Infection Preventionist (IP) Support & Multi-Disciplinary Teamwork

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NE ICAP

No Disclosures

- No relevant financial relationships were identified, no financial disclosures.

Learning Objectives

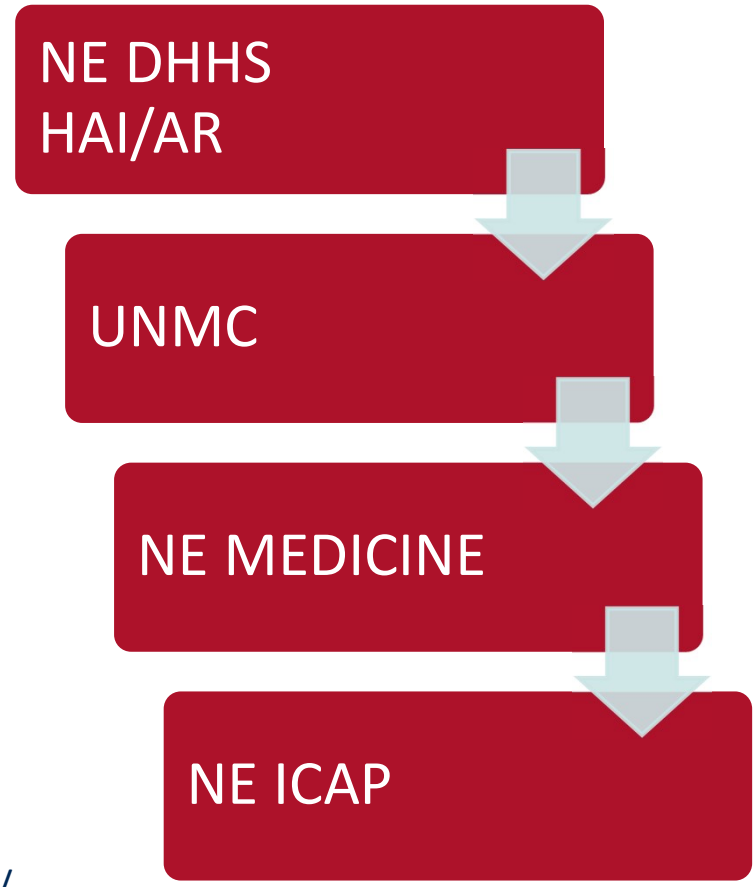
- Describe NE ICAP and support for critical access hospitals
- Review the purpose for an infection prevention and control (IPC) program
- Discuss CDC's Core Practices for Safe Healthcare Delivery
- Outline the core activities of an IPC program and IP
- Describe how the multi-disciplinary team can support the IP
- List resources for education and training and IPC program implementation

NE ICAP

What is NE ICAP?

The Nebraska Infection Control Assessment and Promotion (ICAP) Program is part of Nebraska Medicine and supported by the Nebraska DHHS Healthcare Associated Infections and Antimicrobial Resistance(HAI /AR) Program via a Centers for Disease Control and Prevention (CDC) grant.

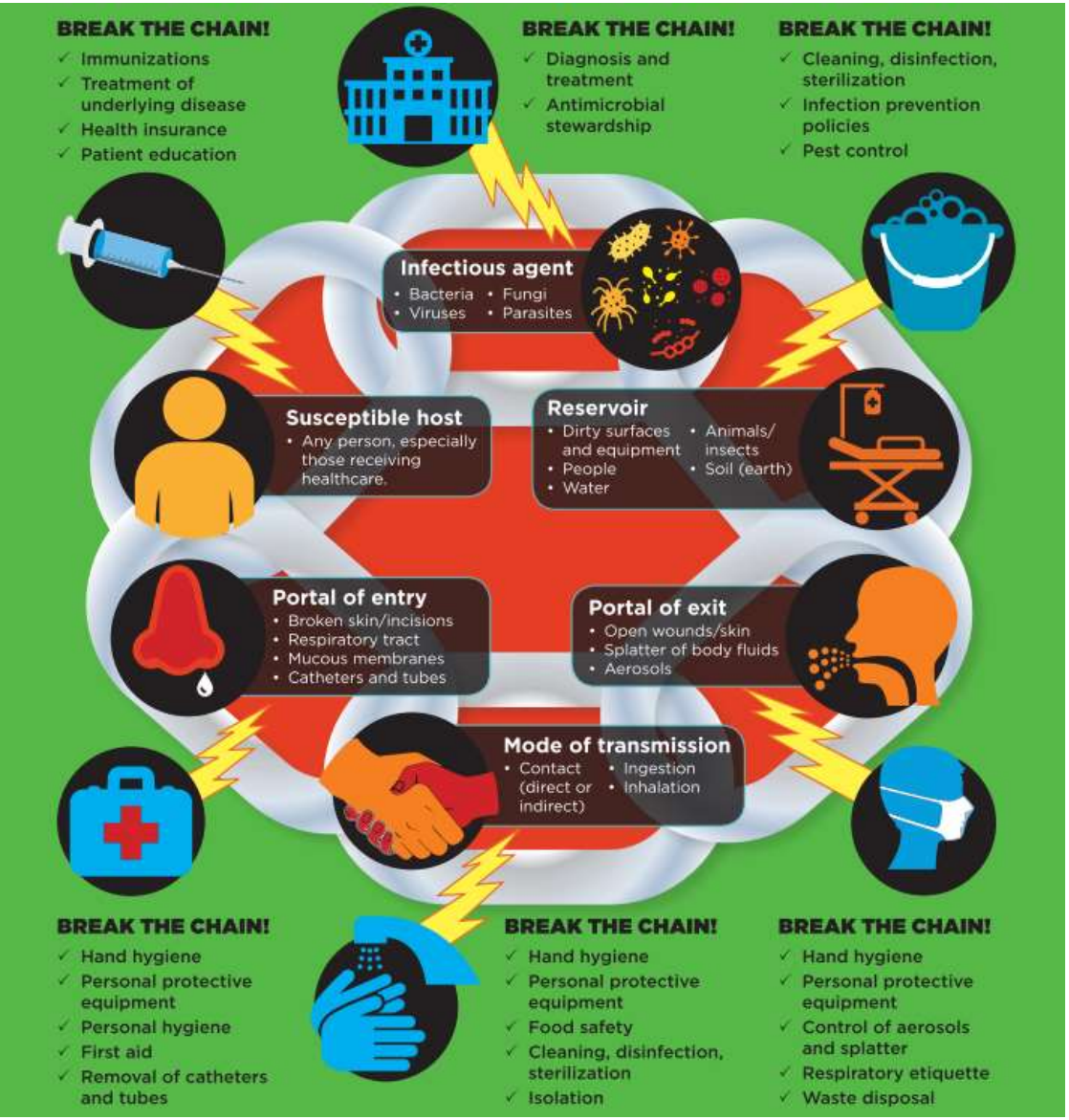
- ICAP offers no cost, peer-to-peer infection prevention and control (IPC) education, consultations, and assessments. Our team includes experienced infection preventionists, infectious disease trained medical directors, and professional educators.



https://icap.nebraskamed.com/about-us/

IPC Program Purpose

CDC Module 1 IPC Program



Break the Chain of Infection

Core IPC practices can prevent infections and reduce risk for safer healthcare and work.

- Vaccination
- Hand Hygiene
- Respiratory Etiquette
- PPE
- Standard Precautions
- Transmission-Based Precautions
- Cleaning and Disinfecting including Sterilization
- Sharps Safety
- Safe Injection Practices

[APIC - Break the Chain of Infection]

NE ICAP

OSH Act of 1970 – General Duty Clause & Other OSHA Standards

OSHA General Duty Clause

a) Each employer --

(1) shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees;

(2) shall comply with occupational safety and health standards promulgated under this Act.

(b) Each employee shall comply with occupational safety and health standards and all rules, regulations, and orders issued pursuant to this Act which are applicable to his own actions and conduct.

OSHA - 29 CFR 1910.1030 - Bloodborne Pathogens

OSHA – 29 CFR 1910.132 - PPE

OSHA – 29 CFR 1910.134 - PPE - Respiratory Protection

CMS - §485.640 – Infection Prevention and Control and Antibiotic Stewardship Programs

- CMS - State Operations Manual - Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs - §485.640 Condition of Participation: Infection Prevention and Control and Antibiotic Stewardship Programs

§485.640 Condition of Participation: Infection Prevention and Control and Antibiotic Stewardship Programs

The CAH must have active facility-wide programs, for the surveillance, prevention, and control of HAIs and other infectious diseases and for the optimization of antibiotic use through stewardship. The programs must demonstrate adherence to nationally recognized infection prevention and control guidelines, as well as to best practices for improving antibiotic use where applicable, and for reducing the development and transmission of HAIs and antibiotic-resistant organisms. Infection prevention and control problems and antibiotic use issues identified in the programs must be addressed in coordination with the facility-wide quality assessment and performance improvement (QAPI) program.

CMS - Appendix W - CAHs

CMS – IPC Program Organization and Policies

§485.640(a) Standard: Infection prevention and control program organization and policies. The CAH must demonstrate that:

(1) An individual (or individuals), who is qualified through education, training, experience, or certification in infection prevention and control, is appointed by the governing body, or responsible individual, as the infection preventionist(s)/infection control professional(s) responsible for the infection prevention and control program and that the appointment is based on the recommendations of medical staff leadership and nursing leadership;

(2) The infection prevention and control program, as documented in its policies and procedures, employs methods for preventing and controlling the transmission of infections within the CAH and between the CAH and other healthcare settings;

(3) The infection prevention and control includes surveillance, prevention, and control of HAIs, including maintaining a clean and sanitary environment to avoid sources and transmission of infection, and that the program also addresses any infection control issues identified by public health authorities; and

(4) The infection prevention and control program reflects the scope and complexity of the CAH services provided.

CMS - Appendix W - CAHs

CMS – Leadership Responsibilities: Governing Body

§485.640(c) Standard: Leadership responsibilities:

(1) The governing body, or responsible individual, must ensure all of the following:

(i) Systems are in place and operational for the tracking of all infection surveillance, prevention and control, and antibiotic use activities, in order to demonstrate the implementation, success, and sustainability of such activities.

(ii) All HAIs and other infectious diseases identified by the infection prevention and control program as well as antibiotic use issues identified by the antibiotic stewardship program are addressed in collaboration with the CAH's QAPI leadership.

CMS - Appendix W - CAHs

CMS – Leadership Responsibilities: IPC Professional(s)

§485.640(c) Standard: Leadership responsibilities:

(2) The infection prevention and control professional(s) is responsible for:

(i) The development and implementation of facility-wide infection surveillance, prevention, and control policies and procedures that adhere to nationally recognized guidelines.

(ii) All documentation, written or electronic, of the infection prevention and control program and its surveillance, prevention, and control activities

(iii) Communication and collaboration with the CAH's QAPI program on infection prevention and control issues.

(iv) Competency-based training and education of CAH personnel and staff, including medical staff, and, as applicable, personnel providing contracted services in the CAH, on the practical applications of infection prevention and control guidelines, policies and procedures.

(v) The prevention and control of HAIs, including auditing of adherence to infection prevention and control policies and procedures by CAH personnel.

(vi) Communication and collaboration with the antibiotic stewardship program.

CMS - Appendix W - CAHs

CDC's Core IPC Practices for Safe Healthcare

- CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings represent fundamental standards of care that are not expected to change based on emerging evidence or to be regularly altered by changes in technology or practices and are applicable across the continuum of healthcare settings.
  - There are 8 core practice categories:
    - Leadership Support
    - Education and Training of Healthcare Personnel on Infection Prevention
    - Patient, Family and Caregiver Education
    - Performance Monitoring and Feedback
    - Standard Precautions
      - Includes hand hygiene, environmental cleaning and disinfection, injection and medication safety, risk assessment with use of personal protective equipment (PPE), minimizing potential exposures, and reprocessing of reusable medical equipment.
    - Transmission-Based Precautions
    - Temporary Invasive Medical Devices for Clinical Management
    - Occupational Health

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CDC's Core IPC Practices for Safe Healthcare Delivery in All Settings

IPC Policies and Procedures

- Title
- Definition
- Purpose or Rationale
- Responsibility
- Policy Considerations

IPC program policies and procedures provide instruction on how to prevent the spread of pathogens and development of healthcare-associated infections.

IPC POLICY ✔

An *IPC policy* defines and provides evidence and rationale for a required IPC practice, including guidance about practice implementation.

IPC PROCEDURE ✔

An *IPC procedure* outlines the specific steps or actions for performing an IPC practice.

- Procedure Considerations
- Guidelines, Standards, and Resources

CDC LTC Module 1 IPC Program

NE ICAP

Policies and Procedures: Process for Implementation & Review

- Successful implementation of IPC policies and procedures includes:
  - Review and approval.
  - Ensuring accessibility to staff.
  - Providing education and training, including competency assessment.
  - Conducting performance monitoring and providing feedback.
- Periodically review
  - Initial review and approval by facility leadership, such as the Quality Assessment and Assurance (QAA) Committee.
  - Conduct an annual review that is informed by the IPC risk assessment.
  - Revise and update when there are changes in IPC practice recommendations or facility services.

CDC Module 1 IPC Program

Infection Prevention and Control (IPC) Training & Validation

- Training should be adapted to reflect the diversity of the workforce, facility type, and tailored to meet the needs of the healthcare personnel (HCP) being trained.

  - Provide written IPC policies and procedures that are available, current, and based on evidence-based guidelines (e.g., CDC/HICPAC, etc.).

  - Provide job-specific IPC education and training.
    - Require training before HCP are allowed to perform their duties.
    - Provide periodic refresher training (e.g. annually).
    - Provide additional training in response to recognized IPC lapses.
    - Provide additional training to address new equipment or protocols.

  - Develop processes to ensure that all HCP demonstrate the knowledge and skill to adhere to IPC requirements as they perform their roles and responsibilities.

CDC's Core IPC Practices for Safe Healthcare Delivery in All Settings

CDC Module 1 IPC Program CDC STRIVE Infection Control Training - CBT - Audits – Feedback

NE ICAP

Higher Considerations for IPC Competency-Based Training Assessments

- Personal protective equipment donning and doffing with hand hygiene
- Foley insertion using aseptic technique
- Central line maintenance
- IV insertion
- Dressing changes on central lines
- Surgical scrub technique
- Surgical skin preparation
- CHG bathing guidelines and technique
- Central line maintenance
- Proper use of environmental disinfectants
- Transport of contaminated instruments
- Reprocessing – Sterilization and High-Level Disinfection
- Central line insertion checklist
- Transmission-based precautions (e.g. for airborne and contact with COVID: PPE proper use, sign on door, ensuring the door is closed, negative air pressure monitored if in an airborne infection isolation room)

Select your priorities based on the scope and complexity of services provided along with your assessment of IPC risk.

Why is Competency-Based Training Important?

- Patients trust healthcare personnel to have the knowledge and skills to keep them safe from injection and harm.

- HCP rely on other healthcare personnel to prevent and control infection.
- Ensuring that HCP have the knowledge and skills to competently perform their job isn't just the right thing to do, it can be a difference between staying healthy or getting very sick or dying.
    - A healthcare associated infection (HAI) can have severe or fatal outcomes.

Image by rawpixel.com
Image Courtesy of CDC

IPC Training & Validation Cycle

CDC's Core IPC Practices for Safe Healthcare Delivery in All Settings

ICAP

Performance Monitoring (a.k.a. Auditing)

- Monitor staff adherence to IPC practices.
  - Identifies knowledge gaps.
  - Opportunities for practice improvement.
  - Supplies or resources needed.
- Provide training for performance monitoring personnel on:
  - Expectations for correct practices.
  - How to observe IPC activities.
  - Using data collection tools.

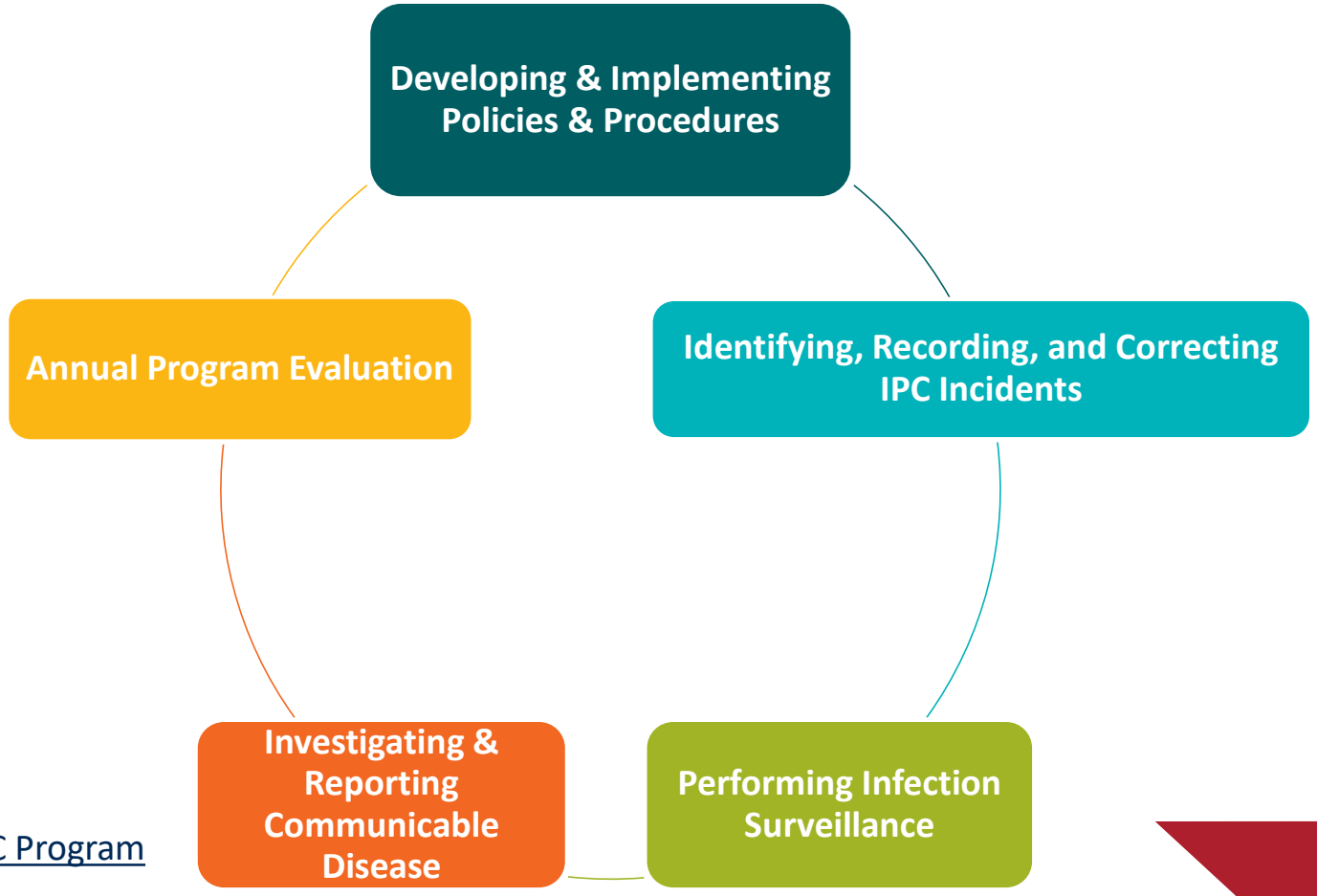
Image Courtesy of CDC Module 1 IPC Program

Providing Feedback

- Provide feedback to staff and leadership about adherence to IPC practices:
  - Reinforces importance of IPC activities.
  - Maintains staff awareness of policies and procedures.
- Performance monitoring data can be:
  - Aggregated and summarized facility-wide.
  - Broken down by unit, shift, or provider type
  - Individualized and shared during on-one-one meetings or at the time of observation.

Image by rawpixel.com

IPC Program Core Activities



CDC Module 1 IPC Program

NE ICAP

Infection Preventionist is a Leader

LEADER

- Oversees the IPC program.
- Promotes a culture of safety.
- Demonstrates accountability, integrity, organization, and time management.
- Advocates for IPC program resources.
- Challenges assumptions and considers alternative perspectives.

CDC LTC Module 2 IP

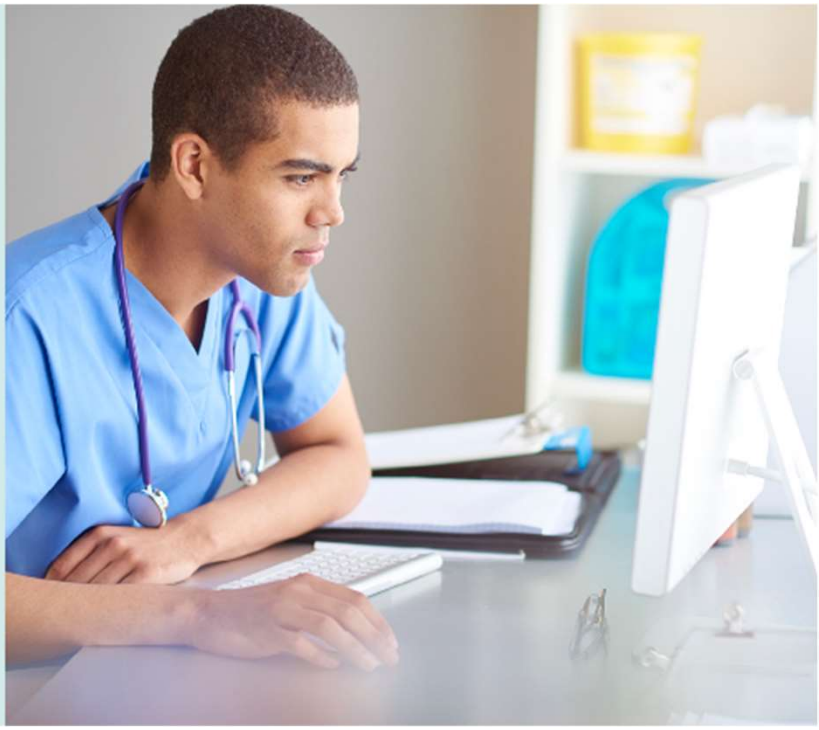
CDC Module 2 IP

ICAP

IP is a Critical Thinker & Data Interpreter

CRITICAL THINKER AND DATA INTERPRETER

- Translates scientific evidence into practice.
- Uses performance monitoring and surveillance data to inform IPC activities.
- Shifts priorities and resources when new problems or questions arise.



CDC LTC Module 2 IP

Infection Preventionist is a Communicator

COMMUNICATOR

- Possesses strong written and verbal skills.
- Concisely and accurately communicates critical information to stakeholders.
- Tailors messaging to reach different audiences.
- Creates a dialogue and engages facility staff.

CDC Module 2 IP

Infection Preventionist is an Educator

EDUCATOR

- Adapts messages to address different backgrounds and learning needs.
- Uses a variety of learning formats to deliver IPC education.
- Evaluates the effectiveness of education.

CDC LTC Module 2 IP

CDC Module 2 IP

ICAP

Infection Preventionist is a Collaborator

COLLABORATOR

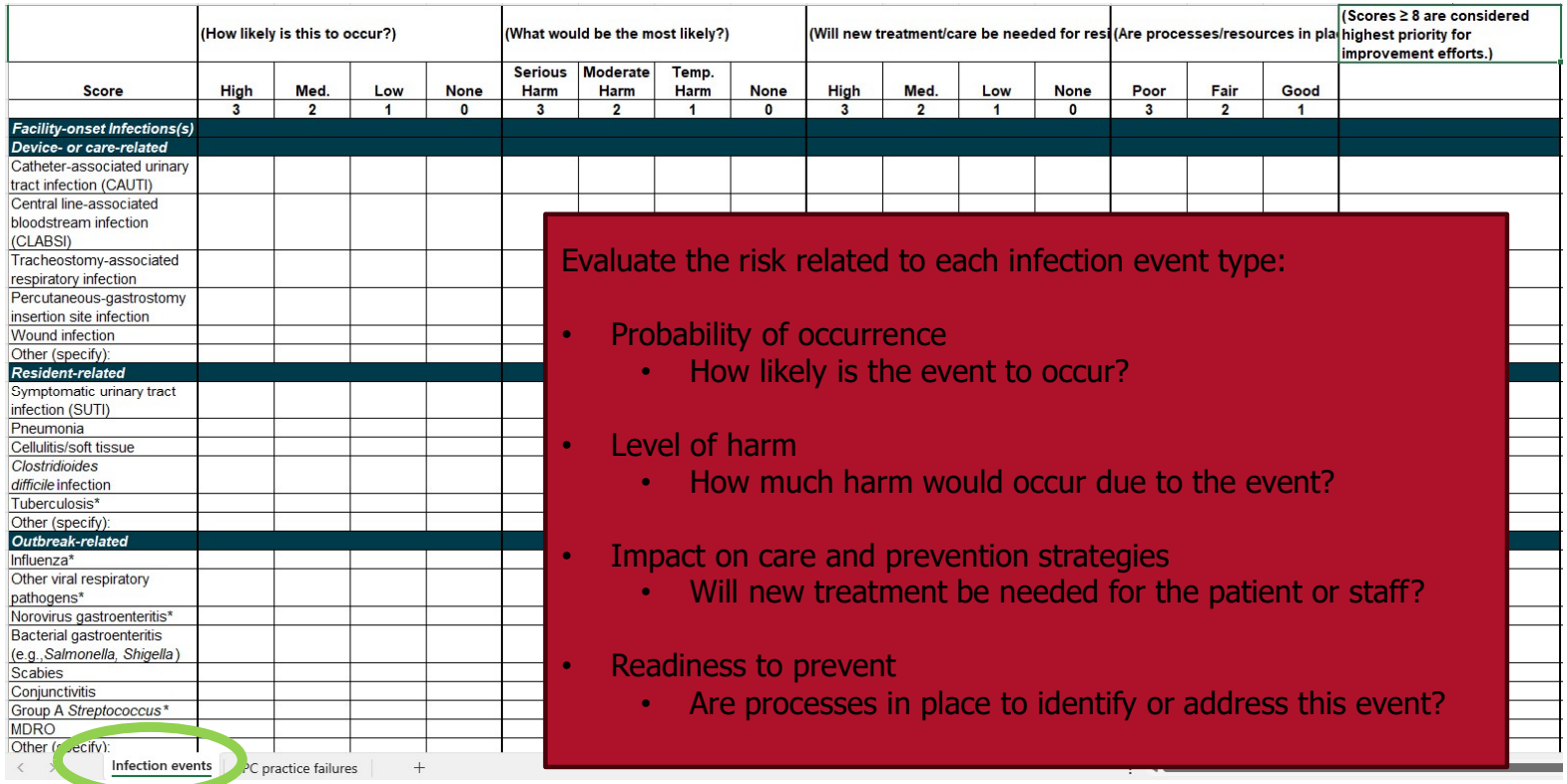
- Builds teams and consensus.
- Engages internal and external partners for support and resources.
- Serves as a liaison to public health authorities.

CDC LTC Module 2 IP

Collaborate, Prioritize, and Set Realistic Goals

- An overall infection prevention and control (IPC) program is more than 1 person
- There should be collaboration among stakeholders and these elements are not the infection preventionist's alone, it takes engagements from leadership, managers, and staff too.
- Leverage partnerships and clearly outline what aspects of the program you are managing versus consulting.
- Perform an infection prevention and control risk assessment and prioritize activities based on highest risks and other priority needs.
- Prioritize and set realistic goals to scale up in a sustainable way.

Example Risk Assessment



	(How likely is this to occur?)				(What would be the most likely?)				(Will new treatment/care be needed for resi				(Are processes/resources in pla			(Scores ≥ 8 are considered highest priority for improvement efforts.)
Score	High	Med.	Low	None	Serious Harm	Moderate Harm	Temp. Harm	None	High	Med.	Low	None	Poor	Fair	Good	
	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1	
Facility-onset Infections(s)																
Device- or care-related																
Catheter-associated urinary tract infection (CAUTI)																
Central line-associated bloodstream infection (CLABSI)																
Tracheostomy-associated respiratory infection																
Percutaneous-gastrostomy insertion site infection																
Wound infection																
Other (specify):																
Resident-related																
Symptomatic urinary tract infection (SUTI)																
Pneumonia																
Cellulitis/soft tissue																
Clostridioides difficile infection																
Tuberculosis*																
Other (specify):																
Outbreak-related																
Influenza*																
Other viral respiratory pathogens*																
Norovirus gastroenteritis*																
Bacterial gastroenteritis (e.g., *Salmonella, Shigella*)																
Scabies																
Conjunctivitis																
Group A *Streptococcus**																
MDRO																
Other (specify):																

Infection events | PC practice failures | +

Evaluate the risk related to each infection event type:

- Probability of occurrence
  - How likely is the event to occur?
- Level of harm
  - How much harm would occur due to the event?
- Impact on care and prevention strategies
  - Will new treatment be needed for the patient or staff?
- Readiness to prevent
  - Are processes in place to identify or address this event?

NE ICAP

Purpose of an Infection Prevention (IP) Risk Assessment

1. Determine infection prevention priorities

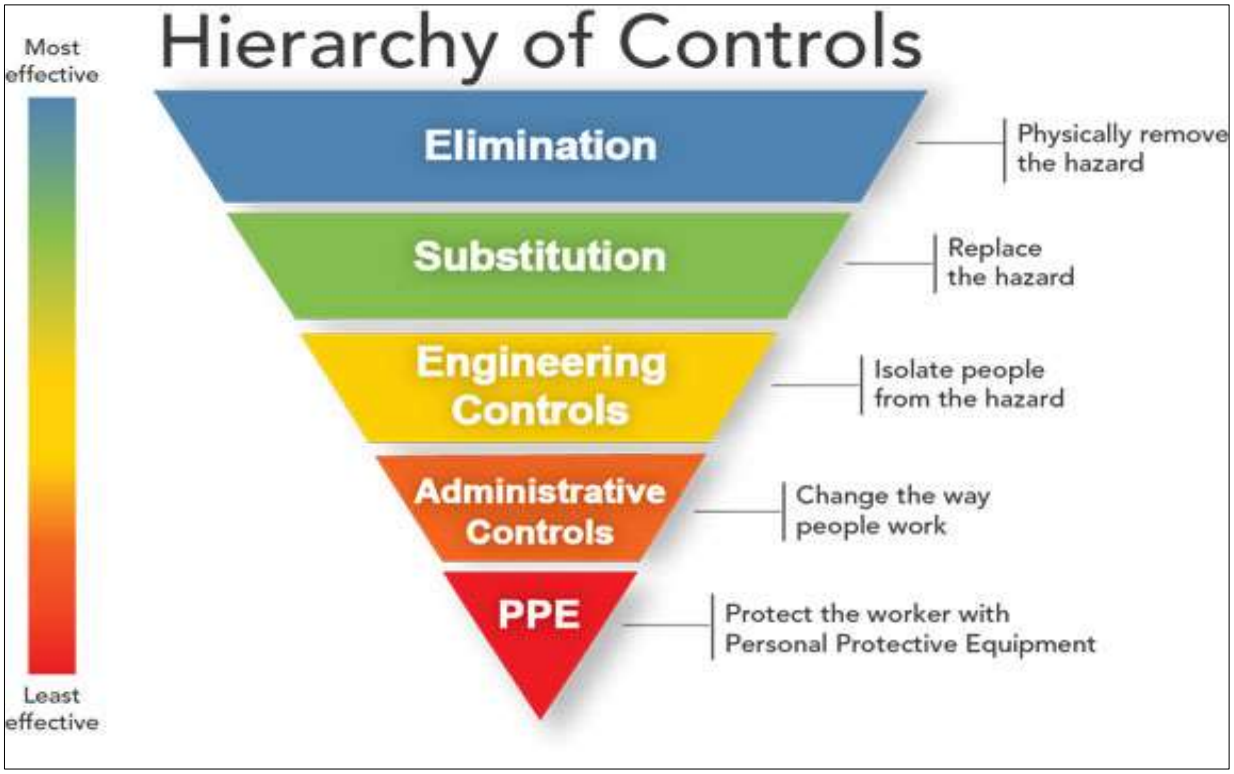
2. Use assessment components to develop effective IPC plan and program.

3. Develop a strategy for improvement and evaluation for highest risk areas.

The Team

- Who should be a member of the team
  - Infection Preventionist(s)
  - Administration
  - Nursing Leadership
  - Medical staff
  - Pharmacy
  - Environmental Services
  - Safety/Risk Officer
  - Engineering/Facilities
  - Nursing Staff
  - Quality Director
  - Employee Health
  - Lab
  - PT/OT
  - Respiratory Therapy
  - Education

Support the IP and IPC Program
What Are You Doing in Your Role and Department to Reduce Risk?



https://www.cdc.gov/niosh/hierarchy-of-controls/about/index.html

ICAP

Use the IPC Risk Assessment to Develop an IPC Plan and Identify Performance Improvement Opportunities

- Review the annual facility IPC risk assessment.
  - Determine which processes and outcomes demonstrated highest level of risk scores.
- Review IPC surveillance data.
  - An increase in an infection rate or decrease in staff adherence to an IPC practice should prompt additional investigation.
- Feedback from staff, patients, families, and QAPI.

SMART Goals

S (Specific) - What am I trying to do?

(Implement and perform a daily clinical necessity assessment protocol for the removal of central lines in the ICU, focusing on evidence-based criteria and interdisciplinary collaboration. Achieve a 90% compliance rate with the daily clinical necessity assessment protocol for central line removal within the next 3 months.

M (Measurable) - How will I measure progress?

(Compliance will be measured through documentation in patient charts and periodic audits.)

A (Actionable) - Do I have the necessary resources and skills?

Provide education and training sessions for healthcare providers in the ICU on the criteria for central line removal and the importance of daily clinical necessity assessments. Establish clear communication channels for interdisciplinary collaboration among nurses, physicians, and other relevant staff.

R (Relevant) – Why is this important?

Daily clinical necessity assessments for central line removal are crucial for preventing complications associated with unnecessary lines and promoting patient safety. This goal aligns with our commitment to evidence-based practice and optimizing patient care in the ICU.

T (Timely) – What is the timeline to achieve the goal?

Achieve a 90% compliance rate with the daily clinical necessity assessment protocol for central line removal within the next three months.

Other Ideas for Multi-Disciplinary Teamwork to Support the IP and IPC Program

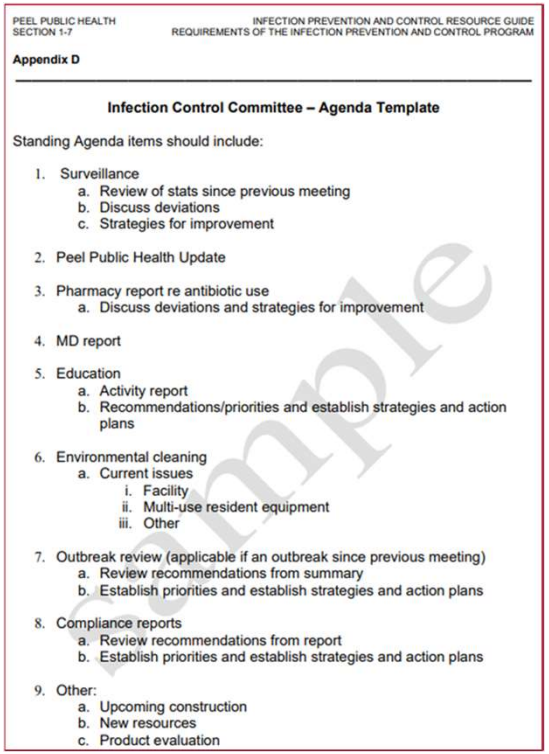
- Everyone promote a culture of safety
- Put the IP role into the job description
- Share institutional knowledge
  - Policies and Procedures
    - Ensure access to nationally recognized guidelines
  - Education and training for a back-up IP and try to ensure overlap for training of the new IP
  - Ensure institutional knowledge among other key stakeholders (e.g. device reprocessing)
  - Consider internal training for skills development
    - Efficient ways to input data, analyze data, and display data (e.g. EMR, Excel)
    - Confidence in presenting data to a group
- Ensure enough time for IP and IPC program for the scope and complexity of services
  - Periodically evaluate the role of the IP, dedicated hours, and scope of responsibility (CAH, clinic(s), long-term care)
  - Work as a team especially when workload increases (e.g. exposures, natural disasters, vaccination campaigns)

Other Ideas for Multi-Disciplinary Teamwork to Support the IP and IPC Program

- Ensure a strong employee orientation and on-boarding program
  - Who is doing what? Is there duplication? Are there gaps?
  - Don't forget to ensure training and clear expectations for providers, contract staff, students, and volunteers.
- Is facilities leading the water management program with IP a member?
- Are managers and leaders sharing in performing audits and providing feedback with accountability as indicated?
- Consider using existing tools for a gap analysis a little at a time where the key stakeholders are together learning from each other
  - CDC ICAR Tools
  - SHEA Compendium Strategies to Prevent HAIs
  - CMS Infection Control Worksheet
  - Rotating featured area for the IPC committee
- Are purchasing practices supportive of IPC (e.g. only purchasing safety needles)?
- Are concerns from the IPC program being escalated to QAPI and leadership?

Sample IPC Committee Agendas

- Attendance and approval of prior IPC committee meeting minutes
- Healthcare Associated Infections (outcome surveillance)
- Outbreaks
- Reportable Diseases per Nebraska DHHS per 173 NAC 1 – Reporting and Control of Communicable Diseases and Poisonings
- Process Surveillance
  - Hand Hygiene audits
  - PPE – Standard and Transmission-Based Precaution audits
  - Safe Injection Practices and Blood Glucose Monitoring audits
- Employee Health Report
- Environmental Cleaning and Disinfection
- Antibiotic Stewardship Program Update
- Dialysis
  - Water reports ensure received
- Water management program (WMP)
- IPC policies or procedures, review and approve, as needed
- If applicable, update on any QAPI initiatives
- Other business and open discussion



PEEL PUBLIC HEALTH
SECTION 1-7

INFECTION PREVENTION AND CONTROL RESOURCE GUIDE
REQUIREMENTS OF THE INFECTION PREVENTION AND CONTROL PROGRAM

Appendix D

Infection Control Committee – Agenda Template

Standing Agenda items should include:

1. Surveillance
   a. Review of stats since previous meeting
   b. Discuss deviations
   c. Strategies for improvement
2. Peel Public Health Update
3. Pharmacy report re antibiotic use
   a. Discuss deviations and strategies for improvement
4. MD report
5. Education
   a. Activity report
   b. Recommendations/priorities and establish strategies and action plans
6. Environmental cleaning
   a. Current issues
      i. Facility
      ii. Multi-use resident equipment
      iii. Other
7. Outbreak review (applicable if an outbreak since previous meeting)
   a. Review recommendations from summary
   b. Establish priorities and establish strategies and action plans
8. Compliance reports
   a. Review recommendations from report
   b. Establish priorities and establish strategies and action plans
9. Other:
   a. Upcoming construction
   b. New resources
   c. Product evaluation

SAMPLE Infection Control Committee Agenda Template

CDC/STRIVE Infection Control Training

Foundational Infection Prevention (IP) Strategies

Competency-based Training, Audits and Feedback - WB4220

All modules must be taken to receive CE.

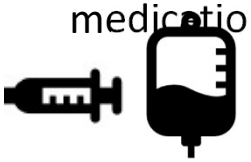
Get CE for Competency-based Training, Audits and Feedback Course WB4220

- CBT 101: Competency-based Training for IP [PDF – 60 pages]
  Defines competency-based training and describes key components to consider when designing infection prevention training.
- CBT 102: Using Audits to Monitor IP Practices [PDF – 41 pages]
  Reviews the importance of conducting infection prevention audits and how audits can be performed and implemented as part of an infection prevention surveillance program.
- CBT 103: Giving IP Feedback [PDF – 44 pages]
  Highlights essential components of effective feedback and discusses strategies to deliver feedback effectively.

https://www.cdc.gov/infection-control/about/index.html

What are “Safe Injection Practices?”

- Safe injection practices are a set of measures intended to prevent transmission of infectious diseases between one patient and another, or between a patient and health care personnel (HCP), during preparation and administration of injectable medications, such as:



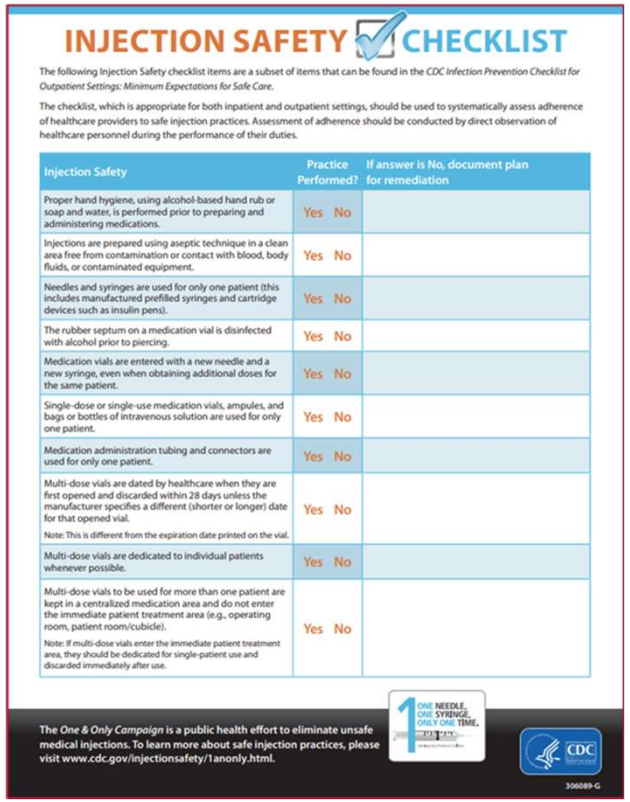
intravenous (IV)

intramuscular (IM)

subcutaneous (SQ)

intradermal (ID)

CDC Injection Safety Checklist



INJECTION SAFETY CHECKLIST

The following Injection Safety checklist items are a subset of items that can be found in the *CDC Infection Prevention Checklist for Outpatient Settings: Minimum Expectations for Safe Care.*

The checklist, which is appropriate for both inpatient and outpatient settings, should be used to systematically assess adherence of healthcare providers to safe injection practices. Assessment of adherence should be conducted by direct observation of healthcare personnel during the performance of their duties.

Injection Safety	Practice Performed?	If answer is No, document plan for remediation
Proper hand hygiene, using alcohol-based hand rub or soap and water, is performed prior to preparing and administering medications.	Yes No	
Injections are prepared using aseptic technique in a clean area free from contamination or contact with blood, body fluids, or contaminated equipment.	Yes No	
Needles and syringes are used for only one patient (this includes manufactured prefilled syringes and cartridge devices such as insulin pens).	Yes No	
The rubber septum on a medication vial is disinfected with alcohol prior to piercing.	Yes No	
Medication vials are entered with a new needle and a new syringe, even when obtaining additional doses for the same patient.	Yes No	
Single-dose or single-use medication vials, ampules, and bags or bottles of intravenous solution are used for only one patient.	Yes No	
Medication administration tubing and connectors are used for only one patient.	Yes No	
Multi-dose vials are dated by healthcare when they are first opened and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial. Note: This is different from the expiration date printed on the vial.	Yes No	
Multi-dose vials are dedicated to individual patients whenever possible.	Yes No	
Multi-dose vials to be used for more than one patient are kept in a centralized medication area and do not enter the immediate patient treatment area (e.g., operating room, patient room/cubicle). Note: If multi-dose vials enter the immediate patient treatment area, they should be dedicated for single-patient use and discarded immediately after use.	Yes No	

The One & Only Campaign is a public health effort to eliminate unsafe medical injections. To learn more about safe injection practices, please visit www.cdc.gov/injectionsafety/1anonly.html.

ONE NEEDLE, ONE SYRINGE, ONLY ONE TIME.

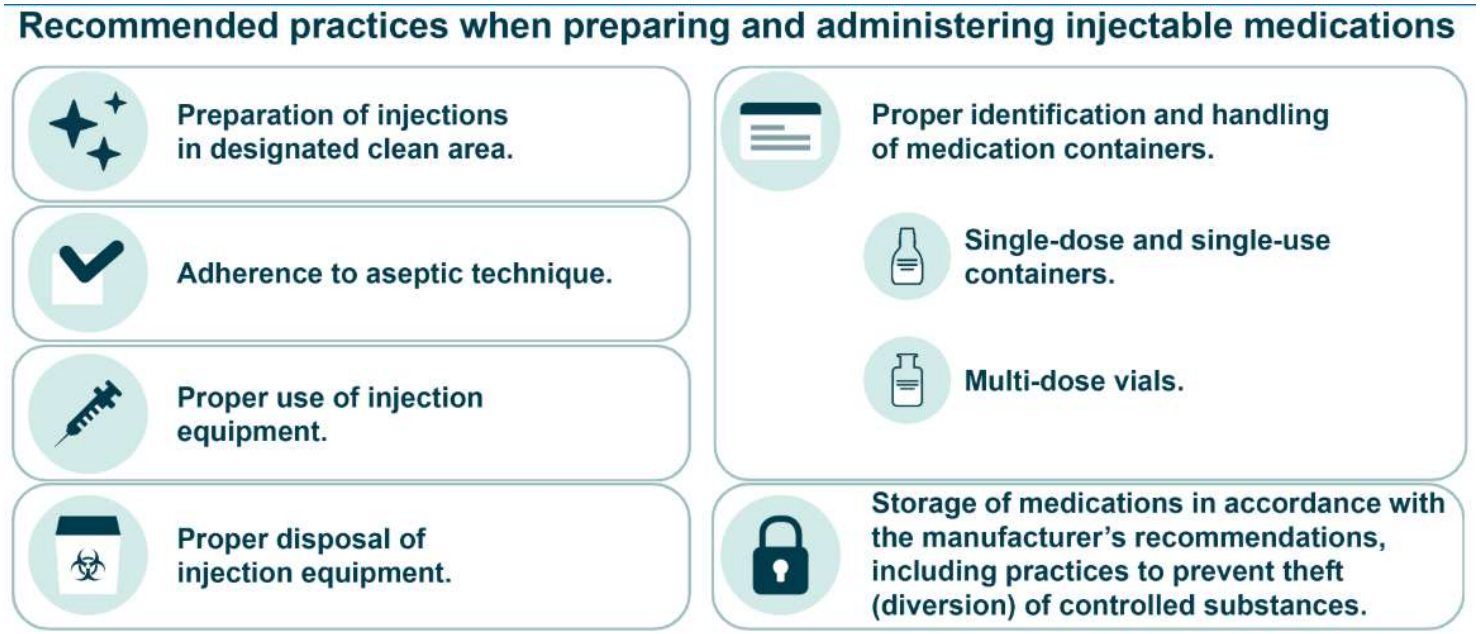
CDC

306089-G

CDC Safe Injection Practices to Prevent Transmission of Infections to Patients

NE ICAP

Safe Injection Practices



CDC Train Module 8 Injection Safety LTC IPC

ICAP

Observations Across Nebraska: On-Going Opportunities for Safer Injection Practices

- Injection safety remains the biggest area of concern over the past few years identified from Nebraska Infection Control Assessment and Promotion (NE ICAP) program remote and on-site assessments.
- Medication preparation areas in splash zones.
- Lack of safety devices.
- Use of single-dose vials for multiple patients even with a new needle and new syringe.
- Pre-drawing injectable medication.
- Improper storage of injectable medication (past beyond use date, unlabeled, inadequate temperature control.

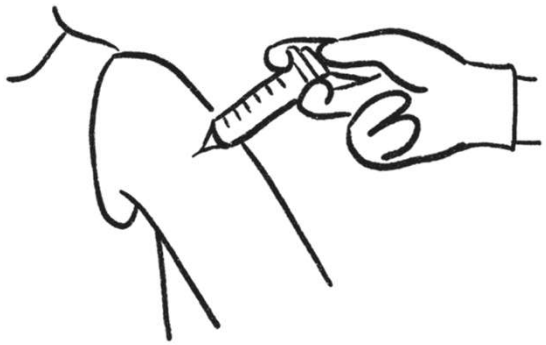


Image Courtesy of rawpixel.com

Impact of Unsafe Injection Practices

North Carolina Statewide Program for Infection Control and Epidemiology.
Courtesy of Dr. Andrew Watkins Acute and Outpatient Webinar 10/13/21

NE ICAP

CDC Project Firstline

Rebecca Martinez, BSN, BA, RN, CIC
Infection Preventionist, NE ICAP

NE ICAP

CDC’s Project Firstline (PFL)

CDC's Project Firstline

Project Firstline offers easy-to-use, accurate and free infection control training resources in multiple formats to align with healthcare workers' learning needs and preferences.

By meeting healthcare workers where they are, Project Firstline supports frontline healthcare workers in better understanding and applying infection control as part of their role.

NE ICAP

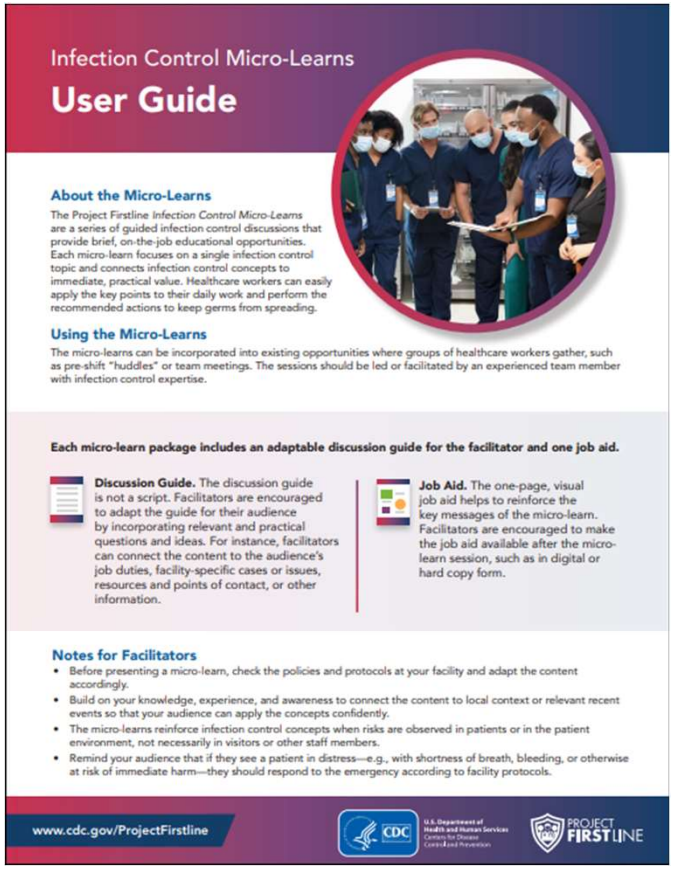
Cough and Congestion Micro-Learn

- Includes a discussion guide for facilitators and a printable job aid
- Discussion guide includes key talking points
- Can be incorporated into any meeting or huddle in less than 5 minutes
- Reinforce infection control concepts to mitigate risk to frontline staff
- Facilitator notes:
  - Introduce topic
  - Expand on topic
  - Discuss with team
  - Wrap up and reinforce

CDC Project Firstline | Cough and Congestion Micro-Learn

NE ICAP

CDC's Project Firstline Rash Micro-Learn: What to do when you see a patient with a rash?



Infection Control Micro-Learns

User Guide

About the Micro-Learns

The Project Firstline *Infection Control Micro-Learns* are a series of guided infection control discussions that provide brief, on-the-job educational opportunities. Each micro-learn focuses on a single infection control topic and connects infection control concepts to immediate, practical value. Healthcare workers can easily apply the key points to their daily work and perform the recommended actions to keep germs from spreading.

Using the Micro-Learns

The micro-learns can be incorporated into existing opportunities where groups of healthcare workers gather, such as pre-shift "huddles" or team meetings. The sessions should be led or facilitated by an experienced team member with infection control expertise.

Each micro-learn package includes an adaptable discussion guide for the facilitator and one job aid.

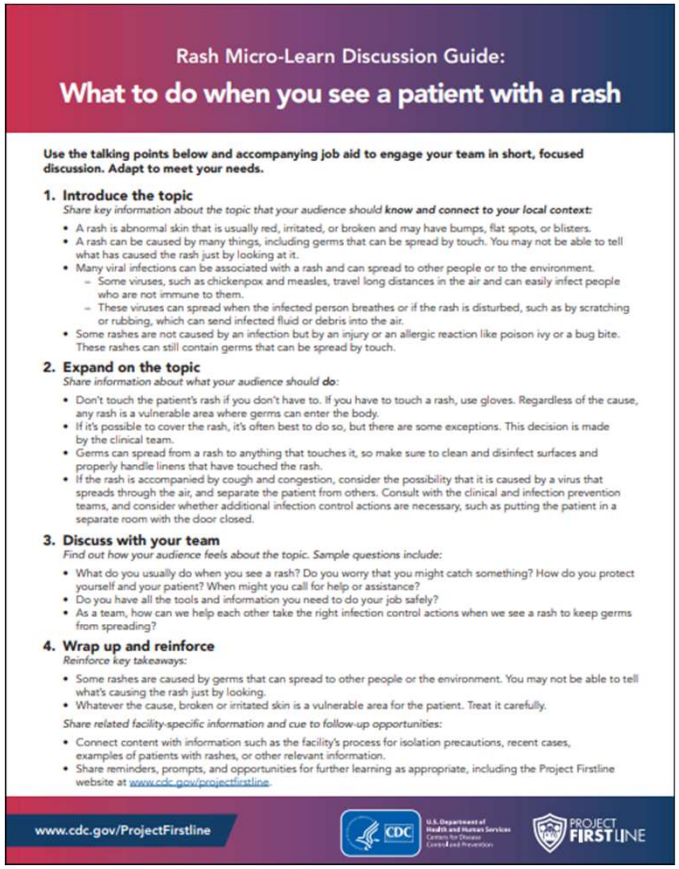
Discussion Guide. The discussion guide is not a script. Facilitators are encouraged to adapt the guide for their audience by incorporating relevant and practical questions and ideas. For instance, facilitators can connect the content to the audience's job duties, facility-specific cases or issues, resources and points of contact, or other information.

Job Aid. The one-page, visual job aid helps to reinforce the key messages of the micro-learn. Facilitators are encouraged to make the job aid available after the micro-learn session, such as in digital or hard copy form.

Notes for Facilitators

- Before presenting a micro-learn, check the policies and protocols at your facility and adapt the content accordingly.
- Build on your knowledge, experience, and awareness to connect the content to local context or relevant recent events so that your audience can apply the concepts confidently.
- The micro-learns reinforce infection control concepts when risks are observed in patients or in the patient environment, not necessarily in visitors or other staff members.
- Remind your audience that if they see a patient in distress—e.g., with shortness of breath, bleeding, or otherwise at risk of immediate harm—they should respond to the emergency according to facility protocols.

www.cdc.gov/ProjectFirstline



Rash Micro-Learn Discussion Guide:

What to do when you see a patient with a rash

Use the talking points below and accompanying job aid to engage your team in short, focused discussion. Adapt to meet your needs.

1. Introduce the topic

Share key information about the topic that your audience should ***know and connect to your local context:***

- A rash is abnormal skin that is usually red, irritated, or broken and may have bumps, flat spots, or blisters.
- A rash can be caused by many things, including germs that can be spread by touch. You may not be able to tell what has caused the rash just by looking at it.
- Many viral infections can be associated with a rash and can spread to other people or to the environment.
  - Some viruses, such as chickenpox and measles, travel long distances in the air and can easily infect people who are not immune to them.
  - These viruses can spread when the infected person breathes or if the rash is disturbed, such as by scratching or rubbing, which can send infected fluid or debris into the air.
- Some rashes are not caused by an infection but by an injury or an allergic reaction like poison ivy or a bug bite. These rashes can still contain germs that can be spread by touch.

2. Expand on the topic

Share information about what your audience should ***do****:*

- Don't touch the patient's rash if you don't have to. If you have to touch a rash, use gloves. Regardless of the cause, any rash is a vulnerable area where germs can enter the body.
- If it's possible to cover the rash, it's often best to do so, but there are some exceptions. This decision is made by the clinical team.
- Germs can spread from a rash to anything that touches it, so make sure to clean and disinfect surfaces and properly handle linens that have touched the rash.
- If the rash is accompanied by cough and congestion, consider the possibility that it is caused by a virus that spreads through the air, and separate the patient from others. Consult with the clinical and infection prevention teams, and consider whether additional infection control actions are necessary, such as putting the patient in a separate room with the door closed.

3. Discuss with your team

Find out how your audience feels about the topic. Sample questions include:

- What do you usually do when you see a rash? Do you worry that you might catch something? How do you protect yourself and your patient? When might you call for help or assistance?
- Do you have all the tools and information you need to do your job safely?
- As a team, how can we help each other take the right infection control actions when we see a rash to keep germs from spreading?

4. Wrap up and reinforce

Reinforce key takeaways:

- Some rashes are caused by germs that can spread to other people or the environment. You may not be able to tell what's causing the rash just by looking.
- Whatever the cause, broken or irritated skin is a vulnerable area for the patient. Treat it carefully.

Share related facility-specific information and cue to follow-up opportunities:

- Connect content with information such as the facility's process for isolation precautions, recent cases, examples of patients with rashes, or other relevant information.
- Share reminders, prompts, and opportunities for further learning as appropriate, including the Project Firstline website at www.cdc.gov/projectfirstline.

www.cdc.gov/ProjectFirstline

You don't always know which rashes are infectious.

Source for Images: CDC Public Health Image Library (PHIL)

Because you can't always tell what causes a rash, you should always take the following actions to protect patients and yourself from the spread of germs.

Treat broken or irritated skin with care; it's a vulnerable place where germs can enter a patient's body.

Use gloves if you have to touch the rash, to prevent germs from spreading.

Clean and disinfect things that the patient has touched.

Learn More

Germs Live on the Skin Infographic: https://bit.ly/3OEGTty
Gloves and Gowns Session Plan: https://bit.ly/44bGkNz
Environmental Cleaning and Disinfection Session Plan: https://bit.ly/3KBBTVF

www.cdc.gov/ProjectFirstline

https://www.cdc.gov/project-firstline/media/pdfs/Micro-Learns-Rash-508.pdf

NE ICAP

Antimicrobial Stewardship Program and NE ASAP

NE ASAP

Antimicrobial Stewardship and Nebraska ASAP

- Antimicrobial stewardship
  - Avoiding antimicrobial exposure if the patient does not have a condition for which antimicrobials are indicated
  - Deescalating antibiotic therapy when feasible

Image by rawpixel.com

- Nebraska Antimicrobial Stewardship Assessment and Promotion (ASAP) Program
  - Supported through Nebraska Department of Health and Human Services (DHHS)
    - Funding through a Centers for Disease Control and Prevention (CDC) grant
  - Goal of NE ASAP
    - To **promote the effective use of antimicrobials and improve patient outcomes** throughout the state of Nebraska by **collaborating** with local clinicians, pharmacists, infection preventionists and other health care workers to **establish effective antimicrobial stewardship programs**.

CDC Guidance for Implementation of Antibiotic Stewardship Core Elements at Small and Critical Access Hospitals

- Provides guidance on practical strategies to implement antibiotic stewardship programs in small and critical access hospitals.
- Developed as a collaboration between CDC, The American Hospital Association, The Federal Office of Rural Health Policy and The Pew Charitable Trusts.

NE ASAP

Sharing for Awareness – Upcoming Multi-Disciplinary Educational Opportunities from Nebraska Partners

NE ICAP

2025 Nebraska ASAP Antimicrobial Stewardship Summit

This year's general session topics include:

- 2025 Nebraska Antimicrobial Stewardship Update
- DHHS Healthcare Associated Infections Update
- Keynote Address: Diagnostic Stewardship
- Hot Topics in Antimicrobial Stewardship
- Implementation Science in Antimicrobial Stewardship
- Communicating with Patients about Antibiotic Use
- Whole Genome Sequencing
- Approach to Immunocompromised Patients with Infectious Diseases
- Newly Approved Antibiotic Therapies

Click Here to Register! 2025 Nebraska Antimicrobial Stewardship Summit

Register Now: Workshop for Healthcare Facility Water System Safety

8:00 am	Welcome by Nebraska DHHS
8:15 am	From Plumbing to Patients: Christine Yount
8:45 am	Pathophysiology of Waterborne Pathogens: Richard Hankins
10:20 am	Water Treatment Basics: Mike Ballmer
12:20 pm	Plumbing Basics: Jeffrey Bergers
1:20 pm	Ensuring Safe Water: Comprehensive Strategies for Legionella Prevention in Healthcare Facilities: Jen Vogelsberg
3:00 pm	Uh-oh, Mitigation Approaches and Technology to Remediate When Your Water System is Implicated: Dr. Brooke Decker
4:00 pm	Closing: Lacey Pavlovsky

Friday June 6
Lincoln

To register, click on or scan the QR code!

Registration Link

ICAP Contact Information

Call 402-552-2881

Office Hours are Monday – Friday
8:00 AM - 4:00 PM Central Time
Weekends and Holidays 10:00-4:00
On-call hours are available for emergencies only

Scan the QR Code to be taken to our NE ICAP Contact Form.
You can request to be connected to an Infection Preventionist that specializes in your area, get added to our setting specific communication list for webinar and training invites, sign up for newsletters and reminders, or request an ICAR review for your facility.

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Infection prevention and control is a team effort.

Thank you!

Please feel free to contact me for any questions now or in the future.

remartinez@nebraskamed.com

Image by rawpixel.com

ICAP