Home Health Infection Control:
A Manual for Compliance and Quality

The Conditions of Participation (CoP) expect every agency to maintain an effective infection control program as part of its overall quality assessment and performance improvement efforts. An infection control program in homecare is also enforced by OSHA, CDC, and state and local laws. To maintain quality and compliance, it is crucial for every agency to implement such a program.

Home Health Infection Control: A Manual for Compliance and Quality provides all of the information, forms, and tools that an agency needs to ensure it has a compliant infection control program. This updated manual is not just a narrative of what an agency needs to do; it provides customizable policies and procedures in order to create a compliant program that fits the agency’s needs.

In addition to infection control policies and procedures, this manual includes competency training for agency staff as well as training for patients, who have a direct role in preventing infection.

This manual also provides:

• Patient/family education on infection: expected outcome of treatment, prevention of spread to family members or caretakers, and avoiding overuse of antibiotics
• Employee vaccination recommendations from the Infection Action Coalition
• Vaccination recommendations specific to elders (tetanus, zoster, pneumonia)
• Up-to-date CDC and OSHA guidance that ensure your program is current
• Information on new infection control issues, including MRSA infections and wound vac procedures
Home Health Infection Control
A Manual for Compliance and Quality

Reviewed by Elizabeth I. Gonzalez, RN, BSN
**Chapter 1: Purposes and Objectives ................................................................. 1**

Introduction.............................................................................................................. 1

The Purposes of an Infection Control Program ......................................................... 2

The Objectives of an Infection Control Program....................................................... 4

Sample Form: Infection Control Policy .................................................................... 7

**Chapter 2: Policies and Procedures ...................................................................... 9**

Introduction.............................................................................................................. 9

Sample Policy: Infection Control Program .............................................................. 10

Sample Procedure: Hand Washing ........................................................................... 18

Sample Procedure: Hand Hygiene ........................................................................... 20

Sample Procedure: Personal Protective Equipment .................................................. 21

Sample Procedure: Gloves ........................................................................................ 27

Sample Procedure: Latex Sensitivity ........................................................................ 30

Sample Procedure: Nursing Bag Technique ............................................................. 31

Sample Procedure: Blood Specimen Collection ...................................................... 35

Sample Procedure: Urine Specimen Collection ....................................................... 37

Sample Procedure: Stool Specimen Collection ....................................................... 39

Sample Procedure: Sputum Specimen Collection .................................................... 41

Sample Procedure: Infection Control Practices During Wound Care and Dressing Changes .................................................. 43
CONTENTS

Sample Procedure: Infection Control Practices During Daily Personal Care .................................................. 45
Sample Procedure: Handling Waste and Disposables .................................................................................. 51
Sample Procedure: Environmental Practices ............................................................................................. 54
Sample Procedure: Handling Linens ........................................................................................................... 58
Sample Procedure: Blood and Body Fluids Exposure Incident ................................................................... 61
Sample Procedure: Blood and Body Fluids Exposure Control Plan ............................................................. 66
Sample Procedure: Hepatitis B Vaccine ........................................................................................................ 69
Sample Procedure: Influenza Vaccine ........................................................................................................... 75
Sample Procedure: Tuberculosis Exposure Incident .................................................................................. 78
Sample Procedure: Tuberculosis Exposure Control and Respiratory Protection Plan .................................. 79
Sample Procedure: OSHA Record Requirements ....................................................................................... 82
Sample Procedure: Hazard Communication ............................................................................................... 84

Chapter 3: Staff Education and Competency ............................................................................................. 85

Introduction .................................................................................................................................................. 85
Staff Education ............................................................................................................................................. 87
Outline for Educational Session .................................................................................................................. 91
Sample Test .................................................................................................................................................. 117
Personal Protective Equipment for Patient Care and Contact .................................................................. 126
Negative Pressure Wound Therapy and Competencies ............................................................................. 129
Infection Control Competencies ................................................................................................................ 130

Chapter 4: Patient Education ..................................................................................................................... 135

Introduction ................................................................................................................................................ 135
Teaching Your Patients ............................................................................................................................... 136
General Infection Control Principles at Home ............................................................................................. 138
Teaching Programs ....................................................................................................................................... 142
Sample Templates ......................................................................................................................................... 144
About the Reviewer

Elizabeth I. Gonzalez, RN, BSN

Elizabeth I. Gonzalez, RN, BSN, is the director of Patient Care Services and assistant administrator at Accent Care Texas. Gonzalez has over 30 years of nursing experience with 20 years in the home healthcare field of nursing. Her previous roles within home health have been as clinical manager, director of patient care services, and assistant administrator.

Gonzalez earned her Bachelor of Science in Nursing from the University of Texas at El Paso. She also holds a Certificate of Completion in Business Administration. Gonzalez is also a member of Sigma Theta Tau International Honor Society for Nursing.

Gonzalez has been dedicated to the profession of nursing since 1983. She is committed to the nursing culture of excellence, the value of pride and professionalism, and quality outcomes and collaborative practice with patient and family-centered care.
Sometimes, in the busy world of homecare, we become so preoccupied with patients, their problems, and our responsibilities that some of the most basic elements of standard nursing practice fall by the wayside. Consider some of these citations issued by surveyors for sloppy and often nonexistent infection control techniques:

“The surveyor observed, during the dressing change, that the nurse wore the same pair of gloves for removing the purulent, soiled dressings, cleaning the wound and instilling medication and applying new dressings. The nurse threw the old dressings into an open wastebasket with no plastic liner.”

“The nurse placed equipment directly on the floor without a barrier, handled clean equipment with soiled gloves, emptied a pan containing drainage into the toilet without cleaning the pan, left the soiled syringe and pan on the bed for use in the next dressing change, and did not wash hands after removing gloves.”

“The nurse, without wearing gloves, performed a finger stick. Blood started dripping onto the dishes on the table. The nurse stated that the patient was bleeding more than usual and grabbed a used napkin to apply pressure. The nurse then washed her hands in the sink with the dirty dishes.”

“The nurse performed a bladder irrigation and dressing change. The irrigation catheter was inserted without lubricant and the nurse contaminated the sterile equipment on numerous occasions. The soiled dressing was removed with gloves and the gloves were not changed prior to touching the container of normal saline. Sterile gloves were contaminated when the area around the wound was washed with a wash cloth; the same gloves were used to pack the wound with a wet dressing.”
In some of these situations, the agency did not have infection control policies and procedures. In others, the surveyors noted in the survey report that even though the agencies had infection control policies, there was no evidence that those policies had ever been communicated to the staff members involved.

Protect your patients, their families, your staff, and all with whom they come in contact by going back to prevention basics of infection control. Develop and implement an effective program. Begin with recommended standards and build your infection control program on the basic principles of infection control. Provide education, monitor compliance, and evaluate effectiveness.

Build on Basics

Your infection control program must focus on surveillance, prevention, and control of infection. With so many different elements to keep track of, such as the different regulatory requirements, conditions in the home, and increasing numbers of drug-resistant infections, it’s difficult to know where to begin building an infection control program that is comprehensive enough to cover all your bases. But that is where the Home Health Infection Control: A Manual for Compliance and Quality can help you. The chapters and forms in this book provide all of the basics you need to achieve your infection control objectives.

The reasons that you need an infection control program and the goals you want to achieve in implementing the program lay the foundation for effective, consistent infection control.

Procedures to follow while providing care using infection control guidelines

The first step in implementing an infection control program is to develop policies and procedures. This chapter contains information on ways to deliver care using good infection control techniques.

Staff education and supervision within the infection control program

When structuring the educational components of the infection control program, it is important to include background, procedural, and documentation information regarding all aspects of your infection control practices. This chapter provides content considerations, a sample test and discussion topics, and suggestions for supervision.

It is important to remember that homecare staff education regarding masking, fit testing for masks, placement of stethoscopes and blood pressure cuffs in the rooms of patients on contact precautions, and ensuring that adherence is consistent is a laborious and ongoing process. It is not a one-time training.
After you’ve taught what infections are, where they come from, and how they can be prevented, you must apply that knowledge to care delivery procedures.

**Patient education**

Education of patients and family caregivers is a critical component of a successful infection control program. These parties must understand and practice standard precautions and know about significant infection control issues for certain diseases, like tuberculosis, and for certain procedures, like wound care. This chapter presents guidelines for patient education and provides a format for documentation and evaluation of patient and caregiver education.

**Quality Improvement as an integral part of the infection control program**

Quality improvement (QI) and risk management are preventive and ongoing by nature. Enlist the help of your QI committee to investigate compliance and monitor the effectiveness of your infection control program. This chapter includes a full case study designed to show you a QI committee at work investigating and reversing an infection control issue.

**Resources and references**

It seems like you can never have too much information. This chapter includes a glossary of key terms, several pertinent tables from the Centers for Disease Control and Prevention, and a list of resources and references. You also receive reprints of the proposed CDC and OSHA guidelines and the CDC guideline for infection control in healthcare personnel.

This manual also includes several examples of forms for documentation of education, training, supervision, and pertinent infection control activities. It comes in a three-ring binder so you can add pertinent information and resources as you continue to develop and enhance your agency’s infection control program.

*Home Health Infection Control: A Manual for Compliance and Quality* will help your agency develop and implement an effective infection control program by providing a framework of information, support, and direction.
Introduction

Why should a homecare agency establish an infection control program? Granted, if an agency wants to demonstrate compliance with regulations and accreditation standards, it has little choice but to establish one.

However, there are many other goals that an infection control program can help an agency achieve: improved patient care outcomes and satisfaction, better clinical performance, more efficient care delivery, decreased cost, relevant staff and patient education, and (most importantly) lowered exposure to pathogens for both patients and staff. To achieve these goals, the agency must define the purposes or intentions of the program and then establish pertinent objectives.

The objectives discussed in this chapter will guide the development and evaluation of an infection control program and drive the coordination of activities. This chapter also includes a sample form to help the agency document its purposes and objectives.
The Purposes of an Infection Control Program

Think of the purposes of an infection control program as its intended results—what it aims to accomplish. The following are some purposes to consider for your program.

Control the transmission of infection among the agency’s staff, its patients, and patients’ families

To accomplish this, the infection control program will help the agency:

- Create policies and procedures that address infection control issues
- Ensure that the care for each patient consistently incorporates appropriate and correct infection control practices
- Educate staff and patients on relevant infection control issues and practices
- Monitor infection control trends
- Take action to improve care delivery in light of infection control principles

Ensure compliance with regulations

The Conditions of Participation expect the agency to maintain an effective infection control program as part of its overall quality assessment and performance improvement efforts. Surveyors scrutinize care delivery practices during the survey process.

Government agencies such as the Occupational Safety and Health Administration and the Centers for Disease Control and Prevention require the agency to enforce the use of stringent hand washing techniques, follow universal precautions and infection control principles, and implement exposure control programs.

Finally, the agency must comply with local laws regarding the reporting of communicable diseases and the handling of contaminated materials and infectious waste.
PURPOSES AND OBJECTIVES

Ensure compliance with accreditation standards

The Joint Commission, the Community Health Accreditation Program, and the Accreditation Commission for Home Care all require the agency to have:

- An infection control program that implements and coordinates policies and procedures to lower the risk of infection among staff, patients, and family members and to improve the trends and rates of infections
- Infection control policies and procedures to provide education, surveillance, identification, reporting, prevention, and control of infections
- Uniform compliance guidelines for universal blood and body fluid precautions and consistent monitoring procedures
- Ways to evaluate the efficiency of their infection control programs

Ensure timely response and appropriate actions in cases of patient infections and exposure incidents

The agency must have methods to identify and track infections and exposure incidents, as well as mechanisms to improve performance and reduce adverse events.

Validate that agency policies and procedures incorporate infection control principles

Each of an agency’s policies and procedures must reflect sound infection control theory and practice. The agency must establish a method to develop, implement, review, and revise policies and procedures.

Ensure that documentation in clinical records, incident reports, and staff health records is accurate and demonstrates appropriate services and actions

The agency’s records provide a legal record of its actions. Documentation must accurately reflect compliance with regulations and standards and demonstrate that the agency provides appropriate services.
Ensure that the agency's quality improvement processes incorporate and address infection control issues

In order to succeed, an agency’s quality improvement program must integrate all important infection control processes.

The Objectives of an Infection Control Program

Clear objectives drive an infection control program. In order to satisfy regulatory and accreditation requirements and keep your staff and patients safe from infection, strive to meet the following objectives in your infection control policy:

- Describe the scope and requirements of the infection control program
- List those staff who are required to participate in the infection control program
- Define areas of responsibility and accountability for education, monitoring, and follow-up
- Include discussion on staff and patient communicable diseases
- List all the procedures that staff must practice throughout care delivery

Implement a comprehensive staff education program

- Outline the kinds of material you will teach staff, patients, and patients' families regarding infection control practices
- Educate staff on every aspect of your infection control program, including identifying parameters for ongoing education
- Establish guidelines for patient education on infection control techniques in the home
- Establish a clear sequence of events in the surveillance, identification, reporting, prevention, and control of infection to ensure appropriate services and timely action
PURPOSES AND OBJECTIVES

• Define all of your infection control procedures (e.g., hand washing, universal precautions, nursing bags, personal protective equipment, etc.) intended to reduce the spread of infection among staff, patients, and family members

• Devise a reporting mechanism when new infections and exposure incidents are suspected or witnessed

• Identify the source and extent of an infection or exposure incident

• Specify procedures for monitoring the status of known infections (in both staff and patient populations) and medical follow-up for exposure incidents

• Develop the exposure control plan—review and update it annually, ensuring all staff are trained accordingly

• Create guidelines for hepatitis B vaccinations and TB skin testing

• Implement a respiratory protection plan

• Track and report all infections

• Evaluate your research, then plan and implement a control strategy

Demonstrate compliance with local, state, and federal laws, requirements, and accreditation standards

• Check all federal and state regulations and accreditation standards; identify their intent and recognize how to demonstrate compliance in everyday care delivery practices

• Establish guidelines for the infection control practices, handling, and disposal of infectious waste to comply with these requirements (e.g., proper disposal of chemotherapy tubing)

• Provide methods for accurate documentation in clinical records, incident reports, and staff health records

• Define in policy the frequency for clinical record review related to infection control practice and surveillance
CHAPTER 1

- Establish how staff are to document their adherence to infection control policies
- Review incident report forms and infection logs to ensure accuracy
- Maintain confidentiality of staff medical information
- Inform and remind staff of the absolute necessity for complete documentation and follow-up of all observations

Establish guidelines for staff interaction with patients, families, caregivers, and coworkers that promote appropriate surveillance, prevention, and control of infection

- Set risk assessment guidelines to evaluate the home environment for resource availability problems (e.g., no running water in the home) and knowledge deficits of family caregivers (e.g., the only available caregiver is mildly mentally disabled)
- Create guidelines for identifying patient and family education issues
- Ensure adequate data collection, analysis, assessment, and interpretation of infection findings
- Maintain adequate data collection regarding infection information, staff exposure, and trends within your patient census
- Identify and scrutinize the specific patient populations and procedures with higher probability of infection or exposure risk
- Commit quality improvement resources to analyze infection trends and initiate action plans if infection rates in the agency exceed acceptable limits
- Develop specific objectives and outcome measures to assess the effectiveness of the infection control program
- Formulate an infection control committee to carry out the objectives of the program, assess whether the program is meeting its goals, and evaluate the program quarterly for any needed changes or updates
- Integrate the committee activities with the agency’s quality improvement program
**PURPOSES AND OBJECTIVES**

**INFECTION CONTROL POLICY**

**Purpose(s):** The purpose of [agency name]'s infection control program is to guide our employees in the prevention of and/or limit the exposure to infectious diseases and/or infections.

**Objectives:**

1. Decrease risk of exposure to infections
2. Decrease risk of exposure to infectious diseases
3. Reinforce staff knowledge of infection precautions/prevention
4. 
5. 
6. 

________________________________________  __________________________
Signature                                      Date

________________________________________  __________________________
Signature                                      Date
Home Health Infection Control: A Manual for Compliance and Quality

The Conditions of Participation (CoP) expect every agency to maintain an effective infection control program as part of its overall quality assessment and performance improvement efforts. An infection control program in homecare is also enforced by OSHA, CDC, and state and local laws. To maintain quality and compliance, it is crucial for every agency to implement such a program.

Home Health Infection Control: A Manual for Compliance and Quality provides all of the information, forms, and tools that an agency needs to ensure it has a compliant infection control program. This updated manual is not just a narrative of what an agency needs to do; it provides customizable policies and procedures in order to create a compliant program that fits the agency’s needs.

In addition to infection control policies and procedures, this manual includes competency training for agency staff as well as training for patients, who have a direct role in preventing infection.

This manual also provides:

- Patient/family education on infection: expected outcome of treatment, prevention of spread to family members or caretakers, and avoiding overuse of antibiotics
- Employee vaccination recommendations from the Infection Action Coalition
- Vaccination recommendations specific to elders (tetanus, zoster, pneumonia)
- Up-to-date CDC and OSHA guidance that ensure your program is current
- Information on new infection control issues, including MRSA infections and wound vac procedures