Indiana Department of Health

Infection Prevention Press

March 2025

NHSN Reporting

National Healthcare Safety Network (NHSN) Changes: 2025 Respiratory Reporting in the Long-term Care Facility (LTCF) Component

By Brenda Parduhn, Senior NHSN Epidemiologist

Please note that respiratory reporting requirements increased on Jan. 1. Changes apply to the **Respiratory Pathogens Vaccination Module**. LTCFs are required to report the following for residents: case, hospitalization, and vaccination data for COVID-19, influenza and RSV. Facilities should answer **all** questions on the RPV Resident Summary Form. Reporting cadence for the current reporting week has remained the same and should be entered on or before the Sunday of the following reporting week.

A new **Completed Date** variable is available by exporting a CSV file and through the analysis and reporting functions to show when RPV resident summary data submission is complete. Once all required questions have been entered and saved in NHSN, a date and time will populate for the variable. For healthcare personnel, LTCFs should report the following within the Respiratory Pathogens Vaccination Module: COVID-19 vaccination data for at least one reporting week per month. This is due at a quarterly cadence.

Additionally, as of Dec.30 2024, individuals aged 65 years or older are considered up-to-date on their COVID-19 vaccination if they have received two doses of the 2024-25 COVID-19 vaccine **or** if they have received one dose of the 2024-25 vaccine within the last 6 months. There is no change for the up-to-date definition for individuals younger than 65 years old, who are considered up to date when they have received one dose of the 2024-25 COVID-19 vaccine since its approval in August 2024. Please visit **this link** for more information on up-to-date vaccination definitions. For full details on CMS reporting requirements for Long-term care facilities, please go to **this link.**

Please contact Brenda Parduhn at **bparduhn@health.in.gov** with NHSN related questions.

IP Training

What YOU Need to Know about Infection Prevention is a 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** (CAC).

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

To register for the course: **What YOU Need to Know About Infection Prevention.**

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.

Reminder: Newsletter schedule changing in 2025

In 2025, the *Infection Prevention Press* will be changing from a bimonthly release schedule to a quarterly release schedule. Editions are tentatively planned for March, June, September and December.

As always, you can find previous editions on the **IDOH Infection Prevention webpage.** If you are not already signed up, please consider registering to receive the **IDOH LTC Division Newsletter.**

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

Injection Safety

Injection Safety Overview

By Mary Enlow, Southern Region IP

A safe injection does not harm the recipient or expose the healthcare provider to avoidable risks associated with the transmission of infectious diseases.

Safe injection practices:

- Use aseptic techniques to avoid contamination of sterile injection equipment
- Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed. Needles, cannulas and syringes are sterile, single-use items; they should not be reused for another patient nor to access a medication or solution that might be used for a subsequent patient
- Use fluid infusion and administration sets (i.e., intravenous bags, tubing and connectors) for one patient only and dispose of appropriately after use. Consider a syringe or needle/cannula contaminated once it has been used to enter or connect to a patient's intravenous infusion bag or administration set.
- Use single-dose vials for parenteral medications whenever possible
- Do not administer medications from single-dose vials or ampules to multiple patients or combine leftover contents for later use.
- If multidose vials must be used, both the needle or cannula and syringe used to access the multidose vial must be sterile
- Do not keep multidose vials in the immediate patient treatment area and store them in accordance with the manufacturer's recommendations; discard if sterility is compromised or questionable.
- Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients
- Despite these recommendations, outbreaks and patient exposures due to **unsafe injection practices** continue. Practices that have resulted in the spread of viruses, bacteria, and fungi include:
    - Using the same syringe to administer medication to more than one patient, including when the needle was changed, or the injection was administered through an intervening length of intravenous (IV) tubing
    - Accessing a medication vial or bag with a syringe that has already been used to administer medication to a patient, then using the remaining contents from that vial or bag for another patient
    - Using medications packaged as single-dose or single-use for more than one patient
    - Failing to use aseptic technique when preparing and administering injections (e.g., preparing injections near sinks or other sources of contamination)

Drug Diversion: Some healthcare providers steal prescription medicines or controlled substances, such as opioids, for their own use. This behavior leads to unsafe situations like:

- Healthcare providers spreading viruses or bacterial infections to patients by tampering with injectable drugs.
- Ensure narcotics security measures and active monitoring systems are in place to prevent and detect diversion activities.

Safe injection practices are not optional. They are a basic expectation anywhere injections are administered. It may be hard to believe, but over the last decade, syringe reuse and misuse of medication vials have resulted in dozens of outbreaks and the need to alert over 150,000 patients to seek testing for bloodborne pathogens such as Hepatitis B virus, Hepatitis C virus, and HIV.

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Medication Preparation:

- Draw up medications in a designated clean medication preparation area that is not adjacent to potential sources of contamination, including sinks or other water sources
- Clean and disinfect the medication preparation area on a regular basis and at any time there is evidence of soiling. Have supplies (e.g. alcohol-based hand rub, needles and syringes in their sterile packaging and alcohol wipes) available in the medication preparation area to ensure that staff can adhere to aseptic techniques
- The safest practice is to prepare an injection as close as possible to the time of administration. This reduces the risk of compromising the medication sterility, physical and chemical stability
- If there is a need for pre-drawn syringes, one option is to purchase conventionally manufactured pre-filled syringes. Do not leave a needle inserted into a medication vial septum for multiple uses. This creates a direct route for microorganisms to enter the vial and contaminate the fluid
- Always discard medication vials whenever sterility is compromised or questionable

Dozens of recent outbreaks have been associated with reuse of single-dose vials and misuse of multiple-dose vials. As a result of these incidents, patients have suffered significant harms, including death. CDC and the One & Only Campaign urge healthcare providers to recognize the differences between single-dose and multiple-dose vials and to understand appropriate use of each container type. **Single-Dose or Multi-Dose**

Blood Glucose Monitoring and Insulin Administration

- Never use fingerstick devices for more than one person
- Do not share blood glucose meters. If you must share them in a healthcare or congregate setting, select a device designed for use in professional settings, not an over-the-counter device
- Clean and disinfect blood glucose meters after every use, per the manufacturer's instructions.
- Insulin pens and other medication cartridges and syringes are for single patient use only. Never use them for more than one person

Following basic safe injection procedures is not something to take for granted – there is too much at stake. Educate yourself and those around you. Do your part to make healthcare safe, one injection at a time.

APIC Conferences

2025 Conferences

APIC-IN Spring Conference

Date: May 8-9

Location: Indiana/Kentucky/Ohio Regional Council of Carpenters (IKORCC), Greenwood

Information available on the **APIC-IN Spring 2025 Conference page.**

APIC-IN Fall Conference

Date: Nov. 6-7

Location: Indiana/Kentucky/Ohio Regional Council of Carpenters (IKORCC), Greenwood,

More information to come! **APIC-IN website**.

ATP Machines

ATP Machine Series: Improving Surface Cleanliness in Nursing Facilities— The Role of ATP Machines in Infection Prevention

By Victor Zindoga, Northern Region IP

The Indiana Department of Health (IDOH) has taken an important step in enhancing infection prevention and control in nursing facilities across the state by **distributing adenosine triphosphate (ATP) machines.** These machines, part of a program funded by the Centers for Disease Control and Prevention (CDC), are designed to help ensure the effectiveness of cleaning practices, an essential aspect of maintaining a safe and healthy environment for residents and staff.

Recap: What is an ATP Machine?

An ATP machine is a tool that measures the amount of adenosine triphosphate (ATP) present on a surface. ATP is a molecule found in all living cells, including bacteria, fungi, and other microorganisms. When a surface is cleaned and disinfected, the goal is to remove not just dirt but also any organic material, including potential pathogens. The ATP machine measures the residual organic material left behind, providing a quick and easy way to assess whether a surface has been effectively cleaned and disinfected.

How Does the ATP Machine Work?

The ATP machine works by swabbing a surface and then inserting the swab into the device. The machine detects the amount of ATP on the swab and converts it into a relative light unit (RLU) measurement. The higher the RLU, the greater the presence of organic material, which can indicate that a surface has not been properly cleaned. Conversely, lower RLU readings suggest that the cleaning process has been effective in removing organic matter.

Why is ATP Testing Important for Nursing Facilities?

Nursing facilities are high-risk environments for healthcare-associated infections (HAIs). Residents, often elderly or immunocompromised, are particularly vulnerable to infections. Ensuring that surfaces in these facilities are thoroughly cleaned and disinfected is one of the most effective ways to reduce the risk of spreading harmful pathogens.

ATP testing provides real-time feedback on the effectiveness of cleaning practices, making it an invaluable tool for infection prevention. It helps facility managers, Infection Preventionists (IPs), and Environmental Services (EVS) teams identify areas that may require more attention, identify trends, and continuously improve cleaning protocols.

Best Practices for Using ATP Machines

The most effective way to utilize ATP machines is as an audit tool. Best practices include:

1. **Post-Cleaning Swabbing**: After cleaning and disinfection processes have been completed, the IP or EVS manager can use the ATP machine to swab surfaces and assess the quality of the cleaning. This helps determine whether any residual contaminants are still present on the surface.
2. **Targeted Audits**: ATP testing should focus on high-touch areas, such as door handles, light switches, bed rails, and restroom surfaces, as these are more likely to harbor harmful pathogens.
3. **Regular Monitoring**: Facilities should regularly perform ATP testing to ensure consistent cleaning effectiveness. This helps identify potential issues before they lead to outbreaks or infections.

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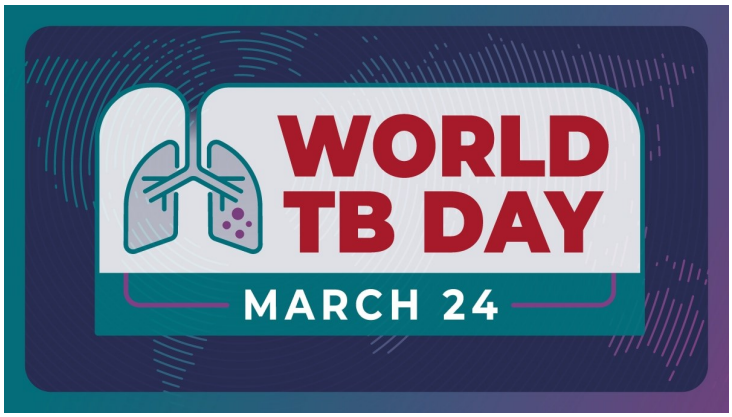
World TB Day

Information from the CDC

Each year, we recognize World TB Day on March 24. This annual event commemorates the date in 1882 when Dr. Robert Koch announced his discovery of ***Mycobacterium tuberculosis***, the bacillus that causes tuberculosis (TB).

Find out more information about how to prevent TB from the **CDC here** and from **IDOH here.**

You can also watch the **HAI Webinar Series recording on TB here from March 18.**



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Education and Training: If ATP readings exceed the acceptable threshold, it indicates that additional training or support may be needed for cleaning staff. The EVS manager or IP should use this data to guide education and re-training efforts, improving practices across the team.

Understanding RLU Readings

ATP machine results are given in relative light units (RLUs). The lower the RLU, the better the cleanliness of the surface. For the ATP machines provided to facilities from IDOH, the Hygiena's EnSURE Touch ATP Luminometer, an acceptable RLU reading is less than 50 RLUs, which indicates that the surface has been adequately cleaned and disinfected. If the RLU reading is above 50, this is considered a fail, and further action should be taken to improve cleaning practices.

- **Below 50 RLUs**: This is the ideal range, indicating that the surface has been cleaned effectively, and no significant contamination remains.
- **Above 50 RLUs**: Surfaces with RLU readings above 50 indicate that the cleaning process may have been inadequate, requiring immediate follow-up to address the cleaning practices.

Please see your manual on how to interpret results if you use a different ATP machine than the Hygiena EnSURE Touch.

The Role of ATP Testing in Continuous Improvement

ATP testing should not be viewed as a one-time assessment but as part of a continuous improvement process. By regularly using ATP machines, nursing facilities can track cleaning performance over time, identify areas for improvement, and enhance their infection prevention protocols. This ongoing monitoring allows for prompt intervention and helps ensure that cleaning practices meet the required standards to protect residents from the risk of infection.

Conclusion

The use of ATP machines in nursing facilities across Indiana represents a significant step toward improving the effectiveness of cleaning practices and reducing healthcare-associated infections. By incorporating ATP testing into their daily routines, facilities can better ensure that they maintain a clean and safe environment for residents and staff. Proper utilization of ATP machines, combined with staff education and continuous monitoring, enhances infection prevention efforts and overall improves resident outcomes.

Guess the germ!

I'm preventable, but cases have been reported

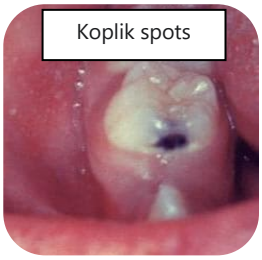
General:

- I am a very contagious and serious virus
- Anyone not protected against me is at risk of my infection and is contagious from 4 days before to 4 days after a rash appears (sometimes immunocompromised patients do not develop the rash)
- There is a vaccination that provides long-lasting protection against all strains of my infection

Mode of transmission:

- I spread really fast through your respiratory tract and you breathe me in unsuspectingly
- I am carried there by droplets or aerosolized particles from an infected individual for up to two hours. I can gain entry to your body through your mouth or nose or when you touch a contaminated surface and then touch your hands to your eyes, nose, or mouth. Once inside, I continue to replicate, throughout your body

Signs and Symptoms: Symptoms appear 7 to 14 days after contact with the virus.



- Common symptoms include:
- High fever (may spike to more than 104° F)
- Cough
- Runny nose
- Red, watery eyes
- 2–3 days after symptoms begin: Koplik spots
  - Tiny white spots (Koplik spots) may appear inside the mouth
- Rash a maculopapular rash (rash of both flat and raised skin lesions) appears 3–5 days after first symptoms begin:
  - Usually begins as flat red spots
  - Appear on the face at the hairline. They then spread downward to the neck, trunk, arms, legs, and feet
  - Small, raised bumps may also appear on top of the flat red spots
  - The spots may become joined together as they spread from the head to the rest of the body

Suspected Cases:

- Immediately mask and isolate the patient in a room with a closed door (negative pressure room if available). Follow standard and airborne precautions
- Only allow health care workers with presumptive evidence of immunity to attend the patient
- They must use N-95 masks
- Evaluate the patient and perform confirmatory testing (collect a throat or nasopharyngeal swab for RT-PCR and serum for IgM measles testing)
- Contact infection control at your facility

Prevention/Recommendations:

- Vaccination: Best protection! Talk to your healthcare provider about vaccination, especially if planning to travel
- Follow airborne precautions and isolate infected patients/residents for 4 days after they develop a rash.
- Placement for patients who require airborne precautions is in a single-patient airborne infection isolation room (AIIR)
- Regardless of presumptive immunity status, all healthcare staff entering the room should use respiratory protection consistent with airborne infection control precautions. This includes the use of an N95 respirator or a respirator with similar effectiveness in preventing airborne transmission
- Report suspected cases to your local health department

Answer: measles (rubeola)

IP Team Map

Infection Prevention Team Regions

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Total 739 LTC/AL Facilities

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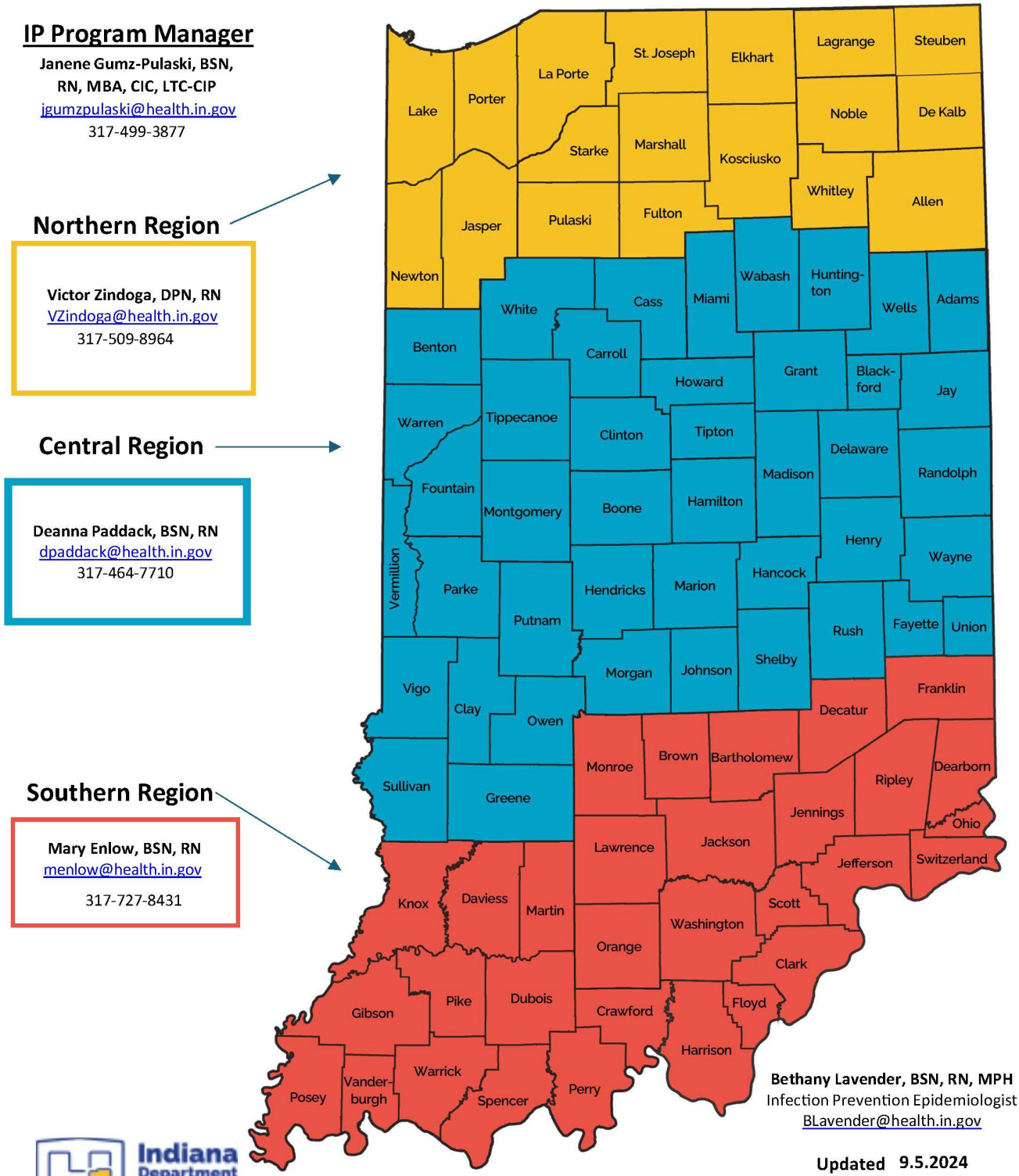

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Indiana Department of Health

Links and References

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

National Healthcare Safety Network (NHSN) Changes: 2025 Respiratory Reporting in the Long-term Care Facility (LTCF) Component

1. up-to-date vaccination definitions- https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-508.pdf?ACSTrackingID=USCDC_2137-DM143440&ACSTrackingLabel=LTCF%20January%202025%20Post-Release%20Updates&deliveryName=USCDC_2137-DM143440
2. CMS reporting requirements- https://www.cdc.gov/nhsn/pdfs/ltc/LTCF-Reporting-Guidance.pdf

What YOU Need to Know about Infection Prevention

1. Indiana Department of Health- https://www.in.gov/health/
2. Project Firstline- https://www.cdc.gov/project-firstline/
3. University of Indianapolis Center for Aging & Community- https://www.uindy.edu/cac/project-firstline
4. Register for course: https://store.uindy.edu/product?catalog=Firstline

IP Press release schedule changing 2025

1. IDOH IP Website: https://www.in.gov/health/idepd/healthcare-associated-infections-and-antimicrobial-resistance-epidemiology/infection-prevention/
2. IDOH LTC Division Newsletter: https://www.in.gov/health/ltc/contact/newsletters/

Injection Safety Overview:

1. Single-dose/multi-dose: https://www.cdc.gov/injection-safety/media/pdfs/Injection-Safety-For-Healthcare-P.pdf

APIC Conference

1. APIC-IN Spring 2025 Conference page- https://community.apic.org/indiana/events/spring-2025
2. APIC-IN webpage- https://community.apic.org/indiana/events/our-events

ATP Machine Series: Improving Surface cleanliness in Nursing Facilities

1. LTC Newsletter about ATP machines- https://www.in.gov/health/ltc/files/LTC-Newsletter-2024-19-Oct-31-24.pdf

World TB Day

1. Mycobacterium tuberculosis CDC- https://www.cdc.gov/tb/index.html
2. CDC TB infection control homepage- https://www.cdc.gov/tb-healthcare-settings/hcp/infection-control/index.html
3. IDOH TB page- https://www.in.gov/health/idepd/tuberculosis/
4. HAI Webinar series- https://www.in.gov/health/idepd/healthcare-associated-infections-and-antimicrobial-resistance-epidemiology/long-term-care-infection-prevention-hot-topics-webinars/

Guess the germ!

1. Resource: https://www.cdc.gov/measles/hcp/communication-resources/clinical-diagnosis-fact-sheet.html
2. Resource: https://www.cdc.gov/measles/hcp/clinical-overview/index.html
3. Photo and resource: https://cdn.sanity.io/files/0vv8moc6/infenctioncontrol/273f617effbf2a54fbef43a7dfae855ee578fdb5.pdf/ICT0124_007_BOTM.txt%20with%20answer.pdf
4. CDC photos: https://www.cdc.gov/measles/signs-symptoms/photos.html

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