

Transforming  
Lives

# End of Proclamation & Public Health Emergency –What Now? For Nursing Home Providers

**Residential Care Services  
Aging and Long-Term Support Administration**



# Learning Objectives



**By the end of the presentation, participants will**

- Know what rules are reinstated and which continue under emergency or permanent rule creation after the end of the public health emergency
- Identify what Infection Prevention and Control (IPC) regulations apply to the Nursing Home (NH) setting
- Understand what to do to comply with NH IPC regulations

# Terminology

- **AGP** - Aerosol Generating Procedures
- **ASP** - Antibiotic Stewardship Program
- **CDC** - Centers for Disease Control and Prevention
- **CMS** - Centers for Medicare and Medicaid Services
- **DOH** - Washington State Department of Health
- **ICAR** - Infection Control Assessment and Response (tools used to systematically assess a healthcare facility's IPC practices and guide quality improvement activities)
- **IPCP** - Infection Prevention and Control Program
- **LTC QIP** – Long-term Care (LTC) Quality Improvement Program (QIP) - RCS non-regulatory program to help providers strengthen care and documentation systems, improve regulatory compliance, and prevent harm
- **RPP** - Respiratory Protection Program
- **QSO** - Quality, Safety, and Oversight. CMS issues QSO memos to update State Survey Agencies



# End of the State of Emergency by October 31<sup>st</sup>, 2022

## Washington State

### Proclamations & Requirements ending 10/27/2022

- LTC Covid Response Plans are no longer in effect
- Proclamations [20-36](#), [20-52](#), [20-65](#), and [20-66](#), which waived and suspended rules and laws in long-term care settings.
- The Washington state vaccine requirement for health care workers ends
  - Federal vaccination requirements for NH & ICF/IID continue
  - Vaccine requirements remain in place for state employees

# What Rules Are Reinstated?

**No Emergency Rules in Place - Facilities must comply by 10/27/2022**

Requirement
Resident Rights - including visitation, group activities, meetings in the home, and roommate assignments. Follow local health jurisdiction (LHJ) quarantine or isolation guidance during outbreak
Facilities who need to complete the certificate of need or construction review processes must work with DOH prior to October 27 to complete those processes

Please review updates to [WAC 388-112A](#) and Dear Provider Letter 22-037  
[GOVERNOR'S PROCLAMATIONS RELATED TO COVID-19 ENDING OCTOBER 27](#)

# What *Emergency or Permanent* Rules Are in Effect?

## Requirement

Long-term care worker training, including home care aide certification, specialty training, and continuing education timelines.

*NOTE: On September 29, 2022, CMS approved the statewide waiver valid until March 29, 2023 (180 days), or until the end of the public health emergency (PHE), whichever comes first. Facilities need to continue moving rapidly towards the goal of achieving certification for all NARs that exceed the 4-month requirement as the PHE may end before March 29, 2023.*

See [NH #2022-057](#) STATEWIDE 1135 WAIVER APPROVED BY CMS TO EXTEND NURSE AIDE TRAINING AND CERTIFICATION DEADLINE

# What *Emergency* or *Permanent* Rules Are in Effect?

## Requirement

Minimum Staffing Standards of 3.4 Direct Care Hours and 16/7 and 24/7 RN Requirements. (Emergency rule pending).

Permanent rules have been adopted that list the criteria used to reestablish timelines for completing licensing inspections. These rules went into effect September 11, 2022.

GOVERNOR'S PROCLAMATIONS RELATED TO COVID-19 ENDING OCTOBER 27

<https://www.dshs.wa.gov/sites/default/files/AL TSA/rcs/documents/multiple/022-09-09-1.pdf>

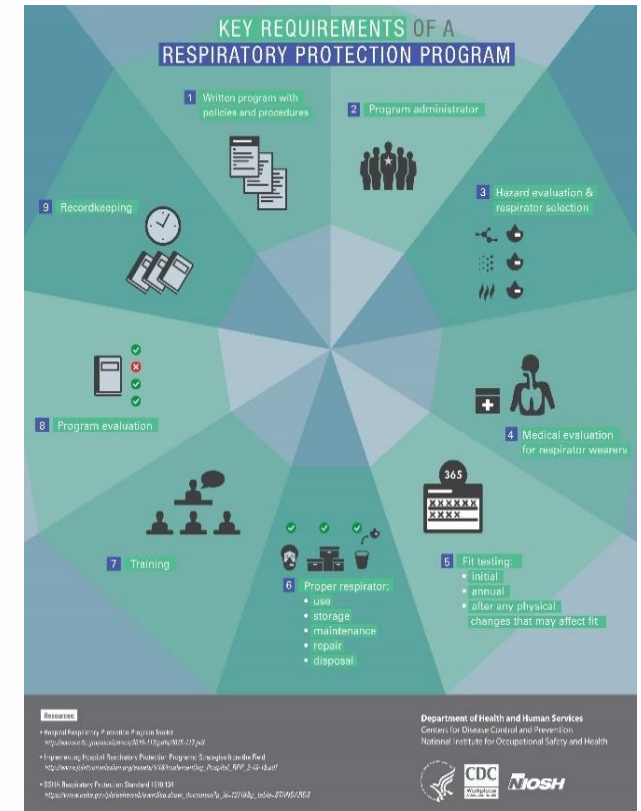
# What Requirements Continue?

A Respiratory Protection Program (RPP) is Required by State and Federal law when/if respirators are used in the workplace

- [OSHA 1910.134 Respiratory Protection](#)
- [WAC 296-842 Respirators](#)

## NINE Key Requirements of an RPP:

1. Written program with policies & procedures
2. Program Administrator
3. Hazard Evaluation & Respirator Selection
4. Medical Evaluation for Respirator Wearers
5. Fit Testing: Initial, Annual, After Any Physical Changes That Affect Fit
6. Proper Respirator Use, Storage, Maintenance, Repair, Disposal
7. Training
8. Program Evaluation
9. Record Keeping





# What Requirements Continue?

[The Statewide Face Covering Order](#) issued by the state Department of Health (DOH) will remain in place for health care and long-term care settings. Staff in long-term care facilities must continue to wear a face covering during resident care encounters.



## Exceptions - Face Coverings Are Not Required:


- **While working in areas not generally accessible to the public**
  - When only employees are present
  - But only if the employee is fully vaccinated\* against COVID-19
- **While working alone**
  - Isolated from interactions with others
  - With little or no expectation of in-person interruptions

\*The definition of fully vaccinated does not include a COVID-19 booster.

# What Requirements Continue?

- **Eye protection will still be required in long-term care facilities, according to CDC and DOH guidance.**
  - [Centers for Disease Control and Prevention](#) (CDC) guidance says that facilities located in counties where *Community Transmission is high* should also consider having HCP use PPE as described below: Eye protection (i.e., goggles or a face shield that covers the front and sides of the face) worn during all patient care encounters.
  - [Washington State Department of Health](#) (DOH) guidance says to wear eye protection for all patient / client encounters if facility is in an area with *high Community Transmission*



**NOTE:** Community Transmission (Healthcare Guidance)  Community Level (Public Guidance)  
[CDC Data Tracker](#)

# How do I Know the Community Transmission Level?

COVID Data Tracker <https://covid.cdc.gov/covid-data-tracker/#datatracker-home>

Maps, charts, and data provided by CDC, updates Mon-Fri by 8 pm ET

COVID-19 Home >

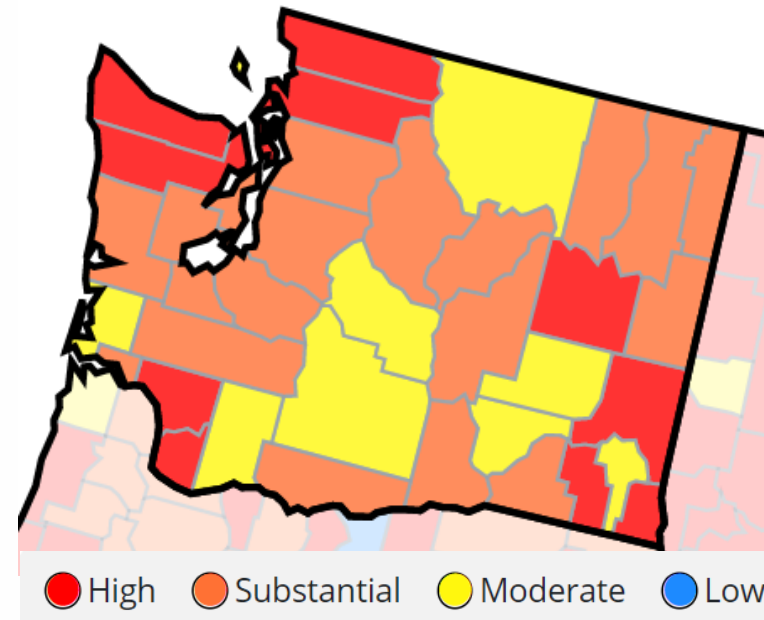
## COVID-19 Community Levels

Determine the impact of COVID-19 on communities and to take action.

## COVID-19 Transmission Levels

Describe the amount of COVID-19 spread within each county.

Healthcare facilities use Transmission Levels to determine infection control interventions.



# What is a Resident Care Encounter?

## Resident Care Encounters Are Defined As:

- in-person, interactions between staff and residents
- when there is less than 6 feet between the staff and resident
- for any length of time

**Encounters May Involve:** medical procedures, caregiving activities, activities of daily living, medication administration, transportation, etc.

**NOTE:** Passing by a resident in a common area would not be considered a resident encounter

<https://doh.wa.gov/sites/default/files/2022-06/420-391-HealthcareIPCCOVID.pdf>

# What if Residents or Visitors Refuse to Wear Masks?

## Providers should:

1. Follow [Centers for Disease Control and Prevention](#) and [Department of Health](#) Source Control Guidance to have policies, support and education for mask wearing.
  - Ensure everyone is aware of the recommendation to wear masks
  - Put up signs and posters reminding staff, residents and visitors of what to do
  - Talk to residents, visitors and families about how masks protect them
2. **Respect Resident Rights**
  - Follow their process for when a resident refuses care. This may include counseling, education, enlisting the aid of family, significant others, and/or ombudsman. Document efforts to engage the resident in wearing a mask.
  - You may NOT require the resident to remain in their room instead of wearing a mask.

# Can Visitors Remove Masks in the Resident Room if no Roommates are Present?

Visitors should wear their own well-fitting mask upon arrival to and throughout their visit

Face covering or masks should cover the mouth and nose

Masks can be removed when eating or drinking

Visitors who are unable to adhere to the core principles of infection prevention should not be permitted to visit or should be asked to leave

# Frequently Asked Questions

**QUESTION: Does the end of the Public Health Emergency (PHE) mean that no one has to use eye protection anymore?**

**ANSWER:** Staff in facilities located in counties with *high transmission* levels should wear eye protection during all resident encounters.

**QUESTION: How do I know the Transmission Level?**

**ANSWER:** Go to the CDC COVID Data Tracker Website and check “Transmission Levels” NOT “COVID-19 Community Level”  
<https://covid.cdc.gov/covid-data-tracker/#datatracker-home>

**QUESTION: Do I have to wear eye protection if I am by myself in the office or cooking in the kitchen when no residents are around?**


**ANSWER:** No. Eye protection is required when engaged in resident encounters (in-person interactions between staff & residents/clients, < 6 feet distance, for any length of time). NOTE: eye protection should be cleaned each time it is taken off, before putting it back on.



# Department of Health Update



# DOH Updates – Alignment with CDC Guidance



## COVID-19/Coronavirus Announcement

Thank you for coming to visit today. As you may know, the world is experiencing an outbreak of COVID-19 caused by the virus SARS-CoV-2.

- ❖ The virus is mainly spread from person-to-person via aerosolized particles from people coughing, sneezing or talking.
- ❖ Older adults and those with underlying medical conditions are considered high risk.

**We take our role in protecting the health of our residents very seriously.**

Before entering our facility, we respectfully ask all visitors confirm:

- You are **not** currently sick.
  - You have not had a positive SARS-CoV-2 viral test in the past 10 days
  - You have not had symptoms of COVID-19 in the past 10 days
- You have **not** been in close contact in the past 10 days with someone who was sick with:
  - COVID-19
  - Any other respiratory illness

We are taking extra measures to keep our facility safe. During your time here today, we respectfully ask that you:

- Clean your hands often by using alcohol-based hand sanitizer or soap and water.
- Wear a well-fitting facemask while in the facility.
- Follow facility's infection prevention and control policies.
- Please reach out to a staff member if you have any questions or concerns.

Thank you!

Updated 2/18/2022  
DOH 420-313

**Screening** – The ALF must establish a process to make sure everyone entering the facility is aware of what to do to prevent infection spread.

- Post visual alerts (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias)
- Recommended Actions to prevent transmission if 1) positive for SARS-CoV-2, 2) symptoms of COVID-19, 3) close contact or exposure with SARS-CoV-2

<https://doh.wa.gov/sites/default/files/legacy/Documents/1600/coronavirus/COVID-19-CoronavirusAnnouncementforVisitors.pdf>

# DOH Updates – Alignment with CDC Guidance

## Universal eye protection and Aerosol Generating Procedures.

Implement *when Community Transmission levels are high*

- N95 respirator in select situations (e.g., AGPs)
- Eye protection during all patient/resident/client care encounters

Aerosol Generating Procedures (AGP) are medical procedures that can produce small particles that another person could breathe in and become infected

Common AGP are CPAP (continuous positive airway pressure) devices for sleep apnea

# DOH Updates – Alignment with CDC Guidance

## No Quarantine or Work Restriction After COVID-19 Exposure for Staff or Residents

- Vaccination status does not matter
- If symptoms appear – the person must isolate

### After Exposure Do These Things:

- Monitor for symptoms
- Test for COVID-19 on day 1, 3, 5 after exposure
- Wear a mask for 10 days following the exposure
- Prompt isolation or work restriction if symptoms develop or testing is positive for COVID-19

# DOH Updates – *Different From CDC Guidance*

## **Universal source control (Masks) for everyone in healthcare settings.**

- Masks must cover a person's mouth and nose to prevent spread of infection when they are breathing, talking, sneezing, or coughing
- Residents and visitors should wear their own well-fitting mask upon arrival and throughout their stay in the NH
- Residents may remove their mask when alone in their rooms but should put it back on when around others (for example, when visitors enter their room) or when leaving their room

## DOH Updates – *Different From CDC Guidance*

Continue to follow DOH's [Interim recommendation for SARS-CoV-2 infection prevention and control in healthcare settings](#).

- Follow Community Transmission for Infection Control Measures (not COVID-19 Community Level)
- Cohort and Isolate Residents who have COVID-19
- Everyone wears a mask

# How Should the DOH Interim Guidance Be Used?

## The interim DOH guidance helps you know what to do:

- To Prevent the Spread of COVID-19
- When Different Types of Personal Protective Equipment (PPE) are Required
- When and How to Use Isolation and Quarantine
- When There are Healthcare Personnel Staffing Shortages
- When and How Often Testing is Needed
- How to Protect Staff During Aerosol Generating Procedures

## When You Have Questions – Call Your Local Health Jurisdiction for Help

<http://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions>



# Frequently Asked Questions

**QUESTION: Is active screening (temperature checks, symptom reporting) required for visitors?**

**ANSWER:** Active screening is not required, but you must have a way to tell people what to do to prevent the spread of infection in your facility.

**QUESTION: When is a DOH recommendation a requirement?**

**ANSWER:** Providers *must* create a safe and healthy environment for residents to prevent and control the spread of infection. Healthcare standards and guidance are used so that all (providers, staff, residents, families, surveyors) know what is to be done using known, established and evidence-based practice.

**QUESTION: When will the “Interim Guidance” go away?**

**ANSWER:** There is not an end or sunset date on Interim COVID-19 guidance. When the Interim guidance is no longer needed, it will be archived. What will remain is standard IPC practice, like standard precautions and outbreak management.



# Nursing Home IPC Regulations



# What Regulations Apply to Infection Prevention and Control?

## Regulation § 483.80 Infection control F880, F881, F882, F883

The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to § 483.70(e) and *following accepted national standards*.

# What Regulations Apply to Infection Prevention and Control?

## Regulation § 483.80 Infection control F880 SUMMARY

- (a)(2) Written standards, policies, and procedures for the program
- (a)(3) An antibiotic stewardship program (F881) including antibiotic use protocols and a system to monitor antibiotic use
- (a)(4) A system for recording IPC incidents and corrective actions
- (b) Infection Preventionist (IP) (F882)
- (c) IP participation on quality assessment & assurance committee
- (d) Influenza, pneumococcal, and COVID-19 immunizations (F883)
- (e) Linens - handle, store, process, and transport linens to prevent the spread of infection
- (f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.
- (g)(h)(i) COVID-19 reporting until December 31, 2024; Testing; Vaccination of staff

# What Reporting Regulations Apply to Infection Prevention and Control?

## **F880 §483.80(a)(1)**

Facilities must have a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases (in compliance with state and local public health).

## **WAC 388-97-1640 Required notification and reporting**

(1) The nursing home must immediately notify the department's aging and disability services administration of: (b) Any unusual event, having an actual or potential negative impact on residents, requiring the actual or potential implementation of the nursing home's disaster plan. (7) The nursing home must report any case or suspected case of a reportable disease to the appropriate department of health officer and must also notify the appropriate department(s) of other health and safety issues, according to state and local laws.

**INTERPRETATION:** Facilities *must* report Communicable Disease Outbreaks to the Complaint Resolution Unit (CRU) and *must* report cases and outbreaks to the local health jurisdictions (LHJ)

**REQUEST:** Please continue to report COVID-19 staff and resident *cases* to the CRU

# CDC Core Elements of Antibiotic Stewardship



# F881 - Antibiotic Stewardship Program

Develop and implement protocols to ensure that residents who require an antibiotic, are prescribed the appropriate antibiotic

Reduce the risk of adverse events, including the development of antibiotic-resistant organisms, from unnecessary or inappropriate antibiotic use

Develop, promote, and implement a facility-wide system to monitor the use of antibiotics

# Antibiotic Stewardship Protocols Must Include



**Reports of antibiotic usage & resistance**



**Use of standardized tools and criteria**



**Monitoring of antibiotic use at specific times**



**Mode and frequency of education for prescribing providers and staff**



**Mode and frequency of feedback to providers antibiotic resistance, usage, protocol compliance**

# Other Required ASP Elements Include:

Process for documenting indication, dosage, and duration of use of antibiotics

Process to review signs, symptoms and lab reports to ensure an antibiotic is indicated, or if adjustment are needed

Annual review of antibiotic stewardship protocols

# Additional ASP Regulations to Consider:

**F552**

- **Right to be Informed/Make Treatment Decisions** – for concerns related to informed consent for antibiotics

**F756**

- **Drug Regime Review-** for concerns related to failure of pharmacist to report any unnecessary antibiotics

**F757**

- **Unnecessary Medications-** for concerns related to unnecessary antibiotic use



# Infection Preventionist

**§483.80(b) Infection preventionist.** The facility must designate one or more individual(s) as the infection preventionist(s) (IP)(s) who are responsible for the facility's IPCP.

## **The IP must:**

- Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;
- Be qualified by education, training, experience or certification;
- Work at least part-time at the facility; and
- Have completed specialized training in infection prevention and control.

# The Infection Preventionist Must Have:

## Knowledge to Perform the Role

- Remain current with infection prevention and control issues
- Be aware of national organizations' guidelines as well as those from national/state/local public health authorities (e.g., emerging pathogens)
- Skills in identification of infectious disease processes, surveillance and epidemiologic investigation, and preventing and controlling the transmission of infectious agents

## Time to Properly

- Assess, develop, implement, monitor, and manage the IPCP for the facility
- Address training requirements
- Participate in required committees such as QAA

## Leadership Support

# What Must Providers Do to Meet Regulations?

<b>Develop and Implement</b>	A system to identify, track and manage infections, ASP, dedicated IP staff Policies and procedures to prevent and limit the spread of infections
<b>Restrict</b>	Ill staff person's contact with residents
<b>Provide</b>	Staff with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections
<b>Deliver</b>	All resident care and services according to current acceptable standards for infection control; Take action to prevent the spread of infection based on local, federal & state guidance

# What Must Providers Do to Meet Regulations?

<b>Perform</b>	All housekeeping, cleaning, laundry, and management of infectious waste according to current acceptable standards for infection control
<b>Report</b>	Communicable disease per F880 and WAC 388-97-1640
<b>Cooperate</b>	With public health authorities during communicable disease investigation
<b>Provide</b>	Adequate, culturally and linguistically appropriate, and understandable IPC instruction to staff and residents

# Limiting the Spread of Infection – Wash Hands

## WASH YOUR HANDS



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

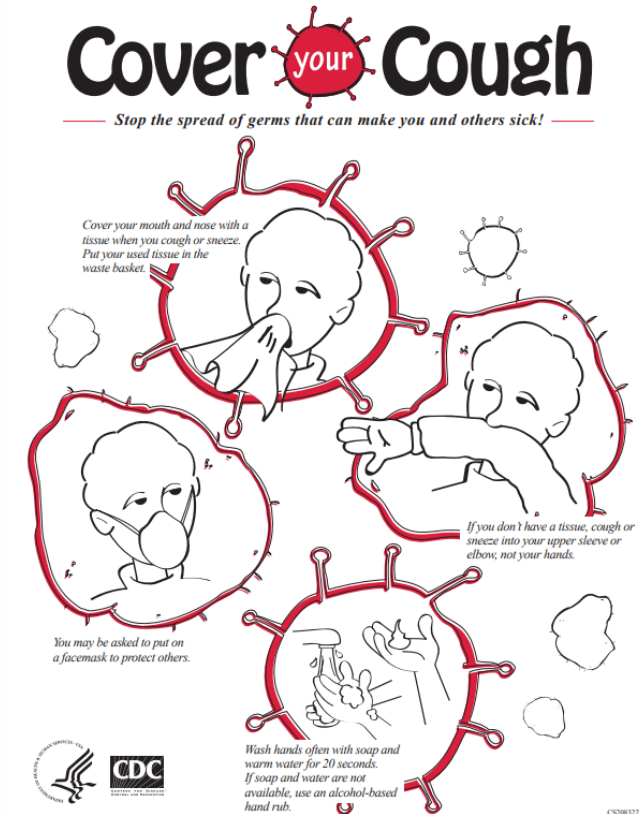
## Frequent Hand Washing is emphasized when you:

- Provide readily accessible hand washing supplies, like alcohol-based hand rub (ABHR), soap and sinks for hand washing
- Teach your caregivers how to perform hand hygiene correctly
- Expect hand hygiene between resident care and before preparing food or medications

# Limiting the Spread of Infection – Other Actions

## Other actions that limit the spread of infection:

- Respiratory Hygiene/Cough Etiquette
- Cleaning High Touch Surfaces With Proper Cleaning Solution
- Exclusion of ill staff and visitors
- Early recognition and testing of suspected infection



# Nationally Recognized Standards

- **Centers for Disease Control and Prevention (CDC)**
  - Federal standards and guidance
  - National Institute for Occupational Safety and Health (NIOSH) is responsible for conducting research and making recommendations for the prevention of work-related injury and illness.
- **Agency for Healthcare Research and Quality (AHRQ)**
  - Lead federal agency charged with improving the quality and safety of America's health-care system.
  - Develops the knowledge, tools, and data to improve health system performance.
- **Centers for Medicare and Medicaid Services (CMS)**
  - Federal Regulations and infection control guidance
  - Infection Preventionist Training – Nursing Home (collaboration with CDC)
- **Occupational Safety and Health Administration (OSHA)**
  - Respiratory Protection Program
- **Federal Drug Administration (FDA)**
  - PPE standards
- **Environmental Protection Agency (EPA)**
  - Cleaning Solution Standards



Agency for Healthcare  
Research and Quality



# Standard Precautions (CDC)

Hand hygiene

Use of personal protective equipment (e.g., gloves, masks, eyewear)

Respiratory hygiene / cough etiquette

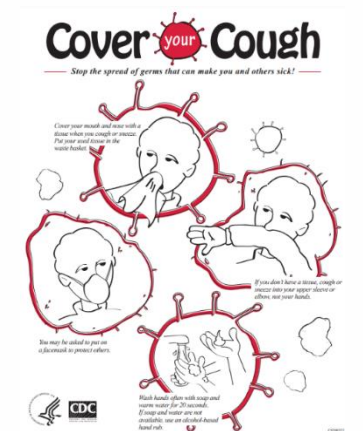
Appropriate resident placement (Isolation)

Clean and Disinfect care equipment and environment.

Safely handle textiles and laundry

Safe injection practices

Sharps safety (engineering and work practice controls)



<https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html>



# Infection Control System

## Standard Precautions for All Resident Care

- Hand Hygiene (cleaning hands between resident encounters, before preparing food or medications, after providing personal care)
- Use PPE such as gloves, gowns, masks if there is possible exposure to infectious material
- Follow Respiratory hygiene/cough etiquette
- Separate ill residents until they are not contagious
- Environment: (Use proper product, avoid contamination)
  - Clean & disinfect care equipment & environment
  - Safely handle laundry
  - Safe practice for injections & needle disposal

**Do not work if ill, do not let employees work if ill**



# Infection Control System - Ask Yourself

**Do I know the nationally recognized infection control standards?**

**How do I emphasize train, monitor and support hand washing?**

**What do I do to limit the spread of infection in my facility?**

- Readily available tissues and garbage to dispose of contaminated tissues?
- Readily available hand hygiene products?
- Regular surface cleaning with products that kill viruses and bacteria?
- Readily available gloves, gowns, masks?
- Do not allow staff or self to work when ill?

# Infection Control System - Ask Yourself

## **Does my ASP program and protocols include core elements?**

- Reports of antibiotic usage & resistance
- Use of standardized tools and criteria
- Monitoring of antibiotic use at specific times
- Mode and frequency of education for prescribing providers and staff
- Mode and frequency of feedback to providers regarding antibiotic resistance data, their antibiotic usage, and compliance with facility protocols

## **Does my designated IP have the credentials, knowledge, skill, time and Leadership support for IPCP Duties?**

# What Will DSHS Licensors and Complaint Investigators Look For?

**Observation:** Handwashing, PPE use, standard and Transmission-Based Precautions (TBP), linen storage, transport and handling, cleaning medical devices between residents

**Record Review:** Infection Prevention and Control Program (IPCP) policies, ASP tracking and lab results, infection surveillance and tracking, immunization documentation

## **Interview: Staff and Residents**

- **Staff:** Training, supervision, monitoring, why they do what they do, why they did not follow the policy
- **Residents:** How the facility prevents infection

# How Will DSHS Licensors and Complaint Investigators Determine IPC Regulatory Compliance?

**Appendix PP- State Operations Manual Critical Element Pathways identifies Key Elements of Non-Compliance.**

**EXAMPLES: To cite deficient practice the surveyor's investigation will generally show that the facility failed to:**

- **F880** - Develop and implement written IPCP standards, policies, and procedures that are current and based on national standards, including surveillance, reporting, standard and transmission-based precautions.....
- **F881** - Develop, promote and implement a facility-wide system to monitor the use of antibiotics
- **F882** - Ensure that the IPCP was overseen by a qualified individual

# Frequently Asked Questions

**QUESTION: How does DSHS determine IPC compliance?**

**ANSWER:** Surveyors and investigators observe IPC practice, review IPC policies, resident records and lab results and interview staff and residents.

**QUESTION: How will I know if I am meeting the regulation requirements?**

**ANSWER:** Ask yourself “How am I preventing the spread of infection in my facility?” “Do the things I do to prevent the spread of infection align with Standard Precautions? ASP requirements?”

**QUESTION: Who can help me improve my IPC system?**

**ANSWER:** Department of Health and RCS LTC Quality Improvement Program (QIP)

- DOH Respiratory Protection Program [Site](#)
- DOH Infection Control Assessment and Response (ICAR) [Site](#)
- DOH ipCHAT – Forum for learning IP work in the NH setting [Meeting Registration - Zoom](#)
- RCS LTC QIP email [RCSQIP@dshs.wa.gov](mailto:RCSQIP@dshs.wa.gov)



# Resources

## DOH ICAR Consultation

- Voluntary, Free & Confidential
- IPC Nurse comes to your facility for 1-2 hours
- Focus on your IPC needs and systems
- Ongoing relationship if desired

To schedule an In-Person or Virtual Visit:

<http://doh.wa.gov/ICAR>

Contact: [HAI-FieldTeam@doh.wa.gov](mailto:HAI-FieldTeam@doh.wa.gov)

[What to expect on your ICAR for Long Term Care Facilities \(PDF\)](#)



## RCS LTC QIP Consultation

- Voluntary, Free & Confidential
- LTC QIP Nurse visit
  - Off site conversation
  - On-site visit 2 or more hours
  - Follow up virtual visit
- Focus on your IPC goals and meeting regulatory standards

To request an RCS LTC QIP Visit [RCSQIP@dshs.wa.gov](mailto:RCSQIP@dshs.wa.gov)

[Brochure](#)



# IP Chat – IPC NH Call Series

**Purpose:** Nursing homes are required to meet new federal regulatory standards for

- Infection prevention and
- Antibiotic stewardship.

It's a big responsibility for the infection preventionist and may feel overwhelming. This call is meant to provide mentorship and support

**Questions? 206-418-5500**

Email: [MDRO-AR@doh.wa.gov](mailto:MDRO-AR@doh.wa.gov)

[Meeting Registration - Zoom](#)

## The details



### Twice a month

The 1<sup>st</sup> and 3<sup>rd</sup> Tuesday of the month at 11:00 AM



### Microlearning

Brief educational topic followed by Q & A



### Sharing and support

Bring challenges, share solutions



### Perks for participation

Long term care bundle from the Association for Professionals in Infection Control (APIC)



# Resources for IP Support

Association for Professionals in  
Infection Control and Epidemiology



Certification Board of Infection Control  
and Epidemiology, Inc.



## Local chapters:

- Provide ongoing member support at the local level.
  - Foster communication and networking opportunities.
  - Offer educational opportunities through chapter conferences and events.
  - Develop strong leaders through mentorship and local volunteer opportunities.
- [Chapters – APIC](#)
  - Free CIC Study Group: [Webinar Registration - Zoom](#)

## Certifications:

- a-IPC
- CIC
- LTC (New)

[Content Out line & Sample Questions \(cbic.org\)](#)

[News & Media \(cbic.org\)](#)

[About CBIC](#)

# Project Firstline – Podcast for Frontline Healthcare Workers

Project Firstline is a nation-wide project supported by CDC and the Washington State Department of Health to provide frontline healthcare workers with infection prevention and control education

## Episodes

- [Healthcare Associated Infections](#)
- [Personal Protective Equipment](#)
- [Hand Hygiene](#)
- [Multidrug Resistant Organisms \(MDROs\)](#)
- [Assisted Living and Skilled Nursing Facilities](#)
- [Hospital Settings](#)
- [\*Candida auris\* \(C. auris\)](#)
- [Respiratory Protection](#)
- [Vaccine Preventable Diseases \(VPDs\)](#)



[Project Firstline | Washington State Department of Health](#)

# Where Can NH Providers Get Help With Their RPP?

The Washington State Department of Health Obtained a Grant to Provide RPP Support to LTC Settings. This includes:

[Fit Testing Training](#)

[Respiratory Protection Program for Long-Term Care Facilities](#)

- No-Cost for Online Respirator Medical Evaluations

Training program resources

- [RPP N95 User Training \(PowerPoint\)](#)
- [N95 Respirator Fit-testing process](#)
- [OSHA Respirator Safety video](#) (don, doff, and seal check)
- [OSHA Donning and Doffing an N95 video](#) (YouTube, 2:02)
- [OSHA User Seal Check video](#) (YouTube, 4:39)
- [Facial hair/ facial jewelry guide \(PDF\)](#)
- [A close shave can save \(facial hair poster\) \(PDF\)](#)



# Resources – Prevent Antibiotic Resistance, Teach Staff, Residents, Visitors about EBP

- The Centers for Disease Control and Prevention’s (CDC) “The Core Elements of Antibiotic Stewardship for Nursing Homes” <http://www.cdc.gov/longtermcare/pdfs/core-elements-antibiotic-stewardshipappendix-a.pdf> ; and
- The Agency for Healthcare Research and Quality’s “Nursing Home Antimicrobial Stewardship Guide” <http://www.ahrq.gov/nhguide/index.html> for examples of antibiotic use protocols, policies and practices.
- Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes <https://www.cdc.gov/hai/containment/faqs.html>
- Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) <https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>

# CDC Infection Preventionist Training

- The [Nursing Home Infection Preventionist Training](#) course is designed for individuals responsible for infection prevention and control (IPC) programs in nursing homes.
- The course was produced by CDC in collaboration with the Centers for Medicare & Medicaid Services (CMS).
- This specialized nursing home training covers:
  - Core activities of effective IPC programs,
  - Recommended IPC practices to reduce:
    - Pathogen transmission
    - Healthcare-associated infections
    - Antibiotic resistance
- The Free course is made up of 23 modules and sub-modules that can be completed in any order and over multiple sessions.
- Available continuing education: CME, CNE or CEUs

# Infection Preventionist Training Topics

- Infection prevention and control program overview and Infection preventionist responsibilities,
- Quality assessment and performance improvement integration,
- Infection surveillance & Outbreaks,
- Principles of standard and transmission-based precautions,
- Hand hygiene, Injection safety, and
- Device (i.e., indwelling urinary and central venous catheters) and wound management,
- Point-of-care blood testing and Reprocessing reusable resident care equipment,
- Environmental cleaning, Water management program, Linen management,
- Respiratory hygiene and cough etiquette, Preventing respiratory infections, Tuberculosis prevention,
- Occupational health considerations,
- Antibiotic stewardship,
- Care transitions.



# References

- Interim Recommendations for SARS-CoV-2 Infection Prevention and Control in Healthcare Settings 2022 <https://doh.wa.gov/sites/default/files/2022-06/420-391-SARS-CoV-2-InfectionPreventionControlHealthcareSettings.pdf>
- Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
- Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
- Frequently Asked Questions about COVID-19 Vaccination <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html>
- [Secretary of Health Order 20-03 Statewide Face Coverings.10-28-2022.pdf](#)
- Respiratory Protection Program for Long-Term Care Facilities <https://doh.wa.gov/public-health-healthcare-providers/healthcare-professions-and-facilities/healthcare-associated-infections/respiratory-protection-program>

# For Questions and to Provide Feedback About the Presentation

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