



Indiana  
Department  
of  
Health

# Infection Prevention Press

April 2023

## Group A Strep (GAS)-What's All the Talk About?

By Jennifer Brinegar, District 8 IP

Group A *Streptococcus* (GAS) is a type of bacteria commonly found on the skin or in the throat and can cause many types of infections, the most common being strep throat, scarlet fever, and skin infections. GAS bacteria can also enter the blood, or other parts of the body, where bacteria are not usually present. When bacteria enter these areas severe, invasive diseases such as pneumonia, bloodstream infections, sepsis, and necrotizing fasciitis can develop.

Staff, visitors, or other residents can be asymptomatic carriers and may be able to transmit the bacteria to others. Long-term care (LTC) residents could acquire clinical infections from asymptomatic carriers and are at a greater risk of an invasive GAS infection due to their advanced age, comorbidities, and proximity to others. [GAS bacteria can easily be spread](#) from person-to-person through respiratory droplets, contact with open sores or wounds, and contact with nasal secretions and saliva.

### What can a facility do to lessen its chances of having a case or outbreak?

1. Educate the staff on a regular basis on signs and symptoms of GAS (fever; sore throat; new skin lesions; or wounds that are red, warm, or indurated) so they can identify changes in the residents' condition. Educate on why prompt reports of changes in condition are imperative.
2. Continue emphasis on hand hygiene techniques, including documented hand hygiene audits). Offer frequent hand hygiene to residents, especially after toileting and before and after meals. Ensure that staff perform hand hygiene before and after resident contact.
3. Ensure access to alcohol-based hand rub (ABHR) in multiple locations for staff, residents, and visitors.
  - Are they available near or in soiled utility rooms and shower rooms? Are ABHR dispensers serving as visual reminders in the hallways near common areas and resident rooms? Hand Hygiene will always be one of our best defenses to stop the spread of illnesses.

### Helpful Links

- [IDOH's iGAS page](#)
- [IDOH's LTC GAS Toolkit](#)
- [CDC's GAS page](#)

4. Review current policies and procedures on environmental cleaning.
  - How is shared cleaned? Who is responsible for cleaning equipment? Do an inventory of equipment and ensure that all equipment that is used for residents has assigned personnel to provide cleaning and disinfecting. Is your facility EVS utilizing the appropriate cleaners for equipment? Does the staff know what the contact time is? Is equipment cleaned and/or disinfected between each resident use? Are high touch surface areas cleaned at least daily? Does the staff know how to clean resident rooms appropriately? Is your facility performing audits of the EVS/housekeeping staff?
5. Educate healthcare staff to not come to work when they are ill. Review current policies and procedures on sick leave for staff to ensure they align to allow staff to not work while ill.
6. Be diligent with wound care practices. Perform wound care audits regularly to gauge whether wound care staff, whether it is nurses or providers, are maintaining proper infection control practices.
7. Ensure that you review your outbreak response plans at least annually and continue to provide regular education to nursing staff.

### **What should a facility do if a GAS case is identified?**

Per the Indiana Communicable Disease Rule, physicians, hospitals, and laboratories are required to report cases of invasive GAS (iGAS) disease within 24 hours of case identification to either the local health department or Indiana Department of Health (IDOH). Additionally, LTCs should report any suspected outbreaks of GAS (including both invasive and noninvasive infections) to the local health department or the IDOH Infectious Disease Epidemiology and Prevention Division (IDEPD). Implement appropriate transmission-based precautions for suspected cases of GAS until GAS infection is ruled out or until residents have completed 24 hours of appropriate antibiotic therapy. When residents have wounds infected or colonized with GAS, precautions should be maintained until wounds are no longer draining.

If you do have a resident diagnosed with GAS, the IDOH IDEPD team has developed a LTC GAS toolkit to assist you in proper steps to identify and stop the spread of infection in your facility. Additionally, the toolkit contains the pertinent audit forms to assist in facilitating improvements within your facilities. Ideally, this toolkit should be reviewed by a facility's infection preventionist even before an outbreak occurs as part of their training. As always, please reach out to your IDOH District IP with questions or contact IDOH's IDEPD at 317-233-7125.

## **Communicable Disease Reporting Rule Changes**

By Lunden Espinosa, Surveillance Epidemiologist II

The Indiana Department of Health (IDOH) is announcing changes to Indiana's Communicable Disease (CD) Rule (410 IAC), including streamlined timeframes for reporting and updates to reportable diseases. Indiana Code Title 16 (Health 16-41-2-1) was amended in 2019. This amendment allows the IDOH to publish and update the list of reportable communicable diseases and control measures on the IDOH website. External documents have been created to house this information, which will allow for updates and changes to be made more easily in the future. Please visit the [IDOH CDR website](#) for further information and updates.

**All of the communicable disease reporting changes went into effect April 1.**

**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](mailto:BLavender@health.in.gov).**

# Audits

## Infection Control Policies Aren't Enough: The Importance of Auditing

By Bethany Lavender, Infection Prevention Epidemiologist

Written evidenced-based infection control and prevention policies, guidelines, and procedures act as a standard of care and help in the prevention of healthcare-associated infections. Staff should receive competency-based training on these policies upon hire and, in some instances, as changes occur and annually. However, training alone is not enough. A well-developed infection prevention program should incorporate audits and feedback to improve understanding of and compliance to infection prevention policies. "Auditing is a way we can assess the application of knowledge, skills and attitude in the work environment," [according to the CDC](#).

Infection prevention policies that are commonly audited include hand hygiene, transmission-based precautions, cleaning and disinfecting, personal protective equipment (PPE) donning and doffing, catheter insertion and maintenance, and antibiotic use. Per the CDC, "Auditing is the process of conducting an objective review of a specific practice." Audits are often accomplished through direct observation or daily rounding, but surveys, chart reviews, and other technologies, such as Adenosine triphosphate (ATP) machines (which can help check the effectiveness of cleaning processes) can be utilized. Audits are a valuable tool that can be employed in combination with disease surveillance to identify gaps and strengths in a facility's infection prevention program, as well as track adherence to best practices by staff. Auditing can also shed light on policies that need to be adjusted or completely changed.

Audits should not be punitive, and instead used to identify opportunities for improvement. It is vital that feedback is provided to staff based on audit findings. Two common ways to provide feedback are real-time feedback and by incorporating aggregated data into quality assurance and performance improvement (QAPI) presentations. A plan for auditing should be developed based on a facility's needs, including how often auditing will occur, who will be audited, who will be the auditor, how the data will be tracked, if a checklist or auditing tool needs developed, and how feedback will be provided and to whom (e.g., stakeholders, nursing staff, patient safety committee members, environmental services staff, etc.). If you have questions about auditing or are curious about specific auditing tools, contact your IDOH District IP.

### Audit Tools

- [CDC's ICAR Tools](#)
- [CDC's Terminal Cleaning Tool](#)
- [Quality Insights' Hand Hygiene Checklist](#)
- [IDOH's Food Services Tool](#)

## Clusters and Suspected Outbreaks in Healthcare Settings

By Deepshikha Singhal, Healthcare Associated Infections Epidemiologist II

Haley Beeman, Senior Healthcare Associated Infections Epidemiologist

Reminder: per the Indiana Communicable Disease Reporting (CDR) Rule ([410 IAC 1-2.5-75&76](#)), all clusters or suspected outbreaks of any disease associated with hospitals or other healthcare facilities must be immediately reported to Indiana Department of Health (IDOH). To report:

Call **317-233-7125** during business hours (8:15 a.m. to 4:45 p.m.)  
Call **317-233-1325** after hours.

For questions and concerns:

Haley Beeman, Senior Healthcare Associated Infections Epidemiologist

[HBeeman@health.in.gov](mailto:HBeeman@health.in.gov), 317-234-2805

**Note:** The above only applies to organisms or conditions that do not require reporting to IDOH. For directions on how to report reportable conditions or organisms please visit the [IDOH CDR website](#).

# Resident Hand Hygiene

## Resident Hand Hygiene Could Be Priceless to Families

By Deanna Paddack, District 5 IP

One in 43 nursing home residents and 1 in 20 hospitalized patients contracts a healthcare-associated infection (HAI) daily, which costs 28.4 billion to 45 billion dollars annually to treat according to the [CDC's HAI Progress Report](#). Further, it is estimated that up to [70% of the HAIs](#) are preventable through consistent infection control and prevention practices. One of the most effective tools for preventing HAIs is hand hygiene. Having a hand hygiene program in healthcare entities including healthcare providers and patients/residents enhances the prevention of transmission of pathogens to others. However, hand hygiene compliance among patients, residents, and visitors is often overlooked despite the knowledge that these individuals could transmit pathogens to others. multidrug-resistant organisms (MDROs) and bacteria are often found in colonization clusters on patients/residents and could be a great source of transmission to HCWs and other patients/residents.

The expectation has long been set that a HCW, or any other care provider, would wash their hands at the [following critical times](#):

- Before during and after preparing food
- Before and after eating food
- Before and after caring for someone else who is sick with vomiting or diarrhea
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers
- Assisting someone with toileting needs and activities of daily living (ADLs)
- After blowing your nose, sneezing, or coughing
- After touching an animal, animal feces, or animal waste
- After handling pet food or pet treats
- After handling garbage, blood, or body fluids

Residents performing proper hand hygiene at similarly critical times could further decrease HAI transmission rates in the facility. It is important to note that resident hand hygiene can be more complicated and some things to consider with resident hand hygiene are:

- When was the last time your resident washed his/her hands?
- Does the resident have the cognitive ability to wash their hands?
- Did the individual receive education on what is considered proper hand hygiene and why it is important?
- Are the products for hand hygiene readily accessible?
- Is there a need for a HCW to offer hand hygiene assist or encourage the resident to perform hand hygiene appropriately?



Facilities should consider new areas or opportunities to provide resident hand hygiene, such as these suggestions based on other facilities' programs:

- Providing wash basins of warm soapy water during activity time to each resident and encouraging range of motion of hands and fingers in the warm water.
- Offer alcohol-based hand rubs (ABHRs) to all residents while sitting at the dining table waiting on meals to be served.
- Offer warm washcloths or individual towelettes on the food tray.
- Offer hand massages with essential oils and nail care.
- Implement a hand washing station at the entrance to the dining rooms and activity areas.

While offering one or more of the above practices may require additional time or upfront costs, these practices promote additional opportunities with preventing transmission of HAIs. Another step to consider or implement is educating families and visitors on the importance of hand hygiene. Taking only twenty seconds of time to perform hand hygiene could improve HAI transmission rates, decrease out of facility days, and most importantly, improve the safety and health of your residents, which is priceless to them and their families.

## Infection Prevention Course Offered

**What YOU Need to Know about Infection Prevention** is a cost-free, online five-module course addressing various aspects of infection prevention and control. The course was made possible by a collaboration between the [Indiana Department of Health](#) (IDOH), the Centers for Disease Control and Prevention's [Project Firstline](#), and the [University of Indianapolis Center for Aging & Community](#).

The five modules are:

- How Does Science Work?
- How Do I Know What Guidelines to Listen To?
- Using Clinical Guidelines Beyond the Clinic
- Recognize Infection Risks in Healthcare
- *Candida auris*: Stopping the Spread

The modules were developed after a learning needs assessment to obtain input from Indiana stakeholders about their wishes for further education in infection prevention. The goal of the learning needs assessment was to engage frontline professionals across the state and hear their preferences on needed training topics, preferences for learning and delivery format, and what kind of post-training support would be beneficial. CAC conducted the learning needs assessment in two parts. An electronic survey was distributed by IDOH to multiple distribution lists and partner organizations for frontline professionals to complete. CAC also hosted four virtual town halls and invited frontline professionals to join.

Participants will learn about the scientific method, its steps and why scientific knowledge evolves. In another module, trusted and reliable sources of infection prevention information for healthcare workers are identified. Participants will learn about how clinical guidelines can help them stay healthy outside of the clinic and how to recognize an infection risk and take actions to mitigate that risk. And in another module, the risks presented by the organism *Candida auris* are explained and infection control actions to prevent its spread are outlined.

Each module includes a video, learning activity, quiz and a downloadable handout. Participants who complete the five modules and pass a final exam will be awarded a Certificate of Completion. To register for the course, visit <https://store.uindy.edu/> and search for **What YOU Need to Know About Infection Prevention**.

## Candid conversations: *Candida auris* and other MDROs

By Shireesha Vuppalanchi, MD & Caleb Cox, Senior AR Epidemiologist

The designated Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for the state of Indiana, Qsource, recently partnered with staff at the Indiana Department of Health to create an informational video focused on *Candida auris*. This video covers the topics of clinical implications of the pathogen *Candida auris* including clinical infections, colonization, epidemiology, steps to take when a case is identified at a facility, and a testimonial from an infection preventionist at a long-term care facility with experience in handling these cases. The video can be viewed from this [link](#).



Candida auris

## Can you guess this germ?

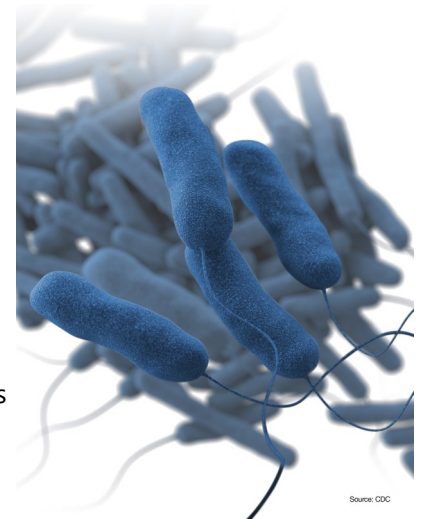
This bacteria can cause a serious type of pneumonia called Legionnaires' disease and a less serious illness called Pontiac fever. This bacteria is naturally found in lakes and other bodies of freshwater, but can become problematic if it reproduces and spreads into human-made water systems like cooling towers, plumbing, fountains, and showerheads.

**Symptoms:** Legionnaires' disease symptoms are cough, shortness of breath, muscle aches, fever, and headache. Pontiac fever's symptoms are fever and muscle aches. This bacteria can lead to severe disease and even death. It can be successfully treated with antibiotics.

**Risk Factors:** Most people exposed to this bacteria will not get sick, but individuals over 50 years old, current or former smokers, people with chronic lung diseases, immunocompromised individuals, people with chronic illnesses such as diabetes and kidney failure are at a higher risk of developing Legionnaires or Pontiac fever.

**Transmission:** Transmission occurs when an individual breathes in droplets from infected water or if someone aspirates on contaminated water. Very rarely does this bacteria spread from person-to-person.

**Prevention:** A facility should have a well-developed water management program to monitor for this bacteria in their water systems.



Answer: *Legionella*

# 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:

## Group A Strep (GAS):

1. IDOH's iGAS page- <https://www.in.gov/health/erc/infectious-disease-epidemiology/diseases-and-conditions-resource-page/streptococcus-group-a-invasive-disease/>
2. IDOH's LTC GAS Toolkit- [https://www.in.gov/health/erc/files/IDOH\\_LTCF\\_GAS\\_Toolkit\\_02.13.2023.pdf](https://www.in.gov/health/erc/files/IDOH_LTCF_GAS_Toolkit_02.13.2023.pdf)
3. CDC's GAS Page- <https://www.cdc.gov/groupastrep/index.html>
4. GAS bacteria can easily spread- <https://www.cdc.gov/groupastrep/outbreaks/LTCF/transmission.html>

## Communicable Disease Reporting Rule Changes:

1. IDOH CDR Website: <https://www.in.gov/health/erc/infectious-disease-epidemiology/infectious-disease-epidemiology/communicable-disease-reporting/>

## Infection Control Policies Aren't Enough: The Important of Auditing:

1. CDC's ICAR Tool- <https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html>
2. CDC's Terminal Cleaning Tool-<https://www.cdc.gov/hai/pdfs/toolkits/environmental-cleaning-checklist-10-6-2010.pdf>
3. Quality Insights' Hand Hygiene Checklist-<https://www.ihca.org/wp-content/uploads/2020/10/Hand-Hygiene-Checklist.pdf>
4. IDOH's Food Services Tool- <https://www.in.gov/health/erc/files/HAI-AR-IC-Food-Services-Audit-tool.pdf>
5. States the CDC- <https://www.cdc.gov/infectioncontrol/pdf/strive/CBT102-508.pdf>  
Reference- [https://www.theific.org/wp-content/uploads/2016/04/6-Audits\\_2016.pdf](https://www.theific.org/wp-content/uploads/2016/04/6-Audits_2016.pdf)

## Communicable Disease Reporting Rule Reminder:

1. 410 IAC 1-2.5-75&76- [https://www.in.gov/health/erc/files/Final\\_Rule\\_LSA\\_.pdf](https://www.in.gov/health/erc/files/Final_Rule_LSA_.pdf)
2. Contact Haley Beeman: [HBeeman@health.in.gov](mailto:HBeeman@health.in.gov)
3. IDOH CDR Website- <https://www.in.gov/health/erc/infectious-disease-epidemiology/infectious-disease-epidemiology/communicable-disease-reporting/>

## Resident Hand Hygiene Could Be Priceless to Families:

1. CDC's HAI Progress Report 2021- <https://www.cdc.gov/hai/data/portal/progress-report.html>
2. 70% of HAIs are preventable- <https://www.who.int/publications/i/item/9789241597906>
3. Following critical times- <https://www.cdc.gov/handwashing/when-how-handwashing.html>

## What YOU Need to Know about Infection Prevention:

1. IDOH- <https://www.in.gov/health/>
2. Project Firstline- <https://www.cdc.gov/infectioncontrol/projectfirstline/>
3. University of Indianapolis Center for Aging & Community- <https://uindy.edu/cac>
4. Register for the Course- <https://store.uindy.edu/>

## Candid Conversations on C. Auris and other MDROs:

1. Link to video- <https://qio.qsource.org/nursing-homes/>

## Can you Guess this Germ?:

1. Resource: <https://www.cdc.gov/legionella/index.html>

To **promote**, **protect**, and **improve** the health and safety of all Hoosiers

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