Administrator Program
Tuesday, November 15, 2022
12:45pm-2:15pm

6b. Advanced Concepts in Infection Control

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Infection Control and Prevention

Disclaimer

To the extent that this presentation provides any guidance on regulatory issues, such guidance is general information only and is based on the information available at that point in time understanding it may change at any time.

Providers are responsible for ensuring that services are provided in compliance with all applicable federal and state laws. They should always consult with their legal counsel.

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Texas State Regulations

Must adopt and enforce written policies addressing infection control, including the prevention of the spread of infectious and communicable disease.

- Bloodborne Pathogens at, 29 CFR Part 1910.1030, and Appendix A to that section; and (the prevention of the transmission of human immunodeficiency virus and hepatitis B virus; and documentation of infections that the client acquires while receiving services from the agency.

- If an agency is licensed to provide services other than personal assistance services, documentation must include the date that the infection was detected, the client’s name, primary diagnosis, signs and symptoms, type of infection, pathogens identified, and treatment.

- If an agency is licensed to provide only personal assistance services, documentation must include the date that the infection was disclosed to the agency employee, the client’s name, and treatment as disclosed by the client.
Standard Precautions

Standard Precautions apply to blood, all body fluids, secretions, and excretions, **except sweat**, regardless of whether or not they contain visible blood; non-intact skin; and mucous membranes.
Contact Precautions

The use of gloves when coming in contact with epidemiologically important microorganisms. Gowns may be used in addition to the gloves if excessive soiling is anticipated.

Contact Precautions are designed to reduce the transmission of microorganisms by direct or indirect contact.
Droplet Precautions

The use of a surgical mask (with or without shield) when the transmission of microorganisms involves contact of the conjunctivae or the mucous membranes of the nose or mouth.

Droplet Precautions are designed to reduce the risk of droplet transmission of infectious agents.

(Pneumonic Plague, Avian Flu)

Airborne Precautions

Use of an N-95 respirator mask to prevent the inhalation of airborne droplet nuclei (of evaporated droplets that may remain suspended in the air for long periods of time) or dust particles containing the infectious agent.

Special air handling and ventilation are required to prevent airborne transmission. (smallpox, VHF’s, Coronaviruses)
Hand hygiene technique

Waterless Solution

- Very specific protocol
- 20-30 second time duration
- Palm to palm
- Right palm over left dorsum - vice versa
- Fingers interlaced
Exposure Control Plan

- Determination of employee exposure- HVA
- Methods of exposure control such as;
  - standard precautions
  - engineering controls
  - work practice controls
  - personal protective equipment
Exposure Control Plan

- Hepatitis B Vaccine
- Post exposure follow up and evaluation
- Communication of hazards to employees
- Recordkeeping
- Procedures for evaluating circumstances surrounding an exposure incident/accident.

Components of BBP Rule

- **Work Practice Controls** mean controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).
- Double masking
## Work practice controls

- Hand hygiene
- Proper procedures for cleaning blood and body fluid spills
- Proper handling and disposal of blood and body fluid
- Proper wearing and selection of PPE
- Proper protection of work surfaces
- Prevention of percutaneous exposures
- Modifying protocols and procedures to ensure safety

## Components of BBP Rule

**Engineering Controls** mean controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.
Engineering Controls

- Sharps containers
- Puncture resistant containers
- Cleaning/disinfecting equipment that becomes contaminated
- Employers must provide handwashing and appropriate personal protective equipment at no cost to the employee

Hepatitis B Vaccination

- Vaccine is made available to employees who are at risk, have received training and is within 10 days of initial assignment.
- Employee can decline but accept at a later date.
- Document doses given, dates
Post Exposure Evaluation and Follow Up

- Access to medical evaluation immediately following an exposure
- Document the route and circumstances
- Identification and documentation of the source individual unless prohibited by state law
- Source blood tested unless prohibited

Post Exposure Follow Up

- Healthcare Professional Responsibility/ Can be the ER/ agency personnel or a contracted employee health company.
  - copy of the regulation
  - job description of employee with exposure
  - documentation of the incident
  - results of the medical evaluation within 15 days
Training

- OSHA training during orientation
- After an exposure incident
- Annually
- New procedures
- Opportunity to ask questions.

Recordkeeping

- Medical Records
- Training Records
- Post Exposure- 30 years plus duration of employment.
USE OF PPE

Choose Personal Protective Equipment (PPE) based on reasonably anticipated interaction
- Blood/body fluid splash
- Contact with minimal bleeding or drainage
- Contact with large volume bleeding or drainage (likely to soak through contact area)

USE OF PPE

Guidance on Proper Application of PPE & Barriers for Protection
- Proper fit
- Integrity of barrier
- Disposable vs. reusable barriers/PPE
- Potential for cross-contamination
- Implications of over & under-utilization of barriers/PPE
USE OF PPE

Masks
Types
• Fluid Shield
• Surgical
• Particulate Respirator (PR)

Prevention Activities

SOCIAL DISTANCING-
• keeping one’s distance away from another to prevent spread of a communicable disease

SURVEILLANCE
A systematic collection, analysis and interpretation of data
•Concerns incidences of diseases
•Promotes the health of the public
OSHA- 29 CFR Part 1910 6/21

**GRAVE DANGER**

OSHA has determined that an ETS is necessary to protect healthcare and healthcare support employees in covered settings from exposures to SARS-CoV-2.

Use a multilayered approach with an emphasis on infection control, vaccination.

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June 2021 OSHA HCW ETS

- 6 month duration

OSHA states “that it is withdrawing the non-recordkeeping portions of the healthcare ETS. The COVID-19 log and reporting provisions, 29 CFR 1910.502(q)(2)(ii), (q)(3)(ii)-(iv), and (r), remain in effect. These provisions were adopted under a separate provision of the OSH Act, section 8, and OSHA found good cause to forgo notice and comment in light of the grave danger presented by the pandemic. See 86 FR 32559.”

Expired at the end of 2021 in December- **BUT DID IT?**
OSHA Standards

1910-PPE  
1910.145 Signage  
1910. BPP  
1910.134 Resp PP  
1910.1020 Exposures  
1910.1200 Hazard Material  
1910.141 Sanitation  
EFT-HCW

CMS Omnibus COVID-19 Health Care Staff Vaccination Rule

100% of staff fully vaccinated.
- 1st Dose or One-Dose Vaccine
- Received all shots for full vaccination (for compliance with regulation only) (still need the 14 days after last shot to be considered fully immunized.) New employees must be completely vaccinated.

NO TESTING OPTIONS
- Applies to all staff, both current and new, working at a facility regardless of clinical responsibility or patient contact. Everyone!
Eligible Staff (CMS Regulation)

- Facility Employees
- Licensed Practitioners
- Students
- Trainees
- Volunteers
- **Contractual Staff**

**Volunteer and other fiduciary governing board members.**

- One off vendors not included.

Does not apply to full time telework staff.

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10/26/2022 CMS

- For nursing homes, home health agencies, and hospice (beginning in 2022), this includes civil monetary penalties, denial of payments, and as a final measure—termination of participation from the Medicare and Medicaid programs.

- The sole enforcement remedy for noncompliance for hospitals and Certain other acute and continuing care providers is termination; however, CMS’s primary goal is to bring health care facilities into compliance.

- Termination would generally occur only after providing a facility with an opportunity to make corrections and come into compliance.
CMS Enforcement

- Civil monetary penalties
- Denial of payment
- Termination from the Medicare/Medicaid program

The agency must ensure that they minimize the risk of transmission of COVID-19 to at-risk individuals.
Exemptions

- CMS allow for:
  - Medical exemption
  - Religious Exemption

No exemptions for staff that show disease antibodies. Reasonable accommodation for exemptions.

Surveys - Federal and State

- Complaint follow ups and routine surveys will assess vaccination status of all employees, review policy and procedures, listing of all staff.
- Historical COVID-19 policies
- Exemption Review
- Focus on IC

- Accrediting bodies are required to update their standards accordingly.
Advanced Concepts

- Electronic handwashing monitoring systems
- Data collection from EMRs
- Use of antimicrobial materials and surfaces
- Cleaning robots
- Ultraviolet C devices
- Monitoring hand washing/product usage

KEEP YOUR EYES ON THE BALL
What’s Circulating

- Monkeypox
- Ebola
- Influenza
- Polio
- COVID-19
- RSV

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Special Pathogen Outbreaks

- Ebola-Uganda, republic of Congo
- Lassa Fever- U.K, Ghana, Nigeria
- Crimean Congo Hemorrhagic Fever- Iraq
- MERS- Oman, Saudi Arabia
- Avian Influenza –China

Infection control and prevention become paramount

- Community Spread
- Rapidity of Spread
- Novel Pathogen- cannot keep changing the rules/guidelines
- Data is key
- Documentation
Universal Masking

The Centers for Disease Control and Prevention no longer recommends universal masking in health care settings, unless the facilities are in areas of high COVID-19 transmission.

****APIC and RBC Limited do not agree with this ****

Advanced Concepts Infection Control Prevention

We have to remain on the COVID moment but we have to move ahead for the next event.
Utilize infection control lessons learned.
Use scientific principles and research
Use common sense
Be Boundary Spanning

Focus on Special Pathogens
More Sophisticated Approach

- Leadership - expertise in IC
- Research/stay current
- Communication
- Protect environment
- Supervision in the field
- Evidenced based practice
- Education/training
- equipment

Crisis standards of care

- Crisis standards of care” is defined as a substantial change in usual healthcare operations and the level of care it is possible to deliver, which is made necessary by a pervasive (e.g., pandemic influenza) or catastrophic (e.g., earthquake, hurricane) disaster.
Standards of Care

Indicators and Triggers

Crisis Standards of Care

Altered Standards/Contingency Standards of Care

Normal Care

Best Practice

Syndromic Surveillance

Syndromic surveillance is 365/24/7

Houston Health Department provides, evaluates, and maintains syndromic surveillance

Partners include public health departments and hospitals

The system includes a web user interface with real-time information

Automated analysis algorithms detect spikes in time series and generate EpiAlerts for seven syndromes

More than 80 users have registered to receive EpiAlerts via email

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Training Infection Control and Prevention

- In a language employees can understand
- Topics are hand hygiene, COVID-19 transmission, mask wearing, use of PPE, and symptoms of the disease process
- Provide employer specific p&p for screening and management
- Identify tasks and situation for risk of transmission in the workplace
- Infection control policies
- Storage of PPE

OSHA- 29 CFR Part 1910 6/21

- OSHA will vigorously enforce the general duty clause and its general standards, including the Personal Protective Equipment (PPE) and Respiratory Protection Standards, to help protect healthcare employees from the hazard of COVID-19.
- The Respiratory Protection Standard applies to personnel providing care to persons who are suspected or confirmed to have COVID-19.
- OSHA will accept compliance with the terms of the Healthcare ETS as satisfying employers’ related obligations under the general duty clause, respiratory protection, and PPE standards.
Enforcement

$3.5 million in violations  2020

- Implement a written respiratory protection program.
- Provide workers with a respirator fit test, training on the proper use of a respirator and personal protective equipment.
- Report an illness or fatality.
- Record an illness on OSHA recordkeeping forms.

OSHA- 29 CFR Part 1910 6/21

- OSHA believes the terms of the Healthcare ETS remain relevant in general duty cases in that they show that COVID-19 poses a hazard in the healthcare industry and that there are feasible means of abating the hazard. OSHA plans to publish a notice in the Federal Register to implement this announcement.
When dealing with new pathogens use an (N95) particulate respirator mask

Reminder

We are not post-pandemic!