Healthcare Associated Infections Program Overview

Public Health Advisory Board
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Healthcare Associated Infections (HAI)

- The Southern Nevada Health District (SNHD) assumed primary responsibility for Healthcare Associated Infections (HAI) prevention and control activities in Clark County beginning January 1, 2026.

- SNHD responds to reports of HAIs, suspected clusters, and outbreaks in acute care, long-term, and other medical facilities including outpatient settings.

- The HAI team also provides support through the Infection Control Assessment and Response (ICAR) framework, offering recommendations, training, and resources upon request. Facilities are encouraged to contact SNHD whenever assistance is needed.

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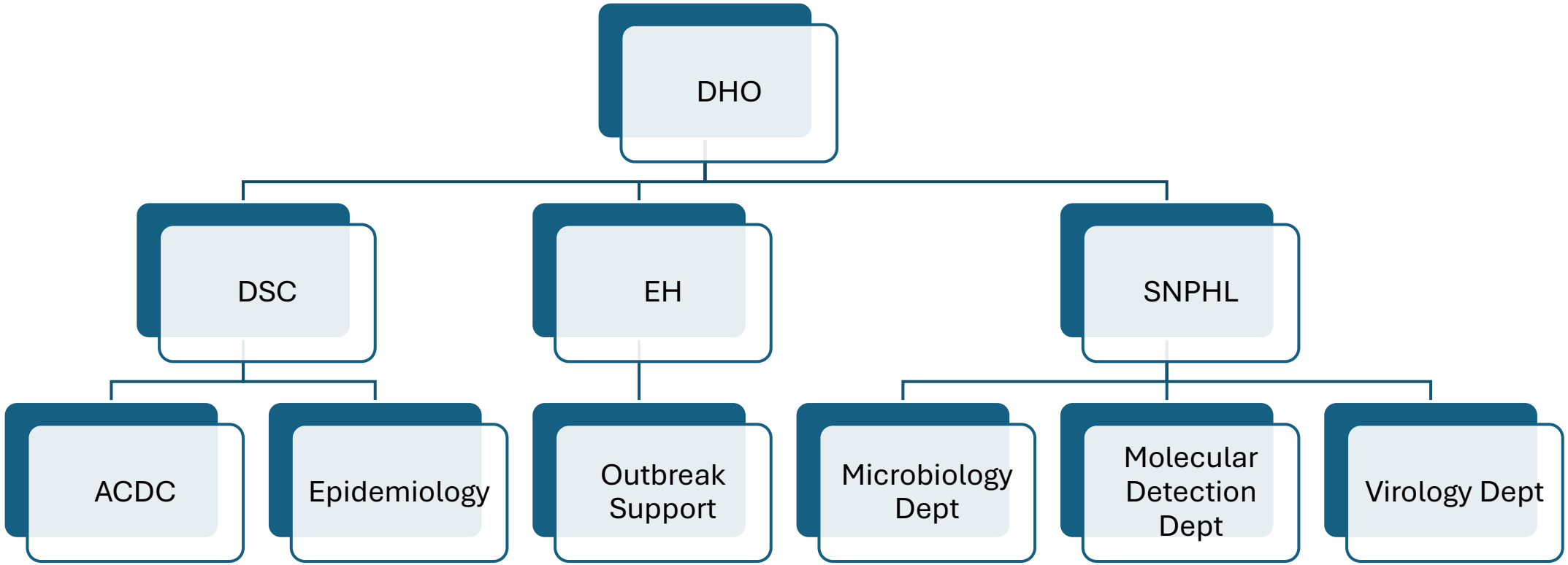
Who are we?



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HAI Responsibilities and Activities

- HAI surveillance and response activities are initiated in the Division of Disease Surveillance & Control when a report is submitted by a medical provider or a laboratory.
- **Disease Surveillance**
  - ACDC receives reports of all reportable diseases and obtains data on reportable diseases
  - https://www.southernnevadahealthdistrict.org/healthcare-associated-infections-program/
  - Additional reports (not reportable in NV) are received and monitored
- **Disease Investigations**
- **Outbreak investigations-** (Multidivisional and program response: DSC, EH, SNPHL)
- **Data collection and analysis-** (Monitoring disease and trends)
  - Epidemiology team uses *C. auris* data to prioritize outreach efforts- Data driven efforts
  - Variables of analysis include: Clinical and Colonized cases, magnitude, severity, imbalance, and signal or positivity
- **Training and education**
  - Identify areas of need and offer training to healthcare facilities
  - Conduct assessments

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What do we investigate?

Priority Group	Organism Description
OUTBREAKS	• ALL (examples include COVID-19, foodborne illnesses, *Candida Auris, C. difficile*, Norovirus)
Tier 1	• VRSA/VISA (Vancomycin-resistant *Staphylococcus aureus/Vancomycin Intermediate Staphylococcus aureus)* • Novel Diseases or New or Rare Resistance Mechanisms
Tier 2	• PAN-Resistant and Echinocandin resistant *Candida Auris* • All PAN-Resistant Carbapenem Resistant Organisms (CRO) (except non-OXA Carbapenem Resistant *Aeruginosa baumannii [CRAB]*) • OXA PAN-Resistant CRAB • KPC-producing CRO (other than *Enterobacteriaceae*) • Non-KPC Carbapenemase Producing Organisms
Tier 3	• Pan-resistant non-OXA CRAB
Tier 4	• *Candida Auris* • KPC-producing carbapenem-resistant *Enterobacteriaceae* (KPC-CRE)

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Infection Control Assessment and Response a.k.a ICAR

- This comprehensive tool is intended to help assess IPC practices in acute care, long-term care, and outpatient settings
- Systematic assessment, comprised of interviews and observations
  - Collaboration with Acute Communicable Disease Control Program, Epidemiology, Environmental Health and SNPHL
- This is a *quality improvement* tool and facilitators may modify it and/or prioritize certain sections and questions:
  - Tailoring it to the needs of the facility
  - Tailoring it based on the pathogen or concerns identified within the facility
  - Focusing on topics that are priority within the jurisdiction
  - Ensuring alignment and adherence to State and Local regulations

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Goal of ICAR

- Partner with facility to make it as safe as possible for patients and staff
- Understand facility practices related to the case(s) exposure, through discussion and observations
- Identify potential risks for illness transmission
- Help implement safer practices where gaps are identified

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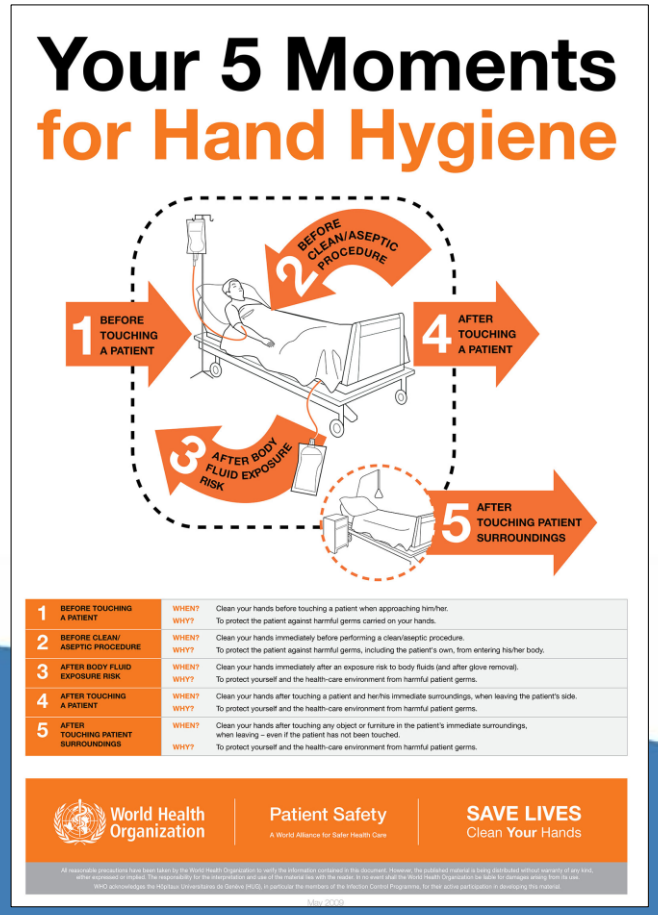
ICAR modules- Assessments and Observations



- Module 1 - Training, Audits, Feedback
- Module 2 - Hand Hygiene
- Module 3 - Transmission-Based Precautions
- Module 4 - Environmental Services
- Module 5 - High-level Disinfection and Sterilization
- Module 6 - Injection Safety
- Module 7 - Point of Care (POC) Blood Testing
- Module 8 - Wound Care
- Module 9 - Healthcare Laundry
- Module 10 - Antibiotic Stewardship
- Module 11 - Water Exposure

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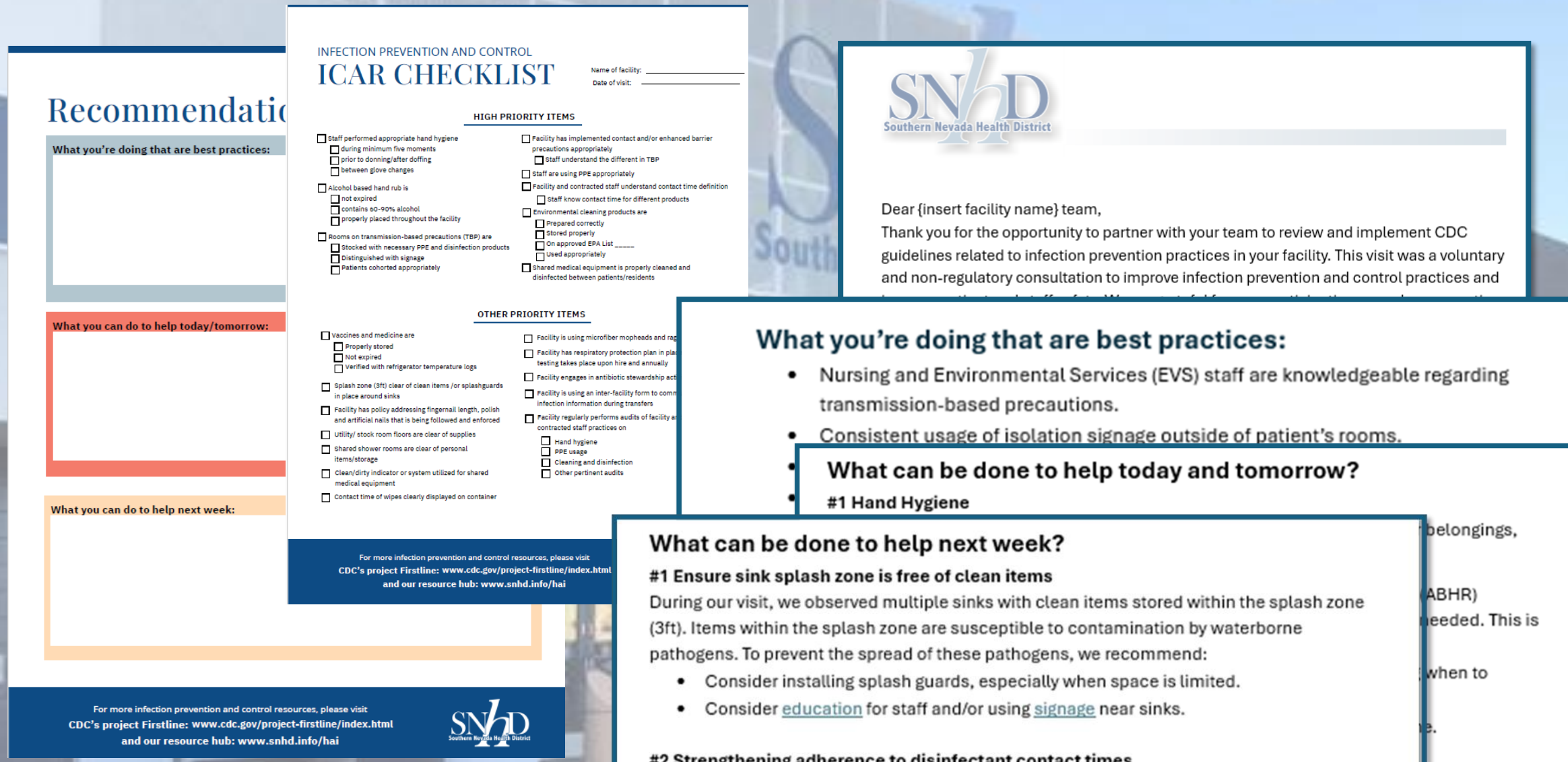
Feedback and Summary of Recommendations

Non-regulatory, non-punitive, support driven, a public health approach

Immediate feedback provided



Recommendati

What you're doing that are best practices:

What you can do to help today/tomorrow:

What you can do to help next week:

For more infection prevention and control resources, please visit
CDC's project Firstline: www.cdc.gov/project-firstline/index.html
and our resource hub: www.snhd.info/hai

INFECTION PREVENTION AND CONTROL

ICAR CHECKLIST

Name of facility: _____

Date of visit: _____

HIGH PRIORITY ITEMS

- ☐ Staff performed appropriate hand hygiene
  - ☐ during minimum five moments
  - ☐ prior to donning/after doffing
  - ☐ between glove changes
- ☐ Alcohol based hand rub is
  - ☐ not expired
  - ☐ contains 60-90% alcohol
  - ☐ properly placed throughout the facility
- ☐ Rooms on transmission-based precautions (TBP) are
  - ☐ Stocked with necessary PPE and disinfection products
  - ☐ Distinguished with signage
  - ☐ Patients cohorted appropriately
- ☐ Facility has implemented contact and/or enhanced barrier precautions appropriately
  - ☐ Staff understand the different in TBP
- ☐ Staff are using PPE appropriately
- ☐ Facility and contracted staff understand contact time definition
  - ☐ Staff know contact time for different products
- ☐ Environmental cleaning products are
  - ☐ Prepared correctly
  - ☐ Stored properly
  - ☐ On approved EPA List _____
  - ☐ Used appropriately
- ☐ Shared medical equipment is properly cleaned and disinfected between patients/residents

OTHER PRIORITY ITEMS

- ☐ Vaccines and medicine are
  - ☐ Properly stored
  - ☐ Not expired
  - ☐ Verified with refrigerator temperature logs
- ☐ Splash zone (3ft) clear of clean items /or splashguards in place around sinks
- ☐ Facility has policy addressing fingernail length, polish and artificial nails that is being followed and enforced
- ☐ Utility/ stock room floors are clear of supplies
- ☐ Shared shower rooms are clear of personal items/storage
- ☐ Clean/dirty indicator or system utilized for shared medical equipment
- ☐ Contact time of wipes clearly displayed on container
- ☐ Facility is using microfiber mopheads and rag
- ☐ Facility has respiratory protection plan in pla
  testing takes place upon hire and annually
- ☐ Facility engages in antibiotic stewardship act
- ☐ Facility is using an inter-facility form to comm
  infection information during transfers
- ☐ Facility regularly performs audits of facility a
  contracted staff practices on
  - ☐ Hand hygiene
  - ☐ PPE usage
  - ☐ Cleaning and disinfection
  - ☐ Other pertinent audits

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Dear {insert facility name} team,

Thank you for the opportunity to partner with your team to review and implement CDC guidelines related to infection prevention practices in your facility. This visit was a voluntary and non-regulatory consultation to improve infection prevention and control practices and

What you're doing that are best practices:

- Nursing and Environmental Services (EVS) staff are knowledgeable regarding transmission-based precautions.
- Consistent usage of isolation signage outside of patient's rooms.

What can be done to help today and tomorrow?

#1 Hand Hygiene

belongings,

ABHR)

needed. This is

when to

e.

What can be done to help next week?

#1 Ensure sink splash zone is free of clean items

During our visit, we observed multiple sinks with clean items stored within the splash zone (3ft). Items within the splash zone are susceptible to contamination by waterborne pathogens. To prevent the spread of these pathogens, we recommend:

- Consider installing splash guards, especially when space is limited.
- Consider education for staff and/or using signage near sinks.

#2 Strengthening adherence to disinfectant contact times

During interviews with EVS staff, knowledge gaps were identified regarding required disinfectant contact times. The facility maintains a wide range of disinfectants with varying contact times, from 1 minute to 10 minutes, that differ by product and pathogen. Managing

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Outcomes

36 Assessments using ICAR tool

34 introductory visits to medical facilities

70 on-site visits to facilities

8 outbreaks

4200+ reports received from approximately 250 healthcare providers/ facilities.

ICARs (36)	Meet and Greets (34)
Acute Care Hospital - 11	Acute Care Hospital – 9
Long-Term Acute Care Hospital – 5	Long-Term Acute Care Hospital - 2
SNF/NH/LTC - 20	SNF/NH/LTC - 23

Themes and Observations

1 Hand hygiene

- Lack of hand hygiene, primary observed in repeated populations: providers and contracted staff
  - Sometimes related to lack of availability of ABHR
- Key findings: Not performing hand hygiene prior to putting on gloves or after removing and cross-contamination when using gloves. Example; using dirty gloves to touch clean surfaces
- Good hand hygiene practices among nursing staff at facilities

#2 Trends by position

- Providers in acute care settings are consistently non-compliant with proper hand hygiene and proper PPE use
- IPs in acute care settings have been observed attempting to educate/correct providers in these instances. IP recommendations are not received well by providers.
- Nurses and EVS staff do a great job utilizing PPE; PPE is adequately stocked and available

#3 Interfacility Infection Control Transfer forms

- Some facilities reported they use a transfer form for outgoing patients. However, we receive consistent reports from facilities that they are not receiving the transfer form
- Facilities report they provide infection information during verbal nurse-to-nurse report rather than using the transfer form

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Themes and Observations

Approach/Survey Results

- Facilities have been responsive to our approach. We've received feedback that they enjoy the style/joint effort approach we take.
- Due to feedback we received, we have updated our HAI reporting form to reduce IP burden.

Healthcare Facilities-IP staff

- The acute care hospitals typically have robust, evidence-based infection control protocols that staff are expected to follow
- We have existing positive relationships and partnerships with IP's from acute care facilities that carry into this new program area.
- IP's have been very knowledgeable about their facility specific IPC practices/policies
- Facilities are often conducting audits and providing just in time corrective action to staff.
- IPs have been quick at providing the additional information we need for investigations (medication list, bed trace, etc.)

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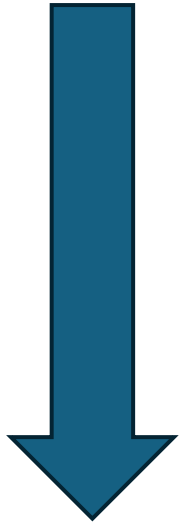
Common Gaps Identified



1. **Unfamiliar with and/or improper adherence to disinfectant concentration and/or contact/dwell times**
   - Staff using disinfecting wipes that dry before the reaching the effective contact time
2. **Deviation from proper cleaning sequence for patient rooms**
   - Staff using the same wiping cloth to clean a bed rail immediately after a dirty sink.
3. **No system in place or incomplete system in place to indicate clean/soiled status of shared equipment**
   - No tags, signage, or designated areas established for clean and dirty equipment.
4. **Inadequate cleaning of patient rooms**
   - High touch surfaces tagged with fluorescent markers remain after cleaning.
5. **Clean items stored within sink splash zone**
   - Medications and other sterile supplies being stored within 3 ft. of a sink.
6. **Nonpatient rooms soiled**
   - Soiled equipment and personnel items stored among clean equipment in storage rooms and showers

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Addressing the Gaps

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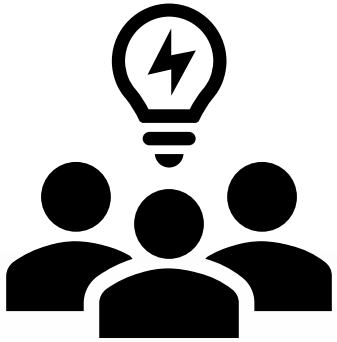
1. Education

On site education and discussion

- Help brainstorming corrective actions that will work for individual facility



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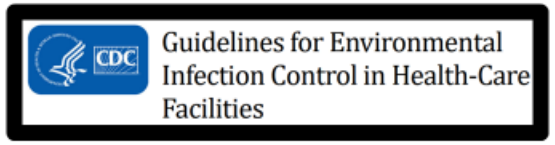
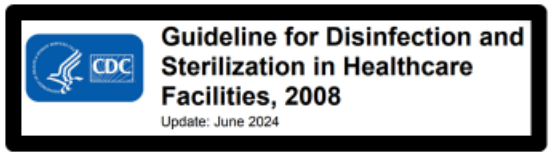
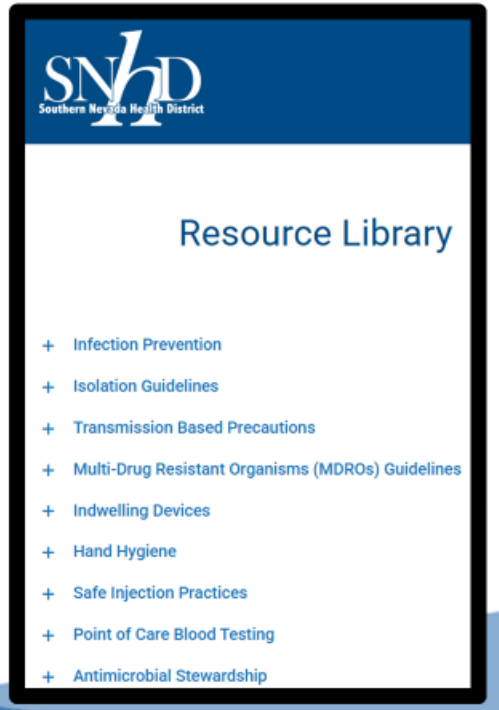
2. Sharing Resources

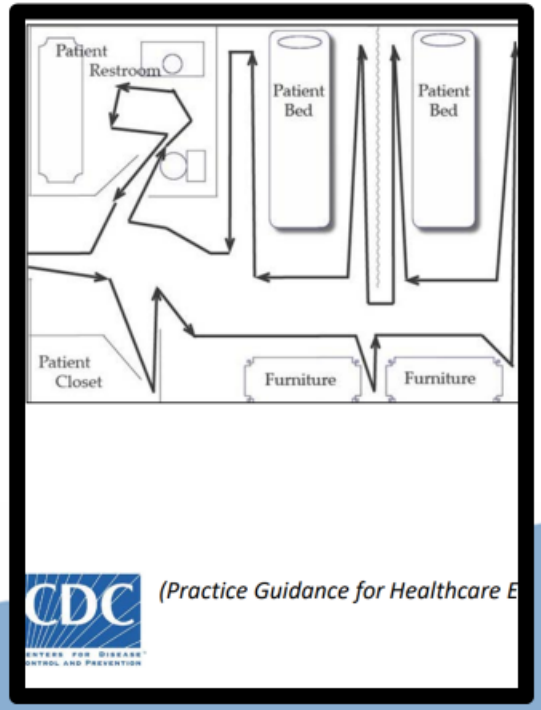
Including links in communications to guidance documents, trainings, posters, and more

www. snhd.info/hai









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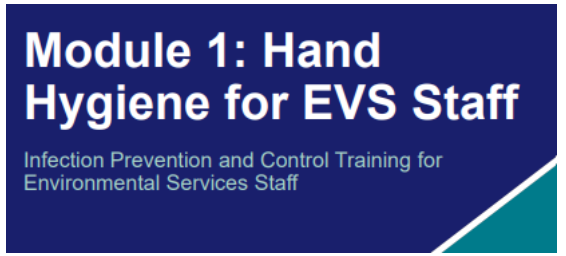
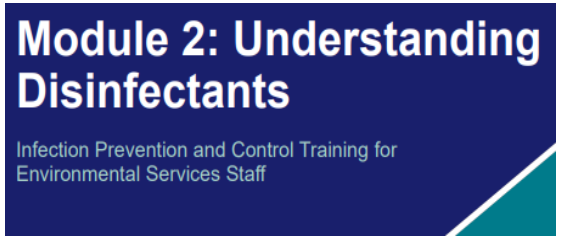
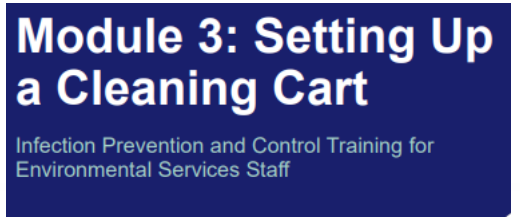
3. Training

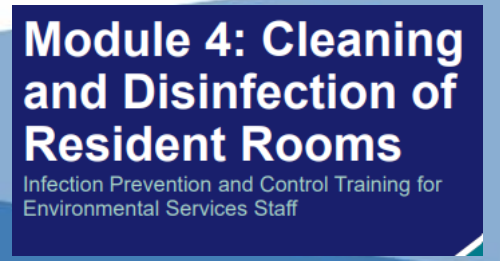
CDC Project Firstline based training recommended to facilities with significant gaps identified

- EVS training
  - Four one-hour modules with interactive components
  - Presented in person, on-site, one per week over 4 weeks
  - Provided in English and Spanish









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HAI Testing: Southern Nevada Public Health Laboratory

Existing Testing Protocols

- *Candida auris* colonization screening by PCR
  - (for Infection Prevention patient cohorting and isolation)
- *Candida auris* antifungal susceptibility testing
  - (for clinical isolates suspected of causing illness)

Facilities Currently Submitting to SNPHL

Sunrise Hospital, Valley Hospital, Summerlin Hospital, Centennial Hills Hospital, Spring Valley Hospital, Henderson Hospital, North Vista Hospital, Desert View Hospital, VA Medical Center, Encompass Health Rehabilitation Hospital, West Henderson Hospital, Horizon Specialty Hospital, Southern Hills Hospital (new as of June 2026)

What is the value of a local Public Health Laboratory HAI Testing program?

Local healthcare facilities that submit samples to SNPHL benefit from:

- Faster turn-around times for HAI pathogen detection and response
- Strengthened community partnerships and laboratory subject matter expertise
- Maintaining a testing support network of partner laboratories for uninterrupted local HAI monitoring
- Direct connections and electronic reporting to SNHD HAI teams

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HAI Testing: Southern Nevada Public Health Laboratory

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Additional Testing Protocols (Expected July 2026)

- Phenotypic confirmation of Carbapenem-Resistant Organisms (CRO) from clinical isolates
- Genotypic detection of carbapenem resistance genes (KPC, NDM, VIM, OXA, IMP) in CRO/CPO isolates
- Expanded antibiotic susceptibility testing for Carbapenem-Resistant Organisms (CRO) using antibiotics commonly used for treatment in Clark County

Next Steps in Laboratory Testing

Electronic Order and Results Delivery Interface

- **Current Challenge**: Reliance on paper requisitions causes demographic errors and operational inefficiencies for both hospital and lab staff.
- **Solution**: Integrate our LIMS with hospital EMRs via HL7 messaging to enable direct ordering and automated result transmission.
- **Key Benefits**: Eliminates manual entry errors, secures patient record management, and accelerates total turnaround time.
- **Contact**: William Bendik, Lab Manager: Bendik@snhd.org

  (702) 759-1026

https://www.southernnevadahealthdistrict.org/programs/southern-nevada-public-health-laboratory/

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- Division and Program Staff
  - SNPHL
  - Environmental Health
  - Disease Surveillance and Control

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Questions and Contact Info:

- For questions or concerns:
  - HAI@snhd.org
- For more info on SNHD HAI:
  - https://www.southernnevadahealthdistrict.org/healthcare-associated-infections-program/
- For info on how to report:
  - https://www.southernnevadahealthdistrict.org/news-info/reportable-diseases/

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