

ICAR Webinar: Infection Prevention and Control in Long-term Care Q&A

New Jersey Department of Health



This document consists of questions and answers that were received from Infection Control Assessment and Response (ICAR) participants prior to the recording of the webinar. Answers were provided from both the ICAR team, in collaboration with Department of Health's Health Facility Survey & Field Operations division. Additional information is denoted with an asterisk. Please view the [ICAR Webinar: Infection Prevention and Control in Long-term Care](#) in conjunction with use of this document.

1. Are gloves permitted in the hallway?

Like alcohol sanitizers, the facility would need to assess the resident population of the hallway to determine if gloves can be safely stored and maintained. By conducting a facility assessment and evaluating the services provided, they can determine why they want to store the gloves there and if it is a feasible place to store the gloves.

*[Review APIC's Do's & Don't for Wearing Gloves in the Healthcare Environment](#) which recommends that gloves not be worn in the hall, and to consult your facility's policy for exceptions.

2. Can a resident water pitcher go into the kitchen for ice refill?

One never knows where this pitcher may have been. It would be best not to bring anything that is personally used by the resident into the kitchen. It's not a best infection control practice.

*Dedication of resident supplies (e.g., water pitcher) is an infection prevention measure to decrease/prevent cross contamination (e.g., during an outbreak, or in a two-bed resident room). Consider periodic review of personal resident supplies that promote patient safety and decrease potential cross contamination of microorganisms.

3. Can I store anything under the sink?

Since the sink area is not described I can only respond if it's in a resident room or common area. Like alcohol sanitizers, the facility would need to assess the resident population of the sink in question to determine what can be safely stored and maintained. By conducting a facility assessment and evaluating the services provided, they can determine what they want to store under the sink and if it is feasible to store the item in question.

* There is no one regulation regarding under the sink storage. Consider the item, quantity and resident safety when determining appropriateness. Some associated regulations include:

8:39-31.4 Mandatory housekeeping policies and procedures

(a) The facility shall provide and maintain a safe, clean and orderly environment for residents.

1. if there is storage of resident care equipment or supplies under sinks it could provide an opportunity for possible contamination from waste water lines.

2. If the sink is in a resident room or common area, like alcohol sanitizers, the facility would need to assess the resident population of the sink in question to determine what can be safely

stored and maintained there. By conducting a facility assessment and evaluating the services provided, they can determine what they want to store under the sink and if it is a feasible store the item in question.

8:39-31.5 Pest control

(a) Effective and safe controls shall be used to minimize and eliminate the presence of rodents, flies, roaches and other vermin in the facility.

1. The premises shall be kept in such condition as to prevent the breeding, harborage, or feeding of vermin.

1. If there is a lot of storage of non-patient/resident care equipment or supplies, it may lead to cramped and crowded storage conditions that would hamper pest control practices. By limiting the storage, you would be able to detect insects and treat harborage.

8:39-19.1 Mandatory organization for infection control and sanitation

(a) The facility shall have an infection prevention and control program conducted by an infection control committee which shall include representatives from at least administrative, nursing, medical, dietary, housekeeping or environmental services, and pharmacy staffs. The infection control committee shall review all infection control policies and procedures, periodically review infection control surveillance data, and formulate recommendations to the administrator regarding infection control activities.

Locking of the cabinets can also lead to an issue if it prevents detection of leaks from a water lines that could lead to the formation of mold etc.

4. Do you have a preference (or CDC recommendation) on the use an alcohol-based hand sanitizer or a benzalkonium chloride-based product?

CDC recommends use of an alcohol-based hand rub, as discussed in the webinar. According to [*CDC Show Me the Science](#) page- “Many studies have found that sanitizers with an alcohol concentration between 60–95% are more effective at killing germs than those with a lower alcohol concentration or non-alcohol-based hand sanitizers”.

5. Can I store items in cardboard boxes?

Storing items in corrugated cardboard is an infection prevention concern for various reasons. 1) Cardboard is absorbent and cannot be cleaned and disinfected; 2) storing items in shipping boxes can hinder an effective pest control program, by harboring vermin and other pests.

*Corrugated cardboard boxes/shipping boxes are susceptible to moisture, water, vermin and bacteria during warehouse or storeroom storage, as well as transportation environments. If cardboard boxes become wet, it creates a source for bacterial growth. See N.J.A.C. 8:39, subchapter 31.5 for requirements related to pest control.

*All areas of a facility should provide and maintain a clean environment.



6. Are chest x-rays (CXRs) required routinely for + tuberculin skin test (TST) staff?

No, a health care worker with a history of a + TST should be screened annually for signs and symptoms of TB. If asymptomatic, no further evaluation is indicated. CDC clearly outlines frequently asked questions related to CXRs and screening at www.cdc.gov/tb/publications/guidelines/pdf/additionalfaqs.pdf.

*A sample [TB Symptoms Evaluation](#) form can be found at the American Lung Association.

7. Is it ok to use the ICAR Infection Prevention Assessment tool in place of an annual risk assessment? Are other facilities using this as the risk assessment tool?

The [*ICAR tool](#) is a great resource to routinely evaluate your current IPC program, however, it does not take the place of a formal risk assessment.

8. Are individualized glucometers a requirement?

No, however, according to CDC's [*Frequently Asked Questions regarding Assisted Blood Glucose Monitoring and Insulin Administration](#) "Whenever possible, blood glucose meters should be assigned to an individual person and not be shared. If blood glucose meters must be shared, the device should be cleaned and disinfected after every use, per manufacturer's instructions, to prevent carry-over of blood and infectious agents. If the manufacturer does not specify how the device should be cleaned and disinfected, then it should not be shared."

9. Are pill cutters single or multi use? How do you clean between use?

Ideally, medications should be provided in the appropriate dose, eliminating the need for a pill cutter. The American Society of Health-System Pharmacists resource [*“Assuring Continuous Compliance with Joint Commission Standards: A Pharmacy Guide”](#) inquires if Drug preparation, packaging, and dispensing devices (i.e., pill cutters) are cleaned after each use and disinfected if necessary; also, that devices used for splitting tablets are cleaned immediately after use according to manufacturer's recommendations and instructions.