THE DHMH NURSE CONSULTANT IN INFECTION PREVENTION AND CONTROL AND TUBERCULOSIS PREVENTION AND CONTROL – THE RELATIONSHIP
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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

- 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
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..