



# License Oversight Bureau Infection Control Pathway

Communicable infectious disease outbreaks are adverse events which can occur in any assisted living community and pose a potential threat to Residents, staff, and visitors. As a result of our reduced ability to maintain immunity as we age and/or the prevalence of comorbidities, virtually all assisted living residents can be considered at high risk for infection and infection-related complications, including death. Because of this reality, infection prevention and control (IPC) has, and always will be, an important aspect of assisted living operations.

This IPC pathway is intended to support assisted living surveyors in monitoring the assisted living facility approaches to infection control practices that promote the health and safety of staff and residents, as well as quality care. These Guidelines are not intended to be, and should not be construed to be, exhaustive or inclusive of all pertinent information, requirements, or considerations for infection control practices.

Assisted living communities are licensed and required to follow the regulations specific to New Mexico. **8.370.14 NMAC**

- The assisted living should have a written Infection Prevention and Control Plan (IPC) that has been implemented by staff. **8.370.14.22.D.(24) NMAC**
- The IPC is based on current, evidence-based standards of practice to prevent the spread of communicable diseases and infection in the assisted living community. **8.370.14.22.D.(24) NMAC**
- The ALF should have a designated IPC leader, that is a consistent point of contact, to:
  - Coordinate and oversee implementation of the community's IPC plan.
  - Has contact information for a person with IPC experience to advise on the community's IPC plan and IPC related matters. ( i.e., local health department, medical professional)
  - Has received training and understands IPC standards as related to assisted living and has the ability and resources to apply and monitor IPC standards within the community/communities.
- There is an annual evaluation of the IPC plan.
- The IPC leader or designee reviews written IPC policies and procedures:
  - When new regulations / Evidence-Based Guidelines are published.
  - In response to an emerging communicable infectious disease pathogen
  - During and after an outbreak as deemed appropriate by the IPC leader in collaboration with, and at the direction of, the local public health authority.



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## THE EVALUATION OF RISKS

- The IPC plan evaluates risk for infections, contamination and exposures and ways to eliminate, reduce or mitigate these risks to improve outcomes by following public health recommendations as outlined by the state health department or CDC.

## STAFF TRAINING

- The community should have an IPC training program in place that is overseen by the IPC leader or their designee.
- Staff should receive infection prevention and control training, as State regulations require, at the following intervals:
  - During new hire orientation and annually **8.370.14.17.(5) NMAC**
  - Proactively to seasonal illness (such as influenza)
  - Upon a suspected or confirmed communicable infectious disease within the community as deemed necessary by the IPC leader or designee.
- Staff providing direct care, and appropriate ancillary staff receive a more in-depth training on specific communicable infectious diseases, their symptoms, preventions, and controls. (including PPE -personal protective equipment-requirements)

### It is recommended that training topics include:

- A general overview of communicable infectious diseases found in assisted living/memory care communities:
  - Modes of transmission, symptoms and methods for prevention and control.
  - Applicable vaccinations and why they are important
  - Expectations for monitoring and reporting new symptoms of onset consistent with a communicable infectious disease.
- Standard Precautions:
  - Hand hygiene / alcohol-based sanitizer use
  - Respiratory hygiene / cough etiquette
  - Sharps safety (including safe injection practices)
  - Cleaning and disinfection (according to the label's safety label and precautions, contact time, pathogen-specific products)
- Transmission-Based Precautions:
  - Isolation protocols for types of spread (contact, droplet, airborne)
  - Prioritized and increased frequency of cleaning
  - Enhancing cleaning and disinfection protocols
  - Emphasis on cleaning high touch areas
  - Dedicated community provided equipment



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Proper use and disposal of recommended PPE and inventory storage location(s)

- OSHA and CDC guidelines on the topic of Bloodborne Pathogens
- Safe Food Handling: ( per the CDC and FDA food code, local inspection regulations and local public health departments) **8.370.14.17C.(3)(c) NMAC**
  - Proper cleaning and sanitation of hands and surfaces
  - Separating and storing foods to avoid cross-contamination
  - Cooking foods to the appropriate temperature
  - Chilling foods to prevent bacteria growth
- Handling Clean and Soiled Laundry / Linen: (as per local and State health authorities, state regulations, and the CDC) **8.370.14.37.A.(3) NMAC**
  - Enhanced laundry procedures
  - Proper handling and laundering of contaminated items
  - Disinfecting and maintaining dirty and clean work areas in the laundry area
  - Returning and storing clean laundered items properly
- Resident / Family Compassion:
  - Potential signs and symptoms of changes in emotional well-being due to isolation and fear during an outbreak.
  - Community policy expectations for reporting observations.
  - Basic techniques to employ to support emotional well-being
- Return Demonstrations: (the IPC leader or designee observes, and documents return demonstrations on skills during orientation and annually)
  - Proper hand hygiene and glove donning and doffing (putting on and taking off)
  - Donning and doffing PPE in the appropriate order as outlined by the CDC regarding TBP's. (transmission-based precautions)
  - Verbalizing accurately how to appropriately dispose of PPE according to evidence-based guidelines.

**TRAINING RECORDS** Assisted living communities maintain documentation of completed training, including- **8.370.14.22.B.(2) NMAC**

- Title of training with course description
- Staff name, title and date of completion
- Trainer signature on return demonstration(s) and instructor-led curriculum



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## PREVENTATIVE MEASURES, POLICIES AND PROCEDURES

It is recommended that the assisted living community has established measures, policies and procedures that include:

- Vaccination / immunization recommendations for all staff and residents per the local and State regulations and as informed by the CDC
- Education about and encouragement of voluntary vaccinations / immunizations.
- Maintaining documentation to demonstrate required vaccination / immunization declinations that are current and up to date.
- Complete testing for certain communicable infectious diseases as required by local or State health authorities and informed by the CDC.

Providing residents, families, visitors, and staff with strategies to protect themselves and others by:

- Prominently posting signage reminders and providing educational materials
- Promoting proper hand hygiene and cough etiquette through alcohol-based hand sanitizer being readily available and soap, water and sink accessibility.
- Requiring staff and other appropriate people to follow Standard Precautions as outlined in OSHA and CDC guidelines:
  - Hand hygiene / alcohol-based hand sanitizer use
  - Proper PPE use, respirator fit testing and disposal
  - Respiratory hygiene / Cough etiquette
  - Sharps safety
  - Environmental cleaning and disinfecting (including medical /resident-shared devices) **8.370.14.38.A NMAC**
- Assisted living facilities should have a process in place to regularly monitor compliance with Standard Precautions
- Encouraging families, visitors, resident support person(s) and staff to not enter the community if they are confirmed to have, or are suspected of having, a communicable infectious disease.
- The ALF should report onset of communicable infectious disease symptoms to local and State health authorities as required and as by the CDC.



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- The assisted living should maintain an adequate inventory of PPE and EPA registered hospital-grade disinfectant agents with a contingency plan if a product is not readily available to replenish inventory. (used to kill viruses and bacteria on surfaces which are registered as antimicrobial pesticides)

## In instances of family, visitor resident-designated support person(s) illness:

- The assisted living community should offer alternatives to in-person visits (i.e., video conferencing)
- The assisted living community should provide information on proper PPE usage

## In instances of staff illness:

- The assisted living should follow the established medical leave and return to work policies to minimize the spread of infection and illness.
- Any person who, by medical examination or supervisory observation is shown to have an illness, open lesion or infected wound (boil) or any other abnormal source of microbial contamination, must be excluded from food-contact surfaces, food-packaging materials, food service operations, unless the condition is adequately covered. (by an impermeable cover)
- Staff are instructed to report all health conditions to their supervisors.

## In instances of resident illness:

- The facility will communicate onset of communicable infectious disease symptoms to the healthcare provider, local / State authorities with additional guidance by the CDC.
- The facility will collaborate with the healthcare provider, for the provision of medical care needed, for a resident who has or has symptoms of a communicable infectious disease.
- The facility will follow local, State and Federal regulations regarding Infection Prevention and Control Guidelines.
- Individuals who voice concerns about any aspect of the guidance, or actions taken by the community, are encouraged to follow the community's established grievance policy.
- The facility should maintain an environmental cleaning program. **8.370.14.38.A NMAC**
- Handling of clean and soiled linen will be as required by local / State health authorities, state regulations and informed by the CDC. **8.370.14.37 NMAC**



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- The facility will maintain a pest control program.

## **CONTROL MEASURES, POLICIES AND PROCEDURES**

- In addition to continuing preventative measures, it is recommended that the assisted living community establish control measures, policies and procedures for when an outbreak occurs. (as defined by the State and local health authorities and the CDC) **8.370.14.22.A.(10) NMAC**

### **These requirements include:**

- Correct usage and disposal of appropriate PPE (Respiratory fit-testing if applicable)
- Adopting a prioritizing cleaning and disinfection schedule.
- The ALF should have a process in place to monitor compliance with TBP.
- The ALF should have dedicated community-provided equipment (wheelchair, glucometers, etc.) for residents who are confirmed to have or are suspected of having a communicable infectious disease and thoroughly disinfect equipment as per manufacturer's instructions.
- The ALF should maintain a separate supply of PPE if appropriate and feasible.
- The ALF should identify a staff member, when feasible, to care for residents who are confirmed to have or are suspected of having a communicable infectious disease.



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## REDUCING EXPOSURE OF A COMMUNICABLE INFECTIOUS DISEASE

- Any resident who has or is suspected of having a communicable infectious disease should have limited in-person visits to only those who have been identified as their designated support person.

The ALF should verify that the resident-designated support person(s) have been educated in:

- Standard and Transmission-Based Precautions
- Limiting their movement through the community to only the room or apartment of the resident who has identified them as their designated support person.
- Awareness that the resident-designated support person(s) entry to the community may be suspended if directed by State or local health authorities or if the person does not comply with community IPC policies and procedures.

In response to state and local health authority guidance during an outbreak the ALF should implement outbreak-specific policies and procedures, as appropriate, that may include: **8.370.14.22.A.(10) NMAC**

- Resident admission and readmission policies and procedures
- The ALF will have policies /procedures that specify the timing of discontinuing outbreak protocols and modifications.
- Established isolation and quarantine policies and procedures to address residents who are confirmed to have or are suspected of having a communicable infectious disease, as required by State and local public health authorities and recommendations from the CDC.
- In the absence of State or local guidance, the facility will follow appropriate CDC transmission-based precautions.
- Encouraging residents who are confirmed to have or are suspected of having a communicable infectious disease to limit movement outside their room or apartment to medically necessary purposes only.
- The facility should discourage residents who are confirmed to have or are suspected of having a communicable infectious disease from joining in- person community group activities.
- The facility should discontinue isolation and quarantine per incident, as informed by State and local public health guidelines.



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## VISITOR POLICIES AND PROCEDURES

- The ALF will not restrict entry unless recommended by State or local health authorities. **8.370.14.33.D.(9) NMAC**
- The ALF should exempt the resident-designated support person(s) from visitor policy modifications.
- The ALF will have policy / protocols on contact tracing. (identifying individuals who have been in the proximity of a person diagnosed with a communicable infectious disease, to isolate, test, or treat them)
- The ALF will cohort residents when appropriate and feasible. (residents with the same respiratory pathogen should be housed in the same room)

## COMMUNICATION AND TRANSPARENCY

- It is recommended that the facility have a plan for communicating with residents, families, resident-designated support person(s) and staff when there is an outbreak and when it has been resolved.
- The facility should communicate any changes or modification of procedures or policies.
- The facility should post signage during outbreaks that communicate any policy or procedure modifications and/or special instructions.
- For residents who have dementia, and are unable to follow IPC precautions, there shall be appropriate IPC procedures based on their needs.

## INVESTIGATION AND DATA COLLECTION

- The facility shall have a surveillance process in place to help detect, characterize and investigate the possible outbreak of communicable diseases.
- The facility should have a system in place to collect data.
- The facility should record information and report this information to local, State and Federal health authorities as required and directed.



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## INCORPORATING THE PANDEMIC PLAN INTO A DISASTER OR EMERGENCY PREPAREDNESS PROTOCOL AND PLAN 8.370.14.22.A.(10) NMAC

- The facility should update all emergency contacts, including the local health department and community-designated IPC experts' information.
- The facility should have isolation and quarantine protocols in the plan

### **The IPC should include:**

#### Secured specialized contract services:

- Transportation
- Alternative housing
- Lab services
- PPE supplier
- Nursing agency for staff support

#### Communication strategies for:

- Employees, residents, and families
- State and local health authorities.
- Media relations.
- Website management.

#### The type of information included in the communication template(s) may include but is not limited to:

- The incidence, spread and containment of an outbreak.
- Specific actions that need to be taken by the staff, residents, resident-designated support person(s), visitors, and vendors.
- How outbreak management decisions are being made.

#### Staff Support: (in preparation for a pandemic, it is advised to include staff support as part of the plan)

- Identifies and cancels non-essential duties and activities
- Will provide provisions to cross-train staff on essential duties
- As appropriate, requesting staff to forgo elective time off (encourage time off for illness or mental health breaks as per community policy)
- Will provide provisions for emotional and moral support.

#### Emergency Provisions:

- When it is impossible to adhere to recommended guidelines
- To notify State and local health authorities
- To collaborate on decisions related to the suspension of guidelines





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