I. Description

Describes the infection prevention program for Continuing Care (previously known as UNC Home Health, Home Hospice, SECU Jim & Betsy Bryan Hospice Home of UNC Health Care, and UNC Homecare Specialists).

II. Policy

A. Responsibilities

It is the responsibility of the Director of Continuing Care or his/her designee to implement and enforce this policy.

B. Staff

1. Staff assigned to work in Continuing Care are oriented to infection prevention during the hospital orientation provided to all new personnel.

2. Infection prevention education, including OSHA-required education for bloodborne pathogens and TB, must be completed initially upon employment and annually thereafter via Learning Made Simple (LMS).

3. Staff should adhere to the following Infection Prevention policies where applicable:
   
a. Guidelines for Disposal of Regulated Medical Waste
   
b. Hand Hygiene and Use of Antiseptics for Skin Preparation
   
c. High-Level Disinfection (HLD) - Manual Reprocessing of Reusable Semi-
Critical Medical Devices

d. Infection Prevention Guidelines for Safe Patient Care

e. Isolation Precautions

f. Respiratory Care Department

g. Sterilization of Reusable Patient-Care Items

h. The Prevention of Intravascular Catheter-Related Infections

i. Tuberculosis Control Plan

4. Staff must adhere to guidelines found in the Occupational Health Services policy: Infection Prevention and Screening Program: Occupational Health Service.

5. Staff must be familiar with the Infection Prevention policy: Exposure Control Plan for Bloodborne Pathogens and report all needlestick/sharps, mucous membrane, and non-intact skin exposures from blood and other potentially infectious materials to Occupational Health Services (OHS) by calling the Needlestick Hotline at 984-974-4480. University employees should report the exposure to University Employee Health Service at 919-966-9119.

6. In accordance with N.C. Public Health Law, the patient’s physician of record must report certain suspected or confirmed communicable disease to the local health department as described in the Infection Prevention policy: Reporting of Communicable Diseases.

7. Periodic review/rounds to assess compliance with the above referenced infection prevention policies and procedures must be performed by a representative of the Infection Prevention department and area management or designee(s)

C. Standard Precautions

- Staff and volunteers providing services in a patient’s home must adhere to the following additions to Standard Precautions guidelines found in the Infection Prevention policy: Isolation Precautions.

  a. Personal protective equipment (PPE) such as protective eyewear, mask, gloves, shoe covers, gown, and CPR resuscitation masks must be available and used to prevent exposure to blood or other potentially infectious materials (OPIM) per Standard Precautions.

  b. Properly store clean PPE within vehicles at all times and carry PPE into the patient’s residence based on planned tasks and potential complications. Carefully remove PPE after use and dispose of in the household trash. If heavily soiled, place the PPE in a plastic bag prior to placing in the trash.

  c. Place the primary specimen container in a plastic biohazard labeled bag.
Seal the plastic bag and place in the rigid, leak-proof specimen transport container. This container should also display a biohazard symbol. Specimens should not be hand carried to the employee’s vehicle.

D. Transmission-Based Isolation Precautions for Home Care Settings

Transmission-Based Isolation Precautions - (Contact, Enteric, Droplet, Airborne, and Special Airborne) are used in addition to Standard Precautions for patients who are known or suspected to be infected or colonized with communicable diseases. Precautions are selected based on a patient’s symptoms. The following guidelines are provided to assist staff when working with a patient who may require special precautions in addition to standard precautions in the home environment. Refer to the Infection Prevention policy: Isolation Precautions for more information.

1. Airborne Precautions will be followed for all patients with a known or suspected airborne disease such as tuberculosis, measles, or chickenpox. All visiting personnel must have a medical evaluation and be fit-tested and trained for NIOSH approved respirators prior to assignment to such patients and annually thereafter. Respirators will be worn when in the home of a patient with an airborne disease. The respirator should be donned prior to entering the home and not removed until outside the home.

2. Droplet Precautions are designed to reduce transmission involving contact of the conjunctiva or mucous membranes of the nose or mouth with large droplets generated by the patient during coughing, sneezing, talking, or during the performance of invasive procedures. Examples of disease requiring Droplet Precautions include pertussis and influenza. A surgical mask is worn when caring for the patient. The mask should be donned when entering the room of the patient and removed when exiting the room.

3. Contact Precautions are followed as closely as possible in the home setting. They are used to prevent the transmission of multiple-drug resistant bacteria (e.g., MRSA, VRE, CRE) and certain enteric pathogens (e.g., *C. difficile*, norovirus). Gloves and gown must be worn for all contact with the patient and the patient’s environment. Hand hygiene must be performed before donning gloves and immediately after glove removal (soap and water must be used for *C. difficile* and norovirus). When leaving the home, care should be taken not to contact potentially contaminated surfaces and perform hand hygiene after leaving the home.

   a. Leave the nursing bag in the car and take only those supplies that will be needed for the patient into the home. Supplies may be carried into the home in a clean plastic bag and the bag disposed of after use in the patient’s trash.

   b. Any reusable equipment such as blood pressure cuffs, stethoscopes, and sharps containers should be thoroughly cleaned with an EPA-registered disinfectant (i.e., Metriguard, Sani-Cloths) after use and before returning to the nursing bag or vehicle. Equipment used for patients with *C. difficile* and
norovirus should be cleaned with a bleach wipe. Leave equipment in the home for subsequent use when possible.

c. Special handling of wound dressings and linen is not indicated.

4. The immunocompromised patient requires special Protective Precautions. Strict hand hygiene prior to care is always indicated. Staff/volunteers should not visit if ill or incubating a potentially communicable infection such as an upper respiratory infection. Consultation with the patient’s physician may be needed to determine if any additional precautions should be taken.

5. In the home care setting, it is not necessary for the family/household members to wear personal protective equipment because they have likely already been exposed to the patient.

E. Infection Surveillance

1. Surveillance and identification of healthcare associated infections in the Continuing Care setting is conducted by Continuing Care trained staff using the definitions included in Attachment 1 - Criteria for Home Health, Home Hospice, and Inpatient Hospice Care Associated Infection.

2. For assistance with prevention, control, and investigations of infectious and communicable disease specific to care and services provided in the home setting, Continuing Care staff consult with the Infection Prevention department.

3. At least annually, the Continuing Care staff will present a summary of their infection surveillance data to the Hospital Infection Control Committee (HICC).

F. Handling of Supplies in Continuing Care Settings

1. Vehicular Storage and Transport:

   a. Personal and supplied vehicles must clearly separate clean and contaminated patient care articles. Staff should employ basic infection prevention principles of separation and appropriate storage of clean and dirty items within the vehicle.

   b. Patient care items and personal items belonging to the employee should be stored in separate areas of the vehicle.

   c. All clean patient supplies including the nursing bag should be stored in an area of the vehicle that is clean and not likely to become wet or soiled. The nursing bag should be on a barrier or in a plastic container.

   d. Clean supplies should not be placed on the floor of the vehicle and should be stored in smooth, cleanable plastic containers with tops that close securely.
e. Items considered contaminated (sharps containers, equipment needing cleaning prior to reuse) should be stored and transported so that spilling or contamination of other items is avoided. Used sharps must be stored in a closable, properly marked sharps biohazard container.

f. Any contamination of the vehicle with blood and or other body fluids should be disinfected with an EPA-registered disinfectant. Towels soiled with blood and bodily fluids should be placed in a plastic bag and disposed of in the household waste.

g. Clean and dirty items within the vehicle should be clearly separated and secured to prevent cross-contamination with clean and dirty sections labeled with a visible indicator (red line). For delivery vehicles, a red line should be placed on the floor clearly separating the sides.

h. Delivery technicians and other appropriate staff must maintain an infection prevention kit in each vehicle. Each kit contains face mask, gloves, gowns, eye protection, red biohazard bags, EPA-registered disinfecting solution, eye wash kit, and chemotherapy spill kit.

2. Patient Care Supply Storage

a. In administrative areas, sterile and clean supplies must be stored in a designated clean utility area of Continuing Care locations (e.g., Home Health, Home Hospice office and Inpatient Hospice). Patient care items should be stored at least 8 inches from the floor. No patient care supplies should be stored on the floor or underneath a sink.

b. Supplies with an expiration date must have the date routinely checked (e.g., monthly) and the supply discarded, if expired, prior to use.

c. Home Health personnel only:

i. A box of gloves may be carried in the clean section of the clinical supply bag/fanny pack. A plastic bag containing several pairs of gloves may be taken into the home and left for future use when appropriate.

ii. The clinical bag is issued by the home office and used for transport of medical supplies. The following guidelines must be used for managing the bag and supplies:

   - Hand hygiene must be performed before each entry into the bag/pack, before donning gloves, and after removing gloves.
   - The bag and any equipment/supplies should be placed on a clean barrier (e.g., disposable chux), on a dry
surface away from small children and pets.

- If the home environment is heavily infested with insects or rodents, the bag should be left in the car, and clean supplies carried into the home inside a disposable bag.
- The clinician should only take the equipment needed for that visit, PPE, and alcohol-based hand rub or liquid soap and paper towels.
- Only supplies necessary to provide care for each patient are removed from the bag.
- The bag may be replaced as needed. If contaminated with blood/body fluids, it must be decontaminated using an EPA-registered disinfectant or discarded.

iii. Any supply that is left in the patient’s home must remain with that patient.

iv. Unused patient supplies should be discarded when:
   - The item is visibly soiled.
   - The item was opened, or the integrity of the package has been compromised.
   - The manufacturer’s expiration date has been reached.
   - The item is removed from the nursing or supply bag and the patient is being cared for under Isolation Precautions and cannot be disinfected.

v. Refer to the Infection Prevention policy: Infection Prevention Guidelines for Safe Patient Care for additional guidance.

G. Wound Care

1. Aseptic technique is used for wound care.

2. Only sterile solutions (e.g., normal saline or sterile water) should be used for wound care per manufacturer’s instructions for use. If using aerosol solutions, discard per manufacturer’s instructions.

3. Soiled dressings should be contained within a closed plastic bag and disposed of in the patient’s trash if in the home. Soiled dressings should not be transported to the home office. Wound-VACs: Follow the manufacturer’s guidelines for changing the wound-VAC. Dispose of the dressing and canister, by carefully placing the items in a plastic bag and seal, then deposit the sealed plastic bag in the patient’s trash if in the
H. Phlebotomy

1. Staff must follow all guidance in the Nursing policy: Peripheral Intravenous Device and Venipuncture
2. All venous access will be done using a safety-engineered device and the sharp disposed of at the point of use.
3. Aseptic technique must be followed for any blood drawing procedure.
4. A new tourniquet should be used for each phlebotomy event and discarded after use.
5. When accessing implanted catheters or central lines for obtaining blood specimens, carefully follow the guidelines provided in the Infection Prevention policy: The Prevention of Intravascular Catheter-Related Infections.

I. IV Therapy

• The use of maintenance of IV catheters must comply with guidelines within the Infection Prevention policy: The Prevention of Intravascular Catheter-Related Infections.

J. Urinary Catheterization

• Guidelines for catheterization are provided in the home care policies and procedures manuals, the Nursing policy: Urinary Drainage Devices: Indwelling and External Catheters, and the Infection Prevention policy: Infection Prevention Guidelines for Safe Patient Care. Please follow the appropriate policy for the patient’s care setting.

K. Respiratory Care for Home Care

• Staff providing services in a patient’s home must adhere to the Infection Prevention policy: Respiratory Care Department in addition to the following home care guidance:
  a. Humidifiers and nebulizers should be refilled using sterile water or commercially prepared distilled water per manufacturer instructions. Tap water should not be used.
  b. Humidifier reservoirs should be cleaned per manufacturer instructions for use.
  c. Reusable nebulizers should be cleaned by the patient or caregiver or replaced per manufacturer instructions for use.
  d. CPAP/BiPAP machines and supplies should be maintained per UNC Homecare Specialist recommendations and cleaned/disinfected per
manufacturer instructions for use.

e. Suctioning:
   i. Clean technique is used for oral or tracheal suctioning unless sterile suctioning is ordered.
   ii. Suction catheters are disposed of after each use.
   iii. The Yankauer suction device and tubing is replaced every 24 hours.
   iv. Suction canisters and the collection tubing are used for one patient only and discarded when necessary.
   v. Suction canisters should be emptied, rinsed, and cleaned with warm, soapy water daily.

   f. Tracheostomy tubes should be cleaned per manufacturer’s instructions for use.

L. Irrigation Solutions and Equipment

1. Sterile solutions used for irrigation are used per manufacturer’s instructions for use. If labeled as single-use, any unused solution is discarded immediately after use.

2. Irrigation equipment is single patient use and discarded when no longer needed.

3. The patient’s physician must order any solution used to irrigate a body cavity.

M. Enteral Feeds

1. The inpatient hospice setting must follow all UNC Hospitals inpatient policies regarding enteral feedings.

2. Home Care:
   a. Aseptic technique must be used while pouring formula into bag. Bags must be labeled with date and time.
   b. Once prepared, formula may keep for 24 hours.
   c. The entire administration system must be discarded every 24 hours.
   d. Closed system tube feeding formula bags may hang for up to 48 hours.

N. Animals in the Home

NOTE: Inpatient hospice must follow the Hospice Services policy: Pet Visitation in Inpatient Hospice.
Home Care should follow the Infection Prevention policy: Service Animals.
1. Animals should be removed from the room in which the visit occurs if a dressing change or other procedure requiring aseptic technique is planned.

2. Patients should be instructed not to allow animals to touch open wounds.

3. Staff should report to OHS any scratches or bites they receive from animals in the home.

O. Equipment

Equipment cleaning, disinfection, and maintenance in all settings must be performed according to manufacturer instructions for use and in compliance with the Infection Prevention policy: Patient Equipment. Home Care Services and Homecare Specialists should follow this additional guidance:

1. Telemonitoring equipment (Telestation, BP monitor, BP cuff, pulse oximetry unit, scales, and accessory equipment) should be bagged when removing from patient’s home and sent to UNC Homecare Specialist for terminal cleaning and disinfection in accordance with the manufacturer instructions for use. Clean equipment should be stored in a manner that will prevent recontamination.

2. Home Medical Equipment leased by UNC Homecare Specialist (Hospital Beds/Frames, Wheelchairs, infusion pumps/poles, CPMs) should be cleaned with an EPA-registered disinfectant and inspected after each patient use.

3. Reusable items (i.e., blood pressure cuffs, pulse oximeters, stethoscopes, flashlights) will be cleaned with an EPA-registered disinfectant (i.e., Sani-Cloth) after use on each patient, and when visibly soiled. Bandage scissors will be cleaned before and after use with an EPA-registered disinfectant. If the item becomes heavily soiled with dirt or blood and body fluids, wash with soap and water followed by an EPA-registered disinfectant. For patients with known or suspected C. difficile or norovirus infection, clean reusable equipment using a bleach wipe.

4. Washing machines and dryers used to clean equipment bags and cases (e.g., nylon bags holding CPAP equipment and supplies):
   a. Should be operated using commercially prepared detergents.
   b. No special wash cycle is required for patients colonized or infected with multidrug resistant organisms (e.g., VRE, MRSA/ORSA), as the normal wash cycle has been found effective in eliminating such organisms from the clothes and washing machines.
   c. An alcohol-based hand hygiene product will be provided with written instructions to clean before and after using the machines.
   d. An EPA-registered disinfectant (e.g., MetriGuard, Sani-Cloth) will be available and written instructions for cleaning the contact surfaces of the machines after use.
5. Medical devices that are labeled by the manufacturer, as single-use may not be reused. Refer to the Infection Prevention policy: Reuse of Single Use Devices for additional information.

6. Before and after use, the scales must be cleaned using an EPA-registered disinfectant.

**P. Medical Waste Disposal**

1. All settings:
   a. Staff must adhere to the Infection Prevention policy: Exposure Control Plan for Bloodborne Pathogens.
   b. Sharps should be disposed of at the point of use by placing in a rigid, puncture-proof container. Sharps include such devices as needles, syringes with needles attached, blood collection devices, and other sharp-edged items such as razors, glass vials, and glass capillary tubes.

2. The inpatient hospice setting and as applicable for Homecare Specialists and home care (e.g., transport, decontamination of equipment) shall follow the Infection Prevention policy: Guidelines for Disposal of Regulated Medical Waste.

3. Home care settings:
   a. Solid waste, including wound dressings, empty blood transfusion bags, IV bags and tubing sets shall be disposed of within the patient's home. Wound dressings should first be placed in a closed plastic bag prior to placing in the trash.
   b. Regulated medical waste (except sharps disposal boxes which are addressed below) should be disposed of in the home trash and not transported back to the home office. Refer to the Infection Prevention policy: Guidelines for Disposal of Regulated Medical Waste for additional information.
   c. Sharps taken from the patient's home must be disposed of in an OSHA-approved, closable sharps container, and stored in the vehicle in such a manner that it cannot tip over and the contents spill. The sharps container should be transported in the “dirty” section of the vehicle away from clean items.
   d. When the sharps container is three quarters filled, close securely and discard as directed by the home facility's medical waste disposal policy.
   e. Patients should be instructed on the proper disposal of sharps used by themselves or other personal care givers. Sharps can be placed in a heavy-gauge plastic or metal container that can be sealed (e.g., laundry detergent bottle, bleach bottle, coffee can). When the container is full, it should be
sealed and disposed of in the household waste.

III. References


IV. Related Policies

- Hospice Services Policy: Pet Visitation in Inpatient Hospice
- Infection Prevention Policy: Exposure Control Plan for Bloodborne Pathogens
- Infection Prevention Policy: Guidelines for Disposal of Regulated Medical Waste
- Infection Prevention Policy: Hand Hygiene and Use of Antiseptics for Skin Preparation
- Infection Prevention Policy: High-Level Disinfection (HLD) - Manual Reprocessing of Reusable Semi-Critical Medical Devices
- Infection Prevention Policy: Infection Prevention Guidelines for Safe Patient Care
- Infection Prevention Policy: Isolation Precautions
- Infection Prevention Policy: Patient Equipment
- Infection Prevention Policy: Reporting of Communicable Diseases
- Infection Prevention Policy: Respiratory Care Department
- Infection Prevention Policy: Reuse of Single Use Devices (SUDs)
- Infection Prevention Policy: Service Animals
- Infection Prevention Policy: Sterilization of Reusable Patient-Care Items
- Infection Prevention Policy: The Prevention of Intravascular Catheter-Related Infections
- Infection Prevention Policy: Tuberculosis Control Plan
- Nursing Policy: Peripheral Intravenous Device and Venipuncture
- Nursing Policy: Urinary Drainage Devices: Indwelling and External Catheters
- Occupational Health Services Policy: Infection Prevention and Screening Program: Occupational Health Service
## Approval Signatures

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<tr>
<th>Step Description</th>
<th>Approver</th>
<th>Date</th>
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<tr>
<td>Policy Stat Administrator</td>
<td>Thomas Ivester: CMO/VP Medical Affairs</td>
<td>08/2023</td>
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<td>Emily Vavalle: Dir Epidemiology</td>
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<td>Sherie Goldbach: Project Coordinator</td>
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## Applicability

UNC Medical Center