



THE ABC'S OF FTAG IPC

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Disclosures

I am an employee of the clinical team of PDI Healthcare. The content of this presentation is not representative of the views of PDI or its ownership.

Objectives

- Review FTAG changes in LTC for infection control & prevention
- Define each phase of the FTAG program with changes
- State requirements for a “well established and all-encompassing infection control program”
- Outline surveillance programs for LTC with NHSN benefits
- Define expectations/regulations around hand hygiene & employee health programs
- Highlight expectations around an Antibiotic Stewardship program
- Define what a trained Infection Preventionist means

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Long term care increased risk factors for infection

- Aged 65+ years old, 37% are 85 or older
- Weakened immune defenses
- Higher rates of chronic disease
- Atypical symptom presentation delaying diagnosis/treatment
- Estimated 25-75% of systemic antibiotic use may be inappropriate increasing risk of CDI and emergence of MDROs
- Shared resident care equipment
- Frequent transfer to/from acute care facilities
- Inadequate staffing levels for assistance & supervision
- Frequent communal contact (social activities, group dining)
- Common air circulation

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Sources: <https://health.gov/hcq/pdfs/hai-action-plan-ltcf.pdf>

Some examples of common F-tag citations in the LTC setting

- Glucometer used for multiple resident use was not cleaned or sanitized properly between use
- Incorrect sanitizing solution used for shared glucometers
- Staff failed to follow proper gloving/hand washing with: dressing changes/wound treatments, administering eye drops, incontinence care, giving insulin injections, catheter care, oral care, passing of medications, and using a glucometer
- Cross contamination based on poor infection control practices while assisting residents in the dining room
- Oral medications handled with bare hands
- Incorrect catheter procedures
- Scissors not sanitized before use with dressing changes
- Nebulizer equipment not sanitized between use
- Unclean IV poles
- Foam and duct tape used on side rails – unable to be cleaned
- Staff failed to wear appropriate personal protective equipment when caring for residents on contact precautions
- Soiled incontinent products placed on bed or floor instead of disposed of properly
- Soiled incontinent products carried uncontained down corridors
- Improper storage of reusable ice packs – kept in nourishment refrigerators with food
- Improper storage of items in shared bathrooms
- Soiled call light strings in bathrooms
- C.difficile – uncontrolled in shared bathrooms, staff unaware of proper use of bleach solution use

Are you in compliance with the new infection control FTAG expectations?

- **One of the most often cited tags in nursing homes is F880 (Formerly 441) “Having a program that investigates, controls, and keeps infection from spreading”.**
- **Goals of a program should be:**
 1. To reduce overall healthcare-associated infection rates
 2. To reduce physical harm to residents and healthcare providers
 3. To reduce overall cost burdens to care delivery

In 2016 **three phases** of updated infection control regulations were rolled out by CMS for long term care facilities



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F-Tag Changes

Former Tag#	New Tag #	Title of tag
F-441	F-880	Infection Control Program
F-334	F-883	Influenza and Pneumococcal Program
NEW TAG!	F-881	Antibiotic Stewardship
New TAG!	F-882	Infection Preventionist

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Phases and Deadlines

Regulatory section	Phase	Deadline
Infection Prevention and Control Program	PHASE 1	November 2016
Antibiotic Stewardship Program	PHASE 2	November 2017
Infection Preventionist	PHASE 3	November 2019

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PHASE ONE

Most important and broadest regulation: well-established and all encompassing infection control program following national guidelines.

Written standards, policies, and procedures for the program should include:

- Infection surveillance systems in place to identify/stop the spread of disease.
- Know which diseases are reportable; complies with reporting as needed.
- Universal, standard and transmission-based precautions are followed.
- Appropriate isolation of residents when required (i.e. contact/droplet/airborne precautions).
- Employee health program is in place
- Hand hygiene program is in place
- Safe handling of linens
- Ensure staff educated and competent infection control policies and procedures
- Perform a facility infection control risk assessment, and
- Annual review of the infection control program/outcomes related to it.

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Antibiotic stewardship program

- Ensure appropriate indications for using an antibiotic
- Ensure the appropriate duration of therapy
- Use the narrowest spectrum of therapy that is appropriate
- Automatic alerts when therapy might be duplicative
- Time sensitive automatic stop orders
- Tracking: Monitoring antibiotic prescribing and resistance patterns
- Reporting: Regular reporting information on antibiotic use and resistance to doctors, nurses and relevant staff
- Education: Educating clinicians about resistance and optimal prescribing
- Implement policies that support optimal antibiotic use
- Perform periodic assessments of the use of antibiotics or the treatment of infections to determine the quality of antibiotic use

CDC core elements of hospital antibiotic stewardship programs. <https://www.cdc.gov/antibiotic-use/healthcare/implementation/core-elements.html>

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CDC resources

Core Elements Downloads



[Core Elements of Antibiotic Stewardship for Nursing Homes](#)

PDF - 2 MB



[CHECKLIST - Core Elements of Antibiotic Stewardship for Nursing Homes](#)

PDF - 764



[APPENDIX A: Policy and Practice Actions to Improve Antibiotic Use](#)

PDF - 890 KB



[APPENDIX B: Measures of Antibiotic Prescribing, Use and Outcomes](#)

PDF - 965 KB

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PHASE THREE

Going in to effect in 2019 and includes:

- Designation of Infection Prevention and Control Officer (IPCO).
- IPCO to be on Quality Assessment and Assurance Committee.



Qualifications of an Infection Prevention and Control Officer

An Infection Preventionist must have the following qualifications in order to meet the regulation:

1. Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;
2. Be qualified by education, training, experience or certification;
3. Work at least part-time at the facility;
4. Have completed specialized training in infection prevention and control.

Qualifications Continued

Section 2: Infection Control Program and Infrastructure

Infection Control Program and Infrastructure		
Items to be assessed	Assessment	Notes/Links for Improvement
A. The facility has specified a person (e.g., staff, consultant) who is responsible for coordinating the IC program.	<input type="radio"/> Yes <input type="radio"/> No	Click here to enter text.
B. The person responsible for coordinating the infection prevention program has received training in IC.	<input type="radio"/> Yes <input type="radio"/> No	Click here to enter text.
<p>Examples of training may include: Successful completion of school and/or recognition exams developed by the Certification Board for Infection Control & Epidemiology; Participation in infection control courses organized by the state or recognized professional societies (e.g., APIC, IAHIA).</p>	<input type="radio"/> Yes <input type="radio"/> No	
C. The facility has a process for reviewing infection surveillance data and infection prevention activities (e.g., presence of DA committees).	<input type="radio"/> Yes <input type="radio"/> No	Click here to enter text.
D. Written infection control policies and procedures are available and based on evidence-based guidelines (e.g., CDC/NACAPC), regulations (e.g., 42 CFR), or standards.	<input type="radio"/> Yes <input type="radio"/> No	Click here to enter text.
<i>Note: Policies and procedures should be tailored to the facility and extend beyond COVID-19 disease pathogen training or the OHR SPAN-Operational Manual.</i>		
E. Written infection control policies and procedures are reviewed at least annually or according to state or federal requirements, and updated if appropriate.	<input type="radio"/> Yes <input type="radio"/> No	Click here to enter text.
F. The facility has a written plan for emergency preparedness (e.g., pandemic influenza or natural disaster).	<input type="radio"/> Yes <input type="radio"/> No	Click here to enter text.

<https://www.cdc.gov/infectioncontrol/pdf/icar/1tcf.pdf>

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Competencies



Novice

Becoming proficient

Proficient

Expert

Herman, L.J., Corrigan, R., Carrico, R., Suh, K.N., Anderson, K., Boukidjian, R. et al. Identifying changes in the role of the infection preventionist through the 2014 practice analysis study conducted by the Certification Board of Infection Control and Epidemiology, Inc. *Am J Infect Control.* 2015; 43: 664-668

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Continuing Education

CIC (Certification in infection Control)



CBIC


Certification Board of Infection Control and Epidemiology, Inc.

Becoming certified shows a commitment to best practices in infection prevention and control and improved care regardless of the facility type in which one practices.
 – Lynn Fine, PhD, MPH, CIC, FAPIC

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Continuing Education


The day in the life of an IPCO



ICP

A central yellow circle labeled 'ICP' is connected to 16 surrounding colored circles representing various fields: Infectious Disease, Sterilization and Disinfection, Public Health, Employee Health, Microbiology, Epidemiology, Architecture, Product Evaluation, Management, Consultation, Patient Care Practices, Education, Statistics, Quality Assessment, and Infectious Disease.

APIC Competency Model for the Infection Preventionist



The diagram shows a central green circle 'Patient Safety' surrounded by four domains: Leadership and Program Management, Performance Improvement and Implementation Science, Infection Prevention & Control, and Technical. Each domain has associated sub-domains and competencies.

Roadmap for the novice infection preventionist. Web publication: Roadmap for the novice infection preventionist. Web publication: <https://apic.org/Professional-Practice/roadmap/>

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An IP should have the following skills and knowledge

1. Infectious disease processes:

- Know how to interpret diagnostic and laboratory reports
- Know what colonization, infection, and contamination mean
- Understand terminology such as geographical distribution and incubation periods
- Have a good grasp on disease processes such as their periods of communicability, common signs and symptoms, modes of transmission, and susceptibility
- Be able to identify, teach and monitor appropriate practices for specimen collection, transportation, handling and storage

Roadmap for the novice infection preventionist. Web publication: Roadmap for the novice infection preventionist. Web publication:
<https://apic.org/Professional-Practice/roadmap/>

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An IP should have the following skills and knowledge

2. Blood Borne Pathogens:

- Have knowledge around the BBP exposure control plan and OSHA requirements/rules
- Understand the basics around transmission of Hep-B, C, and HIV and know the response plan for exposed staff, visitors or residents
- Know what is considered potentially infectious material and be able to teach staff
- Develop and oversee the orientation and ongoing training for staff and visitors on BBP's
- Understand and teach towards the facilities blood spill management response

3. MDRO's and epidemiologically important pathogens:

- Understand what multi-drug resistant pathogens are epidemiologically significant and endemic to their area and facility
- Understand and have knowledge around the identification, transmission, risks and complications related to these organisms
- Prevention measures specific for certain organisms
- Examples: MRSA, CRE, VRE, ESBL's, C-Diff, etc.
- What alert notification systems are in place and how to leverage them

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An IP should have the following skills and knowledge

4. Precautions:

- Know when standard, contact, droplet or airborne isolating precautions are used
- Know when respiratory hygiene and cough etiquette are needed
- Identify who is responsible and has authority for initiating isolation of residents
- Be responsible for the signage used to notify visitors and staff of precautions being used
- Have knowledge around the CDC's list of organisms and isolation requirements (1)
- Know when an N-95 or PAPR should be used and have quality oversight of this responsibility
- Ensure isolation supplies are available for staff and visitors
- Understand what the requirements for discontinuation of isolation are
- Be able to appropriately cohort patients together
- Identify and understand the negative pressure rooms in the facility, what they are used for and how they are monitored
- Have oversight and monitoring of daily and terminal cleaning as it directly related to infection prevention of epidemiologically significant organisms

1. <https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html>

An IP should have the following skills and knowledge

5. HAI prevention: CLABSI, CAUTI

- Appropriate line indication
- Prompt removal of unnecessary lines
- Insertion and maintenance bundles
- Appropriate use of antibiotics
- Staff training
- Ongoing quality monitoring

6. HAI prevention: Pneumonia/VAP

- Elevation of HOB
- Oral care
- Sedation vacations
- Weaning protocols
- Resident immunization programs



An IP should have the following skills and knowledge

7. Reportable conditions:

COLORADO
 Disease Control & Prevention
 Communicable Reportable Conditions
 Effective: July 15, 2018

Confidential Fax: 303-732-0038 Phone: 303-692-2700
 275 VFW Conference Center, 222 S.W. 22nd St. Fort Collins, Colorado 80526-3703
 Toll Free Fax: 1-800-811-7232 Fax: 970-221-3000

Form CDR-0001 (Rev. 1/16) (Form CDR-0001) is subject to the Colorado Public Health Reporting System (CPRS) application. Complete Report of Health Conditions for the health care provider. www.colorado.gov/health-reporting-system/submit-report-form

Reportable Conditions by Disease Category

All indicated diseases, reporting by date diagnosis, receipt, and those highly contagious and/or otherwise reportable

(All listing required conditions is required to determine with Registrar & CDC (28 CFR 1.1)

ICD-10 Code	Condition Name	Reporting Category
A01	Bacterial Dysentery (Shigellosis)	Reportable
A02	Amoebiasis	Reportable
A03	Amoebic Dysentery	Reportable
A04	Amoebic Colitis	Reportable
A05	Amoebic Liver Abscess	Reportable
A06	Amoebic Meningoencephalitis	Reportable
A07	Amoebic Pelvic Abscess	Reportable
A08	Amoebic Splenic Abscess	Reportable
A09	Amoebic Skin Abscess	Reportable
A10	Amoebic Lung Abscess	Reportable
A11	Amoebic Brain Abscess	Reportable
A12	Amoebic Eye Abscess	Reportable
A13	Amoebic Ear Abscess	Reportable
A14	Amoebic Bone Abscess	Reportable
A15	Amoebic Joint Abscess	Reportable
A16	Amoebic Pleural Abscess	Reportable
A17	Amoebic Peritonitis	Reportable
A18	Amoebic Pericarditis	Reportable
A19	Amoebic Pericystitis	Reportable
A20	Amoebic Pericranitis	Reportable
A21	Amoebic Pericystitis	Reportable
A22	Amoebic Pericystitis	Reportable
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B00	Herpes Simplex Virus Infection	Reportable
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C04	Chancroid	Reportable
C05	Chancroid	Reportable
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An IP should have the following skills and knowledge

8. Hand Hygiene:

- Oversight and monitoring of the HH program in the facility
- Available guidelines
- NFPA guidelines
- HH products
- HH compliance



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Hand hygiene programs, tools and resources

There are many resources available for hand hygiene programs including:

- [Centers for Disease Control and Prevention \(CDC\)](#)
- [World Health Organization \(WHO\)](#)
- [Institute for Healthcare Improvement \(IHI\)](#)
- [The Joint Commission \(TJC\)](#)
- [Hand Hygiene Resource Center \(HHRC\)](#)



Each of these organizations has training materials, implementation aids and monitoring tools.

NHSN Module: Prevention Process Measures

1. Monitoring Adherence to Hand Hygiene

Introduction: This surveillance option will allow LTCFs to monitor adherence to hand hygiene (HH) after healthcare personnel (HCP) have come in contact with a resident or objects/surfaces in the immediate vicinity of a resident (for example, within resident's room, equipment handled during therapy). For the purposes of monitoring, HCP include all staff members providing direct care for residents (for example, physicians, nurses, certified nursing assistants, therapists), as well as staff members who perform services in resident care areas (for example, environmental services and meal delivery). Research data suggests that improved after-contact HH is associated with reduced HAI transmission. While there are multiple opportunities for proper HH during resident care, the focus of this option is to observe and report HH adherence only after contact with a resident or the objects/surfaces in the immediate vicinity of the resident. (www.cdc.gov/handhygiene/)

*At least 30 unannounced observations of as many HCP as possible should be done.

An IP should have the following skills and knowledge

9. Outbreak Investigation and surveillance:

- Identification of potential outbreaks
- Establishing a case definition and line listing
- Confirmation that an outbreak actually does exist
- Implementation and evaluation of control measures
- Communication of findings and current activities to key stakeholders
- Performing follow up for individuals who may need ongoing treatments or monitoring



Roadmap for the novice infection preventionist. Web publication: Roadmap for the novice infection preventionist. Web publication: <https://apic.org/Professional-Practice/roadmap/>

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An IP should have the following skills and knowledge

10. Surveillance:

The Regulation: *“Infection Surveillance systems are in place to identify and stop the spread of disease. The facility knows which diseases are reportable and complies with reporting as needed.”*

- The IP should know how to determine the incidence and prevalence of infections
- Have knowledge around how to calculate specific infection rates
- Organize and manage the data for analysis and presentation
- Understand the numerators, denominators and constants for calculation of rates

“Surveillance, as part of infection prevention and control programs in health care facilities, contributes to meeting the program’s overall goals, namely: (1) protect the patient; (2) protect the health care worker, visitors, and others in the health care environment; and (3) accomplish the previous two goals in a timely, efficient, and cost-effective manner whenever possible.”

Am J Infect Control 2007;35:427-40.

AIC major articles

Recommended practices for surveillance: Association for Professionals in Infection Control and Epidemiology (APIC), Inc.

Berrie H. Sano, RN, MS, APIC, CIC, Dora G. Mangioneotti, RN, MBA, CIC, James Blatt, RN, MS, CIC, Robert N. Olvstad, MPH, CIC, and William E. Schreiber, MD

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Continuing Education

NHSN and the LTC setting

NHSN is the National Healthcare Safety Network and allows for standardized tracking and comparison of data for all levels of facilities including LTC.

The screenshot shows the NHSN website interface. On the left is a navigation menu with categories like 'About NHSN', 'Data Tools', and 'Long-term Care Facilities'. The 'Long-term Care Facilities' category is circled in red. The main content area features a header 'Tracking Infections in Long-term Care Facilities' and an introductory paragraph. Below the text are three featured surveillance modules: 'C. difficile & MRSA Infections', 'Urinary Tract Infections (UTI)', and 'Prevention Process Measures'. A small image of a healthcare worker and an elderly patient is also visible.

Continuing Education

3 Modules of targeted surveillance are available

The diagram illustrates the 'Long-term Care Facility Component' of NHSN surveillance. It is structured as follows:

- Healthcare-associated Infections (HAI) Module**
 - Urinary Tract Infections (UTI)
- Laboratory-Identified (LabID) Event Module**
 - Multi-drug Resistant Organisms (MDRO)
 - Clostridium difficile* Infection (CDI)
- Prevention Process Measures Module**
 - Hand Hygiene
 - Gowns/Gloves

The NHSN logo (National Healthcare Safety Network) is located in the top right corner of the slide.

Continuing Education

NHSN Manual: New in May of 2018!!!!

The National Healthcare Safety Network (NHSN)

**Long Term Care Facility Component
Tracking Infections in Long-term Care
Facilities**

Division of Healthcare Quality Promotion
National Center for Emerging and Zoonotic Infectious Diseases
Atlanta, GA, USA

May 2018 Rev 1-0-18

31 C016101

Continuing Education

Surveillance

- Targeted surveillance does not exempt a facility from tracking and preventing other types of infections such as pneumonia, influenza, etc. and should still be a part of the infection control program.
- Each facility can choose ways to track such events, such as infection/symptomatic tracking forms.

Please use the top level of infection

LTC INFECTION SURVEILLANCE REPORT FORM

(To be completed by tracking an acute resolution of infection)

Date Infection Reported

<p>CHLAMYDIA/UREAPLASMA/WHOLE SALIVARY</p> <p><input type="checkbox"/> acute or sub-acute <input type="checkbox"/> febrile <input type="checkbox"/> bacteremia or pain <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute</p> <p><input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute</p> <p><input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute</p>	<p>ACUTE OR SUB-ACUTE</p> <p><input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute</p> <p><input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute</p> <p><input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute</p>
<p>PHARYNGITIS & LOWER RESPIRATORY TRACT</p> <p><input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute</p> <p><input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute</p> <p><input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute</p>	<p>ACUTE OR SUB-ACUTE</p> <p><input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute</p> <p><input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute</p> <p><input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute <input type="checkbox"/> acute or sub-acute</p>

TREATMENT

Drug Name: YES NO UNKNOWN OTHER

LABORATORY DATA

Specimen Type: YES NO UNKNOWN

Test Value: YES NO UNKNOWN

OTHER

Check next event definition Hospitalized Antimicrobial (specify pathogen)

Name of Person Completing This Form (PHNE):

32 C016101

An IP should have the following skills and knowledge

11. Employee Health Programs:

- Ongoing monitoring and investigating potentially harmful infectious exposures and outbreaks among HCP
- Providing response follow up and care to personnel for work-related illnesses or exposures
- Identifying work-related infection risks and instituting appropriate preventive measures, including the development of policies managing illness in personnel
- Containing costs by preventing infectious diseases that result in absenteeism and disability
- Implementing Immunization programs (Influenza, Hep-B, annual TB screening)
- N-95 and PAPR fit-testing and education
- Providing counseling and recommendations around work restrictions related to communicable diseases and exposures
- Maintaining confidential HCP records



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Reference: <https://www.cdc.gov/hicpac/pdf/InfectControl98.pdf>

An IP should have the following skills and knowledge

12. Disinfection, sterilization and antisepsis

- Levels of cleaning and disinfection
- Spauldings classification of items
- Knowledge around different high-level disinfectant solutions
- Event-related sterility
- Instrument processing, monitoring and biological indicators
- Documentation of instrument processing
- Recall steps for failed instrument processing and follow up actions to decrease risk

Roadmap for the service infection preventionist. Web publication.
<https://apic.org/Professional/Practice/Roadmap>

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Levels of Cleaning and Disinfection

STERILIZATION: Destroys all microorganisms including spores.

HIGH-LEVEL DISINFECTION: Expected to destroy all microorganisms except high numbers of bacterial spores.

INTERMEDIATE-LEVEL DISINFECTION: Inactivates *Mycobacterium tuberculosis*, vegetative bacteria, most viruses, most fungi.

LOW-LEVEL DISINFECTION: Can kill most bacteria, some viruses, and some fungi, but cannot be relied on to kill resistant microorganisms such as tubercle bacilli or bacterial spores.

CLEANING: Removal of debris and other organic material from a surface. Reduces the amount of organic material on a surface.

Approach to Disinfection and Sterilization

Spauldings Classification:

CRITICAL ITEMS: High risk of infection – sterile tissue

SEMI-CRITICAL ITEMS: Contact with mucous membranes or non-intact skin

NON-CRITICAL ITEMS: Contact with intact skin (environmental disinfection; inanimate objects)

Classification	Definition	Level of Disinfection
Critical	Device enters otherwise sterile tissue (for example, intraoperative applications)	Sterilization
Semi-critical	Device contacts mucous membranes or may come in contact with unhealthy or non-intact tissue (for example, endoscopy applications or the risk of MRSA colonization exists)	High
Noncritical	Device contacts intact skin	Intermediate or low

Spaulding EH. Chemical disinfection of medical and surgical materials. In: Lawrence C, Block SS, eds. Disinfection, sterilization, and preservation. Philadelphia: Lea & Febiger, 1968:517-31

Focus on environmental disinfection



- Establish policies/protocols for routine cleaning/disinfection of all environmental surfaces & non-critical devices
- Use EPA-registered healthcare disinfectant following manufacturer's IFU
 - Amount, dilution, contact time, safe use, disposal, compatibility with surfaces/equipment
- Ensure product is readily accessible for use by staff but not potential hazard to patient/resident
- Identify personnel responsible for cleaning/disinfection; ensure proper training has been provided
 - Upon hire, prior to being allowed to perform environmental cleaning
 - Annually and when new equipment or protocols are introduced
 - Note: If environmental cleaning is performed by contract personnel, facility should verify this education is provided by contracting company

INFECTION PREVENTION CHECKLIST FOR OUTPATIENT SETTINGS: MINIMUM EXPECTATIONS FOR SAFE CARE, CDC National Center for Emerging and Zoonotic Infectious Diseases, Division of Healthcare Quality Promotion Version 2.2 - November 2015

37 02017FDI

LTC environment: special considerations

- Shared equipment for rehab, activities of daily living
- Common dining areas, shared shower rooms, etc.
- Podiatry
- Hair salon
- Activities
- Fingertstick devices should never be used for more than one person
- Dedicate blood glucose meters to a single resident if possible
- If shared, the device should be cleaned and disinfected after every use, per manufacturer's instructions



38 02016FDI

An IP should have the following skills and knowledge

13. Facilities management:

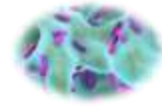
- Construction phases and how they impact infection control (Renovation, remodels, demolition, maintenance and repairs)- ICRA
- Water management in the facility (Water features, legionella prevention, dialysis water management and testing)
- HVAC related monitoring and practices (air exchange requirements, air filtration, parameters of humidity)
- Pest control practices
- Pet and plant policies and handling
- Disposal of biohazardous waste
- Emergency response plans- what is the IPCO's role (especially in acts of bioterrorism and emerging infectious diseases?)
- Safe linen handling and processing oversight

Safe Handling of Linen

Following safe handling of soiled linen should include the following:

1. Consider all linen contaminated
2. Double bag the outside of the original bag if it is visibly soiled or wet
3. Use leak-proof bags when linens are contaminated with blood or body substances
4. Persons handling linen should avoid shaking or agitating the items to prevent spread of organisms into the air
5. Bag linen at point of use (do not pre-sort or pre-rinse) to avoid contaminating other resident areas
6. All workers (including laundry workers) should receive safe-handling of linen education
7. All persons handling laundry should wear appropriate PPE

Safe Handling of Linen (cont'd)



Laundry Facilities:

1. Handwashing stations should be available in laundry facility areas
2. Do not leave damp laundry in a machine overnight to prevent the growth of organisms
3. Leave a washing machine open to air dry at night (recommendation from the CDC) in order to prevent growth of organisms within the machine
4. If a facility uses a laundry chute, linens must be bagged and tied tightly before placing down the chute.
5. There are specifics around the temperature, time of washing and drying as well as bleach concentrations for the actual laundering of linen. These need to be followed and included in laundry policies.
6. Commercial facilities should be checked at least once a year by an infection preventionist to ensure all regulations are being followed, and that linens are not being contaminated in the transit process.

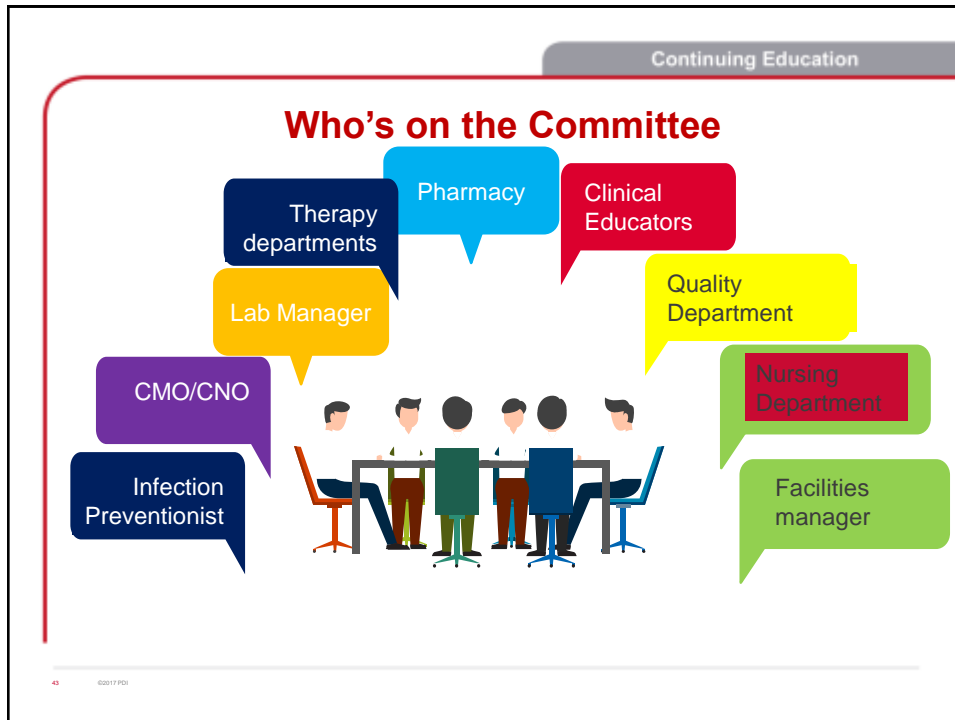
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Quality Committee Infection Control Tasks

Objectives:

- Review and approve the annual plan and risk assessment
- Review and approve policies and procedures
- Support of IP team
- Review epidemiological surveillance data
- Identify areas for intervention
- Standardization of policy/protocols across the facility/system

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Continuing Education

What should the IPCO be reporting out in the quality committee?

1. Infection control annual risk assessment
2. Annual TB risk assessment
3. Infection control and surveillance plan
4. Outbreak response plan
5. Sharps safety and needlestick injury report
6. Immunization reporting (resident and staff)
7. Linen report
8. Antibiogram and appropriate antibiotic usage reports
9. HAI data and reports
10. Communicable disease public health conditions report
11. Compliance with HAI bundles
12. Hand hygiene and PPE monitoring/compliance data
13. Exposure control plan

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In Summary...

- FTAGs associated with Infection Prevention and Control are the most frequently cited deficiencies
- Many factors contribute to the LTC population to be at high risk of infection
- To be in compliance with CMS regulations for a trained IPCO you must:
 - Understand the training and education requirements for an IPCO
 - Understand what knowledge and skills the IPCO should possess
 - Have a good grasp on what role the IPCO plays within the quality assurance committee, including what they are reporting

42 02077FDI

Approved Training Programs **CDC TRAIN**

CDC "TRAIN" website: https://www.train.org/cdctrain/training_plan/3814

The infection prevention and control course is covered in 23 modules and sub-modules, estimated at 19 hours to complete. It includes:

- User-friendly, informative and educational course content;
- Helpful resources (e.g., training tools, checklists, signs, and policy & procedure templates);
- Modules that can be completed at any time, in any order, and over multiple sessions, depending on the learner's schedule; and
- Continuing education credits and a certificate of completion are available for those who complete all modules and pass a post-course exam

The screenshot shows a newsroom article from CMS.gov. The article title is "CMS & CDC Offer a specialized, online Infection Prevention and Control Training For Nursing Home Staff in the Long-Term Care Setting". The article is dated 07/16/2019 and has a 5-star rating. The text of the article is partially visible, mentioning that the training is a specialized, online course for nursing home staff in the long-term care setting, developed with the Centers for Disease Control and Prevention (CDC). The article also notes that the training is available for continuing education credits.

<https://www.cms.gov/newsroom/fact-sheets/cms-cdc-offer-specialized-online-infection-prevention-and-control-training-nursing-home-staff-long>

43 02077FDI

Questions?

Thank you!

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Hand Hygiene

References

The Association for Professionals in Infection Control and Epidemiology (APIC). APIC Implementation Guide- Guide to Hand Hygiene Programs for Infection Prevention. Available from http://apic.org/Resource/TinyMceFileManager/implementation_guides/APIC_handhygiene.pdf

The Association for Professionals in Infection Control and Epidemiology (APIC). Break the Chain of Infection. Available from: <http://professionals.site.apic.org/files/2016/09/Break-the-Chain-of-Infection.pdf>

Centers for Disease Control and Prevention. Guideline for Hand Hygiene in Health-Care Settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. MMWR 2002;51(No. RR- 16). Available from <http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf>

Centers for Disease Control and Prevention. Hand Hygiene in the Healthcare Setting. Available from: <http://www.cdc.gov/handhygiene/index.html>

Ellingson, K., Haas, J.P., Aiello, A.E., Kusek, L., Maragakis, L.L., Olmsted, R.N., Perencevich, E., Polgreen, P.M., Schweizer, M.L., Trexler, P., VanAmringe, M. and Yokoe, D.S. (2014) 'Strategies to Prevent Healthcare-Associated Infections through Hand Hygiene', *Infection Control & Hospital Epidemiology*, 35(S2), pp. S155–S178. doi: 10.1017/S0899823X00193900

World Health Organization (WHO). WHO Guidelines on Hand Hygiene in Health Care: First Global Patient Safety Challenge Clean Care is Safer Care. © World Health Organization 2009. All rights reserved. Available from: http://apps.who.int/iris/bitstream/10665/44102/1/9789241597906_eng.pdf

50 ©2016 PDI

References

1. Sclafani J, Tirrell TF, Franko OI. Mobile tablet use among academic physicians and trainees. *J. Med Syst* 37 (2013):9903.
2. Khan, A, Rao, A., et.al. Use of portable electronic devices in a hospital setting and their potential for bacterial colonization. *AJIC* 43 (2015): 286-288.
3. Brady, RR, et.al. Is your phone bugged? The incidence of bacteria known to cause nosocomial infection on healthcare workers' mobile phones. *J Hosp Infect* 62 (2006): 123-125.
4. Kiedrowski, LM, et.al. Disinfection of iPad to reduce contamination with *C. difficile* and MRSA. *AJIC* 41 (2013): 1136-1137.