



Winter Newsletter

Infection Prevention

[12/30/2025]

A NOTE FROM OUR COMMUNITY HEALTH TEAM:

Happy Holidays and New Year! This month's newsletter focuses on the latest COVID Return-to-Work guidelines from WADOH for healthcare facilities, tips to prevent dry hands this winter, a quick look at emergency preparedness, and more!

For questions or more information about the topics in this newsletter, please contact Delanie Hannah, infection prevention specialist.

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Topics Included in This Quarter's Newsletter

- **COVID-19 Return-to-Work Updated Guidance for Healthcare Settings**
- **Preventing Dry and Cracked Hands During the Winter**
- **Emergency Preparedness Review**
- **Start 2026 off with an ICAR!**
- **Did you know? – CCHHS Resources**
- **Additional Resources**



Updated COVID-19 Return-to-Work Guidance for Healthcare Settings

WADOH has released [updated return-to-work guidance](#) for healthcare personnel with **COVID-19, RSV, influenza, and other acute viral respiratory infections**. The Cowlitz CD team is working to update our website's COVID-19 toolkit; however, the latest guidance can be found below:

HCP with a suspected or confirmed viral respiratory infection should be restricted from work until:

- At least 3 days have passed since symptom onset (or positive testing date), **and**
- **Both** of the following have been true for at least 24 hours:
 - *Fever-free without the use of fever-reducing medications*
 - *Symptoms are improving and HCP feels well enough to work.*
- Upon returning, wear source control until the end of 10 days (N95 respiratory or surgical mask) and maintain strict adherence to hand and respiratory hygiene and cough etiquette.

Note: Regulatory agencies such as CMS or DSHS may have more stringent RTW guidelines.

For questions or more information, please reach out to the CCHHS Communicable Disease Team.

Emergency Preparedness Guidelines and Checklist

Weather-related events such as power outages, frozen pipes, and staff shortages are more likely to occur during the winter. Facilities should also remain vigilant during extreme weather for infrastructure and operational emergencies, such as heating system failures or supply chain disruptions. It's important for facilities to **review, update, and provide education** on their facility's emergency preparedness plans.

Healthcare facilities must review their emergency preparedness plans at least annually, as well as updating the plan after any major changes within the facility such as new equipment, change in staffing responsibilities/roles, or a large influx of new staff.

CMS released a final ruling titled "Emergency Preparedness and Requirements for Medicare and Medicaid Participating Providers and Supplies (3187-F)", requiring providers and facilities to plan for both natural and manmade disasters.

4 Required Elements of an Emergency Preparedness Programs (CMS):

1. Risk assessment and emergency planning
2. Policies and procedures
3. Communication plan
4. Training and testing

The image shows two checklists from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. The top checklist is titled "EMERGENCY PLANNING CHECKLIST RECOMMENDED TOOL FOR PERSONS IN LONG-TERM CARE FACILITIES & THEIR FAMILY MEMBERS, FRIENDS, PERSONAL CAREGIVERS, GUARDIANS & LONG-TERM CARE OMBUDSMEN". It includes a section for "Part I: For Long-Term Care Residents, Their Family Members, Friends, Personal Caregivers, & Guardians" with a table for tracking completion and a list of emergency plan requirements. The bottom checklist is titled "OMBUDSMAN LONG-TERM CARE FACILITY RESIDENT EVACUATION ASSESSMENT CHECKLIST" and contains a series of questions regarding evacuation procedures, such as "Does the facility have a source of light (e.g., lamps) on a generator or handheld flashlight?" and "Are high traffic areas, such as hallways, common areas, and doorways, clear of debris?".

CMS released an emergency preparedness checklist to help healthcare facilities assess their readiness and review their emergency plans.

For questions about emergency preparedness, contact the CCHHS CD Team. We can support your facility in reviewing emergency preparedness plans.

Did You Know? – CCHHS Online Resources

CCHHS has a dedicated [Long-term Care Facility \(LTCF\) resource page](#) with valuable resources to help support your work in infection prevention?

Available resources include:

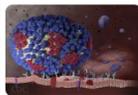
- **Infection Prevention Toolkits** for GI Illness, Influenza, and COVID-19.
- **Line lists** and reporting information to support surveillance
- **Secure online fax and file** upload to submit documents quickly and safely
- **Schedule an ICAR** and view past newsletters
- **Weekly influenza surveillance** during flu season to help stay informed on community prevalence.

For Long Term Care Facilities

Newsletters
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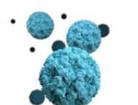
- [October 2025 IPC Newsletter](#)
- [View Past Newsletters](#)

Toolkits



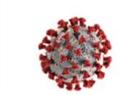
Influenza Outbreak Toolkit

- [Resource Guide - LTCF Influenza Outbreak](#)
- [Template - Influenza Line List](#)
- [Poster - Protect Our Residents \(Influenza\)](#)



GI Outbreak Toolkit

- [Resource Guide - LTCF GI Outbreak](#)
- [Food Service Information - LTCF GI Outbreak](#)
- [Template - GI Line List](#)
- [Poster - Protect Our Residents \(GI\)](#)



COVID-19 Outbreak Toolkit

- [Resource Guide - LTCF/ALF COVID-19](#)
- [Template - COVID-19 Line List](#)



Click Here to Schedule Your ICAR Visit

Preventing Dry and Cracked Hands in the Winter

Winter can be especially harsh on our skin, often leading to dryness and cracks that are exacerbated by frequent hand washing. Although proper hand hygiene is essential for infection control, dry skin should not be overlooked, as it can cause discomfort and pain among staff, may lead to decreased adherence for hand washing, and create cracks that allow pathogens to enter the skin.

Below are some tips to help combat dry hands this year:

➤ **Keep a bottle of unscented lotion in your pocket.**

Dry skin is a frequently cited reason for improper hand hygiene adherence. The CDC recommends lotions or creams be provided to HCP "to minimize the occurrence of irritant contact dermatitis associated with hand antisepsis or hand washing."

Before distributing lotions, check the ingredients to ensure they do not inactivate antimicrobial soaps.

➤ **Opt for hand sanitizer (when permitted).**

Contrary to popular belief, alcohol-based hand rubs (hand sanitizer) are often less harsh on the skin than frequent hand washing. Washing with soap and water removes the natural oils that protect the skin and lock in moisture, whereas hand sanitizer uses a high concentration of alcohol to kill or inactivate pathogens, without removing the skin's moisturizing oils (sebum).

Always remember: certain pathogens and situations require hand washing over the use of ABHR (e.g., hands are visibly soiled, after using the restroom, providing care to a patient with *C. diff*). Learn more about [ABHR](#) and [hand-washing guidelines](#) here.

➤ **Use lukewarm water instead of hot water.**

Although hot water provides relief during cold months, consider using lukewarm water instead, especially if prone to dry or cracked hands.

Using hot water while washing your hands removes protective oils, increases moisture loss from the skin (evaporation), and can compromise the skin's natural barrier function, leading to increased dryness and heightened skin sensitivity, as well as aggravating existing conditions such as eczema.



Alcohol-based Hand Rub (Hand Sanitizer) Guidelines:

- Ensure that hand sanitizers contain at least 60% alcohol to kill germs effectively.
- Use the appropriate amount of hand sanitizer (about a quarter).
- Cover all surfaces and rub hands together until hands are dry (20 seconds, typically).
- Pay attention to frequently missed areas of the hands:
 - *Thumbs, fingertips, in between the fingers, etc.*
- **Tip:** Look for sanitizers that include moisturizing components, such as glycerin, hyaluronic acid, aloe vera, etc., for additional comfort and relief from dry skin.





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[12/30/2025]

Start 2026 Strong: Kick off the New Year with an ICAR!

As 2025 wraps up, December is a perfect time to look back and reflect on the year’s challenges, strengths, successes, and to look forward to continuing to strengthen infection prevention in facilities and keeping our community safe. Start 2026 off strong by scheduling an ICAR, now available to be scheduled online and tailored to specific wants and needs!

Why participate in an ICAR?

Infection Control Assessment & Response (ICAR) visits are **free, nonregulatory**, and provide opportunities to strengthen infection prevention practices by identifying strengths and gaps, ensuring practices are up to date, and focuses on creating practical next steps tailored to your facility and setting. ICARs are also a great opportunity to address questions about specific topics in a judgement-free zone.

Cowlitz County also provides topic-specific ICARs. Most visits focus on general infection prevention practices in a facility; however, we can tailor visits to specific areas, such as hand hygiene, PPE use, environmental cleaning, emergency preparedness policy review, and skill demonstrations, as requested.

Ready to Schedule an ICAR?

The ICAR sign-up form is available online through the Cowlitz Communicable Disease Team’s page or [access the ICAR sign-up form directly](#). ICARs may also be scheduled via email or phone. You will be able to select the type of visit (in-person or online), the length of the visit, the topics to be discussed, and any other relevant information. After scheduling, a CCHHS team member will reach out to confirm the visit.



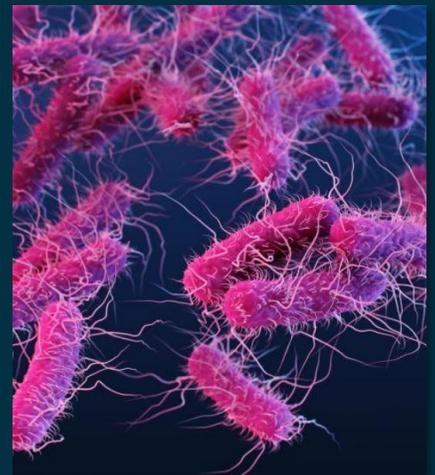
I’m very well known and a bit of a celebrity in nursing homes, but not the kind that people are typically excited to see... I love to make an appearance when the **normal flora is unbalanced** and make my presence known by bringing gifts such as **intense cramping, frequent diarrhea**, and a lovely **smell** that people can’t seem to forget.

Once I make myself cozy, I like to bundle up in **spores** that protect me from the outside environment for **months**, which can make me a real pest to get rid of. I like to cling to everything and am **not easily removed by using heat or most disinfectants**, but the EPA has registered bleach and sporicidal agents to wipe me out.

In short, I’m a nuisance. I’m becoming an increasingly difficult challenge for antimicrobial stewardship, as I love to show up after **long-term antibiotic use or overuse**, and I am evolving to become more resistant, produce more toxins, and am starting to cause more morbidity and mortality.

Who am I? (answer is on the next page)

Who am I?





Closing Thoughts and Resources

[Who Am I? Activity Answer: C. diff](#)

The Cowlitz County Communicable Disease Team would like to **thank everyone** involved in infection prevention and control for their dedication and hard work to ensure patients’ and residents’ safety. We hope that everyone has a wonderful holiday season and a happy new year.

For more information on topics mentioned in this newsletter, please reach out for additional resources, as well with any questions or concerns.

Interested in an ICAR? Please contact Delanie Hannah for more information or to begin scheduling a visit (hannahd@cowlitzwa.gov | (360) 414-5599 x6438)

COVID-19 Recommendations and Guidelines

- **[**New** Interim Return to Work Guidance for Healthcare Personnel with COVID-19, Influenza, RSV, and Other Acute Viral Respiratory Infections – WADOH](#)**
- [Interim COVID-19 Outbreak Definition for Healthcare Settings – CSTE / WADOH](#)
- [COVID-19 Preparedness and Outbreak Control Checklist for Long Term Care Facilities – WADOH](#)
- [Respiratory Virus Infection Prevention in Healthcare Settings – WADOH](#)

Emergency Preparedness

- [Resources for Long-term Care Facilities – Emergency Planning – DSHS](#)
- [Emergency Preparedness Rule – CMS](#)
- [Emergency Plans and Critical Staffing Management in Long-term Care Settings – Residential Care Services - Washington State DSHS](#)
- [Preparing for Wildfire and Extreme Heat in LTC Settings – Residential Care Services – Washington State DSHS](#)
- [Emergency Preparedness Workbook for Adult Family Homes – Washington State DSHS](#)
- [Healthcare Facilities and Power Outages – FEMA](#)

Hand Hygiene

- [Clinical Safety: Hand Hygiene for Healthcare Workers – CDC](#)
- [Hand Sanitizer Guidelines and Recommendations – CDC](#)

ABOUT US

The Cowlitz County Health & Human Services Communicable Disease Team is here to support your facility’s infection prevention efforts. We’re available for questions, guidance, ICAR visits, as well as implementing guidelines and assisting with infection control audits or review.

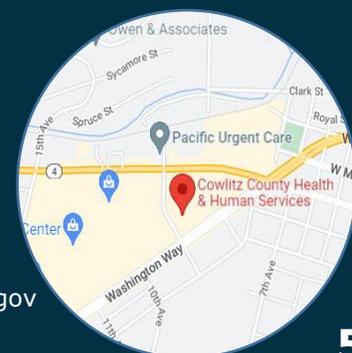
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Cowlitz County Health & Human Services

Infection Prevention

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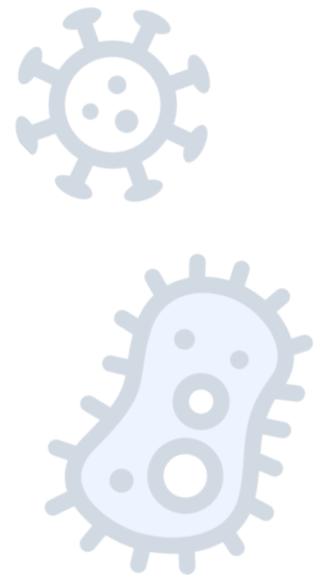
Seasonal tips for keeping yourself
and residents safe.



Latest **changes to guidance**
and requirements.



Emerging infectious disease alerts
and community updates.



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