

Questions and Answers from the Infection Prevention and Control Training October 26-29, 2009

1. What are the main changes to the investigative protocol for F441? **Answer:** the surveyors will now take a proactive approach to investigating whether the facility has an effective infection prevention and control program. With every survey, the team will review the facility's policy and procedures and other items identified in the investigative protocol related to infection prevention and control.
2. If Immediate Jeopardy (IJ) is determined at F441 and there are other associated tags, are they also cited at IJ? CMS needs to give more training on how to cite IJ. **Answer:** Citing any one tag at IJ does not result in an automatic IJ of associated cited tags. Each tag level is determined by the specific case by case findings.
3. Is CMS considering having more training on how to write an IJ (something in addition to the basic principles of documentation)? **Answer:** Possibly, for future consideration.
4. When are private rooms required in nursing homes, this is a big issue in LTC. **Answer:** Airborne precautions require a private room until the person can be transferred to a hospital when indicated. Contact precautions can be discontinued 24 hours after the individual has formed stool. Droplet precautions can be discontinued after the person has completed treatment for the active infection.
5. Has there been any discussion about requiring TB testing annually of all nursing home staff? **Answer:** CMS does not regulate annual TB testing for nursing home staff.
6. Is CMS considering an Infection Prevention and Control worksheet for the LTC surveyors? **Answer:** the QIS survey will have CE pathways for infection prevention and control. Since we are moving toward full implementation of QIS, CMS has no plan to develop new worksheets for the traditional survey process.
7. Should we initially ask for information as to how the facility manages/conducts surveillance related to infection prevention and control, or do we wait to see if we run across a concern during the process and then ask for surveillance data? **Answer:** Yes, the survey team should investigate the facilities infection prevention and control policies and procedures on every survey.
8. How do we address facilities that rinse bedpans in the residents sinks? **Answer:** We will issue a copy of the MMWR dated March 11, 2005 which address this issue. Facilities that use this practice should be cited at F441 and surveyors should reference the MMWR.
9. Some surveyors have observed staff using a process they call "double gloving" where they put on multiple gloves and remove one then go to the next resident or procedure. Is this allowed? **Answer:** No, staff is not allowed to put on multiple gloves and remove them one at a time as they care for multiple residents. Double gloving for the purpose of taking one off after completing one treatment and moving to the next treatment without hand washing and applying new gloves is also not allowed. Hand washing is required between every resident care activity

10. Are we requiring staff to change gloves between treatments for the same resident with multiple pressure ulcers? **Answer:** Yes, staff should remove gloves and clean their hands before moving to another treatment if the treatment area is greater than the first.
11. Do we have any guidance for surveyors who use laptops to conduct interviews in the resident's room if the resident is on precautions? **Answer:** laptops should be placed on paper towel to avoid direct contact with surfaces in the resident's room if the surveyor is unable to hold the laptop during the interview. The other option is to not bring the laptop in the resident's room and use paper to transcribe the interview.
12. What is the rule for using multi-dose vials? What is the incident of contamination or potential transmission of infections related to the use of multiple dose vials such as insulin? Is it no longer a required practice to dispose of the vial 30 days after opening? **Answer:** Whenever possible, CDC recommends that single-use vials be used and that multi-dose vials of medication be assigned to a single patient to reduce the risk of disease transmission. Healthcare providers should always follow safe injection practices using standard precautions to prevent disease transmission from needles, syringes, or multi-dose vials. If multiple dose vials are used they should be used, stored and disposed of based on the manufacturer's recommendation unless contaminated for which they should be disposed of immediately.
13. What if a facility practices according to the SHEA guidelines related to C-diff and MDROs, is this acceptable? Are they out of compliance because their practice is more stringent? **Answer:** No, they are not out of compliance because they meet the CMS requirement and more.
14. Can the soiled workroom be used to hold and sort laundry? **Answer:** No
15. What is the expectation of the facilities when sanitizing clothing, particularly personal items, when bleach should/cannot be used? **Answer:** the correct water temperature of 160 degree F or bleach must be used.
16. Is it ok to allow the residents or their families to wash their own personal laundry that is not contaminated with blood or body fluids in the residential type washing machines and dryers at temperatures below 160 degrees and without bleach? **Answer:** Yes.
17. When ozone washing, which water temperature, is acceptable to use? How do you know what is the correct amount of ozone to use? Is there any guidance for surveyors for when ozone is used? What about monitoring for staff safety? **Answer:** the current guidelines do not allow for adjustment to temperatures for ozone. The same water temperature requirements apply for all facility managed laundry.
18. Do regular trash containers need to have lids? **Answer:** No
19. How should electric razors be cleansed since they cannot be submerged in disinfectants? **Answer:** Individual resident razors are strongly recommended to prevent cross contamination however when electric razors are shared between residents they must be cleansed with a disinfectant or a pre-moistened bleach to water (1:10 or greater) disposable pad between every resident use.

20. Is it necessary to wash your hands between each tray serve at mealtime if no contact with the resident? **Answer:** no.
21. Should LTC facilities follow the CDC/APIC standards when there is construction taking place in the facility? **Answer:** This is not a CMS requirement however we recommend that you follow your specific State requirements.
22. What should surveyors look for during construction? **Answer:** Currently CMS has no additional requirement other than the environmental areas that surveyors should look at whether there is construction going on or not. Should LTC have a written risk assessment? **Answer:** This is not a CMS requirement however we recommend that you follow your specific State requirements.
23. When we observe glucose meters not being cleansed between each resident use, at what point do we stop the practice? What is the appropriate method for cleaning glucose meters between residents? Is cleaning the glucose meter with an alcohol swab effective? **Answer:** Alcohol is not an approved product for cleaning environmental areas potentially contaminated with blood borne pathogen. When cleaning glucose meter, or any other object potentially contaminated with blood, you must use either a EPA approved germicidal disinfectant which is labeled effective against TB or HBV, or a 1:10 bleach to water (minimal) concentration. The easiest method is for the facilities to have wipes premade with bleach. Regarding the glucose meters and determining when to cite at IJ, this will require continuing education for surveyors, managers and providers to attain the understanding of why this is such a serious issue in nursing homes. CMS will send a copy of the MMWR dated March 11, 2005 (which further explains the seriousness of this problem with infection prevention and control related to glucose meters) and a copy of the "CDC Recommended Infection-Control and Safe Injection Practices to Prevent Patient-Patient Transmission of Bloodborne Pathogens" to every SA trainer who attended the training.
24. Should staff only feed one resident at a time or can they feed more if they are only handling the utensils and not touching the food directly? **Answer:** Ideally staff should feed only one resident at a time however, they can assist multiple residents if they sanitize their hands between residents with either soap and water or ABHR (soap and water if visible soiled, and ABHR is allowed if not visible soiled).
25. When does the requirement for food service worker to use soap and water stop, is it once the food leaves the kitchen or reaches the dining room? **Answer:** the food service requirement of using soap and water is during the food preparation. Again, it is ok to use ABHR in the dining room if there are no visible signs of dirty hands.
26. What is the recommended procedure for hand hygiene using ABHR verses soap and water. **Answer:** Hand hygiene is required before every resident contact. Soap and water must be used for all Kitchen services. It is acceptable to use ABHR between residents when hands are not visibly soiled.
27. What is the required practice for residents in nursing homes with shingles? **Answer:** Residents who are immune-compromised should be on contact precautions until all lesions are crusted over. All other residents with shingles can be protected following standard precautions.

28. If a person has C-diff, should loperamide (anti-diarrhea drug) be given? **Answer:** No, giving a resident anti-diarrhea medication for C-diff is not an acceptable standard of practice.
29. The curriculum states that hamper covers aren't needed for contaminated linens. Are linens soiled with urine or feces considered contaminated? If so shouldn't hamper-covers be used to reduce odor? Page 88 states that contaminated linen should be bagged at the point of use. What are examples of contaminated linen? **Answer:** Hamper covers are not required to prevent cross contamination. Hamper covers can be used to reduce odor however whether hampers have covers or not they should be left in resident areas any longer than necessary when providing care.
30. During a CMS webinar training it was stated that during the critical decision, culpability was not a factor in determining IJ related to infection control. Is this correct? **Answer:** Although I am not sure what training you are referring to, it was most likely an error in communication since culpability is always a factor in determining IJ regardless of the tag. **See below direct form Appendix Q.**

### **Culpability**

- a. Did the entity know about the situation? If so when did the entity first become aware?
- b. Should the entity have known about the situation?
- c. Did the entity thoroughly investigate the circumstances?
- d. Did the entity implement corrective measures?
- e. Has the entity re-evaluated the measures to ensure the situation was corrected?

**Note:** The team must consider the entity's response to any harm or potential harm that meets the definition of Immediate Jeopardy. The stated lack of knowledge by the entity about a particular situation does not excuse an entity from knowing and preventing Immediate Jeopardy. The team should use knowledge and experience to determine if the circumstances could have been predicted. The Immediate Jeopardy investigation should proceed until the team has gathered enough information to evaluate any prior indications or warnings regarding the jeopardy situation and the entity's response. The crisis situations in which an entity did not have any prior indications or warnings, and could not have predicted a potential serious harm, are very rare.

31. What does CMS consider appropriate infection control signage considering culture change and homelike environment? What should surveyors expect or not expect to see? **Answer:** Infection prevention and control signage should be specific to the mode of transmission but not specific to the type of disease. It is not acceptable to alter, remove or eliminate signage that is necessary to prevent the spread of infections even in culture change facilities.
32. What about the use of hand sanitizers (ABHR) in the kitchen? When is hand washing with soap and water mandatory (please clarify line by line in the guidance)? Clarify the hand washing requirement: hand washing for 15 seconds under running water with soap. Is soap required? **Answer:** hand washing with soap and water is required. **Answer:** Hand washing with soap and water is required for all kitchen activities (see F371). Food handlers in the dietary departments may not substitute hand washing with soap and water with ABHR.
33. Is the active ingredient in hand sanitizers inactive once the sanitizer dries? **Answer:** The purpose of the active ingredient in alcohol based hand sanitizers is to kill the bacteria on contact, just as

with hand washing with soap and water if the hands are exposed to contamination after cleaning/sanitizing they require hand hygiene before the next contact.

34. Would CMS consider the use of hair spray as a hair restraint in the kitchen? **Answer:** No.
35. If one person breaches the standard, is this a D or an IJ? **Answer:** Whenever any staff does not meet a condition of participation, then that staff is the facility and thus it is a deficiency. The severity level of the deficiency is not determined by the number of staff but rather the severity of the deficient practice.
36. What are the facility's requirements related to logs or records? **Answer:** the facilities are not required to keep logs however they are required to maintain a record. Surveyors should ask the facility how they record, where they record and what they record related to their infection prevention and control program.
37. The infection control and immunizations CE pathway directs surveyors to only observe if problem – if none skip. Will QIS process support the changes? Will CMS incorporate the infection prevention and control questions into the interviews done for the QIS stage one census sample? **Answer:** yes, the QIS interview questions and CE pathways for infection prevention and control, and immunizations will be revised. We will require, on every survey, the review of the facilities policies and procedures and any other items listed in the investigative protocol.
38. Is it ok to use ABHR when changing dressings between dirty and clean? What about double gloving? **Answer:** No, when changing dressing on the same resident with multiple wounds you should go from clean to dirty and hand washing with soap and water is required. Double gloving is not allowed.
39. Can you use ABHR during medication administration? **Answer:** yes for oral medications, and no for anytime your hands come in direct contact with the resident such as with eye drops (you must wash your hands with soap and water).
40. Is it a deficient practice if staff feeds two residents simultaneously without touching the residents or their food, or becoming soiled with saliva or sneeze secretions? **Answer:** hand hygiene should be performed between residents. It is acceptable to use ABHR between residents as long as you are not touching the resident or his/her food directly. If staff or resident sneezes (using either their hands or a tissue) while assisting with meals they must stop and wash their hands with soap and water before continuing to assist with meals.
41. In the CDC video, the person dried their hands and then used the same paper towel to shut off the water. Is there a concern for strike through when using a damp paper towel to shut off the water or open the rest room door? **Answer:** Using the same paper towel to turn off the sink is acceptable practice. Although the practice of using a new paper towel was once taught in the past, recent research shows that there is no significant risk of recontamination if the same paper towel is used.
42. Regarding food kept in the refrigerator clarify the safe consumption date. Is it seven days for food left in the refrigerator and 3 days for leftovers? **Answer:** The practice to maintain safe food

storage is to always label, date and monitor refrigerated foods, including leftovers, so they are always used by the “use by date”.

43. What is the proper way to clean the thermometers when checking temperatures during the tray line? **Answer:** Thermometers and all food service tools should be cleansed and sanitized with either alcohol or soap and water between uses to avoid "cross-contamination".
44. If the facility is using a sanitizing product during the laundry rinse cycle, how should the surveyor check this? **Answer:** the surveyor should check to see if they are using the correct amount of the product per the manufacturer direction.
45. Are surveyors required to test the water, if so how do we do that? **Answer:** No, surveyors are not required to test the water, public supplied water is regulated by other authorities and facilities with private well water should follow their State regulations.
46. How should surveyors verify the water temperatures in washing machines? **Answer:** Surveyors should follow the manufactures temperatures provided with the machine.
47. How should facilities exterminate bugs? **Answer:** surveyors should follow the guidance at F469 “Maintain an effective pest control program”. CMS plans to update this tag along with other environmental tags in the near future.
48. You said studies have shown high levels of antibiotic misuse, how high was it found to be? **Answer:** In some studies as high as 75% inappropriate use of antibiotic therapy.
49. What precautions should be used with individuals who have positive annual TB test? What is the protocol for LTC healthcare workers who are positive for TB? Should they be required to have chest X rays, if so how often? **Answer;** No, there is currently no requirement for healthcare workers to have chest x rays following a positive TB test.
50. Is medical waste any dressing from an open wound? **Answer:** Yes, according to the Environmental Protection Agency - Medical waste is all waste materials generated at health care facilities.
51. If the facility turns off the water for plumbing work should they notify the health department? **Answer:** No.
52. Since ABHRs are drying to the skin causing cracking and open areas many people use hand moisturizers immediately following the ABHR. Does this reduce the effectiveness of the sanitizer? Does the lotion increase bacteria on the hands? **Answer:** some lotions may reduce the effectiveness of the ABHR. Facilities should use lotions that are compatible with ABHRs. Lotions alone do not increase bacteria on hands but they may reduce the effectiveness if for example a community bottle of lotion is used which has been contaminated by someone who used it before you. Weather using soap and water or ABHR, the product should be compatible with the lotion being used.
53. Does packaged sterile equipment Such as catheters and IV tubing need to have an expiration date? **Answer:** Time related packaging is not as effective as event related packaging.

54. Is it acceptable to touch food (e.g., bread or toast) directly with bare hands when assisting residents with meals? **Answer:** No, staff should use utensils, napkins or dining tissue paper.
55. How many times can you use the hand sanitizer (ABHR) before you must wash your hands with soap and water? **Answer:** it is not necessary to wash your hand with soap and water after every use of ABHR however, because of the buildup, washing your hands with soap and water after 5-10 applications of ABHR is recommended (see MMWR guidelines).
56. Why is a gown not required with droplet precautions? **Answer:** Although droplet precautions do not require gowns, any personal protective equipment (PPE) can be used if indicated. For example, when caring for someone on droplet precautions a gown can be worn if it is determine necessary to avoid contact with the droplets (close contact with the residents who has projectile coughing or sneezing).
57. When should a resident be placed on transmission based precautions and when should they be taken off? **Answer:** For contact precautions such as C-diff, precautions could be discontinued after 24hours of the resident having formed stools. For MRSA or VRE precautions could be discontinued once the resident has completed treatment for an active infection. For Airborne such as TB the precautions could be removed after appropriate treatment and negative sputum. In every case, the facility should have a rationale policy and practice for initiating and discontinuing any transmission based precautions.
58. Should offsite kitchens be reviewed or do we simply verify the last inspection? **Answer:** No, surveyors are not required to visit off site kitchens; they should verify the last inspection.
59. What about when families bring in food items such as homemade eggnog, is the facility responsible for the item made with raw eggs? It seems like the facility is not practicing in the best interest of the residents if they are serving these items. **Answer:** If the facility is serving the eggnog then they are responsible for the content. If the family or friend brings the eggnog in a shares it with residents who choose to accept it then it was not procured by the facility. In either case the facility is responsible for educating the residents about the safety of the food (e.g., raw eggs and salmonella) before they make the choice to accept it or not.
60. If we observe peritoneal dialysis without gloves, is this IJ? **Answer:** Without more information, if there is direct contact with a resident's blood or body fluids and moving to direct contact with another resident's blood or body fluid without following standard precautions between the two contacts, yes it would meet the criteria for IJ.
61. Should gloves be used with all resident care as a form of standard precautions? **Answer:** No, rather the use of gloves should be based on the individual assessment and the potential for contamination. That is why we have transmission based precautions so the staff will identify the mode of transmission and only take the precautions necessary without placing the resident on any unnecessary restrictions.
62. Training is needed on how to educate the staff and residents on the importance of hand hygiene for residents. How should facilities be addressing this? If they are not, is this a deficiency? **Answer:** Facilities are responsible for educating the staff and residents on infection prevention

and control. How they conduct the training is not determined by CMS. The surveyor should investigate the effectiveness of the facilities infection prevention and control policies on every survey.

63. What about staff immunization requirements? **Answer:** We agree that this is a very important issue however currently CMS does not regulate or enforce HCWs immunizations.

64. When is cohorting ok? **Answer:** cohorting is ok if the roommates have the same MDRO (and no more). For example, if both have MRSA (same type) and nothing else, it is ok; however if one has MRSA and the other has MRSA and C-diff, it is not ok.

65. Please address the use of universal workers and infection prevention and control? **Answer:** Infection prevention and control practices are required for all workers, including but not limited to those working in multiple areas of a facility.