Administrator Program
Wednesday, November 16, 2022
12:00pm-1:00pm


Presented by:
Candyce Slusher, LVN, CDCS, Owner of SLUSHER Consulting
End of the Pandemic! (Part 2)

Instructions for use

We survived!
I’m so GLAD things are back to normal!
I NEVER want to go through that again!

Hold up, Buttercup!
Don’t you mean “NEW NORMAL”?
We’ve adapted, but now we have some NEW ways to move forward!
Many aspects of Home Care will never return to the way it was in 2019.

I’m so GLAD things are back to normal!
I NEVER want to go through that again!
The Texas Emergency Rule Ended July 21, 2022 but the Public Health Emergency is Still in Effect

We Must Continue to be Diligent in Our Efforts to Protect Our Clients and Staff Through:

- Infection Control: CDC Guidelines & OSHA General Duty Clause
- Coordination of Care
- Emergency Preparedness
- Quality Assurance and Performance Improvement

1. Infection Control
Infection Control §558.285

§558.285 statute ensure compliance by the agency, its employees, and its contractors with:

(A) Texas Health and Safety Code Chapter 81, relating to prevention and control of communicable diseases;

This Code defines “Communicable Diseases” and outlines the responsibilities of the State and Public to prevent and control communicable diseases in order to protect the public, including

Who should wear PPE,

The responsibilities of various entities to report communicable diseases, specifying” Administrators of Home Health Agencies”

Infection Control §558.285 Cont’

(B) Occupational Safety and Health Administration regulations relating to Bloodborne Pathogens at, 29 CFR Part 1910.1030, and Appendix A to that section; and

(C) Texas Health and Safety Code Chapter 85, Subchapter I, concerning the prevention of the transmission of human immunodeficiency virus and hepatitis B virus; and
**Infection Control**

- §558.285 Cont'
  - (2) require documentation of infections that the client acquires while receiving services from the agency.
  - (A) Specific to Clinical/Home Health/Hospices
  - (B) If an agency is licensed to provide only personal assistance services, documentation must include the date that the infection was disclosed to the agency employee, the client's name, and treatment as disclosed by the client.

- Per HHSC, providers should continue to monitor infection levels within their community, continue to follow the CDC recommendations, and continue to implement precautions as necessary to prevent spread.
  - Infection Control Education and Training Must Occur Upon Hire, Annually And Any Time A New Threat Of A Communicable Disease Arises
Infection Control Policies

→ HHSC mandates that you follow your own Infection Control Policies which includes preventing the spread of communicable diseases.
→ Your Policy should address reporting/logging ANY infection contracted by your clients for the sake of tracking the well-being of your clientele (an QAPI)
→ Also Log Communicable Diseases contracted by staff, in order to mitigate the possibility of spreading infection to your clientele

Infection Control: Source Control

→ Infection Control ALWAYS includes Source Control (Preventing the Source of Infection from Spreading Germs)
→ PPE is Applicable to ALL HCSSAs because PPE is a key tool for Source Control, and all clients are potentially vulnerable to infection from HCSSA staff as well as the community
→ In Air-borne Diseases, Respiratory Droplets ARE the Source!
Infection Control: Fit Testing

→ Fit-testing is an OSHA requirement to ensure that Air-borne particles cannot get around or through the chosen mask
→ N95 Masks are considered “Respirators” whether or not they have a valve, therefore staff must be Fit-Tested prior to use of the Mask if caring for someone with COVID-19
→ Providers can make sure that only employees that are seeing COVID positive patients are using N95 masks to limit the number of employees that must be fit tested.

Infection Control: Fit Testing

→ OSHA does not list specific training requirements for fit test providers. As long as the person you select to perform the fit test is Trained on the Proper Fit Testing Procedure and Documented in their File.
→ Google: OSHA Fit Test Script – to Learn How
→ Gowns can be fit-tested as well, to ensure that the gowns go all the way around the wearer so that the clothing is completed protected from the Source of the Germs.
Infection Control: CDC Recommendations

→ You Must Continue to Monitor Community Transmission Levels to Determine Risk. “When SARS-CoV-2 Community Transmission levels are not high, healthcare facilities could choose not to require universal source control.”

→ Source Control is still recommended if the setting serves a high risk population or where anyone has symptoms or a confirmed case.

Infection Control: CDC Recommendations

→ Administrators can check your local Health Department website to find out about COVID-19 hospitalizations and watch for the rise and fall of current COVID trends.

→ Always remember, the agency is still held responsible for infection control, and that includes preventing spread. So check the CDC Website Regularly to Updated Recommendations.
Infection Control: OSHA General Duty Clause

- Long Before and Long After Any Pandemic, All Employers in the US are Subject to the OSHA General Duty Clause (GDC)
- This General Duty Clause covers all Infection Control training and measures, as well as Emergency Preparedness standards and procedures.
- It’s up to the Agency, how these are handled, but the agency WILL BE HELD ACCOUNTABLE if an incident is investigated by OSHA.

Infection Control: OSHA General Duty Clause Says:

- Each employer –
  - 1. shall furnish to each of it’s employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees;
  - 2. shall comply with occupational safety and health standards promulgated under this Act.
  - a.) Each employee shall comply with occupational safety and health standards and all rules, regulations, and orders issued pursuant to this Act which are applicable to his own actions and conduct.
Infection Control: Respiratory Protection Program

→ Google “Sample Respiratory Protection Program” and download any of a dozen options – customize it for your agency and make it part of your Infection Control program.

→ Use it when any airborne disease or toxin is a threat

Respiratory Protection Program

A. Hazard Assessment and Respirator Selection
B. Updating the Hazard Assessment
C. Training
D. NIOSH Certification
E. Voluntary Respirator Use
F. Medical Evaluation
G. Fit Testing
H. General Respirator Use Procedures
I. Air Quality
J. Change Schedules
K. Cleaning
L. Maintenance
M. Storage
N. Respirator Malfunctions and Defects
O. Emergency Procedures
P. Program Evaluation
Q. Documentation and Recordkeeping
INFECTION CONTROL: Vaccinations

→ UNLESS Your Agency is a LCHH, Vaccinations Were Only Ever Required by the OSHA ETS (halted in Dec. 2021)

→ Best Practice: Many Agencies Now Keep Track of Whether Employees are Vaccinated so They Can Meet Client Requests for Vaccinated Caregivers

INFECTION CONTROL: Screening

→ Some Agencies Are Still Screening Even After the Emergency Rule Ended – Why?

→ OSHA said continued adherence of the precautions related to infection control in the OSHA Healthcare ETS would be the easiest way to meet the requirements of the GDC and the OSHA standards.

→ The CDC Says Screening is Now at the Discretion of the Agency.
**Infection Control: Screening**

- Screening Employees/Clients prior to Each Shift could be a Best Practice in Order to Keep Infection Control in Front of Mind for All.

- Screening for at least a period of time is HIGHLY Recommended if a Client or Staff Presents with Symptoms or Reports Exposure

**Infection Control: Reporting**

- We are STILL Reporting COVID-19 Positive Cases:  
  - This Has Always Been the Case With Any Communicable Disease!

- Documentation of ALL COVID-19 Positive Cases in Clients and Staff to Include:
  - Contact Tracing
  - Return to Work Plans
  - Hospitalizations/Deaths
  - Reporting to Local Health Department – Per CDC and TX Health and Safety Code Chapter 81
2. Care Coordination

“The greatness of a community is most accurately measured by the compassionate actions of its members.”

– Coretta Scott King
Coordination of Care with Other Providers Likely Improved Relationships with:
- Home Health
- Hospice
- Hospitals
- Physicians

Keep It UP!!

Supervisory Visits

→ Supervisory Visits, Reassessments and Attendant Orientations Returned to Pre-Pandemic Procedures for PHC, FC, CAS since September 2021

→ All other HCSSA Supervisory Visits were still able to be done by Telehealth until the Texas Emergency Rule Ended in July 2022.
Supervisory Visits

→ Today This means Per Agency Policy (At Least Every 12 Months for PAS) You Must See Your Clients in Person to Conduct Supervisory Visits.

→ If a Visit Must be Rescheduled Due to Client Illness/Request the Agency Must Document the Reason for the Delay and the Visit Must be Rescheduled in a Reasonable Period of Time.

→ Performing Supervisory Visits by Telephone or Video Conference are No Longer Acceptable.

3. Emergency Preparedness
Emergency Preparedness

→ Now That We’ve Seen How THAT Goes:
→ Are We Better Prepared If/When Another Pandemic Arises?
  → Staffing
  → PPE Supplies
  → Emergency Preparedness Planning with Clients – Improved

→ Best Practice: Add Different Scenarios When You’re Doing Drills – Anything CAN Happen

4. QAPI
QAPI and Annual Evaluations

→ Add Measures and Matrix for:
  → Infection Control/COVID-19
  → Are You Practicing Source Control?
  → OSHA and CDC requirements
  → Staffing shortages

Did Any Good Come Out of This for Home Care?

→ Increased Technology for Improved Efficiency
→ Agencies are More Aware of Infection Control Measures and Government Expectations of their Business
→ The Public Has a Whole New Respect for the People in Healthcare and Perhaps a Better Understanding of Their Own Responsibilities for Their Own Health.
We All Had New Experiences Giving and Receiving Grace.

If Nothing Else, We All Learned A LOT!

“Thank You! Any Questions??

Candyce@slusherconsulting.com (210) 885-4213
Credits/References

→ Presentation template by SlidesCarnival
→ https://www.osha.gov/laws-reggs/oshact/section5-duties
→ https://statutes.capitol.texas.gov/Docs/HS/htm/HS.81.htm