



Indiana
Department
of
Health

INFECTION PREVENTION UPDATES

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PROGRAM MANAGER INFECTION PREVENTION

09/24/20

District Infection Preventionist

Mission: To provide infection control evidence-based guidance and education to prevent the further spread of COVID-19 and MDROs in Indiana's 737 long-term care (LTC) and assigned congregate-care settings. This includes Skilled Nursing Homes, Assisted Living and Residential licensed facilities in the state.

- Performs **60-75 proactive LTC Infection Control Assessment and Response (ICAR)s in first year** per district in skilled nursing homes and assisted/residential living.
- Beginning **Sept 21** we are responding to new COVID-19 outbreaks in LTCs in addition to the LTC surveyors/collaboration!
- Your direct contact for IP questions in your district.
- Collaborates with LHDs for outbreak control and questions in LTCs.

What is an ICAR?

Infection **C**ontrol **A**ssessment and **R**esponse (**ICAR**)

- Systematic assessment of a facility's infection prevention and control practices
 - **Identifies gaps in practices**
 - **Helps guide quality improvement**
- Can be preventive to assess current practices.
- Often conducted in response to an outbreak to stop disease transmission.

Who conducts ICARs?

- Someone with IPC knowledge:
 - Experience helps with identifying and addressing gaps
 - All IPs have certificate in LTC Infection Prevention training from CDC
 - Some have CIC-Board Certification in Infection Control from Association of Infection Control and Epidemiology (APIC)
 - Some have LTC experience at the bedside, NP, IP, Staff Development, past DON or ADON
 - Some have Regulatory LTC experience
- Public health departments – This IP team are consultants contracted with Indiana Department of Health
- Facilities
 - For a self-assessment

How do you conduct an ICAR?

- Summarize assessment findings – tabletop with facility and then environmental rounding in the entire building.
- **Tour med rooms, spas, clean and soiled utilities, supply rooms, central sterile, salons, resident units, kitchens, dinning rooms, OT/PT therapy rooms.**
- Provide recommendations for mitigating identified gaps.
- **Return recommendations within 3 days to the facility in writing.**
- Follow-up after changes made to mitigate gaps – **1-month post COVID recovered.**
- May require repeat visits, especially when conducted for ongoing outbreaks – **this can be remotely or onsite.**

LTC Infection Preventionists (IP) Team Districts

11 IP field positions and one Epidemiologist

Group One started – July 8

- Janene Gumz –Pulaski RN, CIC District 1
- Jennifer Kosar RN, District 2 & 3
- Victor Zindoga RN, District 2 & 3

Group Two started – July 16

- Erin Swartz MPH, District 5 – Hamilton / ½ Marion Co.
- Angela Badibanga MPH, District 4
- Mary Enlow RN, District 10

Group Three started – August 17

- Deanna Paddack RN, District 5 Johnson / ½ Marion Co.
- DeAnn Martin RN, District 7
- Karen Perry RN-NP, District 8
- Nyehla Irsheid- Epidemiologist LTC

Two Openings: District 6 and District 9 (Jennifer Spivey covering openings)



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Infection Prevention Contacts

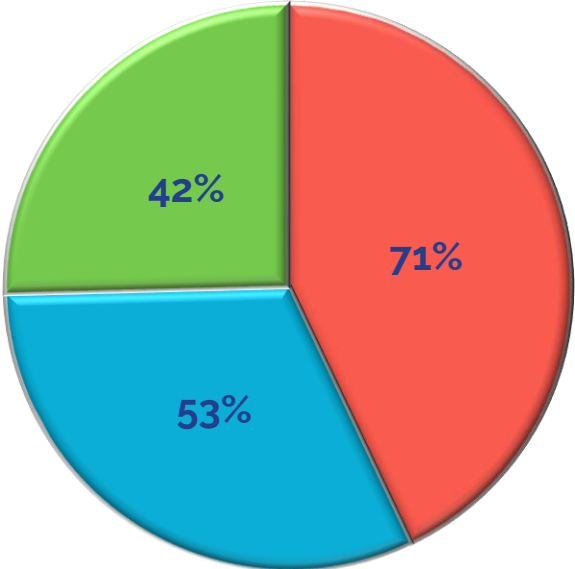
Name	District	Email	Work Cell
Janene Gumz-Pulaski	1	JGumzPulaski@isdh.in.gov	317-499-3877
Jennifer (Jenn) Kosar	2 & 3	JKosar@isdh.in.gov	317-476-0947
Victor Zindoga	2 & 3	VZindoga@isdh.in.gov	317-509-8964
Angela Badibanga	4	ABadibanga@isdh.in.gov	317-695-3335
Erin Swartz- Hamilton/Marion	5	ESwartz@isdh.in.gov	317-719-0776
Deanna Paddack- Johnson/Marion	5	DPaddack@isdh.in.gov	317-464-7710
Open- Jennifer Spivey	6	JSpivey1@isdh.in.gov	317-471-7844
DeAnn Martin	7	DeMartin2@isdh.in.gov	317-450-8049
Karen Perry	8	KPerry@isdh.in.gov	317-903-5329
Open- Jennifer Spivey	9	JSpivey1@isdh.in.gov	317-471-7844
Mary Enlow	10	MEenlow@isdh.in.gov	317-727-8431



SNF and AL gaps by state (as of August 2020)

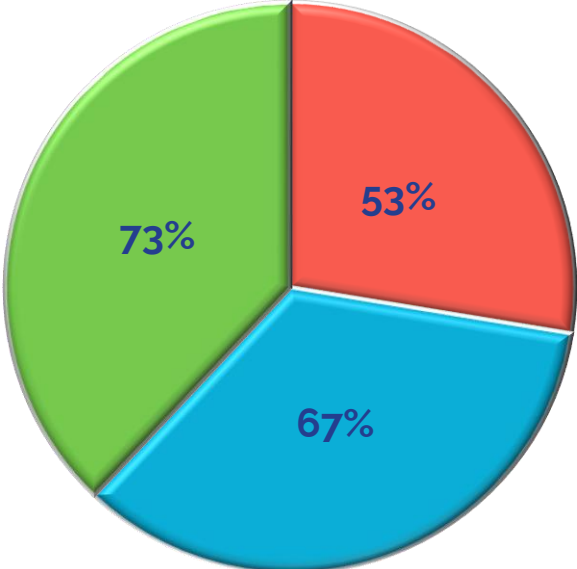
Indiana: SNF and AL Gaps

Indiana SNF Gaps (n= 38)



- Audit and document > 30 HH per month
- Remove outside shipping boxes from clean storage areas
- Residents hand hygiene opportunities observed

Indiana AL Gaps (n= 15)



- Audit and Document > 30 HH per month
- Remove outside shipping boxes from clean storage areas
- HH opportunities observed

Does Hand Hygiene Matter?

Always perform the '5 Moments of Hand Hygiene' while working in residential and aged care setting.

1. Before touching a resident
2. Before performing a procedure
3. After performing a procedure or a body fluid exposure risk
4. After touching a resident
5. After touching resident's surroundings



National trends are just **below 50%** for Health Care Workers who properly sanitize their hands.

From 2000-2009 almost 9% of US Nursing Homes received a deficiency citation for HH in annual inspection. **66.3% were cited at "D" level for more than minimal harm.**

2,000,000 infections, **100,000** lives lost, **40,000 lives could be saved** just by performing hand hygiene **before** we touch the resident!

Hand Hygiene Really Does Matter

...and it starts with **YOU!**



- Hand hygiene is the #1 intervention proven to prevent healthcare associated infections and the spread of antimicrobial resistant organisms.
- CDC recommends Alcohol Based Hand Rubs (ABHR) foam/gels to remove **99.9%** transient organisms.

Why recommending > 30 Hand Hygiene Audits?

Minimum Sample: The larger the sample the more reliable the data. The number of observations should be based on bed size and the estimated number of hand hygiene opportunities. Each facility should evaluate their current practice, infection rates, and total opportunities. ***This is not a regulatory guidance but best IC practices.**

While sample size is important and the greater the sample sizes the more reliable the data. The Joint Commission provides the following guidance on sample size:

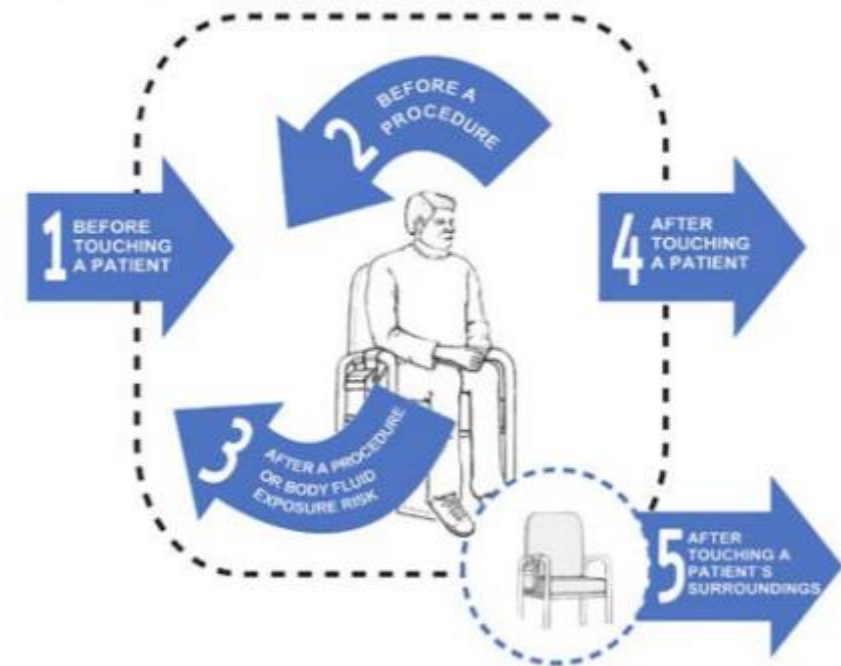
- Population size of < 30 = sample 100% of available cases
- Population size of 30-100 = sample 30 cases
- Population size of 101-500 = sample 50 cases
- Population size of > 500 = sample 70 cases
- Reference: Hospital Accreditation Standards 2012. Accreditation Process ACC-70.
- **APIC Indiana Hand Hygiene Toolkit 2013.**

Multiple opportunities during 24 hours for hand hygiene (HH)

Formula for Calculating Estimated Total Number of Hand Hygiene Opportunities

- Total number of beds= **100**
- Multiple by 6 (estimated number of opportunities per hour)= **600**
- Multiply by 24 (# hours in the day)= **14,400**
- Multiply by 30 (# days in the month)= **432,000**
 - **Equals estimated opportunities for HH 432,000 per month!!**
 - Look at your number of current observations per month ??
 - Future Goal: **> 30 observations is very doable in a 100 bed facility**
 - Remember to observe and document!

5 Moments for HAND HYGIENE



Why no outside corrugated shipping boxes?

Why? These boxes may harbor dust, bacteria, and small insects that have entered during shipping ... and besides the “critters” inside these boxes, they are physically dirty, dusty, wet and moldy from the transportation route.

Where? Assure these are not in your clean storage areas and co-mingled in your central sterile supply. Best practice is to take all outside shipping boxes (those with labels) out of the facility as soon as possible.

Mature Indian Wheat moth larvae pupating in corrugated cardboard:



Use EPA approved products, know contact time

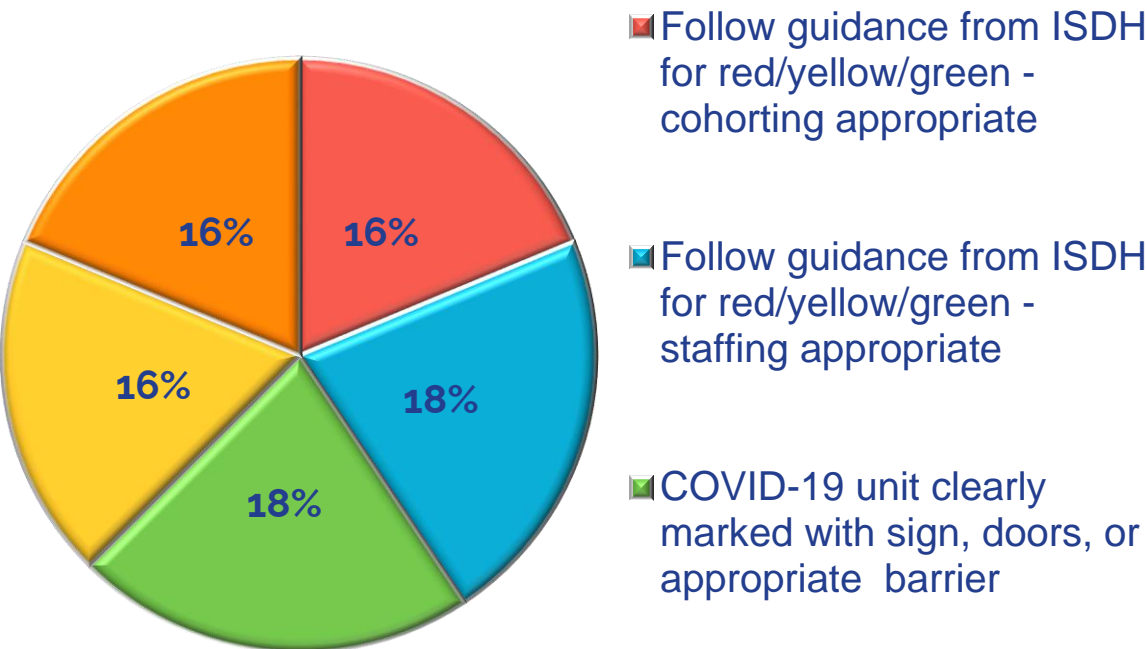
1. Is it part of the list N for SarsCoV2?
2. <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
3. Clean first to remove all soiling before disinfection
4. Check the label on products for contact times
 - Product may be used to clean and disinfect
 - Contact time is dependent on product
5. Everyone should know the proper Contact time for disinfection
 - Time disinfectant needs to be in direct contact with item to kill pathogens
 - Long contact times (10 minutes) may require additional applications



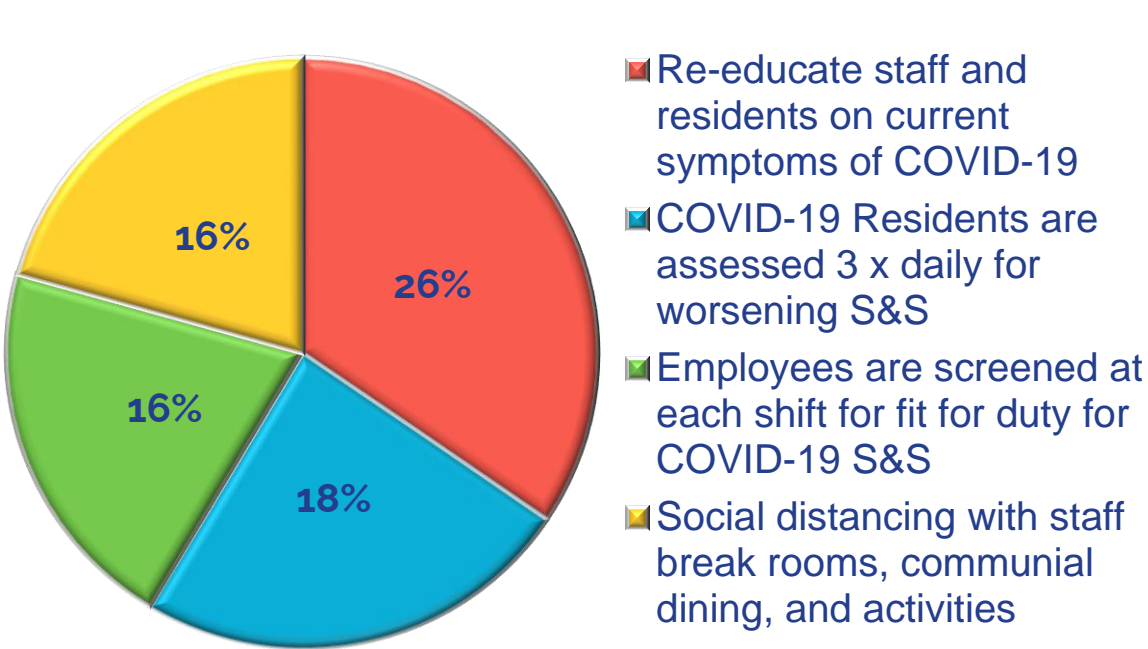
TBP and COVID-19 Screening/Surveillance SNF gaps by state (as of August 2020)

Indiana SNF Gaps: TBP and COVID-19 Screening/Surveillance

Transmission Based Precautions
Indiana SNF Gaps (n= 38)



COVID-19 Screening and Surveillance
Indiana SNF Gaps (n= 38)

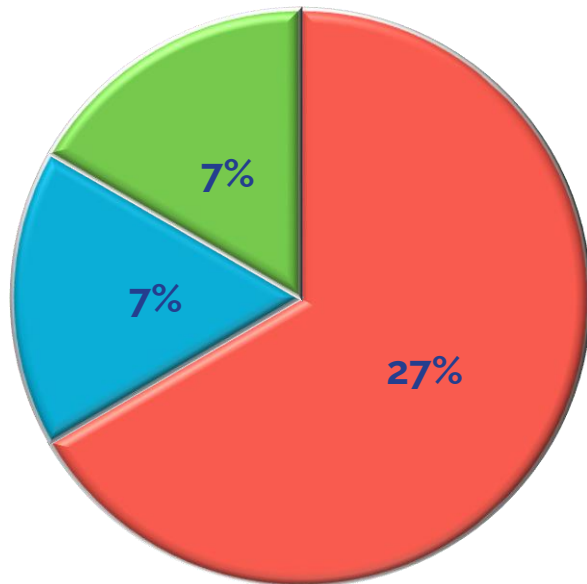




TBP and COVID-19 Screening/Surveillance AL Gaps by district and state (as of August 2020)

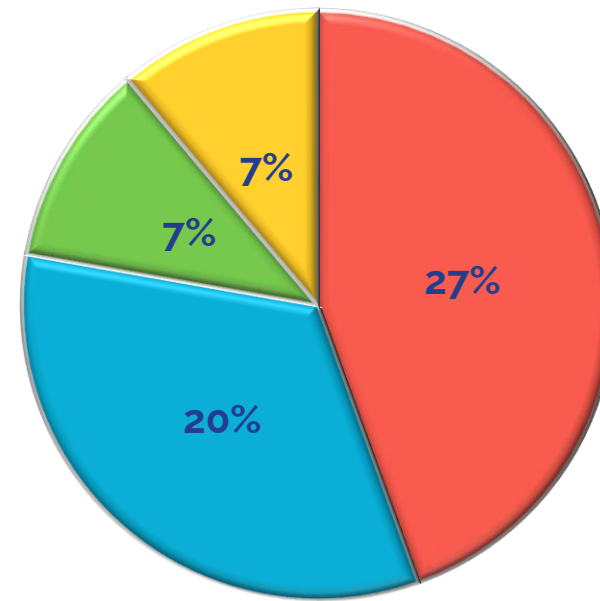
Indiana AL Gaps: TBP and COVID-19 Screening/Surveillance

Transmission Based Precaution Indiana AL Gaps (n= 15)



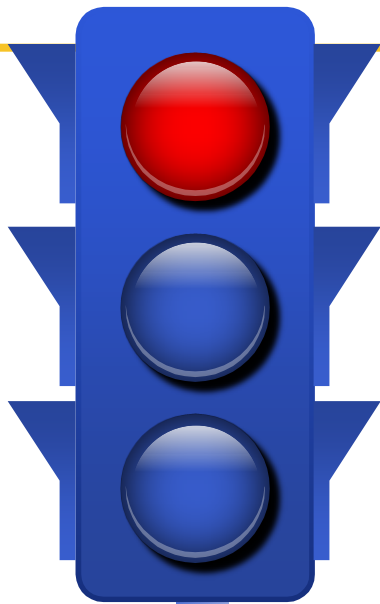
- Follow guidance from ISDH for red/yellow/green - cohorting appropriate
- Follow guidance from ISDH for red/yellow/green - staffing appropriate
- New admissions - readmissions placed in TBP for 14 days and or 1 neg in hospital for non COVID-19 admission

COVID-19 Screening and Surveillance Indiana AL Gaps (n= 15)

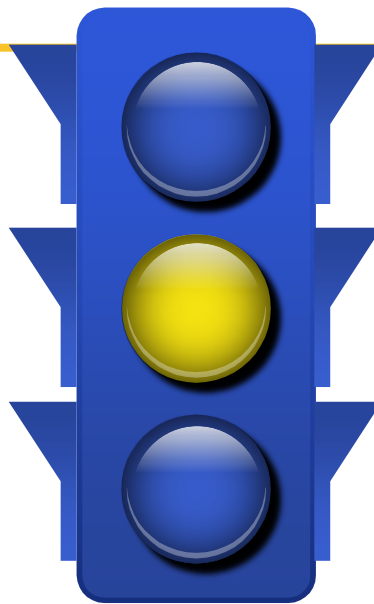


- Re-educate staff and residents on current symptoms of COVID-19
- COVID-19 residents are assessed 3 x daily for worsening S&S
- Employees are screened at each shift for fit for duty for COVID-19 S&S
- Social distancing with staff break rooms, communal dining, and activities

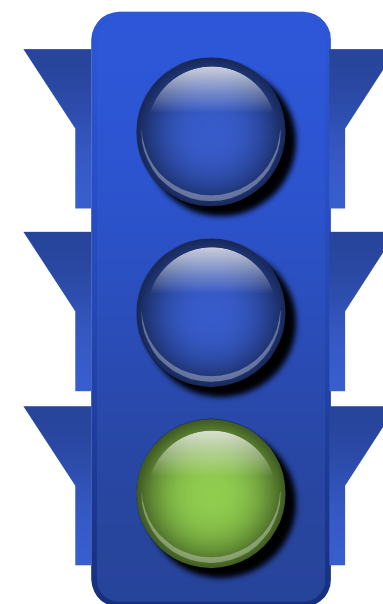
Transmission-Based Precautions



Universal Surgical Mask- or higher N 95 per company policy, Eyewear/Face shield, Gowns and gloves.
May wear gown, mask and eyewear unless soiled for all COVID + residents



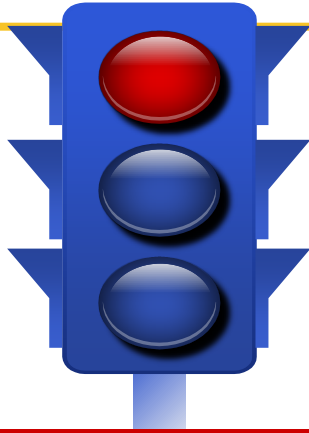
Universal Surgical Mask- Eyewear/Face shield, Gowns and gloves. Gowns must be single use per resident, if reuse in process
1 gown per HCP per resident



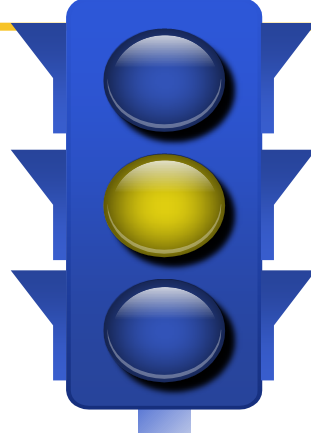
Universal Surgical Mask, Eyewear/Face shield < 6 ft. for spray or splash, or in COVID + buildings, gloves, Hand Hygiene and Standard precautions



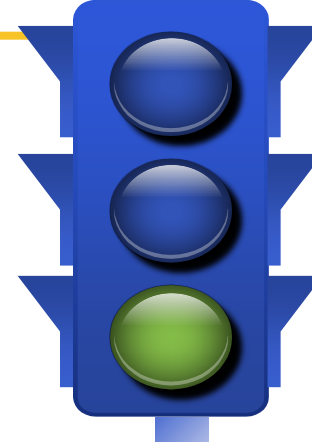
Staffing for COVID-19 positive building



Identify HCP who will be assigned to work only on the COVID-19 care unit when it is in place as a priority. Wear Full PPE for TBP



HCP use TBP and Full PPE and may share work load if needed with the green zone as residents here are monitored for Unknown COVID status



Use Standard precautions, Universal masking, eyewear < 6 ft. for protection of splash or spray and in COVID + buildings

CDC COVID-19 guidance for long-term care facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>. If you must share staffing due to essential staff, adherence to IC practices including self monitoring for symptoms of COVID is essential along with proper PPE and hand hygiene.

➤ Staff should work: **COVID + building: "clean" Unit(s) à Droplet (+) iso/new admit/re-admit rooms/units à COVID + unit(s)**



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Eye Protection- CDC updates

Indiana Department of Health now recommends the use of eye protection as standard safety measures to protect Long term care (LTC) healthcare personnel (HCP) **who provide essential direct care < 6 feet of the resident, especially when doing procedures that lead to sprays and splashes.**

- **This includes the delivery of care for non-COVID residents in facilities with 1 or more symptomatic and/or COVID positive residents.**
- **This includes residents who are on COVID positive units and symptomatic, or are quarantined residents who are already in transmission-based precautions for droplet contact.**
- **For facilities without COVID symptomatic and/ or COVID positive residents, this is up to HCP should they wish to use this added protection and company policy.**
 - Some high-risk examples are providing assistance in showers, tub rooms, salons, providing assistance in toileting, providing hygiene, changing linens, providing environmental cleaning,
 - Some lower risk examples are giving meds or glucose monitoring, dropping off meals
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

New admission/re-admission guidance

Facilities should place new admissions in and practice effective transmission-based precautions (TBP) to prevent transmission of COVID-19 for 14 days after admission. They are not required to test residents upon admission or within a specified period upon admission to continue internal activities or visitation from family/the community.

- **The CDC does not recognize a single negative test upon admission being used to remove the resident from 14-day quarantine after admission.**
- **Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE.**

Outbreak Management-Educate and Monitor



People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

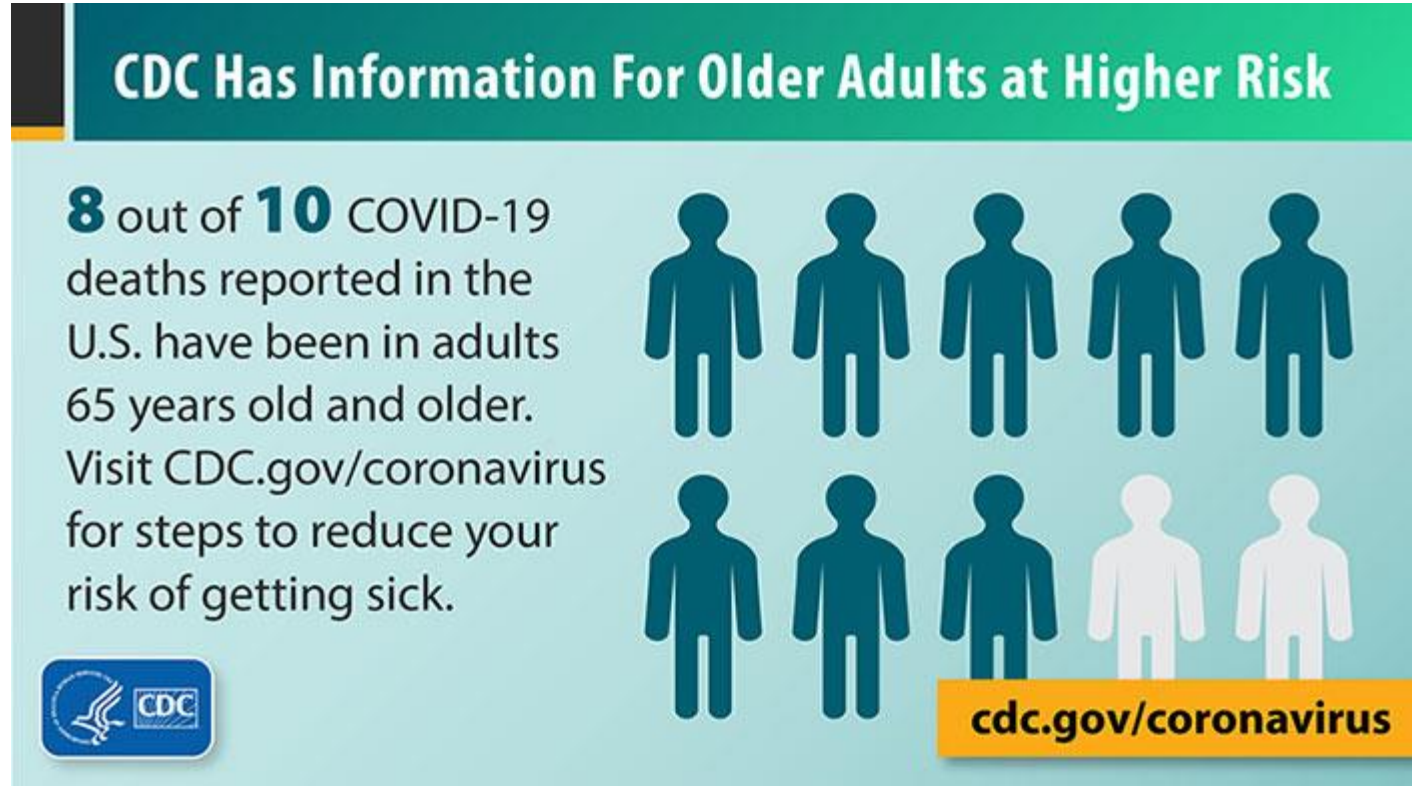
- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

COVID Monitoring of positive residents

Anyone can have mild to severe symptoms.

Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness.

Monitor COVID residents 3 times per day for worsening signs and symptoms



Fit for Duty~ Healthcare Personal (HCP)

HCP self-screening should occur daily when logging on to your workstation. Daily you should self-screen yourself with these COVID-19 questions and do not report to work or LTC facility if you answer yes to any of these questions:

1. Have you had close contact with someone who has tested positive for COVID-19 within the past 14 days? (without wearing proper PPE).
2. Are you currently ill? Do you have symptoms of a cold, cough, or shortness of breath? Have you temporarily lost your sense of taste or smell?
3. Do you currently have a fever or have you had a fever in the past 24 hours without taking fever-reducing medications?
4. If you answer yes to any of these questions then you should contact your program manager and discuss next steps, followed by contacting your health care provider.

Infection Prevention is up to you!

- **Hand Hygiene (HH)**
 - ABHRs are preferred by CDC unless hands are soiled, after restroom and before eating.
 - > 60% Alcohol content recommended.
 - Hand washing is for 20 seconds.
- **Proper PPE- Universal masking**
 - What you do outside of work matters!
 - Use surgical masks inside of building properly!
- **Environmental cleaning**- cellphone use, high touch cleaning, do it often
 - Use approved COVID 19 or SARSCoV2 kill claims- most alcohol and bleach products have this claim at home and in your car.
- **Outdoor Visits**
 - Physical distancing and universal masking still applies
- **Indoor Visits**
 - Physical distancing and universal masking still applies
 - Visiting in Transmission Based Precautions, PPE, HH, HH, HH



Questions/Contact

Please use chat box or email questions.

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Epidemiology Resource Center

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