10.07.02.09 Resident Care Policies
A. Written Policies. Comprehensive care facilities and extended care facilities shall develop written policies, consistent with these regulations, to govern the nursing care and related medical or other services they provide covering the following:
(15) Infection control.
10.07.02.14-1 Special Care Units-General
C. The facility shall obtain Departmental approval of the following pertaining to the special care unit:
(6) Policies and procedures, including:
(c) Infection control measures to minimize the transfer of infection in the special care unit
10.07.02.21 Infection Control Program
A. Infection Control Program. The facility shall establish, maintain, and implement an effective infection control program that:
(1) Investigates, controls, and prevents infections in a timely manner through a system that enables the facility to:
(a) Analyze patterns of infected individuals;
(b) Analyze changes in prevalent organisms;
(c) Analyze increases in the rate of infection; and
(d) Obtain surveillance data for the prevention and control of additional cases;
(2) Determines the procedures, such as appropriate precautions, that are to be applied to an individual resident;
(3) Maintains a record of infections in the facility, and the corrective actions that were taken related to infections; and
(4) Monitors and evaluates the:
(a) Effectiveness of the infection control program by surveying rates of infection, especially of those residents who have an especially high risk of infection; and
(b) Effective implementation of the policies and procedures that are outlined in §F(1) of this regulation.
B. The facility shall assign at least one individual with education and training in infection surveillance, prevention, and control to be responsible for approving actions to prevent and control infections.
C. Effective January 1, 2005, the facility's infection control coordinator shall attend a basic infection control training course that is approved by the Office of Health Care Quality and the Office of Epidemiology and Disease Control Program for the Department.
D. The facility shall have mechanisms for communicating the results of infection control activities to employees, and the individual or individuals who are responsible for improving the facility's performance.
E. The facility's communication mechanism shall ensure that the administrator, director of nursing, and the medical director receive and address reports of infection control findings and recommendations in a timely manner.
F. Infection Control Policies and Procedures.
(1) The infection control program shall establish written policies and procedures to investigate, control, and prevent infections in the facility including policies and procedures to:
(a) Identify facility-associated infections and communicable diseases in accordance with COMAR 10.06.01;
(b) Report occurrences of certain communicable diseases and outbreaks of communicable diseases to the local health department in accordance with COMAR 10.06.01 and Health-General Article, §18-202, Annotated Code of Maryland;
(c) Institute appropriate infection control steps when an infection is suspected or identified in order to control infection and prevent spread to other residents;
(d) Perform surveillance of residents and employees at appropriate intervals to monitor and investigate causes of infection, facility-associated and community acquired, and the manner in which it was spread;
(e) Train employees about infection control and hygiene including:
   (i) Hand hygiene;
   (ii) Respiratory protection;
   (iii) Soiled laundry and linen processing;
   (iv) Needles, sharps, or both;
   (v) Special medical waste handling and disposal; and
   (vi) Appropriate use of antiseptics and disinfectants.
(f) Train and monitor employee application of infection control and aseptic techniques; and
(g) Review the infection control program at least annually and revise as necessary.

2) The facility shall provide information concerning the communicable disease status of any resident being transferred or discharged to any other facility, including a funeral home.

3) The facility shall obtain information concerning the communicable disease status of any resident being transferred or discharged to the facility.

G. Preventing Spread of Infection.
(1) The facility shall assess any residents with signs and symptoms of an infectious illness for the possibility of transmission to another resident or employee.
(2) The facility shall take appropriate infection control steps to prevent the transmission of a communicable disease to residents, employees, and visitors as outlined in the following guidelines:
   (a) Guideline for Isolation Precautions in Hospitals; and
   (b) Guideline for Infection Control in Health Care Personnel.
(3) The facility shall prohibit employees with a communicable disease or with infected skin lesions from direct contact with residents or their food if direct contact could transmit the disease.
(4) The facility shall require employees to perform hand hygiene after each direct resident contact for which hand hygiene is indicated by accepted professional practice.
(5) The facility shall handle, store, process, and transport linens so as to prevent the spread of infection.

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.21-1 Employee Health Program.
A. The facility's infection control program shall monitor the relevant health status of all employees, as it relates to infection control. The following guidelines shall aid the facility in implementing its employee health program:

1. Guideline for Infection Control in Health Care Personnel;
2. Immunization of Health-Care Workers: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC); and
3. COMAR 09.12.31.

B. Tuberculosis Control.

1. The infection control program shall include a risk assessment program, including monitoring for tuberculosis infection for employees that is in accordance with the following guidelines:
   a. Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities; and
   b. Guideline for Infection Control in Health Care Personnel.

2. The facility shall ensure that all employees who may provide services that require direct access to residents may not provide such services without documented evidence that the employee is free from tuberculosis in a communicable form.

3. The facility shall monitor the purified protein derivative (PPD) status of employees at any time that symptoms suggestive of tuberculosis develop, and periodically, consistent with the tuberculosis control plan. All employees shall be assessed for risk of tuberculosis following guidelines referenced in §B of this regulation.

4. The facility shall maintain written documentation of the following:
   a. Results of tuberculin skin tests, recorded in millimeters of induration with dates of administration, dates of reading, results of test, and the manufacturer and lot number of the purified protein derivative (PPD) solution used;
   b. Results of chest x-rays required in this regulation; and
   c. Documentation of any tuberculin skin tests, chest x-ray, chemotherapy, and chemoprophylaxis, which are the basis for the certification that the individual is free from tuberculosis in a communicable form.

5. The facility shall screen all new employees for immunity to common childhood infections such as mumps, rubella, measles, and chicken pox (varicella), through the use of pre-employment questionnaires and, if appropriate, serologic testing for presence of antibodies of these diseases, to prevent adult exposure of new employees to residents with communicable forms of such disease organisms.

6. The facility shall request that all new employees receive immunization for Hepatitis B. The employee may refuse to be immunized if medically contraindicated, against the employee's religious beliefs, or after being fully informed of the health risks of not being immunized. If the employee refuses to be immunized, the facility shall document the refusal and the reason for the refusal.

7. The facility shall request that each employee receive immunization from influenza virus in accordance with Health-General Article, §18-404, Annotated Code of Maryland. The facility shall make information available to all employees concerning other conditions in which pneumococcal vaccine may be of benefit for certain other underlying medical conditions. The facility shall document refusals and shall conduct surveillance of nonimmune employees during the recognized influenza season.
(8) The facility shall inquire about a history of varicella for each new employee. If the employee's history is unclear, then the facility shall request a serology for varicella. If the serology for varicella is nonreactive, the facility shall request that the employee receive immunization for varicella. If the employee refuses to be immunized, the facility shall document the refusal and the reason for the refusal.

21-2 Resident Health Program.
A. The facility’s infection control program shall include monitoring of the health status of all residents to determine if the residents are free from tuberculosis in a communicable form.
B. Tuberculosis Assessment.
(1) The facility shall assess residents for tuberculosis according to the following guidelines:
(a) Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities; and
(b) Guideline for Infection Control in Health Care Personnel.
(2) All residents shall receive a tuberculin skin test within 10 days of initial admission unless the resident has had a documented negative skin test within the previous month, a previous positive test, history of preventive therapy, or treatment of tuberculosis.
(3) The tuberculin skin test for new admissions may be a two-step skin test that is performed by the facility according to the established infection control policy of the facility. Approved employees shall read the skin test and manage the results of the skin test in accordance with Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities.
(4) The facility shall continue to monitor residents for signs and symptoms of tuberculosis by performing a yearly symptom review. When a resident has signs and symptoms of tuberculosis, a physician shall within 48 hours:
(a) Evaluate the resident for tuberculosis in a communicable form;
(b) Notify the health officer within 24 hours if the physician suspects tuberculosis; and
(c) Coordinate management of the resident and the resident’s contacts with the health officer.
(5) The facility shall assess and manage a resident with a history of previous positive tuberculin skin test, previous history of active tuberculosis, or positive skin test conversion in accordance with Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities.

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.21-3 Volunteer Health Program.
A. The facility shall urge that volunteers, defined as individuals who spend an average of 8 hours per week or more in the institution patient care areas and who receive no pay or benefits, accept annual influenza vaccination and tuberculin testing as considered necessary by the facility. The facility shall give appropriate health care information to such volunteers to provide maximum protection to residents.
B. The facility shall maintain documentation of the discussion between the facility and the volunteer concerning influenza vaccine and tuberculin testing.

.21-4 Infection Control—Standard Precautions.
A. Standard Precautions. All employees shall routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or the body fluids of any resident is anticipated as outlined in:
(1) Guideline for Isolation Precautions in Hospitals; and
B. The infection control program shall include the handling of medical waste as defined in COMAR 10.06.06.