



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Wisconsin HAI Long-Term Care Education Series

May 26, 2022

Today's Agenda

- Environment of Care Rounding: A Virtual Tour
 - Aimee Mikesch, Regional Infection Preventionist, HAI Prevention Program
- Review of Nursing Home MDRO Response Guide
 - Greta Michaelson, Regional Infection Preventionist, HAI Prevention Program

Environment of Care Rounding: A Virtual Tour



Aimee Mikesch, BSN, RN

Wisconsin Healthcare-Associated Infections (HAI)
Prevention Program

Objectives

- **Identify:** Recognize various infection prevention and control (IPC) risks.
- **Implement:** Correct various IPC risks.
- **Maintain:** Gain knowledge on building a multidisciplinary team approach to maintain environment of care (EOC) standards, surveillance, and audits in their facility.

What is IPC?

- IPC is required to prevent the transmission of communicable diseases in all health care settings.
- IPC is a practical, evidence-based approach that prevents patients, residents, and health care workers from being harmed by avoidable infection.

Basic Principles

- Separation of clean and dirty
- Standard and transmission-based precautions
- Cleaning and disinfection
- Surveillance



State Operations Manual PP

F880

(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.80 Infection Control

The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

§483.80(a) Infection prevention and control program.

The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:

- (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;*
- (ii) When and to whom possible incidents of communicable disease or infections should be reported;*
- (iii) Standard and transmission-based precautions to be followed to prevent spread of infections;*
- (iv) When and how isolation should be used for a resident; including but not limited to:*

(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and

(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.

(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and

(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

§483.80(e) Linens.

Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

§483.80(f) Annual review.

The facility will conduct an annual review of its IPCP and update their program, as necessary.

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

Let's take a tour!

Environment of Care Rounding

Tour Directions

Look closely at each picture

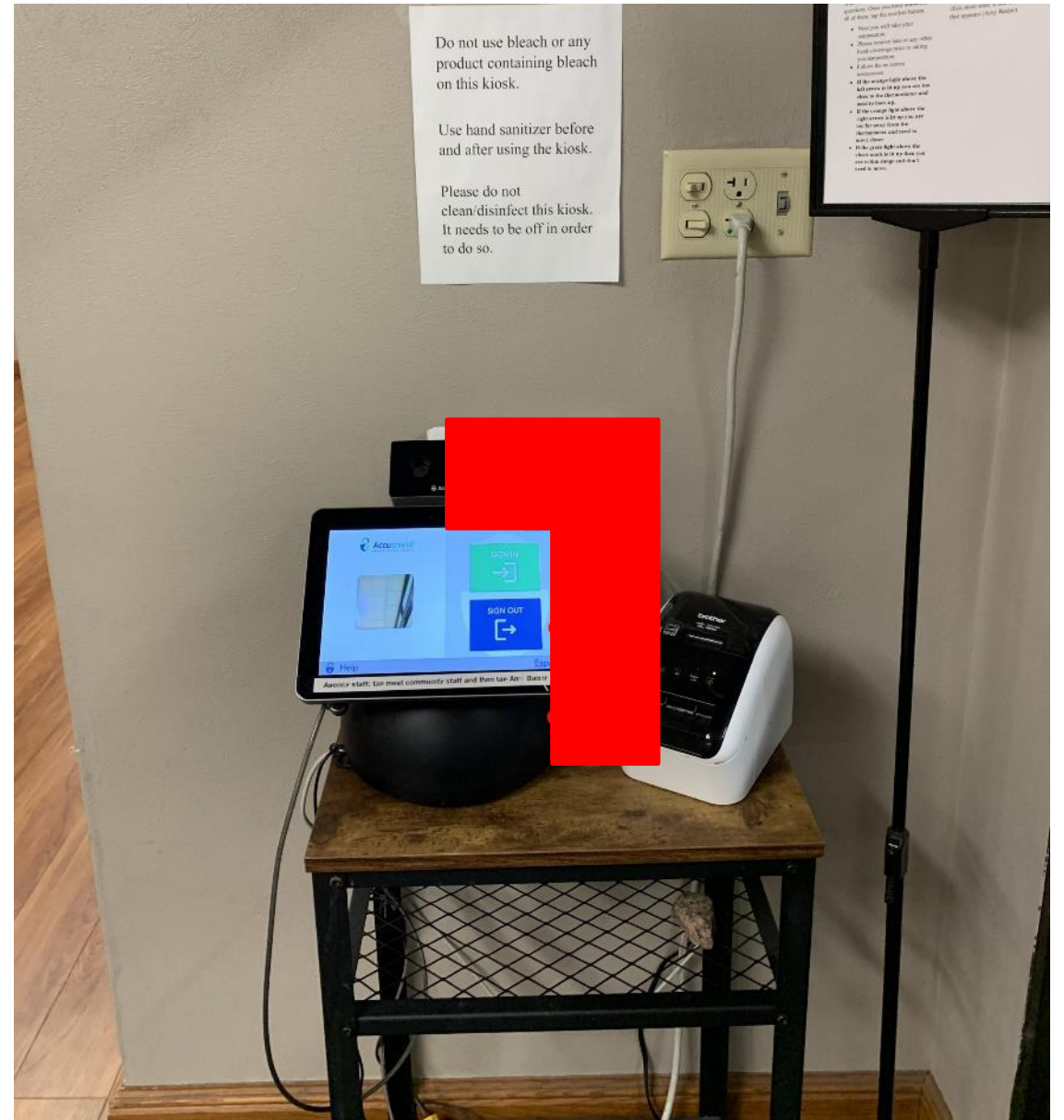
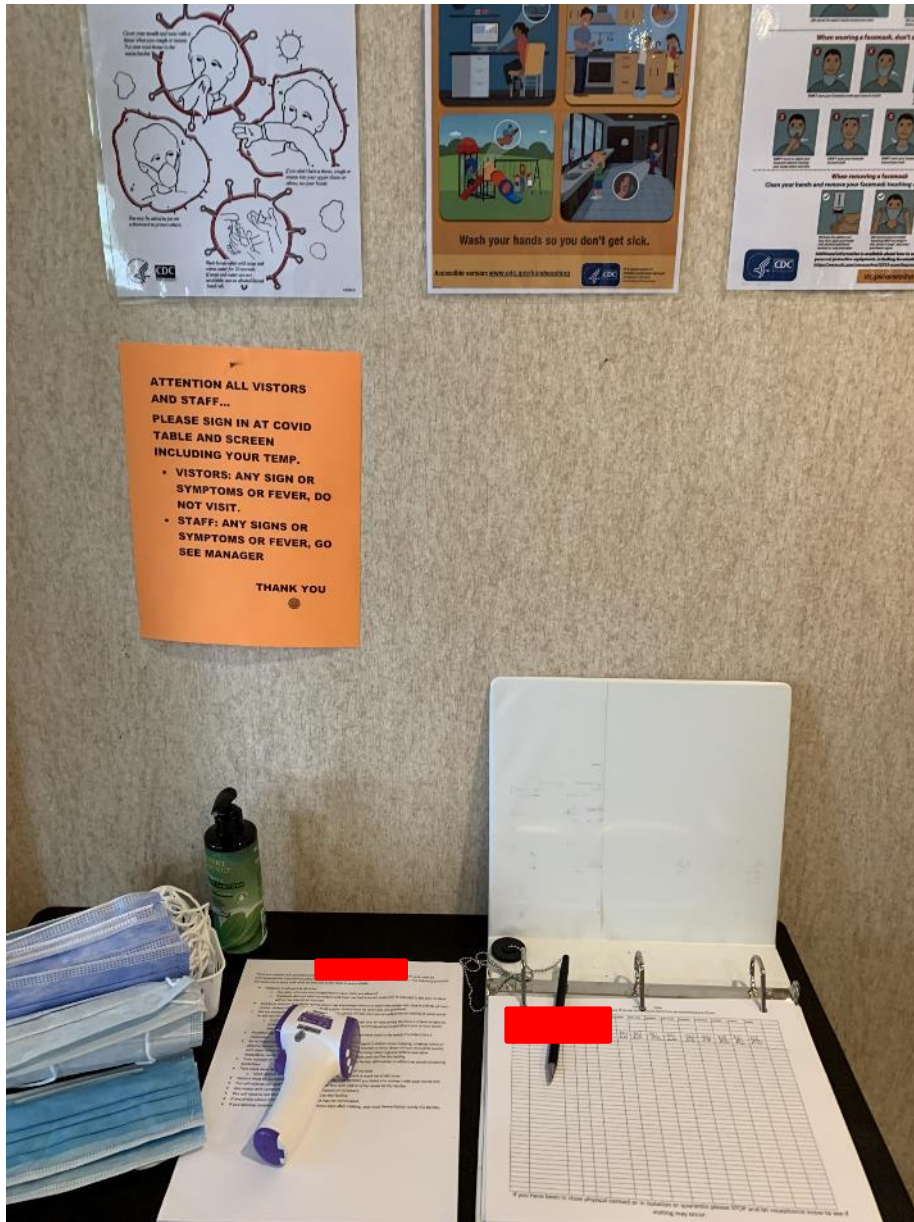
- What is good?
- What requires improvement?
- How would you improve it?



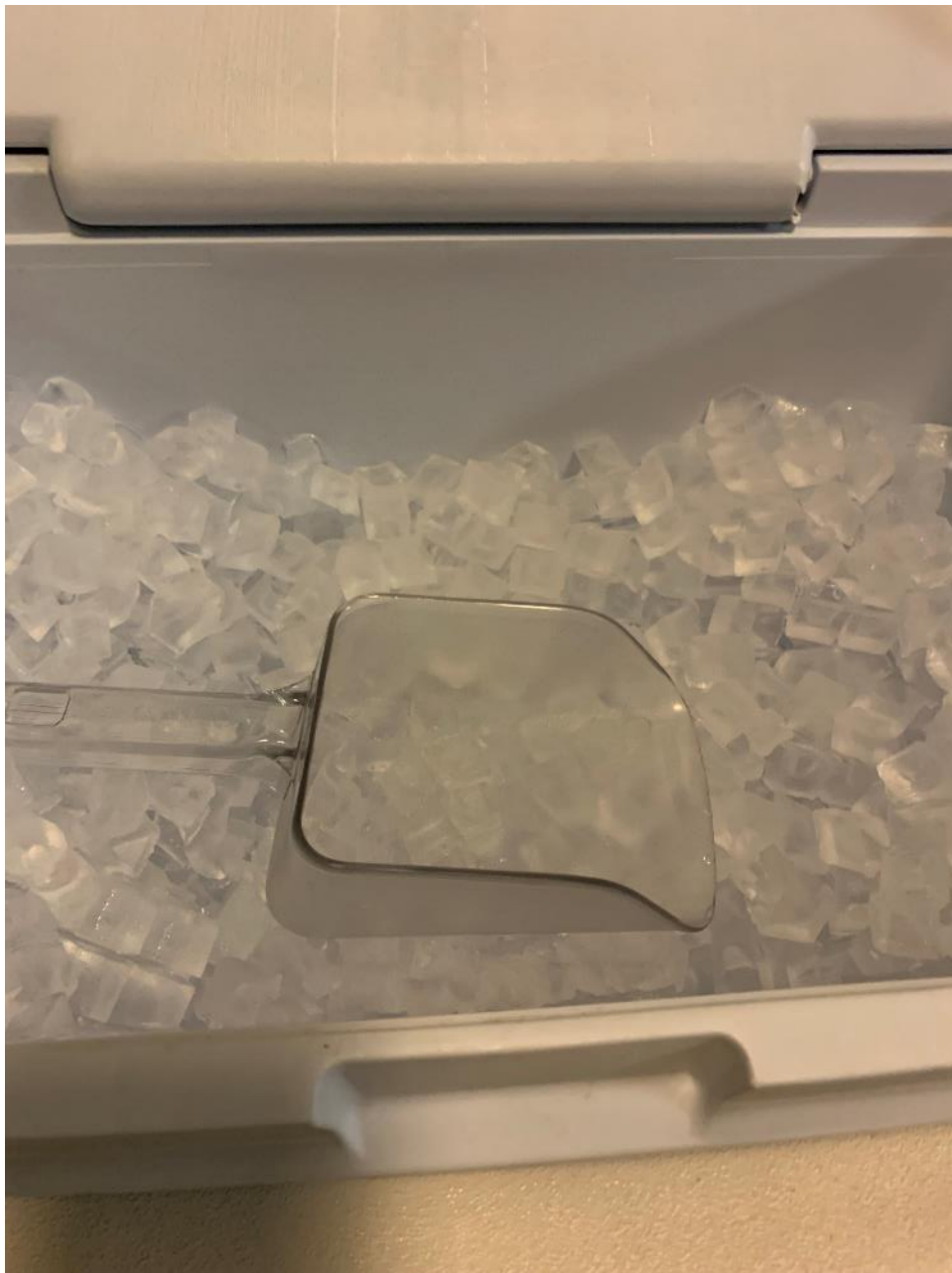
Onsite EOC Tour

- Entrance and screening
- Resident wings and units
- Spa and shower rooms
- Medication rooms
- Nursing stations
- Clean and dirty utility rooms
- Physical therapy (PT) and occupational therapy (OT) rooms
- Linen closets
- Clean supply
- Housekeeping or environmental services (EVS) closets
- Dining and food service
- Laundry
- Beauty salons
- Dental and podiatry clinics

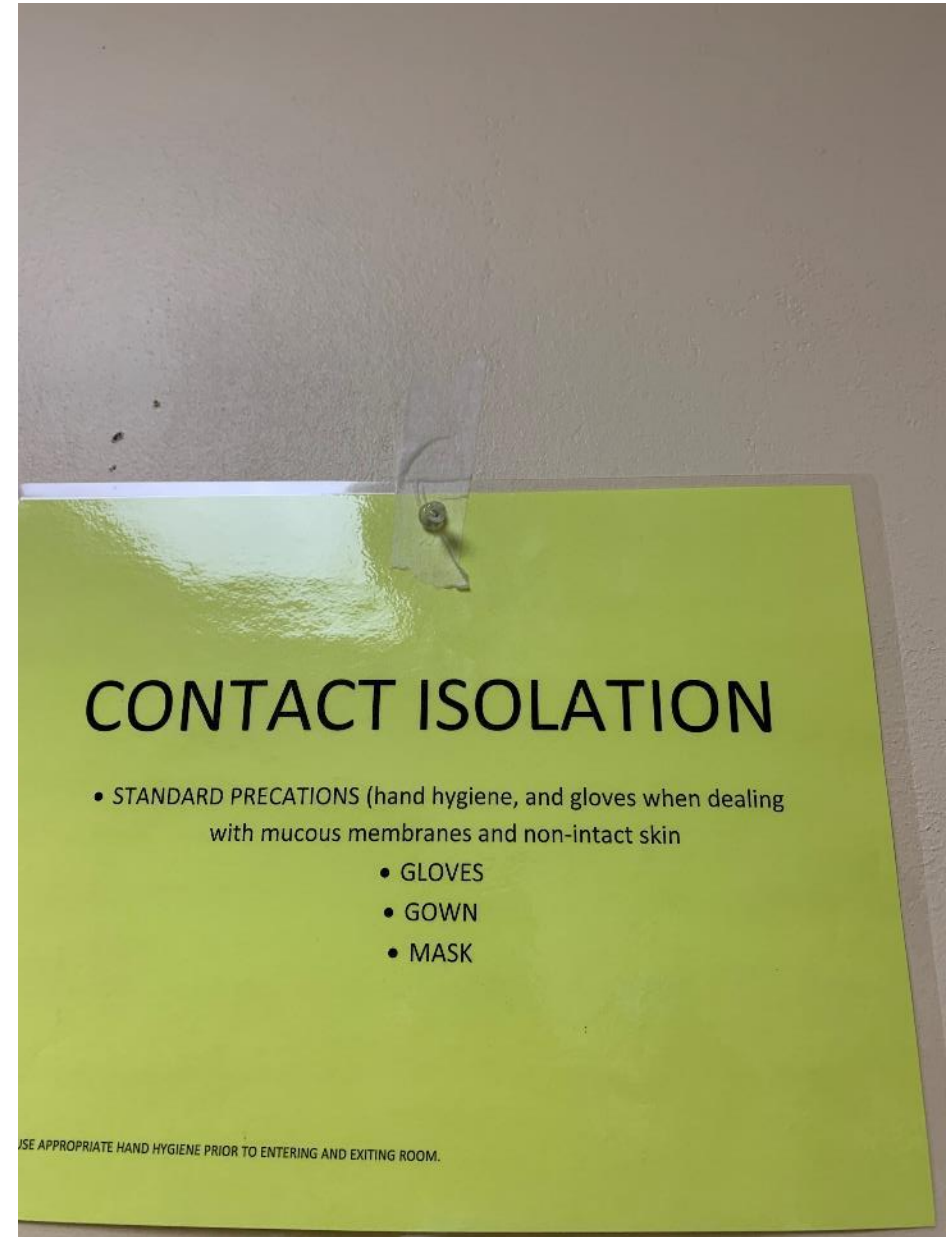




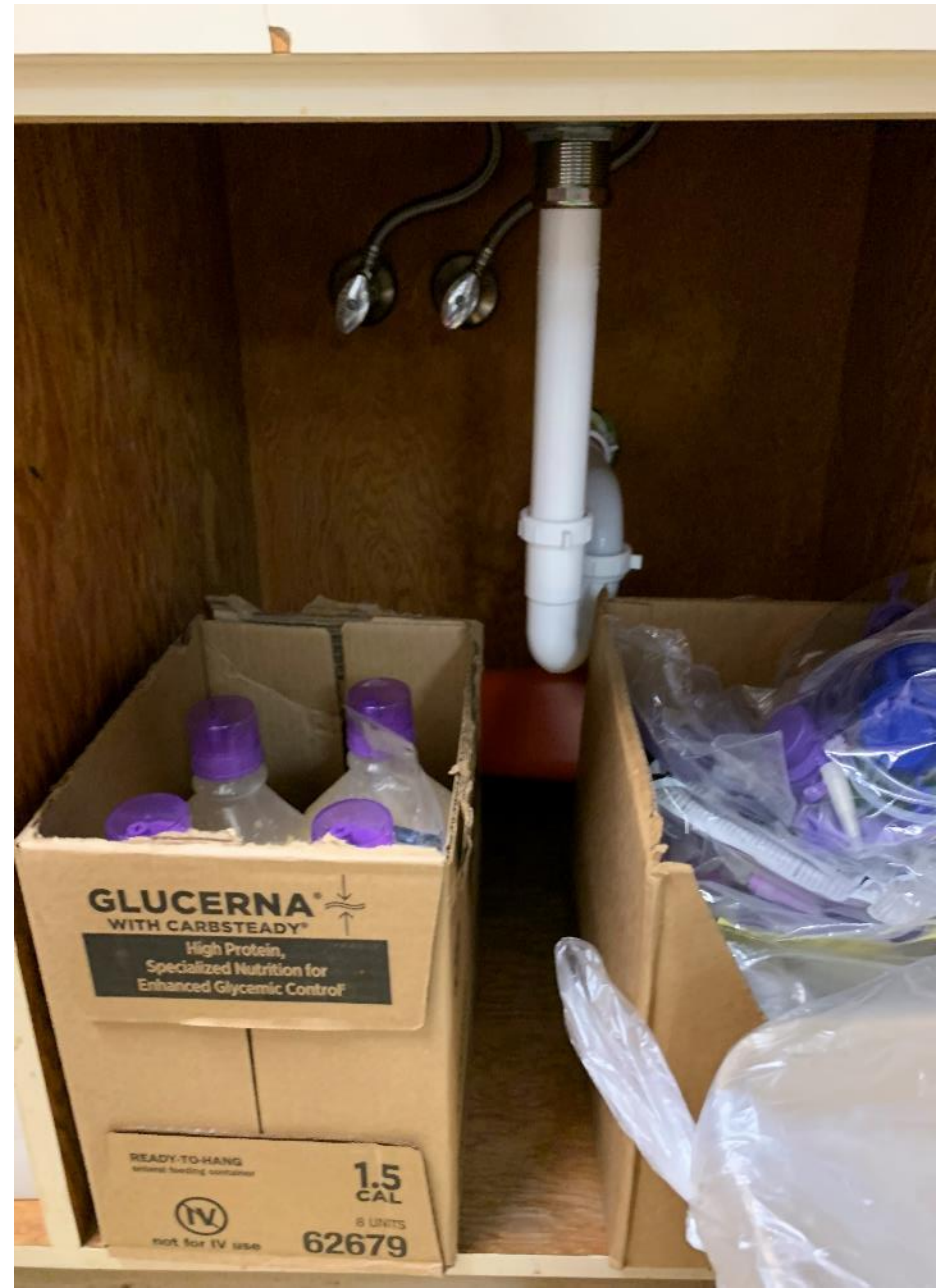






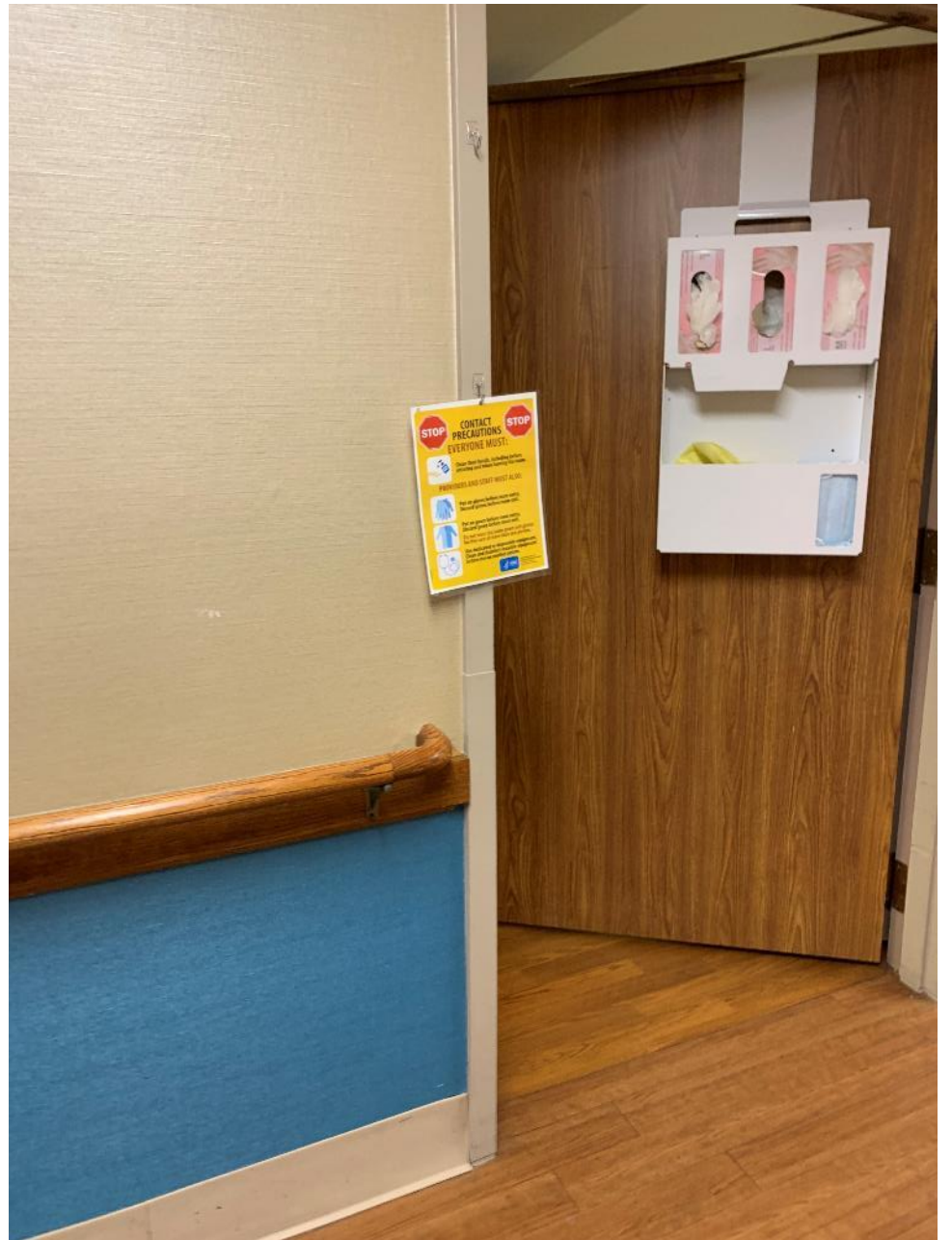








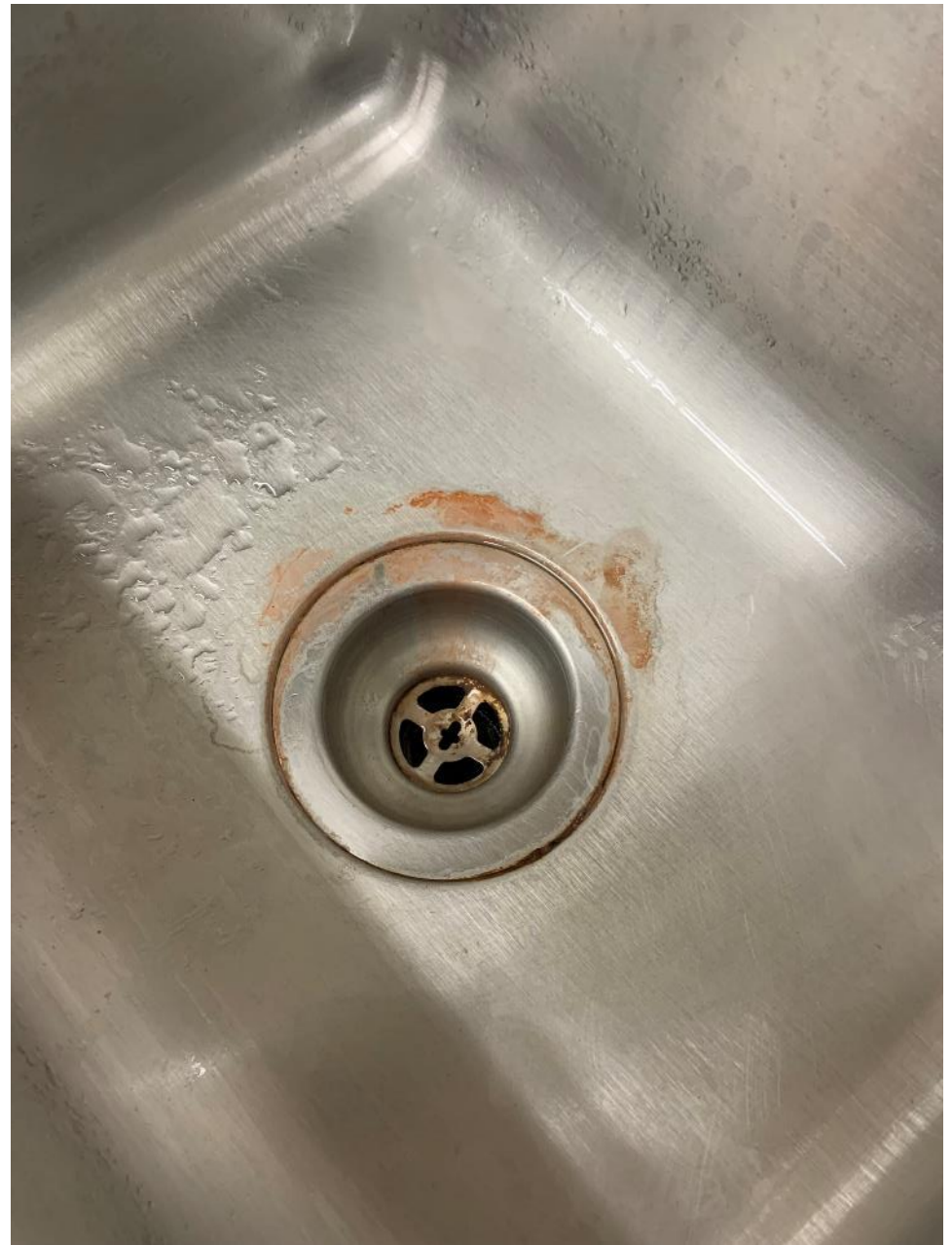
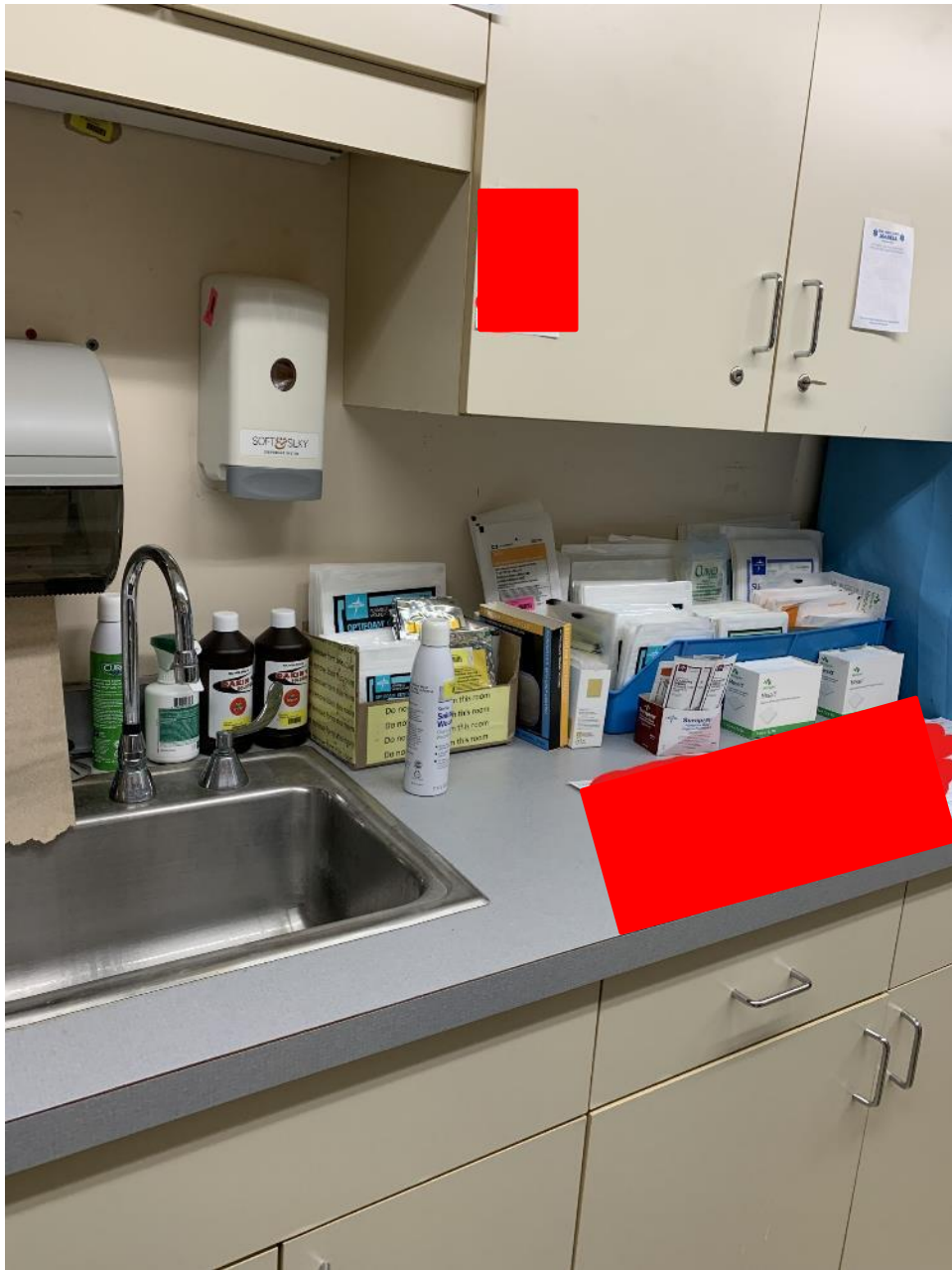




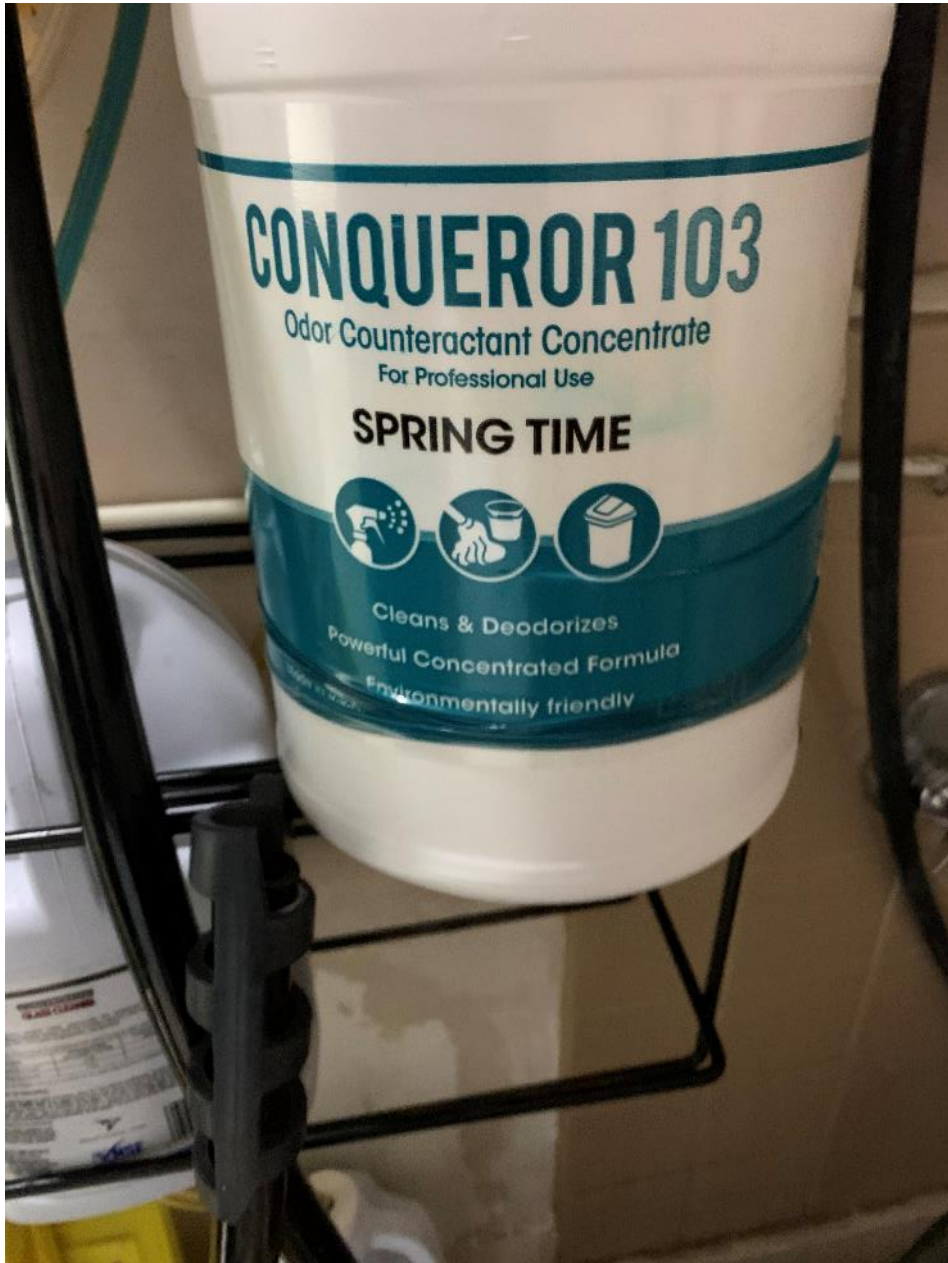


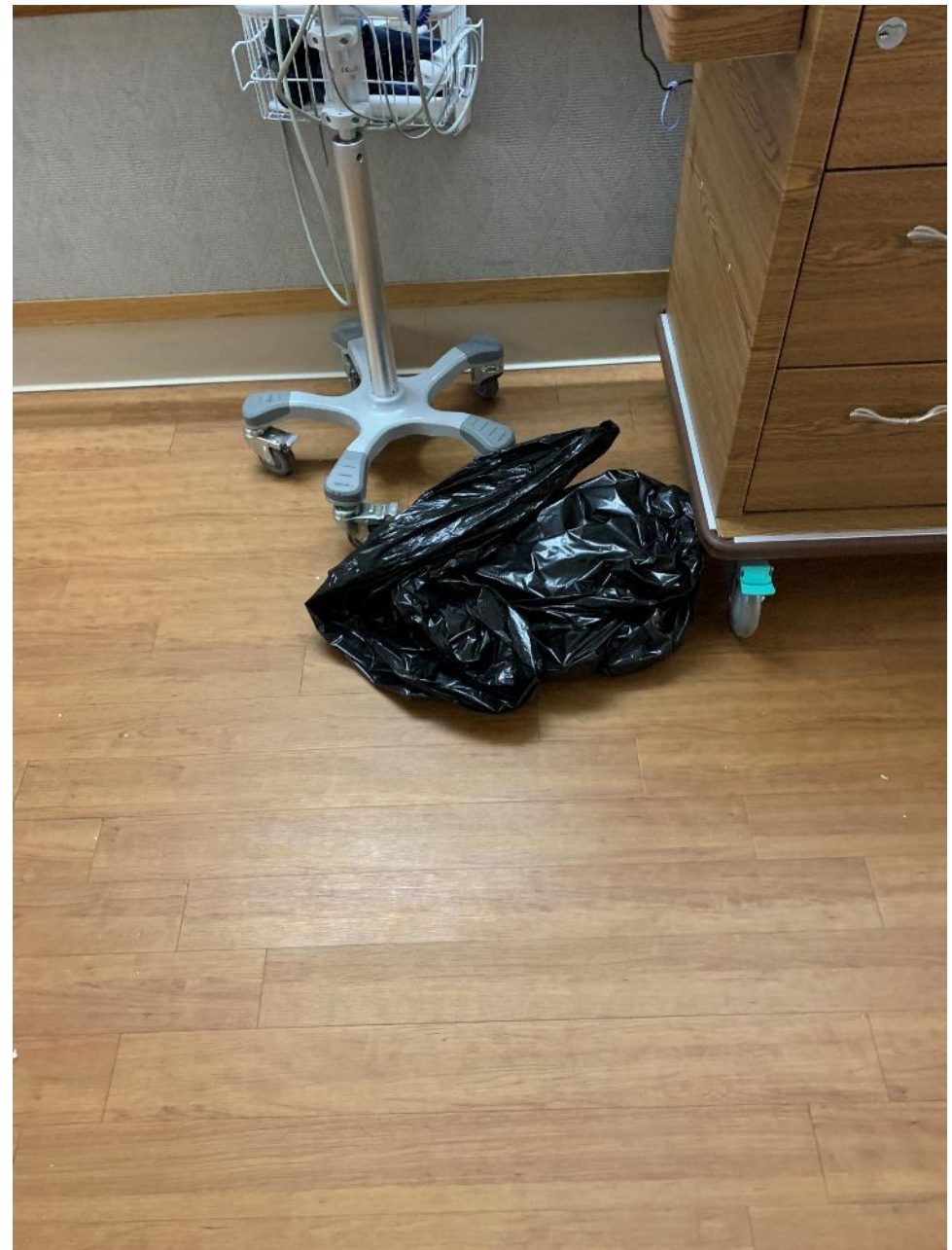


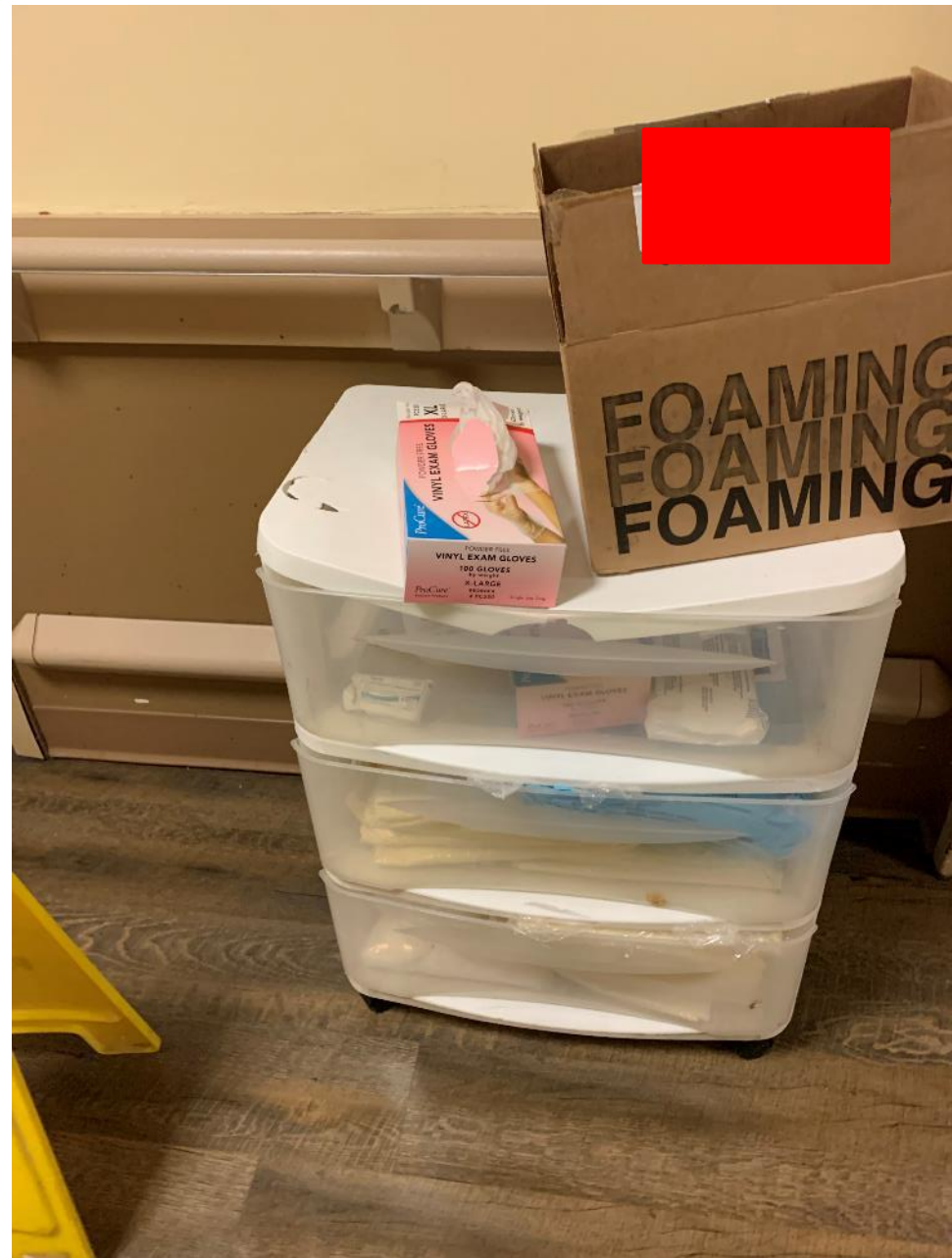
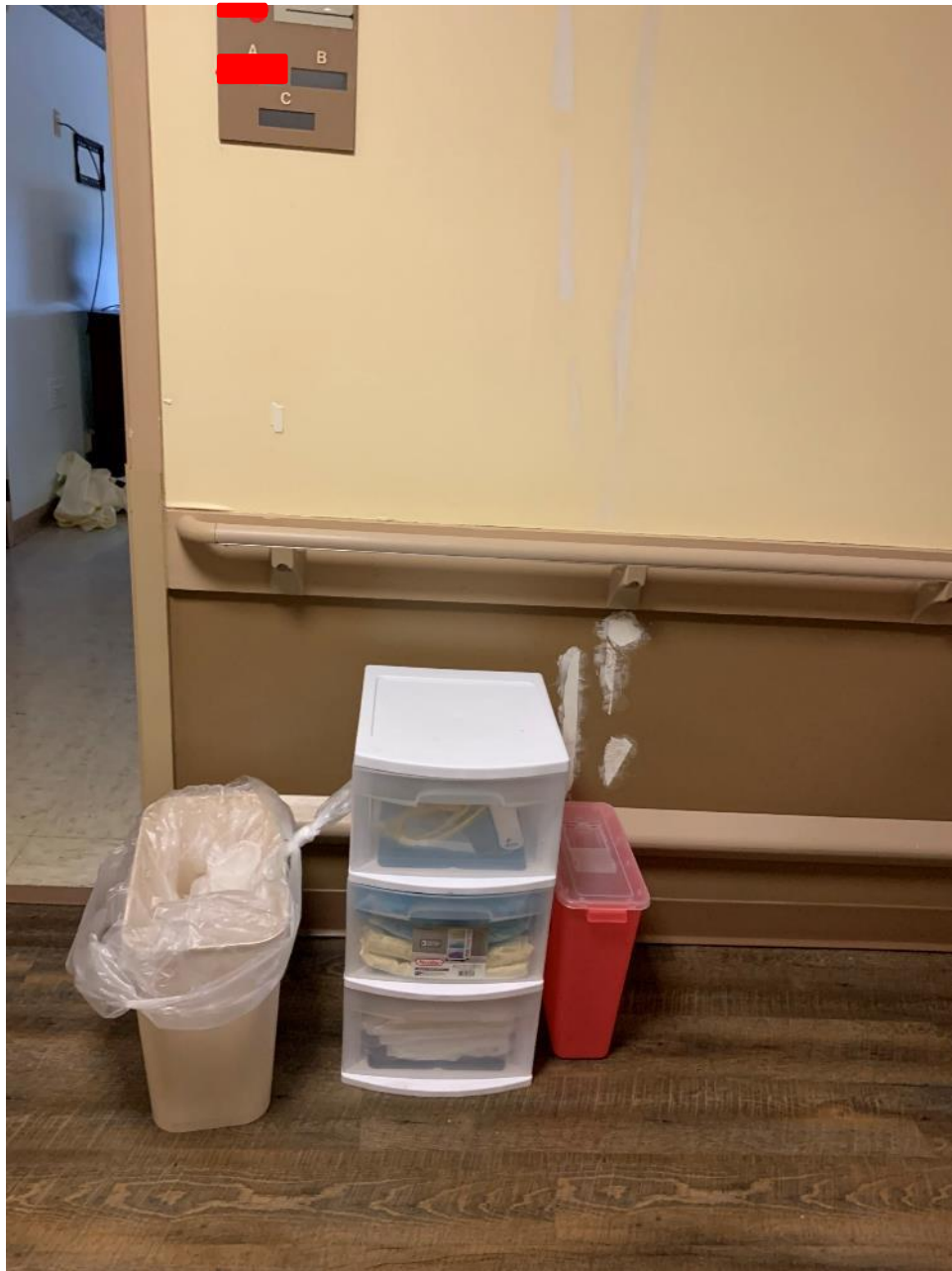






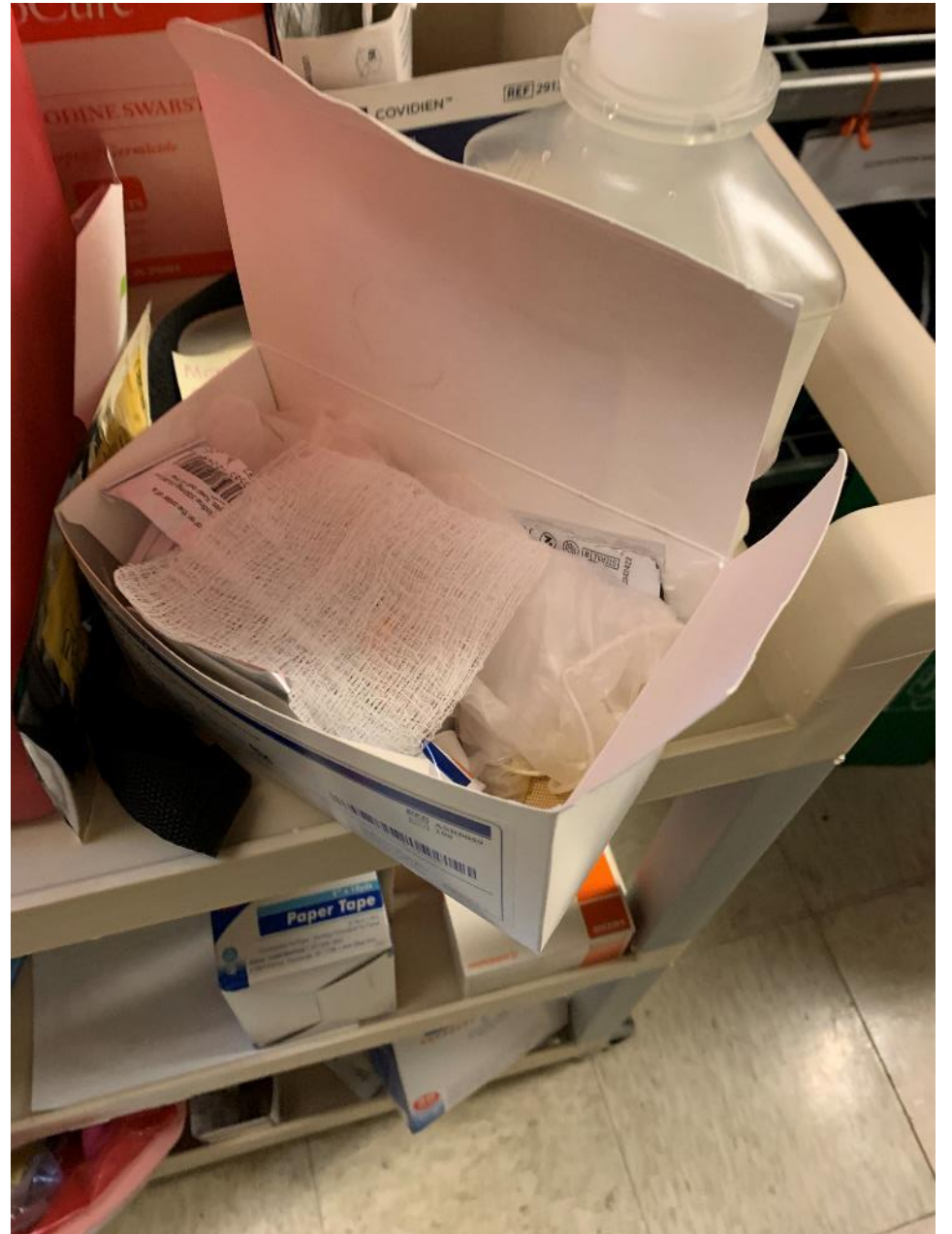
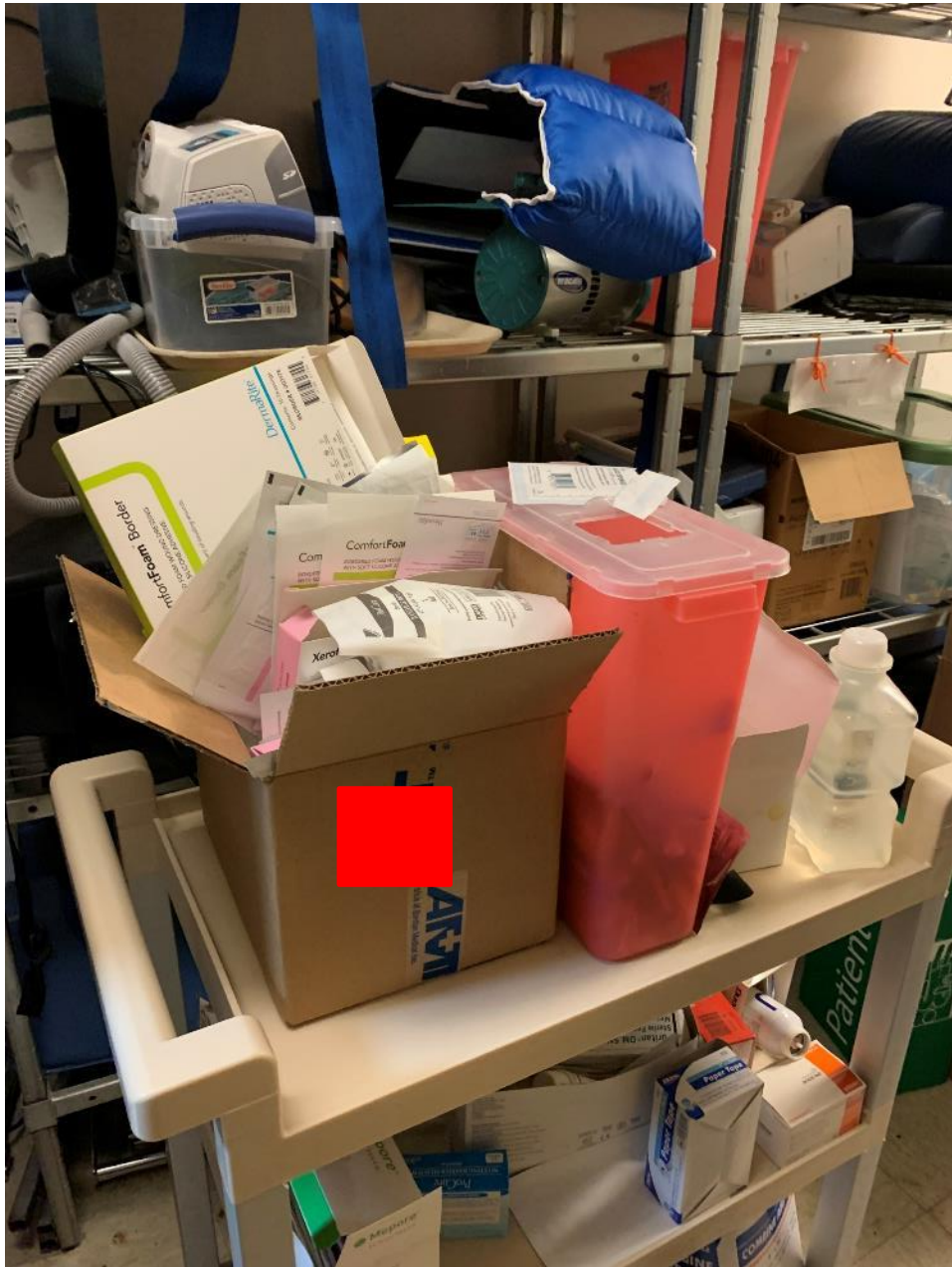


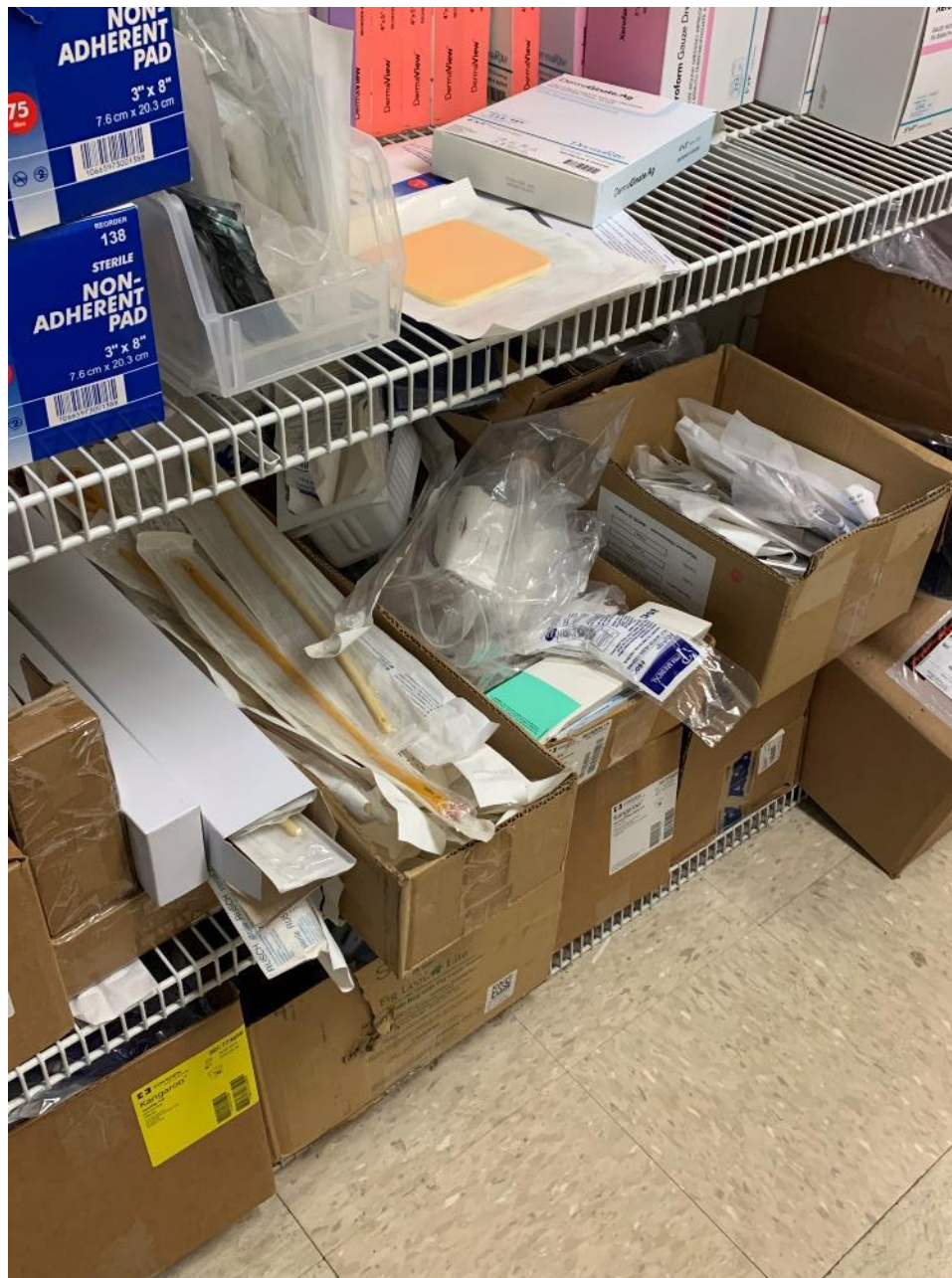






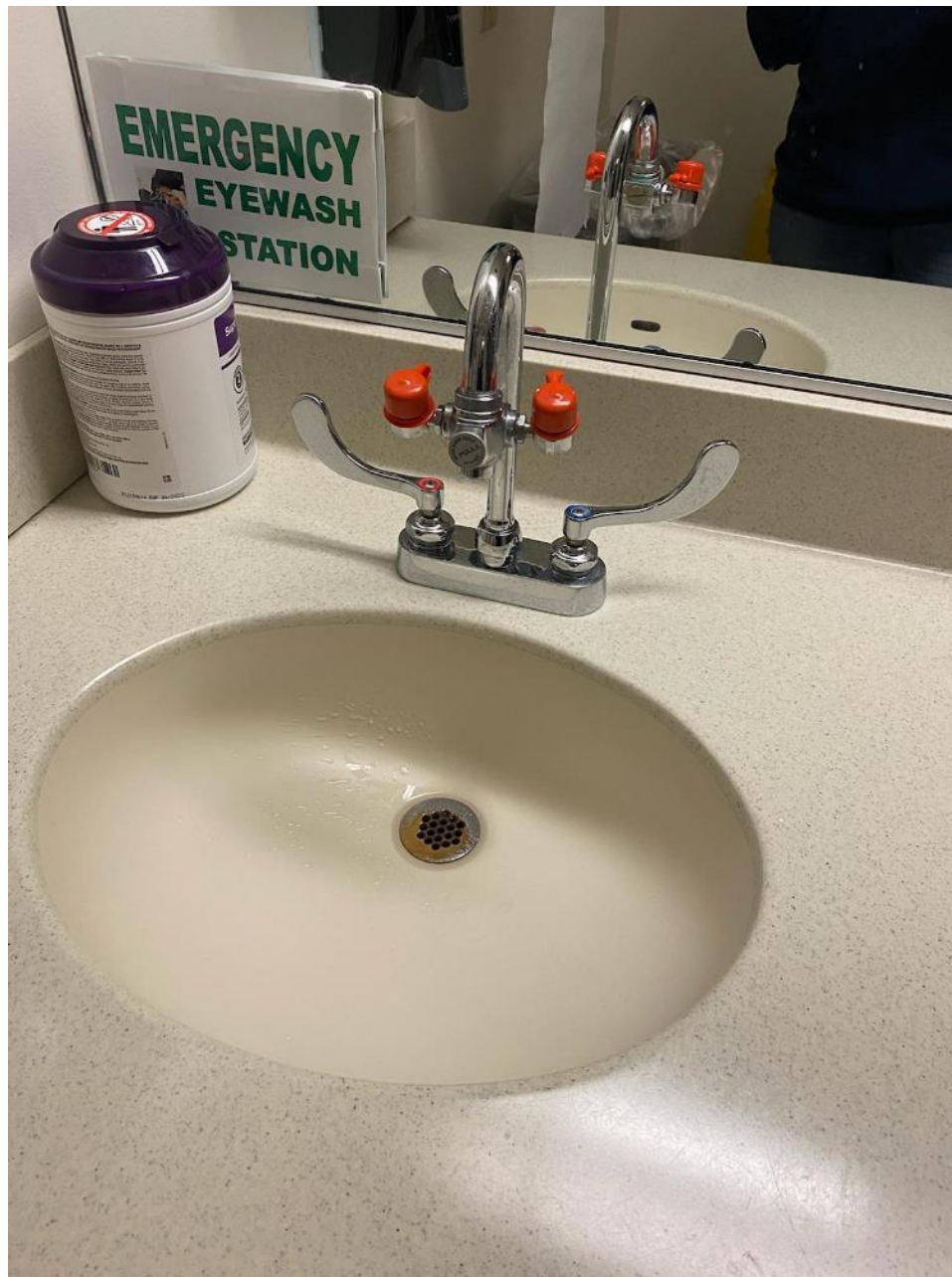


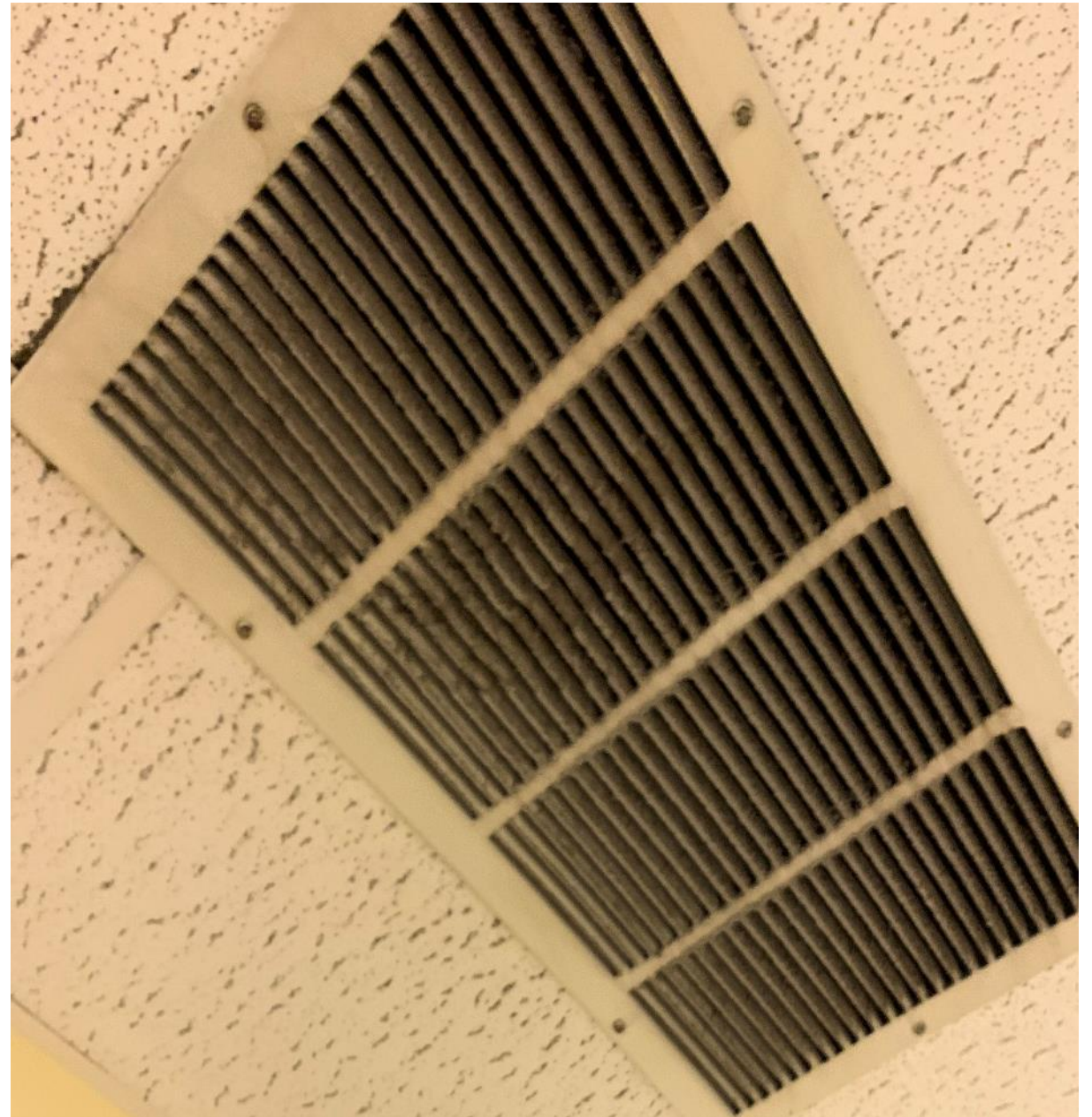


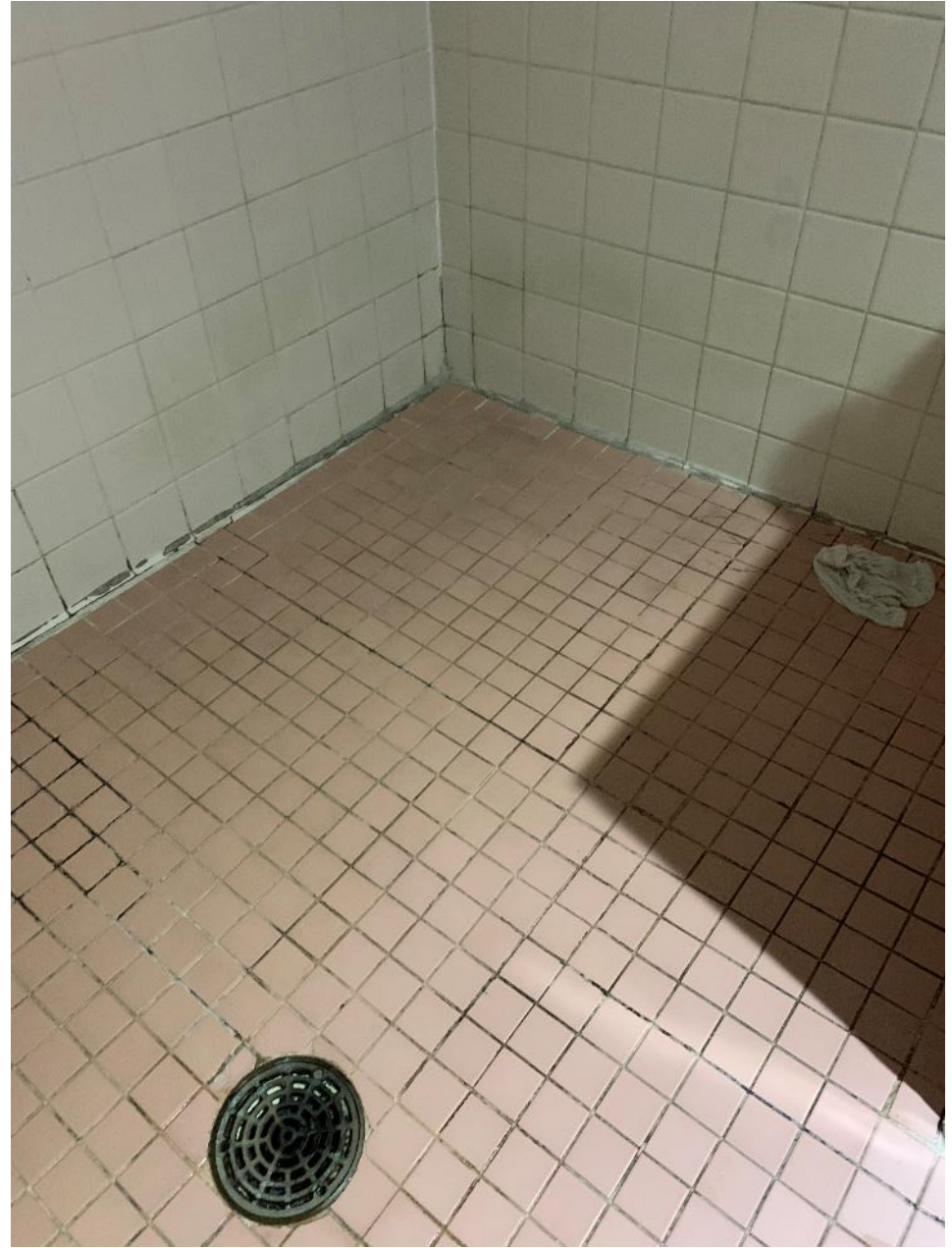


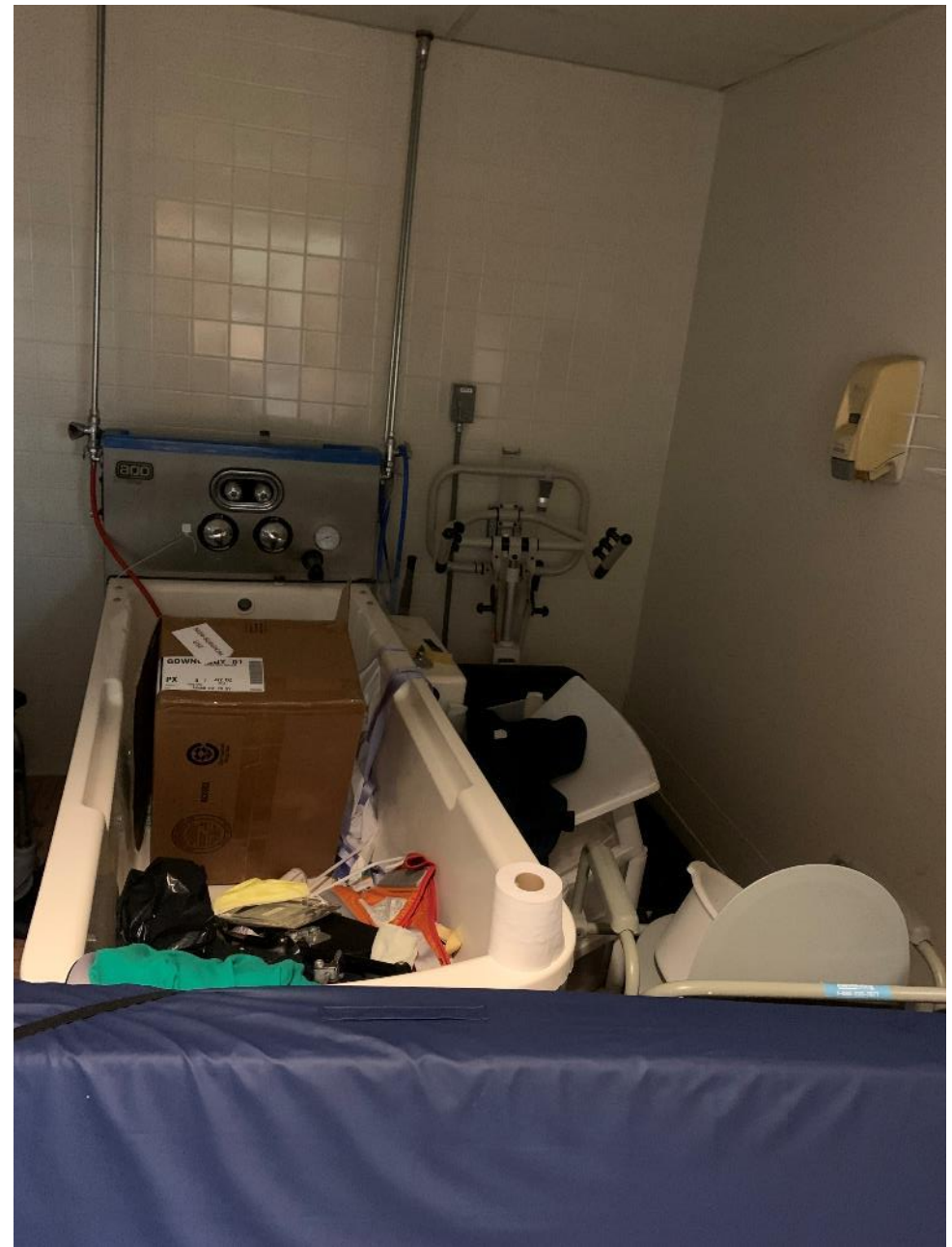




















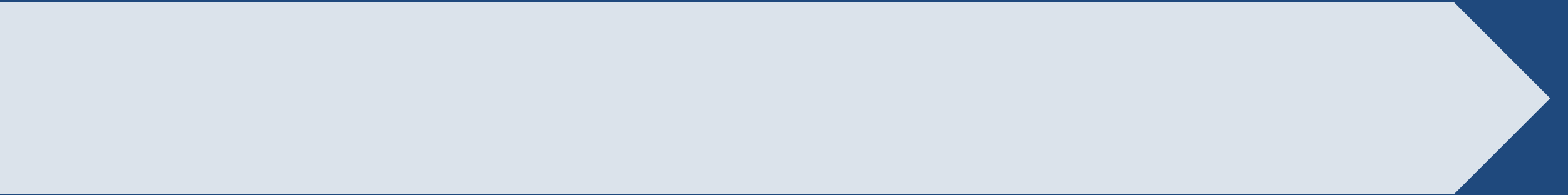




Where do I start?

- What is priority?
- What is low hanging fruit?
- What are the biggest gaps?
- What are the biggest barriers?
- What is on my wish list?
- How can I get help?

Environmental Infection Control Considerations



Environmental Infection Control

Key areas to monitor include:

- Surfaces
- Air handling
- Water management
- Laundry practices
- Regulated waste
- Construction



Surface Cleaning

- Select the appropriate Environmental Protection Agency (EPA)-approved agent
- Use specific agents for the contaminant
- Follow proper contact time
- Avoid cleaning methods that produce mist or disperse dust
- Follow the manufacturer's instructions for use (IFU)

<https://www.cdc.gov/hai/pdfs/toolkits/Environmental-Cleaning-Checklist-10-6-2010.pdf>

Air Handling

- Check air pressure relationships regularly
- Verify that exhaust fans are located away from air intake vents
- Become familiar with the heating, ventilation, and air conditioning (HVAC) system
- Maintain appropriate humidity levels to avoid bacterial and fungal growth
- Ensure emergency back-up generators are available

Water Management

- Follow all water management program requirements for health care facilities
- Work with the water management team and outside contractors for mediation and follow up testing if *Legionella* is found
- Have a plan in place for a back-up water supply

<https://www.cdc.gov/legionella/wmp/toolkit/index.html>
<https://www.cdc.gov/hai/prevent/environment/water.html>

Laundry Practices

- Ensure a temperature of at least 160°F for a minimum of 25 minutes for hot water washing
- Choose chemicals suitable for the selected washing temperature
- Monitor laundry facilities for cleanliness, proper handling, and use of appropriate temperatures
- Handle and store soiled and clean linens separately
- Cover or contain linens to avoid contamination

Regulated Waste

- Securely close all bags before disposal
- Place puncture-resistant containers at the point of use as needed for sharps
- Dispose of medical waste regularly to avoid accumulation

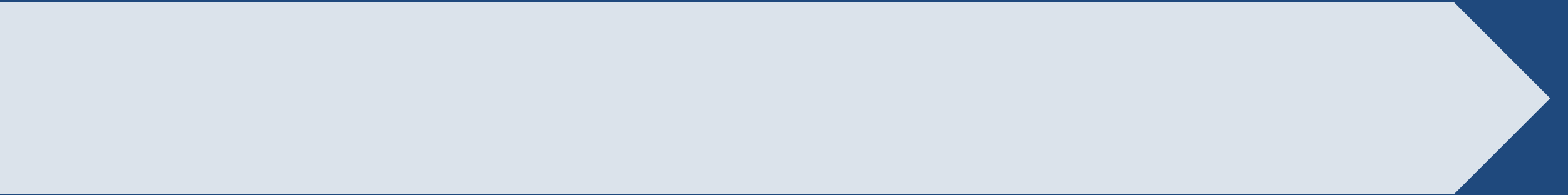
Construction

- Perform a risk assessment
- Construct physical barriers
- Conduct daily monitoring and involve infection preventionists in the process
- Flush water system to clear dust-contaminated lines
- Inspect damp or water damaged areas for mold
- Clean construction zone before barriers are removed

Supply Closets



Guidance



Cleaning and Disinfection










Cleaning and disinfection methods should be based on:


- The risk of the resident coming in contact with equipment or medical devices.
- The risk of infection.



[State Operations Manual: Appendix PP](#)

Sample Disinfectant Wipes

Product Name	PDI Super Sani-Cloth	PDI Sani-Cloth AF3	CaviWipes	Virex TB	Virex II 256 (to be diluted at AWH)	Protex (spray or wipes)	Clorox Healthcare Hydrogen Peroxide Wipes	Oxivir TB Wipes	Everwipe
All these products effective against Coronavirus. Not effective against <i>C. diff</i>									
Contact Time	2 minutes	3 minutes	3 minutes	5 minutes	10 minutes	10 minutes	2 minutes	1 minute (5 minutes for TB)	10 minutes

Product Name	PDI Sani-Cloth Bleach	OxyCide (to be diluted at AWH)	Dispatch
All these products effective against Coronavirus, <i>C. diff</i> , and HepA			
Contact Time	4 minutes	5 minutes	5 minutes

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.

Standard Precautions

Applies to	Personal Protective Equipment (PPE) used for these situations	Required PPE	Room restriction
All residents	Any potential exposure to: <ul style="list-style-type: none"> • Blood • Body fluids • Mucous membranes • Non-intact skin • Potentially contaminated environmental surfaces or equipment 	Depending on anticipated exposure: gloves, gown, or face protection Change PPE before caring for another resident	None

<https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>

Contact Precautions

Applies to	PPE used for these situations	Required PPE	Room restriction
<ul style="list-style-type: none"> All residents infected or colonized with a novel MDRO: <ul style="list-style-type: none"> Presence of acute diarrhea, draining wounds, or other sites of secretions or excretions that are unable to be covered or contained On units or in facilities where ongoing transmission is documented or suspected For infections (e.g., <i>C. difficile</i>, norovirus, scabies) and other conditions where contact precautions is recommended per CDC Guideline for Isolation Precautions 	Any room entry	<p>Gloves and gown</p> <p>Don before room entry, doff before room exit, change before caring for another resident</p> <p>Face protection may also be needed if performing activity with risk of splash or spray</p>	Yes, except for medically necessary care

<https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>

Droplet Precautions

Applies to	PPE used for these situations	Required PPE	Room restriction
<ul style="list-style-type: none"> All residents known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by coughing, sneezing, or talking 	Put mask on the resident	Face protection, e.g., mask Don mask upon entry into the resident's room or resident's space	Yes, except for medically necessary care

<https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>

Enhanced Barrier Precautions

Applies to	PPE used for these situations	Required PPE	Room restriction
<p>All residents with either:</p> <ul style="list-style-type: none"> • Infection or colonization with a novel MDRO when contact precautions do not apply • Wounds and/or indwelling medical devices <i>regardless of MDRO colonization status</i> who reside on a unit or wing where a resident infected or colonized with a novel MDRO resides <p>Can consider applying EBP to residents infected or colonized with other epidemiologically-important MDROs based on facility policy.</p> <p>https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html</p>	<p>During high-contact resident care activities:</p> <ul style="list-style-type: none"> • Dressing • Bathing or showering • Transferring • Providing hygiene • Changing linens • Changing briefs or assisting with toileting • Device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator, etc.) • Wound care (any skin opening requiring a dressing) 	<p>Gloves and gown prior to the high-contact care activity</p> <p>Change PPE before caring for another resident</p> <p>Face protection may also be needed if performing activity with risk of splash or spray</p>	<p>None</p>

Post Transmission-Based Precautions Signs



STOP CONTACT PRECAUTIONS STOP
EVERYONE MUST:

-  Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:

-  Put on gloves before room entry. Discard gloves before room exit.
-  Put on gown before room entry. Discard gown before room exit.
Do not wear the same gown and gloves for the care of more than one person.
-  Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person.

Y4919005 6/12
 U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



STOP ENHANCED BARRIER PRECAUTIONS STOP
EVERYONE MUST:

-  Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:

-  Wear gloves and a gown for the following High-Contact Resident Care Activities.
Dressing
Bathing/Showering
Transferring
Changing Linens
Providing Hygiene
Changing briefs or assisting with toileting
Device care or use:
 central line, urinary catheter, feeding tube, tracheostomy
Wound Care: any skin opening requiring a dressing
-  Do not wear the same gown and gloves for the care of more than one person.

Y4919007 6/12
 U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

<https://www.cdc.gov/hai/containment/faqs.html>

Droplet Precaution Sign



<https://www.cdc.gov/infectioncontrol/pdf/droplet-precautions-sign-P.pdf>

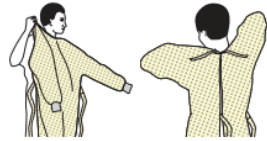
Donning and Doffing

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



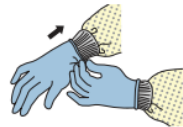
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



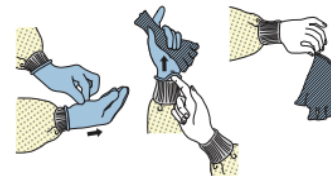
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HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

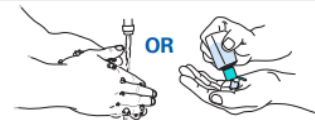


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

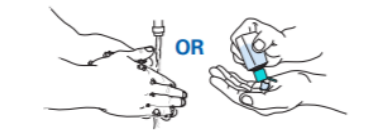


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE

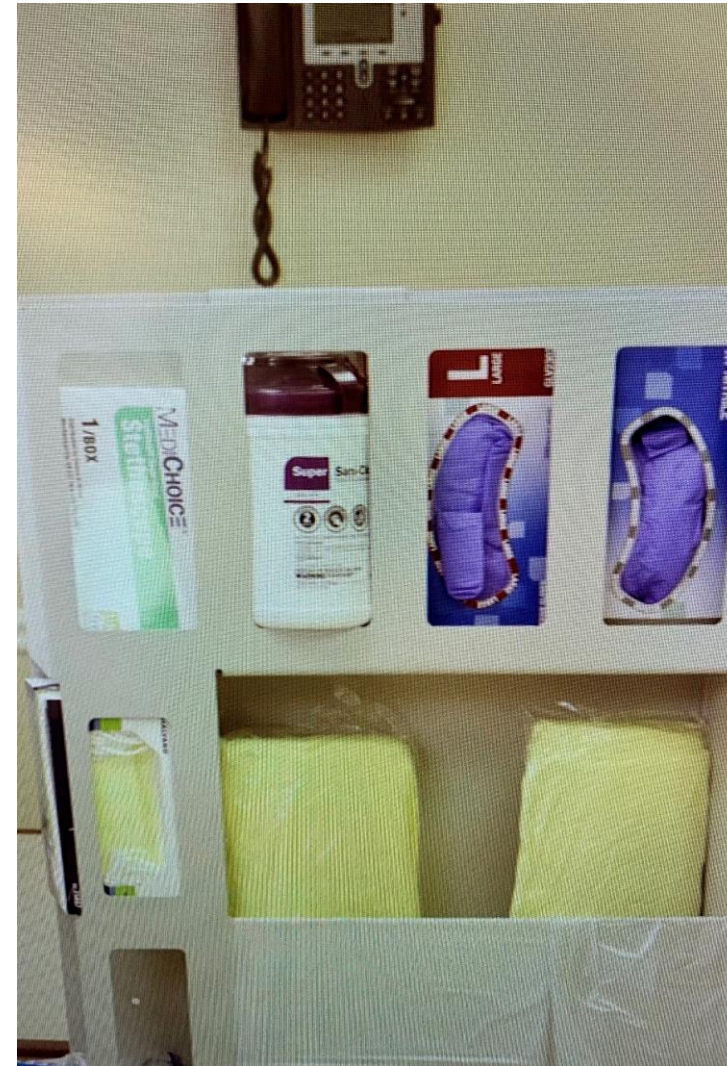


PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

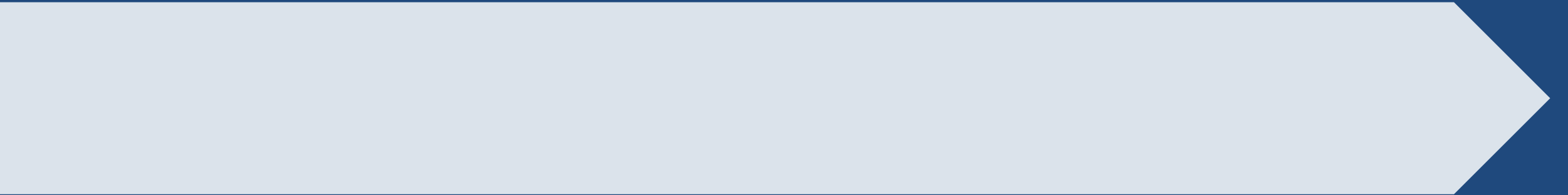


<https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>

PPE Cart



Multidisciplinary Team



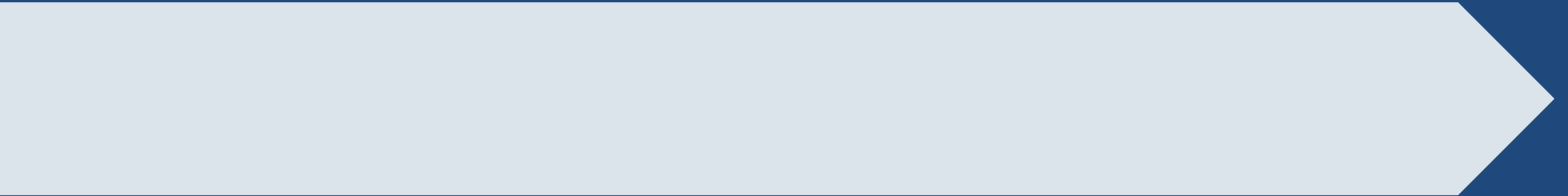
We Work in Silos



Key Stakeholders

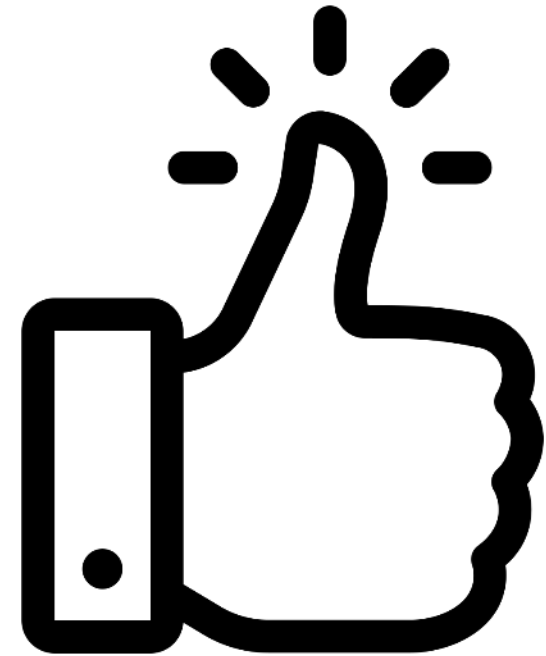
- Nursing home administrator (NHA) and corporate
- Director of Nursing (DON) and Assistant Director of Nursing (ADON)
- Registered nurses (RN), Licensed Practical Nurses (LPN), Certified Nursing Assistants (CNA)
- EVS or housekeeping and laundry
- Dietary
- PT and OT
- Hospice
- Maintenance
- Families and visitors

Infection Prevention Programs



Tips to Get Started

- Start a notebook
- Infection prevention program review
- Regulatory review
- Get to know your key stakeholders



Infection Prevention Program Structure

An infection prevention program should be based on:

- Infection risks specific to the facility.
- Population served.
- Services provided.
- Health care personnel who deliver services.

Infection Prevention Program Structure

Infection prevention program policies and procedures should be based on:

- Best practices and standards by relevant organizations.
- Regulatory requirements by federal, state, and local authorities.

Infection Prevention Program Components

- [Infection control risk assessment analysis](#)
- [Hand hygiene program](#)
- Immunizations
- Employee health
- Committees and communication with key departments
- Plans to address:
 - Bloodborne pathogens
 - Tuberculosis control
 - Antimicrobial stewardship
 - Outbreaks
 - Emergency management
 - [Water management](#)

Audits

- Audits are a tool for monitoring adherence to and effectiveness of specific behaviors in preventing transmission of infections.
- Audits allow for real-time feedback to staff members.
- Examples include:
 - Hand hygiene audits
 - Personal protective equipment (PPE) audits

<https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>

Sample Audit Tool

HAND HYGIENE (HH) AND PERSONAL PROTECTIVE EQUIPMENT (PPE) OBSERVATIONS

Staff type*	Type of opportunity	HH performed?	What PPE is indicated? (check all that apply)	PPE used by staff during observation	Comments
<input type="checkbox"/> MED <input type="checkbox"/> EVS <input type="checkbox"/> NUR <input type="checkbox"/> OTH <input type="checkbox"/> CNA <input type="checkbox"/> FAM <input type="checkbox"/> Therapy <input type="checkbox"/> UNK <input type="checkbox"/> DIET	<input type="checkbox"/> Room entry <input type="checkbox"/> Room exit <input type="checkbox"/> Before resident contact <input type="checkbox"/> After resident contact <input type="checkbox"/> Before glove use <input type="checkbox"/> After glove use <input type="checkbox"/> Other: _____	<input type="checkbox"/> Alcohol-rub <input type="checkbox"/> Hand wash <input type="checkbox"/> No HH done <input type="checkbox"/>	<input type="checkbox"/> Gown <input type="checkbox"/> Gloves <input type="checkbox"/> Eye protection <input type="checkbox"/> Mask <input type="checkbox"/> None	<input type="checkbox"/> Gown <input type="checkbox"/> Gloves <input type="checkbox"/> Eye protection <input type="checkbox"/> Mask <input type="checkbox"/> None	
<input type="checkbox"/> MED <input type="checkbox"/> EVS <input type="checkbox"/> NUR <input type="checkbox"/> OTH <input type="checkbox"/> CNA <input type="checkbox"/> FAM <input type="checkbox"/> Therapy <input type="checkbox"/> UNK <input type="checkbox"/> DIET	<input type="checkbox"/> Room entry <input type="checkbox"/> Room exit <input type="checkbox"/> Before resident contact <input type="checkbox"/> After resident contact <input type="checkbox"/> Before glove use <input type="checkbox"/> After glove use <input type="checkbox"/> Other: _____	<input type="checkbox"/> Alcohol-rub <input type="checkbox"/> Hand wash <input type="checkbox"/> No HH done <input type="checkbox"/>	<input type="checkbox"/> Gown <input type="checkbox"/> Gloves <input type="checkbox"/> Eye protection <input type="checkbox"/> Mask <input type="checkbox"/> None	<input type="checkbox"/> Gown <input type="checkbox"/> Gloves <input type="checkbox"/> Eye protection <input type="checkbox"/> Mask <input type="checkbox"/> None	

<https://www.dhs.wisconsin.gov/forms/f02726.pdf>

Drive Change

Help drive change by:

- Putting your audit findings into data.
- Providing feedback to staff and leaders.
- Creating sustainability.



Quality Assessment and Performance Improvement (QAPI)

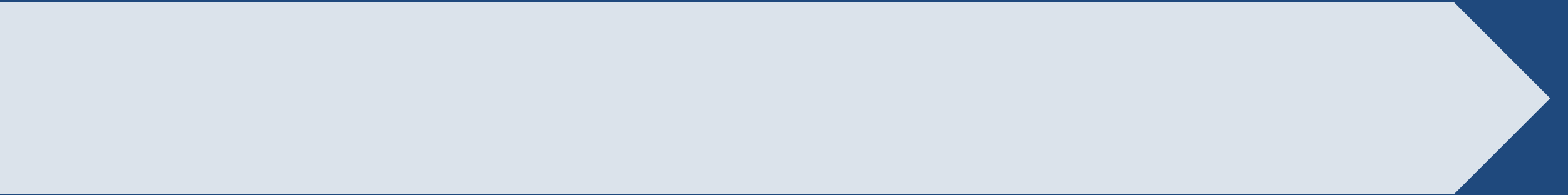
- QAPI programs should focus on indicators that improve outcomes and quality of life.
- Each long-term care facility (LTCF) must develop, implement, and maintain an effective, comprehensive, data-driven QAPI program.

[State Operations Manual: Appendix PP](#)

Thinking Points

- What is your infection prevention program like?
- What works well in your facility?
- What are areas of improvement?
- Who is a part of your multidisciplinary infection prevention team?
- How do you promote involvement?

Resources



Webpages

Infection Prevention Education

The screenshot shows the Wisconsin Department of Health Services website. The header includes the department logo, a search bar, and a navigation menu with categories like About DHS, Data & Statistics, Diseases & Conditions, Health Care & Coverage, Long-Term Care & Support, Prevention & Healthy Living, Partners & Providers, and Certification, Licenses & Permits. Below the navigation is a breadcrumb trail: Diseases & Conditions > Healthcare-Associated Infections: Resources for Health Professionals > HAI Infection Prevention Education. The main content area is titled "HAI Infection Prevention Education" and contains text explaining the role of Infection Preventionists (IPs) and the purpose of the IP Starter Kit. A sidebar on the left lists various topics, with "Infection Prevention Education" highlighted. A thumbnail for the "Infection Preventionist Starter Kit" is also visible.

Antimicrobial Stewardship Resources

The screenshot shows the Wisconsin Department of Health Services website. The header is identical to the previous page. The breadcrumb trail is: Diseases & Conditions > Antimicrobial Stewardship: Resources for Patients and Health Care Professionals. The main content area is titled "Antimicrobial Stewardship: Resources for Patients and Health Care Professionals" and includes a sub-header "Below, you can find antimicrobial stewardship information and tools for patients and health care professionals." Below this are three featured resource cards: "Inpatient" (Information on antibiotic prescribing for hospitals), "Outpatient" (Information on antibiotic prescribing for the health care community), and "Emergency Department and Urgent Care" (Information on antibiotic prescribing for urgent medical conditions). Each card features a photograph of healthcare professionals in a clinical setting.

IP Starter Kit

Infection Preventionist Starter Kit

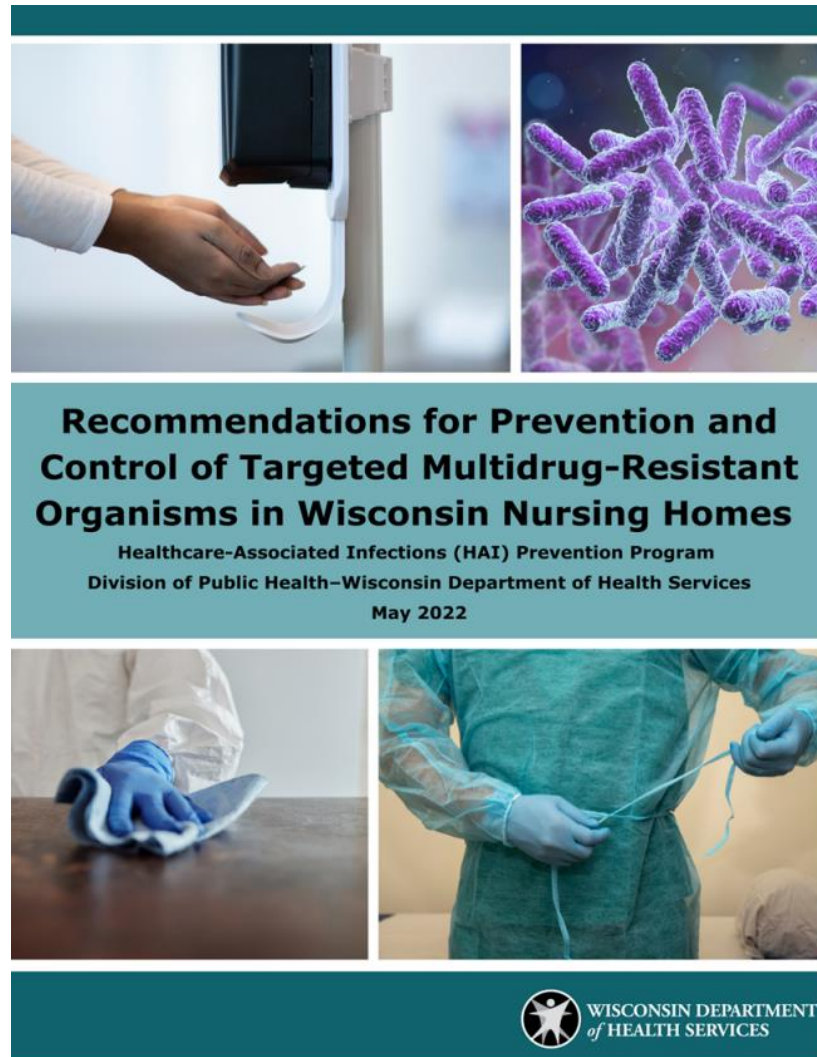


Wisconsin Department of Health Services
Division of Public Health
P-02992 (05/2021)

Collaboratively developed by members of the Wisconsin
HAI Prevention Program Advisory Committee

[IP Starter Kit](#)

New Resource



<https://www.dhs.wisconsin.gov/publications/p03250.pdf>

Questions?

HAI Prevention Program

dhswhaipreventionprogram@dhs.wisconsin.gov

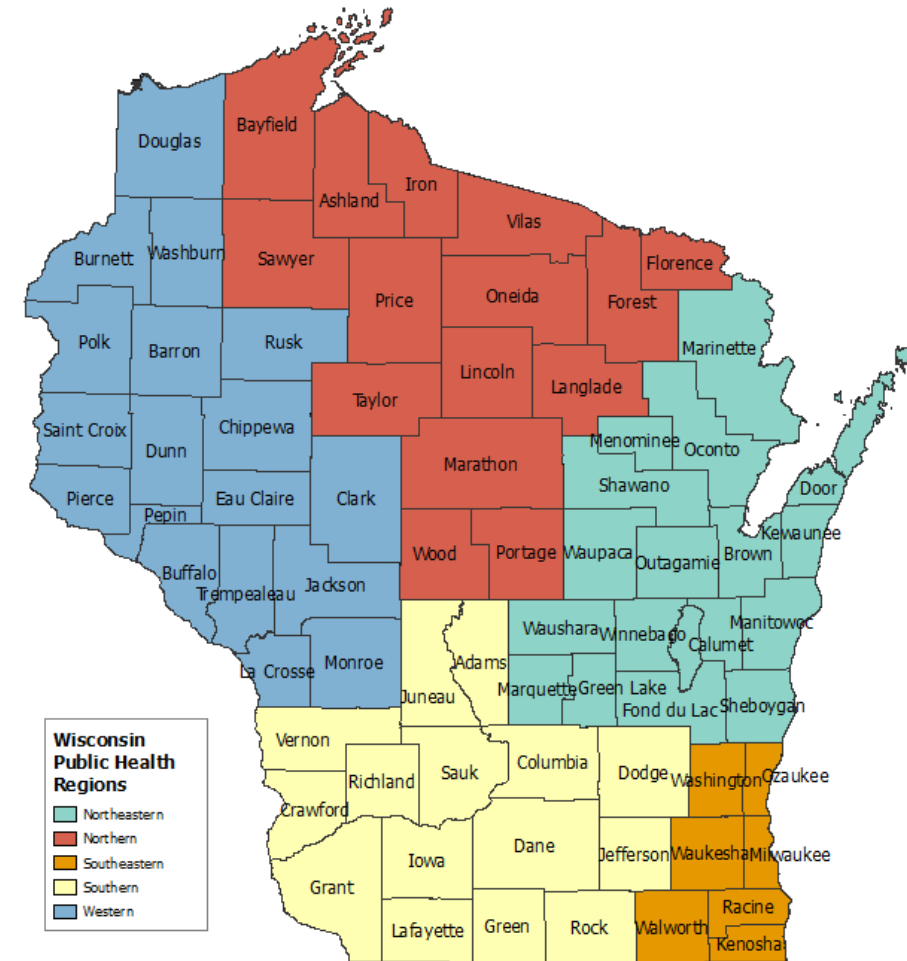
608-267-7711

HAI Prevention Program Staff Contacts:

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

HAI Prevention Program IPs

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- Southern Region: Stacey Firkus
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- Central Office: Beth Ellinger
608-219-3483, beth.ellinger@dhs.wisconsin.gov
- Additional IP Support:
 - Ashley O'Keefe, ashley.okeefe@dhs.wisconsin.gov
 - Linda Coakley, linda.coakley@dhs.wisconsin.gov



www.dhs.wisconsin.gov/hai/contacts.htm

The screenshot shows the Wisconsin Department of Health Services website. At the top left is the logo and name. A search bar is on the top right. A teal navigation bar contains links for About DHS, Data & Statistics, Diseases & Conditions, Health Care & Coverage, Long-Term Care & Support, Prevention & Healthy Living, Partners & Providers, and Certification, Licenses & Permits. Below this is a dark blue bar with 'Topics A-Z' and letters A through Z. A grey box contains links for 'Find a COVID-19 vaccine' and 'Stop the spread of COVID-19'. A breadcrumb trail shows 'Home > Diseases & Conditions > Healthcare-Associated Infections: Resources for Health Professionals > HAI Infection Prevention Education'. On the left is a sidebar menu with 'Infection Prevention Education' highlighted. The main content area has the title 'HAI Infection Prevention Education' and three paragraphs of text. To the right is a graphic for the 'Infection Preventionist Starter Kit' with a description below it.

WISCONSIN DEPARTMENT of HEALTH SERVICES

Search our website
I'm looking for...

About DHS | Data & Statistics | Diseases & Conditions | Health Care & Coverage | Long-Term Care & Support | Prevention & Healthy Living | Partners & Providers | Certification, Licenses & Permits

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](#)

Home > 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, June 23, 2022

Acute Respiratory Illnesses Update from Tom Haupt