The War on Bugs

Infection Control Assessment & Response (ICAR)

Lessons learned and available solutions for Long-term Care

Jessica Arias, BSN, RN, CIC
Infection Preventionist
Infection Control Assessment and Response (ICAR) Team Lead
Communicable Disease Service
New Jersey Department of Health

ICAR Visit

- **Four hours**
- **Review of assessment tool**
- **Facility tour**
  - Clinical observations
- **Summary report**
- **Follow-up**

Infection Prevention and Control Assessment Tool for Long-term Care Facilities

This tool is intended to assist in the assessment of infection control programs and practices in nursing homes and other long-term care facilities. If feasible, direct observations of infection control practices are encouraged. To facilitate the assessment, health departments are encouraged to share this tool with facilities in advance of their visit.

Overview

Section 1: Facility Demographics

Section 2: Infection Control Program and Infrastructure

Section 3: Direct Observation of Facility Practices (optional)

Section 4: Infection Control Guidelines and Other Resources

Infection Control Domains for Gap Assessment

I.   Infection Control Program and Infrastructure

II. Healthcare Personnel and Resident Safety

III. Surveillance and Disease Reporting

IV. Hand Hygiene

V.   Personal Protective Equipment (PPE)

VI. Respiratory/ Cough Etiquette

VII. Antibiotic Stewardship

VIII. Injection safety and Point of Care Testing

IX. Environmental Cleaning
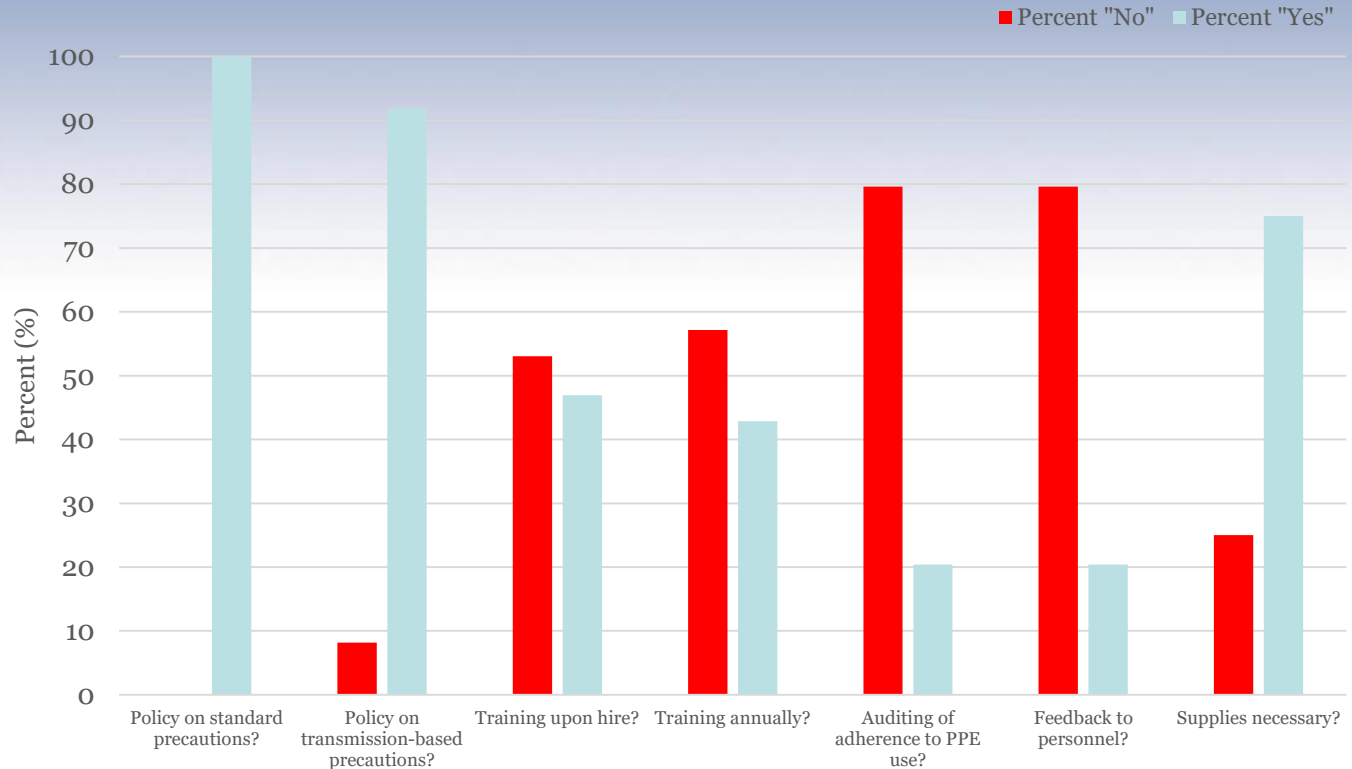
Competency Based Training

- **CDC definitions**
  - Healthcare Personnel (HCP) Infection Prevention (IP) Competency
  - HCP IP Competency-Based Training
  - Competency Assessment
  - Audit
  - Feedback

Personal Protective Equipment (PPE)

- **53% had no training program upon hire**

- **57% had no annual training with competency validation**

- **80% had no routine auditing of PPE**

Chart legend: ■ Percent "No" ■ Percent "Yes"

Y-axis: Percent (%), scale 0 to 100

Categories: Policy on standard precautions?, Policy on transmission-based precautions?, Training upon hire?, Training annually?, Auditing of adherence to PPE use?, Feedback to personnel?, Supplies necessary?

Types of Precautions

- **Standard precautions are used for all patient care and include the use of PPE to protect healthcare providers and residents/patients from infection.**
- **CDC's Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007)**

Contact Precautions

Use Contact Precautions for patients with known or suspected infections that represent an increased risk for contact transmission.

- See Guidelines for Isolation Precautions for complete details.

- **Ensure appropriate patient placement** in a single patient space or room if available in acute care hospitals. In long-term and other residential settings, make room placement decisions balancing risks to other patients. In ambulatory settings, place patients requiring contact precautions in an exam room or cubicle as soon as possible.
- **Use personal protective equipment (PPE) appropriately,** including gloves and gown. Wear a gown and gloves for all interactions that may involve contact with the patient or the patient's environment. Donning PPE upon room entry and properly discarding before exiting the patient room is done to contain pathogens.

Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007)

Type and Duration of Precautions Recommended for Selected Infections and Conditions[1]

A B C D E F G H I J K L M N O P Q R S T U V W Y Z

A

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Abscess Draining, major	Contact + Standard	Duration of illness (with wound lesions, or til wounds stop draining)	No dressing or containment of drainage; until drainage stops or can be contained by dressing.

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Types of Precautions (cont'd)

Airborne Precautions

Use Airborne Precautions for patients known or suspected to be infected with pathogens transmitted by the airborne route (e.g., tuberculosis, measles, chickenpox, disseminated herpes zoster).

- See Guidelines for Isolation Precautions for complete details.

- **Source control**: put a mask on the patient.
- **Ensure appropriate patient placement in an airborne infection isolation room (AIIR)** constructed according to the Guideline for Isolation Precautions. In settings where Airborne Precautions cannot be implemented due to limited engineering resources, masking the patient and placing the patient in a private room with the door closed will reduce the likelihood of airborne transmission until the patient is either transferred to a facility with an AIIR or returned home.
- **Restrict susceptible healthcare personnel from entering the room** of patients known or suspected to have measles, chickenpox, disseminated zoster, or smallpox if other immune healthcare personnel are available.
- **Use personal protective equipment (PPE) appropriately**, including a fit-tested NIOSH-approved N95 or higher level respirator for healthcare personnel.

Droplet Precautions

Use Droplet Precautions for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking.

- See Guidelines for Isolation Precautions for complete details.

- **Source control:** put a mask on the patient.
- **Ensure appropriate patient placement** in a single room if possible. In *acute care hospitals*, if single rooms are not available, utilize the recommendations for alternative patient placement considerations in the Guideline for Isolation Precautions. In *long-term care* and other residential settings, make decisions regarding patient placement on a case-by-case basis considering infection risks to other patients in the room and available alternatives. In *ambulatory settings*, place patients who require Droplet Precautions in an exam room or cubicle as soon as possible and instruct patients to follow Respiratory Hygiene/Cough Etiquette recommendations.
- **Use personal protective equipment (PPE) appropriately.** Don mask upon entry into the patient room or patient space.

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PPE Resources

- **CDC's PPE Sequence Poster:**
  https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf

- **APIC's PPE Do's and Don't's:**
  http://professionals.site.apic.org/infographic/ppe-dos-and-donts/

- **The University of North Carolina Statewide Program for Infection Control and Epidemiology (SPICE) PPE Competency : https://spice.unc.edu/wp-content/uploads/2017/03/PPE-Competency-SPICE.pdf**

- **AHRQ's "A Unit Guide to Infection Prevention for Long-Term Care Staff": https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/cauti-ltc/modules/resources/guides/infection-prevent.html#equipment**

- **OSHA's PPE Reduces Exposure to Bloodborne Pathogens:**
  https://www.osha.gov/OshDoc/data_BloodborneFacts/bbfact03.pdf

Antibiotic Stewardship Program

- **55% had no written policies on antibiotic prescribing**

- **41% had no practice in place to improve antibiotic use**

- **69% did not provide clinical prescribers feedback**

- **45% of nursing staff and 67% of clinical providers were not trained on proper antibiotic use**
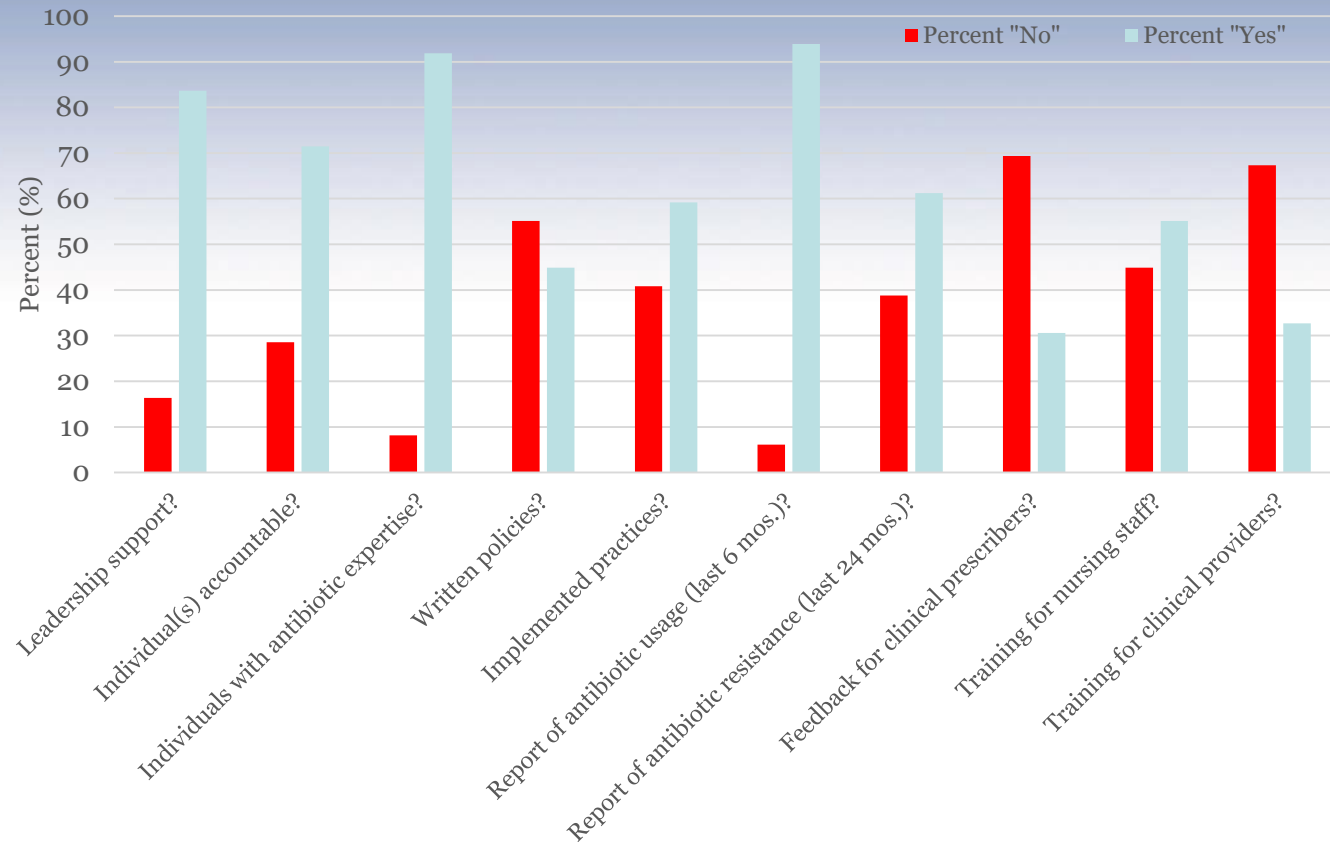
Antibiotic Stewardship Program (ASP)

- **The majority of our data is pre-phase 2—**

- **ASP should already be in place**

- **Formed under a physician or PharmD**
  - Infection Preventionist has a role in program role in program

Empower the medical director to set standards for antibiotic prescribing practices for all clinical providers credentialed to deliver care in a nursing home and be accountable for overseeing adherence. To be effective in this role, the medical director should review antibiotic use data (see Tracking and Reporting section) and ensure best practices are followed in the medical care of residents in the facility.[10]

Empower the director of nursing to set the practice standards for assessing, monitoring and communicating changes in a resident's condition by front-line nursing staff. Nurses and nurse aides play a key role in the decision-making process for starting an antibiotic. The knowledge, perceptions and attitudes among nursing staff of the role of antibiotics in the care of nursing home residents can significantly influence how information is communicated to clinicians who are deciding whether to initiate antibiotic therapy. Therefore the importance of antibiotic stewardship is conveyed by the expectations set by nursing leadership in the facility.

Engage the consultant pharmacist in supporting antibiotic stewardship oversight through quality assurance activities such as medication regimen review and reporting of antibiotic use data.
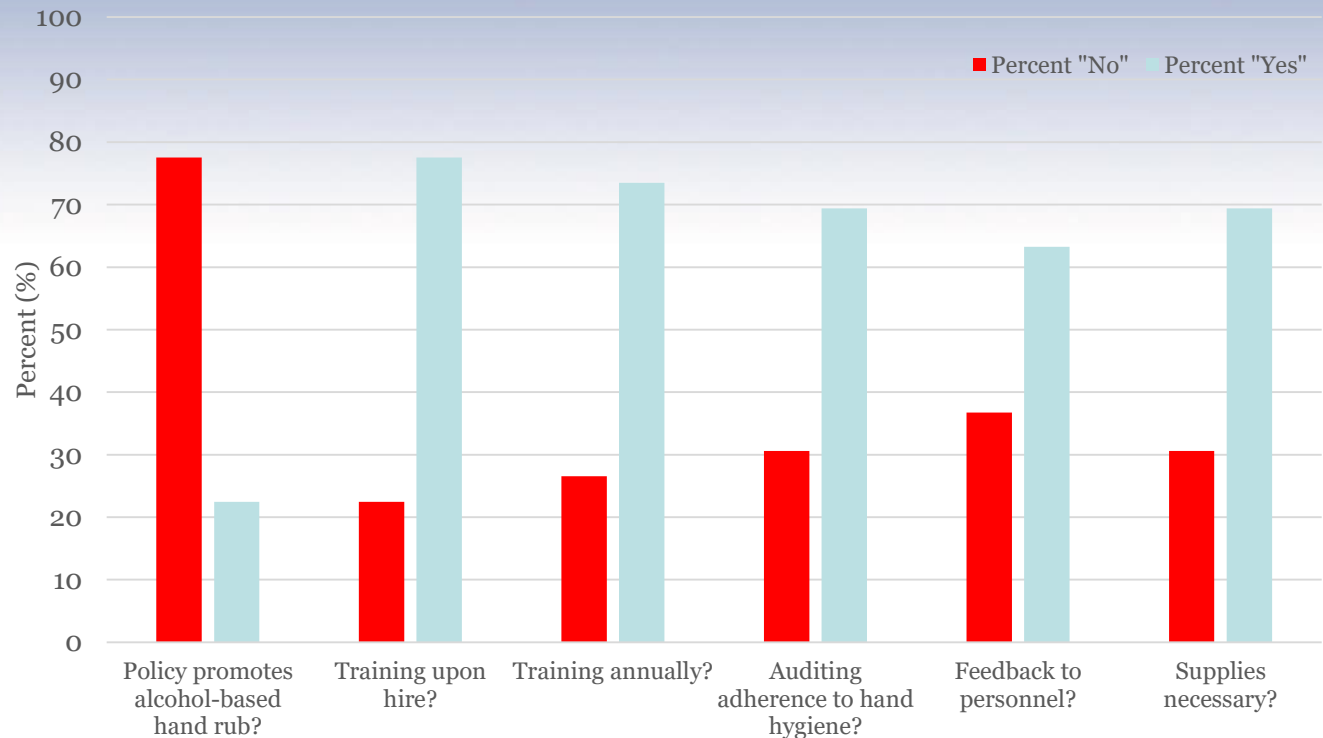
PROUD TO SUPPORT
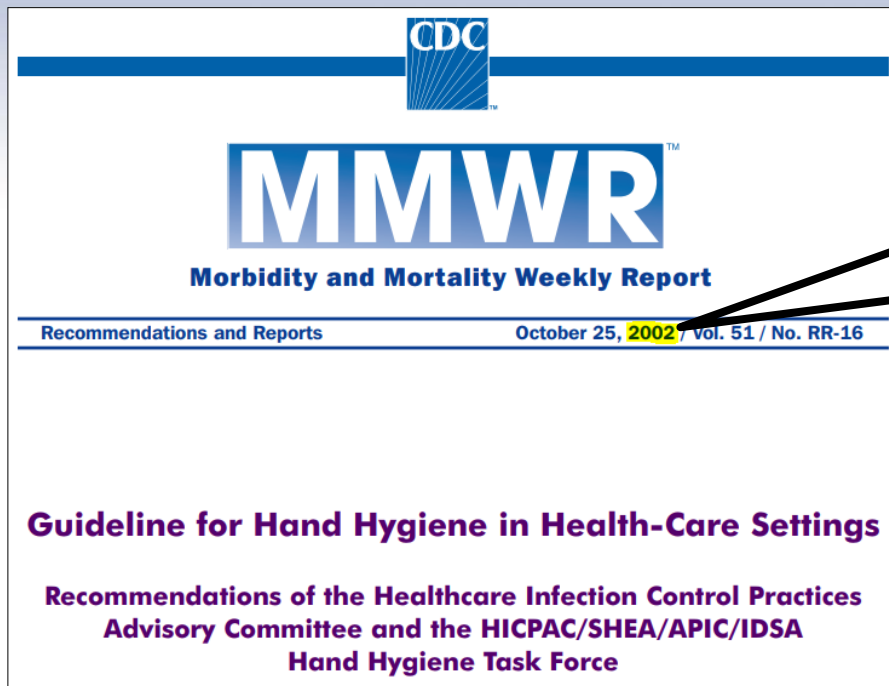**BE ANTIBIOTICS AWARE**
www.cdc.gov/antibiotic-use

https://www.cdc.gov/longtermcare/pdfs/core-elements-antibiotic-stewardship.pdf

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ASP Resources

- **AHRQ's Nursing Home Antimicrobial Stewardship Guide (toolkits): https://www.ahrq.gov/nhguide/toolkits.html**

- **CDC's Antibiotic Prescribing and use: https://www.cdc.gov/antibiotic-use/index.html**

- **ICAR webinar & resources- Antibiotic Stewardship in LTC : https://www.youtube.com/watch?v=bOP2hz4vQuc&feature=youtu.be https://www.nj.gov/health/cd/documents/antibiotic_stewardship_in_nursing_homes_and_LTC_Webinar_Resources.pdf**

- **University of Rochester's Nursing Home Collaborative: http://www.rochesterpatientsafety.com**

Hand Hygiene (HH)

- **78% of facilities do not have a policy that reflects preferential use of alcohol-based hand rub (ABHR) in most clinical situations**

Guideline for Hand Hygiene in Health-Care Settings, 2002

CDC

MMWR™

Morbidity and Mortality Weekly Report

Recommendations and Reports — October 25, 2002 / Vol. 51 / No. RR-16

Guideline for Hand Hygiene in Health-Care Settings

Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force

Recommendations

1. Indications for handwashing and hand antisepsis
   A. When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, wash hands with either a non-antimicrobial soap and water or an antimicrobial soap and water (IA) (66).
   B. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in all other clinical situations described in items 1C–J (IA) (74,93,166,169,283,294,312,398). Alternatively, wash hands with an antimicrobial soap and water in all clinical situations described in items 1C–J (IB) (69-71,74).

Page 32

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World Health Organization: Clean Care is Safer Care

Q: How many times can staff use the alcohol rubs?

A: There is a common misconception that hands should be washed after every four or five applications of alcohol-based handrub. There is no reason to do this, other than personal preference in some cases (i.e. if hands feel like they need washing or in hot and highly humid climates).

World Health Organization

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http://www.who.int/gpsc/tools/faqs/abhr2/en/

CMS: ABHR

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-12-25
Baltimore, Maryland 21244-1850

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Center for Medicaid and State Operations/Survey and Certification Group

Ref: S&C-07-01

DATE: November 1, 2006

TO: State Survey Agency Directors
State Fire Authorities

FROM: Director
Survey and Certification Group

SUBJECT: Provisions of the Final Rule regarding Adoption of New Fire Safety Requirements for the Use of Alcohol Based Hand Rubs (ABHRs) and Installation of Battery Powered Smoke Alarms

Alcohol Based Hand Rubs:

- The term "vulnerable populations" was deleted and the requirement now states: "The dispensers are installed in a manner that adequately protects against inappropriate access."

- A requirement was added that "The dispensers are maintained in accordance with manufacturer guidelines." Regular maintenance is seen as a crucial step in making sure that dispensers neither leak nor the contents spill. If the manufacturer does not have specific maintenance requirements, the facility is expected to develop their own policies and procedures to ensure that the dispensers neither leak nor the contents spill.

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter07-01.pdf

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CMS: ABHR (Pathways)

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.

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CDC's Clean Hands Count

TRUTH:
Some healthcare providers miss certain areas when cleaning their hands.

THE NITTY GRITTY:
Using alcohol-based hand sanitizer becomes a habit and sometimes healthcare providers miss certain areas:

FINGERTIPS

THUMBS

BETWEEN FINGERS

TRUTH:
On average, healthcare providers perform hand hygiene less than half of the times they should.

THE NITTY GRITTY:
When healthcare providers do not perform hand hygiene 100% of the times they should, they put themselves and their patients at risk for serious infections.

TRUTH:
Glove use is not a substitute for cleaning your hands. Dirty gloves can soil your hands.

THE NITTY GRITTY:
Clean your hands after removing gloves to protect yourself and your patients from infection.

TRUTH:
Alcohol-based hand sanitizer is more effective and less drying than using soap and water.

THE NITTY GRITTY:
Compared to soap and water, alcohol-based hand sanitizers are better at reducing bacterial counts on hands and are effective against multidrug-resistant organisms (e.g., MRSA). Additionally, alcohol-based hand sanitizers cause less skin irritation than frequent use of soap and water.

MORE EFFECTIVE + LESS DRYING

BAD GERMS   GOOD GERMS
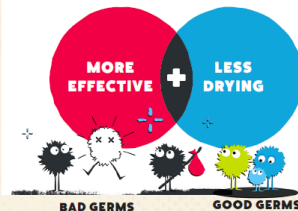
- **Clean Hands Count Campaign: https://www.cdc.gov/handhygiene/campaign/promotional.html**
  - **For healthcare providers https://www.cdc.gov/handhygiene/providers/index.html**
  - **For patients and visitors https://www.cdc.gov/handhygiene/campaign/promotional.html**

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HH Resources

- **CDC's HH in Healthcare Settings:** https://www.cdc.gov/handhygiene/
- **WHO's Clean Care is Safer Care:** http://www.who.int/gpsc/5may/EN_PSP_GPSC1_5May_2016/en/ **(see right side column for "educational tools to integrate hand hygiene into clinical practices")**
- **WHO's ABHR Risks/Hazards FAQ:** http://www.who.int/gpsc/tools/faqs/abhr2/en/
- **Public Health Ontario- Placement Tool for HH Products:** https://www.publichealthontario.ca/en/eRepository/point-of-care-placement.pdf
- **Speedy Audit:** https://www.speedyaudit.com/
- **SPICE HH Competency Validation:** https://spice.unc.edu/wp-content/uploads/2017/03/Hand-Hygiene-Competency-SPICE.pdf

Additional Resources

CDC's ICAR Tool

Infection Prevention and Control Assessment Tool for Long-term Care Facilities

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Hand Hygiene and Contact Precautions Observations

Staff type*	Type of opportunity	HH performed?	Gown or glove indicated?	Gown/glove used?
Click here to enter text.	○ Room entry ○ Room exit ○ Before resident contact ○ After resident contact ○ Before glove ○ After glove ○ Other: Click here to enter text.	○ Alcohol-rub ○ Hand Wash ○ No HH done	○ Gown only ○ Glove only ○ Both ○ No	○ Gown used ○ Glove used ○ Both ○ Neither
Click here to enter text.	○ Room entry ○ Room exit ○ Before resident contact ○ After resident contact ○ Before glove ○ After glove ○ Other: Click here to enter text.	○ Alcohol-rub ○ Hand Wash ○ No HH done	○ Gown only ○ Glove only ○ Both ○ No	○ Gown used ○ Glove used ○ Both ○ Neither

- **General Infection Prevention**
  - ☐ CDC Infection Prevention Resources for Long-term Care: http://www.cdc.gov/longtermcare
  - ☐ CDC/HICPAC Guidelines and recommendations: http://www.cdc.gov/HAI/prevent/prevent_pubs.html
  - ☐ CMS State Operations Manual, Appendix PP, Released Nov 2014 (IC Guidance on pages 182-220): https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R127SOMA.PDF
- **Healthcare Personnel Safety**

https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html

NJDOH: Communicable Disease Service (CDS)

CDS: Healthcare-Associated Infections & Antimicrobial Resistance

ICAR Video Leader Guide

Infection Control Assessment and Response (ICAR)
Facilitated Discussion Leader Guide
New Jersey Department of Health

The three Infection Control Assessment and Response (ICAR) videos were created to start a dialogue between the ICAR team and healthcare professionals. The videos cover topics included on ICAR assessments that are recognized as important to patient/resident safety to decrease disease transmission but are not always followed in practice. Much of this information is basic infection prevention and therefore taught to healthcare professionals early in their career. However, because of multi-tasking and trying to save time, these basic practices are sometimes not performed.

This guide was created to stimulate discussion among health care professionals. Glucometer use, medication preparation, and injection safety are areas of nursing practice that are separate but have significant overlap. These three videos were developed to assist with identifying poor infection prevention practices and to foster a better understanding of why infection prevention is a key element in reducing disease transmission. We hope that facility "Leaders" (e.g., those responsible for monitoring staff competencies) will find this guide helpful. Please view the videos on the New Jersey State Government YouTube page and then refer to this guide to lead discussion with staff. Prior to your group discussion, consider completion of the Centers for Disease Control and Prevention (CDC) Injection Safety Checklist to identify opportunities for improvement at the facility.

- **Stimulate discussion**
- **Self-evaluation**
- **Engaging**
- **Q&A**
- **Additional resources**
- **Recently updated**

https://www.nj.gov/health/cd/documents/topics/hai/icar_video_facil_disc_leader_guide.pdf

Infection Control Assessment & Response (ICAR)
Getting the Point Across:
Infection prevention and
blood glucose monitoring

Presented by:
Jessica Felix, BSN, RN, CIC
Infection Control Assessment & Response Infection Preventionist
Communicable Disease Service
New Jersey Department of Health

Infection Control Assessment and Response (ICAR)
Facilitated Discussion Leader Guide
New Jersey Department of Health

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Related Links

- Antimicrobial Resistance
- Injection Safety

ICAR Resources

- How To Guide: Getting the Point Across (Proper Glucometer Use) [webinar]
- ICAR Facilitated Discussion Leader Guide [updated 2/2019]

- Video Series
  - Safe Glucometer Use - ICAR Video 1
  - Medication Preparation Areas - ICAR Video 2
  - Injection Safety - ICAR Video 3

- Antibiotic Stewardship in Long-term Care [webinar]
- Antibiotic Stewardship in Nursing Homes and Long-term Care Webinar Resources
- Guidance and Recommended Resources for Infection Prevention Partners

INFECTION CONTROL ASSESSMENT
RESPONSE (ICAR)
SAFE GLUCOMETER USE
A NJDOH ICAR VIDEO #1

INFECTION CONTROL ASSESSMENT
RESPONSE (ICAR)
MEDICATION PREPARATION AREAS
A NJDOH ICAR VIDEO #2

INFECTION CONTROL ASSESSMENT
RESPONSE (ICAR)
INJECTION SAFETY
A NJDOH ICAR VIDEO #3

https://www.nj.gov/health/cd/topics/hai.shtml

Injection Safety

- **Safe Injection Ambassador Program**

- **One & Only Campaign**

https://www.nj.gov/health/cd/documents/topics/hai/guidance_resources_for_ip_partners.pdf

Table of Contents

```
Background → Public health partners → An introduction to the basics → Policies and procedures
```

```
Data and surveillance → Information technology → Communicable diseases and infectious organisms → Networking and professional development
```

```
Healthcare-associated infection prevention → Closing → Resource List → Appendix
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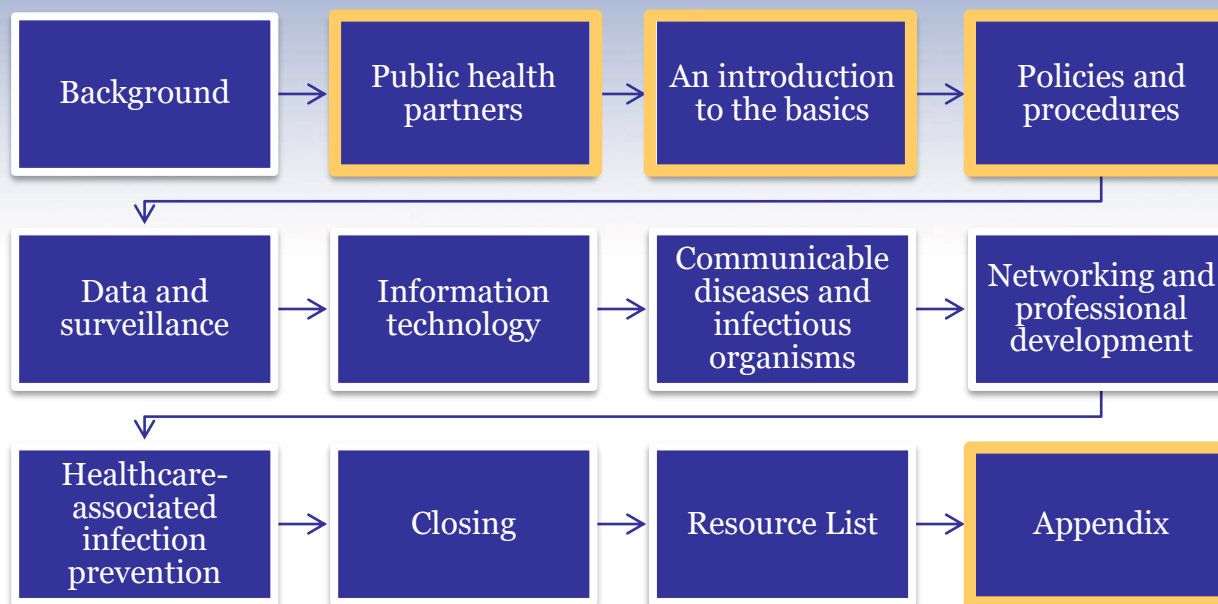
Local Health Departments (LHD)

- **Identify the LHD by county or municipality**
- **After hour emergency contact phone numbers**
- **New Jersey Local Information Network and Communications System (NJLINCS)**

PDF Flu_Report_Week_11.107910.pdf
     704 KB

NJLINCS Health Alert Network
Public Health Info
Distributed by the New Jersey Department of Health

Subject: Respiratory Virus Surveillance Report Week Ending March 16, 2019 (MMWR Week 11)
Date: 3/20/2019; 11:43:10
Message#: 103763-3-20-2019-PHIN
Contact Info: Lisa McHugh, NJDOH
Phone: 609-826-5964; Email: lm2@njlincs.net
Attachments: Flu_Report_Week_11.pdf

Attached please find the Respiratory Virus Surveillance Report for week ending March 16, 2019. All reports (current and archived) in additional to many other useful tools can be found at the NJDOH website at:
http://www.nj.gov/health/cd/statistics/flu-stats/index.shtml.

Please contact Lisa McHugh or a member of the Influenza Surveillance team at 609-826-5964 or
InfluenzaAdvisoryGroup@doh.nj.gov with questions.

New Jersey Department of Health
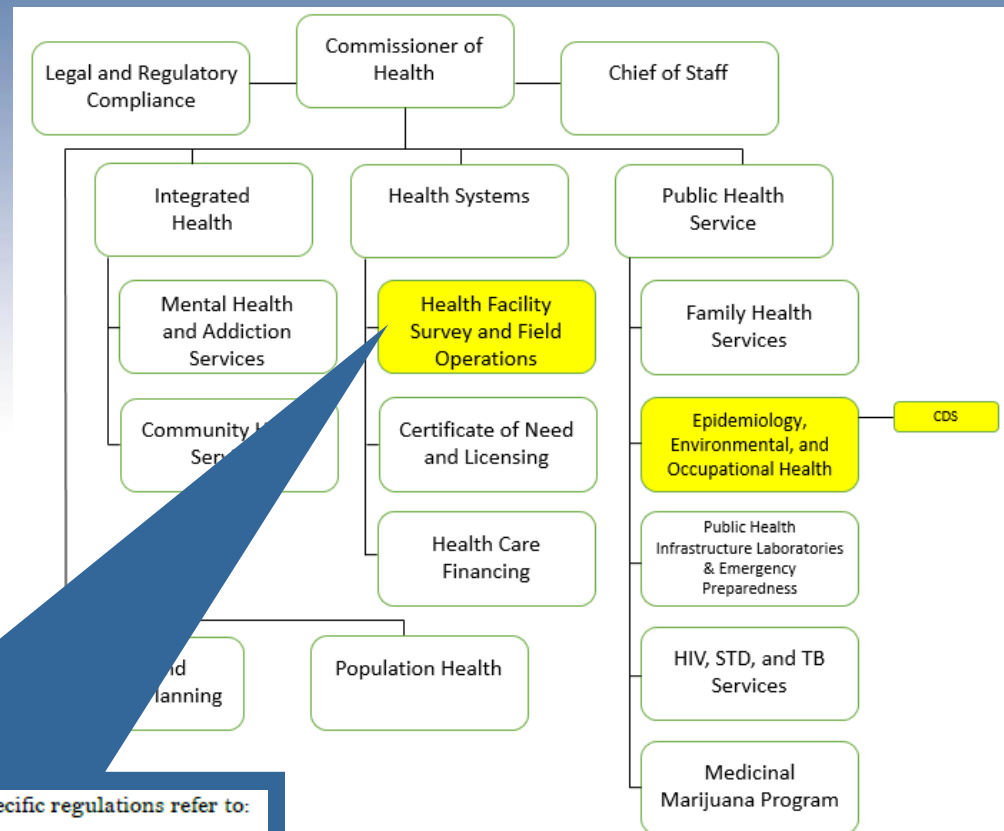
New Jersey Administrative Code (N.J.A.C.) is available here.[14] For setting specific regulations refer to:

- N.J.A.C. Title 8, Chapter 39 Standards for licensure of Long-term Care Facilities
- N.J.A.C. Title 8, Chapter 43A Manual of Standards for Licensing of Ambulatory Care Facilities
- N.J.A.C. Title 8, Chapter 43G Hospital Licensing Standards
- N.J.A.C. Title 8, Chapter 42 Licensing Standards for Home Health Agencies
- N.J.A.C. Title 8, Chapter 57 Communicable Diseases
  - o Instructions for using LexisNexis are available here.[15]

Communicable Disease Service

- **Regional Epidemiology Program (REP)**
- **Vaccine Preventable Disease Program (VPDP)**
- **Infectious and Zoonotic Disease Program (IZDP)**
  - Healthcare-Associated Infections (HAI) Coordinator
  - Antimicrobial Resistance (AR) Coordinator
  - HAI/AR Epidemiologist
  - ICAR Team

An Introduction to the Basics

Learn about:

- **Your role and scope of the IP program**
- **IP Committee**
- **Other committees you may serve on**
- **Other key people within your organization**

Policies & rocedures

In addition to infection prevention specific policies and procedures (e.g. hand hygiene, standard precautions, transmission-based precautions, reporting of communicable diseases), consider the following:

Collection of specimens

Laundry services

Reusable medical equipment and devices (e.g. blood glucose meters)

Specialty care

Dental
Hemodialysis
Podiatry
Respiratory
Vascular access
Wound

Appendix

NJ Administrative Code

- **LexisNexis- Free online public access**
- **Title 8. Health**
- **Chapter 39 Standards for Licensure of LTC**
- **Subchapter 19. Mandatory Infection Control and Sanitation**

SUBCHAPTER 19. MANDATORY INFECTION CONTROL AND SANITATION

§ 8:39-19.1 Mandatory organization for infection control and sanitation

§ 8:39-19.2 Mandatory employee health policies and procedures for infection control and sanitation

§ 8:39-19.3 Mandatory waste removal policies and procedures

§ 8:39-19.4 Mandatory general policies and procedures for infection control and sanitation

§ 8:39-19.5 Mandatory staff qualifications; health history and examinations

§ 8:39-19.6 Mandatory space and environment for water supply

§ 8:39-19.7 Mandatory space and environment for sanitation and waste management

§ 8:39-19.8 Mandatory supplies and equipment for infection control and sanitation

SUBCHAPTER 20. ADVISORY INFECTION CONTROL AND SANITATION

https://www.state.nj.us/oal/rules/accessp/

Electronic Code of Federal Regulations (e-CFR)

https://www.ecfr.gov

E-CFR (cont'd)

- **Electronic Code of Federal Regulations (e-CFR): https://www.ecfr.gov**
- **Title 42: Public Health > Chapter IV > Subchapter G > Part 483- Requirements for LTCFs**

e-CFR data is current as of March 15, 2019

Title	Volume	Chapter	Browse Parts	Regulatory Entity
Title 42 Public Health	1	I	1-199	PUBLIC HEALTH SERVICE, DEPARTMENT OF HEALTH AND HUMAN SERVICES
		II-III	200-399	[RESERVED]
	2	IV	400-413	CENTERS FOR MEDICARE & MEDICAID SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES
	3		414-429	
	4		430-481	
	5		482-699	
		V	1000-1099	OFFICE OF INSPECTOR GENERAL-HEALTH CARE, DEPARTMENT OF HEALTH AND HUMAN SERVICES

§483.73	Emergency preparedness.
§483.75	Quality assurance and performance improvement.
§483.80	Infection control.
§483.85	Compliance and ethics program.
§483.90	Physical environment.

Surveyor Training

- **CMS Survey and Certification Group-Integrated Surveyor Training Website**

Activity Information	Course Information	Type
0CMSUIPC_ONL Available On Demand	Universal Infection Prevention and Control **Description:** This course is designed to provide you with the basic knowledge and skills needed to prepare surveyors to evaluate practices and procedures used by health care facilities to prevent and control infections. The estimated course completion time for this training is 28 hours.	Web-based
0CMSLTCSurProc_LTCProviders Available On Demand	Overview of the New Long Term Care (LTC) Survey Process for LTC Providers **Description:** October 2017: This presentation provides an introduction to new regulatory reform, key changes to the survey process, the rationale behind the changes to the survey process, and the basic steps in the survey process that are important to the LTC Provider.	Provider

https://surveyortraining.cms.hhs.gov/

LTC Survey Pathways

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 IVs, and oral/IM/respiratory 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)).

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/LTC-Survey-Pathways.zip

Coming Soon

- **Hand hygiene memorandum of support**
- **Audit tool guidance**
- **Webinars- setting specific**
  - LTC debuting March 2019
- **Antimicrobial Stewardship Recognition Program**

About the New Jersey Antimicrobial Stewardship Recognition Program

Background

Antimicrobial Stewardship Programs (ASPs) and efforts to combat antimicrobial resistance have been ongoing in New Jersey for decades. In recent years, a framework from the Centers for Disease Control

Resources

- Communicable Disease Service: ICAR Resources. Retrieved March 6, 2019, from https://www.nj.gov/health/cd/topics/hai.shtml

Jessica Arias, BSN, RN, CIC
Infection Preventionist
Infection Control Assessment and Response (ICAR) Team Lead

Jessica.Arias@doh.nj.gov
CDS.ICAR@doh.nj.gov