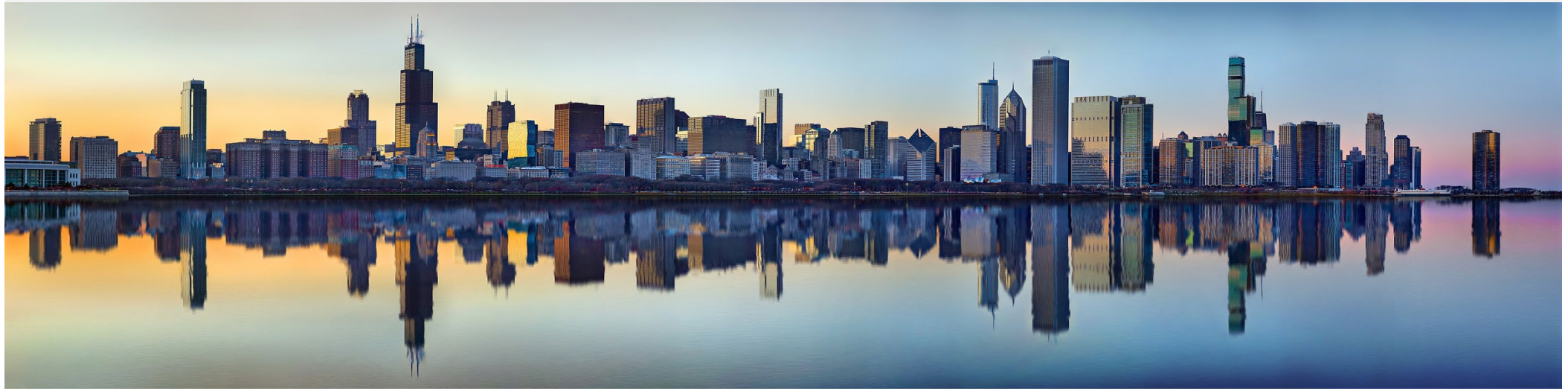
CDPH
Chicago Department of Public Health

Infection Prevention and Control Roundtable with Acute Care Facilities

Friday, April 18, 2025



Agenda

- **Welcome**
- **Updates from CDPH**
- **Special Topics**
  - Winning Against C. auris: Comprehensive Disinfection Approaches for Infection Control
  - The University of Chicago Medicine Presents: A Tale of Candida Auris
- **Discussion and Q&A**

Thank You to Maria Campos-Bovee

- CDPH would like to offer a heart-felt THANK YOU to Maria!
- Led and helped build the ACHOO Team over the last three years.
- We wish her the best of luck in her new role.
- Please contact Shane Zelencik (shane.zelencik@cityofchicago.org) or your assigned IP with questions or needs.

Thank You for Nominating Us!

- IDPH awarded the CDPH ACHOO Team the David Baker Award for Excellence in Integrating Public Health and Infection Control!
- Nominated by the facilities we support! Thank you!

New Free Resources from APIC

- The Science Behind Endoscope Reprocessing
  - APIC Issue Brief
  - Quick Safety Checklist for an Endoscope Reprocessing Area
  - Visual Inspection of an Endoscope
- Guide to Preventing Catheter-Associated Urinary Tract Infections (2025)
- Emerging Infectious Disease Playbooks
  - *Candida auris*
  - Ebola
  - Measles

Measles

- Measles cases are increasing in the United States and Canada, and multiple outbreaks have been detected in 2025.
- Clinicians should be alert for patients with a febrile rash illness and consider measles, particularly if the patient has recently traveled to domestic or international areas with ongoing measles outbreaks.
- National Measles epidemiologic data is available online through the Johns Hopkins Bloomberg School of Public Health: Measles Outbreak Response | Center for Outbreak Response Innovation and the CDC's Measles Cases and Outbreaks page.
- Resources are available on the Chicago HAN Measles page.

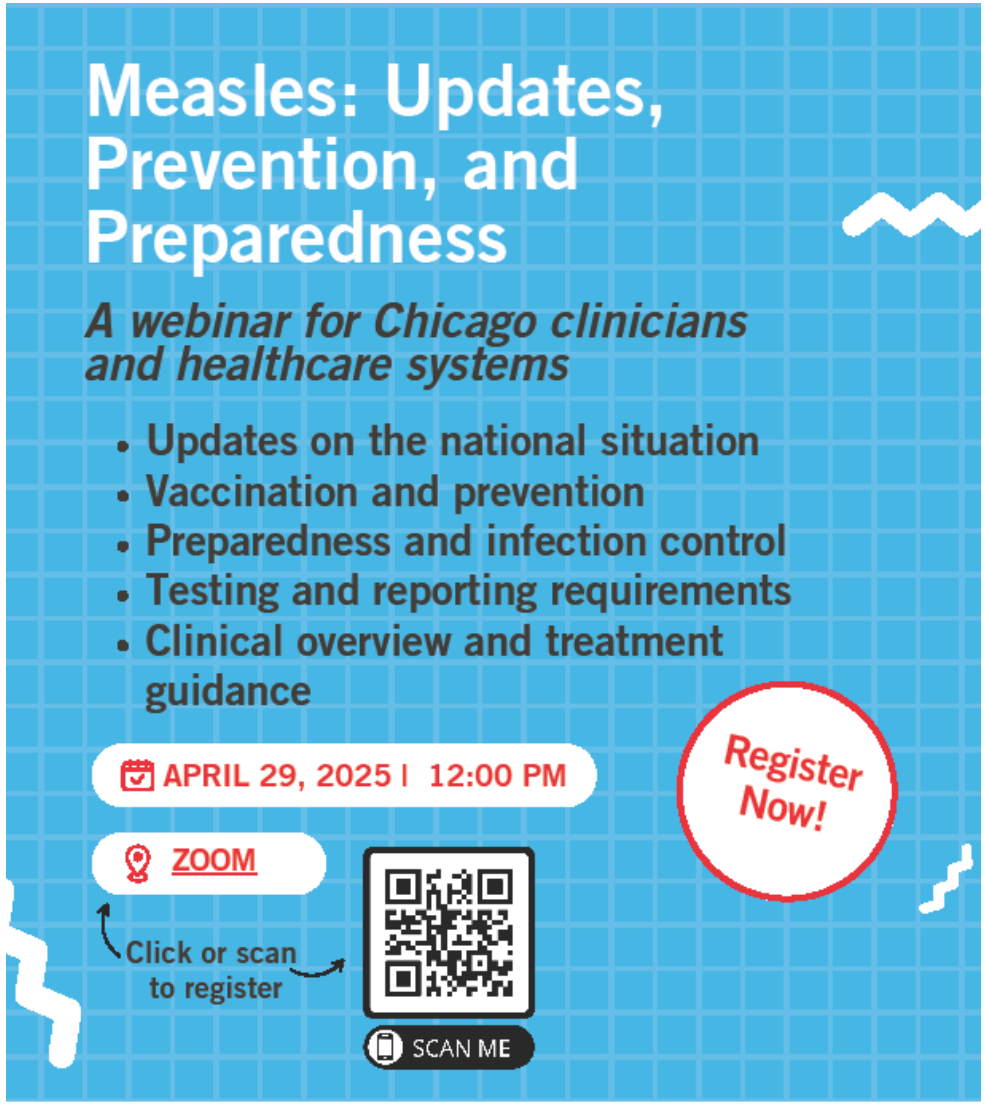
Measles IP&C Reminders

- Refer to CDPH's Measles Preparedness Checklist for Healthcare Systems and Measles Job Aid for more detailed information.
- Remember the basics:
  - **Identify** - Query patients about a history of international travel, contact with foreign visitors, transit through an international airport, or possible exposure to a measles patient in the 3 weeks prior to symptom onset.
  - **Isolate**
    - Mask suspect patients immediately
    - Room immediately in an AIIR or private room (if AIIR not available); close room after it is vacated
    - Initiate Airborne Precautions
    - Only immune HCP (documented two doses of live measles vaccine or evidence of immunity) enter
  - **Notify** - Immediately report suspect cases and request testing at the IDPH PHL by calling the Communicable Disease Reporting Line: 312-743-9000, option 2 (M-F working hours) or 311 (off hours – ask for on-call medical director).

Join Our Measles Webinar

- For much more detailed information, please join our Measles webinar.
- Done in partnership with the Illinois Chapter of the American Academy of Pediatrics.
- We will send the flyer out after the meeting.
- You can also register by scanning the QR code on the screen or clicking the link below when you get the slides.

Zoom Registration Link



CDPH Chicago Department of Public Health

ILLINOIS CHAPTER American Academy of Pediatrics

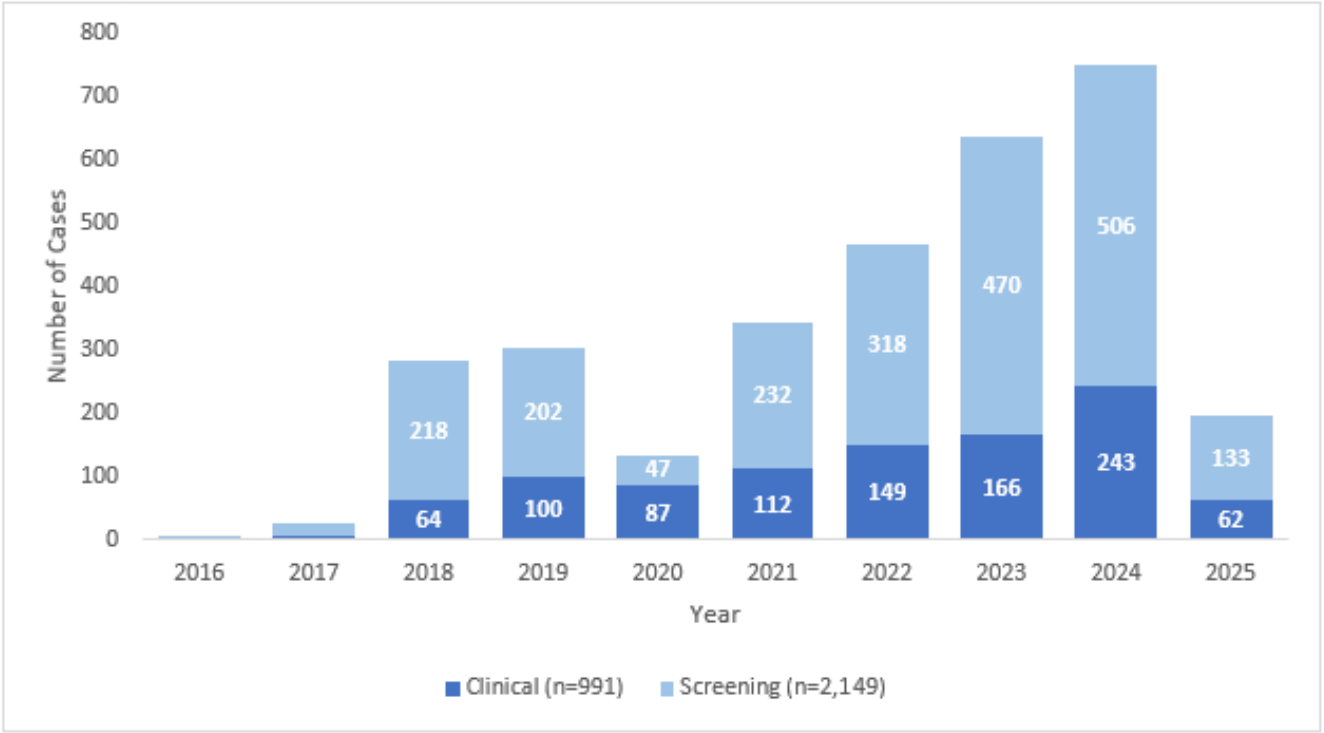
Candida auris Updates

- We are finalizing the quarterly *Candida auris* Data Summary report that is available on the CDPH Healthcare Associated Infections/Antimicrobial Resistance HAN page.
- This report should be available in the next week and can be accessed under the Data Reports section of that page.

C. auris Data Preview

- Since 2016, 991 clinical cases and 2,149 screening cases have been identified in Chicago.
- 2025 data represents Jan – Mar only, but is on track to meet and possibly exceed 2024 counts.
- In quarter 1 of 2025, a total of 9 PPSs were conducted by CDPH in facilities across Chicago; 77.8% of PPSs were performed to assess prevalence at higher burden facilities, and 22.2% were in response to a reported clinical case.
- Clear increasing year-over-year trend.

Figure 1. Chicago *C. auris* Cases (n=3,140) by specimen collection year and specimen type[1], May 2016 – March 31, 2025[2]



[1]*Colonized (screening) to clinical cases (n=261) are counted twice: once as a screening case and once as a clinical case at the time of specimen collection*

[2]*Data are provisional as of 4/8/25*

Data Source: Combined IL XDRO Registry, INEDSS, and CDPH conducted PPS.

Winning Against C. auris: Comprehensive Disinfection Approaches for Infection Control

Barley Chironda RPN, MSc

National Infection Preventionist & Clinical Solutions Director, Clorox Healthcare

Winning Against C. auris: Comprehensive Disinfection Approaches for Infection Control

Barley Chironda, RPN, MSc

Clinical Solutions Director, Infection Prevention

April 18th 2025

Barley Chironda RPN, MSc

National Infection Preventionist & Clinical Solutions Director, Clorox Healthcare

Clinical Focus

- Infection Prevention and Healthcare Epidemiology
- Oncology and Peritoneal Dialysis
- Medical Device Reprocessing

Organizational Engagement

- Former President of Greater Toronto Area -Infection Control Chapter
- Member of Environmental Health Interest Working Group with IPAC Canada
- Infection Control Specialist -The C Diff Foundation, USA
- Managed Hospital Infection Control Departments in Canada

Education

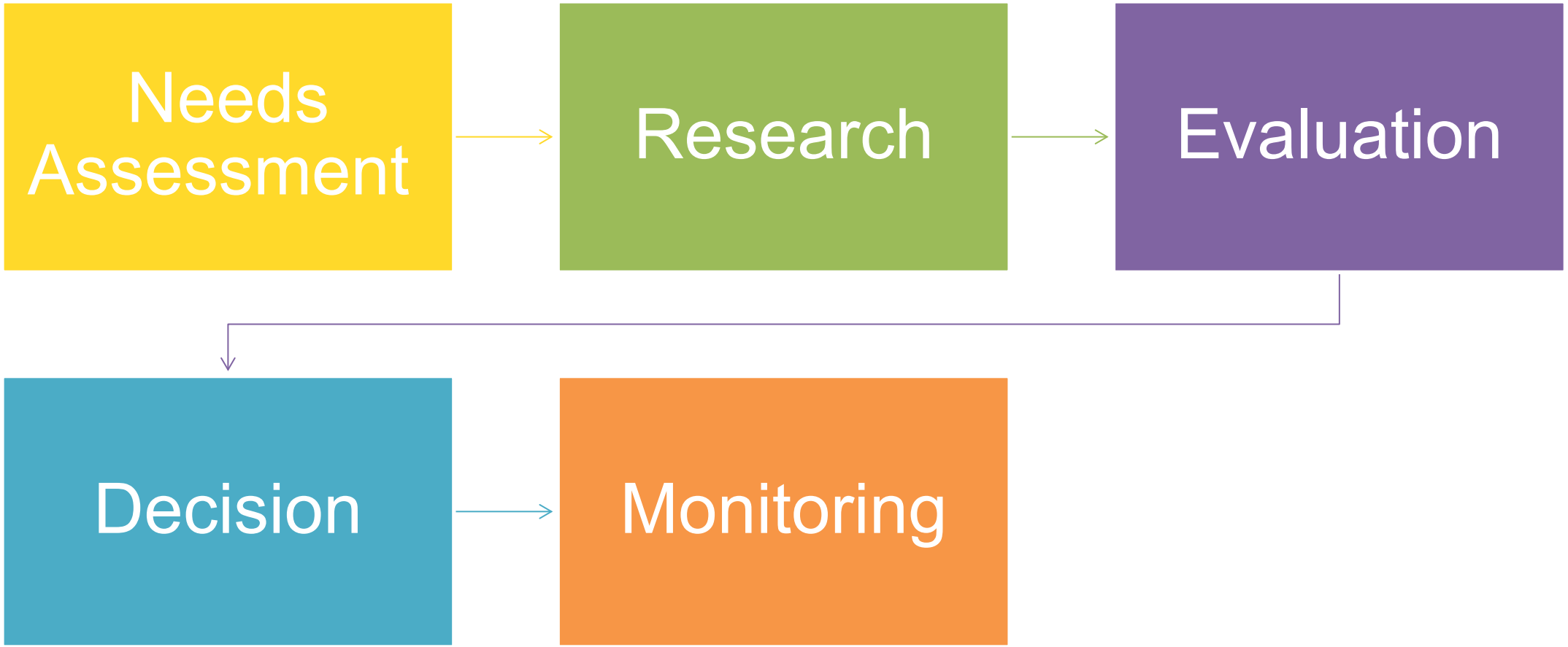
- Registered Practical Nurse
- Masters of Science in Infection Control

Agenda for this session

- Learn how to select disinfectants effective against of *C. auris*.
- Engage facility stakeholders in driving disinfection selection
- Implement a disinfection process and monitor relevant outcome metrics
- Share some tools and how this process comes to life

Considerations for Cleaning & Disinfection

Change Process

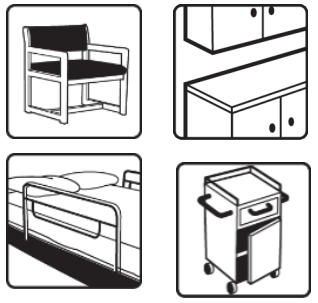


What to Clean

Outbreak studies have isolated *C. auris* from these surfaces:

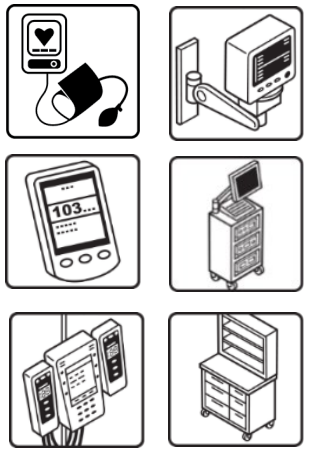
High-touch surfaces:

- Around the resident → overbed table, bed rails, remote/call button
- Remote from resident → chair, countertops, windowsills, floor



Mobile medical equipment

- Transport equipment, equipment monitors, keypads, infusion pumps, glucometers, temperature probes, blood pressure cuffs, ultrasound machines, nursing carts, and crash carts.



Important

1. Mobile equipment
2. Increase frequency
3. Declutter

References:

Vallabhaneni S. Investigation of the First Seven Reported Cases of *Candida auris* in the US. MMWR. 2016 / 65(44);1234–1237

Schelenz S. First hospital outbreak of the globally emerging *Candida auris* in a European hospital. Antimic Resist Infect Control (2016) 5:35

Tsay S. Notes from the Field: Ongoing Transmission of *Candida auris* in Health Care Facilities — United States, June 2016–May 2017. MMWR. 2017 / 66(19);514–515

CDC. Infection Prevention and Control for *Candida auris.* https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html

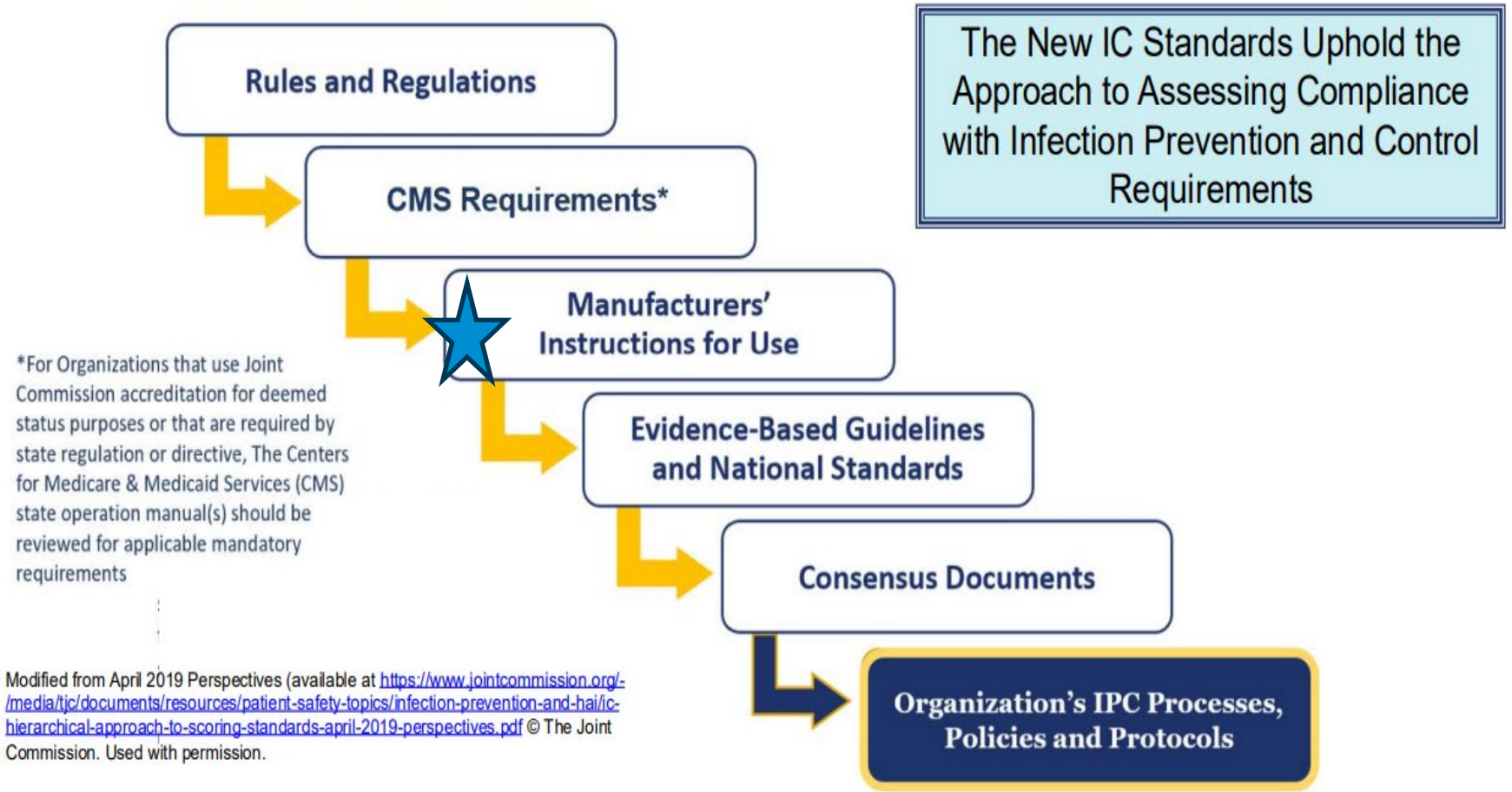
Sansom S, et al. Abstract 50. Presented at: Society for Healthcare Epidemiology of America Spring Meeting; April 12-14, 2022

Key Questions for Evaluating Surface Disinfectants*

	Questions to Ask	Selection Criteria
1. KILL CLAIMS 	**Does the product kill the most prevalent healthcare pathogens?**	*Select the product that is EPA-registered to kill the most prevalent healthcare pathogens.*
2. KILL TIMES 	**How quickly does the product kill the prevalent healthcare pathogens?**	*Select the product with fastest kill times to ensure the product is capable of disinfecting quickly.*
3. WET TIME 	**Does the surface stay wet for the full contact time? Is the wet time suitable for your facility?**	*Select the product that can keep surfaces visibly wet for the longest kill time on its label.*
4. OTHER FACTORS 	**Do the other product attributes meet your facility's needs?**	*Select the products that are easy to use, which will help your staff achieve compliant usage and keep themselves and patients safe.*

*Rutala, WA, and Weber, DJ. "Selection of the Ideal Disinfectant." Infection Control and Hospital Epidemiology 35.7 (2014): 855–865.

IFUs guidelines on cleaning and disinfection



Additional Evaluation for C.Auris Criteria

Option 1 of 2 Disinfectant for *C. auris*

Option 1 → Use product that has kill claims for *C. auris* (EPA List P)

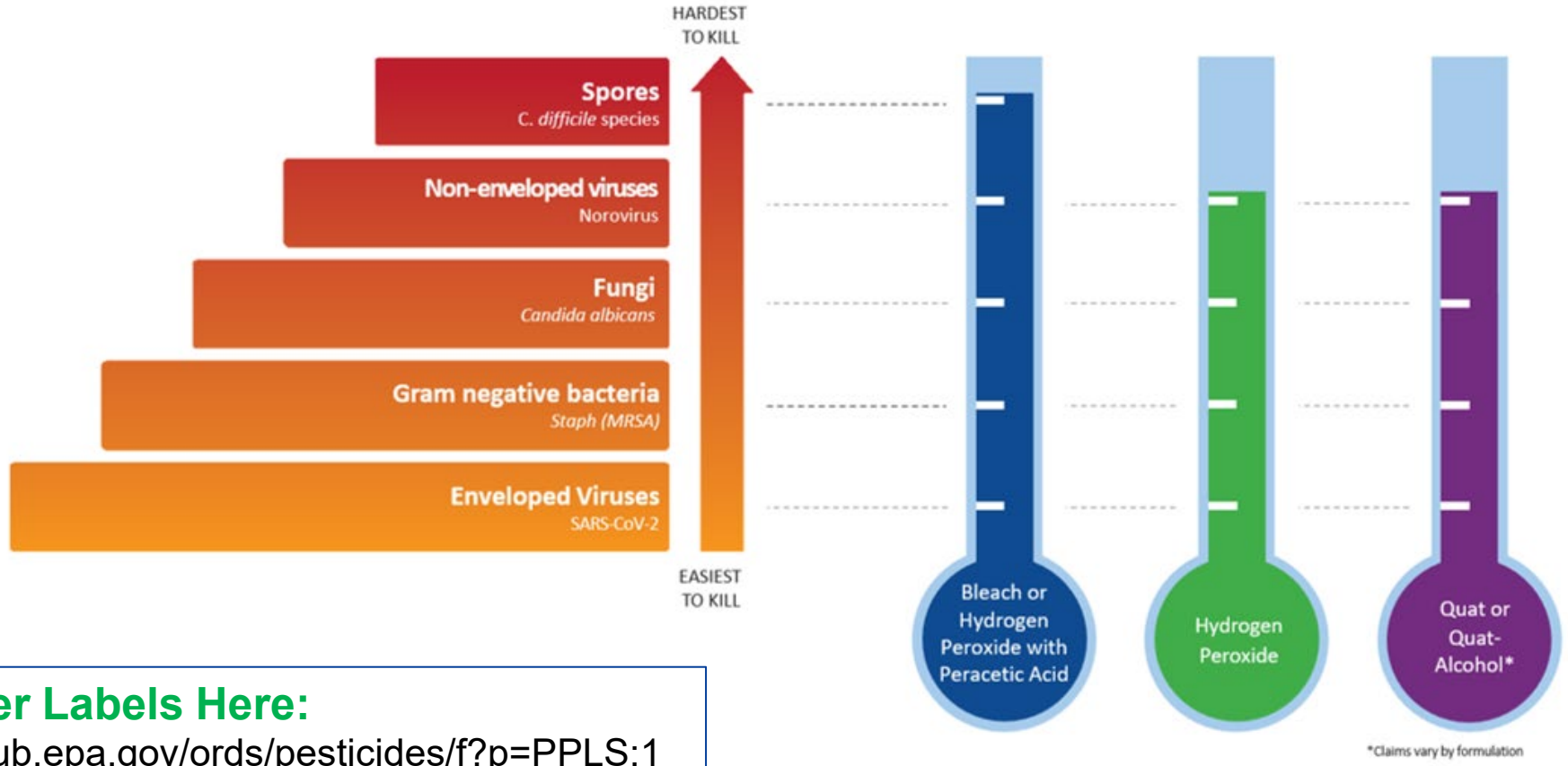
List P Sampling

EPA Registration #	Active Ingredient	Product Brand Name	Company	Contact Time (minutes)
56392-7	Sodium Hypochlorite	Dispatch Hospital Cleaner Disinfectant with Bleach	Clorox Professional Products Company	3
67619-12	Sodium Hypochlorite	Clorox HealthcareBleach Germicidal Wipes	Clorox Professional Products Company	3
67619-24	Hydrogen Peroxide	Clorox Healthcare Hydrogen Peroxide Cleaner Disinfectant	Clorox Professional Products Company	2
67619-25	Hydrogen Peroxide	Clorox Healthcare Hydrogen Peroxide Cleaner Disinfectant Wipes	Clorox Professional Products Company	2
67619-40	Sodium Hypochlorite	Clorox Spore Defense Cleaner Disinfectant	Clorox Professional Products Company	3

Reference: CDC. (2021). IP&C for *C. auris*. Available from https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html

Option 2 of 2 Disinfectant for *C. auris*

Option 2 → **Use product that has kill claims for *C. difficile* (EPA List K)**

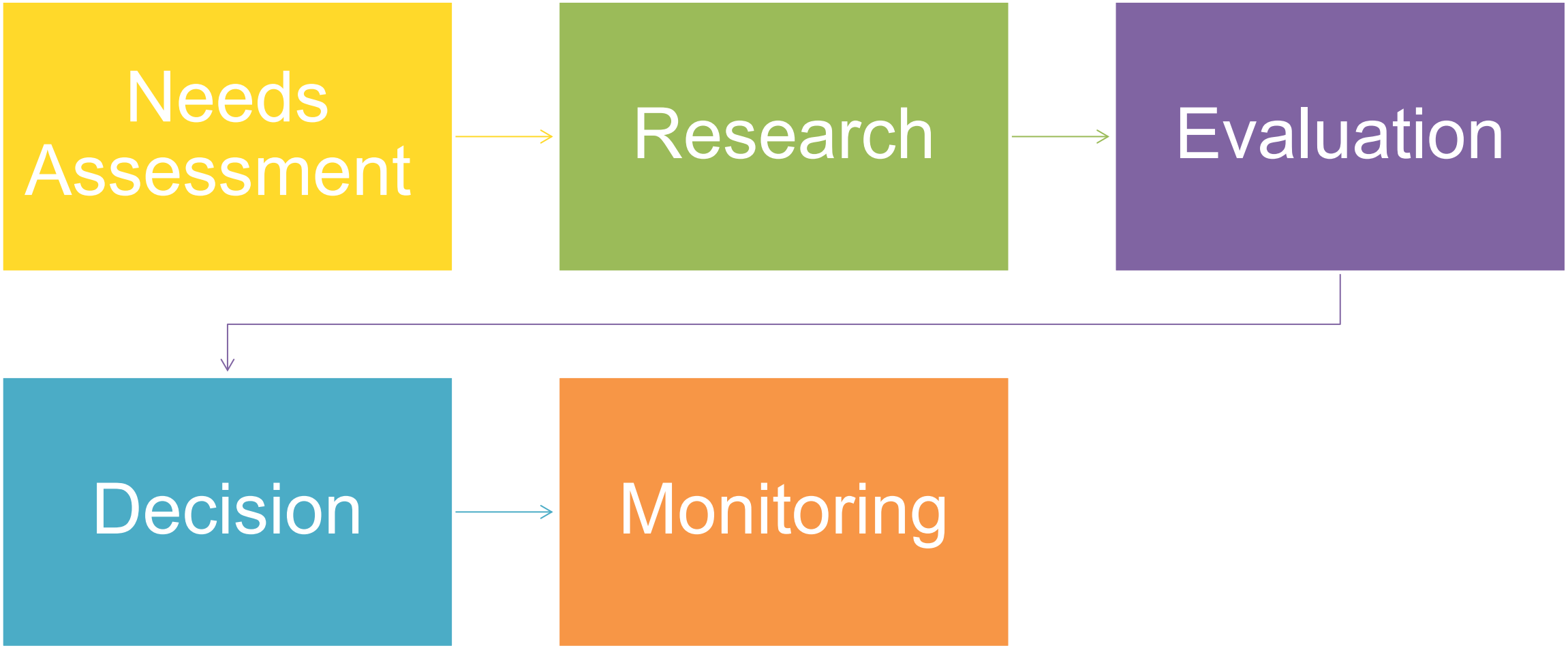


Find Master Labels Here:
https://ordspub.epa.gov/ords/pesticides/f?p=PPLS:1

Reference: CDC. (2021). IP&C for *C. auris*. Available from https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html

An Example

Change Process



Coordinate a Trial

- Determine trial location (1 unit vs house-wide)
    - Consider a “control” unit
- Determine trial duration (e.g., 1 month)
- Obtain product samples from vendor
- Educate and train trial staff on the product and trial pr
- Collect evaluations

Enlist your vendor!

Product, process, & partnership

Recap of this session

- Learn how to select disinfectants effective against of *C. auris*.
- Engage facility stakeholders in driving disinfection selection
- Implement a disinfection process and monitor relevant outcome metrics
- Share some tools and how this process comes to life

Contact Info

Barley Chironda
Clinical Solutions Director, Infection Prevention
Barley.chironda@clorox.com
415.791.0305

Brian Barrett
Chicago Area Sales Manager
brian.barrett@clorox.com

Q&A and Discussion

Appendix

Identify the “Why” the product change is being considered

- Evidence-based
- Regulatory requirement
- Cost containment or enhances revenue
- Product standardization to eliminate duplication
- Improve outcomes (e.g., HAIs)
- Product performs better (e.g., efficacy)
- Improve staff compliance
- Patient and/or employee safety
- Customization needed
- New technology
- Staff/physician preference or perceived clinical need
- Sustainability (e.g., “greener”; less waste)
- Other?

Trial Evaluation Form

PRODUCT TRIAL EVALUATION FORM

DATE:_____

CURRENT PRODUCT:	**TRIAL PRODUCT:**
TRIAL PERIOD:	**PRODUCT TYPE:**
DEPT:	**DISCIPLINE** (e.g., RN, EVS, etc):

CIRCLE ANSWER:

1. **EASE OF USE:** Was product easy to use (e.g., did not require prep or multiple steps, etc)?
   Yes No N/A
2. **CONVENIENCE:** Was the product form convenient to use (e.g., wipe vs a dilutable, etc)?
   Yes No N/A
3. **DIRECTIONS FOR USE:** Were the directions for use simple and clear?
   Yes No N/A
4. **SURFACE COMPATIBILITY:** Any noticeable damage or other effects to surfaces cleaned?
   Yes No N/A
5. **ODOR:** Was the odor acceptable?
   Yes No N/A
6. **KILL CLAIMS:** Does the product have kill claims for the pathogens of concern in your work area?
   Yes No N/A
7. **DWELL TIME:** Did the product remain wet on the surface for the entire dwell time listed on the label?
   Yes No N/A
8. **CLEANER:** Did the product clean surfaces sufficiently?
   Yes No N/A
9. **COMPARISON:** Compared to current product, this product was:
   Better than Worse than Equal to
10. **NON-TOXIC:** The product was non-irritating to the user, patients, or visitors.
    Yes No N/A
11. **SAFETY:** Did you have any safety concerns with this product?
    Yes No N/A
    If yes, please explain:_____
12. **OVERALL RATING:** Would like to see us implement this product?
    Yes No N/A
13. COMMENTS:_____

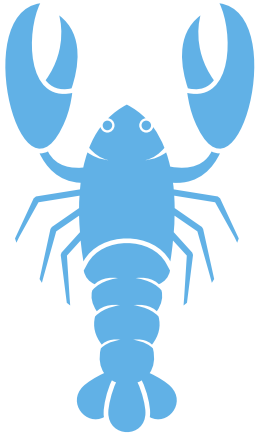
    _____

THE UNIVERSITY OF CHICAGO MEDICINE PRESENTS:

A TALE OF CANDIDA AURIS

PRESENTED BY AMANDA BROWN

THIS TALE BEGINS IN A RED LOBSTER



NOTIFICATION

AUGUST 4TH 2016

CDPH notifies the University of Chicago Medicine that we had 2 patients with isolates growing Candida auris

One case from May and the other from July. Unrelated and both present on admission

AUGUST 5TH 2016

A conference call is held with CDC, CDPH, IDPH and IC.

Pre and post environmental cleaning samples taken from room once patient was discharged - all negative post clean

HOW TO DISINFECT?

- Place patient on **Contact Plus Precautions**
  - Requires:
    - Gown
    - Gloves
    - Washing hands with soap and water
    - Disinfecting all items with orange top PDI bleach wipes
    - Room is UV disinfected at discharge

FAST FORWARD TO 2018

OCTOBER 2018

Notified of a new patient positive for C. auris on admission. Previous encounter showed overlap with a known positive - supplies ordered for PFGE

JANUARY 2019

New patient with C. auris from urine identified on admission. Will add to PFGE run - still waiting on supplies

APRIL 2019

New C. auris case identified and concluded present on admission. Will add to PFGE - still waiting on supplies.

EDUCATION

Candida auris:
A drug-resistant germ that spreads in healthcare fa

Candida auris (also called *C. auris*) is a fungus that causes seriou
C. auris infection, their family members and other close contacts.
laboratory staff, and healthcare workers can all help stop it from

Why is *Candida auris* a problem?

It causes serious infections. *C. auris* can cause bloodstream infections and even deat
hospital and nursing home patients with serious medical problems. More than 1 in 3 pati
C. auris infection (for example, an infection that affects the blood, heart, or brain) die.

It's often resistant to medicines. Antifungal medicines commonly used to treat *Candi*
often don't work for *Candida auris*. Some *C. auris* infections have been resistant to all thr
antifungal medicines.

It's becoming more common. Although *C. auris* was just discovered in 2009, it has sp
caused infections in more than a dozen countries.

It's difficult to identify. *C. auris* can be misidentified as other types of fungi unless spe
technology is used. This misidentification might lead to a patient getting the wrong treatm

It can spread in hospitals and nursing homes. *C. auris* has caused outbreaks in hea
can spread through contact with affected patients and contaminated surfaces or equipm
and cleaning in healthcare facilities is important because *C. auris* can live on surfaces for

How do I know if I have a *Candida auris* infection?

C. auris is still rare in the United States. People who get invasive *Candida* infections are often already sick from other medical conditions, so it can be difficult to know if you have a *C. auris* infection. The most common symptoms of invasive *Candida* infection are fever and chills that don't improve after antibiotic treatment for a suspected bacterial infection. Only a laboratory test can diagnose *C. auris* infection. Talk to your healthcare provider if you believe you have a fungal or healthcare-associated infection.

Most p
serious
are alr
medica

CDC

Centers f
Control a
National C
Zoonotic I

CS279813

Stopping the spread of *Candida auris*

CDC is working with public health partners, healthcare workers, and laboratories to stop the spread of *C. auris* in healthcare settings. Here's how CDC is asking everyone to help:

Family members and other close contacts of patients with *C. auris*
- Clean your hands with hand sanitizer or soap and water before and after touching a patient with *C. auris* or equipment in his or her room.
- Remind healthcare workers to clean their hands.

Laboratory staff, healthcare workers, and public health officials
- Know when to suspect *C. auris* and how to properly identify it.
- Report cases quickly to public health departments.
- For healthcare workers, clean hands correctly and use precautions like wearing gowns and gloves to prevent spread.
- Clean patient rooms thoroughly with a disinfectant that works against *C. auris*.
- Investigate *C. auris* cases quickly and determine additional ways to prevent spread.
- Check the CDC website for the most up-to-date guidance on identifying and managing *C. auris*: https://www.cdc.gov/fungal/diseases/candidiasis/recommendations.html.

Scientists are still learning about *Candida auris*

CDC and public health partners are working hard to better understand *C. auris* and answer the following questions so that we can continue to help protect people from this serious infection:
- Why is *C. auris* resistant to antifungal medicines?
- Why did *C. auris* start causing infections in recent years?
- Where did *C. auris* originally come from, and why has it appeared in many regions of the world at the same time?

What is CDC doing?

CDC is collaborating closely with partners to better respond, contain spread, and prevent future infections by:
- Advising healthcare workers and infection control staff on ways to stop the spread of *C. auris* and continually updating this guidance as we learn more about the infection.
- Working with state and local health agencies, healthcare facilities, and clinical microbiology laboratories to ensure that laboratories are using proper methods to detect *C. auris*.
- Testing *C. auris* strains to monitor for resistance to antifungal medicines.
- Examining the DNA of *C. auris* strains using whole genome sequencing to better understand how this germ is spreading in the United States and around the world.
- Working with public health partners in the United States and internationally to learn more about how *C. auris* spreads in healthcare facilities and to eliminate it from those facilities.

For more information:
Centers for Disease Control and Prevention (CDC),
National Center for Emerging and Zoonotic Infectious Diseases
Division of Foodborne, Waterborne, and Environmental Diseases
Telephone 800-CDC-INFO (232-4636) Web http://www.cdc.gov/fungal

Candida auris

- **What is *C. auris*?** A fungus that can cause serious infections (e.g., sepsis).
  C. auris is still rare in the United States but most people who get invasive *Candida* infections are already sick from *other* medical conditions.

- **How is <u>this</u> *Candida* different from <u>other</u> *Candida's*?** Antifungal medicines, commonly used to treat *Candida* infections, often <u>don't</u> work for *C. auris*

- **Why do we need to isolate patients with *C. auris*?** It can spread through contact and has been known to cause outbreaks!! There have been no known cross-transmission to healthcare workers. Those who are <u>really</u> sick are at higher risk -- not healthy people.

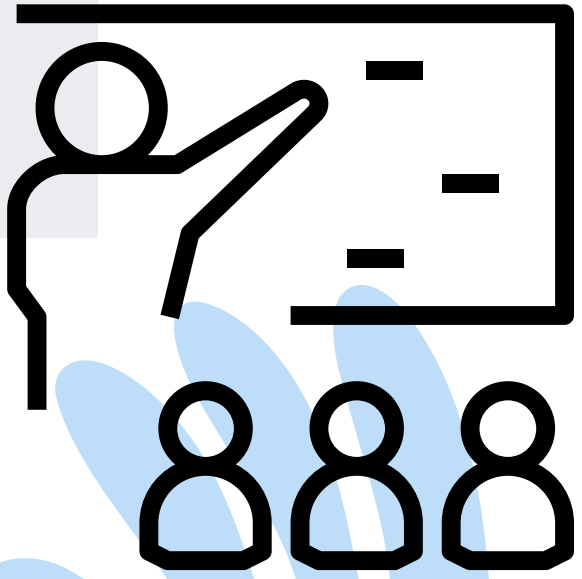
UCM Protocols to Prevent Cross-Transmission –
- **Isolation requirement for *C. auris*? Contact plus**
- **Hand-hygiene requirement? CDC recommends alcohol-based hand rub or soap and water**
- **Equipment cleaning? Use orange-top, PDI-wipes with bleach**

Patient room must receive a <u>UV light disinfection</u> when patient is transferred or discharged!

Questions? Page Infection Control pager 7025

EDUCATION

- Unit in-services
- Hospital wide communication
- EVS meetings
- Work with Epic to flag all C. auris patients
- Creating SOPs for IP&C



Patient Name/ MRN :_____
If INPT, unit location/room: _____
Date of Culture :_____
Culture Type & Organism: _____
Accession #: _____

ICP & Date: ____

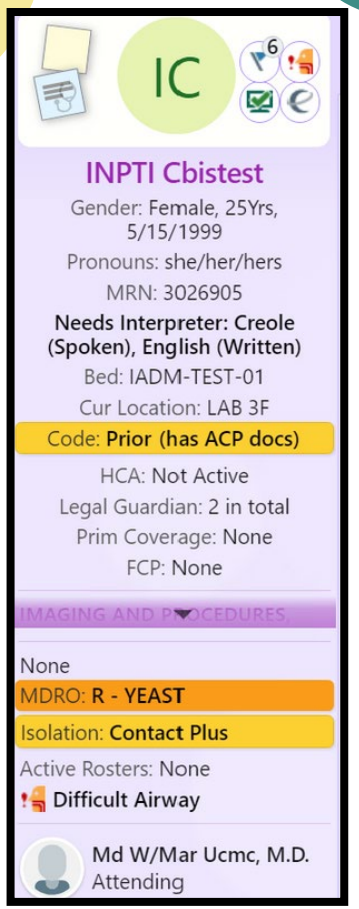
New C. auris

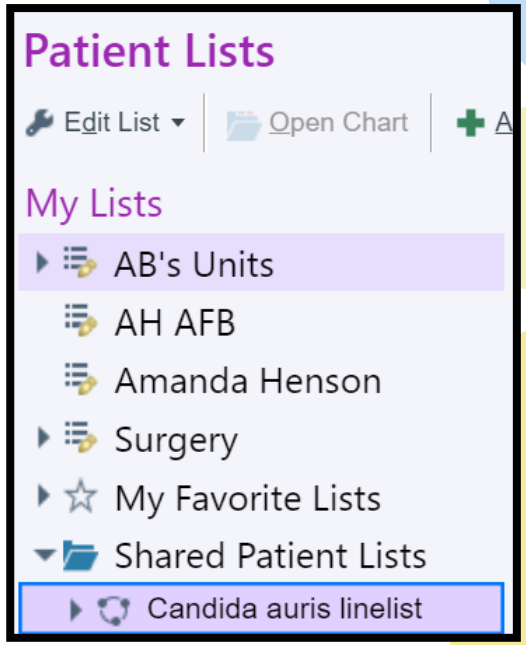
- ☐ Micro notifies ICP on-call of new C. auris
- ☐ Micro notify the floor
- ☐ ICP checks EPIC to confirm pt is on Contact Plus Precautions
- RN puts patient on Contact Plus Precautions
- YES
- NO
- Call Floor and order Contact Plus Precautions in EPIC

- ☐ Add C. auris case to I-NEDSS (Refer to INEDSS Guide)
- ☐ Add patient to C. auris shared patient list in Epic.
- ☐ Add patient to C. auris line-list (M/ICP/Investigations/Yeast)
- ☐ Enter ALL patient info into log sheet → **FREEZER Table CURRENT – 2003 to present**
- ☐ **Copy / paste** or take a **"snip-it"** of C. auris info and email to tech to pick up & freeze isolate. See example below:

Box	Slot	Patient Name	MRN	Accession Number	Collection Date	Source	Isolate	Patient Location / UNIT	Comments	ICP	Frozen Date / Not frozen ?
48-28	28	William, Ethel	4218980	M12391	5/30/2022	Urine	Providencia stuartii-CRE	N10W	POA	KH	

Revised: 4/12/2023





A ICP	B Admitted From	C MRN	D Patient Name	E DOB	F Room History during Admission	G Unit Name/Service Line	H Collect Date	I Source of Culture	J Date of Admission	K Discharge Date	L Time Between Admission to Positive Culture	M Previously Known Positive (Include Date)	N Other Healthcare Encounters Including (Past 3 Months)

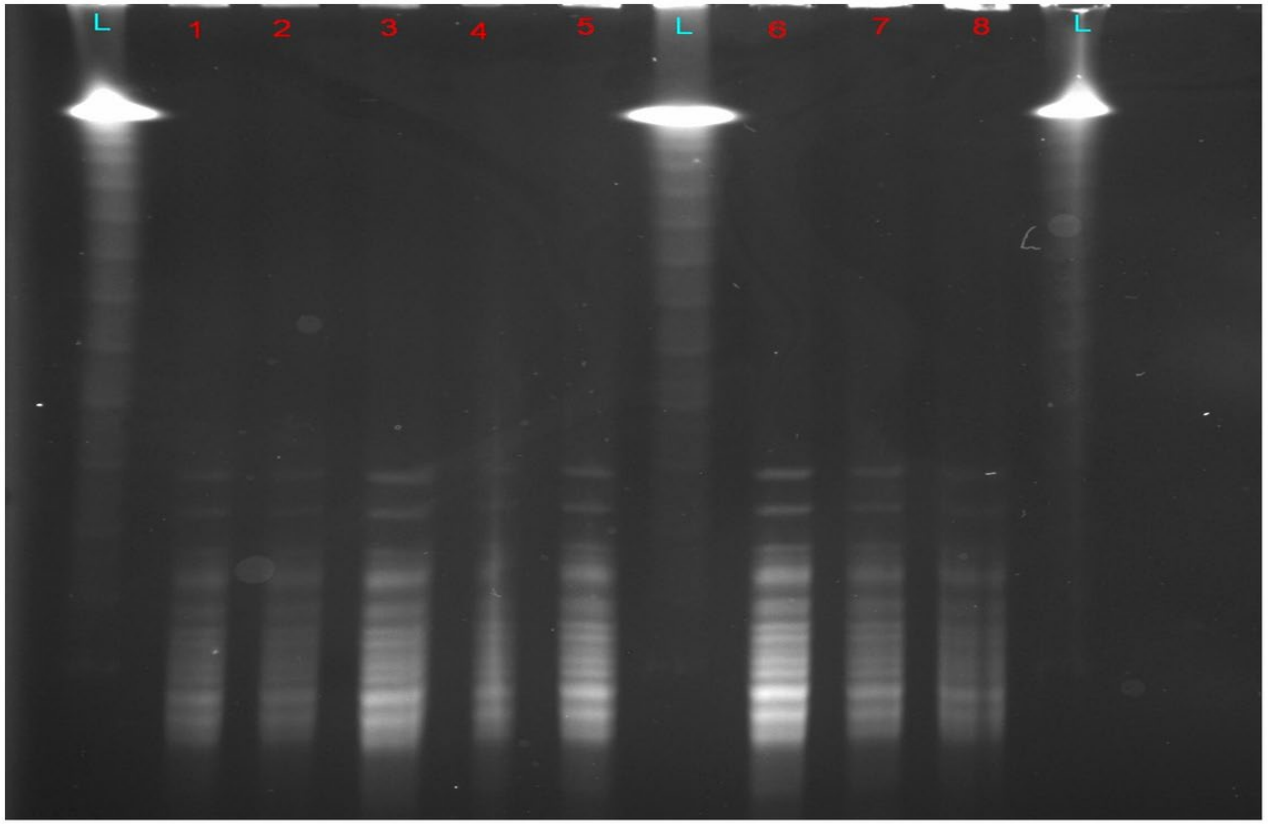
PFGE RESULTS

Infection Control Laboratory - PFGE

Method: PFGE

Date: 7/19/19

Image:



Now to the summer of 2023

ICU SCREENING

Tip Sheet

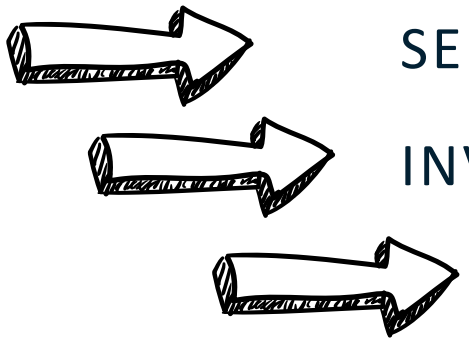
- Screening hospitalized patients who are residents of long-term care facilities is an important infection control strategy to identify carriers and prevent the transmission of this multi-drug resistant fungal pathogen within the healthcare setting

- Starting on Monday, June 26th, the primary MICU team (resident, attending physician & RN) will be asked to identify whether newly admitted patients or transfers to the MICU are a resident of a long-term care facility

- If the patient is identified as a long-term care facility resident, the RN should order screening testing as follows:
  - Please order LABRFGOKEY and type CAURS in the test code section (or in comments if there is not a field dedicated to test code) which is Candida auris surveillance, molecular detection
  - RN to collect specimen, swabbing the axilla & groin
  - Anticipating a 2–3-day turn-around time
  - If patient found to be a carrier of *C. auris*, they will need to be immediately placed on Contact Precautions which should be continued for the remainder of the hospitalization

What we've learned and where are we now?

AS OF TODAY



SEEN OVER 136 NEW C. AURIS CASES

INVESTIGATED ALL

REASSESSING CURRENT DISINFECTION PRACTICES

AS OF TODAY

- CURRENTLY INVESTIGATING RECENT CLUSTER IN OUR CARDIOTHORACIC ICU
- ROBUST INTERVENTIONS IN PLAY
  - WEEKLY SCREENS
  - JUST IN TIME COACHING FOR PPE AND HH
  - GLO-GEL AUDITS
  - ENHANCED EVS CLEANING

QUESTIONS?

EMAIL INFECTION@UCHICAGOMEDICINE.ORG
OR MYSELF AT
AMANDA.BROWN1@UCHICAGOMEDICINE.ORG

CDPH
Chicago Department of Public Health

Thank you for participating!

Next Roundtable (Teams):

Wednesday, May 21, 2-3 PM on Teams

ACHOO TEAM

Reach out to us!

Our team:

- Chief Medical Officer: Stephanie Black
- Medical Director: Michelle Funk
- Projects Administrator: Shane Zelencik
- Infection Preventionist (IP):
  - Andrea Castillo
  - Karen Branch-Crawford
  - Kim Goitia (Dialysis and FQHCs Settings)
- Public Health Administrator (PHA):
  - Maggie Li

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

ACHOO Email: cdphhaiar@cityofchicago.org

ACHOO Phone: (312) 744-1100

NEW: ACHOO HAN page: Acute Care Facilities - HAN (chicagohan.org)

Certificate of Attendance

CDPH
Chicago Department of Public Health

CERTIFICATE
OF ATTENDANCE

Infection Prevention and Control Roundtable with Acute Care Facilities

THIS CERTIFICATE IS PRESENTED TO:

TOPIC:
Winning Against C. auris: Comprehensive Disinfection Approaches for Infection Control
The University of Chicago Medicine Presents: A Tale of Candida Auris

DATE/DURATION:
April 18, 2025; 1 hour

Eligible for one IPU by the Certification Board of Infection Control

CDPH
Chicago Department of Public Health

Additional Slides/Resources

(not presented during the meeting)

Helpful Resources for reporting via the CHIMS Provider Portal

- CHIMS weblink: https://chims.cityofchicago.org/maven/login.do
- Instructions for submitting a Provider Portal account application, click here
- Instructions for submitting electronic **SYPHILIS** case reports, click here
- Instructions for submitting electronic **CONGENITAL SYPHILIS** case reports, click here
- Instructions for submitting electronic **HIV/AIDs** case reports, click here

- For **CHIMS Provider Portal technical assistance and support**, please send an email to: chims@cityofchicago.org

Chicago HAN- HIV, STI and Mpox webpages

- Mpox: https://www.chicagohan.org/mpox
- HIV and STIs: https://www.chicagohan.org/diseases-and-conditions/sti
- Congenital Syphilis: https://www.chicagohan.org/diseases-and-conditions/cs

Congenital Syphilis reporting

- If you have any questions about reporting a Congenital Syphilis case to CDPH, please contact our Congenital Syphilis Epidemiologist, Cece Pigozzi at (312) 744-4949 or cecilia.pigozzi@cityofchicago.org

*** As a reminder, please do not email PHI or PII to us ***

Our Services

Our team consists of Infection Prevention Specialists, Epidemiologists, Project Managers, Projects Administrators, 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 issues
  - These services are not in response to citations or complaints

Case Report Forms (CRFs)

CDPH requires additional epidemiological information for specific cases, beyond the standard reporting requirements. Providing this information helps us gain a better understanding of individual cases and aids in limiting the transmission of certain multi-drug-resistant organisms.

For training on MDRO reporting (whether you're a new Infection Preventionist or need refresher), or for any questions regarding CRF completion requirements, please contact Maggie Li at maggie.li@cityofchicago.org.


CDPH
Chicago Department
of Public Health
PROJECT
FIRSTLINE
CDC'S National Training Collaborative
for Healthcare Infection Prevention & Control

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

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)

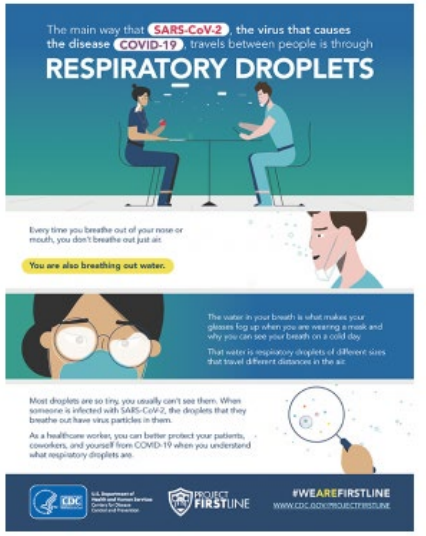
1. The Concept of Infection Control
2. The Basic Science of Viruses
3. How Respiratory Droplets Spread COVID-19
4. How Viruses Spread from Surfaces to People
5. How COVID-19 Spreads - A Review
6. Multi-Dose Vials
7. PPE Part 1 - Eye Protection
8. PPE Part 2 - Gloves & Gowns
9. Hand Hygiene
10. Virus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

Print Materials & Job Aids

- 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]

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

Learn how to stop their spread:
WWW.CDC.GOV/PROJECTFIRSTLINE

CDC

PROJECT FIRSTLINE

INFECTION CONTROL PROTECTS

You

Your Coworkers

Your Patients

Your community

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

CDC

The right infection control actions help stop germs from spreading.

Learn more:
WWW.CDC.GOV/PROJECTFIRSTLINE

CDC

PROJECT FIRSTLINE

PROJECT FIRSTLINE
CDC'S National Training Collaborative for Healthcare Infection Prevention & Control

CDPH
Chicago Department of Public Health

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)!

Your Chicago Project Firstline Team

- **CDPH Infection Preventionist**: Your facility's main contact for all infection prevention and control questions.
  - *General contact information*: **cdphhaiar@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**

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!

ICARs

- Are non-regulatory and non-punitive
- Facilitate collaboration among facility departments
- Provide learning opportunities in critical areas
- Help facilities prepare for Joint Commission surveys
- Increase involvement of facility leaders in infection prevention work

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