

INFECTION CONTROL POLICY & PROCEDURE DEVELOPMENT RESOURCE

Purpose: The Pennsylvania Department of Health, Healthcare Associated Infection Prevention (HAIP) Division is providing the following policy resource to help facilities in the creation or modification of infection control (IC) policies and procedures (P&Ps). This guide highlights the information that should be included in IC P&Ps and provides available resources to guide P&P development. Content should be used as appropriate and tailored to be specific to the facility. While some key questions for consideration have been included, this is not an exhaustive list and should be used as a starting point for facilities that are developing or editing P&Ps.

Policy/Plan	Description	Important Key Questions for Consideration
Bloodborne pathogens exposure control plan	<p>Describes the process for adhering to Occupational Safety and Health Administration’s (OSHA) Bloodborne Pathogens Standard 1910.1030</p> <p>Resources: (Blue font are links)</p> <p>Bloodborne Pathogens (osha.gov) / 2003 Model Plans and Programs <i>(Refers to Universal Precautions but must be updated to current language of Standard Precautions.)</i></p> <p>Bloodborne Pathogens - Worker protections against occupational exposure to infectious diseases Occupational Safety and Health Administration (osha.gov)</p>	<ul style="list-style-type: none"> • Does your bloodborne pathogens exposure control plan contain all OSHA-required elements including but not limited to: <ul style="list-style-type: none"> ○ Determination of employee exposure ○ Implementation of various methods of exposure control, including: <ul style="list-style-type: none"> ▪ Standard precautions (ensure that the plan does not reference the old term of Universal Precautions) ▪ Engineering and work practice controls ▪ Personal protective equipment ▪ Housekeeping and blood spill clean-up procedures ▪ Hepatitis B vaccination ▪ Post bloodborne pathogen exposure evaluation and follow-up (to include immediate first aid and post-exposure prophylaxis (PEP), if indicated within 2 hours of exposure ▪ Procedures for evaluating circumstances surrounding an exposure incident. ▪ Communication of hazards to employees and training ▪ Recordkeeping of training, medical records, sharps and injury logs, exposures, and HEP B vaccination.
Cleaning/disinfection of environmental surfaces P&P	<p>Describes the process for cleaning environmental and high-touch surfaces in the facility.</p> <p>Resources: (Blue font are links)</p> <p>Reduce Risk from Surfaces HAI CDC</p> <p>CDC Guideline for Environmental Infection Control in Health-Care Facilities (2003) updated July 2019</p>	<ul style="list-style-type: none"> • Who performs cleaning/disinfection (healthcare personnel (HCP) or contracted company)? • What is the approval process for selecting disinfectants? • What is the cleaning frequency? • How does the facility assess staff competency? • How is cleaning monitored?
Cleaning/disinfection of operating rooms (OR)/procedure rooms P&P	<p>Describes the process for cleaning OR and/or procedure rooms (peri-op).</p> <p>Resources: (Blue font are links)</p>	<ul style="list-style-type: none"> • Who performs cleaning/disinfection? • How is cleaning monitored? • What is the process for between cases and terminal cleaning?

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	<p>Specialized Patient Areas Environmental Cleaning CDC</p> <p>Guidelines for Perioperative Practice, 2023 Edition (membership)</p>	<ul style="list-style-type: none"> • How does the facility assess staff competency?
<p>Cleaning/disinfection of patient equipment P&P</p>	<p>Describes the process for low-level cleaning/disinfection of patient equipment.</p> <p>Resources: (Blue font are links)</p> <p>Strategies to Mitigate Cross Contamination of Non-critical Medical Devices - APIC</p> <p>CDC Guideline for Disinfection and Sterilization in Healthcare Facilities (2008) updated 2017</p> <p>Environmental Cleaning Procedures Environmental Cleaning in Global Healthcare Settings HAI CDC</p>	<ul style="list-style-type: none"> • How do individuals in the facility know if an item has been cleaned? • What is the cleaning frequency? • Who is responsible for cleaning what? • What is the process for cleaning/disinfection of shared patient equipment (e.g., glucometers)? • How does the facility assess staff competency? • How is cleaning monitored?
<p>Clean & sterile storage P&P</p>	<p>Describes how clean and sterile items are stored including that sterile item shelf life is event-related.</p> <p>Resources: (Blue font are links)</p> <p>Guideline for Disinfection and Sterilization in Healthcare Facilities CDC</p> <p>Sterilization Package and Storage CDC (dentistry focused, but applies to all settings)</p>	<ul style="list-style-type: none"> • What are the environmental parameters for sterile storage areas? • How are clean/sterile supplies kept separate from dirty supplies? • What shelf-life practices are used for clean items: (e.g., first in / first out)? • What shelf-life practices are used for sterile items (e.g., event-related)? • Are clean & sterile items stored separately? • Is storage area access controlled?
<p>Containment/outbreak P&P</p>	<p>Describes how the facility recognizes, mitigates, and manages an internal outbreak.</p> <p>Resources: (Blue font are links)</p> <p>Outbreak Management - Wyoming Department of Health</p> <p>PA Train LTC Training Module # 5 is on outbreaks.</p>	<ul style="list-style-type: none"> • What are the triggers for identifying an outbreak? • What steps are taken by HCP if an outbreak is suspected or detected? • How is an outbreak confirmed? • Who has authority to implement immediate containment and initiate investigation? • Does the facility have an outbreak response team? • Who leads the investigation? • Are the CDC steps for an outbreak response followed? <ul style="list-style-type: none"> ○ Establish the existence of an outbreak. ○ Verify the diagnosis. ○ Construct a working case definition. ○ Find cases systematically and characterize cases by person, place, and time. ○ Perform descriptive epidemiology. ○ Develop hypotheses. ○ Evaluate hypotheses epidemiologically.

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		<ul style="list-style-type: none"> ○ As necessary, reconsider, refine, and re-evaluate hypotheses. ○ Compare and reconcile with laboratory and/or environmental studies. ○ Implement control and prevention measures. ○ Initiate or maintain surveillance. ○ Communicate findings.
<p>High-level disinfection (HLD) P&P</p>	<p>Describes the process for HLD of any equipment that is deemed semi-critical, including key steps in the HLD process such as pre-cleaning, storage, and transport.</p> <p>Resources: (Blue font are links)</p> <p>Guideline for Disinfection and Sterilization in Healthcare Facilities CDC</p> <p>ANSI/AAMI ST91:2021 Flexible and semi-rigid endoscope processing in health care facilities. (Check with your perioperative team if purchased access)</p>	<ul style="list-style-type: none"> ● If HLD is <i>not performed at the facility</i>, then a policy is <i>not needed</i>. In this case also include a statement in the IC plan that HLD is not performed in the facility. ● What equipment does the facility use that requires HLD (e.g., endoscopes; ultrasound probes; respiratory and anesthesia equipment; laryngoscope blades, handles; laryngoscope mask airways (LMAs); specula; etc.)? ● What HLD equipment types are used at the facility (e.g., Trophon, AER, etc.)? ● What chemicals are used for HLD? (e.g., Glutaraldehyde, Cidex, Hydrogen Peroxide, etc.)? ● How is the facility ensuring compliance with the recommendation to no longer manually high-level disinfect endoscopes? ● How does the facility assess staff competency? ● What quality assurance measures does the facility have in place (e.g., for monitoring processes, verifying cleaning of scopes prior to HLD etc.) ● Do you perform borescope inspections of endoscopes (ANSI/AAMI ST91:2021)?
<p>HAI surveillance and reporting policy (can be combined or separate P&Ps)</p>	<p>Describes the process to identify and report potential healthcare-associated infections (HAIs) resulting from or involving any service rendered by the facility, MDROs, communicable diseases, outbreaks, and/or IC practice breaches.</p> <p>Resources: (Blue font are links)</p> <p>2002 Act 13 - PA General Assembly</p> <p>National Healthcare Safety Network (NHSN) for enrolled facilities Home Page</p> <p>PA-PSRS User Resources for Nursing Homes > Nursing Home User Manual (Requires log-in)</p>	<ul style="list-style-type: none"> ● What standard definitions are used to detect, confirm, and report HAIs (e.g., NHSN, McGeer Criteria)? ● Who is responsible for surveillance and how are they trained? ● Does the trained IP make the determination of when to report an HAI based on the definitions? ● Are you performing surveillance for and reporting all HAIs to either NHSN or PA-PSRS within 24 hours of confirmation as required per MCARE vs. only performing targeted surveillance? ● Who is responsible for preparing and reporting HAI data to the ICC and QAPI committees? ● Who is responsible for disseminating surveillance data internally to HCP? ● How are patients notified of HAIs?
<p>Hand hygiene P&P</p>	<p>Describes the facility's expectations around hand hygiene and to ensure compliance.</p>	<ul style="list-style-type: none"> ● Does the policy use the current term, "Hand Hygiene" vs. "Handwashing" in the policy title?

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	<p>Resources: (Blue font are links)</p> <p>Healthcare Providers Hand Hygiene CDC</p> <p>WHO Hand hygiene</p> <p>SHEA/IDSA/APIC Practice Recommendation: Strategies to prevent healthcare-associated infections through hand hygiene: 2022 Update</p>	<ul style="list-style-type: none"> • Does the policy discuss hand hygiene not just hand washing? • Which guidelines are being followed (i.e., WHO or CDC)? • What are the steps for hand hygiene with soap and water & alcohol-based hand rub (ABHR)? • How are nail hygiene and artificial nails/nail enhancements managed? • When must hands be cleaned with soap and water? • Does the policy identify that use of ABHR as the preferred method (CDC) for performing hand hygiene? • How is staff hand hygiene compliance being monitored?
<p>Healthcare personnel vaccination P&P</p>	<p>Describes the facility’s process for ensuring staff immunity to vaccine-preventable diseases as recommended by the CDC’s Advisory Committee on Immunization Practices (ACIP) including Influenza, Hepatitis B, Varicella, measles, mumps, and rubella (MMR), tetanus, diphtheria, and pertussis (Tdap) and COVID-19</p> <p>Resources: (Blue font are links)</p> <p>Implementation guide for vaccination of health workers (who.int)</p> <p>Recommended Vaccines for Adults CDC > Healthcare Workers</p> <p>SHEA policy statement Healthcare Personnel (HCP) mandatory immunization</p>	<ul style="list-style-type: none"> • Do you require influenza vaccination for all staff, contractors, providers, and vendors? • If HCP refuse vaccination, are they required to mask during seasonal influenza season? • What are facility expectations around immunization (i.e., required, or optional)? • Do you require proof of immunity to vaccine preventable conditions at hire by recorded history and/or titer? • Do you offer CDC/ACIP recommended vaccinations to HCP without immunity? • How are those without immunity managed? • Who is responsible for maintaining employee immunization status records?
<p>Linen management P&P</p>	<p>Describes the process of handling, transporting, and storing both clean and dirty linen.</p> <p>Resources: (Blue font are links)</p> <p>G. Laundry and Bedding CDC</p>	<ul style="list-style-type: none"> • Is linen processed on site, sent to a sister facility or a linen contractor? <ul style="list-style-type: none"> ○ If contracted: how are they selected and who are they accredited by? ○ If on-site: What is the sanitization process and water temperature requirements? ○ If on-site how are linen workers trained, competency of workers maintained, and processes monitored? • How is clean linen managed (including handling, storage, and transport)? • How is soiled linen managed (including handling storage, and transport)? • How are scrubs managed?

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<p>Reporting of infection prevention and control breaches P&P</p>	<p>Lays out facility process for reporting infection prevention and control breaches that result in possible bloodborne pathogen exposure to patients and HCP including improper reprocessing of surgical instruments, use of single-dose vials on more than one patient, or the use of improperly cleaned glucometers on more than one patient.</p> <p>Resources: (Blue font are links)</p> <p>HAI Outbreak Investigations Toolkit HAIs CDC</p> <p>Outbreaks and infection control breaches in health care settings: Considerations for patient notification ScienceDirect</p> <p>CMS 14-36-All Revised 10.28.16 IC Breaches Which Warrant Referral to Public Health Authorities</p>	<ul style="list-style-type: none"> • How are breaches identified? • How are breaches reported internally? • How are breaches reported to DOH-HAI Division (for guidance) and to PA-PSRS (PSA and Regulatory Licensure notification) • Who coordinates the investigation? • How are breaches reported externally? • How are patients notified of breaches? • How is testing of patients and staff managed? • How is the employee performance breach managed?
<p>Respiratory protection plan</p>	<p>Identifies HCP roles/types who may be exposed to airborne transmissible pathogens for inclusion in the facility's respiratory protection program that require medical clearance, respirator fit testing and respirator training pre-/upon hire and annually.</p> <p>Resources: (Blue font are links)</p> <p>Hospital Respiratory Protection Toolkit OSHA CDC NIOSH</p>	<ul style="list-style-type: none"> • Who is responsible for managing annual medical clearance, fit testing & training? • What are the expectations for respirator user seal checks? • What types of respirators does the facility use? • What is the facility's process for hazard evaluation? • How are non-employees protected by the facility? • What is the facility policy for HCP wanting to wear their own n95 respirators while providing patient care.
<p>Standard precautions P&P</p>	<p>Outlines high-level details of the core components of standard precautions and how the facility ensures standard precautions are being followed. For topics that require their own policy, it is not required to repeat content in each policy but rather reference the specific policy for additional information.</p> <p>Resources: (Blue font are links)</p>	<ul style="list-style-type: none"> • Is the current term, "Standard Precautions" vs. "Universal Precautions" used in the policy title and throughout the policy? • Do other facility policies reference "Standard Precautions" vs. "Universal Precautions" (e.g., Bloodborne pathogen, EVS policies)? • Are all the CDC-defined elements of Standard Precautions included and monitored for adherence? • How does the facility implement all elements of standard precautions? <ul style="list-style-type: none"> ○ Hand hygiene ○ Environmental cleaning and disinfection ○ Injection and medication safety

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	<p>Standard Precautions for All Patient Care Basics Infection Control CDC</p> <p>Isolation Precautions Guidelines Library Infection Control CDC</p>	<ul style="list-style-type: none"> ○ Risk assessment with the use of appropriate personal protective equipment (e.g., gloves, gowns, face masks) based on activities being performed. ○ Use of masks for insertion of catheters or injection into spinal or epidural spaces via lumbar puncture. ○ Minimizing potential exposures (e.g., respiratory hygiene and cough etiquette) ○ Safe handling of potentially contaminated equipment or surfaces in the patient environment. ● Disinfection and/or reprocessing of reusable medical equipment between each patient or when soiled
<p>Sterilization P&P (surgical instruments/devices)</p>	<p>Describes how the facility manages the reprocessing of critical surgical instruments starting at the point of use through transport and reprocessing.</p> <p>Resources: (Blue font are links)</p> <p>Guideline for Disinfection and Sterilization in Healthcare Facilities CDC</p> <p>Guidelines for Perioperative Practice, 2023 Edition (check with your perioperative team to see if they have purchased access)</p> <p>AAMI ST79:2017/(R)2022 (check with your SPD to see if they have purchased access)</p>	<ul style="list-style-type: none"> ● What are the quality assurance measures (e.g., chemical indicators, biological indicators, Bowie-Dick test, mechanical monitoring, and load documentation)? ● How is equipment brought in from outside vendors managed? ● If applicable, how is immediate use steam sterilization (IUSS) used and monitored at the facility? ● What type of sterilizers are used? ● How is staff competency assessed? ● Are Sterile Processing staff certified? ● Describe the point-of-use care of instruments? ● Do you utilize “ONE TRAY®”? If utilizing must have process to ensure sterilized ONE TRAYS are used within 48 hrs. ● If this section does not apply to your facility, is it indicated in the IC Plan? ● Is sterilization of instruments/equipment is contracted out or sent to a sister facility? ● Are there policies in place for preparing and transporting of equipment off site and return (e.g., conditioned vehicles, case carts) and that identify process/quality measures for offsite vendors/facilities.
<p>Transmission-based precautions (TBPs) P&P</p>	<p>Outlines how the facility manages patients who require TBP.</p> <p>Resources: (Blue font are links)</p> <p>Isolation Precautions Guidelines Library Infection Control CDC</p> <p>Resource: Precautions Appendix A Isolation Precautions Guidelines Library Infection Control CDC</p>	<ul style="list-style-type: none"> ● What resource is used to identify the type and duration of TBP to be used? ● How are patients requiring TBP flagged and TBP status communicated both internally and externally? ● Who has the authority to initiate and discontinue TBP? ● How are patients who require airborne isolation managed if no airborne isolation rooms are available? ● How are decisions made about cohorting patients who require TBP? ● How are HCP educated about TBP? ● Who is responsible for educating patients and families regarding initiation of TBPs and added IC practices?

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<p>Utility management/physical plant P&Ps (HVAC & water)</p>	<p>Addresses aspects of utility management/physical plant that impact infection prevention activities, including water management /plumbing systems, HVAC, air pressure differentials, etc.</p> <p>Resources: (Blue font are links)</p> <p>Air Appendix Environmental Guidelines Guidelines Library Infection Control CDC</p> <p>Resources (water): (Blue font are links)</p> <p>Legionella: Developing a Water Management Program CDC</p>	<ul style="list-style-type: none"> • What is the auditing process for compliance with TBP? • If you do not follow the CDC recommendations for type and length of precautions, do you have a risk assessment to support? • Is there a single Utility Management policy that covers air, HVAC, and water management/maintenance or separate policies/plans that address air, HVAC, and water management/maintenance? • How is monitoring for temperature, humidity, and air flow (e.g., pressure differentials) managed? • How does the facility mitigate water pathogen risk? • How are ice machines maintained? • How are ice machines (and if applicable, dialysis machines) cleaned, maintained, and tested? • When are HEPA filters changed in ORs? • Who is notified if parameters are out of range on a patient unit? How are they notified? • What action is taken if parameters are out of range? • If HVAC is lost in the OR are cases canceled/delayed?

*This policy document was created by the Pennsylvania Department of Health, Bureau of Epidemiology Healthcare Associated Infection Prevention (HAIP) Division for PA healthcare facilities to reference as they develop their Infection Control Plans for submission. The Pennsylvania Department of Health 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-DHHA@pa.gov*