
MEDICARE CONDITIONS OF PARTICIPATION INFECTION CONTROL

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CONDITIONS OF PARTICIPATION

- 484.70, which covers infection control program requirements and how to implement in agency



DIFFERENT LOOK

- CMS has reorganized the order of the CoPs and assigned a new numbering system. The CoPs are divided into three sections:
 1. General Provisions – §484.1 and §484.2
 2. Patient Care – §484.40-§484.80
 3. Organizational Environment – §484.100-§484.115
- Reduced number of conditions from 17 to 15
- Conditions continue to have descriptive standards




INFECTION PREVENTION AND CONTROL


- §484.70 Infection Prevention and Control that dictate that HHAs must maintain and document an infection control program, the goal of which is prevention and control of infections and communicable diseases. The infection control program must include: a method for:
 - Identifying infectious and communicable disease problems; and,
 - A plan for the appropriate actions that are expected to result in improvement and disease prevention



GOALS

- Established goals for the program include:
 - Addressing prioritized risks
 - Limiting unprotected exposure to pathogens, occupational, and patient
 - Limiting the spread of infections associated with procedures
 - Limiting the spread of infections associated with the use of medical equipment, devices, and supplies
 - Improving compliance with hand hygiene guidelines
 - Additional goals may be added if indicated by findings of the annual or intermittent evaluation of the program
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IDENTIFICATION OF RISKS

- Risks are identified based on the agency's:
 - Geographic location
 - Population(s) served
 - The care, treatment, or services provided
 - Information obtained from data published on local, state, and federal public health systems and similar resources will be used to determine information regarding new infections that could cause an increased number of potentially infectious patients that might affect the agency
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IDENTIFICATION OF RISKS

- Identifies resources that can provide information about infections that could cause an increased number of potentially infectious patients. Florida Department of Health' website FloridaCharts.com/Charts/EnvironmentalHealth reports epidemic outbreaks and information regarding newly identified infections and community threats. Information is reported by county.
- Obtains current clinical and epidemiological information from its resources regarding new infections that could cause an increased number of potentially infectious patients.



IDENTIFICATION OF RISKS

- Develops a method for communicating critical information to licensed independent practitioners and staff about emerging infections that could cause an increased number of potentially infectious patients
- Describes, in policy, how it will respond to an increased number of potentially infectious patients
- Information and training
- Health care worker TB education
- Transferring and receiving patients with symptoms of or actual evidence of infection



IDENTIFICATION OF RISKS

- Needle stick policy
- Management of patients with TB
- Patient/caregiver education
- Health care workers with suspected TB
- Employee/patient counseling, screening, and evaluation
- Influenza vaccinations
- Evaluation and improvement activities
- Biomedical waste plan



Germ Farm




Scrub'em!

THIS IS HOW WE WASH OUR HANDS ALL DAY LONG


- **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap
- **Lather** your hands by rubbing them together with the soap; Be sure to lather the backs of your hands, between your fingers, and under your nails
- **Scrub** your hands for at least 20 seconds. Need a timer? Hum the "happy birthday" song from beginning to end twice
- **Rinse** your hands well under clean, running water
- **Dry** your hands using a clean towel or air dry them




STANDARD PRECAUTIONS

- Standard Precautions (*previously referred to as Universal Precautions*) will be used by all staff performing duties with potential for contacting an infectious process and or handling with blood or body fluids.
 - All health care workers will routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with infectious matter, blood or other body fluids of any patient is anticipated.
 - Precaution are not limited to patient with diagnosis of infectious process.
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LIMITING UNPROTECTED EXPOSURE TO PATHOGENS, OCCUPATIONAL, AND PATIENT

- Exposure Control Prevention
 - Use of Personal Protective equipment plays a large role in the success of this goal.
 - Direct care staff shall consistently and routinely use personal protective equipment (PPE) when there is reasonable potential for exposure to blood or other potentially infectious body fluids.
 - PPE will be provided, repaired, or replaced at no cost to the direct care staff member.
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IMPLEMENTATION

- Policy Development
 - Review Current policies and make revisions as necessary
 - Staff Education
 - Policy must include frequency and time frame
 - Policies required
 - Potential exposure determination staff categories
 - Develop exposure priority list and level of risk to all staff.
 - Include exposure risk in job and limiting the spread of infections associated with procedures
 - Description and interview process
 - Infected staff
 - Handling of specimens
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STAFF EDUCATION

- Must include:
 - Handwashing protocol
 - Standard precautions
 - Curriculum and length of the program (at least 1 hour)
 - Frequency of training (on hire and then at least annually or anytime there is an identified risk from the community) record keeping
 - Part of orientation before they see client
 - Use of PPE and availability of it
 - Visit Bag protocol in home and general
 - Infection reporting requirement and method
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STAFF EDUCATION CONT.

- Records of the training must be kept and records must include:
 - Presenter name
 - Curriculum
 - Attendee sign-in and understanding from trainees that they received the training and they understand what was presented



PATIENT EDUCATION

- Education performed in the patient's home
- Curriculum for the training dependent on each individual patient problem (e.g. UTI, wound infection)
- Should be part of the plan of care
- Standard precautions and hand washing protocols
- Management of contaminated materials



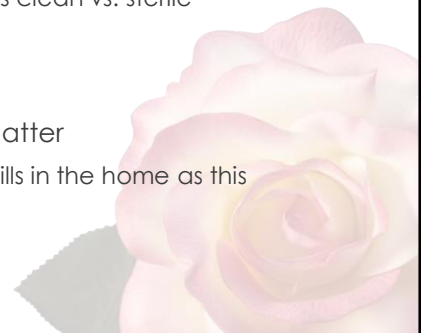
POTENTIAL EXPOSURE DETERMINATION AND STAFF CATEGORIES

- Develop a list
 - # 1 Priority
 - Direct care clinicians
 - Any administrative staff that might have reason to go into the home
 - Clerical staff
 - Little to no risk, but still need to be included on the list
- List given to each employee on hire so they know what their exposure risk is
- Should also be included in their job description



LIMITING THE SPREAD OF INFECTIONS ASSOCIATED WITH PROCEDURES

- Sterile vs. clean
 - Very difficult to maintain a sterile field in the home
 - Make sure you have a strict policy defining sterile vs. clean
 - Clean technique – not actual contamination of the site, but it's clean vs. sterile
- Closed drainage systems (wounds catheters)
 - Policy for how to manage closed drainage systems
- Cleaning technique in case there is spillage of infectious matter
 - Refer to current CDC standards for cleaning contamination spills in the home as this changes frequently



INFECTED STAFF

- Tracking System
- Protocol on how to handle



HANDLING OF SPECIMENS

- Staff education
- Refer to Florida Biomedical Waste Plan
- Make sure you have the necessary equipment needed for staff to handle and dispose of specimens properly
- Review and revise biomedical waste plan yearly, at a minimum



VISIT BAG TECHNIQUE

- Stocking of the bag
- Cleaning of the bag
- Inspection of the bag
- Replacement of the bag, if needed



BAG TECHNIQUE IN THE HOME

- Develop strict policy for bag technique in the home that is consistent across all disciplines
- What kind of barrier to use
- Have bag separated into clean and dirty



LIMITING THE SPREAD OF INFECTIONS ASSOCIATED WITH THE USE OF MEDICAL EQUIPMENT/DEVICES PROCEDURES

- Develop specific procedures and policies for the use of medical equipment according to the manufacturers recommendations




PATIENT SURVEILLANCE


- Origin of infection
- Date when the infection was first identified
- Type of infection
- Location of infection
- Symptoms of infection
- Actions taken
- Lab work
- Resolution of infection
 - Date and description of how it looks now in comparison to how it looked when first identified



SURVEILLANCE OF EMPLOYEE INFECTIONS

- Origin of infection
 - Date when the infection was first identified
 - Type of infection
 - Location of infection
 - Symptoms of infection
 - Actions taken
 - Lab work
 - Resolution of infection
 - Date and description of how it looks now in comparison to how it looked when first identified
 - Method of controlling the infection in order to protect patients
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METHOD OF REPORTING INFECTIONS TO EXTERNAL ORGANIZATIONS

- Florida requirement for reporting
 - Check with your specific state infection control website
 - Your infection tracking data should be included in your Performance Improvement data, at least quarterly
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QUESTIONS?

THANK YOU!



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