Infection Prevention and Control for Resistant Pathogens during a Medical Surge

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Infection Preventionists Must Be Involved

- IPs not involved early on during COVID-19 pandemic
  - Protocols were not evidence-based
  - Staff felt unsafe
  - Confusion & distrust

Contents lists available at ScienceDirect

American Journal of Infection Control

journal homepage: www.ajicjournal.org

Major article

Infection preventionists' experiences during the first nine months of the COVID-19 pandemic: Findings from focus groups conducted with Association of Professionals in Infection Control & Epidemiology (APIC) members

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"Decisions were being made in organizations without their infection preventionists, which was resulting in extreme difficulties in coordinating throughout the county"

Increased Need for Infection Preventionists (IPs)

- Their workload will increase dramatically
- Field currently facing challenges in hiring and maintaining qualified IPs
  - Many left the field during the pandemic
    - Burnout
  - Difficult to find interested or qualified staff
  - Existing IPs are too overworked to train new staff

- 25% of facilities had open IP positions in 2019

- > half of LTCFs have had an IP leave in the last 2 years

- 40% will retire in the next 10 years

Need investment in incentives for universities to create an academic pathway into IPC & incentives for individuals to join the field

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Association for Professionals in Infection Control & Epidemiology (APIC) IPC Acuity Scale

- A flu & AMR pandemic will overwhelm IPC
- Need strategic approach to prioritize workload:
  - What to maintain
  - What to delegate
  - What to drop (temp)

Any situation when patient surges result in untenable IPC workloads

Infection Prevention and Control (IPC) Acuity Scale for Crisis Situations

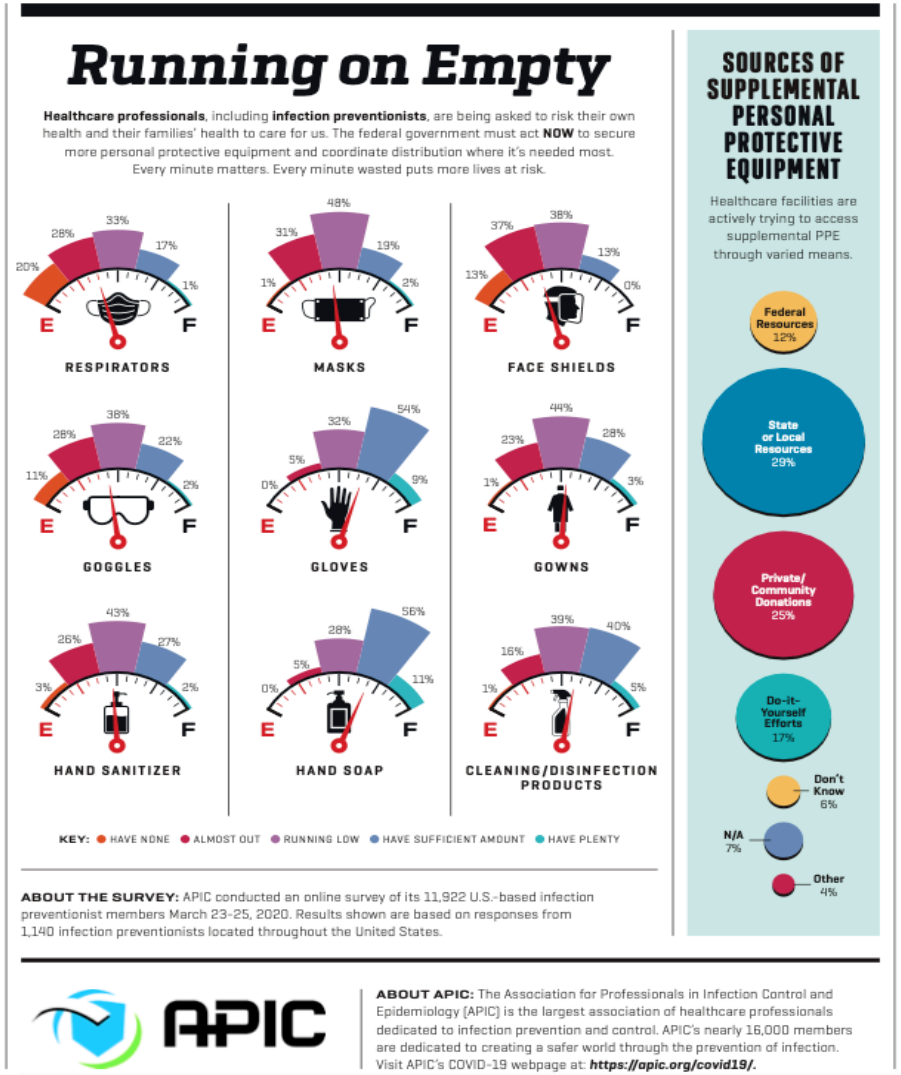
EMPHASIZE: Make high priority
Updating and providing education/support for personal protective equipment (PPE) donning/doffing practices and supporting changes in practices as new guidelines emerge
Surveillance activities for high-risk, high-impact healthcare-associated infections (HAIs)
Investigating clusters/urgent events (floods, foodborne outbreaks, etc.), providing response guidance and reporting (COVID and non-COVID)
Attending COVID related operations/incident command/ planning meetings and providing IPC input on COVID-related protocols
Rounding to support staff, provide consultation, assess correct isolation precautions, etc.
Patient-to-patient and employee-to-patient contact tracing*
Vetting new PPE and low-level disinfection products (especially when supply chain issues emerge)
Construction design input for high-priority projects that cannot be delayed
Regulatory support during surveys, unannounced inspections

LESSEN EMPHASIS: Consider delegating to trained non-IP staff
Rounding on utilization of PPE and low-level disinfection practices
Vaccine clinic staffing
Administrative and/or data analysis tasks related to IPC surveillance (e.g. consider outsourcing surveillance with IP validation or having the IP per-form the surveillance and utilize data analysts to build charts, graphs, etc.)
Data entry for reportable conditions
PPE counts

DECREASE EMPHASIS: Consider setting aside during crisis
Attendance at committee meetings unrelated to emergency, unless deemed critical
Employee-to-employee contact tracing
Performance improvement teams with infection prevention leadership unrelated to emergency, unless deemed critical
Antimicrobial stewardship responsibilities specific to infection prevention
Observational audits
Surveillance activities for lower-risk, lower-impact healthcare-associated infections (HAIs)
Participating in non-infection prevention related environment of care (EOC) rounds, routine policy and procedure review

Personal Protective Equipment (PPE) Will Be Limited

- COVID-19 in Spring 2020
- First cases in US
  - Healthcare surge
- APIC COVID-19 task force did a member survey about PPE
- The Defense Production Act enacted
  - May need to do again



Implement PPE Crisis Protocols

- Must be evidence-based
- Train staff
- Observe practice regularly
- Work with healthcare staff to ensure their comfort, safety, and support for the protocols

Consider transitioning away from some types of disposable or single-use PPE and implementing more options for cleanable and reusable PPE

Focus on Basic IPC Practices

- The basics are often dropped when staff are overworked, burned out, and/or stressed
- Ensure qualified IP involved in surveillance
  - Validate the data
- Depends on the exact organism involved, but generally:
  - Standard & transmission-based precautions
  - VAE & pneumonia prevention bundles
    - Prevent aspiration, aerodigestive tract colonization, and contaminated equipment

Focus on Basic IPC Practices

- Many AMRs can be spread through a contaminated environment
- Work with environmental services staff
  - Cleaning and disinfection
- Select the appropriate disinfectant
  - Ensure adequate supply
- Train staff
- Observe practice

Provide Resilience Training & Support for IPs

"It's like we went from healthcare hero to the worst person in the world"

- Allow IPs to work from home periodically or regularly
- Insist IPs take time off
  - When off, do not answer pages or email
- Involve EAP/offer counseling, including having counselors available on units for staff to obtain real time assistance
- Provide resilience training to staff
- Bring in trained counseling professionals
- Peer to peer support and assistance
- Daily huddles or weekly meetings to debrief and talk through challenges
- Create a "stressless" or tranquility room or space with a massage chair, aromatherapy, snacks or just quiet space
- Forum where IPs can talk to others about their experiences
- Read books on resilience and discuss coping strategies as a group
- Double the number of people on call to spread out the work
- Financial incentives, such as overtime when called in during off hours
- Listening sessions with staff and then implement tangible changes based on feedback
- Share links for community webinars or other sources of wellness training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Questions