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:

Swati Gaur, MD, MBA, CMD, AGSF
Medical Director, Alliant Health Solutions

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 will consist of a regularly scheduled monthly webinar for skilled nursing facilities (SNFs) and 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.

September Office Hours:
• September 16, 2022
  – Support with strategy to reinforce staff importance

Training 2:
• October 25, 2022 (SNF)
• October 27, 2022 (SNF)
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 every day.
Be on the Lookout

A package will be on the way this fall from
Facility Infection Prevention Resource Box

• 500 Georgia facilities (including all skilled nursing facilities) will receive an infection prevention resource box from 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 an 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@gmail.com
Georgia’s Long Term Care Infectious Disease Educational Program is funded through Centers for Medicare and Medicaid Services (CMS), Civil Money Penalty (CMP) Funds – Grant #: 21035G (CMP REQUEST #: 2020-04-GA-1117)
LTC Infectious Disease Educational Program

• Three-year program funded by CMS CMP funds from 2021-2024.
  – Due to funding, the program is available to certified LTC facilities ONLY (i.e., nursing homes, NOT personal care homes, assisted living, hospice or memory care centers).

• Courses are open to all certified LTC staff members, clinical and non-clinical.

• Other resources to be produced by this program: biannual e-newsletters and educational videos available on our project webpage.

idm.publichealth.uga.edu/galtcidep/
Course Offerings

• Program Course Schedule (2021-2024)
  – Year 1: Offered 14 Foundations Courses across Georgia
  – Year 2: Offering 14 Principles Courses (Sep. 2022-Apr. 2023)
  – Year 3: Will have seven offerings of each course

• All offerings are in-person but subject to change due to COVID-19.

• Attending the course offered within your health care coalition is recommended but not required.

• **Principles Course topics include:** Infection control plans, legal aspects of infectious diseases, personal protective equipment (PPE) for each precaution, waste management, disinfection procedures and integration with community partners.
### Principles Course Schedule

<table>
<thead>
<tr>
<th>DATE</th>
<th>REGION</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 15, 2022 (Thursday)</td>
<td>E</td>
<td>UGA Institute for Disaster Management 105, Rowson Road, Athens, GA 30602</td>
</tr>
<tr>
<td>September 29, 2022 (Thursday)</td>
<td>M</td>
<td>Coastal Pines Technical College 5211 Cates Avenue, Waycross, GA 31503</td>
</tr>
<tr>
<td>September 30, 2022 (Friday)</td>
<td>L</td>
<td>UGA Conference Center 45 RDC Road, Tifton, GA 31794</td>
</tr>
<tr>
<td>October 27, 2022 (Thursday)</td>
<td>A</td>
<td>Dalton Convention Center 2211 Tour Lingle Parkway, Dalton, GA 30720</td>
</tr>
<tr>
<td>October 28, 2022 (Friday)</td>
<td>C</td>
<td>Garren Brown Conference Center 5450 State Route 20, Cartersville, GA 30121</td>
</tr>
<tr>
<td>November 11, 2022 (Friday)</td>
<td>F</td>
<td>Hatcher Conference Center (Middle GA State) 100 University Parkway, Macon, GA 31206</td>
</tr>
<tr>
<td>December 8, 2022 (Thursday)</td>
<td>I</td>
<td>Cunningham Center (Columbus State University) 1000 Gentian Boulevard, Columbus, GA 31907</td>
</tr>
<tr>
<td>December 9, 2022 (Friday)</td>
<td>K</td>
<td>Creekside Center (Chattahoochee Technical College) 105 Chatsworth Park Road, Alpharetta, GA 30001</td>
</tr>
<tr>
<td>January 19, 2023 (Thursday)</td>
<td>B</td>
<td>Ramsey Center (Gainesville Technical College) 2935 University Drive, Gainesville, GA 30701</td>
</tr>
<tr>
<td>February 3, 2023 (Friday)</td>
<td>G</td>
<td>Snelling Conference Center 3001 Washington Road, Suite D, Augusta, GA 30901</td>
</tr>
<tr>
<td>March 3, 2023 (Friday)</td>
<td>J</td>
<td>Armstrong Center (Georgia Southern University) 150 Abercorn Street, Savannah, GA 31401</td>
</tr>
<tr>
<td>March 30, 2023 (Thursday)</td>
<td>N</td>
<td>KSU Center 1000 Chastain Road NW, Kennesaw, GA 30144</td>
</tr>
<tr>
<td>March 31, 2023 (Friday)</td>
<td>D</td>
<td>Gas South Arena 5900 Sugarloaf Parkway, Duluth, GA 30097</td>
</tr>
<tr>
<td>April 6, 2023 (Thursday)</td>
<td>H</td>
<td>Oconee Fall Line Technical College 500 Pinehill Road, Dublin, GA 30021</td>
</tr>
</tbody>
</table>
Thank You!

Please email georgiaid@uga.edu with any questions.
Hot off the Press

• COVID cases---where are we now?
Resident Cases of COVID-19

Confirmed COVID-19 Cases among Residents and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States

* Data are likely accruing; all data can be modified from week-to-week by facilities.
* For the purpose of creating this time-series graph, data that fail certain quality checks or appear inconsistent with surveillance protocols are assigned a value based on their patterns for data-entry or excluded from analysis.

Data source: Centers for Disease Control and Prevention, National Healthcare Safety Network
For more information: https://www.cdc.gov/nhsn/tc/covid19/index.html
Accessibility: [Right click on the graph area to show as table]
Staff Cases of COVID-19

Confirmed COVID-19 Cases among Staff and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States

* Data are likely accruing, all data can be modified from week-to-week by facilities
For the purpose of creating this time-series graph, data that fail certain quality checks or appear inconsistent with surveillance protocols are assigned a value based on their patterns for data-entry or excluded from analysis
Data source: Centers for Disease Control and Prevention, National Healthcare Safety Network
For more information: https://www.cdc.gov/nhsn/ltc/covid19/index.html
Accessibility: [Right click on the graph area to show as table]
Wastewater Surveillance

Percent change of SARS-CoV-2 in the last 15 days by site, United States

<table>
<thead>
<tr>
<th>15-day % change category</th>
<th>Num. sites</th>
<th>% sites</th>
<th>Category change in last 7 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 100%</td>
<td>30</td>
<td>4</td>
<td>233%</td>
</tr>
<tr>
<td>- 99% to - 10%</td>
<td>360</td>
<td>50</td>
<td>- 22%</td>
</tr>
<tr>
<td>- 9% to 0%</td>
<td>38</td>
<td>5</td>
<td>- 31%</td>
</tr>
<tr>
<td>1% to 9%</td>
<td>22</td>
<td>3</td>
<td>- 48%</td>
</tr>
<tr>
<td>10% to 99%</td>
<td>120</td>
<td>17</td>
<td>- 19%</td>
</tr>
<tr>
<td>100% to 999%</td>
<td>92</td>
<td>13</td>
<td>- 36%</td>
</tr>
<tr>
<td>1000% or more</td>
<td>53</td>
<td>7</td>
<td>10%</td>
</tr>
</tbody>
</table>

Total sites with current data: 715
Total number of wastewater sampling sites: 1176
Current COVID-19 Variant

Use the controls to focus on a specific region and/or 1-week interval

HHS Region 4: 5/8/2022 – 8/13/2022

HHS Region 4: 8/7/2022 – 8/13/2022 NOWCAST

Region 4 - Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

WHO label | Lineage # | US Class | %Total | 95% PI
---|---|---|---|---
Omicron | BA.5 | VOC | 86.4% | 84.7-88.0%
 | BA.4.6 | VOC | 7.2% | 5.8-8.9%
 | BA.4 | VOC | 5.4% | 4.9-6.0%
 | BA.2.12.1 | VOC | 0.9% | 0.8-1.0%
 | BA.2 | VOC | 0.0% | 0.0-0.0%
 | B.1.1.529 | VOC | 0.0% | 0.0-0.0%
Delta | B.1.617.2 | VBM | 0.0% | 0.0-0.0%
Other | Other* | | 0.0% | 0.0-0.0%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating ≥1% nationally during all weeks displayed.

** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates.

# AY.1-AY.133 and their sublineages are aggregated with B.1.617.2, BA.1, and BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. For regional data, BA.1.1 and its sublineages are also aggregated with B.1.1.529, as they currently cannot be reliably called in each region. Except BA.2.12.1, BA.2 sublineages are aggregated with BA.2. Sublineages of BA.4 are aggregated to BA.4. Sublineages of BA.5 are aggregated to BA.5.
BA 4.6

- Faster – more contagious
- 12% in Midwest
- Symptoms
  - Runny nose
  - Sore throat
  - Cough
  - Fever
  - Body aches
  - fatigue
COVID-19 Strategy

• Keep the outbreak out/numbers down
• Keep residents safe
# Vaccine Effectiveness

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Vaccine Type</th>
<th>Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>SARS-CoV-2 infection</td>
<td>3 doses mRNA</td>
<td>69%</td>
</tr>
<tr>
<td>Hospitalizations</td>
<td>3 doses mRNA</td>
<td>90% to 84% for Omicron</td>
</tr>
<tr>
<td>ED visit</td>
<td>3 doses mRNA</td>
<td>83%</td>
</tr>
<tr>
<td>Mechanical ventilation or death</td>
<td>3 doses mRNA</td>
<td>94%</td>
</tr>
</tbody>
</table>
Vaccine Effectiveness in LTC

The Three Pillars

- Up to date vaccinate (booster for all eligible)
- PPE and Infection Control
- Testing
Preventing Spread

- Healthier staff
- Risk of giving to resident

- Risk of giving to resident
- Risk of getting COVID
- Risk of giving to resident
- Risk of giving to resident
Effect of 3rd vs 4th Dose Against Omicron (6.23)

https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2793699
Vaccine Effectiveness Against BA.5

<table>
<thead>
<tr>
<th>Hospitalization</th>
<th>BA.5</th>
<th>BA.2</th>
<th>OR BA.5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Outcome n (%)</td>
<td>Adjusted OR (95%CI)</td>
<td>Outcome n (%)</td>
</tr>
<tr>
<td>Not vaccinated</td>
<td>9/590 (1.53)</td>
<td>ref</td>
<td>14/631 (2.2)</td>
</tr>
<tr>
<td>Complete primary vaccination</td>
<td>9/2530 (0.36)</td>
<td>0.78 (0.29;2.09)</td>
<td>11/2434 (0.45)</td>
</tr>
<tr>
<td>1st booster vaccination</td>
<td>34/9186 (0.37)</td>
<td>0.23 (0.10;0.51)</td>
<td>29/12331 (0.24)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Death</th>
<th>Vaccination status</th>
<th>BA.5</th>
<th>BA.2</th>
<th>OR BA.5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Outcome n (%)</td>
<td>Adjusted OR (95%CI)</td>
<td>Outcome n (%)</td>
<td>Adjusted OR (95%CI)</td>
</tr>
<tr>
<td>Not vaccinated</td>
<td>8/590 (1.36)</td>
<td>ref</td>
<td>3/631 (0.48)</td>
<td>ref</td>
</tr>
<tr>
<td>Complete primary vaccination</td>
<td>4/2530 (0.16)</td>
<td>0.45 (0.12;1.62)</td>
<td>7/2434 (0.29)</td>
<td>1.00 (0.22;4.08)</td>
</tr>
<tr>
<td>1st booster vaccination</td>
<td>15/9186 (0.16)</td>
<td>0.12 (0.04;0.30)</td>
<td>5/12331 (0.04)</td>
<td>0.06 (0.01; 0.24)</td>
</tr>
</tbody>
</table>

https://www.medrxiv.org/content/10.1101/2022.07.25.22277996v1
Other Consideration

• Flu strain H3 N2 variant
• Co-administration of flu vaccine
  – Different limb
  – High dose or adjuvant
• Novavax—for residents and staff who haven't taken the mRNA vaccine
  – Two shots
  – No booster
• Bivalent mRNA approved in the UK
### Therapeutic Considerations

<table>
<thead>
<tr>
<th>Patient Disposition</th>
<th>Panel’s Recommendations</th>
</tr>
</thead>
</table>
| Does Not Require Hospitalization or Supplemental Oxygen | All patients should be offered symptomatic management (AIII). For patients who are at high risk of progressing to severe COVID-19, use 1 of the following treatment options: **Preferred Therapies**  
*Listed in order of preference:*  
- Ritonavir-boosted nirmatrelvir (Paxlovid)$^{b, c}$ (Alla)  
- Remdesivir$^{c, d}$ (Blla)  
**Alternative Therapies**  
*For use ONLY when neither of the preferred therapies are available, feasible to use, or clinically appropriate. Listed in alphabetical order:*  
- Bebtelovimab$^e$ (CIII)  
- Molnupiravir$^{c, f}$ (ClIa)  
The Panel **recommends against** the use of dexamethasone$^g$ or other systemic corticosteroids in the absence of another indication (AIII). |
Vaccine Effectiveness on Long COVID

Figure 3. Impact of vaccinations on long COVID forest plot.
Cleaning and Disinfection

Safe and Effective Disinfection in Long-Term Care

Regina Howard, BSN, RN, CIC
Teresa Fox, MT(ASCP), CIC
To Prevent the Spread of COVID-19

- Perform hand hygiene 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 of 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

Persistence of clinically relevant bacteria on dry inanimate surfaces.

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

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
- Over bed tables
- Bedside tables
- Cubicle curtains
- Telephones
- Call lights
- Bed rails
- Wheelchairs, all mobility equipment
- Bathroom fixtures, sinks, toilets
- Pens
- Counters
- Elevator buttons

COVID-19 mainly spreads from person to person
But it can also be left on objects and surfaces...

So if you touch something contaminated and then touch your face or another's face, you might all fall ill.
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 2-3 rooms and after each isolation room.
- Remove PPE before leaving the resident’s room.

APIC Resident Room Daily Cleaning

How can you HELP stop the spread of germs?

- Perform hand hygiene
- Pull trash & linen
- Clean bathroom
- High & low dust
- Clean high touch surfaces
- Dust-mop the floor
- Make bed, use cleaning supplies & inspect
- Damp-mop the floor
- Perform hand hygiene

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.

• Establish a method for assessing the quality of cleaning and disinfection.

• 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 clearly 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, preventing harm when the surface is touched. It does not kill germs.
- Cleaning is mandatory in preparation for disinfection and sterilization.

**Step 2. Disinfection** - Process of utilizing EPA-approved chemicals that eliminate or kill many or all pathogenic organisms except bacterial spores on surfaces.
- Products used in hospitals and other health care facilities are referred to as “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](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

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 OSHA (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 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, taking into consideration contact time (dwell or wet time) for disinfection to occur.
- A dry environment may cause faster drying of the disinfectant, and reaplication may be needed to allow for the full contact time to occur.
- Always know the contact time for the product in use.
Auditing Effectiveness of Cleaning

- **Visual assessment is not a reliable indicator of surface cleanliness.**
  - Direct observation measures adherence to processes.
- **A fluorescent marker determines if a particular area was wiped.**
  - UV gel testing-qualitative measure using fluorescent gel to assess terminal cleaning on high-touch surfaces.
- **Tools-UV markers (Glo Germ, GlitterBug etc.).**
  - Marking tools (sponge applicator).
  - Blacklight to assess the removal of gel.

https://www.cdc.gov/HAI/toolkits/Environmental-Cleaning-Checklist-10-6-2010.pdf
# Housekeeping Daily/Audit Checklist

Place a “Y” for all areas that meet the inspection standard.

<table>
<thead>
<tr>
<th>Area</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resident Room #</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand wash sink clean and used only for handwashing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soap, alcohol, and other dispenser are dry, cracked, and missing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceiling tiles without dust or dirt and, or vents, sprinklers clean</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sharps container checked for full level and emptied</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment, i.e., IV and other tubing feeding post and base, clean</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cabinet handles and surfaces clean and free of tape and hand prints</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TV, front and back wiped clean</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bedside table surface and pulls clean</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceiling tiles clean and dust free</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over bed table surface clean, trash for slider clean, base clean</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floors clean, not sticky, free of dust</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone, handset clean</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remote control clean</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Room fan on counter top dust free</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleeper couch/couch set clean</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Room chair arms, back, side, head rest, and seat clean</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Windows are clean on inside and ledges are dust free</td>
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<tr>
<td>Countertops, desk area, and chair are clean</td>
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<tr>
<td>Closet locks and smell clean</td>
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<tr>
<td><strong>BED</strong></td>
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<tr>
<td>All side rails are free of tape and clean, including both sides of rails, devices around controls, bottoms of rails</td>
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<tr>
<td>Mattress covering is free of stain, tears and cracks</td>
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<tr>
<td>Frame is dust free</td>
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<tr>
<td>Controls at foot of bed are clean and dust free if applicable</td>
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<tr>
<td>Call light and cord are clean</td>
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<tr>
<td><strong>BATHROOM</strong></td>
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<tr>
<td>Sink and counters free of water spots and clean</td>
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<tr>
<td>Soap dispensers are clean and stacked</td>
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<tr>
<td>Lights are dust free, mirror clean, light switches clean</td>
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<tr>
<td>Tiles are clean, floor around and behind toilets are clean</td>
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<tr>
<td>Pipes around toilet are free of water build up and clean</td>
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<tr>
<td>Pull cords are clean and hang free of sitting</td>
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<tr>
<td>Bathroom mirror clean, no odors noticed</td>
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<tr>
<td>Bathroom door is clean and free of hand prints, handles are clean</td>
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<tr>
<td><strong>Items that met standards</strong></td>
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</tbody>
</table>
Auditing and Sharing of Data

• Conduct an audit of cleaning and disinfection using a Yes/No checklist.
• Graph room cleaning data and report percentage monthly to the quality team.
  • The graph will provide a clear picture of which direction efforts are heading and dictate the next steps for improvement.
• Establish a way to recognize the housekeeping staff for a job well done.
  • Never make it punitive.
Performance Improvement Project: Shared Non-Critical Equipment

- Gather a multi-disciplinary collaborative team.
- Develop a system for identifying clean/dirty equipment.
- Develop a goal for compliance.
- List all shared equipment.
- Conduct baseline compliance audits.
- Determine who is responsible for cleaning.
- Establish when and how cleaning and disinfection are to occur.
- Create a chart.
- Educate staff on responsibilities and processes.
- Post and distribute charts to all involved units.
- Audit for compliance and provide interventions as needed.
## Shared Non-Critical Equipment

<table>
<thead>
<tr>
<th>EQUIPMENT</th>
<th>METHOD OF DISINFECTION</th>
<th>STAFF RESPONSIBLE</th>
<th>FREQUENCY</th>
<th>WET TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stethoscope</td>
<td>Wipe entire instrument and ear pieces with alcohol after each patient use. Allow to air dry.</td>
<td>Nursing</td>
<td>After each resident use and as needed</td>
<td>30 seconds</td>
</tr>
<tr>
<td>IV Pump</td>
<td>All IV infusion pumps must be decontaminated before returning to Clean Storage Area. If pumps are not returned to storage area, clean with hospital-approved disinfectant, cover with a plastic bag to indicate clean/ready for use and store on nursing unit.</td>
<td>EVS</td>
<td>After each resident use and as needed</td>
<td>2 minutes</td>
</tr>
<tr>
<td>IV Poles</td>
<td>Remove visible soil. Disinfect with hospital-approved disinfectant before returning to Clean Storage Area. If poles are not returned to storage area, clean with hospital-approved disinfection, cover with a plastic bag to indicate clean/ready for use</td>
<td>EVS</td>
<td>After each resident use and as needed</td>
<td>2 minutes</td>
</tr>
<tr>
<td>Electronic Thermometers</td>
<td>Remove visible soil. Wipe all surfaces with alcohol/germicidal wipe and allow to air dry.</td>
<td>Nursing</td>
<td>After each resident use and as needed</td>
<td>30 seconds; 1 minute</td>
</tr>
<tr>
<td>Wheelchairs</td>
<td>Remove visible soil, disinfect with hospital-approved disinfectant.</td>
<td>Nursing</td>
<td>After each resident use and as needed</td>
<td>1 minutes</td>
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<tr>
<td></td>
<td>Powerwash with soap and water</td>
<td>Maintenance</td>
<td>Month</td>
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<tr>
<td>Glucometer</td>
<td>Acceptable cleaning ingredients include: soap/water, 70% Isopropyl Alcohol, 1:10 dilution of sodium hypochlorite ammonium chloride (quarternary ammonium chloride), or 1:10 dilution of bleach. Wipe and dry the meter and ensure that no cleaning solution is seen in the connector where the meter is docked</td>
<td>Nursing</td>
<td>After each resident use and as needed</td>
<td>2 minutes</td>
</tr>
</tbody>
</table>
Auditing of Shared Equipment Cleaning

<table>
<thead>
<tr>
<th>Month</th>
<th>Unit</th>
<th>Observer</th>
<th>Year</th>
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<tbody>
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<td>15</td>
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</tbody>
</table>

**Hand Hygiene and PPE Observations**

- Hand Hygiene
  - Before resident contact (Y or N)
  - After resident contact (Y or N)
  - After environmental 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)
  - Infection control (Y or N)
  - Infection prevention education provided (Y or N)

- PPE
  - Before resident contact (Y or N)
  - After resident contact (Y or N)
  - After environmental 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)
  - Infection control (Y or N)
  - Infection prevention education provided (Y or N)

- Shared Equipment
  - Before resident contact (Y or N)
  - After resident contact (Y or N)
  - After environmental 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)
  - Infection control (Y or N)
  - Infection prevention education provided (Y or N)
Cleaning and Disinfection of Non-Critical Equipment Compliance Rate
January 2021 to July 2022

Jan Feb Mar Apr May Jun July Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun July

Compliance Rate % Goal Poly. (Compliance Rate %)
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.
  • Furniture surfaces are cleanable (not fabric) and finished.
  • 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.
  • Biohazard items (lab specimens) are stored in a clean area (medication or nourishment rooms).
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

<table>
<thead>
<tr>
<th>State Region/Districts</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>North (Rome, Dalton, Gainesville, Athens)</td>
<td><a href="mailto:Sue.bunnell@dph.ga.gov">Sue.bunnell@dph.ga.gov</a> (404-967-0582)</td>
</tr>
<tr>
<td>Districts 1-1, 1-2, 2, 10</td>
<td><a href="mailto:Mary.Whitaker@dph.ga.gov">Mary.Whitaker@dph.ga.gov</a> (404-967-0578)</td>
</tr>
<tr>
<td>Atlanta Metro (Cobb-Douglas, Fulton, Clayton, Lawrenceville, DeKalb, LaGrange)</td>
<td><a href="mailto:Teresa.Fox@dph.ga.gov">Teresa.Fox@dph.ga.gov</a> (404-596-1910)</td>
</tr>
<tr>
<td>Districts 3-1, 3-2, 3-3, 3-4, 3-5, 4</td>
<td><a href="mailto:Renee.Miller@dph.ga.gov">Renee.Miller@dph.ga.gov</a> (678-357-4797)</td>
</tr>
<tr>
<td>Central (Dublin, Macon, Augusta)</td>
<td><a href="mailto:Theresa.Metro-Lewis@dph.ga.gov">Theresa.Metro-Lewis@dph.ga.gov</a> (404-967-0589)</td>
</tr>
<tr>
<td>Districts 5-1, 5-2, 6, 7</td>
<td><a href="mailto:Karen.Williams13@dph.ga.gov">Karen.Williams13@dph.ga.gov</a> (404-596-1732)</td>
</tr>
<tr>
<td>Southeast (Columbia, Albany)</td>
<td><a href="mailto:Connie.Stanfill1@dph.ga.gov">Connie.Stanfill1@dph.ga.gov</a> (404-596-1940)</td>
</tr>
<tr>
<td>Southwest (Valdosta, Savannah, Waycross)</td>
<td><a href="mailto:Regina.Howard@dph.ga.gov">Regina.Howard@dph.ga.gov</a> (404 967-0574)</td>
</tr>
<tr>
<td>Backup/Nights/Weekends</td>
<td><a href="mailto:Jeanne.Negley@dph.ga.gov">Jeanne.Negley@dph.ga.gov</a> (404-657-2593)</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Joanna.Wagner@dph.ga.gov">Joanna.Wagner@dph.ga.gov</a> (404-430-6316)</td>
</tr>
</tbody>
</table>
Questions?
Save the Date

Next Office Hours:
September 16, 2022
11 a.m.
Thanks Again...

- Georgia Department of Public Health
- University of Georgia