

Long Term Care Outbreak Response Train-the-Trainer for Health Departments



Presented by Nebraska ICAP
In collaboration with
CDC Project Firstline



Housekeeping

Guidance and responses were provided based on information known on **Feb. 9, 2021** and may become out of date. Guidance is being updated rapidly, so users should look to CDC and NE DHHS guidance for updates.

Slides from this presentation and a recording will be available on the ICAP Website at: <https://icap.nebraskamed.com/project-firstline/>

NE ICAP/ Firstline Team

Dr. Nicolás Cortés-Penfield n.cortespenfield@unmc.edu

Dr. Salman Ashraf salman.ashraf@unmc.edu

Sarah Stream, MPH, CDA sstream@nebraskamed.com

Kate Tyner, RN, BSN, CIC lttyner@nebraskamed.com

Lacey Pavlovsky, RN, MSN,
CIC lpavlovsky@nebraskamed.com



Understanding Elements of LTC Infection Prevention and Control Programs



Week 1
February 9, 2021

Introduction to Program



How this Train-the-Trainer Program Works

- Your discussion makes these sessions more valuable! Ask questions and give your input. This is a safe space.
- Please stay muted unless you are speaking .
- We love to see your face! Turn your camera on for the discussion if you're comfortable doing so.
- Sessions will be recorded and available along with slides for attendees as well as on the ICAP Project Firstline webpage at <https://icap.nebraskamed.com/project-firstline/>
- A key takeaway sheet will be provided each week for your reference.



Nebraska ICAP

- Nebraska (NE) Infection Control Assessment and Promotion Program (ICAP) is supported by the NE Department of Health and Human Services (NE DHHS) HAI program via a CDC grant.
- The NE ICAP works in collaboration with NE DHHS HAI team to assess and improve infection prevention and control programs (IPCP) throughout the state.
- One of the areas of focus is to better prepare long-term care facilities (LTCF) to recognize and prevent outbreaks.
- ICAR Assessments performed 2015- 2018 identified the frequency of practice gaps related to infection control infrastructure (ICI), surveillance and disease reporting (SDR), and health care personnel and resident safety (HRS) in LTCF.



A case study:

A laboratory scientist at a community hospital contacts the local health department's communicable disease program, concerned that he is seeing a high number of urine cultures with highly antibiotic-resistant organisms. It seems like many of the isolates are coming from one specific nursing home.

What are your initial thoughts, and what questions do you have?



Understanding LTC Culture



Staff Structure

Ideal facility partners in a long-term care facility outbreak

Director of Nursing

Administrator

Medical Director

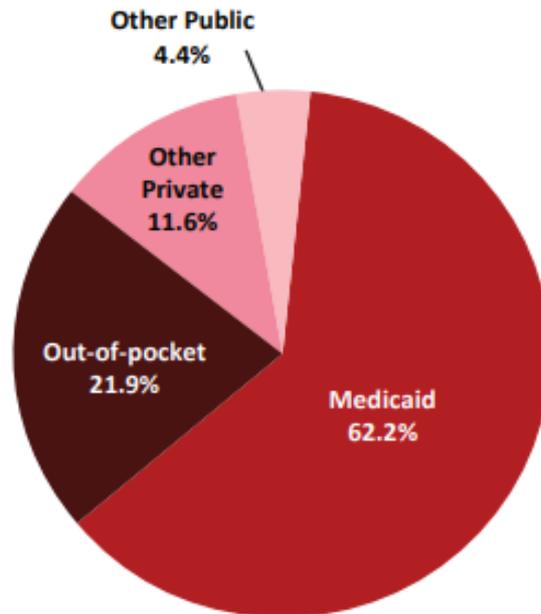
Assistant Director of Nursing

Infection Preventionist



What is CMS and why does it matter so much in long-term care?

FIGURE 1 Long-Term Care Expenditures by Source, FY 2010



Source: O'Shaughnessy CV. The Basics: National Spending for Long-Term Services and Supports. 2012

Note: "Other Private" includes private long-term care insurance, other health insurance, and other private spending for nursing homes and home health services. "Other Public" includes Department of Veterans Affairs, state and local programs, and general assistance spending for nursing homes and home health services.



What *should* the long-term care facility have in place for infection prevention?

Elements	Components
Surveillance	Using surveillance infection definitions: <ul style="list-style-type: none">• Loeb minimum criteria• CDC/NHSN criteria Calculating infection rates
Outbreak management	Disease specific (influenza, tuberculosis, viral gastroenteritis, scabies)
Implementation of routine infection control policies and procedures	Hand hygiene Isolation precautions MDROs Device care
Communication with management	Sharing information and obtaining support for changes in policies and procedures
Disease reporting	Information transfer during care transitions Reporting to public health authorities
Antibiotic stewardship	Review of antimicrobial usage
Resident health programs	Immunizations Tuberculin testing Hand hygiene Oral care
Employee health programs	Immunizations Occupational exposure to infectious organisms
Facility management	Food preparation Laundry services Infectious waste collection and disposal Housekeeping (cleaning, disinfection)

Abbreviations: CDC/NHSN, Centers for Disease Control/National Healthcare Safety Network; MDROs, multidrug-resistant organisms.



Presence of basic components of infection prevention and control programs in Nebraska

Infection Control Basic Infrastructure	Yes	No
The facility has specified a person who is responsible for coordination the IC program	93%	7%
The person responsible for coordinating the infection prevention program has received training in IC	60%	40%
The facility has a process for reviewing infection surveillance data and infection prevention activities	87%	13%
Written infection control policies and procedures are available and based on evidence-based guidelines, regulations or standards	90%	10%
Written infection control policies and procedures are reviewed at least annually or according to state or federal requirements, and updated if appropriate	70%	30%
The facility has a written plan for emergency preparedness	83%	17%

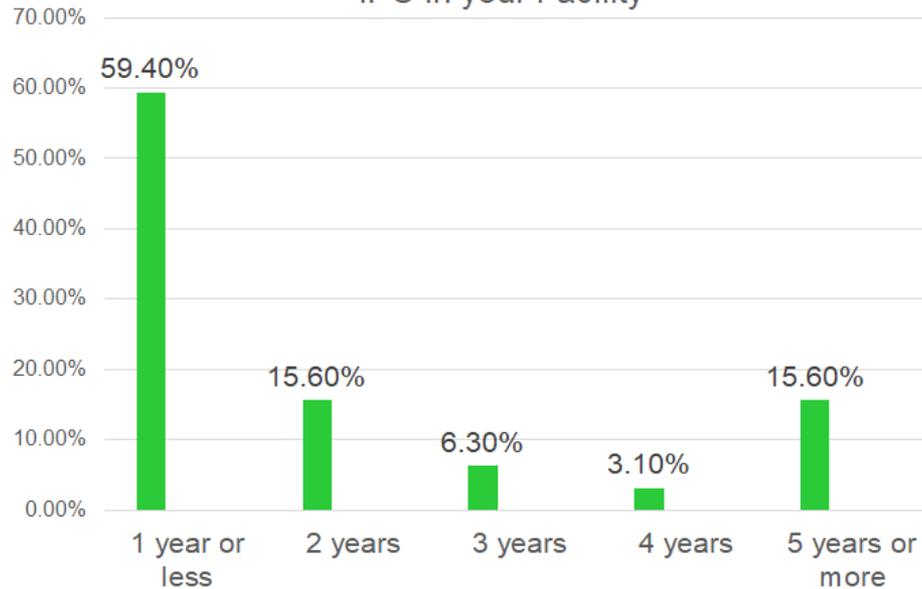
Presence or absence of surveillance and disease reporting components in Nebraska LTCF

Surveillance and Disease Reporting	Yes	No
The facility has written intake procedures to identify potentially infectious persons at the time of admission	60%	40%
The facility has system for notification of infection prevention coordinator when antibiotic-resistant organisms or C. difficile are reported by clinical laboratory	80%	20%
The facility has a written surveillance plan outlining the activities for monitoring/tracking infections occurring in residents of the facility	63%	37%
The facility has system to follow-up on clinical information when residents are transferred to acute care hospitals for management of suspected infections, including sepsis	80%	20%
The facility has a written plan for outbreak response which includes a definition, procedures for surveillance and containment, and a list of syndromes or pathogens for which monitoring is performed	53%	47%
The facility has a current list of diseases reportable to public authorities	57%	43%
The facility can provide point(s) of contact at the local or state health department for assistance with outbreak response	90%	10%

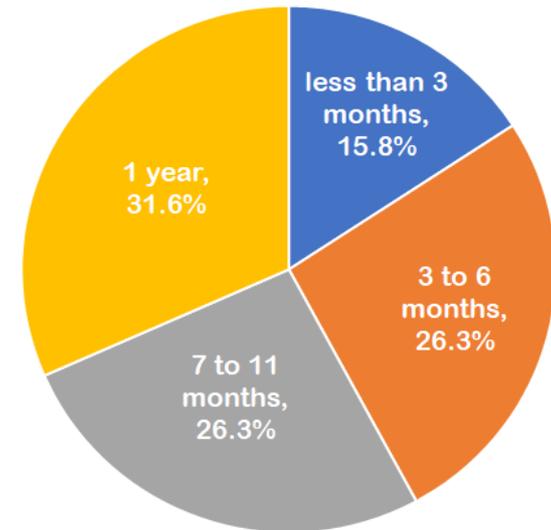


Infection preventionist turn-over is significant concern related to program stability

How Long have you had primary responsibility for IPC in your Facility



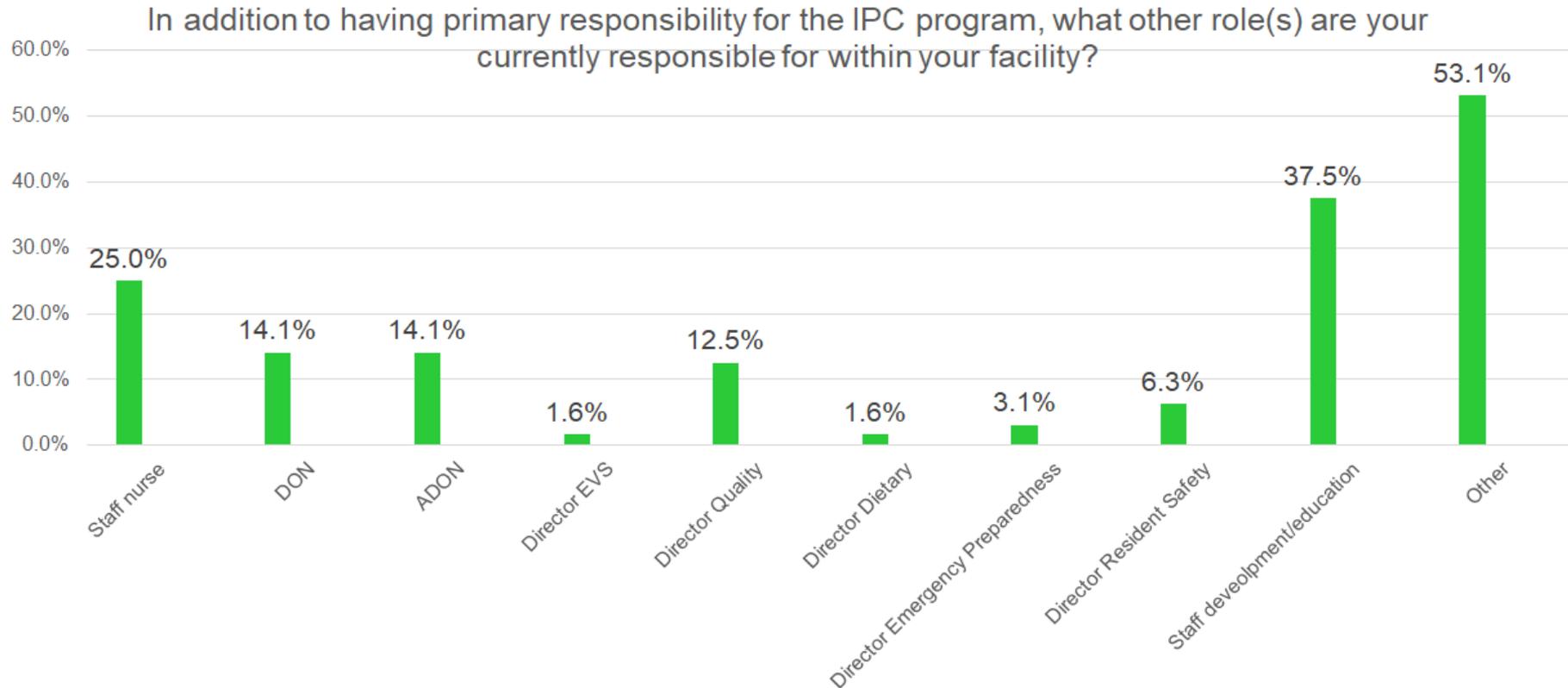
Breakdown of Experience for IP with Primary Responsibility of IPC for 1 year or less



Factors Associated with Infection Preventionist Turnover in Long-term Care Facilities. Presented by Margaret Drake, MT(ASCP), CIC NEDHHS/Nebraska ICAP, APIC National Convention June 2019 <https://icap.nebraskamed.com/wp-content/uploads/sites/2/2019/08/M.Drake-APIC-LTC-turnover-presentation.pdf>



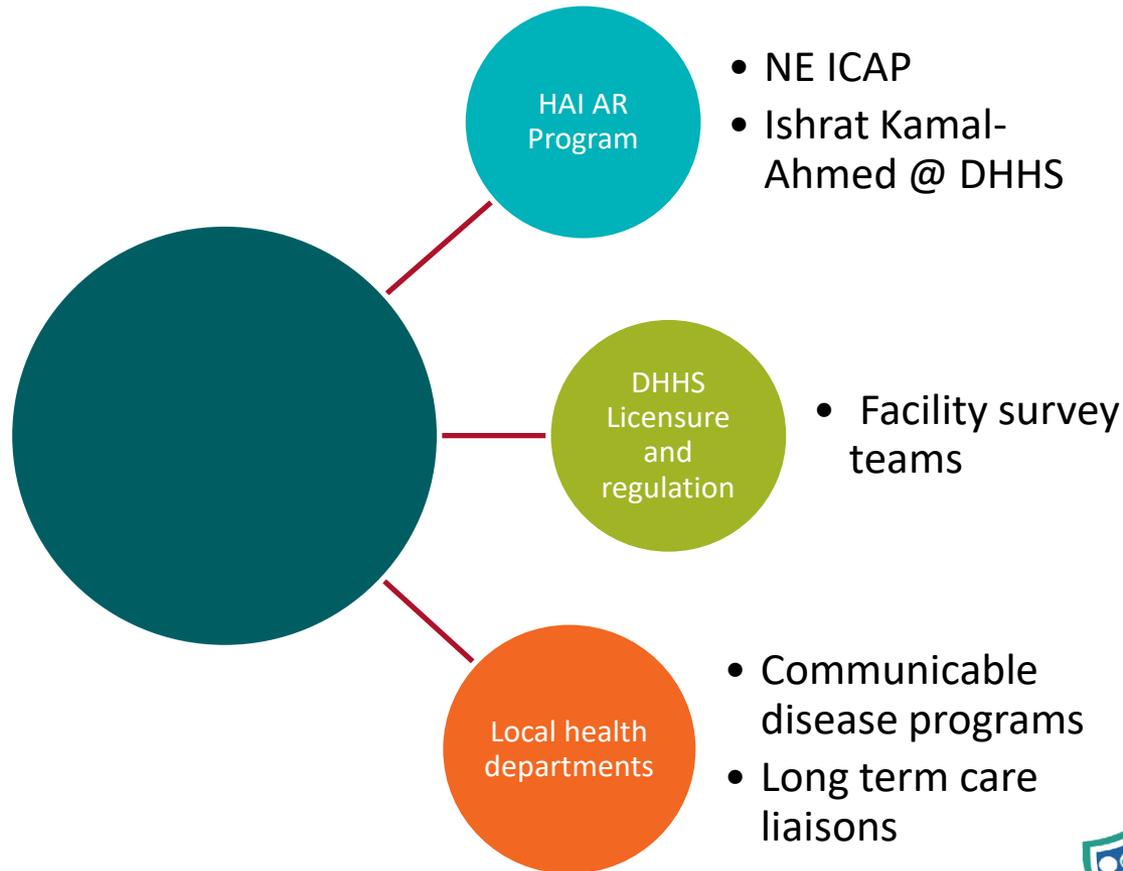
Attention of the IP is often divided



Factors Associated with Infection Preventionist Turnover in Long-term Care Facilities. Presented by Margaret Drake, MT(ASCP), CIC NEDHHS/Nebraska ICAP, APIC National Convention June 2019 <https://icap.nebraskamed.com/wp-content/uploads/sites/2/2019/08/M.Drake-APIC-LTC-turnover-presentation.pdf>



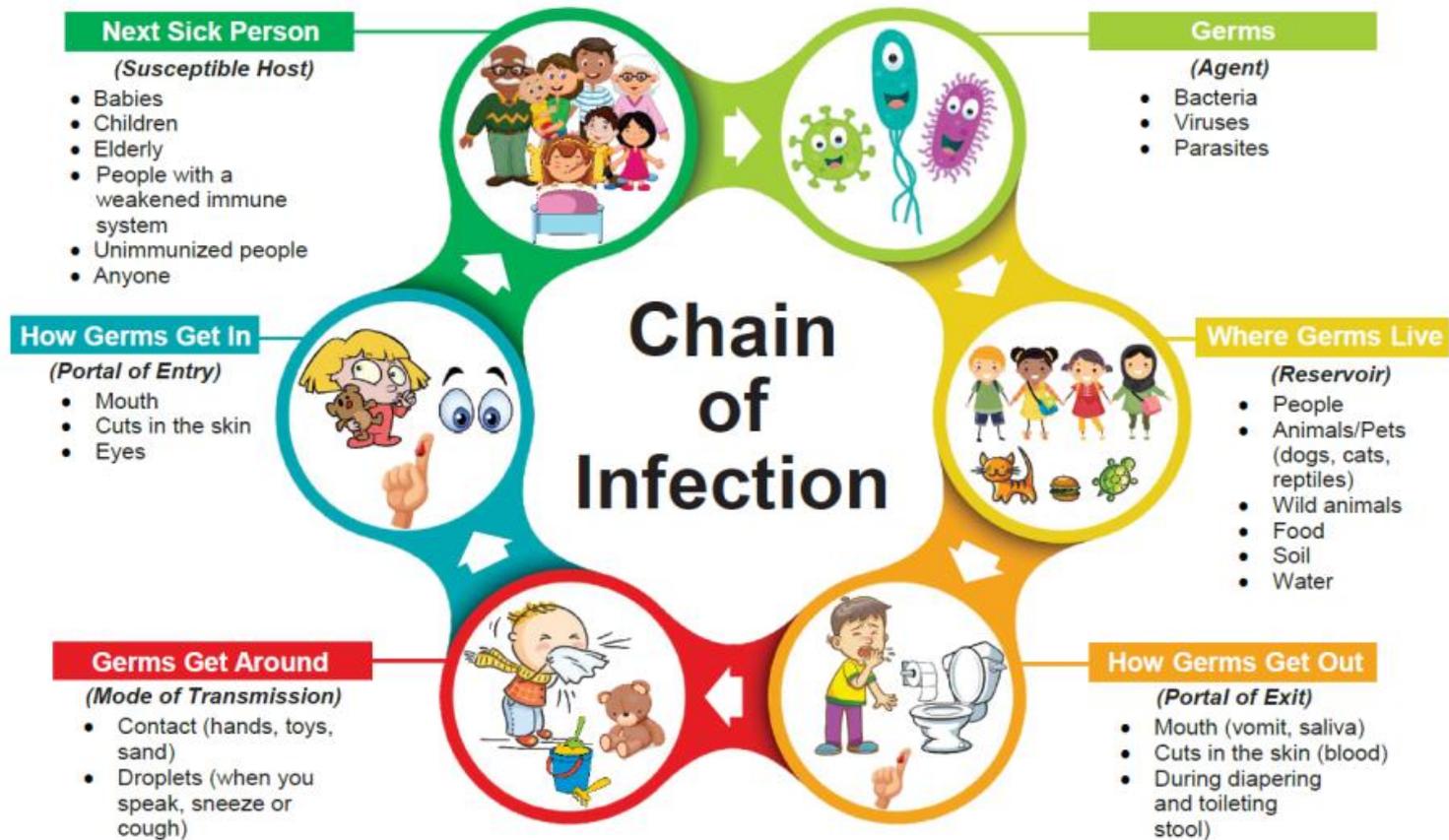
LTCF Outbreak investigation and mitigation support in public health



Basic Transmission Processes



Preventing Infection



Transmission Based Precautions

Standard Precautions (Universal Precautions): Treat everyone as if they are infectious

1. Hand hygiene
2. PPE selection
3. Patient placement
4. Sterilization and disinfection of patient care equipment, instruments and environmental surfaces
5. Safe injection practices

Contact Precautions: Precautions for patients with known or expected infections that represent an increased risk for contact transmission (ex: C.Diff, norovirus, rotavirus)

1. Should be completed in addition to Standard Precautions
2. Patient Placement
3. Limit movement of patient
4. Use disposable or dedicated patient care items and equipment
5. Increased cleaning and disinfection schedules for patient care areas

Centers for Disease Control and Prevention. (2020). Standard Precautions. Retrieved from

<https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html>

Centers for Disease Control and Prevention. (2020). Transmission Based Precautions. Retrieved from

https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html#anchor_1564057963



Transmission Based Precautions

Droplet Precautions: Precautions for patients known or suspected to be infected with pathogens that are transmitted by respiratory droplets generated when coughing, sneezing or talking (ex: COVID-19, Influenza, Pertussis, Mumps)

1. Should be completed in addition to Standard Precautions
2. Source Control
3. Patient Placement
4. Appropriate PPE use: Don surgical masks before entering the patient room
5. Limit transport and movement of patient

Airborne precautions: Precautions for patients known or suspected to be infected with pathogens transmitted by an airborne route (ex: COVID-19, Tuberculosis, Measles)

1. Should be completed in addition to Standard Precautions
2. Source Control
3. Patient Placement
4. Restrict healthcare personnel in treatment areas
5. Appropriate PPE use: Fit tested, NIOSH approved N95 respirator
6. Limit transport and movement of patient
7. Immunize susceptible persons with vaccine preventable infections



Audit and Feedback within a Facility

- Audit: Used to observe healthcare processes and comparing them to the required standards
- Feedback: Given to employees to help them understand the standards and what changes, if any need to be made to stay compliant
- Training can be implemented to help staff understand safety and ensure they are following protocol
- Multidisciplinary team should be involved in audit and feedback
 - Medical Director
 - Director of Nursing
 - Infection Preventionist
 - Nurse Champion



Tools for Audit and Feedback

Use of PPE for Contact Precautions: Infection Prevention and Control Audit

<https://professionals.wrha.mb.ca/old/extranet/ipc/files/audit-tools/PPE-AuditTool.pdf>

FORM #: _____

USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR CONTACT PRECAUTIONS
Infection Prevention and Control Audit

Facility: _____ Date: DD _____ MM _____ YYYY _____

Patient Unit: _____ Day of Week: S M T W Th F S

Auditor (print): _____ Start time: ____:____ End time: ____:____

Healthcare Worker Category (Circle #):

1 = Physician	7 = Physiotherapy	13 = Dietary
2 = Nurse	8 = Occupational Therapy	14 = Speech Language/ Audiology
3 = Healthcare Aide	9 = Housekeeping	15 = Rec. Therapy
4 = Social Worker	10 = Patient Transport	16 = Pharmacy
5 = Spiritual Care	11 = Radiology/DI Technician	17 = Other
6 = IV Team/ DSM	12 = Respiratory Therapy	

Instructions: Select "Y" if activity was observed and completed appropriately; select "N" if activity was observed and not completed appropriately. Select "Not observed" if you were not able to observe the activity.



Tools for Audit and Feedback

2019 Novel Coronavirus Competency Validation Checklist

<https://repository.netecweb.org/files/original/b1abd8f26ee3739f72e62718691f663b.pdf>



2019 NOVEL CORONAVIRUS COMPETENCY VALIDATION CHECKLIST

Name: _____ Date: _____
Unit: _____

TOPIC: Proper Donning and Doffing of PPE to Care for a patient with 2019 Novel Corona Virus

Competency Statement: The staff member will demonstrate the ability to safely don and doff PPE to care for patients with 2019 Novel Corona Virus and avoid contamination.

Performance Criteria	Met	Not Met	Comments
1. Identifies the proper PPE to gather and verbalize that all appropriate PPE is available at point of use <i>Isolation gown Gloves Face shield or goggles N95 Respirator- that has been fit tested from annual fit testing</i>			
2. Verbalizes proper steps in examining PPE for defects <i>Check each item to ensure there are no defects such as rips in</i>			



A case study:

A laboratory scientist at a community hospital contacts the local health department's communicable disease program, concerned that he is seeing a high number of urine cultures with highly antibiotic-resistant organisms. It seems like many of the isolates are coming from one specific nursing home.

What are your initial thoughts, and what questions do you have?



Key Takeaway Page



Infection Control Assessment
and Promotion Program

Contact Nebraska ICAP at nebraskaicap@nebraskamed.com or at 402.552.2881

FEB. 9, 2021

**LOCAL HEALTH
DEPARTMENT
TRAIN THE
TRAINER
SESSIONS FOR
LONG TERM
CARE**

**KEY
TAKEAWAYS
AND
RESOURCE LIST**

Key Takeaways:

- LTCF staff should have an infection prevention plan in place, but often do not have the experience or expertise to perform epidemiologic investigation (they need you).
- The Hospital Acquired Infection/ Antibiotic Resistance (HAI/ AR) program at NE DHHS is a useful resource for investigating healthcare acquired infections.
- Facilities should direct questions regarding infection control or regulatory (CMS) issues to the appropriate contacts listed below.
- Facilities should be encouraged to identify infection control gaps in current practices by using audit and feedback.
- Standard precautions should be used at all times within a healthcare facility; contact, droplet and aerosol precautions can be implemented IN ADDITION to standard Precautions if needed.

Resource List:

1. HAI/ AR Program Contact: Ishrat Kamal-Ahmed
Ishrat.kamal-ahmed@nebraska.gov
2. CMS/ Regulatory Contact: Connie Vogt connie.vogt@nebraska.gov

<https://icap.nebraskamed.com/project-firstline/>



Infection Prevention and Control: Office and On-Call Hours

Call 402-552-2881

Office Hours are Monday – Friday

8:00 AM - 10:00 AM Central Time

2:00 PM - 4:00 PM Central Time

On-Call Hours are

**Monday – Friday 4:00 PM – 8:00 PM and
8:00 AM – 8:00 PM Weekends and Holidays**



Course Survey

- We would appreciate your feedback on the course as we move through it!
- You will receive a short survey this afternoon about your experience regarding the topics
- You will receive a similar survey when the program is completed
- We can use this information to track progress through the program and success
- We appreciate you completing these surveys in a timely manner





Firstline Resources:

<https://www.cdc.gov/infectioncontrol/projectfirstline/index.html>

<https://www.facebook.com/CDCProjectFirstline>

<https://www.facebook.com/NebraskaICAP>

<https://www.facebook.com/NebraskaICAP>

The power to stop infections. Together.

Every frontline healthcare worker deserves to understand infection control principles and protocols and feel they can confidently apply them to protect themselves, their facility, their family, and their community. CDC's new infection control training collaborative, Project Firstline, is designed to help every frontline healthcare worker gain that knowledge and confidence.

