

General Infection Prevention and Control Recommendations: Residential and Long-term Care Facilities

The following recommendations are in no way to be perceived as a complete list of infection control practices required by the facility.

General Recommendations:

Inform the jurisdiction of the local health department (LHD) where the facility is located of reportable infectious disease within the facility.

- Know the Ohio reportable disease requirements specified in the Ohio Administrative Code (OAC) Chapter 3701-3. Any disease listed must be reported to the local health jurisdiction as per the OAC. A condensed form entitled, "Know Your ABCs: A Quick Guide to Reportable Infectious Diseases in Ohio," is available. The information may also be located at: <http://www.odh.ohio.gov/pdf/IDCM/intro1.pdf>.
***Please note that these infectious disease reporting requirements are subject to change.**
- Increased numbers of infectious diseases illnesses or suspected outbreaks/clusters are to be reported to the LHD. Examples include the following:
 - Two or more similar gastrointestinal illnesses.
 - Two or more individuals that share a common route of exposure and are infected with the same multi-drug resistant organism (MDRO) such as methicillin-resistant *Staphylococcus aureus* (MRSA).
 - Two or more cases of scabies.
 - Two or more cases of invasive group A streptococcal disease (GAS).
 - Three or more residents from the same unit whose onset of illness was within 72 hours of each other who have pneumonia, influenza-like illness (ILI) or laboratory-confirmed viral or bacterial infection (including influenza) or a sudden increase in ILI or pneumonia over the facility's normal baseline rate.
 - Report an infectious disease outbreak from any cause by the end of the next business day to the LHD. The exception: if the outbreak, unusual incident, or epidemic has an unexpected pattern of cases, suspected cases, or increased incidence of disease that is a major public health concern, then such an outbreak, unusual incident, or epidemic shall be reported immediately via telephone.

Maintain daily line listings of illnesses as a means of surveillance and tracking. Line lists will aid in surveillance and identification of common illnesses/agents throughout the facility. A separate line list is essential if a common illness or agent has been identified to track an outbreak. A line list should include the following:

- Dates of onset and resolution of illness
- Symptoms (an outbreak line list may provide columns for specific symptoms such as nausea, vomiting, cough, etc.)
- Treatment, including type and date
- Tests performed, including results
- Location of resident within the facility
- Vaccination status (if applicable), including date of vaccination

Test symptomatic residents to identify the etiologic agent. (In potential outbreak/cluster situations, the LHD can facilitate free testing at the Ohio Department of Health (ODH) Laboratory for agents such as influenza, norovirus, *Salmonella*, *E. coli*, etc.).

Regularly update the facility's infection control manual (ICM) and ensure that all staff members follow the established infection control policies and procedures provided in the ICM.

- Provide specific, detailed procedures in the manual. The procedures should provide descriptive, step-by-step instructions (e.g. Standard Precautions; hand hygiene procedures; use of personal protective equipment [PPE]).
- Utilize current resources in the manual including those from experts in infection control such as the ODH, the Centers for Disease Control and Prevention (CDC), the Association of Professionals in Infection Control and Epidemiology (APIC), and the Society for Healthcare Epidemiology of America (SHEA).
- Include an outbreak control section.
- Make the ICM easily accessible to all staff.
- Keep all internet links current. Internet sites change frequently, check the links regularly and update the manual accordingly.

If your facility maintains an epidemiologic report (e.g. a report noting the number of certain infectious diseases documented in your facility's residents), ensure the report includes diseases commonly anticipated in facilities, such as norovirus, *Clostridium difficile*, pertussis, and influenza, etc. Consider revising the epidemiologic report to reflect diseases more likely to occur if the current report mostly includes more uncommon infections.

Maintain adequate spacing between residents during times when the individuals are all in a common room.

- Adequate spacing may decrease the risk of infectious disease transmission in a population that is unable to demonstrate appropriate respiratory hygiene and cough etiquette.
- Appropriate spacing between residents also provides staff room to reach individuals quickly, in case of an emergency.

Visual alerts (e.g. signs, posters) should be clearly posted for visitors and staff at entryway doors and other strategic places throughout the facility to provide a means of education and communication. Signs and their suggested locations may include:

- Visitation limitation during increased time of illness within the facility or community (at all entryway doors)
- Not visiting when ill (at all entryway doors)
- Hand hygiene (in bathrooms and at wash stations)
- Cough etiquette (throughout the facility)

Restrict visitation in the facility during periods of increased illness.

- Screen visitors for signs and symptoms of illness. Visitors should not be permitted in the facility if they are ill.
- Only permit visitation for residents to persons who are necessary for the residents' emotional well-being and care (e.g. parents, guardians).
- Visitors should only be permitted in the facility after they have received education on basic infection control precautions including hand hygiene, limiting surfaces touched, and proper use of PPE.
- All visitors should follow respiratory hygiene and cough etiquette precautions.
- Permitted visitors should be instructed to limit their movement within the facility.

Encourage the members of the facility's infection control committee to become involved with the local APIC chapter. APIC provides numerous resources and support for infection control and prevention programs.