Outline

- Public Health Emergencies
- Ebola
- Enhanced Infection Control = Enhanced Preparedness
- Key components infection Control Programs for Primary Care
- Review of Chain of Transmission
- The National Infection Prevention and Control Initiative (NIPCI)
Public Health Emergencies

Newsweek

Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

New York Post

SARS: What You Need to Know
The New Age of Epidemics

EBOLA HERE!

Local doc is NYC's first case
He treated victims in Africa
Ebola

• Challenges – Understanding the risks
• Identified best practices
• Identify Preparedness Gaps
• Discuss Ways To Address Preparedness Gaps
Enhanced Infection Control = Enhanced Preparedness

- PREPARE TO **PREVENT** INFECTIONS
- PREPARE TO **DETECT** IN YOUR FACILITY
- PREPARE TO **PROTECT** HEALTHCARE WORKERS AND PATIENTS
- PREPARE TO **RESPOND** TO AN OUTBREAK
Key Components of an Infection Control Program for Primary Care

I. Infection Control Program and Infrastructure
II. Infection Control Training and Competency
III. Healthcare Personnel Safety
IV. Surveillance and Disease Reporting
V. Hand Hygiene
VI. Personal Protective Equipment (PPE)
VII. Injection Safety
VIII. Respiratory Hygiene/Cough Etiquette
IX. Point-of-Care Testing
X. Environmental Cleaning
Review of Chain of Transmission

Transfer of pathogens from a source of infection (the reservoir) to a new susceptible host.
Standard Precautions: What Does This Mean

• Hand hygiene and Respiratory Hygiene
  o Training and competency at hire and annually
  o Signage
  o Monitor staff adherence - give feedback
  o Supplies readily accessible in patient care areas – face masks, tissues, sanitizer, soap
  o [http://www.cdc.gov/Features/HandWashing](http://www.cdc.gov/Features/HandWashing)

• Personal Protective Equipment
Transmission Based Precautions

- **Airborne precautions**
- **Droplet Precautions**
- **Contact Precautions**
Stop the spread of germs that make you and others sick!

Cover your Cough

Cover your mouth and nose with a tissue when you cough or sneeze or cough or sneeze into your upper sleeve, not your hands.

Put your used tissue in the waste basket.

You may be asked to put on a surgical mask to protect others.

Clean your Hands after coughing or sneezing.

Wash with soap and water or clean with alcohol-based hand cleaner.

NYC Health
Transmission Based Precautions

CONTACT PRECAUTIONS

STOP

Wash Hands on Entering and Leaving Room

Gloves For Contact with Patient or Potentially Contaminated Surfaces/Equipment

Visitors: Report to Nurses’ Station Before Entering Room

Visitantes: Favor de Presentarse a La Sala De Enfermeras antes de Entrar al Cuarto
Antibiotic Stewardship

• **Ensure responsible use of antibiotics**
  - We all play a part in preventing antibiotic resistance!

• **Prescribe appropriately when appropriate**
  - Follow guidelines

• **Educate: clinicians and patients**
  - Antibiotics are not always the answer

• **Get Smart About Antibiotics Initiatives – CDC**
Antibiotic Stewardship

Diagnosis:
- Cold
- Cough
- Flu
- Middle ear fluid (Otitis Media with Effusion, OME)
- Viral sore throat
- Other: ____________________________

You have been diagnosed with an illness caused by a virus. Antibiotics do not cure viral infections. If given when not needed, antibiotics can be harmful. The treatments prescribed below will help you feel better while your body's own defenses are fighting the virus.

General instructions:
- Drink extra water and juice.
- Use a cool mist vaporizer or saline nasal spray to relieve congestion.
- For sore throats, use ice chips or sore throat spray; lozenges for older children and adults.

Specific medicines:
- Fever or aches:
- Ear pain:
- ____________________________

Use medicines according to the package instructions or as directed by your healthcare provider. Stop the medication when the symptoms get better.

Follow up:
- If not improved in _____ days, if new symptoms occur, or if you have other concerns, please call or return to the office for a recheck.
- Other: ____________________________

Signed: ____________________________

For More Information call 1-800-CDC-INFO or visit www.cdc.gov/getsint
Injection Safety and Point of Care Testing

- Single-use machines
- Sharps injuries
- Injection Safety
  - one needle
  - one syringe
  - only one time
  - do not share insulin syringes or pens
Waste Management

- Definition
- Waste items
- Storage
- Disposal
Disease Surveillance

- Know the reportable disease (NYC)
- Be aware of outbreaks
  - Health Alerts (CDC and DOHMH)
- Surveillance in your facility
- Goal: Identify serious infectious diseases and unusual clusters

When in doubt → Provider Access Line (PAL)–866-692-3641
Disease Reporting

- Why you should report
- What should you report
- Special events include:
  - HIV within 14 days of positive test
  - TB suspected cases within 24 hours
  - Measles (rubella)
- If you don’t report
- Prompt
- How to report
  - Provider Access Line (PAL) – 866-692-3641
  - www.nyc.gov/health/diseasereporting.com
Which of these is NOT a reportable disease in New York State?

a. Cancer
b. HIV
c. AIDS
d. Lyme Disease
e. Typhoid

How many diseases are you required to report, as per New York State Department of Health?

a. 1-20
b. 21-40
c. 41-60
d. 61-80
e. 80+
Take Away

- Be prepared—identify, isolate, inform
- Assess risk
- Make your plan and protocols
  - Know your role in the plan
- Teach the plan
- Practice the plan—trainings, drills, exercises
- Emphases—Infection Control protects everyone
- Must encourage teamwork in Infection Control
- Practice standard precautions
- Be vigilant! Be consistent! Be Prepared!
What can we do for you?
DOHMH Mission

To promote and protect the health of all New Yorkers......

The NYC Department of Health and Mental Hygiene (DOHMH) Office of Emergency Preparedness and Response (OEPR) works to prevent, protect against, respond to, and increase New York City’s ability to recover from the public health impacts of emergencies.

DOHMH OEPR does this through partnerships with various city, state and federal agencies, healthcare facilities, and community leaders and organizations to better protect and meet the needs of NYC citizens.
The National Infection Prevention and Control Initiative (NIPCI)

- **Funded by:**
  - CDC Epidemiology and Laboratory Capacity Grant (ELC)

- **National Initiative**
  - CDC + state and local health departments

- **Goal: Strengthen Infection Control Capacity**
  - Within healthcare facilities
  - Across systems
  - Across the nation

- **Result: Readiness**
Epidemiology Laboratory Capacity (ELC) Grant

- Support the objectives of CDC
- Guided self-assessment
- Address opportunities for improvement
- Enhanced Readiness
Program Overview

• Voluntary + Non-regulatory

• Utilize IC assessment tools developed by CDC
  o Outpatient clinics, Hospitals, Dialysis
  o Long term care facilities

• On site visits → Guided Self-Assessments
  o DOHMH IC Team provides technical assistance
  o Provide advice and recommendations
## Section 2: Infection Control Program and Infrastructure

### I. Infection Control Program and Infrastructure

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<thead>
<tr>
<th>Elements to be assessed</th>
<th>Assessment</th>
<th>Notes/Areas for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. The facility has specified a person (e.g., staff, consultant) who is responsible for coordinating the IC program.</td>
<td>Yes  No</td>
<td></td>
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<tr>
<td>B. The person responsible for coordinating the infection prevention program has received training in IC. Examples of training may include: Successful completion of initial and/or recertification exams developed by the Certification Board for Infection Control &amp; Epidemiology; Participation in infection control courses organized by the state or recognized professional societies (e.g., APIC, SHEA).</td>
<td>Yes  No</td>
<td></td>
</tr>
<tr>
<td>C. The facility has a process for reviewing infection surveillance data and infection prevention activities (e.g., presentation at QA committee).</td>
<td>Yes  No</td>
<td></td>
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<tr>
<td>D. Written infection control policies and procedures are available and based on evidence-based guidelines (e.g., CDC/HICPAC, regulations F-441), or standards. Note: Policies and procedures should be tailored to the facility and extend beyond OSHA bloodborne pathogen training or the CMS State Operations Manual.</td>
<td>Yes  No</td>
<td></td>
</tr>
<tr>
<td>E. Written infection control policies and procedures are reviewed at least annually or according to state or federal requirements, and updated if appropriate.</td>
<td>Yes  No</td>
<td></td>
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<tr>
<td>F. The facility has a written plan for emergency preparedness (e.g., pandemic influenz or natural disaster).</td>
<td>Yes  No</td>
<td></td>
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### II. Healthcare Personnel and Resident Safety

#### Healthcare Personnel

<table>
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<tbody>
<tr>
<td>A. The facility has work-exclusion policies concerning avoiding contact with residents when personnel have potentially transmissible conditions which do not penalize with loss of wages, benefits, or job status.</td>
<td>Yes  No</td>
<td></td>
</tr>
<tr>
<td>B. The facility educates personnel on prompt reporting of signs/symptoms of a potentially transmissible illness to a supervisor.</td>
<td>Yes  No</td>
<td></td>
</tr>
<tr>
<td>C. The facility conducts baseline Tuberculosis (TB) screening for all new personnel.</td>
<td>Yes  No</td>
<td></td>
</tr>
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</table>
The Process

• Designate your point of contact
  o Nurse supervisor, IC Coordinator

• DOHMH team will schedule an appointment
  o Plan for ½ day
  o Any areas you’d like to focus on?

• Infection control/prevention survey
  o Provided before visit
  o Can compete ahead of time → focused discussion
The Process, con’t.

• **Site visits**
  - Discuss survey
  - Improvement planning

• **Optional: Observations, staff presentation**
  - After the visit
  - Follow-up contact

• **Answer questions, provide information, etc.**
  - Long-term Outcomes
  - Development of sector specific training and education programs based on identified needs

• **We have sign up sheets!**
Thank You.

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