STATE OF FLORIDA
DEPARTMENT OF
CHILDREN AND FAMILIES
TALLAHASSEE, May 13, 2021

CF OPERATING PROCEDURE
NO. 155-24

Mental Health/Substance Abuse

GUIDELINES FOR INFECTION PREVENTION AND CONTROL PROGRAM IN STATE MENTAL HEALTH TREATMENT FACILITIES

1. Purpose. This operating procedure establishes guidelines for a formalized Infection Prevention and Control Program for all state mental health treatment facilities to reduce the risks of endemic and epidemic healthcare associated infections for residents, health care workers, and visitors. The program will have a coordinated process based on evidence-based epidemiological principles and research. The process may vary from facility to facility depending on:

a. Geographic location;

b. Resident volume;

c. Resident population served;

d. Clinical focus; and,

e. Number of employees.

2. Scope. This operating procedure is applicable to the staff, residents, and visitors of state civil and forensic mental health treatment facilities, whether operated by the Department of Children and Families or private entities, including the Sexually Violent Predator Program.

3. References.

a. Hospital Accreditation Standards: The Joint Commission; and The Commission on Accreditation of Rehabilitation Facilities.

b. Chapter 381, Florida Statutes (F.S.), Public Health: General Provisions, sections 381.003, Communicable disease and AIDS prevention and control; 381.0031, Report of diseases of public health significance to department; and 381.0098, Biomedical waste.

c. Chapter 395, F.S., Hospital Licensing and Regulation, s. 395.1025, Infectious diseases; notification.

d. Division 59A, Florida Administrative Code (F.A.C.), Agency for Health Care Administration: Chapter 59A-3, Surveillance, Prevention, and Control of Infection: sections 59A-3.250, Surveillance, Prevention, and Control of Infection; and 59A-3.251, Hospital Reporting of Exposure to Selected Infectious Diseases.

e. Division 64D, F.A.C., Disease Control: Chapter 64D-2, Human Immunodeficiency Virus (HIV); and Chapter 64D-3, Control of Communicable Diseases and Conditions which may significantly affect Public Health.

f. Division 64E, F.A.C., Environmental Health: Chapter 64E-16, F.A.C., Biomedical Waste.

This operating procedure supersedes CFOP 155-24 dated October 9, 2014.
OPR: SMF
DCF Tracker Assignment Number: A21-002291.

g. Title 42: Public Health, Part 482 – Conditions of Participation for Hospitals, Subpart C – Basic Hospital Functions, §482.42, Condition of participation: Infection control.

h. Healthcare Practitioner Reporting Guidelines of Reportable Diseases or Conditions in Florida, Florida Department of Health, October 20, 2016, which may be found at http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/_documents/reportable-diseases-list-practitioners.pdf.

4. Resources.

a. IDSA Guidelines, Clinical Practice Guideline for the Evaluation of Fever and Infection in Older Adult Residents of Long-Term Care Facilities: 2008 Update by the Infectious Diseases Society of America. Clinical practice guideline for the evaluation of fever and infection in older adult residents of long-term care facilities: 2008 update by the Infectious Diseases Society of America - PubMed (nih.gov)

b. Infection control and hospital epidemiology; September 2008, vol. 29, no. 9; SHEA/APIC Guideline: Infection Prevention and Control in the Long-Term Care Facility, July 2008. https://oeps.wv.gov/ic/Documents/hcp?SHEA_IC_LTCF_Guidance.pdf

c. Management of Occupational Blood Exposures to HBV, HCV, or HIV (found at cdc.gov).

d. Updated U.S. Public Health Service guidelines for the management of occupational exposures to HIV and recommendations for postexposure prophylaxis (found at cdc.gov).

e. CDC: Management of Multidrug-Resistant Organisms In Healthcare Settings, 2006.

f. CDC: Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007.

g. CDC, Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008.

h. CDC, Influenza Vaccination of Health-Care Personnel, February 24, 2006.

i. CDC, Guidelines for Preventing Health-Care-Associated Pneumonia, 2003.

j. Guidelines for Environmental Infection Control in Health-Care Facilities, June 6, 2003.

k. Regulatory Framework for Disinfectants and Sterilants, December 19, 2003.

l. Guideline for Hand Hygiene in Health-Care Settings, October 25, 2002.

m. CDC/NHSN Surveillance Definition of Healthcare-Associated Infection and Criteria for Specific Types of Infections in the Acute Care Setting, January 2021.

n. Tuberculosis Screening, Testing, and Treatment of U.S. Healthcare Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019.

o. CDC, Guideline for Prevention of Catheter-Associated Urinary Tract Infections, 2009.

p. CDC, Guideline for the Prevention of Intravascular Catheter-Related Infections, 2011.

q. Florida Department of Health Tuberculosis Guidelines.

5. Definitions. For purposes of this operating procedure, the following definitions apply:

a. Ancillary Services. Ancillary Services which include, but are not limited to, sterilization and disinfection practices, housekeeping, laundry, engineering, maintenance, food sanitation, and medical/bio-hazardous waste management.

b. Biomedical Waste. Any solid or liquid waste which may present a threat of infection to humans. The term includes, but is not limited to, non-liquid human tissue; waste which contains human-disease-causing agents; discarded disposable sharps; human blood; blood products; and body fluids.

c. Body Substance Isolation. Protocols designed to reduce the risk of or prevent transmission of pathogens from moist body substances. Pathogens are microorganisms or substances capable of producing a disease.

d. Communicable Disease. Any disease caused by transmission of a specific infectious agent, or its toxic products, from an infected person, an infected animal, or the environment to a susceptible host, either directly or indirectly.

e. Endemic Infection (common cause). The normal presence of a disease within a geographic area/community/facility.

f. Epidemic Infection (special cause). An outbreak in a region/community/facility of a group of illnesses of similar nature, in excess of the normal expectancy and derived from a common source.

g. Healthcare-Associated Infection. An infection acquired in the facility that was not present or developing at the time of admission to the facility. (Formerly called nosocomial infection.)

h. Infection. The state or condition in which the body, or part of it, is invaded by an organism which under favorable conditions, multiplies and produces injurious effects. The extent of infection depends on the number and strength of the organisms and the ability of the body to contain or destroy them. The signs and symptoms of localized infection are pain, heat, redness, swelling, and disordered function.

i. Infection Prevention and Control. Any act, intervention or process intended to prevent or stop the introduction and spread of potentially harmful organisms.

j. Infection Prevention and Control Professional (ICP). A person whose primary training is in either nursing, medical technology, microbiology, or epidemiology and who has acquired specialized training in the principles of infection prevention and control. An ICP is typically a registered nurse, physician, epidemiologist, or medical technologist. Certification as an Infection Control Professional may be obtained through the Association for Professionals in Infection Control and Epidemiology (APIC).

k. Infection Prevention and Control Committee (ICC). An advisory committee to address facility specific issues related to infection prevention and control.

l. Infection Prevention and Control Program. A multidisciplinary program that includes a group of activities to ensure that recommended practices for the prevention of healthcare associated infections are implemented and followed thus making the facility safe from infection for patients and staff.

m. Shelf Life. The period of time sterility of packaged sterile items is maintained.

n. Standard Precautions. Protocols designed to reduce the risk of (or prevent) transmission of pathogens. Standard precautions combine the major features of Universal (blood and body fluid) Precautions and body substance isolation. Under standard precautions, blood and body fluids, mucous membrane, non-intact skin, and all body substances of residents are considered potentially infectious.

o. Surveillance. A comprehensive method of measuring outcomes and related processes of care, analyzing the data, and providing information to assist in improving those outcomes and processes.

p. Universal Precautions. Protocols designed to reduce the risk of (or prevent) transmission of blood borne pathogens by body substance isolation.

6. General. Infectious diseases are the leading cause of death in the world; therefore, each facility will use a coordinated infection prevention and control program to address issues defined by the facility to be epidemiologically important. The program will be comprehensive, include both resident care and employee health services, and will be managed by the Infection Control Professional.

7. Procedure. Each facility will maintain a clearly defined comprehensive infection prevention and control plan. The facility plan will include, but is not limited to:

a. Surveillance, Prevention and Control of Infection Among Residents and Staff and Recordkeeping.

(1) The surveillance method selected by the ICC will include a process for identifying, reporting, evaluating, and maintaining records of infections to provide for early, uniform identification and reporting of infections and to determine pertinent infection rates.

(2) Surveillance will include, but is not limited to:

(a) Monitoring of residents and staff for acquisition of infection and/or colonization, monitoring of hospital services, and equipment;

(b) Routine ongoing reviews and evaluations of all aseptic (including hand hygiene), isolation, and sanitation techniques employed in the facility; at a minimum, biannual reviews will be conducted;

(c) Provisions to assure that the quality of care, monitoring, and use of special equipment are not compromised for residents whose condition require isolation or specialized procedures or care necessary for preventing or treating infection;

(d) Ongoing monitoring by the ICC, on a quarterly basis, to insure program compliance with Joint Commission Standards, Federal and State Statues and Rules, Centers for Disease Control and Prevention (CDC) Guidelines, and Occupational Safety and Health Administration (OSHA) Guidelines; and,

(e) Annual inspections of the facility kitchen, medical/bio-hazardous waste management program, and employee health program.

b. Investigation. Identification and analysis of infection problems or undesirable trends to include:

(1) The ICP will establish a system for identifying, reporting, evaluating, and maintaining records of infections;

(2) Evaluation will be conducted for identification of patterns or trends of infection within the facility: and,

(3) Evaluation will include routine inspection and review of laboratory and radiology testing to identify infections, prescription of anti-infective agents, and incidence of infection at the facility.

c. Prevention. Implementation of measures to prevent transmission of infectious agents and to reduce risks for device and procedure-related infections including:

(1) Each facility shall have policies for preventive procedures that include routine monitoring of sterilization and disinfection practices, hand hygiene compliance, housekeeping, laundry, engineering, maintenance, food sanitation, and bio-hazardous waste management;

(2) Biomedical waste management procedures will include minimum sanitary practices relating to segregation, handling, labeling, storage, transport, and treatment as required by Chapter 64E-16, Florida Administrative Code; and,

(3) All biomedical waste management records shall be maintained for 3 years and shall be available for review.

d. Control. Evaluation and management of outbreaks including an epidemic plan to control outbreaks of healthcare-associated infections will be in place and include evidence-based practices for prevention and control based on the causative agent, characteristics of high-risk groups, and sources of contamination.

e. Reporting. Provision of information to external agencies as required by state and federal law and regulation to include:

(1) Any disease of public health significance that is diagnosed or suspected at a facility shall be reported to the local public health office in the timeframe required by Florida Statutes with a copy of the report faxed to the Mental Health Facilities Section. Diseases that must be reported and the time frame for reporting are listed in Appendix A to this operating procedure.

(2) Each facility that reports a notifiable disease or condition or a positive laboratory finding indicating the presence of a notifiable disease shall fax a copy of the report to the Mental Health Facilities Section.

(3) The facilities will make all records for such diseases or conditions available for on-site inspection by the Department of Health or its authorized representatives and for Mental Health Facility Section review staff.

f. Staff and Resident Education.

(1) Each facility will develop and coordinate training programs in infection control for all facility staff during orientation of new employees and annually with updated information. Training at a minimum will include:

(a) Professional responsibilities to adhere to infection control principles and practices and to monitor the performance of those for whom the professional is responsible;

(b) Modes and mechanisms of transmission of pathogenic organisms in the healthcare setting and strategies for prevention and control;

(c) Use of work practice controls to reduce the opportunity for resident and staff exposure to potentially infectious material in all healthcare settings for bloodborne pathogens;

(d) Selection and use of barriers and/or personal protective equipment for preventing patient and healthcare worker contact with potentially infectious material;

(e) The importance of using proper cleaning, disinfection, and sterilization methods to ensure the safety and integrity of resident-care equipment; and,

(f) Occupational health strategies for preventing and management of infectious and communicable diseases in staff.

(2) The infection control training records will include the date and time of the class, content outline, trainer's name and qualifications, and names and job titles of all persons attending the training sessions.

(3) Resident education relative to infection control will be provided as deemed necessary by resident need, service team request, facility policy, and Florida Administrative Code.

g. An Employee Health Program.

(1) Each facility will establish an employee health program designed to reduce the transmission of infections from resident to staff and staff to residents. The Employee Health Infection Prevention and Control Program will include:

(a) Education.

(b) Screening program for Tuberculosis and immunity to Hepatitis B (Hepatitis B Surface Antibody screen).

1. Screening for Tuberculosis shall be done upon hire and annually thereafter.

2. If an employee does not have immunity to Hepatitis B, they shall be offered the hepatitis B vaccine series within 10 working days of hire. If an employee refuses to accept the hepatitis B vaccine series, they shall sign OSHA's mandated Hepatitis B Declination Form within 2 weeks of hire.

3. Employees shall be offered follow up testing for immunity 1-2 months after completion of the Hepatitis B series.

(c) Vaccination for vaccine preventable infections applicable to the resident population of the specific facility.

(d) Monitoring and necessary intervention of possible exposures to communicable diseases and appropriate handling and disposal of biomedical/bio-hazardous waste.

(2) A specific written exposure control plan to eliminate or minimize worker exposure to communicable diseases in accordance with Federal Occupational Safety and Health Administration (OSHA) and State standards of practice. The document must include all job classifications and job tasks that could lead to occupational exposure to infectious pathogens and the method workers will utilize to protect themselves.

(3) As part of the exposure control plan, training records will be maintained, exposures will be documented, and each incident of exposure will be assessed in an effort to minimize the opportunity for future exposures.

(4) Environmental Specialist shall ensure cleaning chemicals are properly labeled and material safety data sheets (MSDS) are available as required and maintained current.

8. Infection Prevention and Control Committee.

a. The Infection Prevention and Control Committee is responsible for ensuring the facility's infection control policies and protocols are evidence based and consistent with state and federal requirements.

b. Based on facility staffing, membership on the Infection Prevention and Control Committee may include representation from the Medical Staff, Nursing Staff, Administration, Laboratory, Dental Service, Pharmacy Department, Sanitation, Food Service, Housekeeping, Maintenance, the Facility Infection Control Professional, the Facility Environment Specialist and Risk Management. The Committee will have, at a minimum, the Credentialed Chairperson, the Infection Control Professional, and representation from Administration, Medical and Nursing Services, Ancillary Services, Quality Improvement, and Risk Management.

c. Activities of the committee will include but are not limited to:

(1) Provide consultation and approval of the purchasing of all supplies used for sterilization, disinfection, and decontamination at the facility;

(2) Meet on a regular basis, at least quarterly, and on an emergency basis as called by the chairperson;

(3) Maintain minutes of all committee meetings that include identified problems and plans for action will be maintained and made available to all staff;

(4) Report its findings and recommendations to the Hospital Administrator and the Executive Committee, including the Clinical Director and Nursing Administration;

(5) Provide recommendations for corrective action based on records and reports of infections and infection potential among residents and facility personnel; and,

(6) Develop policies and procedures that reflect the scope of the infection control program and are based on evidence-based guidelines, applicable laws, and regulations. The Infection Prevention and Control Committee will maintain infection control policies and procedures current with review at least every two years that are dated at the time of review, revised as needed, and enforced. The Committee will develop new procedures as necessary. The policies and procedures will be available on the units for all staff. Written policies and procedures will address at least the following:

(a) Aseptic, isolation, and sanitation techniques employed in the facility;

(b) Selection, storage, handling, use and disposition of disposable items;

(c) Decontamination and sterilization activities performed in the facility including a requirement that steam gas (Ethylene Oxide [EtO] Gas) and hot air sterilizers be tested with live bacterial spores at least weekly;

(d) Shelf life of all stored sterile items;

(e) Handling and disposal of biomedical waste within the facility and as it relates to the current facility contract for bio-hazardous waste removal in accordance with Chapter 64E-16, F.A.C.; OSHA, 29 CFR Part 1910.1030, Occupational Exposure to Blood Borne Pathogens; and the Department of Environmental Protection Code, Chapter 62-712 on Biomedical Waste;

(f) Indications for standard precautions, Centers for Disease Control isolation guidelines, or equivalent including defining the specific indications for isolation requirements relative to the contagious medical condition involved;

(g) Types of isolation to be used for the prevention of the transmission of infectious diseases;

(h) Collection of soiled linen in such a manner as to minimize microbial dissemination into the environment;

(i) Prompt and proper reporting of all reportable communicable disease as set forth in Chapter 64D-3, F.A.C., in accordance with the provisions of that rule and to the appropriate agencies;

(j) An employee health policy to minimize the likelihood of transmission of communicable disease by both employees and residents, including work restrictions for an employee whenever it is likely a communicable disease may be transmitted, until such time as a physician certifies the employee may return to work; and,

(k) Occupational exposure plan relative to blood and body fluids contact.

d. The ICC will institute any appropriate control measures or studies deemed necessary, through the direction of the chairperson or physician members, when there is a potential danger to any resident or personnel.

9. Infection Prevention and Control Professional (ICP).

a. The ICP has:

(1) The responsibility to plan, monitor, evaluate and implement the daily operations of the Infection Prevention and Control Program at the facility;

(2) The authority to do surveillance, report and investigate illnesses, and conduct inspections for infection control and sanitation purposes; and,

(3) The authority to institute isolation procedures and cultures in all suspected infections, in the absence of a physician, and initiate control measures, observe aseptic techniques and intervene if a major break in technique is observed.

b. The responsibilities of the ICP may include, but are not limited to:

(1) Collection, analysis, and feedback of infection data and trends to healthcare providers and facility administration;

(2) Consultation on infection risk assessment as needed and requested;

(3) Prevention and control strategies;

(4) Performance of education and training activities;

(5) Coordination of the communicable disease program (i.e., tuberculosis, hepatitis, HIV/AIDS, STD);

(6) Implementation of evidence-based infection control practices or those mandated by regulatory and licensing agencies;

(7) Application of epidemiologic principles to improve resident outcomes;

(8) Participation in planning renovation and construction projects (e.g., to ensure appropriate containment of construction dust);

(9) Evaluation of new products or procedures on resident outcomes;

(10) Oversight of employee health services related to infection prevention at a minimum;

(11) Implementation of epidemic control and preparedness plans; and,

(12) Communication as required within the healthcare setting and with the Mental Health Program Office, local and state health departments, and with the community at large, concerning infection control issues.

BY DIRECTION OF THE SECRETARY:

(Signed original copy on file)

JACQUELINE A. YOUNG
Director, State Mental Health Treatment Facilities

SUMMARY OF REVISED, ADDED, OR DELETED MATERIAL

Updated References and Resources; updated language related to Tuberculosis and Hepatitis B Screening to be consistent with current guidelines and clinical practice; and, removed outdated language related to drug reconstitution.

Reportable list for Florida was updated October 20, 2016.
Refer to the link below.

http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/_documents/reportable-diseases-list-practitioners.pdf