



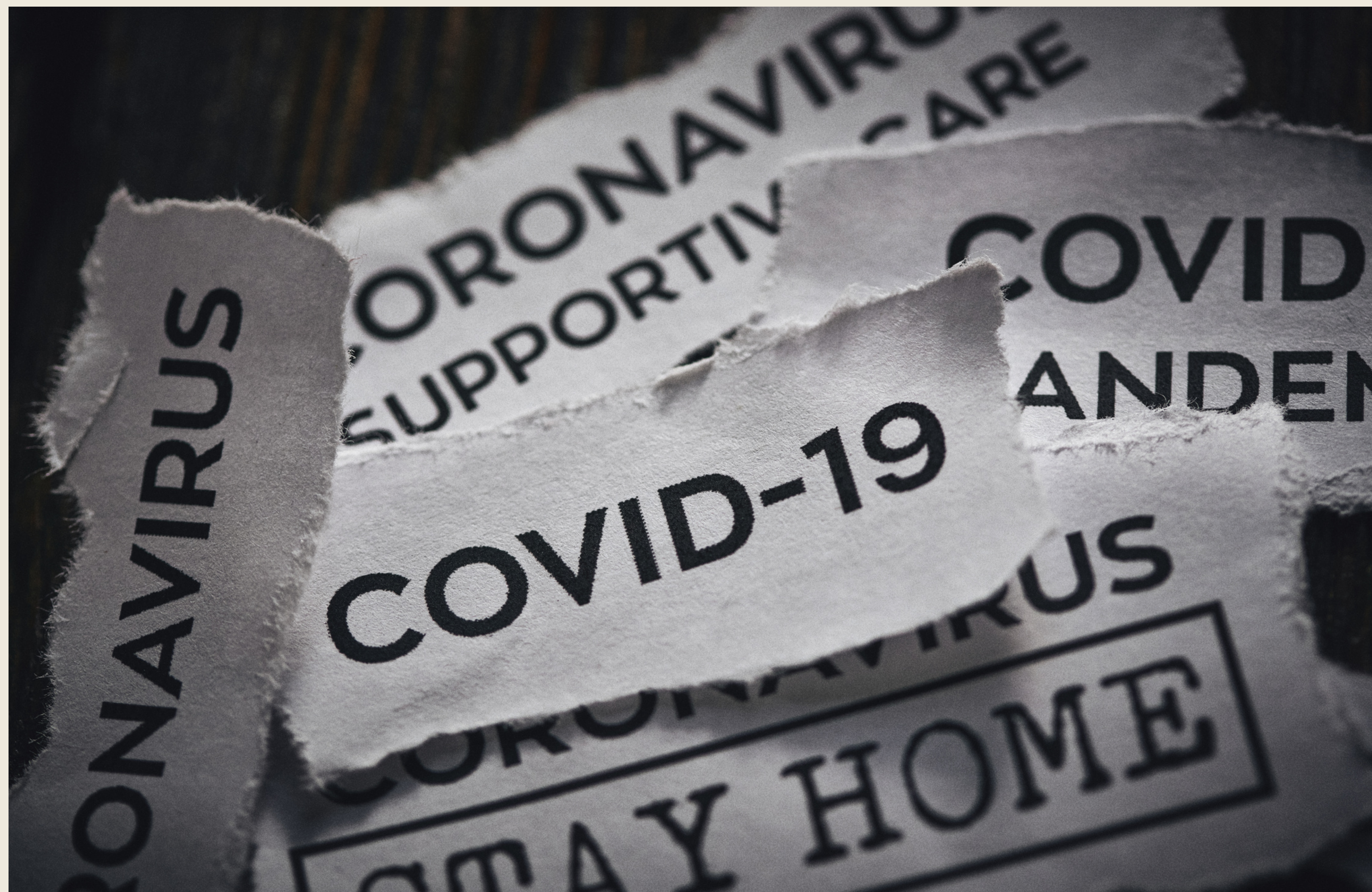
# We're All In This Together

## Development of an Infection Prevention & Control Resource for Long-Term Care/Congregate Facilities in Shawnee County, Kansas



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### 01. Introduction

- Long-term care (LTC) residents and staff have been disproportionately impacted by the COVID-19 pandemic.
- This has highlighted the importance of comprehensive, evidence-based infection prevention and control (IPC) programs to reduce the risk of infectious disease transmission to staff, patients, and surrounding communities.
- From May 2020 to May 2022, there were **137 confirmed COVID-19 outbreaks** within LTC facilities in Shawnee County.
- Centers for Medicare & Medicaid Services (CMS) require LTC facilities to have an IPC program; yet not all adult care organizations fall under this umbrella, and many lacked an IPC program prior to the pandemic.
- To assist LTC and other congregate facilities with IPC creation and implementation, the Shawnee County Health Department (SCHD), in partnership with the Kansas State University Master of Public Health student, began developing a county IPC resource.

### 02. Learning Objectives

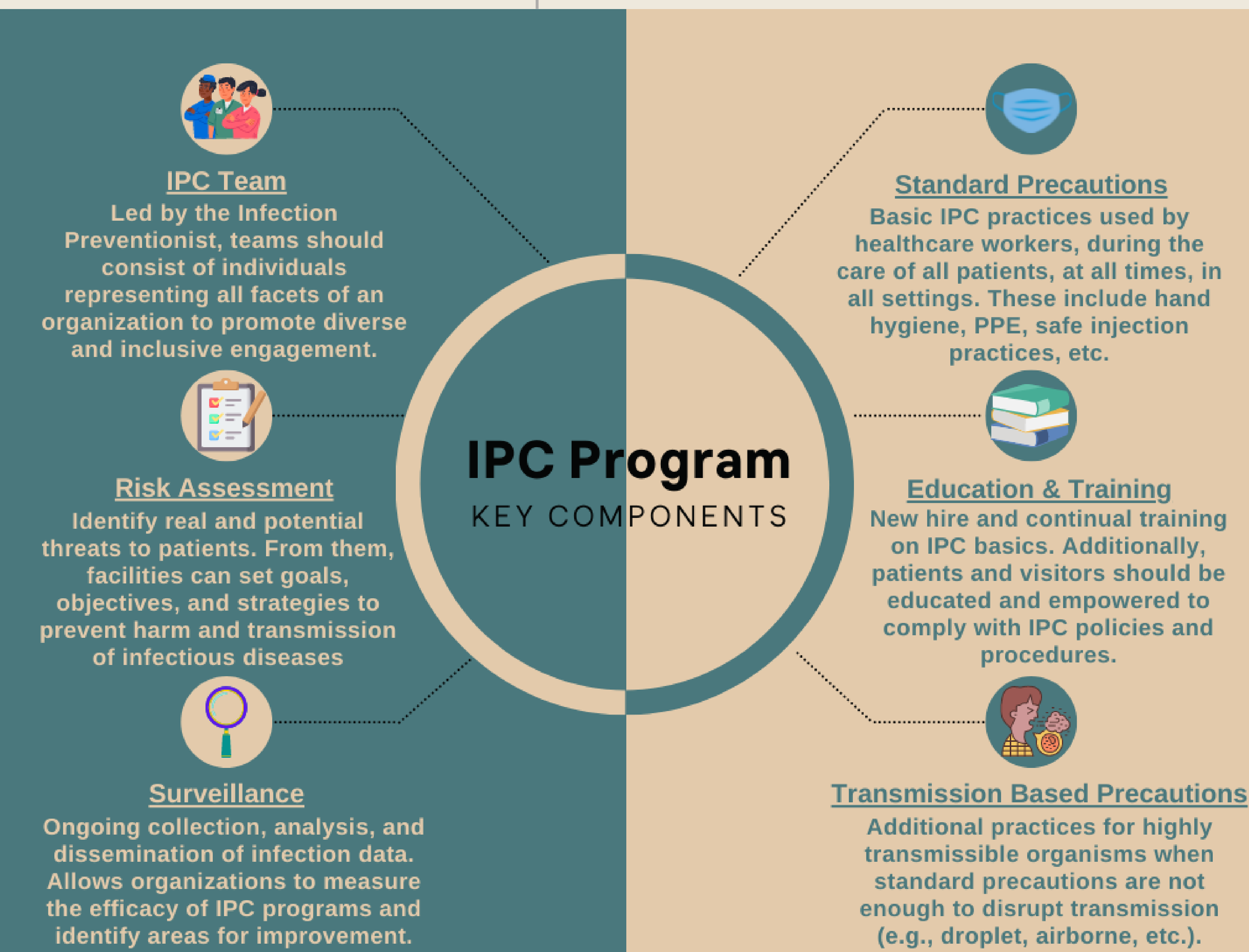
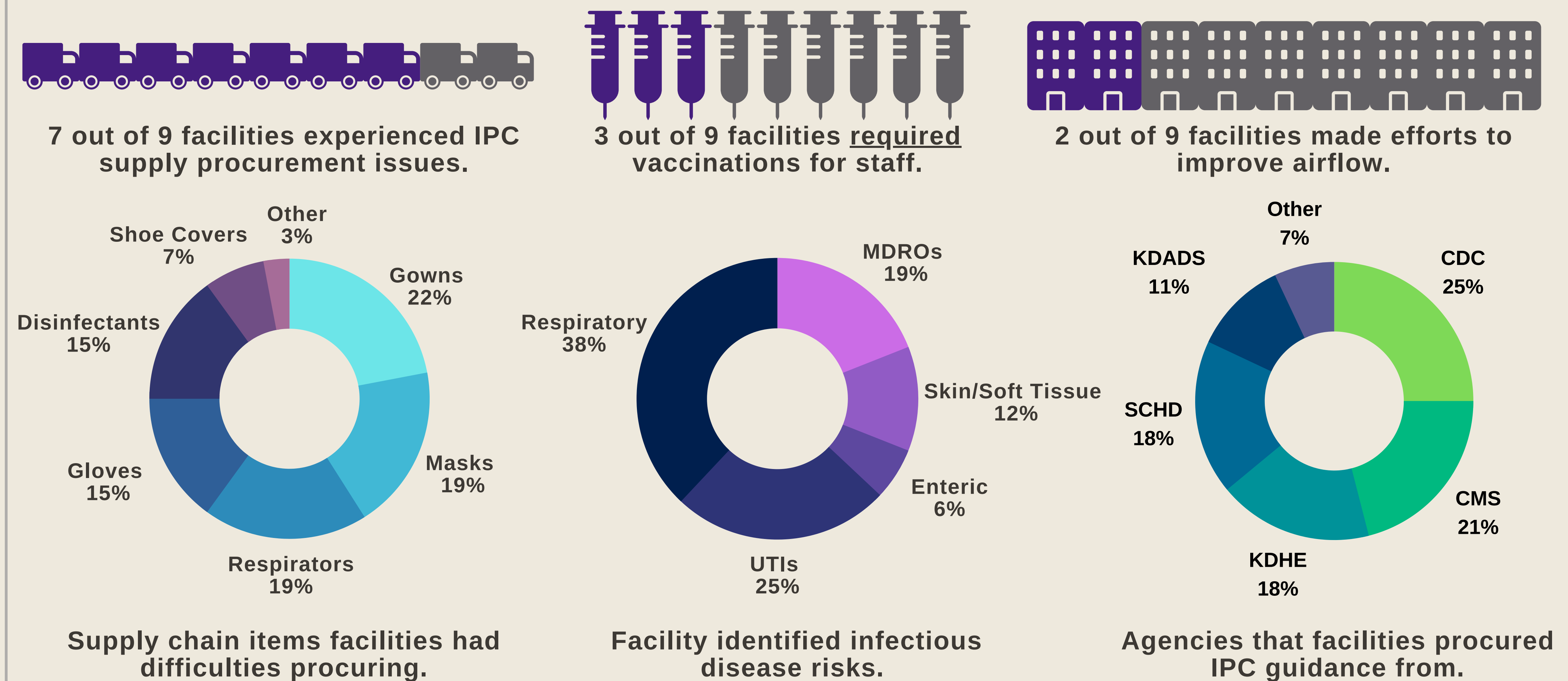
- Describe questionnaire-based quantitative and qualitative methods of obtaining stakeholder feedback relating to IPC measures pre/post COVID-19.
- Identify key components of an IPC program.
- Discuss obstacles faced by LTC/congregate settings during the COVID-19 pandemic concerning IPC creation and/or implementation.

### 03. Methods

To engage stakeholders and understand pre/post COVID-19 IPC practices in LTC/congregate settings in Shawnee County, a Qualtrics survey was created and distributed via email invitation by the SCHD (approval #IRB-11244). The survey consisted of 28 questions gathering information on vaccination requirements, current/past IPC efforts, and gaps and obstacles identified throughout the pandemic. Seven facilities responded to the survey link in the email invitation and two facilities were directly interviewed by the KSU MPH student.

### 04. Important Findings

Three of the 28 questions were qualitative (open-ended), and gauged staff perspectives on gaps/obstacles they identified during the COVID-19 pandemic response. Many expressed feelings of "information overload", finding it overwhelming to navigate multiple sources of existing, new, and changing guidance. When asked what they would want from a county IPC resource, several noted wanting a guide to compare their current facility program to.



### 05. Discussion

- IPC programs should be prepared to handle procurement issues of essential supplies. Programs should address alternative disinfectant/sanitizer options, optimizing PPE supplies, and reuse of PPE.
- Vaccines are a safe and effective public health tool to prevent severe disease. Implementing workplace vaccination requirements is the most effective strategy to increase vaccination coverage, which is historically lowest among LTC staff compared to other healthcare personnel.
- Organizations should consider investments in infrastructure to improve airflow in facilities and/or resident rooms (e.g., negative pressure, filtration, etc.).
- The SCHD IPC resource is currently under development and will include guidance to address these survey findings.
- Additional considerations for IPC programs include:
  - Zoonotic diseases (resident pets & therapy animals),
  - Sexually Transmitted Diseases, and
  - Pandemic Response