

## INFECTION CONTROL

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**INFECTION CONTROL**

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# REGULATORY FOCUS BULLETIN

NOTE: FYI is an informational and educational service of the Regulatory Focus Committee to assist you in finding the resources for answers to questions regarding issues not regulated by the Division of Health Service Regulation. The source of the information is included for your reference.

FILE TOPIC: Infection Control

Regulatory Focus Bulletin will address questions on infection control found in the Federal regulation and North Carolina licensure rules. Most infection control issues are addressed by the Centers for Disease Control and/or the NC Statewide Program for Infection Control. These websites are easy to use. Other informational websites are also provided.

Centers for Disease Control

<http://www.cdc.gov/>

Email Inquiries: [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov)

North Carolina Statewide Program for Infection Control and Epidemiology (SPICE)

<http://www.unc.edu/depts/spice/>

NC Department of Health and Human Services, Epidemiology Section

<http://www.epi.state.nc.us/epi/>

Occupational Safety & Health Administration

<http://www.osha.gov/>

NC Division of Environmental Health

<http://www.deh.enr.state.nc.us/>

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FILE TOPIC: Infection Control

10A NCAC 13D .2202(b) states: The administrator shall ensure patients receive communicable disease screening, including tuberculosis, in accordance with Rule .2209 of this Section.

10A NCAC 13D .2209(d) states: The facility shall ensure communicable disease screening, including tuberculosis, prior to admission of all patients being admitted from settings other than hospitals, nursing facilities or combination facilities; prior to or upon admission for all patients admitted from hospitals, nursing facilities and combination facilities; and within seven days upon the hiring of all staff. The facility shall ensure tuberculosis screening annually thereafter for patients and staff as required by 10A NCAC 41A, "Communicable Disease Control" which is incorporated by reference, including subsequent amendments. Copies of these Rules may be obtained at no charge by contacting the N.C. Department of Health and Human Services, Division of Public Health, Tuberculosis Control Branch, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. Identification of a communicable disease does not, in all cases, in and of itself, preclude admission to the facility.

Information on tuberculosis, including but not limited to screening of patients and employees, as well as isolation and reporting can be found at: <http://www.epi.state.nc.us/epi/gcdc.html> including the NC TB Control Program and the Tuberculosis Policy Manual. You may also seek information on the sites listed on page one of this section.

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Infection Control

Do male Residents have to keep the lids on their urinals when not in use?

Aesthetically, lids on urinals should be kept in place when not in use. Absence of lids alone, however, would not justify a citation.

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Infection Control

Can personal care items be stored on the sink area? Private room? Semi-private room? What if each side of the sink area is designated to beds, e.g. the right side of the sink is for bed A and the left side is for bed B?

Yes. In a semi-private room, personal care items should be labeled, if grouped. Items may be stored in the same location in the bathroom as long as storage areas are clean and are consistent with appropriate infection control practices.

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Infection Control

Can foam overlays and cushions be washed and reused if they are returned to the same resident?

Yes, if the manufacturer's directions are followed.

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Infection Control

Describe the appropriate protocol for the use of scissors between "clean" dressing changes.

Scissors should be cleaned with an appropriate agent, such as alcohol, before each resident's use and between removal of an old dressing and application of a "clean" dressing.

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Infection Control

There are incidents in other states where facilities are being cited for not having all items covered on the food tray (including dessert or bread) during the transport of the tray from the food cart to the resident. Is this appropriate? Will this be done in North Carolina?

If food carts are covered and positioned outside the resident's room and the tray is removed and taken directly into the resident's room, covering the dessert, breads and beverages is not required.

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Infection Control

Can alcohol gel pumps be left on top of the med cart during med pass?  
The resident's room?

Vulnerable populations should not have access to alcohol based hand rubs.

Reference: The Centers for Medicare and Medicaid Services (CMS), survey and certification letter which can be accessed at: [Survey and Cert Letter 05-33](#) .

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Infection Control

Can a facility use styrofoam water pitchers instead of plastic and rather than sanitizing the styrofoam pitchers on a routine basis just discard them?

Yes. However, due to the porous nature of styrofoam, some type of plastic liner should be used. If this liner is the rigid construction type, it should be sanitized on a routine basis.

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Infection Control

If a resident in a semi-private room has a culture positive for methicillin-resistant staph aureus (or any other highly resistant organism) would there be a violation of resident's rights to request a resident in a private room to move to a semi-private room so the private room could be used for an isolation area?

Are there factors that could otherwise influence this move such as payment source, resident/family disagreement with the move, which resident in private room to first consider for the move, privately owned facilities with only a few private rooms (less than 10) used only for private-pay residents? Should they be required to provide the same option rather than an acute care admission?

Licensure rule 10A NCAC 13D .2209(a)(b) states, "The facility shall establish and maintain an infection control program for the purpose of providing a safe, clean and comfortable environment and preventing the transmission of diseases and infection. Under the infection control program, the facility shall decide what procedures, such as isolation techniques, are needed for individual residents, investigate episodes of infection and attempt to control and prevent infections in the facility." It is presumed that each facility has a room or rooms identified for isolation should there be such a need. Residents should be advised at the time of admission that certain types of infections necessitate isolation precautions requiring a private room (or single resident use of a semi-private room) and that a room transfer might be needed under those circumstances. If the above has taken place then there is no violation of resident's rights (either the infected resident, the resident in a private room, or the roommate of an infected resident).

Federal regulation 42 CFR §483.12 indicates that a resident cannot be transferred or discharged unless...(iv) the health of individuals in the facility would otherwise be endangered. If "endangered" is interpreted to include increased risk of infection (roommates) or increased compromise of a debilitated individual with an infection, then a room transfer may be acceptable with proper documentation and notification of the resident/family/legal representative.

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Infection Control

Can a nurse aide leave incontinent pads or other linen supplies she intends to use during that shift for a particular resident in that resident's room?

Yes. Small amounts of linen supplies may be left in a resident's room. These supplies, once left in the room, may only be used for that resident, and supplies are not to be "stockpiled."

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Infection Control

Clarify items which should not be discarded in resident trash cans.

To ensure a safe environment and prevent the spread of infections, items soiled with bodily fluids such as blood, urine, or drainage from wounds should not be discarded in trash cans in resident rooms. This includes soiled gloves, incontinent pads, diapers and supplies used in the treatment of draining wounds. Transdermal medications should not be disposed of in resident trash cans.

In an effort to control insects and rodents, resident care items such as tube feeding supplies and urinary catheters should not be discarded in resident trash cans. Medicine cups and plastic drinking cups may be discarded in resident trash cans. Significant amounts of medications left in cups should be considered a medication administration issue.

Trash cans should be emptied at least daily or more frequently as needed.

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Infection Control

Please clarify conditions under which treatment carts may be taken into resident rooms.

There is no restriction on taking treatment carts into resident rooms, as long as nursing staff do not contaminate the cart while it is in the room. [Examples: placing dirty dressings on the cart, going back and forth to cart with contaminated hands, or placing supplies and equipment on the resident's bed then returning them to the cart.] The cart should be secured while in the room so as not to be accessible to other residents in the room. If left in the hallway the cart should be secured so that no medications or biologicals are accessible to residents.

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Infection Control

Can a facility be cited for not zipping up the linen covers on linen carts while they are in use?

There is no regulation requiring zippers on linen covers. Linen, however, should be covered. Federal regulation 42 CFR §483.65(c) states, "Personnel must handle, store, process and transport linens so as to prevent the spread of infection." Therefore, an unzipped linen cover would not in and of itself constitute a deficiency.

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Infection Control

For routine suctioning (no isolation) must you either use disposable canister liners or gown-mask and gloves?

No, however, this does not exclude the use of personal protective equipment.

Can facilities continue to use the suction machines with glass bottles using facility disinfection policies?

Yes.

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Infection Control

When residents have extended length oxygen tubing is it permissible that it touch the floor? This is in reference to residents who freely ambulate in their room and need longer tubing. The facility has a policy for wiping down the tubing and changing it weekly. The actual short cannula and nose prongs do not touch the floor. Covers that the facility has made to slip the tubing through were refused by one resident who stated that it made the tubing heavy. Some residents must have the longer tubing to allow them freedom to ambulate and it is impractical to think the tubing won't touch the floor. The floor is cleaned daily. The tubing is a closed system.

For those residents who need extended length tubing in order to ambulate freely in their room or the facility, it is permissible for the extended length tubing to come in contact with the floor. It is not permissible for the cannula or mask to touch the floor.

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Infection Control

Do bedpans and urinals have to be labeled/dated?

Dating is not required. Bedpans and urinals should be labeled with the resident's name when used/stored in an area considered multi-use, e.g., residents in semi-private or ward accommodations.

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Infection Control

Can a facility be cited in a situation where a nurse aide is feeding residents at a feeding table and does not wash her hands between the feeding of each resident, if she has not touched a resident?

No. There is no cross contamination from one resident to another if there is not direct contact.

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# REGULATORY FOCUS BULLETIN

FILE TOPIC: Infection Control

Can cloth towels/washcloths be kept on towel racks in dual-use bathrooms?

Yes, as long as they are not soiled.

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Infection Control

How long can tube feedings hang, and how often do the bags and tubing need to be changed?

There are numerous types of products being used in health care facilities that have varying safe hang times. Follow the recommendation of the manufacturer regarding the particular product in use.

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Infection Control

How long can normal saline be used after it has been opened?

If the solution is being used to irrigate urinary catheters, for bladder irrigations or during sterile treatments such as a sterile dressing change, the solution is only good at the time of opening. Any solution left after these procedures must be discarded.

When the solution is being used for non-sterile procedures such as clean dressing changes, the facility may use its own discretion to determine policy regarding frequency of discard. Although in acute care the standard is to discard after 24 hours, it has been acceptable practice in long term care to discard after 30 days. It is recommended that the facility policy indicate use of the solution not to exceed 30 days after opening. Facilities should consider using smaller bottles in some situations to prevent waste.

# REGULATORY FOCUS BULLETIN

## FOR YOUR INFORMATION

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FILE TOPIC: Infection Control

We were of the understanding that in nursing facilities, residents positive with Methicillin-resistant Staphylococcus aureus (MRSA), do not require private rooms. This has been communicated to us by Karen Hoffman, State Infection Control Officer and through articles written regarding guidelines for MRSA Residents in nursing facilities. We are told that surveyors believe these residents must be in private rooms and if not, facilities are being cited. Please clarify.

Placing residents on isolation precautions for Multi-drug Resistant Organisms (MDRO) such as, MRSA, vancomycin-resistant enterococci (VRE), in long term care facilities should be made on a case by case basis depending the risk of cross transmission. Factors that should be taken into consideration are residents with invasive devices (intravenous therapies, tracheostomies, gastrostomy tubes, urinary catheters, open wounds or immunocompromised (<200 total white blood cell counts) residents should not share a room with MDRO infected residents. When the resident is MDRO colonized (positive nasal culture) not symptomatic, then Standard Precautions is generally an acceptable level of precaution. Cohorting individuals may be done when residents have the same MDRO.

Reference: CDC HICPAC Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007

[http://www.cdc.gov/ncidod/dhqp/gl\\_isolation.html](http://www.cdc.gov/ncidod/dhqp/gl_isolation.html)

CDC HICPAC Management of Multi-drug Resistant Organisms in Healthcare Settings, 2006 <http://www.cdc.gov/ncidod/dhqp/pdf/ar/mdroGuideline2006.pdf>

NC Guidelines for Resistant Organisms, Specifically MRSA and VRE in Non Acute Care Settings 1997 <http://www.unc.edu/depts/spice/guide.html>

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Infection Control

On admission, a resident or family member as appropriate, has been informed of the risks and benefits of the flu vaccine. Is it necessary to provide the same information in the fall and each succeeding fall the resident remains in the facility?

§483.25(n) Influenza and pneumococcal immunizations indicates the facility must develop policies and procedures that ensure that—

i. Before offering the influenza immunization, each resident or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;

ii. Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;

iii. The resident or the resident's legal representative has the opportunity to refuse immunization; and

iv. The resident's medical record includes documentation that indicates, at a minimum, the following:

(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and

(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Infection Control

Is the facility required to monitor the temperature on a daily basis for individual personal refrigerators that are located in a resident's room?

No. There is no regulatory requirement.

Is the facility required to date and label food that is brought by family members and stored in an individual personal refrigerator located in a resident's room?

No. There is no regulatory requirement.

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Infection Control

Is it acceptable to use the same lancing device for fingerstick blood sampling on multiple residents?

The device may be used, but the lancet must be changed for each resident. The best method to use for prevention of bloodborne pathogen transmission is to restrict the use of the lancing device to one resident. Reusing these devices on multiple residents increases the potential for transmission of bloodborne pathogens. This holds true regardless whether this lancing device is spring-loaded or of another type. The CDC cites the fact that HBV circulates in the blood at high titers and can remain viable for at least one week in blood samples that have dried on surfaces.

Although the device may be used on multiple residents, the lancets should never be shared. Lancets and disposable platforms (used to stabilize the device on the finger and control the depth of the puncture) on spring-loaded devices should be changed or disposed of after every use of the device. Optimally, fingerstick devices with disposable platforms should be used only on individual residents. If the device is used on multiple residents, after disposal of the lancet and platform, the device should be cleaned and disinfected at the end of the day and more frequently if visibly contaminated with blood.

If the spring-loaded fingerstick device does not employ a disposable platform, the use of these devices optimally should be restricted to one resident. If this device is used on multiple residents, the lancet should be discarded and the device disinfected between residents.

Some fingerstick devices do not have disposable lancets. The use of these devices should be restricted to use in only one resident and should be discarded when no longer needed by that resident, as the device cannot be disinfected.

The FDA recommends disinfecting the devices per the manufacturer's guidelines. When no instructions for disinfection are provided, the device should be discarded.

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Infection Control

Is it a Health Insurance Portability and Accountability Act (HIPAA) violation to post isolation signs on the resident's door and in room?

No, unless the sign exceeded the minimally necessary information, (e.g. details about resident and condition beyond standard of practice for isolation precautions). It is insufficient to post a sign with less information such as "See nurse before entering room."