



Regulatory Roundup

Weekly Webinar for Long-Term Care Professionals

 IHCA.org/regulatory-roundup


PRESENTERS

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Team Members from
Indiana Department of Health

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Today's Agenda

 IHCA.org/regulatory-roundup

- Upcoming education
 - April 16-17 – IHCA/INCAL Spring Conference **SOLD OUT**
 - April 16 – Documentation for Elopement Risks & Incidents, a webinar, [Details Here](#)
- ESP/EBP – Frequently asked questions – Lori Davenport
- Annual Health Care Personnel Influenza Vaccine Reporting 2024
- Next Regulatory Roundup - May 2 at 12 noon.

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Clarification – Last week

- Chronic DTI alone with no other risk factors – does not require EBP
 - The skin is intact
 - So, last week this question was answered differently, and this is the correction.

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EBP Question

- Will assisted living be surveyed like a nursing home about EBP?

ANSWER:

No

However, it would be a good idea to evaluate your resident population and determine if you have knowledge of anyone that meets the criteria for EBP.

You want your staff and residents to be safe and you want an effective infection control program that minimizes or prevents spread of infection.

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Discontinuing EBP or ESP



- A resident should generally remain on EBP/ESP for the duration of their stay in a nursing home. The resident may be transitioned to Standard Precautions when the resident no longer has a risk factor for transmission.
- Example: The wound is healed, and they no longer have any indwelling medical devices in place.

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Required Documentation



- Policy and Procedure
 - Outlines the process for identifying residents who meet the criteria for ESP/EBP (unhealed wounds and/or indwelling devices)
 - Indicates whether an order for each resident on ESP/EBP is needed
 - Define high contact care activities when healthcare personnel should use gown and gloves.
 - Ensure all HCP including contracted staff and medical providers receive education and training to follow the facility's policy; residents, family members and others who participate in the resident's care should also receive this education
- Incorporate management of MDROs and residents with risk factors for MDRO transmission into their annual infection control assessment and annual infection control plan.

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Indwelling Medical Device



- What is it?

An indwelling medical device provides a direct pathway for environmental pathogens to enter the body and cause infection. Examples of indwelling medical devices include, but are not limited to, Central vascular lines (including hemodialysis catheters) indwelling urinary catheters, feeding tubes, tracheostomy tubes. A/V fistulas or grafts used for dialysis are not considered indwelling medical devices because they are completely embedded in the body, without components that communicate with the outside.

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Definition of Wound



- This is in relationship to ESP/EBP---

Wound care is included as a high-contact resident care activity and is **generally defined as the care of any skin opening requiring a dressing**. The intent of ESP/EBP is to focus on residents with a higher risk of acquiring or transmitting an MDRO over a prolonged time. This generally **includes resident with chronic wounds, and not those with only shorter-lasting wounds, such as skin breaks or skin tears covered with a bandage or similar dressing**. Examples of chronic wounds include, but are not limited to, pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers.

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Tubes



- Do we need to place all residents in our subacute unit on ESP/EBP since they all have tracheostomy tubes and G-tubes?
- Yes. The presence of indwelling devices is a risk factor for being colonized with or acquiring a MDRO.

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Two Residents – same room



Need to change their gown between the resident in the same room with same precautions?

Yes.

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Bundled Care



- Delivering a tray to a resident with EBP/ESP
- Delivering a tray to a resident with EBP/ESP and helping with positioning and feeding.
- Checking ventilator settings
- Checking ventilator settings and close contact with resident care

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Environmental Services



- When EVS staff are cleaning a multi-occupancy room, do they need to change their gloves and gowns between resident bed spaces?
 - Use of PPE by EVS in multi-occupancy rooms can vary according to specific tasks.
 - Routine, daily cleaning of the room within resident zone or healthcare area is not touched (taking out trash or cleaning high-touch surfaces such as light switches and door handles in common areas of the room.
Perform hand hygiene before entering the room and don gloves, when leaving the the room take off gloves and perform hand hygiene. Gown in not required.

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Environmental Services

- When EVS staff are cleaning a multi-occupancy room, do they need to change their gloves and gowns between resident bed spaces?
 - Use of PPE by EVS in multi-occupancy rooms can vary according to specific tasks.
 - Cleaning in areas that requires extensive contact with a resident's environment (linen changes, cleaning high touch surfaces such as a resident's bed rails, remote controls, bedside tables or stands on or near the resident's bedspace and with terminal cleaning:
Change gown and gloves and perform hand hygiene before cleaning the next Resident bed spaces.

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Shared Rooms

- Do I need to wear a gown and gloves for every resident in the room even though not everyone is on ESP?
- No. Wear a gown and gloves for those high-contact care activities defined in the ESP/EBP guidance when giving care to a resident on ESP/EBP.
- Follow standard precautions for everyone!

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Question



- If a resident has a urinary catheter, do HCP's need to wear gown and gloves when doing oral care? Similarly, if a resident has a wound on their backside, do HCP's need to gown and glove for care such as brushing hair?
- Think AM/PM care bundled –yes
- If only oral care is preformed – wear gloves
- If only brushing hair – gloves and gown are not needed
- If brushing hair and oral care – gown and gloves are needed

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Heading



- Point one
- Point two
- Point three
- Point four

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EBP/ESP Trash & Linen



- No special handling of used PPE, trash, or linen is necessary.
- Generally, blood-soaked or body fluid-soaked items require red bag disposal.
- Do provide an appropriate disposal container in the resident room to allow for removal of PPE inside the room.
- No need to use disposable utensils or dishes.

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Remember --



- Standard precautions are applied to care of call residents when exposed to blood, body fluids, secretions, or excretions is anticipated.
 - Incontinent without an indwelling device
 - Bed linens

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NHSN Annual Health Care Personnel Influenza Vaccine Reporting

Facilities are required to report this data by **May 15, 2024**, under the Skilled Nursing Facility Quality Reporting Program or face a two percent reduction to their Medicare annual payment update for FY 2025

Register for the upcoming open office hours

[Thursday April 25, 2024 at 2pm EST](#)

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**Q/A Session
Next Roundup
5/2/24**

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