

HAYM SALOMON HOME FOR NURSING & REHABILITATION

Infection Control Policy	Subject: Pandemic Plan
Approved by: Medical Director, DNS, IP, ADMIN, QAPI Committee	
Effective: 8/2016	Revised: 9/2020,8/13/2024, 8/25, 8/26

POLICY STATEMENT

1. The infection prevention and control program are a facility-wide effort involving all disciplines and individuals and is an integral part of the quality assurance and performance improvement (QAPI) program.
2. The elements of the infection prevention and control program consist of co-ordination/oversight, policies/procedures, surveillance, data analysis, antibiotic stewardship, outbreak management, prevention of infection, employee education, and employee health and safety.

POLICY INTERPRETATION AND IMPLEMENTATION

1. Coordination and Oversight

- a. The infection prevention and control (IPC) program is coordinated and overseen by an infection preventionist (IP).
- b. The qualifications and job responsibilities of the IP are outlined in the *Infection Preventionist Job Description*.
- c. The IPC committee is responsible for reviewing and providing feedback on the overall program. Surveillance data and reporting information is used to inform the committee of potential issues and trends. Some examples of committee reviews may include:
 - i. Whether physician management of infections is optimal
 - ii. Whether antibiotic usage patterns need to be changed because of the development of resistant strains
 - iii. Whether there is appropriate follow up of acute infections
- d. The committee meets regularly to review and revise any guidelines or policies

2. Policies and Procedures

- a. Policies and procedures are utilized as the standards of the IPC program.
- b. The IPC committee (medical Director, DNS and IP) and other key clinical and administrative staff will review the infection control policies at least annually. The review will include:
 - i. Updating or supplementing policies and procedures as needed;
 - ii. Assessment of staff compliance with existing policies and regulations; and
 - iii. Any trends or significant problems since the last review.

3. Surveillance

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- a.* Surveillance tools are used for recognizing the occurrence of infections, recording their number and frequency, detecting outbreaks and epidemics, monitoring employee infections, and detecting unusual pathogens with infection control implications.
- b.* Standard criteria are used to distinguish community-acquired from facility-acquired infections.

4. Antibiotic Stewardship

- a.* Culture reports, sensitivity data, and antibiotic usage reviews are included in surveillance activities.
- b.* Medical criteria and standardized definitions of infections are used to help recognize and manage infections.
- c.* Antibiotic usage is evaluated and practitioners are provided feedback on reviews.

5. Data Analysis

- a.* Data gathered during surveillance is used to oversee infections and spot trends.
- b.* One method of data analysis is by manually calculating number of infections per 1000 resident days.

6. Outbreak /Epidemic/Pandemic Management

- a.* Outbreak management is a process that consists of:
 - i. Determining the presence of an outbreak
 - ii. Managing the affected residents
 - iii. Preventing the spread to other residents
 - iv. Documenting information about the outbreak
 - v. Reporting the information to appropriate public health authorities
 - vi. Educating the staff, residents and healthcare representatives
 - vii. Monitoring for recurrences
 - viii. Reviewing the care after the outbreak has subsided
 - ix. Recommending new or revised policies to handle similar events in the future

7. Prevention of Infection

- a.* Important facets of infection prevention include:
 - i. Identifying possible infections or potential complications of existing infections
 - ii. Instituting measures to avoid complications
 - iii. Educating staff and ensuring that they adhere to proper techniques and procedures
 - iv. Enhancing screening for possible significant pathogens
 - v. Immunizing residents and staff to try to prevent illness
 - vi. Implementing appropriate isolation precautions when necessary, and

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- vii. Following established general and disease-specific guidelines such as those of the CDC.

8. Immunization

- a. Immunization is a form of primary prevention
- b. Widespread use of influenza vaccine in this nursing facility is strongly encouraged
- c. Policies and procedures for immunization include the following:
 - i. The process for administering vaccines;
 - ii. Who should be vaccinated;
 - iii. Contraindications to vaccinations;
 - iv. Obtaining consent;
 - v. Monitoring for side effects of vaccination, and
 - vi. Availability if the vaccine.

9. Employee Education

- a. Infection Control Inservice on Orientation, and Annually and as necessary
 - i. The Chain of Infections
 - ii. The Spread of infections
 - iii. Transmission based Precautions
 - iv. Hand Hygiene
 - v. Glove usage
 - vi. Respiratory Protection Program
 - vii. Pandemic Emergency Plan
- b. Competencies done on orientation and annually and as necessary
 - i. Hand Hygiene
 - ii. Use of PPE
- c. Inservice any new recommendations made by the CDC and/or WHO

10. Monitoring Employee Health and Safety

- a. The facility has established policies and procedures regarding infection control among employees, contractors, vendors, and visitors, including:
 - i. Situations where these individuals should report their infections or avoid the facility (e.g. draining skin wounds, active respiratory infections with considerable coughing and sneezing, or frequent diarrheal stools);
 - ii. Pre-employment screening for infections required by law or regulation (such as TB);
 - iii. Any limitations (such as visiting restrictions) when there are infectious outbreaks in the facility; and
 - iv. Precautions to prevent these individuals from contracting infections such as Hepatitis and the HIV virus from residents or others
- b. Those with potential direct exposure to blood or body fluids are trained in and required to use appropriate precautions and personal protective equipment (PPE).

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- i. The facility provides PPE, checks for its proper use, and provides appropriate means for needle disposable.
- ii. A protocol is in place for managing those who stick themselves with a needle that was possibly or actually in contact with blood or body fluids.

References:

Infection Control Policy and Procedure Manual. August 2016.

Patterson Bursdall, D. & Marx, J.F. (2019). Infection Prevention in Long Term Care. Association for Professionals in Infection Control and Epidemiology (*2nd Ed.*)

All posted Policies and Procedures are current as of September 15, 2020 and are based on the current knowledge of COVID-19, CDC and NYS DOH guidelines, regulations and NY Executive Orders as they exist. The Policies and Procedures are subject to amendment in accordance with any change to regulations, guidance, and/or executive orders.