SAMPLE POLICY

Sample policy from the CareRulebook California assisted living manual. Fictional facility. Rule-verified on November 13, 2026.

This is Policy 1.12 of the 41 in the manual, exactly as it prints in a buyer's copy, but filled in with example answers for a fictional facility, Sample Assisted Living, LLC. Rule-verified means each quote under Rule basis was checked word for word against the official text we saved on that date. It is not legal advice.

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POLICY 1.12

Infection Control Plan

22 CCR 87208(a)(12) · 22 CCR 87470(a)-(d) · 22 CCR 87101(c)(14) · 22 CCR 87211(a)(2) · 22 CCR 87629(a) · LIC 9282 (6/23) · PIN 23-12-ASC

Purpose

To set out Sample Assisted Living, LLC's Infection Control Plan (22 CCR 87208(a)(12)): how we keep infections from starting and spreading among the people who live and work here, who leads that work, how staff are trained, how we review the plan each year, and what we do when a state or federal emergency is declared for a contagious disease (22 CCR 87470).

Scope

Every resident, every staff member and every volunteer at Sample Assisted Living, LLC, at all times. The licensee, Jordan Lee, is responsible for the plan; the Infection Control Lead leads it day to day.

Policy

About this plan (22 CCR 87470(c); LIC 9282)

1. The licensee must develop an Infection Control Plan and include it in the plan of operation (87470(c)). This document is that plan. It follows the order of CDSS's courtesy form LIC 9282, Residential Infection Control Plan (6/23): A, the infection control requirements; B, the infection control training plan, with the yearly review; C, the Emergency Infection Control Plan.
2. LIC 9282 says an applicant may give the required information on that form or in a separate written submission, and that use of the form is voluntary. CDSS's How to Become Licensed page, however, says every application for an initial license, a change of ownership, a change of location or a change of facility type must include a completed LIC 9282. So with any such application, the administrator completes LIC 9282 from this document, copying the answers word for word, and sends it with this plan. If CDSS asks for the form at any other time, the administrator does the same. Our reading: this

document is the plan inside the plan of operation, and LIC 9282 is filled in from it because CDSS's application page asks for a completed form with every application.

3. The plan is kept on file at the facility with the rest of the plan of operation. As LIC 9282 describes, it is made available on request to residents, to any responsible party for a resident, to the local Long-Term Care Ombudsman and to CDSS.

A. Infection control requirements

A.1 Everyday practices (87470(a))

4. **Hand hygiene.** All staff and volunteers must perform hand hygiene, by washing hands with soap and water or using an alcohol-based sanitizer (87470(a)(1)(A)). They do it (87470(a)(1)(B)):
    1. immediately before and after resident care;
    2. before and after handling, preparing or eating food;
    3. before and after assisting with medications;
    4. after contact with blood, body fluids or other potentially infectious material, or contaminated surfaces;
    5. immediately before putting gloves on and immediately after removing gloves;
    6. when hands are visibly soiled.

    We keep liquid soap and single-use paper towels at every sink staff use for hand washing, and alcohol-based hand sanitizer where staff give care and where medications are kept.
5. **Cleaning and disinfection.** Staff clean and disinfect following the manufacturers' instructions for each cleaning and disinfecting product (87470(a)(2)). Our cleaning and disinfection schedule below sets how often each surface is cleaned. The rule requires surfaces such as floors, chairs, toilets, sinks, counters and tabletops to be cleaned and disinfected on a regular basis, and walls and window coverings in resident care areas to be dusted or cleaned on a regular schedule; the frequencies in our schedule are Sample Assisted Living, LLC's choice. In addition (87470(a)(2)(A)-(D)):
    1. any surface contaminated and visibly soiled with blood, body fluids or other potentially infectious material is disinfected at once;
    2. spills of blood and other potentially infectious material are cleaned up and the surface disinfected promptly;
    3. walls and window coverings in resident care areas are cleaned whenever they are visibly contaminated or soiled;
    4. a facility item that cannot be disinfected is thrown away at once in a waste container with a tight-fitting cover, or otherwise made inaccessible to human contact.
6. **Residents' own belongings.** When a resident's personal item cannot be disinfected, the staff member works with the resident to keep other people from touching it, for example by keeping it in the resident's room or washing it separately (87470(a)(2)(E)).

7. **Gloves.** All staff and volunteers wear gloves (87470(a)(4)(A)):
    1. when coming into contact with blood or body fluids or other potentially infectious material, such as saliva, stool, vomit or urine;
    2. when they have a cut or open wound on their hands;
    3. when helping with direct resident care, such as bathing, dressing or help with incontinence, when there is a risk of contact with blood, body fluids or other potentially infectious material;
    4. when giving first aid.

    A pair of gloves is never used for more than one resident. Gloves are taken off and thrown away in the nearest waste container with a tight-fitting cover as soon as the task with one resident is finished, before any contact with another resident (87470(a)(4)(B)-(C)). Hand hygiene follows (item 4).
8. **Respiratory etiquette.** All staff and volunteers, whether or not they have direct contact with residents, cover their mouth and nose with a tissue or their elbow, not their hand, when they cough or sneeze, and throw the tissue away at once in the nearest waste container with a tight-fitting cover (87470(a)(5)).
9. **Reusable medical equipment.** Direct care staff who assist residents with medications or care disinfect reusable medical equipment, such as a thermometer or a blood pressure cuff, with an EPA (Environmental Protection Agency) approved disinfectant before it is used for another resident (87470(a)(6)). Clean equipment and used equipment are kept apart: used equipment waits in a marked bin until it is cleaned.
10. **Injections.** Facility staff never give injections. A resident who needs an injection gives it themselves or has it given by an appropriately skilled professional (87629(a); our procedure, Policy 3.2, kept at the facility). When a staff member is assigned to assist a resident with the self-administration of injectable medication, the staff member makes sure that (87470(a)(3)):
    1. the medication is drawn up in a clean area;
    2. a syringe and needle are used only once, for one injection on one resident, and then put straight into a sharps container for disposal as California Code of Regulations, Title 8, section 5193 requires;
    3. the top of a medication vial is cleaned with an alcohol swab before the needle goes in.
11. **Helping residents take part.** Staff encourage residents to follow infection control practices as necessary (87470(c)(1)(E)): reminding and helping residents to wash their hands before meals and after using the toilet, offering tissues and hand sanitizer, and explaining in plain words why a practice matters. Residents are encouraged, never forced.

A.2 When a resident has a contagious disease (87470(b))

12. A contagious disease is an illness capable of being transmitted from one human to another human via direct or indirect contact (87101(c)(14)). When one or more residents are diagnosed with one, everything in A.1 continues, and items 13 to 18 also apply.
13. **Getting advice.** The Infection Control Lead, or the administrator, consults the resident's physician or the Sacramento County public health department to decide what enhanced cleaning is needed and what personal protective equipment (PPE) staff must use for that disease (87470(b)(1)(A), (b)(2)(A)). The advice, who gave it and when are written on the contagious disease response record below the same day.
14. **Enhanced cleaning.** Assigned staff and volunteers do the enhanced environmental cleaning and disinfection advised, in every affected area, and immediately after contact with the resident who has the contagious disease (87470(b)(1)(B)).
15. **PPE.** Staff and volunteers who give direct care to the resident wear the PPE advised, which may include gloves, gowns, masks, respirators, shoe coverings and eye protection (87470(b)(2)). PPE is used for direct care such as bathing or help with incontinence. It is taken off and thrown away in the nearest waste container with a tight-fitting cover immediately after the direct care for each resident (87470(b)(2)(B), (D)). We keep gloves, masks and alcohol-based hand sanitizer in stock at all times and obtain any other PPE the advice calls for as soon as it is given.
16. **Separation.** A resident whose illness requires separation, including quarantine or isolation, is cared for apart from others (87470(b)(3)), in the way the resident's physician or public health advises, for example in a room of their own with meals served there. Separation is for the illness only. Staff keep checking on the resident and help them stay in touch with family and friends.
17. **Staff training.** Before giving direct care to the resident, each staff member and volunteer is shown the PPE and cleaning that the advice calls for (item 25).
18. **Reporting.** Epidemic outbreaks are reported within 24 hours, by telephone or fax, to CDSS and to the local health officer when appropriate (87211(a)(2); our incident reporting procedure, Policy 4.4, kept at the facility).

B. Infection control training plan (87470(c)(1)(A), (C))

B.1 The Infection Control Lead

19. The staff position that performs the duties of the Infection Control Lead for Sample Assisted Living, LLC is the Administrator (87470(c)(1)(A)). The duties are part of that job description (Policy 1.5).
20. The name and telephone number of the person who holds the position are kept on the Infection Control Lead record below and given to CDSS on request (87470(c)(1)(A)1). When the person changes, the administrator updates the record the same day.
21. The Infection Control Lead enforces this plan: they show staff what the plan requires, check that practices are followed, correct them when they are not, and tell the administrator about any problem the lead cannot resolve.

B.2 How the Infection Control Lead is trained (87470(c)(1)(A)2)

22. The Infection Control Lead is trained by Sacramento County Public Health. That trainer is a medical professional, local health official, health department or other research-based medical authority that provides infection control training, and the training includes enforcement of the Infection Control Plan (87470(c)(1)(A)2).
23. A person new to the position completes this training before they give staff the training in items 24 and 26. That timing is Sample Assisted Living, LLC's choice; the rule sets none. A copy of the certificate, or a written note of the training from the trainer, is kept with the Infection Control Lead record.

B.3 Initial training for new staff (87470(c)(1)(C)1, 3)

24. The Infection Control Lead trains every new staff member before they work independently with residents. The PPE part is given before the new staff member is around residents at all (87470(b)(2)(C)). The initial training covers every practice in this plan, using the infection control initial training checklist below:

    1. hand hygiene, the six times it is done, and the soap, towels and sanitizer we keep;
    2. cleaning and disinfection: our schedule, reading product instructions, blood and body fluid spills, and items that cannot be disinfected;
    3. gloves: when they are worn, one pair for one resident, and how they are removed and thrown away;
    4. respiratory etiquette;
    5. reusable medical equipment, and keeping clean and used equipment apart;
    6. the injection practices in item 10, for staff who may be assigned to assist with injectable medication;
    7. what changes when a resident has a contagious disease: getting advice, enhanced cleaning, PPE, separation and reporting (items 12 to 18);
    8. the proper use of all required PPE: which PPE, putting it on, taking it off and throwing it away;
    9. the Emergency Infection Control Plan: what it is and that staff are trained on it within 10 calendar days of it being sent to CDSS (part C).

    Each new staff member shows the Infection Control Lead hand hygiene and putting on and taking off gloves and other PPE before the training is signed off (our choice).

25. **Volunteers.** Every volunteer is trained by the Infection Control Lead in the proper use of all required PPE before being around residents and every year after that (87470(b)(2)(C)), and in the everyday practices that apply to volunteers: hand hygiene, gloves and respiratory etiquette.

B.4 Ongoing training for all staff (87470(c)(1)(C)2, 3)

26. The Infection Control Lead gives every staff member ongoing infection control training, covering the same practices as the initial training:

1. at least once a year, together with the yearly PPE training every staff member must have (87470(b)(2)(C)); the yearly frequency of the wider training is Sample Assisted Living, LLC's choice;
2. whenever this plan changes, on the change;
3. whenever a resident is diagnosed with a contagious disease, on the PPE and cleaning advised (item 17);
4. on the Emergency Infection Control Plan, immediately and no later than 10 calendar days after it is sent to CDSS (item 33).

27. Initial and ongoing infection control training is recorded on the training record (Policy 1.6). PPE training is also recorded on the PPE training record below, so the yearly date for each person is easy to check.

B.5 Yearly review (87470(c)(1)(D))

28. The licensee reviews the use of infection control procedures in the facility at least annually, and also if local government public health determines that an epidemic outbreak has occurred, or if the local licensing agency asks for a review (87470(c)(1)(D)).
29. The yearly review is done with the Infection Control Lead at the same time as the yearly review of the whole plan of operation, by November 1, 2027 (Policy 1.0). It looks at whether staff follow each practice, the training records, any infections, outbreaks or reports since the last review, any new guidance from CDSS or public health, and whether the supplies and the cleaning schedule still work. The licensee or the administrator signs and dates the review and update history below, as LIC 9282 suggests. A change that affects services to residents is handled as Policy 1.0 sets out for changes to the plan.

C. Emergency Infection Control Plan (87470(d))

30. When an emergency, as defined in Government Code section 8558, or a federal emergency for a contagious disease is proclaimed or declared, the licensee develops an Emergency Infection Control Plan with the infection control measures needed to prevent, contain and mitigate that disease that are not already in this plan (87470(d)). The administrator and the Infection Control Lead write it on the Emergency Infection Control Plan form below.
31. **Within 15 calendar days** from the date the emergency is proclaimed or declared, the administrator does one of these (87470(d)(1)-(2)):
    1. completes the Emergency Infection Control Plan, with the applicable infection control measures required by federal, state and local government public health authorities for that disease, and sends it to CDSS at Sacramento Adult and Senior Care Regional Office, 2525 Example Avenue, Sacramento, CA 95833. Where the authorities' standards differ, we follow the strictest;
    2. or, if there are no additional measures to take beyond those already in this plan, notifies CDSS of that determination in writing.

32. If federal, state or local public health authorities or CDSS later recommend additional measures not already in this plan, the administrator completes and sends CDSS an update within 15 calendar days (87470(d)(2)(A)).
33. The Emergency Infection Control Plan is used until the proclaimed or declared emergency is no longer in effect (87470(d)(3)). It is made available to residents, staff and, if applicable, each resident's representative (87470(d)(4)), by posting it where residents and visitors can read it and giving a copy to each representative. All staff are trained on it immediately, and no later than 10 calendar days after it is sent to CDSS (87470(d)(5)).
34. The Emergency Infection Control Plan is reviewed and updated as necessary, and whenever federal, state or local public health authorities recommend new infection control measures or CDSS determines it, until the emergency is no longer in effect. Every update is made available to staff, residents and, if applicable, each resident's representative, and is sent to CDSS (87470(d)(6)). While an emergency lasts, the Infection Control Lead checks for new guidance from the California Department of Public Health, the Sacramento County public health department and CDSS at least once a week (our choice).

Procedure

1. **Every shift: all staff and volunteers.** Follow the everyday practices in A.1 (items 4 to 11). Tell the person in charge at once about any resident who has a fever, vomiting, diarrhea, a new cough or another sign of illness, and about any shortage of soap, sanitizer, gloves or disinfectant.
2. **Every shift: the person in charge.** Check that hand hygiene supplies, gloves and disinfectant are stocked, and that the day's cleaning on the schedule below is done.
3. **When a new staff member or volunteer starts: the Infection Control Lead.** Give the PPE training before they are around residents, and the rest of the initial training before they work independently (items 24 and 25). Complete the initial training checklist and the PPE training record, and record the training on the training record (Policy 1.6).
4. **When a resident is diagnosed with a contagious disease: the Infection Control Lead, or the administrator.**
    1. The same day, consult the resident's physician or the Sacramento County public health department, and record the advice on the contagious disease response record.
    2. Put the advised PPE, enhanced cleaning and separation in place, and show each staff member and volunteer who gives the resident direct care what to do (items 13 to 17).
    3. If there is an epidemic outbreak, report it to CDSS and, when appropriate, to the local health officer within 24 hours (item 18).
    4. When the illness is over, record the date, and note anything the yearly review should look at.

5. **Each year, by November 1, 2027: the licensee or the administrator, with the Infection Control Lead.** Review the use of infection control procedures (items 28 and 29), give the yearly PPE and ongoing training (item 26), and sign the review and update history. Do the same review after a public health finding of an epidemic outbreak, or when CDSS asks.
6. **When a state or federal emergency is declared for a contagious disease: the administrator, with the Infection Control Lead.**
    1. Write the date the emergency was proclaimed or declared, and the date 15 calendar days later, on the Emergency Infection Control Plan form.
    2. Find the measures federal, state and local public health authorities require for the disease, and list those not already in this plan. Where standards differ, choose the strictest.
    3. By the 15th calendar day, send CDSS either the completed Emergency Infection Control Plan or a written notice that no additional measures are needed (item 31).
    4. Train all staff on it immediately, and no later than 10 calendar days after sending it. Post it, and give a copy to each resident's representative.
    5. Check for new guidance at least weekly, and send CDSS each update within 15 calendar days (items 32 and 34), until the emergency ends.
7. **When the Infection Control Lead changes: the administrator.** Update the Infection Control Lead record the same day, and arrange the new lead's training by Sacramento County Public Health (item 23).

Sample Assisted Living, LLC: Infection Control Lead record

Position	Administrator
Name of the person in the position	
Telephone number	
Date started as Infection Control Lead	
Trained by	Sacramento County Public Health
Trainer is a medical professional, local health official, health department or other research-based medical authority that provides infection control training (87470(c)(1)(A)2)	☐ Yes
Date of training, and proof kept (certificate or trainer's note)	
Training included enforcement of the Infection Control Plan?	☐ Yes
Contact information given to CDSS (date, if asked)	

Sample Assisted Living, LLC: Cleaning and disinfection schedule

The frequencies are Sample Assisted Living, LLC's choice (item 5). Every product is used as its label directs.

What	How often	Also
Toilets, sinks, counters and tabletops	Every day	When visibly soiled or contaminated
Floors in bathrooms and the kitchen	Every day	After any spill
Other floors and chairs	At least weekly	When visibly soiled or contaminated
Door handles, light switches and handrails	Every day	When visibly soiled or contaminated
Walls and window coverings in resident care areas	Dusted or cleaned at least monthly	When visibly contaminated or soiled
Reusable medical equipment	Before use for another resident	After each use, if visibly soiled
Blood and body fluid spills	Promptly	With the surface disinfected after

Sample Assisted Living, LLC: Infection control initial training checklist

Staff member: _____ Start date: _____

Topic (item 24)	Date	Shown by staff member?	Lead's initials
☐ PPE: which PPE, putting it on, taking it off, throwing it away (before being around residents)			
☐ Hand hygiene: the six times, soap and water or sanitizer			
☐ Cleaning and disinfection: schedule, product instructions, spills, items that cannot be disinfected			
☐ Gloves: when, one pair for one resident, removal			
☐ Respiratory etiquette			
☐ Reusable medical equipment; clean and used kept apart			
☐ Injectable medication (item 10)			
☐ When a resident has a contagious disease			
☐ The Emergency Infection Control Plan			

Completed before working independently with residents: ☐ Yes. Staff member's signature: _____ Infection Control Lead's signature: _____

Sample Assisted Living, LLC: PPE training record

Name	Staff or volunteer	PPE covered	Date trained	Next due (one year)	Trainer's initials

Sample Assisted Living, LLC: Contagious disease response record

Resident	
Illness, and date diagnosed	
Advice from (name, physician or public health department, phone), date and time	
Enhanced cleaning advised	
PPE advised	
Separation advised, and how it is done	
Staff and volunteers shown what to do (names, dates)	
Other residents or staff with the same illness	
Epidemic outbreak? Reported to CDSS (date, time, how) and the local health officer (date, time, or "not appropriate")	
Date the illness ended	
Notes for the yearly review	

Sample Assisted Living, LLC: Infection Control Plan review and update history

Reviewed or updated	Date	Why (yearly, outbreak, CDSS request)	What changed	Name, title and signature
☐ Reviewed ☐ Updated				

Reviewed or updated	Date	Why (yearly, outbreak, CDSS request)	What changed	Name, title and signature
☐ Reviewed ☐ Updated				
☐ Reviewed ☐ Updated				
☐ Reviewed ☐ Updated				
☐ Reviewed ☐ Updated				

Sample Assisted Living, LLC: Emergency Infection Control Plan

Completed only when an emergency for a contagious disease is proclaimed or declared (item 30).

Contagious disease	
Emergency proclaimed or declared by (state or federal), and date	
Date due to CDSS (15 calendar days after)	
Infection control measures required by federal, state and local public health authorities, not already in our Infection Control Plan	
Where the authorities' standards differ, the strictest one we follow	
Or: no additional measures needed (date CDSS was notified, and how)	
Sent to CDSS (date and how)	
Posted, and given to residents' representatives (date)	
All staff trained (dates; no later than 10 calendar days after sending)	
Date the emergency ended	

Reviewed or updated	Date	New measures, and who recommended them	Sent to CDSS and shared (dates)	Name, title and signature
☐ Reviewed ☐ Updated				
☐ Reviewed ☐ Updated				
☐ Reviewed ☐ Updated				

Reviewed or updated	Date	New measures, and who recommended them	Sent to CDSS and shared (dates)	Name, title and signature
☐ Reviewed ☐ Updated				

Responsibilities

- **Licensee (Jordan Lee):** has this plan, includes it in the plan of operation and makes sure it is followed; reviews the use of infection control procedures at least once a year; makes sure the Emergency Infection Control Plan is sent to CDSS on time.
- **Administrator (Jordan Lee):** keeps the plan, the records and the supplies; names the person in the Infection Control Lead position and arranges their training; makes the reports and sends the Emergency Infection Control Plan and its updates to CDSS.
- **Infection Control Lead (Administrator):** is trained by Sacramento County Public Health; enforces the plan; gives the initial, ongoing and PPE training; gets advice when a resident has a contagious disease; takes part in the yearly review and writes the Emergency Infection Control Plan with the administrator.
- **All staff and volunteers:** follow the practices in this plan; take the training; report signs of illness and missing supplies at once.

Records

- This plan, with the Infection Control Lead record and the review and update history.
- The cleaning and disinfection schedule in use.
- For each staff member: the infection control initial training checklist and the training record (Policy 1.6), kept in the personnel file; the PPE training record for all staff and volunteers.
- The contagious disease response records, and copies of reports of epidemic outbreaks.
- Each Emergency Infection Control Plan, its updates, proof of sending each to CDSS, and the staff training on it.

Recommended practice

Guidance for Sample Assisted Living, LLC. It is not part of the plan of operation sent to CDSS.

- **Keep each resident's own equipment.** Where a resident uses a glucose meter, a lancing device or other equipment that touches blood, keeping it for that resident alone is safer than cleaning it between residents. The resident's physician or pharmacist can advise.
- **Stay home when sick.** Ask staff to tell the person in charge before a shift if they have a fever, vomiting, diarrhea or a new cough, and plan cover for that shift.
- **Talk with families early.** When a resident has a contagious disease, or there is an outbreak, a short call to each resident's representative explaining what the facility is doing can prevent worry and keep visits safe.

- **A simple tick sheet.** A daily cleaning tick sheet on the inside of a cupboard door helps the person in charge check the schedule at a glance.
- **Refresh the lead's training.** Ask Sacramento County Public Health each year whether there is new guidance or a refresher course for the Infection Control Lead.

Rule basis

> The Infection Control Plan pursuant to Section 87470.
> `22 CCR 87208(a)(12)`

> An Infection Control Plan shall be developed by the licensee and shall be included in the Plan of Operation required by Section 87208.
> `22 CCR 87470(c)`

> An applicant seeking a license for a new ARF, EBSH, CCH, RCFE, RCFCI, and SRF must submit an Infection Control Plan with their initial license application and keep it updated and may choose to either provide the required information on this form or on a separate written submission. This form is provided as a courtesy and its use is voluntary.
> `LIC 9282 (6/23), Explanation`

> The plan must be in writing and made available upon request to residents/clients onsite, any responsible party for a resident/client, the local Long-Term Care Ombudsman, and the California Department of Social Services.
> `LIC 9282 (6/23), Explanation`

> All application submissions for an initial, change of ownership, change of location or change of facility type must include a completed LIC 9282, LIC 9283, or LIC 9282 MFHV.
> `CDSS, How to Become Licensed (Licensure requirement: Infection Control Plan)`

A licensee shall ensure that infection control practices are maintained as follows: (1) All staff and volunteers shall perform hand hygiene. (A) Hand hygiene shall include hand washing with soap and water or using an alcohol-based sanitizer or any other sanitizing method recommended by a medical professional, local health official, health department, or other research-based medical authority. (B) Hand hygiene shall be conducted as follows:

1. Immediately before and after resident care.
2. Before and after handling, preparing or eating foods.
3. Before and after assisting with medications.
4. After contact with blood, body fluids or other potentially infectious material, or contaminated surfaces.
5. Immediately before putting gloves on and immediately after removing gloves.
6. When hands are visibly soiled.

22 CCR 87470(a)(1)

(2) Environmental cleaning and disinfection activities shall be performed following the manufacturers' instructions for proper use of the cleaning and disinfecting products. These activities shall be completed, at a minimum, as follows: (A) Surfaces such as floors, chairs, toilets, sinks, counters and tabletops shall be cleaned and disinfected on a regular basis to ensure they are safe and sanitary. These surfaces shall also be disinfected when these surfaces are contaminated and visibly soiled with blood or body fluids or other potentially infectious material. (B) Walls and window coverings in resident care areas shall be dusted or cleaned on a regular schedule to ensure they are safe and sanitary and when they are visibly contaminated or soiled. (C) Spills of blood and other potentially infectious materials and surfaces shall be promptly cleaned and disinfected. (D) Facility items that cannot be disinfected shall be discarded immediately in an appropriate waste receptacle with a tight-fitting cover or otherwise made inaccessible to human contact or transmission.

22 CCR 87470(a)(2)(A)-(D)

(E) For a resident's personal item(s) that cannot be disinfected, the licensee shall work with the resident to mitigate human contact or transmission.

22 CCR 87470(a)(2)(E)

(3) In addition to Section 87629, Injections, all staff who are assigned to assist residents with the self-administration of injectable medication shall observe the following procedures: (A) Medications administered by injection shall be drawn up in a clean area. (B) A syringe and needle shall only be used once per injection on one resident and then properly disposed of in accordance with the California Code of Regulations, Title 8, Section 5193. (C) The top of a medication vial shall always be cleaned with an alcohol swab before needle entry.

`22 CCR 87470(a)(3)`

(4) All facility staff and volunteers shall use gloves as a protective barrier to prevent the spread of potential infection as specified below. (A) Gloves shall always be worn when:

1. Coming into contact with blood or body fluids or other potentially infectious material such as saliva, stool, vomit or urine.
2. There is a cut or open wound on the hands of the staff or volunteer.
3. Assisting with direct resident care and coming into direct contact with residents, such as bathing, dressing, or assisting with incontinence when there is a risk of contact with blood, body fluids or other potentially infectious material.
4. Administering first aid. (B) A pair of gloves may not be used on multiple residents and shall be properly discarded in between completing an interaction with one resident and prior to an interaction with another resident or after being used as described in subsection (a)(4) above. (C) Gloves shall be removed and discarded in the nearest appropriate waste receptacle with a tight-fitting cover immediately following the glove use as required by subsection (a)(4)(A) with one resident and prior to an interaction with another resident. (5) All staff and volunteers, regardless of having direct contact with residents, shall practice and maintain respiratory etiquette, such as covering the mouth and nose with a tissue or elbow rather than one's hand when coughing or sneezing, to minimize exposure to potential illness.

`22 CCR 87470(a)(4)-(5)`

(A) A tissue shall be disposed of in the nearest waste receptacle with a tight-fitting cover immediately after use. (6) All direct care staff assigned to assist residents with the self-administration of medication or assigned to the care of a resident shall clean and disinfect reusable medical equipment as follows: (A) Reusable medical equipment shall be disinfected using an EPA (Environmental Protection Agency) approved disinfectant prior to use for the care of another resident.

1. Physical separation between clean and soiled equipment shall be maintained to prevent cross contamination.

`22 CCR 87470(a)(5)(A), (a)(6)`

> The licensee shall be permitted to accept or retain a resident who requires intramuscular, subcutaneous, or intradermal injections if the injections are administered by the resident or by an appropriately skilled professional.
>
> `22 CCR 87629(a)`

> "Contagious disease" means an illness capable of being transmitted from one human to another human via direct or indirect contact.
>
> `22 CCR 87101(c)(14)`

> (b) In addition to subsection (a), when one or more residents in the facility are diagnosed with a contagious disease, the following shall apply: (1) In addition to the requirements of subsection (a)(2), assigned staff and volunteers, regardless of having direct contact with residents, shall be required to perform enhanced environmental cleaning and disinfection to maintain a safe and sanitary environment and to prevent, contain, and mitigate the transmission of the contagious disease. (A) The licensee shall consult with a medical professional, local health official, health department, or other research-based medical authority to determine the type of enhanced environmental cleaning based on the contagious disease in the facility. (B) The enhanced cleaning and disinfection shall occur in any impacted areas, and immediately after contact with a resident who has a contagious disease. (2) All staff and volunteers providing direct care to a resident who has a contagious disease shall wear appropriate Personal Protective Equipment (PPE) to prevent exposure to infectious agents or chemicals through the respiratory system, skin, or mucous membranes of the eyes, nose, or mouth. PPE may include gloves, gowns, masks, respirators, shoe coverings and eye protection. (A) The licensee shall consult with a medical professional, local health official, health department, or other research-based medical authority to determine the type of PPE to be used based on the contagious disease present in the facility. (B) PPE shall be removed and discarded in the nearest appropriate waste receptacle with a tight-fitting cover immediately following the assisting with direct care for each resident. (C) The licensee shall ensure all staff and volunteers are trained in the proper use of all required PPE prior to being around residents and annually thereafter.
>
> `22 CCR 87470(b)(1)-(2)(C)`

> (D) PPE shall be used when assisting with direct resident care, such as bathing, or assisting with incontinence. (3) There shall be separation and care of residents whose illness requires separation, including quarantine or isolation, from others.
>
> `22 CCR 87470(b)(2)(D), (b)(3)`

> Occurrences, such as epidemic outbreaks, poisonings, catastrophes or major accidents which threaten the welfare, safety or health of residents, personnel or visitors, shall be reported within 24 hours either by telephone or facsimile to the licensing agency and to the local health officer when appropriate.
>
> `22 CCR 87211(a)(2)`

> (1) The Infection Control Plan shall include all of the following: (A) Identification of a staff position to perform the duties of an Infection Control Lead for the facility.
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> 1. Contact information for the designated Infection Control Lead shall be made available to the department upon request.
> 2. A description shall be included of how the Infection Control Lead shall be trained by a medical professional, local health official, health department, or other research-based medical authority that provides infection control training that will include enforcement of the Infection Control Plan. (B) A description of how the licensee shall meet the specific infection control practice requirements of subsections (a), (b) and (d). (C) An Infection Control Training Plan.
> 3. Initial training requirements for new facility staff shall be addressed in the plan, with training to be provided by the Infection Control Lead before staff works independently with residents.
> 4. Ongoing training requirements for all facility staff shall be addressed by the plan, with training to be provided by the Infection Control Lead.
> 5. The description of initial and ongoing training shall address the requirements of subsections (a), (b) and (d). (D) The licensee shall review the use of infection control procedures in the facility at least annually, if local government public health determines an epidemic outbreak has occurred, or if the review is requested by the local licensing agency. (E) The licensee shall ensure that staff encourage residents to follow infection control practices as necessary.
>
> `22 CCR 87470(c)(1)(A)-(E)`

> A licensee or administrator should sign and date the plan to show that it has been reviewed and updated as necessary.
>
> `LIC 9282 (6/23), Explanation`

> (d) When an emergency, as defined in Government Code section 8558, or federal emergency for a contagious disease is proclaimed or declared, the licensee shall develop an Emergency Infection Control Plan that includes infection control measures that are not already addressed in the Infection Control Plan as specified in subsection (c), to prevent, contain, and mitigate the associated contagious disease. (1) The Emergency Infection Control Plan shall include the applicable infection control measures required by the federal, state, and local government public health authorities for the contagious disease, and shall be completed and sent to the Department within 15 calendar days from the date the state or federal emergency is proclaimed or declared. In the event there are differing standards between the government public health authorities, the licensee shall follow the strictest requirement. (2) If there are no additional infection control measures to be taken to prevent, contain, and mitigate the associated contagious disease that are not already addressed in the Infection Control Plan, then the licensee shall notify the Department of this determination within 15 calendar days from the date on which the state or federal emergency is proclaimed or declared. (A) The licensee shall complete and send to the Department within 15 calendar days any updates to the Emergency Infection Control Plan should additional infection control measures to prevent, contain, and mitigate the associated contagious disease be recommended by federal, state, and local government public health authorities or the Department that are not already addressed in the Infection Control Plan. (3) The Emergency Infection Control Plan shall be submitted to the Department and used until the proclaimed or declared state of emergency is no longer in effect. (4) The Emergency Infection Control Plan shall be made available to residents, facility staff and, if applicable, each residents' representative. (5) All staff shall be trained on the Emergency Infection Control Plan immediately but no later than 10 calendar days after submission to the Department. (6) The Emergency Infection Control Plan shall be reviewed and updated as necessary or whenever new infection control measures are recommended by the federal, state, and local government public health authorities, or as determined by the Department, until the proclaimed or declared state of emergency is no longer in effect. Any updates to the plan shall be made available to staff, residents and if applicable, each resident's representative, and submitted to the Department.
>
> `22 CCR 87470(d)`

> Renames the Infection Control Preventionist title to Infection Control Lead. The duties of the position have not changed.
>
> `PIN 23-12-ASC (May 17, 2023)`

Adopted November 1, 2026 · Next review November 1, 2027