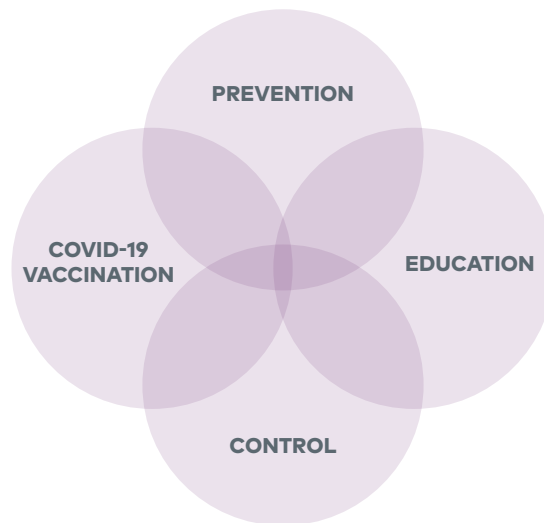


§ 418.60 Condition of Participation: Infection Control

NOTE: At this writing, infection control is a high priority for surveyor review and the hospice's COVID-19 infection control processes must be detailed and in place. In addition, CMS has issued a COVID-19 Vaccine Mandate interim final rule which is currently under court challenge. Please watch for updates in NewsBriefs or on the regulatory pages of the website for the most up-to-date information.

- The hospice must develop, maintain, and document a successful infection control program that protects patients, families, visitors, and hospice staff by preventing and controlling infections and communicable diseases.
- An infection control program include these four components:



Prevention

- The hospice must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.
- **Standard Precautions** combines major features of Universal Precautions (UP) and Body Substance Isolation (BSI) and is based on the principle that all blood, body fluids, secretions, excretions except sweat, broken skin, and mucous membranes may contain transmissible infectious agents. Standard Precautions includes a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include: hand hygiene; use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; and safe injection practices.
- Additional resources for hand hygiene include:
 - [CDC Guideline for Hand Hygiene in Health-Care Settings](#)

Control

- The hospice must sustain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that—
- Is an essential part of the hospice's quality assessment and performance improvement program; and
- Includes a process for identifying infectious and communicable disease problems
- Includes a plan for implementing the proper actions that are expected to result in improvement and disease prevention.

Education

- The hospice must provide infection control education to hospice staff, contracted providers, patients, and family members and other caregivers.
- Education for hospice staff must be documented.

COVID-19 Vaccination

- The hospice must develop a process for vaccination of all staff and include a process for medical and non-medical or religious exemptions.
- The hospice must be prepared to demonstrate their processes, employee vaccination records and contingency plans when surveyed.

Compliance Suggestions for Hospice Providers

- Review and revise current control program policy/procedure to include regulatory language at least annually.
 - Ensure that you have an adequate policy/procedure for infection control and management of a hospice staff's bag/items that they take into each patient's home.
 - Review and revise M. tuberculosis testing and prevention policies and procedures.
- Utilize patient/family education materials about infection prevention and control in the inpatient and home settings.
- Review and revise current infection control data collection tools.
 - Suggestions for data capture:
 - ▶ Collect data about the occurrence of patient and hospice staff infections.
 - ▶ Analyze data to determine correlations.
 - ▶ Track infection occurrence for patient's transferring from inpatient to home settings and vice versa.
- Monitor infection control information for your state on your Department of Health's website. This information will keep you informed regarding possible infection trends in your service area.
- Educate hospice staff about all new and revised policies/procedures, processes, and performance improvement projects.
- Consider adopting an annual infection control education update for your direct patient care staff.
- Promote infection prevention and control within the hospice organization.
 - Display infection prevention and control posters.
 - Support health promotion activities for hospice staff.
 - Encourage hospice staff to obtain flu shots during flu season.

Please note that hospice providers need to comply with the most stringent regulatory requirements (Federal or State).

Resources

- [Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#)
- [Guidelines for Preventing the Transmission of M. tuberculosis in Health-Care Settings, 2005 \(CDC\)](#)
- [TB Infection Control in Health Care Settings | Health Care Settings | TB | CDC](#)
- [Fact Sheets | Infection Control & Prevention | Fact Sheet - Infection Control in Health-Care Settings | TB | CDC](#)
- [CMS Vaccine Mandate Guidance \(QSO 22-07\) for Health Care Providers](#)
- [CMS Vaccine Mandate Guidance \(QSO 22-07 Attachment C\) for Hospice Providers](#)
- [CMS Vaccine Mandate Guidance \(QSO 22-09\) for Health Care Providers](#)
- [CMS Vaccine Mandate Guidance \(QSO 22-09 Attachment C\) for Hospice Providers](#)
- [CMS Vaccine Mandate Guidance \(QSO 22-11\) for Health Care Providers - Texas](#)
- [CMS Vaccine Mandate Guidance \(QSO 22-11 Attachment C\) for Hospice Providers in Texas](#)
- Excerpt from the [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007](#). PDF (1.33MB/219 pages), Centers for Disease Control.

References

- Part II - Department of Health and Human Services, Centers for Medicare & Medicaid Services
42 CFR Part 418 Medicare Hospice Care Regulations [eCFR :: 42 CFR Part 418 -- Hospice Care](#)