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## Infection Control and Dining Services


- Dish Machine
  - High Temperature
    - Test three times daily after each meal
    - Final Rinse must be  $\geq 180^{\circ}\text{F}$  (commercial)
    - Final Rinse  $\geq 160^{\circ}\text{F}$  (home dishwasher)
    - Daily/weekly test strips and logs



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## Infection Control and Dining Services

- Dish Machine
  - Low Temperature
    - Final rinse  $120^{\circ}\text{F}$  with Chemical Sanitizer
    - Test three times daily after each meal
    - Must use sanitizer strips to test levels
    - Chlorine Sanitizer levels 50-200 ppm



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## Infection Control and Dining Services

- One Person Dish Machine Operation
  - Don gloves to scrape and load dirty dishes
  - Doff gloves and wash hands
  - Don clean gloves to remove and put away clean dishes

Always make sure dishes, pots, pans, etc. are thoroughly dry before stacking and putting away.



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## Infection Control and Dining Services

- Serving Area (behind the line)
  - Must wear gloves, hairnets and beard guards
  - Change gloves and wash hands frequently and when moving between food contact surfaces and non-food contact surface
  - Change gloves and wash hands before touching all ready cooked/prepared food



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## Infection Control and Dining Services

- Dining Room
  - Hand Hygiene for Residents and Staff
  - Staff do not have to wear gloves or hairnets in the dining room
  - Sanitizing hands between serving each resident
  - Gloves must be worn when handling with food



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## Infection Control and Dining Services

Questions?



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10th Annual FSA Compliance and Risk Management Conference

## Enhanced Barrier Precautions

Kim Hendrick  
Clinical Compliance Specialist







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## What Are Enhanced Barrier Precautions(EBP)

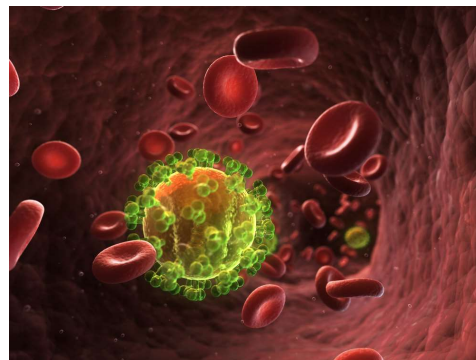
- EBPs are infection control measures identified to decrease the transmission of Multi Drug Resistant Organisms (MDROs) while maintaining a home-like, safe environment for residents.
- EBPs require staff to wear gowns and gloves when providing care that involves close contact.

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## Why Do We Need Enhanced Barrier Precautions

- Our residents are at higher risk of contracting or becoming colonized with an MDRO.
- Our residents may already be colonized with an MDRO. Data suggests more than 50 percent of our resident populations are already colonized.
- MDROs have a negative impact on our residents' health, safety and well being as well as increasing the cost of care.
- Outbreaks of MDROs have been linked to long term care.
- Residents with a wound or medical device are at higher risk of acquiring a MDRO.



### AS A RESULT ...

- The Centers for Disease Control and Prevention (CDC) recommends implementing EBP for all residents with MDROs, wounds or devices.



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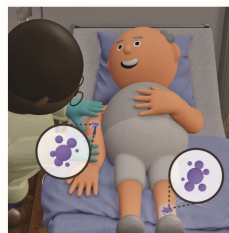
### Multidrug-resistant organisms (MDROs) are a threat to our residents.

#### Enhanced Barrier Precautions (EBP) Steps



Use EBP during high-contact care activities for residents with:

- 1 Indwelling Medical Devices  
(e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator)
- 2 Wounds
- 3 Colonization or Infection with a MDRO



Protect residents and stop the spread of germs.

[bit.ly/PPE-NursingHomes](http://bit.ly/PPE-NursingHomes)

Scan to watch an EBP video.



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## Who Needs Enhanced Barrier Precautions

- Residents who meet any one or more of the following criteria:
  - Have been diagnosed with an MDRO (colonized or actively infected)
  - Have a wound
  - Have an indwelling medical device



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## Activities Requiring EBP for Residents Who Meet the Criteria

- Dressing
- Bathing/Showering/Assistance with personal hygiene
- Transferring
- Changing linens
- Assisting with bathroom and incontinence needs
- During care and use of central lines, urinary catheters, feeding tubes, tracheostomy tubes
- During wound care



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## Enhanced Barrier Precautions How We Keep Our Residents Safe



**What's New**


We are using Enhanced Barrier Precautions to help protect our residents from infection. You may notice:

- New signs throughout the facility
- Staff wearing gowns and gloves for high-contact care activities

**Why We're Making These Changes**

We are taking action to protect our residents from dangerous germs. These germs can cause infections that are hard to treat.

Enhanced Barrier Precautions allow us to provide safe, high quality care and help stop the spread of germs within our facility.





**More than 50% of nursing home residents carry a multidrug-resistant organism.**

**How to Help When You Visit**

You can help stop the spread of germs by cleaning your hands with alcohol-based hand sanitizer or soap and water.

Learn more about Enhanced Barrier Precautions:  
[bit.ly/PPE-NursingHomes](http://bit.ly/PPE-NursingHomes)

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## How Long Do Enhanced Barrier Precautions Last

- Once diagnosed with an MDRO, for the remainder of the resident's stay.
- Until the wound has healed.
- As long as the resident has an indwelling device.



"Let me guess...it's contagious!"



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## Additional Information for Residents with Enhanced Barrier Precautions

- A Private Room is **NOT** required.
- Movement throughout the facility is **NOT** restricted.
- EBPs do not replace the need for Contact, Droplet or Airborne Isolation, should the resident's condition require it.
- EBPs do not replace:
  - Standard precautions
  - Environmental cleaning
  - Proper donning/doffing of PPE
  - Accessible ABHR
  - Adherence to hand hygiene policies and requirements



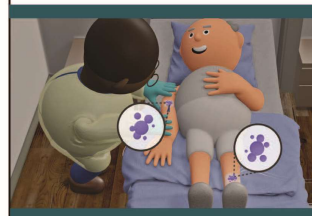
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Scan to view  
an EBP video.



Learn more at  
[bit.ly/PPE-NursingHomes](https://bit.ly/PPE-NursingHomes)

### Enhanced Barrier Precautions (EBP) Pocket Guide



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## Enhanced Barrier Precautions Resources

- Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes  
<https://www.cdc.gov/hai/containment/faqs.html>
- Consideration for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities  
<https://www.cdc.gov/hicpac/workgroup/EnhancedBarrierPrecautions.html>
- Implementation of PPE Use in Nursing Homes to Prevent the Spread of MDROs  
<https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>
- Pre-Implementation Tool for Advanced Barrier Precautions  
<https://www.cdc.gov/hai/pdfs/containment/Pre-Implementation-Tool-for-Enhanced-Barrier-Precautions-508.pdf>
- EBP Observation Tool <https://www.cdc.gov/hai/pdfs/containment/Observations-Tool-for-Enhanced-Barrier-Precautions-Implementation-508.pdf>



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## References

- PADONA Educational Webinar Breaking Down Enhanced Barrier Precautions: What You Need to Know for Implementation in Your Facility, Janan Krause, Epidemiology Research Associate, Alexis Lawreck, Epidemiology Program Specialist, Bureau of Epidemiology PA DOH
- CDC Website Enhanced Barrier Precautions Resources



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# Infection Control

Jane Owino

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CDP, Infection Control Preventionist



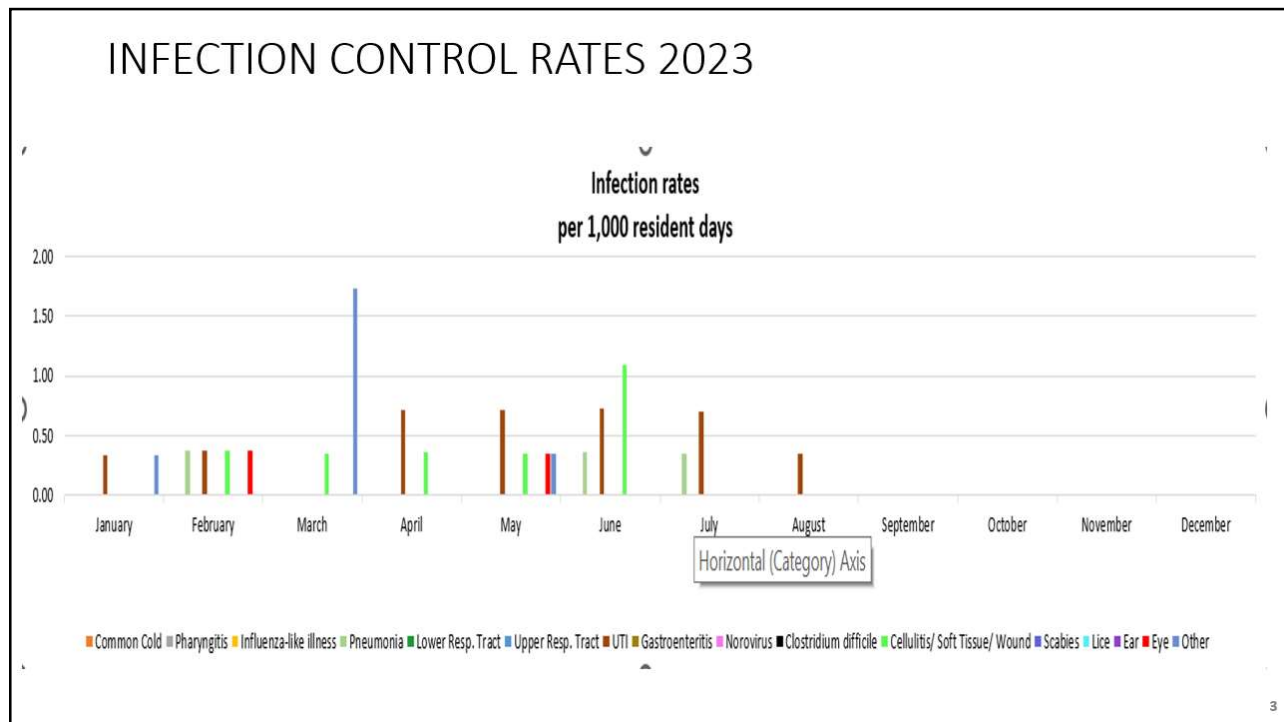
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## Parker at Monroe Infection Control Program



- ☐ Infection Control Program Committee
- ☐ Antibiotic Stewardship Committee
- ☐ Integrated Processes/Departmental participation
- ☐ Partnerships
  - ✓ NJDOH-Local Health Department, ICAR, Project Firstline ,Antibiotic stewardship & IPRO Red-Cap Hand Hygiene project, LTC National IP Forum
  - ✓ NJAH
  - ✓ FSA
  - ✓ Pharm care
  - ✓ Bio-vigil Hand Hygiene Solutions
- ☐ Infection Control Education & Competencies- Audits
- ☐ Communication

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## Antibiotic Stewardship Program

**Annual Program Assessment**

**Core Elements Processes**

**Leadership support:**-Statement of support, policies, monitoring & evaluation



**Accountability:**- Medical Director's role, consultant pharmacy, clinical team

**Drug Expertise:**-Pharmacy support to stewardship program(med reviews)

**Tracking :**Action to Improve- Prescription compliance, Algorithms, standardized assessment & communication tools

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## Antibiotic Stewardship Program

**Reports:** Summary of susceptibility reports and tracking

**Monitoring:** monitoring outcomes of prescriptions, susceptibility trends


**Education:** Clinicians, staff, residents and families

**Strengthening gap areas**

Partnering with stewardship team at referral hospitals

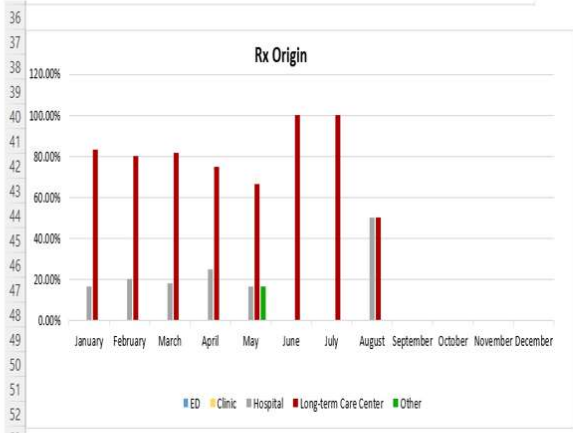
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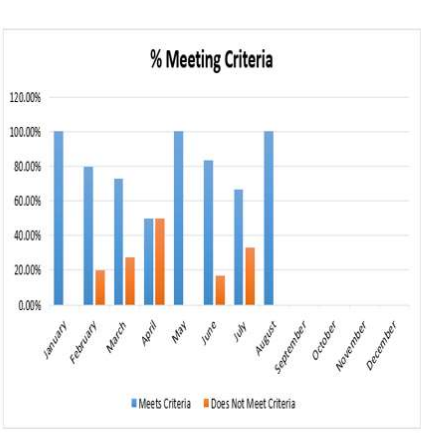
## Tracking and Trending

### Rx Origin



Month	ED	Clinic	Hospital	Long-term Care Center	Other
January	10	10	10	80	0
February	10	10	10	80	0
March	10	10	10	80	0
April	10	10	10	70	0
May	10	10	10	60	0
June	10	10	10	100	0
July	10	10	10	100	0
August	10	10	10	50	0
September	10	10	10	50	0
October	10	10	10	50	0
November	10	10	10	50	0
December	10	10	10	50	0

### % Meeting Criteria



Month	Meets Criteria	Does Not Meet Criteria
January	100	0
February	80	20
March	70	30
April	50	50
May	100	0
June	80	20
July	60	40
August	100	0
September	100	0
October	100	0
November	100	0
December	100	0

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## PAM HAND HYGIENE PROGRAM



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## Hand Hygiene

- Proper hand washing is the single most important way to prevent and reduce infections.
- Hand hygiene competency upon hire, periodic monitoring through bio-vigil hand hygiene technology
- Access to alcohol-based hand wash throughout care areas care areas, hallways, and at entrances.



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## *Parker* we make aging part of life HAND HYGIENE EDUCATION FUN



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### Badge Reminders for staff in care areas

Badge reminders will start when you enter or exit a room without performing hand hygiene.

Badge turns **YELLOW** and beeps when it's in reminder mode.  
\*\*\*This is not bad – it is just a reminder!



Perform hand hygiene with sanitizer or at the sink, register the event on the badge.  
Badge turns **GREEN!**



If you do not perform hand hygiene within 60 seconds the badge will turn **RED!**  
**RED** means wash your hands immediately!



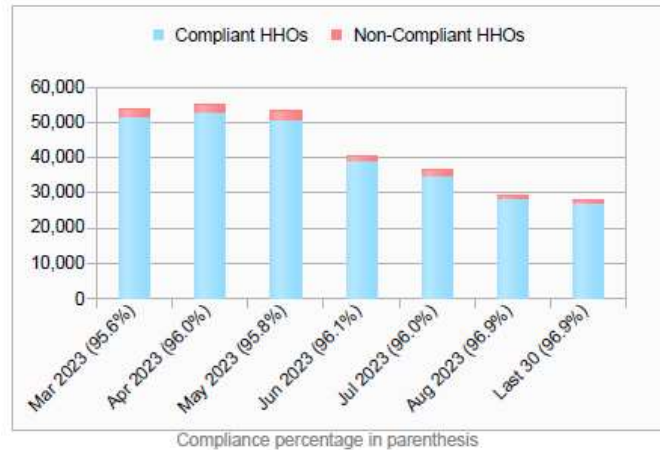
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## Parker at Monroe HH Compliance Data

Bio vigil data audits indicates >95 compliance- (facility benchmark)

Hand hygiene opportunities varies depending on various factors:

- Total # of staff picking and using biovigil badges by shift
- Infection outbreak activity levels
- Residents activities in/out of rooms



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Video link:  
<https://youtu.be/EKgUOGOiCBM>

1. BioVigil System Overview

2. Hand Sanitizer vs. Sink Wash (2:48)



3. Badge Reminders (4:15)



4. Workflow Integrations (5:20)



5. Cross contamination and Exemption (7:16)



6. Contact Plus (8:12)



7. Returning Your Badge (8:49)



8. Summary (9:05)



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*Parker* we make aging part of life Questions and Answers

