Infection Control in Residential Care Facilities

Ohio Administrative Code Changes

May 13, 2025

Darcie Anderson, MSN, RN
Provider Resources and Education Program (PREP)
Bureau of Survey and Certification

Autumn Marcum, RN, SWOC
Healthcare-Associated Infections and Antimicrobial Resistance (HAI/AR) Program
Bureau of Infectious Diseases

Ohio Department of Health

Agenda

- Changes to State of Ohio rules and laws for infection control (effective July 12, 2024).
- Elements of an infection prevention and control plan.
- Outbreak management.
- Infection prevention and control auditing.
- Bureau of Survey and Certification (BOSC) statistics and common findings with potential solutions.

Ohio Department of Health

Learning Objectives

- Identify the 2024 changes in the Ohio Administrative Code regarding infection control.
- Identify guidelines to help you meet the infection control rules and laws.
- Identify the BOSC expectations of the facility regarding infection control.
- Using citation finding and solution examples, learners will be able to identify gaps and determine opportunities for their residential care facility to improve infection control.

Ohio Department of Health

Learner Outcome

Desired learner outcome: 100% of the learners will self-report increased knowledge regarding infection control in residential care facilities.

Ohio Department of Health

Acronyms

- Association for Professionals in Infection Control and Epidemiology (APIC).
- Blood Assay for *Mycobacterium Tuberculosis* (BAMT).
- Bureau of Infectious Diseases (BID).
- Bureau of Survey and Certification (BOSC).
- Centers for Disease Control and Prevention (CDC).
- Infection Prevention and Control (IPC).
- Infection Preventionist (IP).
- Multidrug-resistant Organism (MDRO).
- Ohio Administrative Code (OAC).
- Ohio Department of Health (ODH).
- Ohio Revised Code (ORC).
- Personal protective equipment (PPE).
- Tuberculosis (TB).
- Water Management Program (WMP).

Ohio Department of Health

Ohio Administrative Code & Ohio Revised Code Regarding Infection Control

Department of Health

OAC 3701-16-08(A) – Resident Health Assessments

- This rule was revised with wording clarification.

- Each residential care facility **is obligated to**, on an annual basis, offer to each resident a vaccination against influenza and a vaccination against pneumococcal pneumonia as **obligated** by section 3721.041 of the Revised Code.

Source: Moderna

Ohio Department of Health

ORC 3721.041(B)(1) – Influenza Vaccinations

Each home shall, on an annual basis, offer to each resident, in accordance with guidelines issued by the advisory committee, vaccination against influenza, unless a physician has determined that vaccination of the resident is medically inappropriate. The vaccine shall be of a form approved by the advisory committee that calendar year. A resident may refuse vaccination.

Source: Walgreens

Ohio Department of Health

Influenza Vaccines for People 65 and Older

CDC recommends:

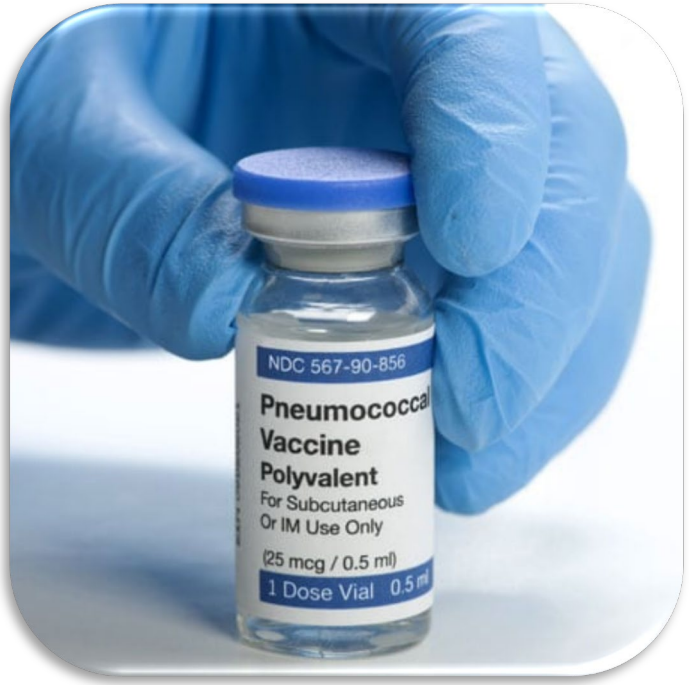
- Higher-dose flu vaccine.
- Adjuvanted flu vaccine.

Source: CDC

Ohio Department of Health

ORC 3721.041(C) – Pneumococcal Vaccinations

Each home shall offer to each resident, in accordance with guidelines issued by the advisory committee, vaccination against pneumococcal pneumonia, unless the resident has already received such vaccination or a physician has determined that vaccination of the resident is medically inappropriate. Each vaccine shall be of a form approved by the advisory committee for that calendar year. A resident may refuse vaccination.



Source: Medscape

Ohio Department of Health

Which Pneumococcal Vaccine Do I Give?

In the United States there are two kinds of vaccines recommended to help prevent pneumococcal disease:

- Pneumococcal conjugate vaccine (PCV15, PCV20 and PCV21).
- Pneumococcal polysaccharide vaccine (PPSV23).

Source: Qcvialz Vial Products

Ohio Department of Health

Pneumococcal Vaccine Guidance

The PneumoRecs VaxAdvisor mobile app helps vaccination providers quickly and easily determine pneumococcal vaccine need by entering the:

- Resident's age.
- Resident's underlying medical conditions.
- Resident's pneumococcal vaccination history.

PneumoRecs VaxAdvisor Mobile App for Vaccine Providers

Print

The PneumoRecs VaxAdvisor Mobile App was updated on September 28, 2023, to reflect CDC's updated pediatric pneumococcal vaccination recommendations.

The ***PneumoRecs VaxAdvisor*** mobile app helps vaccination providers quickly and easily determine which pneumococcal vaccines a patient needs and when. The app incorporates recommendations for all ages so internists, family physicians, pediatricians, and pharmacists alike will find the tool beneficial.

Users simply:

- Enter a patient's age.
- Note if the patient has specific underlying medical conditions.
- Answer questions about the patient's pneumococcal vaccination history.

Then the app provides patient-specific guidance consistent with the immunization schedule recommended by the U.S. Advisory Committee on Immunization Practices (ACIP).

PneumoRecs VaxAdvisor is available for download on iOS and Android mobile devices.

Download the mobile app or use the web version

Download "PneumoRecs VaxAdvisor" free for iOS and Android devices.

Download on the App Store | Google play

Web-based version

If you do not have a device that supports the app, you can access a web version when connected to the internet through a mobile device or computer. If you use the web version of "PneumoRecs VaxAdvisor," we recommend adjusting the screen size to look like a smartphone for a better user experience.

Updates: CDC will release guideline changes and enhancements to the app itself through app updates.

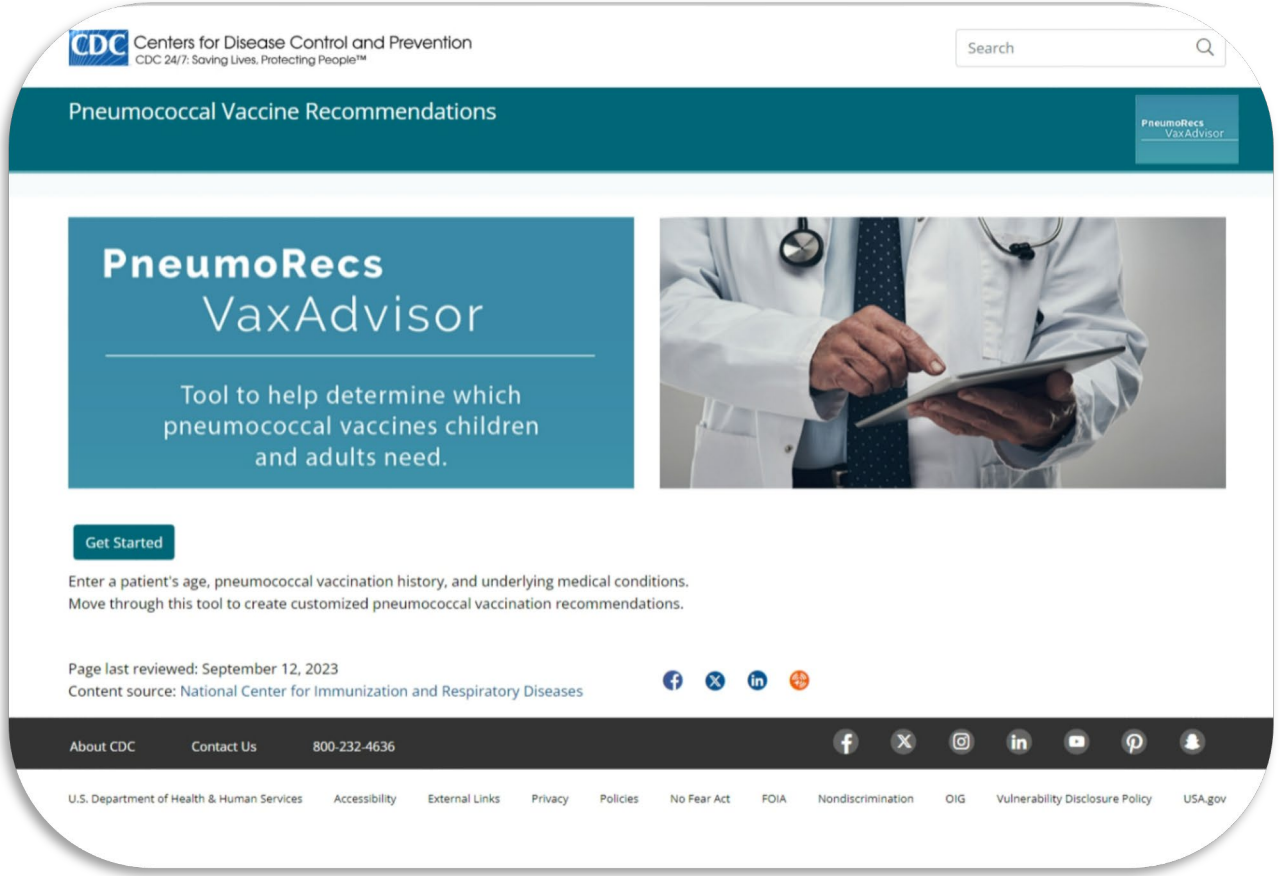
Background

Source: CDC

Ohio Department of Health

Pneumococcal Vaccine Guidance (cont.)

- PneumoRecs VaxAdvisor mobile app.
- PenumoRecs VaxAdvisor webpage.



Source: CDC

Ohio Department of Health

Immunization Tracking Ideas

- **State of Ohio Impact Statewide Immunization Information System** (Impact SIIS) allows users to search for residents' vaccination history.

- **Resident Immunization Tracking Spreadsheet** allows users to track and audit influenza, pneumococcal and COVID-19 immunizations for residents.

Ohio Department of Health

OAC 3701-16-12(C) – Infection Control

Each residential care facility **will** establish and implement appropriate written policies and procedures to **assure a safe, sanitary, and comfortable environment for the residents and to control the** development and transmission of infections and diseases. **Each residential care facility is obligated to establish an infection prevention and control program to monitor compliance with the home's infection prevention and control policies and procedures, to prevent, investigate, and control infections in the home, to institute appropriate interventions, and ensure all staff are appropriately trained on the home's infection prevention and control protocol.**

Source: wild iris medical education

Ohio Department of Health

OAC 3701-16-12(C) (cont.)

Effective infection control program includes a/an:

1. Infection prevention and control designee (infection preventionist).
2. Tuberculosis control plan and risk assessment.
3. Written surveillance plan.
4. Written standards, policies, and procedures for the program.
5. Written standards, policies, and procedures pertaining to staff communicable/infectious diseases.
6. Hand hygiene procedures.
7. Written standards, policies, and procedures for handling, storage, processing, and transport of laundry/linens.

Ohio Department of Health

OAC 3701-16-12(C)(1) – IP Designation & State Notification

- This rule was revised with wording clarification and additional guidance.

- Each residential care facility is **obligated to designate** one or more individuals as the infection prevention and control designee and provide that individuals name and contact information, including an electronic mail address, on an electronic system prescribed by the director **no later than 10 days after hiring or appointing the individual and no later than 10 days after the individual's contact information changes or the designated individual is replaced.**

Source: laaboubi03elessonmedia

Department of Health

OAC 3701-16-12(C)(1) – IP Requirements

The infection control designee is responsible for the facility's infection prevention and control program and will have:

- (a) Completed **post-secondary education** in a health-related field including but not limited to medicine, nursing, medical technology, laboratory technology, public health, epidemiology, or biology;
- (b) Have **education, training, or experience** in infection control; and
- (c) Work **at least part-time** at the facility or **hold a contract** to provide infection prevention and control **at least part-time** at the facility.

Source: myperfectresume

Ohio Department of Health

OAC 3701-16-12(C)(1) – IP Sharing

A residential care facility located **in the same building** as a nursing home, or *on the same lot* as a nursing home, **both of which are owned and operated by the same entity**, will be considered to have met this requirement if the nursing home has an infection prevention and control designee who is responsible for both the residential care facility and nursing home.

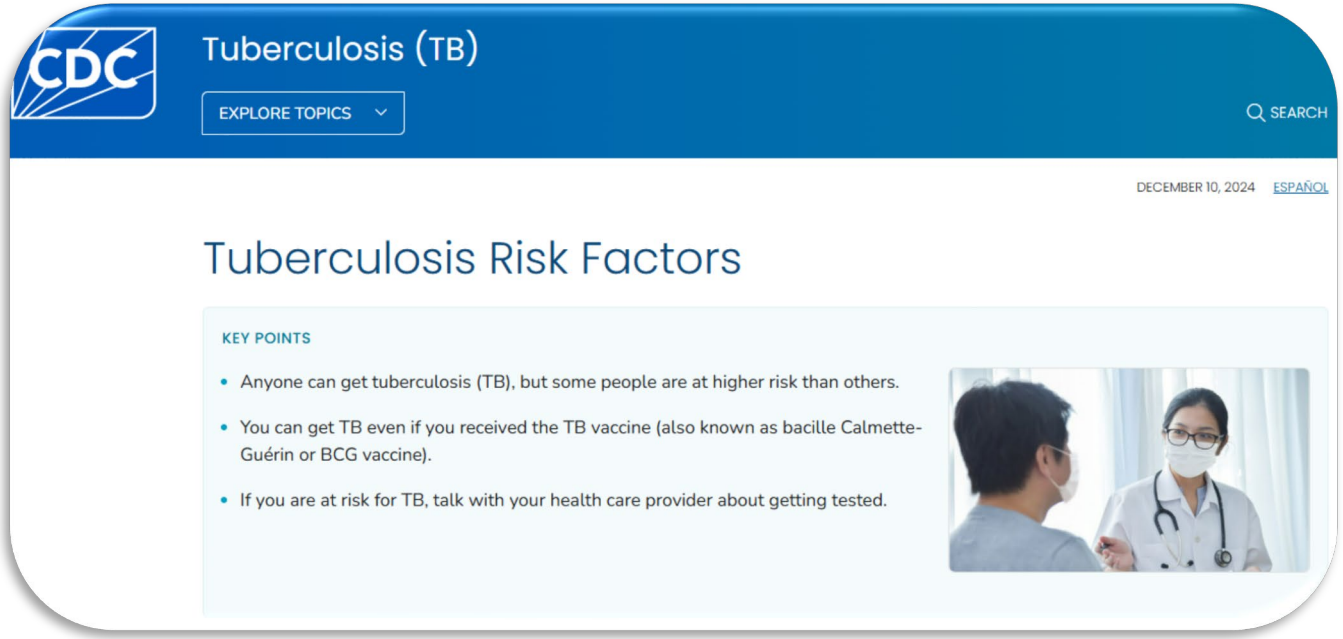
Source: freepik

Ohio Department of Health

OAC 3701-16-12(C)(2) – TB Assessment/Plan

A tuberculosis risk assessment and control plan.

- A tuberculosis control plan that meets the standards set forth in rule 3701-15-03 of the Administrative Code.



Source: CDC

Ohio Department of Health

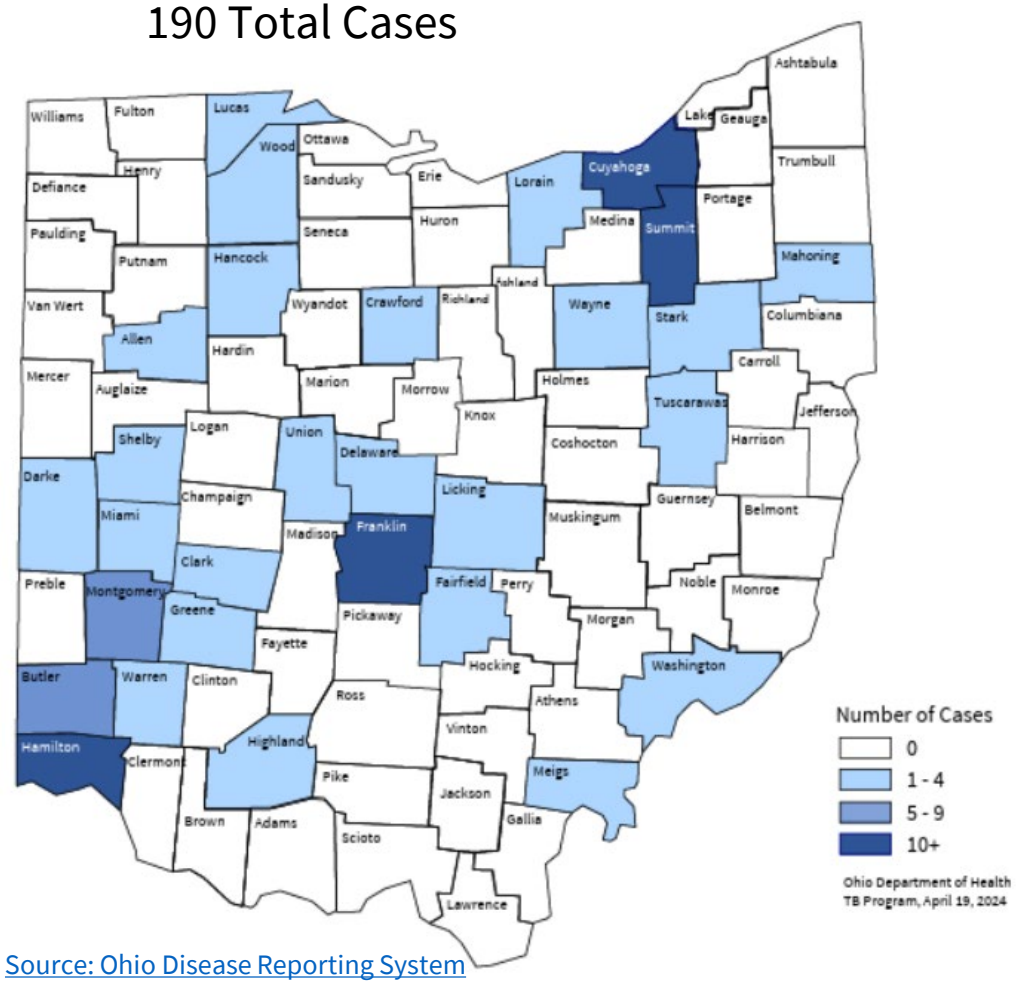
OAC 3701-15-03 (B) – TB Risk by Local Data

- (1) Decisions related to tuberculosis screening activities shall be based on local epidemiologic data identifying groups at risk of tuberculosis infection.

- (2) Healthcare agencies or other facilities shall consult with the local tuberculosis control unit before starting a tuberculosis screening program to ensure that adequate provisions are made for the evaluation and treatment of persons whose tuberculin skin test or blood assay for Mycobacterium tuberculosis (BAMT) are positive.

- TBProgram@odh.ohio.gov.

Ohio TB Cases by County, 2023
190 Total Cases



Source: Ohio Disease Reporting System

Ohio Department of Health

OAC 3701-15-03 (C) – TB Exams

- (1) The standard examination method for identifying persons with **latent tuberculosis** infection is the Mantoux tuberculin skin test or BAMT.

- (2) The standard examination method for identifying persons with **active tuberculosis** includes:
  - (a) A medical history;
  - (b) A physical examination;
  - (c) A Mantoux tuberculin skin test, or BAMT;
  - (d) A chest radiograph;
  - (e) Specimens collected for bacteriologic or histologic examination.

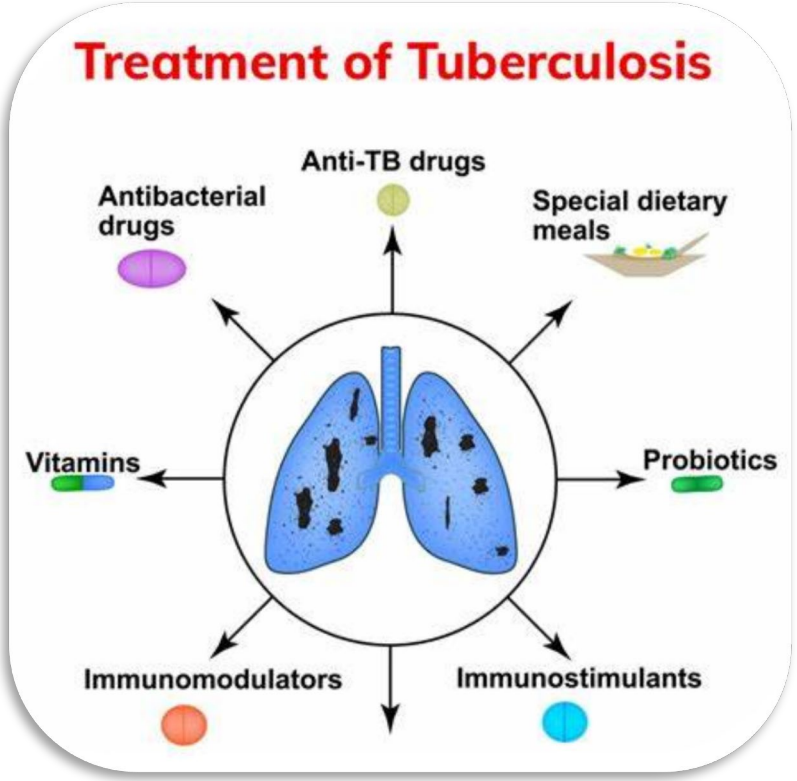
Source: medpagetoday

Ohio Department of Health

OAC 3701-15-03 (D) – TB Treatment

- (1) A specific treatment and monitoring plan shall be developed in collaboration with the local tuberculosis control unit within **one week** of the presumptive diagnosis.

- (2) The plan shall include a description of an approved course of therapy, the methods of assessing and ensuring adherence to the anti-tuberculosis regimen, and the methods of monitoring for adverse reactions.



Source: Lung Care Foundation

Ohio Department of Health

OAC 3701-15-03 (E) – Preventing TB Spread

- (1) Local tuberculosis control units shall ensure that a complete and timely contact investigation is done for tuberculosis cases reported in the area served by the unit.

- (2) Local tuberculosis control units shall ensure that the services needed to evaluate, treat, and monitor tuberculosis patients are made available in each community, without regard to the patients' ability to pay for such services as specified in section 339.73 of the Revised Code.

Source: CDC

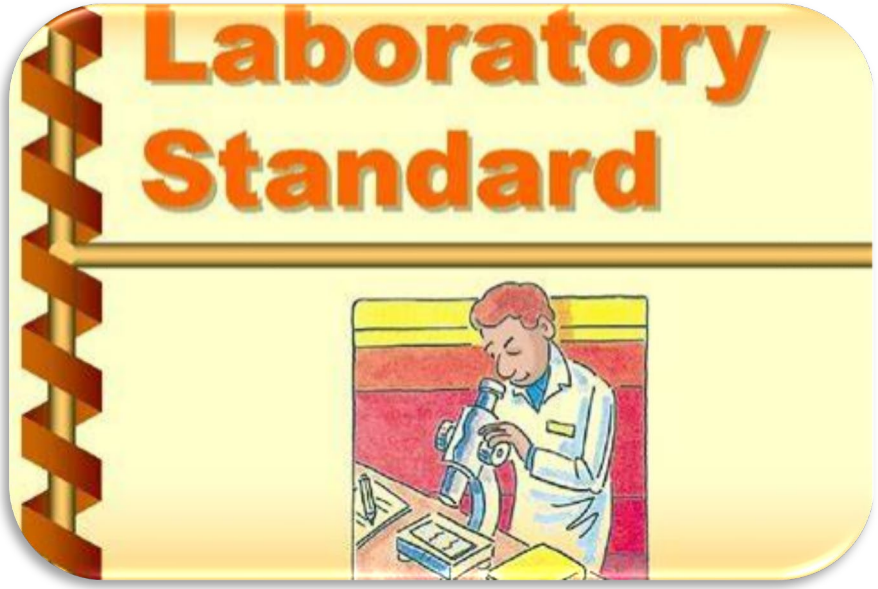
Ohio Department of Health

OAC 3701-15-03 (F) – TB Laboratory Standards

- (1) Laboratories shall hold a "Clinical Laboratory Improvement Act" (CLIA) certificate of compliance or accreditation with a specialty in microbiology and a subspecialty in mycobacteriology.

- (2) Laboratories which do not meet the criteria specified in this paragraph will be considered unacceptable for the purpose of performing testing for tuberculosis.

- (3) Facilities which use out-of-state laboratories shall be held accountable for ensuring that the testing for tuberculosis meets the criteria as set out in this rule and in paragraph (A) of rule 3701-15-02 of the Administrative Code.



Source: slidetodoc

Ohio Department of Health

OAC 3701-16-12(C)(3) – Infection Surveillance Plan

A written surveillance plan outlining the activities for monitoring/tracking infections based on nationally-recognized surveillance criteria (such as McGeer criteria). The plan must:

- (a) Include a surveillance system that includes a data collection tool.
- (b) Uses surveillance data to:
  - (i) Implement timely corrective action when a greater than expected number of healthcare-associated infections are detected; and
  - (ii) Implement timely corrective actions when transmission of targeted MDROs (e.g., CRE, Candida auris) are detected.

Ohio Department of Health

OAC 3701-16-12(C)(4) – Program Standards/Policies/Procedures

Written standards, policies, and procedures for the program, which must include, but are not limited to:

- (a) Standard and transmission-based precautions to be followed to prevent spread of infections;
- (b) When and to whom possible incidents of communicable disease or infections should be reported;
- (c) When and how isolation should be used for a resident; including but not limited to:
  - (i) The type and duration of the isolation, depending upon the infectious agent or organism involved; and
  - (ii) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.

Ohio Department of Health

Ohio Reportable Infectious Diseases

Department of Health

Know Your ABCs:
A Quick Guide to Reportable Infectious Diseases in Ohio

From the Ohio Administrative Code Chapter 3701-3; Effective August 1, 2019

Class A:
Diseases of major public health concern because of the severity of disease or potential for epidemic spread – report immediately via telephone upon recognition that a case, a suspected case, or a positive laboratory result exists.

- Anthrax.
- Botulism, foodborne.
- Cholera.
- Diphtheria.
- Influenza A – novel virus infection.
- Measles.
- Meningococcal disease.
- Middle East Respiratory Syndrome (MERS).
- Plague.
- Rabies, human.
- Rubella (not congenital).
- Severe acute respiratory syndrome (SARS).
- Smallpox.
- Tularemia.
- Viral hemorrhagic fever (VHF), including Ebola virus disease, Lassa fever, Marburg hemorrhagic fever, and Crimean-Congo hemorrhagic fever.

Any unexpected pattern of cases, suspected cases, deaths or increased incidence of any other disease of major public health concern, because of the severity of disease or potential for epidemic spread, which may indicate a newly recognized infectious agent, outbreak, epidemic, related public health hazard or act of bioterrorism.

Class B:
Disease of public health concern needing timely response because of potential for epidemic spread – report by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known.

- Amebiasis.
- Arboviral neuroinvasive and non-neuroinvasive disease:
  - Chikungunya virus infection.
  - Eastern equine encephalitis virus disease.
  - LaCrosse virus disease (other California serogroup virus disease).
  - Powassan virus disease.
  - St. Louis encephalitis virus disease.
  - West Nile virus infection.
  - Western equine encephalitis virus disease.
  - Yellow fever.
  - Zika virus infection.
  - Other arthropod-borne diseases.
- Babesiosis.
- Botulism.
  - Infant.
  - Wound.
- Brucellosis.
- Campylobacteriosis.
- *Candida auris*.
- Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE).
  - CP-CRE *Enterobacter* spp.
  - CP-CRE *Escherichia coli*.
  - CP-CRE *Klebsiella* spp.
  - CP-CRE other.
- Chancroid.
- *Chlamydia trachomatis* infections.
- Coccidioidomycosis.
- Creutzfeldt-Jakob disease (CJD).
- Cryptosporidiosis.
- Cyclosporiasis.
- Dengue.
- *E. coli* O157:H7 and Shiga toxin-producing E. coli (STEC).
- Ehrlichiosis/anaplasmosis.
- Giardiasis.
- Gonorrhea (*Neisseria gonorrhoeae*).
- *Haemophilus influenzae* (invasive disease).
- Hantavirus.
- Hemolytic uremic syndrome (HUS).
- Hepatitis A.
- Hepatitis B (non-perinatal).
- Hepatitis B (perinatal).
- Hepatitis C (non-perinatal).
- Hepatitis C (perinatal).
- Hepatitis D (delta hepatitis).
- Hepatitis E.
- Influenza-associated hospitalization.
- Influenza-associated pediatric mortality.
- Legionnaires' disease.
- Leprosy (Hansen disease).
- Leptospirosis.
- Listeriosis.
- Lyme disease.
- Malaria.
- Meningitis:
  - Aseptic (viral).
  - Bacterial.
- Mumps.
- Pertussis.
- Poliomyelitis (including vaccine-associated cases).
- Psittacosis.
- Q fever.
- Rubella (congenital).
- *Salmonella* Paratyphi infection.
- *Salmonella* Typhi infection (typhoid fever).
- Salmonellosis.
- Shigellosis.
- Spotted Fever Rickettsiosis, including Rocky Mountain spotted fever (RMSF).
- *Staphylococcus aureus*, with resistance or intermediate resistance to vancomycin (VRSA, VISA).
- Streptococcal disease, group A, invasive (IGAS).
- Streptococcal disease, group B, in newborn.
- Streptococcal toxic shock syndrome (STSS).
- *Streptococcus pneumoniae*, invasive disease (ISP).
- Syphilis.
- Tetanus.
- Toxic shock syndrome (TSS).
- Trichinellosis.
- Tuberculosis (TB), including multi-drug resistant tuberculosis (MDR-TB).
- Varicella.
- Vibriosis.
- Yersiniosis.

Class C:
Report an outbreak, unusual incident or epidemic of other diseases (e.g. histoplasmosis, pediculosis, scabies, staphylococcal infections) by the end of the next business day.

Outbreaks
- Community.
- Foodborne.
- Healthcare-associated.
- Institutional.
- Waterborne.
- Zoonotic.

NOTE: Cases of AIDS (acquired immune deficiency syndrome), AIDS-related conditions, HIV (human immunodeficiency virus) infection, perinatal exposure to HIV, all CD4 T-lymphocyte counts and all tests used to diagnose HIV must be reported on forms and in a manner prescribed by the Director.

Department of Health

Know Your ABCs:
Alphabetical Order

Effective August 1, 2019

Name	Class
Amebiasis	B
Anthrax	A
Arboviral neuroinvasive and non-neuroinvasive disease	B
Babesiosis	B
Botulism, foodborne	A
Botulism, infant	B
Botulism, wound	B
Brucellosis	B
Campylobacteriosis	B
Candida auris	B
Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE)	B
Chancroid	B
Chlamydia trachomatis infections	B
Chikungunya	B
Cholera	A
Coccidioidomycosis	B
Creutzfeldt-Jakob disease (CJD)	B
Cryptosporidiosis	B
Cyclosporiasis	B
Dengue	B
Diphtheria	A
E. coli O157:H7 and Shiga toxin-producing E. coli (STEC)	B
Eastern equine encephalitis virus disease	B
Ehrlichiosis/Anaplasmosis	B
Giardiasis	B
Gonorrhea (*Neisseria gonorrhoeae*)	B
Haemophilus influenzae (invasive disease)	B
Hantavirus	B
Hemolytic uremic syndrome (HUS)	B
Hepatitis A	B
Hepatitis B (non-perinatal)	B
Hepatitis B (perinatal)	B
Hepatitis C (non-perinatal)	B
Hepatitis C (perinatal)	B
Hepatitis D (delta hepatitis)	B
Hepatitis E	B
Influenza A – novel virus	A
Influenza-associated hospitalization	B
Influenza-associated pediatric mortality	B
LaCrosse virus disease (other California serogroup virus disease)	B
Legionnaires' disease	B
Leprosy (Hansen disease)	B
Leptospirosis	B
Listeriosis	B
Lyme disease	B
Malaria	B

Name	Class
Measles	A
Meningitis, aseptic (viral)	B
Meningitis, bacterial	B
Meningococcal disease	A
MERS	A
Mumps	B
Other arthropod-borne diseases	B
Outbreaks: community, foodborne, healthcare-associated, institutional, waterborne, zoonotic	C
Pertussis	B
Plague	A
Poliomyelitis (including vaccine-associated cases)	B
Powassan virus disease	B
Psittacosis	B
Q fever	B
Rabies, human	A
Rubella (congenital)	B
Rubella (not congenital)	A
Salmonella Paratyphi infection	B
Salmonella Typhi infection (typhoid fever)	B
Salmonellosis	B
Severe acute respiratory syndrome (SARS)	A
Shigellosis	B
Smallpox	A
Spotted Fever Rickettsiosis, including Rocky Mountain spotted fever (RMSF)	B
St. Louis encephalitis virus disease	B
Staphylococcus aureus, with resistance or intermediate resistance to vancomycin (VRSA, VISA)	B
Streptococcal disease, group A, invasive (IGAS)	B
Streptococcal disease, group B, in newborn	B
Streptococcal toxic shock syndrome (STSS)	B
Streptococcus pneumoniae, invasive disease (ISP)	B
Syphilis	B
Tetanus	B
Toxic shock syndrome	B
Trichinellosis	B
Tuberculosis (TB), including multi-drug resistant tuberculosis (MDR-TB)	B
Tularemia	A
Varicella	B
Vibriosis	B
Viral hemorrhagic fever (VHF)	A
West Nile virus infection	B
Western equine encephalitis virus disease	B
Yellow fever	B
Yersiniosis	B
Zika virus infection	B

[Know Your ABCs: A Quick Guide to Reportable Infectious Diseases in Ohio | Ohio Department of Health]

Department of Health

OAC 3701-16-12(C)(5) - Infected Employee

Written standards, policies, and procedures under which the facility will prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.

Source: medscape

Ohio Department of Health

OAC 3701-16-12(C)(6) – Hand Hygiene

The hand hygiene procedures to be followed by staff involved in direct resident contact, including, but not limited to:

- (a) Washing hands for twenty seconds with soap and water; or
- (b) Cleaning of hands with an alcohol-based product used according to manufacturer's directions or other alternative methods accepted by the United States Centers for Disease Control and Prevention or U.S. Food and Drug Administration, as being an effective alternative, or handwashing with soap and water.

Source: torkusa

Ohio Department of Health

OAC 3701-16-12(C)(7) - Laundry

Written standards, policies, and procedures for laundry to ensure personnel handle, store, process, and transport linens so as to prevent the spread of infection including:

- (a) Handling soiled laundry as little as possible;
- (b) Placing of laundry that is wet or soiled with body substances in impervious bags that are secured to prevent spillage; and
- (c) Wearing of impervious gloves and impervious gowns by individuals performing laundry services, and, if handling soiled or wet laundry on the unit, the wearing of gloves and, if appropriate, other personal protective equipment.

Source: clorox

Ohio Department of Health

OAC 3701-16-12(D) – Water Management Program (WMP)

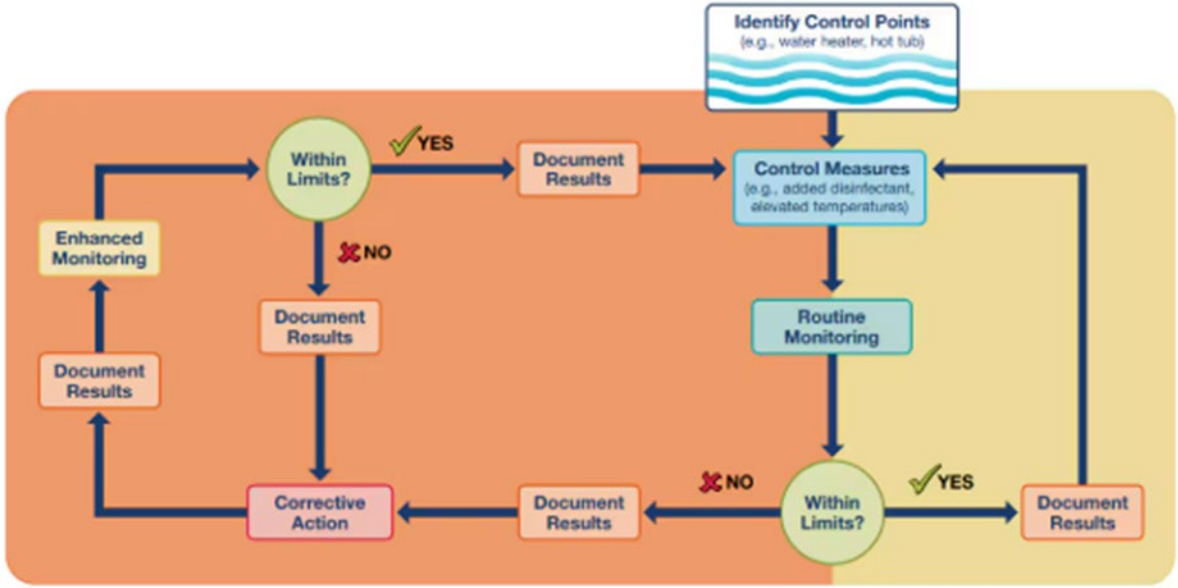
This rule is new.

- Each residential care facility will establish and implement an effective **water management program** to identify hazardous conditions, and take steps to manage the risk of occurrence and transmission of waterborne pathogens, including but not limited to *Legionella*, in building water systems in accordance with guidance from the United States Centers for Disease Control and Prevention (available at Overview of Water Management Programs | Control Legionella | CDC) and recommendations of the United States Centers for Disease Control and Prevention healthcare infection control practices advisory committee, "Environmental Infection Control Guidelines" (2019) or its successors.

Ohio Department of Health

OAC 3701-16-12(D) – WMP Overview

- Many buildings need a water management program (WMP) for their building water system or specific devices.
- WMPs identify hazardous conditions and outline steps to minimize the health impact of waterborne pathogens.
- Developing and maintaining a WMP is a multi-step process that requires continuous review.



Source: CDC

Ohio Department of Health

OAC 3701-16-12(D) – Principles of Effective WMP

- Ensuring adequate disinfection.
- Maintaining devices to prevent a habitat and nutrition for *Legionella* which includes decreasing:
  - Sediment.
  - Scale.
  - Corrosion.
  - Biofilm.

Source: cassplumbing

Ohio Department of Health

OAC 3701-16-12(D) – WMP Principles (cont.)

- Maintaining water temperatures to limit *Legionella* growth. (CDC reports favorable range for Legionella growth is 77 to 113 degrees Fahrenheit and may grow at temperatures as low as 68 degrees Fahrenheit.)

- Preventing water stagnation.

- Once established, WMPs require regular monitoring of key areas for potentially hazardous conditions. The programs use predetermined responses to respond when control measures aren't met.

Ohio Department of Health

OAC 3701-16-12(E) – Adult Day Care Program

This rule is new as of July 12, 2024.

- If the residential care facility provides an adult day care program which is located, *or* shares space, within the same building as the residential care facility, shares staff between the program and the facility, *or* where the day care participants at any time intermingle with residents of the facility, the requirements of this rule are also applicable to participants of the adult day care program.

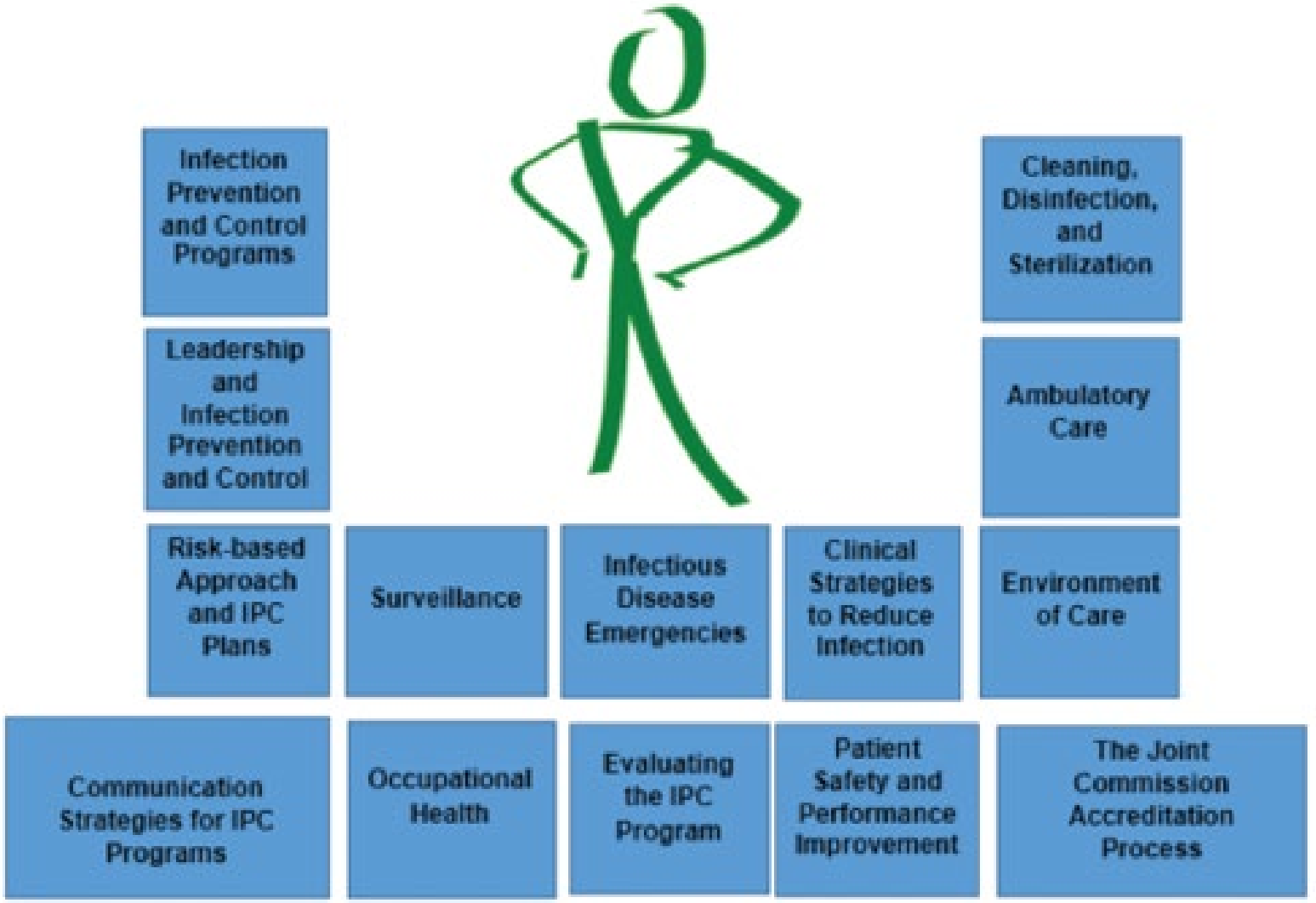
Source: seniorresource

Ohio Department of Health

Elements of an Infection Prevention and Control (IPC) Plan

Ohio Department of Health

Elements of an IPC Plan



Source: APIC and The Joint Commission

Ohio Department of Health

Elements of an IPC Plan

- Infection prevention risk assessment.
- Description of IPC Program.
- Goals and objectives.
- Strategies to reduce risks for each goal.
- Surveillance.
- TB exposure control plan.
- Bloodborne pathogens exposure control plan.
- Performance improvement.
- Emergency management and planning.
- Annual evaluation process.

Ohio Department of Health

Source: APIC and The Joint Commission

Facility Infection Prevention Risk Assessment

- Use a template, such as the IPC Risk Assessment spreadsheet from the CDC and this ambulatory surgical center template from the Association for Professionals in Infection Control and Epidemiology.
- Addresses:
  - Size of facility.
  - Type of facility.
  - Scope of services.
  - Community and populations served.
  - Care and IPC practices.
  - Emergency management.
  - Personnel – Infection preventionist must have infection prevention education.
- List prioritized risks.

Ohio Department of Health

Source: APIC

Facility Infection Prevention Risk Assessment

Risk Assessment for the Infection Surveillance, Prevention and Control (ISPC) Program

Year: 20___

Organization Name: _____

Date of Report: _____

Event or Condition	What is potential impact of event/condition on patients and staff?				What is probability of event/condition occurring?				What is organization's preparedness to deal with this event/condition?				Numerical risk level
	High (3)	Med (2)	Low (1)	None (0)	High (3)	Med (2)	Low (1)	None (0)	None (3)	Poor (2)	Fair (1)	Good (0)	Total
COMMUNITY & POPULATIONS SERVED:													
EMERGING INFECTIOUS DISEASE													
POTENTIAL FOR SPECIFIC INFECTION:													

Ohio Department of Health

Source: APIC

Description of IPC Program

Should include:

- Authority.
- Scope – must be organization wide.
- Personnel – e.g., number and qualifications.
- Resources.

Source: APIC and World Health Organization

Ohio Department of Health

Goals and Objectives

- Should be identified from:
  - IPC events or failures.
  - Areas identified from IPC risk assessment.
- Each broad goal has its own description.
- At least one specific, measurable objective for each goal.
  - SMART goals.
  - Who, what, when, where, how.

Source: APIC and U.S. Preventative Medicine

Ohio Department of Health

Strategies to Reduce Risk for Each Goal

- Address interventions associated with:
  - Procedures.
  - Devices.
  - Medical equipment.
- Update policies and procedures (e.g., employee health).
- Identify environmental issues (e.g., cleaning schedules).
- Provide infection prevention training to personnel.

Ohio Department of Health

Source: APIC

Surveillance

- Surveillance is a standardized method of collecting and reviewing data.
- Use risk assessment.
- Focus on high-volume, high risk, and known problem procedures.
- Plan and description of monitored indicators.
  - Outcome measures.
  - Process measures.
  - Antimicrobial resistant organisms.
  - Communicable disease reporting to health department.
  - Outbreak investigation plan.
  - Antibiogram.
  - Reporting (to whom sent and how often).

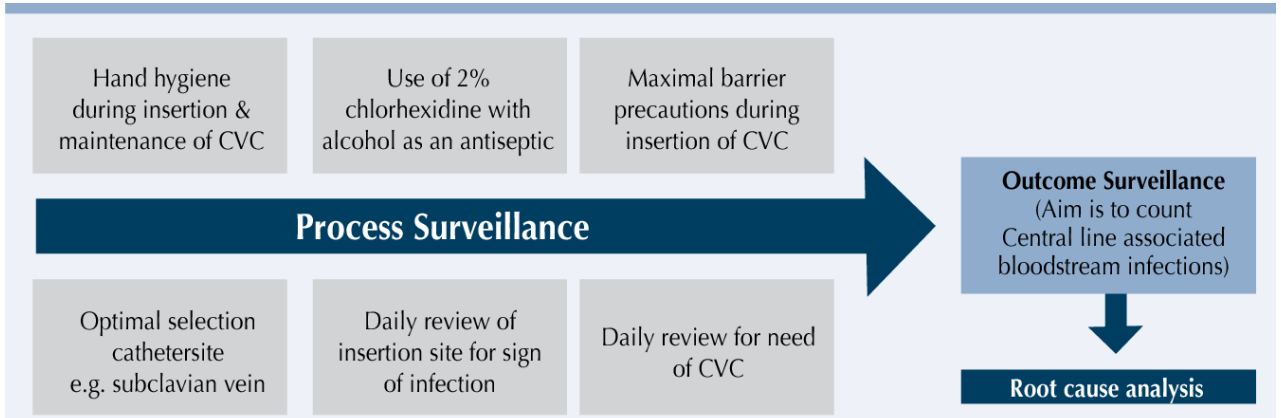
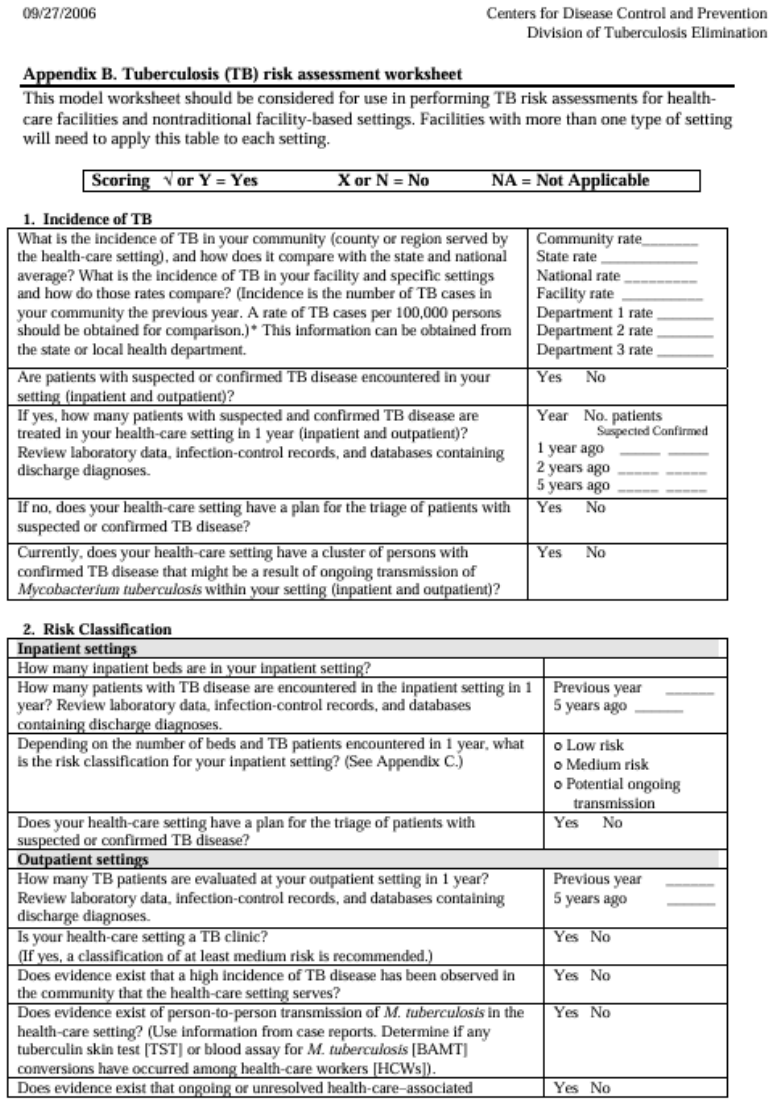


Figure 1. The difference between process and outcome surveillance
Adapted with modifications from Damani NN. Manual of Infection Prevention and Control. 3rd edn. Oxford: Oxford University Press, 2012.

Source: APIC

Ohio Department of Health

TB Exposure Control Plan



09/27/2006

Centers for Disease Control and Prevention
Division of Tuberculosis Elimination

Appendix B. Tuberculosis (TB) risk assessment worksheet

This model worksheet should be considered for use in performing TB risk assessments for health-care facilities and nontraditional facility-based settings. Facilities with more than one type of setting will need to apply this table to each setting.

Scoring √ or Y = Yes X or N = No NA = Not Applicable

1. Incidence of TB

What is the incidence of TB in your community (county or region served by the health-care setting), and how does it compare with the state and national average? What is the incidence of TB in your facility and specific settings and how do those rates compare? (Incidence is the number of TB cases in your community the previous year. A rate of TB cases per 100,000 persons should be obtained for comparison.)* This information can be obtained from the state or local health department.	Community rate_____ State rate _____ National rate _____ Facility rate _____ Department 1 rate _____ Department 2 rate _____ Department 3 rate _____
Are patients with suspected or confirmed TB disease encountered in your setting (inpatient and outpatient)?	Yes No
If yes, how many patients with suspected and confirmed TB disease are treated in your health-care setting in 1 year (inpatient and outpatient)? Review laboratory data, infection-control records, and databases containing discharge diagnoses.	Year No. patients (Suspected, Confirmed) 1 year ago _____ _____ 2 years ago _____ _____ 5 years ago _____ _____
If no, does your health-care setting have a plan for the triage of patients with suspected or confirmed TB disease?	Yes No
Currently, does your health-care setting have a cluster of persons with confirmed TB disease that might be a result of ongoing transmission of *Mycobacterium tuberculosis* within your setting (inpatient and outpatient)?	Yes No

2. Risk Classification

Inpatient settings	
How many inpatient beds are in your inpatient setting?	
How many patients with TB disease are encountered in the inpatient setting in 1 year? Review laboratory data, infection-control records, and databases containing discharge diagnoses.	Previous year _____ 5 years ago _____
Depending on the number of beds and TB patients encountered in 1 year, what is the risk classification for your inpatient setting? (See Appendix C.)	o Low risk o Medium risk o Potential ongoing transmission
Does your health-care setting have a plan for the triage of patients with suspected or confirmed TB disease?	Yes No
Outpatient settings	
How many TB patients are evaluated at your outpatient setting in 1 year? Review laboratory data, infection-control records, and databases containing discharge diagnoses.	Previous year _____ 5 years ago _____
Is your health-care setting a TB clinic? (If yes, a classification of at least medium risk is recommended.)	Yes No
Does evidence exist that a high incidence of TB disease has been observed in the community that the health-care setting serves?	Yes No
Does evidence exist of person-to-person transmission of *M. tuberculosis* in the health-care setting? (Use information from case reports. Determine if any tuberculin skin test [TST] or blood assay for *M. tuberculosis* [BAMT] conversions have occurred among health-care workers [HCWs]).	Yes No
Does evidence exist that ongoing or unresolved health-care–associated	Yes No

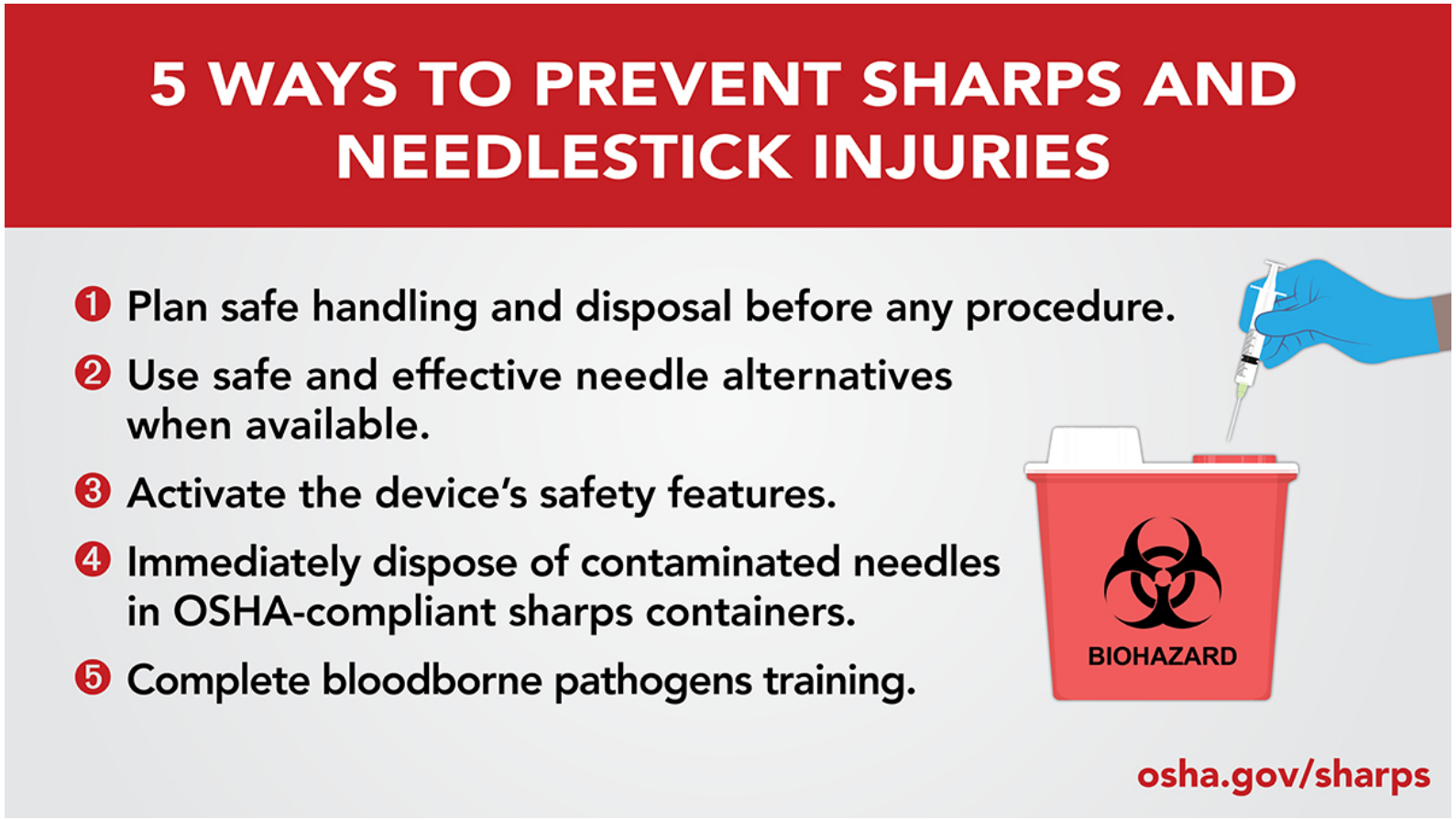
- Use risk assessment.
- Plan to reduce risk of transmission.
- Consider using CDC's evaluation tool.

Ohio Department of Health

Source: APIC and CDC

Bloodborne Pathogens Exposure Control Plan

- Sharps safety and injury prevention.
- Plan to address exposure or injury.
- Log of sharps injuries/ bloodborne pathogen exposures.

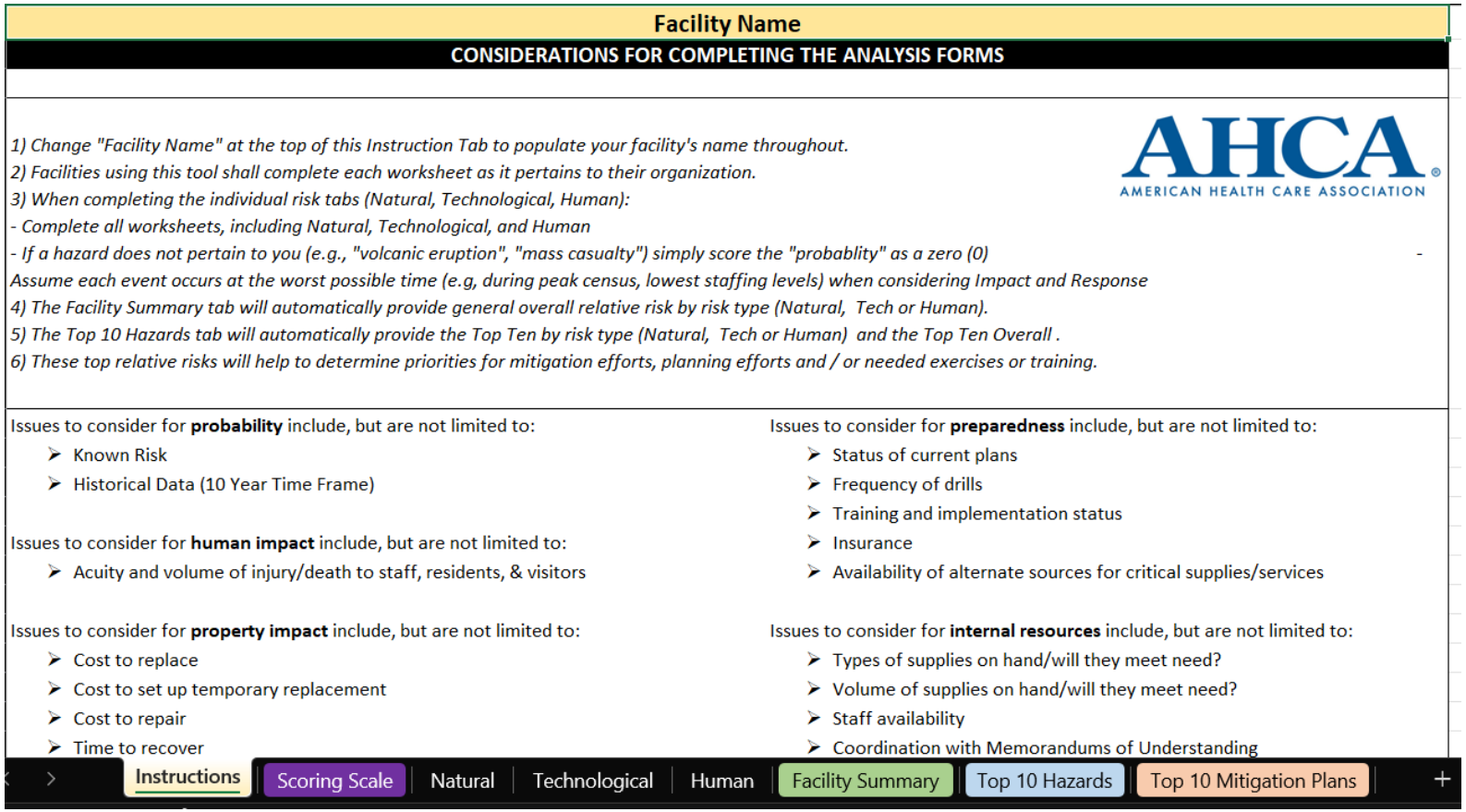


Ohio Department of Health

Source: APIC and OSHA

Emergency Management and Planning

- Resource allocation.
- Crisis staffing models.
- Roles in various types of emergencies (internal vs external).



Facility Name

CONSIDERATIONS FOR COMPLETING THE ANALYSIS FORMS

AHCA AMERICAN HEALTH CARE ASSOCIATION

1) Change "Facility Name" at the top of this Instruction Tab to populate your facility's name throughout.
2) Facilities using this tool shall complete each worksheet as it pertains to their organization.
3) When completing the individual risk tabs (Natural, Technological, Human):
- Complete all worksheets, including Natural, Technological, and Human
- If a hazard does not pertain to you (e.g., "volcanic eruption", "mass casualty") simply score the "probablity" as a zero (0)
Assume each event occurs at the worst possible time (e.g, during peak census, lowest staffing levels) when considering Impact and Response
4) The Facility Summary tab will automatically provide general overall relative risk by risk type (Natural, Tech or Human).
5) The Top 10 Hazards tab will automatically provide the Top Ten by risk type (Natural, Tech or Human) and the Top Ten Overall .
6) These top relative risks will help to determine priorities for mitigation efforts, planning efforts and / or needed exercises or training.

Issues to consider for **probability** include, but are not limited to:
- Known Risk
- Historical Data (10 Year Time Frame)

Issues to consider for **human impact** include, but are not limited to:
- Acuity and volume of injury/death to staff, residents, & visitors

Issues to consider for **property impact** include, but are not limited to:
- Cost to replace
- Cost to set up temporary replacement
- Cost to repair
- Time to recover

Issues to consider for **preparedness** include, but are not limited to:
- Status of current plans
- Frequency of drills
- Training and implementation status
- Insurance
- Availability of alternate sources for critical supplies/services

Issues to consider for **internal resources** include, but are not limited to:
- Types of supplies on hand/will they meet need?
- Volume of supplies on hand/will they meet need?
- Staff availability
- Coordination with Memorandums of Understanding

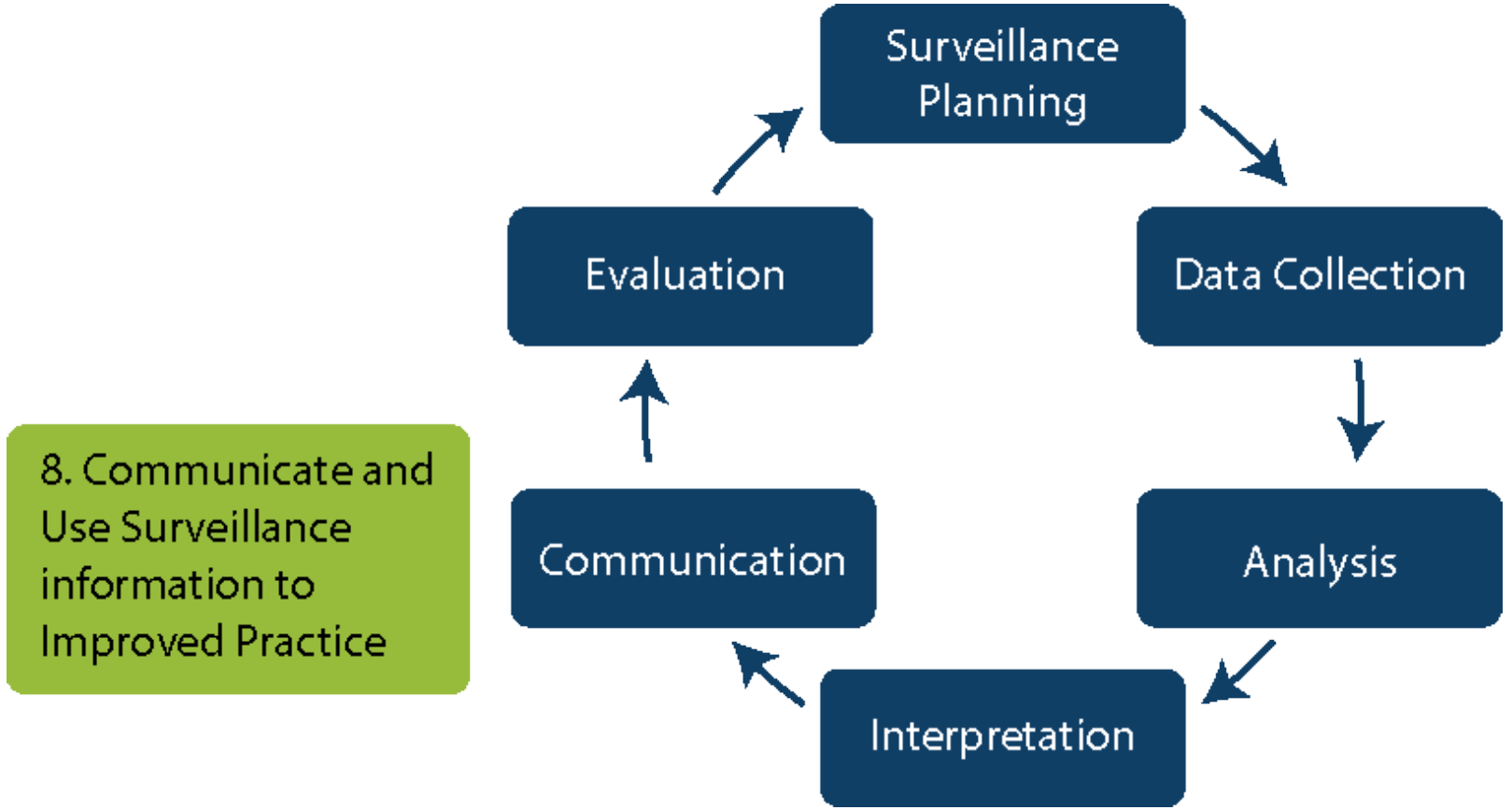
Instructions | Scoring Scale | Natural | Technological | Human | Facility Summary | Top 10 Hazards | Top 10 Mitigation Plans

Ohio Department of Health

Source: APIC and American Health Care Association (AHCA) & National Center for Assisted Living (NCAL)

Performance Improvement

- Goals and measurable objectives.
- Should include staff involvement, such as what goals are being monitored and why the indicators were chosen.



Source: APIC and University of Washington

Annual Evaluation Process

Guidance for Performing Failure Mode and Effects Analysis with Performance Improvement Projects

APIC

Overview: **Failure Mode and Effects Analysis** (FMEA) is a structured way to identify and address potential problems, or failures and their resulting effects on the system or process before an adverse event occurs. In comparison, root cause analysis (RCA) is a structured way to address problems after they occur. FMEA involves identifying and eliminating process failures for the purpose of preventing an undesirable event.

When to use FMEA: FMEA is effective in evaluating both new and existing processes and systems. For new processes, it identifies potential bottlenecks or unintended consequences prior to implementation. It is also helpful for evaluating an existing system or process to understand how proposed changes will impact the system. Once you have identified what changes need to be made to the process or system, the steps you follow are those you would use in any type of PIP.

Directions: Use this guide to walk through FMEA. FMEA is a tool that will allow nursing homes to proactively identify and reduce potential failures within an existing or a proposed process. FMEA is very similar to what most people do every day. We try to anticipate what might go wrong and do what we can to prevent this from happening or minimize the effects. For instance, before leaving your home for work, you listen to the radio or television to find out where there may be traffic jams or delays in public transportation. By knowing if there are problems on the road, you can make changes to your driving route or mode of transportation to ensure you get to work on time. By knowing what might go wrong, you can make changes that reduce or prevent something from going wrong.

Facilities accredited by the Joint Commission or in states with regulations governing completion of FMEAs should refer to those requirements to be sure all necessary steps are followed.

Below is a quick overview of the steps of FMEA.

Steps	Explanation
1. Select a process to analyze	Choose a process that is known to be problematic in your facility or one that is known to be problematic in many facilities.
2. Charter and select team facilitator and team members	Leadership should provide a project charter to launch the team. The facilitator is appointed by leadership. Team members are people who are directly involved in the process to be analyzed.
3. Describe the process	Clearly define the process steps so that everyone on the team knows what is being analyzed.
4. Identify what could go wrong during each step of the process	Here is where the people directly involved in the process describe the problems that can or do occur.
5. Pick which problems to work on eliminating	The focus of improvements will be on those problems that happen quite often and/or or have a significant impact on resident safety when they do occasionally occur.
6. Design and implement changes to reduce or prevent problems	The team determines how best to change the process to reduce the risk of residents being harmed.
7. Measure the success of process changes	Like all improvement projects, the success of improvement actions is evaluated.

Disclaimer: Use of this tool is not mandated by CMS, nor does its completion ensure regulatory compliance.

- Use measurable objectives to evaluate the program.
- Add or delete monitored items depending on outcomes.
- Root Cause Analysis (RCA) versus Failure Mode and Effect Analysis (FMEA).

Ohio Department of Health

Source: APIC and CMS

Outbreak Management

Ohio Department of Health

Before an Outbreak Occurs

- Conduct active, daily surveillance and monitoring.
- Offer appropriate vaccines to staff and residents.
- Offer education to staff and residents regarding IPC.
- Perform testing for communicable diseases based on signs and symptoms when appropriate.

Ohio Department of Health

Source: CORHA, CDC

Prevention Measures

- Vaccinations.
- Hand hygiene.
- Respiratory etiquette.
- Environmental cleaning.
- Air exchanges and filtration.
- Crowding reduction.

Ohio Department of Health

Source: CORHA, CDC

Identifying an Outbreak

- Identification of one case of a Class A disease (think Know Your ABCs).
- Identification of any unusual pattern of cases or deaths are to be reported immediately.
- Identification of two or more cases of a communicable disease, identified within the communicable period.
    - Example: Two or more cases of laboratory-confirmed influenza within seven days of each other.

Ohio Department of Health

Source: CORHA, CDC

Identifying an Outbreak (cont.)

- Maintain line list of affected and exposed individuals.
- Implement daily active surveillance for illness, such as acute respiratory illnesses, among residents, healthcare personnel, and visitors to the facility.
- Report outbreaks to the local health department within one business day of identifying an outbreak.

Ohio Department of Health

Source: CORHA, CDC

Control Measures

- Implement transmission-based precautions based on CDC's Appendix A.
- Isolation versus quarantine.
- Cohort residents, if possible.
- Provide treatment as appropriate.
- Identify exposed individuals through contact tracing, offer prophylactic treatment if indicated.

Ohio Department of Health

Source: CORHA, CDC

Additional Prevention and Control Measures

- Monitor healthcare personnel absenteeism due to symptoms and exclude those with like-symptoms to the outbreak identified.
  - Example: If a healthcare team member presents with cough and fever, they should be excluded from work until at least 24 hours after resolution of fever without fever-reducing medications.
  - Example: Food safety differences between healthcare staff and food service staff regarding gastrointestinal or diarrheal illnesses.
- Consider healthcare personnel assignments and restrict movement from areas of facility having illness to areas not affected by the outbreak.

Ohio Department of Health

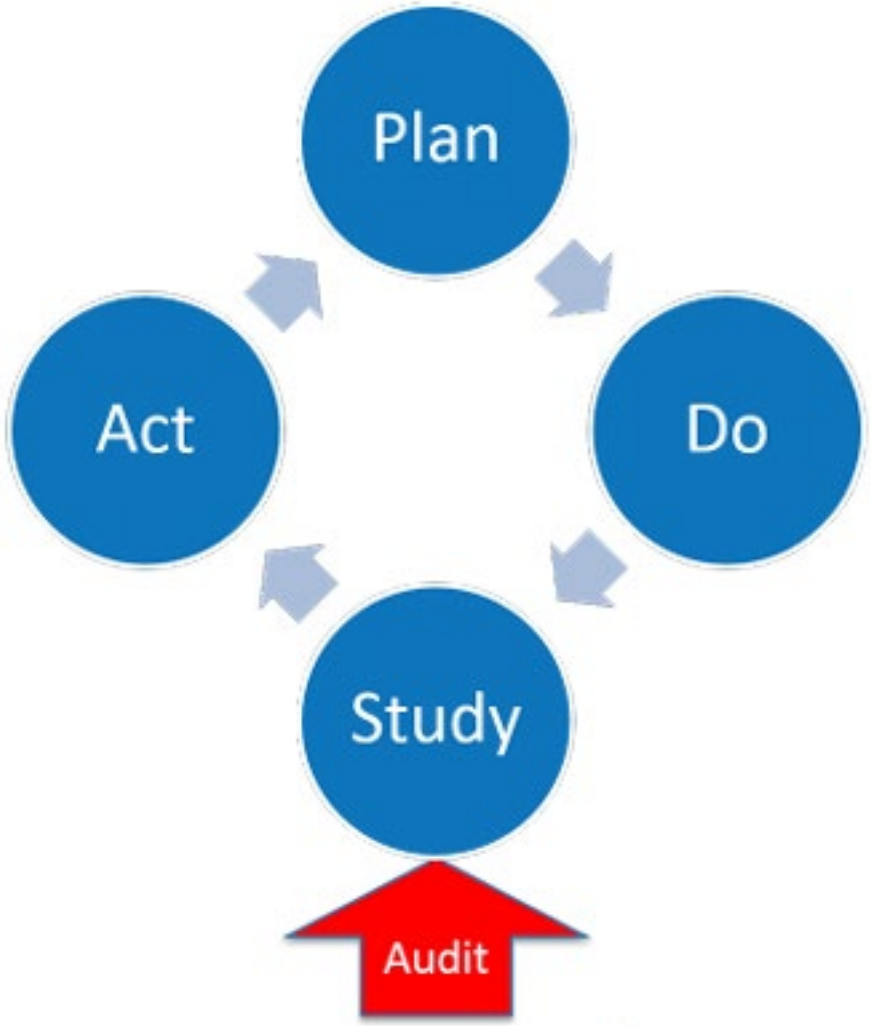
Source: CORHA, CDC

IPC Audits

Ohio Department of Health

The Role of Audits

- Provides opportunity for an objective review of specific practices.
- In healthcare, audits measure healthcare personnel's adherence with standards and processes designed to improve patient care.
- Effectively implemented audits provide valuable information for improvement.



Ohio Department of Health

Source: CDC

Competency Audits versus Observational Audits

Competency/Skill Check

- Demonstrates staff knowledge of proper task performance.
- Staff is aware of the observation.
- Education and training is provided first.
- Conducted during scheduled education, such as orientation or skills fair.
- Feedback provided in real time and can still be marked as ‘met’.

Ohio Department of Health

Source: Agency for Healthcare Research and Quality

Competency Audits versus Observational Audits

Observational Audits

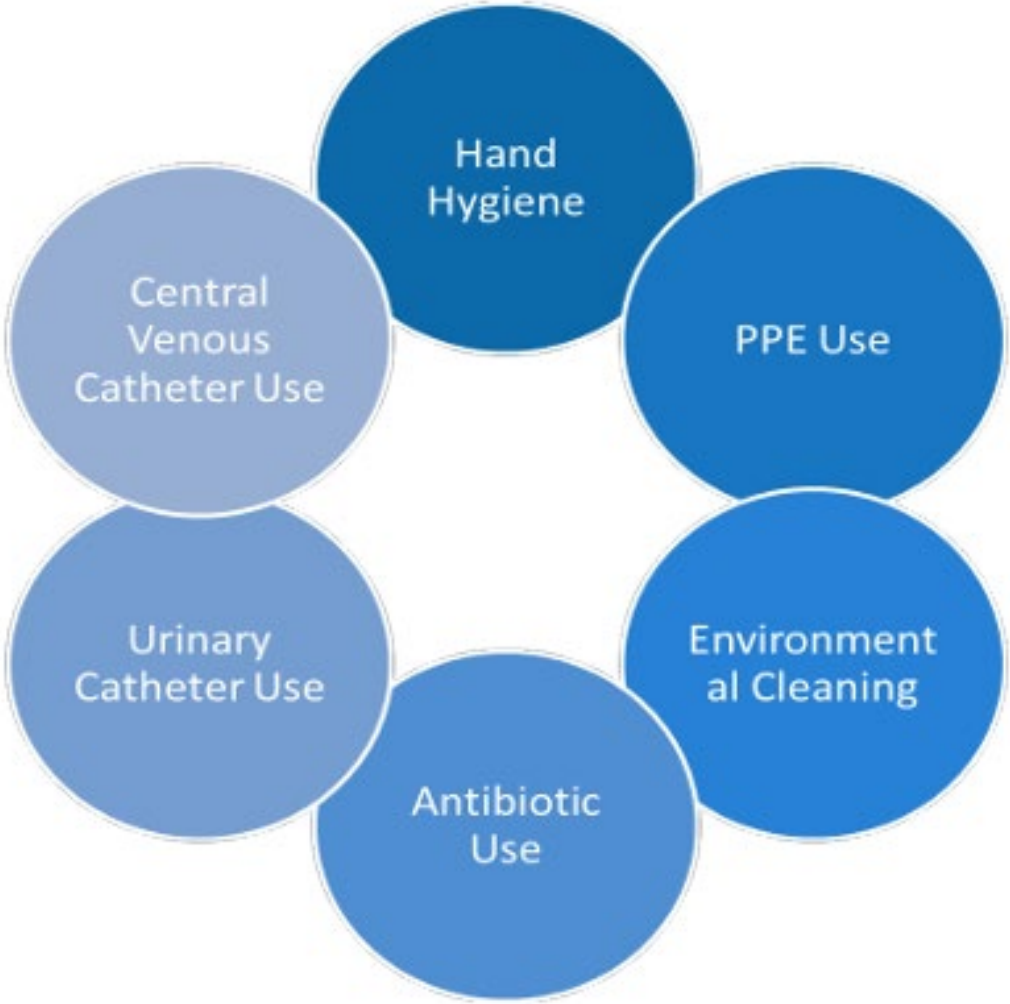
- Obtains data about actual task performance and process gaps that can be used to inform quality improvement activity.
- Staff are not aware of observation.
- Review of policy or procedure is not completed prior to observation.
- Performed ‘regularly’ as defined by the facility.
- Feedback provided in real time can be provided to avoid potential infection prevention error but is marked as ‘not met’.

Ohio Department of Health

Source: Agency for Healthcare Research and Quality

Planning the Audit Process

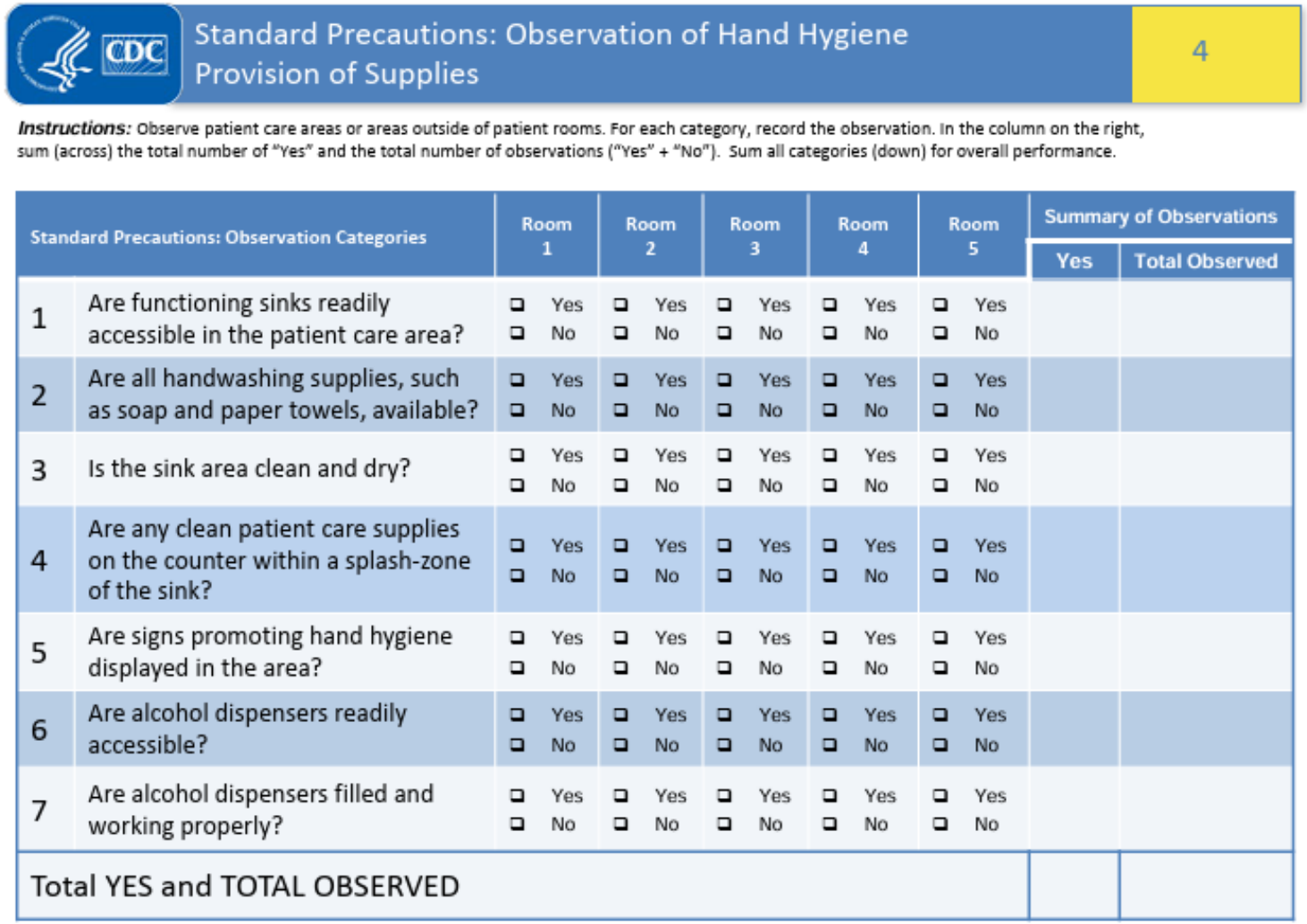
- What process should be assessed?
  - Hand hygiene, PPE, wound care, medical device care and use, antimicrobial use, etc.
- What resources are available to use?
  - Direct observation, chart review, questionnaires, etc.
- How will you share audit results?
  - During quality meetings or IPC program meetings, send to senior management.



Ohio Department of Health

Source: CDC

Preparing for the Audit



Standard Precautions: Observation of Hand Hygiene
Provision of Supplies

4

Instructions: Observe patient care areas or areas outside of patient rooms. For each category, record the observation. In the column on the right, sum (across) the total number of "Yes" and the total number of observations ("Yes" + "No"). Sum all categories (down) for overall performance.

	Standard Precautions: Observation Categories	Room 1	Room 2	Room 3	Room 4	Room 5	Summary of Observations	
							Yes	Total Observed
1	Are functioning sinks readily accessible in the patient care area?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
2	Are all handwashing supplies, such as soap and paper towels, available?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
3	Is the sink area clean and dry?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
4	Are any clean patient care supplies on the counter within a splash-zone of the sink?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
5	Are signs promoting hand hygiene displayed in the area?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
6	Are alcohol dispensers readily accessible?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
7	Are alcohol dispensers filled and working properly?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
	Total YES and TOTAL OBSERVED							

- Choose an audit tool.
- Train the observer.
- Choose the sample size (number of observations).
- Choose the location (unit/floor/shift).
- Define frequency of audits.

Ohio Department of Health

Source: CDC and CDC Audit Form

Using Audit Results to Drive Improvement

- Create your plan for improvement.
- Implement interventions.
- Audit processes to study impact.
- Modify or re-educate if needed.

Ohio Department of Health

Source: CDC

BOSC Survey Statistics and Common Findings

Ohio Department of Health

BOSC Statistics: July 12 – Dec. 31, 2024

R392 (Infection Prevention/Control Designee): **17** times.

R393 (Tuberculosis Control Plan): **25** times.

R395 (Infection Control Written Standards/Policies/Procedures): **Two** times.

R397 (Hand Hygiene): **23** times.

R398 (Laundry): **Two** times.

R399 (Water Management Program): **Four** times.

R400 (Adult Day Care): **Seven** times.

Ohio Department of Health

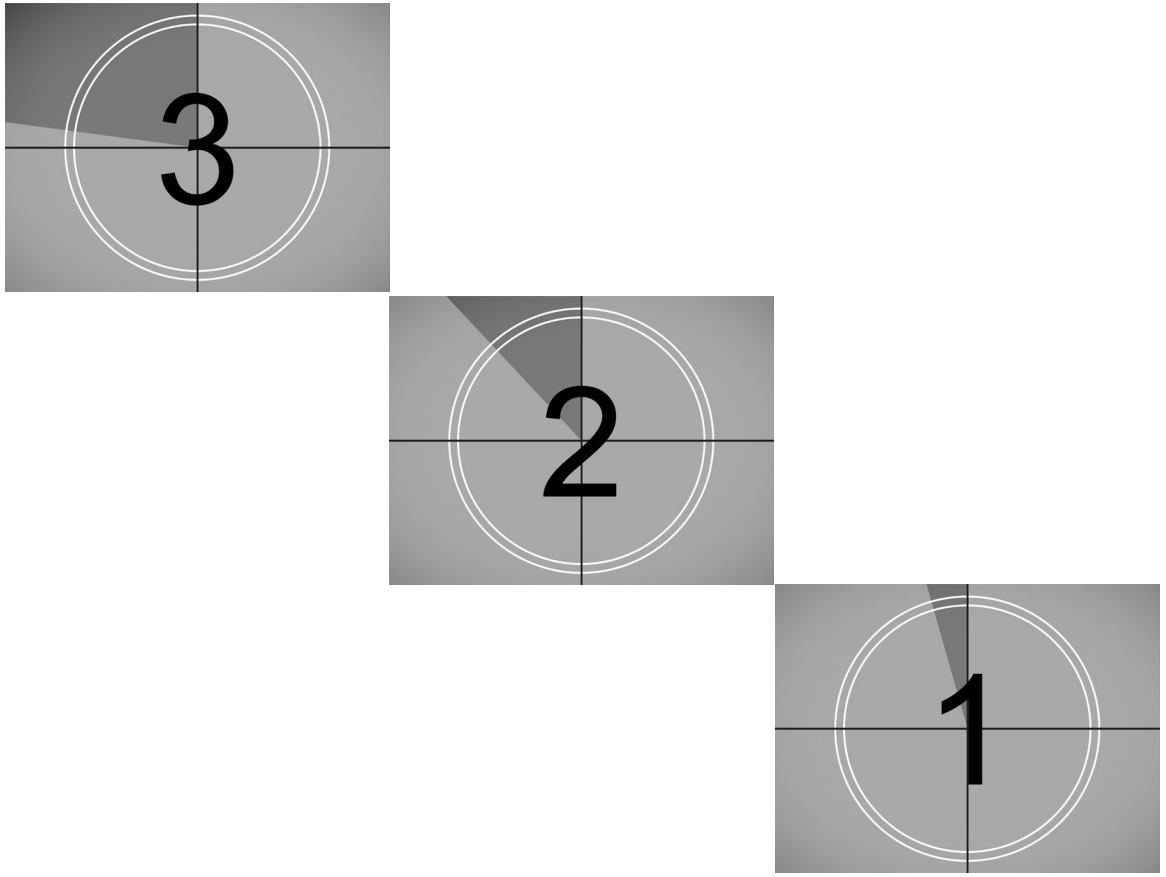
Common R393 Citation Findings & Solutions

- **Finding:** Employee two-step TB skin tests were not completed prior to providing care and services to residents.
    - **Solution:** Develop a tracking system for employee TB skin testing in the facility to ensure each employee is properly tested and negative prior to providing care to residents.
- **Finding:** TB risk assessment was not completed annually.
    - **Solution:** Develop a tracking system for TB risk assessments to be completed annually (e.g. Jan. 1).

Ohio Department of Health

Three, Two, One of Infection Prevention/Control

- Three reasons why proper infection prevention/control is important.
- Two things your facility is doing correctly regarding infection prevention/control.
- One area your facility needs assistance with regarding infection prevention/control.



Ohio Department of Health

QUESTIONS?

PREP

PREP@odh.ohio.gov

ODH.OHIO.GOV/PREP

Bureau of Survey and Certification:

(614) 466-3543

Healthcare Associated Infections/Antimicrobial Resistance Program

Bureau of Infectious Diseases

(614) 995-5599

HAIAR@odh.ohio.gov

Ohio Department of Health

Department of Health