

Wisconsin Healthcare-Associated Infections (HAI) Prevention Program

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Disclaimer

- The Wisconsin HAI Prevention Program is non-regulatory.
- There is no affiliation with any facilities or products.
- All content is based on current guidance and best practices.

Agenda

- Wisconsin HAI Prevention Program structure and services
- *Candida auris* (C. auris) update
- Environmental services education and resources

HAI Prevention Program Structure and Services

Program Areas

Administrative

**Infection
Prevention (IP)
Unit**

**Surveillance and
Education Unit**

Program Areas

Administrative

Infection
Prevention (IP)
Unit

Surveillance and
Education Unit

Kim Goffard

Program Manager

Linda Ramthun

IP Unit Supervisor

Program Areas

Administrative

**Infection
Prevention Unit**

Surveillance and
Education Unit

HAI Prevention Program IPs

Region 1: Anna Marciniak; Phone: 608-590-2980

Region 2: Jennifer Kuhn; Phone: 608-772-4768

Region 3: Tess Hendricks; Phone: 608-338-9071

Region 4: Rebecca Hellen; Phone: 608-609-1918

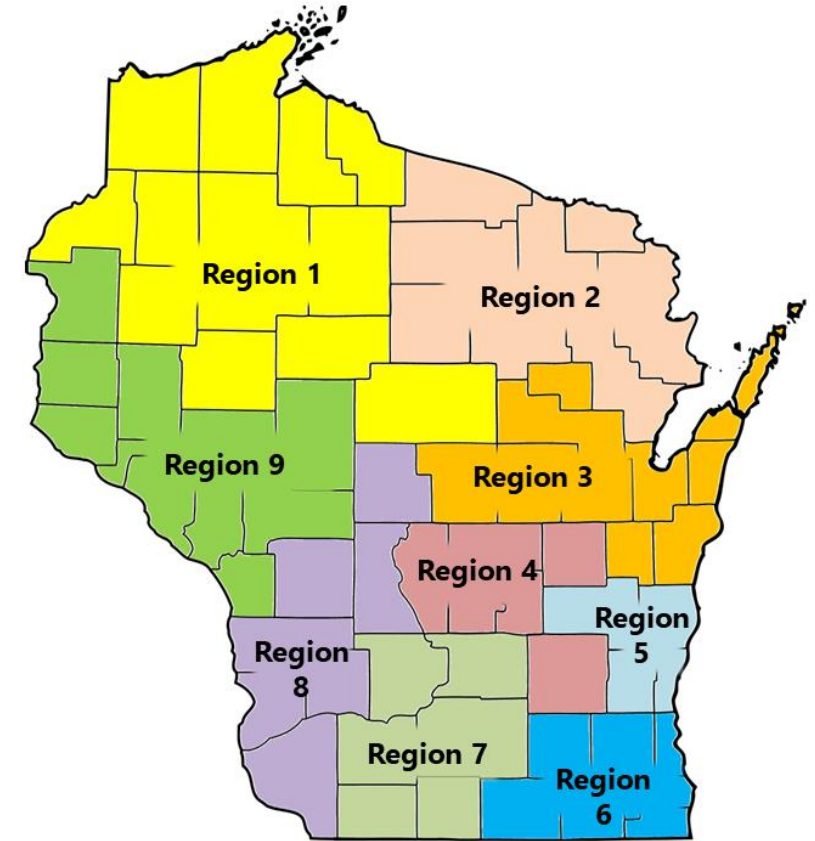
Region 5: Greta Starr; Phone: 608-867-4647

Region 6: Paula Pintar; Phone: 608-471-0499

Region 7: Beth Ellinger; Phone: 608-219-3483

Region 8: Ashley O'Keefe; Phone: 608-556-8608

Region 9: Nikki Mueller; Phone: 608-628-4464



Program Areas

Administrative

Infection
Prevention Unit

**Surveillance and
Education Unit**

Surveillance and Education Unit

Antimicrobial Stewardship (AS)

- AS Lead

Surveillance and Epidemiology

- National Healthcare Safety Network Coordinator
- HAI Epidemiologist
- Antibiotic Resistance Epidemiologist

Health Education

- Certified Health Education Specialist

Program Services



Our Program Services Are...



Non-regulatory



Education-based



No charge

What Can We Do For You?



Provide virtual assistance and collaboration via:

- Email.
- Phone.
- Video communications.

What Can We Do For You?



Conduct onsite infection prevention and control (IPC) assessments for all types of health care facilities.

What Can We Do For You?



Review IPC processes to help identify needs and gaps.

What Can We Do For You?



Provide IPC education and technical assistance including:

- Staff education.
- Patient education materials.

What Can We Do For You?



Assist with outbreak and infection control breach investigations.

What Can We Do For You?



Serve as a trusted resource
with unique perspective.

- Hand hygiene observation workbook (excel)

[illegible]

Use this tool when rounding at your long-term care community to assess areas for infection prevention and control gaps. It is recommended to perform [rounding](#) at least quarterly and involve other leaders and frontline staff in the assessment. This assessment can be performed by the infection preventionist or other designated staff.

Location:	
Observer:	
Date:	

Acceptable (A); Needs improvement (NI); Not applicable (NA):

Criteria	Assessment			Comments or follow-up actions needed
	A	NI	NA	
Entrance and lobby area				
Respiratory hygiene or cough etiquette signage is in place				
Alcohol-based hand rub is available				
Tissues and waste receptacles are accessible				
Masks are available				
Furniture is wipeable and free of tears				

Modifiable Forms and Lists

- [Health care facility transfer form \(PDF\)](#)
- [Non-critical items cleaning and disinfection product list \(PDF\)](#)

Use this template form as is or adjust to meet the needs of your facility or organization.



Health Care Facility Transfer Form

Use this form for transfers to an admitting health care facility.

When a patient or resident is transferred from one health care facility to another, the receiving facility and involved medical transport personnel should be informed of the individual's communicable disease status so that appropriate precautions may be implemented.

Patient/resident name (last, first):		
Date of birth:	Medical record number:	Transfer date:
Sending facility name: _____		
Contact name: _____	Contact phone: _____	
Receiving facility name: _____		
Contact name: _____	Contact phone: _____	

Precautions

Patient/resident currently on precautions? ☐ Yes ☐ No

If yes, select precaution type(s):*

☐ Airborne ☐ Contact ☐ Droplet ☐ Enhanced barrier

Communicable disease status

☐ Patient/resident is **not known** to be colonized or infected with a multidrug-resistant organism (MDRO) or other communicable disease requiring precautions.

☐ Patient/resident has been **exposed to** an MDRO or other communicable disease but is not known to be colonized or infected. If available, record the organism(s) or communicable disease and last date(s) of exposure.

☐ Patient/resident has an MDRO or other communicable disease requiring precautions. Check organism(s) or specify below. If available, include a copy of lab results with organism ID and antimicrobial susceptibilities.

Organism or communicable disease
☐ <i>Candida auris</i> (C. auris)
☐ Carbapenem-resistant <i>Acinetobacter baumannii</i> (CRAB)
☐ Carbapenem-resistant Enterobacterales (CRE)
☐ Carbapenem-resistant <i>Pseudomonas aeruginosa</i> (CRPA)
☐ <i>Clostridioides difficile</i> (C. diff)
☐ Extended-spectrum beta-lactamase (ESBL)-producer
☐ Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)
☐ Vancomycin-resistant <i>Enterococcus</i> (VRE)
☐ Other, specify: _____

*View the [Transmissions-Based Precautions Reference Guide](#) for more information on precaution types.

Fact Sheets and Discussion Guides

- [Disinfectant considerations for multidrug-resistant organisms \(PDF\)](#)
- [Infection prevention facilitated discussion guides](#)
- [Transmission-based precautions reference guide \(PDF\)](#)
- [Multidrug-resistant organisms \(MDROs\) fact sheets](#)

Transmission-Based Precautions in Health Care Settings Reference Guide

This reference guide may be used for common diseases to prevent transmission of infectious agents in health care settings. For a more complete list of infectious diseases and indicated precautions, see the Centers for Disease Control and Prevention's (CDC) [Appendix A: Type and Duration of Recommended for Selected Infections and Conditions](#). For a general list of clinical syndromes or conditions warranting empiric transmission-based precautions, refer to CDC's [Appendix A: Table 2. Clinical Syndromes or Conditions Warranting Empiric Transmission-Based Precautions in Addition to Standard Precautions](#).

Standard precautions

Standard precautions are a set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes.

Standard precautions should be used when providing care to all patients and residents, whether they appear infectious, symptomatic, or not. Standard precautions apply at all times and in all locations of health care.

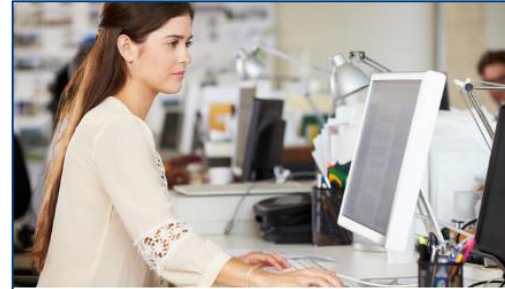
Standard precautions

- **Practice hand hygiene.** Hand hygiene refers to cleaning your hands, either by washing with soap and water or by using alcohol-based hand rub (ABHR).
- **Use personal protective equipment** whenever there is an expectation of possible exposure to infectious material.
- **Properly clean and disinfect patient care equipment** following products' manufacturer's instructions for use, including amount, dilution, and contact time.
- **Promote respiratory hygiene or cough etiquette** among staff, patients, and residents.
- **Follow safe injection practices** to prevent exposures to bloodborne pathogens.

Additional information on [standard precautions](#) is available on the CDC website.

Webpages

- [Infection Prevention Education](#)
- [Infection Preventionist Starter Kit](#)
- [Precautions](#)



Infection Prevention Education

Find educational materials for infection preventionists on infection prevention and HAIs.



Precautions

Get information on standard, transmission-based, and enhanced-barrier precautions.



Infection Preventionist Starter Kit

The interactive, web-based “starter kit” provides background information, resources, and templates for infection preventionists.

C. *auris*

Did You Know?



C. auris is a **multidrug-resistant yeast**.

Did You Know?



C. auris has a noteworthy **mortality rate**.

Did You Know?



Once **infected or colonized** with *C. auris*, the individual is considered to have it indefinitely.

Did You Know?



C. auris can survive on both **biotic and abiotic** surfaces.

Did You Know?



C. auris is **transmitted by contact.**

C. *auris* Data

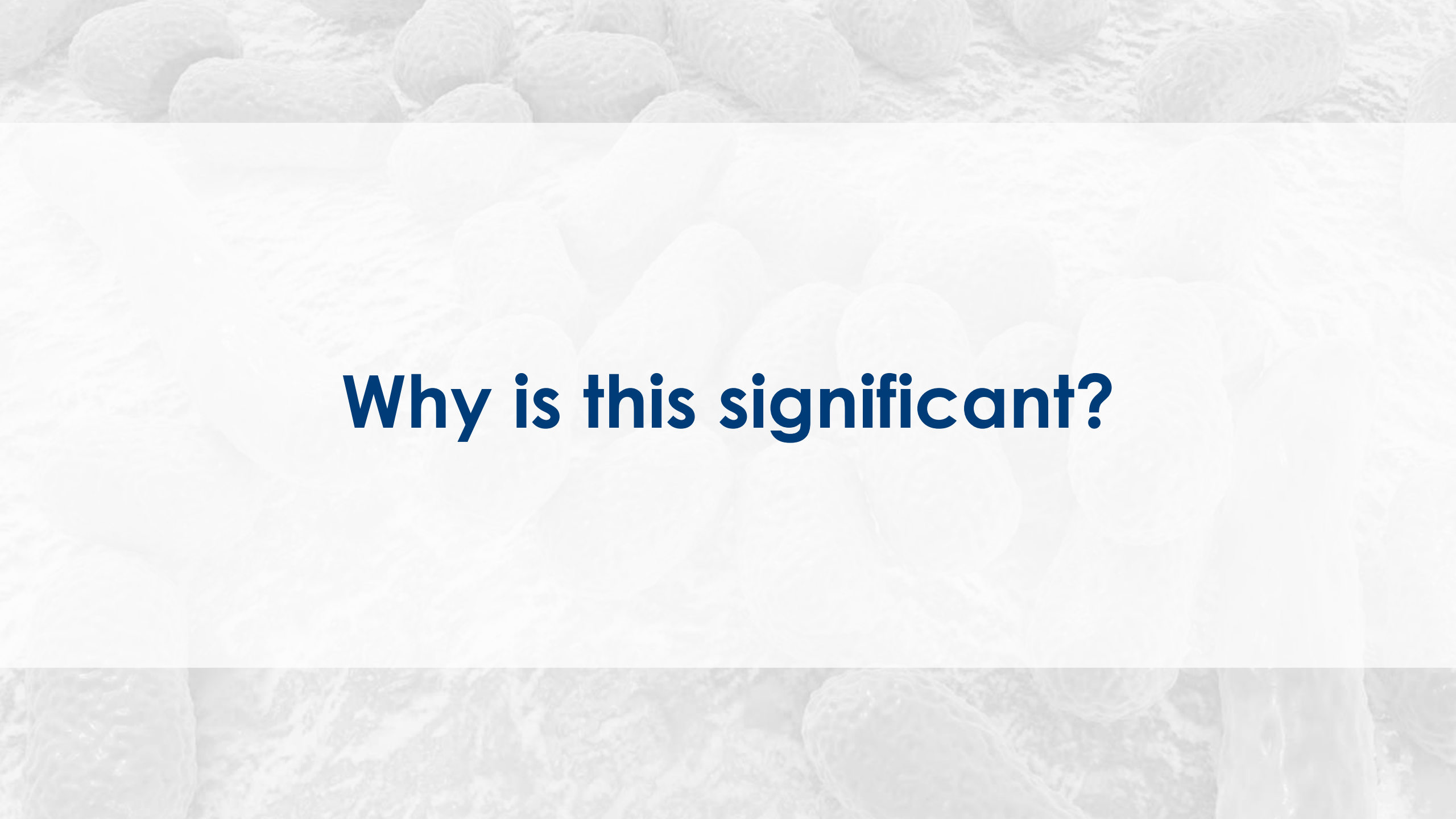
Year	Case count
2022	5
2023	21
2024	25
2025	41

Shifting Trends...

Cases are
being
detected
more quickly.

Transmission is
occurring
within
Wisconsin.

Case
detection has
expanded.

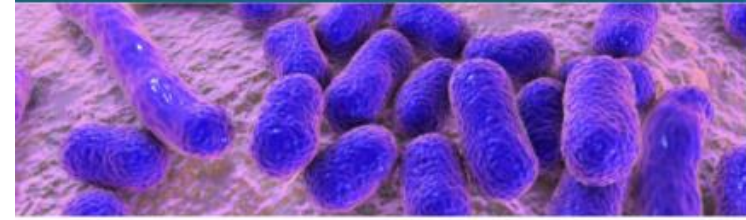
The background of the slide is a close-up photograph of several raspberries. The raspberries are a light pinkish-red color and have a characteristic bumpy, textured surface. They are arranged in a way that creates a sense of depth, with some berries in the foreground being sharper than others in the background. The lighting is soft, highlighting the individual drupelets on the surface of the berries.

Why is this significant?

C. auris Resource for ALFs

- Prevention
- Resident management
- Environmental cleaning
- Interpreting lab results
- Outbreak response
- And much more!

<https://www.dhs.wisconsin.gov/publications/p03250a.pdf>



Recommendations for Prevention and Control of Targeted Multidrug-Resistant Organisms

For Assisted Living Facilities

Healthcare-Associated Infections (HAI) Prevention Program,
Division of Public Health, Department of Health Services

MDRO Office Hours

MDRO office hours is an opportunity for health care and public health partners to connect, ask questions, and learn about MDROs and related topics. Each quarter we will provide case counts and review infection prevention and control trends.

Reportable MDRO Webpage



WISCONSIN DEPARTMENT
of HEALTH SERVICES

I'm

About
DHS

Data &
Statistics

Diseases &
Conditions

Health Care &
Coverage

Long-Term Care &
Support

Prevention & Healthy
Living

For Partners &
Providers

Certification, Licenses &
Permits

[Home](#) > [For Partners & Providers](#) > [Healthcare-Associated Infections: Resources for Health Professionals](#) > Healthcare-Associated Infections: Reportable Multidrug-Resistant Organisms

HAI: Home

For Health Professionals

For Patients & Families

Infection Prevention Education

Infection Preventionist Starter Kit

Multidrug-Resistant Organisms

Precautions

HAI Data

National Healthcare Safety Network

Antimicrobial Stewardship

Healthcare-Associated Infections: Reportable Multidrug-Resistant Organisms

Multidrug-resistant organisms (MDROs) are an ongoing threat to patient health and safety. The potential for rapid spread in health care facilities and difficulties of treating infections make it critically important for public health to conduct surveillance across settings and promote aggressive infection control measures.

According to the CDC (Centers for Disease Control and Prevention), more than [2.8 million antibiotic resistant infections \(PDF\)](#) occur in the U.S. each year and more than 35,000 people die from them.

This webpage lists the **MDROs that are currently reportable in Wisconsin** as well as prevention, surveillance, testing, and reporting resources for health care facilities and local and Tribal health departments (LTHDS).

What are MDROs?

MDROs are microorganisms, mainly bacteria, that are resistant to one or more classes of antimicrobial agents (antibiotics and antifungals). This means these antimicrobials can no longer be used to control or kill the microorganism. Infections caused by MDROs can be difficult to treat due to limited treatment options and have the ability to spread rapidly, especially in health care settings.

There are many different MDROs, and some are of more concern than others, such as carbapenemase-producing organisms (CPOs). CPOs are particularly worrisome as carbapenemase enzymes can inactivate carbapenem antibiotics, as well as other beta-lactam antibiotics. Moreover, some CPOs can transfer this ability to inactivate carbapenem antibiotics to other bacteria, which can lead to the spread of antibiotic resistance.

The potential for rapid spread, increasing antibiotic resistance, and difficulty treating infections caused by these organisms,



Infection Prevention in Environmental Services (EVS)

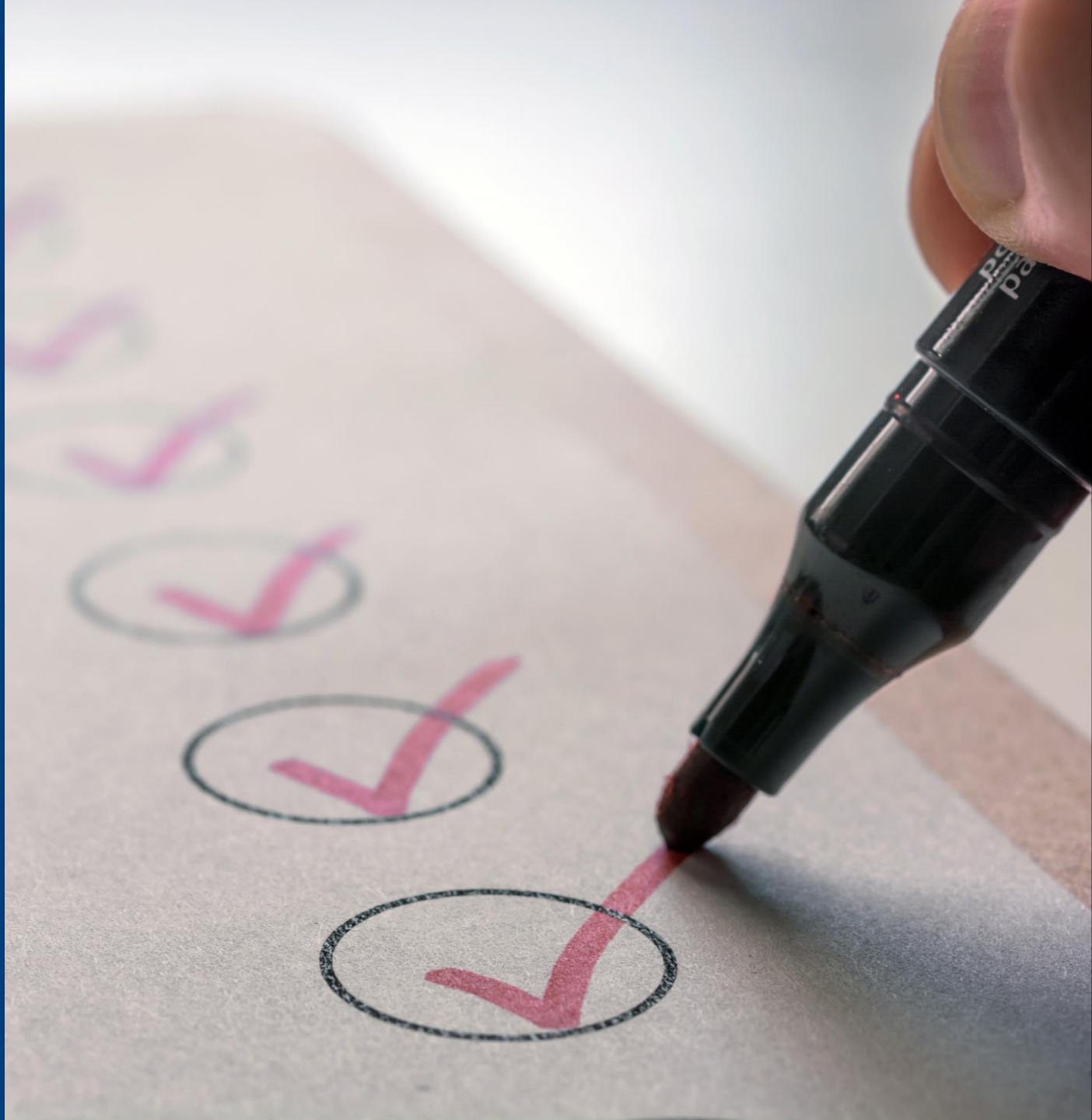
Core Components

Core components of an EVS program include:

- Integrating it into the culture of safety.
- Educating and training staff.
- Selecting appropriate products and technology.
- Standardizing protocols.
- Monitoring effectiveness.
- Providing feedback.

Integrate Into Culture of Safety

- Establish a multi-disciplinary team.
- Define goals and responsibilities.
- Meet regularly to review data.



Educate and Train Staff

- Provide clear training on roles and responsibilities.
- Include topics such as:
 - Products and their uses, including safety information and required personal protective equipment (PPE).
 - Dwell time.
 - The importance of both cleaning and disinfection.
 - Regular cleaning vs. terminal cleaning.

Select Appropriate Products and Technology

Ensure products chosen are ideal for health care settings, such as those that are:

- Fast-acting, broad spectrum, Environmental Protection Agency (EPA) approved, and easy to use.
- Compatible with other products and surfaces it will be used on.
- Safe for the environment.
- Effective against commonly encountered organisms.

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?			

Standardize Protocols

Utilize a risk assessment, considering:

- Patient or resident risk factors such as wounds, indwelling devices, diarrhea.
- Amount and type of activity occurring in the space being cleaned.
- Pathogens that are frequently encountered.
- Potential for direct contact.
- Potential for contamination.

[Daily/Weekly/Monthly] Cleaning

[illegible]

Product Name: *Germ-Buster 5000*



iProduct use:

Use a microfiber cloth to wipe common touch points in the facility

🛡️PPE required:

Gloves



Eye
protection



🕒Contact time:

2 minutes

📝Notes:

Once prepared, solution expires after 48 hours. Store at room temperature, away from direct sunlight.

Monitor Effectiveness

Determine:

- Who will perform monitoring.
- What time of monitoring will be performed.
- How frequently monitoring will occur.



Provide Feedback

- Share results of monitoring with EVS staff.
- Present data at quality committees to drive improvement and celebrate wins.

Questions?

HAI Prevention Program Contacts



Email: dhswhaipreventionprogram@dhs.wisconsin.gov



Phone: 608-267-7711



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