ALLIANT
HEALTH SOLUTIONS

Georgia Department of Public Health:
Strike & Support Team GADPH Office Hours for
Skilled Nursing Facilities and Medical Directors
November 18, 2022

Meet the Team

Presenters:

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

Erica Umeakunne, MSN, MPH, APRN, CIC
Infection Prevention Specialist
Alliant Health Solutions

Swati Gaur, MD, MBA, CMD, AGSF

MEDICAL DIRECTOR, POST-ACUTE CARE
NORTHEAST GEORGIA HEALTH SYSTEM

Dr. Swati Gaur is the medical director of New Horizons Nursing Facilities with the Northeast Georgia Health System. She is also the CEO of Care Advances Through Technology, a technology innovation company. In addition, she is on the electronic medical record (EMR) transition and implementation team for the health system, providing direction to EMR entity adaption to the long-term care (LTC) environment. She has also consulted with post-acute long-term care (PALTC) companies on optimizing medical services in PALTC facilities, integrating medical directors and clinicians into the QAPI framework, and creating frameworks of interdisciplinary work in the organization. She established the palliative care service line at the Northeast Georgia Health System.

She also is an attending physician in several nursing facilities. Dr. Gaur attended medical school in Bhopal, India, and started her residency in internal medicine at St. Luke's–Roosevelt Medical Center in New York. She completed her fellowship in geriatrics at the University of Pittsburgh Medical Center and is board certified in internal medicine, geriatrics, hospice, and palliative medicine. In addition, she earned a master's in business administration at the Georgia Institute of Technology with a concentration in technology management.

Erica Umeakunne, MSN, MPH, APRN, CIC

Erica Umeakunne is an adult-gerontology nurse practitioner and infection preventionist with experience in primary care, critical care, health care administration and public health.

She previously served as the interim hospital epidemiology director for a large health care system in Atlanta and as a nurse consultant in the Centers for Disease Control and Prevention's (CDC) Division of Healthcare Quality Promotion. While at CDC, she served as an infection prevention and control (IPC) subject matter expert for domestic and international IPC initiatives and emergency responses, including Ebola outbreaks and, most recently, the COVID-19 pandemic.

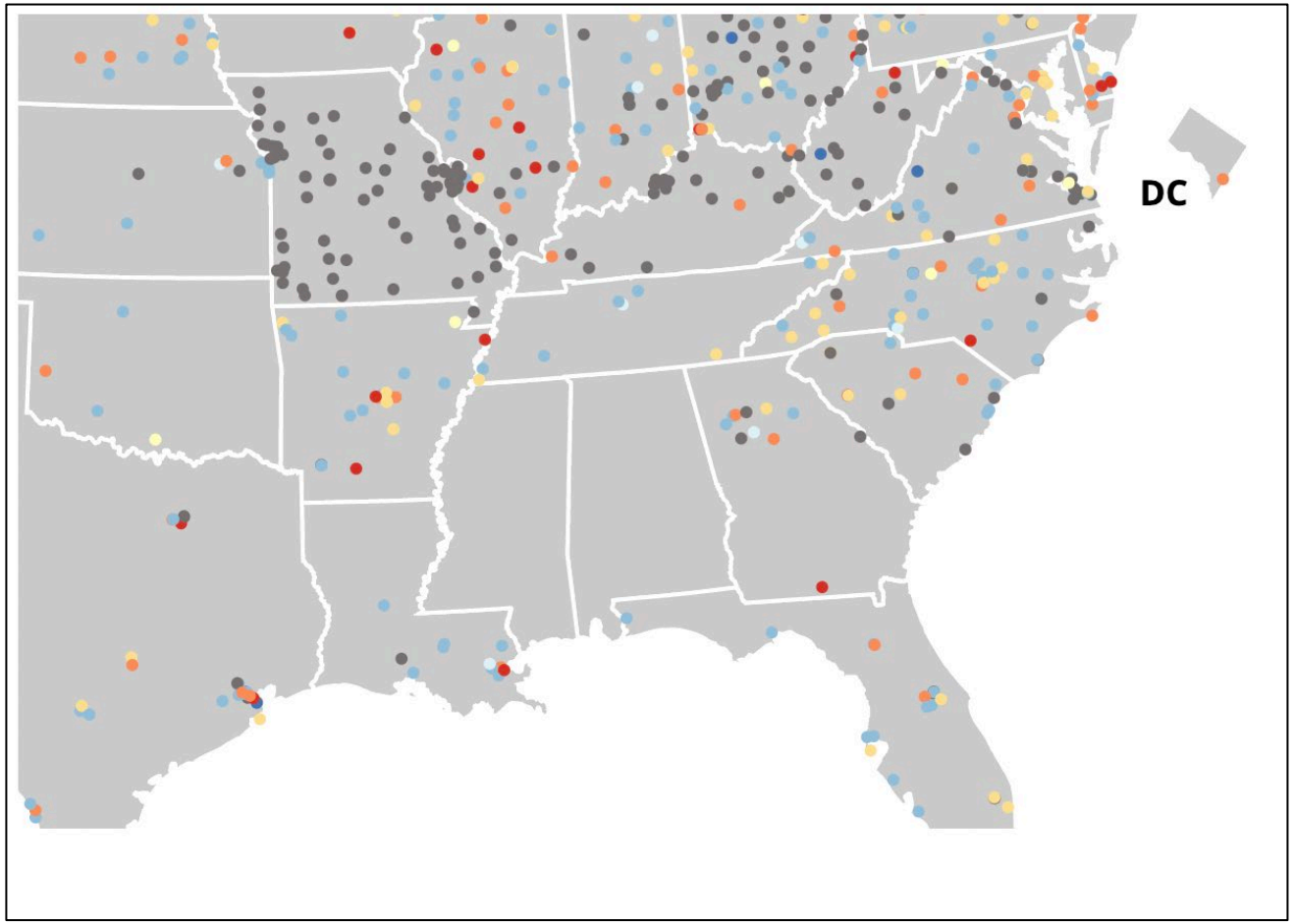
Thank You to Our Partners

- Georgia Department of Public Health
- University of Georgia

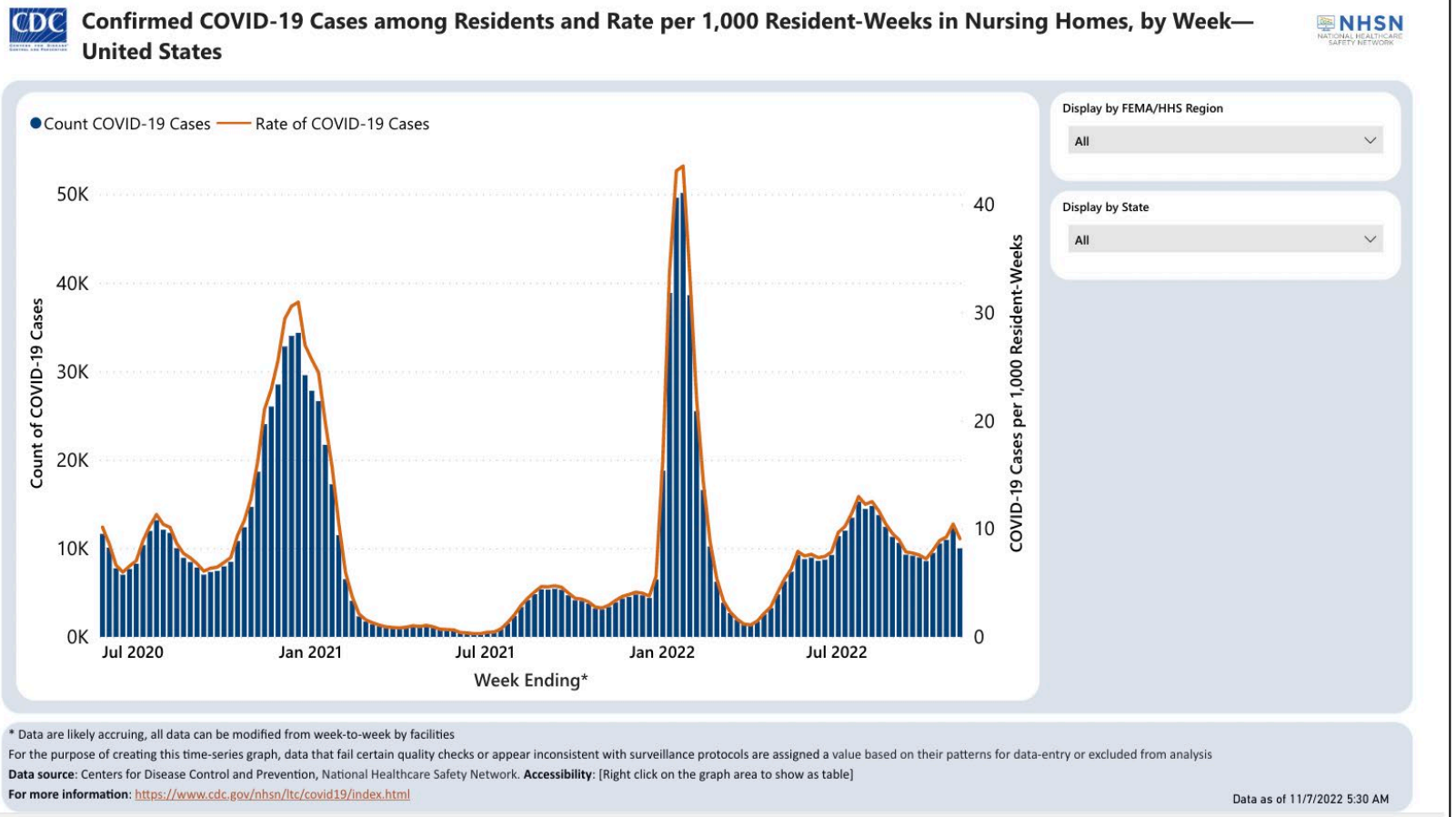
Objectives

- Provide updates on the COVID-19 pandemic and vaccination recommendations
- Discuss respiratory illness burden in the community and discuss mitigation strategies including COVID-19 and influenza-like illnesses
- Discuss how facilities can practically update their COVID-19 infection prevention and control (IPC) strategies to align with current recommendations
- Share Alliant Health Solutions resources to support COVID-19 IPC activities
- Address any facility-specific IPC questions or concerns

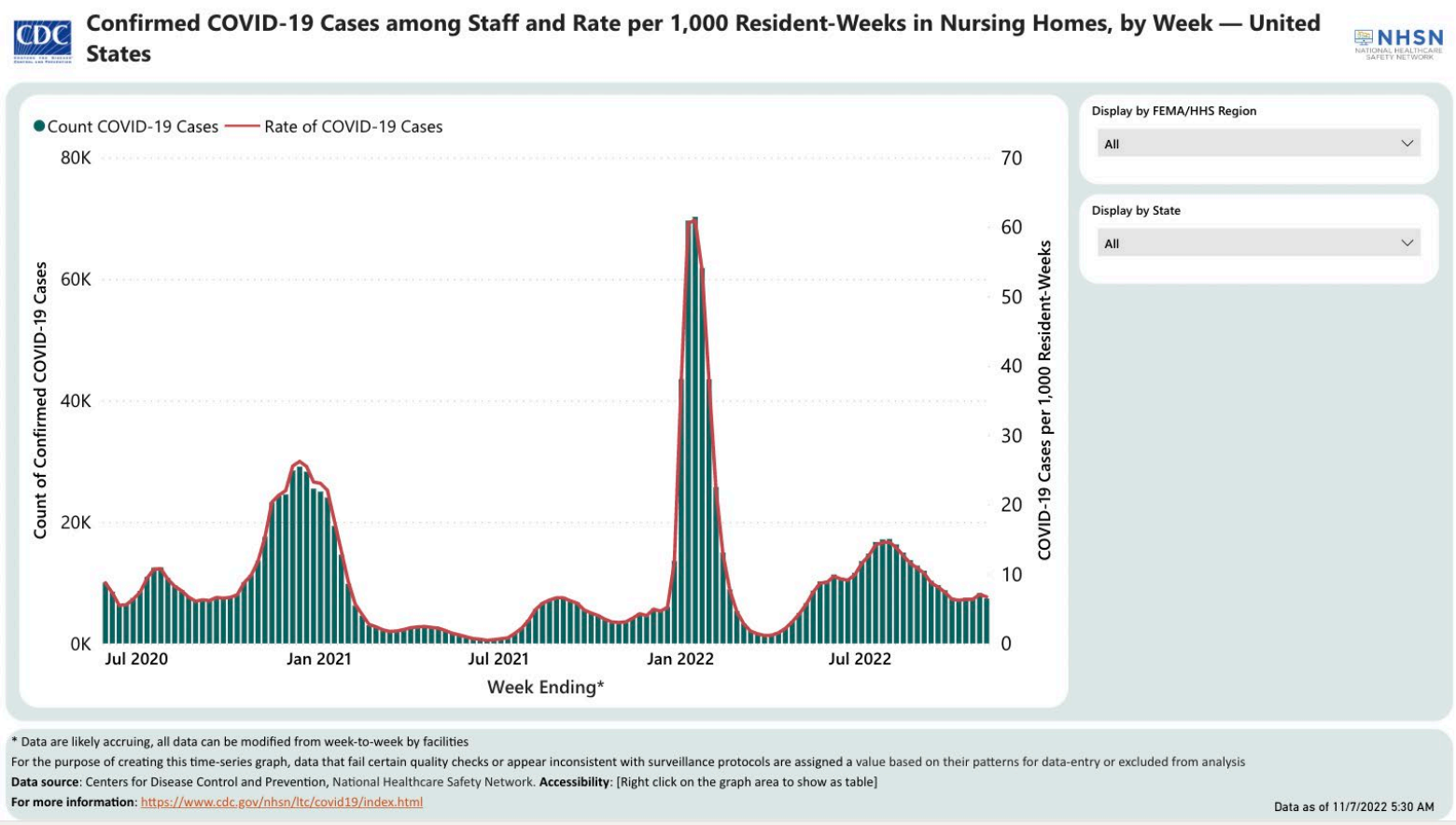
Wastewater Surveillance



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



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



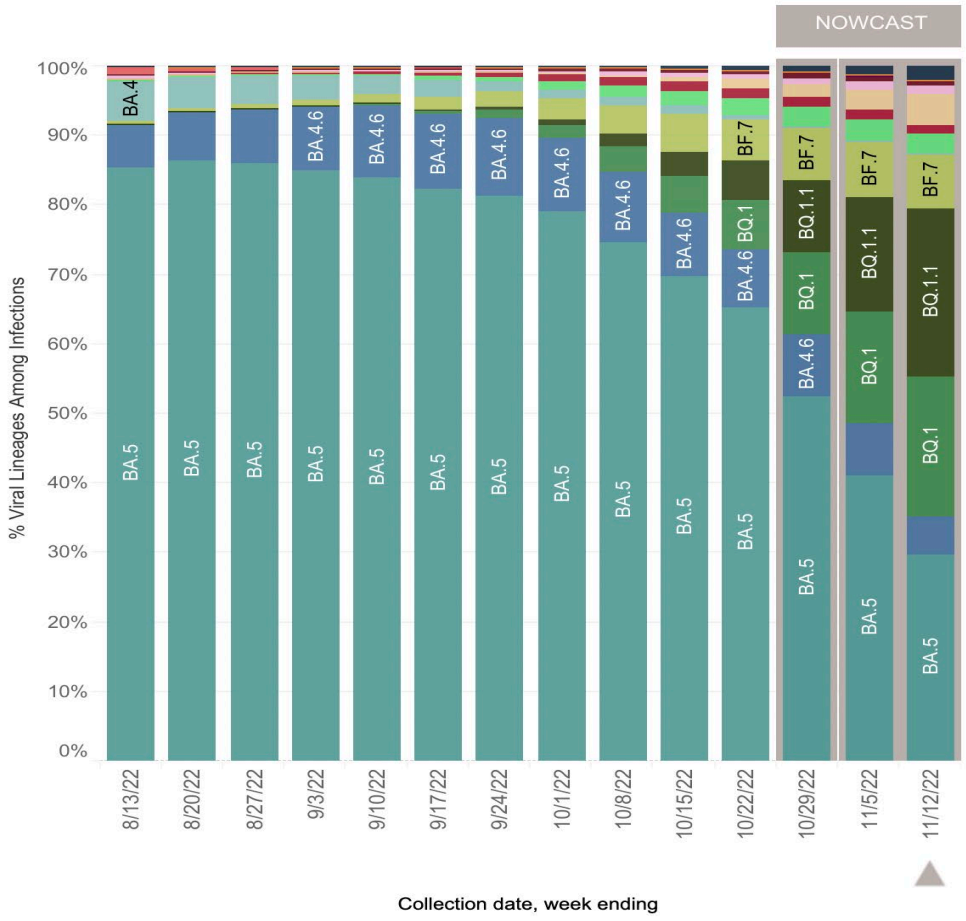
Use the controls to focus on a specific region and/or 1-week interval

HHS Region: USA

● Nowcast On
○ Nowcast Off

Week Ending: 11/12/2022

United States: 8/7/2022 – 11/12/2022



United States: 11/6/2022 – 11/12/2022 NOWCAST

USA

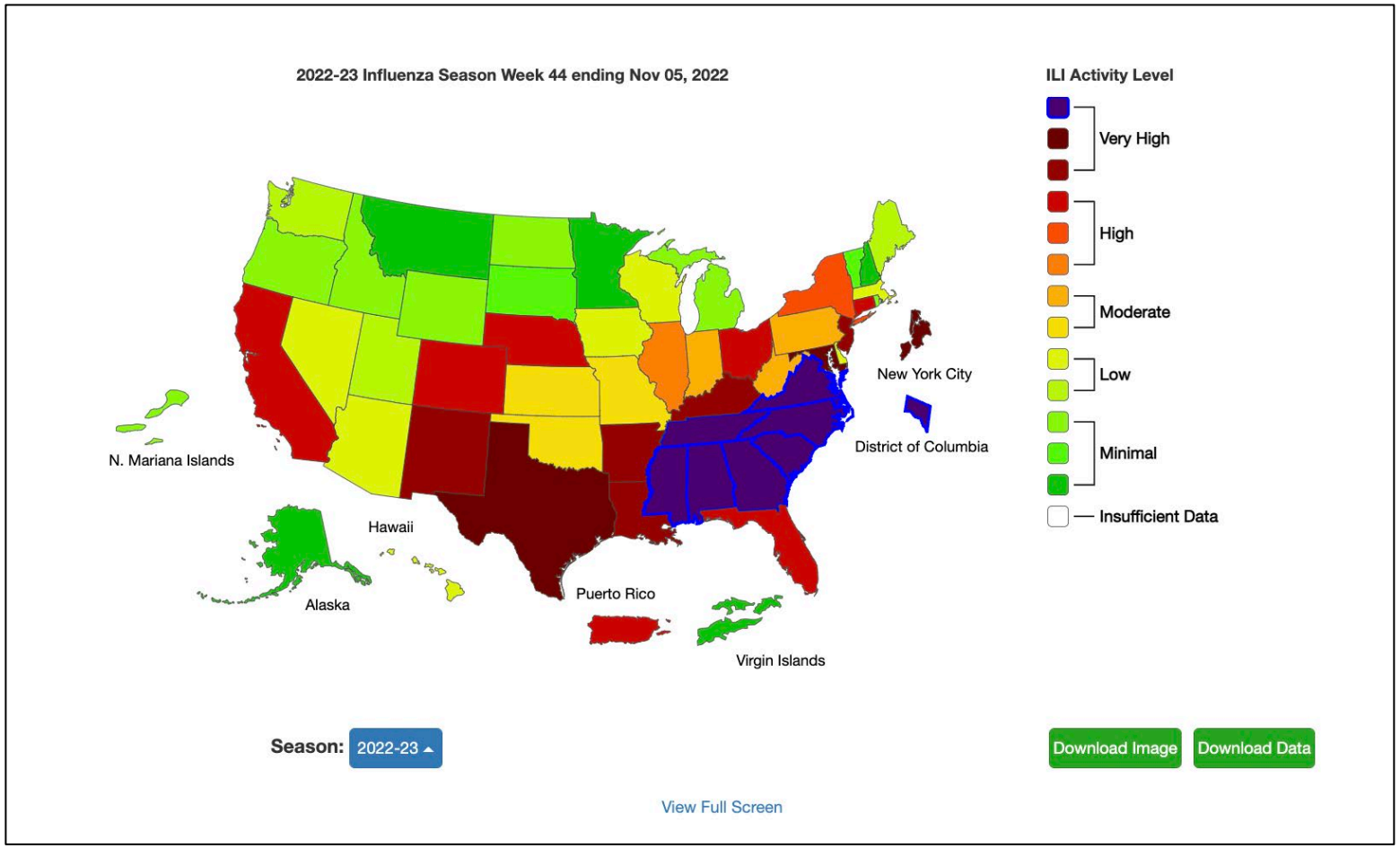
WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.5	VOC	29.7%	27.2-32.3%
	BQ.1.1	VOC	24.1%	21.3-27.3%
	BQ.1	VOC	20.1%	17.2-23.4%
	BF.7	VOC	7.8%	6.8-9.0%
	BA.4.6	VOC	5.5%	5.0-6.2%
	BN.1	VOC	4.3%	3.0-6.2%
	BA.5.2.6	VOC	2.9%	2.5-3.4%
	BA.2	VOC	1.3%	0.8-1.9%
	BA.2.75	VOC	1.2%	1.0-1.5%
	BA.2.75.2	VOC	0.9%	0.6-1.2%
	BA.4	VOC	0.1%	0.1-0.1%
	BA.1.1	VOC	0.0%	0.0-0.0%
	B.1.1.529	VOC	0.0%	0.0-0.0%
	BA.2.12.1	VOC	0.0%	0.0-0.0%
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		2.0%	1.1-3.3%

* 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

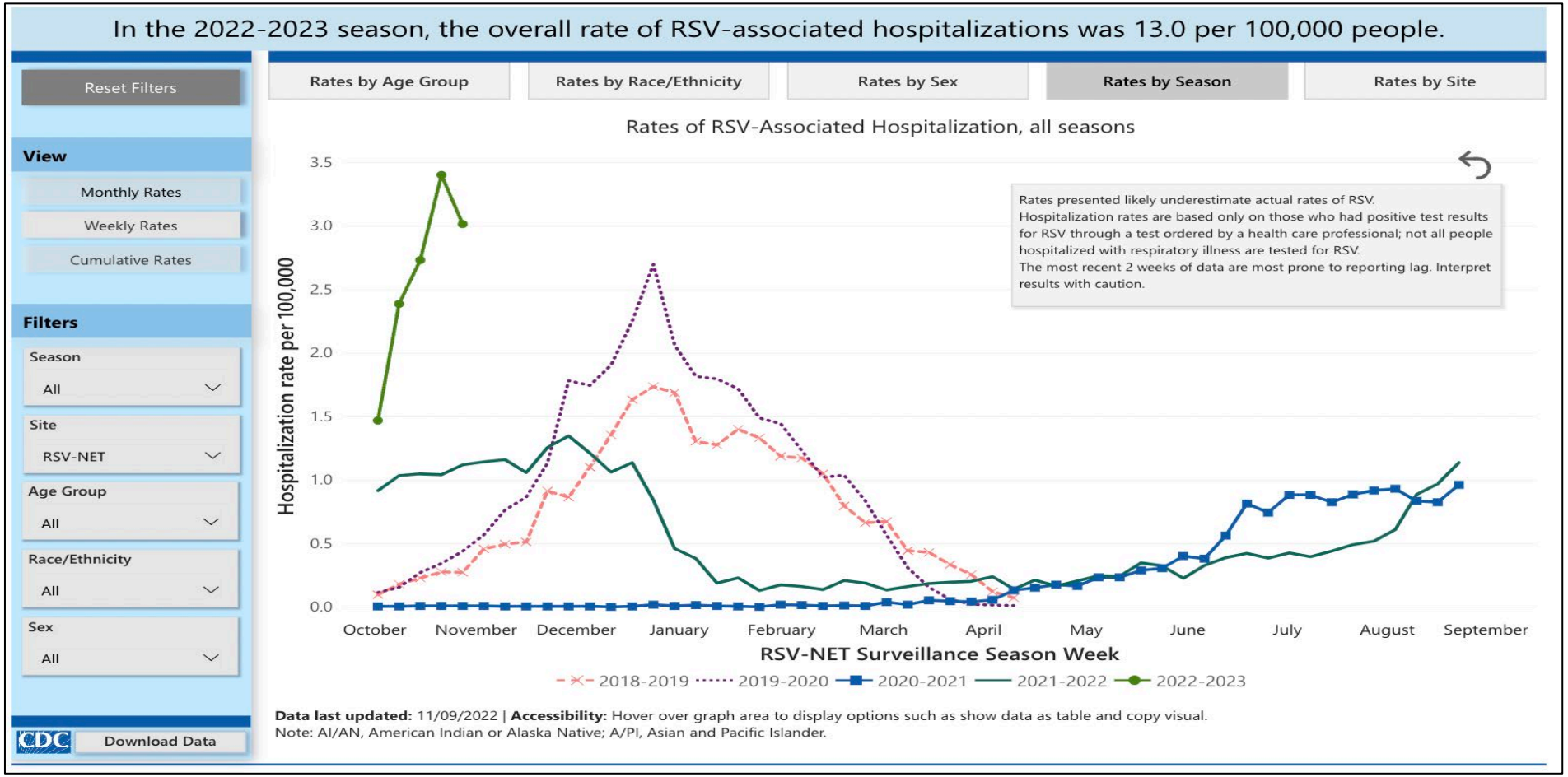
BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. Except BA.2.12.1, BA.2.75, BA.2.75.2, BN.1 and their sublineages, BA.2 sublineages are aggregated with BA.2. Except BA.4.6, sublineages of BA.4 are aggregated to BA.4. Except BF.7, BA.5.2.6, BQ.1 and BQ.1.1, sublineages of BA.5 are aggregated to BA.5. For all the lineages listed in the above table, their sublineages are aggregated to the listed parental lineages respectively. Previously, BN.1 was aggregated with BA.2.75. Lineages BA.2.75.2, BN.1, BA.4.6, BF.7, BA.5.2.6 and BQ.1.1 contain the spike substitution R346T.

Influenza-Like Activity



https://www.cdc.gov/flu/weekly/index.htm

RSV Surveillance Data



https://www.cdc.gov/rsv/research/rsv-net/dashboard.html

Up To Date (NHSN)

The below information describes the updated surveillance definition and should be used for reporting up to date with COVID-19 vaccines which is to be applied for data reported to NHSN COVID-19 Vaccination Modules beginning **September 26, 2022.**

Up to date with COVID-19 vaccines

Individuals are considered up to date with their COVID-19 vaccines during the surveillance period of September 26, 2022 – December 25, 2022 for the purpose of NHSN surveillance if they meet (1) of the following criteria:

Received an **updated (bivalent)* booster dose**,

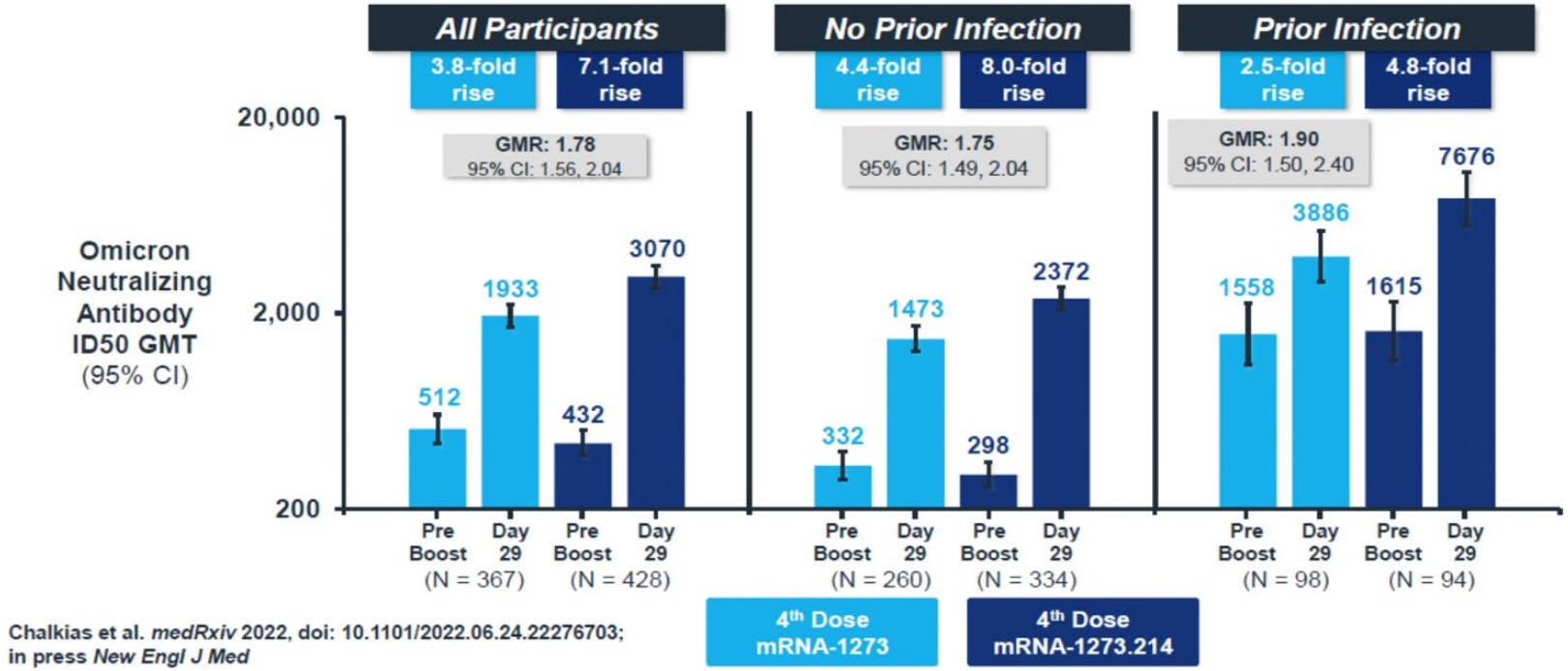
or

Received their **last booster** dose **less than 2 months ago**, or

Completed their **primary series less than 2 months ago**

CDC

Immunogenicity: Moderna bivalent booster



Chalkias et al. *medRxiv* 2022, doi: 10.1101/2022.06.24.22276703; in press *New Engl J Med*

- Met superiority criteria* in participants ≥18 years <u>with or without</u> evidence of infection on day 29

*Superiority criterion: the lower bound of the 95% CI for GMR is >1.0

https://www.medrxiv.org/content/10.1101/2022.06.24.22276703v1.full.pdf

https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-09-01/08-COVID-Oliver-508.pdf

Effectiveness of Bivalent Booster Against BA. 4/BA. 5 Friday, Nov. 4

Bivalent Updated Booster:

- 18 to 55 years of age - 9.5-fold rise (95% CI: 6.7, 13.6)
- Older than 55 years- 13.2-fold rise (95% CI: 8.0, 21.6) from pre-booster levels.

Old Booster:

- over 55 years of age - 2.9-fold rise (95% CI: 2.1, 3.9.

https://www.pfizer.com/news/press-release/press-release-detail/pfizer-and-biontech-announce-updated-clinical-data-omicron

Data submitted to FDA

Effectiveness of Vaccines

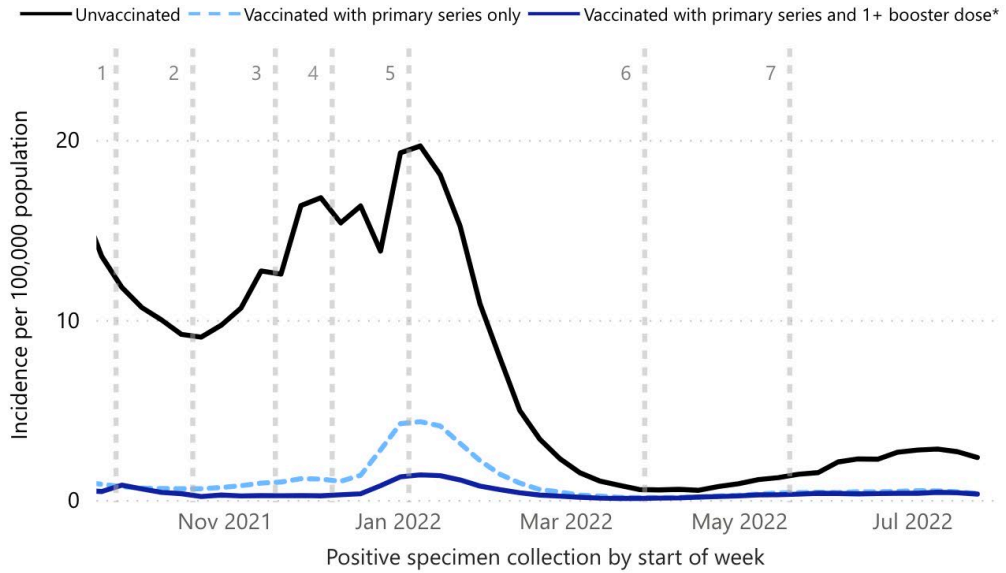
Overall | Age Group | Vaccine Product

Second Booster Dose

Rates of COVID-19 Deaths by Vaccination Status and 1+ Booster Dose* in Ages 5+ Years

September 19, 2021–July 30, 2022 (30 U.S. jurisdictions)

Select Outcome
- (●) Deaths
- ( ) Cases

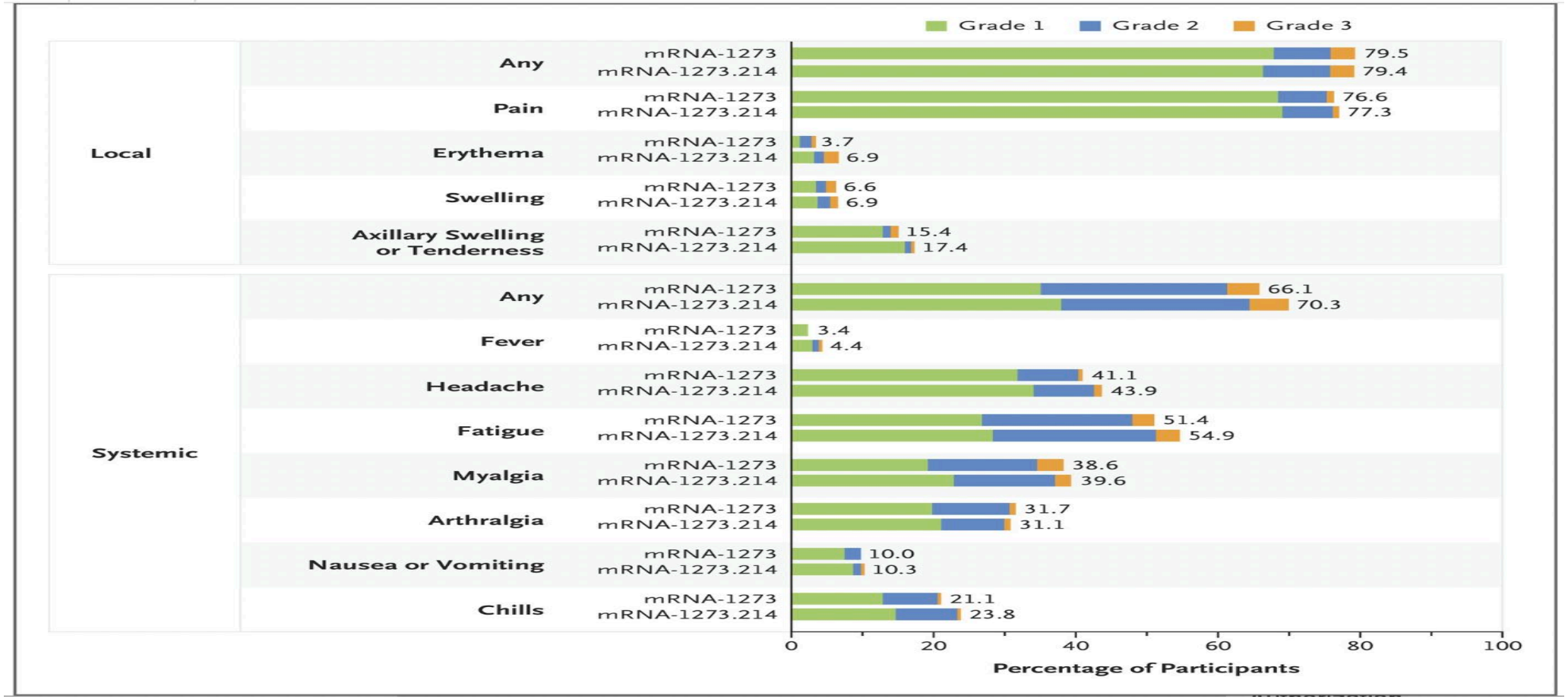


Unvaccinated people aged 5 years and older had:

1.9X *Risk of Testing Positive for COVID-19*	**AND**	**7X** *Risk of Dying from COVID-19* **in July 2022, and**
2.3X *Risk of Testing Positive for COVID-19*	**in August 2022, compared to people vaccinated with a primary series and 1+ booster dose.***	

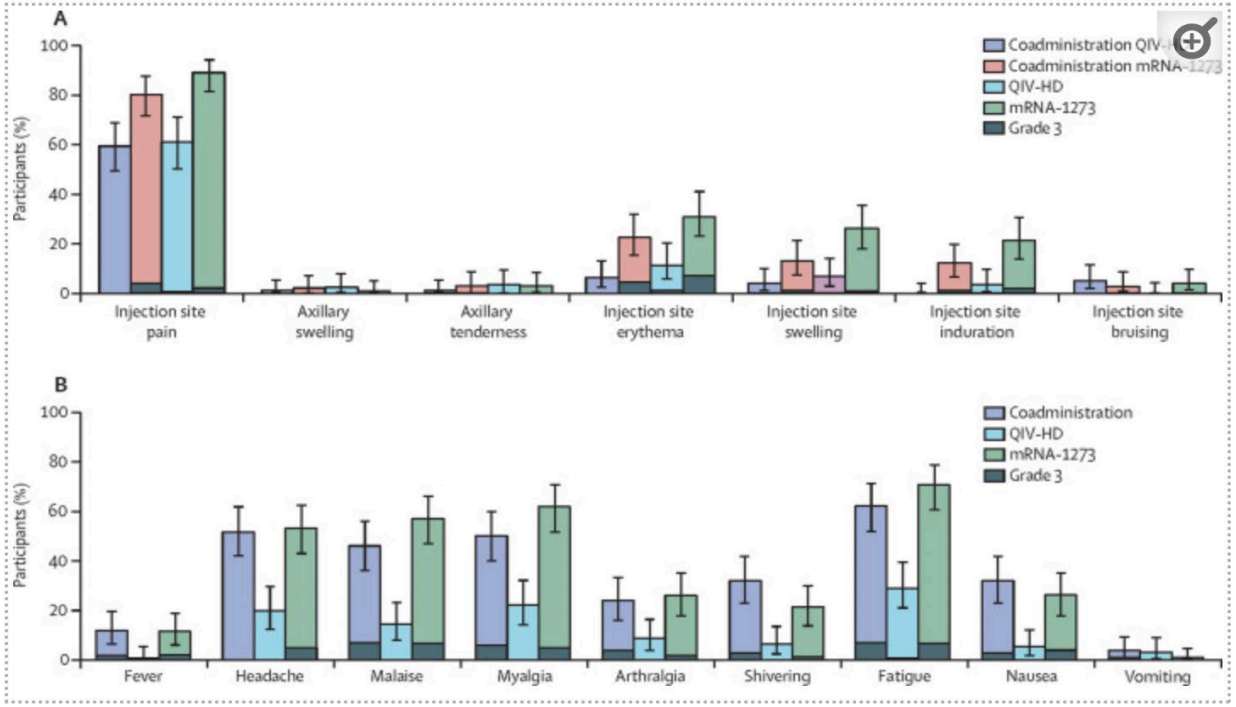
Source: CDC COVID-19 Response, Epidemiology Task Force, Surveillance & Analytics Team, Vaccine Breakthrough Unit

Local and Systemic Adverse Reactions



https://www.nejm.org/doi/full/10.1056/NEJMoa2208343

Figure 2



Solicited injection site reactions (A) and solicited systemic reactions (B) occurring up to 7 days after injection (immunogenicity analysis set)

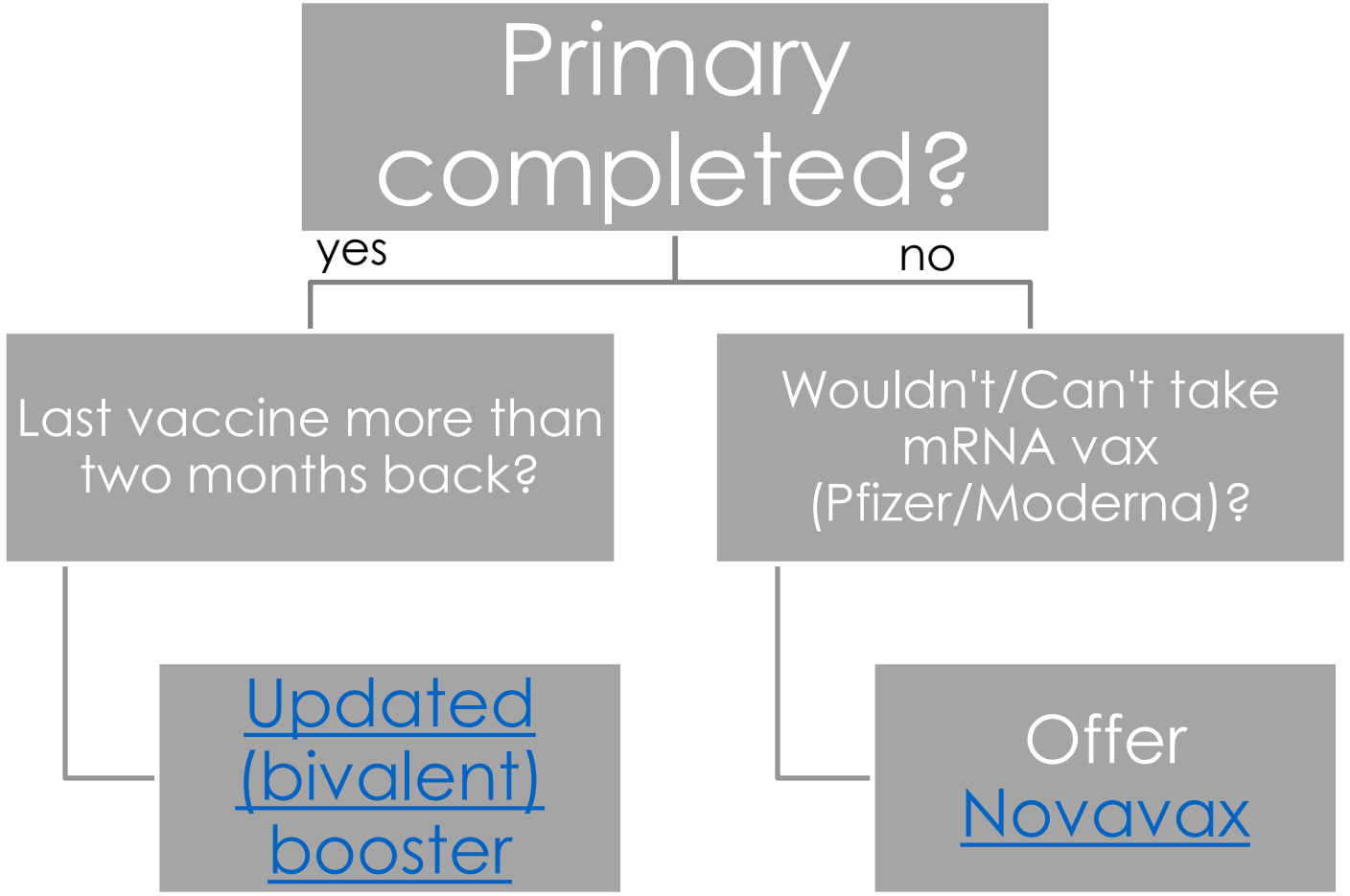
Error bars show 95% CIs. Coadministration QIV-HD shows the solicited reactions observed in the QIV-HD-injected limb of participants in the coadministration group. Coadministration mRNA-1273 shows the solicited reactions observed in the mRNA-1273-injected limb of participants in the coadministration group. QIV-HD=high-dose quadrivalent influenza vaccine.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8803382/

Vaccine Strategy: Coadministration

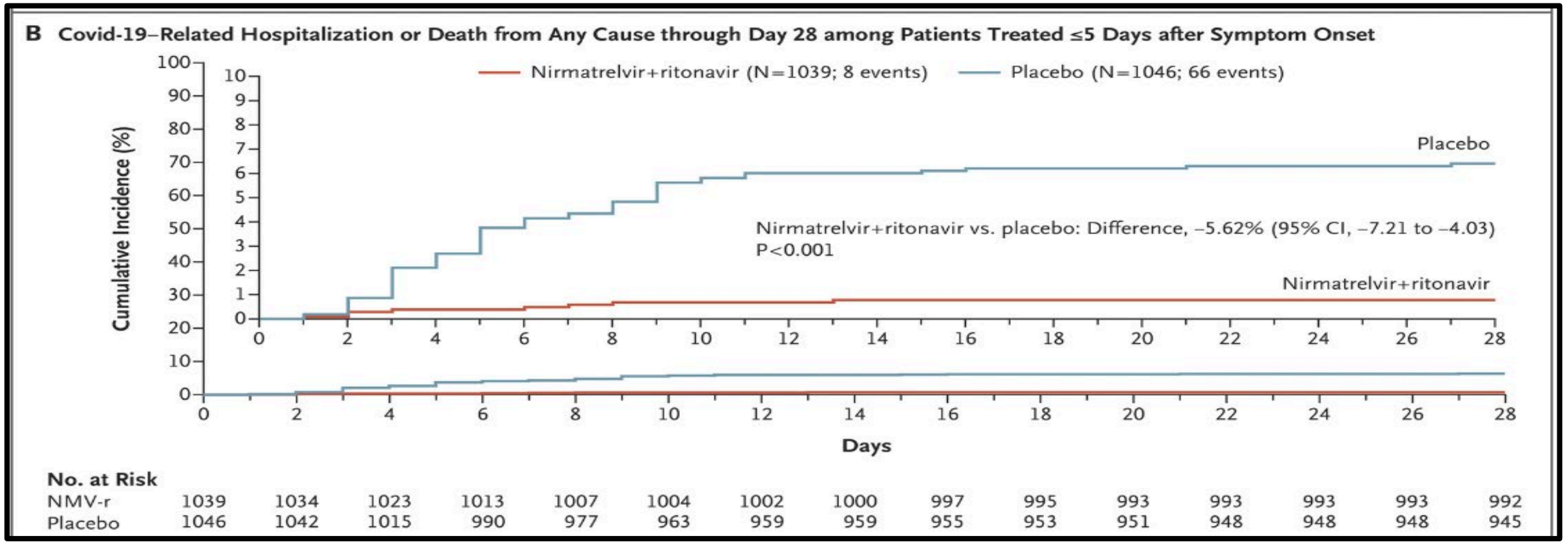
- 2/3 of adults want it
- Side effects comparable
- Flu vaccine rates may go up with coadministration
- Nursing home resources
- Vaccine fatigue

Booster Flowsheet



https://quality.allianthealth.org/wp-content/uploads/2022/11/Bivalent-Myths-and-Facts-FINAL-v2_508.pdf

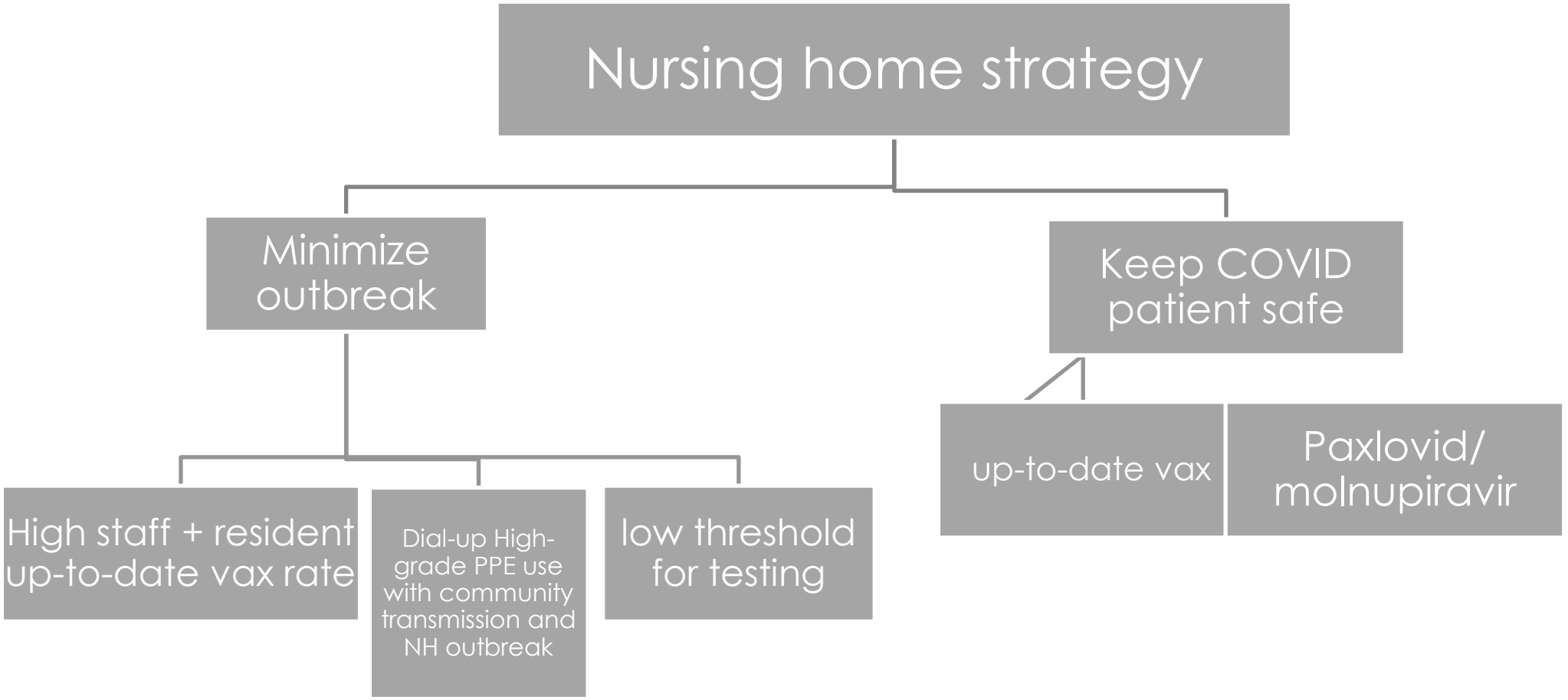
Paxlovid: EPIC HR Trial



https://www.fda.gov/media/158165/download

https://www.nejm.org/doi/full/10.1056/NEJMoa2118542

Nursing Home Strategy

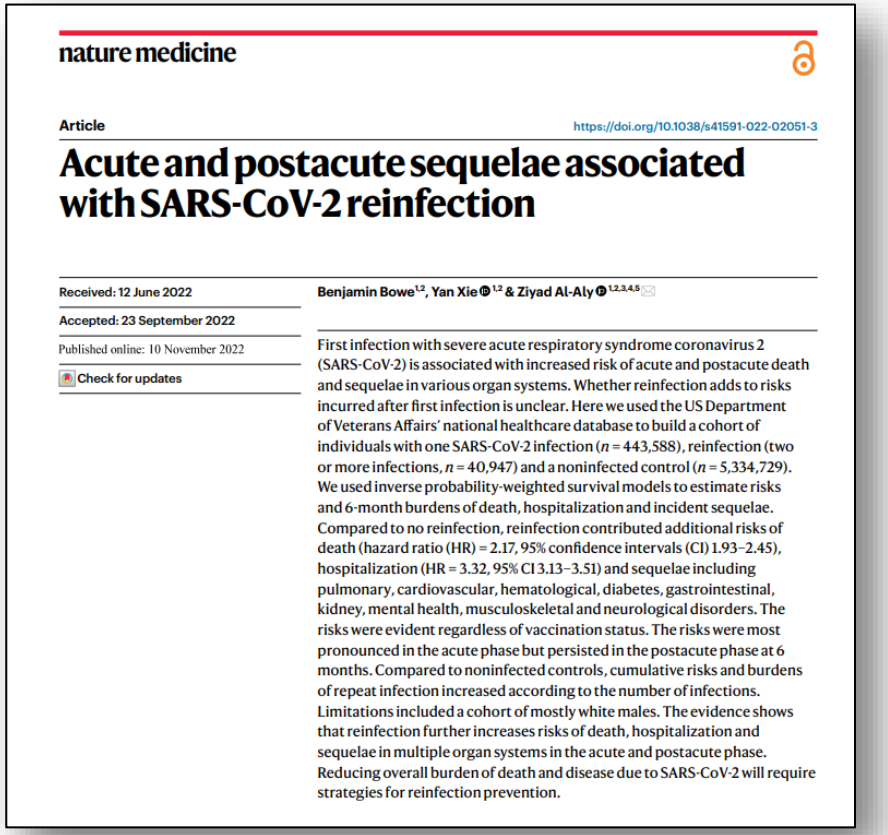


Updated CDC Guidance Rests on Up-to-Date Vaccine Status for Staff and Residents

- Up-to-date vaccinate
- PPE and Infection Control
- Testing

Repeat COVID-19 Infections Increase Risk of Organ Failure, Death: Researchers Recommend Masks, Vaccines, Vigilance To Prevent Reinfection

"The evidence shows reinfection further increases risks of death, hospitalization and sequelae in multiple organ systems in the acute and post-acute phase. Reducing the overall burden of death and disease due to SARS-CoV-2 will require strategies for reinfection prevention."



nature medicine

Article

https://doi.org/10.1038/s41591-022-02051-3

Acute and postacute sequelae associated with SARS-CoV-2 reinfection

Received: 12 June 2022

Accepted: 23 September 2022

Published online: 10 November 2022

Check for updates

Benjamin Bowe[1,2], Yan Xie[1,2] & Ziyad Al-Aly[1,2,3,4,5]

First infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is associated with increased risk of acute and postacute death and sequelae in various organ systems. Whether reinfection adds to risks incurred after first infection is unclear. Here we used the US Department of Veterans Affairs' national healthcare database to build a cohort of individuals with one SARS-CoV-2 infection (n = 443,588), reinfection (two or more infections, n = 40,947) and a noninfected control (n = 5,334,729). We used inverse probability-weighted survival models to estimate risks and 6-month burdens of death, hospitalization and incident sequelae. Compared to no reinfection, reinfection contributed additional risks of death (hazard ratio (HR) = 2.17, 95% confidence intervals (CI) 1.93–2.45), hospitalization (HR = 3.32, 95% CI 3.13–3.51) and sequelae including pulmonary, cardiovascular, hematological, diabetes, gastrointestinal, kidney, mental health, musculoskeletal and neurological disorders. The risks were evident regardless of vaccination status. The risks were most pronounced in the acute phase but persisted in the postacute phase at 6 months. Compared to noninfected controls, cumulative risks and burdens of repeat infection increased according to the number of infections. Limitations included a cohort of mostly white males. The evidence shows that reinfection further increases risks of death, hospitalization and sequelae in multiple organ systems in the acute and postacute phase. Reducing overall burden of death and disease due to SARS-CoV-2 will require strategies for reinfection prevention.

https://www.eurekalert.org/news-releases/970714

Bowe, B., Xie, Y. & Al-Aly, Z. Acute and post-acute sequelae associated with SARS-CoV-2 reinfection. *Nat Med* (2022). https://doi.org/10.1038/s41591-022-02051-3

CDC COVID-19 Infection Prevention and Control Guidance Updates

- Interim IPC Recommendations for Healthcare Personnel
- Interim Guidance for Managing Healthcare Personnel with Infection or Exposure
- Strategies to Mitigate Healthcare Personnel Staffing Shortages

Making Changes to your Facility-Wide COVID-19 IPC Strategies

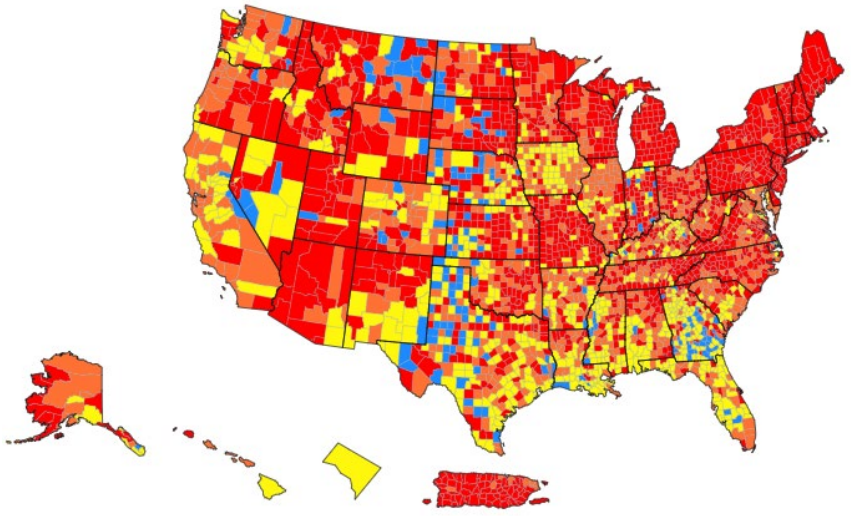
- Communicate changes and expectations to everyone
- Remain up to date with state/local DPH and regulatory agencies
- Involve your multi-disciplinary team
  - Infection Preventionist (IP)
  - Director of Nursing
  - Medical Director
  - Administrator
  - Consultant Pharmacist
  - Custodial Director
- Continue to support the IP and the decisions related to the facility IPC program
- Document regularly & consistently
  - IP risk assessment
  - IP plan
  - Consistent communication with residents, family, & staff
  - Policy changes

How to Make Changes to your Facility-Wide COVID-19 IPC Strategy

- ✓ CDC Transmission Levels - (also known as Community Transmission)
  - ➢ Metric used to guide select IPC practices in healthcare settings
  - ➢ Use the county transmission level (high, substantial, moderate, or low and implement recommended practices listed below) to determine the level of SARS-CoV-2 infections in your community and the risk to your facility.
- ✓ Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic:
  - ➢ Guidance applies to all U.S. settings where healthcare is delivered (including nursing homes and home health)
  - ➢ Vaccination status no longer informs COVID-19-specific IPC interventions (i.e., source control, testing, post-exposure recommendations)
- ✓ Your Facility Data
  - ➢ Status of the IPC program and impact of current interventions
  - ➢ COVID-19 outbreak history
- ✓ Your Facility COVID-19 Plan updates/changes
  - ➢ Consult with your multidisciplinary team
  - ➢ Communicate and document decisions

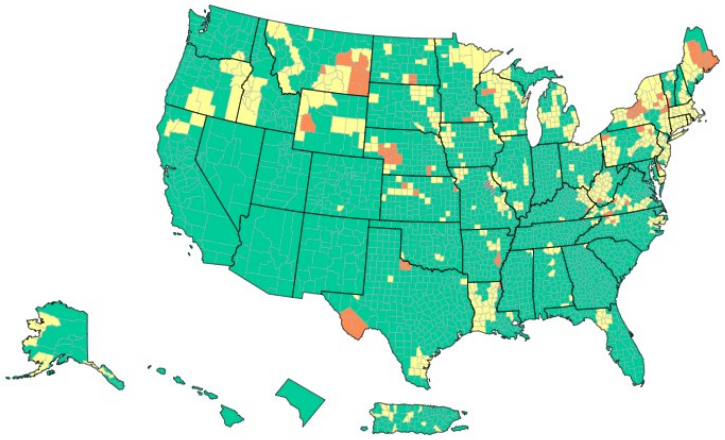
Transmission Levels

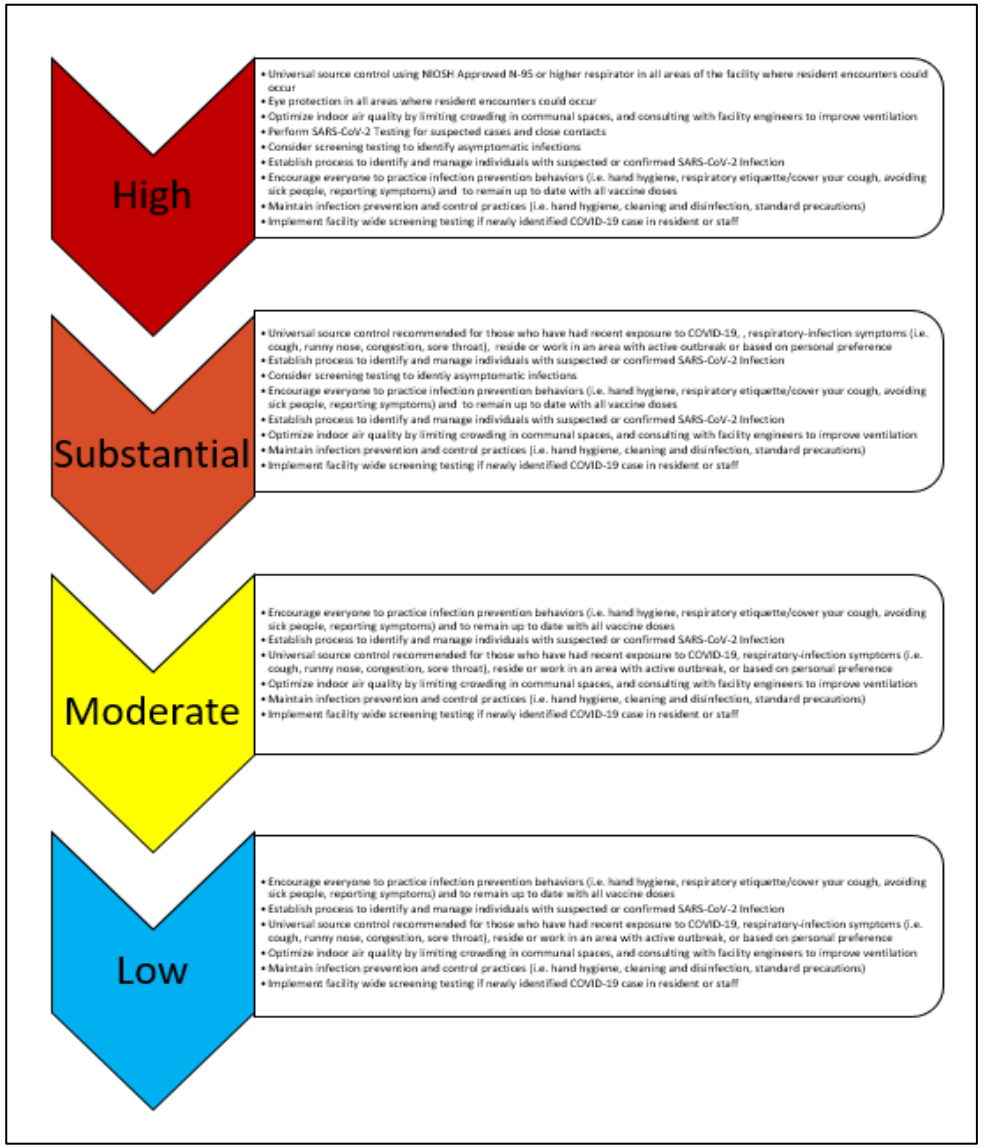
- **Health care settings**
- Used on a weekly basis to guide select infection prevention and control actions in a health care setting
- Allows for earlier intervention
- Better protects individuals seeking medical care



COVID-19 Community Levels

- **Non-healthcare settings (assisted living facilities, group homes, retirement communities, congregate settings)**
- Help individuals and communities decide which prevention actions to take based on the latest information
- Informs individual- and household-level prevention behaviors and community-level prevention strategies for low, medium and high COVID-19 community levels





Date: **10/21/2023**

Responsible Parties*:* IP (Infection Prevention), NHA, Medical Director, DON

S	**Situation:** The nursing facility has reviewed the most recent CMS regulations and CDC infection prevention and control guidelines as they pertain to COVID-19 practices.
B	**Background:** Transmission levels within the ABCD County and surrounding area have been at the moderate level for three weeks (moderate as of 9/31/2023). Vaccination status among residents is high, with 95% being up to date. Staff vaccination rates are also high, with 90% being up to date.
A	**Assessment:** Transmission levels are stable in the moderate level as defined by CDC for ABCD County, the facility has high vaccination rates for COVID-19 among staff and residents, and the facility staff and guests demonstrate consistent use of standard infection prevention practices as demonstrated through audit data on daily walking rounds.
R	**Recommendation:** Modify standard infection prevention and control practices for COVID-19 prevention/containment to include the following: • Encourage everyone to practice infection prevention behaviors (i.e., hand hygiene, respiratory etiquette/cover your cough, avoiding sick people, reporting symptoms) and to remain up to date with all vaccine doses • Establish process to identify and manage individuals with suspected or confirmed SARS-CoV-2 Infection • Universal source control recommended for those who have had recent exposure to COVID-19, respiratory-infection symptoms (i.e., cough, runny nose, congestion, sore throat), reside or work in an area with active outbreak, or based on personal preference • Optimize indoor air quality by limiting crowding in communal spaces, and consulting with facility engineers to improve ventilation • Maintain infection prevention and control practices (i.e., hand hygiene, cleaning and disinfection, standard precautions) • Implement facility wide screening testing if newly identified COVID-19 case in resident or staff

Communicating Facility-Wide COVID-19 IPC Updates: SBAR Tool

- Framework for communication between members of the health care team about a patient's condition; adapted to communicate facility changes & updates
  - Easy-to-remember
  - Useful for framing any conversation requiring immediate attention and action
  - Allows for an easy and focused way to set expectations for what will be communicated and how between members of the team
    - Essential for developing teamwork
    - Fostering a culture of patient safety
- **S = Situation** (a concise statement of the problem)
- **B = Background** (pertinent and brief information related to the situation)
- **A = Assessment** (analysis and considerations of options — what you found/think)
- **R = Recommendation** (action requested/recommended — what you want)

Template: SBAR

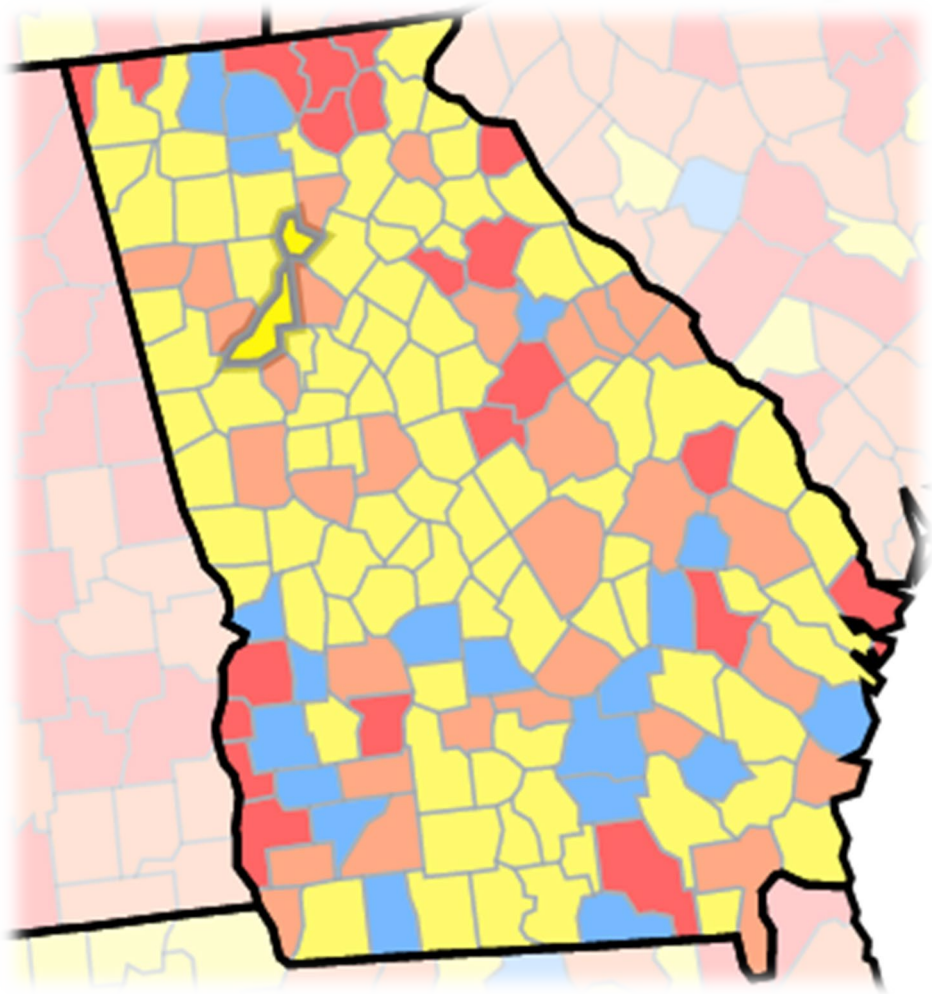
S	**Situation:** What is the situation you are calling about? • Identify self, unit, patient, room number. • Briefly state the problem, what is it, when it happened or started, and how severe.
B	**Background:** Pertinent background information related to the situation could include the following: • The admitting diagnosis and date of admission • List of current medications, allergies, IV fluids, and labs • Most recent vital signs • Lab results: provide the date and time test was done and results of previous tests for comparison • Other clinical information • Code status
A	**Assessment:** What is the nurse's assessment of the situation?
R	**Recommendation:** What is the nurse's recommendation or what does he/she want? Examples: • Notification that patient has been admitted • Patient needs to be seen now • Order change

Institute for Healthcare Improvement (IHI) SBAR Tool

Communicating Facility-Wide COVID-19 IPC Updates: SBAR Tool Example

- **Situation:** The nursing facility has reviewed the most recent CMS regulations and CDC infection prevention and control guidelines pertaining to COVID-19 practices. We are updating our COVID-19 IPC strategies.

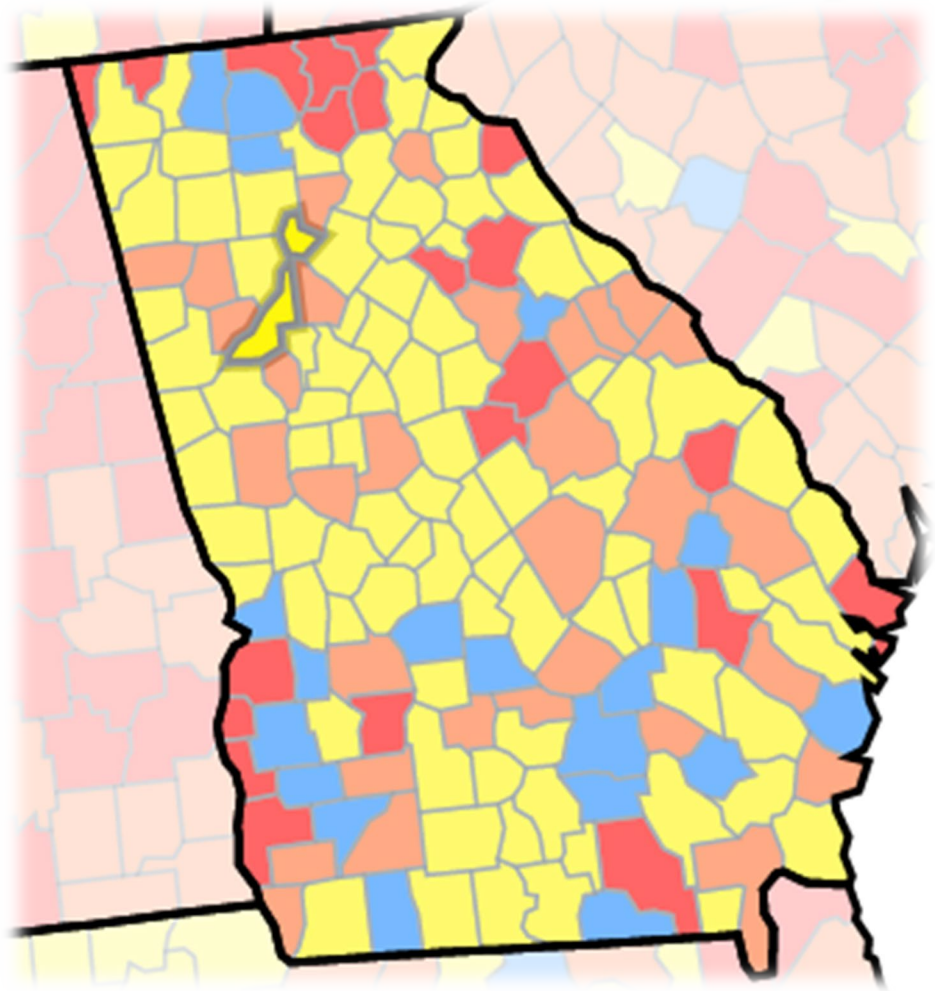
- **Background:** Transmission levels within Fulton County have been at the moderate level for three weeks (moderate as of 10/31/2022). Vaccination status among residents is high, with 95% being up to date. Staff vaccination rates are also high, with 90% being up to date.



Transmission Levels

Communicating Facility-Wide COVID-19 IPC Updates: SBAR Tool Example

- **Assessment:** Transmission levels are stable in the moderate level as defined by CDC for Fulton County, the facility has high vaccination rates for COVID-19 among staff and residents, and the facility staff and guests demonstrate consistent use of standard infection prevention practices as shown through audit data on daily walking rounds.



Transmission Levels

Communicating Facility-Wide COVID-19 IPC Updates: SBAR Tool

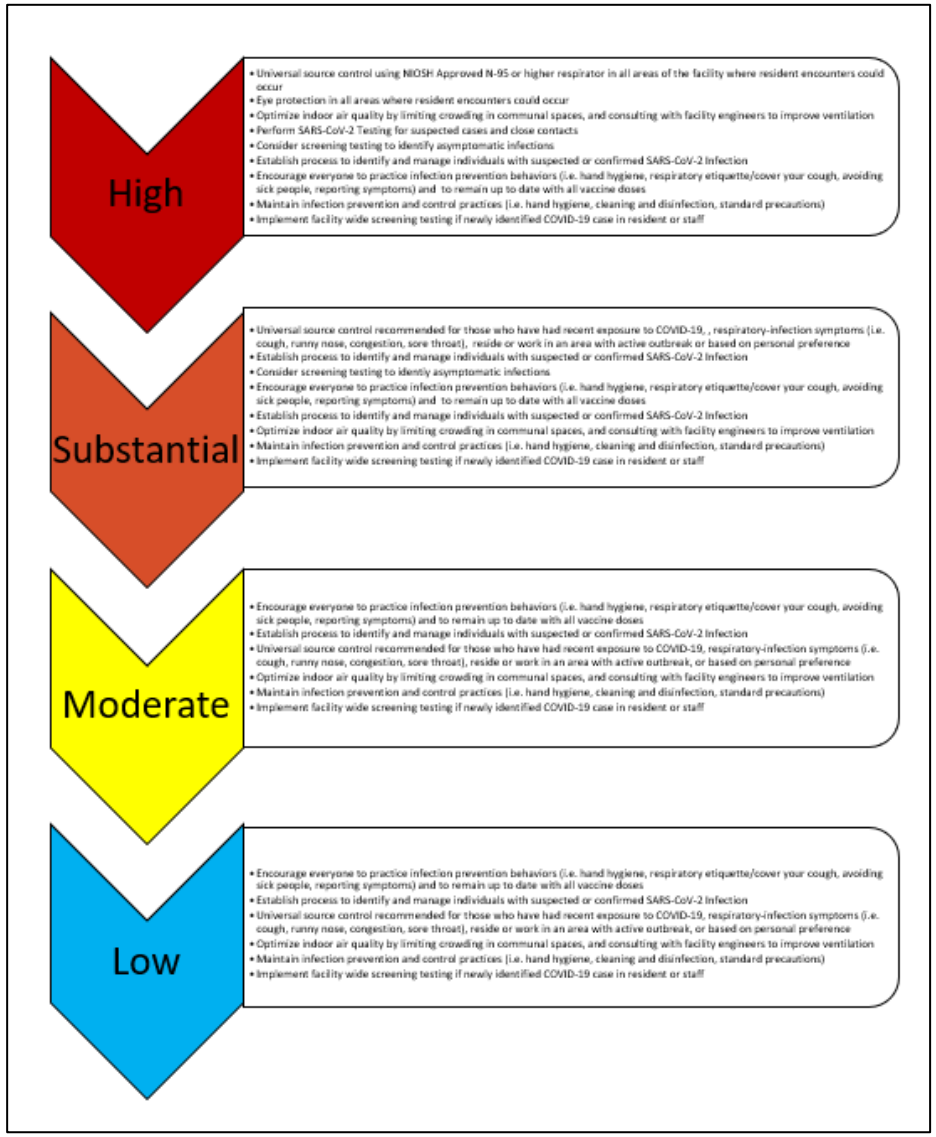
Moderate

- Encourage everyone to practice infection prevention behaviors (i.e. hand hygiene, respiratory etiquette/cover your cough, avoiding sick people, reporting symptoms) and to remain up to date with all vaccine doses
- Establish process to identify and manage individuals with suspected or confirmed SARS-CoV-2 Infection
- Universal source control recommended for those who have had recent exposure to COVID-19, respiratory-infection symptoms (i.e. cough, runny nose, congestion, sore throat), reside or work in an area with active outbreak, or based on personal preference
- Optimize indoor air quality by limiting crowding in communal spaces, and consulting with facility engineers to improve ventilation
- Maintain infection prevention and control practices (i.e. hand hygiene, cleaning and disinfection, standard precautions)
- Implement facility wide screening testing if newly identified COVID-19 case in resident or staff

Communicating Facility-Wide COVID-19 IPC Updates: SBAR Tool Example

Recommendation: Modify standard infection prevention and control practices for COVID-19 prevention/containment to include the following:

- Encourage everyone to practice infection prevention behaviors (i.e., hand hygiene, respiratory etiquette/covering your cough, avoiding sick people, reporting symptoms) and to remain up to date with all vaccine doses
- Establish a process to identify and manage individuals with suspected or confirmed SARS-CoV-2 Infection
- Universal source control is recommended for those who have had recent exposure to COVID-19, respiratory-infection symptoms (i.e., cough, runny nose, congestion, sore throat), reside or work in an area with an active outbreak, or based on personal preference
- Optimize indoor air quality by limiting crowding in communal spaces and consulting with facility engineers to improve ventilation
- Maintain infection prevention and control practices (i.e., hand hygiene, cleaning and disinfection, standard precautions)
- Implement facility-wide screening testing if newly identified COVID-19 cases in residents or staff



Date: **10/21/2023**
Responsible Parties*:* IP (Infection Prevention), NHA, Medical Director, DON

S	**Situation:** The nursing facility has reviewed the most recent CMS regulations and CDC infection prevention and control guidelines as they pertain to COVID-19 practices.
B	**Background:** Transmission levels within the ABCD County and surrounding area have been at the moderate level for three weeks (moderate as of 9/31/2023). Vaccination status among residents is high, with 95% being up to date. Staff vaccination rates are also high, with 90% being up to date.
A	**Assessment:** Transmission levels are stable in the moderate level as defined by CDC for ABCD County, the facility has high vaccination rates for COVID-19 among staff and residents, and the facility staff and guests demonstrate consistent use of standard infection prevention practices as demonstrated through audit data on daily walking rounds.
R	**Recommendation:** Modify standard infection prevention and control practices for COVID-19 prevention/containment to include the following: • Encourage everyone to practice infection prevention behaviors (i.e., hand hygiene, respiratory etiquette/cover your cough, avoiding sick people, reporting symptoms) and to remain up to date with all vaccine doses • Establish process to identify and manage individuals with suspected or confirmed SARS-CoV-2 Infection • Universal source control recommended for those who have had recent exposure to COVID-19, respiratory-infection symptoms (i.e., cough, runny nose, congestion, sore throat), reside or work in an area with active outbreak, or based on personal preference • Optimize indoor air quality by limiting crowding in communal spaces, and consulting with facility engineers to improve ventilation • Maintain infection prevention and control practices (i.e., hand hygiene, cleaning and disinfection, standard precautions) • Implement facility wide screening testing if newly identified COVID-19 case in resident or staff

COVID-19 Lessons Learned: Risk Recognition and Health Care

- Vulnerable population
- Increased likelihood of infection
- Variety of pathogens (germs)
- Invasive medical and care-related interventions
- Workflow/daily practices

https://www.cdc.gov/infectioncontrol/projectfirstline/index.html

COVID-19 Lessons Learned: Respiratory Viruses

- Up to date with vaccinations
- Understanding your data (resident risk, facility risk, community levels)
- IPC strategies (hand hygiene, respiratory etiquette, source control, cleaning/disinfection)
- Early interventions: screening, testing, and treatments
- Prompt isolation & investigation of close contacts
- Communication & collaboration
- Emergency/Outbreak planning

https://www.cdc.gov/infectioncontrol/projectfirstline/index.html

CONTACT PRECAUTIONS

(In addition to Standard Precautions)
(If you have questions, ask nursing staff)

Everyone Must:

Clean hands when entering and leaving room

AND

Gown and glove at door

Doctor's and Staff Must:

Use patient-dedicated or disposable equipment

Clean & disinfect shared equipment

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CONTACT PRECAUTIONS

Display sign outside the door. Remove sign after room is terminally cleaned.

Common Conditions: ***If patient has diarrhea (C. difficile) use Contact Enteric Precautions***

- Multidrug resistant organisms
  - Carbapenem resistant Gram-negative rods/ESBL
  - Methicillin-resistant Staphylococcus aureus (MRSA)
  - Vancomycin-resistant Enterococcus (VRE)
- Scabies
- Wounds or abscesses with uncontained drainage

Dishes/Utensils:
No special precautions. Kitchenware sanitized in dishwasher.

Equipment and Supplies:

- Use dedicated or disposable equipment when available.
- Clean and disinfect reusable equipment including IV pumps, cell phone or pagers (if used in room), and other electronics, supplies, and equipment prior to removing from patient's room.
- Ensure blood pressure cuff and stethoscope are cleaned and disinfected between patients.
- Only essential supplies in room.

Linen Management:
Bag linen in patient's room.

Patient Identification Procedure:
Use patient label for validation of patient identity and destroy in room after use.

Personal Protective Equipment:

Put **ON** in this order:	Take **OFF** & dispose in this order:
1. Wash or gel hands	1. Gloves
2. Gown	2. Eye cover (if used)
3. Mask (if needed)	3. Gown
4. Eye cover (if needed)	4. Mask (if used)
5. Gloves	5. Wash or gel hands (even if gloves used)

Private Room:
If not available, room with patient that has the same organism but no other infection.

Room Cleaning:
Routine cleaning procedures with addition of cubicle curtain changes per hospital procedure.

Transport:
Essential transport only. Place patient in clean gown. Clean and disinfect transport vehicle. Alert receiving department regarding patient's isolation precaution status.

Discontinue precautions as per hospital policy or Infection Preventionist instructions.

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ENHANCED BARRIER PRECAUTIONS

(In addition to Standard Precautions)

(If you have questions, ask nursing staff)

Everyone Must:

Clean hands when entering and leaving room

Doctors and Staff Must:

Wear gloves and a gown for the following High-Contact Resident Care Activities:

- Dressing
- Bathing/Showering
- Transferring
- Changing Linens
- Providing Hygiene
- Changing briefs or assisting with toileting
- Device care or use: central line, urinary catheter, feeding tube, tracheostomy
- Wound Care: any skin opening requiring a dressing

Do not wear the same gown and gloves for the care of more than one person.

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ENHANCED BARRIER PRECAUTIONS

Targeted gown and glove use during high contact resident care activities. Wounds or indwelling medical devices, regardless of MDRO colonization status Infection or colonization with MDRO.

Display sign outside the door. Remove sign after room is terminally cleaned.

Common Conditions (refer to Facility Policy):

- These include the following residents:
  - Residents known to be infected or colonized with an MDRO
  - Residents with an indwelling medical device including central venous catheter, urinary catheter, feeding tube (PEG tube, G-tube), tracheostomy/ventilator regardless of their MDRO status
  - Residents with a wound, regardless of their MDRO status
- High-contact resident care activities where a gown and gloves should be used, which are open bundled together as part of morning or evening care, include:
  - Bathing/showering
  - Transferring residents from one position to another (for example, from the bed to wheelchair)
  - Providing hygiene
  - Changing bed linens
  - Changing briefs or assisting with toileting
  - Caring for or using an indwelling medical device (for example, central venous catheter, urinary catheter, feeding tube care, tracheostomy/ventilator care),
  - Performing wound care (for example, any skin opening requiring a dressing)

Room placement and Activities:

- Only essential equipment and supplies in room.
- Use dedicated or disposable equipment when available.
- Clean and disinfect reusable equipment including IV pumps, cell phone or pagers (if used in room), and other electronics, supplies, and equipment prior to removing from resident's room.
- Ensure blood pressure cuff and stethoscope are cleaned and disinfected between residents.
- Bag linen in resident's room

Dishes/Utensils:

- No special precautions. Kitchenware sanitized dishwasher.

Equipment and Supplies:

- Only essential equipment and supplies in room.
- Use dedicated or disposable equipment when available.
- Clean and disinfect reusable equipment including IV pumps, cell phone or pagers (if used in room), and other electronics, supplies, and equipment prior to removing from resident's room.
- Ensure blood pressure cuff and stethoscope are cleaned and disinfected between residents.
- Bag linen in resident's room.

Personal Protective Equipment:

Standard and Tear-away Gown	Three-part Gown
Put **ON** in this order: 1. Wash or gel hands 2. Gown 3. Gloves	Put **ON** in this order: 1. Wash or gel hands 2. Gown 3. Gloves
Take **OFF** & dispose in this order: 1. Gloves 2. Gown 4. Wash or gel hands (even if gloves used)	Take **OFF** & dispose in this order: 1. Gown and Gloves at the same time (grab gown and pull off gloves in one movement) 2. Wash or gel hands (even if gloves used)

Follow facility policy for Enhanced Barrier Precautions disinfection and curtain change requirements.

Discontinuation: EBP should remain place for the duration of a resident's stay or until resolution of the wound or discontinuation of the indwelling medical device.

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STOP

DROPLET PRECAUTIONS

STOP

(In addition to Standard Precautions)

(If you have questions, ask nursing staff)

Everyone Must:

Clean hands when entering and leaving room

Wear mask

Doctors and Staff Must:

Wear eye protection with respiratory symptoms and standard precautions if contact with secretions likely.

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DROPLET PRECAUTIONS

If patient has diarrhea and/or C. difficile add Contact Enteric Precautions

Display sign outside the door. Remove sign after room is terminally cleaned.

Common Conditions (refer to Facility Policy):
- Influenza
- Meningitis
- Pertussis
- Respiratory viruses
- Mumps

Dishes/Utensils:
No special precautions. Kitchenware sanitized in dishwasher.

Equipment and Supplies:
- Only essential equipment in room.
- Use dedicated or disposable equipment when available.
- Clean and disinfect reusable equipment including intravenous pumps, cell phone or pagers (if used in room), and other electronics, supplies, and other equipment prior to removing from patient's room.
- Ensure blood pressure cuff and stethoscope are cleaned and disinfected between patients.

Linen Management:
Bag linen in patient's room.

Personal Protective Equipment:

Standard and Tear-away Gown	Three-part Gown
Put **ON** in this order: 1. Wash or gel hands 2. Gown (if needed) 3. Mask 4. Eye cover (if needed) 5. Gloves (if needed)	Put **ON** in this order: 1. Wash or gel hands 2. Gown (if needed) 3. Mask 4. Eye cover (if needed) 5. Gloves (if needed)
Take **OFF** & dispose in this order: 1. Gloves (if used) 2. Eye cover (if used) 3. Gown (if used) 4. Mask 5. Wash or gel hands (even if gloves used)	Take **OFF** & dispose in this order: 1. Gown and Gloves at the same time (grab gown and pull off gloves in one movement) 2. Eye cover (if used) 3. Mask 5. Wash or gel hands (even if gloves used)

Private Room:
If not available, please follow facility policy when cohorting patients.

Room Cleaning:
Follow facility policy for Droplet Precautions disinfection and curtain change requirements.

Transport:
Essential transport only. Have patient wear a surgical mask. Clean and disinfect transport vehicle. Alert receiving department regarding patient's isolation precaution status.

Discontinue precautions as per Facility Policy or Infection Prevention and Control Team instructions.

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CONTACT ENTERIC PRECAUTIONS

(In addition to Standard Precautions)

(If you have questions, ask nursing staff)

Everyone Must:

Clean hands when entering room
Wash with SOAP AND WATER UPON LEAVING ROOM

Gown and glove when entering room

Doctors and Staff Must:

Use patient-dedicated or disposable equipment

Clean & disinfect shared equipment before leaving room

CONTACT ENTERIC PRECAUTIONS

Display sign outside the door. Remove sign after room is terminally cleaned.

Common Conditions:
- Acute diarrhea
- Clostridioides difficile (C. difficile, C. diff)
- Norovirus
- Rotavirus

Dietary:
Family and visitors should not eat in the room.

Dishes/Utensils:
No special precautions. Kitchenware sanitized in dishwasher.

Equipment and Supplies:
- Only essential equipment in room.
- Use dedicated or disposable equipment when available.
- Clean and disinfect reusable equipment including intravenous pumps, cell phone or pagers (if used in room), and other electronics, supplies, and other equipment prior to removing from patient's room.
- Ensure blood pressure cuff and stethoscope are cleaned and disinfected between patients.

Linen Management:
Bag linen in patient's room.

Personal Protective Equipment: **USE SOAP AND WATER TO WASH HANDS WHEN LEAVING ROOM**

Standard and Tear-away Gown	Three-part Gown
Put **ON** in this order: 1. Wash or gel hands 2. Gown (if needed) 3. Mask 4. Eye cover (if needed) 5. Gloves (if needed)	Put **ON** in this order: 1. Wash or gel hands 2. Gown (if needed) 3. Mask 4. Eye cover (if needed) 5. Gloves (if needed)
Take **OFF** & dispose in this order: 1. Gloves (if used) 2. Eye cover (if used) 3. Gown (if used) 4. Mask 5. Wash or gel hands (even if gloves used)	Take **OFF** & dispose in this order: 1. Gown and Gloves at the same time (grab gown and pull off gloves in one movement) 2. Eye cover (if used) 3. Mask 5. Wash or gel hands (even if gloves used)

Private Room:
If not available, please follow facility policy when cohorting patients.

Room Cleaning:
Follow facility policy for Contact Enteric Precautions disinfection and curtain change requirements.
Clean and disinfect with sporicidal-based disinfectant as per facility policy

Transport:
Essential transport only. Place patient in clean gown. Clean and disinfect transport vehicle. Alert receiving department regarding patient's isolation precaution status.

Discontinue precautions as per Facility Policy or Infection Prevention and Control Team instructions.

AEROSOL CONTACT PRECAUTIONS

(In addition to Standard Precautions)

Only essential personnel should enter this room

(If you have questions, ask nursing staff)

Everyone Must: including visitors, doctors & staff

Clean hands when entering and leaving room

Respirator

Use a NIOSH-approved N95 or equivalent or higher-level respirator especially during aerosolizing procedures*

Wear eye Protection
(face shield or goggles)

Gown and glove at door

KEEP DOOR CLOSED

Use patient-dedicated or disposable equipment

Clean & disinfect shared equipment

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AEROSOL CONTACT PRECAUTIONS

If patient has diarrhea and/or C. difficile add Contact Enteric Precautions

Display sign outside the door. At patient discharge, remove sign after room is terminally cleaned.

For use with:
- Novel respiratory viruses including COVID-19.

Dishes/Utensils:
No special precautions. Kitchenware sanitized in dishwasher.

Equipment and Supplies:
- Only essential equipment in room.
- Use dedicated or disposable equipment when available.
- Minimize use of cellphones/pagers.
- Clean and disinfect reusable equipment including intravenous pumps, cell phone or pagers (if used in room), and other electronics, supplies, and other equipment prior to removing from patient's room.
- Ensure blood pressure cuff and stethoscope are cleaned and disinfected between patients.

Waste and Linen Management:
For COVID-19, follow local and state public health guidelines Category B for medical waste handling. Bag linen in patient's room.

Private Room:
If not available, room with patients that have the same organism but no other infection.

Room Cleaning:
Routine cleaning procedures with addition of cubicle curtain changes per hospital procedure.

Transport:
Essential transport only. Patient should remain in room except for medical necessity. Patient should wash their hands. Place patient in clean gown. Place surgical mask on patient. Clean and disinfect transport vehicle. Alert receiving department regarding patient's isolation precaution status.

Personal Protective Equipment:
Facilities should follow CDC's PPE Optimization Strategies to conserve PPE.

Put **ON** in this order:

1. **WASH or GEL HANDS (even if gloves used)**
2. Gown

3. Respirator and eye cover

4. Gloves

Take **OFF** & dispose in this order:

1. Gloves

2. Gown

3. **WASH or GEL HANDS**
4. Respirator and eye cover: Remove from earpiece or ties to discard - do not grab from front of respirator.

5. **WASH or GEL HANDS (even if gloves used)**

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AIRBORNE RESPIRATOR PRECAUTIONS

(In addition to Standard Precautions)

RESTRICTED VISITATION

(If you have questions, ask nursing staff)

Everyone Must:

Clean hands when entering and leaving room

Doctors and Staff Must:

Wear CAPR/PAPR or fitted N95 mask prior to entering room

Patient Placement

Airborne Infection Isolation Room Required
(negative pressure)

Keep door closed

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AIRBORNE RESPIRATOR PRECAUTIONS

If patient has diarrhea and/or C. difficile add Contact Enteric Precautions

Display sign outside the door. At patient discharge, remove sign after room is terminally cleaned.

Common Conditions:
- Pulmonary or laryngeal tuberculosis
- Novel organisms as designated by CDCs

Prefer Family and Visitors to visit only if previously exposed

Airborne Infection Isolation Room:
Comply with Facility Policy regarding airflow monitoring.

Dishes/Utensils:
No special precautions. Kitchenware sanitized in dishwasher.

Equipment and Supplies:
- Only essential equipment in room.
- Use dedicated or disposable equipment when available.
- Clean and disinfect reusable equipment including intravenous pumps, cell phone or pagers (if used in room), and other electronics, supplies, and other equipment prior to removing from patient's room.
- Ensure blood pressure cuff and stethoscope are cleaned and disinfected between patients.

Linen Management:
Bag linen in patient's room.

Personal Protective Equipment:

Put **ON** in this order:	Take **OFF** & dispose in this order:
1. Wash or gel hands	1. PAPR or fitted N-95 mask
2. PAPR or fitted N-95 mask	2. Wash or gel hands (even if gloves used)

Room Cleaning:
After patient is discharged, leave sign posted and door closed for one hour to allow room air to circulate. If unsure, consult facility, engineering or other appropriate department. Then follow facility policy for Airborne Respirator Precautions disinfection and curtain change requirements.

Transport:
Essential transport only. Have patient wear a surgical mask. Clean and disinfect transport vehicle. Alert receiving department regarding patient's isolation precaution status.

Discontinue precautions as per Facility Policy or Infection Prevention and Control Team.

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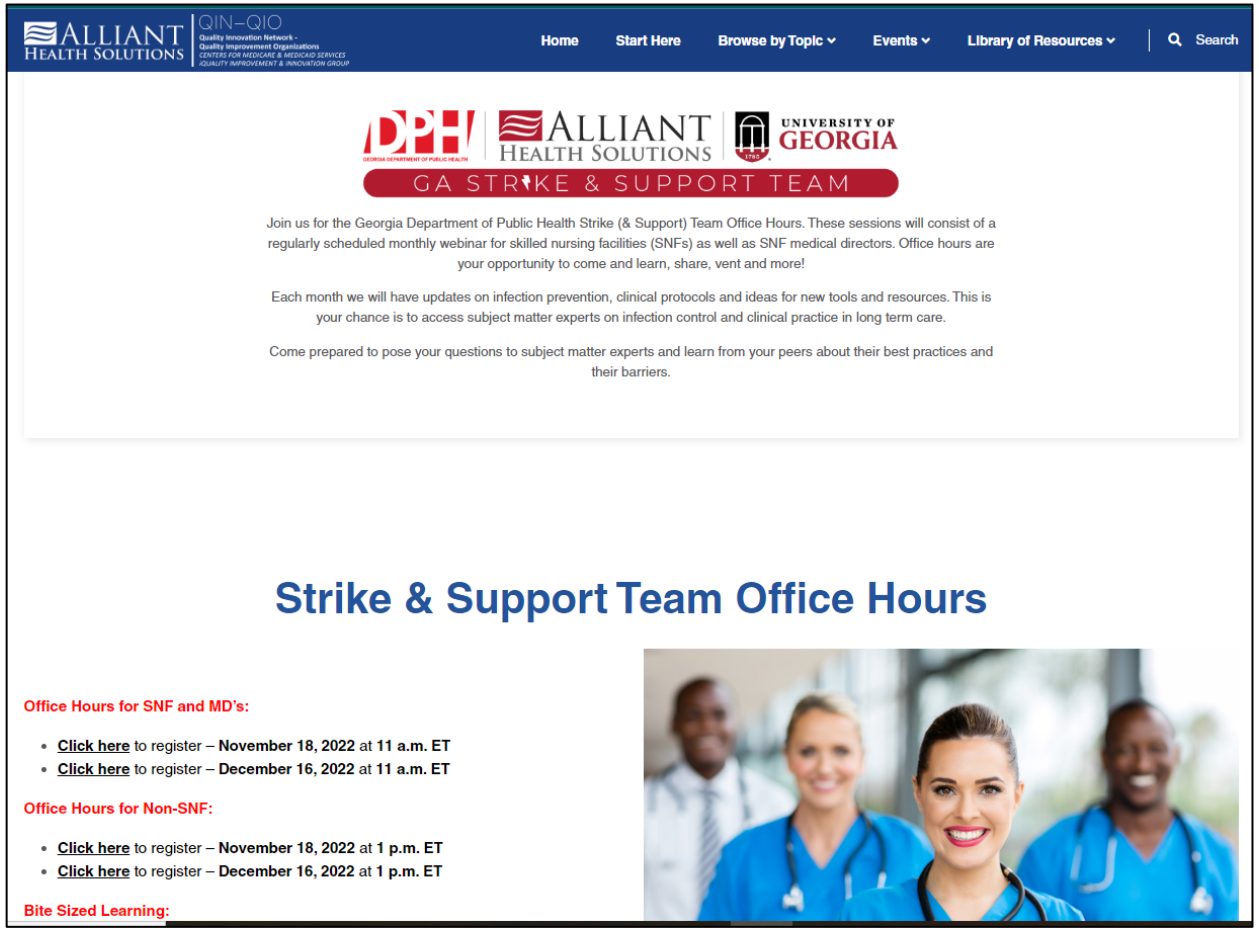
Risk Recognition: IPC Interventions That Reduce Risk

- Establishing the IPC program and plan
- Bloodborne pathogen (BPP) protocols
- Standard and transmission-based precautions
- Invasive device policies
- Appropriate personal protective equipment (PPE) use
- Environmental hygiene
  - Cleaning and disinfection
  - Air handling and ventilation
  - Linen handling
- Respiratory protection program
- Hand hygiene
- Surveillance and reporting
- Resident, family and staff education
- Partnerships and communications
  - State/local health departments
  - Labs
  - Neighboring facilities

Alliant Health Solutions Resources



https://quality.allianthealth.org/topic/georgia-department-of-public-health/

https://quality.allianthealth.org/topic/infection-control/

Questions?

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)
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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Thank You for Your Time!
Contact the AHS Patient Safety Team

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Save the Date

SNF and Medical Directors Office Hours:

December 16, 2022 | 11 a.m. ET

ALF and PCH

December 16, 2022 | 1 p.m. ET

Thanks Again…

- Georgia Department of Public Health
- University of Georgia

Making Health Care Better

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