

Hospice Guidelines to Meet CHAP Infection Control Standards During the Pandemic:

Hospice Standard	Pandemic Compliance Consideration
<p>HIPC.1D: The hospice documents and maintains an effective infection control program that protects patients, families, visitors, and hospice staff by preventing and controlling infections and communicable diseases.</p> <p>The infection control program includes:</p> <ol style="list-style-type: none"> 1. Identifying risk for acquiring and transmitting infectious agents where the patient resides. 2. Guidelines for addressing and preventing infection related to infusion therapy, urinary tract care, respiratory tract care, and wound care. 3. Guidelines for caring for patients with a multi-drug resistant organism. 4. Policies on protecting patients, staff, and families from bloodborne or airborne pathogens; 5. Education of employees, contracted providers, patients, families, and other caregivers in infection control. 6. How timely communication occurs with hospice staff, patients, families, and visitors about infection prevention and control issues, including their role in preventing the spread of infections and communicable diseases through daily activities. <p>CFR §418.60(c)</p>	<p>The scope of the infection control program include staff delivering care, and</p> <ul style="list-style-type: none"> • Office staff, • Access to and use of PPE as well as staff screening when hospice care is provided in: <ul style="list-style-type: none"> ○ An aggregate living facility (ILF/ALF), ○ A SNF or nursing home, ○ A facility providing GIP, and/or ○ An IPU independently operated and staffed by the hospice. <p>The hospice may adopt the staff screening and infection precautions of the SNF or nursing home, and/or the facility where GIP is provided. The key is the hospice team has addressed screening and infection control in these settings and defined the role of staff-including the IDG, and the effectiveness of communication between the variety of settings where hospice care is being delivered and the IDG managing care.</p> <p>Review of infection control in the hospice independent IPU, addresses risk unique to COVID-19. This includes adequate separation and transmission-based precautions.</p>
<p>HIPC.2: The hospice follows accepted standards of practice to prevent the transmission of infections and communicable disease, including the use of standard precautions, such as:</p> <ol style="list-style-type: none"> 1. Hand hygiene. 2. Use of gloves, mask, eye protection, or face shield depending on anticipated exposure. 3. Safe handling of equipment in the patient’s care environment if it is likely to have been contaminated with body fluids. 4. Safe handling of soiled items in the patient’s care environment. 5. Other requirements of applicable state and federal law and regulation. <p>CFR§418.60(a)</p>	<p>Emerging standards of practice from CDC, NIOSH:</p> <ol style="list-style-type: none"> 1) Use and accessibility of ABHR and/or soap and water. 2) Evidence of adequate PPE per number of suspected and confirmed COVID patients, and non COVID pts, and high risks tasks per team member. Adoption of extended or re-use appropriate to type of PPE. 3) Defined cleaning and disinfectant process for equipment used patient-to-patient and bag. (both IPU and home); if extended use adopted, review transport process. 4) In all settings, is it clear when items must be discarded and how?

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<p>HIPC.3I: Hand hygiene products, personal protective equipment (PPE), and other equipment and supplies are available to the IDG members at risk of occupational exposure to bloodborne pathogens and other potentially infectious materials in accordance with state law and regulation.</p>	<p>PPE (eye protection, masks, gowns gloves) is available to the IDG appropriate to the risk activities they engage in and COVID status of patients, and inpatient vs. home. If shortages, CDC recommendations for re-use or extended use are implemented appropriate to PPE type. ABHR and or soap and water are available to staff delivering care and in-office appropriate to risk. as well as in IPU.</p>
<p>HIPC.4I: Bags used to carry medical equipment (e.g., BP cuff) or supplies into or out of the care environment are transported and used in a manner consistent with organizational policy to prevent the spread of infections and communicable diseases.</p>	<p>Does the process avoid cross contamination? How are staff cleaning and disinfecting BP cuffs, stethoscopes, etc. used patient-to-patient? What are contracted staff doing? Note aides are most often contracted in hospice. Consider telemonitoring or telehealth equipment being delivered and returned. Hospice staff know restrictions of facilities where patients are and follow such.</p>
<p>HIPC.5I: The hospice maintains a coordinated, agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases. The infection control program includes: 1. A method for identifying infectious and communicable disease problems. 2. A plan for implementing appropriate actions that are expected to result in improvement and disease prevention</p> <p>CFR§418.60(b)(1-2)</p>	<p>“Agency wide” includes office and in-home care delivery, inpatient and ADS.</p> <ul style="list-style-type: none"> • Current CDC practice is daily screening implemented for all settings and the office. • Screening for COVID-19 occurs upon patient admission and on an ongoing basis, including in IPU. <p>Actions implemented and improvement during the PHE (public health emergency) are incorporated into QAPI.</p>
<p>HIPC.6I: The hospice properly stores and disposes of medical waste products and contaminated syringes generated in the performance of care and services. 1. All used needles are placed in a nonpermeable, tamper-proof, puncture-resistant container that is not recapped or broken. 2. The puncture-proof container is disposed of appropriately. 3. Storage and disposal of medical waste products is in accordance with local, state, and federal law and regulation.</p>	<p>IDG staff and office staff understand and demonstrate appropriate disposal of PPE. IDG staff demonstrate or can articulate how PPE used in the care of a COVID19 patient, confirmed or suspected, is appropriately disposed.</p> <p>Staff can articulate when PPE that is soiled or being used in an approved extended or re-use process should be disposed and how.</p> <p>Staff caring for pts in facilities know process for disposal.</p>

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<p>HIPC.7I: The hospice provides infection control education to patients, family members, and other caregivers that is individualized to the needs of each patient.</p> <p>CFR§418.60(c)</p>	<p>The infection education includes items specific to the care of a suspected or confirmed COVID 19 patients. Does training address precautions to manage risk of infection?</p> <p>Does education address monitoring symptoms of other family members, visitors and reporting suspected or confirmed infection to the hospice. How are family members and visitor screened in the IPU?</p>
<p>IPC.8D: Work surfaces in the patient’s environment are cleaned as defined in the hospice’s infection prevention and control policies and procedures</p>	<p>CDC recommendations are cleaning and disinfecting in the patient environment, and in the office. Frequently touched surfaces are a priority. Review processes and disinfectants used in the IPU-are FDA approved disinfectants being used?</p>
<p>HIPC.9I: TB Policy</p>	<p>No changes</p>
<p>HIPC.10: The hospice has policies and procedures for the management of reported work-related exposure and post-exposure follow-up. Follow-up notifications, testing, and treatment policy comply with local, state, and federal law and regulation.</p>	<p>No changes at this time.</p>