Section 300.662
k) All training shall also include a unit in safety and resident rights that is at least five hours in length and that includes resident rights; fire safety, use of a fire extinguisher, evacuation procedures; emergency and disaster preparedness; infection control; and use of the call system.

Section 300.655 Initial Health Evaluation for Employees
a) Each employee shall have an initial health evaluation which shall be used to insure that employees are not placed in positions which would pose undue risk of infection to themselves, other employees, residents, or visitors.
b) The initial health evaluation shall be conducted not more than 30 days prior to the employee beginning employment in the facility. The evaluation shall be completed not more than 30 days after the employee begins employment in the facility.
c) The initial health evaluation shall include a health inventory. This inventory shall be obtained from the employee and shall include the employee's immunization status and any available history of conditions which would predispose the employee to acquiring or transmitting infectious diseases. This inventory shall include any history of exposure to, or treatment for, tuberculosis. The inventory shall also include any history of hepatitis, dermatologic conditions, or chronic draining infections or open wounds.
d) The initial health evaluation shall include a physical examination. The examination shall include at a minimum any procedures needed in order to:
1) Detect any unusual susceptibility to infection and any conditions which would increase the likelihood of the transmission of disease to residents, other employees, or visitors.
2) Determine that the employee appears to be physically able to perform the job functions which the facility intends to assign to the employee.
e) The initial health evaluation shall include a tuberculin skin test which is conducted in accordance with the requirements of Section 300.1025. The test must meet one of the following timeframes:
1) The test must be completed no more than 90 days prior to the date of initial employment in the facility, or
2) The test must be commenced no more than ten days after the date of initial employment in the facility.
(Source: Added at 13 Ill. Reg. 4684, effective March 24, 1989)

Section 300.696 Infection Control
a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed.
b) A group, i.e., an infection control committee, quality assurance committee, or other facility entity, shall periodically review the results of investigations and activities to control infections.
c) Each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services (see Section 300.340):
1) Guideline for Prevention of Catheter-Associated Urinary Tract Infections
2) Guideline for Hand Hygiene in Health-Care Settings
3) Guidelines for Prevention of Intravascular Catheter-Related Infections
4) Guideline for Prevention of Surgical Site Infection
5) Guideline for Prevention of Nosocomial Pneumonia
6) Guideline for Isolation Precautions in Hospitals
7) Guidelines for Infection Control in Health Care Personnel
(Source: Added at 29 Ill. Reg. 12852, effective August 2, 2005)

Section 300.1020 Communicable Disease Policies
a) The facility shall comply with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).
b) A resident who is suspected of or diagnosed as having any communicable, contagious or infectious disease, as defined in the Control of Communicable Diseases Code, shall be placed in isolation, if required, in accordance with the Control of Communicable Diseases Code. If the facility believes that it cannot provide the necessary infection control measures, it must initiate an involuntary transfer and discharge pursuant to Article III, Part 4 of the Act and Section 300.620 of this Part. In determining whether a transfer or discharge is necessary, the burden of proof rests on the facility.
c) All illnesses required to be reported under the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) shall be reported immediately to the local health department and to the Department. The facility shall furnish all pertinent information relating to such occurrences. In addition, the facility shall inform the Department of all incidents of scabies and other skin infestations.

Section 300.1025 Tuberculin Skin Test Procedures
Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696).

Section 300.1060 Vaccinations
a) A facility shall annually administer a vaccination against influenza to each resident, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention that are most recent to the time of vaccination, unless the vaccination is medically contraindicated or the resident has refused the vaccine. Influenza vaccinations for all residents age 65 and over shall be completed by November 30 of each year or as soon as practicable if vaccine supplies are not available before November 1. Residents admitted after November 30, during the flu season, and until February 1 shall, as medically appropriate, receive an influenza vaccination prior to or upon admission or as soon as practicable if vaccine supplies are not available at the time of the admission, unless the vaccine is medically contraindicated or the resident has refused the vaccine. (Section 2-213 of the Act)
b) A facility shall document in the resident's medical record that an annual vaccination against influenza was administered, refused or medically contraindicatated. (Section 2-213 of the Act)
c) A facility shall provide or arrange for administration of a pneumococcal vaccination to each resident who is age 65 or over, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, who has not received this immunization prior to or upon admission to the facility unless the resident refuses the offer for vaccination or the vaccination is medically contraindicated. (Section 2-213 of the Act)
d) A facility shall document in each resident's medical record that a vaccination against pneumococcal pneumonia was offered and administered, refused, or medically contraindicated. (Section 2-213 of the Act)
(Source: Added at 29 Ill. Reg. 12852, effective August 2, 2005)
Section 300.1440 Volunteer Program
b) Volunteers shall complete a standard orientation program, in accordance with their facility responsibilities and with the facility's policies and procedures governing the volunteer program. The orientation shall include, but not be limited to:
6) Infection control

Section 300.6005 Quality Assessment and Improvement for Facilities Subject to Subpart T
a) The licensee shall develop and implement a quality assessment and improvement program designed to meet at least the following goals:
1) Ongoing monitoring and evaluation of the quality and accessibility of care and services provided at the facility or under contract, including, but not limited to:
F) Infection control