

Wisconsin HAI Long-Term Care Education Series

September 28, 2023



WISCONSIN DEPARTMENT
of HEALTH SERVICES

1

Part Two: Keys to a Successful Infection Prevention and Control Program

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Today's Agenda

- Infection prevention and control (IPC) programs
- Performing risk assessments
- Identifying, investigating, controlling, reporting, and preventing infections and outbreaks

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Infection Prevention and Control (IPC) Programs



An infection prevention program is designed to prevent the spread of infections.

- The true purpose behind the program is to protect staff, residents, volunteers, and visitors from infection.

An infection prevention program should be based on:

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

The risk of infection is reduced when all elements of an infection prevention program are practiced.

IPC Program Components

Infection control risk assessment

Hand hygiene program

Immunizations

Employee health

Committees

IPC plans

An infection prevention program should include an IPC risk assessment.

An IPC risk assessment should:

- Be performed annually.
- Involve key stakeholders.
- Consider environmental, internal, and external factors.
- Include all areas of the facility (dental, dialysis, wound care, physical therapy).

Resource:

<https://higherlogicdownload.s3.amazonaws.com/APIC/eb3f0499-9134-44a4-9b14-f1d9f3915c3f/UploadedImages/ICRiskAssessmentAnalysis.xls>

IPC Program Components

Infection control risk assessment

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<https://www.cdc.gov/handhygiene/>

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IPC Plans

Bloodborne
pathogens

Tuberculosis
control

Antimicrobial
stewardship

Outbreak
management

Emergency
management

Water
management

https://www.cdc.gov/legionella/wmp/toolkit/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Flegionella%2Fmaintenance%2Fwmp-toolkit.html



Drive Change

Help drive change by:

- Putting your audit findings into data.
- Providing feedback to staff and leaders.
- Creating sustainability.

Tips to Get Started



- Start a notebook
- Review regulations
- Schedule meet-and-greets
- Review IPC program

Start a notebook: Maintain a record of your learning experiences, note keeping, to-do lists, etc. Taking good notes is an essential part of this job, especially during investigations, meetings, and discussions, as you may need to refer to these often.

Regulatory review: Develop an awareness of critical regulatory statutes or accreditations applicable to your job. In most organizations, the quality department has oversight of accreditation. Be sure to discuss this when meeting with the quality director. Regulatory statutes are listed in the resource section of each overview.

Short meet-and-greets: Introduce yourself to key IP partners in your facility. Connect with team members in leadership positions, including but not limited to:

- Quality
- IP medical director or epidemiologist

- Nursing
- Housekeeping/environmental services
- Employee/occupational health
- Plant operations/maintenance/engineering
- Sterile process and delivery/reprocessing/high-level disinfection*
- Surgical services/operating room*
- Laboratory*
- Laundry/linen services*

Performing IPC Risk Assessments



Prior to completing the IPC risk assessment consider the following:

- When was it last completed?
- How has the facility performed or met the goals
- What has changed? Do you have a new contracting staff? Laundry? Have you looked at the laundry area? Who does your laundry? Etc.

Don't forget to consider environmental, internal, and external factors that may have changed:

- Changes within the community population
- Vaccination rates
- Number and types of invasive devices used
- Emerging illnesses or infections

INFECTION EVENT	PROBABILITY OF OCCURRENCE				LEVEL OF HARM FROM EVENT				IMPACT ON CARE				READINESS TO PREVENT			RISK LEVEL (Scores ≥ 8 are considered highest priority for improvement efforts.)
	(How likely is this to occur?)				(What would be the most likely?)				(Will new treatment/care be needed for resident/staff?)				(Are processes/resources in place to identify/address this event?)			
Score	High	Med	Low	None	Serious Harm	Mod. Harm	Temp. Harm	None	High	Med	Low	None	Poor	Fair	Good	
	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1	
Facility-onset Infections(s) Device- or care-related																
Wound infection		X					X				X		X			7

An infection prevention program should include an IPC risk assessment.

An IPC risk assessment should:

- Be performed annually.
- Involve key stakeholders.
- Consider environmental, internal, and external factors.
- Include all areas of the facility (dental, dialysis, wound care, physical therapy).

Resource: <https://www.cdc.gov/longtermcare/excel/IPC-RiskAssessment.xlsx>

SMART Goal

- **Objective:** Reduce wound infections in 2023
- **Goals:**
 - Have a certified wound care nurse in the facility by May 1, 2023
 - Re-start routine wound rounds by March 15, 2023
 - Add wound rounds to morning meeting agenda as a standing item (even if no wounds in-house) by March 31, 2023

SMART goals-specific, measurable, attainable, relevant, and time-based.

IPC PRACTICE FAILURES	PROBABILITY OF OCCURRENCE				IMPACT ON RESIDENT/STAFF SAFETY				CAPACITY TO DETECT			READINESS TO PREVENT			RISK LEVEL
	(How likely is this to occur?)				(Will this failure directly impact safety?)				(Are processes in place to identify this failure?)			(Are policies, procedures, and resources available to address this failure?)			(Scores ≥ 8 are considered highest priority for improvement efforts.)
Score	High	Med.	Low	None	High	Med.	Low	None	Poor	Fair	Good	Poor	Fair	Good	
	3	2	1	0	3	2	1	0	3	2	1	3	2	1	
Care activity															
Inadequate staff adherence to hand hygiene	X				X				X			X			12

SMART Goal

- **Objective:** Improve hand hygiene compliance in 2023
- **Goals:**
 - Install hand hygiene dispensers outside each patient room by September 1, 2023
 - Begin performing at least 10 secret observations monthly of all patient care staff on the medical unit by September 1, 2023
 - Provide a small incentive at least once per month when 'catching' a staff member performing hand hygiene appropriately

After completing the IPC risk assessment:

- Prioritize the identified risks based on numerical value.
- Set goals for your program.
- Develop education opportunities and policies for your facility.

Identifying Infections

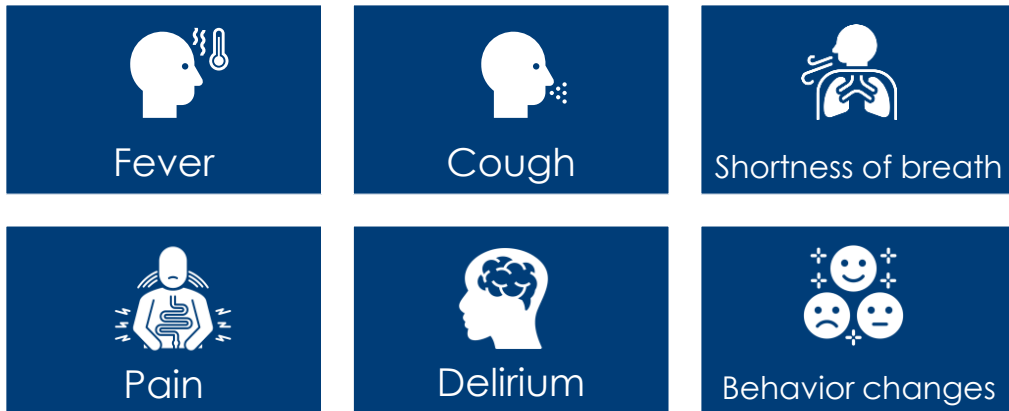


Illness Surveillance



- Be proactive with illness surveillance
- Implement empiric isolation precautions
- Ensure timely testing and treatment

Symptom Monitoring



Look for things including but not limited to:

- Fever $>99^{\circ}\text{F}$ (37.2°C) or a temperature $\geq 2^{\circ}\text{F}$ (1.1°C) higher than the resident's baseline
- New or worsening symptoms like cough, shortness of breath, or dyspnea
- Pain or tenderness in a defined area of the body
- Delirium
- Changes in behavior like loss of appetite or lack of socialization

Other population to monitor for illness include:

Staff

Volunteers

Visitors

At minimum, exclude those with fever, vomiting, and diarrhea for at least 24 hours (48 hours for diarrhea) after the symptoms end.

Surveillance Criteria



Loeb



McGeer

Loeb:

- Designed for clinical use
- Infections will be over-counted if used retrospectively
- Set of signs and symptoms to indicate likely infection and antibiotic treatment

McGeer

- Designed for surveillance
- Retrospective
- Not meant for informing treatment (antibiotic) decisions

Investigating Infections and Outbreaks



What is an outbreak?



Outbreaks are a sudden rise in the number of cases of a disease that are over the expected occurrence.

There are different scenarios, including:

- Many cases caused by the same organism.
- A single case of a very unusual disease.

Types of Outbreaks

Common source

All cases are exposed to an infectious agent from the same source.

Propagated source

Transmission occurs from one person to another.

Common source:

- All cases are exposed to an infectious agent from the same source.
- Exposure can be **continuous** or **intermittent**.
 - Example: Patrons who visited the same restaurant and ate alfalfa sprouts develop gastrointestinal (GI) illness attributed to salmonella

Propagated source:

- Transmission occurs from one person to another.
 - Example: Residents of a nursing home develop GI illness caused by norovirus after exposure to other residents or staff with the same GI infection

Outbreak Investigation

Confirm presence of an outbreak

Establish a case definition

Notify public health

Establish control measures

Confirm the presence of the outbreak

- Review records
- Involve medical director

Establish a case definition

- Review and adjust as necessary throughout the investigation

Notify public health

Establish and implement control measures

Source: <https://www.cdc.gov/outbreaks/index.html>

Other outbreak investigation activities may include:

Line lists

Contact tracing

Testing

Line lists:

Line list is really about making sure you're keeping track of anyone with symptoms related to the outbreak, their location within the facility, when is their infectious period, and anyone else that they could have exposed to the illness. This is another way to try to define and get a handle on the outbreak, as well as prevent further spread of illness within the facility.

Epidemic curve:

The epidemic curve is a graph where the cases that occurred during an outbreak are plotted according to the time of illness onset. The shape of the curve is then determined by the epidemic pattern. The curve can then be used to:

- Determine whether the source of infection was common, **propagated** (continuing), or both.
- Establish whether the pathogen has a short or long incubation period
- Determine whether the outbreak is increasing or decreasing.

Contact tracing:

Contact tracing may be used when an infectious agent is identified in a facility.

- If the facility can identify close contacts with high-risk exposures, **testing and**

quarantine may be limited.

- If the facility cannot confidently identify, or the exposures are widespread, use **broad-based testing. ay be recommended.**

If the facility can identify close contacts or HCP with high-risk exposures, testing and quarantine may be limited. However, if the facility CANNOT identify who had close contact with the infected individual, a broad based strategy can be used.

Broad based testing can be done as a (unit, wing, block, or facility-wide). This will depend on the extent of the outbreak. Next slide please.

Testing:

Determine whether environmental or other testing should be performed

- Examples include:
 - Point prevalence testing after multidrug-resistant organism (MDRO) identification
 - Water fountain or cooling tower sampling to determine the source of Legionella

Sources:

- <http://publichealth.lacounty.gov/acd/Diseases/EpiForms/OBHFGList.pdf>
- <http://publichealth.lacounty.gov/acd/Diseases/EpiForms/OBInfluRespListHealth.pdf>
- <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fdhs.wisconsin.gov%2Fforms%2Ff02731.xlsx&wdOrigin=BROWSELINK>
- <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.cdc.gov%2Flongtermcare%2Fexcel%2FLTTC-Resp-Outbreak-LineList-508.xlsm&wdOrigin=BROWSELINK>
- <https://www.cdc.gov/urdo/downloads/linelisttemplate.pdf>

Infection Control Breach

- Identify the breach
- Gather relevant data
- Engage stakeholders
- Assess transmission risk level
- Notification
- Follow up

Source:

https://www.cdc.gov/hai/outbreaks/steps_for_eval_ic_breach.html

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During an outbreak:

- Visitations can continue.
- Admissions can continue.
- Activities and communal dining may be put on hold.

Controlling Infections and Outbreaks



Surveillance is something we use to help control the spread of infections and outbreaks. It is the collection and use of data to help implement interventions and help drive your infection control plan. Surveillance is a key component in maintaining IPC practices.

Mitigation Strategies

- Post-exposure prophylaxis
- Longer precaution duration
- Room placements and cohorting



For patient/residents

Mitigation Strategies

- Environmental cleaning and disinfection
- Basic IPC practices
- Facility movement
- Employee health policies



For HCP

Environmental:

- Pay attention to high touch surfaces
- Increase frequency of clean
- Make sure disinfectant is effective to whatever is causing the outbreak
- Consider whether additional measures need to be taken by facilities/engineering management, such as construction containment, air handling verification, and pressure management.

Basic Infection Prevention Practices

- Hand hygiene
- PPE use

Facility Movement

- Avoid transferring patients/residents from an affected area to another unit, wing, floor, or facility if not needed. Unnecessary movement may

further spread the outbreak. If movement within your facility, or to another facility, is needed to provide appropriate care or control the outbreak (single occupant room, respiratory isolation, etc.) notify the receiving unit or facility of the outbreak situation.

- Determine if patient/resident (ill and well) movement restrictions within your facility are appropriate (i.e., cohorting, diagnostic testing, activities, and eating in common dining room).

Involve Employee Health

- Work with employee or occupational health to ensure ill employees are assessed and appropriate restrictions are in place, requirements for returning to work are prepared, and if appropriate, prophylactic medications are obtained.

Reporting Infections and Outbreaks



Reportable Conditions

Category 1

- Immediate phone call
- Case report within 24 hours

Category 2

Case report within 72 hours

Category 3

HIV infection and AIDS case report within 72 hours

44

Review communicable disease public health [reporting requirements](#) and reporting timeframes:

- Category I: Within 24 hours (measles, TB)
- Category II: Within 72 hours (CP-CRE, influenza)
- Category III: Within 72 hours (HIV/AIDS)

Visit the [DHS Disease Reporting webpage](#) for a complete list of reportable diseases

Consider using this recently published handout [Reportable Communicable Disease Conditions in Wisconsin](#)

Quality Assurance and Performance Improvement



- Relevant data
- Observations
- Compliance
- Reportable events

45

QAPI

- Standardize data to make tracking over time easier
- Use the data to pinpoint key areas that need improvement or areas that are doing well or additional processes that you may have to monitor
- Share any reportable infection prevention events

Resources:

- Hand Hygiene Template:
<https://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/icar/res/hhaudit.xlsx>
- EVS Quality Template:
<https://www.cdc.gov/hai/pdfs/toolkits/Environmental-Cleaning-Eval-Worksheet-10-6-2010.xls>

Communication and Documentation

- Communicate with unit and care team
- Maintain a line list with pertinent details
- Document infection surveillance



In the moment:

- Communicate with unit and care team
- Maintain a line list of pertinent details

After:

- Document infection surveillance
- Incorporate counts and rates
- Determine internal stakeholders for the documentation

Preventing Infections and Outbreaks



Prevention Tools and Strategies

Education

Audits

Environmental
Rounding

Providing education

Training and education should be:

- Provided upon hire, annually, and as needed
- Role specific
- Should include competency checks and return demonstrations
- Developed in multiple different modes for adult learning

Ensure staff are trained on:

- Products, wet contact time, and expectations for cleaning.
- Correct techniques based on the products they are using.
- Tasks that they don't normally do if they are asked to do them.

Ideas could include:

- Videos
- Games
- Departmental or unit competition

- Escape Room (available at request of WI HAI Prevention Program)
- CDC Project Firstline MicroLearns and other training toolkits (<https://www.cdc.gov/infectioncontrol/projectfirstline/healthcare/training.html>)

Sustaining education:

- Observations/audits with appropriate follow-up
- Quality Assurance and Performance Improvement (QAPI) Committee involvement
- Colonization screening

Resources:

- Hand hygiene: <https://www.dhs.wisconsin.gov/forms/f02475.pdf>
- PPE: <https://www.dhs.wisconsin.gov/forms/f02726.pdf>
- Precautions:
<https://www.cdc.gov/infectioncontrol/pdf/QUOTS/Transmission-Based-Precautions-Suite-P.pdf>
- Cleaning and disinfecting:
<https://www.cdc.gov/hai/pdfs/toolkits/Environmental-Cleaning-Checklist-10-6-2010.pdf>

Prevention Tools and Strategies

Education

Audits

Environmental
Rounding

- Audits are tools for monitoring adherence and used to help determine effectiveness of specific behaviors in preventing infection transmission.
- Audits allow real-time feedback to staff members.
- Findings should be shared to promote compliance and encourage a culture of safety for all.
- Examples of processes that could be audited include hand hygiene, PPE donning and doffing, environmental disinfection practices, and (if available in-house) laundry processes from the point of use to washing, drying, and storing.

HAND HYGIENE OBSERVATIONS

Date: _____ Auditor: _____

Unit: _____

Please circle one phrase from each column that best describes the opportunity you are observing.

Hand Hygiene Audits				Hand Hygiene Audits					
1	Title	Indication	Action	Coached/Comments	6	Title	Indication	Action	Coached/Comments
	MD/APN/P/A	Before resident				MD/APN/P/A	Before resident		
	Nurse	Before aseptic	Alcohol rub			Nurse	Before aseptic	Alcohol rub	
	CNA	After resident	Soap and water			CNA	After resident	Soap and water	
	EVS	After surroundings	None performed			EVS	After surroundings	None performed	
	Other Staff	After body fluid				Other Staff	After body fluid		
2	Title	Indication	Action	Coached/Comments	6	Title	Indication	Action	Coached/Comments
	MD/APN/P/A	Before resident				MD/APN/P/A	Before resident		
	Nurse	Before aseptic	Alcohol rub			Nurse	Before aseptic	Alcohol rub	
	CNA	After resident	Soap and water			CNA	After resident	Soap and water	
	EVS	After surroundings	None performed			EVS	After surroundings	None performed	
	Other Staff	After body fluid				Other Staff	After body fluid		
3	Title	Indication	Action	Coached/Comments	7	Title	Indication	Action	Coached/Comments
	MD/APN/P/A	Before resident				MD/APN/P/A	Before resident		
	Nurse	Before aseptic	Alcohol rub			Nurse	Before aseptic	Alcohol rub	
	CNA	After resident	Soap and water			CNA	After resident	Soap and water	
	EVS	After surroundings	None performed			EVS	After surroundings	None performed	
	Other Staff	After body fluid				Other Staff	After body fluid		
4	Title	Indication	Action	Coached/Comments	8	Title	Indication	Action	Coached/Comments
	MD/APN/P/A	Before resident				MD/APN/P/A	Before resident		
	Nurse	Before aseptic	Alcohol rub			Nurse	Before aseptic	Alcohol rub	
	CNA	After resident	Soap and water			CNA	After resident	Soap and water	
	EVS	After surroundings	None performed			EVS	After surroundings	None performed	
	Other Staff	After body fluid				Other Staff	After body fluid		

Before resident: Before resident contact
 Before aseptic: Before a clean/aseptic procedure
 After resident: After touching a resident
 After body fluid: After body fluid exposure risk
 After surroundings: After touching resident surroundings

Other Comments:

DHS: Hand Hygiene Observations, F-02475

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

HAND HYGIENE (HH) AND PERSONAL PROTECTIVE EQUIPMENT (PPE) OBSERVATIONS

Staff type*	Type of opportunity	HH performed?	What PPE is indicated? (check all that apply)	PPE used by staff during observation	Comments
<input type="checkbox"/> MED <input type="checkbox"/> EVS <input type="checkbox"/> NUR <input type="checkbox"/> OTH <input type="checkbox"/> CNA <input type="checkbox"/> FAM <input type="checkbox"/> Therapy <input type="checkbox"/> UNK <input type="checkbox"/> DIET	<input type="checkbox"/> Room entry <input type="checkbox"/> Room exit <input type="checkbox"/> Before resident contact <input type="checkbox"/> After resident contact <input type="checkbox"/> Before glove use <input type="checkbox"/> After glove use <input type="checkbox"/> Other: _____	<input type="checkbox"/> Alcohol-rub <input type="checkbox"/> Hand wash <input type="checkbox"/> No HH done <input type="checkbox"/>	<input type="checkbox"/> Gown <input type="checkbox"/> Gloves <input type="checkbox"/> Eye protection <input type="checkbox"/> Mask <input type="checkbox"/> None	<input type="checkbox"/> Gown <input type="checkbox"/> Gloves <input type="checkbox"/> Eye protection <input type="checkbox"/> Mask <input type="checkbox"/> None	
<input type="checkbox"/> MED <input type="checkbox"/> EVS <input type="checkbox"/> NUR <input type="checkbox"/> OTH <input type="checkbox"/> CNA <input type="checkbox"/> FAM <input type="checkbox"/> Therapy <input type="checkbox"/> UNK <input type="checkbox"/> DIET	<input type="checkbox"/> Room entry <input type="checkbox"/> Room exit <input type="checkbox"/> Before resident contact <input type="checkbox"/> After resident contact <input type="checkbox"/> Before glove use <input type="checkbox"/> After glove use <input type="checkbox"/> Other: _____	<input type="checkbox"/> Alcohol-rub <input type="checkbox"/> Hand wash <input type="checkbox"/> No HH done <input type="checkbox"/>	<input type="checkbox"/> Gown <input type="checkbox"/> Gloves <input type="checkbox"/> Eye protection <input type="checkbox"/> Mask <input type="checkbox"/> None	<input type="checkbox"/> Gown <input type="checkbox"/> Gloves <input type="checkbox"/> Eye protection <input type="checkbox"/> Mask <input type="checkbox"/> None	
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*Staff key: MED=Physician, physician assist., advanced practice nurse; NUR=Registered nurse, licensed practice nurse; CNA=Certified nurse aide or assist., Therapy=Physical, occupational, speech; DIET=Dietary staff, EVS=Environmental services or housekeeping staff, OTH=Social worker, clerical, clergy, hospice, other; FAM=Resident's family member; UNK=Unknown/unable to determine

[DHS: Hand Hygiene and PPE Observations, F-02726](https://www.dhs.wisconsin.gov/forms/f02726)

<https://www.dhs.wisconsin.gov/forms/f02726.pdf>



Instructions: Observe areas outside of isolation rooms. Observe each practice and record the observation. In the column on the right, sum (across) the total number of "Yes" and the total number of observations ("Yes" + "No"). Sum all categories (down) for overall performance. Disregard not applicable categories. For example, cover gowns should be outside contact precautions rooms, but may not be required outside a room with airborne isolation precautions only.

Isolation room: Observation Categories		Room 1	Room 2	Room 3	Summary of Observations	
					Yes	Total "Yes" & "No"
1	Is an isolation sign at the patient's door?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2	Are gloves available outside of each patient room or treatment area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
3	Are cover gowns available near each patient room or treatment area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4	Is other PPE for standard precautions (e.g., eye protection, face masks) available near each patient room or treatment area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
5	Are surgical face masks or face shields or N95 respirators available near patient room?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
6	Is dedicated patient equipment, such as stethoscopes or blood pressure cuffs, available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
TOTAL (Do not include N/A in totals)						

[CDC: Transmission-Based Precautions Observation Tool](#)

Resource:

<https://www.cdc.gov/infectioncontrol/pdf/QUOTS/Transmission-Based-Precautions-Suite-P.pdf>

CDC Environmental Checklist for Monitoring Terminal Cleaning¹

Date:	
Unit:	
Room Number:	
Initials of ES staff (optional):²	

Evaluate the following priority sites for each patient room:

High-touch Room Surfaces³	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			

[CDC: Environmental Checklist for Monitoring Terminal Cleaning](#)

Checklist for EVS quality audits

- Direct Observations – directly observing the cleaning process in real time
- Indirect Observations – using an additional tool to monitor the cleaning process not in real time
- Focus on high touch surfaces

Resource: <https://www.cdc.gov/hai/pdfs/toolkits/Environmental-Cleaning-Checklist-10-6-2010.pdf>

Prevention Tools and Strategies

Education

Audits

Environmental
Rounding

Environmental rounding includes observing the environment for infection risks

Perform environmental rounding to look for:

- Proper sharps handling,
- Medication passing processes,
- Temperature logs
- Evidence of water damage
- Expired products, etc.

Date: _____ Location: _____ Surveyor(s): _____					
Topic		Yes	No	N/A	Comments
1.	Hallway Clearance – No equipment not in active use is permitted in the hallway. Permitted items must be staged only on one side.				(Patient transport equipment is permitted so long as they are on one side and not blocking emergency exits and fire equipment.)
2.	Hallway Clearance – All authorized equipment will be staged to one side.				(This is important so that in the event of an emergency the path to safety is unobstructed.)
3.	Hallway Clearance – soiled linen hampers are not in the hallways unless in active use.				Hampers should not be staged in hallways at any time. If empty, they can be in patient rooms, if full; they should be transported to the Soiled Utility room and full bags emptied into a bin.)
4.	Wet-Floor signs used and removed in a timely manner?				(Staff should know the location of wet floor signs for when they are needed. It is also important to remove the sign when the floor is dry so as not to have another obstacle in the hallway or room.)

APIC – <https://apic.org/resources/topic-specific-infection-prevention/environment-of-care/>

Example checklists listed on the APIC site

<http://www.premiermedicalhv.com/wp-content/uploads/2013/01/EOC-Checklist.pdf>

<https://www.mghpcs.org/eed/rr/Assets/documents/RR/checklists/EOC-Joint-Commission-Readiness-Checklist-2-19.pdf>

Resources

- [DHS Preventing and Controlling Respiratory Illness Outbreaks in Long-Term Care Facilities guidance](#)
- [DHS Recommendations for Prevention and Control of Acute Gastroenteritis in Wisconsin Long-Term Care Facilities, P-00653](#)

Sources:

- <https://www.dhs.wisconsin.gov/disease/respiratory-outbreak.htm>
- <https://www.dhs.wisconsin.gov/publications/p0/p00653.pdf>

Questions?

Thank you!



HAI Prevention Program Contact Information

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

 **Phone:** 608-267-7711

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

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[HAI Infection Prevention Education web page](https://www.dhs.wisconsin.gov/hai/ip-education.htm)

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.

IPs play an essential role in facility infection prevention policy development, surveillance, and risk assessment.

IPs 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 Centers for Medicare and Medicaid Services (CMS), and the Association for Professionals in Infection Control and Epidemiology (APIC).



The **IP Starter Kit** provides Infection Preventionists a brief background and resources for some of the many infection prevention-related responsibilities within health care facilities.

Resources for infection preventionists 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.

View the [full library](#) of education sessions. **Note:** All 2021 and 2022 education sessions can be found by visiting the full library

Have a topic request?

Send topic ideas or requests that you have for the long-term care education series or the IP lunch and learn series to DHSWIHAIPreventionProgram@dhs.wi.gov

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

Upcoming LTC Education Session

Date: October 26, 2023

Topic: Ventilation



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61