



Ohio Administrative Code

Rule 3701-16-12 Changes in residents' health status; incidents; infection control; tuberculosis control plan.

Effective: July 12, 2024

(A) In the event of a significant adverse change in residents' health status, the residential care facility is obligated to do all of the following:

- (1) Take immediate and proper steps to see that the resident receives necessary intervention including, if needed, medical attention or transfer to an appropriate medical facility;
- (2) Make a notation of the change in health status and any intervention taken in the resident's record;
- (3) Provide pertinent resident information to the person providing the intervention as soon as possible; and
- (4) Notify the sponsor unless the resident refuses or requests otherwise.

(B) As used in this paragraph, "incident" means any accident or episode involving a resident, staff member, or other individual in a residential care facility which presents a risk to the health, safety, or well-being of a resident. In the event of an incident, the facility is obligated to do both of the following:

- (1) Take immediate and proper steps to see that the resident or residents involved receive necessary intervention including, if needed, medical attention or transfer to an appropriate medical facility;
- (2) Investigate the incident and document the incident and the investigation and include information that will enable staff to identify to the director upon request, the resident involved in an incident. The facility is obligated to maintain an incident log separate from the resident record which is accessible to the director and contains the time, place, and date of the occurrence; a general description of the incident; and the care provided or action taken. The facility is obligated to document the incident in the resident's record.



(C) Each residential care facility will establish and implement appropriate written policies and procedures to assure a safe, sanitary, and comfortable environment for the residents and to control the development and transmission of infections and diseases. Each residential care facility is obligated to establish an infection prevention and control program to monitor compliance with the home's infection prevention and control policies and procedures, to prevent, investigate, and control infections in the home, to institute appropriate interventions, and ensure all staff are appropriately trained on the home's infection prevention and control protocol. An effective infection control program includes:

(1) Each residential care facility is obligated to designate one or more individuals as the infection prevention and control designee and provide that individuals name and contact information, including an electronic mail address, on an electronic system prescribed by the director no later than ten days after hiring or appointing the individual and no later than ten days after the individual's contact information changes or the designated individual is replaced. The infection control designee is responsible for the facility's infection prevention and control program. The infection prevention and control designee will have:

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

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

(c) Work at least part-time at the facility or hold a contract to provide infection prevention and control at least part-time at the facility.

A residential care facility located in the same building as a nursing home, or on the same lot as a nursing home, both of which are owned and operated by the same entity, will be considered to have met this requirement if the nursing home has an infection prevention and control designee who is responsible for both the residential care facility and nursing home.

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



(3) 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.

(4) 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 (B) A requirement; and

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

(5) 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;



(6) 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; 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.

(7) 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;

(D) Each residential care facility 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 residential care facility provides an adult day care program which is located, or shares space, within the same building as the residential care facility, shares staff between the program and the facility, or where the day care participants at any time intermingle with residents of the facility,



the requirements of this rule are also applicable to participants of the adult day care program.