



**THE DHMH NURSE CONSULTANT IN INFECTION
PREVENTION AND CONTROL AND TUBERCULOSIS
PREVENTION AND CONTROL –
THE RELATIONSHIP
MARCH 26, 2015**

**BRENDA J ROUP, PhD, RN, CIC
OFFICE OF INFECTIOUS DISEASE EPIDEMIOLOGY
AND OUTBREAK RESPONSE**

**Maryland Department of Health and Mental Hygiene
Prevention and Health Promotion Administration**



MISSION AND VISION

MISSION

- The mission of the Prevention and Health Promotion Administration is to protect, promote and improve the health and well-being of all Marylanders and their families through provision of public health leadership and through community-based public health efforts in partnership with local health departments, providers, community based organizations, and public and private sector agencies, giving special attention to at-risk and vulnerable populations.

VISION

- The Prevention and Health Promotion Administration envisions a future in which all Marylanders and their families enjoy optimal health and well-being.



WHO IS AN INFECTION PREVENTIONIST (IP)?

- **OLD TITLES – INFECTION CONTROL NURSE, INFECTION CONTROL PRACTITIONER**
- **DIRECT PROGRAMS AND CLINICAL INTERVENTIONS TO PROTECT PATIENTS/RESIDENTS/CLIENTS/ OUTPATIENTS FROM INFECTIONS AND INFECTIOUS DISEASES, WHETHER HEALTHCARE ASSOCIATED OR COMMUNITY ONSET**
- **ROLE IS FOUND IN HOSPITALS, LONG TERM CARE FACILITIES, AMBULATORY SURGERY CENTERS, BEHAVIORAL HEALTH CENTERS, OUTPATIENT CLINICS, ETC**



WHO IS AN INFECTION PREVENTIONIST (IP)?

- **REQUIRED IN ALL HOSPITALS, LONG TERM CARE FACILITIES (NURSING HOMES), AND AMBULATORY SURGERY CENTERS BY STATE AND FEDERAL REGULATION**
- **85% ARE REGISTERED NURSES; REMAINDER ARE USUALLY MEDICAL TECHNOLOGISTS OR EPIDEMIOLOGISTS**



IP KNOWLEDGE BASE

- **NATIONAL BOARD CERTIFICATION BY EXAM BY THE CERTIFICATION BOARD OF INFECTION CONTROL (CIC CREDENTIAL) REQUIRES KNOWLEDGE IN 6 AREAS:**
- **INFECTIOUS DISEASE PROCESSES TO INCLUDE EPIDEMIOLOGY AND TREATMENT OF INFECTIONS AND INFECTIOUS DISEASES, TO INCLUDE TUBERCULOSIS**



IP KNOWLEDGE BASE

- **EPIDEMIOLOGIC METHODS OF INVESTIGATION AND DATA COLLECTION**
- **PREVENTION AND CONTROL OF THE TRANSMISSION OF INFECTIOUS AGENTS**



IP KNOWLEDGE BASE

- **EMPLOYEE AND OCCUPATIONAL HEALTH PROGRAMS AND METHODS RELATED TO INFECTIOUS DISEASES AND INFECTIONS**
- **MANAGEMENT AND COMMUNICATION PRINCIPLES AND METHODS**
- **EDUCATIONAL METHODS AND APPLICATION OF RESEARCH FINDINGS**



CDC AND MARYLAND GUIDANCE

- **Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005; *Recommendations and Reports* December 30, 2005 / 54(RR17);1-141**
- **Maryland TB Guidelines for Prevention and Treatment of Tuberculosis 2007**

TUBERCULOSIS INFECTION CONTROL



- **TUBERCULOSIS INFECTION
CONTROL – A PRACTICAL
MANUAL FOR PREVENTING TB;
FRANCIS J CURRY NATIONAL
TUBERCULOSIS CENTER**

MANUAL INCLUDES SECTIONS ON:

- **FEDERAL AND STATE REGULATIONS AND GUIDELINES (EX. OSHA)**
- **ENVIRONMENTAL CONTROLS**
- **CLINICS**
- **SPUTUM INDUCTION**
- **AIRBORNE INFECTION ISOLATION ROOMS (AIIR)**
- **EMERGENCY DEPARTMENTS**
- **HOMELESS SHELTERS**





DHMH NURSE CONSULTANT IN IPC

- **PROVIDES POLICY AND ACTION RECOMMENDATIONS FOR INFECTION PREVENTION AND CONTROL ISSUES TO ALL HEALTHCARE FACILITIES, PROVIDERS AND SETTINGS IN MARYLAND AND COMMUNITY SETTINGS AS NEEDED AND REQUESTED**
- **NURSE CONSULTANT IN IC ANSWERS QUESTIONS AND CONSULTS ON ALL TB ITEMS IN PREVIOUS SLIDE PLUS EMPLOYEE HEALTH ISSUES SUCH AS SCREENING**



RELATIONSHIP TO TB

- **TELEPHONIC, ELECTRONIC, AND ON SITE CONSULTATIONS**
- **MOST CALLS ARE FROM IPs WEARING THEIR EMPLOYEE HEALTH “HAT”**
- **BETWEEN 2012 – 2014, 10% - 25% OF CONSULTATIONS WERE RELATED TO TB**
- **75% OF CONSULTS WERE RELATED TO EMPLOYEE HEALTH ISSUES SUCH AS SCREENING**



RELATIONSHIP TO TB

- **2013 – 2014 EDUCATIONAL SESSIONS TO DHMH FACILITIES AND ACUTE CARE HOSPITALS TO RISK ASSESS FACILITY AND THUS DECREASE AMOUNT OF TB SKIN TESTING FOR EMPLOYEES**
- **TWICE PER YEAR BASIC SKILLS FOR INFECTION PREVENTIONISTS IN LONG TERM CARE COURSE – TB 101, TAUGHT BY FORMER LHD TB NURSE**



WHAT TYPES OF QUESTIONS RELATED TO TB DO I GET?



QUESTIONS RELATED TO ISOLATION OF PATIENTS

- **WHEN TO PUT INTO ISOLATION – IF TB IS FAR DOWN THE LIST ON THE DIFFERENTIAL**
- **WHEN TO TAKE OUT OF ISOLATION**
- **WHEN CAN WE TRANSFER THEM TO ANOTHER FACILITY**
- **WHY DO WE HAVE TO GET 3 SPUTUMS**

QUESTIONS RELATED TO FACILITY RISK ASSESSMENTS



- **WHERE IS THE CDC FORM**
- **HOW TO GET THE STATE TB STATS FOR THE PREVIOUS YEAR**
- **WHAT IF FACILITY IS RIGHT ON THE EDGE BETWEEN LOW AND MEDIUM RISK**
- **WHAT IS RISK ASSESSMENT LEVEL FOR LTC FACILITIES**



QUESTIONS RELATED TO EMPLOYEE SCREENING

- **WHAT TO DO ABOUT TUBERSOL/APLISOL SHORTAGE**
- **HOW TO STRATEGIZE INITIAL AND ANNUAL SCREENING FOR HOSPITAL EMPLOYEES – PARTITIONING HOSPITAL INTO RISK AREAS**
- **CAN CHEST XRAYs BE USED INSTEAD OF SKIN TESTS FOR SCREENING FOR LATENT TB INFECTION. IF NOT, WHY NOT.**

QUESTIONS RELATED TO EMPLOYEE SCREENING



- **WHAT IS FREQUENCY OF TB SKIN TESTING IN AMBULATORY SURGERY CENTERS**
- **DOES OSHA REQUIRE ANNUAL TB SKIN TESTS**
- **WHAT IF EMPLOYEE REFUSES TO BE SKIN TESTED**
- **WHAT ABOUT SCREENING CONTRACT PHYSICIANS**



QUESTIONS RELATED TO SCREENING OF RESIDENTS IN LTC

- **WHAT ABOUT TB SKIN TESTS FOR READMISSIONS OF RESIDENTS TO LTC AFTER BEING AT HOME, IN HOSPITAL, IN ASSISTED LIVING**



WHEN IN DOUBT....

- **ALWAYS CHECK WITH THE DHMH CENTER FOR TUBERCULOSIS CONTROL AND PREVENTION**

AT YOUR SERVICE..





PREVENTION AND HEALTH PROMOTION ADMINISTRATION

<http://phpa.dhmh.maryland.gov>