



Welcome

BEFORE WE BEGIN, ANSWER IN THE CHAT:

**What is your
New Year's Resolutions?**

INSTRUCTION FOR CONTACT HOUR

- Your display name **MUST** match your evaluation name for CEU credit. If it does not, type your name and facility in the chat.
- Enjoy the entire program.
- Complete the post-evaluation by January 30, 2026, 5:00 PM (available on the last slide)
- Certificate will be emailed to you by February 15, 2026

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San Diego Skilled Nursing Facility Infection Prevention Collaborative

Grow - Collaborate - Succeed

Coordinated by the County of San Diego
Healthcare-Associated Infections (HAI) Program

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Reminders

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Recording is on!



PHS.HAI.HHSA@sdcounty.ca.gov



Keep your lines muted



Participate in the polls and chat



Use the chat box for questions



Slides will be emailed



Type into the chat your:

- Name
- Title
- Facility



Land Acknowledgement



Public Health Services would like to begin by acknowledging the Indigenous Peoples of all the lands that we are on today. While we are meeting on a virtual platform, I would like to take a moment to acknowledge the importance of the lands, which we each call home. We respectfully acknowledge that we are on the traditional territory of the Kumeyaay. We offer our gratitude to the First Nations for their care for, and teachings about, our earth and our relations. May we honor those teachings.

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Agenda



Welcome

General Updates

Announcements

Featured Topic: Infection Prevention Best Practices in SNF – Updates from the Experts

Next Collaborative

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SNF IP
Email List



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SNF IP Collaborative

SAN DIEGO SNF IP COLLABORATIVE



4th Wednesday of Jan, May, Jul, Sept, & Nov
11 am - 12 pm | [Teams](#)

**Join
Us!**

The San Diego Skilled Nursing Facility (SNF) Infection Preventionist (IP) Collaborative is an opportunity for IPs to get federal, state, and local public health updates, and an opportunity to learn recommendations on various topics for congregate settings.

**1 Contact
Hour
Offered**

Provider approved by the California Board of Registered Nursing, Provider Number CEP579, for 1 contact hour.

CONTACT US



Visit sdhai.org for more information



pht.hai.hhsa@sdcounty.ca.gov



**Scan to join the
Teams meeting!**



SNF IP BASIC Course

**March 19, 2026
8:00 AM – 5:00 PM
County Operations Center**

**FREE
7 Contact Hours
Registration Open**

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**San Diego County's Healthcare-Associated
Infections (HAI) Program presents:**

Infection Prevention 1-day Basic Course

March 19, 2026 from 8:00am - 5:00pm

County Operations Center - Chamber Room

5520 Overland Ave, San Diego, CA 92123



Suggested Audience:

Individuals responsible for infection prevention in SNFs.

- **FREE** - No cost to attend.
- Provider approved by the California Board of Registered Nursing, Provider Number CEP579, offering **7 Contact Hours**.

Agenda

7:45 Registration
8:15 Welcome
8:30 Presentations
10:30 Break
10:45 Presentations
12:45 Lunch
1:45 Presentations
3:45 Break
4:00 Presentations
5:00 Adjourn

**Click here or
scan the QR to
register.**



Questions? Email phs.hai.hhsa@sdcounty.ca.gov
or visit www.sdhai.org



Respiratory Virus Update

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San Diego County Respiratory Virus Surveillance Report

Prepared by Epidemiology and Immunization Services Branch

www.sdepi.org

January 22, 2026

COVID-19

Hospitalizations
2,006

Deaths
71

Outbreaks*
100

6/29/2025 – 1/17/2026

Influenza

Hospitalizations
810

Deaths
8

Outbreaks*
5

6/29/2025 – 1/17/2026

RSV

Hospitalizations
214

Deaths
3

Outbreaks*
0

6/29/2025 – 1/17/2026

*In residential congregate settings



Figure 1.1. San Diego County **COVID-19** Cases
(N=11,062)

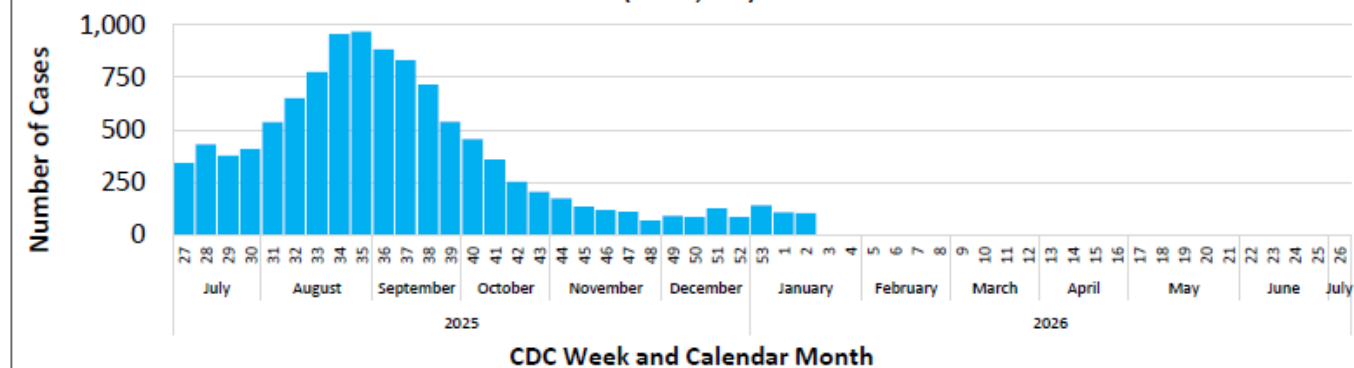


Figure 1.2. San Diego County **Influenza** Cases
(N=7,552)

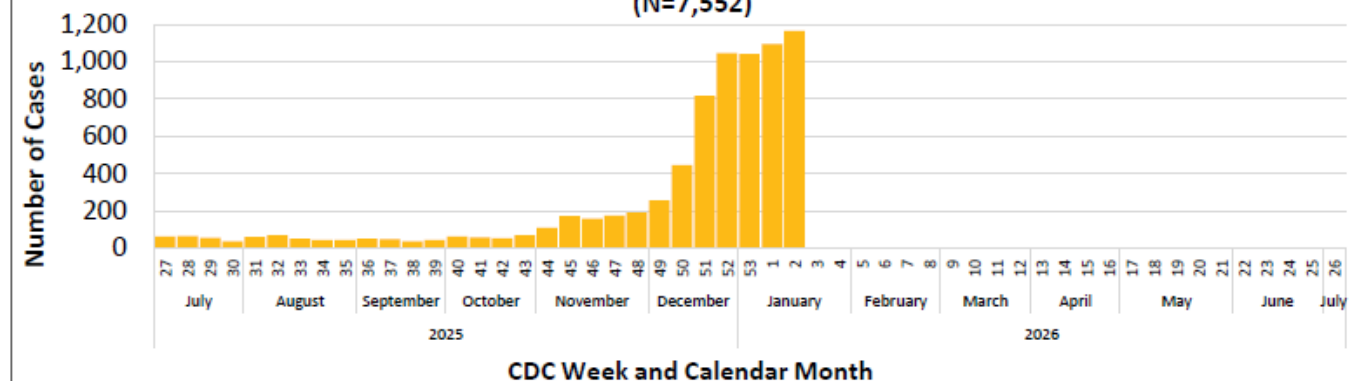
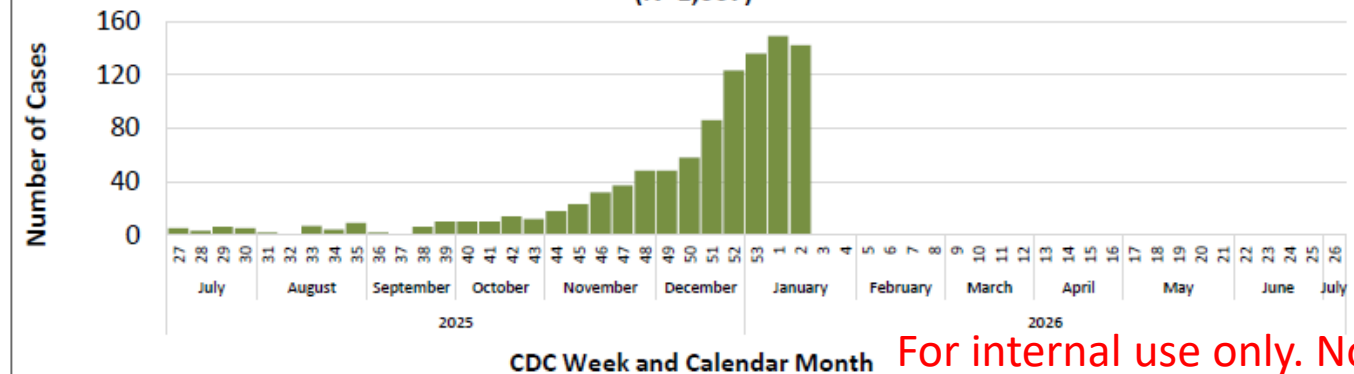
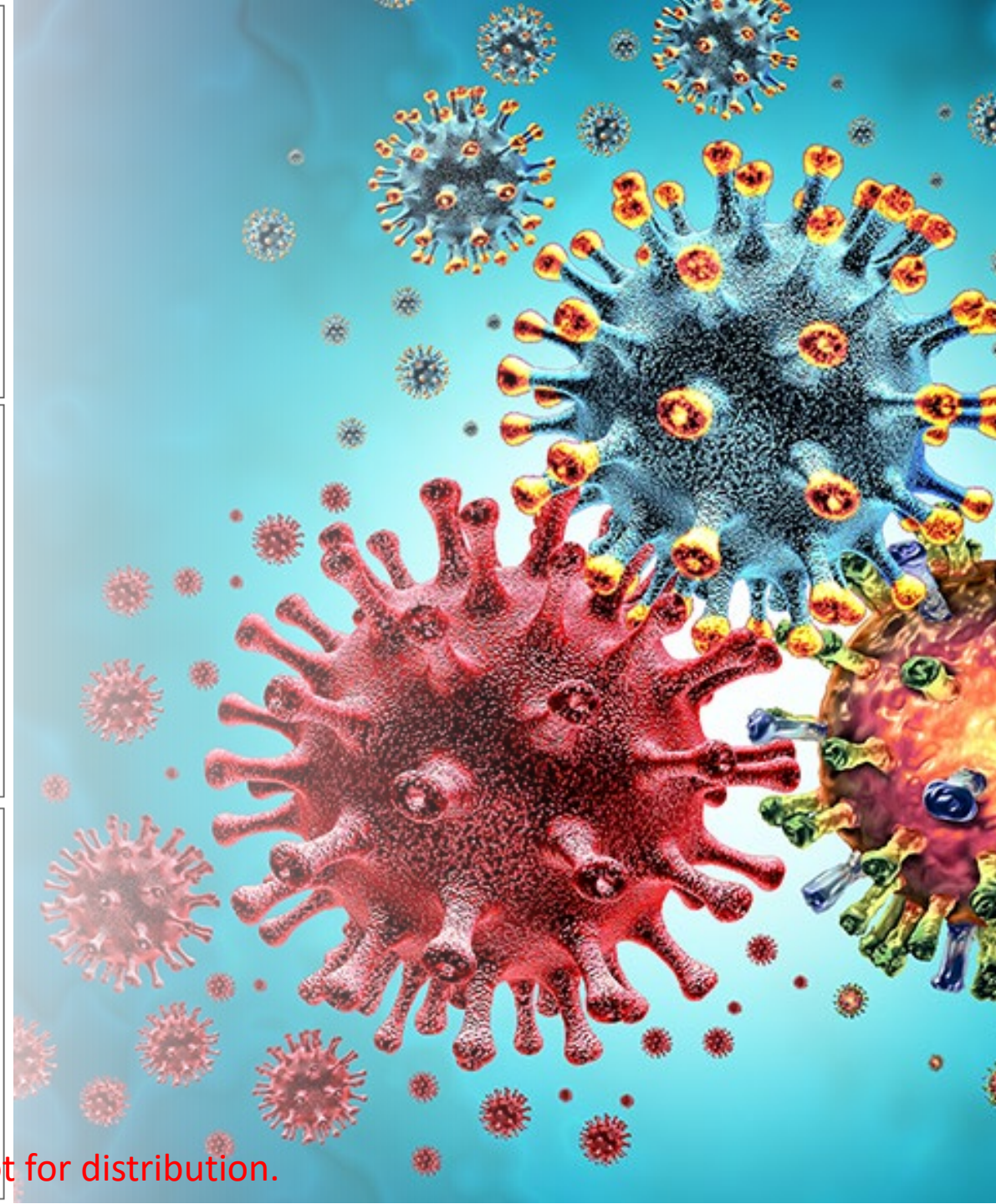


Figure 1.3. San Diego County **RSV** Cases
(N=1,007)



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Source Control: County of San Diego Health Officer Order

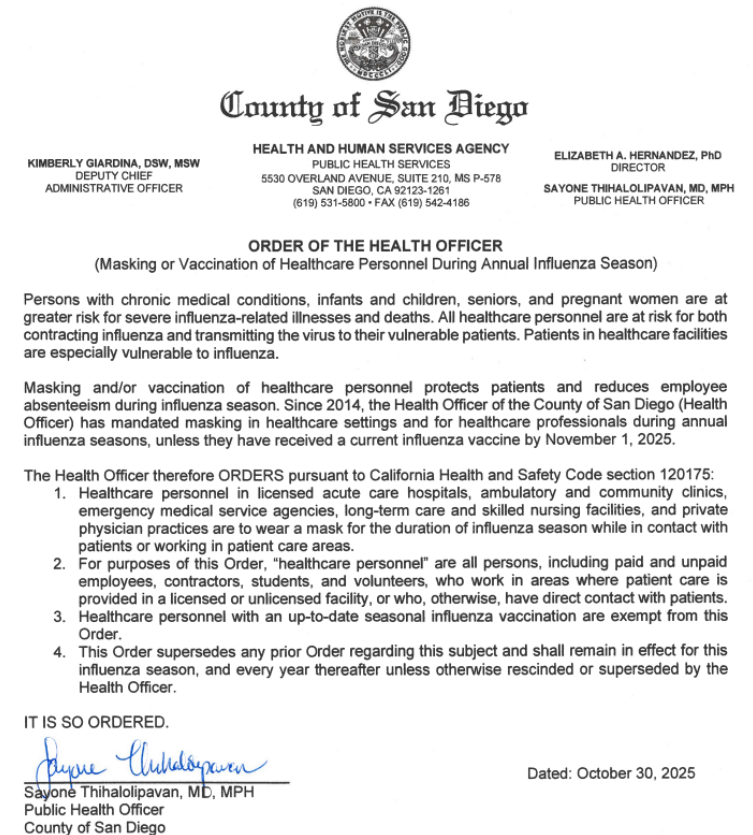


Flu Vaccination or Mask for Healthcare Personnel During Annual Influenza Season

- All licensed acute care hospitals, skilled nursing facilities, long-term care facilities, ambulatory and community clinics, and ambulance providers in San Diego County require their healthcare personnel (HCP) to receive an annual influenza vaccination, or, if they decline, to wear a mask while in contact with patients or working in patient care areas during each annual influenza season.
- **Influenza usually circulates October through May**
- **County of San Diego mask mandate timeframe for unimmunized HCP: Typically, November 1 – March 31***
*monitor local transmission levels

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https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/immunization_branch/Vaccine_Preventable_Diseases/Seasonal_Influenza/HealthcareFluMandates.html



Respiratory Virus Season Updates






- **CDPH Respiratory Virus Prevention & Control Guidance**
 - Encourage residents and healthcare personnel to stay up to date on recommended vaccinations
 - Maintain policies for source control masking to reduce transmission in healthcare settings.
 - Initiate prompt testing & treatment of COVID-19 and influenza
 - https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/CA_RecsPrevControl_RespVirus_SNFs.pdf
- **Please order all supplies IN ADVANCE during respiratory season preparations.**
 - Test kits and PPE are currently **UNAVAILABLE** from the County/CDPH

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Consensus WCHA 2025-2026 Respiratory Virus Season Immunization Recommendations



Age/Condition	COVID-19	Influenza	RSV
Children 	<ul style="list-style-type: none"> • All 6-23 months • All 2-18 years with risk factors or never vaccinated against COVID-19 • All who are in close contact with others with risk factors¹ • All who choose protection¹ 	<ul style="list-style-type: none"> • All 6 months and older 	<ul style="list-style-type: none"> • All younger than 8 months² • All 8-19 months with risk factors
Pregnancy 	<ul style="list-style-type: none"> • All who are planning pregnancy, pregnant, postpartum or lactating 	<ul style="list-style-type: none"> • All who are planning pregnancy, pregnant, postpartum or lactating 	<ul style="list-style-type: none"> • 32-36 weeks gestational age²
Adults 	<ul style="list-style-type: none"> • All 65 years and older • All younger than 65 years with risk factors • All who are in close contact with others with risk factors • All who choose protection 	<ul style="list-style-type: none"> • All 	<ul style="list-style-type: none"> • All 75 years and older • All 50-74 years with risk factors

1. COVID-19 vaccine is available for persons 6 months and older.

2. Protect infants with either prenatal RSV vaccine or infant dose of nirsevimab or clesrovimab.

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<https://www.cdph.ca.gov/Pages/public-health-for-all/publichealthforall.aspx>



Healthcare
Associated
Infections
Program

County/CDPH Briefings



- **County LTC Sector Monthly Telebriefing:**
 - Bi-monthly 4th Thursday @ 2PM-3PM
 - **Next briefing is 3/26/26**



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Contact Hour Instructions

Ensure

- Ensure your full name identifies you on Teams

Enjoy

- Enjoy the full presentation

Complete

- Complete the post-evaluation

Speaker

- **Mara Rauhauser, BSN, RN, PHN, CIC**
- **Senior Public Health Nurse**
- **County of San Diego**
- **Healthcare-Associated Infections Program**

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Infection Prevention Best Practices in Skilled Nursing Facilities: Updates from the Experts

Mara Rauhauser BSN, RN, PHN, CIC
Senior Public Health Nurse

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Objectives



Upon completion of this program, the nurse will be able to:

- Verbalize the education and FTE requirements for infection preventionists in California SNFs.
- List three practices that should be audited and tracked by infection prevention programs.
- Describe the recommended approach to conduct an annual infection prevention risk assessment.
- Name two types of stewardship that should be included in the infection prevention program.

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Agenda



Components of Infection Prevention and Control (IPC) Program

- Leadership
- Staffing
- Training
- Resources

Risk Assessment

Working With Partners

- Facilities Management
 - Water management plan
 - Ventilation
 - Construction
- External partners
 - Contract Services

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HAI Surveillance

Health care personnel (HCP) Training, monitoring, auditing and feedback

- General Recommendations
- Training
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Environment of Care

- Hand hygiene dispenser location
- Laundry and linens

Outbreak Preparedness and response Stewardship

- Diagnostic Stewardship
- Antimicrobial Stewardship

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Background



Long, Long Ago

SHEA/APIC GUIDELINE

SHEA/APIC Guideline: Infection Prevention and Control in the Long-Term Care Facility


July 2008

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Updated Guidance





Infection Control & Hospital Epidemiology

Article contents

- Abstract
- Purpose
- Background
- Intended use
- Methods
- Recommendations for infection prevention and control (IPC) in nursing homes
- Disclosures
- Supplementary material
- Footnotes
- References

Multisociety guidance for infection prevention and control in nursing homes

Published online by Cambridge University Press: 28 October 2025

Lona Mody , Sonali D. Advani , Muhammad Salman Ashraf , Allison H. Bartlett , Suzanne F. Bradley, Deborah P. Burdsall, Jennifer A. Hanrahan , Susan S. Huang, Robin L.P. Jump and Lindsay Nicolle ...Show all authors

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The authors include:

- Current and past members of the Society for Healthcare Epidemiology of America (SHEA) Guidelines Committee
- SHEA Long-Term Care Special Interest Group
- American Geriatrics Society (AGS)
- Pediatric Infectious Diseases Society (PIDS),
- Association for Professions in Infection Control and Epidemiology (APIC)
- Post-Acute and Long-Term Care Medical Association (PALTmed; previously The Society of Post-Acute and Long-Term Care Medicine [AMDA])
- Infectious Diseases Society of America (IDSA)

<https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/multisociety-guidance-for-infection-prevention-and-control-in-nursing-homes/88B28E99CD7FDB3668DDAE9C3D2184A0>



Importance



Endorsed by: SHEA, APIC, IDSA, PALTmed, and AGS



Large panel of respected professionals dug through the research and previous guidance to form this set of recommendations. They reached consensus on this entire guidance document



Current information and research was used to form these recommendations, updated from 2008



Directly written for SNFs. Often direct guidance is lacking in long term care



We can't reach for best practices if we don't know what they are. Don't be discouraged by this information. Use it to move toward the ideal.

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Components of IPC Program



Leadership

- At least one infection preventionist (IP) FTE to manage the infection prevention and control(IPC) program
 - Specialized training
 - Committed to ongoing continuing education
 - Has clinical and/or public health experience
 - Effective communicator, educator, leader, mentor, and collaborator
 - Trained in leading and managing programs
- Adequate staffing
- Adequate supplies: personal protective equipment (PPE), hand sanitizer, disinfectant supplies
- Dedicated time for staff to received IPC education and demonstrate competency



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Components of IPC Program



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Leadership:

- Access to information technology training and infrastructure
- Access to expert advice, learning collaboratives and professional associations specific to IPC
- Oversight and support from administrator and medical director
- Membership in Quality Assessment and Assurance (QAA) committee
 - IPC Policy Creation and review
 - Annual Risk assessment and IPC program update
 - Quality Assurance and Performance Improvement (QAPI) program participation

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Components of IPC Program



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California Infection Preventionist Requirements: AFL 20-84/5; 21-51

- Fulltime IP: Can be shared by two staff members
- ~~Registered or licensed vocational nurse~~
- The IP must have primary professional training as a licensed nurse, medical technologist, microbiologist, epidemiologist, public health professional, or other health care related field
- The IP must be qualified by education, training, clinical or health care experience, or certification, and must have completed specialized training in infection prevention and control
- IP hours cannot be included in the 3.5 direct care service hours per patient day required
- Within 90 days, complete 14 hours
- Continuing education of 10 hours/year on IPC topics

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-51.aspx>

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-84.aspx>

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-85.aspx>



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Risk Assessment



Annually Assess IPC risk factors

Resident Level

- Consider an individual's risk of infection based on types of care and services provided by the facility
- Ex. Indwelling urinary catheter, ventilator use, presence of wounds

Process Level

- Consider knowledge or resource gaps that could affect HCP adherence to IPC practices
- Ex. HCP hand hygiene compliance, policies and practices for device care

Facility Level

- Factors that could affect resources needed for detection and prevention of infections
- Ex. Geographic location, built environment including HVAC system

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Annual Risk Assessment



INFECTION EVENT	PROBABILITY OF OCCURRENCE (How likely is this to occur?)				LEVEL OF HARM FROM EVENT (What would be the most likely?)				IMPACT ON CARE (Will new treatment/care be needed for res)				READINESS TO PREVENT (Are processes/resources in pla			RISK LEVEL (Scores ≥ 8 are considered highest priority for improve				
	High 3	Med. 2	Low 1	None 0	Serious Harm 3	Moderate Harm 2	Temp. Harm 1	None 0	High 3	Med. 2	Low 1	None 0	Poor 3	Fair 2	Good 1					
Facility-onset Infections(s)																				
Device- or care-related																				
Catheter-associated urinary tract infection (CAUTI)																				
Central line-associated bloodstream infection (CLABSI)																				
Tracheostomy-associated respiratory infection																				
Percutaneous-gastrostomy insertion site infection																				
Wound infection																				
Other (specify):																				
Resident-related																				
Symptomatic urinary tract infection (SUTI)																				
Pneumonia																				
Cellulitis/soft tissue																				
<i>Clostridioides difficile</i> infection																				
Tuberculosis*																				
Other (specify):																				
Outbreak-related																				
Influenza*																				
Other viral respiratory pathogens*																				
Norovirus gastroenteritis*																				
Bacterial gastroenteritis (e.g. <i>Salmonella</i> , <i>Shigella</i>)																				

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<https://www.hsag.com/globalassets/12sow/snffacilityassmttool2024-508.pdf>

<https://www.cdc.gov/long-term-care-facilities/media/excel/IPC-RiskAssessment.xlsx>



Agenda



Components of Infection Prevention and Control (IPC) Program

- Leadership
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Risk Assessment

Working With Partners

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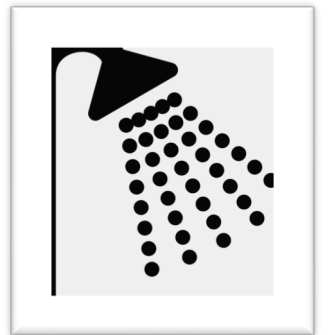


Working With Partners



Internal Partners: Facilities Management

- Provide IPC input to the facilities team
 - Water management plan: Some facilities hire a vendor to write a plan and complete the regular testing. Others write and monitor in house.
 - The plan should include active monitoring of water systems through visual inspection of water tanks, pipes, sinks, hoppers and equipment, routine monitoring of temperature and disinfectant levels.
 - *Legionella* spp. can colonize water environments. These can cause infection through aerosolization, aspiration or direct contamination.
 - Taps, aerators, drains and faucets can be a reservoir for water borne pathogens including MDROs.



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<https://www.cdc.gov/control-legionella/media/pdfs/toolkit.pdf>



Working With Partners

(Continued)

- **Airflow and ventilation:** Proper ventilation is critical to efforts to prevent the spread of respiratory viruses and others.
 - Make sure there is outdoor air being added to circulation (the damper should not be closed long term)
 - Filter is MERV 14 or higher when possible and is changed regularly
 - Have an awareness of the general pattern of airflow throughout the building
- **Construction:** Use the Infection Control Risk Assessment or similar to guide IPC mitigation actions



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Working With Partners



External:

- **Contract Services** (Ex. Wound care, Phlebotomy, X-Ray, Podiatry, Respiratory Therapy, Optometry)
 - Identifying IPC risks related to services provided
 - Educating contractors/vendors about IPC policies and protocols
 - Monitoring contractors/vendors compliance with IPC protocols
- **Other Facilities during transfer process**
 - Ensure communication of IPC information including MDRO history, pending lab results, and precautions status
 - Consider using an interfacility transfer form

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- A hepatitis C virus outbreak involving 45 residents was found to be related to contracted podiatry and phlebotomy services.
- Another outbreak involved a hepatitis B virus outbreak affecting 5 of 15 residents who received podiatry care in a single day

Agenda



HAI Surveillance

Health care personnel(HCP) Training, monitoring, auditing and feedback

- **General Recommendations**
- **Training**
- **Monitoring and Auditing**
- **Feedback**

Environment of Care

- Hand hygiene dispenser location
- Laundry and linens

Outbreak Preparedness and response

Stewardship

- Diagnostic Stewardship
- Antimicrobial Stewardship

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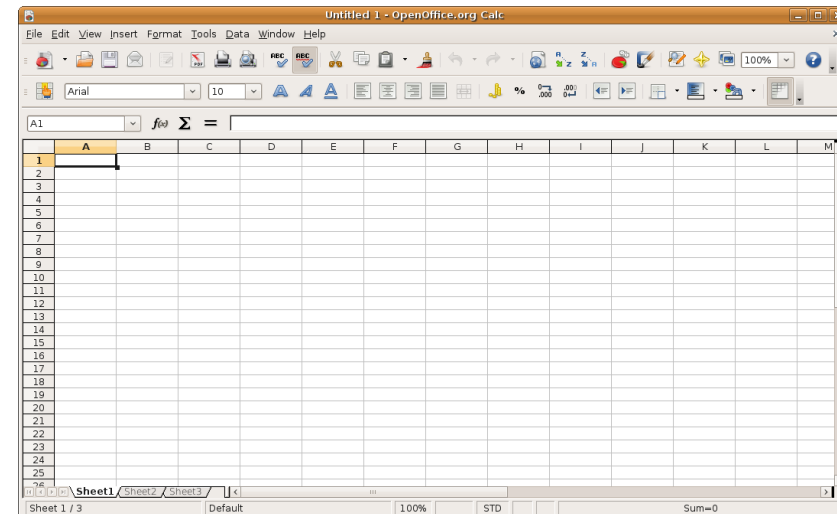


HAI Surveillance



HAI Surveillance:

- Base priorities for routine surveillance on the needs of the facility, community risks and regulatory requirements
- Adopt standard definitions and methods for reporting HAI surveillance
- Work with your QAA committee
- Use the data to set goals for the IPC program
- Reassess at least annually



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HCP Training, Monitoring, Auditing and Feedback



General Recommendations

- Engage leadership (administrative and clinical) in the creation and implementation
- Consider using a framework like Plan-Do-Study-Act
- Include input from HCP during policy and procedure creation
- Ensure needed supplies are easily accessible
- Consider using the bundle approach. (sets of evidence-based practices implemented together)



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Sustainable changes require strong leadership, organizational support, and teamwork.



HCP Training

Training:

- Use training methods and content that are appropriate for staff being trained
- Include direct observation to determine competency and for auditing
- Training should be ongoing
- Adequate time needs to be allotted for this training
- Include topics such as hand hygiene, bathing, device care, use of ppe, disinfection of shared equipment, and EVS room cleaning



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HCP Monitoring and Auditing



Monitoring and Auditing:

- Include adherence checks as part of policy implementation
- Assess for barriers to adherence (Ex. Availability of needed supplies)
- Staff performing audits should be trained
- Use standardized tools
- Include all shifts

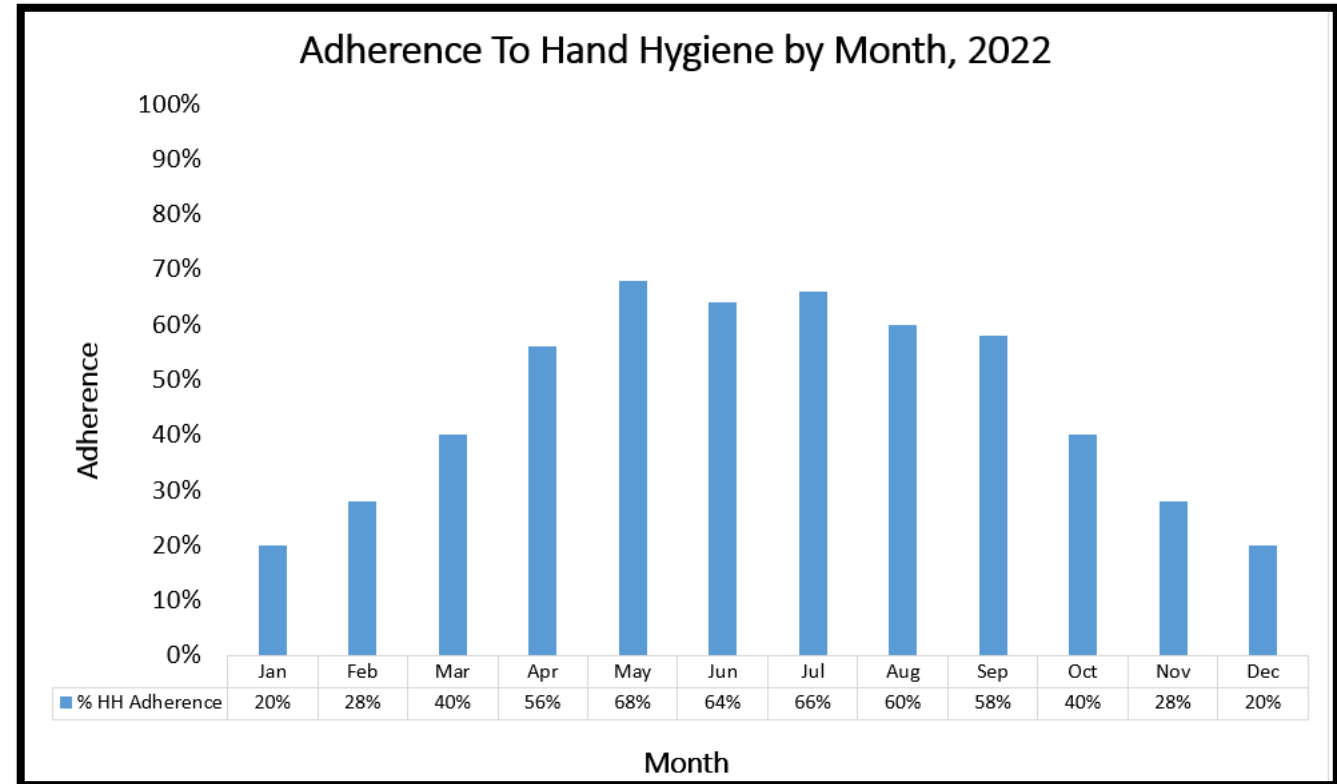
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Feedback



- Provide feedback to staff (Just in time training and in staff huddles, in breakrooms etc)
- Use graphs and other visuals to present data
- Communicate the data collected to leadership
- Include a mechanism for staff to provide feedback on implemented policies



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HAI Surveillance

Health care personnel(HCP) Training, monitoring, auditing and feedback

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Environment of Care

- **Hand hygiene program and dispenser location**
- **Laundry and linens**

Outbreak Preparedness and response

Stewardship

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Environment of Care



Hand Hygiene Program:

- Interactive, regular education with demonstrations of technique, auditing, feedback, and access to educational material
- Active engagement by facility leadership, clinical and nonclinical HCP in the practice and promotion of hand hygiene
- Easy access to alcohol-based hand sanitizer

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<https://www.cdc.gov/clean-hands/media/pdfs/cdc-abhs-firesafety-508.pdf>



Environment of Care



Alcohol Based Hand Sanitizer Dispensers:

- Place ABHS dispensers where they are easily accessible at a room's entry and at the point of care
- Install ABHS dispensers in accordance with local fire regulations
- Widespread availability of hand hygiene products throughout the facility for use by HCP, visitors, and residents
- Engagement of HCP in selection and feedback on products.

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<https://www.cdc.gov/clean-hands/media/pdfs/cdc-abhs-firesafety-508.pdf>



Environment of Care



Laundry and Linens:

- Use industrial laundry equipment to process laundry and linens
- Look at process and environment for laundering process
- Store clean laundry and linens in a location that protects them from environmental contamination
- Educate HCP including EVS staff, on safe practices. This includes PPE use and handling procedures
 - For Enhanced Barrier Precautions, changing linens is a high contact activity
 - Do not shake or carry against the body



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<https://www.cdc.gov/infection-control/media/pdfs/IPC-mod9-healthcare-laundry-508.pdf>

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Outbreak Preparedness and response

Stewardship

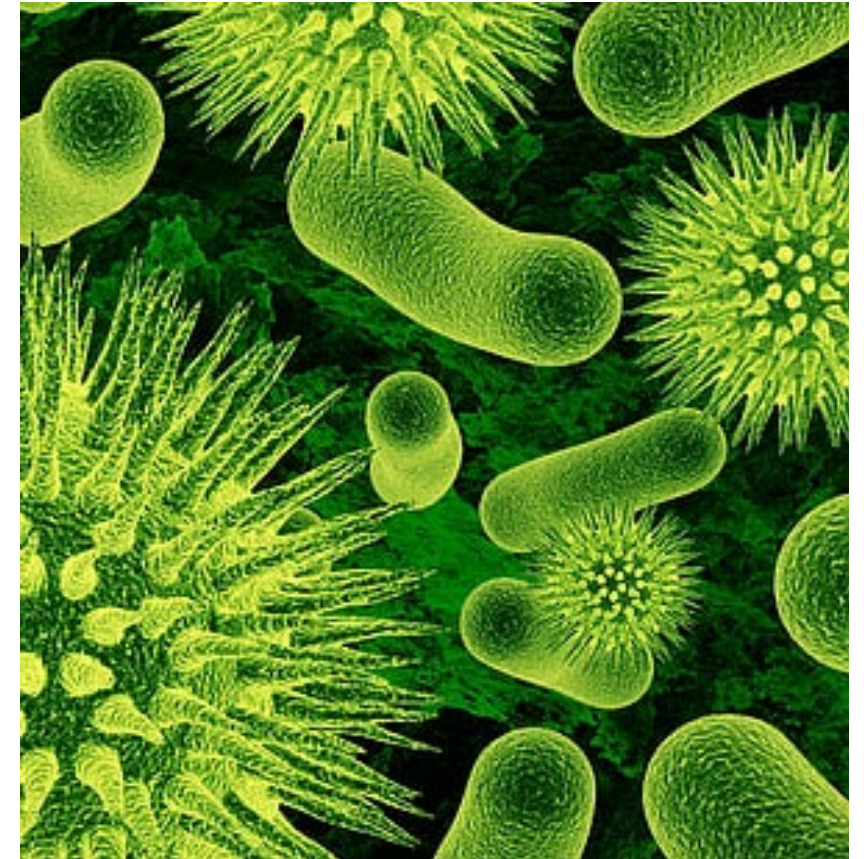
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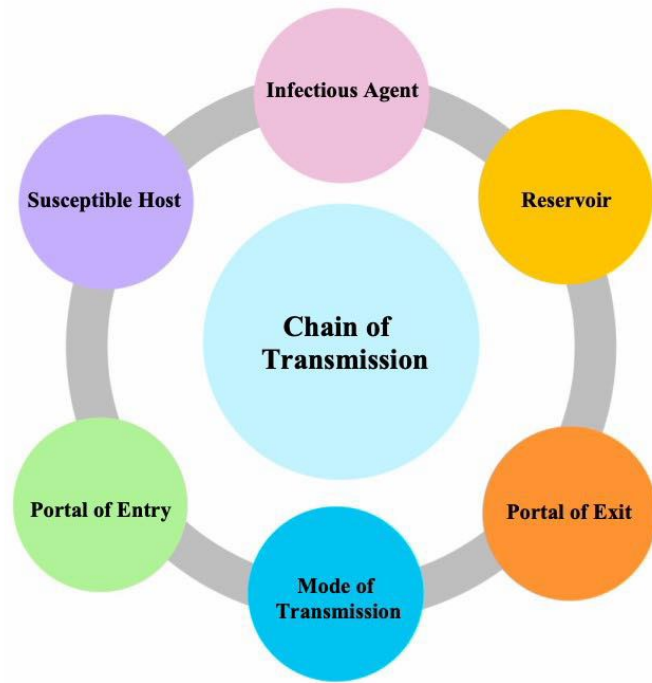
Outbreak Preparedness and Response

- Be aware of viruses and other pathogens circulating in the community
- Understand how these pathogens enter and circulate in long term care facilities
- Educate HCP on symptoms to watch out for and report
- Revise sick policies to promote timely reporting of illness and staying home when needed
- Implement early point of care testing to identify pathogens
- Have supplies on hand for testing and implementing precautions



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Outbreak Preparedness and Response



- Implement appropriate Transmission-Based Precautions based on symptoms while waiting for diagnosis
- Communicate effectively with other healthcare facilities during admission and discharge process
- Promote vaccination for residents and HCP
- Identify adequate access to and use of early therapeutics when appropriate

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Over the past decade, outbreaks due to viruses (COVID-19,^{185,186} influenza, RSV,¹⁸⁷ and norovirus¹⁸⁸), bacteria (*S. pyogenes*,¹⁸⁹ *S. pneumoniae*,¹⁹⁰ Group A *Streptococcus*,¹⁸⁶ *A. baumannii*), fungi (*C. auris*),²² and parasites have been reported in nursing homes.



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- Hand hygiene dispenser location
- Laundry and linens

Outbreak Preparedness and response

Stewardship

- **Diagnostic Stewardship**
- **Antimicrobial Stewardship**

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Stewardship



Diagnostic Stewardship: Process aimed at improving clinician's testing choices and interpretation of test results to improve accuracy and reduce the risk of unnecessary testing and subsequent treatment

- Partner with laboratory incorporate the principles of diagnostic stewardship rules in the ordering, interpreting and reporting
- Engage the medical director, nursing home leadership and HCP
- Guides when to test
- Includes best practice training for sample collection and transport procedures

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ASYMPTOMATIC BACTERIURIA* VS. URINARY TRACT INFECTION (UTI) IN PATIENTS WITH ALTERED MENTAL STATUS

INPATIENT

OUTPATIENT

	UTI UNLIKELY ↓	"WATCH AND WAIT" ↓	UTI LIKELY ↓
	<ul style="list-style-type: none"> • Do not order urinalysis (UA)/culture • No antibiotics 	<ul style="list-style-type: none"> • Order UA/culture • Pyuria or bacteriuria without symptoms ≠ UTI • No empiric antibiotics if clinically stable 	<ul style="list-style-type: none"> • Order UA/culture • Empiric antibiotics if > 10 WBC (pyuria)
	Presentation: <ul style="list-style-type: none"> • Angina/myocardial infarction • Pulmonary embolism • Atrial-fibrillation • Total knee/hip arthroplasty • Stroke/transient ischemic attack Management <ul style="list-style-type: none"> • No indication for testing or treatment 	Presentation: <ul style="list-style-type: none"> • NEW weakness, confusion, and/or leukocytosis WITHOUT other cause • High likelihood based on history of recurrent UTIs Management <ul style="list-style-type: none"> • Monitor for improvement with supportive care 	Presentation: <ul style="list-style-type: none"> • NEW dysuria, frequency, urgency, hematuria suprapubic or flank pain or tenderness, fever Management <ul style="list-style-type: none"> • Empiric antibiotics per local guidelines • Consider discontinuing if negative culture
	Presentation: <ul style="list-style-type: none"> • Mechanical fall • Altered mental status at baseline Management <ul style="list-style-type: none"> • No indication for testing or treatment 	Presentation: <ul style="list-style-type: none"> • Fall of unknown etiology • NEW weakness or confusion Management <ul style="list-style-type: none"> • MD to assess for follow-up and inform patient/caregiver of appropriate precautions • Emergency Department (ED) pharmacist will follow-up culture results 	Presentation: <ul style="list-style-type: none"> • NEW dysuria, frequency, urgency, hematuria, suprapubic or flank pain or tenderness, fever Management <ul style="list-style-type: none"> • Empiric antibiotics per local guidelines • ED pharmacist will follow-up culture result
	Exclusions: Treat asymptomatic bacteriuria in: <ul style="list-style-type: none"> • Pregnant patients • Prior to urologic procedure with mucosal trauma 	Typical colonizers/contaminants which do not usually require treatment: viridans streptococci, Lactobacillus spp., diptheroids, Bacillus spp., and coagulase-negative staphylococci Cloudy/smelly urine alone does not indicate a UTI.	Epithelial cells can represent contamination. Recommend repeat sample, with a straight catheter if indicated. Collect urine from new catheter and send promptly (avoid urine sitting in catheter tubing or bag).

Adapted from Scripps Healthcare Antimicrobial Stewardship Program

*Asymptomatic bacteriuria: presence of bacteria (that could also include pyuria, nitrites, or leukocyte esterase) without signs and/or symptoms of a UTI.

These recommendations are based on the current literature and does not replace clinical judgement.



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*Asymptomatic bacteriuria: presence of bacteria (that could also include pyuria, nitrites, or leukocyte esterase) without signs and/or symptoms of a UTI.

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5/23/25

Stewardship



Talking to Residents and Families

WHEN DOES A RESIDENT HAVE AN URINARY TRACT INFECTION (UTI) ?

An abnormal appearing or smelly urine without symptoms of an UTI should not be treated with antibiotics.

My family member's urine is dark and smells bad. Do they have a UTI?



- Dark, cloudy, or foul-smelling urine alone is not suggestive of a UTI.
- The diagnosis of a UTI is dependent on symptoms such as pain or burning while urinating, frequent urination, and feeling the need to urinate despite having an empty bladder.
- Dehydration can cause abnormal appearing urine. Increasing hydration may be helpful while continuing to observe the resident.

Just to be sure, can you check my family member's urine?



- Many nursing home residents have bacteria with abnormal appearing or smelling urine, especially those with indwelling urinary catheters. This condition is called asymptomatic bacteriuria.
- Asymptomatic bacteriuria does not need to be treated with antibiotic because it is not an infection.
- Treatment of asymptomatic bacteriuria will NOT prevent UTIs in the future.

Last time this happened a doctor prescribed an antibiotic and my family member felt better.



- Residents may be given antibiotics even though they do not have symptoms of a UTI.
- Antibiotics do not help when there are no symptoms of a UTI and may cause unwanted side effects and allergic reactions.
- Residents who are given unnecessary antibiotics may develop a more difficult to treat infection in the future.
- Overuse of antibiotics can result in a change from the "good" to the "bad" bacteria in the gut.
- Sometimes feeling better after taking an antibiotic may be due to improved hydration, adjustment of medications, or other treatments.

I'm still worried about my family member. What can we do for them?



- Healthcare team can review medications and maintain hydration.
- Resident can be monitored closely to assess for changes in condition, such as symptoms of infection.
- Please notify the healthcare team for additional concerns.

Antimicrobial Stewardship Program: Efforts to mitigate the development of antimicrobial resistance and improve outcomes by selecting appropriate antimicrobial treatments and durations of treatment

- Participants should include the IP, medical director, consulting pharmacist, and leadership from nursing
- Have antimicrobial use protocols and systems for monitoring antimicrobial use.
- Provide regular feedback to prescribing clinicians on the prescribing of antimicrobials.
- Combine feedback with education to reduce inappropriate antimicrobial use in nursing homes
- Consider using peer comparison audit and feedback to make clinicians aware of their prescribing habits.
- All clinical HCP should be included in education

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<https://www.cdc.gov/antibiotic-use/hcp/core-elements/nursing-homes-antibiotic-stewardship.html>

https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_ASP_Toolkit.aspx



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Adapted from Agency for Healthcare Research and Quality, Publication Number 17(21)-0029.

These recommendations are based on the current literature and does not replace clinical judgement.



Resources



Original SHEA/APIC Nursing home guidance 2008: https://www.researchgate.net/publication/23253041_SHEAAPIC_Guideline_Infection_prevention_and_control_in_the_long-term_care_facility

Multi society Nursing home guidance 2025: <https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/multisociety-guidance-for-infection-prevention-and-control-in-nursing-homes/88B28E99CD7FDB3668DDAE9C3D2184A0>

AFL 20-85 IP requirements: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-85.aspx>

AFL 20-84 Training requirements for IP: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-84.aspx>

AFL 21-51 Expansion of SNF IP Qualification: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-51.aspx>

CDC Risk Assessment Spreadsheet: <https://www.cdc.gov/long-term-care-facilities/media/excel/IPC-RiskAssessment.xlsx>

CDC SNF IP Training: <https://www.cdc.gov/long-term-care-facilities/hcp/training/index.html>

CDC Water management plan resources: <https://www.cdc.gov/control-legionella/media/pdfs/toolkit.pdf>

CDPH Ventilation resources: <https://www.cdph.ca.gov/Programs/CCDC/DEODC/OHB/Pages/ventilationFAQ.aspx>
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Best-Practices-for-Ventilation-of-Isolation-Areas-to-Reduce-COVID-19-Transmission-Risk.aspx>

ASHE ICRA Form Construction Resource: <https://www.ashe.org/system/files/media/file/2022/05/ICRA-2.0-FORM-202205%20Final.pdf>

CDPH Interfacility Transfer Resources: <https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/InterfacilityCommunication.aspx>

CDC Hand Sanitizer and Fire Safety Handout: <https://www.cdc.gov/clean-hands/media/pdfs/cdc-abhs-firesafety-508.pdf>

HSAG Risk assessment tool: <https://www.hsag.com/globalassets/12sow/snffacilityassmttool2024-508.pdf>

CDC Laundry Resource: <https://www.cdc.gov/infection-control/media/pdfs/IPC-mod9-healthcare-laundry-508.pdf>

CDPH AFL for outbreaks: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-23-08.aspx>

CDPH Respiratory Virus Guidance AFL: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-25-28.aspx>

CDPH ASP Toolkit: https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_ASP_Toolkit.aspx

CDC ASP Toolkit: <https://www.cdc.gov/antibiotic-use/hcp/core-elements/nursing-homes-antibiotic-stewardship.html>

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What can the HAI Program do to help?



Outbreak
response

Support IP
rounding

Interpret
state/federal
guidance

Support staff
in-services

Support
quality
improvement
projects

Share
resources
and tools

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SNF IP Collaborative

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SAN DIEGO SNF IP COLLABORATIVE



4th Wednesday of Jan, May, Jul, Sept, & Nov
11 am - 12 pm | [Teams](#)

Join Us!

The San Diego Skilled Nursing Facility (SNF) Infection Preventionist (IP) Collaborative is an opportunity for IPs to get federal, state, and local public health updates, and an opportunity to learn recommendations on various topics for congregate settings.

1 Contact Hour Offered

Provider approved by the California Board of Registered Nursing, Provider Number CEP579, for 1 contact hour.

CONTACT US



Visit sdhai.org for more information



pht.hai.hhsa@sdcounty.ca.gov

Scan to join the
Teams meeting!





COUNTY OF SAN DIEGO
LIVE WELL
SAN DIEGO



Healthcare
Associated
Infections
Program



PHAB
Public Health
Association of
America



Next Collaborative

*****May 27, 2026*****

11:00AM – 12:00PM

Microsoft TEAMS

Featured Topic:
Water Management in SNFs

1 Contact Hour Offered

Submit questions or
feedback about today's meeting to:

PHS.HAI.HHSA@sdcounty.ca.gov

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SNF IP BASIC Course

March 19, 2026
8:00 AM – 5:00 PM
County Operations Center

FREE
7 Contact Hours

Registration Open



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San Diego County's Healthcare-Associated
Infections (HAI) Program presents:

Infection Prevention 1-day Basic Course

March 19, 2026 from 8:00am - 5:00pm

County Operations Center - Chamber Room
5520 Overland Ave, San Diego, CA 92123



Suggested Audience:
Individuals responsible for infection prevention in SNFs.

- **FREE** - No cost to attend.
- Provider approved by the California Board of Registered Nursing, Provider Number CEP579, offering **7 Contact Hours**.

Agenda

7:45 Registration
8:15 Welcome
8:30 Presentations
10:30 Break
10:45 Presentations
12:45 Lunch
1:45 Presentations
3:45 Break
4:00 Presentations
5:00 Adjourn

**Click [here](#) or
scan the QR to
register.**



Questions? Email phs.hai.hhsa@sdcounty.ca.gov
or visit www.sdhai.org



Contact Hour Instructions

- Ensure your name is your full name
- Complete by January 30th, 5:00 PM
- Expect your certificate by February 15th.



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Contact us at:

PHS.HAI.HHSA@sdcounty.ca.gov



The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.

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