



# SNF Symposium 2024

## Where Do I Start?

### A Review of IPC Fundamentals from IP to IP

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# Introduction





## Objectives

- Navigate key federal, state, and local regulations that apply to Skilled Nursing Facilities (SNFs)
- Review core Infection Prevention and Control (IPC) principles and responsibilities for Infection Preventionists (IP)
- Address common IPC challenges and highlight the importance of enhancing preparedness
- Foster professional development and effective communication



# Regulatory Agencies and Requirements for IPC in SNFs





# Regulatory Agency Overview

## Federal

- **Centers for Medicare and Medicaid Services (CMS)**
- **Occupational Health and Safety Administration (OSHA)**

## State

- **California Department of Public Health**
  - Licensing & Certification
  - Reportable Diseases and Conditions
  - Medical Waste
- **Cal-OSHA**

## Local

- **Los Angeles County Department of Public Health**
  - Environmental Health
  - Communicable Disease reporting

1. [https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/SNF\\_OnlineIPCourse\\_Qs\\_LawsAndRegs\\_012521\\_ADA.pdf](https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/SNF_OnlineIPCourse_Qs_LawsAndRegs_012521_ADA.pdf)



## Federal Regulations:

- Centers for Medicare & Medicaid Services (CMS)
- Compliance with CMS's Conditions of Participation (CoPs)
- CMS Title 42 Part 483
- CMS Value-Based Purchasing (VBP) Program



## Federal Regulations (CMS): CoP

- Infection Preventionist (IP) requirement
  - SNFs must have dedicated, qualified IP on staff
  - IP must be trained in IPC and responsible for the facility's IPC program
- Infection Prevention and Control (IPC) Program
  - Must maintain IPC program to prevent development and transmission of infections and communicable diseases
  - Must include written policies and procedures, active surveillance, and data-driven interventions
- QAPI Integration
  - Must use data from IPC program to identify areas for improvement and develop action plans



## Federal Regulations (CMS): VBP Program

- Financial incentives for SNFs to improve quality of care
  - HAI rates are performance measures that are evaluated by surveyors
  - Facilities with lower infection rates and better overall performance receive higher reimbursements, while those with poor performance or high infection rates may face financial penalties





## Federal Regulations (CMS): Title 42 Part 483

- Facility must establish and maintain an IPC program designed to provide a safe, sanitary, and comfortable environment
- Must include system for prevention, identifying, reporting, investigating, and controlling infections and communicable diseases
- Must develop an antibiotic stewardship program that includes protocols for appropriate use of antibiotics
- Resident rights
- Staff training



## State Regulations

- CDPH Licensing and Certification (L & C)
- Title 22, California Code of Regulations (CCR)
- Title 17 of the California Code of Regulations (CCR) Subchapter G, Part 483
- California Health and Safety Code
- California Assembly Bill (AB) 2640 and 2644
- All Facilities Letters (AFL)
- Antibiotic Stewardship Program
- Cal-OSHA



## State Regulations: CDPH Licensing and Certification

- 18 district offices with >600 health facility evaluator nurses (HFEN) = surveyors
- Licenses SNF facilities to operate in California
- All SNFs in CA must be licensed by CDPH and are required to maintain an effective IPC Program
- Surveys are conducted every 6-16 months to assess compliance to state and federal standards
  - Could be surveyed sooner than usual
  - If there are complaints, facilities visited immediately
  - Revisits may occur, if high risk findings are reported



## State Regulations: Summary of Requirements

- Requires IPC program that includes: surveillance, prevention, and control of infections
- Policies and procedures to include: management of transmission risks, education for staff and visitors, surveillance plan (including outbreak management), and biohazardous equipment and materials identification
- Oversight of the program is part of a multidisciplinary committee
- Must have QAPI integrated
- Full time IP Program coverage (RN/LVN, may job share)
- Required to report certain HAIs to CDPH through NHSN
- Antibiotic Stewardship Program



## State: Cal-OSHA

- Protection of the worker (guidance to keep workers healthy and safe in the state of California)
- Department of Industrial Relations
  - Division of Occupational Safety and Health
- Develops regulations for workplace safety and health
  - Bloodborne Pathogen Standard
  - Aerosol-Transmissible Diseases Standard
  - Respiratory Protection Standard
- Regulations must be as stringent (or more) than federal regulations

1. <https://www.dir.ca.gov/dosh/>

2. [https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/SNF\\_OnlineIPCourse\\_Qs\\_LawsAndRegs\\_012521\\_ADA.pdf](https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/SNF_OnlineIPCourse_Qs_LawsAndRegs_012521_ADA.pdf)



## Local Oversight:

# Acute Communicable Disease Control Program (ACDC)

### • DISEASE SURVEILLANCE AND OUTBREAK SECTION

- Food Safety Unit
- **Healthcare Outreach Unit (HOU)**
- Hepatitis, Antimicrobial Resistance & Influenza Unit
- Hospital Outbreak, Response & Control Section
- Vector-borne Disease Unit
- Automated Disease & Syndromic Surveillance (ADSS) Section
- EPI/Data Support Section
- Planning, Policy, Prevention Unit
- Administration



## Local Oversight (cont.) - ACDC Healthcare Outreach Unit (HOU)

- Acute Care Hospital Team
  - Liaison Public Health Nurses- assigned to specific acute care hospitals and long-term care acute care hospitals (LTACs)
- Outpatient Clinics and Dialysis Team
- **Long-Term Care Facilities Team**
  - Skilled Nursing Facilities
  - Community Care Facilities: A Subset of Congregate Care Facilities



## Skilled Nursing Facilities Team

### Skilled Nursing Facilities

- **336 SNFs (315 Free standing SNFs, 21-D/P SNFs in LAC), not including Long Beach and Pasadena: health facility or a distinct part of a hospital**
  - *provides continuous skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis.*
  - *24-hour inpatient care includes, as a minimum, physician, skilled nursing, dietary, pharmaceutical services, and an activity program*

### Intermediate Care Facilities (ICFs) & Congregate Living Health Facilities (CLHFs)

- **272 ICFs** : *provides care and support services to developmentally disabled clients whose primary need is for developmental services and who have a recurring but intermittent need for skilled nursing services.*
- **136 CLHFs** : *skilled nursing care on a recurring, intermittent, extended, or continuous basis*
  - *care is generally less intense than that provided in general acute care hospitals but more intense than that provided in skilled nursing facilities*





## DPH Public Health Centers Community and Field Services Division (Outbreak Management Branch)

### I. CFS/OMB

- Conducts surveillance and medical case management of reportable communicable diseases
- Contains the spread of communicable diseases
- Provides numerous outreach activities to engage the community as active participants to improve the health of residents.

### II. Clinic Services

- Provides clinical services through **14 public health centers** (plus a satellite site on Skid Row)
  - Clinical services offered immunizations, and screening and treatment of tuberculosis and sexually transmitted diseases.
- **COVID-19 strike team, contact tracing**



## Local: Health Facilities Inspection Division (Licensing & Certification)

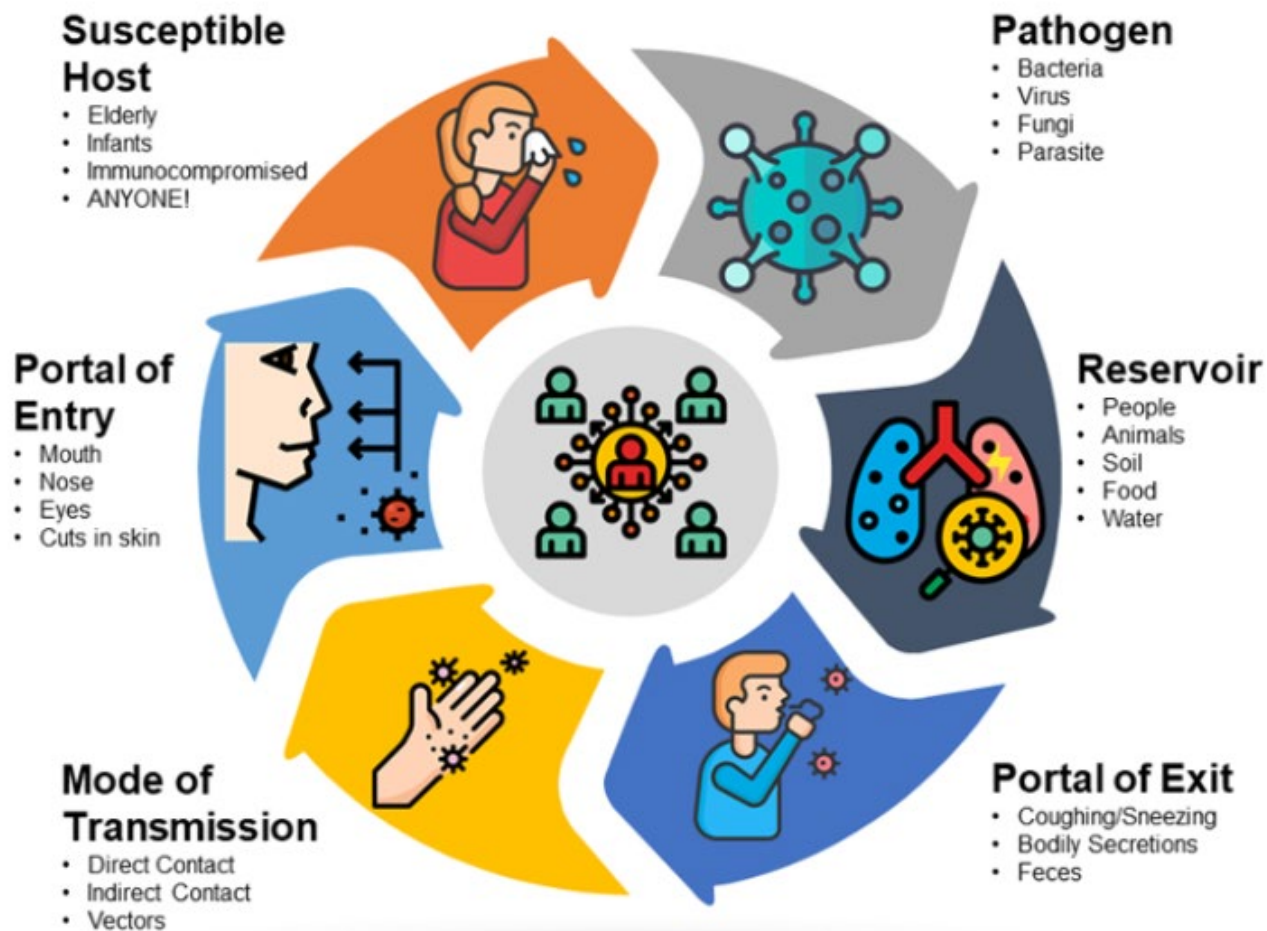
- Has the authority and responsibility for the licensing and certification of health facilities and ancillary health services (Total of 1,964 in LAC area), including:
- Acute care hospitals, **Nursing Homes**, Homes for the developmentally disabled, Hospice Programs, Ambulatory surgical centers, Dialysis clinics, Primary care clinics, Home Health Agencies, Congregated Living Facilities (catastrophic and severely disabled, ventilator dependency, terminal illness)
- **Since COVID-19 Pandemic**, conduct the daily counts of cases/suspects/deaths of residents/staff on facilities (**i.e., SNFs**) with COVID-19 OBs and conducts onsite/virtual visits in coordination with ACDC, OMB.



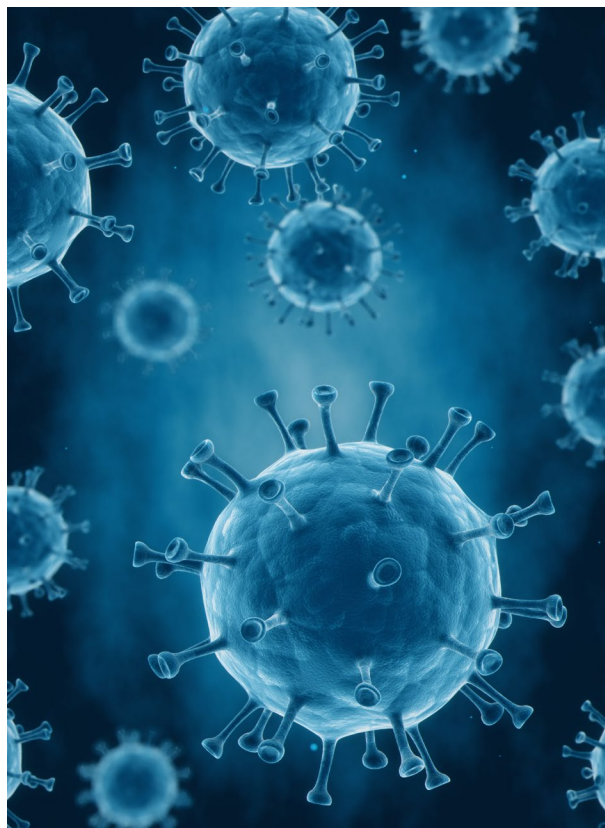
## Core Roles + Responsibilities of IP



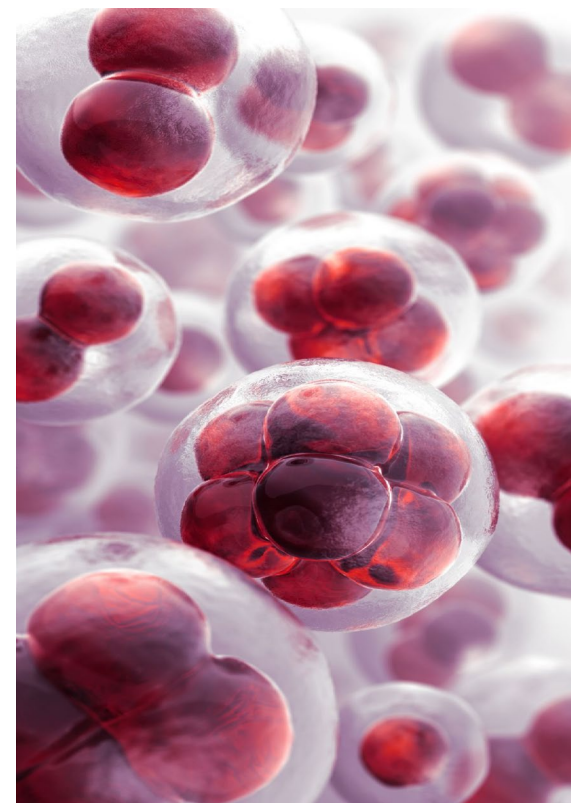
# Chain of Infection



## Infectious Agents (Pathogens)



- Bacteria
- Virus
- Fungi
- Parasites
- Protozoa
- Helminths
- Prions



1. <http://professionals.site.apic.org/10-ways-to-protect-patients/break-the-chain-of-infection/>

# Reservoir

## I. Human

- May/may not show symptoms
- Measles, Mumps, Hepatitis B, Salmonella typhi etc.



## II. Animal

- Rabies (Bats, dogs), Anthrax (Sheep), Plague (Rodents), Ebola (Bats)

## III. Environmental

- Soil, Water, Plants
- *Histoplasma* (soil), *Legionella* (cooling units), *Clostridium tetani* (soil)

Reference: <https://www.cdc.gov/csels/dsepd/ss1978/lesson1/section10.html>

<http://professionals.site.apic.org/10-ways-to-protect-patients/break-the-chain-of-infection/>



## Portal of Exit

- Open wounds/skin
- Body Fluids
- Aerosols
- Mucous membranes

1. <http://professionals.site.apic.org/10-ways-to-protect-patients/break-the-chain-of-infection/>



# Mode of Transmission

- Direct
  - Direct contact (skin to skin, kissing, sexual contact etc.)
  - Droplet spread (Meningococcal infection, COVID-19 etc.)
- Indirect
  - Airborne (Measles)
  - Vehicle borne (through food, water, fomites etc.)
  - Vector borne
    - Flea (*Yersinia pestis*-> Plague), Mosquito (*Plasmodium* -> Malaria)





## Portal of Entry

- Broken skin/incisions
- Respiratory tract
- Mucous membranes
- Catheters and tubing (invasive devices)
- Mouth, eyes, nose

1. <http://professionals.site.apic.org/10-ways-to-protect-patients/break-the-chain-of-infection/>



## Susceptible Host

Any person, including  
your residents,  
your visitors,  
and

**YOU!**

1. <http://professionals.site.apic.org/10-ways-to-protect-patients/break-the-chain-of-infection/>



## Daily Responsibilities of an IP (Routine Tasks)

- Monitoring and surveillance of infections
- Ensuring hand hygiene compliance
- EVS: Overseeing cleaning and disinfection
- PPE management



## Development and Implementation of IPC Programs

- Creating and Updating the Annual IP Plan
  - Key elements include aligning with local, state, and federal guidance
- Infection Control Risk Assessment
  - How to prioritize IP projects based on risk assessment
  - Could use the ICAR to assist with this process



## A Day In the Life of an IP

- What to expect
  - Variability in daily tasks
  - Managing unexpected challenges
- Where to start
  - Developing a daily routine
  - Importance of flexibility



## Core Practices for IPs

- Staying Organized
  - Bookmarking essential resources
  - Keeping track of updates in guidance and regulations
- Keeping a Quality Assurance Performance Improvement (QAPI) Mindset
  - Integrating QAPI into HAI prevention
  - IPC daily practices
  - 1% better each day



# Essential IPC Practices





## Essentials of IPC

- Hand Hygiene
- Cleaning and Disinfection
- Personal Protective Equipment (PPE)
- Standard Precautions, Enhanced Barrier Precautions, and Transmission Based Precautions
- Managing MDROs
- Vaccinations
- Outbreak Management and Reporting
- Surveillance and Tracking Monitoring
- Education and Training





# Hand Hygiene

- Importance: The single most effective way to prevent the spread of infections
- Methods: Alcohol-based hand rubs and soap and water
- When to Perform: 5 moments of hand hygiene and MORE!
- Education: continuous training for HCPs on proper techniques
- Compliance: regular audits and feedback to ensure adherence



## Cleaning and Disinfection

- Regular cleaning and disinfection of high-touch surfaces
- Appropriate use of EPA-registered disinfectants, and abiding by instructions for use (i.e. contact time, no mixing)
- Daily cleaning in patient areas, more frequently in high-risk areas
- Ensure proper disinfection of reusable medical equipment
- Make sure to follow standardized cleaning protocols specific to your setting



## PPE

- Gloves, gowns, masks, eye protection, respirators
- Correct donning and doffing procedures to prevent contamination
- When to use different types of PPE based on exposure risk, what PPE is indicated
- Ensuring PPE fits correctly to provide effective protection
- Regular training and competency checks for all HCPs



## **Standard Precautions, Enhanced Barrier Precautions, and Transmission Based Precautions**

- Standard Precautions: basic infection prevention practices applied to all patients
- Enhanced Barrier Precautions: for patients with MDROs and with a certain level of risk-identified but not requiring full contact precautions
- Transmission-Based Precautions: airborne, droplet, and contact precautions for specific infections
- When and how to implement each type of precaution
- Staff education on recognizing and applying appropriate precautions



## Managing MDROs

- Early detection through screening and surveillance
- Proper transmission-based precautions adhered to
- Rational use of antibiotics to prevent resistance
- Enhanced cleaning and disinfection for areas with MDRO cases
- Ongoing staff education on MDRO risks and management
- Keep up to date on MDROs and nMDROs circulating on local, state, regional, and national level
- MDRO dashboard, LAC DPH



# Vaccinations

- Ensure all staff are up-to-date with vaccines like flu, COVID-19, hep B
- Promoting patient vaccinations to prevent HAIs
- Importance of vaccination in reducing infection risks (vaccine preventable diseases)
- Educating patients and staff on the importance of vaccinations
- Maintaining records of vaccination status for staff and patients



# Outbreak Management and Reporting

- Identifying potential outbreaks through surveillance
- Having a clear outbreak management plan in place
- Timely reporting to public health and internal communication that is prompt
- Implementing appropriate TBP, PPE, and other controls to prevent spread
- Analyzing the outbreak to improve future responses (emergency preparedness, ob management plan)



## Surveillance, Tracking, and Monitoring

- Data collection: Systematic collection of infection data
- Trend analysis: regular analysis of data to identify trends and outbreaks
- Reporting: timely reporting of surveillance data to leadership and stakeholders
- Action plans: developing and implementing action plans based on surveillance findings
- Technology: utilizing software tools to enhance tracking and reporting





## Staff Education and Training on IPC

- Regular in-service training sessions
- E-learning modules for flexible learning
  - PFL Basics, free on our website
- Hands-on training and competency assessments
- Incorporation of real-life scenarios and case studies
- Ongoing, at hire, annually, or more frequent



## Visitor Education

- Informative posters and signage at entrances
- Visitor handouts or brochures explaining IPC practices
- Staff-led orientation for frequent visitors
- Just in time training on PPE and Hand hygiene, especially if visiting someone on transmission-based precautions
- Updates during respiratory virus season
- Ask visitors for feedback



## Training and Ongoing Education for the IP

- Continuing education
- Keep up with CE hours required by regulatory agencies
- Attend IPC workshops, conferences, courses
- Certification
- Keep up to date on best practices and recommendations
- APIC Text
- List of trainings for SNFs on our website
  - <http://publichealth.lacounty.gov/acd/IPCTrainingforSNFs.htm>



# Auditing, Rounding, Emergency Preparedness



# Key Benefits of Auditing and Monitoring

- Ensures Compliance
- Identifies Gaps
- Reduces Healthcare-Associated Infections (HAIs)
- Enhances Patient Safety
- Promotes a Culture of Safety
- Supports Continuous Improvement





# Monitoring Infection Control



## Healthcare-Associated Infections Program Adherence Monitoring Hand Hygiene

Assessment completed by:  
Date:  
Unit:

Regular monitoring with feedback of results to staff can improve hand hygiene adherence. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location.

**Instructions:** Observe at least 10 hand hygiene (HH) opportunities per unit. Observe a staff member and record his/her discipline. Check the type of hand hygiene opportunity you are observing. Indicate if HH was performed. Record the total number of successful HH opportunities and calculate adherence.

| HH Opportunity | Discipline | What type of HH opportunity was observed? (select/ <input checked="" type="checkbox"/> 1 per line)  | Was HH performed for opportunity observed? <input type="checkbox"/> or <input type="checkbox"/> |
|----------------|------------|---|---|
| Example        | N          | <input type="checkbox"/> before care/entering room* <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care* <input checked="" type="checkbox"/> upon leaving room<br><small>*Remember: Hand hygiene should be performed before and after</small> |   |
| HH1.           |            | <input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after   |   |
| HH2.           |            | <input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after   |   |
| HH3.           |            | <input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after   |   |
| HH4.           |            | <input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after   |   |
| HH5.           |            | <input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after   |   |
| HH6.           |            | <input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after   |   |
| HH7.           |            | <input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after   |   |
| HH8.           |            | <input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after   |   |
| HH9.           |            | <input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after   |   |
| HH10.          |            | <input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after   |   |



## Healthcare-Associated Infections Program Adherence Monitoring Blood Glucose Meter

Assessment completed by:  
Date:  
Unit:

Regular monitoring with feedback of results to staff can maintain or improve adherence to blood glucose monitoring practices. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location where blood glucose meters are used.

**Instructions:** Observe 3-4 patients/residents during blood glucose sampling. Check a box for each practice observed. In the column on the right, record the total number of "Yes" for adherent practices observed and the total number of observations ("Yes" + "No"). Calculate adherence percentage in the last row.

| Blood Glucose Meter Opportunity |  | Patient/Resident 1                                       | Patient/Resident 2                                       | Patient/Resident 3                                       | Patient/Resident 4                                       | Patient/Resident 5                                       | Adherence by Task |            |
|---------------------------------|--|--|--|--|--|--|-------------------|------------|
|                                 |  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | # Yes             | # Observed |
| BG1.                            | Hand hygiene is performed before the procedure.  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |                   |            |
| BG2.                            | Gloves are worn by the healthcare provider when performing the finger stick procedure and are removed after the procedure. Hand hygiene follows glove removal.   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |                   |            |
| BG3.                            | Finger stick devices are used for only one patient/resident. <i>Note: This includes both the lancet and the lancet holding device.</i>   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |                   |            |
| BG4.                            | The blood glucose meter is cleaned and disinfected after every use according to manufacturer's instructions. <i>Note: If manufacturer does not provide instructions for cleaning and disinfection, then the device should only be used for 1 patient/resident.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |                   |            |

Disciplines: P = Physician      VOL = Volunteer



# Environment of Care Rounds

## CDC Environmental Checklist for Monitoring Terminal Cleaning<sup>1</sup>

|   |  |
|---|--|
| <b>Date:</b>  |  |
| <b>Unit:</b>  |  |
| <b>Room Number:</b>                                 |  |
| <b>Initials of ES staff (optional):<sup>2</sup></b> |  |

Evaluate the following priority sites for each patient room:

| High-touch Room Surfaces <sup>3</sup> | Cleaned | Not Cleaned | Not Present in Room |
|---------------------------------------|---------|-------------|---------------------|
| Bed rails / controls                  |         |             |                     |
| Tray table                            |         |             |                     |
| IV pole (grab area)                   |         |             |                     |
| Call box / button                     |         |             |                     |
| Telephone                             |         |             |                     |
| Bedside table handle                  |         |             |                     |
| Chair                                 |         |             |                     |
| Room sink                             |         |             |                     |
| Room light switch                     |         |             |                     |
| Room inner door knob                  |         |             |                     |
| Bathroom inner door knob / plate      |         |             |                     |
| Bathroom light switch                 |         |             |                     |
| Bathroom handrails by toilet          |         |             |                     |
| Bathroom sink                         |         |             |                     |

|                     |  |  |  |
|---------------------|--|--|--|
| Bed rails by toilet |  |  |  |
|                     |  |  |  |
|                     |  |  |  |
|                     |  |  |  |
|                     |  |  |  |
|                     |  |  |  |

Evaluate the following additional sites if these equipment are present in the room:

| Additional Surfaces <sup>3</sup> | Cleaned | Not Cleaned | Not Present in Room |
|----------------------------------|---------|-------------|---------------------|
|                                  |         |             |                     |
|                                  |         |             |                     |
|                                  |         |             |                     |
|                                  |         |             |                     |
|                                  |         |             |                     |
|                                  |         |             |                     |

Reporting method used:

- Fluorescent gel  
 ATP system  
 Agar slide cultures

<sup>1</sup>Selection of detergents and disinfectants should be according to institutional policies and procedures  
<sup>2</sup>Hospitals may choose to include identifiers of individual environmental services staff for feedback purposes.  
<sup>3</sup>Sites most frequently contaminated and touched by patients and/or healthcare workers





# Departmental Roles in Environment of Care Rounds

Maintenance  
Department

Nursing  
Department

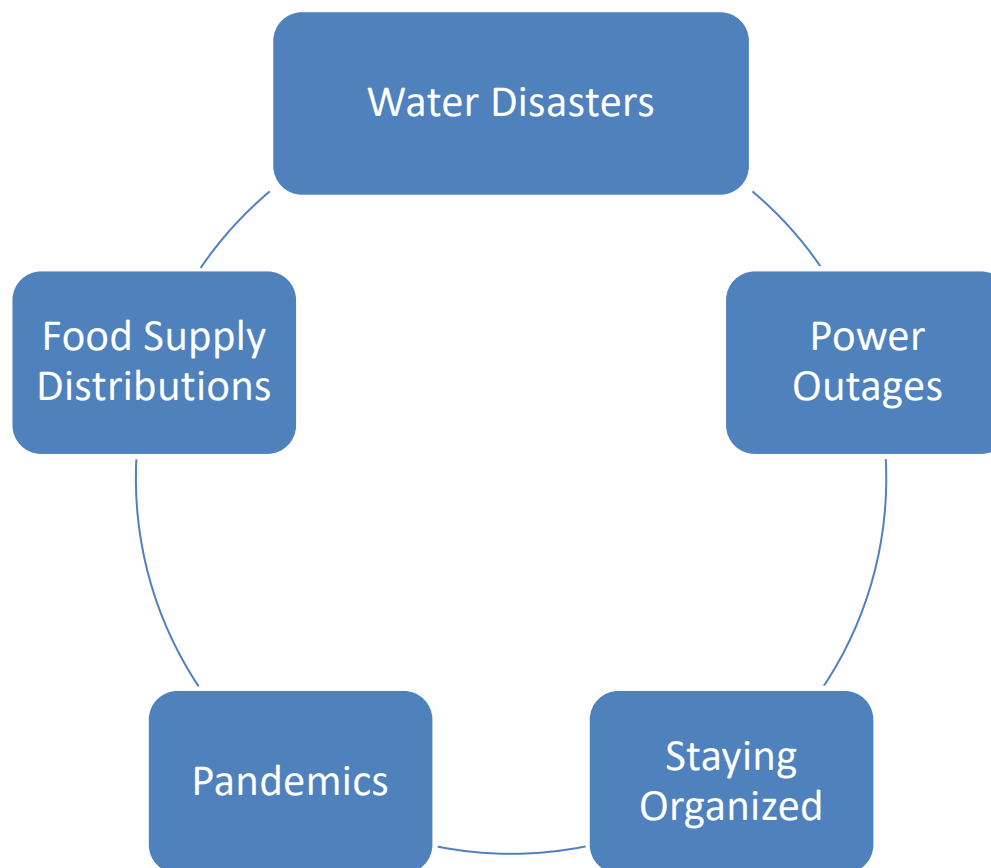
Administration

Environmental  
Services

Dietary  
Services



# Emergency Preparedness: Key Considerations



<https://emergency.cdc.gov/>

[https://www.google.com/search?q=cdph+emergency+preparedness+office&rlz=1C1GCEV\\_enUS955US955&oq=cdph+emer&gs\\_lcrp=EgZiaHJv](https://www.google.com/search?q=cdph+emergency+preparedness+office&rlz=1C1GCEV_enUS955US955&oq=cdph+emer&gs_lcrp=EgZiaHJv)



# Professional Development and Resources



# Pathways to Growth in Infection Prevention

## Pathways to Professional Development

- APIC Competency Model

## Importance of Finding Resources

- Utilizing Available Resources
- People as Resources

<https://apic.org/professional-practice/infection-preventionist-ip-competency-model/>

## Pathways to Growth in Infection Prevention continued

### Networking and Professional Organizations

- APIC and Other Professional Organizations
- Building a Professional Network

### Certification and Certification Boards

- Overview of CBIC
- Importance of Certification
- Continuing Education

<https://apic.org/member-services/about-membership/>  
<https://www.cbic.org/>



# Advocacy and Communication





# Gaining Leadership Support for Infection Prevention

Secure leadership support to prioritize infection prevention

Align IP goals with organizational objectives through clear communication

Present data to demonstrate the impact of IP efforts

## Effective Communication with Staff

- Use clear, relevant language for different staff groups
- Reinforce key messages with visual aids and signage
- Apply teach-back method to ensure understanding
- Incorporate continuous monitoring and feedback, not just in-service training



1. [https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/ACH\\_IP\\_OnlineCourseR\\_CommunicationInACFacilities.pdf](https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/ACH_IP_OnlineCourseR_CommunicationInACFacilities.pdf)

# Infection Prevention: A Shared Responsibility



Infection prevention involves everyone, not just the IP team



Promote a culture of shared responsibility



Encourage teamwork across all departments





## Conclusion, QA + References/Resources



## Resources (Federal Regulations)

### [Centers for Medicare and Medicaid Services \(CMS\)](http://www.cms.gov)

([www.cms.gov](http://www.cms.gov))

### [CMS Regulations & Guidance](http://www.cms.gov/home/regsguidance.asp)

([www.cms.gov/home/regsguidance.asp](http://www.cms.gov/home/regsguidance.asp))

### [CMS Conditions of Participations \(CoPs\)](https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/LTC)

(<https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/LTC>)

### [CMS State Operations Manual \(Guidance to Surveyors for LTC\)](https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/Downloads/som107ap_pp_guidelines_ltc.pdf)

([https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/Downloads/som107ap\\_pp\\_guidelines\\_ltc.pdf](https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/Downloads/som107ap_pp_guidelines_ltc.pdf))



## Resources (Federal Regulations)

[Quality Improvement Organization \(QIO\)](https://qioprogram.org/)

(<https://qioprogram.org/>)

[QIO for California = Health Services Advisory Group \(HSAG\)](https://www.hsag.com/en/medicare-providers/)

(<https://www.hsag.com/en/medicare-providers/>)



## Resources (State)

### [HAI Specific Legislation, Regulations and AFLs](#)

(<https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/AFLsLegislation.aspx#>)

[Cal/OSHA Workplace Guide to ATD](#) (which has a nice list with hyperlinks to additional Title 8 topics under “Resources”)

([https://www.dir.ca.gov/dosh/dosh\\_publications/ATD-Guide.pdf](https://www.dir.ca.gov/dosh/dosh_publications/ATD-Guide.pdf))



## Resources continued...

- LAC DPH Ask an IP Webpage (Past Slides and Recordings):  
<http://publichealth.lacounty.gov/acd/AskAnIPProgram/index.htm>
- LAC DPH SNF IP Program Webpage:  
<http://publichealth.lacounty.gov/acd/SNF/index.htm#prevention-program>
- LAC DPH SNF ICAR Webpage:  
<http://publichealth.lacounty.gov/acd/ICARProgram/index.htm>
- LAC DPH TNT Webpage:  
<http://publichealth.lacounty.gov/acd/TNTProgram/index.htm>



## Resources cont...

### CDPH Communication in ACH Facilities

- [https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/ACH\\_IP\\_OnlineCourseR\\_CommunicationInACFacilities.pdf](https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/ACH_IP_OnlineCourseR_CommunicationInACFacilities.pdf)

### APIC Membership

- <https://apic.org/member-services/about-membership/>

### CBIC

- <https://www.cbic.org/>

### CDPH Local Health Department Resources

- [https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/LHD\\_Resources\\_and\\_Trainings.aspx](https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/LHD_Resources_and_Trainings.aspx)



## Resources cont...

### [CDC Emergency Preparedness and Response](#)

- <https://emergency.cdc.gov/>

### CDPH Emergency Preparedness Office

- [https://www.cdph.ca.gov/Programs/EPO/Pages/learning\\_center.aspx](https://www.cdph.ca.gov/Programs/EPO/Pages/learning_center.aspx)

### CDPH Preventing HAI in California Skilled Nursing Homes

- [https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/PreventingHAI in LTC Facilities.aspx](https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/PreventingHAI_in_LTC_Facilities.aspx)