Georgia Department of Public Health:
Strike & Support Team GADPH Office Hours for NHs & SNFs
February 17, 2023

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, Dr. Gaur 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. Dr. Gaur 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.
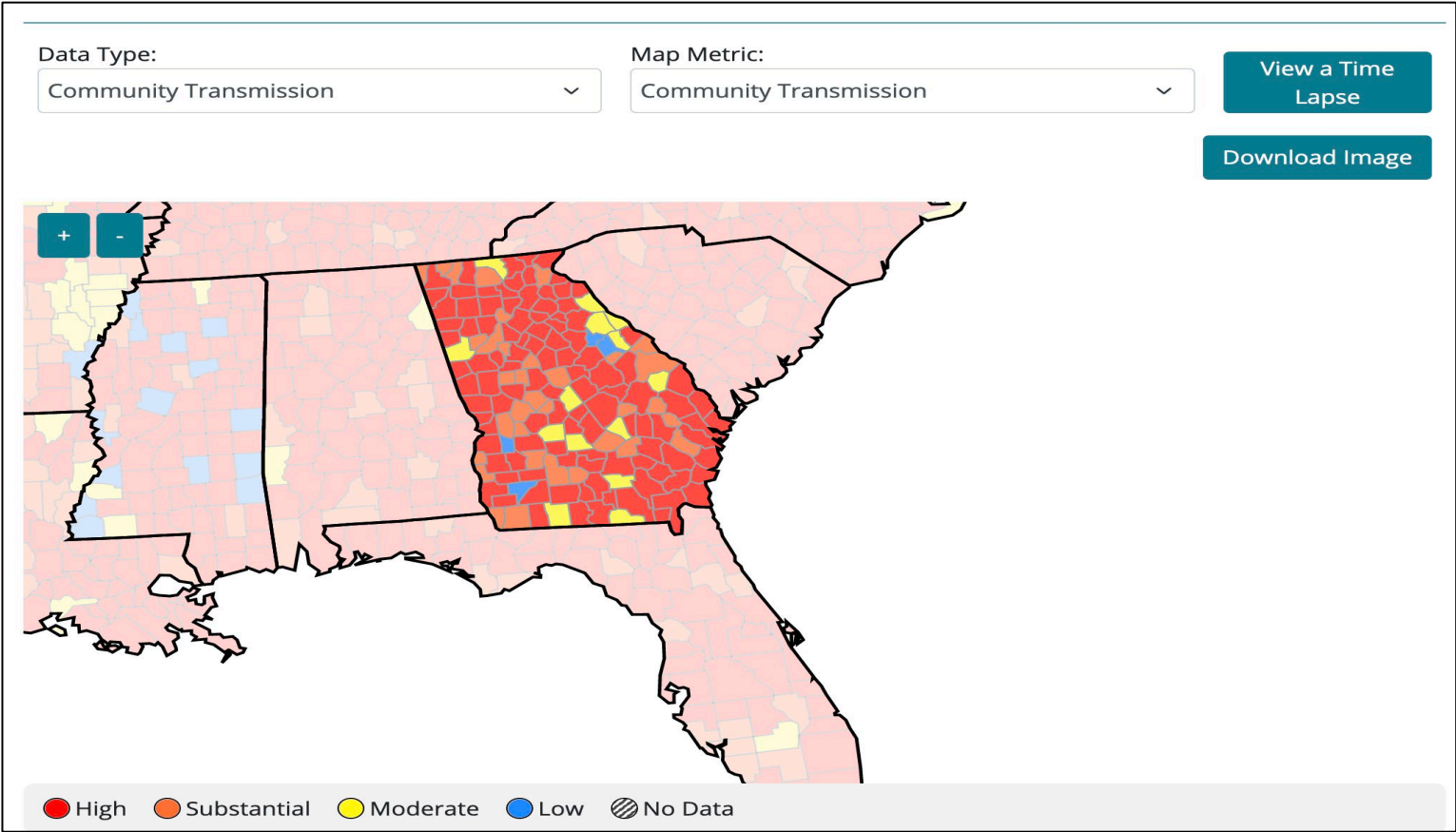
Thank You to Our Partners

- Georgia Department of Public Health
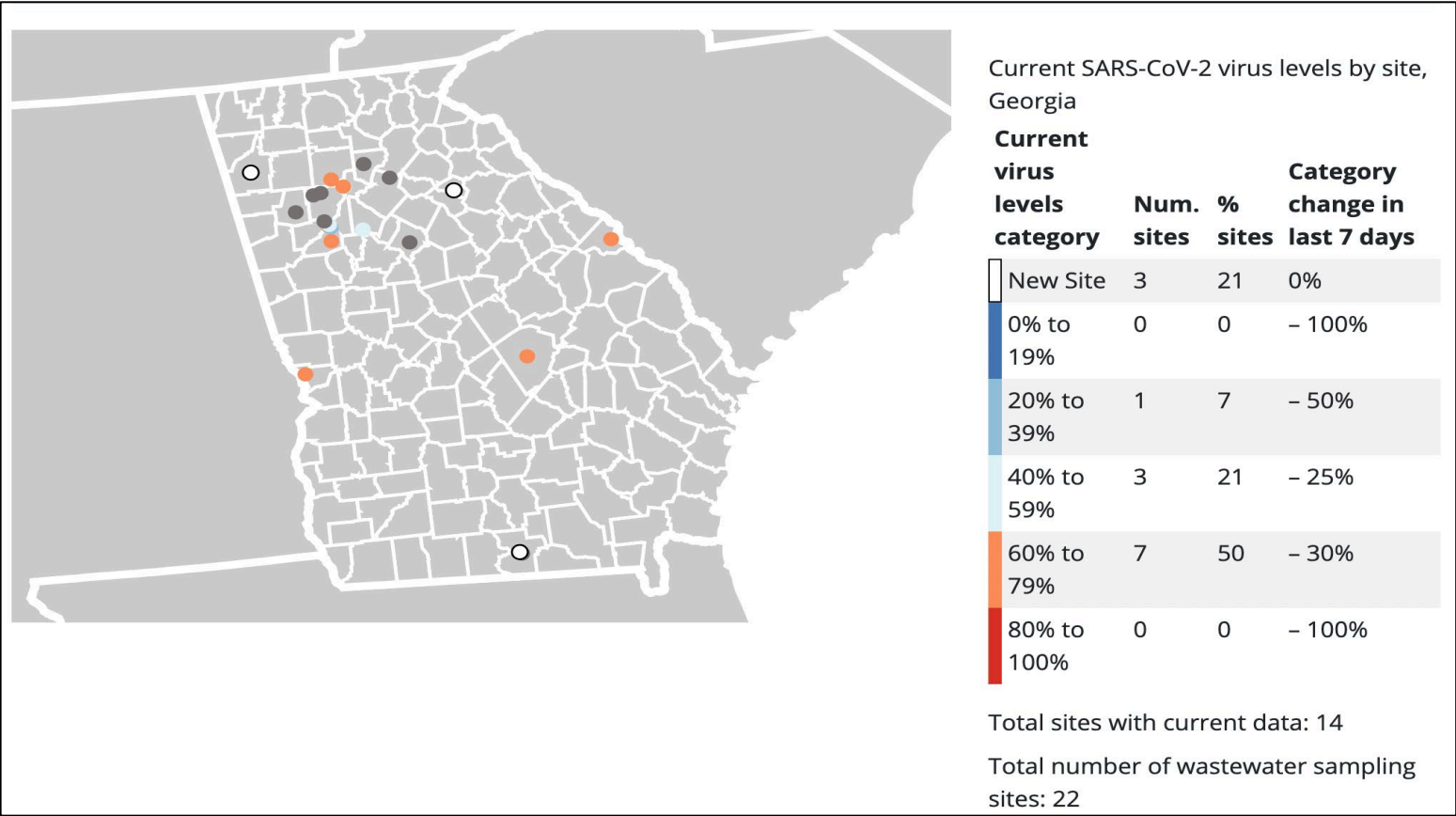- University of Georgia

Objectives

- Provide updates on the COVID-19 pandemic vaccination and treatment recommendations

- 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 Transmission: Georgia

COVID-19 Wastewater Surveillance: Georgia

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	21	0%
0% to 19%	0	0	– 100%
20% to 39%	1	7	– 50%
40% to 59%	3	21	– 25%
60% to 79%	7	50	– 30%
80% to 100%	0	0	– 100%

Total sites with current data: 14

Total number of wastewater sampling sites: 22

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

COVID-19 Variant Mix

Weighted and Nowcast Estimates in United States for Weeks of 11/6/2022 – 2/11/2023

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

Weighted Estimates: Variant proportions based on reported genomic sequencing results

Model-based projected estimates of variant

Collection date, week ending

Nowcast Estimates in United States for 2/5/2023 – 2/11/2023
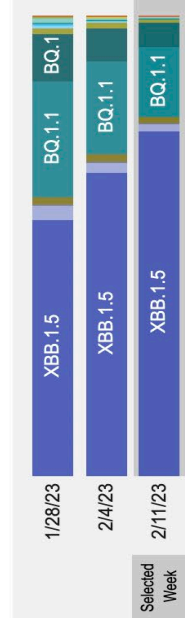
WHO label	Lineage #	US Class	%Total	95%PI	
USA					
Omicron	XBB.1.5	VOC	74.7%	67.0-81.2%	
	BQ.1.1	VOC	15.3%	11.4-20.2%	
	BQ.1	VOC	5.1%	3.7-6.8%	
	XBB	VOC	1.9%	1.4-2.5%	
	CH.1.1	VOC	1.3%	0.9-1.9%	
	BN.1	VOC	0.8%	0.5-1.1%	
	BA.5	VOC	0.3%	0.2-0.5%	
	BF.7	VOC	0.3%	0.2-0.4%	
	BA.5.2.6	VOC	0.1%	0.1-0.2%	
	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%	

CDC Data Tracker

COVID-19 Hospitalizations by Vaccine Status

CDC Data Tracker

COVID-19 Deaths by Vaccine Status
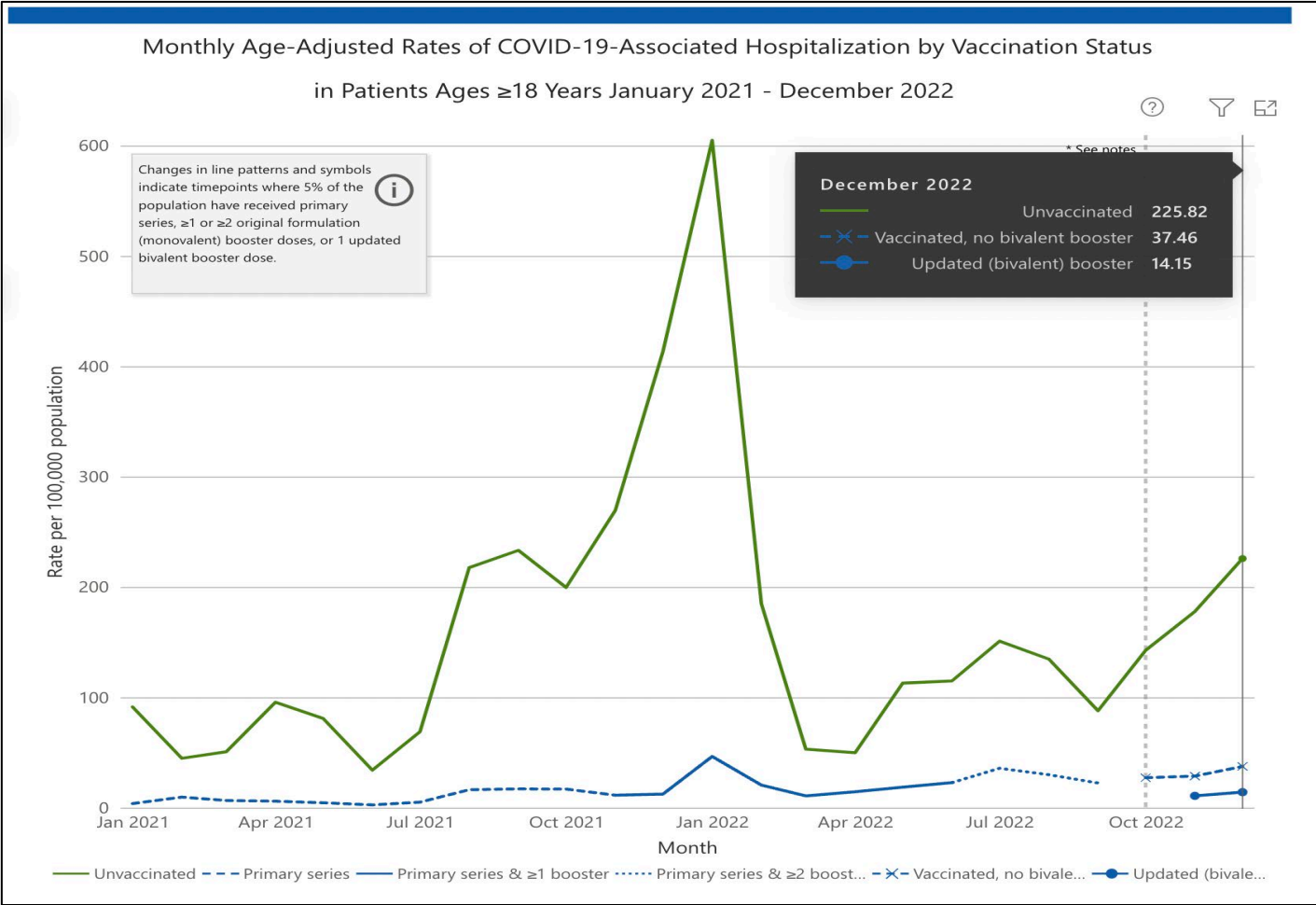
CDC Data Tracker

Pneumonia, Influenza and COVID-19 Mortality
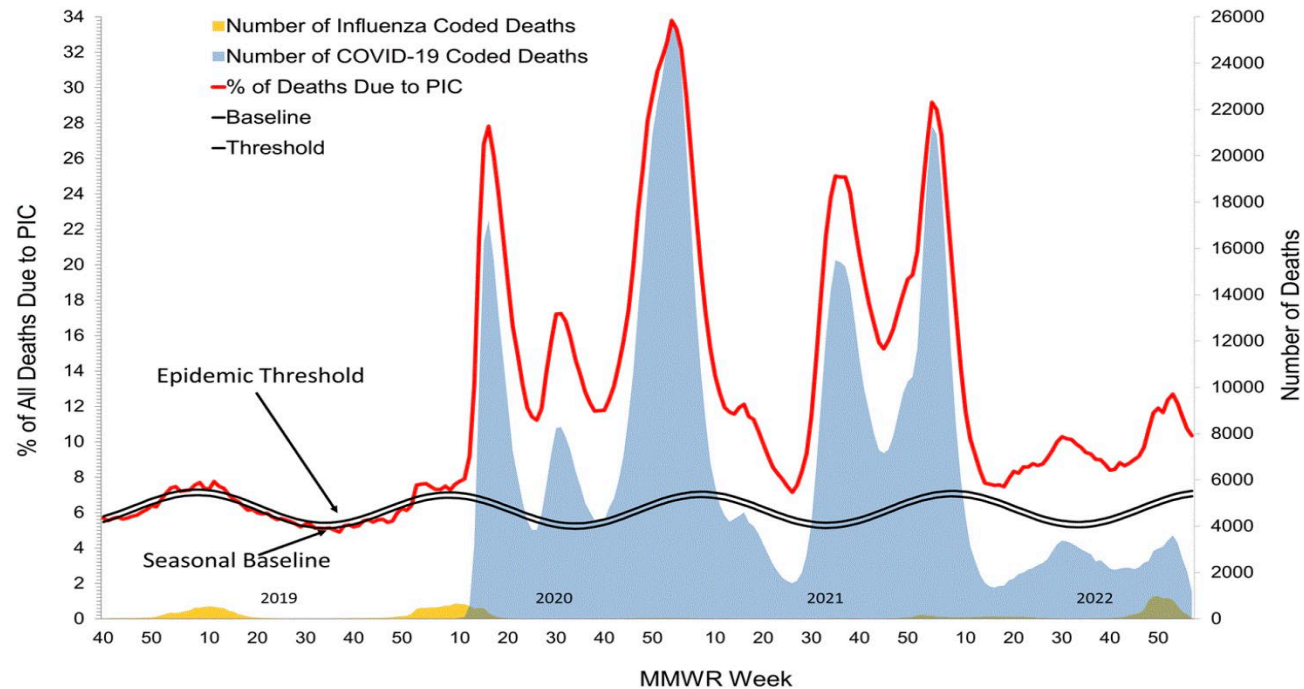
CDC Data Tracker

Drivers to Decrease Mortality Related to PIC

COVID-19
- Bivalent booster
- Paxlovid/Remdesivir/MoInupiravir

Flu
- Flu vaccine
- Tamiflu/Baloxavir

Pneumonia
- Pneumonia vaccine
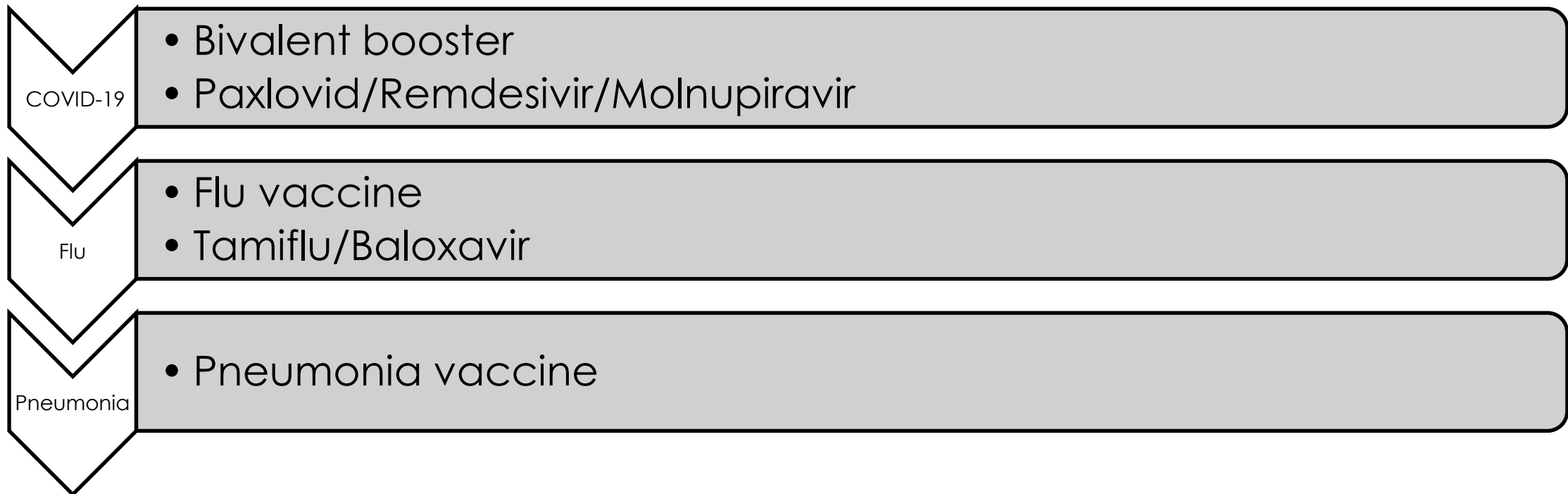
Performance Measures: Managing IPC Practices

- 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
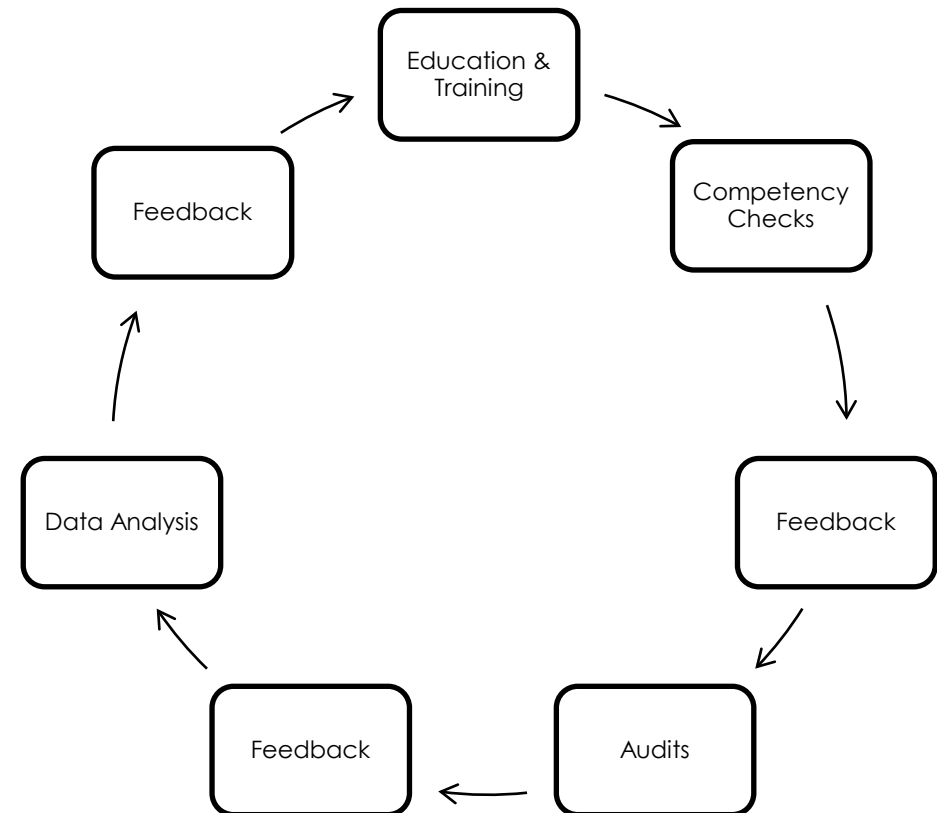
Monitoring Infection Prevention & Control Practices: Process Measures

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](#)
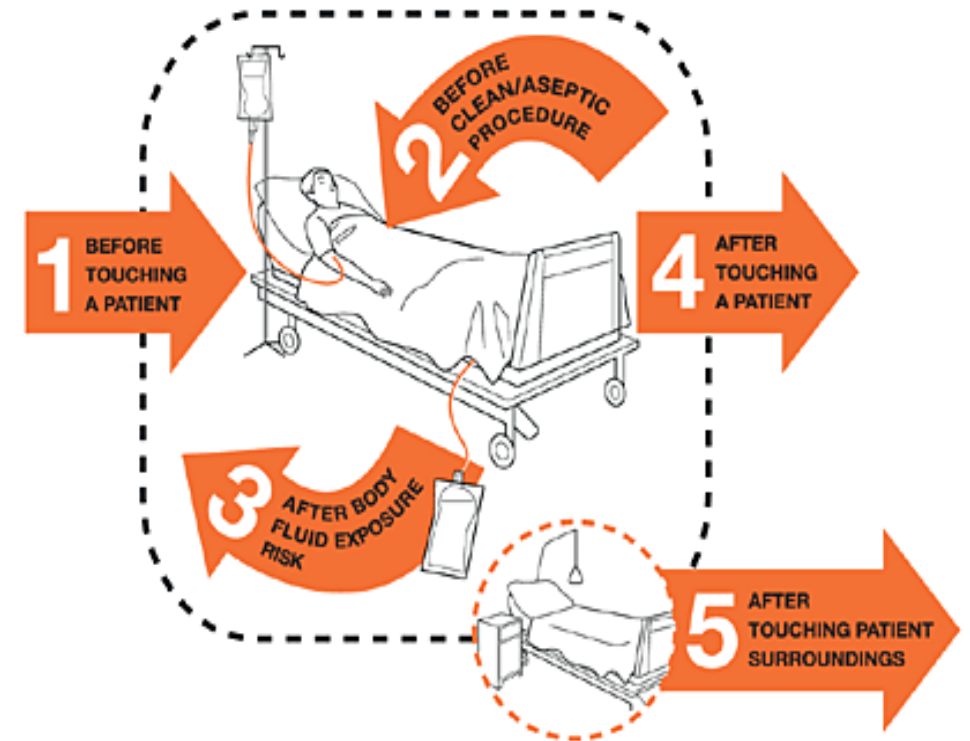
Staff Education

- 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

- 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
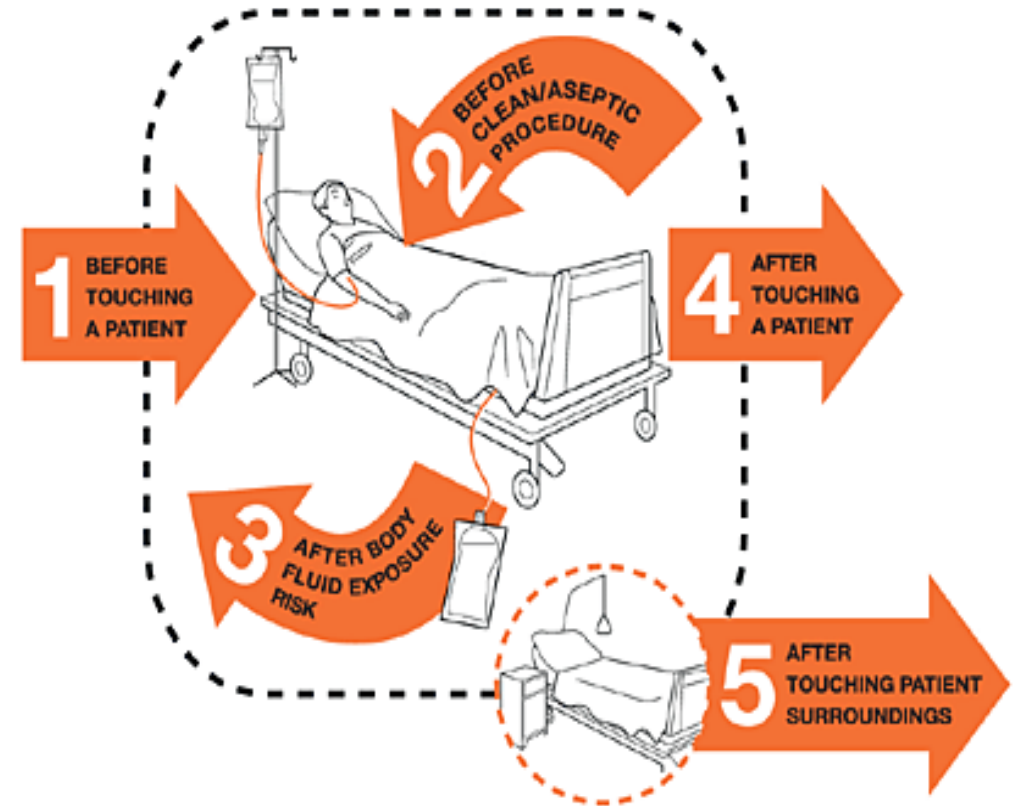
Technique and Competency

- 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	**When?** Clean hands before touching a patient when approa hing him/her **Why?** To protect against harmful germs carried on hands	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.
2. Before clean/ aseptic procedure	**When?** Clean hands immediately before performing a clean/aseptic procedure **Why?** To protect against harmful germs, including the patient's own from entering his/her body	A HCP is already in the room and is preparing to conduct a procedure. For instance, cleaning a tracheostomy, proving urinary catheter care, entering a central venous catheter, etc.
3. After body fluid exposure risk	**When?** Clean hands immediately after an exposure risk to **body** fluids AND after glove removal (between tasks) **Why?** To protect oneself and the health care environment from harmful patient germs	A HCP is draining and measuring urine from the patient's urinary catheter bag and then proceeds to give the patient her/his medication.
4. After touching a patient	**When?** Clean hands after touching a patient and his/her immediate surroundings, when leaving the patient's side **Why?** To protect oneself and the health care environment from harmful patient germs	A HCP 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.
5. After touching patient surroundings	**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 **Why?** To protect oneself and the health care environment from harmful patient germs	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.

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

Hand Hygiene Competency

Most frequently missed

Frequently missed

Less frequently missed
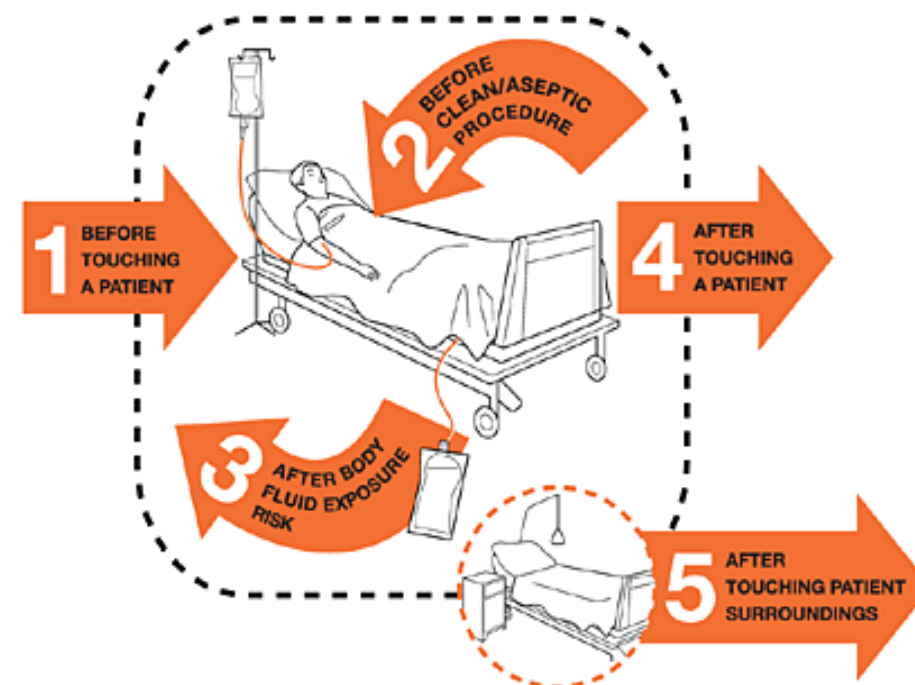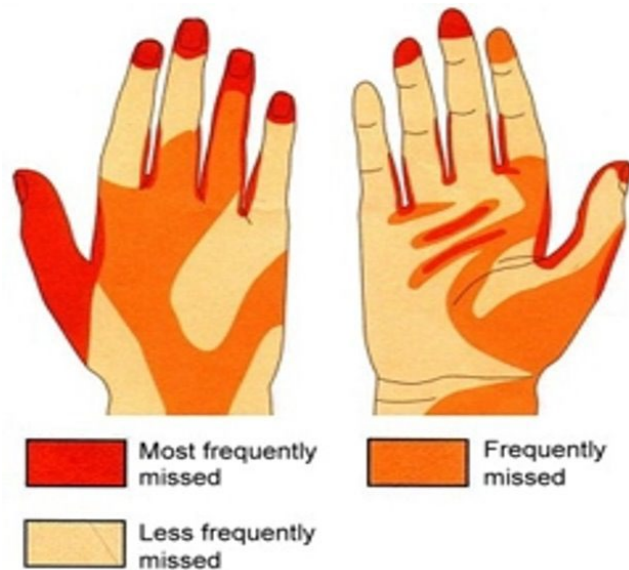
- Return demonstrations

- 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 ☐ Orientation ☐ Annual ☐ 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 *20 seconds* 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:

_____ _____ / _____
Employee Signature   Validator Signature   Date

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

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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

Hand Hygiene Audits

Staff Initials/Date *PLEASE NOTE INTERVENTIONS* *ON BACK OF FORM*	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
HW (hand wash) or Gel										
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										
Alcohol Based Hand Gel										
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 **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 & down fingers during scrub.										
3. GEL-Continue rubbing until **all** of product has dried.										
Soap and Water Hand Wash										
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)										
Numerator (number of components observed as in compliance) exclude NA										
Denominator (number of observed components) exclude NA										

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% (½)of the time

Hand Hygiene Data Analysis

Hand Hygiene Compliance (%)

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

■ North Wing ■ South Wing ■ East Wing ■ West Wing ■ Facility Wide
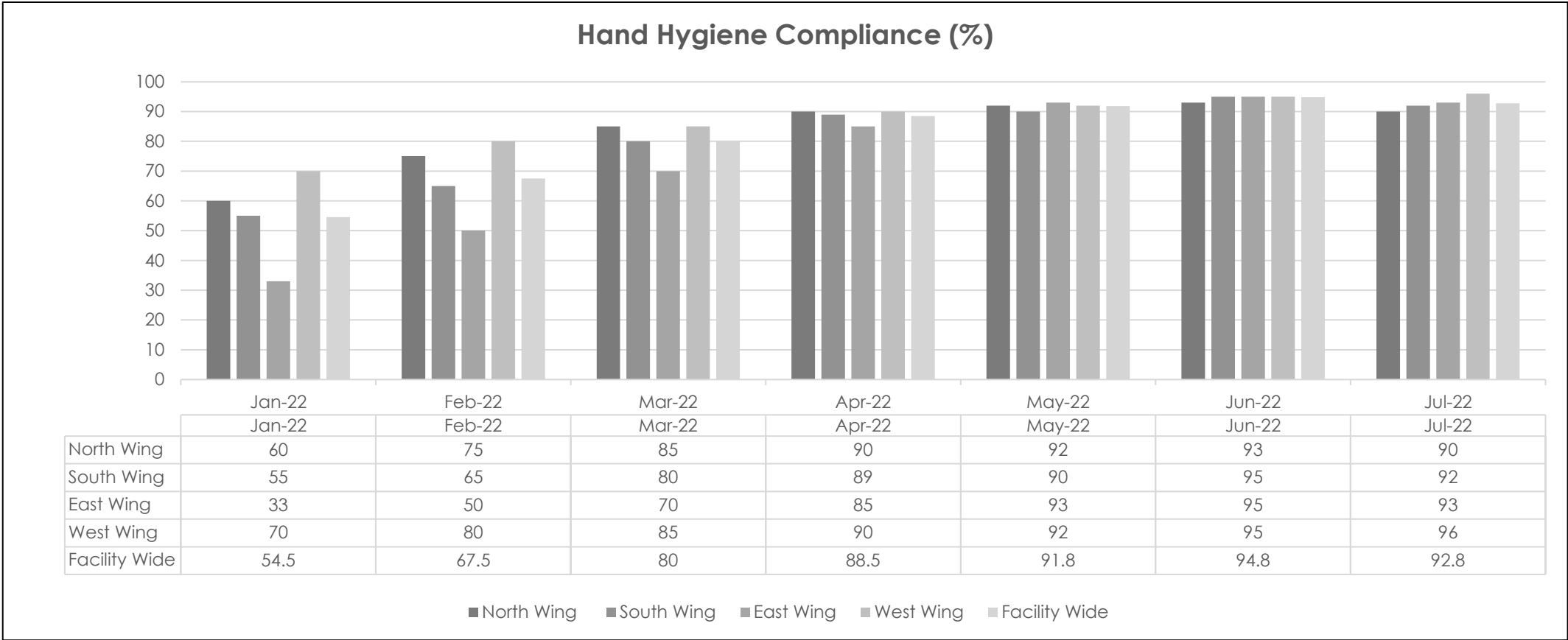
*Data for demonstration purposes only

Hand Hygiene Data Analysis

Facility Wide Hand Hygiene Compliance

*Data for demonstration purposes only

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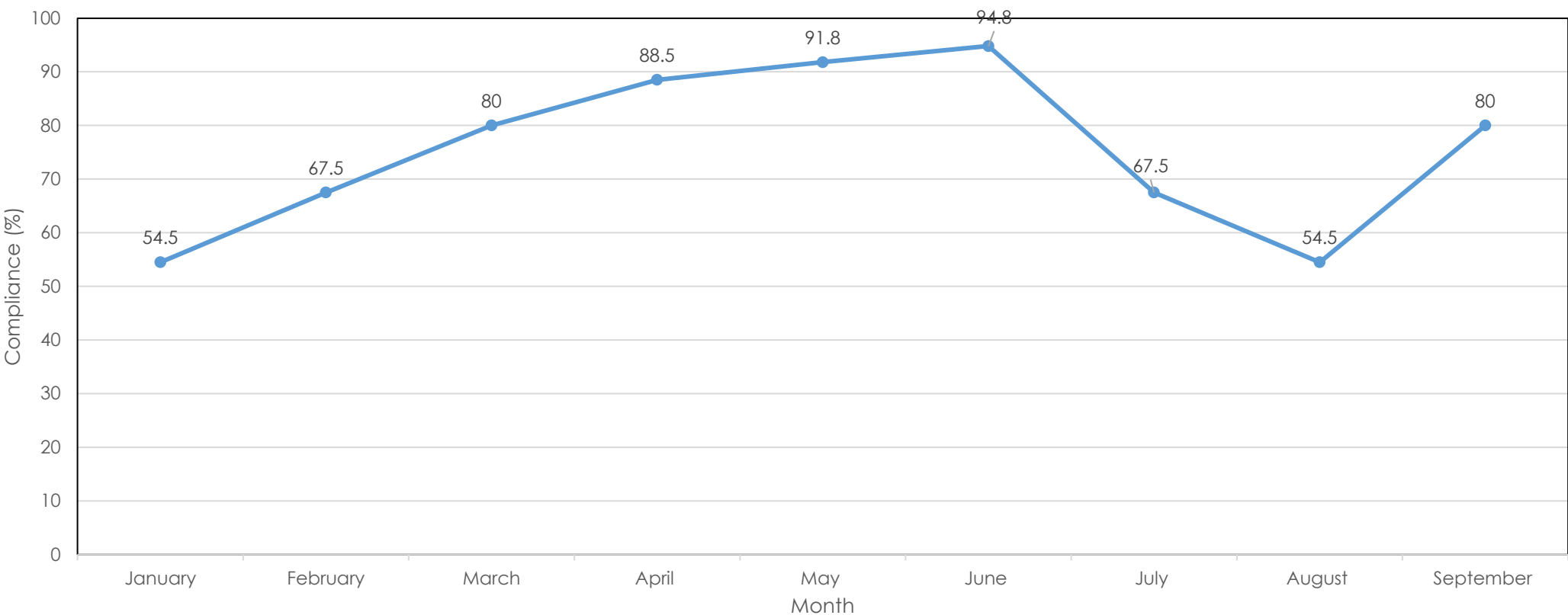
Pros and Cons of Direct Observation

- 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
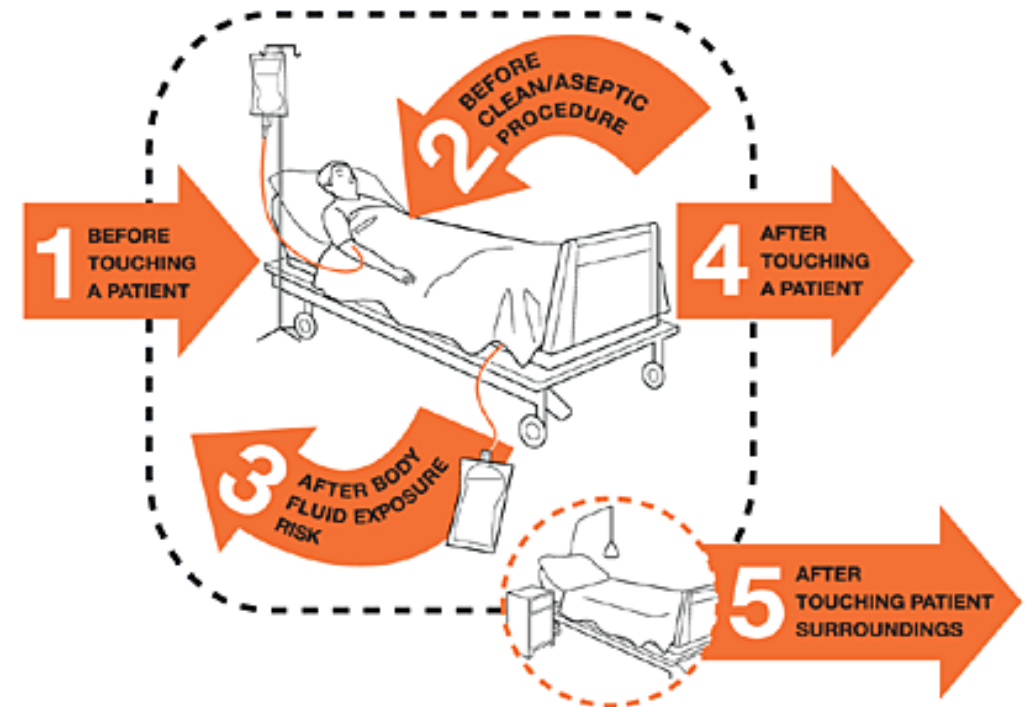
PPE Education and Training

- 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

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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

Healthcare Contamination Varies by Type of Care

(Roghmann M et al., ICHE, 2015)

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https://www.cdc.gov/infectioncontrol/pdf/strive/PPE103-508.pdf
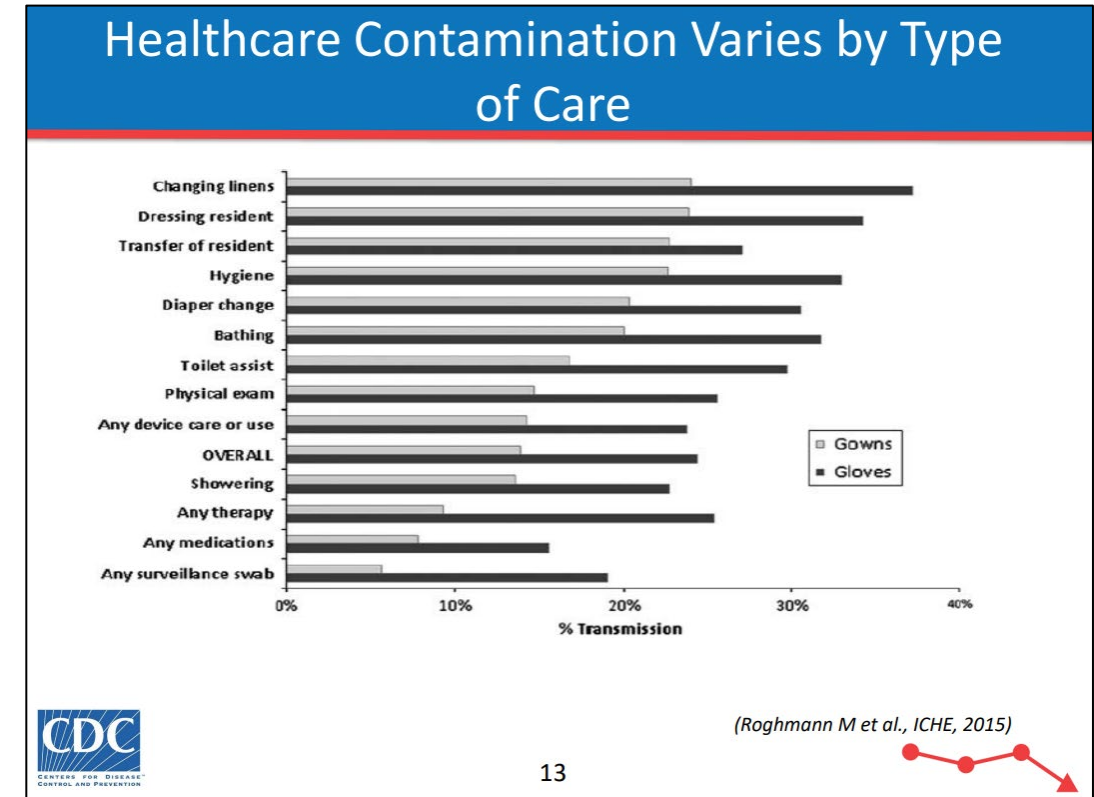
PPE Use Competency: Return Demonstration

Contamination During PPE Removal
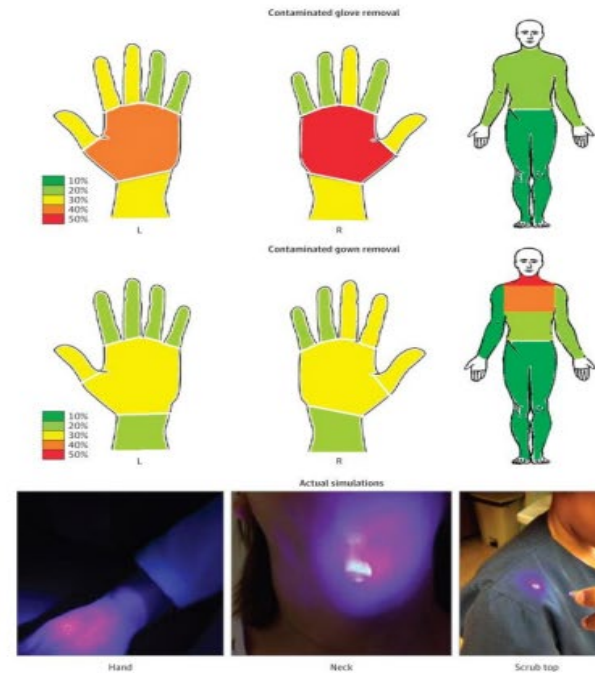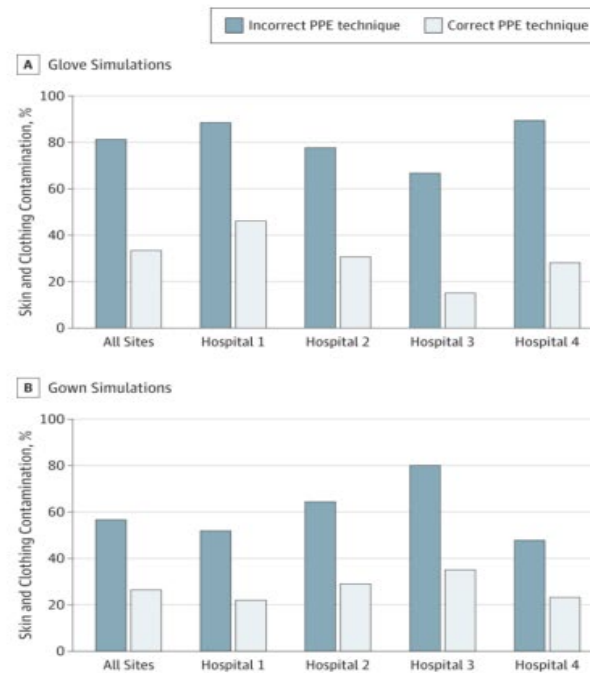
(Tomas M et al., JAMA Intern Med, 2015)

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PPE Use Audits

- Engage senior leaders and staff at different times
  - New employee orientation
  - Staff meetings
  - Huddles
- Hold live demonstrations
- Solicit feedback from staff:
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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

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

Aggregate Audit Data

	Selection	Gloves on	Gloves off	Gown on	Gown off	Mask on	Mask off
Jan	98%	90%	84%	88%	84%	92%	88%
Feb	100%	96%	90%	94%	96%	96%	100%
Mar	98%	100%	97%	98%	98%	96%	96%
April	100%	100%	98%	98%	98%	100%	94%

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https://www.cdc.gov/infectioncontrol/pdf/strive/PPE104-508.pdf
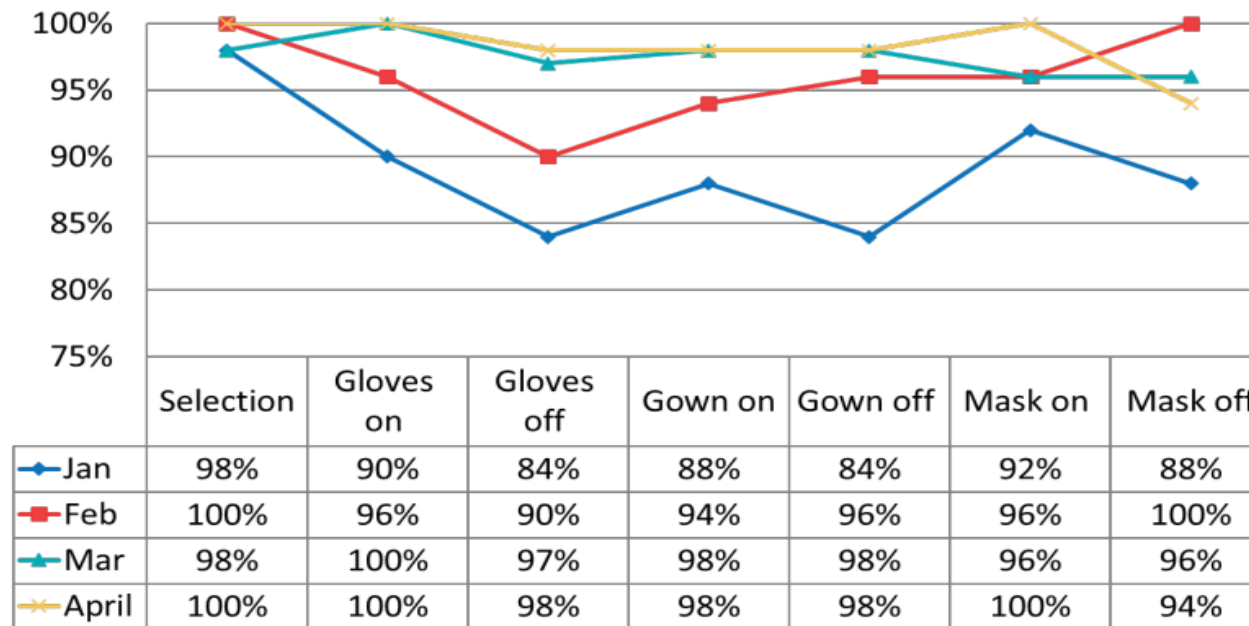
Planned vs. Random Observations

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	
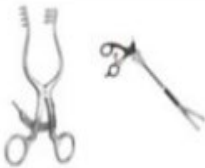
RANDOM OBSERVATIONS

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

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

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

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

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
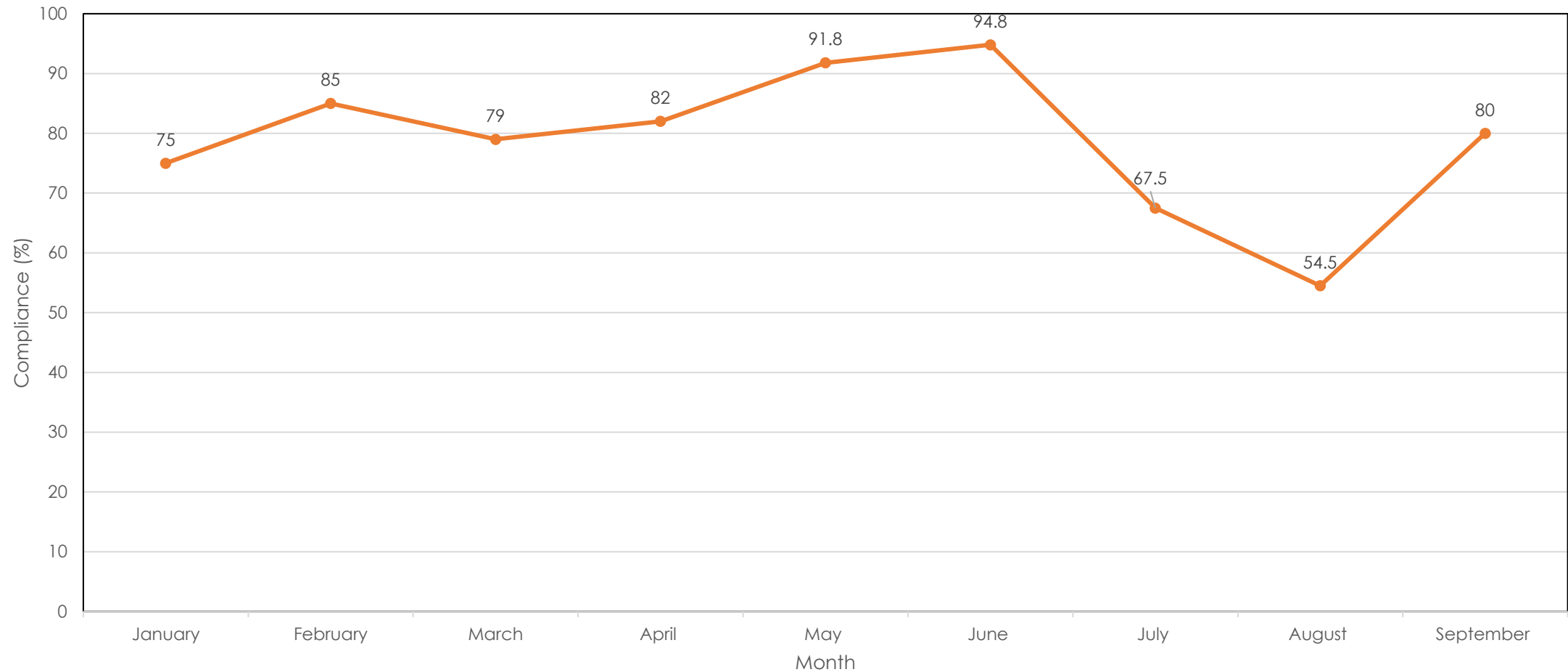
*Data for demonstration purposes only

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

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

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

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

Contact Information by District

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

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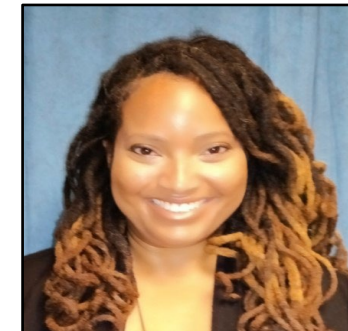# Contact the AHS Patient Safety Team

Amy Ward, MS, BSN, RN, CIC
Patient Safety Manager
Amy.Ward@AlliantHealth.org
678.527.3653

Paula St. Hill, MPH, A-IPC
Technical Advisor, Infection Prevention
Paula.StHill@AlliantHealth.org
678.527.3619

Donald Chitanda, MPH, CIC
Technical Advisor, Infection Prevention
Donald.Chitanda@AlliantHealth.org
678.527.3651

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

February 24, 2023 | 11 a.m. ET

March 24, 2023| 11 a.m. ET

SAVE THE DATE!

Thanks Again…

- Georgia Department of Public Health
- University of Georgia

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quality.allianthealth.org