



COVID-19 and HAI Updates and Q&A Webinars for Long-Term Care and Congregate Residential Settings

May 20th, 2022

Housekeeping

- All attendees in listen-only mode
- Submit questions via Q&A pod to **All Panelists**
- Slides and recording will be made available later

Agenda

- Upcoming Webinars
- Placement of COVID-19 Positive Residents
- Infection Prevention Program Structure
- Open Q & A

Upcoming COVID-19 and Infection Prevention and Control Updates

1:00 pm - 2:00 pm

Date	Infection Control Topic	Registration Link
Friday, June 3 rd	Facility Assessment and Infection Risk Assessment in Long Term Care	https://illinois.webex.com/illinois/onstage/g.php?MTID=e64c7f79e974d7b9c431285dfa094e2e7
Friday, June 24 th	Respiratory Protection Program	https://illinois.webex.com/illinois/onstage/g.php?MTID=e9f57a8da8393240cd28b9c61e9d0fecc
Friday, July 8 th	Hand Hygiene Education and Performance Measures	https://illinois.webex.com/illinois/onstage/g.php?MTID=ef61d90e0e1f88db1470f0a516f05b916
Friday, July 22 nd	Transmission-Based Precautions, PPE, and Resident Placement	https://illinois.webex.com/illinois/onstage/g.php?MTID=ec1926129611cfc5203b18560aa2e60e6

Previously recorded webinars can be viewed on the [IDPH Portal](#)

Continued Education will be offered. It will only be for the live presentation. Please ensure when registering that your name and email are correctly spelled. To receive the continued education, you must complete a training survey, which will be provided with the link to the recording.

Placement of COVID-19 Positive Residents

May 20, 2022

Centers for Medicare & Medicaid Services

QSO-22-15-NH & NLTC & LSC

- Issued April 7, 2022
- Addresses blanket waivers issued for certain care settings in response to the COVID-19 pandemic
 - ❖ Skilled Nursing facilities and nursing facilities (SNFs/NFs)
 - ❖ Intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs)
- Waivers expire in two groups
 - ❖ 30 days from the Quality, Safety & Oversight Group (QSO) memo
 - ❖ 60 days from the QSO memo

Centers for Medicare & Medicaid Services

QSO-22-15-NH & NLTC & LSC

- Life Safety Code (LSC) for ICF/IIDs, and SNFs/NFs - 42 CFR §§483.470(j), and 483.90(a)
 - ❖ CMS waived this specific LSC provision:
 - Temporary Construction: CMS waived requirements that would otherwise **not** permit temporary walls and barriers between patients
- This waiver expires 60 days from April 7, 2022.

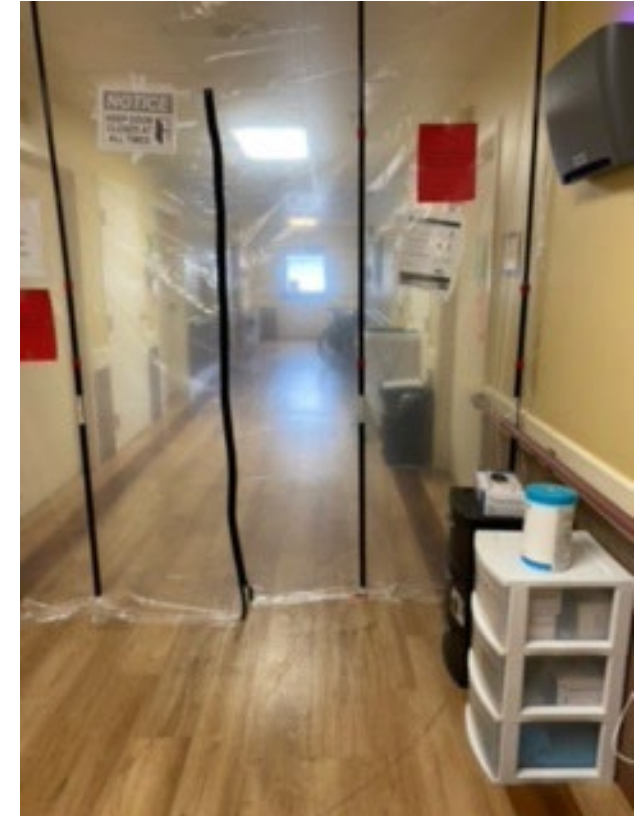


Photo credit: Deb Burdsall

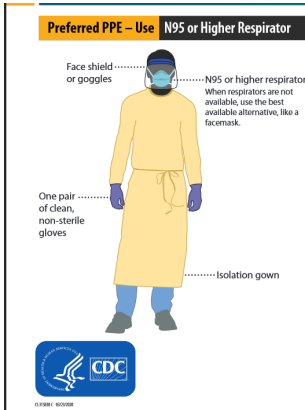
<https://www.cms.gov/files/document/qso-22-15-nh-nlhc-lsc.pdf>

Life Safety Concerns

- The National Fire Protection Agency Life Safety Code contains many technical rules.
- The barriers can pose a life safety risk.
 - ❖ Visqueen plastic sheeting may not be fire rated
 - ❖ May impede sprinkler and/or smoke detector coverage
 - ❖ Exit signage may not be clearly visible
 - ❖ Egress may be impeded



General Vaccine Administration



Source Control / PPE



cdc.gov/COVID19



Detection, Isolation/Quarantine



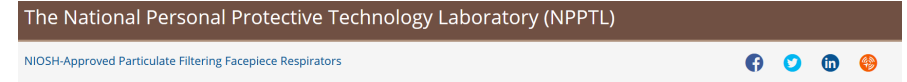
Screening and Surveillance



Hand Hygiene

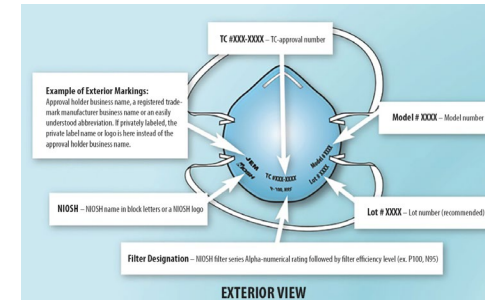


Surface Cleaning / Disinfecting



NIOSH-approved N95 Particulate Filtering Facepiece Respirators

Updated July 22, 2021



Respiratory Protection / Ventilation

Core Infection Prevention Practices



Back to the Basics

- Rapid testing
- Physically separate those who are confirmed or suspected COVID-19 positive
- Initiation of isolation
- Source control
- Optimize indoor air quality

Practical Implementation

- Physically separate those who are confirmed or suspected COVID-19 positive
 - ❖ Hold beds to accommodate creation of COVID-19 beds
 - End of hall beds when possible
 - Private rooms
 - ❖ Open closed unit(s) to create more single or double rooms
 - ❖ Designate rooms with private bathrooms or when multiple positives two rooms joined by a Jack and Jill bathroom
 - ❖ Consider buffer rooms on either side of confirmed or suspected COVID-19 positive residents

Practical Implementation

Designated COVID-19 Unit

Ideal



Least preferred

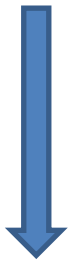
Single room, private bathroom

Single room, shared bathroom (exhaust fan always running)

Double room, both confirmed cases

Unable to Designate a COVID-19 Unit

Ideal



Least preferred

End of hallway, corridor, unit

Provide empty room on either side of COVID-19 confirmed/suspect room(s)

Single room, private bathroom

Single room, shared bathroom (exhaust fan always running)

Double room, both confirmed cases

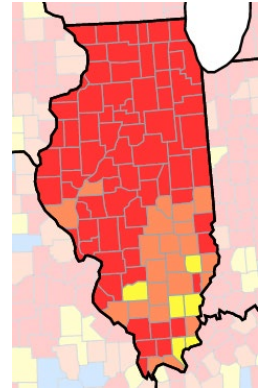
Practical Implementation

- Initiation of isolation
 - ❖ Clear signage on closed doors
 - May require more frequent visualization
 - ❖ Personal protective equipment (PPE) readily available outside each COVID-19 isolation room
 - Contingency capacity PPE should no longer be utilized
 - COVID-19 specific PPE must be donned prior to entry and doffed upon exit from each room



Practical Implementation

- Source control
 - ❖ Executive Order 2022-12 requires the use of face coverings
 - Staff should follow the community transmission levels to determine the appropriate type of face covering
 - Residents should wear face coverings as outlined in the IDPH guidance document
 - Visitors should wear a well-fitted face covering

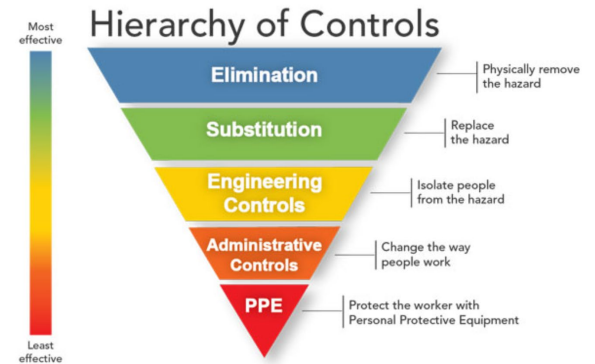


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<https://coronavirus.illinois.gov/resources/executive-orders/display.executive-order-number-12.2022.html>

Practical Implementation

- Optimize indoor air quality
 - ❖ Introduce as much fresh air as possible
 - ❖ Filter the air that is recirculating in the building
 - ❖ Reduce and remove potential airborne contaminants



Practical Implementation

- Introduce as much fresh air as possible
 - ❖ Open outside dampers
 - ❖ Adjust the air changes per hour (ACH)
- Filter the air that is recirculating in the building
 - ❖ Aim for a Minimum Efficiency Reporting Value (MERV) of 13 or greater if the central ventilation system can accommodate it
- Reduce and remove potential airborne contaminants
 - ❖ Utilize portable air cleaners, air purifiers, air sanitizers, air scrubbers
 - ❖ Confirm toilet and shower exhausts are fully functional and always on
 - ❖ Place a fan facing out in the window to draw air out of a room

Practical Implementation

- Consult with a Heating, Ventilation, and Air Conditioning (HVAC) engineer or service person before making any modifications to the central ventilation system
- Follow manufacturers instructions for use (IFU)
 - ❖ Portable air cleaners
 - ❖ Central ventilation filters
- PPE should be worn for any maintenance to the central ventilation system, including filter changes
 - ❖ Filters should be bagged at the point of removal and can be managed as regular waste

Summary

- Temporary barriers will no longer be allowed beginning June 6th
- Core Infection Prevention Practices continue to support a safe environment
 - ❖ Rapid identification of those with symptoms and testing
 - ❖ Physical separation of those who are confirmed or suspected COVID-19 positive
 - ❖ Prompt initiation of droplet and contact precautions/isolation
 - ❖ Appropriate use of source control
 - ❖ Optimizing indoor air quality

INFECTION PREVENTION PROGRAM STRUCTURE

Christine Pate, MLS, MPH, CIC

May 20, 2022

CONFLICT OF INTEREST

I acknowledge that I must disclose any conflict of interest, along with a description of any personal business interest, affiliation, or activity with any entity, which may give rise to a conflict of interest.

Christine Pate, has no relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

GOALS

- To introduce the scope and standards of practice that are part of the Infection Preventionist performance expectations
- To provide guidance on the major elements of a compliant Infection Prevention & Control program
- To advance knowledge and understanding of key concepts and principles in Infection Prevention & Control practice

OBJECTIVES

Following this presentation, participants will be able to:

- Describe the role of the Infection Preventionist (IP) in managing the Infection Prevention Program
- Draft an outline for the development of an Infection Prevention Program Plan
- Define the role of surveillance in the Infection Prevention & Control Program
- Apply epidemiologic principles to interventions that are used in Infection Prevention & Control
- Implement standard and recommended best practices into the daily workflow of the Infection Preventionist

CONTENTS

- Background
- Characteristics & Challenges in Long-Term Care (LTC)
- Regulatory Requirements & Guidance
- Infection Prevention Program Structure
- The Infection Preventionist Role
- Infection Prevention Program Activities

BACKGROUND

- In 2018, an estimated 918,700 residents lived in residential care communities
- Acuity of populations served within the LTC environment continues to grow, increasing the risk for Healthcare-Associated Infections (HAIs) within this specialized setting
- 61% of residents needed assistance with three or more activities of daily living
- With the aging of the U.S. population, the numbers of residents will likely increase, becoming a substantial segment of the long-term care population

INFECTION PREVENTION CHALLENGES

- The Long-Term Care Facility (LTCF) provides a home for elderly, physically disabled, and cognitively impaired residents
- Facilities must balance resident psychosocial needs with infection prevention guidelines to provide a safe environment while maintaining quality of life
- The medical complexity of residents, increased presence of invasive devices, and poor hand hygiene of interacting mobile residents have led to the increased need for infection surveillance in these settings
- Multi-drug Resistant Organisms (MDROs) are increasingly important causes of colonization, infection and outbreaks in LTCFs

REGULATION & GUIDANCE



REGULATORY

- Regulatory requirements play an important role in Infection Prevention and Control Programs
- The Nursing Home Reform Act as part of the Omnibus Budget Reconciliation Act (OBRA) of 1987 mandated that LTCFs have an infection prevention and control program within the facility
- For LTCFs that provide services to residents on Medicare and/or Medicaid, the Centers for Medicare & Medicaid Services (CMS) also has regulations to ensure that an infection prevention and control program is in place
- The Occupational Safety and Health Administration (OSHA) is part of the U.S. Department of Labor (specifically to protect employees)

REGULATORY GUIDELINES & RECOMMENDATIONS

- CMS Conditions of Participation (CoPs)
- Illinois Department of Public Health (Guidance, Emergency Orders, Permanent & Temporary Rules)
- OSHA (Emergency Temporary Standard)
- The Joint Commission (TJC)
- Centers for Disease Control & Prevention
 - National Healthcare & Safety Network (NHSN) HAI Surveillance Reporting
 - LTC Healthcare Personnel Interim Guidelines for COVID-19

PROGRAM
STRUCTURE

Infection Prevention & Control Program (IPC Program)

OVERALL FUNCTION

- Protect residents, staff, visitors, and others in the healthcare environment
- To develop and recommend policies and procedures
- To obtain and manage critical data and information, including surveillance for infections
- To intervene directly to prevent infections and interrupt the transmission of infectious diseases
- To educate and train staff, residents, and nonmedical caregivers

ESSENTIAL PROGRAM DOMAINS

- Infection Control program infrastructure
- Infection Prevention Quality Assurance
- Infection Surveillance and Outbreak Response
- Immunization (Influenza, pneumococcal, and SARS-CoV-2)
- Infection Prevention during transitions of care
- Environmental Services
- Linen management
- Water Management Program
- Antimicrobial Stewardship*
- Respiratory Protection*
- Emergency Preparedness*

KEY MANAGEMENT FUNCTIONS

- Planning (operational & strategic)
 - use of data (surveillance, risk assessments, rounds and audits)
- Goals and defined Objectives (The IP Program Plan)
- Policy & Procedures (implementation and reviews)
- Quality Assurance & Performance Improvement
- Communication and Feedback
- Resource Management
- Reporting
- Defining the IP role (job description)

THE PROGRAM COMMITTEE

The Infection Prevention Committee

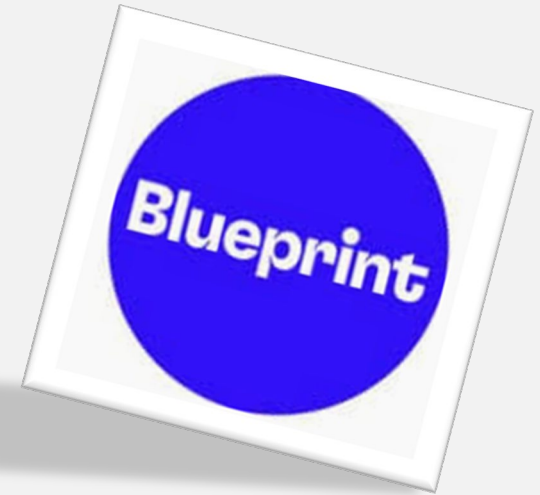
- Central decision-making body for the IPC program
- Provides oversight of the program activities
- Inter-disciplinary team
- Core members
 - The IP, Administration, Nursing representative, Medical Director, Environmental Services, Employee Health*
- ICP committee members
 - Food Services/Dietary, Maintenance, Laundry Services, Clinical Services (therapies), Pharmacy*, Laboratory*, Consultants*



THE ANNUAL PROGRAM PLAN

Provides the program Statement of Purpose & Authority

- Mission, Goals, and Measurable Objectives
- Describes the population served
- Informs Program Activities
- Shares the Surveillance Plan
- Includes the Risk Assessment & Evaluation
- Provides an Action Plan



THE RISK ASSESSMENTS

- Evaluation of the facilities data and activities from the previous year
- Identifies risks for acquiring and transmitting infections
- Assists in focusing surveillance and other program activities
- Set priorities for appropriate resource allocation and obtaining support from key stakeholders
- Component of the IPC Program Plan
- Types of risk assessments: IPC Program Assessment, Tuberculosis (TB), Infection Control Risk Assessment (ICRA)

IPC PROGRAM RISK ASSESSMENT

2013 Infection Control Risk Assessment(Example Template)

Program Components	Probability of Performance- Failure				Impact (Clinical/Financial/Resources)			Infection Prevention Systems				Score	Goal
	High	Med	Low	Never	High	Moderate	Minimal	Poor	Fair	Good	Excellent		
Potential Risks/Problems	3	2	1	0	3	2	1	3	2	1	0	≥7	
Prevention Activities													
Hand Hygiene program													
Standard Precautions													
Annual TB screening													
Fit Testing													
Appropriate Personal Protective Equipment													
Environment													
Medication Refrigerator Temp logs													
Cleaning/disinfection process													

POLICIES & PROCEDURES

- Hand Hygiene
- Standard & Transmission-based Precautions (and PPE use)
- Invasive Device Use and Maintenance (urinary catheters, central lines)
- Linen Management
- Occupational Exposures
- Immunization
- Environmental Services

Disease Specific:

- Influenza
- Pneumonia
- Clostridioides difficile (C. diff)
- Tuberculosis (TB)
- Scabies
- Multi-Drug Resistant Organisms (MDROs) – MRSA, VRE

EMPLOYEE HEALTH

- Immunizations/Vaccinations
 - Hepatitis B • Measles/Mumps/Rubella (MMR) • Varicella • Influenza • Pneumococcal Diphtheria/pertussis/tetanus (DPT) • SARS-CoV-2
- TB screening and testing
- Bloodborne Pathogen Exposures & Control
- Injection Safety (sharps injuries)
- Respiratory Protection (Fit testing)
- Maintain documentation of vaccinated HCP and residents and assess compliance rates



Respiratory Protection Program Toolkit

Resources for Respirator Program Administrators

MAY 2015



THE INFECTION
PREVENTIONIST
(IP)

The IP is essential to an effective
Infection Prevention Program

THE INFECTION PREVENTIONIST (IP)

- The IP is responsible for implementing, monitoring, and evaluating the Infection Control Program for the Long-Term Care Facility (LTCF)
- The IP should have sufficient infection control knowledge base to carry out responsibilities appropriately
- The IP should have the **administrative support needed** to effectively direct the Infection Prevention & Control Program



PROFESSIONAL COMPETENCIES

Knowledge and Experience in areas of:

- Microbiology
- Infectious Diseases
- Epidemiology
- Antimicrobials
- Asepsis
- Disinfection & Sterilization
- Resident Care Practices
- Education (teaching skills)
- Program Administration
- Knowledge of federal, state, and local regulations for LTCFs
- Maintains knowledge base to carry out responsibilities appropriately (Life-long Learner)

RESPONSIBILITIES OF THE INFECTION PREVENTIONIST

- Surveillance
- Data collection & analysis
- Implementation of Policies & Procedures (forms the IP Manual)
- Education (staff, residents, visitors)
- Reporting (external)
- Outbreak management
- Communication to other agencies (public health)
- Inter-facility Communication
- Resident Safety!



THE INFECTION PREVENTIONIST ROLE

- Leader
- Consultant (Subject Matter Expert)
- Collaborator
- Facilitator
- Effective Communicator
- Champion for Resident Safety!
- Researcher
- Critical Thinker
- Influential & Persuasive
- Model (change)

DAILY ACTIVITIES & WORKFLOW

The workflow of the IP

BASIC PRINCIPLES OF PRACTICE

- Hand Hygiene
- Standard Precautions
- Transmission-based Precautions (isolation & quarantine)
- Aseptic Technique
- Cleaning and Disinfection
- Antimicrobial Stewardship
- Education
- Employee Health



ROUTINE ACTIVITIES

- Implement routine infection prevention Policies & Procedures
- Identification, investigation, and control of outbreaks
- Performance Monitoring & Process Improvement
- Facility Management (Environmental Services, Environment of Care & Construction)
- Employee Health
- Antibiotic Stewardship (utilization & resistance)
- Preparedness Planning (resident influx, pandemic response)

QUALITY ASSURANCE & PERFORMANCE IMPROVEMENT(QAPI)

- Identify timely and relevant improvement opportunities
- Use measures and data to support Performance Improvement (QAPI) activities
- Lead and implement QAPI projects
- Assemble teams (champions and administrative sponsors)



QAPI ACTIVITIES

- Bundles: CAUTI, CLABSI, VAP prevention
- Audits (hand hygiene, PPE, EVS)
- Unit rounds/observations
- Staff Competencies
- Educational in-services & training
- Survey prep & readiness

OUTBREAK MANAGEMENT



SURVEILLANCE

- Surveillance is an essential component of an effective Infection Prevention & Control program
- Surveillance plays a critical role in identifying outbreaks, pandemics, emerging infectious diseases, multidrug-resistant organisms, and bioterrorist events
- Determine baseline and endemic rates of occurrence of a disease or event
- Design in accordance with current recommended practices and should consist of defined elements.
- Observe practices (hand hygiene, central line maintenance, aseptic technique)

SURVEILLANCE

- Methodology (ADT data, chart reviews, labs, rounds)
- Elements monitored (UTIs, wounds, pneumonia, staff compliance, etc.)
- Rates/ratios & data trends (incidence and prevalence)
- Criteria & standard definitions (NHSN, McGeer)
- Reporting
- Resource and technology challenges



OUTBREAK MANAGEMENT

- The goal of any outbreak investigation is to promptly identify problematic organisms,
- Stop ongoing disease transmission, and
- Reduce risks for future events
- **Requires a systematic approach** to **verification of diagnosis**, formation of a **case definition**, creating a **line list**, implementing **infection prevention and control measures**, and **reporting**

WORKS CITED

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Open Q&A

Submit questions via Q&A pod to **All Panelists**

Please do not resubmit a single question multiple times

Slides and recording will be made available after the session.

Reminders

- For continuing education credit, please fill out the following evaluation:
 - <https://redcap.dph.illinois.gov/surveys/?s=YXDMXMADR8W98TYK>
- SIREN Registration
 - To receive situational awareness from IDPH, please use this link to guide you to the correct registration instructions for your public health related classification: <http://www.dph.illinois.gov/siren>
- NHSN Assistance:
 - Contact Telligen: **nursinghome@telligen.com**