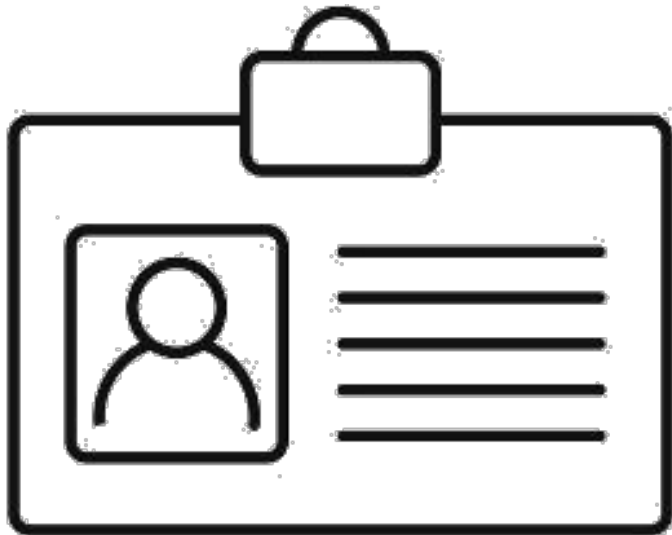




Georgia Department of Public Health:  
Strike & Support Team GADPH Office Hours for ALFs & PCHs  
February 24, 2023

# Meet the Team



## Presenter:

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

# 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



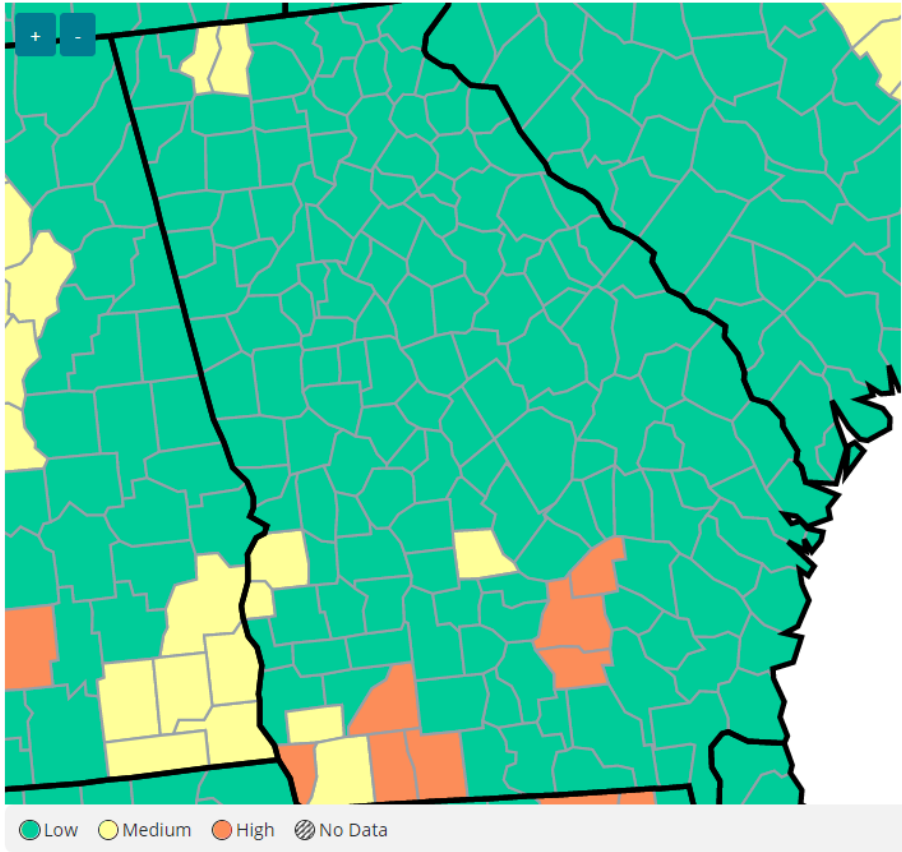
# Objectives

- Discuss respiratory illness burden in the community and discuss mitigation strategies, including COVID-19 and Influenza-like illnesses (ILI)
- Examine the difference between infection prevention and control (IPC) audits and competency checks
- Share Alliant Health Solutions resources to support COVID-19 IPC activities
- Address any facility-specific IPC questions or concerns



# COVID-19 Community Levels: Georgia

[https://covid.cdc.gov/covid-data-tracker/#county-view?list\\_select\\_state=all\\_states&list\\_select\\_county=all\\_counties&data\\_type=CommunityLevels](https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data_type=CommunityLevels)



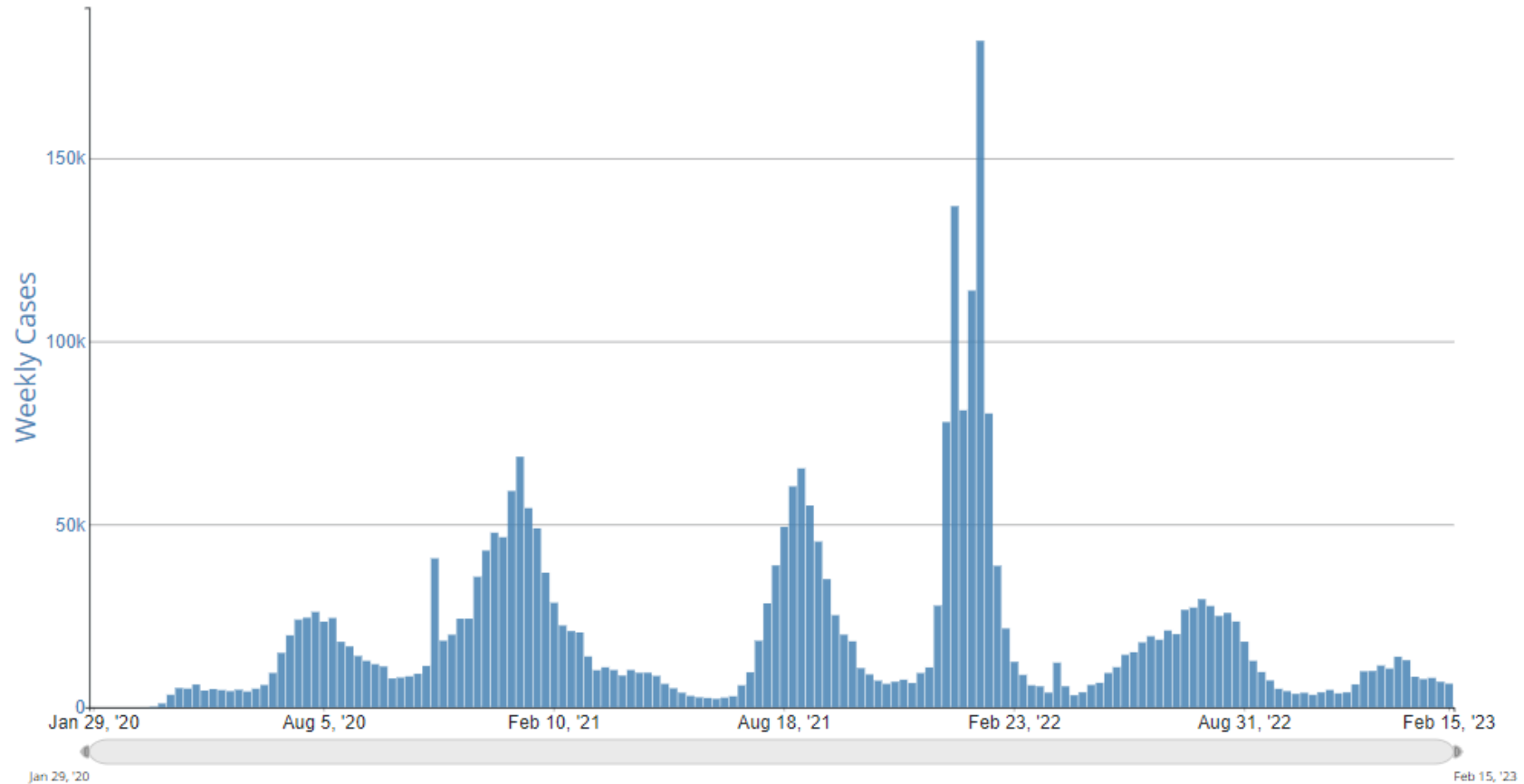
COVID-19 Community Levels in US by County

	Total	Percent	% Change
High	82	2.55%	0.18%
Medium	651	20.2%	- 0.67%
Low	2489	77.25%	0.49%

[How are COVID-19 Community Levels calculated?](#)

Time Period: COVID-19 Community Levels were calculated on Thu Feb 16 2023. New COVID-19 cases per 100,000 population (weekly total) are calculated using data from Thu Feb 09 2023 - Wed Feb 15 2023. New COVID-19 admissions per 100,000 population (7-day total) and Percent of inpatient beds occupied by COVID-19 patients (7-day average) are calculated using data from Wed Feb 08 2023 - Tue Feb 14 2023.

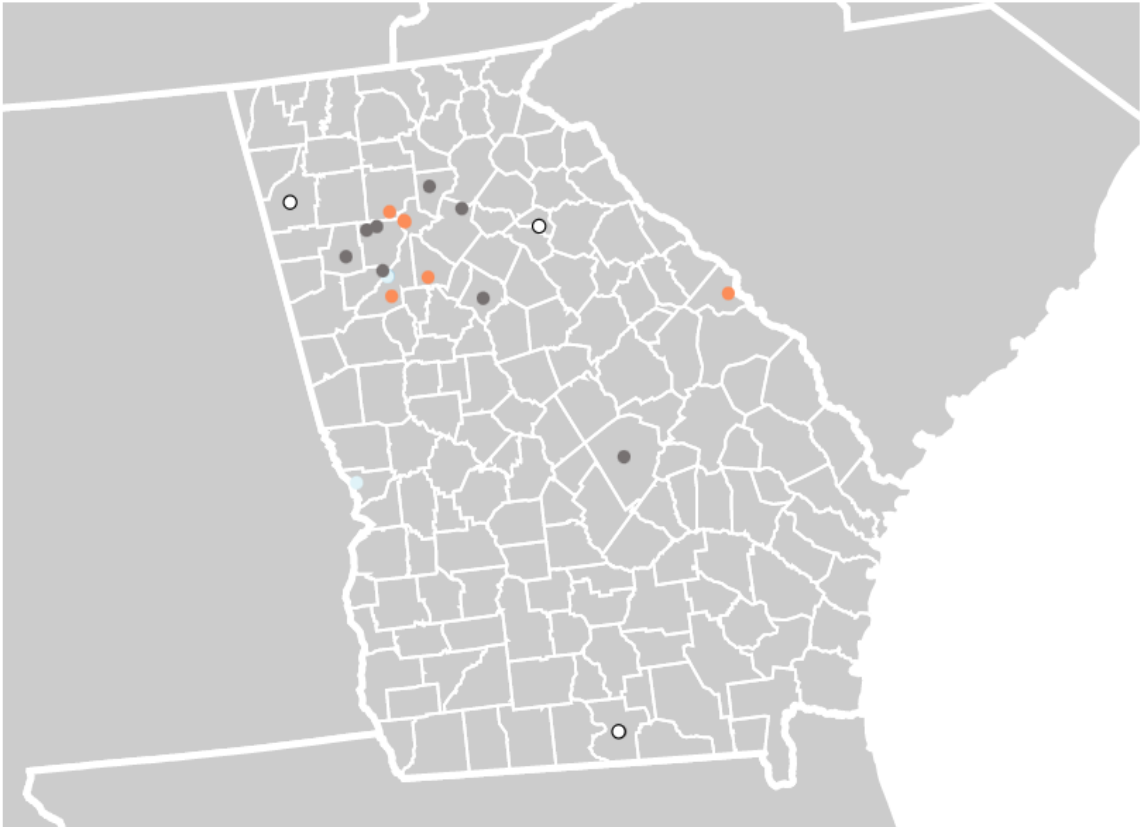
Weekly Trends in Number of COVID-19 Cases in Georgia Reported to CDC



[https://covid.cdc.gov/covid-data-tracker/#trends\\_weeklycases\\_select\\_13](https://covid.cdc.gov/covid-data-tracker/#trends_weeklycases_select_13)

# COVID-19 Wastewater Surveillance: Georgia

<https://covid.cdc.gov/covid-data-tracker/#wastewater-surveillance>



Current SARS-CoV-2 virus levels by site, Georgia

Current virus levels category	Num. sites	% sites	Category change in last 7 days
New Site	3	23	0%
0% to 19%	0	0	- 100%
20% to 39%	1	8	0%
40% to 59%	3	23	- 25%
60% to 79%	6	46	- 40%
80% to 100%	0	0	- 100%

Total sites with current data: 13

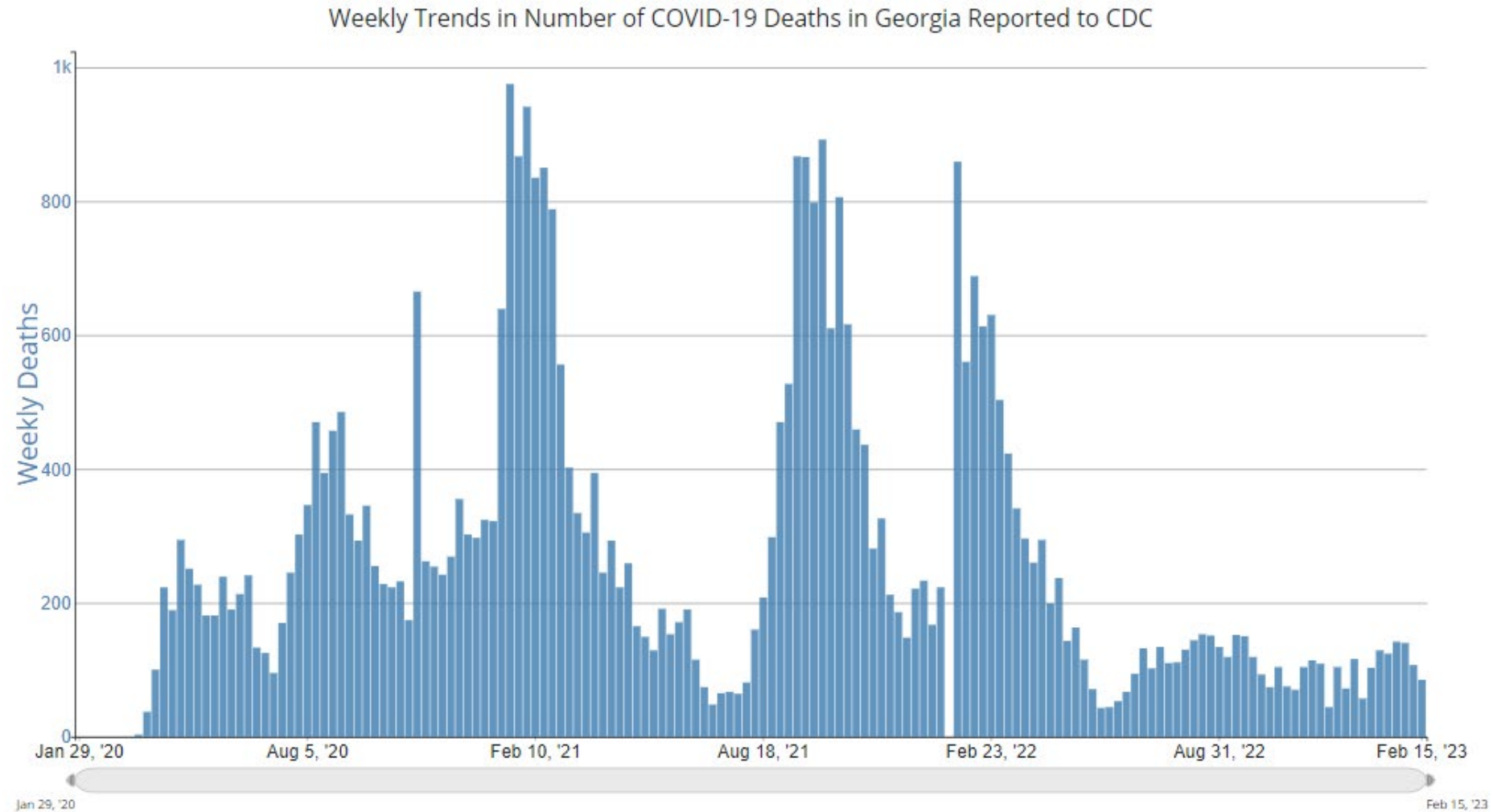
Total number of wastewater sampling sites: 22

[How is the current SARS-CoV-2 level compared to past levels calculated?](#)

Select legend categories to filter points on the map.

☐ New site
 ☒ 0% to 19%
 ☐ 20% to 39%
 ☐ 40% to 59%
 ☐ 60% to 79%
 ☐ 80% to 100%
 ☐ No recent data





[https://covid.cdc.gov/covid-data-tracker/#trends\\_weeklydeaths\\_select\\_13](https://covid.cdc.gov/covid-data-tracker/#trends_weeklydeaths_select_13)

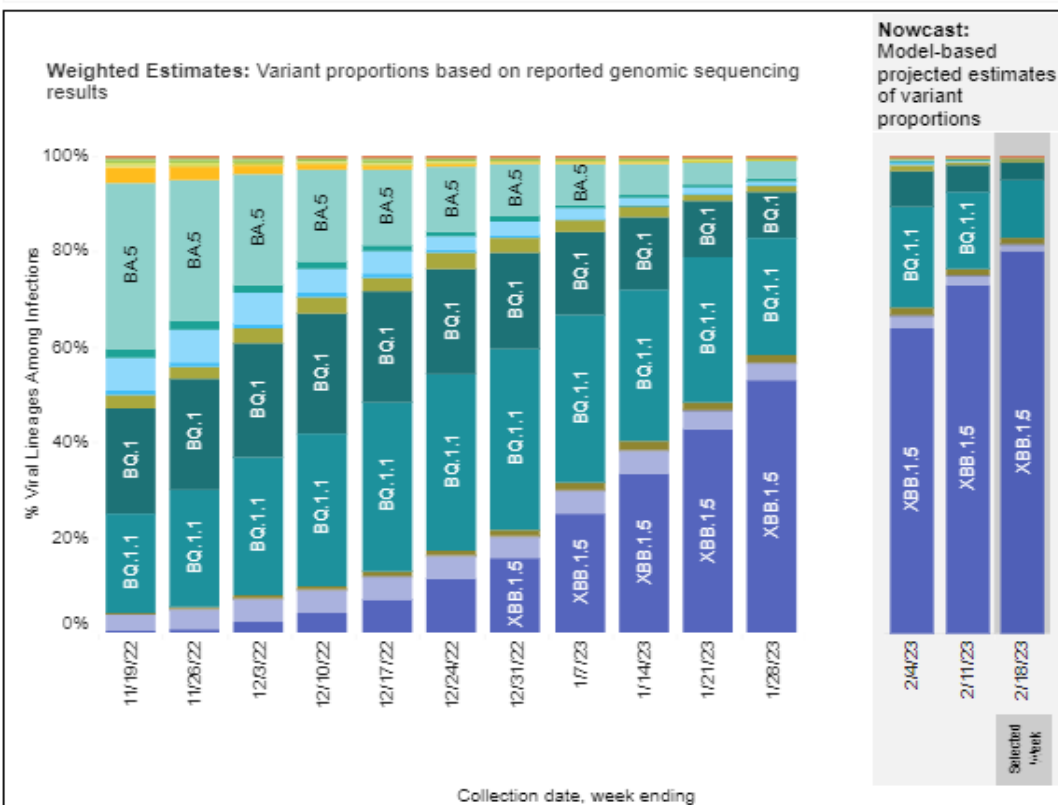
# COVID-19 Variant Mix

Weighted and Nowcast Estimates in United States for Weeks of 11/13/2022 – 2/18/2023

Nowcast Estimates in United States for 2/12/2023 – 2/18/2023



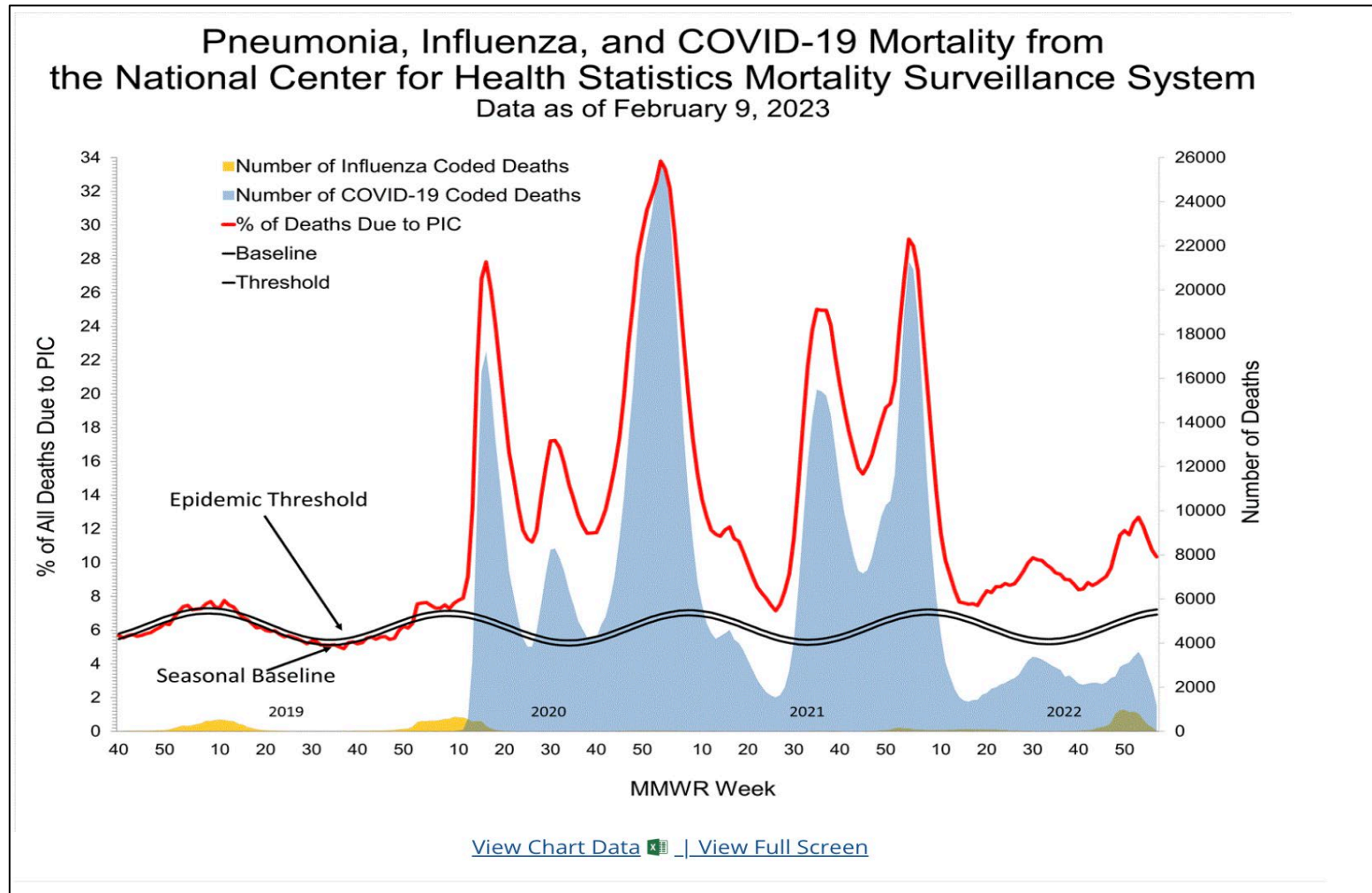
Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.



USA				
WHO label	Lineage #	US Class	%Total	95%PI
Omicron	XBB.1.5	VOC	80.2%	74.2-85.2%
	BQ.1.1	VOC	12.1%	9.1-15.9%
	BQ.1	VOC	3.7%	2.7-5.0%
	XBB	VOC	1.5%	1.2-2.0%
	CH.1.1	VOC	1.2%	0.9-1.7%
	BN.1	VOC	0.5%	0.4-0.8%
	BA.5	VOC	0.2%	0.1-0.3%
	BF.7	VOC	0.2%	0.1-0.3%
	BA.5.2.6	VOC	0.1%	0.1-0.1%
	BA.2	VOC	0.1%	0.0-0.1%
	BF.11	VOC	0.0%	0.0-0.1%
	BA.2.75	VOC	0.0%	0.0-0.0%
	BA.2.75.2	VOC	0.0%	0.0-0.0%
	BA.4.6	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%
	BA.4	VOC	0.0%	0.0-0.0%
	BA.1.1	VOC	0.0%	0.0-0.0%
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		0.1%	0.0-0.1%

<https://covid.cdc.gov/covid-data-tracker/#variant-proportions>

# Pneumonia, Influenza and COVID-19 Mortality



<https://gis.cdc.gov/grasp/fluview/mortality.html>

# Performance Measures: Managing IPC Practices

- Measures
  - Valid and reliable indicators to monitor and evaluate the quality of clinical, environmental and safety components of care
- Performance measures
  - Way of measuring and reporting quality of care
  - Outcomes or processes used for:
    - Internal improvement
    - Inter-facility comparison
    - Organizational comparisons
    - Care decision-making

# Performance Measures

- Types of measures
  - Outcome measures
    - Indicates the result of the performance (or nonperformance) of a function or process
    - Expected or non-expected clinical outcomes
  - Process measures
    - Focuses on a process or the steps in a process that leads to a specific outcome
    - Evaluate compliance with desired care or support practices
    - Capture variances in practices



# Outcome Measures

- CMS Quality Metrics
- Resident care experience/satisfaction
- Healthcare-associated infection surveillance
  - Urinary Tract Infections
  - COVID-19 Infections
  - Multi-drug resistant organisms (MDROs)

# Process Measures

- Hand hygiene compliance
- Foley catheter care/bundle compliance
- Ventilator-associated pneumonia (VAP) Bundle compliance
- Transmission-based precautions (TBP) compliance
- Cleaning & disinfection

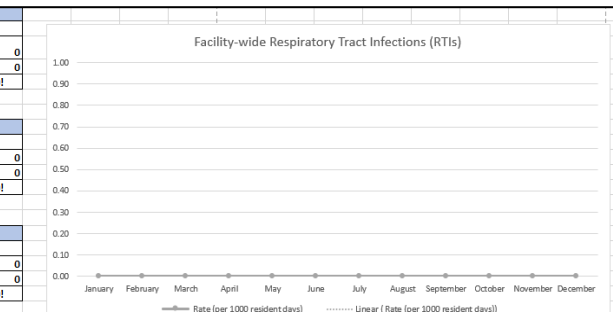


- | FY2023 (Jan-Dec 2023)   |         |          |       |       |      |      |      |        |           |         |          |          |       |
|---|---------|----------|-------|-------|------|------|------|--------|-----------|---------|----------|----------|-------|
| Facility-wide HAI   | January | February | March | April | May  | June | July | August | September | October | November | December | YTD   |
| Total Infections (UTIs, GI, SSTIs)                              | 1       | 2        | 3     | 4     | 5    | 6    | 10   | 15     | 22        | 8       | 3        | 1        | 68    |
| Resident Days   | 1000    | 1250     | 950   | 1150  | 1300 | 1400 | 1250 | 800    | 1100      | 1225    | 1300     | 1000     | 11825 |
| HAI Rate (per 1000 resident days)                               | 1.00    | 1.60     | 3.16  | 3.48  | 3.85 | 4.29 | 8.00 | 18.67  | 20.91     | 6.86    | 2.31     | 1.00     | 4.81  |
| Mean (Average) Rate (per 1000 resident days) from previous year | 3       | 3        | 3     | 3     | 3    | 3    | 3    | 3      | 3         | 3       | 3        | 3        | 3     |
- ### Healthcare-associated Infections (HAIs) FY2023

Month	Count
January	1
February	2
March	3
April	4
May	5
June	6
July	10
August	15
September	22
October	8
November	3
December	1

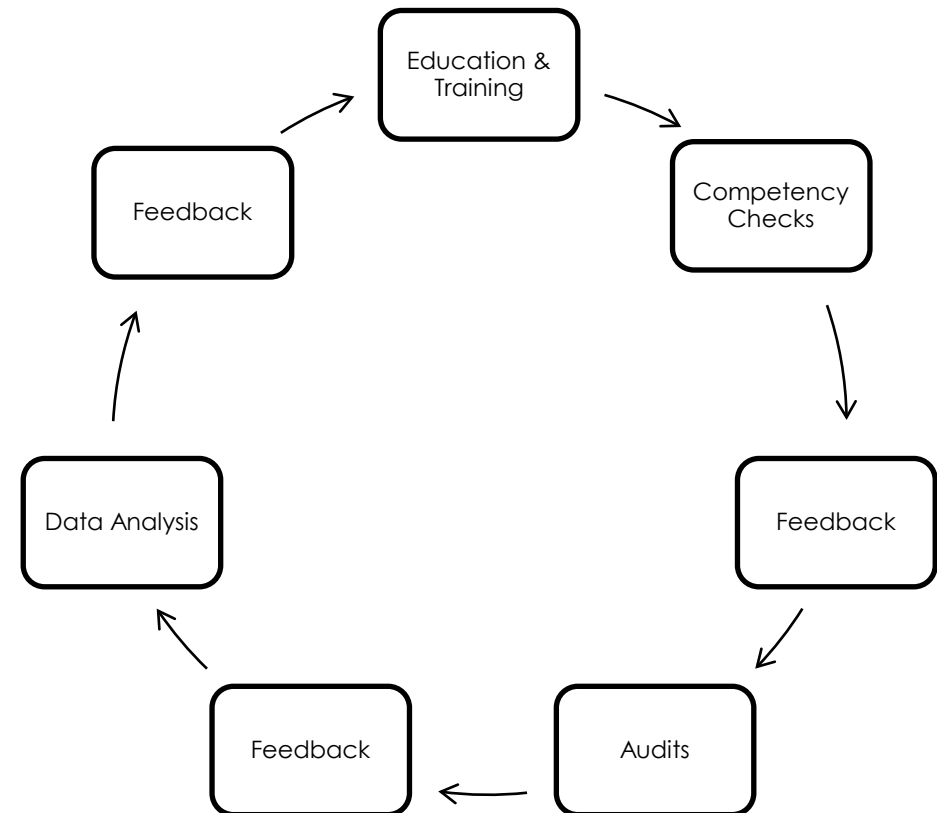
### Healthcare-associated Infection (HAI) Rate FY2023

Month	Rate (per 1000 resident days)
January	1.00
February	1.60
March	3.16
April	3.48
May	3.85
June	4.29
July	8.00
August	18.67
September	20.91
October	6.86
November	2.31
December	1.00

[illegible][illegible]

# Monitoring Infection Prevention & Control Practices: Process Measures

- Education
- Competency checks
- Feedback
- Audits
- Data analysis



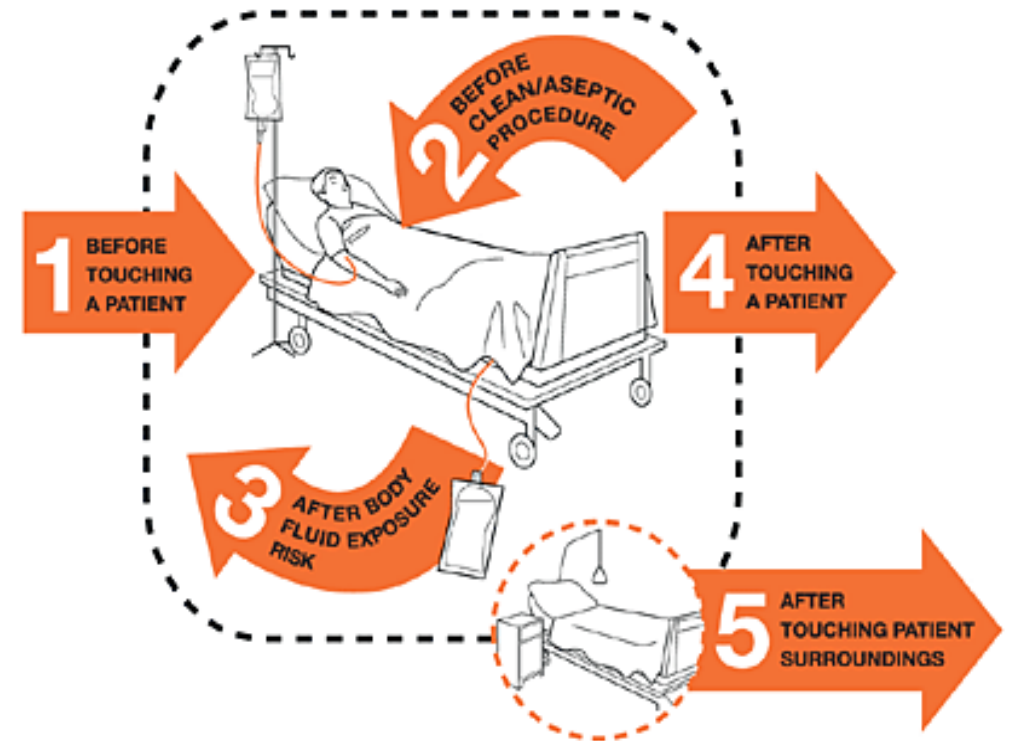
# Monitoring Infection Prevention & Control Practices: Process Measures

Type of Feedback	How it Works	Benefits
Immediate Feedback	Feedback given at the time of the occurrence	Can be given by anyone; including observers, managers, supervisors or peers
Planned Feedback	Feedback given at pre-determined intervals through a type of measurement system	Usually the responsibility of a designated department or assigned role

<https://www.cdc.gov/infectioncontrol/pdf/strive/PPE104-508.pdf>

# Hand Hygiene (HH) Training: Hand Hygiene in Health Care Settings

- [CDC Hand Hygiene in Healthcare Settings Training](#)
- [Guideline for Hand Hygiene in Healthcare Settings](#)
- [Hand Hygiene in Healthcare Settings-Core Slides](#)
- [Hand Hygiene in Healthcare Settings-Supplement Slides](#)
- [Project Firstline](#)

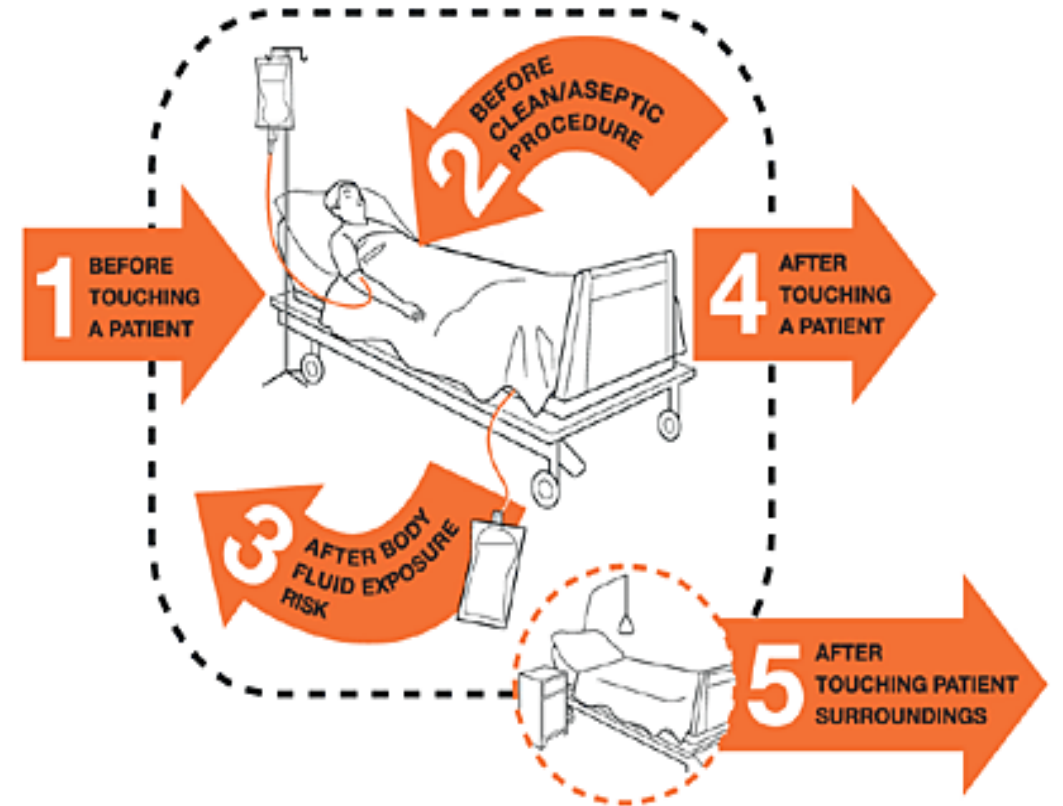


# Staff Education

- Staff education about the role of hand hygiene in preventing infections is a priority for healthcare organizations
- Free training and promotional materials
  - [www.cdc.gov/handhygiene/traning.html](http://www.cdc.gov/handhygiene/traning.html)
- Education does not ensure adherence

# Indications for Hand Hygiene

- Alcohol-based hand rub (ABHR)
- Soap and water
  - When hands are visibly soiled
  - Before eating
  - After using the bathroom
  - After exposure to spore-forming bacteria or during GI outbreaks (C. difficile or Norovirus)
- WHO five moments for hand hygiene





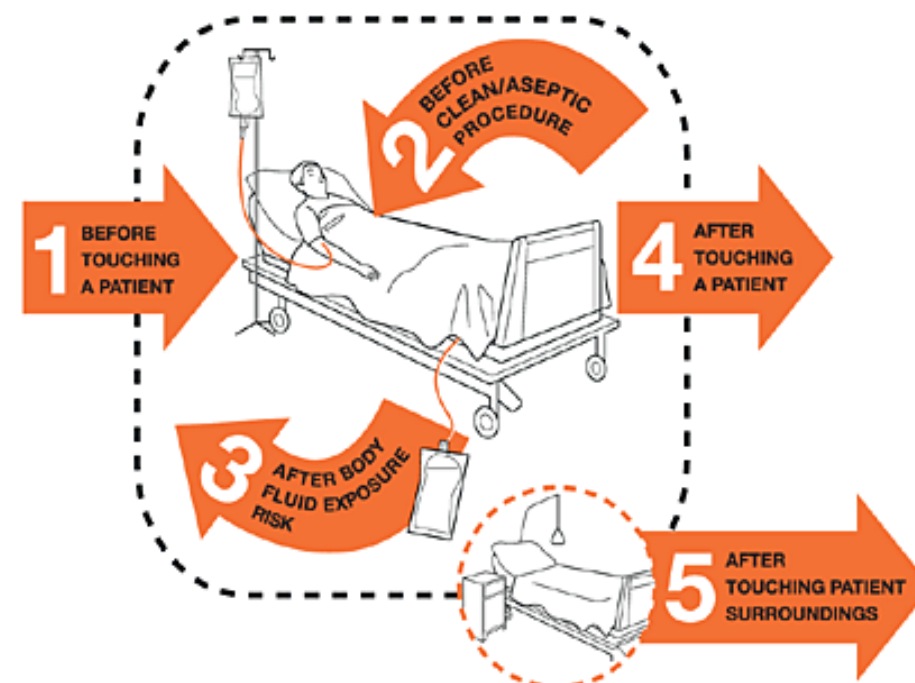
# Technique and Competency

- ABHR
  - Volumen dispensed should take 15-20 seconds to rub in and dry
  - Some dispensers have adjustments for volume dispensed
- Soap and water
  - Wet hands
  - Apply soap and lather for 20 seconds, covering all surfaces and under rings
  - Rinsed thoroughly
  - Dry using a disposable towel
  - Turn off the faucet with a dry towel

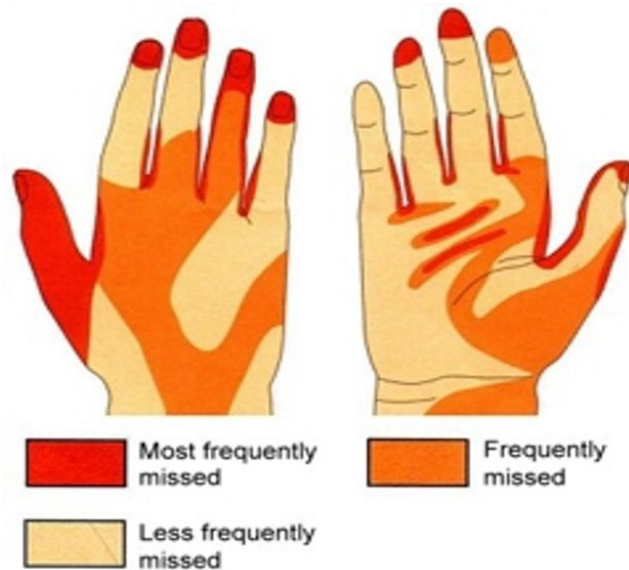
OPPORTUNITY	INDICATION	EXAMPLE(S)
1. Before Touching a Patient	<p><b>When?</b> Clean hands before touching a patient when approaching him/her</p> <p><b>Why?</b> To protect against harmful germs carried on hands</p>	<p>A health care personnel (HCP) or environmental services staff, etc. entering the room to provide patient care or clean patient room.</p> <p>Note: If the patient is on any type of transmission-based precaution (e.g., contact, airborne, droplet) this step should be performed before donning any PPE.</p>
2. Before clean/aseptic procedure	<p><b>When?</b> Clean hands immediately before performing a clean/aseptic procedure</p> <p><b>Why?</b> To protect against harmful germs, including the patient's own from entering his/her body</p>	<p>A HCP is already in the room and is preparing to conduct a procedure. For instance, cleaning a tracheostomy, providing urinary catheter care, entering a central venous catheter, etc.</p>
3. After body fluid exposure risk	<p><b>When?</b> Clean hands immediately after an exposure risk to body fluids AND after glove removal (between tasks)</p> <p><b>Why?</b> To protect oneself and the health care environment from harmful patient germs</p>	<p>A HCP is draining and measuring urine from the patient's urinary catheter bag and then proceeds to give the patient her/his medication.</p>
4. After touching a patient	<p><b>When?</b> Clean hands after touching a patient and his/her immediate surroundings, when leaving the patient's side</p> <p><b>Why?</b> To protect oneself and the health care environment from harmful patient germs</p>	<p>A HCP exiting a patient room after administering medication and moving the patient bedside table.</p> <p>Note: If the patient is on contact precautions for <i>Clostridioides difficile</i> the HCP MUST use soap and water as the method for hand hygiene.</p>
5. After touching patient surroundings	<p><b>When?</b> Clean hands after touching any object or furniture in the patient's immediate surroundings, when leaving the room—even if the patient HAS NOT been touched</p> <p><b>Why?</b> To protect oneself and the health care environment from harmful patient germs</p>	<p>A HCP exiting a patient room after silencing an alarm on the patient's IV pole.</p> <p>An environmental services employee completing a daily clean in a patient room.</p> <p>Note: If the patient is on contact precautions for <i>Clostridioides difficile</i>, the HCP MUST use soap and water as the method for hand hygiene.</p>

Source: World Health Organization. My 5 moments for hand hygiene. Geneva, Switzerland: World Health Organization

[https://www.who.int/gpsc/5may/Your\\_5\\_Moments\\_For\\_Hand\\_Hygiene\\_Poster.pdf](https://www.who.int/gpsc/5may/Your_5_Moments_For_Hand_Hygiene_Poster.pdf)



# Hand Hygiene Competency



- Return demonstrations
- Training Tools - Fluorescent "Glow Germ"
  - Helps learners to find commonly missed areas when performing hand hygiene

Hand Hygiene Competency Validation		
Soap & Water Alcohol Based Hand Rub (ABHR) (60% - 95% alcohol content)		
Type of validation: Return demonstration	<input type="checkbox"/> Orientation <input type="checkbox"/> Annual <input type="checkbox"/> Other	
Employee Name: _____	Job Title: _____	
Hand Hygiene with Soap & Water		Competent
		YES
		NO
1. Checks that sink areas are supplied with soap and paper towels		
2. Turns on faucet and regulates water temperature		
3. Wets hands and applies enough soap to cover all surfaces of hands		
4. Vigorously rubs hands for at least <b>20 seconds</b> including palms, back of hands, between fingers, and wrists		
5. Rinses thoroughly keeping fingertips pointed down		
6. Dries hands and wrists thoroughly with paper towels		
7. Discards paper towel in wastebasket		
8. Uses paper towel to turn off faucet to prevent contamination to clean hands		
Hand Hygiene with ABHR		
9. Applies enough product to adequately cover all surfaces of hands		
10. Rubs hands including palms, back of hands, between fingers until all surfaces dry		
General Observations		
11. Direct care providers—no artificial nails or enhancements		
12. Natural nails are clean, well groomed, and tips less than ¼ inch long		
13. Skin is intact without open wounds or rashes		
Comments or follow up actions:		
<div>Employee Signature</div> <div>Validator Signature</div> <div>Date</div>		

<https://www.ahrq.gov/nursing-home/resources/hand-hygiene-competency.html>

# Hand Hygiene Audits: Adherence Considerations

- Multimodal and multidisciplinary strategies must be used to improve adherence to hand hygiene.
  - Administrative support
  - Convenient and acceptable products and dispensers
  - Monitoring and feedback
  - Role modeling of desired HH practices
  - Motivational or incentive programs
  - Behavioral and motivational components

# Monitoring for Adherence

- CDC, WHO and the Joint Commission require monitoring programs with performance feedback
- Direct observation
- Product volume monitoring
- Automated monitoring

# Direct Observation

- Person observes a sample of hand hygiene opportunities and calculates the adherence rate.
  - $\text{Number of episodes performed} / \text{number of opportunities to perform} \times 100 = \text{percent compliance}$
  - Quick and easy to monitor
  - Include in the IP plan the number of observations per month that will be collected
  - Include date, time, unit and role (PT, MD, RN, aide) for more actionable data



# Hand Hygiene Audits

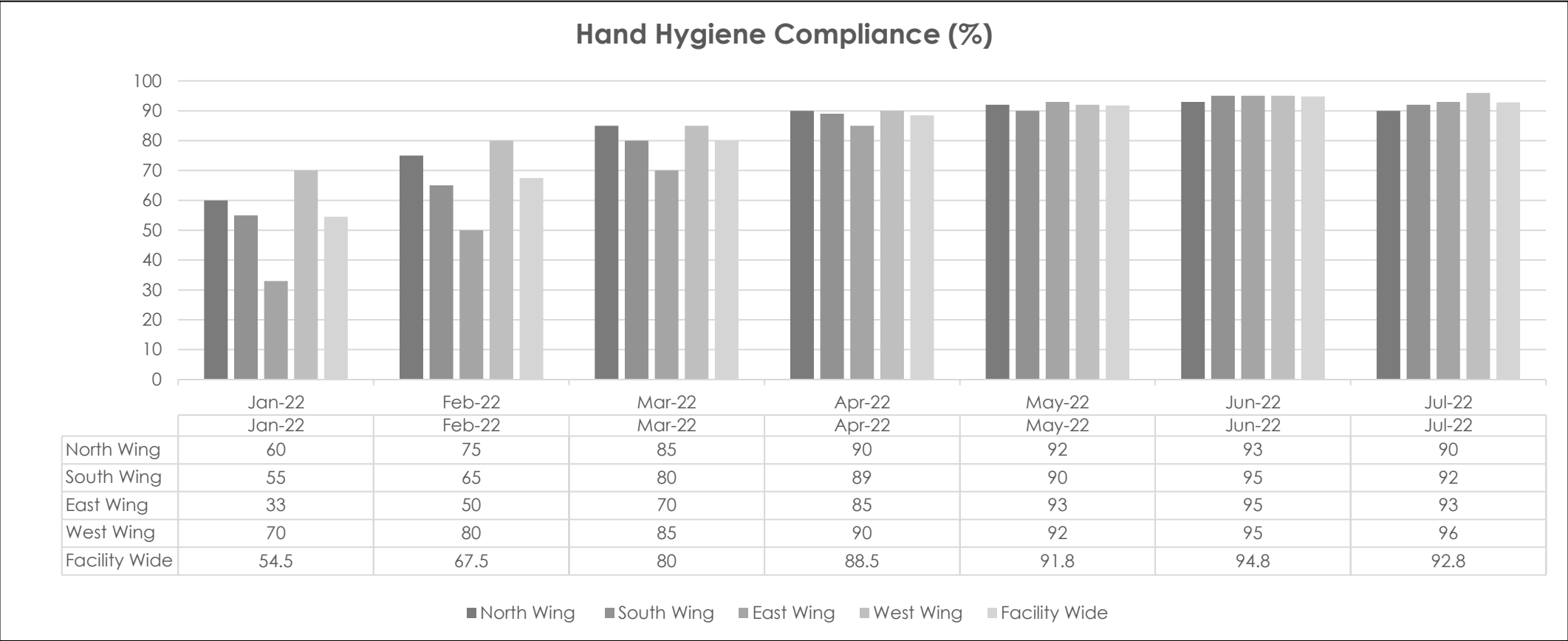
Staff Initials/Date <i>PLEASE NOTE INTERVENTIONS ON BACK OF FORM</i>	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
<b>HW (hand wash) or Gel</b>										
1. Nails are appropriate length (<1/4 inch of free nail tip), unpolished or without chips, no artificial nails/nail tips (acrylic polish is acceptable if not chipped)										
2. Chose hand gel or soap/water appropriately for resident/type of contact/HH indication										
<b>Alcohol Based Hand Gel</b>										
1. GEL-Apply alcohol based hand rub to palm of one hand. Amount per manufacturer recommendation. Nickel size gel/Golf ball foam										
2. GEL-Rub alcohol into <u>all</u> areas of hands/wrists. Special attention to under free edge of nails, cuticles, thumbs, knuckles, sides of fingers/hands. If rings not removed, move up & down fingers during scrub.										
3. GEL-Continue rubbing until <u>all</u> of product has dried.										
<b>Soap and Water Hand Wash</b>										
1. HW-Turn on faucet, adjust flow to avoid splash, temp to comfortable warmth										
2. HW-arms angled down to faucet keeping hands below elbows										
3. HW-Wet hands before applying soap from dispenser (promotes distribution/foaming)										
4. HW-Work up generous lather by vigorous rubbing hands together for at least 20 seconds										
5. HW- All areas of hands/wrists. Special attention to under free edge of nails, cuticles, thumbs, knuckles, sides of fingers/hands. If rings not removed, move up and down fingers during scrub.										
6. HW-Rinse hands/wrist well										
7. HW-Pat hands/wrists dry w dry paper towel										
8. HW-If sink without foot/knee control, turn off faucet using unused paper towel and discard.										
9. HW-Do not clean up counter w towel (done at time of splashing before readjusting flow as contaminates hands if done at end)										
<b>Numerator (number of components observed as in compliance) exclude NA</b>										
<b>Denominator (number of observed components) exclude NA</b>										

# Direct Observation Example

Date/Time: _____ Location: _____	Role	HH Before (Y/N)	HH After (Y/N)	Comments
1 East	RN	Y	N	Feedback provided
1 East	CNA	N	N	Unable to provide feedback
1 East	CNA	Y	Y	

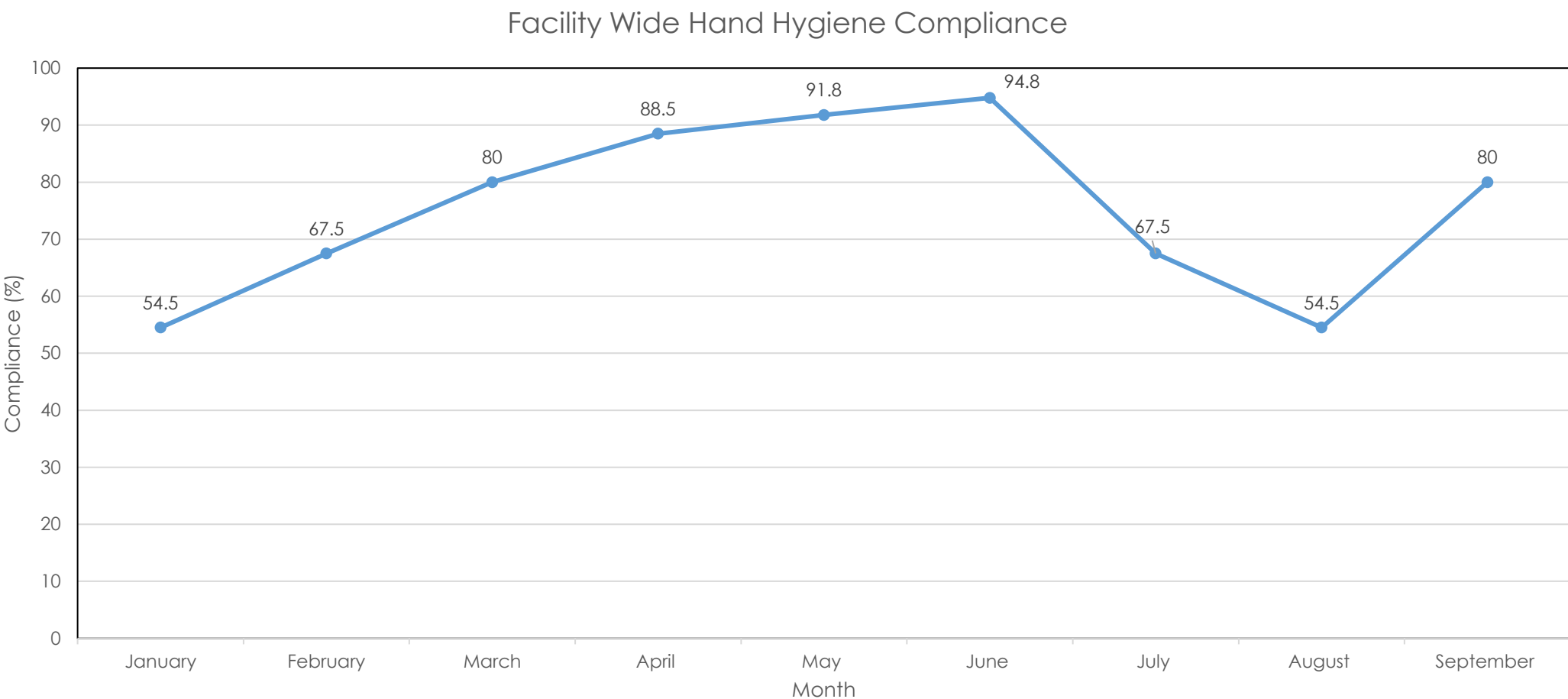
Analysis:  $3/6 = 50\%$  compliance rate OR  $1/3 = 33\%$  compliance, depending on how you are defining adherence  
 Aides compliant 50% (2/4) of the time, and RNs compliant 50% ( $1/2$ ) of the time

# Hand Hygiene Data Analysis



\*Data for demonstration purposes only

# Hand Hygiene Data Analysis



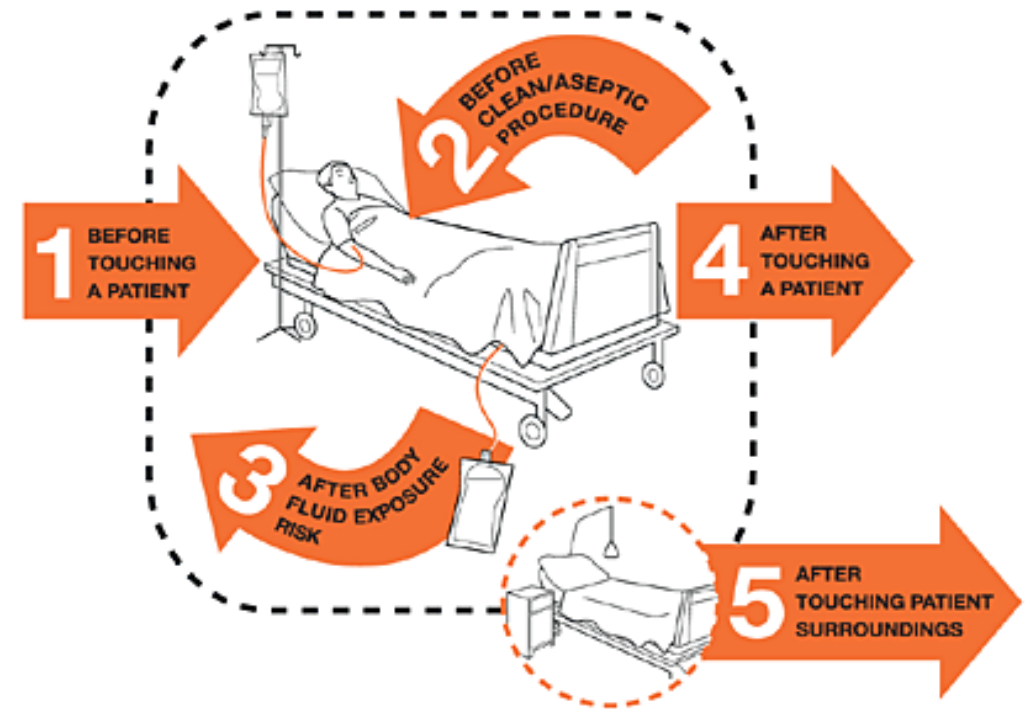
\*Data for demonstration purposes only

# Pros and Cons of Direct Observation

- Pros
  - Considered the gold standard for HH monitoring
  - Real-time feedback can be given, encouraging behavior change
  - Barriers can be identified and addressed
- Cons
  - Time-consuming
  - Difficult to recruit observers
  - Sample may have inherent bias and subjectivity
  - Subject to Hawthorne effect – people will perform better when they know they are being observed

# Personal Protective Equipment (PPE) in Health Care Settings

- [CDC Personal Protective Equipment \(PPE\): Coaching and Training Frontline Health Care Professionals](#)
- [Guideline for Infection Control in Healthcare Personnel](#)
- [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007](#)
- [Core Infection Prevention Practices for Safe Healthcare Delivery in all Settings](#)
- [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)





# PPE Education and Training

- Engage senior leaders and staff at different times
  - New employee orientation
  - Staff meetings
  - Huddles
- Hold live demonstrations
- Solicit feedback from staff:
  - Why is PPE use important?
  - What are the barriers to consistent PPE use?
  - Relevant outbreaks
    - COVID-19
    - Respiratory viruses
    - Multi-drug resistant organisms (MDROs)

## Types of PPE in Health Care

**Gloves** – protect hands and allow efficient removal of organisms from hands

**Gowns and Aprons** – protect skin and clothing

**Face masks** – protect mucous membranes of mouth and nose

**Respirators** – prevent inhalation of infectious material

**Goggles** – protect eyes

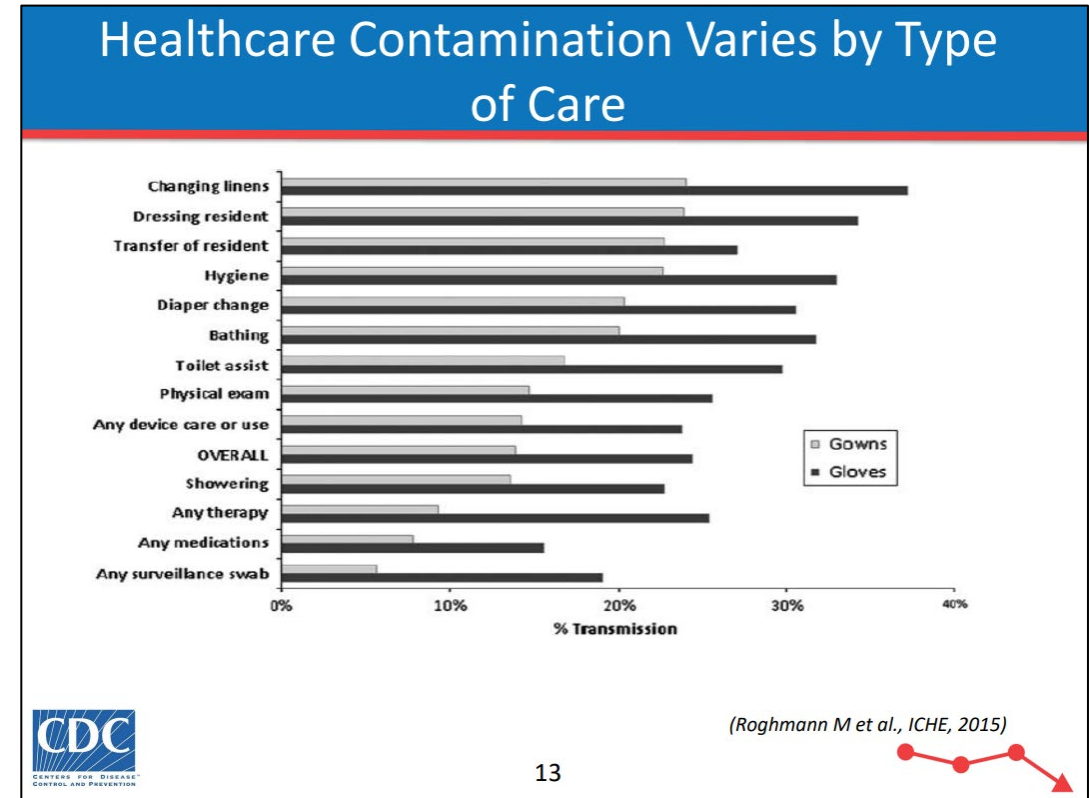
**Face shields** – mucous membranes of face, mouth, nose and eyes



<https://www.cdc.gov/infectioncontrol/pdf/strive/PPE103-508.pdf>

# Principles for PPE Use

- Understand which PPE is needed and for what activity
- Perform HH before donning PPE
- Don PPE before contact with the resident or resident's environment (generally before entering the resident's room)
- Avoid touch contamination (as much as possible)
- Remove (doff) and discard PPE carefully
- Immediately perform HH



<https://www.cdc.gov/infectioncontrol/pdf/strive/PPE103-508.pdf>

# PPE Use Competency: Return Demonstration

## SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

### 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



### 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



### 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



### 4. GLOVES

- Extend to cover wrist of isolation gown



## USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

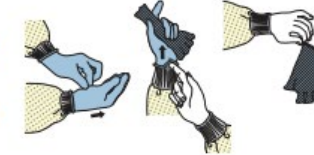


## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



### 3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

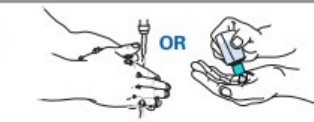


### 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



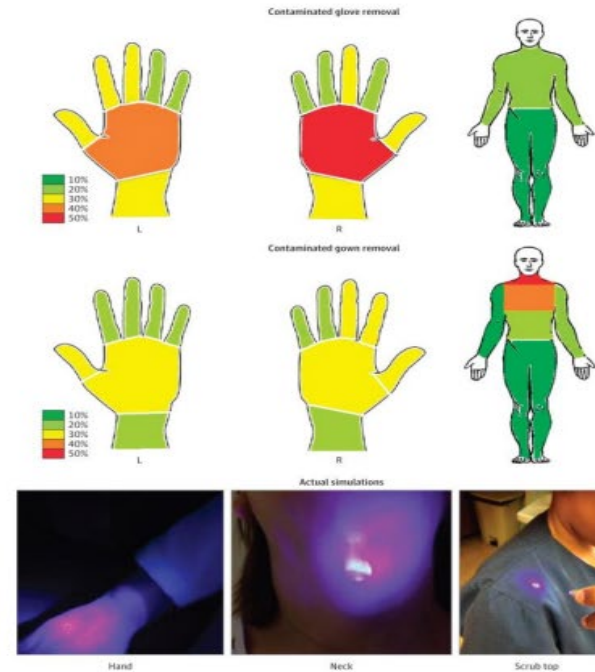
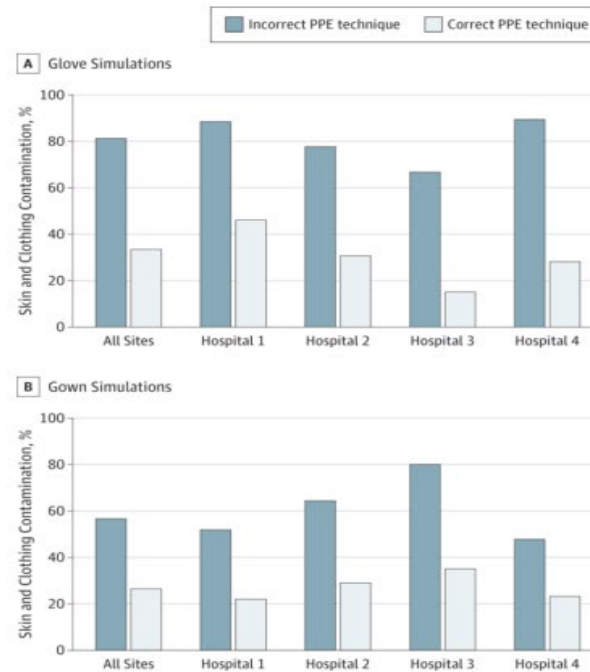
### 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



# Contamination During PPE Removal



(Tomas M et al., JAMA Intern Med, 2015)

## PPE Auditing Data

Month	Appropriate selection of PPE	Glove Donning	Glove Doffing Compliance	Gown Donning	Gown Doffing	Mask Donning	Mask Doffing
Jan 2016	49 /50 98%	45/50 90%	42/50 84%	44/50 88%	42/50 84%	22/24 92%	21/24 88%
Feb 2016	52/52 100%	50/52 96%	47/52 90%	49/52 94%	50/52 96%	18/19 95%	19/19 100%
Mar. 2016	59/60 98%	60/60 100%	58/60 97%	59/60 98%	59/60 98%	27/28 96%	27/28 96%
April 2016	61/61 100%	61/61 100%	59/60 98%	59/60 98%	59/60 98%	16/16 100%	15/16 94%

### Initial gaps observed:

- Glove and gown donning and doffing
- Failure to wear gown if indicated
- Touching face when removing face mask



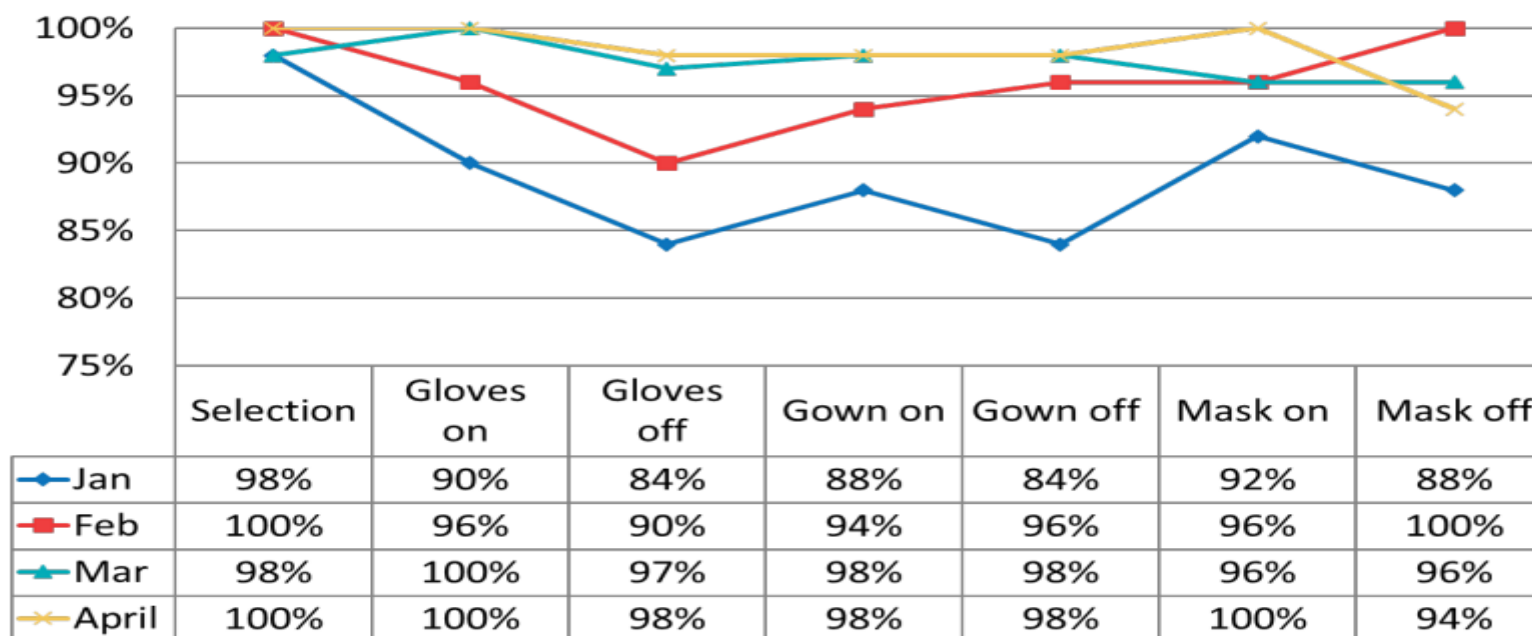
15



<https://www.cdc.gov/infectioncontrol/pdf/strive/PPE104-508.pdf>



## Aggregate Audit Data



# Planned vs. Random Observations

## PLANNED OBSERVATIONS

PROS	CONS
Can be scheduled to ensure that all individuals demonstrate regular competency	Unable to determine behavior during the routine course of duties
Scenarios can provide feedback on individual's ability to choose PPE appropriate for the situation	



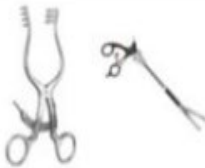
## RANDOM OBSERVATIONS

PROS	CONS
Ability to assess adherence during normal work	Requires large number of observations on all shifts



# Sharing Equipment Cleaning and Disinfection in Health Care Settings

- [Spaulding Classification System](#)
  - Based on intended use of equipment AND potential risk of disease transmission
  - Non-critical
  - Semi-critical
  - Critical
- [CDC Guideline for Disinfection and Sterilization in Healthcare](#)
- [CDC: Cleaning and Disinfection Strategies for Non-Critical Surfaces and Equipment](#)

Patient Contact	Examples	Device Classification	Minimum Inactivation Level
Intact skin		Non-Critical	Cleaning and/or Low/Intermediate Level Disinfection
Mucous membranes or non-intact skin		Semi-Critical	High Level Disinfection
Sterile areas of the body, including blood contact		Critical	Sterilization



# Principles for Cleaning and Disinfection of Shared Equipment

- Outline process in policy and procedures
  - Identify what needs cleaning
  - Who does the cleaning
  - Process for identifying equipment (dirty vs. clean)
  - Process for storing clean equipment
- Use dedicated disposable devices when available
- If a dedicated, disposable device is not available, disinfect all noncritical patient care equipment before removing the device from the room and before using it with another patient
- Disinfect non-critical medical devices with an EPA-registered hospital disinfectant following the label's instructions
- Assure staff responsible for device cleaning receive training on cleaning procedures that follow the equipment manufacturer's instructions

<https://www.cdc.gov/infectioncontrol/pdf/strive/EC102-508.pdf>

## Responsibility of Equipment Cleaning

- Collaborative effort to determine responsibility for cleaning of non-critical equipment
- Staff should be trained on who is responsible for cleaning equipment and how and when cleaning should occur
- Non-Critical Equipment:
  - Infusion pumps
  - Sequential compression device pumps
  - Glucometers
  - Blood pressure monitors
  - Mobile computers and workstations
  - Tablets or smartphone
  - Ventilators



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## Auditing the Effectiveness of Cleaning

**Visual assessment:** is not a reliable indicator of surface cleanliness

**Direct observation:** measures individuals' adherence to processes

**Fluorescent marker:** determines if a particular area was wiped

- **ATP bioluminescence:** measures actively growing microorganisms through detection of adenosine triphosphate (ATP)
  - Each unit has own reading scale, <250-500 RLU



*(Cooper RA, Am J Infect Control, 2007)*

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# Shared Equipment Cleaning and Disinfection Audit

Month: \_\_\_\_\_ Year: \_\_\_\_\_  
 Unit: \_\_\_\_\_  
 Observer: \_\_\_\_\_

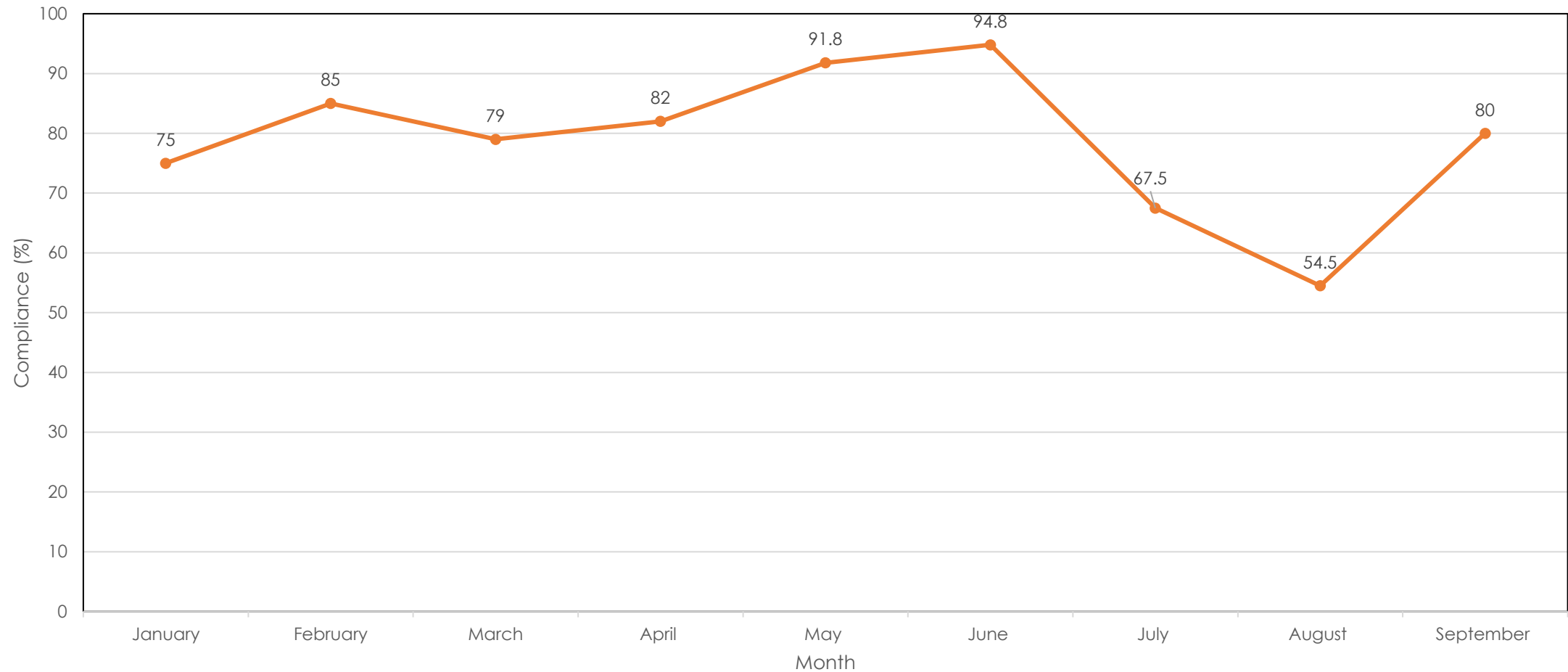
	Hand Hygiene		PPE			Shared Equipment	
	Before resident contact (Y)	After resident contact (Y)	Appropriate selection of PPE (Y or N)	Appropriate donning of PPE (Y or N)	Appropriate doffing and disposal (Y or N)	Appropriate "wet time" adherence (Y/N)	Clean and disinfection of shared equipment after use (Y)
1							
2							
3							
4							
5							
6							
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22							
23							
24							
25							
26							
27							
28							
29							
30							
Totals							
Rate							

At least 30 observations of each category should be done per month.  
 To obtain a rate, add all the "Y"s and divide that number by the total observations. Rate may be obtained for each category (for quality reporting) or for each column (to determine where education would be most beneficial).

Confidential: This is a confidential & privileged document entitled to protection of the quality assurance, accreditation, credentialing, peer review & any other similar privileges provided for by state & federal law

- Based on what is outlined in your policy and procedures
  - Item type and manufacturer's recommendations
  - Disinfect solution type
- Data assessed
  - Appropriate "wet time" adherence
  - Cleaning and disinfection completed
  - Clean equipment appropriately identified
  - Fluorescent marker
  - Measuring organic material (ATP)

## Facility-wide Shared Equipment Cleaning & Disinfection Compliance



\*Data for demonstration purposes only

# Assisted Living, Group Homes, other Residential Care Settings

- Follow [community prevention strategies based on COVID-19 Community Levels](#)
  - Independent living
  - Retirement communities
  - Other non-healthcare congregate settings
- Counsel residents/staff about [strategies to protect themselves and others](#)
  - including recommendations for source control if they are immunocompromised or at high risk for severe disease
    - [Resources for older adults](#)
    - [People with disabilities](#)
- Follow the [healthcare IPC recommendations](#)
  - Visiting or shared healthcare personnel providing healthcare to one or more residents (e.g., physical therapy, wound care, intravenous injections, or catheter care provided by home health agency nurses)
  - Staff in a residential care setting are providing in-person services for a resident with SARS-CoV-2 infection
    - hand hygiene
    - personal protective equipment
    - cleaning and disinfection practices

# COVID-19 IPC Practices

- Source control / Respiratory etiquette/ **Hand hygiene**
- **Personal protective equipment (PPE)** use (N95 respirator or surgical mask, goggles, etc.)
- **Transmission-based precautions** for COVID-19 cases and contacts
- Early screening, testing, isolation, and work restrictions
- Increased frequency **environmental & shared equipment cleaning**
- Cohort residents, re-establishing **COVID-19 unit**
- Appropriate vaccinations, therapeutics, and treatments

# Alliant Health Solutions Resources




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## GA STRIKE & SUPPORT TEAM

Join us for the Georgia Department of Public Health Strike (& Support) Team Office Hours. These sessions will consist of a regularly scheduled monthly webinar for skilled nursing facilities (SNFs) as well as SNF medical directors. Office hours are your opportunity to come and learn, share, vent and more!

Each month we will have updates on infection prevention, clinical protocols and ideas for new tools and resources. This is your chance to access subject matter experts on infection control and clinical practice in long term care.

Come prepared to pose your questions to subject matter experts and learn from your peers about their best practices and their barriers.

## Strike & Support Team Office Hours


**Office Hours for SNF and MD's:**

- [Click here](#) to register – November 18, 2022 at 11 a.m. ET
- [Click here](#) to register – December 16, 2022 at 11 a.m. ET

**Office Hours for Non-SNF:**

- [Click here](#) to register – November 18, 2022 at 1 p.m. ET
- [Click here](#) to register – December 16, 2022 at 1 p.m. ET

**Bite Sized Learning:**



## Infection Control Resources

### Sepsis

[HQIC Sepsis Gap Assessment and Action Steps](#)  
[HQIC Sepsis: Spot the Signs Magnet](#)  
[HQIC Sepsis Provider Engagement](#)  
[AQ Sepsis-ZoneTool](#)  
[Recognition and Management of Severe Sepsis and Septic Shock](#)

[SHOW MORE](#)

### Catheter Associated Urinary Tract Infection (CAUTI)

[CAUTI Gap Assessment Tool](#)  
[Urinary Catheter Quick Observation Tool](#)  
[CDC-HICPAC Guideline for Prevention of CAUTI 2009](#)  
[AHRQ Toolkit for Reducing CAUTI in Hospitals](#)  
[CDC TAP CAUTI Implementation Guide](#)

[SHOW MORE](#)

### Hand Hygiene

[Handwash the FROG Way – Badges – English](#)  
[Handwash the FROG Way – Badges – Spanish](#)  
[Handwash the FROG Way – Poster – English](#)  
[Handwash the FROG Way – Poster – Spanish](#)  
[Frequently Asked Questions – Alcohol Based Hand Rub](#)

### NHSN

[Joining the Alliant Health Solutions NHSN Group](#)  
[Instructions for Submitting C. difficile Data into NHSN](#)  
[5-Step Enrollment for Long-term Care Facilities](#)  
[CDC's National Healthcare Safety Network \(NHSN\)](#)  
[NHSN Enrollment/ LAN Event Presentation](#)

### Clostridioides Difficile Infection (C. difficile)

[Session Two: Clostridioides difficile – Treatment Update and Antibiotic Stewardship Interventions](#)  
[C.difficile Training](#)  
[Nursing Home Training Sessions Introduction](#)  
[Nursing Home C.difficile Infection](#)

### Antibiotic Stewardship

[Antibiotic Stewardship Basics](#)  
[A Field Guide to Antibiotic Stewardship in Outpatient Settings](#)  
[Physician Commitment Letter](#)  
[Be Antibiotics Aware](#)  
[Taking Your Antibiotics](#)

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### Training

[Options for Infection Control Training in Nursing Homes](#)  
[Flyer](#)

### COVID-19

[Invest in Trust \(AHRQ Resource for CNA COVID-19 Vaccines\)](#)  
[Nursing Home Staff and Visitor Screening Toolkit – PDF](#)  
[Nursing Home Staff and Visitor Screening Toolkit – Excel](#)  
[COVID-19 Self Management Zone Tool](#)  
[COVID-19 Self Management Zone Tool – Spanish](#)  
[Personal Protective Equipment \(PPE\) Burn Rate Calculator](#)  
[Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes](#)

### HAI Surveillance

[AHS HAI Surveillance & Dashboard Tool](#)

<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

## Contact Information by District

State Region/Districts	Contact Information
<b>North (Rome, Dalton, Gainesville, Athens)</b> Districts 1-1, 1-2, 2, 10	<u>Sue.bunnell@dph.ga.gov</u> (404-967-0582) <u>Regina.Howard@dph.ga.gov</u> (404 967-0574)
<b>Atlanta Metro (Cobb-Douglas, Fulton, Clayton, Lawrenceville, DeKalb, LaGrange)</b> Districts 3-1, 3-2, 3-3, 3-4, 3-5, 4	<u>Teresa.Fox@dph.ga.gov</u> (404-596-1910) <u>Renee.Miller@dph.ga.gov</u> (678-357-4797)
<b>Central (Dublin, Macon, Augusta, &amp; Columbus)</b> Districts 5-1, 5-2, 6, 7	<u>Theresa.Metro-Lewis@dph.ga.gov</u> (404-967-0589) <u>Karen.Williams13@dph.ga.gov</u> (404-596-1732)
<b>Southeast (Albany, Valdosta)</b> Districts 8-1, 8-2	<u>Connie.Stanfill1@dph.ga.gov</u> (404-596-1940)
<b>Southwest (Savannah, Waycross)</b> Districts 9-1, 9-2	<u>Lynn.Reynolds@dph.ga.gov</u> (470.218.9515)
<b>Backup/Nights/Weekends</b>	<u>Jeanne.Negley@dph.ga.gov</u> (404-657-2593) <u>Joanna.Wagner@dph.ga.gov</u> (404-430-6316)

## Thank You for Your Time!

### Contact the AHS Patient Safety Team



Amy Ward, MS, BSN, RN, CIC  
Patient Safety Manager  
[Amy.Ward@AlliantHealth.org](mailto:Amy.Ward@AlliantHealth.org)  
678.527.3653



Paula St. Hill, MPH, A-IPC  
Technical Advisor, Infection Prevention  
[Paula.StHill@AlliantHealth.org](mailto:Paula.StHill@AlliantHealth.org)  
678.527.3619



Donald Chitanda, MPH, CIC  
Technical Advisor, Infection Prevention  
[Donald.Chitanda@AlliantHealth.org](mailto:Donald.Chitanda@AlliantHealth.org)  
678.527.3651



Erica Umeakunne, MSN, MPH, APRN, CIC  
Infection Prevention Specialist  
[Erica.Umeakunne@AlliantHealth.org](mailto:Erica.Umeakunne@AlliantHealth.org)

# Save the Date

## **SNF and Medical Directors Office Hours:**

March 17, 2023 | 11 a.m. ET

## **ALF and PCH**

March 24, 2023 | 11 a.m. ET



# Thanks Again...

- Georgia Department of Public Health
- University of Georgia



# Making Health Care Better



This material was prepared by Alliant Health Solutions, under contract with the Georgia Department of Public Health as made possible through the American Rescue Plan Act of 2021. GA DPH--3285-02/13/23

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