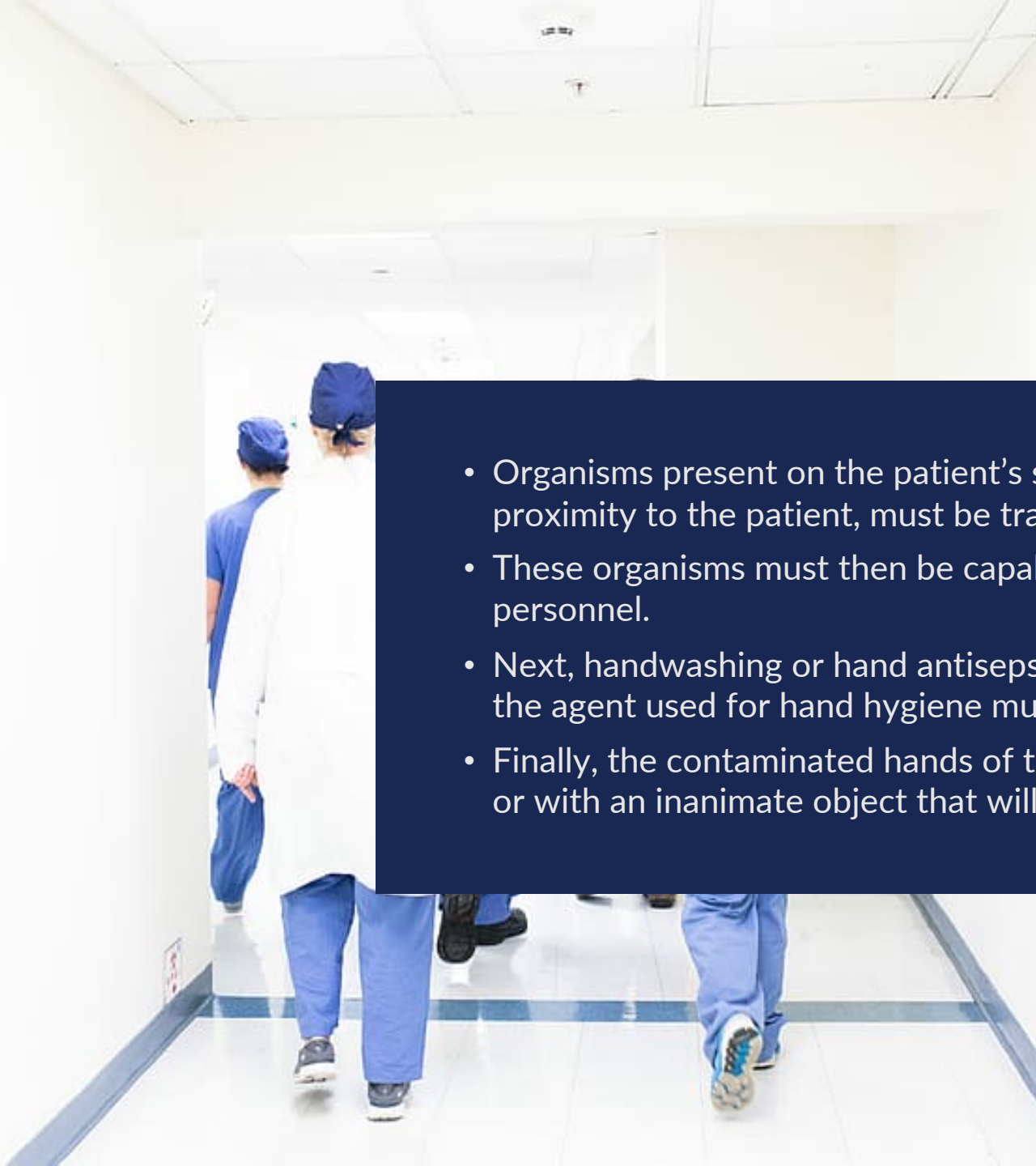




Hand Hygiene / Infection Control



Transmission of healthcare-associated pathogens from one patient to another via the hands of HCWs requires the following sequence of events:

- Organisms present on the patient's skin, or that have been shed onto inanimate objects in close proximity to the patient, must be transferred to the hands of HCWs.
- These organisms must then be capable of surviving for at least several minutes on the hands of personnel.
- Next, handwashing or hand antisepsis by the worker must be inadequate or omitted entirely, or the agent used for hand hygiene must be inappropriate.
- Finally, the contaminated hands of the caregiver must come in direct contact with another patient, or with an inanimate object that will come into direct contact with the patient.

The following are six (6) standard precautions, identified by the Center for Disease Control and Prevention (CDC) Healthcare Infection Control Practices Committee (HICPAC), which apply during any episode of patient care:

- 01 Hand Hygiene
- 02 Environmental Cleaning & Disinfection
- 03 Injection and Medication Safety
- 04 Appropriate Use of Personal Protective Equipment
- 05 Minimizing Potential Exposures
- 06 Reprocessing of reusable medical equipment between each patient and when soiled



Your Hands

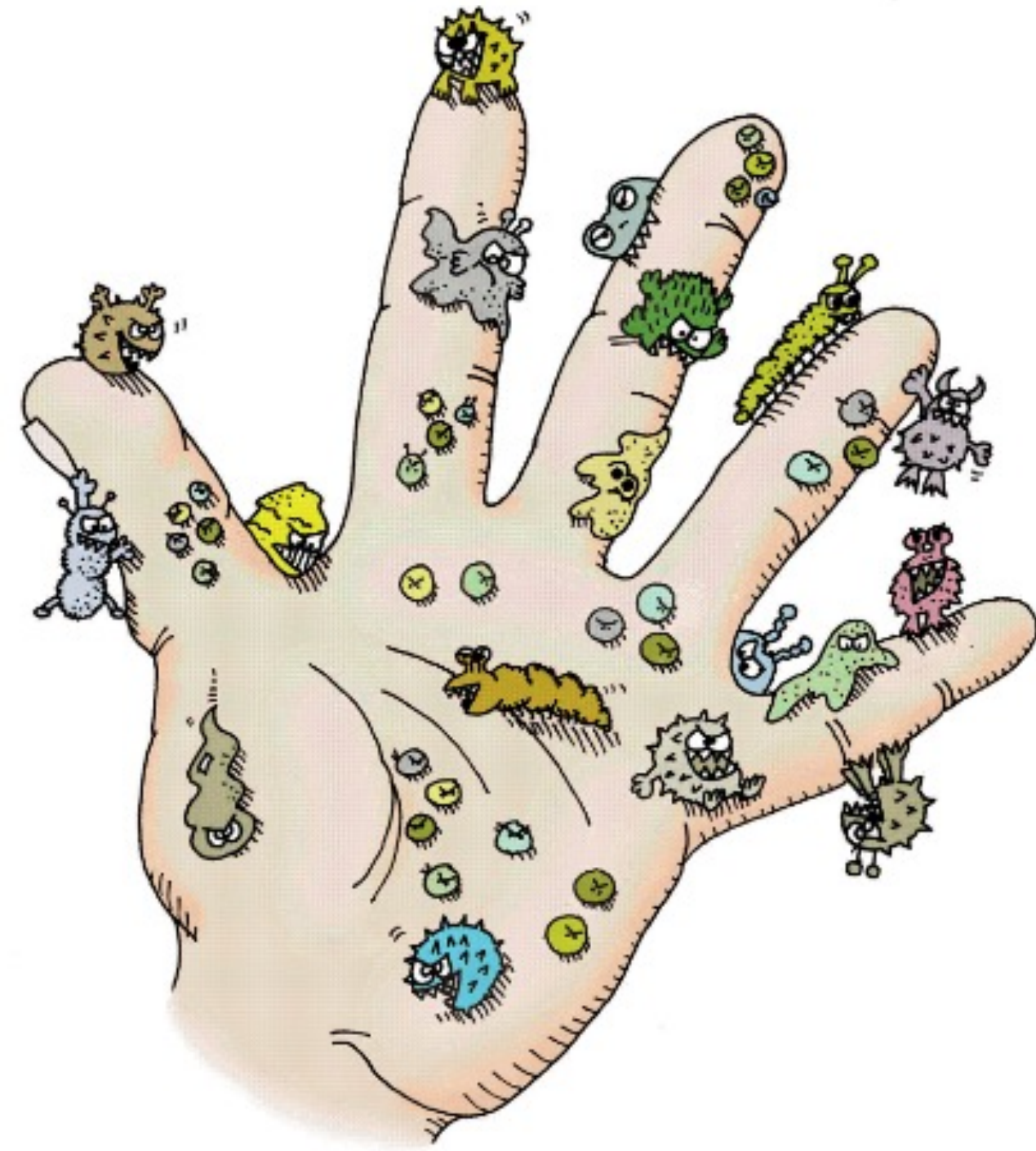
Majority of the time your hands are the reason for the infection control measures not being met.

Clean hands are the single most important factor in preventing the spread of pathogens and antibiotic resistance.

Follow these 5 steps of handwashing.

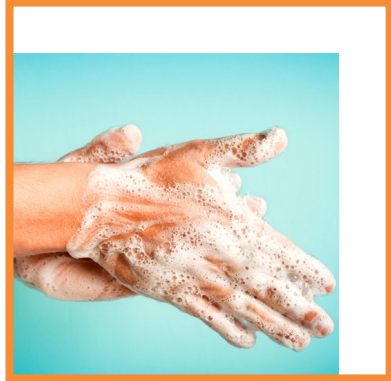
1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least **20 seconds**. Need a timer? Hum the "Happy Birthday" song from beginning to end **twice**.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or air dry them.

If soap and water are not readily available, use a hand sanitizer that contains at least **60% alcohol**.



Clean Hands Count

For Healthcare Providers



Truth

On average, healthcare providers perform hand hygiene less than half of the times they should.

The Nitty Gritty

When healthcare providers do not perform hand hygiene 100% of the times they should, they put themselves and their patients at risk for serious infections.

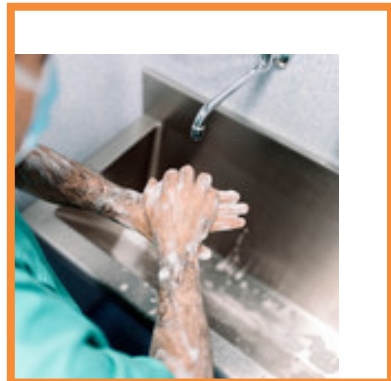


Truth

Gloves use is not a substitute for cleaning your hands. Dirty gloves can soil your hands.

The Nitty Gritty

Clean your hands after removing gloves to protect yourself and your patients from infection.



Truth

Some healthcare providers miss certain areas when cleaning their hands.

The Nitty Gritty

Using alcohol-based hand sanitizer becomes a habit and sometimes healthcare providers miss certain areas.



Truth

The amount of product you use matters.

The Nitty Gritty

Use enough alcohol-based hand sanitizer to cover all surfaces of your hands. Rub your hands together until they are dry. Your hands should stay wet for around 20 seconds if you used the right amount.



Truth

Alcohol-based hand sanitizer is more effective and less drying than using soap and water.

The Nitty Gritty

Compared to soap and water, alcohol-based hand sanitizers are better at reducing bacterial counts on hands and are effective against multidrug-resistant organisms. Additionally, alcohol-based hand sanitizers cause less skin irritation than frequent use of soap and water.

Common Mistakes Made

- Miss cleaning parts of the hands or not performing long enough
- Not changing gloves between clean and dirty areas
- Problem with glove integrity/not fitted properly
- Touching one's face or other clean areas with contaminated gloves
- Mistakes during donning and doffing
- Not turning off the faucet with a paper towel and using hands instead

Practice

The best way to ensure your clinicians are ready for home health survey visits is to practice the scenarios in the office beforehand, going through each step having an infection control expert critique, and giving feedback.



Take Time

- In your staff meetings, including IDT/IDG plan an extra 10-15 minutes to go over one aspect of survey readiness.
- Ensure staff know where your policy and procedures manual is stored. Ensure they know the policies of infection control, bag technique, and hand washing.
- Role play. Have one staff member be the patient and another be in the clinician.

Two Methods for Hand Hygiene

- Alcohol-based hand sanitizers are the most effective products for reducing the number of germs on the hands of healthcare providers.
- Alcohol-based hand sanitizers are the preferred method for cleaning your hands in most clinical situations.
- Washing your hands with soap and water whenever they are visibly dirty, before eating, and after using the restroom.

During Routine Patient Care:

Use Alcohol-Based Hand Sanitizer

- Immediately before touching a patient
- Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices
- Before moving from work on a soiled body site to a clean body site on the same patient
- After touching a patient or the patient's immediate environment
- After contact with blood, body fluids or contaminated surfaces
- Immediately after glove removal

Was with Soap and Water

- When hands are visibly soiled
- After caring for a person with known or suspected infectious diarrhea
- After known or suspected exposure to spores (e.g., B. anthracis, C. difficile out breaks)





What is a Surveyor Looking For?

- Did you wash your hands prior to contact with the patient?
- Did you perform adequate hand hygiene?
- Did you touch unclean surfaces with your gloves and then go back and touch the patient?
- Did you perform hand hygiene before performing an aseptic task or handling invasive medical devices?
- Did you perform hand hygiene before moving from working in a soiled body site to a clean body site on the same patient?
- Did you perform hand hygiene after touching a patient or the patient's immediate environment?
- Did you perform hand hygiene after contact with blood, body fluids, or contaminated surfaces?
- Did you perform hand hygiene immediately after glove removal?
- Did you perform hand hygiene after removing an old dressing from a wound and then applying new clean gloves?
- Did you go in and out of your bag with clean and/or dirty gloves?

Bag technique is used to prevent the transmission of pathogens while making home visits.



There are a few basic principles involved in bag technique:

1. Hand hygiene
2. Bag placement while in patient homes
3. Bag placement during storage
4. Cleaning interior and exterior surfaces of the bag
5. Handling equipment and supplies in the bag
6. Handling equipment and supplies after they are removed from the bag

A woman in a white lab coat is smiling and looking towards an elderly woman who is seated in a wheelchair. They are in a bright, indoor setting, possibly a home or a care facility. The background shows a window with greenery outside.

Bag Placement

Place your bag on a clean, dry surface, if available. If not available, place a clean barrier down first before putting your page on a table or other surface. Another option is to hand the bag from a doorknob or over a door. Keep the bag closed when you are not working inside the bag, especially if there are pets near by.

If you have a bag with wheels, you can leave it on the floor with a barrier underneath. Pay close attention that items don't fall out onto the patient's floor and that exterior pockets never come in contact with the floor when they're unzipped.

Vehicle Storage

Your bag should be stored in your vehicle on a clean, dry surface. If you have supplies in your bag that may be temperature-sensitive, you will need to keep the bag inside your care versus the trunk. Be sure that the bag is always kept on the "clean" side of your vehicle.

If you are concerned about bed bugs or other insects, place your bag inside a large plastic container inside your car.



Cleaning the Outside of the Bag

Don't forget the outside of your bag is important too. Choose a bag that's made of smooth, non-canvas nylon, polyester, or other materials that can be wiped down to decrease the number of pathogens you carry from one home to the next.

When to Leave Your Bag in Your Vehicle

There will be times when your nursing bag is best left in your vehicle. These times include:

- Known infestations with bedbugs or other insects
- Homes that are contaminated with feces
- Patients known to have a multi-drug resistant organism
- Patients on transmission-based precautions

You always have the right to leave your nursing bag in your vehicle. In these situations, double-bag all items so that you can throw one away in the patient's home and use the other to carry items back to your car. Be sure to disinfect all equipment in the bag before placing it back into your nursing bag.



Home Health State – Operations Manual

The HHA staff have little control over the home environment but **must maintain clean equipment and supplies** during the home visit, during transport of reusable patient care items in a carrying case in the staff vehicle, and for use in multiple patients' homes.

Minimizing Potential Exposures focuses in the home health setting on the prevention of exposure for other family members and visitors and the prevention of transmission by the HHA staff while transporting medical specimens and medical waste, such as sharps.

Reusable Items That Go in Your Bag

You should be cleaning all the reusable items that go inside your bag – your stethoscope, blood pressure cuff, thermometer, scissors, and other items. These items should be disinfected after being used on each individual patient, and **before you place them back in the nursing bag.**

Proper nursing bag cleaning technique is critical for ensuring that you don't carry contagious agents from home to home, potentially exposing a patient (not to mention yourself) to infections.

Respiratory Hygiene/Cough Etiquette

Implement measures to contain respiratory secretions in patients and others in the home who have signs and symptoms of a respiratory infection.

- Instructions to patients with symptoms of respiratory infection to:
 - Cover their mouths/noses when coughing or sneezing.
 - Use and dispose of tissues.
 - Perform hand hygiene after hands have been in contact with respiratory secretions.
- Offer masks to coughing patients and other symptomatic persons.
- Encourage persons with symptoms of respiratory infections to sit as far away from others as possible.

Infection Control Home Health

Are you in compliance with the Medicare Condition of Participation pertaining to infection control (reference CFR 484.70)?			
Yes	No	G Tag	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	G680	Is there evidence the agency maintains and documents an infection control program with the goal of prevention and control of infections?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	G682	Is there evidence the agency follows accepted standards of practice to prevent the transmission of infections and communicable diseases?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	G684	Is there evidence the agency's infection control program is an integral part of the QAPI program?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	G684	Does the agency have a method for identifying infections and communicable diseases?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	G684	Does the agency take appropriate actions to address or prevent infections?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	G686	Is there evidence the agency provides infection control education to staff, patients, and caregivers?

Infection Control Hospice

Are you in compliance with the Medicare Condition of Participation pertaining to Infection Control (reference CFR 418.60)?			
<input type="checkbox"/>	<input type="checkbox"/>	L577	Is there evidence of a documented infection control program?
<input type="checkbox"/>	<input type="checkbox"/>	L579	Are accepted standards of practice established and followed to prevent the transmission of infections?
<input type="checkbox"/>	<input type="checkbox"/>	L580	Is there evidence the hospice maintains an agency-wide program for surveillance, identification, prevention, control and investigation of infections and it is part of QAPI?
<input type="checkbox"/>	<input type="checkbox"/>	L581	Does the infection control plan include methods to identify problems and implement actions for prevention?
<input type="checkbox"/>	<input type="checkbox"/>	L582	Is there evidence that education is provided to staff, contract providers, caregivers, and patients?

Home Health Infection Control CoP

42 CFR 484.70 Infection prevention and control. The HHA must maintain and document an infection control program which has as its goal the prevention and control of infections and communicable diseases.

484.70(a) Standard: Prevention. The HHA must follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases.

484.70(b) Standard: Control. The HHA must maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that is an integral part of the HHA's quality assessment and performance improvement (QAPI) program. The infection control program must include:

484.70(b)(1) A method for identifying infectious and communicable disease problems; and

484.70(b)(2) A plan for the appropriate actions that are expected to result in improvement and disease prevention.

484.70(c) Standard: Education. The HHA must provide infection control education to staff, patients, and caregiver(s).

Hospice Condition of Participation

418.60 Condition of participation: Infection control.

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) Standard: Prevention. The hospice must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.

(b) Standard: Control. The hospice must maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable disease that –

- (1) Is an integral part of the hospice's quality assessment and performance improvement program; and
- (2) Includes the following:
 - (i) A method of identifying infectious and communicable disease problems; and
 - (ii) A plan for implementing the appropriate actions that are expected to result in improvement and disease prevention.

(c) Standard: Education. The hospice must provide infection control education to employees, contracted providers, patients, family members, and other caregivers.

References

[Global Handwashing Day | CDC](#)

[Healthcare Providers | Hand Hygiene | CDC](#)

[RR5116-Front Cover.p65 \(cdc.gov\)](#)



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Thank You

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