COVID-19 Focused Infection Control Assessment & Response (ICAR)

Lessons learned and available solutions for Long-term Care

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PUMPKIN SPICE AND EVERYTHING NICE

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About the Infection Control Assessment and Response Program (ICAR)

Background:

- ICAR is a CDC-sponsored program focused on supporting state-driven efforts to improve infection prevention and control capacity throughout the nation.
- In 2015 NJDOH Communicable Disease Service (CDS) established the existence and now continuing capacity for infection prevention support via the formation of the Infection Control Assessment & Response (ICAR) team.

Purpose:

- To establish partnerships with health care facilities to improve and strengthen infection control and prevention practices throughout New Jersey.

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ICAR in Response to COVID-19

- The NJDOH CDS has received prevention-based funding from three separate CDC grants
- CDS is using new funding and staff (health educators, public health nurses, and epidemiologists) to provide additional trainings and educational materials based on gaps identified by ICAR assessments to both healthcare facilities and local health departments.
- **Goal:** To build sustainable infection prevention capacity at healthcare facilities, including LTC, and local health departments

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Importance of ICAR in Healthcare Facilities

ICAR continues to be a successful HAI prevention initiative for both the CDC and CDS

1	2	3	4
• Identify gaps in infection control policies and practices	• Provide real-time feedback for improvement	• Provide evidence-based resources	• Prevent the spread of multi-drug resistant organisms (MDROs)

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Benefits of an ICAR Assessment

- Voluntary
- Consultative in nature
- Non-regulatory
- Complimentary – no cost to the facility
- Incorporates facility self-assessment using CDC ICAR tools
- Virtual or onsite to review the assessment and understand the facility's unique needs
- Facility tailored resources, tools and training information is provided
- Establishment of an ongoing partnership with the NJ-DOH CDS ICAR team, Local Health Departments and Regional Epidemiologists

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NJ - Infection Control Assessment & Response

ICAR Prevention

- Assess overall IPC
  - COVID-19 prevention focused addendum
- COVID-19 infection prevention & control
- Enhancing overall IPC
- Quality improvement
- Focus on partnership development

ICAR Containment

- COVID-19 **specific** infection prevention & control
- Responding to an outbreak or investigation
- Facility tour
- On-the-spot interventions

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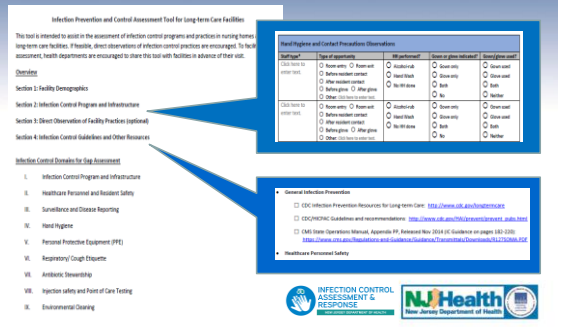
CDC ICAR Prevention Tool



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Prevention ICAR Tool Domains

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

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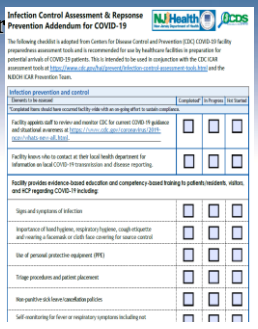
Prevention ICAR Pr

- A consultation is requested
- Self-assessment is first filled out by the facility and returned by email to the ICAR Prevention Team
- The consultation is conducted with verbal feedback
- A written summary is provided highlighting focus areas
- Contact the ICAR Prevention Team at CDS.ICAR@doh.nj.gov or at 609-826-5964


Infection Control Assessment & Repsonse Prevention Addendum for COVID-19

NJ Health | DCDS

The following checklist is adopted from Centers for Disease Control and Prevention (CDC) COVID-19 facility preparedness assessment tools and is recommended for use by healthcare facilities in preparation for potential arrivals of COVID-19 patients. This is intended to be used in conjunction with the CDC ICAR assessment tools at https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html and the NJDOH ICAR Prevention Team.

Infection prevention and control

Element(s) to be scored	Completed	In Progress	Not Started
Templated items should have occurred facility-wide with an on-going effort to sustain compliance.			
Facility appoints staff to review and monitor CDC for current COVID-19 guidance and situational awareness at https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-all.html	☐	☐	☐
Facility knows who to contact at their local health department for information on local COVID-19 transmission and disease reporting.	☐	☐	☐
Facility provides evidence-based education and competency-based training to patients/residents, visitors, and HCP regarding COVID-19 including:			
Signs and symptoms of infection	☐	☐	☐
Importance of hand hygiene, respiratory hygiene, cough etiquette and wearing a facemask or cloth face covering for source control	☐	☐	☐
Use of personal protective equipment (PPE)	☐	☐	☐
Triage procedures and patient placement	☐	☐	☐
Non-punitive sick leave/cancellation policies	☐	☐	☐
Self-monitoring for fever or respiratory symptoms including not	☐	☐	☐

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Navigating NJ DOH ICAR Resources

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

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LaKisha Kelley, BSN, RN, CIC, Infection Preventionist, ICAR Prevention

DON'T FALL BEHIND – INFECTION PREVENTION & CONTROL

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The Infection Preventionist (IP)

- **Responsibilities may vary dependent upon your organization**
  - Facility specific infection prevention and control plan
  - Effective infection prevention and control program
  - IP as an educator
  - Subject matter expert

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Basic Infection Prevention Measures

- ***Standard Precautions*** are the minimum infection prevention practices that apply to all patient care in any setting where healthcare is delivered:
  - Hand Hygiene
  - PPE
  - Respiratory & Cough Etiquette
  - Environmental cleaning and disinfection
  - Patient Placement
  - Sharps Safety
  - Safe Injection Practices
- ***Transmission-based precautions*** are used in addition to standard precautions for patients infected or colonized with certain infectious organisms requiring additional precautions to prevent transmission

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Hand Hygiene (HH) - interactive demo

https://www.youtube.com/watch?v=nEzJ_QKjT14

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Interactive Resources

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Hand Hygiene Resources

- CDC Project Firstline
  https://www.cdc.gov/infectioncontrol/projectfirstline/training/nursing-homes.html
- NJDOH Hand Hygiene in Healthcare Settings
  https://www.nj.gov/health/cd/documents/topics/NCOV/hand_hygiene_healthcare_settings.pdf
- ICAR Resources
  https://www.nj.gov/health/cd/topics/hai.shtml

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Personal Protective Equipment (PPE)

- **Gloves**
  - Protect the hands
  - Type of gloves used depends on task being performed (e.g. catheter insertion)
  - Proper fit is important
- **Gowns**
  - Protect the skin or clothing
  - Disposable or launderable
  - Must be worn appropriately
- **Masks and respirators**
  - Protect the mouth and nose
  - Should be well-fitting
  - N95 requires fit testing

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PPE (continued)

- **Goggles protect the eyes**
  - Should fit snuggly around the eyes or prescription lenses
  - Indirectly vented
  - Anti-fog to maintain visual clarity
- **Face shields protect the mucous membranes (eyes, nose, mouth)**
  - Should be used with the appropriate mask
  - Cover forehead, extend below the chin, and wrap around the side of the face
  - Single use or multiple use

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PPE Resources

- Recommendations for HCP during the COVID-19 Pandemic https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html.
- COVID-19 PPE https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html
- OSHA Standards https://www.osha.gov/personal-protective-equipment

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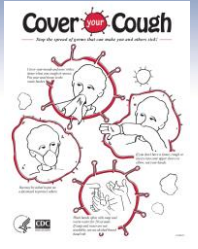
Respiratory & Cough Etiquette

- Cover your mouth and nose when coughing or sneezing
- Source control with well-fitting mask
- Encourage physical distancing
- Provide tissues and no touch receptacles
- Hand hygiene products available
- Post signs at entrances and common areas



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Respiratory Etiquette Resources

- CDC Respiratory Hygiene/Cough Etiquette in Healthcare Settings
  https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm
- Good Health Manners Fact Sheet
  https://www.immunize.nc.gov/family/pdf/influenza_good_health_manners_eng.pdf
- Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post Acute Care Facilities
  https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm

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Environmental Services (EVS)

- **Partnership with infection prevention and control department**
  - Work hand-in-hand
  - IP expertise
  - Performance Improvement
- **Education and training for EVS staff**
  - Enhanced learning
  - Core educational programs
  - Training programs

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EVS (Continued)

- **Written cleaning schedules to meet the needs of each area**
  - All about the *matrix*
  - Appropriate product selection
  - Contact times and following manufacturer's IFU
- **Evaluate effectiveness of cleaning/disinfection**
  - Visual inspection- What do you see?
  - Fluorescent markers- Making the invisible, visible

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NJDOH Interactive Resources

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EVS Resources

- CDC's tool for *Best Practices for Environmental cleaning in Healthcare Facilities* https://www.cdc.gov/hai/pdfs/resource-limited/environmental-cleaning-RLS-H.pdf.
- Selected EPA-Registered Disinfectants https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants
- CDC's *Options for Evaluating Environmental Cleaning toolkit* https://www.cdc.gov/hai/toolkits/Evaluating-Environmental-Cleaning.html

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Environment of Care Rounds

- **Environment of care (EOC) rounds**
  - Assess the physical environment
    - §N.J. Admin. Code 8:39 subchapter 31
  - Ensure adherence to IPC standards
  - Promote safety
- **EOC team members**
  - Team can include: EVS, IP, nursing, administration, facilities/maintenance, food services and others as deemed appropriate

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EOC Rounds (Continued)

- **Non-clinical areas of focus for EOC rounds**
  - Laundry Department
  - Dietary Services Department
  - Offices and conference rooms

- **Results of EOC rounds**
  - In the moment education/correction as appropriate
  - Written report forwarded to manager/leader for follow-up
  - Create a plan to address non-compliance

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EOC Sample Checklists

Criteria	C	NC	Finding or Comment	CAC	FU	NA
Miscellaneous:						
Handwashing observed when appropriate						
Ceiling tiles are clean and in good condition						
Ceiling is free of holes and penetrations						
Disaster, evacuation, fire, infection control, & MSDS documents available						
Storage closets and shelves						
Sink clean						
Area free of water leaks or spills						
Specimens being bagged, handled, labeled as per policy						
Safety devices available						
Safety devices used appropriately						
Grounds:						
Clean & free of trash						
Building walls free of penetrations						
Disinfection/Sterilization:						
Appropriate solutions available for soaking						
Appropriate containers available						
Containers clean, covered, labeled as required						

Checklist from APIC

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EOC Sample Checklists

44.	No open food at nurse's station.				(This is an infection control issue.)
45.	O2 E-cylinders are secured.				(If a full cylinder falls and snaps the valve it could become a projectile.)
46.	O2 E-cylinders are not co-mingled.				(Prevents staff grabbing an empty or near empty cylinder for patient use.)
47.	Needles and other sharps discarded only in designed containers, and containers appropriately disposed of.				(Contracted service will dispose of containers as designed by contract.)
48.	Hazardous substances properly labeled, stored and handled.				(All containers must be labeled concerning contents.)
49.	Red bags used for medical waste at generation points.				(Staff should be educated where the different materials must be disposed. This can be a safety issue and disposal of unregulated waste in regulated containers is expensive.)

Checklist from Premier Medical Group

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EOC Resources

- APIC EOC Resources https://apic.org/resources/topic-specific-infection-prevention/environment-of-care/
- APIC sample EOC Rounds Worksheet for IP https://apic.org/Resource_/TinyMceFileManager/Academy/ASC_101_resources/Assessment_Checklist/Environment_Checklist.doc
- Premier Medical Group sample EOC Checklist https://pdf4pro.com/view/eoc-rounds-checklist-premier-medical-group-5a812d.html

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Auditing – Data for Action

- **Auditing is the direct observation or monitoring of adherence to job-specific activities**
  - Auditing creates an opportunity to provide feedback to staff on their performance and allows for further education to reinforce and clarify key infection prevention concepts.
  - Audits should target key steps outlined in infection prevention policies and procedures (e.g., hand hygiene, indwelling devices, injection safety).

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Auditing – Data for Action

- **Key Auditing Opportunities:**
  - PPE use, including observing appropriate donning/doffing
  - Hand hygiene
  - Environmental services

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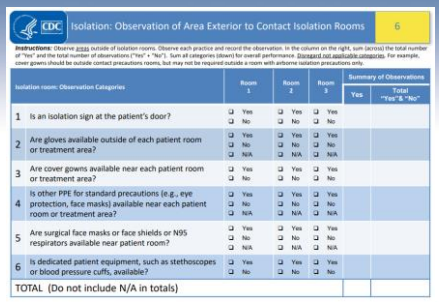
IPC audits



Isolation: Observation of Area Exterior to Contact Isolation Rooms — 6

Instructions: Observe areas outside of isolation rooms. Observe each practice and record the observation. In the column on the right, sum (across) the total number of "Yes" and the total number of observations ("Yes" + "No"). Sum all categories (down) for overall performance. Disregard not applicable categories. For example, cover gowns should be outside contact precautions rooms, but may not be required outside a room with airborne isolation precautions only.

Isolation room: Observation Categories		Room 1	Room 2	Room 3	Summary of Observations: Yes	Summary of Observations: Total "Yes" & "No"
1	Is an isolation sign at the patient's door?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
2	Are gloves available outside of each patient room or treatment area?	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A		
3	Are cover gowns available near each patient room or treatment area?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
4	Is other PPE for standard precautions (e.g., eye protection, face masks) available near each patient room or treatment area?	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A		
5	Are surgical face masks or face shields or N95 respirators available near patient room?	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A		
6	Is dedicated patient equipment, such as stethoscopes or blood pressure cuffs, available?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
TOTAL (Do not include N/A in totals)						

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Auditing Resources

- NJDOH Infection Prevention Audit Tool Development https://www.nj.gov/health/cd/documents/topics/hai/infection_control_auditing.pdf
- APIC Data Gathering and Summary Reports https://ipobservationtools.org/data-gathering-and-summary-reports/
- CDC & APIC Quick Observation Tools (QUOTs) for Infection Prevention https://www.cdc.gov/infectioncontrol/tools/quots.html#anchor_1549306152

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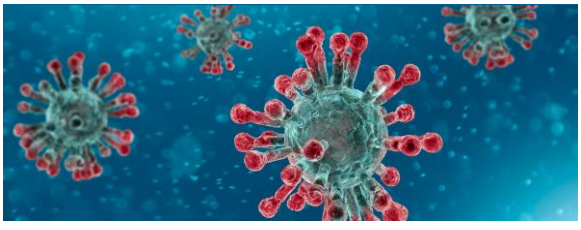

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THE GHOULISH DETAILS – COVID-19 ICAR CONTAINMENT

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COVID-19 ICAR Containment

- Aimed at stopping or reducing spread of SARS-CoV-2 at the beginning of an outbreak
- Focused assessment
- Currently offered to long-term care facilities:
  - Nursing homes
  - Skilled nursing facilities
  - Assisted living facilities
  - Rehabilitation facilities

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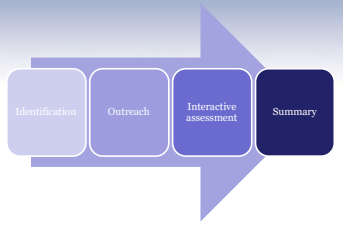
ICAR Containment Assessment Process



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Identification of Facilities

- Internal process involving a multidisciplinary team
- Prioritization of the facilities during times of increased volume of outbreaks
- Review of the outbreak data and epidemiology

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Outreach

- Contact the LHD working with the facility
- LHD will reach out to the facility to set up time and date for the assessment
- Facility and LHD is provided:
  - ICAR Containment Assessment Tool
  - Instructions for Microsoft Teams and how to guide for the tele-assessment and video tour
  - Brief description of the assessment
  - Agenda
- Facility will submit completed ICAR Containment Tool prior to the assessment

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Assessment

- Introductions
- Virtual tour of facility
- Guidance and feedback is provided in real-time using
- Discussion with findings from the tour, the ICAR tool, and Q&A

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Demographics and Critical Infrastructure

- Types of beds
- Number of beds
- Total number of resident cases during the current outbreak
- Total number of staff cases during the outbreak
- Date of onset
- Cleaning and disinfecting products

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Source Control and Personal Protective Equipment

- Type of source control used
- Type of respirators used
- Fit Testing
- Gowns
- Eye protection
- Gloves
- Use, donning and doffing, availability, etc.

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Hand Hygiene

- Facility policy and procedures
- Alcohol based hand sanitizer vs. soap and water
- Supplies and availability

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Environmental Services

- Cleaning and disinfecting products
- High touch surfaces
- Terminal clean
- Wet/contact times
- Cleaning and disinfecting policies and procedures

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General Infection Control and Prevention Practices (IPC)

- Infection control team
- Screening policy and procedure
- Return to work criteria
- Annual education and training
- Auditing practices
- Social distancing
- Visitation, communal dining, etc.

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Resident-Related IPC Practice

- Source control
- Movement of residents in and out of a facility
- Cohorting and designated areas for person
- Transmission-based precautions
- Discontinuation of transmission precautions
- Monitoring

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SARS-CoV-2 Testing

- Type of testing
- Policies and procedures for testing
  - New admission
  - During an outbreak
  - Staff
  - Screening
  - Unvaccinated vs. vaccinated

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Common Themes

- Improper PPE donning and doffing
- No PPE availability at point of use
- Double masking; extended use of N95 when in conventional capacity
- Lack of contact tracing
- Lack of auditing of PPE practice, EVS, and hand hygiene
- Poor cohorting practice
- Low vaccination among staff
- Some staffing issues that inhibit dedicating staff to units

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Forms of Source Control

- **Per CDC, acceptable forms of source control for healthcare personnel (HCP) include:**
  - NIOSH-approved N95 or equivalent or higher-level respirator
  - A respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators
  - An FDA-approved well-fitting facemask
- **IMPORTANT REMINDER: Facilities covered by the OSHA Emergency Temporary Standard should note that per OSHA:**

  "Facemask means a surgical, medical procedure, dental, or isolation mask that is FDA-cleared, authorized by an FDA EUA, or offered or distributed as described in an FDA enforcement policy. Facemasks may also be referred to as "medical procedure masks."

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What about KN95s or non-NIOSH approved FFRs?

- **FDA added a policy that, during the public health emergency, FDA generally does not intend to object to stockpiled, non-NIOSH-approved respirators being further distributed and used as facemasks for source control (as opposed to being used as FFRs for respiratory protection) where the non-NIOSH-approved FFR is segregated from NIOSH-approved FFRs and clearly identified as a facemask to be used for source control only.**
  - FDA Enforcement Policy for Face Masks, Barrier Face Coverings, Face Shields, Surgical Masks, and Respirators During the Coronavirus Disease (COVID-19) Public Health Emergency (Revised) – Sept. 2021
- **Facilities may consider using KN95 or equivalent for visitor source control, if still available.**
  - HCFs should NOT purchase additional non-NIOSH approved FFRs.
- **IMPORTANT REMINDER: HCP should NOT use a respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators, such as a KN95 where transmission-based precautions (TBP) are indicated. Also, for OSHA ETS facilities, these may NOT be used as source control.**

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When to use Source Control

- **Regardless of vaccination status EVERYONE working in healthcare settings should wear well-fitting source control:**
  - Especially for those in communities with high transmission levels
  - Moderate to severe immunocompromised persons
  - Suspected or confirmed to have SARS-CoV-2
  - Had close contact with someone who was suspected or confirmed to have SARS-CoV-2
  - When recommended by public health officials
  - Any interaction with patients/residents that do not require TBP
  - Physical distance cannot be maintained
  - Around other staff who are unvaccinated

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Conventional Capacity for N95 Respirators

- Conventional = adequate supply; everyday routine practice
- The use of N95 respirators or facemasks as PPE (e.g., when caring for a patient/resident on Droplet Precautions, performing a task that causes splashes or splatters) should be removed and discarded after each patient/resident encounter as part of a CONVENTIONAL capacity strategy.
- Extended use of N95 respirators or facemasks can be considered for source control as a CONVENTIONAL capacity strategy. When used for this purpose, N95s or facemasks may be used until they become soiled, damaged, or hard to breathe through. They should be immediately discarded after removal (i.e., when doffed).

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Contingency Capacity for N95 Respirators

- Contingency = expected shortages
- Extended use of respirators = using the same respirator for multiple patients/residnets with similar diagnosis without doffing the respirator
  - If the respirator is doffed, then a new respirator should be used
  - Such practices should be made in consultation with facility level persons who manage the respiratory protection program, occupational health, infection control team, and public health officials
- Extended use of an N95 respirator or facemask as PPE is a CONTINGENCY capacity strategy. Extended use refers to the practice of wearing the same N95 respirator or facemask for repeated close contact encounters with several different patients/residents without removing the respirator between patient/resident encounters. Extended use is well suited to situations wherein multiple patients/residents with the same infectious disease diagnosis, whose care requires the use of a respirator, are cohorted (e.g., housed on the same unit such as a COVID-19 unit).

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COVID-19 Personal Protective Equipment (PPE)

N95 respirator or higher (or facemask, if unavailable), gown, gloves, and eye protection

Full COVID-19 PPE required for:	When to discontinue (d/c):
COVID-19 positive	Upon meeting d/c TBP criteria
Suspected of having COVID-19	Same as above; or based on alternate diagnosis
New and re-admissions	Upon completion of 14-day quarantine
Close contacts/exposed to COVID-19 positive person	Upon completion of 14-day quarantine
Unit (or facility) wide when transmission is suspected or identified (per LHD)	Upon containment of outbreak or in conjunction with LHD

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Donning & Doffing PPE

- **May need to be modified if operating under contingency or crisis capacity**
- **Provide visual cues**
- **Make it fun and engaging**
  - "Up and out" (Donn)
  - Gloves: last on, first off
  - "Go Get Em" (Doff)
  - G – gloves, G- gown, E- eye protection, M-mask

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Donning & Doffing PPE

Entering a patient care environment:

1. Remove gloves
2. Perform hand hygiene
3. Put on gown
4. Put on mask/respirator
5. Put on eye protection
6. Put on gloves

Leaving a patient care environment:

1. Remove gloves
2. Remove gown
3. Perform hand hygiene
4. Exit the room
5. Remove eye protection
6. Remove mask/respirator
7. Perform hand hygiene
8. Put on source control

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PPE Resources

- CDC Using PPE
https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html
- CDC Project Firstline Nursing Homes
https://www.cdc.gov/infectioncontrol/projectfirstline/training/nursing-homes.html
- NJDOH Resources
https://www.nj.gov/health/cd/documents/topics/NCOV/COVID19_Infection_Prevention_and_Control_Resources.pdf

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Contact Tracing

- **Contact tracing should be initiated immediately once a positive case is identified**
- **Create is bubble around the positive person 48 hours prior to onset of symptoms or positive test**
  - Other residents
  - Staff
  - Breaches in infection control
  - Movement of positive person (inside and outside of the facility)
  - Visitors
- **CDC COVID-19 Contact Tracing Training and Resources**
  - https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-training.html

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SARS-CoV-2 Resources

- **CDC Science Briefs:**
https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/index.html
- **FDA Face Mask Enforcement Policy for Facemasks:**
https://www.fda.gov/regulatory-information/search-fda-guidance-documents/enforcement-policy-face-masks-barrier-face-coverings-face-shields-surgical-masks-and-respirators/?utm_medium=email&utm_source=govdelivery
- **CDC Interim Infection Control Recommendations for HCP:**
https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
- **OSHA Emergency Temporary Standard:**
https://www.osha.gov/coronavirus/ets

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COMMUNICABLE DISEASE REPORTING

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WHO, WHAT, WHEN, WHERE, & WHY

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Who Reports?

- Who: YOU
  - 8:57-1.4 - Health care provider and administrator reporting of reportable communicable diseases
  - **(a)** Every health care provider and administrator shall report any person who is ill or infected with any disease listed in N.J.A.C. 8:57-1.5 within the required timeframe and shall make a report as set forth in N.J.A.C. 8:57-1.6.

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What to Report?

- What: See Quick Reference Magnet
  - Confirmed or suspected outbreaks, cases, or diagnosis of select communicable diseases
  - Hep C
  - HIV/AIDS
  - STDs
  - TB (confirmed or suspected)
  - Occupation and Environmental diseases, injuries, and poisonings

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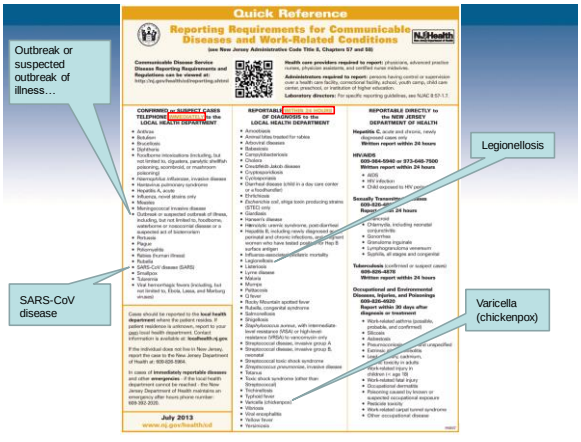

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Time is of the Essence

- When: Immediately by phone OR within 24 hours of identification by a laboratory or diagnosis of a HCP
  - Telephone
  - Electronic lab reporting
  - Communicable Disease Reporting and Surveillance System (CDRSS)

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Where do I Report to?

- Where: Local health department (LHD) or NJDOH, Communicable Disease Service (not Health Systems)
  - NJDOH – see magnet (609-826-6964)
  - LHD – https://www.state.nj.us/health/lh/community/

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LHD Directory

- Interactive tool
- Routinely updated PDF

https://www.state.nj.us/health/lh/community/

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Why is this important?

- Why: N.J.A.C. 8:57
  - Investigated promptly
  - Implementation of control measures to prevent spread
  - Understand burden of disease in NJ
  - Inform development of education, guidance, and infection prevention and control recommendations

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LHD Services

- Outbreak prevention and response
- Clinics (e.g., vaccine, wellness)
- Education
- Connect to New Jersey Local Information Network and Communications System (NJLINCS)

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Communicable Disease Service

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

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NJDOH: Communicable Disease Service

https://www.nj.gov/health/cd/

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CDS: Healthcare-Associated Infections & Antimicrobial Resistance

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

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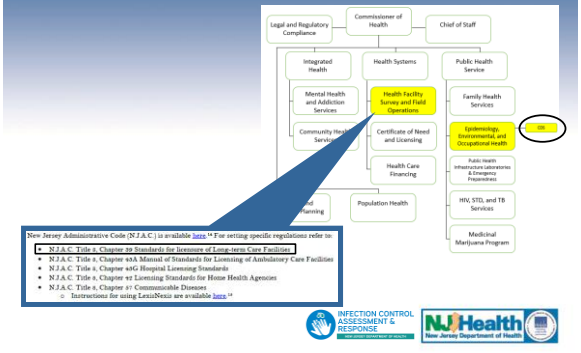
New Jersey Department of Health



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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

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

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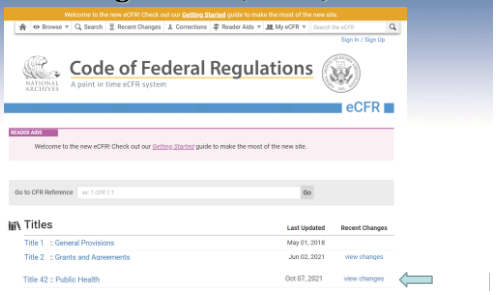
Electronic Code of Federal Regulations (e-CFR)



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

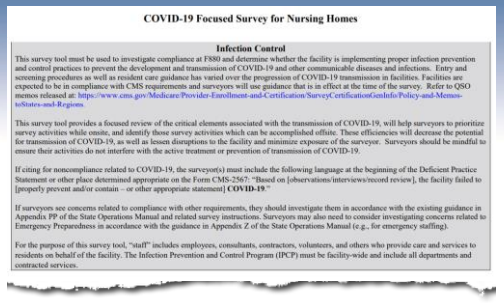
https://www.ecfr.gov

Surveyor Training

- CMS Quality, Safety & Education Portal (QSEP)
- Training catalog
  - Infection Control Worksheet
  - Life Safety Code
  - Clinical Lab Improvement Amendments (CLIA)
  - Targeted COVID-19 Training for Frontline staff or Management
  - Emergency Preparedness
  - And more…

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

LTC Survey Pathways



COVID-19 Focused Survey for Nursing Homes

Infection Control

This survey tool must be used to investigate compliance at F880 and determine whether the facility is implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections. Entry and screening procedures as well as resident care guidance has varied over the progression of COVID-19 transmission in facilities. Facilities are expected to be in compliance with CMS requirements and surveyors will use guidance that is in effect at the time of the survey. Refer to QSO memos released at: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-toStates-and-Regions.

This survey tool provides a focused review of the critical elements associated with the transmission of COVID-19, will help surveyors to prioritize survey activities while onsite, and identify those survey activities which can be accomplished offsite. These efficiencies will decrease the potential for transmission of COVID-19, as well as lessen disruptions to the facility and minimize exposure of the surveyor. Surveyors should be mindful to ensure their activities do not interfere with the active treatment or prevention of transmission of COVID-19.

If citing for noncompliance related to COVID-19, the surveyor(s) must include the following language at the beginning of the Deficient Practice Statement or other place determined appropriate on the Form CMS-2567: "Based on [observations/interviews/record review], the facility failed to [properly prevent and/or contain – or other appropriate statement] **COVID-19**."

If surveyors see concerns related to compliance with other requirements, they should investigate them in accordance with the existing guidance in Appendix PP of the State Operations Manual and related survey instructions. Surveyors may also need to consider investigating concerns related to Emergency Preparedness in accordance with the guidance in Appendix Z of the State Operations Manual (e.g., for emergency staffing).

For the purpose of this survey tool, "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) must be facility-wide and include all departments and contracted services.

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

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Resources

- NJDOH Disease reporting: https://www.nj.gov/health/cd/reporting/
- NJDOH Local public health: https://www.state.nj.us/health/lh/community/
- Communicable Disease Service: ICAR resources https://www.nj.gov/health/cd/topics/hai.shtml

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Questions may be directed to: CDS.ICAR@doh.nj.gov

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