Infection Prevention Resources . . .

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All links valid as of 12.19.17
Latest updates 1.19.18
AAMI (Association for the Advancement of Medical Instrumentation)

- Professional association for sterile processing (and others in the medical device industry)
- The AAMI standards program consists of over 100 technical committees and working groups that produce Standards, Recommended Practices, and Technical Information Reports for medical devices.

- ST79 is the go-to reference for steam sterilization and sterility
- ST91 – flexible and semi-rigid endoscope processing
- ST58 – coming soon – low-temperature sterilization and high-level disinfection
- AAMI.org
CUSP - The Comprehensive Unit-based Safety Program (CUSP) combines techniques to improve safety culture, teamwork, and communications, together with a checklist of proven practices. The Core CUSP Toolkit was developed based on the experiences of more than 1000 ICUs that reduced central line-associated blood stream infections by 41 percent.

Toolkit for Reducing CLABSI in Hospitals These tools were specifically developed to apply the CUSP method to prevent CLABSIs.

Toolkit for Reducing CAUTI in Hospitals This toolkit helps hospital units teach team members how to adopt and sustain best practices to improve safety culture and reduce CAUTI.

Toolkit To Improve Safety For Mechanically Ventilated Patients This toolkit helps hospitals make care safer for mechanically ventilated patients in intensive care units.

Toolkit To Promote Safe Surgery This toolkit helps surgical units improve safety culture and reduce surgical site infections and other complications.

Toolkit To Improve Safety in Ambulatory Surgery Centers This toolkit helps ambulatory surgery centers reduce surgical site infections and other complications.
Ambulatory Surgery Centers

- CDC Infection Prevention Checklist for Outpatient Settings: Minimum Expectations for Safe Care
- CDC Guidelines for the Prevention of Surgical Site Infections 2017
- NHSN for Ambulatory Surgery Centers
- AHRQ Toolkit to Improve Safety in Ambulatory Surgery Centers
Association for Professionals in Infection Control and Epidemiology (APIC)  APIC.org

• **Membership** dues - $200 annually (don’t forget your local chapter dues; see below)

• **American Journal of Infection Control (AJIC)** (APIC’s scientific journal – is a recognized source for peer-reviewed articles on infection prevention, epidemiology, infectious diseases, quality management, occupational health, and disease prevention)

• **Prevention Strategist** (quarterly publication provides members with evidence-based strategies and practical guidance from leading experts to help prevent infection)

• **APIC eNews** (weekly electronic newsletter that delivers the latest need-to-know infection prevention information to APIC members’ email inboxes each Wednesday)

• **Webinars** (free monthly hour-long webinars on a range of topics, from infection prevention innovations to leadership to disease outbreaks; webinars are also archived and available in the on-demand webinar library)

• **Annual 3-day Conference** (additional cost)

• **APIC Text Online** - $169 for members; $219 for non-members (1 year subscription; also available in print) [http://text.apic.org/](http://text.apic.org/)

• **Mile High APIC Chapter**
  • Meets on the 3rd Friday of the month (except June and December)
    • Presbyterian St. Luke’s Rocky Mountain Hospital for Children in Denver
    • Lunch is at 12:00 p.m. and the educational program starts at 12:30, followed by chapter business meeting
  • Applicable Membership dues - $20
  • Opportunity for educational grants to the APIC Conference, EPI 101/201, and more

SEND COMMENTS, CHANGES, ADDITIONS, ETC. TO TONI.FOOS@CHA.COM.
APIC IP Courses (no membership required)

- Basics of Infection Prevention
- Basic Statistics for Infection Preventionists
- Infection Prevention Certification Review Course
- Disinfection and Sterilization: Best Practices in Reprocessing Surgical Instruments
- Microbiology 101 for Infection Preventionists
- Infection Prevention Knowledge Review and Assessment
- Continuing the Care: Infection Prevention in the Long-Term Care Setting
- Tech Tools Series - Course Bundle
- Tech Tools: Basics of Microsoft Excel
- Tech Tools: Basics of Microsoft PowerPoint
- Tech Tools: Basics of Social Media
- Infection Prevention in Hemodialysis Settings
- [http://www.apic.org/Education-and-Events/Course-Catalog/CourseCategory?id=536cdea-ca72-4480-976b-2470a57835e2](http://www.apic.org/Education-and-Events/Course-Catalog/CourseCategory?id=536cdea-ca72-4480-976b-2470a57835e2) (prices vary, but are generally around $175-$255 for non-members)
Implementation Guides (Provide practical, evidence-based strategies for surveillance and the elimination of infection. Each guide includes online tools and resources.) [http://www.apic.org/Professional-Practice/Implementation-guides](http://www.apic.org/Professional-Practice/Implementation-guides)

- Guide to Preventing Clostridium difficile Infections (2013)


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The Novice Roadmap provides a general structure for your time on the job, from day 1 until you pass the CIC exam. It provides a list of job-specific knowledge, skills, and professional development goals, and even helps you create your personal library of infection prevention-related resources. However, the way you prioritize proceeding through the roadmap will vary from facility to facility and program to program. It will also depend on your background, level of experience, and resources available to you within your infection prevention program.
APIC Infection Prevention Academy

EPI® 101: The Fundamentals of Infection Surveillance, Prevention and Control
*Competency Level: Novice
*Attendees can earn a maximum of 20 CE credit hours*

If you have less than one year of experience or need an infection prevention basics refresher, this three-day course is designed for you. You’ll be introduced to the various roles and responsibilities of the infection preventionist and gain essential clinical and program management knowledge needed to develop an effective infection prevention program.

Key course content includes: Basic epidemiology of infectious diseases, Precautions and exposures to healthcare-associated infections, Introduction to microbiology, Designing a surveillance plan, Using and reporting data, Regulations and reporting, Applying NHSN surveillance definitions, Conducting a facility risk assessment.

EPI® 102: The Fundamentals of Infection Surveillance, Prevention and Control
*Competency Level: Novice - EPI®101 prerequisite recommended, but not required
*Attendees can earn a maximum of 18 CE credit hours*

If you have at least one year of infection prevention experience, have already taken EPI® 101 and are ready to move to the next level, this three-day course is for you. Content builds on the concepts and principles introduced in EPI® 101, with an emphasis on evidence-based interventions to prevent or reduce risk.

Key course content includes: The infection preventionist as program manager, Building coalitions and stakeholders, Performance improvement, Infection prevention in surgical settings, Outbreaks: investigation, prevention and control, Preventing device-associated infections, Disinfection and sterilization of instruments, The IP’s role in construction and renovation, Emergency preparedness.

http://www.apic.org/Education-and-Events/Academy

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APIC Infection Prevention Academy (cont’d.)

EPI® Intensive

Competency Level: Novice

This novice level course, designed for infection preventionists with 1-3 years of experience, provides intensive fundamental infection prevention training for healthcare professionals working in different practice settings. Over the course of four days, you will learn how to develop an effective infection prevention program to protect patients and comply with accrediting and regulatory requirements through evidenced-based best practices that reduce risk.

The course introduces the various roles and responsibilities of the infection preventionist. Areas of emphasis include how to prepare surveillance and risk assessment plans, regulatory compliance, and preventing transmission of infectious diseases. Experienced faculty deliver lectures of complex concepts taught in everyday language, facilitate smaller group activities, and lead question/answer sessions along with the sharing of experiences at the individual level.

Course Content:

- Roles of the IP
- Basic epidemiology of infectious diseases
- Introduction to microbiology
- Regulations and requirements
- Risk assessment
- Surveillance definitions: CAUTI, CLABSI, BSI, SIR, SSI, VAE
- Disinfection and sterilization
- Infection prevention in surgical settings
- Program management
- Outbreaks and investigations
- Device-related infections
- Data calculations and reporting
- Construction

https://apic.org/Education-and-Events/EPI-Intensive

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Make the most of your APIC membership experience by tapping into your network, benefits, and resources that address your on-the-job challenges, help improve your practice, and gear you for professional growth.

**Learn:** APIC provides you with face-to-face and online training, including free live and archived webinars on clinical information, regulations, and best practices. [Explore APIC Education](#).

**Network:** You’re connected to more than 15,000 healthcare professionals through [MyAPIC](#) online communities, local chapters, and the [APIC Annual Conference](#).

**Advance:** APIC helps you take your career to the next level with a variety of resources including [APIC Career Center](#), practice guidance resources (including implementation guides), live and online educational courses, and tools that prepare you for the [Certification in Infection Prevention and Control (CIC®)](#) exam.

**Lead:** As an APIC member you have the chance to be a leader in your professional society, as well as your field.

Consider [committee](#) and [chapter](#) volunteerism, as well as [taking action](#) on issues that impact you. These are just a few of your member benefits. Get more information by [visiting the APIC website](#) or contacting an APIC staff member via phone at 202-789-1890 or via [email](#).
APIC: Not getting your emails and mail?

Make sure you keep your contact information updated on APIC website!

Follow these steps:
• Sign in to APIC website (click on My Account)
• Select demographic
• Click on ✒ to edit email address, work phone or address

• This works for APIC and Mile High APIC updates

SEND COMMENTS, CHANGES, ADDITIONS, ETC. TO TONI.FOOS@CHA.COM.
CDC Guidelines (Centers for Disease Control and Prevention)

- [https://www.cdc.gov/infectioncontrol/guidelines/index.html](https://www.cdc.gov/infectioncontrol/guidelines/index.html)
  - Basic Infection Prevention and Control
  - Antibiotic Resistance
  - Device-associated Infection Prevention Guidelines
  - Procedure-associated Infection Prevention Guidelines
    - Guidelines for the Prevention of Surgical Site Infections (2017)
  - Other guidelines available include: Norovirus, Pneumonia, Ebola, Influenza, MERS-CoV, tuberculosis, and healthcare worker guidelines

SEND COMMENTS, CHANGES, ADDITIONS, ETC. TO TONI.FOOS@CHA.COM.
CDC Targeted Assessment for Prevention (TAP) Strategy
Catheter-Associated Urinary Tract Infection (CAUTI) Implementation Guide

Links to Example Resources  https://www.cdc.gov/hai/prevent/tap/resources.html

Multitude of resources under the following categories:

- General Infrastructure, Capacity, and Processes
- Staff Training and Competency Assessment
- Appropriate Indications for Indwelling Urinary Catheter
- Proper Indwelling Urinary Catheter Maintenance
- Timely Removal of Indwelling Urinary Catheter
- Appropriate Urine Culturing Practices

The Targeted Assessment for Prevention (TAP) Strategy is a framework for quality improvement developed by the Centers for Disease Control and Prevention (CDC) to use data for action to prevent healthcare-associated infections (HAIs). The TAP Strategy consists of three components: 1) Running TAP Reports in the National Healthcare Safety Network (NHSN) to target healthcare facilities and specific units with an excess burden of HAIs. 2) Administering TAP Facility Assessment Tools to identify gaps in infection prevention in the targeted locations. 3) Accessing infection prevention resources within the TAP Implementation Guides to address those gaps.
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**Multitude of resources under the following categories:**

- General Infrastructure, Capacity, and Processes
- Appropriate Use of Central Venous Catheters
- Proper Insertion Practices for Central Venous Catheters
- Proper Maintenance Practices for Central Venous Catheters
- Supplemental Strategies

Links to Example Resources: [https://www.cdc.gov/hai/prevent/tap/clabsi.html](https://www.cdc.gov/hai/prevent/tap/clabsi.html)
Certification (CIC)

• CBIC – Certification Board of Infection Control and Epidemiology
  o [for complete certification requirements]
  o Cost $375
  o “There is no specific time requirement that defines ‘sufficient experience’ . . . However, this certification exam is geared toward the infection prevention and control professional who has had at least 2 years of full-time experience in infection prevention and control.”

• Exam Content:

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• Sign up to receive sample test questions each week. Contact toni.foos@cha.com
CDPHE (Colorado Department of Public Health & Environment)

- Disease Control and Environmental Epidemiology Division Topics
  
  https://www.colorado.gov/pacific/cdphe/dceed
  
  • Communicable Diseases
    - **Diseases A-Z**
    - Emerging Infections Program data and Resources
    - Foodborne Illness
    - Healthcare-associated Infections
  
  • STI/HIV/viral hepatitis

- Hospital Regulations (i.e. Standards for Hospitals and Health Facilities):
  
  • [http://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=5857&fileName=6%20CCR%201011-1%20Chap%20004](http://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=5857&fileName=6%20CCR%201011-1%20Chap%20004)

- Hot Topics in Infectious Disease
  
  • Weekly email report
  
  • To be put on the distribution, contact heather.Dryden@state.co.us

- HAN Alert – Health Alert Network Broadcast
  
  • Alert situations
  
  • To be put on the distribution, contact cdphe_epr_sit@state.co.us
CDPHE Resources

- Reportable Diseases (includes outbreaks)
  - [https://drive.google.com/file/d/0B0tmPQ67k3NVcUZBdxmLTJZSDA/view](https://drive.google.com/file/d/0B0tmPQ67k3NVcUZBdxmLTJZSDA/view)

- Reporting of most diseases above can be done through the CDPHE CEDRS web-based system. For access to CEDRS or questions, contact alicia.cronquist@state.co.us

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How to Report an Outbreak in a Healthcare Facility to Public Health

Which outbreaks are reportable?

In Colorado, outbreaks of any kind are immediately reportable to public health. If you know or suspect your healthcare facility may be experiencing an outbreak, it must be reported to public health per the Colorado Rules and Regulations Pertaining to Epidemic and Communicable Disease Control (6 CCR 1009-9). This reporting is in addition to routine notifiable disease reporting of single cases.

Colorado Rules and Regulations Pertaining to Epidemic and Communicable Disease Control (6 CCR 1009-9)

“The Colorado Board of Health requires the reporting of any unusual illness, or outbreak, or epidemic of illnesses, which may be of public concern, whether or not known to be, or suspected of being communicable. Such illnesses, outbreaks, or epidemics include, but are not limited to: 1) those which may be a risk to the public and may affect large numbers of persons, such as illness transmitted through food, water, or from person to person; 2) cases of a newly recognized entity, including novel influenza; 3) those related to a health care setting or contaminated medical devices or products; and 4) those related to environmental contamination by any infectious agent or toxic product of such an agent.”

The full document is available here: [https://www.colorado.gov/pacific/cdphe/disease-control-regulations](https://www.colorado.gov/pacific/cdphe/disease-control-regulations)

Definition of an outbreak

Outbreaks in healthcare settings are defined as an increase in the number of cases above the baseline in your facility, or above what is expected.

How to report an outbreak

You can report outbreaks to the Colorado Department of Public Health and Environment or your local public health agency.

1) Colorado Department of Public Health and Environment

   Monday - Friday, 8:30 - 5:00: (303)-692-2700
   Evenings and weekends: (303)-370-9395

2) Local public health agency

   A list of local public health agencies is available through the Colorado Department of Public Health and Environment’s website:

   [https://www.colorado.gov/pacific/cdphe/find-your-local-public-health-agency](https://www.colorado.gov/pacific/cdphe/find-your-local-public-health-agency)
CMS (Centers for Medicare & Medicaid Services)

- Hospital Infection Control Worksheet [document used by surveyors to determine compliance with the Infection Control Condition of Participation]

SEND COMMENTS, CHANGES, ADDITIONS, ETC. TO TONI.FOOS@CHA.COM.
Construction

• Guidelines for Design and Construction of Hospitals and Outpatient Facilities
  ◦ The Facility Guidelines Institute (FGI)
  ◦ Includes guidelines for air changes per hour, temperature and humidity requirements
  ◦ https://www.fgiguidelines.org/guidelines/2014-hospital-outpatient/
  ◦ $200
Contact Precautions – Duration

• Expert Guidance: Duration of Contact Precautions for Acute-Care Settings

SEND COMMENTS, CHANGES, ADDITIONS, ETC. TO TONI.FOOS@CHA.COM.
Disinfection & Sterilization

  - https://www.cdc.gov/infectioncontrol/guidelines/disinfection/index.html

Send comments, changes, additions, etc. to Toni.Foos@CHA.com.
Hand Hygiene

- CDC Guidelines for Hand Hygiene in Healthcare Settings, 2002
  - [https://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf](https://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf)

- WHO Guidelines on Hand Hygiene in Health Care, 2009
  - Full Guidelines - [https://register.gotowebinar.com/register/1740506403312389379](https://register.gotowebinar.com/register/1740506403312389379)

- SHEA: Strategies to Prevent Healthcare-Associated Infections through Hand Hygiene, 2014
  - [https://www.cambridge.org/core/services/aop-cambridge-core/content/view/955E4AAEB5DDEAC61281B9ECB5D68E4F/S0899823X00193900a.pdf/strategies_to_prevent_healthcareassociated_infections_through_hand_hygiene.pdf](https://www.cambridge.org/core/services/aop-cambridge-core/content/view/955E4AAEB5DDEAC61281B9ECB5D68E4F/S0899823X00193900a.pdf/strategies_to_prevent_healthcareassociated_infections_through_hand_hygiene.pdf)

- Hand Hygiene Resources (compiled by CHA)

SEND COMMENTS, CHANGES, ADDITIONS, ETC. TO TONI.FOOS@CHA.COM.
Isolation Guidelines

  - [https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines.pdf](https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines.pdf)
NHSN Resources

- Main website: https://www.cdc.gov/nhsn/

  - Sections for each of the following:
    - BSI – Surveillance for bloodstream infections
    - UTI – Surveillance for urinary tract infections
    - MDRO/C diff – Surveillance for C. difficile, MRSA, and other Drug-resistant Infections
    - SSI – Surveillance for Surgical Site Infection Events
    - VAE – Surveillance for Ventilator-associated Events
    - Surveillance for Healthcare Personnel Vaccination

- Newsletters: https://www.cdc.gov/nhsn/newsletters/index.html

- NHSN Basic Training webinars available through CHA. Contact toni.foos@cha.com for more information.

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OSHA (Occupational Safety and Health Administration)

• Bloodborne Pathogens Standard
  • Bloodborne pathogens. - 1910.1030 | Occupational Safety and Health Standards

• Standard Interpretations

• Tuberculosis
  • Field Operations (provides policies and procedures for inspectors while they conduct inspections and issue citations related to occupational exposure to TB)
Outbreak Response Guidance

SHEA Expert Guidance
Outbreak Response and Incident Management: SHEA Guidance and Resources for Healthcare Epidemiologists in United States Acute-Care Hospitals

PURPOSE
This expert guidance document was developed as a resource to provide healthcare epidemiologists working in acute-care hospitals with a high-level overview of incident management for infectious diseases outbreaks and to prepare them to work within an emergency response framework. It addresses how the epidemiologist’s skills and expertise apply to scenarios that require enhanced preparedness and response efforts, e.g., when pathogens associated with outbreaks are poorly characterized or when outbreaks require additional interventions including, but not limited to, healthcare personnel education, enhanced infection prevention and control measures, added staffing, supplies, and resources, adjustments to clinical and support activities, and external communications. Its recommendations are not pathogen-specific and are meant to apply to a range of potential infectious diseases outbreaks. To provide high-level guidance and context for incident management, the authors specify recommendations for the healthcare epidemiologist, as well as involvement and responsibilities of the facility and other healthcare personnel (HCP).

https://www.cambridge.org/core/services/aop-cambridge-core/content/view/8C035426B3C86E075BBB0AFFAE42F0AC/S0899823X17002124a.pdf/outbreak_response_and_incident_management_shea_guidance_and_resources_for_healthcare_epidemiologists_in_united_states_acutecare_hospitals.pdf

SEND COMMENTS, CHANGES, ADDITIONS, ETC. TO TONI.FOOS@CHA.COM.
PreOp Antibiotic Guidelines

• Clinical practice guidelines for antimicrobial prophylaxis in surgery
  • Developed jointly by the American Society of Health-System Pharmacists (ASHP), the Infectious Diseases Society of America (IDSA), the Surgical Infection Society (SIS), and the Society for Healthcare Epidemiology of America (SHEA).
Printed Resources

*Control of Communicable Diseases Manual, 20th Edition* Every chapter updated, and most benefitting from parallel updated by international experts, at both, CDC and WHO, priority has been given to ensuring global relevance. New disease variants have been included and some chapters have been fundamentally reworked. The 20th edition is a timely update to a milestone reference work that ensures the relevance and usefulness to every public health professional around the world.

"Since 2008 we have seen an explosion in infectious diseases of international concern. In 2009 we had the H1N1 pandemic. In 2012 a new, highly fatal coronavirus named Middle East Respiratory Syndrome (MERS) was first reported out of Saudi Arabia. And as we go to press, an old foe Ebola is creating the largest epidemic of Ebola virus disease (EVD) in human history. All 3 of these cases reinforce the need for health practitioners to have an expert guide in the use of sound infection control practices. This new version of *Control of Communicable Diseases Manual* (CCDM), the 20th revision of this 96-year-old favorite of the health community, is now available to address these important concerns." From the Forward - Georges C. Benjamin, MD, Executive Director, American Public Health Association

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Research Resources (APIC’s Industry Perspectives)

Below is a list of resources to assist IPs and other healthcare professionals in writing, reviewing and evaluating research:

- [Reading, Writing and Research for Infection Prevention: Essential Tools for Today’s IP](#)
- [An infection preventionists guide to evaluating research studies](#)
- [What do infection preventionists want to know: Queries of IP Talk and APIC.org](#)
- [Writing scientific abstracts](#)
- [Let’s publish!! Advancing your abstract to a manuscript](#)
- [Journal Club: A venue to advance evidence-based infection prevention practice](#)
- [The APIC research agenda: Results from a national survey](#)
- [Moving evidence from the literature to the bedside: Report from the APIC Research Task Force](#)
- [The New CDC Methodology and the pursuit of an updated guideline for the prevention of SSI](#)
SHEA Resources (The Society for Healthcare Epidemiology of America)

- Patient Education Guides on HAIs
  - http://www.shea-online.org/index.php/practice-resources/patients
- Surgical Site Infection (SSI)
- Central Line-Associated Bloodstream Infection (CLABSI)
- Catheter-Associated Urinary Tract Infection (CAUTI)
- Ventilator-Associated Pneumonia (VAP)
- *Clostridium-difficile* (C diff)
- Methicillin-Resistant *Staphylococcus aureus* (MRAS)
- Vancomycin-Resistant *Enterococcus* (VRE)

FAQs

**“Catheter-Associated Urinary Tract Infection”**

- **What is a catheter-associated urinary tract infection?**
  A catheter-associated urinary tract infection is an infection in the urinary system, which includes the bladder (which stores the urine) and the kidneys (which filter the blood to make urine). Often, bacteria enter the bladder through the catheter tubing. If left untreated, an infection can spread to the kidneys.

- **What is a urinary catheter?**
  A urinary catheter is a thin tube placed in the bladder to drain urine. The tube goes through the urethra and into a bag that collects the urine. A urinary catheter may be used:
  - If you are unable to urinate on your own
  - To measure the amount of urine that you make, for example, during antibiotic treatment
  - During and after some types of surgery
  - During tests of the kidneys and bladder

- **People who use urinary catheters have a much higher chance of getting a urinary tract infection than people who don’t have a catheter.**

**Catheter Insertion**
- Catheters are put in only when necessary and are removed as soon as possible.
- Only properly trained persons insert catheters using sterile (“clean”) technique.
- The skin in the area where the catheter will be inserted is cleaned before inserting the catheter.
- Other methods to disinfect the skin are sometimes used, such as:
  - External catheters in men (these look like condoms and are placed over the penis rather than into the penis)
  - Putting a temporary catheter in to drain the urine and removing it right away. This is called intermittent catheterization.

**Catheter Care**
- Healthcare providers clean their hands by washing them with soap and water or using an alcohol-based hand rub before and after touching your catheter.
- If you see your healthcare provider clean their hands, please ask them to do so.
- Avoid disconnecting the catheter and drain tube. This helps to prevent ascent of antimicrobial drug-resistant organisms into the catheter tubing.
SHEA Resources (cont’d.)

- Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals
  - Strategies to Prevent Catheter-Associated Urinary Tract Infections in Acute Care Hospitals: 2014 Update
  - Strategies to Prevent Surgical Site Infections in Acute Care Hospitals: 2014 Update
  - Strategies to Prevent Clostridium difficile Infections in Acute Care Hospitals: 2014 Update
  - Strategies to Prevent Methicillin-Resistant Staphylococcus aureus Infections in Acute Care Hospitals: 2014 Update
  - Strategies to Prevent Central Line-Associated Bloodstream Infections in Acute Care Hospitals: 2014 Update
  - Commentary: Approaches for Preventing Healthcare-Associated Infections: Go Long or Go Wide?
  - Strategies to Prevent Ventilator-Associated Pneumonia in Acute Care Hospitals: 2014 Update
  - Strategies to Prevent Healthcare-Associated Infections through Hand Hygiene
  - A View from The Joint Commission Perspective: Updated Compendium Will Continue to Help Reduce Healthcare-Associated Infections
  - An Infection Preventionist's View of the Compendium of Strategies to Prevent Healthcare-Associated Infections: Structure, Process, and Outcome

SEND COMMENTS, CHANGES, ADDITIONS, ETC. TO TONI.FOOS@CHA.COM.
SHEA Resources (cont’d.)

• Expert Guidance: Duration of Contact Precautions for Acute-Care Settings
Tuberculosis (TB) Resources

- CDC/MMWR: Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005
  - [https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s_cid=rr5417a1_e](https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s_cid=rr5417a1_e)

- OSHA: Field Operations (provides policies and procedures for inspectors while they conduct inspections and issue citations related to occupational exposure to TB)
World Health Organization (WHO)

- WHO Guidelines on Hand Hygiene in Health Care (2009)
  - Summary of Guidelines -
    http://apps.who.int/iris/bitstream/10665/70126/1/WHO_IER_PSP_2009.07_eng.pdf?ua=1