Gloves and Bugs, COVID-19, MDROs, Communication, and Collaboration

1 Year Ago

See Your Memories >

Infectious Diseases Society of America

January 9, 2020 ·

A new strain of coronavirus, a type of virus which produced SARS & MERS, may be the pathogen causing China's mysterious pneumonia cases, announced the World Health Organization on Wednesday.

The Washington Post

Democracy Dies in Darkness

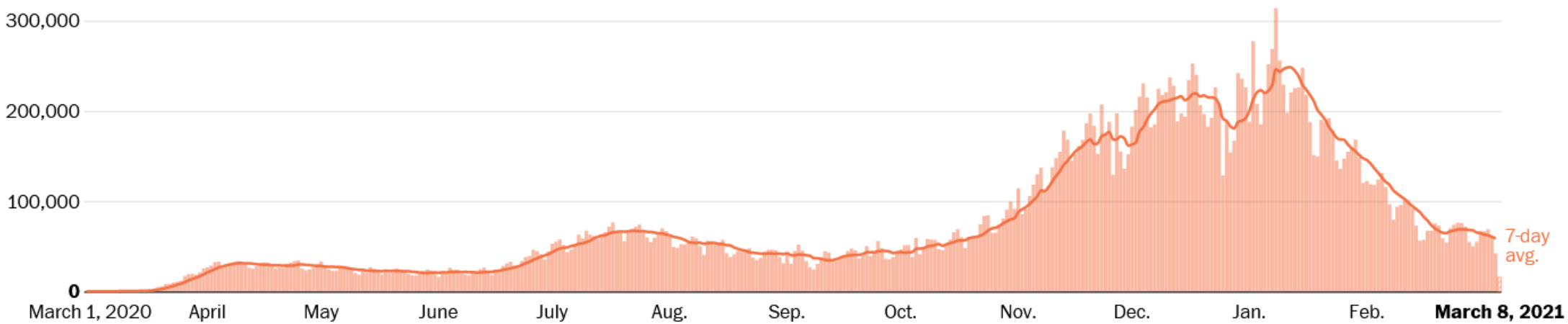
Trends • **Daily counts** • Map • State totals • Testing • Hospitalizations • Vaccinations

New reported cases per day

Deaths | **Cases**

At least 28,949,859 have been reported since Feb. 29, 2020.

Show by **All U.S.**



☑ Show full anomaly values

The Washington Post
Democracy Dies in Darkness

transmissible variants of the virus began to appear.

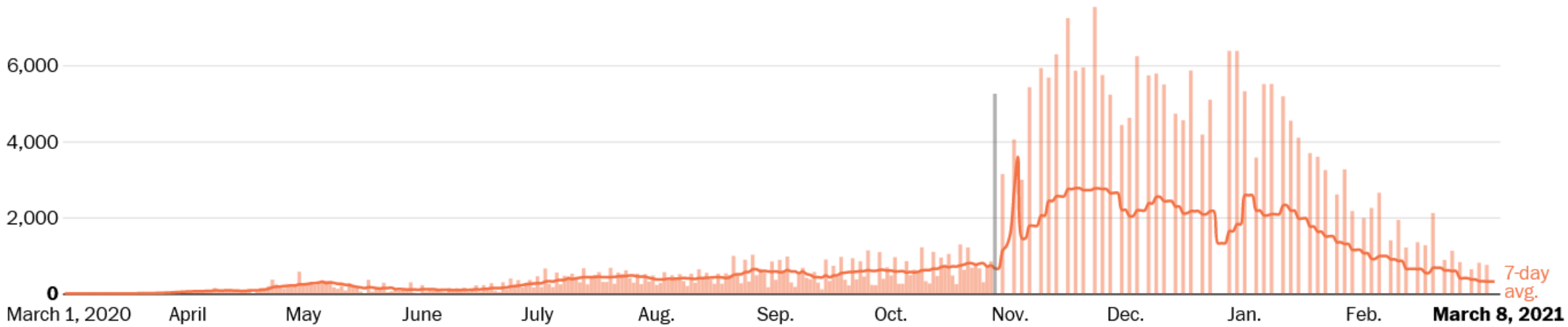
[Visualizing half a million deaths, a number almost too large to grasp]

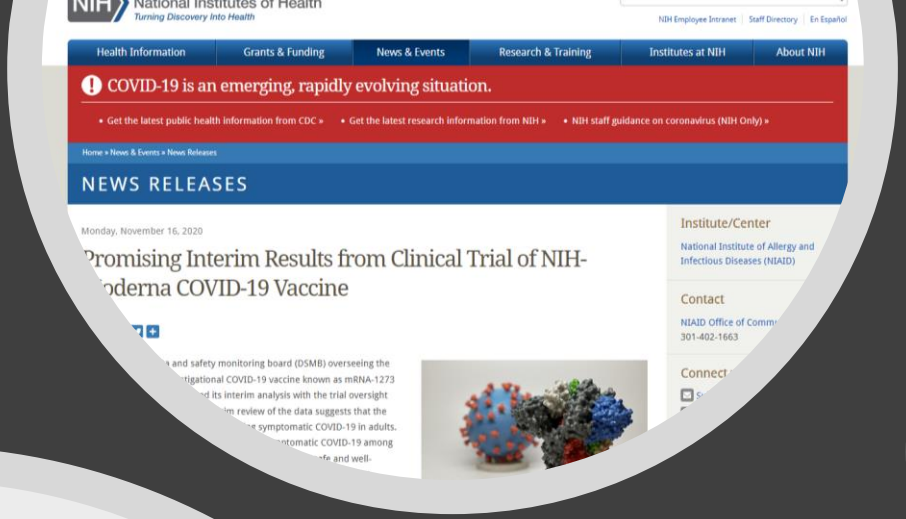
New reported cases per day in Kansas

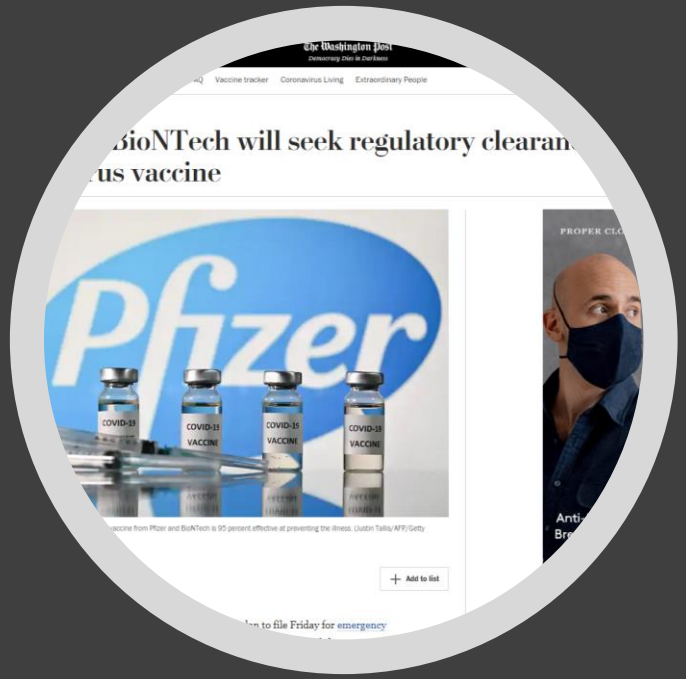
Deaths | **Cases**

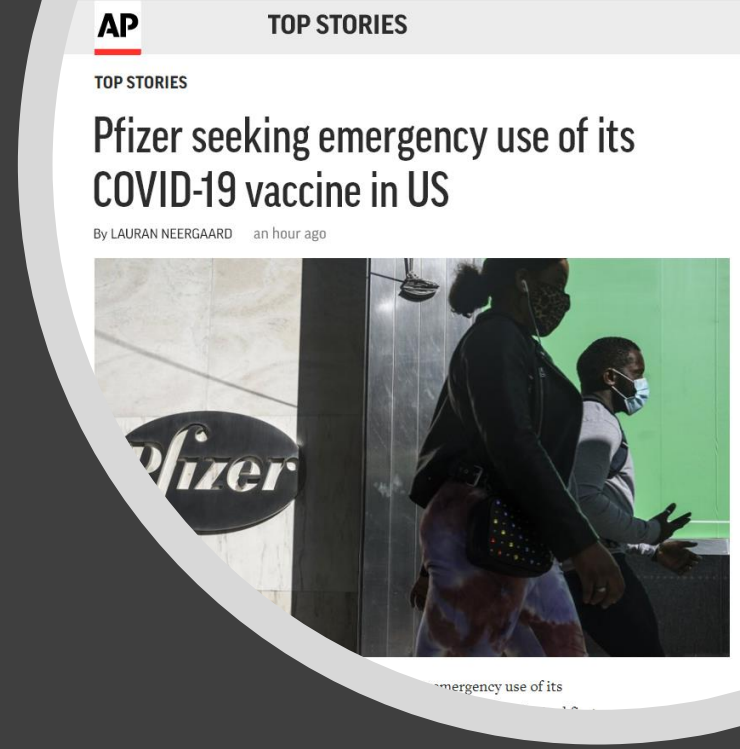
At least 295,861 have been reported since Feb. 29, 2020.

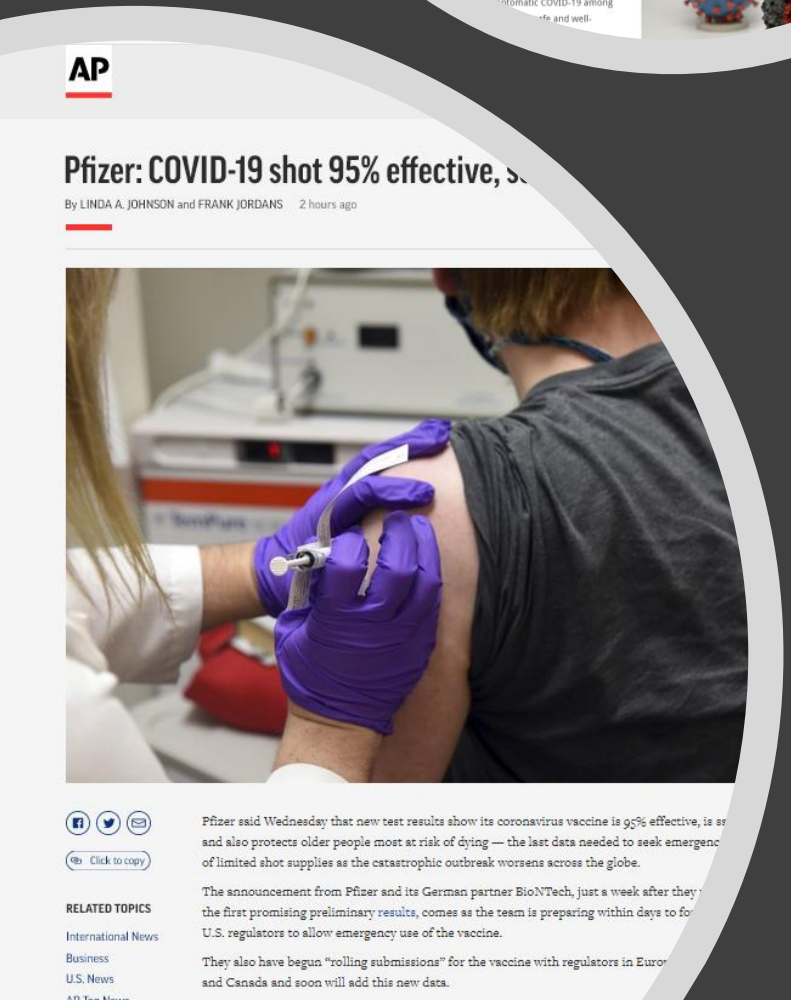
Show by **Kansas**











So Very Close!!!
You Have Worked SO Hard!!

So What is the Vaccine?

https://youtu.be/6EV4hQzCbJA

COVID-19 Vaccination

Product Info by US Vaccine +

Clinical Considerations +

Provider Requirements and Support

Training and Education

Recipient Education +

COVID-19 Vaccination Toolkits

Get audience-specific toolkits that will allow you, your health care team and other staff to:

- Build confidence about COVID-19 vaccination among your healthcare teams, pharmacy teams, and staff.
- Provide your health professionals and pharmacy teams with tools they can use to educate patients and answer questions.
- Provide proper storage and handling information to your audience. Remember: all vaccination providers participating in the COVID-19 Vaccination Program must store and handle COVID-19 vaccines under proper conditions to maintain the cold chain as outlined in the toolkit and addendum.

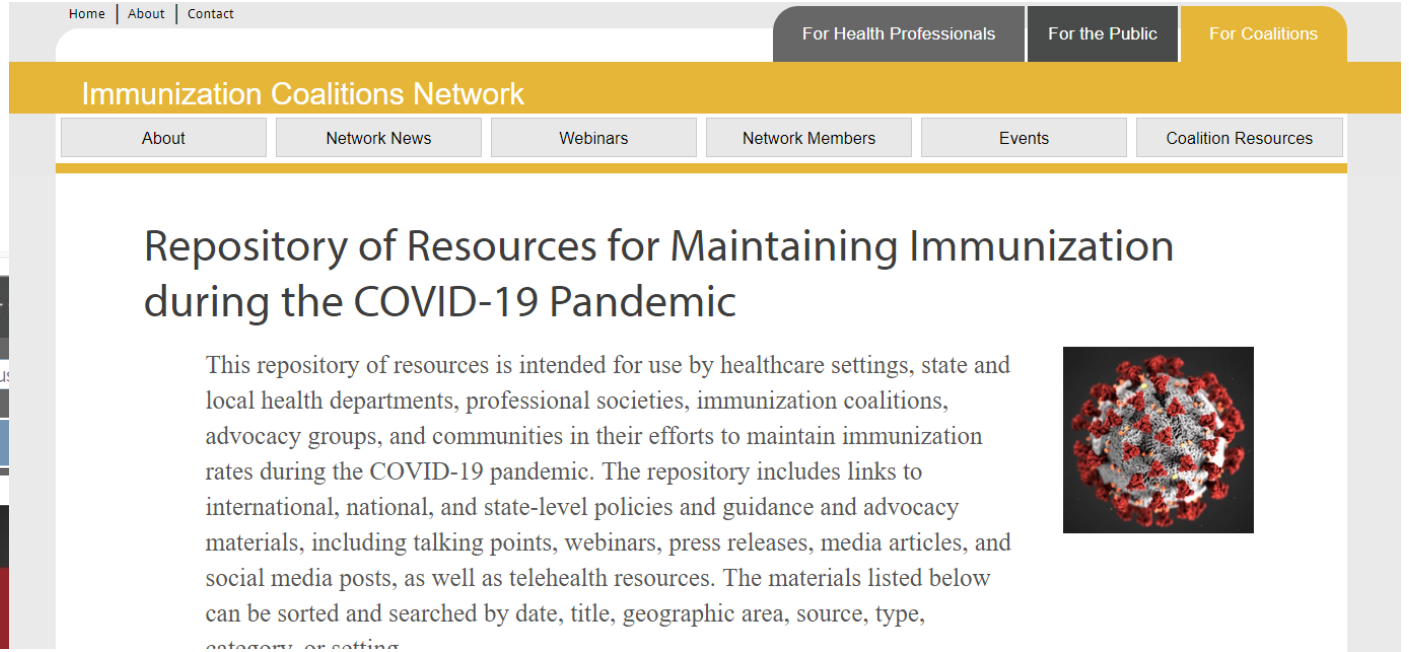
Vaccination Communication Toolkit
For Medical Centers, Clinics, Pharmacies, and Clinicians
Build confidence about COVID-19 vaccination among your healthcare teams and other staff.

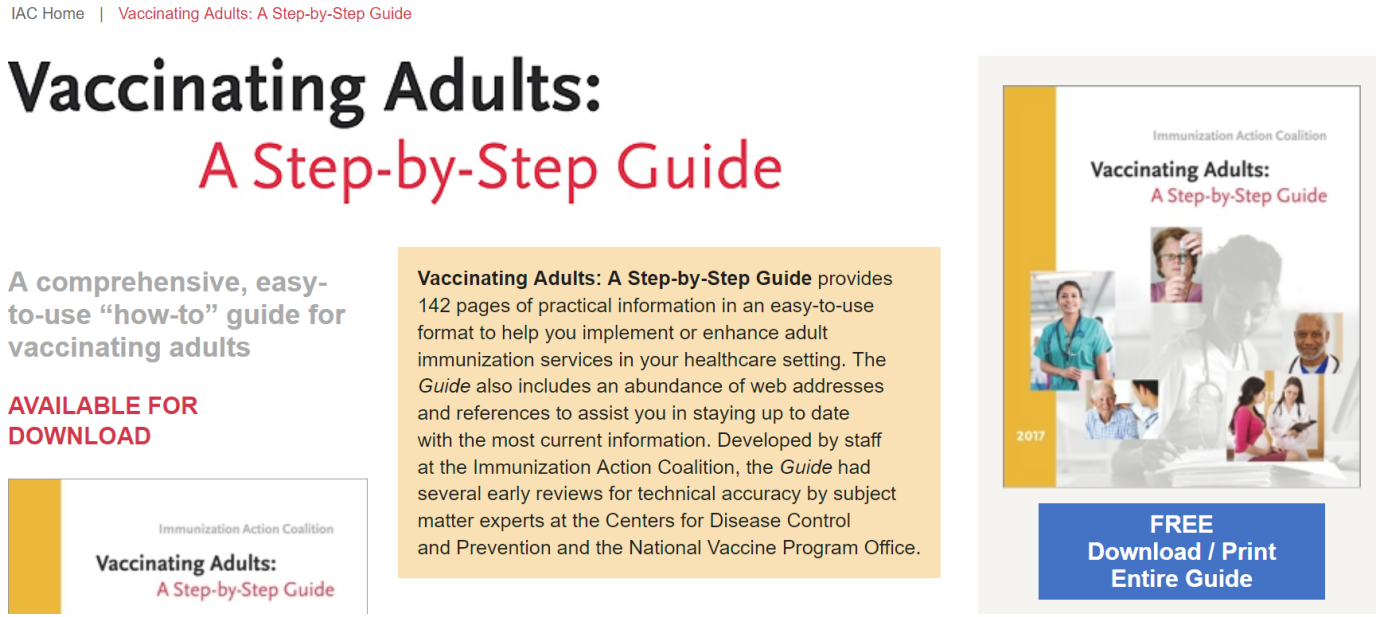
Recipient Education Toolkit
For Healthcare Professionals and Pharmacists
Educate vaccine recipients about the importance of COVID-19 vaccination.

Long-Term Care Facility (LTCF) Toolkit
For LTCF Administrators and Leadership
Prepare staff, residents, and their families for COVID-19 vaccination in LTCFs.

Storage and Handling Toolkit
The Vaccine Storage and Handling Toolkit has been updated with a COVID-19 Vaccine Addendum with information on Storage and Handling best practices for COVID-19 vaccines.

Vaccinations





https://www.immunize.org/

Kansas
Department of Health and Environment

Kansans | Vaccine Providers | Vaccine Info | Data | Find My Vaccine

Search

Select Language

Kansas COVID-19 Vaccine Information

We provide the facts so you can make an informed choice.

Kansas
Department of Health and Environment

Kansans | Vaccine Providers | Vaccine Info | Data | Find My Vaccine

Search

- About the Vaccine +
- Guidance Documents & Resources
- How to Participate
- How to Talk to Patients About Vaccines

Home › Vaccine Providers › Availability & Statewide Plan

Availability & Statewide Plan

What You Need to Know

Vaccines are currently available in limited supply. As a result, some groups may be recommended for vaccination first, such as healthcare, essential workers, high-risk residents and patients 75 and up. Vaccine supplies are suspected to increase substantially in 2021. Recommendations for each phase will take many factors into account, including each vaccine's characteristics, vaccine supply, disease epidemiology and local community factors. Read the Kansas COVID-19 Vaccination Plan (PDF).

Governor JB Pritzker
18h ·

The COVID-19 vaccines are a safe and effective way to get us all a little closer to the other side of this pandemic.

Today, I'm proud to see Illinois Department of Public Health (IDPH) Director Dr. Ezike continue to lead the way by getting vaccinated! #VaxUpIL. So thankful and happy!!!! One of the best Christmas presents ever!!!

Don’t forget other germs!

CIDRAP Center for Infectious Disease Research and Policy

News & Perspective | Infectious Disease Topics | Antimicrobial Stewardship | Ongoing Programs

FEATURED NEWS TOPICS COVID-19 Ebola MERS-CoV Chronic Wasting Disease

COVID-19 disruptions may have fueled hospital superbug outbreak

Filed Under: Antimicrobial Stewardship; COVID-19

Chris Dall | News Reporter | CIDRAP News | Dec 02, 2020

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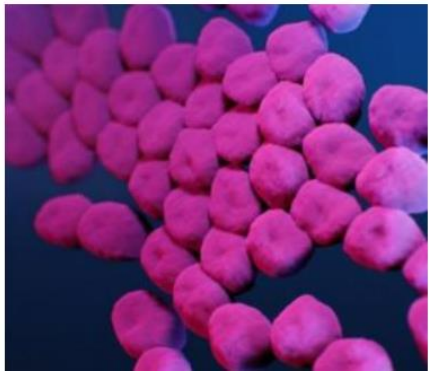

A case report from a New Jersey hospital highlights how drug-resistant pathogens can take advantage of COVID-related disruptions to standard infection and prevention control (IPC) practices.

In a paper published yesterday in *Morbidity and Mortality Weekly Report*, researchers from the Centers for Disease Control and Prevention (CDC), the New Jersey Department of Health (NJDOH), and Rutgers University report on an outbreak of carbapenem-resistant *Acinetobacter baumannii* (CRAB) at an unnamed 500-bed hospital that

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ANTIBIOTIC RESISTANCE

Resurgence of MDROs during COVID-19: The Important Role of IPC in Combating Antibiotic Resistance

Dec 14, 2020

Morbidity and Mortality Weekly Report (*MMWR*)

Increase in Hospital-Acquired Carbapenem-Resistant *Acinetobacter baumannii* Infection and Colonization in an Acute Care Hospital During a Surge in COVID-19 Admissions — New Jersey, February–July 2020

Weekly / December 4, 2020 / 69(48);1827–1831

On December 1, 2020, this report was posted online as an MMWR *Early Release.*

Stephen Perez, PhD[1,2]; Gabriel K. Innes, VMD, PhD[2]; Maroya Spalding Walters, PhD[3]; Jason Mehr, MPH[2]; Jessica Arias[2]; Rebecca Greeley, MPH[2]; Debra Chew, MD[4] (View author affiliations)

EXPLORING INAPPROPRIATE GLOVE USE IN LONG TERM CARE

Deb Patterson Burdsall
PhD, RN-BC, CIC, FAPIC
Infection Preventionist
Baldwin Hill Solutions LLC

Background

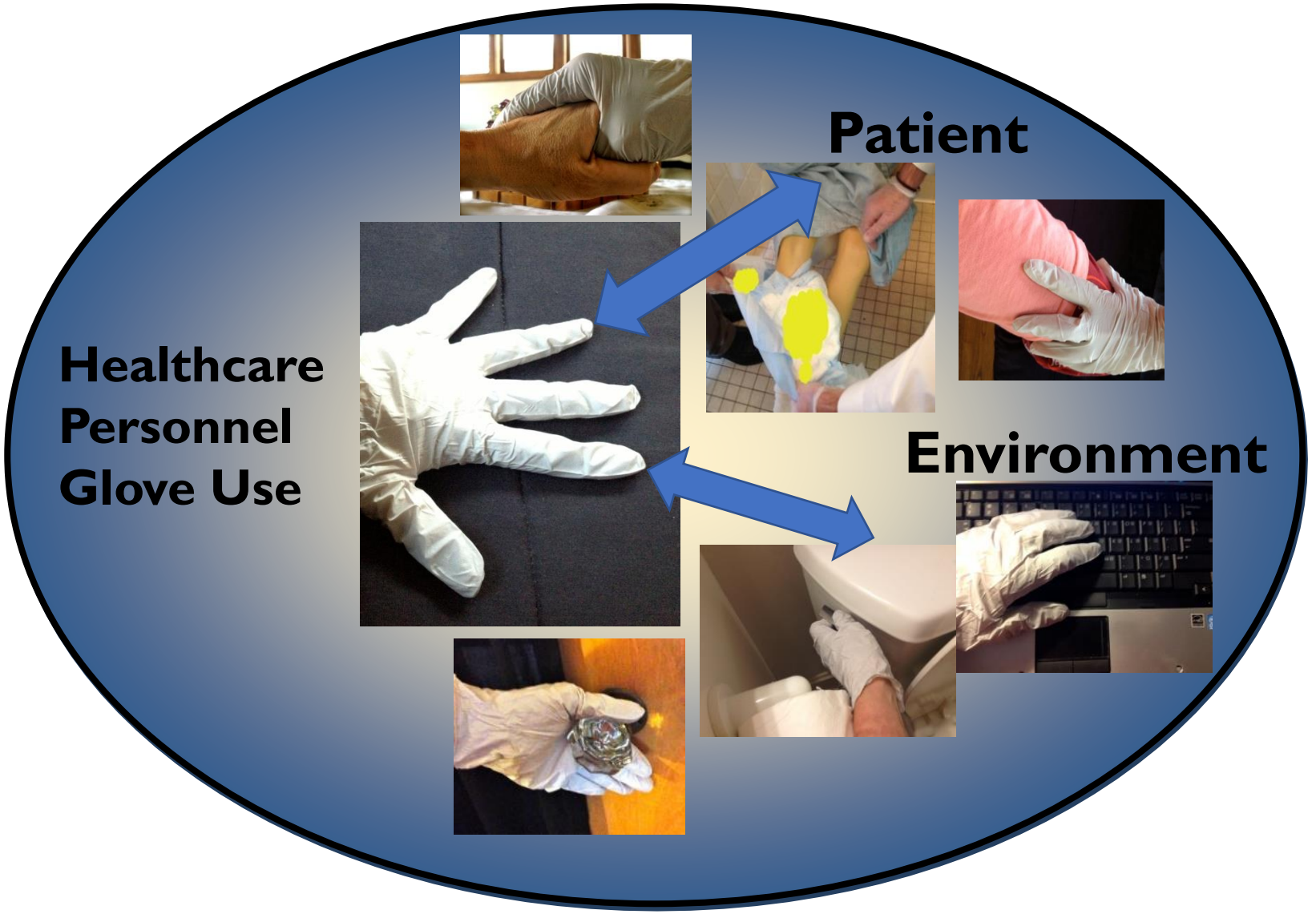
Barbara Fassbinder1953-1994

Source: www.workingnurse.com

- Patient care requires human touch
- Healthcare personnel (HCP) frequently wear exam gloves during patient care to protect themselves from blood, body fluids, and other potentially infectious materials that may contain pathogens
- Gloves protect HCP and patients when used correctly
- When HCP use gloves inappropriately they may spread pathogens and increasing the risk of Healthcare Associated Infections (HAI)
- Goal is to describe how HCP use gloves during Standard Precautions using a reliable **Glove Use Surveillance Tool** (GUST)©2015

Methods

- Cross sectional descriptive design in one Midwestern skilled long term care facility
- Describe inappropriate glove use
- Explore if specific HCP characteristics or patient care event characteristics impact HCP glove use
  - *PI observed 76 HCP perform 76 patient care events*
  - *Utilized 74 certified nursing assistant (CNA) observations for first paper*
- Test reliability of the GUST
  - *PI and one of 11 trained observers watched 44 HCP perform 61 patient care events*


Patient
Healthcare
Personnel
Glove Use
Environment

The Five Facets of Glove Use

1. Touch Points (Gloved and Bare-Handed)
2. Gloved Touch Points
3. Glove Change Points
4. Actual Glove Changes
5. Glove Changes at a Glove Change Point

The Two Indicators of Inappropriate Glove Use

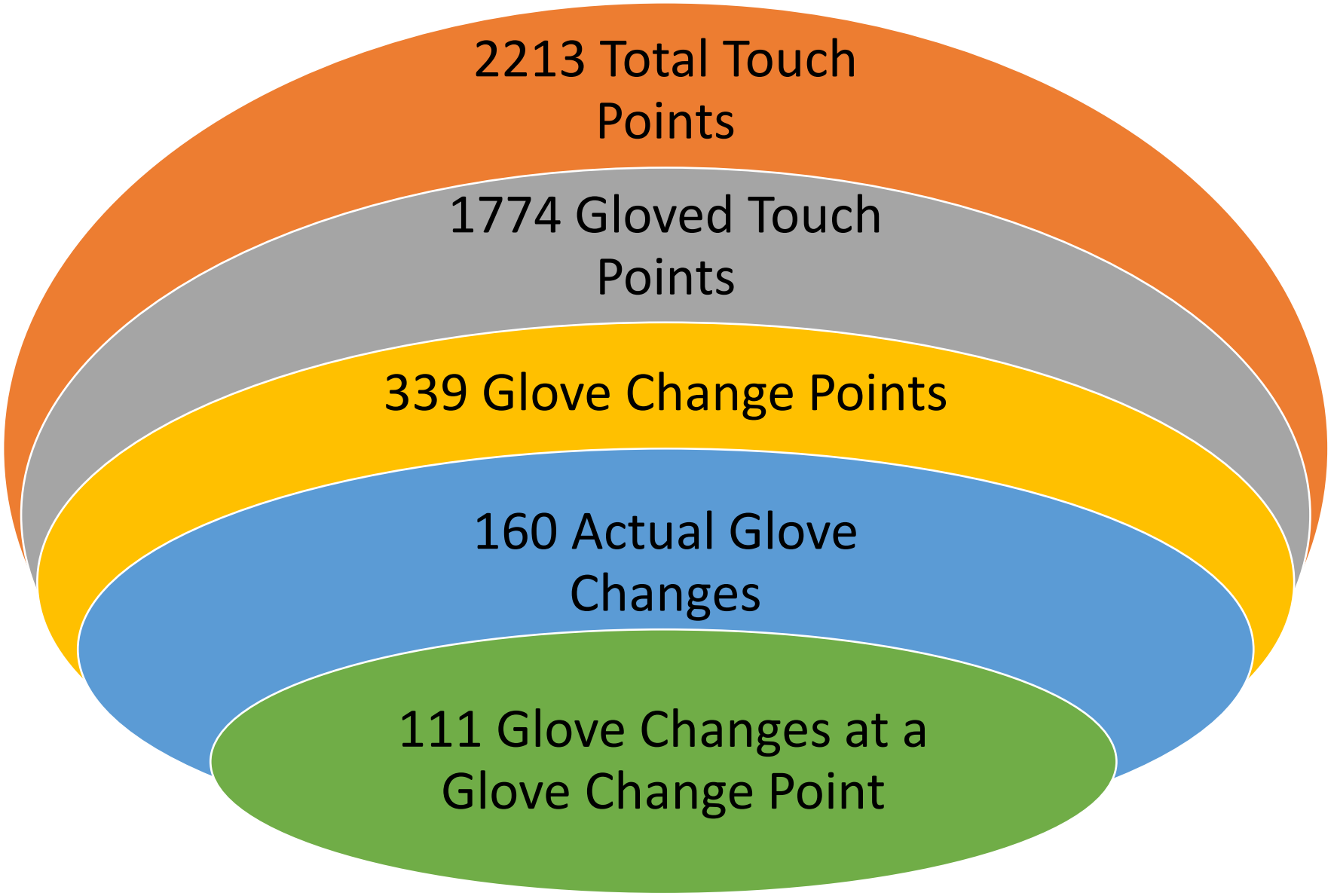
1. Failed Glove Changes

2. Contaminated Touch Points

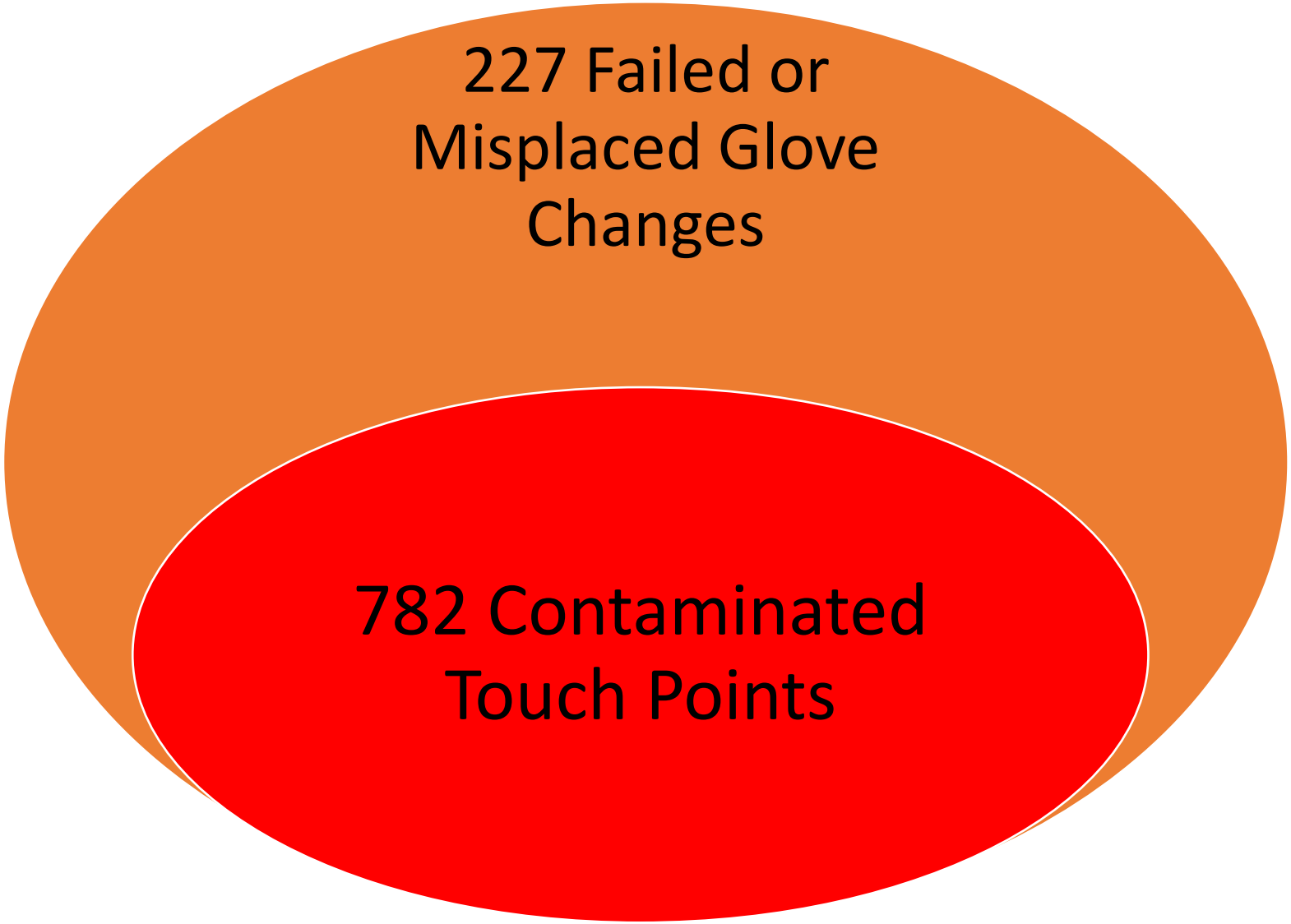
Aim One
Describe the degree of inappropriate HCP glove use during toileting and perineal care events

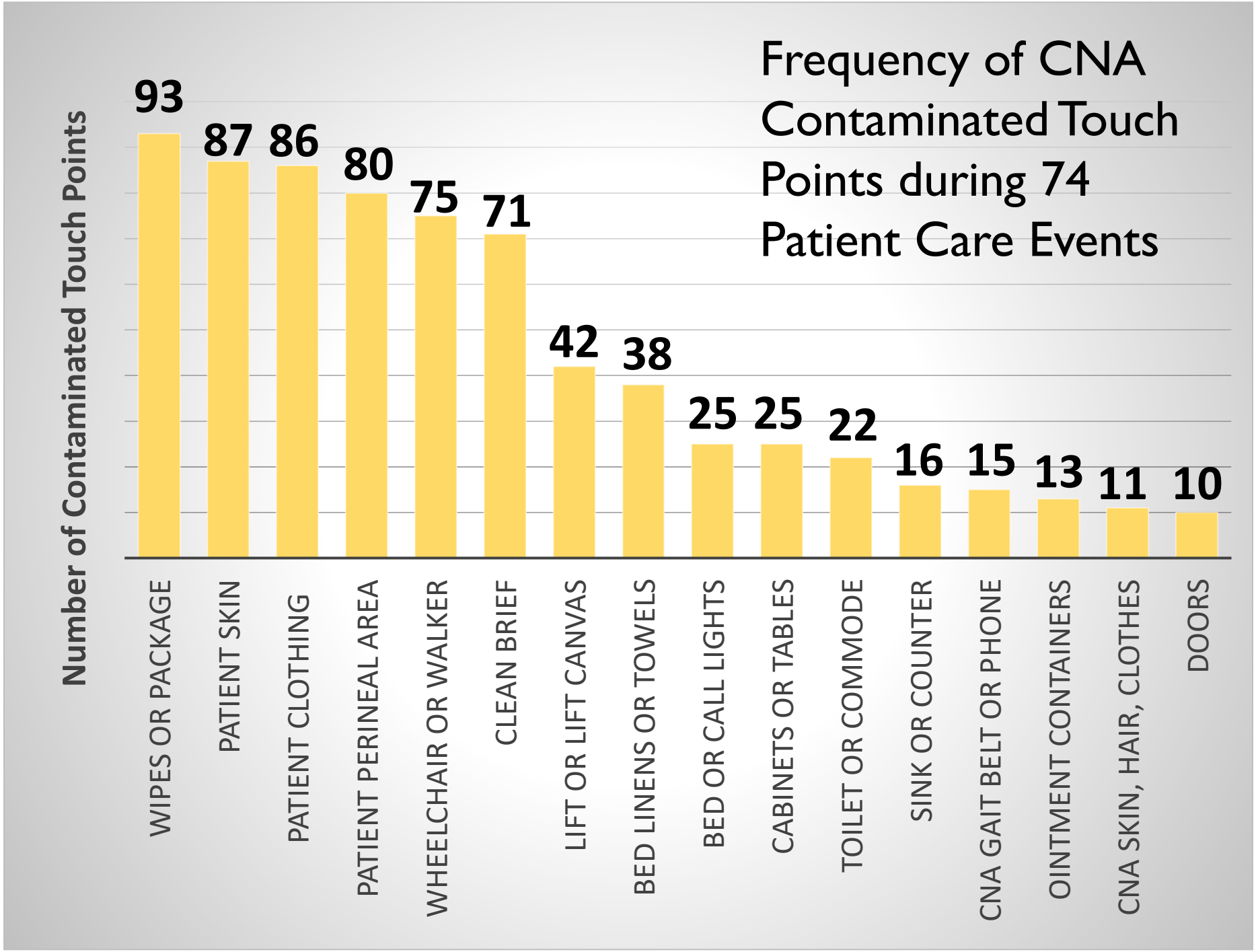
- Observed 74 CNAs and two RNs
- Used CNA observations for first paper
- CNAs failed to change gloves 66% of the time when a glove change was indicated
- Over 44% of the CNAs' gloved touch points were defined as contaminated

Five Facets of CNA Glove Use



Two Indicators of Inappropriate CNA Glove Use




Frequency of CNA Contaminated Touch Points during 74 Patient Care Events
Number of Contaminated Touch Points
93
87
86
80
75
71
42
38
25
25
22
16
15
13
11
10
WIPES OR PACKAGE
PATIENT SKIN
PATIENT CLOTHING
PATIENT PERINEAL AREA
WHEELCHAIR OR WALKER
CLEAN BRIEF
LIFT OR LIFT CANVAS
BED LINENS OR TOWELS
BED OR CALL LIGHTS
CABINETS OR TABLES
TOILET OR COMMODE
SINK OR COUNTER
CNA GAIT BELT OR PHONE
OINTMENT CONTAINERS
CNA SKIN, HAIR, CLOTHES
DOORS

Aim Two
Determine the reliability of the Glove Use Surveillance Tool (GUST)

- Trained observers watching primarily CNAs in one LTCF
- Intraclass correlation coefficients (ICC, 2, 1) over 0.75 for six out of seven indicators of glove use
- GUST was shown to be a reliable tool in this study

The Two Indicators of Inappropriate Glove Use

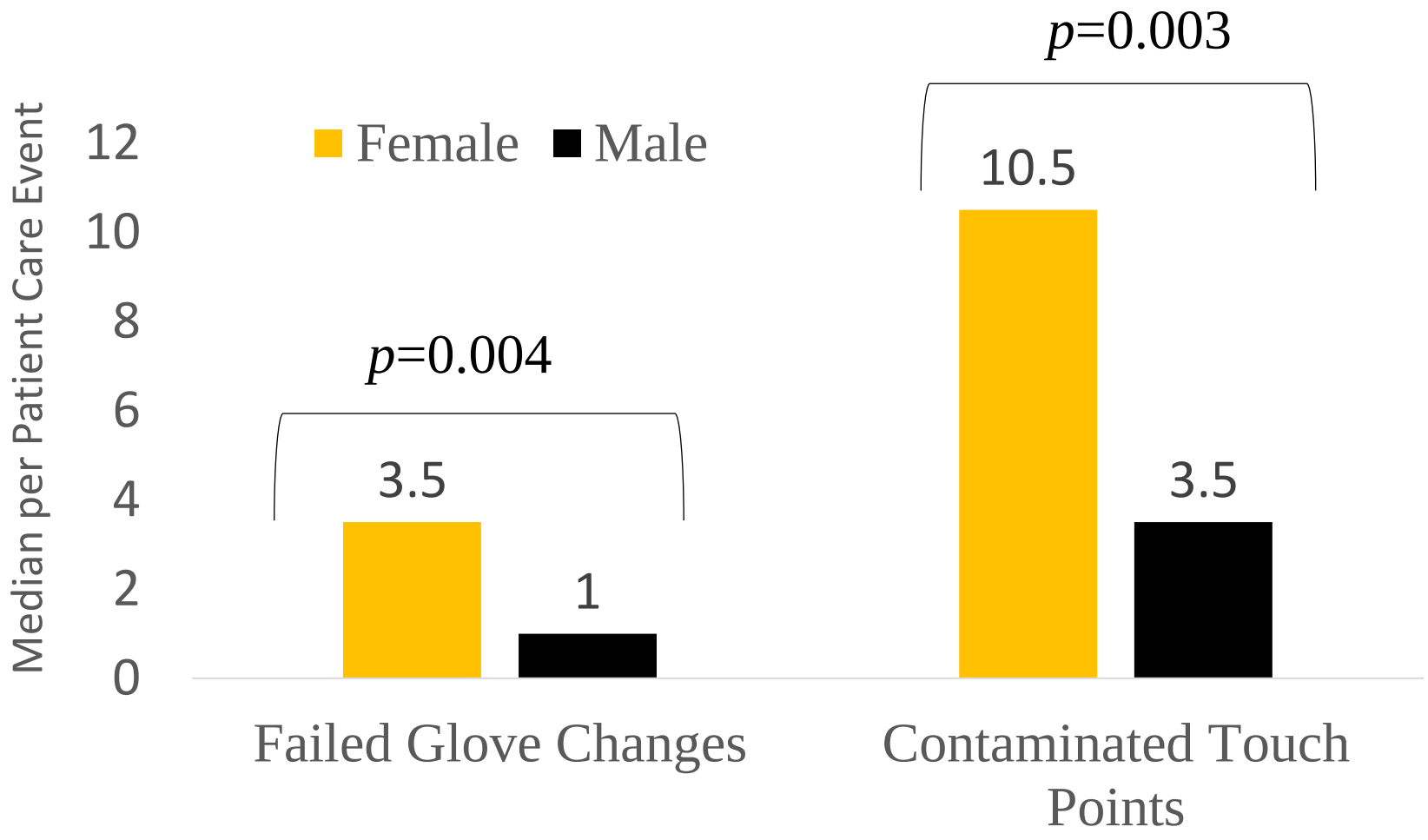
	[a]ICC (2, 1)	95% CI	
		Lower Bound	Upper Bound
Failed Glove Changes	**0.79**	**0.67**	**0.87**
Contaminated Touch Points	**0.78**	**0.64**	**0.87**

Aim Three
Explore selected HCP and patient care event characteristics

- There was a significant difference between inappropriate glove use by females and males in this study

- Female HCP had significantly more failed glove changes and contaminated touch points than male HCP in this study (p=0.003)

Exploratory Analysis



Conclusions

- Gloves have been shown to be a powerful tool for protecting both HCP and patients
- If HCP continue to use gloves after touching surfaces with blood, body fluids or other potentially infectious materials, they may cross contaminate between patients and the healthcare environment
- CNAs used gloves inappropriately in 83% of the patient care events in this study
- The GUST was shown to be a reliable tool in this study

Future Steps

- Glove use is an under-examined phenomenon
- Missing link in cross contamination of healthcare environment?
- More study is needed about how and why CNAs and other HCP use gloves
- Remove barriers to proper glove use
- Develop effective training and monitoring systems
- The goal is cost effective, evidence-based interventions to prevent healthcare associated infections

Transfers and Handoffs

- The transfer of essential information
- Responsibility for care of the resident from one health care provider to another
- An effective handoff supports the transition of critical information and continuity of care and treatment
- The Institute of Medicine (IOM): “it is in inadequate handoffs that safety often fails first”

Institute of Medicine, 2001 (p. 45)
Friesen MA, White SV, Byers JF. Handoffs: Implications for Nurses. 2008

Joint Commission, National Patient Safety Goals Hospital Program

- Interactive communications allowing questioning
- Up-to-date information regarding the resident's care, treatment and services, condition, and any recent or anticipated changes
- A process for verification of the received information, including repeat-back or read-back, as appropriate
- An opportunity for the receiver of the handoff information to review relevant patient historical data, which may include previous care, treatment, and services
- Interruptions during handoffs are limited to minimize the possibility that information would fail to be conveyed or would be forgotten

Institute for Healthcare Improvement SBAR

- S = Situation (a concise statement of the problem)
- B = Background (pertinent and brief information related to the situation)
- A = Assessment (analysis and considerations of options—what you found/think)
- R = Recommendation (action requested/recommended—what you want

Monsees EA, Tamma PD, Cosgrove SE, et al. Integrating bedside nurses into antibiotic stewardship: A practical approach. Infect. Control Hosp Epidemiol. 2019 May;40(5):579—584.doi: 10.1017/ice.2018.362.

Inter-Facility Infection Control Transfer Form for States Establishing HAI Prevention Collaboratives

Available from: https://www.cdc.gov/hai/prevent/prevention_tools.html

This example Inter-facility Infection Control patient transfer form can assist in fostering communication during transitions of care. This concept and draft was developed by the Utah Healthcare-associated Infection (HAI) working group and shared with Centers for Disease Control and Prevention (CDC) and state partners courtesy of the Utah State Department of Health.

This tool can be modified and adapted by facilities and other quality improvement groups engaged in patient safety activities.

https://www.cdc.gov/hai/pdfs/toolkits/Interfacility-IC-Transfer-Form-508.pdf

Inter-facility Infection Control Transfer Form

This form must be filled out for transfer to accepting facility with information communicated prior to or with transfer.

Please attach copies of latest culture reports with susceptibilities if available.

Sending Healthcare Facility:

Patient/Resident Last Name	First Name	Date of Birth	Medical Record Number

Name/Address of Sending Facility	Sending Unit	Sending Facility Phone

Sending Facility Contacts	Contact Name	Phone	E-mail
Transferring RN/Unit			
Transferring physician			
Case Manager/Admin/SW			
Infection Preventionist			

Does the person* currently have an infection, colonization OR a history of positive culture of a multidrug-resistant organism (MDRO) or other potentially transmissible infectious organism?	Colonization or history *(Check if YES)*	Active infection on Treatment *(Check if YES)*

https://www.cdc.gov/hai/pdfs/toolkits/Interfacility-IC-Transfer-Form-508.pdf

Does the person* currently have an infection, colonization OR a history of positive culture of a multidrug-resistant organism (MDRO) or other potentially transmissible infectious organism?	**Colonization or history** *(Check if YES)*	**Active infection on Treatment** *(Check if YES)*
Methicillin-resistant *Staphylococcus aureus* (MRSA)	☐ Yes	☐ Yes
Vancomycin-resistant *Enterococcus* (VRE)	☐ Yes	☐ Yes
Clostridioides difficile	☐ Yes	☐ Yes
Acinetobacter, multidrug-resistant	☐ Yes	☐ Yes
Enterobacteriaceae (e.g., *E. coli, Klebsiella, Proteus*) producing-Extended Spectrum Beta-Lactamase (ESBL)	☐ Yes	☐ Yes
Carbapenem-resistant Enterobacteriaceae (CRE)	☐ Yes	☐ Yes
Pseudomonas aeruginosa, multidrug-resistant	☐ Yes	☐ Yes
Candida auris	☐ Yes	☐ Yes
Other, specify (e.g., lice, scabies, norovirus, influenza):	☐ Yes	☐ Yes

Does the person* currently have any of the following? (Check here ☐ if none apply)

- ☐ Cough or requires suctioning
- ☐ Diarrhea
- ☐ Vomiting
- ☐ Incontinent of urine or stool
- ☐ Open wounds or wounds requiring dressing change
- ☐ Drainage (source):
- ☐ Central line/PICC (Approx. date inserted)
- ☐ Hemodialysis catheter
- ☐ Urinary catheter (Approx. date inserted)
- ☐ Suprapubic catheter
- ☐ Percutaneous gastrostomy tube
- ☐ Tracheostomy

Inter-facility Infection Control Transfer Form

Is the person* currently in Transmission-Based Precautions? ☐ NO ☐ YES

Type of Precautions (check all that apply) ☐ Contact ☐ Droplet ☐ Airborne

☐ Other:

Reason for Precautions:

Is the person* currently on antibiotics? ☐ NO ☐ YES (current use)

Antibiotic, dose, route, freq.	Treatment for:	Start date	Anticipated stop date	Date/time last dose

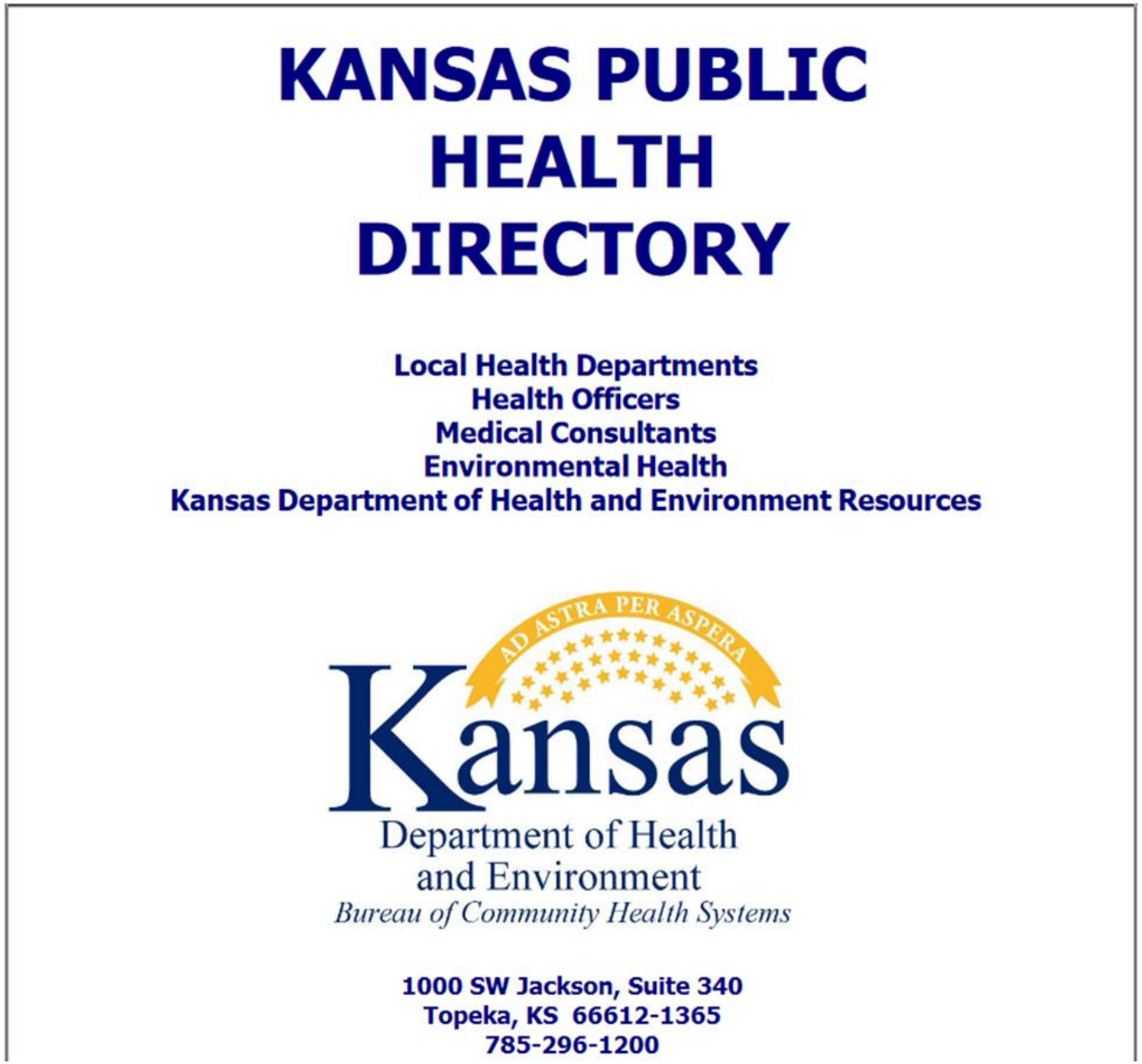
Vaccine	Date administered (If known)	Lot and Brand (If known)	Year administered (If exact date not known)	Does the person* self-report receiving vaccine?
Influenza (seasonal)				☐ Yes ☐ No
Pneumococcal (PPSV23)				☐ Yes ☐ No
Pneumococcal (PCV13)				☐ Yes ☐ No
Other:				☐ Yes ☐ No

*Refers to patient or resident depending on transferring facility

Name of staff completing form (print):

Signature: **Date :**

Local Health Departments are Lifesavers!



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Questions?

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