

PROJECT FIRSTLINE



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[Learn About Infection Control in Health Care](#)



[Guidelines for Respiratory Viruses](#)



Launched in FY2020, CDC's Project Firstline is a collaborative of diverse healthcare, public health and academic partners committed to providing infection control training designed especially for healthcare workers



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GERMS LIVE ON THE SKIN.

WHERE IS THE RISK?
Know where germs live to stop spread and protect patients

Germs spread through touch.

- Many germs grow on healthy skin.
- Germs on skin can get onto surfaces, other people, and things that will touch other people.
- Skin - especially hands - carries many germs and spreads them easily.
- When one's hands touch surfaces, germs can spread from those surfaces to that person and to others.

Germs spread by ingesting or breaking down the body's defenses.

- Healthcare tasks often involve breaking the skin.
- Breaking the skin - from putting in an IV, drawing blood, surgery, or trauma - creates a pathway for germs to spread into the body.

Germs That Live on Skin

- Staphylococcus aureus (staph, including MRSA)
- Streptococcus (strep)
- Candida (including C. auris)

Healthcare Tasks Involving Skin

- Anything that involves touch
- Needlesticks
- Surgery

Infection Control Actions to Reduce Risk

- Hand hygiene
- Appropriate glove use
- Injection safety
- Cleaning and disinfection
- Source control (covering cuts and wounds)

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GERMS LIVE IN WATER AND ON WET SURFACES.

WHERE IS THE RISK?
Know where germs live to stop spread and protect patients

Germs That Live in Water

- Aeromonas
- Serratia
- Pseudomonas
- Legionella

Healthcare Tasks Involving Water

- Intubating
- Cleaning
- Handwashing

Infection Control Actions to Reduce Risk

- Cleaning and disinfection
- Device sterilization
- Hand Hygiene
- Use of personal protective equipment (gloves, gowns, eye protection)

WHERE IS THE RISK?
Know where germs live to stop spread and protect patients

- Tap water is safe to drink, but it is not sterile. It always has some germs in it.
- Most of the time, the germs in tap water aren't a problem for healthy people, but they can cause illness in patients with very weak immune systems.
- Germs in water can spread to surfaces and people and cause harm.
- If medical instruments and equipment (e.g., devices and central lines) get wet, bacteria can grow. When those devices are used, the bacteria can then get into a patient's body or blood and cause infection.

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There are thousands of germs on this poster... and everywhere else.

Recognize the risks. Protect your patients.

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



Infection Prevention and Control Resource Hub



HOME CDC PROJECT FIRSTLINE WEBINARS ANTIBIOTIC STEWARDSHIP OTHER TOPICS

RESOURCES MY ACCOUNT

www.infectioncontrolMA.org

Long-Term Care Facility Antibiotic Stewardship



More than 2.8 million antibiotic-resistant infections occur in the United States each year, and more than 35,000 people die as a result.

BE ANTIBIOTICS AWARE
SMART USE, BEST CARE



Take advantage of opportunities for education, feedback, and discussion with experts around promoting and implementing AS strategies. Explore some available tools and resources and begin reporting your long-term care facility antibiotic start data.

The Resource Hub for Infection Prevention and Control (IPC) offers:

- ✓ Recorded webinars
- ✓ Print material
- ✓ Toolkits
- ✓ Posters in multiple languages

Enhanced Barrier Precautions

The CDC has introduced an approach for preventing transmission of Multi-Drug Resistant Organisms (MDROs) in nursing homes called Enhanced Barrier Precautions (EBP). Enhanced Barrier Precautions fall between Standard and Contact Precautions and requires gown and glove use for certain residents during specific high-contact resident care activities that are associated with increased risk for MDRO transmission.

ENHANCED BARRIER PRECAUTIONS SHOULD BE USED FOR ALL RESIDENTS WITH ANY OF THE FOLLOWING:

- Infection or colonization with an MDRO* when Contact Precautions do not apply
- Residents with wounds and/or indwelling medical devices (eg, central line, urinary catheter, feeding tube, tracheostomy/ventilator) regardless of MDRO status

***MDROs include but are not limited to:**

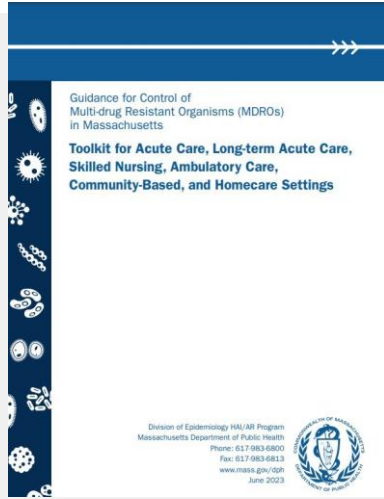
- Transmissible organisms
- Carbapenem-resistant Pseudomonas aeruginosa (CRPA)
- Carbapenem-resistant Enterobacteriaceae (CRE)
- Methicillin-resistant Staphylococcus aureus (MRSA)
- CREs-producing Enterobacteriaceae (ESPE)
- Carbapenem-resistant Acinetobacter baumannii (CRAB)
- Carbapenem-resistant Enterobacteriaceae (CRE)
- Drug-resistant Streptococcus pneumoniae

ENHANCED BARRIER PRECAUTIONS SHOULD NOT BE USED (USE CONTACT PRECAUTIONS INSTEAD) FOR:

- All residents infected or colonized with an MDRO* in any of the following situations:
 - Presence of acute diarrhea, draining wounds or other sites of excretions or excretions that are unable to be covered or contained
 - On units or in facilities where ongoing transmission is documented or suspected
 - On all infectious (eg, C, difficile, norovirus, rubella) and other conditions where Contact Precautions are indicated

For more information, please see:

- CDC Implementation of National Protective Equipment (NPE) in Nursing Homes to Protect Spread of Multi-Drug Resistant Organisms (MDROs), including EBP (page 10)
- CDC Implementation of National Protective Equipment (NPE) in Nursing Homes to Protect Spread of Multi-Drug Resistant Organisms (MDROs), including EBP (page 10)
- National Nosocomial Infection Survey (NNIS) System for Long-Term Care, Long-Term Care, and Home Care Settings
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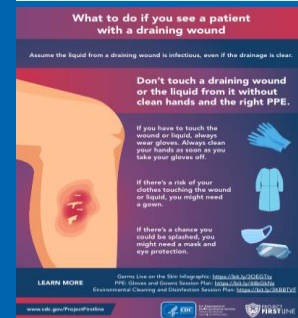


Guidance for Control of Multi-drug Resistant Organisms (MDROs) in Massachusetts

Toolkit for Acute Care, Long-term Acute Care, Skilled Nursing, Ambulatory Care, Community-Based, and Homecare Settings

Division of Epidemiology HSA/AB Program
Massachusetts Department of Public Health
Phone: 617 983-6800
Fax: 617 983-6813
www.mass.gov/epi
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Featured Webinars!



What to do if you see a patient with a draining wound

Assume the liquid from a draining wound is infectious, even if the drainage is clear.

Don't touch a draining wound or the liquid from it without clean hands and the right PPE.

If you have to touch the wound or liquid, always wear gloves. Always clean your hands to soap as you take your gloves off.

If there's a risk of your clothes touching the wound or liquid, you might need a gown.

If there's a chance you could be splashed, you might need a mask and eye protection.

LEARN MORE: Search for the full infographic: <https://www.cdc.gov/nczod/dzdx/infectious-disease-prevention/clinical-practice/PPE-Drains-and-Drain-System-Plan-Infographic-20230601.html>

Infection Prevention in Wound Care



Asymptomatic Bacteriuria vs. UTI



Enhanced Barrier Precautions in Skilled Nursing Facilities



The Role of Hand Hygiene in Limiting the Spread of MDROs



Overview of Invasive Group A Streptococcus (GAS) for Long-Term Care Facilities



Spring Cleaning-Fundamentals of Cleaning and Disinfection in Healthcare Facilities

Stay Informed!
Stay up-to-date on infection prevention and control resources

Name

Email Address