Guidance and responses were provided based on information known on 9/13/2023 and may become out of date. Guidance is being updated rapidly; users should look to CDC and NE DHHS guidance for updates.

# Infection Prevention Updates for Acute Care and Outpatient Settings

## September 13, 2023

ICAP
Infection Control Assessment and Promotion Program

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# Presenters & Questions and Answer Session

Presenters today are:

| | |
|---|---|
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Panelists today are:

| | |
|---|---|
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Please use the Q&A box in the webinar platform to type a question to be read aloud. If your question is not answered during the webinar, please e-mail it to nebraskaicap@nebraskamed.com or call Monday – Friday 8:00 am – 4:00 pm CST to speak with one of our Infection Preventionists.

Slides and a recording of this presentation will be available on the Nebraska ICAP website https://icap.nebraskamed.com/events/webinar-archive/

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No conflicts of interest were identified for any member of the planning committee, presenters or panelists of the program content

This CE is hosted by Nebraska Medicine and UNMC along with Nebraska ICAP and Nebraska DHHS

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The faculty have nothing to disclose: Juan Teran Plasencia, MD

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# Strategies to Prevent MRSA Transmission and Infection

Juan Teran, MD

Medical Director, NE ICAP

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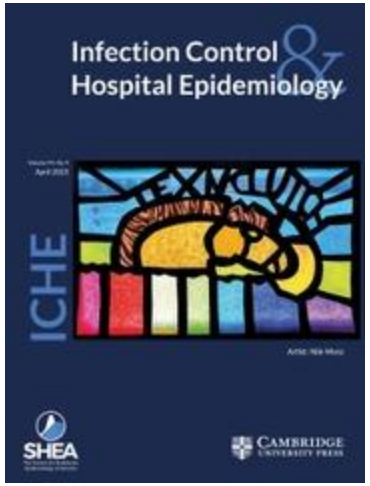
Infection Control Assessment and Promotion Program

# MRSA Prevention - SHEA/IDSA/APIC Practice Recommendations 2022 Update

- This expert guidance document is sponsored by the Society for Healthcare Epidemiology of America (SHEA) and is the product of a collaborative effort led by SHEA, the Infectious Diseases Society of America (IDSA), the Association for Professionals in Infection Control and Epidemiology (APIC), the American Hospital Association (AHA), and The Joint Commission.
- The intent of this document is to highlight practical recommendations in a concise format designed to assist acute-care hospitals in implementing and prioritizing efforts to prevent MRSA transmission and infection.
  - **11 Essential Practices**
  - **16 Additional Approaches**
    - 3 Unresolved Issues




SHEA IDSA Infectious Diseases Society of America APIC American Hospital Association The Joint Commission

[SHEA - IDSA - APIC - Strategies to Prevent MRSA in Acute Care]

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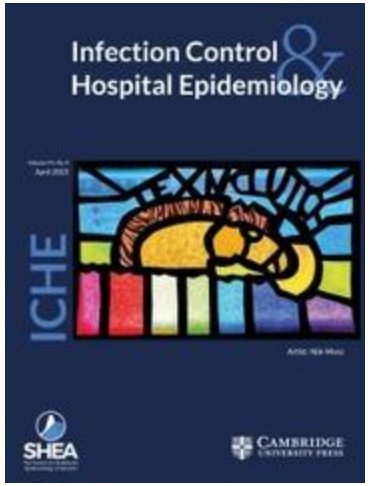
# What is new

- Basic Practices -> **Essential Practices**
- Special Approaches -> **Additional Approaches**
- Antimicrobial Stewardship has been reclassified from an unresolved issue to an **Essential Practice**
- Contact Precautions remain an **Essential Practice**. However, consideration has been provided to hospitals with strong horizontal prevention measures that are **not** currently on outbreak nor have an increased rate of infection to modify the use of contact precautions
- AST remains an **Additional Approach.** Specific recommendations are provided
- Decolonization therapy remains an **Additional Approach**. Specific recommendations are provided

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# Why is it important?

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# Burden of disease

Table 9.

Distribution and Rank Order of the 15 Most Frequently Reported Adult Surgical Site Infection (SSI) Pathogens, by Surgical Category,[a] 2015–2017

| | All Surgery Types[b] | | Abdominal[c] | Orthopedic[d] | Ob/Gyn[e] | Cardiac[f] |
|---|---|---|---|---|---|---|
| Pathogen | No. (%) Pathogens | Rank | No. (%) Pathogens | No. (%) Pathogens | No. (%) Pathogens | No. (%) Pathogens |
| *Staphylococcus aureus* | 26,970 (17.5) | 1 | 6,193 (7.4) | 13,968 (38.6) | 3,092 (15.2) | 2,331 (27.0) |

Table 7.

Distribution and Rank Order[a] of the 15 Most Frequently Reported Adult Possible Ventilator-Associated Pneumonia[b] (PVAP) Pathogens, by Location Type,[c] 2015–2017

| | Hospital ICUs[d] | | Hospital Wards[a,c] | | LTACHs[a] | |
|---|---|---|---|---|---|---|
| Pathogen | No. (%) Pathogens | Rank | No. (%) Pathogens | Rank | No. (%) Pathogens | Rank |
| *Staphylococcus aureus* | 2,673 (28.8) | 1 | 58 (20.1) | 2 | 102 (21.2) | 2 |

Table 5.

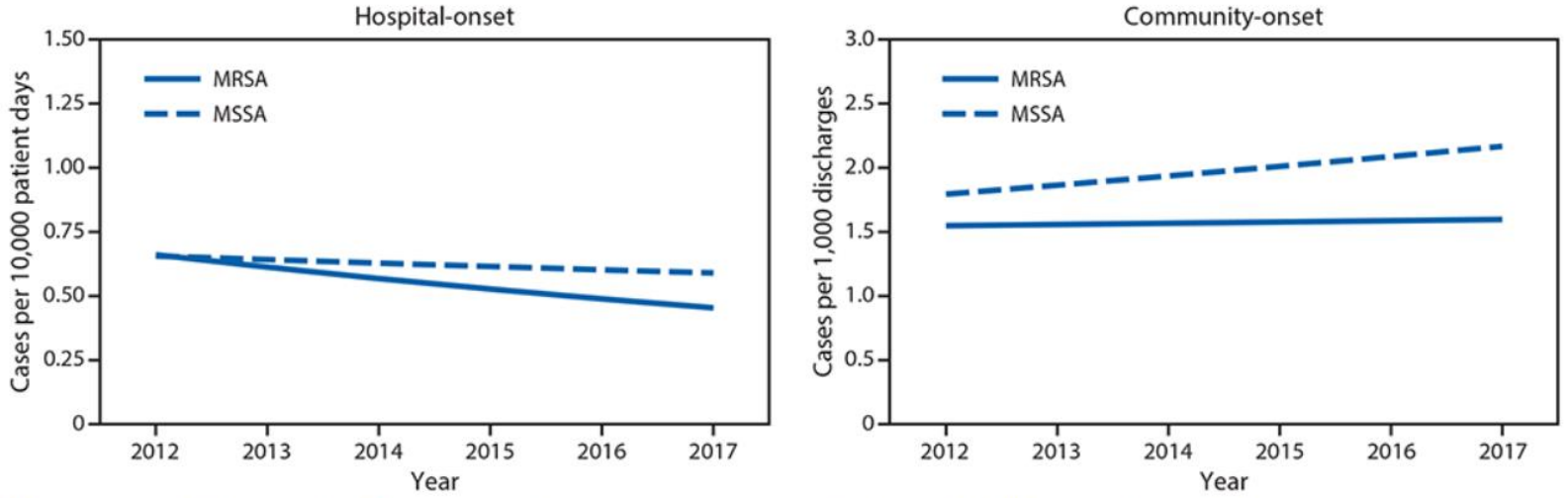
Distribution and Rank Order[a] of the 15 Most Frequently Reported Adult Central Line-Associated Bloodstream Infection[b] (CLABSI) Pathogens, by Location Type[c], 2015–2017

| | Hospital Wards[c] | | Hospital ICUs[a] | | Hospital Oncology Units[a] | | LTACHs[a] | |
|---|---|---|---|---|---|---|---|---|
| Pathogen | No. (%) Pathogens | Rank | No. (%) Pathogens | Rank | No. (%) Pathogens | Rank | No. (%) Pathogens | Rank |
| *Staphylococcus aureus* | 5,386 (15.5) | 1 | 2,497 (9.1) | 3 | 1,163 (7.2) | 6 | 1,217 (11.2) | 3 |

Weiner-Lastinger et al. Infect Control Hosp Epidemiol. 2020 Jan;41(1):1-18

# Rates of *Staphylococcus aureus* BSI

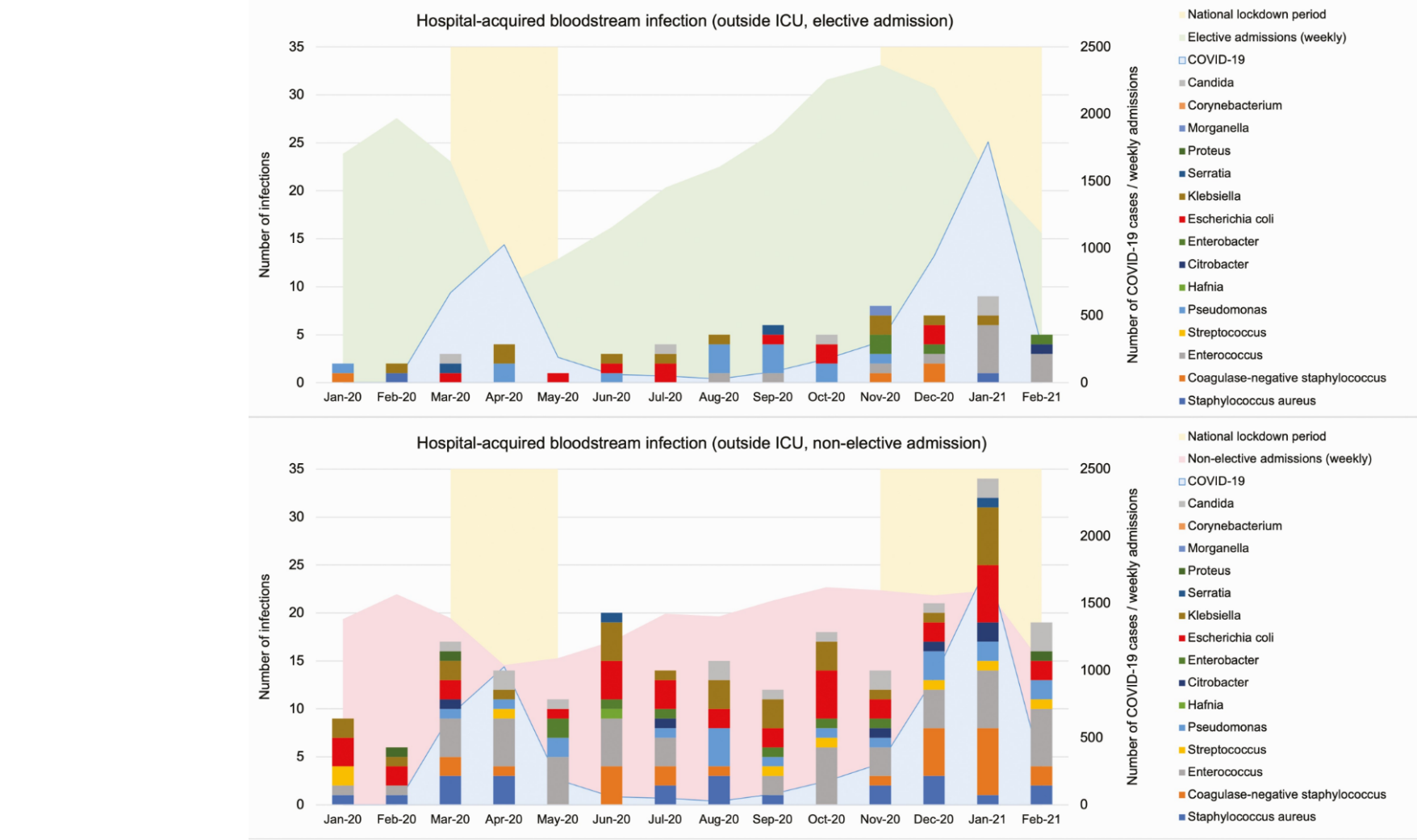
FIGURE 2. Adjusted* hospital-onset and community-onset rates of *Staphylococcus aureus* bloodstream infections — Premier and Cerner Hospitals, United States, 2012–2017




**Abbreviations:** MRSA = methicillin-resistant *Staphylococcus aureus*; MSSA = methicillin-susceptible *Staphylococcus aureus*.

Kourtis et al. MMWR Morb Mortal Wkly Rep 2019;68:214–219.

# Rates of *Staphylococcus aureus* BSI during Covid Pandemic




Zhu et al. *Clinical Infectious Diseases*, Volume 75, Issue 1, 1 July 2022, Pages e1082–e1091

# Mortality of MRSA BSI

Table 2. Hospitalization Characteristics of Health Care–Associated Community-Onset (HACO), Hospital-Onset (HO), and Community-Associated (CA) MRSA Infection[a] Reported to the Emerging Infections Program–Active Bacterial Core Surveillance, United States, 2011

| Characteristic | Infections, No. (%) | | | | *P* Value[c] |
|---|---|---|---|---|---|
| | HACO | HO | CA | Total[b] | |
| Total | 2912 (100) | 868 (100) | 966 (100) | 4872 (100) | |
| Hospitalized | 2590 (89) | 868 (100) | 876 (91) | 4416 (91) | <.001 |
| Patient outcomes | | | | | |
| Death (all causes) | 350 (12) | 182 (21) | 94 (10) | 650 (13) | <.001 |
| Death within 7 days of culture (all causes) | 213 (7) | 103 (12) | 59 (6) | 393 (8) | .53 |

Weiner-Lastinger et al. Infect Control Hosp Epidemiol. 2020 Jan;41(1):1-18

# Strategies to Prevent MRSA Transmission and Infection

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# Infrastructure requirements

- IPC Program that is staffed by sufficiently trained HCP to implement and sustain MRSA surveillance and prevention efforts
- IT system that can allow rapid notification of new cases, collect data for surveillance and outcome measurements and identify MRSA colonized patients on readmission
- Sufficient supplies for hand hygiene, PPE, environmental cleaning and disinfection
- Antimicrobial stewardship program
- Resources for education of HCP, patients, and visitors
- Adequate laboratory support
- Leadership accountability

Image by rawpixel.com

SHEA - IDSA - APIC - Strategies to Prevent MRSA in Acute Care

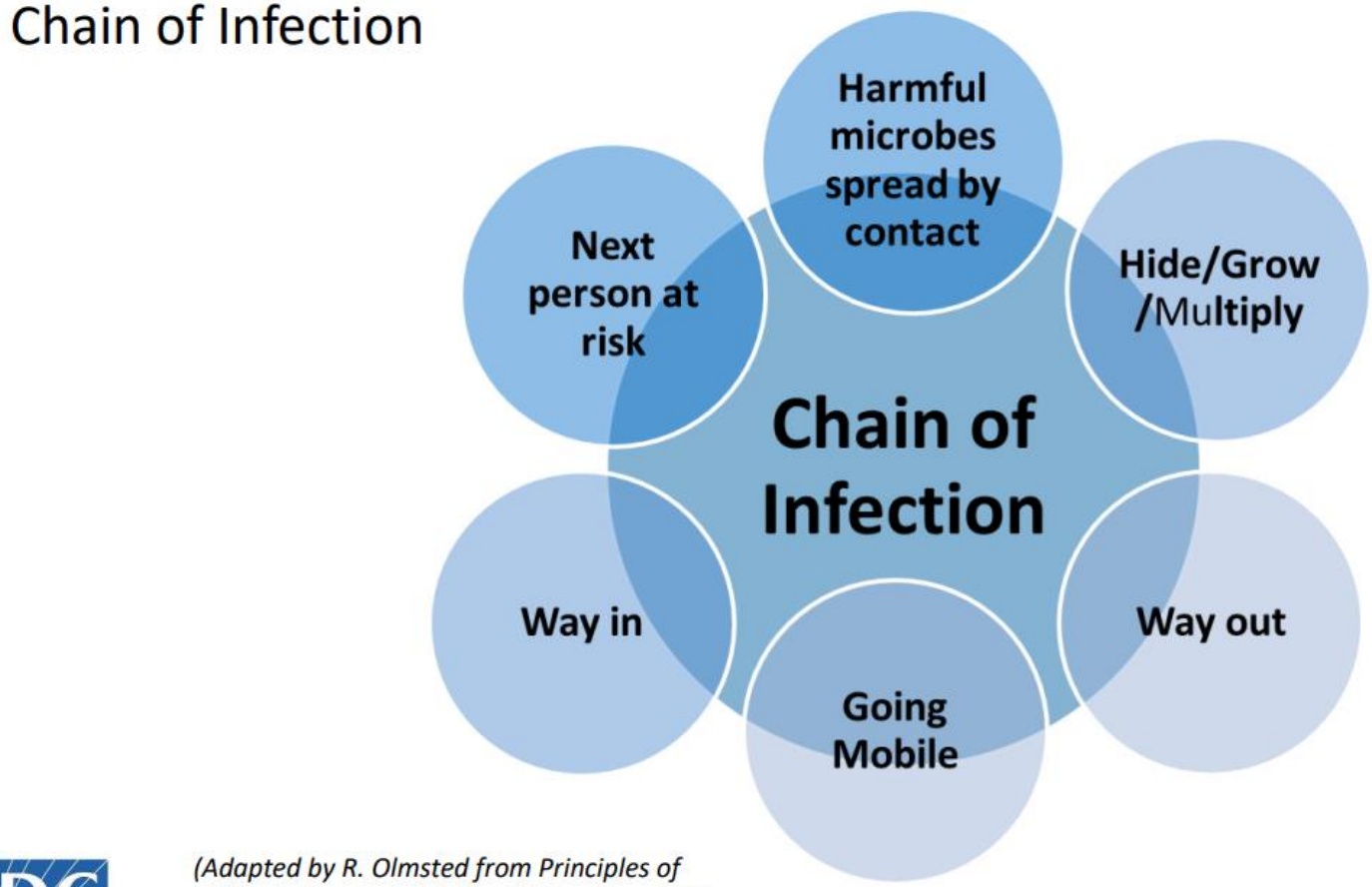
# CDC's Core IPC Practices for Safe Healthcare

- The SHEA essential practices should already be part of a core infection prevention and control (IPC) program.

- 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 domains.
        - Standard precautions and transmission-based precautions are 2 core practices and include environmental cleaning and disinfection, hand hygiene, and the appropriate use of PPE based on the assessment of risk.
        - The core practices also include 2 domains related to education and training of healthcare personnel and the education of patients, families, and caregivers.
        - Performance monitoring and feedback is another core practice.

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

# Break the Chain of Infection

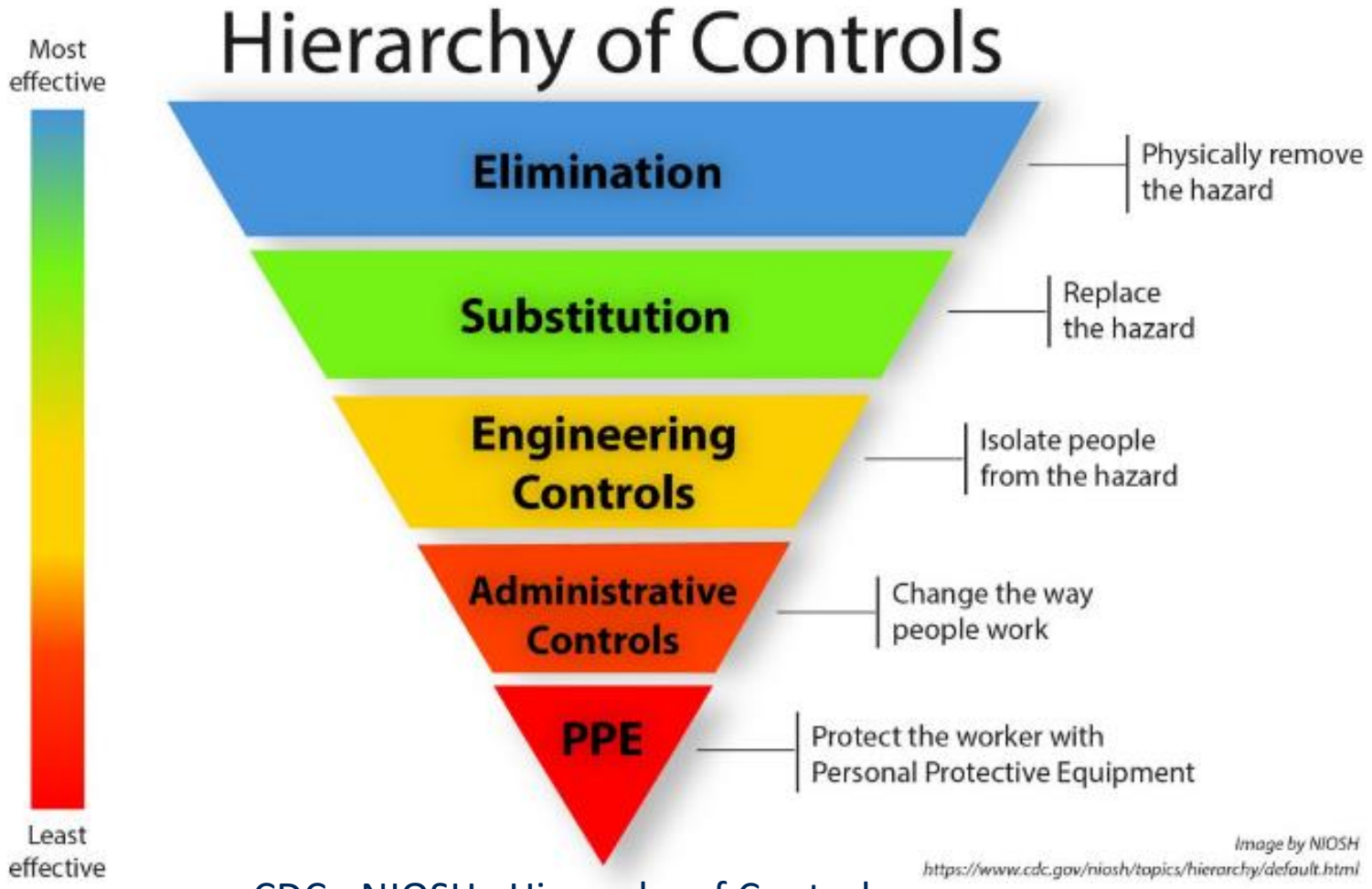



*(Adapted by R. Olmsted from Principles of Epidemiology in Public Health Practice, CDC, 2012)*

Essential IPC practices like hand hygiene, environmental cleaning and disinfection, standard precautions and contact precautions interrupt the chain of infection.

CDC - STRIVE - PPE - 103

# Hierarchy of Controls –
# Try to Reduce Risk to Workers and Patients




CDC - NIOSH - Hierarchy of Controls

# Essential Practices – Review of Key MRSA Infection Prevention and Control Measures

- Essential Practices - Moderate Evidence
  - Cleaning and Disinfection
  - Hand Hygiene
  - Precautions - options
    - Contact Precautions
    - Standard Precautions with Strong Horizontal Control Measures
- Essential Practices – Low Evidence
  - Surveillance
  - Education
  - Antimicrobial Stewardship


Image Courtesy of CDC

SHEA - IDSA - APIC - Strategies to Prevent MRSA in Acute Care

# Implement a MRSA monitoring program

- **Identify any patient with a current or prior history of MRSA**

- **Mechanism for tracking hospital-onset cases for assessing transmission and infection and the need for response**

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SHEA - IDSA - APIC - Strategies to Prevent MRSA in Acute Care

# Conduct a MRSA risk assessment

- This will help us determine two main factors:
  - Opportunity for transmission: Mainly determined by the proportion of colonized patients (Colonization Pressure) who serve as the reservoir and MRSA burden
  - Estimates of facility-specific MRSA transmission and infection rates. It reflects the ability of the facility's current activities to contain MRSA

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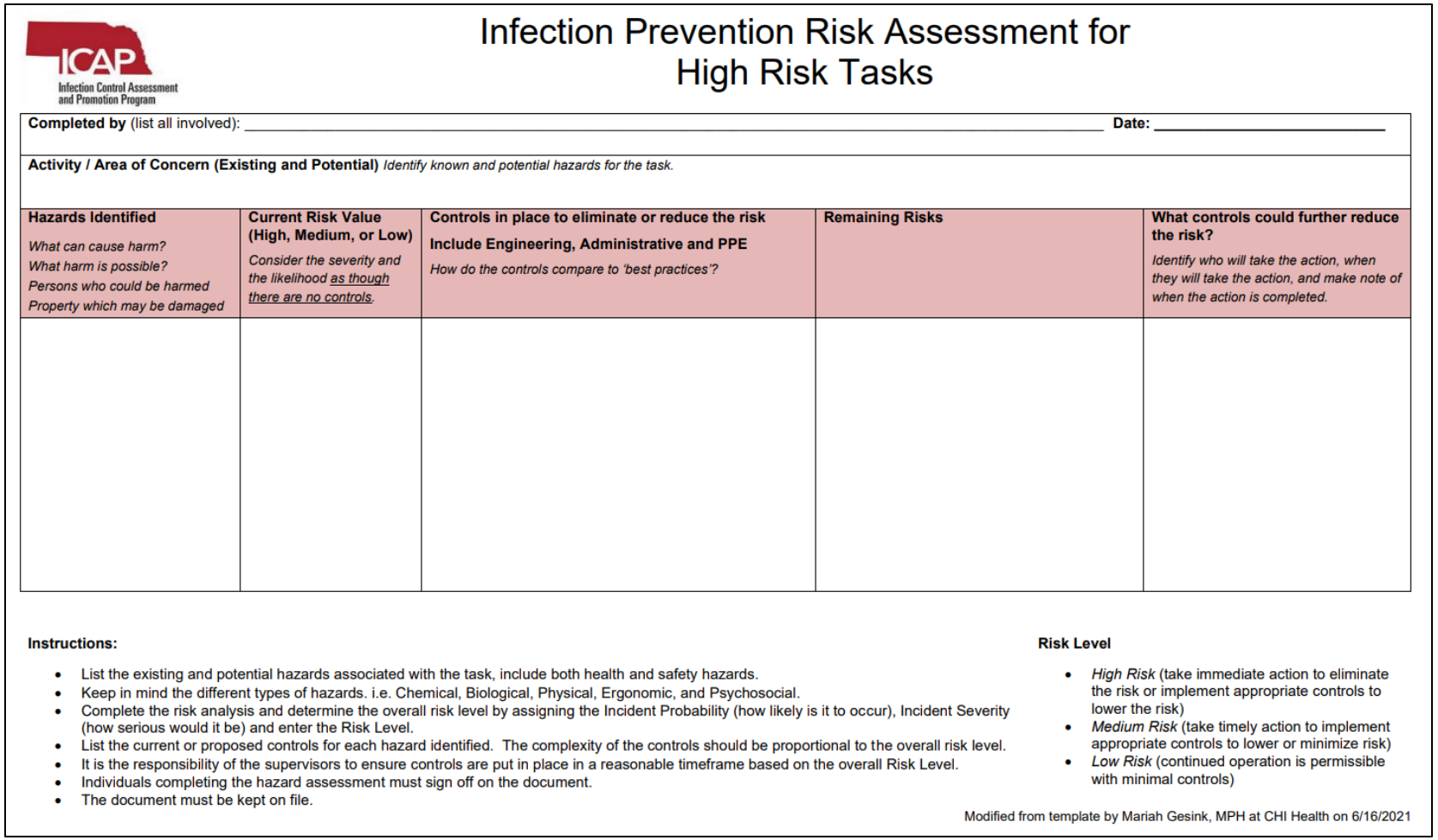
# MRSA Risk Assessment – NE ICAP Optional Template



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## Infection Prevention Risk Assessment for High Risk Tasks

**Completed by** (list all involved): _____ **Date:** _____

**Activity / Area of Concern (Existing and Potential)** *Identify known and potential hazards for the task.*

| **Hazards Identified**<br>*What can cause harm?*<br>*What harm is possible?*<br>*Persons who could be harmed*<br>*Property which may be damaged* | **Current Risk Value (High, Medium, or Low)**<br>*Consider the severity and the likelihood as though there are no controls.* | **Controls in place to eliminate or reduce the risk**<br>**Include Engineering, Administrative and PPE**<br>*How do the controls compare to 'best practices'?* | **Remaining Risks** | **What controls could further reduce the risk?**<br>*Identify who will take the action, when they will take the action, and make note of when the action is completed.* |
|---|---|---|---|---|
| | | | | |

**Instructions:**

- List the existing and potential hazards associated with the task, include both health and safety hazards.
- Keep in mind the different types of hazards. i.e. Chemical, Biological, Physical, Ergonomic, and Psychosocial.
- Complete the risk analysis and determine the overall risk level by assigning the Incident Probability (how likely is it to occur), Incident Severity (how serious would it be) and enter the Risk Level.
- List the current or proposed controls for each hazard identified. The complexity of the controls should be proportional to the overall risk level.
- It is the responsibility of the supervisors to ensure controls are put in place in a reasonable timeframe based on the overall Risk Level.
- Individuals completing the hazard assessment must sign off on the document.
- The document must be kept on file.

**Risk Level**

- *High Risk* (take immediate action to eliminate the risk or implement appropriate controls to lower the risk)
- *Medium Risk* (take timely action to implement appropriate controls to lower or minimize risk)
- *Low Risk* (continued operation is permissible with minimal controls)

Modified from template by Mariah Gesink, MPH at CHI Health on 6/16/2021

NE ICAP Risk Assessment for High Risk Tasks

ICAP

# Hand Hygiene - Essential Practice

- **Promote compliance with the CDC or WHO hand hygiene recommendations**
  - Hand hygiene is a fundamental IPC strategy
  - A common mode of MRSA transmission is by contact with contaminated hands of healthcare personnel



SHEA - IDSA - APIC - Strategies to Prevent MRSA in Acute Care

WHO - Your 5 Moments for Hand Hygiene Poster

# Standard Precautions Always & Contact Precautions or Risk Assessment With Effective Horizonal IPC Measures – Essential Practices

- **Use contact precautions for MRSA colonized and infected patients.**
  - ***A facility that chooses or has already chosen to modify the use of contact precautions for some or all of these patients should conduct a MRSA-specific risk assessment to evaluate the facility for transmission-risks and to assess the effectiveness of other MRSA risk mitigation strategies (e.g., hand hygiene, cleaning and disinfection of the environment, single occupancy rooms) and should establish a process for on-going monitoring, oversight, and risk assessment.***

SHEA - IDSA - APIC - Strategies to Prevent MRSA in Acute Care

Image by rawpixel.com

Image Courtesy of EPA

Image Courtesy of CDC

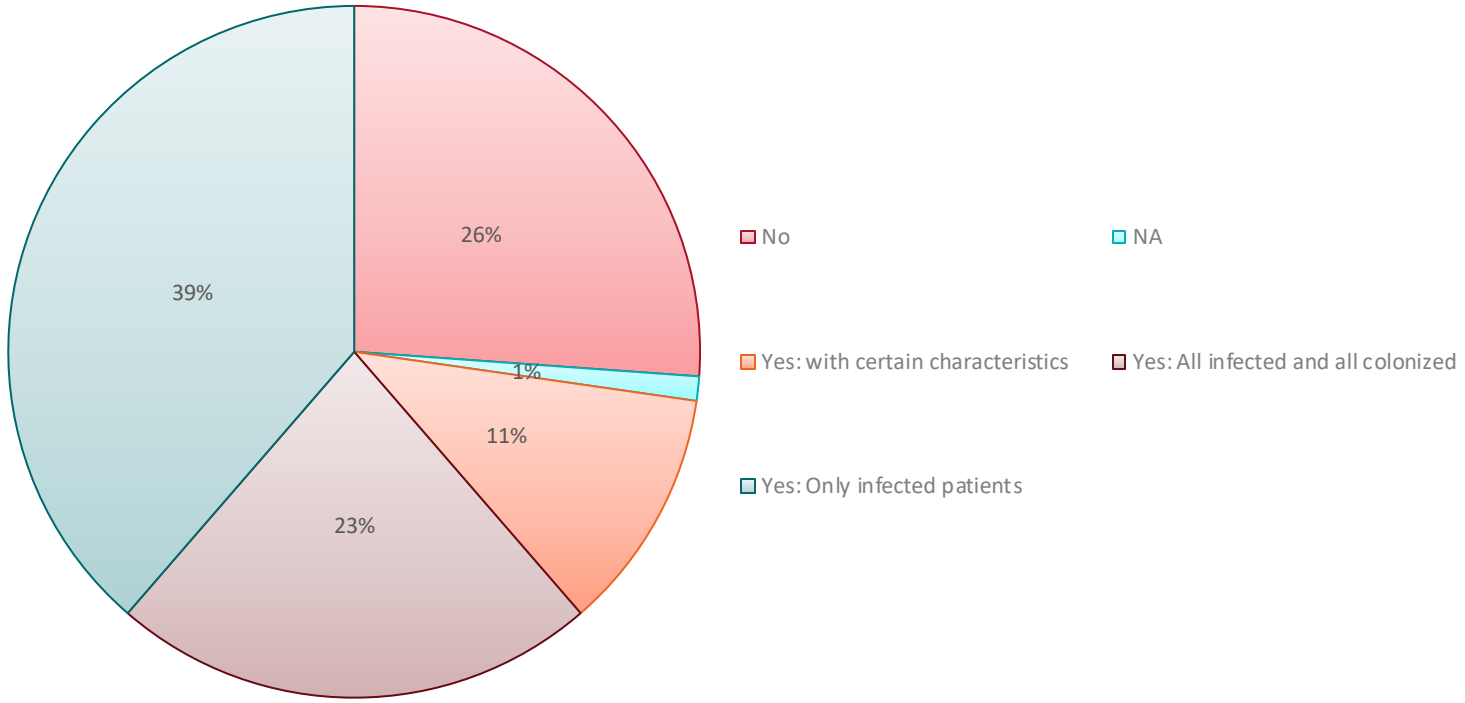
# Contact Precautions

- When using contact precautions for MRSA colonized and/or infected patients.
- Perform hand hygiene when indicated, including upon room entry (immediately before donning PPE) and upon exit (after removing gloves and gown in the room).
- Ensure that adequate supplies for contact precautions are readily available.
- Use dedicated or disposable equipment if available; otherwise ensure shared equipment is cleaned and disinfected between patients per standard of care.
- Cohorting of patients with MRSA is acceptable when single private rooms are not available.
- Follow appropriate criteria for discontinuing contact precautions.
    - The appropriate duration of contact precautions remains an unresolved issue.

SHEA - IDSA - APIC - Strategies to Prevent MRSA in Acute Care


Image courtesy of CDC

# De-identified NHSN Data 2022
# Contact Precautions for MRSA in Nebraska



# Cleaning and Disinfection – Essential Practice

- **Ensure cleaning and disinfection of equipment and the environment**
  - Cleaning and disinfection are horizontal infection prevention and control practices that can prevent transmission of multiple pathogens
  - MRSA contaminates the patient care environment and patient care equipment
  - Exposure to contaminated items can result in MRSA acquisition
  - Improvements in cleaning and disinfection have reduced acquisition
    - Objective monitoring with feedback of cleaning and disinfection thoroughness has led to improvements (e.g., direct observation of practices, fluorescent marking, use of ATP detection system, etc.)

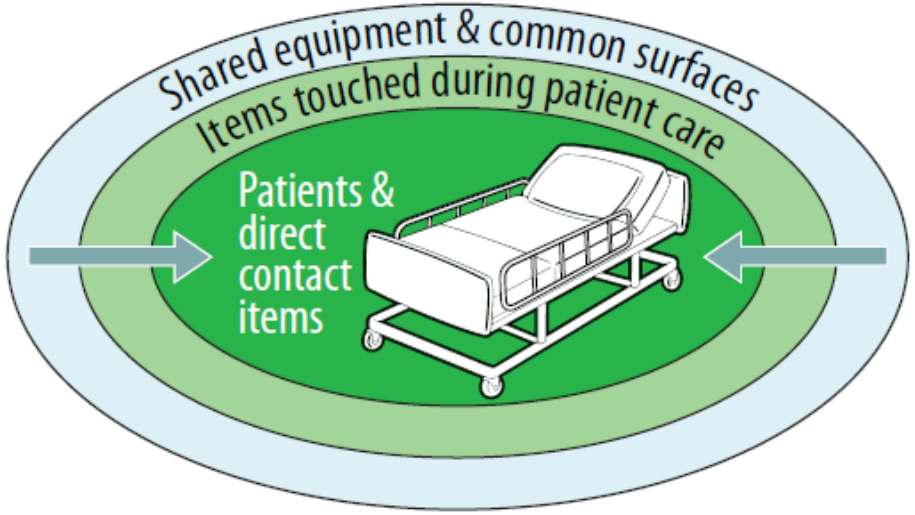



Image courtesy of CDC

SHEA - IDSA - APIC - Strategies to Prevent MRSA in Acute Care

CDC - Options for Evaluating Environmental Cleaning Toolkit

# Surveillance & Reporting Data – Essential Practices

- Implement a MRSA monitoring program.
- Conduct a MRSA risk assessment.
- Implement a laboratory-based alert system that notifies HCP of new MRSA-colonized or MRSA-infected patients in a timely manner.
- Implement an alert system that identified readmitted or transferred MRSA-colonized or MRSA-infected patients.
- Provide MRSA data and outcome measures to key stakeholders, including senior leadership, physicians, nursing staff, and others.

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# Lab – Based Alert Systems

- **Implement a laboratory-based alert system that notifies HCP or new MRSA-colonized or MRSA-infected patients in a timely manner.**
  - Early identification, isolation, and informing of others is a key IPC measure.
  - Lab-based alerts aid in early identification of positive patients to place them in contact precautions in a timely manner per facility protocol.
  - It is important that an alert system be developed between the laboratory and both infection preventionists and the clinical personnel caring for the patient. This information can be transmitted using a variety of methods. Options that push notifications to those HCP who need to act on the information immediately are preferred, such as EMR alerts and flags, phone call or pager alerts or automated secure electronic alerts. The alert system should not rely solely on passive communications that may delay receipt of results (e.g., faxes or emails).

Image by rawpixel.com

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# Alert Systems

- **Implement an alert system that identifies readmitted or transferred MRSA-colonized or MRSA-infected patients.**
  - Assess if your EMR can flag the patient chart for current and future encounters until manually discontinued or per facility protocol to be alerted of readmitted patients needing precautions or other control measures.
  - Ensure systems are in place to designate patients known to be colonized or infected with a targeted MDRO, and ensure systems are in place to notify receiving units and personnel prior to movement of such patients within the hospital.
    - Assess MDRO history and active infection upon admission and when accepting transfers.
  - Ensure systems are in place to designate patients known to be colonized or infected with a targeted MDRO and to notify receiving healthcare facilities and personnel prior to transfer of such patient between facilities.
    - To supplement verbal reports, ensure status is communicated in the transfer forms.

Image by rawpixel.com

SHEA - IDSA - APIC - Strategies to Prevent MRSA in Acute Care
CMS - Hospital Infection Control Worksheet

# MRSA Data & Outcome Measures

- **Provide MRSA data and outcome measures to key stakeholders, including senior leadership, physicians, nursing staff, and others.**
  - Conduct MRSA surveillance and analyze and report MRSA data.
  - Assess if your lab system can generate reports to assess abnormal microbiology including positive MRSA cultures. This aids in overall surveillance and can provide clinical culture positivity rates and data for NHSN lab ID reporting.
  - Provide the process and outcome measures to appropriate hospital staff and administrators on a regular basis (e.g., hand hygiene compliance, contact precautions compliance, compliance with environmental cleaning and disinfection, rates).

Image by rawpixel.com

# Educate Healthcare Personnel (HCP) – Essential Practice

- **Educate healthcare personnel about MRSA.**
  - Several key components of an effective MRSA prevention program involve modification of HCP behavior (e.g., hand hygiene, contact precautions, environmental cleaning and disinfection etc.)
  - HCP should be educated about their role in MRSA prevention and other MRSA-related topics as appropriate.
  - Facilities can develop their own education or may chose to use existing content, some resources include:
    - CDC - MRSA - Healthcare Settings
    - CDC - STRIVE - MRSA Bacteremia
      - Several modules are available

SHEA - IDSA - APIC - Strategies to Prevent MRSA in Acute Care

Image by rawpixel.com

# Educate Patients and Families – Essential Practice

Image by rawpixel.com

- **Educate patients and family about MRSA.**
  - Patients and families should be educated regarding the importance of hand hygiene and respiratory etiquette to reduce the risk of spread of MRSA (and other pathogens).
  - Patients who are colonized or infected with MRSA and their families should be educated about MRSA and what they can do to reduce the risk of infection and transmission.
    - Proper education may help to alleviate patient and family fears. Include information about anticipated questions: general information about MRSA, colonization versus infection, the hospital's MRSA prevention program, the components of and rationale for contact precautions, the risk of transmission to family and visitors while in the hospital and after discharge, and importance of hand hygiene by staff, patients, and visitors.
    - Facilities can develop their own education or may chose to use existing content, some resources include:
      - CDC - MRSA - For Patients
      - APIC - FAQs About MRSA

SHEA - IDSA - APIC - Strategies to Prevent MRSA in Acute Care

# Antimicrobial Stewardship – Essential Practice

- **Implement an antimicrobial stewardship program.**
  - Encourage appropriate use of antimicrobials through implementation of an antimicrobial stewardship program.
    - Appropriate antimicrobial use includes avoiding antimicrobial exposure if the patient does not have a condition for which antimicrobials are indicated and deescalating antibiotic therapy when feasible.
  - Receipt of antibiotics without MRSA activity has been associated with significant increase in the intranasal burden of MRSA. Thus, this may increase the risk of infection in the patient and risk of transmission to others.

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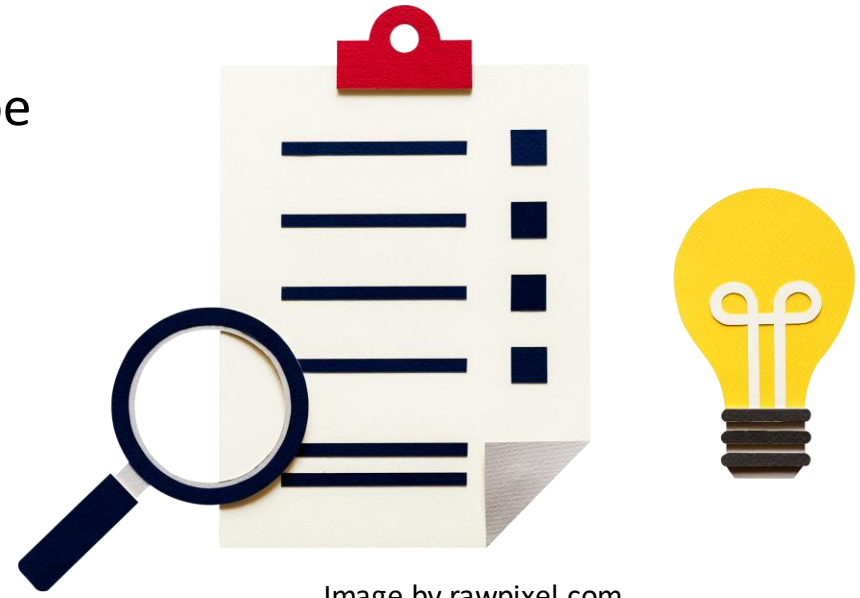
SHEA - IDSA - APIC - Strategies to Prevent MRSA in Acute Care

# Additional Approaches

- Additional approaches can be considered for use in locations or specific patient populations within hospitals when transmission or infection from MRSA is not controlled after implementation of essential practices.
  - There are 16 total additional approaches that could be considered but each specific approach may not be applicable to each facility, patient location, patient population, or situation.
    - 9 of the additional approaches are associated with decolonization
    - 5 approaches for active surveillance testing
    - 1 universal gown and glove approach for adult ICU patients
    - 1 an approach to consider for screening HCP for MRSA infection or colonization if they are epidemiologically linked to a cluster of MRSA infections



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# Active Surveillance Testing (AST) – Additional Approaches

- Active surveillance testing (AST) is the testing of asymptomatic patients to detect MRSA carriers so that additional IPC measures can be implemented.
- AST is also used as part of an antimicrobial stewardship program to reduce vancomycin usage, to clear contact precautions and as part of implementing post-discharge interventions.
- AST additional approaches could include:
  - Implement AST a part of a multifaceted strategy to control and prevent MRSA.
  - In target populations prior to surgery, implement AST to identify MRSA carriers for decolonization.
  - In adult ICU patients, implement AST with contact precautions for carriers, if not performing universal decolonization.
  - Hospital-wide AST can be used in conjunction with contact precautions to reduce the incidence of MRSA infection.
  - AST can be performed in the setting of a MRSA outbreak or evidence of ongoing transmission of MRSA within a unit as part of a multi-faceted strategy to halt transmission.

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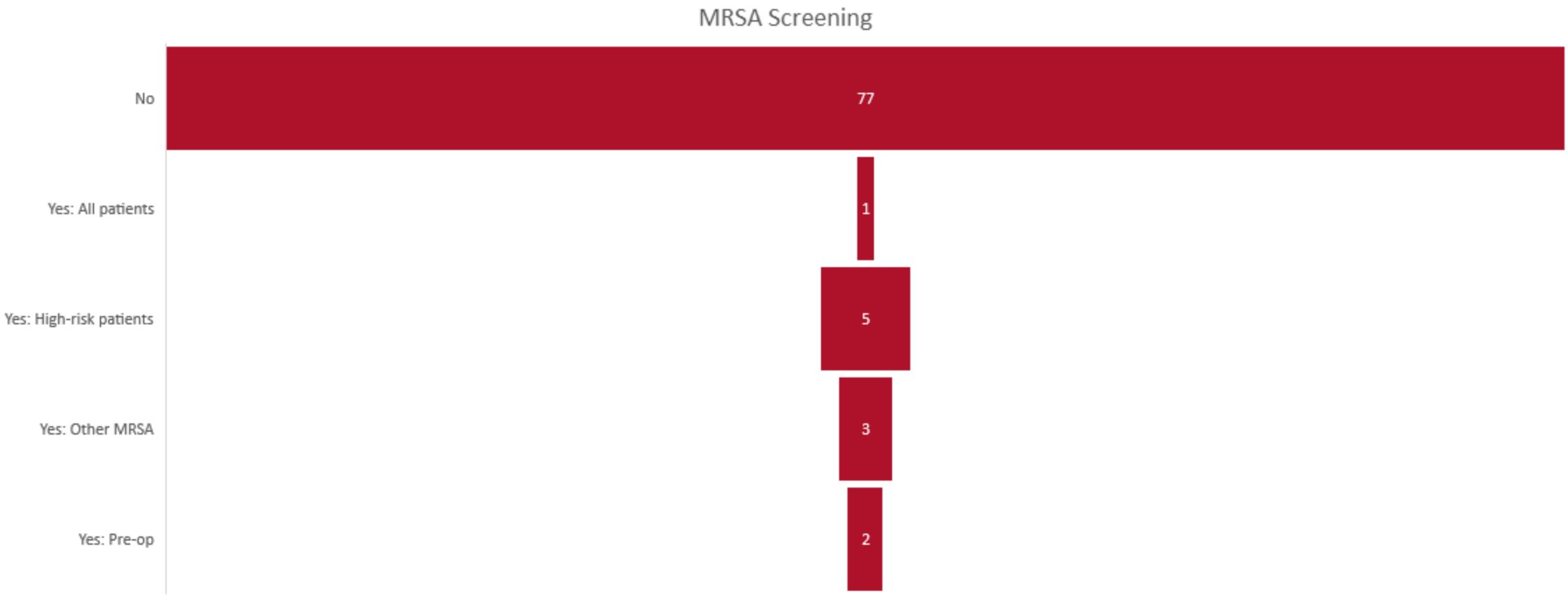
# De-identified NHSN Data 2022
# AST in Nebraska



# Decolonization – Additional Approaches

- MRSA decolonization therapy most commonly refers to the administration of topical antimicrobial or antiseptic agents for the purpose of eradicating or suppressing the carrier state and ultimately reducing clinical infection.
- For the purpose of the 2022 SHEA MRSA prevention update, it refers to intranasal antimicrobial and/or antiseptic treatment with chlorhexidine (CHG) skin antisepsis.
    - WHO (lots of options)
        - MRSA carriers
            - MRSA carriers who are having surgery
                - MRSA carriers who are having surgery involving an implant
            - MRSA carriers with medical devices (e.g. central lines, midline catheters, lumbar drains)
            - MRSA carriers post discharge
        - Target patient population
            - Adult ICU patients to reduce MRSA endemic cultures*
            - Hemodialysis patients (targeted or universal*)
            - Neonatal ICU (targeted)* used with care

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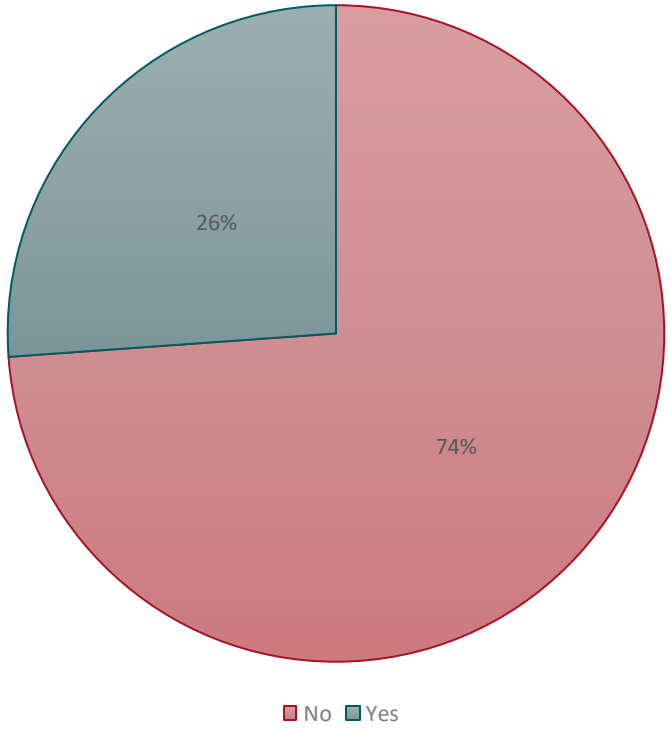
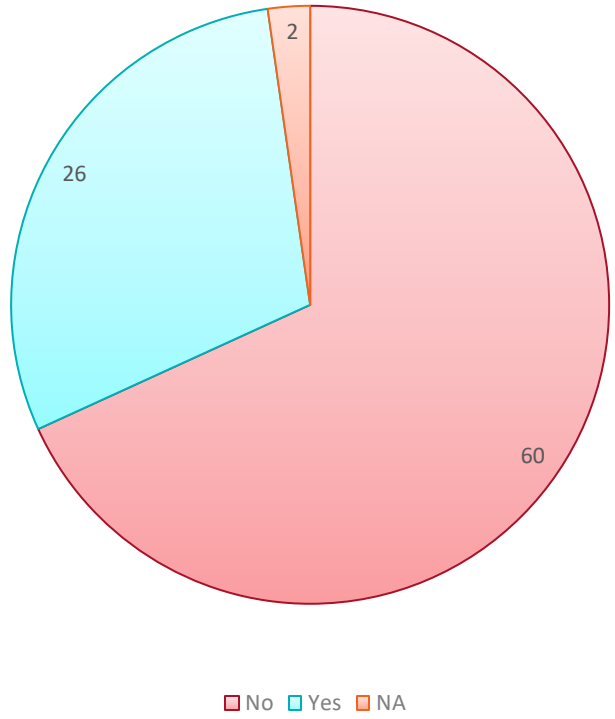
# De-identified NHSN Data 2022
# Routine Chlorhexidine Bathing for ICU patients



# De-identified NHSN Data 2022
# Routinely use Chlorhexidine and Intranasal Mupirocin to Prevent MRSA



# Decolonization – Special Circumstances & Unresolved Issues

- During Times of Above Average MRSA Infection Rates
  - Neonatal ICU (targeted or universal)
    - Low birthweight
    - Indwelling devices
    - Prior to high-risk surgeries
  - Neonatal (targeted or universal)
  - Burn units (targeted or universal)
- **During a MRSA outbreak**
  - Consider at part of a multimodal approach
  - Alert your public health department

- **Unresolved Issues**
  - Universal MRSA decolonization (routine)
  - Mupirocin and chlorhexidine resistance
  - MRSA-colonized HCP

SHEA - IDSA - APIC - Strategies to Prevent MRSA in Acute Care

# Questions and Answer Session

Please use the QA box in the webinar platform to type a question

Attendees also have the option to upvote other attendee's questions

Questions will be read aloud by the moderator

A recording of the discussion will be made available on the Nebraska ICAP website
https://icap.nebraskamed.com/events/webinar-archive/

*If time does not allow and we are unable to answer your question, please email us at NE ICAP or call 402.552.2881*

Speakers/ Panelists:

Juan Teran Plasencia, MD

Lacey Pavlovsky, MSN, RN, CIC, LTC-CIP

Kate Tyner, RN, BSN, CIC

Jody Scebold, EdD, MSN, RN, CIC

Chris Cashatt, RN, BSN, CIC

Sarah Stream, MPH, CDA, FADAA

Jenna Preusker, PharmD, BCPS, BCIDP

# Vaccine Update

ICAP
Infection Control Assessment and Promotion Program

# 9/12/23 - CDC recommends COVID-19 vaccine for everyone ages 6 months and older (excerpts below)

- CDC recommends everyone 6 months and older get an updated COVID-19 vaccine to protect against the potentially serious outcomes of COVID-19 illness this fall and winter.
- Updated COVID-19 vaccines from Pfizer-BioNTech and Moderna will be available later this week.
- Receiving an updated COVID-19 vaccine can restore protection and provide enhanced protection against the variants currently responsible for most infections and hospitalizations in the United States.
- Most Americans can still get a COVID-19 vaccine for free.
  - For people with health insurance, most plans will cover COVID-19 vaccine at no cost to you.
  - People who don't have health insurance or with health plans that do not cover the cost can get a free vaccine from their local health centers; state, local, tribal, or territorial health department; and pharmacies participating in the CDC's Bridge Access Program.
  - Children eligible for the Vaccines for Children program also may receive the vaccine from a provider enrolled in that program.

CDC Recommends Updated COVID-19 Vaccine for Fall/Winter Season

# CDC COCA Call Immunizations

## Upcoming COCA Calls/Webinars

**Title:** Preparing for the Upcoming Respiratory Virus Season: Recommendations for Influenza, COVID-19, and RSV Vaccines for Older Adults

**Date:** Tuesday, September 19, 2023

**Time**: 2:00–3:00 P.M. ET

Image by rawpixel.com

### Overview

The Centers for Disease Control and Prevention (CDC) is preparing for co-circulating influenza virus, SARS-CoV-2, and respiratory syncytial virus (RSV) this fall and winter. Vaccines can provide life-saving protection against all three viral respiratory diseases. CDC recommends these vaccines for older adults, who are at a higher risk of severe illness from these diseases. Clinicians play a vital role in ensuring that older adults protect themselves by encouraging them to stay up to date on influenza, COVID-19, and RSV vaccinations.

During this COCA Call, CDC presenters will provide updates about the latest recommendations and clinical considerations for administering influenza, COVID-19, and RSV vaccines to adults 60 years and older and discuss resources and communication strategies that may help facilitate older adult vaccination.

# Educational Opportunities

ICAP
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# Join us in Kearney this year for the 2023 NICN Fall Course – Wed, 10/18 & Thurs, 10/19!

ICAP Infection Control Assessment and Promotion Program

Nebraska Infection Control Network

NEBRASKA METHODIST COLLEGE
THE JOSIE HARPER CAMPUS
PROFESSIONAL DEVELOPMENT

## Primary Infection Prevention - Two Tracks!
## Track 1: Prevention for All Health Care Settings, Acute Care Hospital, Ambulatory Care & Surgical Centers
## Track 2: Prevention for All Health Care Settings and Long-Term Care and Assisted Living Facilities

## We are on the road this time in Kearney, Nebraska!
## Join our "Road Show!"

**Program Details:**
The Nebraska Infection Control Network (NICN) Primary Infection Prevention course offers a combination of lectures, discussions, and educational activities on the prevention and control of infections in various healthcare settings. We welcome nurses and any other healthcare providers interested in learning more about the core components of infection prevention and control in healthcare settings. The first day will focus on infection and prevention for all healthcare settings, and all attendees will be together for this day. Day two will focus on Acute Care Hospital, Ambulatory Care & Surgical Centers, or Long-Term Care and Assisted Living Facilities.

**Registration Options:**
These options will be available to purchase along with your registration (some options are included for scholarship recipients, and event planners/presenters. Please see each registration page for details):

- Printed copy of the presenter slides
- "Road Show" unisex t-shirt
- Admission to a Networking Open House Event at the end of the first day. This networking event is a great opportunity to mingle with the NICN faculty, board members, the NICN/ICAP teams, and other conference attendees. You'll have the chance to ask questions, make new connections, and even learn about some additional resources that could be helpful. The location is yet to be determined and will be emailed directly to registrants.

When you register, the handouts, t-shirt, and networking open house options will be available to purchase.

**Location**: All events are at the Younes Conference Center South, 416 W Talmadge Rd, Kearney, NE 68845.

Click HERE to Register

ICAP

# C. Difficile Best Practices: Testing to Containment to Treatment

*Webinar Series*

NEBRASKA HOSPITALS

[C. diff education Sept-Oct 2023 – Register Here!]

## Program Overview

The Nebraska Hospital Association in partnership with ICAP / ASAP / DHHS will be hosting a 5-part webinar series focused on C. Difficile best practice. Experts in the field will review best practices in the infection prevention ecosystem for testing, containment, and treatment of C. Difficile infections in both urban system hospitals, as well as rural and Critical Access Hospitals.

## Target Audience

C-Suite; Quality Leaders/Staff; Nursing Leaders/Staff; Pharmacy Leaders/Staff; Infection Preventionists; Providers; Laboratory; Information Technology/Clinical Informaticist

## Cost

No cost is associated with this program.

### Session #1 – CDI Testing

September 26, 2023, 12:00 - 1:00 PM CT

Objectives:

- Identify different testing strategies – advantages and disadvantages.
- Analyze signs and symptoms of CDI.
- Understand patient risk factors for CDI and exposure.

**Speakers: Dr. Van Schooneveld/Dr. Teran (ASAP/ICAP Medical Directors)**

### Session #2 – CDI Audit and Feedback Processes in Infection Prevention

October 10, 2023, 12:00 - 1:00 PM CT

Objectives:

- Understand CDI infection prevention best practices.
- Discuss auditing CDI and reporting practices in hospital.
- Analyze staff education and feedback regarding CDI practices.

**Speakers: Rebecca Martinez BA, BSN, RN, CIC (ICAP Infection Preventionist)**

### Session #3 – Strategies to Improve Environmental Cleaning

October 24, 2023, 12:00 - 1:00 PM CT

Objectives:

- Understand appropriate cleaning products for CDI infections.
- Address high-touch surfaces cleaning.
- Discuss terminal cleaning practices.
- Identify cleaning audit tools.

**Speakers: Jody Scebold/Kate Tyner (ICAP Infection Preventionists)**

### Session #4 – High Risk CDI Medications

October 31, 2023, 12:00 - 1:00 PM CT

Objectives:

- Discuss antibiotic therapy risk stratification for CDI.
- Assess antimicrobial stewardship interventions related to decreasing C. diff.
- Evaluate gastric acid suppression and implications for CDI risk.

**Speakers: Jenna Preusker, PharmD, BCPS, BCIDP (ASAP Pharmacist)**

### Session #5 – Management of CDI

November 16, 2023, 12:00 - 1:00 PM CT

Objectives:

- Discuss best practices in management of CDI.
- Understand the treatment of initial and recurrent infections.
- Determination of severity of illness.

**Speakers: Danny Schroeder PharmD, BCPS (ASAP Pharmacist)**

## Contacts

For more information, please contact Dana Steiner – dsteiner@nebraskahospitals.org or Amber Kavan – akavan@nebraskahospitals.org

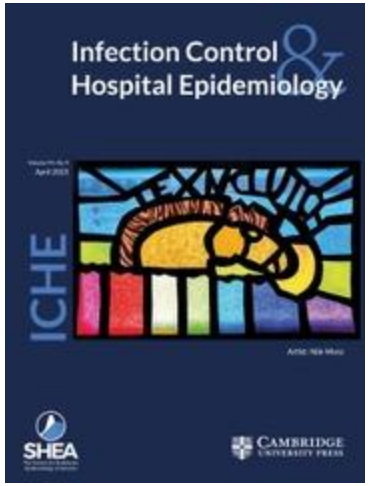
ICAP

# Misc. Updates

ICAP
Infection Control Assessment and Promotion Program

# CAUTI Prevention - SHEA/IDSA/APIC Practice Recommendations 2022 Update

- This expert guidance document is sponsored by the Society for Healthcare Epidemiology of America (SHEA) and is the product of a collaborative effort led by SHEA, the Infectious Diseases Society of America (IDSA), the Association for Professionals in Infection Control and Epidemiology (APIC), the American Hospital Association (AHA), and The Joint Commission.
- The intent of this document is to highlight practical recommendations in a concise format designed to assist acute-care hospitals in implementing and prioritizing efforts to prevent catheter-associated urinary tract infections (CAUTIs).
    - **Essential Practices are Outlined For:**
        - **Infrastructure and Resources**
        - **Education and Training**
        - **Insertion of Indwelling Catheters**
        - **Management of Indwelling Catheters**




SHEA IDSA Infectious Diseases Society of America APIC American Hospital Association The Joint Commission

[SHEA - Strategies to Prevent CAUTI in Acute Care Hospitals]

ICAP

# Focused ICAR Visits Are Available

Nebraska ICAP is available for on-site infection control assessment and response (ICAR) non-regulatory voluntary visits. Based on your request, we can provide a more focused assessment including some, or all of the below domains. An example would be an SSI focused ICAR looking at surgical suite practices including device reprocessing.

- Surgical Site Infection (SSI) Prevention
- Device Reprocessing including sterilization and high-level disinfection
- Infection Control Program and Infrastructure
- Hand Hygiene
- Personal Protective Equipment (PPE)
- Catheter-associated Urinary Tract Infection (CAUTI) Prevention
- Central Line associated Bloodstream Infection (CLABSI) Prevention
- Ventilator-associated Event (VAE) Prevention
- Injection Safety
- Clostridioides difficile infection (CDI) Prevention
- Environmental Cleaning & Disinfection (ATP testing offered during visit)
- Surveillance and Systems to Detect, Prevent, and Respond to HAIs and MDROs
- Healthcare Personnel Safety
- Water Management
- COVID-19 Prevention and Response
- Antimicrobial Stewardship (the NE ASAP program remains a resource for comprehensive assessments)


*Please let us know if interested*

nebraskaicap@nebraskamed.com
(402) 552-2881

# Does your facility have questions about the NHSN Antibiotic Use and Resistance (AUR) Module?

## Nebraska ASAP Pharmacists are here to help!

**To schedule a Q&A meeting about AUR,**

**Call 402-552-2881**

**Office Hours** are Monday – Friday
8:00 AM - 4:00 PM Central Time

NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

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

ASAP
Nebraska Antimicrobial Stewardship Assessment and Promotion Program

# Join Us on Upcoming Webinars

- **October 11, 2023**
  - To Be Determined


- If you have suggestions for future webinar topics or would like to learn more about a topic one on one, please contact us with your request by calling at 402.552.2881 or email nebraskaICAP@nebraskamed.com. You can also include them in the continuing education (CE) survey.
- You can also be added to our setting specific mailing lists, receive webinar and training invites and be connected to an Infection Preventionist that specializes in your area by filling out the contact form at: https://icap.nebraskamed.com/contact-us/

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Subscribe to our YouTube at: https://www.youtube.com/@nebraska_icap_asap

# ICAP Contact Info

## Call 402-552-2881

**Office Hours** are Monday – Friday
8:00 AM - 4:00 PM Central Time
Weekends and Holidays 8:00-4:00

**On-call hours are available for emergencies only**

**Scan the QR Code to be taken to our website contact form. You can request a call back from an IP, Sign up for newsletters and reminders and request an ICAR Review for your facility.**

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# Webinar CE Process

**1 Nursing Contact Hour is awarded by NE Medicine ***

* Nebraska Medicine is approved as a provider of nursing continuing professional development by the Midwest Multistate Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

## CNE Nursing Contact Hours:

- Completion of survey is required.
  - The survey must be specific to the individual obtaining credit.
  - (i.e.: 2 people cannot be listed on the same survey)
- One certificate is issued quarterly for all webinars attended
- Certificate comes directly from ICAP via email
- Survey functionality is lost on mobile devices