

Infection Control Plan Approval Process Overview

The submission process is discussed in full in the ["Infection Control Plan Submission Checklist"](#) (Checklist)

Background Keys Points

1. The [Medical Care Availability and Reduction of Error \(MCARE\) Act](#) requires that hospitals, ambulatory surgery centers (ASC), and long-term care facilities (LTC) develop and implement an infection control (IC) plan.
2. IC plans are reviewed and approved by the Pennsylvania Department of Health (DOH), Bureau of Epidemiology / Healthcare Associated Infection Prevention (HAIP) Division.
3. For effective IC plan development and implementation, federal code requires that each facility type: [Hospital](#), [ASC](#), [LTC](#), has a designated and trained IP.
4. The HAIP Division prefers to correspond and work with a facility's designated Infection Preventionist (IP) as the primary point of contact (POC) throughout the IC plan submission and approval process. This can optimize IC plan submission and approval outcomes. If necessary, an interim POC can be assigned while a facility is working towards identifying a designated IP to meet the role requirement noted above. The expectation is that once the facility IP is designated, they will become the primary POC, even if not yet fully trained.

Phases of the IC Plan Submission, Screening and Review Approval Processes

1. **Upon HAIP Division notification from PA DOH Licensure Bureau** of a new facility, change of ownership or licensing surveyor plan of correction/referral **HAIP sends** the facility administrator notification of a need to identify their IP/POC which will be used to communicate the need for an IC plan submission.
2. **Facility Administrator (ADMIN) sends** an email identifying their IP or interim POC.
3. **HAIP Division sends** the IP or interim POC the DOH IC Plan toolkit, outline, and checklist documents also located on the DOH's Public Website [HAIP Division's Healthcare Professional Resources page](#).
4. **Facility IP or interim POC submits** their facility IC plan that aligns with requirements in the checklist.
5. **HAIP Division reviewer will screen/assess** the IC Plan submission documents within 14 business days of submission using a standardized screening rubric to verify that the plan submission meets requirements:
 - a. All required documents were submitted meeting the requirements detailed in the Checklist including:
 - Submitted as individual documents – scanned documents are not accepted.
 - Documents are referenced with current evidence-based guidelines.
 - Submitted documents have been or will be approved by the specific facility Infection Control Committee and contain all dating fields.
6. **HAIP Division notifies the facility IP and ADMIN of screening outcome.** The submission will be either accepted or not accepted for moving forward to full plan review phase.
 - a. If not accepted, **facility IP and ADMIN will receive notification** and reason for non-acceptance; and will be required to resubmit all documents. (Returning to the # 4 phase above).
 - b. If accepted for review it will be placed in the queue for full plan review.
7. **HAIP Division assigns** the IC Plan to a reviewer and the reviewer will notify the facility via email when they begin their review. (Note the time from acceptance to review start depends on the # of facilities ahead in the queue and reviewer availability)
8. **HAIP Division reviewer notifies** the facility of the outcome of their initial plan review within 30 days of review start. Outcomes of plan review will be approved or rejected.
 - a. If approved facility will receive a letter of approval.
 - b. If rejected facility will receive a letter of rejection and rationale for the rejection.
 - **Facility may request** a TEAMs consultation with the reviewer.
 - **HAIP Division reviewer will provide** a deadline date for the facility to resubmit their plan.
 - **Facility must resubmit** its plan after addressing any gaps to meet the requirements of MCARE.