

IPRAT ICAR Process Overview

Presentation by MDHHS IPRAT

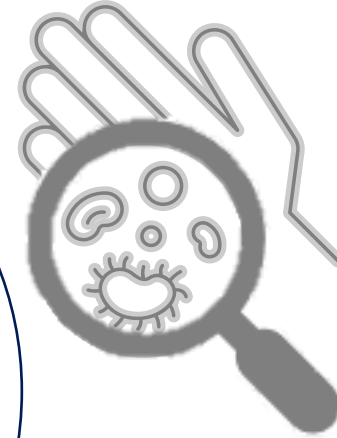


Infection Prevention Resource and Assessment Team

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Who is IPRAT?

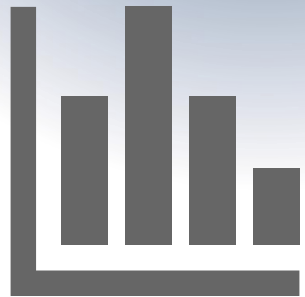
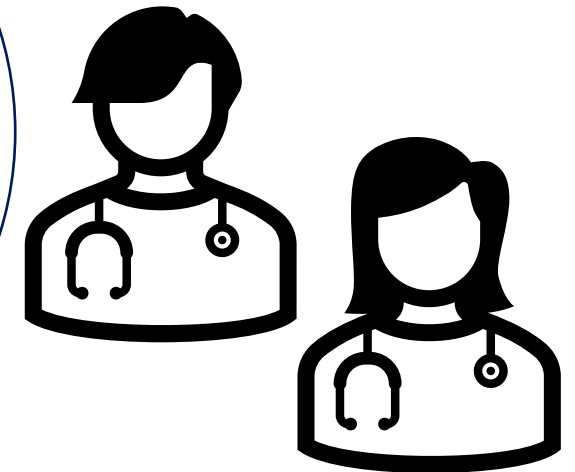
Infection
Preventionists



A Team of Teams

Data
Analysts

Nurse
Consultants



IPRAT

What We Do



Non-regulatory



Consultative



Free



On-Site or Remote Assistance



Experts in the field of IP

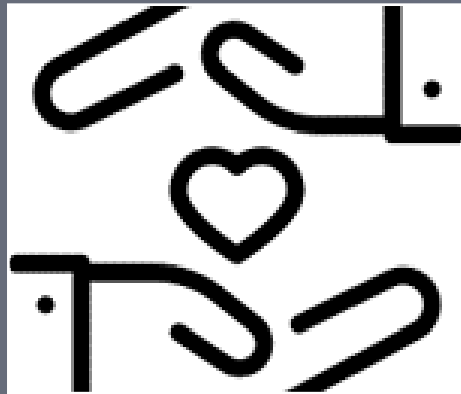


Educational Resource

Our Goals



Prevent



Contain



Educate

Our Partners and Referral Sources



Objectives

- Understand steps of the Infection Control Assessment and Response (ICAR) process
- Describe the elements of a long-term care (LTC) ICAR
- Describe specific areas that are assessed during an ICAR
- Understand the evidential hierarchy used to shape recommendations
- Recognize how evidence is applied to close IP practice gaps

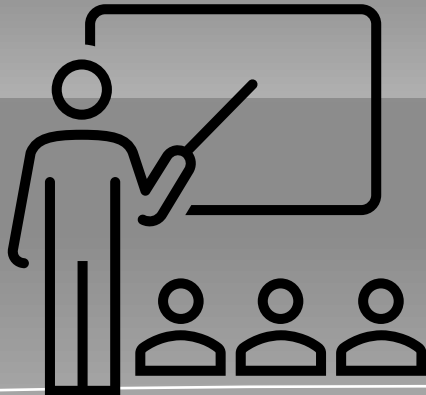
Part 1: ICAR

Onboarding

Action
Plan

ICAR

Ongoing
Support





ICAR

- Assist in assessing infection prevention practices
- Address identified gaps
- Guide quality improvement activities
- Content varies: setting and services provided
- Use additional tools depending on facility needs
- Virtual versus on-site

ICAR Breakdown

Infection Prevention and Control Assessment Tool for Long-term Care Facilities

This tool is intended to assist in the assessment of infection control programs and practices in nursing homes and other long-term care facilities. If feasible, direct observations of infection control practices are encouraged. To facilitate the assessment, health departments are encouraged to share this tool with facilities in advance of their visit.

Overview

Section 1: Facility Demographics

Section 2: Infection Control Program and Infrastructure

Section 3: Direct Observation of Facility Practices (optional)

Section 4: Infection Control Guidelines and Other Resources

Infection Control Domains for Gap Assessment

- I. Infection Control Program and Infrastructure
- II. Healthcare Personnel and Resident Safety
- III. Surveillance and Disease Reporting
- IV. Hand Hygiene
- V. Personal Protective Equipment (PPE)
- VI. Respiratory/ Cough Etiquette
- VII. Antibiotic Stewardship
- VIII. Injection safety and Point of Care Testing
- IX. Environmental Cleaning

Program Infrastructure

- Designated IP and training
- Risk assessment
- Policies and procedures
- Surveillance plan
- Auditing Programs
- Emergency management plans



Resident & Staff Safety

- Work exclusion policy
- Tuberculosis screening program
- Primary prevention program (flu and pneumonia vaccines)
- Exposure control plan & training

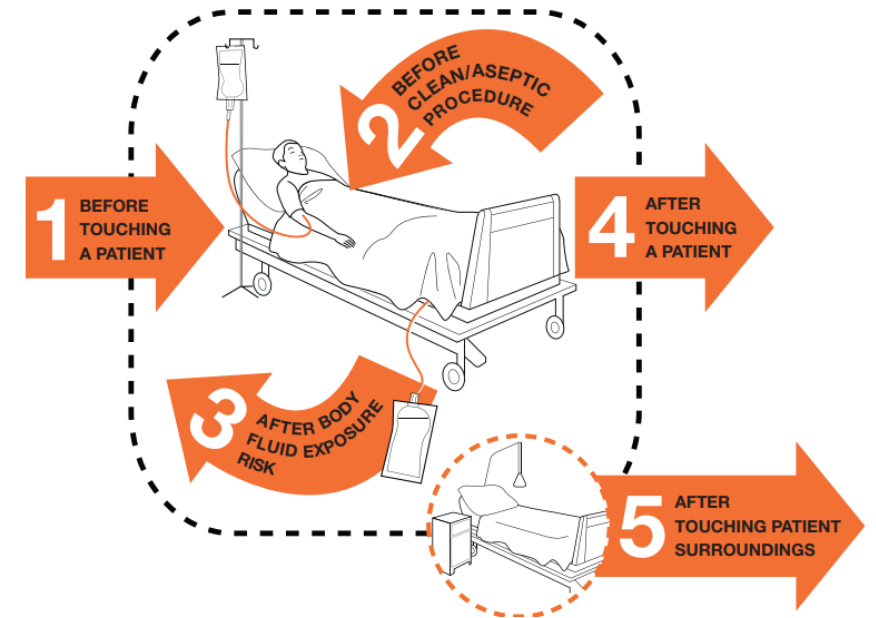
Surveillance Plan

- Written surveillance plan
- Based on nationally accepted definitions
- Definitions are followed as written
- Systems to detect and manage potential infections
- MDRO and C. diff reporting structures from lab
- Outbreak response plans
- Reporting plans to report communicable diseases

Hand Hygiene

- Hand Hygiene Policies
 - Preferred method: Alcohol-based hand rub
 - Opportunities for hand hygiene
 - Procedure aligns with evidence-based practice
- Training and competency programs
- Accessibility of supplies
- Oversight/auditing Programs

Your 5 Moments for Hand Hygiene

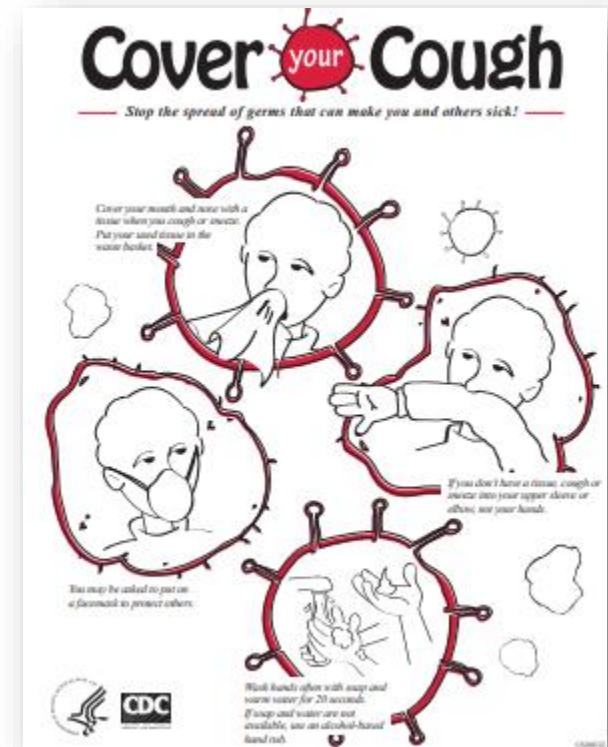


Personal Protective Equipment

- Review of standard and transmission-based precautions policies
- Job-specific training and competency programs
- Oversight/auditing programs
- Accessibility of supplies
- Direct observation of donning and doffing practices

Respiratory Hygiene/Cough Etiquette

- Signs posted to report symptoms
- Instructions to cover mouth and nose
- Instructions to perform hand hygiene
- Facemasks provided to visitors
- Staff education



Injection Safety

- Bloodborne pathogens exposure control plans
- Alignment with state and federal regulations and national standards
 - Michigan Medical Waste Act
 - MIOSHA
 - OSHA
 - CDC
- Training and competency programs



Environmental Cleaning

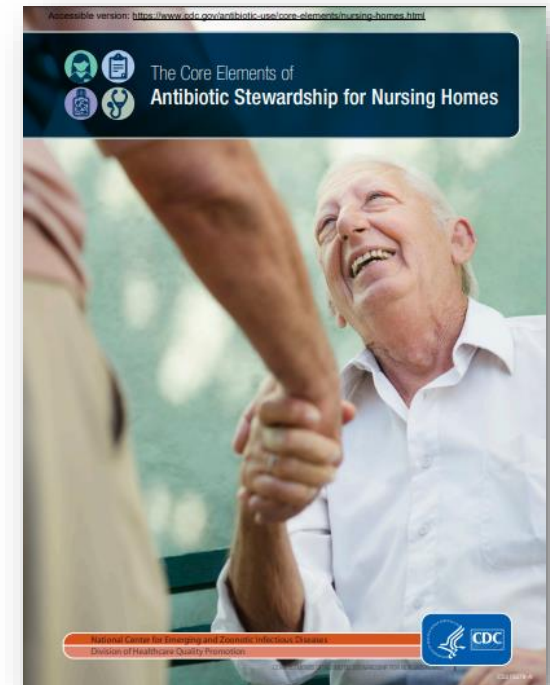


- Policies, procedures, protocols
- Overview of disinfectants used
- Appropriate use of devices and equipment:
 - Single use, single-resident use, and multi-use
 - Following of manufacturer's instructions for use
- Training and competency programs
- Oversight and auditing

Antibiotic Stewardship

Policies and procedures in alignment with the Core Elements of Antibiotic Stewardship for Nursing Homes:

- Leadership commitment
- Accountability
- Drug expertise
- Action planning
- Tracking and reporting
- Education



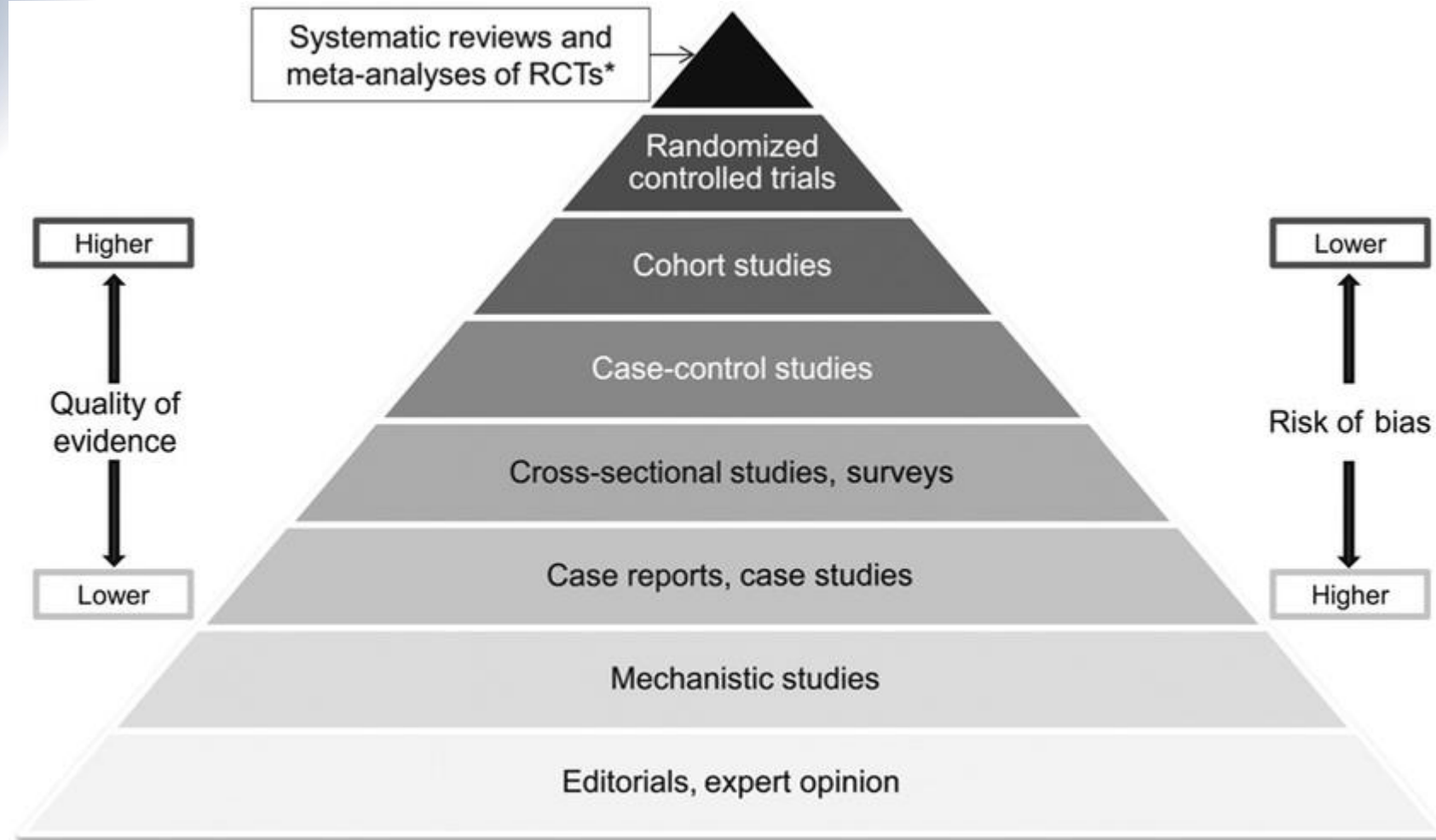
Other Areas Assessed

- Environment of care
 - Cleanliness and surface integrity
 - Construction and renovation
- Food safety practices
 - Food dating and labeling
 - Food cooling and heating practices
 - Cleaning and sanitizing of surfaces and equipment
- Linen management
 - From soiled linen containment to clean linen storage

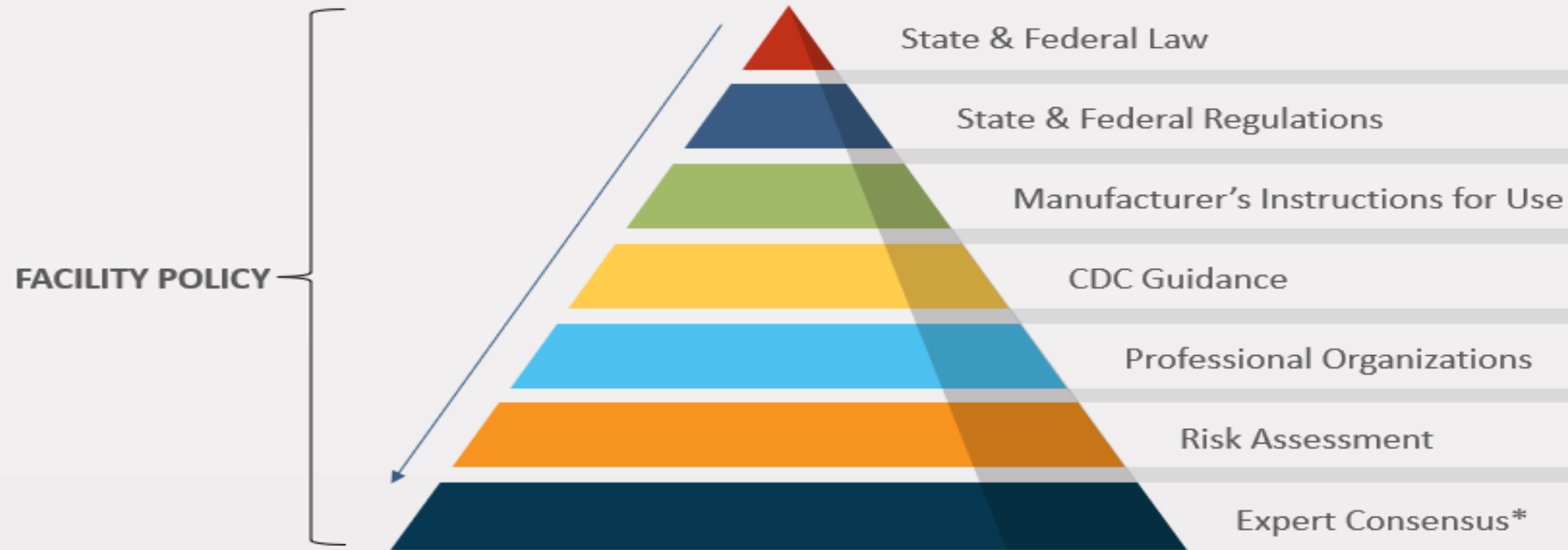
Part 2: Action Plan, SBAR, and Data Report



Shaping Recommendations



IPRAT Guidance Hierarchy



Action Plan

Bloodborne Pathogens and Sharp Safety

Priority	Observations	Action	Comments/Support Links
High	<ul style="list-style-type: none">Sharps container in medication room past 90 days of not being replaced.	<ul style="list-style-type: none">According to MI Medical Waste Act, a facility should not store medical waste on-site for more than 90 days. Sharps containers should be dated to ensure that it is not being used beyond 90 days which is then considered medical storage.Ensure access to keys and replacement containers for all shifts to facilitate prompt replacement as needed and prevent improper disposal and injuries.Designate staff on each shift to be responsible for monitoring sharps containers and replacing them when they are due to be replaced.Educate staff on safe use and disposal of sharps based on their role and facility's Exposure Control Plan.	<p>Biohazard Waste Disposal and Storage Guidance / Michigan DEQ</p> <ul style="list-style-type: none">Refer to page 3 regarding storage of medical waste <p>1910.1030 - Bloodborne pathogens. Occupational Safety and Health Administration (osha.gov)</p> <p>Sharps Disposal Containers in Health Care Facilities / FDA</p> <p>Stop Sticks Campaign / CDC</p> <p>Sharps Safety Teaching Tools / CDC</p> <ul style="list-style-type: none">Refer to manufacturer's instructions for use for pharmaceutical waste containers.

SBAR

- High-level summary of ICAR findings
 - High risk items
 - Need for system-based change
 - High capital items
- Provided to program leadership:
 - Director of Nursing
 - Administrator
 - Infection Preventionist

SBAR Elements

Situation:

- How IPRAT received referral
- Dates of on-boarding and on-site visit

Background:

- Description of facility including services provided
- Bed count and census information
- Overview of recent infection cases
- Vaccination rates

SBAR Elements

- Barriers/Opportunities:
 - Identified gaps
 - Anticipated challenges in closing gaps
- Assessment
 - Strengths of infection prevention program & current systems
 - Consideration of organizational culture
- Recommendations: Focused on implementing action plan items

Data Report

Data Profile | (Facility Name)

10/10/2022

Key Points*

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

In the past 7 days:

- Cases have decreased by 33.6%
- Deaths have increased by 100%
- Test positivity has decreased by 2.5%

Community Transmission

	*Test Positivity	*Cases per 100,000	Community Transmission Level
Ingham County	19.8%	122.4	HIGH
Michigan	15 – 19.9%	129	

*Current 7-days is Fri Sep 30, 2022 - Thu Oct 6, 2022, for case rate and Wed Sep 28, 2022 - Tue Oct 4, 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 HIGH COVID Community Transmission Level

Testing^{a-d}

- Prioritize individuals with C-19 signs & symptoms, then perform testing triggered by an outbreak investigation (as specified in CMS | QSO-20-38-NH).
- Routine testing for asymptomatic individuals (residents or staff) not generally recommended.

Care Staff PPE^{d, e}

- Approved** Eye Protection for all patient encounters.
- Everyone should wear face coverings or masks [CDC | Implement Universal Use of PPE for HCP](#).

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

- Compassionate care visits are **allowed at all times**.
- Not recommended, but 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).
- Visitors should adhere to the core principles of infection prevention.



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



Facilities must allow visitation for all residents. When accessible and safe, outdoor visitation should be made available. All appropriate infection control and prevention practices should be followed in all visits.

- Although there is no limit on the number of visitors that a resident can have at one time, visits should be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and does not increase risk to other residents.
- Encourage all visitors to become vaccinated and educate and encourage visitors to become vaccinated.
- Testing or vaccination status are not conditions for not allowing visitations. Visitors should wear source control if vaccination status is unknown.
- If a resident's roommate is present during visitation, it is safest for the visitors to wear source control.
- If county **COVID-19 Community Transmission Level (Data Type: Community Transmission)** is:
 - High**: everyone in a healthcare setting should wear source control.
 - If feasible, it is encouraged (not required) that facilities offer testing to visitors.
 - If not offered, encourage visitors to be tested on their own before coming to the facility (e.g., within 2–3 days).
 - Low-Substantial**: the safest practice is for residents and visitors to wear face coverings or masks (although not required for visitors)

During an Outbreak

- Facility may require visitors wear source control while in the facility.
- Communal activities and dining do not have to be paused during an outbreak, unless directed by the state or local health department.
- Limit visitor movement (e.g., go directly to resident's room or designated visitation area, practice social distancing from staff and other residents).

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

- The safest approach is for everyone, particularly those at high risk for severe illness, to wear source control while in communal areas.

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

- Upon return, residents should be screened for signs or symptoms of COVID-19.

a. [MDHHS LTC C-19 Plan](#)

b. [CMS | QSO-20-38-NH \(Revised 9/26/2022\)](#)

c. [CDC | COVID-19 Community Transmission Level](#)
(Data Type: Community Transmission)

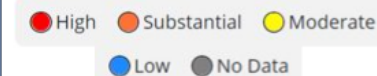
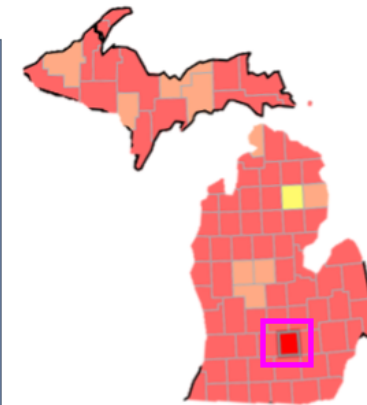
d. [CDC IPC Guidance for HCP About COVID](#)

e. [QSO-20-39-NH \(Revised 9/26/2022\)](#)

f. [This Photo](#) by Unknown Author is licensed under [CC BY-SA](#). Desaturated from original.

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

[Source Control](#)



MI-ECHO

- Building IP expertise for LHDs
 - Empowering LHD staff to complete ICARs
 - Virtual and in-person education
 - Shadowing of ICARs/site visits
 - Tools and templates
- Ongoing support
 - Routine check-ins
 - Direct connection with SHARP and IPRAT

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***Note: Above reference used for application purposes only.

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