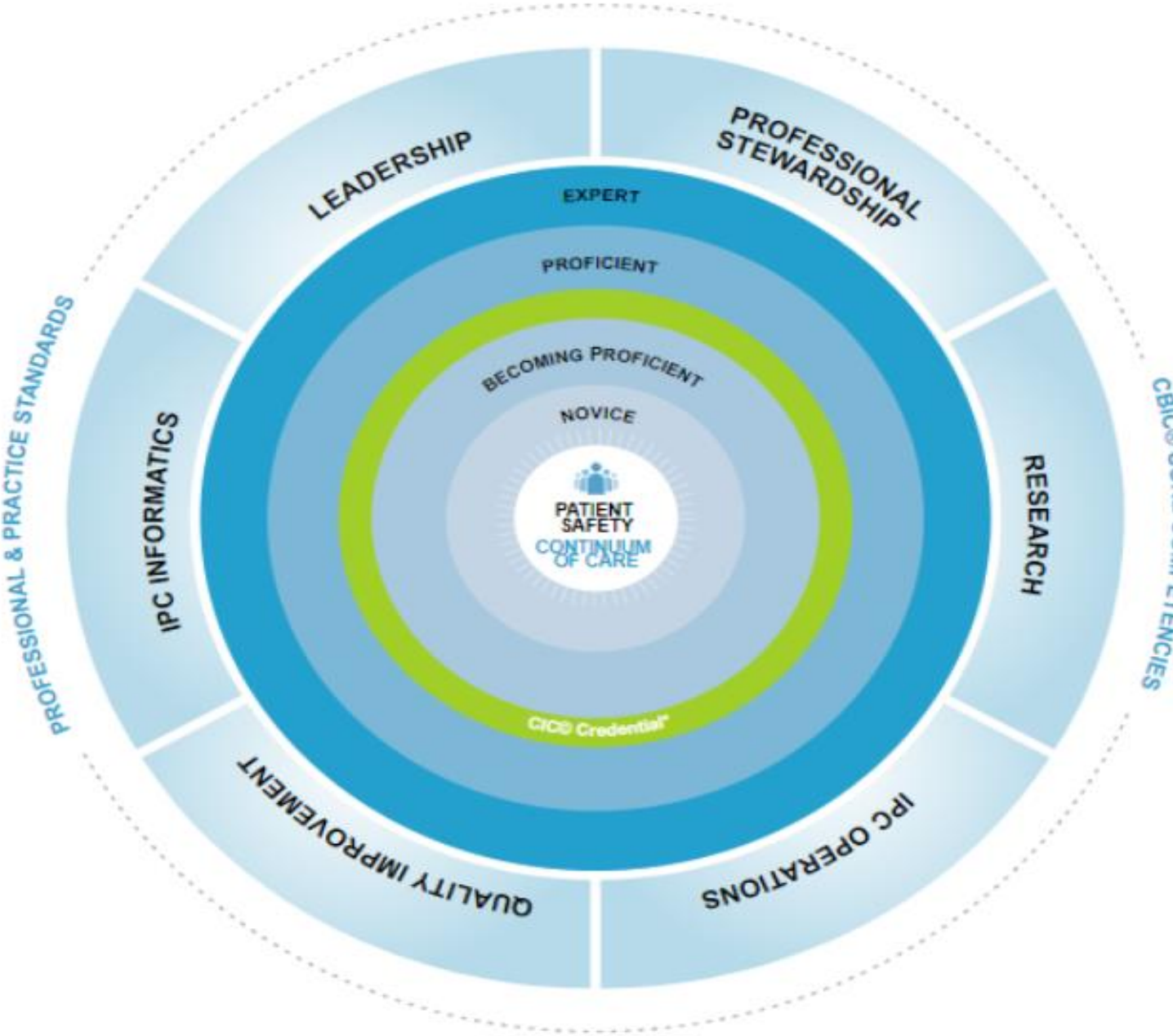
METASTAR

Higher quality. Healthier lives.

2019 Infection Prevention Introduction


LEADERSHIP
PROFESSIONAL STEWARDSHIP
RESEARCH
IPC OPERATIONS
QUALITY IMPROVEMENT
IPC INFORMATICS
EXPERT
PROFICIENT
BECOMING PROFICIENT
NOVICE
PATIENT SAFETY
CONTINUUM OF CARE
CIC® Credential
PROFESSIONAL & PRACTICE STANDARDS
CBIC® CORE COMPETENCIES

Novice IP

- Limited knowledge, skills, experience, and basis
- Rely on new rules and concepts to guide their practice
- Begin to develop their knowledge/skills in the core competencies
- Move towards Proficient career stage-building on novice competencies and developing more involved, intricate, and independent skills
- Certified in infection prevention and control (CIC) - IP demonstrates core competency

Introduction

Practice Settings

- acute care
- behavioral health
- long-term care
- outpatient facilities
- rehabilitation centers
- public health centers
- dialysis center

Career Stages

- Early (novice) – basic skills on patient safety
- Middle (proficient) – Certification in Infection Control
- Advanced (expert) – role model and content expert

IP Role

- Professional accountability
- Decisions based on professional standards and values
- Surveillance and epidemiology
- Educators
- Collaboration or consultant
- Program management
- Performance improvement
- Leadership
- Implementation Science
- Research
- Technology

Infection Prevention Introduction

APIC Professional Development

- Become familiar with APIC, CDC, state and local resources
- Take infection prevention courses sponsored by APIC and APIC chapters
- Become familiar with the Information Technology at the facility in order to gather and present data

Resources

- APIC
- CDC
- TJC
- OSHA
- CMS
- WI Department of Health Services

Occupational Safety & Health Administration

https://www.osha.gov/SLTC/etools/hospital/hazards/bbp/bbp.html

TJC – All Settings

IC.02.02.01 standard (reduce the risk of infections associated with medical equipment, devices, and supplies) cited more often as a result of:

- Untrained staff performing high level disinfection
- No step-by-step policies/procedures that follow manufacture instructions for use (e.g. instruments, scopes, washers, sterilizers, enzymatic solutions, chemicals)

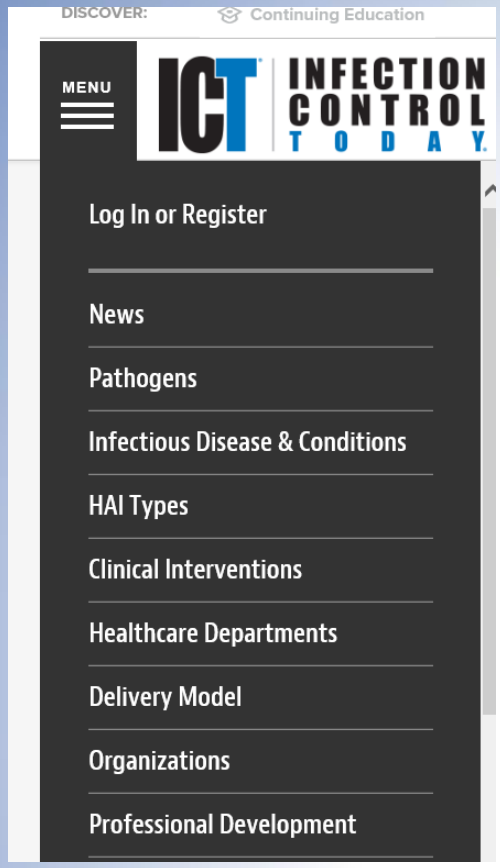
TJC – All Settings

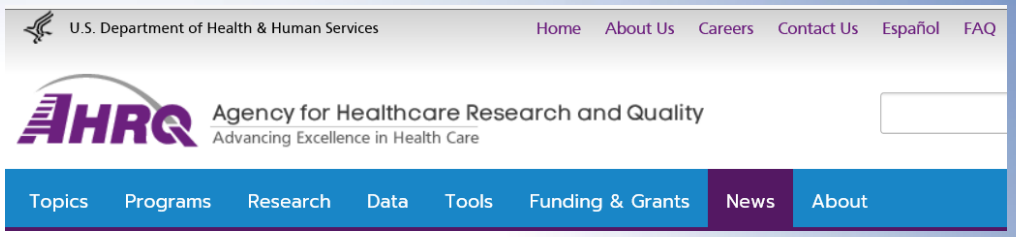
MM.03.01.01 storing meds in accordance with manufactures' guidelines

- Refrigeration
  - Dedicated location with thermometer to track temp
  - Process to monitor and id malfunctions
  - Staff assigned to track and review log
- Meds- damaged, contaminated, or expired need to be removed and taken out of circulation
  - Check meds on a regular basis for missed opportunities
  - Circle exp date on package to grab attention

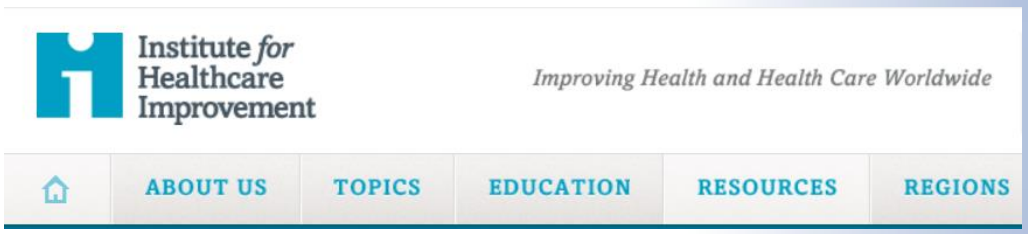
WI DHS

- Practices for selected diseases - Table of specific infection control measures, such as isolation, quarantine, and types of personal protective equipment used for commonly encountered communicable diseases and potential bioterrorism agents
- Precautions for syndromes - Conditions or symptoms that require empiric use of precautions until etiologic agents are confirmed or ruled out





Sign up for listservers!



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Knowledge into Learning Activity

Employee health contacts IP as they heard a rumor that an ICU employee just developed a rash that might be chickenpox.

- What additional information should be asked?
  - Name of the employee and contact information
  - Immunization status
  - Source of the information
  - Date of illness
  - Which ICU

Knowledge into Learning Activity

What are your initial steps?

- Always confirm!
- Pull policies/procedures/protocols
  - Employee immunization requirements
  - Varicella
  - Exposure
  - Employee Exclusions from work
- Pull resources (use handout)

Knowledge into Learning Activity

Do you have a confirmed communicable disease?

- Period of communicability
- Can it be transmitted to others
- Can individuals be immune to the disease?
  - HCP are considered to have immunity if they have laboratory evidence of immunity, a history of clinical diagnosed or verified varicella or zoster, or documentation of age-appropriate vaccination.
  - If an unvaccinated susceptible personnel is exposed to varicella, then exclude the person from duty from the 10th day to 21st day after exposure, or until all lesions are dry and crusted if varicella occurs.
  - Serotest vaccinated personnel who are exposed to varicella immediately after exposure to assess the presence of antibody.
  - If seronegative, exclude the person from duty from day 10 through day 21 postexposure. If fever, upper respiratory tract symptoms, or rash develop, then exclude the person from duty.

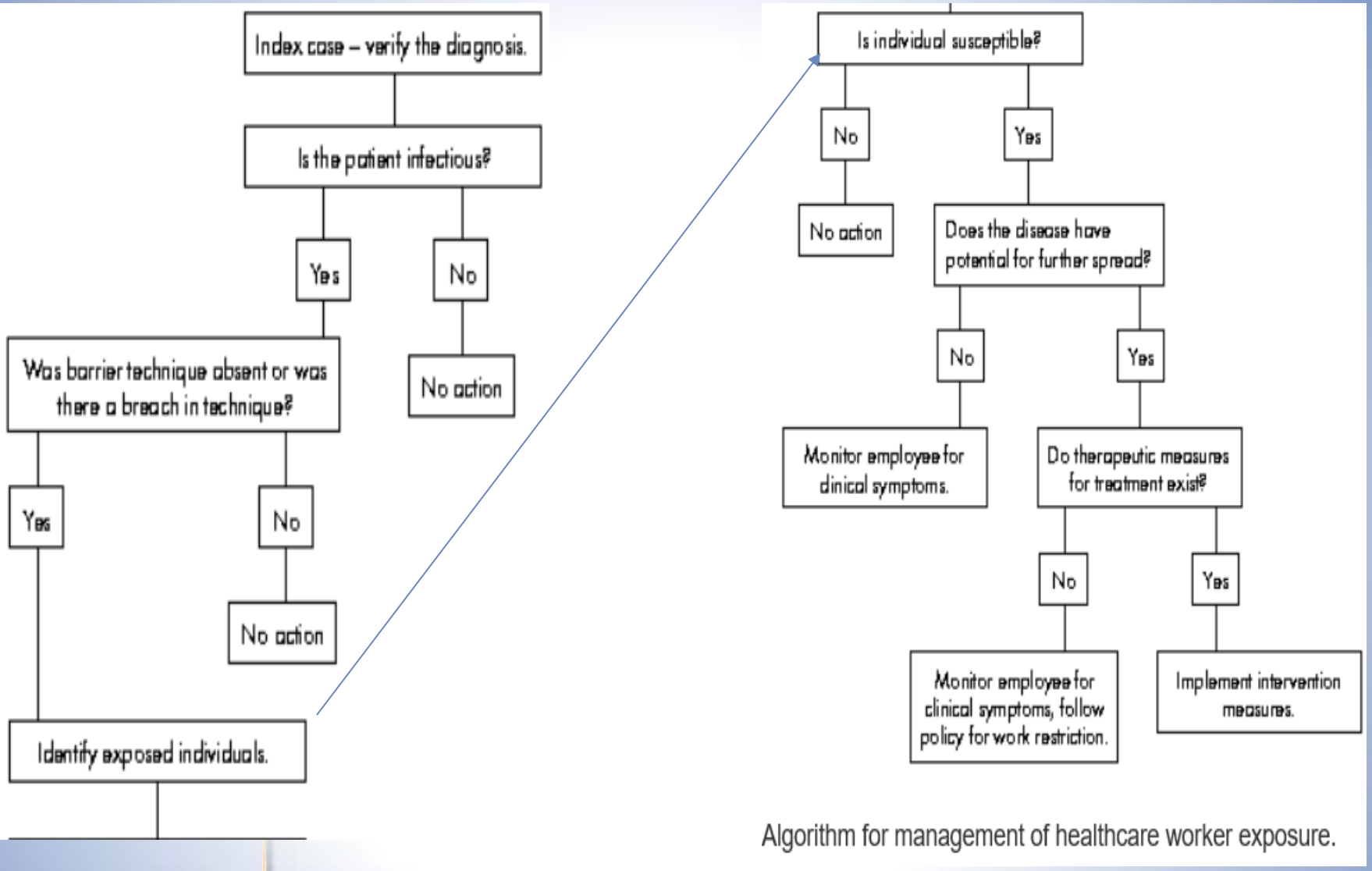
Knowledge into Learning Activity

Can individuals be immune to the disease?

- Varicella-zoster immune globulin (VZIG) has not been recommended for immune-competent personnel. However, its use may be considered for immunocompromised or pregnant workers postexposure. If used, extend the time that the worker is excluded from duty from 21 days to 28 days postexposure.

Note: Disease that results from occupational exposure usually is eligible for compensation if the occupational exposure is the sole cause of disease:

- the occupational exposure is one of several causes of the disease
- exposure aggravates a pre-existing disease (e.g., asthma)
- the occupational exposure hastens the onset of disability.
- The burden of proving that disease was occupationally acquired lies with the workers.



Algorithm for management of healthcare worker exposure.

Knowledge into Learning Activity

What data should be pulled and reviewed and why?

- Dates worked – exposure period
- Where did they go while working – other potentially exposed departments
- Co-workers on those dates – what is their immunity status
- Patient Contact – potentially exposed
- Where visitors present –potentially exposed

Knowledge into Learning Activity

Who do you notify?

- Medical Director to review case and confirm plan to proceed
- C-Suite on-call as an FYI on what is occurring
- Risk Management as an FYI on what is occurring
- Employee Health to relay confirmation has occurred and exposure is possible with employee names and units exposed – confirm how they will screen for exposure and actions based upon the outcome
- Pharmacy if providing medications directly to employees
- Known potentially exposed employees and managers
- Units which potential exposure may have occurred
- Primary Care Providers of the patients exposed
- Potentially exposed patients and visitors

Knowledge into Learning Activity

What do you tell them?

- Medical Director – everything about employees and patients
- Employee Health – limited to just employee information
- C-Suite – no employee or patient names
- Risk Management – everything about employees and patients
- Pharmacy – EH will notify them which employees to expect
- Potentially exposed employees– name of employee, communicable dates worked and how to follow up
- Primary Care Providers of the patients - potential exposure with dates and signs and symptoms to watch for
- Potentially exposed patients & visitors– no employee names but just the facts and proposed plan of care

Knowledge into Learning Activity

What information should be collected?

- Period of communicability
- Number potentially exposed for employees, patients, and visitors
- Number of confirmed exposures and how monitored and/or prophylactic treatment
- Number of individuals who developed the disease (secondary case)

Pull this together into a final report presented at IP&C Committee.

- Make any changes to policy/procedures/protocols as recognized failures or gaps in the process.

Checklist When Back at your Desk:

- Share APIC Self-Assessment with your supervisor and make an educational plan
- Documentation that IP is trained and competent
- Join APIC and local chapter
- Who is your accreditation agency and what are their requirements
- Annual review of all policies, procedure, protocols related to infection prevention and control

Checklist When Back at your Desk:

- Validate Policy, Procedures, and Protocols are in place:
  - Hand Hygiene (including use of false, nail extensions, and gel or shellac polish)
  - Animals within your organization
  - Antibiotic Stewardship
  - Employee Vaccination or Immunity Requirements
  - Construction Risk Assessment
  - BBP and Exposure Control Plan
  - TB Control Plan
  - Respiratory Protection Plan

Checklist When Back at your Desk:

- Validate Policy, Procedures, and Protocols are in place:
  - Staff Work-Exclusion Policy, Procedure, or Protocol
  - Staff Illness, Injury, or Exposure Policy, Procedure, or Protocol
  - High Level Disinfection, Sterilization or Reprocessing Policy, Procedure, or Protocol
  - Standard and Transmission Based Isolation Policy, Procedure, or Protocol
- Add bookmarks to your computer from the resource list
- E-mail ashlie.dowdell@wi.gov to be added to the IP listserver list

Questions

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