



LRHA Presents




LOUISIANA RURAL INFECTION CONTROL TRAINING PROGRAM

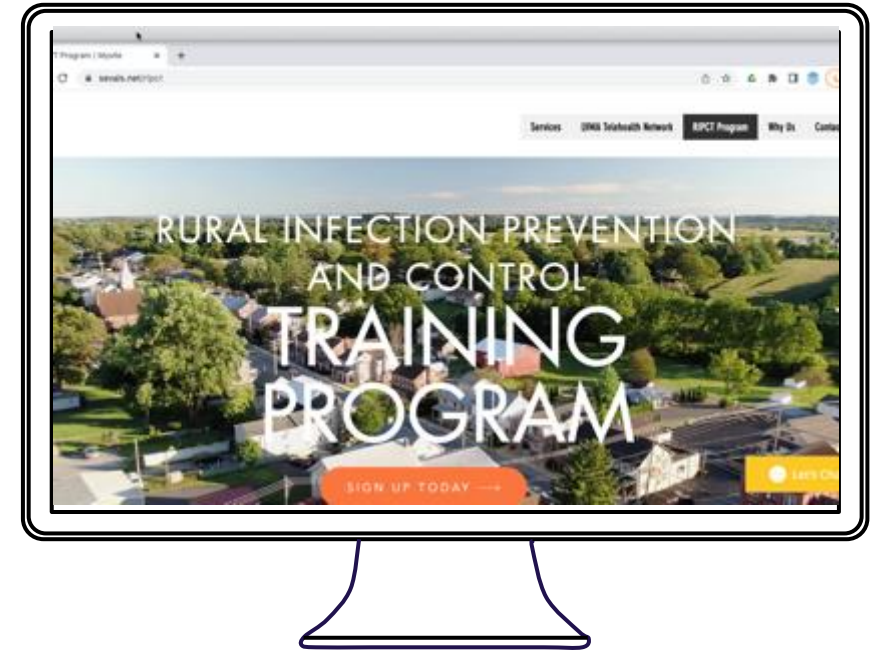
Educating Rural Hospitals and Rural Health Clinics on the most up to date evidence-based practices to ensure regulatory success and utmost patient safety



Good Morning Shout-Outs

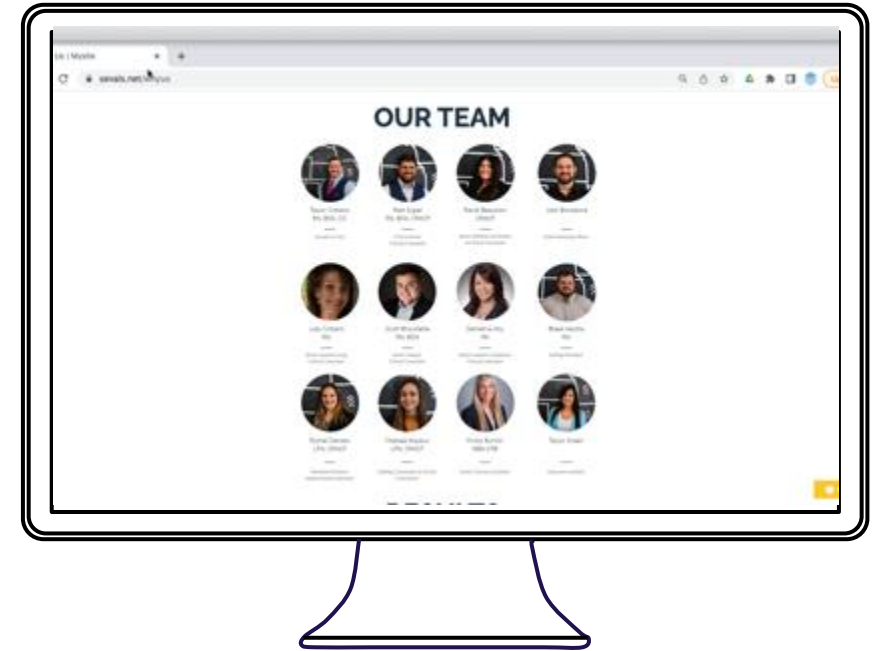
Let's get comfortable with how this presentation will go forward and how to utilize the platform

-  **Where Are You From?**
-  **How long in Infection Control Role?**
-  **Are you signed up yet?**



Who Is Southern EVALS

Louisiana Born. Compliance Experts. Problem Solvers.



- **Mission: Help Hardworking Healthcare Providers Increase Revenue and Maximize Patient Safety**
- **Values: Honesty. Transparency. Consistency. Hard Work. Compassion**
- **Vision: Provide Safer Care for 1 Billion Patients by Helping 10,000 Healthcare Providers Succeed.**

**“Provide Safer Care
For 1 BILLION Patients”**






RHC BASICS


All Foundational Elements that are needed to have a
compliant and successful Infection Prevention and Control
Program




The Three P's



Paperwork



Policy and Procedure



Practice



You Can Make A **DIFFERENCE!!!**



It is up to you as a healthcare leader to make positive changes that will have positive effects on **YOUR COMMUNITY.**





PAPERWORK

Items that are needed to be completed and updated according to regulatory standards for a compliant Infection Prevention and Control Program.



The RHC Bible

All Regulatory Agencies have one thing in common.... They all have specific items that they require you to have in place to be in compliance. We have found through our years and years of survey that not only having those items present is required but that those items organized in a certain way per the standards makes for an easy and efficient experience with surveyors of all type. That is why we recommend putting together what we call an RHC Bible. The RHC Bible has all of the paperwork items that are required, tabbed out and labeled for easy recollection when reviewed by a regulatory surveyor.



“Just Like This = Check off the List ”

The RHC Bible

Infection Control

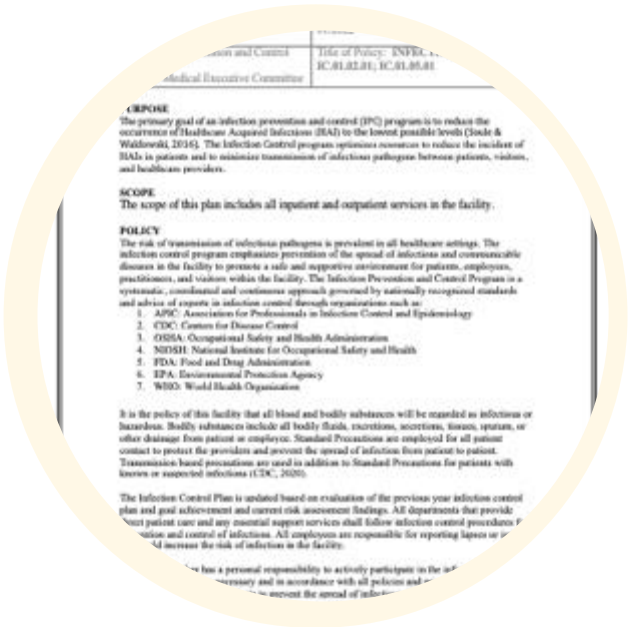
"This is nice!"

Out of the Thousands of Surveyors that work throughout the Country, less than 5% specialize in Infection Prevention and Control. Realize that many surveyors that will be looking into this area already have a list of items that they are required to look at. These things are concrete and have always been required.

- **Program Plan**
- **Risk Assessment and Goals**
- **Program Evaluation**
- **Policy and Procedures**
- **Infection Control Logs**
- **QAPI/PDCA Data**



The BIG THREE



Program Plan:

Priority Risk are those with highest outcome

	Probability Risk will occur				Potential Severity if Risk Occurs			
	High	Med	Low	None	Life Threatening	Permanent Harm	Temporary Harm	None
Respiratory Infections	4	3	2	1	4	3	2	1
Central Line Associated Bloodstream Infections (CLABSI)			2				2	
Healthcare-Associated Urinary Tract Infections (HAUTI)			2	1			1	
Healthcare-Associated Pneumonia (HAP)			2				1	
Healthcare-Associated Infections (HAI)	4						2	2
Healthcare-Associated Infections (HAI)			2				2	
Healthcare-Associated Infections (HAI)			3				2	2
Healthcare-Associated Infections (HAI)				2			2	
Healthcare-Associated Infections (HAI)				1			1	
Healthcare-Associated Infections (HAI)	4						2	
Healthcare-Associated Infections (HAI)	4		2				2	
Healthcare-Associated Infections (HAI)	4		2				2	
Healthcare-Associated Infections (HAI)	4		3	2			2	
Healthcare-Associated Infections (HAI)	4						2	
Healthcare-Associated Infections (HAI)	4			1			1	
Healthcare-Associated Infections (HAI)			3	2			2	
Healthcare-Associated Infections (HAI)			3				2	

Risk Assessment:

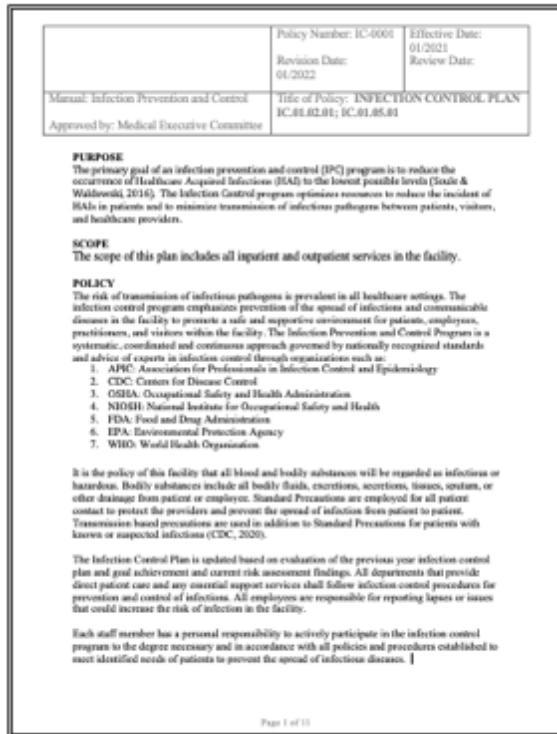
	Rationale				Goals	Objectives	Measures
	Assess	Plan	Do	Check			
Reduce Healthcare Associated Infection Rate	X	X	X	X	Improve hand hygiene practices by staff and visitors	Monitor compliance rate	1. Monitor HAI rate, 2. Monitor CLABSI rate, 3. Monitor HAUTI rate, 4. Monitor HAP rate, 5. Monitor HAI rate, 6. Monitor HAI rate, 7. Monitor HAI rate, 8. Monitor HAI rate, 9. Monitor HAI rate, 10. Monitor HAI rate
Reduce Healthcare Associated Infection Rate	X	X	X	X	Reduce healthcare associated infection rate	Monitor compliance rate	1. Monitor HAI rate, 2. Monitor CLABSI rate, 3. Monitor HAUTI rate, 4. Monitor HAP rate, 5. Monitor HAI rate, 6. Monitor HAI rate, 7. Monitor HAI rate, 8. Monitor HAI rate, 9. Monitor HAI rate, 10. Monitor HAI rate
Reduce Healthcare Associated Infection Rate	X	X	X	X	Reduce healthcare associated infection rate	Monitor compliance rate	1. Monitor HAI rate, 2. Monitor CLABSI rate, 3. Monitor HAUTI rate, 4. Monitor HAP rate, 5. Monitor HAI rate, 6. Monitor HAI rate, 7. Monitor HAI rate, 8. Monitor HAI rate, 9. Monitor HAI rate, 10. Monitor HAI rate

Program Evaluation:



Program Plan

The 10,000 Foot view of everything involved in your Program



All the Basics

The Clinic can provide evidence that the it has developed general infection control policies and procedures that are based on nationally recognized guidelines and applicable with state and federal law

Can Be All In One

The RHC Infection Control Required elements can be all stated in this plan or separated our into separate policies. For Clarity we usually recommend separating them.

Survey Problem

Your Infection Control Plan needs to be updated Annually or if you have any changes in your program like new threats or new service lines. Most plans are cited for not including all elements performed or they are outdated.



Program Plan

Elements Needed

The program plan is the overview of everything you do in your Infection Prevention and Control Program. It is best practice to have the following included in your plan.

- **Purpose/Elements of Program**
- **Authority and Responsibilities**
- **Reporting Methodology**
- **Employee Health**
- **Outbreak/Influx of Disease**
- **Surveillance Plan/Evaluation**
- **Program Annual Goals**
- **References**



Risk Assessment

Identifying what the top priorities are in your facility

Infection Control Risk Assessment for 2022 * Highest Priority Risk are those with highest outcome scores

Risk Event	Probability Risk will occur				Potential Severity if Risk Occurred				How well prepared to manage risk			Priority Score		
	High	Med	Low	None	Life Threatening	Permanent harm	Temporary harm	None	Poorly	Fairly well	Well			
Score	4	3	2	1	4	3	2	1	3	2	1			
Incidence of MDRO Infections:														
MRSA			2				2					1	5	
VRE				1				1				1	3	
Clostridium difficile			2					1				1	5	
Extended Spectrum Beta Lactamase Resistant Organisms (ESBL)				1				1				1	3	
Incidence of HAI														
Urinary Tract Infections	4						2			2			8	
Skin Soft Tissue Infections			2					2				1	5	
Respiratory Infections		3						2		2			7	
Lack of at 100% Compliance with:														
COVID-19 Vaccination Compliance (6)			2					2					1	5
Standard Precautions Compliance				1				1					1	3
Hand Hygiene Compliance	4							2					1	7
Employee Communicable Disease Occurrences			2					2					1	5
Less than 90% staff receive annual Flu Vaccine	4							2					1	7
Needle-stick injury /BBP exposure Occurrences			2					2					1	5
Inadequate Cleaning of High Touch Areas		3						2					1	6
Inadequate Cleaning of reusable med equipment	4							2			2			8
Surveillance IC breaches	4							2					1	7
Incidence of new & chronic Diagnosed cases of STIs				1					1				1	3
Incidence of Present @ Admit Infections														
Healthcare worker TB screening compliance		3						2					1	6
Outbreak Occurrences		3						2					1	6
Pandemic Infection COVID-19	4							2			2			8

➤ What are the problems?

The Clinic utilizes a risk assessment process to prioritize selection of quality indicators for infection prevention and control

➤ Keep It Simple

When performing a risk assessment ask your team what they think are problems and make those priorities.

➤ Survey Problem

Your Risk Assessment has key components that need to be included when assessing your RHC. Does your clinic do diabetic foot care? Does your clinic have separate sick and well waiting? Does your clinic disinfect instruments? The prioritized risks need to be easily identified and then transitioned into goals for the program. Risk assessment has two parts the narrative and the chart.



Risk Assessment Narrative

Elements Needed

The risk assessment has two components: The Narrative and the Chart. The following items are best practice to have in your Risk Assessment

- **Scope of Services**
- **Community Demographics**
- **Local Pattern of Disease**
- **TB Parish Profile**
- **National Concerns**
- **Patient Factors**
- **Surveillance and Identified Risks**
- **Prioritized Risks = Goals**

Risk Assessment Chart

Infection Control Risk Assessment for 2022 * Highest Priority Risk are those with highest outcome scores

Risk Event	Probability Risk will occur				Potential Severity if Risk Occurred				How well prepared to manage risk			Priority Score
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Incidence of MDRO infections:												
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Respiratory Infections		3					2			2		7
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Standard Precautions Compliance				1				1			1	3
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Incidence of Present @ Admit Infections			2				2				1	5
Healthcare worker TB screening compliance		3					2				1	6
Outbreak Occurrences		3					2				1	6
Pandemic Infection COVID-19	4						2			2		8

- Based Off of Previous Year and Opinion
- Has it happened? Severity if happens? How well prepared?
- Rank The Priorities and Create Goals



Risk Assessment

Priority #	Priority Indicator	Rationale				Goals	Objectives	Strategies
		Reg/Rec	Accred	^ Prev	Prop Risk			
1	COVID-19	X	X	X	X	100% of COVID-19 positive patients are isolated per procedure in 2022.	<p>Screen every person that enters the facility for symptoms.</p> <p>Limit Visitation and unnecessary Traffic into the facility</p> <p>Educate all Staff on COVID-19 and the Facilities Prevention Plan</p> <p>Ensure Proper PPE is ordered and provided</p> <p>Execute COVID-19 Pandemic Plan and All Elements</p>	<ol style="list-style-type: none"> 1. Continue to perform temperature screening and ask full list of questions for every individual who enters the facility. Follow guidelines for if symptoms are present or if temperature is above threshold. Monitor staff self checks in the back to make sure all staff are completing self temp checks. 2. Update guidelines as they are presented by the State and CDC 3. Eliminate Visitation and introduce other forms of communication for visitation like video call, etc. 4. Assess Each departments preparedness for COVID-19 and their compliance with procedures in the facility plan. 5. Ensure purchasing orders proper cleaning and PPE supplies as well as ensure staff understand how to use them. 6. Assess Isolation Strategy for patient that have suspected or confirmed COVID-19 for effectiveness. 7. Coordinate COVID-19 vaccinations for staff and Vaccinate As Many Staff members as possible. 8. Provide Education on the vaccine, how it was made, adverse effects and benefits. 9. Attempt to obtain testing supplies that would allow testing is warranted. 9. Implement CDC COVID-19 Guidelines
2	IC environmental surveillance breaches	X	X	X	X	Create EOC Rounds picture report that will be provided to all department leaders. 100% of items identified will be corrected or fixed	<p>Create EOC Rounds picture report format</p> <p>Schedule meetings to provide department leaders with findings.</p> <p>Monitor each unit for environmental compliance</p> <p>Ensure facility is constructed and organized in a compliant manner</p>	<ol style="list-style-type: none"> 1. Create EOC Rounds picture report format through an innovative software 2. Identify breaches in environmental rounds each month and provide detailed picture report to specific departments on what they are responsible to correct. 3. Implement spot checks to ensure corrections are made 4. Create PDCA of any big issues that will take an extended amount of time to fix or correct
3	Hand Hygiene Compliance	X	X	X	X	Achieve 100% compliance by 2022	<p>Monitor compliance rate</p> <p>Perform increased Surveillance</p> <p>Improve compliance rate</p> <p>Implement Dr. Green System</p>	<ol style="list-style-type: none"> 1. Perform 30 observations per month via Secret Shopper Rounds, IC Personnel Rounds and Dietary Rounds to get more feedback on hand hygiene. 2. Print and display new hand hygiene posters and provide printed info for staff, patients and visitors on the importance of hand hygiene. Place in each location throughout facility. 3. Maintain hand sanitizer in easily accessible locations for staff and visitors. Implement key chain hand sanitizers. 4. Ensure bathroom hand hygiene products and hand washing stations are stocked 5. Educate staff and patients on the importance of and proper technique of hand washing through demonstration

➤ **Goals: Need to be SMART Goals. Specific. Measurable. Attainable. Relevant. Time based.**

➤ **Objectives: Macro. Concepts**

➤ **Strategies: Micro. What you plan on doing to complete your goals**





Program Evaluation

Measurement of the success of your program



➤ Evidence Your Work

The Clinic needs to provide evidence that Infection Control problems identified are addressed with ongoing evaluation of interventions implemented for success.

➤ A Look Back

Have a quick glance at your past year and identify what you did good and what you can improve on in regards to infection control

➤ Survey Problem

Your Evaluation is a review of your previous years program and goals. This document you are able to evidence all of the success you had in the previous year with specific examples of what you accomplished and how. Biggest issues here are they are not completed or that goals that are reached are not readjusted. Many times in the RHC we evidence this through our Quality Projects.



Program Evaluation

Goal	Priority Indicator	Target	Actual	Notes	Strategies
1. Increase staff influenza vaccination rate to 95%					<ul style="list-style-type: none"> Education was provided on the importance of the flu vaccine to protect themselves and patients from the flu. Education was around the difference in flu and COVID symptoms as well. Education was pushed that the COVID vaccine would not cover them for the flu. Post CDC informational posters throughout the hospital beginning in September 2021 to promote vaccination compliance. Flu Vaccines offered at no cost to employees. Increase number of influenza vaccination clinics to provide more opportunities for staff. Report rates to NHEN.

Goal #1: Increase staff influenza vaccination rate 95%

Strategies Implemented:

- Increase education to staff and UP's beginning in September 2021, on importance of influenza vaccination.
 - Education was provided on the importance of the flu vaccine to protect themselves and patients from the flu. Education was around the difference in flu and COVID symptoms as well. Education was pushed that the COVID vaccine would not cover them for the flu.
- Post CDC informational posters throughout the hospital beginning in September 2021 to promote vaccination compliance.
 - CDC Flu Poster was posted throughout the facility in areas that are easily viewable close to the COVID-19 posters. These posters were the updated posters from the CDC.
- Flu Vaccines offered at no cost to employees.
 - All staff were made aware of the free vaccines and encouraged to take their flu vaccine.
- Increase number of influenza vaccination clinics to provide more opportunities for staff.
 - DON and other staff were available to give Flu vaccines throughout the year.
- Report rates to NHEN.
 - Flu rates were collected for year 2021.

Overall Flu Vaccine Compliance as of January was low for all staff in 2021. Will get complete % in March 2021. The flu numbers were absolutely not accurate for the year per the CDC. COVID-19, social media and news broadcasts extremely affected staffs desire to receive the vaccine. Increase hand hygiene for 2022.



What you need to do in your evaluation is review the strategies that you documented, review how you performed those strategies, document if they were successful and finally state whether you reached your goal or if continued efforts are needed to be made.



You will want to use this evaluation to update and formulate your Program Plan for the next year. Make sure if you accomplished any of your goals that you set either higher thresholds or set new goals





POLICY AND PROCEDURE

The innerworkings of your facility as stated in your policies and procedures.



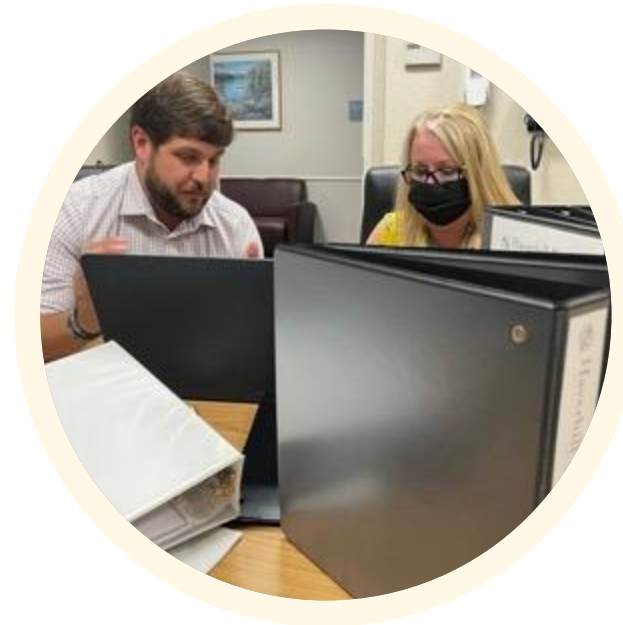
Policy & Procedure



Policy and Procedure on All Elements of Infection Control Program in the RHC



Annual Update and Approval



Available for Staff

“Don’t Back Yourself in a Corner”



SOM Appendix G

§ 491.6(b)(3): The Premises are Clean and Orderly

- The RHC must provide and maintain a clean and orderly environment. All areas of the clinic must be clean. These areas include, but are not limited to, the waiting area(s), exam room(s), staff lunch-room(s), rest room(s), and office space. The clinic must appropriately monitor housekeeping, maintenance (including repair, renovation, and construction activities), and other activities to ensure a functional and clean environment. Policies and procedures for an orderly and clean environment must address the following:
 - Measures taken to maintain a clean and orderly environment during internal or external construction/renovation
 - Measures to prevent the spread of infectious diseases. At a minimum the following must be addressed
 - Hand hygiene for staff having direct patient contact
 - Safe injection practices
 - Single-use devices
 - High-level disinfection and sterilization
 - Safe use of point-of-care devices
 - Routine cleaning of environmental surfaces, carpeting, and furniture
 - Disposal of waste, including medical waste
 - Food sanitation, if employee food storage and eating areas are provided
 - Pest control.



KNOW YOUR GUIDELINES:

- CDC
- WHO
- APIC
- TCT or AAASF



Have These Elements
Ensure Items State Accurate Info
About your practice



Renovation/Remodeling

J-0044: Maintaining a Clean Environment with Renovation and Remodeling

- The Clinic shall maintain a clean and orderly environment during renovation or construction projects. When such projects require active construction, access to the area shall be restricted with caution or warning signs. Employees and patients shall be given written instructions on alternative entrances and routes throughout the building. Debris, construction waste, old carpeting or wall coverings and trash shall be disposed of according to local and state guidelines. Remedial construction to remove mold, asbestos or other hazards shall be performed by licensed contractors who are recognized by the city or state. Any building renovation or remodeling shall be subject to federal, state or local requirements that apply to the RHC. The state rural health office, the state department of health (if the RHC is licensed) and the CMS MAC shall be informed of changes in address or in the original certified space, as is applicable.

“Especially with renovations of older buildings, Remember to have your contractor remove all items in a safe manner while protecting patients and employees in the process.”





Hand Hygiene

J-0040: Hand Hygiene per Guidelines

- Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization and have at minimum:
 - Soap water and a sink are readily accessible in appropriate locations including, but not limited to patient care areas and food medication preparation areas. 3-foot rule or have barrier in place.
 - Alcohol based hand rub is readily accessible and placed in appropriate locations.
 - Personnel perform hand hygiene
 - Before contact with patient
 - Before performing an aseptic task
 - After Contact with the patient
 - After contact with blood, body fluids or visibly contaminated surfaces
 - After removing gloves
 - Personnel performs hand hygiene using soap and water when hands are visibly soiled or after caring for a patient with known or suspected C.difficile or norovirus during an outbreak.

Set goals for improving hand cleaning. Use the goals to improve hand cleaning.



KNOW YOUR GUIDELINES:

- CDC
- WHO



Secret Shopper Observations Great Quality Project



Blood Borne Pathogens

J-0040: Blood Borne Pathogen Exposure Control

- The Clinic Administrator shall be responsible for
 - Identifying the exposure risk of an employee by job description;
 - Notifying the clinic employees of potential exposure risks and safeguards and providing training on exposure control;
 - Providing proper labeling of bio-hazardous materials and storage areas;
 - Providing Personal Protection Equipment;
 - Maintaining a cleaning schedule;
 - Offering Hepatitis B vaccination to all employees at risk of exposure free of charge
 - Providing post-exposure examination and follow-up including a medical record outlining the treatment
 - Maintaining records of exposure incidents and other documentation as needed.
 - Conducting a post-exposure evaluation of exposure incidents.

Walk through in policy:

- **Biohazardous Materials**
- **PPE and where it is**
- **Prevention of Needle Sticks and Sharps Injuries**
- **Immediate First Aid if Incident Happens**
- **Diagnostic Testing and Prophylaxis**
- **Subsequent Testing and Treatment**



STEP BY STEP PACKET





Disinfection and Sterilization

J-0040: Sterile Instruments and Supplies

- Describe what the clinic uses and if they are disposable or if they need to be sterilized.
 - If disposable, describe how they are prepackaged, are disposable, integrity of package is inspected, will not be reused and transported and disposed of properly
 - If not disposable, itemize the following
 - Inspection of instruments
 - Storage of Instruments
 - Precleaning at bedside
 - Transport of instruments
 - Cleaning of Instruments
 - Linear Flow of Cleaning
 - Packaging and Sterilization
 - Manufacturers Guidelines
 - Logging of Process
 - High Level Disinfection:
 - Label the Solution in the Container once poured
 - Manufacturers guidelines for solution use and disinfection times
 - Logging of the Process as well as the testing of the solution
 - Expiration Dates and when to throw out.



MANUFACTURERS GUIDELINES ARE CRUCIAL!!!



Building Sanitation/Cleanliness

J-0044: Cleanliness of Food Storage and Dining Areas

- The Clinic shall keep all areas where food is stored, prepared or served neat and clean. Employees shall be informed during orientation or on the job training of the procedures for maintaining clean and neat break rooms, meeting rooms and other common areas of the RHC.
 - Employees are responsible for cleaning up after themselves and properly disposing of trash and leftover food in accordance with procedures implemented by the clinic
 - Employees may not eat or drink at workstations located in patient care area.
 - Employees are responsible for food items they have placed in cabinets, refrigerators or on surfaces of common areas. Leftover food, partially eaten food, or food waste shall not be left in common areas of the clinic for more than a reasonable amount of time. Employees are responsible for disposing of or taking away leftover or opened and uneaten food items.
 - Food items shall only be stored in designated areas, cabinets or refrigerators, which are labeled "Food Only".
 - Employees shall be responsible for clearing surfaces (countertops, tables, microwave surfaces) of food debris, spills, crumbs, used paper products created from their own dining activities.
 - The clinic shall use disposable paper goods and utensils in the serving or consuming of food items.
 - Coffee pots, counter-top appliances, or stove-tops are allowable.
 - Trash or waste from areas where food has been consumed must be disposed of daily and taken to exterior garbage receptacles or bins.
 - No food items shall be consumed in patient care or treatment areas even if that area is the employee's regular work space.
 - Patients shall be discouraged from eating or drinking in the waiting room or other public areas of the clinic. Should an employee notice that food or drink has been consumed in these areas, the employee should dispose of the waste or notify the appropriate housekeeping staff whichever is most expediate.
 - Kitchen areas, breakrooms and other common areas shall be included in regular cleaning schedule of the clinic.

"Have a Physical Clinic Cleaning Schedule Itemized for all areas"



Circle Contact Time on Bottle

THREE KEY ASPECTS

**Clean Environment
Safe Food Storage
Consistency**

Medical Waste Disposal

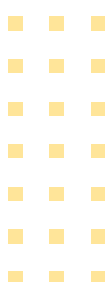
J-0040 & J-0044 Medical Waste Handling and Disposal

- Trash Receptacles:
 - All trash receptacles in patient care areas shall be well kept and emptied regularly
- Red Bag Waste
 - Regulated Medical Waste (soft waste) shall be discarded into containers with closable, puncture-proof, leak-resistant red bags.
 - Receptacles for medical waste which are located in patient treatment areas shall be equipped with lids. The receptacles shall be red in color and/or marked as containing medical waste.
 - Medical waste shall be removed from the patient care or treatment area as soon after the performance of a procedure as is practical and placed in the secondary storage area.
 - Secondary containers for medical waste shall be located in areas with secure access away from patient care areas. The containers are marked as bio-hazardous waste.
 - Medical waste shall not be stored in areas where clean medical supplies are stored.
 - Red bags and other waste containers are provided through the service vendor under agreement.
- Sharps Containers
 - Contaminated needles are discarded in closable, puncture-resistant, leak-resistant containers which are labeled as bio-hazardous. The containers are emptied or replaced when the manufacturer-placed indicator is reached. Containers shall be placed at an appropriate height and be out of reach of children. Containers should be mounted and secured. Containers shall be dated if the state regulations require them to be discarded based on duration of use and not full status.
- PPE and Disposable Items
 - Providers and clinical staff shall use PPE, as needed, to protect themselves from exposure to contaminated equipment and exposure to body fluids. Contaminated PPE (gloves, masks, gowns) and disposable laundry items (gowns, drapes, sheets) shall be discarded in red bags
- Disposal of Bio-Hazardous Waste
 - The off-site disposal of Regulated Medical Waste is performed under a service agreement with a third-party which is compliant with federal, state and local laws pertaining to medical waste management. The agreement covers the disposal of sharps and red bag waste. The service provider makes routine, scheduled pick-ups of regulated medical waste and is available as needed for additional services.

Must Have:

**Medical Waste
Service
Agreement**

**Specific Storage
Area for
Biohazardous
Medical Waste**



Pest Control

J-0044: Pest Control

- The Clinic shall make provisions for pest control management and treatment that is appropriate for the geographic location, climate, season and building structure type. Pest and vermin control management and treatment shall apply to both interior and exterior areas of the clinic and to any outbuildings or storage sheds. Pest control management shall be provided by service contract or arrangement either periodically or as needed.
 - Employees shall be notified in advance of scheduled pest treatment spraying. Such disclosure shall be consistent with state requirements for notifying employees of chemical and insecticide use in the workplace.
 - Employees shall notify the clinic manager or clinic administrator if they see or suspect insect infestation inside (cockroaches, ants, mice, etc.) or outside (ants, wasps, bees, termites, etc.) of the clinic.
 - Providers shall immediately notify the clinic manager or clinic administrator if they treat a patient for an insect or parasite-related conditions (lice, bedbugs, or scabies, for example) which might require special cleaning or treating of an area occupied by the patient and/or family members. The manager in cooperation with the clinical staff shall implement actions to detect, control and limit exposure and the spread of disease. The medical staff shall determine if specific medical management polices are needed in situations of outbreaks of infestation within the community.
 - Caution should be exercised by pest control contractors, maintenance workers, and employees to ensure that the safest possible environment is maintained during extermination and other deployment of pest management services.



Have On Hand

Pest Control Service Agreement

Template Pest Control Notice to Employees

Reportable Diseases



RHC Reporting of Disease

Per the Sanitary Code:

- In the rare case that this happens, Louisiana requires all healthcare providers to report certain classes of infections on specific timelines

Make A Connection

- It is always great to know who your representative is with the Office of Public Health and have their contact information. This department has resources that are helpful as new infections emerge or outbreaks happen.

Have copy of state reportable diseases attached to your policy. Develop relationship with local OPH Office.

Sanitary Code - State of Louisiana
Part II - The Control of Disease

DEPARTMENT OF HEALTH

LAC 51:221.015 The following diseases/conditions are hereby declared reportable with reporting requirements by Class:

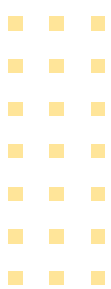
Class A Diseases/Conditions - Reportable Immediately (24 Hours)

Class B Diseases/Conditions - Reportable Immediately (24 Hours) if in a hospital or in a public laboratory and reportable within 72 hours if not in a hospital or in a public laboratory

Class C Diseases/Conditions - Reportable Immediately (24 Hours) if in a hospital or in a public laboratory and reportable within 72 hours if not in a hospital or in a public laboratory

Class D Diseases/Conditions - Reportable Immediately (24 Hours) if in a hospital or in a public laboratory and reportable within 72 hours if not in a hospital or in a public laboratory

Adenovirus (any serotype)	C. difficile (any serotype)	C. meningitidis	Measles (including congenital)	Scarlet fever
Botulism (any type)	C. pneumoniae	C. trachomatis	Meningitis (bacterial, viral, fungal)	Shigellosis
Cholera	Cryptosporidium (any serotype)	C. trachomatis	Meningitis (viral)	Shigellosis (any serotype)
Diphtheria	Cryptosporidium (any serotype)	C. trachomatis	Meningitis (viral)	Shigellosis (any serotype)
Epidemic typhus	Cryptosporidium (any serotype)	C. trachomatis	Meningitis (viral)	Shigellosis (any serotype)
Enteric fever (typhoid and paratyphoid)	Cryptosporidium (any serotype)	C. trachomatis	Meningitis (viral)	Shigellosis (any serotype)
Enteric fever (typhoid and paratyphoid)	Cryptosporidium (any serotype)	C. trachomatis	Meningitis (viral)	Shigellosis (any serotype)
Enteric fever (typhoid and paratyphoid)	Cryptosporidium (any serotype)	C. trachomatis	Meningitis (viral)	Shigellosis (any serotype)
Enteric fever (typhoid and paratyphoid)	Cryptosporidium (any serotype)	C. trachomatis	Meningitis (viral)	Shigellosis (any serotype)
Enteric fever (typhoid and paratyphoid)	Cryptosporidium (any serotype)	C. trachomatis	Meningitis (viral)	Shigellosis (any serotype)
Enteric fever (typhoid and paratyphoid)	Cryptosporidium (any serotype)	C. trachomatis	Meningitis (viral)	Shigellosis (any serotype)





Employee Health



Employee Health Files

- The Clinic ensures all personnel are screened for tuberculosis (TB) upon hire and, for those with negative results, determine ongoing TB screening criteria based upon facility/unit risk classification.
- The clinic ensures personnel with TB test conversion are provided with appropriate follow-up.
- The clinic offers Hepatitis B vaccination series to all employees who have potential occupational exposure and offers post-vaccination testing for immunity after the third vaccine dose is administered.
- The Clinic offers Influenza Vaccination to all employees
- The Clinic follows their COVID-19 Vaccination Mandate per state guidelines



State of Louisiana Requires:

- **TB Test upon hire and annually. Annual TB Screen can be done for all employees instead of TB Skin test annually.**
- **Hep B Proof of vaccination or declination. Just have to have documentation of either**
- **COVID-19 Vaccination or Exemption Documentation**
- **Influenza Vaccination or Denial Documentation Annually**



Sharps Safety

Key Items to be aware of:

- Injections are prepared using aseptic technique in an area that has been cleaned and is free of contamination
- Needles are used for only one patient
- Syringes are used for only one patient
- Insulin pens are used for only one patient
- The rubber septum on all medication vials, whether unopened or previously accessed is disinfected with alcohol prior to piercing
- Medication vials are entered with a new needle
- Medication vials are entered with a new syringe
- Medication vials labeled for single dose are only for one patient
- Bags of IV solution are used for only one patient (not source of flush)
- Medication administered tubing and connectors for only one patient
- Multi-dose vials are dated when they are first opened and discarded per policy or manufacturers guidelines.
- Multi-dose medication vials use for more than one patient are stored appropriately and do not enter the immediate patient treatment area.
- All sharps are disposed of in a puncture resistant sharps container
- Sharps containers are replaced when the fill line is reached.
- Sharps containers are disposed of appropriately as medical waste.

Point of Care Testing

- Hand Hygiene performed before, gloves work during, one lancet per patient, device used cleaned in between patients.



**Know where
the key is to
change out
Empty when
at full line**



Transmission Based Precautions

Know When to Implement the Following

- Supplies for adherence to standard precautions using PPE (gloves, gowns, mouth, eye, nose and face protection) are available and located near point of use
- Personnel wear gloves for procedures/activities where contact with blood and/or other potentially infectious materials, mucous membranes, non-intact skin or potentially contaminated intact skin could occur.
- Healthcare personnel change gloves and perform hand hygiene before moving from a contaminate body site to a clean body site
- Gowns are work to prevent contamination of skin clothing during procedures/activities where contact with blood, body fluids, secretions or excretions could occur.
- Gowns and gloves are removed and hand hygiene is performed
- Appropriate mouth, nose and eye protection is work for aerosol generating procedures and/or procedures/activities that are likely to generate splashes or sprays of blood, body fluids, secretions or excretions.
- Facemasks are worn by healthcare personnel when warranted.
- Understand the differences between Contact, Droplet and Airborne Precautions

DISEASE-SPECIFIC ISOLATION RECOMMENDATIONS	
Standard Precautions <ul style="list-style-type: none"> • CMV • HIV • Hepatitis B and C • Aspergillosis 	
Contact Precautions <ul style="list-style-type: none"> • MRSA (mask if respiratory infection) • VRE • Adenovirus • Diarrhea • C. Difficile • Rotavirus • E coli 0157 • Enterovirus • Salmonella • Shigella • Hepatitis A • Herpes Zoster (shingles, localized) • Herpes simplex • Parainfluenza (mask if coughing) • RSV (mask if productive cough) • Lice • Scabies • Chicken pox (symptomatic, until all lesions crusted and dried) 	
Droplet Precautions <ul style="list-style-type: none"> • Pertussis • Influenza A or B • MRSA (respiratory infection) • Neissera meningitides (suspected or confirmed) • Coxsackie • Bacterial meningitis (for 24 hours after effective antibiotic therapy) • RSV (droplet and contact) • Mumps • Rubella 	
Airborne Precautions <ul style="list-style-type: none"> • Chicken pox • Disseminated herpes zoster (shingles) • Measles • N-95 Mask: <ul style="list-style-type: none"> • Tuberculosis • SARS • Avian influenza 	

Staff need to know where PPE is located, how to get more and what size N95 they wear.

House Keeping

Process to Properly Clean a Room

- During Environmental Cleaning Procedures
 - Personnel wear appropriate PPE to prevent exposure to infectious agents and chemicals
 - Environmental surfaces in patient care areas are cleaned and disinfected on a regular basis, when spills occur and when surfaces are visibly contaminated.
 - After a patient vacates a room, all visibly or potentially contaminated surfaces are thoroughly cleaned and disinfected with towels and be linens replaced with clean items
 - Separate clean cloths are used to clean each room and corridor
 - Mop heads or cleaning cloths are laundered after use using appropriate laundry techniques
 - The hospital decontaminates spills of blood or other body fluids according to its policies and procedures using appropriate disinfectants
 - The hospital has established and follows a schedule for areas/equipment to be cleaned/serviced regularly (HVAC, refrigerators, ice machines, eye wash stations, scrub sinks)



How do I know this is a Clean room?



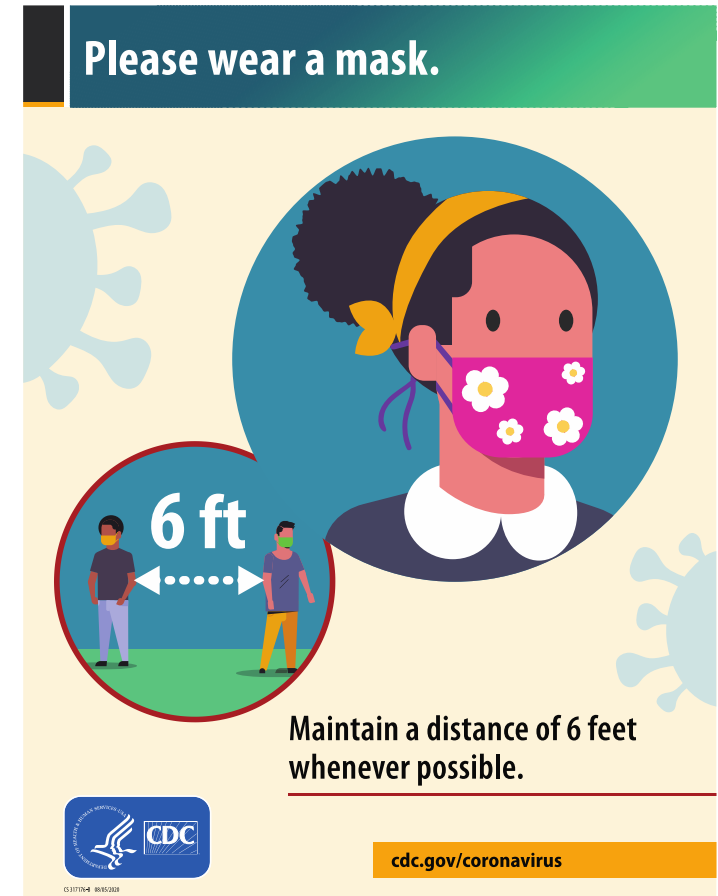


COVID-19 Policies

COVID-19 Policies:

- COVID-19 Plan
- COVID-19 Vaccination
- COVID-19 Screening and Masking
- COVID-19 Workplace Guidelines

KEEP UP THE GREAT WORK!!!
FOLLOW YOUR POLICY
UPDATE YOUR POLICY TO CURRENT
PRACTICE
ENSURE 100%





REMINDERS



Webinar Dates



Webinar Breakdown

There will be 3 types of webinar through this program

- Intro Webinar
- Infection Control/Prevention Basics
 - One Geared towards Hospitals
 - One Geared towards RHCs
- Infection Control/Prevention Advanced
 - One Geared towards Hospitals
 - One Geared towards RHCs

DATE & TIME	DESCRIPTION	AUDIENCE	REGISTER
MAY 17 @ 12:00PM - 1:00PM	PROJECT KICK-OFF	RURAL HOSPITALS & RURAL HEALTH CLINICS	
JUNE 15 @ 10:00AM-11:00AM	INFECTION CONTROL/PREVENTION BASICS	RURAL HOSPITALS	COMING SOON
JUNE 28 @ 12:00PM-1:00PM	INFECTION CONTROL/PREVENTION BASICS	RURAL HEALTH CLINICS	COMING SOON
JULY 14 @ 12:00PM-1:00PM	INFECTION CONTROL/PREVENTION BASICS	RURAL HOSPITALS	COMING SOON
JULY 28 @ 12:00PM - 1:00PM	INFECTION CONTROL/PREVENTION BASICS	RURAL HEALTH CLINICS	COMING SOON
AUGUST 16 @ 12:00PM - 1:00PM	INFECTION CONTROL/PREVENTION ADVANCED	RURAL HOSPITALS	COMING SOON
AUGUST 30 @ 12:00PM - 1:00PM	INFECTION CONTROL/PREVENTION ADVANCED	RURAL HEALTH CLINICS	COMING SOON
SEPTEMBER 15 @ 12:00PM - 1:00PM	INFECTION CONTROL/PREVENTION ADVANCED	RURAL HOSPITALS	COMING SOON





Assessment Application

Infection Control & Prevention Project: Hospital On-Site Assessment and Education Application

Contact Information

1. Hospital Name	2. Hospital Location	3. Primary Contact Name	4. Primary Contact Role/Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Primary Contact Email			
<input type="text"/>			
<input type="button" value="Next"/>			

The link is open!!! Applicants can complete the Infection Control and Prevention Project: On-Site Assessment and Education Application.

There is one link for Rural Hospitals and one link for Rural Health Clinics. Each has specific questions for that facility type.

Based off of the answers to the questions, your facility will be ranked according to our needs algorithm.



THANK YOU

If you have any questions at all, please shoot us an email or give us a call.



-  318-403-3788
-  support@sevals.net
-  www.sevals.net

