08. Employee Health. Personnel policies relating to employee health shall include: (1-1-88)
d. Personnel who have a communicable disease, infectious wound or other transmittable
condition and who provide care or services to patients/residents shall be required to implement
protective infection control techniques approved by administration; or be required not to work
until the infectious stage is corrected; or be reassigned to a work area where contact with others
is not expected and likelihood of transmission of infection is absent; or seek other remedy to
avoid spreading the employee’s infection. (1-1-88)
11. Orientation and Continuing Education. The facility shall provide a formalized, on-going
educational program for all personnel which shall commence upon employment and shall
include: (1-1-88)
x. Measures to prevent cross infection, including aseptic and isolation techniques; (1-1-88)
120. EXISTING BUILDINGS.
These standards shall be applied to all currently licensed health care facilities. Any minor
alterations, repairs, and maintenance shall meet these standards. In the event of a change in
ownership of a facility, the entire facility shall meet these standards prior to issuance of a new
license.
07. Isolation Units (Temporary). Each health care facility shall have available a room with
private toilet, lavatory and other accessory facilities for temporary isolation of a patient/resident
with a communicable or infectious disease.
121. NEW CONSTRUCTION STANDARDS
05. Patient/Resident Care Unit. Each patient/resident care unit shall be in compliance with the
following: (1-1-88)
c. At least one (1) room in each facility shall be available for single occupancy for isolation of
disease or for privacy in personality conflict or disruptive patient/resident situations. Each
isolation room shall meet the following requirements: (1-1-88) i. All features of regular
patient/resident rooms, as described in Subsection 121.05.d.; (12-31-91) ii. Supply an entry area
which is adequate for gowing; (1-1-88) iii. Supply a handwashing lavatory in or directly
adjacent to the patient/resident room entry; (1-1-88) iv. Provide a private toilet; (1-1-88) v. Have
finishes easily cleanable; and (1-1-88) vi. Not be carpeted; (1-1-88)
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: (1-1-88)
a. Methods of maintaining sanitary conditions in the facility such as: (1-1-88)
i. Handwashing techniques. (1-1-88)
ii. Care of equipment. (1-1-88)
iii. Housekeeping. (1-1-88)
iv. Sterile supply storage areas. (1-1-88)
v. Preparation and storage of food. (1-1-88)
vi. Vermin control. (1-1-88)
vii. Resident care practices, i.e., catheter care, dressings, decubitus care, isolation procedures. (1-
1-88)
viii. Needle and syringe management. (1-1-88)
b. Employee infection surveillance and actions. (1-1-88)
c. Isolation procedures. (1-1-88)
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: (1-1-88)
i. Diagnosis. (1-1-88)
ii. Description of the infection. (1-1-88)
iii. Causative organism, if identified. (1-1-88)
iv. Date of onset. (1-1-88)
v. Treatment and date initiated. (1-1-88)
vi. Patient’s/resident’s progress. (1-1-88)
vii. Control techniques utilized. (1-1-88)
viii. Diagnostic tests employed. (1-1-88)

02. Infection Control Committee. An Infection Control Committee shall be appointed by the administrator which shall: (1-1-88)
a. Include the facility medical director, administrator, pharmacist, dietary services supervisor, director of nursing services, housekeeping services representative, and maintenance services representative. (1-1-88)
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. (1-1-88)
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. (1-1-88)
d. Review policies and procedures as needed but no less often than annually. (1-1-88)
e. Review the quarterly report of infections prepared by the designated surveillance officer. (1-1-88)

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: (1-1-88)
a. Applied aseptic or isolation techniques by staff. (1-1-88)
b. Proper handling of dressings, linens and food, etc., by staff. (1-1-88)
c. Exhibited knowledge by staff in controlling transmission of disease. (1-1-88)
d. Minimal infection rate in facility. (1-1-88)