DATE:  August 26, 2014

SUBJECT:  Infection Control Plan Submission and Updates

TO:  Ambulatory Surgical Facility Administrators
     Hospital Administrators/CEO
     Nursing Home Administrators

FROM:  Healthcare Associated Infection Prevention
        Department of Health

INITIAL INFECTION CONTROL PLAN SUBMISSION INFORMATION

Act 52 of 2007 requires that hospitals, ambulatory surgical facilities and nursing homes develop and implement an infection control plan that contains the following components:

1. A multidisciplinary committee including representatives from each of the following, if applicable to the specific Health Care Facility:
   I. Medical staff that could include the Chief Medical Officer or the Nursing Home Medical Director.
   II. Administration representatives that could include the Chief Executive Officer, the Chief Financial Officer or the Nursing Home Administrator.
   III. Laboratory personnel.
   IV. Nursing staff that could include a Director of Nursing or a Nursing Supervisor.
   V. Pharmacy staff that could include the Chief of Pharmacy.
   VI. Physical plant personnel.
   VII. A Patient Safety Officer.
   VIII. Members from the Infection Control Team, which could include an epidemiologist.
   IX. The community, except that these representatives may not be an agent, employee or contractor of the health care facility or ambulatory surgical facility.

2. Effective measures for the detection, control and prevention of health care-associated infections.

3. Culture surveillance processes and policies.

4. A system to identify and designate patients known to be colonized or infected with MRSA or other MDRO that includes:
   I. The procedures necessary for requiring cultures and screenings for nursing home residents admitted to a hospital.
   II. The procedures for identifying other high-risk patients admitted to the hospital who necessitate routine cultures and screening.
5. The 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 which includes:
   I. Infection control precautions based on nationally recognized standards, for general surveillance of infected or colonized patients.
   II. Intervention protocols based on evidence-based standards.
   III. Isolation procedures.
   IV. Physical plant operations related to infection control.
   V. Appropriate use of antimicrobial agents.
   VI. Mandatory educational programs for personnel.
   VII. Fiscal and human resource requirements.

8. The procedure for distribution of advisories issued under Section 405(B)(4) so as to ensure easy access in each health care facility for all administrative staff, medical personnel and health care workers.

One copy of the infection control plan and all attachments should be submitted to the Healthcare Associated Infection Prevention office with a cover letter identifying the name of the facility, CEO/Administrator name, phone number and email address as well as the facility’s infection prevention contact person name, phone number and e-mail address. The infection control plan may be mailed to the address below or emailed to the Nursing Services Consultant who has been in contact with your facility.

Pennsylvania Department of Health
Healthcare Associated Infection Prevention (HAIP)
555 Walnut Street
Forum Place, 8th Floor
Harrisburg, PA 17101

INFECTION CONTROL PLAN UPDATE PROCEDURES:

A healthcare facility does not need to submit any updates or revisions to HAIP as it is not stipulated by the Act. However, if the facility requests that HAIP review the infection control plan and/or any updates to ensure all eight components are present, we will provide this assistance as part of our consultative role. Facilities are expected to keep these plans updated to reflect the Act 52 requirements.

Please contact our office at (717) 425-5422 with any questions or concerns that arise. Thank you for your ongoing support and cooperation in the statewide effort to improve patient and resident safety through effective infection control practices.

This updates the previous memo issued November 14, 2011.