


Survey Management of Infection Prevention

Cindy Fronning RN-BC, CDONA,
FACDONA, RAC-CT, IP-BC, AS-BC
Director of Education
NADONA

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OBJECTIVES

- List 4 F Tags associated with Infection Prevention
- Identify 3 items that need to be available in the survey book
- Name 4 elements needed in the water management plan
- Select 4 high contact care activities that require enhanced barrier precautions

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New CMS Regulations - ROP

State Operations Manual, Appendix PP
Guidance to Surveyors for Long Term
Care Facilities:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Advance-Appendix-PP-Including-Phase-2-.pdf>

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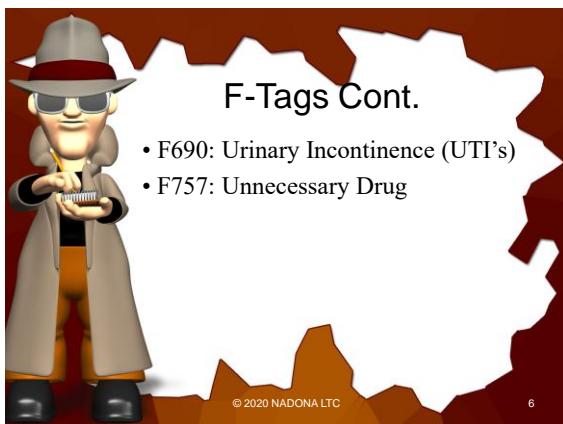
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F880 Examples

- Mechanical lift, and resident equipment not cleaned after use.
- Storing laboratory specimens next to food and medication in a refrigerator.
- Personal protective equipment (PPE) not used by housekeeping services in a resident room whom was on contact precautions.

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Examples cont.

- Proper isolation techniques were not implemented appropriately for resident who was in isolation precautions.
- Personal protective equipment (PPE) was inappropriately utilized by nursing staff who were caring for residents in contact precautions.
- Inappropriate hand hygiene and gloves usage completed during and after personal cares.

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F880 IJ Examples

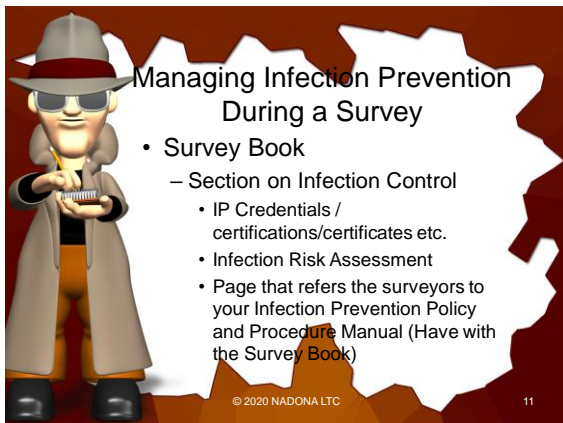
- Residents contracted influenza; facility did not implement appropriate transmission based precautions and surveillance resulting in additional residents becoming ill.
- Residents contracted GI symptoms; facility did not implement appropriate transmission based precautions and surveillance resulting in additional residents becoming ill.

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Section 1. Facility Demographics	
Facility Name (for health department use only)	Click here to enter text.
NHON Facility Organization ID (for health department use only)	Click here to enter text.
State-assigned Unique ID	Click here to enter text.
Date of Assessment	Click here to enter a date.
Type of Assessment	<input type="checkbox"/> On-site <input type="checkbox"/> Other (specify): Click here to enter text.
Rationale for Assessment (Select all that apply)	<input type="checkbox"/> Outbreak <input type="checkbox"/> Input from accrediting organization or state survey agency <input type="checkbox"/> NHON data (if available) <input type="checkbox"/> Collaborative (specify partner[s]): Click here to enter text. <input type="checkbox"/> Other (specify): Click here to enter text.
Is the facility licensed by the state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the facility certified by the Centers for Medicare & Medicaid Services (CMS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility type:	<input type="checkbox"/> Nursing home <input type="checkbox"/> Intermediate care facility <input type="checkbox"/> Assisted living facility <input type="checkbox"/> Other (specify): Click here to enter text.
Number of licensed beds	Click here to enter text.
Total staff hours per week dedicated to infection prevention and control activities	Click here to enter text.
Is the facility affiliated with a hospital?	<input type="checkbox"/> Yes (specify – for health department use only): Click here to enter text. <input type="checkbox"/> No

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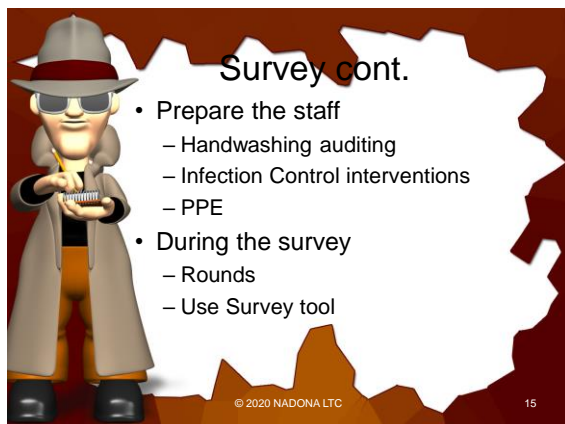
Infection Prevention Policies and Procedures can be found in the Infection Prevention Policies and Procedures Manual.

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Infection Prevention Policies & Procedures Checklist

- ☐ IFCP policy that includes PLAN based on Risk Assessment
- ☐ Surveillance Program
- ☐ Standard precautions, Cough Etiquette and Transmission-based precautions to include PPE use, donning/doffing, resident placement,
- ☐ Outbreak Management
- ☐ CAUTI Guidelines (APIC 2014) and Appropriate DX for use
- ☐ Hand hygiene (HH)
- ☐ Specialty services policies: Mechanical Ventilation, Infusion Therapy, Dialysis [etc.](#), Facility specific
- ☐ Wound/skin care
- ☐ Incontinence Care
- ☐ Performing fingersticks and point-of-care testing and disinfection of machines after use
- ☐ Preparation, administration, and care for ALL medications administered (tablets, injections, eye gtts etc.)
- ☐ Environmental cleaning/disinfection: Routine cleaning and disinfection daily in all areas of building and discharge cleaning.
- ☐ Cleaning/disinfection of personal and shared resident care equipment
- ☐ Written occupational health policies that address reporting of staff illnesses and following work restrictions
- ☐ Assessing risks for tuberculosis (TB) and Screening Staff and Residents per Guidelines
- ☐ Implementing an exposure control plan in order to address potential hazards posed by blood and body fluids, and injection safety
- ☐ Education and competency assessment to ensure staff follow the IFCP's standards & policies

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Survey cont.

- Prepare the staff
 - Handwashing auditing
 - Infection Control interventions
 - PPE
- During the survey
 - Rounds
 - Use Survey tool

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Infection Prevention, Control & Immunizations

Infection Control: This facility task must be used to investigate compliance at F880, F881, and F883. For the purpose of this task, "staff" includes employees, consultants, contractors, volunteers, and others who provide care and services to residents on behalf of the facility. The Infection Prevention and Control Program (IPCP) program must be facility-wide and include all departments and contracted services. If a specific care area concern is identified, it should be evaluated under the specific care area, such as for pressure ulcers, respiratory care, catheter care, and medication pass observations which include central lines, peripheral IV's, and oral/intravenous medications.

Coordination:

- ☐ One surveyor coordinates the facility task to review for:
 - The overall Infection Prevention and Control Program (IPCP);
 - The annual review of the IPCP policies and practices;
 - The review of the surveillance and antibiotic stewardship programs; and
 - Tracking influenza/pneumococcal immunization of residents.
- ☐ Team assignments must be made to include the review of:
 - Laundry services;
 - A resident on transmission-based precautions, if any;
 - Five sampled residents for influenza/pneumococcal immunizations; and
 - Other care-specific observations if concerns are identified.
- ☐ Every surveyor assesses IPCP compliance throughout the survey and communicates any concerns to the team.

Hand Hygiene:

- ☐ Staff implement standard precautions (e.g., hand hygiene and the appropriate use of personal protective equipment (PPE)).
- ☐ Appropriate hand hygiene practices are followed.
- ☐ Alcohol-based hand rub (ABHR) is readily accessible and placed in appropriate locations. These may include:
 - Entrances to resident rooms;
 - At the bedside (as appropriate for resident population);
 - In individual pocket-sized containers by healthcare personnel;
 - Staff work stations; and
 - Other convenient locations.
- ☐ Staff wash hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids), or after caring for a resident with known or suspected C. difficile infection (CDI) or norovirus during an outbreak, or if endemic rates of CDI are high. ABHR is not appropriate to use under these circumstances.
- ☐ Staff perform hand hygiene (even if gloves are used) in the following situations:
 - Before and after contact with the resident.


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Legionnaire's Disease

- Legionella causes a severe form of pneumonia
- Transmitted by inhalation or aspiration of water
- Cause of waterborne infection outbreaks in LTC
- Risk factors
 - ≥ 50
 - Chronic lung disease
 - Smoking
 - Impaired immunity

Garrison, L.E., Kunz, J.M., Cooley, L.A., et al. (2016). Vital Signs: Deficiencies in environmental control identified in outbreaks of Legionnaires' disease - North America, 2000-2014. *Morbidity and Mortality Weekly Report*, 65(22), 576-584.
 Sells, E.A., Bentley, A.E., Shah, P.P., et al. (2017). *Legionnaires' Health care-associated Legionnaires' disease surveillance data from 20 states and a large metropolitan area - United States, 2015. Morbidity and Mortality Weekly Report*, 66(22), 584-589.

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Water Management Program

- This program will help reduce the risk of water being a source of infections
- Recognizes hazardous conditions and counteractive measures that can reduce the growth and spread of waterborne pathogens

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Water Management

- Has 7 elements:
 - Develop a water management team
 - Describe the facilities water system
 - Identify areas where legionella could grow and spread
 - Define Control measures & points for water monitoring
 - Establish interventions for control measures are not met
 - Ensure that the program effective
 - Document & Communicate program activities

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Additional Approaches

- Practices to prevent waterborne pathogen transmission
 - Avoid splash contamination in medication preparation areas.
 - Eliminate reservoirs of contaminated water within equipment.
 - Clean and disinfect sink bowls and surfaces around the sink.
 - Avoid fountains in resident care areas.
 - Use the type of water appropriate to the medical device or procedure.

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Healthcare Facility Water Management Program Checklist

Available from: www.cdc.gov/hai/prevent/water-management.html

This checklist is intended to assist in the development of an all-hazards approach to water management in a healthcare facility, and may be used to:

- Evaluate a comprehensive water management program.
- Identify individuals to participate in the water management program.
- Assist in conducting assessments, including hazard analyses, environmental risk assessments, and infection control risk assessments.
- Inform water monitoring practices guided by the management program.

Depending on complexity of the building plumbing systems, a comprehensive program may include several water management plans. These plans should include areas within the system where control points are identified as well as monitoring methods and procedures.

Establish a Water Management Program Team

For all facility types, establish clear lines of communication to facilitate dialogue with representatives from the water utility/drinking water provider, as well as the local health department, on an as needed basis.

☐ Define membership (at a minimum, the following "roles" should be represented, may include others depending on facility size, type)

- facility administrator/ownership or C-Suite
- facilities management
- facilities engineer
- infection prevention

☐ Develop a charter that defines roles and responsibilities of members, chair, meeting schedule, etc.

☐ Have you identified team members who should:

- ☐ Y ☐ N Be familiar with the facility water system(s)
- ☐ Y ☐ N Identify control locations and control limits
- ☐ Y ☐ N Identify and take corrective actions
- ☐ Y ☐ N Monitor and document program performance
- ☐ Y ☐ N Communicate to the C-suite, staff, health department, and representatives of the drinking water supplier (if needed)
- ☐ Y ☐ N Oversee the program
- ☐ Y ☐ N Access necessary resources to implement changes

☐ Develop the Water Management Policies and Procedures, Plans, and Protocols

Describe your building water systems

- ☐ Text description of the building water systems, campus water systems, etc.
- ☐ Develop flow diagrams that describes these systems

Updated: 12/11/2018 Page 1 of 4


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Employee Health

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An ILL Employee

- Should be excluded from direct resident care with the following
 - Norovirus and vomiting
 - Conjunctivitis
 - Skin infections with open wounds
 - May take care of residents with viral sinusitis
- Occupational Health Services
 - Access to occupational health services is necessary to maintain the health and safety of staff and residents.
 - Occupational health services address both infectious and noninfectious risks.
 - The IPC program helps address infection-related risks.

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Employee Health

- P&Ps on work restrictions & discouraging "Presenteeism" (Working while ill)
 - Exclude potentially infectious staff from workplace or resident contact
 - Prevent susceptible staff from caring for infectious residents when immune staff available
 - Designed to encourage staff to report illnesses or exposures; should not penalize staff with loss of wages, benefits, or job status.
 - Identify and inform staff of which infections/symptoms may warrant exclusions and where to report them

CDC. Guideline for Infection Control in Healthcare Personnel. <https://www.cdc.gov/hicpac/pdf/InfectControl98.pdf>
 CDC. Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines.pdf>

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Employee Health cont.

- Administrators need to have adequate resources to address potential staff replacements
- Restrictions based on time; eval for clearance to return to duty – dependent on the type of infection
- Summary of restrictions can be found in <https://www.cdc.gov/hicpac/pdf/InfectControl98.pdf> pgs. 299-301 (see next slide for example)

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Enhanced Barrier Precautions


Effective 7-29-19

- Expands the use of PPE beyond situations in which exposure to blood and body fluids is anticipated, refers to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing.

CDC <https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>

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Novel or Targeted MDROs

- As of July 2019**
 - Pan-resistant organisms,
 - Carbapenemase-producing Enterobacteriaceae,
 - Carbapenemase-producing *Pseudomonas* spp.,
 - Carbapenemase-producing *Acinetobacter baumannii*, and
 - Candida auris*

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High Contact Care

- Examples of high-contact resident care activities requiring gown and glove use for **Enhanced Barrier Precautions** include:
 - Dressing
 - Bathing/showering
 - Transferring
 - Providing hygiene
 - Changing linens
 - Changing briefs or assisting with toileting
 - Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator
 - Wound care: any skin opening requiring a dressing
- Gown and gloves would not be required for resident care activities other than those listed above, unless otherwise necessary for adherence to Standard Precautions.
- Residents are not restricted to their rooms or limited from participation in group activities.

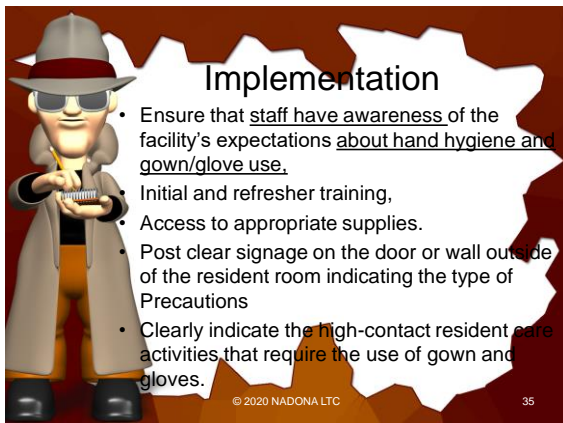
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Precaution	Applies to:	PPE used for these situations:	Required PPE	Room restriction
Enhanced Barrier Precautions	<p>All residents with <i>any</i> of the following:</p> <ul style="list-style-type: none"> infection or colonization with a novel or targeted MDRO when <i>Contact Precautions</i> do not apply. Wounds and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) <i>regardless of MDRO colonization status</i> who reside on a unit or wing where a resident known to be infected or colonized with a novel or targeted MDRO resides.⁴ <p>Facilities may consider applying Enhanced Barrier Precautions to residents infected or colonized with other epidemiologically-important MDROs based on facility policy.</p>	<p>During high-contact resident care activities:</p> <ul style="list-style-type: none"> Dressing Bathing/showering Transferring Providing hygiene Changing linens Changing briefs or assisting with toileting Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator Wound care: any skin opening requiring a dressing 	<p>Gloves and gown prior to the high-contact care activity (change PPE before caring for another resident)</p> <p>(Face protection may also be needed if performing activity with risk of splash or spray)</p>	None


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Implementation cont.

- Make PPE, including gowns and gloves available immediately outside of the resident room
- Ensure access to alcohol-based hand rub in every resident room (ideally both inside and outside of the room)
- Position a trash can 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
- Incorporate periodic monitoring and assessment of adherence to determine the need for additional training and education
- Provide education to residents and visitors

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Covid-19

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Covid-19

- Handwashing!!!!!!
- March 10 – Masks <https://www.cms.gov/newsroom/press-releases/covid-19-response-news-alert-cms-issues-key-protective-mask-guidance-healthcare-workers>
- March 9 – Screening Visitors <https://www.cms.gov/newsroom/press-releases/cms-issues-clear-actionable-guidance-providers-about-covid-19-virus>
- March 9 – Telehealth benefits <https://www.cms.gov/newsroom/press-releases/telehealth-benefits-medicare-are-life-line-patients-during-coronavirus-outbreak>
- March 6 - FAQs <https://www.cms.gov/newsroom/press-releases/covid-19-response-news-alert-cms-issues-frequently-asked-questions-assist-medicare-providers>
- February 6 - Process to Prepare <http://www.cms.gov/medicare/providers/enrollment-and-certification/survey-certification/policy-and-memos-states-and-information-healthcare-facilities-concerning-covid-19-and-coronavirus-illness-2019-ncov>

<https://www.cms.gov/newsroom>

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Resources

- <https://www.cdc.gov/infectioncontrol/guidelines/isolation>
- <https://www.cdc.gov/hai/containment/index.html>
- <https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfo/policy-and/guidance-infection-control-and-prevention-coronavirus-disease-2019-covid-19-nursing-homes-revised>
- <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>
- <https://www.cdc.gov/hicpac/pdf/InfectControl98.pdf> Table 3 (pgs. 299 – 301)

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