The Role of the Infection Preventionist

Gina Littlewolf-Millegan, RN, BSN, CIC

Crow/Northern Cheyenne Hospital

Crow Agency, MT



Raised by my Grandparents

Gilbert & Marie Littlewolf

- Maintenance Mechanic
- Dorm Matron
- Cook NC Boarding School
- Custodian NC School & BIA

Journey started at 6yrs old

- I was indoctrinated into infection control during the era of tuberculosis
- Everything was cleaned with bleach growing up
- The smell of bleach was as comforting as cedar and sweet grass growing up.



- I remember her work schedule
- Pressed, starches pristine white uniform
- Bleach cleaned everything, even at home
- Sanitize with a 1:10 ratio still holds true
- Disinfecting is one step above sanitizing
- That white uniform and shoes were worn by the women whom I considered my role models because of their work ethic, dedication, and unwavering service the community they served would help lead me toward my career of working in a uniform.

Nursing Experience

- Inpatient: Med/surg, pediatrics
- Labor and delivery
- Outpatient
- Long-term care
- Emergency Room
- Clinical Director
- Director of Nursing
- PACU
- Infection Preventionist
- Employee Health

Basic Knowledge for Infection Prevention and Control

1. Hand Hygiene
2. PPE
3. Standard Precautions
4. Transmission Based Precautions
5. Cleaning of the Environment









The Roles of the Infection Preventionist

During the Pandemic

- Incident Command
- Mass training for PPE-donning and doffing
- Quantitative Fit testing
- Screening employees and patients
- COVID Vaccine Clinics
- COVID Vaccine administration competencies for staff giving vaccine and documentation
- COVID Contact Tracing
- Use of new technology for contact tracing



- Adaptive, innovative, proactive Incident Command and we worked as a team to address the frequent, sometimes daily, changes to our structures, entrances, procedures and projects
- Great working relationship and MOAs with the Crow Tribe and Big Horn County Incident Command
- Our PHNs were invaluable

Fit Testing - Respiratory Program: N-95s

Quantitative

- Use of a fit testing machine
- Very accurate results
- Extra training required for staff
- Dedicated room
- Time consuming

Qualitative

- Quicker
- Mobile
- Can be done anywhere
- Cheaper
- Not as accurate

Quantitative Fit Testing



Qualitative Fit Testing



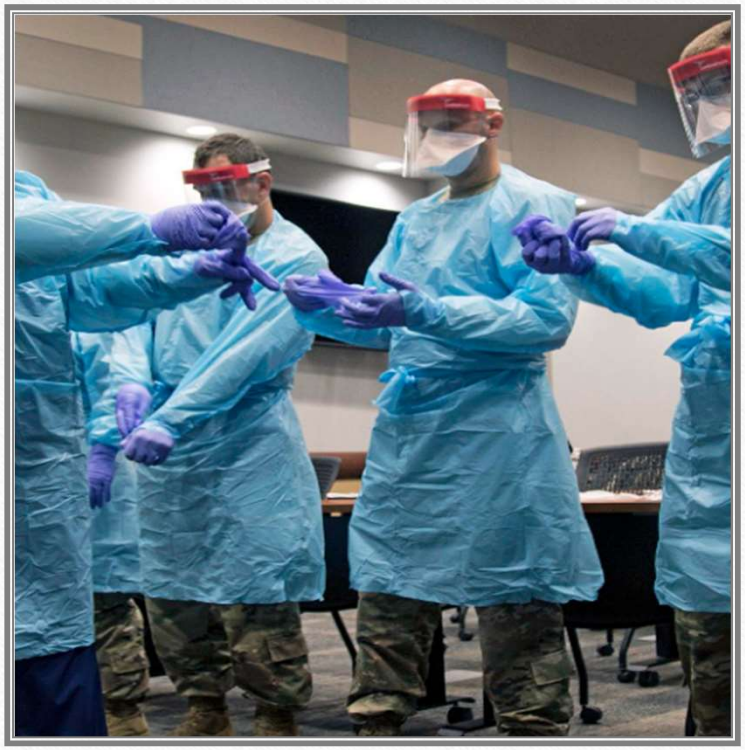
PPE Training

Annual PPE training for ALL staff

Annual PPE return demonstrations

Mask Surveillance-compliance

Extend Use of PPE during pandemic



Our elders left in numbers not seen before.

The death toll from COVID was devastating for the elders of the Crow and Northern Cheyenne nations. The true heart break for me was the fact that our people died alone. There were no final good byes, no wakes, no funerals, and no traditional ceremonies to send our loved ones off in a good way. Stories, knowledge of traditional ways and ceremonies ended with these deaths.

As a Northern Cheyenne I was taught that there is no word for goodbye, only see you later. I find comfort in that belief and we will see them again.



The Infection Preventionist should be a full time position and not an "extra duty".

- Mentoring, education and certification of future Infection Preventionists is an imperative objective for Indian Country in order to be prepared for the next pandemic.
- Historically, pandemics are not a matter of "if" it will happen again but "when" will it happen again.
- One day my grandmother told me about an illness that went through the reservation when she was a little girl.

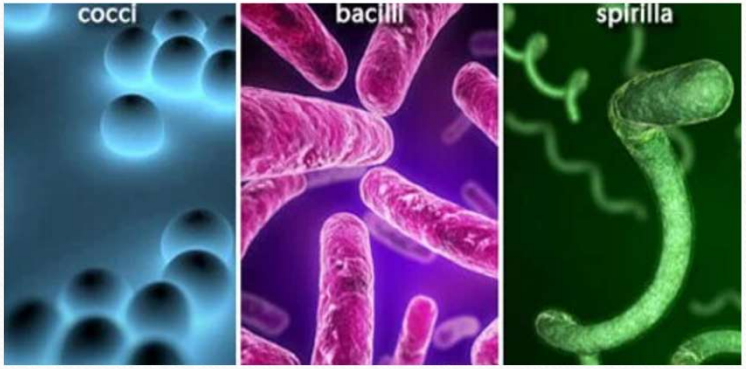
Navigating Accreditation

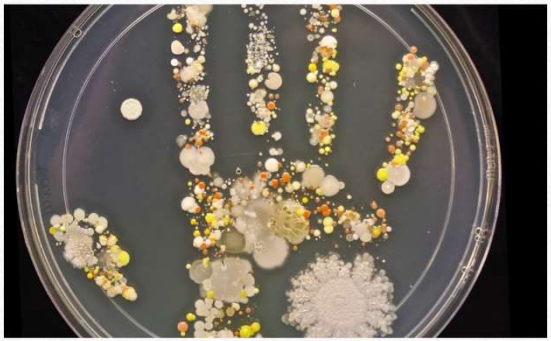
Team work is essential:

One of the most dangerous phrases spoken by the leadership of an organization is "We have always done it this way". This is a road block to change, it fosters an environment of "we do the bare minimum" and "we do not have to change". Our patients and the people we serve deserve better.

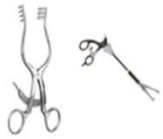
The core infection prevention and control basics are just the tip of the iceberg when it came to developing a comprehensive Infection Prevention and Control program during the pandemic.





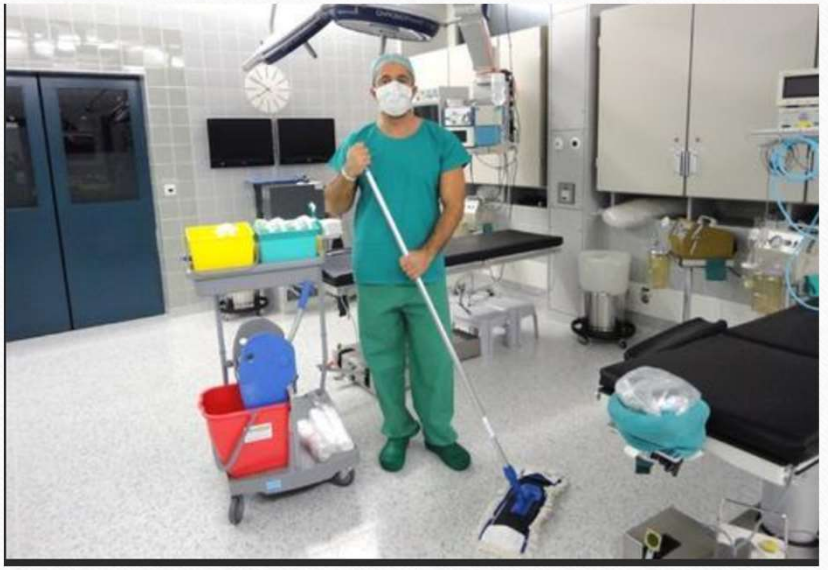


- Yearly review and updating policies and procedures based on current nationally recognized guidelines and practices.
- Review and develop new protocols, policies, procedures to meet new accreditation standards.
- National Hospital Safety Network: track HAIs, COVID data, immunizations
- Environmental Services: Departmental specific orientation, P&P, training on cleaners and disinfectants, cleaning lists, and consistent environmental rounding and documentation.

Patient Contact	Examples	Device Classification	Minimum Inactivation Level
Intact skin		Non-Critical	Low Level or Intermediate Level Disinfection
Mucous membranes or non-intact skin		Semi-Critical	High Level Disinfection
Sterile areas of the body, including blood contact		Critical	Sterilization

- Injection Safety: Surveillance/tracers/follow up. Nursing educator is invaluable.
- High Level Disinfection (sterilization): Education and competencies using standards of practice from AAMI, AORN.
- Monitoring cleaning/disinfection products in the building: Cleaning practices, IP committee used to approve all products used in our facility, using the list of approved COVID disinfectants from EPA.
- Routine communicable diseases: Tracking and reporting.

- Environmental Services: Departmental specific orientation, P&P, training on cleaners and disinfectants, cleaning lists, and consistent environmental rounding and documentation.
- Point of Care COVID tests: Education, competencies, documenting, access to manufacturer's instructions and make sure everyone is using them correctly
- Employee orientation: Infection prevention specific to their position and department. During COVID this was time consuming as it was done one on one with the fit testing, yearly health screening, reviewing immunizations, TB screening, and PPE training.





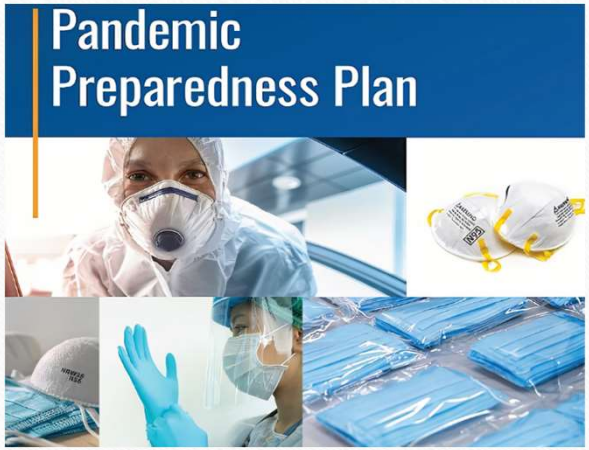


- Construction: Infection Control Risk Assessment (ICRA), surveillance rounding during construction and renovation, input for IP requirements in healthcare facilities from the very start of planning.
- Annual Risk Assessment: Matrix, yearly Risk Assessment Plan, RAIL, staff involvement
- Blood Borne Pathogen exposure policy, sharps management plan, annual competency and documentation, post exposure BBP policy, OSHA reporting

- Employee health: TB, immunizations, illness tracking, OPM employee file format/rules.
- Respiratory Protection Program: fit testing requirements, OSHA, NIOSH regulations
- Surgical Procedures: Annual training and competencies, sterile field, surgical asepsis, current AORN and AAMI guidelines and standards if you have an OR



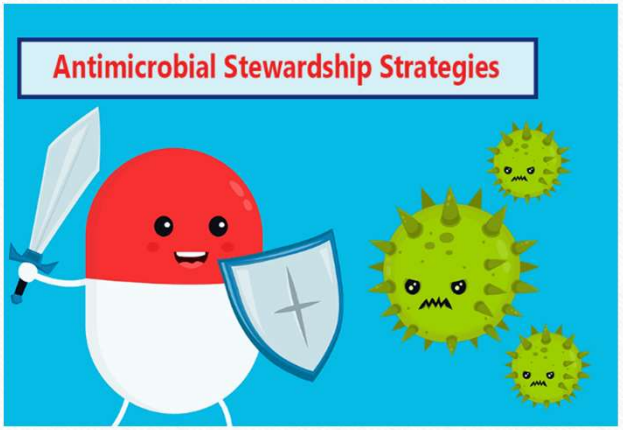






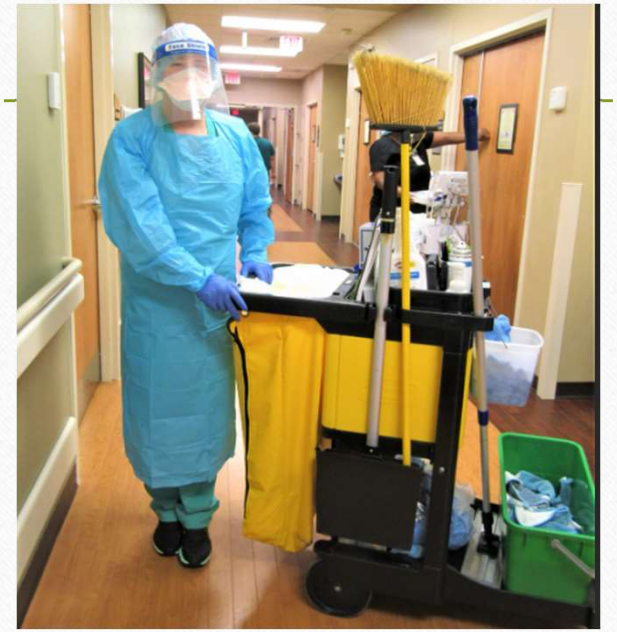
- CDC Infection Control and Risk Assessment – ICAR available for various facilities on CDC website. The State Epidemiology Department came to perform an ICAR and the CDC also sent staff to do an ICAR specific to COVID practices.
- Pandemic Response Plan
- Emergency Preparedness Plan

- Antimicrobial Stewardship Committee
- National Hospital Safety Network: Required COVID and HAI reporting
- Exposure/Outbreak Investigation policy and procedure. The PHNs took over on this duty as part of their COVID tracking.
- Water Management Plan: New requirement



NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

Environmental Services: EVS



Empower EVS techs to be part of the infection prevention team by providing them with more education, in-services, and certifications.

Increase pay for retention and certification. Make it a career and not just a job.

- Certified Healthcare Environmental Services Technicians, CHEST
- Certified Surgical Cleaning Technicians, CSCT
- Certificate in Non-Acute Care Cleaning for Environmental Services Professionals, CNACC

Looking to the Future:

The number of deaths and illnesses brought by COVID put the need for more Infection Preventionists' into the national spotlight.

WHAT DOES IT TAKE TO BE AN INFECTION PREVENTIONIST



CIC

Certification in Infection Prevention and Control.

CBIC

The Certification Board of Infection Control and Epidemiology, Inc.

APIC: Association for Professionals in Infection Control and Epidemiology

Every IP should be a member of APIC nationally and locally. Each state has at least one APIC chapter you can join.

Issues for a rural area are better discussed with your local CICs and APIC chapter members.

- Novice Roadmap for IPs
- APIC discussion boards
- APIC text
- Prep tests for CIC
- Epi Intensive I and II
- Cleaning, disinfecting, sterilization
- Role in construction/water/air functions

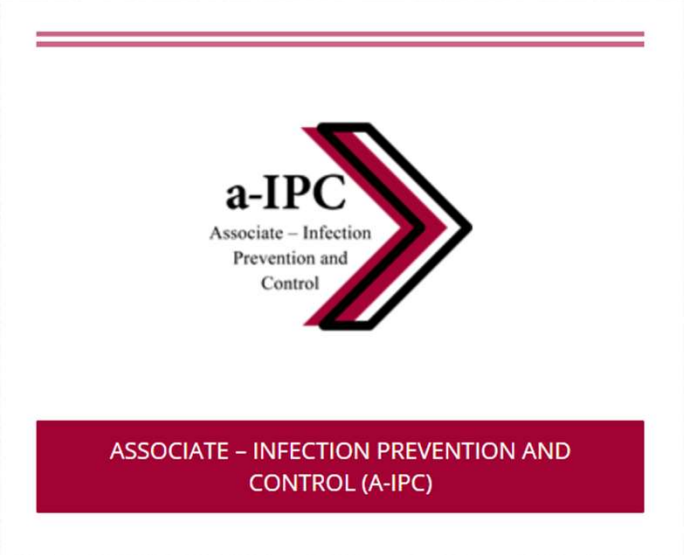


CIC®

Completed post-secondary education in a health-related field including but not limited to medicine, nursing, laboratory technology, or public health. This would mean that a diploma RN, an LPN/LVN, DPN, an Associate's degree nurse, a bachelor of science in public health etc. would be eligible. Post-secondary includes public or private universities, colleges, community colleges, etc.

Recommended two years of experience in infection prevention and control.

Why the CIC? The CIC® credential identifies healthcare professionals who have shown mastery of knowledge in infection prevention and control.



a-IPC™

No job-specific or educational requirements to apply.

This entry-level certification examination is intended for the novice infection preventionist, those interested in pursuing careers in the field of infection prevention and control, and those interested in learning more about infection prevention and control.

Why the a-IPC™? This program is the perfect stepping stone to prove a candidate's foundational knowledge, interest and dedication to the field. The a-IPC™ is ideal for those who do not meet the requirements for the CIC®.



LTC-CIP (Long-Term Care certification in Infection Prevention)
Application available now
Completed post-secondary education in a health-related field including but not limited to medicine, nursing, laboratory technology, or public health. This would mean that a diploma RN, an LPN/LVN, DPN, an Associate's degree nurse, a bachelor of science in public health etc. would be eligible. Post-secondary includes public or private universities, colleges, community colleges, etc.
Recommended one year of experience in infection prevention and control.
Why the LTC-CIP? The LTC-CIP credential identifies healthcare professionals who have shown mastery of knowledge in infection prevention and control within a long-term care setting.

Project Firstline: CDC's National Training Collaborative for Healthcare Infection Control

- The COVID-19 pandemic highlighted gaps in infection control knowledge and practice in healthcare settings nationwide.
- Launched in FY2020, provides infection control training designed especially for healthcare workers. Healthcare workers need and deserve clear and trustworthy information not only on CDC's infection control recommendations, but also on the rationale and science behind them.
- Project Firstline delivers comprehensive, transparent, and responsive training and education to the millions of frontline healthcare workers in the United States.
- The need for infection control training, education and innovation is ongoing

National Indian Health Board

- The NIHB had funding for people to become certified infection preventionist
- Many facilities lack funding to provide this specialized training.
- Make a career not just a job







My Grandmother said not to worry about her because she made it through a strange disease before and she lived up to her word by getting her COVD vaccinations, social distancing, HH, masking up and one of her oldest weapons-bleach.



Pandemic to Endemic

We need to be prepared with a modern day warrior society of men and women that are armed with knowledge, that are subject matter experts, and are be able to educate others in the foundations in infection prevention.