Element ENV 02: Infection Control

Regulatory Language: 42 CFR Part §460.74

Context:
The Infection Control PACE audit element (ENV 02) is one of a few elements, like QAPI, whose regulatory language intersects with multiple other elements. While the PACE regulation governing Infection Control explicitly addresses only the requirements for use of standard precautions and maintenance of an infection control plan, ENV 02 also applies to multiple aspects of the environment of care, personnel records and personnel training, dietary services, transportation, clinical care, and QAPI.

The focus on infection control throughout the PACE organization (PO) is predicated on the threat that infections pose to the frail PACE population. Therefore, the regulations are generally interpreted to extend beyond conventional basic infection control measures to require preventive interventions (e.g., availability of influenza, pneumococcal, and hepatitis B immunizations to participants and staff), infection surveillance (e.g., tracking of documented infections, as well as employee screening), safe dietary and food service practices, a clean day center environment, evaluation of participants’ homes, and the PO’s responses to infections and outbreaks when they occur.

POs are typically aggressive about pursuing effective infection control practices in their adult day facilities, but recent audits have identified several areas where POs remain vulnerable:

- Training and orientation of both employed staff and contractors in blood-borne pathogens and infection control practices, and immunization of employees and contractors who have direct participant contact
- Infection risks in the adult day center environment
- Use of gloves and personal protective equipment during meal service and personal care
- Documentation and remediation of infection control risks in participants’ homes
- Use of consistent organization-wide definitions of infections, especially for urinary tract and intestinal infections
- Collection and depiction of accurate data, for use in identifying and analyzing infection trends and improving infection outcomes
- Inclusion of infection control initiatives in the QAPI plan and annual report

Recommendations:
Responsibilities for infection control in PACE go beyond the job description of the Infection Control Coordinator. From Human Resources and Education staff to Dietary and clinical staff including contractors, nearly every staff member has a role in the prevention of, protection from, and management of infections. Based on recent audit results, POs need to ensure that all departments and services are involved in infection control, specifically regarding:

- Evaluation of training and orientation programs, to ensure that staff and contractors fully understand accepted infection control practices, as demonstrated in their provision of care.
- Policies for immunization of employees and contractors who have direct participant contact.
- Maintenance of infection risk reduction in the day center, including less frequently emphasized items such as storage of clean and dirty linens, air conditioner filters, expired supplies and medications, expired foods, and cleaning of equipment between participant uses.
- Appropriate access to and use of personal protective equipment (PPE), including changes of gloves between participants in the clinic, dining areas, and personal care areas. For example, a staff member’s use of the same gloves while tending to multiple participants conveys the perception that the gloves are being used for self-protection, rather than for the protection of participants.
- Documentation of the education to participants/families and evaluation of infection control risks in participants’ homes, mindful of the fact that the home environment encompasses many factors outside of the PACE program’s control.
- Common definitions or criteria for diagnosis of infections, since analysis of data and quality improvement efforts rely on the integrity of collected data. The meaningful identification and trending of urinary tract infections, for example, is contingent on consistently applied definitions and diagnostic criteria adopted from CDC or medical specialty boards.
- Operational infection control and QAPI activities that provide meaningful and valid analysis of infections data and outcomes.
Infection Control Checklist

**Orientation and Training:**
- Policies and procedures regarding the content of infection control and blood-borne pathogen training, orientation, and follow-up training for employed staff and contractor staff
- Competencies demonstrating mastery of infection control practices defined in organizational policies and procedures
- Personnel files consistent with the requirements above

**Physical Environment:**
- Scrutiny over the “common” areas of concern in the day center (e.g., overall cleanliness, water temperatures, soap dispensers, refrigerator and freezer temperatures), as well as less frequently emphasized features (e.g., storage of clean and dirty linens, air conditioner filters, expired supplies and medications, expired foods, and cleaning of equipment between participants)
- Periodic walkthroughs of the day center, clinic, storage, equipment and laundry facilities for mitigation of infection risks and assessment of cleanliness
- Separation of participant clothing and equipment brought into the center (a) from other participants’ belongings and (b) from emergency clothing stored at the day center

**Gloves and PPE:**
- Proximity of gloves and personal protective equipment to areas of need, i.e., in personal care areas and clinic, rather than “down the hall”
- *Appropriate* use of personal protective equipment, including changes of gloves between participants in the clinic, dining areas, and personal care areas. [For example, a staff member’s use of the same gloves while feeding multiple participants conveys the perception that the gloves are being used for self-protection, rather than for the protection of participants.]
- Periodic audits of PPE usage during clinic and food service activities

**Participant Homes:**
- Documentation of the education to participants/families and evaluation of infection control risks in participants’ homes, mindful of the fact that the home environment encompasses many factors outside of the PACE program’s control

**Criteria for Infection Diagnoses:**
- Infection control policies and procedures including definitions or criteria for infection diagnoses, adopted from CDC or medical specialty boards
- Consistent use of these criteria by all providers in the PACE organization, to ensure data validity and integrity. [Meaningful trending of urinary tract infections, for example, is contingent on consistently applied diagnostic criteria.]

**Analysis of Infections Data:**
- Infection control plan that defines the purposes and desired outcomes for infections data
- Use of software that enables not only the collection of data and documentation of infections, but also the analysis of data by meaningful stratification of results, for example, via a spreadsheet or database that allows for depiction of infections and graphics by participant, program site, infection site, practitioner, organism, and date
- Inclusion of recent outbreaks and corrective measures instituted in the QAPI report to the Board

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