

Sullivan County Department of Public Health

Title: Infection Control and Prevention	Original Approval: 6/18
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Statement/ Purpose:

Prevention and control of infectious and communicable diseases

Authority:

Sec. 1102 of the Social Security Act (42 U.S.C. 1302); CMS-3819-F Medicare and Medicaid Program: Conditions of Participation for Home Health Agencies § 484.70 Condition of participation: Infection prevention and control; Section 2.59 of the State Sanitary Code (10 NYCRR) under the authority of Public Health Law Sections 225, 2800, 2803, 3612, and 4010; OSHA Bloodborne Pathogens standard (29 CFR 1910.1030), Personal Protective Equipment standard (29 CFR 1910.132) and Respiratory Protection standard (29 CFR 1910.134)

Application:

All SCDPH Clinicians, DSI Staff

Terminology:

Responsible Party:

Training and Quality Improvement Coordinator

Cross-Reference:

Hand Hygiene, Bag Technique, Exposure Control Plan for Bloodborne Pathogens, Medical Waste and Sharps Transport and Disposal, Aseptic Technique, Cleaning and Disinfecting of Equipment, Blood and Body Fluid Spill Clean-up, Transporting Laboratory Specimens

Procedure:

I. Prevention

Sullivan County Department of Public Health (SCDPH) follows accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases. Standard precautions are based on the principle that all blood, body fluids, secretions, and excretions may contain transmissible infectious agents.

1. The following are six (6) standard precautions, identified by the CDC Healthcare Infection Control Practices Committee (HICPAC), which apply during any episode of patient care:
 - Hand Hygiene
 - Environmental Cleaning and Disinfection
 - Injection and Medication Safety
 - Appropriate use of Personal Protective Equipment
 - Minimizing Potential Exposures

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- Reprocessing of reusable medical equipment between each patient and when soiled.
 - a. Hand Hygiene- should be performed at a minimum:
 - i. Before contact with patient
 - ii. Before performing an aseptic task (insertion of IV, preparing an injection, performing wound care)
 - iii. After contact with the patient or objects in the immediate vicinity of the patient
 - iv. After contact with blood, body fluids or contaminated surfaces
 - v. Moving from a contaminated body site to a clean body site during patient care
 - vi. After removal of PPE.

The term “hand hygiene” includes both handwashing with either plain or antiseptic-containing soap and water, and use of alcohol-based products (gels, rinses, foams) that do not require the use of water. In the absence of visible soiling of hands, approved alcohol-based products for hand disinfection are preferred over antimicrobial or plain soap and water because of their superior microbiocidal activity, reduced drying of the skin, and convenience. The CHHA must ensure that supplies necessary for adherence to hand hygiene are provided.

- b. Environmental Cleaning and disinfection
 - i. Environmental cleaning and disinfection present a unique challenge for CHHA personnel. The CHHA staff have little control over the home environment but must maintain clean equipment and supplies during the home visit, during transport of the reusable patient care items in a carrying case in the staff vehicle, and for the use in multiple patients’ homes.
 - ii. Clinicians are expected to practice proper bag technique while providing patient care to prevent the spread of infection and maintain cleanliness of equipment and supplies.
- c. Injection and Medication Safety
 - i. Safe injection practices, to which all CHHA staff must adhere, include but are not limited to:
 - 1. Use of aseptic technique when preparing and administering medications
 - 2. Not reusing needles lancets, or syringes for more than one use on one patient; using single-dose vials for parenteral medications whenever possible.
 - 3. Not administering medications from a single-dose vial or ampule to multiple patients
 - 4. Use of fluid infusion and administration sets (i.e., intravenous bags, tubing and connectors) for one patient only and disposal appropriately after use
 - 5. Considering a syringe or needle/ cannula contaminated once it has been used to enter or connect to patient’s intravenous infusion bag or administration set
 - 6. Entering medication containers with a new needle and a new syringe even when obtaining additional doses for the same patient
 - 7. Insulin pens must be dedicated for a single patient and never shared even if the needle is changed
 - 8. Sharps disposal follows applicable state and local laws and regulations.
- d. Appropriate use of Personal Protective Equipment
 - i. PPE is the use of specialized clothing or equipment worn for protection and as a barrier against infectious materials or any potential infectious disease exposure. PPE protects the caregiver’s skin, hands, face, respiratory tract, and/or clothing from exposure.

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- ii. The selection of PPE is determined by the expected amount of exposure to the infectious materials, durability of the PPE, and suitability of the PPE for the task.
- e. Minimizing Potential Exposures
 - i. Minimizing Potential Exposures focuses in the home health setting on prevention of the exposure for other family members and visitors and the prevention of transmission by the CHHA staff while transporting medical specimens and medical waste, such as sharps.
- f. Reprocessing of Reusable Medical Equipment Between Each Patient and When Soiled
 - i. Cleaning and disinfecting of reusable medical equipment is essential. Reusable medical equipment (e.g., blood glucose meters and other devices such as, blood pressure cuffs, oximeter probes) must be cleaned/ disinfecting prior to use on another patient and when soiled. The CHHA must ensure the CHHA staff are trained to:
 - ii. Maintain separation between clean and soiled equipment to prevent cross contamination
 - iii. Follow the manufacturer's instructions for use and current standards of practice for patient care equipment transport, storage, and cleaning/ disinfecting.

II. Control

SCDPH maintains a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases as part of the QAPI Program.

1. Surveillance- SCDPH's Infection Control Committee meets quarterly as part of the agency QAPI meeting and is comprised of the Director of Patient Services, the CHHA Supervisors, the QI Coordinator, and a representative from the Disease Surveillance and Investigation (DSI) Department.
2. Identification- Problems/ infection control issues within SCDPH's patient population may be identified via coding, Potentially Avoidable Adverse Events reports, Infection Control Supervisory visits (annually), Incident Reports and Complaint Reports. The DIS department will monitor communicable diseases via the Electronic Communicable Laboratory System (ECLRs) and the Communicable Disease Electronic Surveillance System (CDESS) in the NYSDOH Health Commerce System and then cross check in the electronic medical record.
3. Prevention- Adherence to standard precautions and accepted standards of practice in the six areas listed under section I- Prevention.
4. Control- A corrective action plan is developed to address or prevent infections or transmission of communicable diseases based on the surveillance findings, root cause identification, tracking data, and analysis of findings.
5. Investigation- Issues identified during on-going, systemic surveillance are investigated to determine root causes and inform corrective action planning for control and prevention.

III. Education

SCDPH provides infection control education to staff, patients and caregivers.

1. Appropriate use, transport, storage, and cleaning methods of patient care equipment according to manufacturer's guidelines.
2. Job-specific, infection prevention education and training to all healthcare personnel for all of their respective tasks.
3. Processes to ensure that all healthcare personnel understand and are competent to adhere to infection prevention requirements as they perform their roles and responsibilities.
4. Written infection prevention policies that are widely available, current, and based on current standards of

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practice.

5. Training before individuals are allowed to perform their duties and periodic refresher training as designated by SCDPH policy.
6. Additional training in response to recognized lapses in adherence and to address newly recognized infection transmission threats.
7. In-service provided for infection control education for staff at periodic intervals consistent with accepted standards of practice.
8. Patients and caregivers are provided education that is specific to the patient's plan of care, health conditions, and individual learning needs.

IV. Monitoring

SCDPH monitors CHHA patients for infections developed while under the care of the agency.

1. Any patient that is placed on antibiotics after start of care will be reported to Supervision by the clinician who notes the new antibiotic.
2. The QI coordinator will review the chart to determine if the infection meets the APIC-HICPAC standards of HAI (Home healthcare Acquired Infection). All will be reviewed to determine if this was preventable and/ or what interventions/ education needs to occur.
3. A log of patient infections will be maintained and reported at the QAPI meeting and PAC.