Meet the Team

Presenter:

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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

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.
COVID-19 Wastewater Surveillance: Georgia

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

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
Outcome Measures Tool: HAI Surveillance & Dashboard

- **AHS HAI Surveillance & Dashboard Tool**
  - Track & visualize healthcare-associated infections (HAIs)
    - Respiratory tract infections
    - Urinary tract infections
    - Gastrointestinal tract infections
    - Skin and soft tissue infections
    - Multi-drug resistant organisms (MDRO)
  - Modifiable spreadsheet (with automated formulas) designed to support nursing facility infection prevention and control (IPC) surveillance
    - Line lists
    - Data tables
    - Graphs

https://quality.allianthealth.org/media_library/ahs-hai-surveillance-dashboard-tool/
Monitoring Infection Prevention & Control Practices: Process Measures

- Education
- Competency checks
- Feedback
- Audits
- Data analysis
### Monitoring Infection Prevention & Control Practices: Process Measures

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

[https://www.cdc.gov/infectioncontrol/pdf/strive/PPE104-508.pdf](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/training.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
<table>
<thead>
<tr>
<th>OPPORTUNITY</th>
<th>INDICATION</th>
<th>EXAMPLE(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Before Touching a Patient</td>
<td>When? Clean hands before touching a patient when approaching him/her</td>
<td>A health care personnel (HCP) or environmental services staff, etc. entering the room to provide patient care or clean patient room. 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.</td>
</tr>
<tr>
<td></td>
<td>Why? To protect against harmful germs carried on hands</td>
<td></td>
</tr>
<tr>
<td>2. Before clean/aseptic procedure</td>
<td>When? Clean hands immediately before performing a clean/aseptic procedure</td>
<td>A HCP is already in the room and is preparing to conduct a procedure. For instance, cleaning a tracheostomy, inserting urinary catheter care, entering a central venous catheter, etc.</td>
</tr>
<tr>
<td></td>
<td>Why? To protect against harmful germs, including the patient’s own from entering his/her body</td>
<td>A HCP is drawing and measuring urine from the patient’s urinary catheter bag and then proceeds to give the patient her/his medication.</td>
</tr>
<tr>
<td>3. After body fluid exposure risk</td>
<td>When? Clean hands immediately after an exposure risk to body fluids AND after glove removal (between tasks)</td>
<td>A HCP is exiting a patient room after administering medication and moving the patient bedside table. Note: If the patient is on contact precautions for Clostridioides difficile, the HCP MUST use soap and water as the method for hand hygiene.</td>
</tr>
<tr>
<td></td>
<td>Why? To protect oneself and the health care environment from harmful patient germs</td>
<td></td>
</tr>
<tr>
<td>4. After touching a patient</td>
<td>When? Clean hands after touching a patient and his/her immediate surroundings, when leaving the patient’s side</td>
<td>A HCP exiting a patient room after silencing an alarm on the patient’s IV pole. An environmental services employee completing a daily clean in a patient room. Note: If the patient is on contact precautions for Clostridioides difficile, the HCP MUST use soap and water as the method for hand hygiene.</td>
</tr>
<tr>
<td></td>
<td>Why? To protect oneself and the health care environment from harmful patient germs</td>
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<tr>
<td>5. After touching patient surroundings</td>
<td>When? 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</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Why? To protect oneself and the health care environment from harmful patient germs</td>
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</tr>
</tbody>
</table>

Hand Hygiene Competency

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

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.
  – Number of episodes performed/number of opportunities to perform x 100 = 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
<table>
<thead>
<tr>
<th>Staff Initials/Date</th>
<th>#1</th>
<th>#2</th>
<th>#3</th>
<th>#4</th>
<th>#5</th>
<th>#6</th>
<th>#7</th>
<th>#8</th>
<th>#9</th>
<th>#10</th>
</tr>
</thead>
<tbody>
<tr>
<td>HW (hand wash) or Gel</td>
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<tr>
<td>1. Nails are appropriate length (&lt;1/4 inch of free nail tip), unpolished or without chips, no artificial nails/nail tips (acrylic polish is acceptable if not chipped)</td>
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<td>2. Chose hand gel or soap/water appropriately for resident/type of contact/IIH indication</td>
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<tr>
<td>Alcohol Based Hand Gel</td>
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<tr>
<td>1. GEL-Apply alcohol based hand rub to palm of one hand. Amount per manufacturer recommendation. Nickel size gel/Golf ball foam</td>
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<tr>
<td>2. GEL-Rub alcohol into 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 &amp; down fingers during scrub.</td>
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<tr>
<td>3. GEL-Continue rubbing until all of product has dried.</td>
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<tr>
<td>Soap and Water Hand Wash</td>
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<tr>
<td>1. HW-Turn on faucet, adjust flow to avoid splash, temp to comfortable warmth</td>
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<tr>
<td>2. HW-Arms angled down to faucet keeping hands below elbows</td>
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<tr>
<td>3. HW-Wet hands before applying soap from dispenser [promotes distribution/foaming]</td>
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<td>4. HW-Work up generous lather by vigorous rubbing hands together for at least 20 seconds</td>
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<tr>
<td>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.</td>
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<tr>
<td>6. HW-Rinse hands/wrist well</td>
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<tr>
<td>7. HW-Pat hands/wrists dry w dry paper towel</td>
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<tr>
<td>8. HW-If sink without foot/knee control, turn off faucet using unused paper towel and discard.</td>
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<tr>
<td>9. HW-Do not clean up counter w towel (done at time of splashing before readjusting flow as contaminates hands if done at end)</td>
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<td>Numerator (number of components observed as in compliance) exclude NA</td>
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<tr>
<td>Denominator [number of observed components] exclude NA</td>
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</tr>
</tbody>
</table>
## Direct Observation Example

<table>
<thead>
<tr>
<th>Date/Time: _____ Location:</th>
<th>Role</th>
<th>HH Before (Y/N)</th>
<th>HH After (Y/N)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 East</td>
<td>RN</td>
<td>Y</td>
<td>N</td>
<td>Feedback provided</td>
</tr>
<tr>
<td>1 East</td>
<td>CNA</td>
<td>N</td>
<td>N</td>
<td>Unable to provide feedback</td>
</tr>
<tr>
<td>1 East</td>
<td>CNA</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

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% (½) of the time.
Hand Hygiene Data Analysis

**Hand Hygiene Compliance (%)**

<table>
<thead>
<tr>
<th></th>
<th>Jan-22</th>
<th>Feb-22</th>
<th>Mar-22</th>
<th>Apr-22</th>
<th>May-22</th>
<th>Jun-22</th>
<th>Jul-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Wing</td>
<td>60</td>
<td>75</td>
<td>85</td>
<td>90</td>
<td>92</td>
<td>93</td>
<td>90</td>
</tr>
<tr>
<td>South Wing</td>
<td>55</td>
<td>65</td>
<td>80</td>
<td>89</td>
<td>90</td>
<td>95</td>
<td>92</td>
</tr>
<tr>
<td>East Wing</td>
<td>33</td>
<td>50</td>
<td>70</td>
<td>85</td>
<td>93</td>
<td>95</td>
<td>93</td>
</tr>
<tr>
<td>West Wing</td>
<td>70</td>
<td>80</td>
<td>85</td>
<td>90</td>
<td>92</td>
<td>95</td>
<td>96</td>
</tr>
<tr>
<td>Facility Wide</td>
<td>54.5</td>
<td>67.5</td>
<td>80</td>
<td>88.5</td>
<td>91.8</td>
<td>94.8</td>
<td>92.8</td>
</tr>
</tbody>
</table>

*Data for demonstration purposes only*
Hand Hygiene Data Analysis

Facility Wide Hand Hygiene Compliance

*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
- 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

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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 isolation precautions. This provides an order for putting on PPE to minimize the risk of infection.

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
- Avoid surfaces touched
- Change gloves whenever heavily contaminated
- Perform hand hygiene

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

1. GLOVES
   - Wash your hands as soon as possible
   - If you handle contaminated items before glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Using gloves, grasp the outside of gloves and pull off
   - Hand removing glove is placed hand or wrist in front of glove
   - Do not drop a glove on the floor
   - Discard gloves in a waste container

2. GOGGLES OR FACE SHIELD
   - Distal end of goggles or face shield is contaminated
   - If you handle contaminated items before glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Remove goggles or face shield by pulling the head band or ear hook
   - If filter is replaceable, place in designated container for reprocessing
   - Filters, lenses, and face shields

3. GOWN
   - Distal end and sleeves are contaminated
   - If you handle contaminated items before glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Unilateral gown tie, taking care that ties don’t contact your body
   - Pull gown away from mouth and shoulders, coating inside of gown only
   - Tuck gown inside out
   - Fold or roll to bundle and discard in a waste container

4. MASK OR RESPIRATOR
   - From face to head, rear to front — DO NOT TOUCH
   - If you handle contaminated items before respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Snap bottom clips of mask to release respirator, then over one eye
   - Tuck mask inside out
   - Discard in waste container

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

https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf
Contamination During PPE Removal

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

https://www.cdc.gov/infectioncontrol/pdf/strive/PPE103-508.pdf
## PPE Auditing Data

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

**Initial gaps observed:**

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

[https://www.cdc.gov/infectioncontrol/pdf/strive/PPE104-508.pdf](https://www.cdc.gov/infectioncontrol/pdf/strive/PPE104-508.pdf)
Aggregate Audit Data

<table>
<thead>
<tr>
<th></th>
<th>Selection</th>
<th>Gloves on</th>
<th>Gloves off</th>
<th>Gown on</th>
<th>Gown off</th>
<th>Mask on</th>
<th>Mask off</th>
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</tbody>
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https://www.cdc.gov/infectioncontrol/pdf/strive/PPE104-508.pdf
### Planned vs. Random Observations

<table>
<thead>
<tr>
<th>PLANNED OBSERVATIONS</th>
<th>CONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROS</strong></td>
<td><strong>CONS</strong></td>
</tr>
<tr>
<td>Can be scheduled to ensure that all individuals demonstrate regular competency</td>
<td>Unable to determine behavior during the routine course of duties</td>
</tr>
<tr>
<td>Scenarios can provide feedback on individual’s ability to choose PPE appropriate for the situation</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>RANDOM OBSERVATIONS</th>
<th>CONS</th>
</tr>
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<tbody>
<tr>
<td><strong>PROS</strong></td>
<td><strong>CONS</strong></td>
</tr>
<tr>
<td>Ability to assess adherence during normal work</td>
<td>Requires large number of observations on all shifts</td>
</tr>
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</table>
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**
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

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

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)*

Shared Equipment Cleaning and Disinfection Audit

- 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


https://quality.allianthealth.org/topic/infection-control/
Questions?
## Georgia Department of Public Health HAI Team Contacts

### Contact Information by District

<table>
<thead>
<tr>
<th>State Region/Districts</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>North (Rome, Dalton, Gainesville, Athens)</strong>&lt;br&gt;Districts 1-1, 1-2, 2, 10</td>
<td><a href="mailto:Sue.bunnell@dph.ga.gov">Sue.bunnell@dph.ga.gov</a> (404-967-0582) &lt;br&gt;<a href="mailto:Regina.Howard@dph.ga.gov">Regina.Howard@dph.ga.gov</a> (404 967-0574)</td>
</tr>
<tr>
<td><strong>Atlanta Metro (Cobb-Douglas, Fulton, Clayton, Lawrenceville, DeKalb, LaGrange)</strong>&lt;br&gt;Districts 3-1, 3-2, 3-3, 3-4, 3-5, 4</td>
<td><a href="mailto:Teresa.Fox@dph.ga.gov">Teresa.Fox@dph.ga.gov</a> (404-596-1910) &lt;br&gt;<a href="mailto:Renee.Miller@dph.ga.gov">Renee.Miller@dph.ga.gov</a> (678-357-4797)</td>
</tr>
<tr>
<td><strong>Central (Dublin, Macon, Augusta, &amp; Columbus)</strong>&lt;br&gt;Districts 5-1, 5-2, 6, 7</td>
<td><a href="mailto:Theresa.Metro-Lewis@dph.ga.gov">Theresa.Metro-Lewis@dph.ga.gov</a> (404-967-0589) &lt;br&gt;<a href="mailto:Karen.Williams13@dph.ga.gov">Karen.Williams13@dph.ga.gov</a> (404-596-1732)</td>
</tr>
<tr>
<td><strong>Southeast (Albany, Valdosta)</strong>&lt;br&gt;Districts 8-1, 8-2</td>
<td><a href="mailto:Connie.Stanfill1@dph.ga.gov">Connie.Stanfill1@dph.ga.gov</a> (404-596-1940)</td>
</tr>
<tr>
<td><strong>Southwest (Savannah, Waycross)</strong>&lt;br&gt;Districts 9-1, 9-2</td>
<td><a href="mailto:Lynn.Reynolds@dph.ga.gov">Lynn.Reynolds@dph.ga.gov</a> (470.218.9515)</td>
</tr>
<tr>
<td><strong>Backup/Nights/Weekends</strong></td>
<td><a href="mailto:Jeanne.Negley@dph.ga.gov">Jeanne.Negley@dph.ga.gov</a> (404-657-2593) &lt;br&gt;<a href="mailto:Joanna.Wagner@dph.ga.gov">Joanna.Wagner@dph.ga.gov</a> (404-430-6316)</td>
</tr>
</tbody>
</table>
Thank You for Your Time!
Contact the AHS Patient Safety Team

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Erica Umeakunne, MSN, MPH, APRN, CIC
Infection Prevention Specialist
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