



TN NHSN User Call

from the Tennessee Department of Health

TN

Monday May 19, 2025

Agenda

- **Respiratory Illness Update**
 - Ashley Gambrell, MPH, CPM
- **NHSN Update**
 - Vicky Lindsey, RN, CIC
- **Paraburkolderia EpiX**
 - Ashley Gambrell, MPH, CPM
- **Infection Prevention Office Hours**
 - Donna Russell, MBA, BSN, RN, CIC, CPH, CHEP
- **Antibiogram**
 - Christopher Evans, PharmD
- **Dialysis Simulation-Memphis**
 - Alex Kurutz, MPH
- **Drug Diversion**
 - Autumn Joanow, MPH
- **Screening for Patient Healthcare-Associated Infections (HAI) Module 3**
 - Priscilla Pineda, MPH, CPH
- **Emergency Eyewash Station Requirements**
 - Tracey Rhodes, MSN-IPC, RN, CIC, LTC-CIP

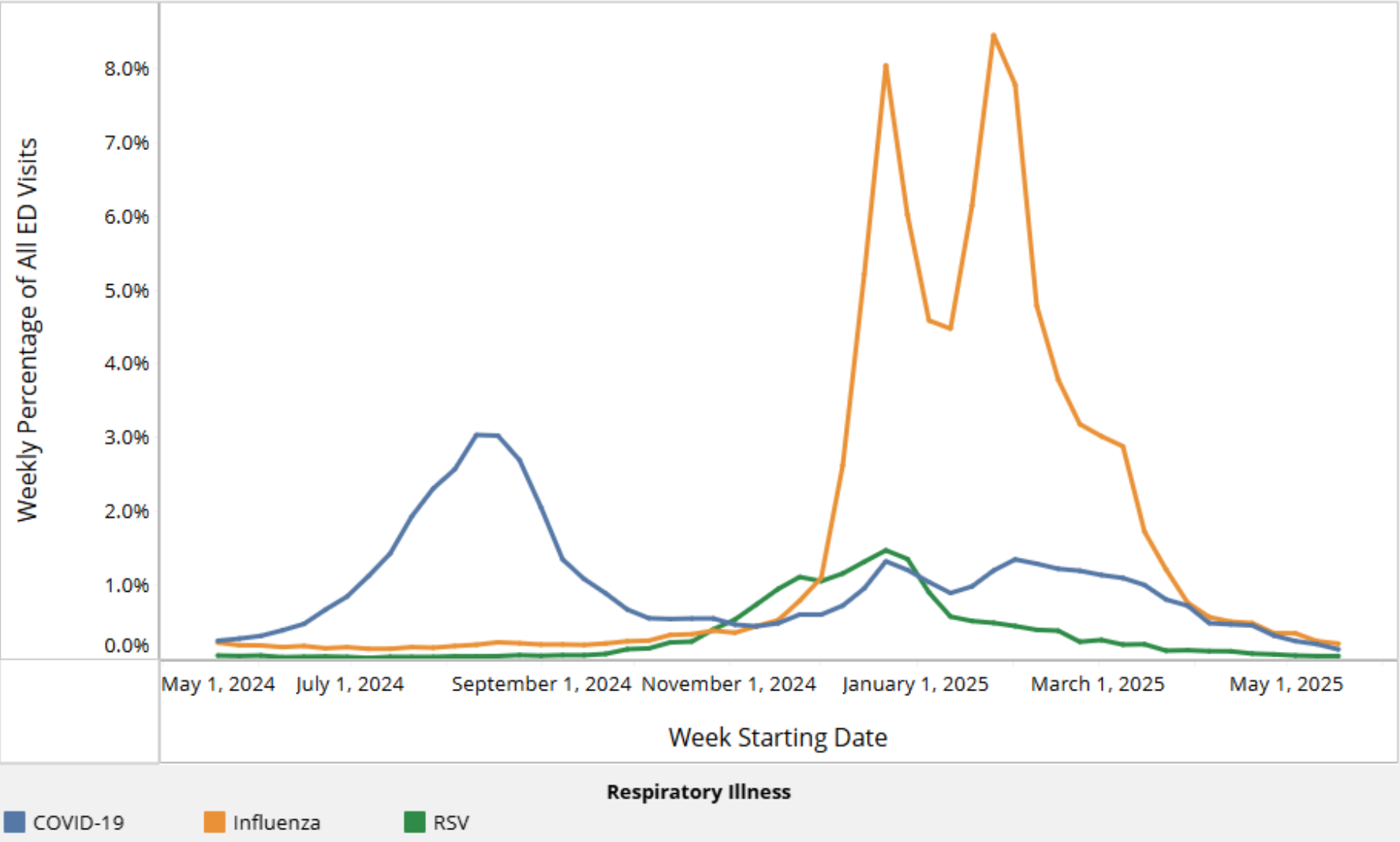
TDH NHSN Team

- **Ashley Gambrell, MPH**
 - **Senior NHSN Epidemiologist**
- **Vicky Lindsey, AAS, RN, CIC**
 - **Senior NHSN Public Health Nurse Consultant**
 - **Lead Technological Assistance**
 - **Infection Prevention and Control Specialist**
- **Marissa Turner, MPH**
 - **Assistant NHSN Epidemiologist**
- **Alex Kurutz, MPH**
 - **Dialysis Epidemiologist**
- **Jordan Morris, MPH**
 - **Assistant NHSN Epidemiologist**

Respiratory Illness Update



Syndromic Surveillance of ED Visits



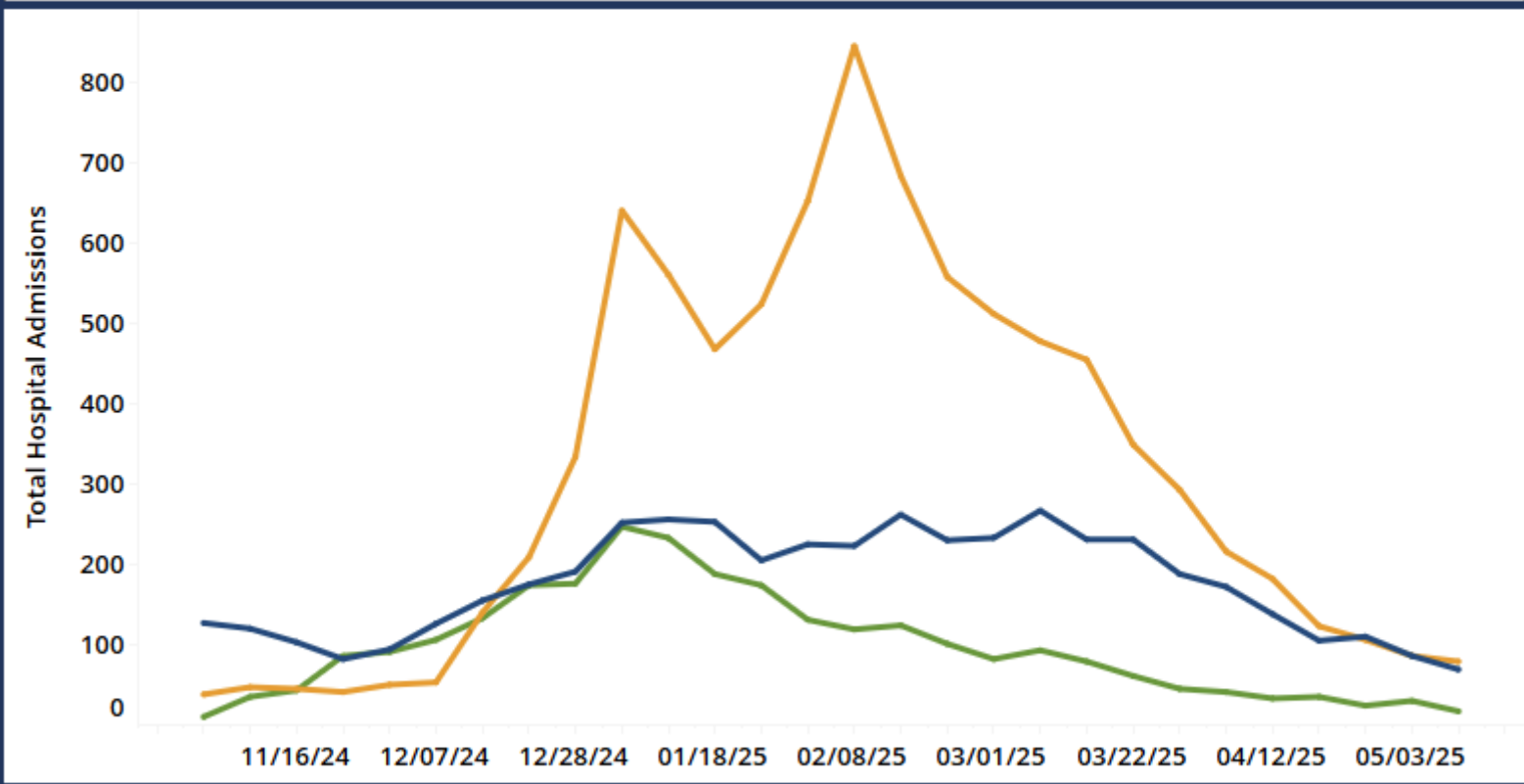
Statewide Weekly Hospital Admissions

Statewide Weekly Hospital Admissions with Respiratory Viral Illness

Date Updated: 5/10/2025



Total Admissions COVID-19	Total Admissions Influenza	Total Admissions RSV
68	78	16



Respiratory Illness

Total Admissions COVID-19

Total Admissions Influenza

Total Admissions RSV



Respiratory Illnesses Data Channel

Overall respiratory illness activity in **Tennessee**

Very Low

Emergency department visits in **Tennessee**

COVID-19

Very Low
Decreasing ↘

Flu

Very Low
Decreasing ↘

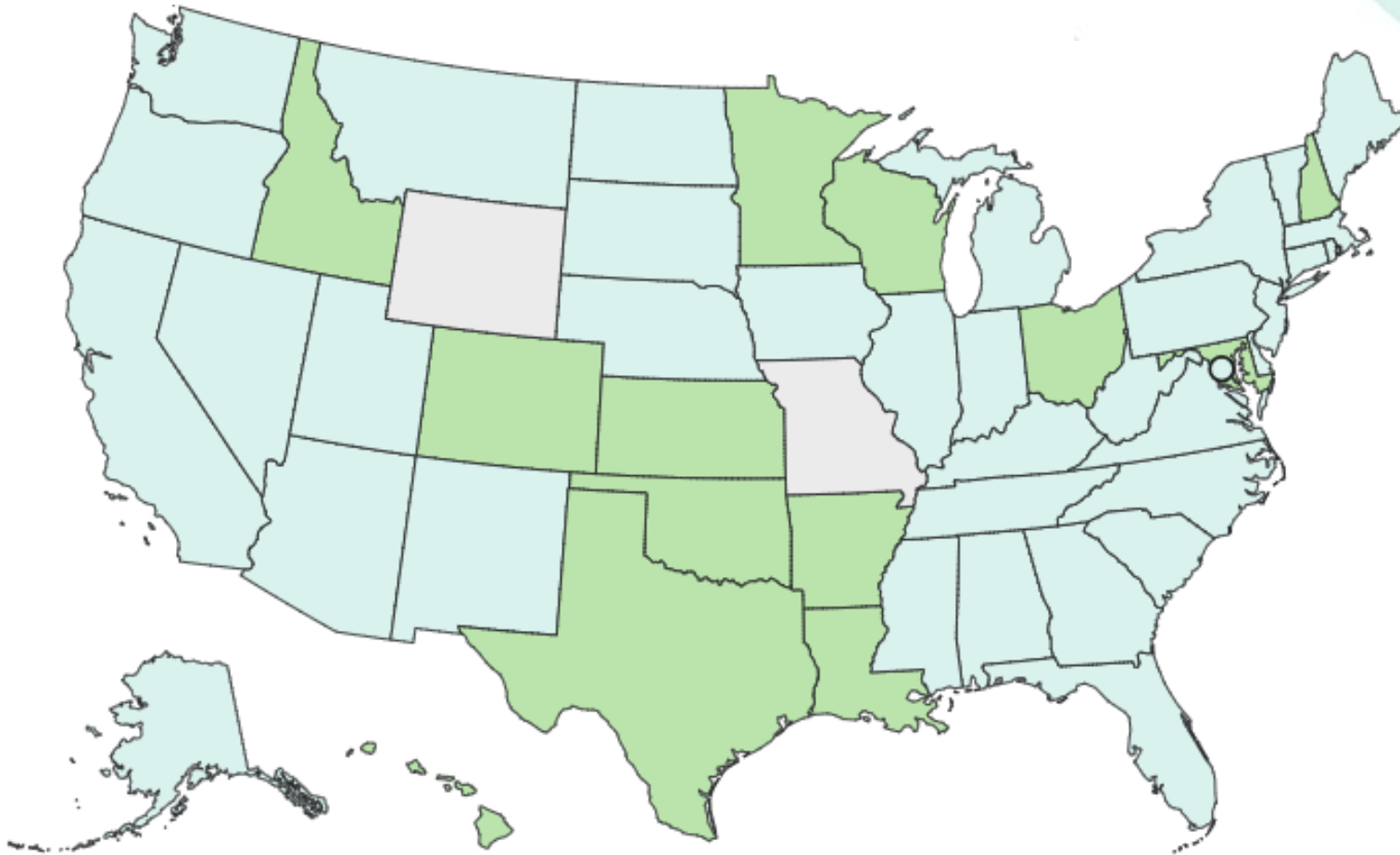
RSV

Very Low
Decreasing ↘

Bottom Line

Nationally,
**Respiratory
Illness**
causing people to
seek healthcare is

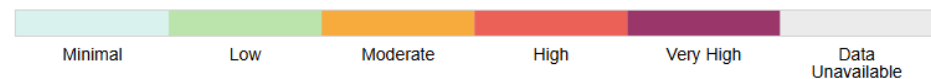
**VERY
LOW**



U.S. Territories

AS GU PR VI

Acute Respiratory Illness



Additional Resources

- **TDH Resources**

- [TDH Respiratory Viral Illness Webpage](#)
- [TDH Influenza Information](#)

- **CDC Resources**

- [Protect yourself from COVID-19, Flu, and RSV](#)
- [Respiratory Illnesses Data Channel](#)
- [Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\)](#)
- [Interim Guidance for Managing Healthcare personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#)



NHSN Updates

Vicky Lindsey, RN, CIC | Tennessee Department of Health | Communicable and Environmental
Diseases and Emergency Preparedness

NHSN-Rebaseline

- The new reports based on the [2022 HAI Rebaseline](#) are now available in NHSN!
- These new reports allow NHSN users to generate Standardized Infection Ratios (SIRs) for CLASBI, CAUTI, and CDI LabID data using the updated 2022 national baseline for Acute Care Hospitals (ACHs).
- Additional SIR and SUR analysis reports using the 2022 baseline will continue to be built in NHSN and will be released in a phased approach. We encourage you to visit the [2022 HAI Rebaseline Progress Tracker](#) to receive regular updates on our progress.

NHSN-Rebaseline

- ACH SIR reports using the 2022 baseline are currently available for CLABSI, CAUTI, CDI LabID Event, in addition to MRSA bacteremia LabID Event and SSI Complex 30-day model for COLO and HYST (released previously).
- Refer to the table below for an overview of models current availability for each applicable HAI and facility type:

HAI Type	Acute Care Hospitals (ACHs)	Critical Access Hospitals (CAHs)	Long-Term Acute Care Hospitals (LTACHs)	Inpatient Rehabilitation Facilities (IRFs)
SSI (COLO and HYST; Complex 30-day)	X	X		
MRSA Blood LabID Event	X	X	X	X
CLABSI	X			
CAUTI	X			
CDI LabID Event	X			

Reports of Paraburkholderia Fungorum

- **Associated with Non-sterile Ultrasound Gel — Multiple States, 2024–2025**
- **CDC is assisting with an ongoing multistate investigation involving the use of non-sterile ultrasound gel for ultrasound-guided percutaneous procedures.**
- **For more information about this outbreak and specific considerations for healthcare providers, click [here](#).**
- **Healthcare facilities should report adverse events or quality issues to the manufacturer and the FDA's MedWatch Adverse Event Reporting program.**



Infection Prevention & Control Office Hours

Donna Russell MPH, MBA, BSN, RN, CIC, CPH, CHEP
Infection Prevention and Education Programs Manager

IP Office Hours Coming Soon!

- Beginning June 16th
- IPC Education
- Open forum for IPC Questions



TN Statewide Antibiogram Demo

Tennessee State Antibigram



The Tennessee Department of Health (TDH) Healthcare-Associated Infections and Antimicrobial Resistance (HAI/AR) Program is pleased to release statewide and regionwide antibiograms. **Antibiograms are essential tools for guiding the selection of empirical antimicrobial therapy.** This particular antibiogram was created by the HAI/AR antimicrobial stewardship team, following the Clinical and Laboratory Standards Institute (CLSI) M39, 5th edition guidelines. It is designed to assist healthcare facilities in making data-driven decisions about empirical therapy, especially when facility-level antibiograms are unavailable. Additionally, it enables users to visualize trends in antimicrobial resistance over time.

This antibiogram includes antimicrobial susceptibility data, reported as final interpretations (i.e. susceptible, intermediate, resistant, non-susceptible, or not tested) collected from the

What is an antibiogram?

An antibiogram is a report that shows how certain germs, like bacteria and fungi, react to medicines called antibiotics and antifungals. If a medicine helps lower the number of germs or gets rid of them completely, it means the medicine works and could be used to help someone get better.



Doctors and clinicians can use antibiograms to find out which medicine is most likely to fight infections caused by specific types of germs. Its like a guide that helps them choose the best treatment.

<https://healthdata.tn.gov/stories/s/pz92-gr5r>




Dialysis Simulation- Memphis

Joshua Key, RN | Tennessee Department of Health | Communicable and Environmental Diseases and
Emergency Preparedness

Dialysis Simulation


- Date: Tuesday, June 17th
- Location: officeNOW
1860 Wilma Rudolph Blvd
Clarksville, TN 37040
- 9:00am to 4:30pm
 - Light breakfast and lunch provided
- Scan QR code to register!






Department of
Health

*The entire program is FREE +
7.25 CEUs offered + lunch
provided!*





Scan here to register!

Hemodialysis Infection Prevention Simulation

***Get 7.25 CEUs
at no cost!**

About the Simulation:

The purpose of this project is to provide CDC guidance on infection prevention covering topics such as CVC, AVF/AVG, environmental disinfection, patient safety, and MORE! Each session will have a classroom style presentation and hands on simulation experiences!

Details for Attendees:

- **Audience:** Hemodialysis Nurses, Technicians, and Infection Preventionists
- **Date:** Tuesday, June 17th, 2025
- **Location:** officeNOW
1860 Wilma Rudolph Blvd
Clarksville, TN 37040
- **Time:** 9:00 am - 4:30 pm, light breakfast, snacks and lunch provided

**For more information email:
HAI.Health@tn.gov**

*This activity has been submitted to the American Nurses Association for approval to award contact hours. The American Nurses Association is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.



Drug Diversion

Autumn Joanow, MPH | Tennessee Department of Health | Communicable and Environmental
Diseases and Emergency Preparedness



INJECTABLE DRUG DIVERSION WORKSHOP

The purpose of this event is to provide education and awareness to the risks associated with BBP transmission through tabletop exercise and lecture formats.



RSVP by July 21st

✓ Free Program

✓ Lunch provided

✓ Continuing education for this activity is pending. See the final announcement for details.

- July 31st, 2025, 9:00 AM-2:20 PM CDT, University of Memphis FedEx Institute of Technology (365 Fogelman Dr, Memphis, TN 38152)
- August 14th, 2025, 9:30 AM-2:50 PM EDT, Chattanooga Public Library Downtown Branch (1001 Broad St, Chattanooga, TN 37402)




Screening for Resistant Healthcare-Associated Infections Learning Series


Colonization Screening for Multidrug-Resistant Organisms
in Healthcare Facilities

APHL Learning Series

Module 1: Overview and Importance of Screening for Multidrug-Resistant Organisms, or MDROs



Module 2: Carbapenemase-producing Organisms Colonization Screening



Module 3: *Candida auris* Colonization Screening



Module 4: Packaging and Shipping for Colonization Screening

For full modules:

https://www.aphl.org/programs/infectious_disease/Pages/Colonization_Screening_for_Healthcare_Facilities.aspx

Module 3



Candida auris Colonization Screening

Screening for Resistant
Healthcare-Associated Infections

Learning Objectives



DESCRIBE

The importance of colonization screening for *Candida auris* (*C. auris*).



EXPLAIN

The logistics to successfully perform colonization screening for *C. auris*.



DISCUSS

The test methods used and the possible results obtained in *C. auris* screening.



DESCRIBE

Where to find resources to help with prevention and containment strategies for [MDROs](#).

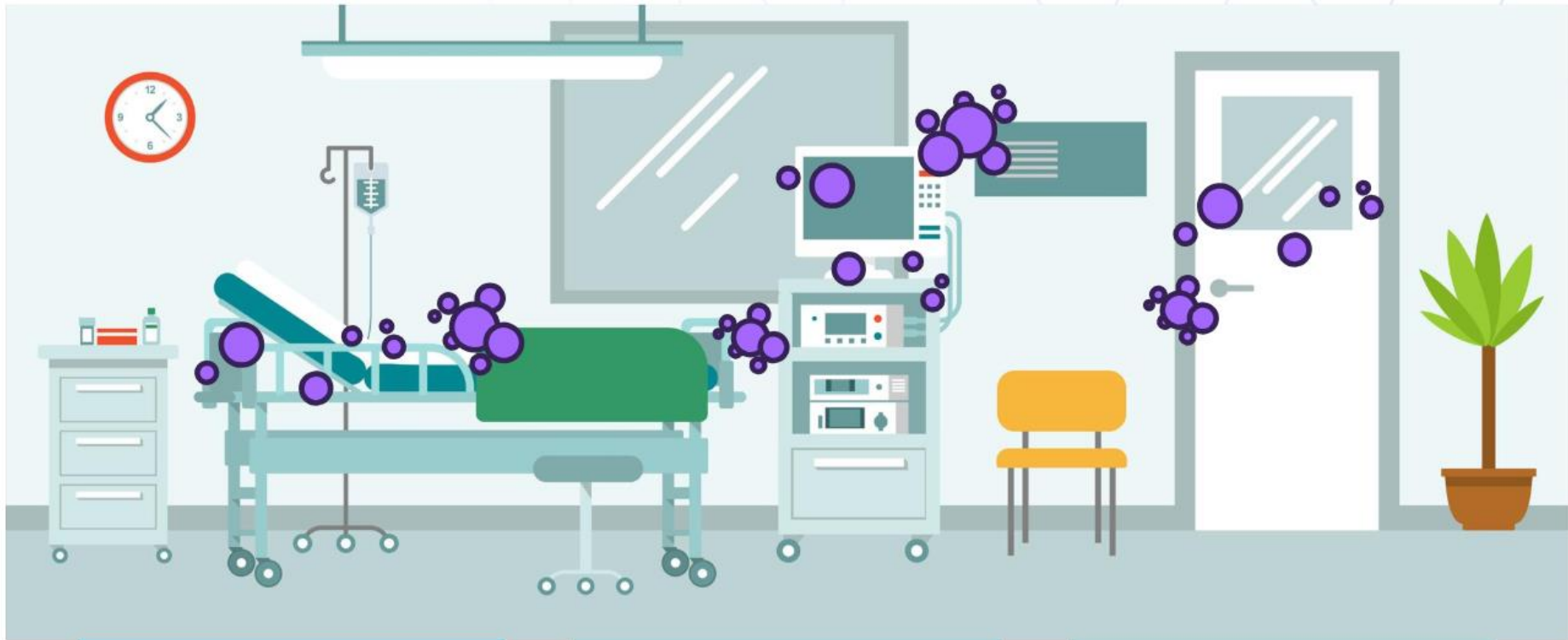
Why is *Candida auris* Concerning?



This Photo by Unknown Author is licensed under [CC BY-ND](#)

- Classified as an **urgent threat** by the CDC and WHO
- Patients can be asymptotically colonized
- Multidrug-resistant organism resistant to one or more antifungal treatments

C. auris Healthcare Threats



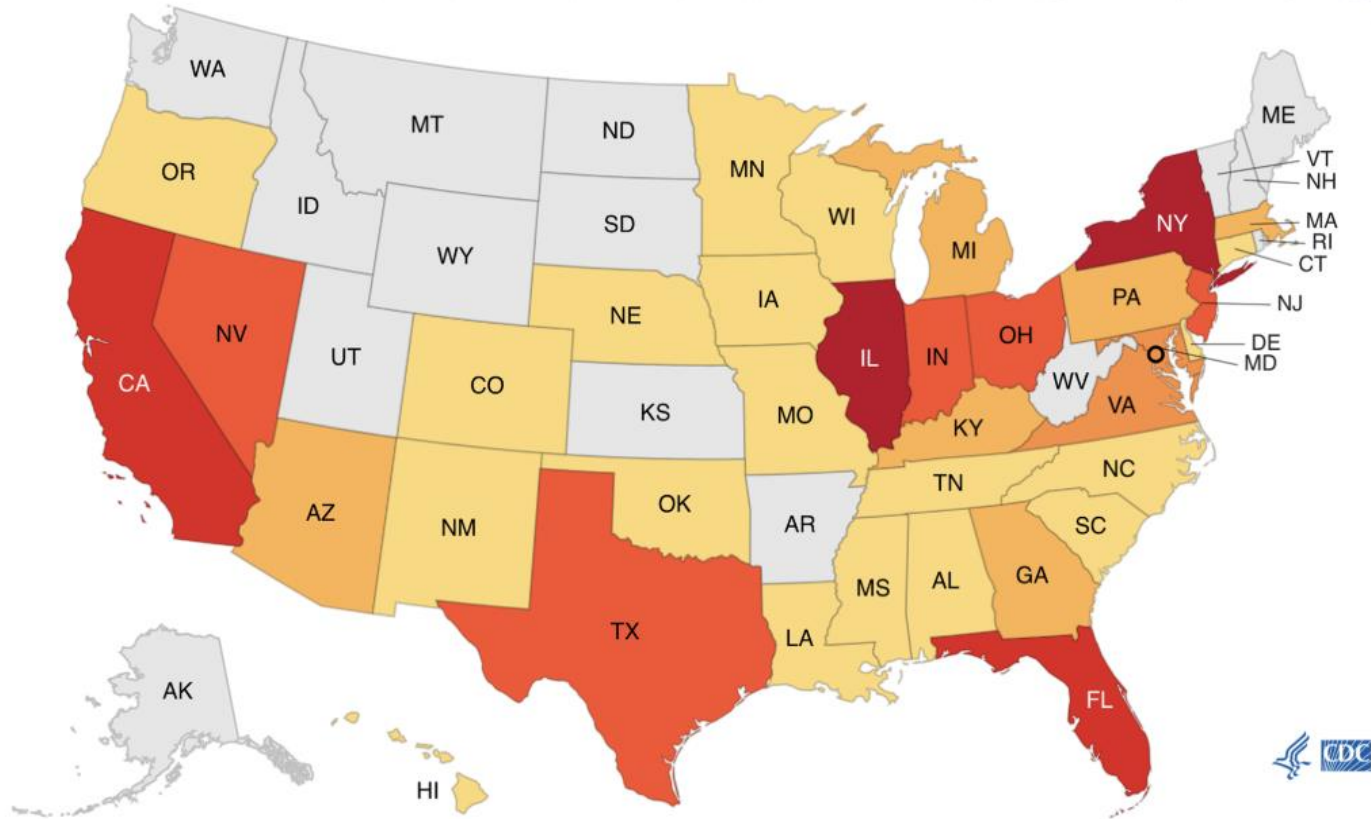
Spreads rapidly in healthcare settings

Persists in the environment

May cause large and difficult to control outbreaks

C. auris in the United States (2016-2022)

***C. auris* in the United States (2016-2022)**



0 clinical cases and at least 1 screening case 1 to 10 11 to 50 51 to 100 101 to 500 501 to 1000 1001 or more

Coordination and Communication with Public Health



Discuss Process and
Develop Plan



Resources to
Support Screening



Timing

Communication with the Patient



SCREENING PROCESS



SPECIMEN COLLECTION
PROCESS

Order Specimen Collection and Shipping Supplies

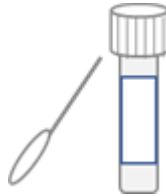
- Supplies are provided through the AR Lab Network
- Request supplies through HAI/AR Epidemiologist at State Health Department
- Quantity of supplies is decided during the planning stages of screening
- Order tests through the ARLN Lab Web Portal
 - Advanced registration
 - Training

Collection Day: Supplies

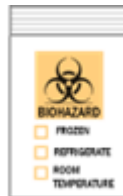
Wear proper Personal Protective Equipment (PPE)



Specimen Collection



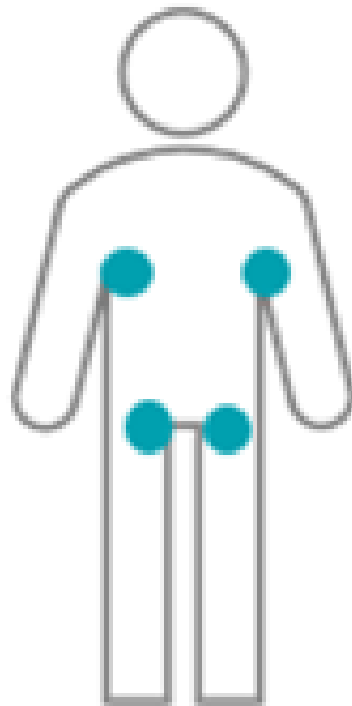
Packaging and shipping



Collection Day: Specimen Collection

C. auris Colonization Screening

- Requires axilla/groin swab



Submitting Test Requisition Forms

Specimen tube MUST be clearly labeled with:

- Patient's full name
- Date of birth
- Date of specimen collection (MM/DD/YYYY)
- Time of specimen collection
- Specimen Source
- Initials of person collecting the swab

PATIENT NAME : John Doe
DOB: 01/01/2001
DATE OF SPECIMEN COLLECTION: 04/01/2024
TIME OF SPECIMEN COLLECTION: 1:00 PM
SPECIMEN SOURCE: Axilla/Groin



630 Hart Lane
Nashville, TN 37216
(615) 262-6300

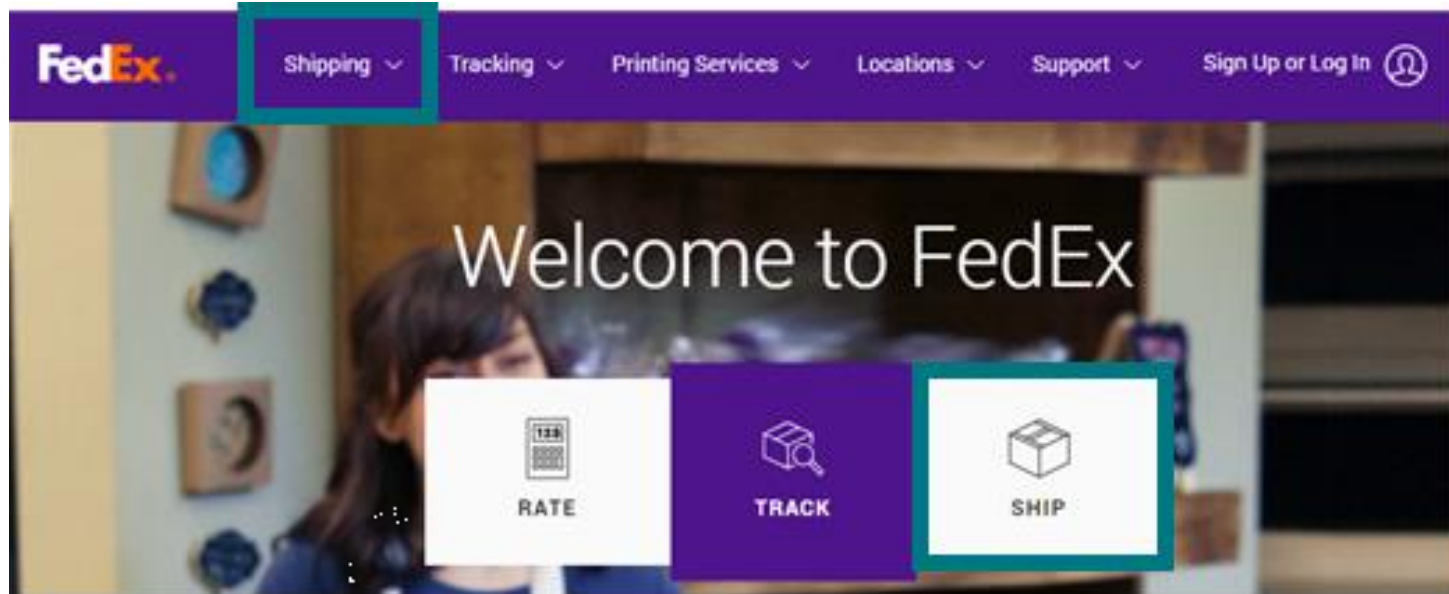
Candida auris Colonization Requisition
Date Submitted: 4/26/2021 4:24:21 PM CST
Submitted By: Shane Allen

Order ID: OEDTN2210603951

TN Department of Health

Patient Demographics		
Last Name: ALLEN	First Name: TRISH	
Date of Birth: 12/14/2020	Phone Number: 6158375472	
Address: 630 Hart Lane	City: Nashville	
State: TN	Country: Rhodesia	Zip Code: 37216
Gender: Female	Pregnant: No	
Race: White	Ethnicity: Not Hispanic or Latino	
Submitter Information		
Facility Name: Tennessee Dept. of Health Division of Lab Services		
Phone Number: 615-262-6300	Fax Number:	
Address: 630 Hart Lane	City: Nashville	
State: TN	Zip Code: 37243	
Point of Contact: Gibbs, Paula	Fax Number:	
Phone Number: 615-262-6300	NPI: 1234567890	
Ordering Provider: Aruda, DR	Fax Number:	
Phone Number: 6157431800	City: Nashville	
Email:	Zip Code: 37216	
Address: 850 RS Gas Blvd		
State: TN		
Collection Facility		
Collection Facility: Collection Site 153		
Name and Title of Collection Facility Point of Contact:		
POC: RN 153	Email Address: collection@email.gov	
Phone Number: 0000000153	Fax Number: 7894561234	
Address: 476 Out of State Blvd	City: WI City	
State: WI	Country: Iran	Zip Code: 00153
Lab CLIA or MTS: Other	Other Number: SCP	
Specimen Information		
Collection Date And Time: 4/26/2021 4:03:55 PM CST	Test: Candida auris Colonization	
Specimen Type: Axilla and groin swabs		
Is this a Clinical Sample? Clinical Sample		
Laboratory Name: Nashville	Laboratory Address: 630 Hart Lane, Nashville, TN 37216	
Additional Comments/Information:		

Specimen Collection: Shipping Specimens



C. auris Test Method

- PCR detects *C. auris* DNA
- A negative PCR result does not completely rule out potential colonization
- Patients who test positive may remain positive
 - Additional screening is not recommended

C. auris PCR



C. auris Screening Results



Positive/Detected

C. auris DNA is present/detected



Negative/Not Detected

C. auris DNA is not present/detected



Indeterminate

Test result is inconclusive:

New specimen may be required to repeat test

Next Steps



If screening identifies colonized patients:

- Implement a containment strategy
- HAI/AR epidemiologist will help determine next steps



Next steps depend on many factors including:

- Which patients are positive and their location in the facility
- The patient's level of care
- The purpose for the screening

Summary

- *C. auris* is a challenge to eradicate from healthcare facilities due to persistence in the environment
- Patients should be screened to limit the transmission of *C. auris* in healthcare facilities
- The HAI/AR epidemiologist is available to assist with:
 - Coordinating schedules for screening
 - Providing resources
 - Interpreting results
- Proper specimen collection, labeling and packaging is crucial for receiving timely and accurate results
- CDC Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-Resistant Organisms (MDROs) describes recommendations to be taken during the investigation

Resources



Candida auris Colonization Screening

Screening for Resistant Healthcare-Associated Infections


Thank you for your participation!

Screening for Resistant Healthcare-Associated Infections (HAI): Colonization Screening for Healthcare Facilities - APHL Learning Center


Resources

APHL Learning Series

Module 1: Overview and Importance of Screening for Multidrug-Resistant Organisms, or MDROs



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Module 4: Packaging and Shipping for Colonization Screening

For full modules:

https://www.aphl.org/programs/infectious_disease/Pages/Colonization_Screening_for_Healthcare_Facilities.aspx



Questions?
Priscilla.Pineda@tn.gov
ARLN.Health@tn.gov

References

- Association of Public Health Laboratories. (2024). *Overview and Importance of Screening for Multidrug-Resistant Organisms, or MDROs* [slideshow]. Candida auris Colonization Screening



Emergency Eyewash Station Requirements

Scope and Objectives

- This presentation will review key concepts to mitigate risks when exposure to corrosive materials is a risk within an environment/facility.
 1. Define corrosive materials
 2. Review criteria OSHA uses to make the determination
 3. Review requirements for emergency equipment
 4. Review employee training
 5. Provide links to guidelines and source documents for additional information

OSHA Requirement

- The Occupational Safety and Health Association (OSHA) is the regulatory agency that specifies where and when emergency equipment is needed
- OSHA Regulation **29 CFR § 1910.151(c) Medical services and first aid states:**

"Where the eyes or body of any person may be exposed to injurious corrosive materials, suitable facilities for quick drenching or flushing of the eyes and body shall be provided within the work area for immediate emergency use."

What criteria does OSHA use to make this determination?

- OSHA states that whenever the eyes or body of a person could be exposed to **corrosive material**, then a facility shall provide equipment for the flushing and quick drenching in the work area for immediate emergency use.
- A chemical would be considered corrosive if it destroys or changes (irreversibly) the structure of human tissue at the site of contact after exposure for a specified period of time thereafter.

Corrosive materials and handling

- Corrosive material is present in many workplaces by themselves or contained in other materials used in industries or laboratories (e.g., hydrochloric acid, nitric acid, hydrogen peroxide, cleaning agents, drain cleaners, oven cleaners, battery acids). It is a good idea to refer to the Safety Data Sheets (SDS) sheets for all materials that there are exposures to in the workplace.
- Appropriate personal protective equipment (PPE) is essential when working with corrosive materials, including gloves, eye protection, and protective clothing.

ANSI Standard Z358.1-2014

- OSHA depends on the American National Standards Institute (ANSI) to develop standards to specify the use and performance requirements.
- ANSI Standard (Z358.1) was developed in 1981 with the most recent revised in 2014. The standard applies to emergency flushing equipment including eye wash stations, emergency showers, and eye/face wash equipment.

ANSI Requirement: Location

- Emergency equipment should be installed within **10 seconds** walking distance (approximately **55 feet**) of the hazard (corrosive).
- They must be in a **well-lit area that is on the same level as the hazard and should be identified by a sign.**



ANSI Requirement: Temperature

- Water temperature for flushing fluid must be tepid which means between **60° and 100° F** (16°-38° C) to encourage an injured worker to flush for a full 15 minutes to prevent further injury and absorption of chemicals.
- If the flushing fluid is determined not to be between 60° and 100° F, a thermostatic mixing valve can be installed to ensure a consistent temperature for the eyewash or shower.

ANSI Requirement: Maintenance

- Activate and test plumbed eyewash stations **weekly**
- All stations should be **inspected annually**.
- Maintenance should always be **documented**.
Maintenance tag are a good way to accomplish this.
- **Protective dust covers** that flip off when the flushing fluid is activated should be present to keep stations clean and free of debris.

ANSI Requirement: Employee Training

- It is imperative that all employees that could be exposed to a chemical splash from a hazardous material or severe dust be properly trained in the use of emergency equipment before an accident happens.
 - Workers should know how to operate beforehand so there is no time lost in preventing an injury.

ANSI Requirement: Eyewash Bottles & Drench Hoses

- Squeeze bottles are considered a secondary eyewash and a supplement to ANSI compliant eyewash stations. They are not ANSI compliant and **should not be used in place of an ANSI compliant unit.**
- Regular drench hoses are only considered supplemental equipment and **should not be used in place of eyewash stations.**

ANSI Z358.1 Quick Reference

Eye Wash Stations

- Minimum flow for plumbed and portable Eyewash units is .4 GPM at 30 PSI
- Units must be capable of delivering a minimum of 15 minutes of flushing fluid
- Eyewash units shall be capable of being activated in 1 second or less
- Stay open ball valves must be used to accommodate for hands-free rinsing
- Flushing fluid must be provided to both eyes simultaneously
- Dust caps or dust covers must be installed to protect the unit from contaminants
- Sprayheads must be positioned between 33" and 45" from the floor
- Sprayheads must be positioned at least 6" from the wall or nearest obstruction

Eye/Face Wash Stations

- Minimum flow for plumbed and portable Eyewash units is 3 GPM at 30 PSI
- Units must be capable of delivering a minimum of 15 minutes of flushing fluid
- Eyewash units shall be capable of being activated in 1 second or less
- Stay open ball valves must be used to accommodate for hands-free rinsing
- Flushing fluid must be provided to both eyes simultaneously
- Dust caps or dust covers must be installed to protect the unit from contaminants
- Sprayheads must be positioned between 33" and 45" from the floor
- Sprayheads must be positioned at least 6" from the wall or nearest obstruction

State and Federal Requirement Reminder

- While the HAI/IP program is non-regulatory, all healthcare settings are encouraged to comply with state and federal requirements that apply to their facility and personnel.
- If an eyewash station is required by OSHA Regulations and ANSI Standards, serious penalties can be imposed on an employer for non-compliance.
- CMS/State Operations Manual Guidance to Surveyors in Long Term Care Facilities (Regulatory) includes Physical Environment Components within **§483.90**:
 - The facility must be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel and the public.

References

ANSI Z358.1-2014: Emergency Eyewash & Shower Standard, the ANSI Blog, accessed 5.6.2025 at: <https://blog.ansi.org/2018/07/emergency-eyewash-station-shower-ansi-z358-1/>

(n.d.). *Emergency-eyewash requirements*. Select Safety Sales. Retrieved May 6, 2025, from <https://www.selectsafetysales.com/t-emergency-eyewash-requirements.aspx>

Eyewash Regulations. (2021). EyewashDirect.com.
<https://www.eyewashdirect.com/collections/eyewash-regulations-ansi-eyewash-osh-eye-wash>

Federal Register, Chapter XVII Part 110, subpart K, Section 1910.151; available at www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1910/subpart-K/section-1910.151

Questions

Presenter Information:

Kelley Tobey, MPH, BSN, CIC

Infection Prevention Specialist

Kelley.m.tobey@tn.gov

615-476-8454

HAI/AR Program Information:

Email: HAI.Health@tn.gov

Website: <https://www.tn.gov/health/cedep/hai.html>

Next NHSN User Call

- **Monday June 16, 2025**
 - 10am CT / 11am ET
- **NHSN Related**
 - Vicky.Lindsey@tn.gov
 - Ashley.Gambrell@tn.gov
- **AU/AR Module**
 - Christopher.Evans@tn.gov
- **Infection Prevention**
 - HAHealth@tn.gov