Prepare, Prevent, Protect
2/21/2023

Occupational Health, Immunizations

Presented by:
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Disclosure of Conflict(s) of Interest

Mary Locklin, MSN, RN, CIC, has no relevant financial relationships or relationships with ineligible companies of any amount during the past 24 months.

Deb Smith, MLT, BSN, CIC, has no relevant financial relationships or relationships with ineligible companies of any amount during the past 24 months.

Cindy Warriner, BS, RPh, CDCES, has 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
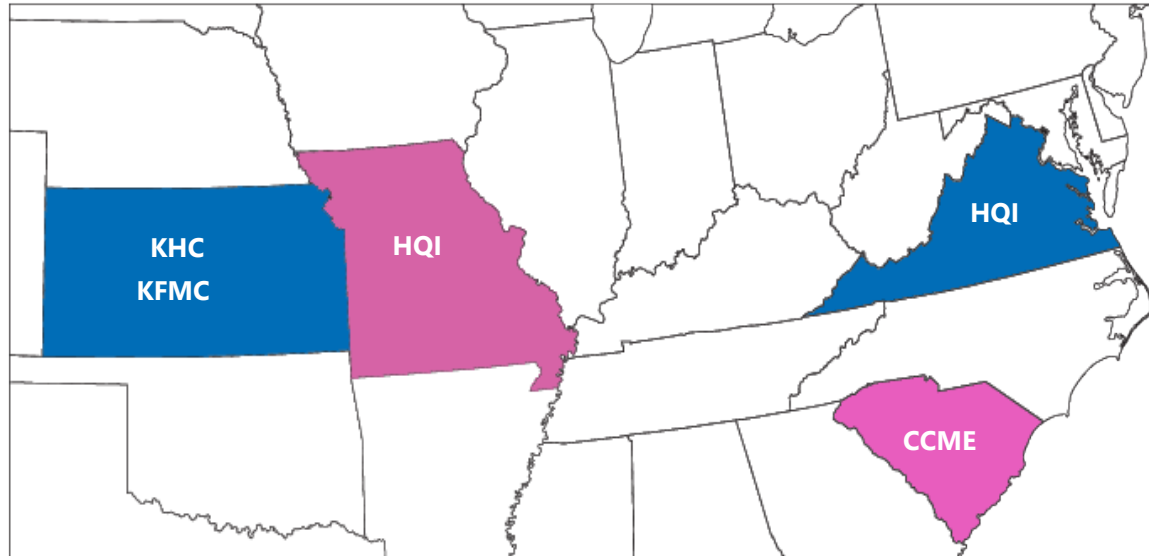Advisor – Infection Prevention

**Deb Smith
MLT, BSN, CIC, CPHQ**
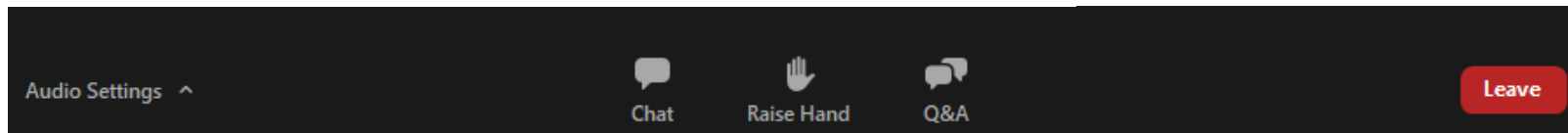Consulting Manager

**Cindy Warriner, BS,
RPh, CDCES,** Senior
Pharmacy 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.

Occupational Health

❑ Work Practice Controls

- Housekeeping
- Laundry
- Dietary
- Regulated medical waste
- Sharps safety/Procedure safety
- Medical aid/First aid response
- Maintenance
- Other departments

❑ Engineering Controls

- Sharps disposal
- Sharps (syringes) with safety mechanisms

❑ Administrative Controls

Plans:
- Infection prevention plan
- Exposure control plan (or Bloodborne pathogen plan (BBP)

Policies:
- Transmission-based precautions
- Hand hygiene
- Cleaning and disinfection
- Personal protective equipment
- Vaccines
- Work restrictions

Other:
- Training and education
- Incident evaluation
- Incident follow-up
- OSHA reporting
- OSHA recordkeeping

Occupational Safety and Health Administration (OSHA)

The **General Duty Clause** of the OSHA Act (the law that created OSHA) requires employers to provide workers with a **safe workplace that does not have any known hazards** that cause or are likely to cause death or serious injury.

Occupational Safety and Health Administration (OSHA)

OSHA (established 1970) is part of the U.S. Department of Labor and was created to:

- Assure safe and healthful working conditions by authorizing enforcement of the standards developed under the Act
- Assist and encourage the states in their efforts to assure safe and healthful working conditions by providing for research, information, education and training in the field of occupational safety and health
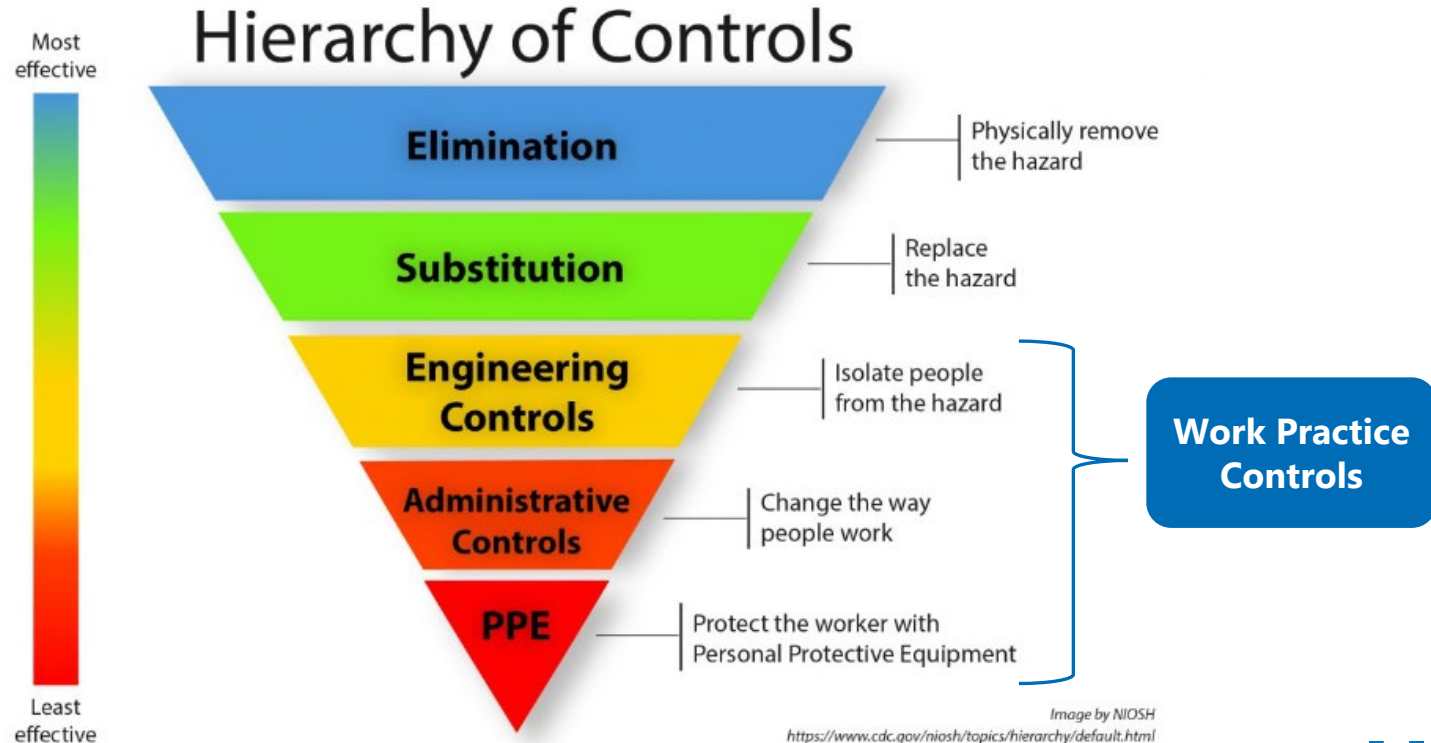
Responsibility of Leadership

Maintain an environment free from recognized hazards

Responsibility of Employees

Comply with occupational safety and health standards and all rules (policies, guidelines), regulations and orders

Assess the Culture of Safety

Hierarchy of Controls

Most effective

- **Elimination** — Physically remove the hazard
- **Substitution** — Replace the hazard
- **Engineering Controls** — Isolate people from the hazard
- **Administrative Controls** — Change the way people work
- **PPE** — Protect the worker with Personal Protective Equipment

Least effective

Work Practice Controls

Image by NIOSH
https://www.cdc.gov/niosh/topics/hierarchy/default.html

Evaluate the Risk of Injury/Exposure

- Who?

- What?

- Where?

- Document findings

- Determine control measures

Protect the Healthcare Worker

Methods of Compliance

Pre-Employment /Annually

- Review/provide immunizations
- TB screening

Education and Training

- Strategies used to:
  - Prevent injuries/exposure
  - Report injuries/exposure
- Feedback systems to improve safety awareness
- Methods to promote individual accountability for safety

Policies/Plan

- Immunization requirements
- Bloodborne pathogens
- Respiratory protection
- Standard precautions
- Tuberculosis control
- Transmission-based (isolation) precautions
- Exposure control plan

Standard Precautions

All blood or other potentially infectious **materials shall be handled as if contaminated by a bloodborne pathogen**.

Under circumstances in which differentiation between body fluid types is difficult or impossible, **all body fluids shall be considered potentially infectious materials**.

Gloves

- ✓ **Gloves** shall be worn when it can be reasonably anticipated that hands will contact blood or other potentially infectious materials, mucous membranes or non-intact skin; will contact mouth, nose or eyes; when handling or touching contaminated items or surfaces; and/or when handling or touching food or other items to be ingested

- ✓ Disposable gloves will be made available in all applicable workstations, including but not limited to medication rooms, medication carts, nurse stations, kitchen, service kitchen, housekeeping carts and designated environmental services closet(s)

- ✓ Disposable gloves shall be replaced immediately as feasible when contaminated, torn, punctured or when their ability to function as a barrier is compromised

- ✓ Disposable gloves are not to be re-used

Gowns, Masks and Eye Protection

Gowns are worn:

✓ When contact between clothing or skin with blood or body substances is expected

✓ During procedures likely to generate a splash or spray of blood or body fluid

✓ When handling containers or patient fluids likely to leak, splash or spill

Masks/eye protection are worn:

✓ When splashes, spray, spatter or droplets of blood or other potentially infectious materials may be generated, and eye, nose or mouth contamination can be reasonably anticipated
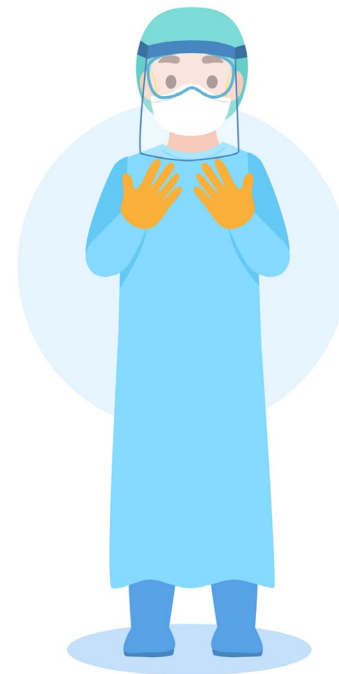
Safe Resident Handling

- Nursing assistants were among the occupations with the highest rates of musculoskeletal disorders of all occupations

- Musculoskeletal disorders made up 52% of all days away from work cases for nursing assistants

- **2020:** 15,360 cases

https://www.bls.gov/iif/oshwc/case/msds.htm

Medical and First Aid Response

Exposures Can Occur From:

- Needlesticks or cuts from used needles or sharps
- Contact of the eyes, nose, mouth or broken skin with blood
- Assaults – bites, cuts or knife wounds
- Splashes or punctures – especially when drawing blood

Exposures Should Be Treated By:

- **Washing** needlesticks and cuts with soap and water
- **Flushing** splashes to nose, mouth or skin with water
- **Irrigating** eyes with clean water, saline or sterile wash
- **Reporting** all exposures promptly to ensure that you receive appropriate follow-up care

Incident Evaluation & Follow-Up

- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed
  - Ensure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality)
  - After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
  - If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible

OSHA & Reporting

What do you need to do?

1. Within 7 calendar days after you receive information about a case, decide if the case is recordable under the OSHA recordkeeping requirements.

2. Determine whether the incident is a new case or a recurrence of an existing one.

3. Establish whether the case was work-related.

4. If the case is recordable, decide which form you will fill out as the injury and illness incident report.
   You may use *OSHA's 301: Injury and Illness Incident Report* or an equivalent form. Some state workers compensation, insurance, or other reports may be acceptable substitutes, as long as they provide the same information as the OSHA 301.
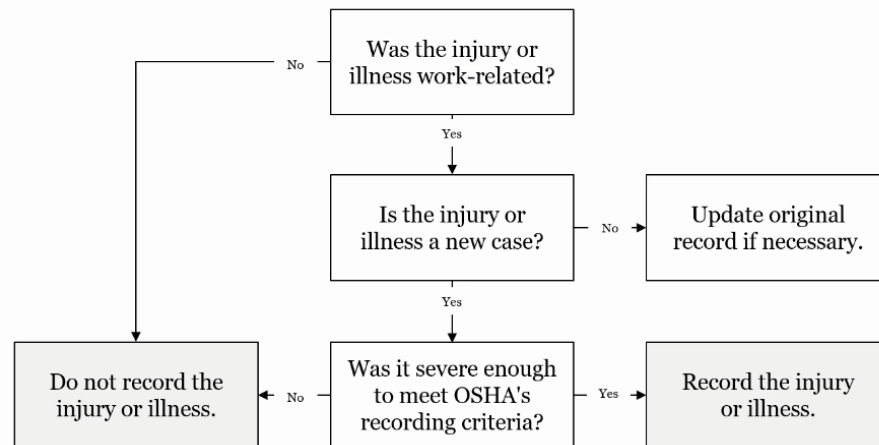
Polling Question

If an injury occurred, ALL your staff would know:

How to immediately address in terms of first aid, AND who to contact within the facility for reporting of injury.

A. YES

B. NO

HQIN
Health Quality Innovation Network

Vaccine Recommendations for Healthcare Workers

Hepatitis B

Flu (Influenza)

MMR (Measles, Mumps and Rubella)

Varicella (Chickenpox)

Tdap (Tetanus, Diphtheria, Pertussis)

Meningococcal

COVID-19

Ask the Experts: Experts Answer Questions About Vaccines (immunize.org)

Hepatitis B (HBV) Vaccination Policy

(Name of responsible person or department) will provide training to employees on HBV vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The HBV vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless:

- documentation exists that the employee has previously received the series,
- antibody testing reveals that the employee is immune
- medical evaluation shows that vaccination is contraindicated.

Documentation of refusal of the vaccination is kept at _(Location or person responsible for this recordkeeping)._

Vaccination will be provided by _(Health care Professional who is responsible for this part of the plan) at (location)._

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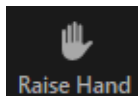
Raise your hand to verbally ask a question

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.*

Resources

- Advisory Committee on Immunization Practices (ACIP)
- Agency for Healthcare Research and Quality (AHRQ)
- Association for Professionals in Infection Control and Epidemiology (APIC)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Infectious Diseases Society of America (IDSA)
- Institute for Healthcare Improvement (IHI)
- National Association for Healthcare Quality (NAHQ)
- Occupational Safety and Health Administration (OSHA)
- The Society for Healthcare Epidemiology of America (SHEA)
- U.S. Food & Drug Administration (FDA)

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 | CMS](#)

- [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](#)

- [Infection Prevention Plan FY2022 | UNC Medical Center](#)

Resources

- Forms & Checklists for Infection Prevention | APIC
- Nursing Homes and Assisted Living Infection Prevention Training | CDC
- Infection Prevention and Control Program Sample Policy
- Hand Hygiene Action Plan Template | HQIN
- Staff Infection Exposure Prevention Action Plan Template | HQIN
- Isolation Precautions Action Plan Template | HQIN
- Environmental Hygiene Action Plan Template | HQIN
- Competency-Based Training 102 | CDC
- Break the Chain of Infection with Better Hand Hygiene | HQIN
- Hand Hygiene Module 1 | HQIN
- Hand Hygiene Competency Validation | HQIN
- Hand Hygiene Competency Tracking Tool | HQIN

Resources

- [Environmental Cleaning Procedures | Environmental Cleaning in RLS | CDC](#)
- [Infection Control Risk Assessment Matrix of Precautions for Construction & Renovation | APIC](#)
- [Sharps Disposal Containers | FDA](#)
- [Environmental Rounding Tool | ASHE](#)
- [Environmental Rounds Worksheet for Infection Prevention](#)
- ☑ **[Occupational Safety and Health | Workplace Health Resources | Tools and Resources | Workplace Health Promotion | CDC](#)**
- ☑ **[Training Requirements in OSHA Standards Healthcare | OSHA](#)**
- [Safe Patient Handling Training for Schools of Nursing | NIOSH | CDC](#)
- [Hierarchy of Controls | NIOSH | CDC](#)
- ☑ **[Recommended Vaccines for Healthcare Workers | CDC](#)**

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: **2988-IMM**
  - 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 on 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 March 21, 2023, 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

Call 877.731.4746 or visit www.hqin.org
LTC@hqin.solutions

*Next Session: 3/21/23 @ 2 p.m. EST
Training, Education, Resident Care Practices

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From HQIN:

To all essential care giving teams supporting residents and families,

Thank you for attending