



Infection Prevention Resource and Assessment Team

IPRAT NEWSLETTER

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IPRAT TOOLS USED TO ASSIST FACILITIES

1. Virtual Infection Control Assessment Response (ICAR) tool- a virtual tour/meeting with facility infection prevention representative to assist in identifying areas of infection control/prevention opportunities for improvement and/or to clarify evidence-based guidance for infection prevention or control strategies in the facility.
2. On-site Infection Control Assessment Response (ICAR) tool- on-site tour of the facility to observe infection control practices in real time.
3. On-site education assistance and/or reinforcement- assistance with in-person education of staff relating to infection prevention, hand hygiene, PPE donning/doffing, and guidance questions.
4. Policy/Procedure review- review of facility policies to ensure that they are directing facility actions with the most up-to-date, evidence-based guidelines, either remotely or during on-site visit.
5. Data review and guidance- our team includes a data analyst who reviews your facility's data and reporting trends. We are available for questions and guidance related to surveillance, PPE stock, educational record-keeping, as well as review of data reporting requirements and data submissions.
6. We are also able to simply provide guidance in response to your questions. We have an email inbox specifically for you to send questions or concerns and we will do our best to respond within 48 to 72 hours with the most up-to-date guidance. Our inbox for questions is: MDHHS-iPRAT@michigan.gov.

LTCF RESOURCES

- [CDC COVID19 Guidelines](#)
- [Nursing Homes and Long-Term Care Facilities | CDC](#)
- [Michigan Coronavirus MDHHS](#)

VISITATION IN LONG TERM CARE

The Requirements for Residential Care Facilities updated guidelines to instruct facilities to comply with the Center for Medicare and Medicaid Services guidance included in [QSO-20-39-NH](#).

- Outdoor visitation is preferred even when the resident and visitor are fully vaccinated against COVID
- Facilities should ensure the safety of visitors, staff, and residents. Compassionate care visits should be permitted at all times. There are a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission. These scenarios include limiting indoor visitation for:
 1. Unvaccinated residents, if the nursing home's COVID-19 county positivity rate is >10% **and** <70% of residents in the facility are fully vaccinated;
 2. Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the criteria to [discontinue Transmission-Based Precautions](#); or
 3. Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from [quarantine](#).
- When a new case of COVID-19 among residents or staff is identified, a facility should immediately begin outbreak testing and suspend all visitation (except that required under federal disability rights law), until at least one round of facility-wide testing is completed. Visitation can resume based on the following criteria:
 1. If the first round of outbreak testing reveals **no additional COVID-19 cases in other areas (e.g., units) of the facility**, then visitation can resume for residents in areas/units with no COVID-19 cases. However, the facility should suspend visitation on the affected unit until the facility meets the criteria to discontinue outbreak testing.
 2. If the first round of outbreak testing reveals **one or more additional COVID-19 cases in other areas/units of the facility (e.g., new cases in two or more units)**, then facilities should suspend visitation for all residents (vaccinated and unvaccinated) until the facility meets the criteria to discontinue outbreak testing.

EXPOSURE UPDATES



- Within the CDC's [quarantine guidance](#) for the general public, if an individual was in close contact with someone who has COVID-19, the exposed individual is not required to quarantine if they have been fully vaccinated against the disease and show no symptoms.
- This update **does not** currently include vaccinated healthcare personnel, patients, and residents in healthcare settings. Please see [MDHHS guidance](#) to protect residents of LTCF.
 1. Vaccinated inpatients and residents in healthcare settings should continue to quarantine following an exposure to someone with suspected or confirmed COVID-19.
 2. Fully vaccinated healthcare workers with [higher-risk exposures](#) who are asymptomatic do not need to be restricted from work for 14 days following their exposure. For more information please see [CDC Healthcare in response to vaccination guidance](#).

*Although not preferred, healthcare facilities could consider waiving quarantine for vaccinated patients and residents as a strategy to mitigate critical issues (e.g., lack of space, staff, or PPE to safely care for exposed patients or residents) when other options are unsuccessful or unavailable. *Local health department collaboration.

ALWAYS PROTECT
YOURSELF
PATIENTS
COWORKERS

DATA ANALYST CORNER



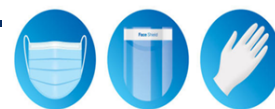
NEED HELP?

Some of our services

1. Provision of tools for and guidance on:
 - Using a line list to track infections, outbreaks, and vaccinations.
 - Reporting to EMResource and/or NHSN .
 - Tracking staff education.
 - Performing internal Infection Prevention and Control (IPC) audits.
2. Review of a facility's COVID-19 data, using [State of Michigan](#) and [CMS](#) sources to ensure accurate reporting.
3. Assistance with participation in additional NHSN modules

PPE UPDATES

Personal Protective Equipment (PPE)



N95 Respirator	KN95 Mask
Wearer is fit tested to mask.	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 .

VACCINE UPDATES:

Vaccine Hesitancy

The **3 C's Model** illustrates vaccine hesitancy and barriers for some to move towards vaccine acceptance:

The first **C** stands for **Complacency**, which occurs when one does not perceive themselves as susceptible to the illness and therefore does not view the vaccine as beneficial. Many factors weigh in to complacency, including effective vaccines as the disease is less often seen. Some vaccine hesitant staff may perceive that COVID-19 will not negatively affect them or that their chances of infection are low. Continued discussion and education about COVID-19 spread is recommended.

The next **C** stands for **Confidence**, which models the trust in the safety and effectiveness of the vaccine, the delivery system including healthcare workers, and the policies developed by those recommending the vaccine. The current science indicates that the vaccine is safe and effective. It is recommended for all adults. It may be beneficial to have vaccine hesitant staff discuss their concerns with someone in your staff with a background similar to their own.

Finally, the last **C** is **Convenience**. Factors that impact convenience include cost, accessibility, availability, ability to understand information about the vaccine along with others. Bringing the vaccine to the workplace is an easy way to vaccinate staff. However, please remember to make provisions with your county health department for those who may not be able to attend vaccine clinics.

Concerns arise regarding the expedited nature of the COVID-19 vaccine availability. This is largely in part due to prior work with SARS1 and MERS to lay the groundwork for a coronavirus vaccine. The CDC has multiple resources regarding vaccine hesitancy and safely vaccinating staff, including poster printouts and frequently asked question sheets.

SITE VISIT TRENDS

- **OSHA** requires an annual respirator fit test to confirm that the fit of any respirator forms a tight seal on the wearer’s face before it is used in the workplace. If the respirator does not form a tight seal, it will not provide the expected level of protection. Before fit testing staff need to have a medical evaluation.
- **Water Management Plan:** It is critical to implement and maintain a robust water management plan in order to mitigate risks for waterborne pathogens in facilities such as Legionella, *Pseudomonas* and *Acinetobacter*. It is important to monitor trends during the COVID-19 pandemic as facilities implement temporary shutdowns and reduced operations. Facilities management should monitor closed water fountains, eliminate any dead legs, and flush water system through all points of use (showers, sink faucets, floor drains, dialysis ports). Please see resources below to assist in Water Plan Management:

[CDC | Water Management Program Toolkit](#)
[CDC | Preventing Legionnaires’ Disease](#)
[CDC | Reduce Risk from Water: Plumbing to Patients](#)
[CDC | Preventing Occupational Exposure to Legionella](#)
[CDC | Healthcare Water Management Program FAQs](#)

EDUCATIONAL OPPORTUNITIES:

- [CDC Infection Prevention](#) nursing home course is designed for individuals responsible for infection prevention and control programs in nursing homes and LTCF’s.
 - This free course consists of 23 modules and sub-modules that can be completed in any order over multiple sessions.
- **MI TRAIN**– <https://mi.train.org/mi-train/welcome> TRAIN learning network offers a catalog of public health training opportunities.



LTCF Trends:

