

# 42 CFR 482.42 Infection Control

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# Condition of Participation Infection Control

- The hospital **must** provide a sanitary environment hospital wide to avoid sources & transmission of infection & communicable diseases
- There **must** be an **active** program for the prevention, control & investigation of infections & communicable diseases
  - Not limited to health care associated infections
  - Includes community acquired infections

# Survey Process Goals

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- To establish a system that will assist in promoting and protecting the health, safety & welfare of residents, patients & clients receiving health care services.
- To determine compliance of provider entities with applicable Conditions of Participation.

# Survey Authority

- Social Security Act (SSA) Section 1864(c)
  - CMS agreement with State Survey Agency (SSA)
  - SSA will conduct validation survey
  - SSA will conduct complaint survey based on substantial allegation of noncompliance
- SSA Section 1865
  - Deemed status is removed based on a survey finding of significant deficiency
- Regulations authorizing such surveys are found at 42 CFR 488.7(a)(2)

# Survey Activities

- **Observation** is a key component of any investigation.
- **Interview** is an important tool to verify potential deficient practices
- **Record review** will provide a status report on the condition of patients and delivery of care

# Infection Control Program

- One or more individual(s) designated as Infection Control Officer(s).
- Infection Control Officer(s) is qualified and maintain(s) qualifications through education, training, experience or certification related to infection control.
- Infection control policies and procedures that are based on nationally recognized guidelines and applicable state and federal law.

# QAPI System

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- Problems identified in the infection control program are addressed in the hospital QAPI program.
- Hospital leadership ensures the implementation of successful corrective action plans in affected problem area(s).
- The hospital utilizes a risk assessment process to prioritize selection of quality indicators for infection prevention and control.

# MDROs & Antibiotic Stewardship

- Policies and procedures to minimize the risk of transmission and development of multidrug-resistant organisms (MDROs).
- Multidisciplinary process in place to review antimicrobial utilization, local susceptibility patterns, and antimicrobial agents.
- Antibiotic orders include an indication for use.
- There is a mechanism in place to prompt clinicians to review antibiotic courses of therapy after 72 hours of treatment.



# MDROs & Antibiotic Stewardship

- Systems are in place to prompt clinicians to use appropriate antimicrobial agents (e.g., computerized physician order entry, comments in microbiology susceptibility reports, notifications from clinical pharmacist, formulary restrictions, evidence based guidelines and recommendations).
- The facility has a system in place to identify patients currently receiving intravenous antibiotics who might be eligible to receive oral antibiotic treatment.

# MDROs & Antibiotic Stewardship

- Systems that ensures prompt notification of IC staff or medical director/designee when a novel resistance pattern is detected.
- Patients and healthcare personnel identified by laboratory culture as colonized or infected with MDROs are identified and isolated according to facility policies. (Note: The hospital is not required to perform routine surveillance of patients or healthcare personnel).

# Infection Control Training

- Staff receive job-specific training on hospital infection control practices, policies, and procedures upon hire and at regular intervals.
- Staff competency and compliance with job-specific infection prevention policies and procedures routinely evaluated.
- Infection control system addresses needle sticks, sharps injuries, and other employee exposure events.
- When exposure event occurs, post-exposure evaluation and follow-up, including prophylaxis as appropriate, is available.

# Infection Control Training/Prevention

- Hepatitis B vaccine and vaccination series is provided to all employees who have occupational exposure and conducts post-vaccination screening after the third vaccine dose is administered.
- All staff who have potential for exposure to TB are screened for TB upon hire and, if negative, based upon facility risk classification thereafter.
- All staff are offered annual influenza vaccination.

# Injection Practices/Sharps Safety

- Syringes and needles are used for only one patient (this includes manufactured prefilled syringes and insulin pens).
- Medication vials are entered with a new syringe and new needle.
- Single dose (single-use) medication vials are used for only one patient.
- Bags of IV solution are used for only one patient (and not as a source of flush solution for multiple patients).

# Injection Practices/Sharps Safety

- Multi-dose vials are dated when first opened and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial.
- If multi-dose vials are used for more than one patient, must not be brought to the immediate patient treatment area (e.g., operating room, patient room, anesthesia carts).
  - If multi-dose vials are found in the patient care area they must be dedicated for single patient use and discarded after use.

# Hospital Environment

- Objects and environmental surfaces in patient care areas (e.g., bed rails, side table, call button) are cleaned and then disinfected when visibly contaminated or at least daily with an EPA-registered disinfectant.
- For terminal cleaning (i.e., after patient discharge, procedure rooms, PT), all surfaces are thoroughly cleaned and disinfected.
- Cleaners and disinfectants, including disposable wipes, are used in accordance with manufacturer's instructions (e.g., dilution, storage, shelf-life, contact time).

# Hospital Environment

- Mop heads and cleaning cloths are laundered at least daily using appropriate laundry techniques.
- Reusable noncritical patient-care devices (e.g., blood pressure cuffs, oximeter probes) are disinfected when visibly soiled and on a regular basis.
- There should be a cleaning schedule for areas/equipment to be cleaned/serviced regularly (e.g., HVAC equipment, refrigerators, ice machines, eye wash stations, scrub sinks, aerators on faucets).
- Kitchen sanitation is often neglected.



# Kitchen Infection Control Issues

- Freezer and refrigerated temperatures were not consistently maintained at a safe food storage temperature to prevent bacterial or other contamination which could result in food-borne illness.
- Walk-in cooler: the doors, walls and floors were dirty; dried brown stains, drips and debris. The two fans were dirty with dust and a brown substance adhered to the outer cage.
- See sample findings.

# Sanitary Environment

- Methods to maintain safe air handling in specialty areas
- Appropriate use of facility and medical equipment, hepa filters or UV lights
- Isolation rooms - techniques and use of precaution standards
- Disposal of waste - environmental sanitation
- Pest control measures

# Equipments/Instruments

- Items are thoroughly pre-cleaned according to manufacturer instructions and visually inspected for residual soil prior to high-level disinfection.
- Instruments are appropriately wrapped/packaged (hinged instruments are open, and instruments are disassembled, if indicated by the manufacturer).
- Chemical indicator (process indicator) is placed correctly in the instrument packs in every sterilize load.
- Biological indicator is used at least weekly for each sterilizer and with every load containing implantable items.

# Equipments/Instruments

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- Sterile packs are labeled with the sterilizer used, the cycle or load number, and the date of sterilization.
- Instruments for immediate use sterilization procedures are used immediately and handled in a manner to prevent contamination during transport from the sterilizer to the patient.

# Equipments/Instruments

- If immediate-use steam sterilization is performed:
  - Instruments thoroughly cleaned
  - Sterilizer cycle used is approved by both the instrument and sterilizer manufacturer
  - Sterilizer function is monitored with monitors (e.g., mechanical, chemical and biologic).
  - Sufficient volume of instruments to meet the surgical volume

# Single Use Devices

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- Single use devices are discarded after use and not used for more than one patient.
- If single-use devices are re-used, devices are reprocessed by an entity or a third party reprocessor that is registered with the FDA and cleared as a third-party reprocessor for the specific device in question.

# Surgery/Procedure

- Staff perform a surgical scrub before donning sterile gloves for surgical procedures (in OR) using either an antimicrobial surgical scrub or an FDA-approved alcohol-based antiseptic surgical hand rub.
- Surgical attire and surgical caps/hoods covering all head and facial hair are worn by all personnel in semi restricted and restricted areas.

# Surgery/Procedure

- Sterile field is maintained and monitored constantly.
- All horizontal surfaces (e.g., furniture, surgical lights, equipment) are damp dusted before the first procedure of the day using a clean, lint-free cloth and EPA-registered hospital detergent/disinfectant.
- High touch environmental surfaces are cleaned and disinfected between patients.



# Surgery/Procedure

- Anesthesia equipment is cleaned and disinfected between patients.
- ORs are terminally cleaned after last procedure of the day (including weekends) and each 24-hour period during regular work week.
- All surfaces (floor, walls, and ceilings have cleanable surfaces) are visibly clean, and that all surfaces are cleaned regularly.

# Surgery/Procedure

- Ventilation requirements:
  - Positive pressure, 15 air exchanges per hour (at least 3 of which are fresh air)
  - Temperature and relative humidity levels are maintained at required levels
  - Doors are self-closing
  - Air vents and grill work are clean and dry.
  - 90% filtration, air filters checked and replaced regularly.

# Hand Hygiene

- Soap, water, and a sink are readily accessible in patient care areas.
- Alcohol-based hand rub is readily accessible and placed in appropriate locations.
- Staff perform hand hygiene using soap and water when hands are visibly soiled.
- Staff who have direct contact with high-risk patients (e.g., those in intensive care units or ORs) do not wear artificial fingernails or extenders

# Hand Hygiene

- Healthcare personnel perform hand hygiene (even if gloves are worn)
  - Before contact with the patient or their immediate care environment
  - Before exiting the patient's care area after touching the patient or the patient's immediate care environment.
  - Before performing an aseptic task insertion of IV or urinary catheter.
  - After contact with blood, body fluids or contaminated surfaces.



# Questions?