



Regulatory Roundup

Weekly Webinar for Long-Term Care Professionals

 [IHCA.org/regulatory-roundup](https://ihca.org/regulatory-roundup)

PRESENTERS

Lori Davenport

Indiana Health Care Association

Team Members from

Indiana Department of Health

April 4, 2024

Today's Agenda

- Upcoming Leadership Conference – Suzanne Williams
- Enhanced Barrier Precautions – Brenda Buroker
- Q&A
- NHSN Reporting Update – Lori Davenport
- Total Solar Eclipse Reminders





SPRING CONFERENCE

An Interdisciplinary Approach to Managed Care

APRIL 16-17

French Lick, Indiana

REGISTER: ihca.org/events/spring-conference



- A MEMBERS ONLY EVENT -

COVID-19 Vaccine NHSN Reporting Update

- Those 65 and older are now considered up to date when they have received 2 doses of the updated 2023-2024 COVID-19 vaccine, or 1 dose of the updated vaccine in the past 4 months.
- For those under 65 years, there is no change; they are up to date with 1 dose of the updated 2023-2024 COVID vaccine.
- The updated definition applies to both the NHSN Weekly HCP and Resident Vaccination Forms.
- These changes will be implemented this week (April 1-7, 2024).

2024 Total Solar Eclipse



- April 8, 2024
- Total solar eclipse will pass over Indiana
 - Creates a darkness as the earth, and moon, and the sun form a straight line
 - Last approximately 3 minutes beginning at about 2:00 pm on the west side of the state.
 - Rural communities are expecting an influx of tourist, traffic and congestion
 - This event can come with challenges and great opportunities for residents, staff, and visitors.

2024 Total Solar Eclipse



- Likely to bring traffic and out of state visitors for the weekend leading up to Monday April 8th.
 - Possibilities of large event
 - Motor vehicle accidents
 - Traffic congestion
 - Communication backups – reception and connectivity may occur
 - Drug and alcohol use
 - Crime

Traffic Considerations



- Traffic considerations
 - Employees reporting to work
 - Medical appointments – dialysis and medical emergencies
 - Heat related injuries if it is warm outside
 - Residents following safety instructions
 - Supervision of outside event

2024 Total Solar Eclipse



Approved sellers of proper eclipse eye protection can be found at the American Astronomical Society:

<https://eclipse.aas.org/resources>

- The Indiana Optometric Association (IOA) has produced a flyer to address concern and issues with eye protection during the viewing of the Total Solar Eclipse:

https://www.ioa.org/docs/Indiana_Optometry_Solar_Eclipse_Flyer_v3.1.pdf

Total Solar Eclipse – Indiana



- DNR Indiana Department of Natural Resources:
<https://www.in.gov/dnr/places-to-go/events/2024-solar-eclipse/>
- Visit Indiana
<https://www.visitindiana.com/eclipse2024/>

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Indiana
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ADDITIONAL ENHANCED BARRIER PRECAUTIONS

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04/04/2024

OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.



Where We Were

2019

Introduced Enhanced Barrier Precautions (EBP) for residents with these FIVE organisms targeted by CDC

- **Pan-resistant organisms**
- **Carbapenemase-producing carbapenem-resistant Enterobacterales**
- **Carbapenemase-producing carbapenem-resistant Pseudomonas**
- **Carbapenemase-producing carbapenem-resistant *Acinetobacter baumannii***
- ***Candida auris***

2019-2024

In the June 2021 white paper from Healthcare Infection Control Practices Advisory Committee reported more than 50% of nursing home residents may be colonized with a multidrug-resistant organism (MDRO).

Also noted, the use of Contact Precautions was only used to prevent MDRO transmission when a resident was infected with the MDRO, noting the restriction of residents to their rooms was not ideal.

The WHY

July 2022, CDC Recommendations

July 2022, CDC - Implementation of PPE Use in Nursing homes to prevent spread of MDROs

April 1, 2024, CMS changed guidance to nursing home guidance

Additional epidemiologically important MDROs

- Methicillin-resistant *Staphylococcus aureus* (MRSA)
- ESBL-producing Enterobacterales
- Vancomycin-resistant Enterococci (VRE)
- Multidrug-resistant *Pseudomonas aeruginosa*
- Drug-resistant *Streptococcus pneumoniae*

Concerns for the Quality of Life of Residents

- CMS has worked to make resident care more homelike, less institutional and person-centered
- Considered the following in making EBP survey guidance (EBP is not as restrictive as contact isolation)
 - Long term restriction to the resident room
 - Lack of activities
 - Lack of socialization
 - Bringing attention to a resident's medical status

Basics of Enhanced Barrier Precautions

- GOAL is to reduce transfer of the MDRO organisms from residents to staff hands and clothing
- What is Required for EBP?
 - Use of PPE during high contact resident care activities
 - Gown and Gloves used in conjunction with standard precautions
- Use of EBP is indicated for residents with
 - Infection or colonization with a CDC-targeted MDRO when Contact Precautions do not otherwise apply
 - Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO

Which Wounds?

Chronic wounds, not shorter-lasting wounds

- Not skin tears or wounds covered with a small adhesive dressing

Chronic Wounds include, but are not limited to:

- Pressure ulcers
- Diabetic foot ulcers
- Unhealed surgical wounds
- Venous stasis ulcers

**Chronic
Wounds**

Examples of Devices

Indwelling Medical Devices

- Central lines, including PICC
- Urinary catheters
- Feeding tubes
- Tracheostomies

NOT included is a peripheral intravenous line (IV)

NOT included is a permacath or port for chemotherapy

Indwelling
Devices

What are the Activities?

High-contact resident care

- Dressing
- Bathing/showering
- Transferring
- Providing hygiene
- Changing linens
- Changing briefs or assisting with toileting
- Device care or use
- Wound care

Activities NOT Included

Gown and gloves not required for:

- Transfer in common area where contact is shorter
- During the medication pass
- When passing meal trays
- Entering the resident room to answer a call light
- Going into the room to speak with the resident

Important to Note

- Residents are not restricted to their rooms or limited from participation in group activities.
- Because EBP do not impose the same activity and room placement restrictions as contact precautions, they are intended to be in place for the duration of a resident's stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk.

At the facility's discretion

- The method used to communicate to staff the EBP status
- The use of EBP for residents who do not have a chronic wound or indwelling medical device and are infected or colonized with an MDRO not on the targeted list
- The placement of PPE supplies near or outside the resident's room

LTC Survey

F880 has been revised to include the updated EBP national standards

Surveyors will evaluate the use of EBP when reviewing sampled residents for whom EBP are indicated and focus their investigation of EBP use as it relates to CDC-targeted MDROs.

CMS informed us the changes to the survey process will be available April 1, 2024

Infection Prevention, Control Pathway

How will this look on survey?

EBP is evaluated when investigating specific care activities, such as wound care, enteral feeding, urinary catheter care

EBP are indicated during high-contact care activities for residents with infection or colonization with a CDC targeted MDRO (when contact precautions do not apply) or for any resident who has a chronic wound and/or indwelling medical device.

Surveyors are directed to interview staff to determine if they are aware of which residents require the use of EBP prior to providing high-contact care.

Surveyors are to observe if PPE is readily available to staff

CMS Pathways Revised for EBP

Infection Prevention, Control and Immunizations

Urinary Catheter or UTI

Feeding Tube

Respiratory Care

Pressure Ulcer

Dental

Dialysis

Added Guidance in these Pathways

Does staff use infection control practices such as hand hygiene and PPE when...

- Caring for dialysis devices and access sites, and during dialysis
- Handling the feeding tube and associated equipment, performing insertion site care
- While performing wound care When performing oral care
- During urinary catheter maintenance, contact with the catheter, tubing and collection bag
- While providing tracheostomy and/or ventilation care

Questions?

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