LTC Infection Prevention Crash Course

James R. BSN, RN, CIC

WASHINGTON OZAUKEE
PUBLIC HEALTH DEPARTMENT

2026

Areas of Focus in this Presentation

- Role definition/requirements
- IPCPs and Tools for IPs
  - Necessary components
  - Data collection
- Outbreaks (point of contact with LHD)
  - Case definitions
  - Reporting to necessarily agencies (reportable vs not reportable)
- Precautions to prevent transmission (Pt and staff)
- Environment of care/cleaning recommendations
- HVAC
- Water safety
- Storage
- Management of Pt care supplies
- Construction

Purpose/Disclaimer

- Basic education for infection prevention staff used as a jumping off point to further topic review on the DHS Wisconsin infection prevention site.
- The information in these slides serve as a guide, but facility policy should be followed
- This is not an all-encompassing resource-many topics are explained in greater depth on the DHS website under HAI
- Individual variances in context may warrant a different response
  - When in doubt call the LHD or State HAI Regional IP (We are region 5)
  - WashOz PHD 262-284-8170/ DHS region 5 Greta 608-867-4647

Infection Preventionist

Role

Requirements

Certification

IP definition (CDC) and Training

- An infection prevention specialist helps develop ways to detect, prevent, and control the spread of disease in healthcare settings which helps keep patients and staff safe. They reduce the spread of disease by collecting and analyzing data on healthcare-associated infections, identifying outbreaks, and using appropriate prevention strategies to prevent and control further spread. Infection prevention specialists are like disease detectives for specific settings such as hospitals.
- Link to CDC LTC IP training modules
- Link to DHS IP training

F882 CMS regulations (link)

- §483.80(b) Infection preventionist
- The facility must designate one or more individual(s) as the infection
- preventionist(s) (IP)(s) who are responsible for the facility's IPCP. The IP must:
- §483.80(b)(1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;
- §483.80(b)(2) Be qualified by education, training, experience or certification;
- §483.80(b)(3) Work at least part-time at the facility; and
- §483.80(b)(4) Have completed specialized training in infection prevention and control.

Certification/CBIC competency of IPs

- CBIC issues Certification in Infection Control (Choice/facility requirement)
- Competencies
  - Identifying disease
  - Surveillance activities
  - Control of infectious agents
  - Communication/management
  - Cleaning sterilization
  - Occ health
  - Research and education
  - Environment of care

Infection Prevention Control Program

Definition

Risk assessment

Surveillance

IPC plan/action plans

QAPI/tools

Infection Prevention and Control Program (CDC) and Requirements from SOM

“A multidisciplinary program that includes a group of activities to ensure that recommended practices for the prevention of healthcare-associated infections are implemented and followed by healthcare personnel, making the healthcare setting safe from infection for patients and healthcare personnel.”

“A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards”

Risk Assessment

- Done at least annually and when new information that is discovered that could impact facility
- Ranking of chance an event occurs, severity of the impact, and current means of address issue
  - Infections, exposures, contaminations, or specific events
- Consider your specific population (comorbidities, endemic disease/specifics to region)
- Helps determine components of the Infection Prevention and Control Plan (IPCP)
  - High risk categories = Surveillance points (also guided by CMS and state policy)
  - Risks dictate goals (unless mandated by regulatory body)
- Multidisciplinary effort to establish (management, IP, floor staff, EVS, and anyone that could offer insight)

CDC Risk Assessment Tool link

INFECTION EVENT	PROBABILITY OF OCCURRENCE				LEVEL OF HARM FROM EVENT				IMPACT ON CARE				READINESS TO PREVENT			RISK LEVEL
	(How likely is this to occur?)				(What would be the most likely?)				(Will new treatment/care be needed for res				(Are processes/resources in pla			(Scores ≥ 8 are consider
Score	High	Med.	Low	None	Serious Harm	Moderate 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																
Catheter-associated urinary tract infection (CAUTI)																
Central line-associated bloodstream infection (CLABSI)																
Tracheostomy-associated respiratory infection																
Percutaneous-gastrostomy insertion site infection																
Wound infection																
Other (specify):																
Resident-related																
Symptomatic urinary tract infection (SUTI)																
Pneumonia																
Cellulitis/soft tissue																
Clostridioides difficile infection																
Tuberculosis*																
Other (specify):																
Outbreak-related																
Influenza*																
Other viral respiratory pathogens*																
Norovirus gastroenteritis*																
Bacterial gastroenteritis (e.g.,*Salmonella, Shigella*)																
Scabies																
Conjunctivitis																
Group A *Streptococcus**																
MDRO																
Other (specify):																

Select points to monitor (surveillance plan)

- “The facility’s surveillance system must include a data collection tool and the use of nationally-recognized surveillance criteria, such as but not limited to, the CDC’s National Healthcare Safety Network (NHSN) Long Term Care Criteria to define infections or updated McGeer criteria.”-State Operations Manual PP
- Targeted vs whole house (resource dependent)
- McGeer Criteria-case definitions that are commonly used
- Verify any mandatory reporting for region (State/local/NHSN-CDC)
- Pareto Chart can help Identify areas of greatest benefit
- Assess demographics and population served/community rates
- Develop goals/objectives based on risk assessment
- Other common points can include falls, infections, bedsores, turnover, etc…

Develop system to monitor

- Audits
- Checklists
- Line lists
- Rounding

- Chart review/flagging system
  - Bundle compliance/standardization
- Syndromic surveillance-based on symptom presentation (flu like illness)(TB symptoms)(skin lesions)(McGeer Criteria!)

McGeer Criteria

- Constitutional symptoms of infection
  - Fever, leukocytosis, AMS, acute functional decline
- Specific syndromes
  - UTI (with or without catheter)
  - RTI (common cold, flu like illness, PNA, and Bronchitis)
  - Skin/soft tissue (cellulitis, scabies, fungal(oral or skin), Herpes (zoster or simplex), and conjunctivitis
  - GI (gastritis, Noro, C. Diff)
- Link to fillable PDF
- Differs from Loeb criteria for starting antibiotics

SIR

$$SIR = \frac{\text{Observed (O) HAIs}}{\text{Predicted (P) HAIs}}$$

- CDC SIR education and guide (including values)
- Compare occurrence of metric against predicted value to determine if an area has a potential issue (i.e. CAUTI occurrence at a facility over a calculated value of how many at comparable size is expected to have
- Helps determine if value is a concern
- 1=same as national, <1=less than average, >1=worse than average
- Higher the number the greater the difference (ex. 2.0 is 2x the average)
- Can guide metrics to follow and activities in action plan
- Generally used more in acute care settings

IPC plan

- Written combination of policies, procedures, and plans to limit spread of infectious organisms
- Risk assessment guides plan in conjunction with surveillance plan
- Addresses what actions will be done about monitored points
- Facility level and specific
  - What are the facilities needs
- Evidence based and goal driven interventions
- Focus on Resident and worker safety
- In accordance with all regulating bodies
- Input from all stakeholders

Action Plan/Measures

- Formulate Action Plan
  - Objective/strategy/eval/responsibility
- Process-adherence to steps in a procedure (HH compliance)
- Outcome-measures result (SSI rates, HAIs)
- Structural-capacity to provide care (number of beds, staffing, workflow systems)
  - Clinical-subset with focus on delivery of care

- Differs from IPC plan in that it's specific to set initiatives

DHS HAI template Action Plan (link)

Note: This template contains sample data and information in italics to demonstrate how the template may be used. Please remove pre-populated data prior to utilizing at your facility.

Annual Infection Prevention and Control Goal Tracking

Year:

Organization name:

Date of report:

Risk: *Example: Inadequate adherence to transmission-based precautions*							
Goal	**Strategies**	**Responsible party**	**Q1 Progress check**	**Q2 Progress check**	**Q3 Progress check**	**Q4 Progress check**	**Additional action items required**
Improve proper selection of PPE based on the patient's medical symptoms and diagnosis from 50% to 90% by June 1st, 2024	*Provide refresher training on proper PPE selection for specific symptoms and diagnoses according to CDC Appendix A*	*Infection preventionist*	*Proper selection was at 60% for the first quarter.*	*Proper PPE selection was at 93% this quarter.*			*Q1 comments: 3/5 audits showed proper PPE selection. Will work to ensure at least 10 audits are done each month next quarter to get better data.*
	Require all staff to perform a return demonstration of proper PPE selection, donning, and doffing when given a fictitious patient diagnosis	*Infection preventionist*	*Training provided to 100% of staff at mandatory staff meeting in April 2024.*	*n/a*			
	Perform at least 10 PPE audits per month and report findings at infection control committee.	*Nurse educator*	*Completed with 100% of staff at mandatory meeting in April 2024.*	*n/a*			
	Complete hand hygiene audits with clinical staff	*Unit manager*	*Only 5 audits performed first quarter.*	*Health educators were able to perform 15 audits each month this quarter.*			*Q1 comments: Unit manager is unable to find time to conduct all the required audits. Will train the health educators to help obtain additional required audits. Q2 comments: health educators were able to perform 15 audits each month. Will work to maintain this level of data collection.*

Risk: *Example: Inadequate adherence to hand hygiene*							
Goal	**Strategies**	**Responsible party**	**Q1 Progress check**	**Q2 Progress check**	**Q3 Progress check**	**Q4 Progress check**	**Additional action items required**
Hand hygiene compliance will increase by 25% over the next three quarters.	*Provide refresher training on proper hand hygiene techniques.*	*Infection Preventionist*	*HH compliance increased by 10%*				*Q1 comments: continue to provide in the moment coaching when improper HH is observed, re-check HH compliance in Q2.*
		Nurse educator	*Training provided to 100% of staff at mandatory staff meeting in April 2024.*				

Risk:							
Goal	**Strategies**	**Responsible party**	**Q1 Progress check**	**Q2 Progress check**	**Q3 Progress check**	**Q4 Progress check**	**Additional action items required**

Quality Assurance and Performance improvement- CMS

"Each LTC facility, including a facility that is part of a multiunit chain, must develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life."

- Requirement to have but means and methods are not dictated
- Written plan that may be requested to be shown
- CMS framework
- Quality Innovation Network-Quality Improvement Organizations (QIN-QIO)-regional resource that can help share ideas

QAPI 5 elements (link)

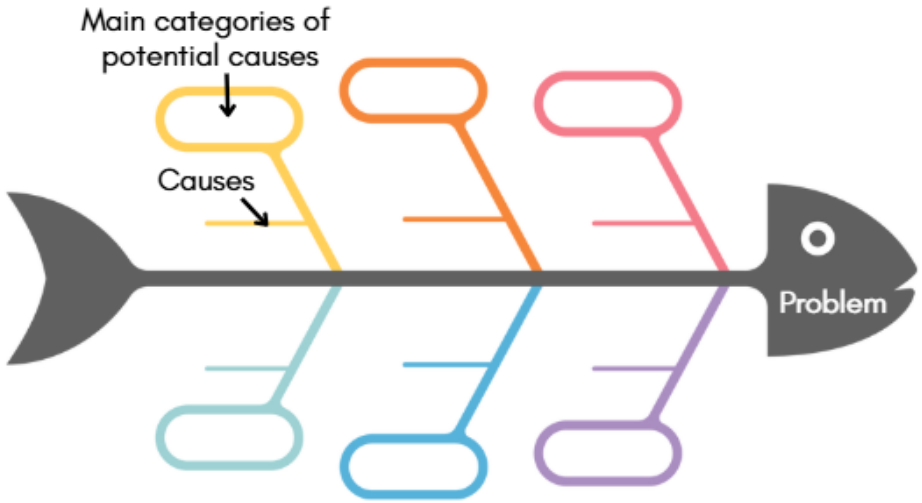
- Design and scope-all departments, continuous, evidence, goals
- Governance and Leadership-seeks input, ensure resources
- Feedback, data systems and monitoring-tracking system in place
  - Includes adverse events
- PIPs-focuses activity to address problem unique to facility
- Systemic analysis and action-finding issues and making changes to stop it from reoccurring

IP tools

- QAPI
  - RCA (fishbone)
  - Pareto chart
  - PDSA-plan do study act
  - FMEA-failure mode effect analysis
  - SWOT (strengths, weakness, opportunities, treats)
  - Flowcharts
  - Gap analysis
  - Checklists
  - Audits
  - Bundles
  - Performance Improvement Project-PIP
  - Research analysis

RCA and Fishbone

- Root cause analysis evaluates adverse events (also sentinel and near-miss) to determine what factors lead up to that incident
- Difference between direct and root cause
- 5 why’s (keep asking why until it can't be answered)
- Ishikawa Diagram (fishbone) can be use to conduct
- CMS RCA



Pareto Chart

- Bar and line combination graph to help determine prioritization
- Largest Bars are located on the left side (x-axis)
- Typically, denoting money, time, or frequency
- Bar height can denote count or percent of whole (depending on line graph addition.
- Shows where largest impact can be made

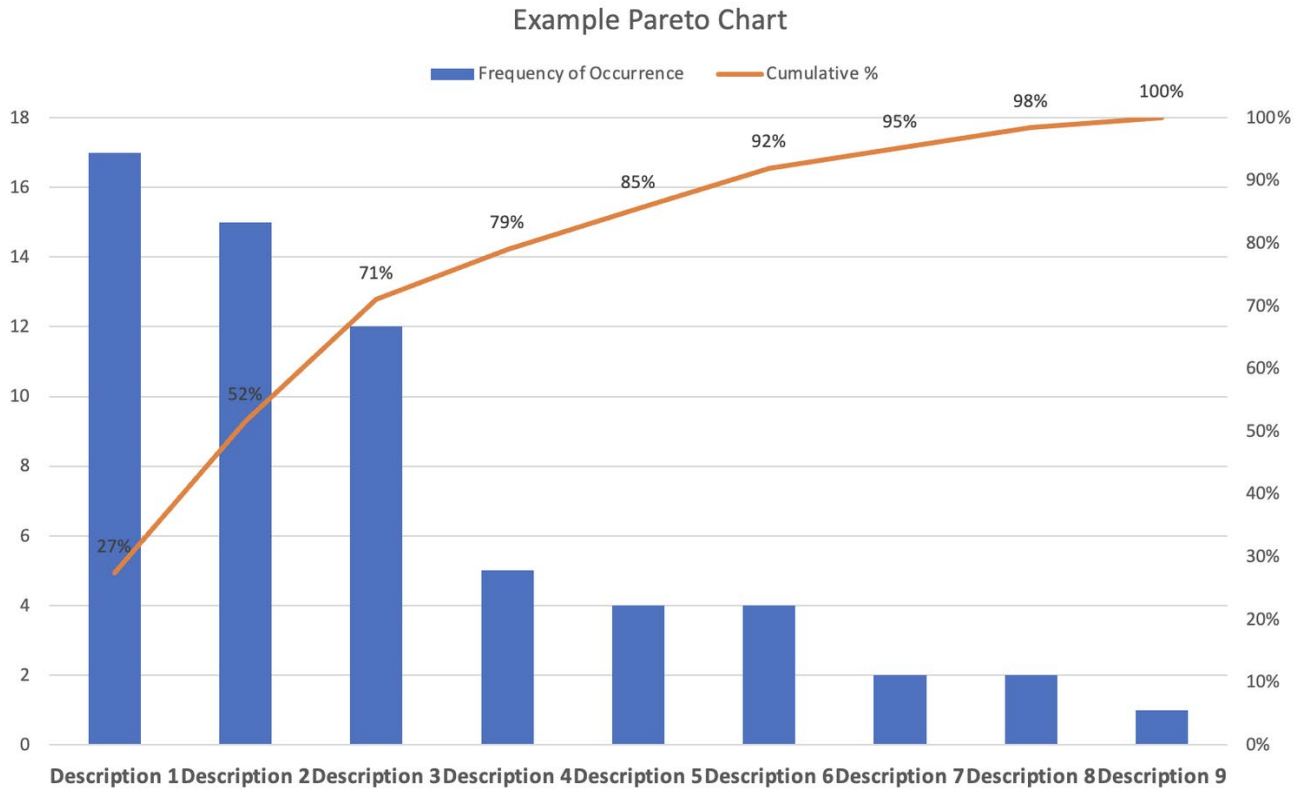


Image Source: Stanford Medicine Center of Improvement

Plan Do Study Act

- Method of implementation that evaluates effectiveness and adjustments that need to occur
- Plan-determine process improvement change and goal
- Do-implement it
- Study-determine it effectiveness through data collection
- Act- formulate new plan based on data collected and restart cycle

Failure Mode Effect Analysis

- Proactive risk assessment/management tool
- Evaluates failure points in a specific process or product and the effect that failure would cause
- 5 steps (couple steps are combined in VA vs CMS)
  - Define topic
  - Make team
  - Geographically define process (include sub processes)
  - Hazard analysis (can be facilitated with flow diagram)
  - Actions and outcome measures
- Specialized Healthcare version made by the VA HFMEA
  - Includes step by step instructions and template
- CMS also has guidance

Performance Improvement Projects (PIP)

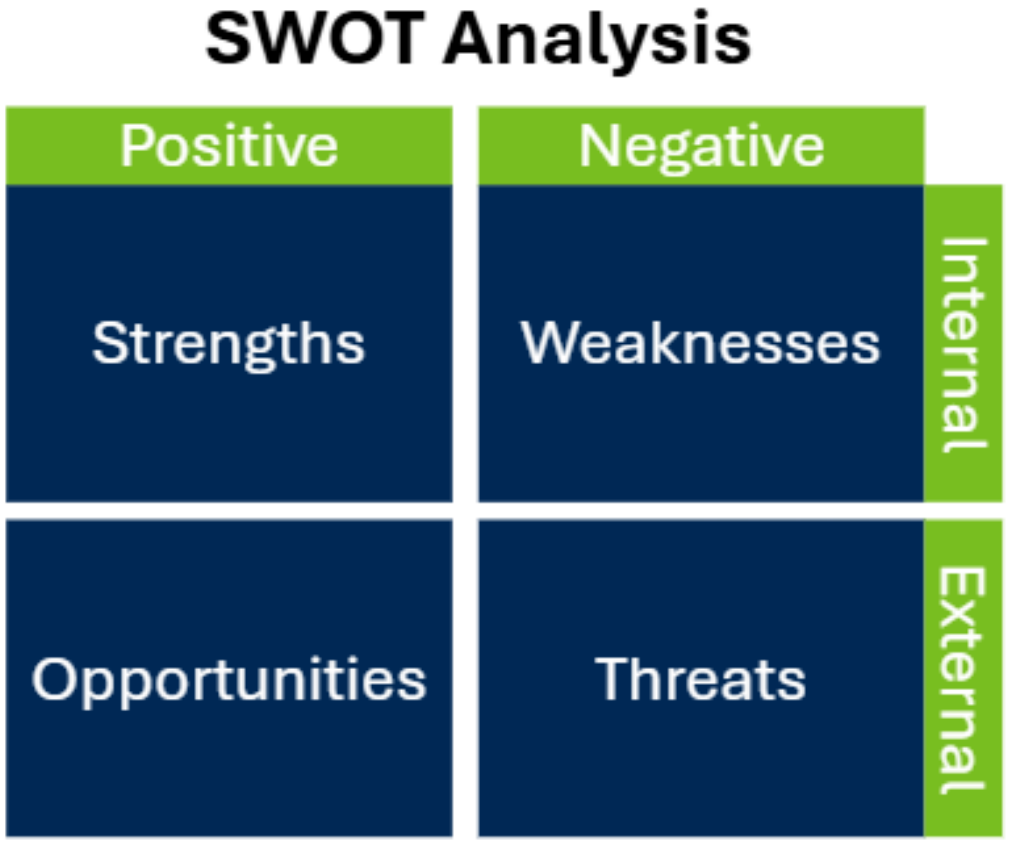
- Necessary component of QAPI program
- Specific project to address a problem or concern unique to facility
- Design based on goal using tools to implement/evaluate
  - Ex PDSA model to implement care bundles to reduce CAUTIs
- Must be measurable
- Can vary vastly depending on specific needs but needs to have timeframe and ability to measure
- Typically outlined through a charter
- CMS framework has many helpful tool (but others can be used)

Checklists

- Vary in which they are implemented
- Can focus on visual assessment or process steps (handwashing, cleaning, don/doff skill checkoff, etc..)
- Can be very beneficial in Audits
- CDC Targeted Assessment for Prevention (link)

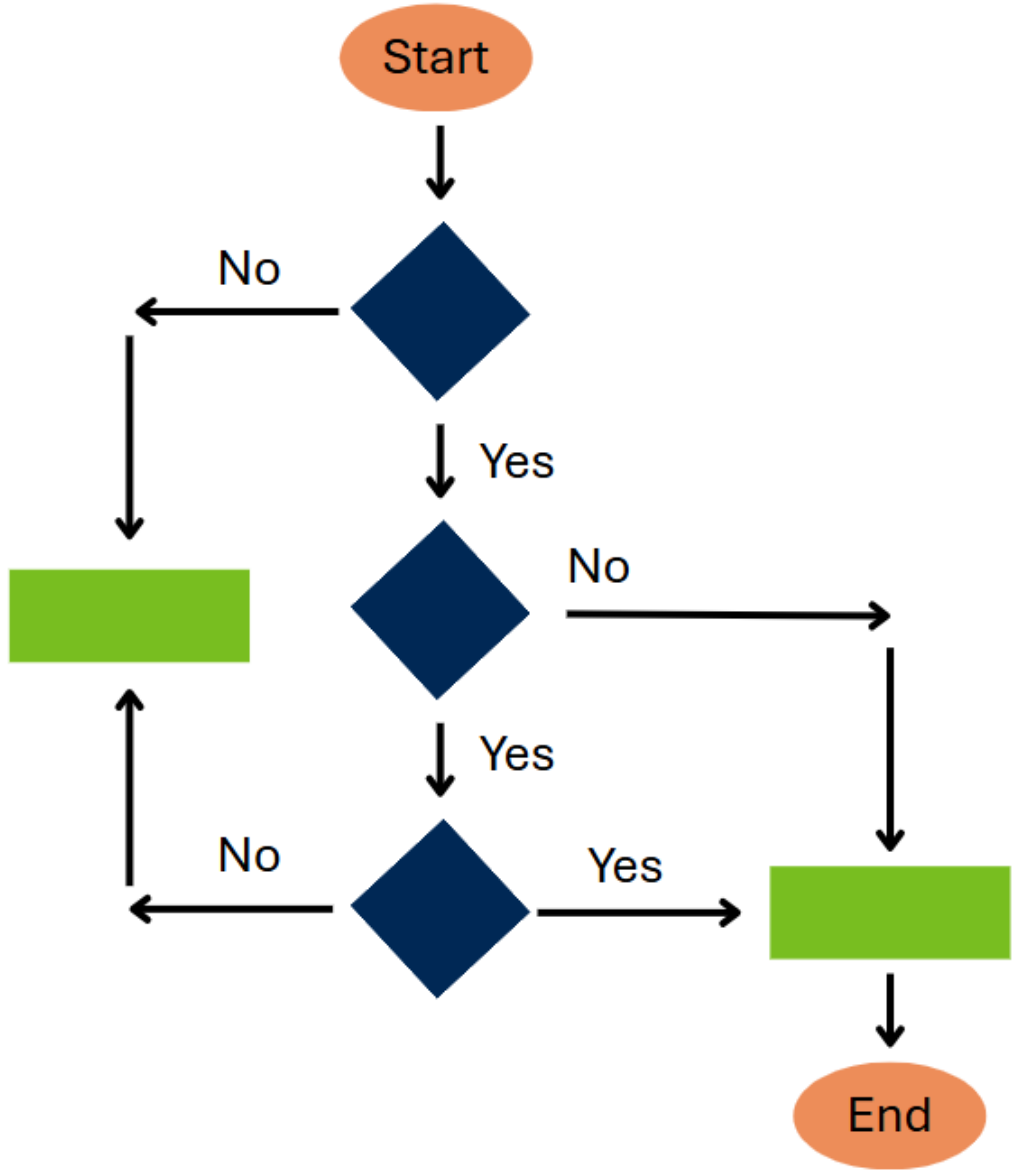
SWOT

- Great for determining the strategy for an organization and its current state



Flowcharts

- Visually describe a process or procedure
- Can also serve as a decision tree



Care Bundles

- Order sets that are evidence based to reduce infections/provide optimum care
- Generally, 3-5 specific practices for each specific group
  - Ex sepsis guide for CMS or CDC CLABSI bundle
  - AHRQ's CAUTI Toolkit
- Some adherence is tracked externally(examples above)
  - Can be tied into CMS all or nothing scoring
- CMS notes they should be "in accordance with accepted national standards"

Reporting

What is and isn’t reportable

Case definitions

Reportable vs Non-reportable

- Each state has specific reportable illnesses
- Jurisdiction is based on address of Pt
- Category 1-immediate call on suspicion
- Category 2- 72 notice, can be electronic or paper
- If testing is ordered, act if it will be positive
- Link to diseases
- If its not on the list or reportable illness, LHD doesn't have legal authority to intervene
  - *unless outbreak potential is a concern or special consideration with novel illness

Case Definition

- Explanation of disease (helps classify illness) into categories (probable, suspect, confirmed)
  - includes symptoms and or tests completed.
- DHS developed case definitions and recommended testing for confirmation regarding reportable illnesses
- Outbreak definitions are also guided by DHS (clusters vs outbreak)
- Core components
  - Person, place, time, clinical features
- Standardization (NHSN-clabi/cauti, McGeer's, standard infection ratio)

Disease Follow-up

- Specific to each disease
- DHS has clear guidance for most reportable illness
- WI is a home rule state
- Public health may discuss reportable illness with facility
- Specific testing or guide may be given depending on clinical picture
- Placing Pt in precautions is generally warranted while test is pending
  - Consider clinical picture

Precautions

Clues to guide isolation

- Symptomology (syndromic surveillance!)
- AFB
- Gram stains
- Shape
- Preferred environment (aerobic/anaerobic)
- Location of infection
- Imaging results
- Colonization does not always mean infection (look at whole picture)

Precautions (Upon Suspicion of Illness)

- Standard-HH, use of gloves/shields with PIM, safe injection
- Contact-gown and glove, MRSA
  - Soap and water with endospore forming i.e. C. Diff
- Droplet-surgical mask to stop large resp droplets-flu
- Airborne-N95/PAPR to stop small droplets-Tb and measles
- Enhanced Barrier-similar to contact but only during cares

Enhanced Barrier Precautions

- Used in setting of colonized Pt with MDROs
  - carbapenemase-producing organism(CPOs) and *Candida Auris* minimally
  - May also includes MRSA, VRE, ESBLs, and other resistant organisms
- Gown and glove during high Pt contact activities (cares, dressing, transferring…etc.)
  - Also, with indwelling device care/chronic wound care on anyone regardless of colonization status
- Pt does not need to be in contact isolation continuously when at LTC

Outbreaks

What’s is an outbreak

Line lists

Outbreaks

- Outbreak status varies by disease and is based on definition by state
  - Can be considered a cluster if specific definition not fully met
- Can be 1 person infected depending on the organism
  - Immediately isolate Pt based on suspect organism until testing results
- Resp/GI illness-typically 3 people (staff or Pts) within 72hrs in a similar area
- Covid is now 3, but many still report at 1 to stay ahead of it
- Report any suspect outbreak to the LHD (requirement)
- Testing can potentially be covered at the state to identify organism (2 to 3 kits)
- Resp/GI guidelines are available through LHD or DHS
- Typically remain open for double incubation period (but may vary)
  - Incubation period-typical time from exposure to illness onset
- Line lists are a great tool to keep track of an outbreak

Line List Info

- Should include Pt….
  - Demographics
  - Location
  - Onset
  - Symptoms
  - Hospitalization
  - Well date
  - Death date
- Lab testing should be included
- Workers should also be included (and units they worked during infectious period)
- Maintain separate line lists for specific illness (ex. GI, resp., flu etc…)
- Information may be added depending on specific presentation/situation

Line List Example (template)

1	Room #	Name (last)	Name (first)	Date of Birth	Date of Onset	First Well Date	Exposure Date	Isolation ends	Quarantine end	Sweats (s) Chills (ch)	HeadAche (ha) Muscle Aches (ma)	Body aches (ba) Fatigue (fa) CH	Sore throat (st) Runny nose (rn)	Cough--Productive (p) Dry (d)	Lung Sounds--clear (cl) wheeze (wh) crackles (cr) diminished (dm)	Pneumonia (pn) Bronchitis (br)	Stuffed up (su)	Emesis	FEVER	Test Date	Results	Health Dept Contacted	Resident/Family Contacted	Transferred to Covid Unit	Notes
2																									
3																									
4																									
5																									
6																									
7																									
8																									
9																									
10																									
11																									
12																									
13																									
14																									
15																									
16																									

Mitigation methods

- Immediate containment (ie place in appropriate isolation)
- PEP/timely treatment
- Cohorting Pts/dedicated staff
- Dedicating equipment to affected Pt
- PPE usage
- Screenings
- Facilities may also limit admissions until resolution
- Terminal Room Cleaning with appropriate cleaner

Staff Considerations

Hand Hygiene

PPE

Vaccine/special situations

Teachings

Hierarchy of Controls

WHO 5 Moments of Hand Hygiene

- Before touching Pt
- Before clean/aseptic procedure
- After body fluid exposure
- After touching Pt
- After touching Pt surroundings
- Link
- Monitoring: observation, product usage, electronic, buddy system

Personal Protective Equipment

- Make widely available at point of use
- Ensure proper don/doff (checklists help here)
- Fit testing (OSHA requirement)
- Foster others ensuring proper use
  - Workplace culture where it's encouraged to point out breakdowns
- Passive monitoring of inventory (identifying when usage drops)

Employee consideration/vaccination

- Keep accurate vaccine records of all employees (help when exposures happen and can influence assignment)
- Occ health may manage depending on facility
- For most part, pregnant women can take most assignments (watch out for Rubella), pregnant women cannot receive live-attenuated vaccines! (make sure appropriate flu vaccine is given)
- Some exposures require vaccine as PEP administration in a timely manner to be affective
- Occ Health trainings (donning/doffing, BBP, resp protection etc)
  - OSHA requirements

Healthcare Personnel Teachings

- Blooms taxonomy (least to greatest)
  - Remembering
  - Understanding
  - Applying
  - Analyzing
  - Evaluating
  - Creating
- Adult learners: goal oriented, autonomous, and relevancy orientated
- Active: teaching others/application Passive: lecture/discussion

Hierarchy of Controls (Link)

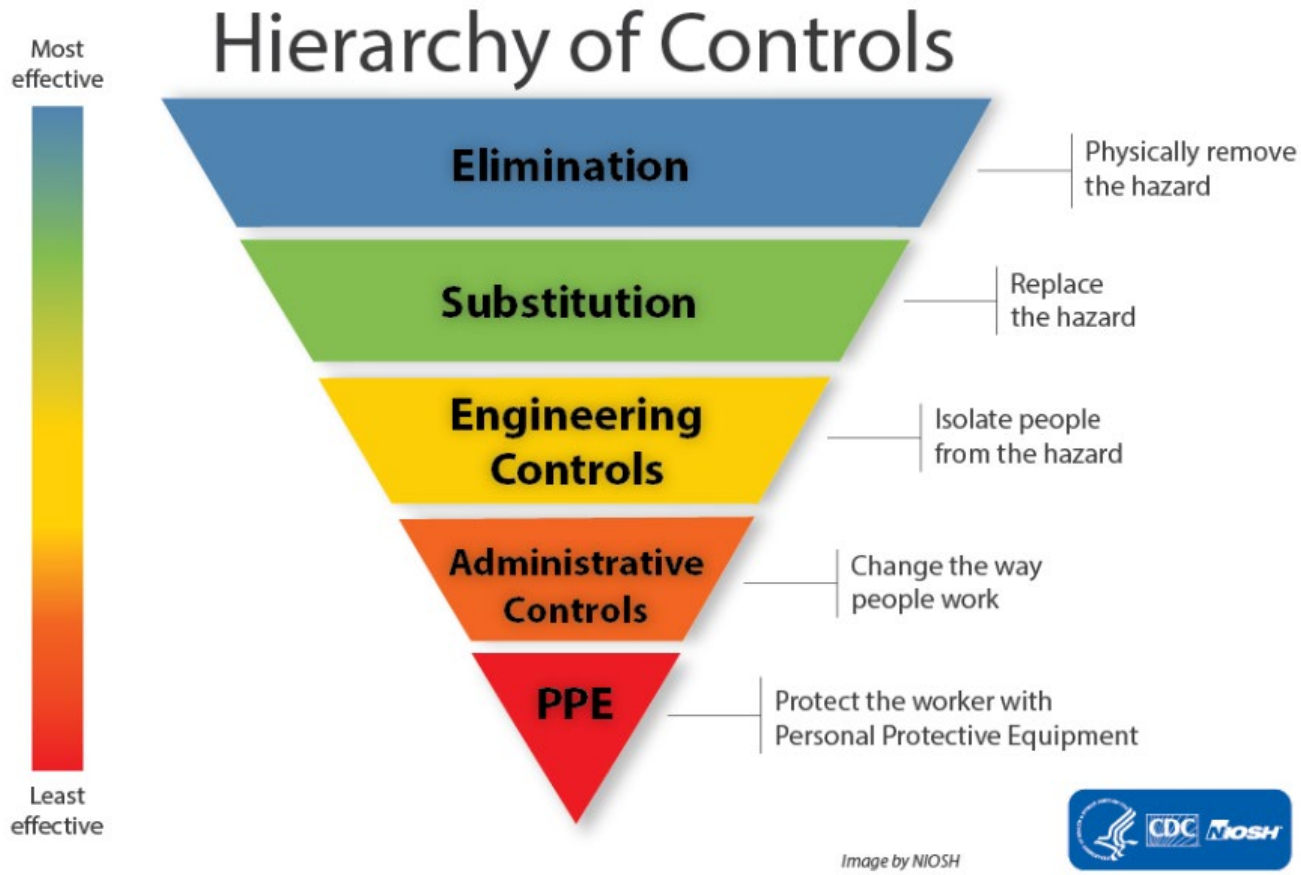


Image Source: National Institute for Occupational Safety and Health (NIOSH)

Cleaning

General guidelines

Adjunct methods and evaluation

Spaulding classification

Storage considerations

Cleaning/disinfecting

- Manual scrubbing is needed in conjunction with appropriate chemical (blood, biofilm, organic matter, and other factors can decrease antimicrobial effectiveness)
- Should have a Kill claim for resistant organisms (especially in setting of colonized Pt)
- Contact time needs to be followed per manufacturers Instructions for Use
- IP should be involved in product evaluation
- High to low
- Clean to dirty
- Low touch before high touch
- High touch before restrooms
- Iso rooms cleaned last
- Limit porous non-wipeable surfaces
- Know EVSs processes and collaborate with training

Other Methods/Evaluation

Methods

- UV light
- Hydrogen peroxide
- Antimicrobial surfaces (copper/silver)

Evaluation

- Observation
- Adenosine triphosphate
- Fluorescent gel

UV light

- Inactivate viruses, bacteria and fungi upon exposure
  - UV light damages nucleic acids
  - Decrease bioburden in air and high touch surfaces
- Different types/applications
  - HVAC
  - Upper room Germicidal UV (GUV) light units
  - Portable units
- No chemicals but must be on/only affect area where light hits
- Not standalone method but adjunct
- Limit direct exposure to humans

Hydrogen Peroxide Vapor

- Oxidizes microbes with use of aerosolizer
- Very effective/can achieve sterilization
  - Used for solid surfaces
- Fills whole area getting hard to reach surfaces
- Breaks down into water and oxygen
- Drawbacks
  - Resp irritant/room must be vacant
  - Area needs to be prepped and sealed

Antimicrobial Surfaces

- Numerous types (engineered materials or coatings that resist microbe growth)
  - Metal/polymers- impregnated, embedded or coated
  - Anti adhesion
  - Photocatalytic

- Efficacy dependent on material and intended use
- Continuously kills organisms
- Depending on type, can become less effective with time
- Examples: silver or copper bedding/gowns, anti adhesion wall panels, or polymer coatings

Observation

- Physically watching staff clean the rooms
  - Can be augmented with visual assessment after
- Can be facilitated by a checklist
  - Should be specific to the intended area
- Subject to different practices with known observation
- Verify correct procedure, contact time,
- CDC cleaning procedures (link)
- Subject to observer with limited quantifiable data

Fluorescent Gel

- Gel applied prior to cleaning is invisible and assessed if remaining after cleaning
  - UV or blacklight highlights missed or under cleaned areas
- Immediate feedback and objective
- Lacks quantifiable amount
- Can be difficult to remove depending on applied surface

Adenosine Triphosphate

- Swabs used to detect amount of ATP post cleaning
  - ATP is energy molecule of organic cells
  - Provides numeric score
- Difference between pre and post cleaning
  - Amount varies
- Can be skewed by specific cleaners
- Not specific to any organism

Spaulding Classification

- Critical-used in sterile tissue (ex catheters)-sterile
- Semi-critical- contract with mucosal linings or open tissue(scopes)-high level disinfection
- Non-critical-touch intact skin (BP cuff)low level disinfection
- Mostly used in processing but keep in mind with reusable equipment

Storage Considerations

- Items should be 18” from sprinkler heads
- 8-10” from floor
- 2” from wall (mostly with air flow considerations)
- Solid hard bottom shelf (limits contamination with moping)
- Minimize stock exposure to moisture
- Limit storing in cardboard
- Rotate stock
- Develop a system to monitor expiration dates (excel spreadsheet)

Facility Considerations

Water Management

Laundry

HVAC

Construction

Common missed items on inspection

Water Management

- Should have a plan (some contract it out, 3rd party)
- Legionella can develop in dead legs of plumbing (biofilms)
- Disturbing plumbing can release organism
- Aerosolized water droplet spread illness, aspiration can also spread
- Showers, tubs, humidifiers, therapy tubs, CPAP, etc…
  - Resp therapy equipment should be clean and used with sterile water
- Limited to upper airway=Pontiac fever, Lower=legionnaires
- Develop flushing schedule (stagnant water in pipe loses chlorine concentration and allows bacteria to grow)
- Fatality rate of 25% in healthcare (CDC)
- Urine Ag only detects serogroup 1, lower resp sample is best
  - UAT is very good and generally true positive if matched with clinical symptoms
- Also, limit use of sink aerators and 3 ft splash zone should be clear

Water Management Considerations

- Questions to consider….
  - Does your facility have a WMP? (industry standard)
  - Who's involved with the plan and their role? (multidisciplinary team)
  - Is your facility implementing the plan and its processes?
  - Does your facility do routine legionella sampling
  - Is there a plan if testing is positive?
  - Do you know the water temps throughout the facility?
    - 77-113F, keep cold below 77F and hot above 120f circulating (140f stored)
    - Scalding laws vs engineering controls

  See State Operations Manual PP "water management"(link)

Water considerations Cont.

- Ice machines
- Eye flush station
- Shared spas-cross contamination
- Cooling towers (not as common anymore, but transmit miles)
- Refrigerators
- Areas of standing water or laundry
- Structural leaks
- Plumbing design and specific components can increase risk of legionella
  - Water age
- Besides legionella; pseudomonas, NTB, fungus, and amoeba growth can occur

Laundry

- Can be a source of transmission for numerous organisms
- Contract (ideally from accredited agency)(may still be good to visit)
- Can use most modern detergents (bleach is not necessary, but up to policy)
- Wash machines should be left open to limit mold growth (nothing left in)
- Treat all iso Linien as soiled and use standard precautions (PPE!)
- Separate clean and soiled laundry
- Sort dirty laundry away from Pt care areas
- Ideally wash at 160F for 25 mins or lower temp/time with appropriate detergent
- Numerous other recommendations exist! CDC link

HVAC

- Know how air moves throughout your facility
  - Tracking how exposure occurs via air system
  - Construction exposures can also spread this way
  - Have an idea about air changes per hour (especially in critical areas)
- HVAC systems can have filters that work on micro level
- Humidity is also a factor is spread of illness
- Know air intakes
- Consult/Partner with maintenance team

Construction/ICRA

- Aspergillus- (also flowers)(especially with immunocompromised Pts) use of HEPA air filters/vacuums, neg pressure may be needed
- Limit dust spread from workers (clear off prior to exit, boot covers, etc)
- Avoid bringing debris through Pt care areas, otherwise low trafficked areas, ideally covered carts or chutes
- Disturbed plumbing can release legionella
- Seal off area of work (air vents and plastic draping)
- Limit travel through site
- Clear site with IP before opening back up to Pts
- ICRAs can help assess for risks related to construction
  - Risk assessment before construction begins
- multidisciplinary team should be used to ensure safety

Commonly Missed on Inspection

- Sharps/ biohazard containers
- Items on floors
- Access to sinks/sanitizers
- Daily Temp logs
- Ice machines and fridge cleaning
- Cracked upholstery/non-wipeable surfaces
- Audit records and flushing schedules
- Chemical Kill claims on cleaning products
- Expiration dates
- Need for closed bottom shelves
- Rotating and disposal of expired supplies
- Outer shipping cardboard should be disposed of
- Moisture damage
- Splash zone clutter
- Clean Linien Carts Covered
- Wipes on Carts
- Pt care items left out
- Multi-dose meds (limit this)

Contacts

State HAI program

Resources

Last thoughts

Regional HAI IP

- Greta Starr 608-867-4647
- Preforms Infection Control Assessment and Response (ICAR)-free of charge, non-punitive, IDs areas to improve
- Preferably done annually
- Voluntary
- Formal report given to the facility and not sent to governing bodies

Resources

- DHS HAI webpage
- CDC LTC IP training
- LTC Risk Assessment
- McGeer's Criteria
- CBIC
- APIC (paid training)
- CDC Isolation guidelines
- SHAE Nursing Home Guidance
- CDC Laundry
- CDC SIR Education
- NHSN
- Water management plan toolkit
- CMS QAPI framework
- Loab criteria
- State operations Manual
- Local health department agency information
- HAI state contacts

Last Thoughts

- Policy should match practice
  - Review internal policy
  - Are they up to date with best practice?
- This is a starting point to help facilitate IP education but should not serve as the only source of information
  - New IPs should still work through all material and have a good working relationship with local and state health departments
- Together we can help ensure safety for our communities!

Washington Ozaukee Public Health Department

- Telephone: 262-284-8170
  - Ask to speak with someone from our CD team
- Fax: 262-284-8105
- Website: washozwi.gov

Thank You!

Please scan the QR code or click here to provide us with some feedback regarding this crash course.