



WISCONSIN DEPARTMENT  
*of* HEALTH SERVICES

# Assessing Your Infection Prevention Program in Long-Term Care (LTC)

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# Topics

- Quality committee
- Health of healthcare personnel (HCP) and residents
- Hand hygiene (HH) and cough etiquette
- Four assessment tools
- Antibiotic stewardship (AS)
- Point-of-care testing and injection safety
- Construction, renovation, and repairs

# Key Documents

- Infection prevention (IP) and control plan and structure
- Healthcare personnel and resident safety policies
- Bloodborne pathogens standard and exposure control plan
- Tuberculosis risk assessment
- Infection control assessment and response (ICAR) survey
- Infection control risk assessment (ICRA) matrix
- IP program risk assessment

# Quality Committee

Multidisciplinary team with administrative leadership that meets at least quarterly to discuss:

- Infection prevention policy review (annual, and as needed)
- HCP and resident health
- Surveillance and audit reviews
- Antibiotic stewardship
- Construction, renovation, and repairs



# Infection Control Assessment and Response (ICAR)

- ICARs are educational, non-regulatory assessments that cover CDC minimum standards.
- The Wisconsin HAI Prevention Program conducts ICARs after outbreaks or infection control breaches, and upon request.

# ICAR

- The assessment includes 10 pages of questions, 10 pages of tools, and takes three or more hours to complete.
- The assessment is available at:  
<https://www.cdc.gov/infectioncontrol/pdf/icar/lctcf.pdf>
- The DHS ICAR visit offers a facility walk-through with “fresh eyes.”

# ICAR Domains

- Infection control program and infrastructure
- Healthcare personnel and resident safety
- Surveillance and disease reporting
- Hand hygiene
- Personal protective equipment (PPE)
- Respiratory/cough etiquette
- Antibiotic stewardship (AS)
- Injection safety and point-of-care testing
- Environmental issues (e.g., cleaning, disinfection, sanitation, and laundry)

# Healthcare Personnel (HCP) and Resident Safety

- HCP include almost everyone: staff, students, volunteers, and contracted workers.
- Allow HCP to stay home when sick and document communicable illnesses.
- Look for trends.





# HCP Immunizations

- Hepatitis B
- Measles/mumps/rubella (MMR)
- Varicella
- Influenza
- Diphtheria/pertussis/tetanus (DPT)

Immunizations can be checked in the Wisconsin Immunization Registry (WIR).

<https://www.dhswir.org/>



# Resident Immunizations

- Residents should receive annual influenza vaccination.
- Pneumococcal pneumonia immunizations are only needed one time.
- Ask admitting provider for updated records and to clear resident of communicable diseases.

# Influenza Immunizations

- Offer annual influenza vaccine to HCP and residents.
- Develop a vaccine distribution plan during shortages.
- Maintain a list of vaccinated HCP and residents, and assess compliance rates.

# Immunization Documentation

- A written facility immunization policy is recommended.
- Document reasons for vaccination refusal.
  - Residents have the right to refuse.
  - Facility policy dictates whether HCP can refuse. HCP that refuse influenza vaccination may be required to wear a mask or be restricted during flu season.
- Document vaccinations in WIR.

# Assessing HCP and Residents for Tuberculosis (TB)

- Medical evaluation: Assessment of signs and symptoms of active TB disease
- Risk assessment: Questionnaire to determine a person's risk for TB infection
- Testing: Interferon gamma release assay (IGRA) blood test or tuberculin skin test (TST) to determine if a person has been infected with *M. tuberculosis* complex bacteria

# Assessing HCP and Residents for TB

Upon hire or admission, HCP and residents should:

- Complete baseline medical evaluation and TB risk assessment questionnaire.
- Receive baseline IGRA (preferred) or TST.
- Provide, at the discretion of the facility, previous documented negative IGRA or TST results within 12 months.

# Assessing HCP and Residents for TB

- Most healthcare facilities in Wisconsin are low risk for TB.
- Serial (annual) testing by IGRA or TST is not recommended.
- Instead of annual testing, low-risk facilities should consider an annual TB risk assessment questionnaire.
- Perform medical evaluation and IGRA or TST after a TB exposure event.

# Assessing HCP and Residents for TB

For HCP or residents with known positive IGRA or TST:

- Do not perform additional IGRA or TST.
- Obtain a baseline medical evaluation and chest x-ray.
- Annual chest x-rays are not recommended.
- An annual TB risk assessment questionnaire should be administered.



# Four TB Risk Assessment Questions

Birth, residence, or travel to country with high TB prevalence?

Close contact to an individual with TB?

Recent TB symptoms:

- Cough longer than 3 weeks **AND**
  - Coughing up blood and/or
  - Fever and/or
  - Night sweats and/or
  - Unexplained weight loss and/or
  - Fatigue

Current or former employee or resident of high risk congregate setting in a state with an elevated TB rate, such as AL, CA, HI, NJ, NY, TX or Washington D.C.?

<https://www.dhs.wisconsin.gov/forms/f02314.pdf>

# TB Screening and Testing Publications

- P-02382: *Tuberculosis Screening and Testing: Healthcare Personnel*  
<https://www.dhs.wisconsin.gov/publications/p02382.pdf>
- P-02382A: *Tuberculosis Screening and Testing: Residents of Adult Long-term Care Facilities*  
<https://www.dhs.wisconsin.gov/publications/p02382a.pdf>

# Bloodborne Pathogens (BBP) Standard

Occupational Safety and Health Administration (OSHA) standard elements include:

- Exposure control plan with annual review and necessary updates.
- Universal precautions.
- Engineering controls for safer practices.
- Readily available PPE in appropriate sizes.

# BBP Standard continued

- Offer Hepatitis B vaccine within 10 days of employment.
- Conduct post-exposure evaluation and prophylaxis (PEP) with a ready plan.
- Use biohazard labels, bags, and regulate medical waste.
- Provide annual BBP training and documentation.
- Keep HCP medical records for 30 years.

[https://www.osha.gov/OshDoc/data\\_BloodborneFacts/bbfact01.pdf](https://www.osha.gov/OshDoc/data_BloodborneFacts/bbfact01.pdf)

# PEPline

- Provides expert healthcare post-exposure management guidance seven days a week from 11 a.m. to 8 p.m. ET
- Addresses immediate PEP needs for HIV/AIDS and Hepatitis B and C

1-888-448-4911

# Hand Hygiene

Alcohol-based hand rub (ABHR)  
preferred in HH policy



Soap and water for *C. difficile*  
and Norovirus



# World Health Organization

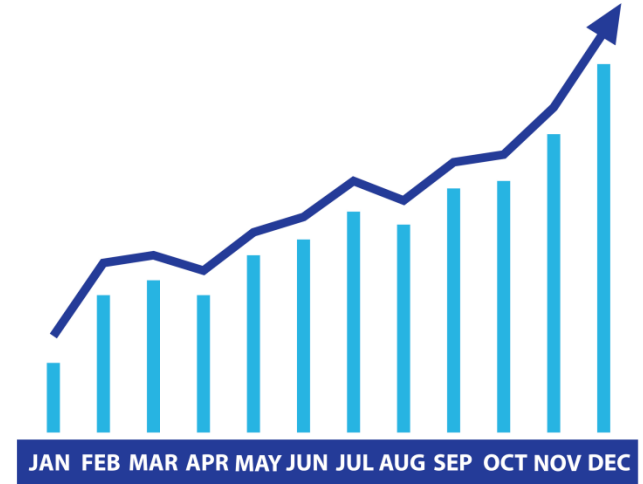
## HH Five Moments

1. Before touching resident
2. Before clean (aseptic) procedure
3. After blood or body fluid exposure or risk
4. After touching resident
5. After touching resident's surroundings

[https://www.who.int/gpsc/tools/Five\\_moments/en/](https://www.who.int/gpsc/tools/Five_moments/en/)

# HH Audits of HCP

- Perform competency training on both methods upon hire and annually.
- Conduct “secret shopper” observations of current practice.
- Report data to the quality committee, provide feedback to staff, and document in HR records.
- Ensure adequate supplies are available.





# Respiratory and Cough Etiquette

- Make stations visible and available at the front entrance (not hidden or difficult to reach).
- Ensure stations are available and fully stocked year-round, not just during flu season.
- Provide education for HCP, patients, families, and visitors. Include information in newsletters and posters.



# Station Supplies

- “Cover your cough” instructional poster
- Box of tissues
- Open wastebasket (i.e., so users don’t have to touch a lid)
- Face masks for visitors with a (new) cough
- ABHR

[https://www.cdc.gov/flu/pdf/protect/cdc\\_cough.pdf](https://www.cdc.gov/flu/pdf/protect/cdc_cough.pdf)

# Seven Antibiotic Stewardship (AS) Core Elements



1. Demonstrate leadership support.
2. Establish committee member expertise in antibiotics (e.g., infectious disease, physician, or pharmacist).
3. Develop written antibiotic prescribing policies and protocols, including indication, dose, and duration.
4. Review a six-month summary of antibiotic use, including new starts, type, and number of days.

# Seven AS Core Elements, Continued

5. Provide feedback about usage to clinical prescribers.
6. Provide AS education to all nursing staff within the past 12 months.
7. Provide AS education to all clinical prescribers of antibiotics within the past 12 months.



<https://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html>

# Injection Safety and Point-of-Care Testing

- Establish injection safety policies and protocols and review annually and as needed.
- Train and assess competency for HCP who perform finger sticks or give IM injections (include contracted personnel):
  - On hire
  - Annually
  - When products change

# Injection Safety and Point-of-Care Testing, Continued

- Conduct routine audits to monitor and document adherence to policy.
- Provide HCP audit feedback with follow-up documentation.
- Ensure availability of necessary supplies (e.g., single use needles and syringes, auto-disabling lancets, and sharps containers).

# Injection Safety and Point-of-Care Testing, Continued

- Ensure proper cleaning after each resident glucometer use.
- Have cleaning instructions readily accessible.
- Track HCP access to controlled substances to prevent drug diversion.\*



\*Important in case non-sterile injections are given.

# Infection Control Risk Assessment (ICRA)

ICRA must be carried out to assess infection hazards and risks and ensure that, where possible, infection risks are eliminated, reduced, contained, and managed appropriately.

[www.ashe.org/resources/tools/pdfs/assessment\\_icra.pdf](http://www.ashe.org/resources/tools/pdfs/assessment_icra.pdf)





## IC Matrix - Class of Precautions: Construction Project by Patient Risk

Patient Risk Group	Construction Project Type			
	TYPE A	TYPE B	TYPE C	TYPE D
LOW Risk Group	I	II	II	III/IV
MEDIUM Risk Group	I	II	III	IV
HIGH Risk Group	I	II	III/IV	IV
HIGHEST Risk Group	II	III/IV	III/IV	IV

Note: Infection Control approval will be required when the Construction Activity and Risk Level indicate that **Class III** or **Class IV** control procedures are necessary.

# IP Program Risk Assessment

- Used to stratify or rank infection risks and guide your IP program.
- Divided into three sections:
  - Probability—How likely is it to occur?
  - Impact—How serious is it if it occurs?
  - Current systems—How good are your current systems in preventing it from occurring?

# IP Program Risk Assessment Exercise

## Infection Control Program Risk Assessment

Program Components	Probability					Risk/ Impact (Health, Financial, Legal, Regulatory)					Current Systems					Score
	Expect it	Likely	Maybe	Rare	Never	Loss of life/limb/ function	Temp loss of Function	Prolonged Length of Stay	Moderate Clinical/ Financial	Minimal Clinical/ Financial	None	Poor	Fair	Good	Solid	
	4	3	2	1	0	5	4	3	2	1	5	4	3	2	1	
Failure of Prevention Activities																
Lack of Hand Hygiene																
Lack of Respiratory Hygiene																
Lack of Staff Education																

# Questions?

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