



# Infection Prevention and Control Roundtable with Acute Care Facilities

2-15-24



# ACHOO TEAM



## Reach out to us!

### Our team:

- Deputy Commissioner: Massimo Pacilli
- Medical Director: [Stephanie Black, MD](#)  
[Do Young Kim, MD](#)
- Projects Administrator: [Shane Zelencik](#)
- Project Manager: [Maria Bovee](#)
- Infection Preventionist (IP):
  - [Andrea Castillo](#)
  - [Karen Branch-Crawford](#)
  - Kim Goitia (Dialysis and FQHCs Settings)
- Public Health Administrator (PHA):
  - [Romualdo Chavez](#)
  - [Maggie Li](#)

**Major role:** Build infection control capacity across healthcare facilities in Chicago

**ACHOO Email:** [cdphaiar@cityofchicago.org](mailto:cdphaiar@cityofchicago.org)

**ACHOO Phone:** 312-744-1100

**NEW: ACHOO HAN page:** [Acute Care Facilities HAN \(\[chicagohan.org\]\(http://chicagohan.org\)\)](#)



# Agenda

- **Important Updates**
  - NHSN Annual Survey
  - ACHOO Newsletter
  
- **Special Topics**
  - A Day in the Life of an IP: Prioritizing Our Resources
    - Rebecca Battjes, MPH, CIC, FAPIC, Senior Clinical Advisor, Infection Prevention, Diversey
  
- **Discussion and Q&A**



# Important Updates

- The deadline to complete the NHSN 2023 Patient Safety Annual Survey is **March 1, 2024**.
- ACHOO Newsletter is sent out twice a month.
  - If you are not receiving it and want to be added, please email [Maggie.Li@cityofchicago.org](mailto:Maggie.Li@cityofchicago.org)

## IP&C ANNOUNCEMENTS AND RESOURCES

February 13<sup>th</sup>, 2024

A BI-MONTHLY COMMUNICATION FROM THE CDPH ACHOO TEAM TO INFECTION PREVENTIONISTS  
AT ACUTE CARE HOSPITALS



# A Day in the Life of an IP: Prioritizing Our Resources

- Rebecca Battjes (pronounced “batches”) MPH, CIC is an Infection Prevention Senior Clinical Advisor for Diversey, Inc in North America.
- In this role, Rebecca serves as an infection prevention and control resource and industry liaison to support the improvement of environmental hygiene solutions and the adoption of evidence-based practices.
- Rebecca does not sell any products and CDPH does not endorse any products.



# Infection Prevention: A Day in the Life

Healthcare Disease Detectives



# DISCLOSURE

Rebecca is employed by Diversey – A Solenis Company. Diversey pays her expenses (travel, accommodations & salary) to attend and present this education. The company has had no input into the presentation from a commercial interest.



# TODAY'S GOALS



01

## WHO IS AN IP?

Who are IPs & where do they come from?

02

## IP PRIORITIZATION & DELEGATION

Learn to **triage** issues & stay in your IP lane

03

## MANIC MONDAYS

What to expect daily when you're preventing infections

04

## FREAKY FRIDAYS

TGIF? Burst pipes, suspected tuberculosis, oh my!

05

## KEY TOOLS & RESOURCES

Learn where to go when you need help the most





## How many years in Infection Prevention?

0

(A) 0 - 2

0%

(B) 3 - 5

0%

(C) 6 - 10

0%

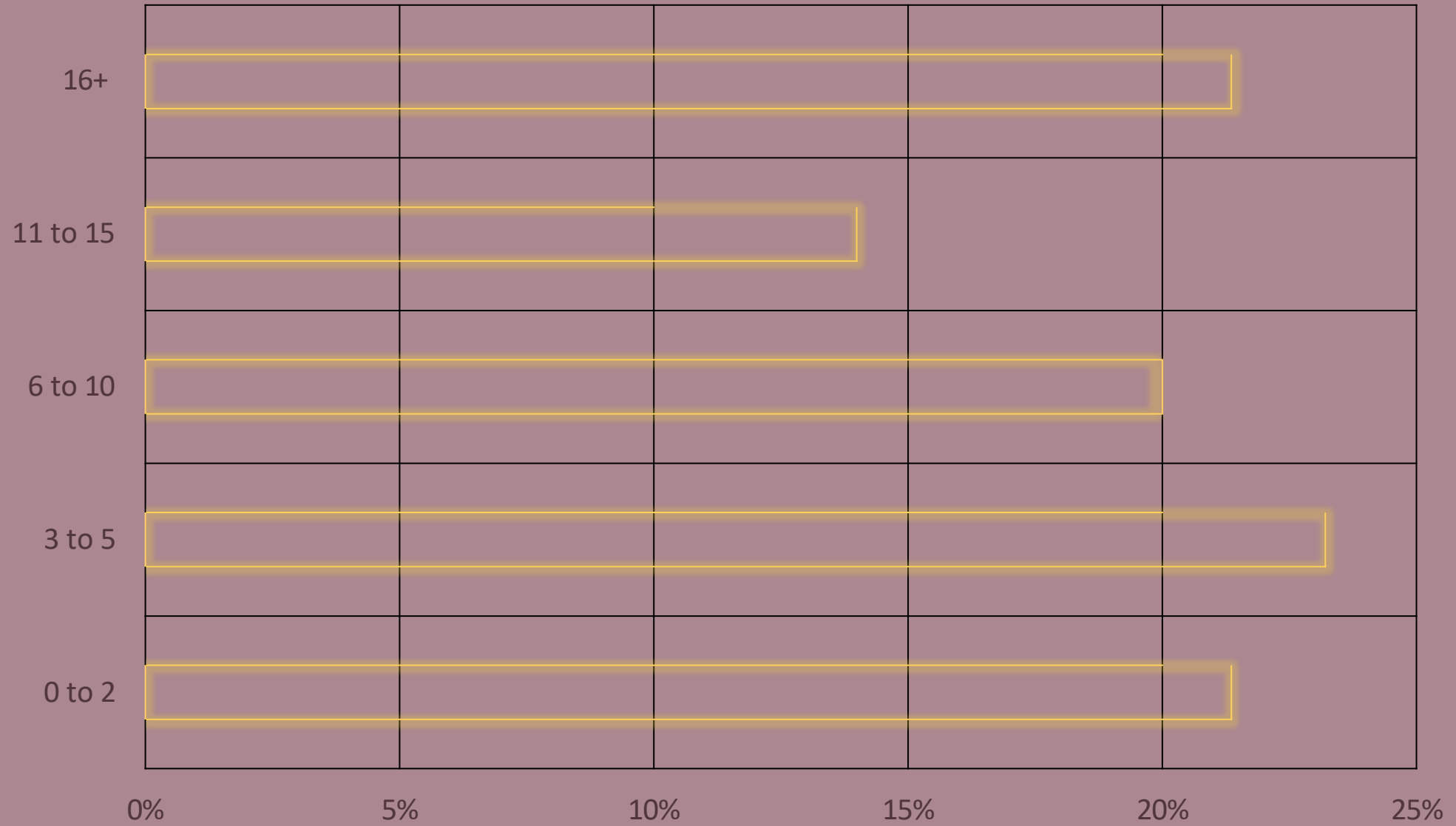
(D) 11 - 15

0%

(E) 16+

0%

## How We Compare to APIC 2020 Mega Survey Results



# 01

## WHO ARE IPSs?

A lot more than the hand hygiene police ...



# CORE ROLES



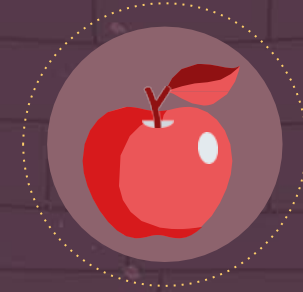
## DISEASE DETECTIVES

From daily laboratory results monitoring to outbreak investigations, surveillance accounts for the majority of IPC activities (2020 APIC MegaSurvey).



## SAFETY ADVOCATES

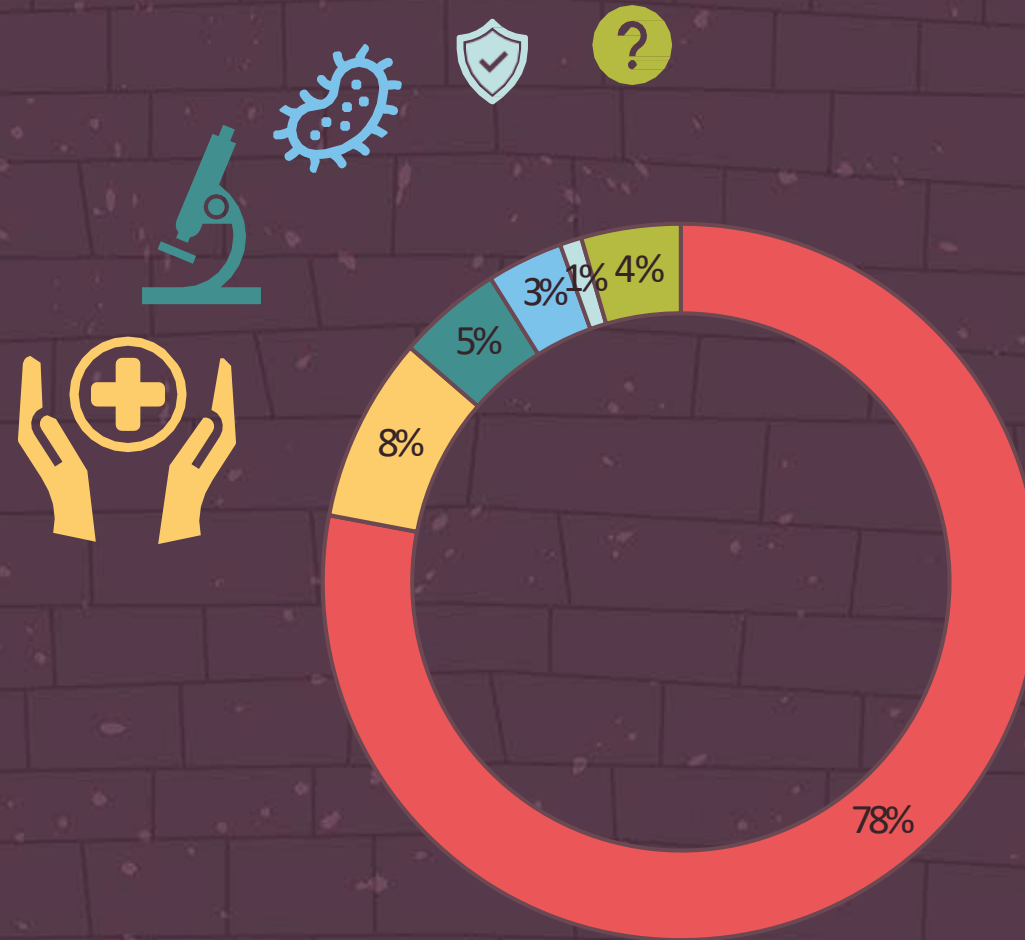
IPs promote a culture of safety for patients, staff, workers & the community (APIC 2022).



## EDUCATORS

IPs are always educating, even if they are not in an auditorium. Nearly every interaction with our healthcare colleagues is an opportunity to inform & educate.

# PRIMARY BACKGROUND PRIOR TO IPC

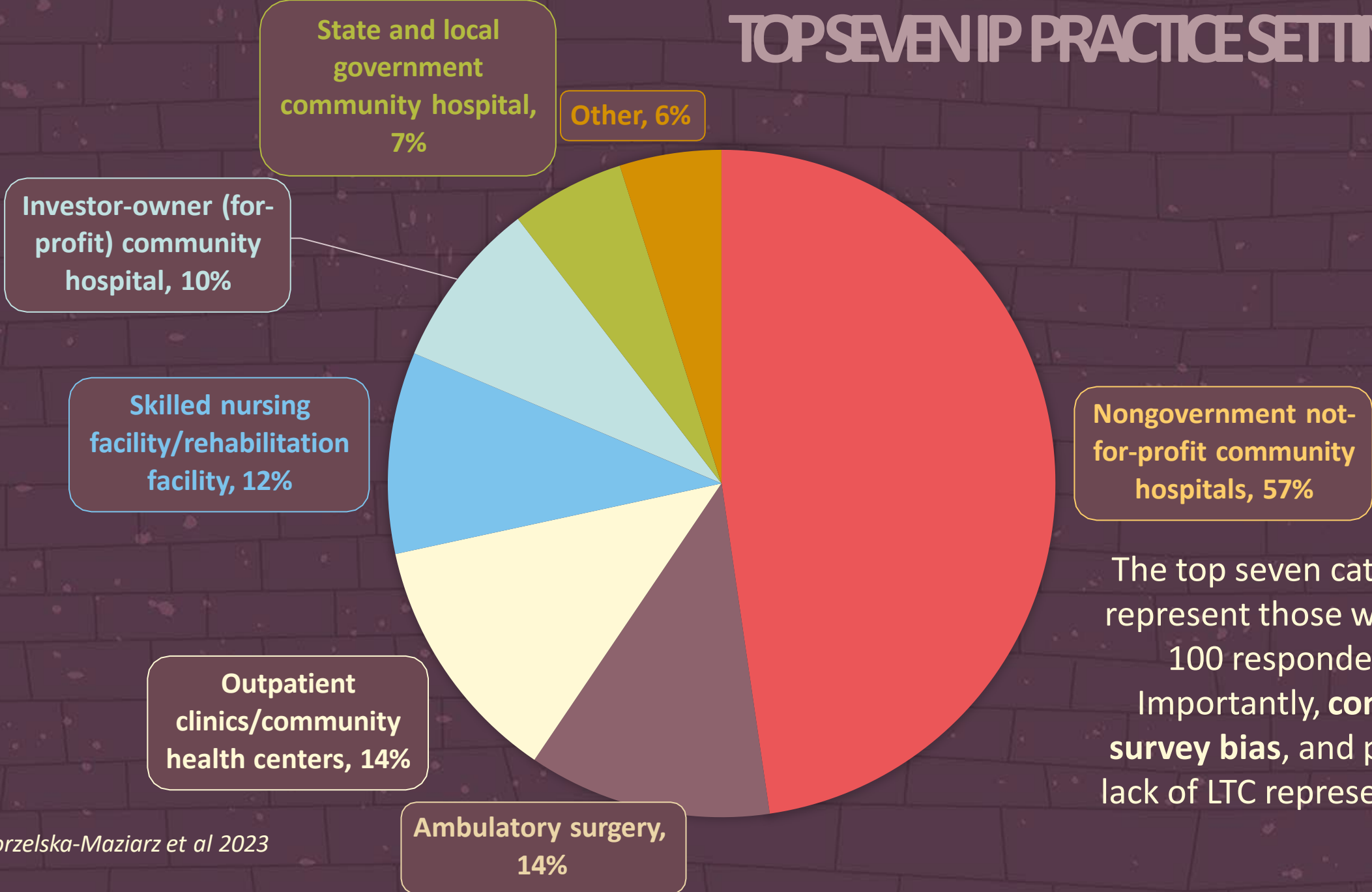


Per the 2020 APIC Mega Survey, nursing continues to be where most IPs get their start.

- Nurse
- Med tech/lab scientist
- Patient safety/performance improvement

- Public Health
- Microbiology
- Other

# TOP SEVEN IP PRACTICE SETTINGS\*



The top seven categories represent those with over 100 respondents. Importantly, **consider survey bias**, and possible lack of LTC representation.

# WHERE THE IP WORKS IMPACTS

## HOW THE IP WORKS

### Critical Access/ RURAL HOSPITAL

Per CMS (2023),  $\leq 25$  inpatient beds, annual average LOS  $< 96$  hrs. CAH IPs have 2.4 additional job duties (McMullen et al *in press* 2023)

### Long-term Care

Multiple roles & responsibilities, including direct clinical care. Turnover, multiple roles & limited experience and/or lack of IPC training are major challenges (Jones et al 2024)



### Large Academic Medical Center/ Health System

Often multi-IP team, dedicated fully to IP. Works is divided & IPs may gravitate to specific specialties/departments/surveillance areas.

### Ambulatory Surgical center

Could be part of a larger health system's ambulatory IP team, or responsible for multiple roles within stand alone ASC.



02

# PRIORITIZATION & DELEGATION

Stay in your lane, attempt to stay sane.



“I have two kinds of problems: the urgent and the important. The urgent are not important, and the important are never urgent.”

—Dwight D. Eisenhower



# THE EISENHOWER MATRIX

URGENT

LESS URGENT

IMPORTANT

## ① Do First

First focus on important tasks to be done the same day.

## ② Schedule

Important, but not-so-urgent stuff should be scheduled.

## ③ Delegate

What's urgent, but less important, delegate to others.

## ④ Don't Do

What's neither urgent nor important, don't do at all.

LESS IMPORTANT

# THE EISENHOWER MATRIX: AN IP PERSPECTIVE

URGENT

LESS URGENT

IMPORTANT

Communicable disease exposure with a short incubation period & high transmissibility (e.g., *Neisseria meningitidis* in spinal fluid)

NHSN data entry & HAI case investigations

LESS IMPORTANT

A bearded physician is refusing to wear a CAPR while entering the room of a suspect TB patient

Attending a monthly sepsis meeting after a year of no assigned action items or contributions

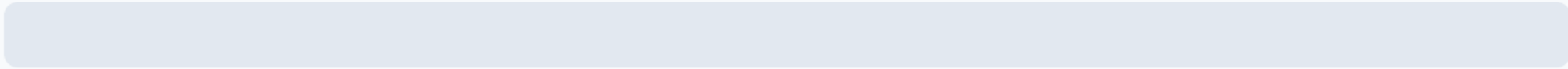
# 03 MANIC MONDAYS

The daily IP grind



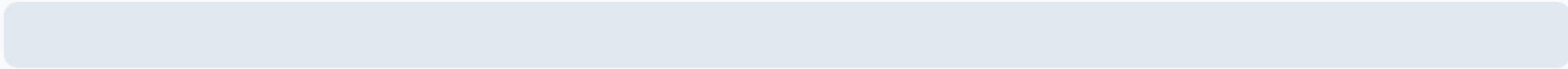
# For fun! What do you typically wear to work?

Scrubs



0%

Business casual



0%



# COMMON RESPONSIBILITIES

## COMMUNICATION



Checking emails,  
voicemails &  
answering incoming  
inquiries

## SURVEILLANCE

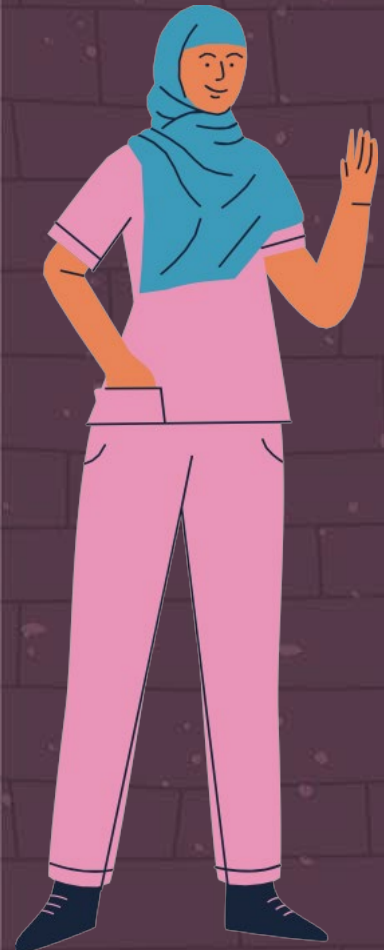


Monitoring lab  
results, HAI  
investigations, NHSN  
data entry &  
communicable  
disease reporting

## ROUNDING

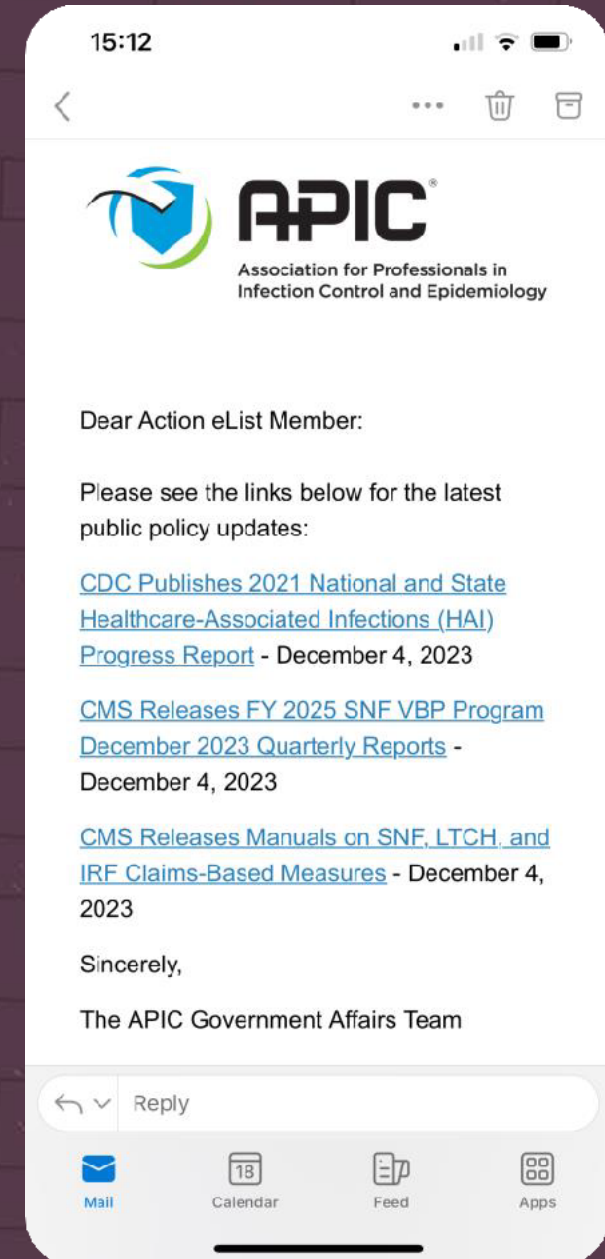


Isolation rounds,  
Environment of Care  
rounds & informal  
floor rounding



# COMMUNICATION: EMAILS

- Helpful subscriptions/“nice” to have:
  - [ProMed](#)
  - [Becker's Healthcare](#) Clinical Leadership & IC
    - ITL from CMS/TJC
- BUT ... **Don't fall down rabbit holes!**
- Critical/must-have
  - [CDC Health Alert Network \(HAN\)](#)
  - Local/state HAI distribution
  - Local/state emergency alert network systems (likely via text, too)
  - APIC eNews & Government Affairs





# COMMUNICATION: KEY JOURNALS

- Key journal subscriptions
  - Sign up for alerts for free
    - Table of contents
  - AJIC, ICHE, ASHE, HJIC, CID

Receive journal alerts from

*American Journal of Infection Control*

- Table of Contents  
*when Tables of Contents for new issues are available*
- Articles in Press  
*when new Articles in Press content is available*

Antimicrobial Stewardship & Healthcare Epidemiology

English | Français

This alert has been successfully added and will be sent to rbattjes@solenis.com. You will receive table of contents email alerts as soon as new issues are published. You will also receive regular email alerts listing all newly published articles. To manage your alert preferences, go to [My alerts](#).

Search Antimicrobial Stewardship & Healthcare Epidemiology

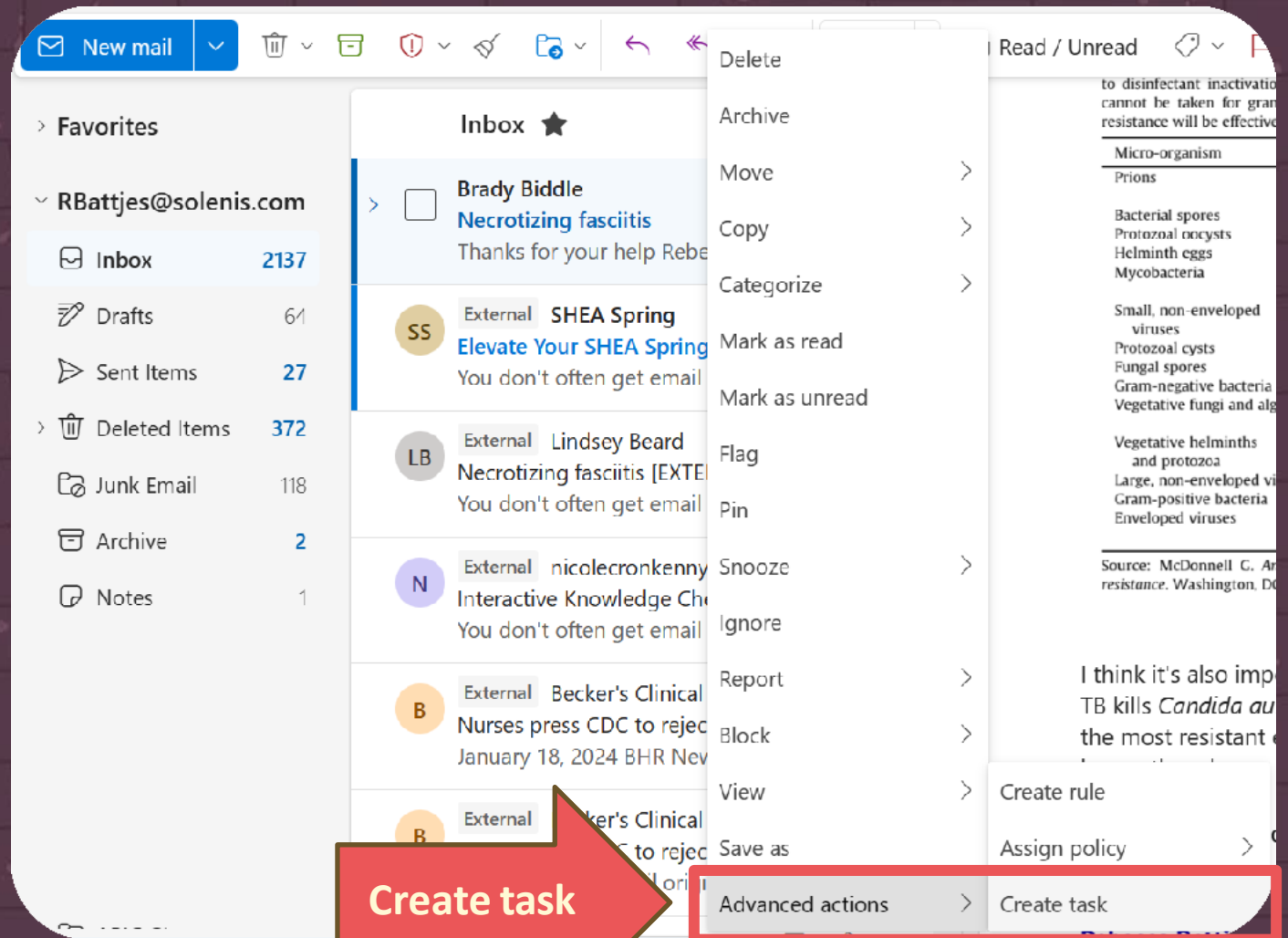
Search within full text

Submit your article | Announcements

SHEA

# COMMUNICATION: EMAILS

- Some prefer paper & sticky notes
- BUT technology can help IPs prioritize & organize
- I don't always carry sticky notes on me, but I *always* have my phone!



# COMMUNICATION: TASK LIST EXAMPLE

15:34

< Lists

## Upcoming Travel/Presentations

Sorted by Due Date

- GA Project Firstline: HAI Equation, CONFIRMED, VIRTUAL @8am EST Friday February 9, 2024
- APIC Greater Kansas City CONFIRMED VIRTUAL OR Turnover February 13 1pm to 3pm Central
- City of Chicago Virtual A Day in the Life at 2pm CST/3pm EST
- APIC DFW Virtual, CONFIRMED, Daily Outbreak Prevention in Long-Term Care: Moving Forward from COVID-19, CST 12:30pm login, presentation, 1pm - 2pm
- APIC San Francisco CONFIRMED, IN PERSON in San Jose, APIC Chapter 2024 CONFIRMED TWO SESSIONS: LTC Env C&D, OR through the Eyes of IP, 10am

+ Add a Task

Microsoft To Do

Rebecca Battjes  
rbattjes@solenis.com

Search

- My Day
- Important 1
- Planned 15
- Completed
- Assigned to me
- Flagged email 13
- Tasks
- HIGH 23
- Medium/Low 6
- Upcoming Travel/Presentatio... 14
- Presentation Ideas 8
- TO READ 4

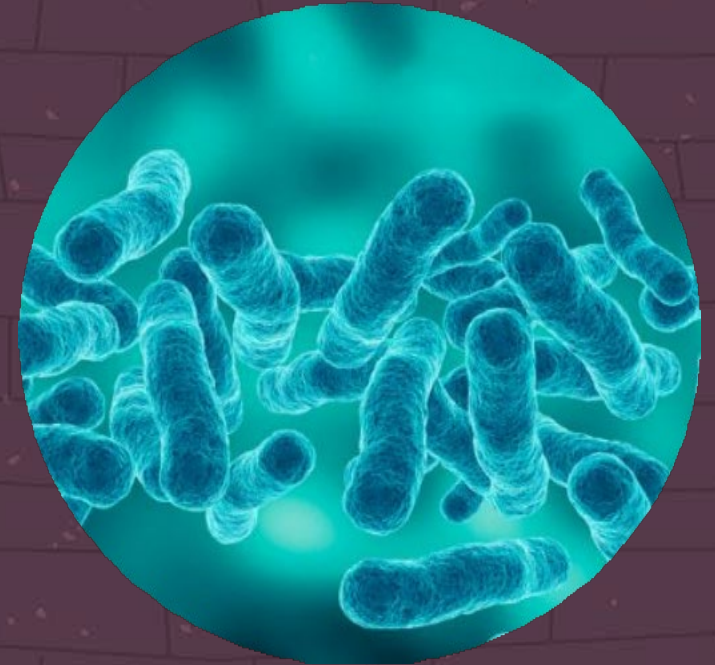
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- Oxivir 1 Wipe Trial, TENTATIVE/NOT CONFIR Aultman Hospital, Madelyn M, C
- APIC Chap 15 DV/Philadelphia, CONFIRMED, VIRTUAL, C&D in Rehab & Dial
- HOLD TENTATIVE NOT CONFIRMED IN PERSON Central IL Conference on M

# SURVEILLANCE: LAB RESULTS MONITORING

- Generally practiced, regardless of facility size/resources
- Keep in mind more and more results (antigens, PCRs, etc.) may not be included in a traditional microbiology report.
  - Work with Lab leadership to identify what is performed in-house versus offsite/at a reference lab.
  - Great example: Legionella results!



*Legionella pneumophila*  
under the microscope

# SURVEILLANCE: ISOLATION ORDERS REPORT

- Electronic medical records (EMRs) *should* have capacity to pull isolation orders in a report
  - Dependent on EMR
- In smaller facilities, may be more efficient to round in person
- Bottom line: ensure there is a method to detect both **active iso pts** AND **colonized MDRO pts** who readmit to the facility

Order Sets

Orders

Order Sets

Isolation Orders Personalize

This order set is used in the Infection Control Isolation Mismatch BPA.

Isolation Orders

ISOLATION - CONTACT

ISOLATION - CONTACT PLUS

ISOLATION - DROPLET

Isolation - Contact & Droplet  
Infection: COVID-19 Pending

ISOLATION - CONTACT PLUS & DROPLET

ISOLATION - AIRBORNE

ISOLATION - CONTACT & AIRBORNE

ISOLATION - CONTACT PLUS & AIRBORNE

Close Previous Next

Manage Orders Order Sets Options

Place new orders or order sets + New

Standard Next

Orders from Order Sets

Isolation Orders

Isolation - Contact & Droplet

Infection: COVID-19 Pending

Remove All Save Work Sign

[https://www.salemhealth.org/docs/default-source/common-ground-docs-and-images/covid-19-infection-and-isolation-epic-workflow.pdf?sfvrsn=fda6dcfd\\_0](https://www.salemhealth.org/docs/default-source/common-ground-docs-and-images/covid-19-infection-and-isolation-epic-workflow.pdf?sfvrsn=fda6dcfd_0)



Most acute/CAH/LTC regulatory/accreditation surveyors will ask for an active isolation list when arriving onsite

# SURVEILLANCE: ADMISSION/RETURN TO OR REPORT

- Given facility size/ number of admissions, not always feasible or worth the effort.
- BUT if you are ONLY reviewing cultures, you are likely missing cases!!
- Consider defining a consistent list of terms that would be most concerning based on your risk assessment.
- In ASCs, reviewing returns to OR may supplement SSI surveillance.

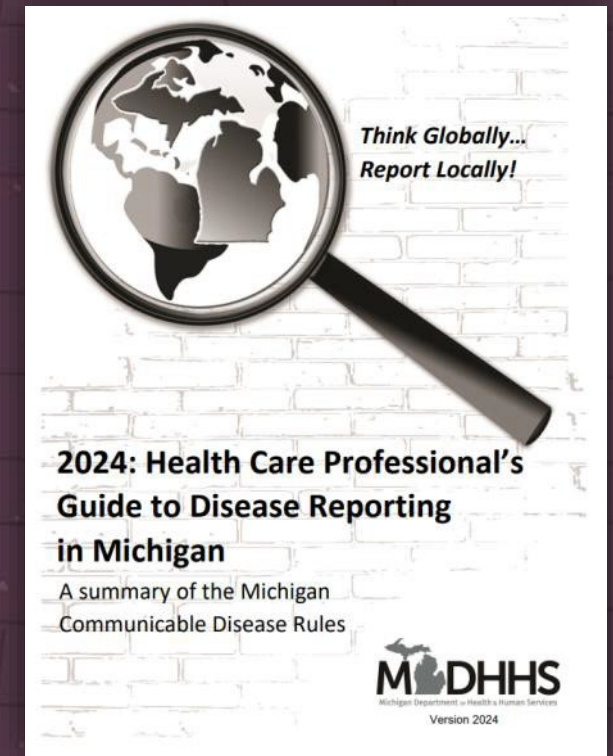
Patient Name	Admit Date	Admitting Diagnosis
Doe, John	01/24/2024	Wound dehiscence S/P total knee
Stars, Sally	01/24/2024	Hemoptysis, night sweats
Battjes, Rebecca	01/24/2024	Community-acquired pneumonia
Doe, Jane	01/24/2024	Koplik spots R/O measles
Body, Busy	01/24/2024	Body rash R/O chickenpox



*Which diagnosis might the IP skip reviewing/investigating?*

# SURVEILLANCE: COMMUNICABLE DISEASE REPORTING

- Refer to state public health reporting requirements.
  - Some diseases may require a faster reporting turnaround than others.
- Work with lab to ensure you are receiving reports from the tests they perform in-house.
  - Do not forget to inquire how **send-out/specialty lab reports** (e.g., Prion disease, West Nile Virus, etc.) will be communicated back to you (examples of reference labs are ARUP, Mayo, Quest, etc.).
- Many facilities participate in automatic lab reporting, but IPs should monitor for trends/patterns.



[Health Care Professional's Guide to Disease Reporting in Michigan \(v2024\) \(Brick Book\)](#)

# ROUNDING: HAND HYGIENE OBSERVATIONS

- Covert HH observation cannot be successfully be achieved when everyone knows you're an IP
  - Shared ownership is critical to success
- There IS value in direct overt observation, despite inherent Hawthorne effect (Glowicz et al 2023, SHEA/IDSA/APIC 2022 Update)
  - **Availability of ABHR & sinks!**
  - Signs of dermatitis
  - Adherence to fingernail length policies
  - Hand hygiene techniques

*Infection Control & Hospital Epidemiology* (2023), 1–22  
doi:10.1017/ice.2022.304



## SHEA Expert Guidance

### SHEA/IDSA/APIC Practice Recommendation: Strategies to prevent healthcare-associated infections through hand hygiene: 2022 Update

Janet B. Glowicz PhD, RN, CIC<sup>1</sup> , Emily Landon MD<sup>2</sup>, Emily E. Sickbert-Bennett PhD, MS, CIC<sup>3,4</sup>, Allison E. Aiello PhD<sup>5</sup> , Karen deKay MSN, RN, CNOR, CIC<sup>6</sup>, Karen K. Hoffmann BSN, MS, CIC<sup>7</sup>, Lisa Maragakis MD, MPH<sup>8</sup>, Russell N. Olmsted MPH, CIC<sup>9</sup>, Philip M. Polgreen MD, MPH<sup>10</sup> , Polly A. Trexler MS, CIC<sup>11</sup>, Margaret A. VanAmringe MHS<sup>12</sup>, Amber R. Wood MSN, RN, CNOR, CIC<sup>6</sup> , Deborah Yokoe MD, MPH<sup>13</sup> and Katherine D. Ellingson PhD<sup>14</sup> 

<https://pubmed.ncbi.nlm.nih.gov/36751708/>



**Homework: Set aside one hour in your calendar to read the 2022 Compendium Update of preventing HAIs through HH.**



# ROUNDING: ISOLATION ROUNDING

- Generally practiced, regardless of size/resources, except for outpatient facilities where patients are not staying overnight.
  - Daily isolation checks are dependent upon the number of iso patients, likelihood of changes in patient status
- Do not assume your clinical staff knows *why* a patient is in transmission-based precautions.
- Ensure correct signage, PPE, disinfectant & supply availability.
- Engage with clinical teams to discuss pathogens of concern.

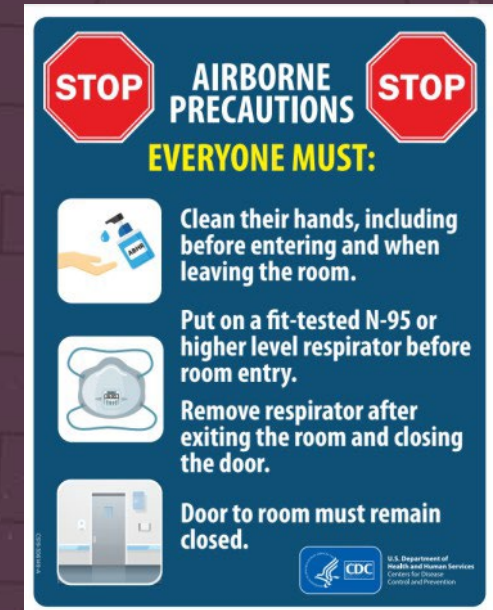
UNIT	ROOM	FIN	NAME	START_DATE	END_DATE	ISO_CODE	ISOLATION_INDICATOR	SPECIAL_INSTRUCTIONS
8 NORTH	808		XXX	7/4/17 7:22		Contact Enteric	C difficile	Loose stools ongoing
19 WEST	1907		XXX	7/4/17 11:15	7/4/17 17:39	Droplet	Bacterial Meningitis	Review after 24 hrs ABX
2 SOUTH	201		XXX	7/4/17 17:37		Contact	Resistant Gram-Negative Organism	Spoke to RN
5 EAST	543		XXX	7/17/17 7:19		Airborne	TB	



**Save isolation logs whether they are paper or electronic, as they may assist in future outbreaks!**

# Deeper Dive: Airborne Infection Isolation Rooms (AIIR)

- Checking negative pressure of airborne isolation rooms is often a daily requirement (review facility policy & procedure).
  - CDC specifically recommends for suspect/confirmed TB pts
  - Ensure there is a process for checking pressure on the weekends, off days.
- Is a key required to turn on the alarm system?
- What does the audible alarm sound like? Does the staff know?



<https://www.cdc.gov/infectioncontrol/pdf/airborne-precautions-sign-P.pdf>



THE UNIVERSITY OF TOLEDO  
**MEDICAL CENTER**

Admit Date:

Room#:

Unit:

## Airborne Infection Isolation (negative pressure) Room Daily Air Exchange Monitoring

NURSING PERFORMS THE TISSUE TEST EACH DAY AIRBORNE PRECAUTION ARE IN PLACE. This is to ensure the negative pressure air exchange in all Airborne Precaution rooms are functioning properly on a DAILY basis. (This test does not need to be performed on rooms with HEPA filters)

Please follow the procedure below:

<https://www.utoledo.edu/depts/infectioncontrol/pdfs/Negative%20Pressure%20Room%20Daily%20Air%20Exchange%20Monitoring.pdf>

# ROUNDING: Environmental Services Observation

- CDC provides options for evaluating environmental cleaning (Guh 2010)
  - Culturing generally discouraged unless outbreak or research
  - Direct observation can be highly educational!
  - ATP
  - Fluorescent gel
- In need of updates (14 yrs old!), especially to surface checklist & lit review

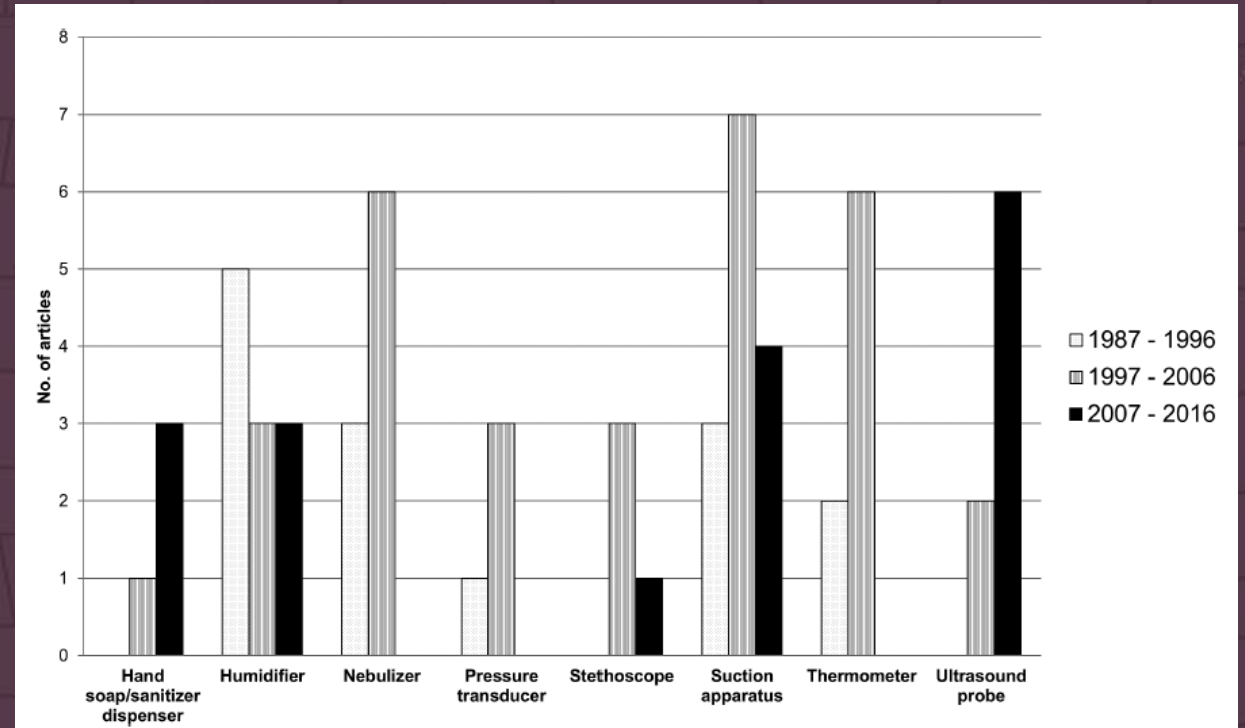
Evaluating Patient Zone Environmental Hygiene

Method	Ease of Use	Identifies Pathogens	Useful for Individual Teaching	Directly Evaluates Cleaning	Published Use in Programmatic Improvement
Direct Practice Observation	Low	No	Yes	Yes	1 Hospital
Swab cultures	High	Yes	Not Studied	Potentially	1 Hospital
Agar slide cultures	Good	Limited	Not Studied	Potentially	1 Hospital
Fluorescent gel	High	No	Yes	Yes	49 Hospitals
ATP system	High	No	Yes	Potentially	2 Hospitals

<https://www.cdc.gov/hai/toolkits/Appendices-Evaluating-Environ-Cleaning.html#fig1>

# ROUNDING: PORTABLE MEDICAL EQUIPMENT DISINFECTION

- Patient care items & portable medical equipment (PME) serve as fomites in healthcare-associated outbreaks & transmission of pathogens (Kanamori, Rutala & Weber, 2017; Otter et al 2011)
  - Kanamori et al provide an **excellent review** of recent outbreaks!
- Is point-of-care disinfectant wipe availability on your rounding checklists (EOC, isolation)?



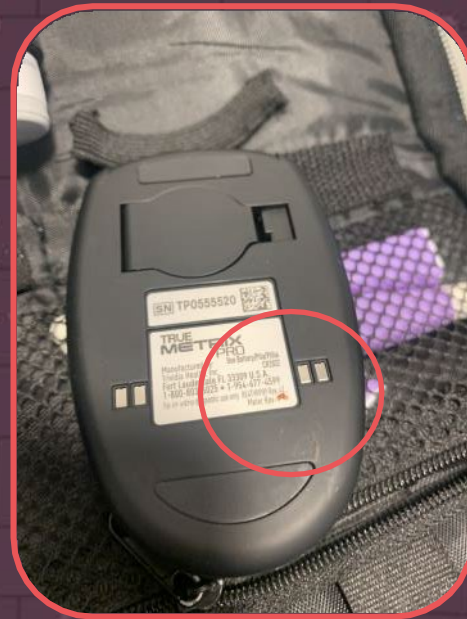
*Trend in patient care items as a fomite causing healthcare-associated outbreaks during a 30-year period. During January 1987–December 2016, the number of published articles describing outbreaks relevant to each patient care item is shown.*

Kanamori et al 2017

# ROUNDING: WHO DISINFECTS WHAT, WHEN & WITH WHICH DISINFECTANT WIPE?



ED ultrasound probe



Clinic glucometer



OR anesthesia keyboard

*EOC rounding photos courtesy of presenter*

# Increase Clinical Disinfectant Availability!

Review Safety Rating

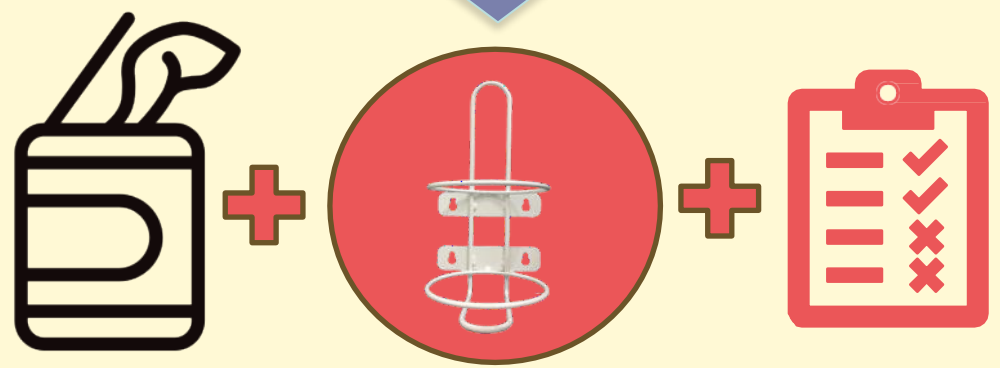


EPA Category II

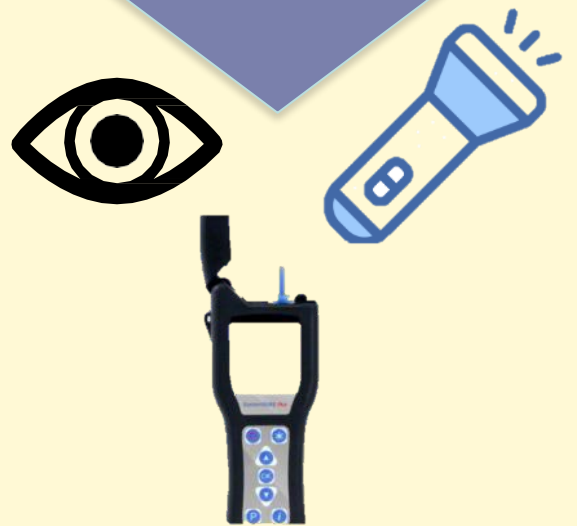


EPA Category IV

Increase Accessibility & Compliance



Include PME in Validation



# ROUNDING CHALLENGES



**IPs**  
**We're always**  
**a-ROUND-ing**



- Leadership prefers our “bo being out “ where the rubber
- BUT ... reality of IP surveill requirements often impede physically present (APIC 20
- IP surveillance systems ma NHSN data entry but do not investigations & root cause

# IT'S 8AM ON A MONDAY . . .

## VOICEMAIL FROM BILLING OFFICE

A voicemail from around 5pm last Friday reports a weird smell occurring in the accounts receivable office.



## A WEEKEND'S WORTH OF MICRO REPORTS

A stack of the weekend's positive lab results needs to be reviewed.

## THE ER CALLS . . .

The doctor covering Peds discovers Koplik spots on a young child with a hx of overseas travel & suspects measles.

## RUNNING THE ISO REPORT

You need to identify & round on all of the new isolation patients.





## Manic Monday: Which is the most important & urgent IP issue?

Mysterious billing odor

0%

Calling the ER to ensure measles precautions in place

0%

Reviewing the stack of weekend micro results

0%

Running the isolation orders report

0%

# PRIORITIZATION & DELEGATION

If the Lab contacts the nursing units directly for MDROs requiring contact isolation, reviewing micro is not as urgent. Be aware that measles could hijack most of your day!

This is not an IP issue (yet). Forward the message to facilities. If facilities identifies an IP issue later, they are to follow established protocols

## MICRO

## THAT STINKS



### MEASLES TRUMPS ALL

Ensure patient & family are masked during movement & placed into AIIR. Contact medical director & public health.



### ISO ROUNDING

In a pinch, phone newly identified patients' nurses in lieu of in-person rounding. I wouldn't round before reviewing micro, as this is a method for new case identification.



# THE EISENHOWER MATRIX: AN IP PERSPECTIVE

URGENT

LESS URGENT

IMPORTANT

## TODAY/STAT:

Possible measles case in the ER. Measles is highly infectious & requires immediate action.

## SCHEDULE IT:

Micro review is important, but chances are if the lab result was critical, the nursing unit has been informed.

LESS IMPORTANT

## DELEGATE IT:

COVID-19 taught us that IPs are not the only HCPs responsible for isolation ordering & compliance. Can someone else help?

## DELETE IT:

Weird smell call forwarded to facilities.

# 04 FREAKY FRIDAYS

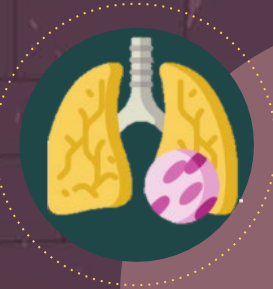
Responding to unusual events



# IT'S 4PM ON A FRIDAY . . .

## LAB CALLS WITH A POSITIVE SPUTUM AFB on a CURRENT INPATIENT

The patient has been admitted for 3 weeks, and the cardiothoracic surgeon ordered the AFB sputum smears "just in case," but never notified IP.



Project Manager calls about stat construction on Monday

The construction crew has been given the go-ahead to begin renovating the 4<sup>th</sup> floor, which is currently empty.



## Nursing Unit calls with a Fentanyl Exposure

An unknown substance was found after a visitor left the premises.



## Which issue is the IP's most important & most urgent?

AFB-positive sputum smears

0%

Possible illicit fentanyl exposure

0%

Monday morning construction Infection Control Risk Assessment (ICRA)

0%

# THE EISENHOWER MATRIX: AN IP PERSPECTIVE

URGENT

LESS URGENT

IMPORTANT

## TODAY/STAT:

- Positive AFB + suspicion of pulmonary TB requires immediate placement into AIIR.
- Contact ID/med director & give employee health a heads up. **BUT DO NOT SEND AN EXPOSURE YET!** You do not have organism identification.
- Reassure staff that IP will follow up if MTB is identified. **You do not need to stay late after ensuring isolation is active.**

## SCHEDULE IT:

- Locate your facility's TB exposure worklist/SOP.
- Follow up with Lab on Monday.
- There is no immediate post exposure prophylaxis or testing required, so you have time!

LESS IMPORTANT

## DELEGATE IT:

ICRAs require proper notification & planning. Tell the project manager that work **cannot** begin without an ICRA and ask an IP colleague to assist next week.

## DELETE IT:

Hazardous drug exposures are NOT an infection prevention responsibility. Direct callers to pharmacy, employee health & emergency preparedness/life safety officer.  
**Do not take on this problem!**

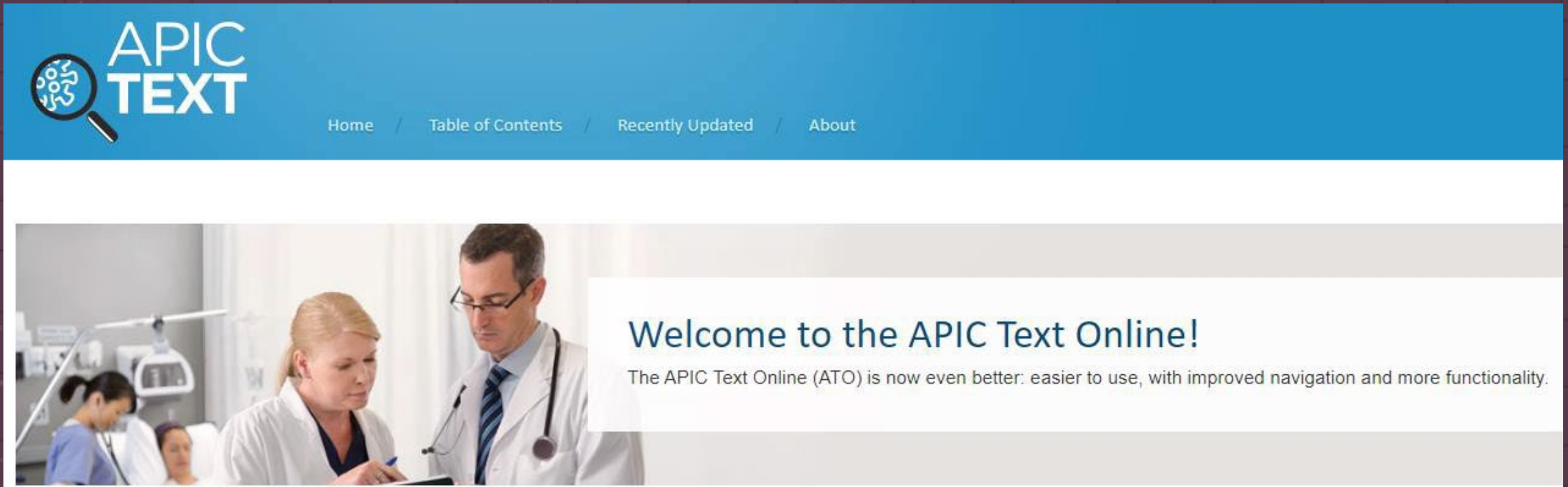
# 05 TOOLS & RESOURCES

Work smarter, not harder





# APIC'S TEXT ONLINE



The screenshot shows the top portion of the APIC Text Online website. The header is a solid blue bar containing the APIC Text logo on the left, which consists of a magnifying glass icon over the word 'APIC' and the word 'TEXT' below it. To the right of the logo are four navigation links: 'Home', 'Table of Contents', 'Recently Updated', and 'About', separated by forward slashes. Below the header is a large banner image of a hospital setting. On the right side of this banner, there is a white text box with the following content:

**Welcome to the APIC Text Online!**  
The APIC Text Online (ATO) is now even better: easier to use, with improved navigation and more functionality.

APIC Text Online includes search engine, unique chapters to assist in problem solving & frequently updated materials.

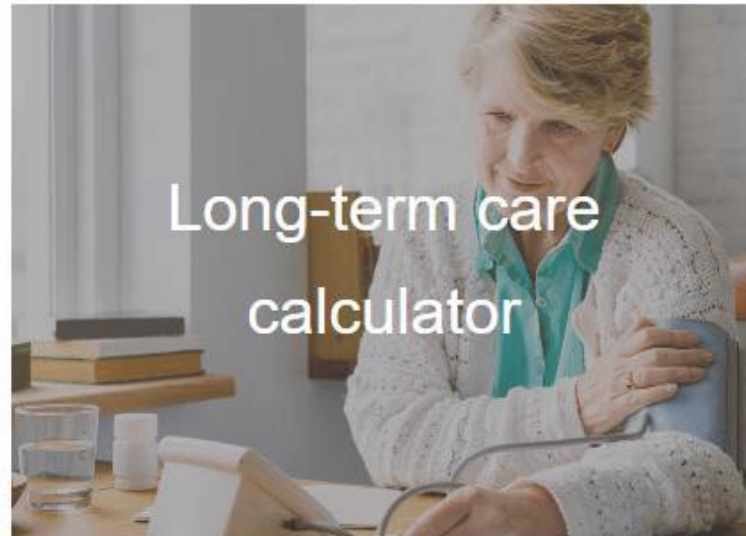
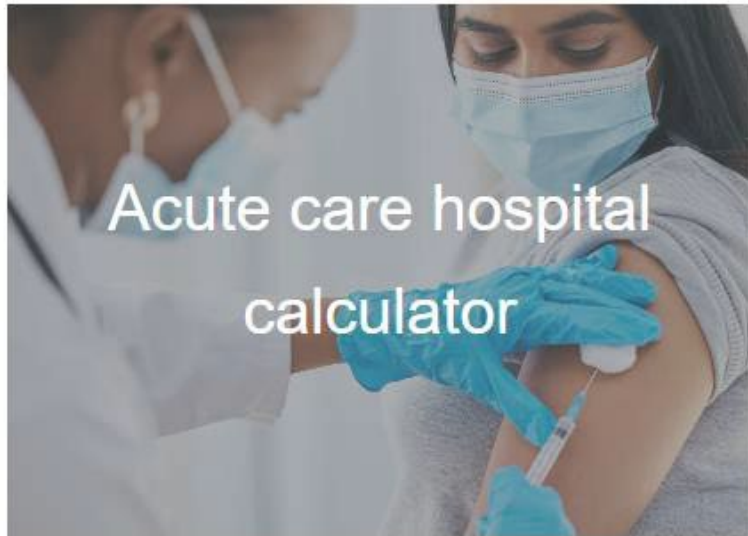
<https://text.apic.org/>

# APIC'S NEW STAFFING CALCULATOR

## Welcome to APIC's Staffing Calculator

This tool uses input from your facility to provide recommendations to assist with infection prevention staffing decisions.

This [beta version\\*](#) includes three separate calculators:



<https://apic.org/apic-staffing-calculator/>

# APIC'S TOOLKIT for ISOLATED IPs



APIC TOOLKIT

YOU ARE NOT ALONE:  
**PRACTICAL TIPS AND STRATEGIES FOR THE  
ISOLATED INFECTION PREVENTIONIST**

<https://apic.org/wp-content/uploads/2022/05/Toolkit-for-Isolated-IPs.pdf>

# CDC'S TRAIN FREE LEARNING PLATFORM



HOME **COURSE CATALOG** YOUR LEARNING CALENDAR RESOURCES DISCUSSIONS HELP



Use this page to search for any course or document on the TRAIN Learning Network site. The results may be limited by any groups you have joined within TRAIN ([see your profile for details](#)).

infection prevention



Sort by relevance



## Filters

Search By

< [Any Search By](#)  
Courses

Affiliate

Format

1,417 record(s) found.

Courses x

[Shelter Staff Infection Prevention 101](#)

Communicable Diseases

Web-based Training - Self-study



[SUD Staff Infection Prevention 101](#)

Communicable Diseases

Web-based Training - Self-study

<https://www.train.org/cdctrain/welcome>

# APIC'S MICROLESSONS HUB

## Microlesson: Focused Infection Prevention Rounds

Contains 2 Component(s)

Duration: 9 minutes. Microlesson: Focused Infection Prevention Rounds | How to Create an Easy Template for Rounding submitted by Susan M. Fletcher-Gutowski, MT, MS, CIC, CFPH, FAPIC.

## Microlesson: Microlearning through the APIC Microlearning Hub - Learn and Participate

Contains 2 Component(s)

Duration: 8 minutes. Microlearning through the APIC Microlearning Hub - Learn and Participate submitted by Molly Hale, MPH, CIC, FAPIC and Kimberly Atrubin, MPH, CIC, CPHQ, FAPIC. Learn how to submit a microlesson with tips from APIC's Education Committee Members.

## Microlesson: Evaluating Surveillance Technologies

Contains 2 Component(s)

Duration: 32 minutes. Microlesson: Evaluating Surveillance Technologies submitted by Shelly Reheard, MSN, RN-BC, CIC. Learning Objectives by the end of this microlesson, you will be able to: 1. Begin to critically evaluate the pro's and con's of different surveillance technologies for new implementation at your facility 2. Understand the APIC Competency Model topic: IPC Informatics: Surveillance Technologies

## Microlesson: Where Do I Start? Infection Prevention Rounding Basics

Contains 2 Component(s)

Duration: 11 minutes. Microlesson: Where Do I Start? Infection Prevention Rounding Basics submitted by Laura Buford, MSN, RN, CIC. Topics Covered: Determine Goal of Rounds, Environment of Care Rounds, Device Rounds, Isolation Rounds, Hand Hygiene Rounds, Construction Rounding and more.

## Microlesson: Professional Practice Standards for the Infection Preventionist

Contains 2 Component(s)

Duration: 15 minutes. Microlesson: Professional Practice Standards for the Infection Preventionist submitted by Molly Hale, MPH, CIC, FAPIC. Objective: To describe the professional and practice standards for the Infection Preventionist.

## Microlesson: TB Exposure Investigation - Inpatient Contact Tracing

✓ You are registered!

Recorded On: 10/19/2023

Overview Contents (2)

Key:  Complete  Next  Failed  Available  Locked

### Microlesson: TB Exposure Investigation - Inpatient Contact Tracing

Recorded 10/19/2023 | 7 minutes

### Microlesson Evaluation

2 Questions

Please take a moment to provide feedback on the APIC Microlesson.

Fill Out Survey

Surveillance  
Techn

Where Do I  
Start?  
Infection Pre  
Rounding Ba

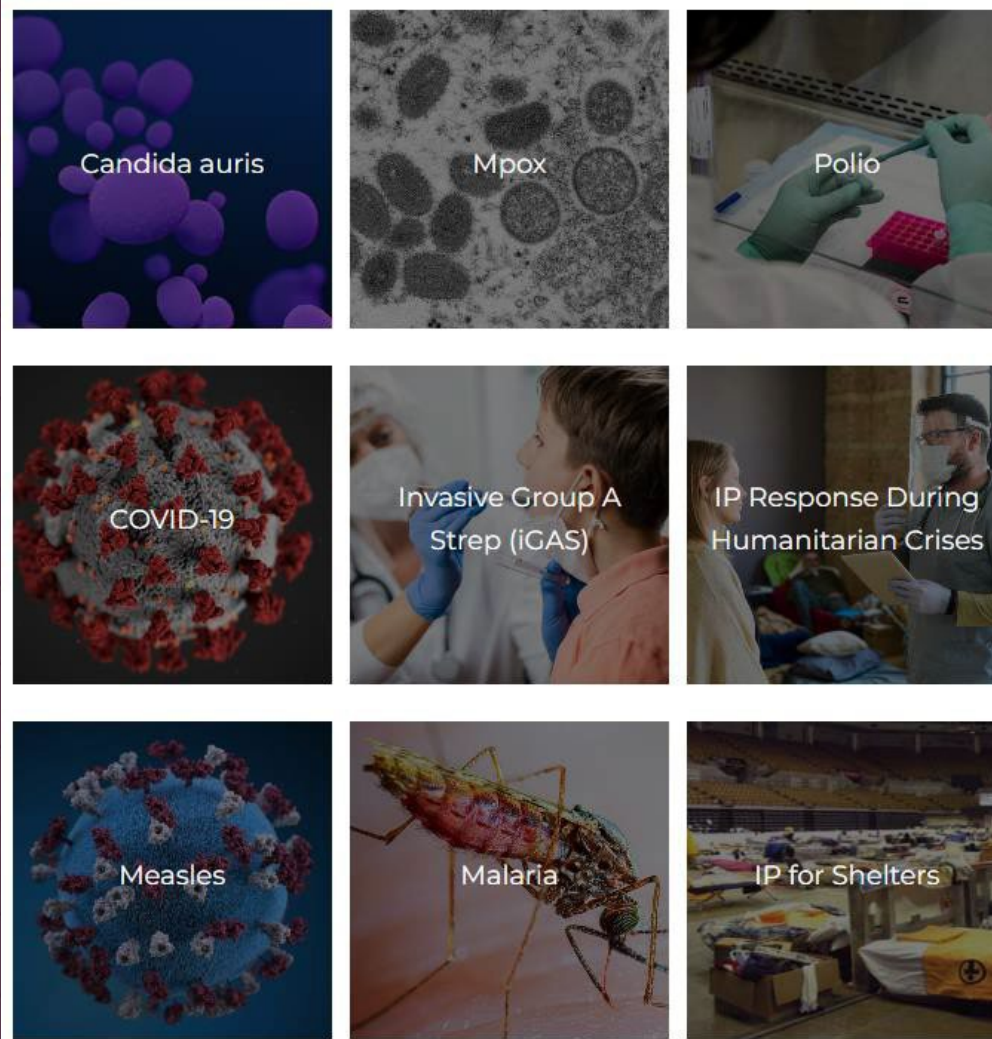
Professional  
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dards for the  
Infection Pre

## TB Exposure Investigation: Inpatient Contact Tracing

MOLLY HALE, MPH, CIC, FAPIC

<https://education.apic.org/microlearning>

# APIC'S Emerging Pathogen Playbooks

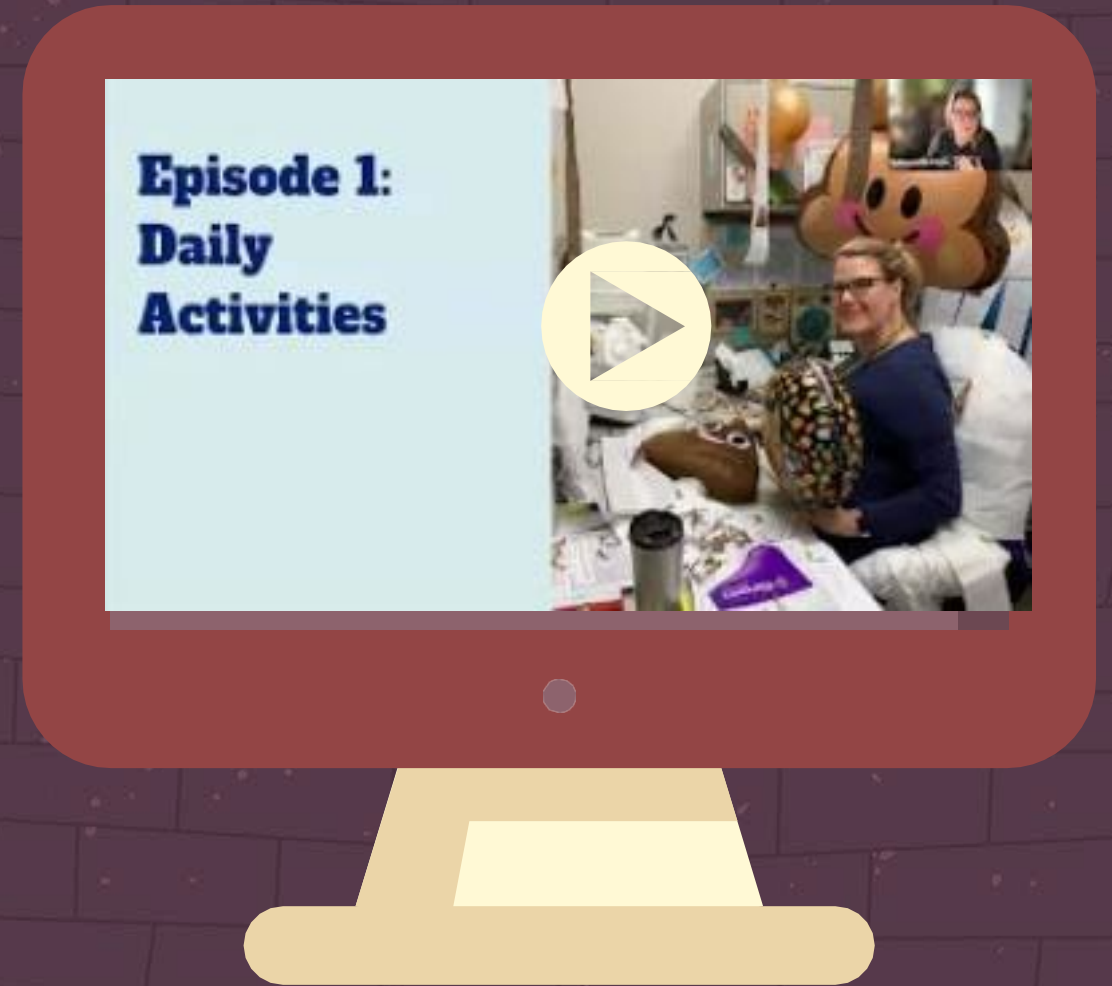


<https://apic.org/emerging-infectious-diseases/>

# Rebecca's YouTube Channel

Rebecca has created a series of videos for Infection Preventionists that cover typical IP activities, water intrusions/flooding, and performing the annual IP risk assessment.

<https://www.youtube.com/channel/UCBB0I5L1gJQ8kytxLMwcSyQ/>





*Join us June 3-5 in historic*  
**SAN ANTONIO, TEXAS**

## 2024 APIC Scholarship Form

### **Diversey is dedicated to sharing “cutting edge” Infection Prevention knowledge.**

Have you been involved in a quality improvement project that encouraged best practices or created a safer healthcare environment?

Share the details of your project, including the role you played, and apply for a scholarship to APIC 2024 in San Antonio, TX. Diversey will award 18-\$1000 scholarships toward registration & travel fees associated with attending the conference. Awardees will share their project amongst their IP peers at a scholarship dinner.

The deadline for submission is March 1, 2024. Awardees will be notified by March 22, 2024.

<https://www.solutionsdesignedforhealthcare.com/2024-apic-scholarship/>



# OUR TEAM



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# THANKS

Do you have any questions?

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sdfhc.com



@rovingIP



@rebeccabattjes

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# REFERENCES

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Thank you for participating!

Next Roundtable (Teams): **Thursday, March 21st, 2024**



  Interested in CEUs?

# Acute Care Roundtable CEU Request

<https://redcap.link/achsurvey>





# Additional Slides/Resources

(not presented during the meeting)





# Our Services

Our team consists of Infection Prevention Specialists, Epidemiologists, a Project Manager, a Projects 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](mailto:cecilia.pigozzi@cityofchicago.org)







# Advantages of ICARs



Non regulatory and non-punitive



Help bring facility departments together



Learning opportunity in areas of most need



Prep for Joint Commission survey



Help facility leaders be more involved with and familiar with IP work



With every ICAR, we provide a report with recommendations

## Infection Control Assessment Tools | HAI | CDC

Click on each module below to open the tool in a fillable PDF document.

[Module 1 – Training, Audits, Feedback](#)

[Module 2 – Hand Hygiene](#)

[Module 3 – Transmission-Based Precautions \(TBP\)](#)

[Module 4 – Environmental Services \(EVS\)](#)

[Module 5 – High-level Disinfection and Sterilization](#)

[Module 6 – Injection Safety](#)

[Module 7 – Point of Care \(POC\) Blood Testing](#)

[Module 8 – Wound Care](#)

[Module 9 – Healthcare Laundry](#)

[Module 10 – Antibiotic Stewardship](#)

[Module 11 – Water Exposure](#)



**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

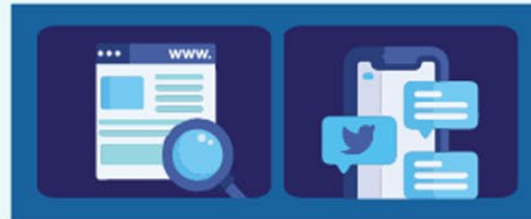
As of May 2022, Project Firstline and its collaborative partners have:



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.
- 



# Infection Control Training Topics (Onsite/Virtual with IDPH CEU/CEC)

1. The Concept of Infection Control
2. The Basic Science of Viruses
3. How Respiratory Droplets Spread COVID-19
4. How Viruses Spread from Surfaces to People
5. How COVID-19 Spreads - A Review
6. Multi-Dose Vials
7. PPE Part 1 - Eye Protection
8. PPE Part 2 - Gloves & Gowns
9. Hand Hygiene
10. Virus Strains
11. PPE Part 3 - Respirators
12. EVS (Enviro Cleaning & Disinfection)
13. Source Control
14. Asymptomatic Spread of COVID-19
15. Ventilation

# ★ Print Materials & Jo

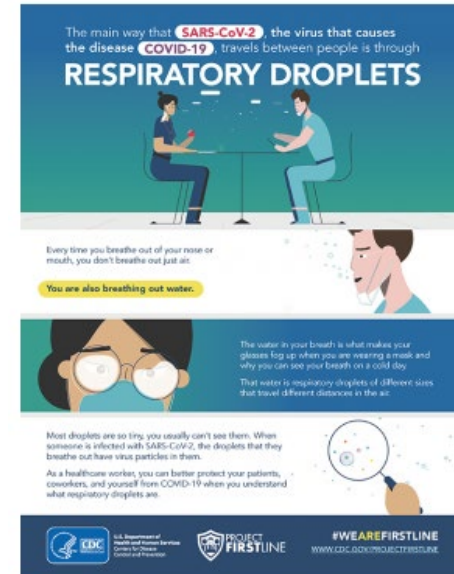
- Several print materials and job aids available on foundational IP&C topics.
  - Available for [free download](#) on CDC's website.
  - Including lock screens for staff computers.
- We are happy to offer professional printing support for poster requests!
  - Please see our team after the presentation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

**Germs are everywhere,  
including on surfaces  
and devices in the  
healthcare environment.**

**Learn how to stop their spread:  
[WWW.CDC.GOV/PROJECTFIRSTLINE](http://WWW.CDC.GOV/PROJECTFIRSTLINE)**



# INFECTION CONTROL PROTECTS



**You**



**Your Coworkers**



**Your Patients**



**Your community**



**PROJECT  
FIRSTLINE**

CDC's National Training Collaborative  
for Healthcare Infection Prevention & Control





**The right infection  
control actions  
help stop germs  
from spreading.**

**Learn more:**

**[WWW.CDC.GOV/PROJECTFIRSTLINE](http://WWW.CDC.GOV/PROJECTFIRSTLINE)**





# 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 you and your team.
- + These trainings will be developed for our Fall 2023 IPC webinar series (with free CEUs)!



# Your Chicago Project Firstline Team

- **CDPH Infection Preventionist:** Your facility's main contact for all infection prevention and control questions.
  - *General contact information:*  
[cdphaiar@cityofchicago.org](mailto:cdphaiar@cityofchicago.org)
- **PFL-CDPH Team:** Contact our team to learn about specific Chicago-based educational opportunities!
  - We offer many resources including virtual or onsite trainings, webinars, and job aides.
  - *CDPH Project Firstline email:*  
[projectfirstline@cityofchicago.org](mailto:projectfirstline@cityofchicago.org)



Visit our [Chicago Health Alert Network \(HAN\)](#) page by scanning the QR code in the shield logo above to access resources and sign up for the newsletter to stay up to date on exciting new IPC resources!

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

-  [projectfirstline@cityofchicago.org](mailto:projectfirstline@cityofchicago.org)
-  [www.chicagohan.org/hai/pfl](http://www.chicagohan.org/hai/pfl)
-  1340 S Damen Ave,  
Chicago, IL 60608

