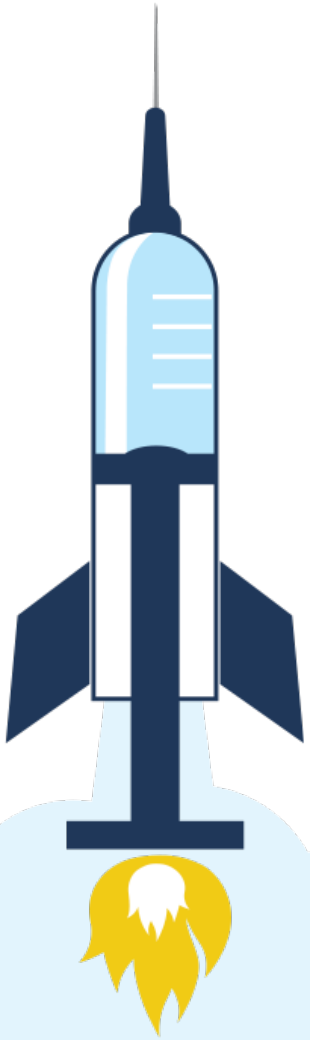
# BOOST Office Hours: Infection Prevention

February 10, 2022

Presented by: Amy Ward MS, BSN, RN, CIC



ALLIANT HEALTH SOLUTIONS
QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP


# About Alliant Health Solutions

# Amy Ward, MS, BSN, RN, CIC

**INFECTION PREVENTION SPECIALIST**

Amy is a registered nurse with a diverse background in acute care nursing, microbiology, epidemiology and infection control. She is passionate about leading and mentoring new and future infection preventionists in their career paths and assisting them in reducing health care-associated infections across the continuum of care.

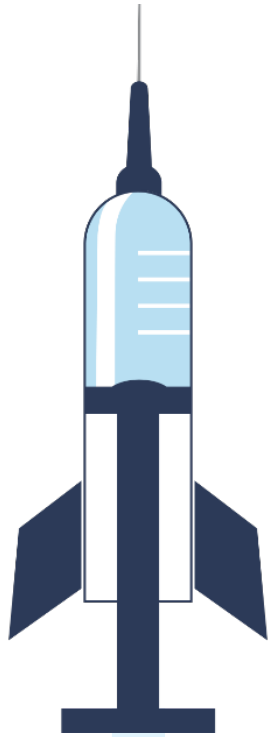
**Amy enjoys spending time with family. She loves all the time she can get outdoors camping, bicycling and running.**

**Contact: Amy.Ward@AlliantHealth.org**

# Polling Question

Have you updated your COVID-19 policies to reflect recent changes to infection prevention and control guidelines?

A) Yes
B) No



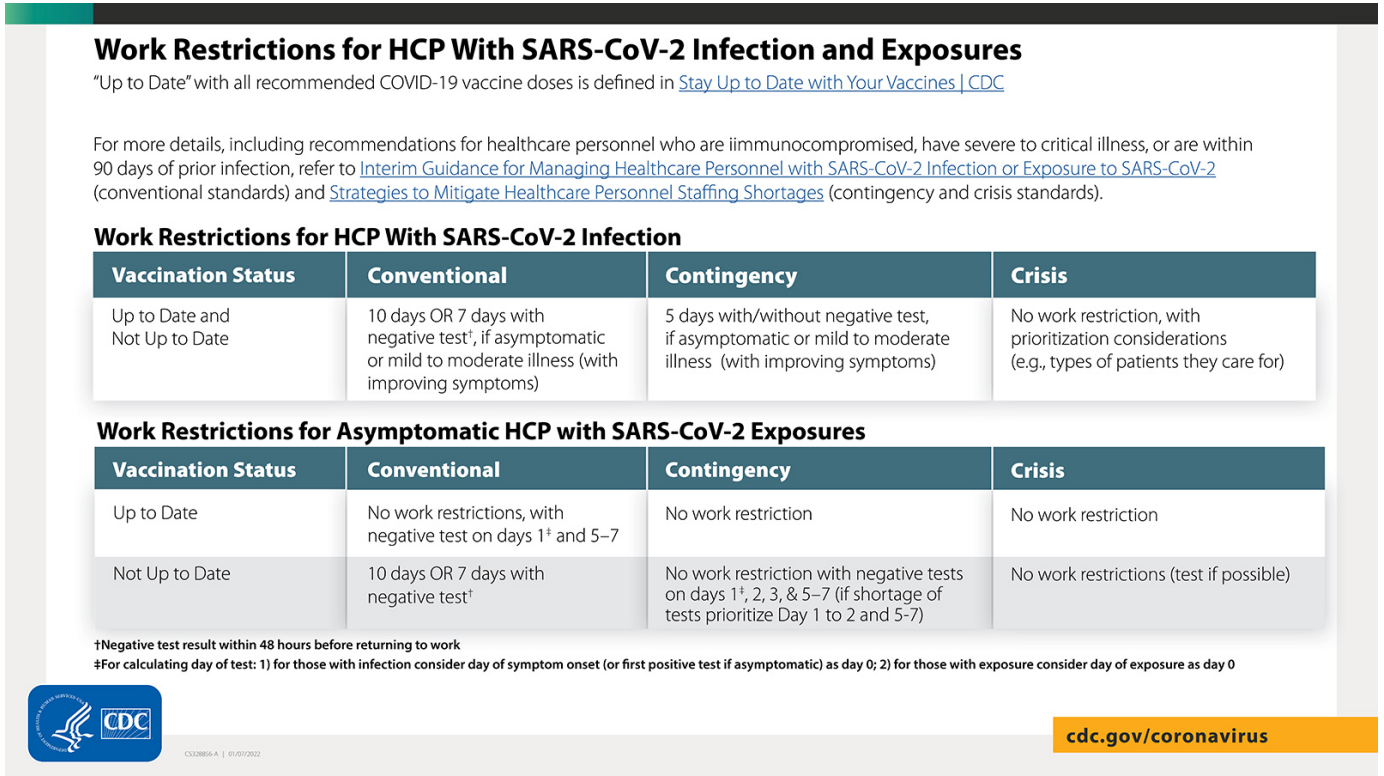
# Healthcare Worker Post Exposure/Positive Test

January 21, 2022

[Strategies to Mitigate Healthcare Personnel Staffing Shortages | CDC]

**Up to date** means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

**Fully vaccinated** means a person has received their primary series of COVID-19 vaccines.



**Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures**

"Up to Date" with all recommended COVID-19 vaccine doses is defined in Stay Up to Date with Your Vaccines | CDC

For more details, including recommendations for healthcare personnel who are iimmunocompromised, have severe to critical illness, or are within 90 days of prior infection, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).

**Work Restrictions for HCP With SARS-CoV-2 Infection**

| Vaccination Status | Conventional | Contingency | Crisis |
|---|---|---|---|
| Up to Date and Not Up to Date | 10 days OR 7 days with negative test†, if asymptomatic or mild to moderate illness (with improving symptoms) | 5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms) | No work restriction, with prioritization considerations (e.g., types of patients they care for) |

**Work Restrictions for Asymptomatic HCP with SARS-CoV-2 Exposures**

| Vaccination Status | Conventional | Contingency | Crisis |
|---|---|---|---|
| Up to Date | No work restrictions, with negative test on days 1‡ and 5–7 | No work restriction | No work restriction |
| Not Up to Date | 10 days OR 7 days with negative test† | No work restriction with negative tests on days 1‡, 2, 3, & 5–7 (if shortage of tests prioritize Day 1 to 2 and 5-7) | No work restrictions (test if possible) |

†Negative test result within 48 hours before returning to work

‡For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

CDC

cdc.gov/coronavirus

CS328856-A | 01/07/2022

ALLIANT HEALTH SOLUTIONS | QIN-QIO Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES IQUALITY IMPROVEMENT & INNOVATION GROUP

# Strategies to Mitigate Healthcare Personnel Staffing Shortages

- Best practice recommendation is to discuss the staffing shortage continuum with your local health department and community coalition for regional planning.
- Maintaining safe resident care should be a top priority.
- Contingency and crisis standards are meant to be applied sequentially.

## Conventional

Vaccinate HCW and residents

Understand staffing needs for daily operations

Community transmission and local dynamics

Discuss any staffing resources available locally with health department

## Contingency

Adjust staff schedules

Onboard additional staff

Develop alternate care sites based on regional emergency operations

planning

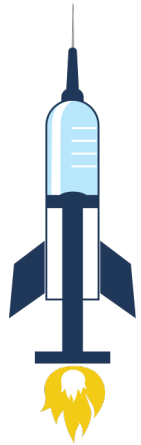
Allow for CDC-recommended contingent return to work

## Crisis

Implement regional emergency operations plans for transfer to alternate care site

Allow for CDC-recommended crisis return to work

# Quarantine and Isolation



For the general public - These new recommendations may affect understanding of visitation to the facility.

**CMS Visitation Memo**

**Core Principles of COVID-19 Infection Prevention**

*Visitors who have a positive viral test for COVID-19, symptoms of COVID-19 or currently meet the criteria for quarantine should not enter the facility. Facilities should screen all who enter for these visitation exclusions.*

# Core Infection Prevention Principles for Visitors

- Visitors who have a positive viral test for COVID-19, symptoms of COVID-19 or currently meet the criteria for quarantine should not enter the facility. Facilities should screen all who enter for these visitation exclusions
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Face covering or mask (covering mouth and nose) and physical distancing of at least six feet between people, per CDC guidance
- Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions and other applicable facility practices (e.g., use of a 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 to COVID-19 care)
- Resident and staff testing conducted as required at 42 CFR § 483.80(h) (see QSO20- 38-NH)

# Isolation for Residents with COVID-19

- Full PPE required - Gowns, gloves, eye protection, N95 or equivalent or higher respirator
- Single occupancy room with private bathroom
- Placed to dedicated COVID-19 Care Unit
- Increase monitoring of residents (VS, O2 Sat, respiratory assessment)
- Communicate COVID-19 status prior to transfer

# Quarantine for Residents with Exposure to COVID-19


- Full PPE required - Gowns, gloves, eye protection, N95 or equivalent or higher respirator
- Single occupancy room with private bathroom
- Do not transfer to COVID-19 confirmed unit until infection confirmed
- Increase monitoring of residents (VS, O2 Sat, respiratory assessment)
- Communicate COVID-19 exposure date prior to transfer

# New Admissions or Readmissions

- Residents with COVID-19 infection who have not yet met the criteria to discontinue transmission-based precautions (isolation) should be placed in the designated COVID-19 Care Unit regardless of vaccination status.
- Residents who are not up-to-date on their COVID-19 vaccination should be placed into quarantine for 14 days even if they test negative upon admission. They should be tested per the facility's testing plan and offered COVID-19 vaccination.
- Residents who are up-to-date with all vaccine doses and those who have recovered from COVID-19 infection in the past 90 days do not need to be placed in quarantine but should be tested per the facility's testing plan.
  - Consider quarantine if the resident is moderately to severely immunocompromised.

# Residents Who Leave the Facility

- Residents who leave the facility should be reminded to follow ICP practices while away.
- Continue to identify potential exposures or development of symptoms during those times the resident is out of the facility.
- Quarantine is not typically recommended for residents who have left the facility for less than 24 hours and have not had close contact with someone with COVID-19.
  - Burden of indefinite isolation for those residents who leave for dialysis, for example, outweighs the potential benefit of quarantine.
- Residents who are away from the facility for more than 24 hours should be managed as described for new admissions or readmissions.

# Placement and Cohorting Residents – Best Practices

- Only cohort residents with the same confirmed diagnosis (e.g., Influenza A with Influenza A, COVID-19 with COVID-19, etc.).
- Do not cohort a resident who has been potentially exposed to COVID-19 with a resident who has confirmed COVID-19 infection.
- Ideally, new admissions and residents in quarantine after exposure to COVID-19 (not up to date with vaccine) should be placed in a single occupancy room and cared for using all recommended PPE (gown, gloves, eye protection, and N-95 or higher respirator).

# Clinical Considerations for Vaccination


- During outbreaks - Vaccine is not recommended for post-exposure prophylaxis (i.e., vaccine given to prevent the onset of illness).
- Post-exposure - Residents or patients in congregate settings may be vaccinated if they do not have symptoms consistent with COVID-19.
- Post-COVID-19 infection - Vaccine can be given safely to people with prior infection. Defer vaccination until the person has recovered from acute illness and criteria have been met to discontinue isolation.
- Post-COVID-19 treatment (mAb, convalescent plasma) - Defer vaccination for 30 days if treatment is used for post-exposure prophylaxis. Defer vaccination for 90 days if used for COVID-19 treatment.

# Interfacility Infection Control Transfer Form

Quality Improvement Organizations — Sharing Knowledge. Improving Health Care. CENTERS FOR MEDICARE & MEDICAID SERVICES

ALLIANT HEALTH SOLUTIONS

## Inter-Facility Infection Control Transfer Form

Best practice recommendation: Complete prior to transfer to accepting facility. If sent with initial referral, update when transfer occurs.
Attach copies of most recent culture reports with susceptibilities if available.

### Sending Healthcare Facility:

| Patient/Resident Last Name | First Name | Date of Birth | Medical Record Number |
|---|---|---|---|
| | | | |

| Name/Address of Sending Facility | Sending Unit | Sending Facility Phone |
|---|---|---|
| | | |

| Sending Facility Contacts | Contact Name | Phone | Email |
|---|---|---|---|
| Transferring RN/Unit | | | |
| Transferring Physician | | | |
| Case Manager / Admin / SW | | | |
| Infection Preventionist | | | |

| Does the person* currently have an infection, colonization OR a history of positive culture of a multidrug-resistant organism (MDRO) or other potentially transmissible infectious organism? | Colonization or History (Check if YES) | Active Infection on Treatment (Check if YES) |
|---|---|---|
| Methicillin-resistant Staphylococcus aureus (MRSA) | ☐ | ☐ |
| Vancomycin-resistant Enterococcus (VRE) | ☐ | ☐ |
| *Clostridioides difficile* | ☐ | ☐ |
| *Acinetobacter*, multidrug-resistant | ☐ | ☐ |
| Enterobacteriaceae (e.g., *E. coli, Klebsiella, Proteus*) producing- Extended Spectrum Beta-Lactamase (ESBL) | ☐ | ☐ |
| Carbapenem-resistant Enterobacteriaceae (CRE) | ☐ | ☐ |
| *Pseudomonas aeruginosa*, multidrug-resistant | ☐ | ☐ |
| *Candida auris* | ☐ | ☐ |
| Other, specify (e.g., lice, scabies, norovirus, influenza, COVID-19): _____ If COVID-19, please include date of diagnosis: _____ | ☐ | ☐ |

**Does the person* currently have any of the following?** Check here ☐ if none apply

- ☐ Cough or requires suctioning
- ☐ Diarrhea
- ☐ Vomiting
- ☐ Incontinent of urine or stool
- ☐ Open wounds or wounds requiring dressing change
- ☐ Drainage (source): _____
- ☐ Central line/PICC (Approx. date inserted _____)
- ☐ Hemodialysis catheter
- ☐ Urinary catheter (Approx. date inserted _____)
- ☐ Suprapubic catheter
- ☐ Percutaneous gastrostomy tube
- ☐ Tracheostomy

**Is the person* currently in Transmission-Based Precautions?** ☐ No ☐ Yes

Type of Precautions (check all that apply) ☐ Contact ☐ Droplet ☐ Airborne ☐ Other: _____

Reason for Precautions: _____

**Is the person* currently on antibiotics?** ☐ No ☐ Yes

| Antibiotic, Dose, Route, Frequency | Treatment for | Start Date | Anticipated Stop Date | Date/Time of Last Dose |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**Has the person* received treatment for COVID-19?** ☐ No ☐ Yes
*(monoclonal antibody treatment, convalescent plasma, etc.)*

| Dose, Route, Frequency | Start Date | Anticipated Stop Date | Date/Time of Last Dose |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

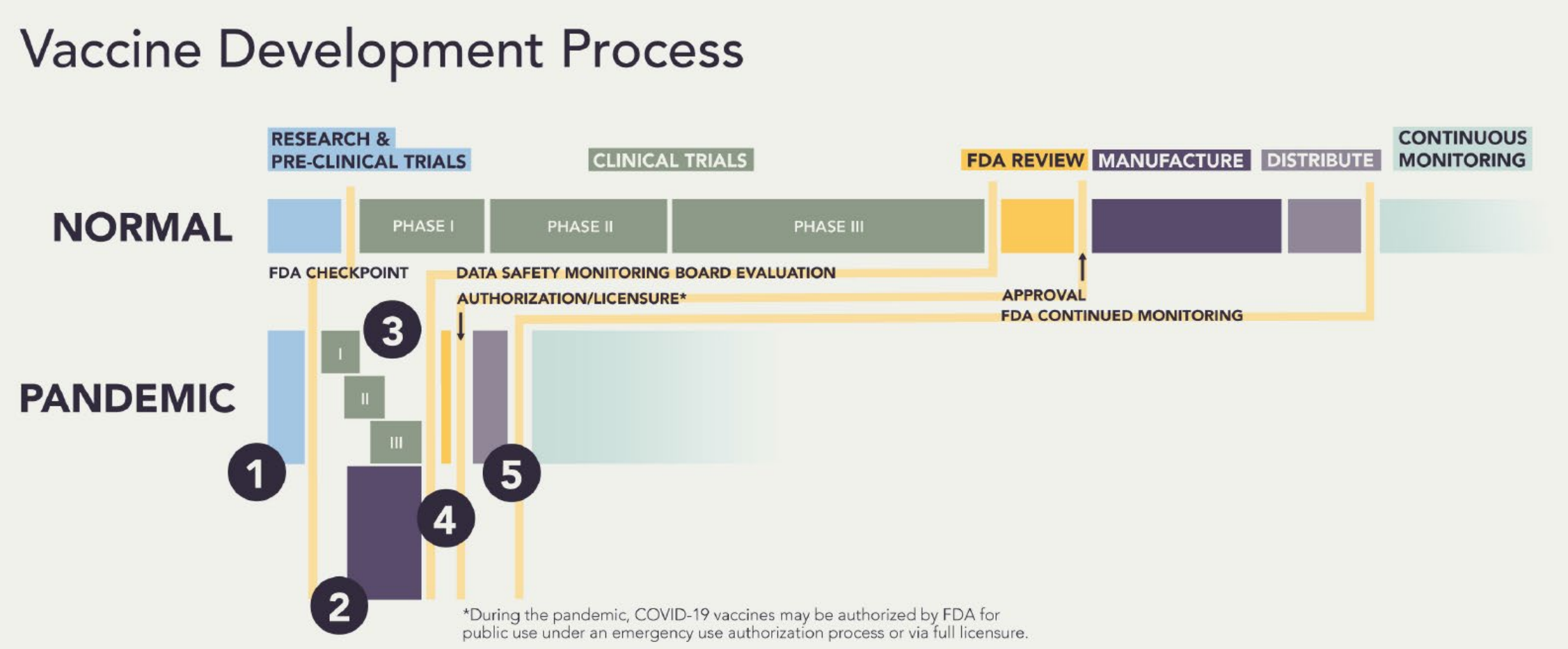
| Vaccine | Date Administered (If known) | Lot and Brand (If known) | Does the person* self-report receiving vaccine? |
|---|---|---|---|
| Influenza (seasonal) | | | ☐ Yes ☐ No |
| Pneumococcal (PPSV23) | | | ☐ Yes ☐ No |
| Pneumococcal (PCV13) | | | ☐ Yes ☐ No |
| COVID-19 | *REQUIRED* Dose 1: _____ Dose 2: _____ Booster Dose/ Additional Dose: _____ | *REQUIRED* ☐ Pfizer-BioNTech ☐ Moderna ☐ Other: _____ | ☐ Yes ☐ No |
| Other: _____ | | | ☐ Yes ☐ No |

**Refers to patient or resident, depending on transferring facility*

ALLIANT HEALTH SOLUTIONS | QIN-QIO Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES IQUALITY IMPROVEMENT & INNOVATION GROUP

# Vaccine Hesitancy and Building Trust

Saving time during pandemic for vaccine development.



# Contact Information


**Amy Ward MS, BSN, RN, CIC**
Infection Prevention Specialist

Alliant Health Solutions

Amy.ward@allianthealth.org

# Questions?

# CMS 12th SOW Goals

**Behavioral Health Outcomes & Opioid Misuse**

- ✓ Promote opioid best practices
- ✓ Decrease high dose opioid prescribing and opioid adverse events in all settings
- ✓ Increase access to behavioral health services

**Patient Safety**

- ✓ Reduce risky medication combinations
- ✓ Reduce adverse drug events
- ✓ Reduce C. diff in all settings

**Chronic Disease Self-Management**

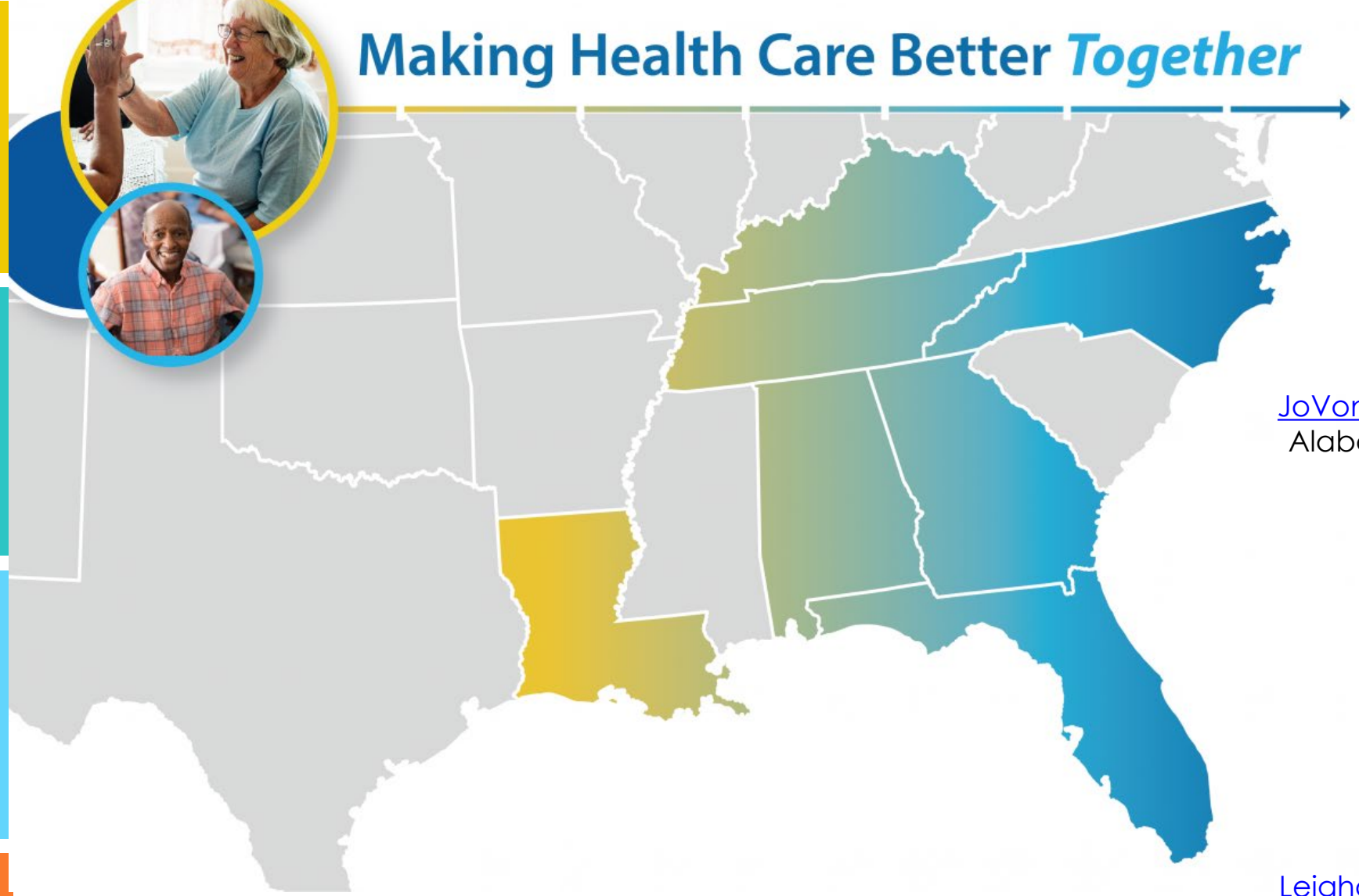
- ✓ Increase performance on ABCS clinical quality measures (i.e., aspirin use, blood pressure control, cholesterol management, cardiac rehab)
- ✓ Identify patients at high-risk for developing kidney disease & improve outcomes
- ✓ Identify patients at high risk for diabetes-related complications & improve outcomes

**Quality of Care Transitions**

- ✓ Convene community coalitions
- ✓ Identify and promote optical care for super utilizers
- ✓ Reduce community-based adverse drug events

**Nursing Home Quality**

- ✓ Improve the mean total quality score
- ✓ Develop national baselines for healthcare related infections in nursing homes
- ✓ Reduce emergency department visits and readmissions of short stay residents

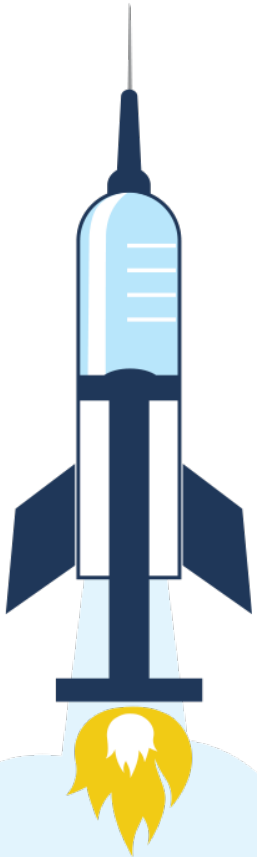



JoVonn Givens
JoVonn.Givens@AlliantHealth.org
Alabama, Florida and Louisiana

Leighann Sauls
Leighann.Sauls@AlliantHealth.org
Georgia, Kentucky, North Carolina and Tennessee

# Program Directors

ALLIANT HEALTH SOLUTIONS | QIN-QIO Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES IQUALITY IMPROVEMENT & INNOVATION GROUP



# Making Healthcare Better *Together*

@AlliantQIO

@AlliantQIO

Alliant Health Solutions

AlliantQIO

This material was prepared by Alliant Health Solutions, a Quality Innovation Network – Quality Improvement Organization (QIN – QIO) and Hospital Quality Improvement Contractor (HQIC) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS.
Publication No. 12SOW-AHSQIN-QIO TO1 - NH--1483-02/07/22