

Home Health Guidelines to Meet CHAP Infection Control Standards During the Pandemic:

CHAP Home Health Standard	Pandemic Compliance Consideration
<p><b>IPC.1.I.M1:</b> The agency implements standards of practice, including standard precautions, to prevent the spread of infectious disease.</p> <p>CFR 484.70(a)</p>	<p>Based on consistent CDC recommendations:</p> <ul style="list-style-type: none"> <li>• Use of NIOSH approved N95 masks or higher for care of suspected or confirmed COVID 19 patients, including aides if engaging in high risk activity.</li> <li>• Appropriate CDC extended use or re-use processes adopted if unable to acquire PPE needed and evidence of trying.</li> <li>• All caregiver staff use surgical facemasks for care delivery to non-COVID patients</li> <li>• All staff participate in daily symptom screening and reporting-office and care delivery.</li> </ul> <p>Surveillance in any standard is equivalent to tracking and reporting per health department.</p>
<p><b>IPC.1.I.M2:</b> Infection control is agency-wide and demonstrates identification, tracking, control, prevention, as well as action and improvement and integrated into QAPI</p> <p>CFR484.70 (b)(1-2)</p>	<p>Agency-wide now includes the office <i>and</i> patient care.</p> <ul style="list-style-type: none"> <li>• Clear process defined for infection control with suspected or confirmed COVID 19 patients and staff who provide their care.</li> <li>• What is the process for non-COVID patients?</li> <li>• How is infection control applied in the Office, note emerging practice is use of face masks, social distancing, cleaning and disinfection.</li> </ul> <p>How have elements of COVID experience been integrated into QAPI, using challenges and response as QAPI studies.</p>
<p><b>IPC.1.I.M3:</b> Vaccination administration</p> <p>CFR 484.60(b)(2)</p>	<p>No changes</p>
<p><b>IPC.3. I:</b> Hand hygiene products, PPE, other equipment, and supplies used per policies and procedures and CDC recommendations</p> <p>CFR 484.70</p>	<p><b>Office-</b> Use of PPE (masks and gloves) use and hand sanitizer or soap and water per policy; cleaning and disinfection of frequently touched surfaces occurs using appropriate supplies.</p> <p><b>Healthcare staff:</b> Do staff use PPE, follow hand hygiene per agency policy? Can they demonstrate correct use of PPE, especially gloves, and hand hygiene? Is adequate PPE supply ensured? Has CDC extender or re-use processes been adopted? (e.g. masks, gloves, gowns)</p> <p><b>Contracted therapies:</b> Are contracted services using same policies. Is the contracted staff supplying the PPE or the agency?</p>

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<p>IPC.3.I.M1: Appropriate hand hygiene per CDC guidelines</p> <p>CFR 484.70(a)</p>	<p>Observation and interviews of staff in office and care delivery staff indicate understanding of hand hygiene and have access to soap &amp; water or ABHR. This includes staff understanding if agency policy is re-use of gloves per CDC if a shortage.</p>
<p><b>IPC.4. I:</b> Policies and procedures followed when supplies and equipment are stored, transported, and carried in and out of home.</p>	<p>Observe PPE storage in office and equipment (if telemonitoring, telehealth), and how accessed by staff. How are supplies and equipment transported by staff-to PUI and confirmed COVID patients and non-COVID 19 patients. If re-use strategies for masks, -what is the policy for transporting home to home and throughout the day. Does the process reduce risk for cross-contamination?</p>
<p><b>IPC.4.I.M1:</b> Bags going in and out of house and use during delivery of care. CFR 484.70(a)</p>	<p>Does the process avoid cross contamination?</p>
<p><b>IPC.4.I.M2:</b> Sterilized items are stored and transported in a manner that preserves the integrity of packaging and no use of outdated. CFR 484.70(a)</p>	<p>No changes.</p>
<p><b>IPC.5. I:</b> Agency owned equipment is cleaned and disinfected per manufacturer guidelines between patient use with consideration of infection risk.</p> <p>CFR 484.70(b)(2)</p>	<p>How are staff cleaning and disinfecting BP cuffs, stethoscopes and any other equipment used patient to patient? What are contracted staff doing? Is telemonitoring or telehealth equipment being delivered, used and returned with infection control considered.</p>
<p><b>IPC.6. I:</b> Care environment is maintained to minimize risk of spreading infectious disease during delivery of care.</p> <p>CFR 484.70(b)(2)</p>	<p>Care delivery staff maintains environment to reduce spread of infection, if COVID 19 suspected or confirmed, review appropriate action taken in the home, and instruction to patient and family.</p>
<p><b>IPC.6.I.M2:</b> Disposal and storage of medical waste</p> <p>CFR 484.70(a)</p>	<p>Staff understand and execute how to store PPE used with suspected or confirmed COVID patients, as well as disposal after use or soiling. Consideration of extended use or re-use strategies adopted per CDC recommendations.</p>
<p><b>IPC.7.I:</b> Patients, families and staff instructed on infection control practices related to the care or service delivered.</p> <p>CFR 484.70(c)</p>	<p>Evidence of training using CDC guidelines for suspected or confirmed COVID 19 and non-COVID patients. Do staff understand high-risk procedures and related infection control practices? Is there evidence of training?</p>

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<p><b>IPC.7. I cont.:</b> Patients, caregivers, and personnel are instructed on infection prevention and control practices related to the care and services provided.</p>	<p>Interview the staff about the education provided to patients for minimizing transmission, including suspected or confirmed COVID 19 patients. Do they know and understand the instructions given to patients and their caregivers?</p>
<p><b>IPC.7.I.M1:</b> Patients and caregivers are instructed on minimizing the risks of spreading infections and communicable diseases, including the proper techniques for handling, and disposing of medical waste Training occurs during course of care.</p> <p>CFR 484.70(c)</p>	<p>Do patient and family understand safe practices for COVID and non-COVID patients? If suspected or confirmed COVID, do they understand disposal of gowns, gloves, facemasks etc. used in care? Is there evidence of what staff has taught- consider handouts used Home visits/Interviews: what do the patient and caregiver understand.</p>
<p>IPC.8. I: TB policy CFR 484.70(b)(1-2)</p>	<p>No changes</p>
<p>IPC.9. Hep B vaccination available at no cost to staff CFR 484.70(b)</p>	<p>No changes</p>
<p>IPC.10. I: Occupational exposures to communicable diseases are referred for assessment, testing, treatment, and counseling in accordance with organizational policy and local, state, and federal law and regulation. Post-exposure interventions, as defined in the organization’s infection prevention and control (IPC) policies, are implemented. CFR 484.70(b)(2)</p>	<p>Clarify the ways in which the agency provides or refers staff for assessment, treatment, and testing related to suspected or confirmed COVID 19.</p>
<p>IPC.11. I: Personnel report exposure to, or development of, a communicable disease to the organization, in accordance with organizational policy and local, state, and federal law and regulation.CFR 484.70(b)</p>	<p>Review documentation the organization maintains for reported exposure to or development of communicable diseases. – key now is both healthcare staff and office staff. Validate that reporting occurs per organizational policy and includes any positive COVID-19 staff.</p>
<p>IPC.12. I: Occupational exposure is reported to local, state, and federal authorities as required. Follow-up notifications, testing, and treatment follow state and local health department guidance and organizational policy. CFR 484.70(b)</p>	<p>Clarify the process for reporting COVID 19 cases, does the agency know what is expected locally and follow that?</p>
<p>IPC.14. I: Patients are monitored for the occurrence of infections. Identified infections are investigated. Information is documented and used to identify and act on opportunities to reduce the risk of infections</p>	<p>What is the agency process for monitoring suspected and/or confirmed COVID among patients and others in the home? Do they follow a process? Is reporting per health department?</p>