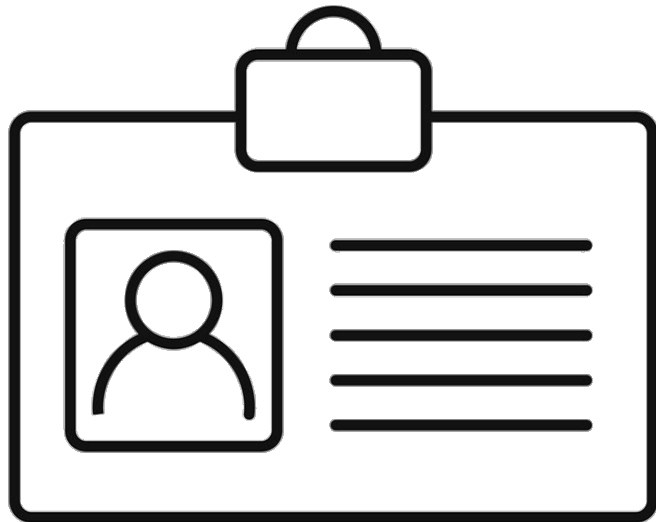




Georgia Department of Public Health:
Strike & Support Team Office Hours Kick-Off for Assisted
Living Facilities and Personal Care Homes
May 27, 2022

Meet the Team:



Panelist:

Melody Brown, MSM

Patient Safety Manager
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Presenter:

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Georgia Department of Public Health
Infection Preventionist

Thank You to Our Partners

- Georgia Department of Public Health
- University of Georgia



Purpose

- These sessions will consist of a regularly scheduled monthly webinar for skilled nursing facilities (SNFs) as well as SNF medical directors. Office hours are your opportunity to come and learn, share, vent and more!
- Each month, we will have updates on infection prevention, clinical protocols and ideas for new tools and resources. This is your chance to access subject matter experts on infection control and clinical practice in long-term care.
- Come prepared to pose your questions to subject matter experts and learn from your peers about their best practices and barriers.

Trainings

- There will be two training sessions per year focused on relevant infection prevention topics, updates and shared best practices.
- Training 2:
October/Dates TBD



Your Opinion Matters

- Share in CHAT: What keeps you up at night related to infection prevention?
- We want to provide you with information that is relevant to what you are doing every day.

Which Guidance Do I Follow?

- **CMS Guidance** - all health care facility types that receive Medicare and Medicaid funding.
- **CDC Guidance** - all other health care facility types.
 - Administrative orders are no longer in effect.

Hot off the Press

- Matters of Interest for Assisted Living and Personal Care Home Facilities/Findings from the Field by the Georgia Department of Health

Matters of Interest for ALF and PCH (>25 licensed beds) Facilities/Findings From the Field by GA Department of Public Health:

- Constant turnover of staff in facilities, including among leadership.
- Lack of an identified person in the role of infection preventionists with designated time for self-education, IP education of staff, and performing infection control surveillance responsibilities.
- Only minimal specific guidance for behavioral health facilities, such as memory care.
- Lack of available personal protective equipment (PPE), appropriate cleaning and disinfection products, and testing kits and/or laboratory access.
- Lack of availability of vaccines.

What Should I Do To Ensure Visitation Is Safe?

- Visits may be conducted based on the facility's structure and residents' needs.
 - Resident rooms/apartments
 - Designated areas
 - Outdoor areas
- Core principles of infection control (IP) best practices should be implemented to reduce the risk of COVID-19 transmission.

What Are the Core Principles of COVID-19 Infection Prevention?

- Screen all visitors, vendors and staff for COVID-19
- Visitors that meet any of these criteria should not be admitted:
 - A positive COVID-19 test
 - Exhibiting signs and symptoms of COVID-19
 - Currently meet the criteria for quarantine
- Hand Hygiene (HH)
- Respiratory etiquette (Cover your cough)
- Appropriate selection and use of PPE
 - Visitors and staff
- Social distancing
- Instructional signage (i.e., HH, use of masks, donning, doffing and disposal)
- Environmental cleaning and disinfection
- Effective cohorting of residents
- Resident and staff testing

A Picture Speaks A Thousand Words



Visitors Education Instructional Signage



How Does the CDC Define Vaccination Terms?

- Vaccination definitions per CDC on 5/24/2022
 - **Up-to-date** means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.
You are considered up-to-date when:
 - You have completed your primary series but are not yet eligible for a booster.
 - You have received 1st booster but are not recommended to get a 2nd booster.
 - You have received 1st booster but are not yet eligible for a 2nd booster.
 - **Fully vaccinated** means a person has received their primary series of COVID-19 but has not completed the recommended boosters.

Visitor and Resident Education?

- Risks associated with visitation - risks to the visitor, resident, other residents
- Signs and symptoms of COVID-19
- Limit large gatherings
- Masks and social distance at all times in communal areas
- If anyone in the room is not up-to-date, educate them about the risks of transmission
- During an outbreak, educate about the increased risks of visiting
- If in transmission-based precautions (TBP), educate about the increased risks of visiting and using PPE

What Do You Do With New Admissions And Readmissions?

- New admissions and readmissions whose COVID-19 status is unknown or are not up-to-date should be placed in quarantine.
- Full PPE is required and must be changed between each resident encounter.

What is a PUI Resident?

Person Under Investigation (PUI) - Residents who have been exposed but test negative should be quarantined.

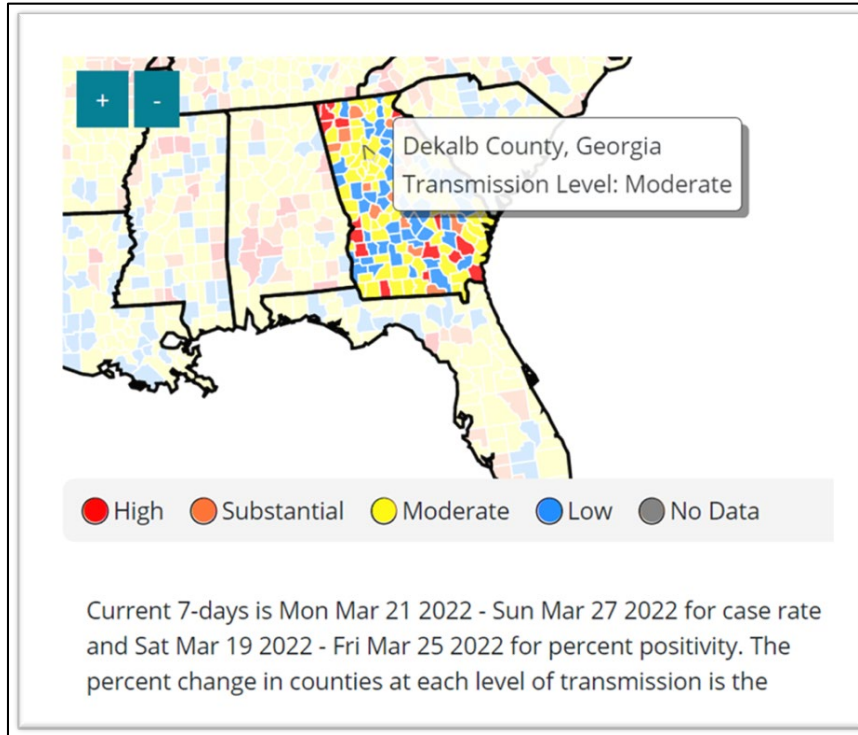
Up-to-date residents:

- Staff should use full PPE, including N-95 respirators, eye protection, gown and gloves
- Place in quarantine (isolation) for:
 - 10 days if resident remains asymptomatic OR
 - 7 days if resident remains asymptomatic and tests negative (ONLY perform Antigen Test, not PCR)

Fully vaccinated/unvaccinated residents:

- Staff should use full PPE, including N-95 respirators, eye protection, gown and gloves
- Place in quarantine (isolation) for 14 days

Community Transmission in U.S. by County



Health care facilities should use the CDC Tracker for all community transmission rates

https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk

What is Source Control?

- **Source Control** in health care refers to respirators and surgical face masks to contain the wearers' respiratory secretions when they breathe, talk, sneeze or cough.
 - When used solely for source control, any of the options listed above could be used for an entire shift unless they become soiled, damaged or hard to breathe through.

What is Transmission-Based Precautions (TBP)?

- TBP refers to additional measures focused on the particular mode of transmission and is always in addition to standard precautions.
 - If a respirator is used as TBP (e.g., NIOSH-approved N95 or equivalent or higher-level respirator) during the care of a patient with suspected or confirmed COVID-19 infection, they should be removed and discarded after each resident care encounter and a new one should be donned.
 - Examples: COVID+, PUI, Observations and aerosol-generating treatments for all residents

Universal Source Use of Face Masks for HCP

	Low Blue	Moderate Yellow	Substantial Orange	High Red
Facemasks (i.e., well-fitting surgical masks, KN-95, or NIOSH-approved N95 or equivalent or higher-level respirators)	Universal use of well-fitting surgical masks or KN-95 respirators	Universal use of well-fitting surgical masks or KN-95 respirators	Universal use of N-95 for HCP during all patient care encounters	Universal use of N-95 for HCP during all patient care encounters
Eye protection (i.e., goggles or a face shield that covers the front and sides of the face)	Eye protection can be worn	Eye protection can be worn	Universal use of eye protection	Universal use of eye protection

Things to Remember About Facemasks:

1

Ensure that TBP are maintained when moving patients from one patient-care area to another

2

Know the appropriate PPE; when it should be used and how it should be put on and taken off

3

Make sure staff knows which type of mask is needed in each situations and how to check that the mask is properly fitted (i.e., self-seal check and appropriate placement of securement straps)

Up-to-Date Vaccination	Fully Vaccinated or No/Partial Vaccination
Admissions: Transmission-based precautions (isolation) not necessary	Admissions: Transmission-based precautions (Isolation) necessary for 14 days
Close exposure: No quarantine/transmission-based precautions (isolation)	Close exposure: Quarantine/transmission-based precautions (Isolation) for 10 days, 7 days if test negative
Serial Testing	
Resident testing: Routine screening not necessary	Resident testing: Routine screening not necessary
HCP testing: No routine screening needed	HCP testing: Test per transmission rate (twice per week in substantial and high, once moderate, low none)

In general, testing is not necessary for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 90 days; however, if testing is performed on these people, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended. This is because some people may remain NAAT positive but not be infectious during this period.

When Should I Test Residents?

If Symptomatic
TEST

Resident Testing	Recommended Frequency
Asymptomatic residents after close contact with someone with SARS-CoV-2 infection, regardless of vaccination status	Test immediately (but generally not earlier than 24 hours after the exposure) and, if negative, again 5–7 days after the exposure.

For COVID-19, a close contact is anyone who was within six feet of an infected person for a total of 15 minutes or more over 24 hours (for example, three individual five-minute exposures for a total of 15 minutes).

Recommended Work Restrictions for HCP Based on Vaccination Status and Type of Exposure

Refer to CDC guidelines for determining staffing status

Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

Up to Date with all recommended COVID-19 vaccine doses is defined in [Stay Up to Date with Your Vaccines | CDC](#)

For more details, including recommendations for healthcare personnel who are immunocompromised, have severe to critical illness, or are within 90 days of prior infection, refer to [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) (conventional standards) and [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#) (contingency and crisis standards).

Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Up to Date and Not Up to Date	10 days OR 7 days with negative test [†] , if asymptomatic or mild to moderate illness (with improving symptoms)	5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms)	No work restriction, with prioritization considerations (e.g., types of patients they care for)

Work Restrictions for Asymptomatic HCP with SARS-CoV-2 Exposures

Vaccination Status	Conventional	Contingency	Crisis
Up to Date	No work restrictions, with negative test on days 1 [‡] and 5–7	No work restriction	No work restriction
Not Up to Date	10 days OR 7 days with negative test [†]	No work restriction with negative tests on days 1 [‡] , 2, 3, & 5–7 (if shortage of tests prioritize Day 1 to 2 and 5–7)	No work restrictions (test if possible)

[†]Negative test result within 48 hours before returning to work

[‡]For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0



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[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

To Whom Should I Report?

- Notification of outbreaks:
 - Share with all health care providers (HCP), residents and families if or when the outbreak is identified.
- **All FACILITIES** should notify the health department promptly
 - ≥ 1 residents or HCP with suspected or confirmed SARS-CoV-2 infection.
 - Residents with severe respiratory infection resulting in hospitalization or death.
 - ≥ 3 residents or HCP with acute illness compatible with COVID-19 with onset within a 72-hour period.

Basic Infection Prevention and Control Training Resources

- Current IP practices in long-term care facilities:
https://www.train.org/cdctrain/training_plan/3814
Registration allows continued access to document templates.
- COVID-19 training for nursing home frontline workers:
<https://qsep.cms.gov/COVID-Training-Instructions.aspx>

Georgia DPH Contacts

State Region/Districts	Contact Information
North (Rome, Dalton, Gainesville, Athens) Districts 1-1, 1-2, 2, 10	Sue.bunnell@dph.ga.gov (404-967-0582) Mary.Whitaker@dph.ga.gov (404-967-0578)
Atlanta Metro (Cobb-Douglas, Fulton, Clayton, Lawrenceville, DeKalb, LaGrange) Districts 3-1, 3-2, 3-3, 3-4, 3-5, 4	Teresa.Fox@dph.ga.gov (404-596-1910) Renee.Miller@dph.ga.gov (678-357-4797)
Central (Dublin, Macon, Augusta) Districts 5-1, 5-2, 6, 7	Theresa.Metro-Lewis@dph.ga.gov (404-967-0589) Karen.Williams13@dph.ga.gov (404-596-1732)
Southeast (Columbia, Albany) Districts 8-1, 8-2	Connie.Stanfill1@dph.ga.gov (404-596-1940)
Southwest (Valdosta, Savannah, Waycross) Districts 9-1, 9-2	Regina.Howard@dph.ga.gov (404 967-0574)
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Questions?



Save the Date

Next Office Hours:

June 17, 2022

11 a.m.

Thanks Again...

- Georgia Department of Public Health
- University of Georgia



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