

Infection Control

Home Health and Hospice

LTCR Policy, Rules & Training

Texas Health and Human Services

Introduction

The novel coronavirus, known as COVID-19, originated in Wuhan City, China, and is causing an outbreak of respiratory disease in countries around the world.

Texas and CMS are committed to protecting our vulnerable patients by focusing your efforts as surveyors on infection control. Infection control is a serious concern for HHSC and the citizens of Texas.

Clients and patients who use home health and hospice services are vulnerable to COVID-19 and other diseases.



Objectives

In this presentation you will:

- Review CMS guidance about COVID-19 to Home Health(HH) agencies including hospices
- Review state and federal rules for infection control
- Identify infection areas your agency needs to address
- Identify resources for PPE



Focus on infection control

Click on the links to read the guidance.

Centers for Medicare and Medicaid Services (CMS) Guidance

- [QSO-20-18-HHA](#): Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) in Home Health Agencies (HHAs)
- [QSO-20-16-Hospice](#): Guidance for Infection Control and Prevention Concerning COVID-19 by Hospice Agencies
- [QSO-20-20](#)-All: Prioritization of Survey Activities

Texas Health and Human Services Commission (HHSC) Guidance

- [PL 20-16](#): Home and Community Support Services Agencies (HCSSAs) Guidance on COVID 19 Response
- [PL 20-17](#): Inpatient Hospice Guidance on COVID-19 Response
- [PL 20-21](#): Suspension of Certain LTCR Requirements during COVID-19 Outbreak



CMS/HHSC Guidance

CMS publishes guidance to state agencies as “QSO memos.” These are available on the public [CMS site](#). These letters capture CMS’s vision for ensuring that America’s healthcare facilities are ready to respond to outbreaks of respiratory illnesses. First, CMS is directing HHSC to suspend all non-emergency inspections. Next, CMS is guiding HHSC as to how to spend time while at the agency.

CMS is still committed to protecting health and safety; therefore, according to QSO-20-20-All, surveyors will prioritize and conduct surveys (including revisit surveys) related to complaints and facility-reported incidents (FRIs) that are triaged at the Immediate Jeopardy (IJ) level, for all allegations, in addition to a review with a Focused Infection Control survey. Surveyors will perform targeted Infection Control surveys of agencies in those areas most in need of additional oversight, as identified through collaboration with the CDC and HHS Assistant Secretary for Preparedness and Response (ASPR).

HHSC has decided to mirror the federal prioritization for licensure programs regarding survey inspections. HHSC can waive statutory requirements with the Governor declaring a disaster. The current suspension of the rules/statutes are related to licensure renewals and change of ownership activities. (See PL 20-21)



HHSC Provider Letter 20-16

Highlights

Screening of HCSSA Staff Prior to Entry or Home Visit

The HCSSA should screen for the following criteria:

- Fever or signs or symptoms of a respiratory infection, such as cough, shortness of breath, or sore throat
- Contact in the last 14 days with someone who has a confirmed diagnosis of COVID-19, is under investigation for COVID-19, or is ill with respiratory illness
- Traveled within the previous 14 days to a country with sustained community transmission

Screening of Clients and Families Prior to Home Visit

Agency staff must communicate with the client before a scheduled visit, either by telephone, text message, or video conference, and conduct the same screening that is required for HCSSA staff as described above.



HHSC Provider Letter 20-16 (Continued)

If the client or a household member meets the screening criteria, the agency must determine if a home visit requires essential services critical to the health and safety of the client or non-essential services.

Visit requires non-essential services

If the visit requires non-essential services, the visit may be:

- Conducted by phone or video conference or
- Rescheduled to occur when the client and household member are symptom-free and have been fever-free for at least 24 hours or
- At least 14 days after the date of the client's or household member's exposure to COVID-19

Visit requires essential services

If the visit requires essential services (such as medication administration by a nurse, dialysis, wound care, etc.), staff should visit the client to provide the essential services and use appropriate personal protective equipment (PPE) during the visit as indicated in guidance from CDC or the Department of State Health Services' Guidance for Public Health Home Service Providers.



CMS Guidance from Memos

QSO-20-18-HHA states that when making a home visit, HHAs should identify and screen patients at risk for having COVID-19 infection before or immediately upon arrival to the home.

- They should ask patients about the following:
 - ✓ 1. International travel within the last 14 days to countries with sustained community transmission. For updated information on affected countries visit: [CDC](https://www.cdc.gov/covid19/)
 - ✓ 2. Signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat.
 - ✓ 3. In the last 14 days, has had contact with someone with or under investigation for COVID-19, or are ill with respiratory illness.
 - ✓ 4. Agencies should screen for any recent trips (within the last 30 days) on cruise ships as well as close contact with a suspect or laboratory-confirmed COVID-19 patient within the last 14 days, or overseas travel from certain countries.
- Once screening has occurred agencies should take the steps outlined in the links on page 10 for staff and patients.



CMS Guidance (Continued)

How should HHAs monitor or restrict home visits for health care staff?

- Health care providers (HCP) who have signs and symptoms of a respiratory infection should not report to work. Any staff that develop signs and symptoms of a respiratory infection while on-the-job, should:
 - ✓ Immediately stop work, put on a facemask, and self-isolate at home
 - ✓ Inform the HHA clinical manager of information on individuals, equipment, and locations the person came in contact with
 - ✓ Contact and follow the local health department recommendations for next steps (e.g., testing, locations for treatment)



CMS Guidance (Continued)

QSO-20-16-Hospice states hospices should identify and screen volunteers, visitors and patients at risk for having COVID-19 infection before or immediately upon arrival to the inpatient unit.

- They should be asked about the following:
 - ✓ 1. International travel within the last 14 days to countries with sustained community transmission. For updated information on affected countries visit: [CDC](https://www.cdc.gov)
 - ✓ 2. Signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat.
 - ✓ 3. In the last 14 days, has had contact with someone with or under investigation for COVID-19, or are ill with respiratory illness.
- 4. Facilities should screen and limit visitors for any recent trips (within the last 30 days) on cruise ships as well as close contact with a suspect or laboratory-confirmed COVID-19 patient within the last 14 days, or overseas travel from certain countries.
- Once screening has occurred agencies/facilities should take the steps outlined in the links on page 10 for staff and patients.



CDC Guidance (Continued)

Monitoring or restricting home visits for health care staff

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html> See also restrictions on visitation for inpatient hospices in QSO 20-20

Suspected cases and hospitalizations

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>

Home treatment

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>

Confirmed cases and hospitalizations

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

Infection prevention and control practices

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/home/index.html>



Survey Activity

CMS directives outlined in QSO 20-20 regarding certified activities state that **only** the following types of surveys will be prioritized and conducted:

- Complaint/facility-reported incident surveys: HHSC will conduct surveys related to complaints and incidents that are triaged at the IJ level. A streamlined Infection Control review tool will also be utilized during these surveys, regardless of the Immediate Jeopardy allegation.
- Targeted Infection Control Surveys: Federal CMS and HHSC surveyors will conduct targeted Infection Control surveys of providers identified through collaboration with the Centers for CDC and the ASPR. They will use a streamlined review checklist to minimize the impact on provider activities, while ensuring providers are implementing actions to protect the health and safety of individuals to respond to the COVID-19 pandemic.
- Self-assessments: The Infection Control checklist referenced above will also be shared with all providers and suppliers to allow for voluntary self-assessment of their Infection Control plan and protections. *(In addition, included in the presentation are self-assessment questions HHSC has provided regarding the rules and regulation for infection control)*



Survey Activity

If HHSC is asked to enter an agency with COVID-19, it will use the following survey protocol guidelines to protect the surveyors and general public.

- Surveyors who are ill or who have underlying conditions that make them especially susceptible to COVID-19 complications will not conduct surveys.
- During offsite, in addition to looking at the intake and agency information as usual, surveyors also look at any information from CDC or from hospital admissions. Surveyors will minimize the time spent onsite.
- CMS has established a goal of no more than two days onsite for investigations. Agency staff will be notified of the limited focus of the visit upon entrance. Surveyors may make arrangements to review records offsite where possible, via remote access to electronic health records (if possible), fax or encrypted email. Surveyors will wear PPE.
- After leaving the agency, surveyors will follow up with any remaining staff interviews by telephone.
- Surveyors will conduct the exit conference by telephone, then draft the CMS-2567/3724 offsite as well.



COVID-19 Investigations

Infection Control and HH

Review of the Rules and Regulations

In this section, we will review the rules for infection control affecting licensed and certified home health agencies.





State Rules

HHSC rules [26 TAC Chapter 558](#) which impact infection control policies and procedures for licensed agencies include:

- ✓ **§558.285:** The overall infection control policy and procedures including a review of clients who have infections while under the care of your agency
- ✓ **§558.286:** Disposal of medical waste
- ✓ **§558.287:** Infection control activities including agency surveillance and Quality Assessment Performance Improvement (QAPI) program
- ✓ **§558.701:** Training, provision of care and supervision of staff specific to infection control procedures
- ✓ **§558.243:** Supervisory nurse responsibilities of the overall program including care plans, assessments, assignments, admissions and discharges



Infection Control

§558.285(1)

- Does your agency implement and enforce your written policies addressing infection control including the prevention of the spread of infectious and communicable disease?
- Do your procedures include the latest guidelines from the CDC for COVID-19?
- Have you reviewed the competency of your staff in light of these guidelines?
- How do you ensure compliance by the agency, its employees, and its contractors with the following rules/statutes?
 - ✓ [Communicable Disease Prevention and Control Act, Health and Safety Code, Chapter 81](#)
 - ✓ [Occupational Safety and Health Administration \(OSHA\), 29 CFR Part 1910.1030 and Appendix A relating to Bloodborne Pathogens](#)
 - ✓ [Health and Safety Code, Chapter 85, Subchapter I, concerning the prevention of the transmission of human immunodeficiency virus and hepatitis B virus](#)



Infection Control

§558.285(2)

- Do you identify, track and document infections that the client acquired while receiving services from the agency?
 - ✓ Personal assistance services, documentation must include the date that the infection was disclosed to the agency employee, the client's name, and treatment.
 - ✓ If an agency is licensed to provide services other than personal assistance services, documentation must include the date that the infection was detected, the client's name, primary diagnosis, signs and symptoms, type of infection, pathogens identified, and treatment as disclosed by the client.



Disposal of Medical Waste

§558.286(A-B)

- Does your agency implement a written policy for the safe handling and disposal of biohazardous waste and materials, if applicable?
- Does your agency generate special or medical waste? If so are you in compliance with the rules located here: [25 TAC, §§1.131-1.137 \(relating to Definition, Treatment, and Disposition of Special Waste from Health Care-Related Facilities\)](#)?
- Do you provide both verbal and written instructions to the clients regarding the proper procedure for disposing of sharps?



QAPI Program

§558.287(a)(1)-(2)

- Do you have a written plan that measures clients outcomes? Does this plan include clients who have recently been admitted determining if they are infectious?
- Does the plan review new and ongoing infections for clients and staff? Does the plan include the updating and revision of care plans when concerns are identified?
- Does the plan include a procedure for reviewing current practices and implementing changes if conditions worsen?
- Once concerns are identified, is there an immediate response to mitigate the problem, control the spread of infection or to implement additional corrective actions?
- Do you have a method to determine progress or improvement in stopping the spread of infection, competency of staff for infection control procedures and the overall effectiveness of the plan in addressing the health and safety of the clients?



Home Health Aides

§558.701(e)

- Do you ensure your home health aides have received the appropriate amount of training regarding infection control procedures?
- Have the aides been updated on COVID-19 infection control procedures?
- Have you provided supervisory visits to ensure aides are practicing basic infection control procedures and universal precautions?
- Do you have a system in which aides can communicate issues or concerns about signs and symptoms of infectious diseases?
- Do you monitor aides for infectious diseases and ensure aides who are showing signs and symptoms of an infection do not provide care?



Supervision of Services

§558.243(c)(2)(A)(i-iv)

- Does the agency provide a qualified supervisory nurse who is available at all times in person or by phone to address questions about infection control?
- Does the supervisory nurse train, develop and assign staff who are able to provide the appropriate care for individuals with infectious disease?
- Is the supervisory nurse involved with the clients care plan and ensure the care plan is implemented as written?
Does the supervisory nurse ensure if a reassessment is needed based on a change in condition of the client it is completed timely?
- Does the supervisory nurse assess clients with infectious diseases before admission to determine if the client is infectious and determine if the agency is capable of providing care and after admissions to assess how the agency will care for the client with the infectious disease?
- Are the appropriate individuals notified of the condition of the client at discharge or during changes of care?



Federal Regulations

CMS regulations found in the State Operations Manual under [Appendix B §484.70](#) which impact infection prevention and control policies and procedures for certified agencies include:

- ✓ **G682: Prevention**-accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases.
- ✓ **G684: Control**-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 (*QAPI*) program.
- ✓ **G686: Education**-provide infection control education to staff, patients, and caregiver(s).



Prevention

G682

- Do you have a policy and procedure for following accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases? How do you ensure staff implement these procedures?
- Does your agency include the following six elements, identified by CDC which apply during any episode of patient care?
 - ✓ Hand Hygiene
 - ✓ Environmental Cleaning and Disinfection
 - ✓ Injection and Medication Safety
 - ✓ Appropriate Use of Personal Protective Equipment
 - ✓ Minimizing Potential Exposures
 - ✓ Reprocessing of reusable medical equipment between each patient and when soiled



Control

G684

- Does your agency 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 QAPI program?
- Does the program include a review of clinical records, staff reporting, review of laboratory reports, data analysis of physician/ER visits and the identification of the root cause of the infections?
- Once infections are identified, do you have a process to implement improved practices to reduce, mitigate, or eliminate the spread of infectious disease?
- Does the plan include: provisions to improve care, changes to policy, procedure, staff and client education, monitoring, active prevention techniques, competency of staff including supervision, ongoing evaluation of the infections, assessments, care planning and direct observation?



Education

G686

- Does the agency provide infection control education to staff, patients, and caregiver(s)?
- Does the education include information about transportation, storage and cleaning methods for patient equipment?
- Is the education job specific and are staff reviewed to ensure they are competent with infection control tasks?
- Do staff understand and practice what is written in policy? How is this verified?
- Do you provide the appropriate training or additional training to address newly recognized infection transmission threats?



State Rules on Emergency Preparedness

§558.256 Emergency Preparedness Planning and Implementation

- An agency must conduct a risk assessment and have the following in their emergency preparedness plan:
 - ✓ Identification of potential disasters including infectious diseases
 - ✓ Description of its approach to each disaster

§558.256(b)(1)-(4)

- An agency must include key staff in the development, maintaining and implementation of the plan which include:
 - ✓ Administrator
 - ✓ Supervising nurse (If required see §97.243)
 - ✓ Disaster coordinator
 - ✓ Alternate disaster coordinator



Emergency Preparedness

§558.256(c)(1)-(4)

- The emergency plan must include:
 - ✓ Designated disaster coordinator
 - ✓ Continuity of operations business plan
 - ✓ Monitoring procedures
 - ✓ Procedures for releasing client information
 - ✓ Responsibilities of staff for each phase of disaster

§558.256(d)(1)-(4)

- The response and recovery phases of the plan must include:
 - ✓ Responsibilities and initiation of plan by staff when no warning is provided
 - ✓ Communication procedures



Emergency Preparedness

§558.256(e)(1)-(2)

- The emergency plan must include procedures to triage clients based on the following:
 - ✓ Services the client receives including infectious diseases
 - ✓ Client's level of needs based on those services
 - ✓ Availability of someone to assume responsibility for client if needed

§558.256(f)-(g)

- The emergency plan should include procedures to identify clients who need evacuation assistance which includes:
 - ✓ Clients who cannot arrange this own transportation
 - ✓ Special health care needs requiring special transportation including isolation
 - ✓ Registering with 211



Emergency Preparedness

§558.256(h)-(p)

- The emergency preparedness plan must include the following:
 - ✓ Client education
 - ✓ Staff, volunteer and contractor training
 - ✓ Internal annual review or after each disaster
 - ✓ Drills
 - ✓ Documentation agency followed its plan
 - ✓ Emergency mechanisms or other operational activities for continuity of care
 - ✓ Safeguarding of records
 - ✓ Notifications to HHSC for relocations



Federal Rules on Emergency Preparedness

The emergency preparedness rules under §484.102 for home health and hospice under §418.113 are found in the [State Operations Manual in Appendix Z](#).

E-0001

- The home health agency must comply with all applicable Federal, State and local emergency preparedness requirements. The HHA must establish and maintain a comprehensive emergency preparedness program which includes four core elements.
 - ✓ Risk assessment addressing an all hazards approach
 - ✓ Policies and procedures
 - ✓ Communication plan
 - ✓ Training and testing
- It must include, but not be limited to the following:
 - ✓ Comprehensive approach to meeting the health, safety and security needs of staff and patients
 - ✓ Coordination with other healthcare providers



Emergency Preparedness

E-0004

- The Home Health must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually. The plan must address all of the following:
 - ✓ Natural disasters
 - ✓ Man-made disasters
 - ✓ Care-related emergencies
 - ✓ Equipment and utility failures
 - ✓ Interruptions in communication, including cyber-attacks
 - ✓ Interruptions to the normal supply of essential resources
 - ✓ medications and medical supplies (including medical gases, if applicable)
 - ✓ Emerging Infectious Diseases (EIDs) such as Influenza, Ebola, Zika Virus, **COVID-19** and others
 - ✓ These EIDs may require modifications to Home Health protocols to protect the health and safety of patients, such as isolation and personal protective equipment (PPE) measures



Emergency Preparedness

E-0006

- The plan must include:
 - ✓ Home Health based and community-based risk assessment, utilizing an all-hazards approach
 - ✓ Strategies for addressing emergency events identified by the risk assessment
- When developing an emergency preparedness plan, agencies are expected to consider the identification of the following:
 - ✓ Business functions essential to the Home Health operations that should be continued during an emergency
 - ✓ Risks or emergencies that the Home Health may reasonably expect to confront



Emergency Preparedness

E-0007

- The plan must do the following:
 - ✓ Address patient/client population persons of risk (As defined by [the Pandemic and All-Hazards Preparedness Act](#) (PAHPA))
 - ✓ Indicate the type of services the Home Health has the ability to provide in an emergency
 - ✓ Describe the continuity of operations, including delegations of authority and succession plans

E-0009

- The plan must include the following:
 - ✓ Process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response
 - ✓ Documentation of the Home Health's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts



Emergency Preparedness

E-0017-0019

- Policies and procedures must address the following:
- Individual plans for each patient must be included as part of the comprehensive patient assessment, which must be conducted according to the provisions at §484.55
- Informing State and local emergency preparedness officials about [homebound Hospice or HHA] patients in need of evacuation from their residences at any time due to an emergency situation based on the patient's medical and psychiatric condition and home environment. This includes:
 - ✓ Whether or not the patient is mobile
 - ✓ Type of life-saving equipment
 - ✓ Is the life-saving equipment able to be transported (E.g., Battery operated, transportable, condition of equipment, etc.)
 - ✓ Does the patient have special needs? (E.g., Communication challenges, language barriers, intellectual disabilities, special dietary needs, etc.)



Emergency Preparedness

E-0021-24

- At a minimum, the policies and procedures must address the following:
- Procedures to follow up with on-duty staff and patients to determine services that are needed, in the event that there is an interruption in services during or due to an emergency.
- A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records
- The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency



Emergency Preparedness

E-0030-34

- The communication plan must include all of the following names and contact information and alternate means of contact for the following:
 - ✓ Staff
 - ✓ Entities providing services under arrangement.
 - ✓ Patients' physicians.
 - ✓ Volunteers
 - ✓ Federal, State, tribal, regional, and local emergency preparedness staff
 - ✓ Other sources of assistance
 - ✓ Authority having jurisdiction, the Incident Command Center or designee



Emergency Preparedness

E-0036

- The Home Health must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan, risk assessment, policies and procedures, and the communication plan in this section. This includes all the following;
 - ✓ Initial training
 - ✓ Annual training
 - ✓ Documentation of training
 - ✓ Demonstrate staff knowledge of emergency procedures



Infection Control Hospice

Review of the Rules and Regulations

In this section, we will review the rules for infection control affecting licensed and certified hospice agencies.





State Rules

State rules are found in 26 TAC Chapter 558 that impact licensed hospice agencies.

- ✓ **§558.842:** Hospice Aide Services
- ✓ **§558.843:** Hospice Aide Qualifications
- ✓ **§558.853:** Hospice Infection Control Program
- ✓ **§558.871:** Physical Environment in a Hospice Inpatient Unit

Note: The rules found in Subchapter C we previously discussed apply to all home health agencies including hospice programs. In addition, the rules above are specific to hospices which are found in Subchapter H of 26 TAC Chapter 558.



Hospice Aide Services

§558.842 and §558.843

- Does the agency have a system to make on-site visits when clients are receiving care to ensure infection control guidelines are being followed?
- Does the aide complete the tasks as trained including reading and recording temperatures? If not, what steps are taken to ensure the competency for each task the aide is assigned?
- Do you have a communication system where aides can report signs and symptom of infection and is there follow-up done for these reports?
- Do you have a system of documentation to verify training has occurred for each aide?



Infection Control Program

§558.853

- Do you have an infection control program that protects clients, families, visitors and hospice personnel by preventing and controlling infections and communicable diseases?
- How do you verify staff are using the accepted standards of practice for infection control? Do you have a policy and procedure and have staff been trained?
- Do you have an agency-wide program for surveillance, identification, prevention, control and investigation of infectious diseases? Is this included in your QAPI program?
- Does the program include:
 - ✓ Method of identifying infectious and communicable disease problems?
 - ✓ Plan for implementing the appropriate actions that are expected to result in improvement and disease prevention?
 - ✓ Education to employees, volunteers, contract staff, clients, family members and other caregivers?



Inpatient Unit

§558.871

- Do you have a sanitary environment?
- Do you have policies and procedure which follow the accepted standards of practice, including nationally recognized infection control precautions, and avoiding sources and transmission of infections and communicable diseases?
- How do you monitor that these actions are implemented?
- Do you provide staff training on these procedures?
- Are these actions implemented facility wide by all staff and is special attention given to those clients with infectious diseases?



Federal Regulations

CMS regulations found in the State Operations Manual Appendix M §418.60 which impact infection control policies and procedures for certified hospice agencies include:

- ✓ **L578:** Infection control program
- ✓ **L579:** Prevention
- ✓ **L580-81:** Control
- ✓ **L582:** Education



Infection control program

L578

- What steps do you take to assure that staff take appropriate infection and communicable disease prevention and control precautions, including educating the patient and families about their role in communicating the information to others who may have contact with the patient.
- Does your infection control program include, but not be limited to the following:
 - ✓ Protocols for addressing patient care issues and prevention of infection related to infusion therapy, urinary tract care, respiratory tract care, and wound care?
 - ✓ Guidelines on caring for patients with multi-drug resistant organism?
 - ✓ Policies on protecting patients, staff and families from blood borne or airborne pathogens?
 - ✓ Monitoring staff for compliance with hospice policies and procedures related to infection control?
 - ✓ Protocols for educating staff and families in standard precautions and the prevention and control of infection?



Prevention

L579

- Do you follow the accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions?
These standards may include guidance from, but not be limited to, the
 - ✓ CDC
 - ✓ Agency for Healthcare Research and Quality
 - ✓ Nurse Practice Act; Texas Board of Nursing
 - ✓ Association for Professionals in Infection Control and Epidemiology (APIC)
 - ✓ American Nurses' Association
- Standard precautions include a group of infection prevention practices that apply to all patients which include:
 - ✓ Hand hygiene
 - ✓ Gloves
 - ✓ Gown
 - ✓ Masks
 - ✓ Eye protection
 - ✓ Safe injection practices



Control

L580-81

- Does the hospice 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 hospice's quality assessment and performance improvement program?
- Does it include:
 - ✓ monitoring work related employee illness and infections?
 - ✓ analyzing them in relation to patient infections?
 - ✓ taking appropriate actions when an infection or communicable disease is present to prevent its spread among staff, patients, family and visitors?
 - ✓ method of identifying infectious and communicable disease problems?
 - ✓ Do you routinely review and monitor surveillance data? Is appropriate corrective actions taken based on the data analysis?



Education

L582

- Does the hospice provide infection control education to employees, contracted providers, patients, and family members and other caregivers?
- Is hospice staff (direct employees and contacted staff) aware of infection control principles and procedures?
- Do they demonstrate this knowledge during home visits?



Federal Rules

Emergency Preparedness

The emergency preparedness rules under §484.102 for home health and hospice under §418.113 are found in the State Operations Manual in Appendix Z. The rules listed below include those applicable to hospice. Rules which apply to home health that were previously discussed also apply to hospice.

- ✓ E0006:
- ✓ E0015
- ✓ E0016
- ✓ E0018
- ✓ E0020
- ✓ E0022
- ✓ E0025
- ✓ E0026
- ✓ E0037



Emergency Preparedness

E0006

- The hospice must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually. The plan must address emergency events identified by the risk assessment including management of the consequences of power failures, natural disasters, and other emergencies that would affect the hospice's ability to provide care

E0015

- Policies and procedures must address the provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following:
 - ✓ Food, water, medical and pharmaceutical supplies
 - ✓ Alternate sources of energy to maintain temperatures, sanitary storage of provisions, emergency lighting, fire detection, extinguishing, alarm systems, sewage and waste disposal



Emergency Preparedness

E0016

- Policies and procedures must address action the hospice will take to follow up with on duty staff and patients to determine services that are needed, in the event that there is an interruption in services during or due to an emergency. The hospice must inform State and local officials of any on-duty staff or patients that they are unable to contact

E0018

- Policies and procedures must address the following:
 - ✓ System to track the location of on-duty staff and sheltered patients
 - ✓ Safe evacuation from the hospice, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s) and primary and alternate means of communication with external sources of assistance



Emergency Preparedness

E0020

- Policies and procedures must address the following:
- Safe evacuation from the Hospice which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s)
- Primary and alternate means of communication with external sources of assistance

E 0022

- The policies and procedures must address a means to shelter in place for patients, hospice employees who remain in the hospice

E0025

- The policies and procedures must address the development of arrangements with other [facilities] [and] other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to hospice patients



Emergency Preparedness

E0026

- Policies and procedures must address the role of the hospice under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials

E0037

- The hospice must do all of the following:
 - ✓ Initial training
 - ✓ Demonstrate staff knowledge of emergency procedures
 - ✓ Annual Training
 - ✓ Periodically review and rehearse its emergency preparedness plan with hospice employees (including nonemployee staff), with special emphasis placed on carrying out the procedures necessary to protect patients and others



Highlights

- ✓ Monitor CDC website
- ✓ Contact health department for questions or suspected COVID-19
- ✓ Monitor client health
- ✓ Maintain client-centered care
- ✓ Staff monitoring
- ✓ Hospital transfers
- ✓ Environment supports infection control



How to Obtain PPE

- The following resources should be considered first:
 - ✓ Normal supply chain
 - ✓ Parent or branch agencies
 - ✓ Local partners or stakeholders
 - ✓ Public Health Region
 - ✓ Healthcare Coalition
 - ✓ Regional Advisory Council regions
 - ✓ Medical supply agencies

If you have exhausted all alternatives send an official request to your local office of emergency management via the State of Texas Assistance Request (STAR) process. Please note that this is not a guarantee of receiving PPE; supplies of PPE may be insufficient to meet demand.

Providers who are having difficulty obtaining PPE should follow national guidelines for optimizing their current supply or identify the next best option to care for individuals receiving services from the provider while protecting staff. If providers are unable to obtain PPE for reasons outside their control, HHSC surveyors will not cite them.

For the most current guidance on the use of PPE and how to conserve PPE, access resources from [DSHS](#) and CDC. The CDC COVID-19 website has sections for [health care professionals](#) and [health care facilities](#).



The CDC also has specific information relating to:

- ✓ [Healthcare Supply of PPE](#)
- ✓ [Strategies to Optimize PPE and Equipment](#)
- ✓ [Strategies to Optimize Eye Protection](#)
- ✓ [Strategies to Optimize Isolation Gowns](#)
- ✓ [Strategies to Optimize Face Masks](#)
- ✓ [Strategies to Optimize N-95 Respirators](#)
- ✓ [Crisis Alternate Strategies for N-95 Respirators](#)

Requesting PPE Through a Regional Advisory Council (RAC)

- Each of the 22 RACs in Texas is tasked with developing, implementing, and monitoring a regional emergency medical service trauma system plan. Providers also can [contact their RAC](#) to request PPE.
- One of the RACs, the Southeast Texas Regional Advisory Council ([SETRAC](#)), has an online request for PPE. SETRAC serves southeast Texas.

Links

- [RAC contacts](#)
- [Map of RACs](#)
- [Map of Trauma Service Areas with RAC Names](#)