Texas Association for Home Care & Hospice
Leading ★ Advancing ★ Advocating

Administrator Program
Tuesday, November 18, 2025
2:15pm-3:15pm

7a. Infection Control Updates

Presented by:
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HCCSA Infection Control

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1

Objectives

At the conclusion of this educational activity, the learner will be able to:

- Discuss the regulations for HCCSAs infection control programs as listed in Texas state regulations and referenced rules including the OSHA blood borne pathogen standard
- Discuss federal regulations and standards for implementation of an infection control program for LHCCSAs and their implementation within the agency, including best practice(s)
- Describe tools available to assist agencies in providing best-practice peer-reviewed testing and training for clinicians

2

Regulatory requirements for HCSSA Infection Control

Infection Control Program

•**State**: HCSSAs in Texas must establish an infection control program to investigate, control, and prevent infections within the facility. The program should include procedures for isolation when necessary and maintaining records of infection incidents along with corrective actions taken.

•**Federal**: According to **42 CFR Part 418.60 (Hospice Care)** and **42 CFR Part 484.70 (Home Health Services)**, facilities must have a coordinated infection prevention and control program. This program must align with accepted standards of practice to prevent transmission of infections and communicable diseases.

3

Regulatory requirements for HCSSA Infection Control

According to guidance to surveyors in the state operations manual –

The facility must have an infection control program that includes policies and procedures to

- *prevent,*
- *identify,*
- *report,*
- *investigate, and*

control infections and communicable diseases for all residents, staff, volunteers, visitors, and <u>other individuals providing services under a contractual arrangement.</u>

& must designate a qualified individual who is responsible for the infection prevention and control program.

4

Interpretive Guidelines for Infection Control from the State Operations Manual

Interpretive Guidelines § 484.70

The home health setting presents unique challenges for infection control, because: care is delivered in the home environment, not a structured facility; sterile supplies are transported by staff and may need to be stored and protected in the home; and patients may not have access to basic hygiene necessities in their home.

It is essential that HHAs have a comprehensive and effective infection control program, because the consequences of poor infection prevention and control can be very serious.

The manner and degree of noncompliance identified in relation to the standard level tags for §484.70 may result in substantial noncompliance with this CoP, **requiring citation at the condition level.**

Survey Procedures § 484.70

- Surveyors will focus their observation of infection control practices by the HHA during home visits.
- Determine whether the policies and procedures of the HHA's infection control program are implemented correctly based on observations of care.
- Determine that there is an ongoing, documented program for the prevention and control of infections and communicable diseases among patients and HHA personnel.

5

Implementation in HCSSA Agencies - based on the SOM

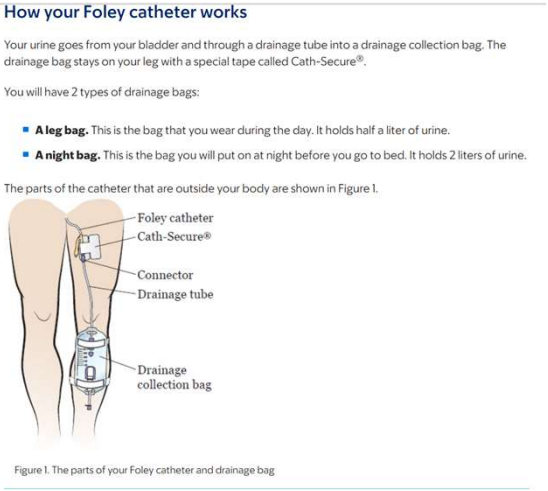
- Educating staff on the science of infectious disease transmission - this includes bloodborne pathogen, airborne diseases, hand hygiene, etc. Ensure that the agency's education is up to date and addresses all infectious disease risk and standard precautions

6

Implementation in HCSSA Agencies - based on the SOM

- Protocols for addressing patient care issues and prevention of infection related to infusion therapy, urinary tract care, respiratory tract care, and wound care
- How does the agency document and implement efforts to ensure that these specific types of infection are addressed - ie - pt/staff education, updated education - best practices related to each type of infection/intervention?

From: Memorial Sloan Kettering Patient education
https://www.mskcc.org/cancer-care/patient-education/urinary-foley-catheter#section-3



How your Foley catheter works

Your urine goes from your bladder and through a drainage tube into a drainage collection bag. The drainage bag stays on your leg with a special tape called Cath-Secure®.

You will have 2 types of drainage bags:

- **A leg bag.** This is the bag that you wear during the day. It holds half a liter of urine.
- **A night bag.** This is the bag you will put on at night before you go to bed. It holds 2 liters of urine.

The parts of the catheter that are outside your body are shown in Figure 1.

Figure 1. The parts of your Foley catheter and drainage bag

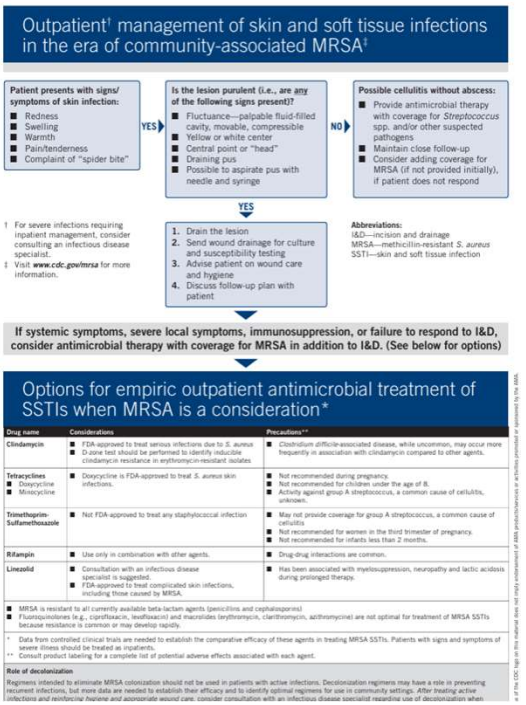
7

Implementation in HCSSA Agencies - based on the SOM

- Guidelines on caring for patients with multi-drug resistant organisms; Does the agency maintain best practice ordering protocols related to MRSA - including the appropriate precautions, implementing appropriate orders for care related to MRSA-type infections such as peak/trough

Outpatient management of MRSA taken from:

https://www.cdc.gov/mrsa/media/pdfs/FlowChart-Poster-P.pdf



Outpatient† management of skin and soft tissue infections in the era of community-associated MRSA‡

Patient presents with signs/symptoms of skin infection:
- Redness
- Swelling
- Warmth
- Pain/tenderness
- Complaint of "spider bite"

YES

Is the lesion purulent (i.e., are any of the following signs present)?
- Fluctuance—palpable fluid-filled cavity, movable, compressible
- Yellow or white center
- Central point or "head"
- Draining pus
- Possible to aspirate pus with needle and syringe

NO

Possible cellulitis without abscess:
- Provide antimicrobial therapy with coverage for *Streptococcus* spp. and/or other suspected pathogens
- Maintain close follow-up
- Consider adding coverage for MRSA (if not provided initially), if patient does not respond

YES

1. Drain the lesion
2. Send wound drainage for culture and susceptibility testing
3. Advise patient on wound care and hygiene
4. Discuss follow-up plan with patient

† For severe infections requiring inpatient management, consider consulting an infectious disease specialist.
‡ Visit **www.cdc.gov/mrsa** for more information.

Abbreviations:
I&D—incision and drainage
MRSA—methicillin-resistant *S. aureus*
SSTI—skin and soft tissue infection

If systemic symptoms, severe local symptoms, immunosuppression, or failure to respond to I&D, consider antimicrobial therapy with coverage for MRSA in addition to I&D. (See below for options)

Options for empiric outpatient antimicrobial treatment of SSTIs when MRSA is a consideration*

Drug name	Considerations	Precautions**
Clindamycin	■ FDA-approved to treat serious infections due to *S. aureus* ■ D-zone test should be performed to identify inducible clindamycin resistance in erythromycin-resistant isolates	■ *Clostridium difficile*-associated disease, while uncommon, may occur more frequently in association with clindamycin compared to other agents.
Tetracyclines ■ Doxycycline ■ Minocycline	■ Doxycycline is FDA-approved to treat *S. aureus* skin infections.	■ Not recommended during pregnancy. ■ Not recommended for children under the age of 8. ■ Activity against group A streptococcus, a common cause of cellulitis, unknown.
Trimethoprim-Sulfamethoxazole	■ Not FDA-approved to treat any staphylococcal infection	■ May not provide coverage for group A streptococcus, a common cause of cellulitis ■ Not recommended for women in the third trimester of pregnancy. ■ Not recommended for infants less than 2 months.
Rifampin	■ Use only in combination with other agents.	■ Drug-drug interactions are common.
Linezolid	■ Consultation with an infectious disease specialist is suggested. ■ FDA-approved to treat complicated skin infections, including those caused by MRSA.	■ Has been associated with myelosuppression, neuropathy and lactic acidosis during prolonged therapy.

■ MRSA is resistant to all currently available beta-lactam agents (penicillins and cephalosporins)
■ Fluoroquinolones (e.g., ciprofloxacin, levofloxacin) and macrolides (erythromycin, clarithromycin, azithromycin) are not optimal for treatment of MRSA SSTIs because resistance is common or may develop rapidly.

* Data from controlled clinical trials are needed to establish the comparative efficacy of these agents in treating MRSA SSTIs. Patients with signs and symptoms of severe illness should be treated as inpatients.
** Consult product labeling for a complete list of potential adverse effects associated with each agent.

Role of decolonization

Regimens intended to eliminate MRSA colonization should not be used in patients with active infections. Decolonization regimens may have a role in preventing recurrent infections, but more data are needed to establish their efficacy and to identify optimal regimens for use in community settings. After treating active infections and reinforcing hygiene and appropriate wound care, consider consultation with an infectious disease specialist regarding use of decolonization when

8

Implementation in HCSSA Agencies - based on the SOM

- Policies on protecting patients, staff and families from blood borne or airborne pathogens; including following the agency's policies - standard practices, hand hygiene, and documentation of teaching for patients and families, how is the agency managing it's post-COVID-19 infection control consistently when caring for patients?
- Do staff know what the related precautions should be?

- Appendix A, Table 2 (right) Clinical Syndromes or Conditions Warranting Empiric Transmission-Based Precautions in Addition to Standard Precautions
- https://www.cdc.gov/infection-control/hcp/isolation-precautions/appendix-a-table-2.html

Respiratory Infections	Cough/fever/pulmonary infiltrate in any lung location in an HIV-infected patient or a patient at high risk for HIV infection	*M. tuberculosis*, Respiratory viruses, *S. pneumoniae*, *S. aureus* (MSSA or MRSA)	Airborne Precautions plus Contact Precautions Use eye/face protection if aerosol-generating procedure performed or contact with respiratory secretions anticipated. If tuberculosis is unlikely and there are no AIIRs and/or respirators available, use Droplet Precautions instead of Airborne Precautions Tuberculosis more likely in HIV-infected individual than in HIV negative individual
Respiratory Infections	Cough/fever/pulmonary infiltrate in any lung location in a patient with a history of recent travel (10-21 days) to countries with active outbreaks of SARS, avian influenza	*M. tuberculosis*, severe acute respiratory syndrome virus (SARS- CoV), avian influenza	Airborne plus Contact Precautions plus eye protection. If SARS and tuberculosis unlikely, use Droplet Precautions instead of Airborne Precautions.
Respiratory Infections	Respiratory infections, particularly bronchiolitis and pneumonia, in infants and young children	Respiratory syncytial virus, parainfluenza virus, adenovirus, influenza virus, *Human metapneumovirus*	Contact plus Droplet Precautions; Droplet Precautions may be discontinued when adenovirus and influenza have been ruled out
Skin or Wound Infection	Abscess or draining wound that cannot be covered	*Staphylococcus aureus* (MSSA or MRSA), group A streptococcus	Contact Precautions Add Droplet Precautions for the first 24 hours of appropriate antimicrobial therapy if invasive Group A streptococcal disease is suspected

Diseases, syndrome, potential pathogen and recommended precautions.

9

PPE & Precautions – from the State Operations Manual

Home Visit Observations

Infection control practices by HCSSA staff are observed during home visits and inpatient care observations. Observe hand hygiene and wound care to see how clean/ sterile wound supplies are stored/ protected in the home and during transport by staff, and how soiled/ contaminated dressings are handled by HCSSA staff.

Observe for adherence to standard precautions, which apply to all patient care, regardless of the patient's suspected or confirmed infectious state. These practices protect healthcare personnel and prevent healthcare personnel or the environment from transmitting infections to patients. HCSSA typically provide an agency-specific policy and procedure for a "bag technique" to describe the management of patient care equipment and supplies that are transported into patient homes.

10

Implementation in HCSSA Agencies - based on the SOM

- **Monitoring staff for compliance with HCSSA policies and procedures related to infection control**; on site visits to monitor for infection control practice implementation - how often are these done?
- *Are they impactful?*
- *What plan is in place in case the clinician isn't managing these as required?*
- *Remember that infection control, bag technique and hand hygiene concepts apply to hospice as well as home health*

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Infection Control Competency Checklist
HAND HYGIENE

Competency	Demonstrated	Needs Improvement	Not Observed
Performs hand hygiene before and after patient contact	☐	☐	☐
Uses alcohol-based hand rub or soap and water appropriately	☐	☐	☐
Washes hands for minimum 20 seconds when visibly soiled	☐	☐	☐
Avoids artificial nails and maintains short, clean fingernails	☐	☐	☐
Uses gloves appropriately and performs hand hygiene after glove removal	☐	☐	☐

BAG TECHNIQUE

Competency	Demonstrated	Needs Improvement	Not Observed
Places clean barrier under nursing bag before opening	☐	☐	☐
Keeps bag closed when not in use	☐	☐	☐
Avoids placing bag on patient furniture or floor	☐	☐	☐
Removes contaminated items promptly and disposes per protocol	☐	☐	☐
Cleans and disinfects reusable equipment before returning to bag	☐	☐	☐
Maintains separate compartments for clean and contaminated items	☐	☐	☐

11

- Hand Hygiene checklist from Quality Insights

Hand Hygiene Checklist

Personnel																
HAND HYGIENE	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA	
Sink and soap available																
Paper towels available																
ABHR available																
Nails acceptable																
Appropriate PPE available																
Appropriate handwashing																
Appropriate ABHR																
HH pre-resident contact																
HH post-resident contact																
HH after contact with body fluids																
HH after touching objects/surfaces																
HH after PPE removal																
Gloves worn																
Gloves appropriate																
Gown worn																
Gown appropriate																
Mask worn																
Mask appropriate																
WOUND CARE	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA	
Clean surface																
All supplies assembled																
HH performed																
Clean gloves donned																
Prevented cross contamination																
Contaminated glove changed																
HH performed																
Clean gloves donned																
Clean dressing applied																
Unused supplies discarded/dedicated																
Soiled surfaces disinfected																
Gloves removed																
HH performed																

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12

Implementation in HCSSA Agencies - based on the SOM

- Protocols for educating staff and families in standard precautions and the prevention and control of infection - Does the agency standardize the way it provides education - ie - all patients and families are taught on infection control at the first visit and at specified timeframes?

Standard Precautions for patients & caregivers -
https://www.google.com/url?sa=i&url=https%3A%2F%2Fwww.facebook.com%2Falabamapublichealth%2Fposts%2Finternational-infection-prevention-week-is-october-15-21-protecting-yourself-and%2F737160941778080%2F&psig=AOvVaw0n9F_KuzcRe4Icf_bOMJ2i&ust=1762828815154000&source=images&cd=vfe&opi=89978449&ved=0CBkQjhxqFwoTCJCmsp3H5pADFQAAAAAdAAAAABBR

13

Who determines best practices in Infection Control?

There are several entities that have an impact on infection control in the home & in healthcare settings – including:

- **CDC – American Centers for Disease Control**
- **WHO – World Health Organization**
- **OSHA – Occupational Safety & Health Adminsitration**

14

Infection Control– from the State Operations Manual

Patient/caregiver education may be provided by the HCSSA during the visit (when indicated) or may have been addressed during prior treatments.
When provided in prior treatments, ***verify the education is documented in the record***.
Observe that the clinical staff follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions during the provision of care

Core Infection Prevention and Control Practices
For example, the six (6) core practices described below are based on the Center for Disease Control and Prevention's (CDC), "Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings –Recommendations of The Healthcare Infection Control Practices Advisory Committee (HICPAC)" published in 2016 and periodically updated.

15

Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings

Leadership Commitment	Ensuring the governing body of the healthcare facility is accountable for infection prevention success and allocates adequate resources to support infection control practices.
Education & Training	Providing job-specific infection prevention training to all healthcare personnel, including initial training before practice and regular updates.
Patient & Family Education	Informing patients and their families about infection prevention practices relevant to their care.
Standard Precautions	Applying basic infection control practices for all patient interactions, including hand hygiene, appropriate PPE use, and safe handling of bodily fluids.
Transmission –based Precautions	Implementing additional precautions for patients known to be infected with specific highly contagious pathogens, such as airborne, droplet, or contact precautions.
Environmental Controls	Regularly cleaning & disinfecting patient care areas and equipment to minimize microbial contamination
Injection Safety	Following strict guidelines for medication preparation & administration to prevent needle sticks & other sharps injuries
Surveillance & Monitoring	Actively monitoring for healthcare-associated infections to identify trends & implement corrective actions

16

Top Deficiencies seen related to Infection Control: (CHAP)

Top 10 Home Health Deficiencies (January 2024 – from CY 2023)
#7: IPC.6 IPC.3.I.M1 G682
Hand hygiene performed when indicated
• Conduct ongoing education and training related to standard precautions
• Conduct routine field observation visits with staff to validate their ability to comply with infection control processes
#8: IPC.8 IPC.4.I.M1 G682
Bags used to carry equipment or supplies into patient's homes follows agency's policy to prevent the spread of infections and communicable diseases
• Provide frequent education to field staff on Bag Technique policies and procedures and evaluate competency
• Perform frequent home supervisory visits to observe staff in the home in order to assess compliance

17

Top Deficiencies seen related to Infection Control from THHS:

10.[TIED] Infection Prevention: 42 CFR 484.70(a), TAG 0682
The agency failed to follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases. (Not ranked in FY 2022.)

10. [TIED] Infection Prevention: 42 CFR 484.75(b)(3), TAG 0710
The agency failed to provide services that are ordered by the physician as indicated by the plan of care. (Not ranked in FY 2022.) agency failed to provide services that are ordered by the physician as indicated by the plan of care. (Not ranked in FY 2022.)

18

Infection Control– from the State Operations Manual

Hand Hygiene adherence:

Surveyors are advised to review the most current Center for Disease Control's hand hygiene recommendations for correct procedures.

2. **Environmental Cleaning and Disinfection:**
Staff have little control over the home environment but must protect their equipment and supplies from potential contamination during the home visit. Examples of how this might be accomplished include, but are not limited to:

- Cleaning and disinfecting; and
- Placing a clean barrier on the surface in the home where clean equipment will be placed and/or preparation of injectable medications will be performed.

19

RESOURCES – HAND HYGIENE/BAG TECHNIQUE/PRECAUTIONS

20

21

Hand Hygiene - The First Line of Defense - CDC Recommendations

The Core Infection Prevention and Control Practices for Safe Care Delivery in All Healthcare Settings recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) include the following strong recommendations for hand hygiene in healthcare settings:

Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications:

- Immediately before touching a patient
- Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices
- Before moving from work on a soiled body site to a clean body site on the same patient
- After touching a patient or the patient's immediate environment
- After contact with blood, body fluids, or contaminated surfaces
- Immediately after glove removal

Healthcare facilities should:

- Require healthcare personnel to perform hand hygiene in accordance with Centers for Disease Control and Prevention (CDC) recommendations
- Ensure that healthcare personnel perform hand hygiene with soap and water when hands are visibly soiled
- *Ensure that supplies necessary for adherence to hand hygiene are readily accessible in all areas where patient care is being delivered*

Unless hands are visibly soiled, an alcohol-based hand rub is preferred over soap and water in most clinical situations due to evidence of better compliance compared to soap and water. Hand rubs are generally less irritating to hands and, in the absence of a sink, are an effective method of cleaning hands.

Taken from: https://www.cdc.gov/handhygiene/providers/guideline.html

22

Hand Hygiene recommendations from the CDC (for leaders)

The 4 E's of an Effective Hand Hygiene Program
Clean and healthy hands count at every level of healthcare.
The Hand Hygiene in Healthcare Settings Video Series are four short videos to help build a successful hand hygiene program.
The video series:
•Describes foundations for engaging all healthcare personnel in hand hygiene.
•Provides best practice techniques and practical tips for educating staff.
•Shows how to create accountability amongst personnel.
•Shows how to use data for action as a basis for continuous quality improvement
•Find the program here: https://www.cdc.gov/clean-hands/hcp/training/index.html

23

Bag Technique HCSSA considerations

"Dirty side" storage of any items that cannot be disposed on site

Hand Hygiene Equipment Storage -

Clean field zips down in this example

24

To clean a nursing bag, you can use mild soap and warm water, an EPA-registered germicidal wipe, or germicidal spray such as SaniZide

•**Hand wash**: Wash the inside and outside of the bag with mild soap and warm water, then rinse and dry.

•**Germicidal wipe**: Disinfect the inside of the bag with an EPA-registered germicidal wipe.

•**SaniZide Plus**: Spray the inside and outside of the bag with SaniZide Plus, then air dry again.

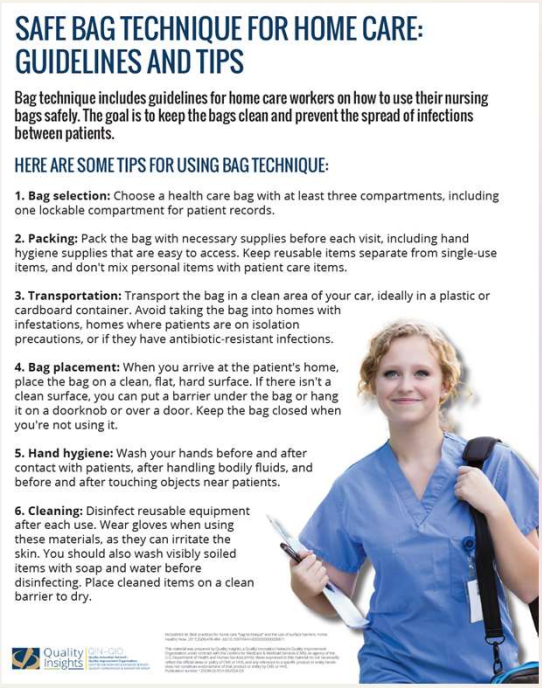
You should also regularly check your bag for expired or damaged supplies and restock as needed.

Here are some other tips for keeping your nursing bag clean:

•**Compartmentalize**: Divide your bag into sections for different types of items, like soap, disinfectant, towels, reusable items, and single-use items.

•**Clean equipment**: After use, clean equipment that came into contact with patients or the environment with a disinfectant wipe.

•**Plan for disposal**: Plan ahead where to dispose of disposable items.



SAFE BAG TECHNIQUE FOR HOME CARE: GUIDELINES AND TIPS

Bag technique includes guidelines for home care workers on how to use their nursing bags safely. The goal is to keep the bags clean and prevent the spread of infections between patients.

HERE ARE SOME TIPS FOR USING BAG TECHNIQUE:

1. Bag selection: Choose a health care bag with at least three compartments, including one lockable compartment for patient records.

2. Packing: Pack the bag with necessary supplies before each visit, including hand hygiene supplies that are easy to access. Keep reusable items separate from single-use items, and don't mix personal items with patient care items.

3. Transportation: Transport the bag in a clean area of your car, ideally in a plastic or cardboard container. Avoid taking the bag into homes with infestations, homes where patients are on isolation precautions, or if they have antibiotic-resistant infections.

4. Bag placement: When you arrive at the patient's home, place the bag on a clean, flat, hard surface. If there isn't a clean surface, you can put a barrier under the bag or hang it on a doorknob or over a door. Keep the bag closed when you're not using it.

5. Hand hygiene: Wash your hands before and after contact with patients, after handling bodily fluids, and before and after touching objects near patients.

6. Cleaning: Disinfect reusable equipment after each use. Wear gloves when using these materials, as they can irritate the skin. You should also wash visibly soiled items with soap and water before disinfecting. Place cleaned items on a clean barrier to dry.

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25

Bag Technique Cleaning & Disinfection

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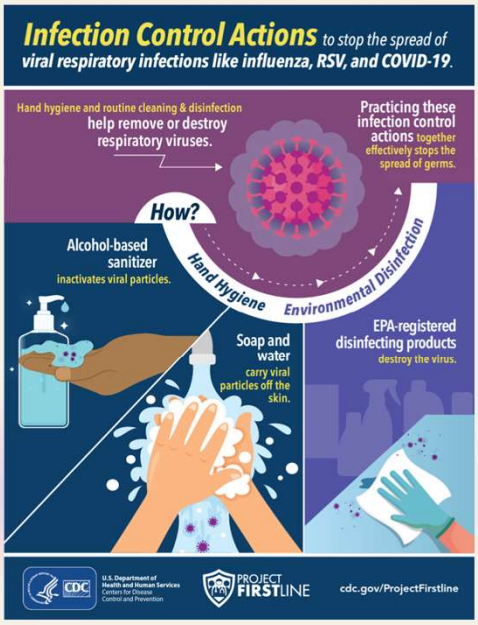
26

PPE & Precautions – from the SOM

Personal Protective Equipment (PPE) (slides follow)
Appropriate Use of Personal Protective Equipment
Appropriate Use of Personal Protective Equipment (PPE) is the use of specialized clothing or equipment worn for protection and as a barrier against infectious materials or any potential infectious exposure. PPE protects the caregiver's skin, hands, face, respiratory tract, and/or clothing from exposure.

Examples of PPE include: gloves, gowns, face *protection (facemask and goggles or face shields).* The selection *and use* of PPE *is determined by the nature of patient interaction and potential for exposure to blood, body fluids and/or* infectious materials. shields, based on the level of exposure risk.

27

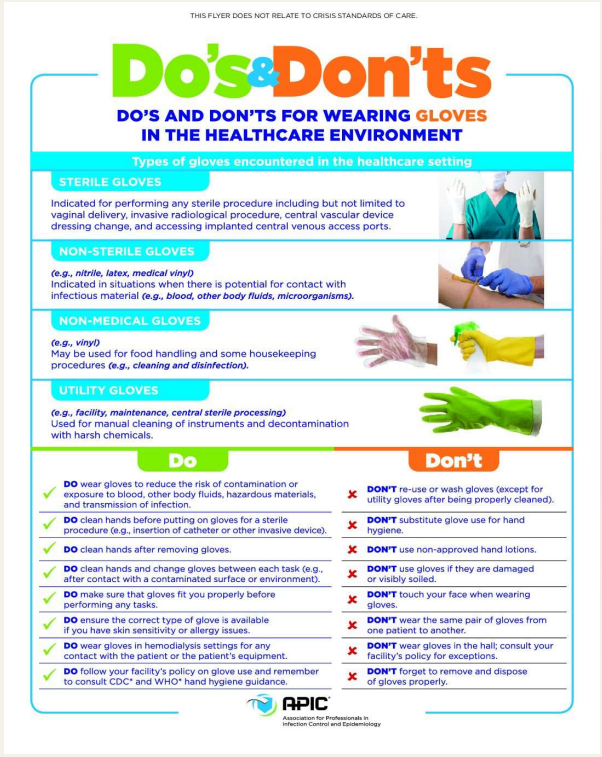


PPE Use in HCSSA in a "Post-COVID" World

28

Glove use in healthcare by APIC

https://infectionpreventionandyou.org/infographic/ppe-dos-and-donts/



THIS FLYER DOES NOT RELATE TO CRISIS STANDARDS OF CARE.

Do's & Don'ts

DO'S AND DON'TS FOR WEARING GLOVES IN THE HEALTHCARE ENVIRONMENT

Types of gloves encountered in the healthcare setting

STERILE GLOVES

Indicated for performing any sterile procedure including but not limited to vaginal delivery, invasive radiological procedure, central vascular device dressing change, and accessing implanted central venous access ports.

NON-STERILE GLOVES

(e.g., nitrile, latex, medical vinyl)
Indicated in situations when there is potential for contact with infectious material *(e.g., blood, other body fluids, microorganisms).*

NON-MEDICAL GLOVES

(e.g., vinyl)
May be used for food handling and some housekeeping procedures *(e.g., cleaning and disinfection).*

UTILITY GLOVES

(e.g., facility, maintenance, central sterile processing)
Used for manual cleaning of instruments and decontamination with harsh chemicals.

Do	Don't
✓ **DO** wear gloves to reduce the risk of contamination or exposure to blood, other body fluids, hazardous materials, and transmission of infection.	✗ **DON'T** re-use or wash gloves (except for utility gloves after being properly cleaned).
✓ **DO** clean hands before putting on gloves for a sterile procedure (e.g., insertion of catheter or other invasive device).	✗ **DON'T** substitute glove use for hand hygiene.
✓ **DO** clean hands after removing gloves.	✗ **DON'T** use non-approved hand lotions.
✓ **DO** clean hands and change gloves between each task (e.g., after contact with a contaminated surface or environment).	✗ **DON'T** use gloves if they are damaged or visibly soiled.
✓ **DO** make sure that gloves fit you properly before performing any tasks.	✗ **DON'T** touch your face when wearing gloves.
✓ **DO** ensure the correct type of glove is available if you have skin sensitivity or allergy issues.	✗ **DON'T** wear the same pair of gloves from one patient to another.
✓ **DO** wear gloves in hemodialysis settings for any contact with the patient or the patient's equipment.	✗ **DON'T** wear gloves in the hall; consult your facility's policy for exceptions.
✓ **DO** follow your facility's policy on glove use and remember to consult CDC* and WHO* hand hygiene guidance.	✗ **DON'T** forget to remove and dispose of gloves properly.

APIC
Association for Professionals in Infection Control and Epidemiology

29

Overview of the use of standard and transmission-based precautions

Type of precautions	Examples of infectious agents	Patient placement	Gloves	Gowns	Mask	Protective eyewear	Handling of shared equipment	Environmental cleaning	Visitors*
Standard precautions	Hepatitis B, Hepatitis C, Cytomegalovirus (CMV)	No restrictions on patient placement.	**PPE use**: • Gloves and gowns to be worn when there is potential exposure to blood or body substances • Mask and protective eyewear to be worn when there is potential for blood or body substances exposure to mucosa (for example, attending to a patient who is coughing and sneezing).				Single-use, single-patient use or reprocess	Clean with neutral detergent. If surfaces are contaminated with blood or body fluids cleaning should be followed with disinfection.	Hand hygiene, respiratory hygiene, cough etiquette
Contact	Multidrug-resistant organisms, *C.difficile*, norovirus	Single room, or cohort with same strain of infectious agent.	Yes	Yes	As per standard precautions	As per standard precautions		Neutral detergent and disinfectant are required.	As per standard precautions
Droplet^	Norovirus, pertussis#, meningococcus	Single room with door open, or cohort with same strain of infectious agent.	As per standard precautions	As per standard precautions	Yes use surgical mask			Neutral detergent. Use disinfectant if infectious agent is a multidrug-resistant organism or in the event of an outbreak.	Restrict visitor numbers and use same precautions as staff
Airborne	Pulmonary TB, rubella#, measles# and chicken pox#	Single room with door closed. Use negative pressure room if available.			Use particulate respirator (P2 or N95 mask)			Neutral detergent. Use disinfectant if infectious agent is a multidrug-resistant organism or in the event of an outbreak .	Restrict visitor numbers and use same precautions as staff

Notes:
Standard precautions should be used during all patient care to prevent the likelihood of transmission of infection between the patient and the healthcare worker, as well as prevent contamination of the environment.

Transmission-based Precautions

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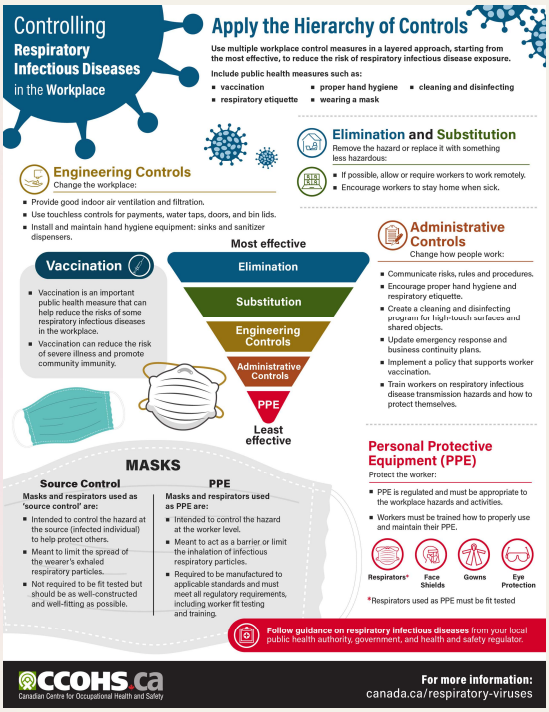

Sample Precaution Level Infographics

31

Other types of infection control precautions

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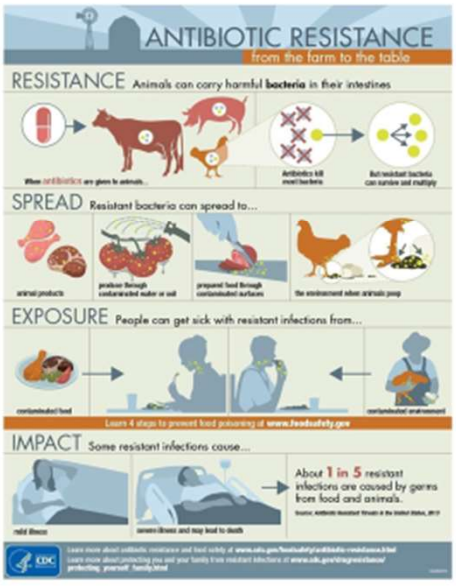
Don't forget:

33

Types of patient handouts



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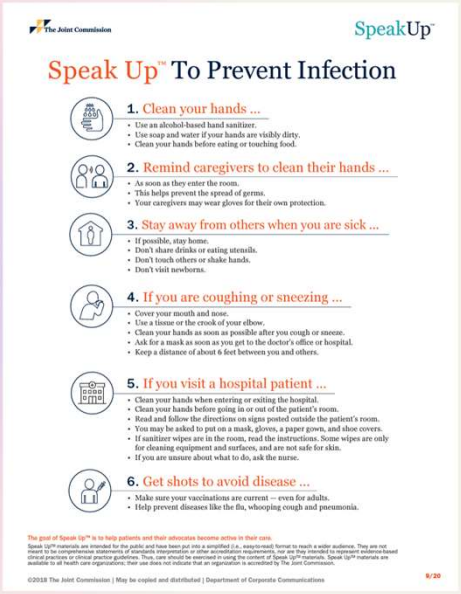
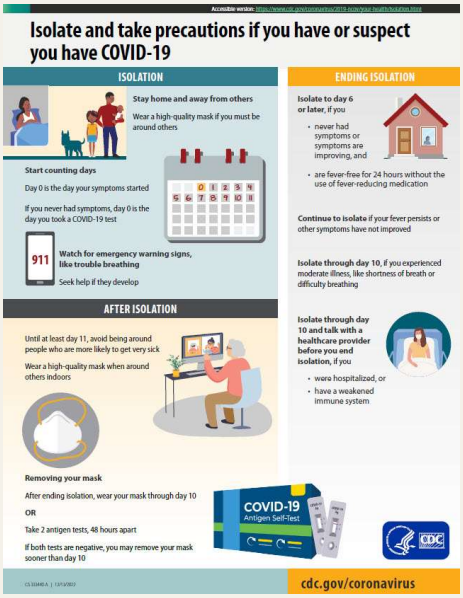
Patient and Staff educational tools related to infection control





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Clinical Considerations for Infection Control at the agency level

What is the agency's process for tracking infections and maintaining infection control?

- Who is responsible for going into the EMR and updating to reflect the outcome and resolution (or lack of) when an infection is documented by a clinician?
- Do clinicians realize the requirements for reporting COVID-19 infections is still in place? (Coronavirus remains on the list of reportable conditions, noted as “call immediately”)
- How are employee infections documented?
- Do agency clinicians complete an infection control tracking form on each infection, or only as required when the infection occurs following the patient's admission to the agency?

**If the agency does not require* clinicians to complete an infection control document for all patients utilizing antibiotics or presenting with an infection - how do you track the outcomes and demonstrate compliance with best practices in infection control?

*Do clinicians follow-through with the intention of infections/outcomes reporting? – that the patient’s infection is resolved, and that staff is aware of what is occurring related to that infection – ie – not resolving – Provider contacted, med change, etc.

36

Reporting & Recordkeeping – SOM guidance

§484.70(b)(1) A method for identifying infectious and communicable disease problems; and Interpretive Guidelines §484.70(b)(1)

The HHA must develop a procedure for the identification of infections or risk of infections among patients. It is the prerogative of the HHA to determine the methodology to be used for such identification. Example methodologies include, but are not limited to:

- Clinical record review;
- Staff reporting procedures;
- Review of laboratory results;
- Data analysis of physician or allowed practitioner and emergency room visits for symptoms of infection; &
- Identification of root cause of infection through evaluation of HHA personnel technique and self-care technique by patients or caregivers.

Analysis of surveillance data should be used to improve care practices and control infections and transmission of communicable diseases.

While not required by the regulation, CMS suggests HHAs have a way to receive alerts from the CDC Health Alert Network or local public health network as a means of staying up to date with alerts and information related to public health incidents (as seen with the 2019 Novel Coronavirus public health emergency).

37

Required documentation of infections acquired while receiving agency services:

State Requirements:

Control Measures: Document all infection control measures implemented, including isolation procedures, cleaning protocols/use of PPE

Keep records of all corrective actions taken in response to infection incidents, including follow-up actions and evaluations of the effectiveness of these measures.

Reporting: HCSSSAs are required to report certain infectious diseases to the Texas Health and Human Services Commission(next slide).

For PAS agencies:

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, &
- treatment as disclosed by the client.

If an agency is licensed to provide services other than personal assistance services, documentation must include:

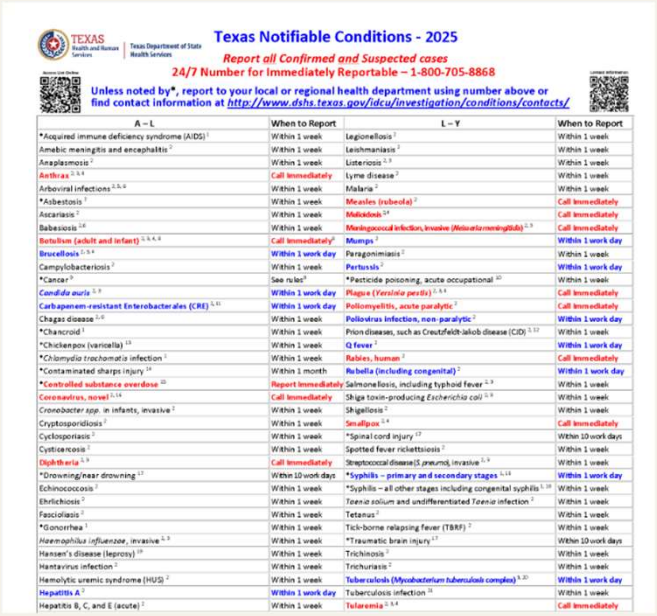
- the date that the infection was detected, the client's name,
- **primary diagnosis – many software systems don't accommodate this!**
- signs and symptoms,
- type of infection,
- pathogens identified, & treatment

38

Regulatory Requirements related to requirements in Chapter 558 - Communicable Disease Prevention & Control Act

The following persons shall report to the local health authority or the department a suspected case of a reportable disease and all information known concerning the person who has or is suspected of having the disease if a report is not made as required by Subsections (a)-(d):

(4) an administrator of a HCSSA



TEXAS Health and Human Services | Texas Department of State Health Services

Texas Notifiable Conditions - 2025

Report all Confirmed and Suspected cases

24/7 Number for Immediately Reportable – 1-800-705-8868

Unless noted by*, report to your local or regional health department using number above or find contact information at http://www.dshs.texas.gov/idcu/investigation/conditions/contacts/

A – L	When to Report	L – Y	When to Report
*Acquired immune deficiency syndrome (AIDS) [1]	Within 1 week	Legionellosis [1]	Within 1 week
Amebic meningitis and encephalitis [2]	Within 1 week	Leishmaniasis [2]	Within 1 week
Anaplasmosis [2]	Within 1 week	Listeriosis [2,3]	Within 1 week
Anthrax [2,3,4]	Call Immediately	Lyme disease [2]	Within 1 week
Arboviral infections [2,3,4]	Within 1 week	Malaria [2]	Within 1 week
*Asbestosis [1]	Within 1 week	Measles (rubeola) [2]	Call Immediately
Ascariasis [2]	Within 1 week	Meliodosis [2,4]	Call Immediately
Babesiosis [2,6]	Within 1 week	Meningococcal infection, invasive (Neisseria meningitidis) [2,3]	Call Immediately
Botulism (adult and infant) [2,3,4,5]	Call Immediately [3]	Mumps [2]	Within 1 work day
Brucellosis [2,3,4]	Within 1 work day	Paragonimiasis [2]	Within 1 week
Campylobacteriosis [2]	Within 1 week	Pertussis [2]	Within 1 work day
*Cancer [9]	See rules [9]	*Pesticide poisoning, acute occupational [10]	Within 1 week
Candida auris [2,3]	Within 1 work day	Plague (Yersinia pestis) [2,3,4]	Call Immediately
Carbapenem-resistant Enterobacterales (CRE) [2,11]	Within 1 work day	Poliomyelitis, acute paralytic [2]	Call Immediately
Chagas disease [2,6]	Within 1 week	Poliovirus infection, non-paralytic [2]	Within 1 work day
*Chancroid [1]	Within 1 week	Prion diseases, such as Creutzfeldt-Jakob disease (CJD) [2,12]	Within 1 week
*Chickenpox (varicella) [13]	Within 1 week	Q fever [2]	Within 1 work day
*Chlamydia trachomatis infection [1]	Within 1 week	Rabies, human [2]	Call Immediately
*Contaminated sharps injury [14]	Within 1 month	Rubella (including congenital) [2]	Within 1 work day
*Controlled substance overdose [15]	Report Immediately	Salmonellosis, including typhoid fever [2,3]	Within 1 week
Coronavirus, novel [2,16]	Call Immediately	Shiga toxin-producing Escherichia coli [2,3]	Within 1 week
Cronobacter spp. in infants, invasive [2]	Within 1 week	Shigellosis [2]	Within 1 week
Cryptosporidiosis [2]	Within 1 week	Smallpox [2,4]	Call Immediately
Cyclosporiasis [2]	Within 1 week	*Spinal cord injury [17]	Within 10 work days
Cysticercosis [2]	Within 1 week	Spotted fever rickettsiosis [2]	Within 1 week
Diphtheria [2,3]	Call Immediately	Streptococcal disease [S. pneumo], invasive [2,3]	Within 1 week
*Drowning/near drowning [17]	Within 10 work days	*Syphilis – primary and secondary stages [1,18]	Within 1 work day
Echinococcosis [2]	Within 1 week	*Syphilis – all other stages including congenital syphilis [1,18]	Within 1 week
Ehrlichiosis [2]	Within 1 week	Taenia solium and undifferentiated Taenia infection [2]	Within 1 week
Fascioliasis [2]	Within 1 week	Tetanus [2]	Within 1 week
*Gonorrhea [1]	Within 1 week	Tick-borne relapsing fever (TBRF) [2]	Within 1 week
Haemophilus influenzae, invasive [2,3]	Within 1 week	*Traumatic brain injury [17]	Within 10 work days
Hansen's disease (leprosy) [19]	Within 1 week	Trichinosis [2]	Within 1 week
Hantavirus infection [2]	Within 1 week	Trichuriasis [2]	Within 1 week
Hemolytic uremic syndrome (HUS) [2]	Within 1 week	Tuberculosis (Mycobacterium tuberculosis complex) [3,20]	Within 1 work day
Hepatitis A [2]	Within 1 work day	Tuberculosis infection [21]	Within 1 week
Hepatitis B, C, and E (acute) [2]	Within 1 week	Tularemia [2,3,4]	Call Immediately

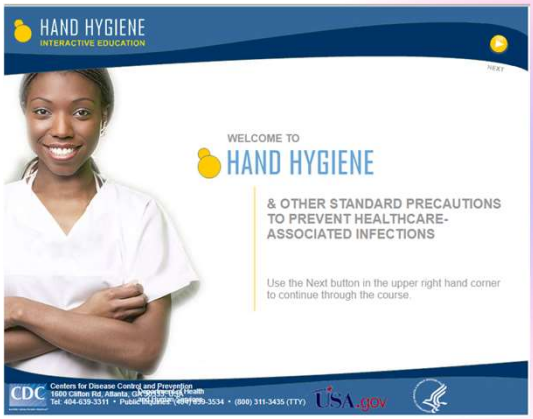
39

Resources for Staff Education

Hand Hygiene from the CDC

The CDC hosts the WHO hand hygiene interactive **clinical staff hand hygiene training, as well as** it's more updated 4 E's of Hand Hygiene (above) **specifically focused at educating clinicians in** hand hygiene and it's importance.

Check out https://www.cdc.gov/handhygiene/in**dex.html for the updated course as well as patient** and clinician infographics and print resources.



Find the interactive Hand Hygiene promoted for clinicians by the CDC and the WHO here: https:www//cdc.gov/handhygiene/training/interactiveEducation/

40

Additional rules referenced by Chapter 558: Occupational Safety and Health Administration (OSHA), 29 CFR Part 1910.1030 and Appendix A relating to Bloodborne Pathogens

Items covered by the OSHA requirements include (but are not limited to)

- Ensuring that the agency has an appropriate exposure control policy (& follows it)
- Provides appropriate PPE to employees who risk exposure ***AT NO COST***
- That regulated waste (sharps, biohazards) are appropriately disposed of
- The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, *and post-exposure evaluation and follow-up* to all employees who have had an exposure incident.
- The employer shall train each employee with occupational exposure in accordance with the requirements of this section. Such training must be provided at no cost to the employee and during working hours.

41

Injection & Medication Safety– from the State Operations Manual

3. During direct care observation, note whether:

• Caregivers/Staff use aseptic techniques to avoid contamination of sterile medications and injection equipment. This includes preparing injectable medications on a clean surface away from potential sources of contamination, such as sinks;

• Caregivers/Staff do not reuse single-use equipment (e.g., needles, lancets, syringes, IV tubing) either for more than one patient or repeated use on an individual patient;

• Single-dose or single-use vials for parenteral medications are used whenever possible;

• Medication from a single-dose or single-use container (e.g., vial, ampule, bag) is only administered to a single patient;

• Contents from opened single-dose or single-use containers are not stored for future use on the same patient;

• If multi-dose vials are used, they are dedicated for single-patient use whenever possible. If multi-dose vials are used for more than one patient, they do not enter the patient treatment area

42

Safe sharps

Sharps have a direct relationship to infection control. Additionally, Texas law requires that agencies provide education verbally and written to patients regarding safe sharps disposal

43

Additional rules referenced by Chapter 558: Occupational Safety and Health Administration (OSHA), 29 CFR Part 1910.1030 and Appendix A relating to Bloodborne Pathogens

The employer shall institute a training program and ensure employee participation in the program.

- Training shall be provided as follows: *At the time of initial assignment to tasks where occupational exposure may take place; & At least annually thereafter.*

The training program shall contain at a minimum the following elements:

- An accessible copy of the regulatory text of this standard and an explanation of its contents;

How do you demonstrate compliance with this requirement at your agency – do you have the Bloodborne Pathogen Standard bookmarked at your agency?

44

Clinical Considerations - OSHA 29 CFR Part 1910.1030 and Appendix A relating to Bloodborne Pathogens

Do you know where your exposure control policy/plan is? Do you know what it addresses?

Do you provide nursing/clinical staff bags to your clinicians? If so – what PPE is routinely provided?

If not – how can you ensure that your staff have these items provided to them at no cost to the employee? for example - Hand Hygiene materials?

Do you routinely offer Hepatitis B vaccine to all new clinical staff members within 10 days of hire, documenting their refusal or acceptance of the series (in their medical file only) *and offering again if any exposure occurs during their employment?*

What does your occupational exposure training program include – blood borne pathogens? TB?

How do you ensure that this is completed on hire and annually thereafter as required? Do you have a tracking method to document?

Do you have the Blood borne pathogen standard downloaded on an accessible computer/laptops of clinicians/thumb drive?

45

Health and Safety Code, Chapter 85, Subchapter I, concerning the prevention of the transmission of HIV and Hepatitis B virus;

The provisions of this chapter are related specifically to HIV, AIDS, & Hepatitis B.

These provisions note that employees who are positive for any of these viral processes should not be working in health care roles that require them to perform invasive procedures, but that in order to utilize the professional's skill and experience, they should be offered alternative roles within the health care provider's operations.

Additionally, the requirements for exposure control found within other related regulations are repeated, including exposure control plan requirements, and lastly the requirement for Hepatitis B testing and prevention for health care workers who have a risk for exposure during the course of work.

46

47

Conditions of Participation for HCSSA - Chapter 418.60 - Infection Control – Quality Assurance Component - State Operations Manual

§484.70(b) Standard: Control.

The HHA must maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that is an integral part of the HHA's quality assessment and performance improvement (QAPI) program. The infection control program must include:

Interpretive Guidelines §484.70(b)

The HHA should have a program for the surveillance, identification, prevention, control and investigation of infectious and communicable diseases specific to care and services provided in the home setting.

The CDC defines surveillance as "the ongoing, systematic collection, analysis, interpretation & evaluation of health data closely integrated with the timely dissemination of this data to those who need it."

As part of its infection control program the HHA should:

(1) observe and evaluate services from all disciplines to identify sources or causative factors of infection, track patterns and trends of infections; and

(2) establish a corrective plan for infection control (if appropriate) and monitor the effectiveness of the corrective plan. Cross Reference to §484.65(a), QAPI Program Scope.

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48

Infection Control State Operations Manual for Control standard

Interpretive Guidelines §418.60(b)(1) (guidelines to surveyors for review of infection control practices)
Examples of infection control practices that the HCSSA may use include:

- Monitoring work related employee illness and infections,
- Analyzing them in relation to patient infections, &
- Taking appropriate actions when an infection or communicable disease is present to prevent its spread among staff, patients, family and visitors.

For example:

- Surveillance data should be routinely reviewed and monitored.
- Appropriate corrective actions need to be taken based on the data analysis.

<u>The HCSSA must use this information as a part of its QAPI program.</u>

<u>Clinical Considerations</u>

- How does the HCSSA ensure that employee infections are captured and followed up as appropriate?
- What method of analysis does the agency utilize to determine patterns, trends, causality, etc. that could indicate a problem/need for intervention or education with a particular clinician (next slide)
- What is "appropriate action"? how is it conveyed to clinical staff and patients/family/visitors - ie - the COVID-19 screening has not been required since July 2022 - are clinicians cognizant that they should still be alert for comments or symptoms that would indicate that an "appropriate action" is required to prevent the spread of infection - (such as masking when the patient mentions casually that their daughter is COVID positive and was in the home this morning prior to the visit, etc.)
- What analysis is utilized in QAPI related to infections?

49

Auditing Tools for Infection Control Programs

Indiana University Health	Record every opportunity for hand hygiene observed. Those performed in the Yes column and those missed in the No column.	
Date:	Employee Observed:	Observer:
Moment #1	YES	NO
Upon Entry to the Home		
Before Touching the Patient		
Before Touching the Environment or Patient Equipment		
Other:		
Moment #2		
Before Clean/Aseptic Procedure		
Before Insertion or Manipulation of Any Invasive Devices		
Before Medication Preparation		
Before Accessing Clean Supplies		
Before Entry Into Clinical Bag		
Before Donning Gloves		
Other:		
Moment #3		
After Body Fluid Exposure Risk		
After Removing Gloves Related to Body Fluid Exposure Risk		
After Contact with a Contaminated Body Site Before Moving to a Clean Body Site		
Other:		
Moment #4		
After Touching a Patient		
Upon Exit of the Home		
After Touching the Environment		
After Discarding Contaminated Items		
After Touching Soiled Equipment or Utensils		
After Removal of Gloves Related to Touching Soiled Equipment or Utensils		
Other:		

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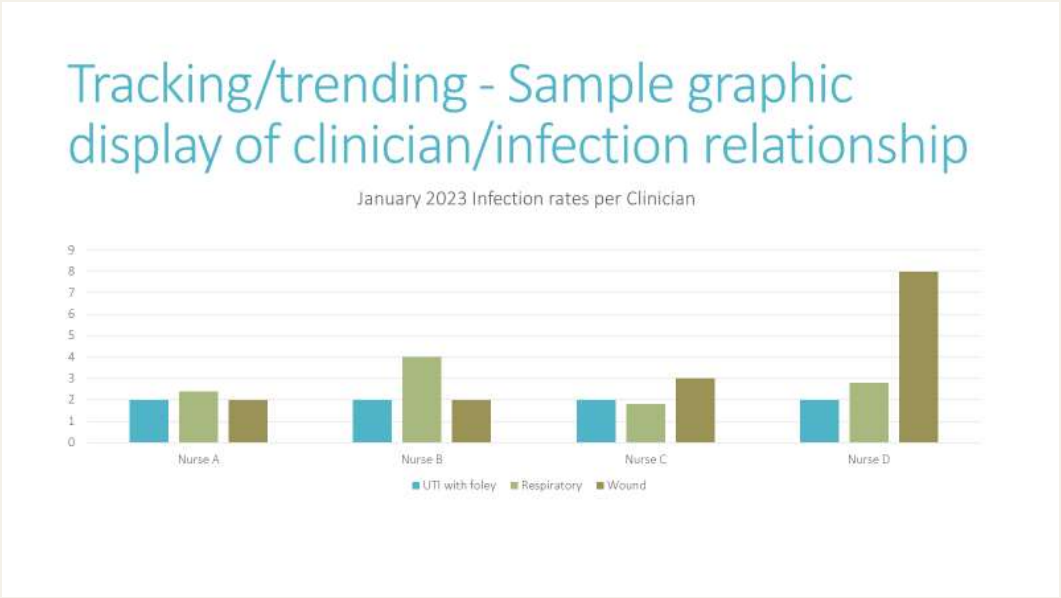
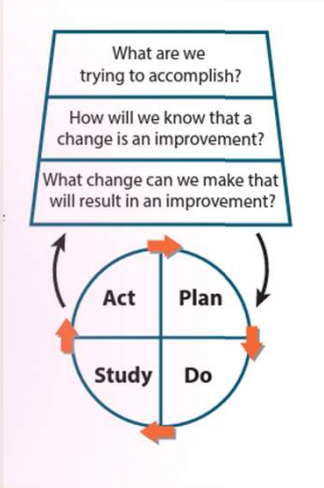
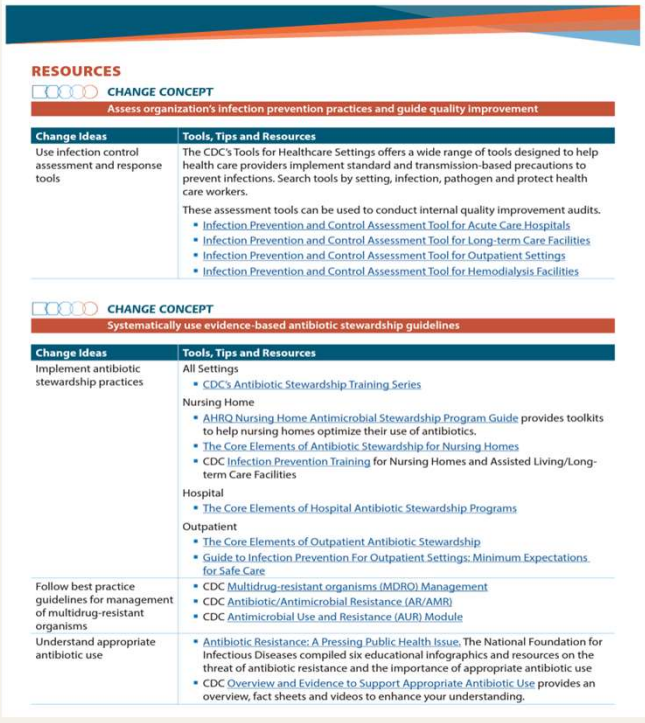


Sample method of demonstrating relationship between infection and clinician as a Performance Improvement/Quality Assurance Indicator

51



Performance Improvement in Infection Control
Factors to consider include prevalance of infection, types and treatments, as well as the impact of staff/relationship to infections



RESOURCES

CHANGE CONCEPT

Assess organization's infection prevention practices and guide quality improvement

Change Ideas	Tools, Tips and Resources
Use infection control assessment and response tools	The CDC's Tools for Healthcare Settings offers a wide range of tools designed to help health care providers implement standard and transmission-based precautions to prevent infections. Search tools by setting, infection, pathogen and protect health care workers. These assessment tools can be used to conduct internal quality improvement audits. • Infection Prevention and Control Assessment Tool for Acute Care Hospitals • Infection Prevention and Control Assessment Tool for Long-term Care Facilities • Infection Prevention and Control Assessment Tool for Outpatient Settings • Infection Prevention and Control Assessment Tool for Hemodialysis Facilities

CHANGE CONCEPT

Systematically use evidence-based antibiotic stewardship guidelines

Change Ideas	Tools, Tips and Resources
Implement antibiotic stewardship practices	All Settings • CDC's Antibiotic Stewardship Training Series Nursing Home • AHRQ Nursing Home Antimicrobial Stewardship Program Guide provides toolkits to help nursing homes optimize their use of antibiotics. • The Core Elements of Antibiotic Stewardship for Nursing Homes • CDC Infection Prevention Training for Nursing Homes and Assisted Living/Long-term Care Facilities Hospital • The Core Elements of Hospital Antibiotic Stewardship Programs Outpatient • The Core Elements of Outpatient Antibiotic Stewardship • Guide to Infection Prevention For Outpatient Settings: Minimum Expectations for Safe Care
Follow best practice guidelines for management of multidrug-resistant organisms	• CDC Multidrug-resistant organisms (MDRO) Management • CDC Antibiotic/Antimicrobial Resistance (AR/AMR) • CDC Antimicrobial Use and Resistance (AUR) Module
Understand appropriate antibiotic use	• Antibiotic Resistance: A Pressing Public Health Issue. The National Foundation for Infectious Diseases compiled six educational infographics and resources on the threat of antibiotic resistance and the importance of appropriate antibiotic use • CDC Overview and Evidence to Support Appropriate Antibiotic Use provides an overview, fact sheets and videos to enhance your understanding.

52

Determining the root of the problem –
Root cause analysis and 5 Why's

Guidance for Performing Root Cause Analysis (RCA) with Performance Improvement Projects (PIPs)

QAPI

Overview: RCA is a structured facilitated team process to identify root causes of an event that resulted in an undesired outcome and develop corrective actions. The RCA process provides you with a way to identify breakdowns in processes and systems that contributed to the event and how to prevent future events. The purpose of an RCA is to find out what happened, why it happened, and determine what changes need to be made. It can be an early step in a PIP, helping to identify what needs to be changed to improve performance. Once you have identified what changes need to be made, the steps you will follow are those you would use in any type of PIP. Note there are a number of tools you can use to perform RCA, described below.

Directions: Use this guide to walk through a Root Cause Analysis (RCA) to investigate events in your facility (e.g., adverse event, incident, near miss, complaint). Facilities accredited by the Joint Commission or in states with regulations governing completion of RCAs should refer to those requirements to be sure all necessary steps are followed.

Below is a quick overview of the steps a PIP team might use to conduct RCA.

Steps	Explanation
1. Identify the event to be investigated and gather preliminary information	Events and issues can come from many sources (e.g., incident report, risk management referral, resident or family complaint, health department citation). The facility should have a process for selecting events that will undergo an RCA.
2. Charter and select team facilitator and team members	Leadership should provide a project charter to launch the team. The facilitator is appointed by leadership. Team members are people with personal knowledge of the processes and systems involved in the event to be investigated.
3. Describe what happened	Collect and organize the facts surrounding the event to understand what happened.
4. Identify the contributing factors	The situations, circumstances or conditions that increased the likelihood of the event are identified.
5. Identify the root causes	A thorough analysis of contributing factors leads to identification of the underlying process and system issues (root causes) of the event.
6. Design and implement changes to eliminate the root causes	The team determines how best to change processes and systems to reduce the likelihood of another similar event.
7. Measure the success of changes	Like all improvement projects, the success of improvement actions is evaluated.

Steps two through six should be completed as quickly as possible. For facilities accredited by the Joint Commission, these steps must be completed within 45 days of occurrence of the event.

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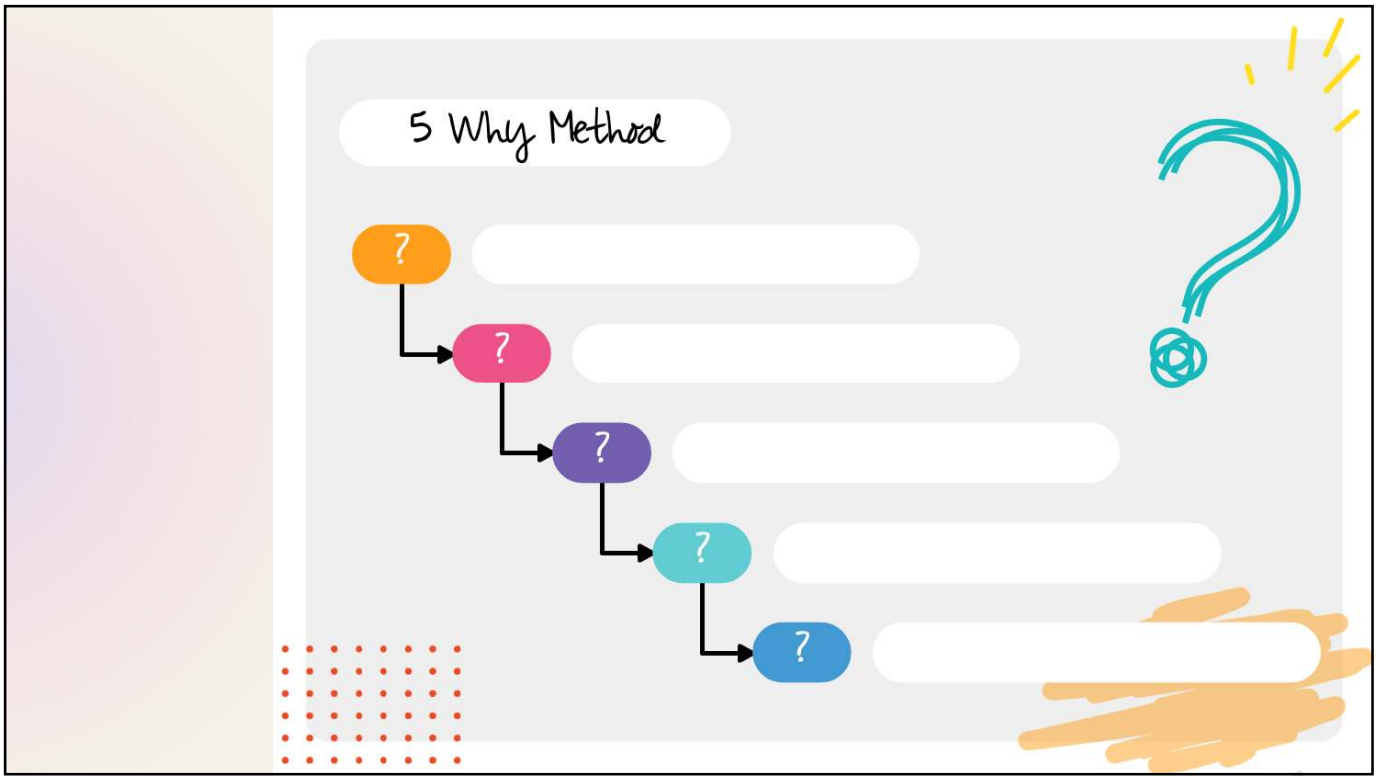

54

SAMPLE - Performance Improvement Project

Problem: Correlation between wound infection and individual clinician(s) is high at 9%
Date Identified: January 1, 2025
Data Source/Baseline Data: Infection Control Surveillance via worksheets
Goal: Correlation between wound infection and clinician will be 5% or less by the end of the second quarter of 2019. (must include objective target, timeframe and measurable outcome)
Potential Causes (ask why, then ask why again until the root cause (process based) is determined) (Use 5 Whys tool to determine cause(s)) (next slide)
Problem – infections correlating with clinical staff is too high
Why? – Data shows that correlation between particular clinicians performing wound care and incidence of wound infection is too high
Why? – Certain clinicians are promoting the spread of infection
Why? – Administrative/clinical overview has not ensured that all clinicians have appropriate technique with wound care
Why? – The DON has not had time to review appropriate technique re: infection control, hand hygiene, and bag technique with all staff both in office and in the patient's home as is best practice
Primary cause intervention: The DON will train the ADON to perform these competencies

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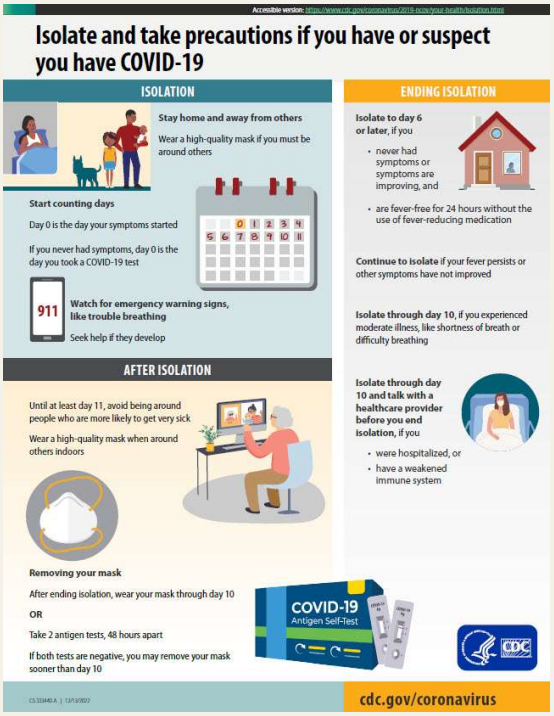

Emerging infectious disease (or EID) is always a consideration!
Make sure that you are still prepared for and preparing your patients and their caregivers for management if they have or suspect COVID_19

56

Thank-you!
Questions?
inquiry@jcctexas.com
(940) 427-2488

57

Resources:

CDC. General recommendations for use of PPE for HCP in healthcare settings. CDC Appendix A HCP use of PPE. Taken from: https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/standard-precautions.html; Accessed November 4, 2024.

CDC Hand Hygiene Guidelines for HCP. CDC Hand Hygiene in Healthcare Settings. Taken from: https://www.cdc.gov/handhygiene/providers/guideline.html; Accessed November 5, 2024

CDC Patient Infographics. COVID-19. Precautions to take with COVID-19 in the home. Taken from https://cdc.gov/coronavirus; Accessed November 1, 2024

CDC Patient Infographics. Flu Prevention. taken from: https://www.cdc.gov/flu/resource-center/freeresources/graphics/infographics.htm; Accessed October 18, 2023.

CHAP: Top deficiencies in home health. Enduring web site. Taken from: https://assets.chapinc.org/wp-content/uploads/2024/01/Home-Care-Top-10-Deficiencies-revised-1.17.24.pdf. Accessed November 8, 2024.

McGoldrick M. Best Practices for Home care "bag technique" and the use of surface barriers. Home Healthcare Now, 2017;35(9):p 478-484 https://journals.lww.com/homehealthcarenurseonline/Fulltext/2017/10000/Best_Practices_for_Home_Care__Bag_Technique__and.3.aspx

State Operations Manual. Department of Health and Human Services. Taken from: efaidnbmnnnibpcajpcglclefindmkaj/https://www.cms.gov/files/document/qso-23-08-HCSSA.pdf; Accessed November 6, 2024.

58

Resources:

Texas Health & Human Services. Annual Regulatory Report. 2023. Taken from: https://www.hhs.texas.gov/reports/2024/03/regulatory-services-annual-report-march-2024. accessed November 5, 2024.

The Joint Commission Consumer Resources. Speak Up to Prevent Infection. Taken from: https://www.jointcommission.org/resources/for-consumers/speak-up-campaigns/to-prevent-infection/; Access November 1, 2024

TMF Networks. Improving Patient Safety TMF.org. Taken from: https://tmfnetworks.org/Portals/0/Resource%20Center/Infection%20Prevention_CC%20Change%20Package_508.pdf . Accessed November 2, 2024

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59