

**What Do I Do Now
– Infection Prevention-Wise?**

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Objectives

- 1) Identify 2 measures that can be put into place to minimize the risk of a Legionella outbreak.
- 2) List 3 topics that CDC recommends Infection Preventionists have training in.
- 3) Explain the difference between contact precautions and enhanced barrier precautions

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F-Tags Associated with Infection Control

- F880: Infection Control
- **F881: Infection Control & Prevention Program (ASP)**
- F882: Infection Preventionist
- F883: Influenza and Pneumococcal Immunizations
- **F-884*: Reporting – National Health Safety Network**
- **F-885*: Reporting – Residents, Representatives & Families**

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F-Tags Associated with Infection Control cont.

- **F 886*: COVID-19 Testing-Residents & Staff**
- **F 887*: COVID-19 Immunization**
- **F 888*: COVID-19 Vaccination of Facility Staff**
- F690: Urinary Incontinence (UTI's)
- F757: Unnecessary Drugs

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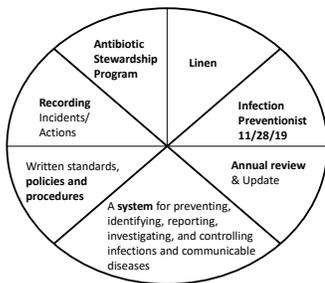
F Tag Review

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Infection Prevention & Control Plan



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Infection Prevention and Control Plan F 880 (ICP)

- **Facility must establish facility –wide systems for the prevention, identification, reporting, investigation and control of infections and communicable diseases of residents, staff, and visitors.**

- Covers all residents, staff, *contractors, consultants*, volunteers, visitors, others who provide care and services to residents on behalf of the facility, and students in the facility's nurse aide training programs or from affiliated academic institutions;
- Is based on the individual **facility assessment** and
- Follows accepted national standards

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ICP F 880 cont.

Developing and Implementing Written P&Ps

- A policy defines and provides rationale and evidence for a required practice (which includes guidance on how to implement the practice.)
 - A policy needs to state what the practice is and what it is based on
 - A policy needs a purpose that provides background that explains why the practice is needed
- A procedure delineates the steps or actions needed for performing the practice
- Key terms should be defined within the procedure

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ICP F 880 cont.

Developing and Implementing Written P&Ps cont.

- The P&P identifies who is responsible for following this policy and procedure.
- The steps should identify when the practice should be performed
- It should also provide any other related additional information regarding the practice
- It should include the supplies and equipment needed and supply monitoring
- All resources used to create the document should be referenced

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IPCP F 880 cont.

• **Develops and implements written policies and procedures for infection control**

- Define standard precautions to prevent the spread of infection and explain their application during resident care activities;
- Define transmission-based precautions and explain how and when they should be utilized
- Prohibit staff with a communicable disease or infected skin lesions from direct contact with residents or their food
- Require staff to follow hand hygiene practices consistent with accepted standards of practice

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IPCP F 880 cont.

- As necessary, and at least annually, review and revision of the IPCP based upon the facility assessment (according to 483.70(e)) which includes any facility and community risk;
- An ongoing system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
- When and to whom possible incidents of communicable disease or infections should be reported within the facility;
- Which communicable diseases are reportable to local/state public health authorities;
- Define and explain standard precautions and their application during resident care activities. Define transmission-based precautions (i.e., contact precautions, droplet precautions, airborne precautions) and explain how and when they should be utilized, as consistent with accepted national standards.

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IPCP F 880 cont.

• **Environmental cleaning and disinfection:**

- Routine cleaning and disinfection of frequently touched or visibly soiled surfaces in common areas, resident rooms, and at the time of discharge; and **NOTE:** Privacy curtains should be changed when visibly dirty and should be laundered or disinfected with an Environmental Protection Agency (EPA)-registered disinfectant per the curtain and disinfectant manufacturer's instructions
- Routine cleaning and disinfection of resident care equipment including equipment shared among residents (e.g., blood pressure cuffs, rehabilitation therapy equipment, blood glucose meters, etc.).

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IPCP F 880 cont.

• Other components

- Written occupational health policies that *should* address: Reporting of staff illnesses and following work restrictions per nationally recognized standards and guidelines;^{21, 22} Prohibiting contact with residents or their food when staff have potentially communicable diseases or infected skin lesions;
- Assessing risks for tuberculosis (TB) based on *exposure or cases of TB in the facility. Then screen staff for TB* to the extent permitted under applicable federal guidelines²³ and state law;
- Monitoring and evaluating for clusters or outbreaks of illness among staff; *and*
- Implementing an exposure control plan in order to address potential hazards posed by blood and body fluids (e.g., from dialysis, glucose monitoring or any other point of care testing).

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IPCP F 880 cont.

- Facilities must ensure staff follow the IPCP’s standards, policies and procedures.
- Knowledge and skills pertaining to the IPCP’s standards, policies and procedures are needed by all staff in order to follow proper infection control practices (e.g., hand hygiene and appropriate use of *PPE*) while other needs are specific to particular roles, responsibilities, and situations (e.g., injection safety and point of care testing); *and*
- Residents and their representatives should receive education on the facility’s IPCP as it relates to them (e.g., hand hygiene, cough etiquette) and to the degree possible/consistent with the resident’s capacity. For example, residents should be advised of the IPCP’s standards, policies and procedures regarding hand hygiene before eating and after using the restroom.

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Infection Prevention Policies & Procedures Checklist

- IPCP policy that includes a PLAN based on Risk Assessment
- Surveillance Program
- Standard precautions, Cough Etiquette and Transmission-based precautions to include PPE use, donning/doffing, resident placement,
- Outbreak Management
- CAUTI Guidelines (APIC 2014) and Appropriate DX for use
- Hand hygiene (HH)
- Specialty services policies: Mechanical Ventilation, infusion Therapy, Dialysis etc., Facility specific
- Wound/skin care
- Incontinence Care
- Performing fingersticks and point-of-care testing and disinfection of machines after use
- Preparation, administration, and care for ALL medications administered (tablets, injections, eye gttts etc.)
- Environmental cleaning/disinfection: Routine cleaning and disinfection daily in all areas of building and discharge cleaning.
- Cleaning/disinfection of personal and shared resident care equipment
- Written occupational health policies that address reporting of staff illnesses and following work restrictions
- Assessing risks for tuberculosis (TB) and Screening Staff and Residents per Guidelines
- Implementing an exposure control plan in order to address potential hazards posed by blood and body fluids, and injection safety
- Education and competency assessment to ensure staff follow the IPCP’s standards & policies
- Water Management Program
- Construction
- Rotating Stock
- Pets and Animals in the Facility
- Ice Chests and Machines
- Visitation
- Reporting
- Beauty and Barber Shop
- Linen processing, handling, storage, etc.
- Pest Control

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IPCP F 880 cont.

• Surveillance

- The facility must establish a system for surveillance
- must establish routine, ongoing, and systematic collection, analysis, interpretation, and dissemination of surveillance data to identify infections (i.e., HAI and community-acquired), infection risks, communicable disease outbreaks, and to maintain or improve resident health status.
- should determine how it will track the extent to which staff are following the facility's IPCP policies and procedures
- *should* address any areas that *need* corrective action.
- must include a data collection tool and corrective actions
- use of nationally-recognized surveillance criteria (NHSN / McGeer's)
- System to notify regarding early detection and management of resident with an potential infectious/symptomatic on admission
- System to notify other providers on transfer of potential infections
- Systems for Process and Outcome surveillance
 - Process (Person People related hand hygiene / documentation)
 - Outcome – Infections/symptoms and pathogens

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IPCP F 880 cont.

System of Surveillance: Data Analysis, Documentation and Reporting

- A system for recording incidents identified under the IPCP and corrective actions taken by the facility
- Data to be collected, including how often and the type of data to be documented
- How the data will be used and shared with appropriate individuals

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IPCP F 880 cont.

Recognizing, Containing and Reporting Communicable Disease Outbreaks

- Must know how to recognize and contain infectious disease outbreaks. An outbreak is the occurrence of more cases of *disease* than expected in a given area or among a specific group of people over a particular period of time
 - Take the appropriate steps to diagnose and manage cases, implement appropriate precautions, and prevent further transmission
 - Provide documentation of follow-up activity in response
 - Comply with state and local public health authority requirements for identification, reporting, and containing communicable diseases and outbreaks.

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IPCP F 880 cont.

- **Linen**
 - **Personnel must**
 - *Handle, store, process, and transport linens so as to prevent the spread of infection .*
 - **Outside Laundry sites**
 - The facility has practices that address
 - how the service will be provided,
 - » including how linen is processed and handled to prevent contamination from dust and dirt during loading and transport.
 - The facility should assure that this laundry service meets healthcare industry laundry standards.

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IPCP F 880 cont.

- **An antibiotic stewardship program (ASP)**
 - More to come in F 881
- **Infection Preventionist (IP)**
 - More to come in F 882

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IPCP F 880 cont.

- **Annual Review**
 - The facility’s IPCP and its standards, policies and procedures must be reviewed at least annually
 - To ensure effectiveness and that they are in accordance with current standards of practice for preventing and controlling infections;
 - IPCP must be updated as necessary.
 - Facility population and characteristics may change over time, and
 - The facility assessment may identify components of the IPCP that must be changed accordingly.
 - Policy & Procedure changes

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Water Management Plan

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Water Management Plan F880

- *Facilities must be able to demonstrate its measures to minimize the risk of Legionella and other opportunistic pathogens in building water systems such as by having a documented water management program. Water management must be based on nationally accepted standards (e.g., ASHRAE (formerly the American Society of Heating, Refrigerating, and Air Conditioning Engineers), CDC, U.S. Environmental Protection Agency or EPA) and include*
 - *An assessment to identify where Legionella and other opportunistic waterborne pathogens (e.g., Pseudomonas, Acinetobacter) could grow and spread; and*
 - *Measures to prevent the growth of opportunistic waterborne pathogens (also known as control measures), and how to monitor them.*
- *The facility should contact the local/state public health authority if there is a case of healthcare-associated legionellosis or an outbreak of an opportunistic waterborne pathogen causing disease.*

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Water Management Program F 880

- This program will help reduce the risk of water being a source of infections
- Recognizes hazardous conditions and counteractive measures that can reduce the growth and spread of waterborne pathogens
- Has 7 elements:
 - Develop a water management team
 - Describe the facilities water system
 - Identify areas where legionella could grow and spread
 - Define Control measures & points for water monitoring
 - Establish interventions for control measures are not met
 - Ensure that the program effective
 - Document & Communicate program activities

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Element One

- Establish a water management team
 - Purpose – develop & implement the water management program
 - Needs expertise in water systems; ability to identify control locations & limits; identify & take corrective actions; and monitor & document the program

The diagram shows a central circle labeled 'Water Management Program Team'. Six arrows point outwards to boxes representing capabilities: 'Ability to oversee the program', 'Knowledge of the water systems', 'Ability to identify control locations and control limits', 'Ability to identify and take corrective actions', 'Ability to monitor and document program performance', and 'Ability to communicate regularly about the program'. At the bottom left is 'CDC Developer Buildings' and at the bottom right is '© 2023 NADONA LTC'.

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Element Two cont.

- Describe the facilities water system
 - Healthcare Facilities Be sure to include descriptions of water sources relevant to:
 - Patient care areas
 - Clinical support areas
 - Components and devices that can expose patients to contaminated water
 - Develop an ongoing dialogue with your drinking water provider so that you are aware of changes that may affect your building's water supply

The diagram illustrates the water supply process from 'Municipal Water' through 'Distribution' to 'Use' in various areas like 'Patient Care' and 'Clinical Support'. It includes components like 'Water Heaters', 'Hot Water Storage', and 'Water Treatment'. A legend at the bottom explains symbols for 'Water Flow', 'Non-Drinking Water Flow', and 'Water Pressure'. At the bottom left is '© 2023 NADONA LTC' and at the bottom right is '26'.

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Element Three

- Identify Areas Where Legionella Could Grow and Spread
 - Age of Pipes & Reservoirs
 - Accumulation of debris, scale, and sediment within pipes or storage tanks can alter the circulating disinfectant levels and allow for biofilm formation.
 - Flow & recirculation of hot water
 - Heating water can reduce disinfectant level
 - Recirculation of hot water with decreased disinfectant can cool to a temp where Legionella can grow
 - Stagnation (sitting in pipes) can result in
 - Inappropriate temp
 - Sediment accumulation
 - Biofilm buildup

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Element Three cont.

- Areas of low flow or stagnation
 - Low or no flow due to design or decreased use encourages biofilm
 - Temp not maintained at adequate temp or disinfectant levels
 - Areas where water not used enough causes pathogen growth
- Disruptions to the water system
 - Construction/renovations/installation of new pipes
 - Cause vibration & changes in water pressure & flow
 - Dislodges pathogens & biofilms
 - Could occur in facility or city water system
 - Impacts water quality & safety

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Element Four

- Define control measures & points for water monitoring
 - Control Measures
 - Visual – accessible tanks; pipes & equipment
 - Water temp
 - Disinfectant levels
 - Based on the flow diagram – select different points to monitor one or more control measures

<https://www.cdc.gov/infectioncontrol/guidelines/microbiological-audit/index.pdf>
http://www.epa.gov/sites/production/files/2016-08/documents/legionella_document_master_september_2016_final.pdf

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Element Five

- Establish interventions for when control measures are not met
 - Develop action plan
 - Who is notified
 - What is the immediate intervention
 - Document all actions taken
 - Verify that control measures are within limits (How to verify should be spelled out)

• CDC. Toolkit: Developing a Water Management Program to Reduce Legionella Growth and Spread in Buildings <https://www.cdc.gov/legionella/wmm/toolkit/index.html>

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Element Five cont.

- Contact Public Health for Water Quality concerns
 - Confirmed case of Legionnaire's disease (if in building 10 or more days prior to infection
 - 2 or more cases of Legionnaire's disease within a 12 month period
 - Rise in infections due to same waterborne pathogen (ex Pseudomonas or Acinetobacter
 - Proof of a drop in water quality during control point measuring that cant be resolved

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Element Six

- Ensure that Program is effective
 - Verification
 - Verification that the water management program is running as designed. (Are we doing what we said we would do?)
 - Establish procedures to confirm, both initially and on an ongoing basis
 - Validation
 - Effectiveness (Is our program actually working?)
 - Establish procedures to confirm, both initially and on an ongoing basis, that the water management program effectively controls the hazardous conditions throughout the building water systems.

CDC. Guidelines for Environmental Infection Control in Health-Care Facilities (2003). <https://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html> © 2023 NADONA LTC
 CDC. Legionella (Legionnaires' Disease and Pontiac Fever): For Clinicians. <https://www.cdc.gov/legionella/clinicians.html> 32

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Element Six cont.

- Validation cont.
 - Methods:
 - Environmental testing
 - Clinical Surveillance for infections
 - When determining a method consider
 - Facility & resident population
 - Available resources
 - Recent history with Legionella, Pseudomonas etc. over the past 13 months

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Element Seven

- Document and Communicate Program Activities
 - Review & Update documentation
 - Water systems flow diagram; Risk assessment & control monitoring plan
 - Results of monitoring
 - Identification of & reaction to water incidents or escalated infections from waterborne pathogens
 - Modifications to the water management program and process – educate staff
 - Written report to Infection Prevention Committee and QAPI ³⁴

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Additional Approaches

- Practices to prevent waterborne pathogen transmission
 - Avoid splash contamination in medication preparation areas.
 - Eliminate reservoirs of contaminated water within equipment.
 - Clean and disinfect sink bowls and surfaces around the sink.
 - Avoid fountains in resident care areas.
 - Use the type of water appropriate to the medical device or procedure.

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Healthcare Facility Water Management Program Checklist
 Available from: www.cdc.gov/hai/pdf/Water-Management-Checklist-P.pdf

This checklist is intended to assist in the development of an all-hazards approach to water management in a healthcare facility, and may be used to:

- Evaluate & improve water management program.
- Identify individuals to participate in the water management program.
- Assess building systems, including hazard analyses, environmental risk assessments, and infection control risk assessments.
- Inform water monitoring practices selected by the management program.

Depending on complexity of the building plumbing systems, a comprehensive program may include several water management plans. These plans should include areas within the system where control points are identified as well as monitoring methods and procedures.

Establish a Water Management Program Team
 For all facility types, establish clear lines of communication to facilitate dialogue with representatives from the water utility/drinking water provider, as well as the local health department, on an as needed basis.

<p><input type="checkbox"/> Define membership (at a minimum, the following "roles" should be represented, may include others depending on facility size, type)</p> <ul style="list-style-type: none"> • facility administration/ownership or C-Suite • facility management • facilities engineer • infection prevention <p><input type="checkbox"/> Develop a charter that defines roles and responsibilities of members, chair, meeting schedule, etc.</p> <p><input type="checkbox"/> Have you identified team members who should:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Y <input type="checkbox"/> N Be familiar with the facility water systems? <input type="checkbox"/> Y <input type="checkbox"/> N Identify control locations and control limits? <input type="checkbox"/> Y <input type="checkbox"/> N Identify and take corrective actions? <input type="checkbox"/> Y <input type="checkbox"/> N Monitor and document program performance? <input type="checkbox"/> Y <input type="checkbox"/> N Communicate to the C-suite, staff, health department, and representatives of the drinking water supplier (if needed)? <input type="checkbox"/> Y <input type="checkbox"/> N Oversee the program. <input type="checkbox"/> Y <input type="checkbox"/> N Access necessary resources to implement changes? <p><input type="checkbox"/> Develop the Water Management Policies and Procedures, Plans, and Protocols</p> <p>Describe your building water systems</p> <p><input type="checkbox"/> Text description of the building water systems, campus water systems, etc.</p> <p><input type="checkbox"/> Develop flow diagrams that describes these systems</p>	<p>For nursing homes, the group may consist of three or more individuals representing management, nursing (someone filling the role of infection control), and the facilities engineer, all five members with subject matter expertise (to provide advice) may be water consultants.</p> <p>Larger facilities representation may include & be assigned from the C-suite, risk management, infection prevention, facilities engineers, central services, laboratory, and all five members from clinical departments or water consultants.</p>
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Water Management Plan Outline

A. Statement of Intent:

B. Definitions:

C. Water Plan Components

1. Water Management Team:
2. Describe the building water systems using both text and diagram (map):
3. Identify areas where legionella and other water pathogens could grow and spread:
4. Identify what control measures should be used (includes control measure limits), who is doing the actual monitoring, where they will be applied, how to monitor them and how often:
 - A. Visual:
 1. What are you looking for?
 2. Where will you look?
 3. What is acceptable limit?
 4. Who is monitoring?
 5. How often?
 - B. Temperatures:
 1. What will be tested?
 2. Where will testing take place?
 3. What are acceptable temperature limits for each area tested?
 4. Who is monitoring?
 5. How often?
 - C. Lab testing:
 1. What type of lab tests will be done?
 2. Where will the tests be taken?
 3. What are the acceptable limits?
 4. Who is monitoring?
 5. How often?

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5. Interventions for each of the above when control limits not met

- A. Visual:
- B. Temperatures
- C. Lab Testing

6. Verification and Validation:

- A. Verification: (Are you doing what you said you would do?)
 1. Who is doing the monthly monitoring
 2. Who is making sure that the monitoring is taking place (Not the actual monitor)
- B. Validation (is the program really working?)
 1. Who is reviewing the data collected and comparing the areas out of compliance (outside control limits) with the infection control logs for those areas?
 2. Who is making sure that the interventions have been implemented if control limits not met?

7. Documentation

- A. Who receives the logs and documentation of the monitoring?
- B. Who reviews those logs and composes monthly reports to the IPC and QAPPI committees? This report would include what issues if any were identified; what interventions were put into place and what was the end result for the resident's – Any infections tied to the issues?
- C. Recommendations for changes in plan. Policies etc.?

Resources

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F 881

Antibiotic Stewardship Plan

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Antibiotic Stewardship F881

- **An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use.**
 - **Intent**
 - Develops and implements **protocols** to optimize the treatment of Infections by ensuring that residents who require an antibiotic, are prescribed **the appropriate antibiotic**;
 - Reduces the **risk of adverse events**, including the development of **antibiotic-resistant organisms**, from unnecessary or inappropriate antibiotic use; and
 - Develops, promotes, and implements a facility-wide **system to monitor the use of antibiotics**.

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Antibiotic Stewardship F881 cont.

Core elements for antibiotic stewardship in nursing homes include:

- Facility **leadership commitment** to safe and appropriate antibiotic use;
- Appropriate facility **staff accountable** for promoting and overseeing antibiotic stewardship;
- **Accessing** pharmacists and others with **experience or training** in antibiotic stewardship;

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Antibiotic Stewardship F881 cont.

- Core elements cont.
 - Implement **policy(ices)** or practice to improve antibiotic use;
 - **Track measures of antibiotic use** in the facility (i.e., one process and one outcome measure);
 - **Regular reporting on antibiotic use** and **resistance** to relevant staff such as prescribing clinicians and nursing staff; and
 - **Educate staff and residents** about antibiotic stewardship.

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Antibiotic Stewardship F881 cont.

Antibiotic Protocols & Monitoring System

- Developed by:
 - Medical Director
 - Consulting Pharmacist
 - Nursing & Administrative Leadership
 - Infection Preventionist

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Antibiotic Stewardship F881 cont.

Antibiotic Stewardship Program Protocols

- Describe how the program will be **implemented and antibiotic use will be monitored**
 - Incorporated into the overall infection control program
 - Reviewed on annual basis
 - Mandated **Reports**
 - Summarizing **antibiotic use** from pharmacy data,
 - Summarizing **antibiotic resistance** (e.g., antibiogram) based on laboratory data
 - **Tracking measures of outcome** surveillance related to antibiotic use (e.g., C. difficile, MRSA, and/or CRE).

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Antibiotic Stewardship F881 cont.

- Protocols cont.
 - Incorporate **monitoring of antibiotic use**, including the frequency of monitoring/review
 - New residents
 - Prior resident returns from another facility
 - Monthly Medication Regimen review
 - Reviews requested by QAA committee
 - [Establish frequency and mode/mechanism of feedback to prescribers (antibiotic resistance/ antibiotic use/compliance w/facility protocols)] **removed**
 - Assess residents for any infection using standardized tools and criteria (SBAR/LOEBS/McGeer's)
 - Education of Practitioners & nursing staff on Antibiotic use (stewardship) and facility's protocols

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IP F 882

- **Be assigned by nursing home leadership**
 - Facility must designate one or more individuals as the infection preventionist (IP) who is responsible for assessing, developing, implementing, monitoring, and managing the IPCP
- **Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field; (Variety of educational backgrounds)**
 - A **professionally-trained nurse** must have earned a certificate/diploma or degree in nursing.
 - A **professionally-trained medical technologist** (also known as clinical laboratory scientist) must have earned at least an associate's degree in medical technology or clinical laboratory science.
 - A **professionally-trained microbiologist** must have earned at least a bachelor's degree in microbiology.
 - A **professionally-trained epidemiologist** must have earned at least a bachelor's degree in epidemiology.
 - Examples of other related fields of training that are appropriate for the role of an IP include **physicians, pharmacists, and physician's assistants.**

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IP F 882 cont.

- **Be qualified by education, training, experience or certification**
 - Remain current with infection prevention and control issues and be aware of national organizations' guidelines as well as those from national/state/local public health authorities
- **Work at least part-time at the facility**
 - IP hours per week can vary based on the facility and its resident population
 - The IP must physically work onsite in the facility. He/she cannot be an off-site consultant or perform the IP work at a separate location such as a corporate office or affiliated short term acute care facility.
 - Must have enough hours to complete the IP work load

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IP F 882 cont.

- **Have completed specialized training in infection prevention and control.**
 - An IP must have obtained specialized IPC training beyond initial professional training or education prior to assuming the role. Training can occur through more than one course, but the IP must provide evidence of training through a certificate(s) of completion or equivalent documentation.
 - On line training through CDC or available from entities such as associations, state public health, and universities. (NADONA would be an association)

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IP F 882 cont.

- Training cont.
- CMS recommends specialized training include the following topics:
 - Infection prevention and control program overview,
 - The infection preventionist's role,
 - Infection surveillance,
 - Outbreaks,
 - Principles of standard precautions (e.g., content on hand hygiene, personal protective equipment, injection safety, respiratory hygiene and cough etiquette, environmental cleaning and disinfection, and reprocessing reusable resident care equipment),
 - Principles of transmission-based precautions,
 - Resident care activities (e.g., use and care of indwelling urinary and central venous catheters, wound management, and point-of-care blood testing),⁵²

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IP F 882 cont.

- CMS Training cont.
 - Water management,
 - Linen management,
 - Preventing respiratory infections (e.g., influenza, pneumonia),
 - Tuberculosis prevention,
 - Occupational health considerations (e.g., employee vaccinations, exposure control plan, and work exclusions),
 - Quality assurance and performance improvement,
 - Antibiotic stewardship, and
 - Care transitions.

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Survey Task Form

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Infection Prevention, Control & Immunizations

Infection Control: This facility task must be used to investigate compliance at F860, F861, F862, F863, F865, F866, F867, and F868. For the purpose of this task, "staff" includes facility employees (regardless of clinical responsibilities or resident contact), licensed practitioners, adult students, trainees, and volunteers; and individuals who provide care, treatment or other services for the facility and/or its residents, under contract or by other arrangement. The infection prevention and control program (IPCCP) 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/intranasal respiratory medications.

Entry and screening procedures as well as resident care guidance have 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 QIO memos released at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/Survey-Certification/Info-Policy-and-Memos-to-States-and-Regions>.

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 [observational interview/record review], the facility failed to [properly prevent and/or contain – or other appropriate statement] COVID-19."⁵³

Please Note: Surveyors conducting a COVID-19 Focused Infection Control (FIC) Survey for Nursing Homes (not associated with a recertification survey) must evaluate the facility's compliance at all critical elements (CE) with the exception of CE 88 and CE 89. The surveyor must also examine the facility's compliance at 8483.7300(G) or E0024 (at Appendix Z) if the full Emergency Preparedness survey is not being conducted.

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Survey Task Form cont.(2/17)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICAL & MEDICAL SERVICES

Infection Prevention, Control & Immunizations

Coordination:

- Each surveyor is responsible for assessing the facility for breaks in infection control throughout the survey and is to answer CEAs of concern (e.g., standard and transmission-based precautions, source control).
- One surveyor performs or coordinates (e.g., immunization review) the facility task to review for:
 - Standard and transmission-based precautions
 - Resident care for COVID-19
 - Infection Prevention and Control Program (IPCP) standards, policies, and procedures
 - Infectious surveillance
 - Visitor entry
 - Staff and resident COVID-19 testing
 - Suspected or confirmed COVID-19 reporting to residents, representatives, and families
 - Laundry services
 - Antibiotic stewardship program
 - Infection Preventionist
 - Influenza, pneumococcal, and COVID-19 immunizations
- Sample residents/staff as follows:
 - Sample three staff, include at least one staff member who was confirmed COVID-19 positive or had signs or symptoms consistent with COVID-19 (if this has occurred in the facility), for purposes of determining compliance with infection prevention and control national standards such as exclusion from work, testing, and reporting.
 - Sample three residents for purposes of determining compliance with infection prevention and control national standards such as transmission-based precautions, as well as resident care, screening, testing, and reporting.
 - Include at least one resident on transmission-based precautions (if any), for any reason other than COVID-19.
 - Sample five residents for influenza, pneumococcal, and COVID-19 immunizations (select COVID-19 unvaccinated residents).
Note: If there are less than five COVID-19 unvaccinated residents, review all unvaccinated COVID-19 residents first. Then, select residents who are fully vaccinated to complete the sample.
 - Sample eight staff (four staff and four contracted staff) for COVID-19 immunization review.

Standard and Transmission-Based Precautions (STBPs)
State and Federal surveyors should not cite facilities for not having certain supplies (e.g., Personal Protective Equipment (PPE) such as gowns, N95 respirators, surgical masks) if they are having difficulty obtaining these supplies for reasons outside of their control (e.g., national or regional shortages). However, we do expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. Current CDC guidance for healthcare professionals is located at: [https://www.cdc.gov/infectioncontrol/guidelines/surgical-precautions/index.html](#)

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Revised Enhanced Barrier Precautions (EBP)

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Summary of Recent Updates (July 12, 2022)

- Added additional rationale for the use of Enhanced Barrier Precautions (EBP) in nursing homes, including the high prevalence of multidrug-resistant organism (MDRO) colonization among residents in this setting.
- Expanded residents for whom EBP applies to include any resident with an indwelling medical device or wound (**regardless of MDRO colonization or infection status**).

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Summary of Recent Updates cont.

- Expanded MDROs for which EBP applies.
- Clarified that, in the majority of situations, EBP are to be continued for the duration of a resident's admission

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Rationale

- Residents in nursing homes are at increased risk of becoming colonized and developing infection with MDROs
- More than 50% of nursing home residents may be colonized with an MDRO
- Nursing homes have been the setting for MDRO outbreaks
- When these MDROs result in resident infections, limited treatment options are available
- Many nursing homes only implement Contact Precautions when residents are infected with an MDRO and on treatment

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Rationale cont.

- Focusing only on residents with active infection fails to address the continued risk of transmission from residents with MDRO colonization
- MDRO colonization may persist for long periods of time (e.g., months) which contributes to the silent spread of MDROs
- With the need for an effective response to the detection of serious antibiotic resistance threats
- Evidence that the traditional implementation of Contact Precautions in nursing homes is not implementable for most residents for prevention of MDRO transmission

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Novel or Targeted MDROs As of July 2022

Examples of MDROs Targeted by CDC

- Carbapenemase-producing Enterobacteriaceae,
- Carbapenemase-producing *Pseudomonas* spp.,
- Carbapenemase-producing *Acinetobacter baumannii*, and
- *Candida Auris*
- *Pan (all) resistant organisms*



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Novel or Targeted MDROs As of July 2022 cont.

Additional epidemiologically important MDROs may include, but are not limited to:

- Methicillin-resistant Staphylococcus aureus (MRSA),
- ESBL-producing Enterobacterales,
- Vancomycin-resistant Enterococci (VRE),
- Multidrug-resistant Pseudomonas aeruginosa,
- Drug-resistant Streptococcus pneumoniae

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Enhanced Barrier vs. Contact Precautions

	Enhanced Barrier Precautions	Contact Precautions
Applies to	All residents with any of the following: • Infection or colonization with an MDRO when contact precautions do not otherwise apply • Wounds and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) regardless of MDRO colonization status	All residents infected or colonized with a MDRO in any of the following situations: • Presence of acute diarrhea, draining wounds or other sites of secretions or excretions that are unable to be covered or contained • For a limited time period, as determined in consultation with public health authorities, on units or in facilities during the investigation of a suspected or confirmed MDRO outbreak • When otherwise directed by public health authorities All residents who have another infection (e.g., C. difficile, norovirus, scabies) or condition for which Contact Precautions is recommended in Appendix A (Type and Duration of Precautions Recommended for Selected Infections and Conditions) of the CDC Guideline for Isolation Precautions
PPE used for these situations	During high-contact resident care activities: • Dressing • Bathing/showering • Transferring • Providing hygiene • Changing linens • Changing briefs or assisting with toileting • Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator • Wound care: any skin opening requiring a dressing	Any room entry
Required PPE	Gloves and gown prior to the high contact care activities (Change PPE before caring for another resident) (Face protection may also be needed if performing activity with risk of splash or spray)	Gloves and gown (Don before room entry, doff before room exit, change before caring for another resident) (Face protection may also be needed if performing activity with risk of splash or spray)
Room restriction	None	Yes, except for medically necessary care

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Implementation

- Ensure that staff have awareness of the facility's expectations about hand hygiene and gown/glove use.
- Initial and refresher training,
- Access to appropriate supplies.
- Post clear signage on the door or wall outside of the resident room indicating the type of Precautions and
- For EBP clearly indicate the high-contact resident care activities that require the use of gown and gloves.
- Make PPE, including gowns and gloves available immediately outside of the resident room

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Implementation cont.

- Ensure access to alcohol-based hand rub in every resident room (ideally both inside and outside of the room)
- Position a trash can inside the resident room and near the exit for discarding PPE after removal, prior to exit of the room or before providing care for another resident in the same room
- Incorporate periodic monitoring and assessment of adherence to determine the need for additional training and education
- Provide education to residents and visitors

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Survey Task Form

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Infection Prevention, Control & Immunizations

Infection Control: This facility task must be used to investigate compliance at F80, F81, F82, F83, F85, F86, F87, and F88. For the purpose of this task, "staff" includes facility employees (regardless of clinical responsibilities or resident contact), licensed practitioners, adult students, trainees, and volunteers, and individuals who provide care, treatment or other services for the facility and/or its residents, under contract or by other arrangement. The infection prevention and control program (IPCC) 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.

Entry and screening procedures as well as resident care guidance have 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 memo released at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions>.

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."

Please Note: Surveyors conducting a COVID-19 Focused Infection Control (FIC) Survey for Nursing Homes (not associated with a recertification survey), must evaluate the facility's compliance at all critical elements (CE) with the exception of CE #8 and CE #9. The surveyor must also examine the facility's compliance at §483.73(b)(6) or E0024 (at Appendix Z) if the full Emergency Preparedness survey is not being conducted.

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Survey Task Form cont.(pg. 2/17)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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Resources

- <https://www.cms.gov/files/document/appendix-pp-guidance-surveyor-long-term-care-facilities.pdf>
- <https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfo/policy-and-memos-states-and-revised-long-term-care-surveyor-guidance-revisions-surveyor-guidance-phases-2-3-arbitration>
- <https://www.cms.gov/files/document/qso-22-19-nh.pdf-0>
- <https://www.cdc.gov/legionella/downloads/toolkit.pdf>
- <https://www.cdc.gov/hai/pdfs/containment/PPE-Nursing-Homes-H.pdf>
- <https://www.cdc.gov/hicpac/recommendations/core-practices.html>
- <https://www.cdc.gov/hai/pdfs/containment/Letter-Nursing-Home-Residents-Families-Friends-508.pdf>
- <https://www.cdc.gov/hai/pdfs/containment/Letter-Nursing-Home-Staff-508.pdf>
- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes>

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