

# Nursing Home Regulations

Manual

Health Care Series

THOMPSON

October 2009 | Vol. 17, No. 4



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*For more on CMS guidance to state survey agencies, see ¶210 in the Manual.*

## Infection Control Interpretive Guidelines Change: Is Your Facility Prepared?

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Effective Sept. 30, the CMS F-Tags for infection control, formerly F441-445 were consolidated into a single tag, F441. This makes sense since infection control management is multi-faceted and just one aspect, such as how linens are handled, can impact the ability of a facility to prevent the spread of infection.

The revised tag comes with expanded interpretive guidelines, just as with other F-Tags that have been updated over the last few years. There are changes in some of the terminology with this update as well. For instance, community acquired infections are now referred to as community associated infections and an infection control professional is now referred to as an infection preventionist (IP). Other definitions have changed in meaning. For instance, did you know that for certain highly contagious diseases, such as the flu, one case is now considered an outbreak? Having that knowledge will help your facility react appropriately under the new guidelines.

Surveillance is an expected component of an infection control program. The new guidance reviews two types of surveillance that can be adopted by a facility. Process surveillance looks at the practices related to direct care such as transmission based precautions, proper hand hygiene and the appropriate use of disposable gloves. Outcome surveillance focuses on collecting and analyzing data and comparing it to standard written criteria on infections. Outcome surveillance also may look at antibiotic orders, medication regime orders and physician progress notes. The

guidance indicates that antibiotic review is a vital aspect of an infection control program. What type of surveillance are you currently using? Should you be making some changes to ensure that your process will meet the expectations of surveyors?

CMS also delineates specific education requirements in the guidance. For instance, the facility needs to educate staff to changes in policy, or when an outbreak occurs. General infection control practices are a great start, but education also should be targeted at specific tasks, such as catheter insertion, suctioning and blood glucose monitoring. There also should be follow-up competency evaluations to demonstrate that the staff is in compliance. Critical aspects of staff education include: transmission-based precautions, OSHA requirements, hand hygiene, multi-drug resistant organisms (MDROs) and sanitation procedures. Surveyors will interview your staff to see if they know how to recognize signs/symptoms of infection, when to wash hands and use gloves, how to identify which residents are on transmission-based precautions and the appropriate measures to be taken for each type. Are your training materials up to date, and do they include this information? Will your staff be able to answer surveyors' questions accurately and with confidence?

The new guidance details how infections are transmitted. Direct transmission means that the microorganisms are transferred from one person to another – usually due to improper handwashing. Indirect transmission occurs when microorganisms are transmitted

**See Interpretive Guidelines, p. 2**

## **Interpretive Guidelines** (continued from page 1)

through intermediary objects such as bedrails, lab coats or toilets. Did you know that *Clostridium difficile* can live on inanimate surfaces for up to five months; hepatitis B up to a week; and influenza up to eight hours? Are your employees washing their hands or using an antibacterial hand rub properly and at appropriate times? Are your housekeeping staff cleaning thoroughly enough? Are you cleaning multi-use equipment, such as resident lifts, shower chairs, commodes and tubs, after each resident use?

Use of transmission-based precautions means using the appropriate personal protective equipment and housing the person in a way as to decrease the opportunity for the spread of infection to occur. It used to be that a mask was not needed for respiratory droplet precautions unless you were within three feet of the affected person.

Current guidance recommends using a mask when you are within six to 10 feet, or upon entering the room of an affected person. What are your protocols for airborne, droplet and contact precautions? Do they meet the new guidelines?

Do you know how and when to appropriately clean mattresses, pillows and mattress pads, and when they should be replaced? Mattresses should be discarded if fluids have penetrated into the mattress. Mattress pads should be discarded, rather than repaired, in cases where there are tears or holes. They must be cleaned appropriately based on the type of material (moisture-resistant or fabric) between residents.

By developing and following sound facility policies and procedures, proper resident placement and staff education, your facility should be in good shape to keep the incidence of infections down as low as possible. 🏠



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