Infection Control in Long Term Care
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Disclaimer

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Objectives

- Review Facility Assessment and impact on the Infection Prevention and Control Program (IPCP)
- Identify the facility’s responsibility in IPCP
- Discuss key components of infection control practices to include antibiotic stewardship
- Review the Infection Preventionist role and qualifications

https://www.youtube.com/watch?edufilter=NULL&v=Hr7jjlZI6NA
https://www.youtube.com/watch?edufilter=NULL&v=5uZjgGD_9vY
Facility Assessment

Facility wide evaluation of facility resident population to ensure the necessary resources are in place to meet the needs of the diverse population on a daily basis and in an emergency

Administrator, Medical Director, DON, Rep of the Governing Body

Review and update annually or when there is a change that requires modification to any part of the assessment

Facility Assessment Breakdown

• Resident Population:
  - Resident bed capacity and Resident census
  - Care required by resident population (disease type, physical and cognitive disabilities, acuity)
  - Staff competencies necessary
  - Ethic, cultural, religious factors (activities, nutrition)

• Facility Resources:
  - All building, structures, vehicles
  - Equipment (medical, non-medical)
  - All personnel (contractors, managers, volunteers) and their education/training and competencies related to resident care
  - Contracts (memos of understanding, third party agreements) to provide services or equipment during normal operations and emergencies.
  - Health Information technology (electronic management of resident records and sharing of information)

• Facility-based and community-based risk assessment, using an all-hazards approach
Competency Based Training

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


Infection Control Background

40% to 70% of antibiotics prescribed are potentially inappropriate

1.6-3.8 million healthcare-associated infections (HAI) per year

P880 one of the most frequently cited tags
483.80 Infection Control
#1 Most Cited Deficiency 2019

It only takes one break...

- F880: Infection Prevention and Control
- F881: Antibiotic Stewardship Program
- F882: Infection Preventionist Qualifications/Role
- F883: Influenza and Pneumococcal Immunizations

F880 Infection Prevention & Control Program

Applies to residents, staff, volunteers, visitors, and contractors

Should be based upon the facility assessment and national standards

Must have an annual review of the program and update as needed
What's included: Infection Prevention & Control Program

System for preventing, identifying, reporting, investigating and controlling that follows accepted national standards

Policies and procedures that need to be included in the annual review and must include:

- Surveillance
- Reporting
- Standard and Transmission-based Precautions
- Isolation (added emphasis on considering the appropriateness and least restrictive use)
- Recording incidents and reporting actions
- Linen: handle, store, process, and transport
- Annual review and update as necessary

Infection Prevention & Control Program: Process Surveillance

* Review of staff practices related to resident care
  - Hand Hygiene
  - Appropriate use of PPE
  - Injection safety
  - Point-of-care testing
  - Implementation of infection control practices:
    o Urinary catheter care
    o Wound care/Skin care
    o Incontinence care
    o Injection/IV care
    o Respiratory care
  - Managing a bloodborne pathogen exposure
  - Cleaning and disinfection products and procedures for environmental surfaces and equipment
  - Appropriate use of transmission-based precautions
  - Handling, storing, processing, and transporting linens
Infection Prevention & Control Program: Outcome Surveillance

- **Criteria staff would use to identify and report CD or HAI**
  - Collecting/documenting data
  - Comparing to standard written criteria

- **Sources of data that can be utilized for infections, antibiotic use and susceptibility:**
  - Laboratory cultures or tests used to detect clusters, trends or susceptibility patterns
  - Antibiotic orders
  - Medication regimen review reports
  - Documentation in clinical record for suspicion of infection: PO/PN
  - Transfers/discharge summaries for new or readmitted resident with infections

Infection Prevention & Control Program: Data Analysis, Documentation & Reporting

- **Policies and procedures must include data to identify CD or infections before they spread**
  - Data to be collected (type and frequency)
    - Infection site
    - Pathogen
    - Signs and symptoms
    - Resident location
    - Number of resident’s that developed infection
  - Dissemination of information
    - How will data will be used and shared with staff, medical director, DON, QAA committee
    - When applicable (may require staff education and competencies)
    - Review prescribing practices interventions/approaches related to rates and outcomes

- [https://www.cdc.gov/nhsn/index.html](https://www.cdc.gov/nhsn/index.html)
• Infection Prevention & Control Program: Surveyor Perspective

- Review facility’s process for review, revising and approving policies and procedures
- Proof of annual review
- Ensure staff are aware of policies and procedures

• Standard Precautions

- Hand Hygiene
- Personal Protective Equipment
- Respiratory hygiene/cough etiquette
- Environmental cleaning and disinfection
- Equipment cleaning and disinfection
Medical Device Safety

Point-of-care devices:

• Used (single or multiple)
• Cleaned (how, when and with what) [per manufacturer’s directions for use]
• Stored (contained and separated)

Fingerstick devices:

Blood Glucose Monitors:

Transmission-Based Precautions: Identify and Implement

1. Signs and Symptoms of infection
2. Identify risk factors and likelihood of transmission
3. Provision of private room
4. Cohorting residents with same pathogen
5. Sharing a room with a roommate with limited risk factors
Transmission-Based Precautions: Type

Contact
• Direct or indirect with resident or environment
• Require donning PPE (gown and gloves) upon entering the room
• Removal of PPE and hand hygiene prior to leaving the room

Droplet
• Facemask upon entering
• The power of three feet: Spacial separation of residents in room with curtain drawn between

Airborne
• Fit-tested N95 prior to entry

Transmission-Based Precautions: Precautions

- Clearly identify type of precautions and the appropriate PPE to be used:
  - Signage conspicuously posted
  - PPE readily available
  - Don appropriate PPE upon entering
  - Use disposable/dedicated equipment or disinfect
  - Clean and disinfect frequently touched objects/surfaces daily and when soiled
  - Provide education to residents, their representative or visitors
Critical Element Pathway

Facility Task Coordination:
- Overall IPCP
- Annual review of P&P
- Review of surveillance and antibiotic stewardship
- Tracking flu/pneumo immunizations

Survey Team:
- Laundry services
- Resident on Transmission-Based Precautions
- Five (5) sampled residents for flu/pneumo immunization

Observation, Interview, and Documentation Review

Implementation of precautions
- Appropriate Hand hygiene
- Alcohol-based hand rub readily accessible
- Soap and water when visibly soiled
- Donning and doffing PPE as appropriate
- Supplies readily available

Laundry
- Minimal agitation
- Holding away from clothing
- Bagging linen where collected; sorted/rinsed in contaminate laundry area
- Transport clean and contaminated in separate carts
- Detergents and laundering per manufacturer’s direction for use

Surveillance
- P&P reviewed annually
- Plan based on facility assessment
- Use of data collection tool
- Review of data
- Process for communication
- Current list of reportable CD
- Prohibiting staff with CD/infected skin lesion from direct contact with resident or food
**F881 Antibiotic Stewardship**

- Reduce the risk of antibiotic-resistant organisms
- System to monitor antibiotic use
- Facility-wide
- Antibiotic use protocols

**Antibiotic Stewardship Core Components**

- Facility Leadership
- Staff Accountability
- Accessing Pharmacist
- Implement policies/practices
- Track Antibiotic use
- Regular reporting on use and resistance
- Educate staff
Antibiotic Stewardship Program Protocols

Describe how the program will be implemented
Antibiotic use will be monitored
Incorporated into the overall IPCP
Reviewed annually and/or as needed
Contain a system of reports r/t monitoring usage/resistance
Standardized tools for resident assessment
Mode and frequency of education
Pharmacist

Phase 3 implementation (11/28/19)
Designated individual(s) as the Infection Preventionist (IP)
Primary professional training
Qualified
Work at least part-time
Completed specialized training in infection prevention and control
Member of and participates in quality assessment and assurance committee
Reports to QAA on the IPCP regularly
## F883 Influenza and Pneumococcal Immunizations

- **Policies and Procedures that ensure:**
  - Education on risk vs benefit is given prior to offering
  - Offered to resident (Flu 10/1-3/31) annually
  - Right to refuse immunizations
  - Medical record documentation must include:
    - Education of benefits and potential side effects and resident received or not received and why

## Antibiotic Stewardship

**Critical Element Pathway: Observation, Interview, and Documentation Review**

- **Antibiotic Stewardship**
  - Antibiotic use protocols (optimize treatment)
  - Signs and symptoms/laboratory reports
  - Review of practitioner prescribing patterns
  - Feedback reports

- **Influenza and Pneumococcal Vaccinations**
  - Screening and eligibility to receive vaccine
  - Education (risk vs benefit)
  - Administration of vaccine
  - Documentation of reason not provided if refused
  - Vaccine supplies availability
Resources

- Centers for Disease Control: [cdc.gov](https://www.cdc.gov)

**Thank you for your listening**

Do you have any questions?
Contact Information

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