**Section 390.760 Infection Control**

a) A facility shall have an infection prevention and control program for the surveillance, investigation, prevention, and control of healthcare-associated infections and other infectious diseases. The infection prevention and control program shall also include an antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use.

b) Written policies and procedures for surveillance, investigation, prevention, and control of infectious agents and healthcare-associated infections in the facility shall be established and followed, including the appropriate use of personal protective equipment as provided in the Centers for Disease Control and Prevention's Guideline of Isolation Precautions, Hospital Respiratory Protection Program Toolkit, and the Occupational Safety and Health Administration's Respiratory Protection Guidance. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code and Control of Sexually Transmissible Infections Code.

1) All staff shall be trained annually on the facility’s infection control policies and procedures, and training records shall be maintained for 3 years. For the purposes of this Section, "staff" means any individual employed by the facility, any individual contracted by the facility or employed by an entity that is contracted by the facility to provide treatment and services, and any volunteer providing services on behalf of the facility.

2) Students enrolled in accredited health care training programs who are providing direct care during internships or clinical rotations must have previouslycompleted infection prevention and control training as part of their curriculum prior to entering a facility for the first time. The facility shall maintain a record of all interns and students who have completed infection and prevention control training and provide a copy of this record upon request by the Department.

3) Activities shall be monitored on an ongoing basis by the infection preventionist to ensure adherence to all infection prevention and control policies and procedures.

4) Infection prevention and control policies and procedures shall be maintained in the facility and made available upon request to facility staff, the resident and the resident's family or resident's representative, the Department, the certified local health department, and the public.

c) A group, e.g., an infection prevention and control committee, quality assurance committee, or other facility entity, shall periodically, but no less than annually, review the measures and outcomes of investigations and activities to prevent and control infections, documented by written, signed, and dated minutes of the meeting.

d) Each facility shall adhere to the following guidelines and toolkits of the Centers for Disease Control and Prevention, United States Public Health Services, Department of Health and Human Services, Agency for Healthcare Research and Quality, and Occupational Safety and Health Administration (see Section 390.340):

1) Guideline for Prevention of Catheter-Associated Urinary Tract Infections

2) Guideline for Hand Hygiene in Health Care Settings

3) Guidelines for the Prevention of Intravascular Catheter-Related Infections

4) Guideline for Prevention of Surgical Site Infection

5) Guideline for Preventing Healthcare-Associated Pneumonia

6) 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings

7) Infection Control in Healthcare Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services

8) The Core Elements of Antibiotic Stewardship for Nursing Homes

9) The Core Elements of Antibiotic Stewardship for Nursing Homes, Appendix A: Policy and Practice Actions to Improve Antibiotic Use

10) Nursing Home Antimicrobial Stewardship Guide

11) Toolkit 3. Minimum Criteria for Common Infections Toolkit

12) TB Infection Control in Health Care Settings

13) Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes

14) Implementation of Personal Protective Equipment (PPE) in Nursing Homes to Prevent Spread of Novel or Targeted Multidrug-resistant Organisms (MDROs)

15) Hospital Respiratory Protection Program Toolkit: Resources for Respirator Program Administrators

16) Respiratory Protection Guidance for the Employers of Those Working in Nursing Homes, Assisted Living, and Other Long-Term Care Facilities During the COVID-19 Pandemic

17) Guidelines for Environmental Infection Control in Health-Care Facilities

e) Testing

The facility shall have a testing plan and response strategy in place to address infectious disease outbreaks. Pursuant to the plan and response strategy, the facility shall test residents and facility staff for infectious diseases listed in Section 690.100 of the Control of Communicable Diseases Code in a manner that is consistent with current guidelines and standards of practice. Each facility shall conduct testing of residents and staff for the control or detection of infectious diseases when:

1) The facility is experiencing an outbreak; or

2) Directed by the Department or the certified local health department where the chance of transmission is high, including, but not limited to, regional outbreaks, epidemics, or pandemics. For the purposes of this Section, "outbreak" has the same meaning as defined in the Control of Communicable Diseases Code.

3) Documentation

A) For residents, document in each resident's record any time a test was completed, including the result of the test, or whether testing was refused or contraindicated.

B) For staff members, document in each staff member's confidential medical file (as distinct from their personnel file) any time a test was completed, including the result of the test, or whether testing was refused or contraindicated.

C) For students, student interns, and volunteers, document in each individual's confidential medical file any time a test was completed, including the result of the test or whether testing was refused or contraindicated (in the event that no confidential medical file is maintained, the program for students, student interns, and volunteers shall include a process for documenting these results).

4) Upon confirmation that a resident, staff member, volunteer, student, or student intern tests positive with an infectious disease, or displays symptoms consistent with an infectious disease, each facility shall take immediate steps to prevent the transmission by implementing practices that include but are not limited to cohorting, isolation and quarantine, environmental cleaning and disinfecting, hand hygiene, and use of appropriate personal protective equipment.

5) Each facility shall have written procedures for addressing residents, staff members, volunteers, students, and student interns who refuse testing or are unable to be tested.

f) Each facility shall make arrangements with a testing laboratory to process any specimens collected under subsection (e) and ensure that complete information is submitted with each specimen, including name, address, date of birth, sex, race, ethnicity, email address, telephone number, and attending physician (if applicable).

g) For testing done under subsection (e), each facility shall report to the Department, on a form and manner as prescribed by the Department, the number of residents, staff members, volunteers, students, and student interns tested, and the number of positive, negative and indeterminate cases.

h) Certified facilities shall comply with 42 CFR 483.80(h).

i) Facilities shall not restrict visitation without a reasonable clinical or safety cause and shall facilitate in-person visitation whenever feasible, in accordance with Department and CDC guidance for infection prevention.

(Source: Amended at 46 Ill. Reg. 8192, effective May 6, 2022)