



*Healthy People Thriving in a Healthy Southern Nevada*

# Facility Advisory Board

## Healthcare Associated Infections Program Overview

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# Overview-

- Healthcare Associated Infections Program-UPDATES
  - Disease Surveillance & Control
  - Environmental Health
  - Southern Nevada Public Health Laboratory

# CDC updates Viral Respiratory Infections: Infection Control in Healthcare Personnel

- **The changes are expected to reduce staffing disruptions during respiratory virus season, while maintaining high infection prevention standards.**
- The new guideline streamlines the previous pathogen-specific approach into one set of recommendations in a single document.
- Hospitals should review employee health and return-to-work policies to ensure alignment with the updated recommendations.
- Shortens work restrictions.
- <https://www.cdc.gov/infection-control/hcp/healthcare-personnel-epidemiology-control/viral-respiratory-infections.html>

# Admission Screening- *Candida auris*

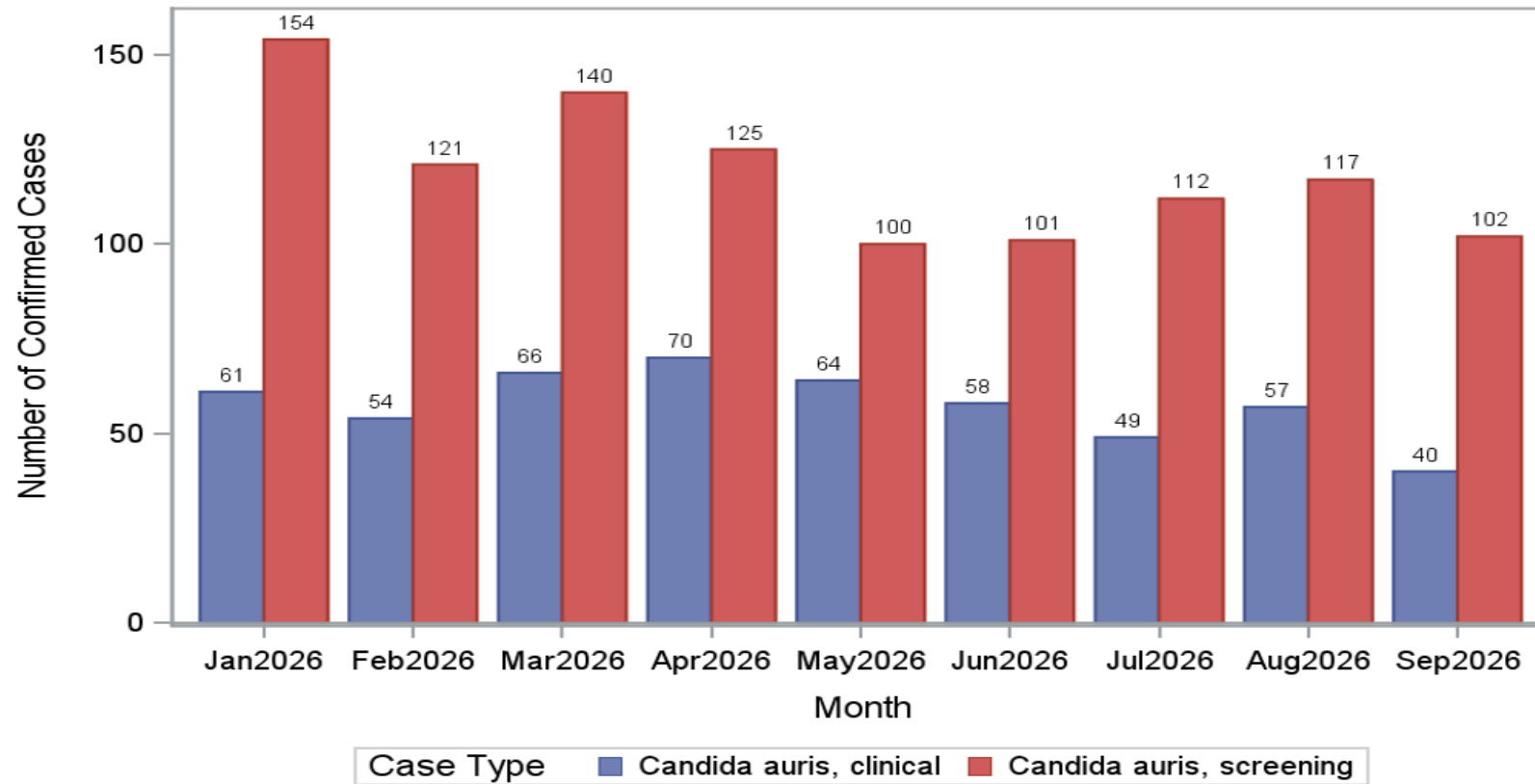
- 35 of 56 (62.5%) healthcare facilities that were assessed in 2026 (January - September) conducted No Admission Screening.
- There is no standard communication method across facilities for patient transfers with *C. Auris*.

| <i>Facility Type</i> | <i>Admission Screening</i> | <i>No Admission Screening</i> | <i>% total admission screening</i> |
|----------------------|----------------------------|-------------------------------|------------------------------------|
| <i>ACH</i>           | 12                         | 2                             | 85.7 %                             |
| <i>LTACH</i>         | 6                          | 3                             | 66.7%                              |
| <i>LTC</i>           | 1                          | 14                            | 07.1%                              |
| <i>REHAB</i>         | 1                          | 2                             | 33.3%                              |
| <i>SNF</i>           | 1                          | 15                            | 06.3%                              |

\* Other MDRO Screening practices such as CPO are inconsistent across facilities. CDC guidelines for roommate screening not consistent across hospitals.

# *Candida auris*

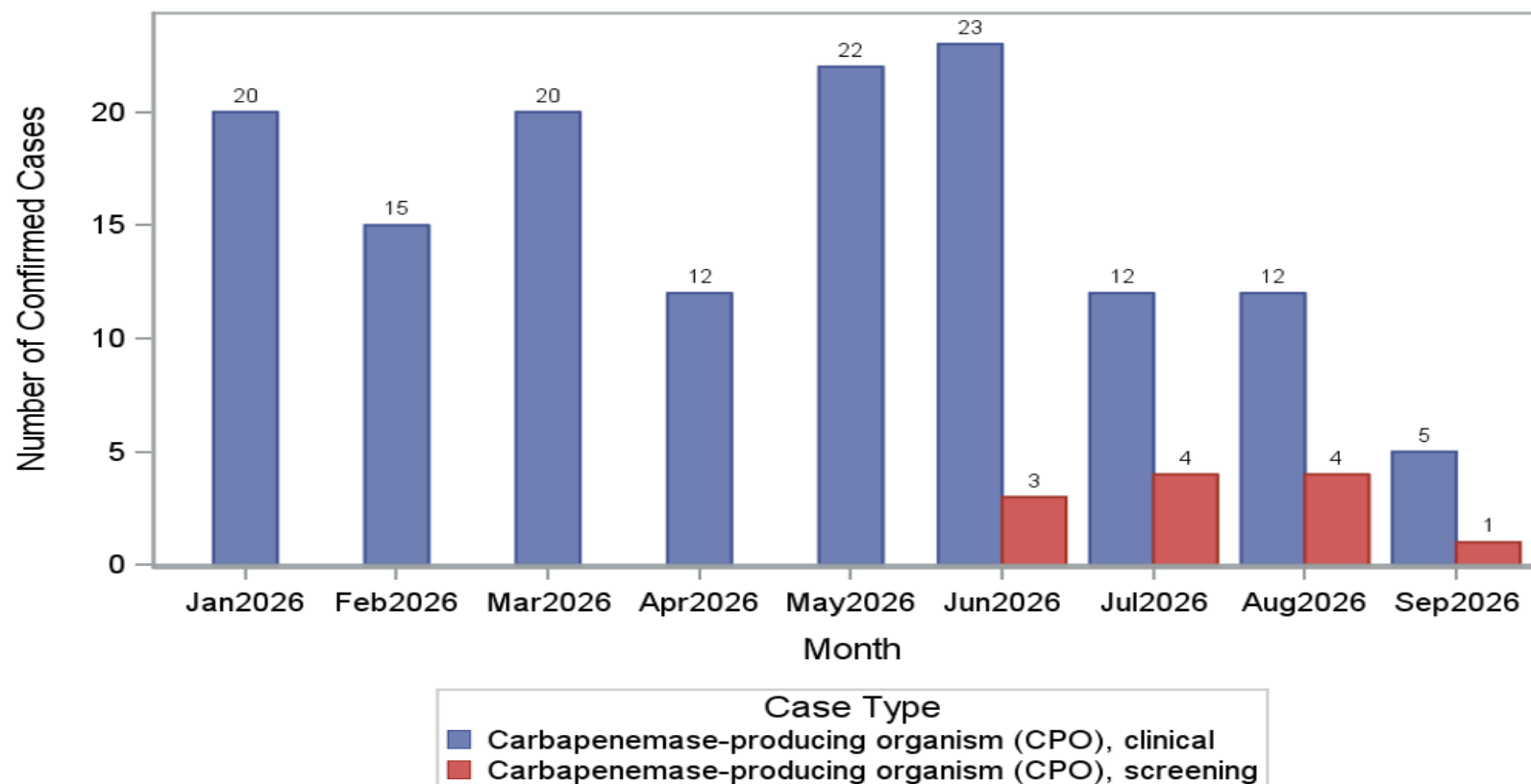
Confirmed *Candida auris* Clinical and Screening Cases by Month - Clark County, Nevada, 2026



Data Source: SNHD Surveillance Data, accessed 10/16/2026

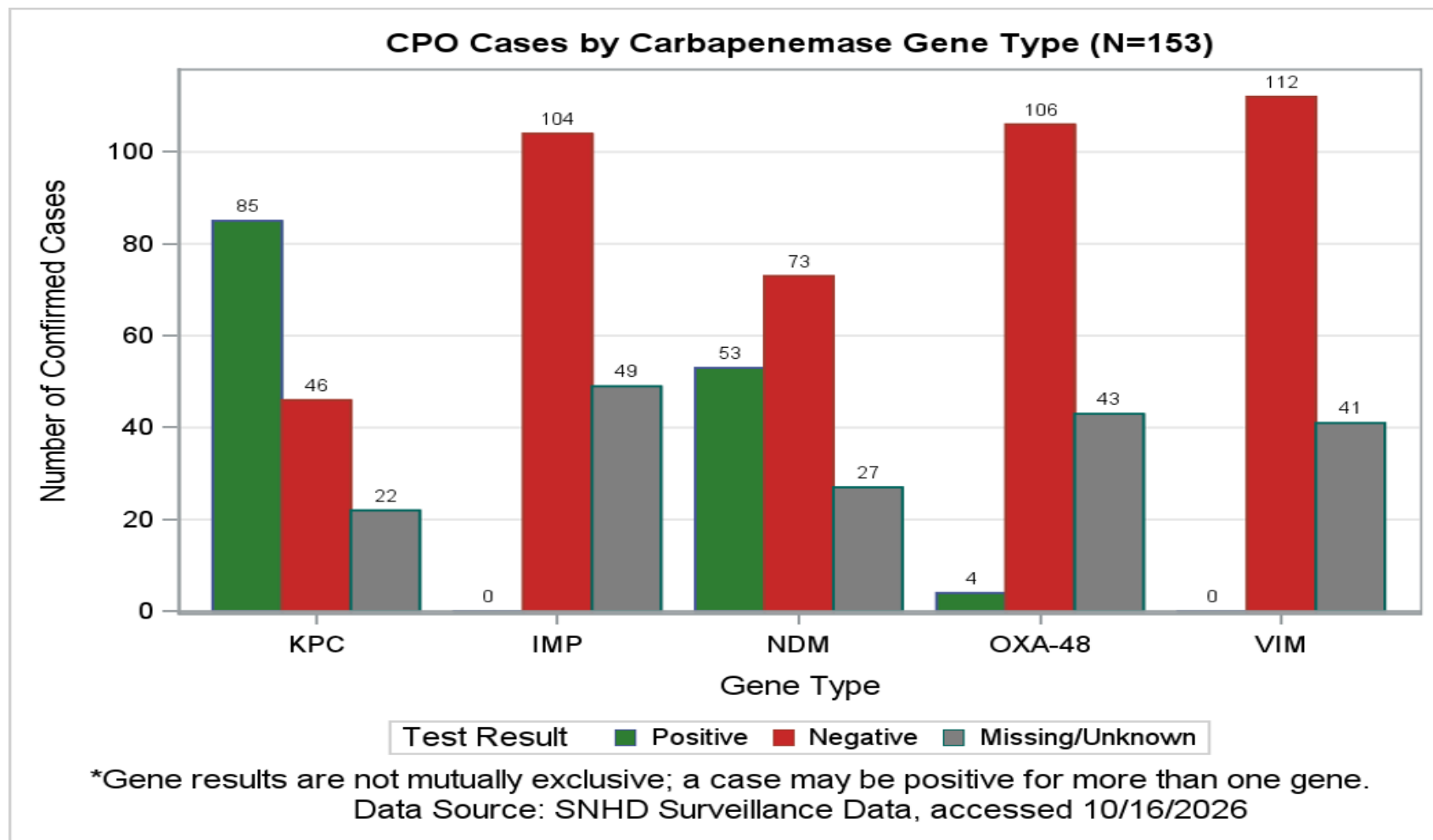
# Carbapenemase-Producing organisms

**Confirmed CPO Clinical and Screening Cases by Month - Clark County, Nevada, 2026**



Data Source: SNHD Surveillance Data, accessed 10/16/2026

# Carbapenemase-Producing organisms



# Antibiogram- UPDATE

- The Southern Nevada Health District (SNHD), Office of Epidemiology (OOE), is requesting your hospital's participation in the **continued development of the Clark County Antibiogram**. SNHD previously developed countywide antibiograms using data from **2016 through 2021**, with participation from hospitals and clinical laboratories throughout Clark County.
- The previously published Clark County Antibiograms are available at:
- <https://www.southernnevadahealthdistrict.org/clark-county-antibiogram/>
- Since 2021, SNHD has not consistently received antimicrobial susceptibility data from all previously participating institutions. **We are seeking to resume routine data submission so the Clark County Antibiogram can be updated and continue to provide useful local information.**
- Contact: Zuwen Qiu-Shultz, Epidemiology Supervisor
  - Phone: (702) 759-1300 (Office), (702) 506-8496 (Mobile)
  - E-mail: [qiu@snhd.org](mailto:qiu@snhd.org)

# Common **Laundry** Gaps Identified

## Inadequate Separation Between Soiled Laundry and Clean Laundry Areas

- Lack of required negative pressure in soiled laundry area
  - No doors between dirty and clean sides
  - Doors open between dirty and clean sides
  - Doors present but no air pressure change between sides
- Often structural improvements are needed to correct this

## Clean Linens in Sink Splash Zone

- Clean linen folded and stacked directly next to handwashing sink

## Note: If Laundry is Outsourced – Confirm Standards are Being Met

- Frequently visit and observe practices
- Point out gaps
- Follow-up and confirm gaps have been corrected

# Common EVS Gaps Identified

## Contact Time Issues

- Disinfectant air dries before the required contact/dwell time on the surface – allowing pathogens to survive the disinfection process

## High Touch Surfaces Missed \*

- Daily cleans and terminal cleans not wiping down remotes, toilet flush handles, light switches
- \* More details coming up

## Cleaning Rooms in the Wrong Order

- Starting with the dirtiest surfaces and then wiping more clean surfaces with the same wiping cloth rather than moving from clean to dirty

## Cleaning of Shared Equipment

- Confusion over which team is responsible for cleaning shared equipment that enters multiple rooms; No system in place to identify if shared equipment is clean

# EVS Training Update

## On-site EVS Trainings

- Offered to facilities with EVS gaps, but available to all
- Four weekly 1-hour trainings with interactive components
- Based on CDC Project Firstline materials
- Provided in English, Spanish, and Tagalog

## SNHD EVS Trainings

- New for 2027
- Scheduling every other month at SNHD
  - 280 S. Decatur Blvd.
- Available to all
  - New hires, refresher training, front-line staff, managers

# ICAR Follow-Up Visits

## Goal

- Check on previous recommendations (additional observations as needed), identify barriers, provide support

## Successes

- Internal audits improved by using fluorescent markers, secret shoppers, and positive recognition
- Policies, checklists, and staff trainings redeveloped to address specific recommendations
- Disinfectant inventory reduced, prioritizing products with shorter contact times
- Signage posted with required contact times for all disinfectants in use
- New equipment purchased
- Facility team member who completed SNHD EVS Training demonstrated marked improvement on EVS room cleaning observation

## Obstacles

- High turnover of IP's and EVS managers - some unaware of recommendations or existing facility policies

# Cleaning Compliance Rate Data

| Visit Type       | Overall Cleaning Compliance Rate | Patient Room-Specific Cleaning Compliance Rate | Bathroom-Specific Cleaning Compliance Rate | Other Surface Cleaning Compliance Rate |
|------------------|----------------------------------|------------------------------------------------|--------------------------------------------|----------------------------------------|
| First Visit      | 66%                              | 70%                                            | 61%                                        | 50%                                    |
| Subsequent Visit | 80%                              | 84%                                            | 74%                                        | 100%                                   |

- On initial visits, 66% of the high-touch surfaces marked with a fluorescent marker before a room cleaning were cleaned.
- On follow-up visits, 80% of marked surfaces were cleaned.
- Facilities are improving after implementing SNHD's recommendations.
- In both groups, high-touch surfaces in the bathroom are missed more often than those in the patient room.

# HAI Testing: Southern Nevada Public Health Laboratory



## 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)
- Genotypic detection of carbapenem resistance genes (KPC, NDM, VIM, OXA, IMP) in rectal swabs
  - (for Infection Prevention patient cohorting and isolation)
- Phenotypic confirmation of Carbapenem-Resistant Organisms (CRO) from clinical isolates
- Expanded antibiotic susceptibility testing for Carbapenem-Resistant Organisms (CRO) using antibiotics commonly used for treatment in Clark County
  - (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, Mountain View Hospital, (many other smaller SNF/LTAC)

# 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

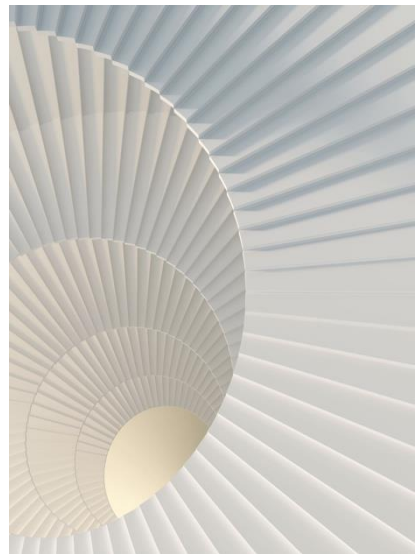


# Next Steps in Laboratory Testing

## 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](mailto:Bendik@snhd.org)  
(702) 759-1026

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



## Contact Information

- William Bendik, Laboratory Manager
  - 702-759-1026 [bendik@snhd.org](mailto:bendik@snhd.org)
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Disease Surveillance and Control

# Thank you!





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Healthy Southern Nevada*



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Accountability

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