



# **COVID-19 Chicago Long Term Care Roundtable**

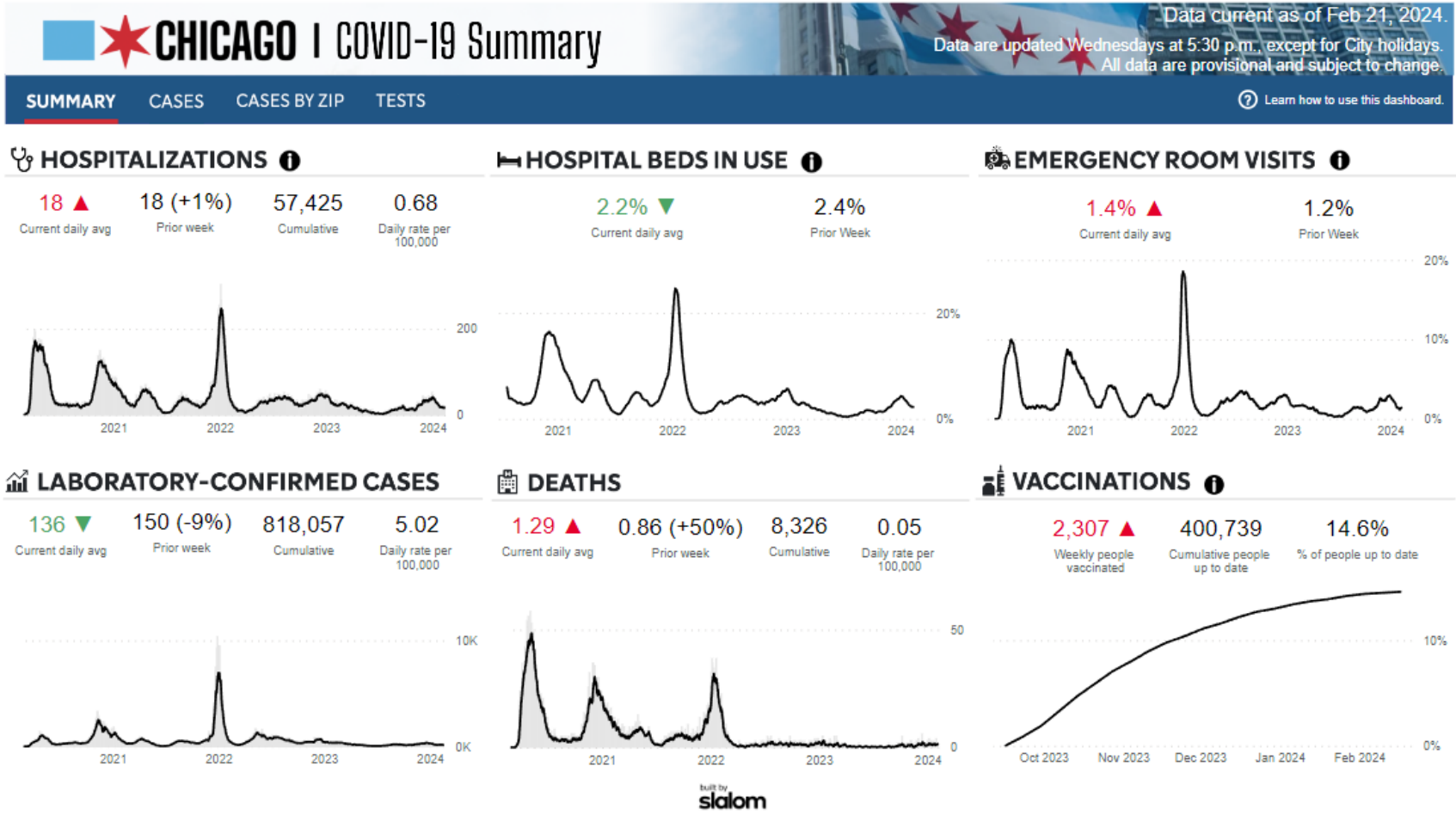
2-22-24



# Agenda

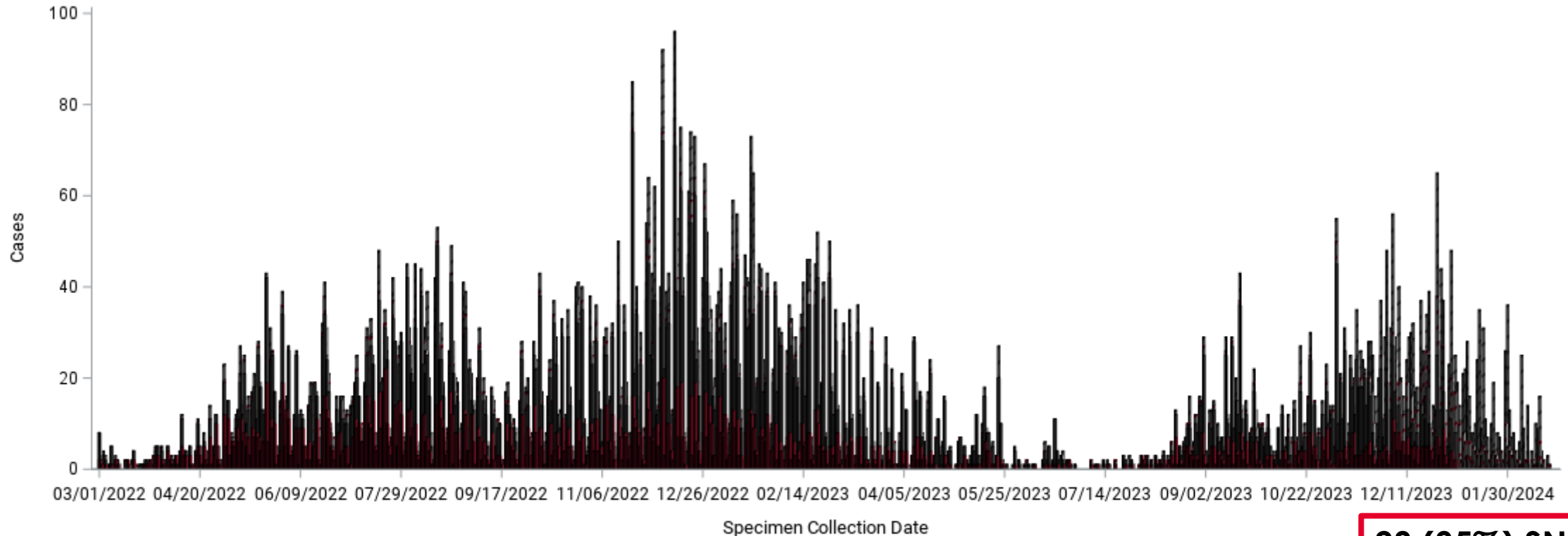
- COVID-19 Epidemiology & Updates
- **\*New\*** IDPH Toolkit for Implementing PPE in Nursing Homes to Prevent the Spread of MDROs/XDROs
- Upcoming CDPH Projects and Resource Distribution
- Project Hope Respiratory Protection Program Updates
- Audits & Related Tools
- Questions & Answers

# Chicago Dashboard



# SNF COVID-19 Cases

(Mar. 1, 2022 – Feb. 21, 2024)



Not Fully Vaccinated Resident Not Fully Vaccinated Staff Fully Vaccinated Resident Fully Vaccinated Staff

Data Sources: INEDSS (Illinois state) and REDCap (facility self report)

A fully vaccinated case occurs when the positive test specimen was collected at least 14 days after the individual completed their COVID vaccination

Fully vaccinated cases may be underestimated due to delayed reporting

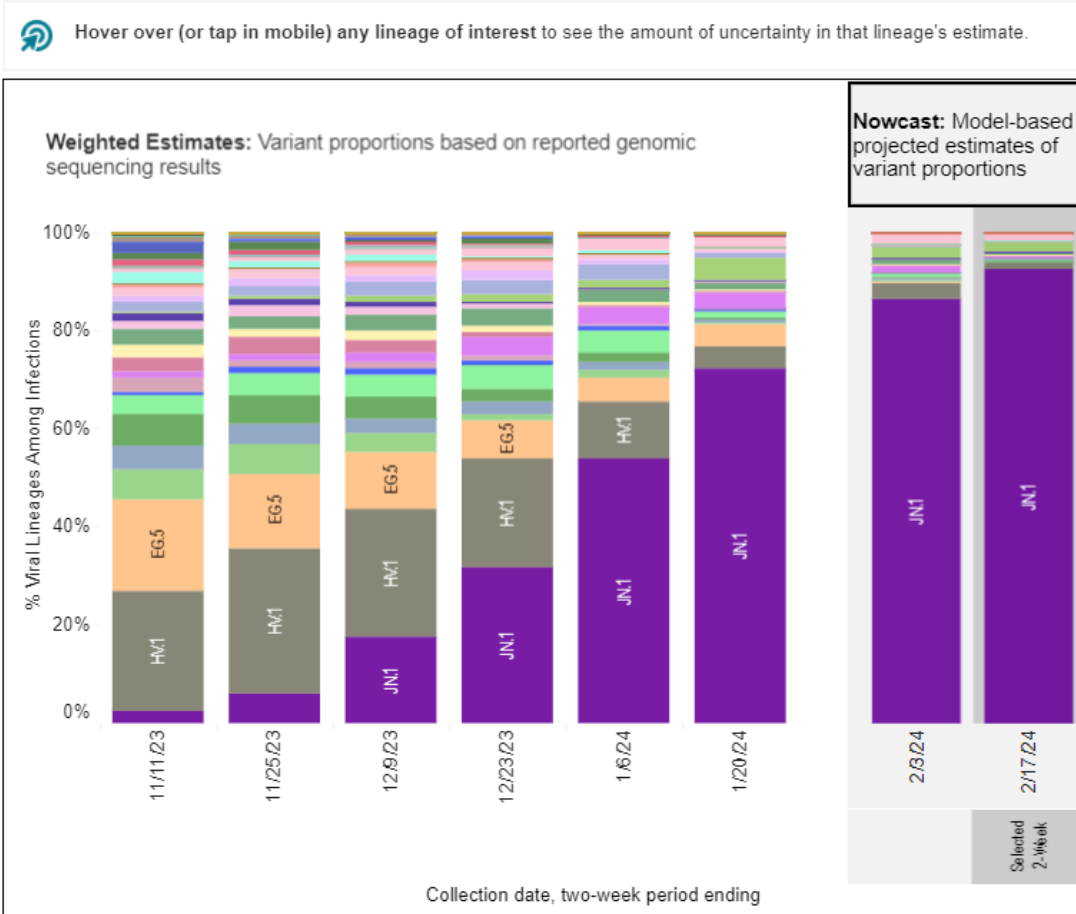
**28 (35%) SNFs  
have active  
outbreaks**

# COVID-19 Variant Proportions



Weighted Estimates in HHS Region 5 for 2-Week Periods in 10/29/2023 – 2/17/2024

Nowcast Estimates in HHS Region 5 for 2/4/2024 – 2/17/2024

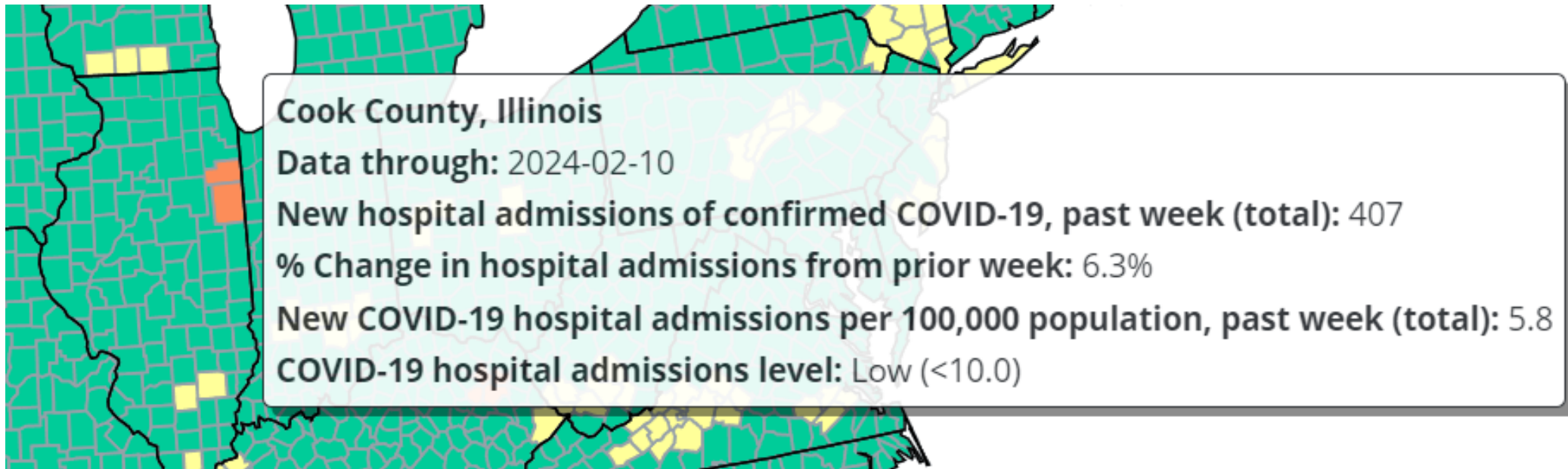


Region 5 - Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

WHO label	Lineage #	%Total	95%PI
Omicron	JN.1	92.6%	86.8-96.0%
	BA.2	2.0%	0.0-13.9%
	GE.1	1.7%	0.3-6.4%
	HV.1	1.2%	1.0-1.5%
	BA.2.86	0.8%	0.4-1.4%
	JG.3	0.6%	0.4-0.9%
	JD.1.1	0.4%	0.3-0.6%
	HK.3	0.2%	0.2-0.3%
	EG.5	0.2%	0.1-0.2%
	XBB	0.1%	0.0-0.1%
	EG.5.1.8	0.0%	0.0-0.1%
	JF.1	0.0%	0.0-0.1%
	XBB.1.16.15	0.0%	0.0-0.1%
	FL.1.5.1	0.0%	0.0-0.0%
	XBB.1.9.1	0.0%	0.0-0.0%
	XBB.1.5.70	0.0%	0.0-0.0%
	XBB.1.16.6	0.0%	0.0-0.0%
	XBB.1.16.11	0.0%	0.0-0.0%
	HF.1	0.0%	0.0-0.0%
	GK.1.1	0.0%	0.0-0.0%
	XBB.2.3	0.0%	0.0-0.0%
	GK.2	0.0%	0.0-0.0%
	XBB.1.16	0.0%	0.0-0.0%
	XBB.1.5	0.0%	0.0-0.0%
	CH.1.1	0.0%	0.0-0.0%
	XBB.1.5.68	0.0%	0.0-0.0%
	XBB.1.16.17	0.0%	0.0-0.0%
	XBB.1.16.1	0.0%	0.0-0.0%
	EG.6.1	0.0%	0.0-0.0%
	XBB.1.9.2	0.0%	0.0-0.0%
	XBB.1.5.72	0.0%	0.0-0.0%
Other	Other*	0.1%	0.0-0.1%

\* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one 2-week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all 2-week periods displayed.  
 # While all lineages are tracked by CDC, those named lineages not enumerated in this graphic are aggregated with their parent lineages, based on Pango lineage definitions, described in more detail here: <https://www.pango.network/the-pango-nomenclature-system/statement-of-nomenclature-rules/>.

# ★ CDC COVID Data Tracker: Cook County



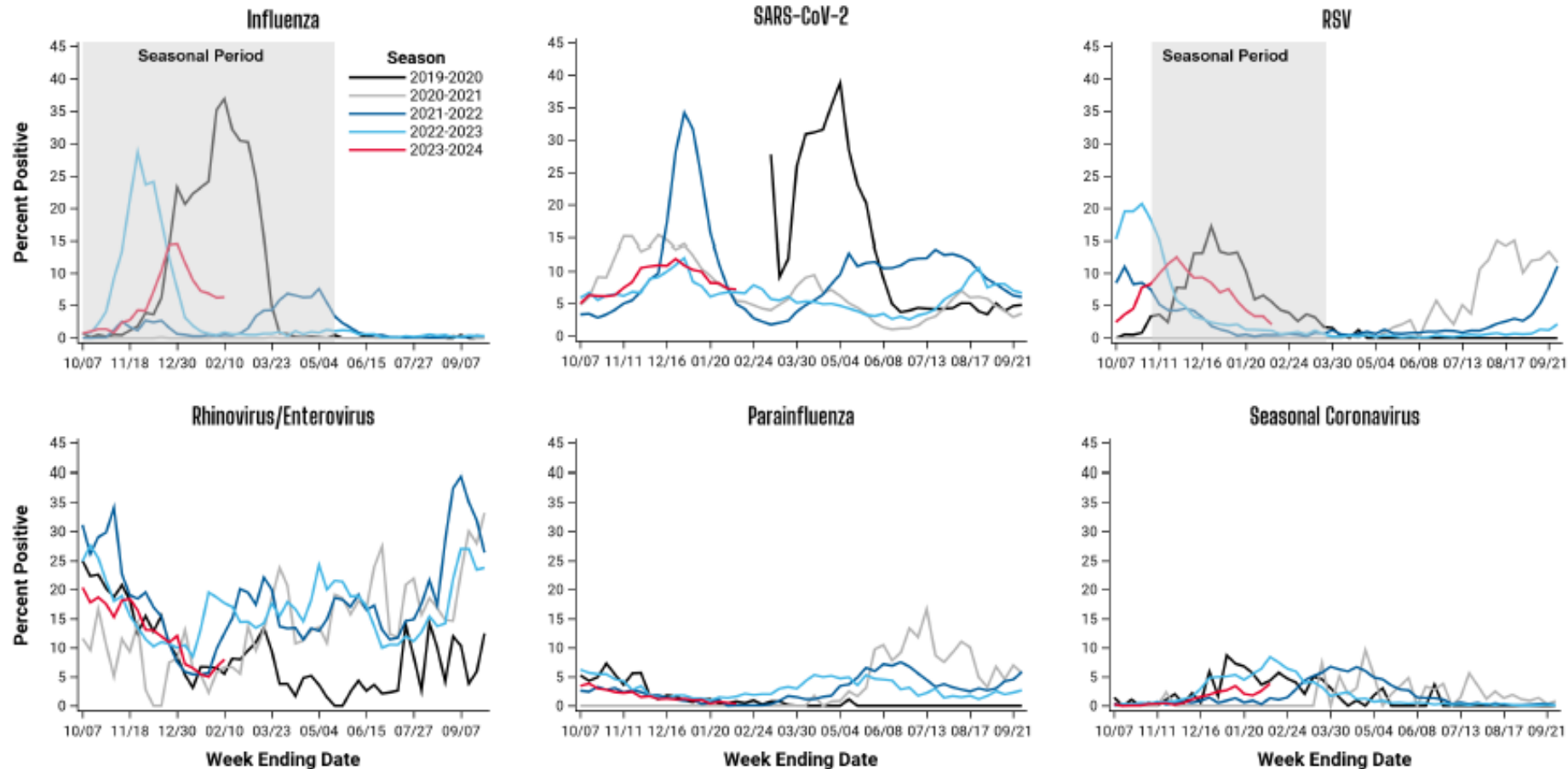
# Chicago Respiratory Virus Surveillance Report – Current Week & Cumulative

Respiratory Pathogen	Week Ending February 10, 2024		Since October 1, 2023	
	# Tested	% Positive	# Tested	% Positive
Influenza*	4,871	6.3	104,773	6.5
RSV*	2,949	2.1	66,176	7.3
SARS-CoV-2*	3,390	7.2	73,624	8.9
Parainfluenza	1,632	0.4	33,225	1.6
Rhinovirus/Enterovirus	840	8.0	18,363	12.8
Adenovirus	840	3.0	18,360	4.0
Human Metapneumovirus	840	0.7	20,395	0.5
Seasonal Coronaviruses <sup>†</sup>	1,632	3.9	33,093	1.4

\*Represents both dualplex and multiplex PCR data. All other data represents only multiplex panels that include the specified pathogens;† Four seasonal coronavirus strains include 229E, NL63, OC43, and HKU1.



# Chicago Respiratory Virus Surveillance Report – Seasonal Trends







# Reminder: Minimum Routine Staff Testing Frequency

Vaccination Status	Community Transmission Level	Testing Frequency
Not up to date	All	No required routine testing*
Up to date**	All	No required routine testing*

\* Unless symptomatic, had a high-risk exposure, or your facility is in outbreak and performing unit/broad-based testing.

\*\* An individual has received all COVID-19 vaccinations for which they are eligible



# Reminder: Minimum Routine Resident Testing Frequency

Vaccination Status	Hospital Admission Level	Routine Testing Frequency
Not up to date	All	No required routine testing*
Up to date	All	No required routine testing*
New and readmissions, regardless of vaccination status	Low or Medium	No required routine testing*
New and readmissions, regardless of vaccination status	High	Facility discretion*

\*Unless symptomatic, following a high-risk exposure, or your facility is in outbreak and performing broad-based testing.



# New: IDPH Toolkit for Implementing PPE in Nursing Homes to Prevent the Spread of MDROs/XDROs

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- New toolkit which goes through the ins and outs of Enhanced Barrier Precautions (EBP)
- Includes link to a slide deck, pre/post tests, and competency validation that you can use to train and assess your staff
- Link for the toolkit is included in our follow-up emails and posted on our LTCF HAN page



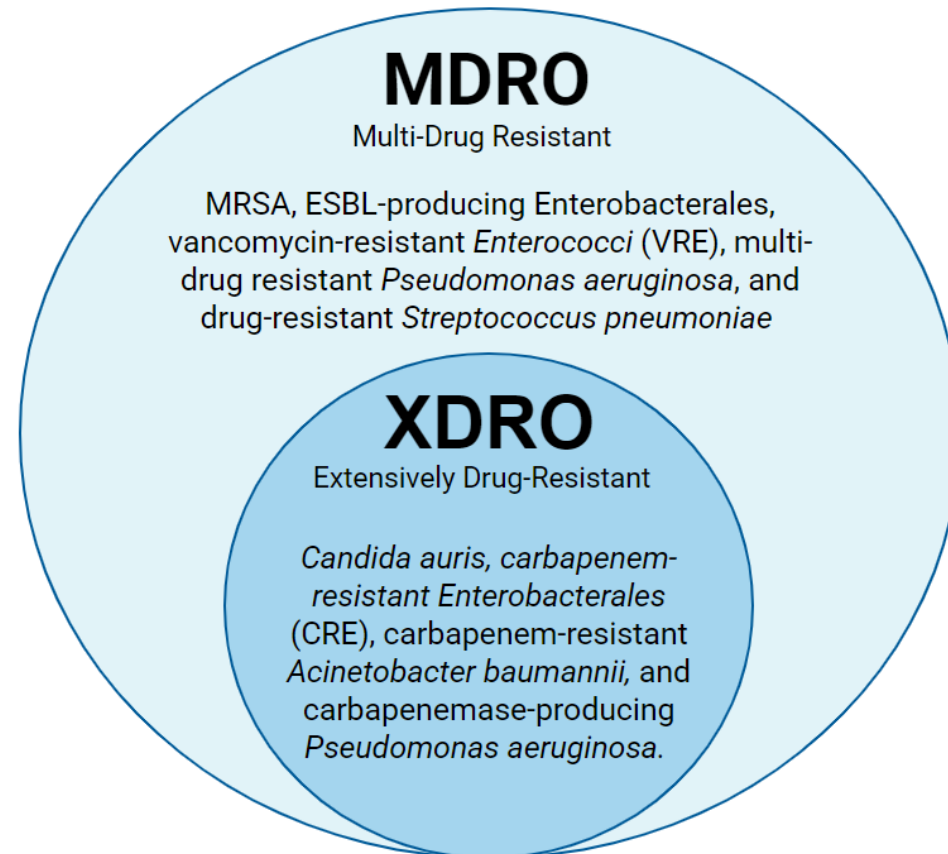
**A Toolkit for Implementing Personal Protective Equipment  
in Nursing Homes to Prevent the Spread of  
Multidrug- and Extensively Drug-Resistant Organisms**

**January 17, 2024**

Created by the Illinois Department of Public Health and Karen Trimberger RN, MPH, CIC, Infection Prevention Consultant for the Hektoen Institute of Medicine/IDPH grantee, in collaboration with the Chicago Department of Public Health, DuPage County Health Department, Lake County Health Department, Will County Health Department, and Infection Prevention Consultants for the Hektoen Institute of Medicine.



# Multidrug-resistant Organisms (MDROs) and Extensively Drug-resistant Organisms (XDROs)





# Transmission-Based Precautions for MDROs vs. XDROs

## • MDROs

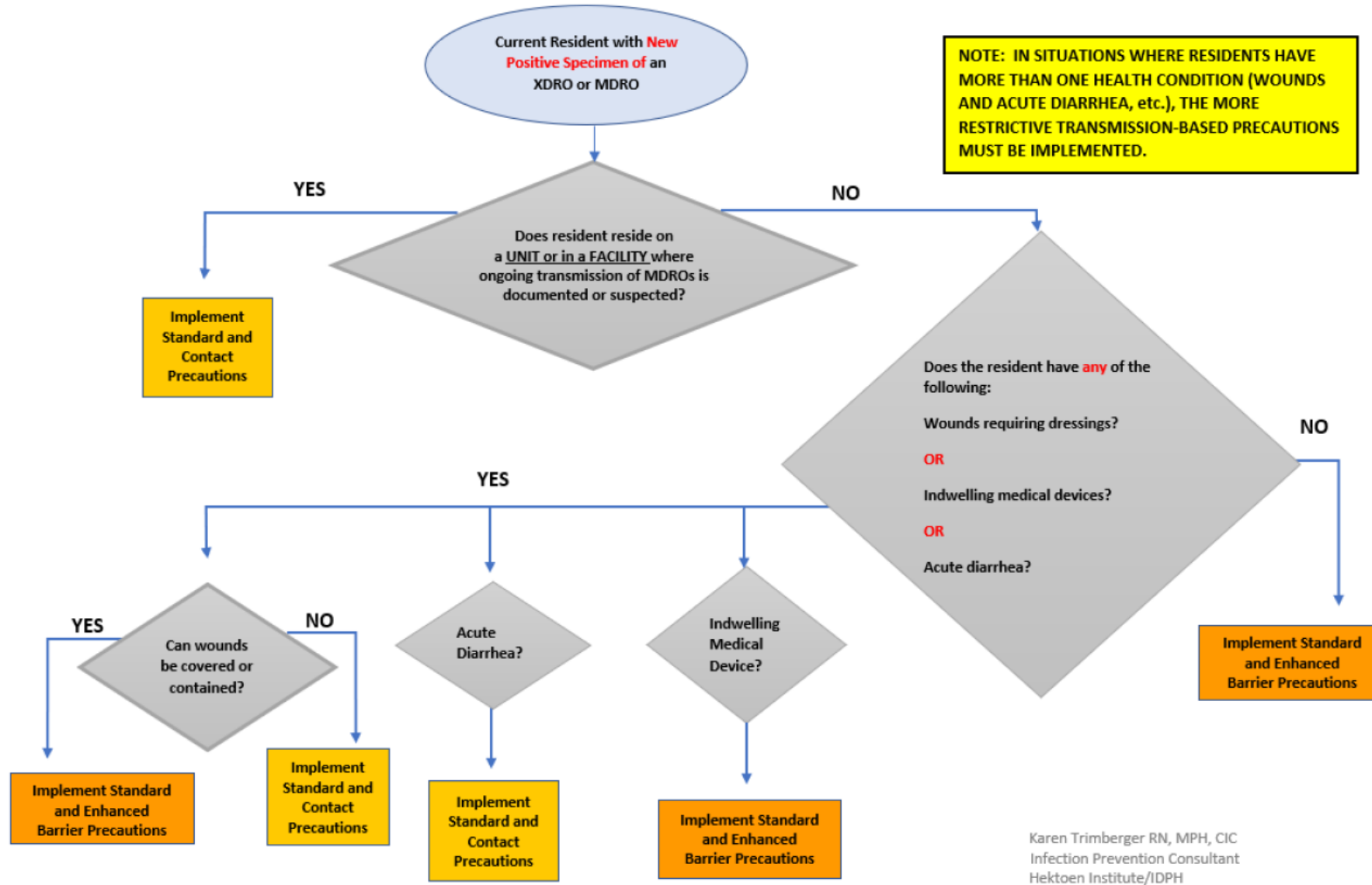
- A facility can use a risk-based approach to determine what type of precautions (if any) are warranted for a resident colonized or infected with a MDRO.
- A risk-based approach takes into consideration the resident's clinical situation and the prevalence/incidence of MDROs in the facility
- What that means is a facility can decide, based on their risk assessment, whether they will put residents with MDROs (not XDROs) on standard vs. transmission-based precautions
- **Exception** – any resident with secretions or excretions that cannot be contained should be placed on higher-level precautions (e.g., draining wound that can't be contained = contact precautions)

## • XDROs

- **Must** be placed on transmission-based precautions for the duration of their stay at the facility
- Enhanced barrier precautions is the least restrictive option
- **Exception** – any resident with secretions or excretions that cannot be contained should be placed on higher-level precautions (e.g., resident with acute diarrhea = contact precautions)

**WHATEVER YOU DECIDE, MAKE SURE YOUR PRACTICES ALIGN WITH YOUR POLICIES!!!**

Implementation of Personal Protective Equipment in Nursing Homes to Prevent Spread of XDROs  
NEWLY IDENTIFIED POSITIVE SPECIMEN (XDROs or MDROs)



Karen Trimberger RN, MPH, CIC  
Infection Prevention Consultant  
Hektoen Institute/IDPH

# ★ Cohorting of XDROs

- **Do not** cohort a resident with XDRO colonization or infection with a resident who has no known XDRO (especially if the resident without a known XDRO is immunocompromised, has a wound, or has an indwelling device).
- **May Cohort:** Endemic XDRO pathogens (e.g. CRAB OXA-23 and CRAB OXA-24/40)
- **May Cohort:** Resident with identical rare or low prevalence pathogens-mechanisms (e.g. CRE-NDM with CRE-NDM or CRE-VIM with CRE-VIM)
- **May Cohort:** Residents with *C. auris* but no other XDROs
  - *Exception:* May cohort resident with identical co-infections involving *C. auris* and CPOs



# BEFORE

- New C. auris
- Prev. C. auris
- New CRAB
- Prev. CRAB
- CRE- KPC
- CRPA- VIM
- New C. auris. New CRE- KPC
- Negative







**AFTER**

- New C. auris
- Prev. C. auris
- New CRAB
- Prev. CRAB
- CRE- KPC
- CRPA- VIM
- New C. auris. New CRE- KPC
- Negative





# FAQ: We are admitting a new resident. How do I know if they have a XDRO?

- Query the Illinois XDRO registry for all new admissions
  - If you do not have access to XDRO, contact Tasa Proctor at [Tasa.Proctor@cityofchicago.org](mailto:Tasa.Proctor@cityofchicago.org)
- Note that XDRO **ONLY** has information on individuals who have been tested and were positive
  - Testing for XDROs is **not** routine at most facilities. Thus, there are almost certainly a considerable number of SNF residents with XDROs that are not in the registry because they have never been tested for these organisms.
- Residents who test positive for a XDRO will remain in the registry indefinitely. If you admit a resident who is in the registry, please ensure they are immediately placed into Enhanced Barrier Precautions and cohorted appropriately.



# Examples of Additional Resources in the Toolkit

## Appendix N: Post In-Service Exam

### Implementing Personal Protective Equipment in Nursing Homes Post In-service Test

- Enhanced Barrier Precautions are a new type of Transmission-Based Precautions.
  - True
  - False
- Enhanced Barrier Precautions are to be used for high-contact patient care activities.
  - True
  - False
- Which of the following is NOT a high-contact activity?
  - Toileting
  - Wound care
  - Changing linen
  - None of the Above. All are high-contact activities.
- Residents in Contact Precautions must remain in their room (room restrictions).
  - True
  - False
- Residents in Enhanced Barrier Precautions must remain in their room (room restrictions).
  - True
  - False
- Where do Enhanced Barrier Precautions fall within the continuum of care?
  - Contact Precautions, Standard Precautions, Enhanced Barrier Precautions
  - Standard Precautions, Enhanced Barrier Precautions, Contact Precautions
  - Standard Precautions, Contact Precautions, Enhanced Barrier Precautions
- Enhanced Barrier Precautions do **NOT** require the use of gowns and gloves for high-contact patient care activities.
  - True
  - False
- Colonization is when bacteria are present in or on the body but not causing symptoms or disease.
  - True
  - False
- New CDC guidance on personal protective equipment use in nursing homes was created to prevent the spread of novel or targeted multidrug-resistant organisms.
  - True
  - False
- Hand hygiene with an alcohol-based hand rub should be performed at the entry and exit of the resident's room.
  - True
  - False

## Appendix Q: Personal Protective Equipment (PPE) Competency Validation

### Donning and Doffing

Type of validation: Return demonstration

Orientation:  Annual:  Other:

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Donning PPE	Competent	
	Yes	No
1. Perform hand hygiene.		
2. Don Gown: Ensure gown covers from neck to knees.		
3. Tie/fasten gown at back of neck and waist.		
4. Don Mask/Respirator: Ensure ties/elastic bands are secure.		
5. Pinch flexible band at the nose.		
6. Fit snug to face and below the chin (Fit-check respirator if applicable).		
7. Don Eye Protection (goggles or face shield): Place over face and eyes; adjust to fit.		
8. Don Gloves: Extend to cover wrist of gown.		
DoFFing PPE		
9. Remove Gloves: Grasp outside of glove with opposite gloved hand and peel off.		
10. Hold removed glove in the gloved hand.		
11. Slide fingers of ungloved hand under remaining glove at the wrist.		
12. Peel glove off over first glove.		
13. Discard gloves in the waste container.		
14. Remove eye protection. Handle by the head band or earpieces.		
15. Discard in designated waste container.		
16. Remove Gown: Unfasten ties or snaps.		



# Coming soon: Air Purifiers

- CDPH has purchased air purifiers and replacement filters for each Chicago-based skilled nursing facility, assisted living facility, and supportive living facility
  - Other facility types within Chicago (e.g., SMHRFs) and SNF/AL/SL facilities that are outside of Chicago will not receive purifiers
- These air purifiers will be delivered to facilities in the near future (delivery date TBD)
- The delivery will be addressed to the Administrator or Executive Director
- Please ensure that your receptionists are aware that the deliveries are forthcoming so that they can keep a lookout
- Purifiers should be placed in areas where residents congregate (e.g., dining room, activity room) and/or units experiencing COVID or other viral respiratory outbreaks
- If you have questions, please contact Janice Turner at [Janice.Turner@cityofchicago.org](mailto:Janice.Turner@cityofchicago.org)



# Coming soon: CNA Focus Groups

- CDPH will be holding focus groups for CNAs in the spring to better understand motivators and detractors related to CNA retention at SNFs
- Focus groups will be held virtually using an anonymous text-based platform (can participate from a phone or computer)
- CNAs who participate in a group will receive a \$75 incentive
- We will be distributing recruitment materials to your facilities in ~1 month and encourage you to share with your CNAs and post near the time clock
- IPs will also be asking for your input/thoughts around retention on the next round of follow-up calls

# Respiratory Protection Programs: The Business Case



# Respiratory Protection Program

## Objective:

Ensure that LTCFs are provided with training and technical assistance on how to develop, implement, and maintain a compliant and comprehensive respiratory protection program.



We will provide clinical, engineering, and administrative consultation for the development of a **robust Respiratory Protection Program (RPP)** that:

- meets all aspects of **OSHA Respiratory Protection Program Standard**
- **improves health outcomes for staff, residents, and visitors to the facility**
- **provides a solid return on investment** by way of training, consultation, materials, equipment, supplies, and cost-avoidance related to OSHA penalties and other CMP

# Return on Investment

## Investment

- 3 team members
- 6 hours virtual training
- 2 hours in-person fit testing training
- Participation in assessment, gap analysis, and action planning
- 8+ labor hours (variable depending on assessment results)

3 staff x \$50.00/hour x 16 hours =  
\$2400.00

In labor and benefit expense invested

<https://www.osha.gov/safetypays/>

## Return

- Simple, step-by-step guidance for developing a compliant RPP – written and practices
- Fit testing equipment, materials, and supplies
- Cost-avoidance (CMP) = up to \$156,259 per violation
- Improved infection prevention and control
- Improved health outcomes for staff, residents, and visitors to the facility
- Decreased Work Comp and lost time cost
- Improved IDPH and CMS compliance
- Goodwill/Marketing opportunity/improved patient and family experience

Free training and consultation **PROVIDED**

Minimum of \$2500 per facility in equipment and supplies **PROVIDED**

Minor infraction for no written RPP, no medical evals being conducted \$41,000 **SAVED**

Resident days lost to hospitalization/death **SAVED**

Agency/temporary staff coverage **SAVED**

Civil Monetary Penalties **SAVED**

Market share/revenue **INCREASED**



# Procurement Worksheet

Added Return on Investment

Purifiers: \$300-500 ea.

Reusable hoods: \$50 ea

Disposable hoods: \$7 ea

Solutions: \$25 ea

PAPR: \$1000 ea with 5 hoods

Medical evaluations: \$14 ea

## Example:

100 medical evals: \$1400

3 small purifiers: \$900

2 large purifiers: \$1000

1 PAPR with 5 hoods: \$1000

Total requested: \$4300

## Respiratory Protection Program

Date:

Facility Name and Address:

Contact Person, Name, Email, Phone #:

Number of floors:

Number of dining rooms:

Therapy room (s):

Community room(s):

## Resources Needed

Quantity

Small Air Purifier

Large Air Purifier

Reusable Fit Test Hood

Disposable Fit Test Hood

Replacement Sensitivity Solution for Respirator Qualitative Fit Test Kit, Sweet

Replacement Sensitivity Solution for Respirator Qualitative Fit Test Kit, Bitter

PAPR units

PAPR disposable hoods

Medical Evaluations

# Questions? Ideas?



Please email with questions:

[SFischer@ProjectHOPE.org](mailto:SFischer@ProjectHOPE.org)

Cohorts 5&6 begin March 5<sup>th</sup> and 6<sup>th</sup> (Tues/Wed)

Registration is available now!

<https://redcap.uchicago.edu/surveys/?s=8HERJHRCNNNKPT8Y>

You may also register using our QR code



# Questions? Ideas?



Please email with questions:

[SFischer@ProjectHOPE.org](mailto:SFischer@ProjectHOPE.org)

Cohorts 7&8 begin May 5<sup>th</sup> and 6<sup>h</sup> (Tues/Wed)

Registration is available now!

<https://redcap.uchicago.edu/surveys/?s=X38N7K77DRH7749N>

*You may also register using our QR code:*





# **Auditing Infection Prevention And Control Practices**

# ★ Plan Your Audit Process

- What do you want to assess?
- What resources are available to use?
- How frequently will the audits be conducted?
- How will you document audit results?
- How and to whom will you share audit results?

# Why Are Audits Important

- Audits are an important means of noting when additional training in response to Infection prevention and control lapses may be needed.
- Audits involve direct observation or monitoring of healthcare personnel adherence to job-specific Infection Prevention measures.
- Formal audits include collection and aggregation of data to determine what proportion of time personnel are adhering to the facility's policies and processes.



# What Should Infection Prevention Audits Include?

- Audits should include assessment of critical practices.
- While CDC does not have a guideline for a specific number of observations that should be collected, small sample sizes may result in bias and may not allow for valid assessment of practices.
- In general, efforts should be made to assess the practices of all HCP who perform the practice being audited; such observations could count as their annual competency assessment.

# **Audit Method**

- Select which healthcare personnel you will audit (e.g., on a specific unit, shift, etc.)
- Before you conduct an audit, make sure necessary supplies are available (e.g., ABHR, PPE)
- Ensure that you are using a standardized tool to collect observations
- Conduct direct observations of appropriate infection prevention and control practices of healthcare workers.



# ★ Preparation Of An Audit Team

- Audit Champions are important for an audit.
- A supportive organizational culture is an important contextual factor for champions to be able to perform.
- While the perception may be that auditing teams are searching for weaknesses in practices, auditing is not meant to be punitive.
- The audit team should identify leaders on units and communicate the findings.

# ★ Plan, Do, Study, Act Cycle

- **Plan** Stage - a change aimed at improvement.
- **Do** Stage- sees this change tested
- **Study** Stage – examines the success of the change
- **Act** Stage – identifies adaptations and next steps to inform a new cycle





# Question 1:

- To increase hand hygiene, in what phase of the PDSA Cycle would we implement the intervention?

# **Answer:1**

- The Do Phase


## **Question 2:**

- Your facility is having an outbreak of C. diff. What types of practices could you audit to ensure staff are following the appropriate protocols?

 **Answer: 2**

Examples of practices you could audit include:

- Glove use
- Gown use
- Changing PPE
- Hand hygiene using soap and water as opposed to ABHR
- Cleaning with a list K agent



# Examples Of Content That Should Be Included In Training And Assessed During Auditing Depending On The Area Being Assessed:

- Hand Hygiene
- Cleaning and disinfection of environmental surfaces
- Use of Personal Protective Equipment (PPE)
- Reprocessing of reusable medical equipment
- Safe injection practices
- Point of care blood testing
- Wound care



# How Observational Audits Improve Infection Prevention

- Observational audits are the best way to understand if your staff fully comply with infection prevention practices because audit observations are made while staff perform their usual duties.
- Auditing allows you to obtain accurate compliance rates and identify process failures, such as a step in the handwashing process that some staff miss.
- Audits should focus on one aspect of infection prevention at a time, for example, hand hygiene, personal protective equipment (PPE) use, or environmental cleaning.



# ★ Examples Of Who Can Conduct Audits

- IP
- Department Manager
- Secret Shoppers
- Nurses
- Volunteers

## **Question 3:**

- What is one advantage of using secret shoppers to conduct audits?

 **Answer 3:**

- If staff know that they are being watched, they are more likely to change their behavior (Hawthorne effect).
- Conversely, if staff don't know that they are being watched, they are more likely to behave as usual.



# References:

- <https://www.cdc.gov/infectioncontrol/pdf/strive/CBT102-508.pdf>
- <https://www.cdc.gov/hicpac/recommendations/core-practices.html>
- <https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7115347/>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8011742/>
- <https://www.tribaleval.org/wp-content/uploads/2016/05/PDSA-chart-1-1.png>
- <https://www.ahrq.gov/health-literacy/improve/precautions/tool2b.html#:~:text=The%20Plan%2DDo%2DStudy%2D,on%20it%2C%20and%20testing%20again.>
- <https://www.cdc.gov/infectioncontrol/pdf/strive/CBT102-508.pdf>
- <https://www.healthteamworks.org/resource/pdsa-plan-do-study-act>
- <https://www.cdc.gov/infectioncontrol/pdf/icar/IPC-mod1-training-audits-508.pdf>
- <https://www.ahrq.gov/sites/default/files/wysiwyg/nursing-home/materials/observational-audits.pdf>
- <https://archpublichealth.biomedcentral.com/articles/10.1186/s13690-022-00979-z>



**Thank You**

# CHG Bathing Audit Tool

## Observed CHG Bathing Practices

Please circle your answer:

- |   |   |   |
|---|---|---|
| Y | N | Cleanses entire neck area well including skin folds and around lines.       |
| Y | N | Massages skin <i>firmly</i> with CHG cloth to ensure adequate cleansing.    |
| Y | N | States rationale for not using soap below jaw line at any time.             |
| Y | N | Uses all six cloths and more if needed.                                     |
| Y | N | Cleans armpit and back of knee well.  |
| Y | N | Cleans in between toes and fingers.   |
| Y | N | Cleans between all folds in perineal and gluteal area.                      |
| Y | N | Wipes occlusive and semi-permeable dressing with CHG cloth.                 |
| Y | N | Cleans tubing, lines, and drains closest to body (after emptying drains).   |
| Y | N | Bathing is completed with no skin below jaw line missed.                    |
| Y | N | N/A Uses CHG on superficial wounds, rash, and stage 1 & 2 decubitus ulcers. |
| Y | N | N/A Uses on closed surgical wounds.   |
| Y | N | Allows to air dry/does not wipe off CHG.                                    |
| Y | N | CHG bathing documented.   |

## Queries to Bathing Assistant/Nurse

1. Do you ever use soap in conjunction with a CHG bathing cloth? If so, when?

2. Do you reapply CHG after an episode of incontinence?

3. If a patient needs freshening up/second bath, do you use CHG cloths or a different product?

4. Are you comfortable applying CHG to superficial wounds?

5. Are you comfortable applying CHG to stage 1 & 2 decubitus ulcers?

6. Are you comfortable applying CHG to closed surgical wounds?

7. Do you ever wipe off the CHG after bathing?

# Hand Hygiene Audit Tools



## Hand Hygiene Observation Tool

Staff Name: \_\_\_\_\_ Observer: \_\_\_\_\_ Date: \_\_\_\_\_

Use an Alcohol-Based Hand Rub	Yes	No	F/U action if needed	Notes
Used proper technique* (see next page)				
Before touching a resident				
Before performing an aseptic task				
Before handling invasive medical devices				
Before moving from a soiled body site to a clean body site				
After touching a resident or their belongings				
After contact with blood, body fluids or contaminated surfaces				
Immediately after glove removal				
Wash with Soap and Water	Yes	No	F/U action if needed	Notes
Used proper technique* (see next page)				
When hands are visibly soiled				
After caring for a person with known or suspected infectious diarrhea				
After known or suspected exposure to spores (e.g. B. anthracis, C. difficile outbreaks)				
Glove Use	Yes	No	F/U action if needed	Notes
ABHR used prior to donning gloves and before touching the resident				
Gloves changed and appropriate hand hygiene performed when needed * (see next page)				
Gloves are changed between care of more than one resident				
Gloves carefully removed to prevent hand contamination				
ABHR used immediately after removing gloves (Use soap and water after norovirus, B. anthracis or C. difficile exposure)				

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## Hand Hygiene Adherence Observations

Complete as many observations as possible during the visit. If observed, note hand conditions that increase risk of colonization with pathogens (e.g., dermatitis, use of artificial nails) in comments.

Location/Unit	Staff type	Type of opportunity	HH performed?	Comments
		<input type="radio"/> Room entry <input type="radio"/> Room exit <input type="radio"/> Before patient/resident contact* <input type="radio"/> Before clean/aseptic procedure <input type="radio"/> After patient/resident contact* <input type="radio"/> After glove removal <input type="radio"/> Other (specify): _____	<input type="radio"/> ABHS <input type="radio"/> Hand Wash <input type="radio"/> No hand hygiene done	
		<input type="radio"/> Room entry <input type="radio"/> Room exit <input type="radio"/> Before patient/resident contact* <input type="radio"/> Before clean/aseptic procedure <input type="radio"/> After patient/resident contact* <input type="radio"/> After glove removal <input type="radio"/> Other (specify): _____	<input type="radio"/> ABHS <input type="radio"/> Hand Wash <input type="radio"/> No hand hygiene done	
		<input type="radio"/> Room entry <input type="radio"/> Room exit <input type="radio"/> Before patient/resident contact* <input type="radio"/> Before clean/aseptic procedure <input type="radio"/> After patient/resident contact* <input type="radio"/> After glove removal <input type="radio"/> Other (specify): _____	<input type="radio"/> ABHS <input type="radio"/> Hand Wash <input type="radio"/> No hand hygiene done	
		<input type="radio"/> Room entry <input type="radio"/> Room exit <input type="radio"/> Before patient/resident contact* <input type="radio"/> Before clean/aseptic procedure <input type="radio"/> After patient/resident contact* <input type="radio"/> After glove removal <input type="radio"/> Other (specify): _____	<input type="radio"/> ABHS <input type="radio"/> Hand Wash <input type="radio"/> No hand hygiene done	
		<input type="radio"/> Room entry <input type="radio"/> Room exit <input type="radio"/> Before patient/resident contact* <input type="radio"/> Before clean/aseptic procedure <input type="radio"/> After patient/resident contact* <input type="radio"/> After glove removal <input type="radio"/> Other (specify): _____	<input type="radio"/> ABHS <input type="radio"/> Hand Wash <input type="radio"/> No hand hygiene done	

\*In semi-private rooms observe hand hygiene adherence when moving between residents/patients



# Personal Protective Equipment Audit Tool



## Personal Protective Equipment (PPE) Observation Tool MDH ICAR INFECTION PREVENTION AUDIT TOOLS

This audit tool can be used to determine compliance of hand hygiene and personal protective equipment practices for any staff member.

Observer: \_\_\_\_\_

Date: \_\_\_\_\_

Unit: \_\_\_\_\_

Role	Action	Hand Hygiene Observed	Transmission Based Precautions and PPE Donned
<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> CNA <input type="checkbox"/> EVS <input type="checkbox"/> PCA <input type="checkbox"/> TMA <input type="checkbox"/> DSP <input type="checkbox"/> RT <input type="checkbox"/> REHAB <input type="checkbox"/> PROVIDER <input type="checkbox"/> DIETARY <input type="checkbox"/> LAUNDRY <input type="checkbox"/> ACTIVITIES <input type="checkbox"/> FACILITIES <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> ENTER <input type="checkbox"/> EXIT	<input type="checkbox"/> WASH <input type="checkbox"/> RUB <input type="checkbox"/> MISSED	<input type="checkbox"/> STANDARD <input type="checkbox"/> CONTACT <input type="checkbox"/> CONTACT/DROPLET <input type="checkbox"/> DROPLET <input type="checkbox"/> ENHANCED BARRIER <input type="checkbox"/> ENHANCED RESPIRATORY Gloves: <input type="checkbox"/> Yes <input type="checkbox"/> No    Gown: <input type="checkbox"/> Yes <input type="checkbox"/> No Mask: <input type="checkbox"/> Yes <input type="checkbox"/> No    Gown: <input type="checkbox"/> Yes <input type="checkbox"/> No    Mask: <input type="checkbox"/> Yes <input type="checkbox"/> No Gloves: <input type="checkbox"/> Yes <input type="checkbox"/> No    Gown: <input type="checkbox"/> Yes <input type="checkbox"/> No N95 or PAPR: <input type="checkbox"/> Yes <input type="checkbox"/> No    Eye Protection: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> CNA <input type="checkbox"/> EVS <input type="checkbox"/> PCA <input type="checkbox"/> TMA <input type="checkbox"/> DSP <input type="checkbox"/> RT <input type="checkbox"/> REHAB <input type="checkbox"/> PROVIDER <input type="checkbox"/> DIETARY <input type="checkbox"/> LAUNDRY <input type="checkbox"/> ACTIVITIES <input type="checkbox"/> FACILITIES <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> ENTER <input type="checkbox"/> EXIT	<input type="checkbox"/> WASH <input type="checkbox"/> RUB <input type="checkbox"/> MISSED	<input type="checkbox"/> STANDARD <input type="checkbox"/> CONTACT <input type="checkbox"/> CONTACT/DROPLET <input type="checkbox"/> DROPLET <input type="checkbox"/> ENHANCED BARRIER <input type="checkbox"/> ENHANCED RESPIRATORY Gloves: <input type="checkbox"/> Yes <input type="checkbox"/> No    Gown: <input type="checkbox"/> Yes <input type="checkbox"/> No Mask: <input type="checkbox"/> Yes <input type="checkbox"/> No    Gown: <input type="checkbox"/> Yes <input type="checkbox"/> No    Mask: <input type="checkbox"/> Yes <input type="checkbox"/> No Gloves: <input type="checkbox"/> Yes <input type="checkbox"/> No    Gown: <input type="checkbox"/> Yes <input type="checkbox"/> No N95 or PAPR: <input type="checkbox"/> Yes <input type="checkbox"/> No    Eye Protection: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> CNA <input type="checkbox"/> EVS <input type="checkbox"/> PCA <input type="checkbox"/> TMA <input type="checkbox"/> DSP <input type="checkbox"/> RT <input type="checkbox"/> REHAB <input type="checkbox"/> PROVIDER <input type="checkbox"/> DIETARY <input type="checkbox"/> LAUNDRY <input type="checkbox"/> ACTIVITIES <input type="checkbox"/> FACILITIES <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> ENTER <input type="checkbox"/> EXIT	<input type="checkbox"/> WASH <input type="checkbox"/> RUB <input type="checkbox"/> MISSED	<input type="checkbox"/> STANDARD <input type="checkbox"/> CONTACT <input type="checkbox"/> CONTACT/DROPLET <input type="checkbox"/> DROPLET <input type="checkbox"/> ENHANCED BARRIER <input type="checkbox"/> ENHANCED RESPIRATORY Gloves: <input type="checkbox"/> Yes <input type="checkbox"/> No    Gown: <input type="checkbox"/> Yes <input type="checkbox"/> No Mask: <input type="checkbox"/> Yes <input type="checkbox"/> No    Gown: <input type="checkbox"/> Yes <input type="checkbox"/> No    Mask: <input type="checkbox"/> Yes <input type="checkbox"/> No Gloves: <input type="checkbox"/> Yes <input type="checkbox"/> No    Gown: <input type="checkbox"/> Yes <input type="checkbox"/> No N95 or PAPR: <input type="checkbox"/> Yes <input type="checkbox"/> No    Eye Protection: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> CNA <input type="checkbox"/> EVS <input type="checkbox"/> PCA <input type="checkbox"/> TMA <input type="checkbox"/> DSP <input type="checkbox"/> RT <input type="checkbox"/> REHAB <input type="checkbox"/> PROVIDER <input type="checkbox"/> DIETARY <input type="checkbox"/> LAUNDRY <input type="checkbox"/> ACTIVITIES <input type="checkbox"/> FACILITIES <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> ENTER <input type="checkbox"/> EXIT	<input type="checkbox"/> WASH <input type="checkbox"/> RUB <input type="checkbox"/> MISSED	<input type="checkbox"/> STANDARD <input type="checkbox"/> CONTACT <input type="checkbox"/> CONTACT/DROPLET <input type="checkbox"/> DROPLET <input type="checkbox"/> ENHANCED BARRIER <input type="checkbox"/> ENHANCED RESPIRATORY Gloves: <input type="checkbox"/> Yes <input type="checkbox"/> No    Gown: <input type="checkbox"/> Yes <input type="checkbox"/> No Mask: <input type="checkbox"/> Yes <input type="checkbox"/> No    Gown: <input type="checkbox"/> Yes <input type="checkbox"/> No    Mask: <input type="checkbox"/> Yes <input type="checkbox"/> No Gloves: <input type="checkbox"/> Yes <input type="checkbox"/> No    Gown: <input type="checkbox"/> Yes <input type="checkbox"/> No N95 or PAPR: <input type="checkbox"/> Yes <input type="checkbox"/> No    Eye Protection: <input type="checkbox"/> Yes <input type="checkbox"/> No





# Indwelling Urinary Catheter Insertion Audit Tool

## Long-Term Care: Indwelling Urinary Catheter Insertion Checklist

Resident Name (print) \_\_\_\_\_ Med Rec# \_\_\_\_\_ Unit \_\_\_\_\_  
 Date/Time \_\_\_\_\_  
 Inserting Clinician (print) \_\_\_\_\_ Signature \_\_\_\_\_  
 Technique Reviewer<sup>1</sup>, if applicable (print) \_\_\_\_\_ Signature \_\_\_\_\_

I. BEFORE CATHETER INSERTION	✓	COMMENTS
1. Confirm order, to include catheter and balloon size; use the smallest effective catheter size.		
2. Assemble and verify supplies. Consider bringing a second catheter to use if the first one is accidentally contaminated.		
3. Identify the resident, per facility policy. Explain the procedure, its necessity, and its potential complications to the resident and/or family.		
4. Ensure privacy and good lighting.		
5. Position the resident correctly for the procedure; consider using an assistant to help resident stay in position and decrease potential contamination of sterile catheter.		
6. Perform hand hygiene, don clean gloves, and cleanse the perineal area with a washcloth, skin cleanser, and warm water, moving from front to back.		
7. Remove gloves and perform hand hygiene.		
II. DURING INSERTION	✓	COMMENTS
1. Open the sterile catheterization kit on a clean bedside table, using sterile technique. Ensure all supplies are conveniently positioned.		
2. Put on sterile gloves and drape the resident.		
3. Prepare the antiseptic solution; ensure the resident is not allergic to iodine. Apply sterile lubricant to the catheter tip. Consider attaching catheter to drainage system now, if not already attached, and ensure the drainage bag emptying port is clamped.		
4. With nondominant hand, identify meatus, and be prepared to keep this hand in this position until after the urine is flowing.		
5. With dominant (sterile) hand, clean the meatus opening with the antiseptic solution, moving from top to bottom. Use a new wipe/swab each time. Allow the antiseptic to dry.		
6. With the dominant (sterile) hand, insert the catheter slowly into the urethra until there is a return of urine. Then advance the catheter 2-3 inches more. (Do not force the catheter through the urethra). Leave the catheter in the vagina, if accidentally inserted, until after the new sterile urinary catheter is inserted into the bladder.		
7. Hold the catheter with the nondominant hand; use the dominant hand to fully inflate the catheter balloon with the entire volume of supplied sterile water in the prefilled syringe.		
8. Gently pull on catheter after balloon inflation to feel resistance.		

III. AFTER INSERTION	✓	COMMENTS
1. Remove used equipment and dispose of used supplies in trash per facility policy. Place syringe in sharps container. If a bladder scanner was used, wipe it with appropriate disinfectant cleaner before storing for use with the next resident.		
2. Secure catheter to the resident's leg with securement device. Remove gloves and perform hand hygiene.		
3. Cover the resident with linens and assist to a comfortable position.		
4. Ensure the tubing is not kinked and the drainage bag is below the level of the bladder. Place a cover over the drainage bag to maintain resident dignity.		
5. Perform hand hygiene.		
6. Document— a. Type and size of catheter and balloon b. Amount of fluid inserted in the balloon c. How the resident tolerated the procedure d. Amount of urine obtained and its characteristics e. Name of person performing the insertion and the date it was completed.		
7. Label a urine collection container with a resident identifier and date.		

<sup>1</sup>Licensed nursing staff member present during insertion to ensure that correct procedural steps/aseptic technique are performed.

# Wound Care Audit Tool



## Wound Dressing Change Observation Tool MDH ICAR INFECTION PREVENTION AUDIT TOOLS

This audit tool can be used to determine compliance of wound dressing change practices for any staff member.

Observer: \_\_\_\_\_ Date: \_\_\_\_\_ Location (room/unit/etc.): \_\_\_\_\_

Role	All supplies gathered before dressing change <sup>i</sup>	HH performed before dressing change	Clean gloves donned before dressing change <sup>ii</sup>	Multi-dose wound care meds used appropriately <sup>iii</sup>	Dressing change performed in manner to prevent cross-contamination <sup>iv</sup>	Gloves removed after dressing change completed	HH performed after dressing change completed	Reusable equipment cleaned and/or disinfected appropriately <sup>v</sup>	Clean, unused supplies discarded or dedicated to one resident	Wound care performed/assessed regularly <sup>vi</sup>	Wound care supply cart is clean <sup>vii</sup>
<input type="checkbox"/> RN <input type="checkbox"/> REHAB <input type="checkbox"/> PROVIDER <input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<input type="checkbox"/> RN <input type="checkbox"/> REHAB <input type="checkbox"/> PROVIDER <input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<input type="checkbox"/> RN <input type="checkbox"/> REHAB <input type="checkbox"/> PROVIDER <input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<input type="checkbox"/> RN <input type="checkbox"/> REHAB <input type="checkbox"/> PROVIDER <input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

NA: Not assessed

ROLE: RN—registered nurse; REHAB—rehabilitation including physical occupational, music, and speech therapy; PROVIDER—medical doctor (MD), Doctor of Osteopathic Medicine (DO), nurse practitioner (NP), physician assistant (PA), dentist (DDS); CONTRACTOR—contracted wound care nurse

<sup>i</sup> Dedicated wound dressing change supplies and equipment should be gathered and accessible on a clean surface at resident’s bedside before starting procedure.

<sup>ii</sup> Additional PPE (e.g., facemask/face shield, gown) should be worn to prevent body fluids exposure per facility policy.

<sup>iii</sup> Multi-dose wound care medications (e.g., ointments, creams) should be dedicated to a single resident whenever possible or a small amount of medication should be aliquoted into clean container for single-resident use; Meds should be stored properly in centralized location and never enter a resident treatment area.

<sup>iv</sup> Gloves should be changed and HH performed when moving from dirty to clean wound care activities (e.g., after removal of soiled dressings, before handling clean supplies); Debridement or irrigation should be performed in a way to minimize cross-contamination of surrounding surfaces from aerosolized irrigation solution; All soiled dressing supplies should be discarded.

<sup>v</sup> In addition to reusable medical equipment, any surface in the resident’s immediate care area contaminated during a dressing change should be cleaned and disinfected; Any visible blood or body fluid should be removed first with a wet, soapy cloth then disinfected with an EPA-registered disinfectant per manufacturer instructions and facility policy; Surfaces/equipment should be visibly saturated with solution and allowed to dry for proper disinfection before reuse.

<sup>vi</sup> Wound care documentation should include wound characteristics (e.g., size, stage), dressing assessment (e.g., clean, dry), and date and frequency of dressing changes; Wound care is documented in medical records per facility policy.

<sup>vii</sup> Wound care supply cart should never enter the resident’s immediate care area nor be accessed while wearing gloves or without performing HH first. These are important to preventing cross-contamination of clean supplies and reiterates the importance of collecting all supplies prior to beginning wound care.

# EVS Audit Tools

Non-movable fixtures and fittings	
<b>Walls and skirtings</b>	
(i)	Internal walls and skirtings are free from blood or body substances, dust, dirt, stains and cobwebs.
(ii)	Light switches are free from fingerprints, stains and any other marks.
(iii)	Wall-mounted alcohol hand rub dispensers should be visibly clean and free from blood or body substances, dust, dirt, debris or spillages.
(iv)	Hand-wash dispensers should be free from product build-up around the nozzle. Splashes on the wall, floor, sink should not be present.
<b>Ceilings, high areas, curtain rails</b>	
(i)	Ceilings are free from dust, dirt, lint, stains, film and cobwebs.
(ii)	Light covers and diffusers are free from dust, dirt, lint, cobwebs and insects.
(iii)	High shelves and the tops of cupboards are free from dust, dirt, lint, cobwebs and insects.
(iv)	Curtain rails and pelmets are free from dust, dirt, lint, cobwebs and insects.
<b>Windows</b>	
(i)	Internal surfaces of glass are free from streaks, spots, fingerprints and smudges.
(ii)	Window frames, tracks and ledges are clear and free from dust, dirt, marks and spots.
<b>Doors</b>	
(i)	Doors and door frames are free from dust, dirt, lint, fingerprints and cobwebs.
(ii)	Door grilles and other ventilation outlets are kept unblocked and free from dust, dirt, lint and cobwebs
(iii)	Door tracks and door jambs are free from dirt, lint and other debris.
<b>Hard floors (non-carpet)</b>	
(i)	The floor is free from dust, dirt, litter, stains, film, water or other liquids.
(ii)	Inaccessible areas (edges, corners and around furniture) are free from dust, dirt, lint and cobwebs.
(iii)	Polished or buffed floors are of a uniform lustre.
(iv)	Appropriate signage and precautions are taken regarding pedestrian safety of newly cleaned or wet floors.
<b>Soft floors (includes all carpets and carpet tiles)</b>	
(i)	The floor is free from dirt, litter, stains, badly worn areas, rips or tears.
(ii)	Inaccessible areas (edges, corners and around furniture) are free from dirt, lint, stains and cobwebs.
<b>Ducts, grilles and vents</b>	
(i)	All ventilation outlets are kept unblocked and free from dust, lint, cobwebs, mould and marks.
(ii)	All ventilation outlets are kept clear and uncluttered following cleaning.
<b>Electrical fixtures and appliances</b>	
(i)	Electrical fixtures and appliances are free from grease, dirt, dust, deposits, and stains.
(ii)	Motor vents etc are clean and free from dust and lint.
(iii)	Insect killing devices are free from dead insects and are clean and functional.
(iv)	Medical/Drug Refrigerators are clean and free from ice build-up.
(v)	Computer screens, keyboards, telephones are free from dust, lint, and fingermarks.

## CDC Environmental Checklist for Monitoring Terminal Cleaning<sup>1</sup>

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

### Evaluate the following priority sites for each patient room:

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

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

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

### Mark the monitoring method used:

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

<sup>1</sup>Selection of detergents and disinfectants should be according to institutional policies and procedures

<sup>2</sup>Hospitals may choose to include identifiers of individual environmental services staff for feedback purposes.

<sup>3</sup>Sites most frequently contaminated and touched by patients and/or healthcare workers



# ★ 2024 Long-Term Care Site Visits

- By now you should have received a HAN alert with a message from me.
- In this message you will be asked to schedule a date and time for me to visit your facility. You have the option to schedule this visit for any time from March through December.
- I'm asking for two-hours to see your facility, review your Preparedness plans, and meet with your Incident Command Team.
- Everything that I do during the visit is to help you with complying with all IDPH E-Tags for your annual surveys.





# Questions & Answers

For additional resources and upcoming events,  
please visit the CDPH LTCF HAN page at:  
<https://www.chicagohan.org/covid-19/LTCF>