Spring Conference
Wednesday, May 10, 2023
10:15am-11:30am

2B. LHH Infection Control: Regulations and Best Practices

Presented by:
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Objectives

Attendees will describe strategies to avoid infection control survey deficiencies.

Attendees will identify areas of risk in their own agency/practice.

Attendees will construct an action plan to resolve current deficiencies.

Attendees will develop a deeper understanding of state and national regulatory requirements around infection control regulations.
Key Take Aways

• Create a policy that discusses the expectation for communication with local health authorities. Reference the alignment with Chapter 81

• Plan for prevention and preparedness
  • Education and immunization programs
Key Take Aways

- Compliance with procedures for being exposed to blood or other potentially infection materials
- Plan for prevention and preparedness

Best Practices


Key Take Aways

- Have a policy in place that addresses preventing the spread of HIV/HBV by infected healthcare workers.

Code states: Standards

- All workers follow universal precautions
- Workers with any exudating lesions or weeping dermatitis will refrain from any exposure-prone procedures
- Documentation for universal compliance

Code states: Modification

- HIV/HBV infected workers may not perform exposure prone procedures
- Promote the talent and skills of the worker
- Allow practice skills as applicable, provide additional skill development as needed
Texas Administrative Code: 558.285 (2.A)

Key Take Aways
Create documentation logs that include:
1. Date the infection was detected
2. Client’s name
3. Primary dx
4. S/S
5. Type of infection (ERI, UTI, etc)
6. Pathogens identified
7. Treatment rendered

Best Practices
- Use EHR/EMR to extract data
- Regular communication with field staff
  Allow specific time to discuss infections

Texas Administrative Code: 558.853 (a)

A hospice must maintain an effective infection control program that protects clients, families, visitors, and hospice personnel by preventing and controlling infections and communicable diseases.

Best Practice
1. Policies and Procedures
2. Reporting and Tracking
3. Education
4. Team Communication
Components of and Infection Control Policy and Procedure

A. Purpose and Objective
   1. Introduction to the infection Control program
   2. Scope (can include compliance with the specific state and federal codes)

B. Employee Training
   1. Type of training/Competency
      a. Inservice, eLearning, workbooks, Policy review, demo
   2. Cadence

C. Employee Health Screening and Prevention
   1. TB testing
   2. Vaccination Program

D. Internal Reporting and Tracking
   1. Logs and reporting records
   2. Injuries
   3. How the records are handled

E. External Reporting
   1. Local Health Authorities
   2. State or Federal Agencies

F. PPE
   1. Types of PPE available
   2. Inventory control
   3. When and how PPE is to be used

G. Handwashing Technique

H. Equipment Management
   1. Patient
   2. Soiled/Disposal

I. QAPI

Texas Administrative Code: 558.853 (b)

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

Best Practice

1. Skills demonstration
   a. Handwashing
   b. PPE
   c. Bag Technique
   d. Injection/Medications
   e. Equipment
   f. Transportation of body fluids
Texas Administrative Code: 558.853 (c)

A hospice 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 hospice's quality assessment and performance improvement program (QAPI).

Considerations

1. Interdisciplinary
2. Method for identifying infections and communicable disease problems
3. A plan for implementing the appropriate actions that are expected to result in improvement and disease prevention

QAPI Design and Implementation

1. Does your agency have P&P that outline an infection control program that meets 558.853(a)?
2. Are outcome measures that monitor and support QI for infection control program outcomes addressed in P&P?
3. Does your infection control program involve and RN with infection control training experience?
4. What are your agencies best practices and protocols for addressing patient care issues and prevention of infection related to high-risk areas such as urinary tract care, respiratory hygiene and care and wound care?
5. Guidelines for caring for patients with multi-drug resistant organisms?
6. Specific P&P to a hospice residence/house or IPU if applicable?

7. What are the protocols and tools for educating staff and families in standard precautions and prevention?

8. Does your staff have ready access to PPE and is it used appropriately?

9. Do you teach and encourage the flu vaccine?

10. How do you monitor staff compliance?

11. Do you have documentation and tracking of an annual OSHA and infection control training program for staff and contractors?

1. Is your QAPI program described in your P&P and does it align with CoPs and state public health law?

2. Does your agency/org P&P include a means to demonstrate with objective data, how your PI findings are used to resolve identified problems, improve quality of services and incorporated into program planning?

3. Is there evidence to support the implementation of your agencies QAPI program in accordance with the Medicare CoPs, applicable state and accreditation requirements, and your agency policy and procedures?
Texas Administrative Code: 558.853 (d)

A hospice must provide infection control education to employees, volunteers, contract staff, clients, and family members and other caregivers.

1. Annual training on bloodborne pathogens per OSHA standards
2. Appropriate use of PPE
3. Prevention training

**Agency staff/support**
- eLearning, paper, video
- Random demo check-off for handwashing, PPE, wound clean fields, bag technique etc.
- Teach-back
- Ride along
- Use of tissues to prevent spread
- Storage of training record

**Clients/Family/Caregivers**
- Health Literacy: Using language for infection control when instructing family/caregivers that they understand.
- Teach about using PPE, discussing signs and symptoms of infection for self and patient, etc.
- Include in POC

**Best Practice**

Make Learning Stick

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The more active learning is the higher the retention rate.
References


Thank You