GUIDANCE AND RECOMMENDED RESOURCES FOR INFECTION PREVENTION PARTNERS

Infection Prevention and Control (IPC) significantly contributes to patient safety and infection preventionists (IPs) play a critical role in reducing healthcare-associated infections (HAIs). This document is intended to outline areas of focus for the new infection prevention partner.

SOUTH DAKOTA DEPARTMENT OF HEALTH (SDDOH) HAI TEAM

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NETWORKING AND RELATIONSHIP BUILDING

South Dakota Infection Control Conference
The South Dakota Infection Control Conference (SDICC) is a yearly educational event that takes place in the fall. SDDICC is intended to provide continuing education in infection prevention to all persons with interest in or responsibilities related to the infection control field in the state of South Dakota and the surrounding areas.

Topics Covered
- Federal and State Regulations/Mandates in Relation to Infection Prevention
- Infection Prevention in Healthcare Facilities
- Infectious Disease Outbreaks
- Latest Emerging Pathogens
- Public Disease Prevention
- Vaccine Preventable Illness

For more information about SDICC and how to register, please contact the HAI coordinator.

11/19/2019 - KS
Become familiar with the Association for Professionals in Infection Control and Epidemiology (APIC):

South Dakota is a member of the APIC Chapter 059 - Dacotah Plains along with North Dakota and western Minnesota. Meetings are held in North Dakota on a quarterly basis. Information on joining APIC Chapter can be found on the APIC website at http://apic.org/.

- Join local APIC chapter meeting.
- Browse APIC website.
- Complete your APIC member profile if you decide to join.

Introduce yourself to key people in your organization

If you are new to the facility, there are many people you will want to meet early on in your new position. Even if you have been working at your facility, it is important to meet with other leaders in your organization to learn how they interact with infection prevention. A few suggestions for scheduling meetings include:

- Infection prevention committee members
- Lab/microbiologist
- Employee health/Occupational health
- Infectious Disease Physician/Medical Director
- Patient Safety Manager/Quality Improvement
- Nursing Leadership
- Pharmacist
- Surgical Services
- Sterile Processing
- Maintenance
- Environmental Services (EVS)
- Social Services
- Care Coordinator
- Physical Therapy
- Nutritional Services/Dietary
- Local Hospital Infection Preventionist if Long-term care facility (LTC)

Public Health

- SDDOH has Disease Intervention Specialists (DIS) that assist healthcare providers with the investigation of communicable diseases, outbreaks and preparedness issues. For a current map of field epidemiologist coverage, visit https://doh.sd.gov/diseases/infectious/std/dis.aspx
The SDDOH HAI Program coordinator, and the SD state Epidemiologist each have an E-mail listserv that IP’s can sign up to receive E-mail notification about available training, and important public health updates and surveillance information. Please contact the HAI coordinator above for instructions on how to sign up for this service.

**DATA AND TECHNOLOGY**

- **Assess your Information Technology (IT) needs:**
  IPs use many software programs to assist in their job. Some of the programs you may need access to include PowerPoint, Excel, Word, your facility Electronic Medical Records.
    - What software programs do you have/need?
    - What training do you need for those programs?
    - What access/passwords do you need?
    - Learn your facility’s electronic medical records system.

- **If your facility is required to report healthcare data into Centers for Disease Control and Prevention (CDC’s) National Healthcare Safety Network (NHSN), complete the mandatory CDC NHSN training:**
  NHSN is the CDC web-based system for reporting HAIs and healthcare worker immunizations. If you have questions about NHSN, please contact the SDDOH HAI program. We can help you get started.
    - Apply for Secure Access Management Services (SAMS).

**SURVEILLANCE**

- **Assess the surveillance plan for your facility:**
  Surveillance is an essential component of an effective infection prevention and control program. Surveillance helps you identify outbreaks, assess prevention efforts and identify multi-drug resistant organisms. Some facilities perform whole house surveillance, while others do focused surveillance. Review your facility infection control plan and data collected in the past to help you determine surveillance activities appropriate for your facility.
    - What data does your facility already gather?
    - Where do you get your data?
    - What data do you need?
    - How will you identify patients at risk for HAIs?
- How will you get access to microbiology reports?
- Who collects denominator data?

- Review your facility’s surveillance data for these HAIs:
  NHSN provides information on surveillance for the following infection types:
  - Central line-associated bloodstream infections (CLABSI)
  - Catheter-associated urinary tract infections (CAUTI)
  - Surgical site infections (SSIs)
  - *Clostridioides difficile*
  - Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia
  - Ventilator-associated events (VAE)
  - Ventilator-associated pneumonia (pediatrics)
  - Surveillance for Antimicrobial Use and Antimicrobial Resistance (AUR) Options

- For LTC Facilities:
  NHSN provides information on surveillance for the following infection types:
  [https://www.cdc.gov/nhsn/ltc/index.html](https://www.cdc.gov/nhsn/ltc/index.html)
  - *Clostridioides difficile* infection (CDI) and Multidrug-resistant organisms (MDRO)
  - Urinary Tract Infections (UTI)
  - Prevention Process Measures (Hand Hygiene, Gloves and Gowns Adherence)

- Surveillance Definitions of Infections in LTCS:
  Infection preventionists in long-term care need to understand the purpose, methodologies and definitions for surveillance. The McGeer criteria were revised in 2012 to include Norovirus and *Clostridioides difficile*. The definitions for urinary tract and respiratory tract infection were also revised.
  To locate the revised McGeer criteria visit:
  The difference between Loeb and McGeer criteria can be confusing. Minnesota Department of Health (MDH) has developed a practical guide that clearly outlines why and how they are each used in the clinical and surveillance initiatives of long-term care facilities.
  - MDH: Loeb and McGeer Criteria: A Practical Guide for Use in Long-term Care (PDF)

- Outbreak identification and investigation
  - Learn the steps of an outbreak investigation.
According to the Centers for Disease Control and Prevention (CDC), an outbreak is the occurrence of more cases of a disease than would normally be expected in a specific place or group of people over a given period of time. 
https://www.cdc.gov/hai/outbreaks/index.html

- Outbreaks of:
  - Acute upper respiratory illness;
  - Diarrheal disease;
  - Foodborne disease;
  - Healthcare-associated infections;
  - Illnesses in child care settings;
  - Rash illness;
  - Waterborne disease.
  - Syndromes suggestive of bioterrorism and other public health threats
  - Unexplained illnesses or deaths in human or animal

Are all reportable to the SDDOH within 1 business day. Report Outbreaks at the following link: https://apps.sd.gov/ph93morbidity/secure/Outbreak.aspx
Or
Telephone – (605) 773-3737 or (800) 592-1861

- Reporting of HAIs to external partners:
  - What HAI conditions are required to be reported to meet the Centers for Medicare and Medicaid Services (CMS) guidelines?
  - Does your facility report data to The Medicare Beneficiary Quality Improvement Project (MBQIP)?
  - South Dakota Department of Health does not mandate reporting of healthcare-associated infections (example: CLABSI, CAUTI). Outbreaks of HAI’s are reportable to the department of health.
  - To what organizations does your facility report quality data? Examples include the South Dakota Hospital Association, the South Dakota Healthcare Collaborative or Telligen, Great Plains QIN/QIO
  - What is your facility’s reporting process? For NHSN HAI data, most South Dakota organizations use the NHSN group function to minimize reporting burdens.
  - What are the reporting timelines/due dates?

**COMMUNICABLE DISEASE AND INFECTIOUS ORGANISMS**

- Identify epidemiologically significant infectious diseases that require immediate review and investigation.
Category I diseases require an immediate report on suspicion of disease. They include the following conditions:

- Tuberculosis
- Meningococcal disease (Neisseria meningitidis)
- Measles
- & others

A complete list can be found here:

Determine the process for reporting diseases reportable to public health

- Know the list of reportable diseases identified by the state health department and reporting requirements. More information about reportable diseases can be found on the SDDOH website https://doh.sd.gov/diseases/infectious/reporting.aspx.

Learn about MDRO identification and infection prevention implications; for example, (we have included links to get you started):

- Methicillin-resistant Staphylococcus aureus (MRSA)
  http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=10312272&fulltextType=RA&fileId=S0899823X00193882
- Vancomycin-resistant Enterococcus (VRE)
  https://www.cdc.gov/HAI/organisms/vre/vre.html
- Multidrug-resistant Gram-negative rods (extended spectrum beta lactams ESBL, Carbapenem-Resistant Enterobacteriaceae (CRE), Acinetobacter baumannii, etc.)
  https://www.cdc.gov/hai/organisms/cre/

Locate and become familiar with your facility’s Tuberculosis (TB) control plan:

- Determine what is done if a known or suspected case of TB is admitted to your facility.
  - Active TB is a Category One disease that requires immediate reporting to the SD DOH
- Contact the SDDOH TB Control Program with any questions:
  - Kristin Rounds (605)-773-3737
  - TB nurse consultant (605)-882-5097
  - TB Program FAX (605)-773-5509
    Information about TB may be located on the SDDOH website at
    https://doh.sd.gov/diseases/infectious/TB/

HAI PREVENTION

- Hand hygiene
Read CDC guidelines and World Health Organization guidelines.  
https://www.who.int/gpsc/5may/tools/9789241597906/en/  
https://www.who.int/gpsc/5may/background/5moments/en/  
https://www.cdc.gov/handhygiene/

Read your facility’s policy for hand hygiene and approved products.

Know when hand hygiene must occur.

Determine if monitoring of hand hygiene compliance is done at your facility.
  o If so, how and by whom?

Read policies for surgical hand scrub.
https://www.who.int/gpsc/5may/hh-surgicalA3.pdf

Review Life Safety requirements for Alcohol Based Hand Rubs (ABHRs) placement in facilities.  

**Society for Healthcare Epidemiology of America (SHEA) and APIC Guideline: Infection prevention and control in long-term care facility**  

**Norovirus**

Noroviruses (previously known as Norwalk-like viruses) are a group of viruses and are the most common cause of acute gastroenteritis in the United States. Healthcare settings are at risk for outbreaks because of increased person-to-person contact. The most common symptoms of a norovirus illness include nausea, vomiting, diarrhea, and stomach cramps. Illness often begins suddenly but is often brief, with symptoms usually lasting 1 to 2 days. More severe outcomes and longer illness are most commonly reported among the elderly.

For additional information on recommendations for norovirus in health care settings: https://www.cdc.gov/HAI/organisms/norovirus.html

**Scabies**

Scabies is an infection of the skin by the human itch mite (*Sarcoptes scabiei var. hominis*). The microscopic scabies mite burrows into the upper layer of the skin where it lives and lays its eggs. The most common symptoms of scabies are intense itching and a pimple-like skin rash. The scabies mite usually spread by direct, prolonged, skin-to skin contact with a person who has scabies.

Scabies outbreaks have occurred in LTC settings often as a result of crusted scabies. Crusted scabies occurs in the immunocompromised and aging population.
For additional information on recommendations for scabies:
https://www.cdc.gov/parasites/scabies/health_professionals/institutions.html

**Influenza**
- Influenza can be introduced into a LTC facility or hospital by visitors, healthcare workers and new patients. Residents of a LTC facility can experience severe and even fatal illness during an outbreak. To reduce the risk of influenza in your facility, vaccinate residents and healthcare providers when the vaccine becomes available.
- For additional information on recommendations for influenza in long-term care:
- SD Influenza information: https://doh.sd.gov/diseases/infectious/flu/

**Review the Standard Precautions/Transmission-Based Precautions policies and procedures for your facility. Identify and define each of the components comprising the chain of infection, and how understanding the chain of infection can assist in preventing the spread of infection in your facility:**
- Know when standard, contact, droplet, or airborne infection isolation (AII) precautions are used.
- Identify who is responsible and/or has authority for initiating isolation of patients.
- Locate signage used to notify healthcare workers and visitors of precautions.
- Identify personal protective equipment available to staff and how staff are trained on selection and use of protective equipment.
  https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf
- Locate and become familiar with CDC’s list of organisms and isolation requirements, which can be found in Isolation Guidelines at
  https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html.
- For information on how resistant organisms may be cared for in your facility visit the South Dakota HAI webpage at: https://doh.sd.gov/diseases/hai/
  Or contact the HAI coordinator using the information on page one

**Intravascular device and CLABSIs prevention:**
- Read the Society for Healthcare Epidemiology of America (SHEA) Compendium, APIC Elimination Guides, the CDC Healthcare Infection Control Practices Advisory Committee (HICPAC) guidelines, Institute for Healthcare Improvement (IHI) bundles.
  http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=10312269&fulltextType=RA&fileId=S0899823X00193870
Pneumonia prevention:
- Read SHEA Compendium, APIC Elimination Guide, Healthcare Infection Control Practices Advisory Committee (HICPAC) guidelines, Institute for Healthcare Improvement (IHI) bundles. [Link](http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=10312275&fulltextType=RA&fileId=S0899823X00193894)

CAUTI prevention:
- Read SHEA Compendium, APIC Elimination Guide, HICPAC guidelines, IHI bundles. [Link](http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=10312260&fulltextType=RA&fileId=S0899823X00193845)

UTI prevention:
- UTIs are a common infection that is identified in LTCs. For information on UTIs in long term care access the article below. [Link](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3573848/)

SSI prevention:
- Read SHEA Compendium, APIC Elimination Guides, HICPAC guidelines, Association of periOperative Registered Nurses (AORN) standards. [Link](http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=10312266&fulltextType=RA&fileId=S0899823X00193869)

Clostridioides difficile prevention:
- Read SHEA Compendium, APIC Elimination Guide.
- Learn about transmission, risk factors, complication, role of environment, treatment options. [Link](http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=10312263&fulltextType=RA&fileId=S0899823X00193857)

Learn about safe injection practices:
- Review the ‘One and Only Campaign’ materials: [Link](https://www.oneandonlycampaign.org/).
- Review glucometer resources [Link](https://www.cdc.gov/injection­safety/blood-glucose-monitoring.html)
  - Glucometers must be cleaned and disinfected according to manufacturer’s instructions. Facilities are reminded, however, that if the manufacturer of
the device in use does not specify how the device should be cleaned and disinfected, then it should not be shared or reassigned to a different patient.

- **Antibiotic Stewardship Program:**
  - Review the Core Elements of Antibiotic Stewardship Programs:
    - [https://www.cdc.gov/antibiotic-use/healthcare/implementation/core-elements.html](https://www.cdc.gov/antibiotic-use/healthcare/implementation/core-elements.html)
    - [https://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html](https://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html)

- **Inter-Facility Infection Control for Facilities:**
  - Review the transfer form:
    - [https://doh.sd.gov/documents/diseases/HAI/InterfacilityTransfer.pdf](https://doh.sd.gov/documents/diseases/HAI/InterfacilityTransfer.pdf)

### POLICIES AND PROCEDURES

- **Disinfection and sterilization of equipment:**
  - [https://www.cdc.gov/infectioncontrol/guidelines/disinfection/index.html](https://www.cdc.gov/infectioncontrol/guidelines/disinfection/index.html)
  - Learn the Spaulding classification of disinfection and sterilization.
  - Differentiate between cleaning, disinfection, high-level disinfection and sterilization.
  - Learn the importance of decontamination of instruments/scopes.

- **Housekeeping (i.e., environmental services [EVS]):**
  - What are your facility’s policies for environmental cleaning?
  - What products are used?
    - What is their contact time?
    - Do you know what organisms they are effective against?
  - What personal protective equipment is used during cleaning?
  - How would a blood spill be managed?
  - What products are used for cleaning *Clostridiodes difficile*?
  - Review the Environmental Protection Agency (EPA) registered disinfectants at [https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants](https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants)

- **Facilities maintenance, renovation, and construction**
  - What are your facility’s policies on infection prevention related maintenance, renovation, and construction?
    - Does your facility have a water management plan?

- **Dietary/Nutritional services:**
  - Review policies for:
Safe preparation (clean, separate, cook, chill)
- Safe handling and food storage
- Safe temperature zone
- Sanitation of trays, utensils, equipment, and surfaces
- Hand hygiene and glove use during food preparation

**Specialty Services:**
- Review policies for the following services
  - Pain management
  - Wound
  - Respiratory
  - Vascular access

**Identify state licensing, regulatory, and facility requirements for healthcare worker immunizations:**
Current recommendations for healthcare worker immunization may be located at [https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html](https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html)

Measles, Mumps, and Rubella (MMR)
- Varicella
- Hepatitis B
- Influenza
- Tetanus, Diphtheria, Pertussis (Tdap)

**Know your facility plan for healthcare worker communicable disease exposure:**
Review the Bloodborne Pathogen (BBP) Exposure Control Plan and the Occupational Safety and Health Administration (OSHA) Rule:
- Incubation periods
- Mode of transmission
- Periods of communicability
- Signs and symptoms
- Learn about Hepatitis B, C, and HIV transmission
- What is considered potentially infectious material?
- Learn how Standard Precautions (Universal) are used to prevent contact with blood or other potentially infectious material
- What training is available for staff? (Required by OSHA)
- How are pregnant employees addressed in facility policies?

1. Describe what annual employee influenza vaccination campaign is in place
   - Determine CMS healthcare personnel influenza vaccination reporting requirements for your facility
     - Where will you get this data? Is this collected with the help of employee health?
     - How do you report this in NHSN?
   - Campaigns for LTCs
     The CDC provides a toolkit with a number of resources intended to help LTC facilities provide access to influenza vaccination for their workforce and to help any employer of workers in long-term care understand the importance of influenza vaccination for their employees. 
     https://www.cdc.gov/flu/toolkit/long-term-care/
   - Influenza Resources and Quick Stats
     http://doh.sd.gov/diseases/infectious/flu/

2. Learn your role and the scope of your Infection Prevention Program:
   - Locate and review your job description.
   - Review your job duties.
   - Locate and review the minutes from your facility’s Infection Prevention Committee meetings.
   - Review infection prevention authority statement.
   - Describe your role in developing the infection prevention program’s budget.

3. Learn about the Infection Prevention Committee for your facility
   - How often does your committee meet?
   - Identify current members.
   - Review prior agendas and minutes.

4. Learn which committees you will serve on (besides the Infection Prevention Committee)
   - Committees may include:
     - Product review
     - Sharps safety
     - Safety
     - Patient safety
     - Antimicrobial stewardship
     - Quality/Performance improvement
     - Drug Diversion
     - Emergency response
     - Regulatory
Employee health
- Construction and/or facility maintenance
- Nursing councils
- Pharmacy and Therapeutics
- Care conference

Locate your facility manuals/procedures, including:
- Infection prevention - does your facility have an infection prevention plan?
- Administrative
- Nursing
- Safety
- Environmental services
- Surgical services
- How does your Infection Prevention Plan align with the Quality Assurance Performance Improvement (QAPI) plan for your LTC?
- How does staff access Infection Prevention policies and procedures?

SD DOH PARTNERS

The SDDOH Immunization Program: https://doh.sd.gov/family/childhood/immunization/

SDDOH STD and HIV/AIDS programs:
https://doh.sd.gov/diseases/infectious/ std/

SDDOH Office of Health Facilities Licensure & Certification:
https://doh.sd.gov/providers/licensure/

ACRONYM LIST

APIC - Association for Professionals in Infection Control and Epidemiology
ARON - Association of periOperative Registered Nurses
BBP - Bloodborne Pathogen
CAUTI – Catheter-associated urinary tract infection
CDC - Centers for Disease Control and Prevention
CDI - Clostridioides difficile infection
CLABSII - Central Line-associated bloodstream infection
CMS - Centers for Medicare and Medicaid Services

CRE – Carbapenem-Resistant Enterobacteriaceae

EPA - Environmental Protection Agency

ESBL – Extended spectrum beta lactams

EVS - Environmental Services

HAIs - Healthcare-associated Infections

HCFs - Healthcare facilities

HICPAC - Healthcare Infection Control Practices Advisory Committee

SDDOH – South Dakota Department of Health

IHI - Institute for Healthcare Improvement

IPC - Infection Prevention and Control

IPs - Infection Preventionists

IT - Information Technology

LTC - Long-term care facility

MDRO - Multidrug-resistant Organism

MRSA - Methicillin-resistant Staphylococcus aureus

NHSN - National Healthcare Safety Network

OSHA - Occupational Safety and Health Administration

QAPI - Quality Assurance Performance Improvement

SHEA - Society for Healthcare Epidemiology of America (SHEA)

SSI - Surgical Site Infection

UTI - Urinary-tract Infection

VRE – Vancomycin-resistant Enterococcus

VAE – Ventilator-associated event