



INFECTION CONTROL UPDATES

WITH

DR. JOSEF ZWASS

TUESDAY, MARCH 28, 2023
9:00 - 10:30 AM PST

CLINIC IN THE PARK MONTHLY COLLABORATOR ZOOM MEETING



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American Academy of Pediatrics
Orange County Chapter
INCORPORATED IN CALIFORNIA

AAP-CA3

San Diego & Imperial Counties
CHAPTERS OF THE
AMERICAN ACADEMY OF PEDIATRICS
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN



**PROJECT
FIRSTLINE**
CDC's National Training Collaborative
for Healthcare Infection Prevention & Control

American
Academy of
Pediatrics



March 28, 2023

Dr. Josef Zwass

AAP-CA3 Infectious Disease Committee

HOUSEKEEPING

This session will be recorded for educational and quality improvement purposes.

DISCLOSURES

- I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider of commercial services discussed in this CME activity.
- I do not intend to discuss an unapproved/investigative use of a commercial product/device in our presentation.



OBJECTIVES

- Why Project Firstline--Review recent trends in Hospital Acquired Infections
- Introduce Project Firstline
- Review Respiratory Infection trends (COVID, Influenza, RSV)
- Project Firstline-
 - Resources and examples
- Review Infection Prevention actions (in Healthcare settings)

CALIFORNIA

While COVID raged, another deadly threat was on the rise in hospitals



SUBSCRIBERS ARE READING >

WORLD & NATION

2 kidnapped Americans found dead in Mexico; 2 others rescued and returned to the U.S.

UCLA SPORTS

Analysis: The loss of Jaylen Clark doesn't mean the end of the road for UCLA's title hopes

LIFESTYLE

FOR SUBSCRIBERS

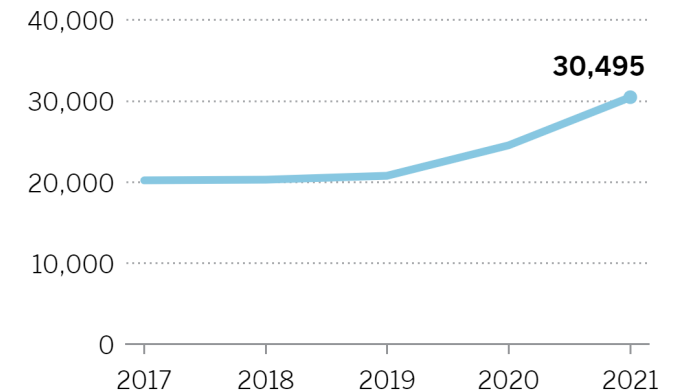
Do kids really need grass? This magical L.A. garden will make you rethink turf

SCIENCE & MEDICINE

Severe sepsis acquired in California hospitals

Cases of "hospital acquired" sepsis rose during the pandemic, state data show.

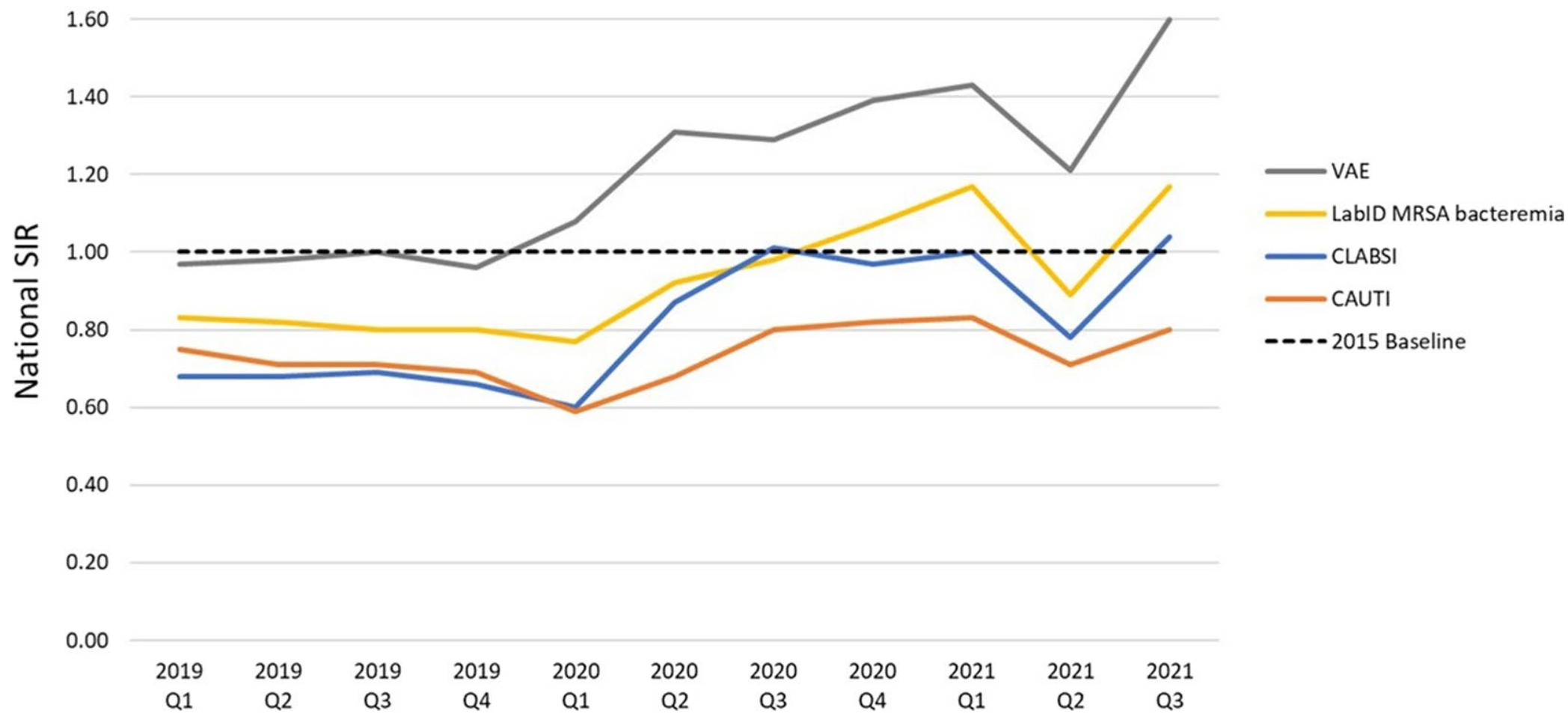
Number of cases



California Department of Health Care Access and Information

Emily Alpert Reyes LOS ANGELES TIMES

QUARTERLY NATIONAL SIRS FOR SELECT HAI TYPES, 2019-Q1 - 2021-Q3





HOSPITAL ACQUIRED INFECTIONS-CALIFORNIA

Healthcare-Associated Infections Report, 2021

328 Acute Care Hospitals

Hospital Type
Acute Care Hospitals

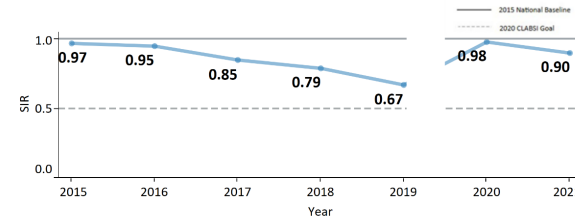


[Link to Print Version](#)

The **trend lines** show this hospital type's healthcare-associated infection (HAI) incidence from 2015 to 2019, July through December 2020[†], and 2021 reported as standardized infection ratios (SIR) when possible. Each result is interpreted as the Same, Better, or Worse than the national or state comparison.

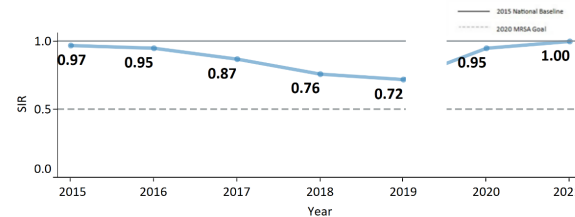
Central Line-Associated Bloodstream Infections (CLABSI)

2021 Reported	2,583
2021 Predicted	2,869.1
Central Line Days	2,879,638
SIR	0.90
Compared with 2015 National Baseline	Better
Met 2020 Goal	No



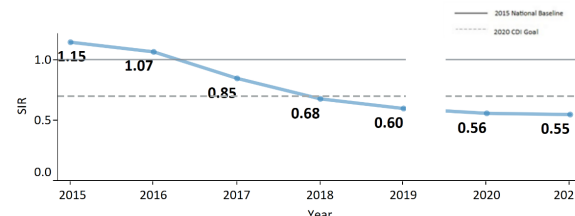
Methicillin-Resistant Staphylococcus aureus Bloodstream Infections (MRSA BSI)

2021 Reported	892
2021 Predicted	889.7
Patient Days	15,251,367
SIR	1.00
Compared with 2015 National Baseline	Same
Met 2020 Goal	No



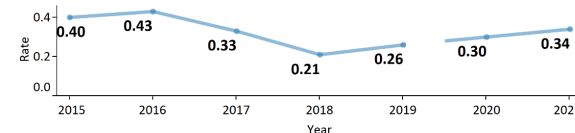
Clostridioides difficile Infections (CDI)

2021 Reported	4,355
2021 Predicted	7,943.7
Patient Days	13,966,517
SIR	0.55
Compared with 2015 National Baseline	Better
Met 2020 Goal	Yes



Vancomycin-Resistant Enterococcus Bloodstream Infections (VRE BSI)

2021 Reported	511
Patient Days	15,251,367
*Rate	0.34
SIR unavailable. Rate per 10,000 patient days.	



Surgical Site Infections (SSI) - Adult

HOSPITAL ACQUIRED INFECTIONS-CALIFORNIA

Healthcare-Associated Infections Report, 2021

[Link to Print Version](#)

328 Acute Care Hospitals

Hospital Type

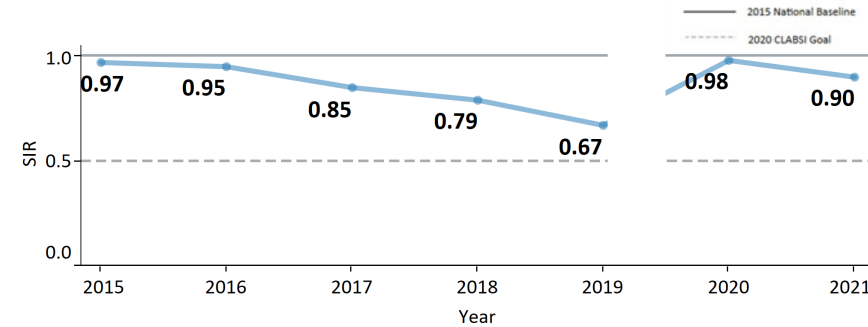
Acute Care Hospitals



The **trend lines** show this hospital type's healthcare-associated infection (HAI) incidence from 2015 to 2019, July through December 2020[†], and 2021 reported as standardized infection ratios (SIR) when possible. Each result is interpreted as the \oplus Same, \star Better, or \otimes Worse than the national or state comparison.

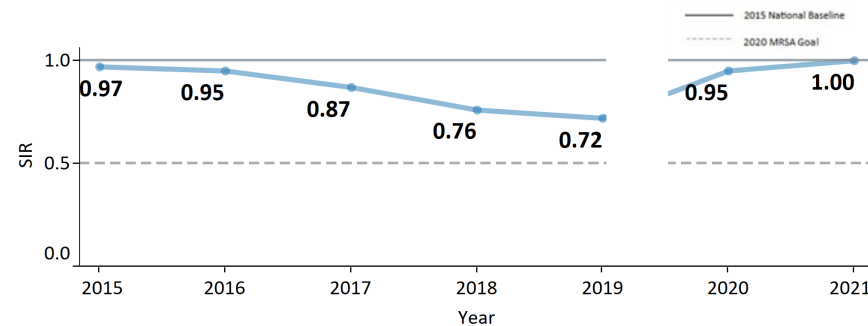
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PROJECT FIRSTLINE

- Project Firstline is a national collaborative led by the U.S. Centers for Disease Control and Prevention (CDC a department under HHS) to provide infection control training and education to frontline healthcare workers and public health personnel.
- American Academy of Pediatrics is proud to partner with Project Firstline, as supported through Cooperative Agreement CDC-RFA-OT18- 1802.
- The contents of this program do not necessarily represent the policies of CDC or HHS and should not be considered an endorsement by the Federal Government.

WHAT MAKES PROJECT FIRSTLINE UNIQUE?

- Resources are developed with healthcare workers, specifically for healthcare workers
- Content is accessible to all healthcare workers, regardless of previous training or background knowledge
- Bite-sized content is tailored for practice and on-the-go use and is designed to be integrated into the workday
- Teaches the “why” behind infection control recommendations as much as the “what” and “how”
- Educational resources and dissemination methods are tailored for the diverse healthcare workforce, including translations for those who speak Spanish and multiple Asian languages

PROJECT FIRSTLINE:

TRAINING TO RECOGNIZE RESERVOIRS: WHERE GERMS LIVE

- was developed to address gaps in infection control knowledge and practice in healthcare settings nationwide;
- delivers innovative and accessible infection control education for all frontline healthcare workers;
- provides relevant information and training for all healthcare workers regardless of role;
- offers a variety of infection control educational resources, from videos and infographics to training toolkits and interactive tools.

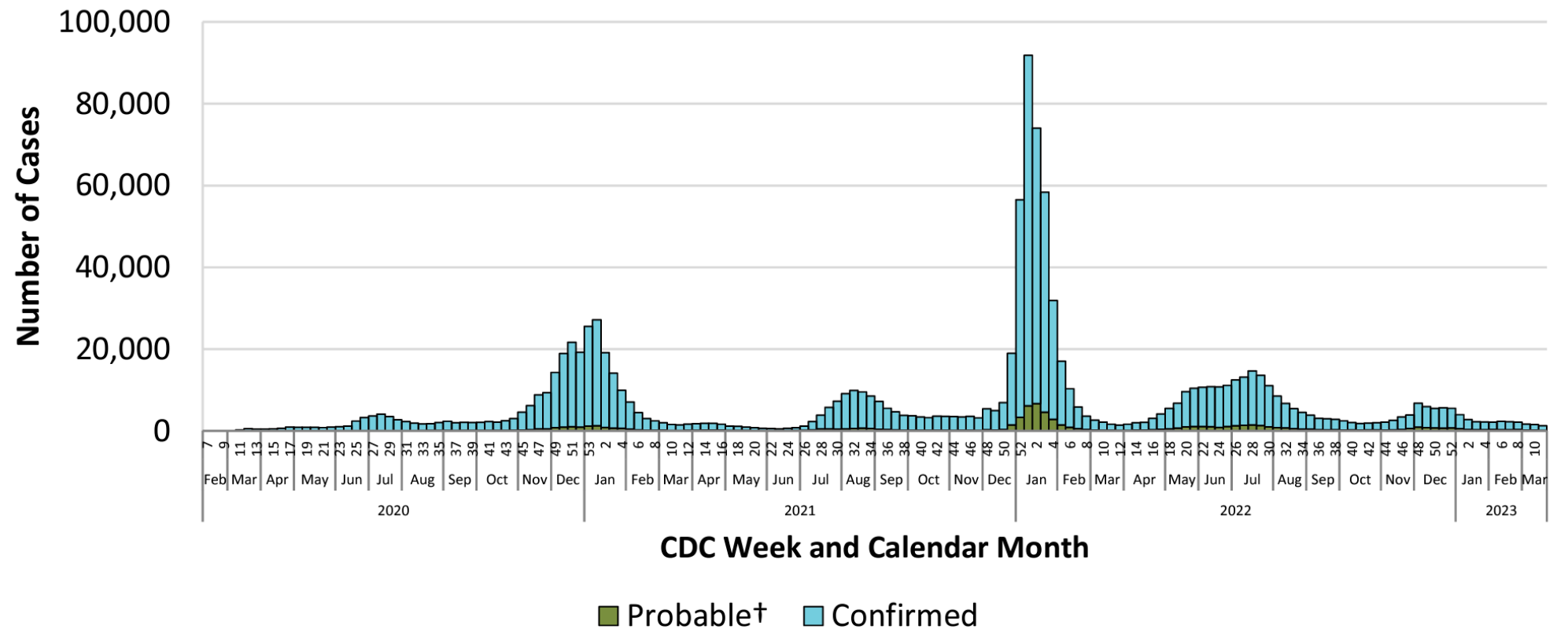
<https://www.cdc.gov/infectioncontrol/projectfirstline/healthcare/educational-materials.html>

CURRENT INFECTION TRENDS

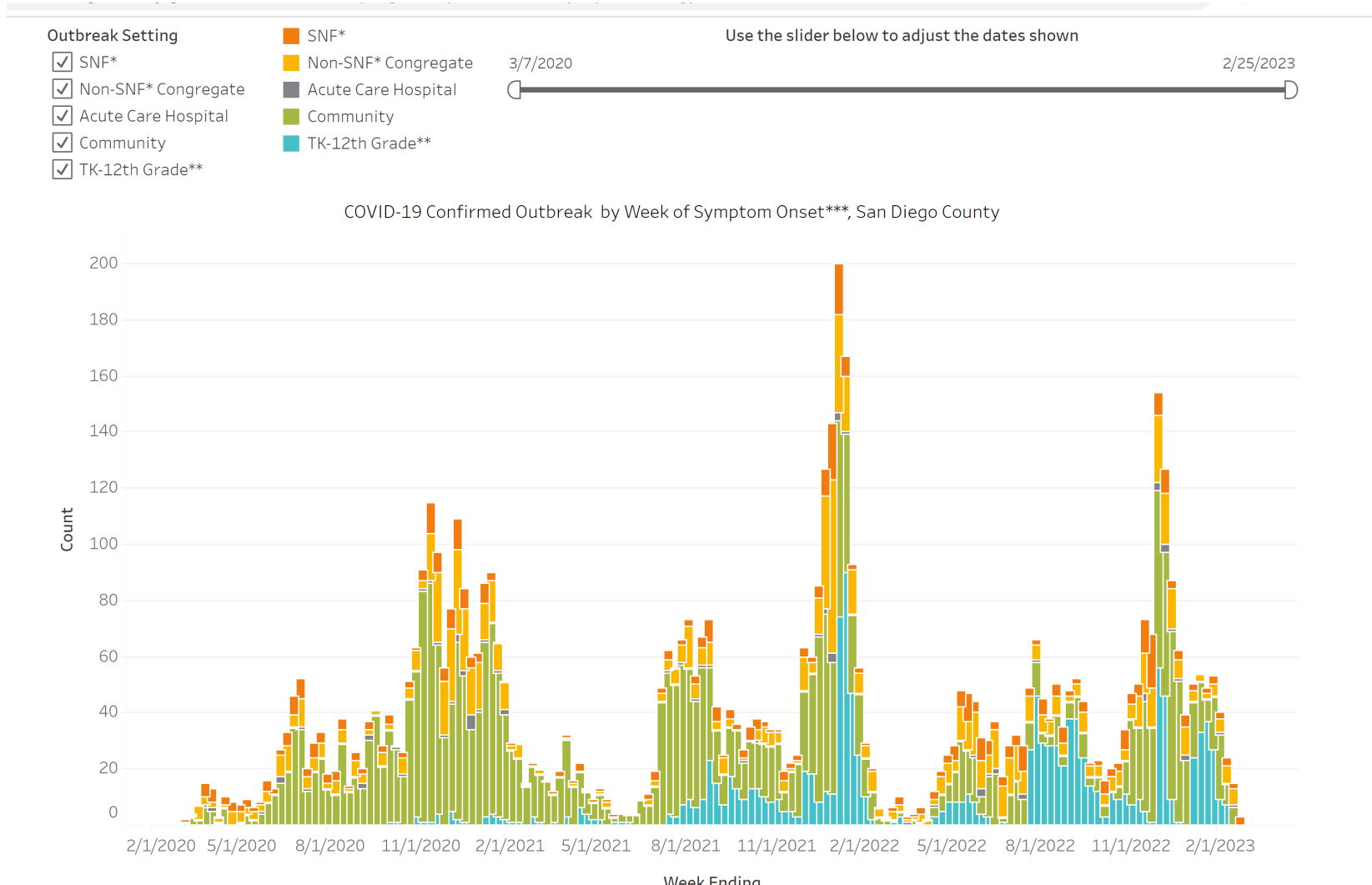


COVID-19 SAN DIEGO

Figure 4.1. **COVID-19** Confirmed and Probable Cases by CDC Episode Week*, San Diego County Residents, N=1,069,356

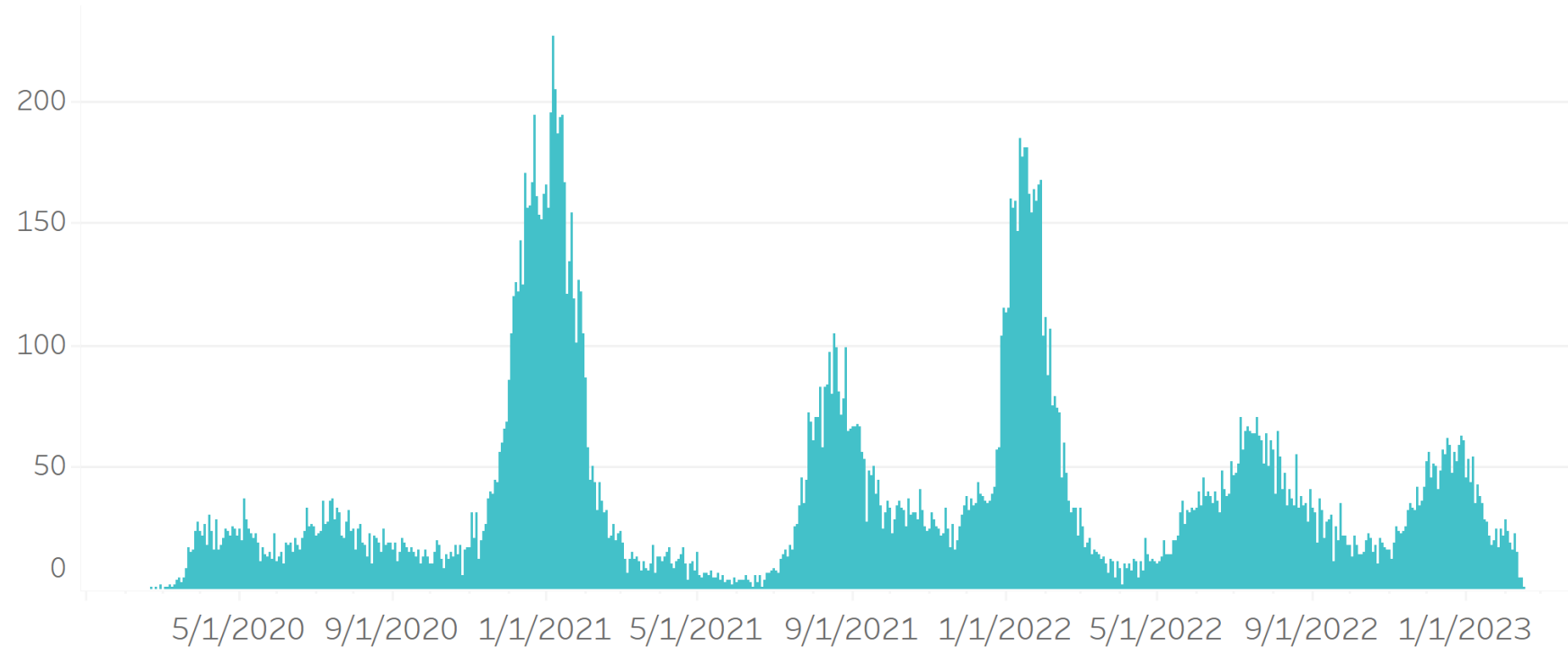


COVID SAN DIEGO-OUTBREAKS



COVID-19 SAN DIEGO

COVID-19 Hospitalizations by Date Admitted - Daily Counts

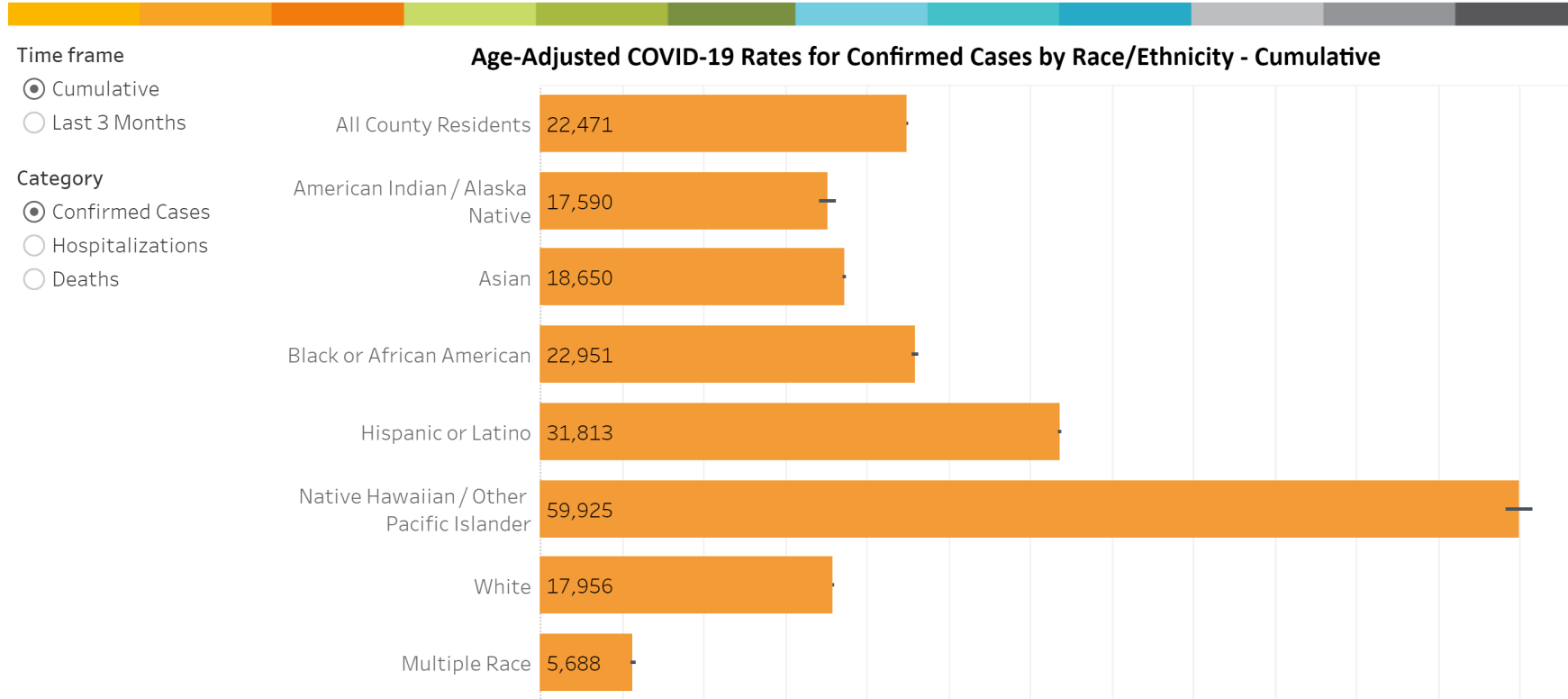


**Episode date is the earliest of the following available dates: symptom onset date, specimen collection date, date of death, date reported
Data for the most recent week may be incomplete.

Date admitted is not known for all hospitalizations; information may be updated as case investigations proceed.

COVID SAN DIEGO DATA

Data through February 25, 2023. Updated March 2, 2023. Data are preliminary and subject to change.



The black lines represent the 95% confidence intervals (error bars). Rates are not calculated for fewer than 20 events. Death rates for previous three months are not shown.

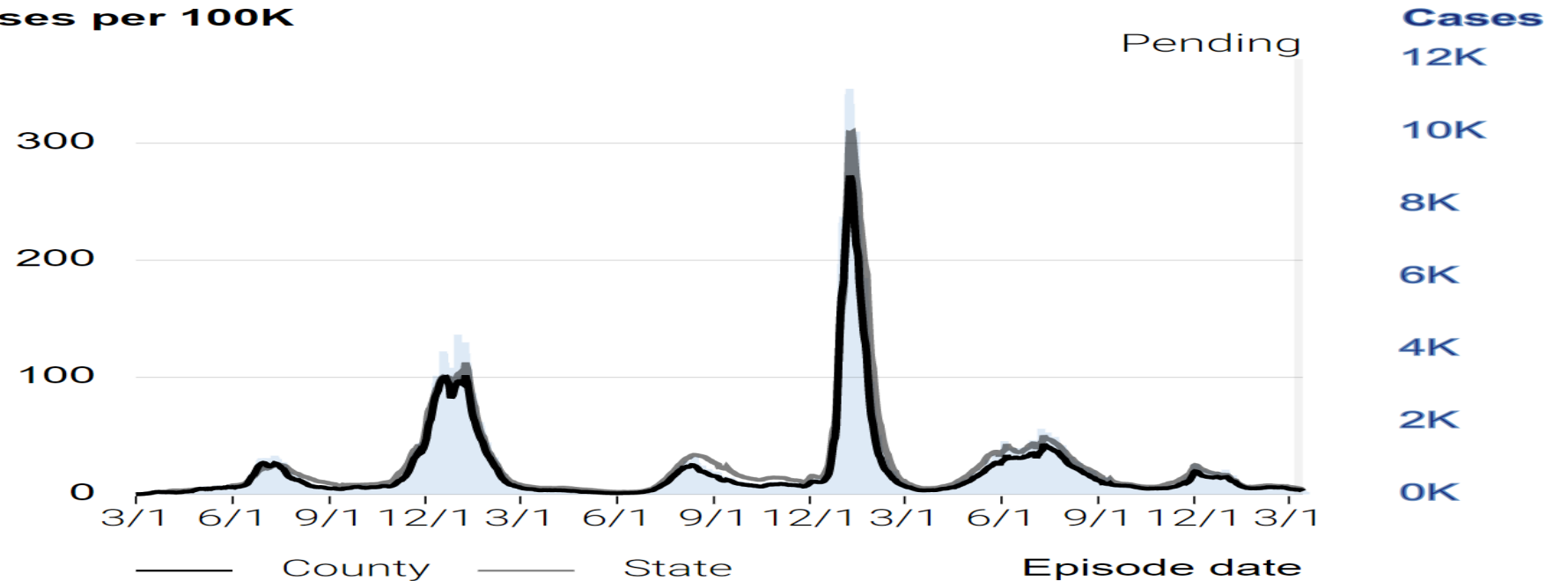
COVID 19 ORANGE COUNTY

711,799 total confirmed cases

129 average cases per day

4.0 cases per 100K (7-day average)

Cases per 100K

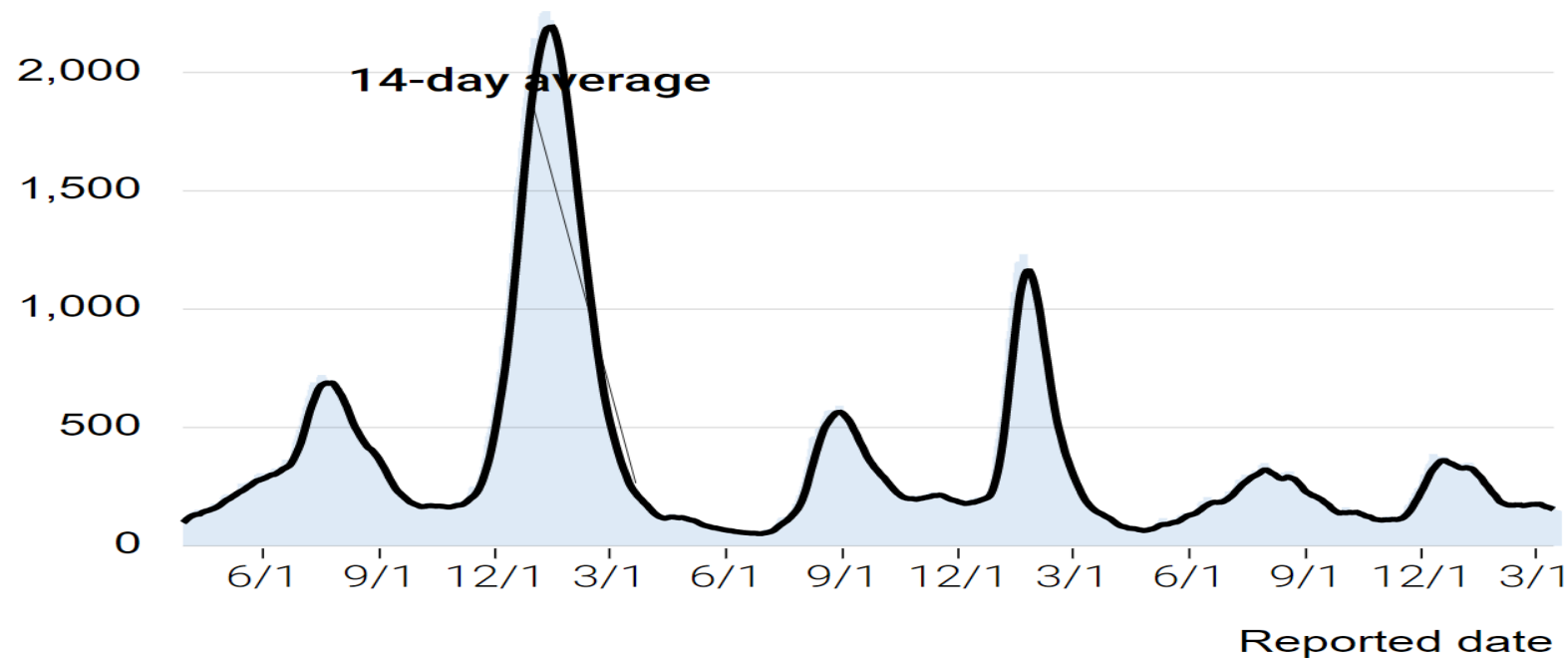


[Cases and deaths source data](#) . Data is updated weekly.

COVID 19 ORANGE COUNTY

147 COVID-19 hospitalized patients

3 fewer patients hospitalized from prior day total (2.0% decrease)



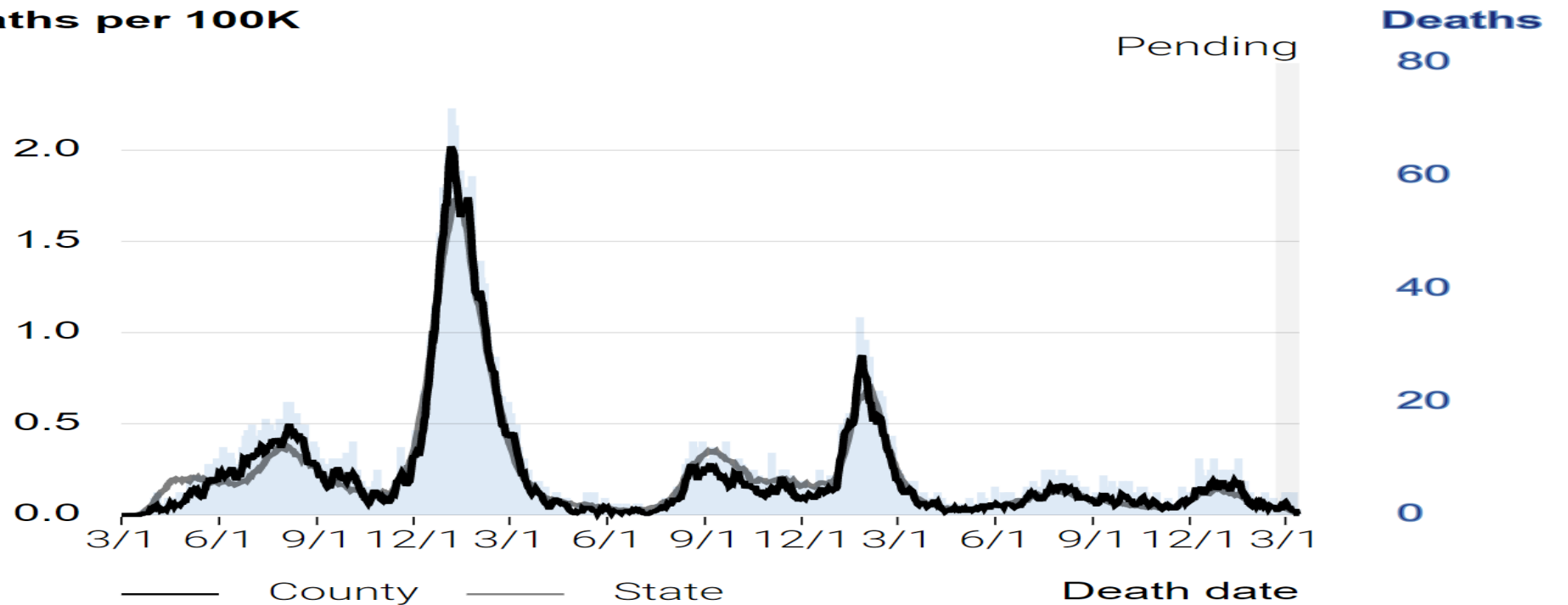
COVID 19 ORANGE COUNTY

7,982 total confirmed deaths

1 average deaths per day

0.03 deaths per 100K (7-day average)

Deaths per 100K

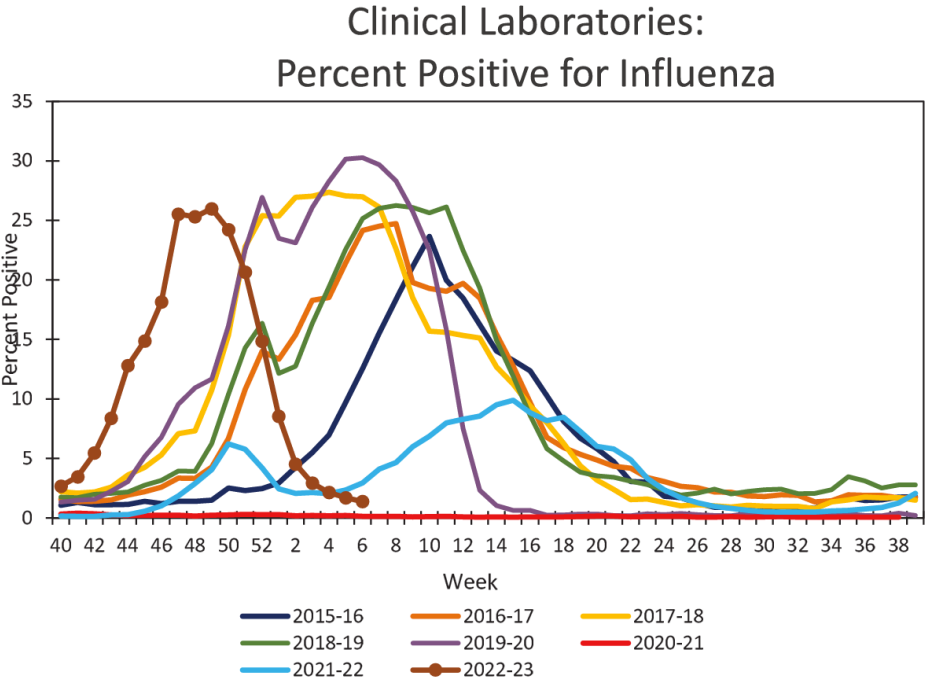




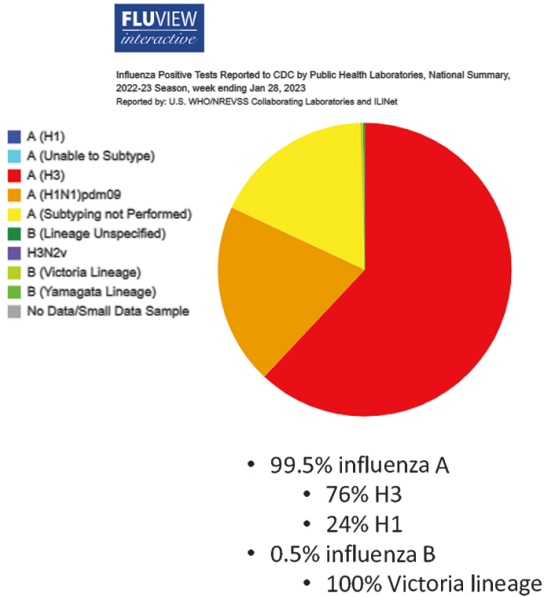
Percentage of Influenza Detections at Clinical Sentinel Laboratories, 2015–2023 Season to Date

National data-Flu view

Virologic Surveillance

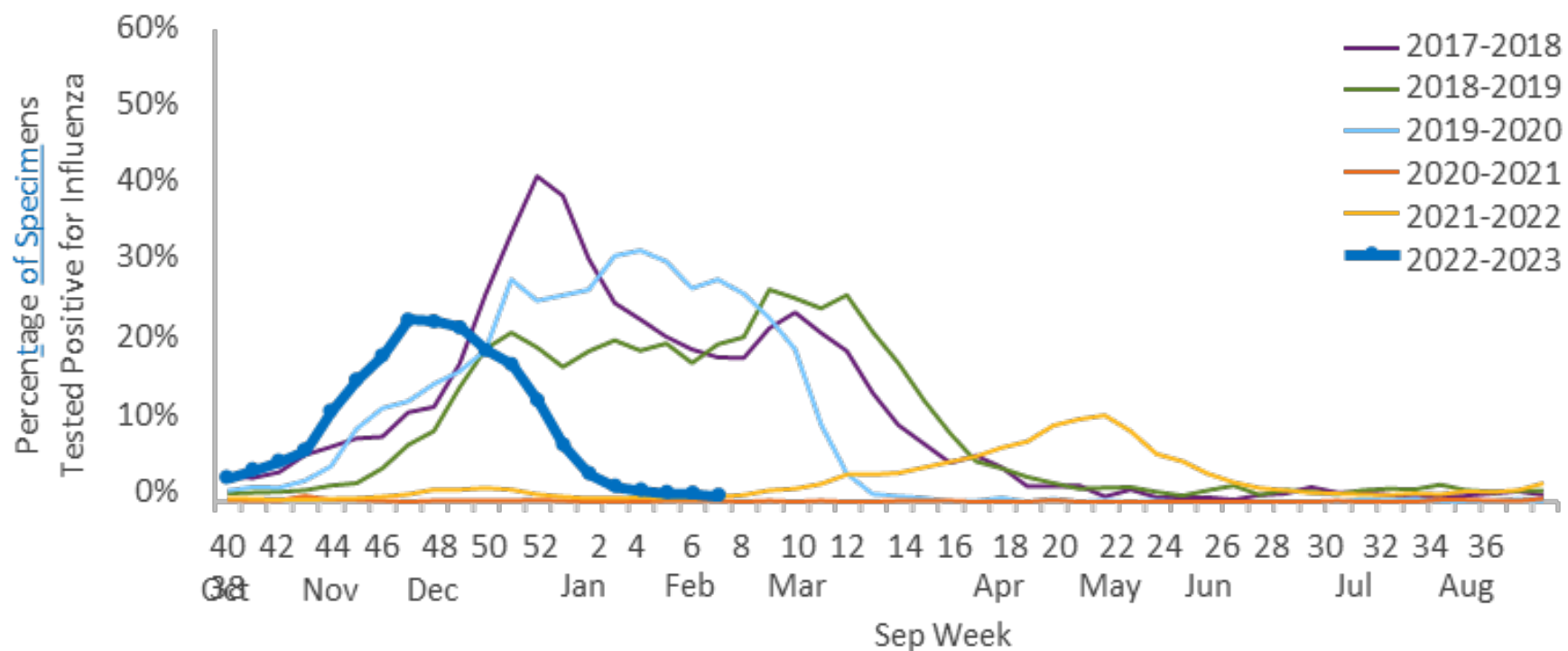


Public Health Laboratories: Influenza Virus Subtyping/Lineage Testing



Percentage of Influenza Detections at Clinical Sentinel Laboratories, 2017–2023 Season to Date

CDPH data

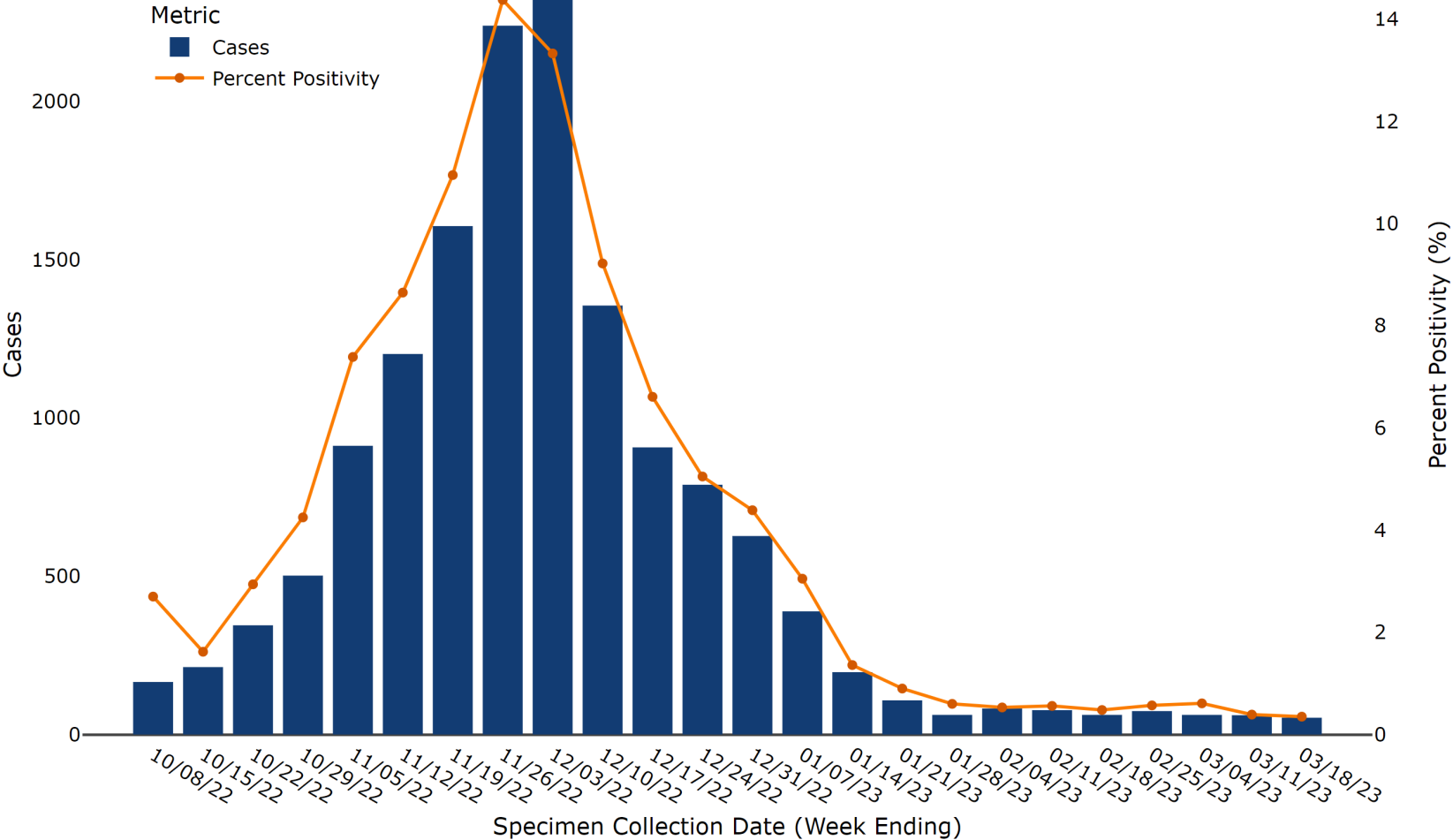


Note: Data have been shifted so that Week 1 aligns across seasons.

Respiratory Specimens Testing Positive for Influenza — Clinical Sentinel Laboratories, Current Week and Season to Date

INFLUENZA -ORANGE COUNTY

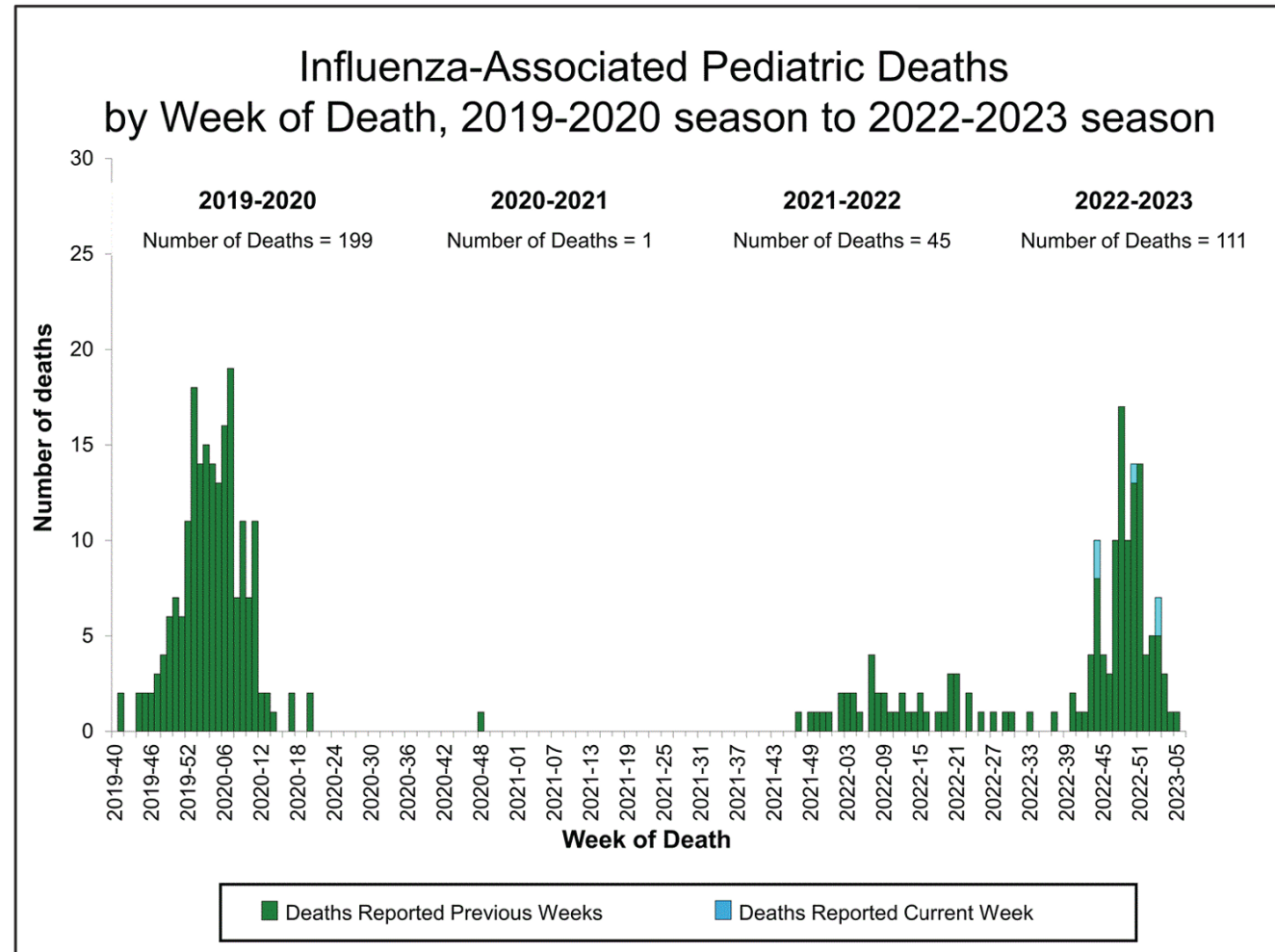
Influenza Surveillance in Orange County, Season 2022-23



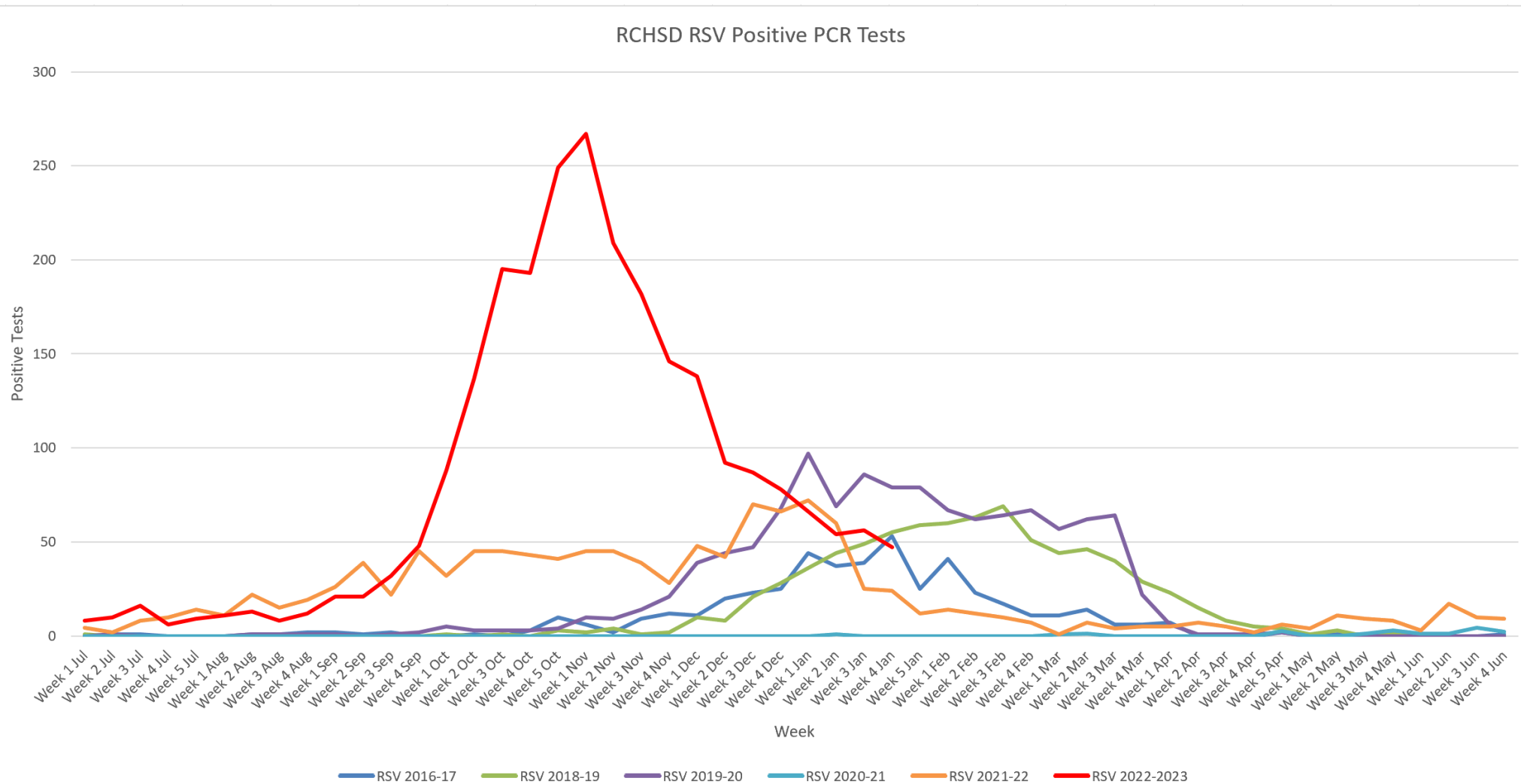
National data-(Flu view)

Pediatric Mortality

Source: CDC Fluview,
week ending February 11,
2023



RSV IN SAN DIEGO



RSV IN ORANGE COUNTY

For week 11 (ending 3/18/23):

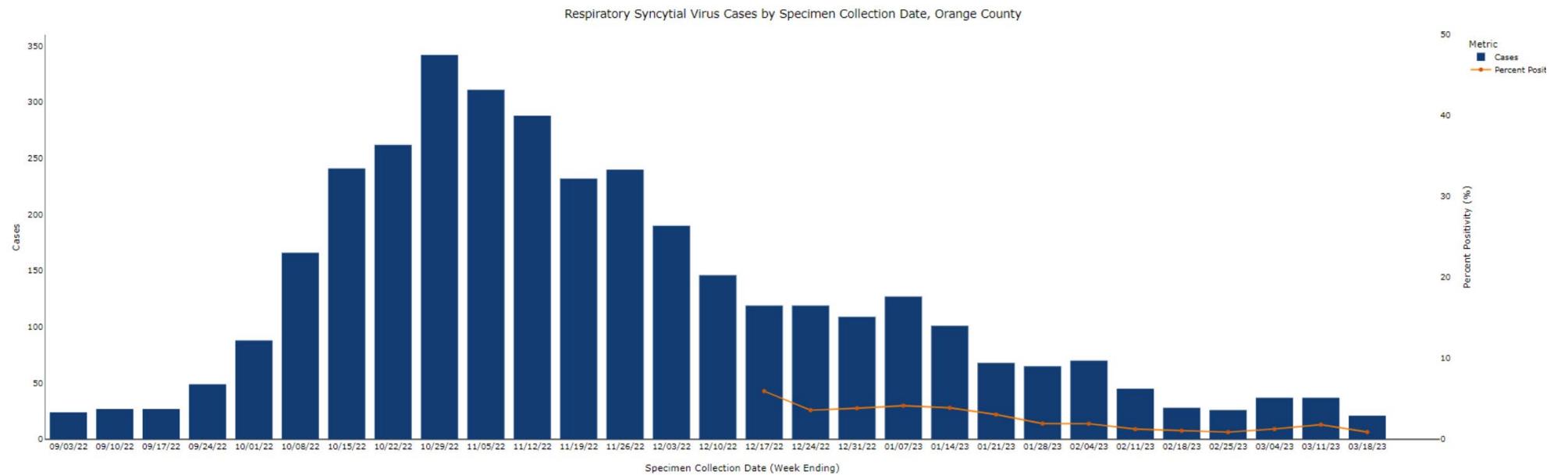
0.9%

Percent of Specimens Positive



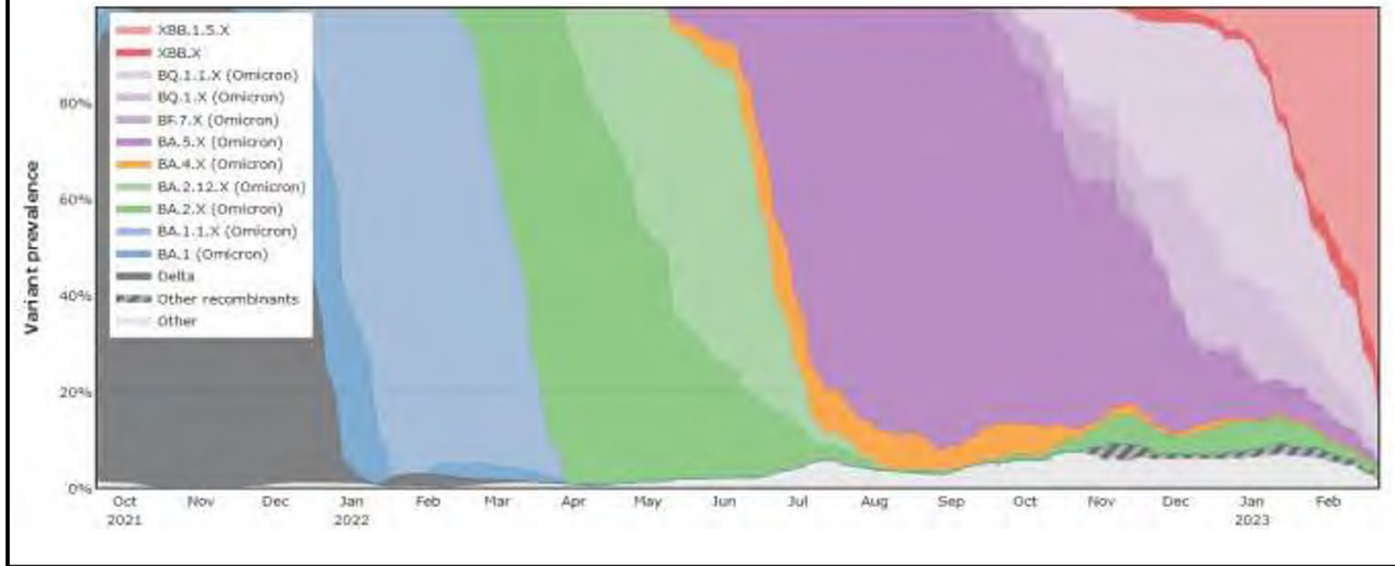
1

Total Deaths < 5 Years



WASTEWATER (SAN DIEGO)

Figure 28. SARS-CoV-2 Wastewater Lineage Prevalence Over Time in San Diego



Source: SARS-CoV-2 variant prevalence in wastewater was generated by the SEARCH consortia (<https://searchcovid.info/dashboards/wastewater-surveillance/>).

Wastewater Surveillance

Figure 24. SARS-CoV-2 Detection in Wastewater

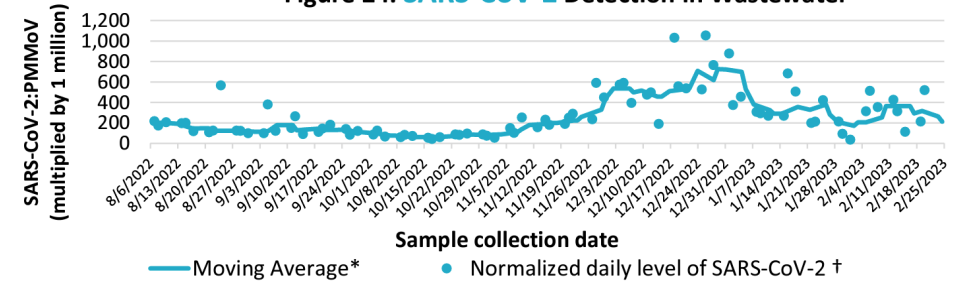


Figure 25. Influenza A[†] Detection in Wastewater

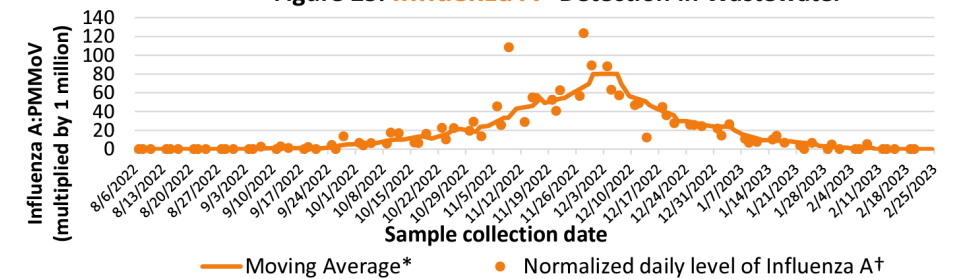
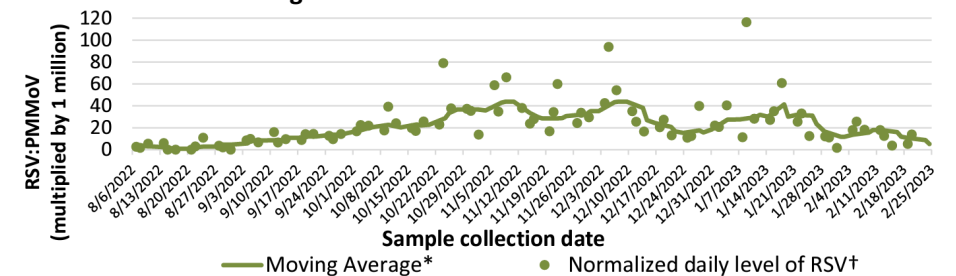


Figure 26. RSV Detection in Wastewater



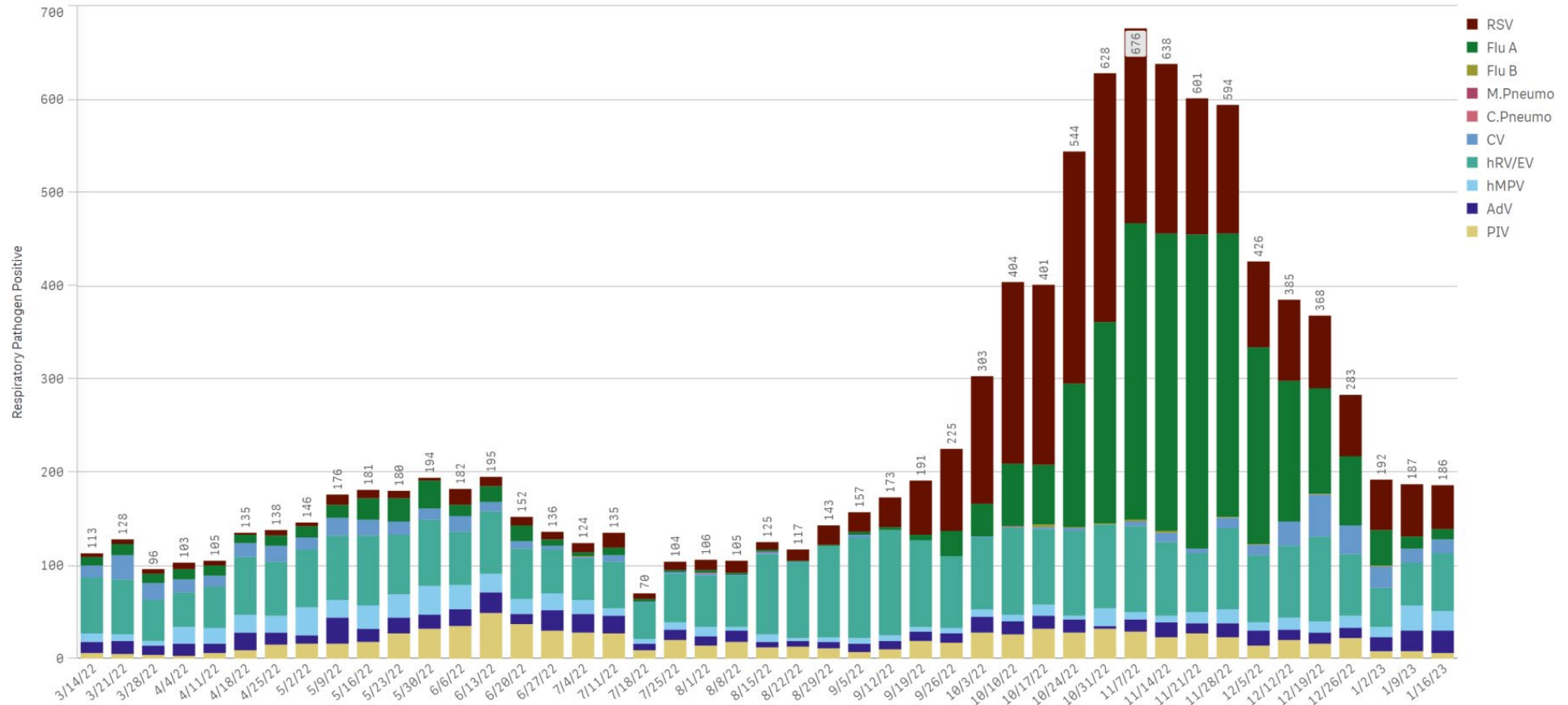
Data provided by Wastewater SCAN: <https://wastewaterscan.org/>.

* Calculated by taking the average of the 5 samples centered around a date after excluding the highest and lowest values.

† Data are normalized to a common, harmless plant virus that is consumed when people eat called pepper mild mottle virus (PMMoV).

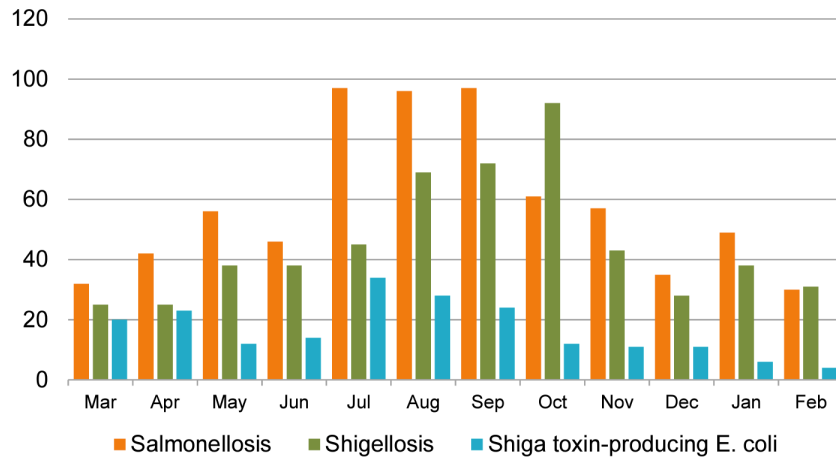
NON SARS CO-V2 VIRUSES IN SAN DIEGO

Positive Respiratory Pathogens by Week (excl SARS) - Data as of 1/22/2023

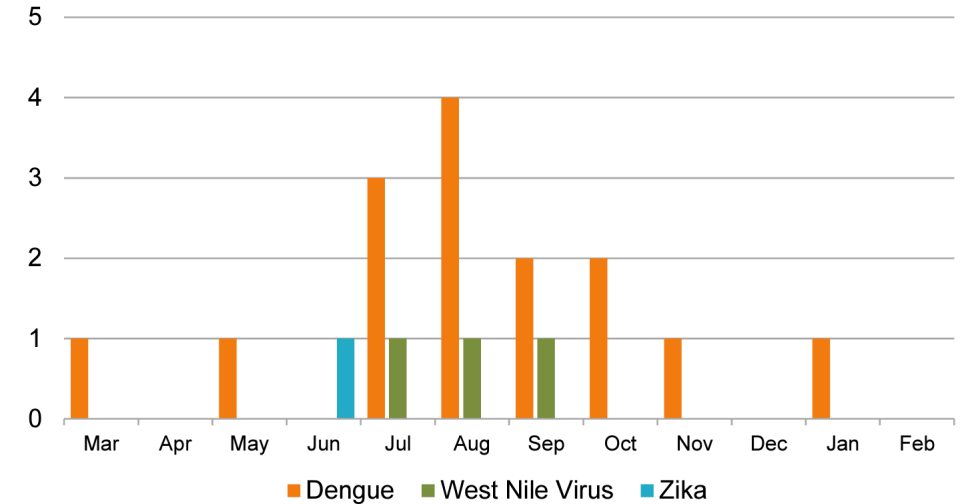


INFO ON OTHER INFECTIONS

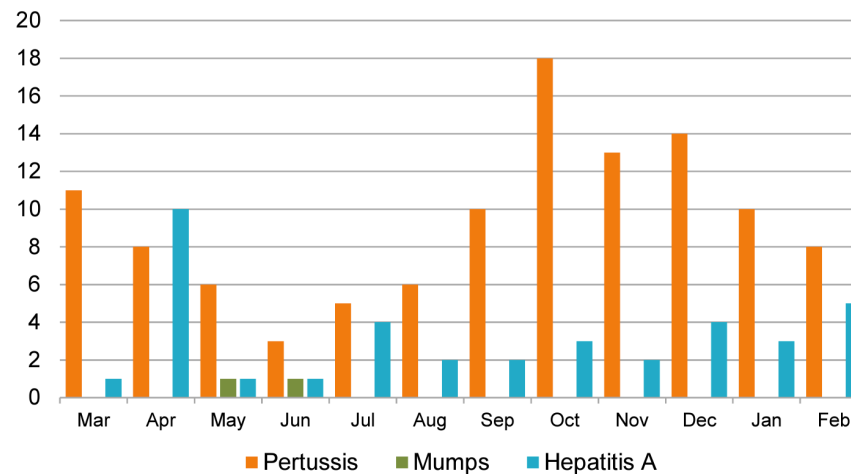
**Figure 4. Select Enteric Infections by Month
March 2022 – February 2023**



**Figure 6. Select Vector-Borne Infections by Month
March 2022 – February 2023**



**Figure 5. Select Vaccine-Preventable Infections by Month
March 2022 – February 2023**



PROJECT FIRSTLINE



Introduction to Reservoirs: Where Germs Live Training Toolkit

Reservoirs Review

Body



Skin



GI
system or
"gut"



Respiratory
system



Blood

Environment



Water and
wet
surfaces



Dry
surfaces



Dirt and
dust



Devices

INFECTION CONTROL EDUCATIONAL MATERIALS



[Videos and Social Media Graphics](#)



[Interactive Resources](#)



[Print Materials and Job Aids](#)



[Training Toolkits](#)

VIDEOS AND SOCIAL MEDIA CONTENT



Recognize Infection Risks in Healthcare
[View on YouTube \[Video – 4:55\]](#)[external icon](#)



Gifs

[Twitter image icon\[JPG\]](#)
[Facebook image icon\[JPG\]](#)



VIDEOS AND SOCIAL MEDIA CONTENT

<https://www.cdc.gov/infectioncontrol/projectfirstline/videos/RecognizeRisks-LowRes.mp4>



KEY POINTS

GERMS NEED:

- ① A PLACE TO GROW
- ② A PATHWAY
- ③ A PERSON TO INFECT
- ④ A WAY AROUND NATURAL DEFENSES
- ⑤ TO SURVIVE

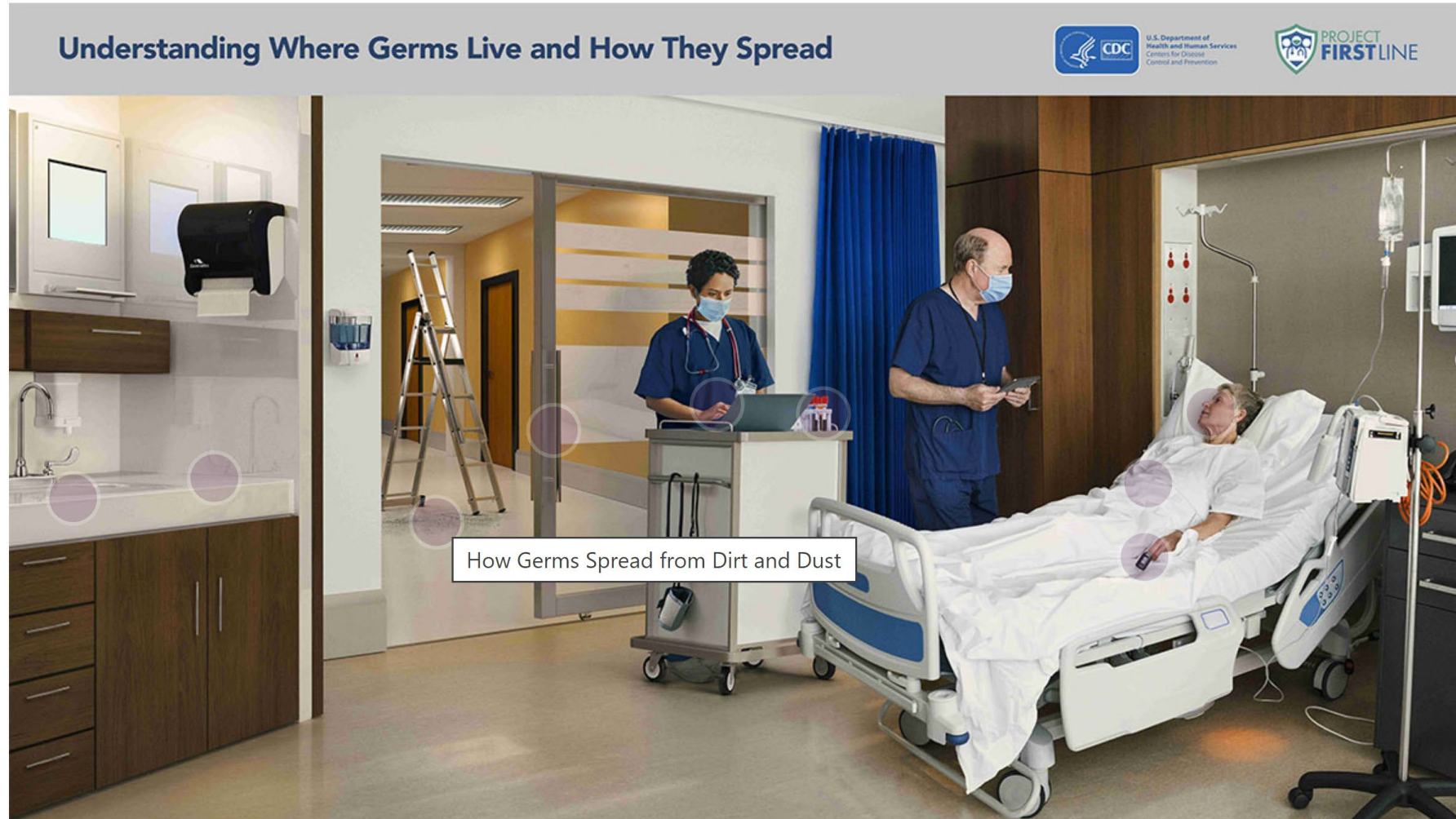
▶ 4:05 / 4:54



INTERACTIVE RESOURCES



INTERACTIVE RESOURCES



INTERACTIVE RESOURCES

Dirt and dust are reservoirs for germs.

How Germs Spread from Dirt and Dust

- Germs live in dirt and soil. Most of the time they aren't a problem for healthy people but can cause serious illness in people with weakened immune systems.
- Building construction can send dirt and the germs in it into the air, which can then get inside a healthcare facility.
- Smaller construction and maintenance projects inside a building – like taking out parts of a wall, removing ceiling tiles, or renovating a room – can also create dust that has germs in it.



Infection Control Actions

- Cleaning and disinfection
- Ventilation
- Using barriers and other types of construction containment
- Hand hygiene

WHAT'S WRONG WITH THIS PICTURE

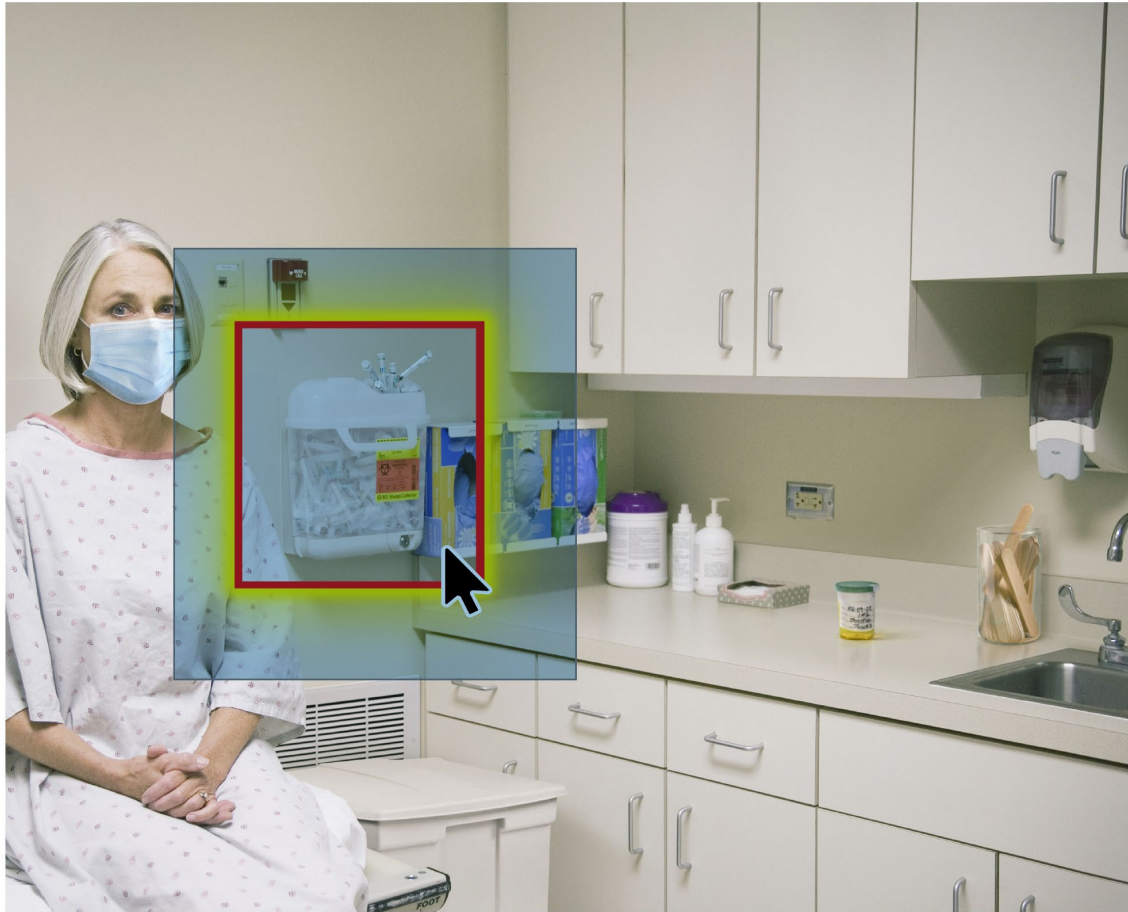


What's Wrong with this Picture- Outpatient Exam Room

<https://www.cdc.gov/infectioncontrol/projectfirstline/healthcare/interactive/Outpatient.html>



WHAT'S WRONG WITH THIS PICTURE



Overflowing Sharps Container



Next

When sharps containers are overfilled, there is greater risk of accidentally getting poked with a dirty needle or sharp instrument. Remove or replace frequently-used sharps containers often, and before they become too full.

WHAT'S WRONG WITH THIS PICTURE

What's Wrong with This Picture? Outpatient Exam Room



Placing Supplies Close to the Sink

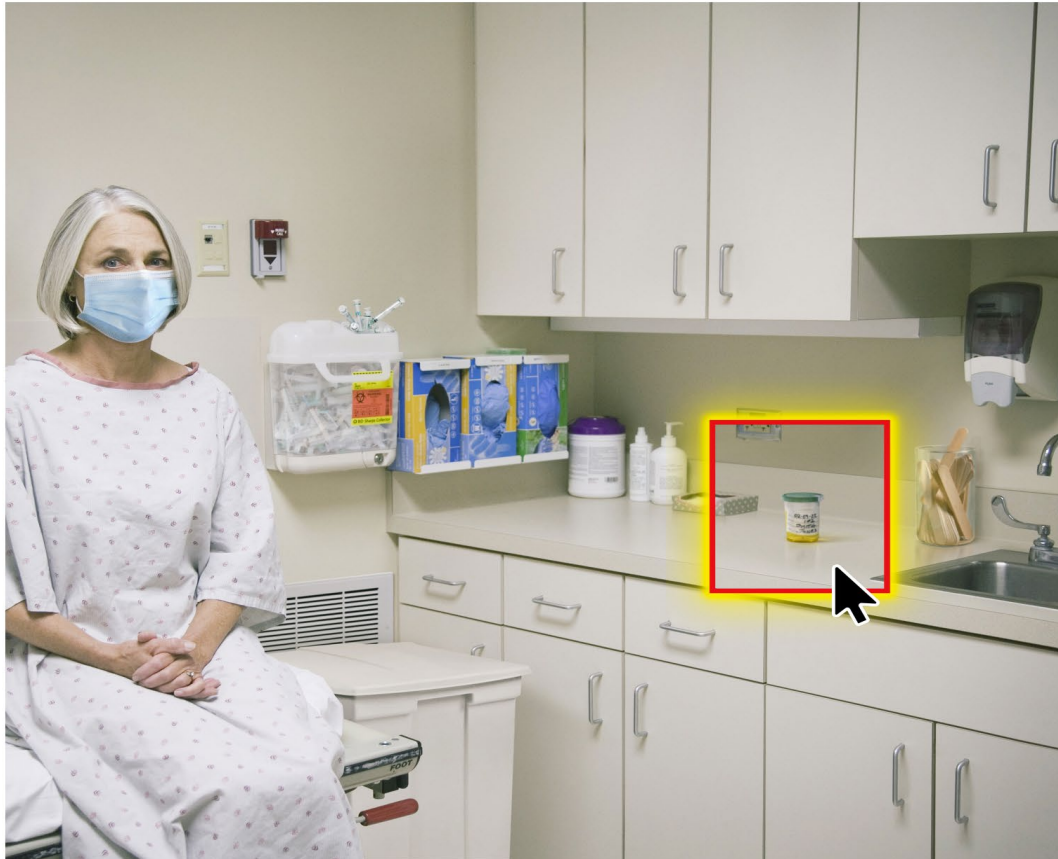


Next

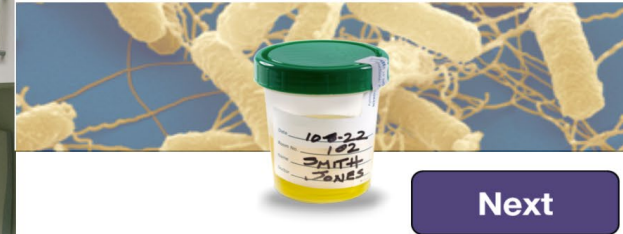
Tap water is clean, but it is not sterile. Places that are frequently wet with tap water or sprayed by tap water, like sinks and the counters around sinks, can be a risk for germs in water to spread. That's why it's important to keep healthcare supplies away from water.

WHAT'S WRONG WITH THIS PICTURE

What's Wrong with This Picture? Outpatient Exam Room



Urine Specimen Without a Biohazard Bag



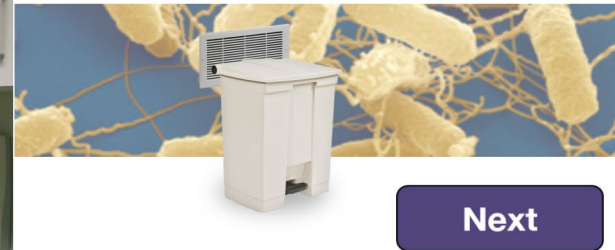
When a sample from a patient is collected, body fluids and germs can easily get on the outside of the container and spread. These samples should be placed in a biohazard bag to prevent the spread of germs.

WHAT'S WRONG WITH THIS PICTURE

What's Wrong with This Picture? Outpatient Exam Room



Blocking a Vent



Next

A blocked vent can decrease the air handling system's ability to replace the air in a room with new, clean air.

If you see an air vent blocked by something mobile, like a chair or a trashcan, move the item to improve ventilation. If a vent is blocked by something else, like cabinets, notify a supervisor or the person in charge of the area.



WHAT'S WRONG WITH THIS PICTURE



<https://www.cdc.gov/infectioncontrol/projectfirstline/healthcare/interactive-Nurses-Station.html>

PRINT MATERIALS AND JOB AIDS

Posters



Thousands of Germs Poster 1



Fact Sheets



Fight Antimicrobial Resistance with Infection Control

Infographics



Dirt and Dust Profile

Lock Screens



INFECTION CONTROL TRAINING TOOLKITS

- Use the toolkits to help your team learn to recognize infection risks throughout their workday.



INFECTION CONTROL TRAINING TOOLKITS

Firstline's toolkits are easy to use and can be integrated into existing infection control training programs

Recognizing Risk Using Reservoirs Training Toolkit



Session 1:

What Does it Mean to Recognize A Risk?

[Session Plan: Recognizing Risk \[PDF – 18 Pages\]](#)

[Slide Set: Recognizing Risk \[PPT – 22 Slides\]](#)

[Participant Booklet: Recognizing Risk](#)

Session 2:

How Germs Make People Sick

[Session Plan: How Germs Make People Sick \[PDF – 21 Pages\]](#)

[Slide Set: How Germs Make People Sick \[PPT – 25 Slides\]](#)

[Participant Booklet: How Germs Make People Sick](#)

INFECTION CONTROL MEASURES

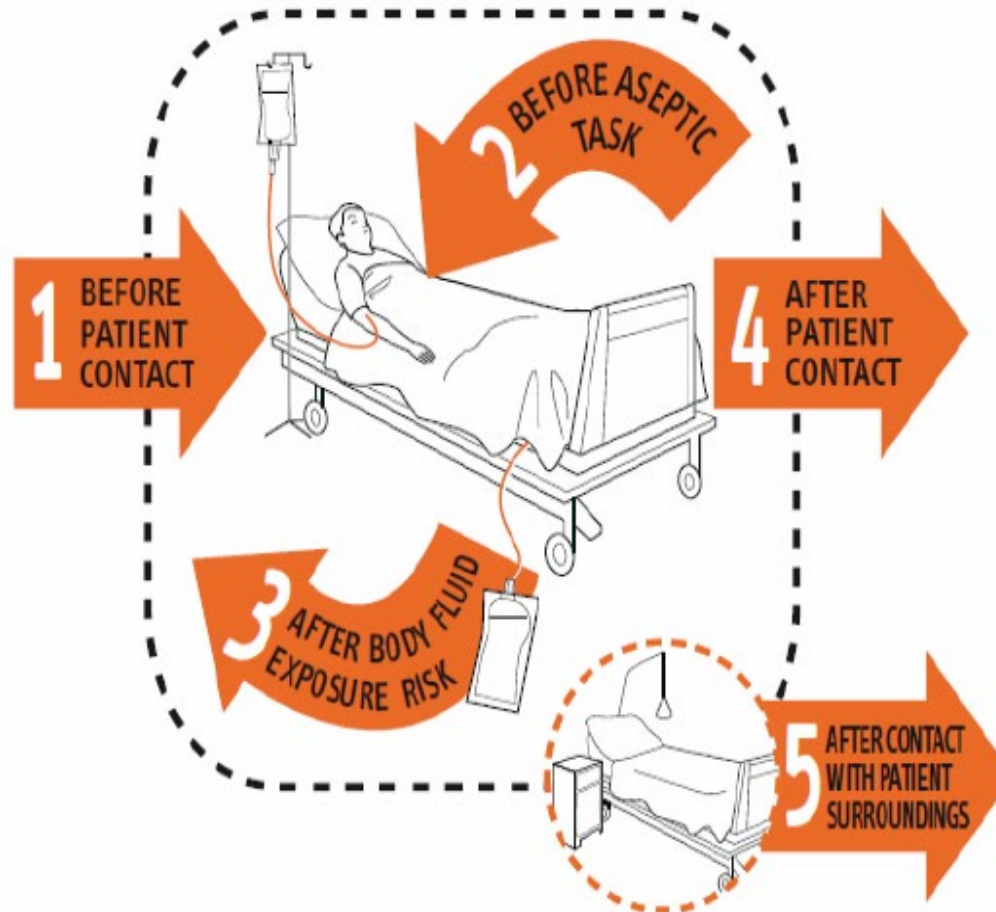


CORE INFECTION PREVENTION AND CONTROL PRACTICES FOR SAFE HEALTHCARE DELIVERY

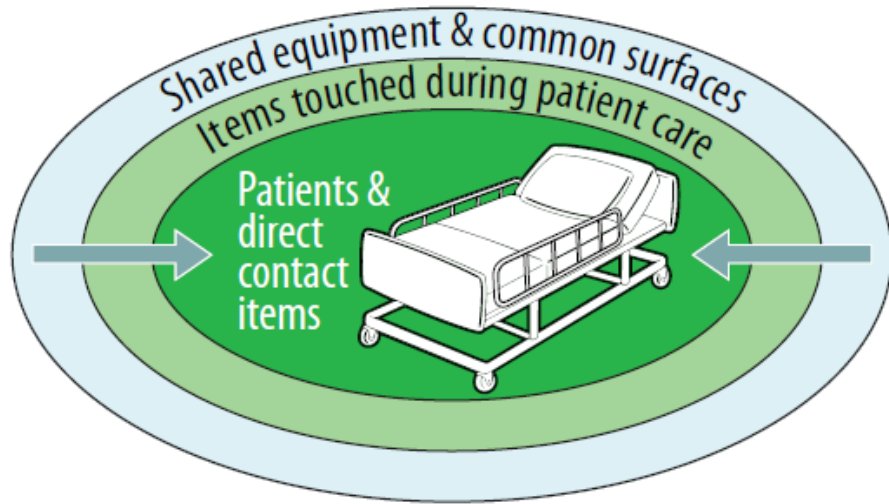
- Hand hygiene
- Environmental cleaning and disinfection, including air exchange
- Injection and medication safety
- Risk assessment with use of appropriate personal protective equipment (e.g., gloves, gowns, face masks) based on activities being performed
- Minimizing Potential Exposures (e.g. respiratory hygiene and cough etiquette)
- Reprocessing of reusable medical equipment between each patient or when soiled

Your 5 moments for HAND HYGIENE

Design: ncsd/rnlg/indiana



ENVIRONMENTAL CLEANING



Common high-touch surfaces include:

- bedrails
- IV poles
- sink handles
- bedside tables
- counters where medications and supplies are prepared
- edges of privacy curtains
- patient monitoring equipment (e.g., keyboards, control panels)
- transport equipment (e.g., wheelchair handles)
- call bells
- doorknobs
- light switches

AIR CHANGES/HOUR (ACH) AND TIME REQUIRED FOR AIRBORNE-CONTAMINANT REMOVAL BY EFFICIENCY

ACH § 91	Time (mins.) required for removal 99% efficiency	Time (mins.) required for removal 99.9% efficiency
2	138	207
4	69	104
6 ⁺	46	69
8	35	52
10 ⁺	28	41
12 ⁺	23	35
15 ⁺	18	28
20	14	21
50	6	8

INJECTION AND MEDICATION SAFETY



"I'm afraid of needles."

© Jonny Hawkins 2015

NOW
YOU SEE IT.



NOW
YOU DON'T.



**PROTECT YOURSELF AND OTHERS-
USE SHARPS WITH SAFETY FEATURES**

BE PREPARED. Anticipate injury risks and prepare the patient and work area with prevention in mind. Use a sharps device with safety features whenever it is available.

BE AWARE. Learn how to use the safety features on sharps devices.

DISPOSE WITH CARE. Engage safety features immediately after use and dispose in sharps safety containers.



Support for printing this poster was from an educational grant provided by Safety Institute, Princeton, Inc.

DISCLAIMER: Mention or depiction of any company or product does not constitute endorsement by CDC.



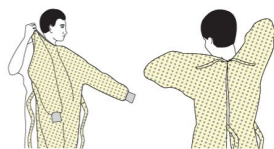
USING APPROPRIATE PPE

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



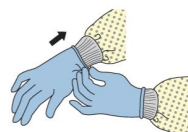
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

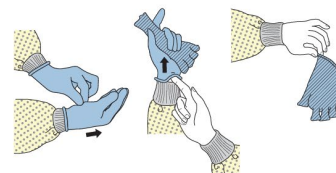


HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



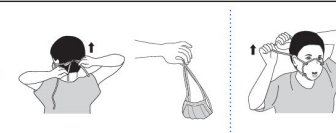
3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

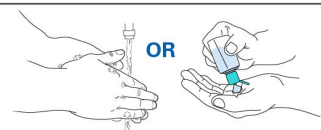


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

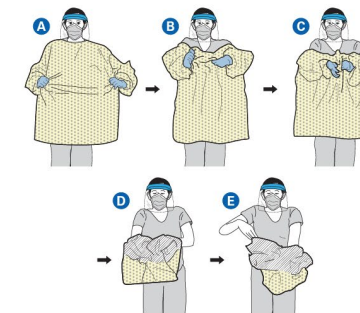


HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



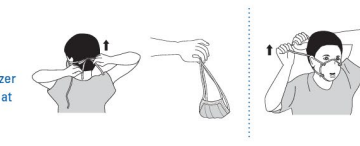
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

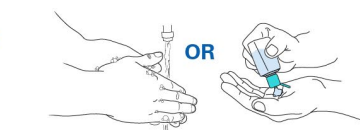


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

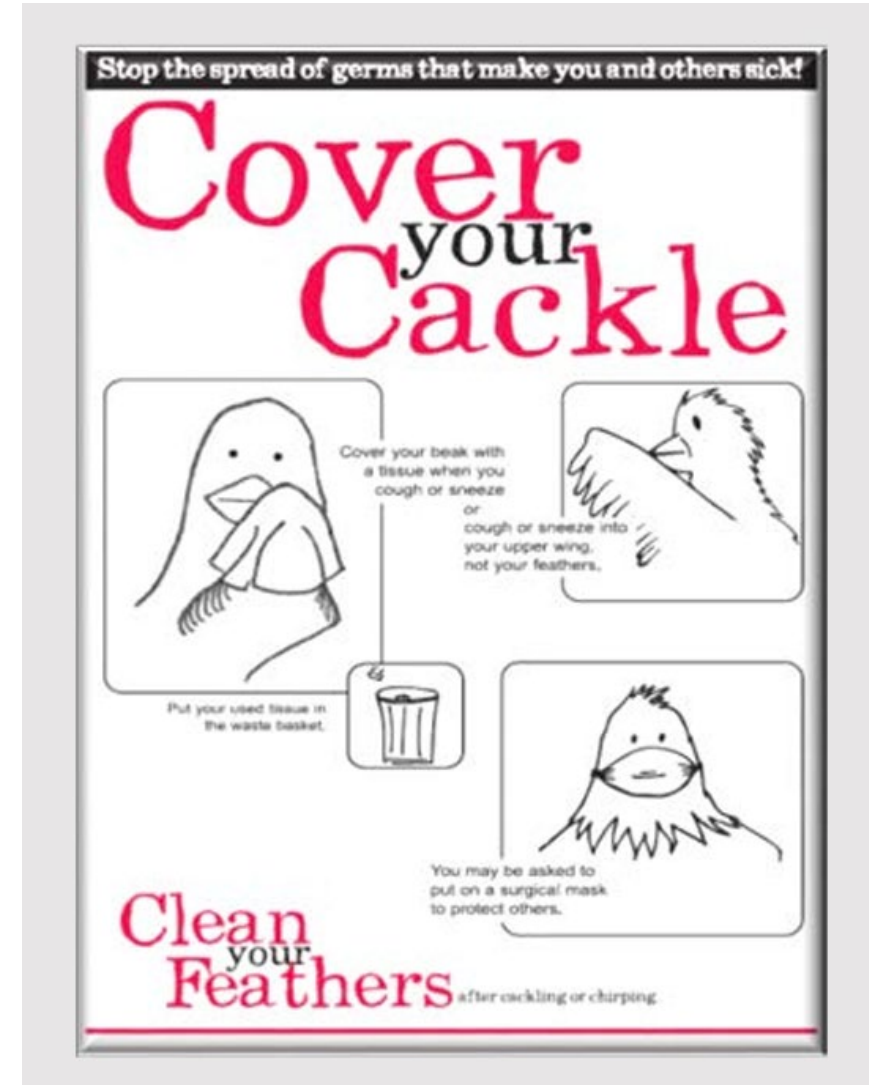


MINIMIZE POTENTIAL EXPOSURES

Aerosol



Fomites



OVERVIEW OF MEDICAL DEVICE REPROCESSING (FDA)

1. Reprocessing begins at the point of use. Protective covers are discarded. Reusable devices are segregated from waste. Devices are typically wiped clean of visible soil, kept moist, properly contained and transported to a dedicated cleaning work area.

2. Thorough Cleaning. Intended to render the device safe for handling by health care workers and to make it suitable for subsequent processing steps, and does not necessarily make the device suitable for patient use.

a. Disassembly to facilitate cleaning and subsequent microbicidal steps.

b. Thorough cleaning with a compatible detergent and rinsed to remove unsafe residues. Enzyme cleaners, ultrasound baths, and brushes may be used.

If thorough cleaning is adequate (non-critical devices unlikely to be sources of cross-transmission or soiled by body fluids), it may be returned to service.

3. Final Processing/Routing: Thoroughly cleaned devices that are not returned directly into service are routed for terminal microbicidal process (e.g., disinfection/sterilization). After cleaning, additional microbicidal steps may be performed, depending on the device's intended use, including either a disinfection or sterilization process, to render them safe for the next patient use.

For **low level or intermediate level disinfection**, instructions for non-critical reusable devices should describe how to effectively and safely apply the disinfectants to devices, and include the EPA label-recommended contact time (it should be conveyed that the disinfectant instructions should be followed exactly, especially with respect to contact time).

For **high level disinfection**, devices should be treated using a validated high level disinfection method and that method should be device specific. The device should then be rinsed to remove residues and dried prior to storage.

For **terminal sterilization**, the validated sterilization instructions should be followed. When the terminal process is completed, devices may be returned to service.

SUMMARY



SUMMARY

- We reviewed--Why Project Firstline- was created and the recent trends in Hospital Acquired Infections
- Review Respiratory Infection trends (COVID, Influenza, RSV)- essentially back to pre-pandemic levels
- Viewed examples of Project Firstline Resources (available at the CDC website) to help health care personnel understand the areas of infection control risk
- Review Infection Prevention actions that can help address these risk issues shown Project Firstline

CLOSING

RECOGNIZE THE RISKS.
PROTECT YOUR PATIENTS.



How to Get Involved and Feedback



Project Firstline on CDC.gov:
<https://www.cdc.gov/infectioncontrol/projectfirstline/index.html>



CDC's Project Firstline on Facebook:
<https://www.facebook.com/CDCProjectFirstline>



CDC's Project Firstline on Twitter:
https://twitter.com/CDC_Firstline



Project Firstline *Inside Infection Control* on YouTube:
<https://www.youtube.com/playlist?list=PLvrp9iOILTQZQGtDnSDGViKDdRtlc13VX>



To sign up for Project Firstline e-mails, click here:
https://tools.cdc.gov/campaignproxyservice/subscriptions.aspx?topic_id=USCDC_2104

- Project Firstline feedback form:
<https://www.cdc.gov/infectioncontrol/pdf/projectfirstline/TTK-ParticipantFeedback-508.pdf>
- AAP-OC PFL Page
 - <https://www.aap-oc.org/project-firstline-cdcs-national-training-collaborative-for-healthcare-infection-prevention-control/>
- AAP-CA3 PFL Page
 - <https://aapca3.org/project-firstline/>

QUESTIONS?



THANK YOU

