**Topic Area: ISOLATION PRECAUTIONS**

*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://hqin.org/wp-content/uploads/2020/07/PDSA-Worksheet-508.pdf) 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/healthcare-associated-infections/php/toolkit/icar.html?CDC_AAref_Val=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**

|  |
| --- |
| **Area of Opportunity**  |
| Staff not consistently using personal protective equipment (PPE) correctly, including transmission-based precaution (TBP) and enhanced barrier precaution (EBP) specific procedures |
| **Root Cause Analysis** **(specify each root cause and address each within the action plan) -*See examples below-*** |
| 1. No process in place to check for CDC, CMS and health department guidance updates
 |
| 1. Staff educator not aware of updated process for putting on and removing PPE
 |
| 1. Confusion on removal sequence and rationale: Some staff state it’s easier to dispose of “everything contaminated” in the resident’s room and “Why would I walk into the hall with my mask and goggles on?”
 |
| 1. Confusion on PPE needed based on type of precautions
 |
| **S.M.A.R.T. Goal: (Specific, Measurable, Achievable, Relevant, Time-based)** |
| Achieve 95% compliance with proper use of 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 transmission-based precautions policies and procedures, including use of PPE and update if needed
* Review enhanced barrier precautions
 | Administrator, Director of Nursing, Infection Preventionist**3** | Check for updates weekly during pandemic | * [Isolation Precautions Guideline | CDC](https://www.cdc.gov/infection-control/hcp/isolation-precautions/?CDC_AAref_Val=https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html)
* [Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) | CDC](https://www.cdc.gov/long-term-care-facilities/media/pdfs/ppe-nursing-homes-508.pdf?CDC_AAref_Val=https://www.cdc.gov/hai/pdfs/containment/PPE-Nursing-Homes-H.pdf)
* [Enhanced Barrier Precautions | CDC](https://www.cdc.gov/long-term-care-facilities/media/pdfs/enhanced-barrier-precautions-sign-p.pdf?CDC_AAref_Val=https://www.cdc.gov/hai/pdfs/containment/enhanced-barrier-precautions-sign-P.pdf)
* [Contact Precautions | CDC](https://www.cdc.gov/infection-control/media/pdfs/contact-precautions-sign-p.pdf?CDC_AAref_Val=https://www.cdc.gov/infectioncontrol/pdf/contact-precautions-sign-P.pdf)
* [Droplet Precautions | CDC](https://www.cdc.gov/infection-control/media/pdfs/droplet-precautions-sign-p.pdf?CDC_AAref_Val=https://www.cdc.gov/infectioncontrol/pdf/droplet-precautions-sign-P.pdf)
* [Airborne Precautions | CDC](https://www.cdc.gov/infection-control/media/pdfs/airborne-precautions-sign-p.pdf?CDC_AAref_Val=https://www.cdc.gov/infectioncontrol/pdf/airborne-precautions-sign-P.pdf)
* [PPE Sequence | CDC](https://www.cdc.gov/healthcare-associated-infections/media/pdfs/ppe-sequence-p.pdf?CDC_AAref_Val=https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf)
* [Contact Precautions Flyer - Special Enteric | SPICE](https://spice.unc.edu/wp-content/uploads/2016/12/ContactPrecautionsEntericfinal.pdf)
 |
|  | * Educate all staff on isolation precautions, including expectations for hand hygiene, putting on and removing PPE, etc.

**4** | Director of Nursing, Infection Preventionist |  | * [CDC TRAIN: Personal Protective Equipment](https://cdc.train.org/cdctrain/course/1099936/) [Note: This is an affiliate of the TRAIN Learning Network powered by the Public Health Foundation]
 |
|  | * Develop tool to monitor and track/trend compliance
 | Director of Nursing, Infection Preventionist |  | * [Personal Protective Equipment (PPE) Competency Validation | SPICE](https://spice.unc.edu/wp-content/uploads/2022/12/PPE-Competency-SPICE_rev-2.pdf)
 |
| **4** | * Check CDC, CMS and health department memos and websites for updates specific to infectious diseases and expectations for preventing transmission
 | Infection Preventionist | Weekly | * [CDC News & Updates](https://tools.cdc.gov/campaignproxyservice/subscriptions.aspx?topic_id=USCDC_2067)
 |
| **5** | * Audit all staff on transmission-based precautions
 | Director of Nursing, Infection Preventionist, Department Managers |  |  |
|  | * Audit and ensure adequate supply and access to PPE and audit
 | Infection Preventionist, Department Managers |  | * [Conserving Supplies of Personal Protective Equipment in Healthcare Facilities during Shortages | CDC](https://www.cdc.gov/niosh/topics/pandemic/conserving.html)
* [Personal Protective Equipment Burn Rate Calculator | CDC](https://www.cdc.gov/niosh/topics/pandemic/ppe.html)
 |
|  | * Determine baseline compliance rates

**5** | QAPI Team |  |  |
|  | * Complete “live” PPE selection, putting on and removing PPE training with competency testing that includes return demo for all direct resident care staff
 | Director of Nursing, Infection Preventionist, Staff Development | In orientation, annually, during outbreaks, and as-needed refresher training | * [Sequence for Putting on and Removing Personal Protective Equipment (PPE) | CDC](https://www.cdc.gov/healthcare-associated-infections/media/pdfs/ppe-sequence-p.pdf?CDC_AAref_Val=https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf)
 |
|  | * Provide education on N-95 mask use to direct care staff providing care in COVID-19 or other airborne organism-dedicated areas (e.g., mycobacterium TB)
* Conduct fit tests prior to staff wearing N-95s (respirator), annually and as needed for change in respirator manufacturer/ model or whenever the seal may be affected by the wearer
* Train staff to perform respirator “seal check” prior to each use

**5** | Infection Preventionist, Director of Nursing |  | * [OSHA-Accepted Fit Test Protocols](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppA)
* [Fit Test FAQs | CDC](https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/respsource3fittest.html)
* [DHHS (NIOSH) Publication No. 2018-130, Filtering out Confusion: Frequently Asked Questions about Respiratory Protection, User Seal Check | CDC](https://www.cdc.gov/niosh/docs/2018-130/pdfs/2018-130.pdf)
 |
|  | * Place posters throughout building showing proper PPE donning and doffing (putting on and removing) in multiple languages as appropriate
* Provide on-demand video training availability for all staff
 | Infection Preventionist, Staff Development **5** |  | * [Personal Protective Equipment (PPE): Protect the Worker with PPE | CDC](https://www.cdc.gov/niosh/learning/safetyculturehc/module-3/7.html)
* [Donning & Doffing Video | Virginia Infection Prevention Training Center](https://www.youtube.com/watch?v=Qc-fyeqOHdg)
 |
|  | * Educate all staff on the importance of wearing PPE whenever providing direct resident care (including post “recovery”)
 | Infection Preventionist, Staff Development |  | * [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)]
 |
|  | * Conduct observational audits from various departments for PPE compliance, 15-20 per week for 8 weeks, and until goal is met and sustained for 6 weeks

**6*** Report weekly data to HQI, if applicable
 | Administrator, Director of Nursing, Infection Preventionist or designee |  | * [PPE Competency Tracking Tool | HQIN](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fhqin.org%2Fwp-content%2Fuploads%2F2024%2F07%2F06.2024-UPDATE-HQIN-PPE-Competency-Tracking-Tool.xlsx&wdOrigin=BROWSELINK)
 |
|  | * Conduct unannounced PPE simulation drills on all shifts
* Use positive coaching and reinforcement techniques
 | Director of Nursing, Infection Preventionist, Department Managers |  |  |
|  | * Give feedback and on-the-spot education if individual PPE usage does not follow guidelines
* Encourage accountability, questions and a culture of safety that is not punitive
 | Administrator, Director of Nursing, Infection Preventionist, Department Managers | Immediate intervention when PPE adherence not met | * [COVID-19: Team and Human Factors to Improve Safety | AHRQ](https://psnet.ahrq.gov/primer/covid-19-team-and-human-factors-improve-safety)
* [TeamSTEPPS® 3.0 | AHRQ](https://www.ahrq.gov/teamstepps-program/index.html)
 |
|  | * 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)
 |
|  | * Download and distribute recommended resources from the [Health Quality Innovation Network Resource Center](https://hqin.org/resources/)
 |  |  | * [Personal Protective Equipment Pocket Card](https://hqin.org/wp-content/uploads/2022/12/Personal-Protective-Equipment-Three-Card.pdf)
* [Pause for Prevention](https://hqin.org/wp-content/uploads/2021/04/Pause-for-Prevention-3-with-PPE-Audit-Tool_508.pdf)
 |

**8**

**7**

This material was prepared by Health Quality Innovators (HQI), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) 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. 12SOW/HQI/QIN-QIO-0768-04/16/24