Risk Assessment, Emergency Preparedness, Regulatory Compliance

Presented by:
Mary Locklin, MSN, RN, CIC
Betsy H. Allbee, BSN, RN, CIC, FAPIC

Disclosure of Conflict(s) of Interest

Mary Locklin, MSN, RN, CIC, and Betsy H. Allbee, BSN, RN, CIC, FAPIC, have no relevant financial relationships or relationships with ineligible companies of any amount during the past 24 months.

Prepare, Prevent, Protect

These brief learning opportunities will introduce essential infection prevention concepts and allow for recipients to connect directly to a certified infection preventionist for support.

Series Goals and Learning Objectives:

- Introduce and tutor audience in creation and implementation of infection prevention components essential to a robust infection prevention program
- Collaborate with nursing home staff with an infection prevention role/duties to bolster the facility's infection prevention program
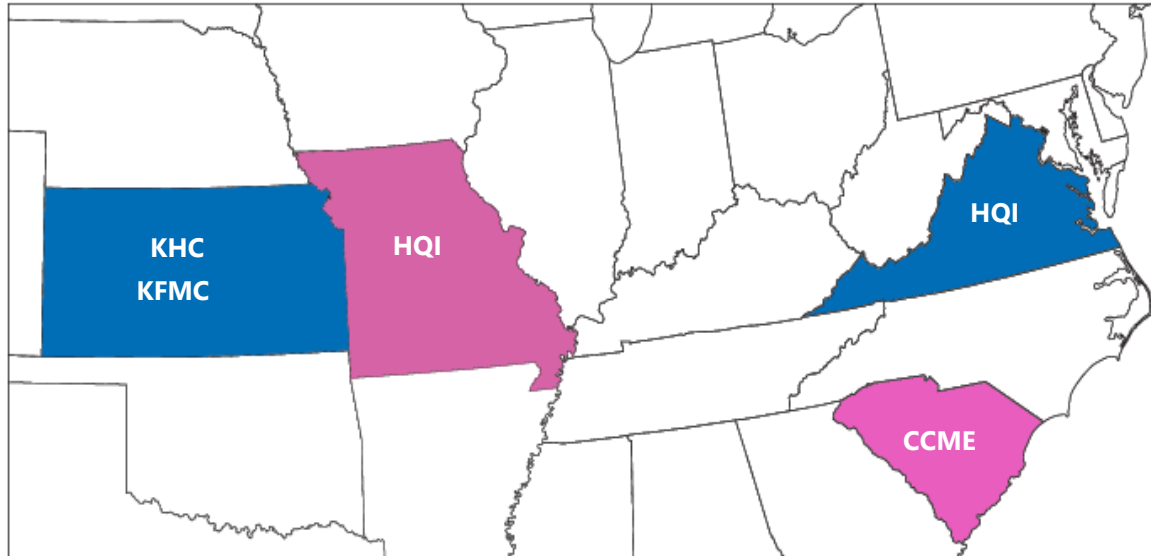
Your Team

Sandra Atkins
Project Assistant

**Mary Locklin
MSN, RN, CIC**
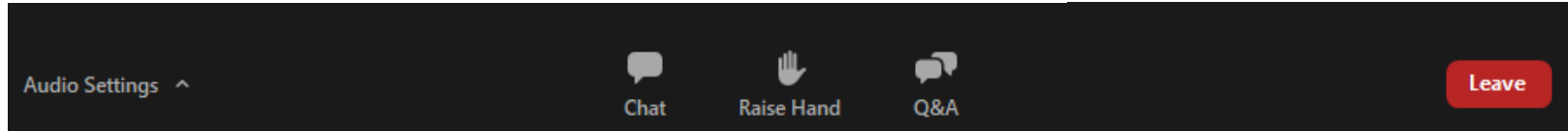Senior Quality
Improvement Advisor

**Betsy Allbee,
BSN, RN, CIC, FAPIC**
Consultant

Health Quality Innovation Network

Logistics – Zoom Webinar

To ask a question, click on the **Q&A** icon.

Raise your hand if you want to verbally ask a question.

Resources from today's session will be posted in **Chat**.

You may adjust your audio by clicking **Audio Settings**.

You have been automatically muted with video turned off.

Infection Prevention Risk Assessment

Function of an infection prevention risk assessment?

- Foundation of the infection prevention program

- Identify risks that have the potential to transmit infections

  – Ranks potential events from high to low

  – Highlights specific organisms/illnesses that may be healthcare-associated

  – Identifies risks R/T exposure

  – Identifies risks associated with residents/caregivers and family (i.e., lack of compliance with immunization)

  – Identifies risks in the environment of care

Infection Prevention Risk Assessment

What are the expectations for a risk assessment?

- Reviewed annually with a multidisciplinary group

- Updated whenever significant change

- Updated when new equipment/process introduced

Infection Prevention Risk Assessment

How is an infection prevention risk assessment completed?

Hold a multidisciplinary team meeting to:

- Identify:
  - Community served
  - Population served
- Consider:
  - Treatment/care practices
  - Cleaning/disinfection practices
  - Handling/storage of equipment
- Include:
  - Emergency management
  - Organizational goals
  - Regulatory requirements

Infection Prevention Risk Assessment

Herding cats

Infection Prevention Annual Risk Assessment Email Template | HQIN

Bring to the Table

Data

- Number of healthcare-associated infections (HAIs) in the facility over the past year
- Community rates of infectious disease
- Facility and local outbreak numbers

IP Practice Failures

- Gaps in infection prevention practices (i.e., hand hygiene, etc.)

Risks Based on Resident Population Type

- Large memory care population
- Significant chronic urinary catheter use

General Overview

EVENT	PROBABILITY OF OCCURRENCE (How likely is this to occur)[1]				RISK LEVEL OF FAILURE (What would be the most likely)[2]				POTENTIAL CHANGE IN CARE (Will treatment/care be needed for resident/staff)[3]				PREPAREDNESS (Are processes in place and can they work)[4]			YEAR: _____ RISK LEVEL Add rankings (score of 8 or >are considered highest priority for improvement efforts)
Score	**High**	**Med**	**Low**	**None**	**Life Threatening**	**Permanent Harm**	**Temp Harm**	**None**	**High**	**Med**	**Low**	**None**	**Poor**	**Fair**	**Good**	
	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1	
Example: Lack of Communication with Transfering Facility		2					1			2					1	6
External Factors (Community, Demographics) Identify other risk factors in the community based on geographic location (coast, mountains etc.)																
Risk of TB in the community																
Risk of emerging infectious disease in the community																
Internal Factors (Facility Related)																
Facility Associated Infection(s)																
Symptomatic urinary tract infection (SUTI)																

SPICE LTC Infection Prevention Risk Assessment - Statewide Program for Infection Control & Epidemiology (unc.edu)

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Antibiotic Stewardship																
Lack of leadership support for antibiotic stewardship																
Inadequate written policies for stewardship																
Unable to determine antibiotic usage report from pharmacy																
Unable to retrieve report summarizing antibiotic resistance patterns (antibiogram)																
Exposure Related																
Lack of accessible hand sanitizer																
Non-compliance with hand hygiene																
No written plan to manage outbreaks																
Inadequate compliance with Standard Precautions																
Inadequate compliance with Contact Precautions																
Inadequate compliance with Respiratory Hygiene/Cough Etiquette																
Inadequate compliance with injection safety																
Inadequate utilization of engineering controls to remove exposure from work activity																

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Healthcare personnel																
Lack of compliance with influenza immunization																
Lack of notification or employee with illness/disease																
Non-compliance with annual TB screening																
Non compliance with mandatory education																
Resident/Family																
Lack of TB screening for resident at time of admission																
Lack of compliance with influenza immunization																
Lack of compliance with pneumococcal vaccine																
Lack of resident compliance with personal hygiene																
Lack of family compliance with facility policies																
Inadequate resident/family education																

Probability of Occurrence

EVENT	PROBABILITY OF OCCURRENCE *(How likely is this to occur)*[1]				RISK LEVEL OF FAILURE *(What would be the most likely)*[2]				POTENTIAL CHANGE IN CARE *(Will treatment/care be needed for resident/staff)*[3]				PREPAREDNESS *(Are processes in place and can they work)*[4]			YEAR: _____ RISK LEVEL Add rankings (score of 8 or >are considered highest priority for improvement efforts)
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	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1	
Example: Lack of Communication with Transfering Facility		2					1			2					1	6

EVENT/RISK Level of Failure

EVENT	PROBABILITY OF OCCURRENCE (How likely is this to occur)[1]				RISK LEVEL OF FAILURE (What would be the most likely)[2]				POTENTIAL CHANGE IN CARE (Will treatment/care be needed for resident/staff)[3]				PREPAREDNESS (Are processes in place and can they work)[4]			YEAR: _____ RISK LEVEL Add rankings (score of 8 or >are considered highest priority for improvement efforts)
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Example: Lack of Communication with Transfering Facility		2					1			2					1	6

Potential Change in Care

EVENT	PROBABILITY OF OCCURRENCE (*How likely is this to occur*)[1]				RISK LEVEL OF FAILURE (*What would be the most likely*)[2]				POTENTIAL CHANGE IN CARE (*Will treatment/care be needed for resident/staff*)[3]				PREPAREDNESS (Are processes in place and can they work)[4]			YEAR: _____ RISK LEVEL Add rankings (score of 8 or >are considered highest priority for improvement efforts)
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Example: Lack of Communication with Transfering Facility		2					1			2					1	6

Preparedness

EVENT	PROBABILITY OF OCCURRENCE (*How likely is this to occur*)[1]				RISK LEVEL OF FAILURE (*What would be the most likely*)[2]				POTENTIAL CHANGE IN CARE (*Will treatment/care be needed for resident/staff*)[3]				PREPAREDNESS (Are processes in place and can they work)[4]			YEAR: _____ RISK LEVEL Add rankings (score of 8 or >are considered highest priority for improvement efforts)
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Example: Lack of Communication with Transfering Facility		*2*					*1*			*2*					*1*	6

Risk Level

EVENT	PROBABILITY OF OCCURRENCE (How likely is this to occur)[1]				RISK LEVEL OF FAILURE (What would be the most likely)[2]				POTENTIAL CHANGE IN CARE (Will treatment/care be needed for resident/staff)[3]				PREPAREDNESS (Are processes in place and can they work)[4]			YEAR: _____ RISK LEVEL Add rankings (score of 8 or >are considered highest priority for improvement efforts)
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Pandemic	3 ➡				3 ➡				3 ➡				2			=11

Polling Question 1

Is your risk assessment current?

A. Yes

B. No

Emergency Preparedness Plan (Infection Prevention)

- Assesses risks based on geographic area
- Includes emerging infectious diseases, highly communicable diseases and a resident placement plan
- Covers novel outbreaks
- References biohazardous waste and bioterrorism
- Guides communication
- Reviews staffing

What Are Your Questions?
Share What is Working for Your Team!
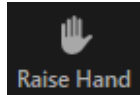
Raise your hand to verbally ask a question

Type a question by clicking the **Q&A** icon

Don't hesitate to ask a question after the webinar is over.
*Email **LTC@hqi.solutions** or your HQIN Quality Improvement Advisor.*

Regulatory Compliance

Establish and maintain:

- An infection prevention program that provides:
  - Safe, sanitary and comfortable environment that prevents development/transmission of communicable diseases and infections

- A system for:
  - Preventing, identifying, reporting, investigating and controlling infections and communicable diseases for all residents, staff, volunteers, visitors and other individuals providing services under a contractual arrangement

- A program that follows:
  - Accepted national standards
  - Written standards
  - Policies and procedures

F880 Infection Prevention and Control

Regulatory Compliance: Policies and Procedures

- Standard precautions
- Transmission-based precautions:
  - Identify type and duration
  - Use least restrictive based on resident's clinical situation
  - Remove ASAP once resident no longer infectious
- Work restrictions for staff with:
  - Communicable diseases
  - Infected skin lesions
- Visitation
- Immunization of residents and staff

F880 Infection Prevention and Control
F887 and F888 COVID-19 Immunization

Regulatory Compliance: General Considerations

The facility must provide:

- Clean bed
- Bath linens in good condition
- Sanitary resident care equipment

F584 Safe/Clean/Comfortable Homelike Environment
F908 Essential Equipment, Safe Operating Conditions
F921/584 Safe/Functional/Sanitary/Comfortable Environment

Regulatory Compliance: Care and Treatment

- Remove indwelling catheter as soon as possible

- Treat UTI based upon the attending practitioner conducting a thorough evaluation and assessment of the resident

- Provide respiratory care consistent with professional standards of practice

- Use an aseptic technique to avoid the introduction of microorganisms

F690 Bowel/Bladder Incontinence, Catheter, UTI
F695 Respiratory/Tracheostomy Care and Suctioning

Regulatory Compliance: Food Safety

Food safety is maintained during:

- Storage

- Preparation

- Distribution

Proper sanitation and food handling practices
are in place to prevent an outbreak of foodborne illness:

- Staff who handle food must be free of communicable diseases and skin lesions

- Staff should never have bare hand contact with any foods

- Hands must be washed before putting on gloves and after removing

F801 Qualified Dietary Staff
F812 Food Procurement, Storage, Prepare/Serve-Sanitary

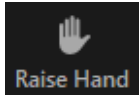# Regulatory Compliance: Antibiotic Stewardship

Antibiotic stewardship programs should include:

- Evidence-based protocols

- A system to monitor antibiotic use to improve resident outcomes and reduce antibiotic resistance

F881 Antibiotic Stewardship Program

What Are Your Questions?
Share What is Working for Your Team!

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Resources

- [SPICE LTC Infection Prevention Risk Assessment - Statewide Program for Infection Control & Epidemiology | UNC](#)

- [Risk Assessment for Infection Surveillance, Prevention and Control Programs in Ambulatory Healthcare Settings](#)

- [IPC Risk Assessment Spreadsheet](#)

- [Inter-Facility Infection Control Transfer Form for States Establishing HAI Prevention Collaboratives | CDC](#)

- [Incorporating Infection Prevention and Control into an Emergency Preparedness Plan | AHRQ](#)

- [Long Term Care Requirements CMS Emergency Preparedness Final Rule](#)

- [Appendix PP - November 22, 2017 | CMS](#)

Resources

- [APIC Toolkit for Rural and Isolated Settings](#)

- [State Operations Manual Appendix Z- Emergency Preparedness for All Provider and Certified Supplier Types Interpretive Guidance](#)

- [Emergency Preparedness Exercises | FEMA](#)

- [Sample Policy for Emergent Infectious Diseases for Skilled Nursing Care Centers | AHCA NCAL](#)

- [Disaster Preparedness Plan Template for use in Long Term Care Facilities | ASPR TRACIE](#)

- [Infection Prevention Annual Risk Assessment Email Template | HQIN](#)

- [Safe Linen and Laundry Management Audit Tool | HQIN](#)

- [Safe Linen/Laundry Management IPC Action Plan Template | HQIN](#)

Contact Hours Certificate

- Complete the attestation form at https://go2certificate.com to receive the contact hours you deserve. This activity awards 0.5 contact hours for nurses. A general certificate of participation is also available.
- If you receive an error when you click the link, copy and paste the URL into your browser. Chrome is recommended for an optimal portal experience.
    - Enter Access Code: 2754-RC
    - Enter Your email address
    - Click the Confirm button
- If you are a returning user of Go2Certificate the system will alert you to this fact and request that you enter your password.
- If you are a first-time visitor to Go2Certificate, complete the demographic information, set-up a password and click the Submit button.
- Select the Activity you attended by clicking the box to the left of the activity title. There is only one activity assigned to this access code.
- Click the Continue button.
- Complete the Activity Evaluation by using the Next buttons. Your input is invaluable. At the end of the evaluation, please click the Submit button.
- Please confirm how you would like your name to appear the certificate.
- Select the box requesting the accreditation you wish to earn. Multiple selections are acceptable. Click the Confirm button.

The portal will expire on **July 21, 2022 at 11:59 p.m. ET.**

In future visits, the system automatically recognizes your account based on your email address. It will ask you to enter your own created password after you have entered the Access Code and your email address.

FOR MORE INFORMATION

*Next Session: 7/26/22 @ 1 p.m. CT/ 2 p.m. ET
Program Plan, Policies and Resources

Mary Locklin
MSN, RN, CIC
Senior Quality Improvement Advisor
mlocklin@hqi.solutions
804.289.5320

Betsy Allbee
BSN, RN, CIC, FAPIC
Consultant
ballbee@hqi.solutions
804.287.0295

Deb Smith
MLT (ASCP) BSN, RN, CIC, CPHQ
Quality Improvement Manager
dsmith@hqi.solutions
804.289.5358

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From HQIN:

To all essential care giving teams supporting residents and families,

Thank you for attending