



Healthcare Associated Infections Program Overview

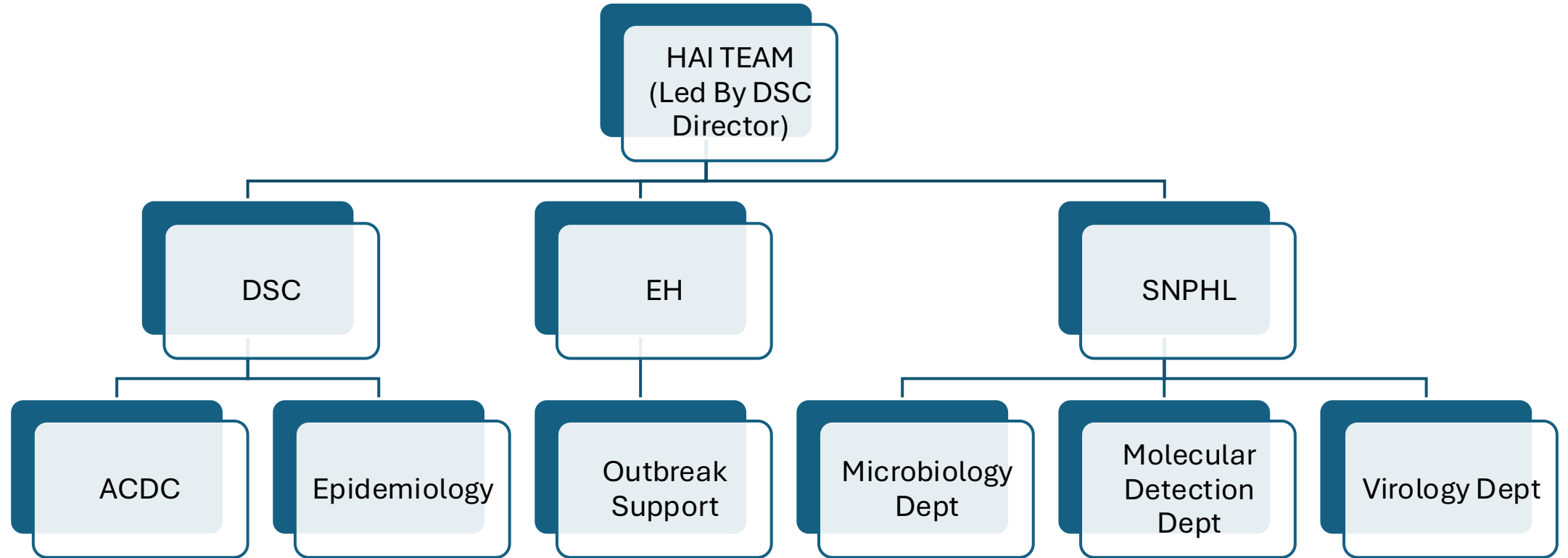
*Facilities Advisory Board
March 31, 2026*

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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.

Who are we?



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

What do we investigate?

Priority Group	Organism Description
OUTBREAKS	<ul style="list-style-type: none"> • ALL (examples include COVID-19, foodborne illnesses, <i>Candida Auris</i>, <i>C. difficile</i>, Norovirus)
Tier 1	<ul style="list-style-type: none"> • VRSA/VISA (Vancomycin-resistant <i>Staphylococcus aureus</i>/<i>Vancomycin Intermediate Staphylococcus aureus</i>) • Novel Diseases or New or Rare Resistance Mechanisms
Tier 2	<ul style="list-style-type: none"> • PAN-Resistant and Echinocandin resistant <i>Candida Auris</i> • All PAN-Resistant Carbapenem Resistant Organisms (CRO) (except non-OXA Carbapenem Resistant <i>Aeruginosa baumannii</i> [CRAB]) • OXA PAN-Resistant CRAB • KPC-producing CRO (other than <i>Enterobacteriaceae</i>) • Non-KPC Carbapenemase Producing Organisms
Tier 3	<ul style="list-style-type: none"> • Pan-resistant non-OXA CRAB
Tier 4	<ul style="list-style-type: none"> • <i>Candida Auris</i> • KPC-producing carbapenem-resistant <i>Enterobacteriaceae</i> (KPC-CRE)

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

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



ICAR modules- Assessments and Observations

STOP CONTACT PRECAUTIONS STOP
EVERYONE MUST:

 Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:

 Put on gloves before room entry. Discard gloves before room exit.

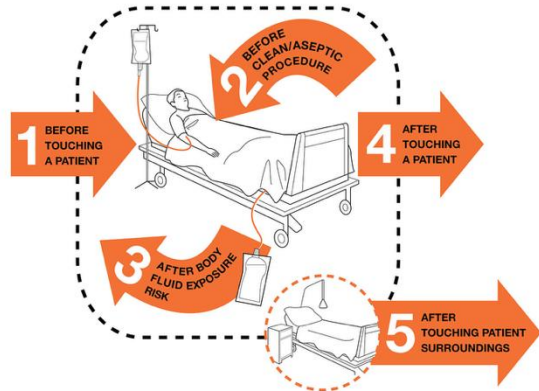
 Put on gown before room entry. Discard gown before room exit.

Do not wear the same gown and gloves for the care of more than one person.

 Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person.

 U.S. Department of Health and Human Services
 Centers for Disease Control and Prevention

Your 5 Moments for Hand Hygiene



1	BEFORE TOUCHING A PATIENT	WHEN? Clean your hands before touching a patient when approaching his/her.	WHY? To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ASEPTIC PROCEDURE	WHEN? Clean your hands immediately before performing a clean/aseptic procedure.	WHY? To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal).	WHY? To protect yourself and the health-care environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHEN? Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.	WHY? To protect yourself and the health-care environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHEN? Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched.	WHY? To protect yourself and the health-care environment from harmful patient germs.



Patient Safety
 A World Alliance for Safer Health Care

SAVE LIVES
 Clean Your Hands

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3 June 2012

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

A group of healthcare professionals, including nurses and doctors, are sitting in a circle in a meeting room, engaged in a discussion. They are holding papers and looking towards each other. The background shows a typical hospital setting with a door and a window.

Feedback and Summary of Recommendations

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

Immediate feedback provided

Recommendations

What you're doing that are best practices:

What you can do to help today/tomorrow:

What you can do to help next week:

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
- Facility is using microfiber mopheads and rag
- Facility has respiratory protection plan in place and testing takes place upon hire and annually
- Facility engages in antibiotic stewardship activities
- Facility is using an inter-facility form to communicate infection information during transfers
- Facility regularly performs audits of facility and contracted staff practices on
 - Hand hygiene
 - PPE usage
 - Cleaning and disinfection
 - Other pertinent audits
- 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

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

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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**

What can be done to help next week?

#1 Ensure sink splash zone is free of clean items

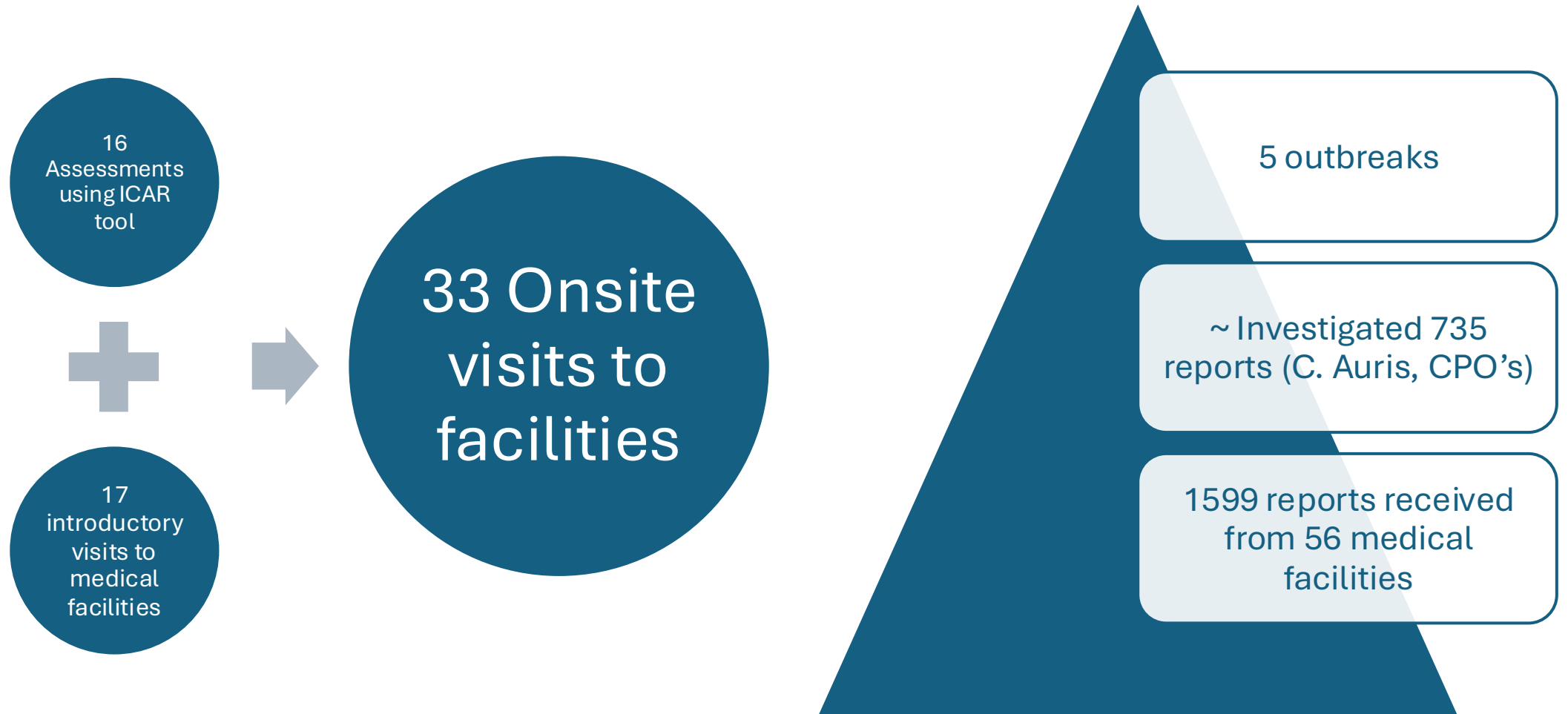
During our visit, we observed multiple sinks with clean items stored within the splash zone (3ft). Items within the splash zone are susceptible to contamination by waterborne pathogens. To prevent the spread of these pathogens, we recommend:

- 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

Outcomes



General Introductory Visits,

(N=17)

ICAR conducted,

(N =16)

Spring Valley Medical Center

Advanced Health Care of Summerlin

Dignity Health Rehabilitation Hospital

Summerlin Hospital

Oasis Nursing and Rehab

Summerlin Hospital

TLC Care Center

Saint Rose Dominican - San Martin

Saint Rose Dominican - De Lima

Saint Rose Dominican - Siena

Royal Springs Healthcare and Rehab

Coronado Ridge SNF

Horizon Specialty Hospital LV

Spanish Hills Wellness Suites

Skye Canyon Post Acute

West Henderson Hospital

Premier Health and Rehabilitation

Life Care of South Las Vegas

Valley Hospital Medical Center

University Medical Center

Encompass Health Rehab Hospital of LV

College Park Rehab Center

St. Joseph Transitional Rehabilitation Center

AMG Specialty hospital

North Las Vegas Care Center

Mountain View Hospital

PAM Health Specialty Hospital of Las Vegas

Royal Springs Healthcare and Rehab

Horizon Specialty Hospital LV

Spring Valley Medical Center

Summerlin Hospital

Sunrise Hospital and Medical Centri

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

Themes and Observations

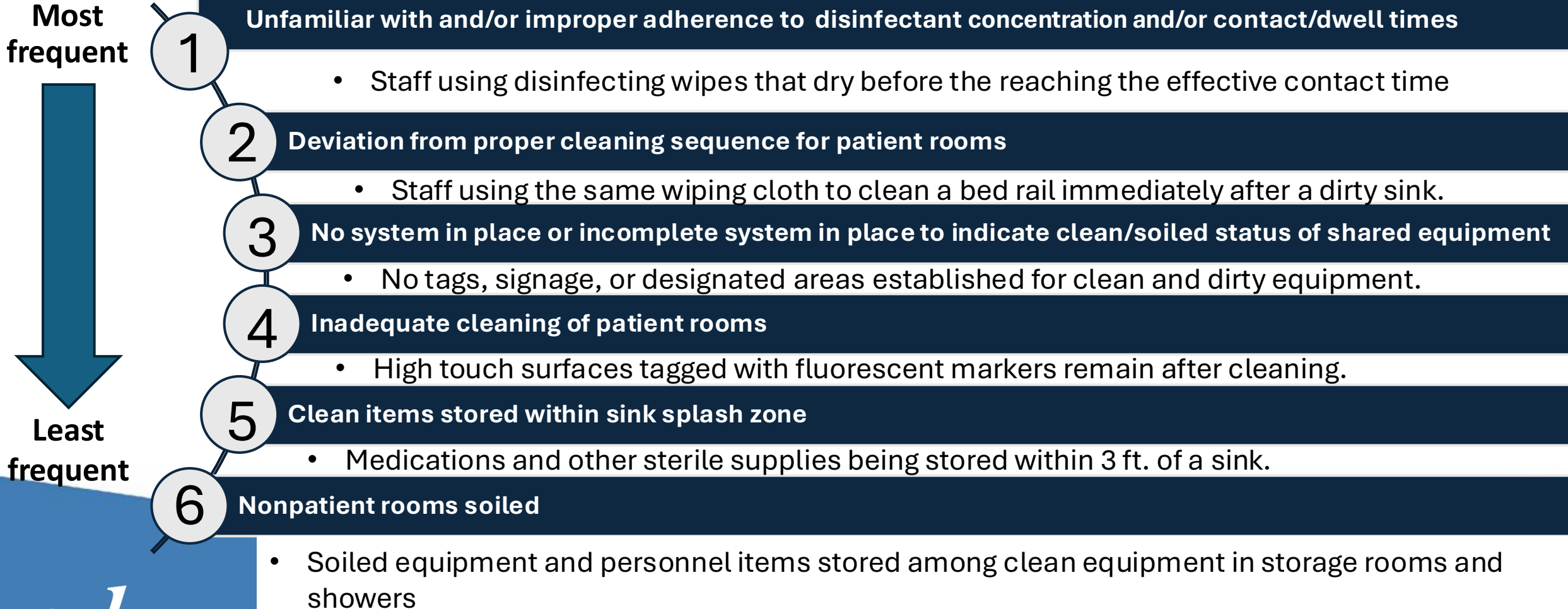
Approach/Survey Results

- Facilities have been responsive to our approach. We've received feedback that they enjoy the style/joint effort approach we take

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.)

Common Gaps Identified

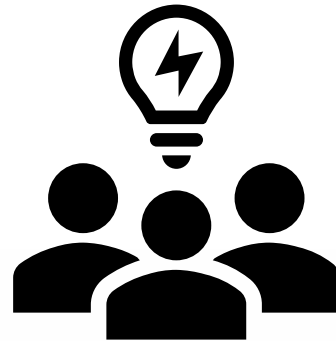


Addressing the Gaps

1. Education

On site education and discussion

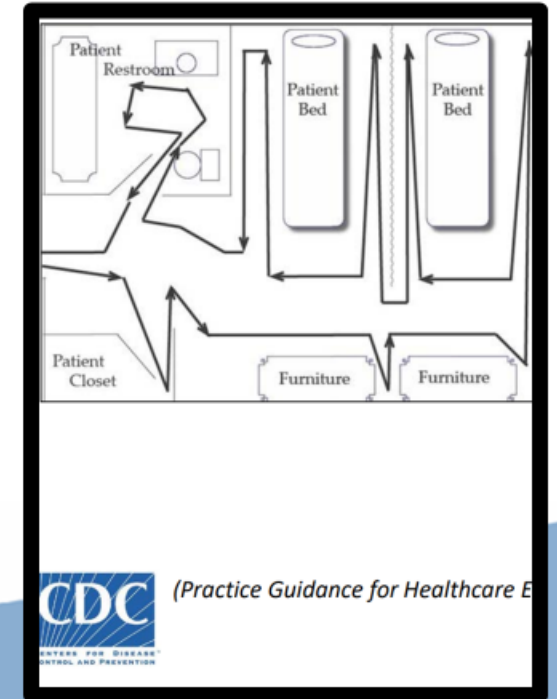
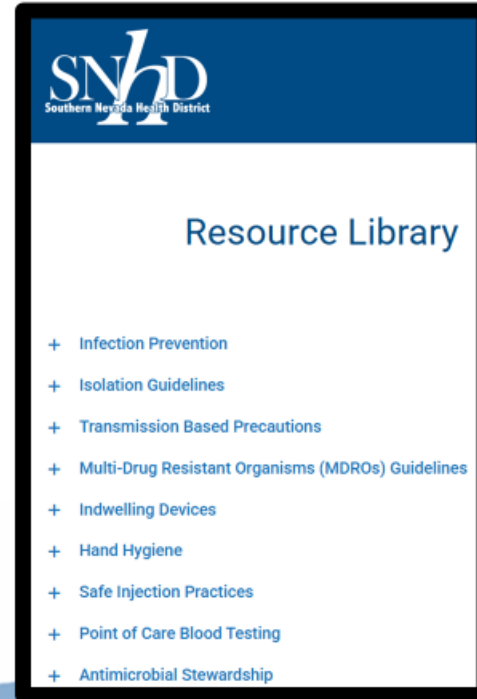
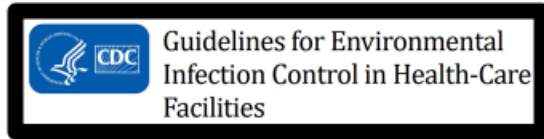
- Help brainstorming corrective actions that will work for individual facility



2. Sharing Resources

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

www.snhd.info/hai



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

Module 1: Hand Hygiene for EVS Staff

Infection Prevention and Control Training for Environmental Services Staff

Module 2: Understanding Disinfectants

Infection Prevention and Control Training for Environmental Services Staff

Module 3: Setting Up a Cleaning Cart

Infection Prevention and Control Training for Environmental Services Staff

Module 4: Cleaning and Disinfection of Resident Rooms

Infection Prevention and Control Training for Environmental Services Staff

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

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



Additional Testing Protocols (Expected May 2026)

HAI Testing: Southern Nevada Public Health Laboratory

- 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

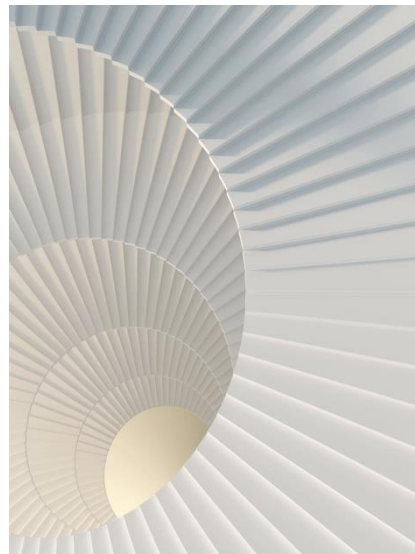
Next Steps in Laboratory Testing

Electronic Order and Results Delivery Interface

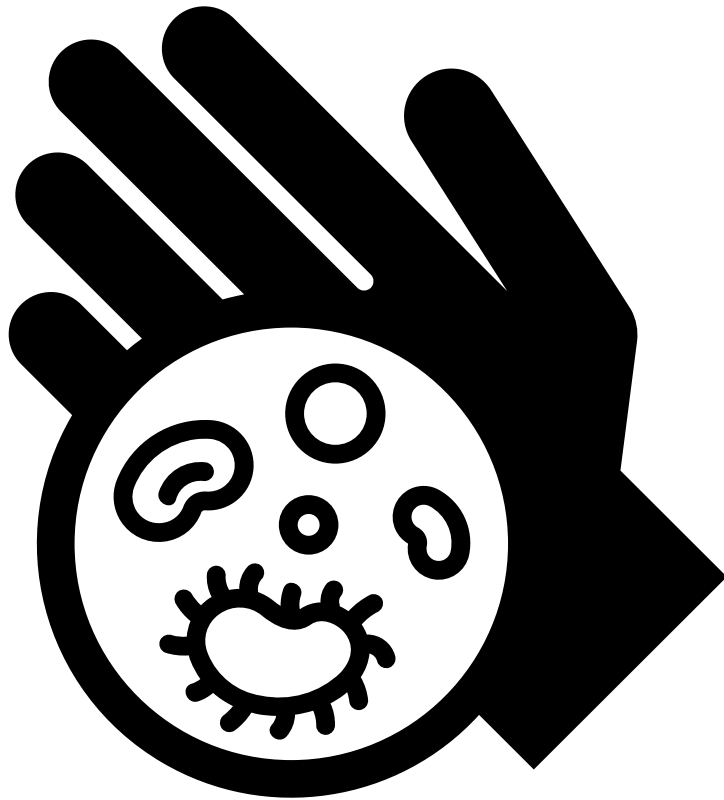
- **Current Challenge:** Reliance on paper requisitions causes demographic errors and operational inefficiencies for both hospital and lab staff.
- **Solution:** Integrate our LIMS with hospital EMRs via HL7 messaging to enable direct ordering and automated result transmission.
- **Key Benefits:** Eliminates 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/>



Acknowledgements



- Dr Cassius Lockett, DHO
- Dr. Anil Mangla- Division Director, DSC
- Dr. Xavier Gonzales, Director, CH
- Dr. Horng-Yuan Kan, Director, SNPHL
- Chris Saxton, Director, EH
- Division and Program Staff
 - SNPHL
 - Environmental Health
 - Disease Surveillance and Control

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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