ALLIANT HEALTH SOLUTIONS

Georgia Department of Public Health

ALF and PCH: Basic Infection Prevention and Respiratory Protection

October 12, 2023

Welcome and Introductions

ALLIANT HEALTH SOLUTIONS

Meet the Team

Presenters:

Donald Chitanda, MPH, CIC, LTC-CIP
Infection Prevention Technical Advisor, 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

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

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.

Contact: Paula.StHill@allianthealth.org

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

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.

Contact: Amy.Ward@AlliantHealth.org

Objectives

- Provide an update on the state of the COVID-19 pandemic and recommended interventions to prevent and control SARS-CoV-2 infections
- Discuss the facility infection preventionist's duties and responsibilities
- Discuss the importance of respiratory protection and steps to implement a respiratory protection program
- Share Alliant Health Solutions Resources to support IPC activities

Thank You to Our Partners

- Georgia Department of Public Health
- University of Georgia

COVID-19 Update
Presented by
Erica Umeakunne

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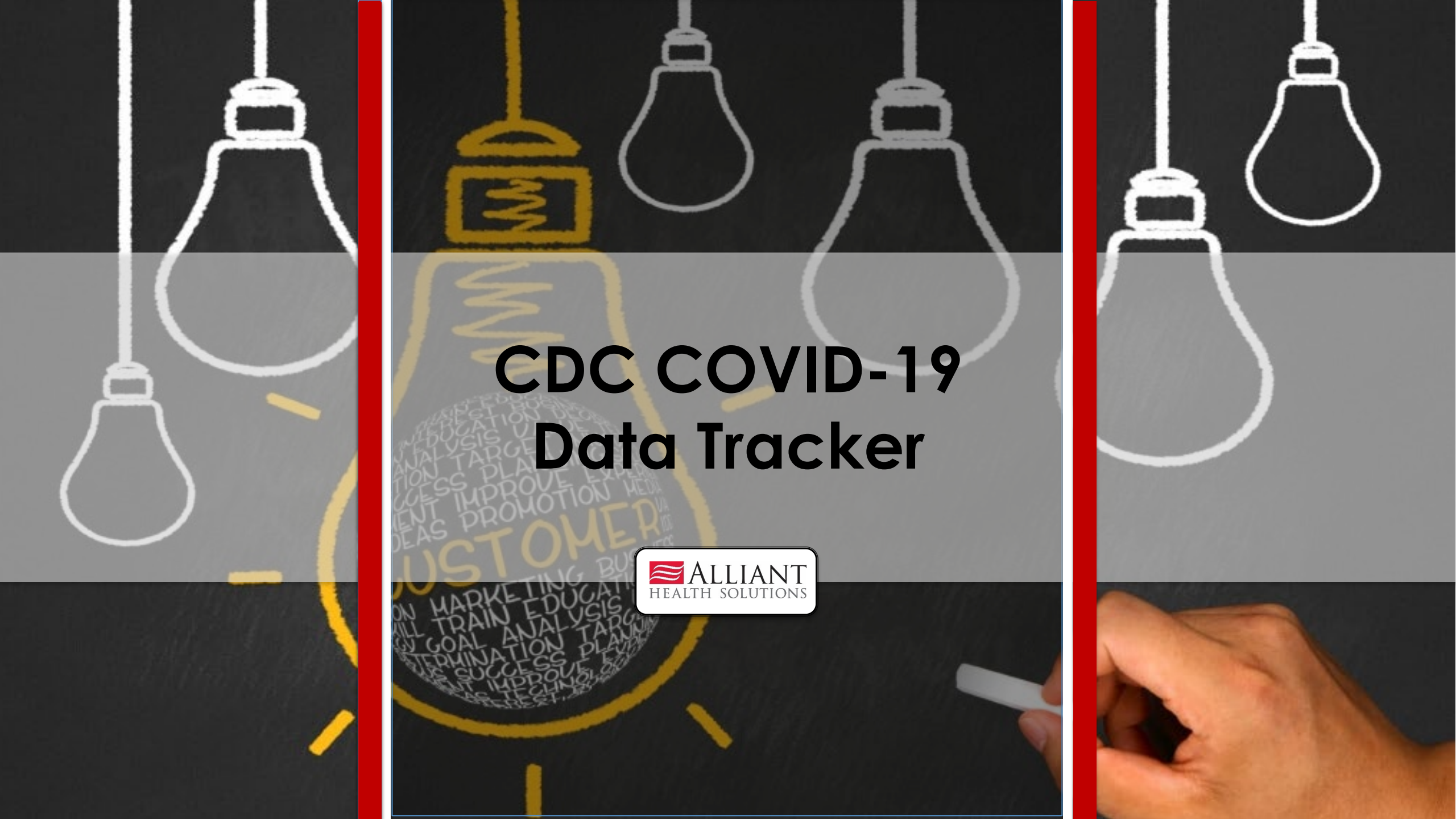
Objectives

- Provide an update on COVID-19 epidemiology
- Review the updated COVID-19 vaccine recommendations
- Highlight infection prevention and control (IPC) strategies to prevent COVID-19 and other infections in assisted living facilities and personal care homes
- Share Alliant Health Solutions resources to support COVID-19 IPC activities



CDC COVID-19 Data Tracker

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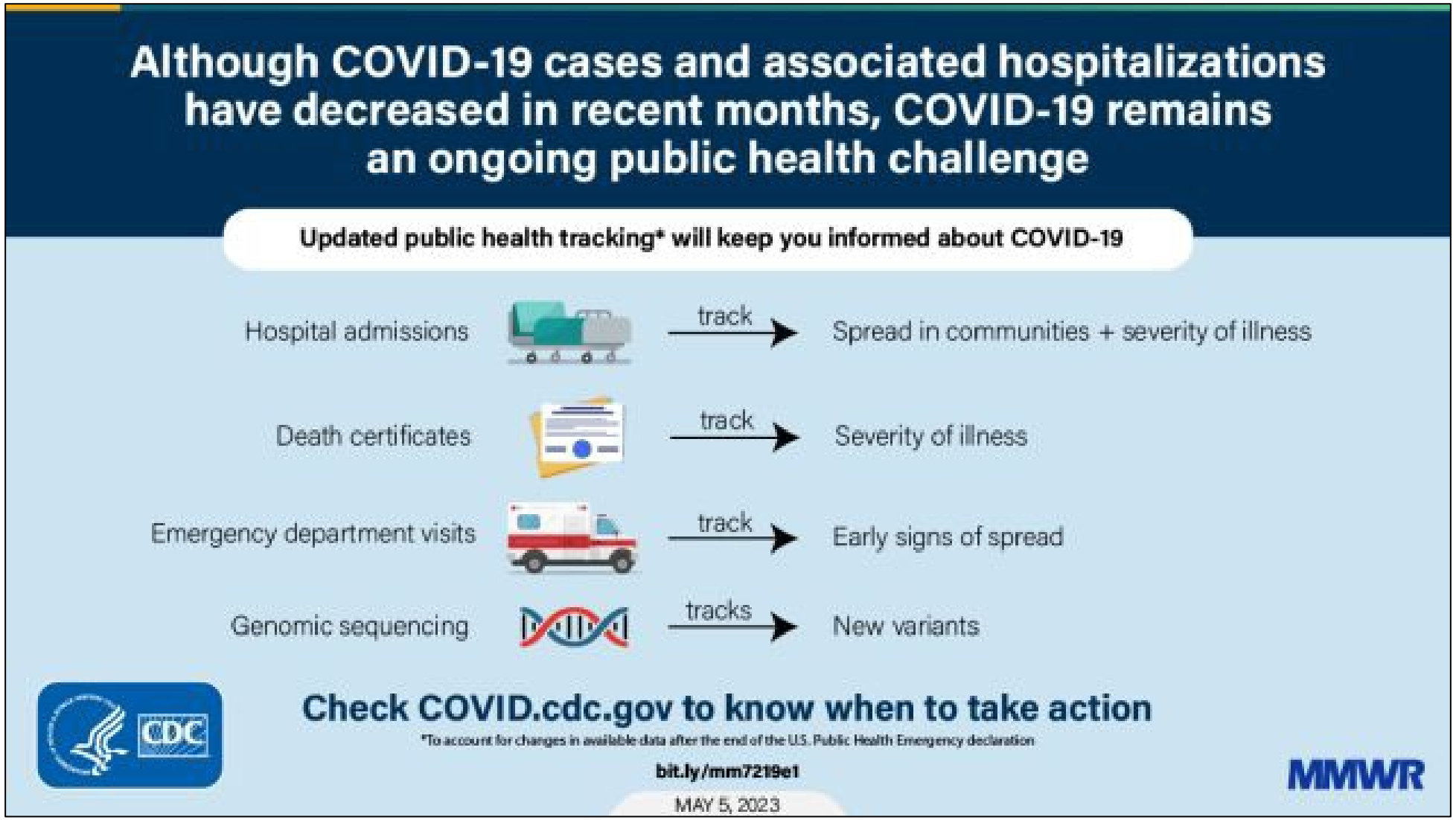
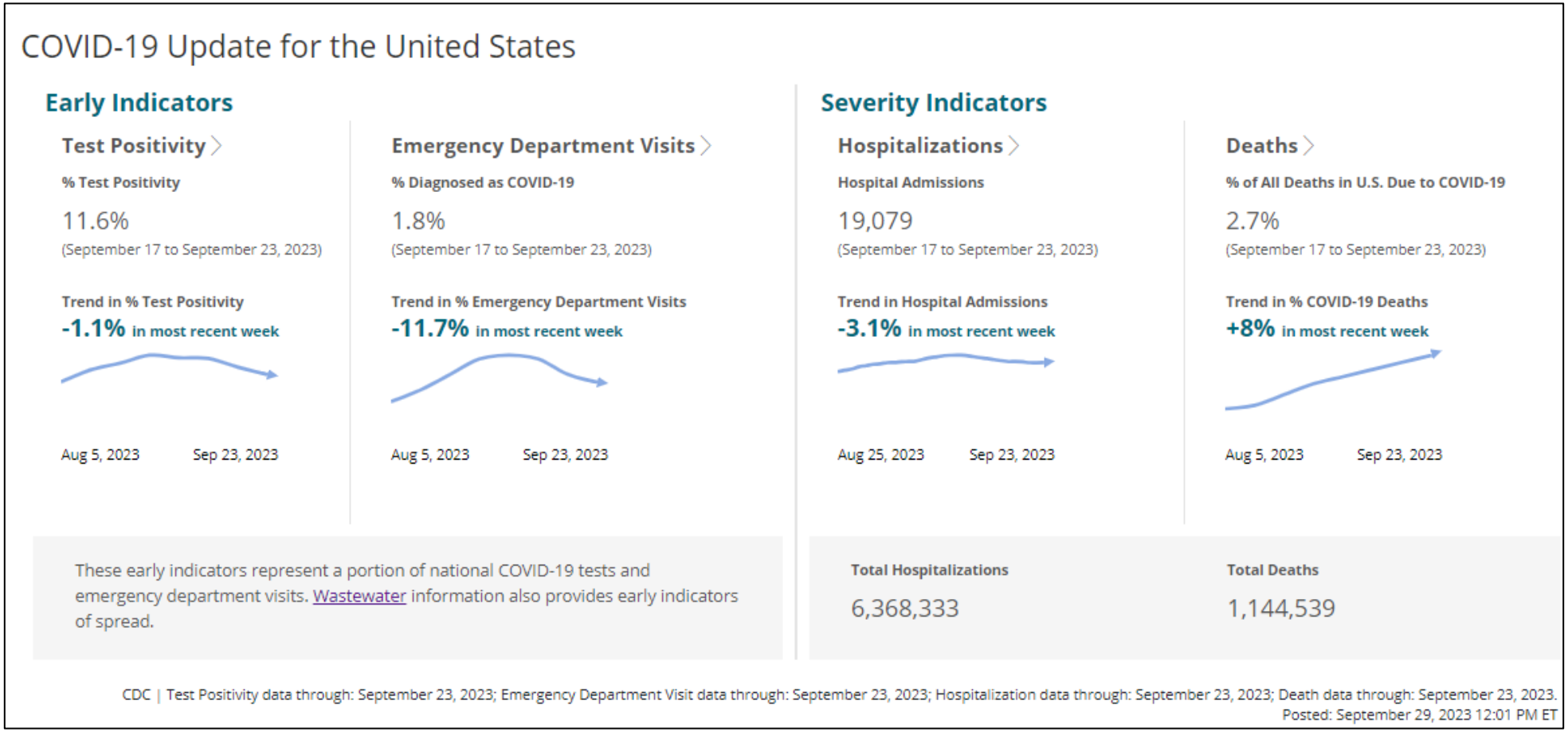
CDC Data & Surveillance: Available Data

- COVID-19 hospital admissions
- COVID-19 deaths
- Emergency department COVID-19 visits
- COVID-19 test positivity
- Wastewater & genomic surveillance
- Percentage of COVID-19 associated deaths



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

CDC COVID-19 Data Tracker



COVID-19 Update for the United States

Early Indicators

Test Positivity

% Test Positivity

11.6%

(September 17 to September 23, 2023)

Trend in % Test Positivity

-1.1% in most recent week

Aug 5, 2023 Sep 23, 2023

Emergency Department Visits

% Diagnosed as COVID-19

1.8%

(September 17 to September 23, 2023)

Trend in % Emergency Department Visits

-11.7% in most recent week

Aug 5, 2023 Sep 23, 2023

Severity Indicators

Hospitalizations

Hospital Admissions

19,079

(September 17 to September 23, 2023)

Trend in Hospital Admissions

-3.1% in most recent week

Aug 25, 2023 Sep 23, 2023

Deaths

% of All Deaths in U.S. Due to COVID-19

2.7%

(September 17 to September 23, 2023)

Trend in % COVID-19 Deaths

+8% in most recent week

Aug 5, 2023 Sep 23, 2023

These early indicators represent a portion of national COVID-19 tests and emergency department visits. Wastewater information also provides early indicators of spread.

Total Hospitalizations

6,368,333

Total Deaths

1,144,539

CDC | Test Positivity data through: September 23, 2023; Emergency Department Visit data through: September 23, 2023; Hospitalization data through: September 23, 2023; Death data through: September 23, 2023.
Posted: September 29, 2023 12:01 PM ET

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

CDC COVID-19 Data Tracker

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

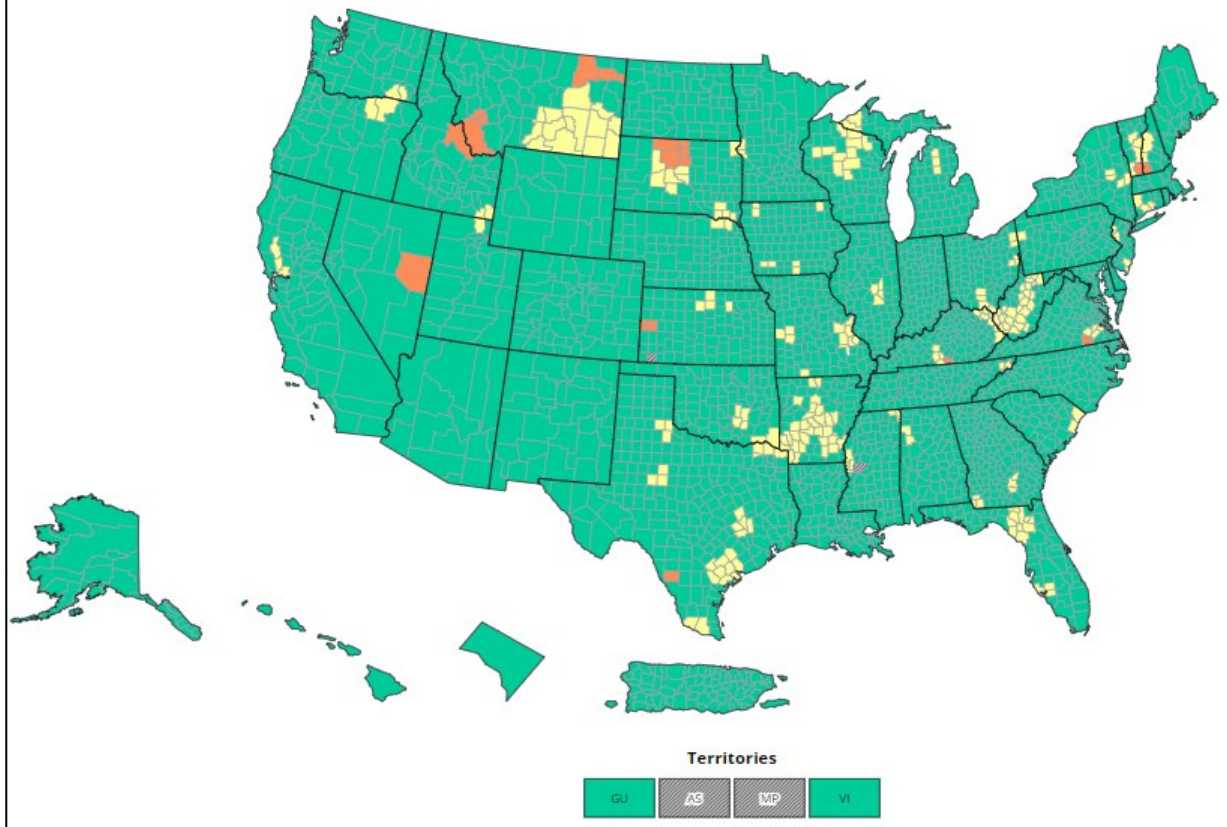
COVID-19 hospital admissions levels in U.S. by county

Based on new COVID-19 hospital admissions per 100,000 population

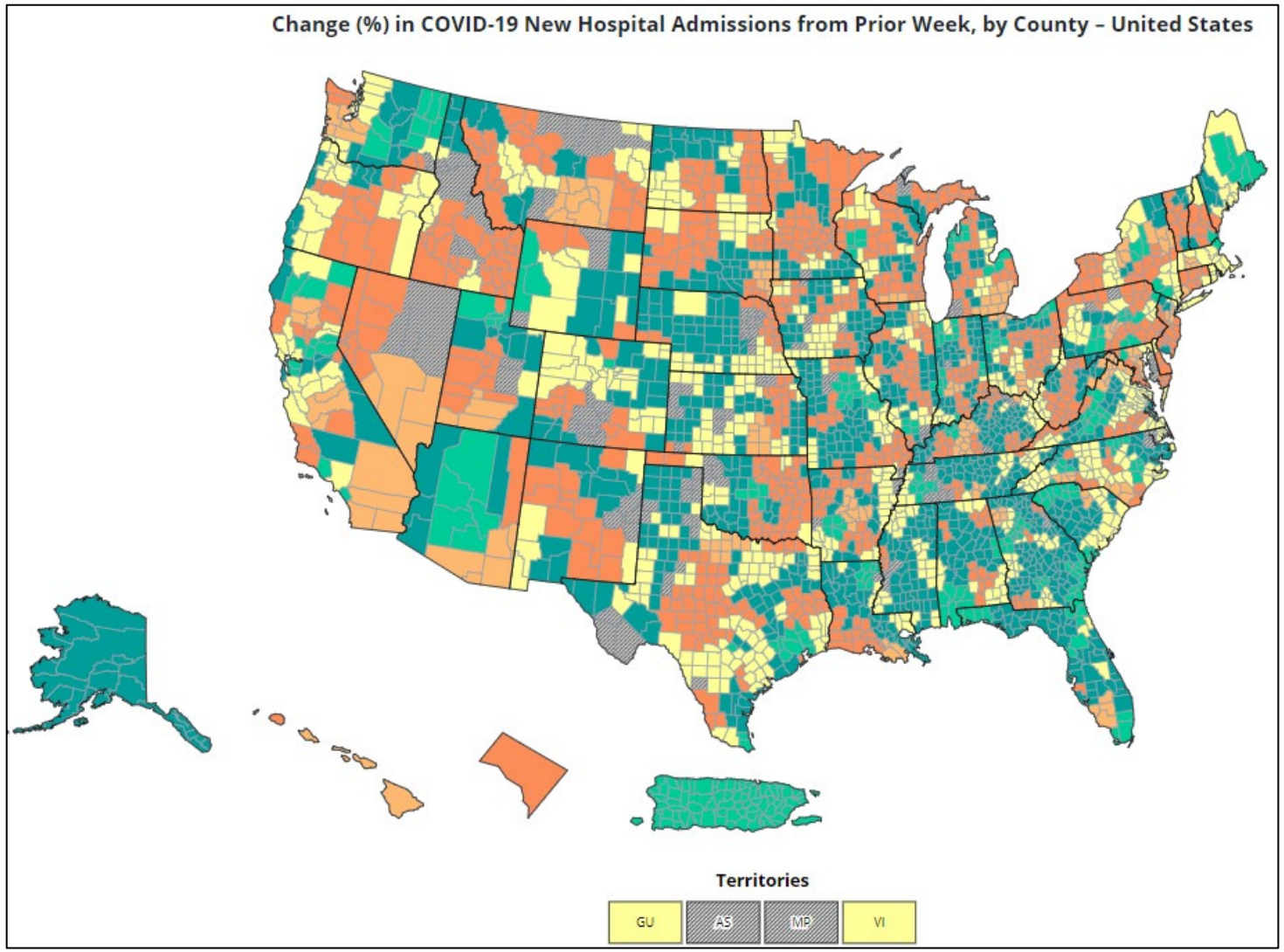
	Total	Percent	% Change
≥ 20.0	22	0.68%	0.31%
10.0 - 19.9	243	7.55%	-2.45%
<10.0	2955	91.77%	2.08%

Time Period: New COVID-19 hospital admissions per 100,000 population (7-day total) are calculated using data from the MMWR week (Sun-Sat) ending September 23, 2023.

Reported COVID-19 New Hospital Admissions Rate per 100,000 Population in the Past Week, by County – United States



https://covid.cdc.gov/covid-data-tracker/#cases_new-admissions-rate-county



https://covid.cdc.gov/covid-data-tracker/#cases_new-admissions-percent-change-county

COVID-19 Prevention Actions

There are many ways your actions can help protect you, your household, and your community from severe illness from COVID-19. CDC's COVID-19 hospital admission levels provide information about the amount of severe illness in the community where you are located to help you decide when to take action to protect yourself and others.

COVID-19 County Check

Find hospital admission levels and prevention steps by county. Data updated weekly.

Select a Location (all fields required)

State | County | Go

Find the COVID-19 hospital admission level in your county

https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html

COVID-19 County Check

Find hospital admission levels and prevention steps by county. Data updated weekly.

Select a Location (all fields required)

Georgia | Decatur County | Go

< Start Over

Medium

In **Decatur County, Georgia**, the COVID-19 hospital admission level is **Medium**.

- 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.
- Stay up to date with COVID-19 vaccines.
- 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.

People may choose to mask at any time. People with symptoms, a positive test, or exposure to someone with COVID-19 should wear a high-quality mask or respirator when indoors in public.

If you are immunocompromised, learn more about how to protect yourself.

Find out more about the COVID-19 situation in **Decatur County, Georgia** with COVID-19 Data Tracker.

September 23, 2023

https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html

Trends in United States COVID-19 Hospitalizations, Deaths, Emergency Department (ED) Visits, and Test Positivity by Geographic Area

Maps, charts, and data provided by CDC, updates weekly for the previous MMWR week (Sunday-Saturday) on Fridays by 8 pm ET†

View Footnotes and Download Data

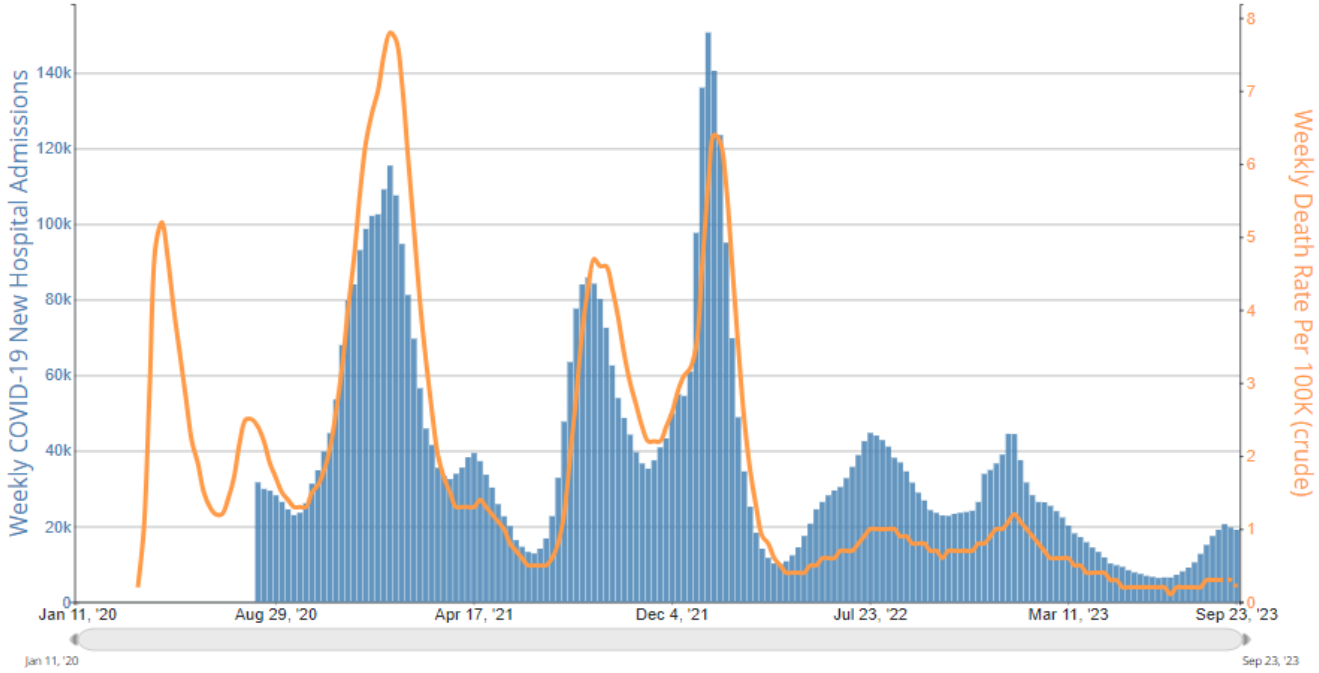
Select a geographic area: The United States

View (left axis): Weekly COVID-19 New Hospital Admissions

View (right axis): Weekly Death Rate Per 100,000 (crude)

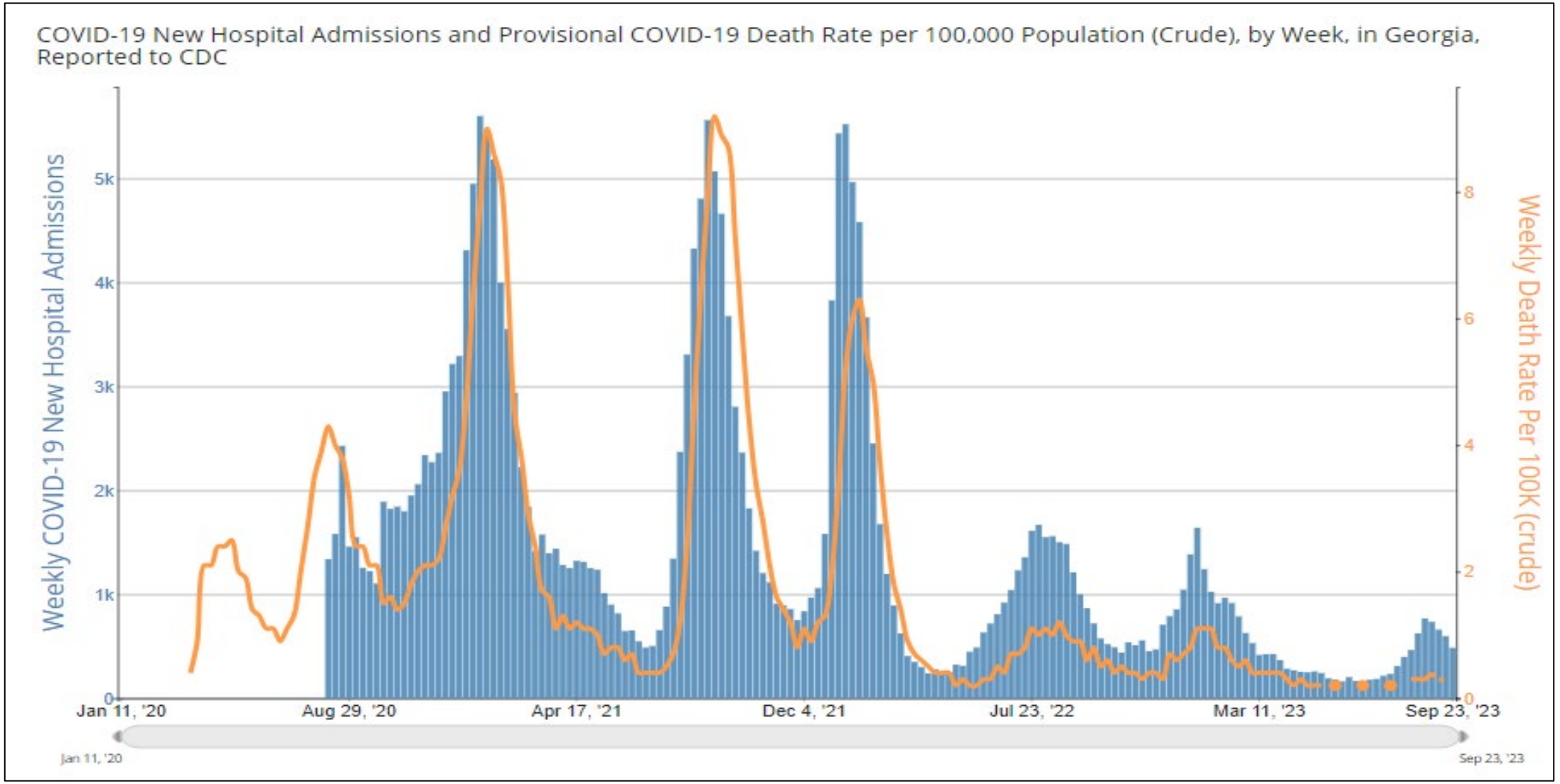
The blue bars show weekly COVID-19 hospital admissions. The orange line represents the weekly crude provisional death rate per 100,000, allowing for comparisons between areas with different population sizes but not adjusted for age distribution.

COVID-19 New Hospital Admissions and Provisional COVID-19 Death Rate per 100,000 Population (Crude), by Week, in The United States, Reported to CDC



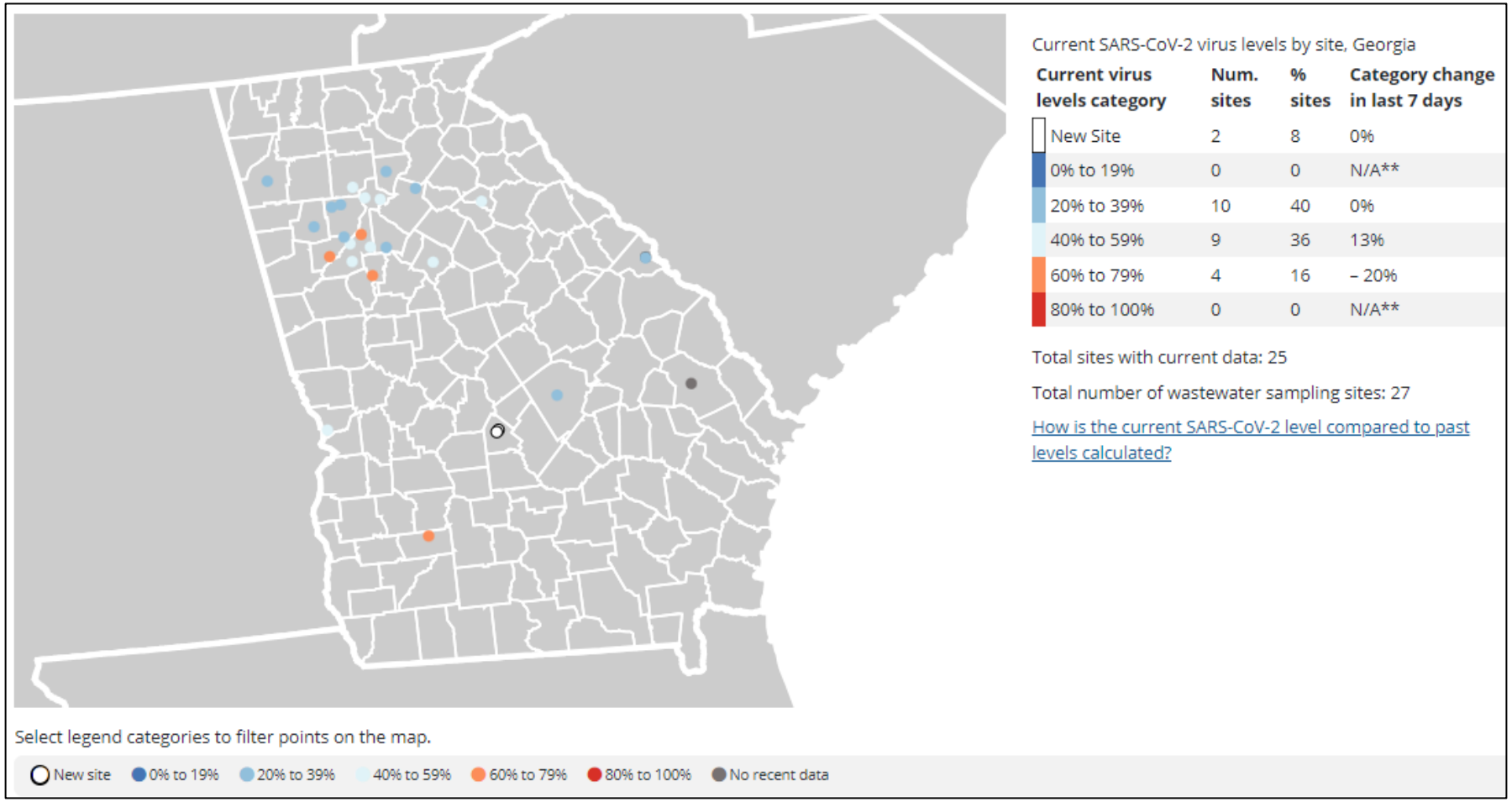
View Trends in Hospitalizations, Deaths, Emergency Department Visits, and Test Positivity

https://covid.cdc.gov/covid-data-tracker/#trends_weeklyhospitaladmissions_weeklydeathratecrude_00



https://covid.cdc.gov/covid-data-tracker/#trends_weeklyhospitaladmissions_weeklydeathratecrude_13

Wastewater Surveillance



Current SARS-CoV-2 virus levels by site, Georgia

Current virus levels category	Num. sites	% sites	Category change in last 7 days
New Site	2	8	0%
0% to 19%	0	0	N/A**
20% to 39%	10	40	0%
40% to 59%	9	36	13%
60% to 79%	4	16	– 20%
80% to 100%	0	0	N/A**

Total sites with current data: 25

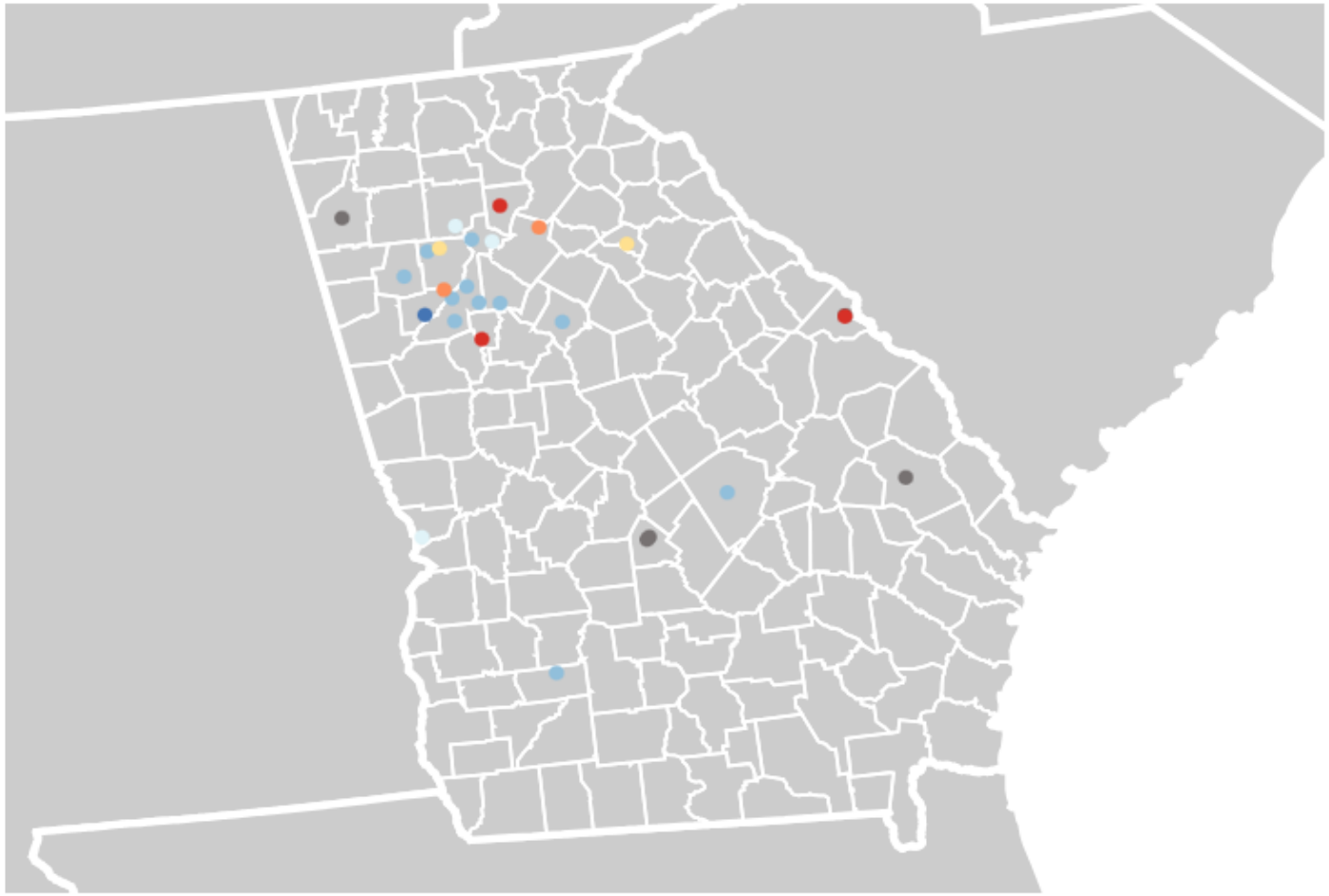
Total number of wastewater sampling sites: 27

How is the current SARS-CoV-2 level compared to past levels calculated?

Select legend categories to filter points on the map.

New site | 0% to 19% | 20% to 39% | 40% to 59% | 60% to 79% | 80% to 100% | No recent data

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



Select legend categories to filter points on the map.

– 100% – 99% to – 10% – 9% to 0% 1% to 9% 10% to 99% 100% to 999% 1000% or more No recent data

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

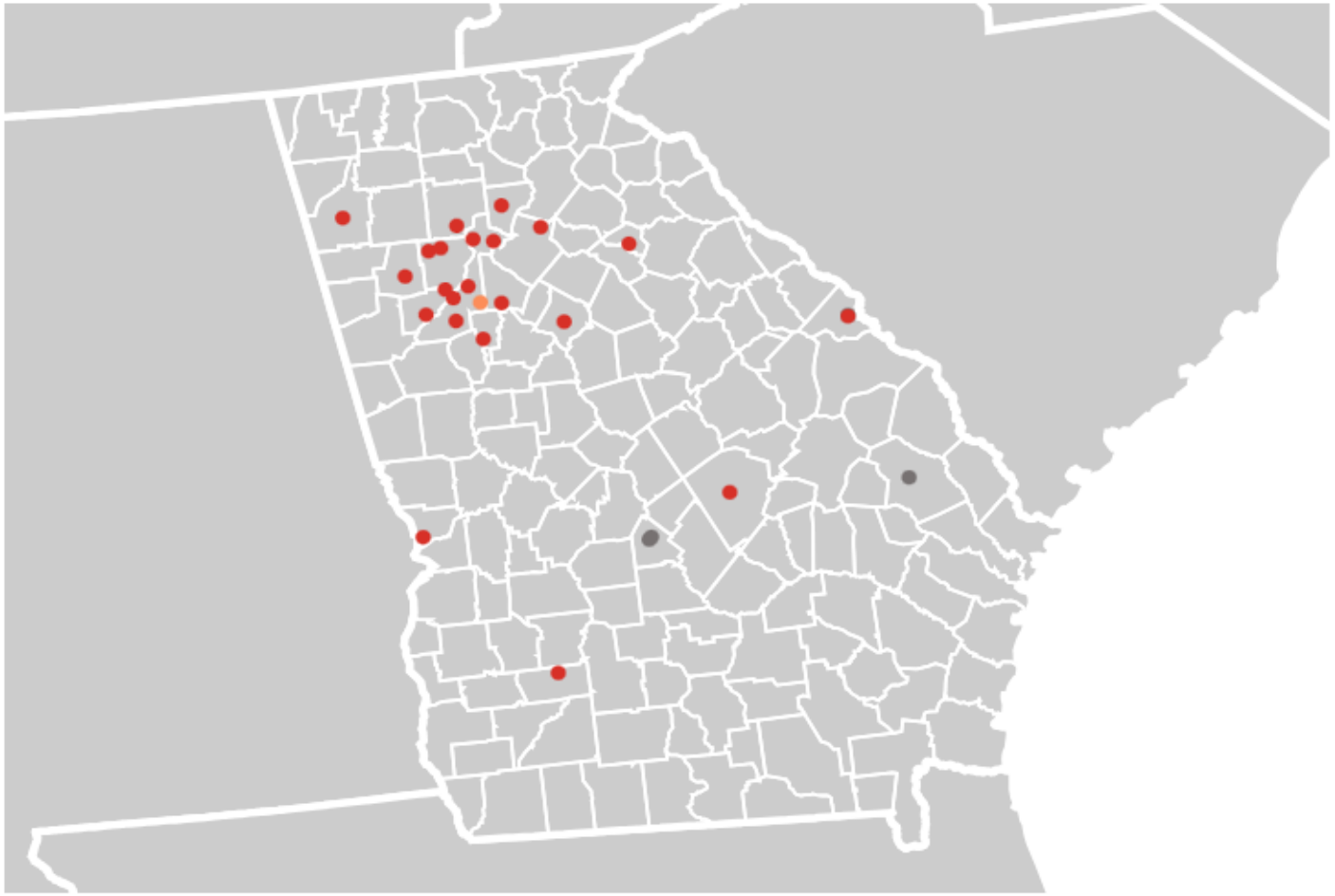
15-day % change category	Num. sites	% sites	Category change in last 7 days
– 100%	1	5	N/A**
– 99% to – 10%	11	50	22%
– 9% to 0%	3	14	– 25%
1% to 9%	0	0	– 100%
10% to 99%	2	9	– 33%
100% to 999%	2	9	– 60%
1000% or more	3	14	200%

Total sites with current data: 22

Total number of wastewater sampling sites: 27

How is the 15-day percent change calculated?

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



Percent of wastewater samples with detectable SARS-CoV-2 in the last 15 days by site, Georgia

15-day detection % category	Num. sites	% sites	Category change in last 7 days
Non-Detect	0	0	N/A**
1% to 19%	0	0	N/A**
20% to 39%	0	0	N/A**
40% to 59%	0	0	N/A**
60% to 79%	1	4	N/A**
80% to 100%	22	96	– 4%

Total sites with current data: 23

Total number of wastewater sampling sites: 27

How is the percent of wastewater samples with detectable SARS-CoV-2 in the last 15 days calculated?

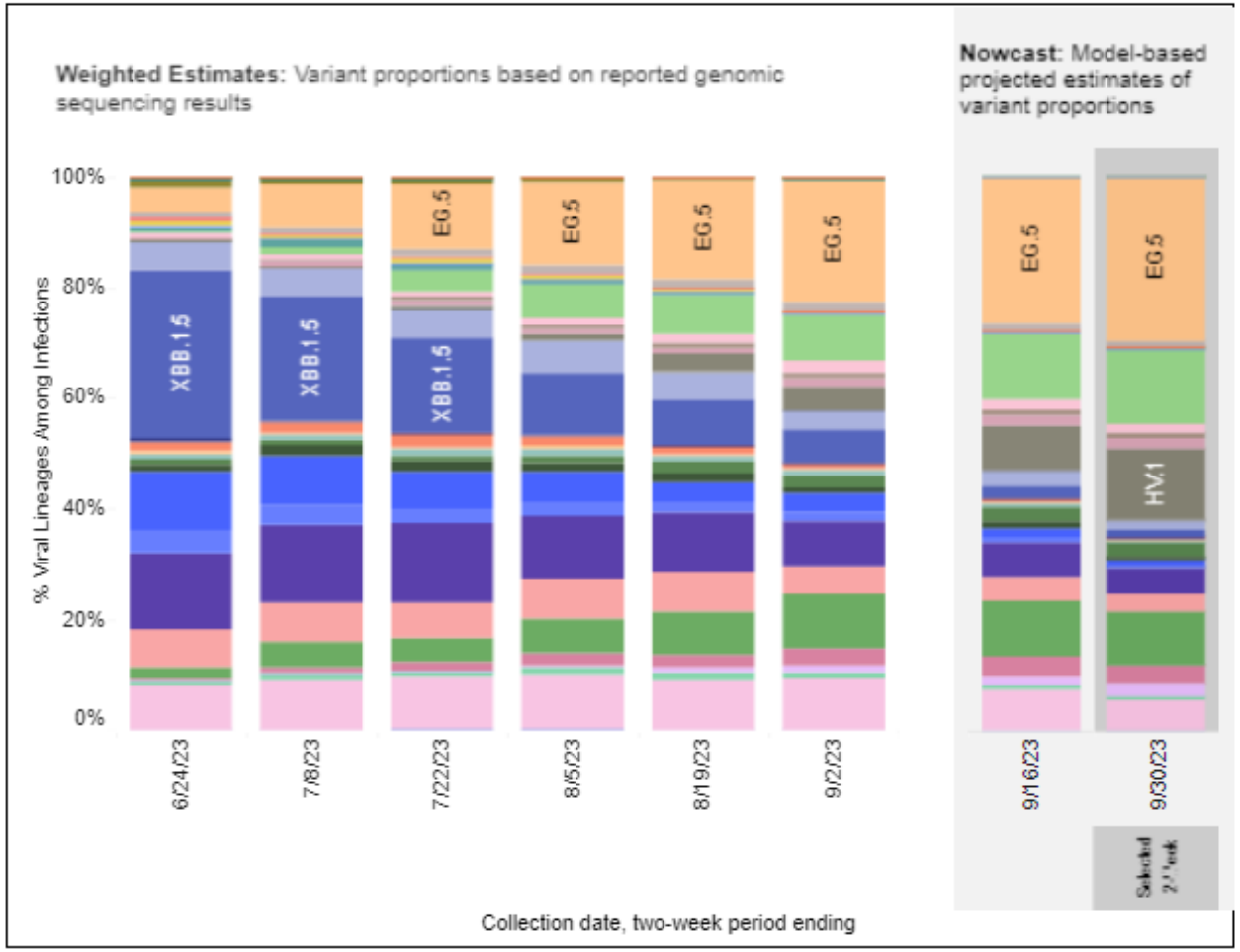
Select legend categories to filter points on the map.

Non-detect | Less than 20% | 20% to 39% | 40% to 59% | 60% to 79% | 80% to 100% | No recent data

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

Weighted and Nowcast Estimates in United States for 2-Week Periods in 6/11/2023 – 9/30/2023

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



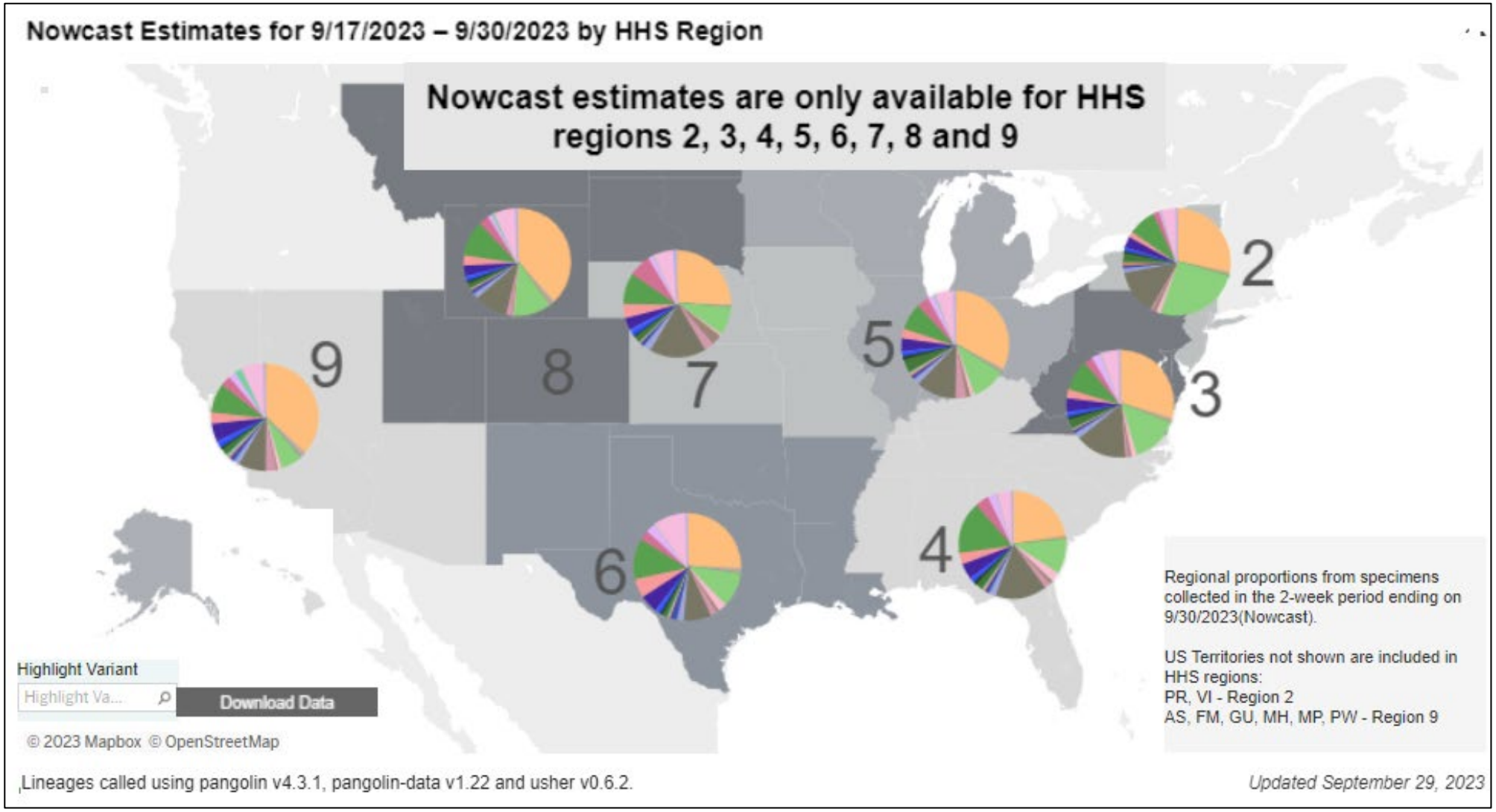
Nowcast Estimates in United States for 9/17/2023 – 9/30/2023

USA

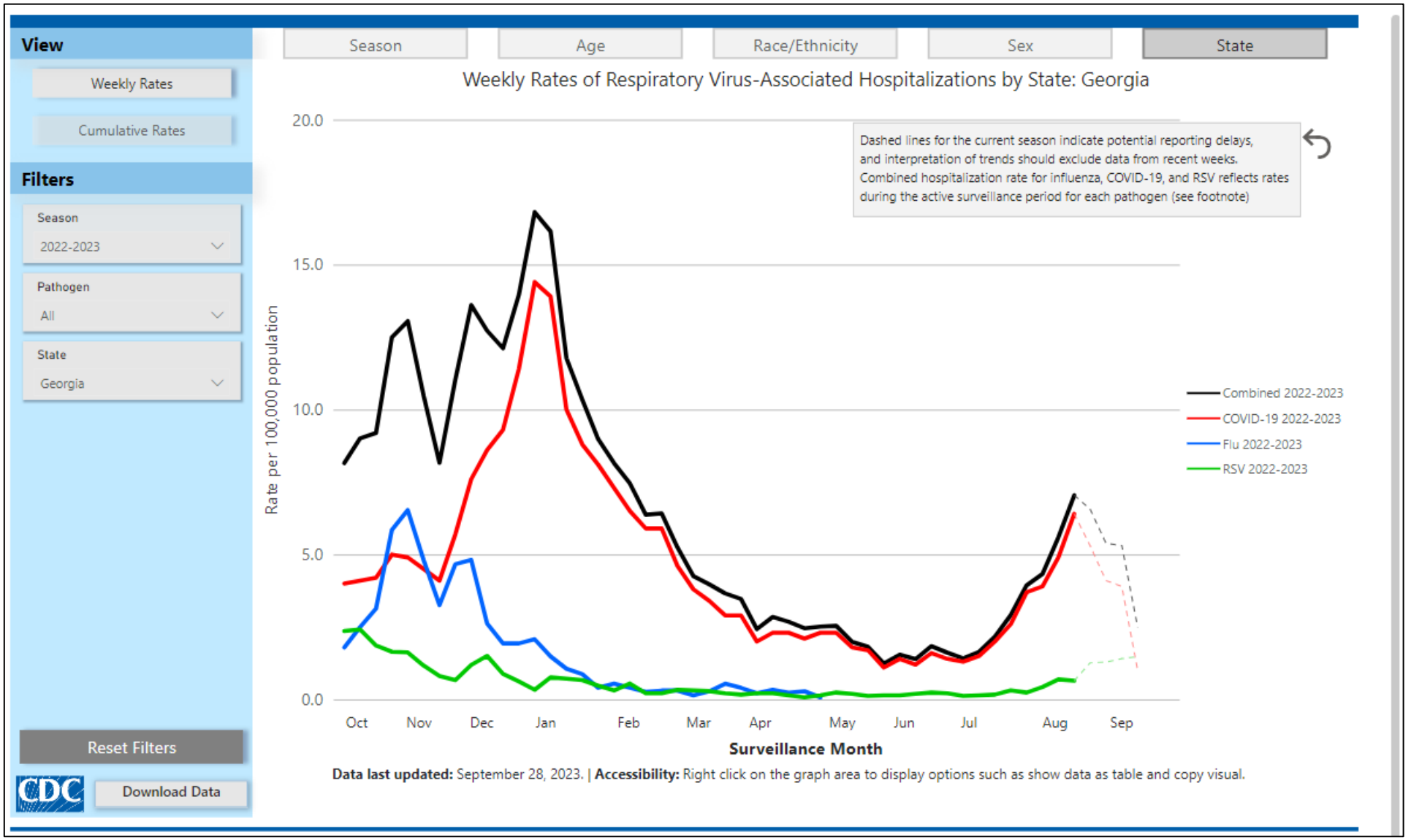
WHO label	Lineage #	%Total	95%PI
Omicron	EG.5	29.4%	26.4-32.6%
	FL.1.5.1	13.7%	10.8-17.1%
	HV.1	12.9%	10.5-15.6%
	XBB.1.16.6	10.1%	8.6-11.7%
	XBB.2.3	5.6%	4.7-6.5%
	XBB.1.16	4.3%	3.8-4.9%
	XBB.1.16.11	3.2%	2.6-3.9%
	XBB.1.16.1	3.0%	2.4-3.8%
	XBB.1.5.70	2.5%	1.9-3.4%
	XBB.1.16.15	2.0%	1.4-3.0%
	HF.1	1.8%	1.1-2.9%
	XBB	1.8%	1.5-2.1%
	GE.1	1.7%	1.3-2.2%
	XBB.1.5	1.1%	1.0-1.3%
	XBB.1.9.1	1.1%	0.9-1.3%
	EG.6.1	1.0%	0.7-1.4%
	GK.2	0.9%	0.7-1.3%
	XBB.1.5.72	0.8%	0.6-1.0%
	XBB.1.42.2	0.7%	0.4-1.1%
	XBB.1.9.2	0.5%	0.4-0.7%
	XBB.1.5.68	0.5%	0.3-0.8%
	XBB.1.5.10	0.4%	0.3-0.6%
	XBB.2.3.8	0.3%	0.2-0.4%
	CH.1.1	0.2%	0.1-0.3%
	XBB.1.5.59	0.2%	0.1-0.3%
	FD.1.1	0.2%	0.1-0.2%
	FE.1.1	0.1%	0.1-0.2%
	BA.2	0.1%	0.0-0.2%
	EU.1.1	0.0%	0.0-0.1%
	XBB.1.5.1	0.0%	0.0-0.0%
	BQ.1	0.0%	0.0-0.0%
	FD.2	0.0%	0.0-0.0%
	BA.5	0.0%	0.0-0.0%
Other	Other*	0.1%	0.0-0.1%

SARS-CoV-2 Variant Surveillance

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



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



RESP-NET Surveillance

https://www.cdc.gov/surveillance/resp-net/dashboard.html

COVID-19 Infection Prevention & Control

ALLIANT HEALTH SOLUTIONS

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

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

- Facilities that serve unrelated people who live nearby 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.

https://www.cdc.gov/coronavirus/2019-ncov/community/community-congregate-living-settings.html

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.

https://www.cdc.gov/coronavirus/2019-ncov/community/community-congregate-living-settings.html

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

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

COVID-19 IPC Practices

- Source control / Respiratory etiquette/ Hand hygiene
- Personal protective equipment (PPE) use (N95 respirator or surgical mask, goggles, etc.)
- Appropriate use of transmission-based precautions when caring for an ill resident
- Early screening, testing, isolation, and work restrictions
- Environmental cleaning and disinfection
- Process to promptly identify & isolate with SAR-CoV-2 infection
- Appropriate vaccinations, therapeutics, and treatments

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

Broader Use of Source Control: Potential Metrics

Consider masking during typical respiratory virus season

- ~October through 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 Vaccine Update

- FDA approved updated 2023-2024 COVID-19 vaccines for this fall/winter season. The bivalent vaccines are no longer authorized as of 9/12/2023.

- CDC recommends everyone aged six months and older should receive the 2023-2024 updated COVID-19 vaccine to protect against serious illness from COVID-19 and to remain up to date.

- Review the updated Interim Clinical Guidance for COVID-19 Vaccines for clinical information and considerations.

Case Studies

Case Study 1

Mr. Jones has been a resident at Sunshine Health Assisted Living Facility for the past year. Mr. Jones is a 72-year-old male with a history of diabetes type II and end-stage renal disease (ESRD). He has been on peritoneal dialysis for six months and independently manages his sessions/cycles. **What strategies should he consider to reduce his risk of COVID-19 infection and illness?**

- Stay up to date with vaccination
- Avoid contact with individuals with known or suspected COVID-19
- Speak to his health care providers about additional actions he could take
- All of the above

Case Study 1: Answer

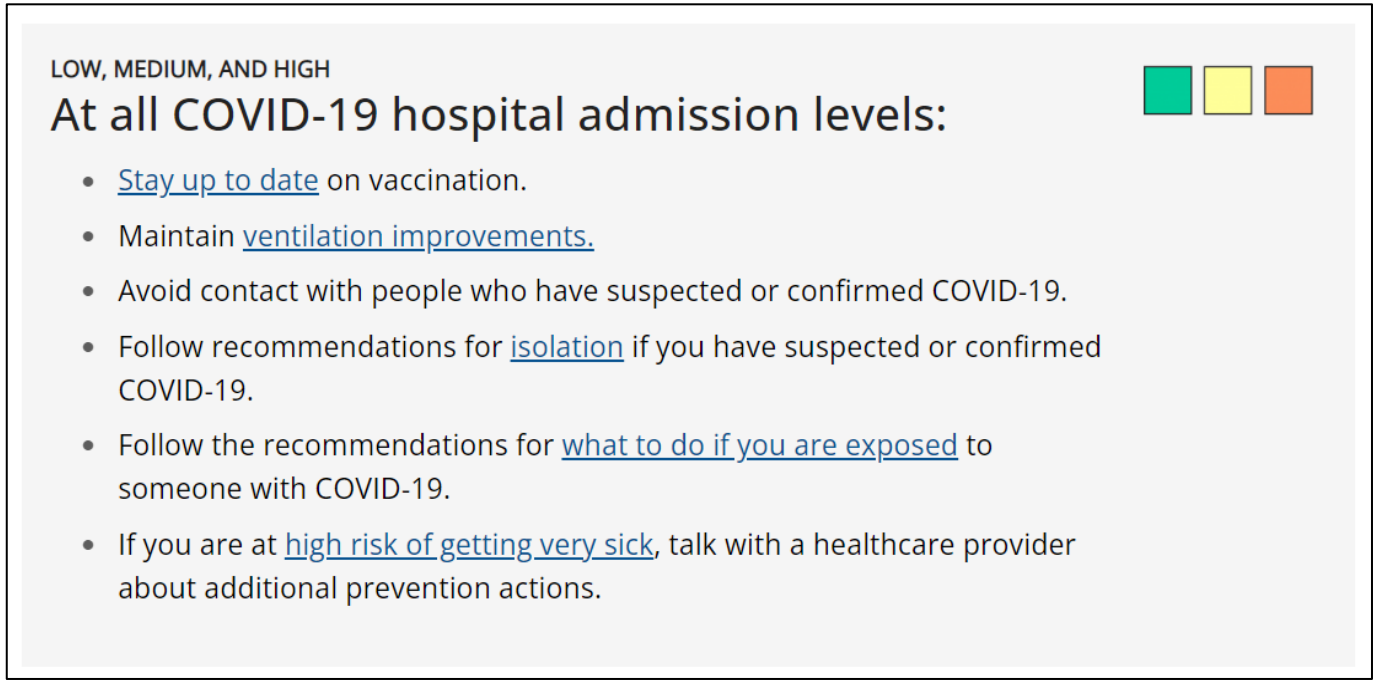
What strategies should he consider to reduce his risk of COVID-19 infection and illness?

A. Stay up to date with vaccination

B. Avoid contact with individuals with known or suspected COVID-19

C. Speak to his health care providers about additional actions he could take

D. All of the above



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

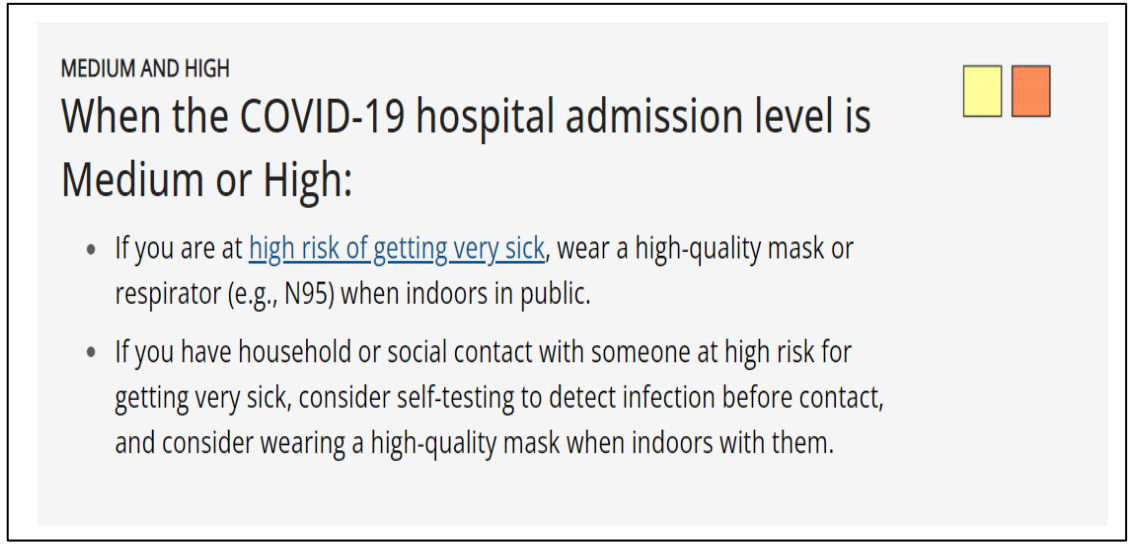
Case Study 2

The Sunshine Health Assisted Living Facility administrator shared an update on COVID-19 hospital admission levels with the staff and residents. The current COVID-19 hospital admission level for the county is **Medium**. **Given Mr. Jones' medical history and condition, he should consider wearing a high-quality mask when indoors to reduce his risk of COVID-19 exposure or illness.**

- True
- False

Case Study 2: Answer

The Sunshine Health Assisted Living Facility administrator shared an update on COVID-19 hospital admission levels with the staff and residents. The current COVID-19 hospital admission level for the county is **Medium**. **Given Mr. Jones' medical history and condition, he should consider wearing a high-quality mask when indoors to reduce his risk of COVID-19 exposure or illness.**



A. True

B. False

Case Study 3

The Sunshine Health Assisted Living Facility administrator shared an update on COVID-19 hospital admission levels with the staff and residents. The current COVID-19 hospital admission level for the county is **Medium**. **The administrator should consider promoting information about vaccination, testing, masks, and treatments and work with the local health department to implement screening testing for high-risk resident populations/areas in their facility.**

- True
- False

Case Study 3: Answer

The Sunshine Health Assisted Living Facility administrator shared an update on COVID-19 hospital admission levels with the staff and residents. The current COVID-19 hospital admission level for the county is **Medium**. **The administrator should consider promoting information about vaccination, testing, masks, and treatments and work with the local health department to implement screening testing for high-risk resident populations/areas in their facility.**

A. True

B. False

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

IP Duties and Responsibilities
Presented by
Donald Chitanda

ALLIANT HEALTH SOLUTIONS

IP Responsibilities

- Serve as Subject Matter Expert (SME) for the facilities in these areas:
  - Evidence-based Infection Prevention practices
  - Regulatory Compliance
  - Infectious disease surveillance

Main Goals of an IP

- To ensure that safe and quality care is given to residents within your facility
- To minimize the spread of infections within the facility

Hand Hygiene

- Ensuring health care personnel (HCP) clean their hands as indicated in World Health Organization (WHO) five moments for hand hygiene:
  - Immediately before touching a patient
  - Before performing an aseptic task such as placing or handling an indwelling device
  - After touching a patient or the patient's environment
  - After contact with blood, body fluids or contaminated surfaces
  - Immediately after glove removal

Hand Hygiene

- Ensuring availability and accessibility of hand hygiene supplies and stations
  - Alcohol based hand sanitizer location, ease of access, expiration
  - Soap and paper towel availability at hand sinks
  - Does sink drain?

Hand Hygiene Observation Tool

Part C. Hand Hygiene Adherence Observations

Complete as many observations as possible during the visit. If observed, note hand conditions that increase risk of colonization with pathogens (e.g., dermatitis, use of artificial nails) in comments.

Location/Unit	Staff type	Type of opportunity	HH performed?	Comments
		○ Room entry ○ Room exit ○ Before patient/resident contact* ○ Before clean/aseptic procedure ○ After patient/resident contact* ○ After glove removal ○ Other *(specify)*:	○ ABHS ○ Hand Wash ○ No hand hygiene done	
		○ Room entry ○ Room exit ○ Before patient/resident contact* ○ Before clean/aseptic procedure ○ After patient/resident contact* ○ After glove removal ○ Other *(specify)*:	○ ABHS ○ Hand Wash ○ No hand hygiene done	

Standard Precautions (SP)

- Assume every person is potentially infected or colonized with an organism that could be transmitted
- Should be practiced by all health care personnel when anticipating contact with blood, body secretions, non-intact skin
- Elements of SP that IP can monitor include safe injection practices, hand hygiene, proper use of gloves, gown, mask and eye protection depending on anticipated exposure

Transmission-Based Precautions

- Implemented for residents known or suspected to be infected with an infectious agent
- Initiated according to facility policy & in accordance with state guidelines
- Can be initiated by IP, physician or nursing team
- Can be terminated when risk of transmission is no longer a safety threat to others in the facility

Location #1 Unit: _____ Room: _____ # occupied beds in room: _____

○ Direct obs. of elements ○ Interview of frontline HCP

TBP Type (*select all that apply*):

☐ Contact ☐ Droplet ☐ Airborne ☐ Enhanced Barrier ☐ Other (*specify*): _____

Contact (*Select all that are present*):

- ☐ Signage is present at entry
- ☐ Adequate supplies of gowns and gloves stocked at room entry
- ☐ Waste receptacle readily available for doffing PPE prior to exiting room
- ☐ Alcohol based hand sanitizer (ABHS) is readily available for personnel to clean hands

If >1 patient or resident in room

- ☐ Clear separation between patient/resident care areas (e.g., a privacy curtain)
- ☐ Personnel doff gown and gloves and clean hands when moving between patients/residents
- ☐ Enough space (3 feet) exists between beds to allow for clinical care to occur from either side of the bed

Droplet (*Select all that are present*):

- ☐ Signage is present at entry
- ☐ Adequate supplies of masks stocked at room entry
- ☐ Waste receptacle readily available for doffing PPE immediately upon room exit
- ☐ ABHS readily available for personnel to clean hands

If >1 patient or resident in room

- ☐ Clear separation between patient/resident care areas (e.g., a privacy curtain)
- ☐ Personnel clean hands when moving between patients/residents
- ☐ Enough space (3 feet) exists between beds to allow for clinical care to occur from either side of the bed

Airborne (*Select all that are present*)

- ☐ Signage is present at entry
- ☐ Adequate supplies of respirators stocked at room entry
- ☐ Room door is kept closed
- ☐ Waste receptacle readily available for doffing of respiratory protection outside the room.
- ☐ If reusable supplies (e.g., PAPR/CAPR) are used, there is a dedicated area for cleaning and disinfection
- ☐ ABHS readily available for personnel to clean hands

If >1 patient or resident in room

- ☐ Clear separation between patient/resident care areas (e.g., a privacy curtain)
- ☐ Personnel clean hands when moving between patients/residents
- ☐ Enough space (3 feet) exists between beds to allow for clinical care to occur from either side of the bed

Enhanced Barrier (*Select all that are present*)

- ☐ Signage is present at entry
- ☐ Adequate supplies of gowns and gloves stocked at room entry
- ☐ Waste receptacle readily available for doffing PPE prior to exiting room
- ☐ Alcohol based hand sanitizer (ABHS) is readily available for personnel to clean hands

If >1 resident in room

- ☐ Clear separation between resident care areas (e.g., a privacy curtain)
- ☐ Personnel doff gown and gloves and clean hands when moving between residents
- ☐ Enough space (3 feet) exists between beds to allow for clinical care to occur from either side of the bed

Sample Observation Tool

Surveillance

- Infectious disease surveillance to monitor trends and identify outbreaks
- Should be collected on a routine, systematic and ongoing basis
- Best if surveillance is collected concurrently as it occurs

Surveillance

- Data can be collected from sources such as:
  - 24-hour reports which can include residents placed on TBP, new antibiotics, acute condition changes
  - Night supervisor reports
  - Pharmacy and lab reports
  - Documentation from transferring facilities
  - Intake and nursing assessment data upon admission
  - Medical record
  - Collaboration with other IPs from transferring facility

Surveillance

- Infection surveillance definitions can be used to identify specific conditions that qualify as infections for the purpose of surveillance data collection and calculation of infection rates
- Surveillance definitions are NOT the same as clinical diagnosis

Surveillance

- Once surveillance is completed, data should be collected and analyzed, and their significance summarized
- IP must know **What** to report, **How** to report, and **Who** must be informed per facility policy as well as federal, state and local reporting requirements
- IP can use gathered surveillance data to report internally to key stakeholders such as:
  - Residents and family members
  - Nursing and clinical teams
  - Environmental services
  - Nutrition/dining services
  - Maintenance
  - Administration

Surveillance

- In addition to internal reporting, IP must be familiar with all applicable external reporting requirements and contacts such as:
  - Local/County Health Dept
  - State Health Dept
  - CDC/NHSN

Education

- All employees in LTCFs must be educated about infection prevention
- The IP should provide orientation to all new employees and additional training for staff on a continual basis

Proper Care of Indwelling Devices

- Residents in LTCFs may be chronically dependent on ventilators, urinary catheters, and central venous catheters, which put them at increased risk of infection
- IP should be familiar with evidence-based best practices for the care and maintenance of these devices

Linen Management

- IP should be familiar with whether laundry is performed onsite or offsite and how it is handled
- Linen should be handled, stored, processed and transported to prevent the spread of infection.

Linen Management

- IP can assess the following as part of assessment of linen program:
  - PPE availability and use by personnel sorting soiled laundry
  - Hand hygiene stations availability in clean and soiled area of the laundry area
  - Soiled linen is contained at point of use
  - Clean laundry is packaged and transported in manner that prevents contact with environment

Environmental Services (EVS)

- IP can assess if policies are indicating which environmental surfaces are to be routinely cleaned and disinfected in resident rooms
- Assist in the selection of products used by the facility for cleaning and disinfection
- Who is responsible for cleaning, what areas/equipment and how often?

Environmental Services (EVS)

- IP can assess the following as part of a review of the facility's EVS practices and policies:
  - Where are cleaning supplies stored
  - Is appropriate PPE worn by staff performing cleaning activities
  - For rooms of residents on transmission-based precautions, are selected cleaning and disinfection products effective against suspected pathogens (e.g., if patient has C. diff)
  - Are new wipes and cloths used for each resident area?
  - Are cleaning and disinfection products used according to their product label?
  - Are surfaces cleaned in order from clean to dirty?

"Other Duties"

- Employee Health
- Antibiotic Stewardship
- Policy and Procedure Development
- Emergency and Disaster Planning
- Regulatory Readiness
  - Federal Regulatory groups (F tags) 483.80

Summary

- A competent IP should be able to:
  - Apply scientific principles and methods to the collection and presentation of IPC data
  - Conduct surveillance following current definitions of infection and standard methodologies for case identification, data collected and reporting
  - Prepare reports and presentations for committees

Summary

- A competent IP should be able to:
  - Investigate outbreaks and implement interventions
  - Report outbreaks of communicable diseases to county/state health departments as needed
  - Plan and conduct educational programs
  - Develop and review policies and procedures
  - Ensure compliance with county, state and federal standards for infection prevention

Training Resources for IP Competency

- CDC LTCFs Infection Prevention Training- https://www.cdc.gov/longtermcare/training.html

- Long-Term Care Infection Preventionist Essentials Training- https://apic.org/course/long-term-care-infection-preventionist-essentials-training/

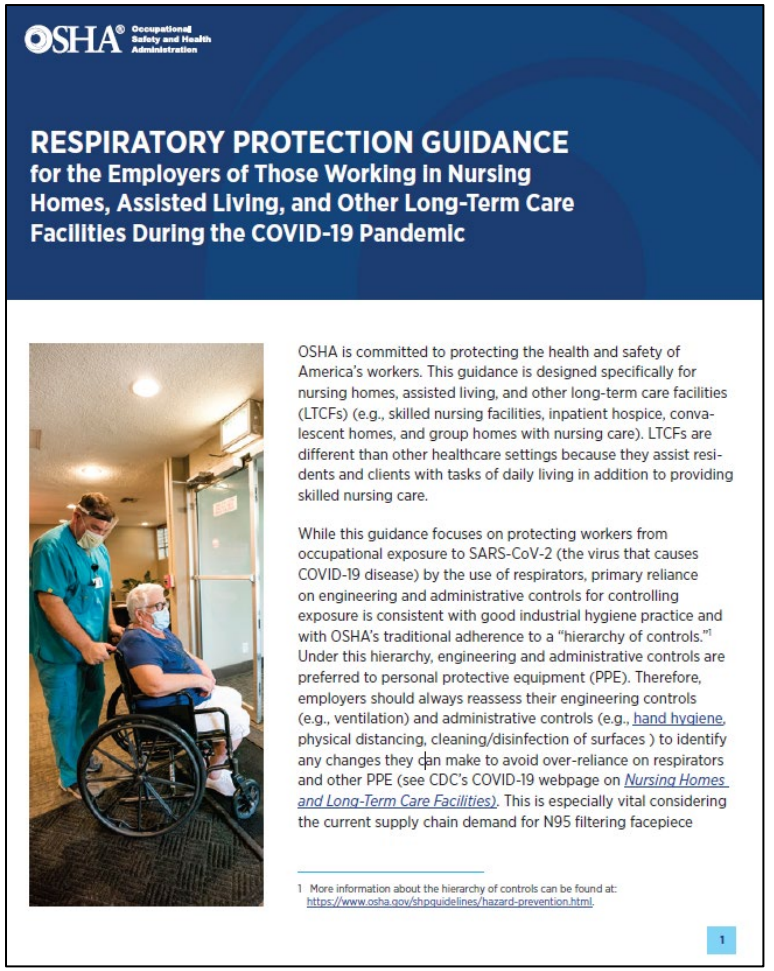
- CBIC Long Term Care Certification in Infection Prevention (LTC-CIP)- https://www.cbic.org/CBIC/Long-term-care-certification.htm

Respiratory Protection

ALLIANT HEALTH SOLUTIONS

Respiratory Protection Program

- If a respirator is required during 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.



OSHA Occupational Safety and Health Administration

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.

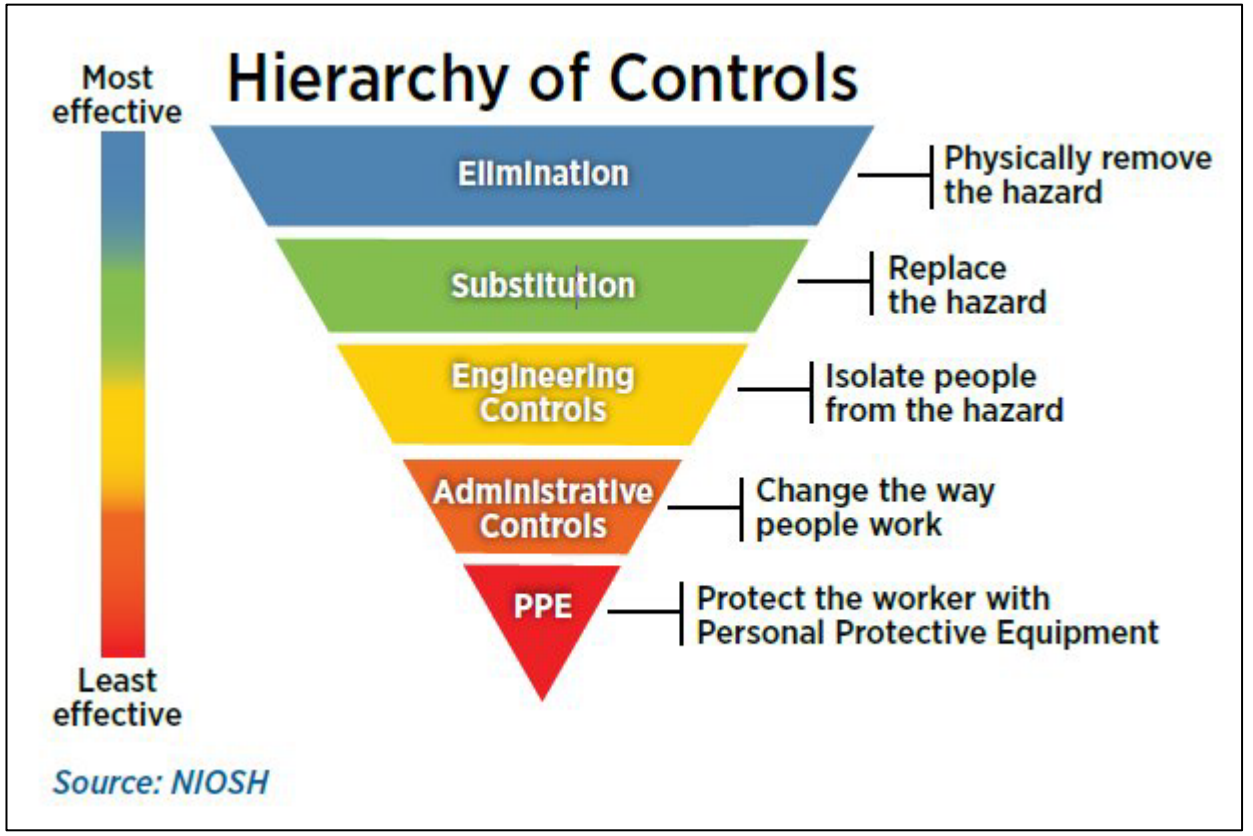
While this guidance focuses on protecting workers from occupational exposure to SARS-CoV-2 (the virus that causes COVID-19 disease) by the use of respirators, primary reliance on engineering and administrative controls for controlling exposure is consistent with good industrial hygiene practice and with 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/shpguidelines/hazard-prevention.html.

1

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



Types of Respiratory Protection

- There are two main types of respiratory protection:
  1) Air-purifying respirators (APRs)
  2) Atmosphere-supplying respirators (ASRs)
- Each respirator type provides a different level of protection based on its design

https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/respsourceTypes.html#:~:text=Air%2Dpurifying%20respirators%20(APRs),-APRs%20use%20filters&text=FFRs%20are%20disposable%20respirators%20that%20cover%20the%20nose%20and%20mouth.&text=EHMRs%20are%20reusable%20respirators%20and%20cover%20the%20nose%20and%20mouth.&text=Elastomeric%20full%20facepiece%20respirators%20are,nose%2C%20mouth%2C%20and%20eyes.

Air-Purifying Respirators (APRs)

Filtering facepiece respirator (FFR)

Photo courtesy of Shutterstock

FFRs are disposable respirators that cover the nose and mouth.

Elastomeric half mask respirator (EHMR)

Photo courtesy of Shutterstock

EHMRs are reusable respirators and cover the nose and mouth.

Elastomeric full facepiece respirator

Photo courtesy of Shutterstock

Elastomeric full facepiece respirators are reusable and cover the nose, mouth, and eyes.

Powered air-purifying respirator (PAPR)

Photo courtesy of MaxAir

PAPRs are reusable and often have a hood or helmet that covers the nose, mouth, and eyes. A battery-powered blower pulls air through filters or cartridges.

- APRs use filters, cartridges, or canisters to remove gases, vapors, aerosols, or a combination of contaminants from the air. Tight-fitting APRs require fit testing prior to use.

https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/respsourceTypes.html#:~:text=Air%2Dpurifying%20respirators%20(APRs),-APRs%20use%20filters&text=FFRs%20are%20disposable%20respirators%20that%20cover%20the%20nose%20and%20mouth.&text=EHMRs%20are%20reusable%20respirators%20and%20cover%20the%20nose%20and%20mouth.&text=Elastomeric%20full%20facepiece%20respirators%20are,nose%2C%20mouth%2C%20and%20eyes.

Atmosphere-Supplying Respirators (ASRs)

- ASRs provide clean breathing air from a separate source. These respirators protect workers from many types of airborne contaminants (particles, gases, and vapors) and, in certain cases, oxygen-deficient atmospheres. Tight-fitting ASRs require fit testing prior to use.

Supplied-air respirator (SAR)

Photo courtesy of Honeywell International Inc.

SARs are connected to a separate source that supplies breathing air via a hose. This source is located outside of the work area.

Self-contained breathing apparatus (SCBA)

Photo courtesy of 3M Scott

SCBAs have their own breathing air supply that the user carries. This makes these devices portable. SCBAs are either open circuit or closed circuit.

Combination supplied-air/self-contained breathing apparatus

Photo courtesy of Survivair

This combination unit has a small self-contained air supply. The SCBA provides air if the airline supply fails.

https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/respsourceTypes.html#:~:text=Air%2Dpurifying%20respirators%20(APRs),-APRs%20use%20filters&text=FFRs%20are%20disposable%20respirators%20that%20cover%20the%20nose%20and%20mouth.&text=EHMRs%20are%20reusable%20respirators%20and%20cover%20the%20nose%20and%20mouth.&text=Elastomeric%20full%20facepiece%20respirators%20are,nose%2C%20mouth%2C%20and%20eyes.

NIOSH-Approved Particulate Filtering Respirators Classification

Filter Class	Description
N95, N99, N100	Filters at least 95%, 99%, 99.97% of airborne particles. Not resistant to oil.
R95, R99, R100	Filters at least 95%, 99%, 99.97% of airborne particles. Somewhat resistant to oil.
P95, P99, P100	Filters at least 95%, 99%, 99.97% of airborne particles. Strongly resistant to oil.
HE (High Efficiency Particulate Air)	Filters at least 99.97% of airborne particles. For use on PAPRs only. PAPRs use only HE filters.

https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/respsourceTypes.html#:~:text=Air%2Dpurifying%20respirators%20(APRs),-APRs%20use%20filters&text=FFRs%20are%20disposable%20respirators%20that%20cover%20the%20nose%20and%20mouth.&text=EHMRs%20are%20reusable%20respirators%20and%20cover%20the%20nose%20and%20mouth.&text=Elastomeric%20full%20facepiece%20respirators%20are,nose%2C%20mouth%2C%20and%20eyes.

Searching for NIOSH-Approved Respirators

- The Certified Equipment List (CEL) is the official list of all NIOSH-approved respirators.
- Alternatively, NIOSH keeps a list of the NIOSH-approved air-purifying respirators organized by filter series type.

https://www.cdc.gov/niosh/npptl/topics/respirators/cel/

What Elements of a RPP Are Required?

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

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.

Medical Evaluation

- The OSHA Respiratory Protection standard (29 CFR 1910.134) requires that employees be medically evaluated and cleared for respirator use prior to wearing a respirator or being fit tested.
- The employer must provide medical evaluations during work time and at no cost to the employee.

Medical Evaluation

- Employers must provide the HCP evaluating the employees with the following:
  - Description of the type and weight of respirator to be used
  - Duration and frequency of use
  - Expected physical work effort
  - Additional protective clothing and equipment to be worn
  - Temperature and humidity extremes that may be encountered

OSHA Respirator Fit Testing (Video)

Fit Testing

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

https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppA

Training

- All employees must be trained on:
  - Facility's policy regarding which situations warrant respirator use
  - Identifying how patient's signs, symptoms and potential diagnoses affect decisions on respirator use and selection

Documentation

- Records of fit tests and medical evaluations must be kept on file until the next annual test is performed. Records must also be made available to OSHA upon request
- Respiratory Protection Standard requires the following information be kept in the fit test record
  - Name or employee ID of employee that was fit tested
  - Type of fit test performed
  - Specific make, model, style, and size of respirator tested
  - Date of test
  - Result of test (pass or fail)

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.

UGA Respiratory Resource Box

- Kit includes: hood, collar, 2 nebulizers, bitter tasting sensitivity solution, bitter tasting fit test solution and laminated user instructions

https://www.3m.com/3M/en_US/p/d/v000057498/

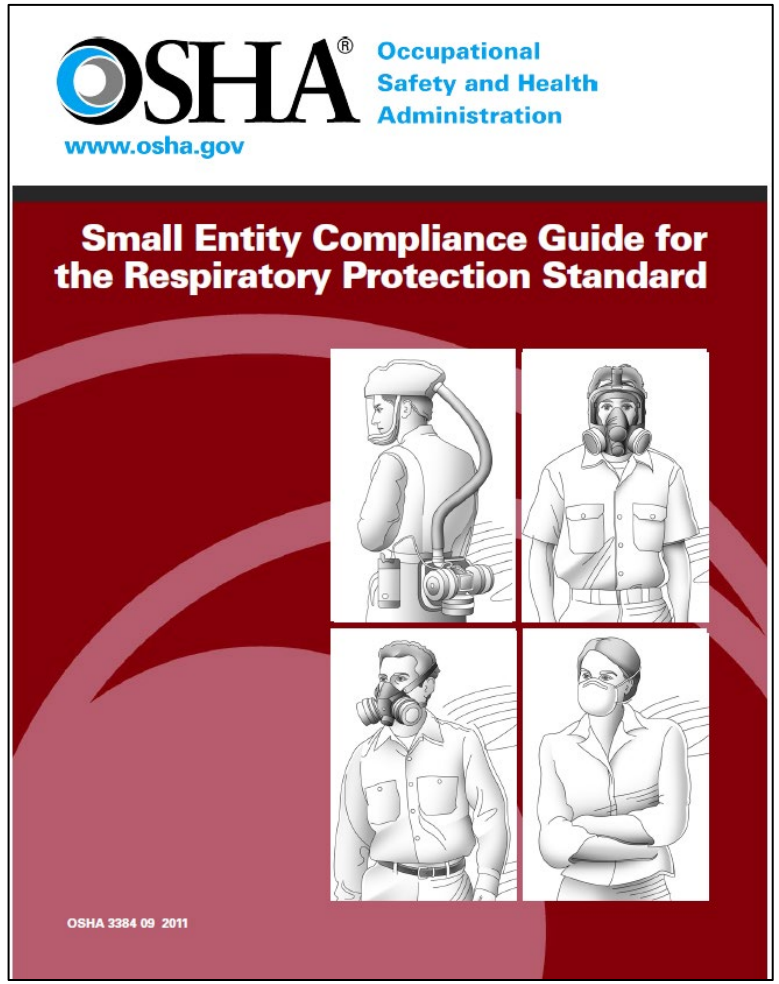
Infection Control Actions to Take During Respiratory Virus Season

- Check that the air handling in your facility is functioning as it should
- Consider broad source control in health care facilities during respiratory virus season
- Use data for local decisions
- Help everyone practice respiratory hygiene and cough etiquette
- Promote hand hygiene with everyone in the facility
- Practice regular environmental cleaning

https://blogs.cdc.gov/safehealthcare/actions-for-respiratory-virus-season/?ACSTrackingID=USCDC_2104-DM112725&ACSTrackingLabel=Infection%20Control%20Reminders%20for%20Respiratory%20Virus%20Season&deliveryName=USCDC_2104-DM112725

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

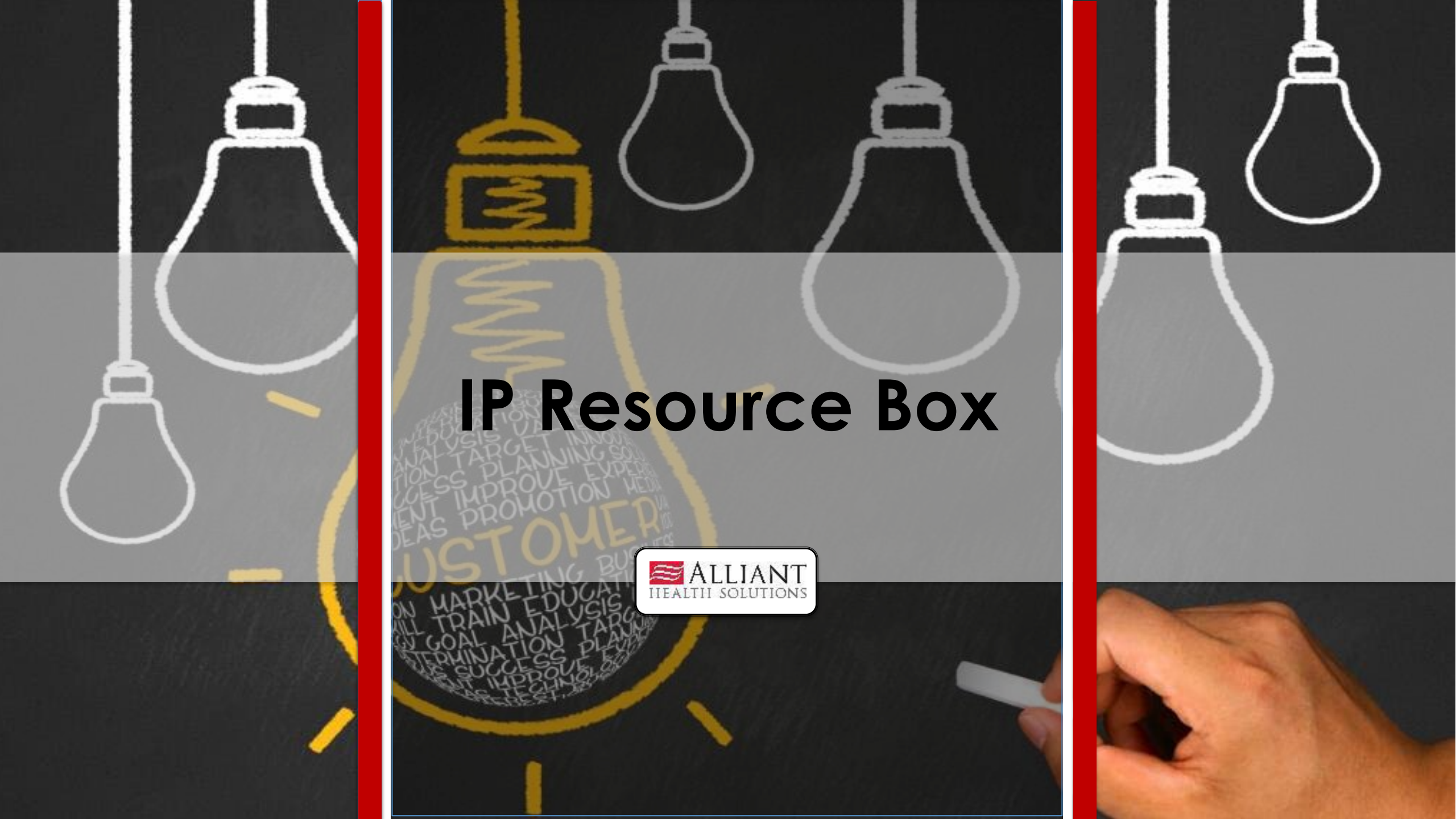


References

- OHSA 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

https://www.osha.gov/sites/default/files/respiratory-protection-covid19-long-term-care.pdf

IP Resource Box

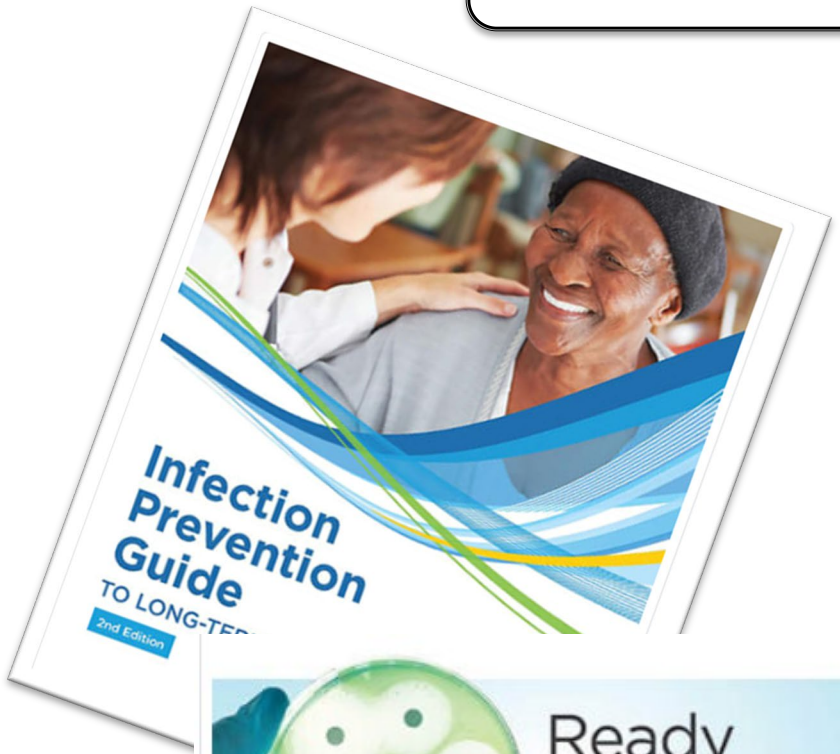


Resource Boxes Are on the Way!

- 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



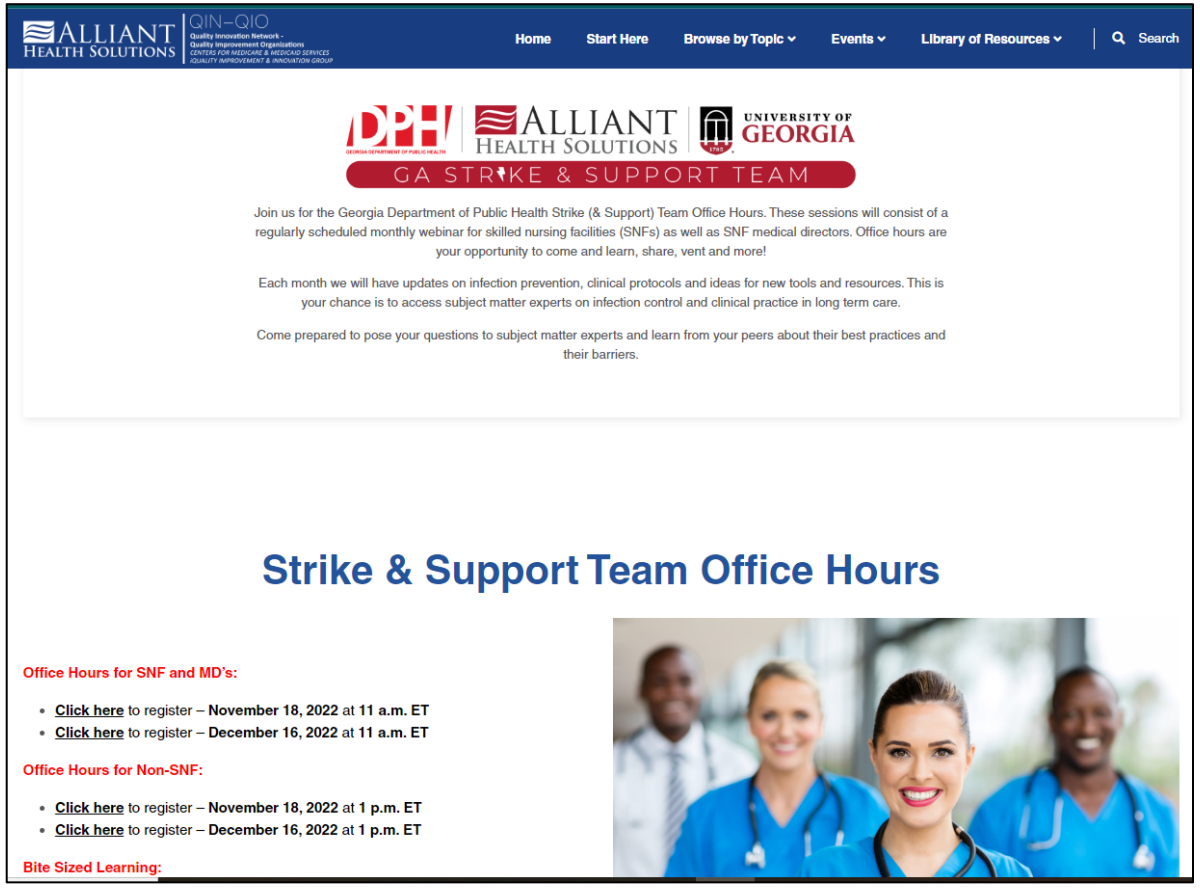
Respiratory Protection Program

- 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

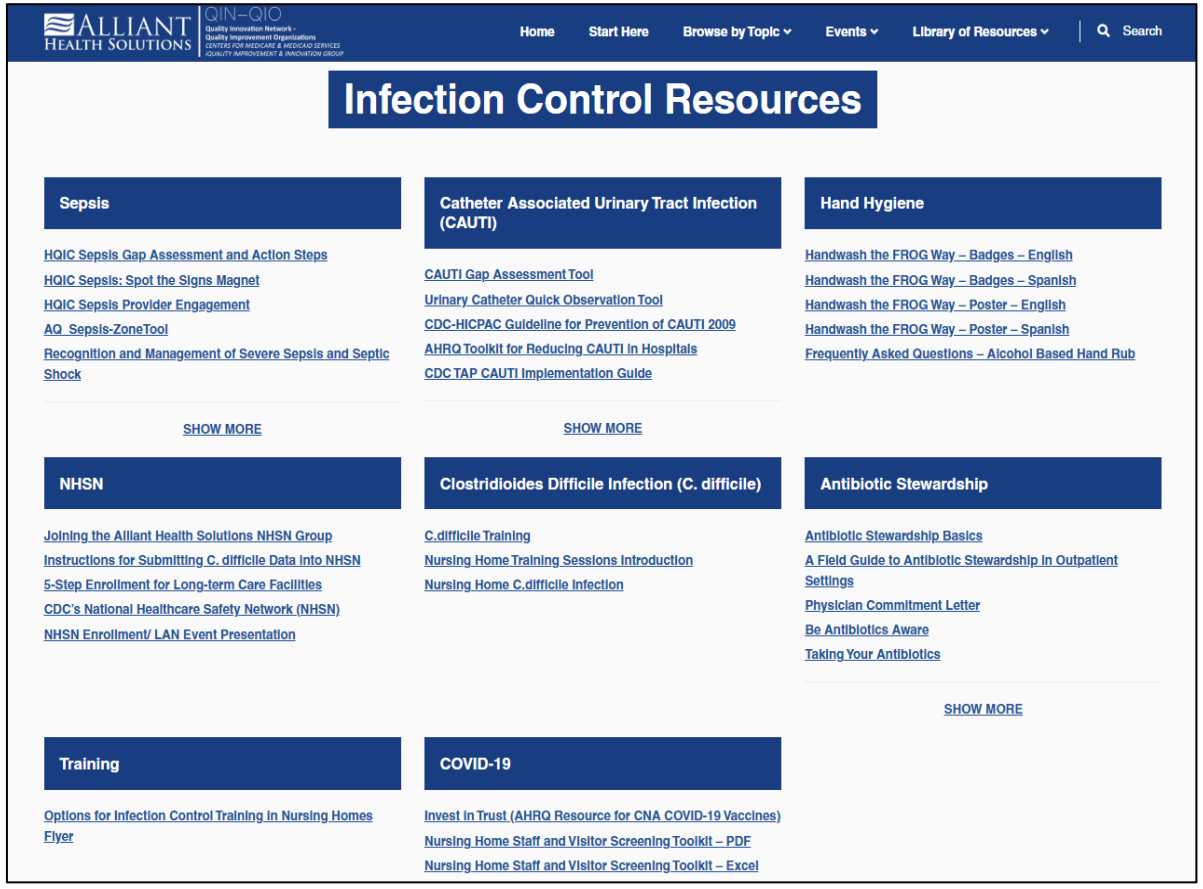
- N-95 mask fit testing - Bing images

Questions?

Alliant Health Solutions Resources



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



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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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	Sue.bunnell@dph.ga.gov (404-967-0582)
Atlanta Metro (Cobb-Douglas, Fulton, Clayton, Lawrenceville, DeKalb, LaGrange) Districts 3-1, 3-2, 3-3, 3-4, 3-5, 4	Teresa.Fox@dph.ga.gov (256-293-9994) Renee.Miller@dph.ga.gov (678-357-4797)
Central (Dublin, Macon, Augusta, & Columbus) Districts 5-1, 5-2, 6, 7	Theresa.Metro-Lewis@dph.ga.gov (404-967-0589) Karen.Williams13@dph.ga.gov (404-596-1732)
Southwest (Albany, Valdosta) Districts 8-1, 8-2	Connie.Stanfill1@dph.ga.gov (404-596-1940)
Southeast (Savannah, Waycross) Districts 9-1, 9-2	Lynn.Reynolds@dph.ga.gov (804-514-8756)
Backup/Nights/Weekends	Joanna.Wagner@dph.ga.gov (404-430-6316)

Save the Date

SNF and Medical Directors Office Hours:

October 20, 2023 | 11 a.m. ET

ALF and PCH

October 27, 2023 | 11 a.m. ET

Thanks Again…

- Georgia Department of Public Health
- University of Georgia

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