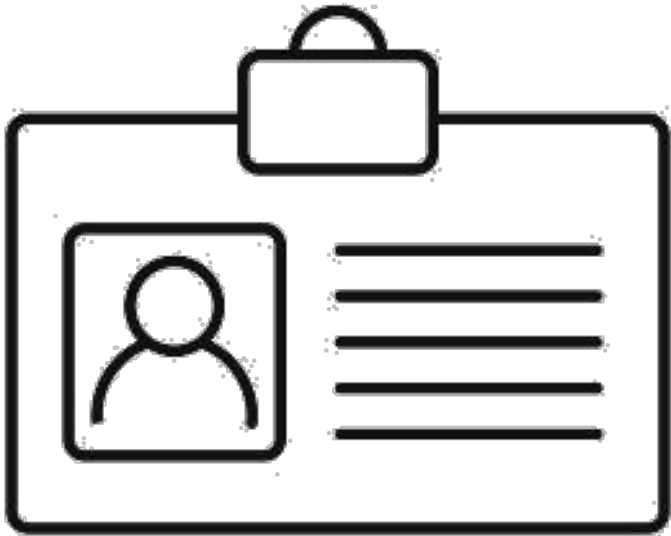




Georgia Department of Public Health:  
GDPH SNF Office Hours  
July 2023

# Meet the Team



## Presenters:

**Swati Gaur, MD, MBA, CMD, AGSF**

Medical Director, Alliant Health Solutions

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

Patient Safety Manager, 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.



# 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 being outdoors camping, bicycling and running.

Contact: [Amy.Ward@AlliantHealth.org](mailto:Amy.Ward@AlliantHealth.org)



# Thank You to Our Partners

- Georgia Department of Public Health
- University of Georgia



# Learning Objectives

- Learners will be able to understand COVID-19 data and use it to inform their IP practice.
- Learners will be able to utilize the APIC guide to long-term care as a reference for policies, procedures and the IP plan.
- Learners will utilize the resources provided regularly in their IP practice.

# CDC COVID-19 Data Tracker

COVID Data Tracker
COVID-19 Home >

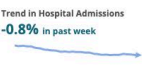
Maps, charts, and data provided by CDC, updates Mondays and Thursdays by 8 p.m. ET

### Weekly Update for the United States

#### Hospitalizations

Hospital Admissions (In Past Week)  
6,220

Trend in Hospital Admissions  
**-0.8%** in past week




Jun 2, 2023    Jul 1, 2023

Total Hospitalizations  
6,202,800

#### Deaths

% Due to COVID-19 (In Past Week)  
0.8%

Trend in % COVID-19 Deaths  
**-20%** in past week




May 20, 2023    Jul 8, 2023

Total Deaths  
1,134,710


#### Vaccinations

Total Updated (Bivalent) Vaccine Doses Distributed  
144,182,870

CDC | Hospitalization data through: July 1, 2023; Death data through: July 8, 2023; Vaccination data through: July 12, 2023. Posted: July 13, 2023 5:31 PM ET



**View Trends >**  
in Hospitalizations, Deaths, Emergency Department Visits, and Test Positivity



**View Maps >**  
of Hospitalizations, Deaths, Emergency Department Visits, and Test Positivity

#### COVID-19 Data Basics

Stay up to date on the most recent and detailed data for hospitalizations, deaths, emergency department visits, and vaccinations.

- Hospitalizations
- Deaths
- Emergency Department Visits
- Vaccination Distribution & Coverage
- Vaccine Effectiveness & Breakthrough Surveillance

#### Variants, Wastewater, and More

Explore COVID-19 data focused on variants, wastewater surveillance, and post-COVID conditions.

- Variants & Genomic Surveillance
- Traveler-Based Genomic Surveillance
- Wastewater Surveillance
- Post-COVID Conditions

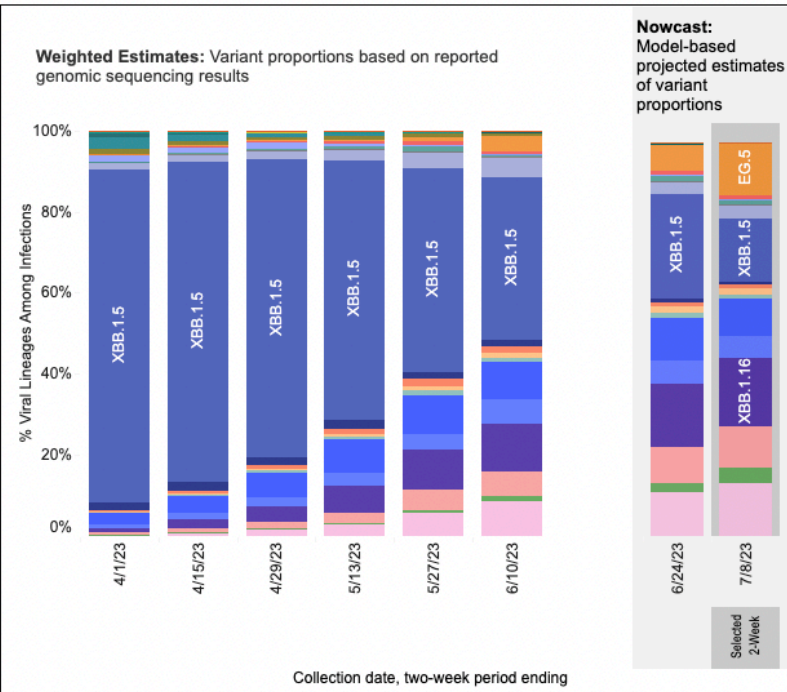
<https://covid.cdc.gov/covid-data-tracker/#datatracker-home>

HHS Region:  Data for the 2-Week Period Ending on:  View:  Nowcast and Weighted Estimates  Weighted Estimates Only

This shows weighted and Nowcast estimates for the United States. The table and map show estimates for the 2-week period ending on 7/8/2023(Nowcast).

### Weighted and Nowcast Estimates in United States for 2-Week Periods in 3/19/2023 – 7/8/2023

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 6/25/2023 – 7/8/2023

USA

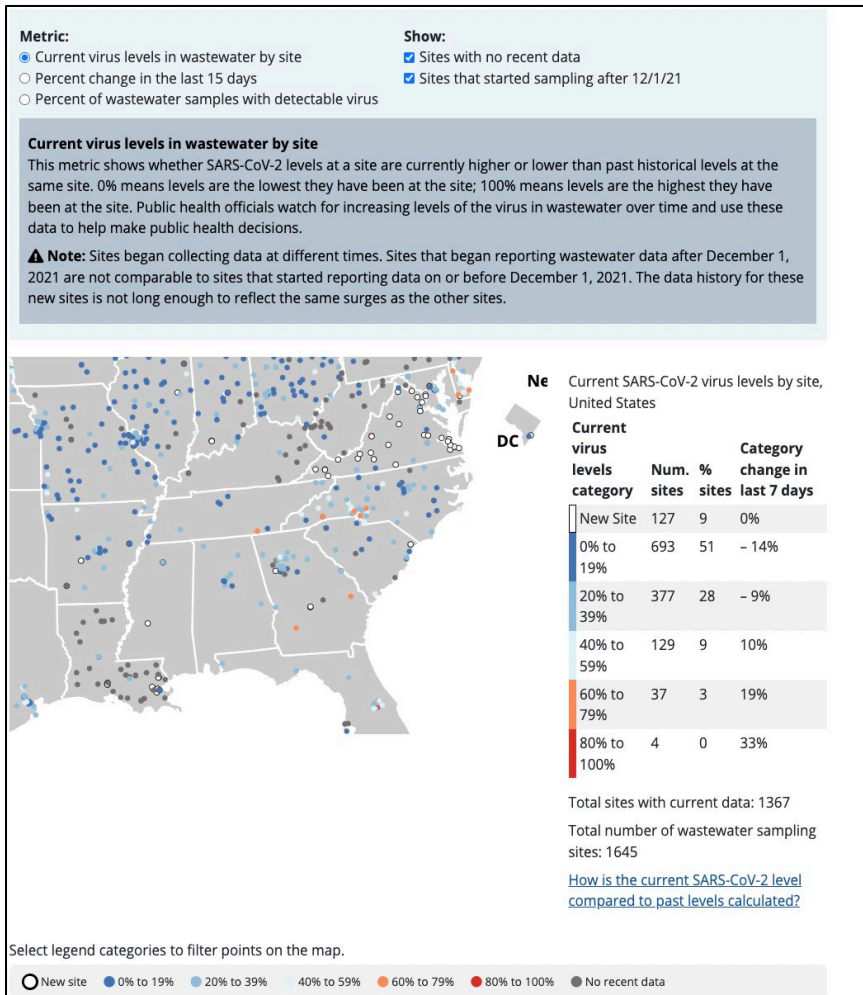
WHO label	Lineage #	%Total	95%PI
Omicron	XBB.2.3	13.4%	11.3-15.8%
	XBB.1.9.2	5.6%	4.0-7.7%
	XBB.1.9.1	9.4%	8.1-10.9%
	XBB.1.5.68	1.0%	0.6-1.9%
	XBB.1.5.59	1.6%	1.0-2.6%
	XBB.1.5.10	0.8%	0.4-1.5%
	XBB.1.5.1	0.7%	0.5-1.0%
	XBB.1.5	16.1%	13.8-18.6%
	XBB.1.16.6	4.1%	2.0-7.9%
	XBB.1.16.1	10.4%	8.4-12.8%
	XBB.1.16	17.5%	15.2-20.0%
	XBB	3.6%	2.5-5.1%
	FE.1.1	1.3%	0.6-2.7%
	FD.2	0.1%	0.1-0.3%
	EU.1.1	1.1%	0.6-1.7%
	EG.5	13.0%	7.5-21.1%
	CH.1.1	0.2%	0.1-0.4%
	BQ.1.1	0.0%	0.0-0.0%
	BQ.1	0.0%	0.0-0.0%
	BN.1	0.0%	0.0-0.0%
	BF.7	0.0%	0.0-0.0%
	BA.5	0.0%	0.0-0.0%
	BA.2.75	0.0%	0.0-0.0%
	BA.2	0.0%	0.0-0.0%
Other	Other*	0.0%	0.0-0.1%

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

\* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one 2-week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all 2-week periods displayed. BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. Except BA.2.12.1, BA.2.75, XBB and their sublineages, BA.2 sublineages are aggregated with BA.2. Except BA.2.75.2, CH.1.1 and BN.1, BA.2.75 sublineages are aggregated with BA.2.75. Except BA.4.6, sublineages of BA.4 are aggregated to BA.4. Except BF.7, BF.11, BA.5.2.6, BQ.1 and BQ.1.1, sublineages of BA.5 are aggregated to BA.5. Except the lineages show and their sublineages, sublineages of XBB are aggregated to XBB. Except XBB.1.5.1, XBB.1.5.10, FD.2, EU.1.1, XBB.1.5.68 and XBB.1.5.59 sublineages of XBB.1.5 are aggregated to XBB.1.5. Except XBB.1.16.1, XBB.1.16.6 sublineages of XBB.1.16 are aggregated to XBB.1.16. Except FE.1.1, sublineages of XBB.1.18.1 are aggregated to XBB. For all the other lineages listed, their sublineages are aggregated to the listed parental lineages respectively. Previously, XBB.1.5.59 was aggregated to XBB.1.5 and XBB.1.16.6 was aggregated to XBB.1.16. Lineages BA.2.75.2, XBB, XBB.1.5, XBB.1.5.1, XBB.1.5.10, FD.2, XBB.1.9.1, XBB.1.9.2, XBB.1.16, XBB.1.16.1, XBB.2.3, BN.1, BA.4.6, BF.7, BF.11, BA.5.2.6, BQ.1.1, EU.1.1, XBB.1.5.68, FE.1.1, XBB.1.5.59 and XBB.1.16.6 contain the spike substitution R346T.

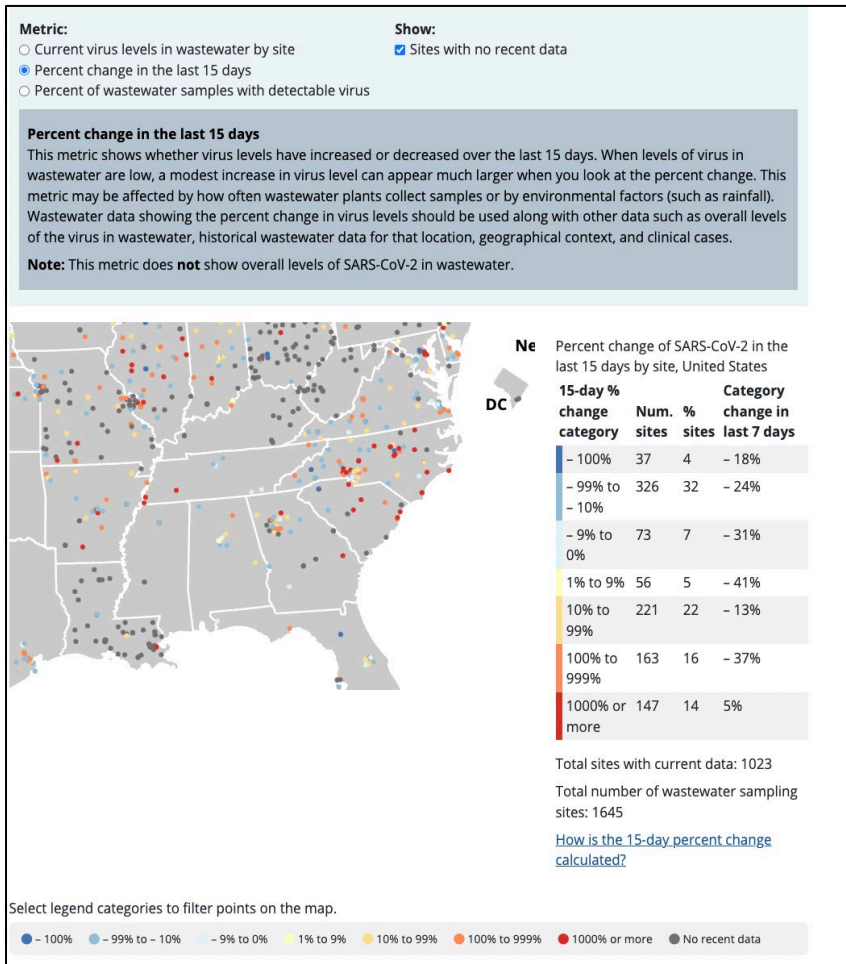


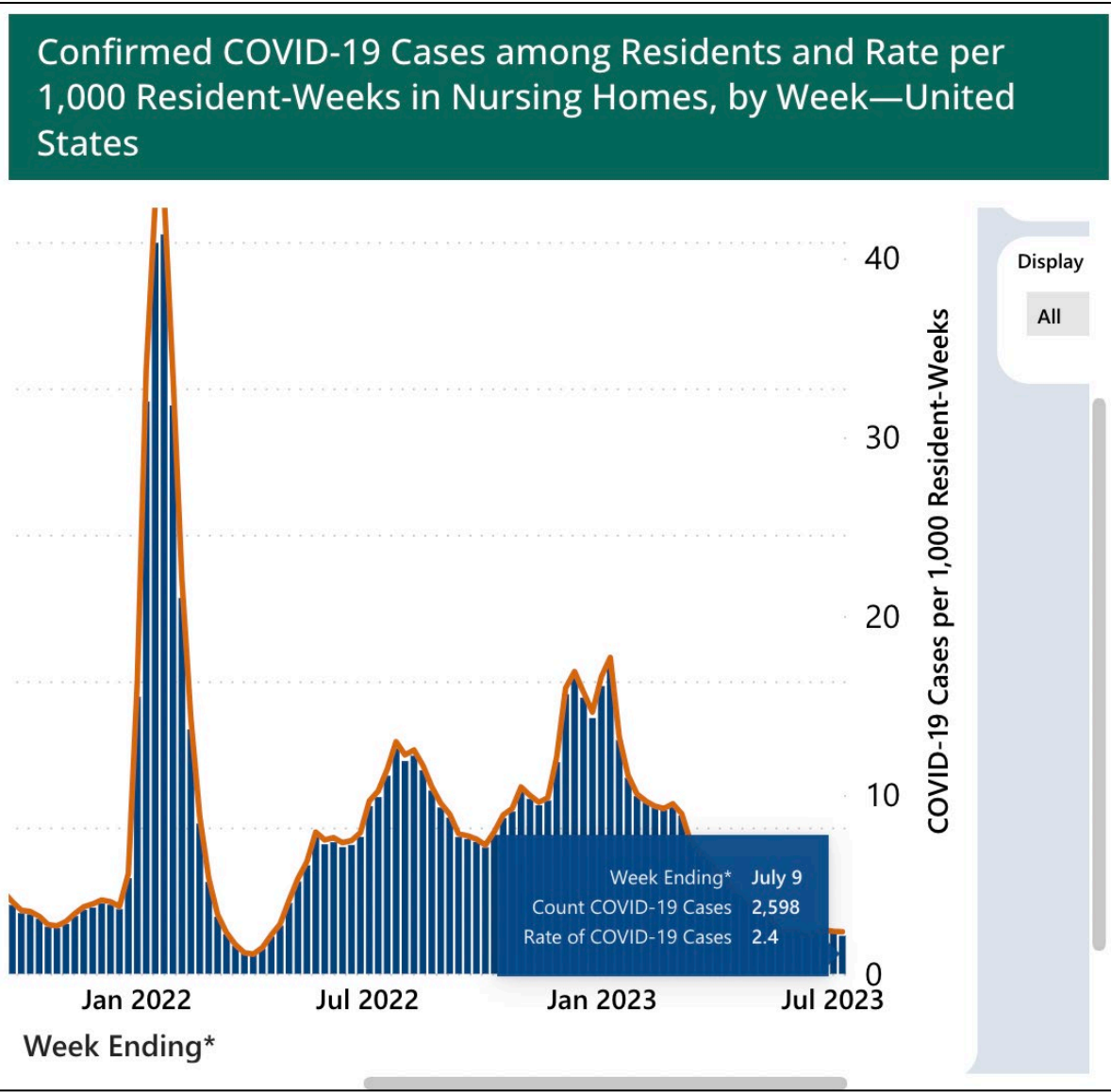
# Wastewater Surveillance

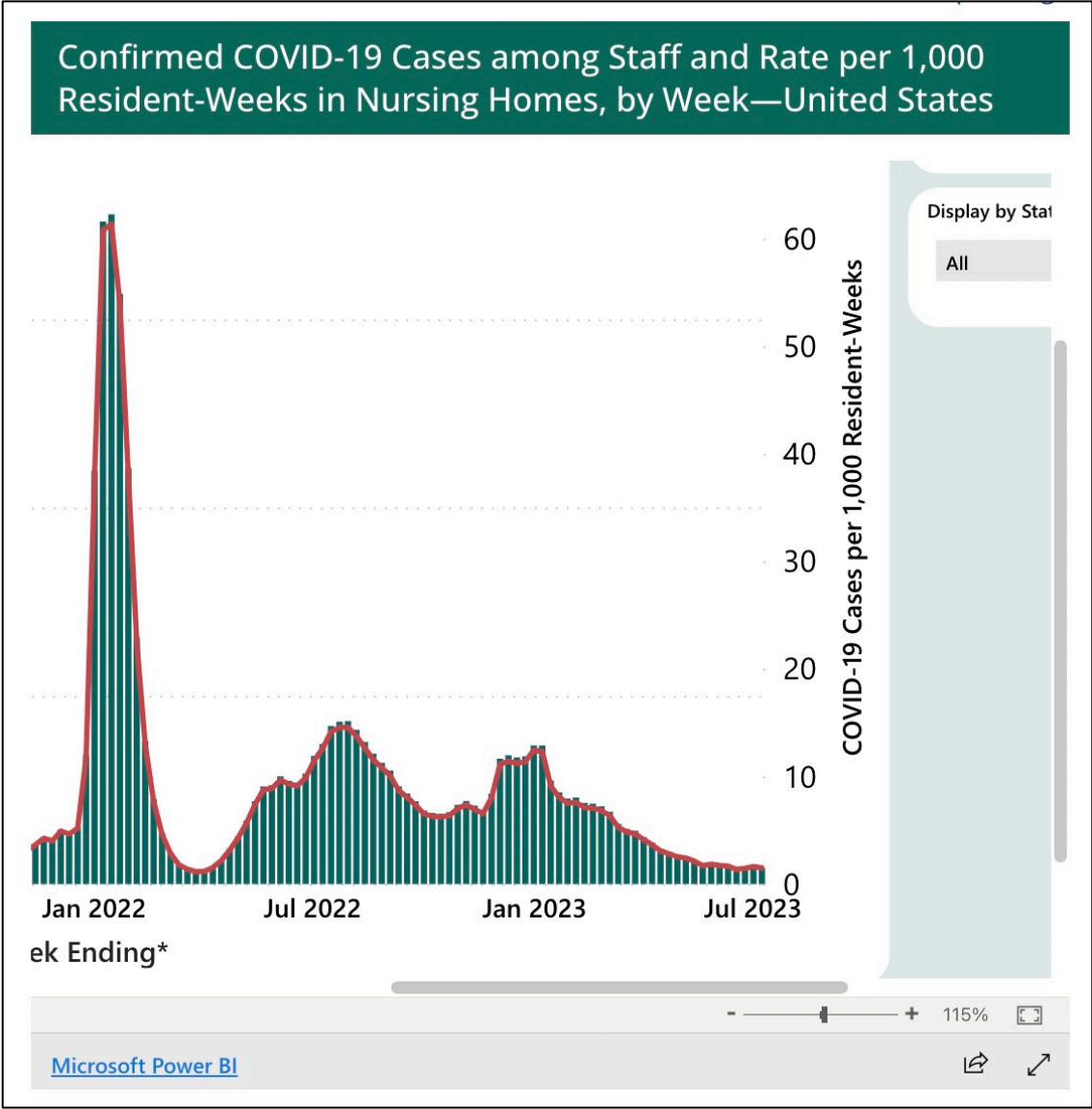


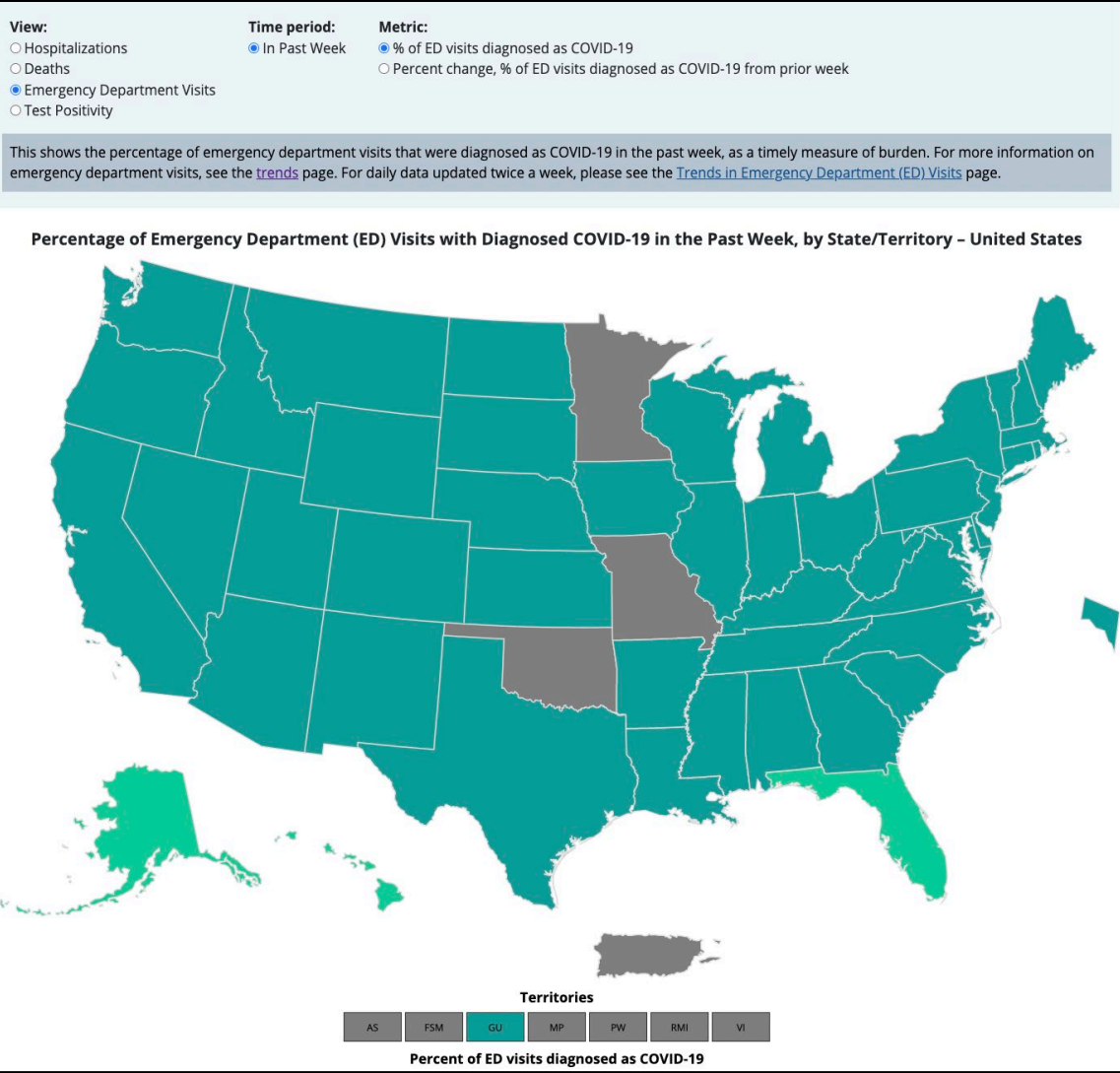
<https://covid.cdc.gov/covid-data-tracker/#wastewater-surveillance>

# Wastewater Surveillance

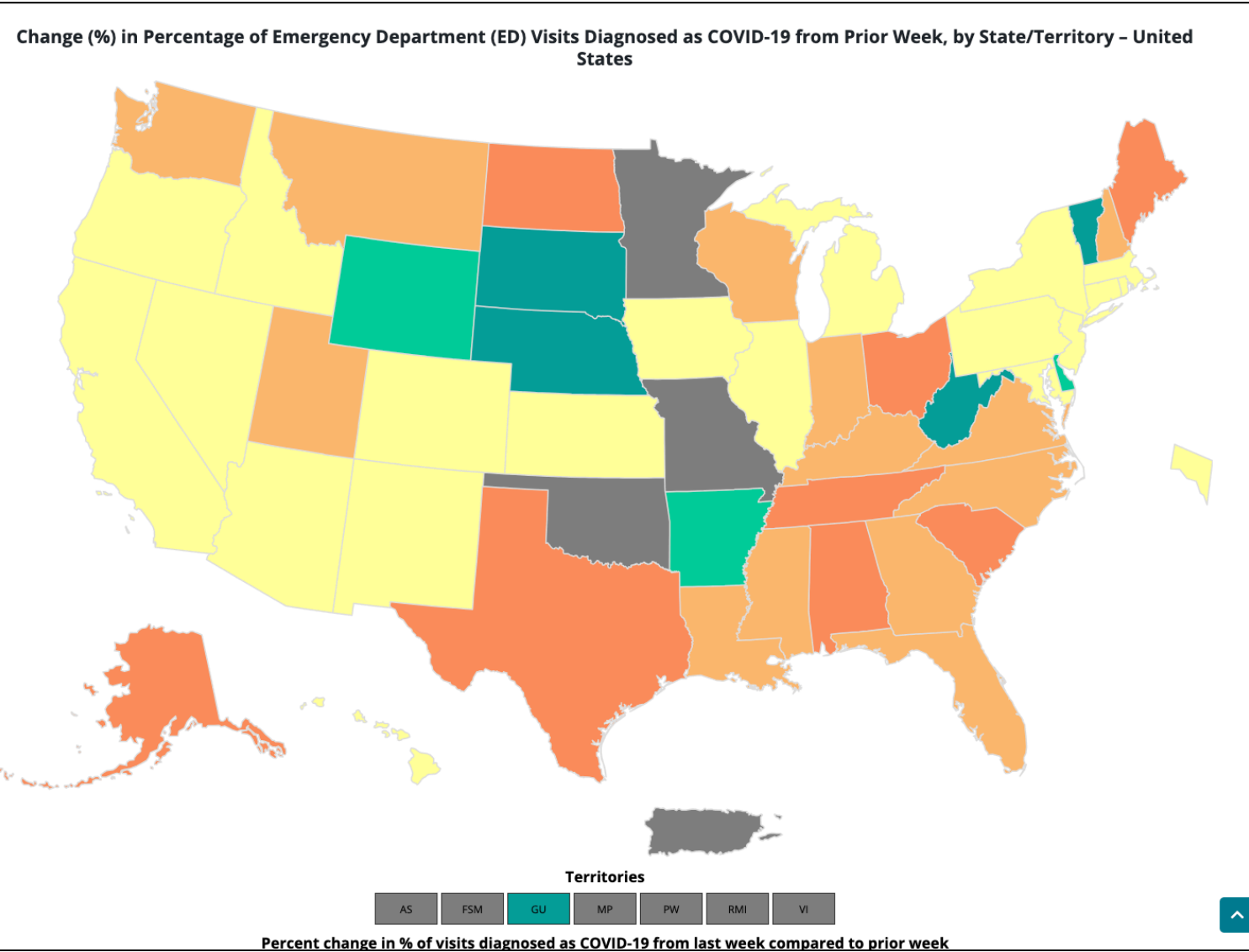


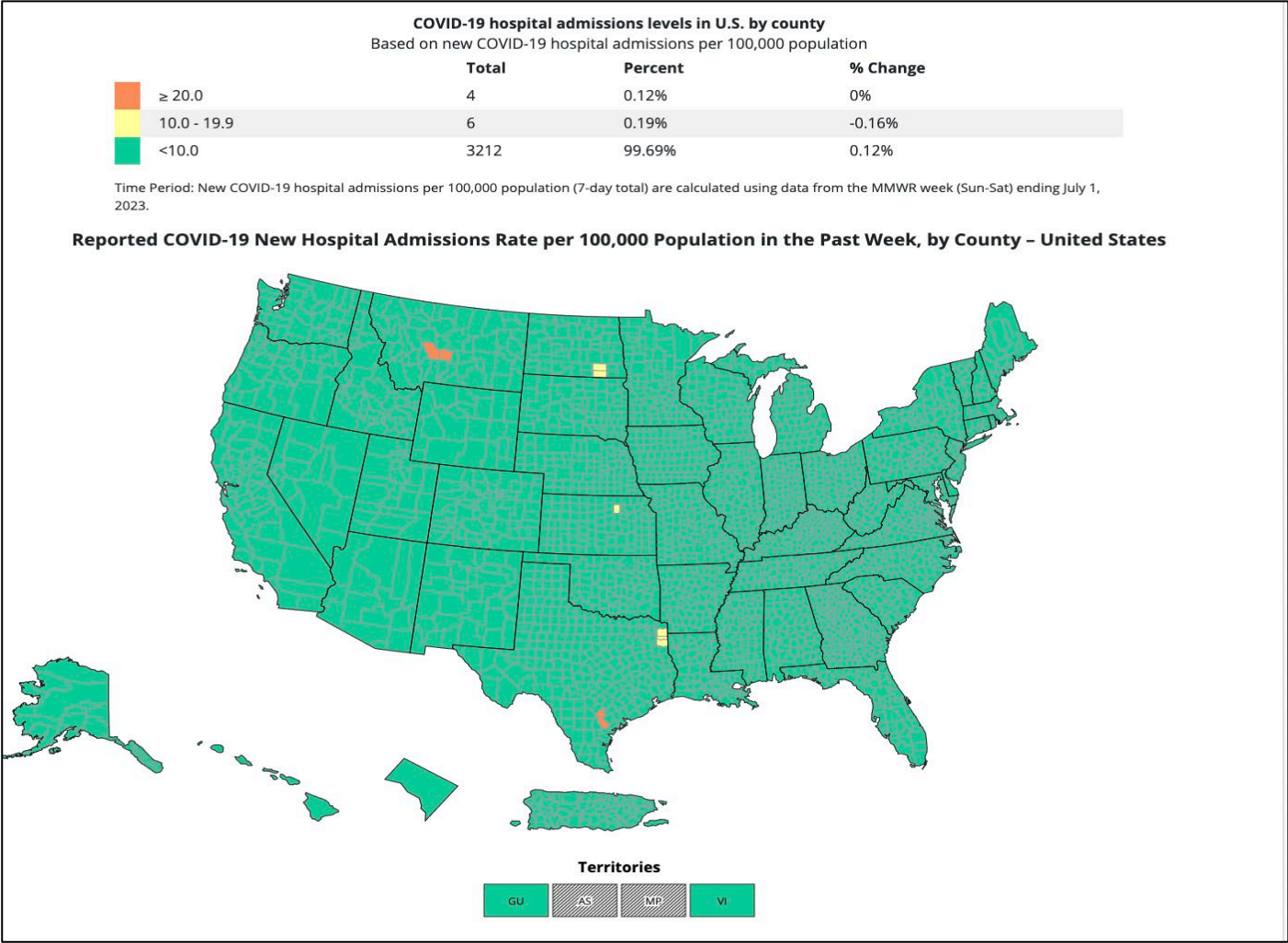






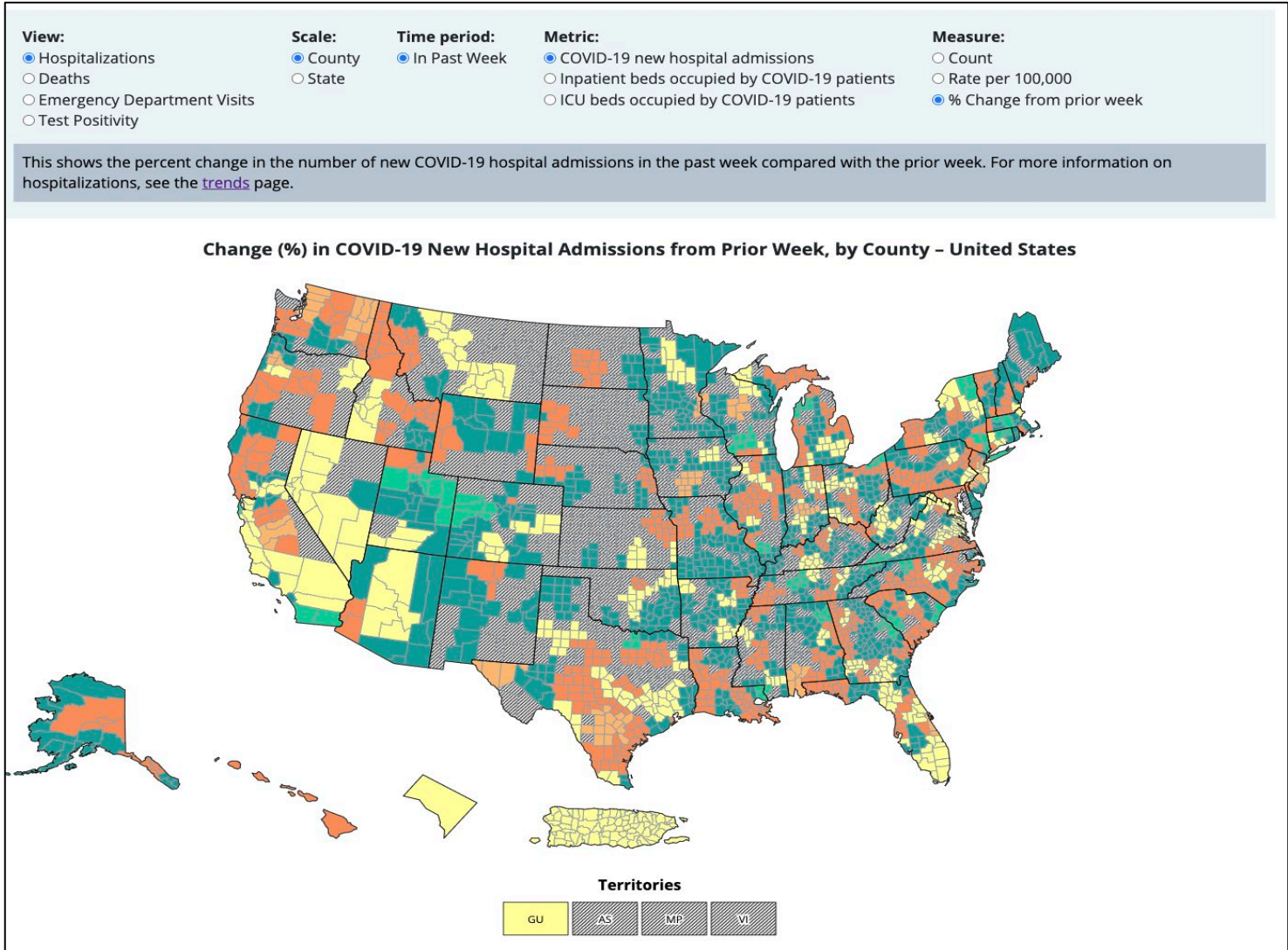
[https://covid.cdc.gov/covid-data-tracker/#cases\\_percent-covid-ed](https://covid.cdc.gov/covid-data-tracker/#cases_percent-covid-ed)



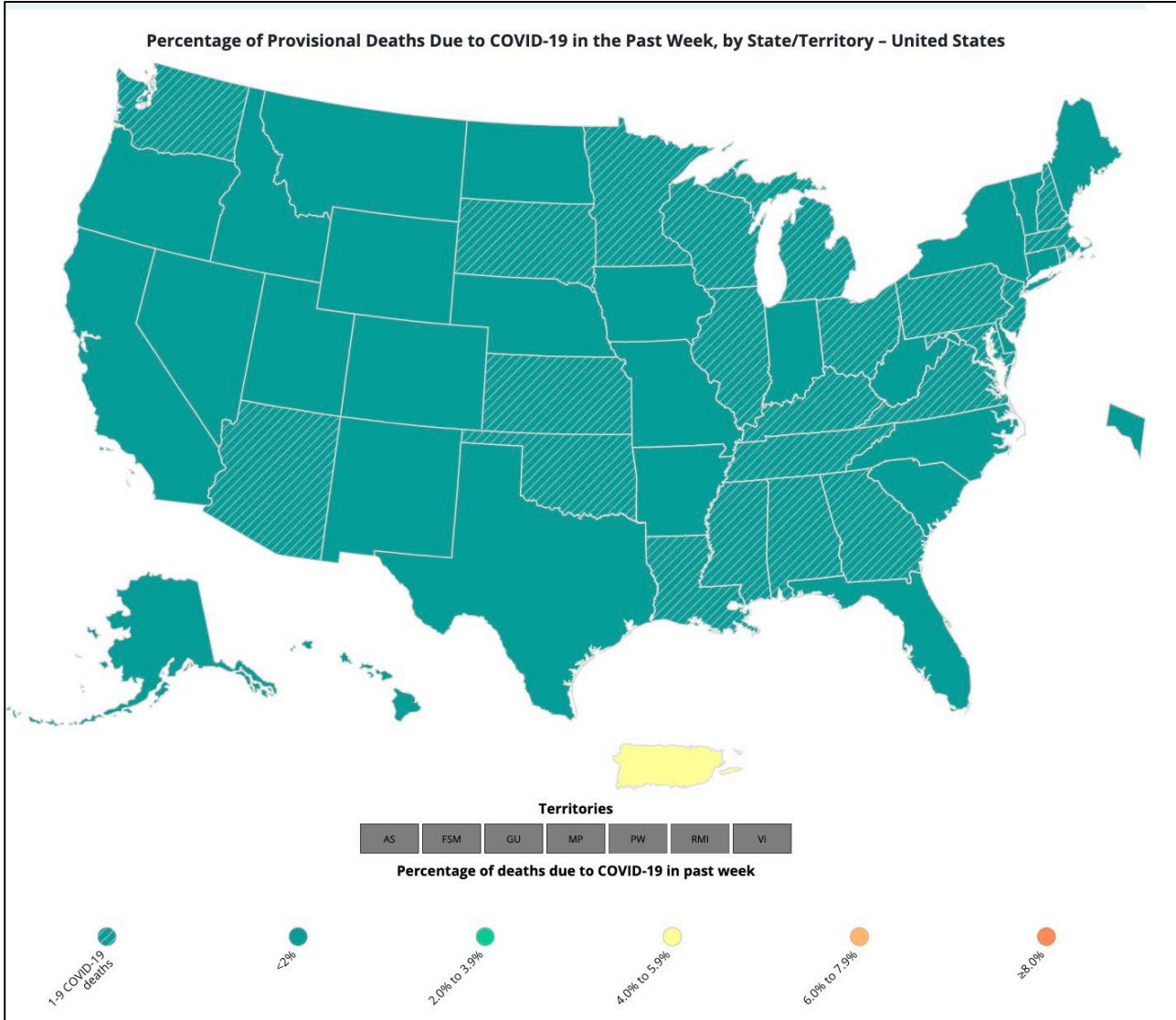


High = > 20 new COVID-19 admissions per 100,000 population over the last seven days =

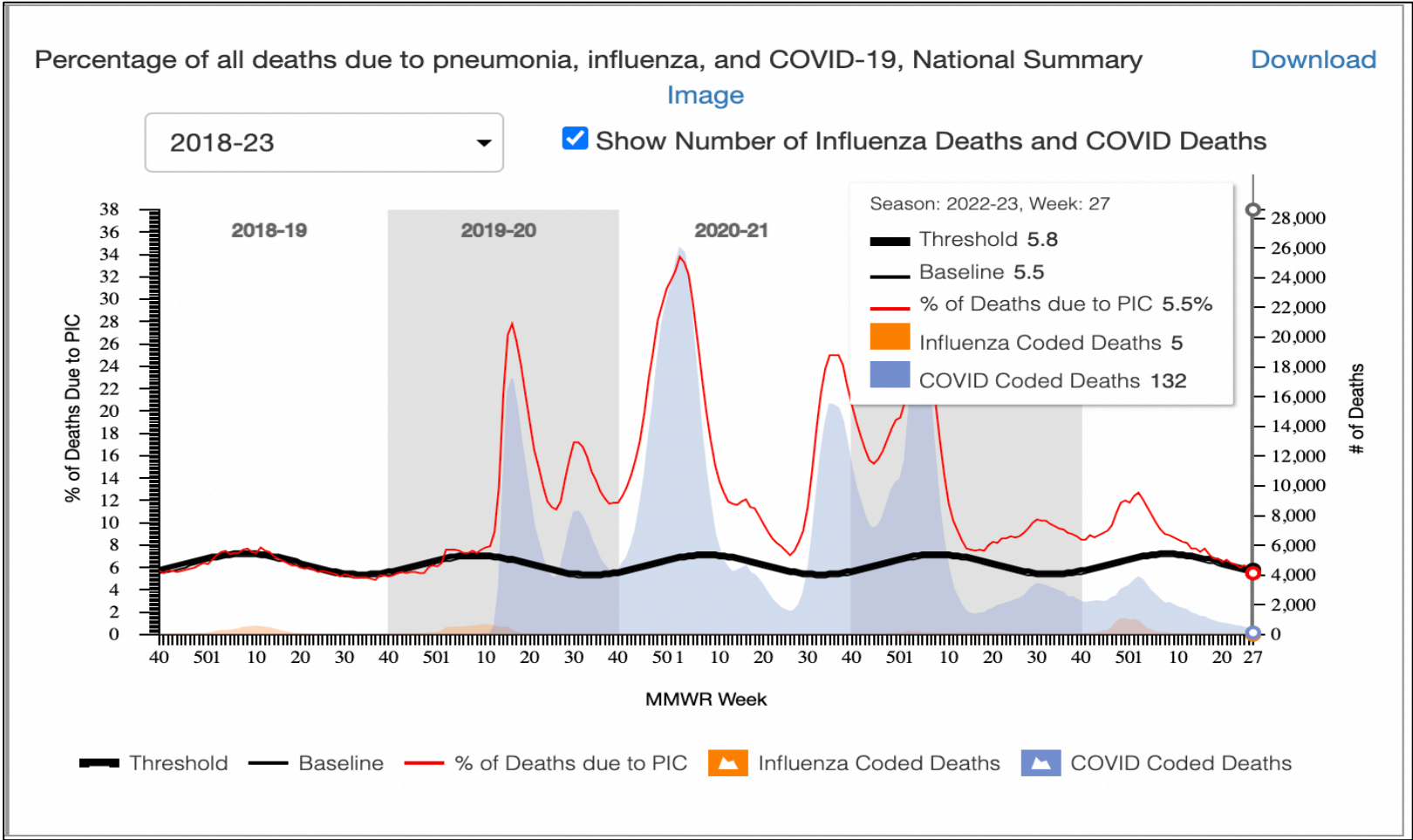
Universal source control







# PIC Deaths



# 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

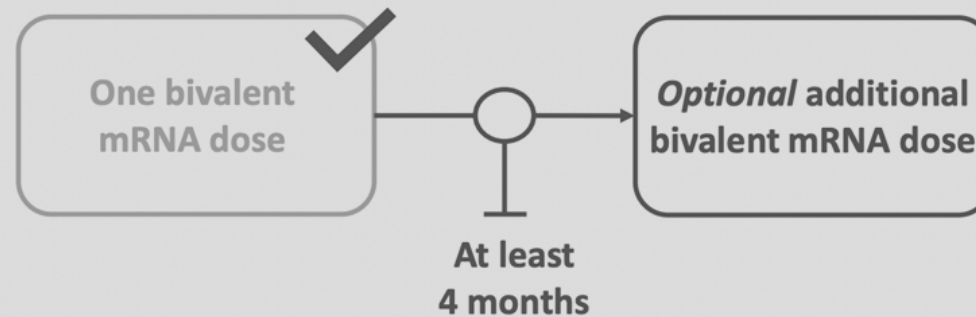
Parenteral therapeutics: Remdesivir

LIVES  
SAVED

**New recommendations for people aged  $\geq 6$  years without immunocompromise who have not yet received any COVID vaccine.**

One bivalent  
mRNA dose

**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

3-8 W

Primary 2

6M

Booster

**NEWS & MEDIA**

## **Novavax Intends to Deliver Protein-based XBB COVID Vaccine as Specified in U.S. HHS Letter to COVID Manufacturers**

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**July 13, 2023**

# Use of Timely Therapeutics in COVID-19

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C2-21-16  
Baltimore, Maryland 21244-1850



## 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/flu/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.

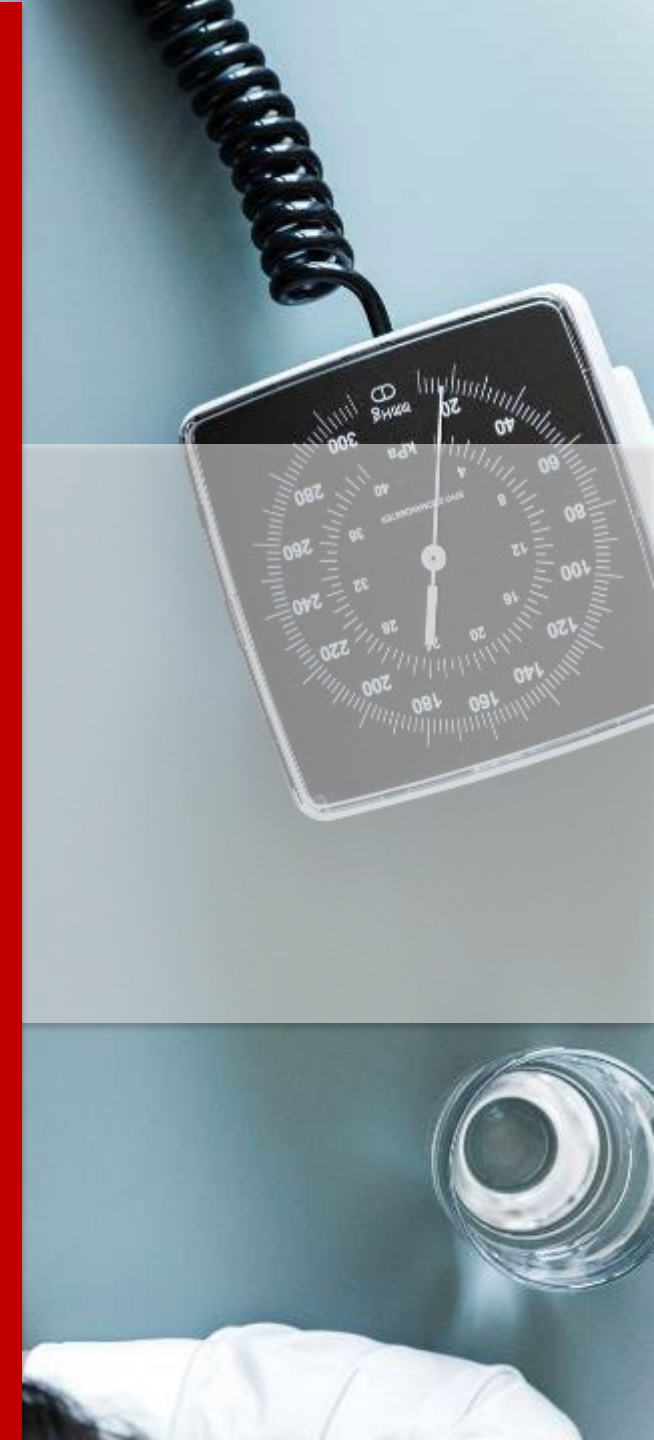
Table 2a. Therapeutic Management of Nonhospitalized Adults With Mild to Moderate COVID-19 Who Do Not Require Supplemental Oxygen

Last Updated: April 20, 2023

Patient Disposition	Panel's Recommendations
All Patients	<ul style="list-style-type: none"> <li>• Symptom management should be initiated for all patients (AIII).</li> <li>• The Panel recommends against the use of dexamethasone<sup>a</sup> or other systemic corticosteroids in the absence of another indication (AIIb).</li> </ul>
Patients Who Are at High Risk of Progressing to Severe COVID-19 <sup>b</sup>	<p>Preferred therapies. Listed in order of preference:</p> <ul style="list-style-type: none"> <li>• Ritonavir-boosted nirmatrelvir (Paxlovid)<sup>c,c</sup> (AIIa)</li> <li>• Remdesivir<sup>d,c</sup> (BIIa)</li> </ul> <p>Alternative therapy. For use when the preferred therapies are not available, feasible to use, or clinically appropriate:</p> <ul style="list-style-type: none"> <li>• Molnupiravir<sup>A,f,g</sup> (CIIa)</li> </ul>

<https://www.covid19treatmentguidelines.nih.gov/management/clinical-management-of-adults/nonhospitalized-adults--therapeutic-management/>



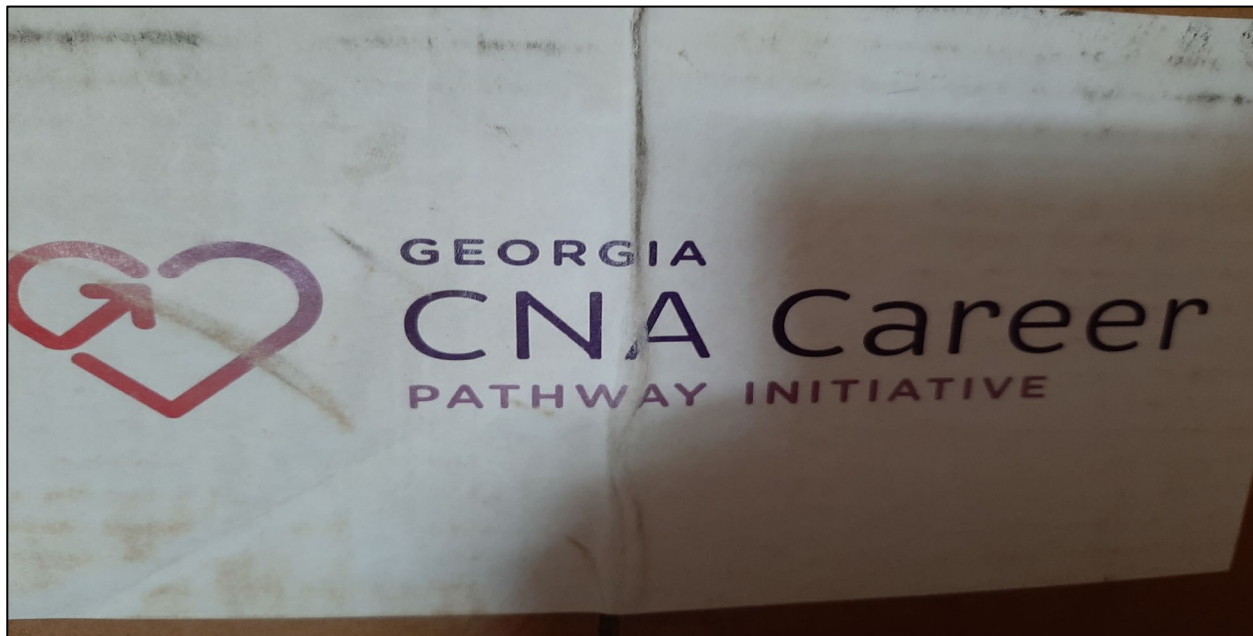


# Infection Prevention Resource Box



# Infection Prevention Resource Box

Arriving to your facility from Georgia Certified Nursing Assistant (CNA) Career Pathway Initiative



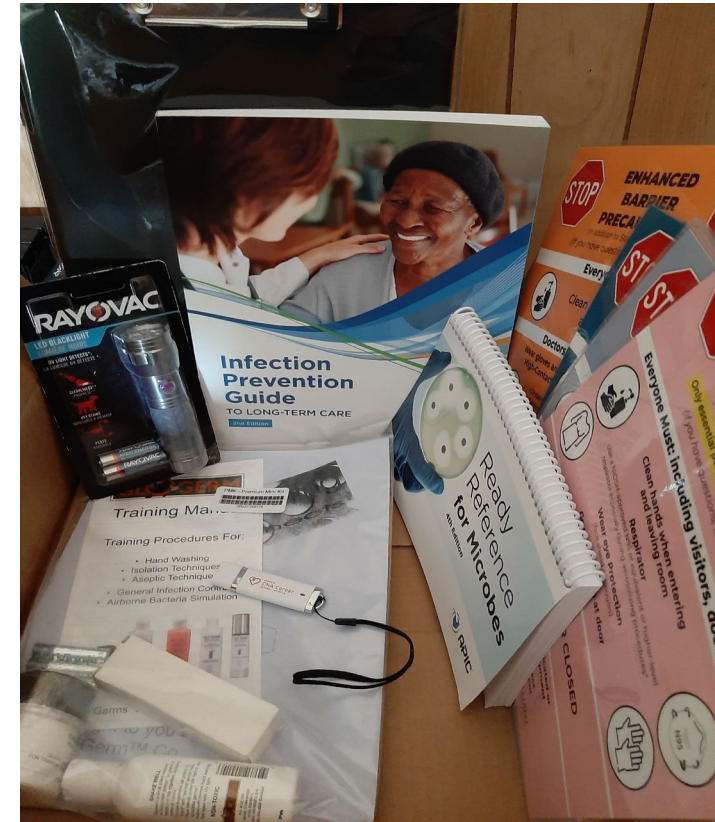
# Polling Question

- Have you received your resource box?
  - Yes
  - No

# Infection Prevention Resource Box

## Contents:

- USB drive with files
- APIC Infection Prevention Guide to Long-Term Care
- APIC Ready Reference for Microbes
- Glo Germ Kit
- Printed Signage



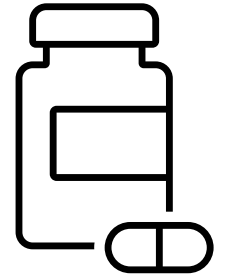
# Jump Drive Contents

- Antibiotic Stewardship
- Cleaning and Disinfection
- Hand Hygiene
- Infection Control Signs and Education
- NHSN
- Outbreak Management
- Personal Protective Equipment (PPE)
- Professional Assistance
- Refrigerator Maintenance
- Risk Assessment



# Jump Drive – Antibiotic Stewardship

- Antibiotic Stewardship Document
  - List of references and resources helpful in development and review of antibiotic stewardship program
  - Clinical staff education resources, including new hire information
  - Free continuing education opportunities for clinicians



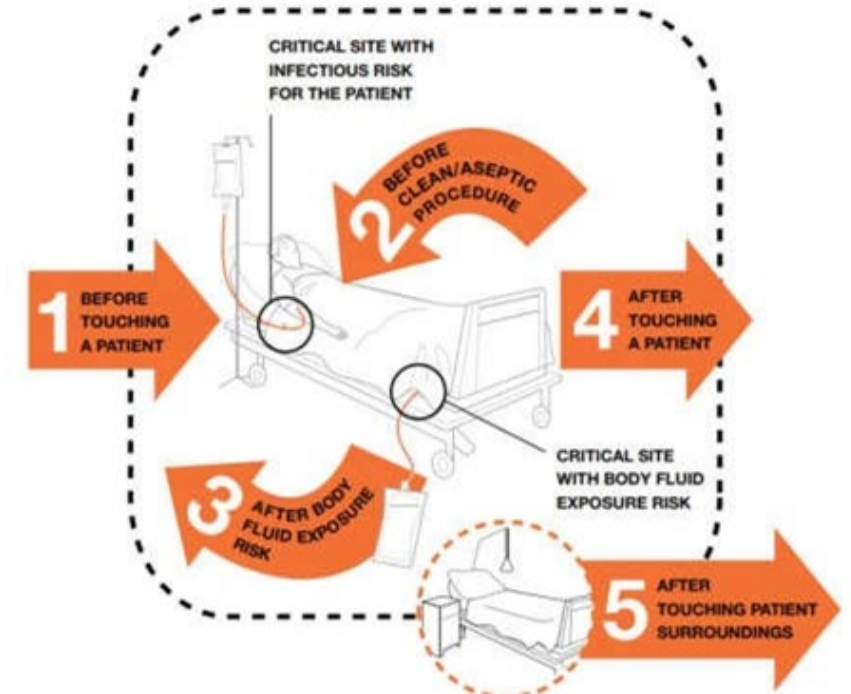
# Jump Drive – Cleaning and Disinfection

- EPA Approved Disinfectants for Healthcare
- Environmental Services (EVS) - APIC Toolkit Resource
- EVS Cleaning
- Audit tool
- Housekeeping Checklist
- How to read a disinfectant label
- Infection prevention environmental rounds checklist
- STRIVE Environmental Services Training Module
- Water Management
  - CDC Water Management Toolkit
  - Guidance commissioning of water systems after prolonged shutdown or disruption of services



# Jump Drive – Hand Hygiene

- Five Moments of HH Graphic
- GDPH Audit Log for HH
- Hand Hygiene Informational Resources
- WHO and CDC HH Resources





# Jump Drive – Infection Control Precautions

## Ready to Print Signage

- Contact
- Contact Enteric
- Droplet
- Airborne Contact
- Aerosol Contact
- Enhanced Barrier
- Resident and Family Educational Flyers for each type of precautions
- LTCF Transmission Based Precautions and Recommendations in Healthcare Settings
  - Table of requirements according to the route of transmission
  - Supply cart stocking list example

### RESIDENT, FAMILY, AND VISITORS

#### Contact Enteric Precautions



You or your loved one is in Contact Enteric Precautions. These precautions prevent spread of infection between residents in LTCFs. This type of infection is spread by directly touching the resident or something they have touched.

A light brown sign saying "Contact Enteric Precautions" is outside the room letting staff, families, and visitors know what they can do to help keep safe.

#### As a resident, family, or visitor you must help by:

- Cleaning hands with soap and water when you enter and leave the room.
- Family and visitors should not eat in room.
- Limiting where you go outside the room unless given permission by the nurse so that germs are not spread to other residents, visitors, and staff.
- Asking doctors and staff to wash their hands as they enter and leave the room even if they are using gloves.
- Limiting visitors to close contacts only.

#### You will see doctors and staff doing the following:

##### Hand Hygiene

- Cleaning hands before and after caring for the resident.

##### Gloves, Gowns, Masks, Goggles

- They must wear gloves and gown while in the room and remove them before leaving.
- They might also wear mask and goggles.

##### Transportation

- If the resident needs to go out of the room, staff will help resident to wear a clean gown.
- Staff will clean their hands.

If you have additional questions about Contact Enteric Precautions, ask your nurse.

# Jump Drive

- NHSN
  - Resources
  - Revised McGeer Criteria Checklist
- Outbreak Management
  - Example Outbreak Management policy
  - Notifiable Diseases and Conditions
    - Print and hang at your desk for easy reference

## NOTIFIABLE DISEASE CONDITION REPORTING

All Georgia physicians, laboratories, and other health care providers are required by law to report patients with the following conditions.

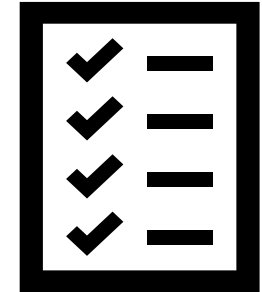
REPORT IMMEDIATELY	REPORT WITHIN 7 DAYS
<p><b>To Report Immediately   Call: District Health Office or 1-866-PUB-HLTH (1-866-782-4584)</b></p> <ul style="list-style-type: none"> <li>any cluster of illnesses</li> <li>animal bites</li> <li>• anthrax</li> <li>all acute arboviral infections*</li> <li>• botulism</li> <li>• brucellosis</li> <li>cholera</li> <li>diphtheria</li> <li><i>E. coli</i> O157</li> <li>Haemophilus influenzae (menaceae)<sup>†</sup></li> <li>hantavirus pulmonary syndrome</li> <li>hemolytic uremic syndrome (HUS)</li> <li>hepatitis A (acute)</li> <li>measles (rubeola)</li> <li>• melioidosis</li> <li>meningitis (specify agent)</li> <li>meningococcal disease (invasive)</li> <li>novel influenza A virus infections</li> <li>novel respiratory viruses (COVID-19, SARS, MERS, etc.)<sup>†</sup> <b>POSITIVE</b> - IN CLINICAL LABORATORY, ALL TEST TYPES</li> <li>• orthopoxviruses (smallpox, monkeypox)</li> <li>pertussis</li> <li>• plague</li> <li>poliomyelitis</li> <li>• Q fever</li> <li>rabies (human &amp; animal)</li> <li>shiga toxin positive tests</li> <li><i>S. aureus</i> with vancomycin MIC ≥ 4μg/ml</li> <li>syphilis (adult)</li> <li>syphilis during pregnancy</li> <li>tuberculosis</li> <li>latent TB infection in children &lt; 5 years old</li> <li>• tularemia</li> <li>• viral hemorrhagic fevers</li> </ul> <p><small>* Potential agent of bioterrorism. † Invasive - isolated from blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid.</small></p>	<ul style="list-style-type: none"> <li>AIDS<sup>‡</sup></li> <li>acute flaccid myelitis</li> <li>anaplasmosis</li> <li>aseptic meningitis</li> <li>babesiosis</li> <li>blood lead level (all)</li> <li>campylobacteriosis</li> <li>Carbapenem resistant Enterobacteriaceae (CRE): Enterobacter species, Escherichia coli, and Klebsiella species</li> <li>chancroid</li> <li>Chlamydia trachomatis (genital infection)</li> <li>Creatinifilii: Jakob Disease (CID), suspected cases, under age 55</li> <li>cryptosporidiosis</li> <li>cyclosporiasis</li> <li>ebola/zebra</li> <li>giardiasis</li> <li>gonorrhea</li> <li>HIV infection<sup>§</sup></li> <li>Perinatal HIV exposure<sup>¶</sup></li> <li>hearing impairment (permanent under age 5)<sup>**</sup></li> <li>hepatitis B           <ul style="list-style-type: none"> <li>- acute hepatitis B</li> <li>- chronic HBsAg(+) or HBV DNA detected infections</li> <li>- HBsAg(+) pregnant women</li> <li>- Perinatal HBV exposure</li> </ul> </li> <li>hepatitis C (past or present)           <ul style="list-style-type: none"> <li>- anti-HCV(+)</li> <li>- HCV genotype detected</li> <li>- anti-HCV(+) or HCV RNA detected pregnant women</li> </ul> </li> <li>-anti-HCV(+) or HCV RNA detected children ages &lt;3 years</li> <li>hepatitis D (Delta virus; present with HBsAg; acute and chronic; hepatitis E (acute)</li> <li>influenza-associated death (all ages)</li> <li>legionellosis</li> <li>leptospirosis</li> <li>botulism<sup>††</sup></li> <li>leprosy or Hansen's disease (Mycobacterium leprae)</li> <li>Lyme disease</li> <li>lymphogranuloma venereum</li> <li>maternal deaths (during pregnancy or within 1 year of end of pregnancy)<sup>¶¶</sup></li> <li>mumps</li> <li>psittacosis</li> <li>Rocky Mountain spotted fever</li> <li>rubeola (including congenital)</li> <li>subdural empyema</li> <li>shigellosis</li> <li>streptococcal disease, Group A or B (invasive)<sup>**</sup></li> <li>Streptococcus pneumoniae (invasive)<sup>**</sup> <ul style="list-style-type: none"> <li>- report with antibiotic-resistance information</li> </ul> </li> <li>tetanus</li> <li>toxic shock syndrome</li> <li>typhoid</li> <li>Varicella (Chickenpox)</li> <li>Viral infections</li> <li>yersiniosis</li> </ul> <p><b>REPORT CASES ELECTRONICALLY THROUGH THE STATE ELECTRONIC NOTIFIABLE DISEASE SURVEILLANCE SYSTEM AT <a href="http://dph.georgia.gov/ndds">http://dph.georgia.gov/ndds</a></b></p> <p><small>‡ California serogroup virus disease (including California encephalitis, Lawrence Canyon, Keystone, La Crosse, Sorensen/Ohio, Irradiation virus), Chikungunya Virus Disease, Eastern equine encephalitis virus disease, Powassan virus disease, St. Louis encephalitis virus disease, Western equine encephalitis virus disease, Zika Virus Disease</small></p> <p><small>†† Invasive - isolated from blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid.</small></p> <p><small>‡‡ L. monocytogenes isolated from blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid or other normally sterile site or Streptococcus pyogenes products of conception or co-protection with fetal death or disse. Infant mortality is reportable to vital records.</small></p> <p><small>§ Report forms and reporting information for HIV/AIDS available by phone (1-800-827-0929) OR online (<a href="http://dph.georgia.gov/georgia-hiv-aids-surveillance">dph.georgia.gov/georgia-hiv-aids-surveillance</a>) see website section.</small></p> <p><small>¶ For making HIV/AIDS reports, please use double envelopes marked "confidential" addressed to Georgia Department of Public Health Epidemiology Section, P.O. Box 2832 Atlanta, GA 30301</small></p> <p><small>¶¶ Report forms and reporting information for maternal deaths and having requirement dependent, under age 55 available at <a href="http://dph.georgia.gov/documents/forms-surveys">dph.georgia.gov/documents/forms-surveys</a> and documents.</small></p>
<p><b>REPORT WITHIN 1 MONTH</b></p> <p>Birth Defects, including fetal deaths of at least 20 weeks gestational age and children under age 6. Information for reporting birth defects is available at <a href="http://dph.georgia.gov/birth-defects-reporting">dph.georgia.gov/birth-defects-reporting</a>.</p> <p>Healthcare-associated Infections (HAIs) for facilities required to report HAI data to CMS via NHCN. Report in accordance with the NHCN protocol. Reporting requirements and information available at <a href="http://dph.georgia.gov/notifiable-hai-reporting">dph.georgia.gov/notifiable-hai-reporting</a>.</p> <p>Neonatal Abstinence Syndrome (NAS) Information for reporting NAS is available at <a href="http://dph.georgia.gov/nas">dph.georgia.gov/nas</a>.</p>	
<p><b>REPORT WITHIN 6 MONTHS</b></p> <p>Design brain and central nervous system tumors</p> <p>Cancer</p> <p>Report forms and reporting information for tumors and cancer is available at <a href="http://dph.georgia.gov/georgia-comprehensive-cancer-registry">dph.georgia.gov/georgia-comprehensive-cancer-registry</a>.</p>	

For more information:  
[www.dph.ga.gov/disease-reporting](http://www.dph.ga.gov/disease-reporting)



# Jump Drive – PPE

- PPE Audit Tool
- PPE Resources
- Respiratory Protection Program (RPP)
  - One stop shop to create RPP documentation binder
- RPP Resources
  - OSHA Fit testing process and requirements
  - User seal check instructions
  - Video demonstrations



# Jump Drive – Professional Assistance

## Contact information

- APIC
- Georgia DPH IP Team
- Georgia Project Firstline
- Georgia Infection Prevention Network (GIPN)
- Long Term Care Certification (LTC-CIP)



# Jump Drive – Refrigerator Maintenance

- Medication refrigerator and freezer temperature log
- Nourishment refrigerator and freezer temperature log
- Cleaning and monitoring of refrigerators, freezers, ice machines example policy

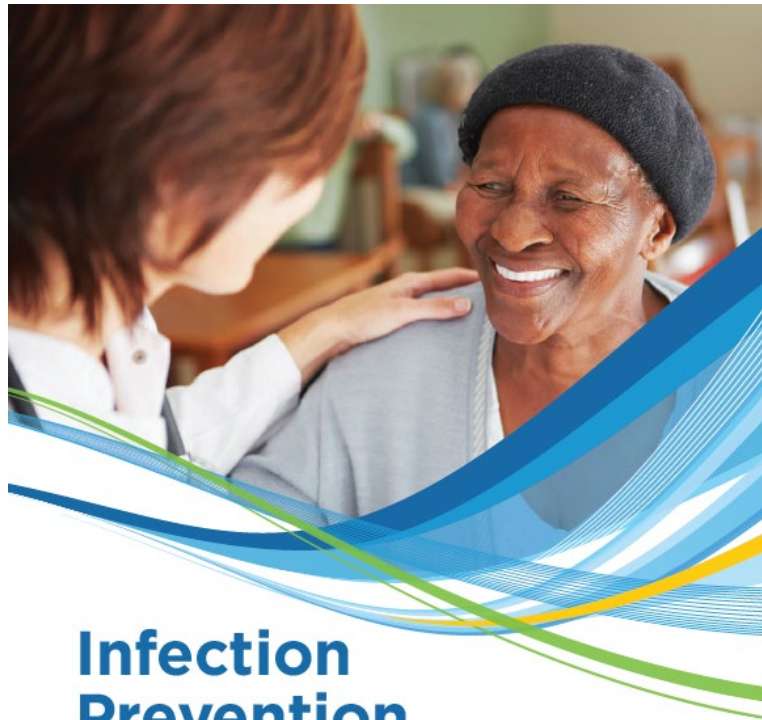


# Jump Drive – Risk Assessment

Fillable Infection Prevention Risk Assessment with risk ranking for prioritization

EVENT					Impact on Resident/Staff				Capacity to Detect				Readiness to Prevent			YEAR: 20__  <b>RISK LEVEL</b> Add rankings (score of 8 or >are considered highest priority for improvement efforts)	
	High	Med	Low	None	Life Threatening	Permanent Harm	Temp Harm	None	High	Med	Low	None	Poor	Fair	Good		
Score	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1		
<i>Sample Lack Hand Hygiene Compliance</i>	3				3				2				2			10	
External Factors (Community, Demographics)																	
Identify other risk factors in the community based on geographic location (coast, mountains etc.)																	
Risk of TB in the community																	0
Risk of emerging infectious disease in the community																	0
Other (specify): _____																	0
Facility Related Factors																	
Facility Associated Infection(s)																	
Symptomatic urinary tract infection (SUTI)																	0
Influenza like illness																	0
Pneumonia																	0

# APIC Guide to Long-Term Care



## Infection Prevention Guide

TO LONG-TERM CARE

2nd Edition



- Included in IP Resource Box that will be arriving at skilled nursing facilities throughout Georgia.
- Intended to aid in developing an evidence-based infection prevention and control program.
- Complete with sample policies, signage, audit tools and more.

# Chapters

- Infection Prevention in Long Term Care
- Regulatory Compliance
- Surveillance, Epidemiology, and Reporting
- Antimicrobial Stewardship
- Standard and Transmission Based Precautions
- Medical Needs and Treatment Modalities
- Vaccinations
- Occupational Health
- Environmental Services
- Water Management Program
- Emergency and Disaster Preparedness
- Interdisciplinary and Support Services
- Appendix



# Development of Policies and Procedures

- Policies should be based on current scientific evidence, best practice guidelines and expert consensus documents.
  - Utilize APIC Guide to LTC chapters and references in policy development.
- Policies and procedures (P&P) should be reviewed annually and revised as needed.
- Documentation must reflect the review process.
- Infection preventionist should review policies and procedures involving direct resident care, placement or manipulation of medical devices, etc.

# Policies and Procedures

- Infection Prevention-owned policies
  - IP manual or individual policies
  - Infection prevention plan
  - Surveillance system to identify infectious and communicable diseases
  - Process for reporting incidents of communicable diseases
  - Employee health to include a process for restricting staff when necessary and respiratory protection program
  - Staff training in IP core practices
  - IP Practices such as hand hygiene
- IP should review policies owned by other departments to ensure evidence-based
  - Environmental cleaning and disinfection
  - Nursing care policies (catheter care, central line maintenance and infusion, etc.)

# Infection Prevention Risk Assessment

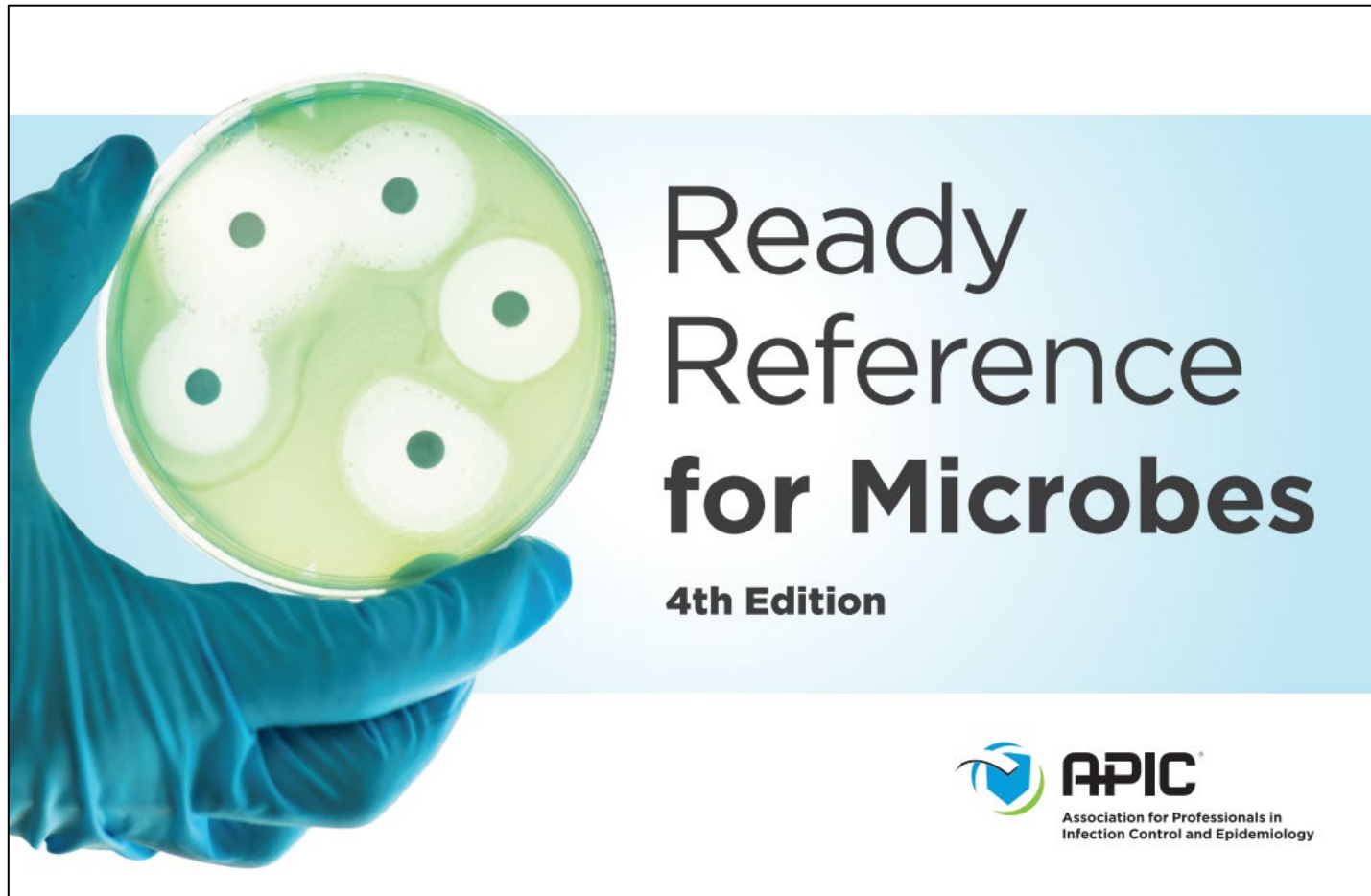
## Tools:

- [CDC](#)
- Jump Drive

## Completion of Risk Assessment

- Complete annually and when events or situations dictate
  - Multidisciplinary
    - Include: EVS, Maintenance/Facilities, DON, Administrator, therapy, medical director
  - Gather data to inform preparedness and likelihood
    - Surveillance data
    - Risk Events (flooding, safety events, outbreaks)
    - Policies and Procedures
    - Audit data

# Ready Reference for Microbes



This quick reference guide is intended to provide straightforward information for IPs.

*Quick Facts* are available for common pathogens such as *C. diff.* and influenza.

# Chapters

- Bacteria
- Common commensals
- Fungi
- Parasites
- Viruses
- Bioterrorism agents
- Antimicrobial therapies

## Case Study – Using the Ready Reference For Microbes

You receive a new laboratory report for Mr. Jones, who is a resident of your facility. He has a new urine culture that grew out >100k cfu/ml of *Alcaligenes faecalis*.

You realize this is a bacteria you are not familiar with and would like to learn more.

# Alcaligenes faecalis

- You review the index of Ready Reference for Microbes and find this bacteria in the text on page 5

## Index

### Chapter 1: Bacteria

**Introduction**, 1–3

*Achromobacter*, 4

*Acinetobacter*, 4

*Actinomadura*, 4

*Actinomyces*, 4

*Aerococcus*, 5

*Aeromonas*, 5

*Afipia*, 5

*Aggregatibacter*, 5

*Agrobacterium*. See *Rhizobium*

*Alcaligenes*, 5

*Chlamydia*, 10

*Chromobacterium*, 11

*Chryseobacterium*, 11

*Citrobacter*, 11

*Clostridium*, 12–13

Coagulase-negative *Staphylococcus*, 13

*Corynebacterium*, 13

*Coxiella*, 13

*Edwardsiella*, 14

*Ehrlichia*, 14

*Eikenella*, 14

*Elizabethkingia*, 15

# *Alcaligenes faecalis*

- Gram-negative rod found in the environment (soil, water)
- Healthcare-associated infections include septicemia, bacteremia, ocular or ear infections, pancreatic abscesses, pneumonia and urinary tract infection (UTI)
- Modes of transmission
  - Environmental contact
  - Contaminated solutions or instruments



# Actions to Take

- Isolation precautions?
  - Review the [2007 Guideline for Isolation Precautions](#)
- Root cause analysis
  - Review for recent urological procedures or instrumentation
    - If recent hospitalization or urology visit, communicate findings with the provider or hospital IP



# Quick Facts: AntibioGrams and Antimicrobial Stewardship

- Review these sections and discuss with the medical director and pharmacist
- Do you utilize an antibiogram?
  - Request from the local health department for region
  - Request from referring hospital(s)

# Glow Germ Kit

- Hand hygiene
- Aseptic technique
- Environmental surface cleaning
- Cross contamination
- Food preparation



# Hand Hygiene Training



<https://youtu.be/h-O279tiR3s>

# Environmental Cleaning Training with Glo Germ

- Apply a small amount of glo-germ powder or lotion to high-touch surface(s)
  - Ensure the surface is non-porous
- Use UV light to verify simulated germs are visible and note the areas of application
- Allow for staff to clean and disinfect the area as they normally would
- Use UV light to review areas where simulated germs were applied to visualize how effective the cleaning techniques were

# Respiratory Protection Resource Box

## Contents

- 3M FT-30 Fit Test Apparatus
  - Hood with collar
  - Nebulizers and solutions
  - Laminated user instructions from manufacturer
  - GDPH pocket guides with OSHA regulations

## N-95 Fit Testing

- Annual N-95 fit testing is still necessary despite the end of the public health emergency, so facilities are prepared to safely manage respiratory threats.

# Use These Resources to Study for Your Certification

Certification options:

- A-IPC
- LTC-CIP
- CIC



Learn more about the requirements for each [here](#).

# Questions?





# Alliant Health Solutions Resources

**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 is 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/>

## Infection Control Resources

**Sepsis**

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

[SHOW MORE](#)

**Catheter Associated Urinary Tract Infection (CAUTI)**

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

[SHOW MORE](#)

**Hand Hygiene**

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

**NHSN**

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

**Clostridioides Difficile Infection (C. difficile)**

[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!

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

State Region/Districts	Contact Information
<b>North (Rome, Dalton, Gainesville, Athens)</b> <b>Districts 1-1, 1-2, 2, 10</b>	<u><a href="mailto:Sue.bunnell@dph.ga.gov">Sue.bunnell@dph.ga.gov</a></u> (404-967-0582)
<b>Atlanta Metro (Cobb-Douglas, Fulton, Clayton, Lawrenceville, DeKalb, LaGrange)</b> <b>Districts 3-1, 3-2, 3-3, 3-4, 3-5, 4</b>	<u><a href="mailto:Teresa.Fox@dph.ga.gov">Teresa.Fox@dph.ga.gov</a></u> (256-293-9994) <u><a href="mailto:Renee.Miller@dph.ga.gov">Renee.Miller@dph.ga.gov</a></u> (678-357-4797)
<b>Central (Dublin, Macon, Augusta, &amp; Columbus)</b> <b>Districts 5-1, 5-2, 6, 7</b>	<u><a href="mailto:Theresa.Metro-Lewis@dph.ga.gov">Theresa.Metro-Lewis@dph.ga.gov</a></u> (404-967-0589) <u><a href="mailto:Karen.Williams13@dph.ga.gov">Karen.Williams13@dph.ga.gov</a></u> (404-596-1732)
<b>Southwest (Albany, Valdosta)</b> <b>Districts 8-1, 8-2</b>	<u><a href="mailto:Connie.Stanfill1@dph.ga.gov">Connie.Stanfill1@dph.ga.gov</a></u> (404-596-1940)
<b>Southeast (Savannah, Waycross)</b> <b>Districts 9-1, 9-2</b>	<u><a href="mailto:Lynn.Reynolds@dph.ga.gov">Lynn.Reynolds@dph.ga.gov</a></u> (804-514-8756)
<b>Backup/Nights/Weekends</b>	<u><a href="mailto:Joanna.Wagner@dph.ga.gov">Joanna.Wagner@dph.ga.gov</a></u> (404-430-6316)

Thank You for Your Time!  
Contact the AHS Patient Safety Team  
[Patientsafety@allianthealth.org](mailto:Patientsafety@allianthealth.org)



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## Save the Date

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

August 18, 2023 | 11 a.m. ET

### **ALF and PCH**

July 28, 2023 | 11 a.m. ET

August 25, 2023 | 11 a.m. ET



# Thanks Again...

- Georgia Department of Public Health
- University of Georgia



**UNIVERSITY OF  
GEORGIA**

# Making Health Care Better



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