# Healthcare Safety Newsletter

Summer 2021

Healthcare Safety Unit Texas Department of State Health Services Healthcare Safety | Home (texas.gov)

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#### **Mandated Reporting Deadlines**

The final deadline for reporting January 2021-June 2021 Healthcare-Associated Infections (HAI) and Preventable Adverse Events (PAE) data is **September 30, 2021**. Please make sure that your facility has confirmed in the Texas Healthcare Safety Network (TxHSN) that you had zero PAE events to report by this date.

The optional comment time period for HAI and PAE designated contacts will be **October 15 - October 30, 2021**. This is your opportunity to submit a comment regarding your HAI and PAE data that will display on your finalized Consumer and Technical Healthcare Safety Report, which will be posted publicly.

### Monkeypox

On July 16, 2021, Texas DSHS confirmed a Dallas County resident contracted Monkeypox after traveling from Nigeria. Centers for Disease Control and Prevention (CDC) Health Alert Network (HAN) Health Advisory: <u>HAN Archive - 00446</u> <u>Health Alert Network (HAN) (cdc.gov)</u>

Monkeypox is a viral illness that is transmitted via contact with African animals or animal products infected with the virus. It is sometimes spread person-to-person or through contaminated materials via respiratory droplets or direct contact with body fluids.

Per CDC guidance, the incubation period typically is 7-14 days. However, it can range from 5-21 days.

Signs and symptoms of Monkeypox consist of the following: fever, headache, muscle aches, backaches, swollen lymph nodes, chill, exhaustion and lesions.

One of the most fundamental methods to prevent contracting Monkeypox is to avoid contact with those that are infected, including animals, unless wearing the appropriate personal protective equipment (PPE). Prevention methods include wearing PPE while performing patient care, as well as performing proper hand hygiene, including washing hands with soap and water or using alcohol-based hand sanitizer.

More information can be found on Monkeypox at: <u>https://www.cdc.gov/poxvirus/monkeypox/index.html</u>.

### **Project Firstline**

Learn and Earn! Project Firstline has NEW continuing education (CE) courses:

- <u>Respirator Basics</u> Learn about respirators, including N95s, and how to use them correctly to protect yourself and others.
- <u>Cleaning and Disinfection</u> Understand the difference between cleaning and disinfection in healthcare, and why it's important for infection control.

If you haven't already, we encourage you to check out CDC's other CE courses, <u>Introduction to Infection Control and Virus Basics</u>, <u>Injection Safety</u> and <u>PPE Basics</u>.

The courses are available through <u>Training and Continuing Education</u> <u>Online (TCEO)</u>, and available CE includes CME, CNE, CPE.

# **Multi-dose Vial Safety**

CDC's Project Firstline has new trainings available on multi-dose vial safety! Episode eight of the CDC's Inside Infection Control Videos contains two videos on the proper use of multi-dose vial to administer medication via injection or infusion. Please view the new training here: <u>https://www.cdc.gov/infectioncontrol/projectfirstline/resources.html</u>

### **Training Tracking Log**

Have you watched a Project Firstline video? We at Project Firstline Texas have partnered with The Centers for Disease Control and Prevention (CDC) to offer infection prevention and control training and education. Let us know how we can best assist you with training by emailing us at HAITexas@dshs.texas.gov!

Use our Texas Project Firstline Infection Prevention Training Tool Tracker to document your trainings. <u>Training Tracking Log Template</u> has embedded links to available trainings from CDC, specific to: Infection Control Basics, Hand Hygiene, Nursing Homes and Dialysis Clinics.

A bonus of using this format to report training is that you are given an opportunity to send a participant to our Certified Infection Control (CIC) Prep Course (with exam scholarship) or our Essentials in Infection Prevention Training Course. For eligibility, participants only have to complete one course. However, spots are limited. To increase likelihood of selection, we recommend participants complete as many courses as possible. The next CIC Prep Course and Essentials in Infection Prevention Training Course dates will occur in early 2022.

Email your completed training tracking logs to us at HAITexas@dshs.texas.gov.



Earn continuing education (CE)



Project Firstline Multi-dose vial safety

Want to get your CIC? We can help!

# Healthcare Safety Newsletter

### **Health News**

# Detection of *Candida auris* Requires Special Laboratory Equipment

*Candida auris (C. auris)* became a notifiable condition on January 1, 2021, per the Texas Administrative Code. As of July 13, 2021, a total of 94 *C. auris* cases have been reported in Texas, most of which have occurred in two different outbreaks.

Detection and identification of this pathogen requires special laboratory equipment that not all laboratories have. *C. auris* can be misidentified in the laboratory when using traditional phenotypic methods for yeast identification such as VITEK 2 YST, API 20C, BD Phoenix yeast identification system, and MicroScan. All *C. auris* and *Candida* isolates that may be misidentified or cannot be identified should be sent to the DSHS Laboratory in Austin.

The Centers for Disease Control and Prevention (CDC) recommends use of an Environmental Protection Agency (EPA)–registered hospital-grade disinfectant effective against *C. auris* (EPA List P). If none of the above products are available, CDC recommends use of an EPA-registered hospital-grade disinfectant effective against *Clostridioides difficile* spores (List K).

If you are interested in learning more about *C. auris*, including DSHS screening recommendations, you can visit our webpage at:

https://www.dshs.state.tx.us/IDCU/health/antibiotic r esistance/Candida-auris-Home.aspx.

#### Multistate Investigation of Non-Travel Associated Burkholderia pseudomallei

The Centers for Disease Control and Prevention (CDC) and the State Health Departments in Kansas, Texas, Minnesota and Georgia are investigating four cases of melioidosis caused by *Burkholderia pseudomallei*. Most cases of melioidosis have a history of travel to South Asia where *B. pseudomallei* occurs naturally in soil and water, but none of these four patients traveled outside the United States. The patients might have been exposed to the same source such as a contaminated product, but the source has not been identified yet. The CDC issued a <u>Health Alert Network (HAN) on Multistate Investigation of</u> <u>Non-Travel Associated Burkholderia pseudomallei</u> on June 30, 2021 and a second <u>Health Alert Network (HAN) New</u> <u>Case Identified of Non-travel Associated Burkholderia</u> <u>pseudomallei in Georgia</u> on August 9, 2021.

On July 1, 2021, the CDC also issued a HAN to clinical laboratories: <u>CDC Clinical Laboratory Notification on</u> <u>Burkholderia pseudomallei.</u>

According to the HAN:

"Laboratory testing involving automated identification algorithms (i.e., MALDI-TOF, 16s, VITEK-2) may misidentify *B. pseudomallei* as another bacterium, such as occurred with the case in TX, where the isolate was initially misidentified as *Burkholderia thailandensis* by MALDI-TOF. Misidentifications may include *Burkholderia spp.* (specifically *B. cepacia* and *B. thailandensis*), *Chromobacterium violaceum, Ochrobactrum anthropi*, and often *Pseudomonas* spp., *Acinetobacter* spp., and *Aeromonas* spp."

"Clinical laboratories that have identified any of the agents listed above from hospitalized patients from January 1, 2021 to the present should consult with their state or local public health department to determine if referral to a Laboratory Response Network (LRN) laboratory for rule out of *B. pseudomallei* is indicated."

If a suspect isolate is still available, contact your local health department to organize forwarding it to the appropriate LRN lab for identification (<u>https://www.dshs.texas.gov/lab/eprLRN.shtm</u>).

Public health departments should contact their Regional Zoonosis Control office if they receive inquiries related to this investigation or additional suspect cases <u>https://www.dshs.texas.gov/IDCU/health/zoonosis/Contac</u> <u>t-Us.aspx</u>

# Healthcare Safety Newsletter

### **Upcoming Events**

San Antonio, Texas will host the **ASHRM 2021 Annual Conference**. The in-person conference is on October 10-13, 2021. A virtual conference of the top-rated sessions is October 25-27, 2021. Go to <u>ASHRM 2021 Annual</u> <u>Conference | ASHRM</u> for more information.

**Texas Society for Infection Control and Prevention (TSICP) CIC Review Course** is on October 28-29th. Go to the <u>TSICP</u> <u>Website</u> for registration details and rates.

Local Health Department Epidemiology Training Part I: Basics in Infection Prevention and Control will be a virtual series geared towards training Texas's local and regional epidemiologists. Part I of the series will be offered on October 19th and 21st. Event details and registration coming soon.

Denver, Colorado will host the **Cleaning, Disinfection and Sterilization (CDS) Conference** on October 28-29, 2021. Attend in-person or virtually on-line. Go to <u>CDS.APIC.org</u> for registration details.

### Healthcare Safety



Play this puzzle online at : https://thewordsearch.com/puzzle/2720315/

### **Healthcare Recalls and Alerts**

Stop Using All Eco-Med Ultrasound Gels and Lotions Due to Risk of Bacterial Contamination – Letter to Health Care Providers | FDA

FDA Revokes Emergency Use Authorizations for Non-NIOSH-Approved Disposable Respirators and Decontamination Systems as Access to FDA-authorized and NIOSH-approved N95s Increases Nationwide

Safe patient use of insulin pumps and continuous glucose monitoring (CGM) devices during hospitalization | The Joint Commission | June 2021

Philips Respironics Recalls V60 and V60 Plus Ventilators Equipped with High Flow Therapy Software Versions 3.00 and 3.10 Due to Risk of Receiving Reduced Oxygen | FDA

Health Alert Network (HAN) - Rapid Increase in Ivermectin Prescriptions and Reports of Severe Illness Associated with Use of Products Containing Ivermectin to Prevent or Treat COVID-19 | (cdc.gov)

### Upcoming Webinars from Texas Health and Human Services

#### **Stop the Spread of COVID-19 in Texas Nursing Facilities** To register:

- September 9<sup>th</sup> 1:30-3:00 PM <u>https://attendee.gotowebinar.com/register/866599</u> 2626445133840
- September 14<sup>th</sup> 10:00-11:30 AM <u>https://attendee.gotowebinar.com/register/676725</u> <u>5892043433744</u>

#### Stop the Spread of COVID-19 in Texas Assisted Living Facilities/Day Activity and Health Services

To register:

- September 9<sup>th</sup> 9:30-11:00 AM <u>https://attendee.gotowebinar.com/register/615800</u> 7702999685904
- September 14<sup>th</sup> 1:30-3:00 PM <u>https://attendee.gotowebinar.com/register/902313</u> <u>534928140816</u>

For questions, contact <u>LTCRJointTraining@hhs.texas.gov</u>.

# **Resilience and Mental Strength**

The sudden, unpredictable, and virulent nature of the COVID-19 pandemic required healthcare workers to quickly adjust to a highly stressful environment where standards and best practices changed on a very frequent basis. Successfully navigating this chaos tested each healthcare worker's *resilience* and *mental strength*.

#### Resilience:

- Ability to face adverse situations
- Ability to remain focused during a variety of situations
- Ability to maintain optimism for the future

Resilience can be learned and strengthened!

#### Mental Strength:

- The capacity of an individual to deal with stressors in a positive way
- Ability to continue to perform to one's best ability even in uncertain and/or chaotic conditions.

Mental strength can also be learned and strengthened.

Healthcare organizations must also be able to demonstrate *resilience* by anticipating, preparing for, responding to, and adapting to changes and/or sudden disruptions in order to survive and thrive.

**FOOD FOR THOUGHT**: Consider the impact that the COVID-19 pandemic, the shortage of healthcare workers, and the disruption of the supply chain presented for your organization. From what source(s) has your organization been able to draw upon resilience?

Interested in building your resilience? The practice of "mindfulness" is a great way to begin!

- A study found that resilience can be <u>improved by meditation</u> (Bajaj and Pande, 2015).
- Mindful people can better cope with negative emotions.
- Mindfulness promotes increased awareness of self and environment.

A favorite mindfulness activity is the <u>walking meditation</u>. Walking meditation best begins with a period of sitting meditation where the emphasis is on one's breathing. This is followed by walking meditation.

The walk can be pre-determined (i.e., in a specific circle or pattern, a specific distance, etc.) or the walk can be spontaneous. During the walk, begin to allow yourself to concentrate on specific elements of your walk. Note your environment (seeing, hearing, smelling). Next, focus on your gait. What are your arms doing? Your legs? Your neck and shoulders? Are your shoes making any noise on the surface of the walk? What does it sound like? Is the sound consistent? Notice the movement of your leg, your knee, and your foot as you make each step. Try to remain focused on these exercises. If your mind wanders (and it will), just return to your mindful exercises and refocus.

Want to learn more? Multiple materials are available to help you learn to practice mindfulness. Look for resources online, YouTube, books, professional journals, popular magazines, etc.

Texas healthcare workers, throughout the pandemic, have been required to draw upon their great reserves of resilience. For much of the pandemic, healthcare workers faced a highly contagious and deadly disease without adequate personal protection equipment. These daily acts of heroism represent the application of resilience at its highest level. Texas will always thank you most sincerely for all your effort during this trying time.



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