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Revised Interpretive Guidance for Infection Prevention & Control: Effective September 30, 2009

The Centers for Medicare and Medicaid Services (CMS) has published new interpretive guidance for certified nursing facilities. Transmittal #51 combines interpretive guidance applicable to all infection control regulation sub-parts for 42 CFR § 483.65(a)-(c), as F-Tag 441 (previously F-Tags 441, 442, 443 and 444).

More than just a mere consolidation, the new interpretive guidance includes an increased emphasis on “infection prevention” as opposed to merely “infection control”. The guidance adds many substantive suggestions for an infection prevention and control program. With the beginning of another flu season imminent, long term care facilities should take the time now, to review and revise their infection control policies and procedures, examine committee and personnel structure, review agreements with pharmacy providers, medical directors and any outside linen vendors to be proactive in ensuring compliance with the new guidance before it becomes effective.

The following is a summary of the relevant new guidance:

- The guidance adds an extensive list of definitions.
- The guidance notes that “it is important that all infection and control practices reflect current Centers for Disease Control (“CDC”) guidelines.” Previously, only the CDC’s guidelines for hand washing and hospital environmental control (1985) were specifically incorporated into the guidance.
- The guidance discusses the high cost to dealing with infections in nursing home residents and makes a point of noting the impact of infections on transfers back and forth to hospitals.
- The guidance includes as new functions in an infection prevention and control program: providing a nursing home liaison to work with local and state health agencies; managing food safety; investigating potential food borne illnesses and waste disposal.
- Suggests the formation of a facility group or committee for overall program oversight. The group will define appropriate monitoring of the infection prevention and control program and define situations that may trigger a focused review of the program. The group should track identified trends and report on government infection control advisories and other factors. This



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group should include administrator, medical director or designee, DON and other appropriate staff.

- An infection prevention and control program should include an “infection preventionist” (a person designated to serve as coordinator of the infection prevention and control program).
- The new guidance is more detailed as to what should be included in both process surveillance and outcome surveillance. For example surveillance should include the use of standardized definitions, a list of the symptoms of infection, include infection surveys and data collection templates, walking around throughout the facility, identifying segments of the resident population at risk for infection, and statistical analysis and feedback of results to primary caregivers for assessment purposes.
- The guidance specifically defines essential topics of infection control training to include routes of disease transmission, hand hygiene, sanitation procedures, Multi Drug Resistant Organisms (MDRO), transmission-based precaution techniques and federally required OSHA education. Previously, educational topics were much more loosely defined to include education on the facility’s program and standard precautions.
- Antibiotic review is defined as a “vital aspect” of the infection prevention and control program. Consultant pharmacist and physician responsibility is emphasized.
- The guidance considers proper hand hygiene critical, and deems it necessary for the staff to have access to proper hand washing facilities with available soap, warm water, disposable towels and heat or air drying methods. Alcohol based hand rubs are specifically noted as not appropriate in a food service setting. Gloves or baby wipes are not considered a substitute for hand hygiene but alcohol based hand rubs are appropriate except where hand washing is specifically required (i.e. food service).
- Throughout the new guidance, food service is a new emphasis. The facility must maintain documentation of how it handles staff with communicable infections or open skin lesions. Dietary staff must wear hair restraints and minimal jewelry when handling food.
- For residents known to be or suspected of being infected or colonized with infectious agents, the facility is directed to individualize decisions regarding placement and to balance the risks with the needs of the residents. The facility is directed to document in the medical record the rationale for the selected transmission-based precautions and notes that maintaining isolation longer than necessary may adversely affect a resident’s psychosocial well-being.
- Facility staff must clearly identify the type of precautions and appropriate personal protective equipment (PPE) to be used in the care of each resident. PPE should be readily available near the entrance to a resident’s room.
- Linen precautions previously described at F-445 simply directed that soiled linens should be handled to contain and to minimize aerosolization and exposure to any waste products. The new guidance now says that if the facility handles all used linen as potentially contaminated (using standard precautions) no additional separating or special labeling of the linen is



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recommended. Laundry areas should have hand washing facilities as well as appropriate PPE for workers to wear while sorting linens.

- If the facility sends linen to a professional laundry it should obtain an initial agreement that stipulates that the laundry will be hygienically clean and handled to prevent recontamination from dust and dirt during loading and transport.
- There is now specific guidance on infectious outbreaks. Outbreaks are defined to include trends that are 10% higher than the historical rate of infection, one case of an infection that is highly communicable or the occurrence of three or more cases of the same infection over a specified length of time on the same unit or other defined areas. The facility must take appropriate steps to contain an outbreak and utilize state health department guidance regarding responding to and reporting outbreaks. This information should be included in the infection prevention and control program.

- There is a separate focus on preventing the spread of illnesses related to MDROs such as Mersa.
- The investigative protocol section is notable in that surveyors are directed to interview residents, family or responsible parties to the extent possible to identify whether they have received education and information about infection control practices such as appropriate hand hygiene and special precautions applicable to a resident.

If you have any questions about the revisions to the Interpretative Guidelines for Long Term Care Facilities or would like assistance developing or reviewing policies and facility practices, please contact Jeannie Adams by telephone at (804) 967-9604 or by email at jadams@hdjn.com. Additional information about Hancock, Daniel, Johnson & Nagle, P.C. is available on the firm's website at www.hdjn.com.

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