



Breaches in Infection Control Practices

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The Centers for Medicare & Medicaid Services (CMS) issued a memorandum to State Survey Agency Directors informing them that certain infection control breaches (i.e., those that pose a risk for blood-borne pathogen transmission) identified during a state survey or a survey by an accrediting body (when conducting a deemed status survey) should be referred to the appropriate state public health contact. The state public health contact will determine what, if any, follow-up needs to be done, as this follow-up activity is outside of the scope for CMS. Follow-up activities may include conducting an appropriate risk assessment and, when necessary, notifying patients of infection

control breaches. CMS' authority for making citations during a survey is based on the following Medicare Conditions of Participation (CoPs) for home healthcare agencies (HHAs) and hospices that require adherence to generally recognized standards for infection control practices:

- 42 CFR §418.60 for hospices, "The hospice must

written and evaluated by surveyors during observations of patient care during home visits, staff and management interviews, and a review of the organization's policies and procedures. It may seem surprising that these infection control breaches would even occur by home healthcare or hospice staff, but they can ... and have. Of the 38 outbreaks

The risk for patient-to-patient transmission for bloodborne infections can be reduced when home healthcare and hospice providers implement safe injection practices, which are a component of Standard Precautions, and perform assisted blood glucose monitoring procedures in a safe manner.

maintain and document an effective infection control program that protects patients, families, visitors, and hospice personnel by preventing and controlling infections and communicable diseases. (a) ... The hospice must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions" (CMS, 2008).

- 42 CFR §484.12(c) for HHAs, "The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA" (CMS, 1963).

The home healthcare and hospice CoPs are broadly

of viral hepatitis related to healthcare services identified by the Centers for Disease Control and Prevention (CDC) between 2008 and 2013, 36 outbreaks (94%) occurred in non-hospital settings. Of these 36 outbreaks, there were 3 Hepatitis B outbreaks in three states involving 36 patients receiving home healthcare, 35 that resided in an assisted living facility and 1 patient that resided at his or her personal residence (McGoldrick, 2014).

The infection control breaches that may be reported to an appropriate state public health contact minimally include those listed in Table 1. Three of the four infection control breaches that pertain to the reuse of needles and syringes on more than one patient are unlikely to occur in a private residence, where care is typically limited to one person. The



Table 1. Home Health and Hospice Infection Control Breaches That Warrant a Referral to Public Health Authorities and How to Avoid Them

Infection Control Breaches	Infection Prevention Strategy
<ol style="list-style-type: none"> Using the same needle for more than one individual. Using the same (prefilled/manufactured/insulin or any other) syringe, pen, or injection device for more than one individual. Reusing a needle or syringe that has already been used to administer medication to an individual to subsequently enter a medication container (e.g., vial, bag) and then using contents from that medication container for another individual. 	<ul style="list-style-type: none"> Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed. Do not reuse needles, cannulae, and syringes, as they are sterile, single-use items. They should not be reused for another patient nor to access a medication or solution that might be used for a subsequent patient. Category IA (CDC, 2007). Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients. Category IB (CDC, 2007). Educate the staff in the implementation of “safe injection practices” on hire, annually, and as needed (e.g., in response to an outbreak). Assess the staff’s competence in the implementation of “safe injection practices.” Include “safe injection practices” (as a component of standard precautions) in the organization’s infection prevention and control policies and procedures.
<ol style="list-style-type: none"> Using the same lancing/fingerstick device for more than one individual, even if the lancet is changed (CMS, 2014). 	<ul style="list-style-type: none"> Never use a fingerstick device on more than one person (CDC 2011, FDA 2010). Remove a reusable fingerstick device from a staff- or organization-owned glucometer storage container (if a glucometer is issued and a reusable fingerstick device is present). Use an autodisable, single-use fingerstick device (i.e., lancet) for assisted monitoring of blood glucose (CDC 2011, FDA 2010) and discard the used lancet in a sharps container at the point of use. Store unused autodisable, single-use fingerstick devices (i.e., lancets) separate from the blood glucose meter.

Note. CDC = Centers for Disease Control and Prevention; CMS = Centers for Medicare & Medicaid Services; FDA = Food and Drug Administration.

fourth infection control breach that involves reusing the same lancing device/fingerstick could feasibly occur in home care and hospice settings. The risk for patient-to-patient transmission for bloodborne infections can be reduced when home healthcare and hospice providers implement safe injection practices,

which are a component of standard precautions, and perform assisted blood glucose monitoring procedures in a safe manner. Self-assess your infection prevention and control strategies and see if you’re following these infection prevention strategies ... to not only “do the right thing” for your patients, but also

avoid a finding and subsequent referral during an upcoming CMS survey! 🏠

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