



## Medicare Hospice Conditions of Participation (CoPs)

### SUBPART C

#### **§418.60 Condition of Participation: Infection Control**

#### *Regulatory text and interpretive guidelines*

L-tags (i.e. L500) are the identifiers for the survey interpretive guidelines. The L-tag identifier is marked in each **box** for each regulatory standard. The regulatory standard text is highlighted in **red**.

#### **L577**

(Rev. 69, Issued: 12-15-10, Effective: 10-01-10, Implementation: 10-01-10)

#### **§418.60 CONDITION OF PARTICIPATION: INFECTION CONTROL**

#### **L578**

(Rev. 69, Issued: 12-15-10, Effective: 10-01-10, Implementation: 10-01-10)

**The hospice must maintain and document an effective infection control program that protects patients, families, visitors, and hospice personnel by preventing and controlling infections and communicable diseases.**

#### Interpretive Guidelines §418.60

The hospice infection control program must identify risks for the acquisition and transmission of infectious agents in all settings where patients reside. There needs to be a system to communicate with all hospice personnel, patients, families and visitors about infection prevention and control issues including their role in preventing the spread of infections and communicable diseases through daily activities.

The hospice's infection control program may include, but not be limited to the following:

- Educating staff on the science of infectious disease transmission.
- Protocols for addressing patient care issues and prevention of infection related to infusion therapy, urinary tract care, respiratory tract care, and wound care.
- Guidelines on caring for patients with multi-drug resistant organisms.

- Policies on protecting patients, staff and families from blood borne or airborne pathogens.
- Monitoring staff for compliance with hospice policies and procedures related to infection control.
- Protocols for educating staff and families in standard precautions and the prevention and control of infection.

#### Procedures and Probes §418.60

- Ask the hospice what steps it takes to assure that staff take appropriate infection and communicable disease prevention and control precautions, including educating the patient and families about their role in communicating the information to others who may have contact with the patient.
- How does the hospice ensure that patients/families receive timely instruction regarding standard precautions to follow in preventing and controlling infections and communicable diseases?
- If the hospice provides inpatient care directly, observe for appropriate infection prevention and control precautions including signage or other posted information or materials in patient rooms or staff areas.

#### **L579**

(Rev. 69, Issued: 12-15-10, Effective: 10-01-10, Implementation: 10-01-10)

#### **§418.60(a) Standard: Prevention**

**The hospice must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.**

#### Interpretive Guidelines §418.60(a)

Accepted standards of practice for health care providers are typically developed by government agencies, professional organizations and associations. Examples would include, but not be limited to, the Centers for Disease Control and Prevention (CDC), the Agency for Healthcare Research and Quality, State Practice Acts, and commonly accepted health standards established by national organizations, boards, and councils (e.g., Association for Professionals in Infection Control and Epidemiology (APIC), American Nurses' Association.)

Standard Precautions are based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain transmissible infectious agents. Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include: hand hygiene; use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; and safe injection practices. Also, equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner

to prevent transmission of infectious agents (e.g., wearing gloves for direct contact, contain heavily soiled equipment, properly clean and disinfect or sterilize reusable equipment before use on another patient). (Excerpt from CDC [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007](#))

Any deficiency cited as a violation of accepted standards of practice must have a copy of the applicable standard of practice provided to the hospice along with the statement of deficiencies. A hospice may also be surveyed for compliance with State practice acts for each relevant discipline. Any deficiency cited as a violation of a State practice act must reference the applicable section of the State practice act allegedly violated, and a copy of that section of the act must be provided to the hospice along with the statement of deficiencies.

#### Procedures §418.60(a)

During home visits, observe the hospice's practices related to prevention and transmission of infections and communicable diseases and use of standard precautions.

#### **§418.60(b) Standard: Control**

#### **L580**

(Rev. 69, Issued: 12-15-10, Effective: 10-01-10, Implementation: 10-01-10)

**The hospice must maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that—**

- 1) Is an integral part of the hospice's quality assessment and performance improvement program; and**

#### Interpretive Guidelines §418.60(b)(1)

Examples of infection control practices that the hospice may use include monitoring work related employee illness and infections, analyzing them in relation to patient infections, and taking appropriate actions when an infection or communicable disease is present to prevent its spread among staff, patients, family and visitors.

Surveillance data should be routinely reviewed and monitored. Appropriate corrective actions need to be taken based on the data analysis. The hospice must use this information as a part of its QAPI program.

## L581

(Rev. 69, Issued: 12-15-10, Effective: 10-01-10, Implementation: 10-01-10)

### 2) Includes the following:

- i. **A method of identifying infectious and communicable disease problems; and**
- ii. **A plan for implementing the appropriate actions that are expected to result in improvement and disease prevention.**

#### Procedures and Probes §418.60(b)(2)

- Ask the hospice to explain the method(s) it uses to identify infectious and communicable disease problems.
- Does the hospice redesign its strategies to improve its infection prevention and control policies when it identifies problems?
- If you have concerns, ask to review the hospice's policies related to infection control and communicable diseases.

## L582

(Rev. 69, Issued: 12-15-10, Effective: 10-01-10, Implementation: 10-01-10)

### **§418.60(c) Standard: Education**

**The hospice must provide infection control education to employees, contracted providers, patients, and family members and other caregivers.**

#### Probes §418.60(c)

- Is hospice staff (direct employees and contacted staff) aware of infection control principles and procedures?
  - Do they demonstrate this knowledge during home visits?
  - During home visits ask the patient/family or other caregivers to describe infection control education they have received.
-