

# Wisconsin HAI Long-Term Care Education Series

September 26, 2024



# Notes from the Field: Environmental Services in Long-Term Care

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WISCONSIN DEPARTMENT  
*of* HEALTH SERVICES

# Agenda

- Review basics of environmental cleaning
- Discuss the six core components of environmental cleaning and disinfection
- Review common environmental services (EVS) related findings during onsite visits
- Identify key practices to implement in the next 30 days to improve practices

# Disclaimer

- The Wisconsin HAI Prevention Program is non-regulatory.
- There is no affiliation with any facilities or products.
- All content is based on current guidance and best practices.

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Is your facility's  
environmental services  
staff **employed by your  
facility** or **contracted out**?

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# Environmental Cleaning Basics



# Risk of Infection



- Evidence shows that the environment can be a reservoir for infectious agents such as bacteria, fungus, and viruses.
- Environmental risk are also increased due to the nature of residents participating in social activities through out the facility and/or the need for transfer between facilities to address medical needs.
- Residents in the facility can be more susceptible to an infection due to their increased age and multiple comorbidities.
- To prevent transmission from the environment cleaning, disinfection, and storage of equipment and supplies should be prioritized. All members of the facility have a role in ensuring the environment is safe for residents and staff.

# Cleaning vs Disinfection

Cleaning refers to physical removal.

Disinfection is the destruction of pathogens.

- Cleaning is the physical removal of dirt, body fluids, and other organic matter.
  - Cleaning reduces the number of potential pathogens from surfaces using a combination of detergent, water and friction. The surfaces will not be free of pathogens, but it will reduce the number of pathogens, and the remaining are unlikely to cause harm.
- Disinfection destroys the number of potential pathogens on a surface.
  - Disinfection is usually achieved by using EPA approved chemicals. Surfaces can not be disinfected unless it has been cleaned first. The presence of organic materials, such as blood and body fluids, will inactivate the disinfectants.



# Noncritical Equipment and Surfaces

Noncritical  
care items

Bedpans, blood pressure cuffs

Noncritical  
surfaces

Side rails, furniture, floors

Personal  
items

Toothbrushes, razors

- Items are considered noncritical as they contact intact skin only.
  - Healthy, intact skin can be an effective barrier to microorganisms, so cleaning and disinfection is appropriate.
- Items are generally decontaminated at the point of use and do not require to be transferred to another portion of the facility.
- Personal items should be dedicated to the individual resident and never shared due to the risk of bloodborne and other pathogen transmission. It is best practice that all resident care items should have an identifier, like their name, to prevent accidental use by another resident.

# Equipment And Supply Storage



Separate  
clean and  
dirty.



Remove  
shipping  
boxes.



Keep items  
off the floor.



Avoid water  
sources.

- The goal of storage is to protect products and equipment, prevent contamination, and pathogen transmission. It's important to only have clean supplies and equipment in one room and dirty items in another.
- Shipping boxes should not be stored in the clean rooms and boxes should be broken down and disposed of once emptied.
- The room should be clean and dust free with no trash on the floor. Hand sanitizer should be available in the room to promote hand hygiene before touching clean items. It's important to discard unused, outdated, or unsafe equipment to help minimize any clutter.
- Nothing should be stored on the floor so that they can be appropriately cleaned. Shelves should be high enough (ideally 8 inches from the ground) so that cleaning equipment can fit under them. The bottom shelves should be lined with a wipeable material to assist with cleaning.
- Supplies and equipment should not be stored around or under a sink due to the potential for water damage or contamination.

# Core Components Of Environmental Cleaning And Disinfection



# Core Components

 Integrate

 Educate and train

 Select

 Standardize

 Monitor

 Provide feedback

Environmental services should be **integrated** into the healthcare facility's safety culture. It is important to include EVS as they are the team doing the work, but environmental hygiene falls under the infection prevention domain for the facility.

**Educate and train** all personnel responsible for cleaning and disinfecting resident care areas.

**Select** appropriate cleaning and disinfection technologies and products.

**Standardize** setting-specific cleaning and disinfection protocols.

**Monitor** effectiveness and adherence to cleaning and disinfection protocols.

**Provide feedback** on the adequacy and effectiveness of cleaning and disinfection to staff and stakeholders.

Resource: <https://www.cdc.gov/healthcare-associated-infections/hcp/infection-control/index.html>

# Integrate EVS Into the Safety Culture



- Quality Improvement Program (QAPI)
- Program responsibilities
- Quality measures
- Goals

The QAPI team can review practices and quality measures which in turn can be used to establish and review the facilities goals.

Integrating EVS into the safety culture will

- Define program responsibilities and expectations.
- Sets up clear reporting and accountability.
- Brings key players to the table that will help incorporate considerations into effective cleaning and disinfection in the design, structure and layout of resident areas and spaces for EVS (soiled utility room, etc.)

# Education and Training Program



- **Understand roles and responsibilities.**
- Standardize training.
- Ensure sustainability of program.

It is important that all personnel who are responsible for cleaning and disinfecting reusable resident care equipment and environmental surfaces understand their role. This includes contracted services provided to the facility.

EVS vs staff roles and responsibilities – education and training will look different for the two groups. They work in collaboration to achieve the similar results. Decreases confusion when roles and responsibilities are clear, and each staff member understands their role in achieving the goals.

# Education and Training Program



- Understand roles and responsibilities.
- **Standardize training.**
- Ensure sustainability of program.

Education and training needs to include:

- Cleaning and disinfection policies and ensuring they are being followed
- Basic concepts of transmission and infection control that impacts the residents
- Proper use of PPE, chemical safety, and cleaning technologies
- The infection control risks and the risks to worker safety

Ensure the contracted services education meets the needs of the facility. Review their IPC education.

# Education and Training Program



- Understand roles and responsibilities.
- Standardize training.
- **Ensure sustainability of program.**

The training program needs to be sustainable and regularly occurring.

- All EVS personnel must receive training upon hire, at least annually, and when introducing new equipment or protocols. Make sure to verify that the training program provided by the contracted services meets the facility requirements.
- Competency records need to be on file for all personnel responsible for disinfecting patient care areas and reusable equipment.
- When gaps or weaknesses are discovered, re-training may be necessary and should be documented.
- The training program needs to incorporate a plan for staff turnover, education levels, language and cultural barriers and the different learning styles of personnel.



# Available Education and Training Resources



- [Project Firstline](#)
- [CDC \(Centers for Disease Control and Prevention\) Training: EVS and the Battle Against Infection](#)
- [CDC/STRIVE Infection Control Training](#)
- [STRIVE EVS Training Modules and Tools](#)

**Project First Line** – infection control training for all healthcare providers that caters to many different style of learning.

<https://www.cdc.gov/project-firstline/hcp/training/index.html>

**CDC Training** – Interactive training that is geared to EVS workers to show them the important role they play in preventing HAI's.

<https://www.cdc.gov/infection-control/hcp/training/training-evs-and-the-battle-against-infection.html>

**CDC/STRIVE Infection Control Training** – Individual modules that cover basic infection prevention topics. There is a module specific to EVS,.

<https://www.cdc.gov/infection-control/hcp/training/strive.html>

**STRIVE Environmental Services Training Modules and Tools** – 4 modules with presentations and tools to teach essential EVS practices including basic principles of infection control, PPE use, chemical safety, and surface cleaning and disinfection procedures and techniques.

<https://apic.org/resources/topic-specific-infection-prevention/environmental-services/>

# Infection Preventionist Starter Kit

- [Environmental infection control](#)
- [Cleaning, disinfection, and sterilization](#)




## **Infection Preventionist Starter Kit**

The interactive, web-based “starter kit” provides background information, resources, and templates for infection preventionists.

<https://www.dhs.wisconsin.gov/hai/starter-kit-environment.htm>

<https://www.dhs.wisconsin.gov/hai/starter-kit-disinfection.htm>

# Selection of Products and Technology

- 
- Standardize products.
  - Implement systematic process.
  - Work with a multi-disciplinary team.

Standardizing products decreases confusion amongst staff on how and where to use the product.

Using a systematic process allows you to choose appropriate products and technology for each area of the facility.

Key stakeholders should be included when making decisions. Often a purchasing employee may be making the decision on supplies and cost may be the only factor in choosing the product. While that may be one of the factors, there are many others to consider so all stakeholders should be included in the discussion prior to purchasing a product. Other factors to consider can include;

- Compatibility of product with devices according to the manufacturer's instructions for use.
- Contact time – shorter vs longer – is it achievable?
- Health risks to the worker – how caustic is the product – does it require a lot of PPE and other precautions while using
- Acceptability to healthcare provider and residents (smell, etc.)
- Effectiveness in decontaminating surfaces (one step vs two)
- Impact on overall cleaning efficiency
- Required expertise and training (dilution, etc.)
- Effect on surfaces and equipment from repeated use

# Product Selection

When choosing a product, consider:

- Environmental Protection Agency (EPA) standards.
- Compatibility.
- Contact time.

Disinfectants are products that destroy or inactivate bacteria (not necessarily bacterial spores), fungi and viruses on hard surfaces. The **EPA regulates disinfectants** to ensure it meets minimum standards that ensures they are effective against certain types of microorganisms. The EPA also ensures that the product works according to their label directions. The product must list the microorganisms that it is effective against.

**Products needs to be compatible** with the equipment and surfaces that it is being used on. This will require a review of the manufacturer's instructions for use on the equipment or surface to verify that the product you have in house is appropriate for use. Some chemicals may degrade plastics, discolor surfaces after repeated use, or create a build up on surfaces.

**Contact time is important to consider.** For example, if a product has a 10-minute contact time, is this achievable for a point of use disinfectant? This could possibly work for environmental surfaces during room turnover. It's important that staff understand what that contact time is and how it will fit into their workflow.

# Standardize Cleaning and Disinfection Protocols



- Identify high risk surfaces.
- Define responsibilities.
- Differentiate routine and discharge cleaning.

## Identify high risk surfaces

- Emphasize that surfaces, including high-touch surfaces, must be cleaned effectively, accounting for differences in room layout, equipment, and patient risk.

## Define responsibilities

- Clearly define responsibilities for the cleaning and disinfection of noncritical equipment, shared medical equipment, and other electronics (e.g., point-of-care devices, blood pressure cuffs, resident lifts).
  - Make sure that staff involved in cleaning and disinfection are aware of their responsibilities and are appropriately trained to fulfill them.
  - Make sure that cleaning and disinfection supplies are easily accessible (e.g., near the point of use).

## Protocols

- Develop standardized protocols for routine (e.g., daily) and discharge/transfer (also known as terminal) cleaning and disinfection. This should include the resident rooms and other shared spaces (PT area, dining room, spa, shower rooms).
- Protocols should include what PPE needs to be worn, products and processes needed for specific pathogens or disease processes (C. diff, Candida auris, diarrhea, wounds), process for easy identification of rooms/equipment that have been cleaned/disinfected and ready for the next resident.

- Make sure that the protocols are readily available (e.g., posted online or available in hard copy) for review by staff.
- There should be a clear process for residents and visitors' personal products and where they are stored. This is especially in shared spaces, like the shower room.
- Process for transmission-based precautions and other variations that may require a different process/need of PPE. When possible daily cleaning of resident rooms that are on transmission-based or known colonization of MDROs should be done at the end of the day.



# Monitor Effectiveness and Adherence



- Develop a monitoring strategy.
- Perform routine audits.

An environmental cleaning and disinfection monitoring strategy allows EVS personnel, other relevant HCP and the facility cleaning and disinfection program to understand the current state of facility cleanliness and to identify areas for improvement.

- Develop and implement a monitoring strategy for adherence to, and effectiveness of, cleaning and disinfection procedures.
- Include in the protocols for monitoring:
  - Who should do the monitoring.
  - What type of monitoring will be used (e.g., direct observation, fluorescent gel, adenosine triphosphate (ATP)).
  - How frequently the monitoring will occur.
  - How monitoring data will be validated.
  - Which rooms will be monitored.
  - Which surfaces will be assessed.
- Incorporate methods for monitoring cleaning adherence and effectiveness in addition to direct observation (e.g., fluorescent markers, ATP assays).



- Perform routine audits of adherence to cleaning and disinfection procedures.

# Evaluating Environmental Cleaning

[CDC Toolkit](#) includes:

- Workbook.
- Checklist.
- Worksheet.

Date:	
Unit:	
Room Number:	
Initials of ES staff (optional): <sup>2</sup>	

Evaluate the following priority sites for each patient room:

High-touch Room Surfaces <sup>3</sup>	Cleaned	Not Cleaned	Not Present in Room
Bed rails / controls			
Tray table			
IV pole (grab area)			
Call box / button			
Telephone			
Bedside table handle			
Chair			
Room sink			
Room light switch			
Room inner door knob			
Bathroom inner door knob / plate			
Bathroom light switch			
Bathroom handrails by toilet			
Bathroom sink			
Toilet seat			
Toilet flush handle			
Toilet bedpan cleaner			

Evaluate the following additional sites if these equipment are present in the room:


High-touch Room Surfaces <sup>3</sup>	Cleaned	Not Cleaned	Not Present in Room
IV pump control			
Multi-module monitor controls			
Multi-module monitor touch screen			
Multi-module monitor cables			
Ventilator control panel			

Mark the monitoring method used:

- Direct observation       Fluorescent gel  
 Swab cultures             ATP system             Agar slide cultures

Resource: <https://www.cdc.gov/infection-control/php/evaluating-environmental-cleaning/index.html>

# Provide Feedback

- 
- Share data.
  - Share accountability.
  - Present data to leadership.

Share cleaning and disinfection monitoring data with EVS personnel.

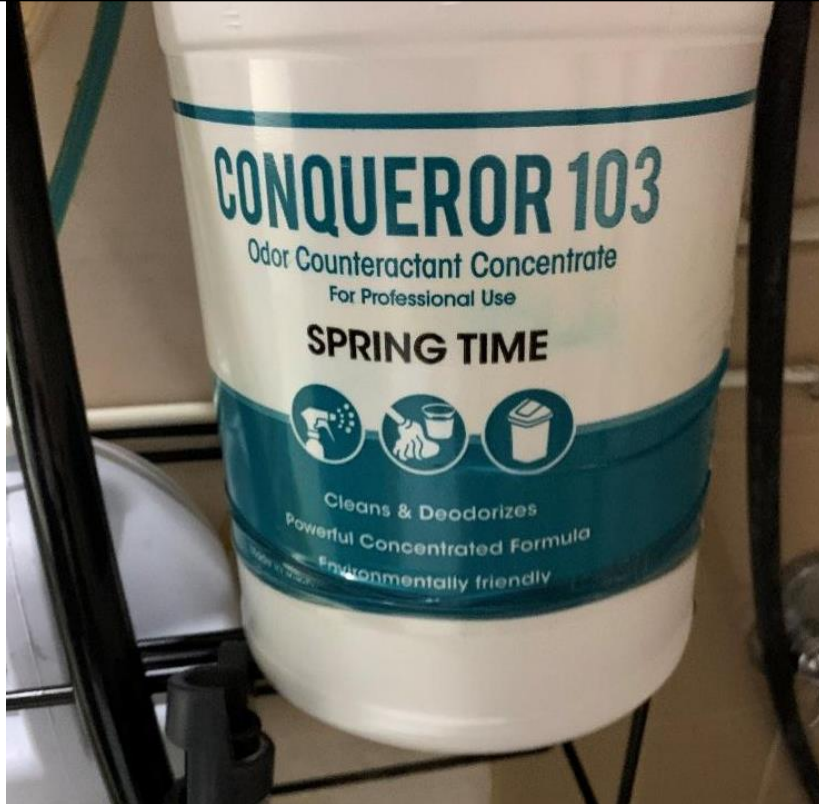
Highlight the importance of shared accountability for consistent and successful adherence to protocols for staff including:

- EVS personnel
- Management
- Facility leadership
- Clinical personnel

Present monitoring data to leadership to identify, validate the effectiveness and troubleshoot active issues with the cleaning strategy.

# Common Findings in the Field









**Resident room**



**Shower Room**







**Sink Biofilm**



Utility Room



**Utility Room**



**Soiled Holding Area**



**Under Sink Storage**



**Water fountain  
Ice machine**



**Coolers and ice chests**





## Vent Cleaning

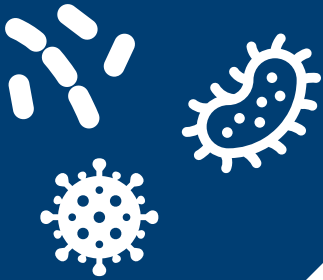
# Key Practices to Implement





Resource: <https://www.cdc.gov/project-firstline/media/pdfs/HowToReadALabel-Infographic-508.pdf>

# Special Pathogens



- Review EPA list.
- Ensure correct dilution.
- Understand contact time.

## EPA Lists:

**Candida auris– List P:** <https://www.epa.gov/pesticide-registration/epas-registered-antimicrobial-products-effective-against-candida-auris-list>

**Clostridioides difficile– List K:** <https://www.epa.gov/pesticide-registration/epas-registered-antimicrobial-products-effective-against-clostridioides>

**Norovirus – List G:** <https://www.epa.gov/pesticide-registration/epas-registered-antimicrobial-products-effective-against-norovirus-feline>

**Sars-CoV-2 – List N:** <https://www.epa.gov/coronavirus/about-list-n-disinfectants-coronavirus-covid-19-0>

Sometimes the product you have on hand may be effective against these special pathogens but require a different dilution or contact time to be effective. For example, the product may only require a 2-minute contact time for common bacteria and viruses but would need a 5-minute contact time to be effective against *C. auris*. The disinfectant may also require a pre-cleaning step for the special pathogen listed, along with the longer contact time.

The correct dilution is important for any disinfectant that comes as a concentrate.

# Disinfection Considerations for Multidrug-Resistant Organisms

## Disinfectant Considerations for Multidrug-Resistant Organisms

Multidrug-resistant organisms (MDROs) are resistant to certain antibiotics. However, not all have developed resistance to disinfectants. In contrast, there are other MDROs that require specific disinfectants to effectively kill the organism. The table below offers considerations for infection preventionists to use as they assess what disinfectants are effective against a specific organism.

Be sure to use the disinfectant according to its master label, paying close attention to the product's contact (wet) time and concentration specifications to allow for proper disinfection. If you're combatting multiple MDROs in your health care facility, you will want to check that the disinfectants you use are effective against all of them.

Organism	Disinfectant considerations
<i>Candida auris</i>	Consult the Environmental Protection Agency's (EPA) <a href="#">List P</a> .
Carbapenemase-producing carbapenem-resistant Enterobacterales (CP-CRE)	Consult the disinfectant's master label to be sure it is effective against Enterobacterales.
Carbapenemase-producing carbapenem-resistant <i>Acinetobacter baumannii</i> (CP-CRAB)	Consult the disinfectant's master label to be sure it is effective against <i>Acinetobacter baumannii</i> .
Carbapenemase-producing carbapenem-resistant <i>Pseudomonas aeruginosa</i> (CP-CRPA).	Consult the disinfectant's master label to be sure it is effective against <i>Pseudomonas aeruginosa</i> .
Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)	Consult the EPA's <a href="#">List H</a> .
Vancomycin-resistant <i>Enterococcus faecalis</i> or <i>faecium</i> (VRE)	Consult the EPA's <a href="#">List H</a> .
Other MDROs	Consult the disinfectant's master label to be sure it is effective against the desired organism(s).

Resource: <https://www.dhs.wisconsin.gov/publications/p03400.pdf>

# MDRO Fact Sheet for Housekeeping Staff

## Multidrug-Resistant Organisms (MDROs) Fact Sheet for Housekeeping Staff



### What are MDROs?

Multidrug-resistant organisms (MDROs) are bacteria or other organisms that are resistant to the antibiotics or other drugs that are intended to treat them. MDROs can be difficult to treat, which can cause serious illness or even death. MDROs can survive on surfaces for hours to months if those surfaces are not properly cleaned and disinfected.

**Housekeeping staff play a key role in stopping the spread of MDROs within facilities.**



### Recommended Housekeeping Procedures when an MDRO is Identified in a Facility:

- ▶ Increase the frequency of cleaning, with additional focus on high-touch surfaces (e.g., bedrails, tables).
- ▶ Review cleaning procedures with all housekeeping staff for consistency and thoroughness.
- ▶ Audit staff cleaning practices to ensure they are following appropriate cleaning and disinfection procedures. Consider using a [fluorescent marking system](#) (page 50) for auditing.
- ▶ Consider designating specific housekeeping staff to the affected resident care unit.



### Environmental Cleaning Reminders:

- ▶ Perform hand hygiene and don personal protective equipment (PPE) based on the resident's specific isolation status before entering a resident room or other resident care area to clean.
- ▶ Clean from the least soiled to most soiled and from physically high to physically low areas.
- ▶ Clean the rooms of individuals who are infected or colonized with an MDRO **after** cleaning all other resident rooms.
- ▶ Use an [Environmental Protection Agency \(EPA\)-registered disinfectant](#) that is shown to be effective against the identified MDRO to clean floors and surfaces.
- ▶ Pay attention to the "contact time" of each disinfectant to ensure complete disinfection occurs.
- ▶ Change privacy curtains on a routine basis, if they become soiled, and after a resident who is in isolation is transferred or discharged.
- ▶ Clean shared tub or shower rooms after each use. If privacy curtains are needed in shared bathing areas, consider using plastic or vinyl curtains that can easily be cleaned.
- ▶ Be sure that lift slings are laundered frequently. In particular, launder slings after they are used with residents who are infected or colonized with an MDRO.

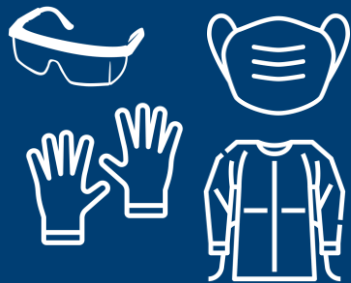
P-03147 (12/2021)

BUREAU OF COMMUNICABLE DISEASES  
[www.dhs.wisconsin.gov/SpH/bcd.htm](http://www.dhs.wisconsin.gov/SpH/bcd.htm) | [dhsdphbcd@dhs.wi.gov](mailto:dhsdphbcd@dhs.wi.gov)  
Wisconsin Department of Health Services | Division of Public Health



Resource: <https://www.dhs.wisconsin.gov/publications/p03147.pdf>

# Select Correct PPE



Select PPE based on risk of potential exposure to:

- Infectious material.
- Chemicals.

**Risk or potential risk of infectious disease** – It's important that EVS staff members understand the importance of signage that may be posted at the resident's room entrance. When a resident is on precautions, the signage outside the door will indicate the necessary PPE to keep the worker safe. PPE should be readily available and must be used appropriately.

- EVS staff members should understand how to properly put on and take off the PPE to minimize the chances of contaminating themselves and the environment. In general, PPE should be removed and disposed of in the patient's room and hand hygiene performed upon exiting the room. There are special circumstances, for example when a patient is on airborne precautions, that a respirator would be used and removed after exiting the patient's room.

**Risk of chemical exposure** – What PPE is required by the safety data sheet on the chemical being used. A reusable utility style glove may be required while handling specific chemicals, so it is important staff understand when and how to use these. Ideally, the gloves would dedicate to individual EVS members, so they should be labeled appropriately. They also need to be cleaned between uses and replaced when worn.

**Note:** CDC EBP FAQ #27. Should Environmental Services (EVS) or housekeeping personnel wear gowns and gloves when cleaning and disinfecting rooms of residents on Enhanced Barrier Precautions?

The research that was the basis for the current guidance evaluated high-contact resident care activities, not specifically the risk of transmission of MDROs to the hands or clothing of Environmental Services (EVS) or housekeeping personnel. However, changing linen is considered a high contact resident care



activity; gowns and gloves should be worn by EVS personnel if they are changing the linen of residents on Enhanced Barrier Precautions and could be considered for additional environmental services or housekeeping responsibilities that involve extensive contact with the resident or the resident's environment. Gown and glove use by EVS should be based on facility policy and for anticipated exposures to body fluids, chemicals, or contaminated surfaces. It is important to remember, gowns and gloves should be worn by EVS personnel when cleaning and disinfecting the rooms of residents on Contact Precautions.

Resource: <https://www.dhs.wisconsin.gov/hai/ppe.htm>

# Develop Protocols

Who	What	When	How
<ul style="list-style-type: none"><li>• EVS</li><li>• RN/CNA/LPN</li></ul>	<ul style="list-style-type: none"><li>• Resident room</li><li>• Shared equipment</li><li>• Shower room</li><li>• Ancillary spaces</li></ul>	<ul style="list-style-type: none"><li>• Discharge cleaning</li><li>• Daily cleaning</li><li>• After resident use</li></ul>	<ul style="list-style-type: none"><li>• PPE needed</li><li>• Disinfectant needed</li></ul>

Ancillary spaces include laundry, utility rooms, storage rooms, etc.

Resident room – don't forget privacy curtains

# Appropriate Cleaning Tools

- Use
  - Microfiber
  - Fully stocked cart
- Avoid
  - Feather dusters
  - Bristle brooms
  - Rag mops
  - Cotton rags



# Well-Defined Procedures



Label secondary containers.



Change out cleaning water.



Avoid double dipping.

# Questions?

Thank you!



# Contact Information

## Jennifer Kuhn

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 608-772-4768

## Save the Date: MDRO Office Hours



- October 9 from 1:00–1:30 p.m. via Zoom
- **Register today!**

MDRO office hours are a new opportunity for health care and public health partners to connect, ask questions, and learn about MDROs and related topics. MDRO office hours will be an open forum staffed by the HAI Prevention Program’s MDRO Infection Preventionist, Greta Michaelson, and Antimicrobial Resistance Epidemiologist, Megan Lasure.

MDRO Office Hours will occur the second Wednesday of each month.

Register for the call: [Meeting Registration - Zoom \(zoomgov.com\)](#)

# HAI Prevention Program Contacts



**Email:** [dhswhaipreventionprogram@dhs.wisconsin.gov](mailto:dhswhaipreventionprogram@dhs.wisconsin.gov)



**Phone:** 608-267-7711

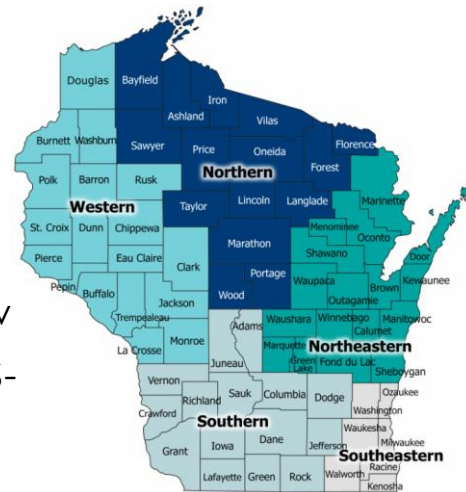


**Website:** [www.dhs.wisconsin.gov/hai/contacts.htm](http://www.dhs.wisconsin.gov/hai/contacts.htm)



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- HAI: Home
- For Health Professionals
- For Patients & Families
- Infection Prevention Education**
- Infection Preventionist Starter Kit
- Multidrug-Resistant Organisms
- Precautions
- HAI Data
- National Healthcare Safety Network
- Antimicrobial Stewardship



## HAI Infection Prevention Education

The resources below are intended to connect health care facility infection preventionists (IP) with education materials to support their role in preventing, detecting, and responding to healthcare-associated infections (HAI).

IPs play an essential role in facility infection prevention policy development, surveillance, and risk assessment. IPs also serve as a resource to other staff and programs within their facilities.

In addition to the state in-person trainings and online references below, there are a number of links to trusted education resources, including the CDC (Centers for Disease Prevention and Control), the CMS (Centers for Medicare and Medicaid Services), and the Association for Professionals in Infection Control and Epidemiology (APIC).

### Monthly webinars for IPs

#### Long-Term Care Education Series

The Long-Term Care (LTC) Education Series provides education presentations on topics that include infection prevention, HAIs, antibiotic stewardship, disease surveillance, and outbreak response for staff at skilled nursing facilities, assisted living facilities, local health departments, and other LTC stakeholders. Each session features a new, timely topic presented by the Department of Health Services (DHS) program staff, HAI infection preventionists, partner organizations, or other external subject matter experts.

The LTC Education Series is a monthly webinar series, typically held the fourth Thursday of each month. Register for the [LTC Education Series](#).

Session recordings	+
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#### IP Lunch and Learn

The IP Lunch and Learn is a webinar series that gives IPs from all care settings the opportunity to come together to discuss introductory infection prevention and control (IPC) topics, as well as share information, network, and ask questions. Each session focuses on a different basic IPC topic area and includes a brief overview with resources and time for attendees to ask questions and share tips and tricks. IPs newer to their role will especially benefit from the information shared.

The IP Lunch and Learn is typically held the second Tuesday of each month. Register for the [IP lunch and learn webinar series](#).

# HAI Infection Prevention Education webpage

<https://www.dhs.wisconsin.gov/hai/ip-education.htm>

# Upcoming LTC Education Session

Date: October 24, 2024

Topic: Core Infection Prevention and Control Practices



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*of* HEALTH SERVICES