Wisconsin HAI Long-Term Care Education Series

May 23, 2024



Today's Agenda

- Hepatitis Outbreaks in Long-Term Care
- Bloodborne Pathogen Exposure Control Plans

Preventing Nosocomial Hepatitis B and C Outbreaks

Healthcare Acquired Infections in Long-Term Care Settings

Emily Hacker, MPHHepatitis C Disease Intervention Specialist



Agenda

- Hepatitis B and C refresher
- Wisconsin trends
- Nosocomial outbreaks
- Hepatitis elimination planning

Hepatitis B Refresher: Transmission

Transmitted through blood, semen, vaginal fluids

Exposure factors

- Sharing injection and non-injection drug use equipment
- Unregulated or DIY tattoos and piercings
- Sharing household items like razors and toothbrushes
- Sexual contact
- Highest prevalence in Western Pacific and Africa

Hepatitis B Refresher: Treatment

Vaccine-preventable

Cannot be cured, but can be treated:

- Acute infections supportive treatment
- Anti-viral medications
- Interferon injections

Hepatitis B: Wisconsin Trends

4,632 people living with HBV 384 newly reported cases in 2023

Asian populations in WI most impacted

Hepatitis C Refresher: Transmission

Bloodborne virus

Exposure factors

- Sharing injection and non-injection drug use equipment
- Unregulated or DIY tattoos and piercings
- Sharing household items like razors and toothbrushes
- Sexual contact
- Blood transfusions prior to 1992

Hepatitis C Refresher: Treatment

Direct-acting antiviral medication (DAAs)

Wisconsin Medicaid updates (2019):

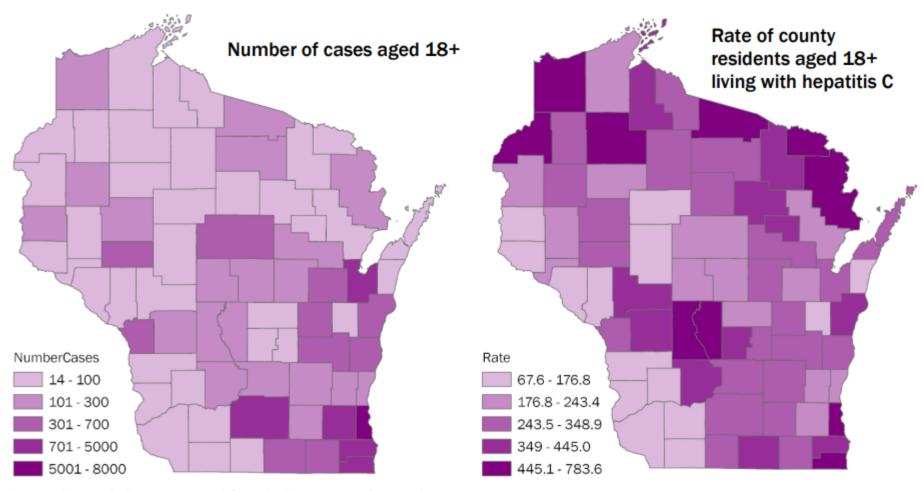
- No prior authorization
- No sobriety restrictions
- Treated at all levels of severity
- Re-treatment considered

Hepatitis C: Wisconsin Trends (2022)

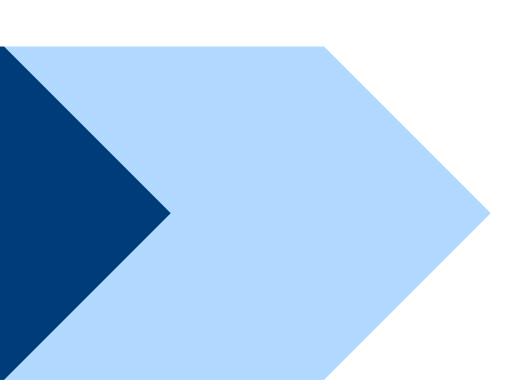
21,943 people living with hepatitis C Median age of new cases is 35 years

44% of all new cases are under 40 years

Most adults with reported hepatitis C reside in southeastern Wisconsin, but prevalence rates are also high in northern and central Wisconsin.



U.S. Nosocomial Hepatitis B and C Outbreaks (2008-2019)



- 68 outbreaks (B & C)
 - Outbreak defined as 2 or more cases
 - 66/68 occurred in nonhospital settings

Nosocomial Hepatitis B Outbreaks (2008-2019)

25 Total Outbreaks

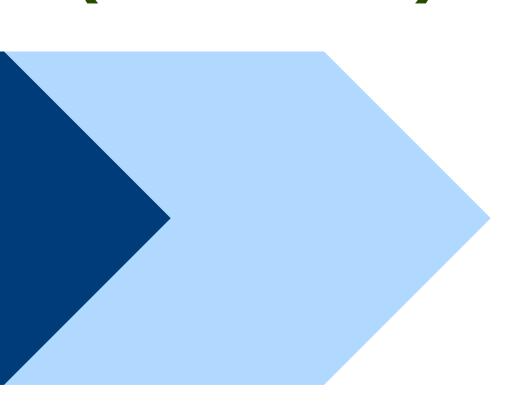


183 Total Cases



13,276 Notifications

Nosocomial Hepatitis B Outbreaks (2008-2019)



- 25 outbreaks
 - 19/25 in long-term care facilities
 - 15/19 associated with infection control breaks in assisted monitoring of blood glucose

Nosocomial Hepatitis C Outbreaks (2008-2019)

43 Total Outbreaks

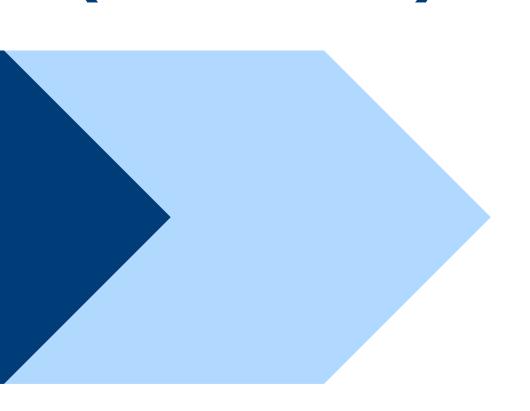


328 Total Cases



112,406 Notifications

Nosocomial Hepatitis C Outbreaks (2008-2019)



- 43 outbreaks
 - 22/43 in hemodialysis settings
 - 16/23 in long-term care facilities
 - Podiatry care, nail care, phlebotomy

Hepatitis Elimination Planning (2030)

- Vaccination for HAV and HBV
- Universal HBV and HCV screening at health systems
- Expand access to HCV treatment in traditional and nontraditional settings
- Attend elimination planning meetings
- Provide feedback on draft elimination plan

Questions?

Thank you!

Emily Hacker, MPH emily.hacker@dhs.wisconsin.gov



Bloodborne Pathogen Exposure Control Plans

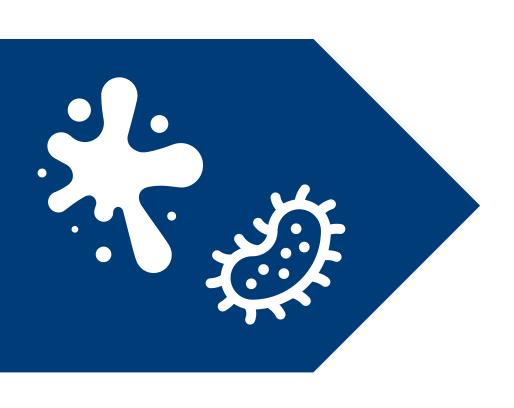
Anna Marciniak, MLS(ASCP), CIC, LTC-CIP Northern Region Infection Preventionist



Bloodborne Pathogens Review



Bloodborne Pathogens (BBP)



- Infectious microorganisms found in blood and other bodily fluids.
- Examples include:
 - Hepatitis B (HBV)
 - Hepatitis C (HCV)
 - Human Immunodeficiency Virus (HIV)

BBP Exposure Risks

- Needle sticks
- Other sharps injuries
- Splashes or sprays
- Shared needles or syringes



BBP Exposure Prevention



Planning and training



Personal protective equipment (PPE)



Safe handling of needles and other sharps



Regulatory guidance

Bloodborne Pathogens Standard



- Intended to protect workers from BBP
- Required that facilities have a plan

Elements of Exposure Control Plans



Elements of Exposure Control Plans

- Exposure determination
- Exposure control methods:
 - Standard precautions
 - o PPE
 - Engineering and work practice controls
 - Housekeeping and regulated waste

Elements of Exposure Control Plans

- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Hazard communications
- Staff training and information
- Exposure records

Exposure Determination

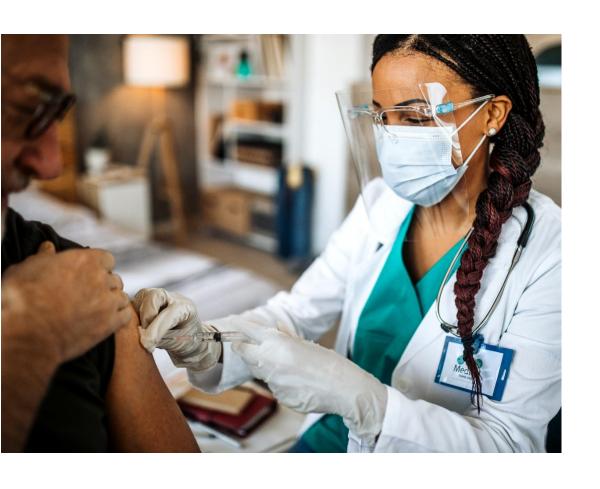
- Define risk based on job classification
- Update as duties change



Standard Precautions

- Treat all blood and other potentially infectious material (OPIM) as infectious.
- Ensure hand hygiene is available and performed appropriately.

Personal Protective Equipment (PPE)



- PPE is provided at no cost
- Employers launder reusable PPE
- Employees do not take PPE home

Engineering Controls

- Sharps containers
- Safer medical devices



Work Practice Controls

- Proper handling of:
 - Contaminated materials
 - Sharps
 - Specimens
- Food and drink not allowed near blood or OPIM

Housekeeping and Regulated Waste

- Cleaning and disinfection policies must be in place.
- Approved sharps containers must be used.
- Biohazardous items must be properly labeled and handled.

STATE OF WISCONSIN

Division of Public Health F-02705 (08/2020)

NON-CRITICAL¹ ITEMS CLEANING AND DISINFECTION PRODUCT LIST

		EPA List N	Contact/Wet	Responsibility of: (e.g., Nursing,	
Item Cleaned	Product /EPA Reg. No.	for SARS-CoV-2	Time ²	Housekeeping)	Comments
Example:	Orange Top; Sani-cloth	Yes	4 minutes	Nursing	Each resident should have own glucometer.
Glucometer	Bleach-Germicidal wipe (EPA# 9480-8)				

¹Non-critical items: Come into contact with intact skin, but not mucous membranes. Examples include blood pressure cuffs, stethoscopes, rehabilitation equipment, and walking aids, as well as environmental surfaces such as handrails, doorknobs, bedrails, and phones. Requires cleaning (removal of foreign material) followed by low- or intermediate-level disinfection.

²Contact/Wet Time: The time that a disinfectant should be in direct contact with the item being disinfected to ensure that the pathogens specified on the label are killed. Disinfectants with long contact times (e.g., 10 minutes) may require more than one application.

HBV Vaccine



- Must be offered to all atrisk employees free of charge
- Perform post-vaccination testing

Post-Exposure Evaluation and Follow-Up

- Perform first aid
- Seek medical treatment
- Initiate post-exposure protocol
 - CDC Post Exposure Prophylaxis Hotline (PEPline) 1-888-448-4911

Hazard Communication

- Proper labeling is required for blood and OPIM.
- Includes specimens, containers, and refrigerators and freezers.



Staff Training



Required upon hire, annually, and when tasks change.

Exposure Records

- Maintain log of sharps injuries
- Keep confidential



Putting it Into Practice



Next Steps for Facilities



Educate employees about BBPs.



Develop a training plan and document all sessions.



Create or update your facility's exposure control plan.

Resources

- OSHA Bloodborne Pathogens and Needlestick Prevention
- Hepatitis B and Healthcare Personnel
- OSHA BBP Model Plans and Programs
- Basics of OSHA BBP for Healthcare training

Questions?

Thank you!



Regional Infection Preventionists

- Western Region: Nikki Mueller, MLS(ASCP)CM, MBA, CIC, Phone: 608-628-4464
- Northern Region: Anna Marciniak,
 MLS(ASCP), CIC, Phone: 608-590-2980
- Northeastern Region: Tess Hendricks, BS, MLS, CIC, Phone: 608-338-9071
- Southeastern Region: Aimee Mikesch, BSN, RN, LTC-CIC, Phone: 608-867-4625
- Southern Region: Paula Pintar, MSN, RN, ACNS-BC, CIC, FAPIC, Phone: 608-471-0499



HAI Prevention Program Contact Information



Email: dhs:wisconsin.gov



Phone: 608-267-7711



Website: www.dhs.wisconsin.gov/hai/contacts.htm

HAI Infection Prevention Education webpage

HAI Infection Prevention Education

The resources below are intended to connect health care facility infection preventionists (IP) with education materials to support their role in preventing, detecting, and responding to healthcare-associated infections.

IPs play an essential role in facility infection prevention policy development, surveillance, and risk assessment.

IPs serve as a resource to other staff and programs within their facilities.

In addition to the state in-person trainings and online references below, there are a number of links to trusted education resources, including the CDC (Centers for Disease Prevention and Control), the Centers for Medicare and Medicaid Services (CMS), and the Association for Professionals in Infection Control and Epidemiology (APIC).



The <u>IP Starter Kit</u> provides Infection Preventionists a brief background and resources for some of the many infection prevention-related responsibilities within health care facilities.

Resources for infection preventionists Long-Term Care Education series

The long-term care (LTC) education series provides education presentations on topics that include infection prevention, HAIs, antibiotic stewardship, disease surveillance, and outbreak response for staff at skilled nursing facilities, assisted living facilities, local health departments, and other LTC stakeholders. Each session features a new, timely topic presented by the Department of Health Services (DHS) program staff, HAI Infection Preventionists, partner organizations, or other external subject matter experts.

View the <u>full library</u> of education sessions. **Note:** All 2021 and 2022 education sessions can be found by visiting the full library

Have a topic request?

Send topic ideas or requests that you have for the long-term care education series or the IP lunch and learn series to

DHSWIHAIPreventionProgram@dhs. wi.gov.

■

Upcoming LTC Education Session

Date: June 27, 2024

Topic: Dialysis Care

