APIC LTC notes- Oct 1,2009

Handouts – contact Cindy Meyer at Lutheran Manor if you would like a copy.

1. Action Plan for Pan Flu planning - "Pandemic Flu: What is it and How Care Centers can Prepare" by Michelle Stober, RN, published in Pathway Perspectives Newsletter Vol. 37 (perspectives@pathhealth.com. and also individual action plans outlines.
2. "Recommendations for the Prevention and Control of Influenza in Long Term Care Facilities in 2009-2010" by the Wi Division of Public Health, Bureau of Communicable Diseases and Emergency Response Aug 21, 2009- flowchart of ILI, and response by Thomas Haupt to questions on the chart.
3. "Infection Control-Current Health Risks, The Impact on Long Term care, and An Action Plan Towards Compliance". Wisconsin Health Care Association Presentment by Beth Hitt, RN Pathway Health Services. Presented at the Stevens Point Infection Control Summit (August 2009). Contains TAGs for survey.
4. Policy and Procedure on Clostridium Difficile – Associated Disease.
5. Influenza Planning Action Plan 2009.
6. Policy and Procedure on Antibiotic Use and Prevention of Clostridium Difficile – use of probiotics.

Announcements:

Nominating Committee needs volunteers from LTC for the following offices: President elect, Treasurer elect, Secretary elect, Nominating Committee and Board Members.

Train the Trainer (for N-95 Fit Testing) - web site www.webbertrainer.com OR https://wi.trainorg/DesktopShell.aspx OR Alfred.Johnson@dhs.wisconsin.gov (per Mark Kontos). Please refer to procedure steps on pages 3 and 4 of these minutes. Noted that 3M masks are backordered. There was a study done with surgical masks vs. N95. The difference using the N95 was significant over the surgical masks, but the surprising finding was not much difference in the N95 if it was fit tested or not. The OSHA fit test medical questionnaire form can be found www.OSHA.gov form 1910.134.

New Products or Procedures:

Sani Guard Fogger - www.alimed.com. Ali med has a Sani Guard fogger for terminal cleaning of a room. This fogger was found when investigating Norovirus, and what was used to clean on the cruise ships. The fogger is set off in a closed room for 15 minutes, and then the room is aired out for 15 minutes. There is no residue or odor. The literature says the active ingredient will kill everything except spore forms (C-diff). It is safe to use with plastics and TV and computer screens and will start to penetrate into carpeting and upholstery. I like the idea of penetrating into the cracks and crevices where regular cleaning cannot touch. We have used it in our dialysis rooms, clinic and vans. The MRSA and VRE patients are scheduled for the end of the day, then the usual cleaning between patients is done, and then we use the Sani Guard fogger. We have not had any

transfer of the MRSA or VRE since we have started using this product. Be sure to close vents to adjacent rooms. Cost is case of 12 for r$80.00.

UV (black) Lights - Long or A - 320-400 wavelengths. We purchased two hand held UV lights to show residue left after cleaning. We do need to darken the room to use. The black lights will not show "bacteria" but will show residue left from protein or from body salts. If bacteria are on that object, it will be in the residue area. Our head housekeeper likes it because there is a direct observation that immediately can be cleaned again. I have no date for this project yet, but it is making housekeeping aware of circumstances. Note: another LTCF uses KF202 UV-C Light Sanitizer for items used in Activities go to www.markfeldstein.com for more information.

Round Table Sharing:

H1N1 Vaccine – the live vaccine is starting to be distributed. By E-mail a facility is to commit to vaccine in 100 unit lots, from the state. With the state register form, will have to give the medical director's number to sign the agreement for a shipment. Can check with public health for increments of less that 100. For more information go to www.pandemic.wisconsin.gov.

Policies – need other member to share procedures for Floragen/Florastor or other probiotic usage. State as automatic order with each antibiotic? Also when to stop probiotic.

Seasonal Influenza Vaccine - not being delivered to some facilities. Shouldn't be a shortage but maybe a delay. The Big Four companies for flu shots stopped seasonal flu production to start the H1N1. Several mentions of other companies where the shots were available.

Healthcare workers - are to be out 7 days if suspected of H1N1. It is up to the medical director if Tamiflu is to be given or not. Schools and children are only 24 hours post symptoms and no use of fever reducing agents. Tamiflu prophylaxis is once a day x 10 days. If active symptoms, Tamiflu is to be given twice a day for 5 days.

State Survey Trends:

1) Self-Administered Inhalers - are used by the resident, this was tagged an intentional vs. non-intentional.
2) Insulin – cannot be on top of a med cart.
3) Med Carts – out of sight.
4) Eye Drops – Cannot carry in pockets and co-mingle.
5) Care Plans and CNA Care Cards – information must match.
6) Handwashing – after removal of gloves.
7) Surveillance - surveyors wanted to see trending tracking of infections by a map of the building to show clusters or outbreaks.
8) Education/In-service – surveyors wanted to see if there are infection trends.

9) Influenza Vaccine - the surveyors also wanted for both employees and residents-patients.

Procedure for 3M Fit Testing (condensed notes) - to be used with 3M kit and hood:

1. Fill out questionnaire. Can find medical questionnaire at OSHA site, form 1910.134.
2. Review with medical personnel. Most of the questions are for lung/heart related issues. By using the masks, extra strain maybe experienced with breathing. Weight is needed for review year to year. If more than 10 pounds are gained or lost, the mask must be re-fitted. The first place that weight is reflected is in the face. Also have the subject wait 10-15 minutes if they have eaten or drank anything other than water before the test. Have water on hand so that the subject can rinse out their mouth if needed.
3. Have the testing subject review the masks and choose the style and make that best suits their face. Teach how to put on mask, by placing chin in the depression/or fold of the mask first, then guiding the elastic bands over the head. One band will be placed at the nape of the neck, and the other will be placed at the crown of the head. This will pull the sides of the mask taunt to the face. If there is a good fit, when the mask is removed, there will be depression lines around the nose and cheeks where the mask rested.
4. Press on the metal bars to fit to the face. Use two fingers to form to the bridge of the nose. If the mask is placed about half way down the length of the nose, it will be easier to fit. If the mask is placed too near the eyes, the metal bands will likely be pinched in a tent, and this will cause a leak over the nose-eye area.
5. Check fit by cupping hands over the mask and blowing out. If air is leaking, this can be felt outside of the mask area. If glasses are worn, the glasses will fog if the leak is by the eye-nose area.
6. Have the subject take off the mask. When the mask is put on again, watch subject and review if they fitted the make to their face correctly and checked the fit.
7. Explain the next steps to the subject. I the sensing portion of the test, the hood **with out** the mask will be placed over the subject's head and the diluted mist of the sensing material will be sprayed into the hood. It is easier if the subject will open their mouth and breath the air over their tongue to sense the spray. To do this use one of the nebulizers with about 1 teaspoon of liquid. Have both ports of the nebulizer open to draw air over the spray mechanism before spraying the mist into the hood. Spray in 10 puffs by fully depressing the bulb on the nebulizer. Have the subject signal when the mist is sensed. If the subject can sense in the first 10 puffs, the following testing with the full strength mist will be 10 puffs and 5 puffs every following minute. If the subject can't detect the mist until 20 puffs, the full strength mist will be 20 initial loading puffs, followed by 10 puffs every following minute. For 30 puffs on the initial load, 15 puffs will follow every minute. If the subject

cannot taste the mist at 30 puffs, the test is finished and the subject cannot detect the mist to complete the fit test.

8. Take off the hood and have the subject rinse their mouth with water if necessary and then put on their chosen mask. Check for fit, and check for air leaking. Re-position the mask if necessary.
9. Don the hood again and set a timer or watch a clock for 7 minutes. Use the second nebulizer and fill it with about a teaspoon of the full strength solution. In the first minute, have the subject resting, but spray in the initial loading puffs as determined by the sensing portion of the test. At every minute, change to a new activity as listed below and puff in one half of the loading dose, i.e.- 10 puffs loading dose, use 5 puffs to keep the atmosphere in the hood at the same level. With 20 puffs loading dose, use 10 puffs for maintaince, and 30 puffs, use 15. At any point in the test, the mist solution is detected, have the subject signal. Take off the hood, refit the mask or try a different type and start from the beginning of step 8.
10. The next minute will be deep breathing. Have the subject inhale deeply and exhale at a steady rate. Do not hyperventilate. Just breath as to expand the rib cage easily. Check for any leaking. Spray in the mist to keep the atmosphere maintained at the determined half dose.
11. In the next minute, have the subject turn their head side-to-side, pausing at the extreme end of the turn for a few seconds. The turns do not have to be fast. Check for any slipping of the mask or leaking. Again stray in the mist at the determined half dose.
12. In the next minute, have the subject nod their head up and down, again pausing for a few seconds at the extreme end of the nod. Check for slipping or leaking. Spray in the mist at the determined Maintaince level
13. The n have the subject speak and move facial muscles. Have the subject recite the alphabet, or count for one full minute. The famous “Rainbow passage” can be used also. Also have the subject smile broadly. Again check for any slipping or leaking and spray in the half dose Maintaince level
14. The next minute is whole body movement. Have the subject move around or march in place, to see if the mask will stay secure while the subject is doing their normal daily work. If the subject bends over, have them hold onto the hood as to not loose the mist in the hood. Spray in the Maintaince level dose.
15. The last minute is spent resting and spray in the last Maintaince level of mist.
16. At the end of the seven minutes, if the subject can go through all of the activities without detecting the mist, the fit test is a success and is ended. If at any time the mist is detected, refit the mask and start form the beginning. Only when all of the a activities are done in succession and successfully in one seven minute time, is the fit testing approved. .
17. Recap of the activities:
    a. At rest for the first minute. Allows the mist to disperse from the loading dose
    b. Deep breathing – ½ of the loading dose mist
    c. Turn head from side to side- ½ loading dose mist
    d. Nod head up and down – ½ loading dose mist

e. Speaking and smiling – ½ loading dose mist
f. Broad body movement- ½ loading dose mist
g. Rest – final ½ loading dose mist

A yearly fit test is indicated and a fit test, sooner maybe indicated if there is a change in facial structure, or a 10 pound weight difference. Also keep in mind that facial hair will cause air leakage, so that male subjects are best tested clean-shaven, and reminded them to keep clean-shaven during the usage of the mask.

Remember that the organisms are on the surface of the mask. When taking the mask off, do not touch the front of the mask or wash hands immediately upon removal.

Respectfully submitted,

Debra Cooper-Suminski
Lakeview Specialty Hospital