

# Infection Control Assessment and Response (ICAR) Updates

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# Site Visit

- Non-regulatory
- Consultative and collaborative
- Less than one day and no cost
- Resources upon exit
- Summary report

For additional information visit:

<http://www.nj.gov/health/cd/topics/hai.shtml>

## INFECTION CONTROL ASSESSMENT AND RESPONSE PROGRAM

New Jersey Department of Health

The Infection Control Assessment and Response (ICAR) Team uses a consultative and collaborative approach to evaluate the **strength of infection prevention** in a variety of healthcare settings so that the New Jersey Department of Health (NJDOH) can create tools to improve existing infection prevention capacity.



### The Road to a Healthier New Jersey

Grant funding from the Centers for Disease Control and Prevention (CDC) supports the ICAR infection prevention team.



### Site-Specific Assessments

By highlighting existing CDC and HICPAC recommendations, this assessment provides basic infection prevention recommendations for outpatient (ambulatory care) settings.



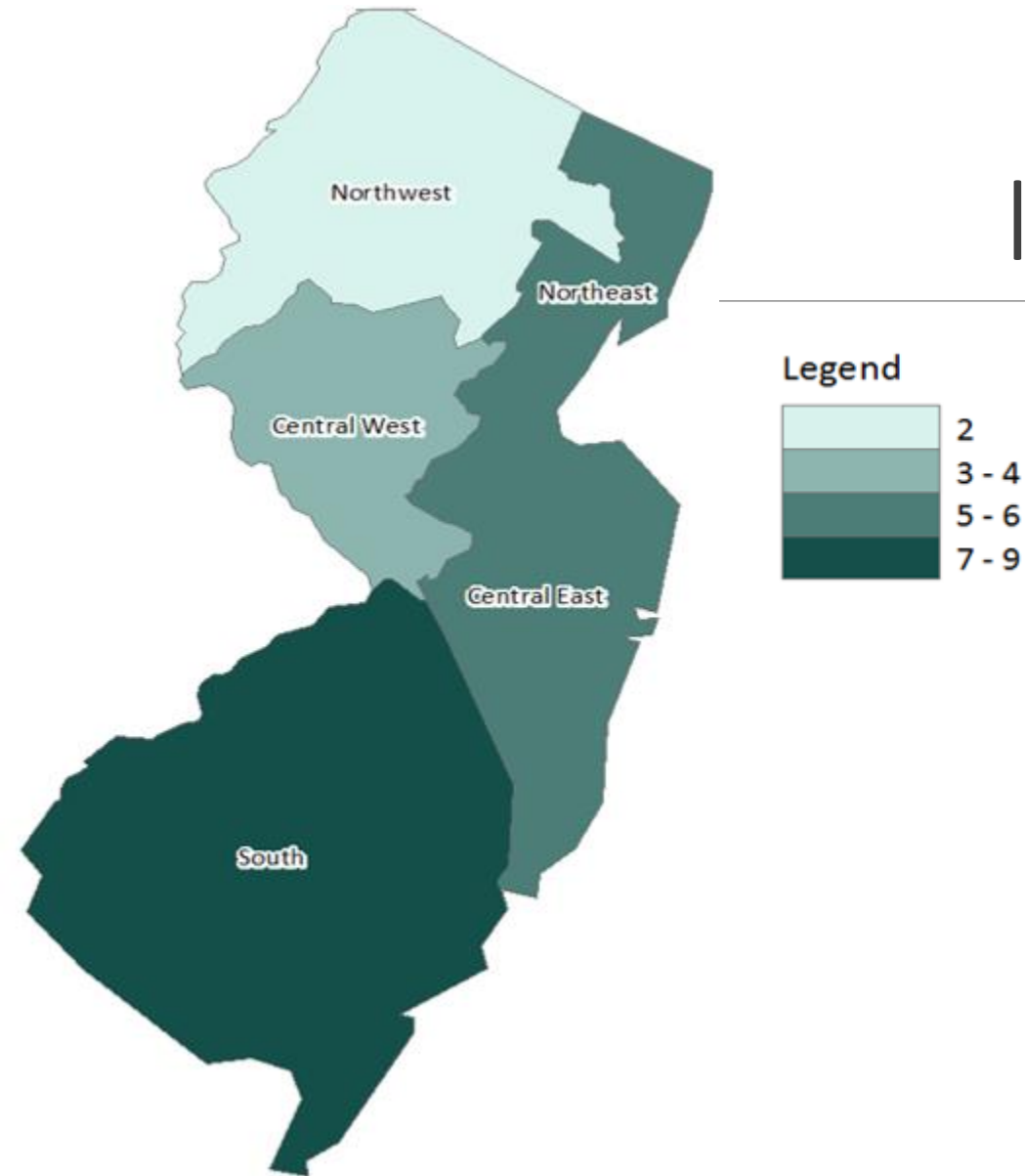
# ICAR Assessment Tool

- Program
- Policy and procedures
- Education
- Trainings
- Audits

II. Infection Control Training, Competency, and Audits		
Elements to be assessed	Assessment	Notes/Areas for Improvement
<p>1. Facility provides job-specific training to healthcare personnel (HCP) on infection prevention policies and procedures:</p> <p>i. Upon hire, prior to provision of care ii. Annually</p> <p><i>Note: This includes those employed by outside agencies and available by contract or on a volunteer basis to the facility.</i></p> <p><i>If Yes, facility should be able to provide examples of training.</i></p>	<p>i. <input type="radio"/> Yes <input type="radio"/> No ii. <input type="radio"/> Yes <input type="radio"/> No</p>	
<p>2. Facility assesses and documents competency with job-specific infection prevention policies and procedures:</p>		



# ICAR Dialysis Assessments



- Almost 100 healthcare facilities visited in 24 months
  - 28 hemodialysis (HD) centers visited as of 10/01/2017
- Site Visit
  - Group interview
  - Direct observations
  - Environmental cleaning exercise
  - Feedback and resources
  - Summary report

Hemodialysis ICAR Assessments as of September 22, 2017



# CDC Audit Tools: Direct Observations

## **Audit Tool:** Hemodialysis station routine disinfection observations\*

(Use a "√" if action performed correctly, a "Φ" if not performed/ performed incorrectly. If not observed, leave blank. All applicable actions within a row must have "√" for the procedure to be counted as successful.)

\*This audit tool applies when there is no visible soil on surfaces at the dialysis station. If visible blood or other soil is present, surfaces must be cleaned prior to disinfection.

Discipline	All supplies removed from station and prime bucket emptied	Gloves removed, hand hygiene performed	Station is empty before disinfection initiated**	New clean gloves worn	Disinfectant applied to all surfaces and prime bucket	All surfaces are wet with disinfectant	All surfaces allowed to dry	Gloves removed, hand hygiene performed	No supplies or patient brought to station until disinfection complete



# Training Resources

- Environmental cleaning exercise
  - Fluorescent Marker: Glo Germ™ mini-kits
  - Sent to all past participants
  - Provided upon assessment
  - Glo Germ™ Tracking Form



# Summary Report

**Table 1. Arteriovenous Fistula/Graft Decannulation**

Arteriovenous Fistula/Graft Decannulation Step	Outcome	Notes
1 Staff hand hygiene performed	!	Staff hand hygiene should routinely be performed prior to beginning decannulation.
2 New gloves worn by staff	!	A new clean pair of gloves should be worn immediately after hand hygiene is performed.
3 Disconnect from blood lines aseptically	!!	Review appropriate aseptic technique with staff for disconnection of blood lines.
4 Needles removed aseptically	✓	

## I. Infection Control Policies and Infrastructure

- Facility has specified a person responsible for coordinating the Infection Prevention (IP) Program, who has attended the [Northeastern Infection Control Educators \(NICE\) Basic Course for Principles of Infection Prevention and Control](#), and there is also an outside consultant, certified in infection control available as needed.
- Consider sending additional staff to the [Northeastern Infection Control Educators \(NICE\) Basic Course for Principles of Infection Prevention and Control](#) course.
- Consider membership and participation in an [infection control organization](#) with the goal of certification that demonstrates a commitment to best prevention practices and professional growth.
- Designated clean and dirty areas were separated well.
- Based on CDC guidance, a competency-based training program meets all four of the following elements: (1) training on hire and (2) an annual basis, with (3) return demonstration, feedback, and (4) documentation.
- Additionally, facility may consider development of a competency assessment for activities that present a known risk for acquisition of healthcare associated infections (HAIs) (e.g., [medication preparation and administration](#), [Scrub-the-Hub](#) protocols, appropriate [mask usage](#)).

# Domain Strengths

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Domain	Compliance	Percent
Infection Control Training, Competency, and Audits	27/27	100
Healthcare Personnel Safety	21/27	78
Personal Protective Equipment	25/27	93
Environmental Cleaning	25/27	93
Hand Hygiene	22/27	81



# Identified Opportunities for Improvement

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- Antibiotic ointment at catheter exit site (Category 1B in CDC's Guidelines for the Prevention of Intravascular Catheter-Related Infections- 2011)
- Inconsistent station disinfection
- Cross contamination due to shared/embedded computer terminals and machine to patient interactions
- Break in aseptic manipulation of blood lines
- Safe injection practices



# Overall AV Fistula/Graft Cannulation

Arteriovenous Fistula/Graft Cannulation Step	Outcome	Compliance Rate	N Obs
<b>Site cleaned with soap and water</b>	!	89%	268
Staff hand hygiene performed	✓		
New gloves worn by staff	✓		
Skin antiseptic applied	✓		
Skin antiseptic allowed to dry	✓		
No contact with fistula/graft site	✓		
Cannulation performed aseptically	✓		
<b>Connection to blood lines aseptically</b>	!	73%	343
Staff gloves removed	✓		
Staff hand hygiene performed	✓		



# Overall AV Fistula/Graft Decannulation

Arteriovenous Fistula/Graft Decannulation Step	Outcome	Compliance Rate	N Obs
Staff hand hygiene performed	✓		
New gloves worn by staff	✓		
<b>Disconnect from blood lines aseptically</b>	!	<b>77%</b>	<b>358</b>
Needles removed aseptically	✓		
Clean gloves or a clean clamp used to compress site	✓		
Clean gauze/bandage applied to site	✓		
Hand hygiene performed when necessary	✓		
Staff gloves removed	✓		
Staff hand hygiene performed	✓		
<b>Patient glove removed, hand hygiene performed</b>	!	<b>79%</b>	<b>229</b>

# Overall Station Disinfection



Station Disinfection Step	Outcome	Compliance Rate	N Obs
<b>All supplies removed from station, prime bucket emptied</b>	!	78%	436
Staff gloves removed, hand hygiene performed	✓		
<b>Station is empty before disinfection initiated</b>	!!	67%	449
New gloves worn	✓		
<b>Disinfectant applied to all surfaces and prime bucket</b>	!!	69%	427
<b>All surfaces are wet with disinfectant</b>	!	80%	427
All surfaces allowed to dry	✓		
Staff gloves removed, hand hygiene performed	✓		
<b>No supplies or patient brought to station until disinfection is complete</b>	!	77%	414

# Station Disinfection

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C2-21-16  
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C: 17-32-ESRD

**DATE:** June 02, 2017  
**TO:** State Survey Agency Directors  
**FROM:** Director  
Survey and Certification Group  
**SUBJECT:** End Stage Renal Disease (ESRD) Facilities: Cleaning the Patient Station

**Audit Tool: Hemodialysis station routine disinfection observations\***  
(Use a "√" if action performed correctly, a "Φ" if not performed/ performed incorrectly. If not observed, leave blank. All applicable actions within a row must have "√" for the procedure to be counted as successful.)  
\*This audit tool applies when there is no visible soil on surfaces at the dialysis station. If visible blood or other soil is present, surfaces must be cleaned prior to disinfection.

Discipline	All supplies removed from station and prime bucket emptied	Gloves removed, hand hygiene performed	Station is empty before disinfection initiated**	New clean gloves worn	Disinfectant applied to all surfaces and prime bucket	All surfaces are wet with disinfectant	All surfaces allowed to dry	Gloves removed, hand hygiene performed	No supplies or patient brought to station until disinfection complete

\*\*Ensure the patient has left the dialysis station before disinfection is initiated.





**Center for Clinical Standards and Quality/Survey & Certification Group**

Ref: S&C 17-31-ESRD  
**REVISED 09.08.2017**

**DATE:** June 02, 2017

**TO:** State Survey Agency Directors

**FROM:** Director Survey and Certification Group

**SUBJECT:** End Stage Renal Disease (ESRD) Facilities: Filling Saline Syringes at the Patient Treatment Station

*\*\*\*Revised to clarify that single dose containers may not be used to prepare more than one syringe\*\*\**

<p>5. Does the facility use manufacturer pre-filled saline syringes or single-use saline vials for flushes?</p> <p><i>Visual confirmation suggested.</i></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No (specify one below):</p> <ul style="list-style-type: none"><li><input type="radio"/> Flushes are drawn from the patient's designated saline bag used for dialysis</li><li><input type="radio"/> Flushes are drawn up from the patient's dialysis line</li></ul>	<p><input type="radio"/> Visually confirmed</p>
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# Injection Safety

- 94% (17/18) centers do NOT use manufacturer pre-filled saline syringes or single-use vials for flushes
- Common practice to pull from patient specific saline bag/line
  - Historically allowed by CMS (2009)





## Infection Control Assessment and Response (ICAR) Facilitated Discussion Leader Guide

# ICAR Videos

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- “Short and Sweet”
- Three videos completed:
  - Glucometer
  - Medication Preparation
  - Injection Safety
- Real life scenarios
- Shareable online, create “playlists”
  - New Jersey Government YouTube

The three Infection Control Assessment and Response (ICAR) videos were created to start a dialogue between the ICAR team and healthcare/direct patient care professionals in various settings. The videos cover topics included on ICAR assessments that are recognized as important to patient safety to decrease disease transmission, but are not always followed in practice. Glucometer use, medication preparation, and injection safety are areas of nursing practice that are separate, but have significant overlap.



# Sustainable Education

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- Videos



- Webinars



- Toolkit





# Thank you!

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