Ask an IP Learning and Communication Series

Session 3-Core IP Practices Wednesday June 23rd, 2021



Acute Communicable Disease Control Program
Los Angeles County Department of Public Health



Disclosures

There is no commercial support for today's call

Neither the speakers nor planners for today's call have disclosed any financial interests related to the content of the meeting

This call is meant for healthcare facilities and is off the record and reporters should log off now



DPH Infection Prevention Team

Kiran Bhurtyal MD, MPH
Walteena Brooks, LVN
Rachel Gibbs, RN, BSN
Laurie Hensley-Wojcieszyn, MHA, CPHQ, LSSGG
Marco Marquez, MPH
Harriett Pitt, MS, RN
Alisa Ritea, RN, BSN
Krystal Smith, MSc

Contact Us: LACSNF@ph.lacounty.gov

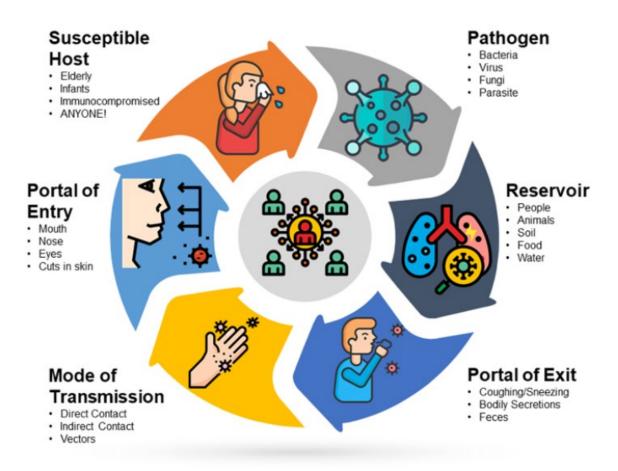


Objectives

- Review the chain of infection and infection control concepts
- Describe the core infection prevention practices that must be used in all care settings, all the time
- Foster discussion among LA County Skilled Nursing Facilities about infection control practices



Chain of Infection





Colonization and Infection

Colonization

- presence of microorganisms on or in the body but without clinical signs or symptoms- does not need treatment
- Eg. Methicillin-Resistant *Staphylococcus aureus* (MRSA) in nares and wounds, *C. difficile* in GI tract, *Candida auris* in axilla/groin

Infection

- characterized by isolation of microorganisms with clinical expression of diseases such as pneumonia, bloodstream infections, gastrointestinal infections, skin infections etc.- need treatment.
- For IPC purposes, follow the same practices for colonization and infection



Core Infection Prevention Practices

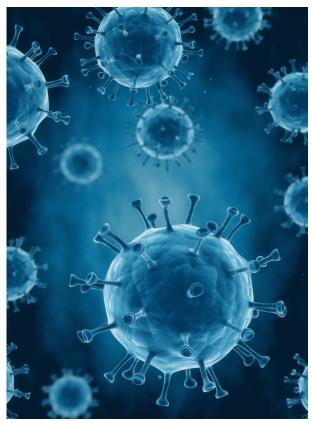
For Use in <u>All</u> Health Care Settings at All Times					
	Visible, tangible leadership support for infection control	☐ Standard precautions☐ Hand hygiene			
	Infection prevention training for all HCP	 Environmental cleaning and disinfection 			
	Patient, family, caregiver HAI prevention education	Injection safety, medication safety			
	Performance monitoring and feedback	Assess risk, use PPE appropriately			
	Early, prompt removal of invasive devices	Minimize potential exposuresClean and reprocess reusable			
	Occupational health	medical equipment			
		☐ Transmission-based precautions as necessary			

Reference:

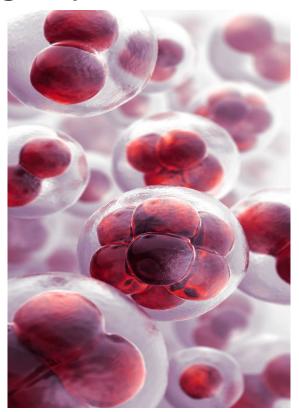
 $\underline{https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH\%20Document\%20Library/2019_2_CoreInfectionPreventionPractices_Approved02.22.19.pdf \cite{Million} (Slide 9)$



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

l. 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



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)

^{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





Adherence Monitoring

- What is adherence monitoring?
- Why should we use adherence monitoring?
- Why is adherence monitoring important?



Healthcare-Associated Infections Program Adherence Monitoring Hand Hygiene

ssessment completed by:	
ate:	
nit:	

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			Was HH performed for opportunity observed? ✓ or Ø				
Example	N	☐ before care/entering room* *Remembe		☐ after body fluids ould be performed befor			•
HH1.		☐ before care/entering room	☐ before task	☐ after body fluids	☐ after care	☐ upon leaving room	
HH2.		☐ before care/entering room	☐ before task	☐ after body fluids	☐ after care	☐ upon leaving room	
ннз.		☐ before care/entering room	☐ before task	☐ after body fluids	☐ after care	☐ upon leaving room	
HH4.		☐ before care/entering room	☐ before task	☐ after body fluids	☐ after care	☐ upon leaving room	
HH5.		☐ before care/entering room	☐ before task	☐ after body fluids	☐ after care	☐ upon leaving room	
HH6.		☐ before care/entering room	☐ before task	☐ after body fluids	☐ after care	☐ upon leaving room	
НН7.		☐ before care/entering room	☐ before task	☐ after body fluids	☐ after care	☐ upon leaving room	
HH8.		☐ before care/entering room	☐ before task	☐ after body fluids	☐ after care	☐ upon leaving room	
НН9.		☐ before care/entering room	☐ before task	☐ after body fluids	☐ after care	☐ upon leaving room	
HH10.		☐ before care/entering room	☐ before task	☐ after body fluids	☐ after care	☐ upon leaving room	
Disciplines: CNA = Nurse Assistant D = Dietary N =Nurse		P = Physician RT = Respiratory S = Student VIS = Visitor	Fherapist	VOL = Volunteer W = Social Worker OTH = Other, Specify U = Unknown	1		Opportunities: ✓ = Opportunity Successful Ø = Opportunity Missed

1.: https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/2019 2 CoreInfectionPreventionPractices Approved02.22.19.pdf



What it takes?

- Infection Prevention training
 - CDPH Infection Preventionist Training for Skilled Nursing Facilities Online
 Course
 (free!) https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/IP_TrainingForSNF
 s OnlineCourse.aspx_
 - CDC –Nursing Home Infection Preventionist Training Course (free!)
 https://www.cdc.gov/longtermcare/training.html
- Leadership

^{1.:} https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/2019 2 CoreInfectionPreventionPractices Approved02.22.19.pdf



Summary (Review)

Core Infection Prevention Practices

For Use in <u>All</u> Health Care Settings at All Times				
Visible, tangible leadership support for infection control	Standard precautionsHand hygiene			
Infection prevention training for all HCP	Environmental cleaning and disinfection			
 Patient, family, caregiver HAI prevention education 	Injection safety, medication safetyAssess risk, use PPE appropriately			
 Performance monitoring and feedback 	☐ Minimize potential exposures ☐ Clean and reprocess reusable			
Early, prompt removal of invasive devicesOccupational health	medical equipment Transmission-based precautions as necessary			

 $[\]textbf{1.:} \ \underline{\text{https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH\%20Document\%20Library/2019} \ \ \underline{\text{2}} \ \ \underline{\text{CoreInfectionPreventionPractices}} \ \ \underline{\text{Approved02.22.19.pdf}} \ \ \underline{\text{Approve02.22.19.pdf}} \ \ \underline{\text{Approve02.22.1$



Programming

Session	Date	Covered Topics
Week 1	Wednesday, June 9th	Program Overview
Week 2	Wednesday, June 16th	Office Hours
Week 3 (Today!)	Wednesday, June 23rd	Core IP Practices
Week 4	Wednesday, June 30th	APIC Annual Meeting (off)
Week 5	Wednesday, July 7th	Standard and Enhanced Precautions
Week 6	Wednesday, July 14th	Office Hours
Week 7	Wednesday, July 21st	Contact and Contact Spore
Week 8	Wednesday, July 28th	Office Hours
Week 9	Wednesday, August 4th	Droplet, AB, Novel Respiratory
Week 10	Wednesday, August 11th	Office Hours



Questions

