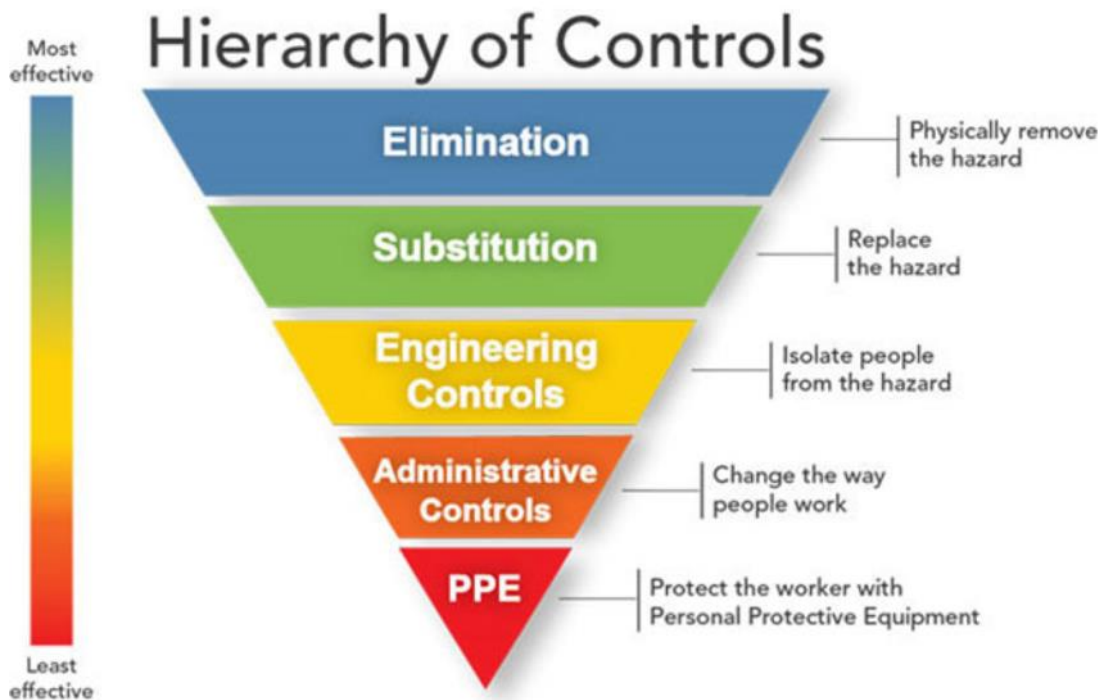


Infection Control Guidelines

Hierarchy of Controls

Residential Care Facilities

Controlling exposures to occupational hazards is a fundamental way to protect personnel. Conventionally, a hierarchy has been used to achieve feasible and effective controls. Multiple control strategies can be implemented concurrently and/or sequentially.¹



*To prevent infectious disease transmission, elimination (physically removing the hazard) and substitution (replacing the hazard) are not typically options for healthcare settings. **However, exposures to transmissible respiratory pathogens in healthcare facilities can often be reduced or possibly avoided through engineering and administrative controls and PPE.** Prompt detection and effective triage and isolation of potentially infectious patients are essential to prevent unnecessary exposures among patients, healthcare personnel (HCP), and visitors at the facility.¹*

¹ [Strategies for Optimizing the Supply of N95 Respirators](#), CDC

Engineering Controls – Isolate people from the hazard.¹

Reduce exposures for HCP by placing a barrier between the hazard and the HCP. Engineering controls can be very effective as part of a suite of strategies to protect HCP without placing primary responsibility of implementation on them (i.e., they function without HCP having to take an action).

Examples: selective use of airborne infection isolation rooms, use of physical barriers, properly maintained ventilation systems. In smaller facilities this may not be possible.

Administrative Controls – Change the way people work.¹

Administrative controls are employer-dictated work practices and policies that reduce or prevent hazardous exposures. Their effectiveness depends on employer commitment and HCP acceptance and consistent use of the strategies.

Examples: limit the number of patients going to a hospital or outpatient setting, limit HCP not directly involved in patient care, limit face-to-face encounters with patient, limit visitors to the facility, source control masking, cohorting patients (grouping patients who are infected with the same organism), cohorting HCP (assigning designated team to care for suspected or confirmed positive patient).

Personal Protective Equipment – Protect the worker with PPE.¹

While engineering and administrative controls should be considered first when selecting controls, the use of PPE should also be part of a suite of strategies used to protect personnel.

Staff should receive comprehensive training on when and what PPE is necessary, how to don and doff PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE. See [Training and Education](#) for resources.

Resources

[Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread](#), summarizes the core infection prevention and control practices for nursing homes and LTCFs during the SARS-CoV-2 pandemic. CDC

[Long-Term Care COVID-19 Plan](#), (MDHHS), provides up-to-date information for residential care facilities on visitation/testing/reporting/infection prevention/more.

[FOR AFC & HFA OPERATORS](#), MDHHS

[Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities](#), CDC