



Indiana
Department
of
Health

Infection Prevention Press

February 2023

FAQs about tuberculosis and World TB Day

By Kathy Chapuran, TB Health Educator

What do you do when an individual has a positive tuberculin skin test (TST) or interferon gamma release assay (IGRA) result?

This means the person's body was infected with TB bacteria. Additional tests are needed to determine if the person has latent TB infection (LTBI) or TB disease. An individual with a positive screening test must be referred to a provider to have a chest x-ray performed.

Additionally, you should educate the patient about LTBI and TB disease. [The Center for Disease Control and Prevention's patient education series](#) is available in English and several other languages.

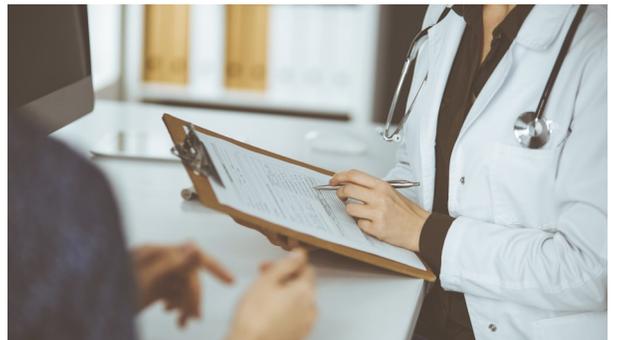
Individuals with a positive screening test and no clinical or radiographic evidence of TB disease have LTBI. LTBI treatment should be discussed with the individual. Treatment is provided free to any patient in Indiana through their local health department. In addition, submit a LTBI report to the applicable local health department.

If the chest x-ray is abnormal or if the patient has TB symptoms, continue the work-up. If TB disease is suspected, report the patient to the applicable local health department.

Additional information about reporting LTBI or TB disease can be found on the [IDOH tuberculosis webpage](#).

What options are available for TST training in Indiana?

The Indiana Department of Health offers a free online course on the [In-Train platform](#) that is a prerequisite for some TST training programs. [Here are the instructions for creating an In-Train account and taking the course](#).



After completing the online course, generally an in-person practicum is scheduled with a proctor to review key course content and practice TSTs. Check with your facility to learn if this process is in place and recommended instructors. One option an organization may consider is the American Lung Association. They have instructors throughout the state. Please see upcoming sessions [on their website](#) or reach out to TB-IN@Lung.org to schedule a session.

What are the Indiana long-term care rules for resident and staff screening?

See the [March 2022 IP newsletter](#) for an article on the guidelines for resident and staff TB screening in long-term care facilities in Indiana.

IDOH World TB Day Summit

[Register here](#) for Indiana's World TB Day Tuberculosis Summit.

This educational forum will include case presentations, an epidemiology update, information about the diagnosis and treatment of TB disease and LTBI, and much more.

Breakfast and lunch are included in the cost of registration.

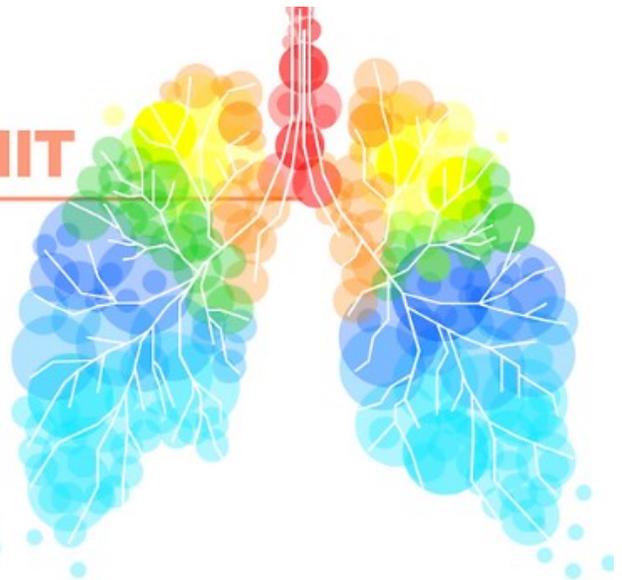
Registration closes Friday, March 3.

Questions? Email Kathy Chapuran at KChapuran@health.in.gov.

Indiana's World TB Day TUBERCULOSIS SUMMIT

PREVENTION. CARE. AWARENESS.

03.23.23



Join the Indiana Department of Health for an educational forum on tuberculosis during **Indiana's World TB Day Celebration on March 23, 2023.**

REGISTER NOW

<https://www.intbsummit.com/>

If you have suggestions about what you would like to see in future editions of the IPP newsletter, email Bethany Lavender at BLavender@health.in.gov.

Infection prevention and containment

Trash and laundry procedures for residents in transmission-based precautions (TBP)

By Tanya Canales, District 6 IP

Infection prevention and containment is important, not only in resident rooms, but with their trash and laundry as well. Here are some best practice strategy reminders to keep halls clean from contamination and residents and staff safe. Personal protective equipment (PPE) for all TBP can be disposed of in regular trash in a trash bag and discarded per the facility's procedures for routine waste removal.

- Bagging into red biohazard is only needed if the item is saturated with fresh blood or body fluid that may leak onto environmental surfaces or staff clothing.
- Trash cans for TBP rooms should remain inside the resident's room and near the exit for discarding PPE after removal and prior to exiting the room.
- Trash from TBP rooms should never be placed on environmental services (EVS) carts.
- Regardless of clinical or environmental staff, when transporting trash from TBP room, PPE should be removed (doffed) and hand hygiene performed before leaving the room.
- If collecting trash from multiple TBP rooms, a covered, leak-proof container should be used and then cleaned prior to coming back into clean areas.

Routine infection prevention and control (IPC) rounds should include ongoing inspection of timely trash removal from resident rooms and all other areas of the LTC facility. Trash removal should be on an established schedule and placed in a dumpster or other designated trash receptacle.

The IP should monitor that the steps below are followed:

- Facility trash containers should be lined. EVS staff must lift the liner rather than reaching into containers.
- Trash bags should be removed when three-quarters full and tied (or otherwise secured).
- Trash bags should not be left on the floor, but instead must be removed in an approved holding bin or dumpster.
- Medical waste, especially biohazard containers containing sharps, cannot be mixed with regular trash and must be properly locked, labeled, and stored.

Facilities should have policies to monitor and log proper water temperatures, dryer temperatures, and use of proper amounts of laundry detergents, per manufacturer guidelines. If the facility has shared laundry facilities, then the laundry area should be considered a high touch surface area and cleaned daily.

Best practices for linen (and laundry) handling:

- Always wear gloves before handling soiled linen.
- If there is risk of splash, laundry staff should wear gowns and face protection (e.g., face shield, goggles) when laundering soiled linens.
- Never carry soiled linen against the body.
- Avoid aerosolization of contaminants by not shaking linen
- Place soiled linen into a clearly labeled, leak-proof container.
- Clean and disinfect the designated container after each use.
- Food or beverages should not be present in laundry area to prevent contamination from handling of linen.

Best practices for personal protective equipment (PPE) for laundry staff:

- Ensure availability of PPE, alcohol-based hand rub (ABHR), and appropriate EPA-approved disinfectant in laundry areas
- To avoid cross-contamination, continue education to laundering staff on wearing proper PPE, hand hygiene, and proper cleaning of area between uses.
- Ensure staff can identify laundry from TBP room to ensure additional PPE is worn when appropriate. Ensure hand hygiene is performed before donning and after doffing of PPE.
- Recommend placing ABHR in laundry area to promote good hand hygiene after contact with soiled linen and before contact with clean laundry.

MDRO prevention

Cleaning and disinfecting in outpatient settings to prevent MDROs

By Victor Zindoga, District 2 IP

The environmental services department plays a pivotal role in the prevention and mitigation of multidrug resistant organisms (MDROs) in outpatient settings. The old adage, “prevention is better than cure,” rings true in this context — it is much better to prevent an MDRO than to try to cure it.

In outpatient settings, prevention comes in two important ways: preventing the emergence of pathogens in the facility, and preventing pathogen transmission from one patient to another once they are present in the facility. In both instances, proper cleaning/disinfection techniques could be the game changer for patients and staff who could potentially be exposed to MDROs in the ambulatory setting.

First, let’s find the difference between cleaning and disinfecting. The Centers for Disease Control and Prevention (CDC) defines cleaning as the removal of visible soil and organic contamination from a device or environmental surface using the physical action of scrubbing with a surfactant or detergent and water, or an energy-based process with appropriate chemical agents. Disinfection is generally a less lethal process of microbial inactivation that eliminates all recognized pathogenic microorganisms — but not necessarily all — microbial forms. Cleaning should always precede disinfection because debris reduces the effectiveness of the disinfection process.

How do you achieve proper environmental cleaning/disinfection in outpatient settings?

- Select a healthcare approved, EPA-registered disinfectant for use in your facility
- Ensure environmental staff get routine training on following proper techniques, including observing contact/dwell/kill times for disinfectants
- Periodically audit and inspect cleaning and disinfecting procedures to ensure they are consistently and correctly performed
- Ensure staff know the difference between the products they have in their carts; disinfectants should not be used as cleaners unless the label indicates the product is suitable for such use

In the ambulatory setting, MDROs notoriously harbor in and are transmitted through reusable medical devices. It is recommended to follow each device’s manufacturer’s recommendations for cleaning and disinfection to prevent patient-to-patient transmission of infectious agents. The CDC mentions the Spaulding Classification, which is an approach used to determine the level of disinfection required for reusable medical devices depending on the risk for transmitting infections if the device is contaminated upon use.

- Critical items (surgical instruments) are objects that enter sterile tissue and must be sterile prior to use.
- Semi-critical items (endoscopes) contact mucous membranes and require high-level disinfection prior to reuse.
- Non-critical items (blood pressure cuffs) come in contact with intact skin but not mucous membranes, require low to intermediate level disinfection depending on nature and degree of contamination
- Environmental surfaces (walls, floors) do not contact the patient during care delivery; they require cleaning and low-level disinfection.

[Ribeiro Furlan et. al, \(2019\)](#) concluded that despite the known positive outcomes of proper cleaning/disinfecting in healthcare settings, routine cleaning and disinfection practices are usually performed incorrectly. There is no doubt that it takes a whole team with proper skills, dedication, resources, and a great deal of commitment to accomplish this task. Dedicated resources should be available to support ongoing staff education, availability of supplies, and accessibility to human capital to ensure efficiency and consistency.



Resources

[CDC Infection Control Core Practices](#)

[CDC Disinfection Guidelines](#)

[CDC Outpatient Setting Infection Control](#)

Long-Term Care Certification in Infection Prevention (LTC-CIP) applications now open!

Infection preventionists in long-term care (LTC) play a vital role in keeping vulnerable residents safe from harm. That includes knowing infection prevention concepts and being adequately trained to advocate for this population. Now, individuals responsible for these programs will be able to take an international test from the Certification Board of Infection Control and Epidemiology (CBIC). The CBIC actively recruited subject matter experts (SMEs) to assist in the development of the new long-term care certification examination. [Find out more and learn how to apply on the CBIC website.](#)

How do I study? Grab a study buddy and divide and conquer by sharing resources. Reach out to a CIC who has recently taken a CBIC exam to help mentor you on your journey. The resource list for this exam where every evidence-based question is from includes the following:

Primary references:

- APIC Text of Infection Control and Epidemiology, 4th ed., Volume I, Volume II and Volume III, APIC, Washington, D.C.
- Kulich P, Taylor D, eds. The Infection Preventionist's Guide to the Lab, APIC, Washington, D.C., 2012.
- Heymann, D., ed. Control of Communicable Diseases Manual, 20th ed., American Public Health Association, Washington, D.C.:
- Brooks, Kathy. Ready Reference for Microbes, 4th ed., APIC.
- Infection Prevention [guide](#) to long-term care 2nd edition (APIC)
- Advisory Committee on Immunization Practices (ACIP) – Centers for Disease Control and Prevention

Secondary references:

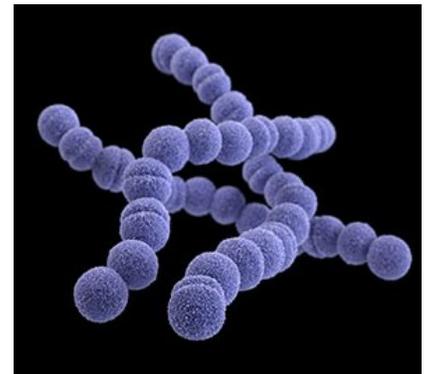
- [10 Ethical Principles in Geriatrics and Long Term Care](#)
- [Position on Ethics Committees in Long Term Care](#)

Can you guess this germ?

This bacteria can cause many different types of infections including pharyngitis, scarlet fever, impetigo, cellulitis, necrotizing fasciitis, and others. The infections this bacteria causes can be labeled as invasive or non-invasive. The CDC estimates approximately 14,000 to 25,000 cases of invasive diseases caused by this bacteria have occurred each year in the United States, with 1,500 and 2,300 deaths within the last five years.

Symptoms: Vary depending on site of infection. Some individuals are colonized and show no symptoms.

Prevention: This bacteria is typically spread person-to-person by respiratory droplets or direct contact with skin or wounds that are colonized or infected. The bacteria may also spread through contact with contaminated equipment or medications such as creams or ointments shared between residents, although this is rare. The best way to prevent disease from this infection is proper hygiene, including handwashing and disinfecting equipment.



Transmission-based precautions: Depending on what type of infection the person has, they should be placed in either contact or droplet precautions. During outbreaks of this bacteria, both droplet and contact precautions should be followed for any wound care activities, regardless of the resident's infection status. Precautions should be maintained until at least 24 hours of appropriate antibiotic therapy is completed. For residents with draining wounds that cannot be completely covered or contained, precautions should be maintained until wounds stop draining.

Answer: Streptococcus pyogenes aka Group A Strep

Don and doff

Put it on, take it off properly

By Sara Reese, District 7 IP

It is well known that healthcare workers wear personal protective equipment (PPE), but why is it so important?

PPE plays a vital role in preventing the spread of pathogens between patients/residents and areas where they may be receiving care. Not only does PPE use prevent the spread of pathogens between patients/residents, it protects the wearer from contaminating themselves and their clothing.

For PPE to function as intended and fully protect the wearer, it must be donned (put on) properly. Donning PPE in the correct sequence prevents the PPE from contamination and cross-contaminating the environment.

The proper sequence of donning PPE is as follows:

1. Perform hand hygiene
2. Gown
3. Mask or respirator
4. Eye protection (goggles or face shield)
5. Gloves

It is important to don PPE correctly, but it is equally important to doff (take off) in the correct sequence. When removing PPE, all pieces are considered contaminated. Removal of PPE in the proper sequence ensures that the wearer avoids any infectious materials. The proper sequence for removal of PPE is:

1. Gloves (This step can also be gloves & gown, refer to [CDC job aide](#))
2. Eye Protection (goggles or face shield)
3. Gown
4. Mask or respirator
5. Perform hand hygiene

Healthcare personnel should be reminded of the need for meticulous application and removal. Posting don and doff aides can assist in ensuring staff follow the correct sequence. Monitoring and documenting adherence to PPE and giving feedback during observations is helpful in maintaining compliance with proper donning and doffing practices.

Do	Don't
<ul style="list-style-type: none">• Don PPE before entering the resident/patient environment• Perform hand hygiene prior to donning PPE• Fasten gowns at neck and waist• Fit seal check masks/respirators after application• Pull gloves to cover wrists of gown• Doff PPE before exiting the resident/patient environment• Assume the outside of the gloves are contaminated and only touch the inside of the gloves• Unfasten ties and pull gown away from neck and shoulders only touching the inside• Remove masks/respirators from the back by grasping ties/elastic and not touching the front• Perform hand hygiene after doffing PPE	<ul style="list-style-type: none">• Double glove• Double mask• Leave gowns unfastened• Ignore mask fit• Alter masks and respirators• Assume hands are clean because gloves were worn• Use your bare hands to remove gloves• Work without PPE if it is indicated• Touch the front of the mask, it is contaminated after use

Reminder: Spots still available for free U of I training session

The University of Indianapolis Center for Aging & Community and the Indiana Department of Health are co-hosting sessions of the “Building an Infection Prevention Savvy Workforce” course for long-term care professionals. These sessions in 2023 will each be comprised of three half-days spread over three weeks. The virtual training sessions are designed to provide an in-depth education on infection control with long-term care-specific content and examples.

UNIVERSITY OF
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CENTER FOR AGING & COMMUNITY

How do I register?

[Just click here](#) (it's free!)

Who should attend?

Indiana long-term care professionals interested in infection prevention and control

When:

Session 4: March 14, 21, and 28

Session 5: April 14, 21, and 28

Session 6: May 5, 12, and 19

Session 7: Aug. 15, 22, and 29

Session 8: Sept. 15, 22, and 29

Session 9: Oct. 6, 13, and 20

Session 10: Oct. 18, 25, and Nov. 1

Session 11: Nov. 3, 10, and 17



Note: Participants are required to attend all three days.

Delivery mode:

The class is designed to offer three partial days of virtual training, with a one-week interval between sessions. Participants are required to attend all three days. Class is 11 a.m. - 4 p.m. ET each day. Please note: breaks will be given, but there is no lunch period.

Content:

The virtual training sessions are designed to provide in-depth education in infection control with long-term care-specific content and examples. The course involves a pre-and post-test to reflect knowledge improvement. Additionally, there will be a “final exam” given after the third virtual session.

Credentials:

Participants receiving a score of 75% or above on the final exam will receive a Certificate of Training: Infection Prevention in the Long-term Care Setting. CEUs are available for administrators and social workers.

Links and references

If you are viewing this newsletter online, you can open the links by the clicking on them. If you are viewing in printed form the full URLs are below:

FAQs about Tuberculosis and Upcoming World TB Day:

1. The CDC patient education material: https://www.cdc.gov/tb/education/patient_edmaterials.htm
2. IDOH's TB reporting page: <https://www.in.gov/health/tuberculosis/information-for-health-professionals/tb-reporting-forms/>
3. In-train platform: <https://in.train.org>
4. In-train platform instructions: <https://www.in.gov/health/tuberculosis/tb-skin-test-trainingvalidation/>
5. American Lung Association website: <https://www.lung.org/local-content/in/tb-education>
6. ALA Indiana email: TB-IN@Lung.org
7. March 2022 IP Newsletter Article on resident and staff TB guidance: https://www.in.gov/health/erc/files/March2022_IPP.pdf
8. Register for Indiana's World TB Day Tuberculosis Summit: <https://www.intbsummit.com/>
9. Contact for TB Day: KChapuran@health.in.gov

Trash and laundry from TBP rooms:

1. Reference: <https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>
2. Reference: [Infection Prevention Guide to Long Term Care 2nd Edition \(2019\)](#)
3. Reference: <https://www.cdc.gov/hai/prevent/resource-limited/laundry.html>

Cleaning and disinfecting in outpatient settings to prevent MDROs (Thanks to Tracy Smith for the article suggestion!)

1. Ribeiro Furlan et al article: <https://doi-org.loyno.idm.oclc.org/10.1590/1982-0194201900039>
2. Reference: CDC Infection Control Core Practices: <https://www.cdc.gov/infectioncontrol/guidelines/core-practices/index.html>
3. CDC Disinfection Guidelines: <https://www.cdc.gov/infectioncontrol/guidelines/Disinfection/index.html>
4. CDC Outpatient Setting Infection Control: <https://www.cdc.gov/infectioncontrol/pdf/outpatient/guide.pdf>

LTC certification in infection prevention

1. CBIC website: <https://www.cbic.org/CBIC/Long-term-care-certification.htm>
2. Reference: [Infection Prevention Guide to Long Term Care 2nd Edition \(2019\)](#). <https://secure.apic.org/web/ItemDetail?iProductCode=SLS6008&Category=BOOKS>
3. 10 Ethical Principles: <https://www.hmpgloblearningnetwork.com/site/altc/content/10-ethical-principles-geriatrics-and-long-term-care-2>
4. Position on Ethics: <https://paltc.org/amda-white-papers-and-resolution-position-statements/position-ethics-committees-long-term-care>.

Can you guess this germ?

1. Reference: https://www.in.gov/health/erc/files/IDOH_LTCF_GAS_Toolkit_02.13.2023.pdf
2. Reference: <https://www.cdc.gov/groupastrep/index.html>
3. Image: <https://www.cdc.gov/streplab/groupa-strep/index.html>

Put it on, take it off properly

1. CDC PPE Sequence: job aide <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>

University of Indianapolis – IDOH – LTC IP Training Courses

1. Register for free for LTC IP Training Course- https://store.uindy.edu/catalog?pagename=Infection_Prevention
2. University of Indianapolis Center for Aging and Community- <https://uindy.edu/cac/>

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2 North Meridian Street • Indianapolis, Indiana 46204 • 317-233-1325 • health.in.gov

