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Welcome

Instructions for Contact Hour

- Update your Zoom name to reflect your full name.
- Zoom name **MUST** match your evaluation name.
- Enjoy the entire program.
- Complete the post-evaluation by Jun 28, 2024, 5:00 PM (available on the last slide)
- Certificate will be emailed to you by July 15, 2024

Before we begin, answer in the chat:

Summer is here!! What do you like to do during the summer months?



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San Diego Skilled Nursing Facility Infection Prevention Collaborative

Grow - Collaborate - Succeed

Coordinated by the County of San Diego
Healthcare-Associated Infections (HAI) Program

Reminders

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Recording is on!



PHS.HAI.HHSA@ sdcounty.ca.gov



Keep your lines muted



Participate in the polls and chat



Use the chat box for questions



Slides will be emailed



"Right click" to rename



Type into the chat your:

- Name
- Title
- Facility



Land Acknowledgement

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Public Health Services would like to begin by acknowledging the Indigenous Peoples of all the lands that we are on today. While we are meeting on a virtual platform, I would like to take a moment to acknowledge the importance of the lands, which we each call home. We respectfully acknowledge that we are on the traditional territory of the Kumeyaay. We offer our gratitude to the First Nations for their care for, and teachings about, our earth and our relations. May we honor those teachings.



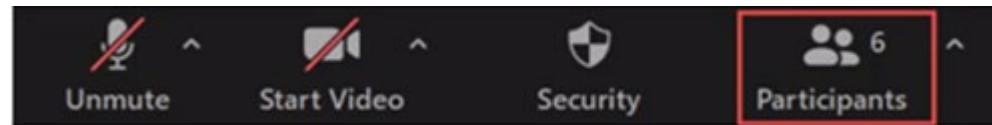
Reminders

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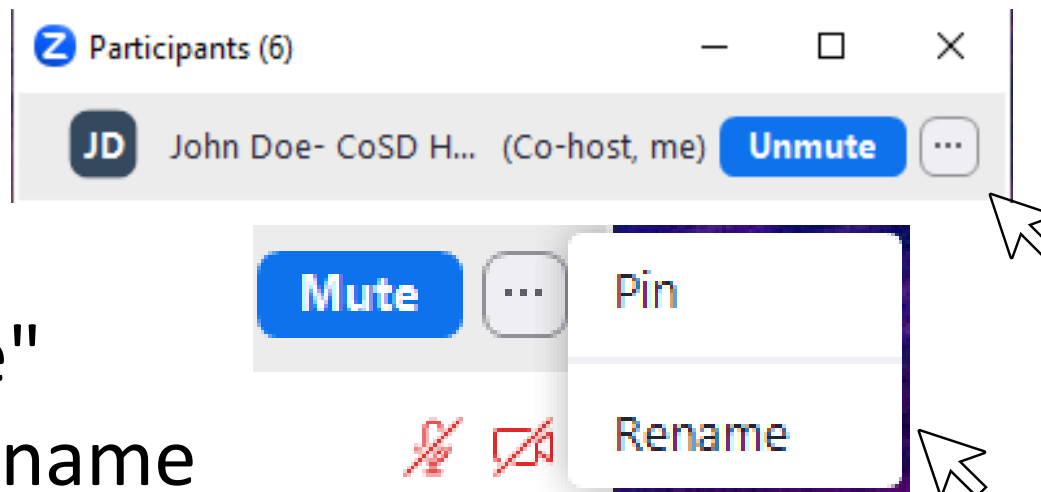


Please update your name on the participant list

1. Find your name on the participant list



2. Hover over your name and click "..."



3. Click "Rename"
4. Type your full name



Agenda

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Welcome

General Updates

Announcements

Featured Topic: "Infection Prevention Risk Assessment and Plan"

Next Collaborative



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SNF IP
Email List



HSAG

No-Cost Vaccination Clinics

- HSAG is coordinating **no-cost vaccination clinics for all staff members and residents**, regardless of insurance coverage.
- Minimum requirement is 20 vaccinations of any combination of COVID-19/pneumonia.
 - Can include any combination of staff members and resident vaccinations.



<https://www.hsag.com/vaccine-assistance/>

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To: CAHAN San Diego Participants

Date: June 18, 2024

From: Public Health Services

Health Advisory: Influenza A Testing Guidance: Enhanced Surveillance During the Summer Months

Key Messages

In order to maintain awareness of influenza A subtypes circulating in California:

- Providers should test for influenza in patients with respiratory illness and relevant animal exposures that could increase risk for influenza A (H5N1), and test severely ill patients irrespective of exposure history.
- Providers should report any suspected case of novel, avian, or variant influenza.
- Clinical and commercial laboratories should submit influenza specimens to public health laboratories for subtyping.
- Any clinical specimen for which subtyping is attempted and does not identify a seasonal subtype should be immediately reported to the local health department and urgently directed to a public health lab for further testing.

Situation

The California Department of Public Health issued a [health update](#) on June 12, 2024, recommending continued flu sample testing through the summer to maintain close monitoring of circulating influenza strains.

CAHAN
Alerts



TOMÁS J. ARAGÓN, M.D., Dr.P.H.
State Public Health Officer & Director

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

AFL 24-13

June 3, 2024

TO: All Facilities

SUBJECT: Hot Summer Weather Advisory

AFL

All Facilities Letter Summary

- This AFL reminds health care facilities to implement recommended precautionary measures to keep individuals safe and comfortable during extremely hot weather.
- Facilities must have contingency plans in place to deal with the loss of air conditioning, or in the case when no air conditioning is available, take measures to ensure patients and residents are free of adverse conditions that may cause heat-related health complications.
- Facilities must report extreme heat conditions that compromise patient health and safety and/or require an evacuation, transfer, or discharge of patients.

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TOMÁS J. ARAGÓN, M.D., Dr.P.H.
State Public Health Officer & Director

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

AFL 24-15

June 13, 2024

TO: Skilled Nursing Facilities (SNF)
General Acute Care Hospitals (GACH) with a SNF Distinct Part (D/P)

SUBJECT: Enhanced Barrier Precautions (EBP)
(This AFL Supersedes AFL 22-21)

AUTHORITY: [Title 22 California Code of Regulations \(CCR\) sections 72523, 72321, and 72515](#)
[Title 42 Code of Federal Regulations \(CFR\) section 483.80](#)

AFL

All Facilities Letter (AFL) Summary

- This AFL announces that the California Department of Public Health (CDPH) is retiring its Enhanced Standard Precautions (ESP) guidance document and adopting the Centers for Disease Control and Prevention (CDC's) EBP guidance and terminology.
- CDPH has developed [Enhanced Barrier Precautions: Additional Considerations for California SNFs \(PDF\)](#) for additional guidance on EBP.

Enhanced Barrier Precautions: Additional Considerations for California Skilled Nursing Facilities

California skilled nursing facilities (SNFs) should refer to the Centers for Disease Control and Prevention (CDC) website on [Implementation of Personal Protective Equipment \(PPE\) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms \(MDROs\)](http://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/ppe.html) (www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/ppe.html) and CDC's [Frequently Asked Questions \(FAQs\)](http://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html) (www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html) for guidance and tools for implementing Enhanced Barrier Precautions (EBP) per the Centers for Medicare and Medicaid Services (CMS) requirement ([QSO-24-08-NH \(cms.gov\)](http://www.cms.gov/files/document/qso-24-08-nh.pdf)) (PDF) (www.cms.gov/files/document/qso-24-08-nh.pdf).

The California Department of Public Health (CDPH) is providing the following additional EBP implementation considerations to complement and address aspects not directly addressed by CDC's guidance or FAQs; these considerations will be updated periodically as new information becomes available.

Use of EBP by Environmental Services (EVS) Personnel in Rooms with Resident(s) on EBP

Per CDC's EBP guidance, gown and glove use by EVS personnel should generally be based on anticipated exposures to body fluids, chemicals, or contaminated surfaces. CDC indicates that changing bed linens is considered a high-contact activity and recommends EVS personnel use gown and gloves if changing the linen of residents on EBP; CDC also indicates gown and gloves could be considered for additional EVS activities that involve extensive contact with the resident or the resident's environment.

CDPH provides the following specific examples of **high-contact EVS activities** for which EVS personnel should use gown and gloves while cleaning and disinfecting the environment around residents on EBP:

- removing soiled linen
- cleaning and disinfecting high-touch surfaces such as bed rails, remote controls, bedside tables or stands on or near the resident's bedspace
- terminal cleaning and disinfection

EVS personnel need to remove their gown and gloves and perform hand hygiene before cleaning and disinfecting the next resident's bedspace; use of gown and gloves for high-contact cleaning and disinfecting activities around the next resident's bedspace will depend on whether the next resident is also on EBP or on Contact Precautions.

Otherwise, for **routine, daily cleaning and disinfection** of the room when the areas immediately surrounding the resident are not touched, e.g., taking out the trash or cleaning and disinfecting high-touch surfaces such as light switches and door handles in common areas of the room, EVS personnel should perform hand hygiene before entering the room and use gloves, but a gown is not generally necessary. When leaving the room, EVS personnel should remove their gloves and perform hand hygiene.

Preparing a Resident on EBP to Leave Their Room

Residents on EBP are not restricted to their rooms or limited from participation in group activities. When preparing a resident on EBP to leave their room, SNF healthcare personnel (HCP) should perform hand hygiene and wear a gown and gloves. HCP need to ensure that the resident's secretions/excretions are contained and that the resident performs hand hygiene and puts on clean personal clothing or a patient gown. HCP should then remove their gown and gloves and perform hand hygiene before assisting the clean resident to leave the room. HCP should not routinely wear gowns and gloves in the hallway. HCP should anticipate the potential need for gloves and/or gown during transport based on the resident's needs (e.g., frequent trips to the bathroom) or the anticipated type of contact during transportation, and should have clean gloves and gowns available for them to use during transport in case needed.

Use of Gown and Gloves by Family Members or Other Visitors of a Resident on EBP

Visitors and family members need to wear gown and gloves only when they are participating in high-contact care activities for a resident on EBP, such as morning and evening care (the same practices as HCP providing such care). Visitors and family members should always perform hand hygiene upon entry to and exit from the room.

Cohorting Residents on EBP with Known MDRO Infection or Colonization

EBP is indicated for residents who are infected or colonized with a CDC-targeted MDRO when Contact Precautions do not otherwise apply. Residents on EBP do not require placement in a single-person room, even when known to be infected or colonized with an MDRO. CDPH provides additional guidance for cohorting multiple residents in the same room or designated area of the facility, based on MDRO status: see [Cohorting Guidance for Patients or Residents Infected or Colonized with MDROs](http://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/MDROcohorting.pdf) (PDF) (www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/MDROcohorting.pdf).

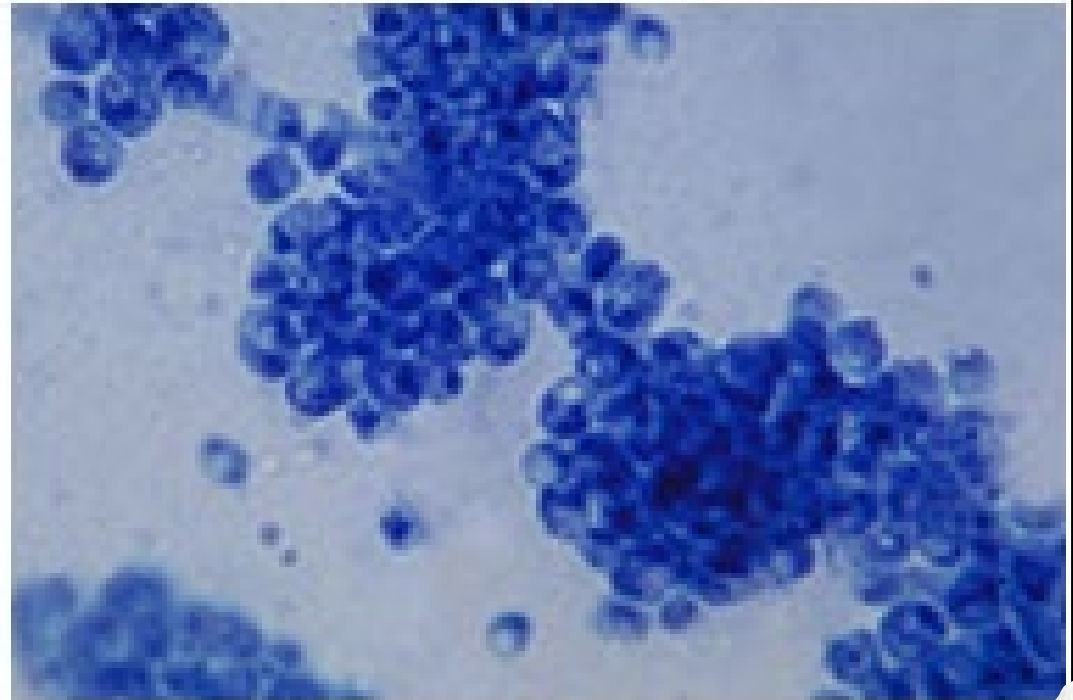
Transitioning from Contact Precautions to EBP Following an Outbreak

During an MDRO outbreak, Contact Precautions are generally indicated for residents known to be colonized or infected with the outbreak MDRO. SNFs should consult their local health department for guidance on transitioning to EBP following an outbreak. Readiness for transition to EBP includes:

- Demonstration that MDRO transmission has been contained, e.g., two serial point prevalence surveys (PPS), at two-week intervals with negative results
- Consistent staff adherence to core infection prevention and control practices, including hand hygiene, appropriate PPE use, and environmental cleaning and disinfection
- Availability of hand hygiene and PPE supplies at points of care

If there is an increase in MDRO transmission, the facility may need to transition back to using Contact Precautions for residents with the outbreak MDRO based on public health recommendations.

Candida auris Update



Photomicrograph of †

Candida auris (*C. auris*)



- *C. auris* is an emerging antimicrobial-resistant fungus spreading through San Diego, and the U.S.
- Can cause both infections and asymptomatic colonization
- Spreads through contact with colonized/infected cases, contaminated environment, equipment, or devices
- Requires consistent infection control practices to keep under control

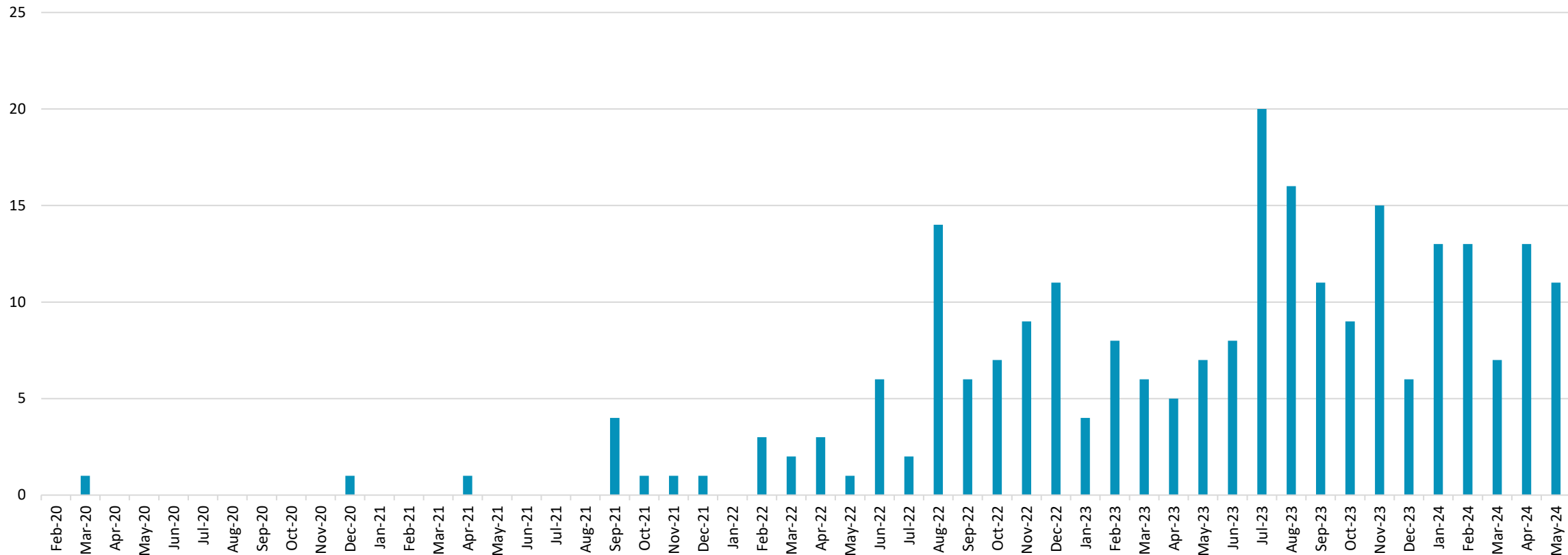


C. auris Epi Curve – San Diego

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Confirmed* *Candida auris* cases reported to County of San Diego,
1/1/20-5/30/24, (n = 246)



*confirmed = resident and non-resident cases that were physically located in San Diego at some point during their *C. auris* colonization/infection

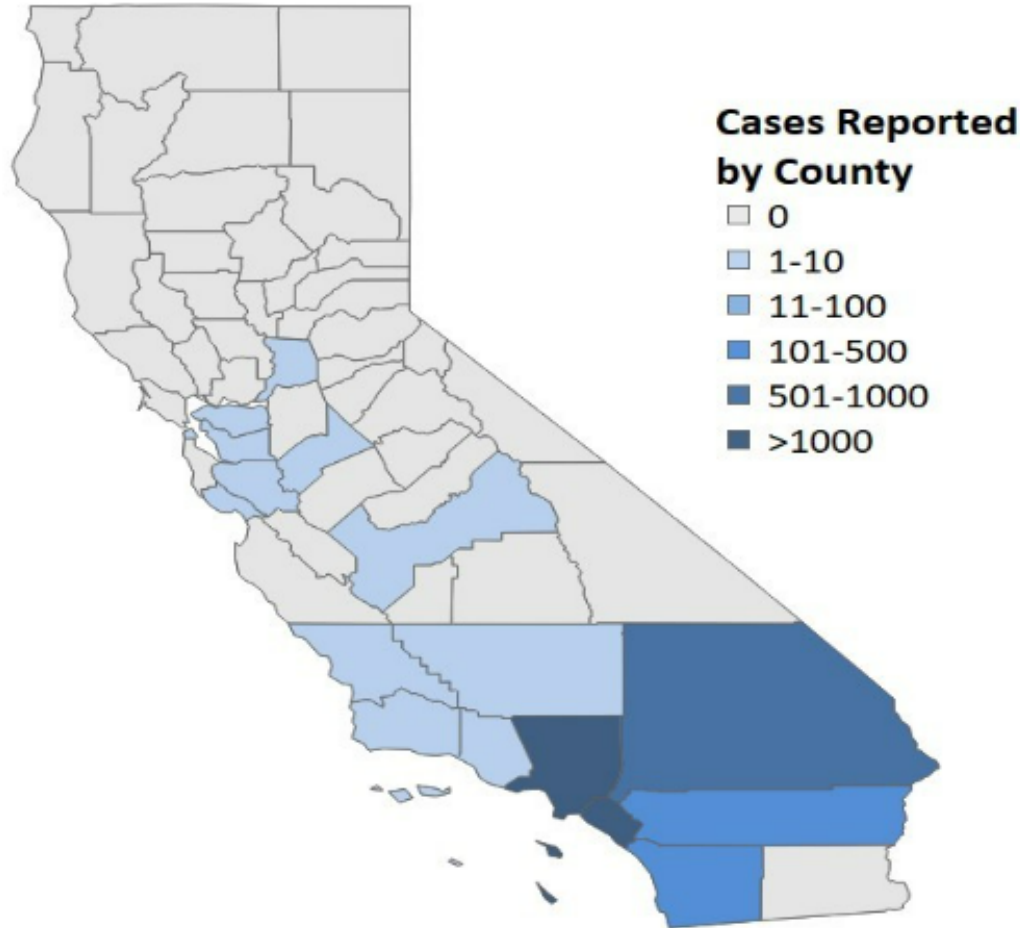


C. auris Epi Curve - State

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Candida auris Cases by County through March 2024, N=7,493



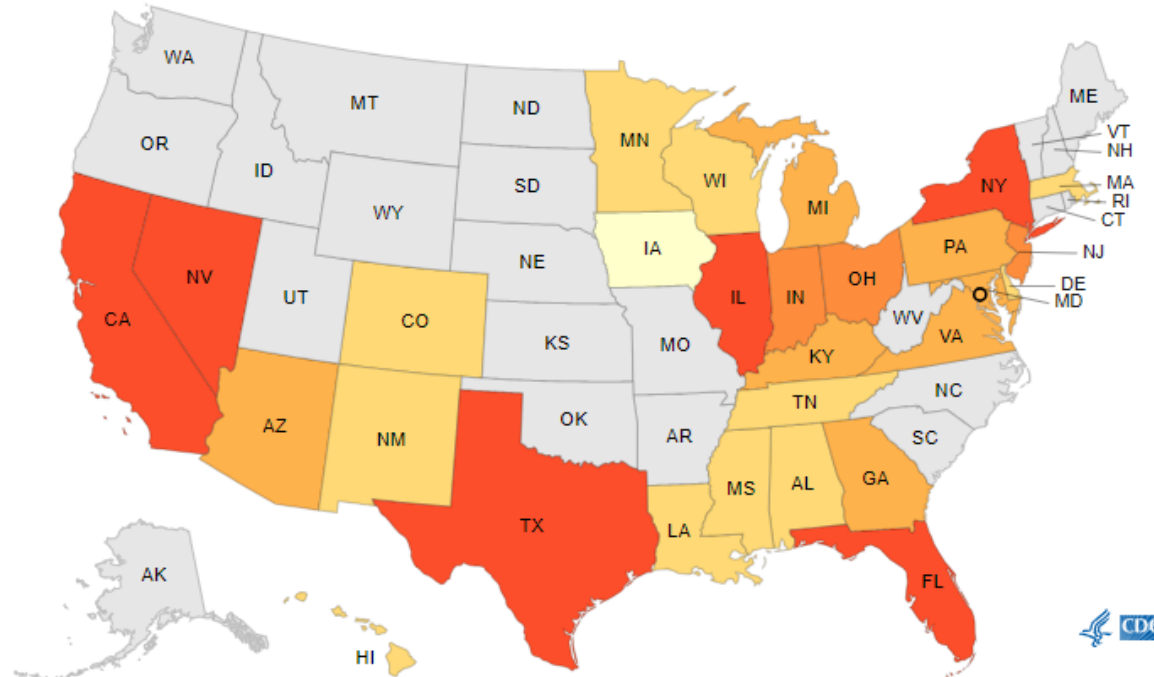
Counties with ≥ 1 Reported Case	Cases through March 2024
Alameda	<11
Contra Costa	<11
Fresno	<11
Kern	<11
Los Angeles	3,665
Orange	2,429
Riverside	423
Sacramento	<11
San Bernardino	766
San Diego	175
San Francisco	<11
San Luis Obispo	<11
Santa Barbara	<11
Santa Clara	<11
Santa Cruz	<11
Stanislaus	<11
Ventura	<11
Total	7,493

<https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/Candida-auris.aspx>



C. auris Epi Curve - National

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Legend

From January 1 to December 31, 2022, the most recent full year of data reported, there were 2,377 clinical cases. There were an additional 5,754 screening cases not shown on the map.

● 0 clinical cases and at least 1 screening case	● 1 to 10
● 11 to 50	● 51 to 100
● 101 to 500	● 501 to 1000
● 1001 or more	

<https://www.cdc.gov/candida-auris/tracking-c-auris/index.html>





To: CAHAN San Diego Participants
Date: March 22, 2024
From: Public Health Services
Health Advisory Update #2: *Candida auris* in San Diego County

Key Messages

- *Candida auris* (*C. auris*) has been identified in San Diego County (SDC), since March 2020, with increasing reports since September 2021.
- California Department of Public Health (CDPH) has updated the [guidance for surveillance and screening](#) among high-risk populations.
- The County of San Diego reminds that rigorous adherence to infection control measures, including the routine use of Environmental Protection Agency (EPA) registered disinfectant effective against *C. auris* are critical for mitigation.
- Confirmed or suspected *C. auris* cases, identified in SDC, should be reported to Epidemiology Unit during business hours, Monday to Friday 8AM-5PM, within one working day of identification. Also, isolates should be saved for potential confirmatory testing and/or further characterization.

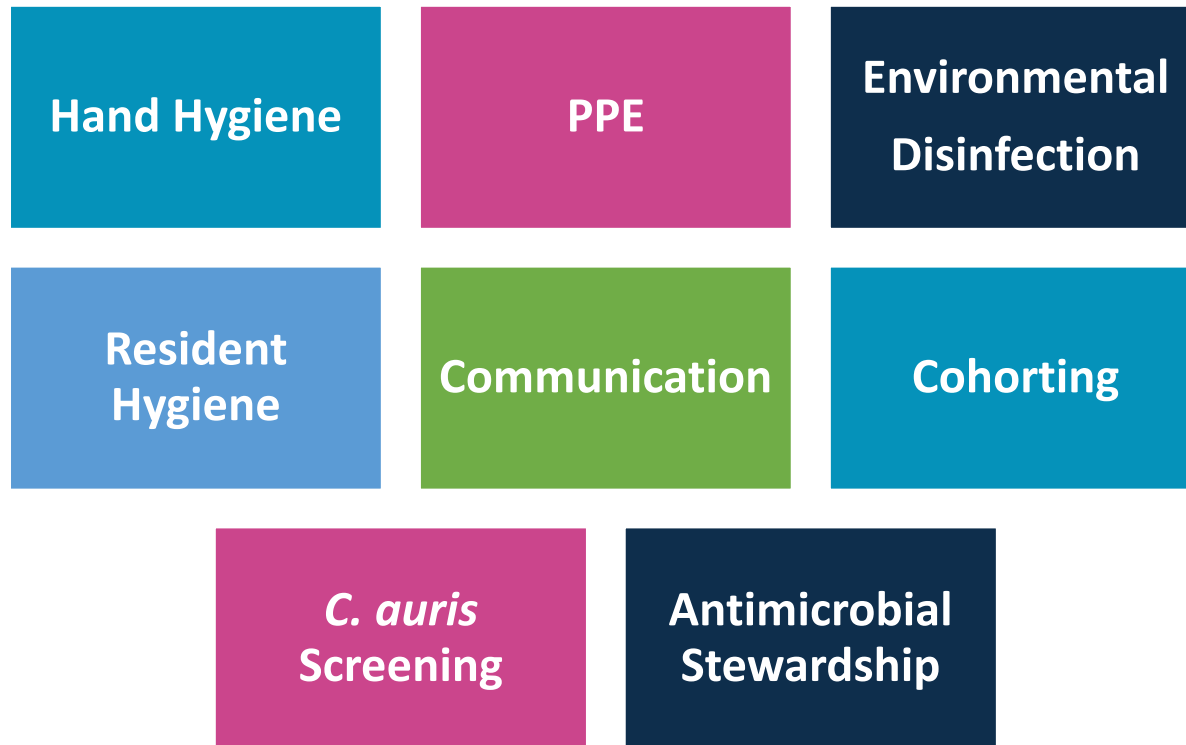
Situation

Since the [first two cases reported in San Diego facilities](#), in 2021, *Candida auris* case counts have increased markedly in San Diego County: 57 cases in 2021 to 99 cases in 2023 (Figure 1). Similar increases have also been observed [throughout the rest of the United States](#). Based on the epidemiology of *C. auris*, the guidance for surveillance and screening among high-risk populations has been updated. This includes admission screening of patients admitted to and from high-risk settings and screening of patients with known risk factors.

CAHAN
Alert
3/22/24

C. *auris* Reminders

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- *C. auris* continues to spread in San Diego
- Any facility is able to care for a resident with *C. auris* with foundational infection prevention practices
- County of San Diego can assist with *C. auris* screening
- Reach out to the HAI Program with questions phs.hai.hhsa@sdcounty.ca.gov



County/CDPH Briefings



- **CDPH/HSAG SNF IP Webinars:**
 - Bi-monthly 4th Wednesday @ 3PM-4PM
 - Next webinar is on ****6/26/24****
- **County LTC Sector COVID Monthly Telebriefing:**
 - Bi-monthly 4th Thursday @ 2PM-3PM
 - Next briefing is on **6/27/24**
- **NHSN & HAI Nursing Home Office Hours:**
 - Monthly 3rd Tuesday @ 11:30AM-12:30PM
 - Next session is **7/16/24**
- **HSAG/CalTCM Vaccine Office Hours:**
 - 2nd and 4th Thursdays monthly at 12PM-1PM
 - Next session is **6/27/24**



COVID Reminders



When and how to report:

- [Reporting Guidelines \(sandiegocounty.gov\)](https://www.sandiegocounty.gov)

Where to find guidance:

- [All Facilities Letters \(ca.gov\)](https://www.ca.gov)
- [AFL 23-08 \(ca.gov\)](https://www.ca.gov)
- [AFL-23-36 \(ca.gov\)](https://www.ca.gov)
 - [Recommendations for Prevention and Control of COVID-19, Influenza, and Other Respiratory Viral Infections in California Skilled Nursing Facilities – 2023-24](#)
 - Testing, masking, treating, cohorting, ventilation
- Signage: [HAI Transmission Precaution Signs \(8.5 × 11 in\) \(sandiegocounty.gov\)](#)

What constitutes a COVID outbreak in a SNF:

- ≥ 2 cases of probable* or confirmed COVID-19 among residents identified within 7 days
- OR ≥ 2 cases of suspect[†], probable* or confirmed COVID-19 among HCP^{††} AND ≥ 1 case of probable* or confirmed COVID-19 among residents, with epi-linkage[§]
- OR ≥ 3 cases of acute illness[#] compatible with COVID19 among residents with onset within a 72h period

COVID Reminders



TRANSMISSION BASED PRECAUTIONS
PRECAUCIONES BASADAS EN LA TRANSMISIÓN

Before entry:
Antes de entrar:

1 Clean Hands

Manos Limpias

2 Wear Gown

Use Bata

3 Wear N95 Respirator

Use una mascarilla N95

4 Wear Eye Protection

Use protección para sus ojos

5 Wear Gloves

Use Guantes

Keep the Door Closed
Mantenga la puerta cerrada

[This Photo](#) by Unknown Author is licensed under [CC BY-NC](#)

Reach out by **email** or **phone** to the HAI Team.
 We are eager to **assist** and **support** your facility.



Contact Hour Instructions

Ensure

- Ensure your full name identifies you on Zoom

Enjoy

- Enjoy the full presentation

Complete

- Complete the post-evaluation

Speaker

Mara Rauhauser, BSN, RN, PHN, CIC
Senior Public Health Nurse
County of San Diego
Healthcare-Associated Infections Program





Infection Prevention Risk Assessment and Plan

Mara Rauhauser BSN, RN, PHN, CIC
Senior Public Health Nurse

County of San Diego Healthcare-Associated Infections (HAI) Program

Objectives

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Upon completion of this training, the participant will be able to:

1. Define an annual infection prevention and control risk assessment.
2. List three components of this assessment.
3. Discuss how the annual infection prevention and control risk assessment plays a role in updating the infection prevention plan.
4. State 2 multidrug resistant organisms that should be included in the IPC risk assessment due to local prevalence.

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What does our IPC Program Need?

Establishing an Effective Infection Prevention and Control Program in SNF (ca.gov)



IPC Program Components

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IP Policies/Procedures based on current, evidence-based recommendations



Adherence monitoring and feedback



HCP Education

IPC Program Components



Resident, Family
Caregiver Education



Occupational Health



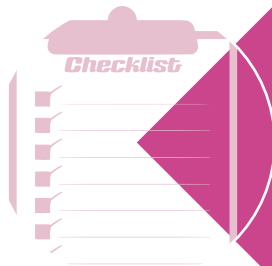
Antibiotic
Stewardship Program

IPC Program Components

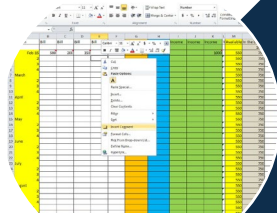
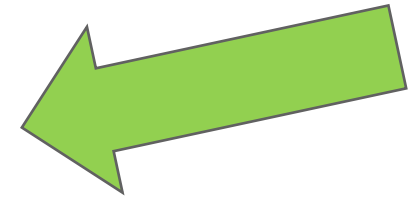
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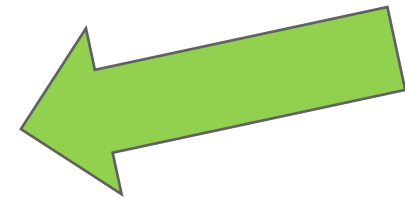
Visible Tangible Leadership Support



Written Annual Risk Assessment



Written Infection Prevention Plan Based on the annual risk assessment



Annual Risk Assessment



What is it?

A yearly process that systematically gathers information about the number, type and causes of healthcare associated infections as well as community rates of infectious disease and risks for the specific resident population



Annual Risk Assessment



What is it NOT?

A plan on how to address the identified issues.

That is part of the IPC plan.



Annual Risk Assessment



Who should participate in the annual risk assessment process?

1. The Infection Preventionist
2. The whole leadership team
3. The Medical Director and Administrator
4. The Licensing Representative



Some information will come from outside sources like Public Health

Annual Risk Assessment



Components:

- **Infection Events**
 - Device related
 - Resident Related
 - Outbreak Related
- **IPC Practice Failures**
 - Care Activity
 - Occupational Health
 - Resident/visitor Health
 - Environment
 - Medical Devices and Equipment
 - Antibiotic Stewardship



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Annual Risk Assessment: Infection Events



A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
INFECTION EVENT	PROBABILITY OF OCCURRENCE (How likely is this to occur?)				LEVEL OF HARM FROM EVENT (What would be the most likely?)				IMPACT ON CARE (Will new treatment/care be needed for resident?)				READINESS TO PREVENT (Are processes/resources in place?)			RISK LEVEL (Scores ≥ 8 are considered highest)
Score	High 3	Med. 2	Low 1	None 0	Serious Harm 3	Moderate Harm 2	Temp. Harm 1	None 0	High 3	Med. 2	Low 1	None 0	Poor 3	Fair 2	Good 1	
5 Facility-onset Infections(s)																
6 Device- or care-related																
7 Catheter-associated urinary tract infection (CAUTI)																
8 Central line-associated bloodstream infection (CLABSI)																
9 Tracheostomy-associated respiratory infection																
10 Percutaneous-gastrostomy insertion site infection																
11 Wound infection																
12 Other (specify):																

What other items would you include that are specific to your facility?

INFECTION EVENT	PROBABILITY OF OCCURRENCE (How likely is this to occur?)				LEVEL OF HARM FROM EVENT (What would be the most likely?)				IMPACT ON CARE (Will new treatment/care be needed for)				READINESS TO PREVENT (Are processes/resources in)			RISK LEVEL (Scores ≥ 8 are considered high)	
	High 3	Med. 2	Low 1	None 0	Serious Harm 3	Moderate Harm 2	Temp. Harm 1	None 0	High 3	Med. 2	Low 1	None 0	Poor 3	Fair 2	Good 1		
Facility-onset Infections(s)																	
Device- or care-																	
Catheter-associated urinary tract infection (CAUTI)	★					★									★		9
Central line-associated bloodstream infection (CLABSI)																	
Tracheostomy-associated respiratory infection																	
Percutaneous-gastrostomy insertion site infection																	
Wound infection																	
Other (specify):																	
Resident-related																	
Symptomatic urinary tract infection (SUTI)																	
Pneumonia																	
Cellulitis/soft tissue																	
<i>Clostridioides difficile</i> infection																	
Tuberculosis*																	
Other (specify):																	
Outbreak-related																	
Influenza*																	
Other viral respiratory pathogens*																	
Norovirus gastroenteritis*																	
Bacterial gastroenteritis (e.g., <i>Salmonella</i> , <i>Shigella</i>)																	
Scabies																	
Conjunctivitis																	
Group A <i>Streptococcus</i> *																	
MDRO																	
Other (specify):																	

Evaluate the risk related to each infection event type:

- Probability of occurrence
 - How likely is the event to occur?
- Level of harm
 - How much harm would occur due to the event?
- Impact on care and prevention strategies
 - Will new treatment be needed for the resident or staff?
- Readiness to prevent
 - Are processes in place to identify or address this event?

[Sample Annual Risk Assessment](http://www.cdc.gov/longtermcare/excel/IPC-RiskAssessment.xlsx) (www.cdc.gov/longtermcare/excel/IPC-RiskAssessment.xlsx)

* Risk assessment should take into account the frequency of this disease in the community as part of determining probability of occurrence. Data from State/local health department may be informative.



Annual Risk Assessment: Infection Events

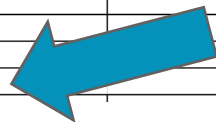
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
INFECTION EVENT	PROBABILITY OF OCCURRENCE (How likely is this to occur?)				LEVEL OF HARM FROM EVENT (What would be the most likely?)				IMPACT ON CARE (Will new treatment/care be needed for resident?)				READINESS TO PREVENT (Are processes/resources in place?)			RISK LEVEL (Scores ≥ 8 are considered highest)
Score	High 3	Med. 2	Low 1	None 0	Serious Harm 3	Moderate Harm 2	Temp. Harm 1	None 0	High 3	Med. 2	Low 1	None 0	Poor 3	Fair 2	Good 1	
Resident-related																
Symptomatic urinary tract infection (SUTI)																
Pneumonia																
Cellulitis/soft tissue																
<i>Clostridioides difficile</i> infection																
Tuberculosis*																
Other (specify):																

What additional organisms would you add based on what you see in your resident population?



Annual Risk Assessment: Infection Events

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
INFECTION EVENT	PROBABILITY OF OCCURRENCE (How likely is this to occur?)				LEVEL OF HARM FROM EVENT (What would be the most likely?)				IMPACT ON CARE (Will new treatment/care be needed for resident?)				READINESS TO PREVENT (Are processes/resources in place?)			RISK LEVEL (Scores ≥ 8 are considered highest)
Score	High 3	Med. 2	Low 1	None 0	Serious Harm 3	Moderate Harm 2	Temp. Harm 1	None 0	High 3	Med. 2	Low 1	None 0	Poor 3	Fair 2	Good 1	
Outbreak-related																
Influenza*																
Other viral respiratory pathogens*																
Norovirus gastroenteritis*																
Bacterial gastroenteritis (e.g., <i>Salmonella</i> , <i>Shigella</i>)																
Scabies																
Conjunctivitis																
Group A <i>Streptococcus</i> *																
MDRO																
Other (specify):																
* Risk assessment should take into account the frequency of this disease in the community as part of determining probability of occurrence. Data from State/local health department may be informative.																
Date Prepared:																
Adapted from https://spice.unc.edu/resources/template-risk-assessment-for-its/																



What other organisms would you include?
Are there any that you would eliminate?



Annual Risk Assessment: IPC Practice Failures Tab

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
IPC PRACTICE FAILURES	PROBABILITY OF OCCURRENCE				IMPACT ON RESIDENT/STAFF SAFETY				CAPACITY TO DETECT			READINESS TO PREVENT			RISK LEVEL
	(How likely is this to occur?)				(Will this failure directly impact safety?)				(Are processes in place to identify failures?)			(Are policies, procedures, and resources adequate?)			(Scores ≥ 8 are considered high)
Score	High	Med.	Low	None	High	Med.	Low	None	Poor	Fair	Good	Poor	Fair	Good	
	3	2	1	0	3	2	1	0	3	2	1	3	2	1	
Care activity															
Lack of accessible alcohol-based hand rub															
Lack of accessible personal protective equipment (PPE)															
Inappropriate selection and use of PPE															
Inadequate staff adherence to hand hygiene															
Inadequate staff adherence to glove and gown use when resident in Contact Precautions															
Inadequate staff adherence to facemask use when resident in Droplet Precautions															
Other (specify):															
Other (specify):															
Occupational health															
Low influenza immunization rates among staff															
Lack of notification of employee illness or working sick															
Low compliance with annual tuberculosis (TB) screening among staff															
Other (specify):															
Resident/visitor health															
Low rates of TB screening among new resident admissions															
Low rate of resident acceptance of influenza immunization															
Low rate of resident acceptance of pneumococcal immunization															
Visitors entering facility when ill															
Lack of notification to visitors during facility															
Inadequate resident/visitor education on facility hand															





Annual Risk Assessment: IPC Practice Failures Tab

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	IPC PRACTICE FAILURES	PROBABILITY OF OCCURRENCE				IMPACT ON RESIDENT/STAFF SAFETY				CAPACITY TO DETECT			READINESS TO PREVENT			RISK LEVEL
2		(How likely is this to occur?)				(Will this failure directly impact safety?)				(Are processes in place to identify failures?)			(Are policies, procedures, and training adequate?)			(Scores ≥ 8 are considered high risk)
3	Score	High	Med.	Low	None	High	Med.	Low	None	Poor	Fair	Good	Poor	Fair	Good	
4		3	2	1	0	3	2	1	0	3	2	1	3	2	1	
28	Environment															
29	Lack of access to U.S. Environmental Protection Agency (EPA)-registered products for routine cleaning and disinfection															
30	Lack of access to EPA-registered products with sporicidal activity for cleaning and disinfection (e.g., for <i>C. difficile</i>)															
31	Inadequate cleaning and disinfection of high touch surfaces in resident room															
32	Inadequate terminal cleaning and disinfection of resident rooms															
33	Inadequate cleaning and disinfection of resident common areas															
34	Other (specify)															

Annual Risk Assessment: IPC Practice Failures Tab



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	IPC PRACTICE FAILURES	PROBABILITY OF OCCURRENCE				IMPACT ON RESIDENT/STAFF SAFETY				CAPACITY TO DETECT			READINESS TO PREVENT			RISK LEVEL
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3	Score	High	Med.	Low	None	High	Med.	Low	None	Poor	Fair	Good	Poor	Fair	Good	
4		3	2	1	0	3	2	1	0	3	2	1	3	2	1	
35	Medical Devices and Equipment															
36	Improper handling of medications and injection equipment (e.g., reuse of syringes)															
37	Lack of access to single-use, auto-disabling fingerstick devices															
38	Inappropriate sharing of devices labeled for single-patient use															
39	Improper cleaning and disinfection of point-of-care devices (e.g., blood glucose meter) between residents															
40	Improper cleaning and disinfection of shared equipment (e.g., blood pressure cuff) between residents															
41	Lack of separation between clean supplies and dirty/contaminated medical supplies															
42	Improper storage and/or transport of linen															
43	Other (specify): _____															



Annual Risk Assessment: IPC Practice Failures Tab

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
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4		3	2	1	0	3	2	1	0	3	2	1	3	2	1	
44	Antibiotic Stewardship															
45	Lack of leadership support for antibiotic stewardship															
46	Inadequate written policies guiding antibiotic use															
47	Unable to obtain antibiotic usage report from															
48	Unable to obtain report summarizing antibiotic resistance patterns (e.g., antibiogram)															
49	Inadequate resident/family education on facility antibiotic stewardship policies															
50	Other (specify):															
51																
52	Date Prepared:															
53																
54																

Adapted from <https://spice.unc.edu/resources/template-risk-assessment-for-ipc/>

Use a template but customize it for your facility!



Community wide Infectious Disease Information



Where could you obtain community wide infectious disease information?

- **San Diego County Public Health**
 - Respiratory Virus Report
 - CAHAN
 - Tuberculosis Control
 - Communicable Disease Reports
 - HAI
 - Public Health Preparedness and Response
- CDPH
- CDC

[Public Health Services \(sandiegocounty.gov\)](https://www.sandiegocounty.gov/public-health-services)

EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH
MONTHLY COMMUNICABLE DISEASE REPORT
JANUARY 2024
Volume 8, Issue 1: February 15, 2024

NOROVIRUS

Noroviruses are small non-enveloped RNA

Figure 1. Reported Norovirus Outbreaks,
San Diego County, Fiscal Years 2014-15 – 2023-24*

San Diego County
Respiratory Virus Surveillance Report
Prepared by Epidemiology and Immunization Services Branch
www.sdepi.org
June 13, 2024

Saved to this PC

COVID-19 Influenza RSV



Risks Based on Resident Population Type

What risks/characteristics might you consider:

- **Prevalence** of each indwelling device
 - Urinary catheter
 - Central line
 - Ventilator
 - Dialysis patients
- **Level of care** required
- **Length of stay**
- Resident **resources** and **demographics**



Infection Prevention and Control Plan



What is an Annual IPC Plan?

- A **yearly. written**, time-based strategy to operationalize how the IPC Program's **goals** will be met in a facility.
 - Addresses risk factors and gaps identified through the **annual risk assessment**
 - Provides goals and actions that will be undertaken
- Now is the time to find solutions to the highest priority issues found in the risk assessment
- Start with the plan from last year as a **guide**, then create the new plan to reflect the **current situation**
- This should involve the **whole** leadership team

Content for an IPC Plan

Content of an Infection Prevention and Control Plan



- I. Facility Infection Prevention Risk Assessment
 - A. Use a template
 - B. Size, type, scope of services, procedures, surveillance data, geography, community
 - C. Patient population
 - D. Personnel (IP must have education in IP)
 - E. List prioritized risks
- II. Description of Infection Prevention and Control Program
 - A. Authority
 - B. Scope (must be organization-wide)
 - C. Personnel (number, qualifications, etc.)
 - D. Resources (computers/references/educational opportunities/ Infection Preventionist's professional activities/etc.)
- III. Goals and Objectives
 - A. Describe each broad goal
 - B. List at least one specific measurable objective for each goal- who, what, when, where, how
- IV. Strategies to reduce risks for each goal
 - A. Interventions associated with:
 - 1. Procedures
 - 2. Devices
 - 3. Medical equipment
 - B. Policies and procedures including Employee Health
 - C. Environmental issues- cleaning and disinfection, who, what, when, where, how
 - D. Infection Prevention training offered to personnel

[https://apic.org/Resource_/TinyMceFileManager/Education/ASC Intensive/Resources Page/Content of an Infection Prevention and Control Plan.pdf](https://apic.org/Resource_/TinyMceFileManager/Education/ASC%20Intensive/Resources_Page/Content%20of%20an%20Infection%20Prevention%20and%20Control%20Plan.pdf)



Content for an IPC Plan

Content of an Infection Prevention and Control Plan

Content of an Infection Prevention and Control Plan (page 2 of 2)

- V. Surveillance- focus on high-volume, high risk and problem prone procedures
 - A. Risk assessment
 - B. Plan and description of monitored indicators
 - 1. Outcome measures- SSIs, etc.
 - 2. Process measures- instrument/scope processing, etc.
 - 3. Antibiotic resistant organisms- MRSA, VRE, ESBLs, CRE, etc.
 - 4. Communicable disease reporting to health dept.
 - 5. Outbreak investigation plan
 - 6. Antibiogram
 - 7. Reports (to whom sent and how often)
- VI. TB Exposure Control Plan (can be separate tool on their website)
 - A. Risk assessment
 - B. Plan to reduce risk of transmission (if suspected TB are not seen in the ASC and symptoms of TB, they are immediate community resource.)
- VII. Exposure Control Plan for Bloodborne Pathogens follow OSHA sample
 - A. Include sharps safety and injury prevention
 - B. Log of sharps injuries/bloodborne pathogens
- VIII. Performance improvement
 - A. Use goals and measurable objectives
 - B. Be sure staff is aware of what is being monitored were chosen
- IX. Emergency management and planning
 - A. Coordinate with community emergency response
 - B. Know ASC's role in various types of emergencies
- X. Annual evaluation process
 - A. Use measurable objectives to evaluate program (dashboard)
 - B. Add or delete monitored items depending on outcomes

Developed by: Libby Chinn, RN, BSN, CIC, FAPIC

Content of an Infection Prevention and Control Plan (page 2 of 2)

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[Establishing an Effective Infection Prevention and Control Program in SNF \(ca.gov\)](#)

[ipc-riskassessment.xlsx \(live.com\)](#)

[Infection Control Assessment Tools - facility specific - Statewide Program for Infection Control & Epidemiology \(unc.edu\)](#)

[Infection prevention and control \(who.int\)](#)

[Public Health Services \(sandiegocounty.gov\)](#)

[Public Health Preparedness and Response \(sandiegocounty.gov\)](#)

[Content of an Infection Prevention and Control Plan.pdf \(apic.org\)](#)

[AFL 20-85 \(ca.gov\)](#)

[Healthcare Associated Infections Program \(sandiegocounty.gov\)](#)

For internal use only, not for distribution



Contact Hour Instructions

- **Ensure your Zoom name is your full name**
- **Complete by June 28th, 5:00 PM**
- **Expect your certificate by July 15th.**



For internal use only, not for distribution

Next Collaborative

*****July 24, 2024*****

11:00AM – 12:00PM

ZOOM

**Featured Topic:
Adherence Monitoring**

1 Contact Hour Offered

**Submit questions or
feedback about today's meeting to:
PHS.HAI.HHSA@sdcounty.ca.gov**





Contact us at:

PHS.HAI.HHSA@sdcounty.ca.gov



The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.

