

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
NARBHA Edition**

Section 10.2 Environment of Care and Infection Control

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10.2.1 Introduction

The goal of this policy is to provide a safe, accessible, effective and efficient environment for members, staff and others in the care and service settings. The goal of infection control is to promote health and the prevention and spread of diseases. There must be a systematic method of collecting, consolidating and analyzing data concerning the distribution and dissemination of a given disease or event followed by dissemination of the information to those who can improve the outcomes.

10.2.2 References

Annual Site Visit On-Site Review Tool (See [PM Form 10.2.1](#))

10.2.3 Scope

NARBHA's expectation is that the network treatment providers in the NARBHA provider network comply with Arizona Department of Health Services licensure standards and the JCAHO standards for Environment of Care. Providers are required to develop an Environment of Care Plan and related Policies and Procedures that address, at a minimum, the current JCAHO standards.

Nosocomial infections are infections that one individual gets from another (whether from another member or from a staff member), contaminated food, water, or other environmental sources.

Three things have to be present at the same time for an infection to be nosocomially acquired.

- An infectious agent - A virus, bacterium, or fungus present in the organization's environment.
- A susceptible host - The individual has to be in a condition that permits him or her to "catch" the infectious agent.

Chain of transmission - Whereby the infectious agent moves from its reservoir (an infected person or environmental element, such as a contaminated food or water supply) to the susceptible host.

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10.2.4 Objectives

It is the policy of NARBHA to ensure that each provider in the NARBHA network has coordinated processes to reduce the risks of endemic and epidemic infection in members and employees. This includes activities to reduce risks for nosocomial infections- infections acquired while in the care and service provider organization.

NARBHA has an additional responsibility to ensure that the goal of the policy is achieved in all care and service settings throughout its region.

10.2.5 Procedures

10.2.5-A: Environment of Care

NARBHA requires the provider to update and to keep current specific Environment of Care documents. These documents are in a written format and are readily accessible to the NARBHA Safety Officer or designee upon request. They are:

- The periodic walk-thru surveillance reports and evacuation (fire) drills that are prepared on all of network treatment provider's facilities.
- The Management of the Environment of Care Annual Reports that are prepared by the network treatment providers about all of their facilities.
- If applicable, a Statement of Conditions is prepared by the provider about their care environment. (Note: All health care occupancies, ambulatory health care, lodging or rooming houses, hotels and dormitories must have a completed Statement of Conditions (SOC). However, freestanding business occupancies do not need a SOC. Neither do attached business occupancies as long as they are separated by a two (2) hour fire barrier and do not serve as part of the means of egress from a health care occupancy.

Providers continually monitor their adherence to the JCAHO Environment of Care standards.

- NARBHA monitors and provides technical assistance to advocate providers' adherence with the Environment of Care standards.
- NARBHA uses the results of the providers' monitoring efforts as well as NARBHA's monitoring of the providers' adherence to the EOC standards in its credentialing and contracting processes.

10.2.5-B: Infection Control

NARBHA requires all providers to have an infection-control program to prevent the infection from occurring either by preventing or breaking that chain of transmission, which addresses (at a minimum) the following:

- Processes to reduce risks for endemic and epidemic infections in members and issues that are epidemiologically important to the care and service provider organization, such as:
 - Food safety
 - Environmental cleanliness and sanitation (minimum standard: conformance with Arizona Office of Behavioral Health Licensure standards) and with County Health codes.
 - Identification and control of infections

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- Maintenance of members' immunization status
- Tuberculosis and other communicable diseases monitoring
- Employee health monitoring

Examples of the above processes include:

- Procedures directing appropriate care of the environment to include:
 - Mattresses and pillows sanitized between uses by different members and linens changed.
 - Bed linens washed no less than every seven days, or more frequently, if necessary.
 - Sufficient hot water for all members to bathe every 24 hours and to carry out laundry, dish washing and sanitation functions; the temperature of the hot water supply for member care areas shall be regulated between 90 and 115 degrees F., as measured at the outlet.
 - All potentially dangerous objects or toxic substances stored in a locked cabinet or enclosure, away from food or other areas that could constitute a hazard to the member.
 - All trash, garbage and rubbish from residential areas collected every 24 hours and taken to storage areas.
 - Garbage collected and stored in waterproof, leak proof containers and removed from storage facilities at a minimum twice every seven (7) days.
 - The agency free of insects and rodents; documentation of pest control measures including procedures for proper food handling and storage to include labeling, security, temperature, the separation of food and non-food items, and methods to prevent contamination.
 - Procedures that address rules for using detergents/cleaning agents.
 - Procedures that address prevention of infection from blood-borne pathogens (universal precautions).
 - In residential adolescent programs, requirements for up to date immunization records upon admission or not later than seven days after.
 - Upon admission to an inpatient/residential facility, members screened for tuberculosis and any other communicable/infectious disease suggested by their medical history and physical examination or symptoms.
 - Policies that require employees to have annual tuberculosis testing and require a clearance note from a physician when an employee is absent for more than five days.
 - Procedures regarding disease-reporting requirements; reporting to staff and public health authorities.
 - Employee orientation that outlines infection-control content (including hand-washing techniques) and proof of attendance for each employee.

The infection-control program is integrated with the organization-wide performance-improvement process. Data about infection risks, trends, and rates stimulate ongoing study to improve prevention and control activities and reduce infection rates to the lowest possible levels.

Management systems support the infection-control program by providing staff and data systems and education/training to meet the infection-control program's requirements and support achievement of its objectives.

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Providers submit to the NARBHA Provider Contracts Specialist and Contracts and Provider Network Administrator their annual Licensure reports and accreditation reports (if applicable). The noted deficiencies (or Type-1 findings) that relate to Infection Control are forwarded to the NARBHA Safety Officer for follow-up.

For those noted deficiencies, the NARBHA Safety Officer requests the provider's corrective action plan to follow-up on the adequacy and implementation of the provider's written plan. In addition, the QIC Safety Officer may request the provider's infection control plan outlining all activities used for the surveillance, prevention, and control of infection and reports from the provider's performance improvement activities, outlining the scope and results of all activities related to infection control (see [PM Form 10.2.1](#)).

Anecdotal notifications of infection control issues (member complaints, site visits, etc.) may also trigger a review of provider infection control plans, annual reports, site visits, staff interviews and request for corrective action.

10.25-C: PANDEMIC CONTRACTUAL PERFORMANCE

NARBHA requires the providers to participate in region-wide and county-specific pandemic plans. Additionally each provider shall have a written plan that illustrates how the provider shall perform up to NARBHA's contractual standards in the event of a pandemic. NARBHA may require a copy of the plan at anytime. At a minimum, the pandemic performance plan shall include:

- Key succession and performance planning if there is a sudden significant decrease in provider's workforce.
- Alternative methods to ensure there are products in the supply chain.
- An up to date list of company contacts and organizational chart.

In the event of a pandemic, as declared the Governor of Arizona, U.S. Government or the World Health Organization, which makes performance of any term under this contract impossible or impracticable, NARBHA shall have the following rights:

- After the official declaration of a pandemic, NARBHA may temporarily void the contract(s) in whole or specific sections, if the provider cannot perform to the standards agreed upon in the provider's contract.
- NARBHA shall not incur any liability if a pandemic is declared and emergency procurements are authorized by the DBHS Director as per [A.R.S. 41-2537](#) of the Arizona Procurement Code.
 - Once the pandemic is officially declared over and/or the provider can demonstrate the ability to perform, NARBHA, at its sole discretion, may reinstate the temporarily voided contract(s).