



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Wisconsin HAI Long-Term Care Education Series

February 24, 2022

Today's Agenda

- COVID-19 Infection Prevention Observations from the Field
 - **Greta Beyer**, Regional Infection Preventionist, HAI Prevention Program
 - **Stacey Firkus**, Regional Infection Preventionist, HAI Prevention Program
 - **Aimee Mikesch**, Regional Infection Preventionist, HAI Prevention Program
- Infection Prevention and Control Updates
 - **Ashlie Dowdell**, Director, HAI Prevention Program

Infection Prevention for COVID-19: Observations From the Field



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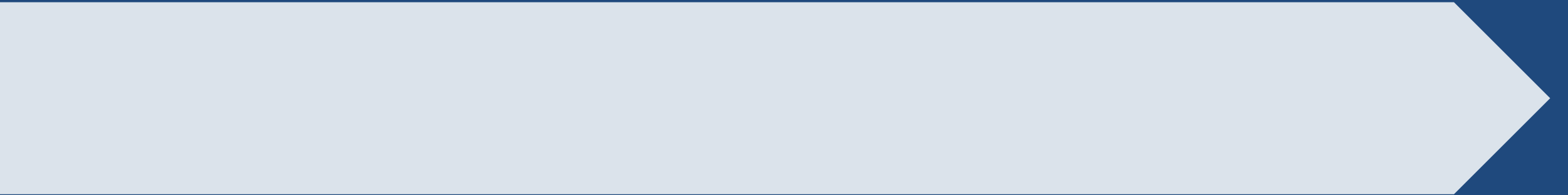
Objectives

- Review infection prevention best practices in the healthcare environment specific to mitigating transmission of COVID-19.
- Identify gaps that have been observed during Infection Control Assessment and Response (ICAR) calls and site visits to facilities.

Self-Evaluate

- Consider your own facility's infection prevention and control practices.
- Challenge yourself to identify at least one improvement you could make in your facility and follow through with implementing change.

Environmental Cleaning and Disinfection



Evaluate Environmental Cleaning and Disinfecting Procedures

- Environmental contamination in healthcare settings play a role in the transmission of infections.
- Environmental cleaning is a fundamental intervention for infection prevention and control.



<https://www.cdc.gov/hai/prevent/resource-limited/introduction.html>

Challenges

- Environmental cleaning and disinfecting can be easily missed due to other priorities.
- Policies that cover environmental services are not reviewed routinely or available.
- Staffing levels can be hard to maintain.
- Additional cleaning duties placed on already-taxed direct caregivers.

High-Touch Surfaces

Frequently clean and disinfect all high-touch surfaces:

- Shared medical equipment (vital signs equipment, lift equipment, glucometers, etc.)
- Common areas, resident rooms, break rooms, nurse stations



High-Touch Surface Cleaning Gaps

- Disinfectants are not easily available.
- Disinfectant is not used according to its label.
- Staff are busy.
- Staff-only areas are not made a cleaning priority.

Know Your Disinfectants

All disinfection products used in the facility should be listed on the [Environmental Protection Agency \(EPA\) List N](#), which ensures efficacy against SARS-CoV-2.

List N Tool: COVID-19 Disinfectants



- Environmental Topics ▾
- Laws & Regulations ▾
- Report a Violation ▾
- About EPA ▾

Coronavirus

[CONTACT US](#)

- [Coronavirus Home](#)
- [Disinfectants](#)
- [Indoor Air](#)
- [Drinking Water and Wastewater](#)
- [Frequent Questions](#)

About List N: Disinfectants for Coronavirus (COVID-19)

⚠ EPA expects products on List N to kill all strains and variants of the coronavirus SARS-CoV-2 (COVID-19) when used according to the label directions.

[Learn more about the efficacy of disinfectants on strains and variants of coronavirus.](#)

[Click Here to Find a Product to Kill Coronavirus \(COVID-19\)](#)

List N Tool: COVID-19 Disinfectants

EPA United States Environmental Protection Agency

List N Tool: COVID-19 Disinfectants

[More Information](#) [Feedback](#)

Launch

All products on this list meet EPA's criteria for use against SARS-CoV-2 (COVID-19). These products are for use on surfaces, NOT humans.

List N Tool: COVID-19 Disinfectants

EPA United States Environmental Protection Agency

List N Tool: COVID-19 Disinfectants

[More Information](#) [Feedback](#)

EPA Registration Number

- Active Ingredient
- Use Site
- Surface Types
- Contact Time
- Browse All
- Keyword Search

[Show results](#) [Clear results](#)

Search by selecting one or more option above. Click the "Show Results" button to view your list of results. Select as many options as you wish. Click the "Clear Results" button to remove all selections and start over. Click "Browse All" to display all products.

List N Lookup Tool

EPA Registration Number ⓘ Active Ingredient(s) ⓘ Product Name ⓘ Company ⓘ Follow the disinfection directions and preparation for the following virus ⓘ Contact Time (in minutes) ⓘ Formulation Type ⓘ Surface Type ⓘ Use Site ⓘ Why is this product on List N? ⓘ

Handling Disinfectants

Train staff on proper handling, mixing, and disposing of disinfectants, including:

- Identify staff responsible for maintaining disinfectant mixing stations (if applicable).
- Make necessary personal protective equipment (PPE) available for disinfectants mixing.
- Identify eye wash stations clearly.
- Note expiration dates or deactivation timeframes.

ICAR Lessons Learned: [Topic 3: Environmental Cleaning](#)

HAI Prevention Program: [Eyewash Station Standards and Requirements](#)

Contact Time

- Contact time is the length of time the product must remain wet on the surface to disinfect.
- Contact times vary and are pathogen-specific.
- Products should be used according to label instructions, including required contact time.
 - Consider maintaining a list of all products used with their indications and contact times.
 - Only use the disinfectant on items indicated per the instructions.

NON-CRITICAL¹ ITEMS CLEANING AND DISINFECTION PRODUCT LIST

Item Cleaned	Product /EPA Reg. No.	EPA List N for SARS-CoV-2	Contact/Wet Time ²	Responsibility of: (e.g., Nursing, Housekeeping)	Comments
<i>Example: Glucometer</i>	<i>Orange Top; Sani-cloth Bleach-Germicidal wipe (EPA# 9480-8)</i>	<i>Yes</i>	<i>4 minutes</i>	<i>Nursing</i>	<i>Each resident should have own glucometer.</i>

¹**Non-critical items:** Come into contact with intact skin, but not mucous membranes. Examples include blood pressure cuffs, stethoscopes, rehabilitation equipment, and walking aids, as well as environmental surfaces such as handrails, doorknobs, bedrails, and phones. Requires cleaning (removal of foreign material) followed by low- or intermediate-level disinfection.

²**Contact/Wet Time:** The time that a disinfectant should be in direct contact with the item being disinfected to ensure that the pathogens specified on the label are killed. Disinfectants with long contact times (e.g., 10 minutes) may require more than one application.

<https://www.dhs.wisconsin.gov/forms/f02705.pdf>

Gaps in Using Disinfectants

- Staff have not been trained on the disinfectants used, specific contact times, and cleaning expectations. (Consider creating a cleaning checklist for staff.)
- Housekeeping staff have not received training on infection prevention practices.
- Facilities are unsure of the training contracted housekeeping staff have received.

Gaps in Using Disinfectants

- Disinfectants used are not on EPA List N.
- Disinfectants are expired or deactivated.
- Supplies are not tracked, so staff are unsure of all the products in use.
- Disinfectants are not used according to the label, including:
 - Contact time.
 - "Quat binding."

Gaps in Using Disinfectants

- Eyewash station is not properly maintained or available.
- Appropriate PPE is not available.
- Unlabeled disinfectants (product name, expiration date, etc.) and expired disinfectants are found in storage areas.



Keep Staff Knowledgeable

Train all staff who perform any type of cleaning and disinfecting on the right techniques based on the products they will use.

- Include both housekeeping and non-housekeeping staff in the training.
- Ensure housekeeping staff are also trained on infection prevention expectations.

Evaluate and Support Staff

- Assess staff understanding of provided training.
- Maintain best practices:
 - Audit cleaning and disinfecting practices, such as detergent marking.
 - Provide immediate feedback, as needed.
- Find sample environmental infection control tools and additional details in the DHS [Infection Preventionist Starter Kit](#).

Environmental Cleaning Oversight Gaps

- Identified staff do not have enough time to perform audits or observe practices.
- Audits are not used to drive quality improvement.
- Staff performing observation are uncomfortable providing direct feedback.
- Disconnect between housekeeping staff and clinical staff leadership.

Why Environmental Cleaning and Disinfection is so Important

- Ensures the health and safety of residents, staff, and visitors.
- Provides protection beyond COVID-19, it protects against many other pathogens.



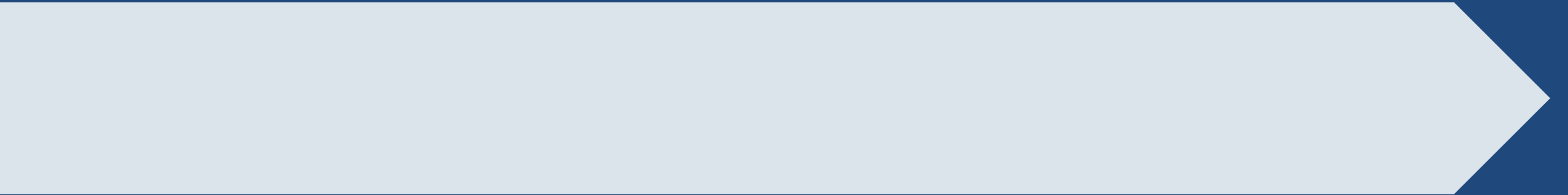
Resources

- Oregon Patient Safety Commission
 - [Environmental Hygiene: Best Practices to Use When Cleaning and Disinfecting Patient Rooms](#)
- Nebraska Antimicrobial Stewardship Assessment and Promotion Program
 - [Part 1: Set up the Cleaning Cart](#)
 - [Part 2: Perform Hand Hygiene](#)
 - [Part 3: Clean Patient/Resident Room \(Occupied\)](#)
 - [Part 4: Clean Patient/Resident Room \(Discharged\)](#)
 - [Part 5: Clean Patient/Resident Room \(Isolation\)](#)
 - [Part 6: Clean Patient/Resident Room \(Restroom\)](#)
 - [Part 7: Clean and Disinfect High-Touch Surfaces](#)

Resources

- [Cleaning and Disinfection of Environmental Services](#), CDC
- [Environmental Infection Control](#), CDC
- [Cleaning and Disinfecting Your Facility](#), CDC

Respiratory Protection Program



Respiratory Protection Program Gaps

- Lack of Occupational Safety and Health Administration (OSHA)-compliant written Respiratory Protection Program (RPP)
- Lack of fit-tested N95s



Respiratory Protection Program

- Ensures all employees are protected from respiratory hazards
- Utilizes medical-grade respirators, such as N95s and surgical N95s



[OSHA code of regulations 1910.134](#)

Top 10 OSHA Citations

OSHA [document](#)

- Medical evaluation
- Fit test
- Workplace hazards
- RPP
- Providing appropriate PPE to staff
- Training
- Storage

RPP Administrator Responsibilities

- Identifying areas, processes, or tasks that require respirator use
- Assisting with the selection of respirators
- Monitoring use
- Training staff
- Developing a storage and maintenance process
- Coordinating fit testing
- Providing information on the medical surveillance process
- Evaluating and updating the program

Respirator Selection

- Choose respirators that are effective against the respiratory hazards identified in your workplace.
- Ensure they have National Institute for Occupational Safety and Health (NIOSH) or [Emergency Use Authorization \(EUA\)](#) approval.
- Maintain a sufficient number of respirator sizes and models for a variety of staff.

Medical Evaluation

- Refer to [Appendix C](#) of 29 CFR 1910.134 for guidance on the medical evaluation process.
- Make staff aware that they can have follow-up exams and an opportunity to speak with the physician as part of this process.
- Consider powered air purifying respirators (PAPRs) for staff who are unable to be fit tested and need to perform duties that require a respirator.

Fit Testing

- Perform fit testing:
 - Prior to use and annually
 - When staff have physical changes (for example, significant loss of weight)
 - When new makes, models, or sizes of respirators are in stock
- Reference the Respiratory Protection Standard ([Appendix A](#) of 29 CFR 1910.134) for more details and information on what should be documented

[McKnight's article](#) on OSHA citations for failure to fit test

OSHA Temporary Enforcement Guidance

- Employers can forgo the annual fit test to preserve and prioritize the supply of respirators if:
 - The initial fit test has been preformed.
 - The employer informs employees of the temporary suspension.
- CDC's [contingency capacity strategies](#)



[Enforcement Memos | Occupational Safety and Health Administration \(osha.gov\)](#)

Proper Use

- Identify appropriate situations for use.
- Perform seal checks per 29 CFR 1910.134 [Appendix B-1](#).
- Determine when N95s should not be used.

Three Key Factors Required for a Respirator to be Effective

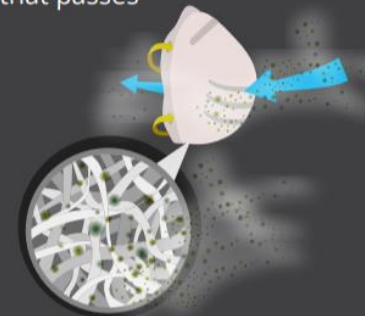


① The respirator must be put on correctly and worn during the exposure.

② The respirator must fit snugly against the user's face to ensure that there are no gaps between the user's skin and respirator seal.



③ The respirator filter must capture more than 95% of the particles from the air that passes through it.



*If your respirator has a metal bar or a molded nose cushion, it should rest over the nose and not the chin area.

<https://www.cdc.gov/niosh/npptl/pdfs/KeyFactorsRequiredResp01042018-508.pdf>

Maintenance of Respirators

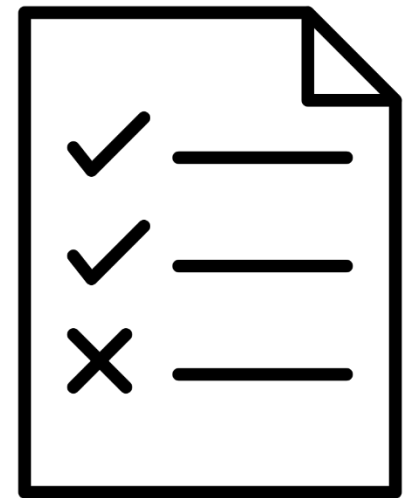
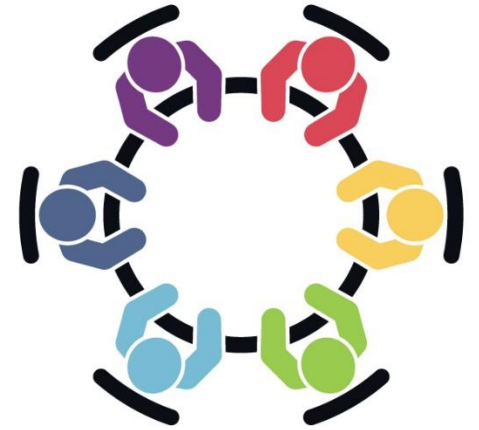
- When storing respirators, store according to manufacturer's instruction in a clean supply area.
- Before use, inspect respirator for defects.
- If re-using respirators, follow the Centers for Disease Control and Prevention (CDC) [guidance](#).

Training

- Perform prior to initial use and at least annually thereafter.
- Document the training that occurred and who was trained.
- Cover the following topics in the training:
 - Why a respirator is needed
 - Proper fit
 - Inspection prior to use
 - Proper storage
 - Medical evaluation

RPP Review

- Perform annually
- Complete with employees who use the respirators
- Review and correct any identified issues

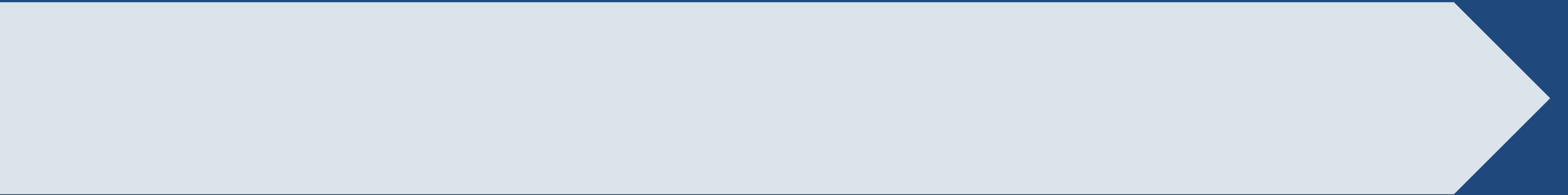


WisCon

- Is a collaboration between the Wisconsin State Laboratory of Hygiene, UW-Madison, and the US Department of Labor
- Offers consultative services on topics including fit testing and developing an OSHA-compliant RPP

- <https://uwmadison.box.com/s/nt1uh234b9p4q6mv76kykysds0dyb6zd>
- <http://www.slh.wisc.edu/occupational/wiscon/>
- <https://www.dhs.wisconsin.gov/covid-19/ppe.htm>
- <http://www.slh.wisc.edu/occupational/wiscon/workplace-covid-19-consulting/>

Source Control Considerations



Source Control

Refers to the use of respirators or well-fitting facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing

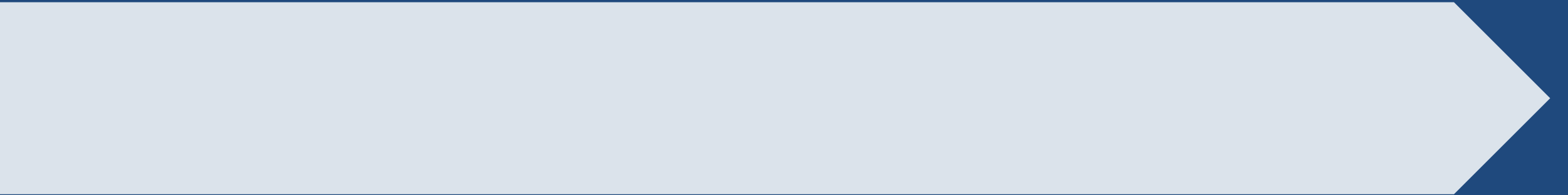
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#sourcecontrol>

When does source control become PPE?

[Standard Precautions for All Patient Care](#)
[Implementation of Personal Protective Equipment](#)

Questions?

Infection Prevention and Control Guidance Updates



Vaccination Status

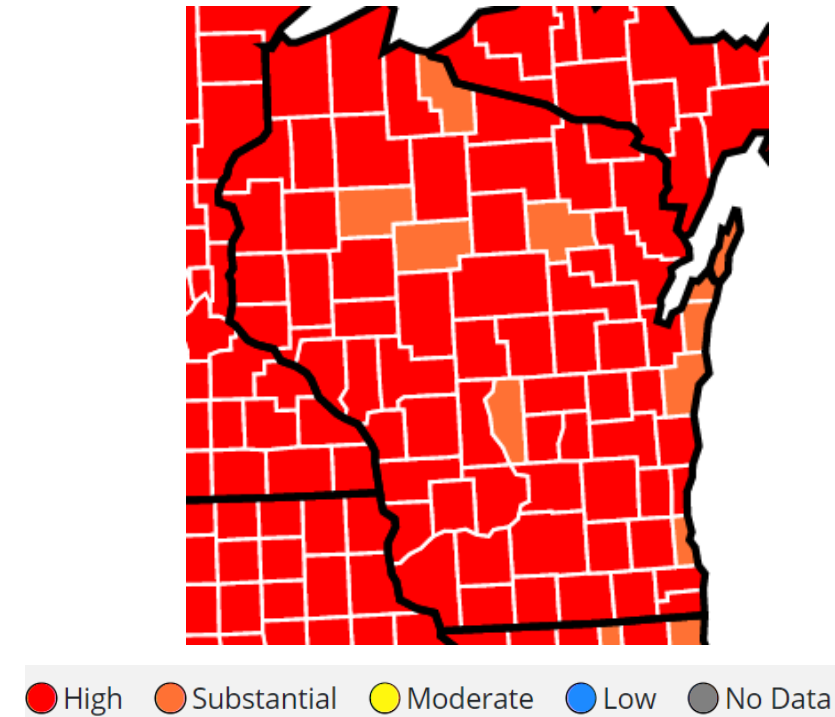
- Up to date: received all recommended vaccines, including booster dose(s) when eligible
 - Boosted
 - Fully vaccinated with a primary series and not yet eligible for a booster
- Not up to date: has not received all recommended vaccine doses
 - Fully vaccinated and eligible for booster, but has not received it
 - Partially vaccinated with primary series
 - Unvaccinated

[Stay Up to Date with Your Vaccines](#)

N95 Respirators

- Must use:
 - All residents suspected (quarantine) or confirmed (isolation) to have COVID-19
 - All aerosol-generating procedures in counties with [substantial to high community transmission](#)
- Consider use: situations with additional risk (caring for residents not up to date with vaccinations, poorly ventilated space, residents unable to mask, etc.)

Tue Feb 15 2022 - Mon Feb 21 2022



Testing

- Symptomatic staff or residents
- Residents with close contact regardless of vaccination status
 - Immediate (but no sooner than 24 hours) and 5-7 days after exposure
- New admissions and readmissions of greater than 24 hours regardless of vaccination status
 - Immediate and 5-7 days after exposure
- Residents in a 90-day post-infection period

Routine Staff Testing Frequency

- Per [QSO-38](#), CMS-mandated unvaccinated staff testing: At minimum, **must** include staff who are not fully vaccinated with their primary series. Frequency is based on community transmission levels (not positivity rates).
- Per CMS vaccine mandates for staff: Facilities **may** choose to implement additional mitigation measures (for example, serial testing, certain PPE) for unvaccinated staff.

Routine Staff Testing Frequency

Table 2: Routine Testing Intervals by County COVID-19 Level of Community Transmission

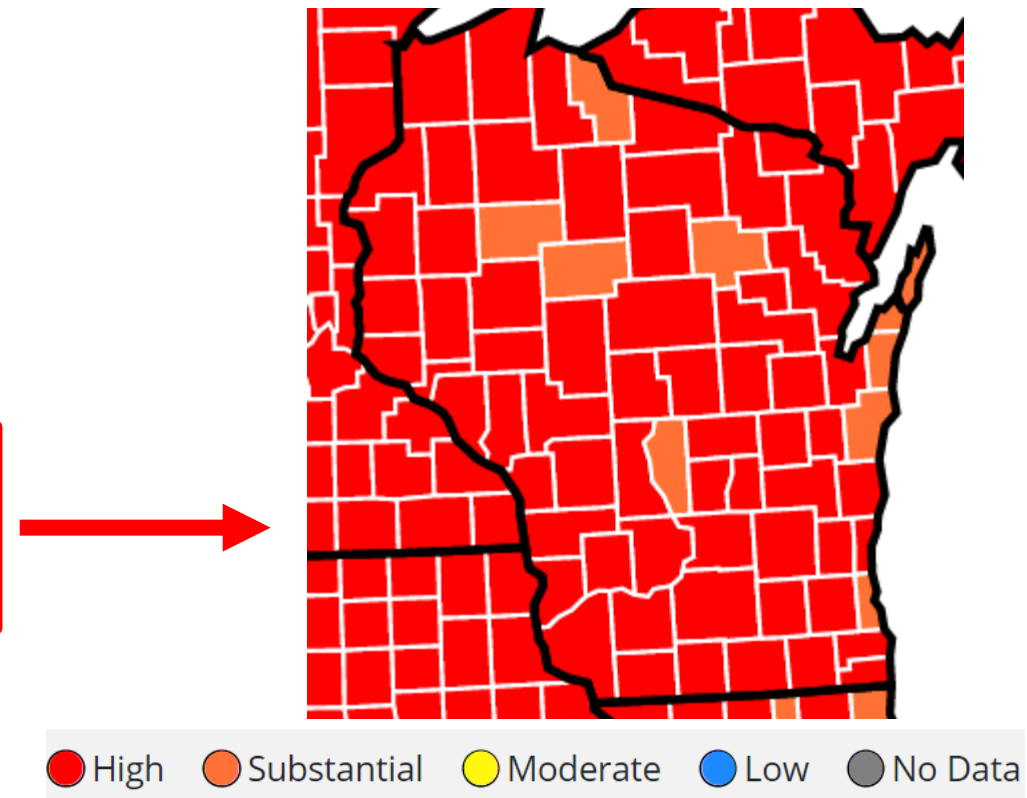
Level of COVID-19 Community Transmission	Minimum Testing Frequency of Unvaccinated Staff+
Low (blue)	Not recommended
Moderate (yellow)	Once a week*
Substantial (orange)	Twice a week*
High (red)	Twice a week*

+Vaccinated staff do not need to be routinely tested.

*This frequency presumes availability of POC testing on-site or where off-site turnaround time is < 48 hours.

[QSO-38](#)

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Typical Resident Isolation Periods

- 10 days from onset of symptoms
- 10 days from positive test date if individual remains asymptomatic throughout isolation (if symptoms develop, isolation re-starts with the symptom onset date)
- Immunocompromised or severely ill residents may have longer isolation periods

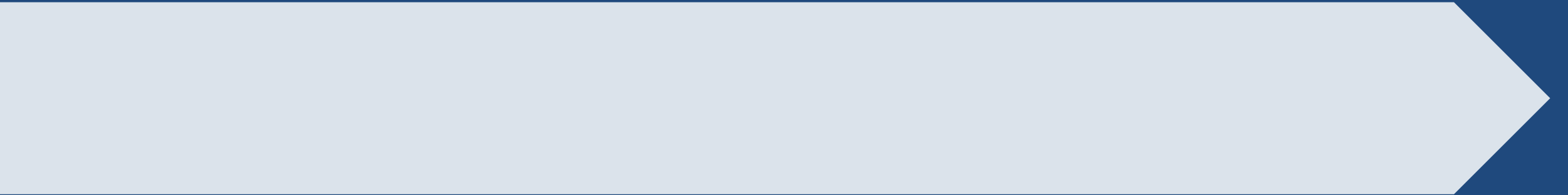
Resident Quarantine Periods

- 10 days (or 7 days with a negative test collected on days 5-7): residents not up to date with vaccination who are:
 - Admissions or re-admissions
 - Close contacts
 - Outbreak close contacts via contact tracing method
- 14 days: residents not up to date with vaccination who are part of broad-based outbreak testing

Visitation

- Visitors should meet the same criteria for discontinuing quarantine or isolation in a health care setting (not the community “5-day” criteria).
- All visitors should continue to be screened prior to entry for:
 - A positive viral test for SARS-CoV-2.
 - Symptoms of COVID-19.
 - Close contact with a known positive.

Reporting Requirements



Point of Care (POC) Reporting

- Who: All LTCFs issued a CLIA waiver for performing COVID-19 POC antigen testing.
 - Note: Facilities **must** have a CLIA waiver to perform antigen testing in-house.
- When: Every day that POC testing is performed.
- How: Web-based laboratory reporting (WLR) via the Wisconsin State Laboratory of Hygiene (WSLH) **OR** NHSN POC tool reporting meets federal and state requirements with a single entry.

Resources

- Determine whether a facility has a [CLIA waiver](#)
- Establish a [WLR account](#)
- Order [testing supplies](#)
- Find additional [COVID-19 testing and reporting information](#)

Outbreak Reporting

- LTCF outbreaks are defined as one case in staff or residents.
- [COVID-19](#) is a Category I reportable disease, making confirmed or suspected cases reportable to the [LTHD](#) within 24 hours.
- Prompt reporting is essential for public health surveillance and response.

[DPH LTCF Acute Respiratory Illness Outbreaks Memo](#)

Questions?

HAI Prevention Program

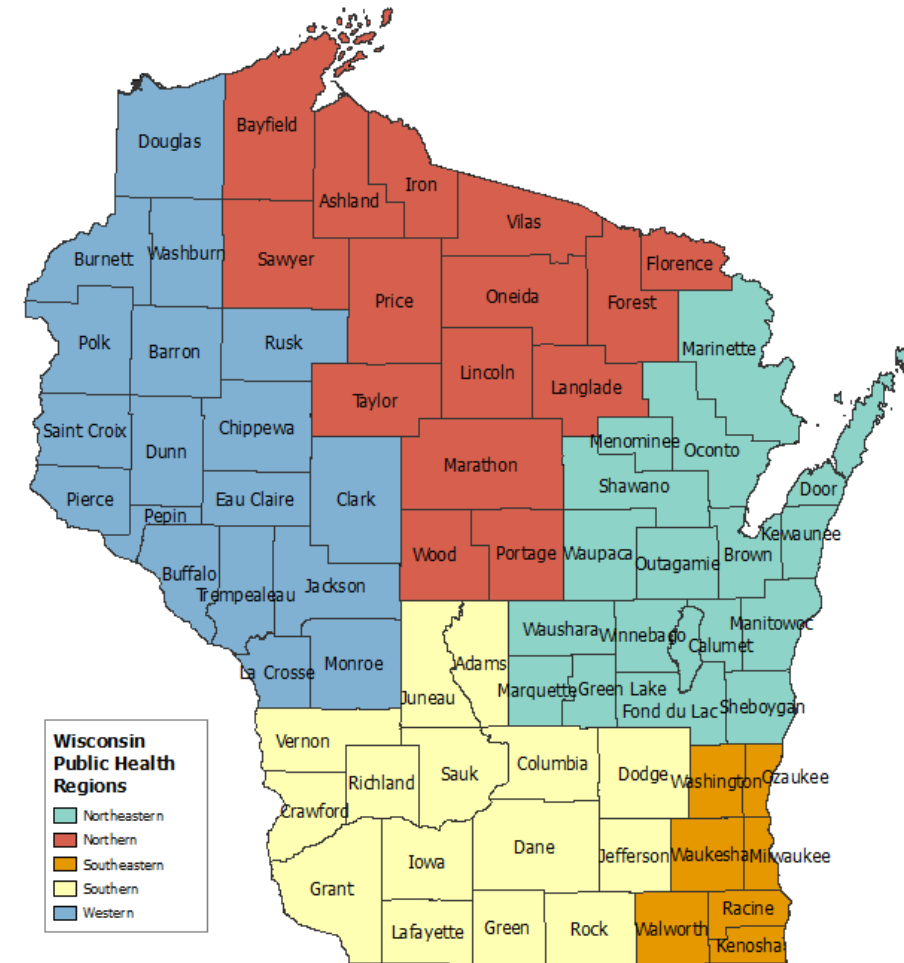
dhswhaipreventionprogram@dhs.wisconsin.gov

608-267-7711

<https://www.dhs.wisconsin.gov/hai/contacts.htm>

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<https://www.dhs.wisconsin.gov/hai/contacts.htm>

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Topics A-Z: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

 [Find a COVID-19 vaccine](#)
 [Stop the spread of COVID-19](#)

 Diseases & Conditions > Healthcare-Associated Infections: Resources for Health Professionals > HAI Infection Prevention Education

HAI: Home
For Health Professionals
Basic Information
Antimicrobial Stewardship
Infection Prevention Education >
Laboratories
Personal Protective Equipment
Precautions
Reportable Exposures
Surgical Site Infection Prevention

HAI Infection Prevention Education

The resources below are intended to connect health care facility infection preventionists (IP) with education materials to support their role in preventing, detecting, and responding to healthcare-associated infections.

IPs play an essential role in facility infection prevention policy development, surveillance, and risk assessment.

IPs serve as a resource to other staff and programs within their facilities.

In addition to the state in-person trainings and online references below, there are a number of links to trusted education resources, including the Center for



The [IP Starter Kit](#) provides Infection Preventionists a brief background and resources for some of the many infection

Upcoming LTC Education Session

Thursday, March 24, 2022

Nursing Home and Long-Term Care Facility Infection Prevention and Infrastructure Matching Grant Program