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DEPARTMENT OF HEALTH AND WELFARE
Division of Welfare

Bureau of Facility Standards

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INFORMATIONAL LETTER #94-6

DATE: July 18, 1994

TO: ALL HOSPITAL ADMINISTRATORS

FROM: JOHN W. HATHAWAY, Chief
Bureau of Facility Standards

SUBJECT: REVISED INTERPRETIVE GUIDELINES FOR CONDITION OF PARTICIPATION: INFECTION CONTROL

Enclosed is information which may be helpful to you. If you have any questions regarding the enclosed information, you may contact us by phone at 208/334-6626 or in writing.

Please Note: Our new mailing address effective July 1, 1994, is:

FACILITY STANDARDS--DHW
PO BOX 83720
BOISE ID 83720-0036

John W. Hathaway

JOHN W. HATHAWAY, Chief
Bureau of Facility Standards

JWH/nah
Enclosure
cc: Idaho Hospital Association
Loyal I. Perry

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care
Financing Administration

Region X
M/S RX-42
2201 Sixth Avenue
Seattle, WA 98121

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MAR 07 1994
HEALTH STANDARDS

February 28, 1994

DIVISION OF HEALTH STANDARDS AND QUALITY
STATE LETTER NO. 474

SUBJECT INDEX CATEGORY: 7

SUBJECT: Infection Control Condition of Participation (COP) - Additional Guidance to Surveyors to Reflect the Centers for Disease Control and Prevention (CDC) Guidelines for Tuberculosis Control

The purpose of this memorandum is to transmit the enclosed draft manual issuance of the interpretive guidelines for tuberculosis control for hospitals. The need for strong hospital infection control policies is more urgent than ever due to the concern over the increase in tuberculosis cases, the emergence of Multidrug Resistant Tuberculosis (MDRTB), and newly vulnerable patient populations (i.e., AIDS).

If you have any questions, please contact Judy Ramberg at (206) 615-2321.

Sincerely,

Teresa Oakes

Teresa L. Oakes, Chief
Survey and Certification Review Branch
Division of Health Standards and Quality

Enclosure

cc: Steven D. Helgerson, M.D., M.P.H.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care
Financing Administration

Memorandum

RECEIVED
FEB 18

Date FEB 15 1994

From Director
Office of Survey and Certification, HSQB

Subject Infection Control Condition of Participation (COP)--Additional Guidance to Surveyors to Reflect the Centers for Disease Control and Prevention (CDC) Guidelines for Tuberculosis Control

To Associate Regional Administrator
Division of Health Standards and Quality
Regions I - X

The purpose of this memorandum is to inform you that in October 1993, the CDC issued the second edition of Draft Guidelines for Preventing the Transmission of Tuberculosis in Health Care Facilities. Due to the concern over the increase in Tuberculosis (TB) cases, the emergence of Multidrug Resistant Tuberculosis (MDRTB) and newly vulnerable patient populations (i.e., AIDS), the need for strong hospital infection control policies is more urgent than ever.

The Medicare hospital CoP at 42 CFR 484.42, 482.42(a), and 482.42(a)(1) states the following:

> The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases. A person or persons must be designated as infection control officer or officers to develop and implement policies governing control of infections and communicable diseases. The infection control officer or officers must develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel.

Attached is a draft manual issuance of the interpretive guidelines for hospitals at 42 CFR 482.42--data tags A243, A244, A245 and A246.

The revised guidance increases emphasis on infection control policies to identify, investigate, report and prevent communicable diseases (especially TB) among patients and health care workers. The interpretive guidelines concerning the evaluation of the infection control program previously found under Tag number A245 are now found under Tag number A243. Tag number A245 now contains guidelines for evaluating only the responsibilities of the infection control officer. We are currently in the process of revising the hospital interpretive guidelines, and this information will be included in the final issuance.

Anthony J. Tirone

Attachment

INTERPRETIVE GUIDELINES - HOSPITALS

TAG NUMBER	REGULATION	GUIDANCE TO SURVEYORS
A243	§482.42 Condition of Participation: Infection control. The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.	§482.42 GUIDANCE: Because of the risk of nosocomial infections and communicable diseases, there must be an active surveillance program of specific measures for prevention, early detection, control, education and investigation of infections and communicable diseases in the hospital. There must be a mechanism to evaluate the program(s) and take corrective action. The hospital should institute the most current recommendations of The Centers for Disease Control and Prevention (CDC) relative to the specific infection(s) and communicable disease(s). The current references on infection control published by the CDC are Guidelines for Prevention and Control of Nosocomial Infections; and Guidelines for Preventing the Transmission of Tuberculosis in Health Care Facilities. An active infection control program should have policies which address the following: o Definition of nosocomial infections and communicable diseases. o Measures for assessing and identifying patients and health care workers (HCWs) at risk for infections and communicable diseases. o Measures for identifying, investigating, and reporting nosocomial infections and communicable diseases. o Methods for obtaining reports of infections and communicable diseases in patients and HCWs in a timely manner. o Measures for prevention of infections, especially those associated with intravascular therapy, indwelling urinary catheters, tracheostomy care, respiratory therapy, burns, immunosuppressed patients and other factors which compromise a patient's resistance to infection. o Measures for prevention of communicable disease outbreaks, especially tuberculosis. o Provision of a safe environment consistent with the current CDC recommendations for the identified infection and/or communicable disease. o Isolation procedures and requirements for infected or immunosuppressed patients. o Use and techniques for universal precautions. o Education of patients and their significant others about infections and communicable diseases. o Methods for monitoring and evaluating practices of asepsis. o Techniques for handwashing, respiratory protection, asepsis, sterilization, disinfection, food sanitation, housekeeping, fabric care, liquid and solid waste disposal, needle disposal, separation of clean from dirty, as well as other means for limiting the spread of contagion.

TAG NUMBER	REGULATION	GUIDANCE TO SURVEYORS
A243 (cont.)		o Authority and indications for obtaining microbilogical cultures from patients. o A requirement that disinfectants, antiseptics and germicides be used in accordance with the manufacturers' instructions to avoid harming patients, particularly central nervous system effects on children. o Orientation of all new hospital personnel to infections, to communicable diseases and to the infection control program. o Measures for the screening of HCWs for communicable diseases, and for the evaluation of HCWs exposed to patients with non-treated communicable diseases. o Employee health policies regarding infectious diseases, and when infected or ill employees must not render direct patient care. o A procedure for meeting the reporting requirements of the local health authority. o Provision for program evaluation and revision of the program, when indicated. Tour the hospital, observe the environment, and interview the infection control officer(s). Verify that there is a system (policies) for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and hospital personnel. Determine that this system is an active program, that it is both hospital-wide and program-specific, and that it is being enforced. Note the cleanliness of horizontal surfaces, bedside equipment and air inlets, because infectious organisms may spread from these places.
A244	(a) Standard: Organizations and policies. A person or persons must be designated as infection control officer or officers to develop and implement policies governing control of infections and communicable diseases.	§482.42(a) GUIDANCE: An infection control committee may delegate responsibility for infection functions, should the hospital desire. Verify that an infection control officer (or officers) is designated and has the responsibility for the infection control program.

TAG NUMBER	REGULATION	GUIDANCE TO SURVEYORS
A245	(1) The infection control officer or officers must develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel.	§482.42(a)(1) GUIDANCE: The infection control officer(s) is responsible for: o Implementing policies governing asespis and infection control. o Developing a system for identifying, investigating, reporting, and preventing spread of infections and communicable diseases among patients and hospital personnel. o Identifying, investigating and reporting infections and outbreaks of communicable diseases among patients and hospital personnel, especially those occurring in clusters. o Preventing and controlling spread of infections and communicable diseases among patients and patient care staff. o Cooperating with hospital-wide orientation and inservice education programs. o Cooperating with other departments and services in the performance of quality assurance activities. o Cooperating with disease control activities of the local health authority. Determine that the infection control officer(s) is responsible for the elements specified in the interpretive guidelines.
A246	(2) The infection control officer or officers must maintain a log of incidents related to infections and communicable diseases.	§482.42(a)(2) GUIDANCE: Verify that the reporting of infections and communicable diseases and the maintainance of appropriate records includes a log of incidents related to infections and communicable diseases.