

Continuing the Conversation of Infection Prevention and Control in Assisted Living

Deb Patterson Burdsall

Hektoen Institute of Medicine / Illinois Department of Public Health

Deb Patterson Burdsall has no financial conflict of interest



Learning Objectives

Define

- Assisted Living licensure in Illinois

Analyze

- the unique challenges of infection prevention in a person-centered model

Evaluate and Plan

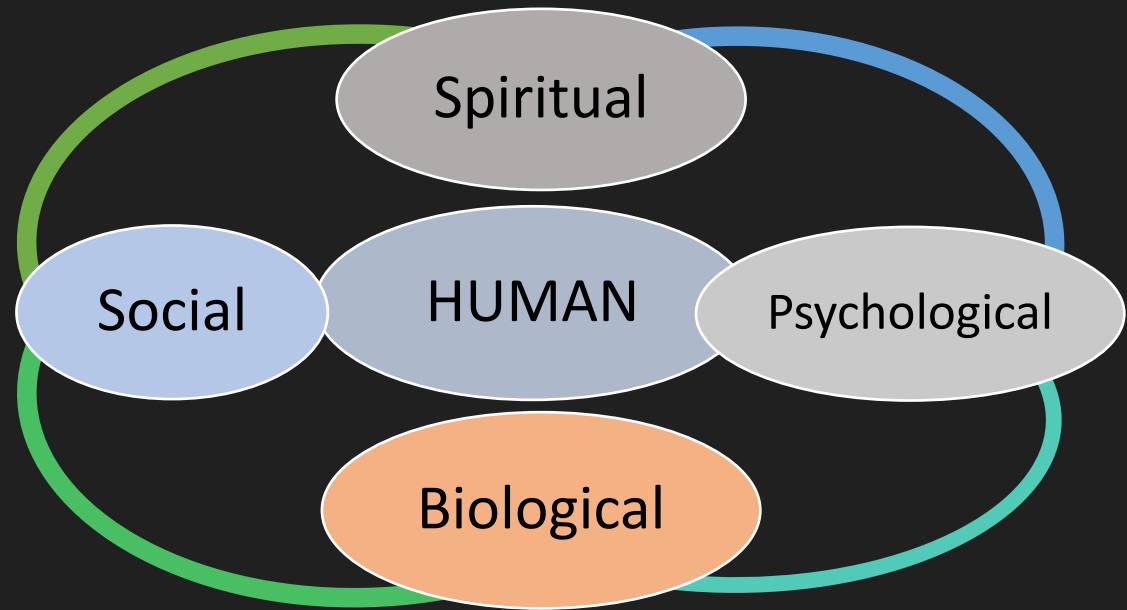
- infection prevention needs post-COVID-19 and plan to develop and maintain an effective infection prevention and control program utilizing evidence-based strategies and resources

It has been a long and difficult time

- The focus of congregate care has been person-centered care within a home like environment
- Many people rely on the support of congregate care. Vulnerable people were at the center of a perfect storm as COVID-19 struck
- During the COVID-19 pandemic, the infection prevention interventions traditionally used for weeks have been required for months and at this point over two years
- Moving forward we need a person with the time to balance infection prevention interventions with person-centered care



Mommarazzi Images © 2017



Infection Prevention and Control in LTC is a **Human** issue,
and needs to be dealt with within a biopsychosocial and
spiritual framework



Images: Pickit Images



Mommarazzi Images © 2017



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The Ideal: Person Centered Care

Start With The Lessons



- ♦ People work in congregate care and other areas of healthcare because they care about residents, patients, families and each other
- ♦ We were not prepared for an airborne/microdroplet virus that caused people to be infectious while asymptomatic
- ♦ Emphasis on respiratory protection and ventilation was necessary
- ♦ Long COVID-19 is real and may teach us about viral etiology of other chronic diseases
- ♦ Public Health and Healthcare need to continue to work together
- ♦ THANK YOU for still being here

The end of the COVID-19 pandemic is in sight: WHO

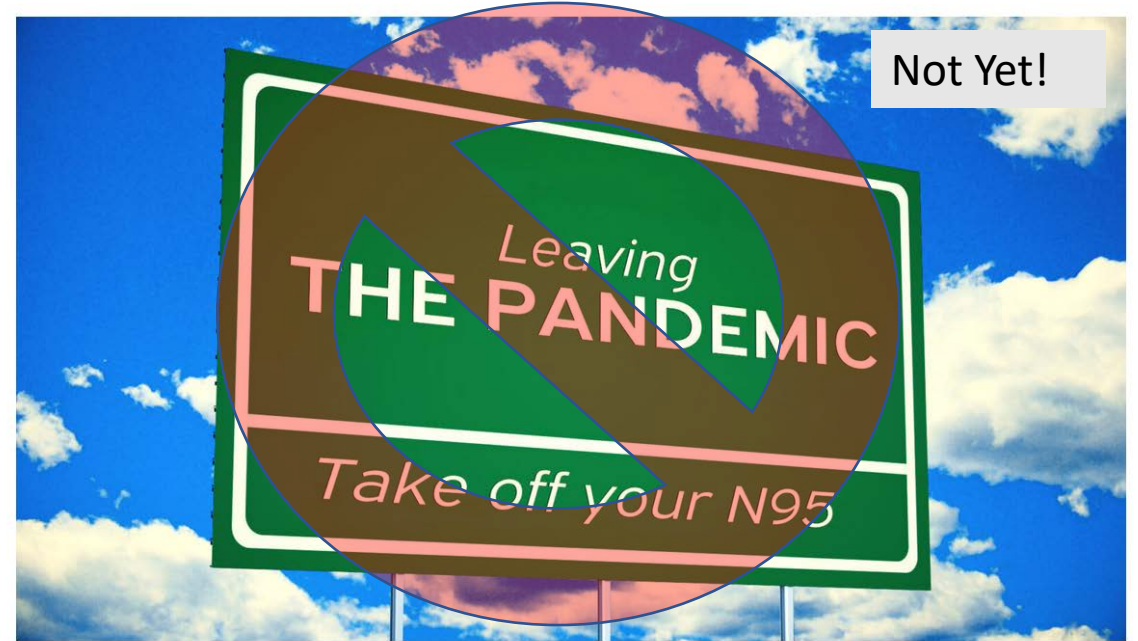


<https://news.un.org/en/story/2022/09/1126621>



By [Helen Branswell](#) Sept. 19, 2022

[Reprints](#)



Some people are eager to call the pandemic over, but Covid deaths have risen in recent weeks and the disease is still the fourth leading cause of death in the country.

<https://www.statnews.com/2022/09/19/is-the-covid-19-pandemic-over-the-answer-is-more-art-than-science/>

SARS-CoV-2 Has Not Disappeared

- Moving to An Endemic Organism

We Even Have Some Blue!
Still 14,000 cases
141 hospitalizations
68 deaths in Illinois
7 day moving average
Not over yet...
But getting better

https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=Illinois&data-type=Risk

Illinois

[State Health Department](#) 

7-day Metrics

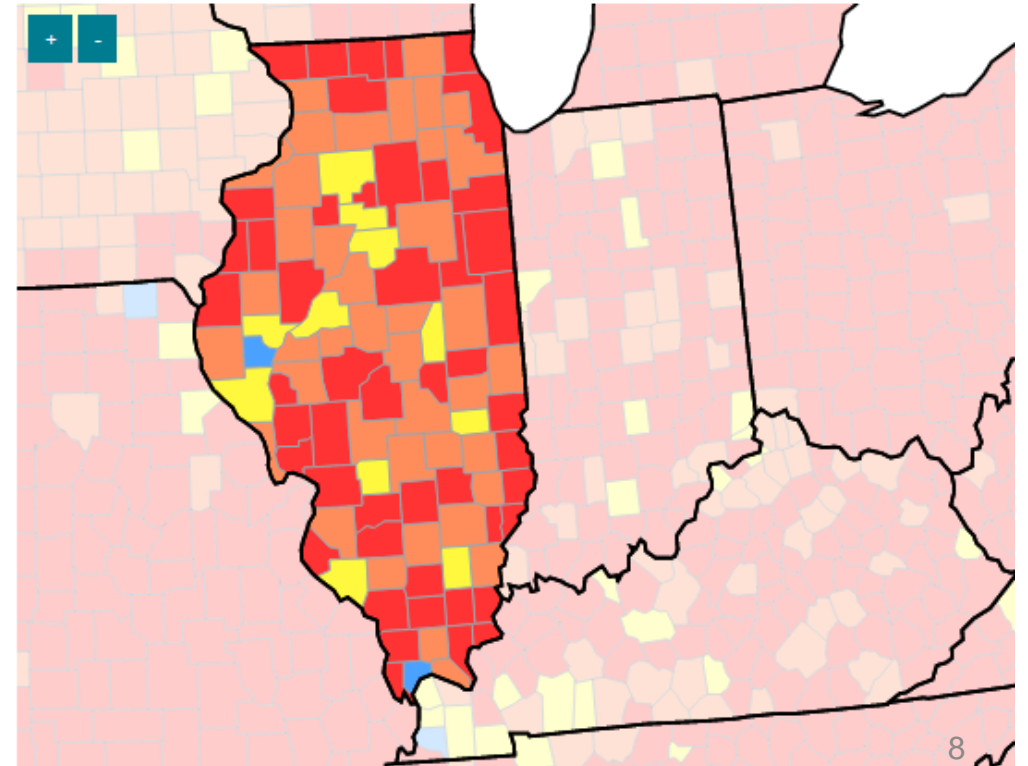
Cases	14,504
% Positivity	5-7.9 %
Deaths	68
% of Population \geq 5 Years of Age Fully Vaccinated	74.2%
New Hospital Admissions (7-Day Moving Avg)	141.29

Data Type:

Community Transmission

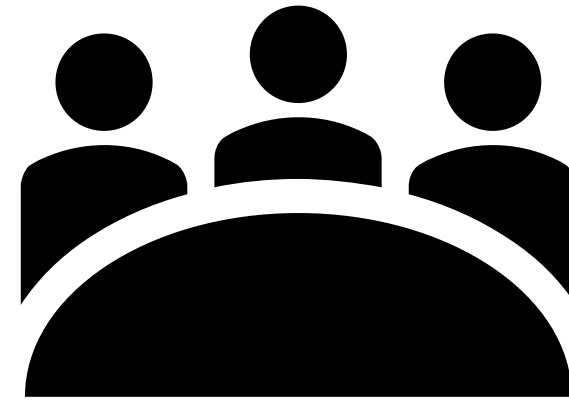
Map Metric:

Community Transmission



Suggestions

- Keep doing what you are doing for the time being
- All of IDPH/Hektoen are working hard to make changes
- Need to consider Executive Orders and Emergency Rules
- Infection Preventionist works with your Interdisciplinary Team
- Start to compare your existing policies and procedures with new CDC guidance and CMS rules



Point of Care Testing Changes

- Applies to both NAAT (PCR) and antigen testing
- Any facilities entering lab results into NHSN and Simple Reports have been acting as laboratories with CLIA waivers
- Using SARS-CoV-2 tests outside the test instructions for use (IFU): No longer allowed
- **30 days from September 26th, 2022 (the date of the memorandum) to come into compliance**

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-22-25-CLIA

DATE: September 26th, 2022

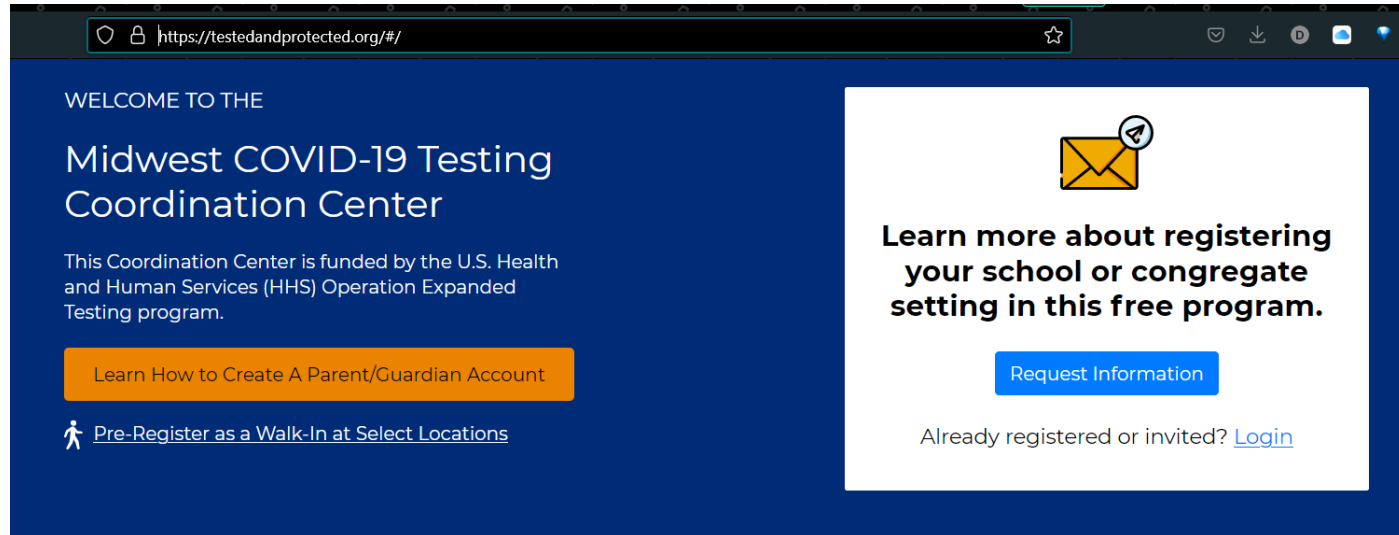
TO: State Survey Agency Directors

FROM: Director, Quality, Safety & Oversight Group (QSOG)

SUBJECT: CMS Rescinds December 7, 2020, Enforcement Discretion for the Use of SARS-CoV-2 Tests on Asymptomatic Individuals Outside of the Test's Instructions for Use

<https://www.cms.gov/files/document/qso-22-25-clia.pdf>

<https://testedandprotected.org/#/>



The screenshot shows a web browser window with the URL <https://testedandprotected.org/#/>. The page has a dark blue header and a white sidebar on the right. The main content area is dark blue. The header text reads "WELCOME TO THE Midwest COVID-19 Testing Coordination Center". Below this, it states "This Coordination Center is funded by the U.S. Health and Human Services (HHS) Operation Expanded Testing program." There are two buttons: an orange one labeled "Learn How to Create A Parent/Guardian Account" and a blue one labeled "Request Information". A link "Pre-Register as a Walk-In at Select Locations" is also present. The sidebar contains an icon of an envelope with a checkmark and the text "Learn more about registering your school or congregate setting in this free program." Below this is a blue button labeled "Request Information" and a link "Already registered or invited? Login".


WELCOME TO THE

Midwest COVID-19 Testing Coordination Center

This Coordination Center is funded by the U.S. Health and Human Services (HHS) Operation Expanded Testing program.

[Learn How to Create A Parent/Guardian Account](#)




[Pre-Register as a Walk-In at Select Locations](#)

 **Learn more about registering your school or congregate setting in this free program.**

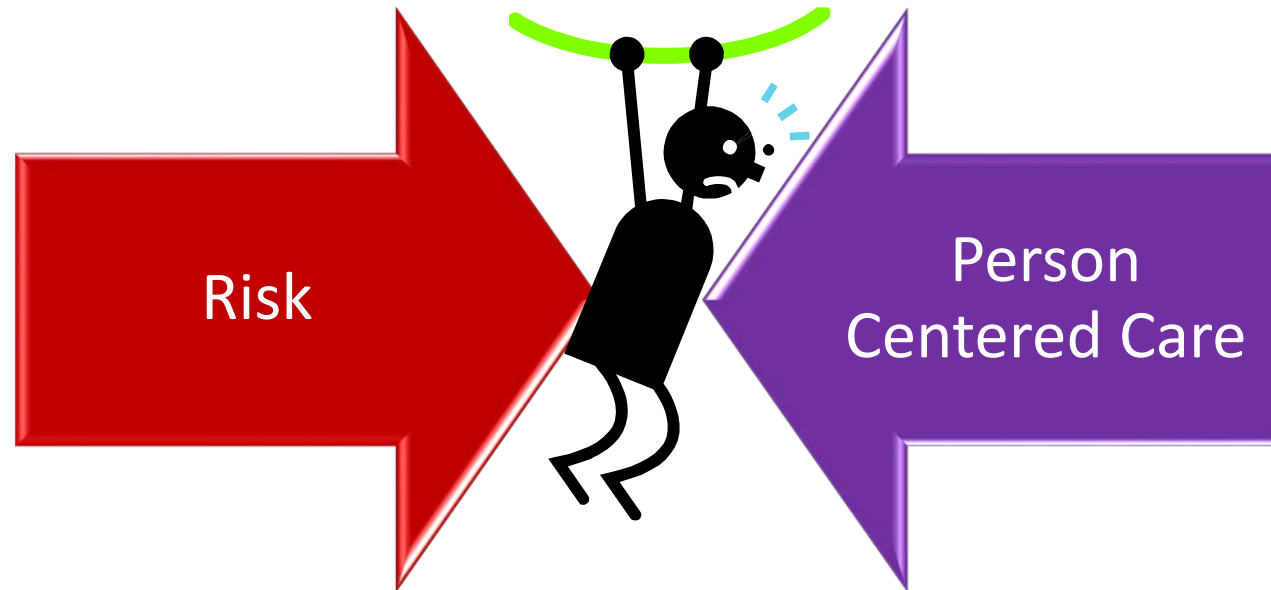
[Request Information](#)

Already registered or invited? [Login](#)

This free, federally funded program serves the following groups:

 <p>Public and Private Schools</p>	 <p>Congregate Settings</p>	 <p>Parents, Guardians, and Residents</p>
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Balancing Risk and Person-Centered Care



Not Associating Community Levels with LTC Risk



Kirkland nursing home fined \$611,000 over deadly coronavirus outbreak

by KOMO News Staff | Thursday, April 2nd 2020



In this March 12, 2020 photo, an ambulance leaves U.S. Veterans Affairs Medical Center in Kirkland, Wash., after a deadly coronavirus outbreak in the state. Residents of assisted living facilities in the area are also at risk. (AP Photo/John W. H.)



KIRKLAND, Wash. - Fined against a coronavirus outbreak found critical problem in at least 37 deaths

The fine was issued by the Centers for Medicare & Medicaid Services

DOI: 10.1111/jgs.17434

REVIEW ARTICLE

Journal of the
American Geriatrics Society

A systematic review of long-term care facility characteristics associated with COVID-19 outcomes

R. Tamara Konetzka PhD¹ | Elizabeth M. White APRN, PhD² |
Alexander Pralea³ | David C. Grabowski PhD⁴ | Vincent Mor PhD^{2,5}

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8631348/pdf/JGS-69-2766.pdf>

Results: Larger, more rigorous studies were fairly consistent in their assessment of risk factors for COVID-19 outcomes in long-term care facilities. Larger bed size and location in an area with high COVID-19 prevalence were the strongest and most consistent predictors of facilities having more COVID-19 cases and deaths. Outcomes varied by facility racial composition, differences that were partially explained by facility size and community COVID-19 prevalence. More staff members were associated with a higher probability of any outbreak; however, in facilities with known cases, higher staffing was associated with fewer deaths. Other characteristics, such as Nursing Home Compare 5-star ratings, ownership, and prior infection control citations, did not have consistent associations with COVID-19 outcomes.



Facility Assessment Tool

Overview

[CMS Issues Nursing Homes Best Practices Toolkit to Combat COVID-19](#)

[AHRQ ECHO National Nursing Home COVID-19 Action Network](#)

[Long-Term Care Facilities \(LTCF\) COVID-19 Module Enrollment Refresher Training Video](#)

[All Cause Harm Prevention in](#)

Requirement

Nursing facilities will conduct, document, and annually review a facility-wide assessment, which includes both their resident population and the resources the facility needs to care for their residents (§483.70(e)).

The requirement for the facility assessment may be found in Attachment 1.

Purpose

The purpose of the assessment is to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies. Use this assessment to make decisions about your direct care staff needs, as well as your capabilities to provide services to the residents in your facility. Using a competency-based approach focuses on ensuring that each resident is provided care that allows the resident to maintain or attain their highest practicable physical, mental, and psychosocial well-being.

Characterization of COVID-19 in Assisted Living Facilities — 39 States, October 2020

“By October 15, 2020, in 39 states with available data, 22% of ALFs reported one or more cases of COVID-19 among residents and staff members. Among ALF residents with COVID-19, 21% died, compared with 3% who died among the general population with COVID-19.

With ongoing community transmission, ALFs should take actions to prevent the spread of SARS-CoV-2 in their facilities, including rapid identification and response to residents and staff members with suspected or confirmed COVID-19.”

COVID-19 in Assisted Living Facilities



Staff Report Prepared for

Senator Elizabeth Warren

Senator Edward J. Markey

Rep. Carolyn Maloney, Chairwoman,
House Committee on Oversight and Reform

July 2020

- High rates of coronavirus infection in assisted living facilities.
- As of May 31, 2020, nearly one in four assisted living facilities in the survey — 24% — had at least one positive test for coronavirus among residents, and
- Approximately 8% of facilities had wider outbreaks of at least ten cases.
- Residents of assisted living facilities have tested positive for coronavirus at over five times the overall national average rate
- 2.9% of assisted living residents had tested positive for the disease as of May 31, 2020, compared to a national occurrence rate of 0.5%.

COVID-19 in Assisted Living Facilities



Staff Report Prepared for

Senator Elizabeth Warren

Senator Edward J. Markey

Rep. Carolyn Maloney, Chairwoman,
House Committee on Oversight and Reform

July 2020

- May 31, 2020: Hospitalization and fatality rates
- Approximately 43% of positive assisted living facility residents hospitalized
- Assisted living facility residents who tested positive for coronavirus, 31% — one in three — died.
- Nearly six times the national average
- comparable to — or even higher than — the fatality rate for nursing home residents with COVID-19.

What is Assisted Living?

- United States Health and Human Services for Illinois [Definition](#):
- *“Assisted living establishment means a residence for three or more unrelated adults (at least 80 percent of whom are 55 years of age or older) that provides single-occupancy living units with a private bathroom and space for small kitchen appliances. Residents should be able to age in place within the parameters set by the licensing rules.”*

Compendium of Residential Care and Assisted Living Regulations and Policy: 2015 Edition

ILLINOIS

Licensure Terms

Assisted Living Establishment, Shared Housing Establishment, Sheltered Care Facility, and Supportive Living Facility

Licensing for Assisted Living in Illinois

- Based off Sheltered Care licensure rules
- Regulations were adopted in December of 2001 and IDPH began licensing establishments in July of 2002

Joint Committee on Administrative Rules

ADMINISTRATIVE CODE

**TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES
PART 295 ASSISTED LIVING AND SHARED HOUSING ESTABLISHMENT CODE
SECTION 295.4040 COMMUNICABLE DISEASE POLICIES**

Section 295.4040 Communicable Disease Policies

- a) The establishment shall meet the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).
- b) The establishment shall not knowingly admit a person with a communicable, contagious, or infectious disease, as defined in the Control of Communicable Diseases Code. A resident who is suspected of or diagnosed as having any such disease shall be placed in isolation, if required, in accordance with the Control of Communicable Diseases Code. If the establishment believes that it cannot provide the necessary infection control measures, it shall initiate residency termination pursuant to Section 80 of the Act.
- c) All illnesses required to be reported under the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) shall be reported immediately to the local health department and to the Department. The establishment shall furnish all pertinent information relating to such occurrences. In addition, the establishment shall also inform the Department of all incidents of scabies and other skin infestations.

<https://www.ilga.gov/commission/jcar/admincode/077/077002950D40400R.html>

Communicable Disease Reporting: Not New

ID RESIDENT GO TO THE HOSPITAL? YES ____ NO ____ (If NO, do NOT submit form to IDPH, UNLESS there has been a significant issue such as an elopement, abuse, medication error/omission, Norovirus outbreak, electrical outages, flooding, etc).

as the Resident Hospitalized?

s ____ Name of Hospital ____ Diagnosis ____
(If No, explain) _____

as the Resident's M.D. Notified? Yes ____ No ____

sident's Family/Representative Notified? Yes ____ No ____

FAX THIS REPORT TO 217-557-2432

<https://dph.illinois.gov/content/dam/soi/en/web/idph/files/forms/pdf-incident-accident-report-041116.pdf>

Emergency Rule 295.4045 (page 706- 713)

Policies and Procedures

Testing

Vaccination

Source: Emergency amendment at 46 Ill. Reg. 13553, effective July 15, 2022, for a maximum of 150 days)

https://www.ilsos.gov/departments/index/register/volume46/register_volume46_issue_31.pdf

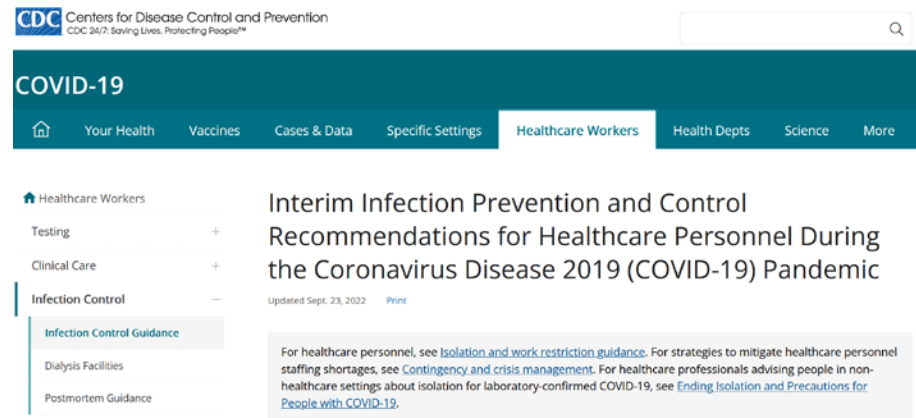
Joint Committee on Administrative Rules ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES
PART 295 ASSISTED LIVING AND SHARED HOUSING ESTABLISHMENT CODE

The General Assembly's Illinois Administrative Code database includes only those rulemakings that have been permanently adopted. This menu will point out the Sections on which an emergency rule (valid for a maximum of 150 days, usually until replaced by a permanent rulemaking) exists. The emergency rulemaking is linked through the notation that follows the Section heading in the menu.

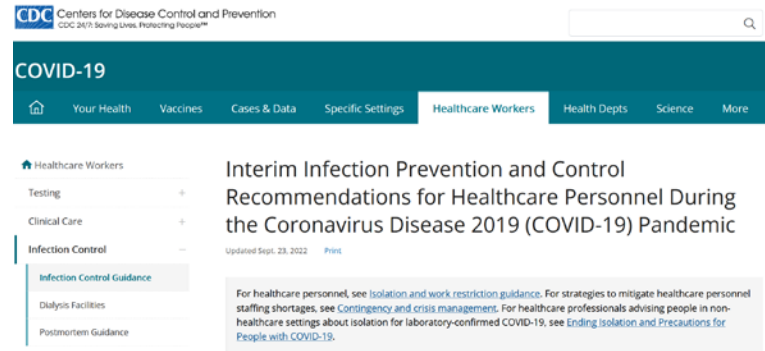
SUBPART D: RESIDENT CARE AND SERVICES

- [Section 295.4000 Physician's Assessment](#)
- [Section 295.4010 Service Plan](#)
- [Section 295.4020 Mandatory Services](#)
- [Section 295.4030 Special Safety and Service Needs of Individuals Who Are Quadriplegic or Paraplegic, or Who Have Neuro-Muscular Diseases](#)
- [Section 295.4040 Communicable Disease Policies](#)
- [New Section 295.4045 Infection Control \(Eff. 7/15/22; Exp. 12/11/22\) **EMERGENCY - 46 Ill. Reg. 13361**](#)
- [Infection Control \(Emergency Amendment to Emergency Rule\) \(Effective 9/19/22; Expires 12/11/22\) **EMERGENCY - 46 Ill. Reg. 16414**](#)
- [New Section 295.4047 COVID-19 Vaccination of Establishment Staff \(Eff. 7/15/22; Exp. 12/11/22\) **EMERGENCY - 46 Ill. Reg. 13361**](#)
- [COVID-19 Vaccination of Establishment Staff \(Emergency Amendment to Emergency Rule\) \(Effective 9/19/22; Expires 12/11/22\) **EMERGENCY - 46 Ill. Reg. 16414**](#)
- [Section 295.4050 Tuberculin Skin Test Procedures](#)
- [Section 295.4060 Alzheimer's and Dementia Programs](#)



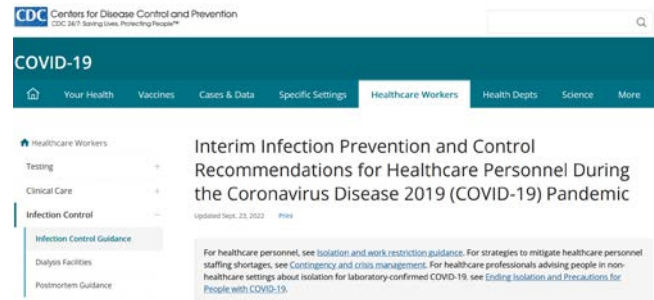
In general, long-term care settings (excluding nursing homes) whose staff provide non-skilled personal care* similar to that provided by family members in the home (e.g., many assisted livings, group homes), should follow [community prevention strategies based on COVID-19 Community Levels](#), similar to independent living, retirement communities or other non-healthcare congregate settings. Residents should also be counseled about [strategies to protect themselves and others](#), including recommendations for source control if they are immunocompromised or at high risk for severe disease. CDC has information and [resources for older adults](#) and for [people with disabilities](#).

- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>



*Non-skilled personal care consists of any non-medical care that can reasonably and safely be provided by non-licensed caregivers, such as help with daily activities like bathing and dressing; it may also include the kind of health-related care that most people do themselves, like taking oral medications. In some cases where care is received at home or a residential setting, care can also include help with household duties such as cooking and laundry.

- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>



*Visiting or shared healthcare personnel who enter the setting to provide healthcare to one or more residents (e.g., physical therapy, wound care, intravenous injections, or catheter care provided by home health agency nurses) should follow the healthcare IPC recommendations in this guidance. In addition, if staff in a residential care setting are providing in-person services for a resident with SARS-CoV-2 infection, they should be familiar with recommended IPC practices to protect themselves and others from potential exposures including the hand hygiene, personal protective equipment and cleaning and disinfection practices outlined in this guidance.

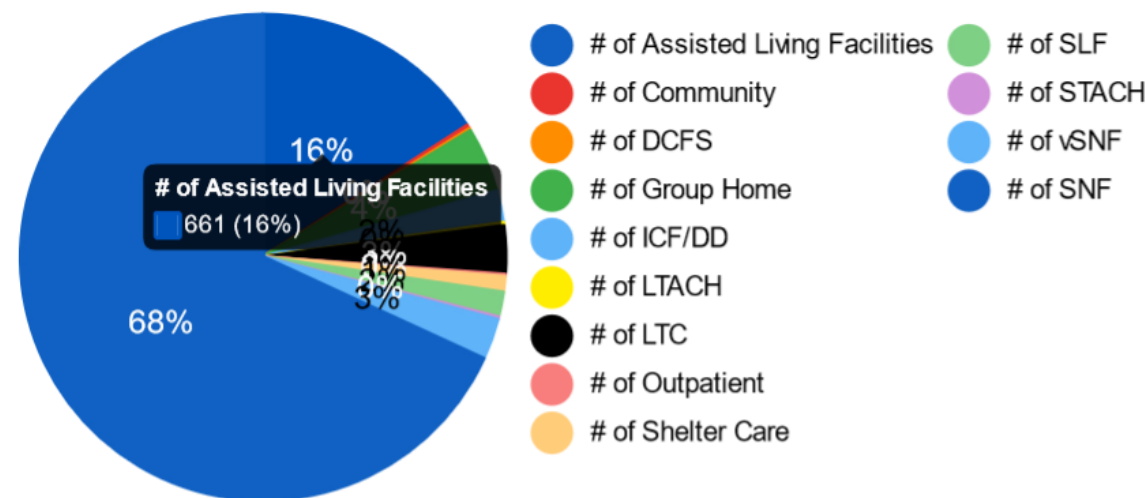
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

IDPH Infection Prevention CONSULTATION DASHBOARD (Congregate Care)

Consultation Data

Assisted Living
accounted for 16%
(661 contacts) of all
healthcare support

Setting Type

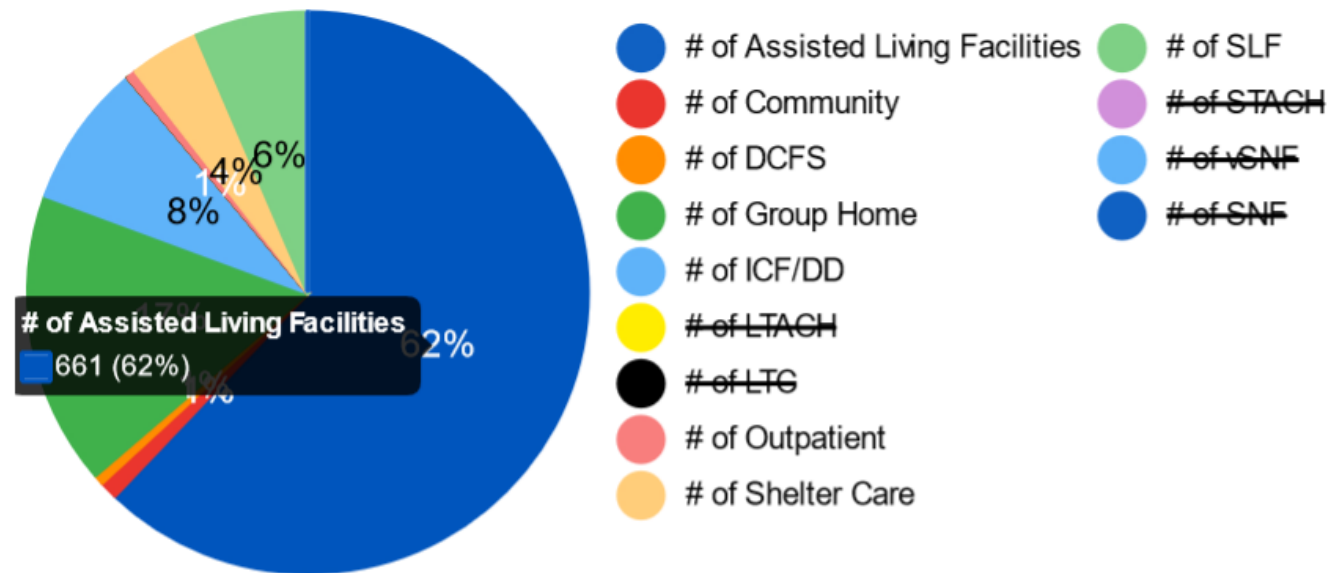


IDPH Infection Prevention CONSULTATION DASHBOARD (Congregate Care)

Consultation Data

Assisted Living
accounted for 62%
(661 contacts) of
congregate care
support in more
community type
settings

Setting Type



You have all Learned to Develop Systems for Addressing Infection Prevention and Control

- Rules, guidelines and your facility's policies and the corrective actions taken by the care community
- Some of you are natural Infection Preventionists!!!
- Knowledge of Congregate Care
- Interest in Infection Prevention!



Image: Pixabay



General Vaccine Administration



Source Control / PPE



Detection,
Isolation/Quarantine



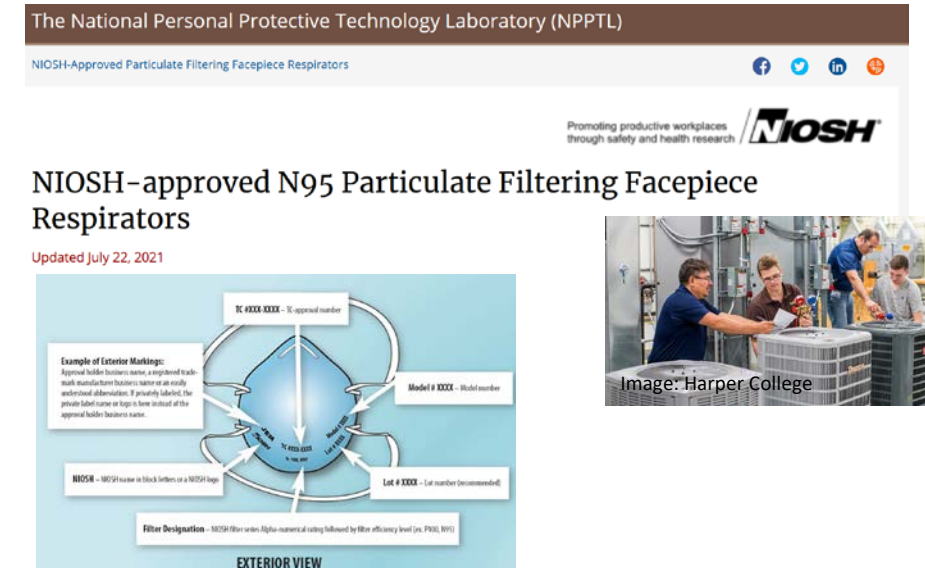
Screening and Surveillance



Hand Hygiene

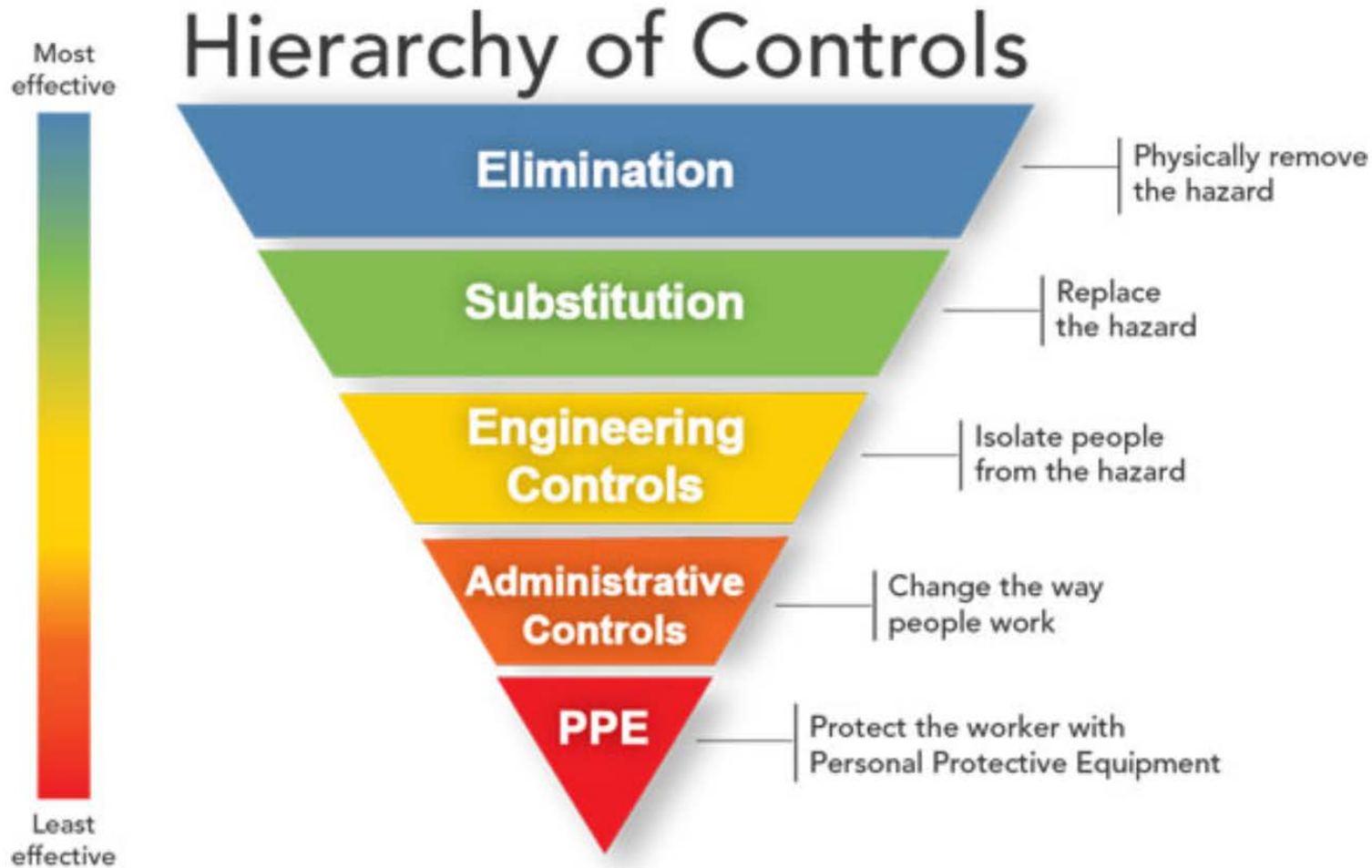


Surface Cleaning /
Disinfecting



Respiratory Protection / Ventilation

Core Infection Prevention Practices



The idea behind this hierarchy is that the control methods at the top of graphic are potentially more effective and protective than those at the bottom. Following this hierarchy normally leads to the implementation of inherently safer systems, where the risk of illness or injury has been substantially reduced.

Back to the Core Measures of Infection Prevention and Control

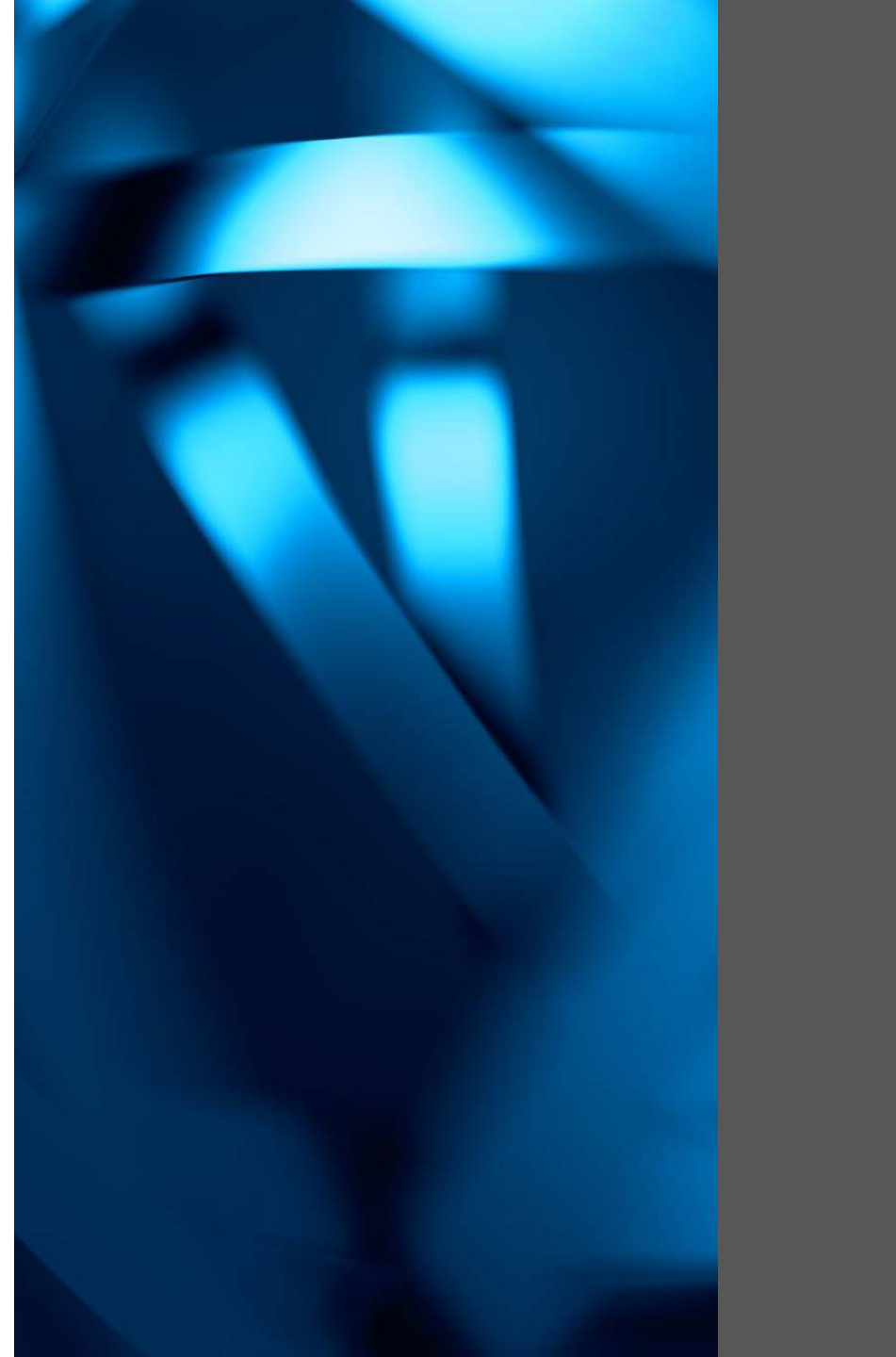
Determine risk to apply a person-centered approach

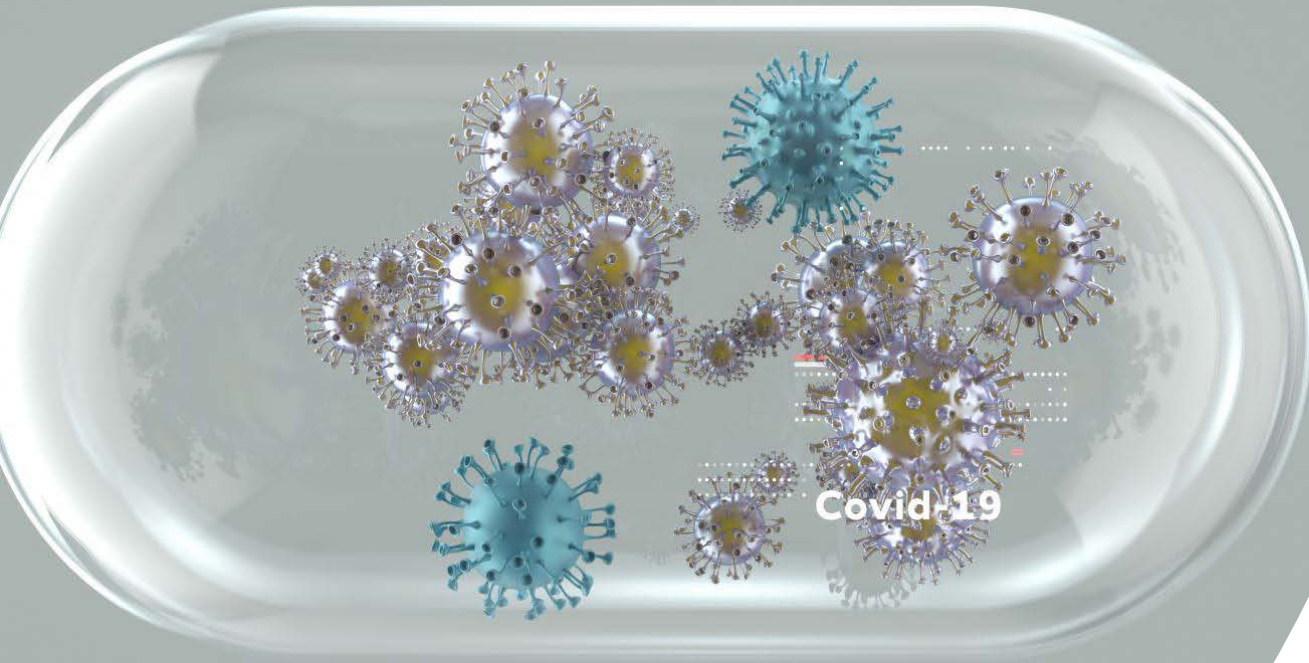
Know your partners

Leading Age, Infection Prevention, and Public Health work together with Assisted Living

Humans in congregate setting inherently have a higher risk (schools, community groups, congregate housing, healthcare)

Yes, Infection Prevention and Control can be a part of person centered care.





Who are
Infection
Preventionists?

Infection Preventionists

“Infection Preventionists (IPs) are professionals who make sure healthcare workers, residents, visitors, families, and patients are doing all the things they should to prevent infections.

Most IPs are nurses, epidemiologists, public health professionals, microbiologists, doctors, or other health professionals who work to prevent germs from spreading within healthcare facilities.

IPs look for patterns of infection within the facility; observe practices; educate the interdisciplinary healthcare team; advise healthcare leaders and other professionals; compile infection data; develop policies and procedures; and coordinate with local and national public health agencies.” www.apic.org



Who Can Be An Infection Preventionist?

Look at degree as the basic training for
Infection Preventionists

- Nursing
- Therapy
- Public Health
- Laboratorians
- Administrators
- Social Workers
- Possibly other degrees or specialties in congregate care

**MUST BE INTERESTED IN INFECTION
PREVENTION AND CONTROL!!!!**

Association for Professionals In Infection Control and Epidemiology

- Non-profit association like LeadingAge
- Over 16,000 members
- Knowledge and experience
- Peer support




[Please Sign In My APIC](#)
[Membership](#)
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New Episode! AJIC: Science into Practice Podcast

Listen in as we talk with guests about containing a carbapenem-resistant *Acinetobacter baumannii* complex outbreak in a COVID-19 intensive care unit.

[LISTEN NOW](#)
[Policy Updates](#)
[READ ALL](#)


Some Celltrion USA Point Of Care
DiaTrust COVID-19 Ag Rapid Test Kits

[IP Talk](#)
[READ ALL](#)


[RE: Prepped Sterile Fields](#)
Posted 8 minutes ago

[News](#)
[READ ALL](#)


Data From New CDC Study Reveal Key
Trends In U.S. Healthcare Personnel

[Recommendations](#)


The APIC Te
Written, edi

LeadingAge and APIC

- **LeadingAge**

- Mission: Advancing Excellence and Innovation in Adult Life Services
- LeadingAge Illinois is one of the largest and most respected associations of providers serving older adults in Illinois.
- Committed to advancing excellence, we advocate for quality services, promote innovative practices, and foster collaboration.
- We serve the full spectrum of providers including home and community-based services (HCBS), senior housing, life plan communities (LPC)/continuing care retirement communities (CCRC), assisted living, supportive living, and skilled nursing/rehabilitation centers.

- **APIC**

- Mission: *To advance the science and practice of infection prevention and control.*
- *APIC's nearly 16,000 members develop and direct infection prevention and control programs that save lives and improve the bottom line for healthcare facilities.*
- *APIC advances its mission through patient safety, education, implementation science, competencies and certification, advocacy, and data standardization.*



Where to Start to Find Information?

SHEA/APIC Guideline: Infection prevention and control in the long-term care facility

Philip W. Smith, MD,^a Gail Bennett, RN, MSN, CIC,^b Suzanne Bradley, MD,^c Paul Drinka, MD,^d Ebbing Lautenbach, MD,^e James Marx, RN, MS, CIC,^f Lona Mody, MD,^g Lindsay Nicolle, MD,^h and Kurt Stevenson, MDⁱ
July 2008

http://www.apic.org/Resource/TinyMceFileManager/Practice_Guidance/id_APIC-SHEA_GuidelineforICinLTCFs.pdf

Infection Preventionist Basic Training

a) IPs shall complete, or provide proof of completion of, initial infection control and prevention training, provided by CDC or equivalent training, covering topics listed in subsection (b)(1) to the facility, within 30 days after accepting an IP position. Documentation of required initial infection control and prevention training shall be maintained in the employee file.

b) Within 90 days after the effective date of this Section, a qualified IP candidate shall:

1) Have completed at least 19 hours of training in infection prevention and control including, but not limited to, training in the following areas:

A) Principles of Standard Precautions

B) Principles of Transmission-Based Precautions

C) Prevention of Healthcare-Associated Infections

D) Hand Hygiene

E) Environmental Cleaning, Sterilization, Disinfection, and Asepsis

F) Environment of Care and Water Management

G) Employee/Occupational Health

H) Surveillance and Epidemiological Investigations

I) Antimicrobial Stewardship

https://www.ilsos.gov/departments/index/register/volume45/register_volume45_issue_49.pdf

CDC TRAIN

HOME COURSE CATALOG YOUR LEARNING CALENDAR RESOURCES DISCUSSIONS

HELP



Module 1 - Infection Prevention & Control Program

< Back

✕ Withdraw

> Launch

✓ Mark Completed



In Progress

Web-based Training - Self-study

ID 1081350

Skill Level: Intermediate

0.75h

★★★★☆ (79998)

This module is part of a larger 24 module course, the *Nursing Home Infection Preventionist Training Course* located at https://www.train.org/cdctrain/training_plan/3814. Continuing Education (CE) is only available if you register for the entire course. Click on the link to see the full course and select the register button. Once registered, the full course can be located under Your Learning/Your Training Plans.

For best performance, this module should be viewed on desktops or laptops running Internet Explorer or Chrome. Select the **Show More** link below for information about this module.

PROGRAM DESCRIPTION:

Module 1 - Infection Prevention & Control Program is part of the Nursing Home Infection Preventionist Training Course. Module 1 will provide an overview of the infection prevention and control (IPC) program. Module 1 is organized into 3 lessons; it will take you approximately 45 minutes to complete this module.

Continuing Education (CE)

For the Nursing Home Infection Preventionist Training Course (ID 1081350) you must first register for the Nursing Home Infection Preventionist Training Course: https://www.train.org/cdctrain/training_plan/3814. After registering for the Course, you must complete all 23 modules and submodules, a post-course evaluation, and pass a post-course examination.

<https://www.train.org/cdctrain/welcome>

Project Firstline

CDC > Infection Control



What's New

Competencies and Training



CDC's National Training Collaborative for Healthcare Infection Control



About



Learn About Infection Control in Health Care



Learn About Infection Control and COVID-19



Explore Project Firstline Partnerships



Project Firstline Promotional Resources



Connect with Project Firstline

Get Email Updates

Project Firstline Communications and Product Development Playbook

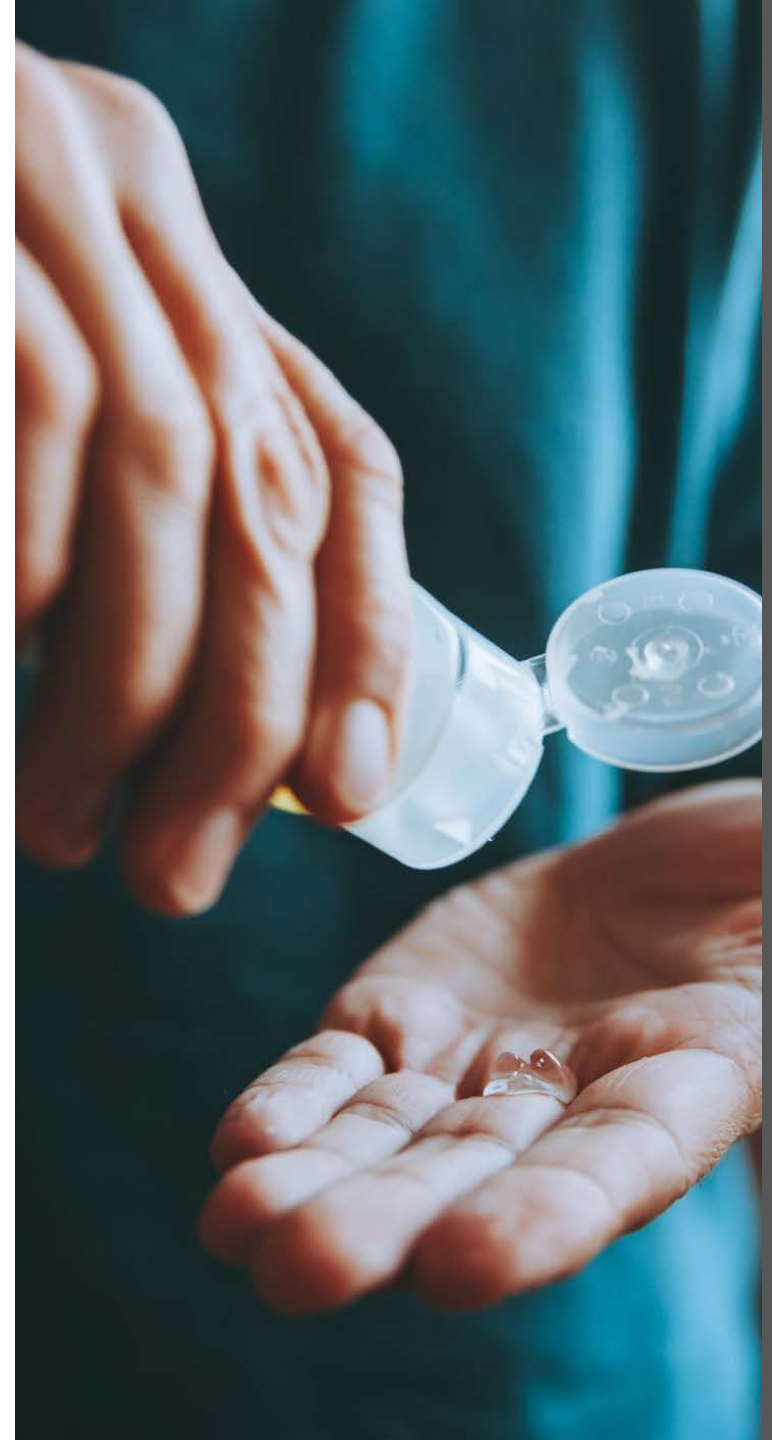


<https://www.cdc.gov/infectioncontrol/projectfirstline/index.html>



How Can We Start Right Now? Common Sense

- Look at Core Principles of Infection Prevention
- Hand Hygiene
- Cleaning and Disinfection
- Vaccinations
- Personal Protective Equipment
- Preventing Presenteeism
- Antimicrobial Stewardship



Hand Hygiene is Not Just for Staff Hand Spa Time!

- Improve hand hygiene, communication, engagement, range of motion and hand hygiene with a pleasurable activity
 - Policies, procedures, staff competency, equipment (e.g., clippers, cuticle sticks **dedicated to one resident**)
 - Invite resident to place hands in soapy water
 - Encourage range of motion
 - Opportunity for nail care and hand hygiene
 - Conversation! Ask persons with dementia about experiences with swimming, beach time, water play, washing dishes





Reported worldwide hand hygiene participation rates ranging from 5% to 89%

Overall average reported to be 38.7%

Pittet, D., Allegranzi, B., & Boyce, J. (2009). The World Health Organization guidelines on hand hygiene in health care and their consensus recommendations • *Infection Control and Hospital Epidemiology*, 30(7), 611-622



Environmental Cleaning and Disinfecting

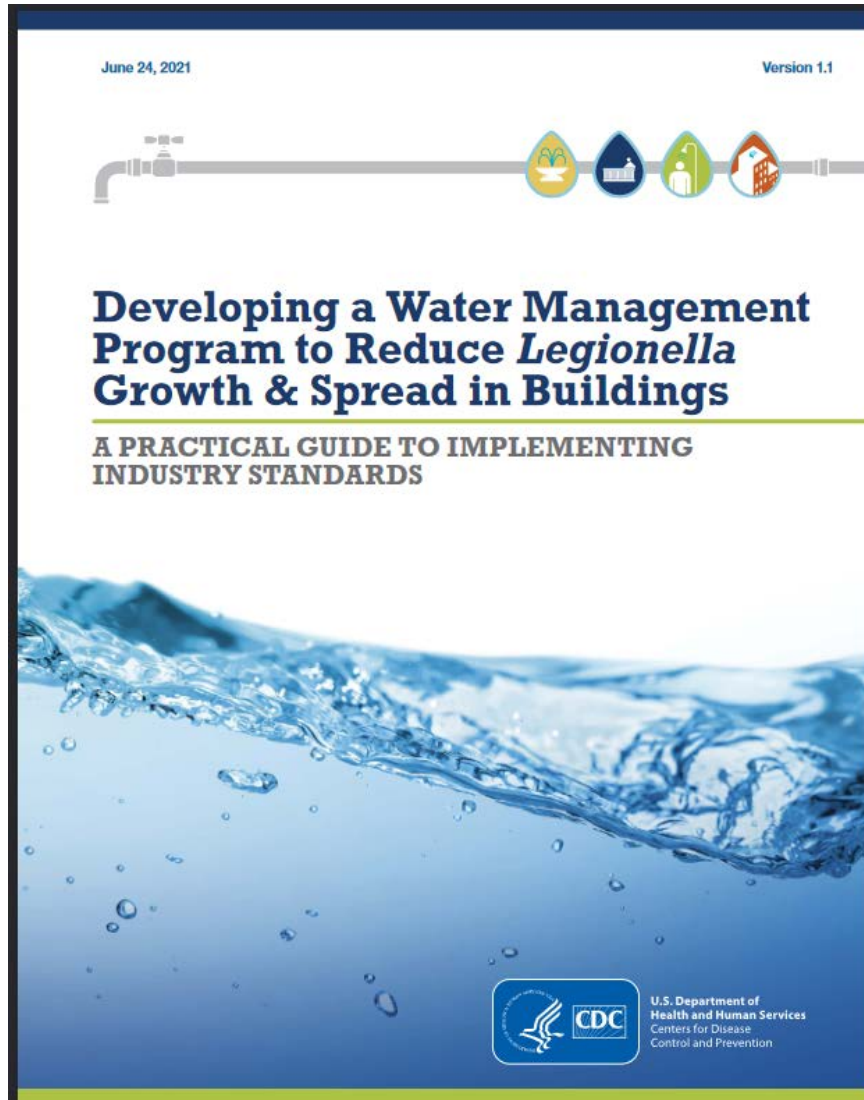
Ideal Disinfectant



- Nontoxic and non-irritating
- Low toxicity rating
- Not damage surfaces
- Easy to use
- Acceptable odor
- Economical
- One step cleaner / disinfectant

Rutala and Weber, 2014

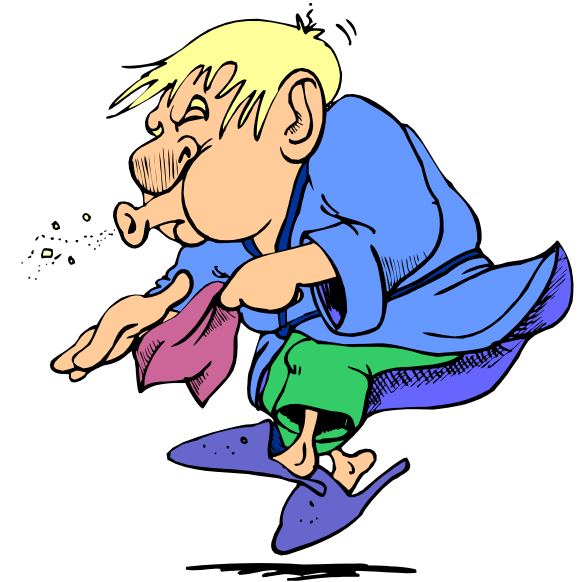
Water Management



- Not only *Legionella*

Presenteeism

- Ensure that employees do not stay at work when ill
- Don't force those under your supervision to participate in group activities if they are not feeling well





CLINICAL DAILY NEWS

One sick worker linked to 17 infections and \$12K in treatment costs, LTC study finds

JOHN HALL

AUGUST 26, 2022

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TOP STORIES VIEW ALL >

McKnights

MAJOR ARTICLE | ARTICLES IN PRESS

Healthcare workers' presenteeism causing an outbreak of respiratory infections in a facility for patients with severe motor and intellectual disabilities

Naoki Takayama, MSN, RN • Haruyo Sakaki, PhD, RN • Masahiro Shirai, PhD, MD • ...
Kazuya Takagi, RN • Kaoru Fujita, MD • Eiko Endo, PhD, RN • Show all authors

Published: August 24, 2022 • DOI: <https://doi.org/10.1016/j.ajic.2022.07.016>

Highlights

Abstract

Key Words

References

Article Info

Related

Articles

Highlights

- Presenteeism among health-care workers is a source of infectious disease outbreaks.
- Such presenteeism threatens the health of hospitalized patients.
- It also increases hospital costs.
- Controlling presenteeism among healthcare workers is critical.
- It will help prevent infectious disease outbreaks.

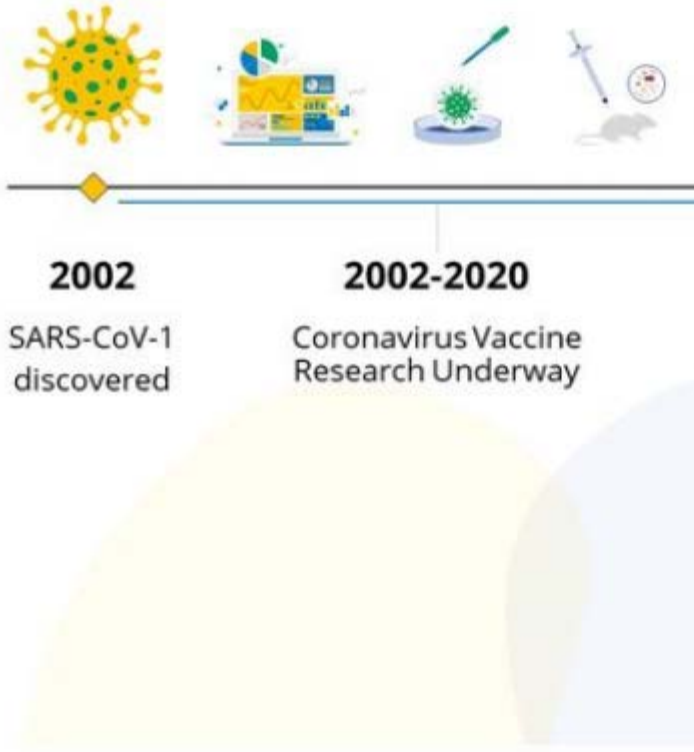
[https://www.ajicjournal.org/article/S0196-6553\(22\)00572-7/fulltext](https://www.ajicjournal.org/article/S0196-6553(22)00572-7/fulltext)

Vaccine Protection: Caring Communities Working Together



How'd they make the vaccine so fast?

The research was basically already done!

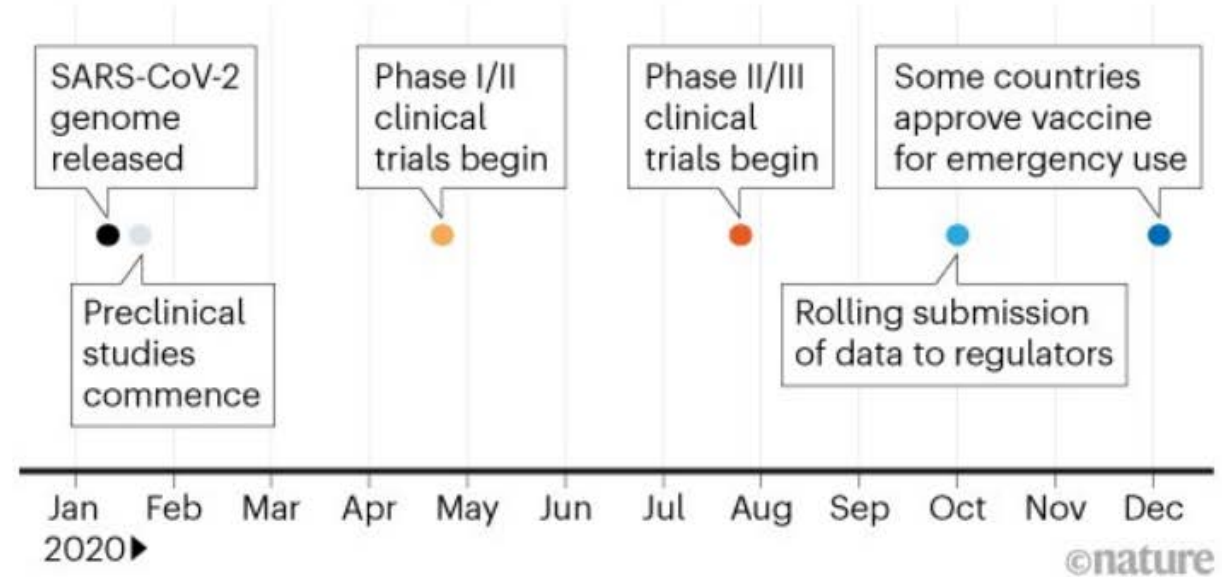


New Jersey Department of Health ✓

August 6 at 10:00 AM · 🌐

A VACCINE IN A YEAR

The drug firms Pfizer and BioNTech got their joint SARS-CoV-2 vaccine approved less than eight months after trials started. The rapid turnaround was achieved by overlapping trials and because they did not encounter safety concerns.



Sources: BioNTech/Pfizer; *Nature* analysis

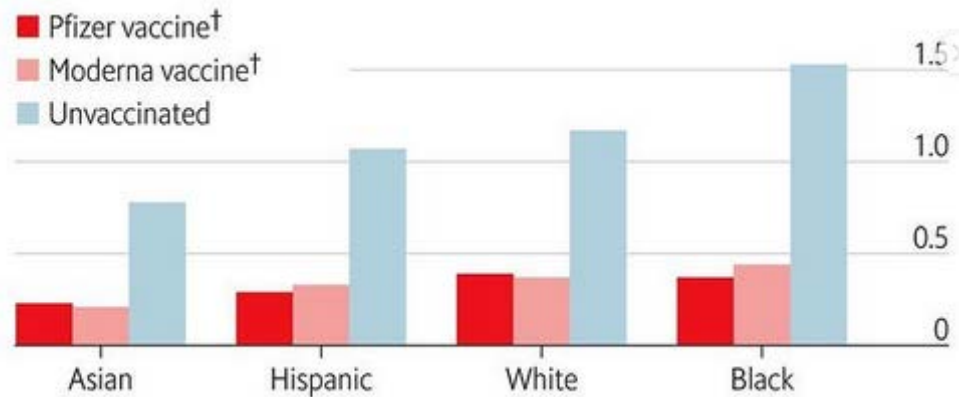
Change Messaging of Vaccine Administration

- “We could have done a much better job at setting realistic expectations for this vaccine,” said Paul A. Offit, a pediatrician and vaccine expert at Children’s Hospital of Philadelphia. “And I think that’s hurt us. Because I think people get disappointed. They think the vaccine isn’t working.” (Washington Post, August 17, 2021)
- Move from vaccine prevents all illness to vaccines reduce hospitalizations and deaths.

People with covid jabs have been less likely to die of other causes

US, non-covid-related deaths among the vaccinated and the unvaccinated, per 100 person-years*
Dec 14th 2020-Jul 31st 2021

By race/ethnicity



*Average death rate per 100 people, per year †After second dose

Source: CDC

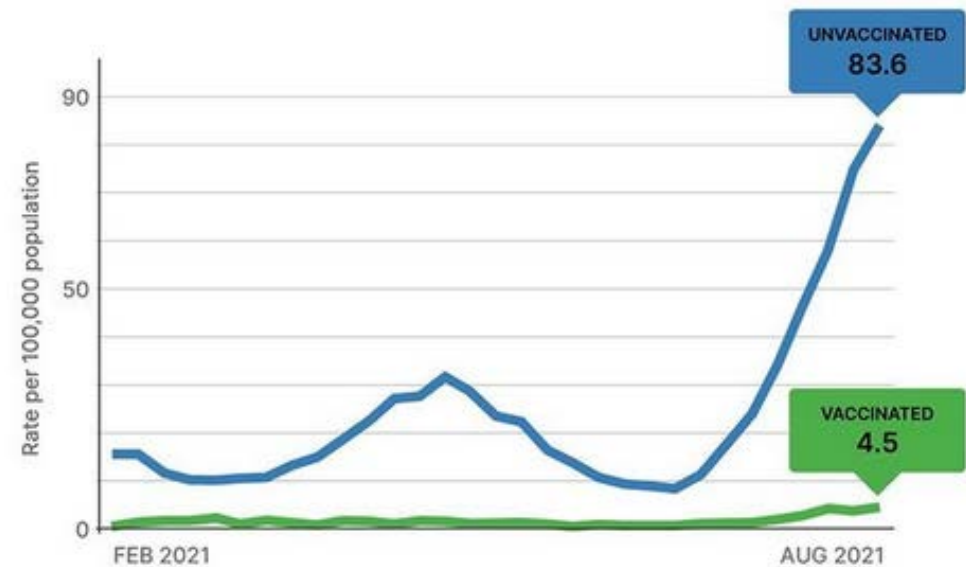
The Economist

Vaccination Works

COVID DATA TRACKER

NOW AVAILABLE

Rate of COVID-19-Associated Hospitalizations by Vaccination Status



Find the latest data on
CDC's COVID Data Tracker

1/30/21-8/28/21



321563-CH

At-a-Glance

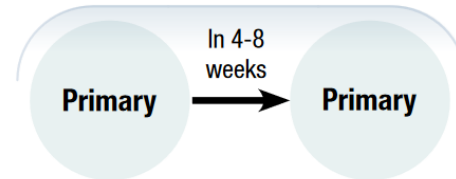
COVID-19 Vaccination Schedule for Most People

(People who are NOT Moderately or Severely Immunocompromised)



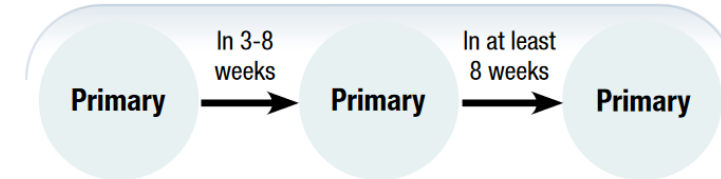
People ages 6 months through 4 years

Moderna



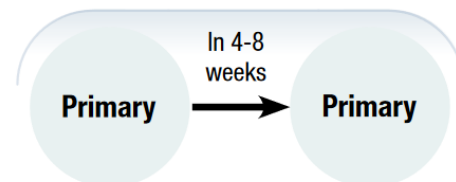
-OR-

Pfizer-BioNTech



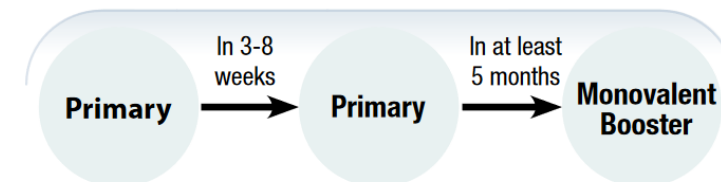
People ages 5 through 11 years

Moderna



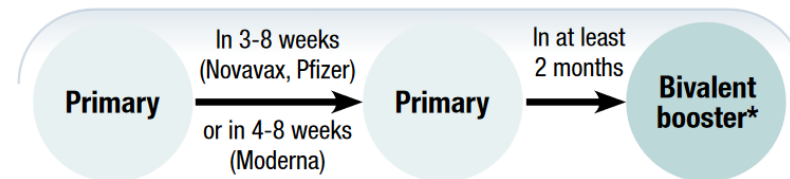
-OR-

Pfizer-BioNTech

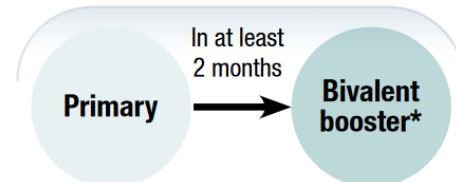


People ages 12 years and older

Moderna, Novavax, or Pfizer-BioNTech



People ages 18 years and older who previously received Janssen primary series dose[†]



For more specific clinical guidance, see:

- [Pre-exposure prophylaxis](#)
- [Interim COVID-19 Immunization Schedule](#)
- [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#)

Note: This schedule does not include clinical details necessary for administering COVID-19 vaccines. For clinical details, see the resources at the end of this document.

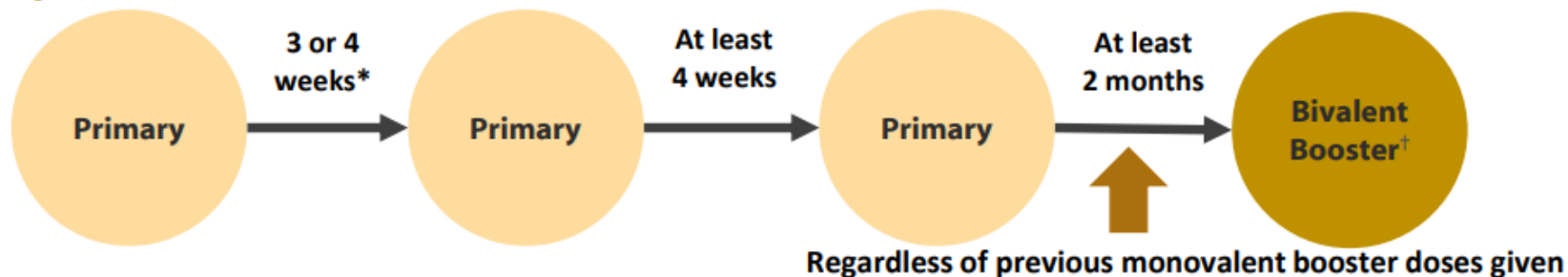
* The bivalent booster dose is administered at least 2 months after completion of the primary series. For people who previously received a monovalent booster dose(s), the bivalent booster dose is administered at least 2 months after the last monovalent booster dose.

[†] Janssen COVID-19 Vaccine should only be used in certain limited situations. See: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us-appendix.html#appendix-a>

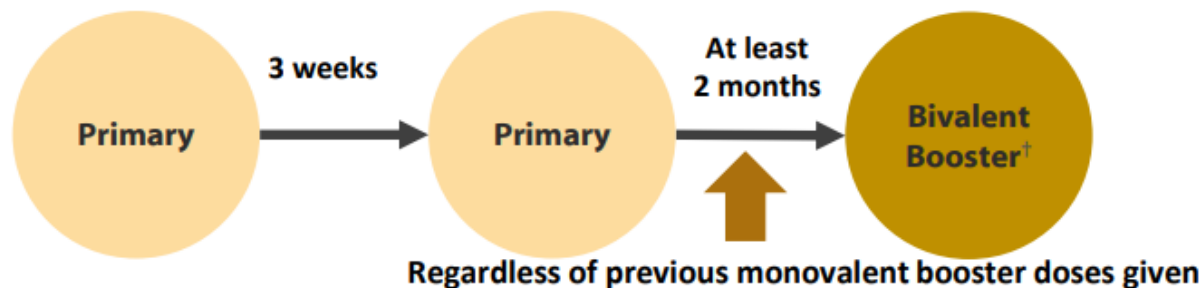
COVID-19 Vaccination Schedule for People who ARE Moderately or Severely Immunocompromised

People ages 12 years and older

Moderna or Pfizer-BioNTech Primary Series

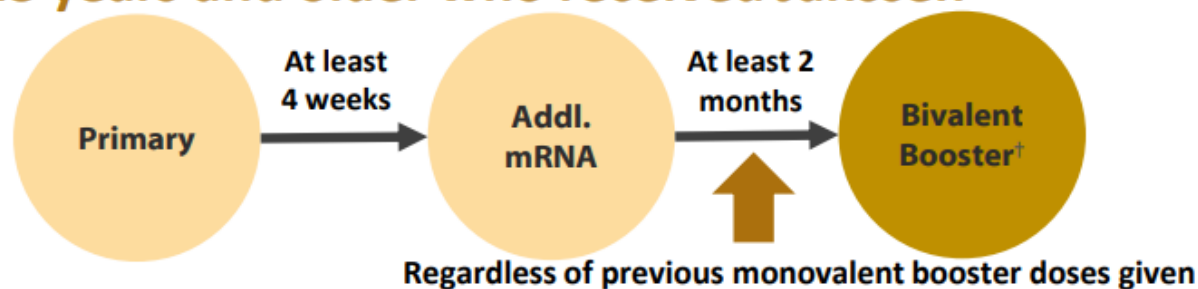


Novavax Primary Series



People ages 18 years and older who received Janssen

Janssen Primary Series Dose



*3-8 interval for Novavax and Pfizer-BioNTech; 4-8 interval for Moderna

†The bivalent booster dose is administered at least 2 months after completion of the primary series.

For people who previously received a monovalent booster dose(s), the bivalent booster dose is administered at least 2 months after the last monovalent booster dose. The bivalent booster should be age appropriate; Pfizer-BioNTech is authorized for people ages 12 years and older and Moderna is authorized for people ages 18 years and older.

History of PPE use



OSHA Definition of Personal Protective Equipment (PPE)



UNITED STATES
DEPARTMENT OF LABOR



Occupational Safety and Health Administration

- Does not permit blood or other potentially infectious materials to pass through
- Protects employee clothes, skin, eyes, mouth, or other mucous membranes
- Under normal conditions of use
- For the duration of time which the protective equipment will be used

Occupational Safety and Health Administration. Standard
29 CFR 1910.1030 Bloodborne Pathogens

Differences in Healthcare Sectors: PPE availability

Acute Care

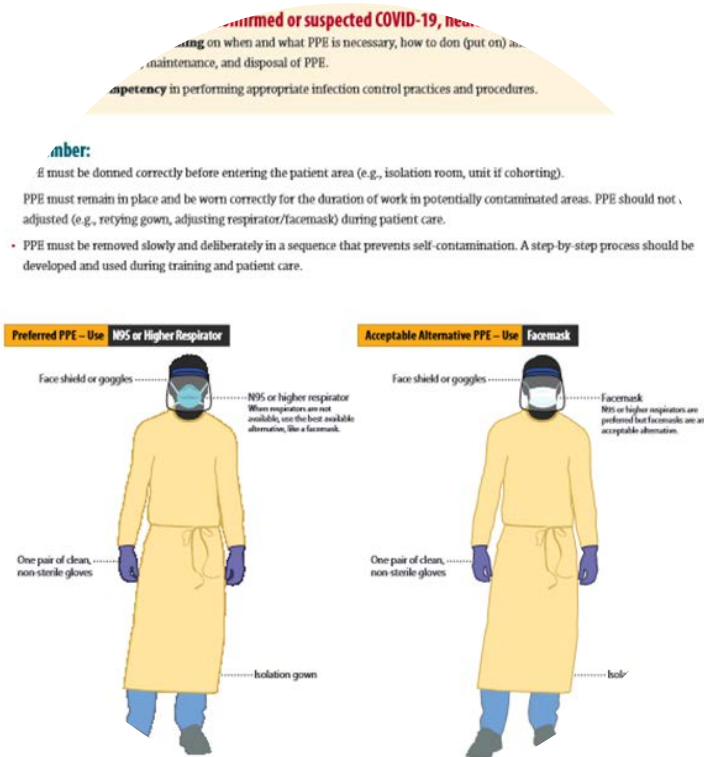
- System for PPE at point of care
- Systematic Purchasing
- Infection Preventionists and Materials/Purchasing Committee

Long Term Care

- PPE supply intermittent, especially at point of care
- Corporate purchasing arrangements
- Lack of Infection Prevention time, control, and/or interest
- Barrier of the “home like environment:”

Community

- Group Homes
- Lack of Infection Prevention time, control, and/or interest
- Barrier of the “home like environment”



number:

It must be donned correctly before entering the patient area (e.g., isolation room, unit if cohorting).

PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted (e.g., retying gown, adjusting respirator/facemask) during patient care.

- PPE must be removed slowly and deliberately in a sequence that prevents self-contamination. A step-by-step process should be developed and used during training and patient care.

Conventional Capacity Use NIOSH/FDA Approved PPE



NIOSH Approved: N95
At least 95% filtration efficiency against solid and liquid aerosols that do not contain oil.

Approuvé par le NIOSH : Respirateur N95
Efficacité de filtration d'au moins 95% contre les aérosols solides et liquides qui ne contiennent pas d'huile.

Aprobado por NIOSH: N95
95% mínimo de eficiencia de filtración contra aerosoles sólidos y líquidos que no contienen aceite.

3M
St. Paul, Minnesota, USA
1-800-243-4630
8210 Series Respirators

NIOSH National Institute for Occupational Safety and Health

THESE RESPIRATORS ARE APPROVED ONLY IN THE FOLLOWING CONFIGURATIONS:

TC-	PROTECTION ¹	RESPIRATOR COMPONENTS						CAUTIONS AND LIMITATIONS ²
		FILTERING FACEPIECE						
		8210	8210 PLUS	8110S	7048	8210MX	8210 PLUS MX	
84A-0007	N95	X	X	X	X			ABCJMNOP
84A-7762	N95					X		ABCJMNOP
84A-7835	N95						X	ABCJMNOP

1. PROTECTION
N95 - Particulate Filter (95% filter efficiency level) effective against particulate aerosols free of oil; time use restrictions may apply.

2. CAUTIONS AND LIMITATIONS

- A - Not for use in atmospheres containing less than 19.5 percent oxygen.
- B - Not for use in atmospheres immediately dangerous to life or health.
- C - Do not exceed maximum use concentrations established by regulatory standards.
- J - Failure to properly use and maintain this product could result in injury or death.
- M - All approved respirators shall be selected, fitted, used and maintained in accordance with MSHA, OSHA and other applicable regulations.
- N - never substitute, modify, add, or omit parts. Use only exact replacement parts in the configuration as specified by the manufacturer.
- O - Refer to User's Instructions, and / or maintenance manuals for information on use and maintenance of these respirators.
- P - NIOSH does not evaluate respirators for use as surgical masks.

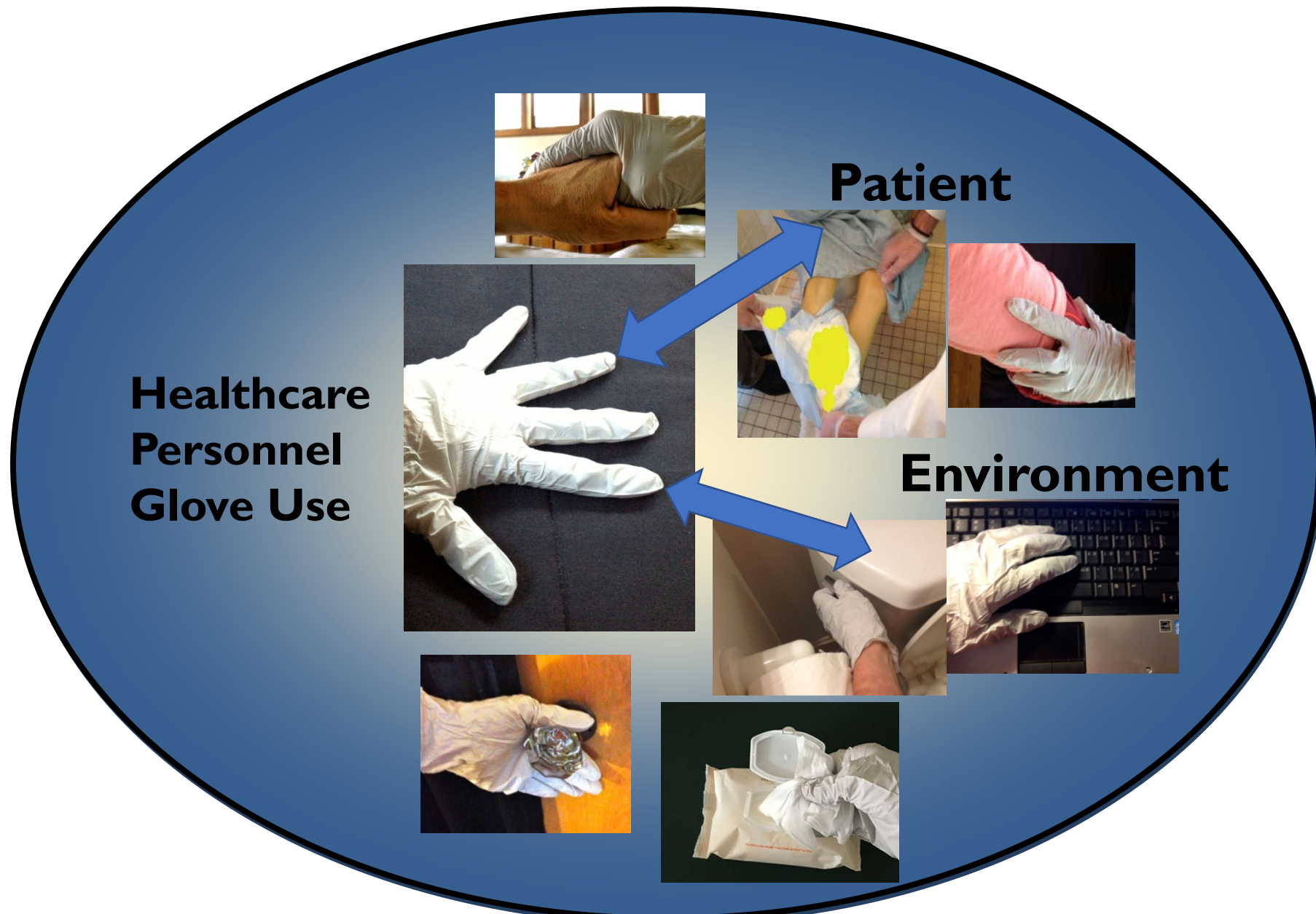
Rev. F: 07-07-17



Meet the Hero: Barbara Fassbinder

In 1986, while helping to treat a patient in the emergency room of Memorial Hospital in Prairie du Chien, Wisconsin, Barbara Fassbinder was infected with HIV, the virus that causes AIDS. While treating the severely ill young man, she was pressing gauze on a needle puncture site. The patient's blood apparently mingled with hers through small gardening cuts on her hand. The young man eventually died, and an autopsy showed he had AIDS. By January of 1987, blood tests confirmed that Barbara had tested positively for HIV.

33 years old at the time of the positive test, Barbara was living on a farm near Monona, Iowa, with her husband, David, and their three children, aged 3, 6, and 9. Fearing the prejudice against AIDS victims, she did not disclose her diagnosis until 1990, when she decided to announce her infection to encourage other health care professionals take the necessary precautions against HIV infection on the job. "My biggest fear was how the community would react to me and my kids and my husband," she said at a news conference. The 1,500 people of Monona, a farming community in northeastern Iowa, gave her family "nothing but support," she said at the time.



Standard Precautions

Precautions	Applies to:	PPE used for these situations:	Required PPE	Room restriction
<i>Standard Precautions</i>	All residents	Any potential exposure to: <ul style="list-style-type: none">• Blood• Body fluids• Mucous membranes• Non-intact skin• Potentially contaminated environmental surfaces or equipment	Depending on anticipated exposure: gloves, gown, or face protection (change PPE before caring for another resident)	None



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Contact Precautions

Precautions	Applies to:	PPE used for these situations:	Required PPE	Room restriction
Contact Precautions	<p>All residents infected or colonized with a novel or targeted multidrug-resistant organism <i>in any of the following situations</i>:</p> <ul style="list-style-type: none"> • Presence of acute diarrhea, draining wounds or other sites of secretions or excretions that are unable to be covered or contained • On units or in facilities where ongoing transmission is documented or suspected <p>For infections (e.g., <i>C. difficile</i>, norovirus, scabies) and other conditions where Contact Precautions is recommended see Appendix A – Type and Duration of Precautions Recommended for Selected Infections and Conditions of the CDC Guideline for Iso</p>	Any room entry	<p>Gloves and gown</p> <p>(don before room entry, doff before room exit; change before caring for another resident)</p> <p>(Face protection may also be needed if performing activity with risk of splash or spray)</p>	Yes, except for medically necessary care



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

ONE NEEDLE,
ONE SYRINGE,
ONLY ONE TIME.

Safe Injection Practices Coalition
www.ONOandSIP.org

[About the Campaign](#)
[Safe Injection Practices](#)
[Healthcare Provider Information](#)
[Patient Information](#)
[Campaign Resources](#)
[News](#)
[Contact Us](#)

HELP ENSURE PATIENT SAFETY.

MAKE EVERY INJECTION A SAFE ONE.

About the Campaign

The *One & Only Campaign* is a public health campaign, led by the Centers for Disease Control and Prevention (CDC) and the Safe Injection Practices Coalition (SIPC), to raise awareness among patients and healthcare providers about safe injection practices. The Campaign aims to eliminate infections resulting from unsafe injection practices.

Become a Member

If you are interested in becoming a *One & Only Campaign* Member, please [Contact Us](#).

Injection Safety

Featured Content

- ▶ [Getting Medical Care? How to Avoid Getting Sick](#)
- ▶ [New CDC Safe Healthcare Blog- One Nurse's Signs of Drug Abuse](#)

CDC Home

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

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Morbidity and Mortality Weekly Report (MMWR)

Multiple Outbreaks of Hepatitis B Virus Infection Related to Assisted Monitoring of Blood Glucose Among Residents of Assisted Living Facilities – Virginia, 2009-2011

Weekly

May 18, 2012 / 61(19);339-343

<https://www.cdc.gov/injectionsafety/index.html>

<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6119a3.htm>

Slides: Baldwin Hill Solutions LLC, Mommarazzi Images (c) 2018

Antimicrobial Resistance

Research Letter

ONLINE FIRST

April 8, 2022

Antibiotic Prescriptions Associated With COVID-19 Outpatient Visits Among Medicare Beneficiaries, April 2020 to April 2021

Sharon V. Tsay, MD¹; Monina Bartoces, PhD¹; Katryna Gouin, MPH¹; et al

» Author Affiliations | Article Information

JAMA. Published online April 8, 2022. doi:10.1001/jama.2022.5471

- *April 2020 to April 2021*
- *30% of outpatient visits for COVID-19 among Medicare beneficiaries linked to antibiotic prescriptions*
- *50.7% of which were for azithromycin*
- *Randomized clinical trials demonstrated no benefit of azithromycin in treating COVID-19*
- *Azithromycin use for COVID-19 has been linked to antimicrobial resistance*



What are
Next Steps?

Healthcare-Associated Infections (HAIs)

CDC > Healthcare-associated Infections (HAI) > Preventing HAIs



Healthcare-associated Infections (HAI)

HAI Data +

Types of Infections +

Diseases and Organisms +

Preventing HAIs —

Staph BSI Prevention Strategies

CDI Prevention Strategies

Urine Culture Stewardship +

Targeted Assessment for Prevention (TAP) +

Prevention Toolkits +

Basic Infection Control and Prevention Plan for Outpatient Oncology Settings +

Outpatient Care Guide

Tools for Protecting Healthcare Personnel +

Infection Control Assessment Tools

Environmental Cleaning in Resource-Limited Settings +

Healthcare Environmental Infection Prevention +

Infection Control Assessment Tools

The basic elements of an infection prevention program are designed to prevent the spread of infection in healthcare settings. When these elements are present and practiced consistently, the risk of infection among patients and healthcare personnel is reduced.

The Infection Control Assessment Tools were developed by CDC to assist health departments in assessing infection prevention practices and guide quality improvement activities (e.g., by addressing identified gaps). These tools may also be used by healthcare facilities to conduct internal quality improvement audits.

Assessment Tool by Setting

English

- [Infection Control Assessment Tool for Acute Care Hospitals](#) [PDF – 433 KB] (including hospitals and long-term acute care hospitals)
- [Infection Control Assessment Tool for Long-term Care Facilities](#) [PDF – 104 KB]
- [Infection Control Assessment Tool for Outpatient Settings](#) [PDF – 337 KB]
- [Infection Control Assessment Tool for Hemodialysis Facilities](#) [PDF – 278 KB]

Spanish

- [Herramienta de evaluación de las prácticas de control y prevención de infecciones en hospitales para enfermedades agudas](#) [PDF – 31 páginas]
- [Herramienta de evaluación de las prácticas de control y prevención de infecciones para centros de cuidados a largo plazo](#) [PDF – 18 páginas]
- [Herramienta de evaluación de las prácticas de control y prevención de infecciones en entornos de atención médica ambulatorial](#) [PDF – 22 páginas]

Acronyms & Definitions

ICAR: Infection Control Assessment and Response Program

IP: Infection Prevention

Healthcare Personnel IP Competency: The proven ability to apply essential knowledge, skills, and abilities to prevent the transmission of pathogens during the provision of care.

Healthcare Personnel IP Competency-Based Training: The provision of job-specific education, training, and assessment to ensure that healthcare personnel possess IP competency.

Competency Assessment: The verification of IP competency through the use of knowledge-based testing and direct observation. If direct observation is not included as part of a competency assessment, an alternative method to ensure that healthcare personnel possess essential knowledge, skills, and abilities should be used.

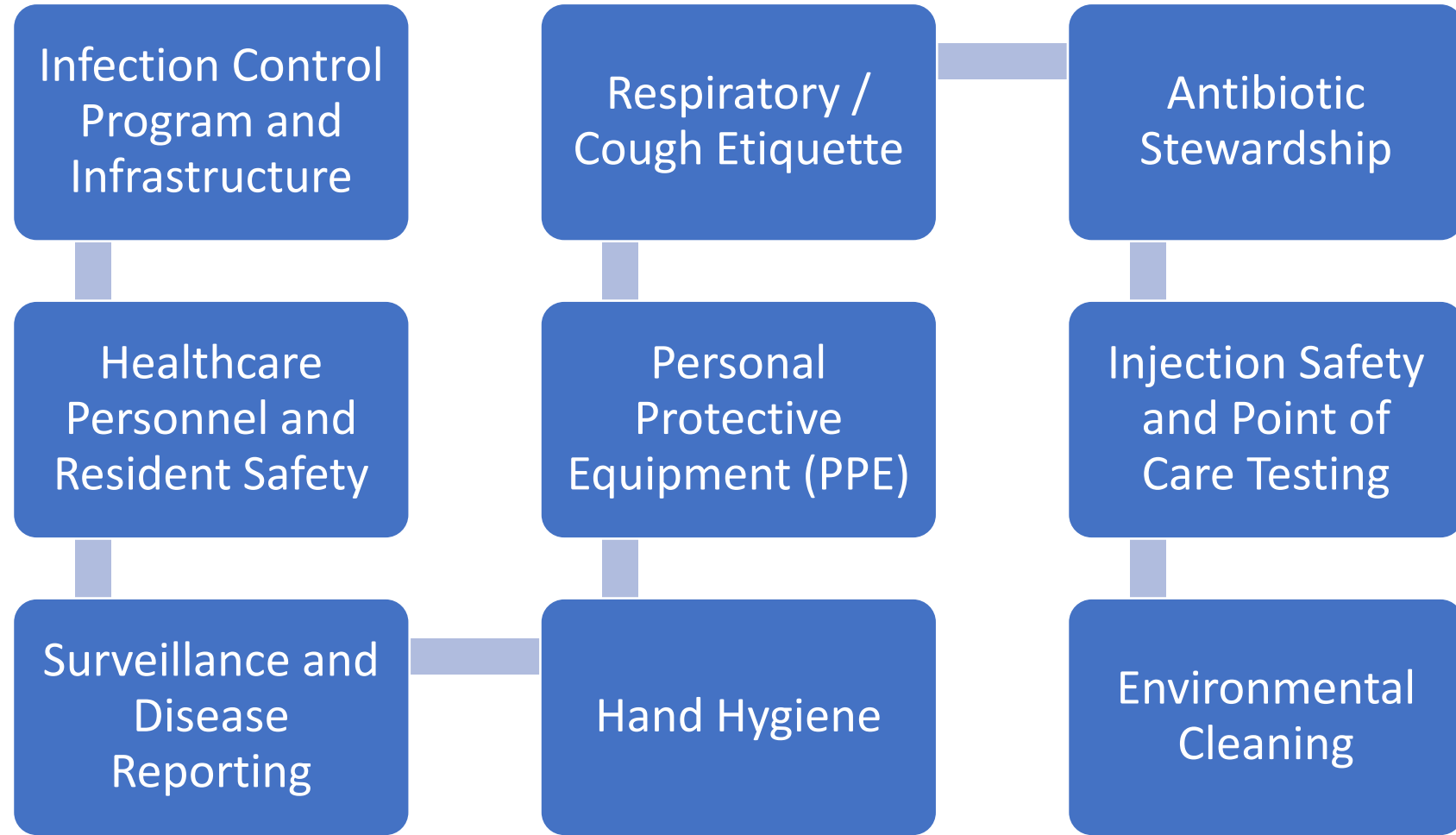
Audit: Direct observation or monitoring of healthcare personnel adherence to job-specific IP measures.

Feedback: A summary of audit

Comprehensive Infection Control Assessment and Response (ICAR)

- Newer versions of the original ICAR
- Looks at the entire infection prevention and control program
- Consultation free of charge, non-regulatory and interdisciplinary

CDC Infection Control Assessment and Response (ICAR)



Steps to an ICAR



In-person versus remote ICAR

The decision to conduct an assessment in-person or remotely via a TeleICAR depends upon several factors, such as available public health resources, the location and remoteness of the facility, and the presence of an active outbreak. For facilities with recent cases of SARS-CoV-2 infection in healthcare personnel or residents, an in-person assessment is preferred; however, jurisdictions must individually determine how to best provide assistance in the timeliest manner.

In-person ICARs:

- are preferred whenever possible, especially for facilities experiencing an outbreak
- are not prone to the same technical limitations (e.g., video function failure) that may limit the conducting of a remote ICAR
- typically allow the facilitator performing the ICAR to visualize more of the facility's IPC practices

Remote TeleICAR assessments:

- allow for a larger number of facilities to be reached in a shorter amount of time
- allow for social distancing
- are unlikely to identify as many gaps in practices as in-persons visits, even with the addition of the video component

The decision to conduct an assessment in-person or remotely via a TeleICAR depends upon several factors, such as available public health resources, the location and remoteness of the facility, and the presence of an active outbreak. For facilities with recent cases of SARS-CoV-2 infection in healthcare personnel or residents, an in-person assessment is preferred; however, jurisdictions must individually determine how to best provide assistance in the timeliest manner.

Point Prevalence



COMPLETES
THE PICTURE



GIVES USABLE
INFORMATION
TO TARGET AND
ADDRESS RISK



AVAILABLE
THROUGH IDPH
AT NO CHARGE



CONTACT DR. DAWN M.
CHINN-FLOURNOY
[DAWN.CHINN-
FLOURNOY@ILLINOIS.GOV](mailto:DAWN.CHINN-FLOURNOY@ILLINOIS.GOV)



OR LOCAL
HEALTH
DEPARTMENT



Performance Improvement Projects: Interdisciplinary Teamwork

1

Focus on topics that are meaningful and address the needs of residents and staff

2

Charter PIP teams

3

Support staff in being effective PIP team members.

4

Use tools that support effective teamwork.

5

Plan, implement, measure, monitor, and document changes, using a structured PI approach



You have all started down the road of interdisciplinary infection prevention and control!!

Continue the Journey!

Summary

- COVID-19 pandemic required a major, “all hands-on deck” pivot
- Reliance on IP personnel vastly expanded role in guidance
- Lessons learned moving forward should focus on continuing to strengthen congregate care infection prevention and control infrastructure in the next 1-5 years
- Continue to support and encourage communication and interdisciplinary collaboration



References

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- [Illinois Administrative Code Section 300.696](#)
- [NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011](#)
- [Medicare and Medicaid Programs; Fire Safety Requirements for Certain Health Care Facilities](#)
- The Joint Commission [Acceptable Practices of Using Alcohol-Based Hand Rub](#)