

Understanding and Implementing an Effective Infection Prevention Program

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Objectives

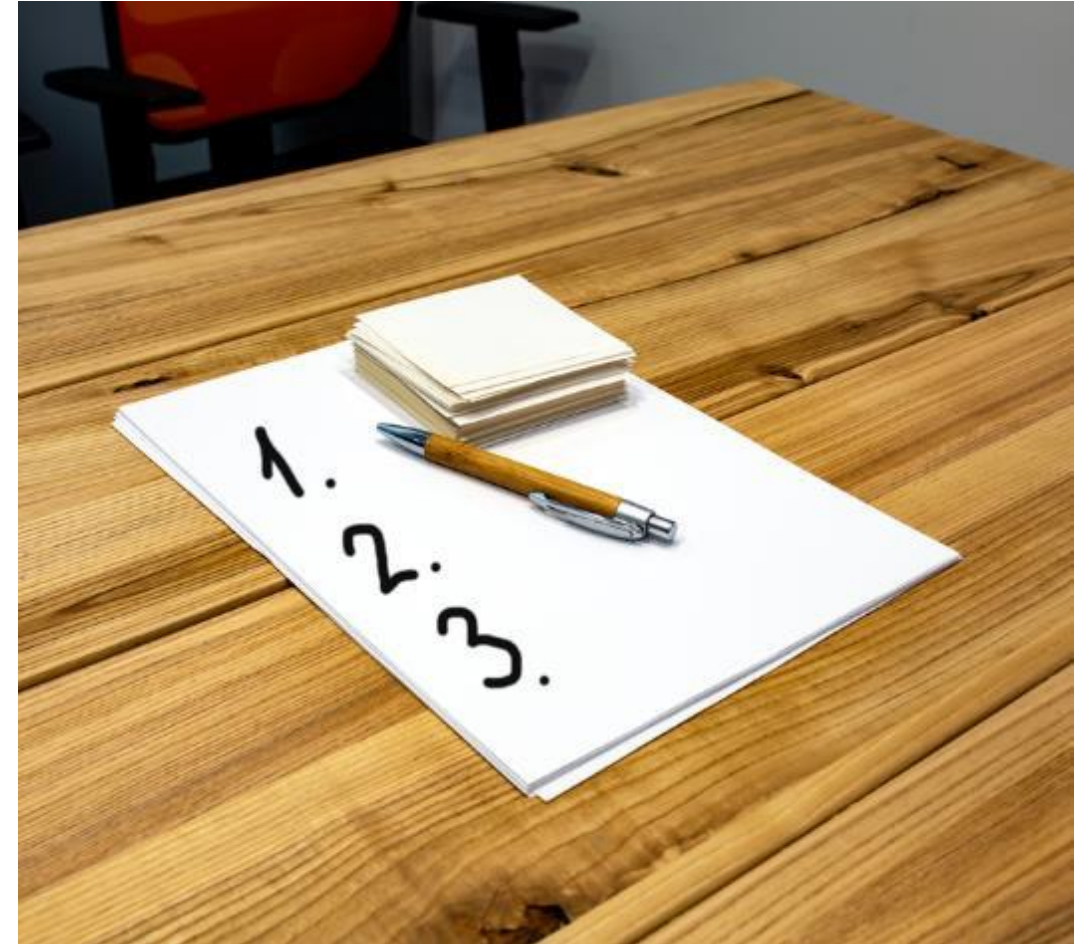
- List the components of an infection prevention program.
- Review the challenges to infection prevention in congregate care settings.
- Discuss the role of leadership in infection prevention.
- Describe the types of transmission-based precautions and when to institute them.
- Identify the specific resident activities identified as having an increased risk for MDRO transmission



“PREVENT INFECTIONS... NOT JUST CONTROL THEM!”

Principal Goals

- Protect the resident
- Protect others in the facility
- Cost-effective



Infection Prevention in Congregate Care

- Unique challenges:
 - Regulations
 - Expectations
 - Environment
- Requires creative problem-solving

**「CHALLENGE
ACCEPTED」**

Regulations and “A day in the life...”

- Very stringent
- Activities requirements
- Least restrictive environment:
 - “It is their home!”



Residents and Families

- Acuity
- Mentation challenges
- Physiologic challenges
- Family challenges



Environment

- Facility issues:
 - Storage
 - Construction
 - Limited private rooms
- Resident “stuff”
- EVS staff training



Clinical Staff

- Frequent turnover
- Education
- Workload



Regulatory Requirements



Personal Care


- 55 Pa. Code Chapter 2600
 - 2600.65(d) - training of direct care staff
 - Includes:
 - (xiii) Universal precautions.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration
- <https://www.dhs.pa.gov/providers/Clearances-and-Licensing/Documents/PCH%20Residential%20Licensing/Personal%20Care%20Home%20Regulatory%20Compliance%20Guide.pdf>

Assisted Living

- 55 Pa. Code Chapter 2800
- 2800.65(g) - training of direct care staff
- Includes:
 - (xiii) Universal precautions.
 - (xv) The signs and symptoms of infections and infection control
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration

https://www.dhs.pa.gov/providers/Documents/Human_Services_Licensing/AssistedLivingResidenceLicensing/p_023324.pdf

CMS Long-Term Care Final Rule

AUTHENTICATED
U.S. GOVERNMENT
INFORMATION

68688 Federal Register / Vol. 81

**DEPARTMENT OF HEALTH AND
HUMAN SERVICES**
**Centers for Medicare & Medicaid
Services**

**42 CFR Parts 405, 431, 447, 482, 483,
485, 488, and 489**
[CMS-3260-F]
RIN 0938-AR61

**Medicare and Medicaid Programs;
Reform of Requirements for Long-
Term Care Facilities**

AGENCY: Centers for Medicare &
Medicaid Services (CMS), HHS.
ACTION: Final rule.

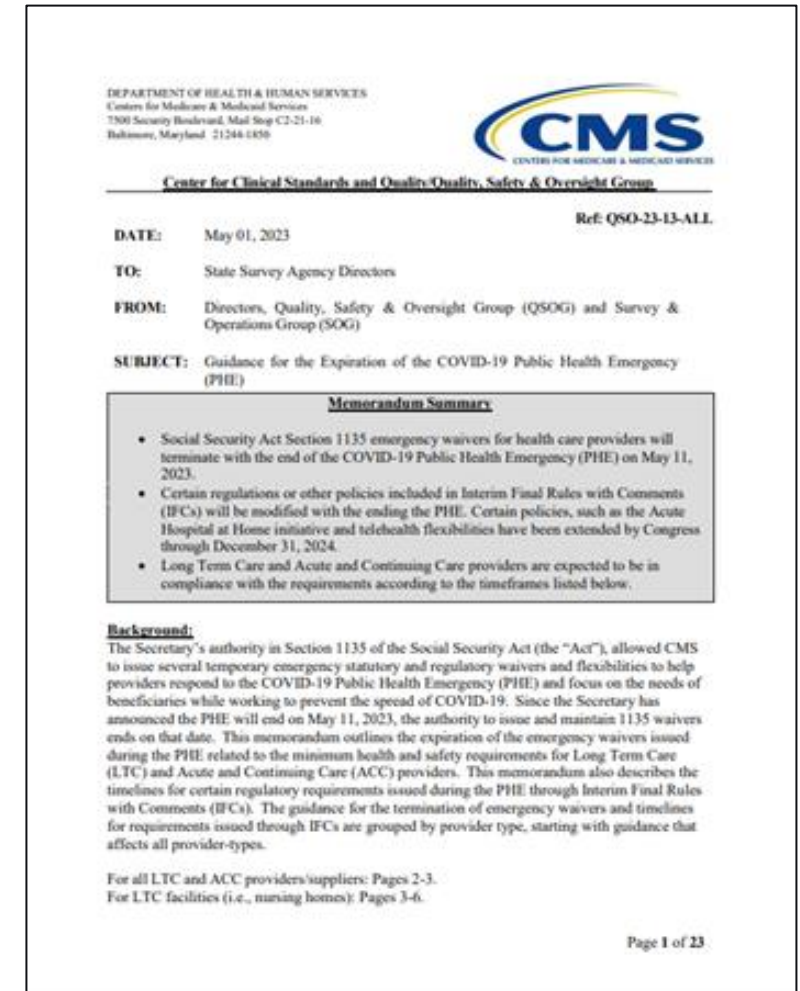
SUMMARY: This final rule will revise the
requirements that Long-Term Care
facilities must meet to participate in the
Medicare and Medicaid programs.

(CMS)

- 42 CFR part § 483.80 Infection Control
- Infection Prevention & Control Program (IPCP) includes:
 - Written Infection Prevention Program encompassing risk assessment, policies, auditing with follow-up
 - Influenza and pneumococcal vaccines
 - Safe handling of linen
 - Antibiotic stewardship program
 - Antibiotic use protocols
 - System to monitor antibiotic use
 - Infection Preventionist in place
 - Coordination of QAPI plan with incorporation of Infection Prevention

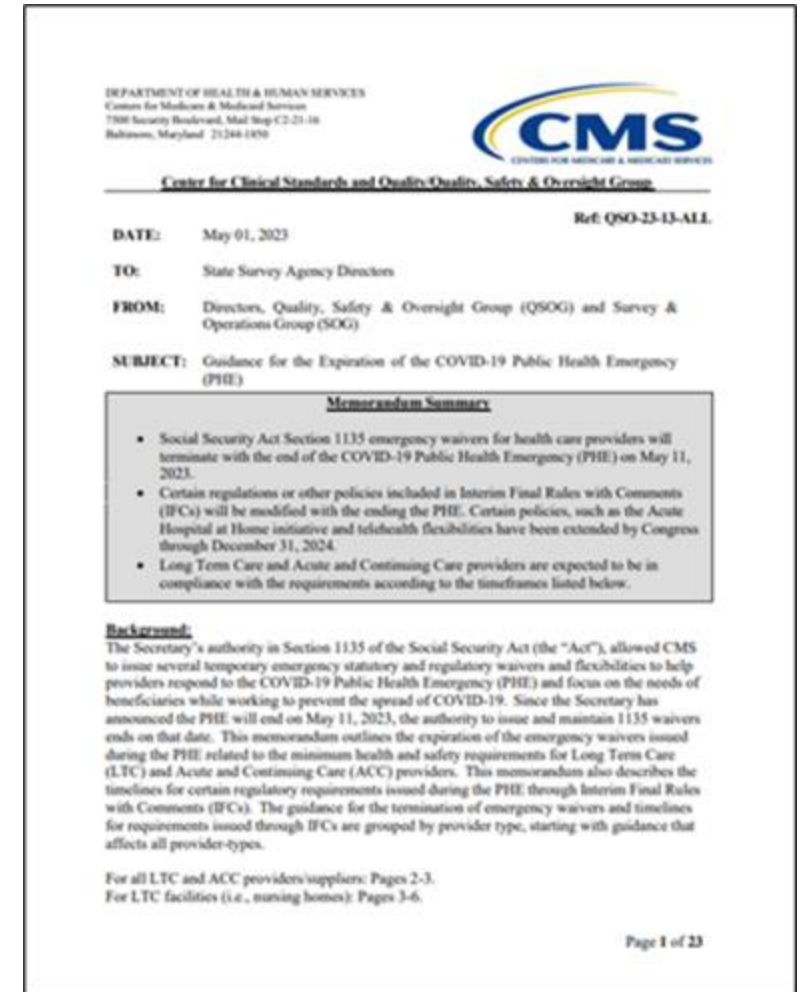
CMS COVID-19 Changes

- Interim Final Rules:
 - COVID-19 reporting requirements
 - Will continue to report data via NHSN
 - Vaccination status through May 2024
 - COVID-19 testing requirements:
 - Rule states is applicable for the duration of PHE but be aware facilities are subject to the accepted standards from the CDC and are required by CMS to follow accepted standards for infection prevention and control



CMS Changes

- Interim Final Rules:
 - Staff Vaccination Mandate
 - CMS announced May 1st the intent to end this requirement
 - Vaccine education and vaccine offering:
 - Continues through May 2024 unless otherwise specified by CMS



Regulatory Waivers

- Telehealth Services – extended through December 31, 2024
- Nurse Aide Training – aides have 4 months from end of PHE to complete training and certification requirements
- Qualifying Hospital Stay – terminated with end of PHE
- Benefit Period – terminated with end of PHE
- Pre-Admission Screening and Resident Review – terminated with end of PHE
- Resident Roommates and Grouping – terminated with end of PHE but continue to practice effective mitigation strategies for COVID-19
- Resident Transfer and Discharge - terminated with end of PHE but continue to practice effective mitigation strategies for COVID-19

Additional Regulations

- Legionella Program 42 CFR §483.80 Revised July 6, 2018
- OSHA Bloodborne Pathogen Standard 29 CFR §1910.1030
- Prevention, Control, and Surveillance of Tuberculosis PA Code §201.22.
- Act 52 reporting of healthcare acquired infections into PA-PSRS



Act 52 of 2007 PA Nursing Home Reporting

- Requires the Patient Safety Authority and Department of Health to develop a list of reportable HAIs in nursing homes using nationally recognized standards.
- Requires electronic reporting of specific HAIs to the Patient Safety Authority and Department within 24 hours of confirmation.
- Requires LTCFs to notify the resident or legal representative in writing within seven days of confirmation of the HAI

Infection Prevention Program Development



Program Elements

- Infection Prevention Team
- Building blocks
- Infection Preventionist



Infection Prevention Committee



Leadership's Role in Infection Prevention

- Provide sufficient resources
- Culture of clinical excellent
- Effective communication
- Overcome barriers impeding infection prevention
- Inspire employees
- Strategic thinkers
- Move initiatives forward
- Assist in forming partnerships across disciplines

Building Blocks

Components of an Infection Prevention Program

Components:

- Risk assessment
- IP plan
- Goal setting
- Action planning
- Policy/procedure development
- Monitoring



Suggested Content of an Infection Prevention Plan

- Background information
- Action Plan
- Supportive documents
- Other activities

Table 3-1. Suggested Content for an IPC Program Plan*

Background Information	<ul style="list-style-type: none"> • Information About the Organization Mission/Vision/Structure/Processes of the IPC • Scope of Services • Staffing and Credentials • Decision Authority for IPC (Authority Statement) • Integration of IPC with Patient Safety and Performance Improvement • Committee Functions and Responsibilities • Education of Staff, Patients, and IPC Team • Consultation Services • Role in Emergency Preparedness and Management • Public Health Partnerships • Relationship with Occupational Health/Employee Health • Regulatory Compliance • Specific Patient Care or Environmental Issues • Other Special Issues
Action Plan	<ul style="list-style-type: none"> • Risk Assessment Priorities • Goals and Objectives • Action Plans • Evaluation Methods • Responsible Persons
Supportive Documents	<ul style="list-style-type: none"> • Surveillance Plan • Outbreak Investigation • Education Plan • Key Procedures and Policies • Care Plans • Decision Algorithms
Other	<ul style="list-style-type: none"> • Research Activities • Performance Improvement Activities • Key Resources • Budget

Source: Barbara M. Soule, RN, MPA, CIC.

* Also see the sample IPC plan found in Appendix, and to the online extra for this book at <http://www.jcico.com/> R01313/Extra.

Plan Evaluation and Assessment

- Entities will assess IC Plan:
 - QAPI committee
 - Senior Leadership
 - DOH surveyor

PA DOH IC Plan Tool Kit - Facility Self-Assessment Tool Infection Control Plan Standard Criteria Review Form														
Facility Name:														
Submitted By:														
<input type="checkbox"/> Initial Submission Resubmission #: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4														
IP Contact:	#:	Email:												
License/Facility ID #:	PSA training name/date:	<input type="checkbox"/> Hospital Type : _____ <input type="checkbox"/> ASC <input type="checkbox"/> LTC <input type="checkbox"/> LTC – NH only												
NHSN# (Hospital only):	NHSN training name/date:													
<p>Instructions: This Facility Self-Assessment Tool must be completed and submitted to the Department along with your Infection Control (IC) Plan, facility-specific infection control risk assessment document and the selected policies below:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Hand Hygiene</td> <td><input type="checkbox"/> Outbreak Containment</td> <td><input type="checkbox"/> Disinfection</td> </tr> <tr> <td><input type="checkbox"/> Standard Precautions</td> <td><input type="checkbox"/> Healthcare-associated Infection Reporting</td> <td><input type="checkbox"/> Sterilization</td> </tr> <tr> <td><input type="checkbox"/> Transmission-Based Precautions</td> <td><input type="checkbox"/> Infection Control Breach Reporting</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Infection Surveillance</td> <td><input type="checkbox"/> Cleaning</td> <td></td> </tr> </table> <p>The initial IC plan approval decision will be made based on these required documents. Additional policy and procedure documents may be requested for additional clarification and/or content verification.</p>			<input type="checkbox"/> Hand Hygiene	<input type="checkbox"/> Outbreak Containment	<input type="checkbox"/> Disinfection	<input type="checkbox"/> Standard Precautions	<input type="checkbox"/> Healthcare-associated Infection Reporting	<input type="checkbox"/> Sterilization	<input type="checkbox"/> Transmission-Based Precautions	<input type="checkbox"/> Infection Control Breach Reporting		<input type="checkbox"/> Infection Surveillance	<input type="checkbox"/> Cleaning	
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Chapter 4, Section 403 of the Medical Care Availability and Reduction of Error Act (MCARE), 40 P.S. § 1303.403. https://www.legis.state.pa.us/cfdocs/legis/li/occonsCheck.cfm?yr=2007&sessInd=0&act=52														
Element # / Evidence Meeting Intent of the Law	Requirement Met													
1. Multi-Disciplinary Committee: including representatives from each of the following, if applicable	1. Committee													



Infection Preventionist

- Educational requirements:
 - Certificate course
- Duties:
 - Surveillance
 - Education
 - Rounding
 - Auditing/Monitoring
 - Reporting – internally and externally



Educational Requirements

Certificate course

Sources that offer basic infection prevention courses include, but are not limited to:

- Association of Professionals in Infection Control and Epidemiology (APIC) offers online training: <https://apic.org/education-and-events/ltc-certificate/>
- Centers for Disease Control and Prevention (CDC) and the Centers for Medicare and Medicaid Services (CMS) offer online training: <https://www.cdc.gov/longtermcare/training.html>

Auditing

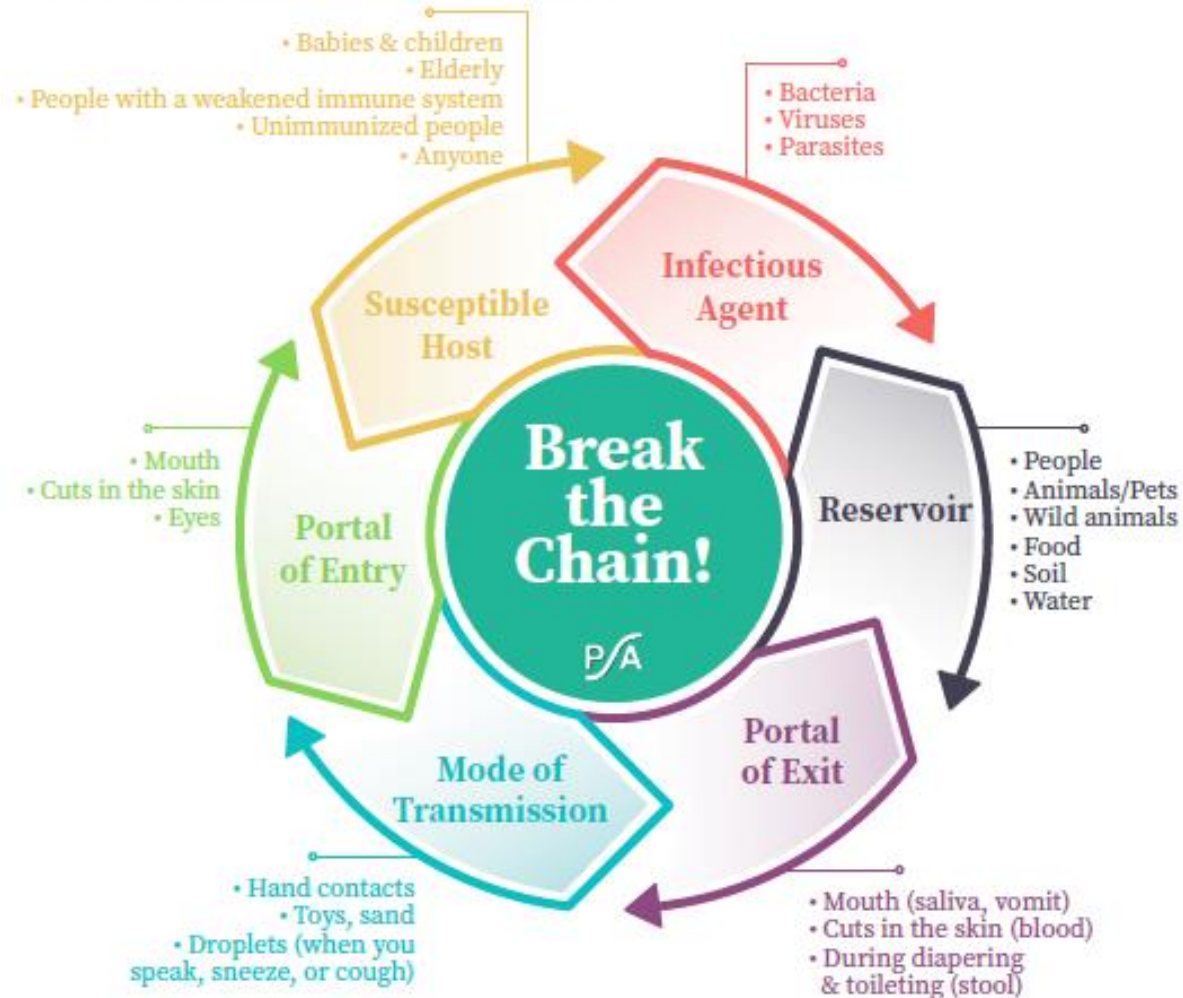
- Auditing is a key component of a strong infection prevention program
- Monitor staff for compliance
 - Hand hygiene
 - PPE use
 - Precautions
- “You don’t know, what you don’t know!”

Remember the Basics

- Hand hygiene
- Cough and sneeze etiquette
- Spatial separation
- “Cuddle carefully”
- All residents are in standard precautions at all times

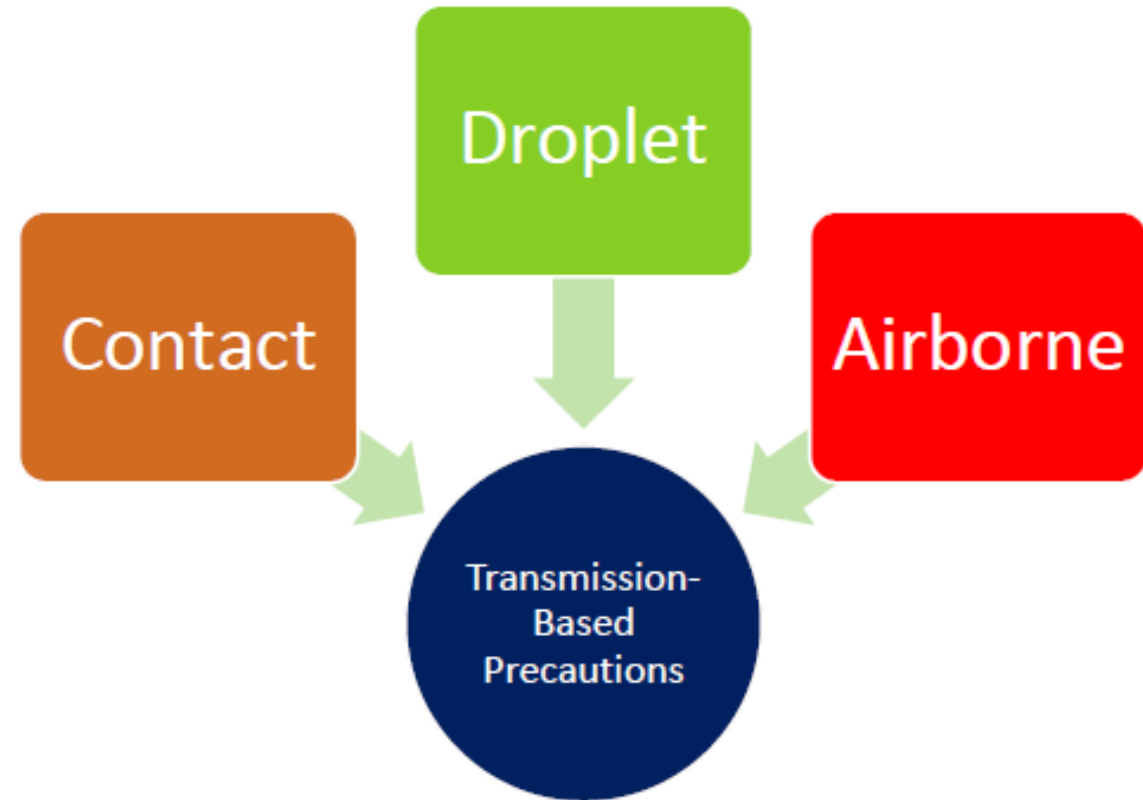
Precautions

Break the Chain—Stop the Spread!



Types of Precautions

- Standard
- Transmission- based:
 - Contact
 - Droplet
 - Airborne
- Enhanced Barrier



Standard Precautions

- The **minimum infection prevention measures** that apply to all resident care, regardless of suspected or confirmed infection status of the resident
- **Evidence-based practices** designed to protect healthcare personnel and prevent the spread of infections among residents
- Implementation of Standard Precautions constitutes the primary strategy for the prevention of healthcare-associated transmission of infectious agents among residents and healthcare personnel

Standard Precautions Include:

- Hand hygiene
- Use of personal protective equipment (PPE)
- Safe handling of potentially contaminated equipment or surfaces in the patient environment
- Respiratory hygiene/cough etiquette
- Safe injection practices

Resident Characteristics

Component	Recommendation
Personal Protective Equipment (PPE)	
Gloves	For touching blood, body fluids, secretions, excretions, contaminated items; for touching mucous membranes and non-intact skin
Gown	During procedures and patient-care activities when contact of clothing/exposed skin with blood/body fluids, secretions, and excretions is anticipated
Mask, eye protection	During procedures and patient-care activities likely to generate splashes or sprays of blood, body fluids, secretions, especially suctioning, endotracheal intubation

- Cognitive function (understands directions)
- Cooperative (willing and able to follow directions)
- Continent (of urine or stool)
- Contained (secretions, excretions, or wounds)
- Cleanliness (capacity for personal hygiene)

“Dress for the Occasion”



If you anticipate the chance of being splashed, splattered, or contaminated in any way by the job you are about to perform...

PPE is required.

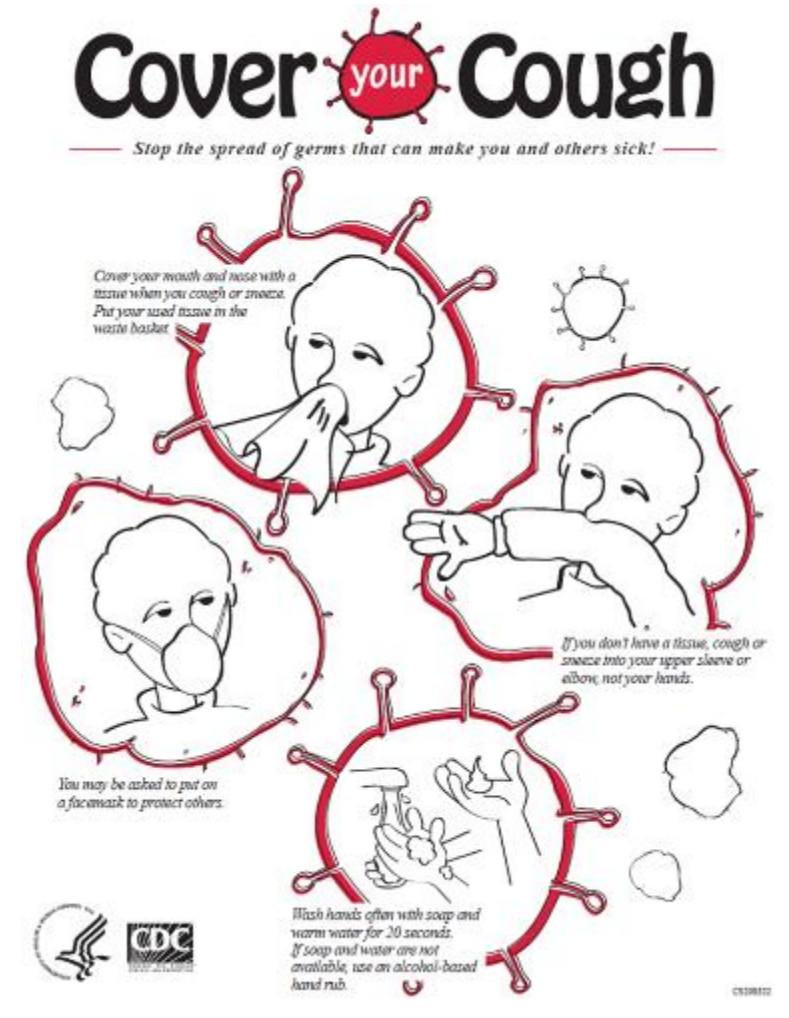
Laundry Services

- Use Standard Precautions and minimal agitation for handling contaminated linen and hold it away from your clothing/body during transport.
- Bag/Contain contaminated linen where it's collected.
- Transport/Store clean linens by methods that ensure cleanliness.



Good Cough Etiquette

- Cover mouth and nose with a tissue when coughing or sneezing
- Dispose of used tissue in the waste basket
- If tissue is not available, cough or sneeze into upper sleeve or elbow
- Hand hygiene
- Wear a facemask to protect others



Transmission-Based Precautions

- Contact Precautions:
 - Clostridioides difficile
 - MRSA
 - Norovirus
 - Scabies
 - VRE
 - CRE
- Droplet Precautions:
 - Influenza
 - Covid
 - Pertussis
 - Mumps
- Airborne Precautions - PPE and containment until transfer

MDRO

- Facilities need balance:
 - Prevention of possible disease transmission
 - Consequences of social isolation.
- Individually assess each resident for risk factors and use the least restrictive approach:
 - Wounds
 - Indwelling devices
 - Ability to contain secretions
 - Ability to follow instructions
 - Behaviors
 - Personal hygiene

WHAT IS COHORTING?

- Grouping residents infected or colonized with the same infectious agent together to confine their care to one area
- Grouping healthcare personnel to a cohort of residents



Airborne Precautions

- Varicella (Chickenpox, disseminated shingles), TB, SARS, Measles. Smallpox
- Resident is masked and placed in a private room with door closed until transferred to facility with negative air room

Droplet Precautions

- Used for influenza, meningitis, mumps, covid*
- Required PPE: Surgical mask, gloves and eye protection when working closely with the resident (within 3-6 feet)
- *NOISH-approved N95 or equivalent or higher-level respirator recommend for covid at all times
- Hand hygiene



Contact Precautions

- Used for multidrug-resistant organisms, *C. difficile*, norovirus, shingles in immunocompromised and drainage unable to be contained
- Hand hygiene
- Gown and gloves upon ANY room entry
- Room restriction except for medically necessary care



Residents are at Increased MDRO Risk

- Invasive medical devices
- Improper use of antibiotics
- Poor hand hygiene
- Ineffective environment cleaning
- Resident challenges – acuity, mentation, “stuff”
- Congregate living
- Staffing turnover
- Dependence on unlicensed caregivers
- Blunted immune responses

Enhanced Barrier Precautions

The infographic is a vertical rectangular poster with an orange background. At the top, it features two red octagonal 'STOP' signs flanking the title 'ENHANCED BARRIER PRECAUTIONS' in bold black text. Below the title, the text 'EVERYONE MUST:' is written in white. The first instruction is accompanied by an icon of a hand being washed with soap: 'Clean their hands, including before entering and when leaving the room.' The second section is titled 'PROVIDERS AND STAFF MUST ALSO:' in white. It includes two icons: a pair of blue gloves and a blue gown. The text for the gloves and gown section reads: 'Wear gloves and a gown for the following High-Contact Resident Care Activities.' followed by a list of activities: Dressing, Bathing/Showering, Transferring, Changing Linens, Providing Hygiene, Changing briefs or assisting with toileting, and Device care or use: central line, urinary catheter, feeding tube, tracheostomy, and Wound Care: any skin opening requiring a dressing. At the bottom left, it states: 'Do not wear the same gown and gloves for the care of more than one person.' The bottom right corner features the CDC logo and the text 'U.S. Department of Health and Human Services, Centers for Disease Control and Prevention'.

STOP **ENHANCED BARRIER PRECAUTIONS** **STOP**

EVERYONE MUST:

 Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:

  Wear gloves and a gown for the following High-Contact Resident Care Activities.

- Dressing
- Bathing/Showering
- Transferring
- Changing Linens
- Providing Hygiene
- Changing briefs or assisting with toileting
- Device care or use:
 - central line, urinary catheter, feeding tube, tracheostomy
- Wound Care: any skin opening requiring a dressing

Do not wear the same gown and gloves for the care of more than one person.

 U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Enhanced Barrier Precautions

- Applies to all residents with any of the following:
 - Wounds and/or indwelling medical devices regardless of MDRO colonization status
 - Infection or colonization with a novel or targeted MDRO when Contact Precautions do not apply
 - Facilities may consider applying to residents infected or colonized with other epidemiologically important MDROs
- Gown and gloves prior to the high contact care activity
- No room restriction

Enhanced Barrier Precautions

- “Focusing only on residents with active infection fails to address the continued risk of transmission from residents with MDRO colonization, which can persist for long periods of time (e.g., months), and result in the silent spread of MDRO.”
- Enhanced Barrier Precautions refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDRO to staff hands and clothing.
- Residents are not restricted to their rooms or limited from participation in group activities.

Summary

- Infection prevention is everyone's responsibility!
- Protecting residents and staff from infections and harm is a basic standard of care.
- Precautions should be understood and followed by all members of the care team.
- Residents are at increased risk of infection
- CMS requires LTC to provide a “home-like environment” and “person-centered care.”
- Facilities need to provide a safe environment for all residents
- Leadership involvement is essential!

Infection Prevention Saves Lives

We do what we do for...

- Our residents and their loved ones
- Ourselves and our colleagues
- Our loved ones



Infection Prevention

“To ensure the protection of those who might be vulnerable to acquiring an infection both in the general community and while receiving care due to health problems, in a range of settings.”

- World Health Organization

Resources

Infection Control Training Tools:

- <https://www.cdc.gov/longtermcare/training.html>
- <https://spice.unc.edu/ltc/>

Respiratory Protection Program:

- <https://www.cdc.gov/niosh/npptl/hospresptoolkit/programeval.html>
- <https://www.ecdc.europa.eu/en/all-topics-z/coronavirus/threats-and-outbreaks/covid-19/prevention-and-control/LTCF-resources>

Gap Analysis:

- <https://www.cms.gov/files/document/qso-20-03-nh.pdf>

Surveillance:

- https://www.apic.org/Resource_/TinyMceFileManager/Practice_Guidance/AJIC-Surveillance-2007.pdf

Resources

Enhanced Barrier Precautions:

- <https://www.cdc.gov/hai/pdfs/containment/enhanced-barrier-precautions-sign-P.pdf>
- <https://www.cdc.gov/hai/containment/faqs.html>

COVID-19 Enhanced Focus Survey:

<https://www.cms.gov/Medicare/Provider-Enrollment-andCertification/GuidanceforLawsAndRegulations/Nursing-Homes>

<https://ahca.myflorida.com/docs/FHCACOVIDVisitorScreeningToolkit.pdf>.

IP Training:

https://www.train.org/cdctrain/training_plan/3814

<https://apic.org/education-and-events/ltc-certificate/>

Resources

Risk Assessments:

- <https://qioprogram.org/facility-assessment-tool>
- <https://www.cdc.gov/infectioncontrol/pdf/icar/ltaf.pdf>
- <https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/assessment-tool-nursinghomes.pdf>
- <https://spice.unc.edu/resource/template-risk-assessment-for-ltaf/>
- <https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/nursing-home-icaf-facilitator-guide.pdf>

Resources

Antibiotic Stewardship:

- <https://www.cdc.gov/getsmart/community/materials-references/printmaterials/hcp/viral-rx-pad-color.pdf>
- https://www.cdc.gov/antibiotic-use/community/pdfs/aaw/CDCAU_RCx_Relief_for_Viral_Illness_sm_v8_508.pdf

AHRQ Hand Hygiene Assessment Tool:

- <https://www.ahrq.gov/nursing-home/materials/prevention/hand-hygiene-observational-audits.html>

Emergency Preparedness Resource Document

- <https://files.constantcontact.com/6d4c737e001/19cff006-d6f1-47a5-b60b-04fbae5bc4ab.pdf>

What questions do you have?

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Thank You!



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Safety Authority



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