



Infection Prevention and Control Roundtable with Acute Care Facilities

06-09-23





Welcome and Thank You from all of us at CDPH!

- We could not do the work that we do without your support, collaboration, and all the data you report-which we know is a TON OF WORK!
- We have a large, skilled and amazing team at CDPH. To name a few:
 - Public Health Administrators
 - Medical Directors
 - Epidemiologists
 - Infection Preventionists
 - EIS officer
 - CDC-CDPH Staff
 - Laboratorians
 - Disease Investigators
 - Industrial hygienist
- We can always improve and refine our processes. Your input is greatly appreciated.





Agenda

- Welcome
- Important Updates
- Monitoring Hand Hygiene, From There to Here
- **Roundtable Discussion**
- Presentations from CDPH Laboratory-based Surveillance and Project Firstline



Important Updates

• MPOX Outbreak

- Resurgent of MPOX in Chicago:
 - Between March 18th-June 3rd 2023, **38 confirmed** and one probable case of mpox were reported to CDPH. All cases were among symptomatic men.
 - 58% are confirmed to be fully vaccinated for mpox.
 - Transmission of mpox continues locally and disproportionately affects the same populations affected by Sexually Transmitted Infections (STIs) and human immunodeficiency virus (HIV).
 - Healthcare providers are urged to remain diligent in screening and vaccinating at risk populations.
 - Vaccination is an important tool in stopping the spread of mpox, although vaccine-induced immunity is not complete.
 - People who are vaccinated should continue to avoid close, skin-to-skin contact with someone who has mpox.
- CDC General Info: <https://www.cdc.gov/poxvirus/mpox/index.html>
- Chicago Dashboard: <https://www.chicago.gov/city/en/sites/monkeypox/home/data.html>
- HAN: https://www.chicagohan.org/alert-detail/-/alert-details/46678186?p_r_p_categoryId=undefined



Chicago MPOX Case Summary

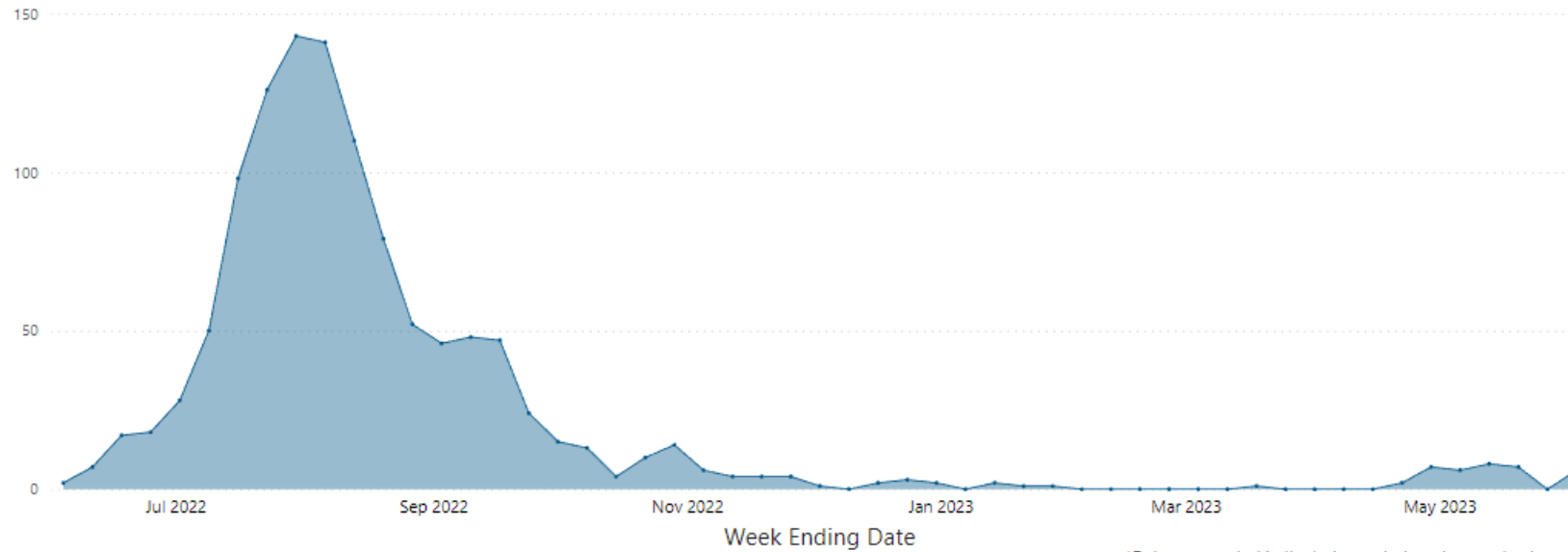
Data last updated 6/8/2023. Counts include cases with specimen collections through 6/3/2023 to account for reporting lags.
Data are updated on Mondays and Thursdays at 2:00p.m., except for City holidays. All data are provisional and subject to change.

Cumulative Cases
1,159

Cumulative Hospitalizations
79

Cumulative Deaths
3

Mpox (Monkeypox) Cases Diagnosed in Chicago Residents, by Week



*Data represented in the last reported week are not yet complete.



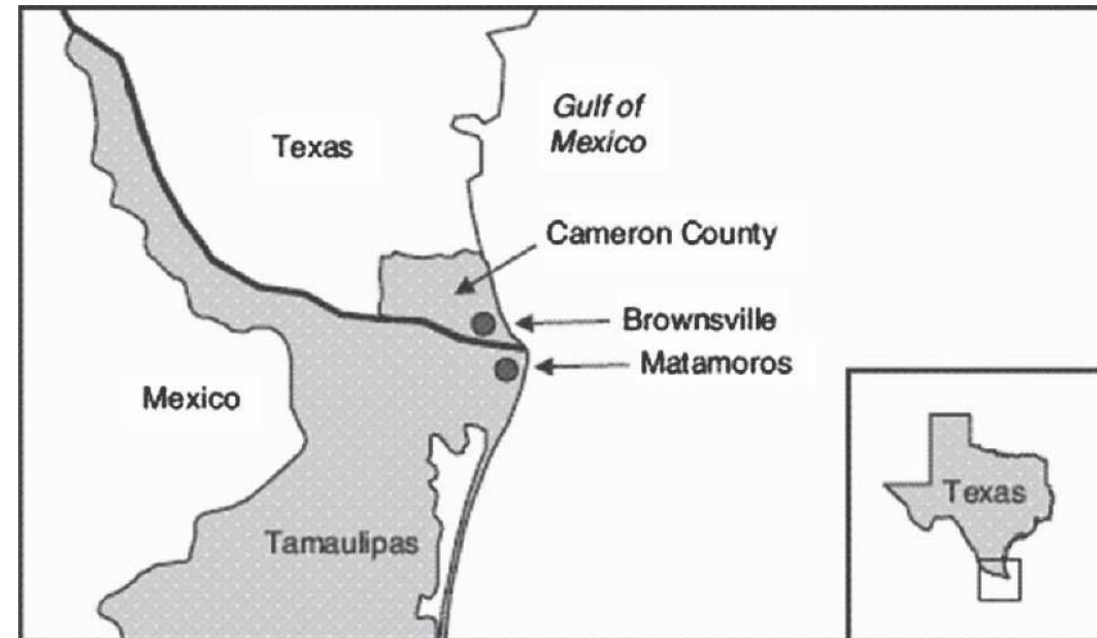
CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
May 17, 2023, 4:00 PM ET
CDCHAN-00491



Outbreak of Suspected Fungal Meningitis in U.S. Patients who Underwent Surgical Procedures under Epidural Anesthesia in Matamoros, Mexico

- Patients with suspected fungal meningitis hospitalized in Texas after undergoing cosmetic procedures under epidural anesthesia in the city of Matamoros, state of Tamaulipas, Mexico
 - River Side Surgical Center
 - Clinica K-3
 - These clinics were closed on May 13, 2023
- Signals consistent with *Fusarium solani* detected from patients' CSF





Healthcare-Associated Infections (HAIs)

CDC > Healthcare-associated Infections (HAI) > Outbreak and Patient Notifications

🏠 Healthcare-associated Infections (HAI)


HAI Data +

Types of Infections +

Fungal Meningitis Outbreak Associated with Procedures Performed under Epidural Anesthesia in Matamoros, Mexico

- Over 200 at risk U.S. patients (from Jan 1, 2023 to May 13, 2023)
 - 25 state and local health departments
 - 2 in Illinois – 1 Chicago

U.S. Cases under Investigation, Case Counts, and Deaths as of 6/7/23




Case Types	Case Counts
Persons under investigation (People with no symptoms ¹ or symptoms are unknown, spinal tap results pending or unknown)	184
Suspected cases (Symptoms consistent with meningitis, spinal tap results pending or unknown)	13
Probable cases (Spinal tap results suggest meningitis; ² fungus not isolated)	10
Confirmed cases (Fungus detected from samples ³)	4
Deaths⁴	3


¹ Meningitis symptoms include fever, headache, stiff neck, nausea, vomiting, photophobia, and altered mental status.

² Cerebrospinal fluid (CSF) profile with >5 WBCs/mm³, accounting for the presence of red cells (i.e., subtracting 1 white cell for every 500 RBCs present).

³ Fungus could be detected by culture, polymerase chain reaction (PCR) testing, or metagenomic next generation sequencing (mNGS) testing of CSF or tissue.

⁴ One probable case and two confirmed cases.



- 
- Patients who underwent a medical or surgical procedure under epidural anesthesia in Matamoros, Mexico, at River Side Surgical Center or Clinica K-3 from Jan 1 to May 13, 2023
 - Brain imaging - MRI
 - Lumbar puncture
 - To report suspected case(s) in Chicago residents:
 - Call 312-744-1100
 - For questions, please email doyoung.kim@cityofchicago.org

MONITORING HAND HYGIENE

FROM THERE TO HERE

DR. ROCHELLE D. BELLO, DNP, MS, RN

ST. BERNARD HOSPITAL

JUNE 9, 2023

MONITORING HAND HYGIENE

Disclaimer:

The views expressed throughout this presentation are the writers and does not reflect the views of Chicago Department of Public Health(CDPH), Bio Vigil, and or St. Bernard Hospital (STBH).The writer will use copyrighted material for limited purposes under the Fair Use Act (Title 17, Chapter I, Section 107 US Copyright Law).The writer is not trying to endorse and or sell a product and do not have any stock/ financial gain with Bio Vigil company and will not receive any financial gain from Bio Vigil as a result of this presentation.

HAND HYGIENE

- Hand hygiene is cited in most of Infection Prevention literature and proven to be the most effective way to prevent health-care associated infections.
- Performing hand hygiene
- Capturing hand hygiene occurrences
 - Manually
 - Electronically

HAND HYGIENE MANUAL OBSERVATIONS

- St. Bernard hospital (STBH) was observing hand hygiene occurrences manually for years
- In 2020, STBH hand hygiene champions manually observed 5,040 hand hygiene observations with an overall compliance rate of 99%
- In 2021, STBH hand hygiene champions manually observed 4,120 hand hygiene observations with an overall compliance rate of 99%
- In 2022, STBH hand hygiene champions manually observed 2,521 hand hygiene observations with an overall compliance rate of 98%

HAND HYGIENE ELECTRONIC MONITORING SYSTEM

- In July of 2020, at the height of covid, the writer began to have conversations with her VP about an electronic hand hygiene monitoring system
- In October of 2021, the writer discussed the need for an electronic hand hygiene monitoring system with the new Chief of Quality and Patient Safety
- In January of 2022, the writer presented three electronic hand hygiene monitoring system to the Senior Administrative team.
- In March of 2022, the writer and the Chief of Quality and Patient Safety met with representatives from Bio Vigil

HAND HYGIENE ELECTRONIC OBSERVATIONS

- In May of 2022, STBH installed Bio Vigil electronic hand hygiene monitoring system in our ED and Inpatient Units
- At the end of December 2022, Bio Vigils Electronic Hand Hygiene monitoring system captured a total of 768,775 hand hygiene observations ; 753,156 observations were compliant and 15,619 observations were non-compliant

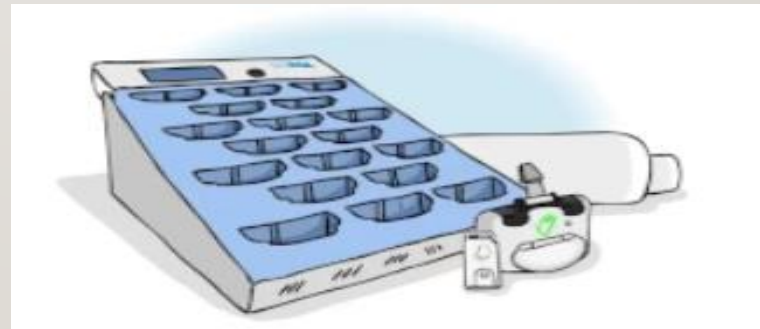
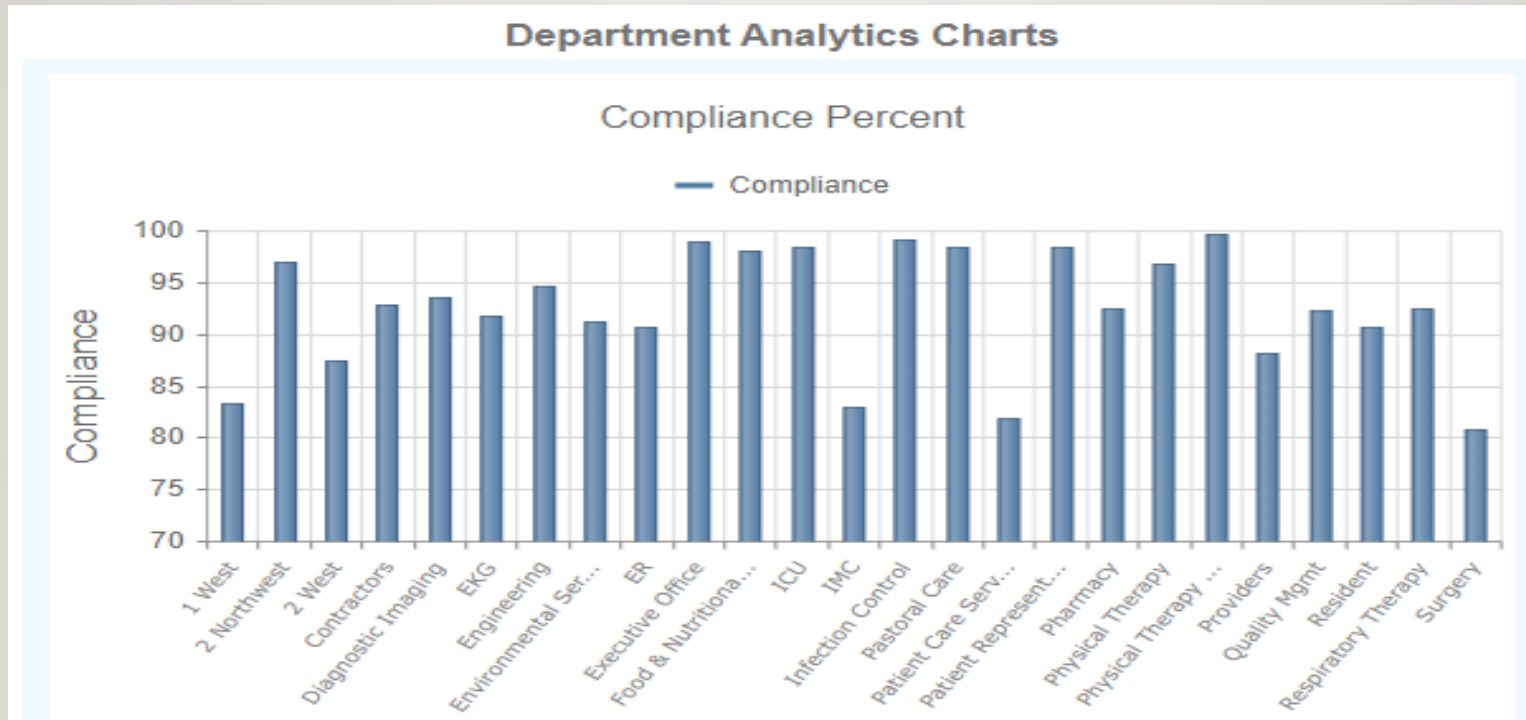


Image Source: [HTTPS://biovigil.com/why-biovigil-data-suite/](https://biovigil.com/why-biovigil-data-suite/)

HAND HYGIENE ELECTRONIC OBSERVATIONS



HAND HYGIENE OBSERVATIONS

From There

Manual Observations

- *May be subjective*
- *Missed HH opportunities*
- *Observer can only view what's in front of them, they cannot see inside the patients immediate environment at all times*
- *Data reported is raw*



To Here

Electronic Observations

- *Objective*
- *All HH opportunities Captured*
- *Badge captures opportunities in the Patients immediate environment*
- *Data reported in real- time*



FUNDING

How did St. Bernard Hospital (STBH)pay for Bio Vigil Electronic Hand Hygiene Monitoring system ?

- STBH did not receive any grants to pay for the system
- STBH executive team realized the importance of patient safety and purchased Bio Vigil electronic hand hygiene monitoring system as a capital expense, upon receiving approval from the Board

QUESTIONS





Group Discussion



Please share your name and facility



★ Group Discussion Questions

1. The pandemic changed the way we work by introducing more HAIs than before. How do we continue to take care of our community and support each other?
2. Is your facility updating protocols and procedures in response to the end of the PHE? What changed and what remains the same?
3. The CDC recommends a “go back to the basics” approach for educating HCWs. What does that look like at your facility?






Ideas For Question #1

The pandemic changed the way we work by introducing more HAs than before. How do we continue to take care of our community and support each other?

1. More in-person meetings
2. More social/networking meetings
3. More mentorship opportunities for solo IPs
4. New IP club: we could host event for new IPs (training/network)?
5. Conference?
6. Other ideas?



Ideas for Question #2

Is your facility updating protocols and procedures in response to the end of the PHE? What changed and what remains the same?



- Masking protocols at your facility? Back to pre-COVID days?
 - Per CDC, mask is recommended: suspect/confirmed COVID-19 or other respiratory infection; close contacts with a case; **when is recommended in the community.**
 - In areas of the hospital experiencing outbreak (any respiratory infection)
 - Facility wide or based on facility risk assessment, targeted toward higher risk areas or patient populations
- Testing protocols at your facility?
 - Symptomatic patients only?
 - Pre-procedural?
 - Admission?
- Vaccination mandates



Ideas for Question #2 (Continued)

- Risk Assessments:
 - Types of patients/risk for severe outcomes/areas more likely to provide care for patients with a respiratory infection
 - Input from stakeholders
 - Plans from other facilities
- Data available to make decisions (hospital admissions, signs of strains to healthcare force, circulating respiratory virus, hospitalizations, wastewater, etc)
- Communication plans within the facility





Ideas for Question #3

The CDC recommends a “go back to the basics” approach for educating HCWs. What does that look like at your facility?

- Examples of training/education
- Mandatory learning for staff
- Project FirstLine





Air Monitoring Overview

Alyse Kittner, Director of Lab-based Surveillance

Chicago Department of Public Health

June 2023



Laboratory-based surveillance is a cross-functional program within the Disease Control Bureau of CDPH.

- **Testing**

- Diagnostic and outbreak response testing coordination with IDPH laboratory
 - Food handler testing
 - Mpox
 - Marburg
 - MDRO
- Community distribution of rapid antigen tests
- Lab-based emergency preparedness
 - Working with Special Pathogen Treatment Centers (SPTCs)

- **Surveillance programs**

- Wastewater
 - SARS-CoV-2, Influenza A/B, RSV, Polio and Mpox
 - Discovery Partners Institute.
- Genomic surveillance
 - SARS-CoV-2, *Candida auris*, and Mpox
 - Regional Innovative Public Health Laboratory at Rush
- Air Monitoring

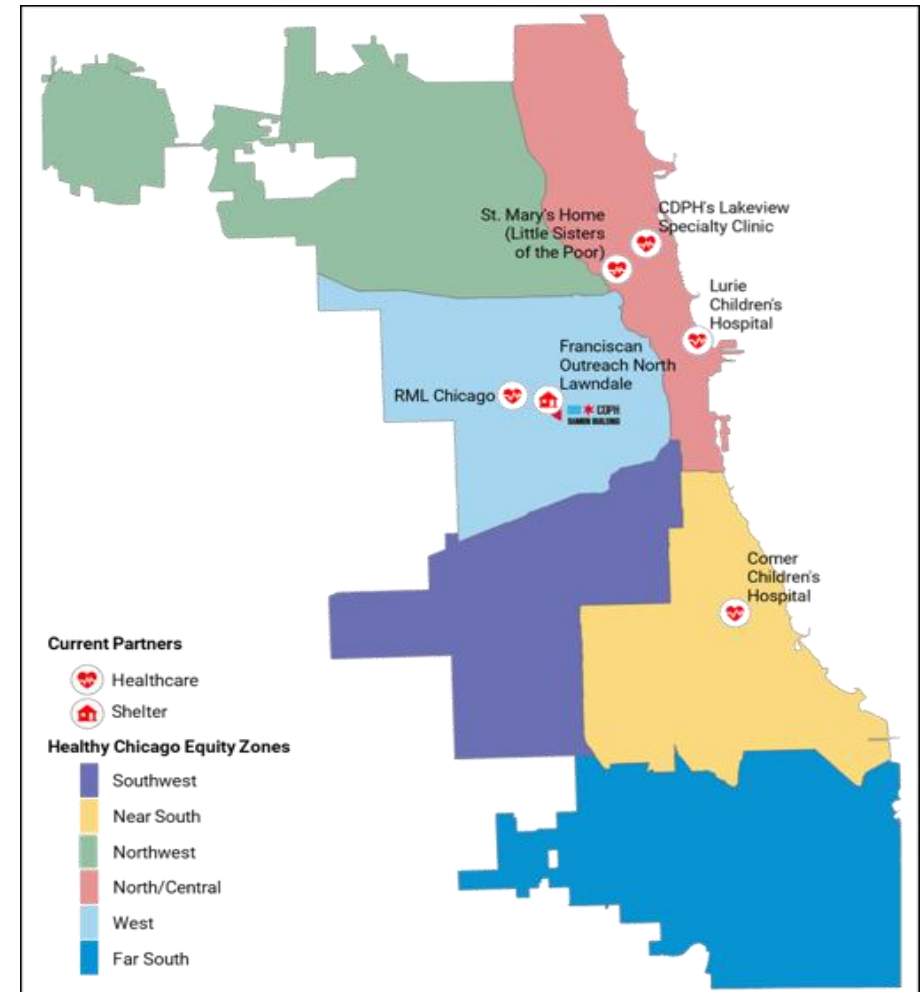
CDPH began the Air Monitoring Pilot Program in February 2023 to assess trends in airborne pathogens.

- Serves as a complement to individual case-based testing and wastewater surveillance.
- Can detect new viruses and emerging variants.
- Mobility of devices allows for targeted place-based surveillance.
- Done in collaboration with the Regional Innovative Public Health Laboratory (RIPHL) at Rush.
- Targets included:
 - SARS-CoV-2
 - Influenza A/B
 - RSV A/B
 - Human metapneumovirus
 - Streptococcus pneumoniae
 - Adenovirus
 - Enterovirus



★ The pilot period (Feb-April) allowed CDPH to assess feasibility, acceptability, and data sensitivity.

- **Pilot sites:** Office setting, Clinical.
- **Pilot study goals – to assess:**
 - **Feasibility:** Sample shipment and testing.
 - **Acceptability:** Noise, placement.
 - **Data:** Sensitivity of detection, types of genetic material, sequencing possibilities.
- **Feedback from sites has been positive**
 - Cartridge exchange and shipping was manageable for on-site staff.
 - No concerns raised about noise or placement.
 - Laboratory methods were refined over the course of the pilot program.



★ CDPH's goal is to deploy 50-100 air samplers throughout the City of Chicago by 2024.

- Partner engagement and placement of samplers at diverse sites throughout the city.
- Standardized internal, partner, and public reporting – creation of a single metric.
- Integration of air monitoring data with other surveillance data.
- Standardize data uses in different settings.

Once implemented, Chicago will be among the first in the country to implement an air monitoring program.

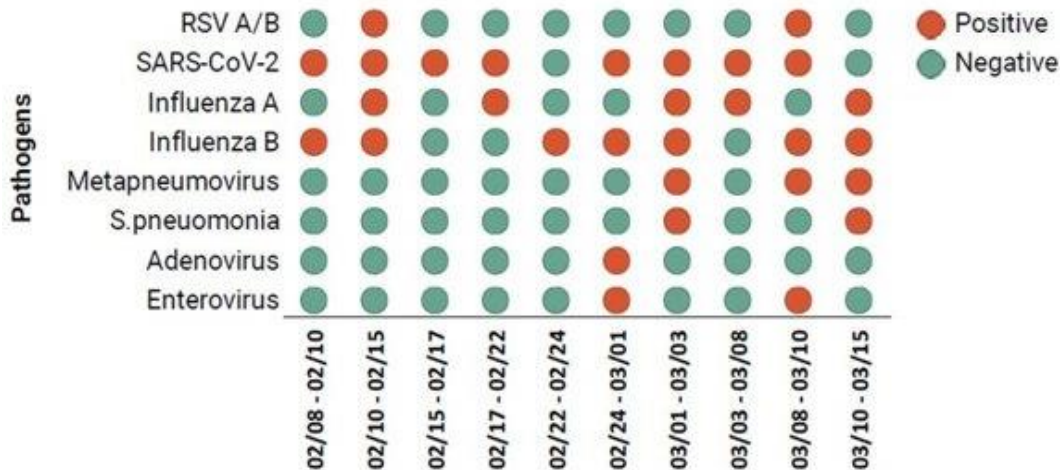
Data Use Case	Potential Sites	Considerations
Early Detection	O'Hare, other transit hubs	Overlap with wastewater Potential sequencing subset
Trend Analysis	Clinical Settings, Educational Settings, transit hubs	Most likely source of public summary data
Outbreak Prevention	Acute Care, Skilled Nursing Facilities	Use for masking considerations

CDPH currently reports detection results monthly.

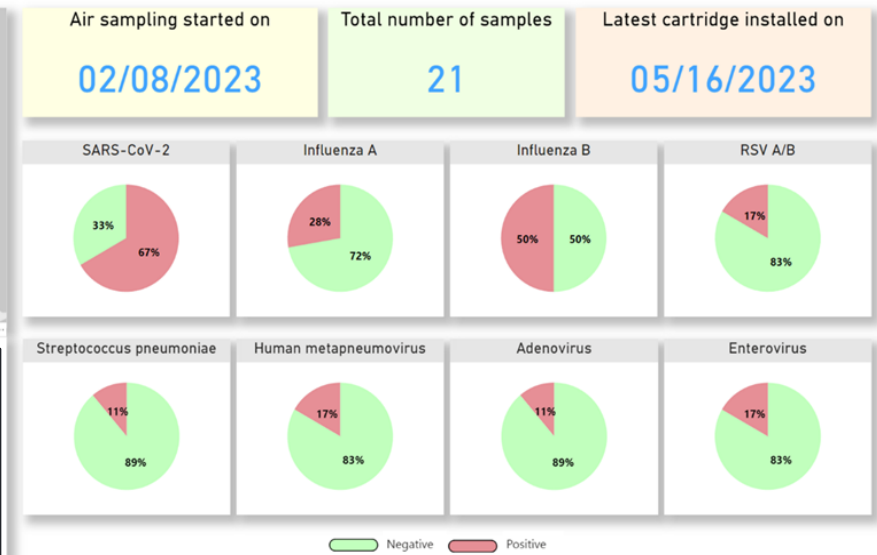
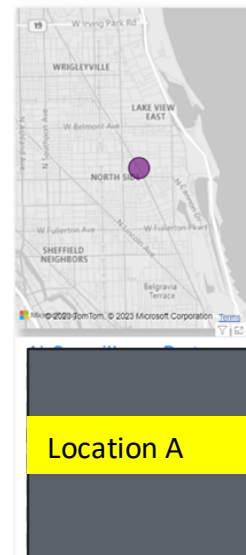
★ In the coming months, viable samples will be sequenced.

- Results will be distributed to the individual facilities and circulated among CDPH leadership.
- Individual results will not be made public.

Location A



Air Surveillance Program Dashboard







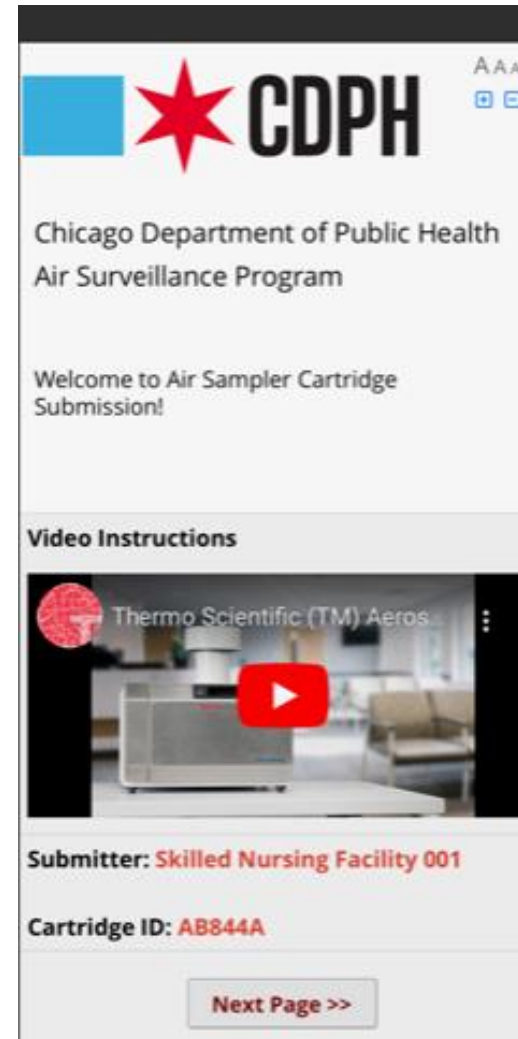
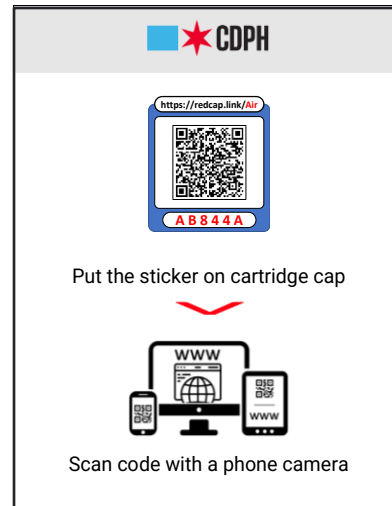
There are logistical considerations when determining where to place the sampler.


- Should be placed on a table approximately waist height or above.
- Requires an electrical outlet.
- Should be placed in a setting where people congregate but should be out of the way to avoid tampering.
- Sampler emits 60 decibels of white noise.
- Need to identify staff to exchange and ship (using provided messenger service) cartridges.



CDPH provides in-person training and step by step instructions for cartridge exchange and shipping.

 CDPH OPERATING INSTRUCTIONS	
	Check figures on the front pane for instructions below
Installing the Cartridge	
Fig. 1	Unscrew the cartridge cap
Fig. 2	Turn the cartridge clockwise to screw it on until secure (make sure that the collection substrate is facing up) AND Screw the cartridge cap onto the tray for storage
Fig. 3-4	Fully push in the plunger. The LED will flash green when sample cartridge is properly installed
Fig. 5-6	Close the door and lock using the key. The LED will turn yellow to warm up and green when sampling starts.
Removing the Cartridge	
Fig. 7-8-9	Open the door
Fig. 10	Pull out the plunger all the way
Fig. 11-12	Turn the cartridge counter-clockwise until it comes out of the sample cartridge port AND Screw on the cartridge cap




AAA
☰ ☱

Submission Details

Reason for submission
* must provide value

Cartridge In
 Cartridge Out

[reset](#)

Do you have any other notes for us?

Yes
 No

[reset](#)

<< Previous Page
Next Page >>

IN INSTALLATION: CHECK THAT

- The pink colored collection substrate is facing up
 - The barcode is facing left
- The LED flashes **GREEN** when the plunger is fully inserted



The Air Monitoring Program has benefits to both individual facilities as well as CDPH.

- **CDPH's goals:**

- Early detection of novel variants and viruses.
- City wide trend analysis – amount of virus and variant circulation.
- Outbreak prevention and response.

- **Your facility can utilize information such as:**

- A “temperature” of what is happening in your facility.
- A comparison to the rest of the City.
- A comparison to other surveillance methods (cases, wastewater).



We are looking to expand this program in Summer/Fall 2023.

CDPH will:

- Provide the sampler and cartridges.
- Set-up the sampler and provide in-person training.
- Provide courier service for weekly cartridge pick-up.
- Provide monthly detection reports.

Your site will:

- Identify a primary point of contact and 1-2 individuals for cartridge exchange.
- Exchange and send cartridges once a week.
- Give us any feedback about your participation and the program.



Questions?

Project Firstline

Gus E Turner, MPH
Project Firstline
Project Manager, CDPH



★ Project Firstline Overview

- Project Firstline is the Center for Disease Control's (CDC) National Training Collaborative for Healthcare Infection Control education
- Project Firstline (PFL) brings together more than 75 healthcare, academic, and public health partners to reach healthcare workers across the country
- PFL offers educational resources in a variety of formats to meet the diverse learning needs and preferences of the healthcare workforce

As of May 2022, Project Firstline and its collaborative partners have:





Developed **200+** educational products and training materials on healthcare infection control




Hosted **750+** educational events, reaching approximately **65,238** healthcare workers



Received **84 million+** views across the web and various digital platforms



Available Resources

- **Learn about Infection Control in Health Care:** CDC's Project Firstline provides innovative and accessible resources so all healthcare workers can learn about infection control in health care.
 - *Topics include 14+ foundational IP&C (e.g., hand hygiene, environmental services, ventilation, PPE, how viruses spread, etc.), Recognizing Risk using Reservoirs, Where Germs Live training toolkits, and more interactive resources.*
 - **Lead an Infection Control Training:** Our facilitator toolkit is designed to work with your team's learning styles and busy schedules (10-, 20-, and 60-minute scripted sessions).
 - **Access Infection Control Educational Materials:** Find short videos, fact sheets, job aids, infographics, posters, printed materials, interactive computer lock screens, and social media graphics to utilize at your facility on foundational IPC topics.
 - **Earn Continuing Education:** Earn CEU's on CDC Train for PFL content.
 - **Translated Resources:** IPC materials translated into Spanish & additional languages.
- 



Activity: What's Wrong with This Picture?

Examine the following healthcare scenarios to see if you can identify where proper infection control measures are not being implemented. As you complete this activity, we also encourage you to think about what additional infection control and patient safety measures can be taken to stop the spread of germs in healthcare settings.



Emergency Room



Nurses Station



Outpatient Exam Room



★ Print Materials & Job

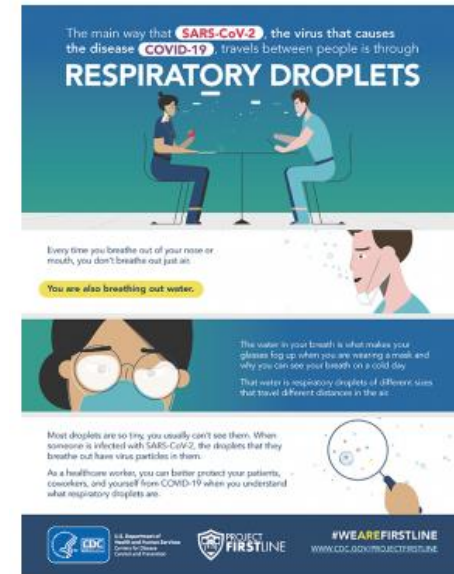
- Several print materials and job aids available on foundational IP&C topics.
 - Available for [free download](#) on CDC's website.
 - Including lock screens for staff computers.
- We are happy to offer professional printing support for poster requests!
 - Please see our team after the presentation to request print materials.
 - For remote guests, please email: projectfirstline@cityofchicago.org.



[How to Read a Disinfectant Label](#) [PDF - 1 Page]



[Water and Wet Surfaces Profile](#) [PDF - 1 Page]



[Respiratory Droplets Flyer](#) [PDF - 1 Page]



[What would you see? Poster](#) [PDF - 1 Page]



[Germs live in blood](#) [JPG - 1 Page]

★ Partner Spotlight

- [American Academy of Pediatrics](#): IPC Ambassador Program, podcast series for clinicians/IPs.
- [American Nurses Association](#): IPC videos/handouts for nurses, by nurses.
- [American Medical Association](#): Self-paced IPC learning modules with CEUs.
- [Association for the Health Care Environment](#): Free EVS cleaning & disinfecting job aids (frontline staff and supervisor versions), EVS IPC podcast, EVS front-line educational videos – *all available in Spanish!*
- [Asian & Pacific Islander American Health Forum](#): Offers translated IPC & PFL resources in 10+ languages, including Bangla, Chinese (Simplified/Traditional), Chuukese, Hawaiian, Hindi, Tagalog, Samoan, Marshallese, and Vietnamese.
- [New Jersey Department of Public Health](#): Fun, interactive "IPC Superhero Escape Room."
- [National Hispanic Medical Association](#): Offers blogs, short videos with clinicians talking about why IPC is important (*all resources in Spanish*). Pledge program to participate in PFL.
- [National Network of Public Health Institutes](#): Interactive, web-based learning with CEUs (self-paced learning modules).

To explore 75+ more partnerships, visit the [CDC's Project Firstline Partnerships website](#).

Facility Specific Cleaning & Disinfecting Matrix

A guide for environmental services and other healthcare workers

Environmental services are a vital part of patient, worker and facility safety. Please follow these and other facility guidelines when cleaning.

APPROVED PRODUCTS	BEFORE	BEFORE	WHILE
<p>Enter names of approved cleaning products.</p>	<p>YOU ENTER A PATIENT ENVIRONMENT</p> <p>Always look for, review, and follow posted precautions prior to entering a patient environment.</p> <ul style="list-style-type: none"> ▶ Know what precautions to follow. 	<p>YOU CLEAN AND DISINFECT</p> <p>Use the correct PPE (personal protective equipment) based on the organizational policy.</p> <ul style="list-style-type: none"> ▶ If the PPE is not available, contact your supervisor before continuing. <p>Confirm you are using products that are EPA-registered for use in healthcare.</p> <ul style="list-style-type: none"> ▶ Check product expiration dates. ▶ Check the integrity of the product. Do not use a product that appears contaminated, soiled or dirty. ▶ Review instructions and precautions on product labels. ▶ Check that the product is listed on the EPA website: https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants 	<p>YOU CLEAN AND DISINFECT</p> <p>Until a surface is clean, you cannot disinfect.</p> <ul style="list-style-type: none"> ▶ Remove all visible soil and dirt first, then disinfect. <p>Clean top to bottom, from cleanest to dirtiest, and either clockwise or counterclockwise.</p> <p>Use the fold method when wiping to maximize all clean sides of the cloth(s).</p> <ul style="list-style-type: none"> ▶ Depending on your specific facility cleaning method, ensure the cleaning/disinfectant product is applied evenly to all surfaces, and the cloth is sufficiently wet with product, so nothing is missed. <p>Follow product instructions for use.</p> <ul style="list-style-type: none"> ▶ Including the number of minutes required by the product label's listed contact time (the amount of time the surface has to stay wet with the disinfectant to inactivate the germs/pathogens.)

The Project Firstline program is a national training collaborative led by the Centers for Disease Control and Prevention (CDC) in partnership with the American Hospital Association and the Health Research & Educational Trust (HRET), an AHA 501(c)(3) nonprofit subsidiary, to provide infection control training and education to frontline healthcare workers and public health personnel. AHA is proud to partner with Project Firstline, as supported through Cooperative Agreement CDC-RFA-CK20-2003. CDC is an agency within the Department of Health and Human Services (HHS). The contents of this resource do not necessarily represent the policies of CDC or HHS, and should not be considered an endorsement by the Federal Government.



	ISOLATION PRECAUTIONS	PATHOGENS	PRODUCTS	PURPOSES
	How to protect yourself and avoid cross contamination	Germs you may encounter	What to use and how	Why it's essential to clean and disinfect properly (including hand cleaning before putting on and after taking off PPE)
CONTACT	<ul style="list-style-type: none"> ▶ Use gown and gloves while cleaning to avoid getting germs on your skin and clothes. ▶ Clean hands with soap and water or alcohol-based hand sanitizer (ABHS). NOTE: ABHS/foams do not kill <i>C. diff</i> spores due to their protective outer shell.⁽¹⁾ ▶ For certain patients on contact isolation (based on your facility protocols), use an EPA labeled product effective against spore-forming pathogens and non-enveloped viruses (e.g., <i>C. diff.</i>, Norovirus). 	<ul style="list-style-type: none"> ▶ <i>Candida auris</i> (<i>C. auris</i>) ▶ <i>Clostridioides</i> (formerly <i>Clostridium</i>) <i>difficile</i> (<i>C. diff</i>) ▶ Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) ▶ Norovirus ▶ Respiratory syncytial virus (RSV) 	<p>Enter names of approved cleaning chemicals. Use squares below to add photos.</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> </div>	<ul style="list-style-type: none"> ▶ Cleaning blood, body fluids, and respiratory droplets from surfaces reduces the potential for cross contamination. ▶ Multidrug-resistant germs (also known as MDROs) can survive on surfaces for hours, days, and even weeks (e.g., <i>Candida auris</i>) and represent a significant risk for hospitalized patients. ▶ <i>C. difficile</i> and norovirus require disinfectants with EPA registered claims against them. ▶ Detailed cleaning, so no surface or items is missed, in bathrooms and other frequently touched surfaces is important because MDROs and other pathogens are easily transferred from hospital surfaces to healthcare worker hands, which have shown to be a significant contributing factor in the transmission of pathogens.⁽⁵⁾
DROPLET	<ul style="list-style-type: none"> ▶ Use approved PPE and consider using a face shield or goggles if there's a higher risk you'll be exposed to splashes and sprays. ▶ Clean hands with ABHS or soap and water. 	<ul style="list-style-type: none"> ▶ Influenza ▶ Rhinovirus (a common cold virus) ▶ Mumps 	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> </div>	<ul style="list-style-type: none"> ▶ Cleaning and disinfecting environmental surfaces is fundamental in reducing the potential for transmission of other pathogens.⁽⁶⁾ Using the right transmission-based isolation precautions lowers the chances of spreading the infection.
AIRBORNE	<ul style="list-style-type: none"> ▶ Keep windows and doors closed in Airborne Infection Isolation Rooms (sometimes called "negative pressure rooms"). ▶ Use approved PPE including respiratory protection to avoid inhaling germs. ▶ Clean hands with ABHS or soap and water. 	<ul style="list-style-type: none"> ▶ Measles ▶ Tuberculosis (MTB) 	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> </div>	<ul style="list-style-type: none"> ▶ Cleaning and disinfecting environmental surfaces is fundamental in reducing the potential for transmission of other pathogens.⁽⁶⁾ Using the right transmission-based isolation precautions lowers the chances of spreading the infection. ▶ This remains important even when a pathogen, such as tuberculosis, is very rarely transmitted from environmental surfaces.
OTHER	<ul style="list-style-type: none"> ▶ For COVID-19 (SARS-CoV-2), PPE includes a gown, gloves, a respirator (e.g., N95), and eye protection.⁽²⁾⁽³⁾⁽⁴⁾ ▶ For Mpox (formerly monkeypox), use gowns, gloves, N95 and eye protection. ▶ Avoid activities that could resuspend dried material from lesions, such as use of portable fans, sweeping, and vacuuming. 	<ul style="list-style-type: none"> ▶ COVID-19 (SARS-CoV-2) ▶ Mpox (formerly monkeypox) 	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> </div>	

(1) <https://www.cdc.gov/handhygiene/science/index.html>
 (2) <https://www.cdc.gov/niosh/npptl/hospresptoolkit/default.html>
 (3) <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
 (4) https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#anchor_1604360721943
 (5) <https://www.cdc.gov/infectioncontrol/guidelines/mdro/epidemiology.html>
 (6) <https://www.cdc.gov/hai/prevent/environment/surfaces.html>

➔ For more in-depth training and resources visit **AHE.org/Training** and **CDC.gov/ProjectFirstline**



Infection Risk Communication Tool

Germ	Reservoirs where this germ lives	How does it spread? What's the pathway?	Why are we so worried about it?	Who is most at risk for getting sick if exposed? Why?	PPE recommendations (and why)	Other IPC actions for all HCWs to prevent spread	Any HCW roles or settings that have specific actions or informational needs? If so, which ones?	Specific informational needs for these roles/settings
Candida auris (C. auris)	Skin Dry Surfaces Devices/ Equipment	<p>C. auris can spread by touch through contact with contaminated environmental surfaces or equipment, or from person to person.</p> <p>C. auris can enter the bloodstream (often through wounds, through surgical procedures, through medical devices like IVs or other times when the skin has broken down or is bypassed)</p>	<p>When C. auris enters the bloodstream, it can spread throughout the body causing serious infections that can be deadly.</p> <p>C. auris is often resistant to common antifungal drugs, making infections difficult to treat. Latest situational awareness on C. auris: Tracking Candida auris Candida auris Fungal Diseases CDC</p>	<p>Patients (children and adults) who have recently spent time in nursing or acute care facilities homes and/or have had lines and tubes that go into their body (such as breathing tubes, feeding tubes and central venous catheters). Why? These patients have had wounds or procedures like surgeries or had medical devices like IVs. These are times when the skin has broken down or been bypassed that become a pathway for C. auris on the skin to enter the bloodstream.</p>	<p>Gown Gloves Why? Keeps C. auris from being spread via hands or from contaminated clothes</p>	<p>Hand hygiene (ABHS preferred if hands aren't visibly dirty) Note: wearing gloves is not a substitute for cleaning hands.</p> <p>Cleaning and disinfecting the patient care environment (daily and terminal cleaning) and reusable equipment with recommended products on EPA List P.</p>	<p>Environmental services workers</p> <p>Nurses (or those HCWs responsible for transferring patients between facilities) Long-term care facilities</p>	<p>EVS: CDC recommends use of an Environmental Protection Agency (EPA)-registered hospital-grade disinfectant effective against C. auris. To see a current list of EPA-approved products for C. auris, please see EPA's List P</p> <p>Nurses: Notify receiving facility when patient has been identified to have C. auris (either infection or colonization) Long-term care facilities: HCWs in these settings may be advised to use enhanced barrier precautions.</p>



★ IPC Essentials – 2023 CDPH Newsletter



- As a CDC Project Firstline Partner, the Chicago Department of Public Health is excited to share new infection control educational resources and training materials.
- *Our audience:* Infection Preventionists/healthcare educators in Chicago
- *Our Goals:* To highlight helpful Project Firstline resources, support existing education efforts, and provide the tools you need to guide your teams to prevent infection
- **Thank you to the 104 respondents** who have already signed up! We plan to launch our first newsletter in June 2023.
 - 84 respondents requested outreach to hear more about CDPH's educational resources including remote trainings. *Our team will be starting outreach this month!*
 - *34.69% of respondents were from Acute Care hospitals*
- Stay up to date on the latest Project Firstline resources and [register today](#) to receive the Infection Prevention Essentials Newsletter!
 - *First topic:* MPOX training resources as we observe a slight uptick in cases in Chicago



2023 LEARNING NEEDS ASSESSMENT



WE WANT YOUR FEEDBACK TO DEVELOP NEW CONTENT!

- + CDPH is a proud partner of CDC's National IP&C Training Collaborative, Project Firstline.
- + We are working to identify priority IPC training needs among your frontline healthcare staff.
- + This brief survey (<10 minutes) helps us develop relevant content for your and your team.
- + These trainings will be developed for our Fall 2023 IPC webinar series (with free CEUs)!

★ 2023 Learning Needs Assessment

- **Thank you** to our respondents thus far!
- **Primary workplace:**
 - 31.0% Acute care hospital
 - 13.8% Outpatient healthcare facility
 - 1.7 % Long-term acute care hospital
- **Primary professional roles:**
 - 24.1% Infection preventionists
 - 24.1% Registered nurses
 - 10.3% Healthcare administrators
- **Topics of interest for NEW Trainings for frontline staff:**
 - Transmission-based precautions/enhanced-barrier precautions (73.7%)
 - Bugs in healthcare settings (63.2%)
 - e.g., maggots, bed bugs, scabies, etc.
 - Vaccines and Vaccination (57.9%)
 - Antibiotic resistance/MDRO basics (57.9%)
 - Early identification & patient screening, with case studies (56.1%)
 - Sterilization and high-level disinfection basics (49.1%)
 - e.g., how to know if something is sterile, sterile supply storage, transport soiled and clean instruments/devices, etc.

★ Print Materials & Job

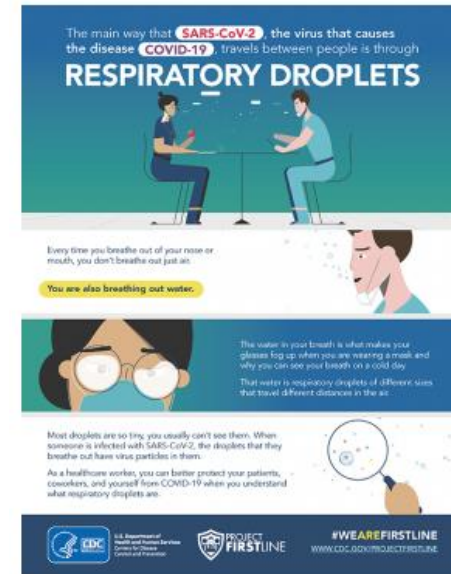
- Several print materials and job aids available on foundational IP&C topics.
 - Available for [free download](#) on CDC's website.
 - Including lock screens for staff computers.
- We are happy to offer professional printing support for poster requests!
 - Please see our team after the presentation to request print materials.
 - For remote guests, please email: projectfirstline@cityofchicago.org.



[How to Read a Disinfectant Label](#) [PDF - 1 Page]



[Water and Wet Surfaces Profile](#) [PDF - 1 Page]



[Respiratory Droplets Flyer](#) [PDF - 1 Page]



[What would you see? Poster](#) [PDF - 1 Page]



[Germs live in blood](#) [JPG - 1 Page]

★ Sign up for a CDPH Training!

- Our PFL team can provide several foundational IPC trainings for your facility, including Glo Germ demonstrations (for EVS/HH presentations).
- We have had 13 training requests so far through our platform.
- IDPH has also released a training sign up this year, and we are working with IDPH to receive contact information for Chicago respondents.
- Our team will be reaching out this month to begin scheduling trainings. We are excited to work with you!



**While we will be using Glo Germ as a training tool, CDPH does not officially endorse any product.*

★ Your Chicago Project Firstline Team

- **CDPH Infection Preventionist:** Your facility's main contact for all infection prevention and control questions.
 - *General contact information:*
cdphhair@cityofchicago.org
- **PFL-Chicago Education Specialists:** Contact our team to hear more about specific Chicago-based educational opportunities!
 - We offer many resources including virtual or onsite trainings, webinars, and helpful newsletters.
 - *CDPH Project Firstline email:*
projectfirstline@cityofchicago.org

**CDC'S PROJECT FIRSTLINE
YOUR CHICAGO TEAM**

-  projectfirstline@cityofchicago.org
-  www.chicagohan.org/hai/pfl
-  1340 S Damen Ave,
Chicago, IL 60608



Visit our [Chicago Health Alert Network \(HAN\)](#) page for recorded webinars, newsletter information, and upcoming events. Stay up to date on exciting new resources!



Next Roundtable: July 28th, 11:00-12:00, On Teams

Our general number: 312-744-1100

cdphaiar@cityofchicago.org

**Thank you for keeping
patients and HCWs safe!**



[Chicago.gov/Health](https://www.chicago.gov/Health)



HealthyChicago@cityofchicago.org



[@ChicagoPublicHealth](https://www.facebook.com/ChicagoPublicHealth)



[@ChiPublicHealth](https://www.twitter.com/ChiPublicHealth)



Additional Slides/Resources



(not presented during the meeting)



★ Our Team

- Medical Directors:
 - Dr. Do Young Kim
 - Dr. Stephanie Black
- Project Administrator: Shane Zelencik
- Project Manager: Maria Bovee
- Infection Preventionists:
 - Alison VanDine
 - Kim Goitia
 - Val Cela
- Public Health Administrator:
 - Maggie Li
- General number for our team: **312-744-1100**
- cdphhaiar@cityofchicago.org





Our Team, Our Services

Our team consists of Infection Prevention Specialists, Epidemiologists, a Project Manager, a Project Administrator, and Medical Directors who provide the following assistance:

- IP&C Guidance and training
- Infection Control Assessments and Responses (ICARs)
- Epidemiology Support
- IP&C Roundtable
- Our partnerships and site visits are meant to be educational, constructive, non-regulatory, and non-punitive
 - We work with you to resolve any identified opportunities
 - These services are not in response to citations or complaints



Reporting Case Report (CRF) Forms

CDPH requires additional epidemiologic information for certain cases in addition to the reporting requirement. By providing this information to CDPH, it allows us to have a better understanding of this patient and how to limit the spread of further transmission for certain multi-drug resistant organisms.

For MDRO Reporting training (have a new IP? need a refresher?) questions and CRF completion requirements, please contact:

cecilia.pigozzi@cityofchicago.org

