

Infection Preventionist Lunch and Learn

October 10, 2023

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WISCONSIN DEPARTMENT
of HEALTH SERVICES

Series Objectives

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- Encourage learning, growth, and networking
- Provide non-regulatory education and information
- Discuss topics relevant to new infection preventionists (IPs)

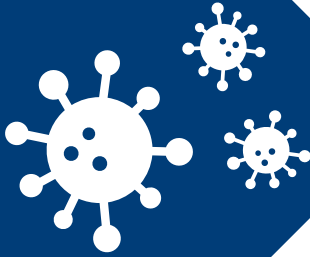
Respiratory Recap





What's in Our Prevention Toolbox?

Respiratory Viruses



- Many causative agents
- Spread primarily via respiratory droplets
- Most severe in high-risk groups

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These are extremely common.

Some of the viruses that commonly cause respiratory infection include:

- Influenza
- Parainfluenza
- Adenovirus
- Respiratory Syncytial Virus (RSV)
- Rhinovirus
- Enterovirus
- Coronavirus
- Human metapneumovirus

Some might say the “Big 3” are Covid, flu, and RSV. Symptoms of these illnesses can be the same: sore throat, cough, fever, exhaustion, runny nose, congestion, sneezing, headache, and body aches.

Respiratory viruses primarily spread to others by respiratory droplets and aerosols that travel through the air when someone who is sick breathes, speaks, sings, coughs, or sneezes. Droplets are larger particles that tend to travel about 3 to 6 feet and then

drop to the floor, while aerosols are tinier particles that can remain in the air potentially for hours and be inhaled by others during that time if in high enough concentrations. These viruses can also spread by having contact (like kissing or shaking hands) with an infected person, or by touching contaminated surfaces and then touching your mouth, nose, or eyes (also called the T-zone). These viruses can live on surfaces for many hours.

We know that most people who experience a respiratory illness will experience mild to moderate symptoms. However, those with weakened immune systems, infants, older adults, and those with existing lung or heart conditions are at a higher risk of developing severe illness from respiratory viruses. Unfortunately, some of these at-risk individuals will die from a respiratory illness. Of course, our patients are residents are often in these high risk categories.

Respiratory viruses circulate more heavily in the fall and winter months. We know that when respiratory viruses are prevalent in the community, we are likely to see outbreaks in health care facilities as well. Today we'll talk about strategies you can use to prevent and control respiratory viruses in your facilities in order to keep your staff, patients, and residents safe.

Respiratory triage

Respiratory hygiene

Vaccination

Masks and source control

Transmission-based precautions

Cleaning and disinfection

Employee illness policy

Resources:

- <https://www.cdc.gov/infectioncontrol/projectfirstline/healthcare/respiratory-virus-prevention.html>
- <https://blogs.cdc.gov/safehealthcare/actions-for-respiratory-virus-season/>

Respiratory Triage

- Physical separation of ill patients
- Deferral of ill patients
- Physical distancing
- Air handling



- In a clinic setting: Physical separation indicating where sick patients should sit. This could include rooming sick patients right away rather than having them wait in a waiting room.
- Deferring sick patients where appropriate – for example elective appointments or procedures, dental clinics, etc. Asking sick visitors to stay home until they're feeling better. Encouraging telehealth where appropriate and available can also be a great alternative when patients are not feeling well.
- Physical distancing in dining rooms or activity areas for example.

Respiratory Hygiene

- Cover coughs and sneezes
- Provide tissues, waste receptacles, and hand hygiene opportunities
- Post signage



Provide masks for ill patients to use to contain their secretions. If they refuse, encourage them to cover their coughs and sneezes with tissues, throw them away immediately after using them, and to perform hand hygiene immediately after.

- Make sure there are adequate opportunities for hand hygiene throughout the facility.
 - At minimum, we like to see hand sanitizer dispensers inside and outside of every patient/resident room (if possible). Consider other areas where hand hygiene would be important too. Do you have common rooms like activity areas with puzzles, games, TV remotes, or other shared items? These are good places to ensure hand sanitizer is present.
 - In dining areas it's a good idea to provide ample opportunity for residents to perform hand hygiene, as well as staff who may assist with feeding.
 - A helpful tip is that the IP should work with front line staff on placement so it makes sense with their workflow –this can help to improve compliance.

Masking signage:

https://www.cdc.gov/infectioncontrol/pdf/projectfirsline/Masking-Sign_2-508.pdf

	COVID-19	Influenza	RSV
Vaccination	Everyone older than 6 months <ul style="list-style-type: none"> • 1 dose of updated vaccine 	Everyone older than 6 months <ul style="list-style-type: none"> • 1 dose of seasonal vaccine 	Adults 60 years and older <ul style="list-style-type: none"> • 1 dose
Additional doses	Adults 65 years or older <ul style="list-style-type: none"> • 4 months after 1st updated vaccine Severely or moderately immunocompromised <ul style="list-style-type: none"> • 2 or more months after 1st updated vaccine 	None	None

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- Encourage for staff and patients/visitors when appropriate.
- Some FAQ's about the RSV vaccine, since it's so new, can be found on CDC's webpage (<https://www.cdc.gov/vaccines/vpd/rsv/hcp/older-adults-faqs.html>).

Chart:

<https://www.cdc.gov/infectioncontrol/projectfirstline/healthcare/respiratory-virus-prevention.html>

Immunization program contact

info: DHSImmProgram@dhs.wisconsin.gov, 608-267-9959

Masks and Source Control

- Ensure a good fit and proper wear
- Consider implementing universal source control in certain situations:

**Respiratory
outbreaks**

**Exposure
to
COVID-19**

**Increased
respiratory
virus
circulation**

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Consider:

- What's your facility's population risk?
- What does the incidence of respiratory illness in your jurisdiction look like? Think about employee illnesses, local hospital admissions due to respiratory illness, etc.

This means your facility really needs to conduct an internal risk assessment when you make this decision.

Masking Data Considerations



- [COVID Data Tracker](#)
- [RESP-NET interactive dashboard](#)
- [Weekly United States Flu Map](#)
- [Weekly Emergency Department Visits](#)

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CDC masking data consideration resources:

CDC COVID Data Tracker: <https://covid.cdc.gov/covid-data-tracker/#datatracker-home>

RESP-NET interactive dashboard: <https://www.cdc.gov/surveillance/resp-net/dashboard.html>


Weekly United States Flu Map: <https://www.cdc.gov/flu/weekly/usmap.htm>

Weekly Emergency Department Visits:

<https://www.cdc.gov/ncird/surveillance/respiratory-illnesses/index.html>

**Weekly
Respiratory
Reports**

**WISCONSIN DEPARTMENT
of HEALTH SERVICES**



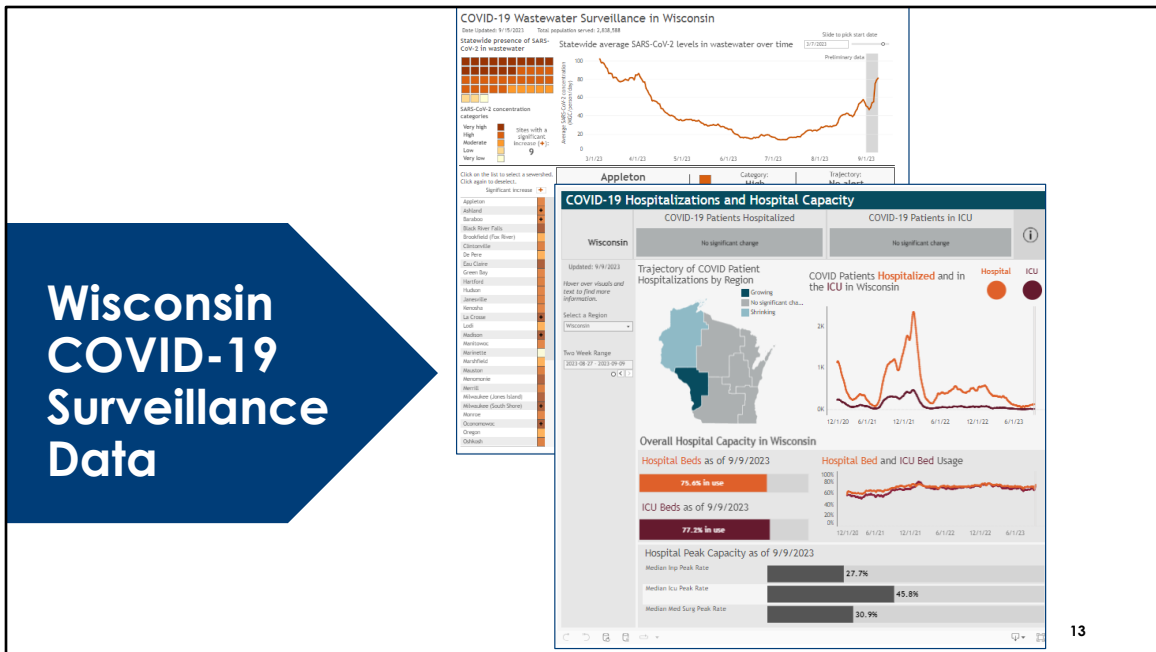
RESPIRATORY VIRUS SURVEILLANCE REPORT
Week 28, Ending July 8, 2023

Wisconsin Department of Health Services | Division of Public Health
Bureau of Communicable Diseases | Communicable Diseases Epidemiology Section
www.dhs.wisconsin.gov/dph/bcd.htm | dhsdphbcd@dhs.wi.gov

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Sign up to receive weekly respiratory reports from WI Division of Public Health:
https://public.govdelivery.com/accounts/WIDHS/subscriber/new?topic_id=WIDHS_70

See report library for 2023-24 season:
<https://www.dhs.wisconsin.gov/library/collection/p-02346-2023-24>



The DHS website includes Wisconsin COVID-19 hospitalization data as well as community wastewater surveillance data. The Wisconsin Wastewater Monitoring Program tests samples of wastewater across the state to track levels of SARS-CoV-2, the virus that causes COVID-19. You can filter by county level.

The Wisconsin Wastewater Monitoring Program also tracks **COVID-19 variants** found in wastewater. For additional information about COVID-19 variant tracking conducted in Wisconsin wastewater, please visit the Wisconsin State Lab of Hygiene's SARS-CoV-2 Wastewater Genomic Dashboard (<https://dataportal.slh.wisc.edu/sc2-ww-dashboard>).

COVID-19 Wastewater Surveillance Data Dashboard:

<https://www.dhs.wisconsin.gov/covid-19/wastewater.htm>

Learn more about the program: <https://www.slh.wisc.edu/environmental/covid-19-wastewater/>

Read the CDC MMWR (Wastewater Surveillance Data as a Complement to Emergency Department Visit Data for Tracking Incidence of Influenza A and Respiratory Syncytial Virus — Wisconsin, August 2022–March 2023); https://www.cdc.gov/mmwr/volumes/72/wr/mm7237a2.htm?s_cid=mm72

Wisconsin Laboratory Surveillance Report

**Wisconsin State
Laboratory of Hygiene**
Department of Health Services

2601 Agriculture Dr.
Madison, WI 53718
608.224.4261

September 06, 2023

Laboratory Surveillance Report

% Positive for Influenza and SARS-CoV-2 by PCR (Wisconsin),
June 2022 to Week Ending August 26, 2023

Influenza

- Influenza activity is low in Wisconsin (0.5%) and nationally (0.8%).

SARS-CoV-2

- SARS-CoV-2 activity is HIGH in Wisconsin (12.5%).
- Omicron subvariant EG.5 is emerging as the dominant lineage circulating (~15-20%).

To enhance surveillance activities during the off-season, each week please send:

- **All influenza positive specimens**
- **Up to 5 SARS-CoV-2 positive specimens**

Links:

- The WSLH sequencing dashboard is available here: <https://sequencelab.wisc.edu/v2/dashboard/>
- A current summary of COVID-19 data for Wisconsin can be found here: <https://www.dhs.wisconsin.gov/covid19/data.htm>
- The influenza, RSV and respiratory virus activity graphs can be viewed here: <http://www.dhs.wisconsin.gov/health/seasonal/respiratory-virus-activity.htm>
- The bacterial, viral and parasitic activity graphs can be viewed here: <http://www.dhs.wisconsin.gov/health/seasonal/bacterial-parasitic-activity.htm>

Week Ending Aug 26, 2023*

Resp. Pathogen PCR	# Tested	% Positive
SARS-CoV-2	6346	12.5
Rhinovirus/ Enterovirus	469	16.9
Parainfluenza	448	3.2
B. pertussis	133	0.8
RSV	2560	0.5
Influenza	3008	0.5
Human parapneumovirus	442	0.4
Adenovirus	5	0.0
Seasonal herpesviruses	5	0.0

Other Surveillance Data-Wisconsin:

Respiratory pathogens

- Rhinovirus/Enterovirus and SARS-CoV-2 activities are high.

Gastroenteropathogens

- Other pathogens detected include: Adenovirus 40/41 (1.1%), Rotaviruses alphielike (0.3%), Fibro adenine (0.2%) and Feline coronavirus (0.2%).



Week Ending Aug 26, 2023*

GI Pathogen PCR	# Tested	% Positive
Rotavirus	429	5.8
Campylobacter	436	4.2
Salmonella	436	4.1
E. coli O157	97	3.1
STEC	624	1.9
Cryptosporidium	435	1.8
Shigella	276	1.2
Botulinum	426	0.9
Clostridia	431	0.9
Cyclospora	276	0.8
Trichella	276	0.8

* On a weekly basis, participating Wisconsin clinical laboratories voluntarily report to WSLH the total number of tests performed, the method used for detection, and the number of false tests with positive results.

The lab surveillance report is released biweekly. You can sign up to receive the WSLH lab surveillance report by emailing Erika.hanson@slh.wisc.edu

Source Control Assessment Tool

 		
Source Control Assessment Guide for Mask Use in Health Care Settings		
Considerations	Yes/ No	Discussion
Do metrics indicate high community level of a respiratory illness?		<p>Masking is recommended during periods of higher levels of community COVID-19 or other respiratory virus transmission. Health care settings with residents or patients that generally do not leave the facility might consider implementing masking only for staff and visitors especially, based on a facility risk assessment, targeted toward higher risk areas, or patient populations (e.g., when caring for patients with moderate to severe immunocompromise) during periods of higher levels of community COVID-19 or other respiratory virus transmission.</p> <p>Data Sources:</p> <ul style="list-style-type: none"> The Centers for Disease Control and Prevention (CDC) is collecting and reporting COVID-19 hospital admissions data on the CDC COVID-19 Data Tracker. The Respiratory Virus Hospitalization Surveillance Network (RESP-NET) interactive dashboard or data from the National Emergency Department Visits for COVID-19, Influenza and Respiratory Syncytial Virus can be used to inform when respiratory virus season is beginning or ending. For more granular information, outpatient respiratory illness visits determined by data reported to ILINet are aggregated to provide state level estimates. Specific state and/or community level data available from state or county health departments and/or local hospitals and congregate care facilities
Are there suspected or confirmed COVID-19 infection or other respiratory infection(s) requiring droplet or airborne precautions in your health care setting?		<p>Masking is recommended for residents/patients and visitors.</p> <ul style="list-style-type: none"> When a resident/patient or visitor has suspected or confirmed COVID-19 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze) When a resident/patient or visitor has had close contact (patients and visitors) or a higher-risk exposure with someone with COVID-19 infection, a mask should be worn 10 days after their exposure. When a resident/patient on Droplet Precautions must be transported outside of the room. In settings where Airborne Precautions cannot be implemented due to limited engineering resources. Providing N95 or higher level respirators or masks if respirators are not available will reduce the likelihood of airborne transmission until the resident/patient is either transferred to a facility with an airborne infection isolation room or returned to the home environment. <p>Masking is recommended for health care Personnel (HCP).</p> <ul style="list-style-type: none"> When entering the room of a patient with suspected or confirmed COVID-19 infection, use a National Institute for Occupational Safety and Health (NIOSH) approved particulate respirator with N95 filters. When having close contact with a patient on droplet precautions (a respirator is not necessary). Masks are generally donned upon room entry. When caring for patients on Airborne Precautions (a mask or respirator, depending on the disease-specific recommendations (Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007) Appendix A, Table 2). Masks are donned prior to room entry.

Source Control Assessment Tool (Superior Health Quality Alliance)

https://www.superiorhealthqa.org/wp-content/uploads/Source-Control-Assessment_Reviewed.pdf

Consider multiple factors when deciding to implement broader mask use

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CDC continues to recommend that health care facilities institute facility-wide masking when masks are recommended in the community.

Transmission-Based Precautions

- Know when to implement
- Hang signage
- Stock isolation carts or hangers



Don't wait for test results. Get your patient or resident into isolation when they are symptomatic. Get them in isolation early to prevent spread within the facility. Consider that part of this is really standard precautions – empower staff to choose to wear a mask when patients or residents are coughing, even if there isn't an isolation sign.

But it's also important to get those patients or residents into transmission-based precautions to protect those other staff (like dietary, housekeeping, and imaging for example) as well as visitors safe because they may not be aware of the patient or resident's symptoms when they walk in the room.

Make sure you have appropriate signage and that staff know where to find it when someone needs to go onto precautions.

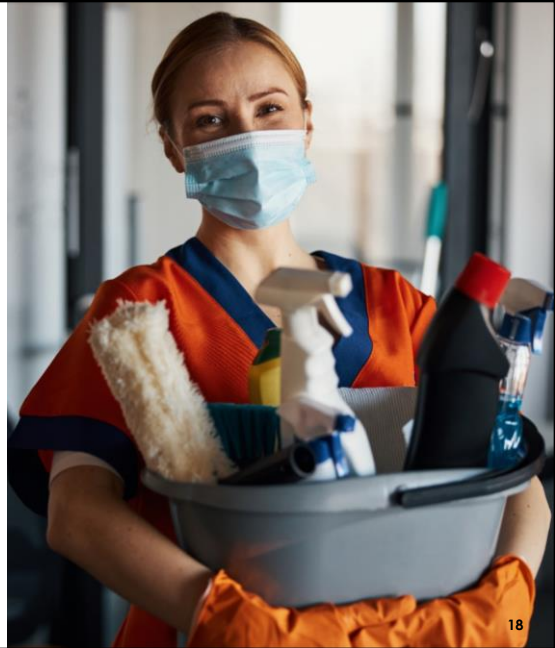
How are your isolation carts looking? Make sure they're stocked. It's a good idea to have them all stocked in the same way (certain PPE goes in a certain drawer) – that way staff always know where to find things, no matter which patient or resident room they're approaching. Where are extra supplies found? Who restocks the carts? These are all important to understand prior to an influx of patients or residents who will

need to be on isolation precautions.

Remember as the IP, it's not necessarily your job to dictate how these things will be accomplished. You have the oversight and you want to make sure they're getting done. But it's often best to let the staff who are doing the work decide the flow that works best for them. You can help by identifying gaps in infection control practices, and you can help facilitate feasible solutions where necessary.

Cleaning and Disinfection

- Ensure use of proper disinfectants
- Train staff on dwell time
- Identify who is responsible for cleaning each item



Disinfectants should be EPA approved and have a kill claim against the pathogens you're targeting – COVID-19 for example. You can use EPA List N (<https://cfpub.epa.gov/wizards/disinfectants/>) for this purpose.

Staff need to not only know what the dwell time (*also known as contact/kill time*) is, but you really need to make sure they understand what dwell time means. I've talked to staff on more than one occasion that aren't sure what dwell time means – the surface needs to stay wet for the entire dwell time in order to achieve adequate disinfection. If it doesn't, then the disinfectant needs to be reapplied until that dwell time is achieved. For larger surfaces, this might mean more wipes are needed, or perhaps a spray should be used instead of a wipe.

Employee Illness Policy

- Stay home when ill
- Outline how long staff should remain home

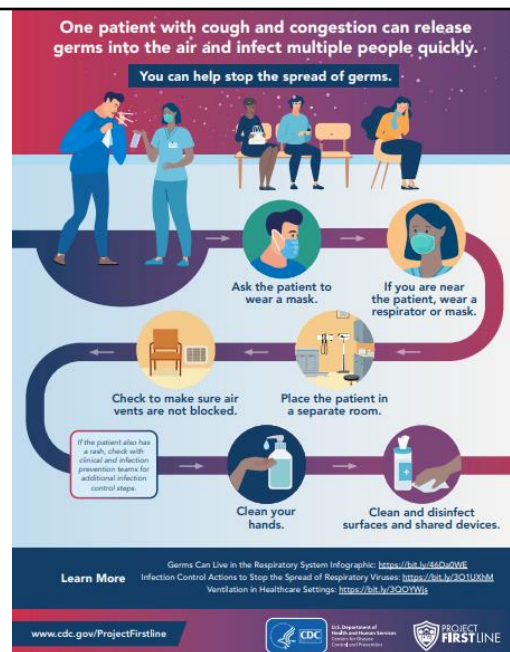


In general, employees should be fever free for 24 hours without the use of fever reducing medications before returning to work. Additionally, there are specific recommendations around how long to remain home when an employee has COVID-19 (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>).

Presenteeism is a challenge. Ensure that policies are in place to encourage staff to remain home when ill. Employees have reported that concern of punitive action for calling in ill is one of the reasons they continue to report to work when not feeling well. This can easily lead to outbreaks of illness in a healthcare facility, so we want to ensure we encourage staff to stay home when ill.

Employee Training and Refreshers

- Utilize existing stand-up meetings
- Enlist help from another qualified staff member
- Incorporate CDC Project Firstline trainings



Works well to visit smaller groups when possible, and target the information to the specific group – for example you can explain how the information applies differently to housekeeping staff vs. nurses vs. the therapy department.

Maybe you have a nurse educator or another leader who could help you cover all the departments or shifts if your facility is large or you're the only IP with limited availability to attend many staff meetings.

CDC's Project Firstline has also released training and education tools called micro-learns. Their most recent training covers what to do when you see a patient with cough and congestion

(<https://www.cdc.gov/infectioncontrol/pdf/projectfirstline/PFL-CoughandCongestion-508.pdf>).

Additional Guidance

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Preventing and Controlling Respiratory Illness Outbreaks in Long-Term Care Facilities

This webpage includes guidance for preventing and controlling acute respiratory illness outbreaks in Wisconsin long-term care facilities (LTCFs). For the purposes of this guidance, LTCFs include skilled nursing facilities (SNFs), community-based residential facilities (CBRFs), and residential care apartment complexes (RCACs).

The information on this webpage was previously located in BCD Memo 2021-13. Please check this webpage frequently, as the content will be updated as guidance for LTCFs changes.

Responding to respiratory disease outbreaks

When an outbreak of acute respiratory illness (ARI), such as COVID-19 or another viral respiratory disease is suspected, **timely testing, reporting, and infection control is imperative**. Until the cause of an ARI outbreak is determined, facilities should initiate empiric precautions at the most protective level, including gown, gloves, fit tested N95, and eye protection, such as goggles or a face shield.

Key terms	+
Reporting requirements	+
Testing	+

Questions? Contact us.

If you have any questions or concerns, please contact the Influenza Surveillance Coordinator at 608-266-5326, or call the Bureau of Communicable Diseases at 608-267-9003.

<https://www.dhs.wisconsin.gov/disease/respiratory-outbreak.htm>

Send your questions and topic suggestions

Submit ideas to Ashley O'Keefe at ashley.okeefe@dhs.wisconsin.gov.



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Please submit your ideas to [Ashley O'Keefe](mailto:ashley.okeefe@dhs.wisconsin.gov) at ashley.okeefe@dhs.wisconsin.gov.

IP Starter Kit

Infection Preventionist Starter Kit



Wisconsin Department of Health Services
Division of Public Health
P-02992 (05/2022)

Collaboratively developed by members of the
Wisconsin HAI Prevention Program Advisory Committee

IP Starter Kit: <https://www.dhs.wisconsin.gov/publications/p02992.pdf>

Upcoming Lunch and Learn Session

Date: Tuesday, November 14, 2023

**Topic: Construction Infection Control Risk
Assessment (ICRA)**

HAI Prevention Program Contact Information

 **Email:** dhswihaipreventionprogram@dhs.wisconsin.gov

 **Phone:** 608-267-7711

 **Website:** www.dhs.wisconsin.gov/hai/contacts.htm

Email: dhswihaipreventionprogram@dhs.wisconsin.gov

Phone: 608-267-7711

Website: www.dhs.wisconsin.gov/hai/contacts.htm