

PRESENTED BY THE VIRGINIA INFECTION PREVENTION TRAINING CENTER

POSTERS & PRINTABLES MASTER DOCUMENTS



QUICK COPIES:

COPY AS NEEDED FOR EACH GROUP

PRINT ONE SET PER GROUP:

- □ Splash Zone word search
- □ Environmental cleaning checklist (print double-sided or staple together)
- □ My 5 Moments matching game
- □ My 5 Moments cryptograph

SPLASH ZONE RISKS

I bet you'll never find my secret passageway into patient rooms! My pal *P. aeruginosa* and I love to sneak in when no one is paying attention. From there, we hitch a ride on a nearby object to find our next victim. At this exact moment, I see ten ways to get to Ms. Sickly. *- C. auris*

U	S	Т	Α	Y	Р	Η	0	Ν	Ε
R	В	S	S	A	F	Ε	В	Y	I
1	Ε	V	K	Y	Ε	Ε	Ρ	I	D
N	V	Ν	I	G	R	W	S	Р	В
A	Ε	L	Α	A	S	I	H	Ζ	Α
L	R	0	Ν	Ε	L	Ρ	Ν	S	D
C	Α	L	Ε	Α	Ν	Ε	Α	G	G
N	G	L	0	V	Ε	S	D	C	Ε
M	Ε	D	Т	C	A	т	I	0	Ν
L	Ε	I	V	Ρ	U	Μ	Ρ	Α	R

A secret message has been hidden within the word search. Find it, and you'll be one step closer to keeping everyone safe!





ENVIRONMENTAL CLEANING & DISINFECTION FOR CANDIDA AURIS

Checklist for Daily Environmental Cleaning

Environmental Facts for Candida auris

Candida auris (C. auris) is a species of yeast classified by the Centers for Disease Control and Prevention (CDC) as an emerging organism of epidemiological concern. *C. auris* can survive on surfaces for several weeks. Close attention to environmental and device disinfection, thorough hand hygiene, and wearing proper PPE are needed to stop transmission and prevent the spread of this organism. Surfaces containing *C. auris* need to be disinfected with specific chemicals, as *C. auris* is naturally resistant to some disinfectants.

Before cleaning:

- ✓ Use products on EPA List P (if these are not available, use sporicidal products)
- Know product wet time
- Perform thorough routine (at least daily) and terminal cleaning and disinfection of patient room and care areas
- Clean and disinfect shared equipment after use (e.g., X-ray machines, scales, ventilators); label and store away from dirty equipment
- ✓ Terminally clean and disinfect transport vehicles and equipment after use
- ✓ When cleaning multiple rooms, clean *C. auris* rooms last
- Disinfect all surfaces of items that come out of the room, i.e., spray bottles or cleaning canisters, including any shared medical equipment

DAILY CLEANING TASK	DONE?	COMMENTS/PROBLEMS
Put on personal protective equipment (PPE)	🛄 Yes 🛄 No	
Use clean cloths, solution, and mop	🔲 Yes 🔲 No	
Remove dirty/used items	🔲 Yes 🔲 No	
Remove curtains if visibly soiled (consider disposable curtains)	🗋 Yes 🔲 No	
Trash container	🔲 Yes 🔲 No	
Empty	🛄 Yes 🛄 No	
Replace liner	🛄 Yes 🛄 No	
Disinfect, if needed	🔲 Yes 🔲 No	
Sharps container	🔲 Yes 🔲 No	
Replace if three-fourths full	🔲 Yes 🔲 No	
Replace, if needed	🔲 Yes 🔲 No	
Hand soap	🔲 Yes 🔲 No	
Paper towels	🛄 Yes 🔲 No	
Toilet paper	🔲 Yes 🔲 No	
Facial tissues	🛄 Yes 🔲 No	
Work from top to bottom	🔲 Yes 🔲 No	
High dusting (do not dust over patients)	🔲 Yes 🔲 No	
Vents	🔲 Yes 🔲 No	
Lights	🔲 Yes 🔲 No	
Pictures	🔲 Yes 🔲 No	FSCAPE
TV and wires	🔲 Yes 🔲 No	≡ NFANI Y
Window sills	🗋 Yes 🔲 No	PATHOGEN

DAILY CLEANING TASK	DONE?		COMMENTS/PROBLEMS
Disinfect high-touch surfaces in room	🔲 Yes	🔲 No	
Door knobs	🔲 Yes	🔲 No	
Door surface	🔲 Yes	🔲 No	
Bed rails	🗌 Yes	🔲 No	
Tray tables	🔲 Yes	🔲 No	
Bedside tables, including drawers & handles	🔲 Yes	🔲 No	
Telephones	🔲 Yes	🔲 No	
Light switches (room and bathroom)	🔲 Yes	🔲 No	
IV pole (grab area)	🔲 Yes	🔲 No	
Outside surfaces of medical equipment (using approved procedure; including IV pump controls, multi-module monitor and controls, and ventilator controls)	Yes	🔲 No	
TV remotes	🔲 Yes	🔲 No	
Hospital bed remotes	🔲 Yes	🔲 No	
Call buttons	🔲 Yes	🔲 No	
Chairs and other furniture	🔲 Yes	🔲 No	
Room sink	🔲 Yes	🔲 No	
Other horizontal surfaces	🔲 Yes	🔲 No	
Disinfect bathroom	🔲 Yes	🔲 No	
Light switches	🔲 Yes	🔲 No	
Door knob	🔲 Yes	🔲 No	
Hand rails	🔲 Yes	🔲 No	
Sinks & faucets	🔲 Yes	🔲 No	
Tub/shower	🔲 Yes	🔲 No	
Mirror	🔲 Yes	🔲 No	
Toilet seats (including any bedpans)	🔲 Yes	🔲 No	
Flush handles	🔲 Yes	🔲 No	
Bedpan cleaner	🔲 Yes	🔲 No	
Floor	🔲 Yes	🔲 No	
Dust mop	🔲 Yes	🔲 No	
Wet mop	🔲 Yes	🔲 No	
Wet mop head in disinfectant	🔲 Yes	🔲 No	
Starting at far side of room, mop half	🗋 Yes	🔲 No	
Mop bathroom shower floor	🗌 Yes	🔲 No	
Mop bathroom floor	🔲 Yes	🔲 No	
Flip mop head, mop rest of room	🗋 Yes	🔲 No	

Resources:

The Joint Commission Big Book of Checklists for Infection Prevention and Control https://www.jcrinc.com/what-we-offer/publications/#t=_BooksandEbooks

Lists of antimicrobial disinfectants registered by the U.S. Environmental Protection Agency (EPA) <u>https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants</u>

Infection control guidance for Candida auris from the U.S. Centers for Disease Control and Prevention (CDC) <u>https://www.cdc.gov/candida-auris/index.html</u>

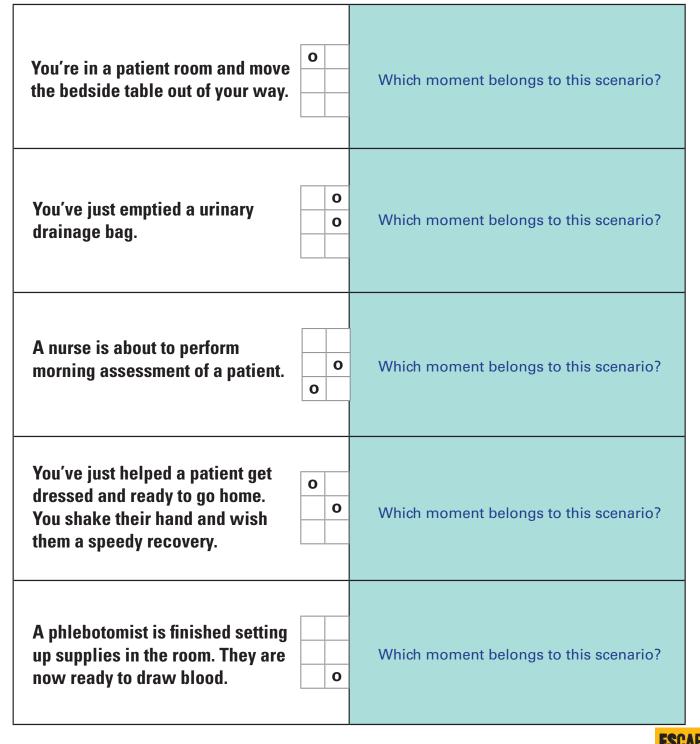


MY 5 MOMENTS FOR HAND HYGIENE

Match the hand hygiene opportunities to the 5 Moments.

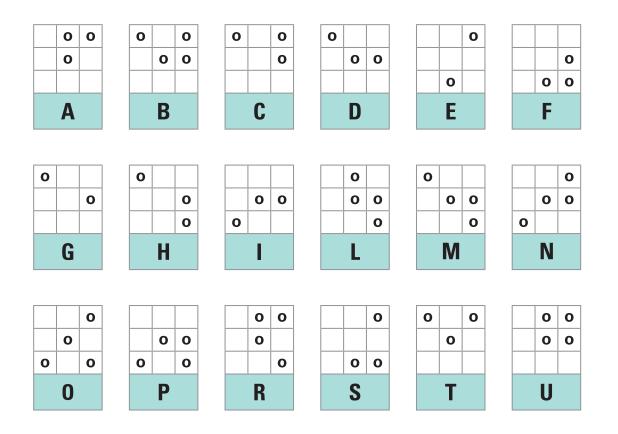
HAND HYGIENE OPPORTUNITIES

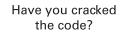
5 MOMENTS



MY 5 MOMENTS FOR HAND HYGIENE

Think you've mastered the five moments for hand hygiene? Scan the QR code to find out!









LAMINATED POSTERS & OTHER ELEMENTS:

JUST IN CASE...

PRINT AND/OR LAMINATE AS NEEDED:

- Rules for Play
- Case File
- Contact Precautions sign
- Supply Cart poster
- Patient Education form
- □ Splash Zone poster
- □ My 5 Moments poster
- □ My 5 Moment matching cards
- □ How to Safely Remove PPE posters
- Patient Care Board
- Photo of Ms. Sickly
- □ Certificate of Completion template
- □ "I Stopped C. auris" sticker template (Avery 22807)

ESCAPE FROM THE DEADLY PATHOGEN

RULES FOR PLAY

- 1. You will have 45 minutes to prevent *C. auris* from entering or leaving the patient room.
- 2. The room is not locked. If you need to leave, you can.
- 3. Please do not break anything in the room or force open items. Do not rip or cut "locked" containers, or you will be disqualified.
- 4. Please do not climb on anything. Clues will all be within reach.
- 5. This escape room does not make use of any alarms. All alarms heard during play will be real. Please follow your facility's instructions on what to do in case of emergencies.
- 6. Hints are available, but each will cost you 1 minute.
- 7. Cell phones are allowed and **necessary**.
- 8. Keep this experience confidential so as not to spoil it for others!



CASE FILE: ESCAPE FROM THE DEADLY PATHOGEN

WANTED:

<u>Candida auris (aka C. auris)</u>

DESCRIPTION:

- A yeast (a type of fungus) discovered in 2009 that behaves more like a bacterium
- Often resistant to multiple, if not all, antifungal drugs
- Spreads easily in healthcare environments through contact
- Can live on surfaces for several weeks
- Resistant to many common healthcare disinfectants
- Causes bloodstream and other types of invasive infection, with high death rates
- · Causes indefinite colonization with no proven decolonization method
- Easily misidentified and often confused with other Candida species

OUTSTANDING WARRANTS:

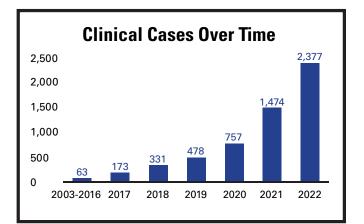
• CDC has deemed *C. auris* an urgent multidrug-resistant threat because of its resistance to multiple antifungal drugs and its ability to spread easily in healthcare environments

LAST KNOWN LOCATIONS:

- Colonized and infected patients
- High-touch surfaces in patient and procedure rooms
- Portable medical equipment
- Other surfaces in the healthcare environment

SUSPECTED CRIMES:

- Spreading in the United States since 2015; cases continuing to increase
- Causing numerous outbreaks in hospitals and nursing homes
- Targeting at-risk patients with serious medical problems
- Causing death in more than 1 in 3 patients with invasive *C. auris* infection
- Evading identification; specialized laboratory technology is required for proper identification



CHARACTERISTIC OR IDENTIFYING MARKS:

• The most common symptoms are fever and chills that don't improve after antibiotic treatment for a suspected bacterial infection

KNOWN ASSOCIATES:

Other multidrug-resistant organisms



STOP PRECAUTIONS 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.

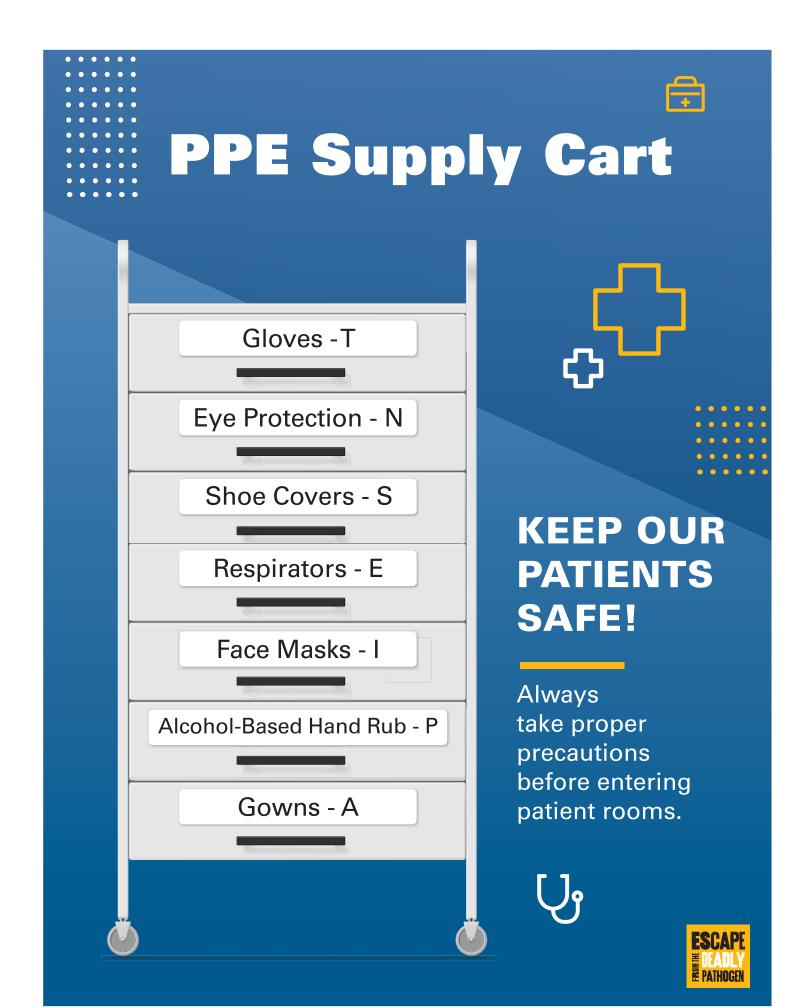
Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person.



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



CS19-306149-A



Candida auris Testing PATIENT EDUCATION



What is *Candida auris*?

Candida auris (also called *C. auris*) is a fungus that can cause serious infections. *C. auris* can spread from one patient to another in hospitals and nursing homes. Patients can carry *C. auris* somewhere on their body, even if it is not making them sick. This is called colonization. When people in hospitals and nursing homes are colonized, *C. auris* can spread from their bodies and can get on other people or nearby objects, allowing the fungus to spread to people around them.

Why am I being tested for C. auris?

You may have come in contact with *C. auris* while you were in this or another healthcare facility. Fortunately, most people who carry *C. auris* do not get sick from it.

To keep the fungus from spreading, we are testing patients to see if they are now carrying the fungus. Getting tested for *C. auris* helps our healthcare facility and the health department prevent the fungus from spreading in the facility and in the community.

What are my healthcare providers doing to prevent *C. auris* from spreading?

To reduce spread to other patients, healthcare personnel should use precautions when caring for patients who are suspected or known to have *C. auris*, including:

- Placing the patient in a different room, preferably private.
- Having healthcare personnel or other caregivers wear gowns and gloves during patient care.
- Cleaning the room with products effective against *C. auris*.
- Having healthcare personnel clean their hands thoroughly upon leaving the patient room.



What can I do to help keep C. auris from spreading?

Patients should clean their hands often. Visitors and caregivers should clean their hands thoroughly before and after touching the patient or the area around the patient, particularly when leaving the patient's room.

Although the risk of *C. auris* infection in otherwise healthy people is low, patients and their family members should continue practicing good hand hygiene when returning home. If family members are caring for patients with *C. auris*, they should consider wearing disposable gloves when providing certain types of care like changing the dressing on wounds and helping the patient bathe.

If you are colonized with *C. auris*, tell your healthcare providers when visiting healthcare offices and when admitted to hospitals and nursing homes.



STAY SAFE IN THE SPLASH ZONE

The splash zone is an area around a sink or drain in which contamination can occur. The Centers for Medicare & Medicaid Services (CMS) uses **3 feet** to define the splash zone.



Measures to Reduce the Risk of Contamination due to Splashing

- Clean and disinfect sinks and splash zones regularly, including the sink basin, faucet, and faucet handles
- Avoid preparing medications or preparing for procedures within 3 feet of a sink
- Avoid storing supplies within 3 feet of splashing water
- Install splash guards when space is limited
- Avoid placing personal items or patient/resident care items on counters next to sinks
- Avoid discarding beverages or patient/resident waste down sinks

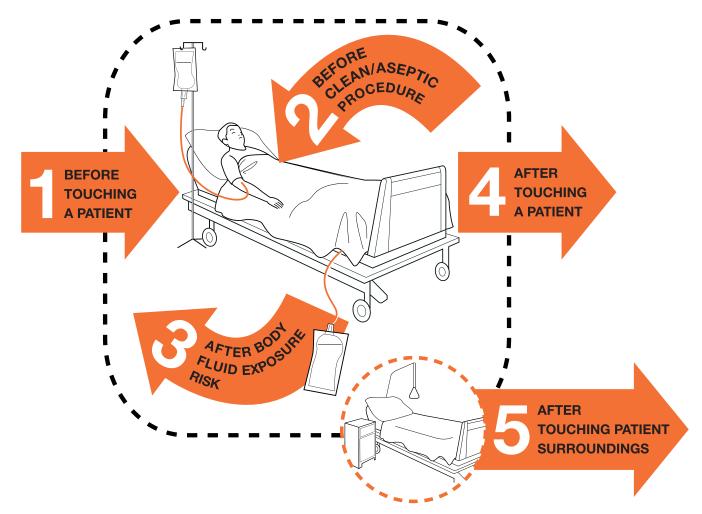


WATCH OUT FOR CLUTTER IN THE SPLASH ZONE!

- No personal items (i.e., phone, ID badge, beverage)
- No patient care supplies (i.e., wipes, gloves, IV pump, urinal)
- No medical supplies (i.e., syringe, vial, medication)



Your 5 Moments for Hand Hygiene

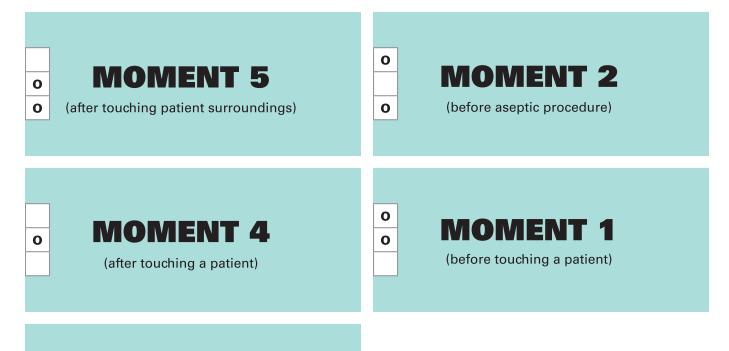


1	BEFORE TOUCHING	WHEN?	Clean your hands before touching a patient when approaching him/her.
	A PATIENT	WHY?	To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/	WHEN?	Clean your hands immediately before performing a clean/aseptic procedure.
	ASEPTIC PROCEDURE	WHY?	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID	WHEN?	Clean your hands immediately after an exposure risk to body fluids (and after glove removal).
	EXPOSURE RISK	WHY?	To protect yourself and the health-care environment from harmful patient germs.
4	AFTER TOUCHING	WHEN?	Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.
	A PATIENT	WHY?	To protect yourself and the health-care environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHEN? WHY?	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. To protect yourself and the health-care environment from harmful patient germs.



MY 5 MOMENTS MATCHING CARDS:

PRINT, LAMINATE, AND CUT OUT



0



(after body fluid exposure)

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

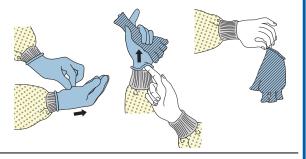
- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching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

4. MASK OR RESPIRATOR

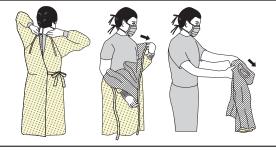
- Front of mask/respirator is contaminated D0 NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container

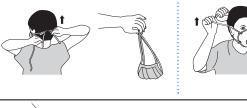
5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE

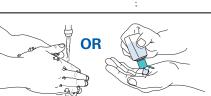
PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE















CS250672-E

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 D0 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

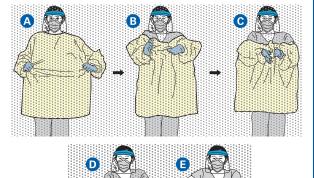
4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



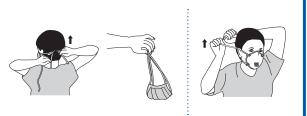
IMMEDIATELY AFTER REMOVING ALL PPE











CS250672-E

OUR GOAL IS TO PROVIDE	PROVIDE EXCELLENT CARE!
Today is:	Pain Scale:
SUN MON TUES WED THU FRI SAT	NO PAIN MILD PAIN MODERATE SEVERE VERY SEVERE WORST PAIN PAIN PAIN PAIN PAIN IMAGINABLE PAIN PAIN PAIN IMAGINABLE PAIN 2 3 4 5 6 7 8 9 10
Care Team:	
Dr. Jane Smith Skyler, RN	RN Kate, CNA
Your Plan for the Day:	
PT at noon	
Goals: Completed: I	Pain Medicine:
	Last Dose: b:20 a.m. 12:20 p.m.
Kate, had to leave! Mease provide po	provide patient education!



	nted to	dida auris from spreading ////////////////////////////////////	Date ESCAPE ESCAPE Particular
CERTIFICATE of	is hereby granted to	//////////////////////////////////////	Signed Difference of the second difference of

