

4-8-24 Weekly Clinical Update

Without creating a flurry of questions and confusion, if possible, everyone should be aware that CMS updated several Critical Element Pathways, including the Infection Prevention, Control & Immunizations this month. Providers need to use caution in making more of this new guidance than the intent. The regulation itself gives good guidance and providers should not get “too far into the weeds”. To the Pathway, Enhanced Barrier Precautions (EBP) was added to the Pathway. Specifically, they added a section:

Enhanced Barrier Precautions (EBP):

EBP use is evaluated when investigating specific care activities, such as wound care, enteral feeding, urinary catheter care, etc.

EBP are indicated during high contact care activities for residents with infection or colonization with a CDC targeted MDRO (when contact precautions do not apply) or for any resident who has a chronic wound and/or indwelling medical device.

High-contact resident care activities include dressing, bathing/showering, transferring, toileting, providing hygiene, changing linens or briefs, device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator, or wound care: generally, for residents with a chronic wound(s), not skin breaks or tears covered with an adhesive bandage (e.g., Band-Aid) or similar dressing.

Interview staff to determine if they are aware of which residents require the use of EBP prior to providing high-contact care activities?

Is PPE readily available to staff?

Other changes to the pathway include:

1. Did the staff *use* appropriate *infection control practices* (e.g., hand hygiene, use of PPE, environmental cleaning and disinfection, and reprocessing of reusable resident medical equipment)? Yes No F880

Just a reminder about pneumococcal vaccine that was not included in any changes in the Pathway is the additional CDC guidance on PCV20. CDC states: “CDC recommends routine administration of pneumococcal conjugate vaccine (PCV15 or PCV20) for all adults 65 years or older who have never received any pneumococcal conjugate vaccine or whose previous vaccination history is unknown: If PCV15 is used, this should be followed by a dose of PPSV23 one year later.”

At the time of admission, every resident’s vaccination history **MUST** be evaluated and recommended vaccines must be offered to the resident/representative and the facility must obtain consent or signed declination for recommended vaccines. After history is obtained, CDC has provided a great app to determine what vaccines the resident needs per guidance. The issue becomes facilities being able to get dates of vaccines but aren’t able to access the exact variety of vaccine previously obtained by the resident. In that case, the facility is expected to offer the PCV20.



Recommendations too complex? We agree!

Check out [PneumoRecs VaxAdvisor](#). This free app quickly and easily provides patient-specific pneumococcal vaccine guidance.

It is available for **download for iOS and Android** mobile devices.

There's also a **web-based version** that doesn't require a download.

<https://www.cdc.gov/vaccines/vpd/pneumo/hcp/who-when-to-vaccinate.html>

If you haven't already received information from the state QIO related to free clinics, check out this month's Reflections coming next week. Specific information is available for signing up for free immunization clinics.