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 bloodborne 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 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 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 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 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.
Avoid Them That Warrant a Referral to Public Health Authorities and How to Avoid Them

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

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<tr>
<th>Infection Control Breaches</th>
<th>Infection Prevention Strategy</th>
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<td>1. Using the same needle for more than one individual.</td>
<td>• Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed.</td>
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<td>2. Using the same (prefilled/manufactured/insulin or any other) syringe, pen, or injection device for more than one individual.</td>
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<td>3. 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.</td>
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<tr>
<td>4. Using the same lancing/fingerstick device for more than one individual, even if the lancet is changed (CMS, 2014).</td>
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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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REFERENCE


