# Resources for Acute Healthcare Facility Infection Preventionists

**ACH IP Course, 2022** 

Infection Prevention Training for ACH
Healthcare-Associated Infections Program
Center for Health Care Quality California
Department of Public Health



## **Objectives**

- Review CDPH HAI Program resources for supporting acute care hospital IPs
- Describe sources of information, tools, training, and other resources for acute care hospital IPs
- Discuss professional organizations and networking that can aid the new acute care hospital IPs



## **HAI Program Team Structure and Support**

### **HAI Infection Preventionist (IP) Team**

- 4 teams, each assigned to a geographic region (North, North Bay Area, Central, South)
- IP Team Lead with additional HAI IP

### **HAI Investigations Team**

- Medical epidemiologists and nurse consultants available to assist with outbreak investigations
- "AR epi team" for follow-up and investigations of antimicrobial resistance organisms



## **Support Opportunities**

- HAI Program to establish mentorship and collaborative partnerships with and among ACH IP by:
  - Convening regularly scheduled meetings of ACH IPs to provide live ongoing training and opportunities for Q&A
  - Matching specific ACHs to each HAI IP team
- Potential academic and health system partnerships



## When to Contact the HAI Program

- For infection prevention education and training resources
- With questions about infection prevention and control policies, procedures, and recommended practices
- Conducting onsite infection prevention assessments in your jurisdiction's healthcare facilities
- For assistance with investigation and response to unusual infectious disease occurrences and outbreaks in healthcare facilities and other congregate settings in your jurisdiction
- To participate in statewide or regional HAI/antimicrobial resistance (AR) prevention collaboratives



# Finding the CDPH HAI Program Website

**HAI Program Website** 

(www.cdph.ca.gov/HAI)



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#### **HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM**

HAI Reports/Maps

HAI Advisory Committee

How to Contact Us

Me and My Family

HAI Prevention and Reporting

Antimicrobial Resistance

Public Health Partners

The Healthcare-Associated Infections (HAI) Program in the California Department of Public Health Center for Health Care Quality oversees the prevention, surveillance, and reporting of HAI and antimicrobial resistance (AR) in California's hospitals and other healthcare facilities. Unfortunately, infections acquired as a result of receiving health care remain a public health problem; most HAI are preventable by following infection prevention care practices. Since 2010, the HAI Program:

- Receives and publicly reports California hospital HAI data to provide hospital quality information to the
  public and prompt providers to take action to prevent infections;
- Follows up with hospitals that have high infection rates;
- Convenes statewide and regional HAI/AR prevention collaboratives to coordinate prevention efforts among facilities that commonly share patients;
- Assists local public health agencies to investigate unusual infection occurrences and outbreaks that occur in healthcare facilities.



Me And My Family

- HAI Definitions and Information
- Central line-associated Bloodstream



**HAI Prevention and Reporting** 

- 2-Day Infection Prevention Course
- Adherence Monitoring Tools



## HAI Prevention and Reporting Webpage

#### **HAI Prevention and Reporting**

(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/HealthcareProviders.aspx)

### **HEALTHCARE-ASSOCIATED INFECTIONS (HAI) PROGRAM**

Monitoring Adherence to Healthcare Practices that Prevent Infections Tools

Antimicrobial Resistance

**Environmental Cleaning** 

Preventing HAI in California Skilled Nursing Facilities (SNF)

Guidance for Hospital Infection Prevention Programs

HAI Reporting and NHSN Guidance Specific To California Hospitals

HAI Investigation for Hospitals And Clinicians

HAI Education For Health Care Professionals

Injection Safety

HAI Liaison IP Program

HAI Specific Legislation, Regulations and AFLs

#### **HAI Prevention and Reporting**



#### What Can We Do To Prevent HAI?

Health care providers can take action to prevent healthcare-associated infections (HAI). Consistently adhering to core, evidence-based infection prevention practices reduces the risk of HAI and spread of antibiotic-resistant bacteria or other pathogens. California law requires each hospital to designate a physician hospital epidemiologist (or committee chair) who has completed CME training specific to infection surveillance, prevention, and control. Hospitals must also provide annual infection prevention training to all staff and contractors (Health and Safety Code 1288.95).



## **Resources for ACH IP Topics**

- Adherence Monitoring
- Antimicrobial Resistance
- Environmental Cleaning
- Hand Hygiene
- Healthcare Facility IP Assessments
- IP Overview (internal and external links)

- Injection Safety
- Webinars
- Best Practices Webpage
- Outbreaks
- Personal Protective Equipment (PPE)
- Patient Transfers

HAI Program Public Health Resources webpage

# **CDPH Adherence Monitoring Tools**

## CDPH Adherence Monitoring Tools

(www.cdph.ca.gov/Programs/C HCQ/HAI/Pages/MonitoringAd herenceToHCPracticesThatPrev entInfection.aspx)



#### Central Line Adherence Monitoring

A central line associated bloodstream infection (CLABSI) may occur due to breaches in technique during line insertion or lapses in infection prevention practices when accessing and maintaining the line.

- Central Line Insertion Practices Adherence Monitoring Tool (PDF)
   Use this tool to observe the central line insertion process.
- Central Line Access and/or Dressing Change Practices Adherence Monitoring Tool (PDF)
   Use this tool to observe central line medication administration and dressing changes.
- Central Line Maintenance Practices Adherence Monitoring Tool (PDF)
   Use this tool to observe the condition of the central line dressing and tubing.

#### Additional resources:

CDC Guideline for the Prevention of Intravascular Catheter-Related Infections, 2011 (PDF)



#### **Contact Precautions**

Reduction of *C. difficile* and other multi-drug resistant organisms (MDRO) requires strict adherence to contact precautions and proper use of personal protective equipment.

Contact Precautions Adherence Monitoring Tool (PDF)

Use this tool to determine if staff members are correctly adhering to centest presentions practices



## **CDPH Adherence Monitoring Tools - Continued**

- Blood glucose testing
- Central line insertion and maintenance
- Contact precautions
- Device reprocessing
- Environmental cleaning
- Hand hygiene

- Hemodialysis
- Indwelling urinary catheter
- Injection safety
- Source control and respiratory hygiene
- Surgical / operating room environment

#### **CDPH Adherence Monitoring Tools**

(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/MonitoringAdherenceToHCPracticesThatPreventInfection.a spx)

## **Environmental Cleaning Webpage**

## **Environmental Cleaning**

(www.cdph.ca.gov/Programs/CHCQ/HAI/ Pages/EnvironmentalCleaning.aspx)



**Role of Environmental Surfaces in Disease Transmission** 



**Effective Cleaning Strategies** 



**Monitoring Cleaning** 



**Emerging Technologies** 



**Barriers to Effective Cleaning and Disinfection** 



#### Antimicrobial Resistance

#### Environmental Cleaning and Disinfection

#### Ensuring a Clean ans Safe Care Environment

Overview of environmental cleaning and disinfection best practices, including sections of the role of the environment in disease transmission and cleaning and disinfection monitoring.

Type of Resource: Reference

Format: Webpage Length: Self-paced

Target audience: ACH, SNF

Source: CDPH

#### Environmental Cleaning and Disinfection (Train the Trainer)

Use materials to provide frontline staff training. Includes slides, pre/post test, and flipchart on hand hygiene. The trainer webinar is meant for trainers (those who will train frontline staff) and goes more in depth on the topic.

For the flipchart, we recommend printing on ledger sized (11" x 17") paper, double-sided.

- Frontline staff training slides (PDF)
- Flipchart (PDF)
- Pre/post test (PDF)
- Trainer webinar skip to 51:36 (opens in YouTube)

Type of Resource: Training

Format: Slides and flipcharts, webinar

Length: 10-30 minutes, Trainer webinar 38 minutes

Target audience: LHD, ACH, SNF

Source: CDPH

#### Hand Hygiene

#### Healthcare Facility IP Assessments



## **Healthcare Facility IP Assessment Tools**

### Healthcare Facility Assessments

Onsite infection prevention assessment tools to use in all healthcare facilities.

Contact the HAI Liaison IP Program for assistance or support in conducting infection prevention assessments.

- Core infection prevention assessment (PDF)
- Ventilator module (PDF)
- MDRO module (PDF)
- Clostridioides difficile infection (PDF)
- Carbapenem resistant Enterobacteriaceae (PDF)
- COVID-19 (PDF)

HAI Program Public Health Resources webpage

(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/LHD\_Resources\_and\_Trainings.aspx)



# COVID-19 Facility Assessment Tool



#### COVID-19 Outbreak Facility Healthcare Assessment Tool

Healthcare-Associated Infections (HAI) Program

Facility Name:	County:
Facility POC:	Phone and Email:
HAI-IP or HAI Surveyor:	Date:

	TUATION UPDATE  following questions refer to COVID-19 testing status among residents and staff, and review facili	ty characteristics.
со	VID-19 TESTING STATUS	
1	Total number of residents with lab-confirmed COVID-19 associated with outbreak	#
2	Number of residents with positive test results currently in facility	#
3	Number of residents with positive test results who are currently hospitalized (regardless of where positive test was obtained)	#
4	Number of residents tested with results pending	#
5	Total number of HCP or staff with lab-confirmed COVID-19 since start of outbreak	#
6	Number of positive HCP/staff who worked while symptomatic since start of outbreak	#
7	Number of HCP/staff tested since start of outbreak	#
8	Number of HCP/staff tested with results pending since start of outbreak	#
9	Facility is aware of HCP/staff working at other facilities	Y N
FA	CILITY INFORMATION	

## **Core Infection Prevention Assessment Tool**

CDPH Californi Department of PublicHealth
Facility Name:
Assessment D
IP Conducting

Core Infection Prevention Healthcare Assessment Tool Hospitals, LTACH, and LTCF

	•			
Facilit	ty Name:		Respondent Name:	
Asses	sment Date:		Respondent Title:	
1		Assessment Type:  Case/cluster/outbreak response Infection prevention breach (specify: injection safety, reprocessing, other) Special project, specify:		
Blank	FACILITY DEMOGRAPHICS	Response		Notes
1.	Is the facility licensed by the state?	Yes		
		□No		

1.	Is the facility licensed by the state?	Yes	
		□No	
2.	Is the facility certified by the center for	Yes	
	Medicare & Medicaid Services (CMS)?	□No	
3a.	Facility type:	Acute care hospital, specify specialty unit (if applicable):	
		Ambulatory surgery center	
		Long-term acute care hospital (LTACH)	
		☐ Inpatient rehab facilities	
		Outpatient clinic, specify: dialysis, dental, other	
		Skilled nursing facility (no ventilator care)	
		☐ Ventilator-equipped skilled nursing facility	
		Other, specify:	
3b.	Number of licensed beds?		

## **MDRO Assessment Tool**



## Infection Prevention Assessment Tool MDRO Module Hospitals, LTACH, and LTCF

ty Name:	Respondent Name:	
ssment Date:	Respondent Title:	
inducting Assessment:	Assessment Type:  Case/cluster/outbreak response Infection prevention breach (specify: injection safety, reprocessing, other) Special project, specify:	
	•	
INTRA- AND INTERFACILITY COMMUNICATION	Response	Notes
Does your facility maintain a list of patients with known MDRO colonization or infection? Patient list should include Carbapenemresistant Enterobacteriaceae (CRE) and <i>C. difficile</i> .	☐ Yes ☐ No, skip to 2	
Which organisms are included?	□ C.auris □ CRPA   □ C.difficile □ MRSA   □ CRE □ VRE   □ CP-CRE □ Other, specify:	
5	INTRA- AND INTERFACILITY COMMUNICATION  Does your facility maintain a list of patients with known MDRO colonization or infection? Patient list should include Carbapenemresistant Enterobacteriaceae (CRE) and C. difficile.  Which organisms are included?	INTRA- AND INTERFACILITY COMMUNICATION  Does your facility maintain a list of patients with known MDRO colonization or infection? Patient list should include Carbapenemresistant Enterobacteriaceae (CRE) and <i>C. difficile</i> .  Which organisms are included?  Response    Yes   No, skip to 2

## **Available Quicksheets and Training**

Outbreak guidance for	Resource type
Candida auris	<pre>Quicksheet (PDF) * (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/Candida-auris.aspx)</pre>
Carbapenem resistant Enterobacteriaceae (CRE)	Quicksheet (PDF)*, Slides (PDF), Webinar_Recording** (www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/C RE_QuicksheetOct2019.pdf)
Clostridioides difficile infection (CDI)	Quicksheet (PDF) *, Slides (PDF), Webinar_Recording** (www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/CDI_Quicksheet_May2019.pdf)
Healthcare-associated Acute Viral Hepatitis	Quicksheet (PDF)* (www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20 Document%20Library/HA_HBV_HCV_QuicksheetMarch2018.pdf),Slides (PDF), Webinar_Recording**
Healthcare-associated Legionnaires' Disease	Quicksheet (PDF)*, Slides, Webinar Recording** (www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/LegionellosisFactSheet.pdf)
Influenza and Other Respiratory Illness Outbreak	Quicksheet (PDF)* (www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/FluAndRespiratoryIllnessOutbreakQuicksheet.pdf), Skilled Nursing Facilities annual guidance (PDF)
All outbreak types	Outbreak Line List (EXCEL)*

<sup>\*</sup> See Reference section for Quicksheets \*\*Must have Media Player to view webinars

## **HAI Outbreak Investigation Quicksheets**

 Provides step-by-step guidance IP investigation of common HAI and MDRO

HAI Program Public Health
Resources webpage



## California Department of Public Health Candida auris Quicksheet – Interim



CDPH recommends a coordinated approach among healthcare facilities and public health to contain *Candida* auris (C. auris) in California. Local health departments (LHD) should be aware of C. auris incidence in healthcare facilities and communities in their regions, understand prevention measures, and provide guidance to healthcare facilities when responding to C. auris reports.

#### **Background and Epidemiology**

- C. auris is an emerging, often multidrug-resistant fungus. Some are resistant to all three available classes of antifungals.
- C. auris was first identified in 2009 in Japan, and has since been reported from over 35 countries, including the United States.<sup>1</sup>
- In California as in the U.S., C. auris has mainly been identified among patients with exposure to
- Other risk factors include presence of indwelling medical devices, recent surgery, diabetes, recent antimicrobial use, and overnight healthcare exposure in a country with documented C. auris transmission.<sup>1</sup>
- C. auris can cause serious infections, including in blood and wounds. Mortality rates for invasive infections are as high as 60%.<sup>1</sup>
  - In California, the reported 90-day mortality



## **Antimicrobial Stewardship Webpage**

Home | Programs | Center for Health Care Quality | Healthcare Associated Infections | CA\_AntimicrobialStewardshipProgramInitiative

## **HEALTHCARE-ASSOCIATED INFECTIONS (HAI) PROGRAM**

## California Antimicrobial Stewardship Program Initiative

The California Antimicrobial Stewardship Program Initiative of the CDPH Healthcare-Associated Infections (HAI) Program provides guidance and support for California healthcare facilities to implement antimicrobial stewardship programs (ASPs). ASPs promote and measure appropriate antimicrobial use by optimizing selection, dosing, route and duration of therapy. ASPs improve patient outcomes while minimizing adverse events associated with antimicrobial use, including toxicity, Clostridium difficile infections and the emergence of antimicrobial resistant organisms.

California was the first state to enact antimicrobial stewardship legislation.

### CDPH HAI Antimicrobial Stewardship webpage

(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/CA\_AntimicrobialStewardshipProgramInitiative.aspx)



### **AFL 21-27**



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**Programs** 

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State Public Health Officer & Director

## State of California—Health and Human Services Agency California Department of Public Health



AFL 21-27

August 3, 2021

TO: General Acute Care Hospitals

SUBJECT: Coronavirus Disease 2019 (COVID-19) Testing, Vaccination Verification and Personal Protective Equipment (PPE) for Health Care

Personnel (HCP) at General Acute Care Hospitals (GACHs)

#### All Facilities Letter (AFL) Summary

This AFL requires SARS-CoV-2 diagnostic screening testing for healthcare personnel (HCP) in hospitals.

- . The Public Health Order issued July 26, 2021 related to unvaccinated workers in high risk setting becomes effective August 9, 2021.
- This AFL requires hospitals to develop and implement processes for verifying the vaccination status of all HCP and for obtaining and tracking
  documentation of results of SARS-CoV-2 diagnostic screening testing from HCP who are unvaccinated or incompletely vaccinated and includes
  additional PPE requirements. These requirements are effective August 9<sup>th</sup> and should begin as soon as reasonably possible, with full compliance
  no later than August 23, 2021.

#### Background

UCDI washing in beautists remain at national state for CADS CAUS averages both in the community and in their washington Infected UCD continuents to

## CDPH COVID-19 Main Page

(www.cdph.ca.gov/Programs/CID/DCD C/Pages/Immunization/ncov2019.aspx)

#### **HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM**



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## Slow the Spread: Get Vaccinated

Vaccines prevent serious illness, save lives, and reduce the further spread of COVID-19. Getting vaccinated is your best defense against the severity of the Delta variant and our best shot at ending the pandemic.

Get Vaccinated

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COVID-19 Home

Protect Your Health +

Get Latest Guidance +

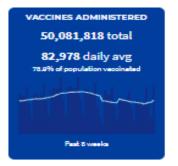
See the Numbers

Learn More +

SEE THE NUMBERS

#### **Tracking COVID-19**

As of October 6, California has confirmed a total of 4,524,853 COVID-19 cases and 69,184 deaths.



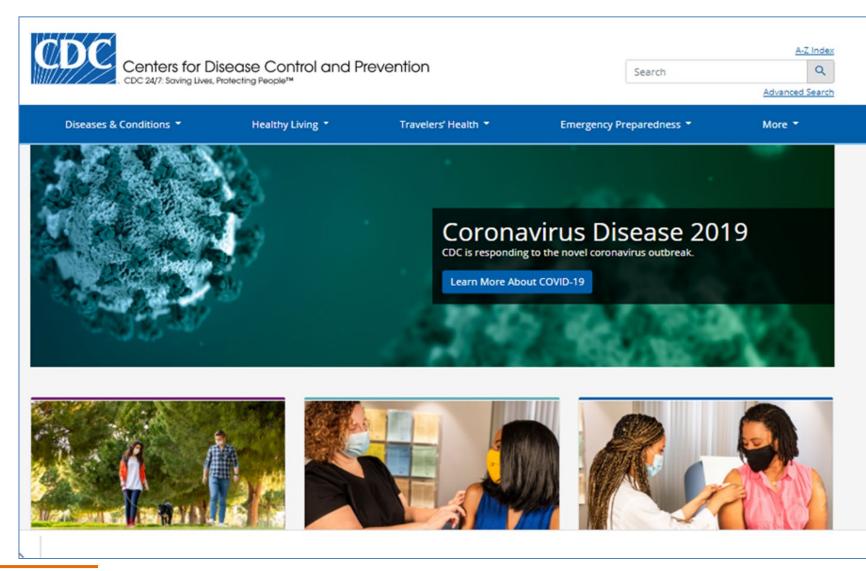






# Centers for Disease Control and Prevention (CDC) Main Page

(www.cdc.gov/)





# CDC Infection Control Assessment and Response Tool (ICAR)

- I. Infection Control Program
- II. HCP and Resident Safety
- III. Surveillance and Reporting
- IV. Hand Hygiene
- V. PPE
- VI. Respiratory/Cough Etiquette
- VII. Antibiotic Stewardship
- VIII. Injection safety
- IX. Environmental Cleaning

**CDC ICAR Tool** (PDF)

(www.cdc.gov/infectioncontrol/pdf/icar/ltcf.pdf)

I.	Infection Control Program and Infrastructure	
	Elements to be assessed	Assessment
Α.	The facility has specified a person (e.g., staff, consultant) who is responsible for coordinating the IC program.	O Yes O No
0.	The person responsible for coordinating the infection prevention program has received training in IC	
	Examples of training may include: Successful completion of initial and/or recertification exams developed by the Certification Board for Infection Control & Epidemiology; Participation in Infection control courses organized by the state or recognized professional societies (e.g., APIC, SHEA).	O Yes O No
c.	The facility has a process for reviewing infection surveillance data and infection prevention activities (e.g., presentation at QA	O Yes O No
II,	Healthcare Personnel and Resident Safety	
	Elements to be assessed	Assessment
He	althcare Personnel	i - mineral and a second
A.	The facility has work-exclusion policies concerning avoiding contact with residents when personnel have potentially transmissible conditions which do not penalize with loss of wages, benefits, or job status.	O Yes O No
В.	The facility educates personnel on prompt reporting of signs/symptoms of a potentially transmissible illness to a supervisor	O Yes O No

# Completing the ICAR for Improvement

IV. Hand Hygiene, continued		
Elements to be assessed	Assessment	Notes/Areas for Improvement
B. All personnel receive training and competency validation on HH at the time of employment.	<b>⊘</b> Yes O No	Click here to enter text.
C. All personnel received training and competency validation on HH within the past 12 months.	Q/es O No	Click here to enter text.
D. The facility routinely audits (monitors and documents) adherence to HH  Note: If yes, facility should describe auditing process and provide documentation of audits	O Yes <b>⊘</b> No	Click here to enter text.
E. The facility provides feedback to personnel regarding their HH performance.  Note: If yes, facility should describe feedback process and provide documentation of feedback reports	O Yes <b>⊘</b> No	Click here to enter text.
F. Supplies necessary for adherence to HH (e.g., soap, water, paper towels, alcohol-based hand rub) are readily accessible in resident care areas (i.e., nursing units, resident rooms, therapy rooms).	Yes O No	Click here to enter text.





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## Introduction to Infection Prevention and Control

(IPC)



To access this content, you first need to <u>create an account</u>. If you already have an account, <u>please login</u>.





Infection prevention and control (IPC) is an essential component of healthcare quality and patient safety. In this module you will learn how and why healthcare-associated infections (HAIs) occur and how IPC reduces their risk and spread.

#### Overview:

Infection prevention and control (IPC) is an applied discipline that affects all patient

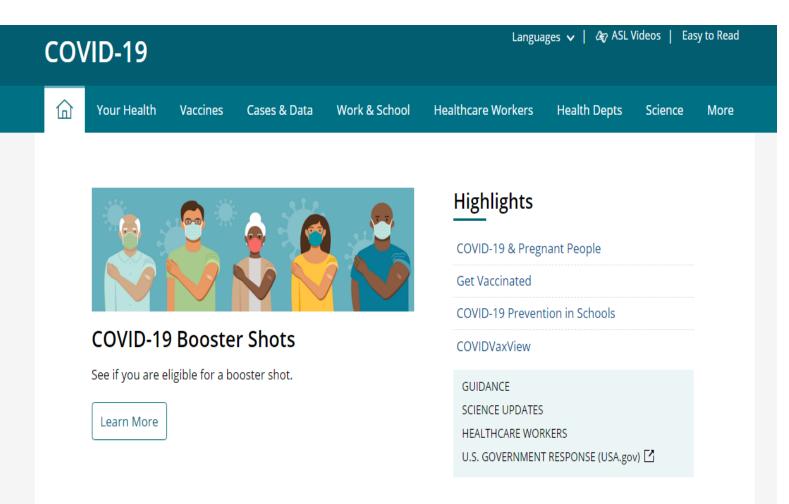
Introduction to Infection Prevention and Control (IPC), CDC TRAIN Learning Network

(www.train.org/main/course/1096490/)



## **CDC COVID-19 Website**

(www.cdc.gov/coronavirus/2019-ncov/index.html?CDC\_AA\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Findex.html)





## **EPA website**

(www.epa.gov/pesticide-registration/list-pantimicrobial-products-registered-epa-claims-againstcandida-auris#products)



#### List P: Antimicrobial Products Registered with EPA for Claims Against Candida Auris Contact **Product Brand Formulation** Surface Use sites Registration **Active Ingredient** Company Time Name **Types** Type (minutes) Hard Healthcare, Hydrogen Peroxide and MASON CHEMICAL 10324-214 MAGUARD 5626 2 Dilution Nonporous Institutional and Paracetic Acid COMPANY Surfaces Residential Hard Hydrogen Peroxide, Paracetic Healthcare and Ecolab Inc. 1677-226 Virasept 4 Ready to Use Nonporous Acid and Octoanoic Acid Institutional Surfaces Hard Hydrogen Peroxide and Oxycide™ Daily Healthcare and 1677-237 Ecolab Inc. 3 Dilution Nonporous Paracetic Acid Disinfectant Cleaner Institutional Surfaces Hard Healthcare and 1677-262 Dodecylbenzenesulfonic acid Disinfectant 1 Spray Ecolab Inc. Ready to Use Nonporous Institutional Surfaces Hard 1.25 (75 Ready to Healthcare and Dodecylbenzenesulfonic acid Disinfectant 1 Wipe 1677-263 Ecolab Inc. Nonporous seconds) Use/Wipe Institutional Surfaces Micro-Kill Bleach Hard Healthcare.

# Association for Professionals in Infection Control and Epidemiology (APIC)

- International IP professional organization
- Provides web-based resources and training
- Certification in Infection Control (CIC) information found on this site

APIC website (apic.org)



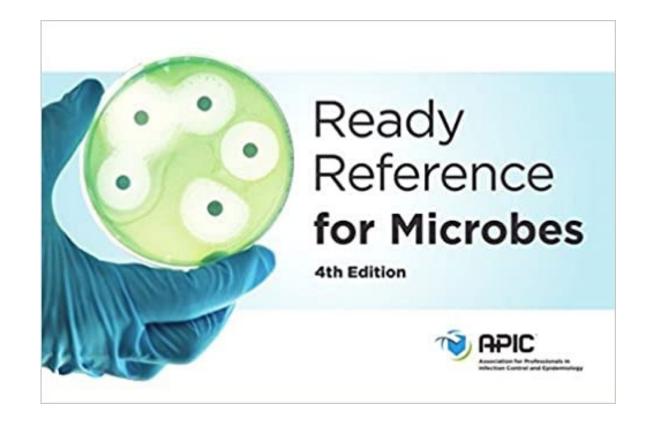


## Purchasing Textbooks From APIC

A great resource for quickly looking up a microbe

## **APIC Store**

(secure.apic.org/dev/apic/Store/apic/EStore/ MyStore.aspx?hkey=96697f87-6cc0-4262b08b-b85bc556e12f)

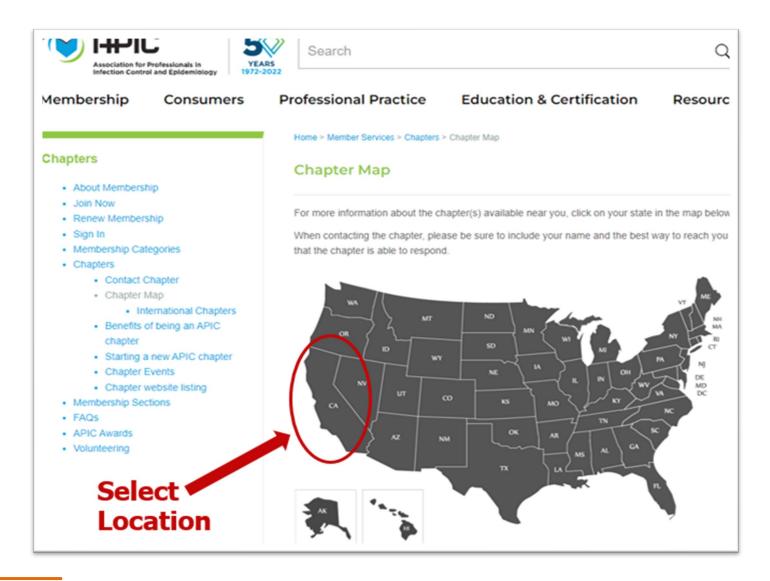




# Find Your Local Chapter on the APIC Website

### **APIC Chapter Map**

(apic.org/memberservices/chapters/chapter-map/)





# What is the California APIC Coordinating Council (CA-APIC)?

California APIC home page (community.apic.org/cacc/home)



Contact Us Code of Conduct

Sign in

About CA APIC + R

Resources

n Members Only -

Meetings & Events +

Welcome to the California APIC home page!

CA APIC is a coordinating council that represents all <u>10 local APIC chapters in California</u>. Anyone who is a member of an APIC chapter in CA is automatically a member of CA APIC.

- · 3 Northern CA APIC chapters: San Francisco, Sierra, San Joaquin;
- 7 Southern CA APIC chapters: Greater Los Angeles, Tri-Valley, Coastline, Inland Empire, Kern County, Orange County, San Diego

CA APIC's aim is to **educate**, **participate**, **collaborate**, **and advocate** on behalf of Infection Preventionists in

#### \*Announcement\*

Job posting and discussion board is available in the members-only section (menu bar above). Just sign in using your login for your APIC membership.

Click here for tutorial slides.

Contact California APIC (CACC) at:

CaliforniaAPIC@gmail.com



## **Access CA-APIC Resources**



APIC CA Resources webpage

(community.apic.org/cacc/resources)



## **Summary**

- Infection preventionists in acute care hospitals (ACH IPs) need to know what evidence-based resources are available and where to find them
- The CDPH HAI Program provides expert staff, online content, and educational opportunities to support ACH IPs
- ACH IPs should seek support and networking opportunities through local APIC professional chapters and local academic and health system infection prevention experts



## References

- Ebbing Lautenbach, K. F. Woeltje, and P.N. Malani., <u>Practical Healthcare Epidemiology</u>, 3<sup>rd</sup> Edition, 2010.
- Horan, T.C., Andrus, M., and Dudeck, M.A. CDC/NHSN surveillance definition of health careassociated infection and criteria for specific types of infections in the acute care setting. Am J Infection Control 36: 309-332, 2008.
- Lee, T.B., Marx, J., Olmsted, R.N., and Scheckler, W.E., Recommended practices for surveillance: Association for Professionals in Infection Control and Epidemiology (APIC), Inc. Am J Infect Control 35:427-440, 2007.
- Yi, M., Edwards, M., Horan, T., Berrios-Torres, S., Fridkin, S., *Improving risk-adjusted measures of surgical site infection for the National Health Safety Network*. Infect Control and Hospital Epidemiology. 32(10), 2011.



## **References – Quicksheets**

#### **Candida auris**

(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/Candida-auris.aspx)

#### **CRE Quicksheet** (PDF)

(www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/CRE QuicksheetOct2019.pdf)

#### **CRO Quicksheet (PDF)**

(www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH Document Library/CRO\_Quicksheet\_Oct2020.pdf)

#### **CDI Quicksheet** (PDF)

(www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH Document Library/CDI\_Quicksheet\_May2019.pdf)

#### **Hepatitis A Investigation Guidance (PDF)**

(www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/HepatitisA-Quicksheet.pdf)

#### **Hepatitis B Quicksheet**

(www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/HepatitisB-Quicksheet.pdf)



## References – Quicksheets (continued)

#### **COVID-19 Line List Template**

(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/HAIProgramHome.aspx)

#### <u>Legionellosis Fact Sheet</u> (PDF)

(www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/LegionellosisFactSheet.pdf)

#### **Antimicrobial Resistance**

(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/AntimicrobialResistanceLandingPage.aspx)

Influenza and Other Non-COVID-19 Respiratory Illness Outbreak Quicksheet (PDF)

(www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/FluAndRespiratoryIllness OutbreakQuicksheet.pdf)



## **Questions?**

For more information, please contact

HAIProgram@cdph.ca.gov

Include "ACH IP Training Course" in the subject line

### **Post Test**

Now that you have completed this module,

Click on the "Post Test" link when it pops up

To Return to

Learning Stream

and take the post test

If the Post Test link does not pop up, you will be sent a link via e-mail

