

COLORADO

Part 22. INFECTION CONTROL

22.1 INFECTION CONTROL PROGRAM. The facility shall have an infection control program that provides in-service training on infection control and shall have current infection control policies and procedures available to all staff members.

22.2 POLICIES. The facility shall have and follow the following written policies approved by the governing body 1) a policy prohibiting admission of residents who have a communicable disease with a significant risk of transmission to other persons, as determined by the Department; 2) a policy for preventing transmission of disease in the facility that is applicable to any resident who is discovered to have a communicable disease after admission or to any employee with a communicable disease; and 3) a policy of reporting diseases to the state of local health department, pursuant to regulations promulgated by the Board of Health pertaining to control of communicable diseases.

22.2.1 By itself the fact that a resident or employee has a communicable infection that is primarily transmitted either sexually or by blood products shall not prevent admission to or employment by the facility. Decisions concerning the admission or employment of such individuals should be made by the individual's personal physician in conjunction with the professional staff of the facility. Upon order of a physician, residents with such infectious diseases may be admitted to facilities. The facility shall observe the following precautions for residents with such conditions:

- (1) Staff shall wash hands before and after working with such residents.
- (2) Staff shall exercise caution when handling sharp objects such as needles around such residents. Needles shall not be recapped, broken off, or disposed of in other than puncture-proof containers.
- (3) Linen and clothing of such residents shall be washed in water of at least 140 degree temperature.
- (5) Staff shall wear disposable gloves when handling items soiled with blood or body fluids, but gowns and masks are not necessary except where staff performs a procedure requiring extensive contact with blood or body fluids.
- (6) If resuscitation appears necessary, equipment shall be immediately at hand to minimize the need for mouth-to-mouth resuscitation.
- (7) Wearing disposable gloves, staff shall immediately clean up spills of blood or bodily fluid from such residents. Staff shall then disinfect the contaminated area using an appropriate concentration of a disinfectant certified by the manufacturer to be effective as used. Appropriate concentrations of phenol disinfectant or chlorine bleach may be used.
- (8) All disposable equipment containing infective waste shall be disposed of in the room where it is used in sturdy plastic bags and then rebagged outside the room. It shall either be autoclaved or incinerated prior to disposal in a sanitary landfill.

(9) A private room is indicated if resident hygiene is poor (e.g., the resident does not wash hands after touching infective material, contaminates the environment with infective material, or shares contaminated material with other residents). In general, residents infected with the same organism may share a room. The resident shall be permitted to eat with other residents and be encouraged to participate in activities inside and outside the facility.

(10) Health care workers with colds or other communicable diseases shall not be assigned to care for such residents, since the residents are highly vulnerable to infection. Health care workers with HIV infection or other immunosuppressive disorders should not be required to work with residents with communicable diseases.

22.3 RESIDENT ISOLATION. Facilities shall provide for the isolation of residents with communicable diseases, as determined by the Department. Facilities shall provide well-ventilated single-bed rooms and separate toilet facilities for residents, when indicated.

22.4 SANITATION OF NURSING AND RESIDENT CARE EQUIPMENT. Nursing and resident care equipment shall be properly cleaned, sanitized, disinfected or sterilized, and stored. Nursing care equipment that is to be used internally shall be properly cleaned, sterilized and stored after each use; thermometers shall be properly disinfected.

22.5 DISPOSABLE EQUIPMENT AND SUPPLIES. Single service disposable nursing care equipment shall be used only once and shall be disposed of in an approved manner. Other disposable nursing care equipment shall be used only for the resident to which assigned. Disposable sterile equipment shall be certified by the distributor as sterile and be destroyed after initial use.

22.6 PRESSURIZED STEAM. When pressurized steam sterilizers or equivalents are used, they shall be of approved type and necessary capacity for adequate sterilization and all sterilization equipment shall be maintained in good operating condition. Bacteriological methods shall be used to evaluate the effectiveness of pressurized steam sterilization, by at least monthly testing with records maintained.

22.7 STERILE SOLUTIONS. Water used for sterile solutions shall be distilled and sterilized in flasks that are resistant to heat, chemical and electrical action and are properly sealed, labeled, and stored.

22.8 HANDWASHING. Personnel shall wash their hands after contact with a resident or with a contaminated object and observe the following techniques: 1) Remove watches and rings, and roll sleeves of clothing above elbows; 2) Wash hands and forearms with soap or detergent with friction, not a brush, and rinse under running water; 3) Repeat the washing procedure two or three times; 4) Dry hands with a disposable towel.

22.9 SANITATION OF AIR. Design, installation, and operation of heating/cooling/ventilation system shall insure adequate microbial control of the air.

22.10 PETS. If the facility allows pets, it shall be responsible for their proper care and feeding and shall have them vaccinated and licensed, as appropriate.