ALLIANT HEALTH SOLUTIONS

Georgia Department of Public Health Strike & Support Team

SNF & Non-SNF Office Hours

December 15, 2023

Meet the Team

Presenters:

Swati Gaur, MD, MBA, CMD, AGSF
Medical Director
Alliant Health Solutions

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

Swati Gaur, MD, MBA, CMD, AGSF

MEDICAL DIRECTOR, ALLIANT HEALTH SOLUTIONS

Dr. Swati Gaur is the medical director of New Horizons Nursing Facilities with the Northeast Georgia Health System. She also provides consultative services to 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. She established the palliative care service line at the Northeast Georgia Health System.

She is board-certified in internal medicine, geriatric medicine, and hospice and palliative medicine. In addition, she has a master's in business administration from the Georgia Institute of Technology with a concentration in technology management.

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

Thank You to Our Partners

- Georgia Department of Public Health
- University of Georgia

GEORGIA DEPARTMENT OF PUBLIC HEALTH

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Learning Objectives

- Learners will be able to better understand the chain of infection
- Learners will be able to use Appendix A of the CDC Guideline for Isolation Precautions to determine:
  - Recommendations for Application of Standard Precautions for the care of all patients in all healthcare settings
  - Recommended duration and precautions for selected infections and conditions such as SARS-CoV2 (COVID)

COVID-19 Update

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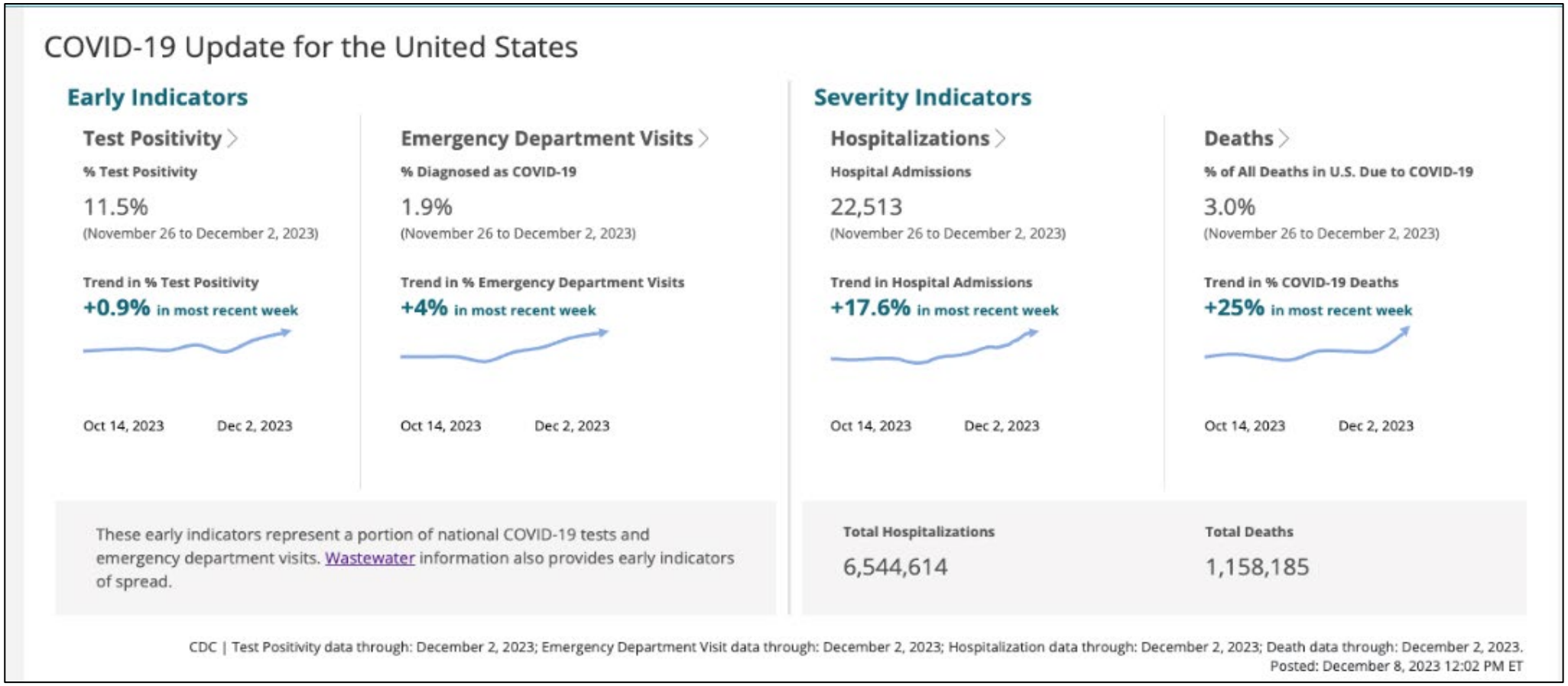
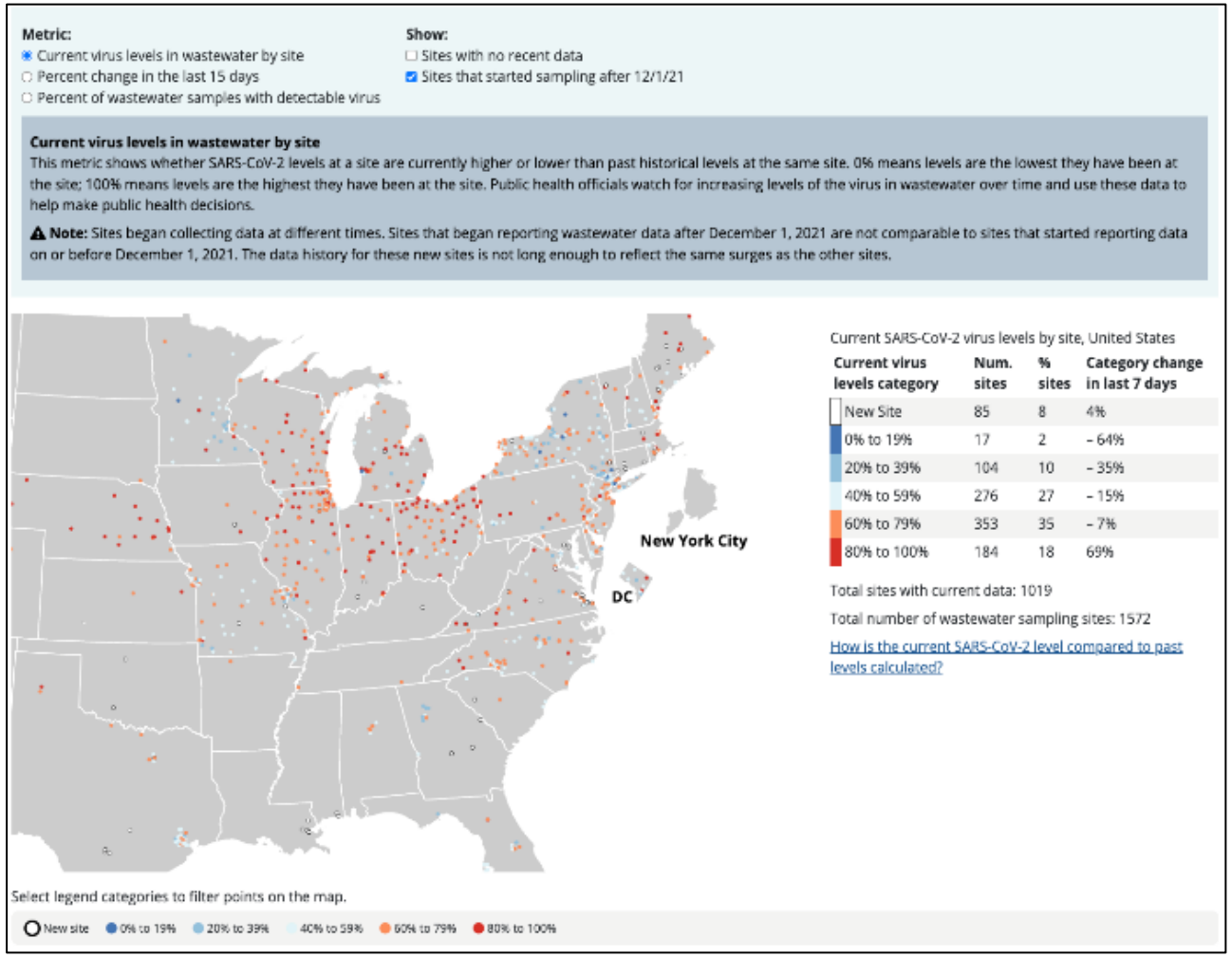
Current Indicators for COVID



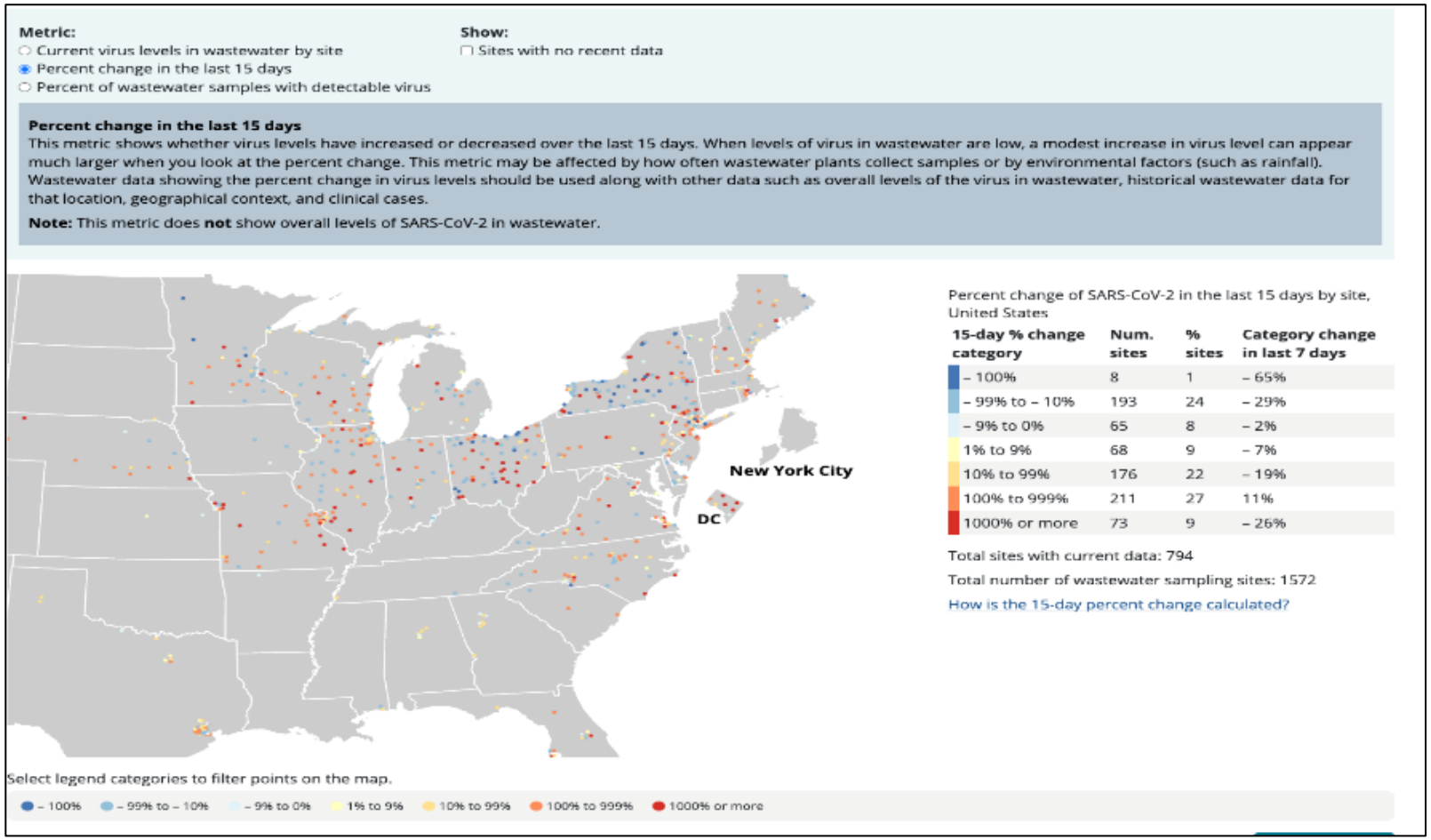
https://covid.cdc.gov/covid-data-tracker/#datatracker-home

Wastewater Surveillance



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

Wastewater Change



Metric:
- ○ Current virus levels in wastewater by site
- ◉ Percent change in the last 15 days
- ○ Percent of wastewater samples with detectable virus

Show:
- ☐ Sites with no recent data

Percent change in the last 15 days
This metric shows whether virus levels have increased or decreased over the last 15 days. When levels of virus in wastewater are low, a modest increase in virus level can appear much larger when you look at the percent change. This metric may be affected by how often wastewater plants collect samples or by environmental factors (such as rainfall). Wastewater data showing the percent change in virus levels should be used along with other data such as overall levels of the virus in wastewater, historical wastewater data for that location, geographical context, and clinical cases.

Note: This metric does **not** show overall levels of SARS-CoV-2 in wastewater.

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

15-day % change category	Num. sites	% sites	Category change in last 7 days
– 100%	8	1	– 65%
– 99% to – 10%	193	24	– 29%
– 9% to 0%	65	8	– 2%
1% to 9%	68	9	– 7%
10% to 99%	176	22	– 19%
100% to 999%	211	27	11%
1000% or more	73	9	– 26%

Total sites with current data: 794

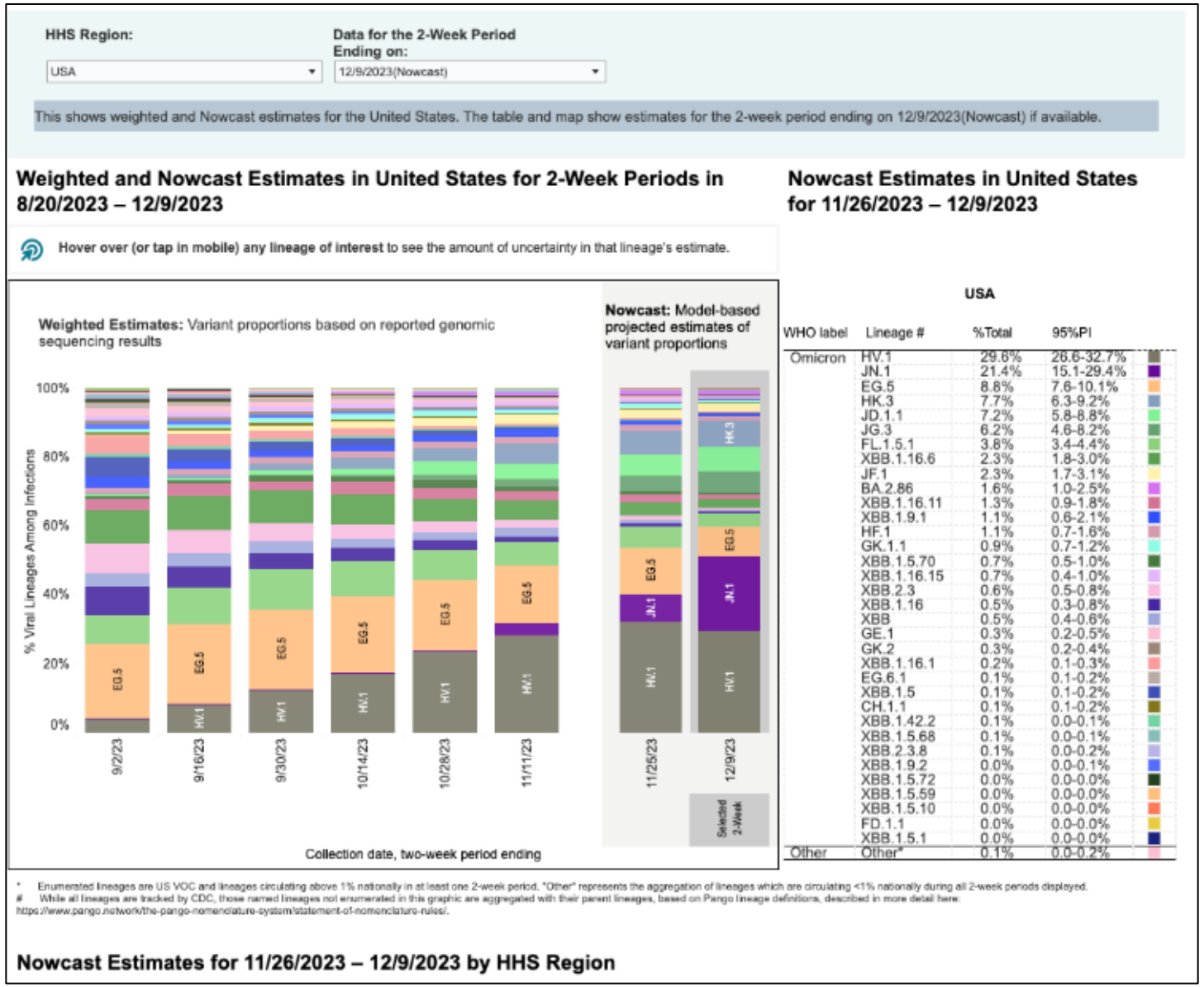
Total number of wastewater sampling sites: 1572

How is the 15-day percent change calculated?

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

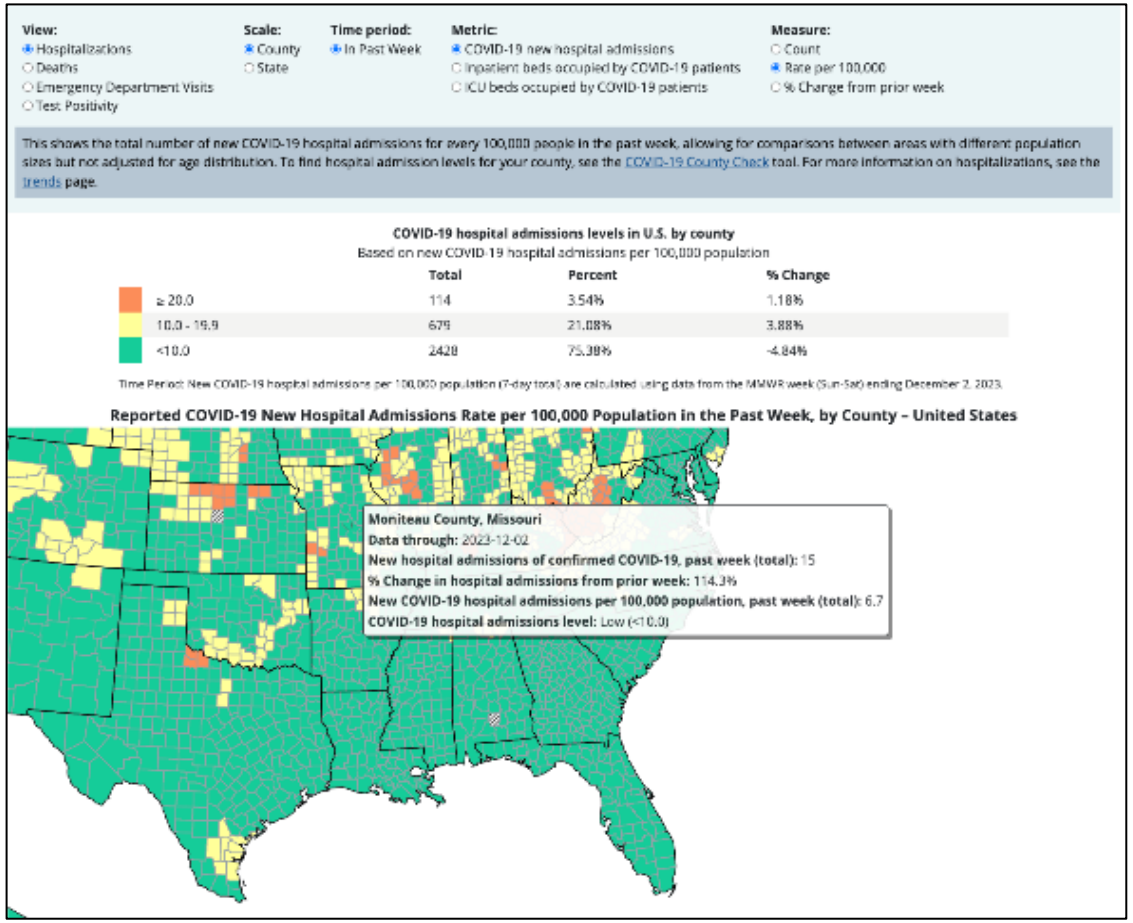
https://covid.cdc.gov/covid-data-tracker/#wastewater-surveillance

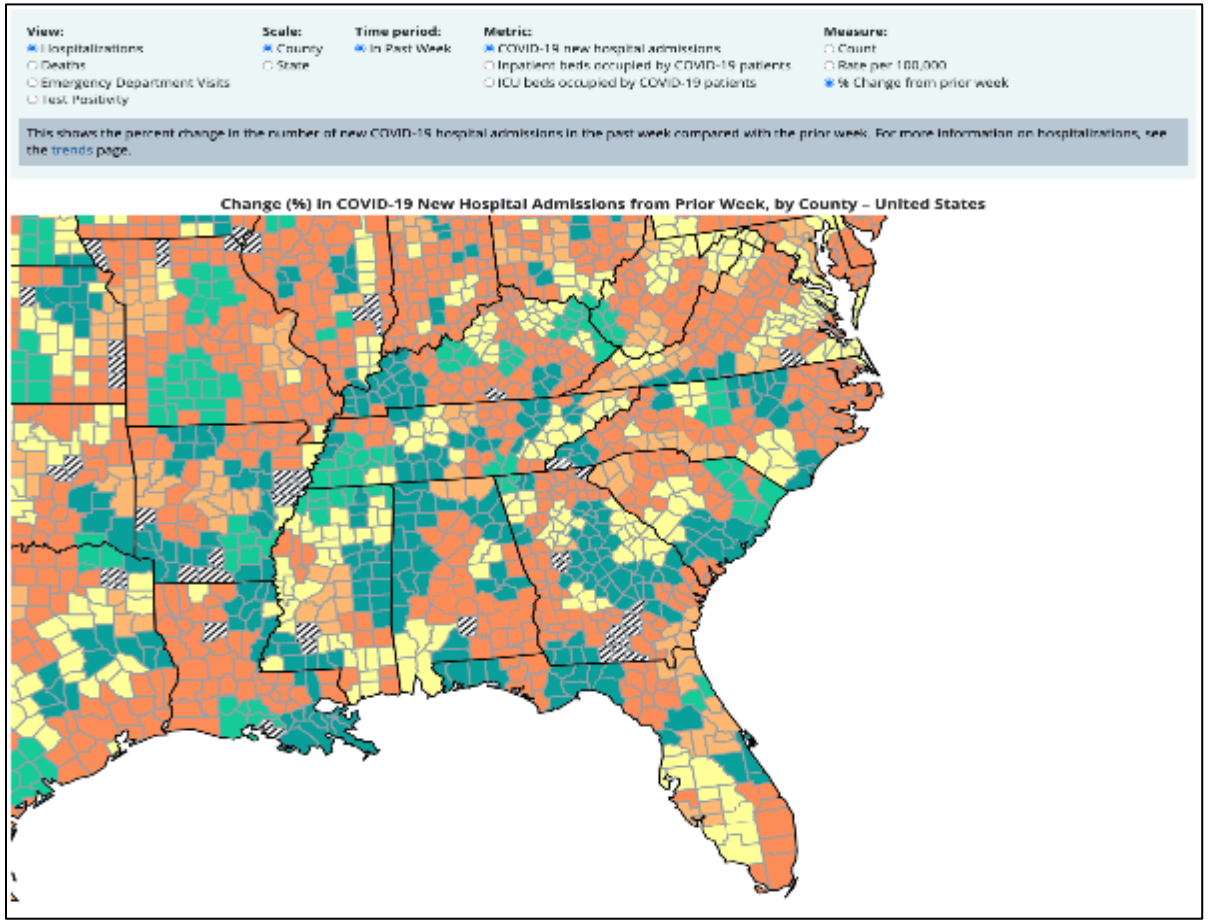


Variant Distribution for COVID-19

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

COVID-19 Hospitalization



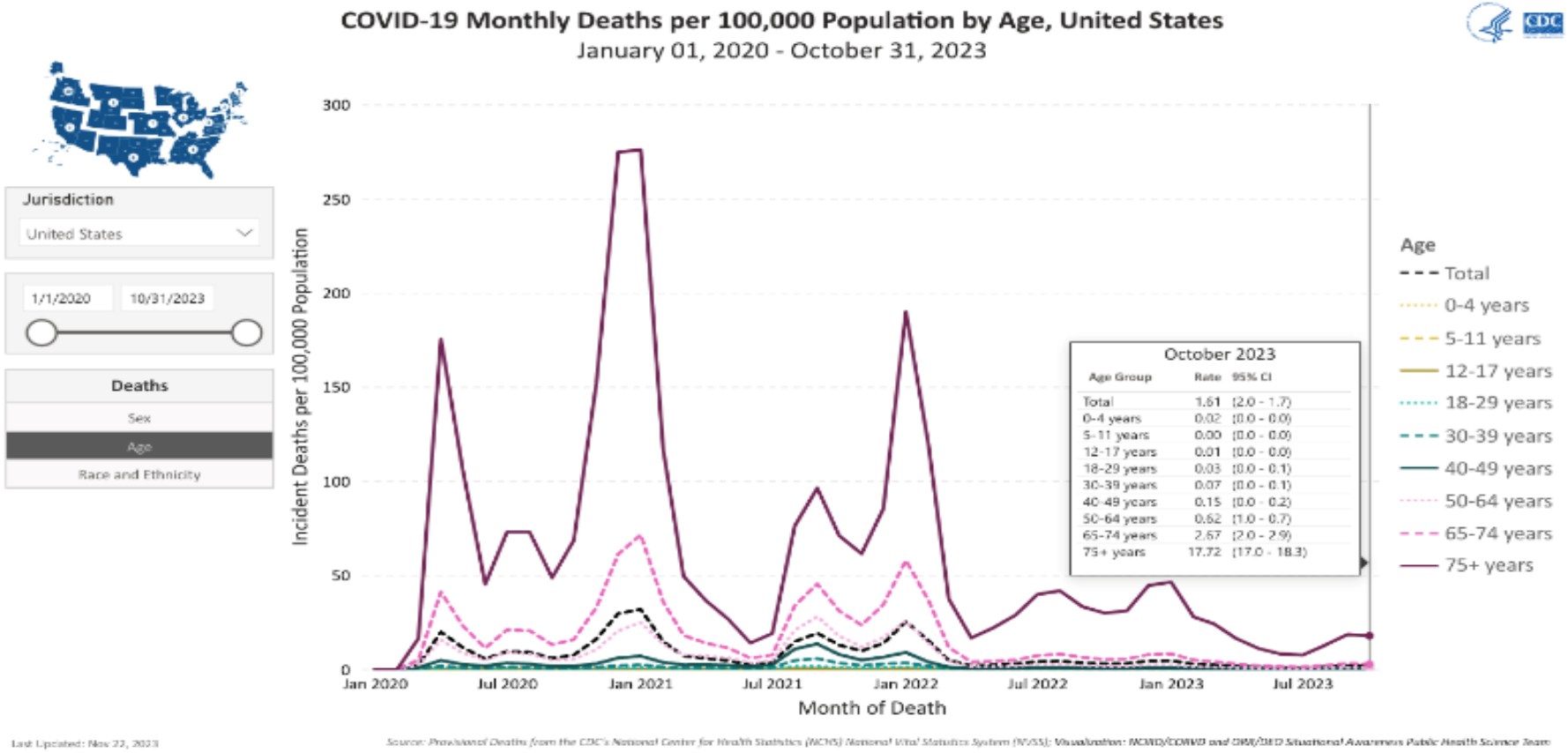


https://covid.cdc.gov/covid-data-tracker/#maps_new-admissions-rate-county

< Back to Deaths

COVID-19 Monthly Death Rates per 100,000 Population by Age Group, Race and Ethnicity, and Sex

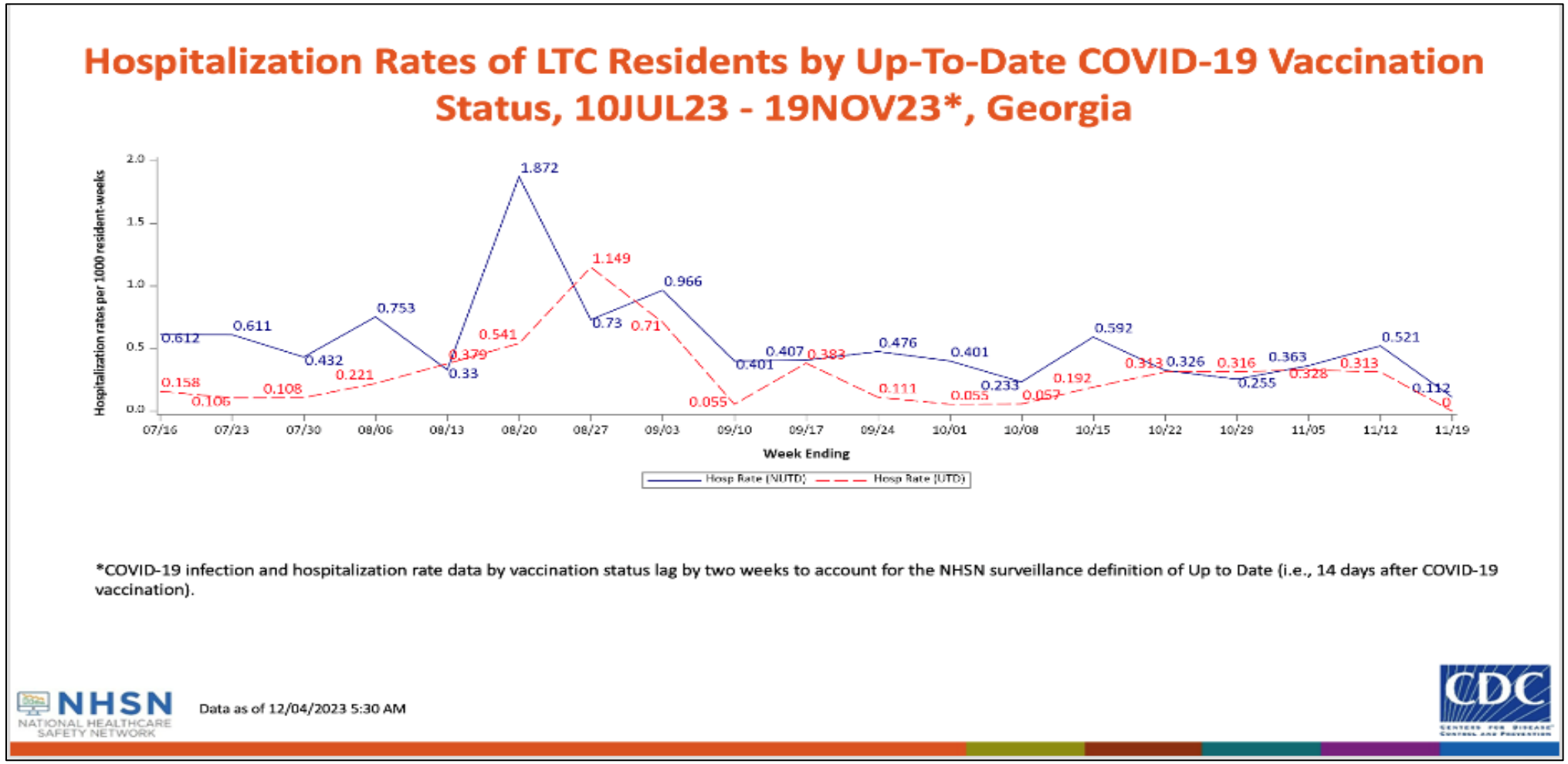
View Footnotes and Additional Information



Last Updated: Nov 22, 2023

Source: Provisional Deaths from the CDC's National Center for Health Statistics (NCHS) National Vital Statistics System (NVSS); Visualization: NCIRD/COVID and OMH/DED Situational Awareness Public Health Science Team

COVID-19 Cases in Nursing Home Residents



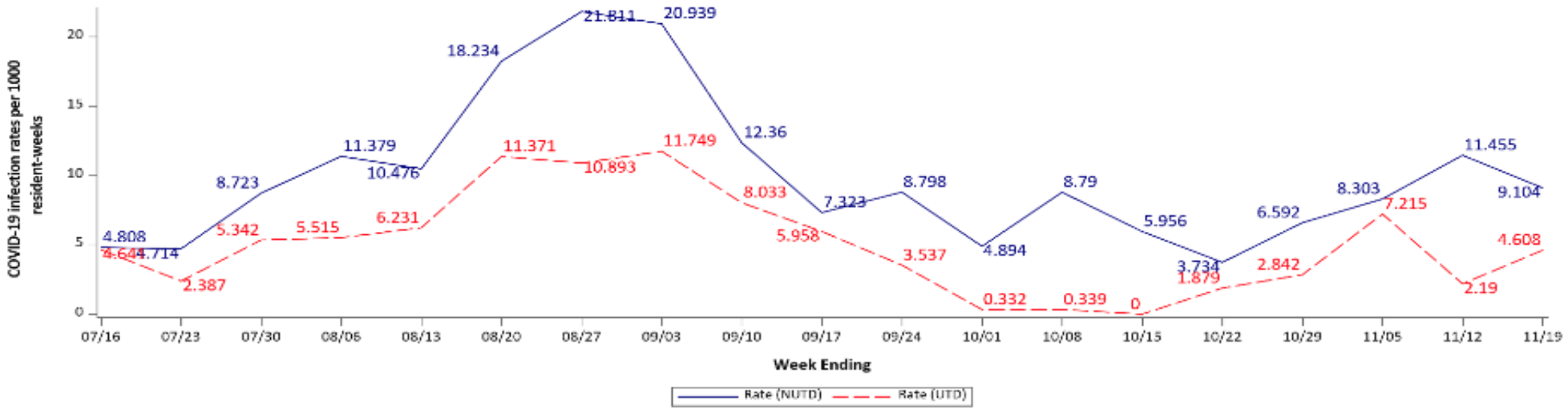
*COVID-19 infection and hospitalization rate data by vaccination status lag by two weeks to account for the NHSN surveillance definition of Up to Date (i.e., 14 days after COVID-19 vaccination).

NHSN NATIONAL HEALTHCARE SAFETY NETWORK

Data as of 12/04/2023 5:30 AM

CDC

COVID-19 Case Rates of LTC Residents by Up-To-Date COVID-19 Vaccination Status, 10JUL23 - 19NOV23*, Georgia



*COVID-19 infection and hospitalization rate data by vaccination status lag by two weeks to account for the NHSN surveillance definition of Up to Date (i.e., 14 days after COVID-19 vaccination).

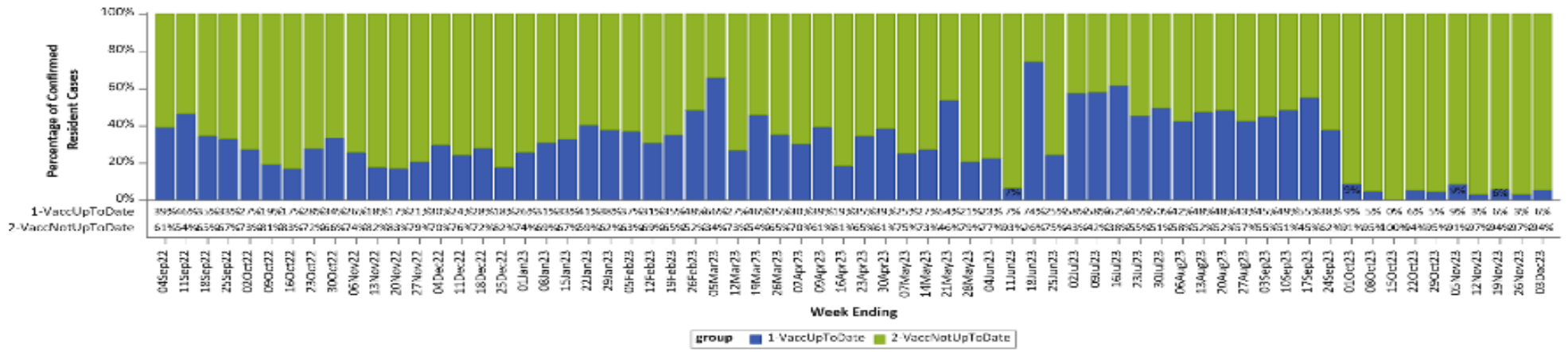
NHSN NATIONAL HEALTHCARE SAFETY NETWORK

Data as of 12/04/2023 5:30 AM

CDC CENTERS FOR DISEASE CONTROL AND PREVENTION

COVID-19 Cases in GA Nursing Homes

Skilled Nursing Facilities, Percentage of Confirmed Resident Cases in Residents, by Vaccination Status of Residents, 29AUG22-03DEC23, Georgia, Inferred Data (Number of facilities with cases = 354)*



Bars will not be populated if no resident cases are reported.

VaccUpToDate: Confirmed Resident Cases With Up-To-Date Vaccines **VaccNotUpToDate:** Confirmed Resident Cases With Not Up-To-Date Vaccines

*Inferred Data:For the purpose of best epidemiological understanding, data that fail quality checks or appear inconsistent with surveillance protocols are assigned a value based on their patterns of data-entry or excluded. Effective December 7, 2020, exclusion criteria were updated across the entire dataset/all time points.)

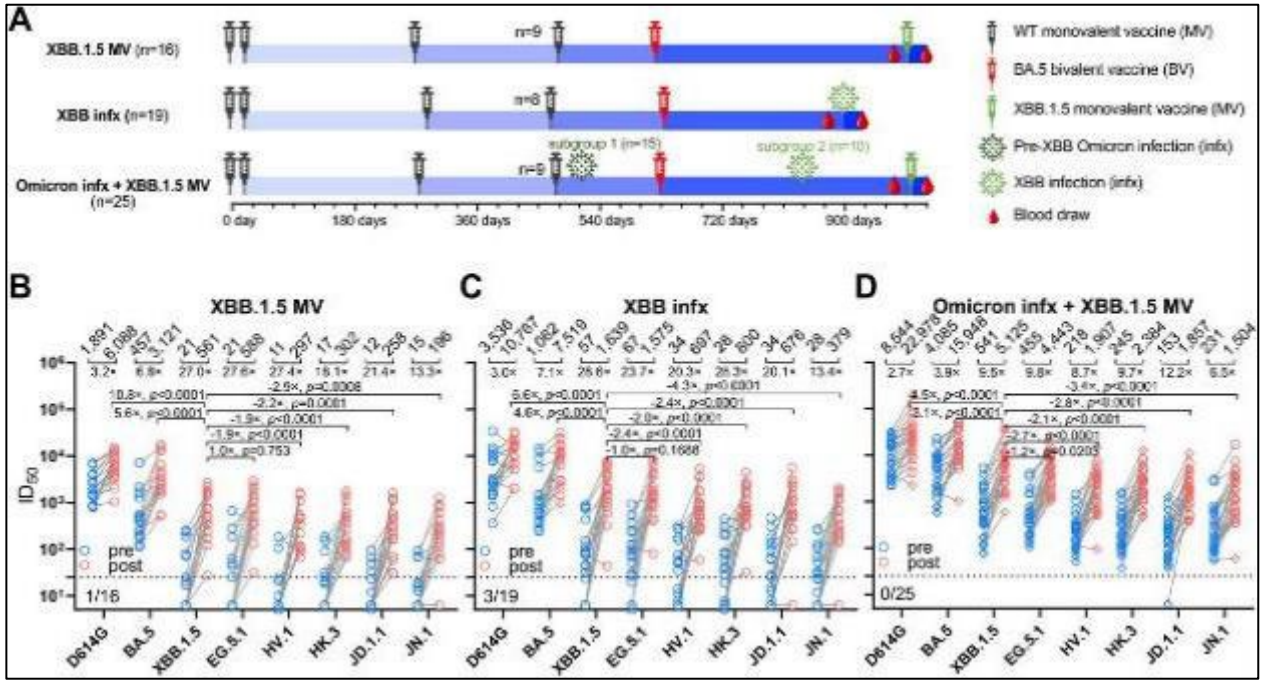
NHSN NATIONAL HEALTHCARE SAFETY NETWORK

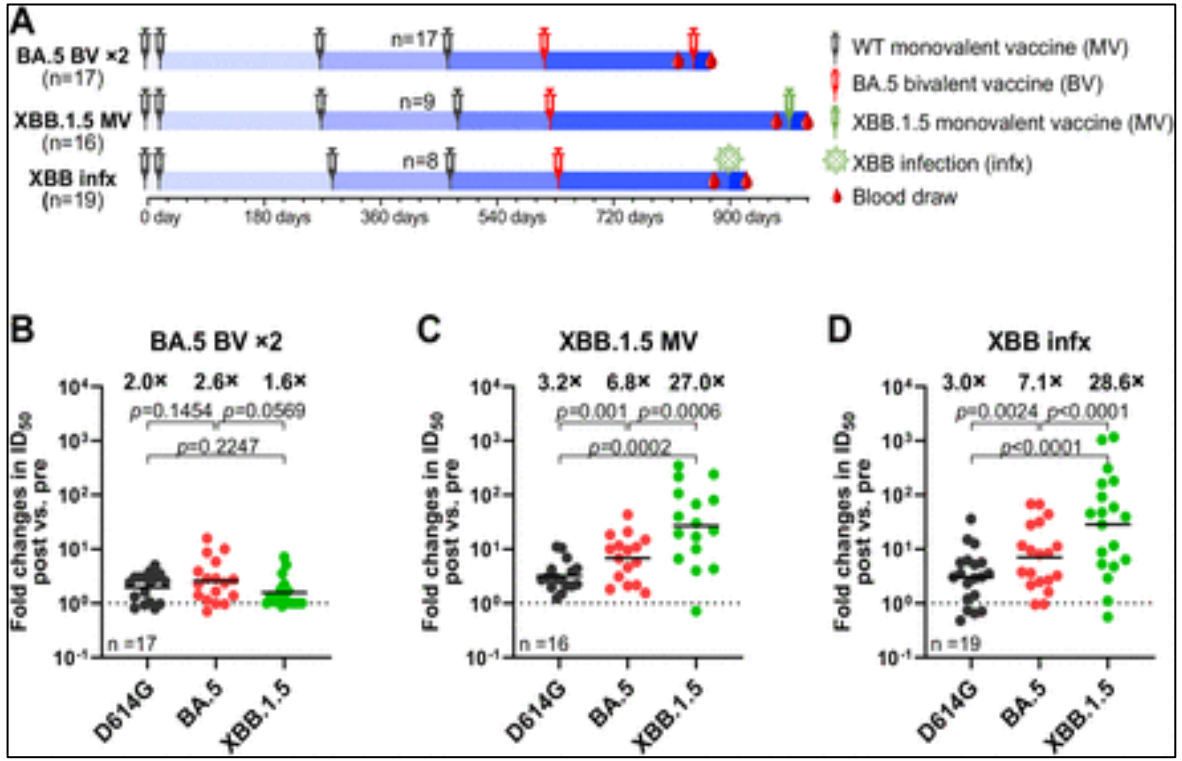
Data as of 12/04/2023 5:30 AM

**Facilities with vaccination data that failed quality check are not included.

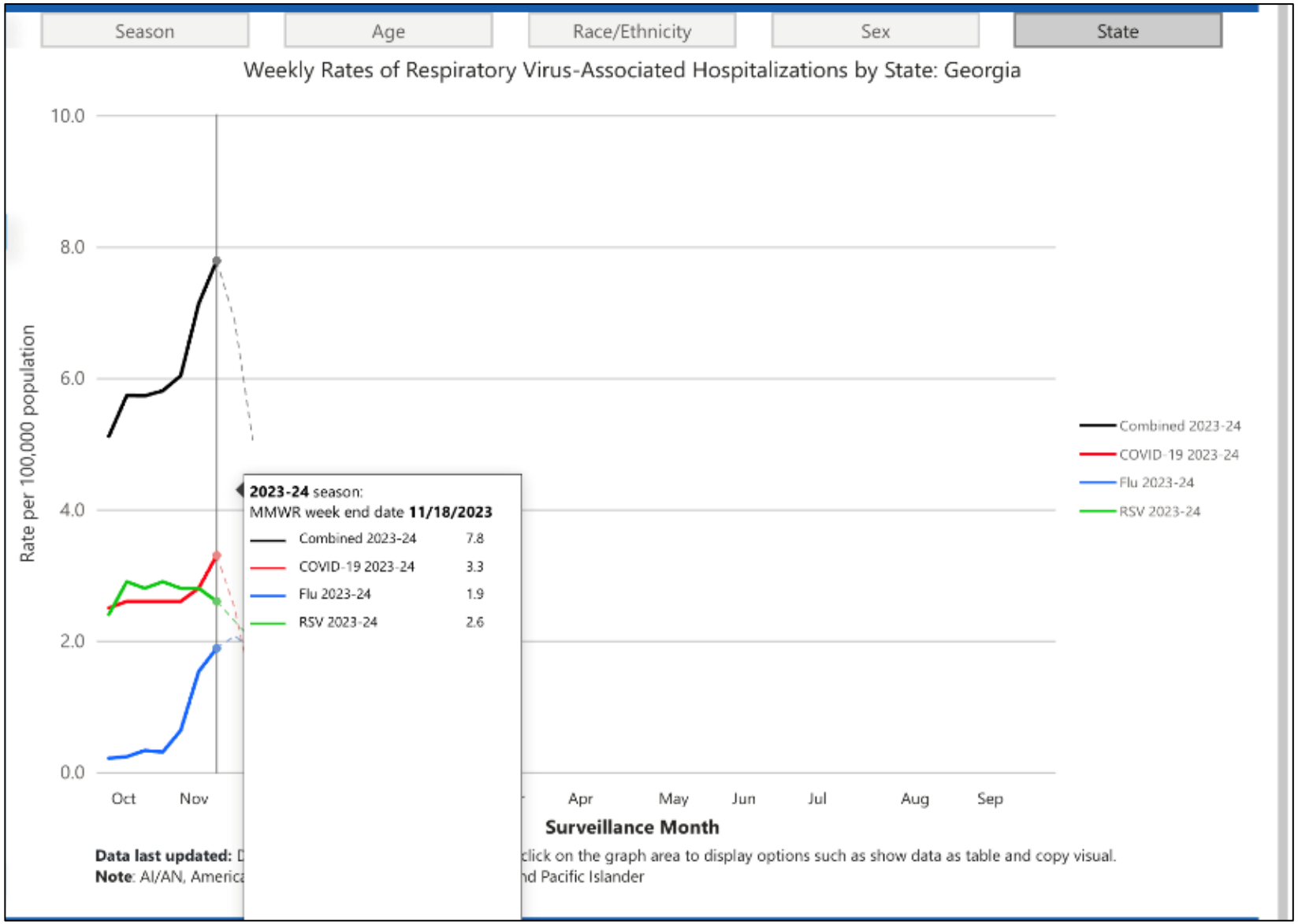
CDC CENTERS FOR DISEASE CONTROL AND PREVENTION

XBB.1.5 monovalent mRNA vaccine booster elicits robust neutralizing antibodies against emerging SARS-CoV-2 variants



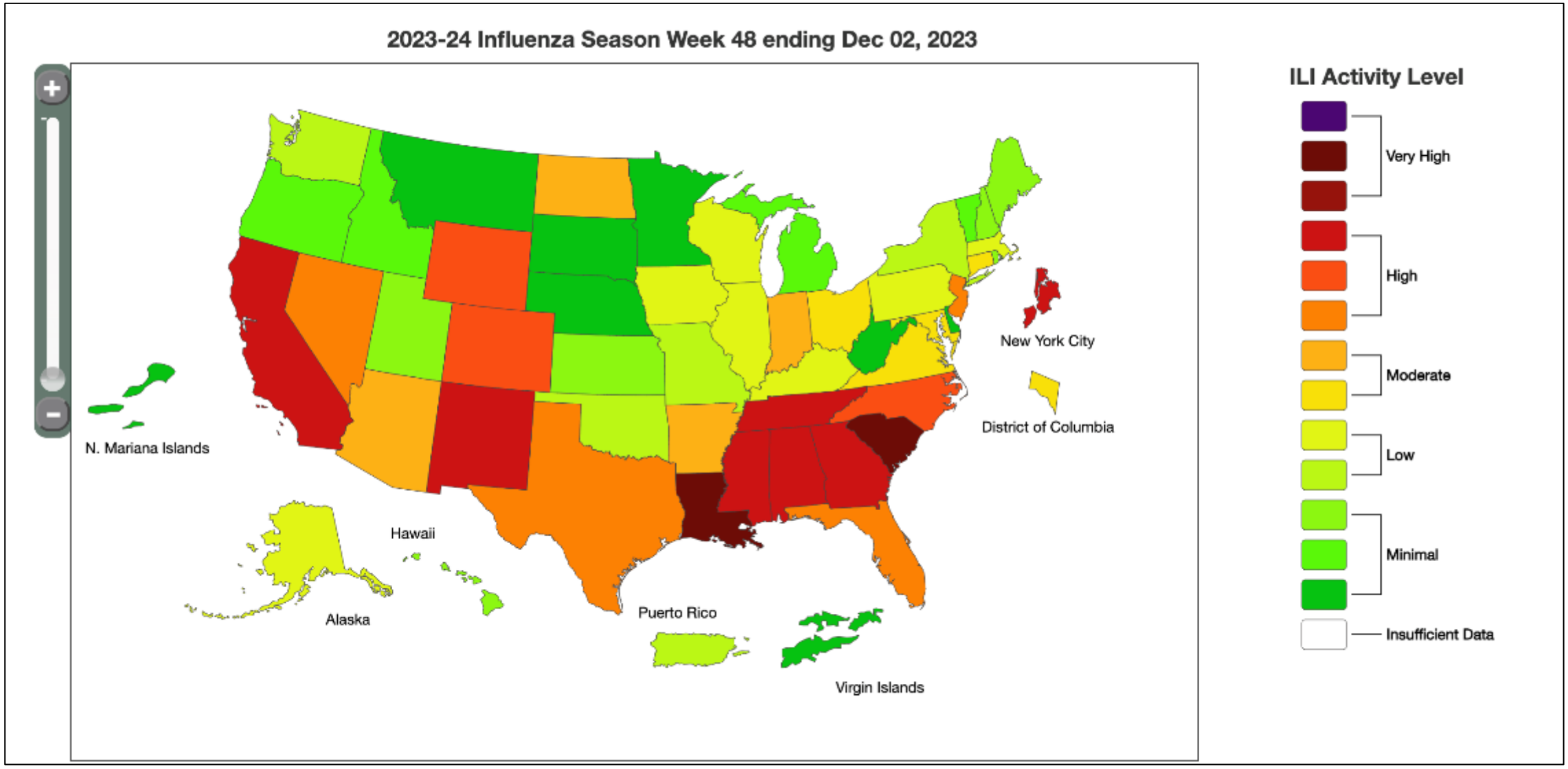


Preliminary scientific report. Wang Q, Guo Y, Bowen A, et al. *XBB.1.5 Monovalent mRNA Vaccine Booster Elicits Robust Neutralizing Antibodies against Emerging SARS-CoV-2 Variants*. bioRxiv, 2023, DOI: 10.1101/2023.11.26.568730, https://www.biorxiv.org/content/10.1101/2023.11.26.568730v1

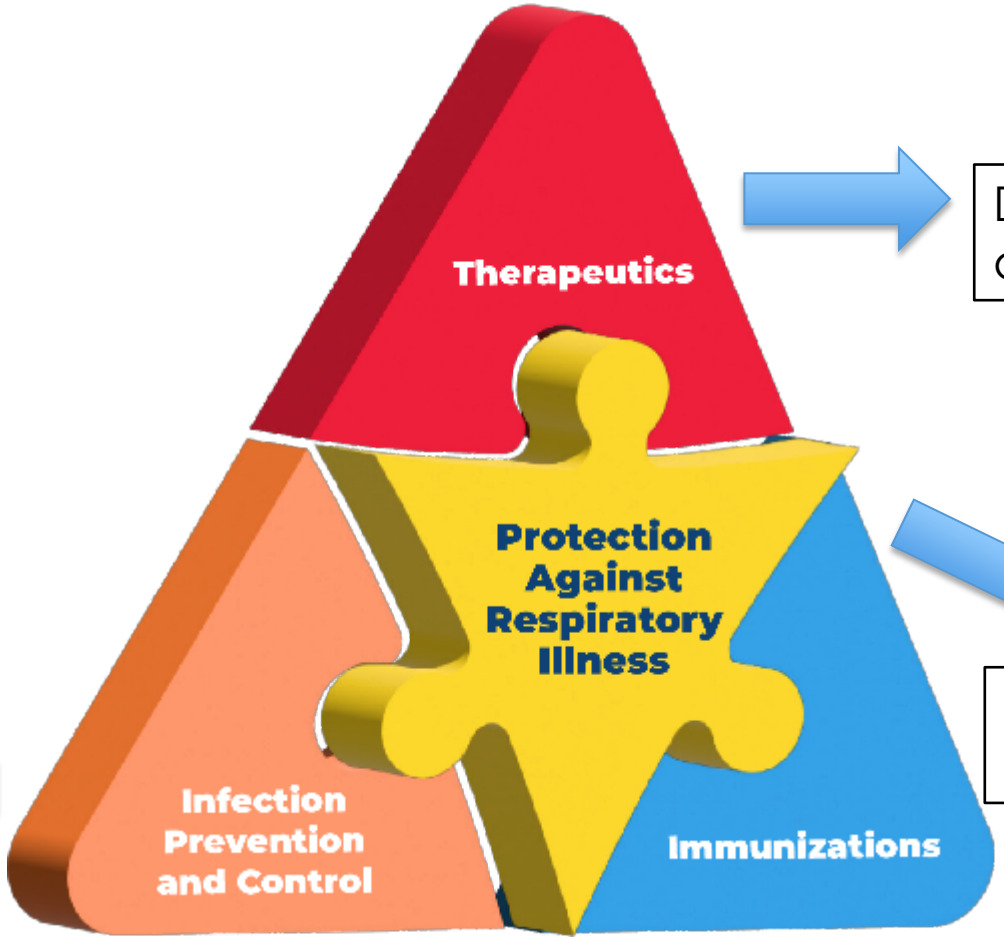


Combined Surveillance

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


2023-24 Influenza Season Week 48 ending Dec 02, 2023
N. Mariana Islands
Hawaii
Alaska
Puerto Rico
Virgin Islands
New York City
District of Columbia
ILI Activity Level
Very High
High
Moderate
Low
Minimal
Insufficient Data

Safety Strategy



Decrease serious illness and death

Decrease total cases

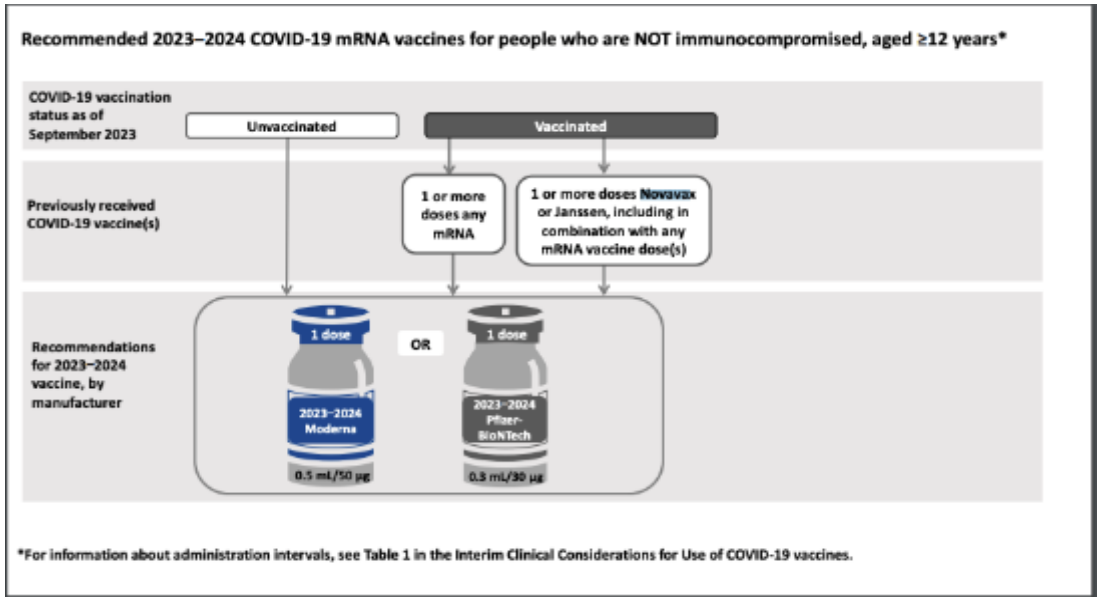
Decrease serious illness and death

Decrease total cases

COVID-19 Vaccine Recommendation 2023-2024

Doses recommended:

- **1 dose of 2023–2024 COVID-19 vaccine**, regardless of prior vaccination history



Novavax:

- Ages 12 years and older
- Previously completed primary vaccination using any FDA-approved or FDA-authorized COVID-19 vaccine
- Unable or unwilling to receive an mRNA vaccine and would otherwise not receive a booster dose.
- Administered at least six months after completion of any primary series
- 2023-24 vax was authorized by the FDA on Oct. 3, 2023

Influenza Vaccination of Persons Aged ≥65 Years

- Adults aged ≥65 years should preferentially receive any one of the following higher dose or adjuvanted influenza vaccines:
  - Quadrivalent high-dose inactivated influenza vaccine (HD-IIV4),
  - Quadrivalent recombinant influenza vaccine (RIV4), or
  - Quadrivalent adjuvanted inactivated influenza vaccine (aIIV4).

- If none of these three vaccines is available at an opportunity for vaccine administration, then any other age-appropriate influenza vaccine should be used.
- Vaccination of older adults in July and August should be avoided unless later vaccination might not be possible.
  - Due to potential waning of immunity.

https://emergency.cdc.gov/coca/ppt/2023/091923_slides.pdf

A Note on RSV Vaccine

Chronic Underlying Medical Conditions Associated with Increased Risk of Severe RSV Disease

- Lung disease
- Cardiovascular disease
- Moderate or severe immune compromise
- Diabetes Mellitus
- Neurologic or neuromuscular conditions
- Kidney disorders
- Liver disorders
- Hematologic disorders
- Other conditions that might increase the risk for severe disease

Other Factors Associated with Increased Risk of Severe RSV Disease

- Residence in a nursing home or other long-term care facility (LTCF)
- Frailty
- Advanced age

Use of Respiratory Syncytial Virus Vaccines in Older Adults: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023

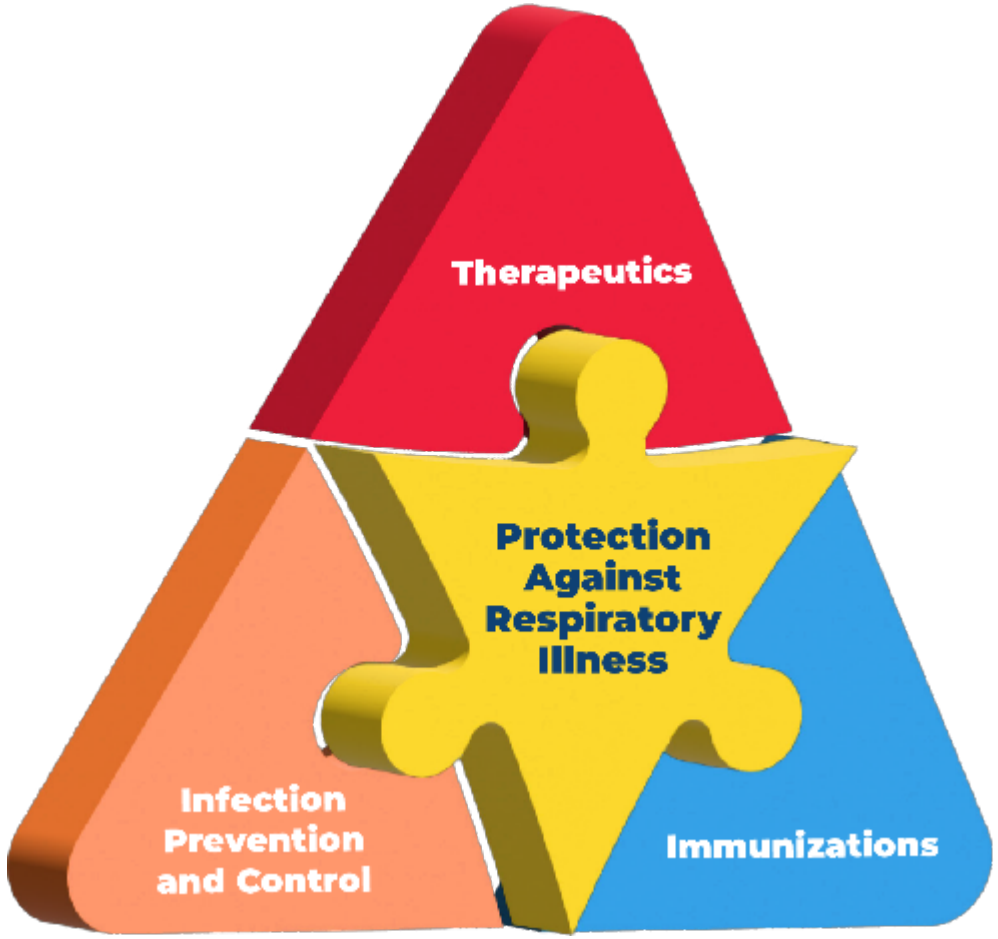
A Word on Therapeutics

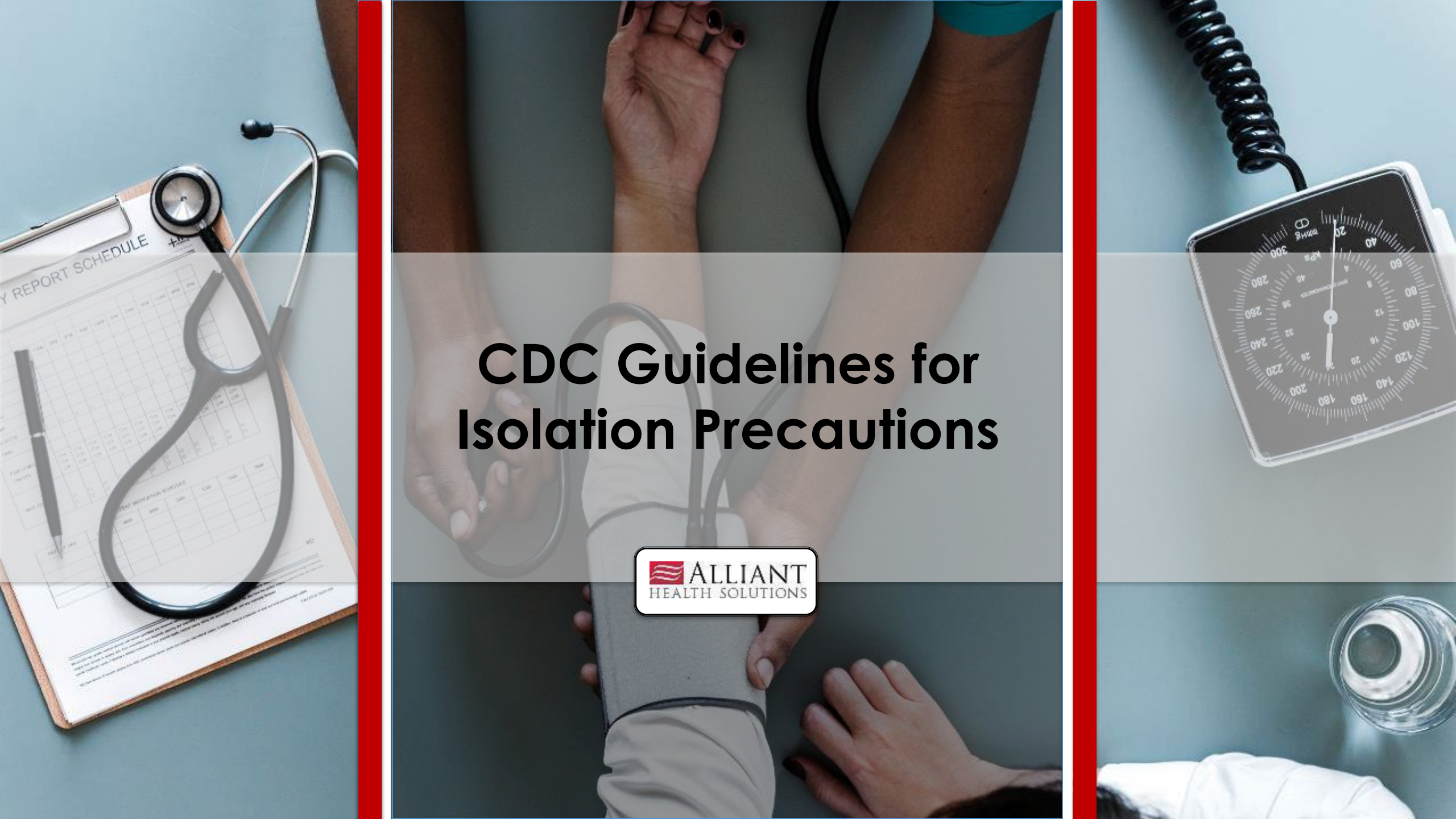
Flu:

- Tamiflu
- Baloxavir

COVID-19:

- Paxlovid
- Molnupiravir





CDC Guidelines for Isolation Precautions

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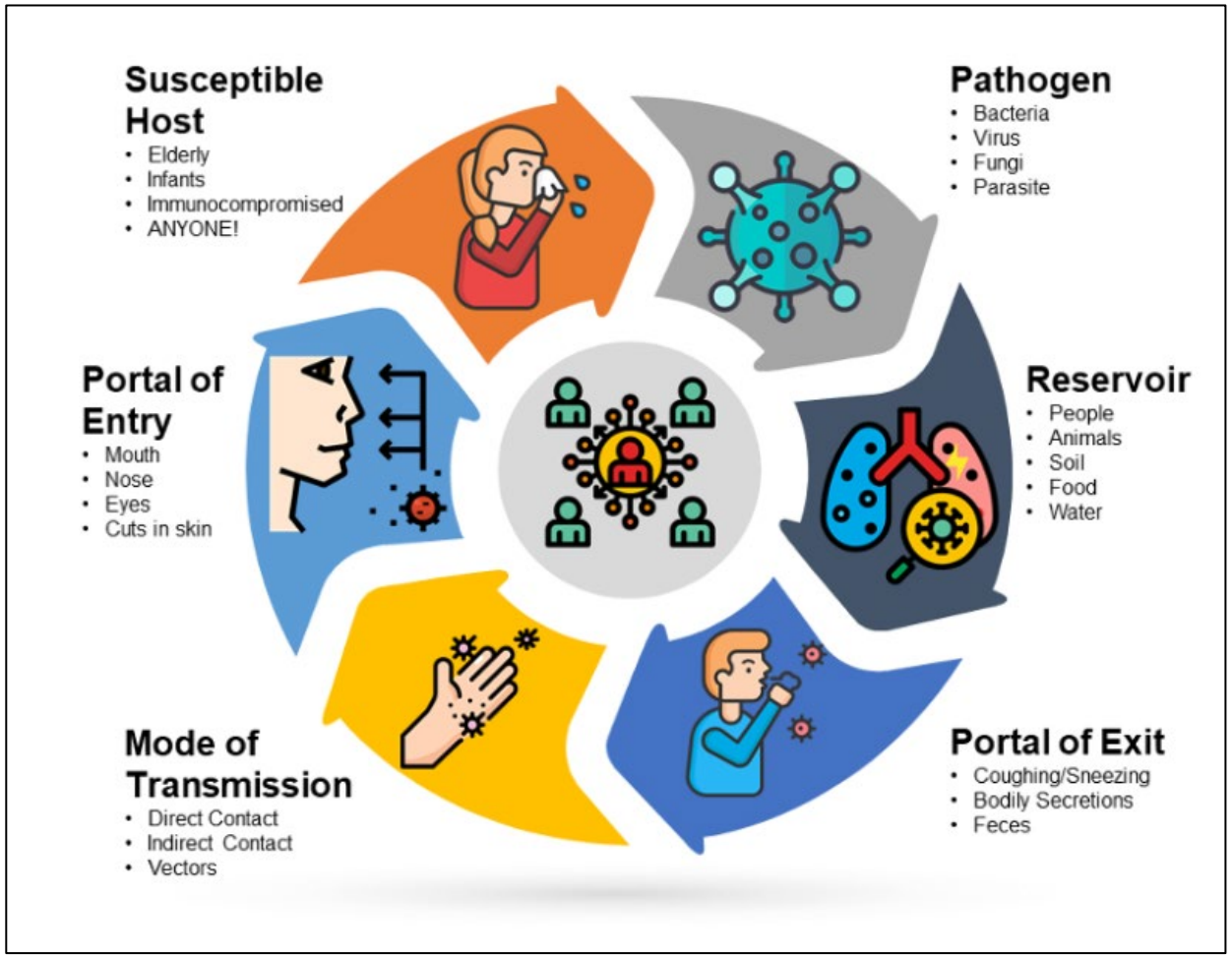
Chain of Infection



https://apps.hhs.texas.gov/providers/NF/credentialing/cna/module4/CNA_Inservice_Mod4_Infection_and_Infection_Control16.html

How do I know which type of PPE to use or which precautions to take?

Appendix A: Table 4

Standard Precautions

Hand Hygiene

- After touching blood, body fluids, secretions, excretions, contaminated items
- After removing gloves
- Between patient contacts

https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/standard-precautions.html

Personal Protective Equipment (PPE) - **Gloves**

- For touching blood, body fluids, secretions, excretions, contaminated items
- For touching mucous membranes and nonintact skin

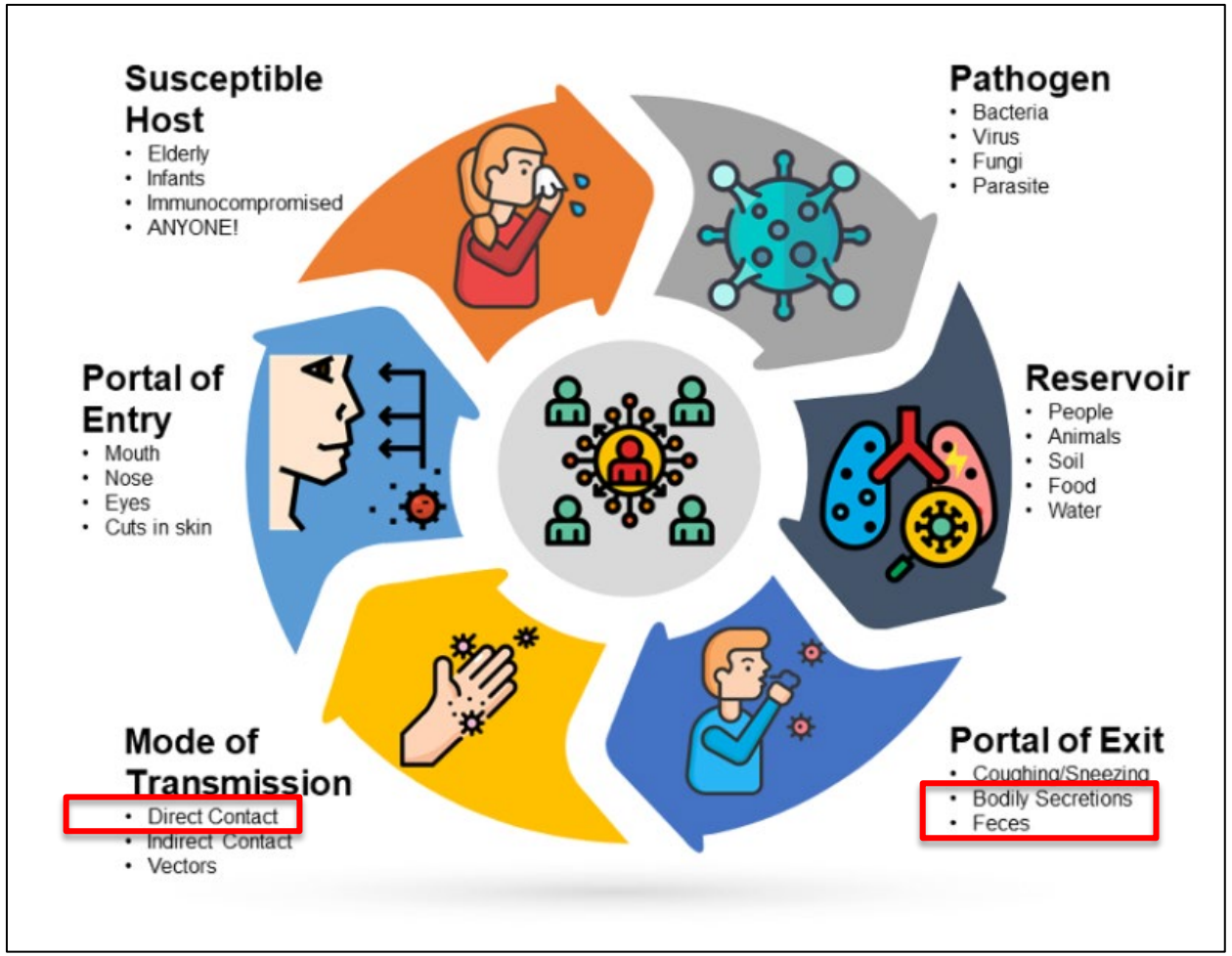
https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/standard-precautions.html

Personal Protective Equipment (PPE) - **Gown**

- During procedures and patient-care activities when contact with clothing/exposed skin with blood/body fluids, secretions and excretions is anticipated.

https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/standard-precautions.html

Chain of Infection



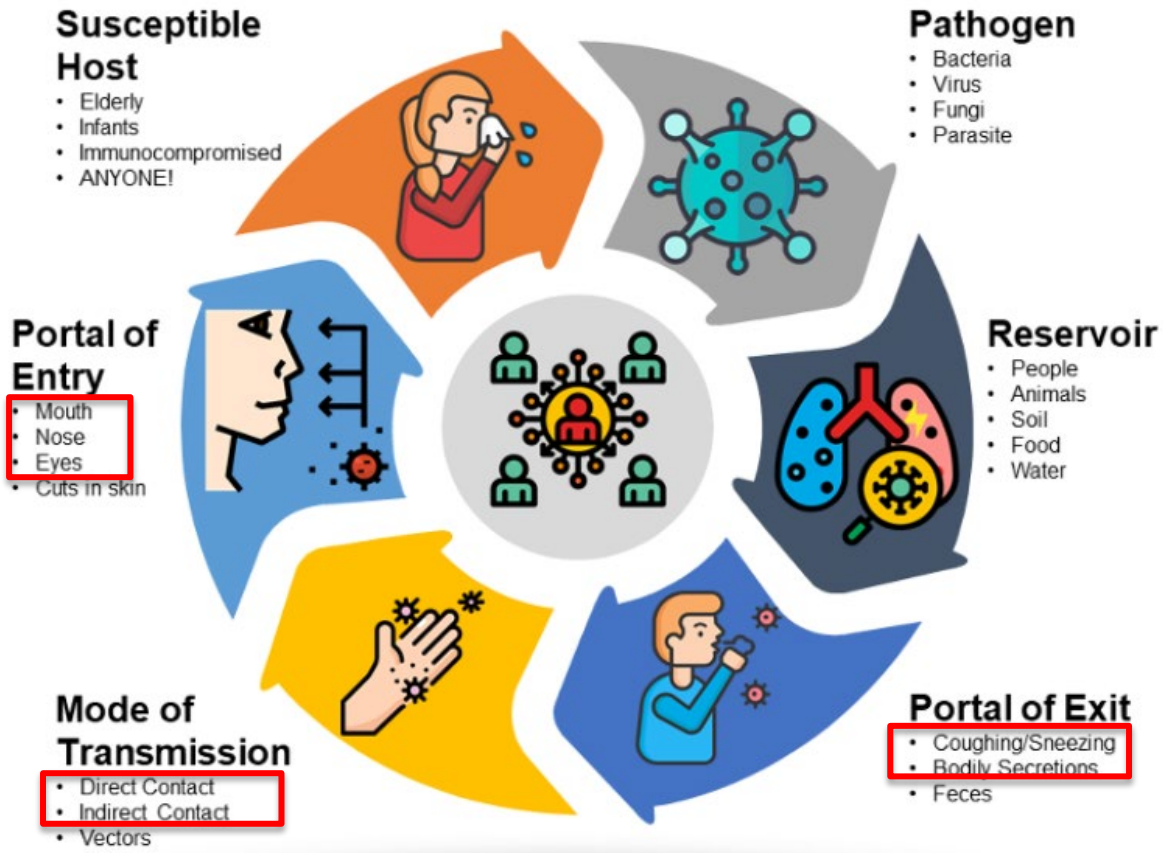
https://apps.hhs.texas.gov/providers/NF/credentialing/cna/module4/CNA_Inservice_Mod4_Infection_and_Infection_Control16.html

Personal Protective Equipment (PPE) - **Mask, Eye Protection**

- During procedures and patient-care activities likely to generate splashes or sprays of blood, body fluids, and secretions, especially suctioning and endotracheal intubation.
- During aerosol-generating procedures on patients with suspected or proven infections transmitted by respiratory aerosols, wear a fit-tested N95 or higher respirator in addition to gloves, gown, and face/eye protection.

https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/standard-precautions.html

Chain of Infection



https://apps.hhs.texas.gov/providers/NF/credentialing/cna/module4/CNA_Inservice_Mod4_Infection_and_Infection_Control16.html

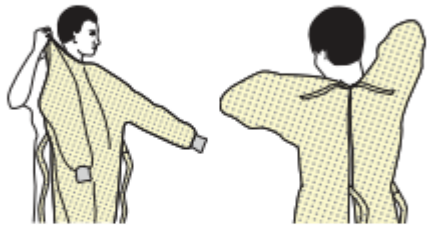
Personal Protective Equipment (PPE) - **Sequence for Putting On/Donning**

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

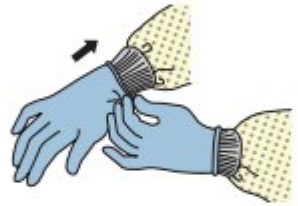
- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator

3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit

4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

CDC

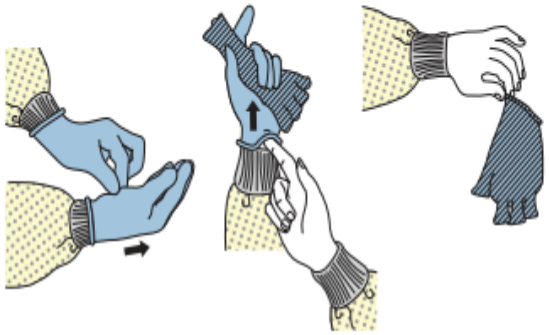
https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf

Personal Protective Equipment (PPE) - **Sequence for Removing/Doffing** (Example 1)

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

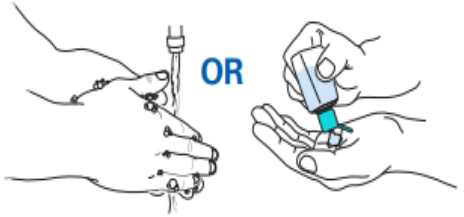
3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container

5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



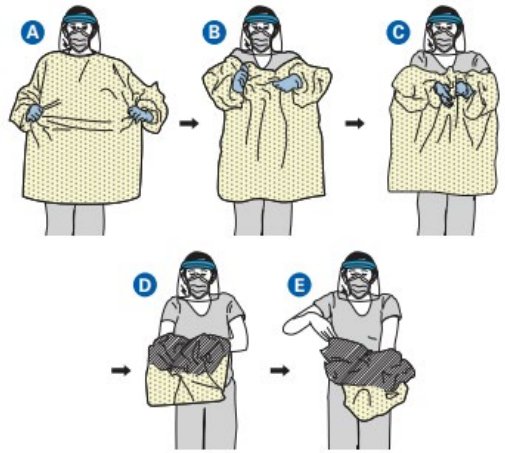
https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf

Personal Protective Equipment (PPE) - **Sequence for Removing/Doffing (Example 2)**

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



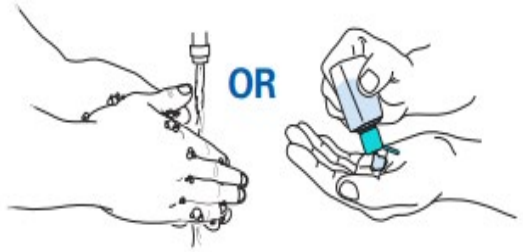
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container

4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE

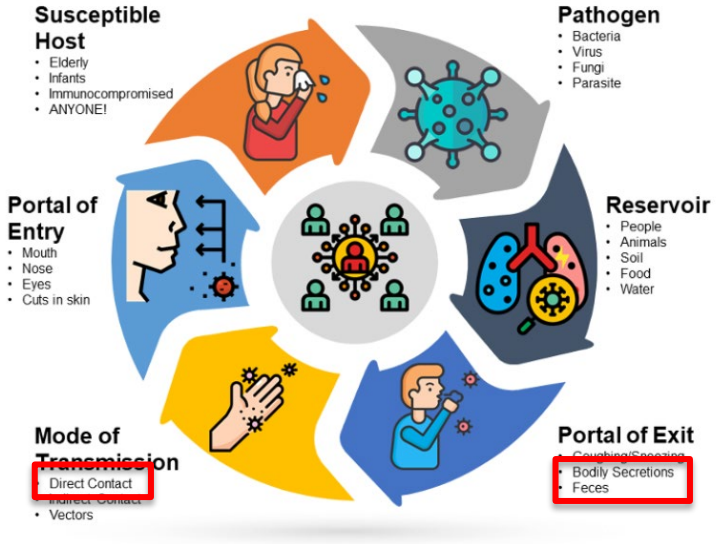


PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf

Soiled Patient-Care Equipment

- Handle in a manner that prevents transfer of microorganisms to others and the environment; wear gloves if visibly contaminated; perform hand hygiene.



https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/standard-precautions.html

Environmental Control

- Develop procedures for routine care, cleaning, and disinfection of environmental surfaces, especially frequently touched surfaces in patient-care areas.

https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/standard-precautions.html

Textiles and Laundry

- Handle in a manner that prevents the transfer of microorganisms to others and to the environment.

https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/standard-precautions.html

Needles and Other Sharps

- Do not recap, bend, break or hand-manipulate used needles
- If recapping is required, use a one-handed scoop technique only
- Use safety features when available
- Place used sharps in a puncture-resistant container.

https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/standard-precautions.html

Patient Resuscitation

- Use mouthpiece, resuscitation bag, other ventilation devices to prevent contact with mouth and oral secretions

https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/standard-precautions.html

Patient Placement

- Prioritize the single-patient room if the patient is at increased risk of transmission, is likely to contaminate the environment, does not maintain appropriate hygiene, or is at increased risk of acquiring infection or developing adverse outcomes following infection.

https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/standard-precautions.html

Respiratory Hygiene/Cough Etiquette

Instruct symptomatic persons to:

- Cover mouth/nose when sneezing/coughing
- Use tissues and dispose in a no-touch receptacle
- Observe hand hygiene after soiling of hands with respiratory secretions
- Wear a surgical mask if tolerated or maintain spatial separation (>3 feet if possible).

https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/standard-precautions.html

Appendix A:

Types and Duration of Precautions Recommended for Selected Infections and Conditions

Type and Duration of Precautions Recommended for Selected Infections and Conditions[1]

Print

Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007)

Appendix A Updates [September 2018]

Changes: Updates and clarifications made to the table in Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions.

A B C D E F G H I J K L M N O P Q R S T U V W Y Z

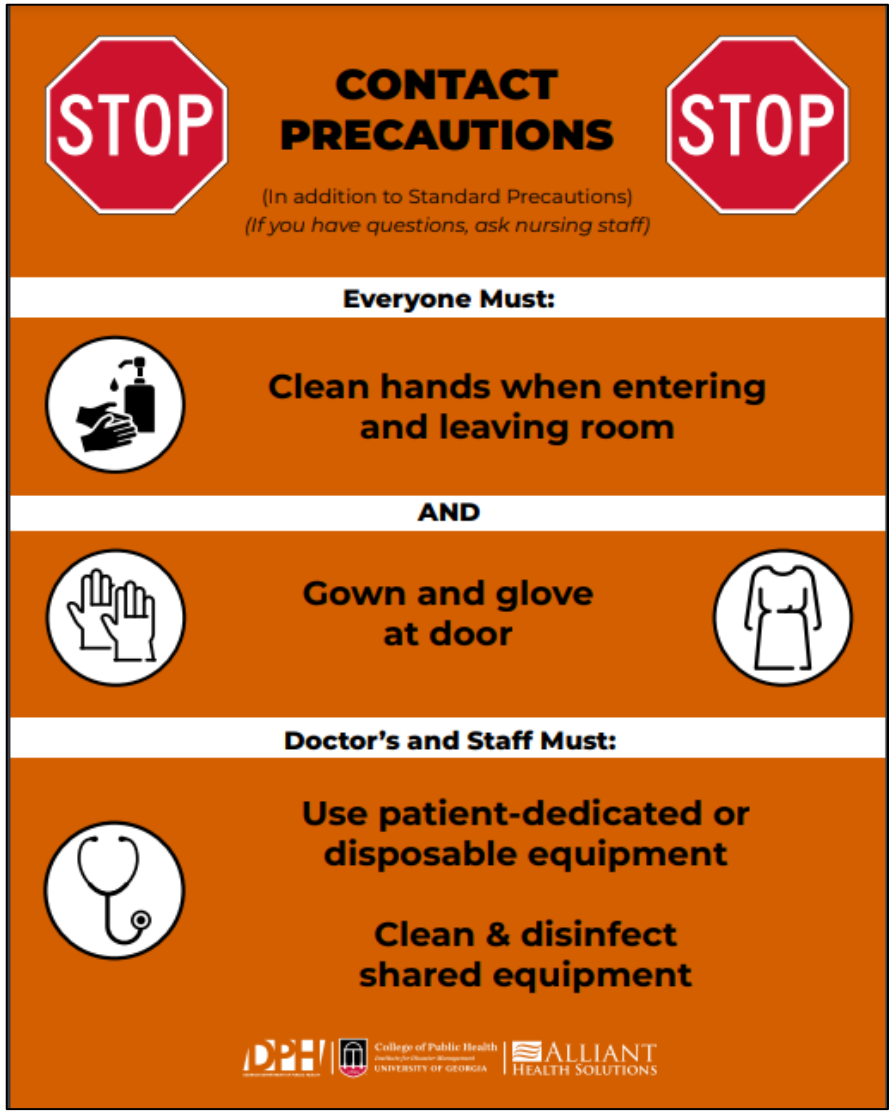
A

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Abscess Draining, major	Contact + Standard	Duration of illness	Until drainage stops or can be contained by dressing.
Abscess Draining, minor or limited	Standard		If dressing covers and contains drainage.

https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html#sars

Examples: Contact Precautions

- C. diff, Diarrhea of unknown etiology, Gastroenteritis (norovirus, rotavirus), RSV, MRSA, VRE in wounds that cannot be contained, large abscesses or pressure ulcers with drainage



CONTACT PRECAUTIONS

Display sign outside the door. Remove sign after room is terminally cleaned.

Common Conditions: ***If patient has diarrhea (C. difficile) use Contact Enteric Precautions***

- Multidrug resistant organisms
  - Carbapenem resistant Gram-negative rods/ESBL
  - Methicillin-resistant Staphylococcus aureus (MRSA)
  - Vancomycin-resistant Enterococcus (VRE)
- Scabies
- Wounds or abscesses with uncontained drainage

Dishes/Utensils:
No special precautions. Kitchenware sanitized in dishwasher.

Equipment and Supplies:

- Use dedicated or disposable equipment when available.
- Clean and disinfect reusable equipment including IV pumps, cell phone or pagers (if used in room), and other electronics, supplies, and equipment prior to removing from patient's room.
- Ensure blood pressure cuff and stethoscope are cleaned and disinfected between patients.
- Only essential supplies in room.

Linen Management:
Bag linen in patient's room.

Patient Identification Procedure:
Use patient label for validation of patient identity and destroy in room after use.

Personal Protective Equipment:

Put **ON** in this order:	Take **OFF** & dispose in this order:
1. Wash or gel hands	1. Gloves
2. Gown	2. Eye cover (if used)
3. Mask (if needed)	3. Gown
4. Eye cover (if needed)	4. Mask (if used)
5. Gloves	5. Wash or gel hands (even if gloves used)

Private Room:
If not available, room with patient that has the same organism but no other infection.

Room Cleaning:
Routine cleaning procedures with addition of cubicle curtain changes per hospital procedure.

Transport:
Essential transport only. Place patient in clean gown. Clean and disinfect transport vehicle. Alert receiving department regarding patient's isolation precaution status.

Discontinue precautions as per hospital policy or Infection Preventionist instructions.

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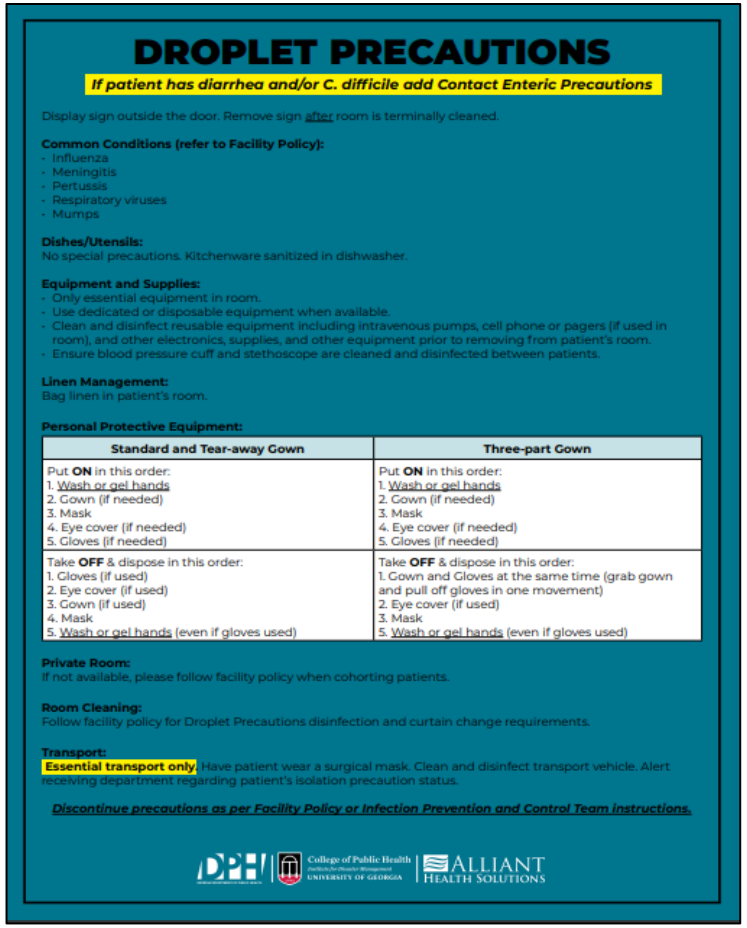
Examples: Droplet Precautions

- Influenza
- Meningococcal disease
- Mumps



Precautions Can Be Combined…

Severe acute respiratory syndrome (SARS)	Airborne + Droplet + Contact + Standard	Duration of illness plus 10 days after resolution of fever, provided respiratory symptoms are absent or improving	Airborne preferred; Droplet if AIIR unavailable. N95 or higher respiratory protection; surgical mask if N95 unavailable; eye protection (goggles, face shield); aerosol-generating procedures and "supershedders" highest risk for transmission via small droplet nuclei and large droplets [93, 94, 96]. Vigilant environmental disinfection (see [This link is no longer active: www.cdc.gov/ncidod/sars. Similar information may be found at CDC Severe Acute Respiratory Syndrome (SARS) (accessed September 2018).])

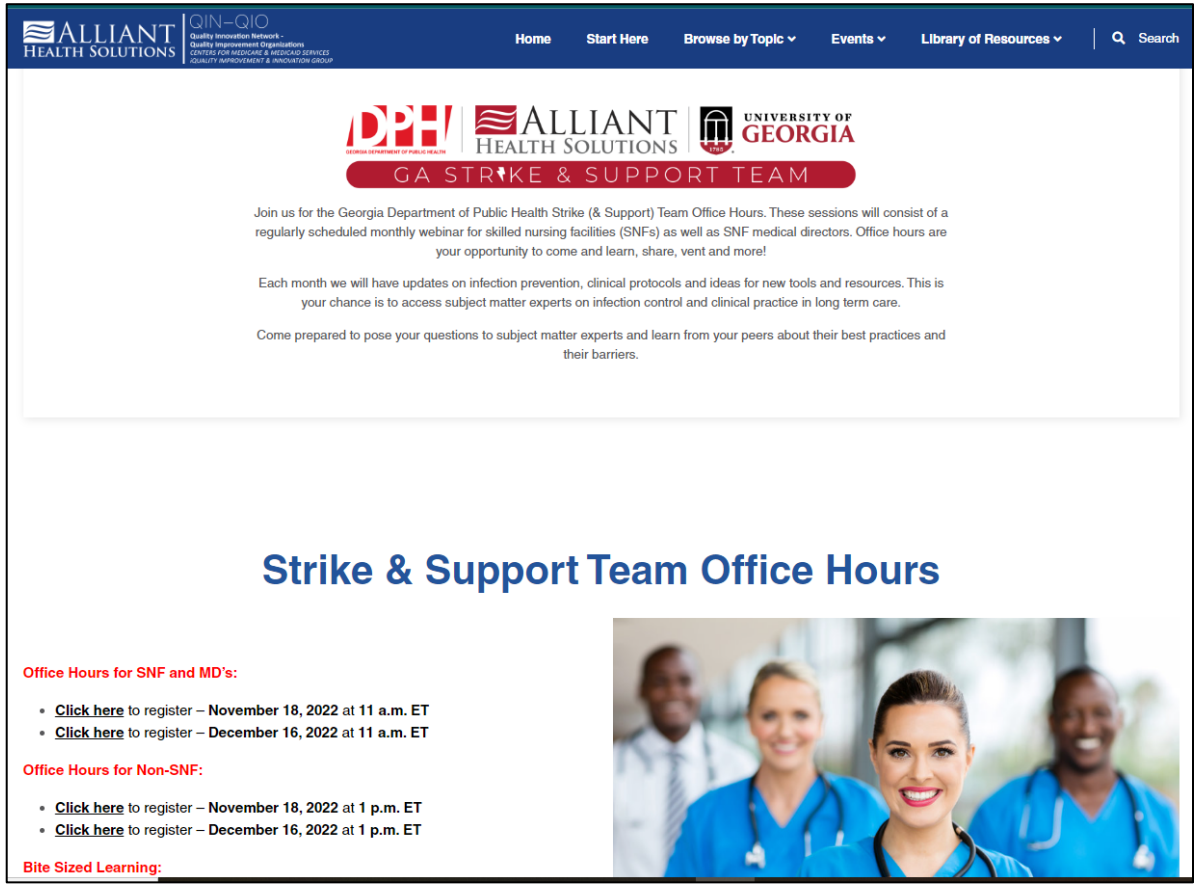
https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html

Resources

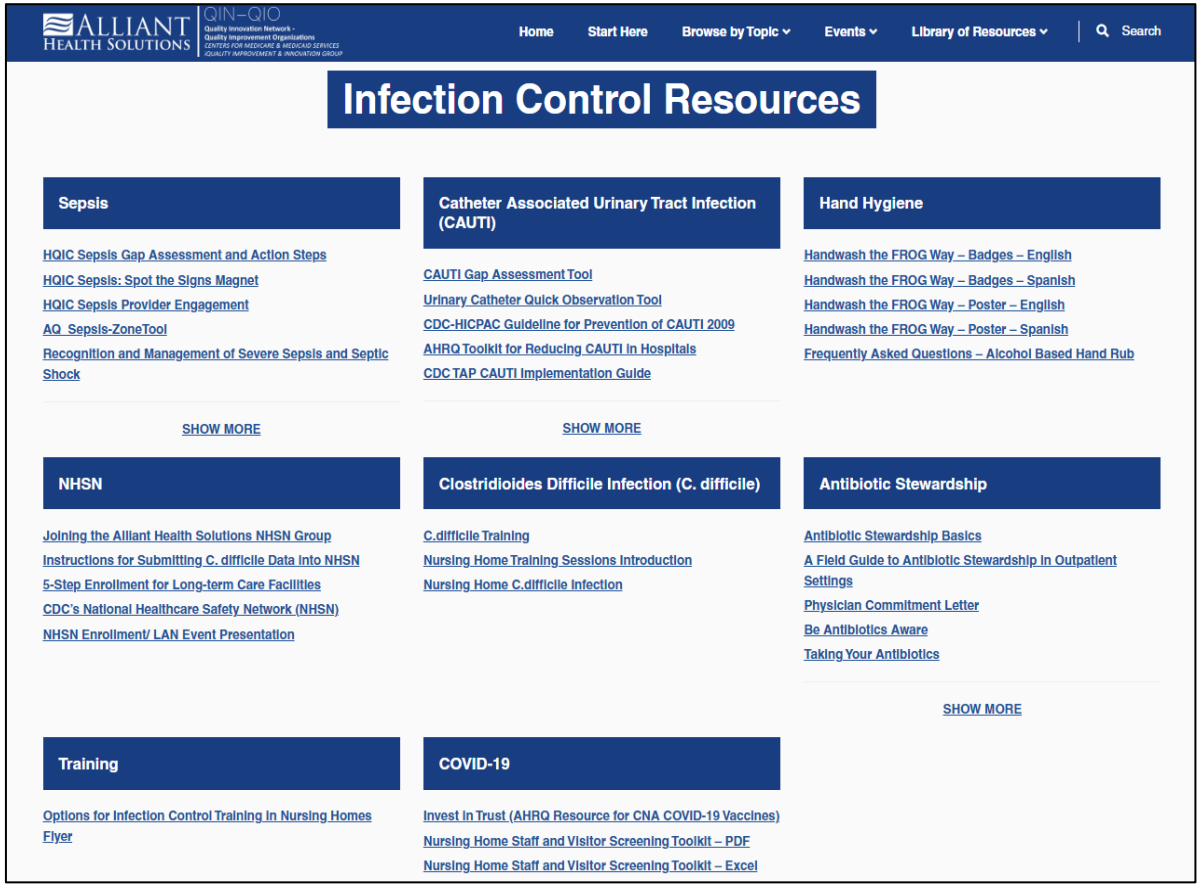
- Appendix A- https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/index.html

Questions?

Alliant Health Solutions Resources



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



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

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

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Thank You for Your Time!
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Thanks Again…

- Georgia Department of Public Health
- University of Georgia

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