IPRAT OVERVIEW

Denise Parr BSN, RN, CIC

IPRAT Lead Manager

Division of Communicable Diseases

April 22, 2021

IPRAT

Infection Prevention Resource and Assessment Team

WHO WE ARE

IPRAT is a team of subject matter experts made up of nurses, infection preventionists, and data analysts.

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Team Lead: Patrick Hindman

- Christine White IP
- Nova Jennings RN
- Ruben Juarez DA
- Michelle Miles IP
- Keith Murphy RN
- Jacob Moosekian DA
- Asmah Amirkhani IP
- Melissa Lautermilch RN
- Brianna Flowers DA

Team Lead: Hilary Marine

- Chelsea Ludington IP
- Andrea Abernathy RN
- Susan Catlin DA
- Tammie Daniels IP
- Margaret Sturgis RN
- Muriel Bassil DA
- Renee Brum IP
- Michael David RN
- Alanna Davis DA

WHAT WE DO

- **Non regulatory**
- **Consultative**
- **Free**
- **On Site or Remote Assistance**
- **Experts in the field of IP**
- **Educational Resource**

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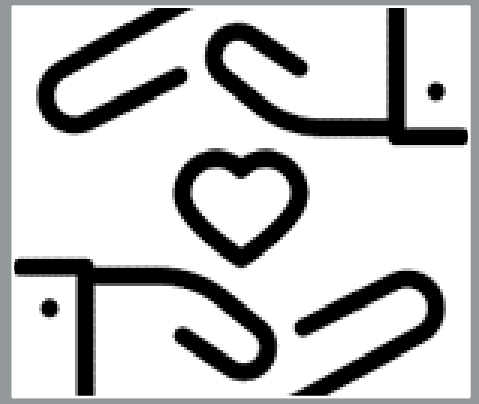
OUR GOALS

Prevent



Contain

Educate

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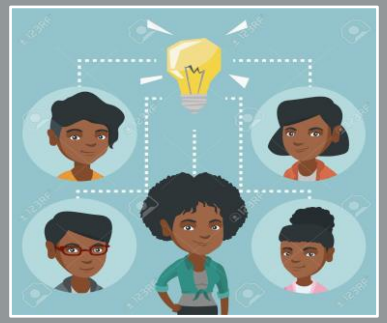
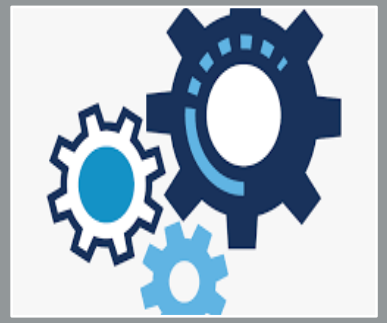
OUR STRATEGY

Review of IP Policies, Procedures, and Practices



Provide Consultation



Technical Assistance

Conduct Virtual and On Site ICARs

Assist Local Health Departments

Review Guidance

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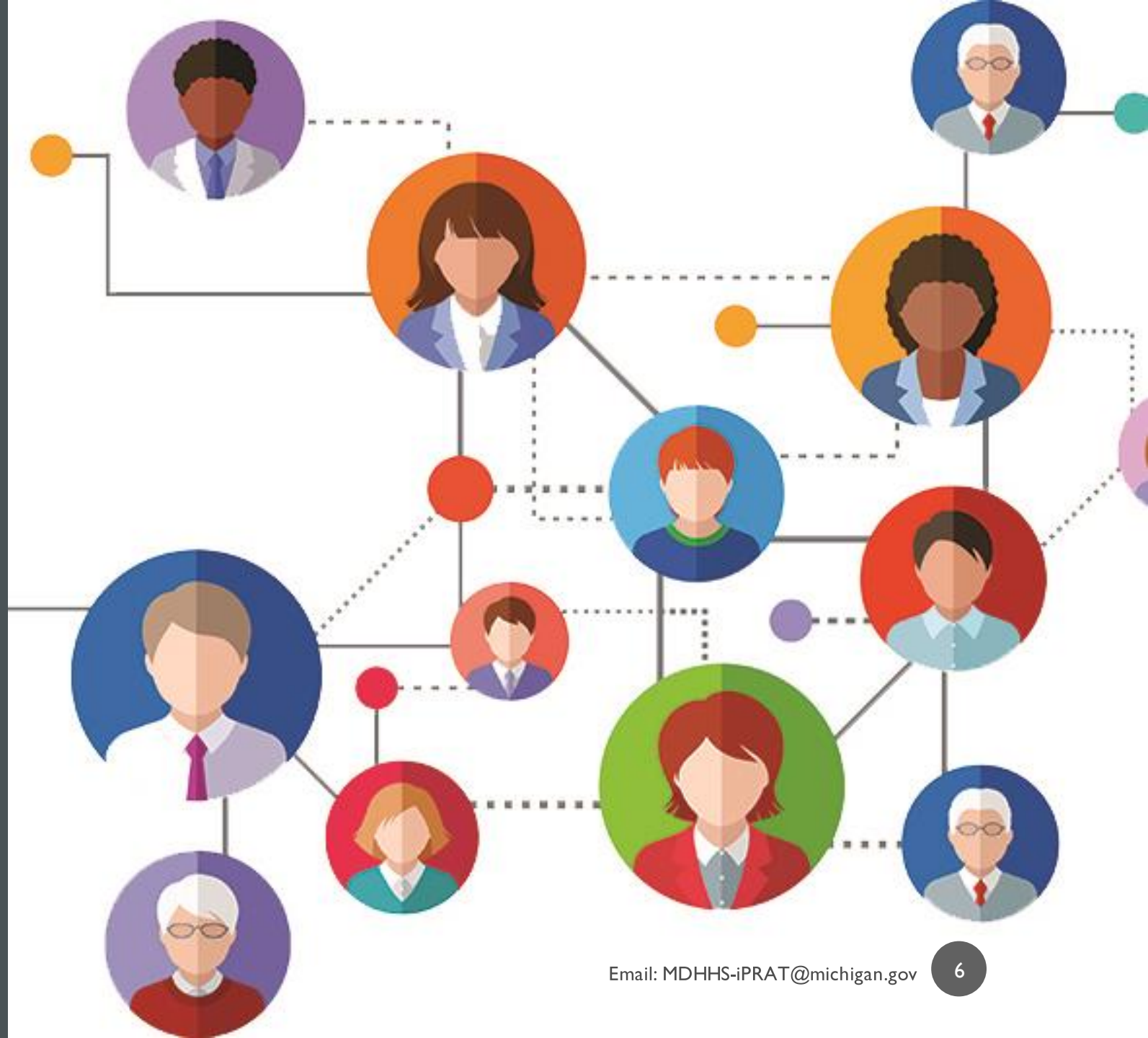
REFERRAL SOURCES

- Local Health Department
- Facility
- Licensing And Regulatory Affairs
- Medical Services Administration
- Proactive Preventative Outreach



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IPRAT PROCESS

Onboarding

Virtual ICAR - Assessment of current facility IC policies and practices

On Site Visit (if applicable) - Assessment of barriers/ challenges

Identify opportunities for improvement

Action Plan - Development of recommendations

Ongoing support and follow up as needed/ requested

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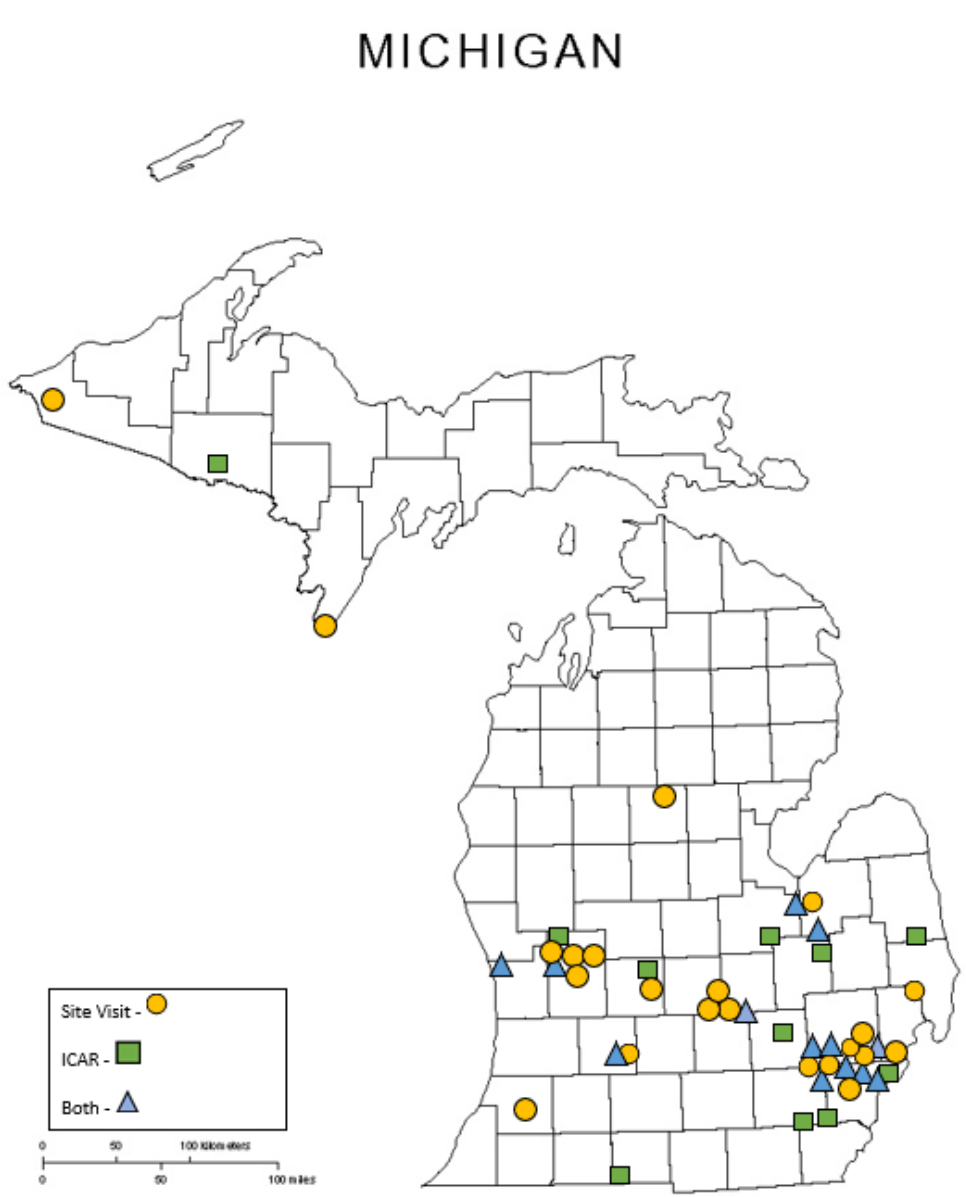
HERE TO HELP



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Email: MDHHS-iPRAT@michigan.gov

ASSESSING RISK

This document is to assist Michigan Skilled Nursing Facilities, Adult Foster Care Facilities, Home for the Aged, and other Long-Term Care and Congregate Living and residential settings with how to determine when residents should be placed into quarantine or tested when returning to the facility. These recommendations are from the Centers of Disease Control and Prevention (CDC) Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html; published March 29, 2021). Though intended for nursing homes, the guidance applies to other long-term care and residential settings.

The guidance is displayed by a resident's vaccination or COVID-recovered status, time away from the facility, and activity.

How to Determine Quarantine Status After Returning to the Facility

	Known Exposure	Symptomatic	Medical appointments, dialysis, hospital stay, family or community outing		New admissions
			Leave is Less than 24 hours - with no known exposure or symptoms	Leave is More than 24 hours - with no known exposure or symptoms	
Resident Fully Vaccinated[1]	Quarantine[2]	Quarantine	No quarantine	No quarantine	No quarantine
Resident Not Fully Vaccinated[1]	Quarantine[3]	Quarantine	No quarantine	a. Quarantine for hospital stay; b. For all others, assess risk of exposure[4] (e.g., Activity, Time, Precautions Taken, Resources Available)	Quarantine
Resident COVID-recovered within 90 days	No quarantine[5]	Quarantine[6]	No quarantine	No quarantine	No quarantine

KNOW WHAT IS IN YOUR PRODUCTS

Hand Sanitizers

1. Choose hand sanitizer with at least 60% alcohol (ethanol, ethyl alcohol, isopropanol, or 2-propanol).
2. Follow label directions for use.
3. Check the product to the FDA Hand Sanitizer Do-NOT-Use List.

Disinfectants

1. Contact or dwell time is important for staff to know.
    a. 30 sec. will have higher compliance use than 10 min. product.
2. Dwell or contact time means the amount of time an item needs to remain wet with disinfectant to neutralize the pathogen.
3. Ensure the product is on the EPA list N for special pathogen list.
    a. Enter first two sets of numbers including the dash between the set of numbers.

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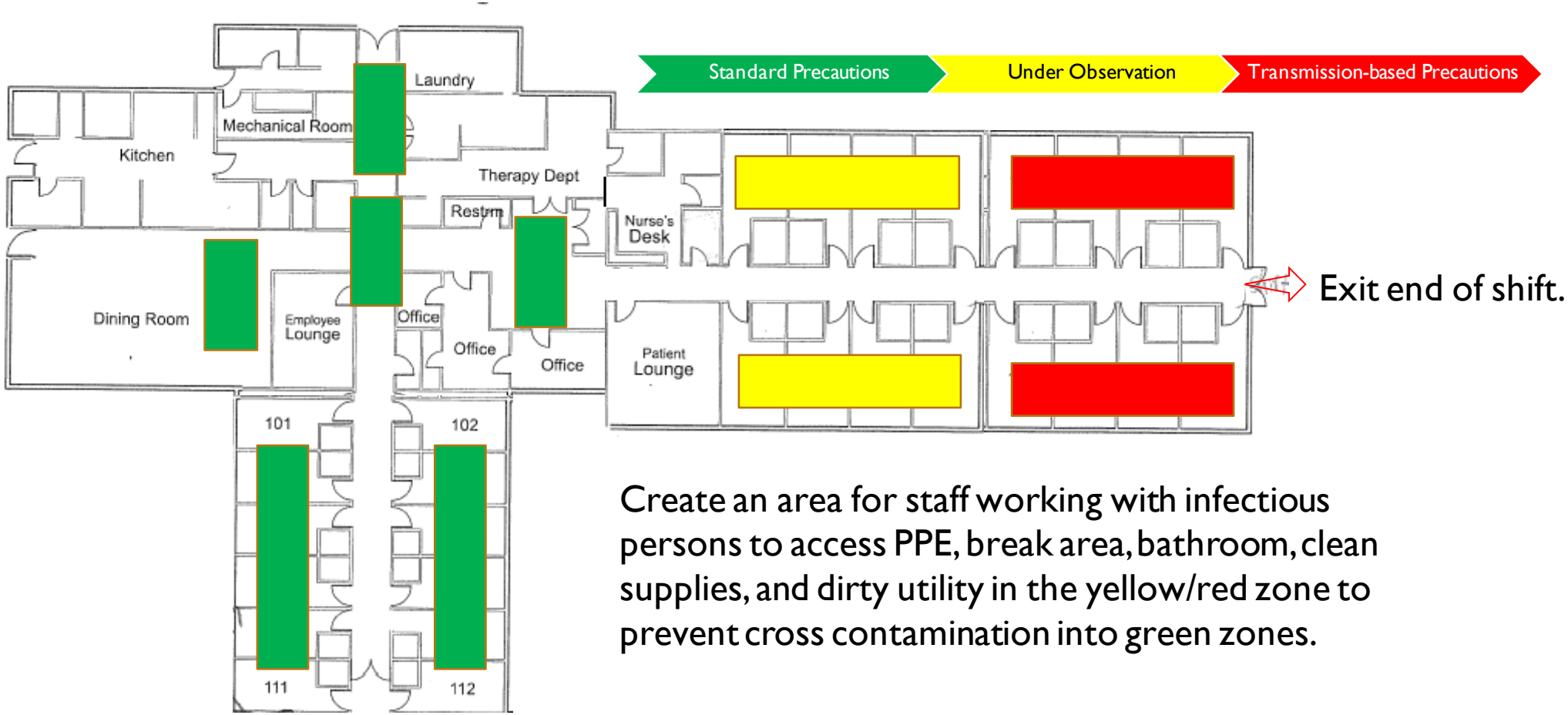
WORKFLOW TO REDUCE CROSS CONTAMINATION

Persons with NO signs nor symptoms of an infectious disease. Personal protective equipment used as needed basis such as encountering spray/splash from bodily fluids or contaminated surface.

Persons exposed from a person with SARS-CoV-2 virus and being monitored for signs/symptoms.
CDC recommends COVID-19 PPE usage.

Persons positive with SARS-CoV-2 virus or have an active infectious disease. Personal protective equipment required.



Create an area for staff working with infectious persons to access PPE, break area, bathroom, clean supplies, and dirty utility in the yellow/red zone to prevent cross contamination into green zones.

CONSIDER FACILITY LAYOUT

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IS THIS CLEAN OR DIRTY?

Staff should be able to explain when they walk up to a piece of equipment how they know it is clean or dirty.

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PERFORMING TASKS IN A TRANSMISSION-BASED PRECAUTION ROOM

1. Ensure staff have all the supplies/items they need before entering the room.
2. Consider the tasks that need to be performed and proceed from tasks of low contact to high contact/contamination.
3. If gloves become contaminated, remove them, perform hand hygiene, and put on new gloves.

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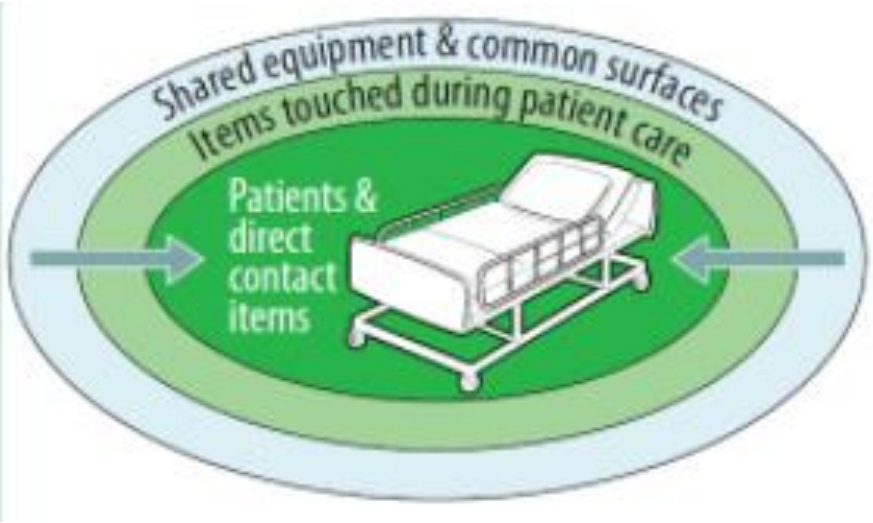

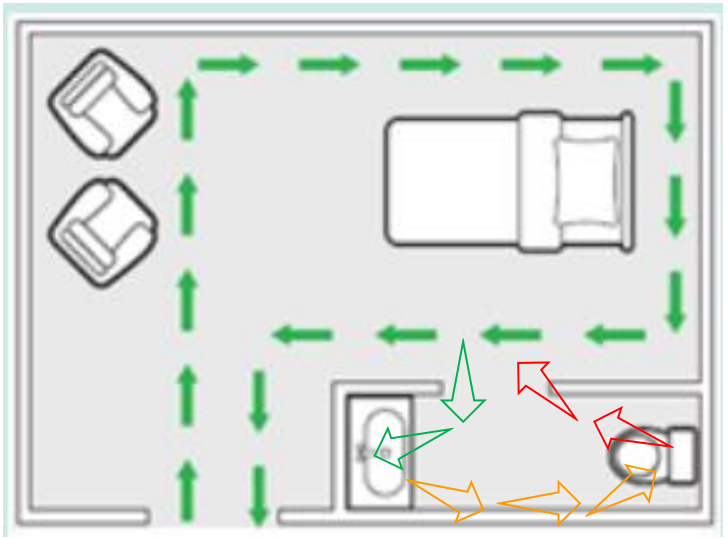

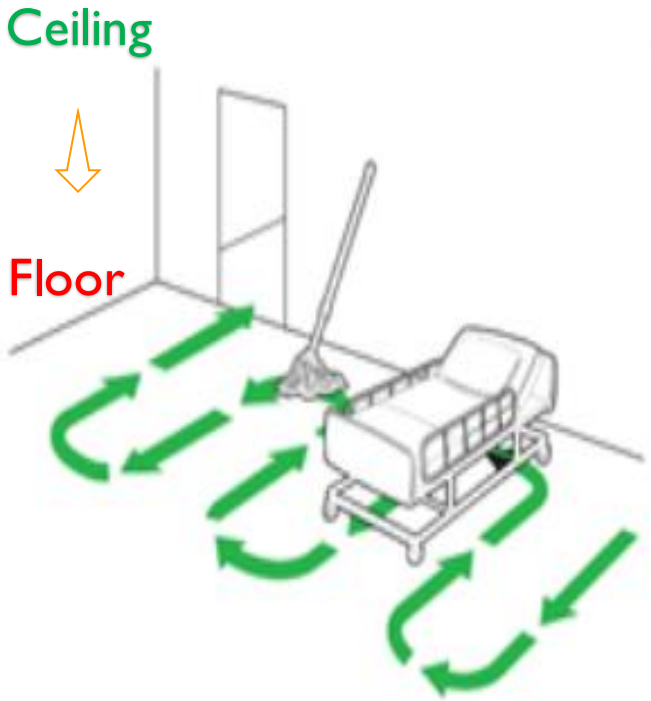

CLEANING A ROOM

[ENVIRONMENTAL CLEANING PROCEDURES | ENVIRONMENTAL CLEANING | HAI | CDC]

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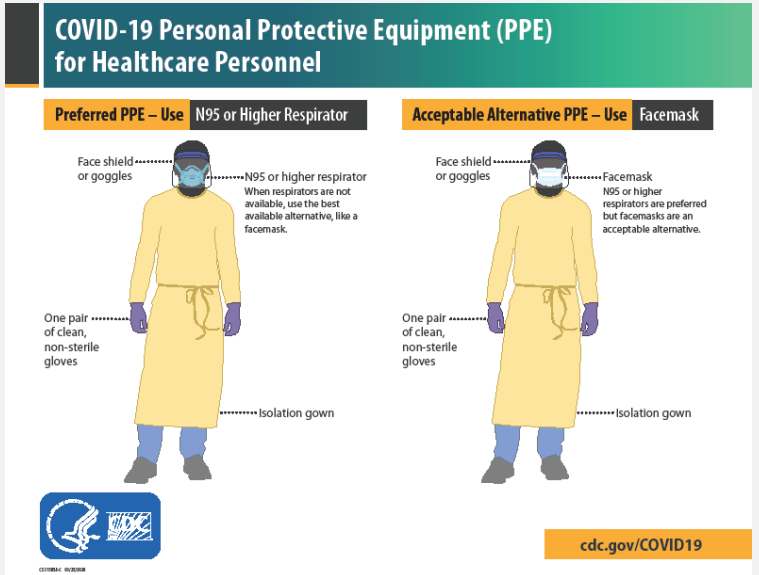
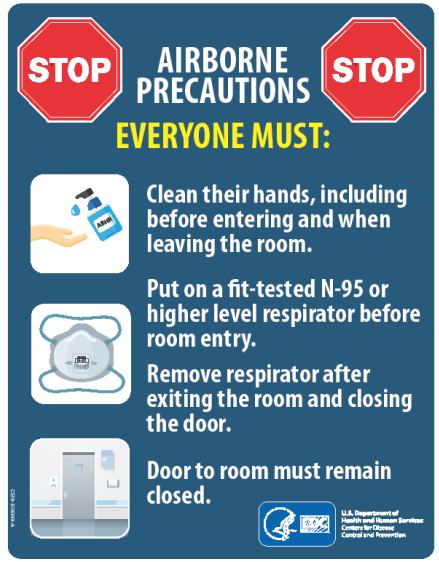
TRANSMISSION BASED PRECAUTIONS

Known or suspected infection with increased risk for spread via direct or indirect contact.

Known or suspected infection with increased risk for spread through large droplets when coughing, speaking, or talking.
Some droplets with cough can reach as far as 6ft.



Known or suspected SARS-CoV-2 virus infection which spreads through close contact and respiratory droplets.
These range in size which is why it spreads faster than influenza but not as efficiently as measles.



Known or suspected infection with increased risk for spread through small airborne particles or aerosolized particles.

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N95 RESPIRATORS	KN95 MASK
Wearer must have fit test	Not recommended for clinical use
Seal check required between uses. Has two elastic head straps.	Have ear loops which are not effective in creating a tight seal
NIOSH approved mask filters out 95% of airborne particles	Cannot be fit tested
List of NIOSH approved N95 respirators	**Not** NIOSH approved. Counterfeit list

N95 RESPIRATOR VS KN95 MASK

Facial Hairstyles and N95 Respirators

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PPE CAPACITY STRATEGY

Conventional Capacity

Strategies that should already be in place as part of general infection prevention and control plans in healthcare settings.

Contingency Capacity

Strategies that can be used during periods of anticipated PPE shortages.

- Recommend utilizing a PPE burn rate calculator to monitor PPE supply.

Crisis Capacity

Strategies that can be used when supplies cannot meet the facility's current or anticipated PPE usage rate. *Last resort.

- Regulatory body will ask for documentation on shortage and how you are not able to acquire supply.

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N95 RESPIRATOR CAPACITY STRATEGY

Conventional Capacity | Contingency Capacity | Crisis Capacity

N95 respirators

- Staff fit tested to specific N95 (MIOSHA guidance).
- Cannot be worn over facial hair such as a beard. Must be able to seal to face.
  - PAPR or air-purifying respirator is an option for those with facial hair.
- Recommended when caring for those suspected or confirmed SARS-CoV-2 infections.
- Staff wear for aerosol generating procedures.
- **Respirator disposed of and PAPR disinfected per manufacturer guidelines.**

Extended use:

- Wear the same N95 respirator for care of multiple encounters.
- Staff working red zone seals N95 in place at beginning of shift and cares for all positive persons.
- Keep mask in place until in break area.
  - Open paper bag or lay down paper towel, set mask in bag or on towel, and perform hand hygiene.
- **Dispose of N95 at end of shift.**

Re Use:

- Wear the same N95 respirator for care of multiple encounters.
- Staff working red zone seals N95 in place at beginning of shift and cares for all positive persons.
- Store in paper bag with name, date, and number of donnings.
- **Dispose of N95 after 5 donnings.**
- **FDA recommends reducing mask reprocessing due to increased supplies.**

GOWN CAPACITY STRATEGY

Conventional Capacity

Gown

- Limit use of disposable gowns to times when spray and splash are likely.
- Use launderable or disposable gown when caring for those suspected or confirmed SARS-CoV-2 infections or for contact precautions.
- **Gown is removed at doorway, placed in hamper/trash bin and hand hygiene performed as exiting resident/patient room.**

Contingency Capacity

Prioritize use:

- Consider the use of coveralls in place of a gown (EMS).
- **Prioritize gowns for higher risk activities**:
  - Use with patients with suspected or confirmed SARS-CoV-2 infections during **aerosol generating procedures.**
  - Use with patients with **suspected or confirmed SARS-CoV-2** infections during activities that involve close and prolonged contact with the patient or their immediate environment.
  - Use with patients colonized or infected with **emerging highly resistant organisms**.
- Facilities can consider suspending use of gowns for endemic multidrug resistant organisms (i.e. MRSA).

Crisis Capacity

Extended Use and Re-Use:

- The risks to staff and patient safety must be carefully considered before implementing a gown reuse strategy.
- Wear the same gown for care of multiple encounters of persons with the same infection (no additional co-infections) within the same area or unit.
- Disposable gowns generally should **NOT** be re-used, and reusable gowns should **NOT** be reused before laundering, because reuse poses risks for possible transmission among staff and patients that likely outweigh any potential benefits.
- Staff working red zone dons gown at beginning of shift and cares for all positive persons.
- When gown becomes soiled, remove and perform hand hygiene.
- Remove when completing care on last person, place in hamper, perform hand hygiene, and go to nursing desk or break room.

EYE PROTECTION CAPACITY STRATEGY

Conventional Capacity

Eye Protection

- Wear when caring for those suspected or confirmed SARS-CoV-2 infections.
- **Wear for all encounters when county is in high or moderate COVID-19 transmission rate.**
- Use per manufacturer guidelines.
- Clean and disinfect if contaminated by splash or spray.
- Clean and disinfect when removing for break or end of shift.
- Store in bag with name and date.

Contingency Capacity

Extended use:

- **Dedicate face shield or goggles to one HCW.**
- Wear the same face shield or goggles for care of multiple encounters of persons, without removing eye protection between persons.
- Clean and disinfect if contaminated by splash or spray.
- Clean and disinfect when removing for break or end of shift.
- Store in bag with name and date.
- Perform hand hygiene immediately after touching eye protection.

Crisis Capacity

Limit Use:

- **Dedicate face shields or goggles to staff working in yellow and red zones.**
- When county is in high or moderate COVID-19 transmission rate, consider staff in green zones wearing safety glasses.
- *Note safety glasses may not protect from all spray/splashes.

GLOVES CAPACITY STRATEGY

Conventional Capacity

Gloves

- Use providing patient care per infection control policy:
  - Using cleaning/disinfectants
  - When handling bodily fluids or infectious materials.
  - Caring for person in contact or COVID-19 precautions.
- **CDC does not recommend double gloving when caring for those suspected or confirmed with SARS-CoV-2 infection.**

Contingency Capacity

- Use gloves conforming to other U.S. and international standards.
- Consult your local healthcare coalition for assistance in acquiring gloves.

Crisis Capacity

Extended Use:

- **Consider non-healthcare glove alternatives** (e.g. food service or industrial chemical resistance gloves)
- Use one set of gloves when caring for one patient encounter and performing glove sanitation between tasks.
- Discard gloves and perform hand hygiene when exiting person's room.
- Disposable gloves should always be discarded after visible soiling with body fluids, any signs of damage, and maximum of four hours of continuous use.
- Previously doffed used gloves should NOT be re-donned.
- CDC does not recommend disinfection of disposable medical gloves as standard practice.

REFERENCES

CDC How Coronavirus Spreads
CDC Facial Hairstyles and Filtering Facepiece Respirators
CDC Guidelines for Isolation Precautions
CDC Healthcare-associated Infections Environmental Cleaning Procedures
CDC How to Select and Use Hand Sanitizer
CDC Infection Prevention Training
CDC Optimizing Personal Protective Equipment Supplies
CDC NIOSH approved N95 Respirator List
CDC NIOSH Counterfeit Respirators
CDC PPE Burn Rate Calculator
CDC Using Audits to Monitor Infection Prevention Practices
CDC Using Personal Protective Equipment
CDC Summary for Healthcare Facilities: Strategies for Optimizing the Supply of PPE during Shortages
CDC Transmission-based Precautions
EPA List N Advanced Search Page for Disinfectants
FDA Is Your Hand Sanitizer on Do NOT Use list?
FDA Recommends Transition from Use of Decontaminated Disposable Respirators
MDHHS Surveillance and Infectious Disease Epidemiology Section
MDHHS Long-Term Care COVID-19 Plan
MI-TRAIN Infection Prevention Course
Project First Line (CDC)
World Health Organization 5 Moments of Hand Hygiene

QUESTIONS, IDEAS, COMMENTS?

- **IPRAT Inbox:** Submit questions via email directly to the IPRAT team: MDHHS-iPRAT@michigan.gov
- **IPRAT Website:** www.Michigan.gov/IPRAT

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