

Infection Control in Long Term Care Facilities

Lori Griffin

Public Health Services Manager

Facility Licensing and Investigations Section

Department of Public Health

April 4, 2014

Objectives

- * Understand the process used to conduct the Infection Control task during survey;
- * Identify the facility's regulatory obligation for the implementation of the Infection Control program; and
- * Participants will be able to identify the reporting requirement for outbreak.

Infection Control and Immunizations

- * Conducted on every certification or on complaint surveys survey as indicated.
- * Conducted by all team members.
- * Critical Element Pathway.
- * Investigative Protocol under F441.
- * Investigative protocol under F334.

F441

- * The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.
- * The intent of this regulation is to assure that the facility develops, implements, and maintains an Infection Prevention and Control Program in order to prevent, recognize, and control, to the extent possible, the onset and spread of infection within the facility.

Critical Element Pathway

- * Observations
- * Review of Infection Control documentation
- * Review of Immunization documentation
- * Review of Policy and Procedures

Observations/Interviews/Record Review

- * The surveyor(s), throughout the survey conduct observations, interviews and record reviews.
- * In addition the surveyor(s) review the facility's infection control policies, procedures, as well as documentation of staff training and interview facility staff with responsibility for oversight of the infection prevention and control program.

Observations/Interviews/Record Review...cont'd

- * Observations of various disciplines (nursing, dietary, and housekeeping) to determine if they follow appropriate infection control practices and transmission based precaution procedures. For example, whether:
 - Linens are handled, processed, transported, and stored to prevent contamination and the transmission of infection;

Observations/Interviews/Record Review...cont'd

- * Employees exhibit overt signs of illness or communicable disease that have the potential to transmit disease (e.g., cold symptoms, infected, open lesions on hands) and if present, whether they are prohibited from contact with the resident or the resident's food;
- * Staff and visitors adhere to precautions and related processes, including the use of PPE;

Observations/Interviews/Record Review...cont'd

- * Precautions/accommodations are in place and followed (as recommended, e.g., gowns, singles rooms or adequate space between residents, exclusion from group activities, etc.) for residents with potentially transmissible infections;
- * Staff utilize appropriate precautions when residents on special precautions are permitted out of their rooms,(e.g., mask on resident with TB in the halls, wound drainage contained); and

Observations/Interviews/Record Review...cont'd

- * Staff involved in the care and management of residents with special needs, e.g., urinary catheters (also note characteristics of urine, which may indicate potential infection), wound care, respiratory treatments, and residents on ventilators, receiving IVs, or with tracheotomies follow current accepted infection control standards of practice.

Infection Control Program

- * Investigates, controls, and prevents infections in the facility;
- * Decides what procedures, such as isolation, should be applied to an individual resident;
- * Maintains a record of incidents and corrective actions related to infections; and
- * An effective program relies upon the involvement, support, and knowledge of the facility's administration, the entire interdisciplinary team, residents, and visitors.

Preventing Spread of Infection

- * The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.
- * The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

Preventing Spread of Infection...cont'd

- * Perform surveillance and investigation to prevent, to the extent possible, the onset and the spread of infection;
- * Prevent and control outbreaks and cross-contamination using transmission-based precautions in addition to standard precautions;
- * Use records of infection incidents to improve its infection control processes and outcomes by taking corrective actions, as indicated;



Preventing Spread of Infection...cont'd

Personnel must handle, store, process and transport linens so as to prevent the spread of infection.

Critical Aspects of the Infection Prevention and Control Program

- * Recognizing and managing infections at the time of a resident's admission to the facility and throughout their stay, as well as following recognized infection control practices while providing care (e.g., hand hygiene, handling and processing of linens, use of standard precautions, and appropriate use of transmission-based precautions and cohorting or separating residents).

Critical Aspects of the Infection Prevention and Control Program...cont'd

- * Reassessing a resident's condition because older adults may have coexisting diseases that complicate the diagnosis of an infection (e.g., joint degeneration vs. infectious arthritis, COPD versus pneumonia), and they may also have atypical or non-specific signs and symptoms related to infections, such as altered mental status, function or behavior, and impaired fever response.

Critical Aspects of the Infection Prevention and Control Program...cont'd

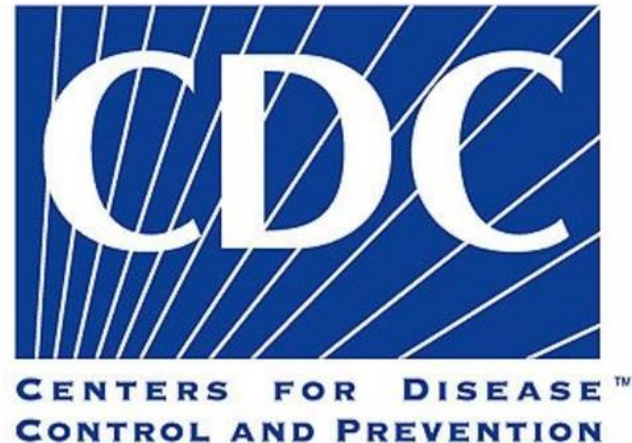
- * Promote the individual resident's rights and well-being while trying to prevent and control the spread of infections;
- * Developing and implementing appropriate infection control policies and procedures, and training staff on them;
- * Identifying the staff's roles and responsibilities for the routine implementation of the program as well as in case of an outbreak of a communicable disease, an episode of infection, or the threat of a bio-hazard attack;

Critical Aspects of the Infection Prevention and Control Program...cont'd

- * Defining and managing appropriate resident health initiatives, such as:
 - * The immunization program (influenza, pneumonia, etc.);
 - * Tuberculosis screening on admission and following the discovery of a new case, and managing active cases consistent with State requirements;
- * Monitoring and documenting infections, including tracking and analyzing outbreaks of infection as well as implementing and documenting actions to resolve related problems;

Critical Aspects of the Infection Prevention and Control Program...cont'd

- * Providing a nursing home liaison to work with local and State health agencies; and
- * Managing food safety, including employee health and hygiene, pest control, investigating potential food-borne illnesses, and waste disposal.
- * It is important that all infection prevention and control practices reflect current CDC guidelines.



Components of an Infection Control Program

- * Policies, procedures, and practices which promote consistent adherence to evidence-based infection control practices;
- * Program oversight including planning, organizing, implementing, operating, monitoring, and maintaining all of the elements of the program and ensuring that the facility's interdisciplinary team is involved in infection prevention and control;
- * Antibiotic review including reviewing data to monitor the appropriate use of antibiotics in the resident population;
- * An Infection Preventionist - a person designated to serve as coordinator of the infection prevention and control program;

Components of an Infection Control Program...cont'd



Education, including training in infection prevention and control practices, to ensure compliance with facility requirements as well as State and Federal regulation; and

Surveillance, including process and outcome surveillance, monitoring, data analysis, documentation and communicable diseases reporting (as required by State and Federal law and regulations).

Surveillance

- * **Process surveillance** reviews practices directly related to resident care in order to identify whether the practices comply with established prevention and control procedures and policies based on recognized guidelines.
- * Examples of this type of surveillance include:
 - * Monitoring of compliance with transmission based precautions, proper hand hygiene, and the use and disposal of gloves;
- * Minimizes exposure to a potential source of infection;
- * Uses appropriate hand hygiene prior to and after all procedures;
- * Ensures that appropriate sterile techniques are followed; for example, that staff:
 - * Use sterile gloves, fluids, and materials, when indicated, depending on the site and the procedure;

Surveillance...cont'd

- * Avoid contaminating sterile procedures;
- * Ensure that contaminated/non-sterile items are not placed in a sterile field;
- * Uses Personal Protective Equipment (PPE) when indicated;
- * Ensures that reusable equipment is appropriately cleaned, disinfected, or reprocessed; and
- * Uses single-use medication vials and other single use items appropriately (proper disposal after every single use).



Surveillance



Outcome Surveillance is designed to identify and report evidence of an infection. The outcome surveillance process consists of collecting/documenting data on individual cases and comparing the collected data to standard written definitions (criteria) of infections.

The IP or other designated staff reviews data (including residents with fever or purulent drainage, and cultures or other diagnostic test results consistent with potential infections) to detect clusters and trends.

Hand Hygiene

- * Hand hygiene continues to be the primary means of preventing the transmission of infection. The following is a list of some situations that require hand hygiene:
- * When coming on duty;
- * When hands are visibly soiled (hand washing with soap and water); Before and after direct resident contact (for which hand hygiene is indicated by acceptable professional practice);



Hand Hygiene...cont'd

- * Before and after performing any invasive procedure (e.g., fingerstick blood sampling);
- * Before and after entering isolation precaution settings;
- * Before and after eating or handling food (hand washing with soap and water);
- * Before and after assisting a resident with meals;
- * Before and after changing a dressing;
- * Before and after assisting a resident with personal care (e.g., oral care, bathing);
- * Before and after handling peripheral vascular catheters and other invasive devices;
- * Before and after inserting indwelling catheters;
- * Before and after assisting a resident with toileting (hand washing with soap and water);

Hand Hygiene...cont'd

- * Upon and after coming in contact with a resident's intact skin, (e.g., when taking a pulse or blood pressure, and lifting a resident);
- * After personal use of the toilet (hand washing with soap and water);
- * After contact with a resident with infectious diarrhea including, but not limited to infections caused by norovirus, salmonella, shigella, and *C. difficile* (hand washing with soap and water);
- * After blowing or wiping nose;
- * After contact with a resident's mucous membranes and body fluids or excretions;
- * After handling soiled equipment or utensils;
- * After handling soiled or used linens, dressings, bedpans, catheters and urinals;
- * After performing your personal hygiene (hand washing with soap and water);
- * After removing gloves or aprons; and
- * After completing duty.

Laundry

It is important that laundry areas have hand washing facilities and products, as well as appropriate PPE (i.e., gloves and gowns) available for workers to wear while sorting linens. Laundry equipment should be used and maintained according to the manufacturer's instructions to prevent microbial contamination of the system. It is recommended that damp linen is not left in machines overnight.



Laundry

- * Detergent and water physically remove many microorganisms from the linen through dilution during the wash cycle. An effective way to destroy microorganisms in laundry items is through hot water washing at temperatures above 160°F (71°C) for 25 minutes. Alternatively, low temperature washing at 71 to 77 degrees F (22-25 degrees C) plus a 125-part-per-million (ppm) chlorine bleach rinse has been found to be effective and comparable to high temperature wash cycles.
- * If laundry chutes are used, it is recommended that they are properly designed and maintained so as to minimize dispersion of aerosols from contaminated laundry (e.g., no loose items in the chute and bags are closed before tossing into the chute).
- * If linen is sent off to a professional laundry, the facility should obtain an initial agreement between the laundry service and facility that stipulates the laundry will be hygienically clean and handled to prevent recontamination from dust and dirt during loading and transport.

Laundry

- * Standard mattresses and pillows can become contaminated with body substances during resident care if the integrity of the covers of these items is compromised.
- * A mattress cover is generally a fitted, protective material, the purpose of which is to prevent the mattress from becoming contaminated with body fluids and substances. A linen sheet placed on the mattress is not considered a mattress cover.
- * Mattress covers with tears or holes need to be replaced;
- * Patches for tears and holes in mattress covers do not provide an impermeable surface over the mattress;
- * Discard mattresses if fluids have penetrated into the mattress fabric.

F334

Influenza and Pneumococcal Immunizations

Develop Policy and Procedures

- * The facility must develop policies and procedures to ensure that:
 - * Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;

Develop Policy and Procedures...cont'd

- * Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;
- * The resident or the resident's legal representative has the opportunity to refuse immunization; and

Develop Policy and Procedures...cont'd

- * The resident's medical record includes documentation that indicates, at a minimum, the following:
 - * That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and
 - * That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.

Develop Policy and Procedures...cont'd

- * Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;
- * Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;

Develop Policy and Procedures...cont'd

- * The resident or the resident's legal representative has the opportunity to refuse immunization; and
- * The resident's medical record includes documentation that indicated, at a minimum, the following:
 - * That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and

Develop Policy and Procedures

- * That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.
- * As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization.

