

IDAPA 16.03.02 – Rules and Minimum Standards for Skilled Nursing and Intermediate Care Facilities

150. INFECTION CONTROL.

01. Policies And Procedures. Policies and procedures shall be written which govern the prevention, control and investigation of infections. They shall include at least:

- a. Methods of maintaining sanitary conditions in the facility such as:
 - i. Handwashing techniques.
 - ii. Care of equipment.
 - iii. Housekeeping.
 - iv. Sterile supply storage areas.
 - v. Preparation and storage of food.
 - vi. Vermin control.
 - vii. Resident care practices, i.e., catheter care, dressings, decubitus care, isolation procedures.
 - viii. Needle and syringe management.
- b. Employee infection surveillance and actions.
- c. Isolation procedures.
- d. Specifics for monitoring the course of infections which shall include at a minimum a prepared written quarterly report by the designated surveillance person describing the status of each infection. The report shall include:
 - i. Diagnosis.
 - ii. Description of the infection.
 - iii. Causative organism, if identified.
 - iv. Date of onset.
 - v. Treatment and date initiated.
 - vi. Patient's/resident's progress.
 - vii. Control techniques utilized.
 - viii. Diagnostic tests employed.

02. Infection Control Committee. An Infection Control Committee shall be appointed by the administrator which shall:

- a. Include the facility medical director, administrator, pharmacist, dietary services supervisor, director of nursing services, housekeeping services representative, and maintenance services representative.
- b. Be responsible for development and implementation of infection control policies and procedures including the designation of a facility employee to monitor practices within the facility.
- c. Meet as a group no less often than quarterly with documented minutes of meetings maintained showing members present, business addressed and signed and dated by the chairperson.
- d. Review policies and procedures as needed but no less often than annually.

- e. Review the quarterly report of infections prepared by the designated surveillance officer.

03. **Patient/Resident Protection.** There is evidence of infection control, prevention and surveillance in the outcome of care for all patients/residents as demonstrated by:

- a. Applied aseptic or isolation techniques by staff.
- b. Proper handling of dressings, linens and food, etc., by staff.
- c. Exhibited knowledge by staff in controlling transmission of disease.
- d. Minimal infection rate in facility.