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Welcome to the

Jefferson County Mini Infection Prevention Bootcamp for Nursing Homes and Long-Term Care Facilities

April 3, 2024

Presented by the:

Alabama Regional Center for Infection Prevention and Control Training and Technical Assistance

&

The Alabama Nursing Home and Long-Term Care Facility Strike Team

About the Alabama Nursing Home and Long-Term Care Facility Strike Team (LTC Strike Team)

The goal of the LTC Strike Team is to provide nursing homes and long-term care facilities in Alabama with up-to-date guidance and technical assistance for the prevention and surveillance of infectious disease outbreaks including COVID-19.

- Established in Spring 2022 through funding from the Alabama Department of Public Health (ADPH) **Bureau of Communicable Disease Infectious Diseases & Outbreaks Division** via the CDC's Epidemiology and Laboratory Cooperative Agreement (ELC CoAg).
- The ADPH Bureau of Communicable Disease Infectious Diseases & Outbreaks Division is completely separate from Bureau of Health Provider Standards Long-Term Care Division
- Intent of the LTC Strike Team is to be a resource for all nursing homes and long-term care facilities in the state of Alabama.
- Funded until 6/30/2026

ALABAMA DEPARTMENT OF PUBLIC HEALTH EST. 1875

CDC CENTERS FOR DISEASE CONTROL AND PREVENTION

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Meet the UAB LTC Strike Team

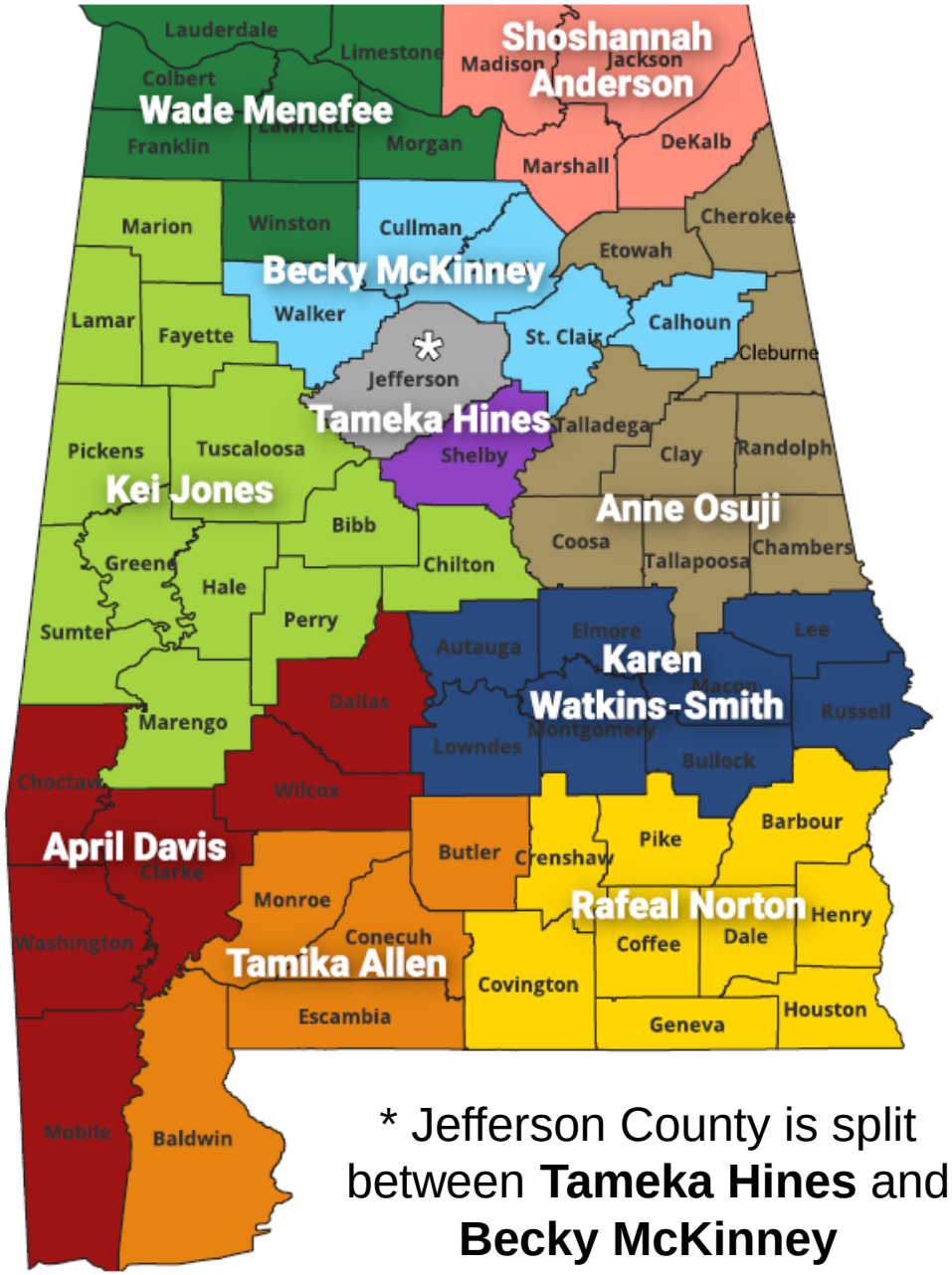
Who We Are

Infection Prevention Specialist, Medical Director, and Support Staff located across the State of Alabama; all employees of UAB.

Who We Serve

We serve the following facilities across the 8 Public Health Districts in Alabama:

- Assisted Living Facilities
- Specialty Care Assisted Living Facilities
- Skilled Nursing Facilities
- Long-Term Acute Care Hospitals
- Rehabilitation Centers
- End State Renal Disease Treatment Centers



* Jefferson County is split between **Tameka Hines** and **Becky McKinney**

Primary Activities

Infection Prevention and Control Consultation for nursing homes and long-term care facilities	**In-Service Training** for health care providers and in your facility	**Technical Assistance**
We utilize the CDC's Infection Control and Response Assessment (ICAR) tools to assist facilities in Alabama in preparing for or responding to COVID-19 and other infectious disease outbreaks.	We provide specialized training to assist facilities in building and maintaining infection prevention infrastructure.	We support the effective implementation of practices to prevent the transmissions of COVID-19 and other infectious diseases by providing technical assistance to facilities.
• Voluntary • Non-regulatory • In-person • Before, during or following an outbreak	• Environmental Cleaning • Handwashing and Basics of Infection Prevention • PPE Selection • PPE Donning/Doffing Sequence • Others as requested by facilities	• N-95 Fit Testing • HEPA Filtration Systems

https://sites.uab.edu/ltcstriketeam/

ADPH/LTC Strike Team Partnership

ADPH's Bureau of Communicable Disease - Infectious Diseases & Outbreaks Division

- Disease surveillance/reporting
- Infectious disease outbreak investigations
- Work with facilities to implement plans to reduce the occurrence of infectious diseases
- Provide technical expertise, consultation, and assistance *(may ask LTC Strike Team IP Specialist to offer outbreak ICAR)*
- Education

Primary POC: Your District Investigator
https://www.alabamapublichealth.gov/infectiousdiseases/investigators.html

LTC Strike Team

- Preventative ICAR Consultations (COVID or general)
- In-service training on IPC topics
- N-95 Fit testing for employees
- COVID-19 Line List Review and Outreach

Primary POC: Infection Prevention Specialist who serve your county
https://sites.uab.edu/ltcstriketeam/about/leadership-and-staffing/

Free HEPA Air Purifiers Available

- Available for resident and common rooms in your facility
- Continuous use, portable units
- Hospital grade filters
- Lifetime warranty

Mini-Regional Infection Prevention Bootcamps for LTC Facilities

- April 11, 2024 in Etowah County
- April 24, 2024 in Franklin County
- April 26, 2024 in Mobile County

Coming to a County near you!

Registration for the bootcamps will be available on our website at least one month prior to the bootcamp.

https://sites.uab.edu/ltcstriketeam

Learn More About the Alabama Nursing Home and Long-Term Care Facility Strike Team

WEBSITE

https://sites.uab.edu/ltcstriketeam/

EMAIL

ltcstriketeam@uab.edu

REQUEST A FREE IP CONSULTATION, TRAINING OR TECHNICAL ASSISTANCE ON OUR WEBSITE OR EMAIL US

About the Alabama Regional Center for Infection Prevention and Control Training and Technical Assistance (ARC IPC)

- The ELC CoAg tasked ADPH with the creation of a regional center for infection prevention and control consultation and support services in Alabama
- Purpose of this regional center:
  - Enhance capacity for infection control and prevention
  - Build infection prevention and control and outbreak response expertise

Learn More About the Alabama Regional Center for Infection Prevention and Control Training and Technical Assistance

WEBSITE

https://uab.edu/arcipc

EMAIL

arcipc@uab.edu

SIGN UP FOR OUR NEWSLETTER

https://uab.edu/arcipc

Thank You to Our Co-Sponsors

Deep South Center for occupational health & safety

Learn more: https://sites.uab.edu/dsc/

Housekeeping

- Please make sure you signed in!
- CEs
- Training Evaluation
- Certificates of Participation
- Questions
- Restrooms

CEUs approved for this bootcamp:

Nursing: The Deep South Center for OH&S is an approved provider of continuing education units for nurses by the AL Board of Nursing (Provider ABNP0420 Expiration Date 12/16/2026) and has awarded this program **3.6 ABN, 3.0 SW, .3 CEU's.**

Nursing Home Administrator: The Board of Examiners of Nursing Home Administrators has reviewed and approved the seminar for continuing education credit for licensed nursing home administrators in the State of Alabama for **3.5 hours**.

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ALABAMA NURSING HOME & LONG-TERM CARE FACILTIY STRIKE TEAM

INFECTION SURVEILLANCE IN LONG-TERM CARE FACILITIES

April 3, 2024

OBJECTIVES

- Acknowledge the importance of an antibiotic stewardship program in long-term care.
- Describe the importance of documentation as related to health-care associated infections.
- Verbalize a list of signs and symptoms you need to document.
- Verbalize measures you can take to prevent health-care associated infections.

ANTIBIOTIC STEWARDSHIP IN NURSING HOMES

4.1 million Americans are admitted to or reside in nursing homes during a year

Up To **70%** of nursing home residents received antibiotics during a year

Up to **75% of antibiotics** are prescribed incorrectly

CDC Recommends 7 CORE ELEMENTS for antibiotic stewardship in nursing homes.

Your facility has an antibiotic stewardship program in place.

Side Effects of Antibiotics

GI Disturbances

***C. Difficile* can be a side effect of taking antibiotics**

Older adults are more prone to getting C. *difficile* after taking antibiotics

Increase morbidity and mortality

Tendinitis and tendon rupture

Peripheral neuropathy

Antibiotic Resistance

TRACKING AND REPORTING ANTIBIOTIC USE AND OUTCOMES

Process measures: Tracking how and why antibiotics are prescribed

Antibiotic use measures: Tracking how often and how many antibiotics are prescribed

Antibiotic outcome measures: Tracking the adverse outcomes and costs from antibiotics

Surveillance Criteria for LTC Facilities

Clinical criteria are meant to assist with making informed decisions on individual residents when care is needed.

Surveillance criteria are used to count true case events and to estimate the actual incidence/prevalence of disease conditions.

Loeb, McGeer and NHSN Criteria

Loeb Criteria are designed for Clinical Use

- Establish minimum criteria that should be present before initiating antibiotics
- Useful for guiding patient care and clinical practice

McGeer and NHSN Criteria are designed for Surveillance

- Surveillance definitions are highly specific for benchmarking across facilities
- Revised McGeer criteria often applied retrospectively to review and count cases
- Not very useful for diagnosis or necessity of treatment.

Applying the Loeb Criteria

Loeb Criteria is applied prospectively, in “real time” to identify cases in which antibiotic initiation is appropriate in LTCF

Loeb Criteria developed for:

- Urinary Tract Infections (UTIs)
- Skin and Soft-Tissue Infections
- Respiratory Infections
- Fever of Unknown Origin

Urinary Tract Infection	Minimum Criteria for Collecting Urine starting Antibiotic Therapy
Resident without urinary catheter	**Either one of the following criteria:** • **Acute dysuria (discomfort, pain, burning) OR** • **Temp >100° F or 2.4° F above baseline,** **<u>AND</u> >1 of the following new or worsening symptoms** ▫ **Urgency (sudden desire to void)** ▫ **Suprapubic pain** ▫ **Urinary incontinence** ▫ **Frequency (needing to urinate 8 or more times a day)** ▫ **Gross hematuria** ▫ **Costovertebral angle tenderness**

Urinary Tract Infection	Minimum Criteria for Collecting Urine starting Antibiotic Therapy
Resident with urinary catheter	**At Least One of the following criteria:** ▫ **Rigors – an episode of shaking or exaggerated shivering with a rise in temperature** ▫ **New onset delirium - confusion** ▫ **Temp > 100° F or 2.4° F above baseline** ▫ **New costovertebral angle tenderness**

Costovertebral angle tenderness

Please Note

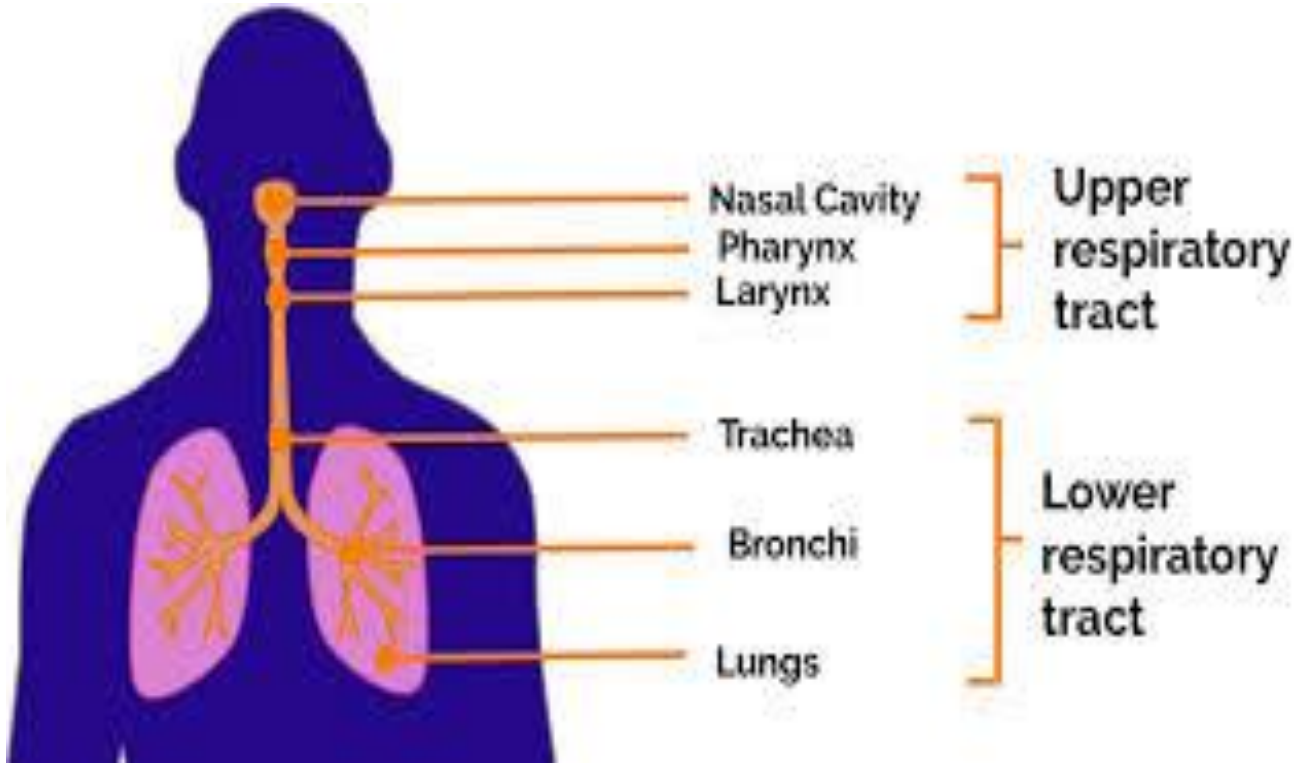
Residents with intermittent catheterization or condom catheter should be categorized as 'without catheter'

- ***Urine culture should be sent prior to starting antibiotics***

Antibiotics should not be started for cloudy or foul smelling urine

Respiratory Tract Infections

- **Common cold or pharyngitis**
- **Influenza-like illness**
- **Pneumonia**
- **Bronchitis or Tracheobronchitis**



Lower Respiratory Tract Infection

Temp 102°F	**One of the following: Productive Cough, Respiratory rate >25/minute**
Temp 100°F or 2.4°F above baseline	**Cough and one of the following criteria:** • **Pulse >100 beat/minute** **Delirium (disorientation, agitation, hallucinations)** • **Rigors** **Respiratory rate >25 breaths/minute**
Afebrile with COPD and >65 YOA	**Both of the following:** • **New or increased cough** • **Purulent sputum production**
Afebrile without COPD	**All of the following:** • **New Cough** • **Purulent sputum production** • **At least one of the following: Delirium and/or Respiratory rate >25 breaths/minute**
With new infiltrate on Chest X-Ray consistent with Pneumonia	**At least one of the following:** • **Productive cough** • **Respiratory rate > 25 breaths/minute** • **Temp > 100°F or 2.4°F above baseline**

Cellulites, Skin Tissue, or Wound Infection

- **Pus at wound, skin or soft tissue site**
- **Heat (warmth) at affected site**
- **Swelling at affected site**
- **Tenderness or pain at affected site**
- **Serous drainage at the affected site (clear to yellow)**
- **Fever**
- **Acute change in mental status**
- **Acute functional decline**

Scabies

Maculopapular Rash(flat and raised parts)

Itching Rash

Oral Candidiasis

- Raised white patches on inflamed oral mucosa

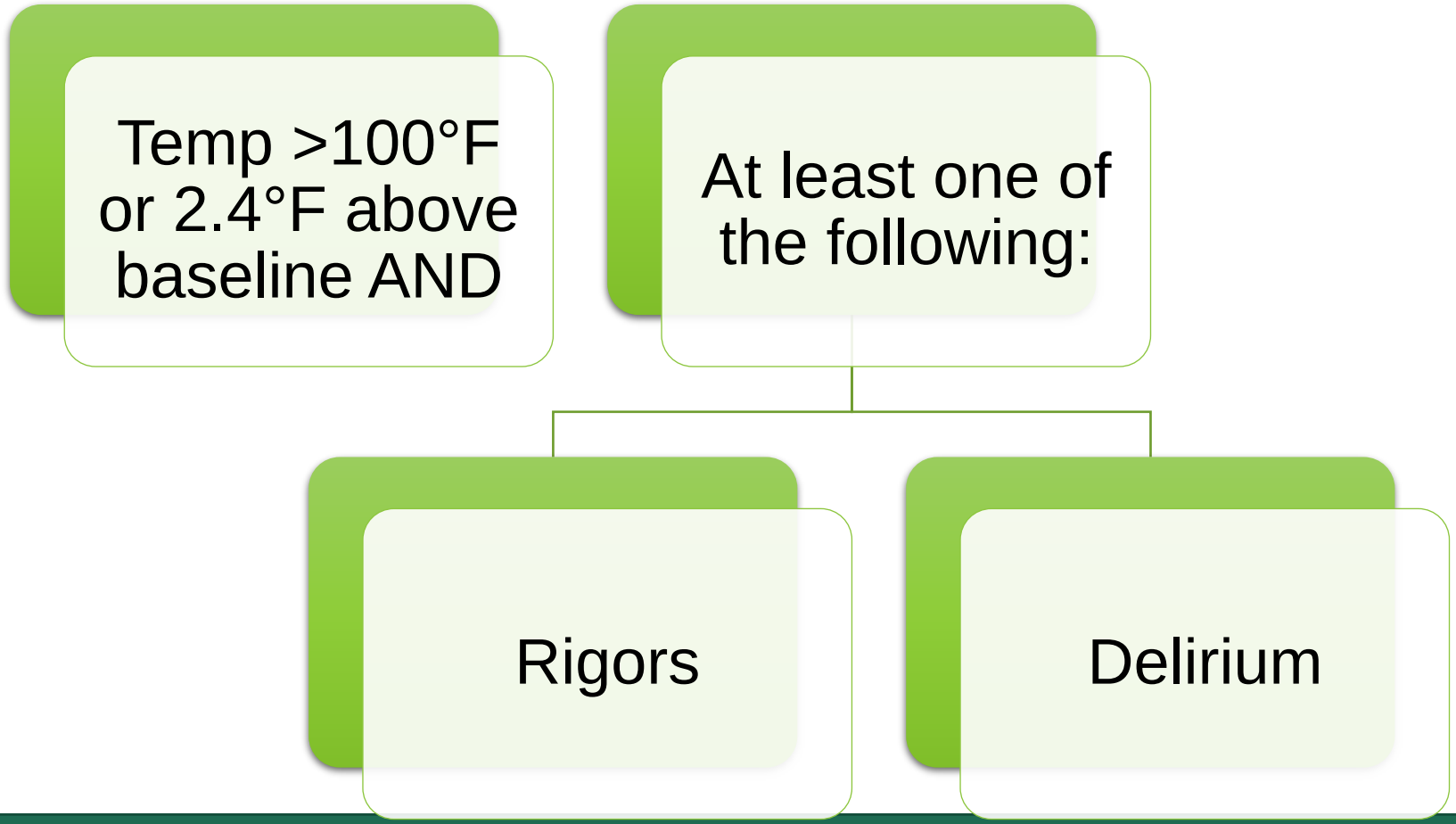
Conjunctivitis

- Pus from one or both eyes for > 24 hours
- New or increased conjunctival erythema (redness)
- may cause itching and/or pain

Gastroenteritis

- **Diarrhea with ≥ 3 liquid or watery stools above what is normal for the resident within a 24 hour period.**
- **Vomiting ≥ 2 episodes in 24 hour period**
- **Abdominal Pain/tenderness**

Fever where the origin is UNKNOWN



What can YOU do?

- Observe
- Monitor
- Document

Documentation

- Documentation is extremely important.
- The IPN must follow very specific criteria to decide if an infection was acquired at your facility.
- Bedside caregivers role is extremely important.

McGeer Surveillance Criteria

To meet the criteria for definitive infection, more diagnostic information (lab results) are necessary.

Surveillance criteria are not intended for informing antibiotic initiation because they depend on information that might not be available when that decision must be made.

NHSN Surveillance Criteria

- NHSN criteria are used for active, resident-based, prospective surveillance of events.
  - Criteria might be based on lab results alone or include specific signs/symptoms.
  - Criteria are specifically designed to remove subjectivity and ensure accurate, reproducible & comparable surveillance data for a facility over time and across facilities.
  - Provides a way for facilities to benchmark infection rates with other US facilities.
  - NHSN criteria are not intended for clinical decision making.


PREVENTION
is key

Hand Hygiene

Source Control

UTI risk increase with age

- More than 1/3 of infections in Long term care facilities are UTI's
- More than 10% of women over 65 have a UTI each year.
- This percentage increases to 30% in women over 85.

- Men also tend to experience UTIs as they age

How do you prevent UTI's in Seniors?

- **Women should always wipe from front to back. This moves bacteria away from the urethra.**
- **Avoid urinary catheter usage. If resident must have a urinary catheter – insert catheter using the cleanest possible environmental and following aseptic technique.**
- **Make sure seniors drink plenty of water to help flush out bacteria from the urethra.**
- **Avoid use of adult diapers – change regularly**
- **Avoid Constipation**
- **Offer toileting frequently**

Look Before you Flush

The color of your urine can tell you if you are dehydrated

- **Remember if a resident is feeling thirsty they are already dehydrated.**

Appropriate Collecting a Urine Specimen

Residents with a Urinary Catheter

Perform hand hygiene and don gloves.

Occlude the catheter tubing a minimum of three inches below the collection port.

When urine is visible under the sampling port - scrub the port with a disinfectant wipe.

Use aseptic technique to collect the specimen using a facility approved collection device.

Have bed-ridden resident void into a clean bedpan or clean urinal.

Ambulatory resident void into a clean specimen collection hat.

Perform hand hygiene, don gloves and empty 120 cc of urine into a sterile container.

Label appropriately and refrigerate if unable to send to lab immediately.

Preventing Respiratory Infections

Perform Mouthcare at least twice a day

- Elevated HOB (when possible)
- Keep resident mobile – up in chair and walking
- Avoid contact with visitors that are sick
- Use Source Control as indicated

You are all part of a team to keep your residents safe and healthy!

- **Hand Hygiene**
- **Observe your resident**
- **Document – Document – Document**
- **Report changes**

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ALABAMA NURSING HOME & LONG-TERM CARE FACILTIY STRIKE TEAM

Long Term Care Facility Infection Prevention Mini-Bootcamp

Environmental Hygiene in LTC with Limited Resources

April 3, 2024

Objectives

- Identify the role of preventing HAIs through environmental surface disinfection
- Identify ways to interrupt the Chain of Infection
- Define cleaning, contact time, low level disinfection, and the Spaulding Scheme and its relation to disinfection
- Review why cleaning and disinfection are important in the long-term care facility setting
- Describe Standard precautions and indications on when it is utilized
- List potential modes of infection transmission within LTC settings
- List high touch surfaces in the LTC environment
- List important steps when performing cleaning and disinfection
- Discuss sequence and pattern for cleaning and disinfection of resident rooms
- Describe steps to clean and disinfect reusable equipment
- Describe the frequency the cleaning and disinfection should occur.
- Explain the importance of staff performing demonstrated competency
- List ways to perform continuous quality improvement

According to Centers for Disease and Control

- **Healthcare Associated Infections (HAIs)**
  - **1 to 3 million serious infections occur every year in nursing homes, skilled nursing and assisted living facilities.**
  - **Infections include urinary tract infection, diarrheal diseases, antibiotic-resistant staph infections, and many others.**
  - **Infections are a major cause of hospitalization and death; as many as 380,000 people die of the infections in LTCFs every year.**
- **Reducing HAIs is critical to improving patient safety and controlling healthcare costs.**

CHAIN OF INFECTION TRANSMISSION

Where are germs?

Germs Are Everywhere

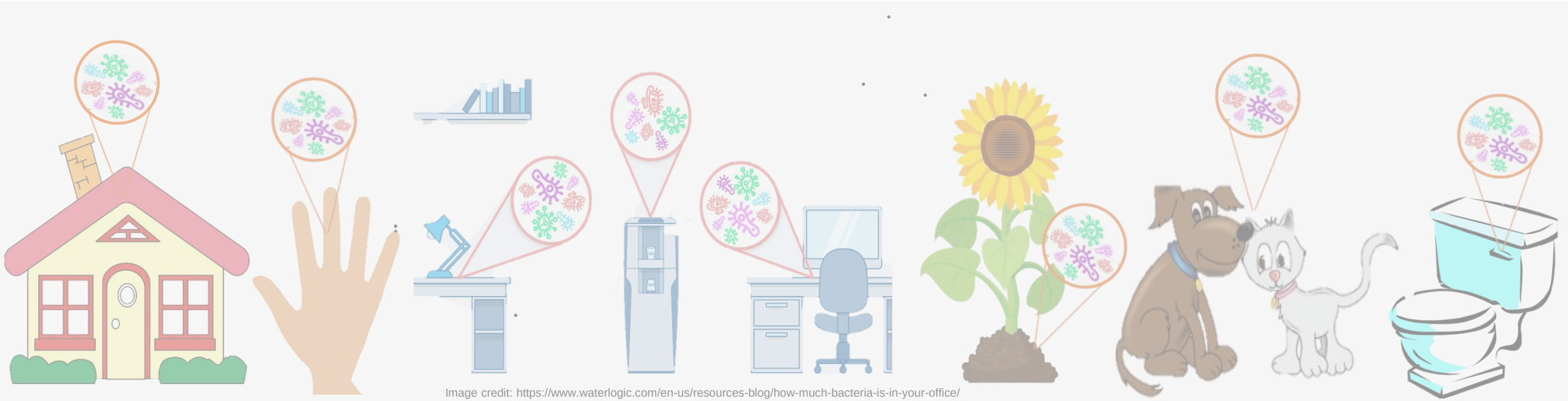
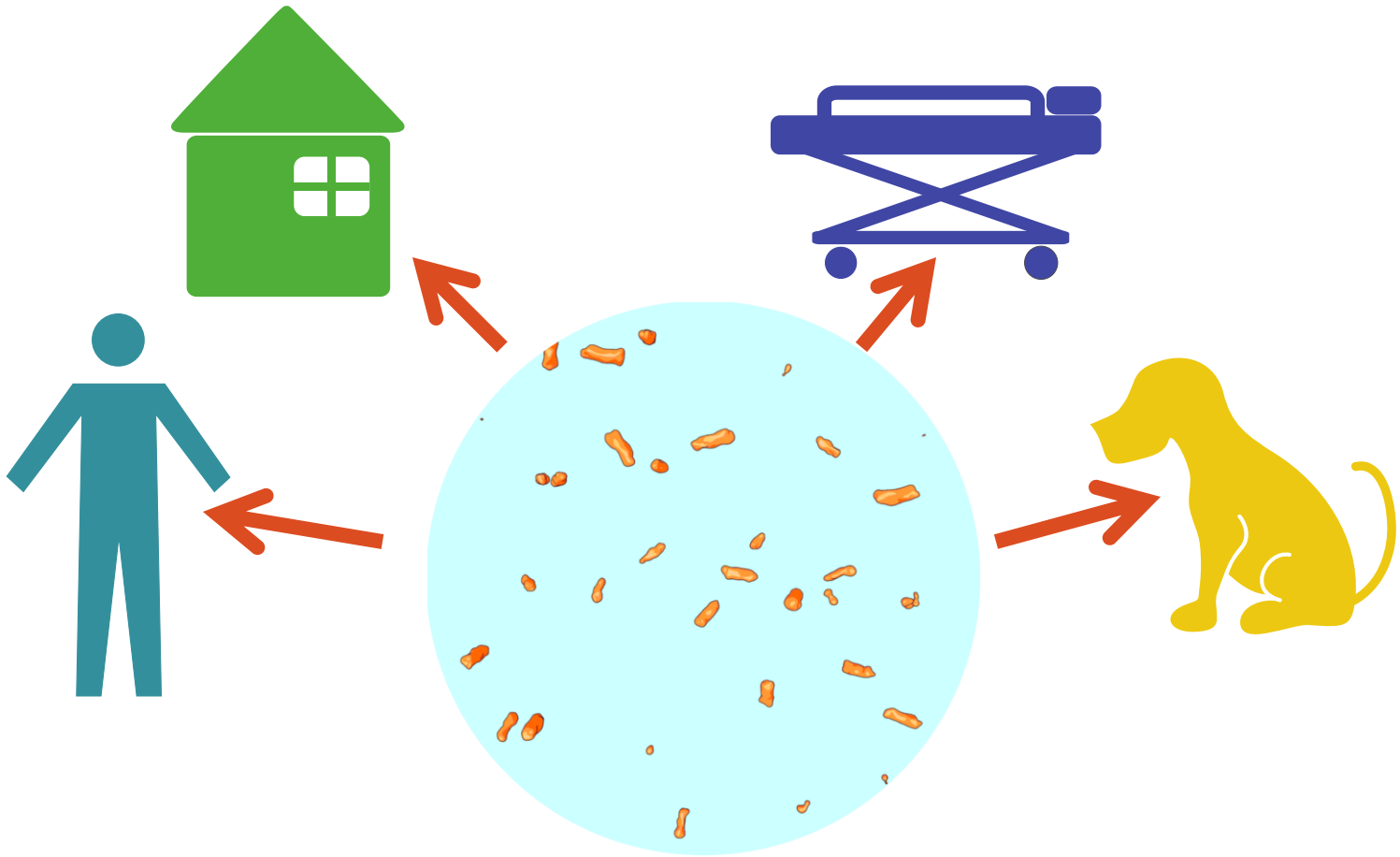


Image credit: https://www.waterlogic.com/en-us/resources-blog/how-much-bacteria-is-in-your-office/

People *anywhere* can carry and spread germs.

These germs can enter a person's body and cause them to feel sick and show signs of an infection.

What Causes an **Infection**?

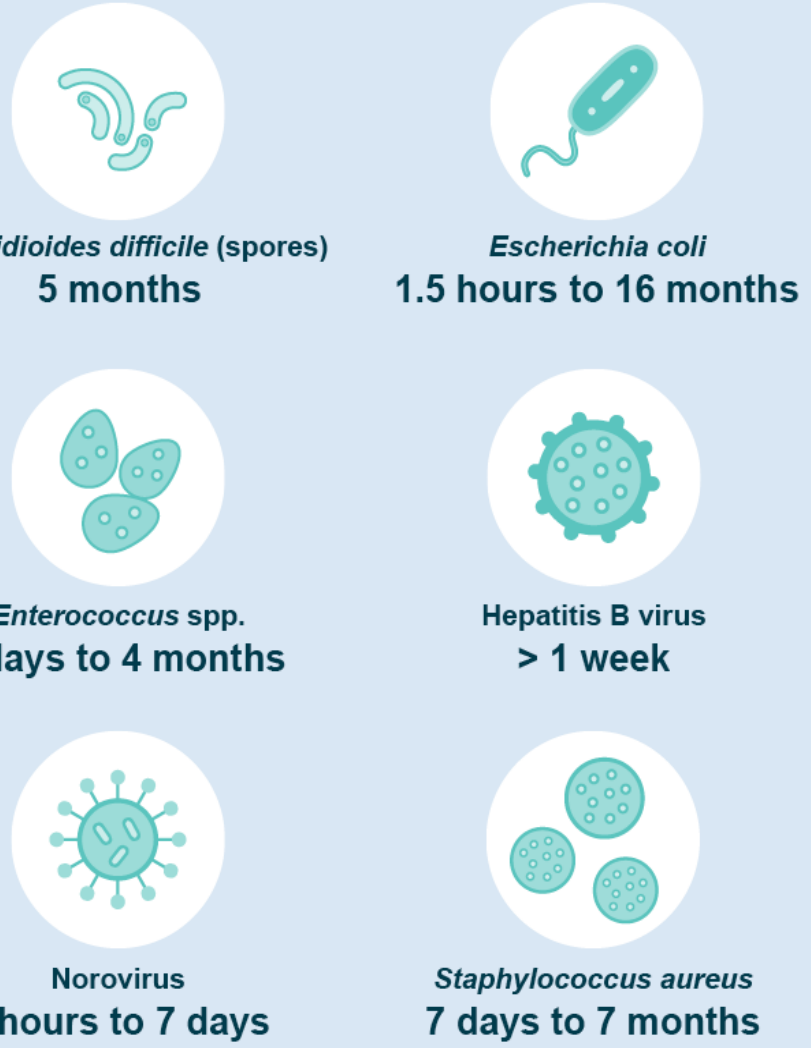


Germs live on people, in the environment, on equipment, and on animals

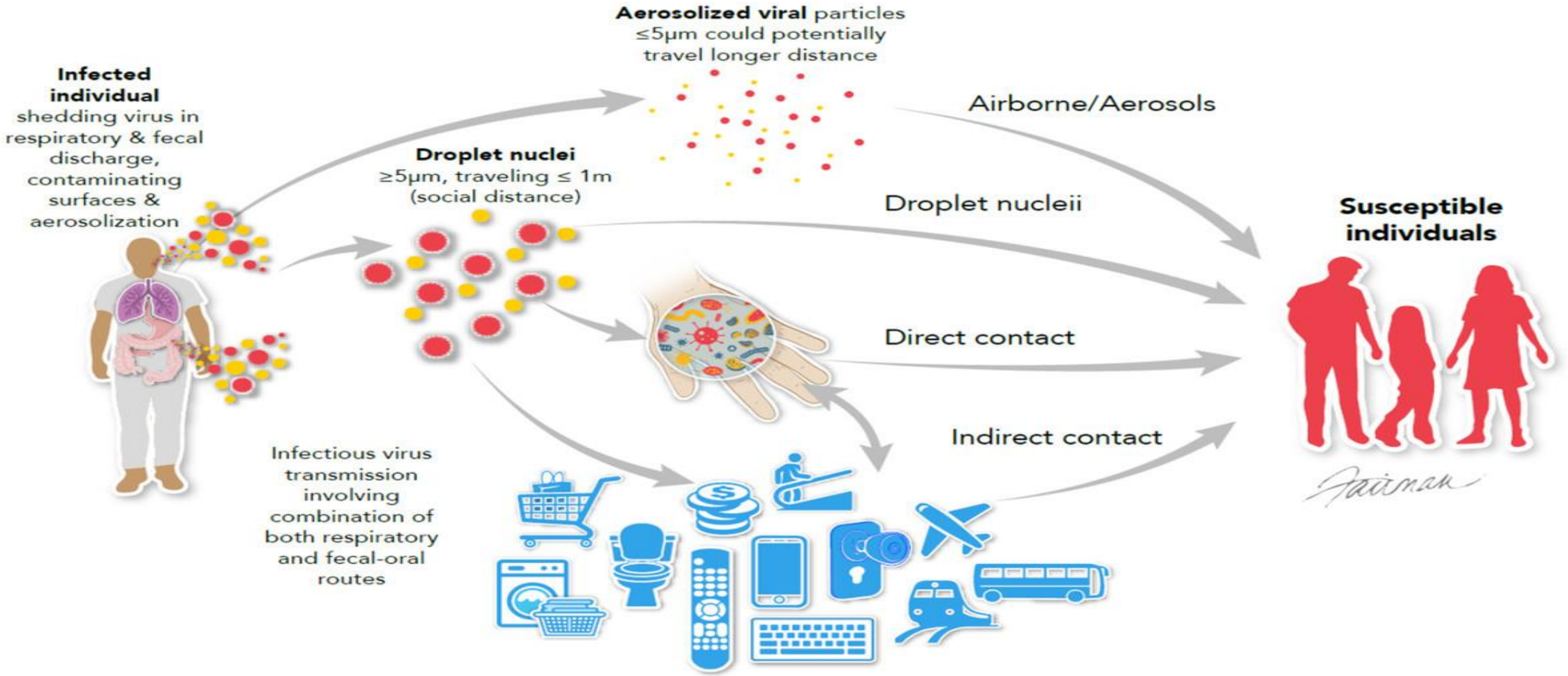
Germs Can Persist in the Environment

Germs or pathogens of concern, such as *C. difficile*, *E. coli*, *Enterococcus species*, Hepatitis B virus, *Norovirus*, *S. aureus*, can survive for long periods of time if proper cleaning and disinfection are not performed.

Susceptible residents can become infected or colonized with pathogens if they have direct or indirect contact with contaminated surfaces or equipment.

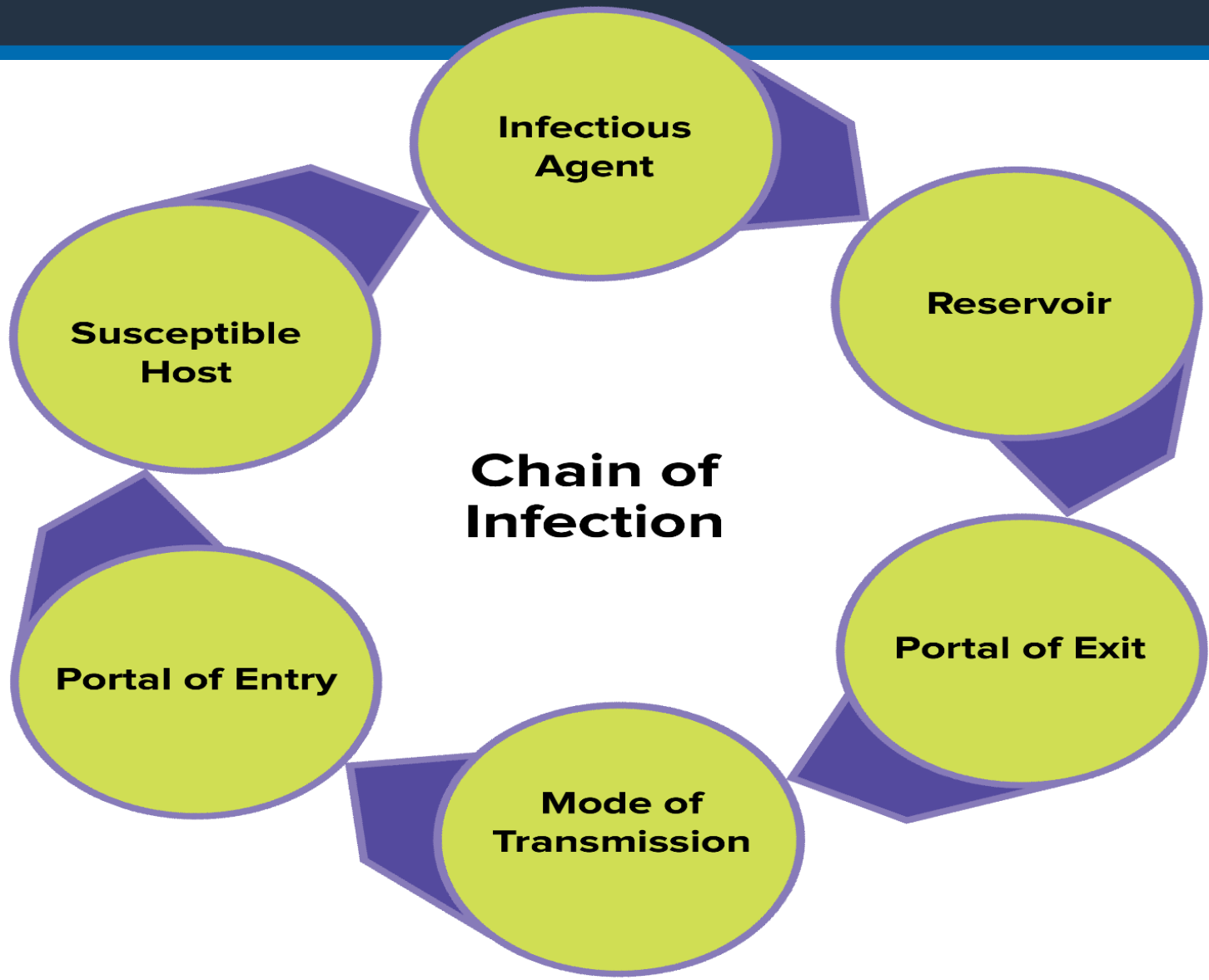


Chain of Infection Transmission



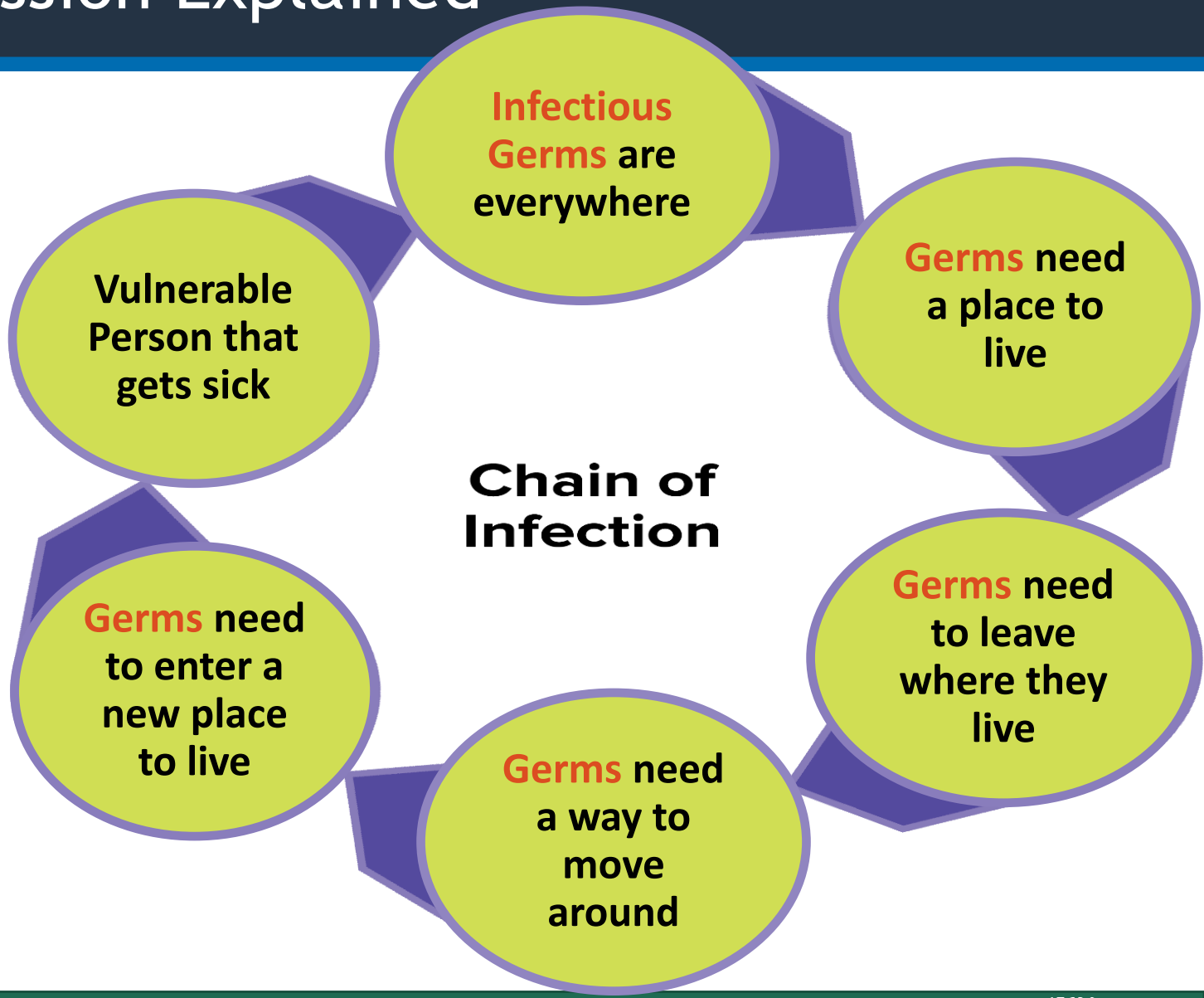
Chain of Infection Transmission

In healthcare settings, such as long-term care (LTC) facilities, the *transmission,* or spread of an infection is described as a "*chain*," or an active infectious cycle.



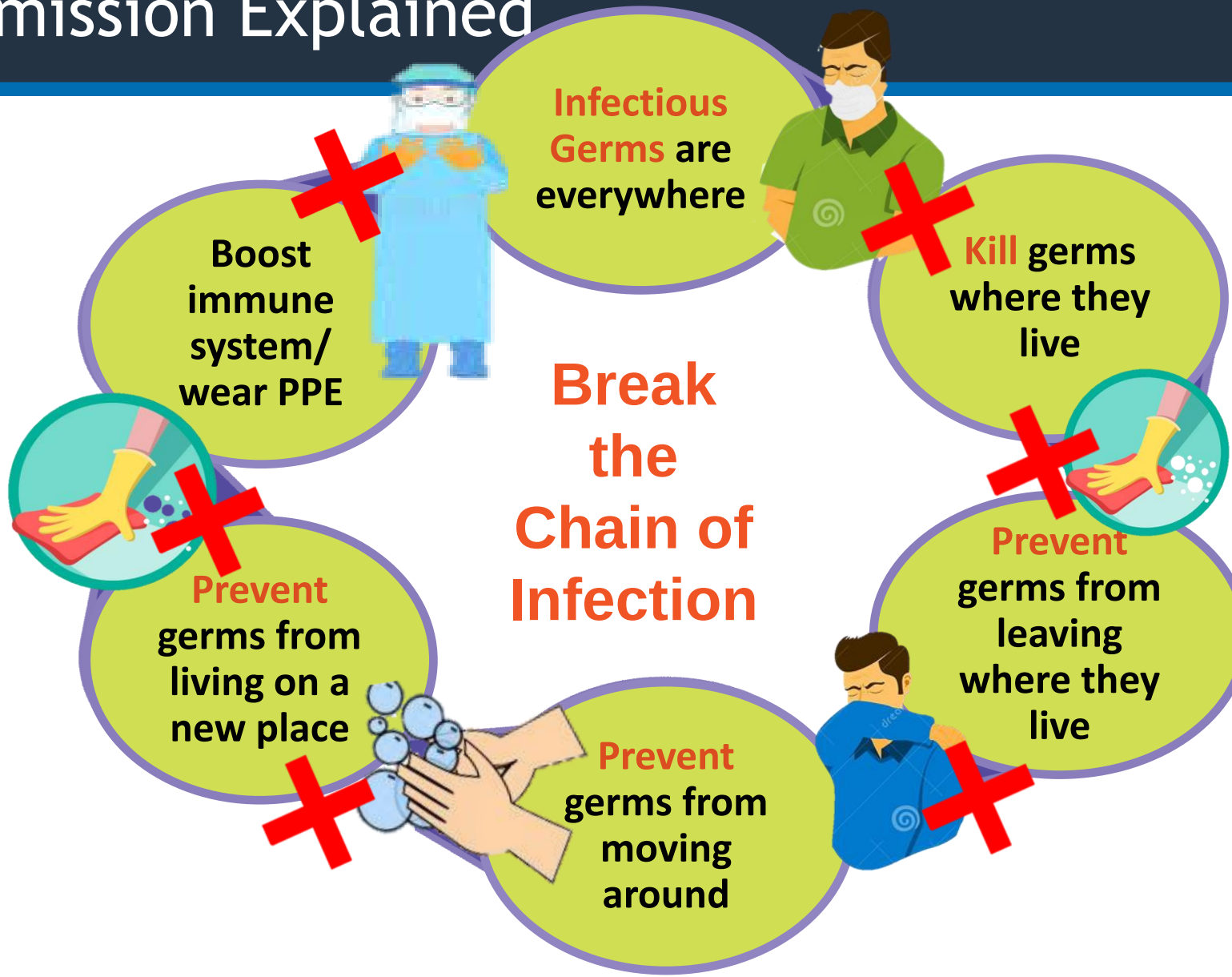
Chain of Infection Transmission Explained

This chain of infection is made up of sequence of events that describe how an infectious agent continues to spread.



Chain of Infection Transmission Explained

The role of infection prevention and control is critical in LTC settings as it assists in the *disruption* or *ending* of the cycle that will **stop the spread** of pathogens and germs within the environment.



Break the Chain of the Infection Cycle

Germs are primarily spread through the hands of healthcare providers. Therefore, hand hygiene remains the #1 way to prevent the spread of infection.

Hand hygiene includes:

- Hand sanitizing with an alcohol-based hand rub
- Hand washing with soap and water

BASIC CONCEPTS OF CLEANING AND DISINFECTION IN LTC SETTINGS

Core Components of Environmental Cleaning and Disinfection in Hospitals

https://www.cdc.gov/hai/prevent/environment/surfaces.html

Importance of Cleaning and Disinfection

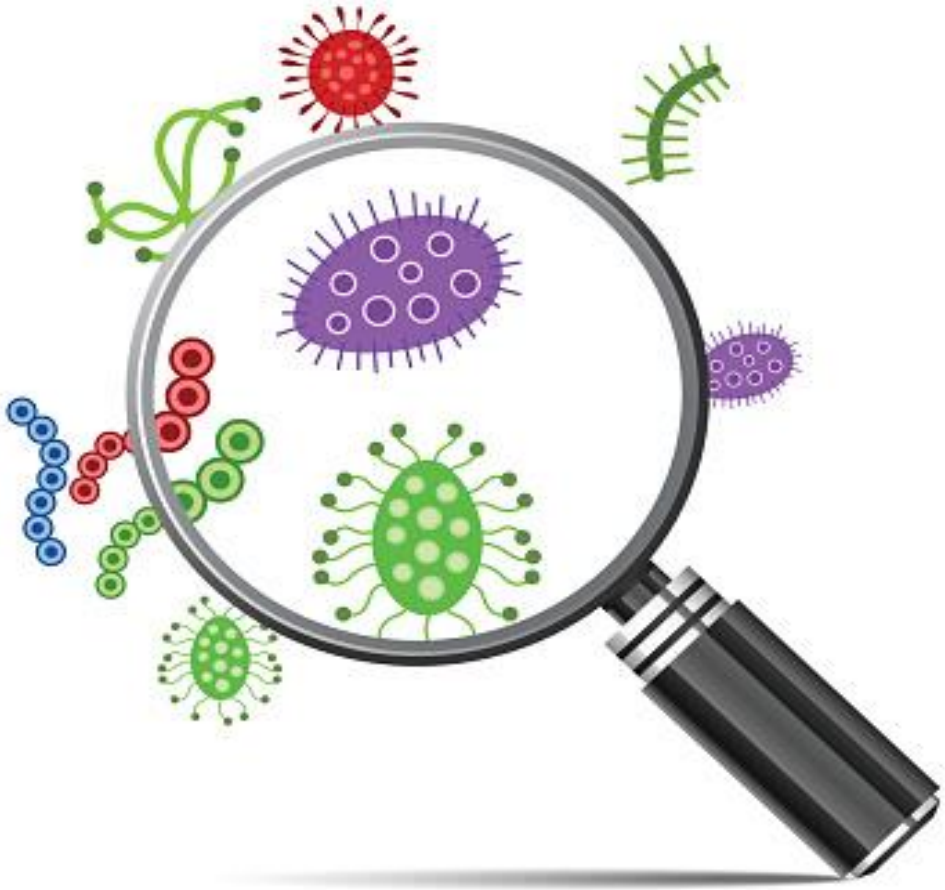
Contaminated surfaces alone are not directly associated with transmission of infections to either residents or staff.

The organisms from contaminated surfaces are spread through hand contact with the surfaces.

Cleaning and disinfection environmental surfaces is fundamental in reducing the potential to contribute to the incidence of healthcare-associated infections.

Fomites

- Fomites are inanimate objects that are most likely to transfer the pathogens deposited by the infected host into a susceptible host.
- Examples of fomites are door handles, faucet handles, and bedside tables.
- Examples of diseases caused by fomite transmission are the common cold, influenza, Meningitis, and COVID-19



Importance of Cleaning and Disinfection

Housekeeping surfaces require regular cleaning and removal of soil and dust.

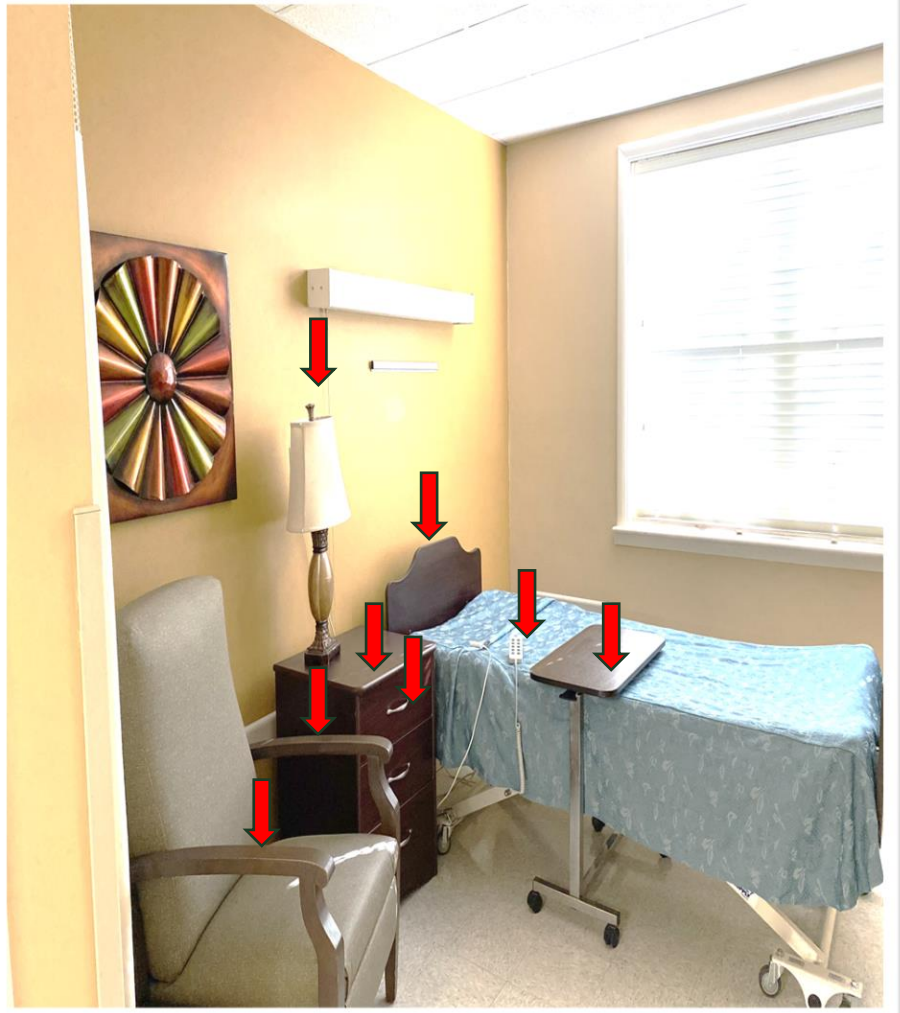
- Dry conditions favor the persistence of gram-positive cocci in dust and on surfaces.
- Moist, soiled environments favor the growth and persistence of gram-negative bacilli.
- Fungi are also present on dust and grow in moist, fibrous material.

Environmental Surfaces

In the long-term care facility setting, environmental surfaces refer to:

- Surfaces of resident care equipment.
- Housekeeping surfaces, which are divided into two categories:
  - Surfaces with minimal hand contact (e.g., floors, ceilings, and windowsills).
  - Surfaces with frequent hand contact, also known as **high-touch surfaces** (e.g., frequently touched areas such as: doorknobs, bedrails, and light switches

High or Frequently Touched Surfaces



Ideal Characteristics of Finishes, Furnishes, and Other Surfaces

Characteristic	Selection guidance
Cleanable	Avoid items with hard-to-clean features (e.g., crevasses). Do not use carpet in patient care areas. Select material that can withstand repeated cleaning.
Easy to maintain and repair	Avoid materials that are prone to cracks, scratches, or chips, and quickly patch/repair if they occur. Select materials that are durable or easy to repair.
Resistant to microbial growth	Avoid materials that hold moisture, such as wood or cloth, because these facilitate microbial growth. Select metals and hard plastics.
Nonporous	Avoid items with porous surfaces, such as cotton, wood and nylon. Avoid porous plastics, such as polypropylene, in patient care areas.
Seamless	Avoid items with seams. Avoid upholstered furniture in patient care areas.

Basic Infection Control Concepts in Cleaning

- Cleaning is not the same as disinfection or sanitization. Cleaning should occur ***before*** disinfecting or sanitizing surfaces.

- Cleaning is defined as the physical removal of all foreign material from objects
  - This may be achieved by using surfactants, detergents, soaps, enzymatic products, or mechanical action of washing or scrubbing the object.

Basic Infection Control Concepts in Disinfection

- The Spaulding Classification System is the strategy of disinfection of inanimate objects and surfaces based on the degree of risk involved in their use.
- Per the Spaulding Classification System, environmental surfaces are considered a non-critical risk because they only contact intact skin.
- Non-critical resident equipment and environmental surfaces should be cleaned followed by either low- or intermediate-level disinfection.

Spaulding Classification of Objects	Application	Level of Germicidal Action Required
Critical	Entry or penetration into sterile tissue, cavity or bloodstream	Sterilization
Semi-critical	Contact with mucous membranes, or non-intact skin	High-level Disinfection
Non-critical	Contact with intact skin or environmental surfaces	Low or Intermediate-level Disinfection

Basic Infection Control Concepts in Disinfection

Disinfection is a process that reduces the number of microorganisms (except for bacterial spores) on inanimate objects.

This is achieved by using hospital detergent and disinfectant or chemical sterilant.

Low-level Disinfection:

- Destroys all vegetative bacteria (except tubercle bacilli) and most viruses. Does not kill bacterial spores.
- Examples of low-level disinfectants include hospital disinfectants registered with the Environmental Protection Agency (EPA) with a HBV and HIV label claim.
- Generally appropriate for most environmental surfaces.

Intermediate-level Disinfection:

- Kills a wider range of pathogens than a low-level disinfectant. Does not kill bacterial spores.
- EPA-registered hospital disinfectants with a tuberculocidal claim are considered intermediate-level disinfectants.
- Should be considered for environmental surfaces that are visibly contaminated with blood.
  - Low-level disinfectant with label claim against HBV and HIV could also be used.

Disinfectant Selection

- Decisions about product selection should be made in consultation with environmental services staff.
- Select and use disinfectants that are EPA-registered and labeled for use in healthcare settings.
    - Typically have "hospital-grade disinfectant" or "hospital disinfectant" on the label.

[About List N: Disinfectants for Coronavirus (COVID-19) | US EPA]

Other Considerations in Disinfectant Selection

- Broad Spectrum Claims
- Safe - Nontoxic
- Ease of Use
- Acceptable Odor
- Economical/Low cost
- Material Compatibility
- Nonflammable
- Nonflammable
- Contact Time
- Environmentally Friendly

https://www.cdc.gov/hai/prevent/resource-limited/supplies-equipment.html#anchor_1586813879077

PROPER USE OF CLEANERS AND DISINFECTANTS

How to Read a Disinfectant Label

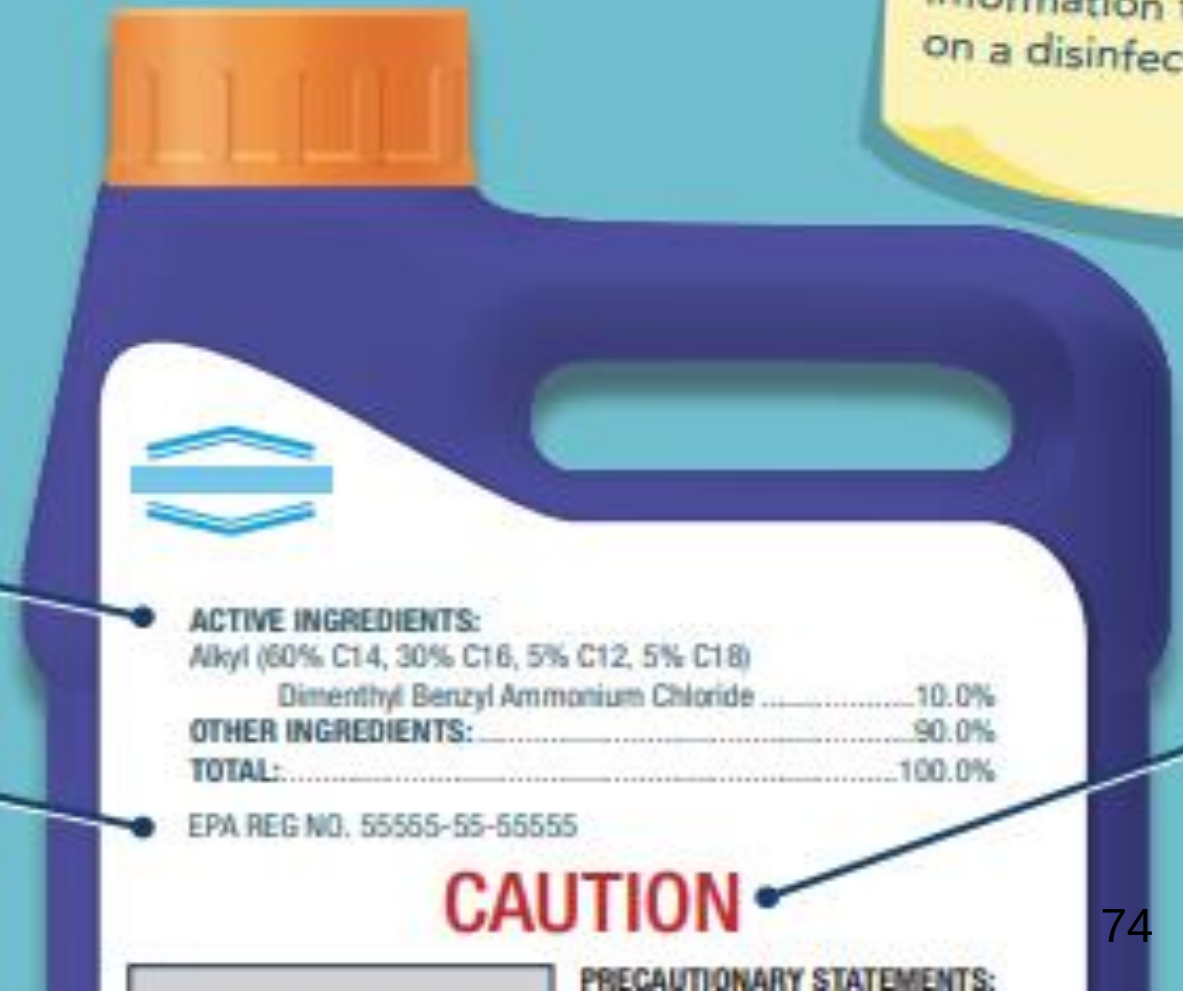
https://www.cdc.gov/hai/pdfs/HowToReadALabel

How to Read a Disinfectant Label

Read the entire label.

The label is the law!

Note: Below is an **example** of information that can be found on a disinfectant label



Active Ingredients:
What are the main disinfecting chemicals?

EPA Registration Number:
U.S. laws require that all disinfectants be registered with EPA.

Signal Words (Caution, Warning, Danger):
How risky is this disinfectant if it is swallowed, inhaled, or absorbed through the skin?

registered with EPA.

Directions for Use (Instructions for Use):

Where should the disinfectant be used?

What germs does the disinfectant kill?

What types of surfaces can the disinfectant be used on?

How do I properly use the disinfectant?

Contact Time:
How long does the surface have to stay wet with the disinfectant to kill germs?

Directions for Use

INSTRUCTIONS FOR USE:

It is a violation of Federal law to use this product in a manner inconsistent with its labeling.

For Disinfection of Healthcare Organisms:

Staphylococcus aureus,
Pseudomonas aeruginosa.

To Disinfect Hard, Nonporous Surfaces:

Pre-wash surface.

Mop or wipe with disinfectant solution.

Allow solution to stay wet on surface for at least 10 minutes.

Rinse well and air dry.

EXP MM-DD-YYYY

PRECAUTIONARY STATEMENTS:
Hazardous to humans and domestic animals. Wear gloves and eye protection.

CAUSES MODERATE EYE IRRITATION. Avoid contact with eyes, skin or clothing. Wash thoroughly with soap and water after handling. Avoid contact with foods.

FIRST AID: IF IN EYES: Hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye. **IF ON SKIN OR CLOTHING:** Take off contaminated clothing. Rinse skin immediately with plenty of water for 15-20 minutes.

POISON CONTROL: Call a Poison Control Center (1-866-366-5048) or doctor for treatment advice.

STORAGE AND DISPOSAL: Store this product in a cool, dry area away from direct sunlight and heat. When not in use keep center cap of lid closed to prevent moisture loss. Nonrefillable container. Do not reuse or refill this container.

Precautionary Statements:
How do I use this disinfectant safely? Do I need PPE?

First Aid:
What should I do if I get the disinfectant in my eyes or mouth, on my skin, or if I breathe it in?

Storage & Disposal:
How should the disinfectant be stored? How should I dispose of expired disinfectant? What should I do with the container?

Proper Use of Cleaners and Disinfectants

Follow the instructions for use included in the product labeling. This is important to ensure the pathogens specified on the label will be killed.

Below are a few instructions to be sure not to miss.

Is the disinfectant in a ready-to-use format?

- **Do not mix or dilute unless specified in the label.**
- **Follow instructions for how frequently fresh solution should be prepared.**
  - **Dilute solutions can be a reservoir for pathogens.**
- **Do not "top off" or add new solution to containers of old solution.**

Proper Use of Cleaners and Disinfectants

Follow the instructions for use included in the product labeling. This is important to ensure the pathogens specified on the label will be killed.

Below are a few instructions to be sure not to miss.

Is a cleaning step required before application?

Even if you are using a one-step cleaner and disinfectant, if the surface is grossly soiled, a distinct cleaning step may be required before application of the disinfectant.

Proper Use of Cleaners and Disinfectants

Follow the instructions for use included in the product labeling. This is important to ensure the pathogens specified on the label will be killed.

Below are a few instructions to be sure not to miss.

What is the contact time?

Read the label:

- How should the disinfectant be applied?
- How long should it remain in contact with the surface?
- How many towelettes or how much disinfectant is required for the area you are disinfecting?

What is the Contact Time?

Proper Use of Cleaners and Disinfectants

Follow the instructions for use included in the product labeling. This is important to ensure the pathogens specified on the label will be killed.

Below are a few instructions to be sure not to miss.

Is the disinfectant compatible with the surface on which it will be used?

Ensure staff know which disinfectants are intended to be used on which surfaces and under which circumstances.

CLEANING AND DISINFECTION REVIEW WITH RESIDENT EQUIPMENT

ASSURE® PLATINUM

+ BLOOD GLUCOSE MONITORING SYSTEM

Quality Assurance / Quality Control (QA/QC) Reference Manual

Example of Reviewing the Instructions for Use

(Per the Instructions for Use)

To reduce the chance of infection:
Before performing a blood glucose test, observe the following safety precautions:

- All components that contact blood samples should be treated as biohazards capable of transmitting viral diseases between patients and healthcare professionals.
- A new pair of clean gloves should be worn by the user before testing each patient.
- Wash hands thoroughly with soap and water before putting on a new pair of gloves and performing the next patient test.
- Use only an auto-disabling, single-use lancing device for each patient.
- The meter should be cleaned and disinfected after use on each patient.

Reviewing the Instructions for Use

- The meter should be cleaned and disinfected after use on each patient.
- The cleaning procedure is needed to **clean** dirt, blood and other bodily fluids off the exterior of the meter ***before*** performing the **disinfecting** procedure. The disinfecting procedure is needed to prevent the transmission of blood-borne pathogens.
- **Always wear the appropriate protective gear, including disposable gloves**.
- Select a wipe from the table below and carefully review the manufacturer's instructions.
- Clean and disinfect the meter following step-by-step instructions in this QA/QC Reference Manual. Use caution as to not allow moisture to enter the test strip port, data port or battery compartment, as it may damage the meter.
- ARKRAY has tested and validated the durability and functionality of the Assure Platinum meter with the most used EPA-registered wipes. Our testing confirmed the wipes listed below will not damage the functionality or performance of the meter through 3,650 cleaning and disinfecting cycles.

Reviewing the Instructions for Use

MIFU LISTED ACCEPTABLE DISINFECTANTS

Manufacturer	Disinfectant Brand Name	EPA #
Clorox® Professional Products Company	Clorox® Healthcare Bleach Germicidal Wipes	67619-12
	Dispatch® Hospital Cleaner Disinfectant Towels with Bleach	56392-8
Professional Disposables International, Inc. (PDI)	Super Sani-Cloth® Germicidal Disposable Wipes	9480-4
Metrex® Research	CaviWipes™	46781-8

Clorox and Dispatch are trademarks or registered trademarks of Clorox. Sani-cloth is a trademark or registered trademark of PDI. Metrex and CaviWipes are trademarks or registered trademarks of Metrex.

Reviewing the Instructions for Use

Additional options for cleaning and disinfecting the Assure Platinum meter.

If you choose to follow Options 1 or 2 below, we recommend you create supporting documentation to justify your choice. Choosing a product not listed in the table above could shorten use life or affect performance of the Assure Platinum meter.

Option 1

- Obtain a commercially available EPA-registered disinfectant detergent or germicide wipe. A list of EPA registered disinfectants can be found at the following website: www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants
- Carefully review the manufacturer's instructions.
- Remove wipe from the container and gently squeeze out excess liquid.
- Clean and disinfect the meter following step-by-step instructions listed below in this QA/QC Reference Manual.
- Use caution as to not allow moisture to enter the test strip port, data port or battery compartment, as it may damage the meter.

Reviewing the Instructions for Use

- Option 2
- Clean the outside of the blood glucose meter with a lint-free cloth dampened with soapy water or isopropyl alcohol (70-80%).
- Disinfect the meter by diluting 1mL of household bleach (5-6% sodium hypochlorite solution) in 9mL water to achieve a 1:10 dilution.
- Use a lint-free cloth dampened with the solution to thoroughly wipe down the meter.
- Use caution as to not allow moisture to enter the test strip port, data port or battery compartment, as it may damage the meter.

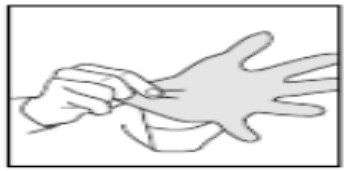
If you have any questions, please contact Technical Customer Service at 800.818.8877, option 5.

Reviewing the Instructions for Use

CLEANING AND DISINFECTING PROCEDURES

Step 1

Wear appropriate protective gear such as disposable gloves.



Step 2

Open the cap of the disinfectant container and pull out 1 towelette and close the cap.

Step 3

Wipe surface of the meter to clean blood and other body fluids.
Carefully wipe around the test strip port by inverting the meter so that the test strip port is facing down. This prevents disinfectant liquid from entering the meter.

CAUTION

- Do not let liquid from the wipe saturate the test strip port, data port or battery compartments.

Step 4

Dispose of the used towelette in a trash bin. The meter should be cleaned prior to each disinfection step.

Step 5

Pull out 1 new towelette and wipe the entire surface of the meter horizontally and vertically to remove bloodborne pathogens.
Carefully wipe around the test strip port by inverting the meter so that the test strip port is facing down. This prevents disinfectant liquid from entering the meter.

CAUTION

- Do not let liquid from the wipe saturate the test strip port, data port or battery compartments.

Step 6

Treated surface must remain wet for recommended contact time. Please refer to wipe manufacturer's instructions.
DO NOT WRAP THE METER IN A WIPE.

Step 7

Dispose of the used towelette in a trash bin.

Reviewing the Instructions for Use

CLEANING AND DISINFECTING FAQ

If a blood glucose meter is assigned to an individual resident and not shared, does it still need to be cleaned and disinfected?
To ensure compliance ARKRAY recommends that blood glucose meters be cleaned and disinfected after each use. Each meter in use is subject to QC testing per the facility's policy.

Can cleaning and disinfecting be accomplished with one wipe?
Many wipes act as both a cleaner and disinfectant. If blood is visibly present on the meter, two wipes must be used; one wipe to clean and a second wipe to disinfect.

What will happen if a blood glucose meter is not cleaned and disinfected after use?
Per the CMS F-Tag 880 guideline, surveyors may issue a citation if they observe no cleaning and disinfecting of meters after a blood glucose test as they would not follow CMS F-Tag 880.

It is important that an LTC facility establish a program for infection control and identify a key individual responsible for the overall program oversight. The program should include addressing the cleaning and disinfecting of blood glucose meters along with other equipment and environmental surfaces. The program should involve establishing goals and priorities, planning, strategy implementation, post-surveillance and more. Additionally, staff roles and responsibilities should be identified, and training should be documented. It is also important to provide education on infection control and the proper use of products. More information on establishing a comprehensive infection prevention and control program can be found in the CMS Infection Control Guidance Document.

Reviewing the Instructions for Use

F-TAG 880 The CMS has implemented phase 2 of cleaning and disinfecting standards in the facility assessment code 483.70

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INFECTION CONTROL REQUIREMENTS FOR BLOOD GLUCOSE MONITORING

What is the Centers for Medicare and Medicaid Services (CMS) F-Tag 880?
F-Tag 880 is an interpretive guideline for infection control programs in Long Term Care facilities. It is put in place to prevent, recognize and control the onset and spread of infection. F-Tag 880 is used for guidance by CMS Regional Offices and State Survey Agencies for [re-]certification and complaint investigations.

Does F-Tag 880 only apply to blood glucose meters?
No, F-Tag 880 applies to all resident care equipment and environmental surfaces, including blood glucose meters.

Why is Cleaning and Disinfecting of blood glucose meters such a high priority?
Blood glucose meters are at high risk of becoming contaminated with bloodborne pathogens such as Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV). Transmission of these viruses from resident to resident has been documented due to contaminated blood glucose devices. According to the Centers for Disease Control and Prevention, cleaning and disinfecting of meters between resident use can prevent the transmission of these viruses through indirect contact.

Reviewing the Disinfectant's Instructions for Use

Super Sani-Cloth®
GERMICIDAL DISPOSABLE WIPE

Use on hard, nonporous environmental surfaces.
Uselas en superficies ambientales duras y no porosas.

1. Always dispense wipe through lid. Find center of wipe roll, remove first wipe for use, thread next wipe through the hole in the canister lid. Pull through at least one inch. Replace lid. To secure wipe, pull wipe down into small opening.
1. Siempre extraiga la toalla a través de la tapa. Busque el centro del rollo de toallas, saque la primera toalla que va a usar y después inserte la siguiente toalla a través de la abertura

2a. Cover the opening half way with one hand. Remove wipe(s) with a uniform pull away from face and eyes.
2b. Dispense single wipes as necessary by pulling out at an angle through the small opening.
2c. Dispense multiple wipes as necessary by pulling vertically through the large opening. Pull down into small opening to tear.

3a. If present, use a wipe to remove visible soil prior to disinfecting.
3a. Antes de desinfectar, use una toalla para eliminar la suciedad visible si existiera.

3b. Unfold a clean wipe and thoroughly wet surface.
3b. Abra una toalla limpia y humedezca bien con ella la superficie.

4. Allow treated surface to remain wet for two (2) minutes. Let air dry.
4. Deje que la superficie tratada permanezca húmeda por dos (2) minutos. Deje secar al aire.

5. Do not reuse towelette. Dispose of used towelette in trash. Do not flush in toilet.
5. No reutilice la toallita. Deséchela en el basurero. No la deseche en el inodoro.

400 Chestnut Ridge Road, Woodcliff Lake, New Jersey 07677
800.999.6423 pdihc.com

PDI®
BE THE DIFFERENCE

Super Sani-Cloth®

GERMICIDAL DISPOSABLE WIPE
LINGETTE GERMICIDE JETABLE

LARGE WIPE
GRANDE LINGETTE

BACTERICIDAL, TUBERCULOCIDAL, AND VIRUCIDAL* IN 2 MINUTES
BACTÉRICIDE, TUBERCULOCIDE, VIRUCIDE * EN 2 MINUTES

ACTIVE INGREDIENTS:

n-Alkyl (68% C_{12}, 32% C_{14}) dimethyl ethylbenzyl ammonium chlorides	0.25%
n-Alkyl (60% C_{14}, 30% C_{16}, 5% C_{12}, 5% C_{18}) dimethyl benzyl ammonium chlorides	0.25%
Isopropyl Alcohol	55.00%
OTHER INGREDIENTS	44.50%
TOTAL	100.00%

Does not include the weight of the wipe.

INGRÉDIENTS ACTIFS :

chlorures de n-alkyl (68 % C_{12}, 32 % C_{14}) alkyldiméthyl (éthylbenzyl) ammonium	0,25%
chlorures de n-alkyl (60 % C_{14}, 30 % C_{16}, 5 % C_{12}, 5 % C_{18}) alkyldiméthyl (éthylbenzyl) ammonium	0,25%
Alcool isopropylique	55,00%
AUTRES INGRÉDIENTS	44,50%
TOTAL	100,00%

Ne comprend pas le poids de la lingette.

KEEP OUT OF REACH OF CHILDREN / GARDER HORS DE LA PORTÉE DES ENFANTS

WARNING / AVERTISSEMENT See back panel for additional precautionary statements
Voir le panneau arrière pour plus de précautions

CONTAINS / CONTIENT : 160 Wipes
6 x 6.75 in (15.2 x 17.1 cm) / 15,2 x 17,1 cm (6 x 6,75 po)
Net Wt. 1 lb 13 oz (833g) / Poids net 1 lb 13 oz (833 g)

PDI

REORDER NO. / N° DE RE-COMMANDE Q55172

Effective against / Efficace contre :

BACTERIA
• *Bordetella pertussis* • *Burkholderia cepacia* • *Campylobacter jejuni*
• *Escherichia coli (E.coli)* • *Escherichia coli* 0157:H7 • *Klebsiella pneumoniae*
• *Pseudomonas aeruginosa* • *Salmonella enterica* • *Staphylococcus aureus*

MULTI-DRUG RESISTANT BACTERIA
• *Acinetobacter baumannii* • *Enterobacter cloacae* NDM-1 positive
• ESBL Producing *Escherichia coli (E. coli)* • *Klebsiella pneumoniae* - KPC-2 positive, ST258 • Methicillin Resistant *Staphylococcus aureus* (MRSA)
• Vancomycin Resistant *Enterococcus faecalis* (VRE)

VIRUSES*
• *Adenovirus Type 5 • *Herpes Simplex Virus Type 2 • *Human Coronavirus Strain 229E • *Influenza A/Hong Kong • *Influenza A (H1N1) virus • *Respiratory Syncytial Virus (RSV) • *Rhinovirus • *Rotavirus Strain WA • *Vaccinia virus • Kills Pandemic 2009 H1N1 Influenza A virus

BLOODBORNE PATHOGENS • *Hepatitis B virus (HBV) - Duck HBV* • *Hepatitis C virus (Human) (HCV) - Bovine Diarrhea Virus† • *HIV-1 (AIDS virus)†
TB • *Mycobacterium bovis* - BCG (Tuberculosis)

PATHOGENIC FUNGI • *Candida albicans*

BACTÉRIES
• *Bordetella pertussis* • *Burkholderia cepacia* • *Campylobacter jejuni*
• *Escherichia coli (E.coli)* • *Escherichia coli 0157: H7* • *Klebsiella pneumoniae*
• *Pseudomonas aeruginosa* • *Salmonella enterica* • *Staphylococcus aureus*

BACTÉRIES RÉSISTANTES À PLUSIEURS MÉDICAMENTS
• *Acinetobacter baumannii* • *Enterobacter cloacae* NDM-1 positif • ESBL produisant *Escherichia coli (E. coli)* • *Klebsiella pneumoniae* - KPC-2 positif, ST258 • *Staphylococcus aureus* résistant à la méthicilline (MRSA) • Résistant à la vancomycine *Enteroccalis* (VRE)

VIRUS *
• * Adénovirus de type 5 • * Virus de l'herpès simplex de type 2
• * Souche de coronavirus humain 229E • * Grippe A/Hong Kong
• * Virus de la grippe A (H1N1) • * Virus respiratoire syncytial (RSV)
• * Rhinovirus • * Souche du rotavirus WA • * Virus Vaccinia • Tue le virus pandémique H1N1 de la grippe A 2009

AGENTS PATHOGÈNES SANGUINS
• * Virus de l'hépatite B (VHB) - Canard VHB † • *Virus de l'hépatite C (humain) (VHC) - Virus de la diarrhée bovine † • * VIH-1 (virus du sida) †

TB • *Mycobacterium bovis* -BCG (tuberculose)

CHAMPIGNONS PATHOGÈNES • *Candida albicans*

8MQ55100

†KILLS HIV-1 (AIDS VIRUS), HEPATITIS B VIRUS (HBV) AND HEPATITIS C VIRUS (HCV) ON THE PRE-CLEANED ENVIRONMENTAL SURFACES/OBJECTS AND PRE-CLEANED EXTERNAL SURFACES OF ULTRASOUND TRANSDUCERS AND PROBES PREVIOUSLY SOILED WITH BLOOD/BODY FLUIDS in two (2) minutes at room temperature (68°-77°F) in healthcare or other settings in which there is an expected likelihood of soiling of inanimate surfaces/objects with blood or body fluids; and in which the surfaces/objects likely to be soiled with blood or body fluids can be associated with the potential for transmission of Human Immunodeficiency Virus Type 1 (HIV-1) (associated with AIDS), Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV).

Areas of Use: Hospital and Healthcare Settings: Ambulatory Surgical Centers (ASC), Clinics, Dental Offices, Dialysis Clinics, Home Health Care, Hospices, Hospitals, Laboratory, Nursing homes, Physical therapy, Physicians' offices, Radiology, Rehabilitation, Transport vehicles. **Critical Care Areas:** CCU, Emergency Rooms, ICU, Neonatal Intensive Care Units (NICU), Operating Rooms, Pediatric Intensive Care Units (PICU), Surgery and Surgical Intensive Care Unit (SICU). **Hospital, Healthcare, and Critical Care Use Sites:** May be used on hard non-porous surfaces of: bed railings; blood glucose meters; cabinets; carts; chairs; counters; dental unit instrument trays; exam tables; gurneys; isolettes; IV poles; stethoscopes; stretchers; tables; telephones; toilet seats; and hard non-porous outside surfaces of: amalgamators and dental curing lights; diagnostic equipment; patient monitoring equipment; patient support and delivery equipment. This product is not to be used as a terminal sterilant/high level disinfectant on any surface or instrument that (1) is introduced directly into the human body, either into or in contact with the bloodstream or normally sterile areas of the body, or (2) contacts intact mucous membranes but which does not ordinarily penetrate the blood barrier or otherwise enter normally sterile areas of the body. This product may be used to pre-clean or decontaminate critical or semi-critical medical devices prior to sterilization or high level disinfection. **DIRECTIONS FOR USE:** It is a violation of Federal law to use this product in a manner inconsistent with its labeling. **To Dispense Wipes:** Remove lid and discard inner seal from canister. Find center of wipe roll, remove first wipe for use, twist corner of next wipe into a point and thread through the hole in the canister lid. Pull through about one inch. Replace lid. Dispense remaining wipes as necessary by pulling out at an angle. When not in use keep center cap of lid closed to prevent moisture loss. **TO DISINFECT AND DEODORIZE:** To disinfect nonfood contact surfaces only: Unfold a clean wipe and thoroughly wet surface. Allow treated surface to remain wet for two (2) minutes. Let air dry. For heavily soiled surfaces, use a wipe to pre-clean prior to disinfecting. These directions also apply to *Mycobacterium bovis* BCG (Turberculosis) at 68°F (20°C). †**SPECIAL INSTRUCTIONS FOR CLEANING AND DECONTAMINATION AGAINST HIV-1, HEPATITIS B VIRUS (HBV) AND HEPATITIS C VIRUS (HCV) OF SURFACES/OBJECTS SOILED WITH BLOOD/BODY FLUIDS. Personal protection:** When using this product, wear disposable protective gloves, protective gowns, masks, and eye coverings when handling HIV-1 (AIDS Virus), HBV or HCV infected blood or body fluids. **Cleaning procedure:** All blood and other body fluids must be thoroughly cleaned from surfaces and objects before disinfection by the germicidal wipe. Open, unfold and use first germicidal wipe to remove heavy soil. **Disposal of infectious materials:** Used wipe, blood and other body fluids should be disposed of according to local regulation for infectious waste disposal. **Contact time:** Use second germicidal wipe to thoroughly wet surface. Allow surface to remain wet two (2) minutes, let air dry. **PRECAUTIONARY STATEMENTS** Hazards to Humans and Domestic Animals. **WARNING.** Causes substantial but temporary eye damage. Do not get in eyes or on clothing. Avoid contact with skin. Wash hands thoroughly with soap and water after handling and before eating, drinking, chewing gum, using tobacco, or using restroom. Remove and wash contaminated clothing before reuse. **FIRST AID** Call a poison control center or doctor for treatment advice. Have the product container or label with you when calling a poison control center or doctor, or going for treatment. If in eyes: Hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing. If on skin: Take off contaminated clothing. Rinse skin immediately with plenty of water for 15-20 minutes. **PHYSICAL OR CHEMICAL HAZARD** Combustible. Do not use or store near heat or open flame. Do not use on natural marble, windows, unpainted wood, brass, clear plastic or colored grout. Test wipe on small inconspicuous area first. **STORAGE AND DISPOSAL** Do not contaminate water, food, or feed by storage and disposal. Storage: Do not store near heat or open flame. When not in use keep center cap of lid closed to prevent moisture loss. **Towelette Disposal:** Do not reuse towelette. Dispose of used towelette in trash. Do not flush in toilet. **Container Disposal:** Nonrefillable container. Do not reuse or refill this container. Offer for recycling. If recycling is not available, put in trash collection. / †TUE LE VIH-1 (VIRUS DU SIDA), LE VIRUS DE L'HÉPATITE B (VHB) ET LE VIRUS DE L'HÉPATITE C (VHC) SUR LES SURFACES/OBJETS ENVIRONNEMENTAUX PRÉ-NETTOYÉS ET LES SURFACES EXTÉRIEURES PRÉ-NETTOYÉES DES TRANSDUCTEURS ULTRASONS ET DES SONDES PRÉCÉDEMMENT SOUILLÉES DE SANG/DE FLUIDES CORPORELS en deux (2) minutes à température ambiante de (68° - 77°F) dans les établissements de soins de santé ou autres dans lesquels il existe une probabilité de salissure des surfaces/objets inanimés avec du sang ou des fluides corporels ; et dans lequel les surfaces/objets susceptibles d'être souillés par du sang ou des liquides organiques peuvent être associés au potentiel de transmission du virus de l'immunodéficience humaine de type 1 (VIH-1) (associé au sida), du virus de l'hépatite B (VHB) et de l'hépatite C Virus (VHC).

Zones d'utilisation : Hôpitaux et établissements de soins de santé : Centres de chirurgie ambulatoire (CCA), cliniques, cabinets dentaires, cliniques de dialyse, soins de santé à domicile, hospices, hôpitaux, laboratoire, maisons de soins infirmiers, physiothérapie, cabinets de médecins, radiologie, réadaptation, véhicules de transport. **Domaines de soins critiques :** USC, salles d'urgence, soins intensifs, unités de soins intensifs néonataux (USIN), salles d'opération, unités de soins intensifs pédiatriques (USIP), chirurgie et unité de soins intensifs chirurgicaux (USIC). **Sites d'utilisation des hôpitaux, des soins de santé et des soins critiques :** Peut être utilisé sur des surfaces dures non poreuses : garde-corps de lit ; lecteurs de glycémie ; armoires ; chariots ; chaises ; comptoirs ; plateaux à instruments pour unités dentaires ; tables d'examen ; lits à roulettes ; isolettes ; Poteaux IV ; stéthoscopes ; civières ; tables ; téléphones ; sièges de toilette ; et les surfaces extérieures dures non poreuses des amalgamateurs et des lampes de polymérisation dentaire ; équipement de diagnostic ; équipement de surveillance des patients ; matériel de soutien et de livraison aux patients. Ce produit ne doit pas être utilisé comme stérilisant terminal/désinfectant de haut niveau sur une surface ou un instrument qui (1) est introduit directement dans le corps humain, soit dans ou en contact avec la circulation sanguine ou des zones normalement stériles du corps, ou qui (2) entre en contact avec des muqueuses intactes mais qui ne pénètrent pas normalement la barrière sanguine ni ne pénètrent autrement dans les zones normalement stériles du corps. Ce produit peut être utilisé pour prénettoyer ou décontaminer les dispositifs médicaux critiques ou semi-critiques avant la stérilisation ou la désinfection de haut niveau. **MODE D'EMPLOI:** Il s'agit d'une violation de la loi fédérale d'utiliser ce produit d'une manière incompatible avec son étiquetage. **Pour distribuer les lingettes :** Retirez le couvercle et jetez le joint intérieur de la cartouche. Trouvez le centre du rouleau de lingettes, retirez la première lingette pour l'utiliser, tournez le coin de la lingette suivante en une pointe et passez-le dans le trou du couvercle de la cartouche. Tirez sur environ 1 pouce. Replacez le couvercle. Distribuez les lingettes restantes au besoin en tirant dans un angle. Lorsqu'il n'est pas utilisé, gardez le bouchon central du couvercle fermé pour prévenir la perte d'humidité. **POUR DÉSINFECTER ET DÉSODORISER :** Pour désinfecter les surfaces de contact non alimentaire seulement : Dépliez une lingette propre et bien mouillée. Laissez la surface traitée humide pendant deux (2) minutes. Laissez sécher à l'air. Pour les surfaces très sales, essuyez avant de désinfecter. Ces directives s'appliquent également au Mycobacterium bovis BCG (Turberculosis) à 68 °F (20 °C). †**INSTRUCTIONS SPÉCIALES POUR LE NETTOYAGE ET LA DÉCONTAMINATION CONTRE LE VIH-1, LE VIRUS DE L'HÉPATITE B (VHB) ET LE VIRUS DE L'HÉPATITE C (VHC) DES SURFACES/OBJETS SOUILLÉS AVEC DES LIQUIDES SANGUINS/CORPORELS. Protection personnelle :** Lors de l'utilisation de ce produit, portez des gants de protection jetables, des blouses protectrices, des masques et des couvre-œil lors de la manipulation du VIH-1 (virus du SIDA), du sang infecté par le VHB ou du VHC ou des liquides corporels. **Procédure de nettoyage :** Tout le sang et les autres liquides organiques doivent être nettoyés à fond des surfaces et des objets avant la désinfection par la lingette germicide. Ouvrez, dépliez et utilisez la première lingette germicide pour enlever la grosse saleté. **Élimination des matières infectieuses :** Les lingettes utilisées, le sang et les autres liquides organiques doivent être jetés selon la réglementation locale pour l'élimination des déchets infectieux. **Temps de contact :** Appliquez la deuxième lingette germicide sur une surface complètement mouillée. Laissez la surface sécher pendant deux (2) minutes, laissez sécher à l'air. **ÉNONCÉS DE PRÉCAUTION** Dangers pour les humains et les animaux domestiques. **AVERTISSEMENT.** Cause des dommages oculaires importants mais temporaires. Ne faites pas pénétrer dans les yeux ni sur les vêtements. Évitez tout contact avec la peau. Lavez-vous soigneusement les mains avec du savon et de l'eau après avoir manipulé et avant de manger, de boire, de mâcher de la gomme, d'utiliser du tabac ou d'utiliser des toilettes. Enlevez et lavez les vêtements contaminés avant de les réutiliser. **PREMIERS SOINS** Appelez un centre antipoison ou un médecin pour obtenir des conseils sur le traitement. Ayez le contenant ou l'étiquette du produit avec vous lorsque vous appelez un centre antipoison ou un médecin, ou si vous allez recevoir un traitement. Dans les yeux : Tenez l'œil ouvert et rincez lentement et doucement avec de l'eau pendant 15 à 20 minutes. Retirez les lentilles de contact, le cas échéant, après les 5 premières minutes, puis continuez à rincer. En cas de contact sur la peau : Enlevez les vêtements contaminés. Rincez la peau immédiatement avec beaucoup d'eau pendant 15 à 20 minutes. **DANGER PHYSIQUE OU CHIMIQUE** Combustible. N'utilisez pas ni n'entreposez près de la chaleur ou des flammes nues. N'utilisez pas sur du marbre naturel, des fenêtres, du bois non peint, du laiton, du plastique transparent ou du coulis coloré. Testez d'abord la lingette sur une petite surface dissimulée. **ENTREPOSAGE ET ÉLIMINATION** Ne contaminez pas l'eau, la nourriture ou les aliments par l'entreposage et l'élimination. Entreposage : N'entreposez pas près de la chaleur ou des flammes nues. Lorsqu'il n'est pas utilisé, gardez le bouchon central du couvercle fermé pour prévenir la perte d'humidité. **Élimination des lingettes :** Ne réutilisez pas la lingette. Jetez la lingette usagée à la poubelle. Ne jetez pas dans les toilettes. **Élimination des contenants :** Contenant non rechargeable. Ne réutilisez ni ne remplissez pas ce contenant. Mettez au recyclage. Si le recyclage n'est pas disponible, mettez-le dans la poubelle.

Manufactured by / Fabriqué par :
Professional Disposables International, Inc.
Two Nice-Pak Park
Orangeburg, NY 10962-1376 • 1-800-999-6423
Made in USA with domestic and imported materials
Fabriqué aux États-Unis avec des matériaux

EPA REG. NO. 9480-4
EPA EST. NO. A= 9480-NY-1, C= 72956-AR-1, D= 8251-WI-4
Alpha character will precede batch code on product
Le caractère alphabétique précédera le code de lot sur le produit

NOT FOR USE ON SKIN FOR USE ON HARD, NON POROUS SURFACES ONLY
N'UTILISEZ PAS SUR LA PEAU À UTILISER SUR LES SURFACES DURES NON POREUSES SEULEMENT

(01)00310819000574

8M055101

Reviewing the Safety Data Sheet for the Disinfectant

SAFETY DATA SHEET

Issuing Date 18-Feb-2019 **Revision date** 06-Oct-2022 **Revision Number** 5

1. Identification

Product identifier

Product Name Super Sani-Cloth Germicidal Wipes

Other means of identification

Product Code(s) SDS 0020-00 ENGLISH

Synonyms None

Registration Number(s) 9480-4

Other information Bulk Liquid: 4FQ51801 SDS for canister and single packets.

Recommended use of the chemical and restrictions on use

Recommended use Use as a disinfectant on hard, non-porous surfaces. Read and understand the entire label before using. Use only according to label directions. It is a violation of Federal law to use this product in a manner inconsistent to label directions.

Restrictions on use For professional and hospital use.

Details of the supplier of the safety data sheet

Manufacturer Address
Professional Disposables International, Inc.
400 Chestnut Ridge Road
Woodcliff Lake, NJ 07677

Appropriate engineering controls

Engineering controls	General ventilation is adequate under normal conditions of use.

Individual protection measures, such as personal protective equipment

Eye/face protection	No special protective equipment required under normal use conditions. If needed defer to facility protocol to avoid eye contact.
Hand protection	No special protective equipment required under normal use conditions. If needed defer to facility protocol to avoid skin contact.
Skin and body protection	No special protective equipment required under normal use conditions. If needed defer to facility protocol for suitable protective clothing.
Respiratory protection	No protective equipment is needed under normal use conditions. If exposure limits are exceeded or irritation is experienced, ventilation and evacuation may be required.
Other protective equipment	None required under normal conditions of use.

RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT FOR ENVIRONMENTAL CLEANING TASKS / CLEANING IN SPECIFIC AREAS

USE PERSONAL PROTECTIVE EQUIPMENT

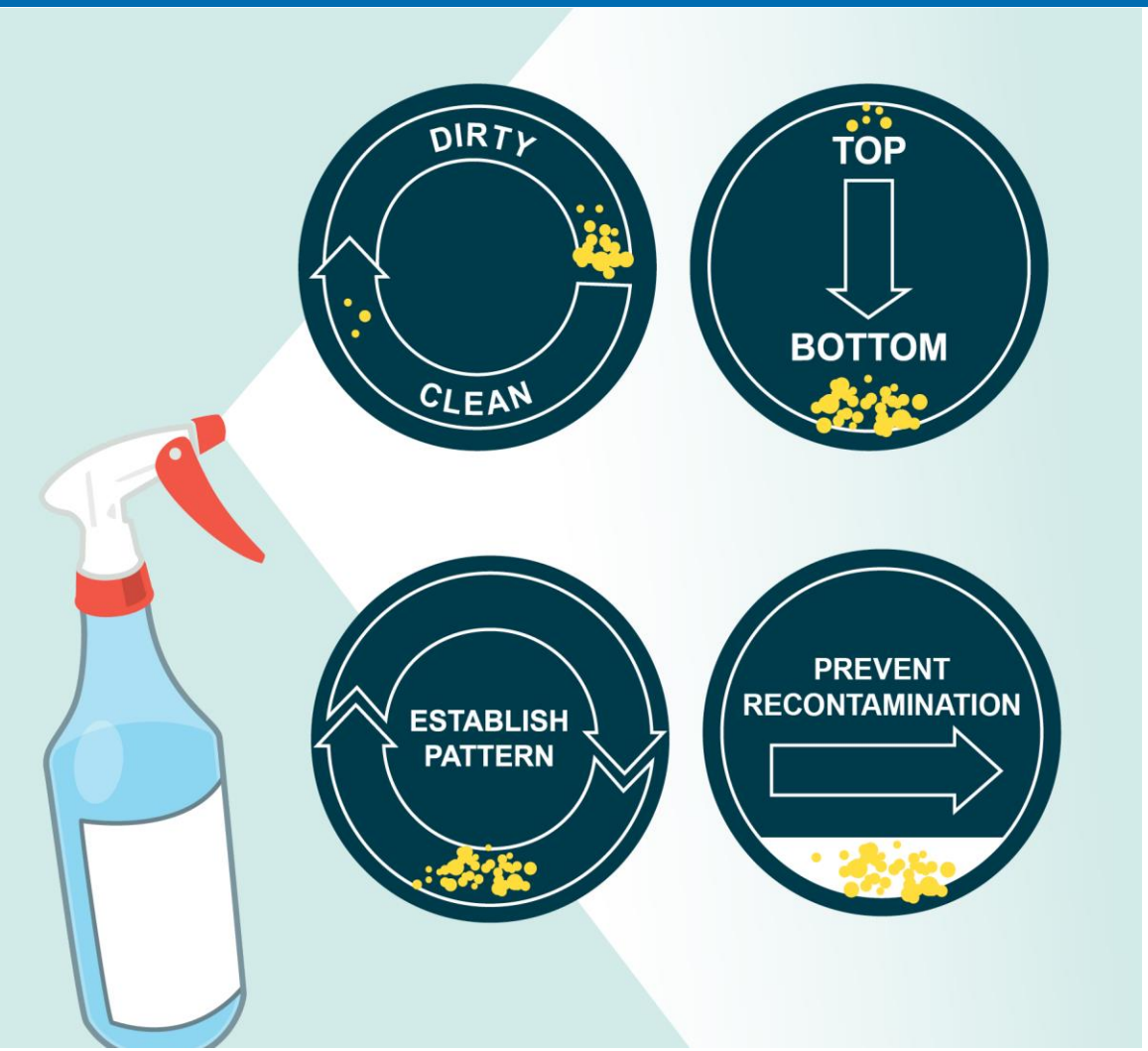
Examples of Recommended Personal Protective Equipment

- Follow the cleaner and or disinfectant's instructions for use or the safety data sheets recommendations regarding PPE
- Use PPE based upon the anticipated tasks to be performed or based Standard Precautions upon anticipated exposures to blood and body fluids.
- Follow all posted transmission-based precautions.

Type of cleaning task	Required personal protective equipment for cleaning staff
Routine cleaning (standard precautions)	None (unless spills or contamination risk—see below)
Terminal cleaning (standard precautions)	Reusable rubber gloves
Blood and body fluid spills and high contamination risk areas (e.g., cleaning bed of an incontinent patient, labor and delivery wards)	Gown and/or plastic apron Reusable rubber gloves Face mask with either goggles or face shield
Droplet precautions (routine and terminal cleaning)	Gown and/or plastic apron Reusable rubber gloves Face mask with either goggles or face shield
Contact precautions (routine and terminal cleaning)	Gown and/or plastic apron Reusable rubber gloves
Airborne precautions (routine and terminal cleaning)	Respirator (N95 or FPP2), fit tested Reusable rubber gloves
Preparation of disinfectant products and solutions	According to specifications in SDS (manufacturer instructions) If SDS not available, then: • Chemical-resistant gloves (e.g., nitrile) • Gown and/or apron • Face mask with either goggles or face shield

PROCESS FOR CLEANING AND DISINFECTION

Process for Cleaning and Disinfection



Develop a standardized process to ensure that you are cleaning and disinfecting surfaces appropriately.

- Always work from the cleanest surfaces to the dirtiest surfaces.
- Work from top to bottom.
- Consider establishing a consistent process or pattern for cleaning and disinfecting surfaces in the room.
- Wipe surfaces in a manner to prevent recontamination.

Using Cleaning Equipment Appropriately

Microfiber mops and cloths are preferred for most cleaning and disinfection in healthcare settings.

- Change cleaning cloths frequently.
- Change microfiber mop heads after use in each room.
- Environmental services carts should not enter resident rooms, and supplies brought into the room should be limited to the minimum necessary for that space.

Microfiber mops

Microfiber cloths

Trajtman, A. N., Manickam, K., & Alfa, M. J. (2015). Microfiber cloths reduce the transfer of *Clostridium difficile* spores to environmental surfaces compared to cotton cloths. *American Journal of Infection Control, 43(*7), 686-689.

Using Cleaning Equipment Appropriately

Routine cleaning and disinfection for resident rooms:

•High-touch surfaces are those most likely to be touched by residents and staff and therefore pose the highest risk for pathogen transmission.

- Examples include bedrails, doorknobs, light switches, call buttons, bedside tables, remote controls and surfaces in the bathroom, particularly those around the toilet.

•Horizontal surfaces with infrequent hand contact, like floors and window sills, should be cleaned:

- On a regular basis (e.g., daily)
- When spills occur, and
- If the surfaces become visibly soiled

•Walls, blinds, and window curtains should be cleaned when visibly soiled.

Terminal Cleaning

Terminal cleaning (also referred to as “deep cleaning”) of a room is performed when a resident has been discharged or transferred and the room is being prepared for use by another resident.

- All high-touch surfaces should be cleaned and disinfected.
- Horizontal surfaces with infrequent hand contact, like floors and windowsills, should also be cleaned and disinfected.
- All linens, including sheets, towels, and privacy curtains, should be bagged and removed for laundering.

Cleaning Disinfection of Invasive, Non-invasive and Commons Areas

Invasive procedure and treatment areas:

- High-touch surfaces in rooms where invasive procedures are performed should be cleaned and disinfected after each procedure.

Non-invasive procedure and treatment areas:

- High-touch surfaces in other common treatment areas (e.g., therapy gyms) where invasive procedures are not performed should be cleaned and disinfected:
  - When visibly soiled.
  - At least daily.
  - Immediately after use by residents colonized or infected with highly resistant organisms (e.g., *C. difficile* or carbapenem-resistant Enterobacteriaceae).

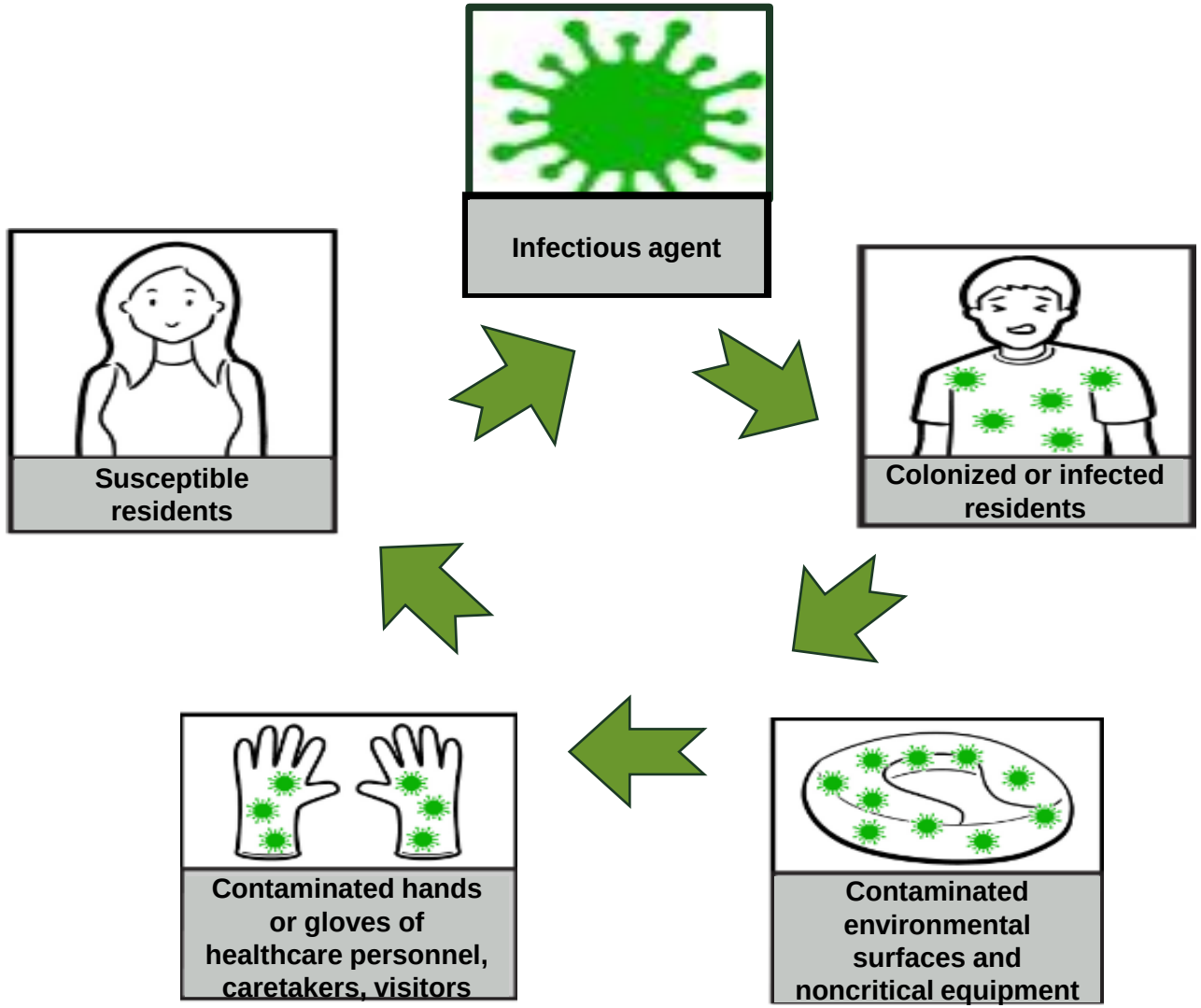
High-touch surfaces in the facility's common areas (e.g., family room or lounge) should be cleaned and disinfected:

- When soiled.
- On a regular basis (e.g., daily).

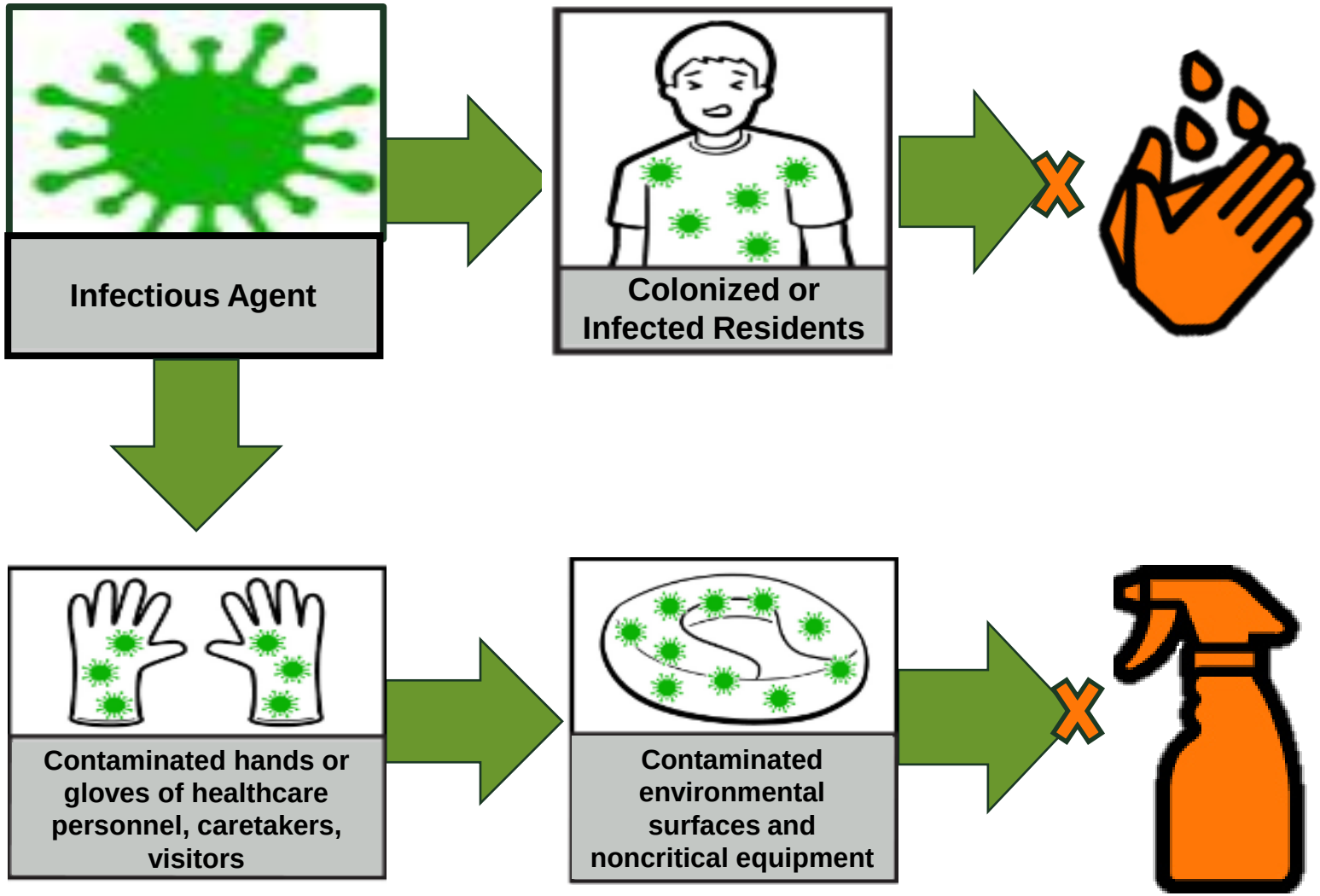
Breaking the Chain of Transmission in the Environment

A colonized or infected resident can contaminate environmental surfaces and noncritical equipment. Microorganisms from these contaminated environmental surfaces and noncritical equipment can be transferred to a susceptible resident in two ways:

- If the susceptible resident directly meets the contaminated surfaces.
- If a healthcare personnel, caretaker, or visitor meets the contaminated surfaces and then transfers the microorganisms to the susceptible resident.



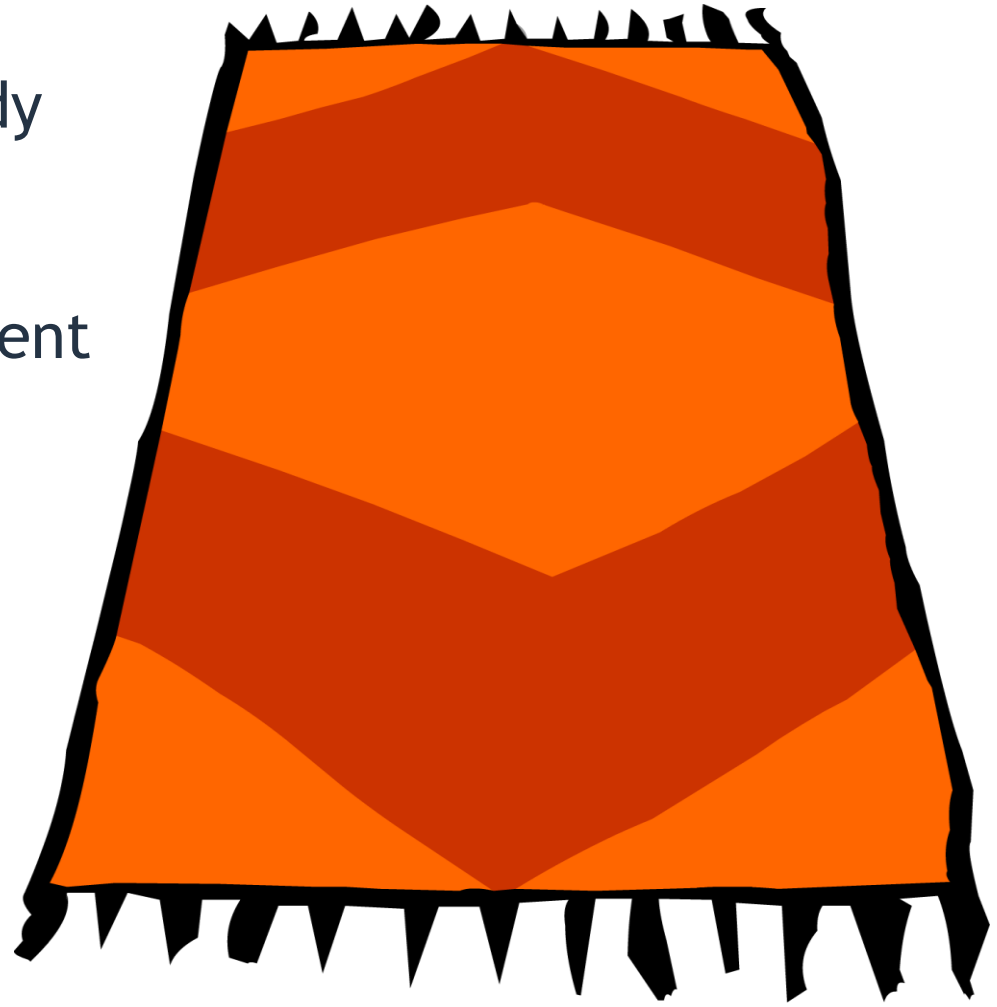
Breaking the Chain of Transmission in the Environment



Appropriately cleaning and disinfecting and performing hand hygiene will disrupt chain of infection events and ultimately prevent the spread of transferring infections to others.

Cleaning Carpeting

- Harder to keep clean and cannot be reliably disinfected, especially after spills of blood or body fluids.
- Recommended practices:
  - Minimize use in high-traffic zones within resident care areas or where spills are likely.
  - Vacuum on a regular basis with equipment designed to minimize dust dispersion.
  - Periodically deep clean using a method that minimizes production of aerosols and leaves little to no residue.
  - Promptly spot clean spills of blood or body fluids.

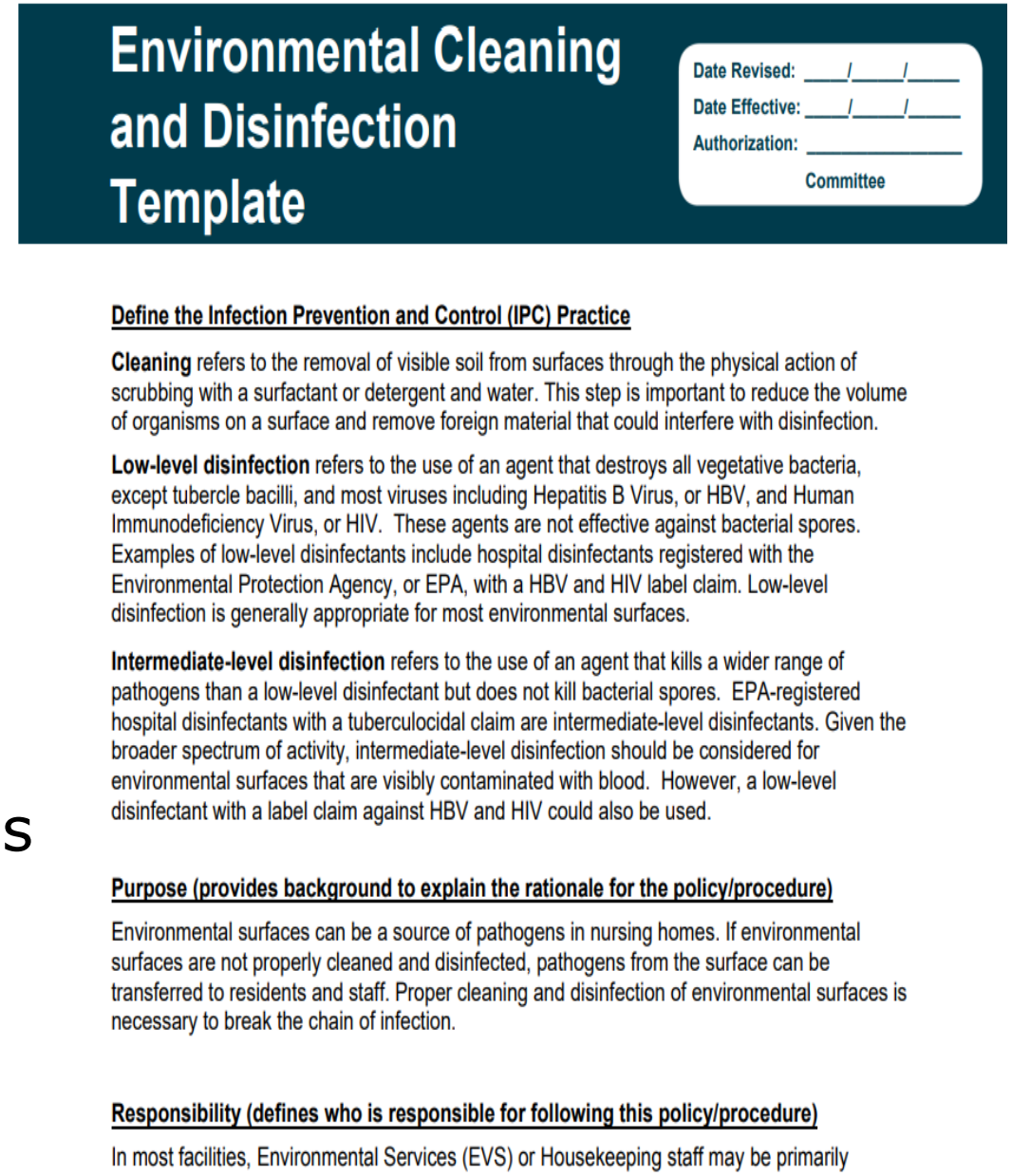


Cleaning Upholstered Furnishings

- Pose challenges with cleaning and disinfection.
- Recommended practices:
  - Minimize use in areas with increased potential for body substance contamination.
  - Maintain in good repair; promptly repair tears and holes.
  - If furniture in a resident's room requires cleaning to remove visible soil or body substance contamination, promptly move that item to a maintenance area.

The Policies & Procedures clearly define the terms like “cleaning” and “disinfection.” It also identifies the following:

- Purpose
- Responsibility
- Procedures (to include instructions from the Manufacturer)
  - Process
    - Including the supplies that are necessary for cleaning and disinfecting environmental surfaces
  - PPE needed
  - Process for exposure or spill
  - Process when variations to procedure are to be performed



Environmental Cleaning and Disinfection Template

Date Revised: ____/____/____
Date Effective: ____/____/____
Authorization: _____
Committee

Define the Infection Prevention and Control (IPC) Practice

Cleaning refers to the removal of visible soil from surfaces through the physical action of scrubbing with a surfactant or detergent and water. This step is important to reduce the volume of organisms on a surface and remove foreign material that could interfere with disinfection.

Low-level disinfection refers to the use of an agent that destroys all vegetative bacteria, except tubercle bacilli, and most viruses including Hepatitis B Virus, or HBV, and Human Immunodeficiency Virus, or HIV. These agents are not effective against bacterial spores. Examples of low-level disinfectants include hospital disinfectants registered with the Environmental Protection Agency, or EPA, with a HBV and HIV label claim. Low-level disinfection is generally appropriate for most environmental surfaces.

Intermediate-level disinfection refers to the use of an agent that kills a wider range of pathogens than a low-level disinfectant but does not kill bacterial spores. EPA-registered hospital disinfectants with a tuberculocidal claim are intermediate-level disinfectants. Given the broader spectrum of activity, intermediate-level disinfection should be considered for environmental surfaces that are visibly contaminated with blood. However, a low-level disinfectant with a label claim against HBV and HIV could also be used.

Purpose (provides background to explain the rationale for the policy/procedure)

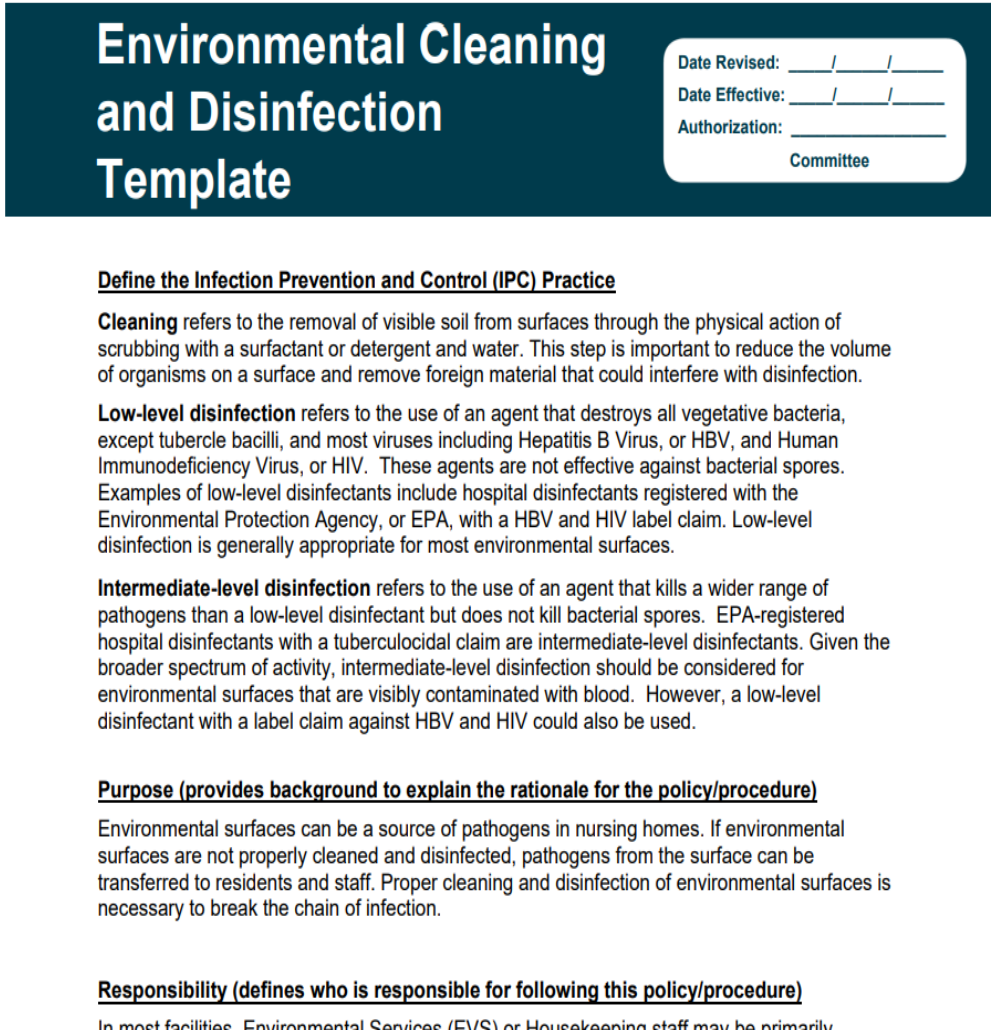
Environmental surfaces can be a source of pathogens in nursing homes. If environmental surfaces are not properly cleaned and disinfected, pathogens from the surface can be transferred to residents and staff. Proper cleaning and disinfection of environmental surfaces is necessary to break the chain of infection.

Responsibility (defines who is responsible for following this policy/procedure)

In most facilities, Environmental Services (EVS) or Housekeeping staff may be primarily

At a minimum, your policy should address:

- the types of cleaning and disinfection products used in the facility, considering their label claims and compatibility with different surfaces
- frequency with which cleaning and disinfection of environmental surfaces in different locations in the facility should be performed. For example, immediately if surfaces are visibly soiled, or daily for high-touch surfaces in resident rooms
- the locations in the facility where carpeting and upholstered furnishings are and are not allowed
- and the proper storage and maintenance of cleaning and disinfection products and equipment.



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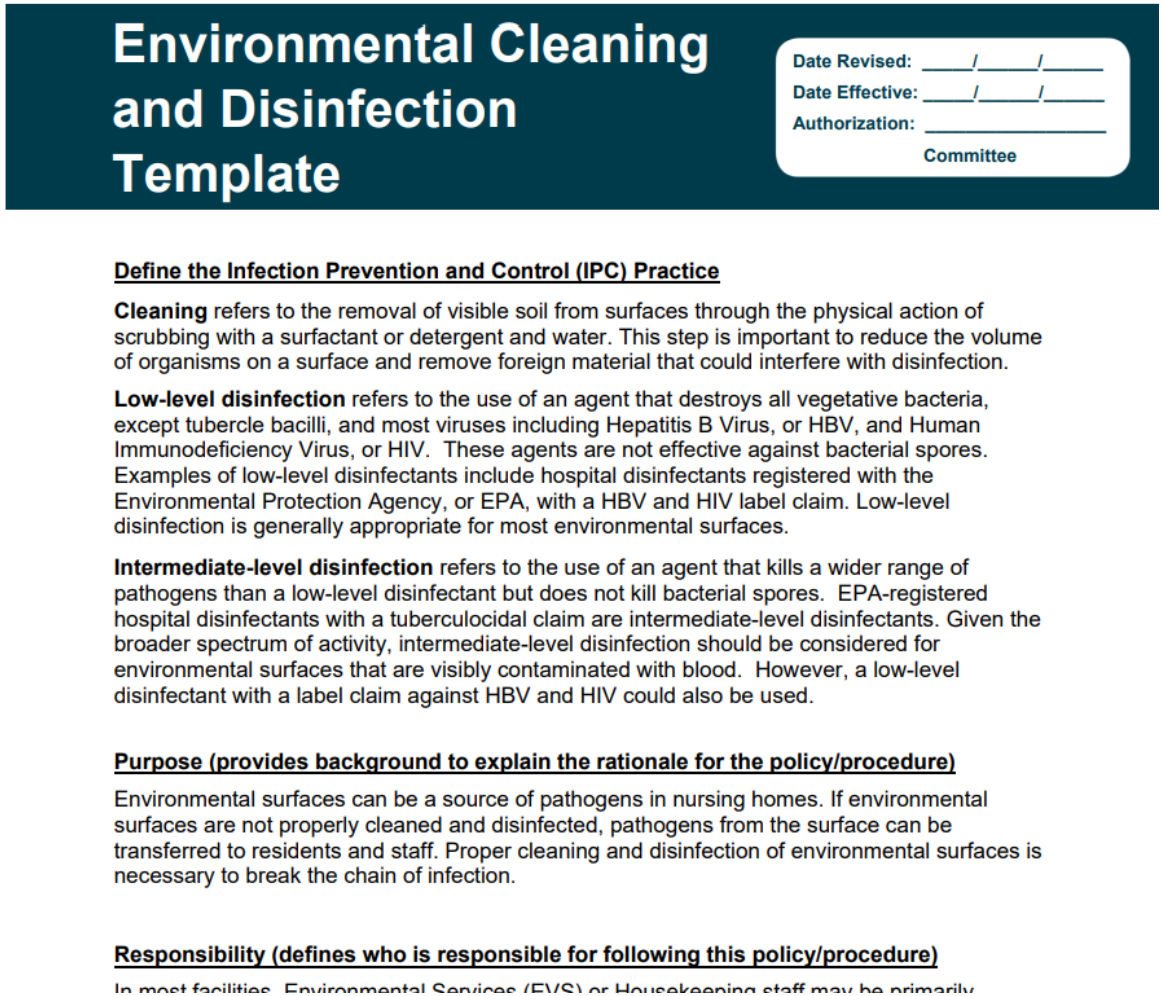
Resources:

- CDC, Guidelines for Environmental Infection Control in Health-Care Facilities (2003): https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines.pdf
- CDC, Guideline for Isolation Precautions (2007): https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines.pdf
- EPA, Selected Disinfectants: https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants
- OSHA, Bloodborne Pathogens Standard: https://www.osha.gov/SLTC/bloodbornepathogens/index.html
- OSHA, Guidance for Cleaning Industry Worker Safety Considerations: https://www.osha.gov/SLTC/cleaningindustry/index.html



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Responsibility (defines who is responsible for following this policy/procedure)

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MAINTENANCE OF SUPPLIES

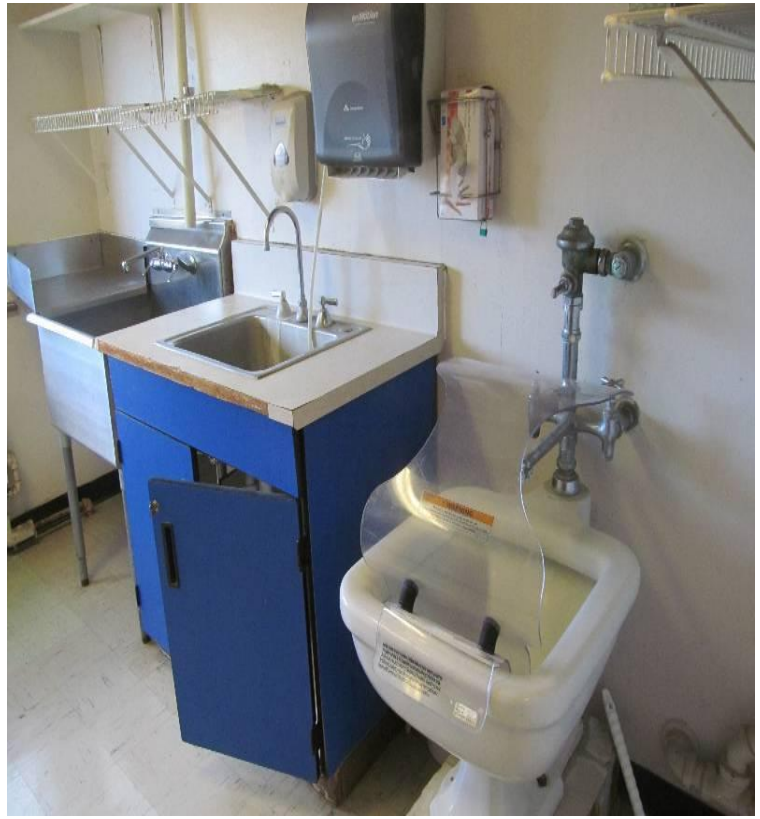
Housekeeping Cleaning Carts

• Housekeeper's carts commonly used to transport supplies throughout the facility can serve as a source of pathogen transmission if they are not regularly cleaned and disinfected.
    - For example, in an outbreak of drug-resistant Enterobacteriaceae at a healthcare, the organism was identified on an environmental services cart, suggesting a potential role in transmission.

•Carts should not enter resident rooms and should be cleaned and disinfected at least daily.

Utility Room Maintenance

- Dedicate space to store cleaning and disinfection products and equipment.
  - Maintain separation between clean and dirty equipment.
- Cleaning and disinfection schedules should include clean and dirty utility areas.
- Designate staff to monitor supply levels in these areas and restock, as appropriate.



TRAINING, COMPETENCY, AND PERFORMANCE MONITORING

Training should be provided:

- Upon hire.
- Annually.
- When new products are introduced.
- When new policies and procedures are developed.
- In response to deviations from recommended practices.

Verify competency following each training.

Hands-on training and direct observation of practices are particularly important when assessing competency for environmental cleaning.

Maintain documentation that education and competency assessment were performed.

Performance Monitoring

- Performance monitoring and feedback ensure adherence to facility policies and procedures.
- Frequency and locations of audits should be informed by your annual IPC risk assessment.
    - More frequent monitoring may be performed on higher acuity units or the rooms of residents on Transmission-Based Precautions.
- Results of performance monitoring should be documented and shared to reinforce adherence to recommended practices.
- Self-assessment checklists and signoff sheets can be helpful reminders, but these alone are not sufficient.

Auditing

- Methods for auditing cleaning and disinfection practices vary.
  - There are pros and cons to each of these methods.
- Facilities could consider implementing more than one approach to performance monitoring.

- Visually inspecting the cleanliness of a room after cleaning and disinfection has been performed.

- Visual assessment, alone, is not sufficient to ensure that all surfaces have been properly cleaned and disinfected.
  - Just because a surface appears clean does not mean that it was disinfected.

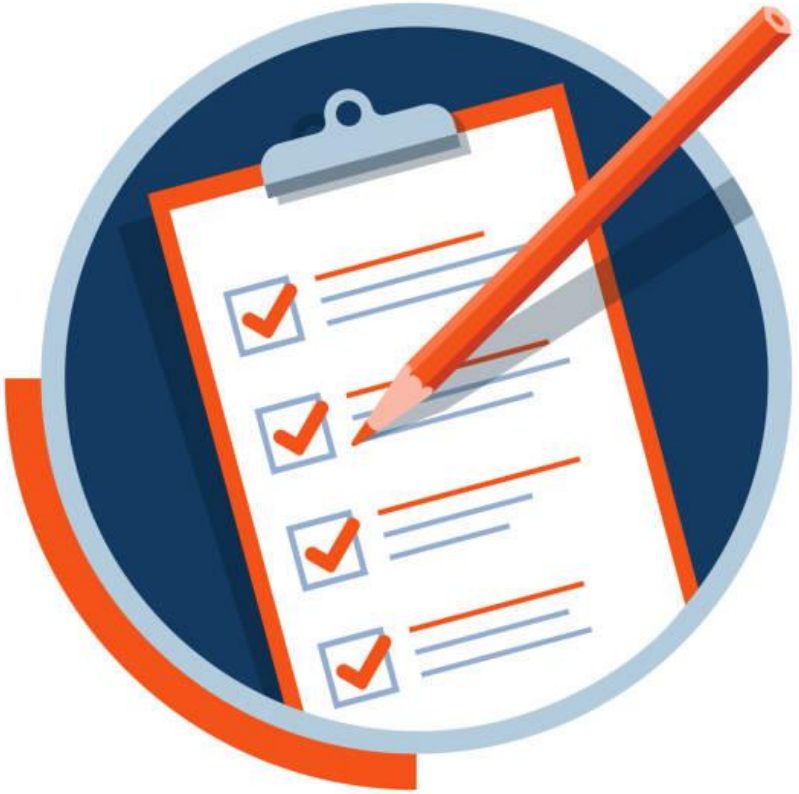
Methods for Assessment of Cleaning and Cleanliness

It is best practice to perform routine, standardized assessments of environmental cleaning (i.e., practices, level of cleanliness) in order to:

- ensure that environmental cleaning procedures are being performed according to best practices and facility policy
- use results to inform program improvement (e.g., training resource allocation)

Direct Performance Observations

- Observe staff practices with the assistance of a checklist.
  - Confirm they have prepared and applied cleaners and disinfectants in accordance with facility polici and procedures.
  - Confirm they have addressed all required surfaces in the room.
- Staff may modify their typical practices if they are aware they are being observed.



Fluorescent Markers

- Apply fluorescent markers before cleaning and assess the markers using special lighting after cleaning.
  - If the marker is still present after cleaning, it objectively indicates the surface was not adequately cleaned.
- This method would not identify deviations in preparation of cleaning and disinfection products or in how products were applied.

Before marked surface was wiped

After marked surface was wiped

Methods for Assessing the Level of Cleanliness

•Adenosine triphosphate (ATP) bioluminescence assay systems measure residual organic matter, both microbial and non-microbial, that is left on a surface after cleaning.

•Provides objective quantitative results that can be used to track and document improvement in daily cleaning practices.

•Method would not identify deviations in preparation and use of cleaning and disinfection products.

•Method is unable to measure virus, bacteria, fungus or parasites.

Bacterial Culture of Surface

- **Not recommended for routine use**; This method lacks a defined threshold or benchmark for determining the level or status of cleanliness (e.g., colony-forming units per surface area

- Environmental cultures--the only direct measurement of levels of microbial contamination after cleaning. In this process, cultures are taken (by swabbing or use of RODAC or contact agar plates) after an item is cleaned. Swabbing can indicate the presence of a specific bacteria on a surface. Contact agar plates can show the level of bacterial contamination on an area of a large, flat surface.

- May be useful for identifying source of outbreaks and/or environmental reservoirs – *use only with the direction of ADPH*

Provide Performance Feedback

Results of monitoring should be documented and shared.

•Additional information about options for evaluating environmental cleaning available on CDC website.

CDC Options for Evaluating Environmental Cleaning

Prevention is Key

Environmental hygiene is an important prevention tool intended to reduce the spread infections.

PREVENTION IS KEY!

Questions?

RESOURCES

Environmental Cleaning Procedures | Environmental Cleaning in RLS | HAI | CDC

*Nursing Home COVID-19 Infection Control Assessment and Response (ICAR) Tool Facilitator Guide, version 3.1 (cdc.gov)

Environmental Cleaning in RLSs | HAI | CDC

ARKRAY ASSURE PLATINUM REFERENCE MANUAL Pdf Download | ManualsLib

Super-Sani-Cloth-IFU-0821-UPDATE_05168539.pdf (pdihc.com)

SuperSaniCloth_EnglishFrench_LCan_.pdf (pdihc.com)

SDS-0020-00-English-REV-5-10.6.22_Super.pdf (pdihc.com)

CDC Options for Evaluating Environmental Cleaning

https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines.pdf

https://www.osha.gov/SLTC/bloodbornepathogens/index.html

https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants

Detect, Test, & Report
UAB IP Mini-Bootcamp

Western Health Center
631 Bessemer Super Hwy
Midfield, AL 35229

Jefferson County Department of Health
Disease Control
Prevention & Epidemiology
April 3, 2024

AGENDA

- **Detect, Test, & Report Awareness Campaign**
  Devon Sims, MPH, MBA
- **Cases of Potential Public Health Importance – MDROs**
  LyTasha Crum, MPH

DETECT, TEST and REPORT Notifiable Diseases and Outbreaks

Alabama Department of Public Health (ADPH)
Bureau of Communicable Diseases
Infectious Diseases & Outbreaks Division
Revised June 2023

DETECT
Decrease Epidemiological Threats with Environmental Controls and Testing
ALABAMA DEPARTMENT OF PUBLIC HEALTH

TEST
Take Epidemiological Specimens Today
ALABAMA DEPARTMENT OF PUBLIC HEALTH

REPORT
Rules for Every Provider and Organization to Report on Time
ALABAMA DEPARTMENT OF PUBLIC HEALTH

Objectives

- Be knowledgeable of the Notifiable Disease Rules.
- Be able to verbalize who should report, how to report, and when to report reportable diseases and conditions.
- Be able to verbalize what constitutes an outbreak.
- Be knowledgeable of Alabama's healthcare-associated infections reporting rules & surveillance program.

Who are we?

- Jefferson County arm of the Alabama Department of Public Health – Bureau of Communicable Disease
  - The mission of the Bureau of Communicable Disease (BCD) is to prevent and control communicable diseases in Alabama.

- We are NOT an arm of the Alabama Department of Public Health – Bureau of Health Provider Standards (Regulation and Licensure).

Who Must Report

- Physicians
- Dentists
- Nurses
- Medical Examiners
- Hospital Administrators
- Nursing Home Administrators
- Laboratory Directors*
  *Must submit electronically
  ADPH expects multiple reports
- School Principals
- Child Care Center/Head Start Directors

What Role Do LTCF Play?

- DETECT - **D**ecrease **E**pidemiological **T**hreats with **E**nvironmental **C**ontrols and **T**esting
- TEST - **T**ake **E**pidemiological **S**pecimens **T**oday
- REPORT - **R**ules for **E**very **P**rovider and **O**rganization to **R**eport on **T**ime

DETECT
Decrease Epidemiological Threats with Environmental Controls and Testing
ALABAMA DEPARTMENT OF PUBLIC HEALTH

TEST
Take Epidemiological Specimens Today
ALABAMA DEPARTMENT OF PUBLIC HEALTH

REPORT
Rules for Every Provider and Organization to Report on Time
ALABAMA DEPARTMENT OF PUBLIC HEALTH

JCDH is exempt from HIPAA

ADPH/JCDH are public health authorities as defined by HIPAA and are authorized to collect or receive protected health information (PHI) for the purpose of surveillance, investigations, and interventions of notifiable diseases, without permission of the patient.

http://www.cdc.gov/mmwr/pdf/other/m2e411.pdf

Why Report Notifiable Conditions?

- Help prevent diseases & transmission
- Educate patients and the public
- Confirm diagnosis
- ADPH administrative code authorizes and requires reporting
  https://admincode.legislature.state.al.us/administrative-code/420-4-1-.04
- Required by law, Code of Alabama, Section 22-11A-1
  https://alison.legislature.state.al.us/code-of-alabama

ADPH Administrative Code

420-4-1-.04 Reporting.

(1) Responsibility for Reporting. Each physician, dentist, nurse, medical examiner, hospital administrator, nursing home administrator, laboratory director, school principal, and child care center/Head Start director shall be responsible to report cases or suspected cases of notifiable diseases and health conditions. Reports by laboratories as outlined in 420-4-1-.04(3) shall not substitute for reports by persons responsible for reporting cases or suspected cases of notifiable diseases and health conditions. Said report shall contain such data as may be required by the rules of the State Board of Health. Said report shall be in the manner designated in Rule 420-4-1-.04(3)-(7).

Code of Alabama

CHAPTER 11A REPORTING NOTIFIABLE DISEASES.

ARTICLE 1 GENERAL PROVISIONS.

SECTION 22-11A-1 STATE BOARD OF HEALTH TO DESIGNATE NOTIFIABLE DISEASES AND HEALTH CONDITIONS.

The State Board of Health shall designate the diseases and health conditions which are notifiable. The diseases and health conditions so designated by the Board of Health are declared to be diseases and health conditions of epidemic potential, a threat to the health and welfare of the public, or otherwise of public health importance. The occurrence of cases of notifiable diseases and health conditions shall be reported as provided by the rules adopted by the State Board of Health.

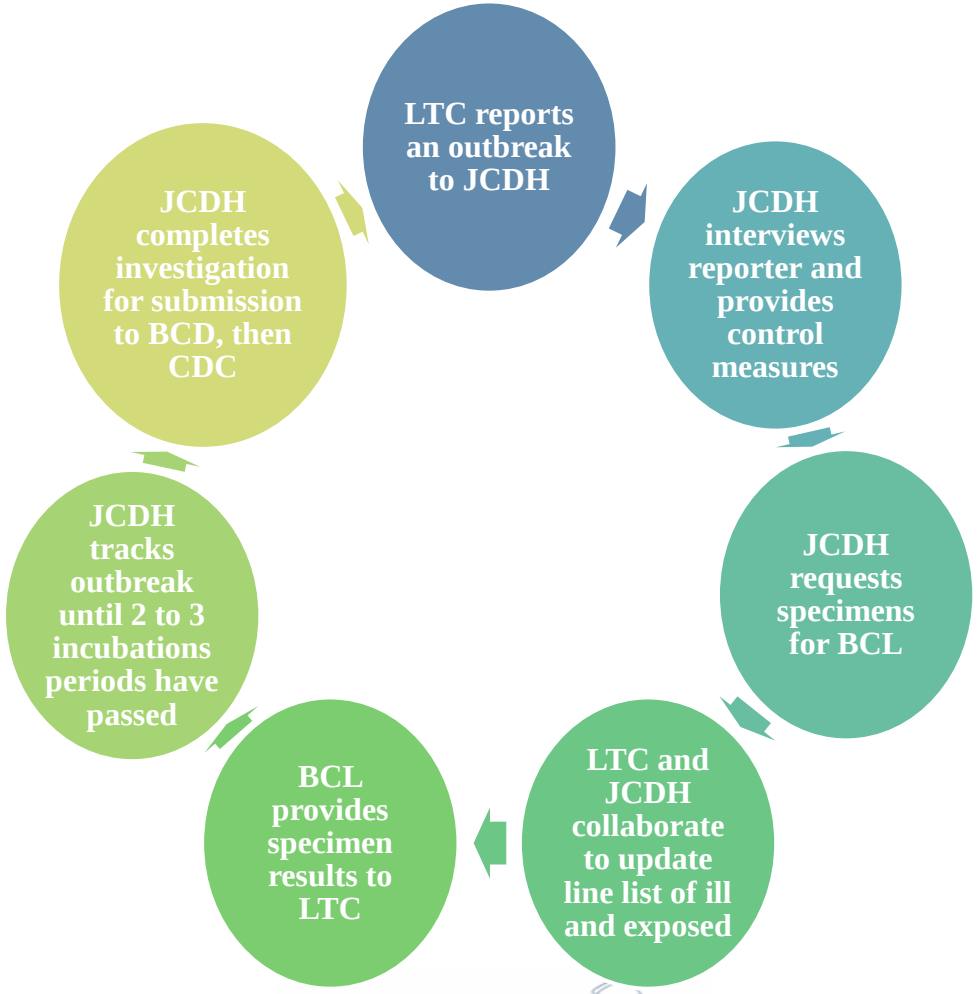
(Acts 1987, No. 87-574, p. 904, §1.)

Notifiable Diseases/Conditions

- **Liability** – Reporters of cases or suspected cases of notifiable diseases, outbreak, or cases of public health importance will have immunity from civil or criminal liability, http://alisondb.legislature.state.al.us/alison/codeofalabama/1975/22-11A-2.htm

- **Penalty -** failure to report is a misdemeanor and upon conviction a fine of $100-$500 can be imposed, https://alisondb.legislature.state.al.us\alison\codeofalabama\1975\22-11A-6.htm

What happens when you report?



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TEST Take Epidemiological Specimens Today
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REPORT Rules for Every Provider and Organization to Report on Time
ALABAMA DEPARTMENT OF PUBLIC HEALTH

Minimum Data Elements

- Name of disease or health condition
- Patient's
  - Name
  - DOB
  - Gender
  - Ethnicity
  - Race
  - Address
  - Phone
  - Payor source
- Date of onset, date of lab results, and/or date of diagnosis
- Reporter's
  - Name
  - Phone
  - Facility
- Additional Information
- Supplemental Investigation

ADPH DTR One-page Flyers

Infectious Diseases & Outbreaks Fast Fact Flyers

These flyers are easy to read and generally one-page education for students, parents, and patients to learn more about notifiable diseases, outbreaks, and cases of public health importance.

- Acute Flaccid Myelitis
- Acute Flaccid Myelitis Provider Guidance
- Bed Bugs
- Botulism
- C. diff
- Cryptosporidium
- E. Coli
- Enterovirus D68 (EV-D68)
- Enterovirus D68 (EV-D68) Spanish
- Exclusion and Readmission Criteria for Communicable Diseases in Schools and Chi
- Fifth Disease
- Food Cross Contamination
- Hand, Foot, and Mouth Disease
- Head Lice
- Impetigo
- Influenza in People and Pigs
- Influenza or ILI for Long-term Care Facilities - Control Measures
- Influenza or ILI for Schools or Child Care Facilities - Control Measures
- Keep Bats Out
- Legionella
- Lymphocytic Choriomeningitis Virus
- Meningococcal Disease and Vaccine
- Mononucleosis
- Mononucleosis - Spanish
- Norovirus and Sapovirus
- Outbreak Investigation Actions
- Psittacosis Flyer
- Rabies Flow Chart
- Rabies Prophylaxis
- Rabies Prophylaxis Providers
- Reduce Mosquitoes
- Respiratory Illness Control Measures
- Safe Freshwater Swim Practices (Primary Amebic Meningoencephalitis / Naegleria fowleri)
- Salmonella
- Scabies
- Sewage
  - Exposure to Sewage Can Make You Sick
  - Prevent Sewage Exposure
  - Protect Yourself from Illness
  - Maintaining Your Septic System
  - Cleaning Up Indoor Sewage Spills
- Shigella
- Shingles
- Specimen - General Public
- Specimen - Healthcare Provider
- Stop Dog Bites
- Tickborne Diseases
- Vibriosis

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Surveillance Line List

Surveillance Line List

#	Last Name	First Name	Phone #	County/State of Residence	DOB	Age	Sex	Ill or Not Ill	HGQ, and/or OSQ, or Not Interviewed?	Exposu Date	Symptom Onset Date	Symptoms? F, D, V, C Include measured temp	Duration of Illness	Specimen Date & Type Collected?	What Tests were Requested/Performed?	What test methods?	Which Lab Performed Test?	Lab Results	MD, ED, or Hospitalized?
1																			
2																			
3																			
4																			
5																			
6																			

Facilities may be directed to complete a surveillance line list or the DI may request information to complete the line list.

Outbreak ID:

#	Demographics				Age Group	Sex	Group			Clinical Information													
	Last Name	First Name	Parent/Proxy Name	Daytime Phone(s)	Select age group	Female or Male	Non-staff or staff	Grade (if school)	Room / Unit / Cabin	Illness Onset Date/Time	Illness End Date/Time	Illness Duration (Units: M, H, D)	Abdominal Cramps	Bloody Stools	Diarrhea	Fever (≥100.4°F)	HUS	Vomiting	Other (specify)	Other (specify)	Other (specify)		
1												0											
2												0											
3												0											
4												0											
5												0											
6												0											
7												0											
8												0											
9												0											

Specimens

- Stool
- Stool
- More Stool
- Blood
- Sputum
- Nasopharyngeal

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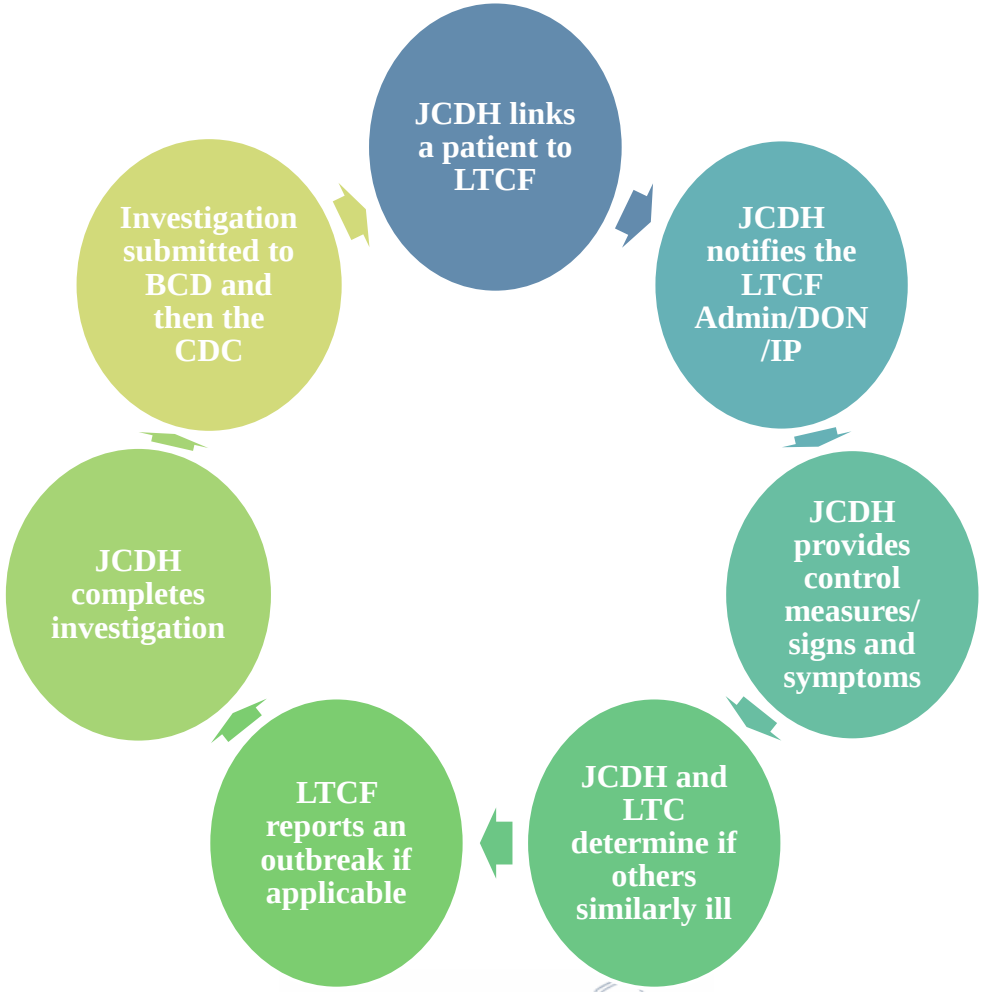
Rules for Every Provider and Organization to Report on Time
ALABAMA DEPARTMENT OF PUBLIC HEALTH

What happens when we report to you?



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Controlling the Spread of Disease

Hinges on….

- Timely identification and reporting of disease
- Timely provision of education and control measures to healthcare providers, patients, and the public.

Report within 4 hours of Presumptive Diagnosis

Immediate, Extremely Urgent

Anthrax, human	Smallpox
Botulism ★	Tularemia
Plague	Viral hemorrhagic fever
Poliomyelitis, paralytic	Cases related to nuclear, biological, or chemical terroristic agents*
Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV)	

★ Must request permission from Infectious Diseases & Outbreaks before testing

*Select Agents, https://www.selectagents.gov/sat/list.htm

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Report within 24 hours

Presumptive Diagnosis

Immediate, Urgent

Brucellosis
Cholera
Coronavirus (COVID-19) / (SARS-CoV2)
Diphtheria
E. coli, shiga toxin-producing (STEC)
Haemophilus influenzae, invasive disease*
Hemolytic uremic syndrome (HUS), post-diarrheal
Hepatitis A, including ALT
Legionellosis
Measles (rubeola)
Meningococcal Disease (*Neisseria meningitidis*)*
Novel influenza A virus infections (i.e., potential new strain)
Pertussis
Poliovirus infection, nonparalytic
Rabies, human and animal
Rubella
Tuberculosis
Typhoid fever
Yellow fever
Outbreaks of any kind ★
Cases of potential public health importance

★ An outbreak is two or more similarly ill persons

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REPORT Rules for Every Provider and Organization to Report on Time ALABAMA DEPARTMENT OF PUBLIC HEALTH

LTC Outbreaks

- An outbreak is defined as 2 or more similarly ill people with a common exposure.

- Single cases of certain rare and serious conditions will be investigated such has healthcare acquired legionellosis, MDR Candida Auris, etc.

Outbreaks of Any Kind are reportable within 24 hours and include both notifiable diseases and diseases **not** required individually to be reported (e.g., norovirus, scabies, flu, etc.).

LTC COVID -19 Outbreak Definition

Report a COVID-19 outbreak to JCDH/ADPH when:

- ≥2 case of probable or confirmed COVID-19 among residents with epi-linkage

- ≥2 cases of suspect , probable or confirmed COVID-19 among HCP AND ≥1 case of probable or confirmed COVID-19 among residents, with epi-linkage AND no other more likely sources of exposure for at least 1 of the cases

Report within 5 days of Diagnosis

Standard Notification

Standard Notification Disease/Condition

Report to the State Health Department by electronic means, telephone, or in writing within 5 days of diagnosis.

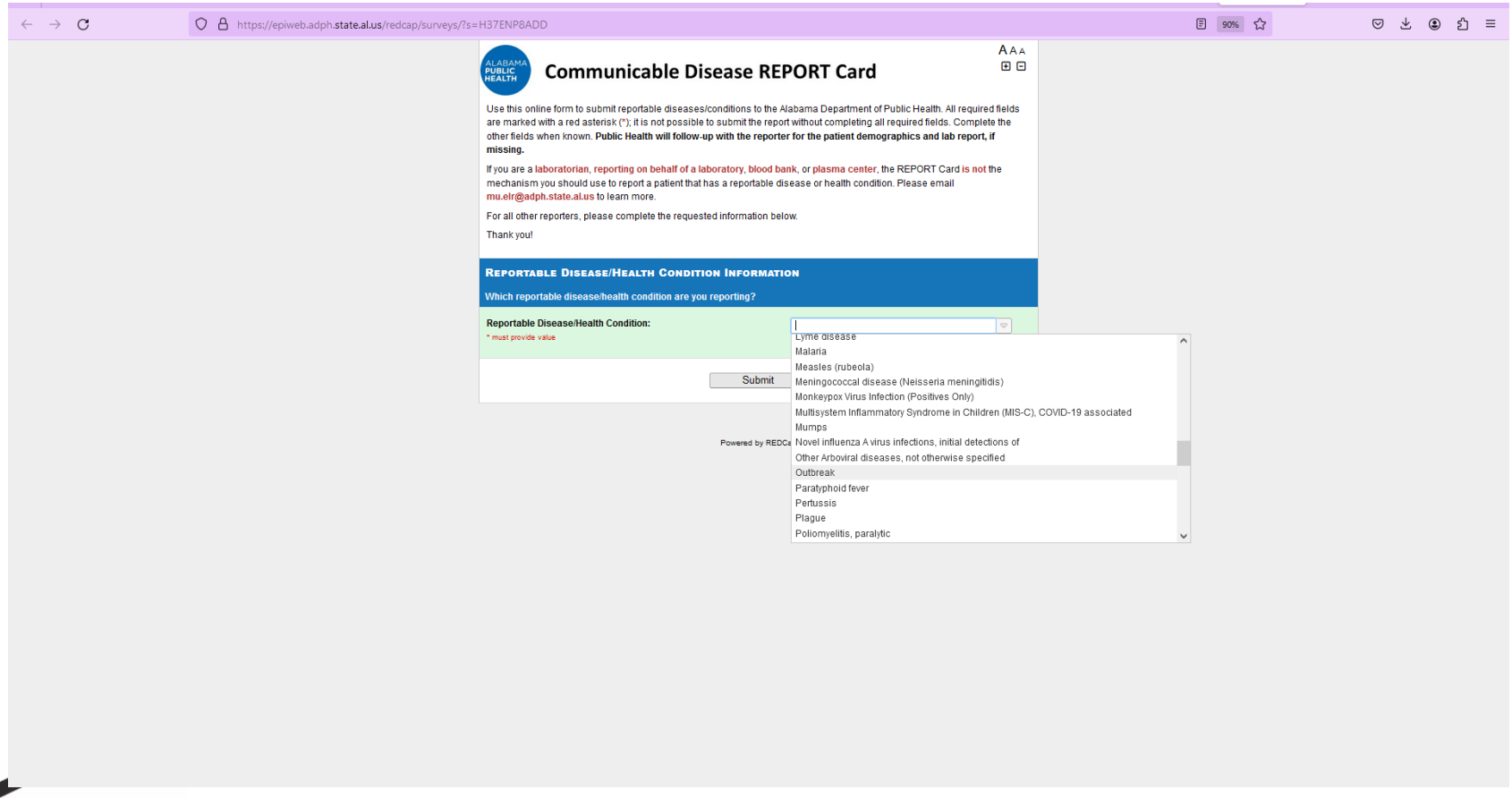
- Acute Flaccid Myelitis
- Anaplasmosis
- Arboviral disease (including all resulted tests)
- Babesiosis
- Campylobacteriosis
- Chancroid
- *Chlamydia trachomatis*
- Coccidioidomycosis
- Cryptosporidiosis
- Cyclosporiasis
- Dengue
- Ehrlichiosis
- Giardiasis
- Gonorrhea
- Hansen's disease (Leprosy)
- Hantavirus Pulmonary Syndrome
- Hepatitis B, C, and other viral (chronic/acute), including ALT**
- Human Immunodeficiency Virus (HIV) infection (including asymptomatic infection, AIDS, CD4 counts, and viral load)
- Influenza-associated deaths
- Lead, exposure screening test result
- Leptospirosis
- Listeriosis
- Lyme disease
- Malaria
- Mumps
- Perinatal Hepatitis B
- Perinatal HIV Exposure (<18 months of age)
- Psittacosis
- Q Fever
- Salmonellosis (including paratyphoid fever)
- Shigellosis
- Spotted Fever Rickettsiosis
- *Staphylococcus aureus*, Vancomycin-intermediate (VISA) and Vancomycin-resistant (VRSA)
- *Streptococcus pneumoniae*, invasive disease*
- Syphilis
- Tetanus
- Toxic Shock Syndrome (non-Strep)
- Trichinellosis (Trichinosis)
- Varicella
- Vibriosis
- Zika Virus

How to REPORT

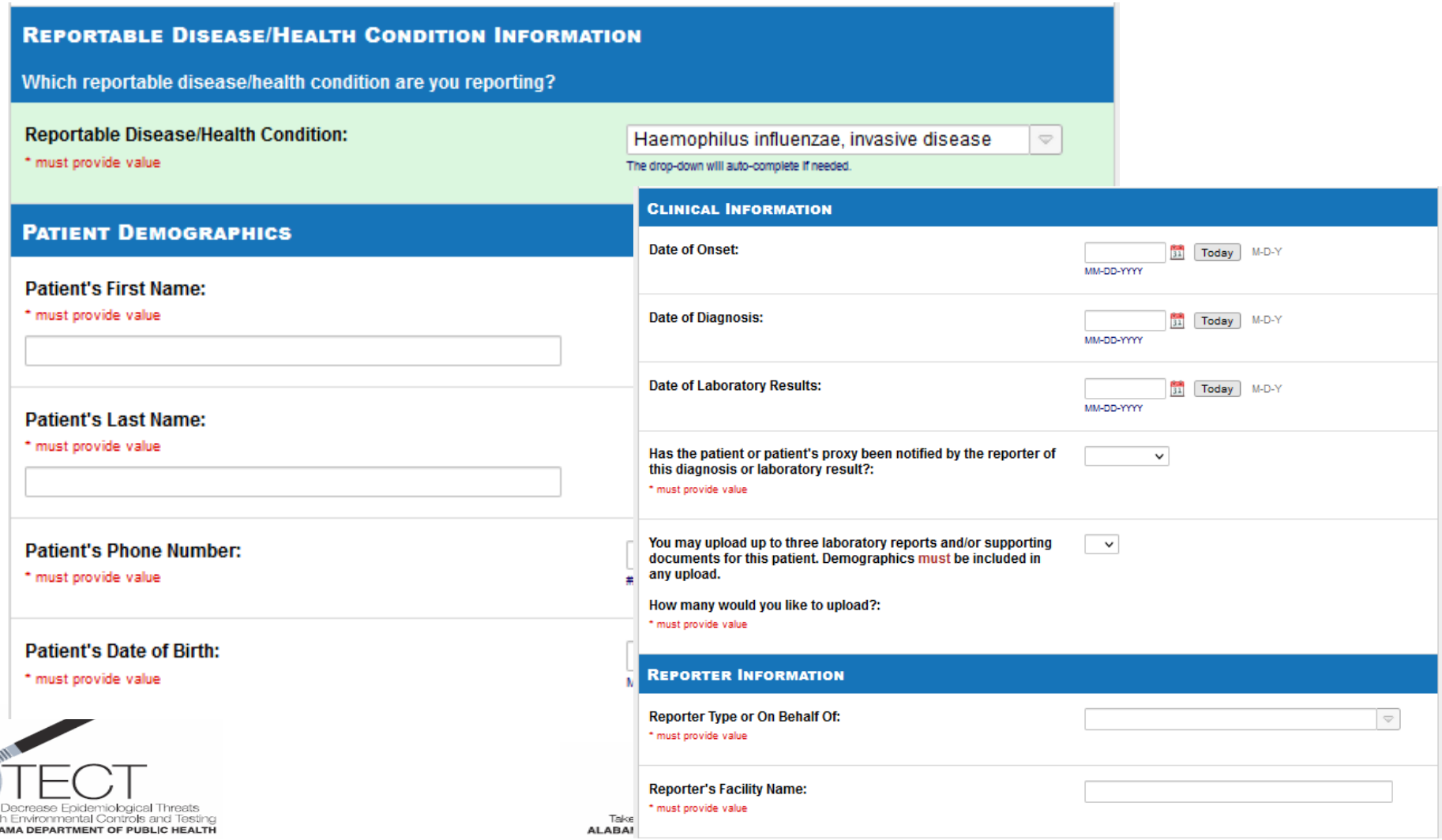
- Online, REPORT Card : https://epiweb.adph.state.al.us/redcap/surveys/?s=H37ENP8ADD

- Phone 205-930-1440 or 205-930-1459 (still requires an online report).

Communicable Disease REPORT Card



Notifiable Diseases/Conditions



Reportable Disease/Health Condition Information

Which reportable disease/health condition are you reporting?

Reportable Disease/Health Condition: Haemophilus influenzae, invasive disease
* must provide value
The drop-down will auto-complete if needed.

Patient Demographics

Patient's First Name:
* must provide value

Patient's Last Name:
* must provide value

Patient's Phone Number:
* must provide value

Patient's Date of Birth:
* must provide value

Clinical Information

Date of Onset: Today M-D-Y MM-DD-YYYY

Date of Diagnosis: Today M-D-Y MM-DD-YYYY

Date of Laboratory Results: Today M-D-Y MM-DD-YYYY

Has the patient or patient's proxy been notified by the reporter of this diagnosis or laboratory result?:
* must provide value

You may upload up to three laboratory reports and/or supporting documents for this patient. Demographics must be included in any upload.

How many would you like to upload?:
* must provide value

Reporter Information

Reporter Type or On Behalf Of:
* must provide value

Reporter's Facility Name:
* must provide value

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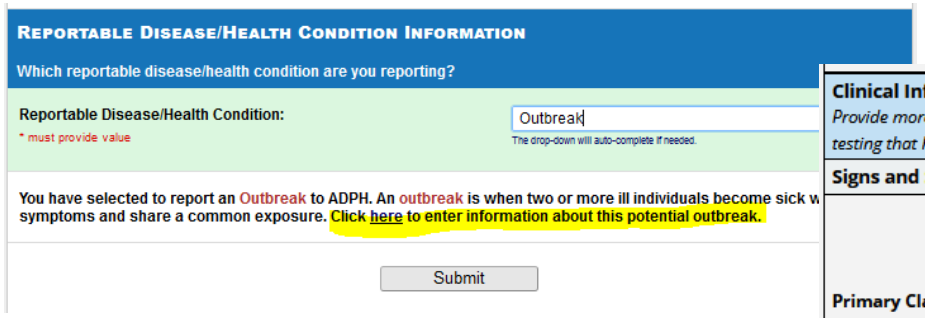
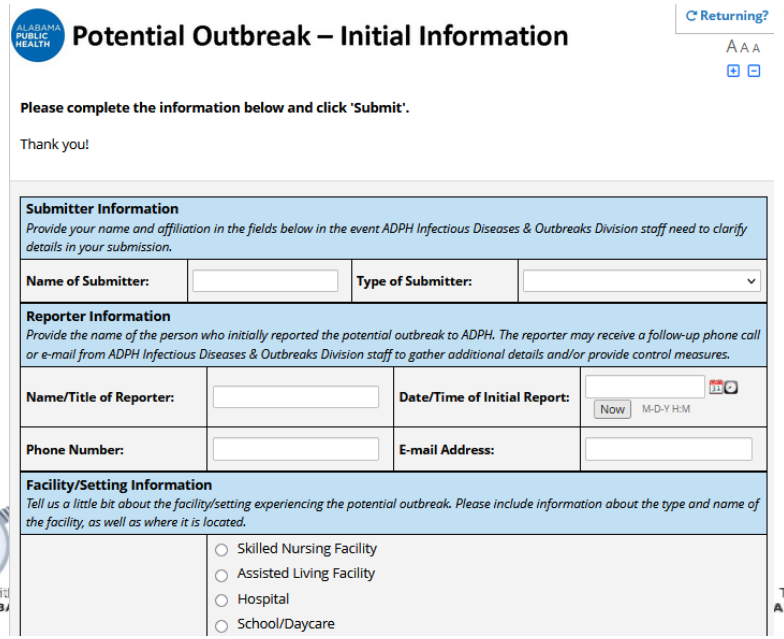
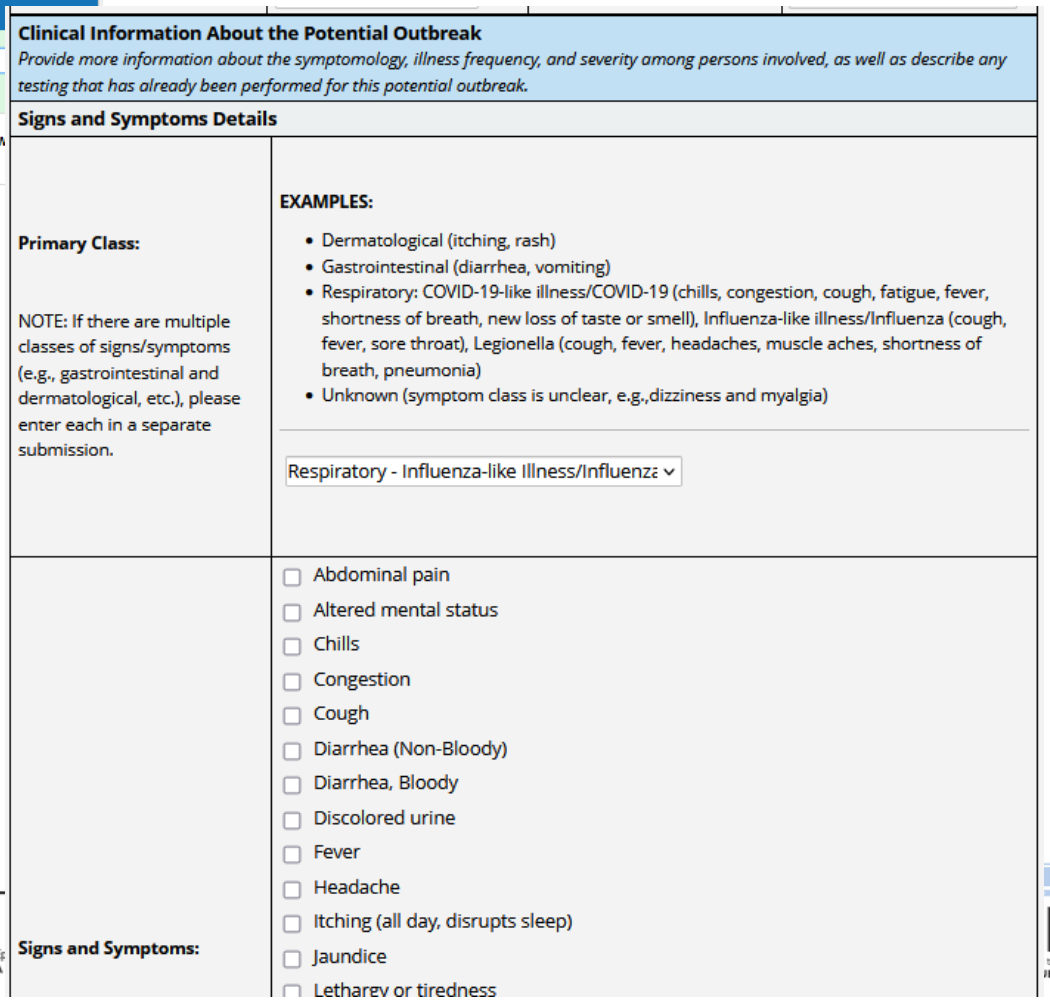
ORT ization to Report on Time
OF PUBLIC HEALTH

Outbreak of Any Kind







When is Hand Sanitizer Not Best for Healthcare Workers?

- When hands are visibly soiled.
- After caring for a patient with infectious diarrhea.
- Before eating.
- After using the restroom.

REMEMBER

Alcohol-based hand sanitizers do *not* eliminate all types of germs. Soap and water are more effective than hand sanitizers at removing certain kinds of germs, like *Cryptosporidium*, norovirus, and *Clostridium difficile*. Although alcohol-based hand sanitizers can inactivate many types of microbes very effectively when used correctly, people may not use a large enough volume of the sanitizers or may wipe it off before it has dried.

Hand Sanitizer

How to use Alcohol-Based Hand Sanitizer?

Washing hands with soap and water is the best way to reduce the number of germs on them in most situations. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol. Alcohol-based hand sanitizers can quickly reduce the number of germs on hands in some situations, but sanitizers do **not** eliminate all types of germs and might not remove harmful chemicals.

Hand sanitizers are not as effective when hands are visibly dirty or greasy.

How do you use hand sanitizers?

- Apply the product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the product over all surfaces of your hands and fingers until your hands are dry.

http://www.cdc.gov/handwashing/

How to REPORT

- Online, REPORT Card : https://epiweb.adph.state.al.us/redcap/surveys/?s=H37ENP8ADD

- Phone 205-930-1440 or 205-930-1459 (still requires an online report).

How to REPORT

Contact your District Investigator or ID&O Central Office

- Report Immediate, Extremely Urgent conditions within 4 hrs of presumptive diagnosis
  - Phone 1-800-338-8374

- Immediate, Urgent conditions within 24 hours of presumptive diagnosis
  - Online, Communicable Disease REPORT Card
  - Phone 1-800-338-8374
  - Email to report@adph.state.al.us
  - Fax (334) 206-3734

- Standard within 5 days of diagnosis
  - Online, Communicable Disease REPORT Card
  - Phone 1-800-338-8374
  - Email to report@adph.state.al.us
  - Fax (334) 206-3734

Northern District

Toni Richie, RN
(W) 256-301-6712
(F) 256-353-4432

Crystal Page, RN
(W)256-301-6756
(F) 256-353-4432

Kathy Linzey, RN
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(F) 256-383-8843

Dana Garrison, RN
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(F) 256-734-1840

Northeastern District

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(F) 256-240-2615

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(F) 205-930-1299

LyTasha Foster, MPH
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Jennifer Trawick, RN
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Wendy Ledbetter, RN
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Barbara Gibbs, RN
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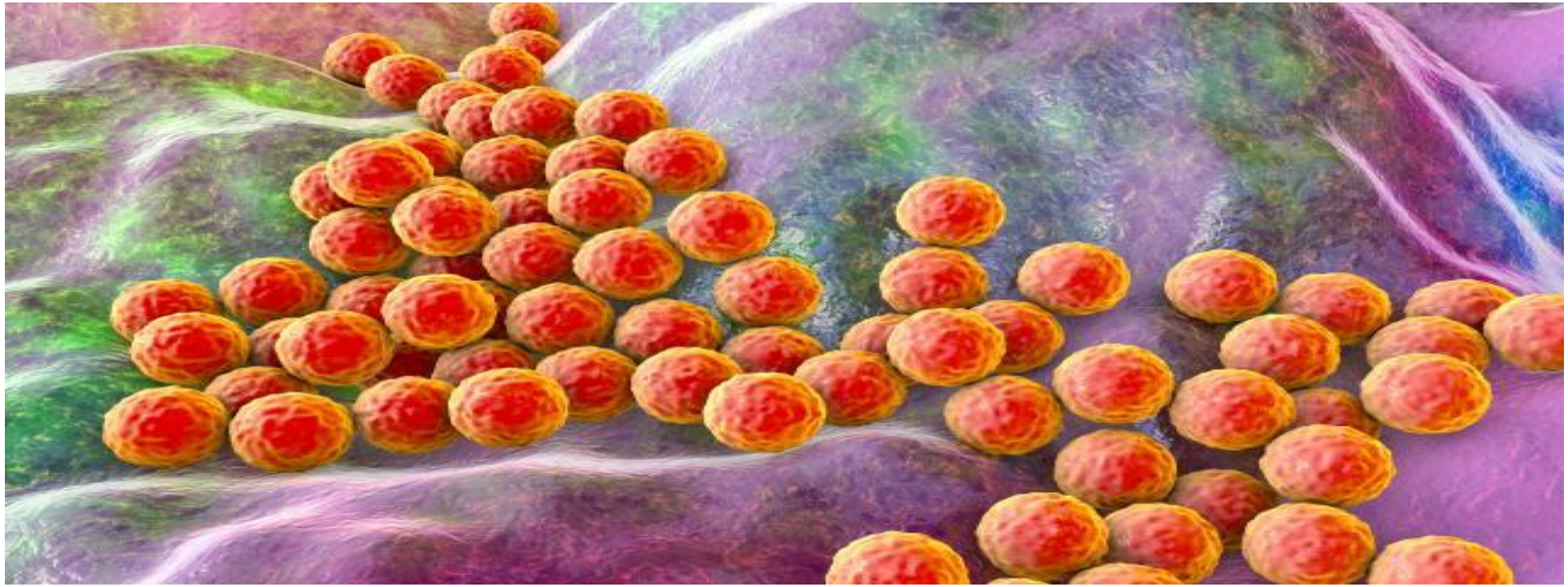
(W)251-690-8854
(F) 251-690-8976

Infectious Diseases and Outbreaks Division
Phone: 334-206-5971
Toll-Free: 800-338-8374
Fax: 334-206-3734

Questions?

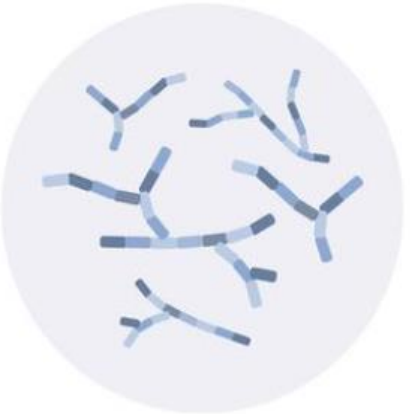
Thank you

MDROs



What are Multidrug-Resistant Organisms (MDROs)?

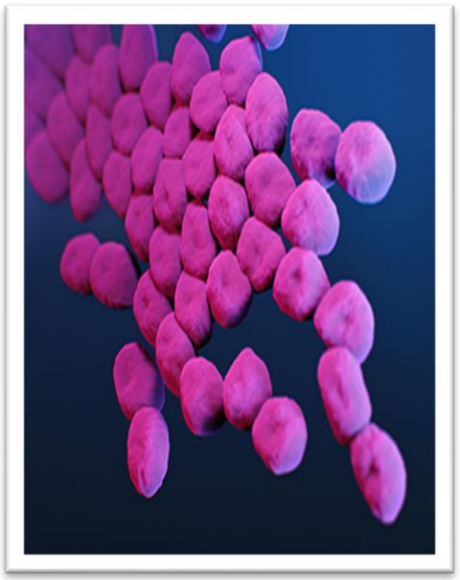
Resistant to at least one or more classes of antimicrobials



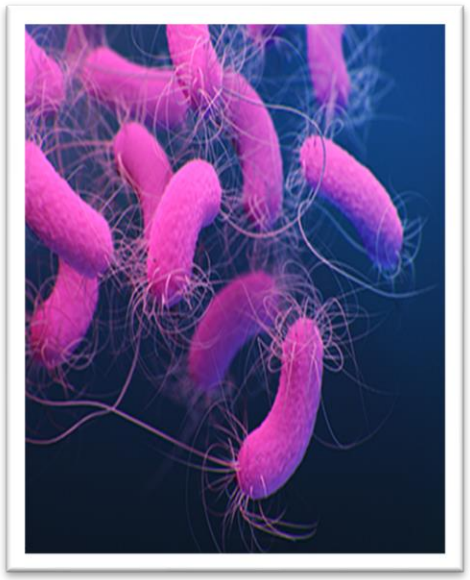
MDRO is an Umbrella Term

Candida auris

Carbapenem-Resistant Enterobacterales (CRE)



Carbapenem-Resistant *Acinetobacter baumannii* (CRAB)



Carbapenem-Resistant *Pseudomonas aeruginosa* (CRPA)

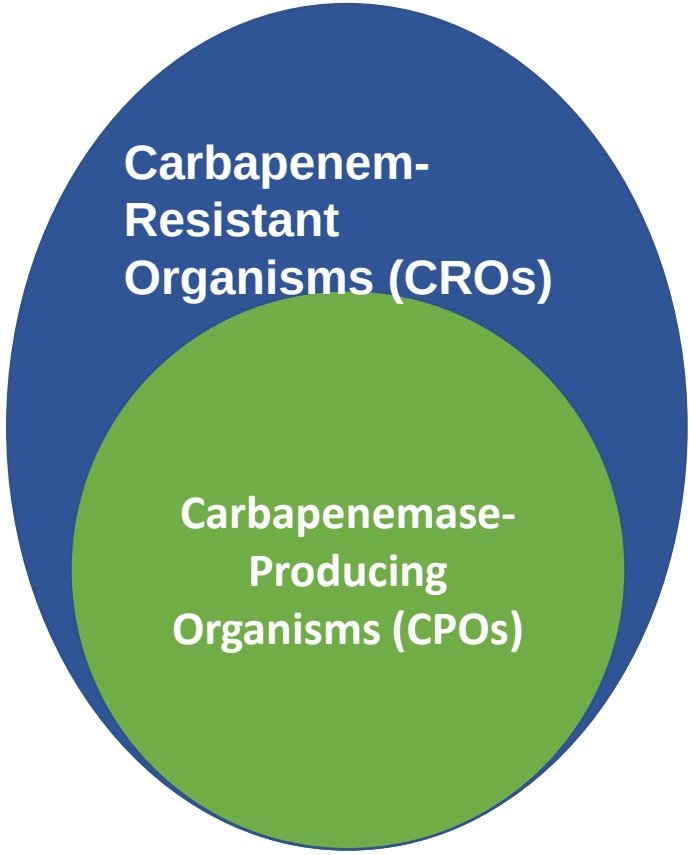
Who is at risk?

Hospital patients and long-term care facility residents, especially those who:

- Received complex medical care, including intensive care unit admission or having invasive devices
- Have recent antibiotic exposure
- Need help with activities of daily living such as toileting, bathing, and dressing
- Have severe or chronic wounds
- Were admitted to the same unit of a healthcare facility as a person with CRE, CRPA, or CRAB
- Anyone who had medical procedures or was admitted to a hospital outside the U.S. in the past 6 months

Carbapenem-Resistant Organisms (CRO)

- CRE: Carbapenem-resistant Enterobacterales
  - *Escherichia coli* (E.coli) and *Klebsiella pneumoniae*
- CRPA: Carbapenem-resistant *Pseudomonas aeruginosa*
- CRAB: Carbapenem-resistant *Acinetobacter baumannii*



Carbapenem-Resistant Enterobacterales (CRE)

- Do not respond to common antibiotics
- Spreads through direct or indirect contact




Carbapenem-Resistant *Pseudomonas aeruginosa* (CRPA)

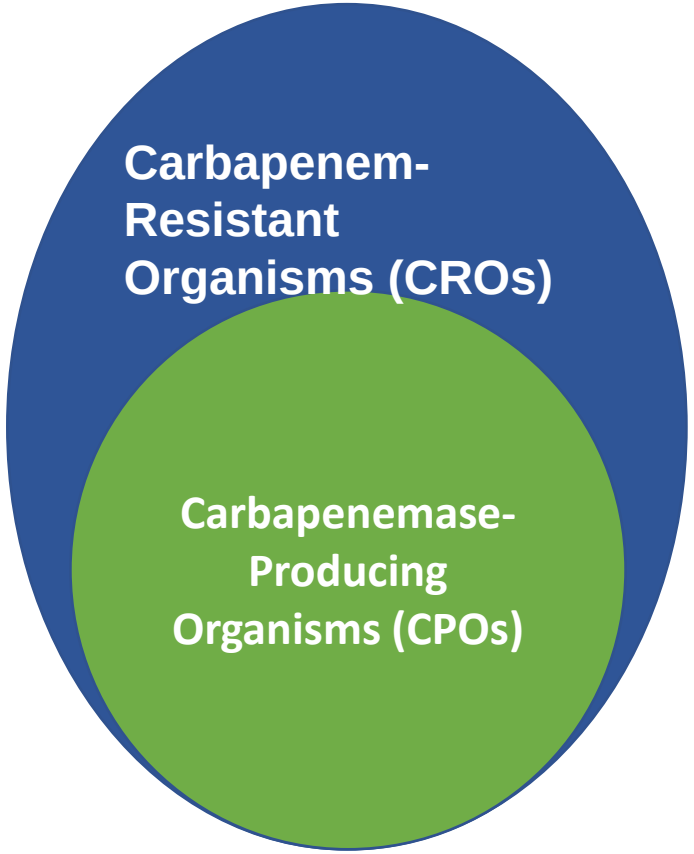
- Can cause a variety of infections:
  - BSI
  - UTI
  - SSI
  - Pneumonia
- Uncommon in the U.S.
- Spreads through direct or indirect contact

Carbapenem-Resistant *Acinetobacter baumannii* (CRAB)

- Spreads through direct or indirect contact
- Can persist in the environment for a very long time

Carbapenemase-Producing Organisms (CPO)

- CP-CRE: Carbapenemase-Producing Carbapenem-resistant Enterobacterales
- CP-CRPA: Carbapenemase-Producing Carbapenem-resistant *Pseudomonas aeruginosa*
- CP-CRAB: Carbapenemase-Producing Carbapenem-resistant *Acinetobacter baumannii*



Candida auris (C. auris)

Highly drug-resistant

Can lead to invasive infections

Becoming more common worldwide

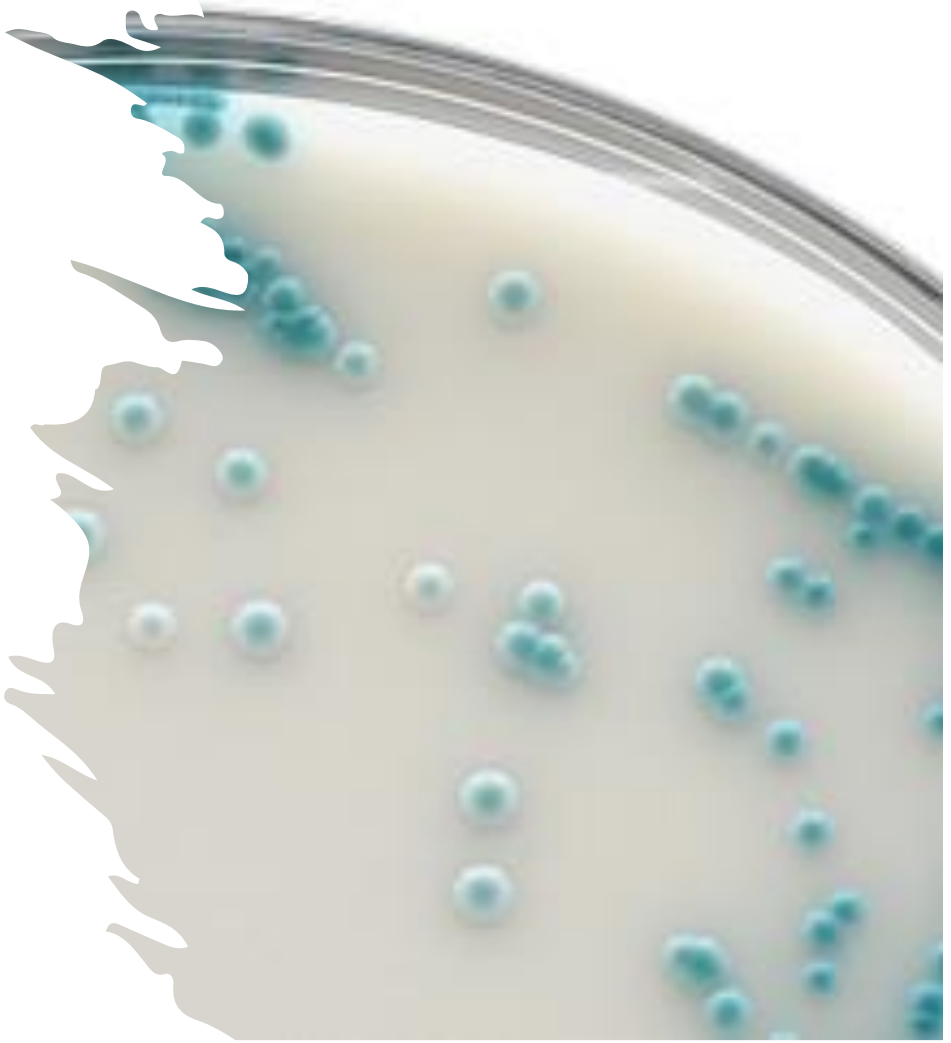
Difficult to identify

Spreads easily in healthcare settings

C. auris

- Mostly affects patients with severe underlying medical conditions

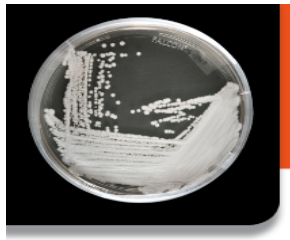
- Patients with invasive medical devices like breathing tubes, feeding tubes, catheters in a vein, or urinary catheters tend to be at increased risk for getting *C. auris* and developing an infection



C. auris Control Measures

- Use gown and gloves to care for patients infected or colonized
- Place in private room/isolate from other patients
- Reinforce hand hygiene
- Use EPA disinfectant with claim for C. auris for routine and terminal cleaning
- Screen contacts to identify additional cases; use same IPC measures
- Communicate upon transfer/discharge
- Flag medical record if possible

C. auris Fact Sheet



Candida auris:
A drug-resistant germ that spreads in healthcare facilities

Candida auris (also called *C. auris)* is a fungus that causes serious infections. Patients with *C. auris* infection, their family members and other close contacts, public health officials, laboratory staff, and healthcare workers can all help stop it from spreading.

Why is *Candida auris* a problem?

It causes serious infections. *C. auris* can cause bloodstream infections and even death, particularly in hospital and nursing home patients with serious medical problems. More than 1 in 3 patients with invasive *C. auris* infection (for example, an infection that affects the blood, heart, or brain) die.

It's often resistant to medicines. Antifungal medicines commonly used to treat *Candida* infections often don't work for *Candida auris*. Some *C. auris* infections have been resistant to all three types of antifungal medicines.

It's becoming more common. Although *C. auris* was just discovered in 2009, it has spread quickly and caused infections in more than a dozen countries.

It's difficult to identify. *C. auris* can be misidentified as other types of fungi unless specialized laboratory technology is used. This misidentification might lead to a patient getting the wrong treatment.

It can spread in hospitals and nursing homes. *C. auris* has caused outbreaks in healthcare facilities and can spread through contact with affected patients and contaminated surfaces or equipment. Good hand hygiene and cleaning in healthcare facilities is important because *C. auris* can live on surfaces for several weeks.

How do I know if I have a *Candida auris* infection?

C. auris is still rare in the United States. People who get invasive *Candida* infections are often already sick from other medical conditions, so it can be difficult to know if you have a *C. auris* infection. The most common symptoms of invasive *Candida* infection are fever and chills that don't improve after antibiotic treatment for a suspected bacterial infection. Only a laboratory test can diagnose *C. auris* infection. Talk to your healthcare provider if you believe you have a fungal or healthcare-associated infection.

Most people who get serious *Candida* infections are already sick from other medical conditions.

Centers for Disease Control and Prevention
National Center for Emerging and Zoonotic Infectious Diseases

CS270813

Stopping the spread of *Candida auris*

CDC is working with public health partners, healthcare workers, and laboratories to stop the spread of *C. auris* in healthcare settings. Here's how CDC is asking everyone to help:

Family members and other close contacts of patients with *C. auris*

- Clean your hands with hand sanitizer or soap and water before and after touching a patient with *C. auris* or equipment in his or her room.
- Remind healthcare workers to clean their hands.

Laboratory staff, healthcare workers, and public health officials

- Know when to suspect *C. auris* and how to properly identify it.
- Report cases quickly to public health departments.
- For healthcare workers, clean hands correctly and use precautions like wearing gowns and gloves to prevent spread.
- Clean patient rooms thoroughly with a disinfectant that works against *C. auris*.
- Investigate *C. auris* cases quickly and determine additional ways to prevent spread.
- Check the CDC website for the most up-to-date guidance on identifying and managing *C. auris*: https://www.cdc.gov/fungal/diseases/candidiasis/recommendations.html.

Scientists are still learning about *Candida auris*

CDC and public health partners are working hard to better understand *C. auris* and answer the following questions so that we can continue to help protect people from this serious infection:

- Why is *C. auris* resistant to antifungal medicines?
- Why did *C. auris* start causing infections in recent years?
- Where did *C. auris* originally come from, and why has it appeared in many regions of the world at the same time?

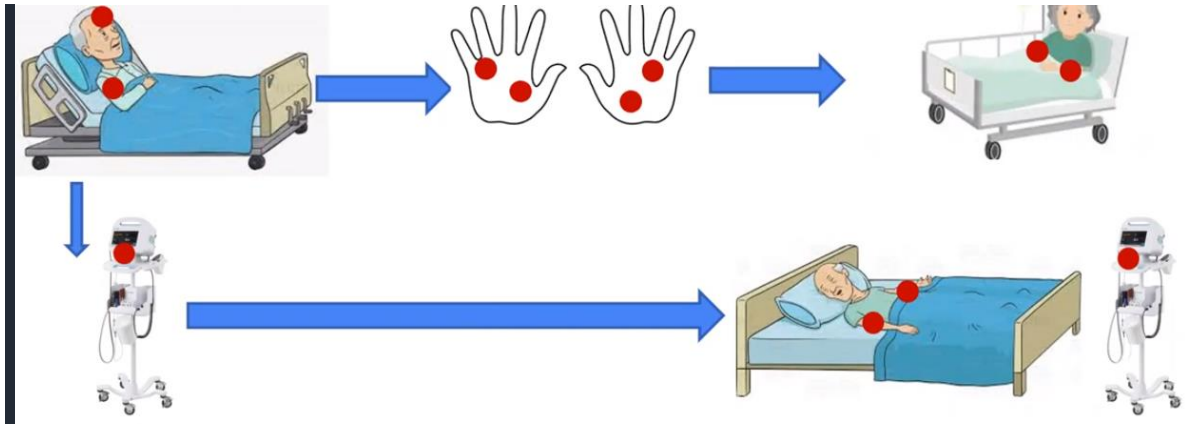
What is CDC doing?

CDC is collaborating closely with partners to better respond, contain spread, and prevent future infections by:

- Advising healthcare workers and infection control staff on ways to stop the spread of *C. auris* and continually updating this guidance as we learn more about the infection.
- Working with state and local health agencies, healthcare facilities, and clinical microbiology laboratories to ensure that laboratories are using proper methods to detect *C. auris*.
- Testing *C. auris* strains to monitor for resistance to antifungal medicines.
- Examining the DNA of *C. auris* strains using whole genome sequencing to better understand how this germ is spreading in the United States and around the world.
- Working with public health partners in the United States and internationally to learn more about how *C. auris* spreads in healthcare facilities and to eliminate it from those facilities.

For more information:
Centers for Disease Control and Prevention (CDC),
National Center for Emerging and Zoonotic Infectious Diseases
Division of Foodborne, Waterborne, and Environmental Diseases
Telephone 800-CDC-INFO (232-4636) Web http://www.cdc.gov/fungal

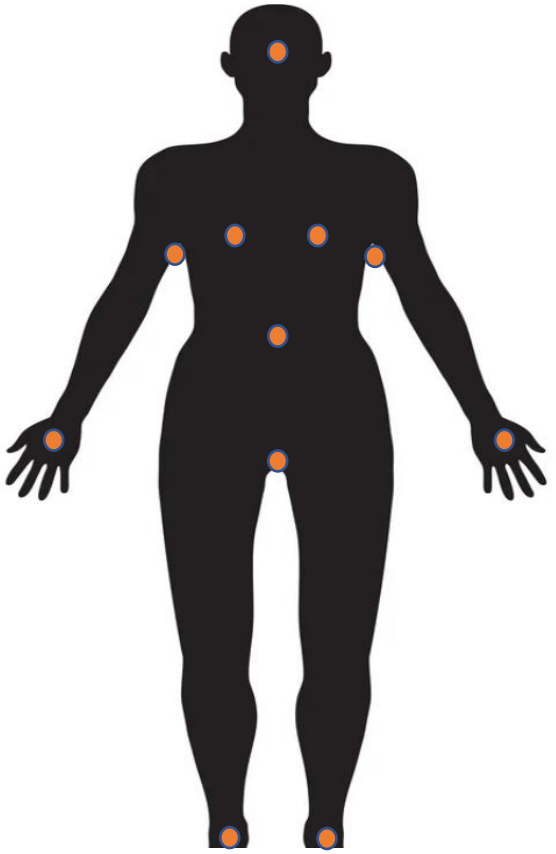
Colonization



- An organism found in or on the body, but it is not causing any symptoms or disease.
- Higher risk for developing an infection
- Source of spread of MDROs to other people in healthcare settings

Colonization Principles – Body Sites and MDROs

- MDROs can be found in many different locations both in and on the body
- Different MDROs colonize different body sites
- Examples:
  - *C. auris* – axilla, groin, nares, hands, toes, and other body sites
  - CRE – digestive tract
  - CRPA – respiratory and digestive tract, wounds
  - CRAB – respiratory and digestive tract, skin, wounds



Colonization Screening Guidance

Multidrug-Resistant Organism Point-Prevalence Survey Guidance: CRE and CRPA

Specimen Collection and Shipping Procedures

PURPOSE

This guideline will aid in collecting and shipping specimens collected with Cepheid Swabs for carbapenem-resistant Enterobacterales and carbapenem-resistant *Pseudomonas aeruginosa* colonization screening. To ensure we are obtaining accurate results, proper sampling and handling is critical. Please follow the processes provided below to ensure accuracy.

LOGISTICS

Note: ONLY patients 22 and over can be screened.

The Alabama Department of Public Health coordinates facility point-prevalence screenings with the Tennessee Department of Health prior to the date of collection. For any additional questions or concerns, please contact your Alabama Department of Public Health designee. Note sign up for the Lab Web Portal is required prior to specimen collection. Instructions are provided in a separate guidance.

SPECIMEN COLLECTION

EQUIPMENT AND MATERIALS NEEDED FOR COLLECTION:

1. Appropriate personal protective equipment (PPE) as indicated by the patient's clinical care team (e.g., gloves, gowns, masks).

2. Specimen collection and transport system (e.g., dual swab collection device and individual biohazard bag).

PROCEDURE:

1. The individual/proxy MUST provide informed consent and understand the collection procedure of a rectal swab.
2. Before beginning, perform hand hygiene and wear appropriate PPE, as indicated by the patient's clinical care team (e.g., gloves, gowns, masks).

Candida auris Point-Prevalence Survey Guidance:

Specimen Collection and Shipping Procedures

PURPOSE

This guideline will aid in collecting and shipping specimens collected with rayon tip swabs or nylon-flocked swabs (*i.e.*, BD ESwab collection and transport system) for *Candida auris* colonization screening. To ensure we are obtaining accurate results, proper sampling and handling is critical. **Please follow the processes provided below to ensure accuracy.**

LOGISTICS

The Alabama Department of Public Health (ADPH) coordinates facility point-prevalence screenings with the Tennessee Department of Health prior to the date of collection. For any additional questions or concerns, please contact your ADPH designee. Note sign up for the Lab Web Portal is required prior to specimen collection. Instructions are provided in a separate guidance.

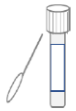
NOTE: Specimens cannot be overnighted back to SPHL from Friday-Sunday

SPECIMEN COLLECTION

EQUIPMENT AND MATERIALS NEEDED FOR COLLECTION:

1. Appropriate personal protective equipment (PPE) as indicated by the patient's clinical care team (*e.g.*, gloves, gowns, masks).

2. Specimen collection and transport system (*e.g.*, rayon tip or nylon-flocked swab collection device and individual biohazard bag).




PROCEDURE

1. The individual/proxy MUST provide informed consent and understand the collection procedure of a *Candida auris* skin (axilla/

Point-Prevalence Survey Guidance: *Acinetobacter baumannii*

Specimen Collection and Shipping Procedures

PURPOSE

This guideline will aid in collecting and shipping specimens collected for carbapenem-resistant *Acinetobacter baumannii* colonization screening. To ensure we are obtaining accurate results, proper sampling and handling is critical. **Please follow the processes provided below to ensure accuracy.**

LOGISTICS

The Alabama Department of Public Health coordinates facility point-prevalence screenings with the Tennessee Department of Health prior to the date of collection. For any additional questions or concerns, please contact your Alabama Department of Public Health designee. Note sign up for the Lab Web Portal is required prior to specimen collection. Instructions are provided in a separate guidance. **NOTE: Specimens cannot be overnighted back to the TN SPHL from Friday-Sunday**

SPECIMEN COLLECTION

EQUIPMENT AND MATERIALS NEEDED FOR COLLECTION:

1. Appropriate personal protective equipment (PPE) as indicated by the patient's clinical care team (e.g., gloves, gowns, masks).

2. Specimen collection and transport system (e.g., dual swab collection device and individual biohazard bag).


Questions

UAB SCHOOL OF PUBLIC HEALTH
The University of Alabama at Birmingham

ALABAMA NURSING HOME &
LONG-TERM CARE FACILTIY STRIKE TEAM

Transmission Based Precautions with Focus on Enhanced barrier precautions (EBP)

April 3, 2024

Objectives

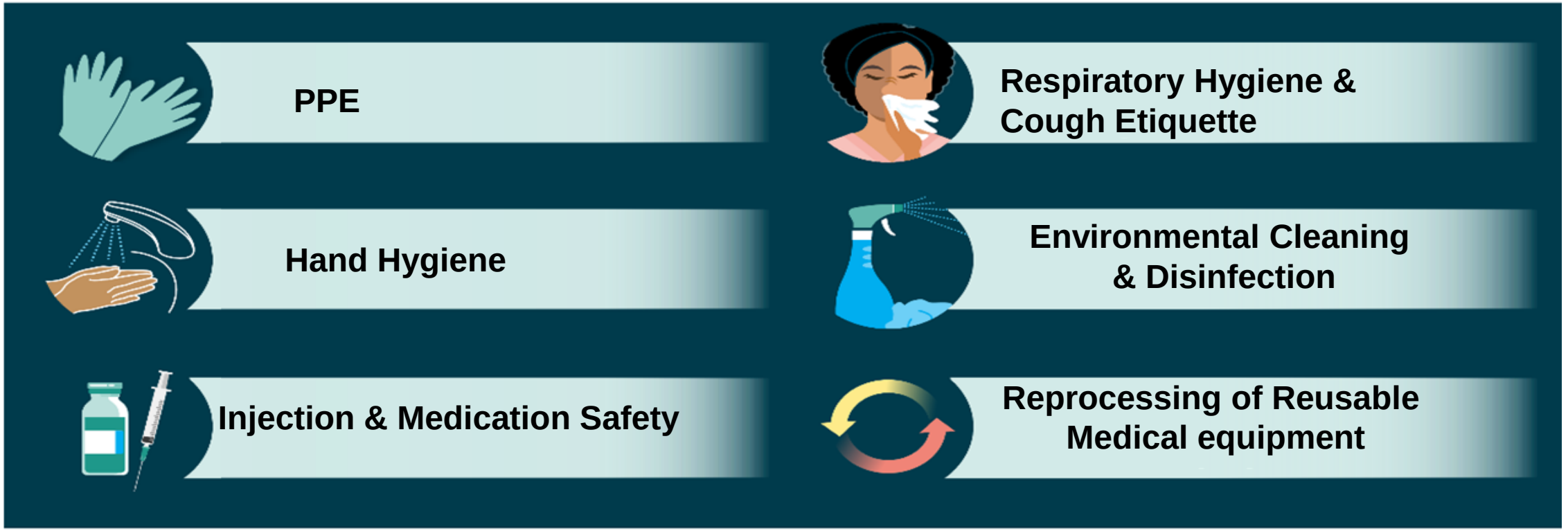
- Identify/List different Transmission-based Precautions
- Discuss Current Impact of MDROs in LTC Facilities
- Discuss why EBP are recommended to be used in nursing homes
- Describe Enhanced Barrier Precautions (EBP)
- Explain process for successful implementation of EBP
- Review of concerns when implementing EBP

Overview of Standard Precautions and Transmission Based Precautions

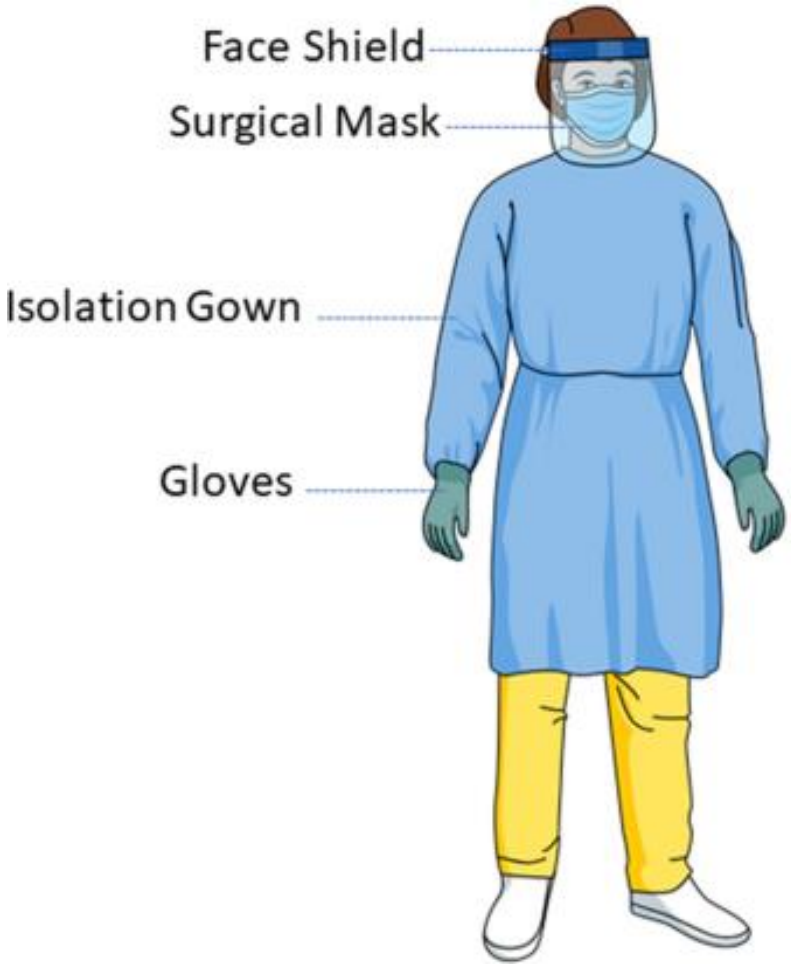
Standard Precautions

Precautions	Applies to:	PPE used for these situations:	Required PPE
Standard Precautions	**All Residents**	**Any potential exposure to:** • Blood • Body Fluids • Mucous membranes • Non-intact skin • Potentially contaminated environmental surfaces or equipment	**Depending on anticipated exposure:** Gloves, gown, or face protection (PPE always changed and hand hygiene performed before care of another resident)

Standard Precautions also include:



What PPE To Wear Based On Risk Of Exposure



- **Drawing blood?**
  - Wear Gloves
- **Performing incontinence care, changing pad/diaper?**
  - Wear gloves and possibly a gown
- **Collecting a respiratory specimen?**
  - N-95 respirator (if suspect COVID)
  - Always wear a mask

Transmission Based Precautions

Transmission-based precautions are used in addition to Standard Precautions for specified patients. It is designed for the care of patients or residents known or suspected to be infected by epidemiologically important pathogens spread by airborne, droplet, or contact transmission.

Other Possible TBP's

- **Contact Enteric Precautions**
  - ***C. difficile, Norovirus***
- **Special Respiratory Precautions**
  - **COVID-19**
- **Contact/Droplet Precautions**
  - **COVID-19**

PPE is used to prevent the spread of transmissible infections.

Transmission Based Precautions

Airborne

- Fit-Tested N-95 Respirator
- AIIR Room

Droplet

- Surgical Mask

Droplet & Contact

- Gown
- Gloves
- Face shield
- Fit-Tested N95 Respirator

Contact Enteric

- Gown & Gloves
- Wash hands with soap & water
- Use special disinfectant

Contact

- Gown
- Gloves

Enhanced Barrier Precautions

- Use Gown and Gloves during high-risk contact activities

PPE is used to prevent the spread of transmissible infections.

Appendix A – CDC Guidelines for Isolation Precautions, Preventing Transmission of Infectious Agents in Healthcare Settings (update coming this year, *hopefully*)

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Gastroenteritis - Norovirus	Standard + Contact		Minimal of 48 hours after resolution of symptoms
Scabies	Contact + Standard	Until 24 hours after initiation of treatment	
UTI	Standard		
Severe Acute Respiratory Syndrome (SARS)	Airborne Contact Droplet	10 days	Airborne deferred; Droplet if AIIR unavailable, etc.

Why do we need additional Isolation Precautions?

Standard precautions not being implemented in accordance with guidelines

Challenges with maintaining contact precautions in LTC setting

Cannot be applied for long-term colonization

Lack of knowledge of who is colonized within the facility

Testing of all residents may be costly and is not recommended by CDC

Persons can be colonized for extended periods of time

Colonization may resolve and then spontaneously return

MDROs Have Significant Impact in Nursing Homes

- Many nursing home residents are **unknowingly colonized** with an MDRO, especially residents with risk factors like indwelling medical devices or wounds
- **MDRO transmission** is common in skilled nursing facilities, contributing to significant morbidity and mortality for residents and increased costs for the health care system.
- Residents who have an MDRO can develop **serious infections**, remain colonized for long time periods, and spread MDROs to others through Healthcare staff contaminated hands and clothing and improperly disinfected surfaces.

The Large Burden of MDROs in Nursing Homes

FACILITY TYPE	DOCUMENTED MDRO	ACTUAL MDRO
Nursing Homes	17% 	58% 
Ventilator-Capable Nursing Homes	20% 	76% 

McKinnell JA et al, Clin Infect Dis. 2019; 69(9):1566-1573

The Need for Enhanced Barrier Precautions (EBP)

Historically, interventions in nursing homes have focused only on residents who are actively infected with an MDRO

Focusing only on residents with active infection fails to address the continued risk of transmission from residents with MDRO colonization, which can persist for long periods of time (e.g., months) and result in the silent spread of MDROS.

Need for a broader approach to reduce the spread of MDROs without isolating residents for long periods of time

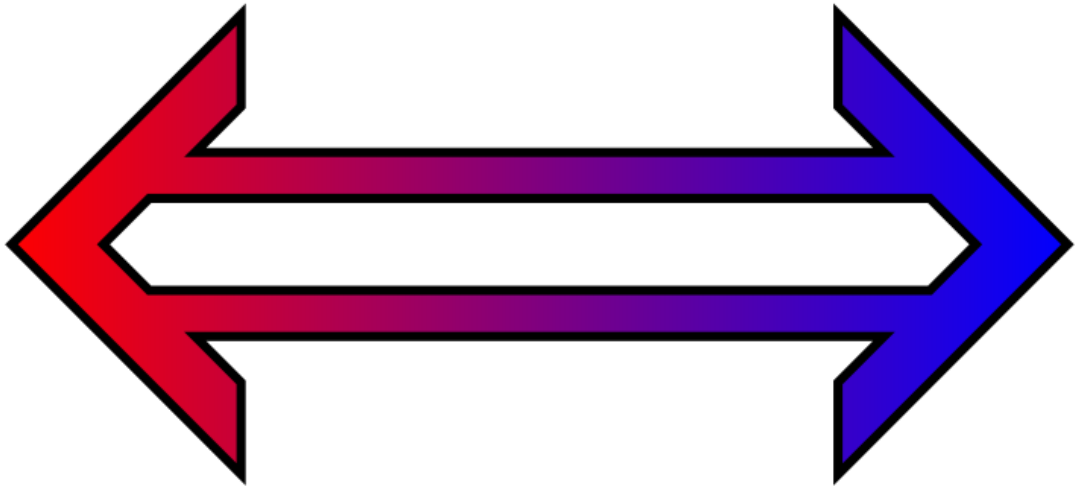
Need for Enhanced Barrier Precautions (EBP)

- Facilities needed an approach to gown/glove use that was less restrictive than Contact Precautions and could be sustained for a longer period
- **EBP also addresses care of residents at risk for acquiring colonization**
- EBP may be applied (when Contact Precautions do not otherwise apply) to residents with any of the following:
  - **Wounds or indwelling medical devices, regardless of MDRO colonization status**
  - **Infection or colonization with an MDRO**

Enhanced Barrier Precautions

Half-way in between standard and contact precautions

- **Gowns and gloves for high-contact care activities**
- **Residents can leave room**
- **Only applicable to long-term care**



What does Enhanced Barrier Precautions Involve?

- **EBP are used in conjunction with standard precautions and expand the use of PPE to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing.**

EBP Are Indicated For Residents With Any Of The Following:

- **Infection or colonization with a CDC-targeted MDRO when Contact Precautions do not otherwise apply; or**

- **Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO.**

Enhanced Barrier Precautions

For Novel and Targeted MDROs:

- Pan-resistant organisms,
- Carbapenemase-producing Enterobacteriaceae,
- Carbapenemase-producing *Pseudomonas* spp.,
- Carbapenemase-producing *Acinetobacter baumannii*
- ***Candida auris***

Enhanced Barrier Precautions

Additional epidemiologically important MDROs may include, but are not limited to;

- **Methicillin-resistant *Staphylococcus aureus* (MRSA),**
- **ESBL-producing Enterobacteriaceae,**
- **Vancomycin-resistant Enterococci (VRE),**
- **Multidrug-resistant *Pseudomonas aeruginosa*, and**
- **Drug-resistant *Streptococcus pneumoniae*.**

Wounds

- **Wounds generally include chronic wounds, not shorter-lasting wounds, such as skin breaks or skin tears covered with an adhesive bandage (e.g., Band-Aid®) or similar dressing.**

- **Examples of chronic wounds include, but are not limited to, pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and venous stasis ulcers.**

Indwelling Medical Devices

- **Examples include central lines, urinary catheters, feeding tubes, and tracheostomies. A peripheral intravenous line (not a peripherally inserted central catheter) is not considered an indwelling medical device for the purpose of EBP.**

Examples of Indwelling Devices

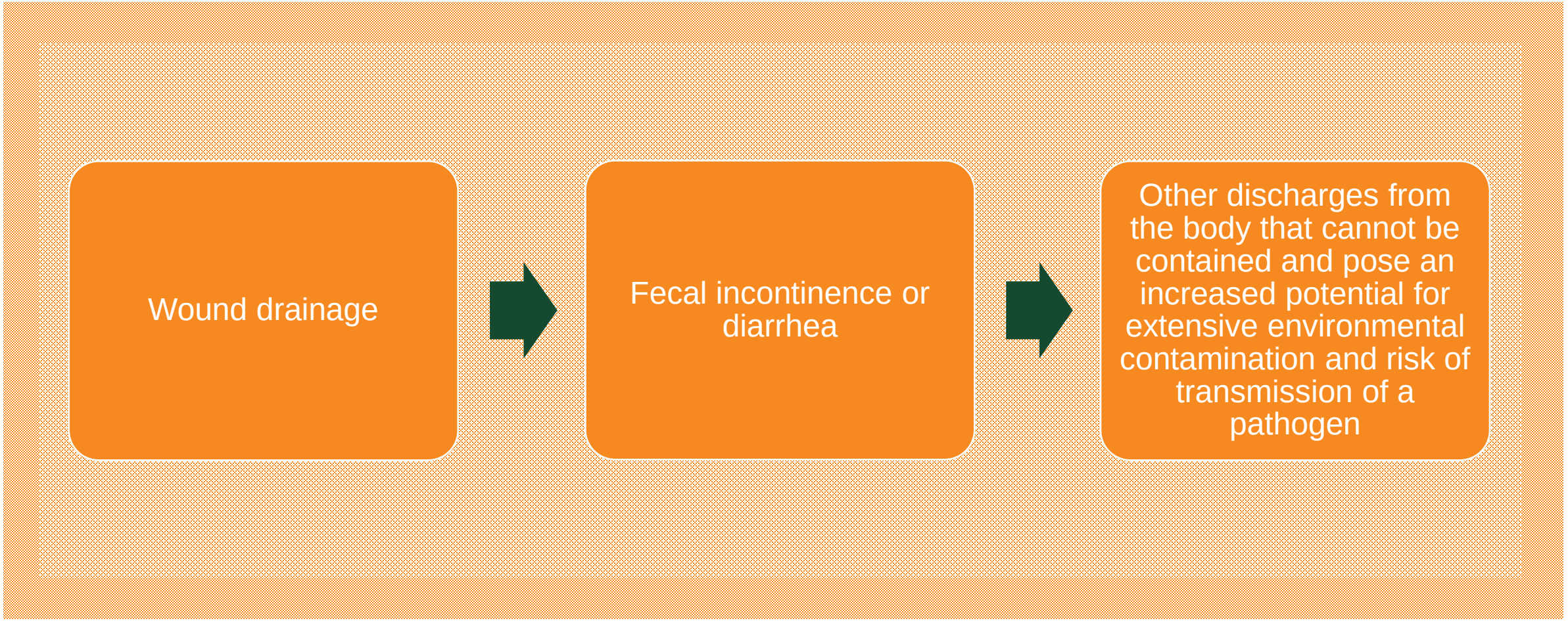
Facility Discretion

- Facilities **have discretion** in using EBP for residents who do not have a chronic wound or indwelling medical device and are infected or colonized with an MDRO that is not currently targeted by CDC.

Implement Contact vs Enhanced Barrier Precautions

Residents Status	Contact	EBP
Infected or colonized with any MDRO and has secretions or excretions that are unable to be covered or contained.	YES	NO
Infected or colonized with a CDC-targeted MDRO without a wound, indwelling medical device or secretions or excretions that are unable to be covered or contained.	NO	YES
Infected or colonized with a non-CDC targeted MDRO without a wound, indwelling medical device, or secretions or excretions that are unable to be covered or contained	NO	At facility discretion
Has a wound or indwelling medical device, and secretions or excretions that are unable to be covered or contained and are not known to be infected or colonized with any MDRO.	YES	YES
Has a wound or indwelling medical device, without secretions or excretions that are unable to be covered or contained and are not known to be infected or colonized with any MDRO.	NO	YES

Examples of Secretions/Excretions



Which High Contact Resident Activities Require EBP?

- Dressing
- Bathing/Showering
- Transferring
- Providing hygiene
- Changing Linens
- Changing briefs or assisting with toileting
- Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator
- Wound care: any skin opening requiring a dressing

High-Contact Resident Care Activities

What is the Duration of EBP?

Resident with history of MDRO remains on EBP for duration of stay even with negative cultures.

Resident who no longer has a device may be removed from EBP.

Let’s Review

Contact Precautions

MUST STILL BE IMPLEMENTED FOR

- Acute diarrhea
- Draining wounds or other sites of secretions or excretions that are unable to be covered or contained
- On units or in facilities where, despite attempts to control the spread of the MDRO, ongoing transmission is occurring
- Any other infection listed in Appendix A that requires contact precautions (Norovirus, *C.diff*, Scabies

Differences In Contact Precautions & EBP

Contact Precautions

- Resident stays in room
- Gowns & gloves for every room entry
- Consider how to designate when specific disinfectants need to be used and when soap and water is needed (i.e., *C. difficile*)
- Dedicated Equipment

Enhanced Barrier Precautions

- Resident can leave room
- Gowns & gloves for high contact care
- Consider how to designate when specific disinfectant is needed (i.e., *C. auris*)

What is the Benefit of EBP in a LTC Facility?

- **EBP allows high-risk SNF residents to participate in activities outside of the room under specified conditions.**

- **EBP will help to reduce the spread of MDROs**

Process For Implementation of EBP in Your Facility

Example EBP Implementation Timeline

NAME OF FACILITY

10/3/23

PLANNING MEETING

- Review of facility EBP Policy.
- Review of Training Video.
- Identify current residents needing EBP.

10/5/23

NOTIFY STAFF

- Notify Central Supply of need for additional PPE and hand sanitizer for isolation carts.
- Send EBP letter to staff.
- Managers reviewing EBP Policy with staff.

10/6/23

NOTIFY FAMILY/VISITORS /RESIDENTS

- Send letters to residents requiring EBP and family with residents that require EBP.

10/9/23

SIGNAGE

- Post signage at entry/sign-in about EBP.
- Post signage for staff.
- Provide pocket cards for staff.

10/10/23

IMPLEMENT EBP

- EBP Training for staff
- Begin placing residents that meet criteria for EBP for wounds on EBP Isolation.

10/11/23

AUDITING OF PROCESS

15 observations each week/unit of:

1) Hand Hygiene
2) PPE-donning/doffing
3) EVS Cleaning
4) Equipment Cleaning
5) Availability of supplies

- Feedback to staff weekly.

10/15/23

PROCESS IMPLEMENTED FACILITY-WIDE

- Process implemented.
- Weekly Audits continue with reporting to staff weekly.
- Reporting findings through Quality Committee.

Steps To Implementing EBP

1. Key Players – ADM, Nursing, Central Supply
2. Develop Policy for EBP
3. Identify Residents Requiring EBP
4. Signage (CDC) Supplies
5. Education of Staff, Residents, Family, Visitors As Indicated
6. Auditing (Observations of HH, Signage, Donning/ Doffing PPE)
7. Re-Educate as indicated

Implementation Approaches

- The application of EBP to routine care of residents with wounds or indwelling medical devices requires that **staff participate in initial and on-going training on the facility's** expectations about hand hygiene and gown and glove use, along with proof of competency regarding appropriate use and donning and doffing technique for PPE.
- Facilities should develop a **method to identify residents with wounds or indwelling medical devices**
- Facilities with rooms containing **multiple residents** should provide staff with training and resources to ensure that they change their gown and gloves and perform hand hygiene in between care of residents in the same room.

Help Keep Our Residents Safe

- **A letter for staff from CDC that addresses:**
  - Why EBP are being implemented?
  - What are EBP?
  - How to know when to use EBP?

- **CDC has created** a comprehensive, free, online training course for addressing development and implementation of an infection control program

Provide Education to Residents and Visitors

Enhanced Barrier Precautions Letter to Nursing Home Residents, Families, Friends and Volunteers

- Explanation of EBP
- Signage
- Hand Hygiene
- Glove and Gown Usage

Implementation of Enhanced Barrier Precautions

- **Facilities have discretion on how to communicate to staff which residents require the use of EBP.**
- **CMS supports facilities in using creative (e.g., subtle) ways to alert staff when EBP use is necessary to help maintain a home-like environment, if staff are aware of which residents require the use of EBP prior to providing high-contact care activities.**
- **Make PPE, including gowns and gloves easily available.**
- **Ensure access to alcohol-based hand rub in every resident room (ideally both inside and outside of the room).**
- **Position a trash can inside the resident room and near the exit for discarding PPE after removal, prior to exit of the room or before providing care for another resident in the same room.**

gloves

gown

Personal Protective Equipment

- PPE, including gowns and gloves, should be available **for easy access.**
- Plan for restocking

Hand Hygiene

- Ensure access to **alcohol-based hand rub** at every resident room
- Ideally located both **inside and outside** of room
- Makes performing **hand hygiene** easy!

Trash can

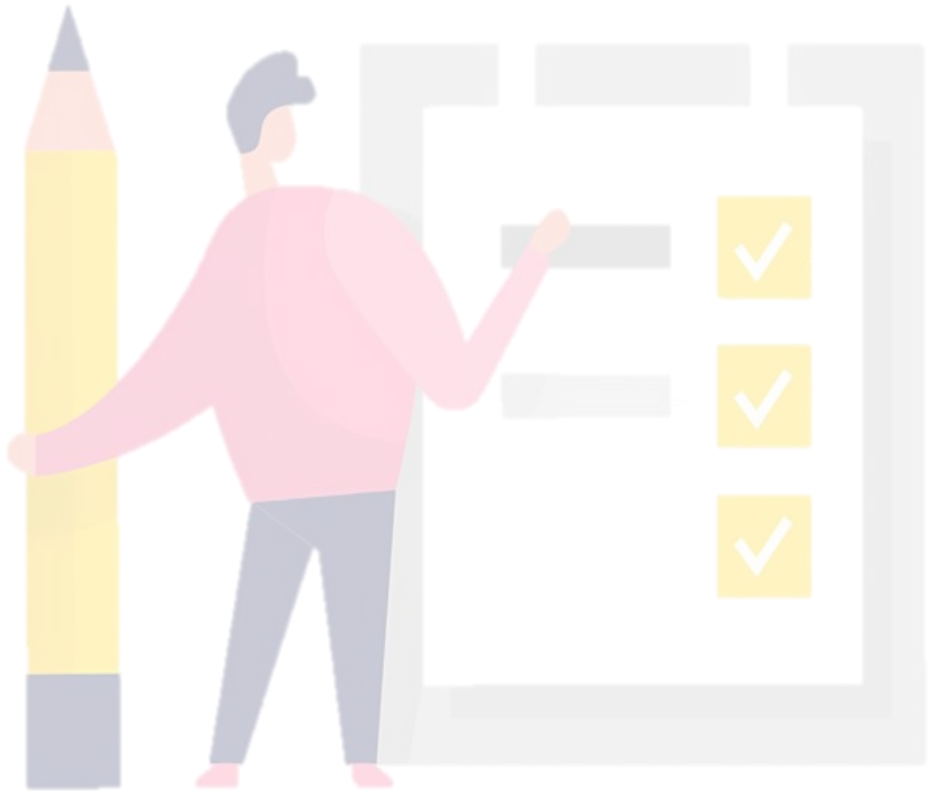
- Position a trash can **inside resident room** and near exit for discarding PPE
- **Large** enough trash can to hold discarded PPE

Cleaning and Disinfection of Shared Equipment

- Ensure access to cleaning supplies/wipes
- Educated Housekeeping and Nursing on Contact Time For disinfectant

Auditing Practices and Education

- Incorporate periodic monitoring and assessment of adherence to determine need for additional training and education
- Set a targeted number of observations and designate what you will monitor and who will do the monitoring



Concerns For Implementing EBP

What is downside/upside of Implementing EBP?

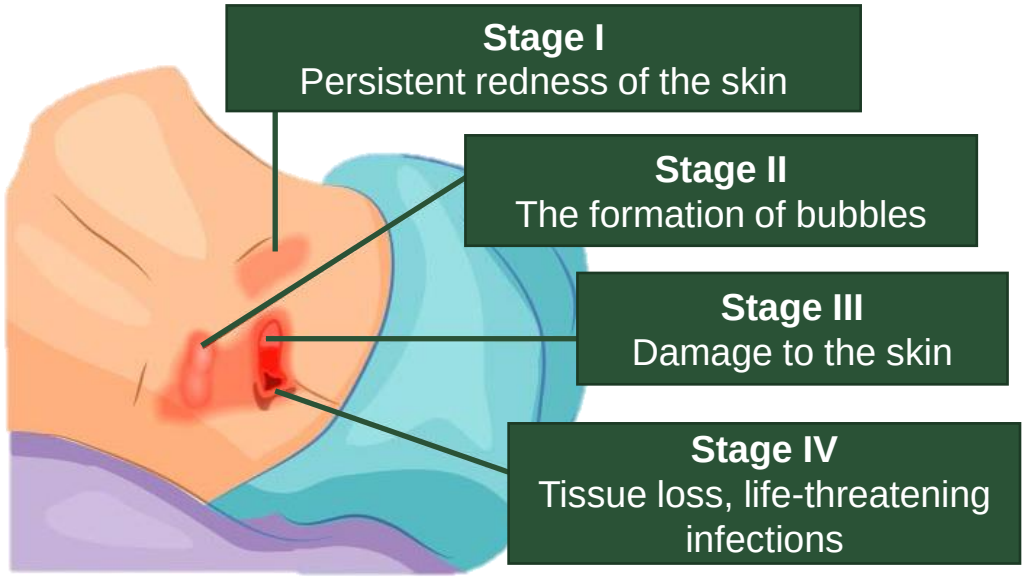
- **Implementation of routine EBP would incur costs including:**
  - PPE (gowns/gloves)
  - Training
  - Staff time to don and doff PPE
  - Signage materials.
  - Centers for Medicaid and Medicare and private insurers/commercial plans may need to consider the implementation and cost of EBP in payment models.

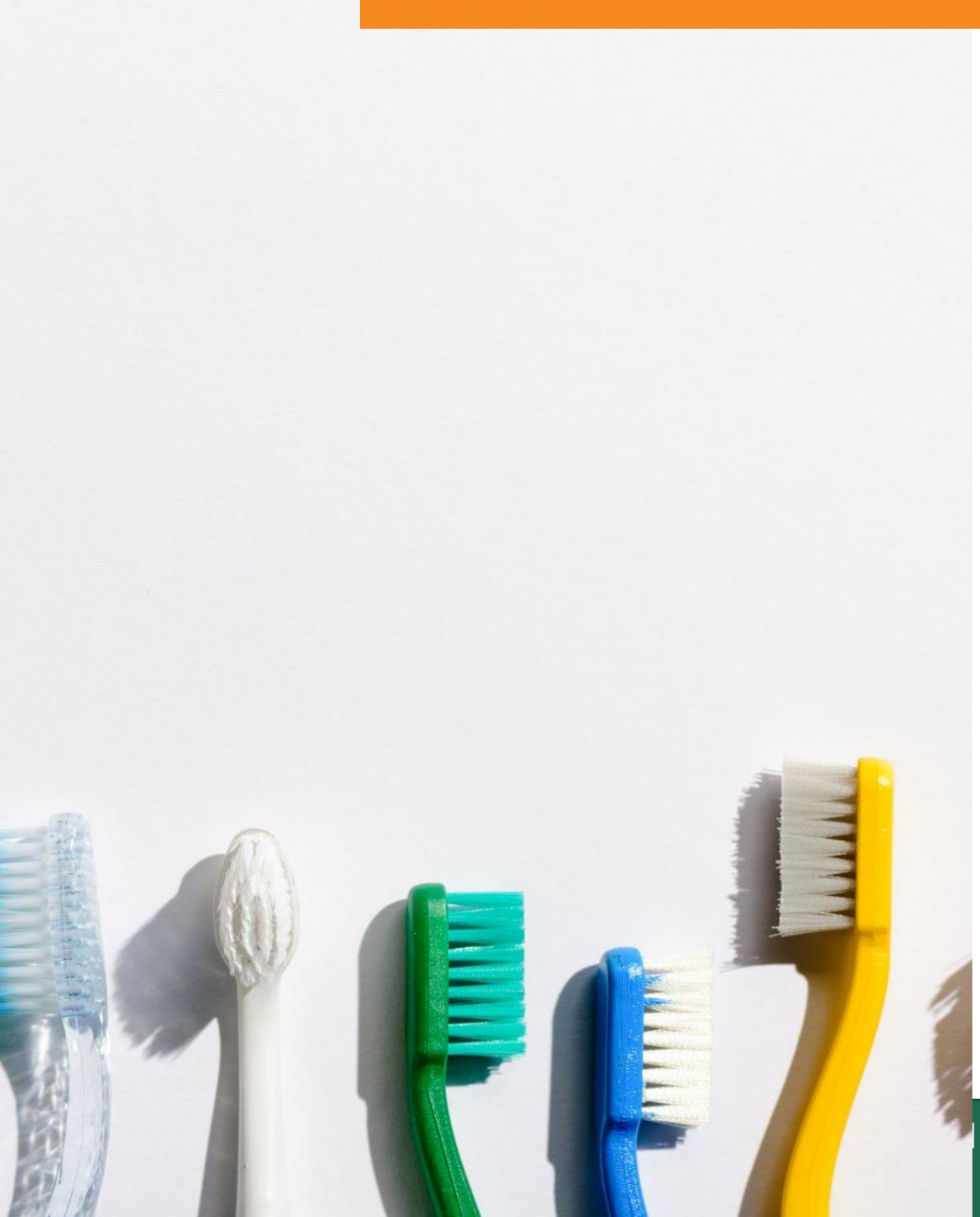
- **Potential savings** would include:
  - **Avoidance of infections and hospitalizations**
  - An economic analysis of a randomized controlled trial involving the use of EBP in a bundle **to prevent catheter-associated urinary tract infections estimated net savings of approximately $15,000 per year per facility**.
  - The savings would accrue to payers and not to skilled nursing facilities.

LET’S REVIEW BY ASKING SOME QUESTIONS

Which Residents Should Be Placed Into EBP?

- **Residents:**
  - **Infection or colonization with an MDRO** *when Contact Precautions does not apply*
  - **With wounds and/or indwelling medical devices**





Which activities are included under “providing hygiene”?

- Providing hygiene refers to practices such as brushing teeth, combing hair, and shaving
- Many of the high-contact resident care activities listed in the guidance are commonly bundled as part of morning and evening care for the resident rather than occurring as multiple isolated interactions with the resident throughout the day
- Isolated combing of a resident’s hair that is not otherwise bundled with other high-contact resident care activities would not generally necessitate use of a gown and gloves

The guidance advises using EBP for the *"care and use"* of indwelling medical device. What does that mean?

The safest practice would be to wear a gown and gloves for any care (e.g., dressing changes) or use (e.g., injecting or infusing medications or tube feeds) of the indwelling medical device

It may be acceptable to use gloves alone for some uses of a medical device that involves only limited physical contact between healthcare worker and resident (e.g., passing meds through a feeding tube)

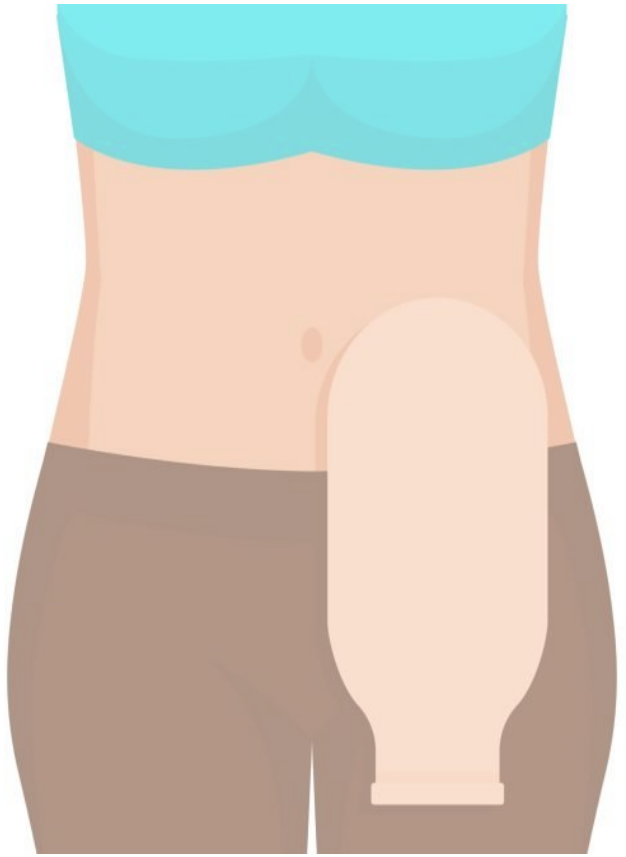
Facilities should define these limited contact activities in their policies and procedures and educate healthcare personnel to ensure consistent application of Enhanced Barrier Precautions

What is the definition of an "indwelling medical device"?

- An indwelling medical device provides a direct pathway for pathogens in the environment to enter the body and cause infection
- Examples include, but are not limited to, central vascular lines (including hemodialysis catheters), indwelling urinary catheters, feeding tubes, and tracheostomy tubes
- Devices that are fully embedded in the body, without components that communicate with the outside, such as pacemakers, would not be considered an indication for Enhanced Barrier Precautions

Is EBP Recommended For Residents With A Colostomy?

No - Not unless they also have an open wound or a medical device.



Are gowns and gloves recommended for EBP when transferring a resident from a wheelchair to chair *in the dayroom/dining room*?

- In general, **gowns and gloves would not be recommended** when performing transfers in common areas such as dining or activity rooms, where contact is anticipated to be shorter in duration
- Outside the resident's rooms, **EBP should be followed when performing** transfers or assisting during bathing in a shared/common shower room and when working with residents in the therapy gym, specifically when anticipating close physical contact while assisting with transfers and mobility

High-Contact Care

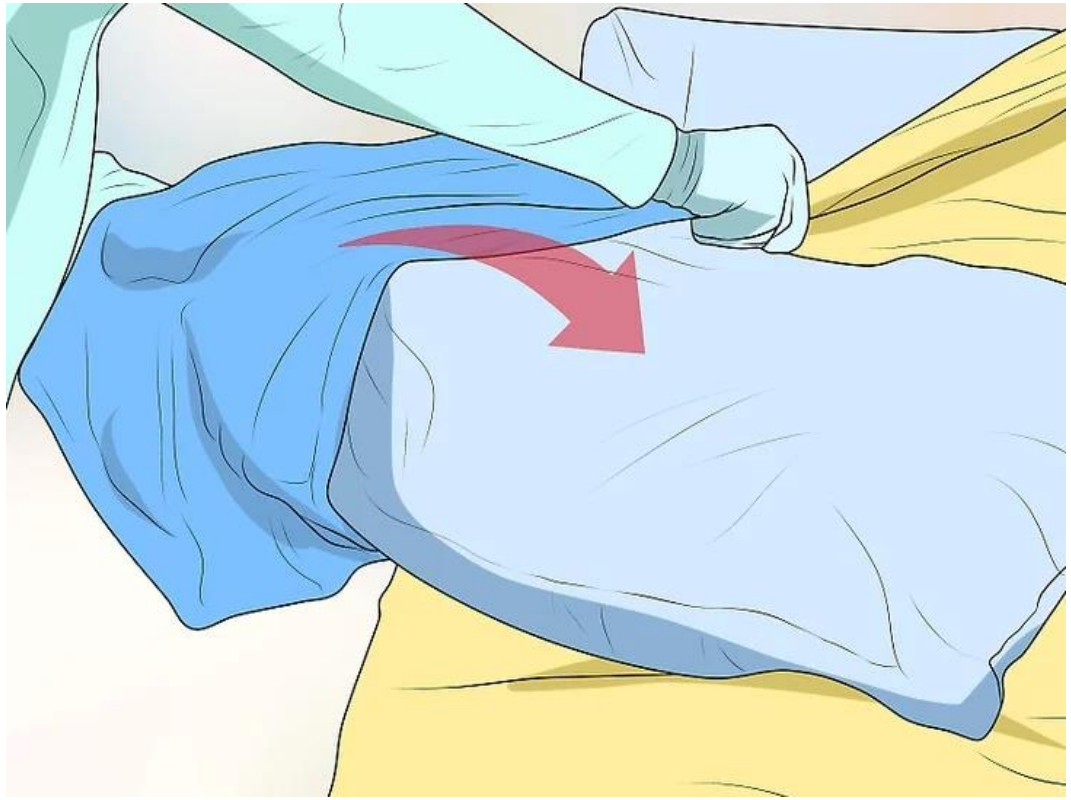
Is Physical or Occupational Therapy considered a “high-contact” resident care activity?

Yes. Therapists should use gowns and gloves when working with residents on Enhanced Barrier Precautions in the therapy gym or in the resident’s room if they anticipate close physical contact while assisting with transfers, mobility, or any high contact activity.

Housekeeping Staff

Is changing linen considered a “high-contact” resident care activity?

- Changing linen **is** considered a high contact resident care activity, gowns and gloves should be worn by EVS personnel if they are changing the linen of residents on Enhanced Barrier Precautions.
- Gown and glove use by EVS should be based on facility policy and for anticipated exposures to body fluids, chemicals, or contaminated surfaces.



List the Steps for Donning and Doffing PPE when showering a resident on EBP

1) Perform hand hygiene - Don PPE when enter room to prepare resident to transfer to take to shower room.
2) Doff PPE before leaving the room – Perform hand hygiene
3) After arriving in shower room Don PPE and shower resident
4) Doff PPE after completing shower and dressing resident and Perform hand hygiene
5) Do not wear PPE in the hallway
6) Perform hand hygiene - Don PPE to transfer resident back into clean bed
7) Doff PPE before leaving resident room - Perform hand hygiene

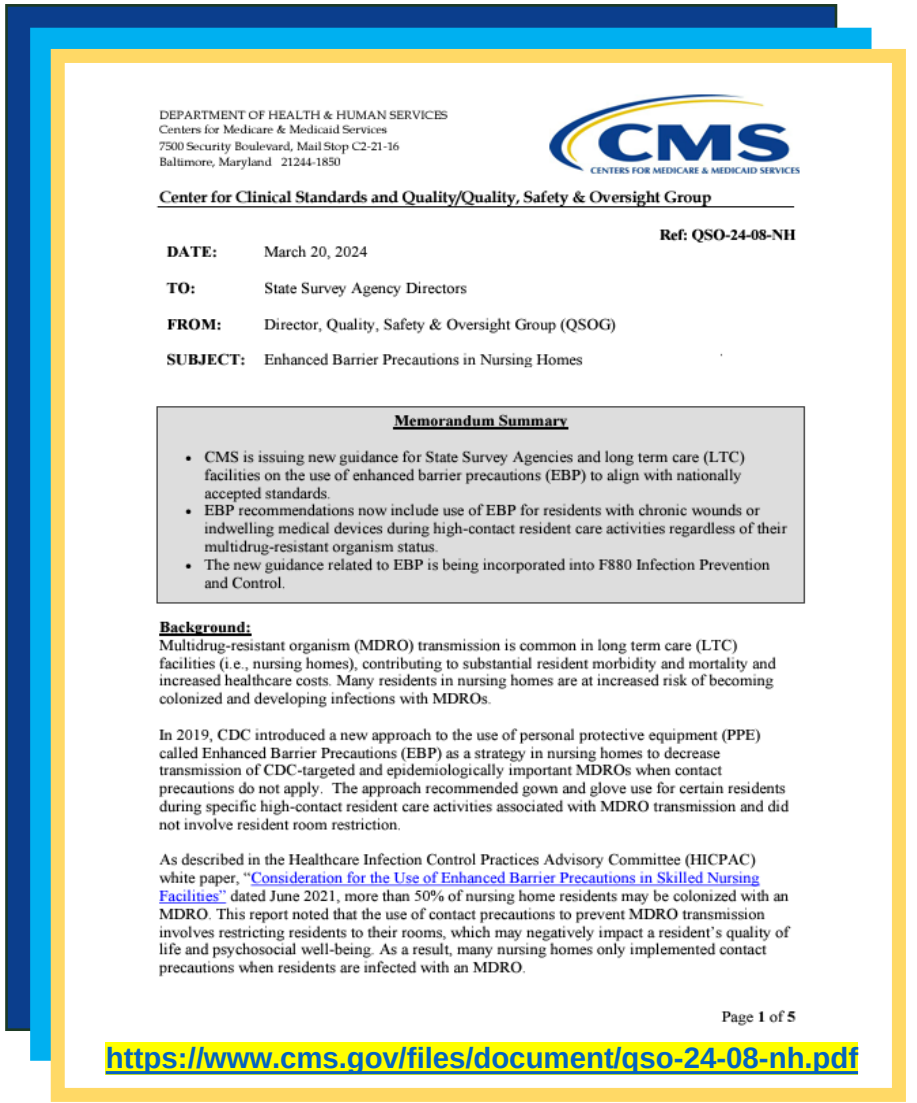
Updates On EBP

CDC Updates Guidance On Enhanced Barrier Precautions For Nursing Homes

- AHCA – American Health Care Association
- NCAL – National Center for Assisted Living
- Published – July 12, 2022
- CMS Stakeholder call – July 13, 2022

Posted 3/20/24 - CMS QSO-24-08 NH

- **Effective: *April 1, 2024***
- **Incorporated into F880 – 483.80**
- **Surveyors will evaluate the use of EBP** when reviewing sampled residents for whom EBP are indicated and focus their evaluation of EBP use as it relates to CDC-targeted MDROs.
- CMS will update associated survey documents which will be located under the "Survey Resources" and to the Long-Term Care Survey Process software application



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-24-08-NH

DATE: March 20, 2024

TO: State Survey Agency Directors

FROM: Director, Quality, Safety & Oversight Group (QSOG)

SUBJECT: Enhanced Barrier Precautions in Nursing Homes

Memorandum Summary

- CMS is issuing new guidance for State Survey Agencies and long term care (LTC) facilities on the use of enhanced barrier precautions (EBP) to align with nationally accepted standards.
- EBP recommendations now include use of EBP for residents with chronic wounds or indwelling medical devices during high-contact resident care activities regardless of their multidrug-resistant organism status.
- The new guidance related to EBP is being incorporated into F880 Infection Prevention and Control.

Background:
Multidrug-resistant organism (MDRO) transmission is common in long term care (LTC) facilities (i.e., nursing homes), contributing to substantial resident morbidity and mortality and increased healthcare costs. Many residents in nursing homes are at increased risk of becoming colonized and developing infections with MDROs.

In 2019, CDC introduced a new approach to the use of personal protective equipment (PPE) called Enhanced Barrier Precautions (EBP) as a strategy in nursing homes to decrease transmission of CDC-targeted and epidemiologically important MDROs when contact precautions do not apply. The approach recommended gown and glove use for certain residents during specific high-contact resident care activities associated with MDRO transmission and did not involve resident room restriction.

As described in the Healthcare Infection Control Practices Advisory Committee (HICPAC) white paper, "Consideration for the Use of Enhanced Barrier Precautions in Skilled Nursing Facilities" dated June 2021, more than 50% of nursing home residents may be colonized with an MDRO. This report noted that the use of contact precautions to prevent MDRO transmission involves restricting residents to their rooms, which may negatively impact a resident's quality of life and psychosocial well-being. As a result, many nursing homes only implemented contact precautions when residents are infected with an MDRO.

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https://www.cms.gov/files/document/qso-24-08-nh.pdf

Resources for Implementation of EBP

- **Information regarding CDC-targeted MDROs** and current recommendations on EBP are available on the CDC's webpage, "Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs)," at https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html.
- **Pre-Implementation Tool - Enhanced Barrier Precautions:** https://www.cdc.gov/hai/pdfs/containment/Pre-Implementation-Tool-for-Enhanced-Barrier-Precautions-508.pdf
- **Observations Tool - Enhanced Barrier Precautions Implementation:** https://www.cdc.gov/hai/pdfs/containment/Observations-Tool-for-Enhanced-Barrier-Precautions-Implementation-508.pdf
- **Observations Tool Summary Spreadsheet:** https://www.cdc.gov/hai/excel/containment/Spreadsheet-to-Capture-and-Summarize-EBP-Observations.xlsx
- **Enhanced Barrier Precautions Letter to Nursing Home Leadership:** https://www.cdc.gov/hai/pdfs/containment/Enhanced-Barrier-Precautions-Letter-for-Nursing-Home-Leadership-508.pdf

Resources for Enhanced Barrier Precautions

- Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html
- Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes https://www.cdc.gov/hai/containment/faqs.html
- Considerations for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities https://www.cdc.gov/hicpac/workgroup/EnhancedBarrierPrecautions.html?msclkid=39038417aed311ec8c868e1e03c50297
- Enhanced Barrier Precautions Letter to Nursing Home Residents, Families, Friends, and Volunteers https://www.cdc.gov/hai/pdfs/containment/Letter-Nursing-Home-Residents-Families-Friends.pdf
- Enhanced Barrier Precautions Letter to Nursing Home Staff https://www.cdc.gov/hai/pdfs/containment/Letter-Nursing-Home-Staff.pdf

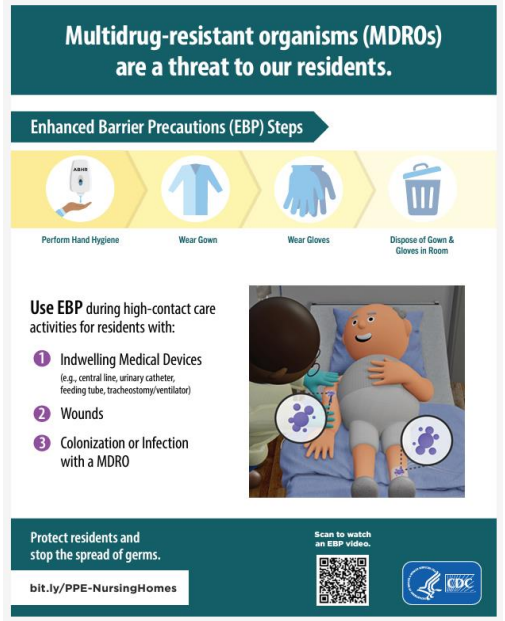
Additional EBP Resources

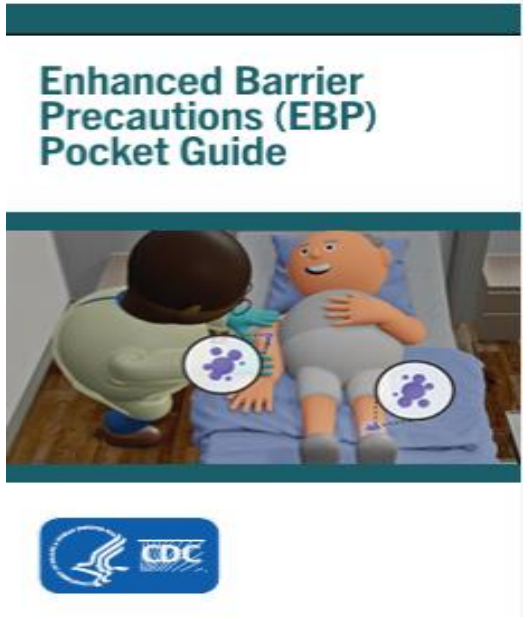
Print Resources

- Facility Poster-Enhanced Barrier Precautions Steps
- Staff Pocket Guide-Enhanced Barrier Precautions
- Resident and Loved Ones Poster-How We Keep Our Residents Safe

Videos

- Enhanced Barrier Precautions in Nursing Homes





QUESTIONS?

OBJECTIVES

Objectives

- Identify the functions and responsibilities of the nurse/medication tech during medication pass.
- Identify items of preparation for Medication administration.
- Discuss ideal Medication Administration practices utilizing food and beverages.
- Review areas of concentration during Infection Prevention consultations
- Describe strategies for assessing the adherence to infection control procedures during medication administration.

HISTORICAL PROCESS

Historical Process Review

The medication nurse/tech is responsible for administering the medications as they have been prescribed by their medical provider.

Factors That Affect Medication Administration

- Resident appointment schedules (Example: dialysis, therapy, doctor, or dental appointment)
- The number of prescribed medications that are to be administered to each resident
- Performing an assessment (resident, lab values, or vital signs) prior to medication administration
- Medication calculations
- Resident with a higher acuity, on isolation precautions, or with an urgent/emergent situation
- Need for order clarification from ordering provider
- Often working with limited staffing resources, increased staffing ratios or provider with multiple roles
- Ensuring that the necessary equipment to complete medication administration is available
- The length of time it takes to prepare and pass medication in the morning, mid-day, afternoon, or evening and being timely when passing medications at the appropriate times
- To be informed and knowledgeable about each medication and to have a working knowledge of side effects, adverse effects, and potential drug interactions of these medications

THE MEDICATION CART

Medication Cart Items

- List of resident names and medication list
- Report Sheet/Worksheet (for documentation of vital signs that are required for meds)
- Computer (documentation)
- Gloves
- Alcohol wipes
- OTC and Extra medications
- Trash Can
- Sharps container
- BP cuff Medication
- Disinfectant wipes

Medication Cart Items

- Pill crusher (silent knight)
- Drinking cups
- Medication cups
- Spoons
- Applesauce (comes from kitchen)
- Water pitcher (Dated and Labelec
- Thickened Water
- Juice (If resident prefers)
- Protein Supplement
- Straws
- Diabetes Management supplies
- Lancet, strips, glucometer
- Hand sanitizer
- Facility provided lotion

Medication Administration By Route

- Oral
- Intravenous (Peripheral IV/ Midline/ Central (PICC) Line
- Eye Drops/Ointments
- Ear Drops
- Topical Medications (Creams, Ointments, or Patches)
- Suppositories
- Gastrostomy/PEG Tube
- Subcutaneous Injections
- Intramuscular Injections
- Intranasal

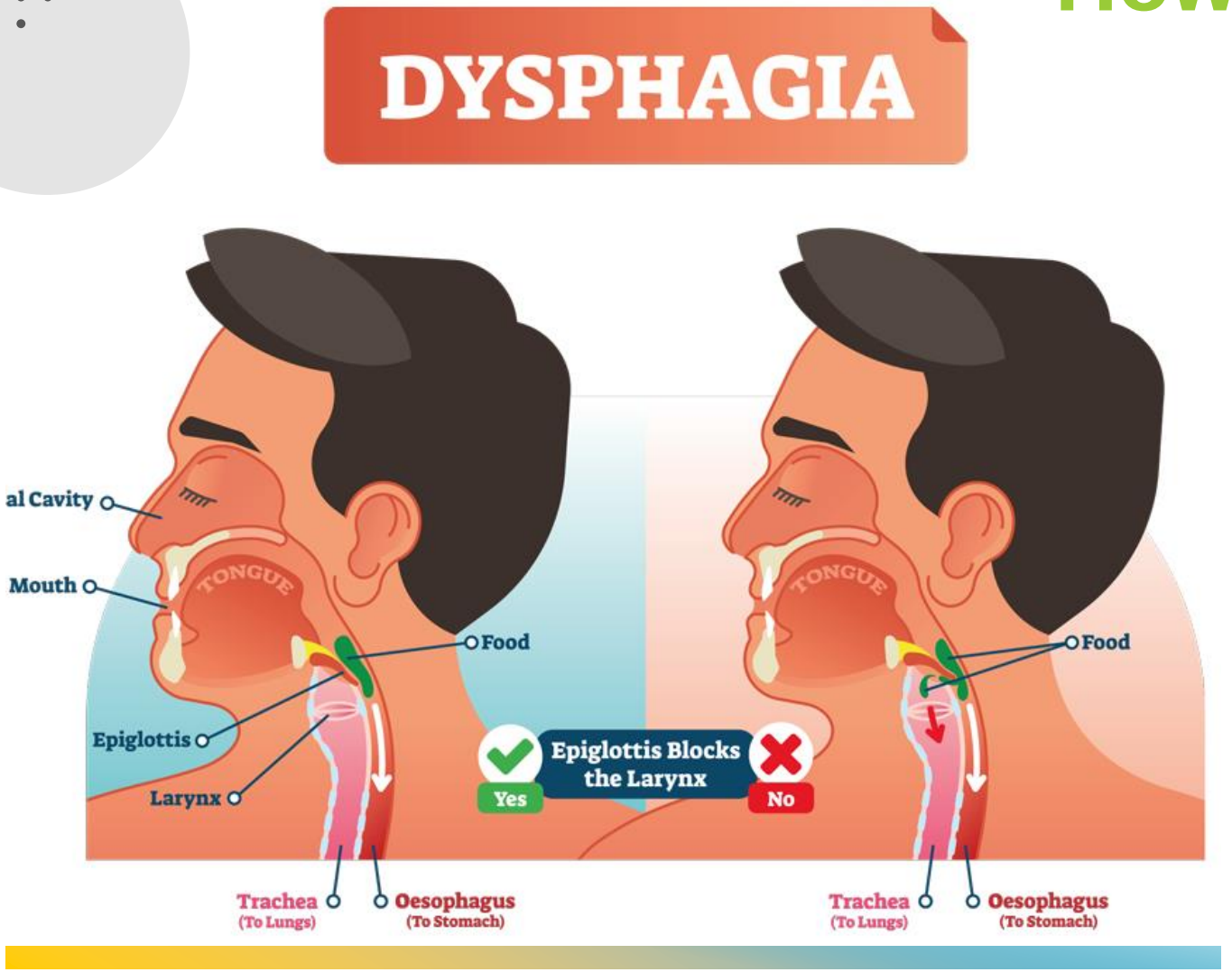
Medication Administration with Food & Supplements

Physician order to add food items (apple sauce/pudding) or supplements during medication pass.

Recommendation from Speech therapy to utilize food to assist with ease of swallowing

Dietary Recommendation to add a supplement during medication administration due to weight loss.

How Did We Get Here?



Administering crushed medications mixed with a soft food or liquid vehicle or via a feeding tube is a common strategy to circumvent swallowing difficulties in patients with dysphagia.

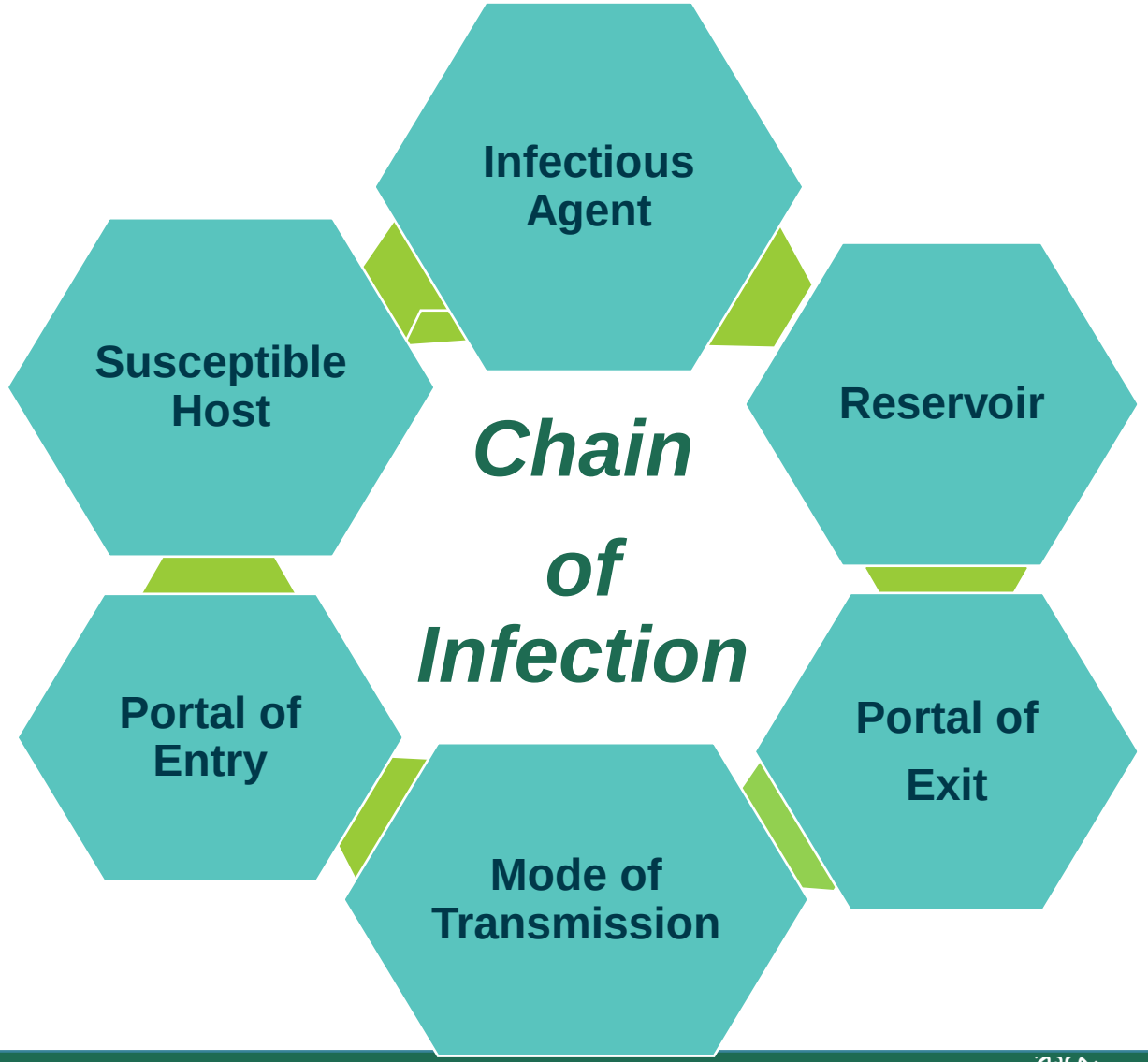
Common Food Used With Medication Administration

- Apple Sauce
- Pudding
- Ice Cream
- Juices/Punch
- Milk Supplements
- Thicken Liquids

BASICS IN INFECTION PREVENTION

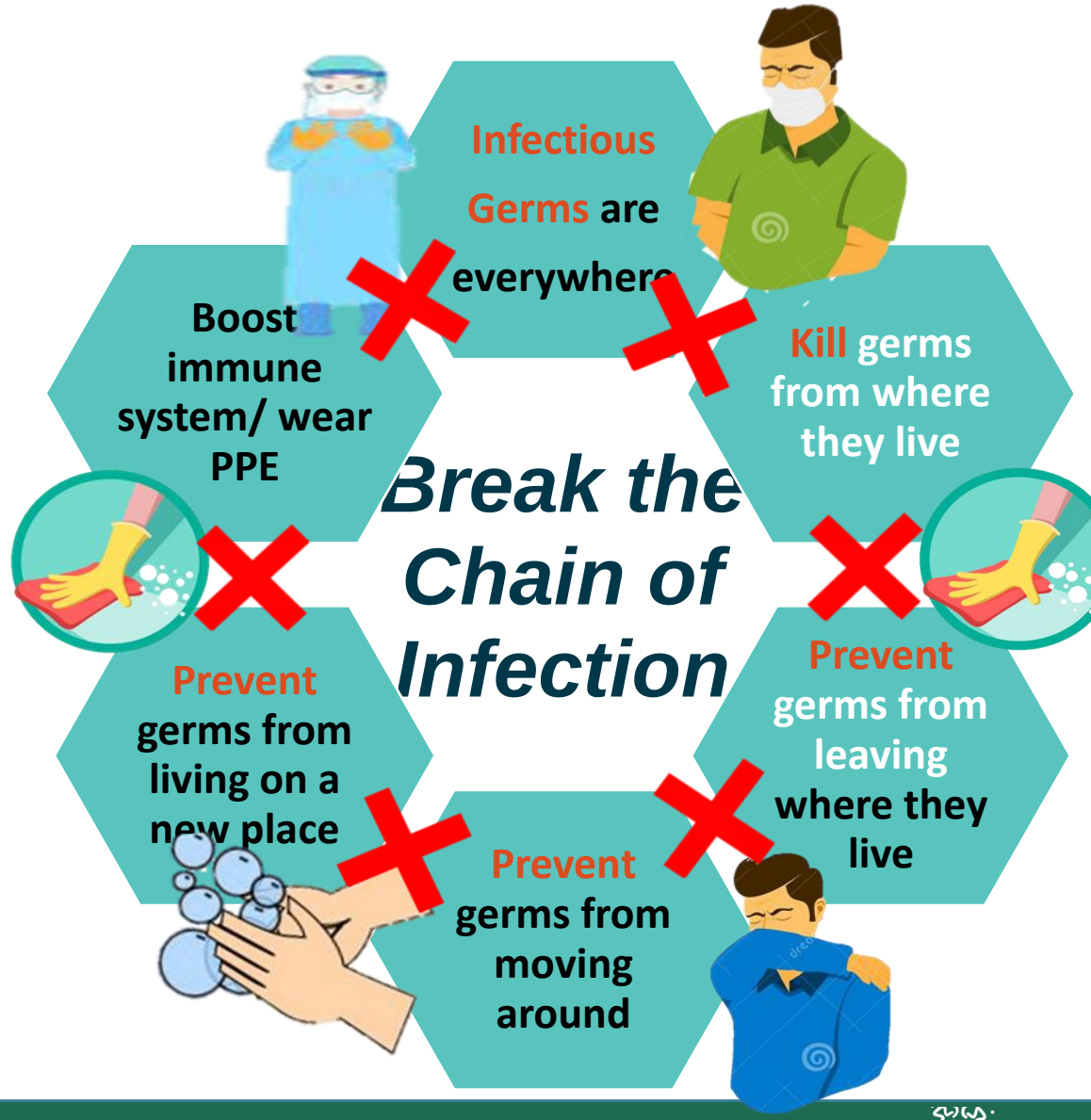
Review of the Chain of Infection Transmission

In healthcare settings, the *transmission*, or spread of an infection is described as a "*chain*," or an active infectious cycle.



Role of Infection Prevention and Control

The role of infection prevention and control is critical in healthcare settings as it assists in the *disruption* or *ending* of the cycle that will **STOP THE SPREAD** of pathogens and germs within the environment.



So, What's The Infection Control Issue?

Medication administration is often fraught with many potential infection control risk.

Let's highlight a few!

Infection Prevention Plan

- The IP must address the potential increased risk of pathogen transmission associated with these additional activities and services.
- A comprehensive IPC plan must now include measures to prevent environmental contamination of items such as in-room computers, computer keyboards, touch screens, and equipment.
- In addition, the plan must anticipate an increasing traffic flow to the LTC facility by visitors and service providers who support these activities.

Infection Prevention Plan

- The IP should collaborate with the pharmacy provider to ensure that medications are dispensed and delivered to the facility in a manner that prevents possible contamination.
- Periodic observation of medication administration will provide real-time, useful data regarding the safe handling and administration of commonly prescribed drugs.

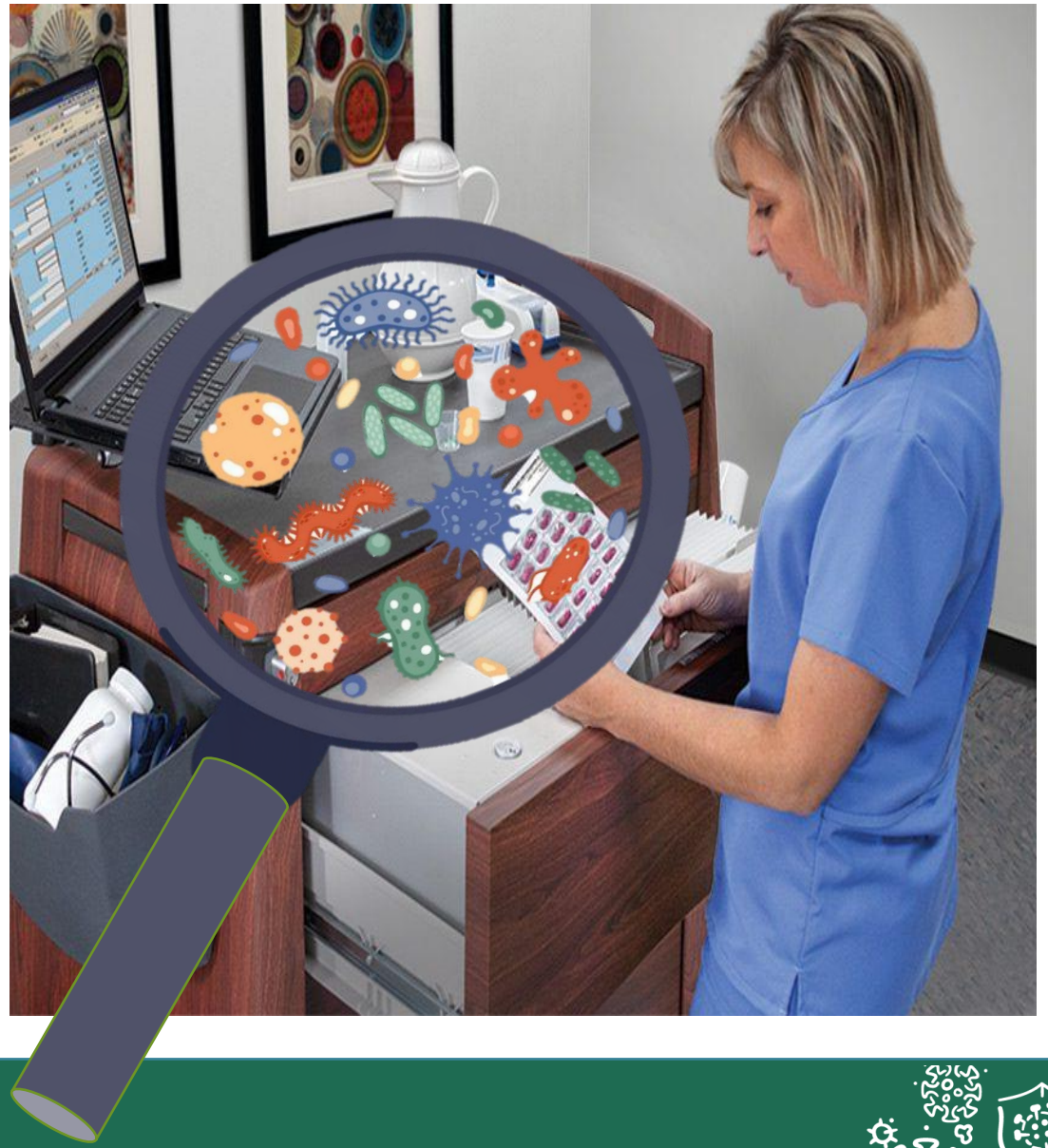
Perform Hand Hygiene Between Care of Residents

Germs are primarily thought to be spread through the hands of healthcare providers. Therefore, hand hygiene remains the #1 way to prevent the spread of infection.

Use the appropriate hand hygiene based upon the situation (wash hands with soap and water when visibly soiled or dirty or when caring for resident with C. difficile or Norovirus.)

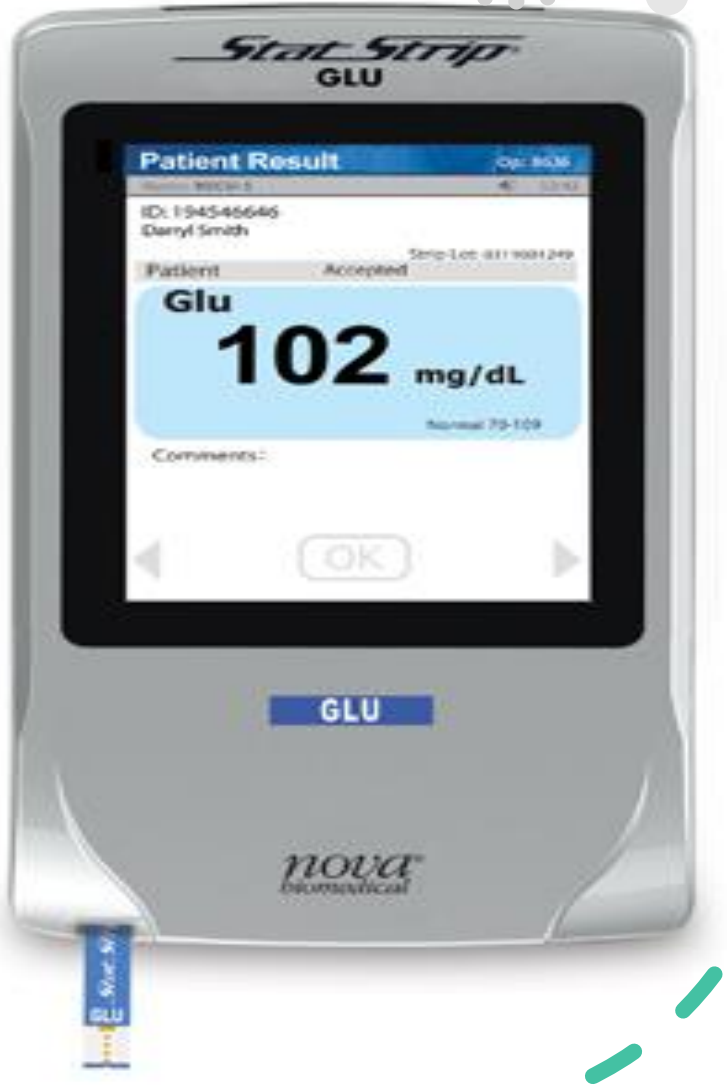
Prevent Infection Transmission From Fomites

- Fomites are inanimate objects that can be contaminated with germs.
- Germs can be spread when the fomites are touched.
- Examples of fomites are medication drawer handles, surface of medication cart, touch screen monitors, and bedside tables.
- Ensure that these surfaces are **cleaned and disinfected** on a routine basis and as needed when soiled or contaminated.



Point of Care POC Device

- Glucometer
  - Is the device for single resident use
  - Cleaning and Disinfection per IFU
  - Proper Disinfectant Used
  - Where to clean and disinfect
  - Proper storage procedure followed
- Insulin Pins/ Multidose Insulin Vials
  - Needles – Single use
- Lancet
  - Lancet - Single use
- All supplies should remain in original containers (with lot #s, expiration dates).
- Cotton balls should be maintained and covered to prevent contamination



Infection Prevention with Supplies on Medication Cart

- Items are to be maintained as single use
- Items are to be protected from being contaminated (cups turned downward)
- Water pitcher (labeled and dated)
- Foods used (labeled and dated)
- Surfaces intact without, rust, or breaks in its integrity
- Medications should not be touched with bare hands
- No personal drinks or items should be on the medication cart
- Items are used before expiration date
- Outdate checks (shift older items to the front or top)

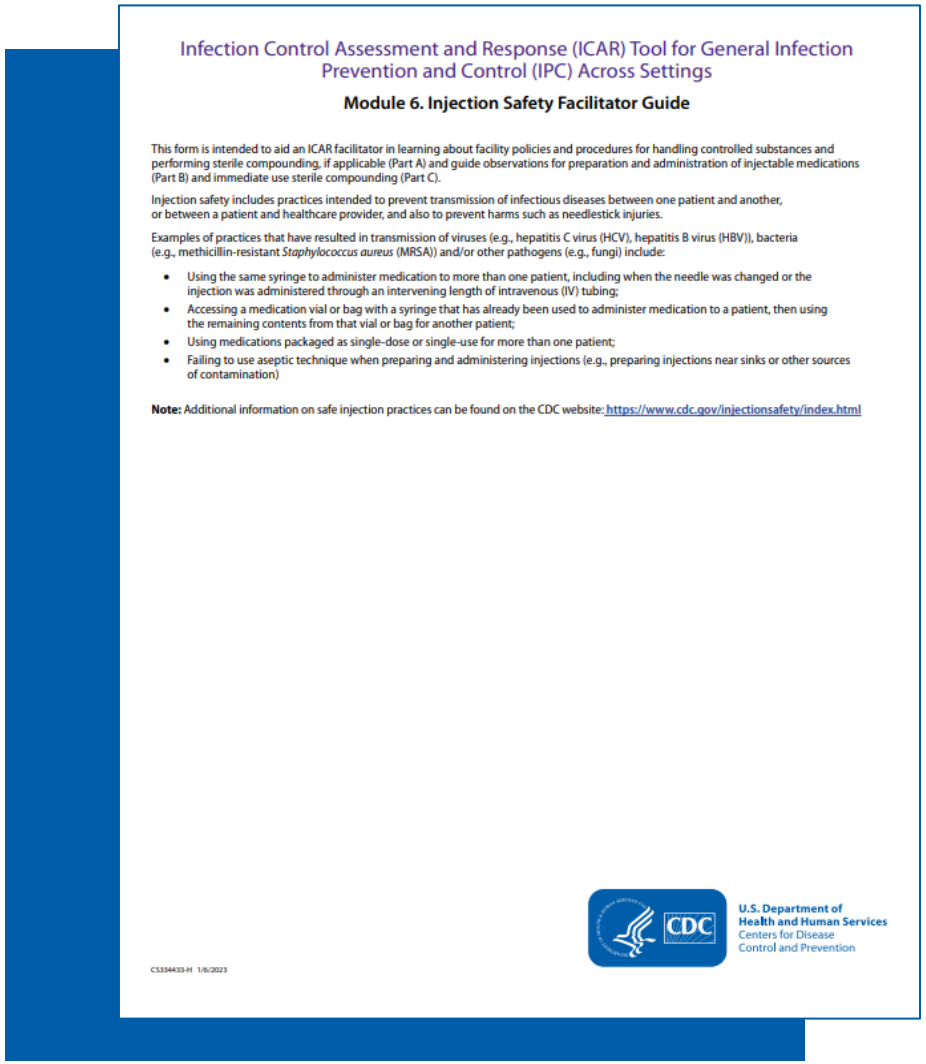
Infection Prevention and Medication Administration

- Care should be planned based on the type of medication being administered
- Take care to scrub the hub prior to administering intravenous medications
- Note IV access: Site intact, flushes with ease, without redness, without signs of infiltration
- For all creams and drops, ensure that these do not get contaminated.
- Utilize appropriate PPE
- Care should be given for proper cart cleaning and disinfection (Example: between shift change or daily)

WHAT TO LOOK FOR DURING OBSERVATIONS

Module 6 Injection Safety ICAR

- Injection safety includes practices intended to prevent transmission of infectious diseases between one patient and another, or between a resident and healthcare provider.
- Injection safety further helps to prevent harm to the healthcare provider, such as a needlestick injury.



Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings

Module 6. Injection Safety Facilitator Guide

This form is intended to aid an ICAR facilitator in learning about facility policies and procedures for handling controlled substances and performing sterile compounding, if applicable (Part A) and guide observations for preparation and administration of injectable medications (Part B) and immediate use sterile compounding (Part C).

Injection safety includes practices intended to prevent transmission of infectious diseases between one patient and another, or between a patient and healthcare provider, and also to prevent harms such as needlestick injuries.

Examples of practices that have resulted in transmission of viruses (e.g., hepatitis C virus (HCV), hepatitis B virus (HBV)), bacteria (e.g., methicillin-resistant *Staphylococcus aureus* (MRSA)) and/or other pathogens (e.g., fungi) include:

- Using the same syringe to administer medication to more than one patient, including when the needle was changed or the injection was administered through an intervening length of intravenous (IV) tubing;
- Accessing a medication vial or bag with a syringe that has already been used to administer medication to a patient, then using the remaining contents from that vial or bag for another patient;
- Using medications packaged as single-dose or single-use for more than one patient;
- Failing to use aseptic technique when preparing and administering injections (e.g., preparing injections near sinks or other sources of contamination)

Note: Additional information on safe injection practices can be found on the CDC website: https://www.cdc.gov/injectionsafety/index.html

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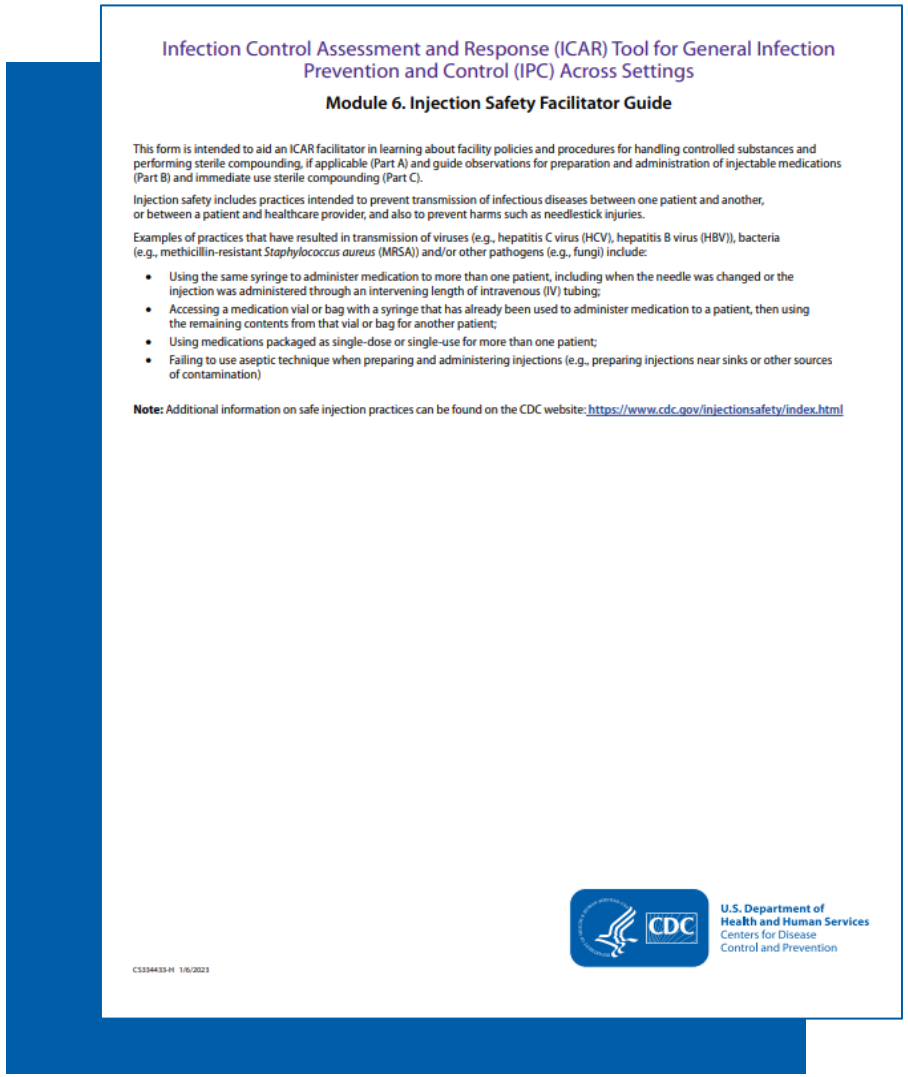
Module 6 Injection Safety ICAR

The following practices should be observed during administration of an injectable medication:

- Performance of Hand hygiene
- Medications being prepared using aseptic technique, on a designated clean area, that is not adjacent to potential sources of contamination, including sinks or water sources.
- Needles and syringes only used for one resident
- Rubber septum on medication disinfected prior to injecting
- All multi-dose vials are dated when opened and discarded within 28 days (or by manufacturer specified date)
- All sharps are disposed of in a puncture resistant sharps container



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DOCUMENTATION OF FINDINGS

Description of Findings

- Be as descriptive without making assumptions
  - Even if it looks as if it is mold or blood, do not call it such.
  - Describe it as:
    - “Brown or black debris noted on”
    - “Appears to be dark red-like debris”
    - “White dust like debris on surface of”
- All items should appear neat and orderly. Any areas of clutter are a magnet for drawing further attention to it.
- All items should be stored in a manner to prevent contamination.
- If you know something is not right, but do not have the language for it, make a note of it and bring to the attention of nursing leadership.

LET’S REVIEW BY ASKING SOME QUESTIONS

Scenario #1 - Question

A nurse is administering medications to a resident with a gastrostomy tube.

What type of precautions should the nurse take to prevent infection with this resident?

Scenario #1 - *Answer*

At minimum:

We could expect the nurse to:

- Perform hand hygiene
- Wear PPE per standard precaution

This situation may include the need for gloves, gown, and/or face shield if splashing is anticipated.

Scenario #2 - Question

You are performing infection control observations at a SNF. You notice a small container of applesauce left unattended on the medication cart. This applesauce container is open, with a spoon in it, without a labeled time or date.

What would you do next?

Scenario #2 - *Answer*

At minimum: You would:

- Inform nursing leadership of the issue in a non-confrontational, non-judgmental way.
- Encourage them to notify the appropriate staff to discard the applesauce.
- The new applesauce will be dated and timed and discarded after each medication pass.
- Provide just in time education of the importance of proper storage and maintenance of food items that are not in use.

Scenario #3 - Question

While performing observations, you observe a medication nurse/tech getting ready to enter a resident's room that is on Contact Precaution without personal protective equipment.

You should:

a. Go about your business since you are not skilled in passing meds.
b. Do nothing since PPE for this type of room is optional.
c. Access the facility intercom and announce "Attention, you may not want to eat the potato salad that _____ brought today."
d. Bring it to the attention of the medication nurse/tech in a non-threatening way. Provide just in time education reminding the staff member that a gown and gloves are to be for residents on Contact Precautions, worn per policy.

Scenario #3 - *Answer*

d. Bring it to the attention of the medication nurse/tech in a non-threatening way. Provide just in time education reminding the staff member that a gown and gloves are to be for residents on Contact Precautions, worn per policy.

Scenario #4 - Question

While performing observations, you observe a glucometer with a strip inserted in it on top of the medication cart.

You should:

a. Do nothing since it is time for your break.
b. Thank the staff member that has prepared it for your use and use it to check a resident's blood glucose.
c. Provide just in time education sharing that the glucometer should be cleaned and disinfected after each resident's use, per the manufacturer's instructions for use.
d. Do nothing because it only needs to be cleaned and disinfected at the end of each shift.

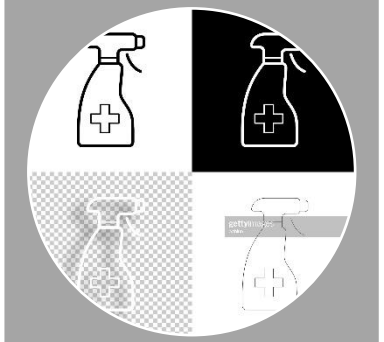
Scenario #4 - *Answer*

c. Provide just in time education sharing that the glucometer should be cleaned and disinfected after each resident's use, per the manufacturer's instructions for use.

PREVENTION IS KEY

Let's Be Mindful!

Hand Hygiene



Care not to contaminate surfaces/ Use routine cleaning and disinfection

Use PPE: Knowing when and how to use PPE

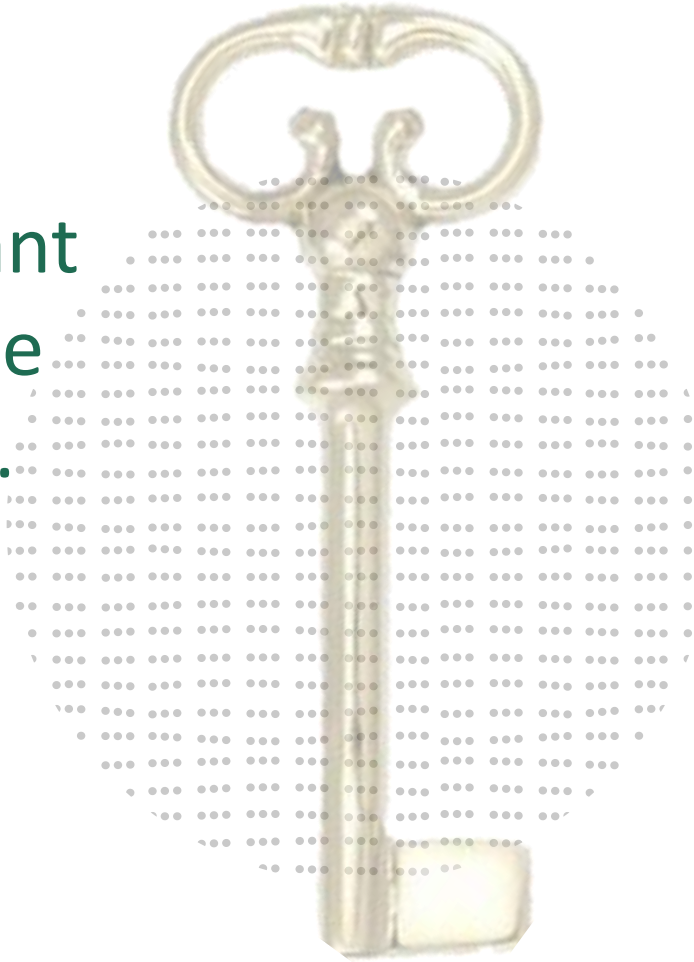
Ensure all food items are labeled with date and time with proper storage

Auditing

Education/ Preparation/ Communication

Prevention is Key

Infection Prevention and Control is an important strategy intended to prevent and reduce the spread of healthcare associated infections.



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QUESTIONS?