Coordination and Collaboration: IP and EP

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DEPARTMENT OF
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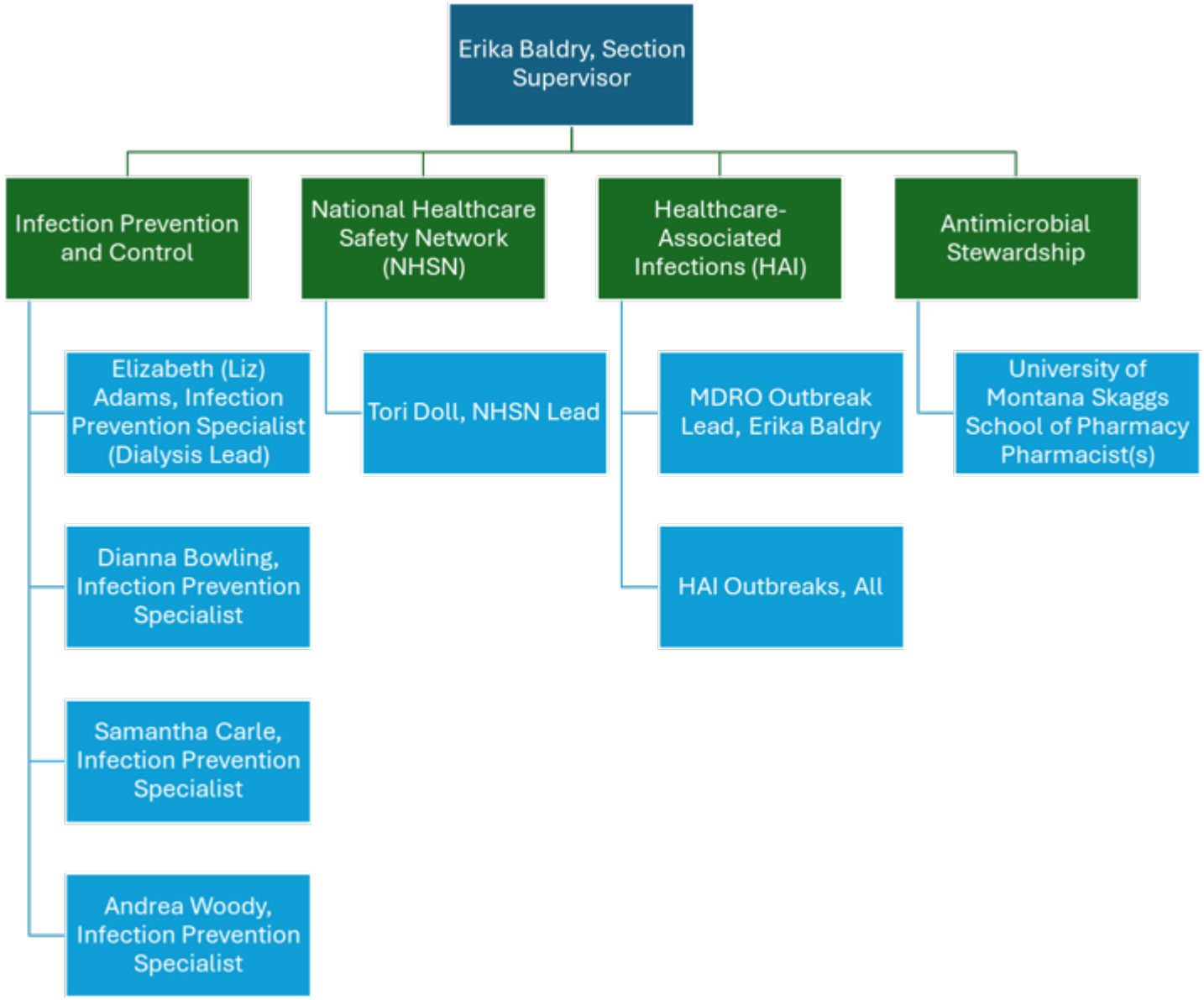
ICP/HAI Section

- Became a section in December 2021
  - Prior to December 2021, HAI program was funded at 0.5 FTE; now funded at 6.0 FTE
  - Completely grant funded
- Non-regulatory agency
- Focus: Education, training, and resources related to communicable diseases, infection control and prevention, antimicrobial stewardship, and healthcare-associated infections.
- Goal: Increase infection control expertise across the healthcare spectrum in Montana through training, education, and infection control assessments.



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Required Tasks for Grants

HAI/AR Program Management

- Required Plans: HAI/AR Plan, MDRO Prevention Plan, Containment Plan, and Epi-Lab Coordination Plan
- Designate an HAI/AR Program Manager, HAI/AR Outbreak Lead, HAI/AS Epidemiologist, AS Expert, and IPC Experts
- Attend Annual Convenings (CSTE)
- Update required reporting

HAI/AR Response

- Timely detection and response to targeted organisms/resistance mechanisms and other HAI/AR outbreaks/risks
- Facilitate coordinated response among interconnected facilities
- Respond to product contamination and medical tourism
- Onsite Assessments (ICARs)
- Colonization screenings
- Laboratory result sharing

Epi-Lab Coordination

- Update Epi-Lab Coordination Plan (completed each May)
- Work with public health laboratory to coordinate specimen collection, testing, and results

Required Tasks for Grants

Data-Driven Detection and Response

- NHSN data analysis and use
- Detect emerging MDROs within the jurisdiction and define local/regional epidemiology
- Develop a network of representative facilities/labs to conduct surveillance

Antibiotic Stewardship

- Facilitate Core Elements of Antibiotic Stewardship implementation in healthcare facilities
- Participate in US Antibiotic Awareness Week
- Distribute AMS materials
- Provide access to antibiotic stewardship education and expertise

Communication, Coordination, and Partnerships

- Convene HAI/AR advisory committee to include representatives from across the spectrum of healthcare delivery; convene at least twice per year
- Maintain, and update as needed, an inventory of all healthcare settings in jurisdiction

Reporting and Laboratory Testing in Montana

37.114.203 REPORTABLE DISEASES AND CONDITIONS

- *Candida auris*
- Carbapenemase-producing Organisms (CPO)
- Invasive Group A *Streptococcus*
- Also reportable is an outbreak of any communicable disease listed in the "Control of Communicable Diseases Manual, an Official Report of the American Public Health Association" (20th edition, 2015) in an institutional or congregate setting and any unusual incident of unexplained illness or death in a human or animal with potential human health implications.

37.114.313 CONFIRMATION OF DISEASE

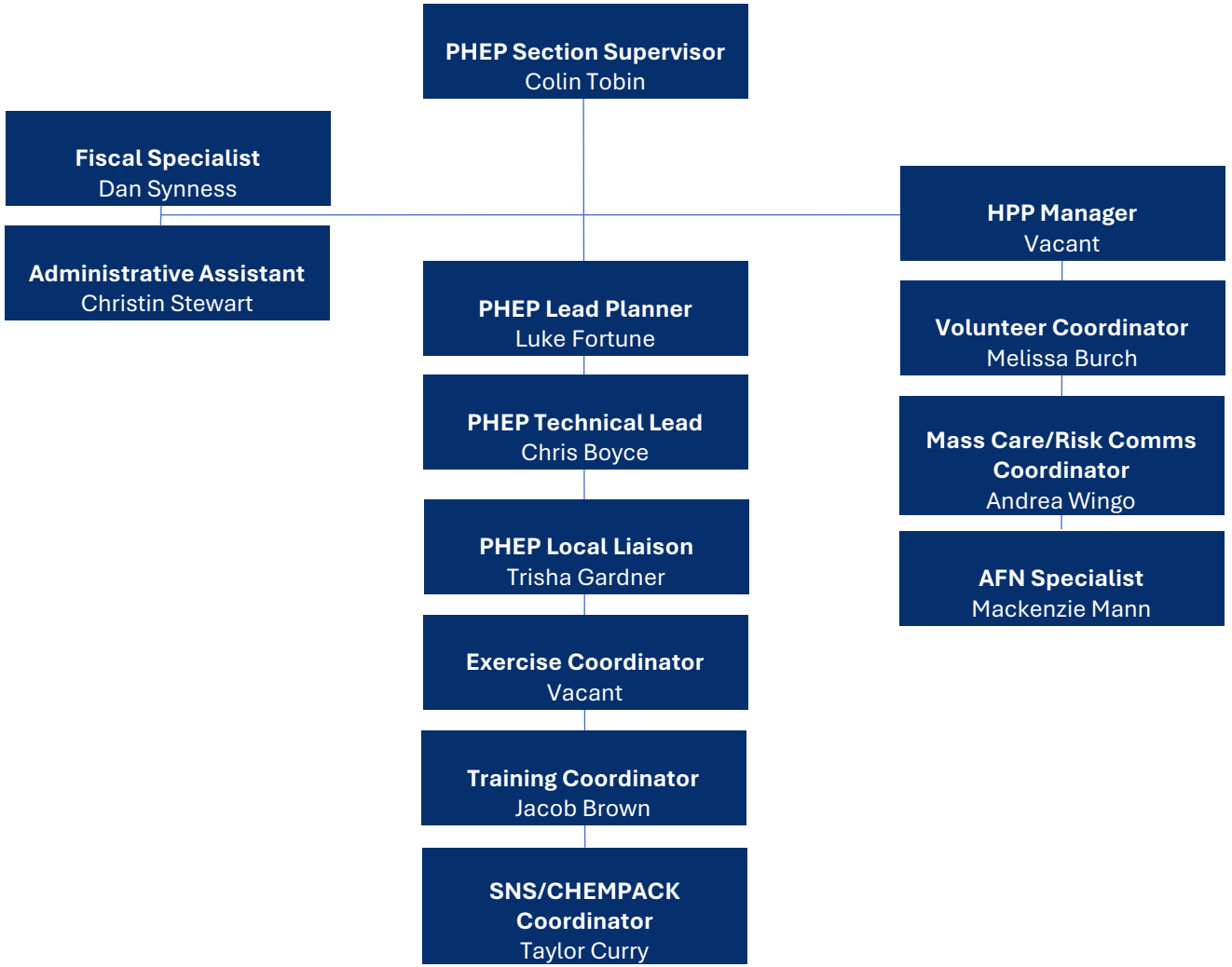
- *Candida auris*
- Carbapenem-Resistant Organisms(CRO)
- Vancomycin-intermediate staphylococcus aureus (VISA);
- Vancomycin-resistant staphylococcus aureus (VRSA)

Healthcare-Associated Infections: Outbreak Response

- Work with local and tribal public health to investigate communicable disease outbreaks in all healthcare settings, including skilled nursing facilities
- Serve as infection prevention subject matter expertise
- Provide guidance and recommendations to local and tribal public health as well as healthcare facilities
- Provide outbreak consultations to healthcare facilities
  - Consultations typically take 60-90 minutes to complete
  - Facility receives written report summarizing discussion and recommendations
- Outbreak Definition: Depends on person, place and time
  - In some cases, (*C. auris*; CPO) one case is an outbreak. In other cases, we look at if transmission is occurring and if we can epi-link cases.

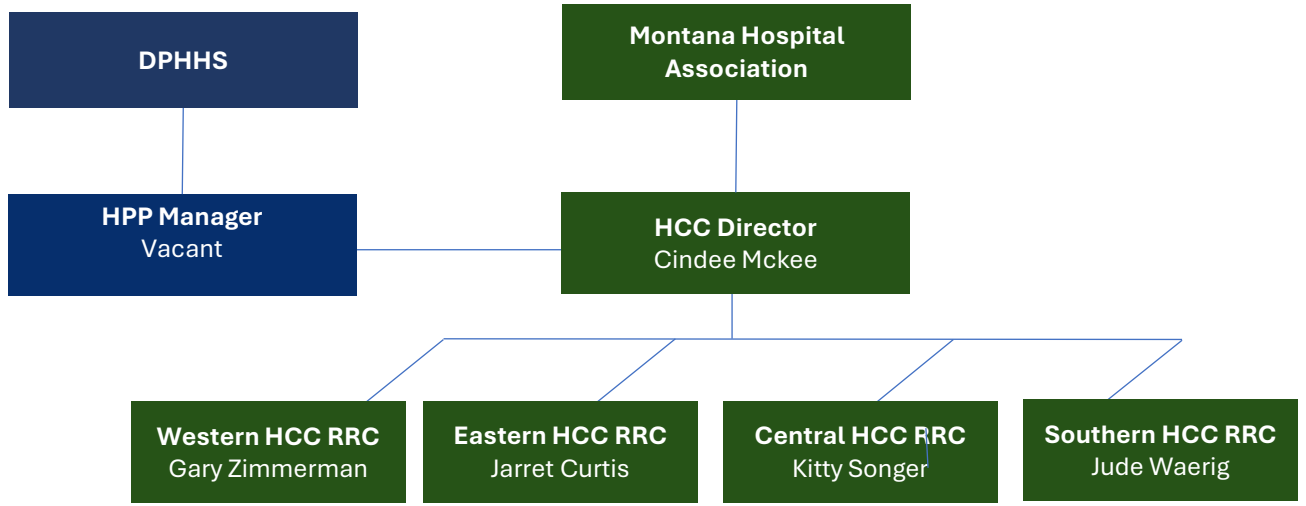
PHEP Section

- Funded at 11.0 FTE
  - Completely grant funded
- Non-regulatory agency
- Focus: Strengthen public health preparedness, response, and recovery capacity and capability through a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and implementing corrective actions.
- Goal: Enhance readiness to save lives and prevent morbidity and mortality during emergencies that exceed the day-to-day capacity of public health agencies.



Hospital Preparedness Program (HPP)

- Funded at 1.0 FTE
  - Completely grant funded
- Non-regulatory agency
- Focus: HPP integrates recipient public health agencies, Health Care Coalitions, and coalition members to ensure preparedness, response, and recovery capacity and capability through a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and implementing corrective actions.
- Goal: Through support for HCCs, the HPP prepares the health care delivery system to save lives during emergencies that exceed the day-to-day capacity of health care and emergency response systems.



HCC Team

- Cindee McKee, Health Care Coalition (HCC) Director
  cindee.mckee@mtha.org, 406-457-8027

- HCC Readiness & Response Specialists:
  - Central: Kitty Songer, kitty.songer@mtha.org
  - Southern:, Jude Waerig, jude.waerig@mtha.org
  - Eastern: Jarret Curtis, jarret.curtis@mtha.org
  - Western: Gary Zimmerman, gary.zimmerman@mtha.org

For information regarding HCC plans or activities, visit mthcc.org or send an email to HPPCoordinators@mtha.org

HCC Core Members

Hospitals

EMS

Emergency Management

Public Health

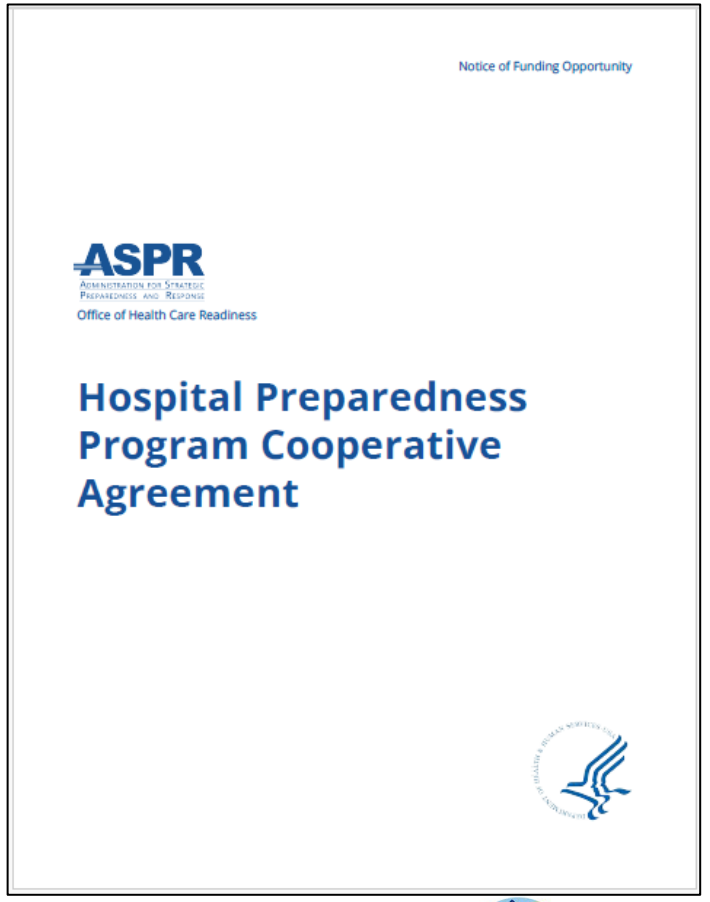
Other HCC Members

Blood Banks
CERT
MRC
Dialysis Centers
Infection Prevention
Hospitals
EMS
ESRD Networks
Behavioral Health
VA Medical Centers
IHS
Clinics
Schools
Urgent Cares
FQHCs
Labs
Emergency Management
NGOs
Public Health
Hospital Associations
Skilled Nursing
Long-term Care

Required Tasks for Grant

Core Functions:

- **Assessment and risk mitigation.**
- **Information sharing.**
- **Specialty care planning and coordination.**
- Response.
- Health care workforce support.
- Resource management.
- **Training, exercise, and evaluation.**
- Continuity and recovery.
- Organizational development.



Four Core Elements for EP Programs

HPP Requirements Continued

- HCC Governance Document.
- Readiness Assessment.
- Workforce Assessment.
- Cybersecurity Assessment.
- Extended Downtime Health Care Delivery Impact Assessment.
- Strategic Plan for FY 2024-2028.
- Readiness Plan.
- Patient Movement Plan.
- Allocation of Scarce Resources Plan.
- Cybersecurity Support Plan.
- Extended Downtime Support Plan.
- Patient Movement Exercise.
- Cybersecurity Exercise.
- Non-Cyber Extended Downtime Exercise.
- Exercise to Address Additional Priorities.

FY 2024 – 2028 NOFO Requirement	New	FY 2019 – 2023 FOA Reference
1.1 Health Care Coalition (HCC) Governance Document	X	Application requirements, Identify Health Care Coalition Members, Establish HCC Governance
1.2 Jurisdiction Information		Application requirements
2.1 Risk Assessment		Jurisdictional Risk Assessment
2.2 Hazard Vulnerability Assessment (HVA)		HVA
2.3 Readiness Assessment	X	N/A
2.4 Supply Chain Integrity Assessment		Supply chain integrity assessment
2.5 Workforce Assessment	X	Response Plan, Educate and Train on Identified Preparedness and Response Gaps, Work Plan
2.6 Cybersecurity Assessment	X	N/A
2.7 Extended Downtime Health Care Delivery Impact Assessment	X	N/A
3.1 Strategic Plan for FY 2024-2028	X	Integrated Preparedness Plan (IPP) (formerly multiyear training and exercise plan [MYTEP])
3.2 Readiness Plan	X	Preparedness Plan
3.2.1 Training and Exercise Plan		IPP (formerly MYTEP)
3.3 Response Plan		Response Plan
3.3.1 Information-Sharing Plan		Response Plan
3.3.2 Resource Management Plan		Response Plan
3.3.3 Workforce Readiness / Resilience Plan		Response Plan
3.3.4 Medical Surge Support Plan		Response Plan
3.3.5 Patient Movement Plan	X	Response Plan, Preparedness Plan
3.3.6 Allocation of Scarce Resources Plan	X	Crisis Standards of Care Concept of Operations (CONOPS) Plan
3.4 Continuity and Recovery Plan		Continuity of Operations Plan (COOP), Recovery Plan
3.4.1 COOP		COOP
3.4.2 Cybersecurity Support Plan	X	N/A
3.4.3 Extended Downtime Support Plan	X	N/A
3.4.4 Recovery Plan		Recovery Plan
4.1 Medical Response and Surge Exercise (MRSE)		MRSE
4.2 Patient Movement Exercise	X	N/A
4.3 Federal Patient Movement Exercise		National Disaster Medical System patient movement exercise
4.4 Cybersecurity Exercise	X	N/A
4.5 Non-Cyber Extended Downtime Exercise	X	N/A
4.6 Exercise to Address Additional Jurisdictional Priorities or Areas of Improvement	X	N/A
4.7 Statewide Exercise		Joint Statewide Exercise

Public Health's Role

- Montana is considered a decentralized state meaning that local public health has jurisdiction; State Health Department supports local public health.
- Governed by the Administrative Rules of Montana (https://rules.mt.gov/)
- Public health is not the same as the Office of Inspector General (OIG); OIG is the regulatory agency for licensed healthcare facilities in Montana.
- Public health provides recommendations based on guidance provided by the CDC, the Control of Communicable Diseases Manual(CCDM) and other entities.

ICP/HAI and PHEP Collaboration During Communicable Disease Events

- Emergency preparedness and infection prevention are crucial and intertwined aspects of healthcare and community safety
- In emergency situations, infection prevention measures are vital to protecting patients, residents, or healthcare personnel
- Working together to support healthcare facilities during communicable disease events or during events that could result in a communicable disease outbreak is essential for effective response and recovery
- Historically, IPs have responded to healthcare-associated infections and public health outbreaks. However, with the introduction of bioterrorism preparedness programs, many IPs found themselves expanding their scope.
- Events such as SARS and Hurricane Katrina illustrated the importance of having IPs become more involved with emergency preparedness.

Emergency Management Plans: Components that Should Include IP Input

- Access to infection control coverage
- Facility Assessment/Hazard Vulnerability Assessment
- Participation in drills/tabletops
- Strategies for receiving and posting health alert network (HAN) messages
- Negative-pressure surge capacity
- Safe patient specimen collection procedure
- Patient management
- Food safety
- Water safety
- Sanitation control
- Pet management
- Environmental decontamination
- Development of crisis standards of care that affect infection transmission
- Prioritization of limited supplies for anti-infective therapy
- Screening/triage protocols
- Occupational health/safety procedures
- Outbreak investigation and coordination
- https://pmc.ncbi.nlm.nih.gov/articles/PMC7132651/

Patient Management Issue/Topics Requiring Infection Prevention Input

- Screening/triaging patients for infection
- Patient decontamination
- Patient transport
- Patient placement and cohorting
- Isolation
- Quarantine
- Supply shortages
- Procedures for obtaining and handling patient specimens safely
- Discharge management
- Postmortem care

Non-Pharmaceutical Interventions

- NPIs are actions that can be taken during biological incidents to slow the spread of disease
- May be used as a stopgap measure to bridge the time between detection of the incident and the arrival of pharmaceuticals, or as the predominant intervention when pharmaceuticals or prevent/treat the disease do not currently exist
- Public health authorities typically determine when and which type of NPI measures should be implemented
- Depending on the nature of the biological incident, controlling spread of a pathogen may require personal, community, and/or environmental NPIs

https://www.fema.gov/cbrn-tools/key-planning-factors-bio/kpf-3/1

Non-Pharmaceutical Interventions

- Personal NPIs
  - Protective actions that can help individuals avoid exposure to pathogens
  - Examples include:
    - Handwashing
    - Covering of the mouth and nose when coughing/sneezing
    - Wearing facemasks/face coverings
    - Voluntary home isolation for those with confirmed illness or quarantine for those exposed but not yet ill
  - Use of these measures community-wide is typically recommended only during biological incidents involving contagious diseases that are of sufficiently large scale and scope

https://www.fema.gov/cbrn-tools/key-planning-factors-bio/kpf-3/1

Non-Pharmaceutical Interventions

- Community NPIs
  - Strategies and polices that communities and organizations can implement to minimize the risk of an outbreak negatively impacting Community Lifelines
  - Workplace and public/community environments, procedures and polices are modified to prevent spread of disease in settings with close human contact may be necessary
  - Examples include temperature and/or sign/symptom checks, limiting in-person capacities, and facility closures
  - Protective measures can be supported through
    - Encouraging staff and public compliance with NPIs, eliminating nonessential travel, limiting workplace interactions by implementing telecommuting policies and developing staggered work schedules (when feasible), and by educating the community about proper PPE use

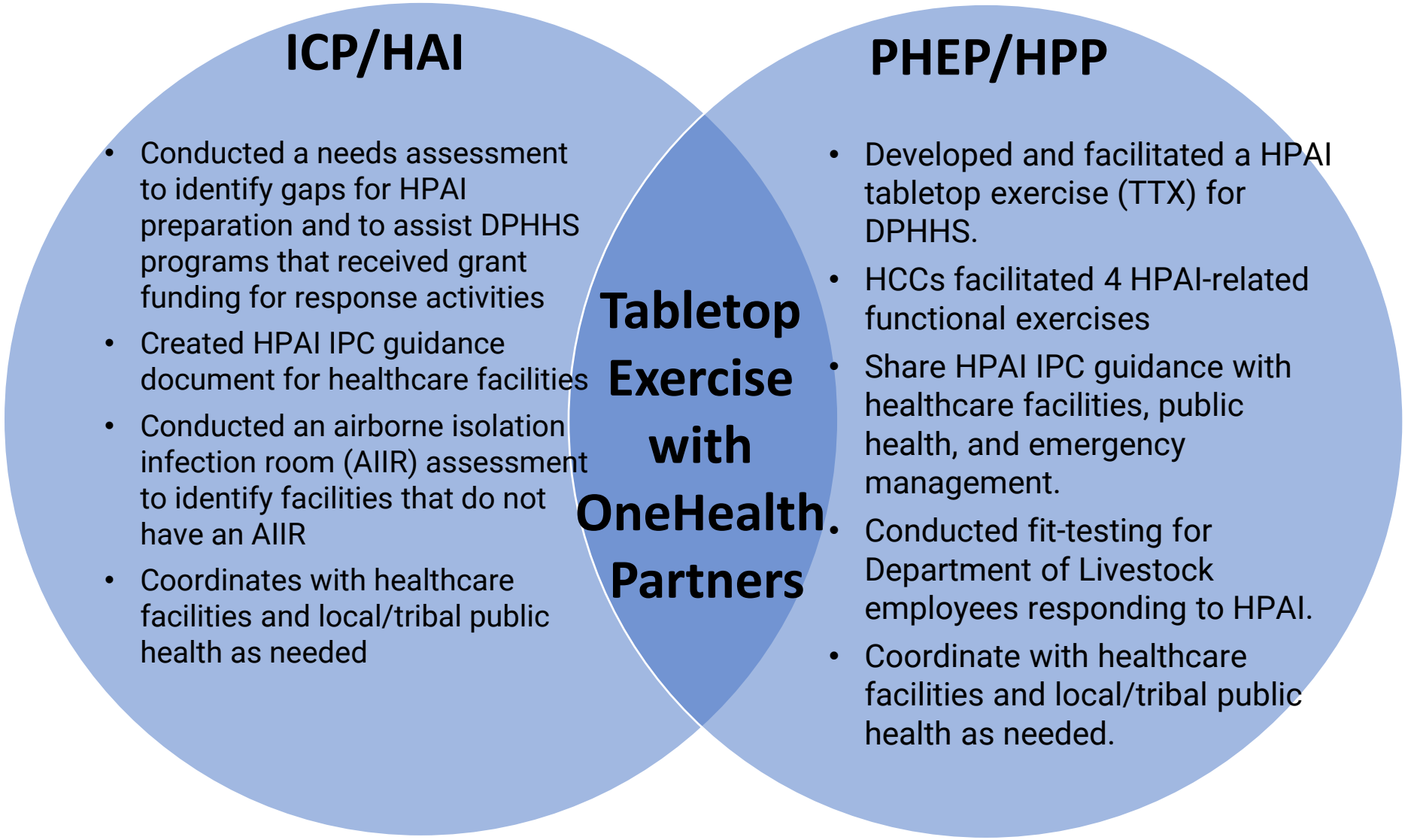
https://www.fema.gov/cbrn-tools/key-planning-factors-bio/kpf-3/1

Non-Pharmaceutical Interventions

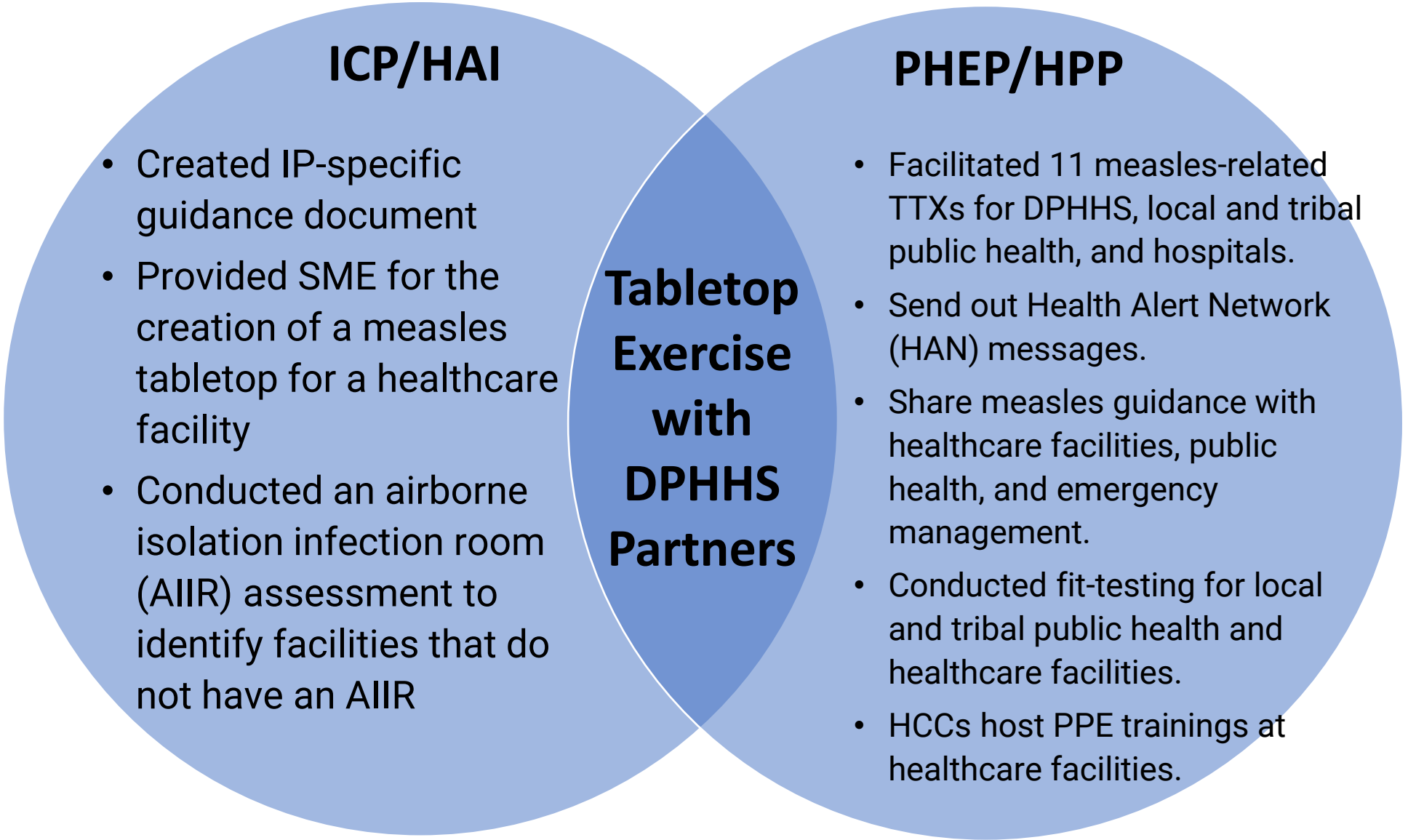
- Environmental NPIs
  - Engineering controls can be implemented indoors or outdoors to protect community members from exposure
  - Examples include:
    - Engineering controls to increase air exchange and surface sanitization in addition to high-efficiency air filters
    - Physical barriers such as clear plastic sneeze guards
    - Ultraviolet lighting
    - Drive-through windows for customer service
    - Specialized negative pressure ventilation areas where aerosol generating is likely
    - Routine surface cleaning of frequently touched surfaces

https://www.fema.gov/cbrn-tools/key-planning-factors-bio/kpf-3/1

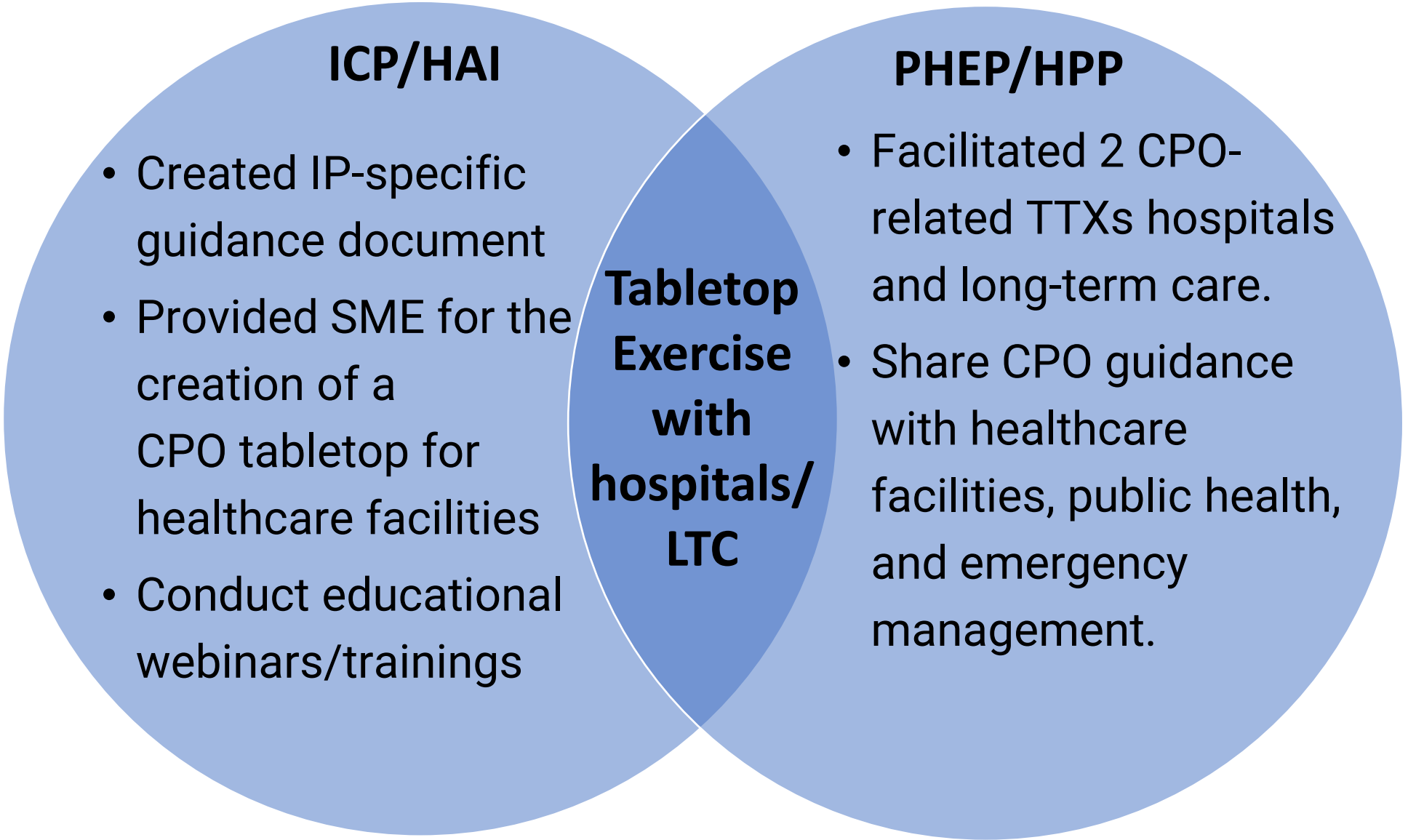
Outbreak Example #1: Highly Pathogenic Avian Influenza (HPAI) Preparation



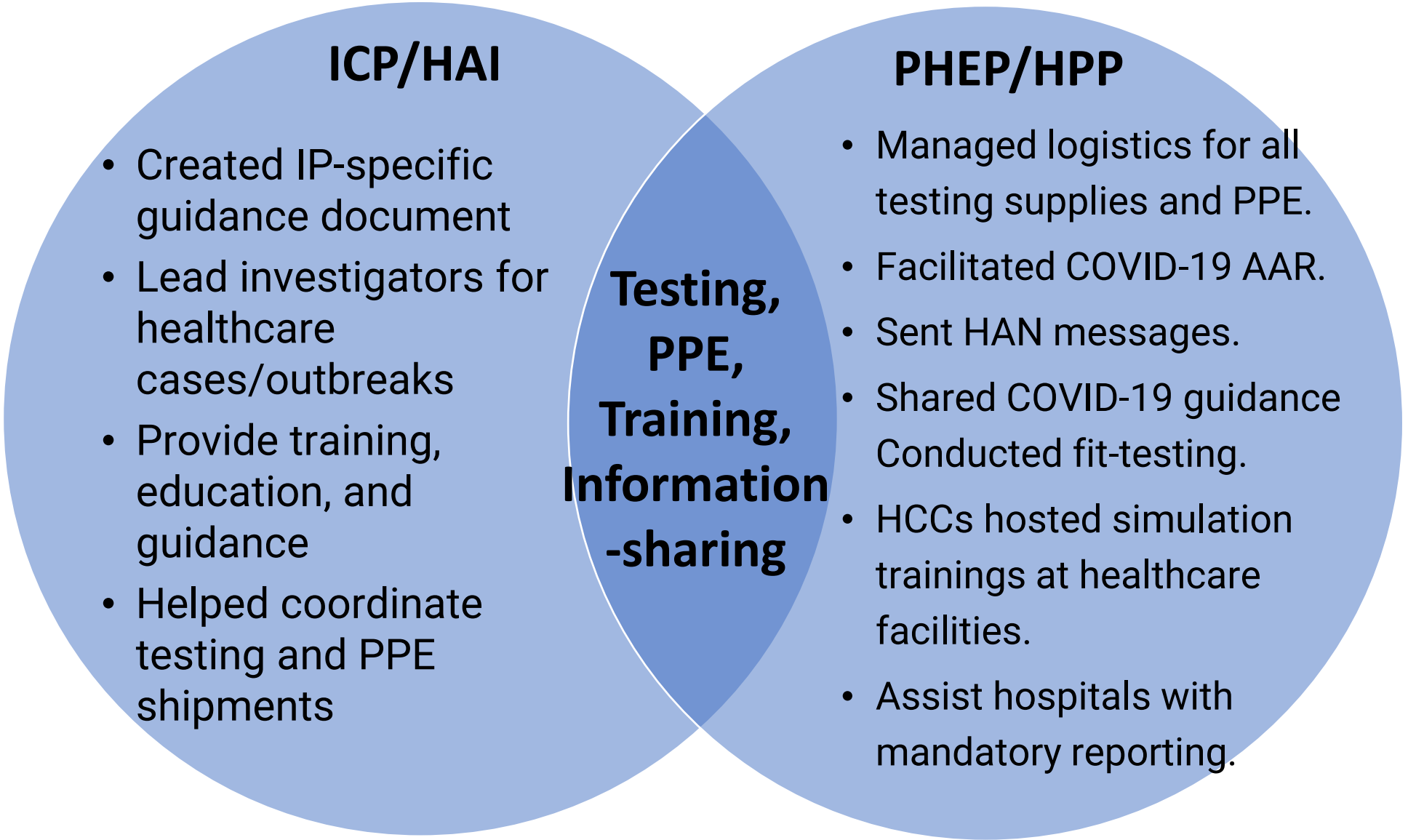
Outbreak Example #2: Measles Preparation and Response



Outbreak Example #3: Carbapenemase-Producing Organisms



Outbreak Example #4: COVID-19



Development of a Tabletop Exercise

- PHEP/HPP and ICP/HAI programs collaborate to design scenario-based tabletop exercises (TTXs) that address priority threats like measles, CPOs, and HPAI.
- Infection preventionists and disease subject matter experts ensure clinical accuracy and relevance.
- Together, we develop realistic injects, facilitate discussion-based sessions, and identify gaps and areas for improvement through after-action reviews.
- These TTXs support training, partnership-building, and compliance with grant and accreditation requirements.

  - Use the PHEP Technical Assistance QR code to request a TTX!

Discussion (15 minutes)

Discuss the following at your table:

1. When have IP/EP worked together at your facility?
2. What lessons learned do you have to share with your table?
3. What gaps may be present between IP and EP at your facility or statewide?
4. How can we start to address those gaps?

Report Out!

Questions?

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