Environmental Services

Infection Prevention and Control Playbook

Wisconsin Healthcare-Associated Infection (HAI) Prevention Program

WISCONSIN DEPARTMENT of HEALTH SERVICES

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Introduction

Health care facilities must maintain a clean environment to reduce germ exposure so that patients, residents, visitors, and health care personnel (HCP) are safe. All staff that clean and disinfect environmental surfaces must understand their responsibilities. It is important to ensure that environmental services (EVS) is integrated into multidisciplinary teams including quality, purchasing, and infection prevention committees.

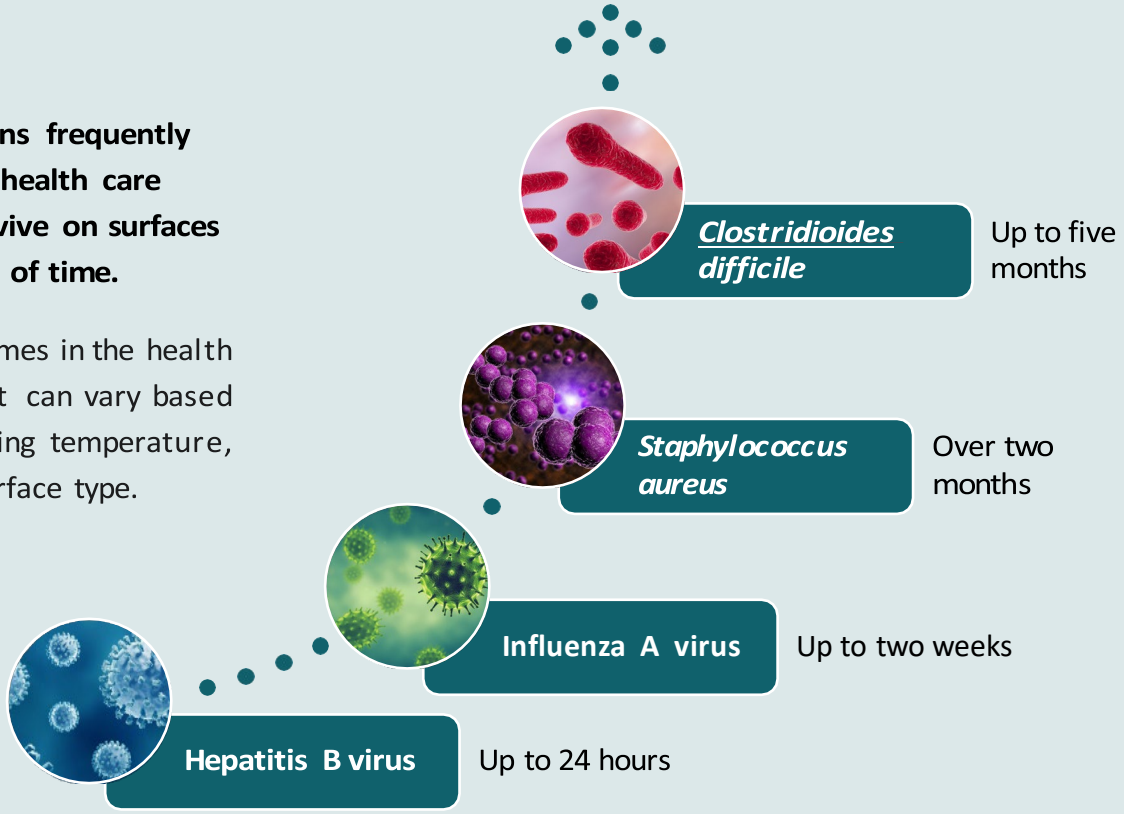
Background

Germs that are usually found on the body, in air, or in stool, can often be found on surfaces in the health care environment, putting patients, residents, and staff at risk for developing infections. Some of these germs can live on surfaces, such as bed rails, floors, and countertops for a long time (Figure 1). Environmental contamination has been associated with disease transmission in outbreaks of several disease-causing pathogens, including methicillin-resistant *Staphylococcus aureus* (MRSA), vancomycin-resistant enterococci (VRE), *Clostridioides difficile* (*C. diff*), and *Acinetobacter baumannii*.

FIGURE 1.

Certain pathogens frequently encountered in health care settings can survive on surfaces for long periods of time.

Actual survival times in the health care environment can vary based on factors including temperature, humidity, and surface type.



Hands can also pick up germs from surfaces and inadvertently move them to other surfaces and people. Contaminated surfaces can act as a continuous source of transmission until they are properly cleaned and disinfected.

Who is this playbook for?

This playbook is intended for infection preventionists, EVS department managers and staff, and other key staff responsible for ensuring the health care environment is properly cleaned and disinfected.

How to use this playbook

According to the CDC (Centers for Disease Control and Prevention), the core components of a successful EVS program include:

- Integration of EVS into the facility's culture of safety.
- Education and training of staff who are responsible for cleaning and disinfection of the environment.
- Selection of appropriate cleaning and disinfection technologies and products.
- Standardization of setting-specific cleaning and disinfection protocols.
- Monitoring effectiveness and adherence to cleaning and disinfection protocols.
- Provision of feedback on adequacy and effectiveness of cleaning and disinfection.

This playbook is designed to assist facilities in implementing these core components.

Key abbreviations

Environmental protection agency **(EPA)**	Instructions for use **(IFU)**
Environmental services **(EVS)**	Infection preventionist **(IP)**
Food and Drug Administration **(FDA)**	Occupational Health and Safety Administration **(OSHA)**
General purchasing organizations **(GPOs)**	Personal Protective Equipment **(PPE)**
Healthcare-associated infections **(HAIs)**	Ready to use **(RTU)**
High-efficiency particulate air **(HEPA)**	Safety data sheets **(SDS)**

Foundations of environmental cleaning and disinfection

It is important that all staff with responsibility for cleaning and disinfection have a clear understanding of key concepts. Some important concepts to cover include:

Cleaning vs. disinfection

Cleaning is the physical removal of organic matter and visible soil, which reduces the number of microorganisms on a surface. This can generally be achieved by physically scrubbing with a cleaning solution and rinsing with water. Cleaning must come before disinfection to be effective.

Disinfection is the destruction of many or all pathogenic microorganisms through the use of germicidal products. It's important to note that disinfection generally does not destroy spores, like *Clostridioides difficile*, unless specified by the instruction for use.

Cleaning and disinfection may require two distinct steps. In order to achieve proper disinfection, gross soil and debris must first be removed by physical cleaning. Ensure cleaning is thorough before proceeding to disinfection. Importantly, disinfectants can oftentimes be used as a cleaner, prior to performing disinfection. Always follow the manufacturer IFUs.

High touch vs. minimal touch surfaces

High touch surfaces are considered to have a higher bioburden count due to frequent contact. These surfaces require more frequent cleaning and disinfection to minimize the presence of microorganisms. Examples of high touch surfaces include but are not limited to bed rails, canes, walkers, remotes, tablets, phones, and call buttons.

Minimal touch surfaces do not pose a high risk for transmission due to infrequent contact. Physical removal of microorganisms from minimal touch surfaces can generally be done with a cleaner or detergent and water. Examples of minimal touch surfaces include floors and ceilings.

Floors should be disinfected if there is a potential that they are contaminated with bloodborne pathogens, such as after spills of blood or body fluids, and when multidrug-resistant organisms (MDROs) are present in the environment. Some facilities may choose to always use a disinfectant on floors.

Cleaners or detergents vs. disinfectants

Cleaners, sometimes called detergents, are meant to be used during the cleaning process. Cleaners are typically most appropriate for minimal touch surfaces in a health care facility (for example, the ceiling). Cleaners can also be used as the first step to remove visible soil before a disinfectant is used on a surface. Cleaning alone does not kill microbial life.

The purpose of a disinfectant is to destroy microbial life. Some disinfectants may be labeled for use as both cleaner and disinfectant; follow manufacturer's IFUs.

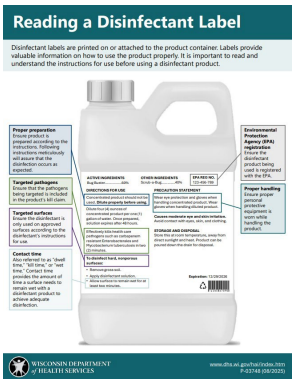
Concentrated disinfectants vs. ready to use disinfectants

Concentrated disinfectants typically come in a bulk size container. Because they are a concentrated solution, they must be diluted with water prior to use. Dilution can be achieved manually or by automated dilution systems. When diluting manually follow all manufacturer's IFUs. Always put water in a container first, then add the concentrated disinfectant. Never add water to the concentrated disinfectant. When using an automated system for dilution, also be sure to follow manufacturer's IFUs. In either case, use proper personal protective equipment (PPE) such as gown, gloves, and eye protection. Always follow manufacturer IFU regarding proper PPE and safety instructions.

Ready to use disinfectants come prepared at the proper concentration so that they can be used for cleaning and disinfection as is; there is no need for dilution. Ready to use disinfectants can come as liquids or ready to use wipes. Always follow the manufacturer's IFUs regarding proper PPE and safety instructions.

How to read labels

Disinfectant labels are printed on or attached to the product container. Labels provide valuable information on how to use the product properly. It is important to read and understand the instructions for use before using a disinfectant product.



Learn more about how to read a disinfectant label by viewing the Wisconsin Department of Health Services (DHS) How to Read a Disinfectant Label video and using the accompanying one-pager (PDF).

Dwell time

Dwell time, or contact time, is the time the product must remain on the surface for it to be effective. The surface should be visibly wet for the entire dwell time. For example, if the product label has a contact time of 10 minutes for a particular pathogen, the surface should remain visibly wet for at least 10 minutes after application of the product. If the surface dries before the 10 minutes passes, more product should be applied to the surface until the full 10 minutes of dwell time has been achieved.

EPA registration

The EPA regulates and registers disinfectants and approves the label language. EPA ensures that disinfectants meet minimum standards to certify that they are effective against certain types of microorganisms and verifies that disinfectants work according to their label directions.

It is important to read and understand the product label before you use it. Each EPA-registered product lists the microorganisms that it is effective against. If a disinfectant product's label doesn't include disinfection directions for a certain pathogen, it means the EPA has not reviewed any data on whether the product is safe and effective when used in this way.

As a note, the lists are not inclusive of all products that may qualify. The lists are updated at regular intervals to include newer registrations; however, some products or microorganisms may not have been included. If a product or microorganism is missing from the lists that should be added, contact disinfectantslist@epa.gov for their guidance.

Required PPE

Some cleaning and disinfection products may cause irritation to the skin or eyes, so staff should be trained on the proper PPE to wear when preparing or using products. Depending on the product, gloves, gowns, protective eyewear, and/or masks could be required to protect staff from the risks of the product. The manufacturer's IFUs of each product should specify what PPE is needed.

Furthermore, staff responsible for cleaning and disinfection should be aware of any PPE that may be required when entering a patient or resident room. As part of standard precautions, PPE should be selected based on the anticipated risk of exposure to pathogens in blood, bodily fluids, or other potentially infectious material (OPIM):

- ✓ Gloves should be worn when there is reasonable expectation of contact with blood, bodily fluids, or OPIM by the hands.
- ✓ Gowns should be worn whenever there is reasonable expectation of clothing coming in contact with blood, bodily fluids, or OPIM.
- ✓ Masks should be worn whenever splashes or sprays of blood, bodily fluids, or OPIM can be reasonably expected to the mouth or nose.
- ✓ Protective eyewear such as goggles or a face shield should be used whenever splashes or sprays of blood, bodily fluids, or OPIM can be reasonably expected to the eyes.

In addition, EVS staff should be trained to follow transmission-based precautions per facility policy.

Cleaning and disinfection solutions in buckets

Environmental services teams may fill buckets with cleaning or disinfection solutions at the beginning of a shift to be used in the course of the day's work. This can be an efficient way to ensure there is adequate supply readily available for staff.

Key practices to follow when using cleaning and disinfection solutions in buckets include:

- ✓ Changing solution per manufacturer's IFUs and per facility protocol.
- ✓ Ensuring that dirty rags are not dipped back into the cleaning solution.
- ✓ Cleaning, disinfecting, and drying bucket prior to filling with new solution.

Cleaning and disinfection solutions in reusable bottles

Environmental services teams may fill reusable bottles with cleaning or disinfection solutions to be used by staff. These bottles may be kept on housekeeping carts and other areas around the facility.

Key practices to follow when using cleaning and disinfection solutions in reusable bottles include:

- ✓ Ensuring bottles are cleaned, dried, and maintained before refilling.
- ✓ Avoiding topping off the bottle with additional solution.
- ✓ Labeling reusable bottles to include:
    - Identity of the disinfectant.

- Appropriate hazard warnings.
- Date of preparation and expiration.
- Contact time.

Once diluted, the expiration date of the disinfectant may differ from the expiration date listed on the bottle of concentrated disinfectant.

Room cleaning and disinfection

✓ Determine the type of cleaning procedure that needs to be performed.

- Staff should follow the facility's protocols for daily, weekly, monthly, and as-needed cleaning, as well as terminal room cleaning.

✓ Perform a visual assessment of the room, considering items such as:

- Isolation status of the patient or resident.
- Damaged or torn furniture or upholstery that needs to be replaced.
- Which cleaning supplies will be required.
- Safety concerns such as trip hazards or medical equipment that needs to be worked around.

✓ Clean in a pattern that moves from cleaner areas of the room to dirtier areas of the room, and from higher surfaces to lower surfaces.

- Minimal touch surfaces should be cleaned before high touch surfaces. In patient or resident rooms, this typically means cleaning areas on the periphery of the room prior to moving to the area that is closest to the patient's or resident's bed.
- Patient or resident areas should be cleaned prior to cleaning bathrooms.
- Rooms not requiring TBPs or enhanced barrier precautions (EBPs) should be cleaned before those rooms requiring TBPs and EBPs.
- Perform high dusting in the room first before moving to dusting lower surfaces, and disinfect higher surfaces before moving to lower surfaces. Floors should be cleaned last, after other environmental surfaces have been cleaned and disinfected.
- Clean in a systematic process to avoid missing areas of the room. For example, clean from left side of the room to right side of the room.

Surface cleaning and disinfection

For surface cleaning and disinfection, the following practices are recommended:

- ✓ Check that cleaning and disinfection solutions are prepared properly and not expired.
- ✓ Ensure there is an adequate supply of cleaning cloths readily available. Microfiber cloths are preferred.
- ✓ Wet the cleaning cloth to be used thoroughly. Wet dusting and mopping decrease the dispersal of contaminants into the air as compared to dry dusting and sweeping.
- ✓ Fold the cleaning cloth until it is approximately the size of the hand (in most cases, this will mean folding the cloth in half, and then in half again, creating eight sides).
- ✓ Proceed with cleaning and disinfection as described above (clean to dirty, high to low). Be sure to use mechanical force (scrubbing, or "elbow grease") as necessary to remove physical debris during cleaning. Be sure to observe the contact time listed on the product's label for disinfection.
- ✓ Rotate and unfold the cloth regularly to use all sides. When all sides have been used or the cloth is no longer saturated with cleaning or disinfection solution, place the cloth in a bag designated for soiled cleaning cloths until they can be sent to laundry services. Then obtain a new clean cloth to proceed with the cleaning process.
- ✓ Change cleaning cloths as often as needed. Once a cloth has been used, it should never be dipped back into the cleaning or disinfection solution.
- ✓ Use a new cloth for every room being cleaned.

It can be helpful to collaborate with vendors that supply cleaning and disinfection products to the facility. Often, there are trainers available from these companies that can help train EVS staff in health care facilities on best practices. Sometimes, they can even offer competencies and continuing education.

Terminal cleaning

This is a specific cleaning process that occurs when a patient or resident is transferred or discharged. The main principles of cleaning and disinfection apply, with the additional steps of ensuring all of the patient's or resident's personal items are removed from the room, all disposable care items are discarded or sent with the patient or resident (even if

these items are not completely used), and all reusable care equipment is reprocessed following the manufacturer's IFUs.

Select appropriate technology and products

There are different purchasing structures that health care facilities may follow, including general purchasing organizations (GPOs) and buying groups. IPs and EVS staff should work as part of a collaborative team to identify and select cleaning and disinfection products that will be most effective and properly utilized by the staff in the facility. Appropriate team members include staff from:

- ✓ EVS.
- ✓ IP.
- ✓ Purchasing department.
- ✓ Quality assurance.
- ✓ Executive leadership.

There is a wide variety of cleaning and disinfection products for use in health care environments. Some products that are commonly used include:

- Chlorine and chlorine compounds (bleach).
- Hydrogen peroxide.
- Peracetic acid.
- Quaternary ammonium (quats).

Qualities of ideal disinfectants in the health care environment

The ideal disinfectant for a health care environment is one that:

- ✓ Is fast acting, effective against many different types of microorganisms, and easy to use.
- ✓ Is compatible with cleaners, detergents, and other chemicals that may be used.
- ✓ Is compatible with most surfaces and does not leave a residual film behind.
- ✓ Is EPA-registered, effective, shelf-stable, water-soluble, and odorless.
- ✓ Is cost effective.

- ✓ Has a minimal impact on the environment upon disposal.
- ✓ Targets organisms most likely to be encountered in the facility.

Targeted organisms can be determined through the facility's annual infection prevention risk assessment and may be based on organisms frequently encountered in the facility and the local community. EPA provides lists that help facilities determine which products are effective against targeted organisms.

It is best practice to implement RTU products, so the proper dilution is met. If the facility chooses disinfectants that must be diluted, there are several important considerations.

- ✓ Dilution should be done in a well-ventilated area, adding water to the container first, and then adding the correct amount of concentrated chemical slowly and carefully.
- ✓ Mixing chemicals should only occur when the IFU or SDS explicitly permits it, and appropriate PPE must be worn.
- ✓ Keep in mind that factors such as pH, water hardness, and the presence of organic matter can influence disinfectant activity.
- ✓ If using reusable bottles, ensure that they are cleaned, dried, and maintained before refilling. Never top off with additional disinfectant.
- ✓ Disinfectant bottles should be clearly labeled, including:
    - Identity of the disinfectant.
    - Appropriate hazard warnings.
    - Date of preparation and expiration.
    - Contact time.

When considering implementing a new cleaning or disinfectant product in your facility, the following checklist can be used to evaluate whether or not to select a specific product.

Cleaning and Disinfectant Product Evaluation Considerations

Product name: _____

CONSIDERATION	YES	NO	COMMENTS
Current product inventory			
Is there a similar product already in use at the facility?			
Will this product replace a currently used product?			
Compatibility with surfaces being disinfected			
Can the product be used according to its instructions for use (IFUs) in our facility?			
Is the product effective for our intended use?			
Is the product effective at decontaminating the type of surface being targeted (porous vs. nonporous)			
Will the product be used to disinfect medical care equipment?			
Will the product damage or degrade surfaces or device with repeated exposure?			
Contact time			
Is the contact time practical?			

CONSIDERATION	YES	NO	COMMENTS
Possible health risks			
Are there health risks associated with this product as stated in the scientific literature?			
Is the environment for dilution processes appropriate (good air circulation)?			
Is the scent of the product bothersome or offensive?			
Required expertise and training			
Does the disinfectant require staff to measure and dilute?			
Does the disinfectant need to be maintained once prepared for spray bottles?			
Is a vendor-supported auto dilution installation required?			
Do quality controls for product dilution exist?			

Cleaning tools

It is important to be familiar with the cleaning tools used in the health care facility.

Vacuums should be high-efficiency particulate air (HEPA) filtered to decrease the dispersal of contaminants into the air. The filters need to be changed on a regular basis. This is especially important in areas where patients or residents who are immunosuppressed reside. Room doors should be closed when vacuuming hallways.

Mop heads should be laundered regularly and air dried prior to re-use. Disposable mop heads can be an option but may be cost prohibitive.

Microfiber mop heads and cloths are preferred over traditional cotton products, as they absorb more dirt and microorganisms than cotton. In general, cleaning cloths should be replaced frequently while cleaning the room (for example, when they become soiled, are no longer saturated with solution, when moving between patient areas in multi-patient rooms) and after every room. Follow all manufacturer's IFUs for the cloth type you are using, such as a particular folding method when cleaning.

Disinfectants that are composed of quaternary ammonium have a positive charge. When used in combination with cleaning cloths such as cotton which have a negative charge, the effectiveness of the disinfectant can be decreased. This is called quat binding. It is important that cleaning cloths are not allowed to sit for extended periods in the disinfectant solution to prevent this from occurring.

Automatic chemical dispensers are sometimes used to dilute concentrated products so that they are ready to use and decrease the risk from manual diluting. Dispensers should be calibrated on a regular basis to ensure they are dispensing the correct amount of solution. Follow IFUs as to whether regular quality control checks need to be performed to ensure proper dilution is achieved.

RTU wipes are commonly used, especially for small surface cleaning and disinfection. It is important to understand if the wipes used require a pre-cleaning step prior to disinfection. Many wipes on the market today only require one step for cleaning and disinfection, as long as there is no visible debris. The containers should remain covered at all times to prevent drying out and contamination.

Cleaning carts should be stocked with sufficient supplies to complete daily work. Carts should have clear separation of clean and dirty, with the clean supplies on the top of the

cart and dirty supplies, such as toilet brushes, near the bottom of the cart away from other equipment. Personal items, food, and drink should never be on the cart. The carts should be thoroughly cleaned at a minimum at the end of the day, including the mop bucket.

Once products and cleaning tools have been selected, facilities may find it helpful to utilize a reference sheet so that staff can easily identify the correct product and tools needed to properly and safely perform cleaning and disinfection. This template (PDF) developed by DHS can be downloaded and edited by facilities to meet their specific needs.

Create standardized protocols

EVS and IPs should work collaboratively to provide guidance and develop standardized cleaning and disinfection protocols for the facility. The protocols should be easily accessible to all staff.

Staff training and education processes and protocols

Staff training and education clarifies roles and responsibilities.

All staff that clean and disinfect environmental surfaces should receive regular training to reinforce understanding of their responsibilities. Suggested frequently is:

- ✓ Upon hire.
- ✓ At least annually.
- ✓ When introducing new equipment or processes.

If contracted services provide the training, make sure that it meets facility requirements.

Staff should know where within the facility cleaning and disinfection products are kept and have access to them. Staff should be aware of products intended use and any necessary safety information. If applicable, train staff on how to prepare cleaning and disinfection products.

Establishing environmental cleaning and disinfection policies and protocols

Policies and protocols help to standardize methods for cleaning and disinfecting the environment which ensures all areas of the facility are clean. It is best to utilize a risk assessment model to help determine cleaning schedules and protocols.

When developing cleaning schedules and protocols, consider the:

- ✓ Number and types of microorganisms that may be present on environmental surfaces.
- ✓ Specific pathogens that might be present such as *C. difficile*, *Candida auris*, or norovirus.
- ✓ Number of people in the environment.
- ✓ Patient or resident-level factors, such as wounds or diarrhea.
- ✓ Amount of activity that is taking place in a particular space.
- ✓ Amount of moisture that may be present.
- ✓ Rate at which organisms that are suspended in the air can be removed.
- ✓ Types of surfaces and their orientation (horizontal or vertical).
- ✓ Potential for direct patient or resident contact.
- ✓ Degree and frequency of hand contact.
- ✓ Potential for contamination from body substances or environmental sources (such as soil, dust, or water).

It's a good idea to develop a written protocol for cleaning and disinfection during outbreaks in the facility. Often this will involve more frequent cleaning and disinfection in common areas to help reduce the spread of infection.

Facilities may choose to implement daily, weekly, and monthly cleaning checklists to ensure the cleaning and disinfection schedules and protocols are being fulfilled. Within the checklist, it's recommended to detail the item(s) that need cleaning, the product(s) being used, the person responsible for conducting the cleaning, and the date in which it was completed. The following checklists may be used as a template and modified to specify daily, weekly, or monthly tasks.

[Daily/Weekly/Monthly] Cleaning

Item	Product	Person responsible	Date completed

Special care areas

Special care areas should also have specific cleaning protocols to address their unique needs.

Hemodialysis

Facilities with hemodialysis units must ensure they follow manufacturer's IFUs regarding the use of disinfectants for hemodialyzers, hemodialysis machines, and water-treatment systems.

Nurseries and neonatal units

Phenolics solutions should be used with caution to decrease the potential for hyperbilirubinemia. The phenolic solution should be diluted properly, used on non-porous surfaces only, and rinsed with water after use. Phenolics should not be used on bassinets or incubators while in use.

Operating rooms

Protocols should be in place to complete damp high dusting on horizontal surface before the first case of the day. Cleaning and disinfection between cases should focus on high touch surfaces, anything soiled with visible blood or body fluids, and all surfaces, noncritical equipment, and the floor inside the surgical field. A terminal clean should be completed at the end of the day, which includes all surfaces and noncritical equipment in the operating room, lights, walls, and the entire floor. Surfaces should be cleaned from top to bottom and outside perimeter to the middle. When possible, the cleaning equipment and cart should be dedicated to the operating room to prevent cross contamination with other areas.

Supplemental Technologies

There are technologies available that can be considered in addition to standard cleaning and disinfection protocols. Some options include:

- UV-C light disinfection.
- Hydrogen peroxide vapor (HPV).
- Electrostatic disinfection.
- Antimicrobial-coated surfaces.
- Continuously active disinfection (UV-A).

If considering incorporating these technologies into the facility's cleaning and disinfection protocols, perform a risk assessment with a multidisciplinary team. These methods should never replace cleaning and disinfection protocols but rather used as a supplement, after standard cleaning and disinfection has occurred.

Monitor effectiveness

It is important to develop and implement a monitoring strategy to evaluate the effectiveness of the environmental cleaning and disinfection protocols in the facility. There are several different monitoring options available, including direct observation, fluorescent gel, and adenoside triphosphate (ATP).

- **Direct observation:** Involves the use of standardized checklists during the cleaning and disinfection process.
- **Fluorescent gel:** Involves the use of a fluorescent marker on predetermined items and surfaces before cleaning. An ultraviolet light is used to visualize remaining marker after cleaning.
- **ATP:** Involves the detection of ATP, which indicates organic material, on predetermined items and surfaces before and after cleaning.

Once a monitoring option is chosen, identify:

- ✓ Who should do the monitoring.
- ✓ How frequently the monitoring will occur.
- ✓ Which rooms will be monitored.
- ✓ Which surfaces will be assessed.
- ✓ How monitoring data will be validated.

Incorporate this information into the facility's infection prevention plan. The data from the monitoring strategy should be shared with EVS staff and leadership teams to identify gaps and trends, to inform improvement initiatives that may be needed, and to acknowledge successful cleaning and disinfection.

Putting it all together

EVS is an integral part of any health care facility. A multidisciplinary team of EVS staff, IPs, and leadership should work closely to develop policies and protocols, provide training,

conduct audits, and check competencies all to support the work of frontline EVS staff. Including EVS in the facility's annual infection prevention risk assessment and program is essential for keeping environmental cleaning and disinfection efforts at the forefront. In turn, this protects patients, residents, visitors, and health care personnel from exposure to germs in the environment.

Additional resources

- CDC, Guidelines for Environmental Infection Control in Health Care Facilities
- CDC, Considerations for Reducing Risk: Surfaces in Healthcare Facilities
- CDC, Environmental Checklist for Monitoring Terminal Cleaning
- CDC, Options for Evaluating Environmental Cleaning
- CDC, Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings: Observation Form EVS
- CDC, Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings
- CDC, Cleaning and Disinfection Strategies for Non-Critical Surfaces and Equipment
- Mody L, Advani SD, Ashraf MS, et al. Multisociety guidance for infection prevention and control in nursing homes. *Infection Control & Hospital Epidemiology*. 2025;46(11):1069-1096. doi:10.1017/ice.2025.10252

Contact information

The Wisconsin Healthcare-Associated Infections (HAI) Prevention Program is available to assist with environmental cleaning and disinfection needs. You can also find additional resources and education by visiting the HAIs in Wisconsin webpage.

Phone: 608-267-7711

Email: DHSWIHAIPreventionProgram@dhs.wisconsin.gov