



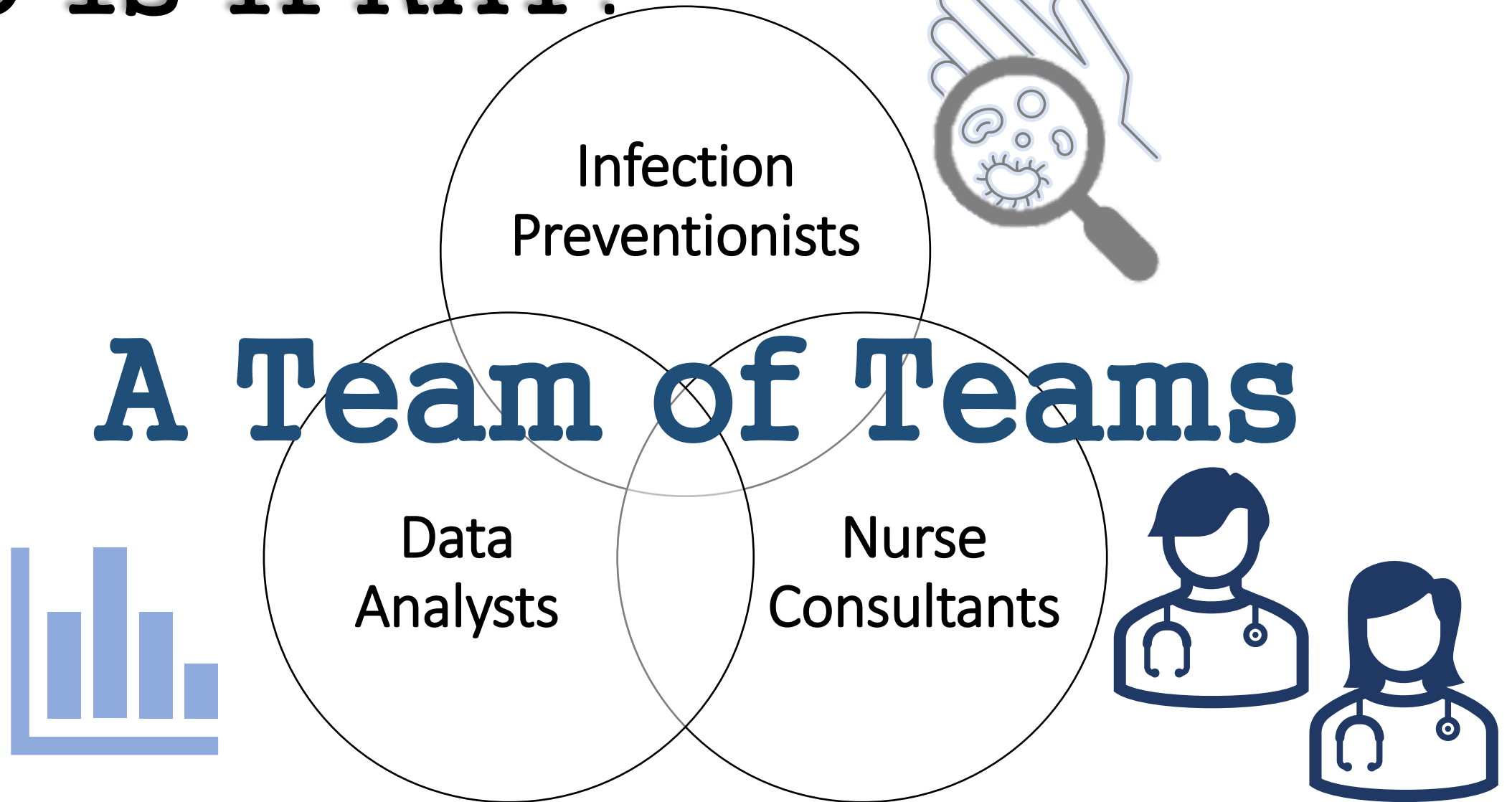
IPRAT

Infection Prevention Resource and Assessment Team

The Onsite Experience

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

Who is IPRAT?



What is IPRAT?



Non-regulatory



Consultative



Free



On-Site or Remote Assistance



Experts in the field of IP



Educational Resource



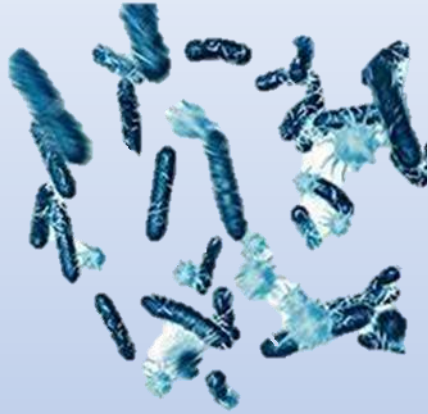
ALL Infection Prevention Topics!

(NOT Just COVID-19)

Our Goals



Prevent



Contain



Educate

Settings & Referral Sources

MDHHS:

- Bureau of EMS, Trauma & Preparedness (BETP)
- Licensing and Regulatory Affairs (LARA)
- Behavior & Physical Health & Aging Services (BPHASA)
- Communicable Disease Division

Local Health Departments



Long-Term Care

Skilled Nursing
Adult Foster Care
Homes for the Aged
Assisted Living



Non-Healthcare

Prison / Jail
Shelter

**CDC Foundation
COVID-19 Corps**



Other Healthcare

Dialysis
Behavior Care
(incl Substance Use)
C-19 Testing Site
Critical Access Hospital
Rehabilitation Centers

Congregate Care Facilities

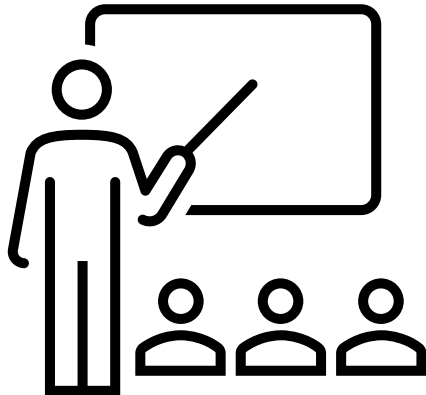
What We Do

Onboarding

Action Plan

IPC
Assessment*

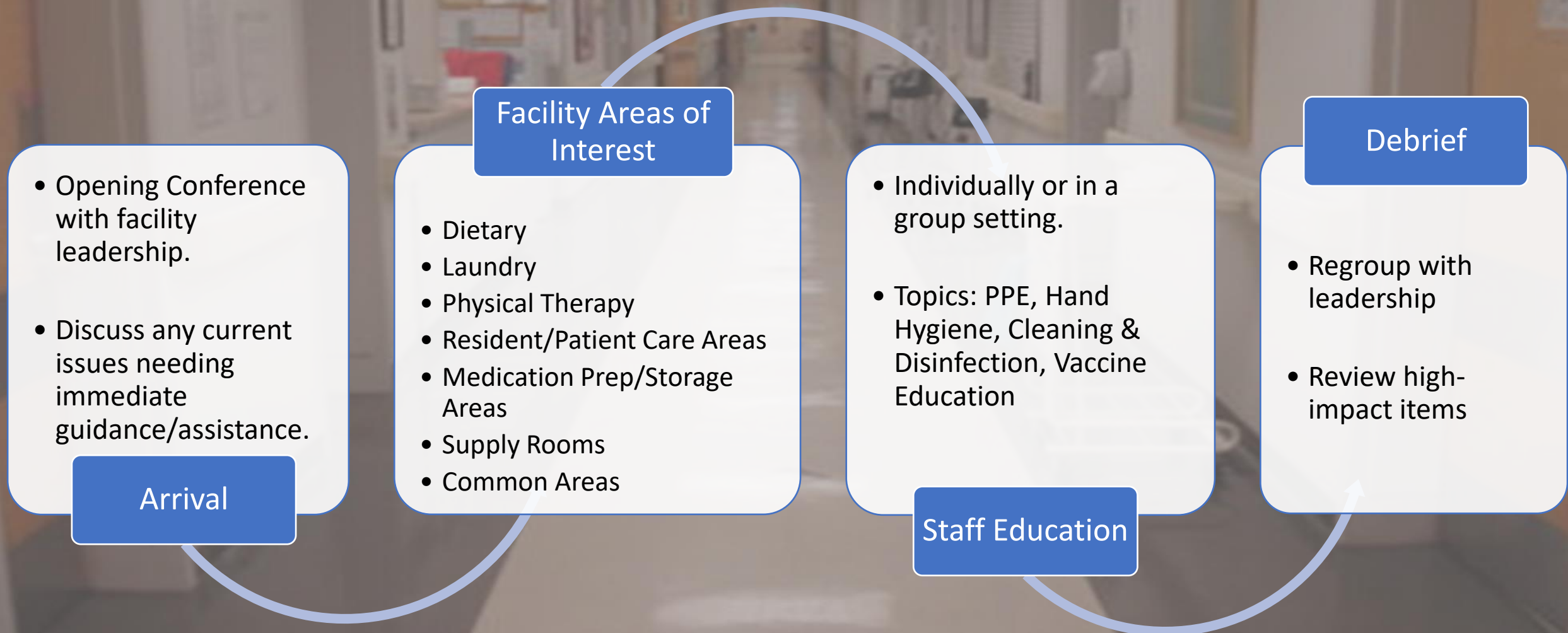
Ongoing
Support



**Virtual or Onsite Options*

- *IPC Assessment: Full facility tour*
- *Full facility tour AND Focused Education*
- *Focused Education Only*

What to Expect on a Site Visit



Infection Preventionist



Focus: Assist congregate care settings with infection prevention and mitigation strategies through guidance and education.

- ✓ Provide evidence-based guidance.
- ✓ Review facility infection prevention policies.
- ✓ Assess infection control practices and procedures during on site visit.
- ✓ Conduct staff education.
- ✓ Facilitate communication between facilities and public health entities.



Nurse Consultant

Focus: Promote infection prevention and nursing best practices among nursing staff.

- ✓ Observe nursing and related practices for conformance with standards and regulations
- ✓ Empower healthcare workers to implement best practices within the environment they work
 - ✓ Identify gaps in staff workflow and communication
 - ✓ Educate
 - ✓ Provide resources



Data Analyst

Focus: Promote active participation in data collection and reporting (virtually or onsite).

- ✓ Review, assessment, recommendations - data collection tools and data reporting
- ✓ Discuss the importance of collecting and reporting data
- ✓ Inform facilities about how their data is used
- ✓ Liaison between facilities and other SMEs within the State of Michigan

Site Visit Deliverable: Action Plan

Action Plan Essentials

- Sent to facility within seven business days.
- Provided for either a tele-ICAR or site visit.
- Includes summary report and data analysis (when applicable)

Comprised by Infection Prevention Areas of Focus such as

- PPE
- Hand Hygiene
- Environmental Controls
- Cleaning/Disinfecting
- Water Management
- Reporting Requirements

Site Visit Deliverable: Action Plan

Priority Definitions

High

Substantial risk to residents, staff, and/or visitors health or safety

Medium

Moderate risk to residents, staff, and/or visitors health or safety

Low

Minimal risk to residents, staff, and/or visitors health or safety

Informational

Information for best practice

Aerosol Generating Procedures (AGPs)

Priority	Observation	Action	Comments/Support Links
High	<ul style="list-style-type: none"> Facility is not familiar with aerosol generating procedures (AGPs). Only wearing surgical masks aerosol generating procedures. 	<ul style="list-style-type: none"> HCP in the room should wear an N95 or equivalent or higher-level respirator, eye protection, gloves, and a gown. Gown, gloves, including respirator/N95 must be discarded after the procedure. Eye protection can be cleaned and disinfected and worn again. The number of HCP present during the procedure should be limited to only those essential for resident care and procedure support. Visitors should not be present for the procedure. Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control below. 	<p>Interim Infection Prevention and Control Recommendations for HCP During the COVID-19 Pandemic / CDC</p> <p>Clinical Questions about COVID-19: Questions and Answers / CDC</p> <ul style="list-style-type: none"> Refer to question "Which procedures are considered aerosol generating procedures in healthcare settings?" under Infection Control <p>Aerosol Generating Procedures Infographic</p> <ul style="list-style-type: none"> The above resources from the Joint Commission are for informational purposes only.
High	<ul style="list-style-type: none"> No PPE stored with/near the crash carts. 	<ul style="list-style-type: none"> CPR is considered an aerosol generating procedure (AGP), and therefore, staff should be in full PPE (gown, gloves, eye protection, and fit tested N95) when performing CPR. 	<p>First Aid/CPR/AED Care During COVID-19 / American Red Cross</p> <p>MIOSHA Standard 1509</p>

Site Visit Deliverable: Data Report

Data Profile | Facility Name

4/1/22

Key Points*

Mackinac County is experiencing a Substantial level of community transmission based on test positivity rates and weekly cases per 100,000 persons.

In the past 7 days:

- The Care Rate has increased by 50%
- The Death Rate have decreased by 100%
- Test positivity has decreased by 10.34%

Community Transmission

	*Test Positivity	*Cases per 100,000	Community Transmission Level
Mackinac County	6.7%	83.3	SUBSTANTIAL
Michigan	3% – 4.9%	53.3	N/A

*Current 7-days is Thu Mar 24, 2022 - Wed Mar 30, 2022, for case rate and Tue Mar 22, 2022 - Mon Mar 28, 2022, for percent positivity.

CDC COVID Data Tracker includes COVID-19 case and death surveillance data reported by jurisdictions to the CDC. The overall calculated county risk level is taken as the percentage of positive NAATS cases over the last 7 days and new cases per 100,000 persons over the past 7 days. If the two indicators suggest different transmission levels, the higher level is selected.

Categories: Low: < 10 cases per 100,000, <5% test positivity; Moderate: 10-49.99 cases per 100,000, 5-7.99% test positivity; Substantial: 50-99.99 cases per 100,000, 8 – 9.99% test positivity; High: ≥ 100 cases per 100,000, ≥ 10% test positivity.

Guidelines and Recommendations for SUBSTANTIAL COVID Community Transmission Level

Testing for Staff not UTD with Vaccination ^{a-d}

Twice a week – per CMS

Staff PPE ^{d, e}



Approved Eye Protection for all patient encounters.

Source Control ^{d, e}

All areas where staff could encounter patients.

Visitation for Residents Under Transmission-based precautions for COVID-19 ^f:

- Compassionate Care Visitation
- While not recommended, residents who are in isolation or quarantine can still receive visitors.
 - Visits should occur in the resident's room and the resident should wear a well-fitting facemask (if tolerated).
- Encourage alternative visitation methods



Visitation, Communal Dining, Resident Outings & Group Activities ^{a, f, h}



Facilities must allow indoor visitation for all residents. Outdoor visitation is preferred.

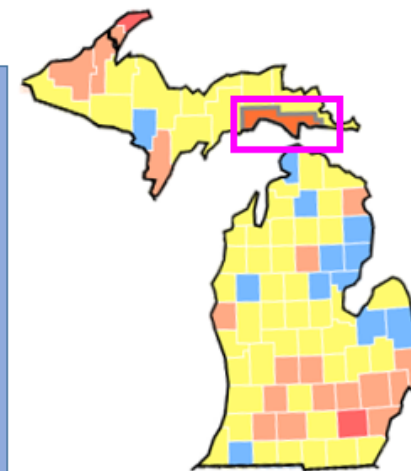
- Facilities can no longer limit the frequency and length of visits for residents, the number of visitors, or require advance scheduling of visits.
- If county [COVID-19 Community Transmission Level \(Data Type: Community Transmission\)](#) is:
 - Substantial/High: Regardless of vaccination status, residents & visitors wear source control & physically distance.
 - Low/Moderate: Safest practice is for residents & visitors to wear source control & physically distance.
- If a resident's roommate is unvaccinated or immunocompromised (regardless of vaccination status), visits should not be conducted in the resident's room, if possible.

Communal activities/dining may occur while adhering to core principles of COVID-19 infection prevention.

- Recommended that regardless of vaccination status, everyone wear a face covering while in communal areas of facility.

Facilities must permit residents to leave the facility as they choose.

- Upon return, residents should be screened.
- Facilities may also test residents not UTD without signs/symptoms if gone for 24 hours or more.
- Facilities may consider quarantining not UTD residents upon return if unsure about their adherence or the adherence of those around them to recommended infection prevention measures.



● High ● Substantial ● Moderate
● Low ● No Data



a. [MDHHS LTC C-19 Plan](#)
b. [CMS | QSO-20-38-NH](#) (Revised 3/10/2022)
c. UTD: Up-To-Date (with vaccinations) ([CDC | Up To Date Definitions](#))
d. [CDC | COVID-19 Community Transmission Level](#) (Data Type: Community Transmission)

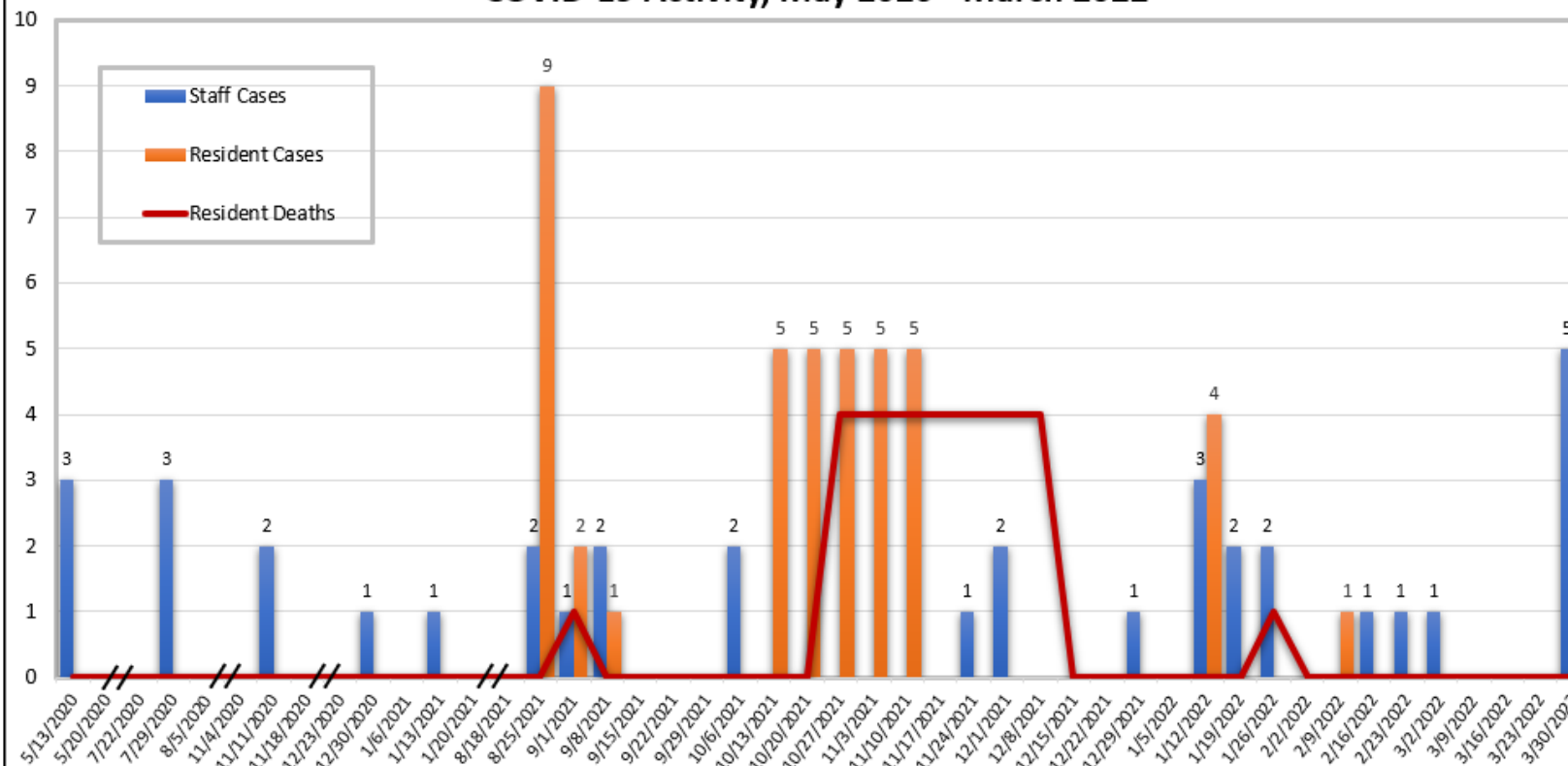
e. [CDC IPC Guidance for HCP About COVID](#)
f. [QSO-20-39-NH](#) (Revised 3/10/2022)
g. [This Photo](#) by Unknown Author is licensed under [CC BY-SA](#).
Desaturated from original.

h. [CDC | Respiratory Protection vs. Source Control](#)

Site Visit Deliverable: Data Report

4/1/2022

COVID-19 Activity, May 2020 - March 2022



*Each date signifies reporting date, and represents a 7-day period, beginning the prior Wednesday and ending on Tuesday.
For example, data on 3/9/22 refer to the 7-day period of 3/2/22 through 3/8/22.

Notes:

1. These data are self-reported by the facility to NHSN. Staff deaths are not included in visual.
2. If you think these data are inaccurate, please contact IPRAT to assist you.
3. The presence of COVID-19 cases does not automatically indicate noncompliance with requirements.
4. This information is used to assist with national surveillance of COVID-19 in nursing homes, and support actions to protect the health and safety of nursing home residents.
5. This is preliminary data and may be subject to fluctuations as facilities are given the opportunity to submit and correct their data.

Facility Overview

Type:	SNF
Beds:	100
Census:	99

Cumulative Count

Resident Cases:	42
Resident Deaths:	5
Staff Cases:	30
Staff Deaths:	30

Staffing and PPE Shortages

Staffing:	None
PPE:	Conventional use - All

Vaccination (3/21/22 - 3/27/22)

	Fully Vaccinated	Boosted
Residents:	98.9%	80.4%
Staff:	95.7%	40%

Source: NHSN 3/30/22



IPRAT VISITS BY THE NUMBERS



139 IPC Assessments



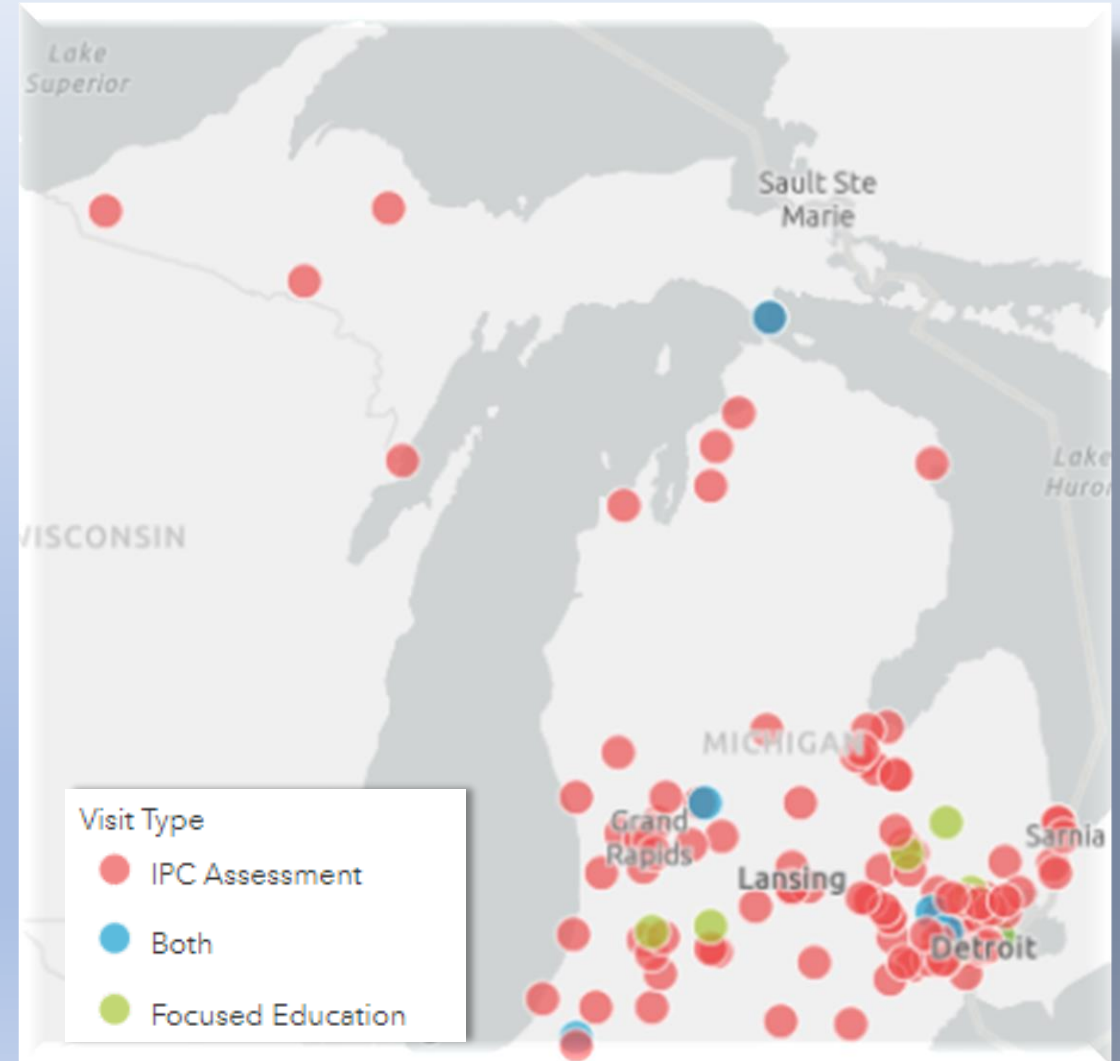
15 Focused Education



452 Hours



43 Counties



Contact Us!



517-335-8165



Michigan.gov/IPRAT



Inbox | MDHHS-iPRAT@Michigan.gov



IPRAT

Infection Prevention Resource and Assessment Team