Welcome to the Healthcare Associated Infections Antimicrobial Resistance Webinar Series
Webinar Overview

• Schedule – bi-monthly
• Intended audience – LTCF infection preventionists
• Upcoming topics:
  • The Three Rs – September 28th, 2021
  • *Candida auris* – November 30th, 2021
  • MDROs – January 25th, 2022

Please visit the HAI-AR Webinar Series Webpage for LTCF Infection Preventionists by clicking here!
The HAI-AR Team Presents “The Three Rs”: Reach-Out, Reporting, & Resources
Overview

• Meet the Indiana Department of Health HAI-AR team
• Review recent updates to Indiana’s HAI reporting rule
• Review COVID-19 reporting and reporting resources
• Review Indiana’s communicable disease reporting rule focusing on reporting for multidrug resistant organisms (MDRO)
• Review reporting for *Candida auris*
• Discuss updated resources and helpful tools available on IDOH’s webpages
• Review some additional resources available from other agencies
• Question and answer session
Meet the HAI-AR Team
# Contacts by Subject Matter

<table>
<thead>
<tr>
<th>Questions About</th>
<th>Primary Contact</th>
<th>Secondary Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare associated infections (CLABSI, CAUTI, VAP &amp; SSI) NHSN reporting and mapping</td>
<td>HAI Epidemiologist</td>
<td>LTC NHSN PHI</td>
</tr>
<tr>
<td>CP-CRE IMPs Injection safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long-term care facility COVID-19 reporting</td>
<td>LTC NHSN PHI</td>
<td>HAI Epidemiologist</td>
</tr>
<tr>
<td>Antimicrobial resistance and susceptibility Antimicrobial stewardship CP-CRE reporting (all mechanisms except IMPs) MDRO containment MRSA and C. diff.</td>
<td>AR Epidemiologist</td>
<td>AR PHI</td>
</tr>
<tr>
<td>Candida auris reporting            Candida auris infection control practices</td>
<td>CA Epidemiologist</td>
<td>CA PHI</td>
</tr>
<tr>
<td>Infection prevention concerns Infection Control Assessment and Response (ICAR)</td>
<td>IP program manager and infection preventionist for your district</td>
<td></td>
</tr>
<tr>
<td>Fit testing Ebola Healthcare associated Legionella Bloodborne pathogens, tattoo, eyelash extension, sharps and infectious waste</td>
<td>Occupational Health Nurse</td>
<td>HAI Epidemiologist</td>
</tr>
</tbody>
</table>
IPs cover proactive and reactive Infection Control Assessment and Response (ICAR) in long term care (LTC) for COVID-19 and other outbreak types in LTC, acute care (hospitals), long term acute care hospitals (LTACHs), and dialysis facilities.

For the current district map, please go to the HAI webpage.
Infection Prevention Press

The IDOH District IPs will be producing a newsletter, The Infection Prevention Press, distributed by email to facility IPs.

The goal of the newsletter is to share infection prevention knowledge, discuss hot topics, and connect the IDOH IPs with facility IPs across the state.

Began September 15, 2021!

If your facility did not receive the newsletter on the 15th of September, but would like to, please email Blavender@isdh.in.gov with your facility’s IP’s email address to be added to the list serve!!
The following are items regularly included in the newsletters:

- Emergency information
- Epidemiologic outbreaks and updates
- Infection control & prevention
- Program updates
- CMS survey and certification updates
- Healthcare quality improvement projects
- Education programs
- Coming events

Please ensure your facility is subscribed by emailing: LTCNews@isdh.in.gov

Old and current newsletters are available here!
<table>
<thead>
<tr>
<th>IPC Gaps</th>
<th>Total Facilities with Gap (TF)</th>
<th>Total % of Facilities (TF/n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCP are fit tested</td>
<td>116</td>
<td>45%</td>
</tr>
<tr>
<td>Antiibiogram available (24 months)</td>
<td>66</td>
<td>25%</td>
</tr>
<tr>
<td>Resp etiquette signage posted</td>
<td>52</td>
<td>20%</td>
</tr>
<tr>
<td>EVS manager rounds</td>
<td>49</td>
<td>19%</td>
</tr>
<tr>
<td>Facility has evidence based MDRO policies</td>
<td>49</td>
<td>19%</td>
</tr>
<tr>
<td>Facility audits injections</td>
<td>47</td>
<td>18%</td>
</tr>
<tr>
<td>Facility audits cleaning/disinfecting</td>
<td>46</td>
<td>18%</td>
</tr>
<tr>
<td>Staff wear proper PPE with dirty laundry</td>
<td>43</td>
<td>17%</td>
</tr>
<tr>
<td>30 HH Audits monthly</td>
<td>38</td>
<td>15%</td>
</tr>
<tr>
<td>Providers abx trained annually</td>
<td>37</td>
<td>14%</td>
</tr>
<tr>
<td>Staff don’t Eat/drink in laundry room</td>
<td>37</td>
<td>14%</td>
</tr>
<tr>
<td>Facility has vaccine champ</td>
<td>36</td>
<td>14%</td>
</tr>
<tr>
<td>Offsite laundry policies reviewed</td>
<td>35</td>
<td>13%</td>
</tr>
<tr>
<td>Current Communicable Disease List</td>
<td>35</td>
<td>13%</td>
</tr>
<tr>
<td>Injection Safety Feedback</td>
<td>34</td>
<td>13%</td>
</tr>
<tr>
<td>Nurses trained on abx annually</td>
<td>33</td>
<td>13%</td>
</tr>
<tr>
<td>Feedback on cleaning</td>
<td>32</td>
<td>12%</td>
</tr>
<tr>
<td>Abx prescribing policy</td>
<td>32</td>
<td>12%</td>
</tr>
</tbody>
</table>

260 ICARs completed across the state from April 2021-June 2021 (n=260)

A gap is an infection control practice not being done properly.
ICAR Strengths- Training, Surveillance, & Preparedness

ICAR Strengths Q2 2021
Training, Surveillance, & Preparedness

Percentage of Facilities (n=260)

- PPE HCP training annually
- Staff educated on resp. precautions
- Evidence-based IP policies
- Work exclusion policies
- Facility screens new hires for TB
- Facility screens staff for TB annually
- Flu vaccine offered annually to staff
- Hep B vaccine offered to appropriate staff
- Residents offered flu & COVID vaccine
- Residents are screened for TB at admission
- Respiratory isolants var documented
- Bloodborne Pathogens training annually
- Bloodborne Pathogens training upon hire
- Facility has written outbreak response plan
- Facility has points of contact- LHD/DOH
ICAR Strengths- Hand Hygiene

ICAR Strengths Q2 2021
Hand Hygiene

<table>
<thead>
<tr>
<th>Percentage of Facilities (n=260)</th>
<th>Staff are trained annually on HH</th>
<th>Staff are trained upon hire on HH</th>
<th>Facility has ABHR preference</th>
<th>HH resources are posted in appropriate spots</th>
</tr>
</thead>
<tbody>
<tr>
<td>99.6%</td>
<td>99.6%</td>
<td>96.9%</td>
<td>97.3%</td>
<td></td>
</tr>
</tbody>
</table>

Strength
ICAR Strengths- COVID19 Practices

ICAR Strengths Q2 2021
COVID19 Practices

Facemasks are offered to those with S/S respiratory illness: 99.2%
Facility has standard precaution policies: 99.2%
Facility has TBP policies: 98.1%
Asymptomatic patients monitored daily for s/s COVID: 97.3%
COVID + patients are monitored 3x daily: 97.7%
Facility screens everyone for COVID19 s/s: 96.2%
HCP wear proper PPE with COVID + residents: 95.0%
Visitors/Residents wear appropriate PPE during visits: 96.2%
Facility provides COVID19 vaccine for free: 98.1%
HCP wears facemasks during COVID screening: 95.4%

Percentage of Facilities (n=260)
# Infection Prevention Visits

As of 8/31/2021, the District IPs have completed over 1700 visits across the state!

<table>
<thead>
<tr>
<th>District</th>
<th>Prevention-based Assessments (ICAR)</th>
<th>Outbreak-based Assessments (ORT)</th>
<th>Total Prevention-based (ICAR) &amp; Outbreak-based (ORT) Assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>106</td>
<td>112</td>
<td>218</td>
</tr>
<tr>
<td>2</td>
<td>86</td>
<td>75</td>
<td>161</td>
</tr>
<tr>
<td>3</td>
<td>77</td>
<td>67</td>
<td>144</td>
</tr>
<tr>
<td>4</td>
<td>95</td>
<td>69</td>
<td>164</td>
</tr>
<tr>
<td>5</td>
<td>147</td>
<td>132</td>
<td>279</td>
</tr>
<tr>
<td>6</td>
<td>72</td>
<td>73</td>
<td>145</td>
</tr>
<tr>
<td>7</td>
<td>84</td>
<td>58</td>
<td>142</td>
</tr>
<tr>
<td>8</td>
<td>69</td>
<td>103</td>
<td>172</td>
</tr>
<tr>
<td>9</td>
<td>54</td>
<td>72</td>
<td>126</td>
</tr>
<tr>
<td>10</td>
<td>78</td>
<td>92</td>
<td>170</td>
</tr>
<tr>
<td></td>
<td>868</td>
<td>853</td>
<td>1721</td>
</tr>
</tbody>
</table>
District Field and LHD Support Epidemiologists

For additional epidemiologic support, please reach out to the field and LHD support epidemiologist in your district.

For the current district map, please click here.
Emergency Epidemiologist On-Call

If you have a question, you can call the IDOH main phone line at 317-233-7125.

The emergency on-call epidemiologist is also available after hours and on weekends at 317-233-1325.
A healthcare-associated infection (HAI) is an infection that a person can acquire while receiving treatment in a healthcare facility for another condition. There are various types of HAIs, which are often named after the site of the body in which they occur. Common types of infections are catheter-associated urinary tract infections (CAUTIs), central line-associated bloodstream infections (CLABSIs), surgical site infections (SSIs), and ventilator-associated events (VAEs). Some types of bacteria that are known to cause HAIs are methicillin-resistant Staphylococcus aureus (MRSA), Clostridioides difficile (CDI), Acinetobacter, Pseudomonas, Carbapenem-resistant Enterobacteriales (CRE), and Vancomycin-resistant Enterococci (VRE).

**Surveillance**
- National Healthcare Safety Network (NHSN)
- ISDH HAI Reporting Rule
- HHS National Target Goals

**HAI Data**
- CDC State-Based Prevention: Indiana
- CDC Patient Safety Atlas

Find it here on the HAI webpage!
CDC’s NHSN LTCF COVID-19 Module

LTCF COVID-19 Module

CDC’s NHSN provides healthcare facilities, such as long-term care facilities (LTCFs), with a secure reporting platform for reporting outcomes and process measures in a systematic way. Reported data are immediately available for use in strengthening local and national surveillance, monitoring trends in infection rates, assisting in identifying resource insecurities, and informing progress toward infection prevention goals.

Find the webpage here!
Examples of Guidance Documents available:

- TOI Resident Impact and Facility Capacity Guidance Document
- Correcting COVID-19 Data Guidance Document
- LTCF COVID-19 Module: Data Alerts Guidance Document
- RIFC Vaccination Status Guidance Document
Indiana COVID-19 Reporting Rule

Communicable Disease Reporting

Communicable Disease Reporting Rule

- 2015 Communicable Disease Reporting Rule
- Indiana State Health Commissioner Kris Box, MD, FACOG Reporting Rule for COVID-19 (updated July 29, 2021)
- COVID-19 Control Measures (updated Sept. 1, 2021)
- Local Health Department Guidance on Communicable Disease Laws (updated July 26, 2021)

To report a case of a reportable disease please complete this form and fax to 317-234-2812 or call the IS Epidemiology Resource Center at 317-233-7125 (8:15 am- 4:45 pm) or 317-233-1325 (after hours, weekends, holidays).
REDCAP COVID-19 Reporting

REDCAP Forms:

- POC REDCAP Form Here!
- Confirmed Case REDCAP Here!

For COVID-19 Case Transfers

- Discharge facility: Report the case as normal when the positive test comes back as either POC or PCR positive.
- Admitting facility: Report the case as ‘Positive Upon Admission’.
Redcap COVID-19 Reporting Resource

LTC Facility COVID-19 Data Submission Guidelines

Introduction
As testing at long-term care (LTC) facilities has expanded with the addition of point-of-care testing kits in recent months, the state has likewise expanded the avenues through which data is collected from facilities. Given the additional modes of entry for COVID-19 data, the Indiana State Department of Health wants to offer clear guidelines for facilities so they can correctly and accurately submit data regarding their residents and staff.

Data Sources for COVID-19 Related Data Submission
The table and chart below outline the various pathways LTC facilities submit COVID-related data to the state and federal governments.

Contact IDOH if you need us to provide this guidance document to your facility.
Communicable Disease Reporting

Communicable Disease Reporting Rule

- 2015 Communicable Disease Reporting Rule
- Indiana State Health Commissioner Kris Box, MD, FACOG Reporting Rule for COVID-19 (updated June 1, 2020)
- COVID-19 Control Measures (updated July 19, 2021)
- Local Health Department Guidance on Communicable Disease Laws (updated July 26, 2021)

To report a case of a reportable disease please complete this form and fax to 317-234-2812 or call the ISDH Epic 233-7125 (8:15 am - 4:45 pm) or 317-233-1325 (after hours, weekends, holidays).
### Communicable Disease List

**Report incidences of the following infections, diseases, or conditions to the Local Health Department — Phone Number:**

**Reportable Communicable Diseases and Conditions for Health Care Providers, Hospitals, and Medical Laboratories**

Effective December 25, 2015

**410 IAC 1-2.5-75 & 76**

<table>
<thead>
<tr>
<th>Disease Description</th>
<th>Reporting Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquired Immunodeficiency Syndrome (AIDS)</td>
<td>Report immediately on suspicion (!)</td>
</tr>
<tr>
<td>Anaplasmosis (Anaplasma species)</td>
<td>Report within 24 hours (*)</td>
</tr>
<tr>
<td>Anthrax (Bacillus anthracis)</td>
<td></td>
</tr>
<tr>
<td>Arboviral (Eastern Equine, St. Louis, La Crosse, West Nile, California, Western Equine, Powassan, Japanese)</td>
<td></td>
</tr>
<tr>
<td>Babesiosis (Babesia species)</td>
<td></td>
</tr>
<tr>
<td>Botulism (Clostridium botulinum)</td>
<td></td>
</tr>
<tr>
<td>Brucellosis (Brucella species)</td>
<td></td>
</tr>
<tr>
<td>Campylobacteriosis (Campylobacter species)</td>
<td></td>
</tr>
<tr>
<td>Chancroid (Haemophilus ducreyi)</td>
<td></td>
</tr>
<tr>
<td>Chikungunya virus</td>
<td></td>
</tr>
<tr>
<td>Hantavirus pulmonary syndrome</td>
<td>Rabies, postexposure treatment</td>
</tr>
<tr>
<td>Hemolytic uremic syndrome, postdiarrheal</td>
<td>Rocky Mountain spotted fever (Rickettsia species)</td>
</tr>
<tr>
<td>Hepatitis, viral, Type A</td>
<td>Rubella (German Measles)</td>
</tr>
<tr>
<td>Hepatitis, viral, Type B</td>
<td>Rubella congenital syndrome</td>
</tr>
<tr>
<td>Hepatitis, viral, Type B, pregnant woman (acute and chronic) or perinatally exposed infant</td>
<td>Salmonellosis, non-typhoidal (Salmonella species)</td>
</tr>
<tr>
<td>Hepatitis, viral, Type C (acute), within five (5) business days</td>
<td>Shigellosis (Shigella species)</td>
</tr>
<tr>
<td>Hepatitis, viral, Type Delta</td>
<td>Smallpox (Variola infection)</td>
</tr>
<tr>
<td>Hepatitis, viral, unspecified</td>
<td>Adverse events or complications due to smallpox vaccination (vaccinia virus infection) or secondary transmission to others after vaccination.</td>
</tr>
<tr>
<td>Histoplasmosis (Histoplasma capsulatum)</td>
<td>St. Louis encephalitis (SLE)</td>
</tr>
<tr>
<td>HIV infection/disease (The following conditions related to HIV are laboratory reportable)</td>
<td>Staphylococcus aureus, vancomycin resistance level of MIC ≥ 8 µg/mL or severe Staphylococcus aureus in a previously healthy person</td>
</tr>
<tr>
<td>Cryptococcus neoformans</td>
<td></td>
</tr>
<tr>
<td>Kaposi's sarcoma (biopsies)</td>
<td></td>
</tr>
<tr>
<td>Pneumocystis carinii</td>
<td></td>
</tr>
<tr>
<td>Carbapenemase-producing Enterobacteriaceae (CP-CRE)</td>
<td></td>
</tr>
<tr>
<td>Chlamydia pneumoniae, invasive</td>
<td></td>
</tr>
</tbody>
</table>

Access the communicable disease reporting resources here!
How to report:

- Option 1: create morbidity report in NBS
  - attach all documents to morbidity report
- Option 2: fax all documents to IDOH
  - secure fax number: 317-234-2812

Documents to include when reporting:
- history and physical
- all relevant lab reports
- antimicrobial susceptibility testing (AST) report
CP-CRE and CA Reporting Forms

These forms can be downloaded from the Antimicrobial Resistance and Candida auris webpages on the IDOH website.

When reporting suspected cases of CA or CP-CRE, please fill out this form and attach it to a morbidity report in NBS or fax it to IDOH.

Include an H&P for the resident as well as all available labs and antimicrobial susceptibility testing (AST) results.
**Candida auris** Reporting Algorithm

- **A Candida auris case is received through lab identification.**

- **Healthcare facility reports Candida auris case to Indiana Department of Health.** Suspected cases should be reported within 72 hours with attached copies of any available lab results, antimicrobial susceptibility testing (AST) results and H&P.

- **Reporting suspected C auris cases.**

- **Create morbidity report in NBS and attach supporting documents (preferred method).**

- **Fax documents to IDOH’s secure line at (317) 234-2812.**

**IDOH recommendations**

- Resident should be placed in enhanced barrier contact precautions (without confirmed IDOH lab result). Use **EPA List P** products to disinfect environment and resident rooms. Flag resident’s chart for quick identification in case of re-admission. Ensure an **interfacility transfer form** is utilized when a resident is transferred. Screen roommates for **C. auris** colonization, if applicable.
Candida auris Webpage

Candida auris

What is *Candida auris* and why is it important?

*Candida auris* (C. auris) is an emerging fungus that presents a serious global health threat. *C. auris* is resistant to many of the antifungal drugs commonly used to treat infections. *C. auris* can cause many different types of infection, such as bloodstream, wound, urinary tract, and ear. Invasive *C. auris* infections have been associated with 30-60% mortality rates among hospitalized patients. Most deaths have occurred in persons with other serious illnesses that increased the risk of death. *C. auris* is a public health concern due to its potential for multi-drug resistance, ability to spread in healthcare settings, and rapid appearance in many parts of the United States. Click [here](#) to see the latest national information from the Centers for Disease Control and Prevention (CDC). *C. auris* infections have also been reported in dozens of other countries. Outbreaks of this organism have occurred in healthcare settings, so early identification and communication about cases are essential to awareness and prevention.
Severe *Staph* in a Previously Healthy Person

Criteria:

- *Staphylococcus aureus* isolated
- Infection results in death or ICU admission
- Case must not have been hospitalized, had surgery, or have been a resident of a long-term care facility within the past year
- Case must not have had hemo- or peritoneal dialysis, a percutaneous device, or an indwelling catheter at time of culture
Organisms on “Watch”

Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA)
Carbapenem-resistant *Acinetobacter baumannii complex* (CRAB)

*Do not start a case or submit a morbidity report for these organisms in NBS. When reporting please include any antimicrobial susceptibility testing (AST) if possible.*
HAI-AR Website

Directions:

1. Go to in.gov/health
2. Click on “Epidemiology Resource Center” (ERC)
3. Under “Infectious Disease Epidemiology” click “Healthcare-Associated Infections and Antimicrobial Resistance Epidemiology,” or click [here](#).
Inter-Facility Infection Control Transfer Form

Download the form here!
Inter-Facility Infection Control Transfer Form

This form must be filled out for transfer to accepting facility with information communicated prior to or with transfer. Please attach copies of latest culture reports with if available.

<table>
<thead>
<tr>
<th>Sending Healthcare Facility:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient/Resident Last Name</td>
<td></td>
</tr>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Medical Record Number</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name/Address of Sending Facility</th>
<th>Sending Unit</th>
<th>Sending Facility Phone</th>
</tr>
</thead>
</table>
Inter-Facility Infection Control Transfer Form

Download the form here!

Does the person* currently have any of the following? (☐ Check here if none apply)
- Cough or requires suctioning
- Diarrhea
- Vomiting
- Incontinent of urine or stool
- Open wounds or wounds requiring dressing change
- Central line/PICC Approx. date inserted: [ ]
- Drainage (source): [ ]
- Hemodialysis catheter
- Urinary catheter (Approx. date inserted)
- Suprapubic catheter
- Percutaneous gastrostomy tube
- Tracheostomy

Is the person* currently in Transmission-Based Precautions? ☐ NO ☐ YES
CRE vs CP-CRE vs CPO

<table>
<thead>
<tr>
<th></th>
<th>CRE</th>
<th>CP-CRE</th>
<th>CPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDRO</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Enterobacterales?</td>
<td>Yes</td>
<td>Yes</td>
<td>Not necessarily</td>
</tr>
<tr>
<td>Resistant to Carbapenem?</td>
<td>Yes</td>
<td>Yes</td>
<td>Not necessarily</td>
</tr>
<tr>
<td>Geno/phenotype positive?</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
CP-CRE Identification Algorithm

Is this organism a member of the Enterobacteriales family?

NO

Not a case

YES

Is the organism resistant to at least one or more carbapenem antibiotics?

NO

Not a case

YES

Is the organism phenotypic or genotypic positive/detected?

NO

NOT A CASE

YES

UNSURE

See example below. If you are still unsure, contact AR PHI.

CREATE A CASE

UNSURE

UNSURE

Create a case.

See example below. If results were not provided, ask lab if they were done. If not, ensure isolate was sent to IDOH lab for testing.

Questions: 
AR PHI
(317) 233-2866

Find the CP-CRE identification algorithm on the AR webpage!

Enterobacteriales
- Escherichia sp.
- Klebsiella sp
- Enterobacter sp.
- Citrobacter sp.
- Providencia sp.
- Morganella sp.
- Serratia sp.
- Proteus sp.
- and others...

Genotypic Testing
- Carba-R
- PCR
- *Will detect: KPC, IMP, NDM, OXA-48, VIM

Phenotypic Testing
- mCIM
- CarbaNP
- MHT
- *Will result positive or negative

Carbapenems
- Meropenem
- Imipenem
- Doripenem
- Ertaopenem
CP-CRE Recurrent Case

Is this a new organism or new mechanism from the resident’s previous case?

- NO
  - Has it been 12 months since the resident’s initial case?
    - NO: Not classified as an additional case
    - YES: Classified as an additional case

- YES: Classified as an additional case

Find it here on the AR webpage!
Toolkits and Documents

- CDC’s HAI outbreak investigation toolkit
- Influenza-like illness outbreak toolkit
- Group A *Streptococcus* control in long-term care facilities Document
- NEW! - Antibiotic Stewardship Toolkit
- Not pictured! - COVID19 IP Toolkit
CDC’s Project Firstline

The Project Firstline collaborative was launched in 2020.

The collaborative is designed to provide infection control training to healthcare workers.

Access Project Firstline here!
CDC’s Project Firstline

Project Firstline’s Inside Infection Control Series videos:

• “How do I test the seal on my N95?”
• “Do we really have to talk about hand hygiene? Again? Yes!”
• “Why does contact time matter for disinfection?”
• “Cleaning? Disinfection? What is the difference?”

Project Firstline’s educational videos:

• “Safety tips for giving vaccine from a multi-dose vial”
• “Respiratory droplet basics”
APIC’s Materials for Healthcare Facilities

Visit APIC’s webpage by clicking here!
APIC’s Materials for Healthcare Facilities

Some available materials include:

The Do’s and Don’ts for wearing procedure masks in non-surgical healthcare settings
- Flyer for healthcare professionals [PDF]

The Do’s and Don’ts for wearing N95 respirators in non-surgical healthcare settings
- Flyer for healthcare professionals [PDF]

The ABC’s of Antibiotics
- Flyer for patients [PDF]
- Flyer for patients – Españo[ PDF]

What are healthcare-associated infections?
- Flyer for patients [PDF]

Infection Prevention and You in Long-Term Care
- Long-term care poster [large file, PDF]
  (11”x17”, high-resolution for professional printing)
- Long-term care flyer [PDF]
  (8.5” x11”, for professional printing, also desktop printer-friendly)
- Long-term care brochure [PDF]
  (8.5” x 11”, two pages, desktop printer-friendly)
- Long-term care tri-fold brochure [PDF]
  (high-resolution for professional printing)
- Long-term care PowerPoint presentation for closed circuit TV [large file, PPT]
COVID-19-Related Trainings from the CDC

Visit CDC’s COVID-19: Training for healthcare professionals by clicking here!

Training for Healthcare Professionals

COVID-19

Healthcare Workers

Testing

Clinical Care

Infection Control

First Responders

Exposure in Healthcare Settings

Cross-Cutting Topics

Search COVID-19 Trainings on TRAIN
Find COVID-19 trainings on vaccination, infection control, self-care, and other topics via TRAIN.
Note: Links to non-CDC courses do not constitute an endorsement by CDC. Only courses offered by CDC course providers have been verified and approved by CDC.

Varied formats: COVID-19 Trainings on TRAIN

Updated May 26, 2021

Print
COVID-19-Related Trainings from the CDC

Some available trainings include:

- **Nurses on Shift Work and Long Hours**
  Learn ways to reduce workplace fatigue and stay healthy. Free CE.
  Self-paced online course: [Nurses on Shift Work and Long Hours](#)

- **Workplace Violence Prevention for Nurses**
  Learn about the scope and nature of violence in the healthcare setting. Free CE.
  Self-paced online course: [Workplace Violence Prevention for Nurses](#)

- **The Science of Social Distancing: Part 1**
  Learn about the science on social distancing, strategies to support it, and how findings from past pandemics — as well as the current one — can shape responses today.
  Webinar: [The Science of Social Distancing: Part 1](#)

- **The Science of Social Distancing: Part 2**
  Learn more about social distancing. Topics include benefit-risk analysis of social/physical distancing strategies, including for vulnerable populations; strategies for mitigating mental health impacts; and what science is available to guide eventual relaxation of measures.
  Webinar: [The Science of Social Distancing: Part 2](#)

- **Pfizer-BioNTech COVID-19 Vaccine: What Healthcare Professionals Need to Know**
  Learn about the COVID-19 vaccine manufactured by Pfizer Pharmaceuticals, based on the recommendations of the Advisory Committee on Immunization Practices and guidance from the manufacturer. Free CE.
  Self-paced online course: [Pfizer-BioNTech COVID-19 Vaccine](#)

- **Moderna COVID-19 Vaccine: What Healthcare Professionals Need to Know**
  Learn about the COVID-19 vaccine manufactured by Moderna, Inc., based on the recommendations of the Advisory Committee on Immunization Practices and guidance from the manufacturer. Free CE.
  Self-paced online course: [Moderna COVID-19 Vaccine](#)
If you need someone added to the distribution list, please contact Hannah Gallion, AR PHI, at hgallion@isdh.in.gov.