**Topic Area: STAFF EXPOSURE PREVENTION**

*Visit the* [*HQIN Resource Center*](https://hqin.org/resource/action-plan-templates/) *to access additional action plan templates on topics including infection control, vaccination and hand hygiene.*

**Conduct Root Cause Analyses for Each Identified Gap or Opportunity:**

* Determine contributing factors, events, system issues and processes involved
* Utilize RCA tools as appropriate (e.g., [5 Whys Worksheet](https://hqin.org/resource/five-whys-worksheet/), [QAPI Fishbone Diagram](https://hqin.org/resource/qapi-fishbone-diagram/), Cause & Effect Diagram)
* Conduct a [Plan-Do-Study-Act (PDSA)](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhqin.org%2Fwp-content%2Fuploads%2F2021%2F03%2FPDSA-Worksheet-508.pdf&data=05%7C01%7Clfinch%40hqi.solutions%7C62686d1b484f4cbb5aee08dbf123fc86%7Cd2798d0f9fe24eacbdf166c9890342c9%7C0%7C0%7C638368909098562408%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=9PuwxE9Onb6eeea7k3%2F1l1pedMpNVeGv7F04o%2F7XkTM%3D&reserved=0) to test intervention, review results and adjust actions needed

**Identify Infection Prevention and Control Gaps & Areas of Opportunity:**

* [CDC’s Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings](https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html)
* Review previous survey findings, federal and state regulations and CDC updates for long-term care facilities
* Check [CMS Quality Safety & Oversight (QSO) memos](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions)

The sample RCA, actions, interventions, best practices and metrics illustrated here to address identified infection prevention areas of opportunity are solely intended as example guidance. Your team should perform an infection prevention gap analysis/risk assessment and build a customized action plan to best meet the needs of your specific organization and community.

**1**

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| --- |
| **Area of Opportunity**  |
|  |
| **Root Cause Analysis** **(specify each root cause and address each within the action plan)** |
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|  |
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| **S.M.A.R.T. Goal: (Specific, Measurable, Achievable, Relevant, Time-based)** |
| Demonstrate 95% compliance with employee use of personal protective equipment (PPE) by [SPECIFIC DATE] |

**2**

| **Project Start/Completion Date** | **Specific Actions & Interventions** | **Person/Team Responsible***\*Include QAPI Committee* | **Ongoing Monitoring & Surveillance** | **Resources & Additional Comments** |
| --- | --- | --- | --- | --- |
|  | * Review staff infection exposure prevention policies and procedures and update if needed
* Review policy on wearing of respirator (N95 or higher) when airborne transmissible disease is suspected or confirmed and update if needed
 | Administrator, Director of Nursing, Infection Preventionist |  | **Ensure policies and procedures are evidence-based and follow current federal, state and local vaccination recommendations.*** [Infection Control in Healthcare Personnel (CDC)](https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/index.html)
* [COVID-19 Guidance for Nursing Home and Long-Term Care Facility Workers (OSHA)](https://www.osha.gov/sites/default/files/publications/OSHA4025.pdf)
* [COVID-19 Control and Prevention for Healthcare Workers](https://www.osha.gov/SLTC/covid-19/healthcare-workers.html) (OSHA)
* [Healthcare - Infectious Diseases (OSHA)](https://www.osha.gov/healthcare/infectious-diseases)
 |
|  | * Develop tools to monitor, track/trend compliance

**4** | Administrator, Director of Nursing, Infection Preventionist**3** | Audit staff from all departments and shifts and share data with your Health Quality Innovators contact | * [Auditing Strategies to Improve Infection Prevention Processes in Nursing Homes (AHRQ)](https://www.ahrq.gov/nursing-home/materials/prevention/observational-audits.html)
* [Personal Protective Equipment (PPE) Tracking Tool and User Guide (AHRQ)](https://www.ahrq.gov/nursing-home/resources/ppe-tracking-tool.html)
* [Infection Prevention and Control Assessment Tool for Long-term Care Facilities (CDC)](https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html)
* [Hand Hygiene Competency Tracking Tool (HQIN)](https://hqin.org/resource/hand-hygiene-competency-tracking-tool/)
* [Hand Hygiene Competency Validation – SPICE Tool (HQIN)](https://hqin.org/resource/hand-hygiene-competency-validation-spice-tool/)
 |
|  | * Audit staff for compliance with personal protective equipment (EPP) to establish facility baseline compliance
 | Administrator, Director of Nursing, Infection Preventionist, Department Managers |  |
| **4** | * Evaluate workplace engineering controls to reduce exposures
 | Administrator, Infection Preventionist, Maintenance |  | * [Controlling Exposure to Occupational Hazards (NIOSH, CDC)](https://www.cdc.gov/niosh/topics/hierarchy/default.html)
* [Standard Precautions: Observation of Personal Protective Equipment Provision (CDC)](https://www.cdc.gov/infectioncontrol/pdf/QUOTS/Standard-Precautions-PPE-Provision-P.pdf)
* [Standard Precautions: Observation of Hand Hygiene Provision of Supplies (CDC)](https://www.cdc.gov/infectioncontrol/pdf/QUOTS/Standard-Precautions-Hand-Hygiene-Supplies-P.pdf)
 |
| **5** | * Educate ALL staff on the importance of PPE to prevent the spread of pathogens
* Educate staff on infection prevention and control measures that can be taken to prevent illness at home
* Post OSHA alerts in staff areas for easy reading access
 | Administrator, Director of Nursing, Infection Preventionist, Staff Development, Department Managers |  | * [Sequence for Donning Personal Protective Equipment (PPE) (CDC) – Spanish and English](https://www.cdc.gov/HAI/pdfs/ppe/ppeposter148.pdf)
* [Targeted COVID-19 Training for](https://qsep.cms.gov/welcome.aspx) Nursing Homes [Note: This training requires logging in to the Quality, Safety & Education Portal (QSEP)]
 |
|  | * Create an exposure control plan

**5** |  |  | * [Management of Potentially Infectious Exposures and Illnesses (CDC)](https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/exposures.html)
 |
|  | * Audit staff from various departments for PPE compliance, 15-20 per week for 8 weeks, or until goal is met and sustained for 6 weeks
* Report weekly data to HQI
 | Administrator, Director of Nursing, Infection Preventionist or designee |  |  |
| Next QAPI meeting and ongoing | * Review action plan and report findings and compliance at monthly/quarterly QAPI meeting
 | QAPI Team |  | * [QAPI At a Glance: A Step by Step Guide to Implementing Quality Assurance and Performance Improvement (QAPI) in Your Nursing Home](https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/qapiataglance.pdf)
 |
|  | * Conduct monitoring to assess effectiveness of strategies, re-educate as needed
 |  |  | * [Observation of Visitor Area (CDC)](https://www.cdc.gov/infectioncontrol/pdf/QUOTS/Visitor-Area-Observation-P.pdf)
 |
|  | * Download and distribute recommended resources from the [Health Quality Innovation Network Resource Center](https://hqin.org/resources/) (Copy and paste resource titles in the search bar at the top right side of the page)
 |  |  | * [Vaccine Hesitancy/Misinformation Resources](https://hqin.org/resource/vaccine-hesitancy-misinformation-resources/)
* [Your Health Can't Wait, Vaccinate! Resources](https://hqin.org/resource/your-health-cant-wait-vaccinate-resources/)
* [Bulletin Board Bundles](https://hqin.org/resource/bulletin-board-bundles/)
* [Caring for Yourself During an Infectious Disease Outbreak or Pandemic](https://hqin.org/resource/caring-for-yourself-during-an-infectious-disease-outbreak-or-pandemic/)
* [Masking Matters](https://hqin.org/resource/masking-matters/)
* [4 Reasons for Hand Hygiene in Healthcare Settings Poster](https://hqin.org/resource/4-reasons-for-hand-hygiene-in-healthcare-settings-poster/)
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**8**

**5**

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