3211 NURSING PERSONNEL
3211.1
(d) Protection from accident, injury, and infection

3215 VENTILATOR CARE SERVICES
(3) Infection control measures to minimize the transfer of infection in the ventilator unit.

3217 INFECTION CONTROL
3217.1 The facility shall have an Infection Control Committee composed of the Administrator or
designee and members of the medical, nursing, dietary, pharmacy, housekeeping, maintenance, and
other services.
3217.2 The Chairperson of the Infection Control Committee shall be knowledgeable about or have
experience in infection control.
3217.3 The Infection Control Committee shall establish written infection control policies and
procedures for at least the following:
(a) Investigating, controlling, and preventing infections in the facility;
(b) Handling food;
(c) Processing laundry;
(d) Disposing of environmental and human wastes;
(e) Controlling pests and vermin;
(f) The prevention or spread of infection;
(g) Recording incidents and corrective actions related to infections; and
(h) Nondiscrimination in admission, retention, and treatment of persons who are infected with the
HIV virus or who have a diagnosis of AIDS.
3217.4 The Infection Control Committee shall hold quarterly meetings, maintain minutes and submit
written quarterly reports to the Administrator.
3217.5 The Infection Control Committee shall review infection control policies and procedures
annually and revise them as needed.
3217.6 The Infection Control Committee shall ensure that infection control policies and procedures
are implemented and shall ensure that environmental services, including housekeeping, pest control,
laundry, and linen supply are in accordance with the requirements of this chapter.
3217.7 The Infection Control Committee shall ensure that in-service training on infection control
policies and procedures is provided at least annually to each
employee of each service represented on the Committee.
3217.8 Each occurrence of a communicable disease, as defined by District of Columbia law shall be
reported immediately by the examining physician or chairperson of
the Infection Control Committee to the Administrator, Director of Nursing
Services, and the Department of Health.
3217.9 The Infection Control Committee shall use the latest edition of “Guidelines for Infection
Control in Long Term Care Facilities" published by the Centers for Disease Control (CDC) or any
additional guidelines published by the CDC for the purpose of developing policies and procedures.

3222. IMMUNIZATIONS
3222.1 As described further in this Section, each facility shall ensure that each resident and each
employee has either received immunization against influenza virus or has refused such
vaccination, and that each resident and each employee indicated in subsection 3222.6 has either
received immunization against pneumococcal disease or has refused such vaccination. The
facility shall be required to maintain written evidence of each such immunization or refusal.
3222.2 Influenza and pneumococcal immunizations shall be provided and updated in accordance
with the latest recommendations of the Advisory Committee on Immunization Practices (ACIP)
of the Centers for Disease Control and Prevention. To the extent that the ACIP recommendations
may differ from the terms of this Section, the ACIP recommendations shall control.
3222.3 Except as provided in subsection 3222.9, each resident and each employee shall, no later
than November 30th of each calendar year or six (6) weeks after the vaccination becomes readily
available in the District of Columbia, whichever is later, undergo immunization for influenza
virus as required pursuant to subsection 3222.2. The facility shall provide the immunization to
each resident, except as described in subsection 3222.4, and shall document the immunization.
3222.4 Pursuant to subsection 3222.3, each resident or employee may obtain the required
immunization from a medical provider of his or her choice. If the resident or employee obtains
such immunization from a provider other than the facility, the resident or employee shall provide
the facility, no later than November 30th or six (6) weeks after the vaccination becomes readily
available in the District of Columbia, whichever is later, with documentation of the
immunization. The facility shall record such documentation within twenty-four (24) hours of its
receipt.
3222.5 The facility shall, for each resident admitted between December 1st and March 31st, and
for each employee hired between December 1st and March 31st, determine, within seventy-two
(72) hours of admission or the start of employment, whether the resident or employee has
received immunization against influenza virus as required pursuant to subsections 3222.2,
3222.3, and 3222.4. If the facility determines that a resident has not received such immunization,
the facility shall provide it within seventy-two (72) hours of the determination, except as
provided in subsections 3222.4 and 3222.9. If the facility determines that an employee has not
received such immunization, the facility shall instruct the employee to obtain the immunization
and to provide documentation thereof, or of refusal, to the facility within seven (7) days of the
determination.
3222.6 Except as provided in subsection 3222.9, each resident and each employee in the
categories described below shall, no later than one hundred eighty (180) days after the effective
date of this Section or thirty (30) days after admission to the facility or the start of employment,
whichever is later, undergo immunization for pneumococcal disease as required pursuant to
subsection 3222.2. The facility shall provide the immunization to each resident, except as
described in subsection 3222.7, and shall document the immunization. The following persons
shall undergo immunization for pneumococcal disease:
(a) Residents and employees sixty-five (65) years of age or older;
(b) Residents and employees under the age of sixty-five (65) years with chronic cardiovascular
disease, chronic pulmonary disease, diabetes mellitus, alcoholism, chronic liver disease,
cerebrospinal fluid leaks, or functional or anatomic asplenia; and
(c) Residents and employees under the age of sixty-five (65) years who are
immunocompromised, receiving immunosuppressive therapy, or who have received an organ or
bone marrow transplant.
3222.7 Pursuant to subsection 3222.6, each affected resident or employee may obtain the
required immunization from a medical provider of his or her choice. If the resident or employee
obtains such immunization from a provider other than the facility, the resident or employee shall
provide the facility, no later than one hundred eighty (180) days after the effective date of this
Section or thirty (30) days after admission to the facility or the start of employment, whichever is later, with documentation of the immunization. The facility shall record such documentation within twenty-four (24) hours of its receipt.

3222.8 Each resident and each employee affected by subsection 3222.6 shall be revaccinated against pneumococcal disease according to the schedule below. The facility shall provide the revaccination or shall obtain documentation of the revaccination provided elsewhere, as required by subsections 3222.6 and 3222.7, and shall document the revaccination, according to the schedule below. The following persons shall be revaccinated as indicated:

(a) Residents and employees sixty-five (65) years of age and older: a single revaccination at or after age sixty-five (65) if the person has been previously vaccinated and five (5) or more years have elapsed since the previous vaccination;

(b) Residents and employees under the age of sixty-five (65) years with chronic cardiovascular disease, chronic pulmonary disease, diabetes mellitus, alcoholism, chronic liver disease, or cerebrospinal fluid leaks: a single revaccination at or after age sixty-five (65) if the person has been previously vaccinated and five (5) or more years have elapsed since the previous vaccination;

(c) Residents and employees under the age of sixty-five (65) years with functional or anatomic asplenia, or who are immunocompromised, receiving immunosuppressive therapy, or have received an organ or bone marrow transplant: a single revaccination if five (5) or more years have elapsed since the previous vaccination.

3222.9 No resident or employee shall be required to receive either an influenza virus immunization or a pneumococcal disease immunization if such immunization is medically contraindicated for that individual, or if such immunization is against the resident or employee's religious beliefs, or if the resident, the resident's representative or legal guardian, or the employee knowingly refuses such immunization.

3239. VENTILATION AND EXHAUST
3239.8 Each respiratory isolation room and connected bathroom shall be ventilated with negative pressure that shall prevent contamination of other areas.

3246. RESIDENT BEDROOMS
3246.7 One (1) or more bedrooms shall be designated, when needed, as isolation facilities for any resident who has an infectious or contagious disease.

3258. GENERAL SAFETY AND INSPECTION
3258.3 The Administrator or his or her designee shall regularly inspect each building and grounds to ensure they are free from hazards of any kind and that sanitary standards and infection control standards are met.

22-B3267. MRSA INFECTION PREVENTION.
3267.1 Each nursing facility shall have written infection prevention and control policies and procedures.
3267.2 Each nursing facility shall identify MRSA colonized patients in an intensive care unit or other at-risk unit.
3267.3 Each patient colonized or infected with MRSA shall be isolated in an appropriate manner consistent with guidelines for best practices. A patient who is infected or colonized shall be permitted to participate in group activities provided that any draining wounds are covered, bodily fluids are contained, and the patient is observed to have proper hygiene practices.
3267.4 Each nursing facility shall adhere to hand hygiene best practices to ensure, through education and monitoring, that healthcare personnel properly cleanse hands between patient care activities.
3267.5 Each nursing facility shall monitor trends in the incidence of MRSA in the nursing facility over time and enhance infection control interventions if rates do not decrease.

3267.6 Each nursing facility shall maintain a mechanism for identifying a MRSA patient who is readmitted to the nursing facility (i.e. flagging).

3267.7 Each nursing facility shall have a worker education requirement regarding modes of transmission, use of personal protective equipment, disinfection policies and procedures, and other preventive measures in accordance with current CDC