

# Infection Control Planning in Residential Care Facilities (RCFs)

*Training Module with Quiz*

## Introduction

Infection control is essential in protecting the health and safety of residents and staff in Residential Care Facilities (RCFs). Compliance with Ohio Administrative Code (OAC) 3701-16-12(C), and commitment to best practices in infection prevention, is both a regulatory requirement and a moral responsibility.

## Key Components of Infection Control Planning

### 1. Infection Control Designee

- **Designation Required:** Each RCF must assign at least one **infection prevention and control designee**.
- **Designee Qualifications:**
  - Health-related post-secondary education.
  - Training or experience in infection control.
  - Must work at least part-time or be contracted at the facility.
- **Reporting Timeline:** The designee's contact info must be submitted to the designated system within **10 days** of hire, change, or replacement.

### 2. Written Infection Control Plan

A facility's infection control plan must include:

- **Surveillance Plan** using tools like **McGeer criteria**.
- Policies for **tracking infections**, taking **corrective actions**, and reporting **multidrug-resistant organisms (MDROs)**.
- **Standard and transmission-based precautions**.
- Isolation policies tailored to infectious agents.
- Protocols to **restrict sick employees** from contact with residents or food.



### 3. Bloodborne Pathogens (BBP) & Exposure Response

- Implement **Standard Precautions**, including **sharps safety**.
- In case of exposure (e.g., needlestick), **immediate follow-up** is required.
  - Report to local health department.
  - Testing of exposed and source individuals must meet **BBP Standard protocols**.

### 4. Transmission-Based Precautions

- Types: **Contact, Droplet, Airborne, C. diff-specific Contact**.
- Must follow **CDC Isolation Guidelines**.
- Use appropriate **PPE** (gowns, gloves, N95 masks).
- Residents may need to be isolated in their apartments.

### 5. Hand Hygiene

- Wash hands for **at least 20 seconds**:
  - Before/after work, eating, bathroom use.
  - Before and after resident care.
  - After exposure to body fluids or contaminated surfaces.

### 6. Laundry Handling

- Use **standard precautions**.
- Separate clean/soiled laundry.
- Wear **moisture-resistant gloves/aprons**.
- Use **appropriate detergent and temperature**.

### 7. PPE and Contaminated Items

- Gloves must be changed between residents.
- **Masks/goggles** when splashes are likely.
- Contaminated items disposed in **moisture-proof containers**.
- Sharps in **puncture-resistant containers**.

## 8. Disinfection vs. Sanitizing

- **Disinfection** eliminates all pathogens (for high-risk areas).
- **Sanitizing** reduces microorganisms (common in food service).
- Follow **manufacturer instructions** for chemicals and contact time.

## 9. Common Infections and Precautions

Infection	Transmission	Precautions
<b>Norovirus</b>	Fecal-oral, food/water	Contact precautions, handwashing
<b>C. diff</b>	Contact with feces	Gloves, gowns, handwashing (no alcohol), bleach disinfectants
<b>MRSA</b>	Contact with wounds/body fluids	Contact & droplet (if respiratory), cover wounds, disinfect surfaces

## QUIZ: Infection Control Basics

**1. How soon must an RCF report a new infection control designee to the state system?**

- A. Within 5 days
- B. Within 10 days ☒
- C. Within 30 days
- D. No reporting required

**2. What precaution should be used when caring for a resident with C. diff?**

- A. Airborne
- B. Droplet
- C. Contact ☒
- D. Standard only

**3. What type of mask is required for airborne precautions?**

- A. Surgical
- B. Cloth
- C. N95 ☒
- D. None

**4. What should staff do immediately after removing gloves?**

- A. Disinfect the gloves
- B. Use hand sanitizer
- C. Wash hands ☒
- D. Remove gown

**5. What is the main difference between disinfecting and sanitizing?**

- A. They are the same
- B. Disinfecting removes dust
- C. Disinfecting kills all pathogens ☒
- D. Sanitizing kills all pathogens