



## Ohio Administrative Code

### Rule 3701-17-11 Infection control; tuberculosis control plan.

Effective: July 17, 2025

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(A) Each nursing home will establish and implement appropriate written policies and procedures to assure a safe, sanitary and comfortable environment for residents and to prevent and control the development and transmission of infections and diseases. Each nursing home will establish an infection prevention and control program to monitor compliance with the home's infection prevention and control policies and procedures, to investigate, control and prevent infections in the home, and to institute appropriate interventions. The nursing home will designate an appropriately licensed health professional with competency in infection prevention and control to serve as the infection prevention and control coordinator who performs part-time infection control duties in the nursing home each week, and participates in the nursing home's quality control and performance improvement (QAPI) committee. The infection prevention and control coordinator will:

(1) Have completed post-secondary education in a health-related field including but not limited to medicine, nursing, laboratory technology, public health, or biology;

(2) Work at least part-time at the facility;

(3) Have education, training, or experience in infection control; and

(4) Have completed specialized training in infection prevention and control including:

(a) Identification of infectious disease processes, including modes of transmission, signs and symptoms;

(b) Surveillance and epidemiologic investigation, including syndromic surveillance;

(c) Preventing and controlling the transmission of infectious agents, including standard precautions and transmission-based precautions;



(d) Environment of care; and

(e) Cleaning, disinfection, asepsis, and sterilization best practices.

(B) An effective infection control program includes:

(1) A tuberculosis control plan that meets the standards set forth in rule 3701-15-03 of the Administrative Code;

(2) A written surveillance plan outlining the activities for monitoring/tracking infections based on nationally-recognized surveillance criteria such as McGeer criteria and:

(a) Includes a surveillance system that includes a data collection tool;

(b) Uses surveillance data to:

(i) Implement timely corrective action when a greater than expected number healthcare-associated infections are detected; and

(ii) Implement timely corrective actions when transmission of targeted MDROs (e.g., CRE, Candida auris) are detected.

(3) Written standards, policies, and procedures for the program, which must include, but are not limited to:

(a) Standard and transmission-based precautions to be followed to prevent spread of infections;

(b) When and to whom possible incidents of communicable disease or infections should be reported;

(c) When and how isolation should be used for a resident; including but not limited to:

(i) The type and duration of the isolation, depending upon the infectious agent or organism involved; and



(ii) A condition that the isolation should be the least restrictive possible for the resident under the circumstances.

(4) Written standards, policies, and procedures under which the facility will prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease;

(5) The hand hygiene procedures to be followed by staff involved in direct resident contact, including, but not limited to:

(a) Washing hands for twenty seconds with soap and water:

(i) After using the toilet;

(ii) Before direct contact with a resident, dispensing medication, or handling food;

(iii) Immediately after touching body substances including blood, semen, saliva, vaginal secretions, feces, urine, wound drainage, emesis and any other secretion or excretion of the human body except tears and perspiration;

(iv) After handling potentially contaminated objects;

(v) Between direct contact with different residents; and

(vi) After removing gloves; or

(b) Cleaning of hands with an alcohol-based product used according to manufacturer's directions or other alternative methods accepted by the United States Centers for Disease Control and Prevention or US Food and Drug Administration, as being an effective alternative, or handwashing with soap and water.

(6) Written standards, policies, and procedures for laundry to ensure personnel handle, store, process,



and transport linens so as to prevent the spread of infection including:

- (a) Handling soiled laundry as little as possible;
  - (b) Placing of laundry that is wet or soiled with body substances in impervious bags that are secured to prevent spillage; and
  - (c) Wearing of impervious gloves and impervious gowns by individuals performing laundry services, and, if handling soiled or wet laundry on the unit, the wearing of gloves and, if appropriate, other personal protective equipment;
- (7) Written standards, policies and procedures to ensure infection prevention and control in the event of an emergency or disaster needing evacuation or other movement of residents.
- (C) If any resident, or individual used by the nursing home, exhibits signs and symptoms of a disease listed in rule 3701-3-02 of the Administrative Code, the nursing home will ensure that appropriate interventions and follow-up are implemented and make reports to the appropriate local public health authority.
- (D) Each nursing home will establish and implement an effective water management program to identify hazardous conditions, and take steps to manage the risk of occurrence and transmission of waterborne pathogens, including but not limited to legionella, in building water systems in accordance with guidance from the United States centers for disease control and prevention (available at <https://www.cdc.gov/legionella/wmp/overview.html>) and recommendations of the United States centers for disease control and prevention healthcare infection control practices advisory committee, "Environmental Infection Control Guidelines" (2019) or its successors.
- (E) If the nursing home provides an adult day care program which is located, or shares space, within the same building as the nursing home, shares staff between the program and the home, or where the day care participants at any time intermingle with residents of the home, the standards of this rule are also applicable to participants of the adult day care program.