Infection Control Nurses of Connecticut
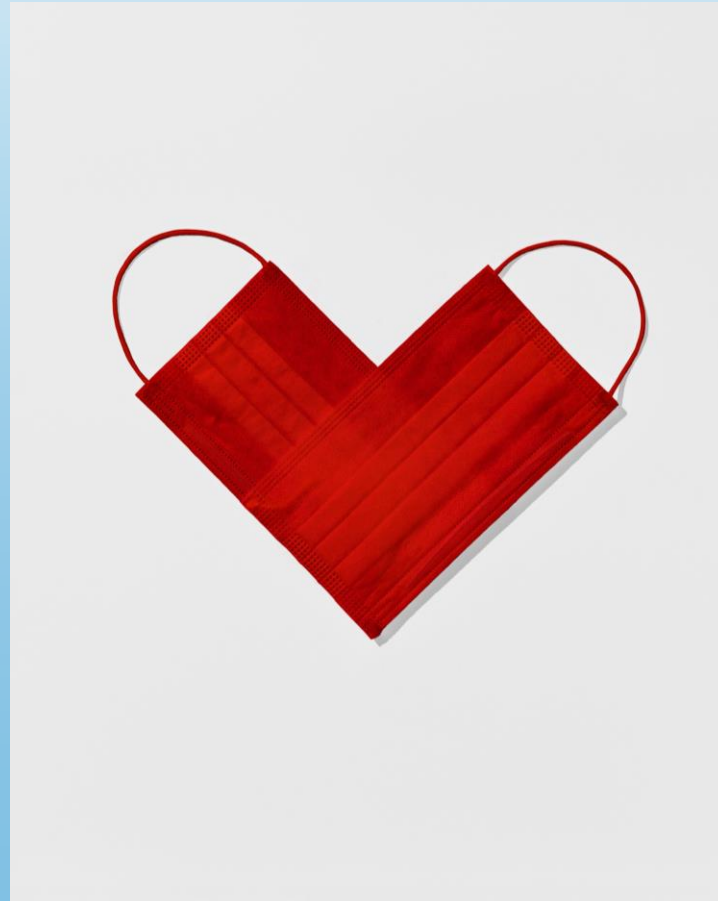
Kim Hriceniak RN

Public Health Services Manager

Department of Public Health

June 10, 2022

Thank you !

It has been a Journey

You are the experts

DPH Staff Updates

- You will be seeing many new faces at DPH due to several vacancies as a result of retirements
  - Includes Managers, Supervisors and Nurse Consultants

Blast Fax 2021- 34

- Infection Preventionist Qualifications

Public Health Code

- 19-13-D8t(t) Infection Control
- Infection Control committee/membership/meetings
- Responsibilities
- RN responsible for day to day operation of surveillance program

Public Act 21-185

Effective 10/1/21 – Highlights

- Each nursing home and dementia special care unit shall employ a full time infection prevention and control specialist who is responsible for :

- Training

- Participation in Infection Control Meeting

Public Act 21-185

- Provide training on infection to supplemental/replacement staff
- Work on a rotating schedule that covers each eight hour shift at least once per month to ensure compliance with infection control standards

Summary of Blast Fax

To summarize, to integrate state and federal regulations, the requirement of the R.N. is at a minimum, required in the Regulations of the Connecticut State Agencies, as the individual that provides oversight of the surveillance component of the infection prevention and control program. Please be advised, the Department has interpreted the regulation and has concluded the IP does not need to be a Registered Nurse, but rather the IP must demonstrate training in primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field. If the facility appoints an IP who is not an RN, it must designate an RN to supervise the surveillance component of the infection prevention and control program.

The facility must determine based on their Facility Assessment the qualified staff to fulfill these roles.

Most frequently cited Infection Control Deficiencies

Getting back to the Core Principles of Infection Control

Frequency of F880's

Deficiency Count Report

Region	Deficiencies by Scope & Severity											
	B	C	D	E	F	G	H	I	J	K	L	Total
(I) Boston	0	0	80	67	19	0	0	0	0	1	0	167
Connecticut	0	0	13	10	0	0	0	0	0	0	0	23
Maine	0	0	8	5	0	0	0	0	0	0	0	13
Massachusetts	0	0	48	40	12	0	0	0	0	0	0	100
New Hampshire	0	0	5	5	0	0	0	0	0	1	0	11
Rhode Island	0	0	5	5	4	0	0	0	0	0	0	14
Vermont	0	0	1	2	3	0	0	0	0	0	0	6
(II) New York	0	0	60	31	13	0	0	0	0	1	2	107
(III) Philadelphia	0	0	71	79	10	1	0	0	0	3	0	164
(IV) Atlanta	0	0	106	90	52	0	0	0	4	8	5	265
(V) Chicago	5	13	337	372	375	5	2	1	10	18	54	1,192
(VI) Dallas	0	0	206	302	32	0	0	0	0	25	8	573
(VII) Kansas City	2	0	90	139	69	0	0	0	2	1	0	303
(VIII) Denver	0	0	33	80	24	0	1	0	0	5	6	149
(IX) San Francisco	0	1	255	352	55	0	0	0	2	12	5	682
(X) Seattle	0	0	21	55	20	2	0	2	0	3	4	107
National Total	7	14	1,259	1,567	669	8	3	3	18	77	84	3,709

Connecticut Department of Public Health

Core Principles of Infection Control

Core Principles of COVID-19 Infection Prevention

- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Face covering or mask (covering mouth and nose)
- Social distancing at least six feet between persons
- Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene)
- Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit
- Appropriate staff use of Personal Protective Equipment (PPE)
- Effective cohorting of residents (e.g., separate areas dedicated COVID-19 care)
- Resident and staff testing conducted as required at 42 CFR 483.80(h) (see QSO-20-38-NH)

ICAR vs Regulatory visit

Connecticut Department of Public Health

ICAR visits

Infection Control Assessment and Response (ICAR) visits are conducted by an HAI-AR nurse who will use a standardized infection control assessment tool to systematically assess the healthcare facility's infection prevention and control (IPC) practices and help guide their quality improvement activities (e.g, by addressing identified gaps).

- **In-person (**whenever possible)
- **Educational**
- **Non-regulatory** assessments
- Cover **CDC** minimum standards
- 2 types of ICAR Visits (**Preventive** or **Response)**

Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19 | CDC

CDC_IC_Assessment_Tool_LTCF_v1_3

Connecticut Department of Public Health - *Keeping Connecticut Healthy*

ICAR Visits: Preventive and Response

Preventive ICARs (2 types)

1. **General IPC Assessment:**
   - Evaluates all of the facility's infection prevention policies and practices
   - CDC_IC_Assessment_Tool_LTCF_v1_3

2. **COVID-19 IPC Assessment:**
   - Evaluates the facility's COVID-19 infection prevention policies and practices
   - Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19 | CDC

Response ICARs

   - Conducted **during a COVID-19 outbreak** to help with containment and future prevention
   - Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19 | CDC

Facility Assessment

F 880 Infection Control contains a section as it relates to the Facility Assessment (F838)

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Facility Assessment

The facility must review and update that assessment, as necessary, at least annually.

The facility must also review and update this assessment whenever there is, or the facility has plans for any change that would require a substantial modification to any part of this assessment.

Immediate Jeopardy

- "Immediate Jeopardy means a situation in which the provider's noncompliance with one or more requirements of participation has caused or is likely to cause serious injury, harm, impairment, or death to a resident."

Immediate Jeopardy

Noncompliance: An entity has failed to meet one or more federal health, safety, and/or quality regulations;

AND

Serious Adverse Outcome or Likely Serious Adverse Outcome: As a result of the identified noncompliance, serious injury, serious harm, serious impairment or death has occurred, is occurring, or is likely to occur to one or more identified recipients at risk;

AND

Need for Immediate Action: The noncompliance creates a need for immediate corrective action by the provider/supplier to prevent serious injury, serious harm, serious impairment or death from occurring or recurring.

Vaccine Survey

QSO 22-07 revised

- Attachment A – Long Term Care and Skilled Nursing Facility

- F 888- Infection Control
  - Covid 19- Vaccination of facility staff

QSO-22-07

- Attachment A is specific to Long Term Care and should be used in conjunction with QSO 22-07 ALL , QSO 22-09 ALL and QSO 22-11- ALL

- The attachment provides specific details regarding F888 Infection Control / vaccination of facility staff

Resource Information

Mutual Aid

Leading Age Connecticut

CAHCF (Connecticut Association of HealthCare Facilities)

Resources

Connecticut Department of Public Health

https://www.train.org/cdctrain/training_plan/3814

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

CMS Resources

- [Nursing Homes | CMS](#)

This link will take you to survey resources

You can review Critical Element Pathway information for all Care Areas

Infection Control has it's own CE pathway

CMS Memo's

- [Policy & Memos to States and Regions | CMS](#)

Contact information

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