Indiana Department of Health

Welcome

to the

Healthcare Associated Infections Antimicrobial Resistance Webinar Series

Webinar Overview

- Schedule – bi-monthly
- Intended audience – LTCF infection preventionists
- Upcoming topics:
  - The Three Rs – September 28th 2021
  - *Candida auris* – November 30th, 2021
  - MDROs – January 25th, 2022

Please visit the HAI-AR Webinar Series Webpage for LTCF Infection Preventionists by clicking here!

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The HAI-AR Team Presents "The Three Rs": Reach-Out, Reporting, & Resources

Overview

- Meet the Indiana Department of Health HAI-AR team
- Review recent updates to Indiana's HAI reporting rule
- Review COVID-19 reporting and reporting resources
- Review Indiana's communicable disease reporting rule focusing on reporting for multidrug resistant organisms (MDRO)
- Review reporting for *Candida auris*
- Discuss updated resources and helpful tools available on IDOH's webpages
- Review some additional resources available from other agencies
- Question and answer session

Meet the HAI-AR Team

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Occupational Health Nurse

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Antimicrobial Resistance Public Health Investigator

Marcie Bryant
Candida auris Public Health Investigator
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317-670-1820

11 District Infection Preventionists & 1 Infection Prevention Epidemiologist

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Contacts by Subject Matter

Questions About	Primary Contact	Secondary Contact
Healthcare associated infections (CLABSI, CAUTI, VAP & SSI) NHSN reporting and mapping CP-CRE IMPs Injection safety	HAI Epidemiologist	LTC NHSN PHI
Long-term care facility COVID-19 reporting	LTC NHSN PHI	HAI Epidemiologist
Antimicrobial resistance and susceptibility Antimicrobial stewardship CP-CRE reporting (all mechanisms except IMPs) MDRO containment MRSA and *C. diff.*	AR Epidemiologist	AR PHI
Candida auris reporting *Candida auris* infection control practices	CA Epidemiologist	CA PHI
Infection prevention concerns Infection Control Assessment and Response (ICAR)	IP program manager and infection preventionist for your district	
Fit testing Ebola Healthcare associated *Legionella* Bloodborne pathogens, tattoo, eyelash extension, sharps and infectious waste	Occupational Health Nurse	HAI Epidemiologist

Infection Preventionists

For infection control and prevention questions and concerns, please refer to the contact for your district IP or Jennifer Spivey, IP program manager.

Long Term Care Infection Prevention Team Districts

Tina Feaster CIC- Healthcare Associated Infections Supervisor
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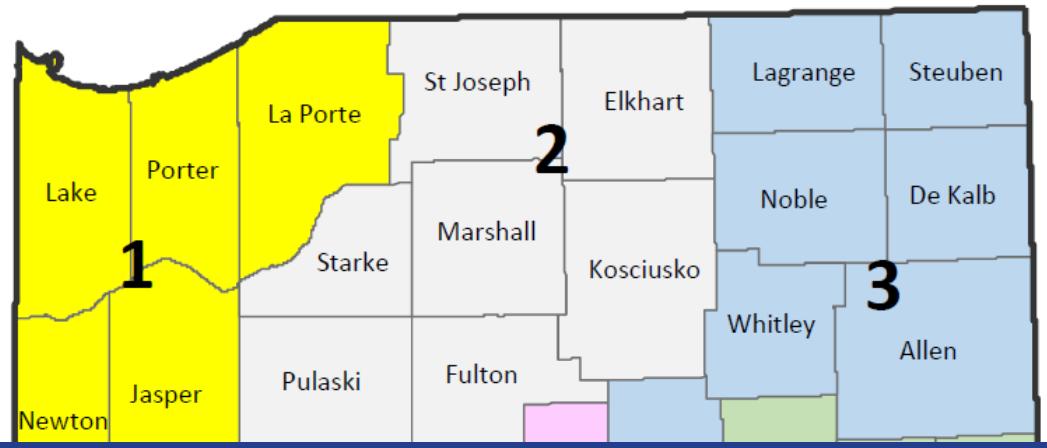
District 1: 66 facilities
Janene Gumz-Pulaski RN,
CIC JGumzPulaski@isdh.in.gov
317-499-3877

District 2 -72 facilities
Victor Zindoga RN
vzindoga@isdh.in.gov
317-509-8964

District 3- 72 facilities
Pam Bennett RN



IPs cover proactive and reactive Infection Control Assessment and Response (ICAR) in long term care (LTC) for COVID-19 and other outbreak types in LTC, acute care (hospitals), long term acute care hospitals (LTACHs), and dialysis facilities.

For the current district map, please go to the HAI webpage.

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Infection Prevention Press

The IDOH District IPs will be producing a newsletter, The Infection Prevention Press, distributed by email to facility IPs.

The goal of the newsletter is to share infection prevention knowledge, discuss hot topics, and connect the IDOH IPs with facility IPs across the state.

Began September 15, 2021!

If your facility did not receive the newsletter on the 15th of September, but would like to, please email Blavender@isdh.in.gov with your facility's IP's email address to be added to the list serve!!

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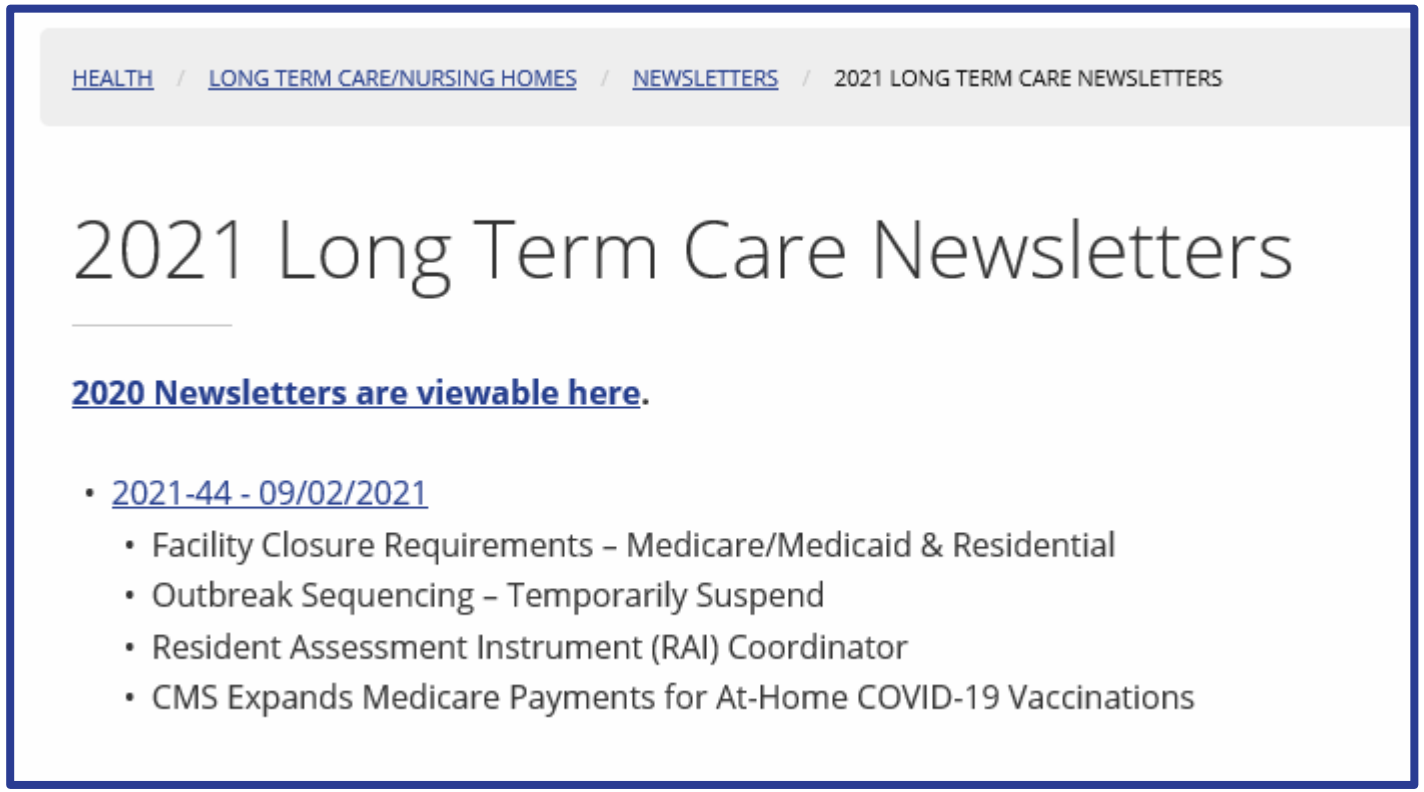
LTC Newsletter from Regulatory

The following are items regularly included in the newsletters:

- Emergency information
- Epidemiologic outbreaks and updates
- Infection control & prevention
- Program updates
- CMS survey and certification updates
- Healthcare quality improvement projects
- Education programs
- Coming events


HEALTH / LONG TERM CARE/NURSING HOMES / NEWSLETTERS / 2021 LONG TERM CARE NEWSLETTERS

2021 Long Term Care Newsletters

2020 Newsletters are viewable here.

- 2021-44 - 09/02/2021
  - Facility Closure Requirements – Medicare/Medicaid & Residential
  - Outbreak Sequencing – Temporarily Suspend
  - Resident Assessment Instrument (RAI) Coordinator
  - CMS Expands Medicare Payments for At-Home COVID-19 Vaccinations

Please ensure your facility is subscribed by emailing: LTCNews@isdh.in.gov

Old and current newsletters are available here!

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2021 Q2 ICAR Summary

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Top ICAR Gaps Q2 2021

260 ICARs completed across the state from April 2021-June 2021 (n=260)

A gap is an infection control practice not being done properly

IPC Gaps	Total Facilities with Gap (TF)	Total % of Facilities (TF/n)
HCP are fit tested	116	45%
Antibiogram available (24 months)	66	25%
Resp etiquette signage posted	52	20%
EVS manager rounds	49	19%
Facility has evidence based MDRO policies	49	19%
Facility audits injections	47	18%
Facility audits cleaning/disinfecting	46	18%
Staff wear proper PPE with dirty laundry	43	17%
30 HH Audits monthly	38	15%
Providers abx trained annually	37	14%
Staff don't Eat/drink in laundry room	37	14%
Facility has vaccine champ	36	14%
Offsite laundry policies reviewed	35	13%
Current Communicable Disease List	35	13%
Injection Safety Feedback	34	13%
Nurses trained on abx annually	33	13%
Feedback on cleaning	32	12%
Abx prescribing policy	32	12%

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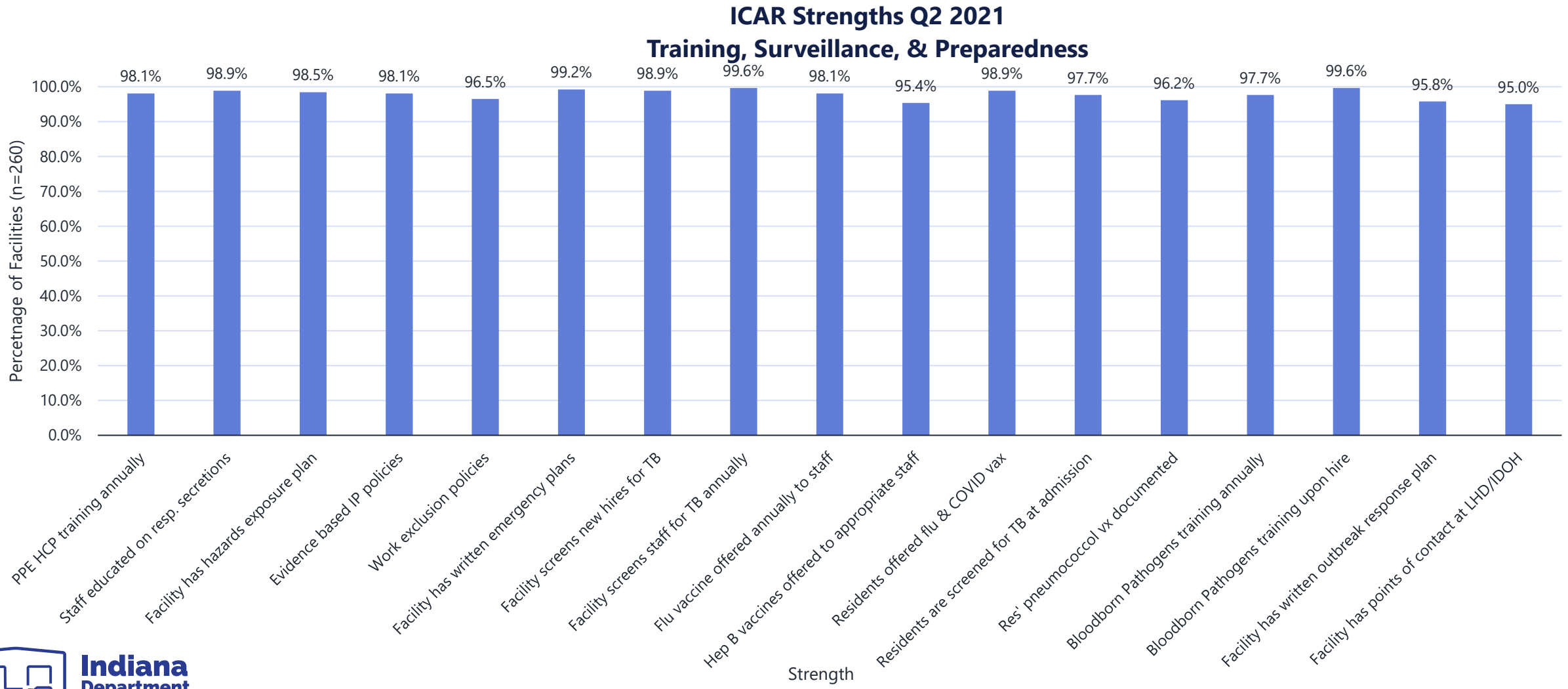
ICAR Strengths- Training, Surveillance, & Preparedness



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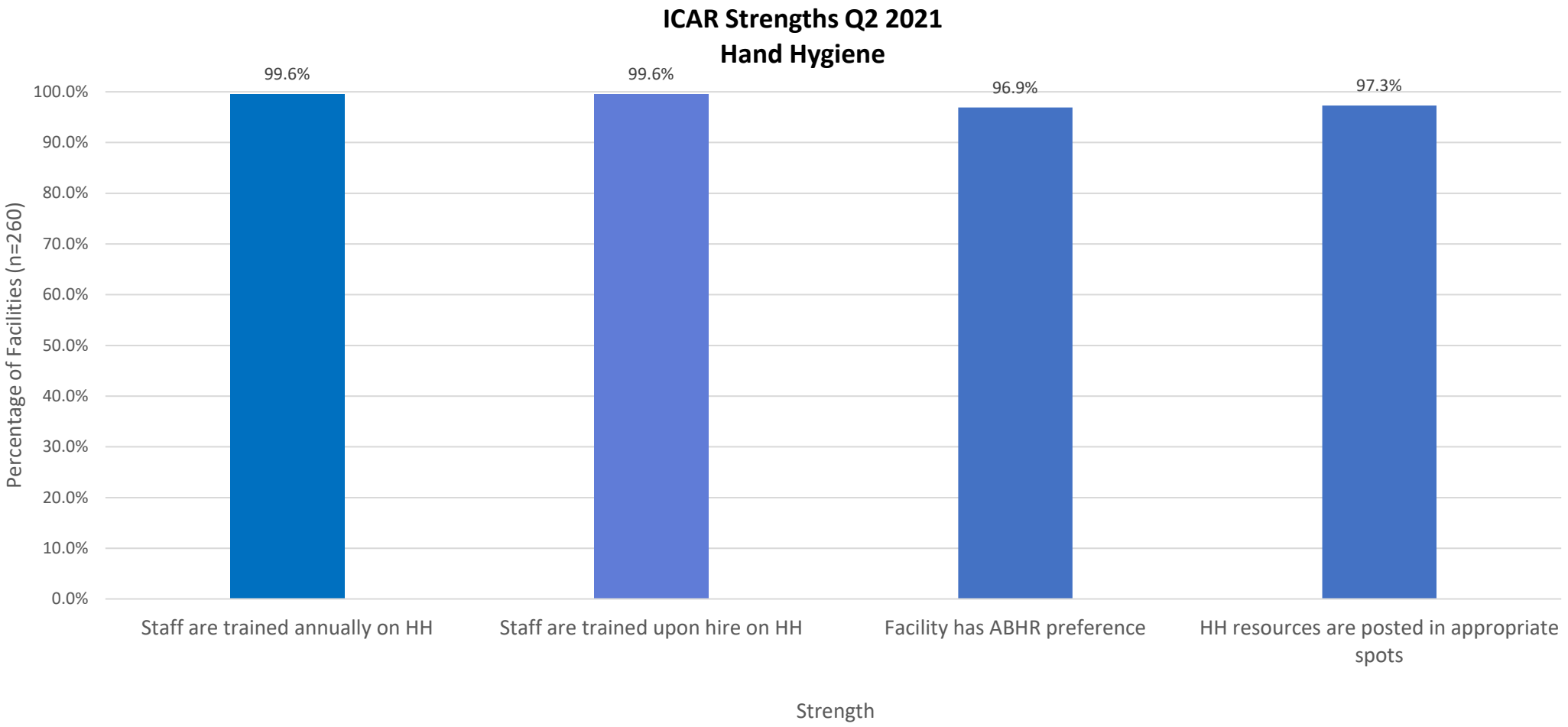
ICAR Strengths- Hand Hygiene



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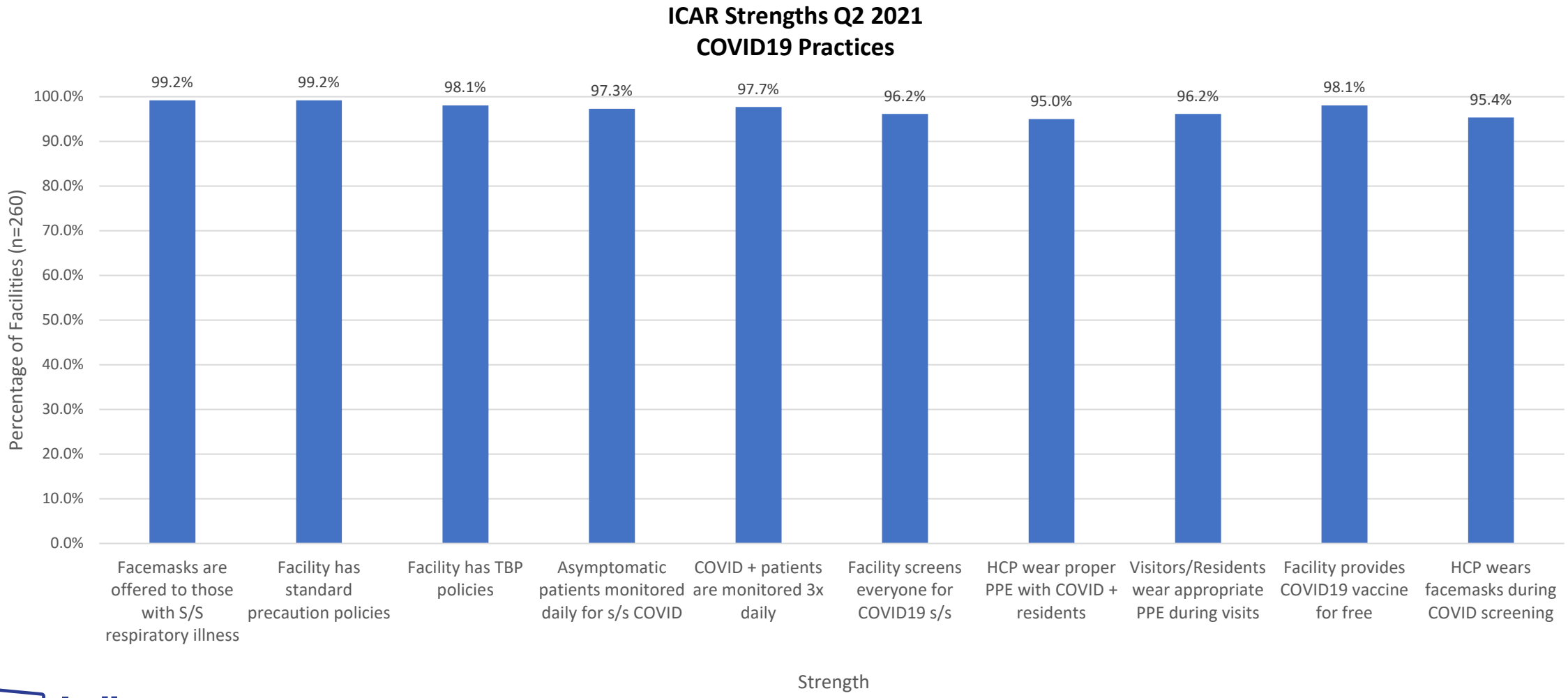
ICAR Strengths- COVID19 Practices



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Infection Prevention Visits

INDIANA IP DISTRICTS - SUMMARY 2020 - 2022			
District	Prevention-based Assessments (ICAR)	Outbreak-based Assessments (ORT)	Total Prevention-based (ICAR) & Outbreak-based (ORT) Assessments
1	106	112	218
2	86	75	161
3	77	67	144
4	95	69	164
5	147	132	279
6	72	73	145
7	84	58	142
8	69	103	172
9	54	72	126
10	78	92	170
	868	853	1721

As of 8/31/2021, the District IPs have completed over 1700 visits across the state!

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Non-HAI-AR Team State Contacts

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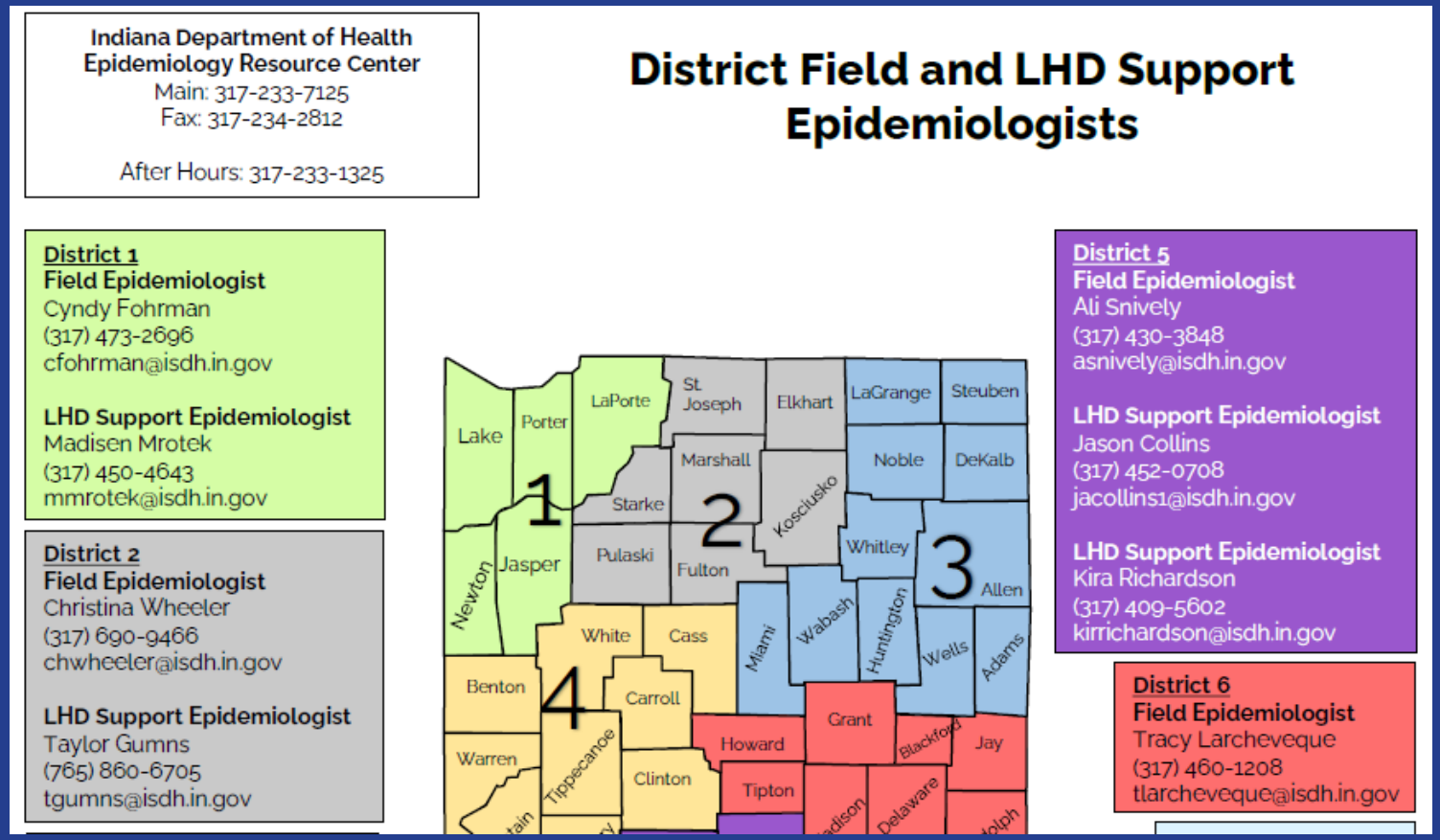
District Field and LHD Support Epidemiologists



For additional epidemiologic support, please reach out to the field and LHD support epidemiologist in your district.

For the current district map, please click here.

Emergency Epidemiologist On-Call

If you have a question, you can call the IDOH main phone line at 317-233-7125.

The emergency on-call epidemiologist is also available after hours and on weekends at 317-233-1325.

HAI-AR Reporting Overview

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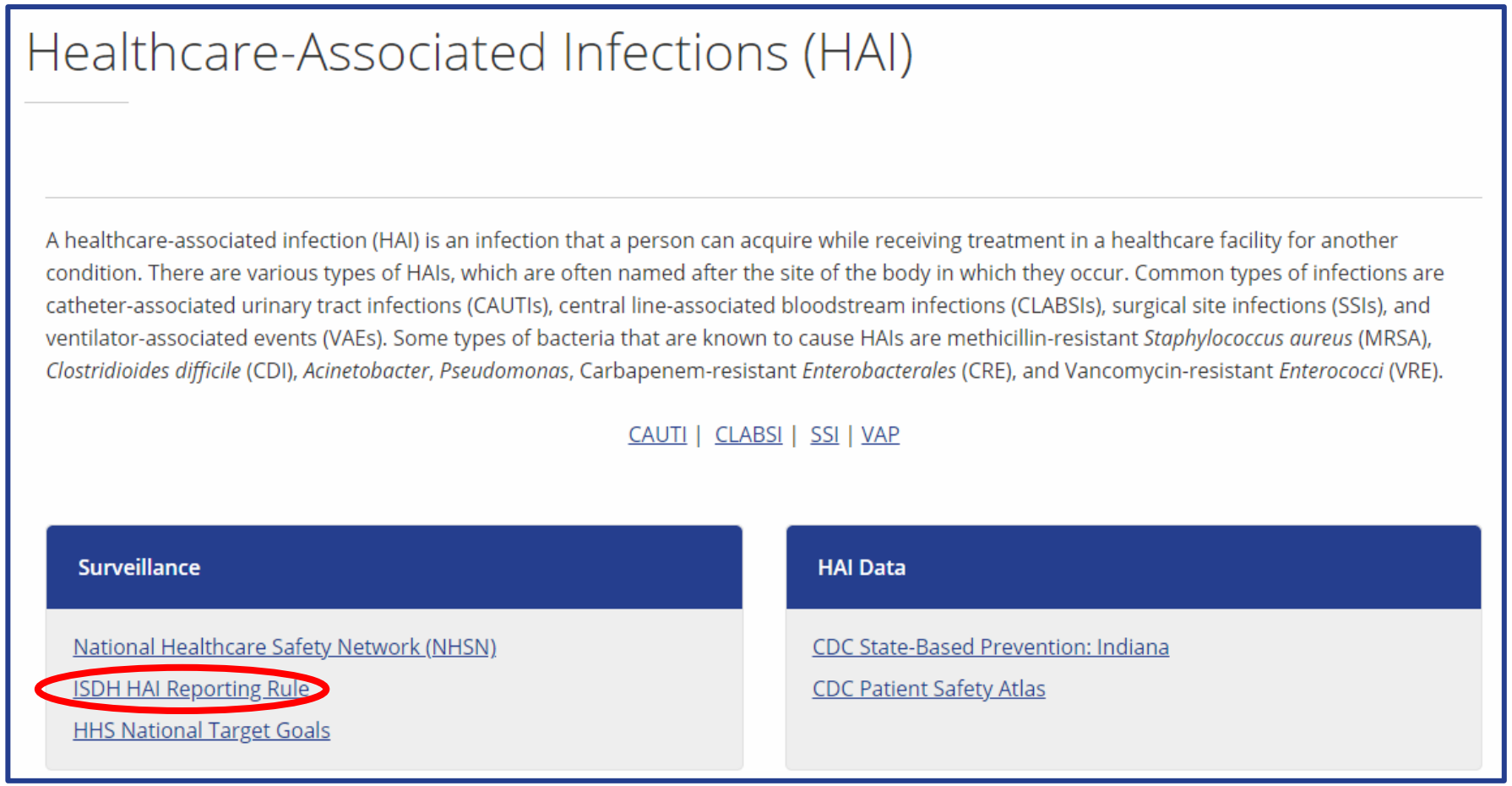
HAI Reporting Rule



Healthcare-Associated Infections (HAI)

A healthcare-associated infection (HAI) is an infection that a person can acquire while receiving treatment in a healthcare facility for another condition. There are various types of HAIs, which are often named after the site of the body in which they occur. Common types of infections are catheter-associated urinary tract infections (CAUTIs), central line-associated bloodstream infections (CLABSIs), surgical site infections (SSIs), and ventilator-associated events (VAEs). Some types of bacteria that are known to cause HAIs are methicillin-resistant *Staphylococcus aureus* (MRSA), *Clostridioides difficile* (CDI), *Acinetobacter*, *Pseudomonas*, Carbapenem-resistant *Enterobacterales* (CRE), and Vancomycin-resistant *Enterococci* (VRE).

CAUTI | CLABSI | SSI | VAP

Surveillance

National Healthcare Safety Network (NHSN)

ISDH HAI Reporting Rule

HHS National Target Goals

HAI Data

CDC State-Based Prevention: Indiana

CDC Patient Safety Atlas

Find it here on the HAI webpage!

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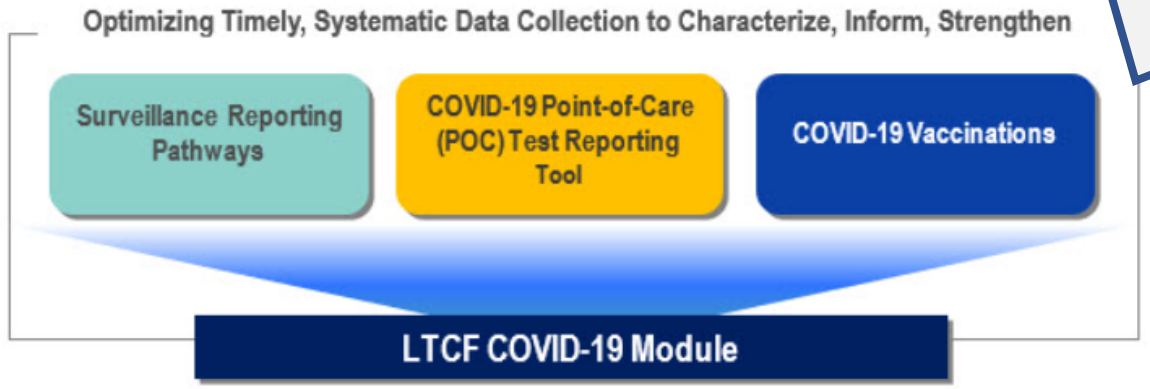
CDC's NHSN LTCF COVID-19 Module

LTCF COVID-19 Module

CDC's NHSN provides healthcare facilities, such as long-term care facilities (LTCFs), with a secure reporting platform for reporting outcomes and process measures in a systematic way. Reported data are immediately available for use in strengthening local and national surveillance, monitoring trends in infection rates, assisting in identifying resource insecurities, and informing progress toward infection prevention goals.



Find the webpage here!

LTCF COVID-19 Module Resources

Examples of Guidance Documents available:

- TOI Resident Impact and Facility Capacity Guidance Document
- Correcting COVID-19 Data Guidance Document
- LTCF COVID-19 Module: Data Alerts Guidance Document
- RIFC Vaccination Status Guidance Document

Indiana COVID-19 Reporting Rule

Communicable Disease Reporting

Communicable Disease Reporting Rule

- 2015 Communicable Disease Reporting Rule
- Indiana State Health Commissioner Kris Box, MD, FACOG Reporting Rule for COVID-19 *(updated July 29, 2021)*
- COVID-19 Control Measures *(updated Sept. 1, 2021)*
- Local Health Department Guidance on Communicable Disease Laws *(updated July 26, 2021)*

To report a case of a reportable disease please complete this form and fax to 317-234-2812 ***or*** call the IS
Epidemiology Resource Center at 317-233-7125 (8:15 am- 4:45 pm) or 317-233-1325 (after hours, we
holidays).

Find it here on IDOH's Communicable Disease Reporting Webpage

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REDCAP COVID-19 Reporting

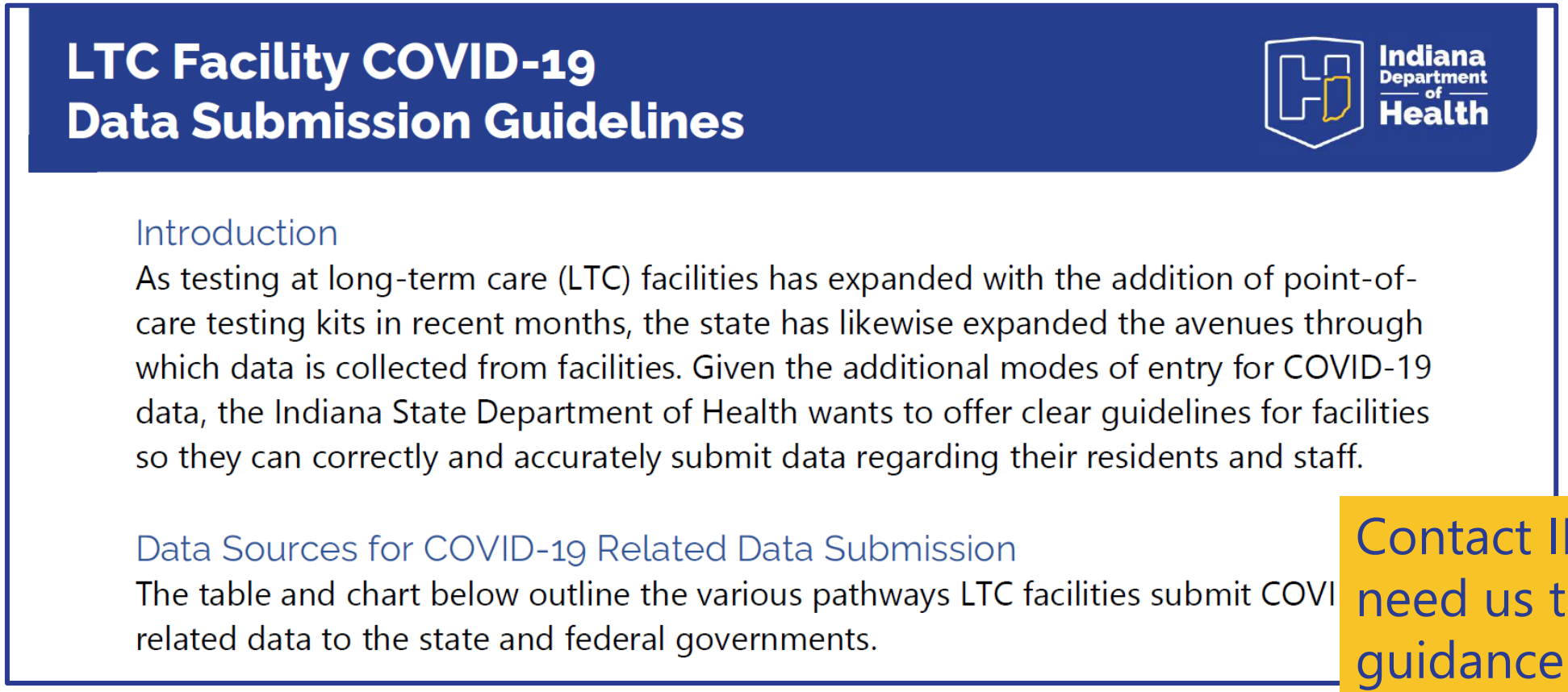
REDCAP Forms:

- POC REDCAP Form Here!
- Confirmed Case REDCAP Here!

For COVID-19 Case Transfers

- Discharge facility: Report the case as normal when the positive test comes back as either POC or PCR positive.
- Admitting facility: Report the case as 'Positive Upon Admission'.

Redcap COVID-19 Reporting Resource



LTC Facility COVID-19 Data Submission Guidelines

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Introduction

As testing at long-term care (LTC) facilities has expanded with the addition of point-of-care testing kits in recent months, the state has likewise expanded the avenues through which data is collected from facilities. Given the additional modes of entry for COVID-19 data, the Indiana State Department of Health wants to offer clear guidelines for facilities so they can correctly and accurately submit data regarding their residents and staff.

Data Sources for COVID-19 Related Data Submission

The table and chart below outline the various pathways LTC facilities submit COVI
related data to the state and federal governments.

Contact IDOH if you need us to provide this guidance document to your facility.

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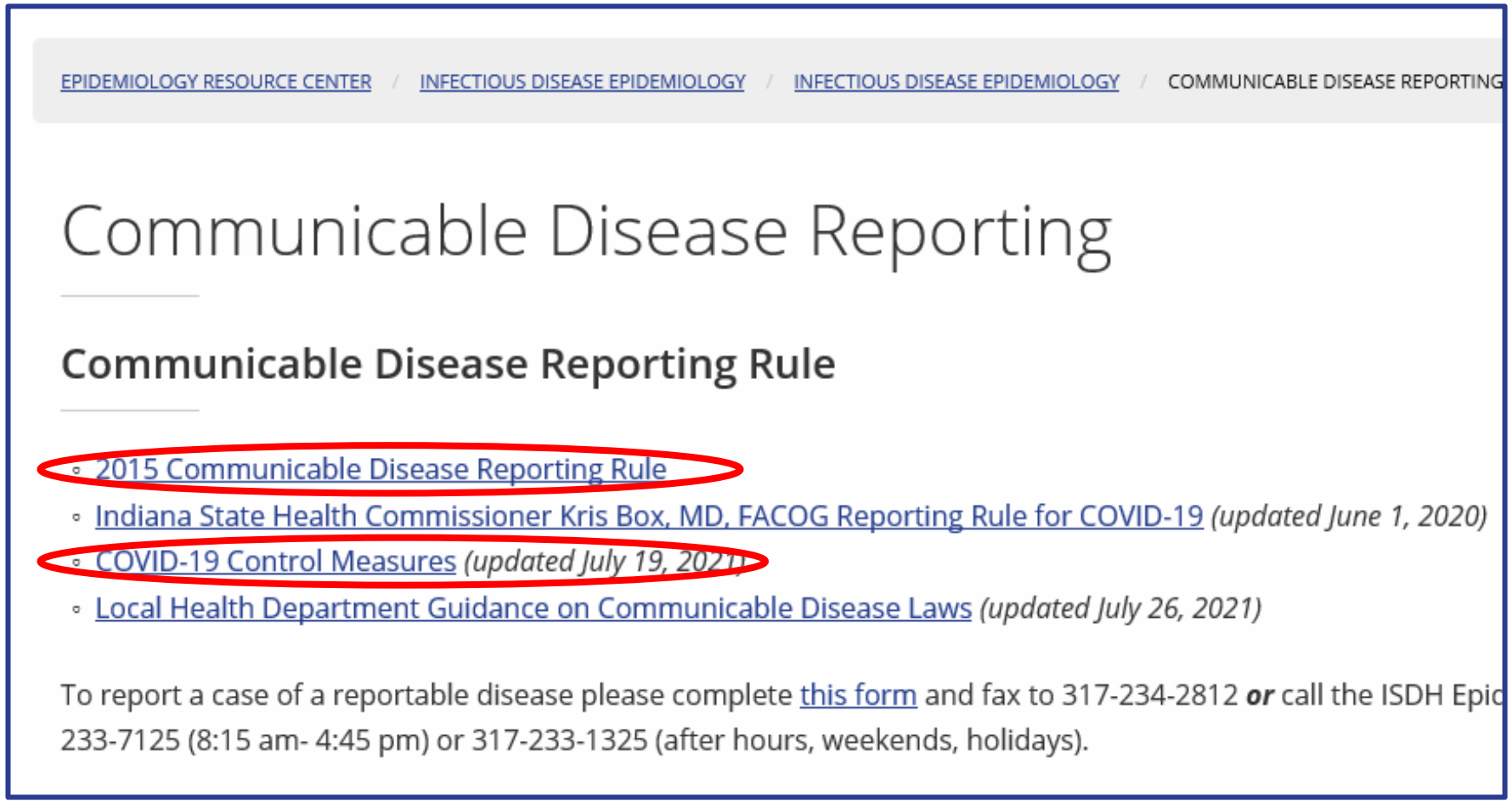
Communicable Disease Rule



EPIDEMIOLOGY RESOURCE CENTER / INFECTIOUS DISEASE EPIDEMIOLOGY / INFECTIOUS DISEASE EPIDEMIOLOGY / COMMUNICABLE DISEASE REPORTING

Communicable Disease Reporting

Communicable Disease Reporting Rule

- 2015 Communicable Disease Reporting Rule
- Indiana State Health Commissioner Kris Box, MD, FACOG Reporting Rule for COVID-19 *(updated June 1, 2020)*
- COVID-19 Control Measures *(updated July 19, 2021)*
- Local Health Department Guidance on Communicable Disease Laws *(updated July 26, 2021)*

To report a case of a reportable disease please complete this form and fax to 317-234-2812 ***or*** call the ISDH Epic
233-7125 (8:15 am- 4:45 pm) or 317-233-1325 (after hours, weekends, holidays).

Access the communicable disease reporting resources here!

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Communicable Disease List

Access the communicable disease reporting resources here!

Report incidences of the following infections, diseases, or conditions to the Local Health Department — Phone Number: _____

Reportable Communicable Diseases and Conditions for Health Care Providers, Hospitals, and Medical Laboratories
Effective December 25, 2015
410 IAC 1-2.5-75 & 76

Report immediately on suspicion (!). Report within 24 hours (*). All others report within 72 hours or as noted.

Acquired Immunodeficiency Syndrome (AIDS)
*Animal Bites
Anaplasmosis (*Anaplasma* species)
! Anthrax (*Bacillus anthracis*)
! Arboviral (Eastern Equine, St. Louis, La Crosse, West Nile, California, Western Equine, Powassan, Japanese)
Babesiosis (*Babesia* species)
! Botulism (*Clostridium botulinum*)
! Brucellosis (*Brucella* species)
Campylobacteriosis (*Campylobacter* species)
Carbapenemase-producing Carbapenem-resistant Enterobacteriaceae (CP-CRE)
Chancroid (*Haemophilus ducreyi*)
! Chikungunya virus
! Hantavirus pulmonary syndrome
! Hemolytic uremic syndrome, postdiarrheal
! Hepatitis, viral, Type A
Hepatitis, viral, Type B
! Hepatitis, viral, Type B, pregnant woman (acute and chronic) or perinatally exposed infant
Hepatitis, viral, Type C (acute), within five (5) business days
Hepatitis, viral, Type Delta
! Hepatitis, viral, Type E
Hepatitis, viral, unspecified
Histoplasmosis (*Histoplasma capsulatum*)
HIV infection/disease (The following conditions related to HIV are laboratory reportable)
Cryptococcus neoformans
Kaposi's sarcoma (biopsies)
Pneumocystis carinii
Rabies, postexposure treatment
Rocky Mountain spotted fever (*Rickettsia* species)
! Rubella (German Measles)
! Rubella congenital syndrome
Salmonellosis, non-typhoidal (*Salmonella* species)
! Shigellosis (*Shigella* species)
! Smallpox (Variola infection)
Adverse events or complications due to smallpox vaccination (vaccinia virus infection) or secondary transmission to others after vaccination.
! St. Louis encephalitis (SLE)
Staphylococcus aureus, vancomycin resistance level of MIC ≥ 8 µg/mL or severe *Staphylococcus aureus* in a previously healthy person
Streptococcus pneumoniae, invasive

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CP-CRE, VRSA, *Candida auris* and *S. aureus* Reporting

How to report:

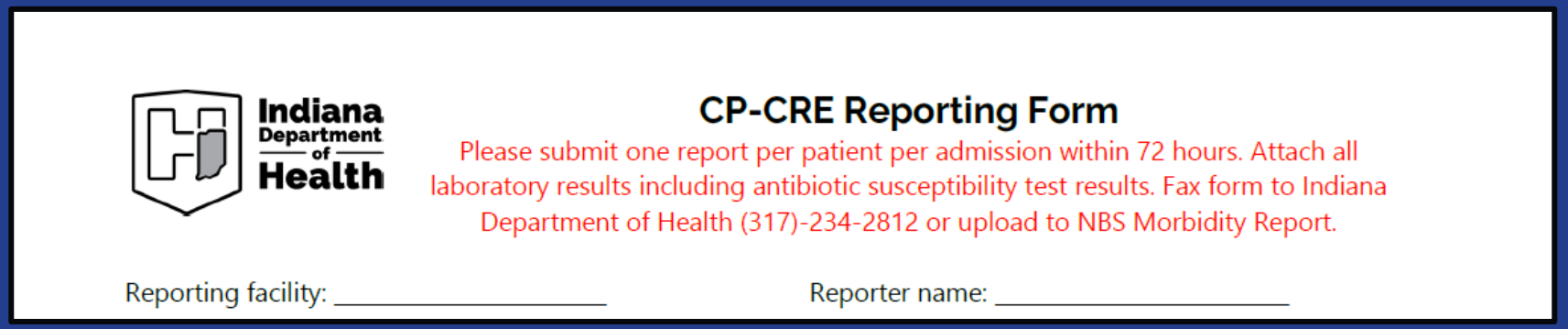
- Option 1: create morbidity report in NBS
  - attach all documents to morbidity report
- Option 2: fax all documents to IDOH
  - secure fax number: 317-234-2812

Documents to include when reporting:

- history and physical
- all relevant lab reports
- antimicrobial susceptibility testing (AST) report

CP-CRE and CA Reporting Forms

These forms can be downloaded from the Antimicrobial Resistance and Candida auris webpages on the IDOH website.



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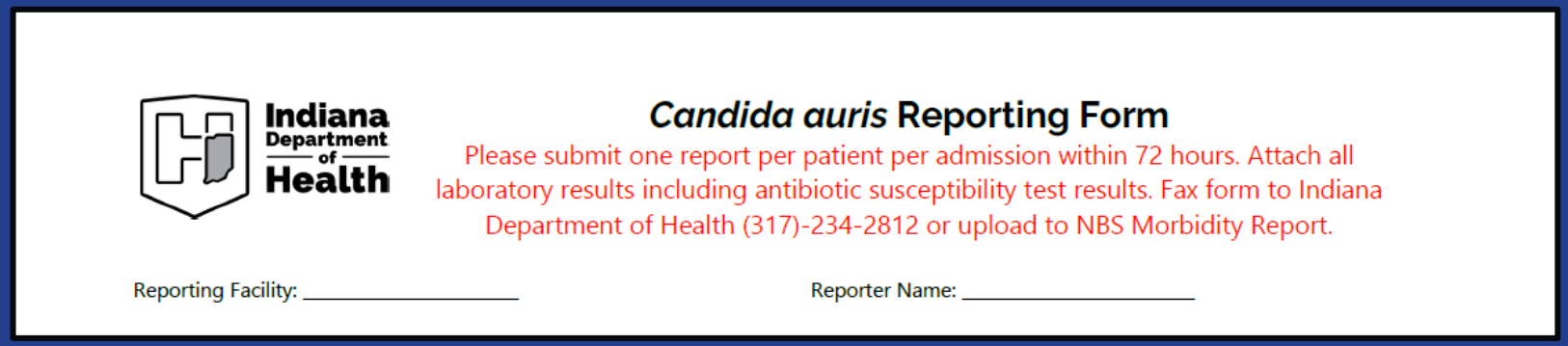
CP-CRE Reporting Form

Please submit one report per patient per admission within 72 hours. Attach all laboratory results including antibiotic susceptibility test results. Fax form to Indiana Department of Health (317)-234-2812 or upload to NBS Morbidity Report.

Reporting facility: _____ Reporter name: _____

When reporting suspected cases of CA or CP-CRE, please fill out this form and attach it to a morbidity report in NBS or fax it to IDOH.



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***Candida auris* Reporting Form**

Please submit one report per patient per admission within 72 hours. Attach all laboratory results including antibiotic susceptibility test results. Fax form to Indiana Department of Health (317)-234-2812 or upload to NBS Morbidity Report.

Reporting Facility: _____ Reporter Name: _____

Include an H&P for the resident as well as all available labs and antimicrobial susceptibility testing (AST) results.

Candida auris Reporting Algorithm

A *Candida auris* case is received through lab identification.

Healthcare facility reports *Candida auris* case to Indiana Department of Health. Suspected cases should be reported within 72 hours with attached copies of any available lab results, antimicrobial susceptibility testing (AST) results and H&P.

Reporting suspected *C auris* cases.

- Create morbidity report in NBS and attach supporting documents (preferred method).
- Fax documents to IDOH's secure line at (317) 234-2812.

IDOH recommendations

Resident should be placed in enhanced barrier contact precautions (without confirmed IDOH lab result). Use EPA List P products to disinfect environment and resident rooms. Flag resident's chart for quick identification in case of re-admission. Ensure an interfacility transfer form is utilized when a resident is transferred. Screen roommates for *C. auris* colonization, if applicable.

Candida auris Webpage

The CA webpage can be accessed here!

Candida auris

What is *Candida auris* and why is it important?

Candida auris (C. auris) is an emerging fungus that presents a serious global health threat. *C. auris* is resistant to many of the antifungal drugs commonly used to treat infections. *C. auris* can cause many different types of infection, such as bloodstream, wound, urinary tract, and ear. Invasive *C. auris* infections have been associated with 30-60% mortality rates among hospitalized patients. Most deaths have occurred in persons with other serious illnesses that increased the risk of death. *C. auris* is a public health concern due to its potential for multi-drug resistance, ability to spread in healthcare settings, and rapid appearance in many parts of the United States. Click here to see the latest national information from the Centers for Disease Control and Prevention (CDC). *C. auris* infections have also been reported in dozens of other countries. Outbreaks of this organism have occurred in healthcare settings, so early identification and communication about cases are essential to awareness and prevention.

Severe *Staph* in a Previously Healthy Person

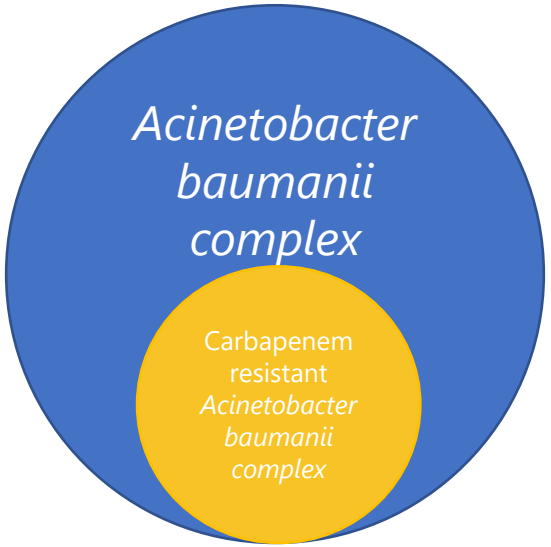
Criteria:

- *Staphylococcus aureus* isolated
- Infection results in death or ICU admission
- Case must not have been hospitalized, had surgery, or have been a resident of a long-term care facility within the past year
- Case must not have had hemo- or peritoneal dialysis, a percutaneous device, or an indwelling catheter at time of culture

Organisms on “Watch”

Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA)

Carbapenem-resistant *Acinetobacter baumannii complex* (CRAB)



*Do not start a case or submit a morbidity report for these organisms in NBS. When reporting please include any antimicrobial susceptibility testing (AST) if possible.

Resources

Indiana Department of Health

HAI-AR Website

Directions:

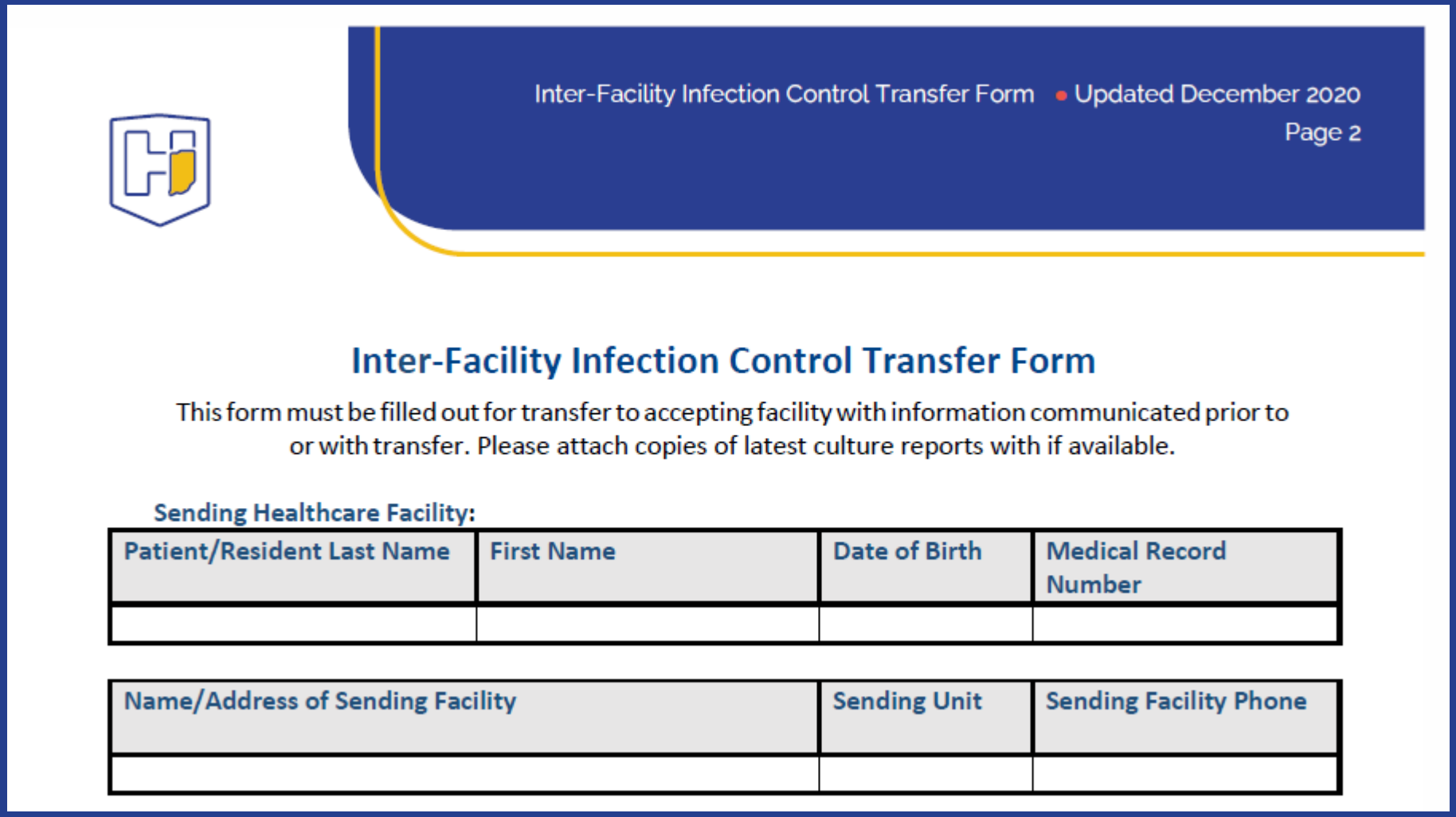
1. Go to in.gov/health
2. Click on “Epidemiology Resource Center” (ERC)
3. Under “Infectious Disease Epidemiology” click “Healthcare-Associated Infections and Antimicrobial Resistance Epidemiology,” or click here.

Inter-Facility Infection Control Transfer Form

Download the form here!

Inter-Facility Infection Control Transfer Form

Download the form here!



Inter-Facility Infection Control Transfer Form

This form must be filled out for transfer to accepting facility with information communicated prior to or with transfer. Please attach copies of latest culture reports with if available.

Sending Healthcare Facility:

Patient/Resident Last Name	First Name	Date of Birth	Medical Record Number

Name/Address of Sending Facility	Sending Unit	Sending Facility Phone

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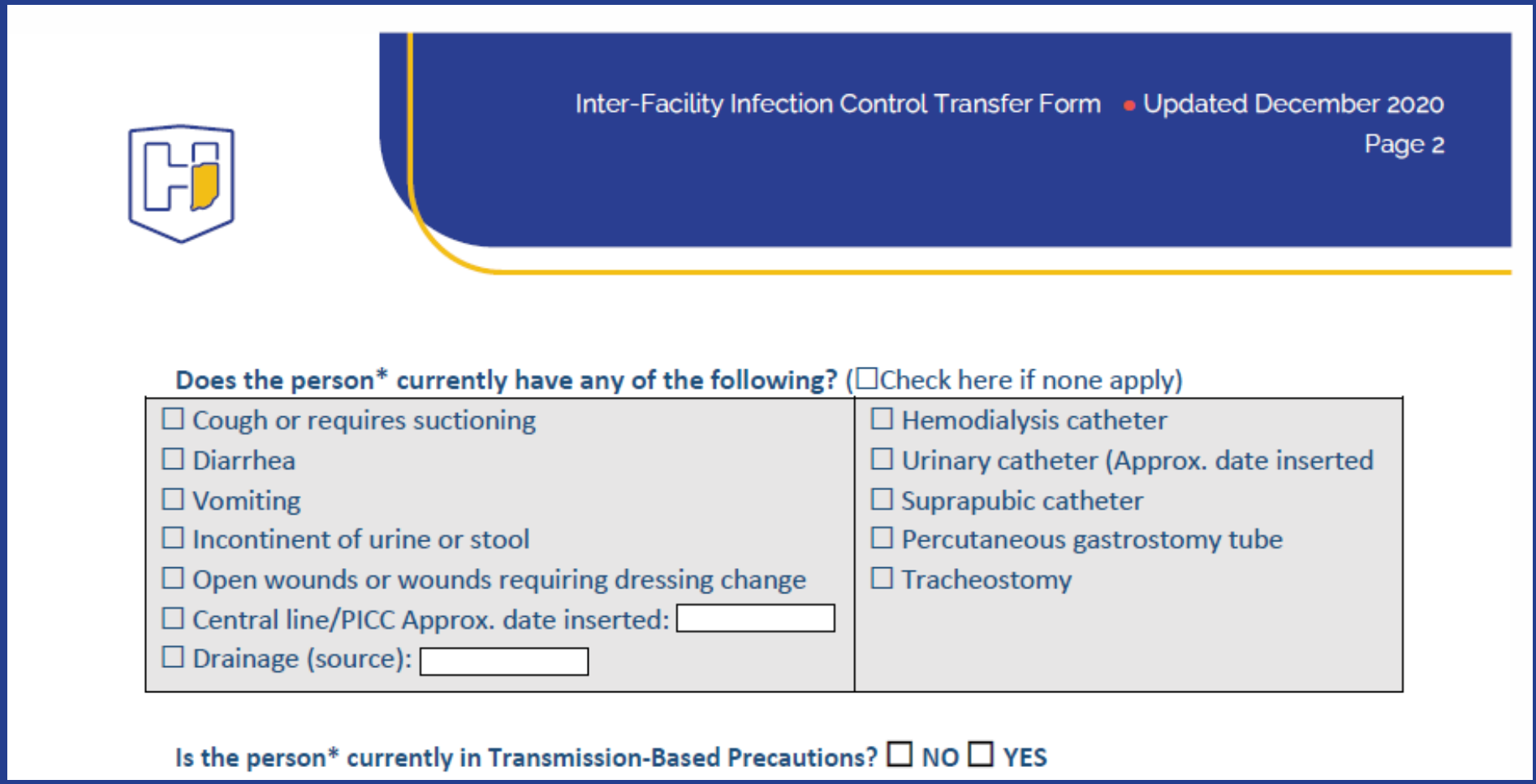
Inter-Facility Infection Control Transfer Form

Download the form here!



Inter-Facility Infection Control Transfer Form • Updated December 2020
Page 2

Does the person* currently have any of the following? (☐Check here if none apply)

☐ Cough or requires suctioning	☐ Hemodialysis catheter
☐ Diarrhea	☐ Urinary catheter (Approx. date inserted
☐ Vomiting	☐ Suprapubic catheter
☐ Incontinent of urine or stool	☐ Percutaneous gastrostomy tube
☐ Open wounds or wounds requiring dressing change	☐ Tracheostomy
☐ Central line/PICC Approx. date inserted:	
☐ Drainage (source):	

Is the person* currently in Transmission-Based Precautions? ☐ NO ☐ YES

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CRE vs CP-CRE vs CPO

		CRE	CP-CRE	CPO
MDRO		Yes	Yes	Yes
Case definition requirements	Enterobacterales?	Yes	Yes	Not necessarily
	Resistant to Carbapenem?	Yes	Yes	Not necessarily
	Geno/pheno positive?	No	Yes	Yes

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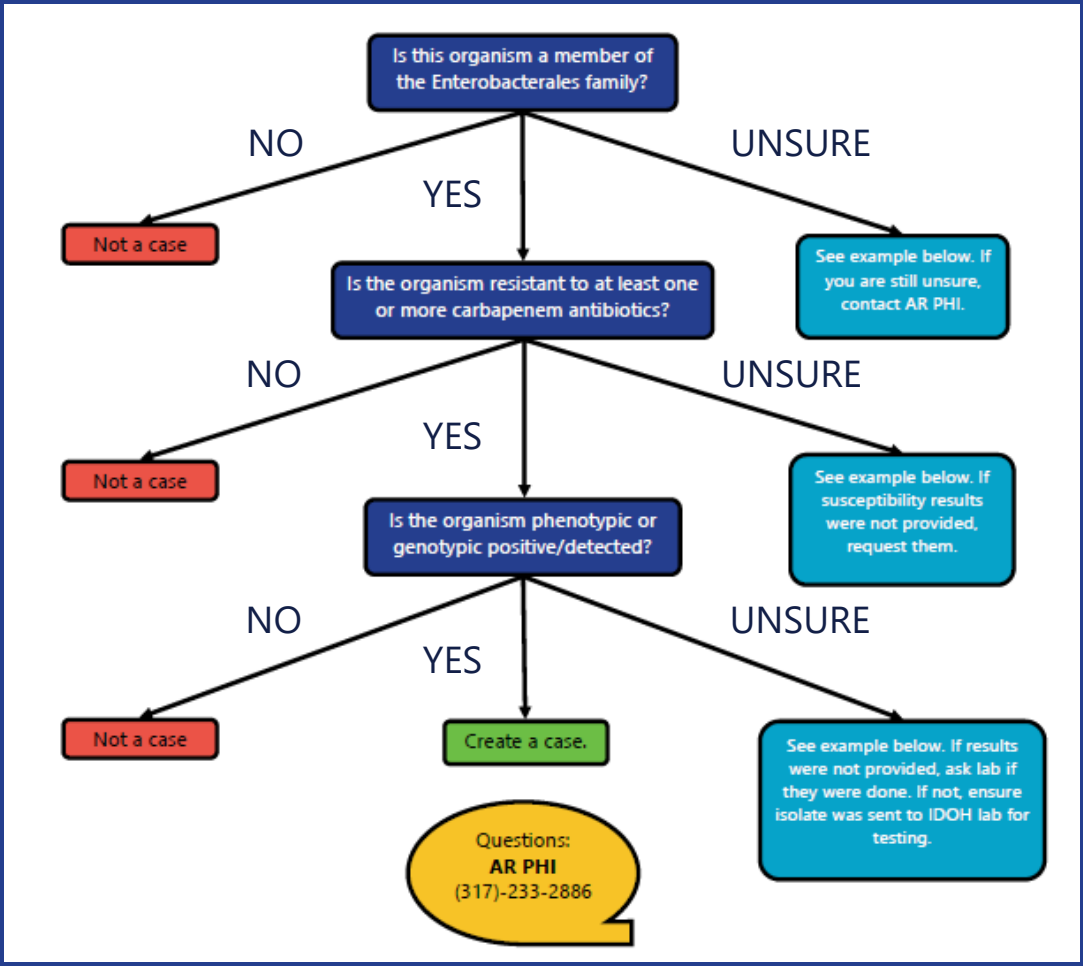
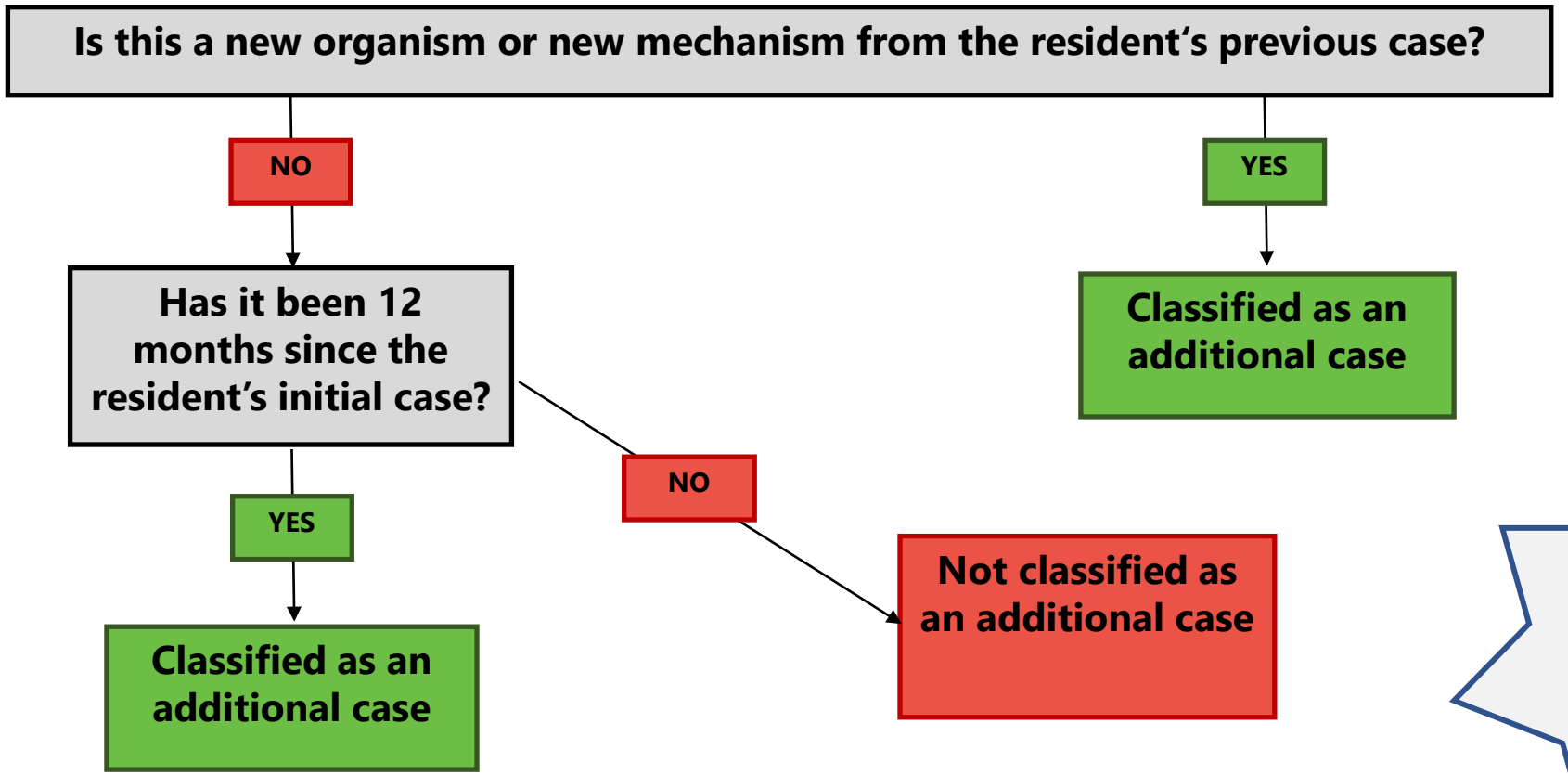
CP-CRE Identification Algorithm



Find the CP-CRE identification algorithm on the AR webpage!

Enterobacterales	**Genotypic Testing**	**Carbapenems**
Escherichia sp. *Klebsiella sp* *Enterobacter sp.* *Citrobacter sp.* *Providencia sp.* *Marganella sp.* *Serratia sp.* *Proteus sp.* and others...	Carba-R PCR *Will detect: KPC, IMP, NDM, OXA-48, VIM **Phenotypic Testing** mCIM CarbaNP MHT *Will result positive or negative	Meropenem Imipenem Doripenem Ertapenem

CP-CRE Recurrent Case

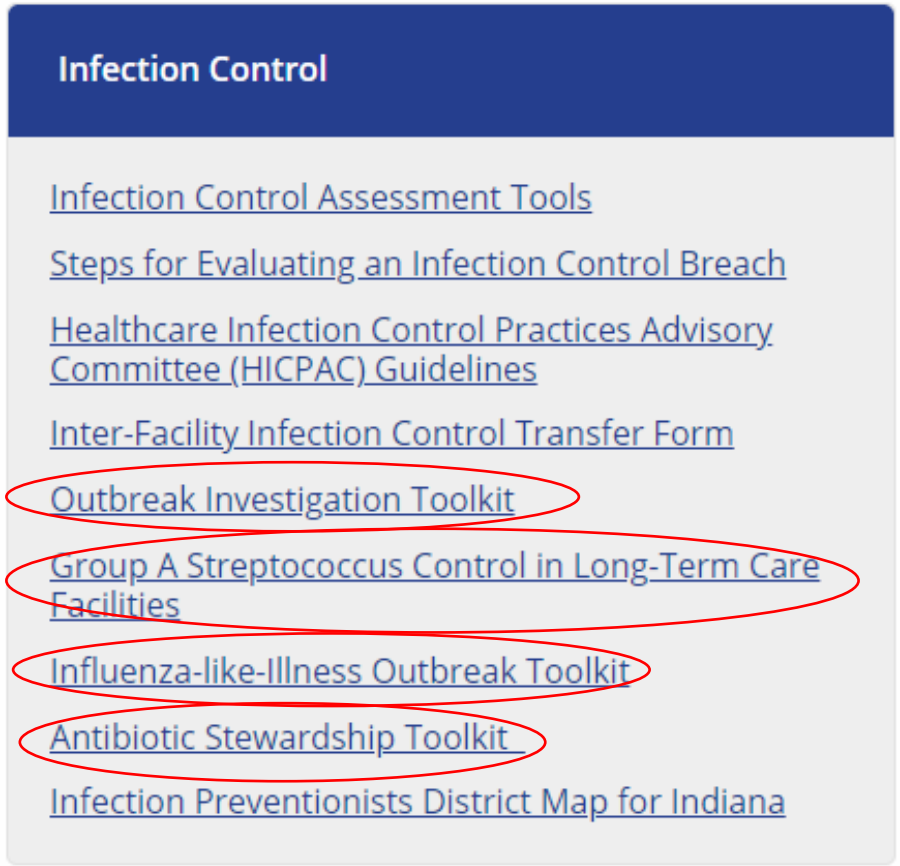


Find it here on the AR webpage!

Toolkits and Documents

Find the HAI webpage here!

- CDC's HAI outbreak investigation toolkit
- Influenza-like illness outbreak toolkit
- Group A *Streptococcus* control in long-term care facilities Document
- NEW! - Antibiotic Stewardship Toolkit
- Not pictured! - COVID19 IP Toolkit



CDC's Project Firstline

The Project Firstline collaborative was launched in 2020.

The collaborative is designed to provide infection control training to healthcare workers.

[Access Project Firstline here!]

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CDC's Project Firstline

Project Firstline's Inside Infection Control Series videos:

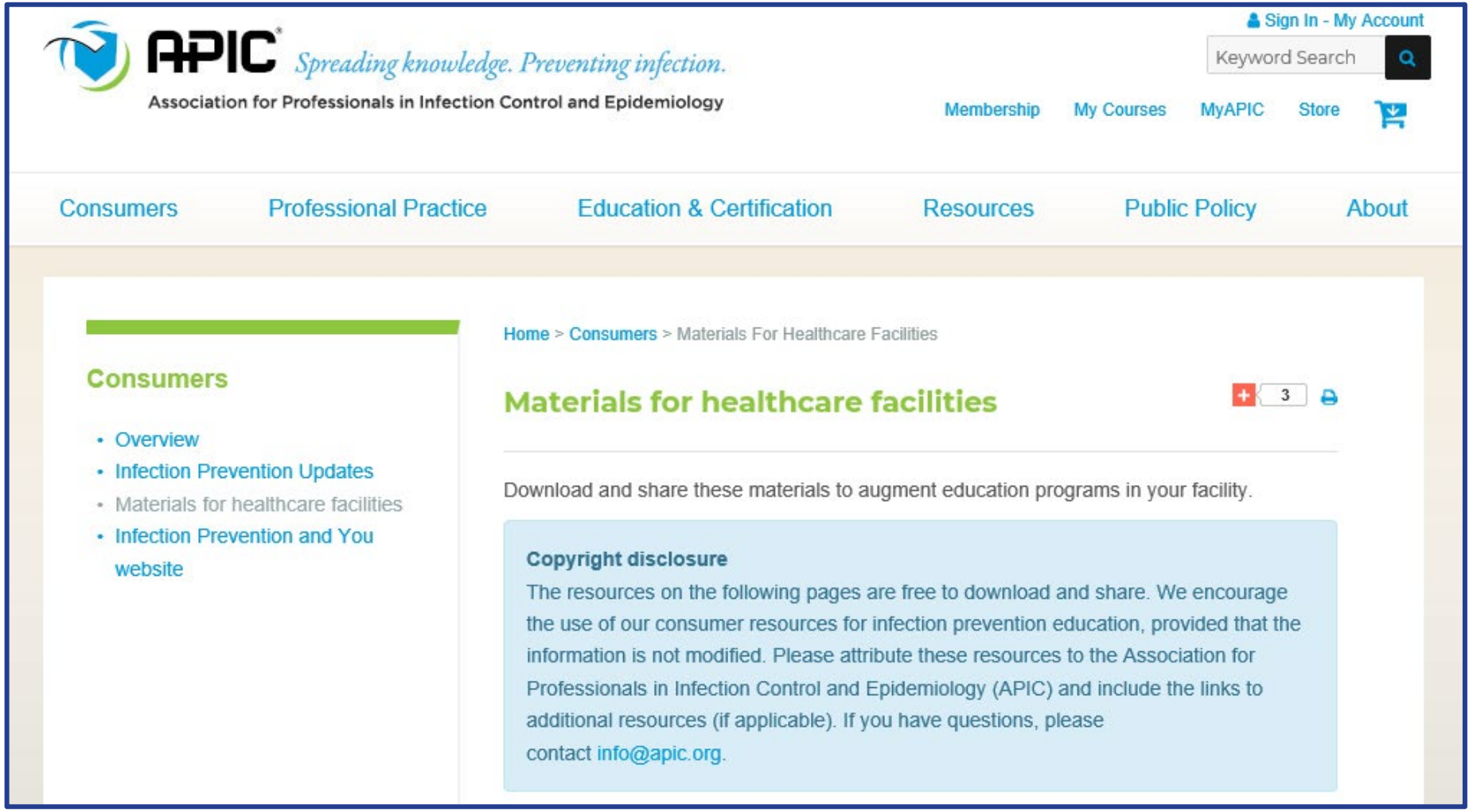
- "How do I test the seal on my N95?"
- "Do we really have to talk about hand hygiene? Again? Yes!"
- "Why does contact time matter for disinfection?"
- "Cleaning? Disinfection? What is the difference?"

Project Firstline's educational videos:

- "Safety tips for giving vaccine from a multi-dose vial"
- "Respiratory droplet basics"

APIC's Materials for Healthcare Facilities

[Visit APIC's webpage by clicking here!]



Indiana Department of Health

APIC's Materials for Healthcare Facilities

Some available materials include:

The Do's and Don'ts for wearing procedure masks in non-surgical healthcare settings

- Flyer for healthcare professionals [PDF]

The Do's and Don'ts for wearing N95 respirators in non-surgical healthcare settings

- Flyer for healthcare professionals [PDF]

The ABC's of Antibiotics

- Flyer for patients [PDF]
- Flyer for patients – Español [PDF]

What are healthcare-associated infections?

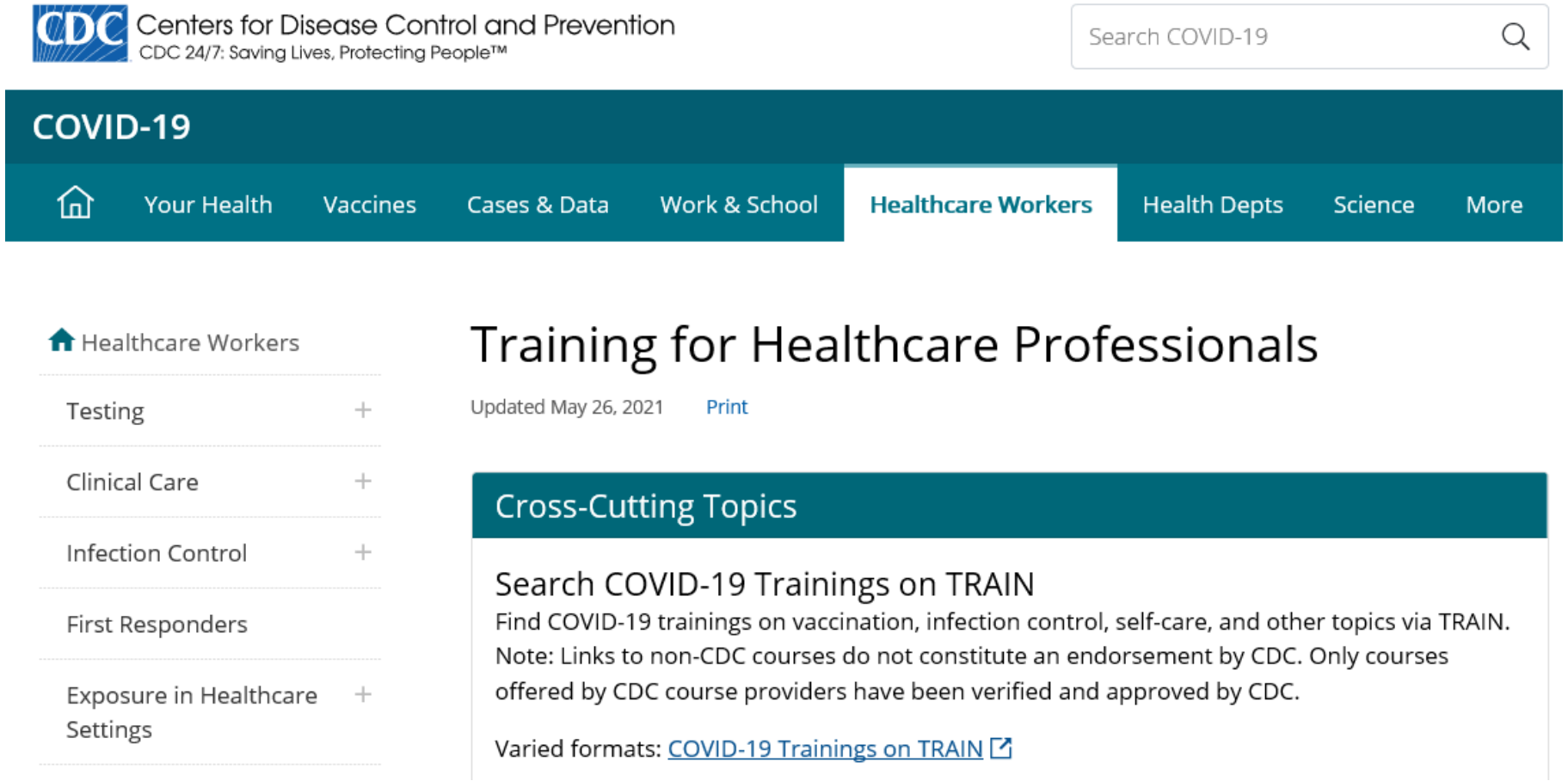
- Flyer for patients [PDF]

Infection Prevention and You in Long-Term Care

- Long-term care poster [large file, PDF]
  (11"x17", high-resolution for professional printing)
- Long-term care flyer [PDF]
  (8.5" x11", for professional printing, also desktop printer-friendly)
- Long-term care brochure [PDF]
  (8.5" x 11", two pages, desktop printer-friendly)
- Long-term care tri-fold brochure [PDF]
  (high-resolution for professional printing)
- Long-term care PowerPoint presentation for closed circuit TV [large file, PPT]

COVID-19-Related Trainings from the CDC

[Visit CDC's COVID-19: Training for healthcare professionals by clicking here!]



Indiana Department of Health

COVID-19-Related Trainings from the CDC

Some available trainings include:

Nurses on Shift Work and Long Hours
Learn ways to reduce workplace fatigue and stay healthy. Free CE.

Self-paced online course: Nurses on Shift Work and Long Hours

Workplace Violence Prevention for Nurses
Learn about the scope and nature of violence in the healthcare setting. Free CE.

Self-paced online course: Workplace Violence Prevention for Nurses

The Science of Social Distancing: Part 1
Learn about the science on social distancing, strategies to support it, and how findings from past pandemics — as well as the current one — can shape responses today.

Webinar: The Science of Social Distancing: Part 1

The Science of Social Distancing: Part 2
Learn more about social distancing. Topics include benefit-risk analysis of social/physical distancing strategies, including for vulnerable populations; strategies for mitigating mental health impacts; and what science is available to guide eventual relaxation of measures.

Webinar: The Science of Social Distancing: Part 2

Pfizer-BioNTech COVID-19 Vaccine: What Healthcare Professionals Need to Know
Learn about the COVID-19 vaccine manufactured by Pfizer Pharmaceuticals, based on the recommendations of the Advisory Committee on Immunization Practices and guidance from the manufacturer. Free CE.

Self-paced online course: Pfizer-BioNTech COVID-19 Vaccine

Moderna COVID-19 Vaccine: What Healthcare Professionals Need to Know
Learn about the COVID-19 vaccine manufactured by Moderna, Inc., based on the recommendations of the Advisory Committee on Immunization Practices and guidance from the manufacturer. Free CE.

Self-paced online course: Moderna COVID-19 Vaccine

Question and Answer

If you need someone added to the distribution list, please contact Hannah Gallion, AR PHI, at hgallion@isdh.in.gov.