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
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

Infection Prevention Specialist
Alliant Health Solutions

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. While 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
Thank You to Our Partners

- Georgia Department of Public Health
- University of Georgia
Objectives

• Provide updates on the COVID-19 epidemiology and the COVID-19 vaccination program

• Examine the updated infection prevention and control (IPC) recommendations and provide situational examples

• Share Alliant Health Solutions resources to support COVID-19 IPC activities

• Address any facility-specific IPC questions or concerns
COVID-19 Epidemiology & Therapeutics Updates
<table>
<thead>
<tr>
<th>Metric</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department COVID-19 visits (weekly)</td>
<td></td>
</tr>
<tr>
<td>COVID-19 hospital admissions</td>
<td></td>
</tr>
<tr>
<td>COVID-19 deaths (data source change)</td>
<td></td>
</tr>
<tr>
<td>Wastewater surveillance</td>
<td></td>
</tr>
<tr>
<td>Genomic surveillance</td>
<td></td>
</tr>
<tr>
<td>COVID-19 vaccine administration data (limited)</td>
<td></td>
</tr>
<tr>
<td>COVID-19 test positivity (data source change)</td>
<td></td>
</tr>
</tbody>
</table>
Transmission Levels

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

COVID-19 Community Levels

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

Weekly Update for the United States

<table>
<thead>
<tr>
<th>Hospitalizations</th>
<th>Deaths</th>
<th>Vaccinations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hospitalizations (in Past Week)</strong></td>
<td><strong>Deaths</strong></td>
<td><strong>Vaccinations</strong></td>
</tr>
<tr>
<td>7,212</td>
<td>1.2%</td>
<td>17.0%</td>
</tr>
<tr>
<td>Trend in Hospital Admissions</td>
<td>Trend in % COVID-19 Deaths</td>
<td>Total Updated Booster Doses</td>
</tr>
<tr>
<td>-6.2% in past week</td>
<td>-14.3% in past week</td>
<td>56,478,510</td>
</tr>
</tbody>
</table>

Total Hospitalizations: 6,176,446
Total Deaths: 1,131,439

CDC COVID-19 Data Tracker
https://covid.cdc.gov/covid-data-tracker/#datatracker-home
Wastewater Surveillance

Current virus levels in wastewater by site
This metric shows whether SARS-CoV-2 levels at a site are currently higher or lower than past historical levels at the same site. 0% means levels are the lowest they have been at the site; 100% means levels are the highest they have been at the site. Public health officials watch for increasing levels of the virus in wastewater over time and use these data to help make public health decisions.

⚠️ Note: Sites began collecting data at different times. Sites that began reporting wastewater data after December 1, 2021 are not comparable to sites that started reporting data on or before December 1, 2021. The data history for these new sites is not long enough to reflect the same surges as the other sites.

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

Percent change of SARS-CoV-2 in the last 15 days by site, United States

<table>
<thead>
<tr>
<th>15-day % change category</th>
<th>Num. sites</th>
<th>% sites</th>
<th>Category change in last 7 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 100%</td>
<td>61</td>
<td>5</td>
<td>39%</td>
</tr>
<tr>
<td>- 99% to - 10%</td>
<td>512</td>
<td>46</td>
<td>- 7%</td>
</tr>
<tr>
<td>- 9% to 0%</td>
<td>101</td>
<td>9</td>
<td>- 17%</td>
</tr>
<tr>
<td>1% to 9%</td>
<td>51</td>
<td>5</td>
<td>- 26%</td>
</tr>
<tr>
<td>10% to 99%</td>
<td>148</td>
<td>13</td>
<td>- 23%</td>
</tr>
<tr>
<td>100% to 999%</td>
<td>144</td>
<td>13</td>
<td>- 20%</td>
</tr>
<tr>
<td>1000% or more</td>
<td>108</td>
<td>10</td>
<td>- 2%</td>
</tr>
</tbody>
</table>

Total sites with current data: 1125
Total number of wastewater sampling sites: 1625

How is the 15-day percent change calculated?
Wastewater Surveillance

Percent change of SARS-CoV-2 in the last 15 days by site, United States

<table>
<thead>
<tr>
<th>15-day % change category</th>
<th>Num. sites</th>
<th>% sites</th>
<th>Category change in last 7 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 100%</td>
<td>39</td>
<td>4</td>
<td>77%</td>
</tr>
<tr>
<td>- 99% to - 10%</td>
<td>372</td>
<td>37</td>
<td>- 35%</td>
</tr>
<tr>
<td>- 9% to 0%</td>
<td>62</td>
<td>6</td>
<td>- 48%</td>
</tr>
<tr>
<td>1% to 9%</td>
<td>56</td>
<td>6</td>
<td>- 27%</td>
</tr>
<tr>
<td>10% to 99%</td>
<td>178</td>
<td>18</td>
<td>- 21%</td>
</tr>
<tr>
<td>100% to 999%</td>
<td>180</td>
<td>18</td>
<td>1%</td>
</tr>
<tr>
<td>1000% or more</td>
<td>119</td>
<td>12</td>
<td>80%</td>
</tr>
</tbody>
</table>

Total sites with current data: 1006
Total number of wastewater sampling sites: 1552

[How is the 15-day percent change calculated?]
Confirmed COVID-19 Cases among Residents and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States

* Data are likely accruing; all data can be modified from week-to-week by facilities

For the purpose of creating this time-series graph, data that fail certain quality checks or appear inconsistent with surveillance protocols are assigned a value based on their patterns for data-entry or excluded from analysis

Data source: Centers for Disease Control and Prevention, National Healthcare Safety Network. Accessibility: [Right-click on the graph area to show as table]

For more information: https://www.cdc.gov/nhsn/covid19/ltc-report-overview.html
Confirmed COVID-19 Cases among Staff and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States

CDC

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

* Data are likely accruing, all data can be modified from week-to-week by facilities
For the purpose of creating this time-series graph, data that fail certain quality checks or appear inconsistent with surveillance protocols are assigned a value based on their patterns for data-entry or excluded from analysis

Data source: Centers for Disease Control and Prevention, National Healthcare Safety Network. Accessibility: [Right-click on the graph area to show as table]

For more information: https://nhsn.cdc.gov/index.html
This shows the percentage of emergency department visits that were diagnosed as COVID-19 in the past week, as a timely measure of burden. For more information on emergency department visits, see the trends page. For daily data updated twice a week, please see the Trends in Emergency Department (ED) Visits page.

https://covid.cdc.gov/covid-data-tracker/#cases_percent-covid-ed
US Change in Percent of Emergency Department (ED) Visits Diagnosed as COVID-19 from Prior Week, by State/Territory
High => 20 new COVID-19 admissions per 100,000 population over the last 7 days

= Universal source control
Resident Safety Against COVID-Related Serious Outcomes and Long COVID

**Bivalent vaccine**
- Sustained increased protection against ICU admissions, death
- Protection against Long COVID

**Therapeutics**

**Oral therapeutics:**
- **Paxlovid**
  - Protection against hospitalization and death
  - Protection against Long COVID
- **Lagevrio**
  - Ability to dissolve

**Parenteral therapeutics:**
- Remdesivir

Lives Saved
Changes in Vaccine Recommendations
New recommendations for people aged ≥6 years without immunocompromise who have not yet received a bivalent mRNA dose
New recommendations for people aged ≥6 years without immunocompromise who have not yet received any COVID vaccine.

One bivalent mRNA dose
New recommendations for aged ≥6 years without immunocompromise who have already received a bivalent mRNA dose

One bivalent mRNA dose

Vaccination is complete. No doses are indicated at this time.
Flexible for people at higher risk of severe COVID-19: People aged $\geq 65$ years who have already received a bivalent mRNA dose
COVID Vaccine Options

mRNA Vaccines – Pfizer/Moderna

ONE & DONE

Novavax – Manufactured like Influenza vaccine

Primary 1 → Primary 2 → Booster

3-8 W → 6M
Use of Timely Therapeutics in COVID-19

Center for Clinical Standards and Quality

Ref: QSO-23-03-All

DATE: November 22, 2022
TO: State Survey Agency Directors
FROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)
SUBJECT: The Importance of Timely Use of COVID-19 Therapeutics

Memorandum Summary

- Providers and suppliers, especially those delivering care in congregate care settings, should ensure their patients and residents are protected against transmission of COVID-19 within their facilities, as well as receiving appropriate treatment when tested positive for the virus.
- Further, all providers and suppliers should continue to implement appropriate infection control protocols for COVID-19 (https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html) and influenza (https://www.cdc.gov/hcp/professionals/infectioncontrol/index.htm).
- This memo discusses the importance of the timely use of available COVID-19 therapeutics, particularly for high-risk patients who test positive for the virus.


Table 2a. Therapeutic Management of Nonhospitalized Adults With Mild to Moderate COVID-19 Who Do Not Require Supplemental Oxygen

Last Updated: April 20, 2023

<table>
<thead>
<tr>
<th>Patient Disposition</th>
<th>Panel’s Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Patients</td>
<td>• Symptom management should be initiated for all patients (All).</td>
</tr>
<tr>
<td></td>
<td>• The Panel recommends against the use of dexamethasone(9) or other systemic corticosteroids in the absence of another indication (Allb).</td>
</tr>
<tr>
<td>Patients Who Are at High Risk of Progressing to Severe COVID-19(3)</td>
<td>Preferred therapies. Listed in order of preference:</td>
</tr>
<tr>
<td></td>
<td>• Ritonavir-boosted nirmatrelvir (Paxlovid)(2,3) (Alla)</td>
</tr>
<tr>
<td></td>
<td>• Remdesivir(4) (Bila)</td>
</tr>
<tr>
<td></td>
<td>Alternative therapy. For use when the preferred therapies are not available, feasible to use, or clinically appropriate:</td>
</tr>
<tr>
<td></td>
<td>• Molnupiravir(1,5) (Cilla)</td>
</tr>
</tbody>
</table>
ADULTS AGED ≥65 YEARS

- ACIP recommends that adults aged ≥65 years preferentially receive any one of the following higher dose or adjuvanted influenza vaccines: quadrivalent high-dose inactivated influenza vaccine (HD-IVIV4), quadrivalent recombinant influenza vaccine (RIV4), or quadrivalent adjuvanted inactivated influenza vaccine (allIV4). If none of these three vaccines is available at an opportunity for vaccine administration, then any other age-appropriate influenza vaccine should be used.
Flu Vaccines for > 65 Years

<table>
<thead>
<tr>
<th>Quadrivalent IIV (HD-IIV4)—High-dose—Egg-based (60 μg HA per virus component in 0.7 mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluzone High-Dose Quadrivalent</td>
</tr>
<tr>
<td><em>Sanofi Pasteur</em></td>
</tr>
<tr>
<td><strong>0.7 mL prefilled syringe</strong></td>
</tr>
<tr>
<td>≥65 yrs</td>
</tr>
<tr>
<td>≥65 yrs—0.7 mL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adjuvanted quadrivalent IIV (aIIV4)—Standard-dose with MF59 adjuvant—Egg-based (15 μg HA per virus component in 0.5 mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluad Quadrivalent</td>
</tr>
<tr>
<td><em>Seqirus</em></td>
</tr>
<tr>
<td><strong>0.5 mL prefilled syringe</strong></td>
</tr>
<tr>
<td>≥65 yrs</td>
</tr>
<tr>
<td>≥65 yrs—0.5 mL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quadrivalent RIV (RIV4)—Recombinant HA (45 μg HA per virus component in 0.5 mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flublok Quadrivalent</td>
</tr>
<tr>
<td><em>Sanofi Pasteur</em></td>
</tr>
<tr>
<td><strong>0.5 mL prefilled syringe</strong></td>
</tr>
<tr>
<td>≥18 yrs</td>
</tr>
<tr>
<td>≥18 yrs—0.5 mL</td>
</tr>
</tbody>
</table>
COVID-19 IPC Updates
COVID-19 Infection Prevention and Control Guidance Updates

• Updates
  – Facility-wide use of source control (masking)
  – Admission testing in nursing homes
  – Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic

• No updates
  – Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure
  – Strategies to Mitigate Healthcare Personnel Staffing Shortages
COVID-19 IPC Guidance Updates: Source Control

- No longer guided by the Transmission Levels (previous metric)
- Source control **broadly recommended** as described in the [CDC's Core IPC Practices](#) in the following circumstances:
  - During SARS-CoV-2 outbreak or other respiratory infection outbreak
  - Facility-wide or, based on a facility risk assessment, targeted toward higher risk areas or patient or resident population
  - When recommended by public health authorities (e.g., in guidance for the community when COVID-19 hospital admission levels are high)
Broader Use of Source Control: Potential Metrics

• Consider masking during typical respiratory virus season (~October to April)
• COVID Hospital Admission levels
  – High => 20 new COVID-19 admissions per 100,000 population over the last 7 days
• Follow national (or local, if available) data on trends of several respiratory viruses
  – RESP-NET interactive dashboard
  – National Emergency Department Visits for COVID-19, Influenza, and Respiratory Syncytial Virus
  – ILINET
COVID-19 IPC Guidance Updates: Admission Testing in Nursing Homes

• At the discretion of the nursing home (similar to other health care settings)
  – Considerations for pre-admission or pre-procedure testing for asymptomatic individuals are detailed in the Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
<table>
<thead>
<tr>
<th>Section</th>
<th>Updates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission Screening</td>
<td>• Admission testing is at the discretion of the facility, no longer guided by the Transmission Levels (previous metric)</td>
</tr>
<tr>
<td>Source Control</td>
<td>• No longer guided by the Transmission Levels (previous metric)</td>
</tr>
<tr>
<td></td>
<td>• Health care facilities should identify local metrics that could reflect increasing community respiratory viral activity to determine when broader use of source control in the facility might be warranted</td>
</tr>
<tr>
<td>Staff Screening</td>
<td>• No change</td>
</tr>
<tr>
<td></td>
<td>• Screening testing of asymptomatic HCP is at the discretion of the health care facility.</td>
</tr>
<tr>
<td>Exposure/Close Contact</td>
<td>• No change</td>
</tr>
<tr>
<td></td>
<td>• Asymptomatic patients/residents with close contact with someone with SARS-CoV-2 infection should have a series of three viral tests for SARS-CoV-2 infection.</td>
</tr>
<tr>
<td>Outbreak Investigations</td>
<td>• No change</td>
</tr>
<tr>
<td></td>
<td>• A single new case of SARS-CoV-2 infection in any HCP or resident should be evaluated to determine if others in the facility could have been exposed.</td>
</tr>
</tbody>
</table>

Scenario 1: Admission Testing

Mr. Jones has been a resident at Sunshine Health Nursing Facility for the past year. Mr. Jones is a 72-year-old male with a history of heart failure, diabetes type II and renal failure. He receives hemodialysis 3x/week at the local dialysis clinic. During yesterday’s dialysis session, he experienced abnormal heart rhythms accompanied by chest discomfort. His dialysis session was stopped, and he was subsequently transferred to the local hospital for evaluation and admitted for observation for 48 hours. He is now stable and ready to return to Sunshine Health Nursing Facility. **Should the facility obtain a COVID-19 (admission) test upon Mr. Jones’ arrival?**

A. Yes  
B. No  
C. I’m not sure  
D. I need more information
Scenario 1: Admission Testing

Should the facility obtain a COVID-19 (admission) test upon Mr. Jones’ arrival?

A. Yes
B. No
C. I’m not sure
D. I need more information

- Residents who leave the facility for 24 hours or longer should generally be managed as an admission.
- In general, the performance of pre-procedure or pre-admission testing is at the discretion of the facility.
- Considerations (more information)
  - Facility admission testing policy/procedure
  - Resident population risk
  - Known COVID-19 exposures while hospitalized
  - Weekly COVID-19 hospital admissions
  - Weekly COVID-19 percentage death
  - Emergency department visits

https://covid.cdc.gov/covid-data-tracker/#cases_new-admissions-rate-county
https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#admission_testing
Although COVID-19 cases and associated hospitalizations have decreased in recent months, COVID-19 remains an ongoing public health challenge.

**Updated public health tracking** will keep you informed about COVID-19:

- Hospital admissions → Spread in communities + severity of illness
- Death certificates → Severity of illness
- Emergency department visits → Early signs of spread
- Genomic sequencing → New variants

**Check COVID.cdc.gov to know when to take action**

*To account for changes in available data after the end of the U.S. Public Health Emergency declaration*

bit.ly/mm7219e1

MAY 5, 2023

https://www.cdc.gov/mmwr/volumes/72/wr/mm7219e1.htm?s_cid=mm7219e1_w
Scenario 2: Staff Screenings

Nurse Smith arrived this morning for her shift. She shares that she is returning from vacation. She states she feels fatigued but attributes it to traveling. She also mentions that she has a cough and runny nose, which she attributes to allergies. Her records indicate that she is up to date with her COVID-19 vaccinations. **Should the administration conduct a COVID-19 test on Nurse Smith before she starts her shift?**

A. Yes
B. No
Scenario 2: Staff Screenings

Nurse Smith arrived this morning for her shift. She shares that she is returning from vacation. She states she feels mildly fatigued but attributes it to traveling. She also mentions that she has a cough and runny nose, which she attributes to allergies. Her records indicate that she is up to date with her COVID-19 vaccinations. Should the administration conduct a COVID-19 test on Nurse Smith before she starts her shift?

A. Yes
B. No

- Exhibiting COVID-19 symptoms
- Anyone with even mild symptoms of COVID-19, regardless of vaccination status, should receive a viral test for SARS-CoV-2 as soon as possible.
- Health care personnel with even mild COVID-19 symptoms should be prioritized for viral testing with nucleic acid or antigen detection assays.
- When testing a person with symptoms of COVID-19, negative results from at least one viral test indicate that the person most likely does not have an active SARS-CoV-2 infection when the sample was collected.

Scenario 3: Source Control

The administrator’s or IP’s immediate next step, in addition to COVID-19 testing, should be to ensure Nurse Smith is wearing source control.

A. True
B. False

Scenario 3: Source Control

The administrator’s or IP’s immediate next step, in addition to COVID-19 testing, should be to ensure Nurse Smith is wearing source control.

A. True
B. False

Source control is recommended for individuals in health care settings who:

- Have suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze); or
- Had close contact (patients and visitors) or a higher-risk exposure (HCP) with someone with SARS-CoV-2 infection for 10 days after their exposure

Scenario 4: Outbreak Investigation

Today, a CNA reported a positive COVID-19 result from a viral SARS-CoV-2 PCR test taken two days ago. His last and only shift in the past week was on 6/12/2023 from 7 a.m. - 3 p.m., and he was sent home early for not feeling well (reporting a runny nose, sore throat, fatigue, and headache).

Does this constitute a COVID-19 outbreak and require an outbreak investigation?

A. Yes
B. No
Scenario 4: Outbreak Investigation

Today, a CNA reported a positive COVID-19 result from a viral SARS-CoV-2 PCR test taken two days ago. His last and only shift in the past week was on 6/12/2023 from 7 a.m. - 3 p.m., and he was sent home early for not feeling well (reporting a runny nose, sore throat, fatigue, and headache).

Does this constitute a COVID-19 outbreak and require an outbreak investigation?

A. Yes

B. No

- A single new case of SARS-CoV-2 infection in any HCP or resident should be evaluated to determine if others in the facility could have been exposed.

- Outbreak investigation approach
  - Contact tracing OR a broad-based approach
  - Perform testing for all residents and HCP identified as close contacts or on the affected unit(s) if using a broad-based approach, regardless of vaccination status

Boosting IPC Basics: The Importance of Infection Prevention and Control Strategies to Prevent & Control COVID-19 Outbreaks in Nursing Facilities

Erica Umeakunne, MSN, MPH, APRN, CIC

February 3, 2022

https://www.youtube.com/watch?v=ytYZdLA4qU0
CMS Guidance Updates

This rule makes three key changes:

• Removes expired language addressing staff and resident COVID-19 testing requirements issued in the interim final rule (IFR) “LTC Facility Testing” on September 2, 2020.

• Withdraws the regulations published by the IFR "COVID-19 Health Care Staff Vaccination" on November 5, 2021.

• Finalizes certain provisions published in the IFR “COVID-19 Vaccine Educate and Offer” on May 13, 2021.
CMS COVID-19 Vaccine Regulatory Changes

• CMS is withdrawing all requirements to vaccinate staff for COVID-19 issued in the staff vaccination IFC.

• This means that the requirement to have all staff vaccinated for COVID-19 or receive a medical exemption will be removed.
  
  • Note: COVID-19 vaccination of health care staff and residents will be reported through the SNF Quality Reporting Program (QRP).

• CMS is finalizing the requirement from the “COVID-19 Vaccine Educate and Offer rule” which maintains requirements for LTC facilities to educate staff and residents about, and offer, the COVID-19 vaccine.

  • Guidance on this rule is available in QSO-21-19-NH.
  
  • All elements of this rule are being finalized except for the language referring to LTC facility staff refusing the COVID-19 vaccine originally set forth at § 483.80(d)(3)(v).

  • Note that this rule maintains the requirement to report COVID-19 vaccine status for residents and staff to NHSN.

CMS COVID-19 Testing Changes

• CMS is removing all testing requirements issued in the interim final rule (IFR) “LTC Facility Testing” on September 2, 2020.

• CMS still expects facilities to conduct COVID-19 testing in accordance with accepted national standards, such as CDC recommendations.
  – Noncompliance with this expectation will be cited at F-880 for failure to implement an effective Infection Prevention and Control Program in accordance with accepted national standards.

CMS Guidance Updates

- CMS identified a concern regarding resident information post-acute care providers receives from hospitals:
  - Information regarding substance use disorders and mental health diagnoses or histories.
  - A complete list of medications for discharge.
  - Information about skin conditions, including skin tears, pressure injuries, healthcare-associated infections, cultures, treatments, etc.
  - Information regarding durable medical equipment.
  - Information regarding the patient’s preferences for care, including end-of-life decisions.
  - Communications about the patient's needs at home.

### Inter-Facility Infection Control Transfer Form

#### Sending Healthcare Facility:
- Patient/Resident Last Name
- First Name
- Date of Birth
- Medical Record Number
- Address of Sending Facility
- Sending City
- Sending Facility Phone

#### Sending Facility Contacts
- Contact Name
- Phone
- Email

#### Transfer Information
- Transferring Hospital
- Transferring Physician
- Case Manager / Admin / ED
- Infection Preventionist

#### Microbiology
- Is the person currently on antibiotics? □ No □ Yes
- List any antibiotics, current or in the previous 6 months, the person has been prescribed.

#### COVID-19
- Has the person resolved treatment for COVID-19? □ No □ Yes
- Monoclonal antibody treatment, convalescent plasma, etc.

#### Vaccine Information
- Vaccine
- Date Administered (if known)
- Lot and Brand (if known)
- Does the person self-report receiving vaccine?

#### Clinical Information
- Infection Control
- Date
- Condition or History (check all that apply)
- Active Infection on Treatment Effective 8/14/21

#### Is the person currently in Transmission-Based Precautions? □ No □ Yes
- Type of Precautions (check all that apply)
- □ Contact □ Droplet □ Airborne □ Other:
- Reason for Precautions:

#### Other
- Other infections or communicable diseases:
- Other:

#### Additional Information
- Name of staff completing form (print):
- Signature:
- Date:

#### Information
- Date of transfer:
- Name of individual at receiving facility:
- Phone of individual at receiving facility:

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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/infection-control/
Questions?
# GADPH Healthcare-Associated Infections (HAI) Team

<table>
<thead>
<tr>
<th>State Region/Districts</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>North (Rome, Dalton, Gainesville, Athens) 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)</td>
</tr>
<tr>
<td>Atlanta Metro (Cobb-Douglas, Fulton, Clayton, Lawrenceville, DeKalb, LaGrange) 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> (256-293-9994) <a href="mailto:Renee.Miller@dph.ga.gov">Renee.Miller@dph.ga.gov</a> (678-357-4797)</td>
</tr>
<tr>
<td>Central (Dublin, Macon, Augusta, &amp; Columbus) 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) <a href="mailto:Karen.Williams13@dph.ga.gov">Karen.Williams13@dph.ga.gov</a> (404-596-1732)</td>
</tr>
<tr>
<td>Southwest (Albany, Valdosta) 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>Southeast (Savannah, Waycross) Districts 9-1, 9-2</td>
<td><a href="mailto:Lynn.Reynolds@dph.ga.gov">Lynn.Reynolds@dph.ga.gov</a> (804-514-8756)</td>
</tr>
<tr>
<td>Backup/Nights/Weekends</td>
<td><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

Patientsafety@allianthealth.org

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Erica.Umeakunne@AlliantHealth.org
Save the Date

SNF and Medical Directors Office Hours:
July 21, 2023 | 11 a.m. ET

ALF and PCH
June 23, 2023 | 11 a.m. ET
Thanks Again...

- Georgia Department of Public Health
- University of Georgia