





1




KDHE-KHC Infection Prevention LAN for Outpatient Settings

KDHE-KHC Learning Action Network



February 25	IP Program Development
March 11	Surveillance and Reporting
March 25	Occupational Health
April 8	Personal Protective Equipment
April 22	Hand Hygiene
May 6	Environmental Cleaning & Disinfection
May 20	Device Reprocessing
June 3	Antimicrobial Stewardship
June 17	Bringing It All Together

Recordings and handouts are available online. Visit www.khconline.org/LAN



To protect and improve the health and environment of all Kansans

2



Feedback Summary from Previous Session

Session #8: Antimicrobial Stewardship

The most useful thing presented included:



- Importance of correct prescribing of antibiotics
- Knowing which questions to ask to begin developing a program.
- The core steps in an outpatient setting, how to approach
- Accessible resources for antibiotic stewardship that can be used in both inpt and outpt settings
- Was shocked at the number of deadly infections that cost lives after too much antibiotic use.

Next steps identified by participants:

- Communicate with pharmacy.
- Antibiotic stewardship meeting on next steps.
- Share this webinar with . . . the designated Antibiotic Stewardship Coordinator at our facility, . . . 2 clinic nurses.
- Review current antibiotic stewardship policy and plan.
- Establish an IP committee to assist in decision-making.
- Identify if prescription pads might be useful in the critical access setting.
- Education of staff to have people try alternative therapies.
- Ask about the free posters.
- Pull together the current ASP into something “more.”


To protect and improve the health and environment of all Kansans

3




Session #9: Bringing It All Together


Presenters



Julie M. Richards, MSN, RN, CIC, FAPIC
Director of Infection Prevention and Control
Swope Health
jmrichards@swopehealth.org



Jamie Cravens, RN, BSN, CIC
Infection Control Coordinator
Ascension Via Christi Hospital
Pittsburg/Fort Scott
jamie.cravens@ascension.org



Silvera “Sylvia” Ford, MSN, RN, CIC
Infection Prevention Nurse 2
The University of Kansas Health System
sford@kumc.edu

To protect and improve the health and environment of all Kansans

4



Session #9: Bringing It All Together

Session Objectives

- Relate daily functions of an infection preventionist.
- Illustrate mitigation strategies in response to practice gaps.
- Discuss importance of identifying, investigating and reporting possible exposures and suspected or confirmed communicable diseases.

To protect and improve the health and environment of all Kansans

5



Environmental Rounds

Presenter



Infection Prevention & Control Environmental Rounds Scenario



Julie M. Richards, MSN, RN, CIC, FAPIC
Director of Infection Prevention and Control
Swope Health
jmrichards@swopehealth.org

To protect and improve the health and environment of all Kansans

6



Environmental Rounds

Infection Prevention & Control Environmental Rounds

- ✓ Experience
- ✓ Mentoring, training, supervision
- ✓ Safety
- ✓ Construction/renovations
- ✓ Relationship building
- ✓ Compliance



© Mike Baskin / Corbis
BRAIN

"The patient in the next bed is highly infectious. Thank God for these curtains."

CartoonStock.com

APIC Competency Model.
<https://apic.org/professional-practice/infection-preventionist-ip-competency-model/>

To protect and improve the health and environment of all Kansans

7



Environmental Rounds

**THAT LOOK
WHEN A FRIEND
STOPS OVER
UNANNOUNCED AND
YOUR PLACE IS A MESS**




JCAHO IS COMING




**NOW MY STARBUCKS MOCHA
FRAPPUCCINO HAS TO STAY IN THE
LOUNGE**

To protect and improve the health and environment of all Kansans

8





Environmental Rounds

Rounding Tools:


- Adapt them to make them fit the setting
- No standard rounding form
- Checklists are the easiest


ENVIRONMENTAL ROUNDS WORKSHEET FOR INFECTION PREVENTION

AREA INSPECTED:	DATE:	INSPECTOR:
Use separate sheet for each department or patient care unit. Check as follows: C = Compliant; NC = Not compliant; CAC = Corrective action completed; FU = Follow-up required; NA = Not applicable		
Criteria	C	NC
Patient Rooms:		
Floors & walls clean		
Walls are free of breaks and penetrations		
Bathroom clean		
Sink clean		
Furniture clean and in good condition		
Windows and windowills clean		
Irrigation & sterile solutions labeled as per policy		
Peripheral IVs, CVC, arterial lines labeled as per policy		
Foley catheters hanging appropriately		
TV pumps, feeding pumps, etc. clean (while in use)		
Gloves, PPE, available as per policy		
Barriers used appropriately		
Bed pans & urinals labeled as appropriate		
Cubicle curtains clean and free of tears, etc.		
Isolation Rooms:		
Appropriate sign(s) posted		
Isolation equipment available		
PPE available		
Door closed as appropriate		
Negative pressure being supplied as required		
Air exchanges being supplied as required		
Patient instructed on isolation requirements		
Patient with proper attire when being transported		
Treatment & Examination Rooms:		
Floors & walls clean		
Countertops clean		
Exam table clean		
Furniture clean and in good condition		
Utility & Storage Rooms:		
Lab coats clean and in good condition		

To protect and improve the health and environment of all Kansans


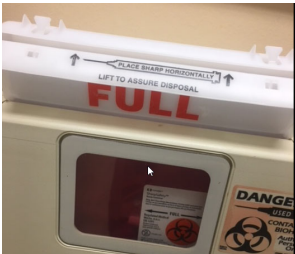
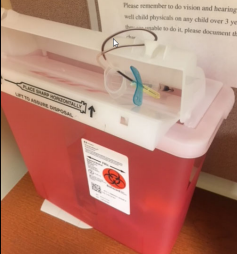
9





Environmental Rounds

Sharps violations:

Safety is #1. When I see a violation like this, I get with the manager right away. I do not wait to give the manager an official written report

CDC National Research Agenda (NORA). Stop Sticks Campaign.
<https://www.cdc.gov/nora/councils/hc/sa/stopsticks/sharpsdisposal.html>

To protect and improve the health and environment of all Kansans

10



Environmental Rounds

Infection Prevention & Control Rounds



High dust on horizontal surfaces



Stained ceiling tile



Dirty laundry bin in breakroom

To protect and improve the health and environment of all Kansans

11



Environmental Rounds

Infection Prevention & Control Rounds



Ripped, torn, damaged furniture



Look for expiration Dates on opened items



Opportunities for improvement

To protect and improve the health and environment of all Kansans

12





Environmental Rounds

Did you hear the joke
about the germ?
Never mind.
I don't want to spread
it around.




To protect and improve the health and environment of all Kansans

13




Environmental Rounds


Infection Prevention & Control Rounds



Dirty fan in patient care room. It would be best to put these on a quarterly cleaning schedule. We cannot be blowing this kind of dust around.



Items stored on Floor by the Scale for weighing Patients.



Consider how we are entering these containers with our hands. Are hands ALWAYS clean when entering these containers? Are we using forceps and then transferring to hands? Staff should speak to this process.

To protect and improve the health and environment of all Kansans

14



Environmental Rounds

Infection Prevention & Control Rounds



Used instruments sitting in the sink in a procedure room



Medication Prep Area



Dust around vent

To protect and improve the health and environment of all Kansans

15



Environmental Rounds

Infection Prevention & Control Rounds



Is this really a "Clean Sink"?



BROOMS!!!!!!!



Unapproved cleaning products



General cleanliness

To protect and improve the health and environment of all Kansans

16



Environmental Rounds

Infection Prevention & Control Rounds



Paper signs



Tubing set up ahead of time for the next patient



Handling and storage of linen

To protect and improve the health and environment of all Kansans

17

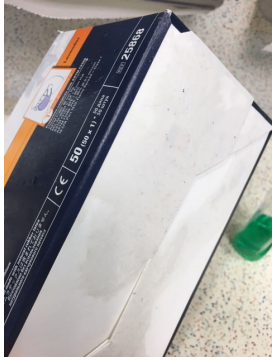


Environmental Rounds

Infection Prevention & Control Rounds

What is Wrong here?





Box stored by sink



Corrugated Cardboard

To protect and improve the health and environment of all Kansans

18



Environmental Rounds

Infection Prevention & Control Rounds





Medications should not be prepared near areas of splashing water (e.g. within 3 feet of a sink). Alternately when space is limited, a splash guard can be mounted beside the sink¹.

“Hand washing facilities should also be situated to avoid splashing - suggesting at least 36 in from patients or clean supplies, or equipped with a splash guard to avoid splash contamination”
Bartley, 1999. pg 165

To protect and improve the health and environment of all Kansans

19



Environmental Rounds

Storage of supplies statement:



- TJC is interested in the security of storage areas, how cardboard boxes and shipping containers are handled, that items are stored in
- sterile storage 18 inches below the bottom of the deflector plate of sprinklers,
- and the bottom shelf of each rack has a solid bottom.

ANSI/AAMI ST79 discusses sterile storage in Section 8.9

- Sterile items should be stored at least:
 - 8 to 10 inches above the floor;
 - 18 inches below the ceiling or level of the sprinkler heads;
 - 2 inches from outside walls.
- If the bottom shelf of an open-shelf (wire) cart is used there should be a physical barrier between the shelf and traffic or housekeeping activities to prevent contamination of the items.
- “Outside shipping containers and corrugated cartons should not be used as containers in sterile storage areas.

To protect and improve the health and environment of all Kansans

20





Environmental Rounds

References

- APIC. Infection Prevention and Control Essentials for Ambulatory Care: A Resource Workbook. 2021.
- APIC. Text of Infection Control and Epidemiology. 2021.
- CDC. Healthcare-associated infections: Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care. <https://www.cdc.gov/HAI/settings/outpatient/outpatient-care-guidelines.html>
- CDC. Oral Health: Infection Prevention & Control in Dental Settings. <https://www.cdc.gov/oralhealth/infectioncontrol/index.html>
- CDC. Infection Prevention and Control Assessment Tool for Acute Care Hospitals. <https://www.cdc.gov/infectioncontrol/pdf/icar/hospital.pdf>
- CDC. Infection Control: Environmental Infection Control Guidelines. <https://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html>
- Centers for Medicare & Medicaid Services, Hospital Infection Control Worksheet (n.d.), <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-12-Attachment-1.pdf>

To protect and improve the health and environment of all Kansans

21





Environmental Rounds

Handouts

- Environmental Rounds Worksheet for IP
- CDC: Ambulatory Care Suite of Quick Observation Infection Prevention Tools
- Infection Control – Environmental Rounds Checklist
- Infection Control – Environmental Rounds Outpatient

To protect and improve the health and environment of all Kansans

22



Environmental Rounds

Polling Question for this scenario

During my IP&C rounds, I notice different bottles of hand lotion at nurses' desks. These are usually good smelling lotions that are used by a variety of nurses. What should I do? (select best answer)

- ☐ Throw away all the lotion
- ☐ Use some lotion to see if I like the smell
- ☐ Read the label on each bottle for contents
- ☐ Take pictures and write them on my rounding report
- ☐ Nothing

To protect and improve the health and environment of all Kansans

23



Construction & Renovation

Presenter

Infection Control Risk Assessment (ICRA)

Construction & Renovation Scenario



Jamie Cravens, RN, BSN, CIC
Infection Control Coordinator
Ascension Via Christi Hospital
Pittsburg/Fort Scott
jamie.cravens@ascension.org

To protect and improve the health and environment of all Kansans

24





Construction & Renovation

The Project and the Dust



To protect and improve the health and environment of all Kansans

25



Construction & Renovation

Conversation

Me: (Walks into the ER doors) Makes eye contact with a construction worker.

CW: Hey, you can't be in here without a hard hat. We are doing construction on the roof.

Me: I see that. You need to stop right now. Where is your supervisor?

CW: He is cutting the hole in the roof.

Me: Please call him now and tell him to stop. Do you see all of this dust? We have patients in here who cannot breath. This is making it harder for them to breath. Not to mention the risk of infections that is happening right now.

CW: Calls his supervisor who promptly stops and comes down to the ER.


Supervisor: (eyes wide open) I was using a wet saw.


Me: It is not working, and you don't have any plastic barrier up to prevent all of this dust getting to staff and patients. This is a big problem. We need to stop everything you are doing and get this cleaned up and get barriers up per the ICRA that we outlined.

Supervisor: Yes Ma'am, I am sorry. We will get this cleaned up now.

To protect and improve the health and environment of all Kansans


26





Construction & Renovation


Resource




https://apic.org/Resource/_store/books/preview/SLS9808_Preview.pdf

To protect and improve the health and environment of all Kansans

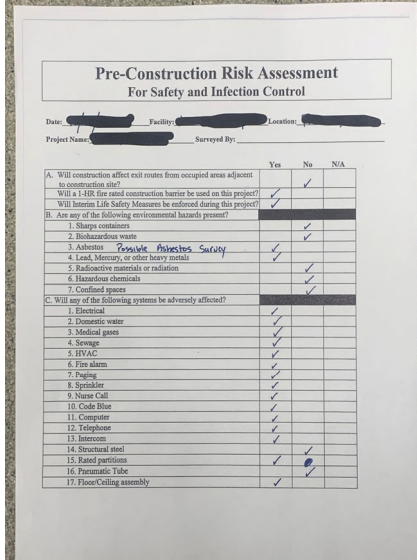
27

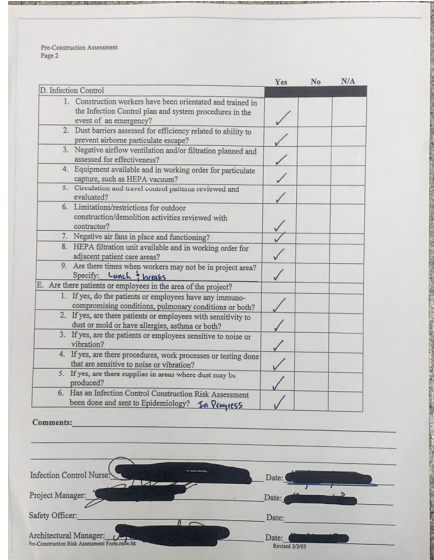




Construction & Renovation

PICRA





To protect and improve the health and environment of all Kansans

28

Kansas Healthcare
COLLABORATIVE

Construction & Renovation

ICRA

ASCENSION
HEALTH

Acute Care: Infection Control Risk Assessment
Matrix of Precautions for Construction & Renovation

Step One:
Using the following table, identify the **Type** of Construction Project Activity (Type A-D)

TYPE A	Inspection and Non-Invasive Activities. Includes, but is not limited to: • removal of ceiling tiles for visual inspection only, e.g., limited to 1 tile per 50 square feet • painting (but not sanding) • wallcovering, electrical trim work, minor plumbing, and activities which do not generate dust or require cutting of walls or access to ceilings other than for visual inspection.
TYPE B	Small scale, short duration activities which create minimal dust Includes, but is not limited to: • installation of telephone and computer cabling • access to chase spaces • cutting of walls or ceiling where dust migration can be controlled.
TYPE C	Work that generates a moderate to high level of dust or requires demolition or removal of any fixed building components or assemblies Includes, but is not limited to: • sanding of walls for painting or wall covering • removal of floorcoverings, ceiling tiles and casework • new wall construction • minor duct work or electrical work above ceilings • major cabling activities • any activity which cannot be completed within a single workshift. • Disruption to water supply for <1 hour
TYPE D	Major demolition and construction projects Includes, but is not limited to: • activities which require consecutive work shifts • requires heavy demolition or removal of a complete cabling system • new construction • Disruption to water supply for >1 hour

Step 1: _____ Type D

Ascension Health Form adapted from American Society for Healthcare Engineering (ASHE) Infection Control Risk Assessment Matrix of Precautions for Construction & Renovation. Created March, 2015.

Step Two:
Using the following table, identify the **Acute Patient Risk Groups** that will be affected.
If more than one risk group will be affected, select the higher risk group.

Low Risk	Medium Risk	High Risk	Highest Risk
• Office areas • Unoccupied units/wards	• Cardiology • Echocardiography • Endoscopy • Nuclear Medicine • Physical Therapy • Radiology/MRI • Respiratory Therapy	• CCU • Emergency Room • Labor & Delivery • Laboratories (specimens) • Medical Units • Newborn Nursery • Outpatient Surgery • Pediatrics • Pharmacy • Post Anesthesia Care Unit • Surgical Units	• Any area caring for immunocompromised patients • Burn Unit • Cardiac Cath Lab • Central Sterile Supply • Intensive Care Units • Negative pressure isolation rooms • Oncology • Operating rooms including C-section rooms

Step 2: _____ Highest Risk

Step Three: Match the Patient Risk Group (Low, Medium, High, Highest) with the planned ... Construction Project Type (A, B, C, D) on the following matrix, to find the ... Class of Precautions (I, II, III or IV) or level of infection control activities required. Class I-IV or Color-Coded Precautions are delineated on the following page.

IC Matrix - Class of Precautions: Construction Project by Patient Risk

Patient Risk Group	Construction Project Type			
	TYPE A	TYPE B	TYPE C	TYPE D
LOW Risk Group	I	II	III	III/IV
MEDIUM Risk Group	I	II	III	IV
HIGH Risk Group	I	II	III/IV	IV
HIGHEST Risk Group	II	III/IV	III/IV	IV

Note: Infection Control approval will be required when the Construction Activity and Risk Level indicate that **Class III** or **Class IV** control procedures are necessary.

Step 3 _____ Type IV

Ascension Health Form adapted from American Society for Healthcare Engineering (ASHE) Infection Control Risk Assessment Matrix of Precautions for Construction & Renovation. Created March, 2015.

To protect and improve the health and environment of all Kansans

29

Kansas Healthcare
COLLABORATIVE

Construction & Renovation

ICRA

Step Three: Match the
 Patient Risk Group (Low, Medium, High, Highest) with the planned ...
 Construction Project Type (A, B, C, D) on the following matrix, to find the ...
 Class of Precautions (I, II, III or IV) or level of infection control activities required.
 Class I-IV or Color-Coded Precautions are delineated on the following page.

IC Matrix - Class of Precautions: Construction Project by Patient Risk

Patient Risk Group	Construction Project Type			
	TYPE A	TYPE B	TYPE C	TYPE D
LOW Risk Group	I	II	III	III/IV
MEDIUM Risk Group	I	II	III	IV
HIGH Risk Group	I	II	III/IV	IV
HIGHEST Risk Group	II	III/IV	III/IV	IV

Note: Infection Control approval will be required when the Construction Activity and Risk Level indicate that **Class III** or **Class IV** control procedures are necessary.

Step 3 _____ Type IV

To protect and improve the health and environment of all Kansans

30

www.khconline.org/LAN

Construction & Renovation

ICRA (cont'd)

ASCENSION HEALTH

Description of Required Infection Control Precautions by Class

Partial Construction Project

1. Excavate work by methods to minimize dust that from construction operations. Immediately replace a ceiling tile displaced for visual inspection.
2. Provide active means to prevent odors from dust from dispersing into atmosphere. Water mist work surface to control dust while cutting.
3. Seal closed doors with dust tape. Block off and seal air vents.
4. Place dust at entrance and exit of work area. Remove or isolate HVAC system in area where work is being performed.

Class I

1. Remove or isolate HVAC system in area where work is being done to prevent contamination of dust system.
2. Complete all critical barriers (i.e., sheetrock, plywood, plastic, to seal area from non-work area or implement control cube method (cart with plastic covering and sealed connection to work site with HEPA vacuum for vacuuming prior to seal) before construction begins.
3. Maintain negative air pressure within work area utilizing HEPA equipped air filtration units.
4. Seal holes, pipes, conduits, and punchers.
5. Contain construction waste before transport in tightly covered containers.
6. Wet mop and/or vacuum with HEPA filtered vacuum before leaving work area.
7. Upon completion, restore HVAC system in area where work was performed.
8. Notify EVS when complete.

Class II

1. Do not remove barriers from work area until completed project is inspected by the owner's Safety Department and Infection Prevention & Control Department and thoroughly cleaned by the owner's Environmental Services Department.
2. Ensure necessary supplies are gathered from environmental services (EVS).
3. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction.
4. Vacuum work area with HEPA filtered vacuum.
5. Wet mop area with cleaner/disinfectant.
6. Upon completion, restore HVAC system where work was performed.
7. Notify EVS when complete.

1. Isolate HVAC system in area where work is being done to prevent contamination of dust system.
2. Complete all critical barriers (i.e., sheetrock, plywood, plastic, to seal area from non-work area or implement control cube method (cart with plastic covering and sealed connection to work site with HEPA vacuum for vacuuming prior to seal) before construction begins.
3. Maintain negative air pressure within work area utilizing HEPA equipped air filtration units.
4. Seal holes, pipes, conduits, and punchers.
5. Contain construction waste before transport in tightly covered containers.
6. Wet mop and/or vacuum with HEPA filtered vacuum before leaving work area.
7. Upon completion, restore HVAC system in area where work was performed.
8. Notify EVS when complete.

To protect and improve the health and environment of all Kansans

31

Construction & Renovation

ICRA (cont'd)

Step 4. Identify the areas surrounding the project area, assessing potential impact. Verify architectural department limits and mechanical distribution zones align.

Unit Below	Unit Above	Lateral	Behind	Front
None	None	OR	OR	None
Risk Group	Risk Group	Risk Group	Risk Group	Risk Group

Step 5. Identify specific site of activity (e.g., patient room, medication room, public restrooms) provide location (i.e., south, second floor) and address phases, activity, and shut downs that will occur.

IR offices, East rack, Hall, Waiting room, Exam rooms and nurses station

Step 6. Identify issues related to ventilation, plumbing, electrical in terms of the occurrence of probable outcomes (address phases, activity, and shut downs that will occur). Attach blue print and ensure infection control has seen the physical space to be changed.

Possible outcomes for ventilation, gas, electrical and plumbing. Will notify IC and departments impacted one week prior to outage.

Step 7. Identify containment measures, using prior assessment. What types of barriers? (E.g., walls with barriers, door, etc.). Will HEPA filtration be required? Plan to discuss the following containment issues with the project team.

E.g., traffic flow, bookkeeping, debris removal (how and when).

Solid Wall barriers with Anterooms. HEPA filtration required. Keep sticky mats and halls free of debris. SEI containment measures and measures outlines in this ICRA. There is an HVAC vent in that area that would need to be covered as well. Traffic flow may be interrupted for patients. Please notify us 1 week prior to this need. No eating, drinking except in designated areas or smoking on campus.

Close. Renovation construction area will be isolated from the occupied areas during construction and shut to negative with respect to surrounding areas.

Step 8. Consider potential risk of water damage. Is there a risk due to compromising structural integrity? (e.g., wall, ceiling, roof). Include a narrative which should be developed by infection control and the contractor in plans are provided.

Step 9. Work hours. Can or will the work be done during non-patient care hours? Include a detailed narrative of instructions.

Work may need to be done in our areas as needed. Please communicate with the director, infection control and project manager.

Infection Control Construction Permit

Location of Construction: Emergency Room		Project Start Date: 1/1/22	
Project Coordinator: Donald Duck		Estimated Duration: 6 months	
Contractor Performing Work: ACME		Permit Expiration Date: 6/31/22	
Supervisor: Goody		Telephone: 620-111-1111	
YES	NO	CONSTRUCTION ACTIVITY	YES
YES	NO	TYPE A: Isolation, air-pressure activity	GROUP 1: Low Risk
YES	NO	TYPE B: Seal walls, door, ducts, punchers or high tech	GROUP 2: Medium Risk
YES	NO	TYPE C: Active pressure isolation to high levels of risk (e.g., patient room, OR, etc.)	GROUP 3: Medium/High Risk
YES	NO	TYPE D: Major renovation and construction activity	GROUP 4: Highest Risk
YES	NO	TYPE E: Major renovation and construction activity	GROUP 5: Highest Risk
YES	NO	TYPE F: Major renovation and construction activity	GROUP 6: Highest Risk
YES	NO	TYPE G: Major renovation and construction activity	GROUP 7: Highest Risk
YES	NO	TYPE H: Major renovation and construction activity	GROUP 8: Highest Risk
YES	NO	TYPE I: Major renovation and construction activity	GROUP 9: Highest Risk
YES	NO	TYPE J: Major renovation and construction activity	GROUP 10: Highest Risk
YES	NO	TYPE K: Major renovation and construction activity	GROUP 11: Highest Risk
YES	NO	TYPE L: Major renovation and construction activity	GROUP 12: Highest Risk
YES	NO	TYPE M: Major renovation and construction activity	GROUP 13: Highest Risk
YES	NO	TYPE N: Major renovation and construction activity	GROUP 14: Highest Risk
YES	NO	TYPE O: Major renovation and construction activity	GROUP 15: Highest Risk
YES	NO	TYPE P: Major renovation and construction activity	GROUP 16: Highest Risk
YES	NO	TYPE Q: Major renovation and construction activity	GROUP 17: Highest Risk
YES	NO	TYPE R: Major renovation and construction activity	GROUP 18: Highest Risk
YES	NO	TYPE S: Major renovation and construction activity	GROUP 19: Highest Risk
YES	NO	TYPE T: Major renovation and construction activity	GROUP 20: Highest Risk
YES	NO	TYPE U: Major renovation and construction activity	GROUP 21: Highest Risk
YES	NO	TYPE V: Major renovation and construction activity	GROUP 22: Highest Risk
YES	NO	TYPE W: Major renovation and construction activity	GROUP 23: Highest Risk
YES	NO	TYPE X: Major renovation and construction activity	GROUP 24: Highest Risk
YES	NO	TYPE Y: Major renovation and construction activity	GROUP 25: Highest Risk
YES	NO	TYPE Z: Major renovation and construction activity	GROUP 26: Highest Risk
YES	NO	TYPE AA: Major renovation and construction activity	GROUP 27: Highest Risk
YES	NO	TYPE AB: Major renovation and construction activity	GROUP 28: Highest Risk
YES	NO	TYPE AC: Major renovation and construction activity	GROUP 29: Highest Risk
YES	NO	TYPE AD: Major renovation and construction activity	GROUP 30: Highest Risk
YES	NO	TYPE AE: Major renovation and construction activity	GROUP 31: Highest Risk
YES	NO	TYPE AF: Major renovation and construction activity	GROUP 32: Highest Risk
YES	NO	TYPE AG: Major renovation and construction activity	GROUP 33: Highest Risk
YES	NO	TYPE AH: Major renovation and construction activity	GROUP 34: Highest Risk
YES	NO	TYPE AI: Major renovation and construction activity	GROUP 35: Highest Risk
YES	NO	TYPE AJ: Major renovation and construction activity	GROUP 36: Highest Risk
YES	NO	TYPE AK: Major renovation and construction activity	GROUP 37: Highest Risk
YES	NO	TYPE AL: Major renovation and construction activity	GROUP 38: Highest Risk
YES	NO	TYPE AM: Major renovation and construction activity	GROUP 39: Highest Risk
YES	NO	TYPE AN: Major renovation and construction activity	GROUP 40: Highest Risk
YES	NO	TYPE AO: Major renovation and construction activity	GROUP 41: Highest Risk
YES	NO	TYPE AP: Major renovation and construction activity	GROUP 42: Highest Risk
YES	NO	TYPE AQ: Major renovation and construction activity	GROUP 43: Highest Risk
YES	NO	TYPE AR: Major renovation and construction activity	GROUP 44: Highest Risk
YES	NO	TYPE AS: Major renovation and construction activity	GROUP 45: Highest Risk
YES	NO	TYPE AT: Major renovation and construction activity	GROUP 46: Highest Risk
YES	NO	TYPE AU: Major renovation and construction activity	GROUP 47: Highest Risk
YES	NO	TYPE AV: Major renovation and construction activity	GROUP 48: Highest Risk
YES	NO	TYPE AW: Major renovation and construction activity	GROUP 49: Highest Risk
YES	NO	TYPE AX: Major renovation and construction activity	GROUP 50: Highest Risk
YES	NO	TYPE AY: Major renovation and construction activity	GROUP 51: Highest Risk
YES	NO	TYPE AZ: Major renovation and construction activity	GROUP 52: Highest Risk
YES	NO	TYPE BA: Major renovation and construction activity	GROUP 53: Highest Risk
YES	NO	TYPE BB: Major renovation and construction activity	GROUP 54: Highest Risk
YES	NO	TYPE BC: Major renovation and construction activity	GROUP 55: Highest Risk
YES	NO	TYPE BD: Major renovation and construction activity	GROUP 56: Highest Risk
YES	NO	TYPE BE: Major renovation and construction activity	GROUP 57: Highest Risk
YES	NO	TYPE BF: Major renovation and construction activity	GROUP 58: Highest Risk
YES	NO	TYPE BG: Major renovation and construction activity	GROUP 59: Highest Risk
YES	NO	TYPE BH: Major renovation and construction activity	GROUP 60: Highest Risk
YES	NO	TYPE BI: Major renovation and construction activity	GROUP 61: Highest Risk
YES	NO	TYPE BJ: Major renovation and construction activity	GROUP 62: Highest Risk
YES	NO	TYPE BK: Major renovation and construction activity	GROUP 63: Highest Risk
YES	NO	TYPE BL: Major renovation and construction activity	GROUP 64: Highest Risk
YES	NO	TYPE BM: Major renovation and construction activity	GROUP 65: Highest Risk
YES	NO	TYPE BN: Major renovation and construction activity	GROUP 66: Highest Risk
YES	NO	TYPE BO: Major renovation and construction activity	GROUP 67: Highest Risk
YES	NO	TYPE BP: Major renovation and construction activity	GROUP 68: Highest Risk
YES	NO	TYPE BQ: Major renovation and construction activity	GROUP 69: Highest Risk
YES	NO	TYPE BR: Major renovation and construction activity	GROUP 70: Highest Risk
YES	NO	TYPE BS: Major renovation and construction activity	GROUP 71: Highest Risk
YES	NO	TYPE BT: Major renovation and construction activity	GROUP 72: Highest Risk
YES	NO	TYPE BU: Major renovation and construction activity	GROUP 73: Highest Risk
YES	NO	TYPE BV: Major renovation and construction activity	GROUP 74: Highest Risk
YES	NO	TYPE BW: Major renovation and construction activity	GROUP 75: Highest Risk
YES	NO	TYPE BX: Major renovation and construction activity	GROUP 76: Highest Risk
YES	NO	TYPE BY: Major renovation and construction activity	GROUP 77: Highest Risk
YES	NO	TYPE BZ: Major renovation and construction activity	GROUP 78: Highest Risk
YES	NO	TYPE CA: Major renovation and construction activity	GROUP 79: Highest Risk
YES	NO	TYPE CB: Major renovation and construction activity	GROUP 80: Highest Risk
YES	NO	TYPE CC: Major renovation and construction activity	GROUP 81: Highest Risk
YES	NO	TYPE CD: Major renovation and construction activity	GROUP 82: Highest Risk
YES	NO	TYPE CE: Major renovation and construction activity	GROUP 83: Highest Risk
YES	NO	TYPE CF: Major renovation and construction activity	GROUP 84: Highest Risk
YES	NO	TYPE CG: Major renovation and construction activity	GROUP 85: Highest Risk
YES	NO	TYPE CH: Major renovation and construction activity	GROUP 86: Highest Risk
YES	NO	TYPE CI: Major renovation and construction activity	GROUP 87: Highest Risk
YES	NO	TYPE CJ: Major renovation and construction activity	GROUP 88: Highest Risk
YES	NO	TYPE CK: Major renovation and construction activity	GROUP 89: Highest Risk
YES	NO	TYPE CL: Major renovation and construction activity	GROUP 90: Highest Risk
YES	NO	TYPE CM: Major renovation and construction activity	GROUP 91: Highest Risk
YES	NO	TYPE CN: Major renovation and construction activity	GROUP 92: Highest Risk
YES	NO	TYPE CO: Major renovation and construction activity	GROUP 93: Highest Risk
YES	NO	TYPE CP: Major renovation and construction activity	GROUP 94: Highest Risk
YES	NO	TYPE CQ: Major renovation and construction activity	GROUP 95: Highest Risk
YES	NO	TYPE CR: Major renovation and construction activity	GROUP 96: Highest Risk
YES	NO	TYPE CS: Major renovation and construction activity	GROUP 97: Highest Risk
YES	NO	TYPE CT: Major renovation and construction activity	GROUP 98: Highest Risk
YES	NO	TYPE CU: Major renovation and construction activity	GROUP 99: Highest Risk
YES	NO	TYPE CV: Major renovation and construction activity	GROUP 100: Highest Risk

To protect and improve the health and environment of all Kansans

32

www.khconline.org/LAN




Construction & Renovation

Construction Barriers




To protect and improve the health and environment of all Kansans

33





Construction & Renovation

Construction Barrier (cont'd)



To protect and improve the health and environment of all Kansans

34



Construction & Renovation



Polling Question for this scenario

When should Infection prevention be included on the construction project?

- ☐ When he/she notices there is construction in progress
- ☐ When EVS notifies you of all the dust in the hallway
- ☐ Before any construction project begins
- ☐ When Dorothy reaches OZ

To protect and improve the health and environment of all Kansans


35



Device Reprocessing

Presenter



Device Reprocessing Scenario



Silvera "Sylvia" Ford, MSN, RN, CIC
Infection Prevention Nurse 2
The University of Kansas Health System
sford@kumc.edu

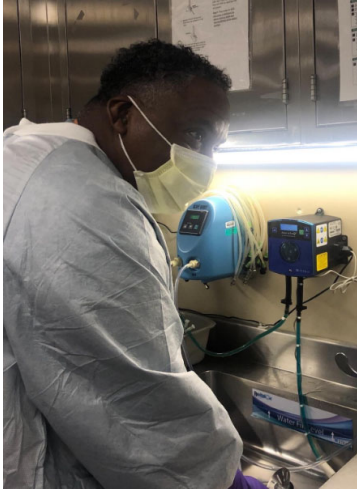
To protect and improve the health and environment of all Kansans

36



Device Reprocessing

What's wrong with this picture?





- a) Technician is wearing PPE
- b) Technician is missing eye protection and head covering
- c) Carl did not get a lunch break
- d) Business as usual

2015 Association for the Advancement of Medical Instrumentation ■ ANSI/AAMI ST91:2015 pg. 16-18


To protect and improve the health and environment of all Kansans

37



Device Reprocessing

What's wrong with this picture?



- a) Carl is loading the scope into the AER
- b) Carl is touching a precleaned scope with ungloved hands
- c) Carl has a thorough understanding of Standard Precautions😊

2015 Association for the Advancement of Medical Instrumentation ■ ANSI/AAMI ST91:2015 pg. 16-18

To protect and improve the health and environment of all Kansans

38



Device Reprocessing

Safe Transportation Case Study

Nurse Sunshine has just finished assisting Dr. Summer with a procedure using the rhinolaryngoscope, and she needs to transport the soiled equipment across the hall to the scope reprocessing room to undergo cleaning and disinfection.

Select the method that supports safe transportation of soiled equipment:

- a) The equipment can be carried across the hall in a pillowcase which will absorb any leaks.
- b) Use a scope bag for transporting the scope.
- c) Utilize a leakproof, puncture resistant container, labeled with biohazard label

2015 Association for the Advancement of Medical Instrumentation ■ ANSI/AAMI ST91:2015 pg. 19

To protect and improve the health and environment of all Kansans

39



Device Reprocessing



What's wrong with this picture?



- a) The scope is being transported safely
- b) Mikki should have put the scope in a pillowcase to transport it
- c) The scope is being transported inappropriately


To protect and improve the health and environment of all Kansans

40



Device Reprocessing

What's wrong with this picture?





1. Scope cabinet is clean and dry
2. That's water in the bottom of the scope cabinet
3. The tip isn't touching the bottom of the cabinet, so it's all good!

The Joint Commission High-Level Disinfection HLD and Sterilization BoosterPak ■ June 2017 Pg. 6

To protect and improve the health and environment of all Kansans

41



Device Reprocessing



Final Polling Question for this scenario

In addition to evidenced-based guidelines and national standards, health care organizations first must comply with:

- a) Rules & regulations (OSHA, local/state regulations), CMS Conditions of participation (CoPs), and Manufacturers' instructions for use (IFU) along with evidenced-based guidelines and consensus documents if available.
- b) Just evidenced-based guidelines and a few consensus documents.
- c) Infection Prevention and Control policies only.

To protect and improve the health and environment of all Kansans

42




Reportable Diseases

Presenter

Reportable Disease Scenario

When, Where, Why, What and Who



Jamie Cravens, RN, BSN, CIC
Infection Control Coordinator
Ascension Via Christi Hospital
Pittsburg/Fort Scott
jamie.cravens@ascension.org

To protect and improve the health and environment of all Kansans

43



Reportable Diseases


Kansas Notifiable Disease

https://www.kdheks.gov/epi/disease_reporting.html



To protect and improve the health and environment of all Kansans

44



Kansas Healthcare COLLABORATIVE

Reportable Diseases

Kansas Notifiable Diseases

https://www.kdheks.gov/epi/download/KANSAS_NOTIFIABLE_DISEASE_LIST.pdf

REPORTABLE DISEASES IN KANSAS
(K.S.A. 65-118, 65-128, 65-6001 - 65-6007, K.A.R. 28-1-2, 28-1-4, and 28-1-18. Changes effective as of 5/11/2018)

For 4-hour reportable diseases report to the KDHE Epidemiology Hotline: 877-427-7317. For all other reportable diseases fax a Kansas Reportable Disease Form and any lab results to your local health department or to KDHE: 877-427-7318 within 24 hours or by the next business day.

<p>Acute flaccid myelitis</p> <p>Anthrax ☞</p> <p>Anaplasmosis</p> <p>Arboviral disease, neuroinvasive and nonneuroinvasive (including chikungunya virus, dengue virus, La Crosse, West Nile virus, and Zika virus)</p> <p>Babesiosis</p> <p>Blood lead levels (any results)</p> <p>Botulism ☞</p> <p>Brucellosis</p> <p>Campylobacteriosis</p> <p>Candida auris ☞</p> <p>Carbapenem-resistant bacterial infection or colonization ☞</p> <p>Carbon monoxide poisoning</p> <p>Chancroid</p> <p>Chickenpox (varicella)</p> <p><i>Chlamydia trachomatis</i> infection</p> <p>Cholera ☞</p> <p>Coccidioidomycosis</p>	<p>Influenza, novel A virus infection ☞</p> <p>Legionellosis</p> <p>Listeriosis ☞</p> <p>Lyme disease</p> <p>Malaria</p> <p>Measles (rubella) ☞</p> <p>Meningococcal disease ☞ ☞</p> <p>Mumps ☞</p> <p>Pertussis (whooping cough)</p> <p>Plague (<i>Yersinia pestis</i>) ☞</p> <p>Poliovirus ☞</p> <p>Psittacosis</p> <p>Q Fever (<i>Coxiella burnetii</i>, acute and chronic)</p> <p>Rabies, human ☞</p> <p>Rabies, animal</p> <p>Rubella ☞</p> <p>Salmonellosis, including typhoid fever ☞</p> <p>Severe Acute Respiratory Syndrome-associated coronavirus (SARS-CoV) ☞ ☞</p> <p>Shiga toxin-producing <i>Escherichia coli</i> (STEC) ☞</p>
---	---

<p>Diphtheria ☞</p> <p>Ehrlichiosis</p> <p>Giardiasis</p> <p>Gonorrhea (include antibiotic susceptibility results, if performed)</p> <p>Haemophilus influenzae, invasive disease ☞</p> <p>Hansen's disease (leprosy)</p> <p>Hantavirus</p> <p>Hemolytic uremic syndrome, post-diarrheal</p> <p>Hepatitis, viral (A, B, C, D, and E, acute and chronic)</p> <p>Hepatitis B during pregnancy</p> <p>Hepatitis B in children <5 years of age (report all positive, negative, and inconclusive lab results)</p> <p>Histoplasmosis</p> <p>Human Immunodeficiency Virus (HIV) (Report the CD4+ T-lymphocyte cell counts, report viral load of any value, and report each pregnancy of women diagnosed with HIV)</p> <p>Influenza deaths in children <18 years of age</p> <p>Leptospirosis</p>	<p>Spotted fever rickettsiosis</p> <p><i>Streptococcus pneumoniae</i>, invasive disease ☞</p> <p>Syphilis, all stages, including congenital syphilis</p> <p>Tetanus ☞</p> <p>Toxic shock syndrome, streptococcal and other</p> <p>Transmissible spongiform encephalopathy (TSE) or prion disease</p> <p>Trichinellosis or trichinosis</p> <p>Tuberculosis, active disease ☞ ☞</p> <p>Tuberculosis, latent infection</p> <p>Tularemia, including laboratory exposures</p> <p>Vaccinia, post vaccination infection or secondary transmission</p> <p>Vancomycin-intermediate and resistant <i>Staphylococcus aureus</i> (VISA and VRSA)</p> <p>Vibriosis (all <i>Cholerae</i> and non-<i>Cholerae</i> <i>Vibrio</i> species) ☞</p> <p>Viral hemorrhagic fevers ☞</p> <p>Yellow fever</p>
---	---


☞ Outbreaks, unusual occurrence of any disease, exotic or newly recognized diseases, suspect acts of terrorism, and unexplained deaths due to an unidentified infectious agent should be reported within 4 hours by telephone to the Epidemiology Hotline: 877-427-7317

☞ - Indicates that a telephone report is required by law within four hours of suspect or confirmed cases to KDHE, toll-free at 877-427-7317

☞ - Indicates that bacterial isolate, original clinical specimen, or nucleic acid must be sent to: Division of Health and Environmental Laboratories, 6810 SW Dwight St, Topeka, KS 66620-0001

To protect and improve the health and environment of all Kansans

45



Kansas Healthcare COLLABORATIVE

Reportable Diseases

Kansas Notifiable Disease Form

https://www.kdheks.gov/epi/download/Kansas_Reportable_Disease_Form.pdf

KANSAS REPORTABLE DISEASE FORM

Fax this form to your local health department or KDHE: 877-427-7318
Please include disease-specific laboratory results, if available
To report urgent diseases, call the KDHE Epidemiology Hotline: 877-427-7317
This form is available at: http://www.kdheks.gov/epi/disease_reporting.html

Today's date: _____

PATIENT INFORMATION

Name: _____
Last First Middle

Mobile phone: _____ Home phone: _____

Residential address: _____

City: _____ State: _____ Zip: _____

Date of Birth (if unknown, provide age): _____

Race: ☐ White ☐ Black ☐ Asian ☐ American Indian / Alaska Native ☐ Native Hawaiian / Pacific Islander

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Sex: ☐ Male ☐ Female ☐ Pregnant? ☐ Yes ☐ No ☐ Unknown

KANSAS REPORTABLE DISEASE FORM

Fax this form to your local health department or KDHE: 877-427-7318
Please include disease-specific laboratory results, if available
To report urgent diseases, call the KDHE Epidemiology Hotline: 877-427-7317
This form is available at: http://www.kdheks.gov/epi/disease_reporting.html

Today's date: _____

PATIENT INFORMATION

Name: _____
Last First Middle

Mobile phone: _____ Home phone: _____

Residential address: _____

City: _____ State: _____ Zip: _____

Date of Birth (if unknown, provide age): _____



Race: ☐ White ☐ Black ☐ Asian ☐ American Indian / Alaska Native ☐ Native Hawaiian / Pacific Islander

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Sex: ☐ Male ☐ Female ☐ Pregnant? ☐ Yes ☐ No ☐ Unknown

To protect and improve the health and environment of all Kansans

46





Reportable Diseases

Reportable Disease

1. Patient presents with potential or suspected reportable disease IP is notified
2. Isolate patient with proper isolation and educate the patient
3. Communicate with the nurse, physician and the patient as well as family
4. If there is an exposure to staff, patients or visitors begin a list of exposed. (I have an electronic form I send out to all managers and directors and employee health (We use google sheets) Managers and directors notify staff and employee health follows up. I answer any questions they may have and review the list and follow up)
5. Meanwhile I fill out the reportable disease form and fax it to the county in which the patient resides and to the state in which they reside. (I also may follow this up with a phone call to the local health dept. When in doubt call. Your local and state health dept are great resources and very helpful. The Epi hotline is listed at the top of the reportable disease form and someone is on call 24/7)
6. After reporting you may get follow up phone calls and request for more documentation or for patient status.
7. If the patient transfers to another facility be sure and follow up with the facility they are transferred to. As well as notify the local health dept of the transfer.

To protect and improve the health and environment of all Kansans

47




Reportable Diseases

Calling the Patient

Sometimes the call to the patient may be the most uncomfortable. Just remember to speak with compassion and understanding and know your resources and be prepared to answer questions.



I give the patient my work cell phone number in case they have any follow up questions.

I also ask them about any follow-up treatment they have planned and make sure they have resources available for that. Ensuring they understand their role in treatment and prevention will help prevent further outbreaks.




To protect and improve the health and environment of all Kansans

48



Reportable Diseases



Scenario



It is 815 am and It is reported to you that you have a possible COVID case. The resident has symptoms of Cough, headache, fever and malaise for the last three days. He is in a semi private room with a resident that has been vaccinated and is not showing any symptoms. This is the second resident reported to you today and after talking to the staff you realize there was one resident taken to the hospital last night with similar symptoms.

To protect and improve the health and environment of all Kansans


49



Reportable Diseases


Question


What should WE do? WE = designated reporter for outpatient setting or hospital infection control, long term care providers, and local and state health departments



To protect and improve the health and environment of all Kansans

50





Answer


Reportable Diseases


Answer

- The clinic staff notifies the local and state health department, as well as conduct an internal investigation of any exposures. Report to the local health department.
- The hospital IP notifies the local and state health department and the local nursing facility when they see multiple cases in the ER. Make sure all patients have a notifiable disease forms turned in. Educate staff and patients and do an internal investigation of any exposures.
- Long term Care Provider Notifies the Local Health Dept. and State Health dept as well as any other regulatory agencies they are required to report to. They begin working with the health department on the outbreak investigation as well as mitigation strategies.
- The Health Departments begin an outbreak investigation as well as a mitigation plan. They work with the long term care facility on the investigation and mitigation.

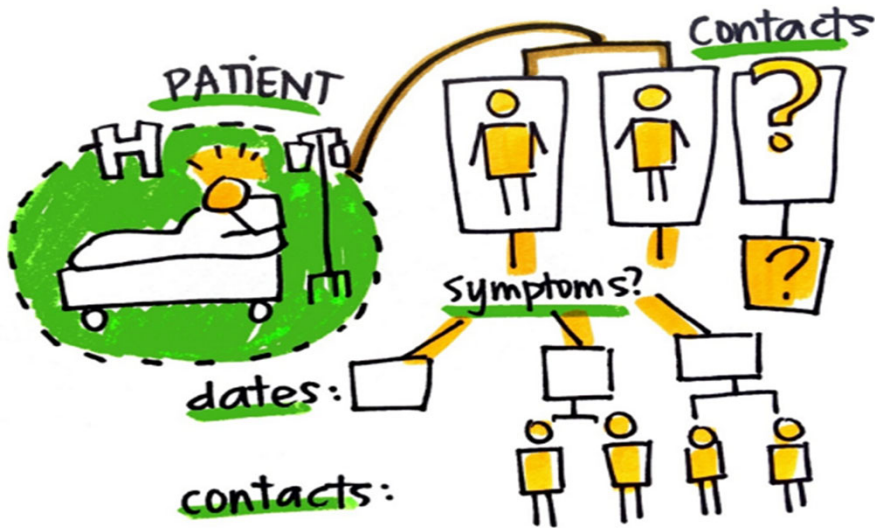
To protect and improve the health and environment of all Kansans

51







Reportable Diseases



To protect and improve the health and environment of all Kansans

52



Reportable Diseases



Polling Question for this scenario

When should you report a reportable disease?
(select all that applies)

- ☐ When you get around to it
- ☐ When the reportable disease is suspected
- ☐ Within the time frame specified on the reportable disease form
- ☐ When the reportable disease is confirmed


To protect and improve the health and environment of all Kansans

53



Session #9: Bringing It All Together

Q&A



Please type your questions or comments in the chat.

To protect and improve the health and environment of all Kansans

54



KDHE-KHC Infection Prevention LAN for Outpatient Settings



Bonus Scenario Coming Soon!

**Bed Bug Procedure:
Initial Sighting or
Suspicion.**

We'll send a message through list-serv when available. Recording and handout will be posted here:
www.khconline.org/LAN

To protect and improve the health and environment of all Kansans

55





Session #9: Bringing It All Together

Next steps

- ☐ Provide feedback to today's session via SurveyMonkey link (~5 min.)
<https://www.surveymonkey.com/r/KDHE-KHC-session9>
- ☐ Complete the Core Elements survey, if you haven't already (~7 min.)
https://kdheks.co1.qualtrics.com/jfe/form/SV_1zfKZD6h9mtdEsS
- ☐ Download and review supplemental handouts for today's session
- ☐ Review recordings for any missed sessions by June 30
www.khconline.org/LAN
- ☐ Watch for your certificate of attendance to arrive by email in early July

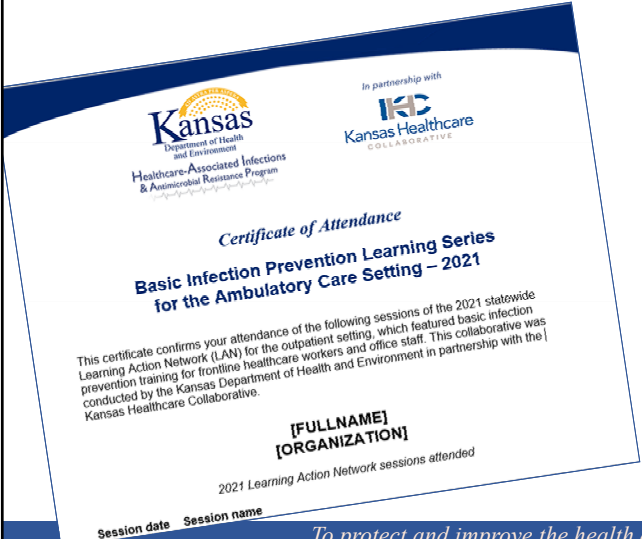
To protect and improve the health and environment of all Kansans

56



KDHE-KHC Infection Prevention LAN for Outpatient Settings

Certificate of Attendance



Use our LIST-SERV

- Connect with your faculty and peers
- LAN communications will come through listserv

Address emails to:
KANSAS-OUT-IP@LIST.KHCONLINE.ORG
(must be all caps)

We will keep list-serv open a while longer.

Recordings and handouts of past sessions are here:
www.khconline.org/LAN

Session date Session name

To protect and improve the health and environment of all Kansans

57



CDC Project Firstline: Web-based training

CDC TRAIN

HOME COURSE CATALOG CALENDAR RESOURCES HELP

CDC Project Firstline: Group One (May 2021) - Introduction to Infection Control and Virus Basics WD4427

[← Back](#)

To access this content, you first need to [create an account](#). If you already have an account, [please login](#).



Blended Learning Series ID 1097685 Skill Level: Introductory Course Number WD4427

★★★★★ (59 Ratings)

This course offers continuing education (CE). CE certificates are not issued within TRAIN. In order to receive CE for this course, click the "Get CE" button below and follow the [9 Simple Steps](#) before May 7, 2023.

Get CE

<https://tceols.cdc.gov/Course/Detail2/7862>

To protect and improve the health and environment of all Kansans

58



KDHE-KHC Infection Prevention LAN for Outpatient Settings



SUMMIT on QUALITY

2021

No-cost registration for access at: www.KHOnline.org/summit

To protect and improve the health and environment of all Kansans

59

Learn how to deploy eCR to reduce reporting burden and improve clinical workflow

Electronic Case Reporting (eCR) is the automated generation and transmission of case reports from the electronic health record (EHR) to public health agencies for review and action.

eCR benefits to both providers and public health:




- Reduces burden on physicians and staff.
- Automates case reporting by using data in your electronic health record.
- Receives information from public health on reportability and additional information.
- Supports emergency responses.
- Meets Promoting Interoperability requirements.

Find out what eCR is and how it makes a difference in the COVID-19 response

www.cdc.gov/ecr

For more information, contact Patty Thomsen at KHC
pthomsen@khconline.org

Watch for an upcoming eCR learning opportunity in July/August 2021



60



Session #9: Bringing It All Together



Thank you for participating.

Bryna N. Stacey, MPH, BSN, RN, CIC, Program Director
Healthcare-Associated Infections & Antimicrobial Resistance



- Infectious Disease Epidemiology and Response
- Bureau of Epidemiology and Public Health Informatics

Kansas Department of Health and Environment




To protect and improve the health and environment of all Kansans

61



Session #9: Bringing It All Together



Your feedback is needed.

Please complete our final feedback survey.

- Feedback for today's session
- Feedback for overall series

<https://www.surveymonkey.com/r/KDHE-KHC-session9>



To protect and improve the health and environment of all Kansans

62

  LAN Faculty and Planning Committee		
Kansas Department of Health and Environment Healthcare-Associated Infection/Antimicrobial Stewardship Program Bryna Stacey, MPH, BSN, RN, CIC Director Kellie Wark, MD, MPH Assistant Professor Division of Infectious Diseases, Department of Medicine, University of Kansas Robert Geist, MPH, CIC, FAPIC Advanced Epidemiologist Stephanie Lindemann, MPH Antimicrobial Resistance Epidemiologist Lisa Kenworthy, RN Infection Preventionist Linda Van Hoecke, BSN, RN, CIC Infection Preventionist Cassandra (Casey) Cristini Infection Preventionist Myrna Watson Administrative Specialist	Ascension Via Christi Hospital Pittsburg, Inc Jamie Cravens, RN, CIC* Infection Control Coordinator Kansas Healthcare Collaborative Michele Clark, MBA, CPHQ, CPPS, ABC Senior Director of Health Initiatives & Special Projects NMH Health Ester Knobloch, MLS(ASCP)^{CM} * Quality Manager, Infection Preventionist Citizens Medical Center Monique Cheatum, RN* Infection Prevention, Quality, Policy, Education Americare Senior Living, Skilled Nursing Division Cynthia Pendleton, RN, BSN, LNHA* Regional Nurse Consultant Ellinwood Hospital & Clinic Cassie Stevenson, RN* I.P. Coordinator, Nurse Supervisor, Employee Health	Swope Health Julie M. Richards, MSN, RN, CIC Director of Infection Prevention and Control The University of Kansas Health System Sylvera (Sylvia) Ford, MS, RN, CIC Health System Infection Prevention Specialist Jill Hardy, BSN, RN* Infection Prevention and Control Nurse Tiffany Horsley, BSN, RN, CIC Infection Control Nurse II Maggie Reavis, MPH, BSN, CIC, CPHQ* Infection Control Nurse II Lance Williamson, MSN, RN, CIC* Infection Prevention and Control Nurse Supervisor The University of Kansas Health System * KDHE Regional Infection Preventionists

To protect and improve the health and environment of all Kansans

63

  KDHE-KHC Infection Prevention LAN	
<h2>Questions?</h2> <p>Contact:</p> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p style="text-align: center;">KDHE Healthcare-Associated Infections and Antimicrobial Resistance (HAI/AR) Program Phone: (785) 296-4167 Email: kdhe.HAIARProgram@ks.gov</p> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <p><i>Kansas Healthcare Collaborative</i> Michele Clark Senior Director of Quality Initiatives & Special Projects (785) 231-1321 or mclark@khconline.org</p> </div> <div style="text-align: center;"> <p><i>Kansas Department of Health & Environment</i> Bryna Stacey HAI/AR Program Director Bryna.Stacey@ks.gov</p> </div> </div>	

To protect and improve the health and environment of all Kansans

64