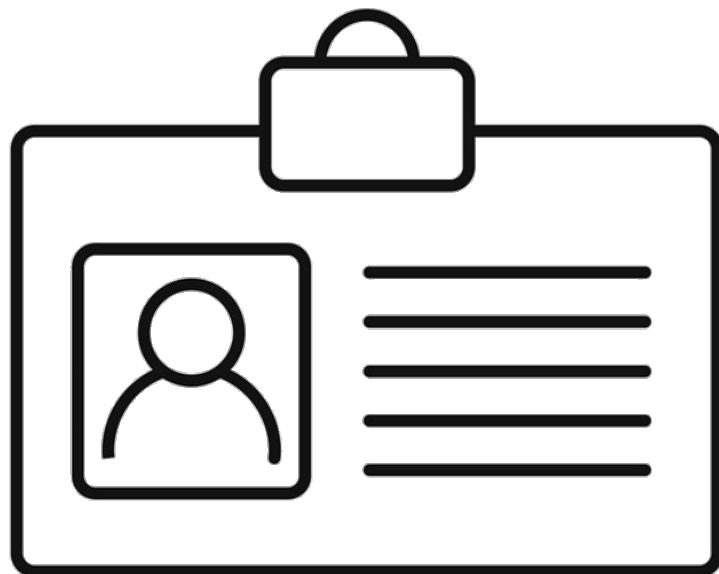




Georgia Department of Public Health:
Strike & Support Team Office Hours for Non-Skilled Nursing
Care Centers, Hospice, ICFs and Medical Directors
September 23, 2022

Meet the Team



Panelist:

Melody Brown, MSM

Patient Safety Manager
Alliant Health Solutions

Presenters:

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

Infection Preventionist, Department of Public Health

Renee Miller, MSN, RN, 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



**UNIVERSITY OF
GEORGIA**

Purpose

- These sessions consist of a regularly scheduled monthly webinar for ALFs and PCHs. Office hours are your opportunity to come and learn, share, vent and more!
- Each 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 are two training sessions per year focused on relevant infection prevention topics, updates and shared best practices.

October Office Hours:

- October 28 | 11:00 a.m.

Training 2:

- October 27 | 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 every day.

Frequently Asked Questions

COVID-19 Guidance for ALF and PCH Residents

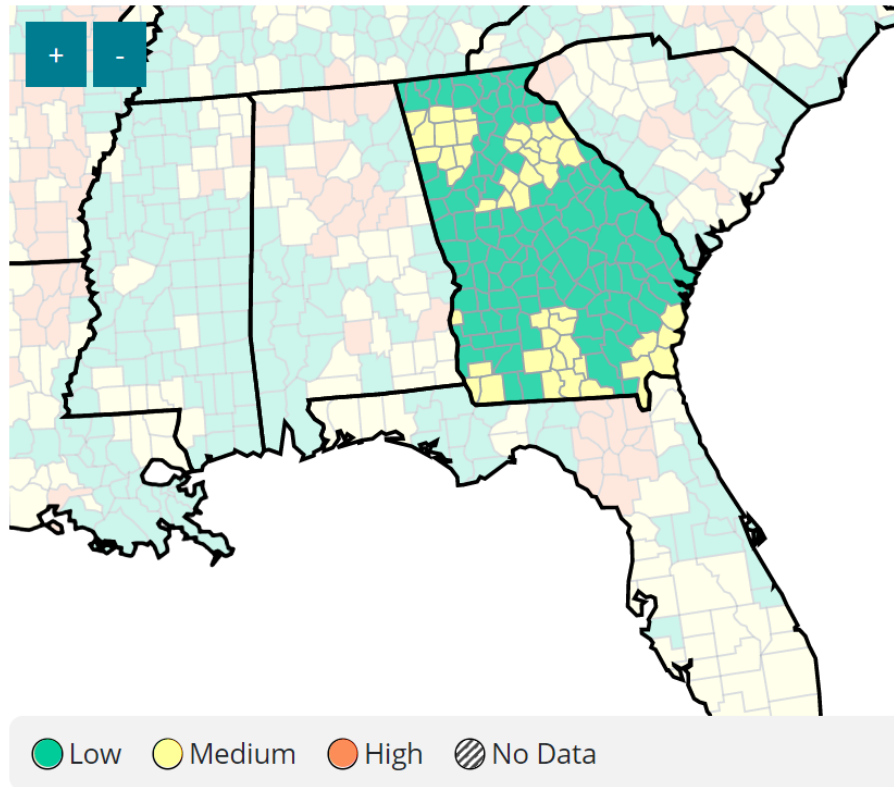
Teresa Fox, BS, MT(ASCP) M.Ed., CIC
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CDC COVID-19 Data Tracker



What CDC Tracker Should ALFs and PCHs Use To Determine Current Community Levels?



[CDC COVID Data Tracker: County View](#)

- CDC also provides [Transmission Levels](#) to describe the amount of COVID-19 spread within each county.

Masking and Eye Protection

Should Staff at Assisted Living Facilities (ALFs) and Personal Care Homes (PCHs) Continue To Wear Masks?

YES

- Based on the current CDC guidelines, health care workers in ALFs and PCHs should continue to wear N-95 masks during periods of high transmission and/or facility outbreaks.
- Regardless of their vaccination status, HCWs in ALFs and PCHs should wear procedure or surgical masks in resident-facing areas regardless of community transmission rates.
- ALFs and PCHs should develop best practice infection control policies that meet the needs of their staff and residents.

Should Staff at ALFs and PCHs Continue To Wear Eye Protection?

YES

- Health care workers in ALFs and PCHs should continue wearing eye protection during high transmission periods and facility outbreaks based on the current CDC guidelines.

Should Residents of ALFs and PCHs Continue To Wear Masks?

YES

- Residents should wear masks in areas where they interact with other residents.
- Masking is an effective way to reduce the transmission of COVID-19. Older persons and immunocompromised residents in congregate care settings are at the highest risk of infection and severe disease.

Should Visitors to ALFs and PCHs Continue To Wear Masks?

YES

- Visitors should continue to continue to wear clean, well-fitting masks during their visits.

When Should ALFs and PCHs Increase or Decrease Prevention Intervention Based on CDC Data Tracker Categories?

- When a health care facility's Community Transmission level increases and the increase results in a change in the [recommended interventions](#), the new interventions should be implemented as soon as possible.
- When a health care facility's Community Transmission levels decrease into a category that corresponds with the relaxation of an intervention, facilities should consider confirming the reduction is sustained, by monitoring for at least two weeks, before relaxing the intervention.

Vaccination

Is It Recommended that Health Care Workers in ALFs and PCHs Be Vaccinated?

YES

- It is recommended that all health care workers, including ALFs and PCHs, be up to date with their COVID-19 vaccines.
- If a health care worker chooses not to be vaccinated for any reason, they should wear respiratory protection **at all times** as described using the universal source control guidelines.

What Does Up to Date on Vaccination Mean?

- Being up to date with COVID-19 vaccines means a person has received all recommended doses of their primary series and a booster dose(s) when recommended.
- Vaccines are highly effective in reducing the severity of illness and reduce, but do not eliminate, the risk of infection or transmission.

Is There a New COVID Vaccine Available?

YES

A new bivalent vaccine is effective against original strain and omicron variants (BA.4 and BA.5).

- A bivalent vaccine is considered only a booster. It is not to be used as the initial two-dose COVID vaccine.
- The bivalent vaccine should be administered at least two months after any other COVID vaccine.
- The Pfizer bivalent booster is recommended for individuals aged 12 and older, and the Moderna bivalent booster is recommended for adults aged 18 and older.

Can COVID Vaccines Be Administered at the Same Time as Flu Vaccines?

YES

- Studies show that when flu vaccines are administered at the same time as the COVID-19 vaccines, the effectiveness is the same without increased adverse events.
- With both influenza and SARS-CoV-2 circulating, getting both vaccines is important for preventing severe disease, hospitalization and death.
- When given at the same time, administer in separate limbs.

Vaccination Schedule

Vaccination history	→	Next dose
Primary series	At least 2 months →	1 bivalent booster dose
Primary series + 1 booster	At least 2 months →	1 bivalent booster dose
Primary series + 2 booster	At least 2 months →	1 bivalent booster dose

<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-09-01/09-covid-hall-508.pdf>

At-a-Glance

COVID-19 Vaccination Schedule for Most People (People who are NOT Moderately or Severely Immunocompromised)



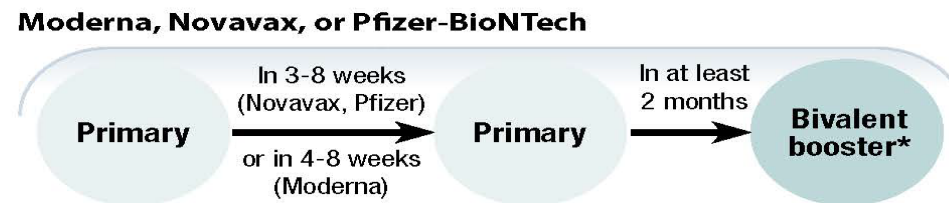
People ages 6 months through 4 years



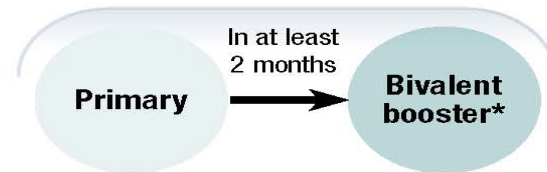
People ages 5 through 11 years



People ages 12 years and older



People ages 18 years and older who previously received Janssen primary series dose†



For more specific clinical guidance, see:

- [Pre-exposure prophylaxis](#)
- [Interim COVID-19 Immunization Schedule](#)
- [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#)

Note: This schedule does not include clinical details necessary for administering COVID-19 vaccines. For clinical details, see the resources at the end of this document.

* The bivalent booster dose is administered at least 2 months after completion of the primary series. For people who previously received a monovalent booster dose(s), the bivalent booster dose is administered at least 2 months after the last monovalent booster dose.

† Janssen COVID-19 Vaccine should only be used in certain limited situations. See: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us-appendix.html#appendix-a>

Do Georgia Local Public Health Departments Offer On-site Vaccination?

NO, not on-site at facilities

Testing

Do Residents of ALFs and PCHs Need To Be Tested Weekly?

No

- There are no current regulations requiring surveillance testing for residents.
- New admissions or residents who have left the facility for more than 24 hours should be tested on arrival and, if negative, five to seven days after admission.
- Close contacts of someone who has tested positive for COVID-19 should also be tested immediately and five to seven days after exposure.
- Residents should be tested if they have symptoms consistent with COVID-19 infection.
- ALFs and PCHs may choose to implement broad-based surveillance testing during periods of high community transmission.

When Should Residents Be Tested?

If
Symptomatic
TEST

Resident Testing	Recommend Frequencies
Newly-admitted residents and residents who have left the facility for >24 hours, regardless of vaccination status	Test immediately and, if negative, again 5-7 days after their admission or return to facility
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.

Do ALFs and PCHs Still Need To Report Positive Tests to Local Public Health Departments?

Yes

- Facilities should continue to report positive COVID-19 cases in residents, staff and visitors to local public health departments.
- Anyone who would like to report the result of a COVID-19 test administered at home may report it to their local public health.

Do Health Care Workers or Staff Need To Be Tested Weekly?

- There are no current regulations requiring health care workers or staff in ALFs to be tested regularly.
- Facilities may choose to implement broad-based surveillance testing during periods of high community transmission.

Quarantine

What Is the Difference Between Quarantine and Isolation?

Isolation separates sick people with a contagious disease from people who are not sick.

Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms.

<https://www.hhs.gov/answers/public-health-and-safety/what-is-the-difference-between-isolation-and-quarantine/index.html>

Do New Admissions to ALFs and PCHs Need To Be Quarantined on Arrival?

Depends

- Residents who are up to date on their vaccines do not need to be quarantined upon arrival.
- Residents who are not up to date on their vaccines should be quarantined upon admission and tested upon arrival and after five to seven days, regardless of vaccination status.

CDC Term

Close Contact

- Someone who was less than six feet away from an infected person for a cumulative total of 15 minutes or more over 24 hours.

Do Close Contacts of Residents With COVID-19 Need To Be Quarantined?

Depends

- Residents who are **up to date** with their vaccines do not need to be quarantined after close contact exposure.
- Residents **not up to date** with their vaccines should be quarantined after close contact with someone with COVID-19 for at least seven days with a negative test or 10 days.
- All residents with close contact exposure should be tested after exposure and after five to seven days, regardless of vaccination status.

[Ending Isolation and Precautions for People with COVID-19: Interim Guidance \(cdc.gov\)](#),

updated August 31, 2022

Does Staff Need To Be Quarantined After Close Contact With Residents Who Have COVID-19?

Depends:

- Staff in ALFs and PCHs should follow the CDC recommendation.
- If staff is **not up to date** on vaccines, quarantine for five days (*at home*) and an additional five days using enhanced precautions (N-95 masks and eye protection).
- If staff are **up to date** on their vaccines, there are no work restrictions with enhanced precautions.

Are Clinically Recovered Persons Infectious to Others if They Persistently or Recurrently Test Positive?

Probably NOT

- It is unknown if the presence of detectable but low concentrations of viral RNA after clinical recovery represents the presence of a potentially infectious virus.
- Based on experience with other viruses, it is unlikely that such persons pose an infectious risk to others.
- However, whether this is true for the SARS-CoV-2 infection has not been definitively established.

Updated June 8, 2022, CDC

Isolation?

- Residents who are infected but asymptomatic or people with mild COVID-19 should isolate through at least day five (day 0 is the day symptoms appeared or the date the specimen was collected for the positive test for asymptomatic people).
- They should wear a mask through day 10.
- If a person develops [symptoms](#) within 10 days of testing positive, their five-day isolation period should start over (day 0 changes to the first day of symptoms).
- Staff asymptomatic diagnosed with COVID-19 may return to work after five days with a negative test using enhanced precautions.
- Longer isolation periods may be appropriate for immunocompromised residents and staff with severe illnesses.

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

- Screen all visitors, vendors and staff for COVID-19
- Any visitors that meet any of these criteria should not be admitted
 - A positive COVID-19 test
 - Exhibiting S&S 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 and doffing and disposal)
- Environmental cleaning and disinfection
- Effective cohorting of residents
- Resident and staff testing

Thank You!

Consult With the DPH Team! We Are Here To Help!

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, & Columbus) 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 (Albany, Valdosta) Districts 8-1, 8-2	Connie.Stanfill1@dph.ga.gov (404-596-1940)
Southwest (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:

October 28, 2022

11 a.m.



Thanks Again...

- Georgia Department of Public Health
- University of Georgia



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