Health Quality Innovation Network

Be Prepared: Infection Prevention for Uncertain Times
Webinar Transcript
March 25, 2020

Sheila McLean: Hello, I'm Sheila McLean with the Health Quality Innovation Network and it is my pleasure to welcome you to the Be Prepared: Infection Prevention in Uncertain Times webinar. Thank you for joining us today, and most importantly, thank you for all that you and your teams are doing to care for those most vulnerable in our community.

Sheila McLean: Before we get started today, please note the following logistics: The audio for today's session will play over your computer speakers; there are no phone lines. To ask a question or make comments, please type them into chat by clicking on the dark blue Chat icon located at the bottom of your screen. To download materials related today's webinar, click the green Handout icon. Finally, a recording of today's session will be emailed to all participants, along with a Q&A document.

Sheila McLean: Let me say, I am so grateful for each of you, and as we get started, let's practice using chat by sharing what you are grateful for during these challenging times.

Sheila McLean: In the presence of the current COVID-19 pandemic, we as healthcare workers need to be more vigilant than ever to protect our residents and prevent further spread of disease. In a perfect world, our perfectly designed infection prevention program would perfectly deploy when needed and no resident in any of our facilities would suffer any harm caused by a breach in infection prevention practices.

Sheila McLean: There are some very basic infection prevention practices that, when followed, will keep us in the constant state of preparation for any infectious disease that is present in the environment. This will help with burnout when we are overworked due to staffing shortages, resident acuity, and COVID-19. If the basics are engraved in habit, we are better able to protect ourselves, our residents, and our community.

Sheila McLean: I would also like to give you a brief introduction to the Health Quality Innovation Network for HQIN. HQIN operates as the CMS Quality Innovation Network Quality Improvement Organization, or QIN-QIO for Kansas, Missouri, South Carolina, and Virginia.

Sheila McLean: HQIN is part of CMS's national network of QIOs and is dedicated to supporting healthcare providers, organizations, and patients in both new and ongoing efforts for better healthcare.

Sheila McLean: HQIN is led by Health Quality Innovators and includes our partners, the Carolina Centers for Medical Excellence in South Carolina and the Kansas Health Collaborative and the Kansas Foundation for Medical Care in Kansas.

Sheila McLean: HQIN is currently supporting nursing homes and improving outcomes, specifically those related to quality measure performance, readmissions, healthcare acquired infections, and adverse drug events. During critical times, the HQIN team serves as a conduit by providing updates from federal agencies and special focus education, such as the one today.

Sheila McLean: We improve outcomes through collaboration. We provide you with start-to-finish data analysis, structure, tools, resources, coaching and accountability that makes it easier to achieve your goals.

Sheila McLean: HQIN uses simple QI methods, like Plan, Do, Study, Acts that can be applied by staff at any level. There is additional information about our programs in the resources widget at the bottom of your screen, and if you haven't already done so, become a member of the network today by
selecting a link in chat to complete the participation agreement.

Sheila McLean: Please join me in welcoming our speaker today, Deb Smith, HQIN QI Quality Improvement Advisor. Deb has a background in microbiology, nursing, and is a certified Infection Preventionist.

Sheila McLean: Deb will be talking to us today about the basic infection prevention activities that should be in place in your facility to keep you constantly prepared to prevent infections. Welcome, Deb.

Deb Smith: Thank you, Sheila, and thank everybody. I really wanna thank everyone who's on this call today and took the time to get on. Thank you for your dedication for improving healthcare for your staff, residents, families, community and yourself.

Deb Smith: We, at HQIN, have a deep appreciation for all the healthcare workers who are managing the COVID-19 pandemic highs and lows. High senses, low staffing, high risk residents, low stores of PPE, and the list goes on. We hope that today's webinar will help you stay prepared and make you aware of all the resources out there that you can access.

Deb Smith: So, on March 11, 2020, the Director of the World Health Organization declared COVID-19 a pandemic. He asked countries to take a whole government and society approach to preventing the spread of COVID-19. This comprehensive strategy includes being prepared and ready by early detection and treatment so that we can reduce any further
transmission of the disease.

Deb Smith: Throughout this evolving process, everyone will be educating themselves and others and developing innovative ways to address the emerging issues, but the process begins with assessing what is already in place and in compliance in your individual facilities.

Deb Smith: CMS, in response to the President's March 13th declaration of a national emergency, is now prioritizing surveys by authorizing modification of timetables and deadlines for the performance of certain required activities, delaying revisit surveys, and generally exercising enforcement discretion for three weeks, so during this three-week timeframe, state and CMS surveyors will prioritize and conduct surveys related to complaints and facility-reported incidents that are triaged at the immediate jeopardy level for all allegations.

Deb Smith: This targeting will be in full effect beginning immediately. This action ensures that all CMS resources are focused on combating COVID-19 and allows clinicians to do the same, focus on patient safety and not routine paperwork.

Deb Smith: So, this COVID-19 focus survey for nursing homes was included in that March 23rd CMS memo. This tool must be used to investigate compliance at the F880 level and determine whether the facility is implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections.

Deb Smith: Entry and screening procedures, as well as resident care guidance, has varied over the progression of the COVID-19 transmission in facilities. This document is the current expectation for nursing homes, and it may be requested by surveyors if an onsite investigation takes place.

Deb Smith: The COVID-19 Focused Survey for Infection Control is available to every provider in the country to make them aware of infection control priorities during this time of crisis, and it may be used also to perform a voluntary self-assessment by nursing homes of their ability to meet these priorities, which could then be shared with their state or local Department of Health, HAI division.

Deb Smith: There's also a possibility that informed residents and families may ask for this survey. So, here is the seven critical elements that are included in the COVID-19 survey tool and associated with transmission of COVID-19.

Deb Smith: So, standard transmission-based precautions, which includes hand hygiene and PPE use, resident care, policies and procedures for infection prevention, infection prevention surveillance, visitor entry, education and monitoring, and emergency preparedness.

Deb Smith: The CMS memo from March 23rd actually updated the March 4th memo that you see here, which first addressed guidance for survey inspections in response to the emerging COVID-19 spread.

Deb Smith: One of the resources that was shared with that first memo was the CMS Infection Prevention Control and Immunizations Critical Element Pathway. While this critical element pathway is not the tool to be used during a pandemic situation like COVID-19, it is a useful tool to incorporate into your tool belt of tools when addressing your infection prevention program

survey readiness and compliance with F tags 880, 881, and 883, and in fact, it is the foundation for the COVID-19 Focus Survey for Nursing Homes.

Deb Smith: Both tools begin with standard precautions and hand hygiene practices that should be in place at all times in your facility to keep the facility in a constant state of readiness for all disease preventions so that when novel diseases like COVID-19 emerge, we have the basics in place and we're better equipped to handle the enhanced infection prevention practices that will need to be adopted quickly to prevent the spread of these deadly diseases.

Deb Smith: Both assessment tools also go on to address PPE practices and transmission-based precautions that can be added to standard precautions when known diseases and organisms are identified that need an elevated level of precautions, again, like COVID-19.

Deb Smith: Another tool you can use to evaluate your nursing home infection prevention program is the 2019 Nursing Home Infection Control Worksheet. The ICWS was developed through a collaborative effort by CMS and CDC and is meant to be used by facilities as the self-assessment tools.

Deb Smith: This tool addresses the seven domains listed on the slide and comprises both regulatory requirements and best practices in infection prevention and control. The ICWS provides the framework to perform tracers to monitor compliance with each of the seven domains.

Deb Smith: In this screenshot of the hand hygiene recommendations, you can see the accompanying tracer that your facility can use.

Deb Smith: Facilities that use this ICWS will identify gaps in practices, and then have a roadmap that can lead to an improved infection prevention and control program.

Deb Smith: So, let's begin with standard precautions, which are the minimum set of interventions listed and used for preventing infections that should be in place at all times and considered and applied for every patient or resident that enters the healthcare system.

Deb Smith: These precautions were introduced in 1991 by OSHA in the Bloodborne Pathogens Standard, and at that time, we referred to them as Universal Precautions. The Bloodborne Pathogens Standard was expanded to include transmission of all infections caused by microorganisms, and standard precautions was coined in 1996. Respiratory hygiene was added in 2007.

Deb Smith: The standard precautions were designed to protect everyone, which includes patients and residents, visitors and healthcare workers.

Deb Smith: The strict adherence to standard precautions allows facilities to meet the first steps needed for emerging threats.

Deb Smith: Today, in the short time that we're together, we're going to focus on the first three activities above: hand washing, respiratory hygiene and cough etiquette, and personal protective equipment.

Deb Smith: Keep in mind that all nine of these activities included in standard precautions should be in place at all times, and you can use the CMS critical element pathways and the current COVID-19 Focus Survey to address them.

Deb Smith: At any given moment, 2 million to 10 million bacteria can be found from the fingertips to the elbow of a human being.

Deb Smith: In healthcare settings, like nursing homes, these bacteria, carried on the hands of staff, visitors, and the residents themselves, can be spread from person to person, and from person to environment to person. The breaking this chain of transmission begins with hand hygiene, which is why it's often recognized as the cornerstone of infection prevention.

Deb Smith: Hand hygiene must be performed before and after any contact with the residents, the residents' environment, before and after glove and PPE use, and anytime you think that you may have been exposed to blood, body fluids, or contaminated surfaces.

Deb Smith: There are two acceptable ways to perform hand hygiene in healthcare facilities, and that is with soap and water, which is the gold standard, and alcohol-based hand rubs when soap and water is not available or convenient.

Deb Smith: Soap and water should always be used when hands are visibly dirty, or with residents with diarrhea-like C. diff.

Deb Smith: There are many videos on social media right now, I've been watching a lot of them, showing the proper way to wash our hands to reduce the risk of COVID-19 spread.

Deb Smith: It's important to remember that friction and complete coverage of your hands and wrists for at least 20 seconds is needed. Also keep in mind that your staff need to have convenient access to sinks for soap and water hand washing.

Deb Smith: It's been shown that each additional foot between the residents' immediate surroundings and the nearest sink decreases the likelihood of hand hygiene by 10%.

Deb Smith: Paper towels are preferable to warm air blowers for drying hands, because the towels can be used to turn off the faucets after use, and blowers may spread pathogens.

Deb Smith: Respiratory hygiene and cough etiquette measures are instituted when increased respiratory activity is observed in the community.

Deb Smith: Normally, this activity occurs as increased absenteeism in schools and work, increased ED and physician practice visits for respiratory illness, and when influenza activity is reported in your community.

Deb Smith: The occurrence of COVID-19 is also a marker to instituting respiratory hygiene, which consists of the four elements listed on this slide.

Deb Smith: Posted signage as a visual alert on entrance to the facility, access to tissues and masks for those showing signs and symptoms of respiratory illness, a plan in place to separate the sick from the well on entry to the facility and throughout their stay, and instituting droplet precautions for your residents identified with a contagious respiratory infection.

Deb Smith: Of course, we know that COVID-19 requires all of these measures, and then some expanded measures are added due to the unknown aspect of this novel virus transmission.

Deb Smith: When choosing PPE, first determine the risk of exposure for the task performed, and the potential risk of contamination when performing the task, so PPE, like fluid-resistant gowns, must fit all exposed areas intended to be covered and protected. Diarrhea resistant gowns, scrubs, and lab coats are not a replacement for a fluid resistant gown.

Deb Smith: Gloves, which are the most common type of PPE used in nursing homes, should be worn when direct contact with blood, body fluids, mucous membranes, non-intact skin, or potentially contaminated surfaces is anticipated.

Deb Smith: Goggles and face shields are chosen to protect your eyes and face from anticipated splash or sprays and during aerosol generating procedures. Goggles should fit snugly over and around the eyes or your personal prescription lenses. Remember, eyeglasses are not a form of PPE.

Deb Smith: Although they are effective as eye protection, goggles do not provide splash or spray protection to other parts of the face. For this, you should use a face shield that covers your forehead and extends below your chin and wraps around the side of your face.

Deb Smith: N95 respirators are used to protect you from small airborne organisms that hang or are suspended in the air for long periods of time and during aerosolizing procedures.

Deb Smith: It is important, when putting on and removing PPE, that you do it properly and in the correct sequence to prevent contaminating yourself and the environment.

Deb Smith: You can download these posters from the CDC website and use them to educate your staff and post them near PPE carts as reminders. Remember, if you're posting them, they need to be a washable surface.

Deb Smith: The type of PPE depends on the type of precautions needed as well as what procedure you're performing. While using PPE, it's important to not touch your face, limit the surfaces you do touch, change your gloves when torn or heavily contaminated, and perform hand hygiene.

Deb Smith: When removing PPE, the emphasis is on removal without contamination. In order to do this, you should identify what is contaminated and what is still considered clean. Generally speaking, the outside of all PPE is considered contaminated.

Deb Smith: The following two slides show you two examples of how to remove PPE without contaminating yourself or the environment. You want to remove clean to contaminated and perform hand hygiene immediately after removal.

Deb Smith: All PPE is removed before you exit the resident room, except for an N95 respirator, which would be removed after exiting the room and closing the doors. The reason for standard precautions and PPE use are to prevent infection.

Deb Smith: Infectious agents like bacteria, viruses, and fungus are transmitted in healthcare settings primarily from humans who are infected themselves, colonized, or asymptomatic carriers. Environmental sources, such as shared medical equipment, surfaces in the resident area, can also cause transmission.

Deb Smith: In order to transmit infection, you need all three elements to be present: the agent and source of the infection, a susceptible host, and a mode of transmission.

Deb Smith: Infection prevention focuses on disrupting this process by eliminating one or more of these elements. Transmission-based precautions are expanded precautions beyond standard precautions that are designed for patients who are diagnosed or suspected to be infected with highly transmissible pathogens, colonized with infected agents, or anything that can cause illness or disease. In these situations, additional precautions beyond standard precautions are necessary. This is the current situation with COVID-19.

Deb Smith: Contact precautions are used for preventing infection from diseases transmitted by direct or indirect contact with the resident or environment. Contact enteric are the same as contact, except used when spore forming organisms, like *C. diff*, are present that can remain on surfaces for extended periods of time. Droplet precautions are used to prevent disease transmission from respiratory organisms that are present in large droplets

that fall out of the air within six feet, and airborne precautions are used for organisms that are tiny enough to stay suspended in air and inhaled.

Deb Smith: Each of the transmission precautions has criteria associated with them that addresses the specific activities needed to prevent the associated disease, so with contact precautions, a private room is preferred. However, cohorting can be done in times of high census and low bed availability. Gowns and gloves must be worn when entering the room, and if possible, dedicated equipment should be used.

Deb Smith: Contact enteric is the same as contact but includes instructions for using bleach to clean the room in order to kill the sport phase of the organisms.

Deb Smith: Droplet precautions require a private room, but you can cohort during high census and low bed availability, and isolation masks should be worn by anyone entering the room, and also placed on the resident. If you transport them outside the room, you do not need any special air handling for droplet precautions.

Deb Smith: Strict airborne precautions require a private airborne infection isolation room, or AIIR room that is under negative pressure; no cohorting. All staff entering the room are to wear a fit-tested N95 respirator, and the resident would wear an isolation mask when transported. The door to the room remains closed at all times. Most nursing homes do not have a negative pressure room, so they really can't do strict airborne isolation.

Deb Smith: This slide shows a list of the common illnesses and they types of precautions you should use.

Deb Smith: So, contact precautions for MRSA, VRE, RSV, contact enteric, of course, for *C. diff* and other diarrhea-like norovirus, droplet precautions for influenza, mumps, meningococcal meningitis, and airborne precaution for tuberculosis, SARS, and measles.

Deb Smith: Current CDC recommendations for COVID-19 are for droplet and airborne isolation using an N95 respirator, gown, gloves, and face and eye

protection. If an airborne isolation room is not available, you would use a regular patient room with the door shut.

Deb Smith: If you do not already have this resource downloaded somewhere where you can easily refer to it, you need to do so as soon as this webinar is over. So, you can save this link at the bottom of the page to your desktop, ask you IT person to save it for you, or you can print it in a notebook, but it is 206 pages. It's one of the most valuable resources for infection prevention that we have, The 2007 Guideline for Isolation Precautions: Preventing Transmission of Infection Agents in Healthcare Settings.

Deb Smith: Now, it has been updated since 2007. All the updates are included in the original document. This is a screenshot from this resource. This is from the appendix. Appendix A is the type and duration of precautions for selected infections and conditions, and you can see, this runs from page 96 to 124.

Deb Smith: This document, this particular screenshot is for SARS, so this is very similar to what we're experiencing right now with COVID-19, so using this guideline if you had a resident suspected or confirmed to have SARS, as you see, you would use airborne, droplet, contact, and standard precautions for 10 days after the resolution of symptoms.

Deb Smith: And then, in the comment area, there is a discussion about what you would do if you don't have an airborne infection isolation room, and also an additional
link that you can click on with updated information about SARS.

Deb Smith: This webinar was not intended to give you all the details of addressing COVID-19. It's intended to help you stay prepared for the everyday so that times like we are in now are not as daunting.

Deb Smith: These are just a few high-level points to consider for COVID-19 residents, restrict all access to the facility, including screening staff before entry, rapidly identify and isolate suspect COVID-19 cases.

Deb Smith: Most nursing homes do not have negative pressure rooms or extra capacity during surge situations, so you will most likely be cohorting and using a regular patient care room with the door closed.

Deb Smith: Also, review the guidelines for limiting and reuse of PPE during a crisis situation.

Deb Smith: The COVID-19 Focus Survey for Nursing Homes is intended to insist nursing homes establish procedures for addressing shortages and supplies during a crisis situation.

Deb Smith: This slide shows a list of sites to use for specific long-term care questions on the enhanced infection prevention needed for this pandemic situation. All of these sites update themselves, so using this as a tool for your resources will still keep you current.

Deb Smith: This slide shows the CDC resources. There is multitude of tools and resources at your disposal when assessing, evaluating, and enhancing your infection prevention program. Don't try to reinvent the wheel. Look online at trusted sites to find the tools.

Deb Smith: This Cover Your Cough poster from the CDC has been around for a long time, and it's easily recognized by healthcare workers and the public at large. It's available through the CDC website in multiple languages also.

Deb Smith: APIC has many free tools and resources for you to use without having to have a membership. This flyer, reminding us of the importance of not touching our faces, is one of these free resources, as well as the APIC five-second podcast, and a really exceptional webinar focusing on what the infection preventionist needs to know about COVID-19.

Deb Smith: If you have not seen the CMS Head to Toe Toolkit, you'll want to look at this to incorporate it into your staff teaching. This screenshot here is just one of the tools available in the toolkit that you can use if you have a suspected infection.

Deb Smith: Joining HQIN will also give you access to many tools and resources as well as technical assistance when you need to assess your program, identify areas for improvement, and provide quality improvement recommendations to address your individual program needs.

Deb Smith: Above is a short list of resources that we're working on and will be available to the HQIN recruited facilities. The screenshot is showing you

the first tool in a Simple Strategies series, and of course, it starts with hand hygiene.

Deb Smith: If you're not already on a first-name basis with your local and state health departments, now is the time to do that. They will be closely monitoring the world and national recommendations, as well as have a finger on the pulse of your regional disease activity. They are one of your best resources for knowledge and education on all infectious diseases, reporting requirements, program assessments, and more. They truly are a partner in your program, so use them as a resource.

Deb Smith: We don't want you to miss an opportunity to be an HQIN member and receive tools, resources, one-to-one technical assistance, data reports, and more, so if you haven't already joined, please use the link in chat to access the participation agreement. Once that's completed, you'll receive a welcome email, and there's no further immediate action needed.

Deb Smith: This slide is showing your state-specific points of contact for our QIN-QIO work. Please feel free to reach out to any of them if you have questions or want to join HQI and HQIN.

Deb Smith: And, here are some additional ways to connect with us.

Deb Smith: We knew that this webinar was running right up to the time allotted. I really wanna thank everybody for attending and staying on with us. Hopefully, you've been using chat to put any questions in and we will address all of those questions after the webinar and send out a Q&A sheet.

Deb Smith: You can also use the link at the bottom that says Contact Us to send us any questions and reach out to us at any time for help and questions.

Deb Smith: Amy or Alison manning chat, is there anything in there that we need to address before we say goodbye?

Allison Spangler: Hey Deb, it's Alison and...

Deb Smith: Go ahead, Amy.

Amy Lenz: There was, sorry Allison, there was one question in chat that we saw from Katie, and the question is, "How do you make a printed poster "a washable surface?"

Deb Smith: Well, you can either put them into one of those little sleeves, I've seen people do that, or depending on what type of card stock you use, some of that stock, the
heavier ones are wipeable. You just don't wanna put paper up anywhere that can be contaminated, and also, it's probably not allowed because of it being a fire hazard.

Deb Smith: Any other questions we can—

Amy Lenz: And Deb, that was...Yeah, that was the only question that came through chat.

Deb Smith: All right, well there again, I wanna thank everybody for joining us today, and please use all of these links as resources and tools for you.

Deb Smith: Have a wonderful afternoon.