

§484.70(a) Standard: Prevention

The HHA must follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases.

Interpretive Guidelines §484.70(a)

Federal and state agencies such as the Centers for Disease Control and Prevention (CDC) and state departments of health, national professional organizations, have all developed infection prevention and control standards of practice. Examples of national organizations that promulgate nationally recognized infection and communicable disease control guidelines, and/or recommendations include: the CDC, the Association for Professionals in Infection Control and Epidemiology (APIC), and the Society for Healthcare Epidemiology of America (SHEA). An HHA should identify the source of the standards it selects and be capable of explaining why those standards were chosen for incorporation into the HHA's infection prevention and control program (82 FR 4543).

Standard precautions must be used to prevent transmission of infectious agents. “Standard precautions” are a group of infection practices that apply to all patients regardless of suspected or confirmed infection status at the time health care is delivered. *These practices protect healthcare personnel and prevent healthcare personnel or the environment from transmitting infections to patients.*

For example, the following are six (6) core practices, identified by the CDC are based on the CDC’s “Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings –Recommendations of The Healthcare Infection Control Practices Advisory Committee (HICPAC),¹ which is periodically updated. These are a core set of infection prevention and control practices that are recommended in all healthcare settings, regardless of the type of healthcare provided. Also, refer to “Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care” published by the National Center for Emerging and Zoonotic Infectious Diseases Division of Healthcare Quality Promotion, Version 2.3.

1. Hand Hygiene

HHAs and surveyors are advised to review the most current CDC’s hand hygiene recommendations for correct procedures. Hand Hygiene should be performed:

- Before *and after* contact with a patient;
- Before performing an aseptic task (e.g., insertion of IV, preparing an injection, performing wound care);
- After contact with blood, body fluids or contaminated surfaces;
- *After contact with the patient’s immediate environment;*
- *When* moving from a contaminated body site to a clean body site during patient care;
- and
- After removal of personal protective equipment (*e.g., gloves, gown, facemask*).

The term “hand hygiene” includes both handwashing with either plain or antiseptic-containing soap and water, and use of alcohol-based products (gels, rinses, foams) that do not require the use of water. In the absence of visible soiling of hands, approved alcohol-based products for hand disinfection are preferred over antimicrobial or plain soap and water because of their superior microbiocidal activity, reduced drying of the skin, and convenience. The HHA must ensure that supplies necessary for adherence to hand hygiene are provided.

2. Environmental cleaning and disinfection

Environmental cleaning and disinfection presents a unique challenge for HHA personnel. The HHA staff have little control over the home environment but must *protect their equipment and supplies during the home visit. Examples of how this might be*

¹ <https://www.cdc.gov/hicpac/pdf/core-practices.pdf>.

accomplished include but are not limited to: Cleaning and disinfecting or placing a clean barrier on the surface in the home where clean equipment will be placed and/or preparation of injectable medications will be performed.

Additionally, items that are taken from one home to another should be cleaned and disinfected in accordance with accepted standards of practice, which include manufacturer's instructions for use.

3. Injection and Medication Safety

Safe injection practices include but are not limited to:

- Use of aseptic technique when preparing and administering medications;
- Not reusing needles, lancets, *lancet holding devices*, or syringes for more than one use on one patient; using single-dose vials for parenteral medications whenever possible;
- Not administering medications from a single-dose vial or ampule to multiple patients;
- Use of fluid infusion and administration sets (i.e., intravenous bags, tubing and connectors) for one patient only and disposal appropriately after use;
- Considering a syringe or needle/cannula contaminated once it has been used to enter or connect to patient's intravenous infusion bag or administration set;
- Entering medication containers with a new needle and a new syringe even when obtaining additional doses for the same patient;
- Insulin pens *are* dedicated for a single patient and never shared even if the needle is changed; and,
- Sharps disposal *complies with* applicable state and local laws and regulations.

4. Appropriate Use of Personal Protective Equipment

Appropriate Use of Personal Protective Equipment (PPE) is the use of specialized clothing or equipment worn for protection and as a barrier against infectious materials or any potential infectious exposure. PPE protects the caregiver's skin, hands, face, respiratory tract, and/or clothing from exposure. Examples of PPE include: gloves, gowns, face *protection (facemask and goggles or face shields)*. The selection *and use* of PPE *is determined by the nature of patient interaction and potential for exposure to blood, body fluids and/or* infectious materials.

5. Minimizing Potential Exposures

Minimizing Potential Exposures in the home health setting *focuses* on prevention of *reducing the exposure and transmission of respiratory infections*. HHA staff *should also be careful to minimize potential exposures to infectious agents* while transporting medical specimens and medical waste, such as sharps.

6. Reprocessing, Storage, Transport, and Usage/Operation of Equipment or Devices Used for Patient Care

Cleaning and disinfecting of medical equipment is essential. *Staff should follow the manufacturer's instructions for reprocessing (i.e., cleaning and disinfection or cleaning and sterilization) and use and current standards of practice for transport and storage of patient care equipment. Single-use equipment is discarded after use according to the manufacturer's instructions for proper disposal.* Reusable medical equipment (e.g., blood glucose meters and *other point-of-care meters*, blood pressure cuffs, oximeter probes) *are reprocessed* prior to use on another patient and when soiled. The HHA must ensure that HHA staff are trained to maintain separation between clean and soiled equipment to prevent cross contamination *in the patient care environment and during transport.*