Wisconsin HAI Long-Term Care Education Series

October 24, 2024

WISCONSIN DEPARTMENT of HEALTH SERVICES

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Core Infection Prevention and Control Practices

October 24, 2024

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WISCONSIN DEPARTMENT *of* HEALTH SERVICES

Agenda

- Infection prevention and control (IPC) core practices
- IPC program
- Tips for success

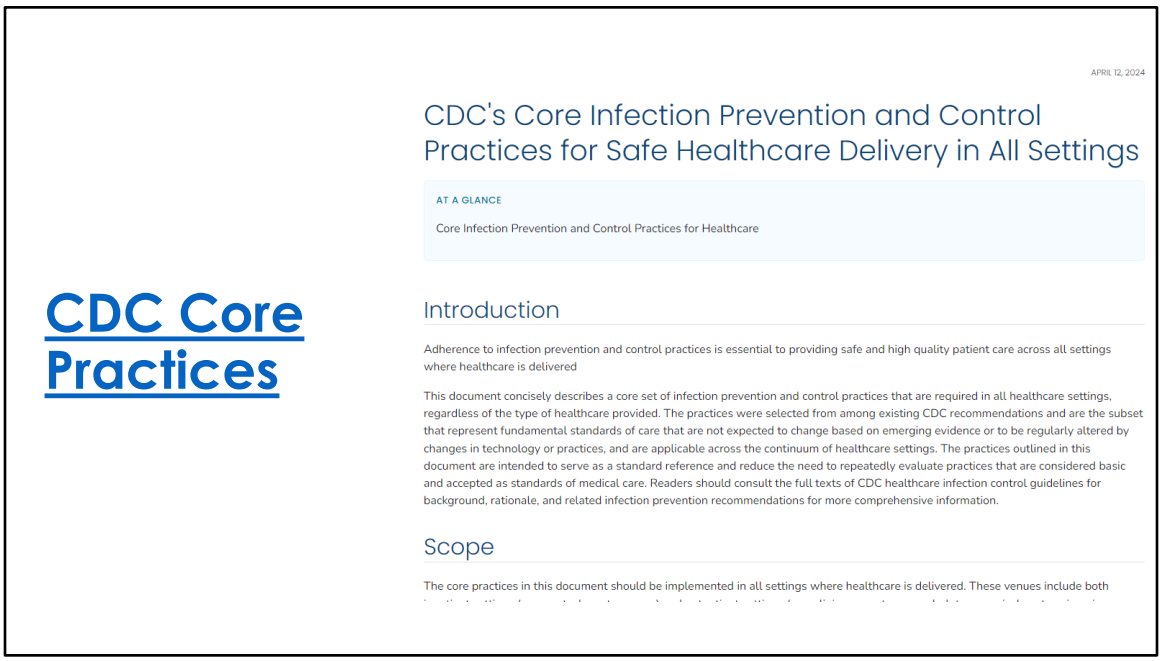
Disclaimer

- 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.

Centers for Disease Control and Prevention (CDC) IPC Core Practices

Resource: https://www.cdc.gov/infection-control/hcp/core-practices/

CDC Core Practices



APRIL 12, 2024

CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings

AT A GLANCE

Core Infection Prevention and Control Practices for Healthcare

Introduction

Adherence to infection prevention and control practices is essential to providing safe and high quality patient care across all settings where healthcare is delivered

This document concisely describes a core set of infection prevention and control practices that are required in all healthcare settings, regardless of the type of healthcare provided. The practices were selected from among existing CDC recommendations and are the subset that represent fundamental standards of care that are not expected to change based on emerging evidence or to be regularly altered by changes in technology or practices, and are applicable across the continuum of healthcare settings. The practices outlined in this document are intended to serve as a standard reference and reduce the need to repeatedly evaluate practices that are considered basic and accepted as standards of medical care. Readers should consult the full texts of CDC healthcare infection control guidelines for background, rationale, and related infection prevention recommendations for more comprehensive information.

Scope

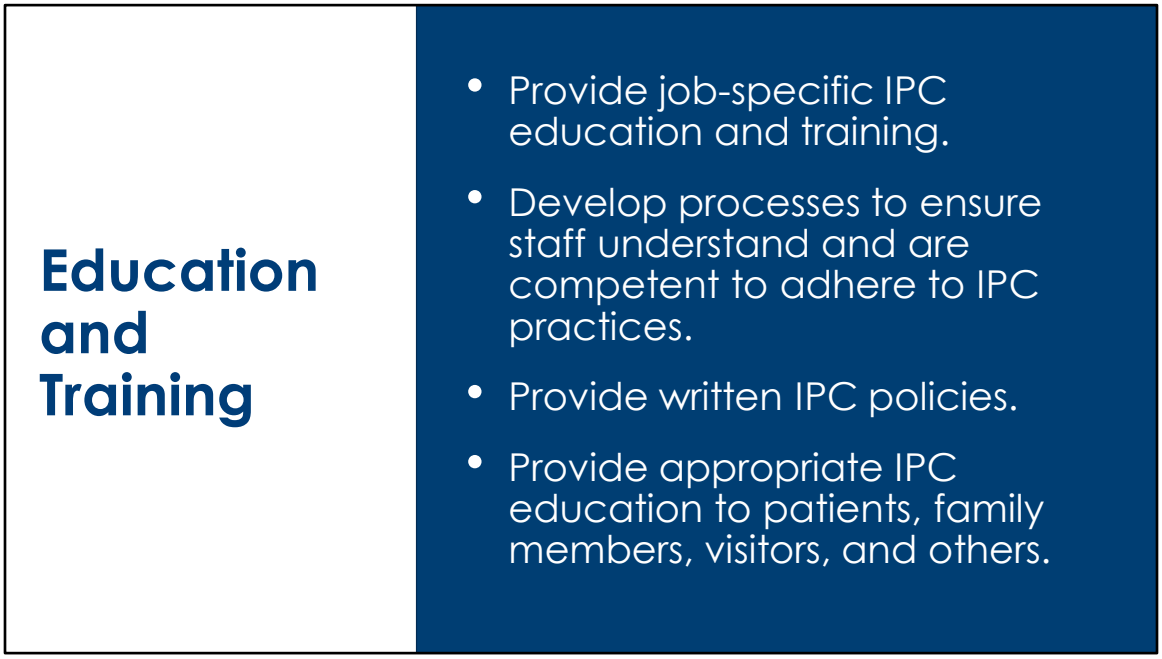
The core practices in this document should be implemented in all settings where healthcare is delivered. These venues include both

Link: [CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings | Infection Control | CDC]

Our first CDC Core practice is: Leadership support

1. Ensure that the governing body of the healthcare facility or organization is accountable for the success of infection prevention activities.
2. Allocate sufficient human and material resources to infection prevention to ensure consistent and prompt action to remove or mitigate infection risks and stop transmission of infections. Ensure that staffing and resources do not prevent nurses, environmental staff, et. al., from consistently adhering to infection prevention and control practices.
3. Assign one or more qualified individuals with training in infection prevention and control to manage the facility's infection prevention program.
4. Empower and support the authority of those managing the infection prevention program to ensure effectiveness of the program.

To be successful, infection prevention programs require visible and tangible support from all levels of the healthcare facility's leadership.



The next two core practices are centered around education. The 2nd core practice is focuses on the Education and training of healthcare personnel on infection prevention

- Provide job-specific, infection prevention education and training to all healthcare personnel for all tasks.
    - Require training before individuals are allowed to perform their duties and at least annually as a refresher.
    - Provide additional training in response to recognized lapses in adherence and to address newly recognized infection transmission threats (e.g., introduction of new equipment or procedures).
- Develop processes to ensure that all healthcare personnel understand and are competent to adhere to infection prevention requirements as they perform their roles and responsibilities.
- Provide written infection prevention policies and procedures that are available, current, and based on evidence-based guidelines (e.g., CDC/ HICPAC, etc.).

Training should be adapted to reflect the diversity of the workforce and the type of facility and tailored to meet the needs of each category of healthcare personnel being

trained.

The third Core practice focuses on patient, family, and caregiver education.

- Provide appropriate infection prevention education to patients, family members, visitors, and others included in the caregiving network. Include information about how infections are spread, how they can be prevented, and what signs or symptoms should prompt reevaluation and notification of the patient's healthcare provider. Instructional materials and delivery should address varied levels of education, language comprehension, and cultural diversity

Performance Monitoring and Feedback

- Train staff to identify and monitor IPC adherence.
- Provide feedback on observations.
- Use standardized tools and definitions.
- Monitor incidence of infections related to care at the facility.

Our 4th core practice centers around performance monitoring and feedback.

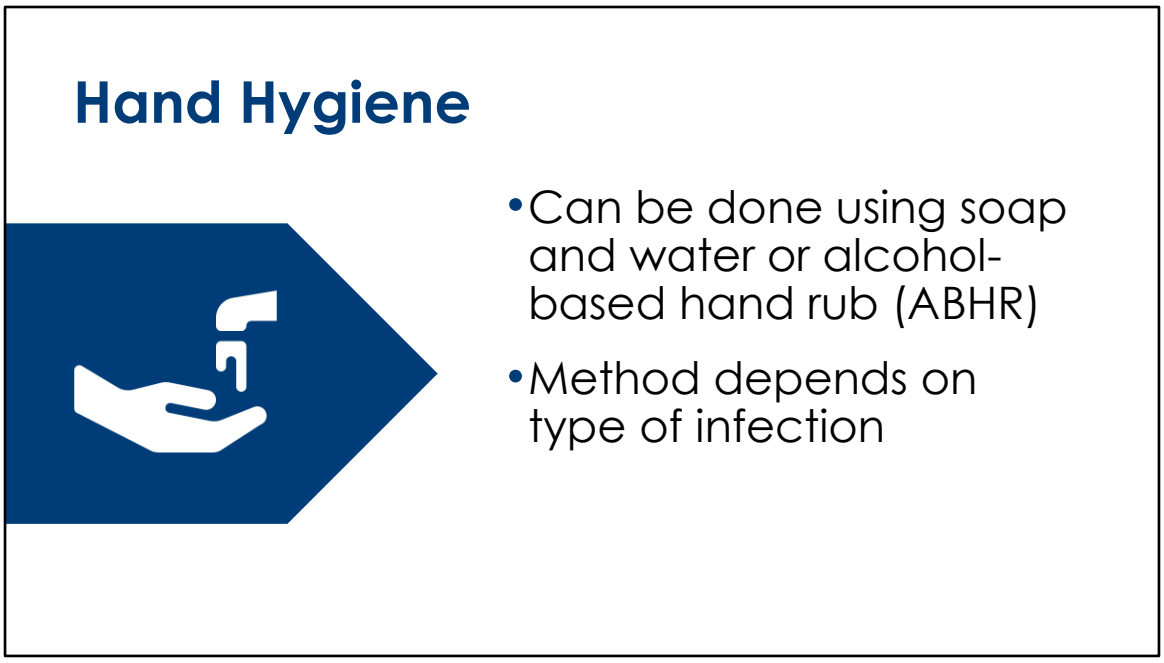
- Identify and monitor adherence to infection prevention practices and infection control requirements.
- Provide prompt, regular feedback on adherence and related outcomes to healthcare personnel and facility leadership.
- Train performance monitoring personnel and use standardized tools and definitions.
- Monitor the incidence of infections that may be related to care provided at the facility and act on the data and use information collected through surveillance to detect transmission of infectious agents in the facility.

Performance measures should be tailored to the care activities and the population served.

Standard precautions would be the next core practice. Standard Precautions are the basic practices that apply to all patient care, regardless of the patient's suspected or confirmed infectious state, and apply to all settings where care is delivered. These practices protect healthcare personnel and prevent healthcare personnel or the environment from transmitting infections to other patients.

Use Standard Precautions to care for all patients in all settings. Standard Precautions include:

- Hand hygiene
- Environmental cleaning and disinfection
- Injection and medication safety
- Risk assessment with use of appropriate personal protective equipment (e.g., gloves, gowns, face masks) based on activities being performed
- Minimizing Potential Exposures (e.g. respiratory hygiene and cough etiquette)
- Reprocessing of reusable medical equipment between each patient or when soiled



Require healthcare personnel to perform hand hygiene in accordance with Centers for Disease Control and Prevention (CDC) recommendations.

Hand Hygiene can be done:

- Using soap and water or ABHR
- Methods can depend on the infection:
    - Use soap and water for gastrointestinal infections (such as C. difficile or norovirus)
    - ABHR is preferred in most clinical situations
- https://www.cdc.gov/handhygiene/providers/index.html

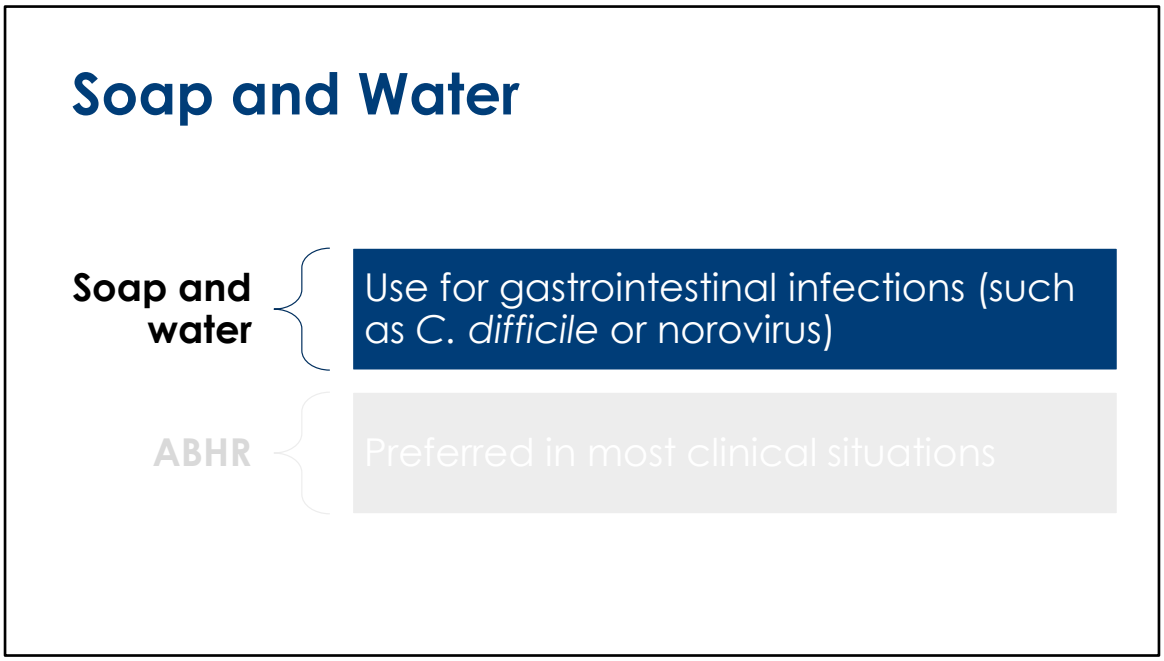
When recommendations are specific to the use of soap and water, use terms “handwash” or “hand scrub” should used. When recommendations are specific to the use of alcohol-based hand

sanitizer, the terms “hand sanitizing” or “hand rubbing” are used.

Hand hygiene is NOT just wetting your hands and quickly working through the process. When performing hand hygiene, we can look at the HOW to’s from organizations like the World Health Organization (WHO). These include: making sure you apply enough product to cover your hands adequately and to ensure you scrub all areas of the hands including between fingers, under nails and the thumbs. This process should take about 15 to 20 seconds for scrubbing. If using soap and water, rinse hands thoroughly and use a towel to turn off the faucet, this will minimize the recontamination of your hands after you took the time to wash them….

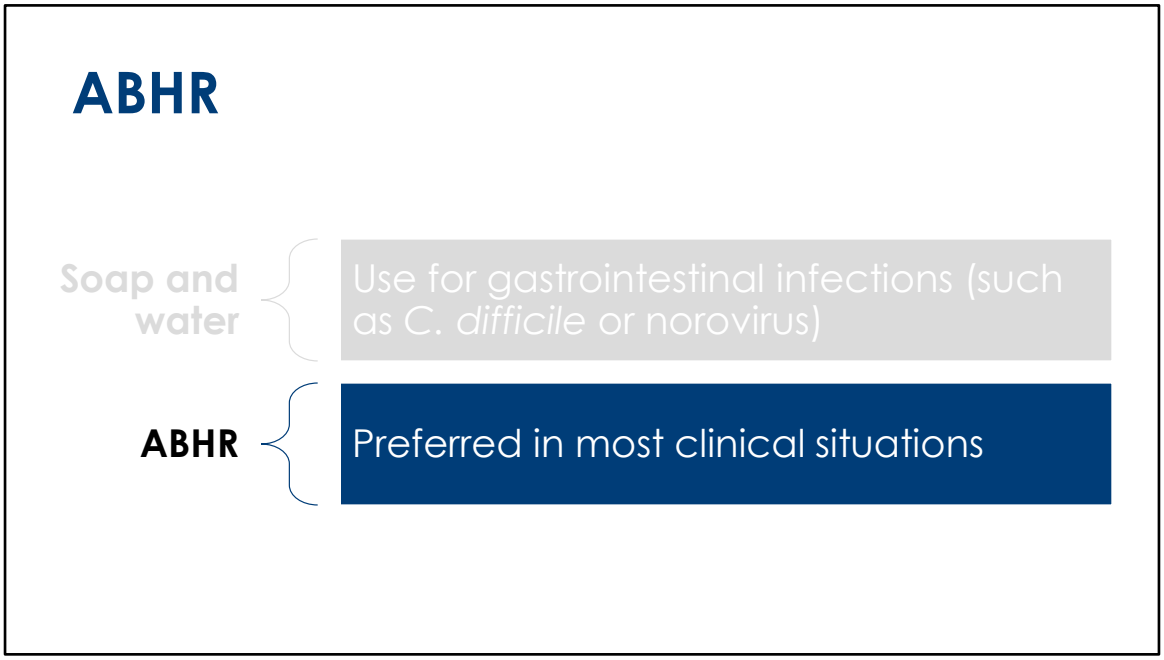
How to handwash: https://www.who.int/publications/m/item/how-to-handwash

How to handrub: https://www.who.int/publications/m/item/how-to-handrub

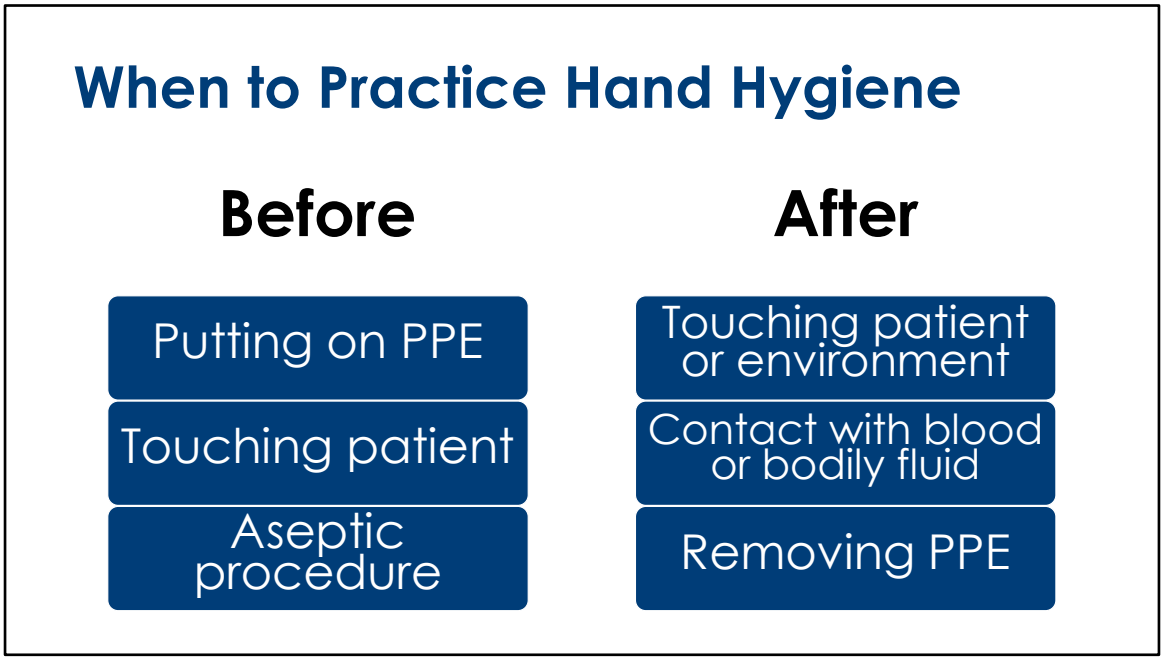


Use soap and water for gastrointestinal infections such as C. difficile or norovirus. C. diff spores and norovirus particles are resistant to the drying effects of alcohol. These germs are contained in stool which is best removed by washing it down the drain not smearing it around with hand sanitizer.

Other times we would want to use soap and water would be when hands are visibly soiled, before eating and after using the restroom. Any time your hands feel sticky from using the hand sanitizer, you can wash with soap and water.



The other method of hand hygiene would be with ABHR. This is preferred in most clinical due to evidence of better compliance compared to soap and water. Hand rubs are generally less irritating to hands and are effective in the absence of a sink. – these can be placed strategically to accommodate workflows and is easy to use. This is so much easier than trying to find a sink for hand hygiene.



Basic hand hygiene is one of the core principles of infection prevention so we do tend to spend a lot of time on it. Here we will look at when we should be performing hand hygiene.

Use an alcohol-based hand rub or wash with soap and water for the following clinical indications:

- Immediately before touching a patient
- Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices
- Before moving from work on a soiled body site to a clean body site on the same patient
- After touching a patient or the patient's immediate environment
- After contact with blood, body fluids or contaminated surfaces
- Immediately after glove removal

Ensure that supplies necessary for adherence to hand hygiene are readily accessible in all areas where patient care is being delivered. ABHR can be placed in rooms, outside of rooms and should be made readily available throughout the building for patients, residents, staff and visitors.

Environmental Cleaning and Disinfection

- Cleaning must be done prior to disinfection.
- Methods depend on:
  - The risk of the patient or resident coming in contact with contaminated item or surface.
  - The risk of infection.

Continuing with the components of standard precautions the next in our list is environmental cleaning and disinfection.

Facilities must Require routine and targeted cleaning of environmental surfaces as indicated by the level of patient contact and degree of soiling. And remember that cleaning must be done to remove physical contamination prior to disinfection. Biological contaminants may inactivate and make most disinfectants ineffective.

Methods used will depend on

- proximity to the patient and frequently touched surfaces in the patient care environment. These areas will need to be cleaned and disinfected on a more frequent schedule compared to other surfaces.
- Promptly clean and decontaminate spills of blood or other potentially infectious materials. Anything with a greater risk of infection needs to be prioritized over spilled milk…

To make sure we are efficient and effective, we need to:

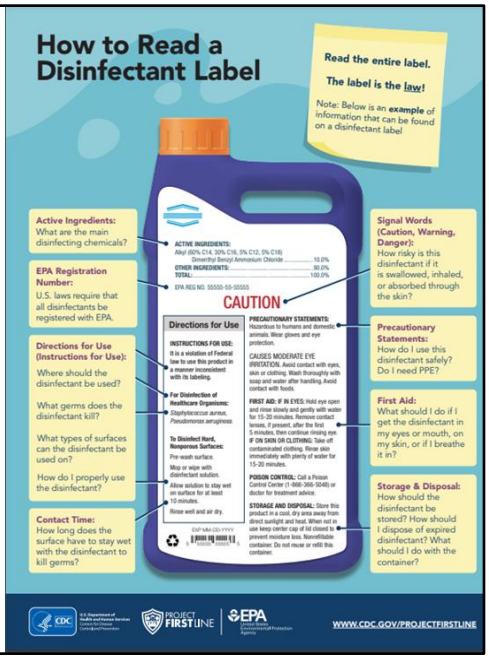
- Select federal Environmental Protection Agency (EPA) -registered disinfectants that have microbiocidal activity against the pathogens most likely to contaminate the

patient-care environment. Healthcare facilities should be using these EPA registered products. Not those that are made for homes or other environments.

- Follow manufacturers' instructions for proper use of cleaning and disinfecting products (e.g., dilution, contact time, material compatibility, storage, shelf-life, safe use and disposal).
- When information from manufacturers is limited regarding selection and use of agents for specific microorganisms, environmental surfaces or equipment, facility policies regarding cleaning and disinfecting should be guided by the best available evidence and careful consideration of the risks and benefits of the available options. Refer to "CDC Guidelines for Environmental Infection Control in Health-Care Facilities" and "CDC Guideline for Disinfection and Sterilization in Healthcare Facilities" for details.

Know Your Products

- Environmental Protection Agency (EPA) approved
- Contact time
- Effective against targeted organisms



Resource: https://www.cdc.gov/hai/pdfs/howtoreadalabel-infographic-508.pdf

Resource: https://www.cdc.gov/infectioncontrol/guidelines/disinfection/tables/table2.html – Guideline for Disinfection and Sterilization Table 2 Properties on an ideal disinfectant

Instructions for Use (IFU)

- Provided by the manufacturer
- Details how to properly clean, disinfect, and sterilize items
- Based on rules from the Food and Drug Administration (FDA)

Cleaning and Disinfection

- Who?
- What?
- When?
- Where?
- Why?
- How?

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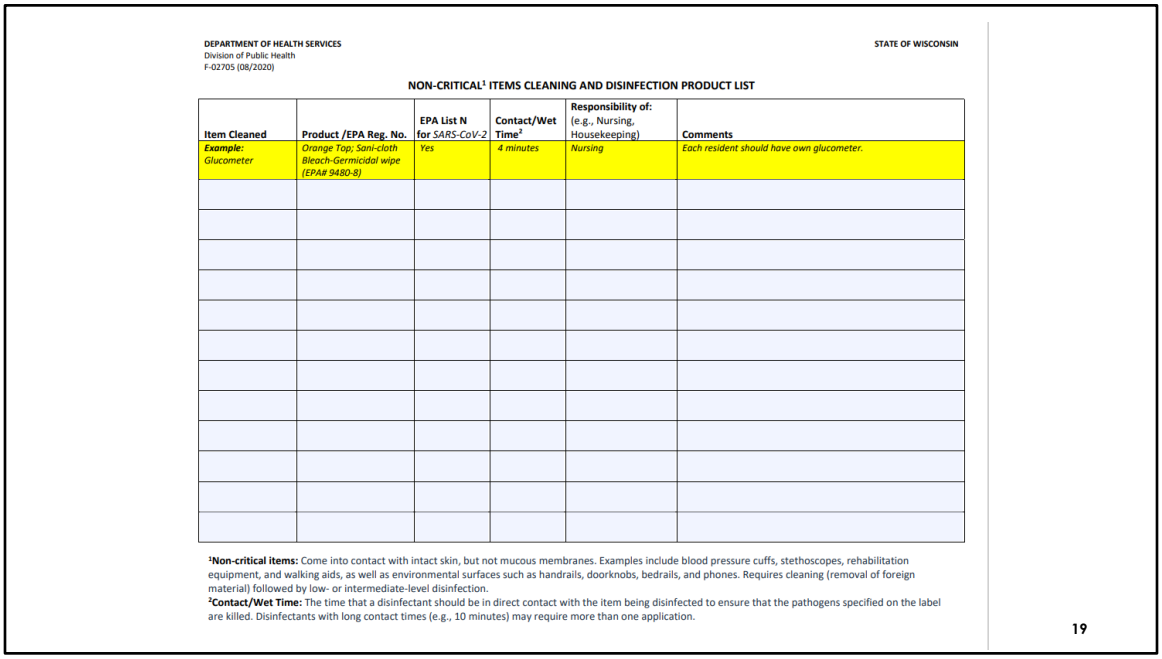

DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-02705 (08/2020)

STATE OF WISCONSIN

NON-CRITICAL[1] ITEMS CLEANING AND DISINFECTION PRODUCT LIST

Item Cleaned	Product /EPA Reg. No.	EPA List N for *SARS-CoV-2*	Contact/Wet Time[2]	Responsibility of: (e.g., Nursing, Housekeeping)	Comments
Example: *Glucometer*	*Orange Top; Sani-cloth Bleach-Germicidal wipe (EPA# 9480-8)*	*Yes*	*4 minutes*	*Nursing*	*Each resident should have own glucometer.*

[1]**Non-critical items:** Come into contact with intact skin, but not mucous membranes. Examples include blood pressure cuffs, stethoscopes, rehabilitation equipment, and walking aids, as well as environmental surfaces such as handrails, doorknobs, bedrails, and phones. Requires cleaning (removal of foreign material) followed by low- or intermediate-level disinfection.
[2]**Contact/Wet Time:** The time that a disinfectant should be in direct contact with the item being disinfected to ensure that the pathogens specified on the label are killed. Disinfectants with long contact times (e.g., 10 minutes) may require more than one application.

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Facilities may use charts like this one to dictate the responsibilities and how-to's for cleaning and disinfection. This chart tells everyone who should be cleaning what, how often and with what. When using these charts, you still need to:

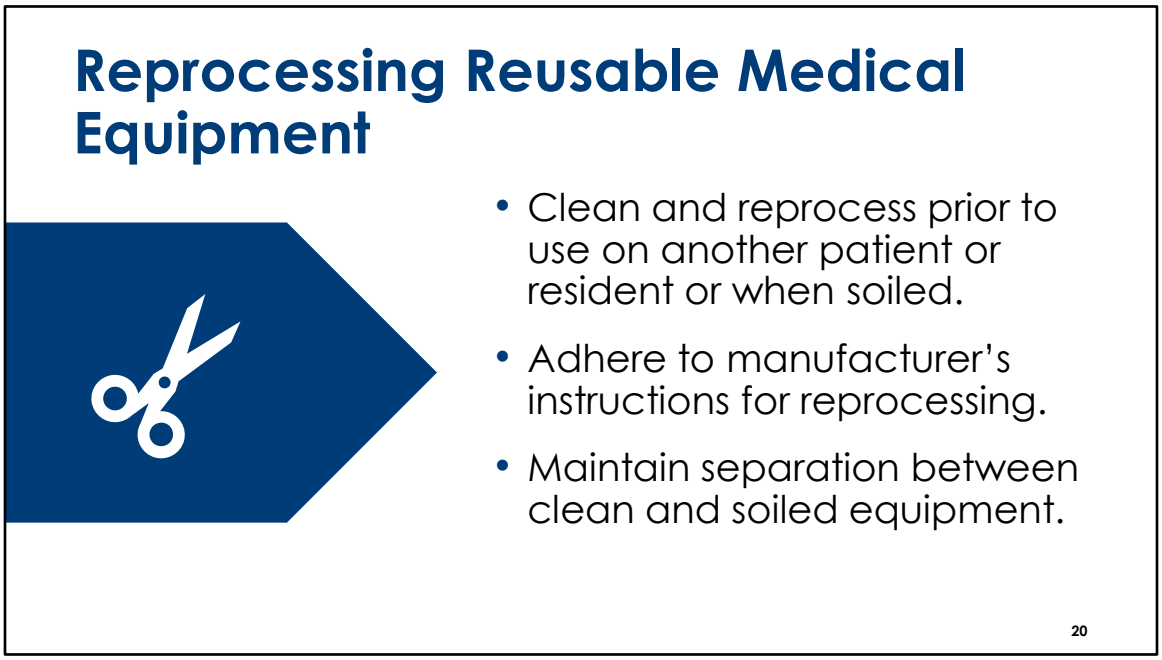
- Train all staff who perform any type of cleaning and disinfecting on the right techniques based on the products they will use.
- Include both environmental services and non-environmental services staff in the training.
- Ensure housekeeping staff are also trained on infection prevention expectations.

Training topics should include:

- How to mix, handle, store disinfectants. Also, important to know the QC maintenance with the actual equipment. For example in the janitors closets. Who's responsibility, is it?
- What disinfectant is used on, contact time, cleaning tools used.
- Special PPE to be used, special gloves or eye protection for the chemical.

Resource: DHS IP Starter Kit:
https://www.dhs.wisconsin.gov/publications/p02992.pdf#page=64

https://www.dhs.wisconsin.gov/forms/f02705.pdf



- Clean and reprocess (disinfect or sterilize) reusable medical equipment (e.g., blood glucose meters and other point-of-care devices, blood pressure cuffs, oximeter probes, surgical instruments, endoscopes) prior to use on another patient or when soiled.
- Consult and adhere to manufacturers' instructions for reprocessing.
- Maintain separation between clean and soiled equipment to prevent cross contamination.

Manufacturer's instructions for reprocessing reusable medical equipment should be readily available and used to establish clear operating procedures and training content for the facility. Instructions should be posted at the site where equipment reprocessing is performed. Reprocessing personnel should have training in the reprocessing steps and the correct use of PPE necessary for the task. Competencies of those personnel should be documented initially upon assignment of their duties, whenever new equipment is introduced, and periodically (e.g., annually). Additional details about reprocessing essentials for facilities can be found in HICPAC's recommendations Essential Elements of a Reprocessing Program for Flexible Endoscopes (Essential Elements of a Reprocessing Program for Flexible Endoscopes – Recommendations of the HICPAC).Refer to "CDC Guideline for Disinfection and

Sterilization in Healthcare Facilities” for details

Injection and Medication Safety

- Use aseptic technique.
- Use single dose vials when appropriate.
- Label multidose vials and store away from care area.
- Follow the Occupational Safety and Health Association (OSHA) bloodborne pathogens standard.

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- A basic concept in safe injection practices is to remember: One needle, one time, one patient. You want to make sure you are not going person to person with sharps.
- Use aseptic technique. Make sure you use an alcohol wipe to disinfect the rubber stopper on a med vial. Clean your hands and the prep location prior to medication preparation. Prep medications in a designated area away from food, sinks, and locations in the open areas that are accessible by residents/patients.
    - Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed. Needles, cannulae, and syringes are sterile, single-use items; they should not be reused for another patient nor to access a medication or solution that might be used for a subsequent patient. Use fluid infusion and administration sets (i.e., intravenous bags, tubing and connectors) for one patient only and dispose appropriately after use. Consider a syringe or needle/cannula contaminated once it has been used to enter or connect to a patient's intravenous infusion bag or administration set. Therefore, enter medication containers with a new needle and a new syringe, even when obtaining additional doses for the same patient
- Single dose vials are preferred, when appropriate, and must be used for single

residents. If multidose vials must be used, it is best to dedicate this bottle to a single resident if possible. If not possible, both the needle or cannula and syringe used to access the multidose vial must be sterile. Do not keep multidose vials in the immediate patient treatment area and store in accordance with the manufacturer's recommendations; discard if sterility is compromised or questionable. Do not use bags or bottles of intravenous solution as a common diluent.

- Make sure you follow the OSHA BBP standards.
- If you are performing lumbar punctures, wear a surgical mask.

Personal Protective Equipment (PPE)

- Select based on the type and degree of exposure to blood and body fluids
- Includes gowns, gloves, masks, and eye protection

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- Select appropriate PPE based on the **type and degree of anticipated exposure to blood and body fluids**. For example, if you are bathing someone that has active diarrhea, you would need more/different PPE versus fluffing a pillow for someone. Risk assessment!! I can not stress this enough. You should take into account what you are anticipating and what could happen…the worst case scenario type deal.

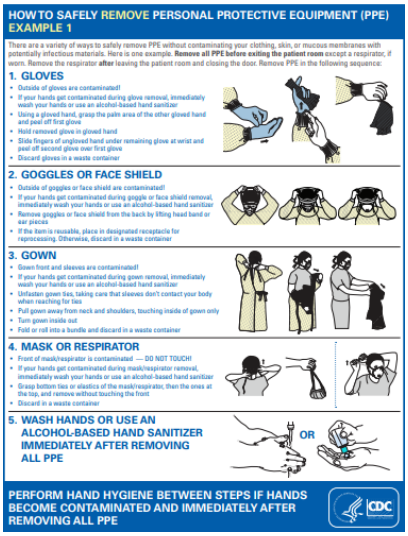
- Includes gowns, gloves, masks, and eye protection. This also includes fit-tested NIOSH approved respirators, if needed. PPE should NOT be reused. I know that during COVID, there were supply shortages but we are past that….**we need to make sure that staff are not reusing PPE and going between residents with the same PPE.**

Education and training of staff are essential so that they understand how to properly protect themselves and must be provided by the employer. This includes choosing the correct PPE for the activity or precautions required and how to properly don and doff the PPE. Self-contamination occurs frequently when someone removes PPE inaccurately…this increases the risks to others.

Based on OSHA guidance, the employer is required to provide PPE at no charge to employees. Employees must not bring PPE home to be laundered.

Donning

Doffing



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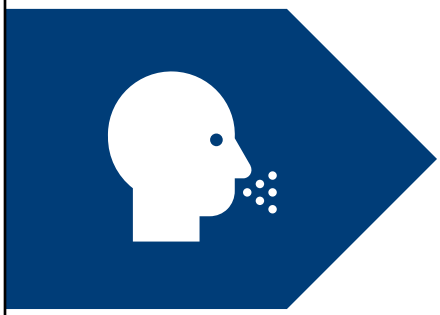
Resource: [ppe-sequence.pdf (cdc.gov)]

Minimizing Potential Exposures



- Develop and implement systems for early detection of infectious diseases.
- Practice respiratory hygiene.
- Separate those with symptoms to prevent transmission.

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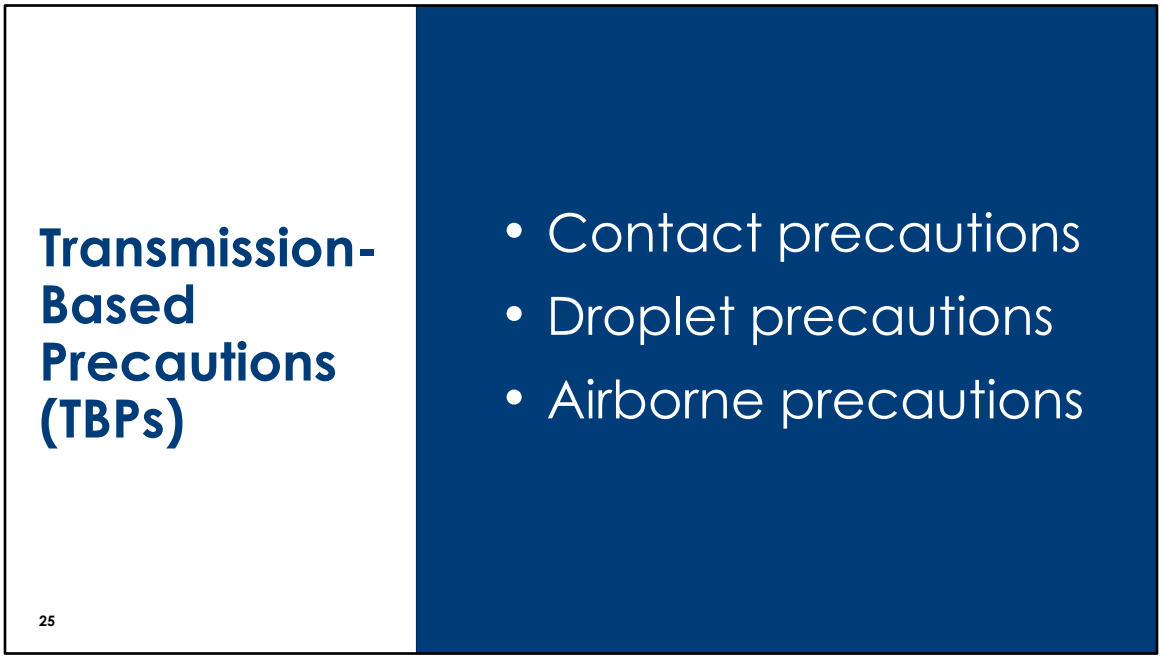
Facilities need to

- Develop and implement systems for early detection and management (e.g., use of appropriate infection control measures, including isolation precautions, PPE) of potentially infectious persons at initial points of patient encounter in outpatient settings (e.g., triage areas, emergency departments, outpatient clinics, physician offices) and at the time of admission to hospitals and long-term care facilities (LTCF).
- This includes the Use of respiratory hygiene and cough etiquette to reduce the transmission of respiratory infections within the facility.
  - Prompt patients and visitors with symptoms of respiratory infection to contain their respiratory secretions and perform hand hygiene after contact with respiratory secretions by providing tissues, masks, hand hygiene supplies and instructional signage or handouts at points of entry and throughout the facility
  - When space permits, separate patients with respiratory symptoms from others as soon as possible (e.g., during triage or upon entry into the facility). Refer to "Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007" for details.

During periods of higher levels of community respiratory virus transmission*, facilities

may consider having everyone mask upon entry to the facility to ensure better adherence to respiratory hygiene and cough etiquette for those who might be infectious. Such an approach could be implemented facility-wide or targeted toward higher risk areas (e.g., emergency departments, urgent care, units experiencing an outbreak) based on a facility risk assessment.
*Examples of potential metrics include, but are not limited to, increase in outbreaks of healthcare-onset respiratory infections, increase in emergency department or outpatient visits related to respiratory infections.

Signage: https://stacks.cdc.gov/view/cdc/23304



These are always implemented **in addition to** standard precautions, **not in place of** and does work to prevent transmission of pathogens, if done properly.

We always want to implement transmission-based precautions based on the **patient's clinical presentation and likely infection diagnoses** (e.g., syndromes suggestive of transmissible infections such as diarrhea, meningitis, fever and rash, respiratory infection) as soon as possible after the patient enters the healthcare facility then adjust or discontinue precautions when more clinical information becomes available (e.g., confirmatory laboratory results). Transmission-based precautions are chosen based on the mode of transmission

Contact Precautions

- Wear gown and gloves.
- Ensure proper patient placement.
- Limit patient movement.
- Use disposable or dedicated medical equipment.
- Clean and disinfect often, focusing on high-touch surfaces.
- Post signage.

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Contact precautions will be used when the known or suspected infections is transmitted through contact **(**by hands or contaminated environment).

For contact precautions:

- Health care workers (HCWs) should wear gloves and gown for every patient encounter. This means every time the HCW enters the patient or resident area.
- Ensure proper patient placement – if you have to cohort patients, you want to make sure you cohort based on the situation; we would not want to place an MRSA patient with a VRE patient – these are different organisms.
- We want to limit the patient movement in the facility. If movement is medically necessary (such as for ambulation, procedure or transfer), patients should wear clean clothing or a gown when outside of their room.
- Use disposable or dedicated medical equipment. Shared equipment increases transmission risks so anytime we can dedicate equipment, this is preferred.
- We want to make sure we are Cleaning and disinfecting often, focusing on high-touch surfaces.
    - The type of disinfectant used depends upon the specific pathogen and kill claim of the disinfectant. EPA lists are available for different infectious agents and all disinfectants should be EPA approved.

- Make sure signage is posted in a highly visible area. Signs are meant to provide information to all that enter the room about what is recommended for PPE and hand hygiene. Since these signs do not list what the agent is, there is not a concern of violations of HIPAA

When to Use Contact Precautions: *These are the most common infections and conditions that IPs encounter in their practice*

- Infections
  - Methicillin-resistant Staphylococcus aureus (MRSA)
  - Vancomycin-resistant enterococci (VRE)
  - Gastrointestinal illness (C. difficile, norovirus)

- Conditions
  - Lice
  - Scabies
  - Bed bugs (can vary by hospital policy)
  - Open wounds not contained by a dressing

Signage: https://www.cdc.gov/infectioncontrol/pdf/contact-precautions-sign-p.pdf

https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html#anchor_1564057963

Droplet Precautions

- Wear mask and eye protection.
- Ensure proper patient placement.
- Limit patient movement.
- Ensure patient utilizes source control.
- Post signage.

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Droplet Precautions will be initiated when transmission occurs through large respiratory droplets. These large respiratory droplets are produced by sneezing, coughing and talking.

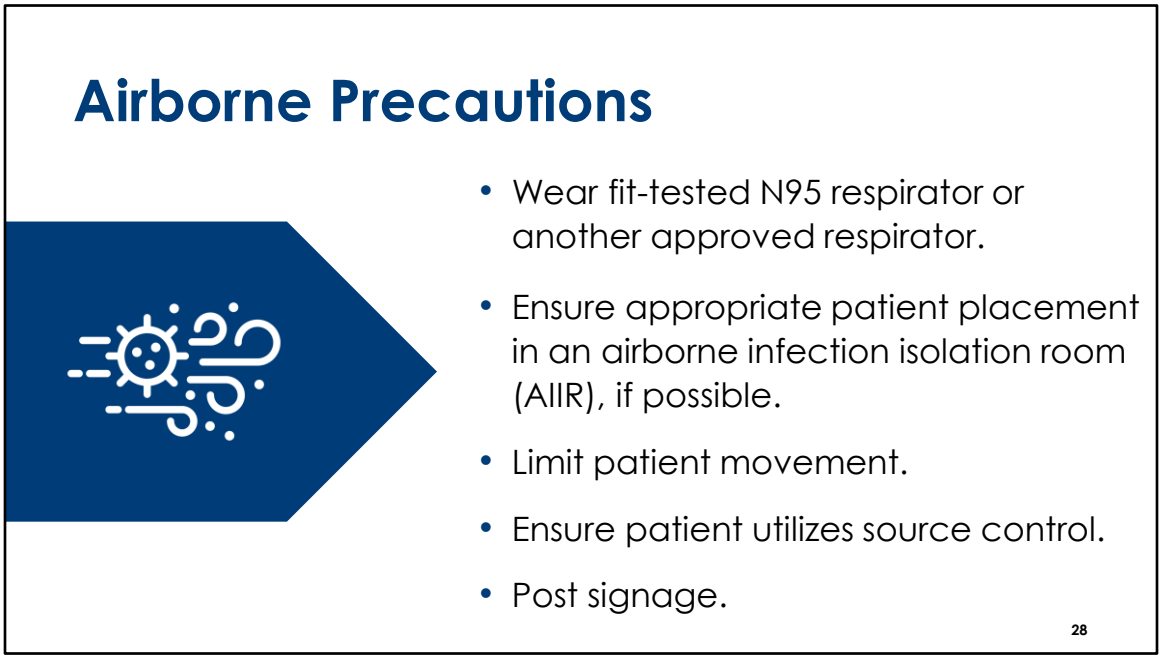
For droplet precautions, we want to make sure we:

- use appropriate PPE
    - All HCWs should wear masks.
    - Visitors should wear masks
    - Note: The mask is the minimum PPE needed. Additional PPE may be needed such as eye protection and face shields dependent on the risk of droplets into mucus membranes and eyes through coughing or sneezing for example.
- Ensure proper patient placement
- Limit patient movement..
- Ensure the patient uses source control so they should wear masks when outside of their rooms
- Clean and disinfect often, focusing on high-touch surfaces
- And again, post signage. CDC does offer a droplet precaution specific option.

Some examples of infections where we would want to use Droplet Precautions include, but are not limited to:

- Influenza
- Pertussis
- Meningococcal disease
- Mumps

Resource: https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html#anchor_1564058155
Signage: https://www.cdc.gov/infectioncontrol/pdf/droplet-precautions-sign-P.pdf



We use Airborne Precautions when transmission occurs by small particles that remain suspended in the air for long periods of time and can travel further in the air.

For airborne precautions, we would:

- Use appropriate PPE
  - Health care workers must wear a fit-tested N95 respirator, powered air purifying respirator (PAPR), or another approved respirator. For those facilities that may be caring for a resident or patient with COVID, their staff need to be fit-tested annually and as needed based on changes in weight or facial alterations that may occur.
  - Visitors should wear an N95 before entering room or should postpone visits. If provided N95s, visitors should be educated on proper use.
- Ensure appropriate patient placement.
  - Room must maintain negative pressure.
  - Special air handling requirements are needed for airborne infection isolation rooms (AIIR).
  - Negative pressure must be monitored.
  - Door to room must remain closed at all times
  - Air exchanges depend on the ventilation system and the size of the room.

Each facility needs to work with the maintenance staff to know how long a room needs to sit before the air is completely exchanged. Unless an N95 respirator is worn, staff should not enter the room until the air has been completely exchanged.

- Limit patient movement.
- Ensure the patient uses source control, and masks, when outside of their rooms.
- Clean and disinfect often.
  - Environmental services staff need to understand how to turn over a room after discharge or transfer.
- Signs need to be clearly posted and readily visible.

Some examples of when we would Use Airborne Precautions, include:

- Tuberculosis
- Measles
- Smallpox
- Varicella Zoster

https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html#anchor_1564058235
Signage: https://www.cdc.gov/infectioncontrol/pdf/airborne-precautions-sign-P.pdf

Additional Considerations

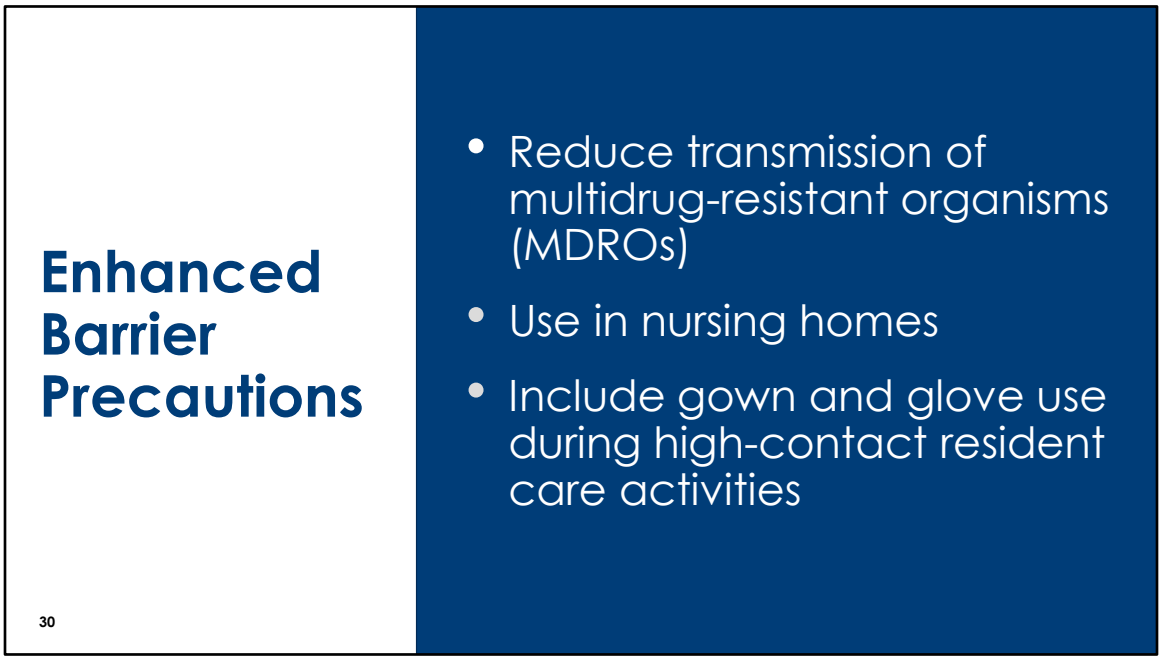
TBPs can be used as a single component or in combination.

Some infectious diseases have multiple routes of transmission.

Communication in and between health care facilities is crucial.

A few additional considerations for precautions.

- TBPs can be used as a single component or in combination.
- Some infectious diseases have multiple routes of transmission.
    - Example: Influenza requires droplet, C. difficile requires contact precautions
    - Disseminated Shingles requires airborne and contact precautions
    - Adenovirus requires Contact and Droplet Precautions
- Communication in and between health care facilities is crucial.
    - Transfer hand-offs
    - Appropriate signage at patient or resident door
    - Educate families and visitors

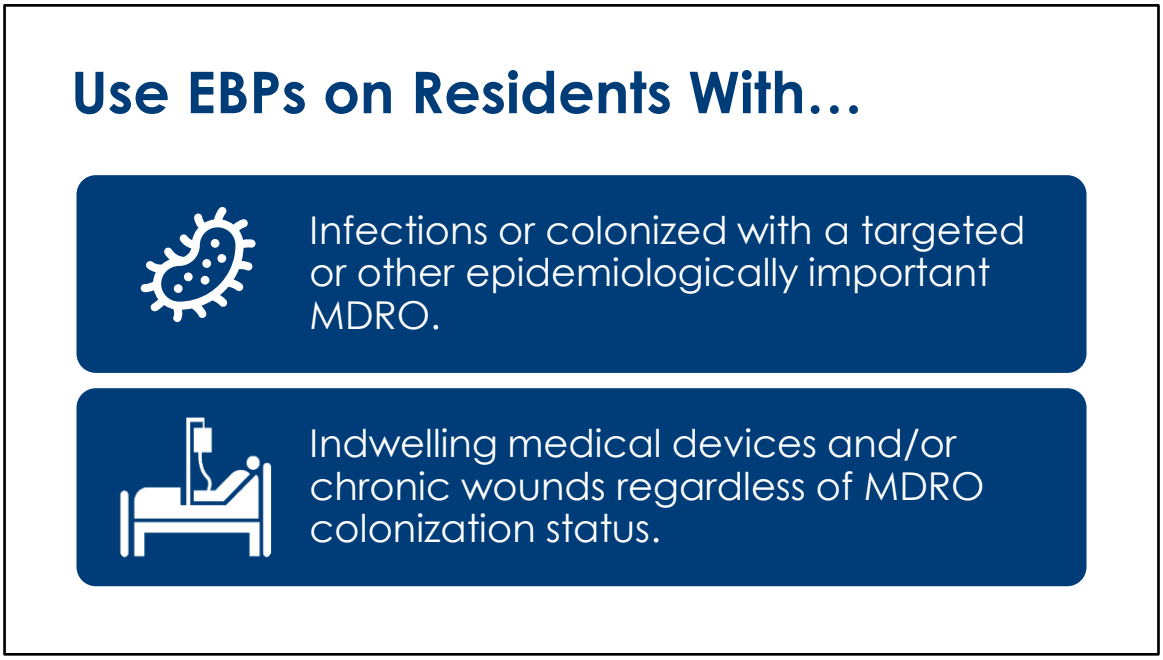


Enhanced Barrier Precautions (EBPs) are not technically considered a TBP but these are an additional way to reduce transmission. EBPs are intended to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes…Residents in nursing homes are at increased risk of becoming colonized and developing infection with MDROs [2]. As described the Consideration for the Use of Enhanced Barrier Precautions in Skilled Nursing Facilities [PDF – 9 pages], more than 50% of nursing home residents may be colonized with an MDRO, nursing homes have been the setting for MDRO outbreaks, and when these MDROs result in resident infections, limited treatment options are available https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html

These should only be implemented in nursing homes…CDC does NOT recommend the use of EBPs for other healthcare facilities.

It limits the use of times when you need to wear gowns and gloves. Rather than having to don PPE every time you come into the resident's area, we limit the use of PPE to high-contact resident care activities.

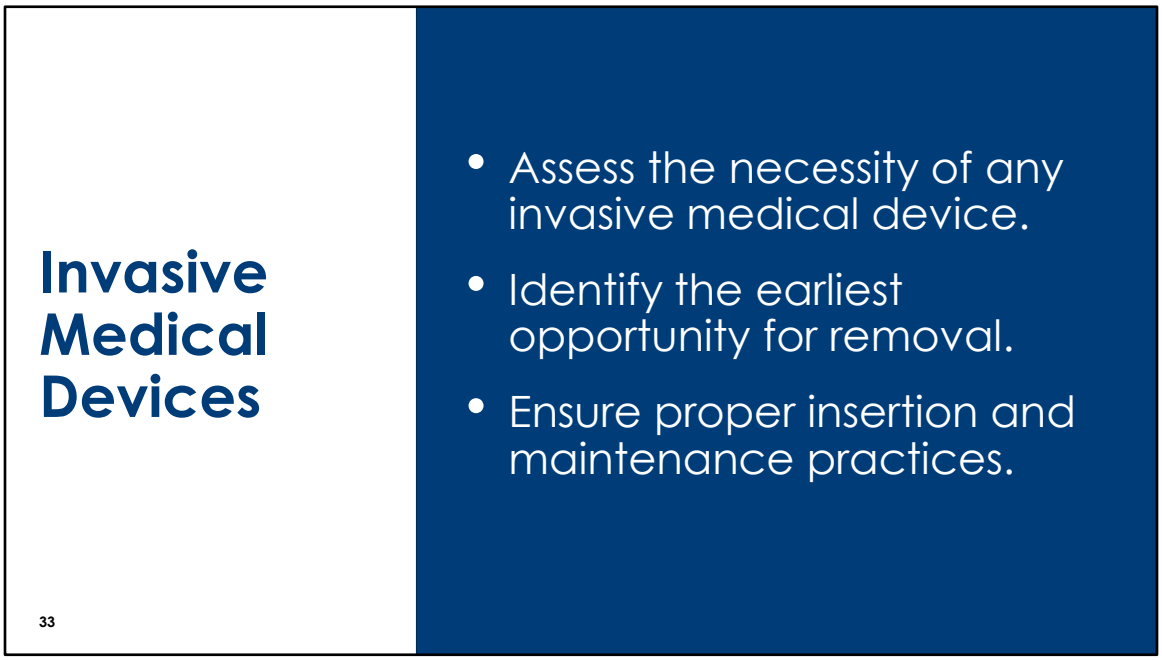
High-Contact Care Activities



Use EBPs on Residents with…

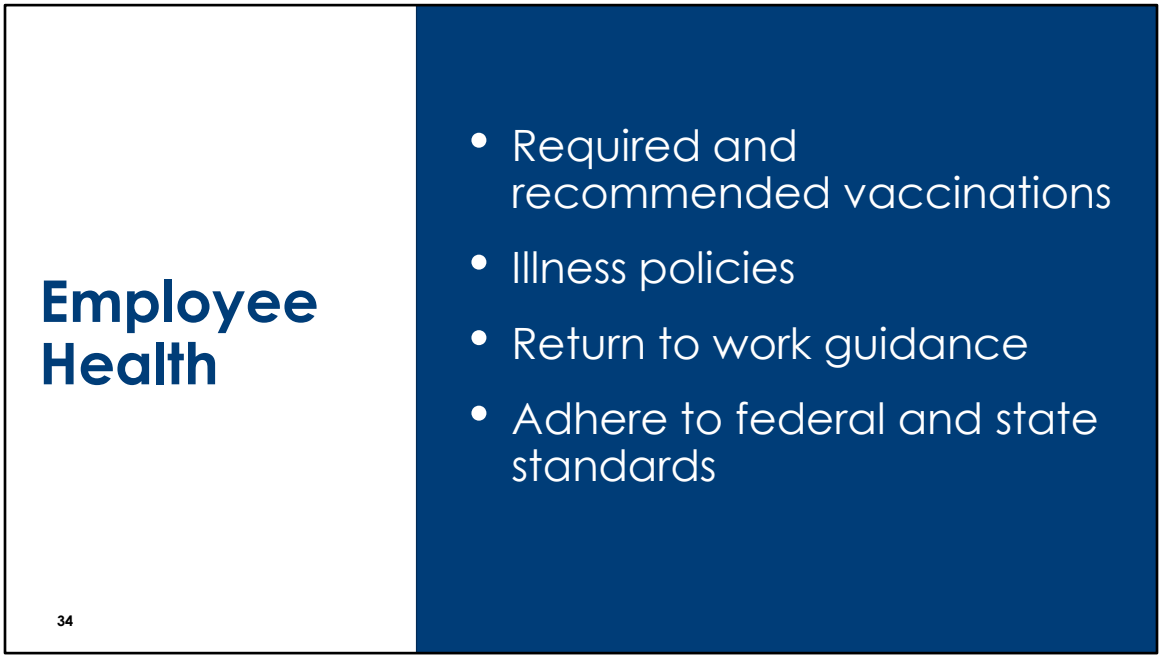
- Infection or colonization with a targeted or other epidemiologically important MDRO, when contact precautions do not otherwise apply
- Wounds or indwelling medical devices, regardless of MDRO status (Indwelling medical devices could include: Central line, urinary catheter, feeding tube, tracheostomy, ventilator)

Residents on EBPs do not need to be confined to their rooms.
Residents in nursing homes who are on contact precautions are required to remain in their room



- During each healthcare encounter, assess the medical necessity of any invasive medical device (e.g., vascular catheter, indwelling urinary catheter, feeding tubes, ventilator, surgical drain) in order to identify the earliest opportunity for safe removal.
- Ensure that healthcare personnel adhere to recommended insertion and maintenance practices
- Early and prompt removal of invasive devices should be part of the plan of care and included in regular assessment. Healthcare personnel should be knowledgeable regarding risks of the device and infection prevention interventions associated with the individual device and should advocate for the patient by working toward removal of the device as soon as possible.

Refer to “CDC Guidelines for Environmental Infection Control in Health-Care Facilities” and “CDC Guideline for Disinfection and Sterilization in Healthcare Facilities” for details.



- Ensure that healthcare personnel either receive immunizations or have documented evidence of immunity against vaccine-preventable diseases as recommended by the CDC, CDC's Advisory Committee on Immunization Practices (ACIP) and required by federal, state or local authorities.
- Implement processes and sick leave policies to encourage healthcare personnel to stay home when they develop signs or symptoms of acute infectious illness (e.g. fever, cough, diarrhea, vomiting, or draining skin lesions) to prevent spreading their infections to patients and other healthcare personnel.
- Implement a system for healthcare personnel to report signs, symptoms, and diagnosed illnesses that may represent a risk to their patients and coworkers to their supervisor or healthcare facility staff who are responsible for occupational health
- Adhere to federal and state standards and directives applicable to protecting healthcare workers against transmission of infectious agents including OSHA's Bloodborne Pathogens Standard, Personal Protective Equipment Standard, Respiratory Protection standard and TB compliance directive.

It is the professional responsibility of all healthcare organizations and individual personnel to ensure adherence to federal, state and local requirements concerning

immunizations; work policies that support safety of healthcare personnel; timely reporting of illness by employees to employers when that illness may represent a risk to patients and other healthcare personnel; and notification to public health authorities when the illness has public health implications or is required to be reported.
Refer to OSHA's website for specific details on healthcare standards: Occupational Safety and Health Administration – Infectious Diseases (OSHA Healthcare).

There are several things to consider as part of your employee health policies.

- Keep staff up to date and required and recommended vaccinations (https://www.cdc.gov/vaccines/adults/rec-vac/index.html).
    - All healthcare workers should make sure they're up to date on:
        - COVID-19 vaccine
        - Chickenpox vaccine (varicella)
        - Flu vaccine (influenza)
        - Hepatitis B vaccine
        - Meningococcal vaccine – especially lab workers who work with *Neisseria Meningitidis*
        - MMR vaccine (measles, mumps, and rubella)
        - Tdap (tetanus, diphtheria, and whooping cough) or Td (tetanus and diphtheria)
    - Make sure your employee health policies address which vaccines your facility provides to employees and that there is a system in place for those vaccines that need updating from time to time, like influenza and Covid vaccines.
- Illness policies: 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.
    - 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-assesment-hcp.html).

IPC Programs

Components of an IPC Program

- Annual infection prevention plan
- Bloodborne pathogen plan (BBP)
- Situational risk assessment
- Antimicrobial stewardship program
- Respiratory protection program (RPP)
- Tuberculosis (TB) risk assessment and plan

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Infection prevention program must include, at a minimum: A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors. The program should be based on:

- Infection risks specific to the facility
- Population served
- Services provided
- Health care personnel who deliver services

Surveillance

- Standardized method of collecting and reviewing data
- Helps understand trends
- Informs recommendations
- **Process** versus **outcome** surveillance

Determining What Surveillance Should be Performed

Process Surveillance

Common processes

- Hand hygiene
- Personal protective equipment (PPE)
- Housekeeping and environmental cleaning practices

Other processes

- High-level disinfection of equipment
- Placement of invasive devices

Resource: https://www.dhs.wisconsin.gov/forms/f02475.pdf

Resource: https://www.dhs.wisconsin.gov/forms/f02726.pdf

Outcome Surveillance

- Different types of surveillance criteria used in health care facilities
- For tracking and trending over time
- Standardize the definitions used

Monitoring Residents

Monitor for symptoms such as:

- New or increased confusion
- Incontinence
- Decreased mobility
- Reduced appetite
- Fever

Monitoring Others

At a minimum, exclude those with fever, vomiting, and diarrhea for at least 24 hours after the symptoms have ended.

Wisconsin Reportable Conditions

- Intended to help control incidence and spread of communicable disease
- Required by state statute
- Reported through Wisconsin Electronic Disease Surveillance System (WEDSS)

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Wisconsin has communicable disease reporting requirements, P-02566, that support public health's responsibilities to control the incidence and spread of communicable diseases in our state.

The diseases and conditions listed on this page are considered to have significant public health impact, and any confirmed or suspected cases must be reported promptly.

Requirements for the timing of reporting, once the disease or condition is recognized or suspected, vary by disease. In addition to the information listed below, general reporting requirements are described in Wis. Stat. ch. 252 Communicable Diseases. The specific reporting requirements are described in Wis. Admin Code. ch. DHS 145 Control of Communicable Diseases. A list of reportable conditions is provided in Wis. Admin Code. ch. DHS 145 - Appendix A.

Questions concerning this information may be directed to: Bureau of Communicable Diseases, 608-267-9003, or the Bureau of Environmental and Occupational Health, 608-266-1120.

Health Alert Network (HAN)
The HAN enables public health staff, tribal governments, health care providers, emergency workers, and others to exchange reliable information as outbreaks evolve. Access the HAN webpage to read messages that have gone out in response to the COVID-19 pandemic and other emerging health issues.
Case reporting methods and contact information
Category I diseases must be reported IMMEDIATELY by telephone (preferred) to the patient's local health officer, or their designee. Category II diseases must be reported within 72 hours either electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), by mail or fax using an Acute and Communicable Disease Case Report, F-44151 or STD Case Report Form, F-44243, or by other means. HIV/AIDS should be reported directly to the Wisconsin HIV Program.

For example, diseases like measles and pertussis are Category 1 reporting requirements. These can spread quickly and are very transmissible. We want to make sure that we are contact tracing and following up right away. Even a day or two delay can make a huge difference in whom it affects.

Other diseases that are not quite as transmissible but are still a public health concern can be reported as Category 2 which would include things like legionellosis, malaria, syphilis.

Tips for Success

How Can We Be Successful?

- IPC program
- Surveillance
- Follow up

- IPC program – a strong IPC program and IP practitioner is really important to be successful with IP. Leadership support, dedicated IP time, and adequate resources can make a huge impact on the success of your IP program.

- Surveillance – surveillance is an important part of your IPC program. You can't manage what you can't measure. Keeping this in mind, providing this information as part of your program can be impactful.

- Follow up - When you see a missed opportunity of hand hygiene or detect an HAI, what is the follow up process? Once you know that it is happening, there should be ways to mitigate the risk for others. You need to follow through with your plans and actions.

You are not in this alone…

- Local and Tribal health department (LTHD)
- Wisconsin Division of Public Health
- Wisconsin Division of Quality Assurance (DQA)

HAI Prevention Program

- Regional and specialty infection preventionists (IPs)
  - Consultation and technical support
  - Onsite IP visits
- NHSN surveillance coordinator
- Health educators

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Questions?

Thank you!

Changes in 2025

HAI Education Series

- Expanded audience
- More variety of topics
- **Same time, same place!**

HAI Prevention Program Contacts

Email: dhswihaipreventionprogram@dhs.wisconsin.gov

Phone: 608-267-7711

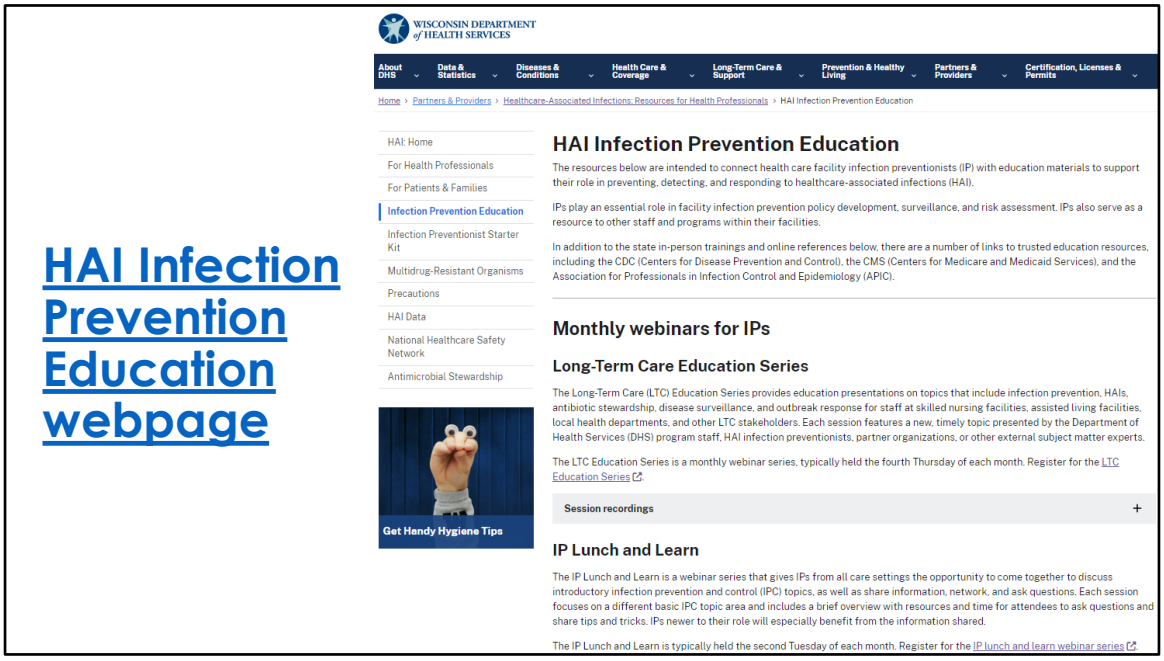
Website: www.dhs.wisconsin.gov/hai/contacts.htm

Regional Infection Preventionists

- **Western Region:** Nikki Mueller, MLS(ASCP)CM, MBA, CIC, Phone: 608-628-4464
- **Northern Region:** Anna Marciniak, MLS(ASCP), CIC, Phone: 608-590-2980
- **Northeastern Region:** Tess Hendricks, BS, MLS, CIC, Phone: 608-338-9071
- **Southeastern Region:** DHSWIHAIPreventionProgram@dhs.wisconsin.gov
- **Southern Region:** Paula Pintar, MSN, RN, ACNS-BC, CIC, FAPIC, Phone: 608-471-0499

- **Western Region:** Nikki Mueller, MLS(ASCP)CM, MBA, CIC, Phone: 608-628-4464, Email: nicole.mueller1@dhs.wisconsin.gov
- **Northern Region:** Anna Marciniak, MLS(ASCP), CIC, Phone: 608-590-2980, Email: anna.marciniak@dhs.wisconsin.gov
- **Northeastern Region:** Tess Hendricks, BS, MLS, CIC, Phone: 608-338-9071, Email: theresa.hendricks@dhs.wisconsin.gov
- **Southern Region:** Paula Pintar, MSN, RN, ACNS-BC, CIC, FAPIC, Phone: 608-471-0499, Email: paula.pintar@dhs.wisconsin.gov

HAI Infection Prevention Education webpage



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

Upcoming LTC Education Session

Date: December 5, 2024

Topic: Gastrointestinal Outbreaks in Long-Term Care