

Infection Control Update and Related Issues

NJ Department of Health & Senior Services

March 22, 2011



F-441

§483.65(a) Infection Control Program

The facility must establish an Infection Control Program under which it –

- 1) Investigates, controls, and prevents infections in the facility;
- 2) Decides what procedures, such as isolation, should be applied to an individual resident; and
- 3) Maintains a record of incidents and corrective actions related to infections.



§483.65(b) Preventing Spread of Infection

When the infection control program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.



Question

**We currently isolate anyone colonized with MRSA or VRE (we do not retest).
Is this a standard/requirement? MDRO's are documented in the care plan of the resident.
I would like to know if we should continue this practice.**



§483.65(b) Preventing Spread of Infection

The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.



§483.65(b) Preventing Spread of Infection

The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.



Components of an Infection Prevention and Control Program

- Program Development and Oversight
- Policies and Procedures
- Infection Preventionist
- Surveillance
- Documentation
- Monitoring
- Data Analysis
- Communicable Disease Reporting
- Antibiotic Review
- Education



Question

We know that resident care equipment, such as a glucometer, must be disinfected between residents, but what about such things as Recreational Activity supplies, such as bingo chips and inflatable balls that they hit back and forth between each other, mechanical patient lifts and slings, walkers used to ambulate multiple residents into the dining room, cloth blood pressure cuffs???

How far do we go?



QUESTION

Some surveyors (in the U.S.) have observed staff using a process they call “double gloving” where they put on multiple gloves and remove one pair then go to the next resident or procedure. Is this permitted?

Answer: No, staff is not permitted to put on multiple gloves and then remove them one at a time as they care for multiple residents.



QUESTION

What about the use of hand sanitizers in the kitchen?

Answer: Hand washing with soap and water is required for all kitchen activities (see F371).





Ref: S&C: 10-28-NH

DATE: August 27, 2010

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Point of Care Devices and Infection Control in Nursing Homes



Infection Control Standards for Nursing Homes at §483.65 - F441 –Determining Compliance:

The following practices are deficiencies in infection control:

Reusing fingerstick devices (e.g., pen-like devices) for more than one resident;

Using a blood glucose meter (or other point-of-care device) for more than one resident without cleaning and disinfecting it after use.

The guidance regarding fingerstick devices and blood glucose meters is applicable to other point-of-care devices where a blood specimen is obtained (e.g., prothrombin time meters).



Noncompliance with F441

Failure to:

- Develop an Infection Control and Prevention Program;
- Identify and prohibit employees with a communicable disease from direct contact with a resident;
- Utilize infection precautions to minimize the transmission of infection;
- Demonstrate proper hand hygiene;
- Properly dispose of soiled linens;
- Demonstrate the use of surveillance; and
- Adjust facility processes as needed to address a known infection risk.



Fingerstick devices must never be used for more than one resident.

Although the package instructions for some fingerstick devices may indicate or imply the potential for multiple patient use, surveyors and health care workers must adhere to this CMS guidance regarding the avoidance of multiple patient use of fingerstick devices, consistent with recent statements of the CDC and the FDA.



Point-of-care devices, such as blood glucose meters, can become contaminated with blood and, if used for multiple residents, must be cleaned and disinfected after each use according to manufacturer's instructions.



CLEANING AND DISINFECTION

If the manufacturer's recommendations do not specify agents for cleaning and disinfection between uses, the device generally should not be used for more than one resident.



Deficiency Severity Determination

The reuse of fingerstick devices for more than one resident should be treated as immediate jeopardy.



Deficiency Severity Determination

An example of a negative outcome that occurred or has the potential to occur at Severity Level 4 as a result of the facility's deficient practices may include:

The facility failed to follow Standard Precautions during the performance of routine testing of blood glucose, and reused fingerstick devices for more than one resident.

This practice of re-using fingerstick devices for more than one resident created an Immediate Jeopardy to resident health by potentially exposing residents who required blood glucose testing to the spread of bloodborne infections in the facility.



Deficiency Severity Determination

Failure to clean and disinfect blood glucose meters used for more than one resident is a deficiency in infection control that warrants corrective action, but may not constitute immediate jeopardy.



Deficiency Severity Determination

An example of Severity Level 3 (Actual Harm that is not Immediate Jeopardy) may include:

The facility failed to institute internal surveillance for adherence to hand washing procedures or pertinent reminders to staff regarding appropriate respiratory precautions during an influenza outbreak; resulting in additional cases of influenza in residents living in another previously unaffected section of the facility.



Deficiency Severity Determination

Severity Level 2: No Actual Harm with Potential for more than minimal harm.

An example may include:

The facility identified issues related to staff infection control practices, as part of its infection prevention and control program, but did not follow up to identify the cause and institute measures to correct the problems.



Deficiency Severity Determination

Severity Level 1: No actual harm with potential for minimal harm

The failure of the facility to provide appropriate care and services for infection control practices places the resident at risk for more than minimal harm.

Therefore, Severity Level 1 does not apply for this regulatory requirement.



Additional Resource Material

<http://www.cdc.gov/injectionsafety/Fingerstick-DevicesBGM.html>

<http://www.cdc.gov/injectionsafety/blood-glucose-monitoring.html>

<http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/ucm224025.htm>



Below are additional reference sites which offer information about hepatitis, point-of-care devices, and/or blood glucose meter practices.

<http://www.cdc.gov/hepatitis/Settings/GlucoseMonitoring.htm>

http://www.cdc.gov/ncidod/dhqp/bp_hepatitisb_prevent.html

http://www.cdc.gov/ncidod/dhqp/bp_hepatitisc_prevent.html

<http://www3.interscience.wiley.com/cgi-bin/fulltext/123236683/PDFSTART>

<http://journalofdst.org/March2009/Articles/VOL-3-2-ORG3-THOMPSON.pdf>

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5409a2.htm>

<http://www.cdc.gov/mmwr/preview/mmwrhtml/00046679.htm>



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THANK YOU!