

CHAPTER 21

INFECTION CONTROL AND BIOMEDICAL WASTE

21.A. Infection Control

The facility must establish an active program for the prevention, control, and investigation of infection according to current standards and Center for Disease Control (CDC) guidelines, which includes:

21.A.1. A protocol for early identification, reporting, and monitoring of infections (nosocomial and those present on admission) that will:

- a. Identify residents at risk;
- b. Maintain a separate record on infections that identifies the resident's name, date of infection, causative agent, origin or site of infection, and cautionary measures taken;
- c. Prevent infections common to nursing facility residents (e.g., vaccination for influenza and pneumococcal pneumonia as appropriate);
- d. Analyze the clusters and/or significant increases in the rate of infection;
- e. Report to appropriate agencies those infections for which reporting is mandated.

21.A.2. A protocol for prevention of the spread of infection:

- a. The facility must isolate the resident when the infection control program determines that a resident needs isolation to prevent the spread of infection.
- b. The facility must monitor staff infections and prohibit employees with a communicable disease or infected skin lesions from direct contact with residents food.
- c. The facility must require staff to wash their hands after each direct resident contact for which handwashing is indicated by accepted professional practice (per CDC guidelines).

21.A.3. An active training program that provides staff and residents, as appropriate, adequate information to prevent the spread of infection.

21.A.4. Routine monitoring of staff infection control practices.

21.A.5. Surveillance routinely reviewed and recommendations made by the Quality Assurance Committee.

21.B. Biomedical Waste Management

21.B.1. Each facility shall have policies and procedures for containment and disposal of biomedical waste.

a. Identification of Biomedical Waste

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1. "Biomedical Waste" means a waste that may contain human pathogens of sufficient virulence and in sufficient concentrations that exposure to it by a susceptible host could result in disease.

2. "Body Fluids", as defined by the CDC, means waste which, at the time of generation, is soaked or dripping with human blood, blood products or body fluids.

3. "Sharps" means items which may cause puncture wounds or cuts including, but not limited to, hypodermic needles, syringes, scalpel blades, capillary tubes and lancets, disposable razors, Pasteur pipettes, broken glassware, I.V. tubing with needles attached and dialysis bags with needles attached.

b. Disposal

1. Biomedical waste shall be incinerated (or interred) per contract with a licensed biomedical waste contractor.

2. Biomedical waste (other than Sharps) shall be packaged in bags which are impervious to moisture and of sufficient strength to resist tearing or bursting.

a. All bags containing biomedical waste shall be red in color and be labeled with the symbol for biomedical waste.

b. Bags shall be sealed by forming a secure closure which results in a leak resistant seal.

c. Red bags may not be enclosed in a bag of another color.

3. Discarded sharps shall be placed directly into leak resistant, rigid, puncture resistant containers, without clipping or breaking.

a. Containers shall be taped closed or tightly lidded to preclude loss or leakage of contents.