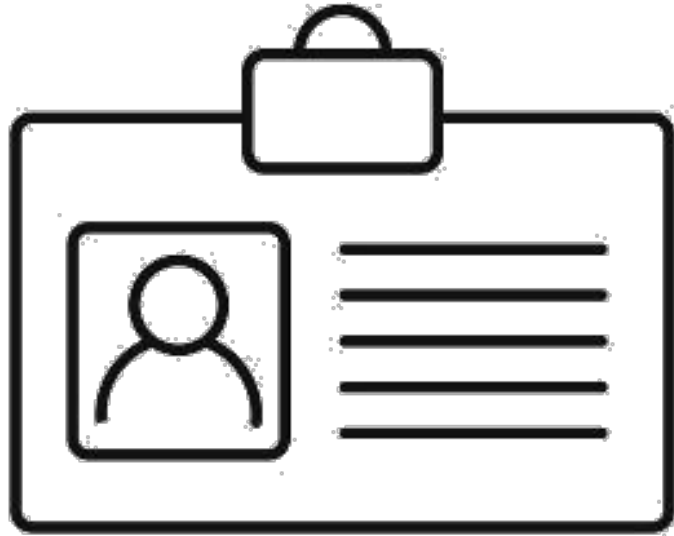




Georgia Department of Public Health:
ALF and PCH: Basic Infection Prevention and Respiratory Protection
May 25, 2023

Meet the Team



Presenters:

Amy Ward, MS, BSN, RN, CIC, FAPIC

Patient Safety Manager, Alliant Health Solutions

Paula St. Hill, MPH, A-IPC

Infection Prevention Technical Advisor, Alliant Health Solutions

Erica Umeakunne, MSN, MPH, APRN, CIC

Infection Prevention Specialist, Alliant Health Solutions

Amy Ward, MS, BSN, RN, CIC, FAPIC

Patient Safety Manager

Amy is a registered nurse with a diverse background in acute care nursing, microbiology, epidemiology and infection control. She is passionate about leading and mentoring new and future infection preventionists in their career paths and assisting them in reducing healthcare-associated infections across the continuum of care.

Amy enjoys spending time with her family and doing outdoor activities.

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Paula St. Hill, MPH, A-IPC

Infection Prevention Technical Advisor

Paula is a doctoral student with a diverse background in public health, infection prevention, epidemiology and microbiology. She has always enjoyed public health and identifying ways to improve health outcomes, specifically those related to healthcare-associated infections.

Paula enjoys spending time with her friends and family.

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Erica Umeakunne, MSN, MPH, APRN, CIC

Infection Prevention Specialist

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 was previously the interim hospital epidemiology director for a large health care system in Atlanta and a nurse consultant in the Center for Disease Control and Prevention's (CDC) Division of Healthcare Quality Promotion. At the 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.

Erica enjoys reading, traveling, family time and outdoor activities.

Contact: Erica.Umeakunne@allianthealth.org



Donald Chitanda, MPH, CIC, LTC-CIP

Infection Prevention Technical Advisor

Donald is a health professional with experience in public health epidemiology and infection prevention. Over the past several years, he worked as an infection preventionist at the hospital- and system-level, where he was part of a task force to ensure the safety of caregivers and patients during the ongoing COVID-19 pandemic. In addition, he was part of and led several projects to reduce hospital-acquired infections utilizing Lean Six Sigma methodologies. He is also trained in ensuring ongoing facility survey readiness for regulatory agencies such as the CMS and The Joint Commission.

Donald enjoys spending time with family and doing outdoor activities.

Contact: Donald.Chitanda@AlliantHealth.org



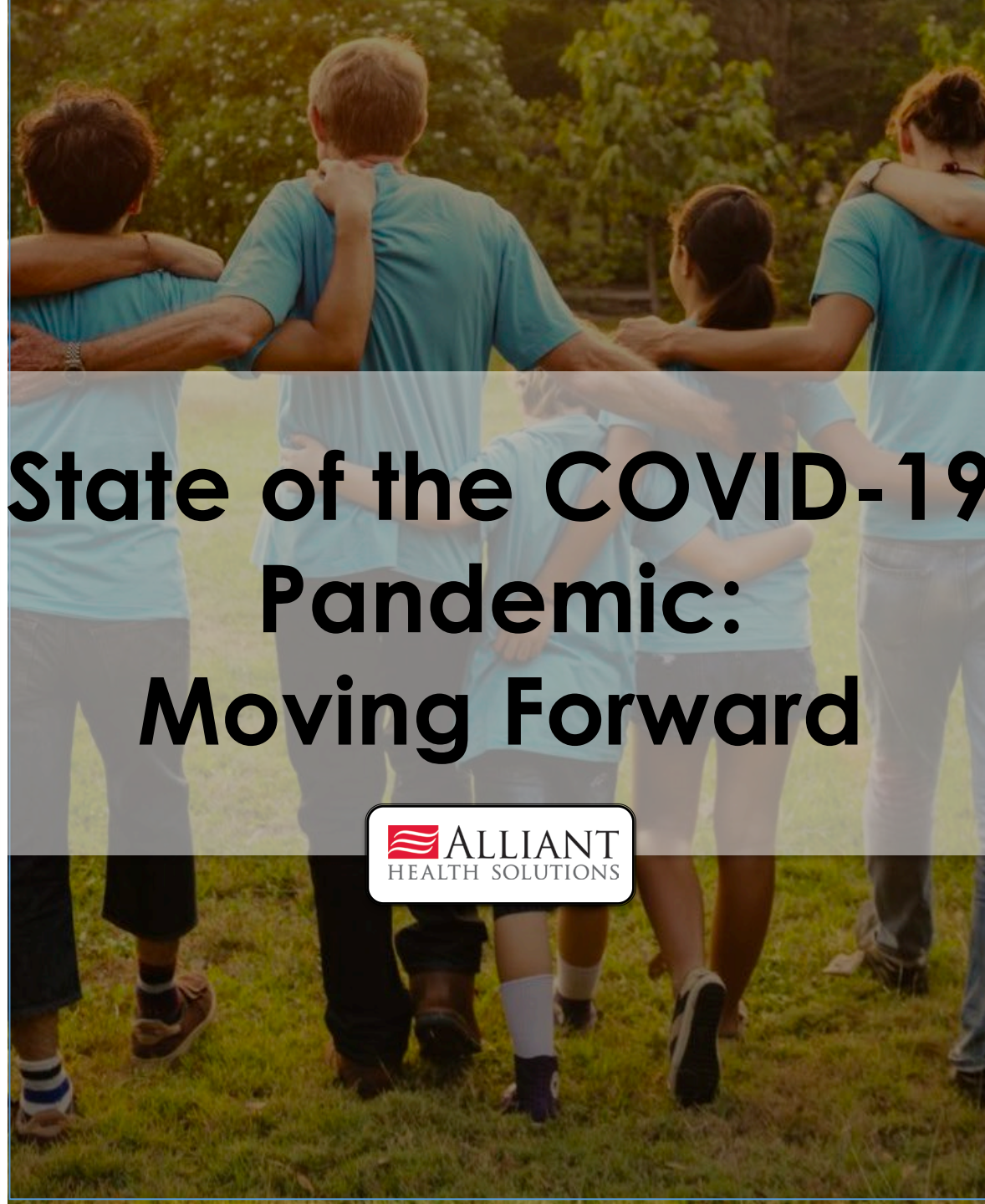
Objectives

- Provide an update on the state of the COVID-19 pandemic and the end of the Public Health Emergency
- Describe hand hygiene process improvement strategies
- Discuss the importance of respiratory protection and steps to implement a respiratory protection program
- Introduce the GADPH Infection Control Resource Box
- Share Alliant Health Solutions Resources to support IPC activities

Thank You to Our Partners

- Georgia Department of Public Health
- University of Georgia





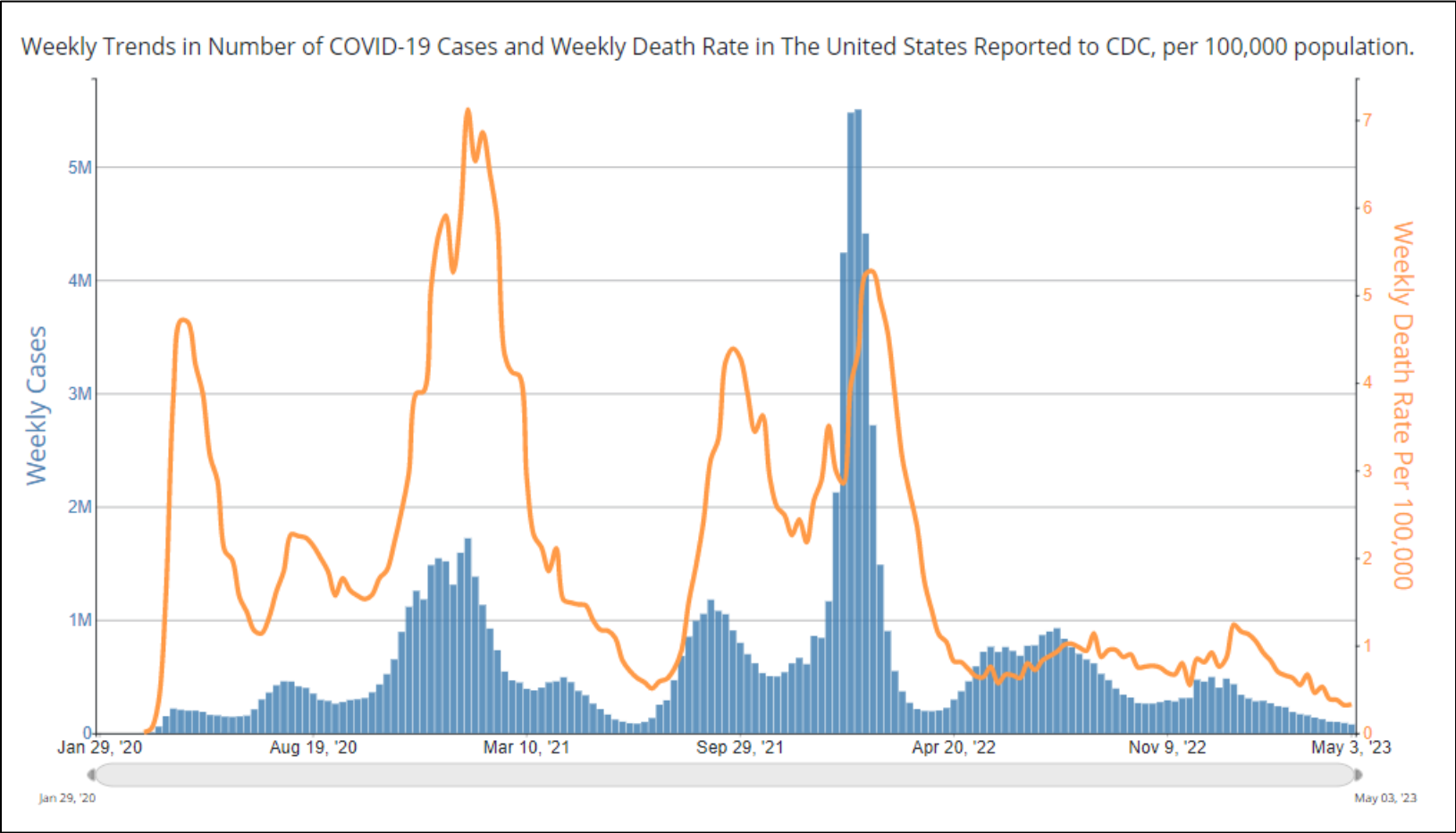
State of the COVID-19 Pandemic: Moving Forward



Objectives

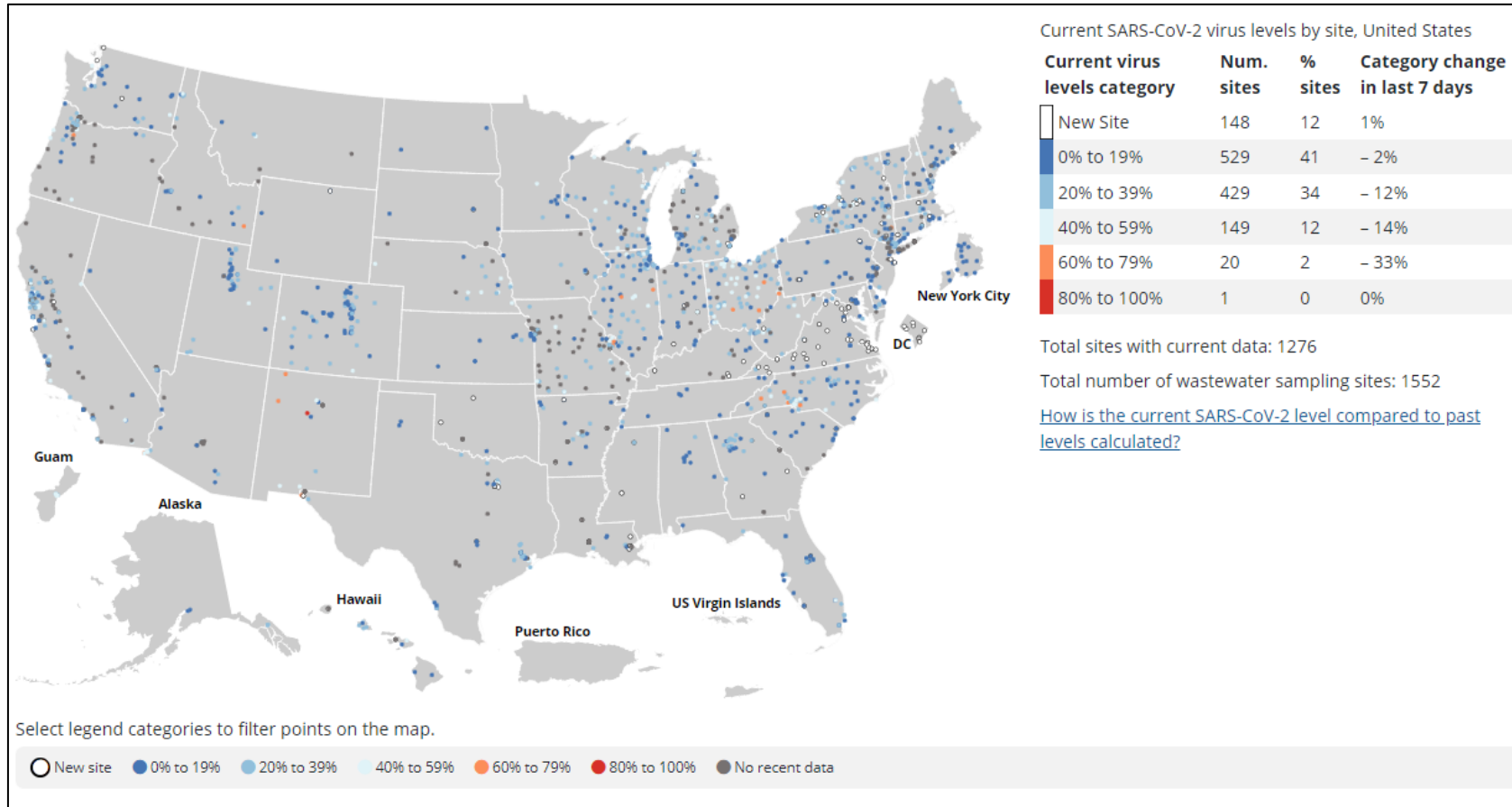
- Provide an update on COVID-19 epidemiology
- Review the updated COVID-19 vaccine recommendations
- Discuss the end of the public health emergency and relevant policies
- Highlight infection prevention and control (IPC) lessons learned and strategies to prevent COVID-19 and other infections in nursing facilities
- Share Alliant Health Solutions resources to support COVID-19 IPC activities

COVID-19 Cases and Deaths



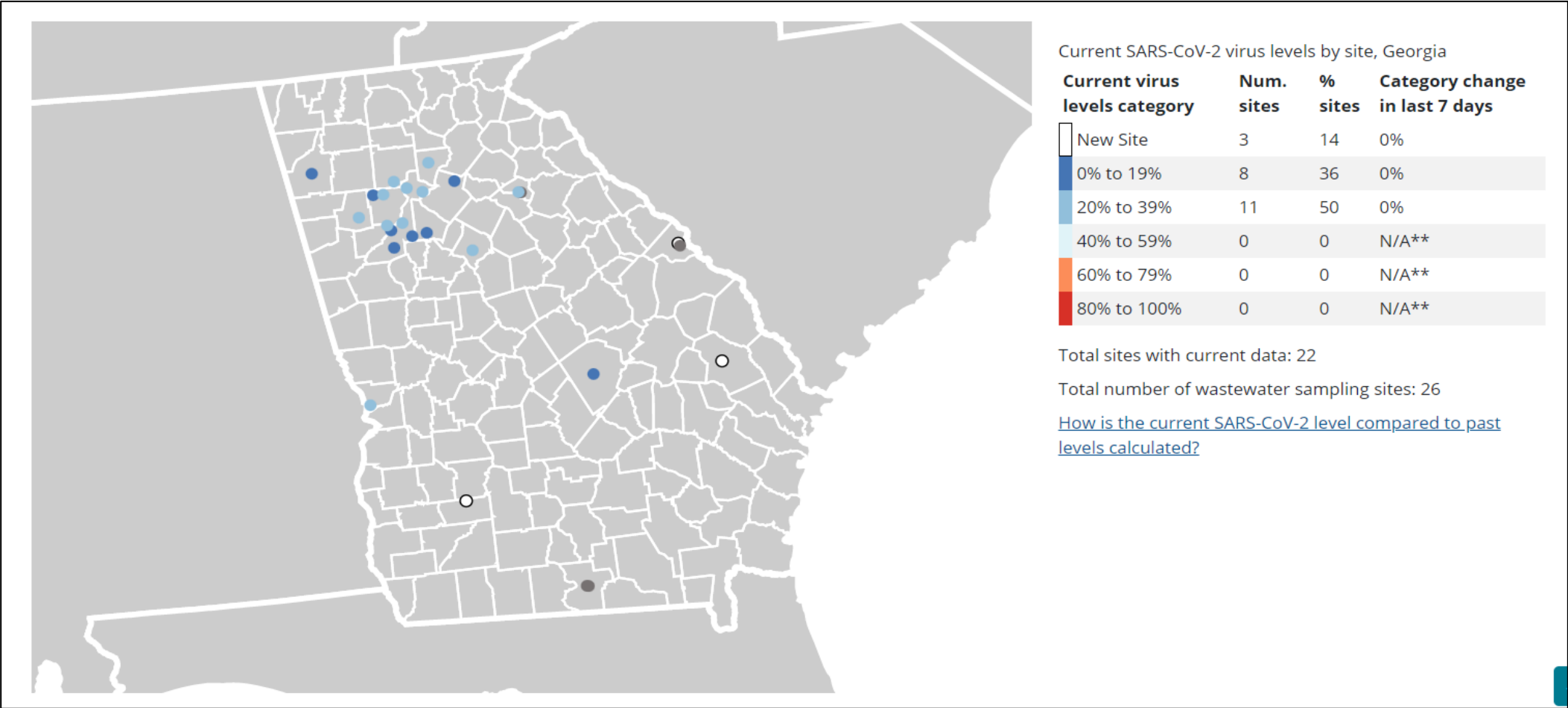
https://covid.cdc.gov/covid-data-tracker/#trends_weeklycases_7daydeathsp100k_00

Wastewater COVID-19 Surveillance



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

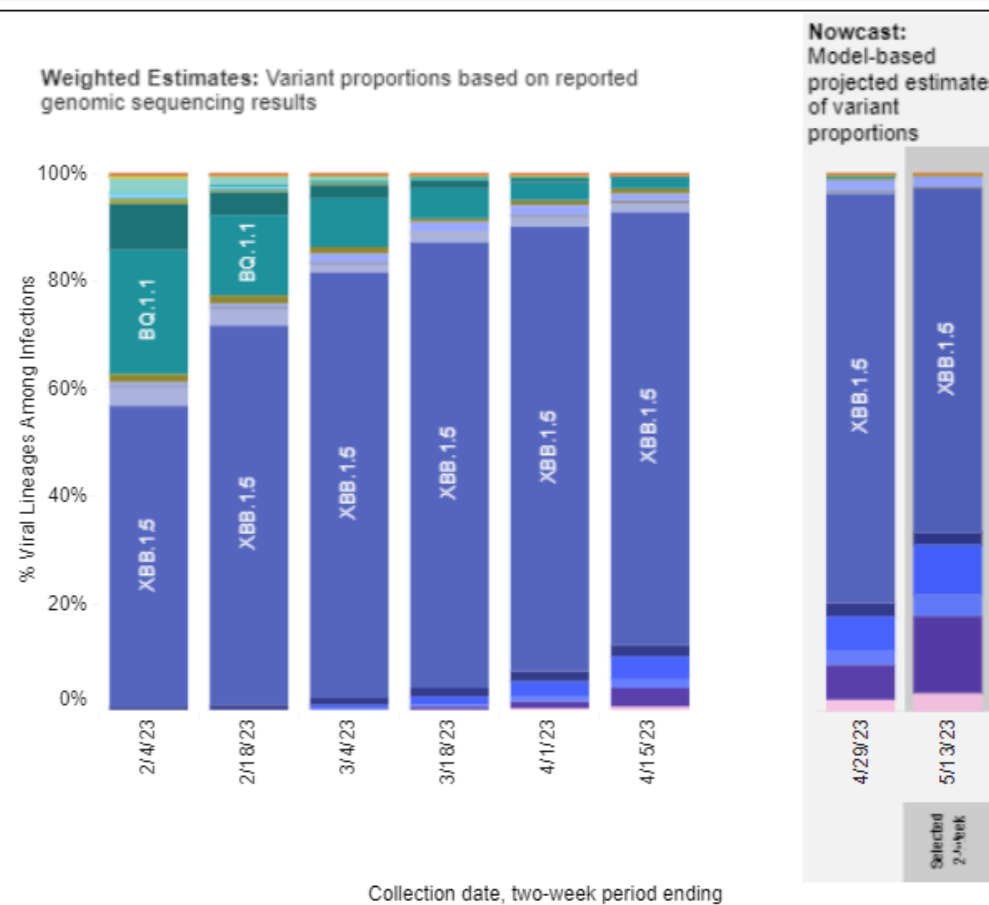
Wastewater COVID-19 Surveillance



Weighted and Nowcast Estimates in United States for 2-Week Periods in 1/22/2023 – 5/13/2023



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



Nowcast Estimates in United States for 4/30/2023 – 5/13/2023

USA					
WHO label	Lineage #	US Class	%Total	95%PI	
Omicron	XBB.1.5	VOC	64.0%	59.1-68.6%	
	XBB.1.16	VOC	14.3%	11.1-18.1%	
	XBB.1.9.1	VOC	9.2%	8.0-10.6%	
	XBB.1.9.2	VOC	4.0%	3.2-5.1%	
	XBB.2.3	VOC	3.5%	1.9-6.3%	
	XBB.1.5.1	VOC	2.4%	1.9-3.0%	
	FD.2	VOC	1.8%	0.8-4.0%	
	BQ.1.1	VOC	0.3%	0.1-0.5%	
	CH.1.1	VOC	0.2%	0.2-0.4%	
	XBB	VOC	0.2%	0.1-0.4%	
	BQ.1	VOC	0.0%	0.0-0.1%	
	BN.1	VOC	0.0%	0.0-0.0%	
	BA.5	VOC	0.0%	0.0-0.0%	
	BA.2.12.1	VOC	0.0%	0.0-0.1%	
	BA.2	VOC	0.0%	0.0-0.0%	
	BA.2.75	VOC	0.0%	0.0-0.0%	
	BF.7	VOC	0.0%	0.0-0.0%	
	BA.5.2.6	VOC	0.0%	0.0-0.0%	
Other	Other*		0.0%	0.0-0.0%	

Public Health Emergency (PHE)

- Initially declared in January 2020
- **Ended May 11, 2023**
- Coverage, costs and payment for COVID-19 testing, treatments and vaccines
- Medicaid coverage and federal match rates
- Telehealth (extended by the Consolidated Appropriations Act until the end of 2024)

National Emergency Declaration

- Issued in March 2020
- **Ended May 11, 2023**
- Private insurance coverage flexibilities

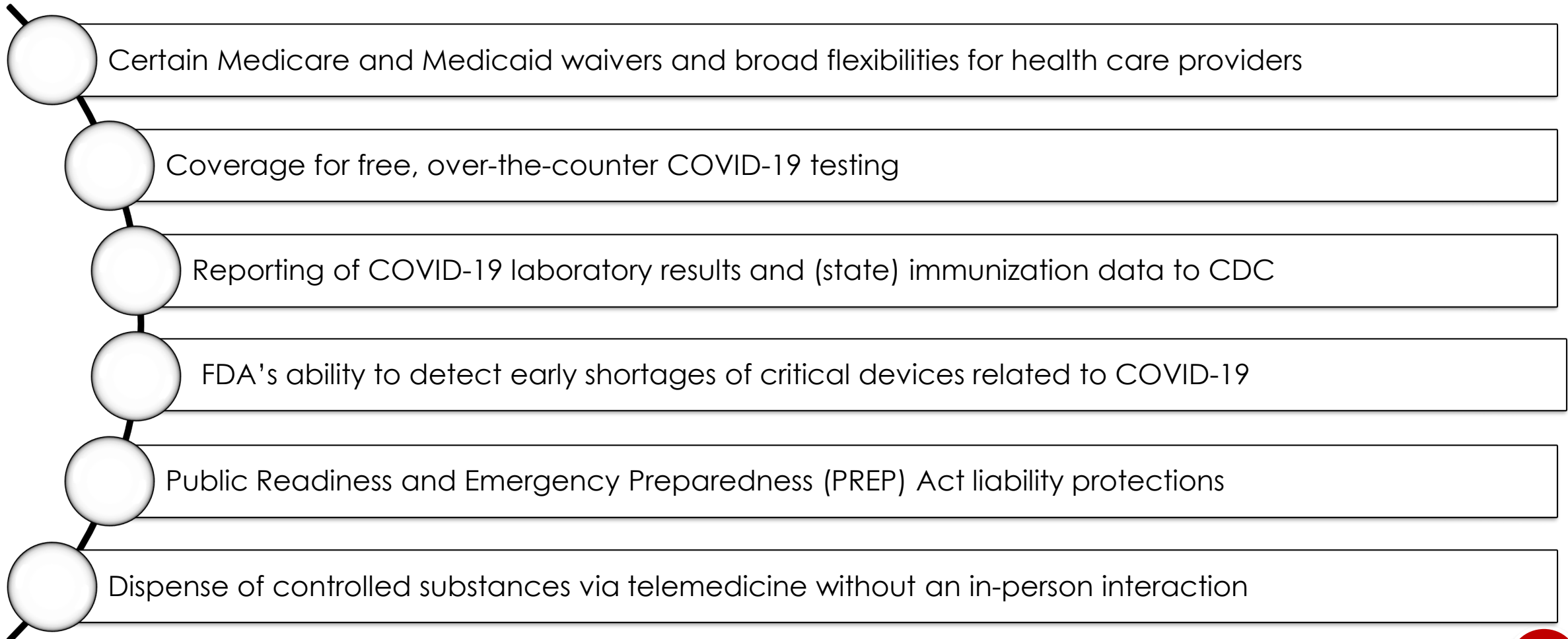
Emergency Declaration by Health & Human Services

- Initially declared in February 2020
- Allows EUA for medical interventions (vaccines, drugs)
- Stays in effect until terminated by the HHS Secretary; no current end date

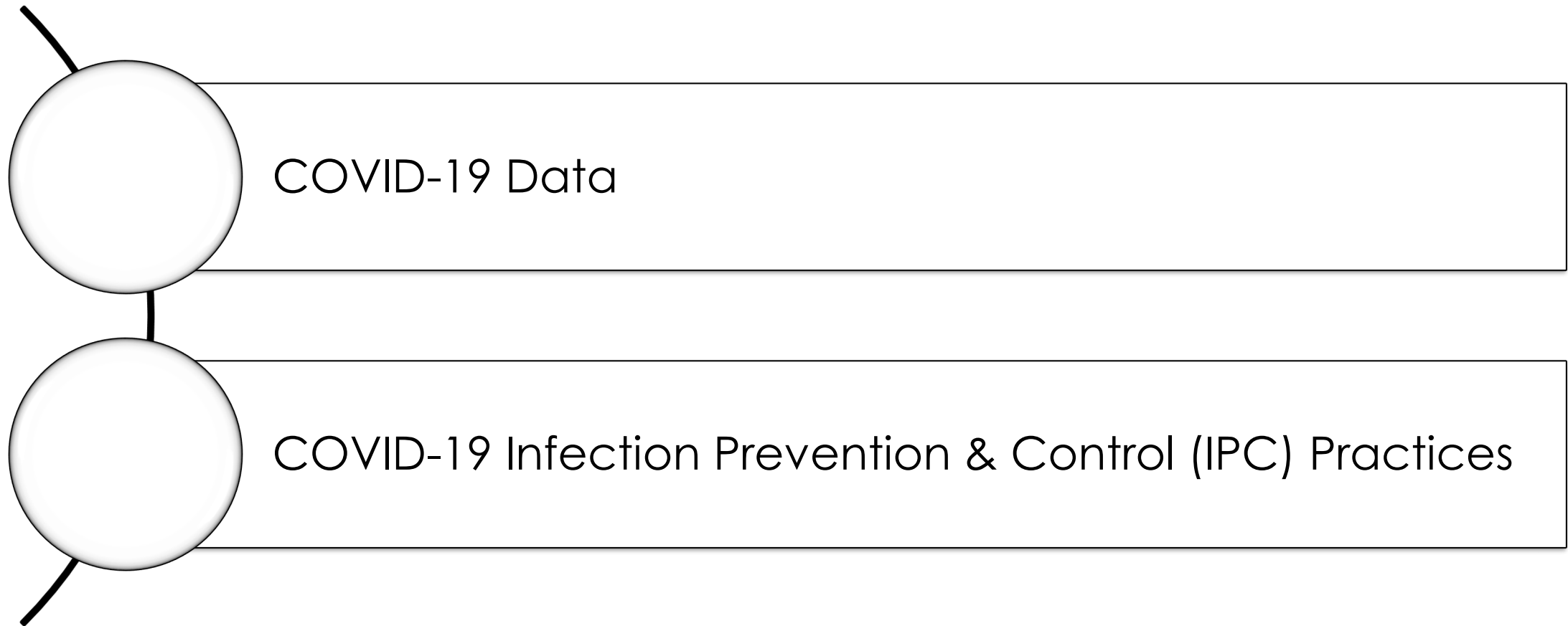
COVID-19 Public Health Emergency (PHE): What is NOT Affected

- Access to COVID-19 vaccinations and certain treatments, such as Paxlovid and Lagevrio
- FDA's EUAs for COVID-19 products (including tests, vaccines, and treatments)
- Major Medicare telehealth flexibilities
- Medicaid telehealth flexibilities
- Process for states to begin eligibility redeterminations for Medicaid
- Access to opioid use disorder treatment

COVID-19 Public Health Emergency (PHE): What IS Affected



COVID-19 Emergency Response Transition: Implications for Infection Prevention and Control



CDC Data and Surveillance: Available Metrics

- COVID-19 Hospital Admissions
- COVID-19 deaths (data source change)
- Emergency Department COVID-19 Visits (weekly)
- COVID-19 test positivity (data source change)
- Wastewater & genomic surveillance
- COVID-19 vaccine administration data (limited)
- Percentage of COVID-19 associated deaths (NEW)

CDC Data Tracking Updates: Removed Data



National, county-level test positivity data



COVID-19 Community Levels (guided non-healthcare settings IPC practices)



National reporting weekly counts of COVID-19 cases and associated deaths



Transmission Levels (guided health care facility IPC practices)

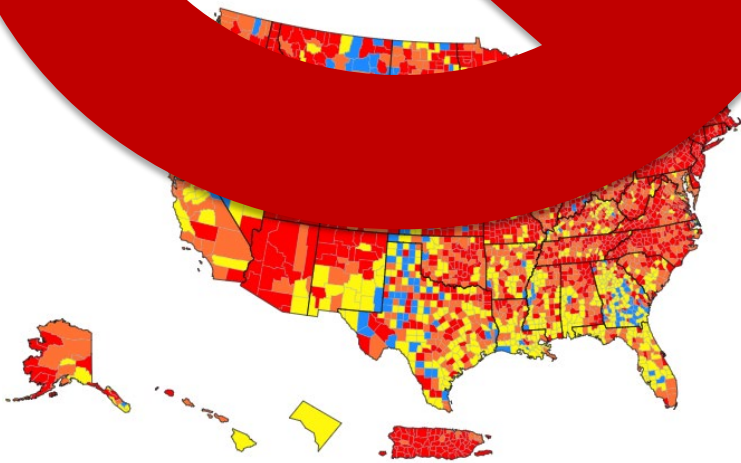


V-safe Tracking System for health check-ins

<https://www.cdc.gov/coronavirus/2019-ncov/your-health/end-of-phe.html>
https://www.cdc.gov/mmwr/volumes/72/wr/mm7219e1.htm?s_cid=mm7219e1_w

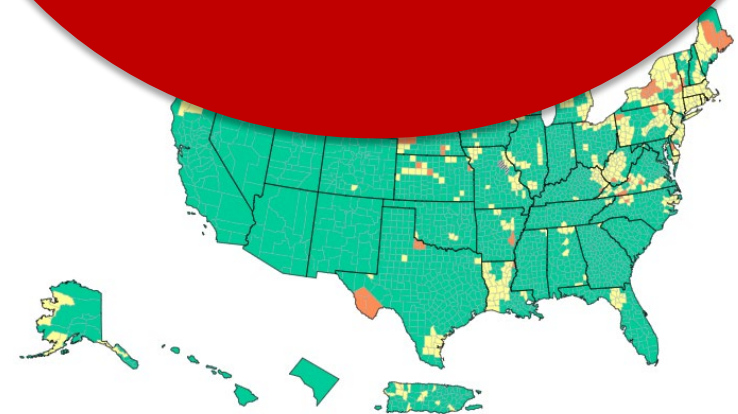
Transmission Levels

- **Non-healthcare setting**
- On a weekly basis, select
- Intervention and actions
- A health care setting
- Allows for intervention
- Better protection for individuals seeking medical care



COVID-19 Community Levels

- **Non-healthcare setting**
- **facilities, homes, etc.**
- **community aggregate settings**
- Help communities take action on
- where ever decisions to take action on
- the most informed
- Individual-level household-
- prevention behaviors, community level
- prevention strategies for and
- high COVID-19 community



CDC Updates: Community COVID-19 Risk and Infection Prevention Practices

- Replaced COVID-19 Community Levels with [COVID-19 hospital admission levels](#) to guide prevention decisions. Changes based on:
 - MMWR: [COVID-19 Surveillance After Expiration of the Public Health Emergency Declaration — United States, May 11, 2023](#)
 - MMWR: [Correlations and Timeliness of COVID-19 Surveillance Data Sources and Indicators — United States, October 1, 2020–March 22, 2023](#)

Individual COVID-19 Prevention Strategies

LOW, MEDIUM, AND HIGH

At all COVID-19 hospital admission levels:



- [Stay up to date](#) on vaccination.
- Maintain [ventilation improvements](#).
- Avoid contact with people who have suspected or confirmed COVID-19.
- Follow recommendations for [isolation](#) if you have suspected or confirmed COVID-19.
- Follow the recommendations for [what to do if you are exposed](#) to someone with COVID-19.
- If you are at [high risk of getting very sick](#), talk with a healthcare provider about additional prevention actions.

<https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>

Individual COVID-19 Prevention Strategies

MEDIUM AND HIGH

When the COVID-19 hospital admission level is
Medium or High:



- If you are at [high risk of getting very sick](#), wear a high-quality mask or respirator (e.g., N95) when indoors in public.
- If you have household or social contact with someone at high risk for getting very sick, consider self-testing to detect infection before contact, and consider wearing a high-quality mask when indoors with them.

<https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>

Individual COVID-19 Prevention Strategies

HIGH

When the COVID-19 hospital admission level is High:



- Wear a high-quality mask or respirator.
- If you are at high risk of getting very sick, consider avoiding non-essential indoor activities in public where you could be exposed.

<https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>

Community-Level Prevention Strategies

LOW, MEDIUM, AND HIGH

At all COVID-19 hospital admission levels:



- Promote equitable access to vaccination, testing, masks and respirators, treatment and prevention medications, community outreach, and support services.
- Ensure access to testing, including through point-of-care and at-home tests for all people.
- Maintain [ventilation improvements](#).
- Provide communications and messaging to encourage isolation among people who test positive.

<https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>

Community-Level Prevention Strategies

MEDIUM AND HIGH

When the COVID-19 hospital admission level is
Medium or High:



- Implement screening testing in high-risk settings where screening testing is recommended.

HIGH

When the COVID-19 hospital admission level is
High:



- Implement healthcare surge support as needed.

<https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>

Considerations for Multifamily Housing (Assisted Living Facilities, Group Homes, Retirement Communities)

- Applies to long-term care settings (excluding nursing homes) whose staff provide non-skilled personal care*
- Guiding principles and considerations:
 - Older adults and groups experiencing disproportionate impacts of COVID-19 are at increased risk for severe illness from COVID-19
 - Communal spaces, community activities, and close living quarters in multifamily housing increase the risk of getting and spreading the virus
 - [Prepare to identify residents at increased risk of severe COVID-19 illness](#), collaborate with their local health departments, and protect their employees' health and safety

CDC Updates: Additional Information for Community Congregate Living Settings (e.g., Group Homes, Assisted Living)

- Facilities that serve unrelated people who live in close proximity and share at least one common room (e.g., group or personal care homes and assisted living facilities) should apply prevention strategies based on [COVID-19 hospital admission levels](#) for their general operations.
- Health care services delivered in these settings should be informed by [CDC's Infection Prevention and Control Recommendations](#).
- Facilities can also assess the unique risks of their setting and the populations they serve and use enhanced COVID-19 prevention strategies to help reduce the impact of COVID-19.

CDC Updates: Additional Information for Community Congregate Living Settings (e.g., Group Homes, Assisted Living)

- Increase and improve ventilation as much as possible and consider moving activities outdoors when possible.
- Consult with the health department about testing strategies, including whether to implement routine screening testing.
- Expand the use of masks and respirators.
- Add enhanced cleaning and disinfection protocols.
- Create physical distance in congregate areas where possible and/or reduce movement and contact between different parts of the facility and between the facility and the community, as appropriate.

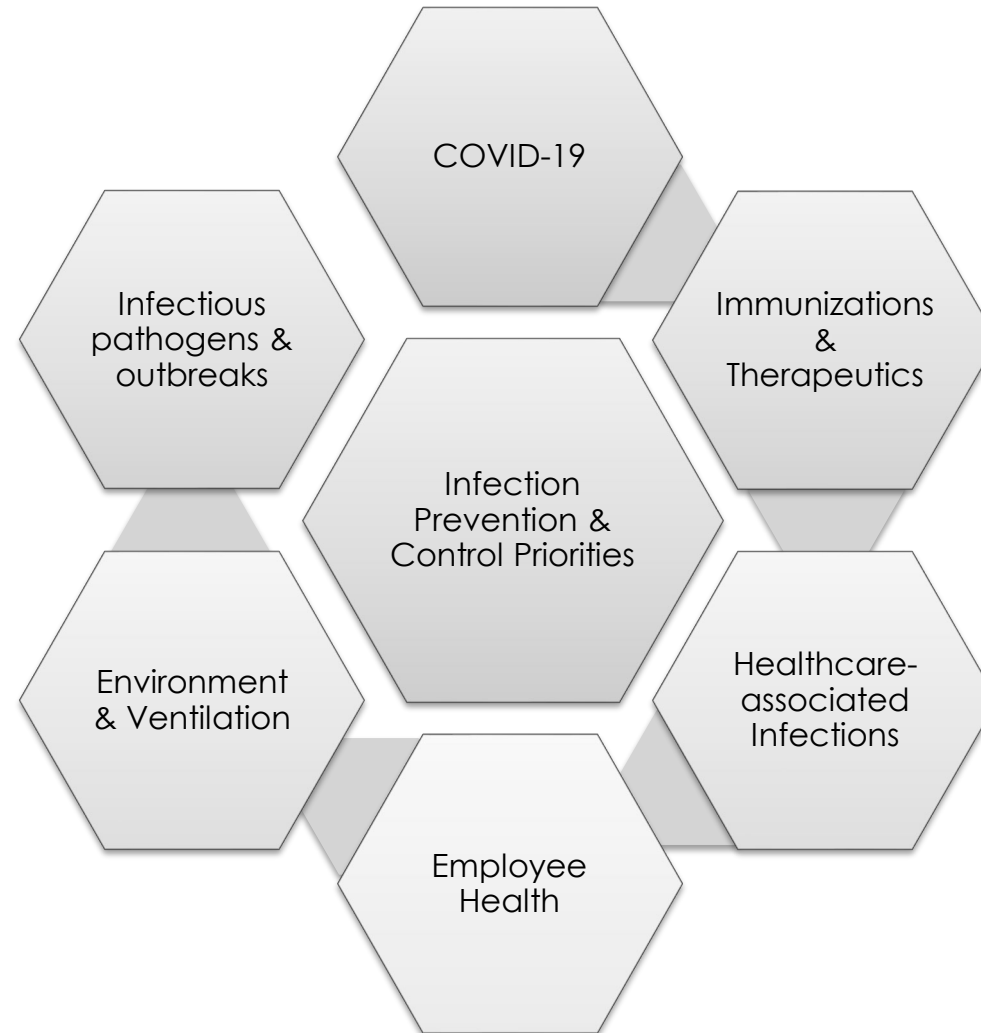
Interim Infection Prevention and Control Recommendations for Health Care Personnel During the COVID-19 Pandemic: Setting-specific Updates

- Visiting or shared health care personnel who enter the setting to provide health care to one or more residents (e.g., physical therapy, wound care, intravenous injections, or catheter care provided by home health agency nurses) should follow the [health care IPC recommendations](#).
- If staff in a residential care setting are providing in-person services for a resident with SARS-CoV-2 infection, they should be familiar with recommended [health care IPC recommendations](#) to protect themselves and others from potential exposures
 - Hand hygiene
 - Personal protective equipment
 - Cleaning and disinfection practices

Infection Prevention and Control Practices

- Standard precautions always apply
 - Hand Hygiene
 - Source control/ Respiratory hygiene/cough etiquette
 - Use personal protective equipment (PPE) appropriately
 - PPE use based on anticipated exposure to blood/body fluids
 - Safe injection practices
 - Cleaning and disinfection
 - Safe linen handling
- Consult with your state or local public health authorities

COVID-19 Transition: IPC Priorities and Lessons Learned

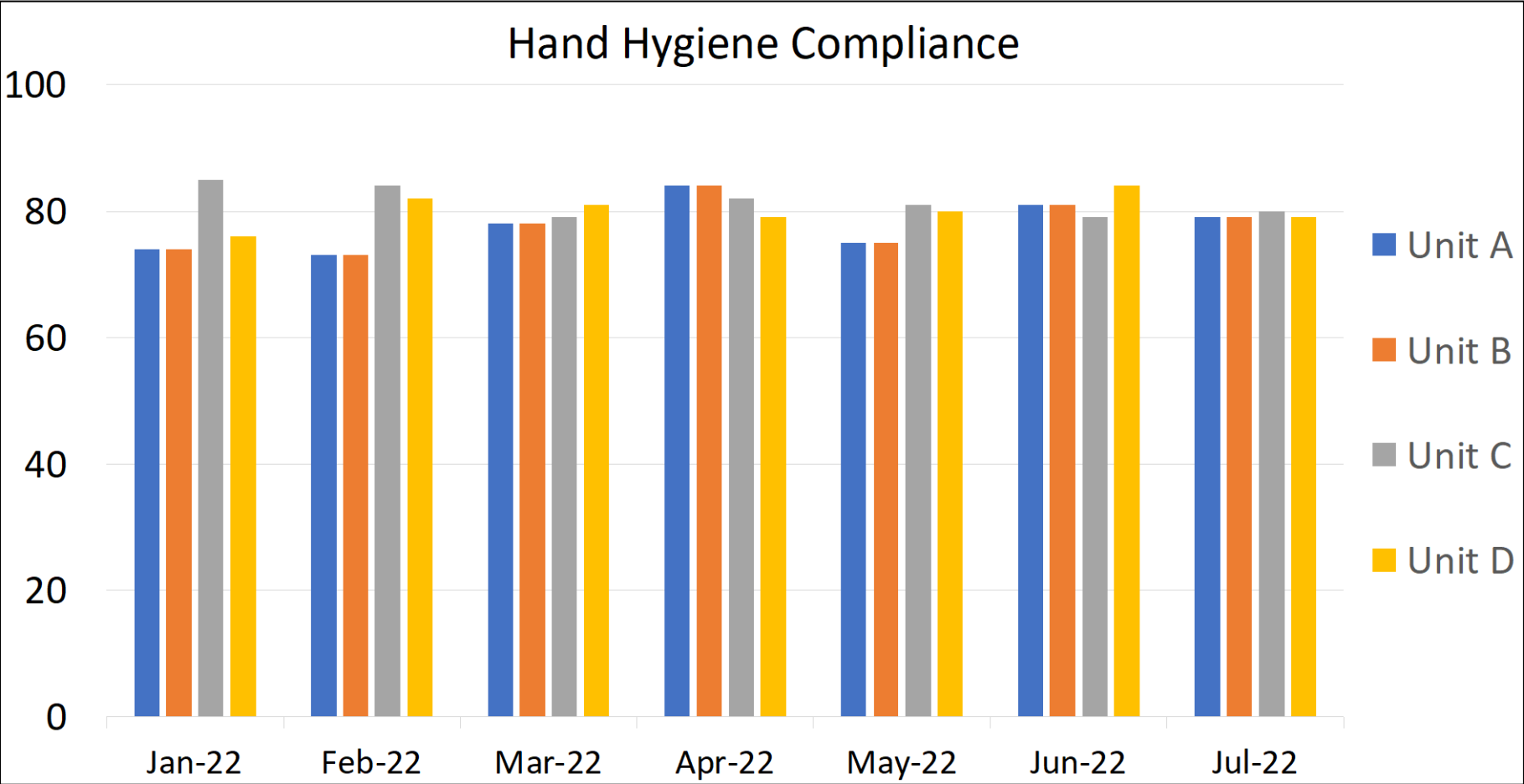




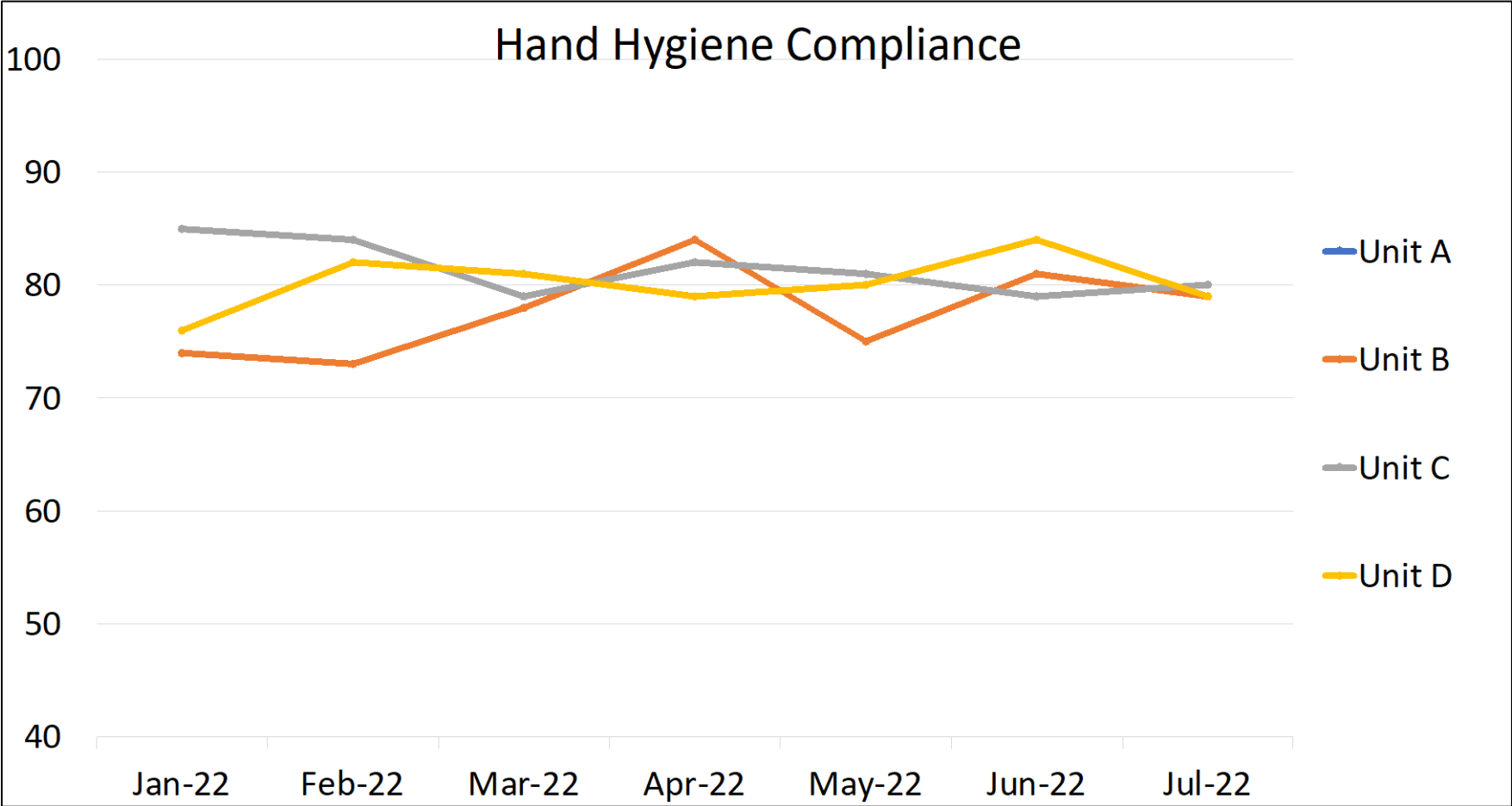
Hand Hygiene

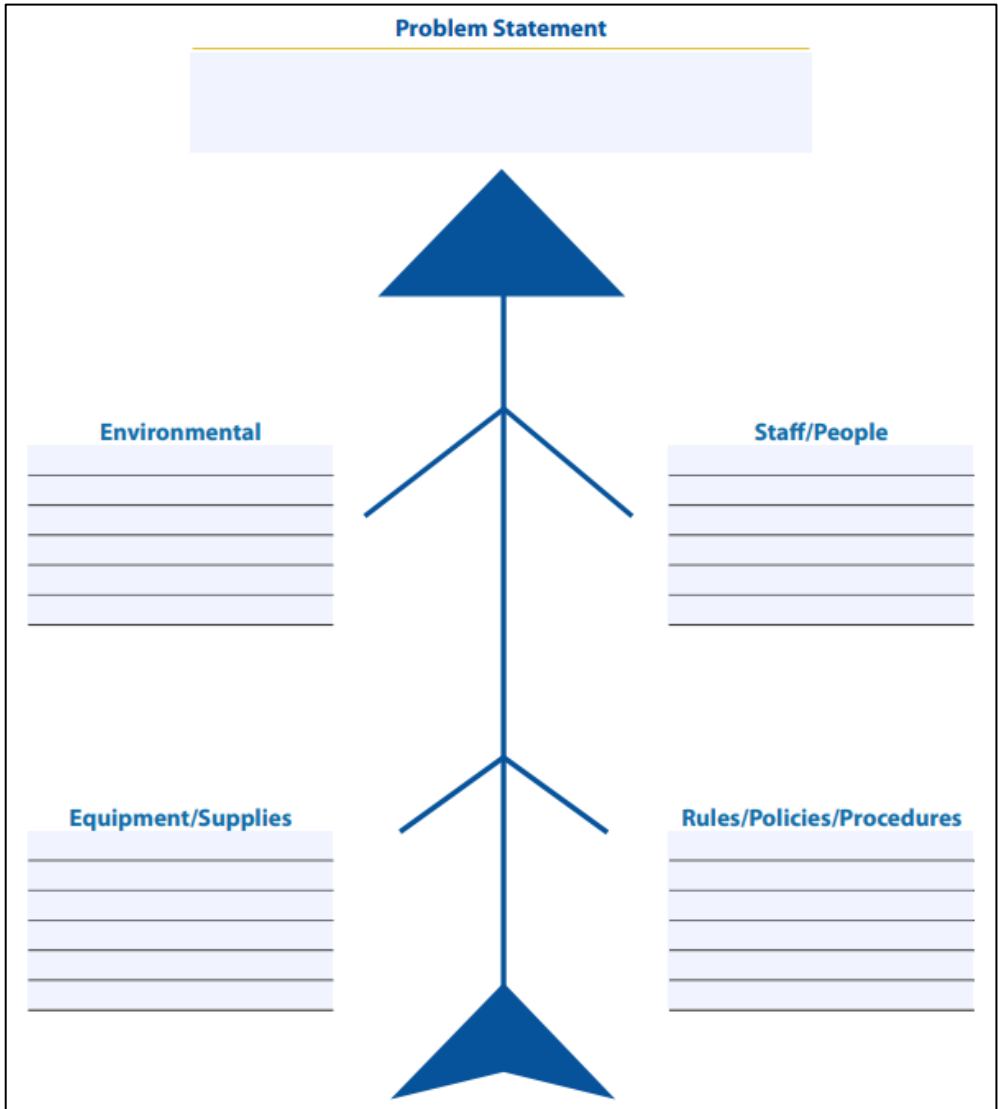


Hand Hygiene Data



Hand Hygiene Data



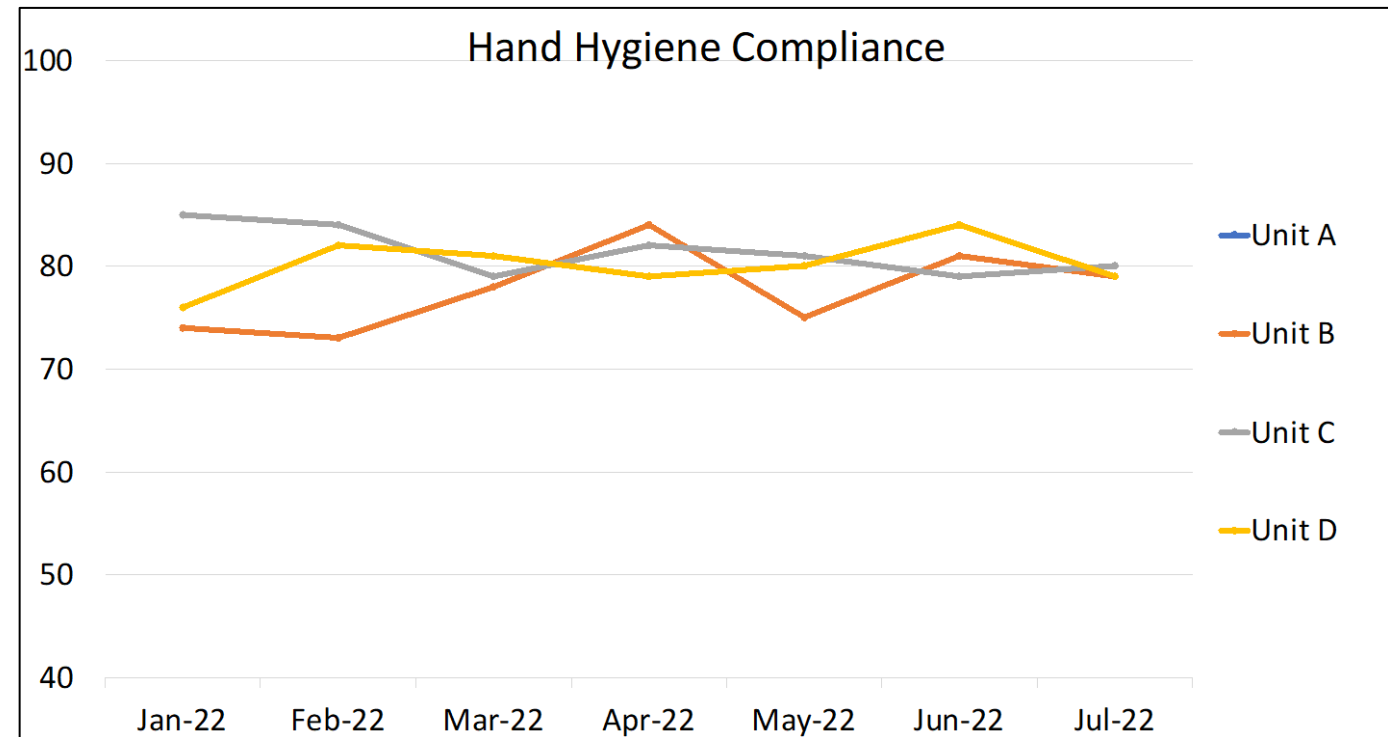


Fishbone Diagram Worksheet

[Fishbone Diagram Worksheet \(allianthealth.org\)](http://allianthealth.org)

Group Discussion

- Who is responsible for collecting this data?
- What questions do you have about the data?
- How can this data be visualized in a way that will lead to improvement?
- What are some issues/concerns with this data?
- How do you address this?



Findings From Environment of Care Audits

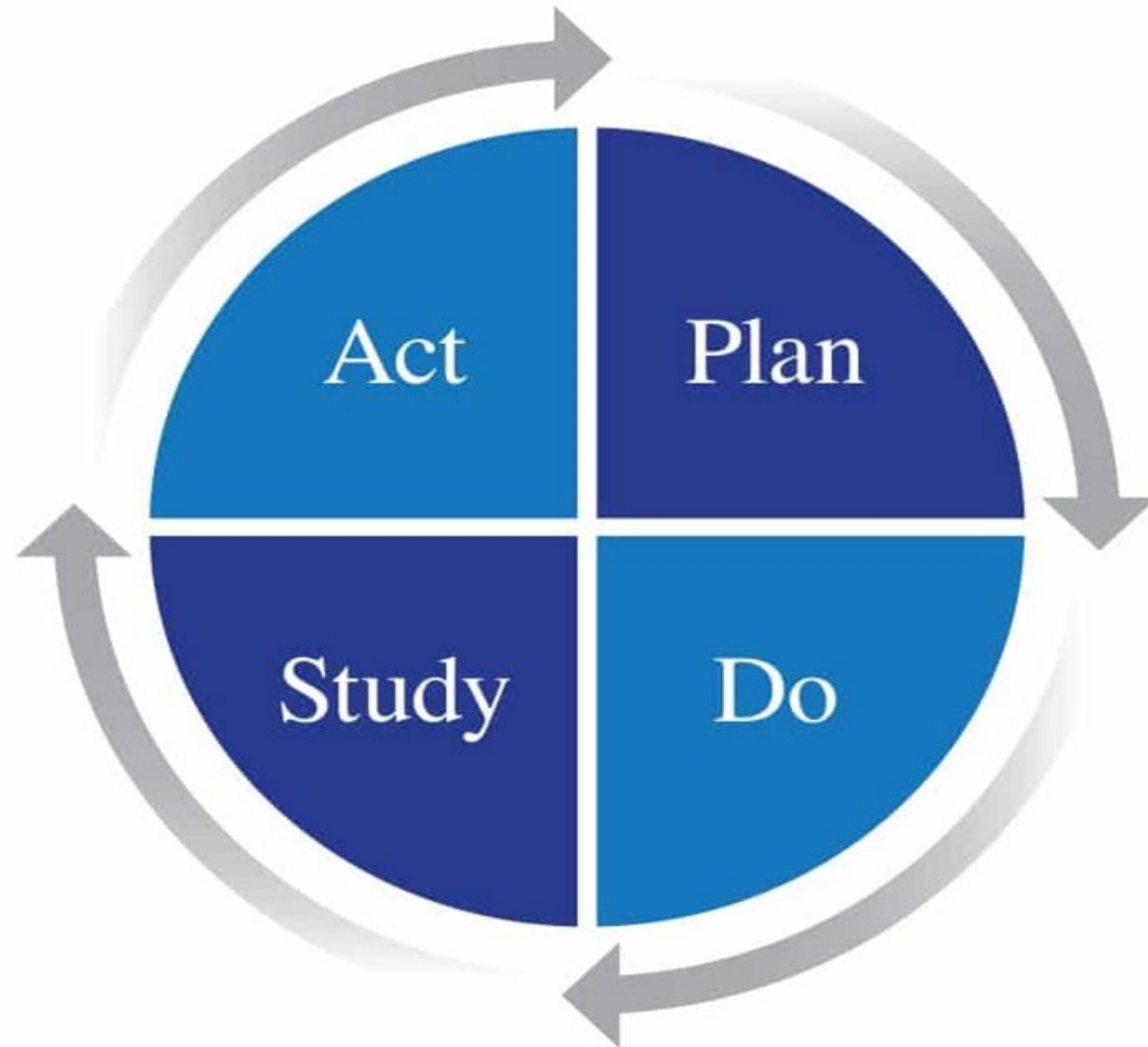
Units A and B were pooling their observations through July (same nurse manager)

Multiple ABHR dispensers empty

Dispensers not widely available

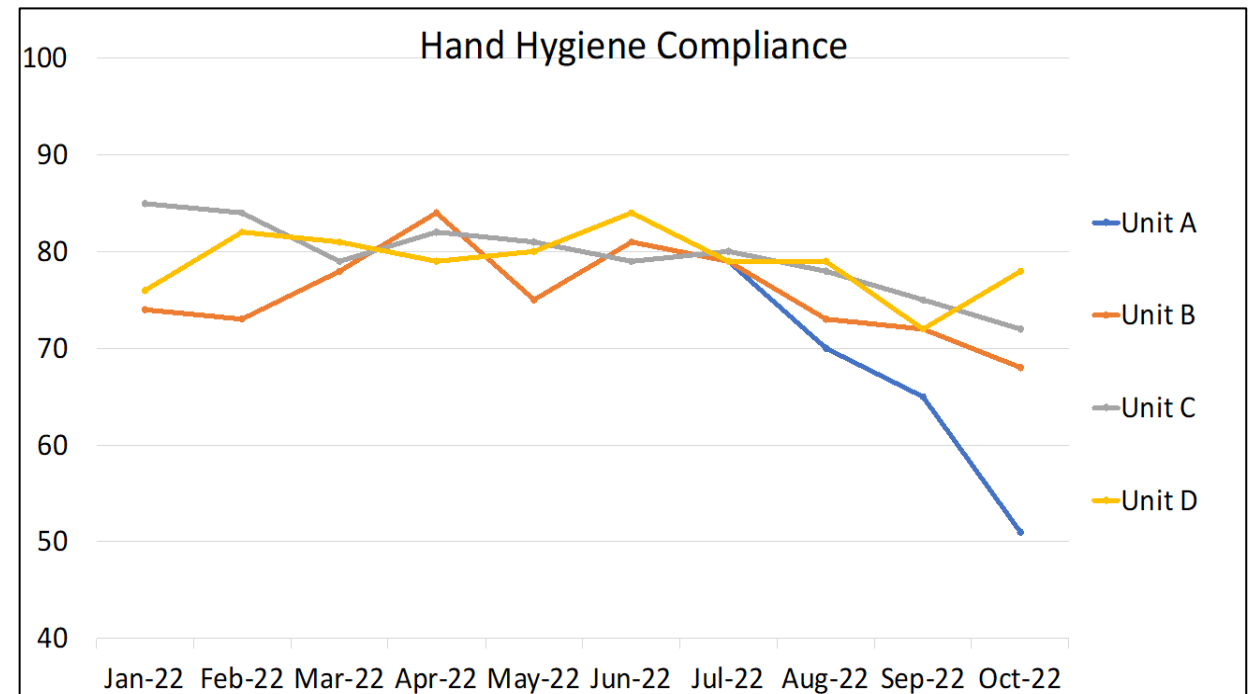
Dispensers are automatic and too much product is dispensed

Staff report product is “sticky”

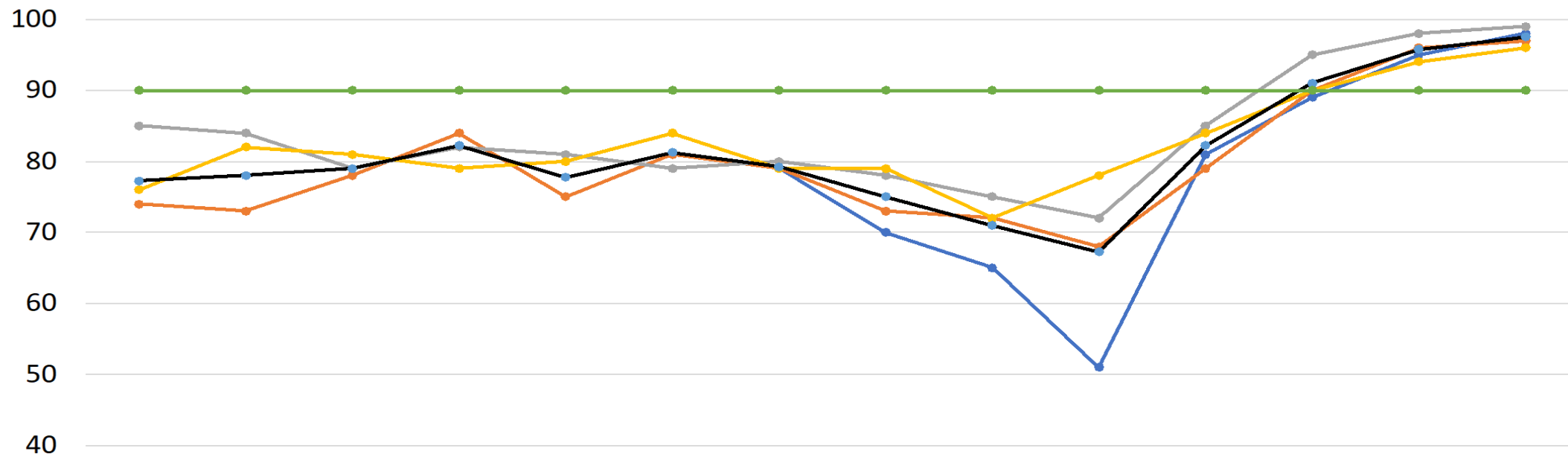


What Are the Next Steps?

- Units A and B were pooling their observations through July (same nurse manager)
- Multiple ABHR dispensers empty
- Dispensers not widely available
- Dispensers are automatic and too much product is dispensed
- Staff report product is “sticky”

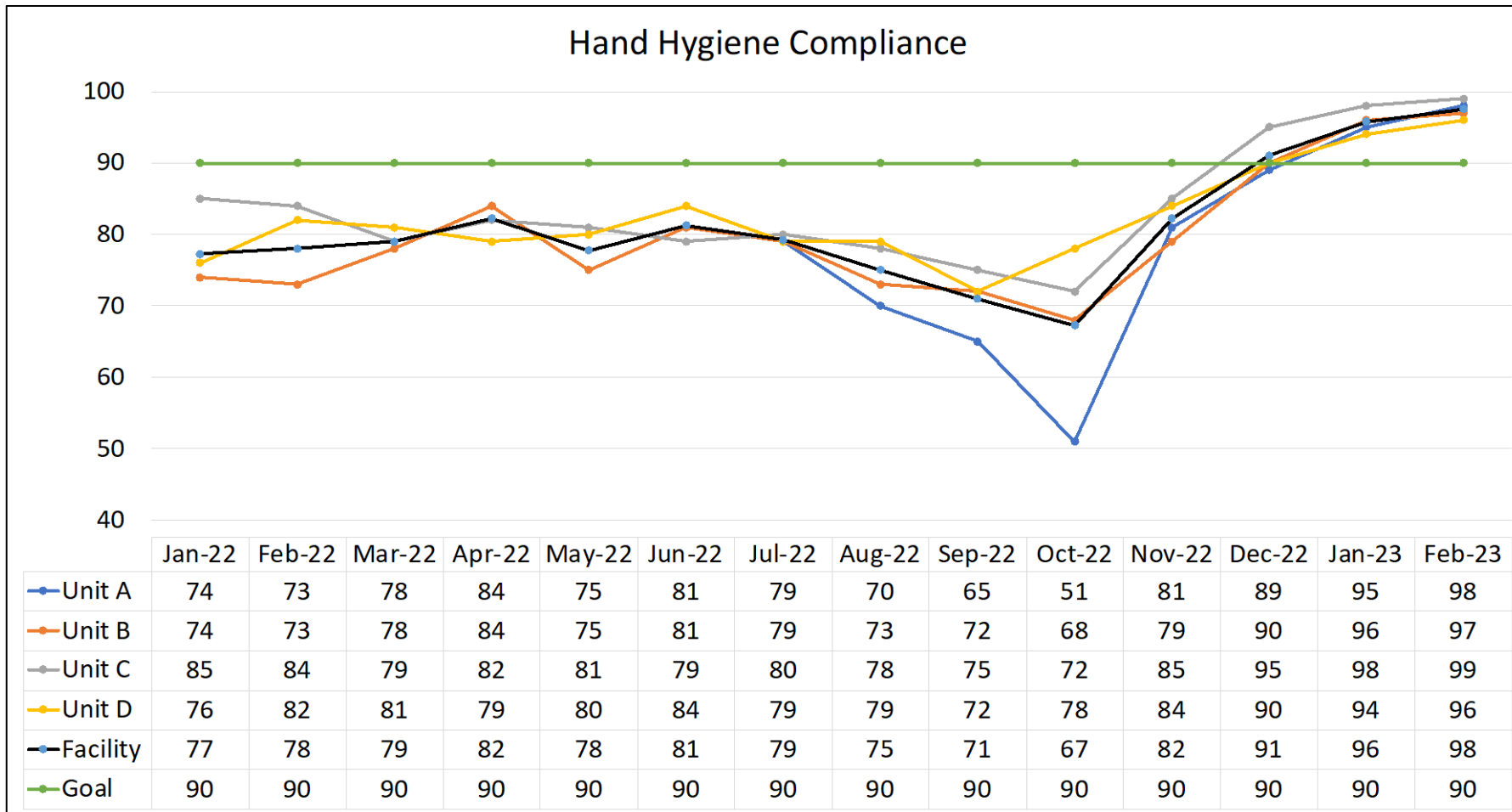


Hand Hygiene Compliance



	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Unit A	74	73	78	84	75	81	79	70	65	51	81	89	95	98
Unit B	74	73	78	84	75	81	79	73	72	68	79	90	96	97
Unit C	85	84	79	82	81	79	80	78	75	72	85	95	98	99
Unit D	76	82	81	79	80	84	79	79	72	78	84	90	94	96
Facility	77	78	79	82	78	81	79	75	71	67	82	91	96	98
Goal	90	90	90	90	90	90	90	90	90	90	90	90	90	90

Group Discussion



- What changed?
- Do you have any questions about this data?
- Is there anything to celebrate?
- Are there any red flags?




Respiratory Protection




Respiratory Protection Program

- If the use of a respirator is required in the course of a staff member's work, a respiratory protection program (RPP) is required by OSHA's respiratory protection standard.
- The [OSHA Respiratory Protection Guidance](#) resource is helpful for facilities such as ALFs and PCHs to develop their RPP.



RESPIRATORY PROTECTION GUIDANCE

for the Employers of Those Working In Nursing Homes, Assisted Living, and Other Long-Term Care Facilities During the COVID-19 Pandemic



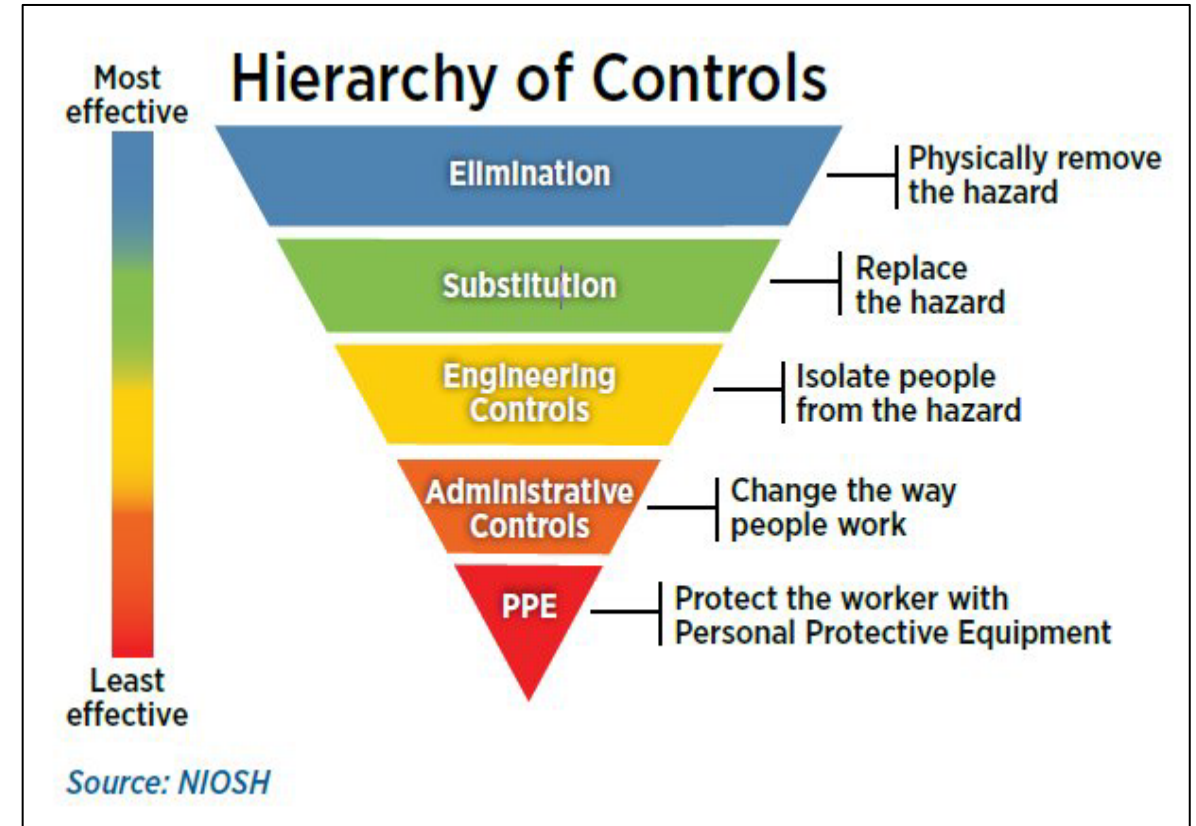
OSHA is committed to protecting the health and safety of America's workers. This guidance is designed specifically for nursing homes, assisted living, and other long-term care facilities (LTCFs) (e.g., skilled nursing facilities, inpatient hospice, convalescent homes, and group homes with nursing care). LTCFs are different than other healthcare settings because they assist residents and clients with tasks of daily living in addition to providing skilled nursing care.

While this guidance focuses on protecting workers from occupational exposure to SARS-CoV-2 (the virus that causes COVID-19 disease) by the use of respirators, primary reliance on engineering and administrative controls for controlling exposure is consistent with good industrial hygiene practice and with OSHA's traditional adherence to a "hierarchy of controls."¹ Under this hierarchy, engineering and administrative controls are preferred to personal protective equipment (PPE). Therefore, employers should always reassess their engineering controls (e.g., ventilation) and administrative controls (e.g., [hand hygiene](#), physical distancing, cleaning/disinfection of surfaces) to identify any changes they can make to avoid over-reliance on respirators and other PPE (see CDC's COVID-19 webpage on [Nursing Homes and Long-Term Care Facilities](#)). This is especially vital considering the current supply chain demand for N95 filtering facepiece

¹ More information about the hierarchy of controls can be found at: <https://www.osha.gov/hierarchy-of-controls/hazard-prevention.html>.

Hierarchy of Controls

- Eliminate or control hazard/all serious hazards
- Use interim controls while you develop and implement long-term solutions
- Select controls according to a hierarchy that emphasizes engineering solutions first, followed by those that are less effective
- Avoid controls that could indirectly introduce new hazards, such as exhausting contaminated air near fresh air intakes



What Elements of a RPP Are Required?

- When respirators are required, employers must implement a written, worksite-specific RPP.
- Program must include the following elements:
 - Medical evaluation
 - Fit testing
 - Training
 - Documentation

Seven Steps to Correctly Wear a Respirator at Work

Following these simple steps will help you properly put on and take off your respirator, and keep you and everyone else safe.

1 Wash Your Hands



Wash your hands with soap and water or alcohol-based hand rubs containing at least 60% alcohol.

2 Inspect the Respirator



Inspect the respirator for damage. If it appears damaged or damp, do not use it.

3 Put on the Respirator



Cup the respirator in your hand with the nosepiece at your fingertips and the straps hanging below your hand.



Cover your mouth and nose with the respirator and make sure there are no gaps (e.g., facial hair, hair, and glasses) between your face and the respirator.



Place the strap over your head and rest at the top back of your head. If you have a second strap, place the bottom strap around your neck and below your ears. Do not crisscross straps.



If your respirator has a metal nose clip, use your fingertips from both hands to mold the nose area to the shape of your nose.

4 Adjust the Respirator



Place both hands over the respirator. Inhale quickly and then exhale. If you feel leakage from the nose, readjust the nosepiece; if leakage from the respirator edges, readjust the straps.



Repeat until you get a proper seal. If you can't get a proper seal, try another respirator.

5 Wear the Respirator



Avoid touching the respirator while using it. **If you do, wash your hands.**

Note: If you reuse your respirator, wear gloves when inspecting and putting on the respirator. Avoid touching your face (including your eyes, nose, and mouth) during the process.

6 Remove the Respirator



Wash your hands.



Remove the respirator from behind. Do not touch the front.

7 Dispose of the Respirator



If the respirator does not need to be reused because of supply shortages, discard it in a closed-bin waste receptacle. Wash your hands.

For more information, see the quick video, "Putting On and Taking Off a Mask". ▶



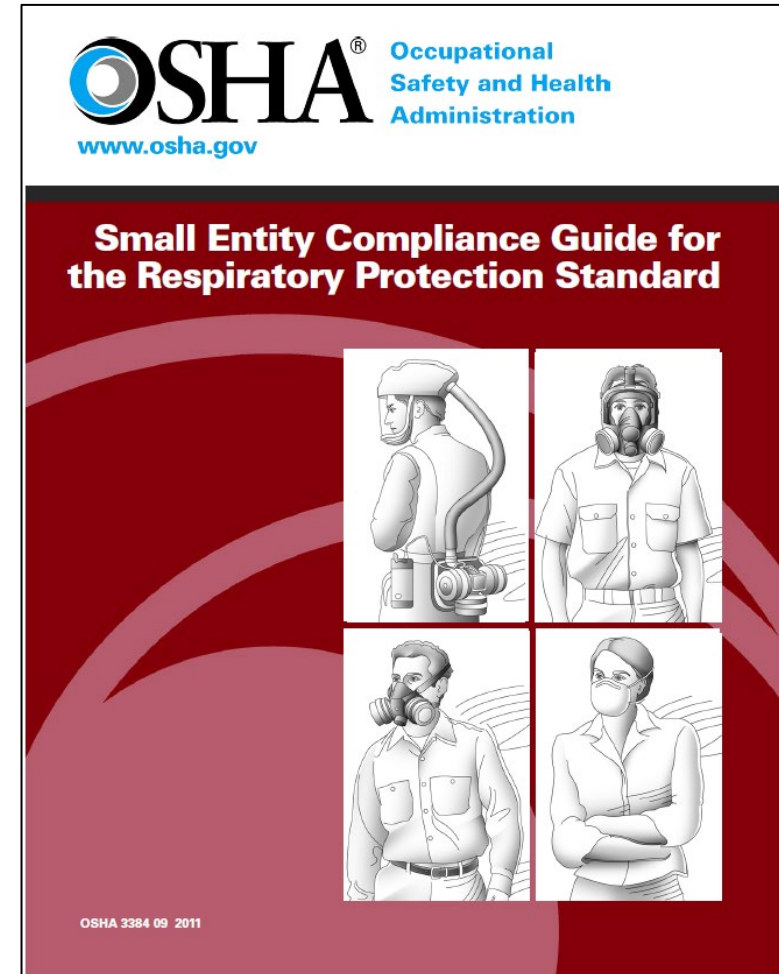
Occupational
Safety and Health
Administration

1-800-321-OSHA (6742)
TTY 1-877-889-5627

OSHA-1015-02-20

RPP

- Refer to OSHA's Small Entity Compliance Guide for the Respiratory Protection Standard for a better understanding of OSHA's Respiratory Protection standard.
- www.osha.gov



OSHA Respirator Fit Testing (Video)

- <https://youtu.be/D38BjgUdL5U>

RPP Elements

- Assign a trained program administrator.
 - IP, nurse administrator or consulting service
- Implement and maintain a written RPP detailing worksite procedures and elements required for respirator use and hazards.
 - Medical evaluation, fit testing, training, maintenance

RPP Elements

- Conduct a risk assessment to identify which workers are at risk of specific hazards.
 - e.g., Tuberculosis, COVID-19, hazardous chemicals
 - Include any staff working closely with residents or others with suspected or confirmed COVID-19 or other identified hazards
- Implement procedures for the selection of appropriate respirators for hazards.
- Select from NIOSH-approved respirators and understand the risks of counterfeit products during times of high demand.

RPP Elements

- Consider alternatives during times of supply shortages.
- Choose eye and face protection that can be safely worn together and not interfere with the respirator seal.
- Implement procedures for medical evaluations of workers required to wear respirators.
- Ensure OSHA-approved fit tests are completed for all required to wear respirators.

RPP Elements

- Establish procedures and schedules for maintaining and storing respirators that are not single-use.
 - Procedures for cleaning, disinfecting, storing, repairing, and discarding
 - Procedures in accordance with CDC guidelines for standard (single-use), contingent, and crisis use
- Provide training tailored to the language and education levels of workers required to wear respirators.
- Train staff on donning, seal check, workplace hazards, and use and removal of a respirator.
- Conduct workplace evaluations to ensure the RPP is appropriately implemented and up-to-date and that respirators are correctly used.

Fit Testing

- Use only OSHA-approved fit testing protocols found in 29 CFR 1910.134, Appendix A.

Face Coverings, Face Masks Used for Source Control, Surgical Masks and Respirator

- As a part of the RPP, it's important to understand the different PPE available for use and entities offering authorization for such products and devices.
- This understanding ensures the appropriate selection and uses for the various products.
- Other PPE and eye and face protection are covered in the OSHA General PPE Standard 29 CFR 1910.132) and the Eye and Face protection standard (29 CFR 1910.133).

Source Control

- Refers to using a product or device to cover a person's mouth and nose to reduce the spread of respiratory secretions and aerosols from breathing, talking, sneezing, etc.
- Source control is used as an infection prevention strategy in many disease processes, such as influenza, tuberculosis and COVID-19, which are transmissible before symptom onset or diagnosis.



References

- OSHA Respiratory Protection Guidance for the Employers of those working in Nursing Homes, Assisted Living, and Other Long-Term Care Facilities during the COVID-19 Pandemic

Questions?



IP Resource Box



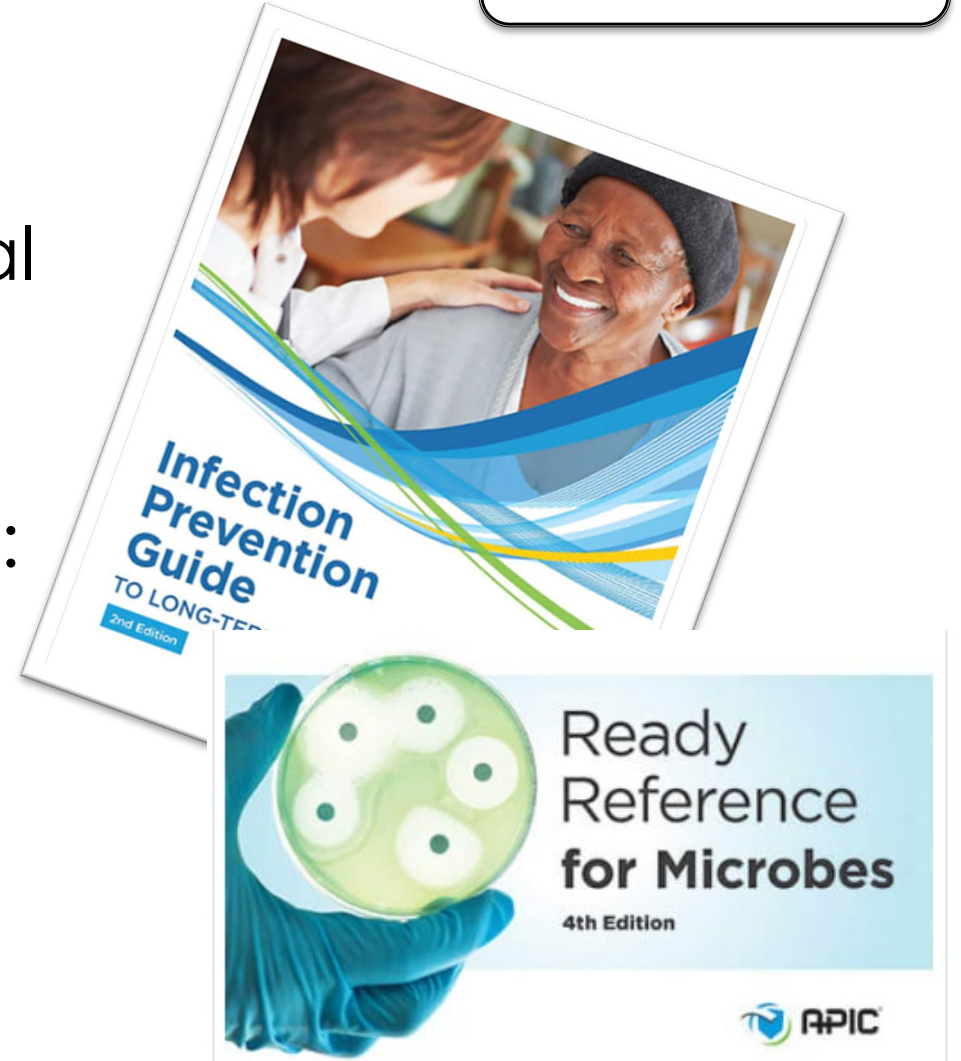
Resource Boxes Are on the Way!

- CDC Grant
- Partnership with UGA and Alliant
- Resource Needs Recognized via DPH HAI Team ICARs



Infection Prevention Toolkit

- All assisted living facilities and personal care homes with 25 or more beds will receive one box.
- Resource boxes contain the following:
 - APIC Long-term Care Text
 - Quick Reference for Microbes
 - Glo Germ Kits
 - Resources and Tools



Respiratory Protection Program

- UGA will lead a respiratory protection program training for 2,200 Georgia LTCFs.
 - 368 SNFs
 - 295 assisted living facilities
 - 155 personal care homes with 25 or more beds,
 - 280 hospice facilities
 - 1,095 community living arrangements



Thank you!



Consult with the DPH Team! We are here to help!

State Region/Districts	Contact Information
North (Rome, Dalton, Gainesville, Athens) Districts 1-1, 1-2, 2, 10	<u>Sue.bunnell@dph.ga.gov</u> (404-967-0582)
Atlanta Metro (Cobb-Douglas, Fulton, Clayton, Lawrenceville, DeKalb, LaGrange) Districts 3-1, 3-2, 3-3, 3-4, 3-5, 4	<u>Teresa.Fox@dph.ga.gov</u> (256-293-9994) <u>Renee.Miller@dph.ga.gov</u> (678-357-4797)
Central (Dublin, Macon, Augusta, & Columbus) 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)
Southwest (Albany, Valdosta) Districts 8-1, 8-2	<u>Connie.Stanfill1@dph.ga.gov</u> (404-596-1940)
Southeast (Savannah, Waycross) Districts 9-1, 9-2	<u>Lynn.Reynolds@dph.ga.gov</u> (804-514-8756)
Backup/Nights/Weekends	<u>Joanna.Wagner@dph.ga.gov</u> (404-430-6316)




Questions?



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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:



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




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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](#)

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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)

[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](#)

[SHOW MORE](#)

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](#)

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

Thank You for Your Time!

Contact the AHS Patient Safety Team

Patientsafety@allianthealth.org



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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:

June 23, 2023 | 11 a.m. ET

ALF and PCH

May 26, 2023 | 11 a.m. ET

June 30, 2023 | 11 a.m. ET



Thanks Again...

- Georgia Department of Public Health
- University of Georgia



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