

**REGULATIONS GOVERNING THE LICENSING  
AND FUNCTIONING OF  
ASSISTED HOUSING PROGRAMS:**

**Infection Prevention and Control**

**Part of 10-144 C.M.R. Chapter 113**



Effective Date: **XX/XX/XXXX**

**MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**DIVISION OF LICENSING AND CERTIFICATION**

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## **Section 1. Purpose and Definitions**

### **A. Purpose**

This rule establishes minimum standards for infection prevention and control which apply to all types of assisted living programs, residential care facilities and private non-medical institutions, which are governed by 10-144 CMR Chapter 113 (Regulations Governing the Licensing and Functioning of Assisted Housing Program).

### **B. Definitions**

1. **Biomedical waste** means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling (e.g., blood-soaked bandages); and contaminated sharps.
2. **Cohorting** means the practice of grouping residents infected with the same infectious agent together, to confine their care to one area, and prevent contact with susceptible residents.
3. **Exposure** means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
4. **Infectious disease** (also known as “contagious disease” or “communicable disease”) means a disease transmissible by direct contact with an affected individual (e.g., from person-to-person) or the individual's body fluids, or by indirect means (e.g., contaminated object).
5. **Notifiable disease** means a disease listed in 10-144 CMR Ch. 258, Control of Notifiable Diseases and Conditions Rule.
6. **Novel virus** means a virus that has not previously been recorded.
7. **Outbreak** means the occurrence of more cases than expected in a given area or among a specific group of people over a particular period of time.
8. **Other Potentially Infectious Material** means the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
9. **Personal protective equipment (PPE)** means protective items or garments worn to protect the body or clothing from hazards that can cause injury and to protect residents from cross-transmission.
10. **Respiratory Hygiene/Cough Etiquette** means measures to contain respiratory secretions that are recommended for all individuals with signs/symptoms of a respiratory infection.

11. **Standard Precautions** means infection prevention practices that apply to all residents, regardless of suspected or confirmed diagnosis or presumed infection status, including but not limited to hand hygiene; use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; safe injection practices; respiratory hygiene/cough etiquette; and the cleaning or disposal of equipment or items in the patient environment likely to have been contaminated with infectious body fluids.
12. **Transmission-based Precautions** means contact precautions, droplet precautions, and airborne precautions, based on the likely routes of transmission of specific infectious agents, which may be combined for infectious agents that have more than one route of transmission.

## Section 2. Infection Prevention and Control

- A. Infection Prevention and Control (IPC).** The facility must establish, implement, and maintain an Infection Prevention and Control Plan (IPCP) to control the transmission of infectious diseases amongst residents, staff, visitors, and other individuals providing services under a contractual arrangement.
- A.1 The facility must employ or contract with a person with certification or training in IPC to oversee the development and implementation of the IPCP.
- a. The certification or training must include the following content areas, at a minimum:
- i. Standard precautions;
  - ii. Transmission-based precautions;
  - iii. Respiratory protection; and
  - iv. Use of PPE and source control measures.
- A.2 The facility must develop a written IPCP. The development process must include:
- a. A risk assessment and overall program review. The risk assessment and program review must include:
- i. Identification of resources necessary to care for residents during day-to-day operations and emergencies;
  - ii. Identification of any policies/protocols that need to be developed; and
  - iii. Review of current national or state standards and identification of any changes needed to meet those standards.
- b. The facility must review and update the plan and all related policies/protocols annually, and whenever there is any change or plan for change that would require a substantial modification to any part of the current IPCP.
- c. The plan must be updated as needed to reflect current Maine Center for Disease Control and Prevention (MeCDC) standards and federal Center for Disease Control (CDC) guidelines.
- A.3 The IPCP must include policies and procedures for the prevention of the spread of any infectious disease, including:
- a. Requirements for staff to perform hand hygiene before and after each direct and indirect resident contact for which handwashing is indicated by nationally recognized professional practice;
  - b. Use of PPE and source control measures;
  - c. A respiratory protection program;
  - d. Identification of the adequate amount of PPE to have on hand at all times, and measures to take when PPE is not readily available;

- e. The conduct of environmental cleaning and disinfection, specifying the cleaning agents and processes to be used;
  - f. Documentation of random visual observations of staff use of PPE throughout an outbreak of an infectious disease;
  - g. Notification of the MeCDC, all other residents and their primary family contact, staff, and the Division of Licensing and Certification (DLC) in the event of an outbreak of a notifiable disease;
  - h. Transmission-based precautions and isolation of the resident, when the MeCDC determines that a resident needs isolation to prevent the spread of infection;
  - i. Work-exclusion processes and steps to be taken in the event of a staff or resident exposure, when the type of infectious disease requires instituting specific work restrictions;
  - j. An exposure control plan to address potential hazards posed by blood and body fluids and other potentially infectious material (OPIM) or infectious diseases;
  - k. A crisis staffing plan;
  - l. A process for reporting notifiable diseases to the MeCDC; and
  - m. A policy requiring consultation with the MeCDC in the management of any outbreak of a reportable infectious disease or novel virus.
- A.4 The facility must implement any recommendations of the MeCDC, including but not limited to:
- a. Universal testing and resident cohorting, when applicable;
  - b. Practices for safe visitation or alternatives to in-person visits, and practices to assure resident safety during departures from the facility;
  - c. Reasonable methods and processes to allow residents to communicate with family and friends in ways that maintain resident safety;
  - d. Conditions and protocols for screening all full and part-time staff, all essential healthcare individuals who enter the facility (such as hospice staff, physicians, etc.), and any other individual entering the facility.
- A.5 The facility must provide education on IPC to all staff at hire.
- a. The training must include:
    - i. Standard Precautions, including:
      - 1. Hand hygiene, which must include procedures to be followed by staff involved in direct patient care or food preparation;
      - 2. Bloodborne pathogens;

3. The proper selection and use of Personal Protective Equipment (PPE); to include putting on (donning) and taking off (doffing); and
4. Respiratory hygiene/cough etiquette;
- ii. Environmental cleaning and disinfection;
- iii. Transmission-based precautions; and
- iv. Sharps/injection safety, including immediate actions to take when exposure to blood or other potentially infectious material (OPIM) occurs.
- b. Documentation of staff training and observed to be competency in Infection Prevention and Control must be maintained in each employee's personnel file.
- c. In the event of an outbreak of an infectious disease, the facility must provide a refresher training to all employees.
- d. The facility must maintain a copy of the IPC training curriculum utilized to provide education to staff.

**B. Biomedical Waste Management.** Each facility shall have policies and procedures for containment and disposal of biomedical waste, including but not limited to:

B.1 Identification of materials that constitute biomedical waste.

B.2 Containment procedures.

- a. Biomedical waste (other than Sharps) shall be packaged in bags which are impervious to moisture and of sufficient strength to resist tearing or bursting.
  - i. All bags containing biomedical waste shall be red in color and be labeled with the symbol for biomedical waste;
  - ii. Red bags shall be sealed by forming a secure closure which results in a leak resistant seal; and
  - iii. Red bags may not be enclosed in a bag of another color.
- b. Discarded sharps shall be placed directly into leak resistant, rigid, puncture resistant containers,
  - i. Discarded sharps shall not be clipped or broken; and
  - ii. Containers shall be taped closed or tightly lidded to preclude loss or leakage of contents.

B.3 Contract for disposal. Biomedical waste shall be incinerated (or interred) per contract with a licensed biomedical waste contractor.

**Statutory Authority**

22 M.R.S. 7853

**Regulatory History**

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