INFECTION CONTROL ASSESSMENT & RESPONSE (ICAR) RESOURCES

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BACKGROUND

CDC funding

Ebola supplement

Three-year nationwide program (2015-2018)

Extension
EPIDEMIOLOGY AND LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC) COOPERATIVE AGREEMENT

• Established in 1995
  • Focus on strengthening infectious disease infrastructure
  • Surveillance capacity
• 2010- passage of Affordable Care Act established the Prevention and Public Health Fund (PPHF)
• PPHF provided the first mandatory funding dedicated to improving the nation's public health system.
• Funds all 50 states, 8 U.S. territories, and 6 cities with the largest local health departments

https://www.cdc.gov/ncezid/dpei/epidemiology-laboratory-capacity.html
ICAR GOALS

• Expansion of assessments
  • 147 assessments

• Increase infection prevention competency and practice

• Enhance surveillance and reporting capacity
ASSESSMENT OVERVIEW

Infection Control Assessment Tools:
BY THE NUMBERS:

- **32 Acute Care**: Hospitals, Long-term Acute Care Hospitals, Comprehensive Rehabilitation Facilities
- **32 Hemodialysis**: Hemodialysis Facilities
- **60 Long-term Care**: Nursing Homes, Psychiatric Hospitals, Assisted Living Facilities
- **26 Outpatient**: Doctor’s Offices, Federally-Qualified Health Centers, Ambulatory Surgery Centers
COMPETENCY BASED TRAINING

- CDC definitions
  - Healthcare Personnel (HCP) Infection Prevention (IP) Competency
  - HCP IP Competency-Based Training
  - Competency Assessment
  - Audit
  - Feedback

EDUCATION

ICAR Resources:

https://nj.gov/health/cd/topics/hai.shtml
HEALTHCARE-ASSOCIATED INFECTIONS: ICAR
ICAR VIDEO LEADER GUIDE

- Stimulate discussion
- Self-evaluation
- Engaging
- Q&A
- Additional resources

Infection Control Assessment and Response (ICAR)
Facilitated Discussion Leader Guide

The three Infection Control Assessment and Response (ICAR) videos were created to start a dialogue between the ICAR team and healthcare/direct patient care professionals in various settings. The videos cover topics included on ICAR assessments that are recognized as important to patient safety to decrease disease transmission, but are not always followed in practice. Glucometer use, medication preparation, and injection safety are areas of nursing practice that are separate, but have significant overlap.

This Leader Guide was created to stimulate discussion among health care staff. These three scenarios were developed to assist with identifying poor infection prevention practices and to foster a better understanding of why infection prevention is a key element in reducing disease transmission. We hope that facility “Leaders” (e.g., those responsible for monitoring staff competencies) will find this guide helpful. Please view the videos on the New Jersey State Government YouTube page and then refer to this guide to lead discussion with staff.
ICAR Resources

- **How To Guide: Getting the Point Across (Proper Glucometer Use) [webinar]**
- **ICAR Video Leader Guide [pdf]**
- **Video Series**
  - Safe Glucometer Use - ICAR Video 1
  - Medication Preparation Areas - ICAR Video 2
  - Injection Safety - ICAR Video 3
- **Antibiotic Stewardship in Long-term Care [webinar]**
- **Antibiotic Stewardship in Nursing Homes and Long-term Care Webinar Resources [pdf]**
- **Guidance and Recommended Resources for Infection Prevention Partners [pdf]**

The three Infection Control Assessment and Response (ICAR) videos were created to start a dialogue between the glucometer user and infection prevention professionals in various settings. The videos cover topics such as glucometer use and training that are important to patient safety, to decrease disease transmission. For this reason, the videos and video training are a best practice in practice glucometer use, medication preparation, and injection safety.

This Leader Guide was created to stimulate discussion among health care staff. It is intended to support health care professionals in their efforts to improve glucometer use and injection safety.

Please view the videos on the New Jersey State Government intranet page and then refer to this guide to lead discussion with staff.
INJECTION SAFETY

- Top gap for all settings
  - CBT program
  - Audits and feedback
- Manufacturer’s instructions for use (IFU)
- Cleaning vs. disinfection
- Medication preparation
  - MDV, pens
  - Recapping of needles
  - Drug diversion
GUIDANCE AND RECOMMENDED RESOURCES FOR INFECTION PREVENTION PARTNERS

ICAR Resources

- How To Guide: Getting the Point Across (Proper Glucometer Use) [webinar]
- ICAR Video Leader's Guide [pdf]
- Video Series
  - Safe Glucometer Use - ICAR Video 1
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PUBLIC HEALTH PARTNERS
New Jersey Administrative Code (N.J.A.C.) is available [here]. For setting specific regulations refer to:

- N.J.A.C. Title 8, Chapter 39 Standards for licensure of Long-term Care Facilities
- N.J.A.C. Title 8, Chapter 49A Manual of Standards for Licensing of Ambulatory Care Facilities
- N.J.A.C. Title 8, Chapter 60G Hospital Licensing Standards
- N.J.A.C. Title 8, Chapter 62G Licensing Standards for Home Health Agencies
- N.J.A.C. Title 8, Chapter 77 Communicable Diseases
  - Instructions for using LexisNexis are available [here].
AN INTRODUCTION TO THE BASICS

Learn about:
- Your role and scope of the IP program
- IP Committee
- Other committees you may serve on
- Other key people within your organization
In addition to infection prevention specific policies and procedures (e.g. hand hygiene, standard precautions, transmission-based precautions, reporting of communicable diseases), consider the following:

- Collection of specimens
- Laundry services
- Reusable medical equipment and devices (e.g. blood glucose meters)
- Specialty care
  - Dental
  - Hemodialysis
  - Podiatry
  - Respiratory
  - Vascular access
  - Wound
DATA & SURVEILLANCE

- Facility surveillance plan
- Reporting
  - Communicable Disease Reporting and Surveillance System (CDRSS)
  - National Healthcare Safety Network (NHSN)
- Audit tools and forms
  - Process vs. outcome
COMMUNICABLE DISEASES & INFECTIOUS ORGANISMS

Outbreak identification and investigation
Multi-drug resistant organisms (MDROs)
Blood borne pathogens
Tuberculosis control
Healthcare personnel immunizations

Tip: An outbreak (suspected or confirmed) including foodborne, waterborne, or HAI; or a suspected act of bioterrorism, is IMMEDIATELY reportable to the LHD.

Tip: Ensure outside service providers are considered in the event of an exposure, e.g., Emergency Medical Services (EMS), agency staff, and patient transport companies.
NETWORKING & PROFESSIONAL DEVELOPMENT

• Introduce yourself to groups outside of your facility
  • LHD
  • Setting specific associations
  • Association for Professionals in Infection Prevention and Epidemiology (APIC)

• Education & certification opportunities
  • N.I.C.E. basic course
  • Board Certified- Infection Preventionist
  • Certified in Infection Control
Infection Prevention and Control Assessment Tool for Outpatient Settings

This tool is intended to assist in the assessment of infection control programs and practices in outpatient settings. In order to complete the assessment, direct observation of infection control practices will be necessary. To facilitate the assessment, health departments are encouraged to share this tool with facilities in advance of their visit.

Please note, Not Applicable should only be checked if the element or domain is not applicable to the types of services provided by the facility (e.g., the facility never performs point-of-care testing, controlled substances are never kept at the facility). If a particular service is provided by the facility but is unable to be observed during the visit (e.g., no injections were prepared or administered during the visit) that section should still be completed by interviewing relevant personnel about their practices.

Overview

Section 1: Facility Demographics
Section 2: Infection Control Program and Infrastructure
Section 3: Direct Observation of Facility Practices
Section 4: Infection Control Guidelines and Other Resources
## APPENDIX

<table>
<thead>
<tr>
<th>Infection Control Program and Infrastructure</th>
<th>Healthcare Personnel and/or Resident Safety</th>
<th>Surveillance and Disease Reporting</th>
<th>Hand Hygiene</th>
<th>Respiratory Hygiene/Cough Etiquette</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention of Clostridium difficile infection and MDROs</td>
<td>Environmental Cleaning</td>
<td>Device Reprocessing</td>
<td>Antimicrobial Stewardship</td>
<td></td>
</tr>
</tbody>
</table>
Thank you
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