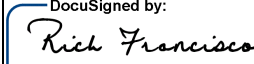




Policy/Procedure Title: Infection Control	Policy and Procedure #: 10-010	<u>Review Dates</u>	
Category: Provider Network Subject: The occurrence of infections is prevented and controlled.	Prepared by: Name: Jackie Farrar Title: Provider Network Manager Approved by: <div><div>DocuSigned by:</div><div></div></div> <div>AA7EBD48AB804A3...</div> Rich Francisco, Executive Director	07/23/25	
	Effective Date: 06/28/2002	Last Revised Date: 04/11/2024	

I. POLICY

It is the policy of HealthWest to require Care and Service Providers to demonstrate practices which prevent or minimize the occurrences of infections in staff and persons receiving services.

II. APPLICATION

All Care and Service Providers of HealthWest.

III. DEFINITIONS

A. Prevention of Infection

Use of mechanisms designed to reduce the probability of an individual acquiring an infection.

B. Control of Infection

Use of activities designed to hinder the transmission of disease.

C. Risk

The probability of an event occurring.

D. Surveillance of Infection

Continuous scrutiny of all aspects of occurrence and transmission of infection/disease.

IV. PROCEDURE

A. Network Development Staff will assure contract language/Provider Manual includes Payor requirements for infection control.

B. Payor will monitor compliance as detailed below:

*Note: HealthWest delegates to its accredited providers the responsibility for compliance and monitoring of non-accredited or licensed independent sub-contracted providers.

Provider	Requirements	Provider Evidence	Review Schedule	Monitoring Method
Accredited Providers (TJC, CARF, and COA only).	<p>Infection Control Process that includes:</p> <ul style="list-style-type: none"> • Identification. • Prevention. • Surveillance. • Control of Infections. • Staff training specific to infectious diseases and appropriate to treatment setting and population served. <p>Policies/Procedures for:</p> <ul style="list-style-type: none"> • Staff health screening. • Return to work. • Food safety. • Environmental issues. • Infection Exposure Control Plan. • Performance Improvement Activities. 	<ul style="list-style-type: none"> • Full Licensing Report from the Michigan Department of Health and Human Services. • Full Accreditation Report. • Plans of Correction. • Performance Improvement strategies and results. • Self-surveys. 	<ul style="list-style-type: none"> • Application/ Re-application. • Quarterly Performance Indicators. • Adverse incident. 	<ul style="list-style-type: none"> • Accreditation and license document review. • Self-survey documents.

Provider	Requirements	Provider Evidence	Review Schedule	Monitoring Method
Non-Accredited Providers	Same as above.	Full license report from the Department of Health and Human Services. <ul style="list-style-type: none"> • Plans of Correction. • Self and external review. • Training documents. • CMH site/document review. 	Same as above.	Document and site review. Plans of Correction.
Licensed Independent Practitioners	Same as above.	Same as above.	See above.	See above.

C. Consequence(s) for Non-Compliance

Network/designated HealthWest staff will:

1. Notify of non-compliance and request plan of correction with specific timeframes.
2. Review plan of correction actions until compliant.
3. May withhold payment or terminate contract.

VI. REFERENCES

CARF: Behavioral Health Standards Manual
 MIOSHA/OSHA Standards
 Life Safety Code NFPA 101-1999
 Department of Health and Human Services Licensing Requirements
 Other HealthWest Policies/Procedures