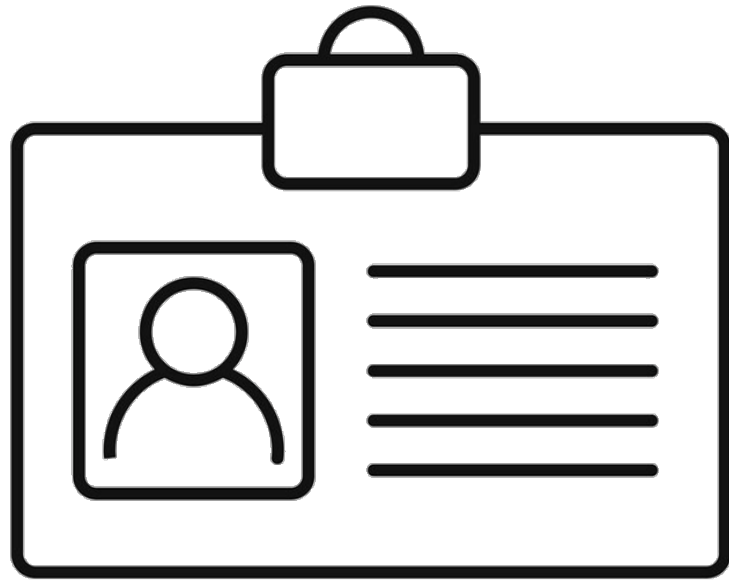




Georgia Department of Public Health:
Strike & Support Team Office Hours Kick-Off for
Assisted Living Facilities and Personal Care Homes
August 26, 2022

Meet the Team



Panelists:

Melody Brown, MSM

Patient Safety Manager
Alliant Health Solutions

Assistance with slides

Renee Miller, BSN, RN, CIC

Infection Preventionist, Department of
Public Health

Presenters:

Teresa Fox, BS, MT(ASCP) M.Ed., CIC

Infection Preventionist, Department of Public Health

Regina Howard, BSN, RN, CIC

Infection Preventionist, Department of Public Health

Thank You to Our Partners

- Georgia Department of Public Health
- University of Georgia



Purpose

- These sessions consist of a regularly scheduled monthly webinar for assisted living facilities and personal care homes. Office hours are your opportunity to come and learn, share, vent and more!
- Every month we provide 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.

September Office Hours:

- [September 23, 2022](#)
 - Support with a strategy to reinforce staff importance

Training 2:

- October 27, 2022
1:30-3:30 p.m.



Your Opinion Matters

- Share in CHAT what is keeping you up at night related to Infection Prevention.
- We want to provide you with information that is relevant to what you are doing everyday.

Be on the Lookout

A package will be on the way this fall from



**UNIVERSITY OF
GEORGIA**

Facility Infection Prevention Resource Box

- 500 Georgia facilities (including all skilled nursing facilities) will receive an Infection Prevention Resource Box created by the Georgia Department of Public Health's Healthcare-Associated Infections/Antimicrobial Resistance Program
- Each box contains the following nine resources:

APIC LTCF Manual

Glow Germ/UV Light

EPA List P Cleaning Wipes

Laminate Signage

Isolation Checklist

IP Rounding Checklist

NHSN Data Packet

Temperature Logs

Antibiotic Stewardship Program

3M FT-30 N95 Fit Test Kit

- 1,997 facilities around Georgia will receive a N95 fit test kit and supplemental materials



Train-the Tester Video

Mask Protocol Video

N95 Fit Test Pocket Guide

Program Social Media Accounts



@gacnainitiative



@gacnainitiative



@gacnainitiative



@gacnainitiative



GACNAInitiative@gmail.com

Cleaning and Disinfection

Safe and Effective Disinfection in Long-Term Care

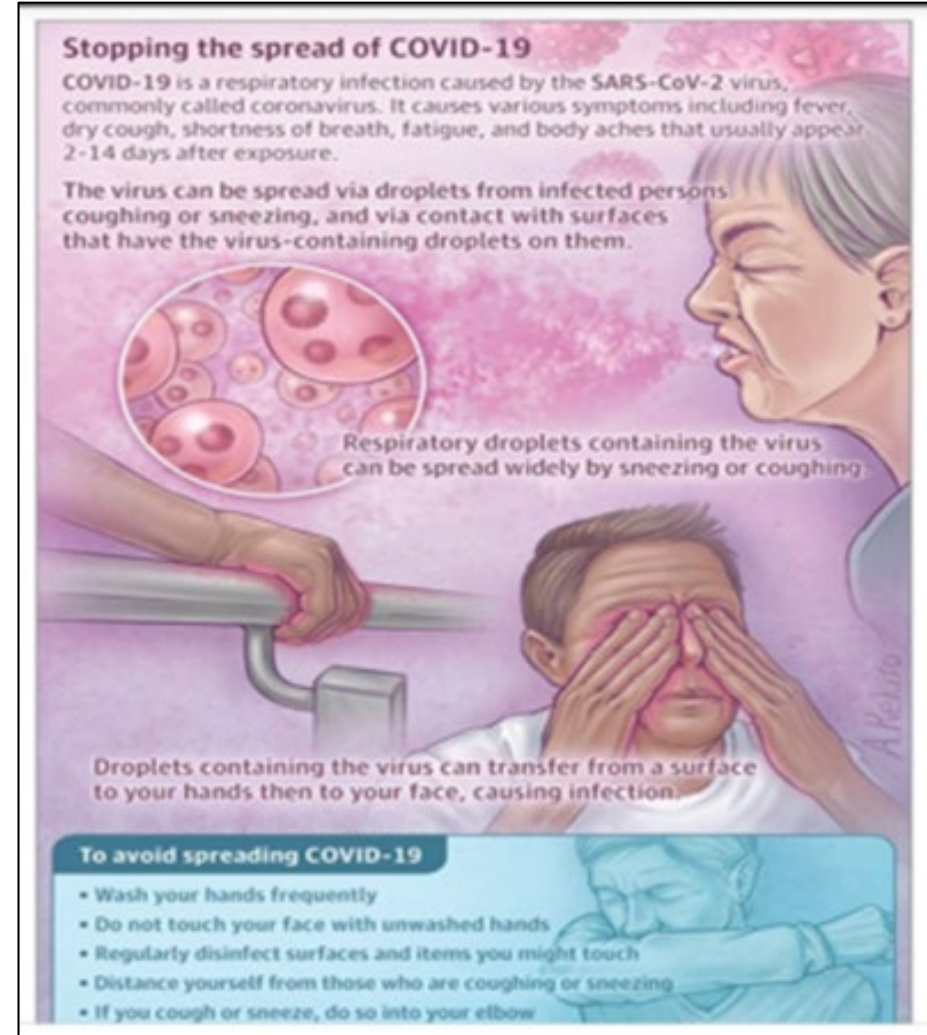
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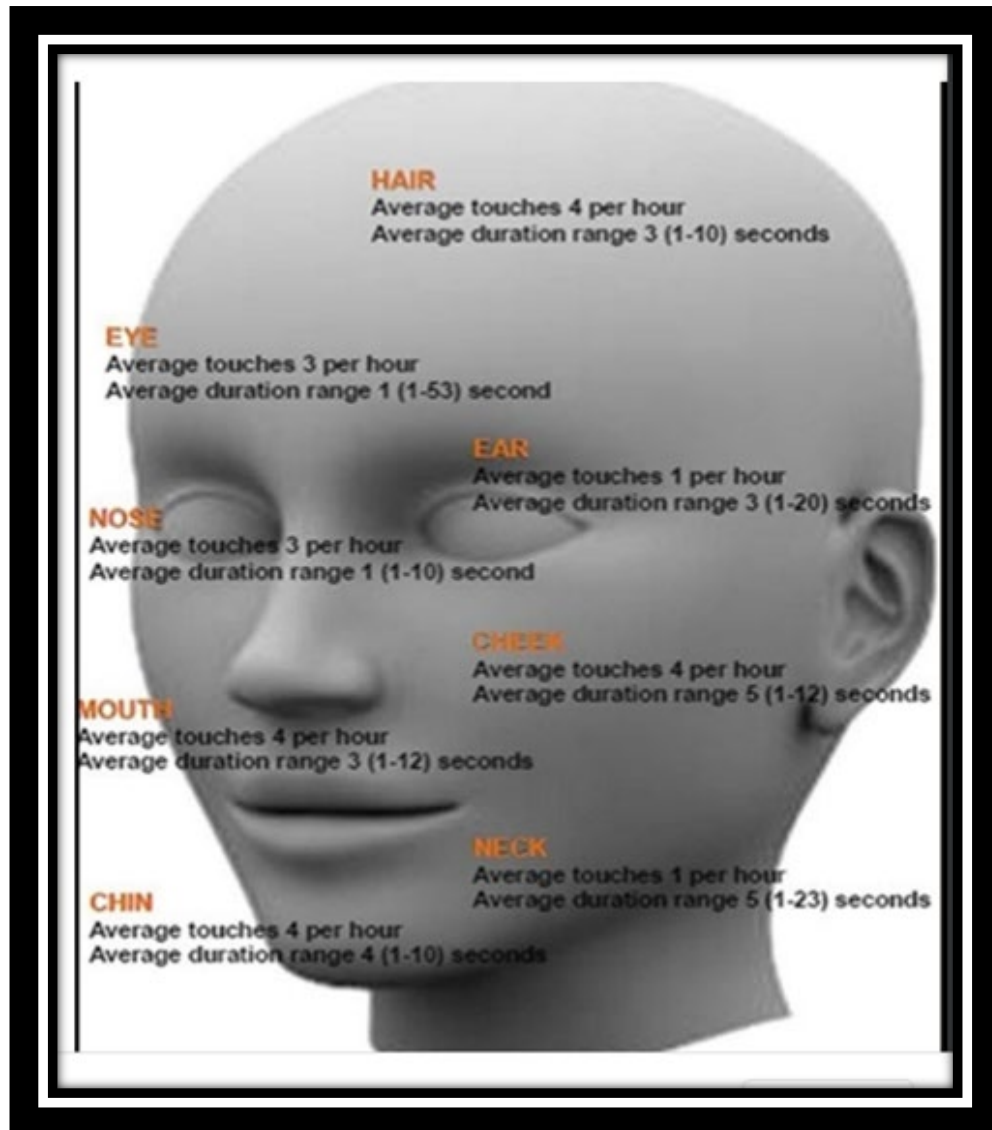


To Prevent the Spread of COVID-19

- Clean hands frequently.
 - ABHR is the preferred method.
- Don't touch your face with unwashed hands.
- Regularly disinfect surfaces and items touched.
- Distance yourself from those who are coughing and sneezing.
- Cough or sneeze into elbow or tissue.
- Dispose tissues promptly in the trash.



Viral and Bacteria Transmission



<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7115329/figure/fig1/>

Pillars of COVID-19 Prevention and Control



Hand Hygiene



Transmission-Based
Precautions



Environmental
Cleaning and
Disinfection

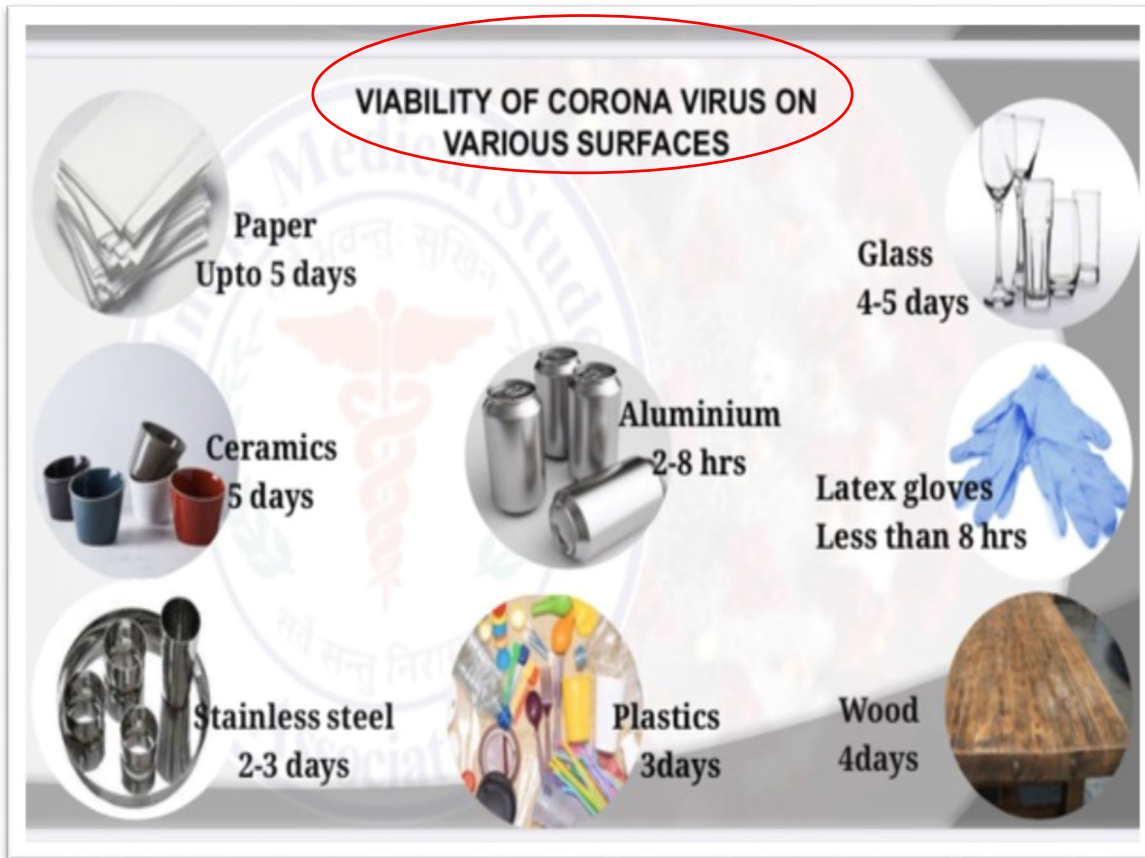


Why Clean and Disinfect Environment and Shared Medical Equipment?

- To prevent transmission of organisms to residents and staff.
- To protect those whose immune system is immunocompromised.
- To prevent transmission of COVID-19 and Multidrug-Resistant Organisms (MDROs).
- To provide an aesthetically pleasing environment.

Indirect Transmission of Germs

Germs can survive for up to three hours on your hands



<https://qph.fs.quoracdn.net/main-qimg-bc6a7b44d44d4885977ea6947a37193e>

Persistence of clinically relevant bacteria on dry inanimate surfaces.

Type of bacterium	Duration of persistence (range)
<i>Acinetobacter</i> spp.	3 days to 5 months
<i>Bordetella pertussis</i>	3 – 5 days
<i>Campylobacter jejuni</i>	up to 6 days
<i>Clostridium difficile</i> (spores)	5 months
<i>Chlamydia pneumoniae</i> , <i>C. trachomatis</i>	≤ 30 hours
<i>Chlamydia psittaci</i>	15 days
<i>Corynebacterium diphtheriae</i>	7 days – 6 months
<i>Corynebacterium pseudotuberculosis</i>	1–8 days
<i>Escherichia coli</i>	1.5 hours – 16 months
<i>Enterococcus</i> spp. including VRE and VSE	5 days – 4 months
<i>Haemophilus influenzae</i>	12 days

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1564025/>

High Touch Surfaces Require Daily & Frequent Cleaning During Outbreaks/High Community Transmission

Doorknobs
Keyboards
Computer mouse
Tablets
Light switches
Desk handles
Bedside tables
Telephones
Wheelchairs, all
mobility equipment

Bathroom fixtures,
sinks, toilets
Pens
Counters
Elevator buttons



Daily Cleaning of Resident Rooms

- Plan a logical cleaning pattern.
- Restrooms should always be cleaned **LAST**.
- Follow guidelines for optimal cleaning paths:
 - Clockwise
 - Top to bottom
 - Clean to dirty
- Clean walls, blinds and window curtains when visibly contaminated or soiled.
- Change microfiber after each room and after cleaning blood or bodily fluid spills or change mop and water after every two-three rooms and after each isolation room.
- Remove PPE before leaving the resident's room/apartment.

APIC Resident Room Daily Cleaning



Cleaning of Shared Medical Equipment

- Develop policy and procedures for cleaning and disinfection, including staff responsibilities.
- Educate all staff responsible for cleaning and disinfection (clinical and non-clinical) on hire, annually, and as needed (i.e., product changes). Include:
 - Reading labels, wet times, and PPE required
- Validate competency by return demonstration.
- Clean and disinfect equipment between each use, including infrared thermometers.
- Follow the manufacturer's recommendations.
- Cleaning products should be available at the point of use for all staff.



Storage of Clean Equipment

- All items should be cleaned and disinfected prior to storage.
- Store “clean” items separate from “dirty” items.
- Store in a clean, dry, well-maintained (i.e., walls and floors are intact) area.
- The area should be identified by purpose (i.e., signage).
- Develop a facility-wide system to identify clean/dirty items.



"Two Step" Method

Step 1. Cleaning – Physical removal of dirt, body fluids and other organic matter accomplished manually or mechanically using water with detergents or enzymatic products applied with friction.

- Cleaning reduces the presence of organisms, thereby preventing harm when the surface is touched. It does not kill germs.
- Cleaning is mandatory in preparation for disinfection and sterilization.

Step 2. Disinfection – The process involves utilizing EPA-approved chemicals that eliminate or kill many or all pathogenic organisms except bacterial spores on surfaces.

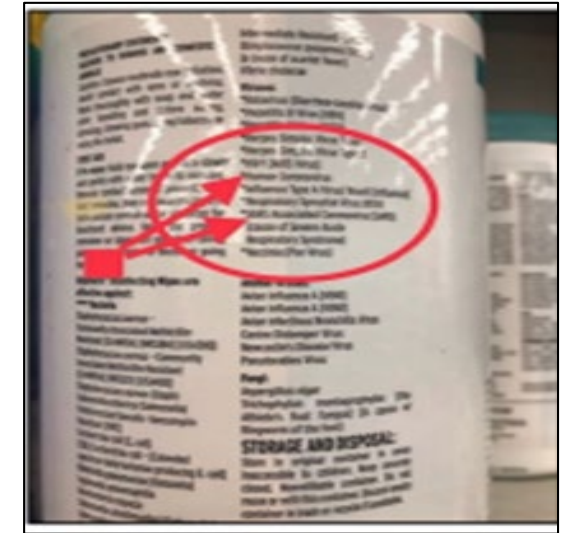
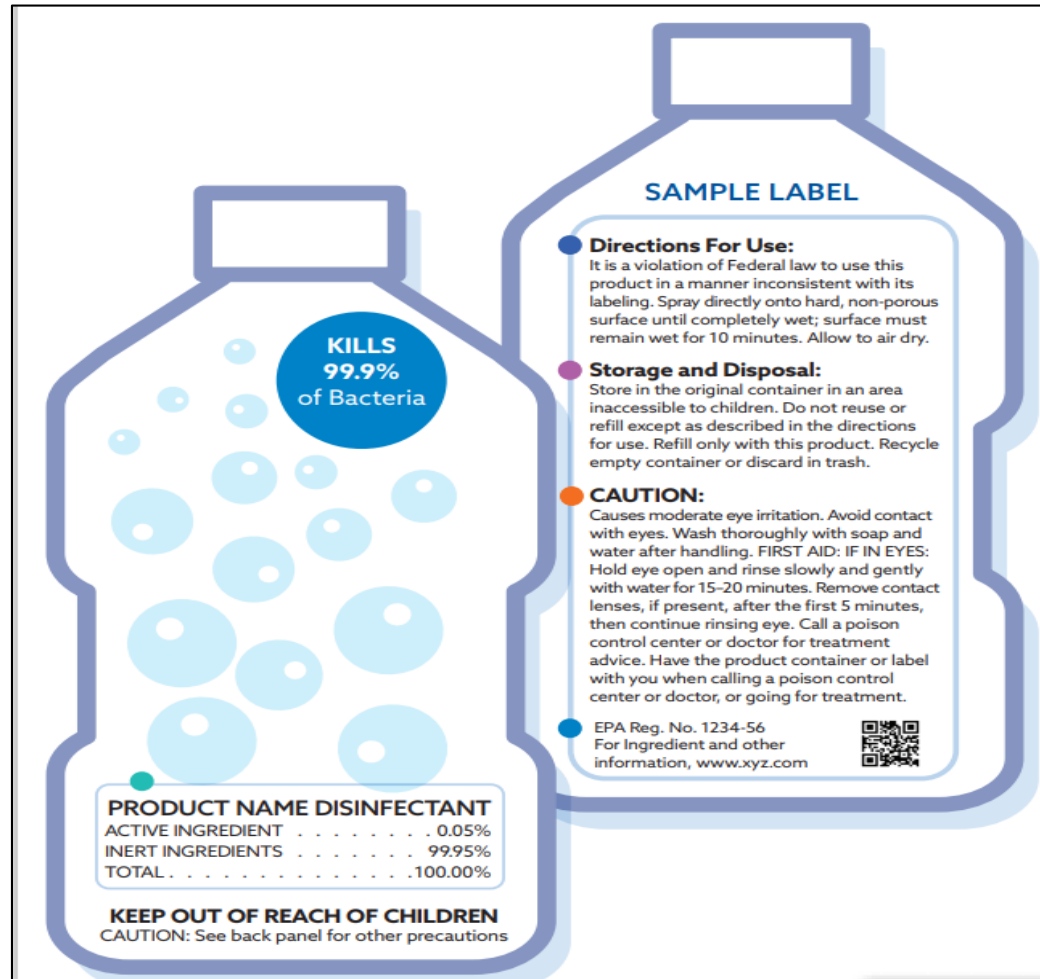
- Products used in hospitals and other healthcare facilities are hospital-grade disinfectants.
- Disinfection is used on inanimate objects and is done after the cleaning process.

If using ultraviolet light or hydrogen peroxide spray, all surfaces must be cleaned and disinfected prior to application.

EPA'S List of Effective Products

- EPA reviews laboratory testing data and assigns a primary registration number.
 - Usually at the bottom of the back label.
- Selected EPA-registered disinfectants (includes all lists):
<https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>
 - List K – EPA-registered antimicrobial products effective against *Clostridioides difficile*.
 - **List N – EPA-registered disinfectants effective against SARs CoV2.**
 - List P – Antimicrobial products registered with EPA for claims against *Candida auris*.

Reading Container Labels



<https://www.cleaninginstitute.org/sites/default/files/documents/How-To-Read-Disinfecting-Label.pdf>

When Using Disinfectants

- Follow the directions on the label.
- Use recommended PPE when cleaning and disinfecting.
- Ensure adequate ventilation.
- Dilute products per manufacturer's instructions.
- Label diluted cleaning or disinfectant solutions as directed by Occupational Safety and Health Administration (use water at room temperature unless stated otherwise on the label).
- **Do not** apply cleaners or disinfectants directly on the skin.
- **Do not** mix different products or chemicals.
- Perform hand hygiene after glove removal.
- Store in a secured location.



Contact Time, Wet Time and Dwell Time

Time that the disinfectant **needs to stay wet on a surface** to ensure efficacy. It is determined by the manufacturer and based on the results of microbiological testing using EPA-approved methods.

- Provide adequate time for room turnover to **allow** contact time (dwell or wet time) for disinfection to occur.
- A dry environment may cause faster drying of the disinfectant, and **reapplication** may be needed to allow for the full contact time.
- Always know the contact time for the product in use.



Auditing of Shared Equipment Cleaning

Hand Hygiene and PPE Observations

Month:

Year:

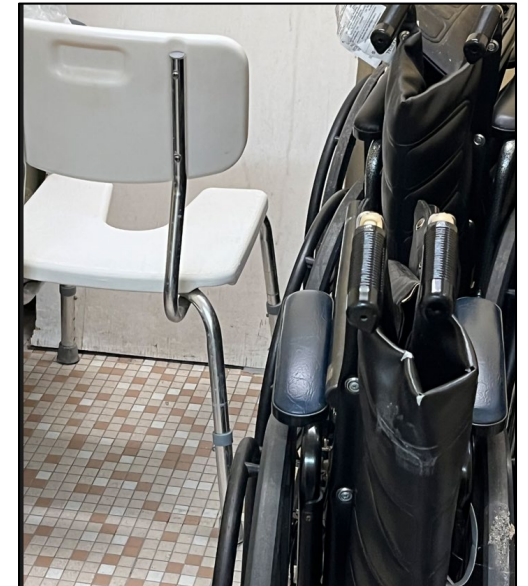
Unit:

Observer:

	Hand Hygiene			PPE			Shared Equipment		
	Before resident contact (Y or N)	After resident contact (Y or N)	After environmental surfaces contact (Y or N)	Appropriate selection of PPE (Y or N)	Appropriate donning of PPE (Y or N)	Appropriate doffing and disposal (Y or N)	Appropriate "Wet Time" adherence (Y or N)	Clean and disinfection of shared equipment after use (Y or N)	Just-in-time education provided (Y or N)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

Tips From the Field

- Do informal observations when leadership rounding:
 - CNAs are performing vital signs.
 - Shared equipment was cleaned and disinfected prior to storage.
 - Cleaning wipes at point of use.
 - Condition of upholstery and mobile equipment observing for tears and cracks.
 - Wood, countertops and wall surfaces are in good condition.
 - No tape or sticky surfaces.
 - Accessing supplies on carts with “dirty” gloves.
 - Separation of cleaning rags (bathroom/resident room).
 - Changing mop heads/water frequency.
 - Cleaning isolation/quarantine rooms last.



Summary

- Create policies and procedures to ensure a systematic approach.
- Increase the frequency of cleaning and disinfecting, particularly for high-touch surfaces (e.g., hand-rails, bed rails, over bed tables, doorknobs).
- Audit proper cleaning and disinfection of the facility's environment as indicated in its cleaning/disinfection policies.
- Use hospital-grade EPA Registered Antimicrobial Products effective against the organism in question.
 - Follow manufacturer instructions for use.
- Provide ongoing education for housekeeping and other staff (i.e., PT, CNAs) related to cleaning and disinfection.
 - Consider designating specific housekeeping staff to the affected resident care unit.

Georgia Department of Public Health HAI Team 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)
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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)
Backup/Nights/Weekends	Jeanne.Negley@dph.ga.gov (404-657-2593) Joanna.Wagner@dph.ga.gov (404-430-6316)

Questions?



Save the Date

Next Office Hours:

September 23, 2022

11 a.m.



Thanks Again...

- Georgia Department of Public Health
- University of Georgia



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This material was prepared by Alliant Health Solutions, under contract with the Georgia Department of Public Health as made possible through the American Rescue Plan Act of 2021.

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