

Mentoring Program September, 2020

1. APICDFW call for nominations
2. Risk Assessments



APICDFW

Willingness to serve in a 2021 leadership position

Deadline: SEPTEMBER 15, 2020

WILLINGNESS TO SERVE IN A 2021 LEADERSHIP POSITION

Deadline: SEPTEMBER 15, 2020

REQUIRED: Please send a photo (headshot/portrait) to apicdfw@gmail.com to accompany your WTS application

Name *

First Name

Last Name

Email *

Preferred Phone *

(###)

###

####

Facility *

Years in Infection Prevention *

What position(s) interest you? *

- President-Elect
- Treasurer-Elect (1 year + 2 years as Treasurer)
- Nominating Committee (3 positions)

Election Statement

In 150 words or less, please describe your qualifications for the position(s) you have selected

<http://apicdfw.org/wts2021>

STAR AWARD APPLICATION

- * Nominate YOURSELF or a COLLEAGUE for an outstanding contribution to infection prevention and control made between **OCTOBER 1, 2019** and **SEPTEMBER 30, 2020**
- * **APPLICATION DEADLINE: October 15, 2020**
- * <http://apicdfw.org/star-award-application>

STAR AWARD APPLICATION

APIC DFW STAR AWARD Application

APIC-DFW strives to recognize active members who commit (or practice) the APIC conceptual module of competency between October 1st of the previous year and September 30th of the award year. Toot your own horn, or nominate a colleague. Ideal Star Candidates will meet one or more of the criteria in at least 3 of the 4 domains. Nominees should provide details on how each of the model elements were met. The awards committee will only know the information submitted so please include the details.

APIC Competency Model	Novice (estimated 1-5 years as IP)	Proficient (estimated 5-10 years as IP)	Expert (estimated >10 years as IP)
Domain 1: Leadership and program management	<ul style="list-style-type: none"> Elected or appointed to a position in a local, state, national, or international professional organization affiliated with infection control (APIC, AORN, TSICP, SHEA, etc) 	<ul style="list-style-type: none"> Elected or appointed to a position in a local, state, national, or international professional organization affiliated with infection control (APIC, AORN, TSICP, SHEA, etc) 	<ul style="list-style-type: none"> Elected or appointed to a position in a local, state, national, or international professional organization affiliated with infection control (APIC, AORN, TSICP, SHEA, etc)
	<ul style="list-style-type: none"> Attends >75% of APIC DFW chapter meetings 	<ul style="list-style-type: none"> Participates in training, planning and mentoring to help facilitate staff advancement. 	<ul style="list-style-type: none"> Participates in training, planning and mentoring to help facilitate staff advancement.
	<ul style="list-style-type: none"> CIC certification 	<ul style="list-style-type: none"> Attends >75% of APIC DFW chapter meetings. Shared information and knowledge gained from local meetings with staff during meetings or in-service. 	<ul style="list-style-type: none"> Attends >75% of APIC DFW chapter meetings. Shared information and knowledge gained from local meetings with staff during meetings or in-service. Presents at APIC DFW chapter meetings.
		<ul style="list-style-type: none"> CIC certification 	<ul style="list-style-type: none"> APIC DFW Strategic Partner Liaison

STAR AWARD APPLICATION

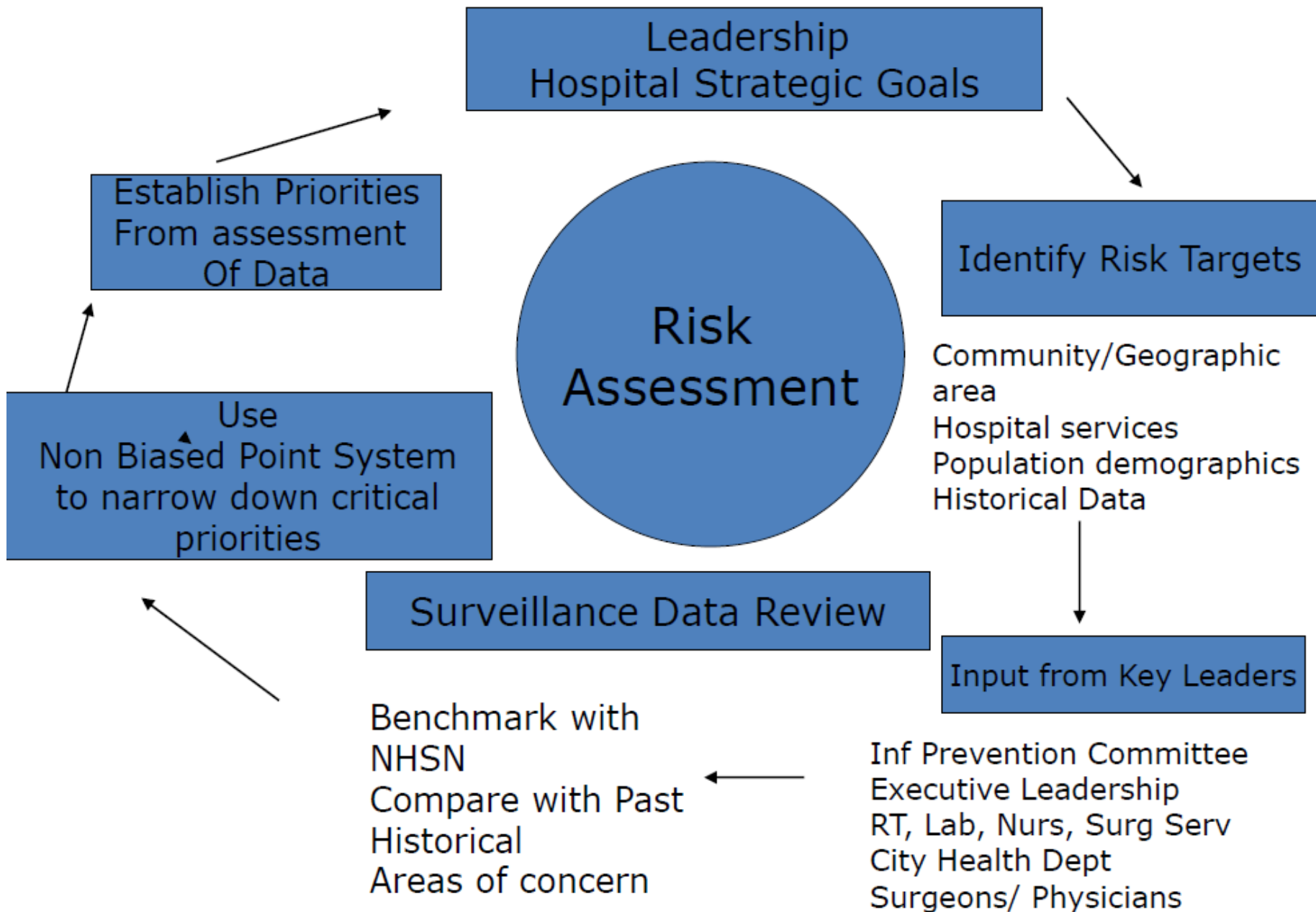
<p>Domain 2: Infection Prevention & Control</p>	<ul style="list-style-type: none"> Provides an educational presentation (poster or oral abstract) at a local, state, national, or international infection control meeting. 	<ul style="list-style-type: none"> Provides multiple educational presentations (poster or oral abstract) at a local, state, national, or international infection control meeting. 	<ul style="list-style-type: none"> Provides multiple educational presentations (poster or oral abstract) at a local, state, national, or international infection control meeting.
	<ul style="list-style-type: none"> Provides a lecture or educational class dealing with infection prevention and control to internal stakeholders 	<ul style="list-style-type: none"> Provides a lecture or educational class dealing with infection prevention and control to internal and external stakeholders 	<ul style="list-style-type: none"> Provides a lecture or educational class dealing with infection prevention and control to a professional group for continuing education contact hours
	<ul style="list-style-type: none"> New IP who have independently pursued professional growth including CIC certification. 	<ul style="list-style-type: none"> Volunteers to work additional hours outside of work to support the local community related to infection prevention. 	<ul style="list-style-type: none"> Writes a professional article, chapter, or book related to infection prevention and control that is published
	<ul style="list-style-type: none"> Volunteers to work additional hours outside of work to support the local community related to infection prevention. 	<ul style="list-style-type: none"> Serves on an IP related Panel 	<ul style="list-style-type: none"> Achieve additional certifications
	<ul style="list-style-type: none"> Serves on an IP related Panel 	<ul style="list-style-type: none"> Achieves advanced degree (MPH, MSN, MBA, MHA, MS etc.) 	<ul style="list-style-type: none"> Volunteers to work additional hours outside of work to support the local community related to infection prevention.
			<ul style="list-style-type: none"> Serves on an IP related Panel
			<ul style="list-style-type: none"> Achieves advanced degree (MPH, MSN, MBA, MHA, MS, Doctoral degree)

STAR AWARD APPLICATION

<p>Domain 3: Technology</p>	<ul style="list-style-type: none"> Graph data, generate reports, dissemination to internal/external stakeholders 	<ul style="list-style-type: none"> Leverages technology to support IP practices 	<ul style="list-style-type: none"> Expert in electronic surveillance, use of EMR/other technology (super user/trainer, resource for other IPs)
<p>Domain 4: Performance Improvement & Implementation Science</p>	<ul style="list-style-type: none"> Identifies PI opportunities and facilitates PI team 	<ul style="list-style-type: none"> Identifies PI opportunities and champions PI projects 	<ul style="list-style-type: none"> Identifies PI opportunities, assembles PI team, champions PI projects using the organizations preferred PI tools, measures success, and disseminate lessons learned
		<ul style="list-style-type: none"> Assist with analysis and trending of occupational exposure incidents and information exchange between occupational health and infection prevention and control departments 	<ul style="list-style-type: none"> Assist with analysis and trending of occupational exposure incidents and information exchange between occupational health and infection prevention and control departments
			<ul style="list-style-type: none"> Develops interprofessional competencies, applies translational research methods, uses advanced PI tools/methods, focus on reliability and sustainability Achieve certification in PI methodologies (ex: Lean, Six Sigma)

Why Perform an Annual Risk Assessment?

- Helps focus IC activities on those tasks most essential to reducing critical infection control risks
 - Changes to guidelines related to infection control and prevention from CDC and other agencies and professional organizations.
 - New IP need to do this to understand the processes and working of their hospital and identify greatest priority for surveillance.
 - If you are new to the IP job, be sure and perform the risk assessment. Don't rely on the previous IP.
 - Make it your own







Infection Control Assessment Tools

The basic elements of an infection prevention program are designed to prevent the spread of infection in healthcare settings. When these elements are present and practiced consistently, the risk of infection among patients and healthcare personnel is reduced.

The Infection Control Assessment Tools were developed by CDC to assist health departments in assessing infection prevention practices and guide quality improvement activities (e.g., by addressing identified gaps). These tools may also be used by healthcare facilities to conduct internal quality improvement audits.

Assessment Tool by Setting

English

- [Infection Control Assessment Tool for Acute Care Hospitals](#) 
[PDF – 433 KB]
(including hospitals and long-term acute care hospitals)
- [Infection Control Assessment Tool for Long-term Care Facilities](#) 
[PDF – 104 KB]
- [Infection Control Assessment Tool for Outpatient Settings](#) 
[PDF – 337 KB]
- [Infection Control Assessment Tool for Hemodialysis Facilities](#) 
[PDF – 278 KB]

CDC Longterm Care Risk Assessment Events

INFECTION EVENT	PROBABILITY OF OCCURRENCE				LEVEL OF HARM FROM EVENT				IMPACT ON CARE				READINESS TO PREVENT			RISK LEVEL		
	(How likely is this to occur?)				(What would be the most likely?)				(Will new treatment/care be needed for resident?)				(Are processes/resources in place?)			(Scores ≥ 8 are considered highest priority for improvement efforts.)		
Score	High	Med.	Low	None	Serious Harm	Moderate Harm	Temp. Harm	None	High	Med.	Low	None	Poor	Fair	Good			
	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1			
Facility-onset Infections(s)																		
Device- or care-related																		
Catheter-associated urinary tract infection (CAUTI)																		
Central line-associated bloodstream infection (CLABSIs)																		
Tracheostomy-associated respiratory infection																		
Percutaneous-gastrostomy insertion site infection																		
Wound infection																		
Other (specify):																		
Resident-related																		
Symptomatic urinary tract infection (SUTI)																		
Pneumonia																		
Cellulitis/soft tissue																		
<i>Clostridioides difficile</i> infection																		
Tuberculosis*																		
Other (specify):																		
Outbreak-related																		
Influenza*																		
Other viral respiratory pathogens*																		
Norovirus gastroenteritis*																		
Bacterial gastroenteritis (e.g., <i>Salmonella</i> , <i>Shigella</i>)																		
Scabies																		
Conjunctivitis																		
Group A <i>Streptococcus</i> *																		
MDRO																		
Other (specify):																		

* Risk assessment should take into account the frequency of this disease in the community as part of determining probability of occurrence. Data from State/local health department may be informative.

CDC Longterm Care Risk Assessment Practice Failures

IPC PRACTICE FAILURES	PROBABILITY OF OCCURRENCE (How likely is this to occur?)				IMPACT ON RESIDENT/STAFF SAFETY (Will this failure directly impact safety?)				CAPACITY TO DETECT (Are processes in place to identify)			READINESS TO PREVENT (Are policies, procedures, and resources)			RISK LEVEL (Scores ≥ 8 are considered highest priority for improvement efforts.)			
	High	Med.	Low	None	High	Med.	Low	None	Poor	Fair	Good	Poor	Fair	Good				
Score	3	2	1	0	3	2	1	0	3	2	1	3	2	1				
Care activity																		
Lack of accessible alcohol-based hand rub																		
Lack of accessible personal protective equipment (PPE)																		
Inappropriate selection and use of PPE																		
Inadequate staff adherence to hand hygiene																		
Inadequate staff adherence to glove and gown use when resident in Contact Precautions																		
Inadequate staff adherence to facemask use when resident in Droplet Precautions																		
Other (specify):																		
Other (specify):																		
Occupational health																		
Low influenza immunization rates among staff																		
Lack of notification of employee illness or working sick																		
Low compliance with annual tuberculosis (TB) screening among staff																		
Other (specify):																		
Resident/visitor health																		
Low rates of TB screening among new resident admissions																		
Low rate of resident																		

Program Components	Probability of Performance- Failure				Impact (Clinical/Financial/Resources)			Infection Prevention Systems				Score	Goal
	High	Med	Low	Never	High	Moderate	Minimal	Poor	Fair	Good	Excellent		
Potential Risks/Problems	3	2	1	0	3	2	1	3	2	1	0		
Mandatory (no opting out) Local, State and Federal Regulation (add 7 to all items in this column)													
Procedures HAI's													
Surgical Site Infections													
SSI-Ortho Join Replacement													
SSI-plastic surgery													
SSI-ophthalmology													
SSI-													
SSI-													
SSI-													
Prevention Activities													
Hand Hygiene program													
Standard Precautions													
TB screening of patients													
Appropriate prophylactic antibiotic													
Appropriate OR attire													
Environment													
Medication Refrigerator Temp logs													
Sterilization monitoring													
Infection from inadequate air handling													
Positive Pressure room monitoring													
Cleaning/high level disinfection process													
Construction/Renovation Program (ICRA's)													
Regulated Waste Management Program													

COVID-19 Focused Infection Control Survey: Acute and Continuing Care

General guidance: This survey tool provides a focused review of the critical elements associated with the transmission of COVID-19, will help surveyors to prioritize survey activities while onsite, and identify those survey activities which can be accomplished offsite. These efficiencies will decrease the potential for transmission of COVID-19, as well as lessen disruptions to the facility and minimize exposure of the surveyor. Surveyors should be mindful to ensure their activities do not interfere with the active treatment or prevention of transmission of COVID-19. Entry and screening procedures as well as patient care guidance has varied over the progression of COVID-19 transmission in facilities. Facilities are expected to be in compliance with CMS guidance that is in effect at the time of the survey. Refer to QSO memos released at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions>.

Content within this tool may be generally applied to any setting. However, CMS recognizes that not all acute and continuing care providers have the same acuity or capacity and therefore, depending upon the setting, not all information will be applicable on every survey (e.g.; aerosol generating procedures section). If citing for noncompliance related to COVID-19, the surveyor(s) must include the following language at the beginning of the Deficient Practice Statement or other place determined appropriate on the Form CMS-2567: “Based on [observations/interviews/record review], the facility failed to [properly prevent and/or contain – or other appropriate statement] COVID-19.”

If surveyors see concerns related to compliance with other requirements, they should investigate them in accordance with guidance in the appropriate provider/supplier appendix of the State Operations Manual and related survey instructions. Surveyors may also need to consider investigating concerns related to Emergency Preparedness in accordance with the guidance in Appendix Z of the State Operations Manual (e.g., for emergency staffing).

For purposes of this document, “staff” includes employees, consultants, contractors, volunteers, and others who provide care and services to patients on behalf of the facility. Additionally, the general term “facility” means inpatient, congregate settings, hospitals, intermediate care facilities for individuals with intellectual disabilities, dialysis facilities, and clinics, and “home” refers to settings such as hospice and home health where care is provided in the home.

Entering the Facility/Triage/Registration/Visitor Handling

Prior to entering the facility:

- Is signage posted at facility entrances with visitation restrictions and screening procedures?
- Are signs posted at entrances with instructions to individuals seeking medical care with symptoms of respiratory infection to immediately put on a mask and keep it on during their assessment, cover their mouth/nose when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after contact with respiratory secretions?

Upon entering the facility:

- Are staff trained on appropriate processes (e.g., questions to ask and actions to take) to rapidly identify and isolate suspect COVID-19 cases?
- Is there a process that occurs after a suspected case is identified to include immediate notification of facility leadership/infection control?

<https://qsep.cms.gov/data/275/COVID-19FocusedSurvey-InfectionControlSurveyToolforNon-LTC.pdf>

Infection Control Risk Assessment Purpose

- Evaluation of potential risk for infections, contamination and exposures
 - Based on known risk, historical data and reports in literature
- Evaluation of harm
 - Life threatening, loss of function, loss of community trust, loss of organization good will, financial threat, legal and/or regulatory issues
- Evaluation of organization's preparedness to eliminate or mitigate the harm or risk of harm
- Drives the direction of the Infection Prevention Plan

The Infection Prevention Program Plan

- Risk Assessment
- Assessment of services provided
- Assessment of populations served
- Prioritized strategies for risk reduction
- Surveillance plan including data analysis
- Plan is reviewed annually or as often as needed

Webinar Series - Gowns and Other Apparel for Use by Health Care Personnel in COVID-19 Pandemic

On Tuesday, September 15, 12:00 p.m.-1:00 p.m. ET, the FDA will host a webinar to review these topics:

- Enforcement Policy for Gowns, Other Apparel, and Gloves During the Coronavirus Disease (COVID-19) Public Health Emergency
- Umbrella Emergency Use Authorization (EUA) for Gowns and Other Apparel

This webinar will expand the scope of the webinar series from respirators and masks to gowns and other apparel.

During this webinar, the FDA will present information on both the enforcement policy and the EUA for gowns and other apparel, and representatives from the FDA, Centers for Disease Control and Prevention (CDC), and Occupational Safety and Health Administration (OSHA) will be available to answer your questions.

https://www.fda.gov/medical-devices/workshops-conferences-medical-devices/webinar-series-gowns-and-other-apparel-use-health-care-personnel-covid-19-pandemic-09152020-09152020?utm_medium=email&utm_source=govdelivery

U.S. Callers Dial: 888-455-1392 ;Conference Number: PWXW1662301: Passcode: 7621596

FDA.GOV Previous Webinars from this Series

- **June 9, 2020 - Respirators for Health Care Personnel Use**

[Presentation](#)[External Link Disclaimer](#) [Printable Slides](#) [Transcript](#)

- **June 23, 2020 - Importing Respirators for Health Care Personnel Use**

[Presentation](#)[External Link Disclaimer](#) [Printable Slides](#) [Transcript](#)

- **July 7, 2020 - Decontaminating Respirators for Health Care Personnel Use**

[Presentation](#)[External Link Disclaimer](#) [Printable Slides](#) [Transcript](#)

- **July 21, 2020 - Respirators for Health Care Personnel Use**

[Presentation](#)[External Link Disclaimer](#) [Transcript](#)

- **August 4, 2020 - Regulation of Face Masks and Surgical Masks During the COVID-19 Pandemic**

[Presentation](#)[External Link Disclaimer](#) [Transcript](#)

- **August 18, 2020 - FDA's Surgical Masks EUA Umbrella**

[Presentation](#)[External Link Disclaimer](#) [Transcript](#)

- **September 1, 2020 - CDC/NIOSH's Surgical N95 Respirator Guidance**

[Printable Slides](#)

Mental Health



NTBHA
North Texas Behavioral Health Authority

North Texas Behavioral Health Authority

24/7 COVID-19 Mental Health Support Line:

[Home](#)

[Crisis Services](#)

[About Us](#)

[Meetings](#)

[For Providers](#)

[For The Public](#)



[CONTACT US](#)

1-833-251-7544

24/7 Crisis Hotline: 1-866-260-8000

In the event of a life-threatening emergency, please call 911

Serving Dallas, Ellis, Hunt, Kaufman, Navarro and Rockwall Counties

The Three C's

Clean your hands!

- * Wash your hands with soap and water OR alcohol-based hand sanitizer for 20 seconds



Cough etiquette!

- * Cover your nose and mouth with a tissue or inside elbow when coughing or sneezing and promptly dispose of the tissue in the nearest waste receptacle, and immediately perform Hand Hygiene



Clean your environment!

- * Disinfect areas with Oxivir wipes. Make sure to allow surfaces to stay wet for the contact time of 1 minute



Dashboard References

- * Texas COVID-19 Trends by County
<https://tabexternal.dshs.texas.gov/t/THD/views/COVIDExternalQC/COVIDTrends?:isGuestRedirectFromVizportal=y&:embed=y>
- * DFW Regional Summary Dashboard
https://public.tableau.com/profile/cityofdallasdxinnovationteam/vizhome/CityofDallasCOVID-19Dashboard/Dashboard1#!/vizhome/Book3_15862351183220/DFWRegionalCases
- * Dallas County COVID-19 <https://www.dallascounty.org/covid-19/>
- * Denton County COVID-19 <https://gis-covid19-dentoncounty.hub.arcgis.com/pages/covid-19cases>
- * Collin County COVID-19
<https://experience.arcgis.com/experience/co0baf45f12a4899aae1c812e29d6cde>
- * Tarrant County COVID-19 <http://www.tarrantcounty.com/en/public-health/disease-control---prevention/coronaviruas.html?linklocation=homecarousel&linkname=COVID-19>
- * Ellis County COVID-19 <http://co.ellis.tx.us/948/2019-Novel-Coronavirus>

References

- Key Strategies to Prepare for COVID-19 in Long-term Care Facilities (LTCFs) <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html>
- * Personal Protective Equipment (PPE) Burn Rate Calculator <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>
- * High SARS-CoV-2 Attack Rate Following Exposure at a Choir Practice — Skagit County, Washington, March 2020 https://www.cdc.gov/mmwr/volumes/69/wr/mm6919e6.htm?s_cid=mm6919e6_e&deliveryName=USCDC_921-DM28169
- * North Texas Behavioral Health <https://ntbha.org/>
- * <https://www.cms.gov/files/document/nursing-home-reopening-recommendations-state-and-local-officials.pdf>

References

* You can now join Infectious Disease Society of America (IDSA) for free for the rest of the calendar year and saved \$370. Lots of good references from them on COVID , as well of course all the other ID information.

*

* 1.click on <https://www.idsociety.org/membership2/membership/> to sign up!

*

* 2. indicate- COVID 19 member and then add this code OURTIMEISNOW

* 3. If you have an issue email them and they will sign you up . very easy!

* membership@idsociety.org

*

Resources for Questions

- * Coworkers
- * DFW-APIC Members or other IP's
- * APIC: <https://apic.org/>
- * My APIC: <https://community.apic.org>
- * NHSN
- * CDC
- * State of Texas
- * DFWHC



APIC DFW