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§482.42(a)–….The infection control officer or officers must develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel.

Interpretive Guidelines §482.42(a)

The infection control officer or officers must develop, implement and evaluate measures governing the identification, investigation, reporting, prevention and control of infections and communicable diseases within the hospital, including both healthcare–associated infections and community-acquired infections. Infection control policies should be specific to each department, service, and location, including off-site locations, and be evaluated and revised when indicated. The successful development, implementation and evaluation of a hospital-wide infection prevention and control program requires frequent collaboration with persons administratively and clinically responsible for inpatient and outpatient departments and services, as well as, non-patient-care support staff, such as maintenance and housekeeping staff.

Implicit in the infection control officer(s)' responsibility for measures to identify, investigate, report, prevent and control infections and communicable diseases are the following activities:

- Maintenance of a sanitary hospital environment;

- Development and implementation of infection control measures related to hospital personnel; hospital staff, for infection control purposes, includes all hospital staff, contract workers (e.g., agency nurses, housekeeping staff, etc), and volunteers;

- Mitigation of risks associated with patient infections present upon admission:

- Mitigation of risks contributing to healthcare-associated infections:

- Active surveillance;

- Monitoring compliance with all policies, procedures, protocols and other infection control program requirements;

- Program evaluation and revision of the program, when indicated;

- Coordination as required by law with federal, state, and local emergency preparedness and health authorities to address communicable disease threats, bioterrorism, and outbreaks;

- Complying with the reportable disease requirements of the local health authority;

For example, a hospital with a comprehensive hospital-wide infection control program should have and implement policies and procedures, based as much as possible on national guidelines that address the following:

- Maintenance of a sanitary physical environment:

  ° Ventilation and water quality control issues, including measures taken to maintain a safe environment during internal or external construction/renovation;

  ° Maintaining safe air handling systems in areas of special ventilation, such as operating rooms, intensive care units, and airborne infection isolation rooms;

  ° Techniques for food sanitation;

  ° Techniques for cleaning and disinfecting environmental surfaces, carpeting and furniture;

  ° Techniques for textiles reprocessing, storage and distribution;

  ° Techniques for disposal of regulated and non-regulated waste; and

  ° Techniques for pest control.

- Hospital staff-related measures:

  ° Measures – and authority - for evaluating hospital staff immunization status for designated infectious diseases, as recommended by the CDC and its Advisory Committee on Immunization Practices (ACIP);

  ° Policies articulating the authority and circumstances under which the hospital screens hospital staff for infections likely to cause significant infectious disease or other risk to the exposed individual, and for reportable diseases, as required under local, state, or federal public health authority;

  ° Policies articulating when infected hospital staff are restricted from providing direct patient care and/or are required to remain away from the healthcare facility entirely;

  ° New employee and regular update training in preventing and controlling healthcare-associated infections and methods to prevent exposure to and transmission of infections and communicable diseases;

  ° Measures to evaluate staff and volunteers exposed to patients with infections and communicable disease;

- Mitigation of risks associated with patient infections present upon admission:

  ° Measures for the early identification of patients who require isolation in accordance with CDC guidelines;

- ° Appropriate use of personal protective equipment including gowns, gloves, masks and eye protection devices;

- ° Use and techniques for "isolation" precautions as recommended by the CDC.

- Mitigation of risks contributing to healthcare-associated infections:

- ° Surgery-related infection risk mitigation measures:

  - Implementing appropriate prophylaxis to prevent surgical site infection (SSI), such as a protocol to assure that antibiotic prophylaxis to prevent surgical site infection for appropriate procedures is administered at the appropriate time, done with an appropriate antibiotic, and discontinued appropriately after surgery;

  - Addressing aseptic technique practices used in surgery and invasive procedures performed outside the operating room, including sterilization of instruments;

- ° Other hospital healthcare-associated infection risk mitigation measures:

  - Promotion of hand washing hygiene among staff and employees, including utilization of alcohol-based hand sanitizers;

  - Measures specific to prevention of infections caused by organisms that are antibiotic-resistant;

  - Measures specific to prevention of device-associated bloodstream infection (BSI), such as a protocol for reducing infections of central venous catheters specifying aseptic precautions for line insertions, care of inserted lines, and prompt removal when a line is no longer needed;

  - Measures specific to prevention of other device-associated infections, e.g., those associated with ventilators, tube feeding, indwelling urinary catheters, etc.;

  - Isolation procedures and requirements for highly immuno-suppressed patients who require a protective environment.

  - Care techniques for tracheostomy care, respiratory therapy, burns and other situations that reduce a patient's resistance to infection;
  - Requiring disinfectants, antiseptics, and germicides to be used in accordance with the manufacturers' instructions;

  - Appropriate use of facility and medical equipment, including negative and positive pressure isolation room equipment, portable air filtration equipment, treatment booths and enclosed beds, UV lights, and other equipment used to control the spread of infectious agents;

- Adherence to nationally recognized infection prevention and control precautions, such as current CDC guidelines and recommendations, for infections/communicable diseases identified as present in the hospital; and

- Educating patients, visitors, caregivers, and staff, as appropriate, about infections and communicable diseases and methods to reduce transmission in the hospital and in the community;

- Active surveillance:

  ° The hospital is expected to identify and track infections and communicable diseases in any of the following categories occurring throughout the hospital, whether in patients or staff (patient care staff and non-patient care staff, including employees, contract staff and volunteers). Hospitals are not required to organize their surveillance according to these categories. The categories are:

    - Healthcare-associated infections selected by the hospital's Infection Prevention and Control Program as part of a targeted surveillance strategy based on nationally recognized guidelines and periodic risk assessment;

    - Patients or staff with identified communicable diseases that local, State, or Federal health agencies require be reported;

    - Patients identified by laboratory culture as colonized or infected with multi-drug-resistant organisms (MDROs), as defined by the hospital's Infection Prevention and Control Program;

    - Patients who meet CDC criteria for requiring isolation precautions (other than "Standard Precautions" or a protective environment) during their hospitalization;

    - Patients or staff with signs and symptoms that have been requested be reported or recorded by local, State, or Federal health agencies; and

    - Staff or patients who are known or suspected to be infected with epidemiologically-significant pathogens that are identified by the hospital or local, State, or Federal health agencies.

For Information – Not Required/Not to be Cited

Many hospitals are using automated surveillance technology (AST) or "data mining" for identification and control of hospital-acquired infections (HAI) and implementation of evidence-based infection control practices. Use of AST or similar technology is encouraged in hospitals, but is not required.

- Provisions to monitor compliance with all policies, procedures, protocols and other infection control program requirements;

- Provision for program evaluation and revision of the program, when indicated;

- Policies and procedures developed in coordination with federal, state, and local emergency preparedness and health authorities to address communicable disease threats, bioterrorism, and outbreaks; and

- Procedures for meeting the reporting requirements of the local health authority.

Survey Procedures §482.42(a)

- Determine whether the hospital has an active, hospital-wide infection control program reflecting the infection control officer responsibilities specified in the interpretive guidelines. Specifically, surveyors should determine whether the hospital:

  - Maintains a sanitary environment;

  - Develops and implements infection control measures related to hospital personnel;

  - Mitigates risks associated with patient infections present upon admission;

  - Mitigates risks contributing to healthcare-associated infections (for example, observe whether staff exhibit good hand washing hygiene);

  - Conducts active surveillance;

  - Monitors compliance with all infection control program requirements;

  - Evaluates the infection control program regularly and revises it, when indicated;

  - Coordinates as required by law with federal, state, and local emergency preparedness and health authorities to address communicable disease threats, bioterrorism, and outbreaks; and

  - Complies with the reportable disease requirements of the local health authority.