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Tab 1: Introduction

Purpose of this Booklet

This handbook is designed to guide the user to resources for infection prevention and control (IPC), assist in detecting gaps in IPC, and offer solutions for common issues encountered in various small congregate living and non-emergent healthcare settings.

Since the COVID-19 pandemic, the majority of IPC literature has focused on handling this worldwide health crisis. Vaccination, testing, and proper precautions are our best tools against severe disease, hospitalization, and death. Along with COVID-19, small congregate living must be equipped to handle other communicable diseases such as influenza, scabies, norovirus, tuberculosis that are slowly increasing. This booklet is intended to provide information to prepare facilities for such an event.

This handbook is divided into 12 tabs for easy access to each topic. *Tab 2: Your Facility* should be completed by the facility and is intended to give quick access to facility and community-specific contact information in case of an emergency or unforeseen event.

Tabs 3 through 12 follow a common pattern. Each section starts with **Check Points**. *Check Points* are intended to encourage users to reflect on the status of their facility and detect possible disparities in current facility practices/policies/protocols. **Resources** follow *Check Points* to offer valuable information such as templates and examples to close any gaps encountered. After *Resources* you will find an informative overview of the fundamental concepts for each topic.

Facilities are encouraged to keep copies of pertinent documents related to each section in a separate folder or binder.

In addition to the written material, the electronic version of the handbook can be found on SJBPBPH webpage at sjbpublichealth.org/infectionpreventionhandbook for easy access to resources.

Funding for this project was made possible by the National Association of County and City Health Officials (NACCHO). NACCHO has no responsibility for the content.

Tab 2: Your Facility

Facility Information:

Date Last Reviewed:

Name of Facility			
Address	Street:		
Address	City:	County:	State:
State Licensure Number			
Certified by CMS	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Admin/Leadership	Name:	Title:	Phone Number:
Admin/Leadership	Name:	Title:	Phone Number:
Average Census		Number of Staff	

Community Contacts

Emergency Contacts	Fire:	Medical:
Non-emergency Dispatch		
Electric Company	Name:	Phone Number:
Gas Company	Name:	Phone Number:
Poison Control	1-800-222-1222	
Medical Provider	Name:	Phone Number:
Pharmacy Contact	Name:	Phone Number:
Affiliated Hospital	Name: Street:	Phone Number: City: County: State:
Local Public Health Agency	<i>San Juan Basin Public Health La Plata County</i> 281 Sawyer Drive, Suite 300, Durango CO 970-247-5702 <i>San Juan Basin Public Health Archuleta County</i> 502 S 8 th St, Pagosa Springs CO 970-264-2409	

Tab 3: Infection Control Program & Infrastructure

Check Points

Check Point	Yes	No	In Progress
The facility has a dedicated and trained person who is overseeing infection prevention and control (IPC).			
The facility has policies and procedures including an Infection Surveillance Plan, addressing the collection and assessment of data, performance evaluation and improvements.			
The facility has developed an Emergency Preparedness Plan that is designed to significantly reduce harm to patients/occupants in case of an emergency.			
Policies and procedures are reviewed annually and updated as appropriate.			
All staff members are trained on basic infection prevention and emergency preparedness at time of hire and at least annually unless more frequent training is mandated by local or state regulations (I.e., fire drill).			

Resources

- [APIC Infection Prevention Surveillance Plan Tutorial](#)
- [AHRQ Patient Safety Resources According to Setting](#)
- [Colorado Emergency Management Plan Template for Community Health Centers](#)
- [Disaster Preparedness Plan template HHS for LTCF](#)
- [Emergency Preparedness Plan for nursing homes and residential care settings planning tool](#)
- [Emergency Response Plan Information](#)
- [CDC Emergency Response Plan template](#)

Purpose and Application of a Surveillance Plan

- A Surveillance Plan is a written, facility specific plan which endorses infection prevention to protect the community, staff, and visitors.
- The plan is reviewed, updated, and renewed minimum yearly and/or as needed. To create an effective Surveillance Plan, trained personnel assess the population and risk factors associated with the type of facility and population.
- The team members determine surveillance priorities, set goals according to highest needs, and re-evaluate surveillance objectives as needed.
- To establish a meaningful outcome, data must be clearly defined, collected, calculated, and analyzed.

- Gathered information is best described in rates, ratios, or proportions and should remain consistent for analyzing and comparing over time (# of ill persons/total # of residents in the last quarter).
- Measures are defined as either outcome - the impact an action has on something (example: rate of residents who died because of a surgery) or process - a specific step in a process leads to a particular result (example: percentage of residents who received COVID-19 vaccine).
- Findings are reported to leadership within a set time frame to initiate improvement and changes if needed.

Purpose and Application of an Emergency Preparedness Plan

- An Emergency Preparedness Plan is a written plan that discusses all possible emergencies, outcomes, actions necessary, applicable procedures and available resources.
- The policies and procedures are designed to avoid and/or significantly reduce any harm to residents/patients/guests, staff, visitors, and the facility.
- This document features a detailed list of all personnel responding during an emergency, their contact information, and detailed duties and responsibilities.
- Current detailed floor plans, evacuation routes, alternate means of escape, safe location for head count, and areas to avoid are included.
- Staff receives assignments and training to familiarize themselves with emergency situations and how to safely assist residents/patients/guests and avoid any harm to self and others.
- Regular exercises and drills help develop a routine and minimize confusion and mayhem during an actual emergency.
- Plans and exercises are reviewed and improved on a regular basis, at least yearly or as needed.

Tab 4: Cleaning and Disinfecting Basics

Check Points

Check Point	Yes	No	In Progress
Your facility has a written Cleaning Policy which includes cleaning and disinfecting basics for area of use, precautions, contact time, and PPE. The policy addresses cleaning, disinfecting and environmental cleaning techniques, frequency, training, auditing, and compliance with local or state requirements.			
Your facility has a list of all cleaning and disinfecting products that require additional preparation such as dilution or mixing, with instructions available to staff at any time.			
Your facility has a list of which products are used for cleaning and which are used for disinfecting.			
Your facility has written instructions posted in the area where cleaning products are prepared prior to use.			
Instructions are clear and easy to follow and in languages the staff are fluent in.			
Your facility offers proper PPE to staff that prepare and use cleaning and disinfecting products.			
Safety Data Sheets and written procedures are always easily accessible to staff.			
All cleaning personnel receive job-specific training and competency validation on safety precautions and preparations of cleaning products at time of hire and at least once a year thereafter.			
Your facility routinely observes, documents, and gives feedback to personnel that prepare and use cleaning and disinfecting products.			
Your facility provides EPA-registered cleaning and disinfecting products that are effective against pathogens that may present in the facility.			
Your facility has sufficient cleaning and disinfecting products, cleaning equipment and PPE stored and readily available in case of an unexpected outbreak.			

Resources

- [List of all EPA registered disinfectants in the United States](#)
- [Interactive Tool for COVID-19 products from EPA](#)
- [EPA site to enter product number for detailed information](#)

Cleaning and Disinfecting Basics

Cleaning vs Disinfecting vs Sanitizing

- **Cleaning** removes dirt, dust, crumbs, and germs by using soap and water to physically clean off surfaces/objects. This may not destroy but reduce the amounts of germs that could spread infection.

- **Disinfecting** uses chemicals (disinfectants) to kill germs. The disinfectant must remain for a certain time on surfaces/object to kill germs, but it does not necessarily clean dirty surfaces or remove germs.
- **Sanitizing** is either cleaning, disinfecting, or both to lower the number of germs to a safe level.

Know your Germs - FAQ

- **How long can germs live on surfaces/objects?** It depends on the germ. Influenza virus can survive on surfaces and still infect a person for up to 2-8 hours, norovirus 8 hours to 2 weeks, staphylococcus aureus (includes MRSA) from 7 days to 7 months!
- **What kills germs that live on surfaces/objects?** Commercial disinfectants effectively destroy germs if used in proper concentration and for a sufficient length of time. Alternatively, if commercial disinfectants are not available, surfaces/objects can be disinfected with a chlorine bleach solution made by adding 1 tablespoon of bleach to a quart of water, applying with a cloth, and let stand for 3 – 5 minutes before rinsing off with clean water (larger dose: add 1/3 cup bleach to 1 gallon of water.) Renew daily!
- **Are all disinfectants destroying the same germs?** No, you need to check the label to see which germs a chemical may not kill. Some pathogens are easy to eliminate (viruses like influenza and bacteria like E Coli.) Others are much more resistant (viruses like Norovirus and bacteria like C. Diff). The Environmental Protection Agency (EPA) offers information on all regulated disinfectants in the United States; for **COVID-19 disinfectants**, EPA developed an interactive tool that assists in choosing appropriate chemicals.
- **How can I look up what product kills specific germs?** All EPA-registered products have an EPA registration number. To find which germs a certain disinfectant eliminates, the number on the product label can be entered to receive detailed information about the product (see Tab 3).
- **What should I know about the products used in my facility?**
 - **Dilution** - How many parts water to how many parts product? If the concentration is too diluted the product may be ineffective.
 - **Storage** - Is the product light, heat or cold sensitive?
 - **Shelf-life** - Does the product need to be discarded after a certain amount of time due to evaporation, or are there other forms of deterioration that negatively interfere with the effectiveness of the product?
 - **Application** - Does the product require additional equipment or steps for application, can it be applied directly to the surface, or onto the cleaning device (rag, mop, etc.)?
 - **Contact time** - How long must the product remain on the surface to be effective? In dry climates, it may require more than one application to keep the surface wet for the time required.

Tab 5: Environmental Cleaning/Disinfecting

Check Points

Check Point	Yes	No	In Progress
Your facility has written Cleaning Policies and Procedures covering routine cleaning and disinfecting of areas in use, including precautions, contact time, and PPE. The policy addresses environmental cleaning/disinfecting techniques, frequency, training, auditing, and compliance with local or state requirements.			
If your facility houses ill persons, the facility has isolation and contact precaution policies and procedures and a terminal cleaning plan upon departure/discharge.			
Your facility has a list of all areas to be cleaned (especially high touch surfaces) with instructions of cleaning technique, product use and frequency.			
Instructions are clear and easy to follow and in the language in which the staff is fluent.			
Personnel and/or occupants are designated to specific cleaning tasks.			
Personnel and/or occupants have checklists to ensure completion of cleaning tasks.			
Your facility offers sufficient supplies of proper PPE and cleaning tools.			
All cleaning personnel receive job-specific training and competency validation on environmental cleaning/disinfecting at least once a year and at time of hire.			
Your facility routinely (at least yearly) observes, documents, and gives feedback to personnel.			

Resources

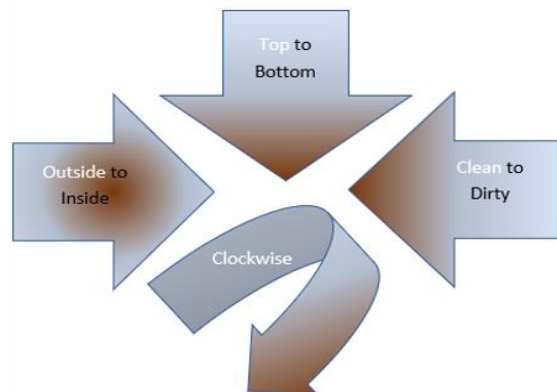
- [Template for Environmental Cleaning/Disinfecting Policies and Procedures](#)
- [Environmental Cleaning Procedures for General Patient Areas](#)
- [Terminal Cleaning Checklist](#)
- [Six Steps for Safe and Effective Disinfectant Use](#)
- [Housekeeping Basics](#)

Environmental Cleaning/Disinfecting

General tips for successful environmental cleaning/disinfecting

- Review and update your current Environmental Cleaning/Disinfecting Policies and Procedures if applicable and eliminate possible gaps (see Tab 5: Environmental Cleaning/Disinfecting – Resources for current template).
- Use appropriate EPA-registered hospital-grade products (see Tab 4: Cleaning and Disinfecting Basics) and dedicate at least two staff members to restock, reorder and control usage to avoid shortages and waste.
- Clearly define your environmental cleaning expectations to staff:

- Dedicate staff, identify who cleans what, when, and how often:
 - Focus on high touch surfaces (doorknobs, bed rails, handrails, bedside table).
 - Define handling and cleaning of reusable and shared equipment.
 - Establish checklists to offer staff accountability.
 - Avoid vague terms like daily/twice a day; be specific (“between 8:00 and 9:00 am”).
 - Specify cleaning tools and products used on what surfaces. This avoids surface damage, prevents dangerous mixing of chemicals and assists in organizing cleaning carts.
 - Prepare and check all cleaning accessories daily. Allow the frequent exchange of cleaning cloths and new microfiber mop pads after cleaning each room.
- Explain recommended cleaning patterns to avoid cross contamination:
 - Work from highest point to lowest point in room
 - Work from outside wall to the center of the room
 - Work from cleanest to the dirtiest surface in room
 - Work clockwise.



- ***Distinguish between daily cleaning and terminal cleaning*** and establish separate policies and procedure for isolation, contact precautions, and terminal cleaning if applicable.
- Offer hands-on training to all new staff upon hire and on a yearly basis:
 - Train staff by demonstrating directly in the area they are expected to work.
 - Observe (consider covert observations) and give feedback, not only during training but throughout the year. This eliminates bad habits early on and prevents infection.
 - Adult learners often benefit from visual learning tools such as maps and flow charts.

Tab 6: Pathogens and Exposure Control Plan

Check Points

Check Point	Yes	No	In Progress
The facility has an exposure control plan which addresses potential pathogens and hazards, the services provided, and population served.			
The plan lists facility-specific methods to control pathogens (sharps container, biohazard collection and disposal, cleaning supplies, PPE) and other methods of prevention (standard and transmission-based precautions).			
Plan includes a list of the jobs in which employees may become exposed and gives guidance in case of exposure (including reporting, evaluating, counseling, and follow up).			
All personnel receive training and competency validation on bloodborne and airborne pathogen exposure management at time of hire and at a minimum every year thereafter.			
Facility regularly observes, corrects, and provides feedback to all employees.			
Facility encourages all staff and residents/patients/guests to get vaccinated according to CDC recommendations or as required by the facility.			
The exposure control plan is reviewed and updated as needed, at least once a year.			

Resources

- [Model template including guidance for creating an exposure control plan meeting OSHA requirement for bloodborne pathogens](#)
- [Tips for improving your Exposure Control Plan](#)
- [Information on how to develop an Exposure Control Plan by NIOSH](#)
 - [Droplet Precaution Poster](#)
 - [Airborne Precaution Poster](#)
 - [Contact Precaution Poster](#)

Pathogens and Exposure Control Plan

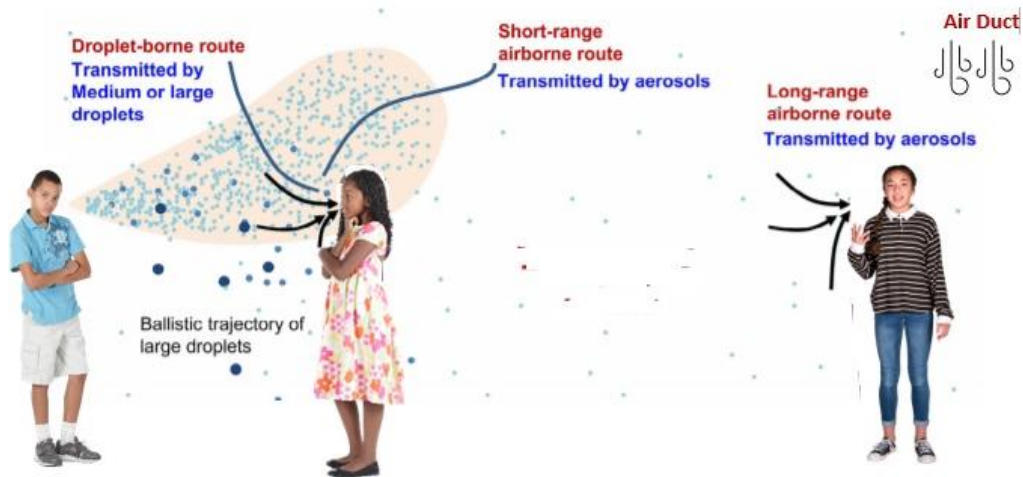
Pathogens (infectious agents) are organisms that can cause disease. There are five main types:

- **Bacteria:** Microscopic, reproduce rapidly, release toxins that may or may not cause disease after entering the body. Antibiotics are used to treat bacterial infections, but bacteria are becoming resistant. Not all are pathogenic, many are harmless or supportive in essential bodily functions. Some common bacterial diseases are tuberculosis (TB), meningitis, gonorrhea, typhoid fever, and chlamydia.
- **Viruses:** smaller than bacteria, they invade a host cell and replicate rapidly to infect more cells. They may pass from person to person via respiratory droplets or through contact with blood or other bodily fluids of an infected person (bloodborne transmission). Some common viral diseases are influenza, norovirus, measles, mumps, HIV, Sars-CoV-2, and common cold coronavirus.

- **Fungi:** Can live in many areas of the body and may pass from person to person. Some cause diseases like athlete's foot and ringworm, but others may lead to asthma, pneumonia, meningitis, and bloodstream infections.
- **Parasitic worms (helminths):** Can be seen with the naked eye. Thorny-head worms and flatworms (such as tapeworms) reside in the intestines while roundworms survive in the GI tract and the lymphatic system. Helminths can cause diseases such as lymphatic filariasis, onchocerciasis, or schistosomiasis.

Direct Contact Transmission:

- **Bloodborne:** Contact with infected body fluids through damaged skin or mucous membranes (eyes, nose, mouth), puncturing the skin with infected needles/lancets, or sexual contact with infected person.
- **Droplet:** Pathogens that are often visible (sneezes). When droplets from an infected person make direct contact with eyes, mouth, or nose, they can transmit the disease to another person close by.



Indirect Contact Transmission:

- **Airborne:** Spread of very small pathogens through normal breathing, speaking, singing, sneezing, or coughing that are inhaled or breathed in by another person in close contact, or through forced airflow such as air ducts.
- **Fomite:** Surfaces and objects contaminated with pathogens from an infected individual can transmit these pathogens when touched by another person and transferred into mouth, eyes, or nose.
- **Other:** Water, food, and other environmental reservoirs may contain pathogens that can cause disease.

Tab 7: Precautions and Personal Protective Equipment (PPE)

Check Points

Check Point	Yes	No	In Progress
The facility has policies and procedures in place which address standard and transmission-based precautions, including selection of PPE for different clinical conditions/pathogens.			
All staff receive standard and transmission-based training at the time of hire and at least yearly thereafter. Appropriate personnel receive job-specific training and competency validation on proper use of PPE at time of hire and at least yearly thereafter.			
Facility routinely audits adherence to PPE use; checks areas of donning, doffing and disposal; documents feedback to employees on PPE use and reviews policies and procedures at least yearly and as needed.			
The facility has taken preparations to store PPE properly. Supplies are readily available in case of an outbreak or an increase in usage.			
There are at least 2 staff members assigned to monitor use, regulate demand, and avoid waste of PPE (see resources: burn rate calculator)			
The facility has PPE available for visitors if applicable.			

Resources

- [FDA overview of personal protective equipment for infection control; includes links for types, use and what to know about masks, gloves, and gowns](#)
- [CDC resources for standard precautions](#)
- [CDC resources for transmission-based precautions](#)
- [CDC infection control guidelines and guidance library](#)
- [CDC PPE Burn Rate Calculator](#)

Precautions and Personal Protective Equipment (PPE)

Types of Precautions:

- **Universal:** All blood and bodily fluids are considered potentially infectious. Wear gloves and face shields, prevent exposure to sharps, dispose properly all contaminated objects and focus on hand washing.
- **Standard:** Consider airborne and bloodborne transmission risk with everyone; wash hands before and after contact with or without gloves; wear gloves while in contact with bodily fluids and contaminated items; wear gown, mask, eye protection/face shield for potential splashes or sprays.

- **Transmission-Based:** If the pathogen is known, disease-specific precautions for *airborne, contact, or droplets* must be taken in addition to standard precautions (see below).

Precautions and Personal Protective Equipment:

Type of Precaution	Pathogen Examples	Gloves	Gown	Mask Type	Eye Protection	PPE Reuse
Universal	HIV, Hepatitis B	Bodily fluids	Body fluids or splashes	Surgical only if potential splashes or sprays	If potential splashes or sprays	Single use
Standard	Any or none	Bodily fluids	Body fluids or splashes	Surgical only if potential splashes or sprays	If potential splashes or sprays	Single use
Contact Transmission-Based	MRSA, C. difficile, norovirus	Always	Always	Surgical if pathogens are in sputum	If potential splashes or sprays	Single use
Droplet Transmission-Based	Norovirus, pertussis, meningococcus	If potential contact with body fluids	If potential contact with body fluids	Surgical	Face shield or goggles	Single use
Airborne Transmission-Based	Pulmonary TB, rubeola, COVID-19	If potential contact with body fluids	If potential contact with body fluids	N95	If potential splashes or sprays	Single use

Donning and Doffing PPE:



ON

- Hand Hygiene
- Gown
- Mask
- Eye Protection
- Gloves



OFF

- Gloves
- Hand Hygiene
- Gown
- Hand Hygiene
- Eye Protection
- Hand Hygiene
- Mask
- Hand Hygiene

Tab 8: Hygiene Basics

Check Points

Check Point	Yes	No	In Progress
The facility has hygiene policies and procedures that address the facility-specific hygiene requirements.			
The facility provides resources and strategically placed hygiene stations for staff, visitors, and residents/patients/guests to perform proper hand hygiene.			
Hygiene stations are located away from heating elements or other possible hazards.			
Signs throughout the facility educate staff, visitors, and residents/patients/guests on how to properly perform hand hygiene and respiratory hygiene/cough etiquette.			
All personnel receive training and competency validation on hygiene at time of hire and at least once every year thereafter.			
Leadership staff regularly observe staff hygiene performance, correct, provide feedback, review and update hygiene policies as recommended by CDC.			

Resources

- [Hand Hygiene Policy and Procedure Template](#)
- [Respiratory Hygiene/Cough Etiquette educational slides](#)
- [CDC Handwashing Training Material](#)
- [CDC Health Promotion Materials](#)
- [WHO guide to produce ABHR due to limited supply of commercially available products](#)
- [ABHR fact Poster for Healthcare Providers](#)

Hygiene Basics

Types of Hygiene

- **Hand Hygiene – Soap and Water:** Hand hygiene is one of the most important and basic concepts in infection prevention, but it lacks compliance in many settings. According to the CDC, proper hand hygiene reduces diarrheal illnesses by 23-40% in healthy people, and up to 58% in immunocompromised individuals. Worldwide, about 1.8 million children under the age of 5 die from diarrhea and pneumonia yearly; proper handwashing could reduce this by one third.
 - **Wet** – use running water and apply soap to remove pathogens from the skin.
 - **Lather** – rub the whole hand, including inside, on top hands, between fingers and under nails.
 - **Scrub** – scrub at least for 20 seconds; the longer one scrubs, the more pathogens will be removed.
 - **Rinse** – rinse under running water; this removes pathogens and reduces skin irritation caused by the soap.
 - **Dry** – dry hands thoroughly; wet hands pick up new pathogens easier than dry ones.

- **Hand Hygiene – Alcohol Based:** Alcohol-based hand rub (ABHR) effectively reduces pathogens, particularly for busy staff who interact just briefly with occupants/visitors/staff.
 - To be effective the ABHR should contain at least 60% of alcohol.
 - Unless hands are visibly soiled, ABHR is the preferred method of hand hygiene in most congregate and non-emergent medical settings.
 - ABHR is more effective and less irritating over longtime use.
 - To be most effective, enough ABHR should be applied so hands stay moist and can be rubbed for about 20 seconds before dry.
 - Some pathogens, like *C. difficile* are resistant to ABHR, so gloves still must be worn.
 - ABHR should be applied each time before and immediately after gloves are worn.

- **Respiratory Hygiene/ Cough Etiquette:** This form of hygiene is one of the best ways to prevent transmission of respiratory infections; it is an important component in Standard Precautions (see [Tab 7](#)).
 - Cover mouth and nose with a tissue when coughing or sneezing.
 - Dispose immediately after use.
 - Perform hand hygiene.
 - If no tissue is available, cough or sneeze into the elbow or upper sleeve.
 - A person with respiratory symptoms should wear a mask and keep physical distance to protect others and reduce potential transmission.

Endorsing Hygiene at Your Facility

- Establish hygiene policies and procedures that address hygiene requirements for staff, visitors, and residents/patients/guests. Offer visual alerts, non-touch trash bins, tissues, and ABHR stations throughout the facility.
- Consistently provide soap and disposable hand towels by all handwashing sinks.
- Assign at least two staff members to restock and report/order additional supplies needed.
- Train all personnel on hygiene at time of hire and at least once a year thereafter. Audit, review and give feedback on a regular basis. Review policy yearly and update when necessary.

Tab 9: Screening, Intake, Quarantine, and Isolation

Check Points

Check Point	Yes	No	In Progress
The facility has policies and procedures that address screening (and testing if mandated) for staff, contractors, patients/occupants, and visitors. These policies address screening tools, questions asked, how to manage persons detected with symptoms, and who oversees, documents and reports results.			
Screening and testing are performed as required by state and local authorities.			
The facility has new patient/occupant policies and procedures that address admission protocol, identify potentially infectious conditions, discuss what to do with persons who may have potentially infectious conditions, and clearly communicates these policies to staff and new occupants.			
If applicable, the facility has policies and procedures that address quarantine, isolation, infection prevention, and surveillance. The facility offers regular training to all staff at the time of hire and at least annually thereafter.			
The facility can quickly respond in the event an infectious person needs isolation or an exposed individual must quarantine and has set up a dedicated vacant area for these actions to avoid further spread.			

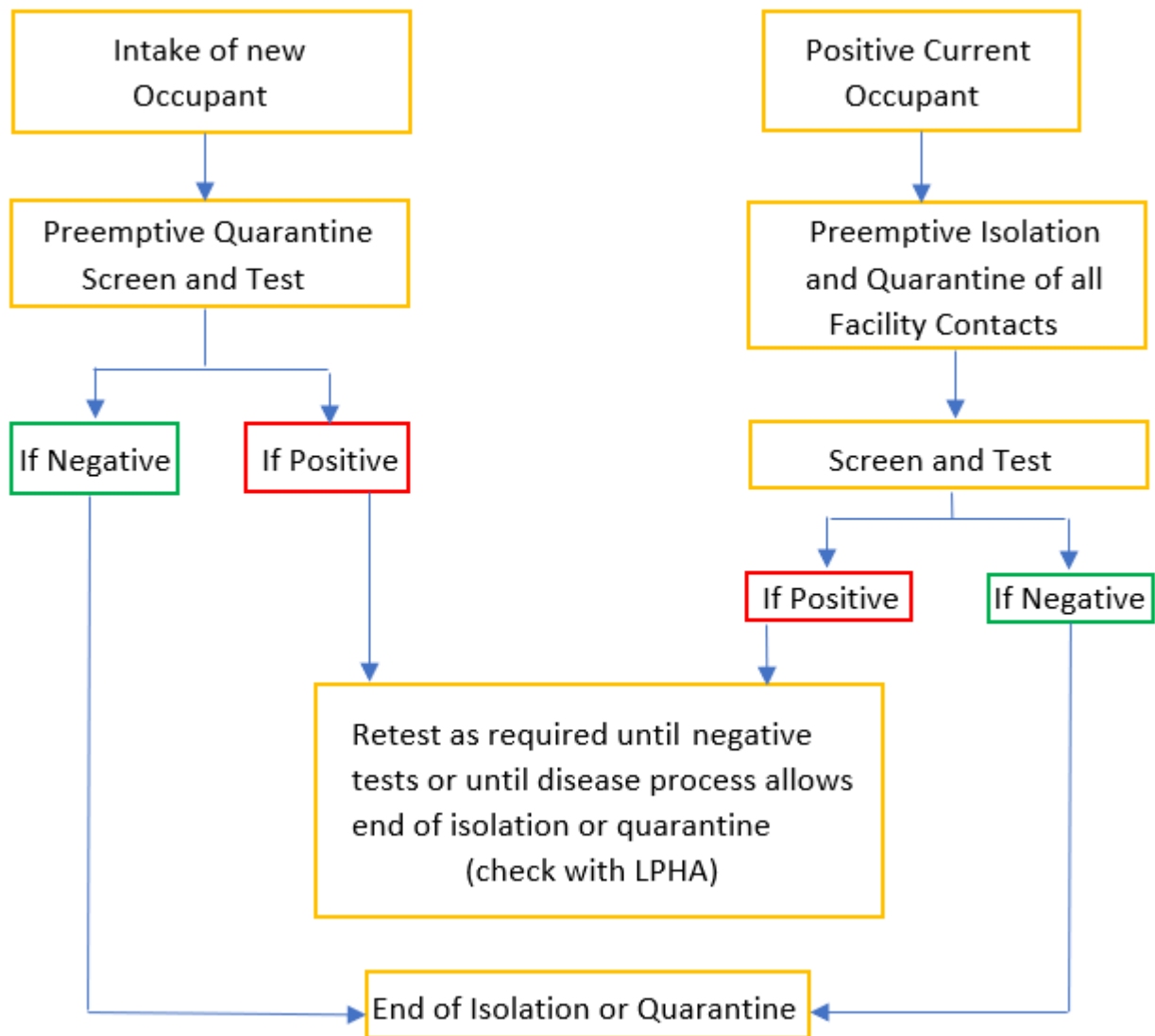
Resources

[2007 Guidelines for Isolation Precautions, last updated 2019](#)

Screening, Intake, Quarantine, and Isolation

- **Isolation** separates sick people with a contagious disease from people who are not sick. Isolation is intended for people who are sick or have confirmed test results. Isolation may be mandatory.
- **Quarantine** separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. Quarantine is intended for people who are not sick and do not have symptoms or confirmed test results. Quarantine is a preventive measure to prevent the spread of disease within a facility and may be mandatory.
- **Screening** of people for signs or symptoms of illness has become standard since the onset of COVID-19. However, other contagious diseases and conditions can impact a facility just as severely. All new admitted patients/occupants and staff should be screened and assessed during the intake process or time of hire.
- **Intake** (or admission) of new patients/occupants introduces potential health threats to the existing population. Thorough review of medical history, current health conditions and preemptive measures such as quarantine are the best strategy to avoid an outbreak. Requesting proof of current vaccinations, negative test results, and other lab results help reduce the spread of contagious diseases in the facility.

Unspecified Disease Flow Chart for Screening, Intake, Isolation and Quarantine (Non-COVID-19)



Tab 10: Reportable Communicable Diseases and Outbreaks

Check Points

Check Point	Yes	No	In Progress
The facility has policies and procedures in place which address the process of reporting communicable diseases to the Local Public Health Agency (LPHA).			
The facility has resources for all communicable reportable diseases required by the State.			
The facility has a written outbreaks response protocol			
The facility has at least two dedicated staff members who oversee, coordinate, and report any communicable reportable diseases and outbreaks to LPHA.			
The facility provides training to all staff on signs and symptoms of common communicable diseases most often recognized in this type of setting, how and when reporting is required, and what immediate measures must be taken, including isolation, quarantine, and PPE usage.			
The facility has policies and procedures concerning contact of staff with occupants when either staff or occupants have potentially transmissible conditions.			
The facility has policies and procedures that address work-exclusion for staff. These policies encourage reporting of illnesses, avoid penalizing sick employees with loss of wages, benefits, or job status, and educate staff on prompt reporting of illness to supervisor.			
The facility conducts training at time of hire and yearly thereafter and/or as needed.			

Resources

- [CDPHE communicable diseases](#)
- [Diseases and conditions requiring reporting in Colorado](#)
- [Code of Colorado Regulations](#)
- [Colorado communicable disease prevention, investigation, and control](#)
- [Public Health Reporting and HIPAA in Colorado](#)
- [Colorado Public Health and HIPAA status](#)
- [Outbreaks Response Protocol Template](#)

Reportable Communicable Diseases and Outbreaks

Communicable Reportable Disease

Many conditions emerging in congregate and non-emergent healthcare settings are subject to reporting to state and/or local public health. To avoid spread and conditions that may cause a threat to the safety of the public, prompt reporting is crucial to allow timely investigation and interventions.

Reportable conditions can be transmitted from other humans, through exposure to animals, or by exposure to the environment. Other than COVID-19, Colorado currently has over 80 communicable reportable conditions (Tab 10: Communicable Reportable Diseases and Outbreaks - Resources).

Good to Know about Communicable Disease Reporting

- **When should my facility call the LPHA?** If you suspect or have proof (test result) that a person has a communicable disease or presents unusual signs and symptoms, do not delay contacting your LPHA. Subject matter experts can help you with further steps. Depending on the pathogen, even one suspected case may be reportable.
- **How should I contact the LPHA?** You should call your LPHA immediately. Some diseases require written reports, and your LPHA can guide you or possibly complete the reports for/with you. It is best to have detailed information ready, including symptoms and symptoms onset, personal data of the suspected case, and names and contact information of persons involved with the case.
- **Is reporting personal data to the LPHA a HIPAA violation?** Reporting communicable diseases to your LPHA is not affected by HIPAA and is required under statutory public health reporting requirements. All personal data is kept confidential.
- **What happens to the data that is provided to the LPHA?** The LPHA reports all information of a reportable communicable disease to the State public health agency through a secure health portal. In case of an outbreak (defined as more cases than would be expected), the LPHA will conduct an outbreak investigation and report findings to the State. In some cases, depending on the type of communicable disease, reporting may be done through the CDC's National Outbreak Reporting System (NORS). The data then will be reviewed, summarized, and published to provide needed information to the CDC, health departments, and policy makers for prevention of future outbreaks.
- **Why should communicable diseases be tracked?**
 - To identify outbreaks and epidemics. If an unusual number of cases occur, LPHA/State must investigate to control the spread of the disease.
 - To enable preventive treatment and/or provide education.
 - To help target prevention programs, identify care needs, and use scarce prevention resources efficiently.
 - To evaluate the success of long-term control efforts.
 - To facilitate epidemiologic research to uncover a preventable cause.
 - To assist with national and international disease surveillance efforts.
- **Do I have a legal obligation to contact the LPHA?** Yes. All communicable diseases must be reported according to State statutes CRS 25-1-122, and CRS 25-1.5-102.

Tab 11: Healthcare-Associated Infections (HAIs)

Check Points

Check Point	Yes	No	In Progress
NOT APPLICABLE FOR THIS FACILITY Please write n/a in the "No" column for the check points below.			
The facility has written policies and procedures that address antibiotic stewardship.			
The facility has dedicated staff who oversee antibiotic stewardship activities.			
The facility has access to a pharmacist or provider with antibiotic prescribing expertise, and who reviews and provides feedback on summarized antibiotic use from pharmacy data every 6 months.			
The facility has policies and procedures addressing screening for HAIs in new patients/occupants.			
The facility has written policies and procedures to address common infections including respiratory tract, influenza, urinary tract, gastrointestinal tract, skin, and soft tissue.			
The facility has written policies and procedures that address injection safety, and point of care testing (INR, blood glucose meter).			
The facility conducts regular audits of infection prevention activities of all staff, documents, findings, and gives feedback on performance.			
Facility reviews above policies and procedures on a yearly basis and when new equipment or protocols are introduced.			

Resources

- [CDC Healthcare-associated infections overview](#)
- [Core elements of antibiotic stewardship](#)
- [APIC infection prevention guidelines for LTCF](#)
- [CDC clinical guidance on evaluating and managing infections in LTCFs](#)
- [Inter-facility infection control transfer form CDC](#)

Healthcare-Associated Infections (HAIs)

According to the CDC, healthcare-associated infections (HAIs) create between \$28-33 billion in excess cost yearly, and result in a mortality of more than 10%, or 75,000 deaths every year.

Nosocomial Infections for Facilities that Offer Healthcare to Their Clients/Residents

Persons in small congregate living settings such as assisted living facilities (ALFs) and many patients in non-emergent medical facilities are often elderly or immunocompromised and are commonly susceptible to nosocomial infections:

- Urinary tract infections
- Respiratory infections: pneumonia, influenza, and tuberculosis
- Skin and soft-tissue infections: pressure ulcers and cellulitis

- Skin infestations: scabies and pediculosis
- Viral or bacterial gastroenteritis: rotavirus, norovirus, enterovirus, C-diff, E-coli, Salmonella, Campylobacter, etc.
- Parasites: Giardia and cryptosporidium
- Antibiotic-resistant bacteria: Methicillin-resistant Staphylococcus aureus (MRSA), vancomycin-resistant enterococci (VRE), etc.

Taking Precautions to Avoid HAIs

Most HAIs are infrequent. However, infection and transmission leading to an outbreak may still occur suddenly. To avoid the spread of HAIs the following measures should be taken:

- Have good surveillance, including systematic collection and review of HAIs
- Use inter-facility patient transfer forms with focus on infection control for new admissions
- Offer single room occupancy for most occupants
- Establish dedicated isolation quarters
- Provide single patient dedicated point of care testing devices like glucometers
- Provide proper PPE for all staff
- Encourage and support disease preventing vaccinations for all staff and occupants
- Promptly recognize potential infections or outbreaks, this will reduce the impact the incident has on the entire facility.
- Report any reportable HAIs to LPHA or appropriate authorities in a timely manner.

Tab 12: COVID-19 Basics

Check Points

Check Point	Yes	No	In Progress
The facility has policies and procedures addressing IPC for COVID-19 to avoid spreading of the virus among staff and occupants.			
The facility has an updated COVID-19 prevention and response plan and follows the latest State recommendations pertaining to the facility type.			
The facility has a current isolation plan that allows prompt isolation of patients/occupants.			
The facility has dedicated staff that train all employees in infection prevention which includes COVID-19 modes of transmission, precautions, donning and doffing proper PPE, environmental cleaning, and hand hygiene.			
The facility has dedicated staff that regularly inform occupants about any changes in guidance and protocol, and who act as a liaison to LPHA.			
The facility provides recommended supplies for hand hygiene, PPE, and cleaning supplies to all patients/occupants and staff.			
The facility has reasonable amounts of extra supplies stored that are immediately accessible in case of a COVID-19 outbreak.			
The facility has all staff fit tested for N95 masks and has enough of these masks stored so that they may be discarded after use as recommended.			
The facility offers staff paid sick leave under the Families First Coronavirus Response Act (see resources) to avoid any spread among staff or from staff to occupants.			
The facility requires or encourages and supports occupants and staff to get the COVID-19 vaccine.			

Resources

- [Infection Prevention and Control Manual Interim Policy for Suspected or Confirmed Coronavirus \(COVID-19\)](#)
- [CDPHE Residential Care Facility comprehensive mitigation guidance](#)
- [U.S. Department of Labor, Wage and Hour Division – Families First Coronavirus Response Act: Employee Paid Leave Rights](#)
- [CDPHE public health guidance & resources for COVID-19](#)
- [CDC reduced quarantine time](#)

COVID-19 Basics

Infection, Transmission, Symptoms

- Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is the virus that causes the respiratory disease known as COVID-19.

- This virus spreads either directly from person to person via respiratory droplets (coughs and sneezes) within 6 feet, indirect contact with contaminated surfaces (may remain viable up to three days), or through the air (aerosolization) in poorly ventilated spaces and connected air ducts (one room to the other).
- The incubation period ranges from 2-14 days. While onset and duration of viral shedding and the period of infectiousness are not yet known with certainty, they are estimated to be between 10 and 20 days, depending on the severity of the disease and the immunocompromised status of the affected person.
- SARS-CoV-2 can be detectable in the upper or lower respiratory tract for weeks after illness, therefore retesting after an infection should be avoided for 90 days after symptom onset.
- Symptoms of COVID-19 include fever, chills, cough, shortness of breath/difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, diarrhea, nausea, or vomiting.
- People who are infectious may or may not present with symptoms. Therefore, regular testing is an important tool of COVID-19 prevention, particularly in congregate settings.

Preventive Strategies

- Wear a mask covering nose and mouth, wash hands after removing mask and avoid touching eyes, nose and mouth if working with occupants or patients.
- Get fully vaccinated for COVID-19, receive additional doses as recommended and if eligible, and regularly test everyone in the facility regardless of vaccination status.
- Clean hands often, use hand sanitizer that contains at least 60% alcohol and rub for 20 seconds.
- Clean and disinfect frequently touched objects and surfaces at least daily and more often in high traffic and common areas.
- Screen employees for signs of symptoms before each shift and test them immediately if symptomatic, regardless of vaccination status.
- Screen occupants daily and test immediately if symptomatic regardless of vaccination status.
- Wear proper PPE including fit-tested N95, face shield/goggles, gloves and gown if working with infected persons regardless of vaccination status.
- Provide signage to educate visitors and deny entry to anyone presenting with COVID-19-like symptoms.

Isolation and Quarantine

- Be sure to follow current CDC or CDPHE guidelines for isolation and quarantine.

Outbreak

- If a facility encounters more than a single case from either staff or occupant, call your LPHA and follow current facility-specific exposure or outbreak guidance provided by CDPHE/LPHA.