

Transforming Nursing Home Care Together (TNT) Program

Week #5 (Unit 3)

Questions and Answers

Question:	How do you correct a water pH that is out of range? Isn't this the responsibility of the municipal water agency?
Answer:	<p>Please see the CDC's Legionella guidance for monitoring building water: https://www.cdc.gov/legionella/wmp/monitor-water-guidance.html</p> <p>"Measure the pH of your water to determine whether the disinfectant used in your building will be effective. Disinfectants work best within a narrow pH range. Environmental Protection Agency. Technologies for Legionella Control in Premise Plumbing. 2016.</p> <p>2.3.1.4 Operational Conditions</p> <p><i>Parameter Conditions Indicating Operational Effectiveness</i></p> <p>The efficacy of chlorination is affected by many factors, including chlorine concentration, contact time, pH, temperature, turbidity, buffering capacity of the water, concentration of organic matter, iron and the number and types of microorganisms in the water system (in biofilms and free-living)... The bactericidal action of the chlorine is enhanced at higher temperatures and at lower pH levels. The anti-microbial efficacy of chlorine declines as pH increases >7, with significant loss of efficacy at pH >8. However, free chlorine is degraded rapidly at elevated water temperatures, which is a concern for hot water chlorination (Health Protection Surveillance Centre, 2009)...</p> <p>2.3.2.4 Operational Conditions</p> <p><i>Parameter Conditions Indicating Operational Effectiveness</i></p> <p>...The rate of reaction for the conversion of chlorine to monochloramine is sensitive to pH and can also be affected by contact time and temperature. The optimum pH range for formation of monochloramine is 7.5 to 9 (WHO, 2004)..."</p>

Question:	Does the water management plan (WMP) require filters on entry point? What is the recommendation on filters? What is the procedure for Legionella filters?
Answer:	<p>Recognize that point-of-use (POU) microbial filters with an effective pore size of 0.2-microns or less that comply with the requirements of ASTM F838 can provide immediate control at individual fixtures in a water system if integrated into a WMP.</p> <p>POU filters protect only the connected fixture. Correct location selection is critical to Legionella exposure prevention across the water system.</p> <p>Follow the manufacturer recommendations regarding frequency of replacement and appropriate operating conditions.</p> <p>POU filters may need to be removed before performing an acute remediation procedure. Consider testing for Legionella in accordance with the routine testing module of this toolkit. https://www.cdc.gov/legionella/wmp/control-toolkit/potable-water-systems.html</p>

Question:	Does the water quality report posted by the city help at all for WMP?
Answer:	Even though there is a water quality report posted by the city, you should test your own water system to know what is going on in your specific system. To test your own water system for legionella please contact your facility's management or consult with a third-party service if appropriate. https://www.cdc.gov/legionella/wmp/consultant-considerations.html

Question:	If we have unused fixtures, how often do we need to flush the system and should we have a log for that as part of our WMP? How often should we flush unused tubs, toilets and sinks, drinking fountains?
Answer:	Flush low-flow piping runs and dead legs at least weekly and flush infrequently used fixtures (e.g., eye wash stations, emergency showers) regularly as-needed to maintain water quality parameters within control limits. Always document your activities and findings. https://www.cdc.gov/legionella/wmp/control-toolkit/potable-water-systems.html

Question:	It there a blank copy of the water system diagram to easily edit and use?
Answer:	CSTE has great resources for water management programs: https://www.cste.org/page/Legionnaires When you go to this webpage, scroll down and download the "Water Management Program Template." This document will take you step by step through the process of determining how to draw out your water system diagram and what to put in it. There is no blank copy because each facility's water system is different.

Legionella testing

Question:	Can we test the water for <i>Legionella</i>?
Answer:	Please refer to CDC's routine testing for legionella: https://www.cdc.gov/legionella/wmp/control-toolkit/routine-testing.html

Question:	Is it mandated to test the water for <i>Legionella</i>? Is routine sampling for <i>Legionella</i> recommended to validate a water management program at a healthcare facility?
Answer:	Sometimes. The water management program team should regularly monitor water quality parameters, such as disinfectant and temperature levels. By monitoring these parameters, the team can ensure that building water systems are operating in a way to minimize hazardous conditions that could encourage <i>Legionella</i> and other waterborne pathogens to grow. However, it is up to the team to determine how to validate the efficacy of the program, based on the environmental assessment* and data supporting the overall performance of the water management program. According to the CDC/Healthcare Infection Control Practices Advisory Committee (HICPAC) Guidelines for Environmental Infection Control in Health-Care Facilities [241 pages, 2.31 MB] and Guidelines for Preventing Health-care-associated Pneumonia [179 pages] , as well as to ANSI/ASHRAE Standard 188–2018 , one option for validating the efficacy of the program is to perform environmental sampling for the hazard, in this case <i>Legionella</i> . Sampling for <i>Legionella</i> may be an appropriate way to confirm that a water management program, when implemented as designed, effectively controls the hazardous conditions

	<p>throughout the building water systems that lead to <i>Legionella</i> growth. Additional guidance for <i>Legionella</i> prevention for facilities with protective environments (i.e., transplant units) is included in the HICPAC guidelines. If the team decides to perform validation using environmental sampling for <i>Legionella</i> or other waterborne pathogens, it should not be performed in isolation but rather as part of a comprehensive water management program. Specific decisions about sampling frequency, location, and methodology are made by the team. Sampling plans are unique to each facility and are based on factors such as</p> <ol style="list-style-type: none"> 1. Findings from the environmental assessment and any baseline <i>Legionella</i> test results. 2. Overall performance of the water management program, trend analysis of <i>Legionella</i> test results, and water quality parameters (e.g., disinfectant, temperature). 3. In healthcare facilities, correlation of environmental test results with clinical surveillance data. 4. Building characteristics (e.g., size, age, complexity, populations served). 5. Sites of possible exposure to aerosolized water. 6. Available resources and supplies to support testing. <p>*The environmental assessment enables the water management program team to gain a thorough understanding of a facility's water systems and assists facility management with minimizing the risk of legionellosis. Guidance is available via CDC's Legionella Environmental Assessment Form [15 pages]. https://www.cdc.gov/legionella/wmp/healthcare-facilities/healthcare-wmp-faq.html</p>
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Question:	Not specifically pertaining to LTCF, but how safe is public water fountains? Do you often get outbreaks from public water fountains?
Answer:	<p>The most common route of transmission is by inhalation of aerosolized water containing the bacteria, although transmission can sometimes occur through aspiration of water containing the bacteria. A single episode of possible person-to-person transmission of Legionnaires' disease has been reported.</p> <p><i>Legionella</i> is ubiquitous in freshwater sources worldwide, but quantities of <i>Legionella</i> in these environments are insufficient to cause disease. In the built environment, <i>Legionella</i> can amplify in water systems, depending on the conditions. Factors associated with amplification include warm water temperatures (77°F–113°F [25°C–42°C]); water stagnation; presence of scale, sediment, and biofilm in the pipes and fixtures; and absence of disinfectant. To cause disease, <i>Legionella</i> spp. must then be aerosolized and inhaled by a susceptible host. The most common sources of transmission include potable water (via showerheads and faucets), cooling towers, hot tubs, and decorative fountains.</p> <p>https://wwwnc.cdc.gov/travel/yellowbook/2020/travel-related-infectious-diseases/legionellosis-legionnaires-disease-and-pontiac-fever</p>

Question:	Are facilities responsible for testing the water at their facility?
Answer:	<p>Per CMS each facility must develop and adhere to policies and procedures that inhibit microbial growth in building water systems that reduce the risk of growth and spread of <i>legionella</i> and other opportunistic pathogens in water.</p> <p>https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-30.pdf</p>

Question:	How many sources do we need to test?
Answer:	Please refer to CDC’s Sampling procedure and potential sampling sites below: https://www.cdc.gov/legionella/downloads/cdc-sampling-procedure.pdf

Question:	Where can we get a test kit?
Answer:	Some test methods may be performed onsite by the user or a qualified technician, while other methods may require contracting with a commercial laboratory. Regardless of the test method, be sure that you understand the performance characteristics of the test such as sensitivity, specificity, and limitations. For best results, follow instructions from the manufacturer or testing laboratory closely. Consider testing for all <i>Legionella</i> species as all are supported by similar environmental conditions. Considerations when working with laboratories testing for <i>Legionella</i> : <ol style="list-style-type: none"> 1. Accreditation by a regional, national, or international accrediting body to a recognized standard for routine <i>Legionella</i> test methods, such as ISO/IEC 17025. 2. Capability of retaining <i>Legionella</i> isolates from samples for additional characterization. 3. Capacity to perform additional <i>Legionella</i> characterization as needed by the submitter. https://www.cdc.gov/legionella/wmp/control-toolkit/routine-testing.html#test-methods

Presentation Slides:

Question:	Can we use the Legionella webinar slides to educate our staff about Legionella?
Answer:	Yes, you may use the presentation slides to educate staff about Legionella.

MDRO and ESP:

Question:	Are there state and federal requirements for one or more negative tests for MDRO prior to accepting new or returning residents?
Answer:	No. There are no county nor state or federal requirements for one or more negative tests for any MDRO, including <i>C. difficile</i> , prior to accepting new or returning residents. There is no reason to deny admission based on a positive MDRO test if the facility can provide appropriate supportive and restorative care. MDROs, such as <i>C. auris</i> and carbapenem-resistant organisms, typically colonize individuals for many months to years and may test intermittently positive/negative- even after their infection has resolved. Facilities should work to accept MDRO-positive residents as much as possible, and cohort them using the “like with like” principle as much as possible. See page 6 “ <i>Considerations for accepting new or returning residents</i> ” of the CDPH ESP Guidance document for more details as needed: https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/Enhanced-Standard-Precautions.pdf

Question:	When should we put residents on enhanced standard precautions (ESP)? For example, a resident with a UTI caused by MDRO-<i>E. Coli</i>.
Answer:	<p>The CDPH ESP guidance takes an individual resident-based approach towards determining the type of precautions each resident should be placed on. Thus, the implementation of ESP versus other types of transmission-based precautions (TBP) depends on A) the individual resident’s characteristics, and B) whether any transmission is suspected or confirmed in the facility. This is generally regardless of whether the resident is known to be positive for an MDRO or not.</p> <p>Resident characteristics that are associated with a high risk of MDRO colonization or transmission and thus <u>should be placed on ESP</u> include the following:</p> <ol style="list-style-type: none"> 1. Presence of indwelling devices (e.g., urinary catheter, feeding tube, endotracheal or tracheostomy tube, vascular catheters). 2. Wounds or presence of pressure ulcer (unhealed). 3. Optional: Functional disability and total dependence on others for assistance with activities of daily living (ADL) is also recognized as a risk factor for MDRO transmission. Facilities may choose to utilize this criteria as well, for example during transition from Contact Precautions to ESP for residents identified with MDRO colonization during an outbreak. <p><u>Contact Precautions (CP)</u> should be implemented in the following instances, regardless of the presence of high risk characteristics from above:</p> <ul style="list-style-type: none"> • MDRO transmission is confirmed or suspected. • Resident has acute <i>C. difficile</i> infection (e.g., diarrhea). • Resident is colonized or infected with a novel MDRO in LA County. <p>If none of the above criteria for ESP nor CP are met, then residents can generally be managed using <u>Standard Precautions</u>.</p> <p>So, in this example, if the resident has one or more high-risk factors, the resident should be placed on ESP. If not, then the resident can be managed using Standard Precautions.</p> <p>We strongly recommend all SNFs in LA County to read the CDPH ESP Guidance documents to better understand how to implement this guidance in your facilities: https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ESP.aspx</p>

COVID-19 Testing Guidance for SNFs:

Question:	Do we still need to do rapid or PCR tests to allow visitors?
Answer:	<p>Testing of visitors is no longer required.</p> <p>Please see the SNF COVID guidance: http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/.</p>

Question:	Although it is not required, can we still encourage testing visitors?
Answer:	<p>Facilities have the discretion to offer viral testing, but a negative test should not be a requirement in order for visitation to take place. The implementation of visitor testing should ensure equitable access to visitation and should not infringe on resident rights.</p>

	Please see the SNF COVID guidance: http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/ .
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TNT Program Logistics:

Question:	Do the Didactic sessions get recorded?
Answer:	Yes, all Didactic sessions are recorded and will be uploaded to the TNT Website within one week following each session.

Question:	How can we access the recording if we missed half of the webinar session?
Answer:	All session recordings can be found on the TNT Website within one week following each session.

Question:	Why did I not receive my Certificates of Completion for Unit 2?
Answer:	Certificates of Completion are emailed to everyone several weeks after the end of each Unit. If you have not received your Certificates six weeks after the end of the Unit, please email TNEducation@ph.lacounty.gov .

Question:	How do I take the quiz again?
Answer:	To take the post-session evaluation quiz, please click the link, answer the questions and submit your quiz. If you did not pass the quiz and would like to re-take the quiz, you may click the link again and follow the same steps. Note that quizzes have a closing date listed, which means no submissions will be allowed after the quizzes close.

Question:	Where can we find the A3 form?
Answer:	A blank template of the A3 form can be found on the TNT Website under Resources section.

Question:	Can we submit what we have so far for our final project to get feedback?
Answer:	Yes, you can submit your A3 when you feel ready or if you need to get feedback on it before the due date. You do not need to wait until the due date to submit your A3.

Question:	How many small group sessions do SNFs need to attend over the duration of the TNT Program?
Answer:	SNFs are required to attend one Small Group per month during the Units. Given that the TNT Program consists of three 2-month Units, the total number of Small Groups that SNFs must attend is six.

Other Questions:

Question:	Does anybody use the product volume monitoring, and is it helpful?
Answer:	<p>The product volume monitoring is the total usage of the hand sanitizer for a week or a month divided into 1000 patient days.</p> <p>During the session, no one was able to say they did this and whether they found it helpful or not. We suggest you try it out and see if it is helpful. This method should be used in conjunction with observations of hand hygiene and other data to validate what rate staff are performing hand hygiene, not used on its own as there are other factors that could confound your findings.</p>