections that pose the greatest threat to patients and the community based on professional guidelines and sound scientific practices.
    3. [PLACEHOLDER – If relevant to implementation of this procedure, provide organization-specific details here]
21. Evaluation of the Effectiveness of the Program and Plan
    1. The Professional(s) and Team, if applicable, shall evaluate the effectiveness of the Program and Plan annually and whenever risks significantly change.
    2. The evaluation shall include a review of the following:
       1. Plan’s prioritized risks;
       2. Plan’s goals; and
       3. Implementation of Plan’s activities.
    3. Findings from the evaluation are communication at least annually to the individuals or multidisciplinary group that manages the patient safety program.
    4. The findings of the evaluation are used to revise the Plan.
    5. [PLACEHOLDER – If relevant to implementation of this procedure, provide organization-specific details here]
22. Temporary Reporting Requirements During the COVID-19 Public Health Emergency
    1. For the duration of the COVID-19 Public Health Emergency, the facility will report infection prevention and control information in accordance with the frequency and in the format designated by the Secretary of the Department of Health and Human Services.
    2. [PLACEHOLDER – If relevant to implementation of this procedure, provide organization-specific details here]
23. **CROSS-REFERENCED POLICIES**

Related Infection Prevention and Control Policies: [PLACEHOLDER: Policy # - Include a list referencing any independent infection prevention and control *policies* that are specific to certain events, surgeries, diseases, populations, etc. Alternatively if these standards are not captured in policies but are captured specifically in the written Plan, include specific references or documentation for the Program or Plan in **SECTION VII. RELATED DOCUMENTATION AND FORMS** below.]

Physical Plant and Environment / Waste Management / Medical Equipment, Supplies, and Devices / Patient Safety: [PLACEHOLDER: Policy # – If applicable to your organization, cross-reference any relevant policies, procedures, or requirements that address or overlap with standards in alignment with this policy]

Human Resources Training and Education Policy and Procedures: [PLACEHOLDER: Policy # – If applicable, cross-reference any relevant policies, procedures, or requirements that address or overlap with the training, education, and competency requirements referenced in this policy]

QAPI Policy and Procedures [PLACEHOLDER: Policy #]: Infection prevention and control problems identified in the programs must be addressed in coordination with the facility-wide QAPI program.

Antibiotic Stewardship Policy [PLACEHOLDER: Policy #]: Infection prevention and control problems identified in the programs must be addressed in coordination with the facility-wide antibiotic stewardship program.

1. **RELATED DOCUMENTATION AND FORMS**

Related Infection Prevention and Control Documents: [Include specific infection prevention and control documentation, standards or forms that are specific to certain events, surgeries, diseases, populations, etc. *if not addressed in separate policies* captured in **Section VI. CROSS-REFERENCED POLICIES** above. ***This section should include reference to the written Plan and where to find it***.]

1. Written Infection Prevention and Control Plan
2. **SOURCES**
3. 42 C.F.R. § 485.640 (2020).
4. The [State Operations Manual, Appendix W](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_w_cah.pdf) has not yet been updated with Survey Procedures and Interpretive Guidelines for this condition of participation, but such guidance is pending. In future reviews, update with any new procedures and guidelines.
5. The Joint Commission, Critical Access Hospital - Infection Prevention and Control Chapter, IC.01.01.01 *et seq*.
6. [PLACEHOLDER – Include any clinical guidelines or best practice documents used to populate the clinical information above. *For example, consider incorporation of CDC Basic Infection Prevention and Control Guidelines available* [*here*](https://www.cdc.gov/infectioncontrol/guidelines/index.html) *or The Joint Commission CAH Infection Prevention and Control Resources available* [*here*](https://www.jointcommission.org/resources/patient-safety-topics/infection-prevention-and-control/critical-access-hospital-infection-prevention-and-control/)*.* If not referenced here, include these sources in the written Plan for future reference and updating]