



Utah Infection Prevention Solutions

Infection Prevention Learning Collaborative

Putting it into Practice— Session 7:

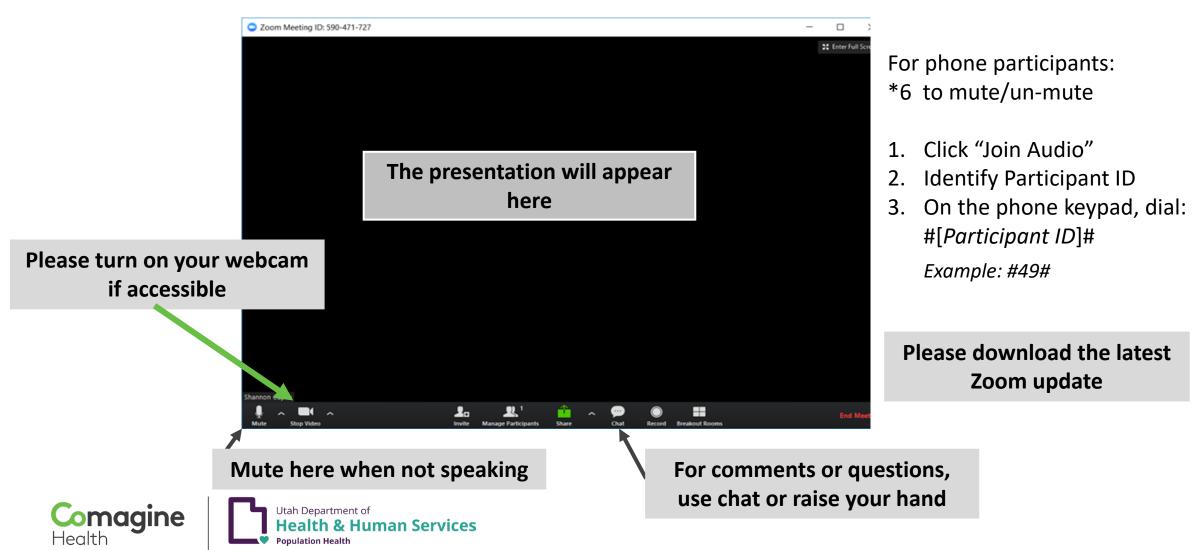
Enhancing Enhanced Barrier Precautions: Simplifying the "What" and "How"

Presented on Wednesday, September 6, 2023, by:

Jen Roeder, RN, MSN, CIC; Nurse Infection Prevention Consultant Violet Brown, BS, CHES; Improvement Advisor Kaylie Pickup; Associate Improvement Advisor



Zoom Attendee Controls



UT ECHO Resource Sharing via Padlet

- What is Padlet?
 - A virtual post-it wall for sharing resources and building community
- UT Infection Prevention Padlet
 - Resources will be shared bi-monthly in relation to our ECHO Infection Prevention topics
 - Access Roundtable Case Submission form
 - o No log-in required!







Announcements

UT IP ECHO Learning Collaborative Schedule Change

- <u>September 13th (2nd</u> Wednesday of the month)
- Session 8: Giving It Your Best Shot, Safely: Ensuring safe injection and POC testing practices

Utah APIC Chapter Annual Infection and Control Conference

- <u>September 20th</u> at Thanksgiving Point
- Register:

 https://www.eventbright.c
 om/e/apic-utah-132 conference-tickets

 616705190827?aff=eand

The Power of Clean: Environmental Cleaning Workshop

- Oct. 12, 2023, Hilton Garden Inn, St. George, Utah Register
- Oct. 27, 2023, Hilton Garden Inn, near Salt Lake City
 Airport Register
- *Travel reimbursement is available for rural areas (limited availability; first-come, first-serve basis. Limited to two staff per rural LTCF-100+ miles from nearest workshop location).





Introductions



Name, pronouns, location, role



What is your favorite thing about your job and why?





Extension for Community Health Care Outcomes (ECHO®)







Agenda

Announcements and communitybuilding exercises (10 min) Flash talk on infection prevention and control (15 min)

Roundtable discussion (15 min)

Q&A, wrap-up (10 min)





What to expect

What ECHO is:

- Interactive
- Guided practice using real situations
- Collaborative peer-to-peer support
- Safe space to share
- Level playing field
- All teach, all learn

What ECHO isn't:

- Webinar
- Top-down communication





Creating the Culture



ECHO is an all-teach, all-learn platform. Your ideas, questions and answers matter!



If accessible, please turn on your cameras



Remain on mute unless speaking



It is okay to disagree, but please do so respectfully



Do not disclose protected health information (PHI) or personally identifiable information (PII)



Love, respect, kindness, empathy and *fun*!





Flash Talk





Purpose of Flash Talk



Short 10-15 min presentations



Provide real-life insight, ideas, resources and tools

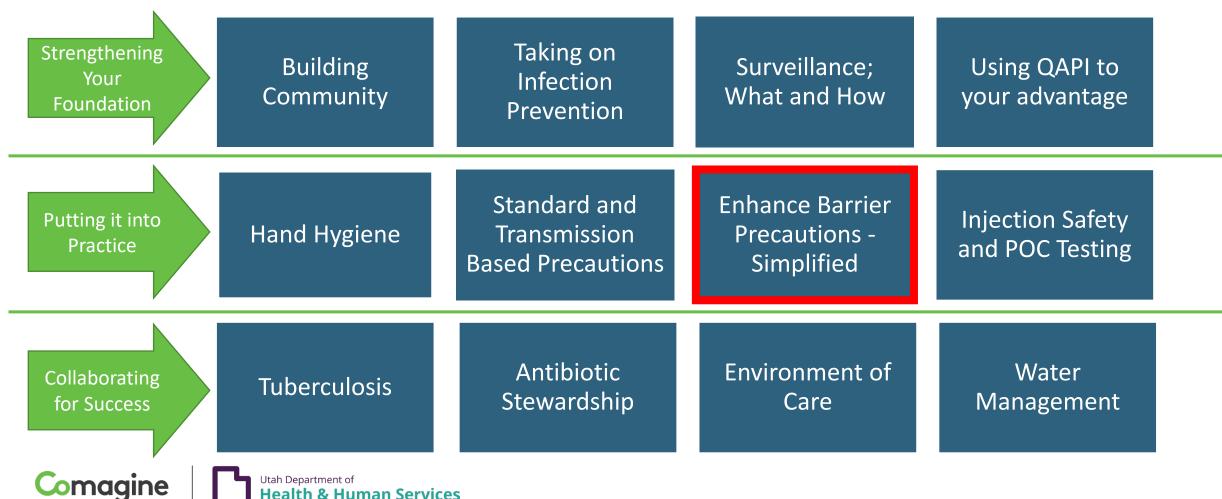


Summarize and/or simplify current recommendations





Utah Infection Prevention Learning Collaborative (ECHO) 2023 Curriculum



Health

Learning Objectives

Upon the completion of this session, participants will be able to:



Describe which residents enhanced barrier precautions applies to.



Identify the situations in which personal protective equipment must be worn with residents in enhanced barrier precautions.



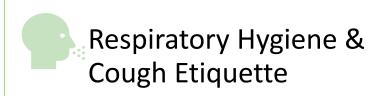
Distinguish the instances in which enhanced barrier precautions versus contact precautions are used.





IPC Practices of Standard Precautions

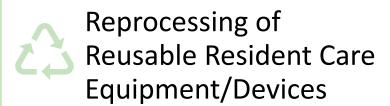
















Enhanced Barrier Precautions - Application



Infection or colonization with a multidrug-resistant organism (MDRO)



Does not have another infection or condition that requires contact precautions



Wounds regardless of MDRO colonization/infection status



Indwelling medical devices regardless of MDRO colonization/infection status





MDROs Targeted by CDC

Pan-resistant organisms

Carbapenemase-producing carbapenem-resistant Enterobacterales (CRE)

Carbapenemase-producing carbapenem-resistant *Pseudomonas* spp.

Carbapenemase-producing carbapenem-resistant *Acinetobacter* baumannii

Candida auris





Other Epidemiologically Important MDROs

Methicillinresistant Staphylococcus aureus (MRSA)

ESBL-producing Enterobacterales

Vancomycinresistant Enterococci (VRE)

Multidrug-resistant *Pseudomonas aeruginosa*

Drug-resistant
Streptococcus
pneumoniae





Enhanced Barrier Precautions – When to Use PPE

High-contact resident care activities:

- Dressing
- Bathing/showering
- Transferring
- Providing hygiene
- Changing linens
- Changing briefs or assisting with toileting
- Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator
- Wound care: any skin opening requiring a dressing





High-Contact Resident Care Activities Clarifications

Transferring

- Includes transferring during other high-contact resident care activities in the resident's room
- Includes transferring during bathing in a shared/common shower room
- Does not include transferring in common areas (i.e., dining rooms, activity rooms, etc.)

Hygiene

- Brushing teeth
- Shaving
- Combing hair when bundled with other high-contact resident care activities

Comagine Health



Therapy

 Includes close physical contact during transfers, mobility, or any high-contact activity in the therapy gym or resident's room

Environmental Services

- Includes changing linen
- Does not include cleaning and disinfection of the resident's room

Enhanced Barrier Precautions – Required PPE

- During high-contact care activities
 - Gloves
 - Gown
 - Don prior to high-contact care activity
 - Doff after high-contact care activity
 - Change before caring for another resident
- Other PPE (mask & eye protection) as appropriate when anticipated splash or spray into the face based on task being performed (standard precautions)







Enhanced Barrier Precautions – Room Restriction

- None
- May share rooms with other residents







Enhanced Barrier Precautions – Duration

- Duration of resident's stay for MDROs
 - CDC does not recommend routine retesting of residents with a history of colonization or infection with a MDRO or discontinuation of EBP after subsequent negative test
- Transition back to standard precautions, alone, when wound heals or indwelling device is removed – if without MDRO





Contact Precautions - Application

All residents infected or colonized with a MDRO in any of the following situations:

- Acute diarrhea
- Draining wounds that cannot be covered/contained
- Draining secretions or excretions that cannot be contained
- Suspected or confirmed MDRO outbreak
- Otherwise directed by public health authorities

All residents who have another infection or condition which contact precautions are recommended in Appendix A of CDC Isolation Precautions:

- C. difficile
- Norovirus
- Scabies
- Rotavirus
- Hepatitis A in incontinent patients
- Herpes simplex
- Human metapneumovirus
- Etc.





Contact Precautions – PPE, Room Restrictions, Duration



Required PPE

Gloves

Gown



Any room entry

Don before room entry

Doff before exit

Change before caring for another resident



Other PPE (mask & eye protection) as appropriate when anticipated splash or spray into the face based on task being performed (standard precautions)



- Single-person room preferred
- Cohort
- Restricted to room except for medically necessary care

Duration

- Time limited
- Per Appendix A of CDC Isolation Precautions Guidelines





Reference Tool

 CDC Summary of PPE Use and Room Restriction When Caring for Residents in Nursing Homes:

Precautions	Applies to	PPE used for these situations	Required PPE	Room restriction
Standard Precautions	All residents	Any potential exposure to: Blood Body fluids Mucous membranes Non-intact skin Potentially contaminated environmental surfaces or equipment	Depending on anticipated exposure: gloves, gown, facemask or eye protection (Change PPE before caring for another resident)	None
Enhanced Barrier Precautions	All residents with any of the following: Infection or colonization with an MDRO when Contact Precautions do not otherwise apply Wounds and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) regardless of MDRO colonization status	During high-contact resident care activities: Dressing Bathing/showering Transferring Providing hygiene Changing linens Changing briefs or assisting with toileting Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator Wound care: any skin opening requiring a dressing	Gloves and gown prior to the high-contact care activity (Change PPE before caring for another resident) (Face protection may also be needed if performing activity with risk of splash or spray)	None
Contact Precautions	All residents infected or colonized with a MDRO in any of the following situations: • Presence of acute diarrhea, draining wounds or other sites of secretions or excretions that are unable to be covered or contained • For a limited time period, as determined in consultation with public health authorities, on units or in facilities during the investigation of a suspected or confirmed MDRO outbreak • When otherwise directed by public health authorities All residents who have another infection (e.g., C. difficile, norovirus, scabies) or condition for which Contact Precautions is recommended in Appendix A (Type and Duration of Precautions Recommended for Selected Infections and Conditions) of the CDC Guideline for Isolation Precautions.	Any room entry	Gloves and gown (Don before room entry, doff before room exit; change before caring for another resident) (Face protection may also be needed if performing activity with risk of splash or spray)	Yes, except for medically necessary care





Implementation Tips

- Start small
- Use CDC tools







Knowledge Check







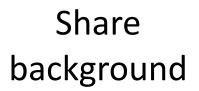
Roundtable Discussion





Round Table Discussion Format







Share specific question



Ask clarifying questions



Group discussion



Summary of recommendations





Case Presentation



Background:

We had an outbreak in April with 6 residents not feeling good. Symptoms of cough, fatigue, diarrhoea, body aches. They were all tested for COVID, pneumonia, Flu, RSV, etc., with all having negative results. The residents presented the illness one after the other, not at the same time.



Question:

When an illness is NOT identified, what is the recommendation for source control/infection control?





Roundtable Discussion







What Makes a Good Case?

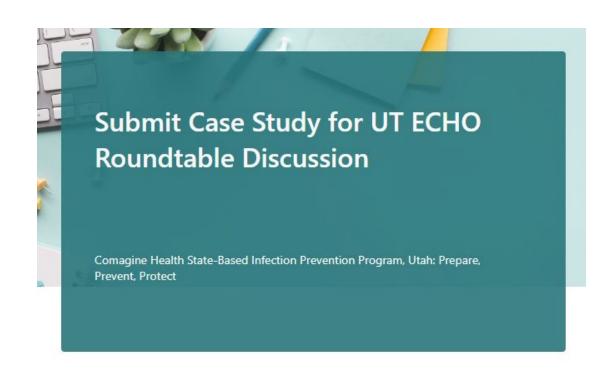
- A situation that stumped you
- Reoccurring or rare situations
- Trends you are seeing in the field
- Could be an IP issue that involves challenges with a dynamic nature
 - Clinical
 - Emotional
 - Psychosocial
 - Spiritual
- A specific ask or question for the community to provide input





ACTIVITY: Roundtable Case Submissions

- Submit cases via Padlet and Microsoft Forms!
 - Fill in 7 short fields to submit
 - Option for the Comagine team to present your case anonymously
- Walk-through activity:
 - Please pull up the <u>Roundtable Case</u> <u>Submission Form</u>







Wrap-Up





Nursing Continuing Education (CE) Credits

To receive CEs:

- Complete the session evaluation survey
- Provide your name and license number

What you'll receive:

- 1 credit hour, per session you meet the listed criteria
- Credit is awarded by the NV Board of Nursing

When you'll receive it:

In your post session email





Connecting to APIC

What you receive:

- APIC National and local UT chapter membership (\$230 value)
- APIC Infection Prevention Guide to Long-Term Care, 2nd edition (\$119 value)

Active participation: What does it mean?

- Attended a minimum of 3 out of 12 sessions
- Interact during sessions
- Fill out session evaluations
- Share your information to be enrolled





Coaching and Consultations

- Virtual and on-site1:1 consultation
- Tailored to your needs and setting
- Sign up by emailing: <u>InfectionPreventionAd</u> <u>visor@comagine.org</u>

Core components include:

Introduction and program assessment

 Assess current IPC capacity, prioritize needs, set calendar for visitation

Environmental assessment and walkthrough

 Evaluate IPC infrastructure, identify resources and supply needs

Performance Improvement
Plans

• Provide recommendations, PIP templates, and support

Monitoring, follow up and performance improvement

Assess progress, provide support on continued PIP implementation

Quality assurance

Assess uptake and sustainability of recommendations





Next Steps

1

Join us for our next session

Sept. 13:
 Injection
 Safety and
 Point of
 Care Testing

2

Reach out to Comagine Health staff for any questions or assistance 3

Check out the Learning
Collaborative
Padlet page

4

Submit more Roundtable cases 5

Fill out the Evaluation
Survey for this session

 Provide your name and license number for CEs





Contact Us

For more information on Comagine Health's Infection Prevention Solutions for LTC facilities in Utah, please contact:

- Email: <u>infectionpreventionadvisor@comagine.org</u>
- Jen Roeder: <u>jroeder@comagine.org</u>
- Violet Brown: (801) 892-6651, vbrown@comagine.org
- Kaylie Pickup: kpickup@comagine.org









Utah Infection Prevention Solutions for skilled nursing facilities, assisted living communities and intermediate care facilities is funded by a grant through the Utah Department of Health and Human Services' Healthcare-Associated Infections Program.