



Top Ten Survey Deficiencies

(TIP TOPIC: Personal Protective Equipment)

EPIC Tip Sheet

*This tip sheet provides information on the impact of **Personal Protective Equipment (PPE)** in infection control deficiencies cited by the Arizona Department of Health in annual, complaint and special infection control surveys conducted from January 2018-summer 2020. This guide offers basic information on deficiency examples, potential corrective actions and preventive measures a facility can take to avoid future deficiencies. Additional resources are also provided.*

CMS Deficiency – F880 Infection Control

- **§483.80 Infection Control**

The regulation F880 requires that nursing facilities establish and maintain “*an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.*”

The requirements for the Infection Prevention and Control Program (IPCP) include:

- A system for prevention, identification, reporting, investigation and control of infections and communicable diseases. The system must be able to do this for all residents, staff (including those providing services via contract), visitors and volunteers in the facility as well and should be based on the Facility Assessment and follow nationally accepted standards.
- The IPCP must include written standards, policies and procedures for elements of the program including surveillance, reporting potential incidents, standard and transmission-based precautions, isolation, prohibition of employees from direct contact with residents or their food under certain circumstances and hand hygiene. Many of these areas are what are frequently cited on survey since facility staff often fail to follow procedures appropriately, indicating a need for additional focus in these areas through competencies and training.
- A system for recording incidents identified under the IPCP and corrective actions taken by the facility. Deficient practices have been identified in this area when facilities have not completed line listings or tracked GI breakouts in facilities.
- The IPCP must also address how staff handle/store/process and transport linens. The Infection Prevention and Control Program must be reviewed and updated annually and as needed.

The Disaster Ready Emergency Preparedness Infection Control (DR EPIC) program provides education and technical assistance for skilled nursing providers throughout the state. Individual providers will need to exercise their independent discretion in how to apply this information and technical assistance to the unique operation of each facility. For that reason, a facility's exercise of its professional judgment and due diligence in utilizing the program for infection control and risk management practices is solely within the facility's control for which it is entirely responsible.

Examples of Deficiencies Cited for PPE Issues:

Approximately one third of all infection control citations reviewed, were related to the inappropriate use of Personal Protective Equipment (PPE) including:

- Lack of PPE access.
- The staff ineffectively wearing the PPE per the facility policy such as eye protection and face masks.
- Residents not wearing face coverings while out of their rooms.

Corrective Action/Best Practices to Consider:

- Facilities should post clear signage on the resident door or the wall outside of the resident room indicating what type of transmission-based precautions are required.
- Facility staff should follow the CDC guidance for donning and doffing PPE (refer to references below).
- Facilities should ensure that PPE including gowns and gloves are available immediately outside of resident room.
- A trash can should be positioned inside the resident room and near the exit for discarding PPE after removal, prior to exit of the room or before providing care for another resident in the same room.
- Facilities should ensure that there is access to alcohol-based hand rub in every resident room (ideally both inside and outside of each room) and utilized prior to and after donning and doffing PPE.
- Facilities should incorporate periodic monitoring and assessment of adherence to the above protocols to determine the need for additional training and education.
- Facilities should provide education to residents and visitors.

Resources:

- CDC Implementation of Personal Protective Equipment in Nursing Homes
<https://www.cdc.gov/hai/pdfs/containment/PPE-Nursing-Homes-H.pdf>
- CDC Transmission Based Precautions
https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html#anchor_1564058318
- CDC Guidance for the Selection of PPE in Healthcare Settings
<https://www.cdc.gov/hai/pdfs/ppe/ppeslides6-29-04.pdf>

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