

Georgia Department of Public Health Strike & Support Team SNF & Non-SNF Office Hours December 15, 2023





Presenters:

Swati Gaur, MD, MBA, CMD, AGSF

HEAI

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



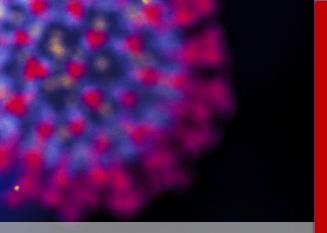


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Learning Objectives

- 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)

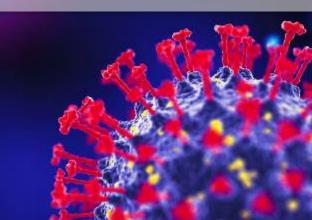














Current Indicators for COVID

COVID-19 Update for the United States

Early Indicators

Test Positivity >	Emergency Department Visits	Hospitalizations >	Deaths >
% Test Positivity	% Diagnosed as COVID-19	Hospital Admissions	% of All Deaths in U.S. Due to COVID-19
11.5%	1.9%	22,513	3.0%
(November 26 to December 2, 2023)	(November 26 to December 2, 2023)	(November 26 to December 2, 2023)	(November 26 to December 2, 2023)
Trend in % Test Positivity	Trend in % Emergency Department Visits	Trend in Hospital Admissions	Trend in % COVID-19 Deaths
+0.9% in most recent week	+4% in most recent week	+17.6% in most recent week	+25% in most recent week
Oct 14, 2023 Dec 2, 2023	Oct 14, 2023 Dec 2, 2023	Oct 14, 2023 Dec 2, 2023	Oct 14, 2023 Dec 2, 2023
	portion of national COVID-19 tests and	Total Hospitalizations	Total Deaths
	tewater information also provides early indicators	6,544,614	1,158,185

Severity Indicators



Wastewater Surveillance

Metric:

Show: Sites with no recent data

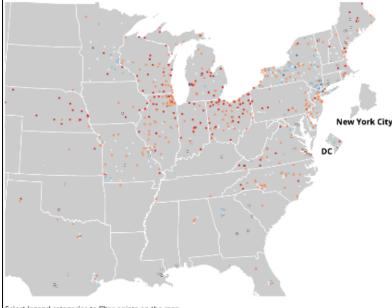
Current virus levels in wastewater by site
 Percent change in the last 15 days

Percent change in the last 15 days
 Sites that started sampling after 12/1/21
 Percent of wastewater samples with detectable virus

Current virus levels in wastewater by site

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

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



Current SARS-CoV-2 virus levels by site, United States Current virus Category change Num. levels category sites in last 7 days sites New Site 85 4% 0% to 19% 17 2 - 64% 20% to 39% 104 - 35% 10 40% to 59% 276 27 - 15% 60% to 79% 353 35 - 7% 80% to 100% 184 18 69% Total sites with current data: 1019 Total number of wastewater sampling sites: 1572 How is the current SARS-CoV-2 level compared to past levels calculated?

https://covid.cdc.gov/covid-datatracker/#wastewater-surveillance

Select legend categories to filter points on the map.

O New site 🔍 0% to 19% 🔍 20% to 39% 👘 40% to 59% 🔶 60% to 79% 🌻 80% to 100%



Wastewater Change

Metric:

Current virus levels in wastewater by site

Show: Sites with no recent data

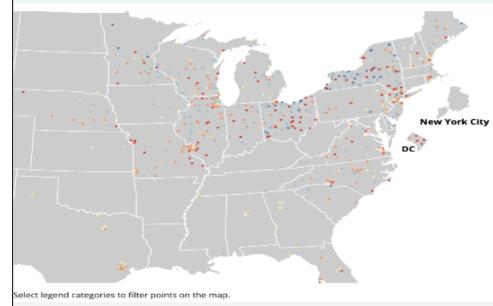
Percent change in the last 15 days

O Percent of wastewater samples with detectable virus.

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.



🔵 – 100% 💿 – 99% to – 10% 💿 – 9% to 0% 😑 1% to 9% 🧢 10% to 99% 👄 100% to 999% 👄 1000% or more

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	1196
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? https://covid.cdc.gov/covid-datatracker/#wastewater-surveillance



HHS Region: USA 12/9/2023(Nowcast)

Data for the 2-Week Period Ending on:

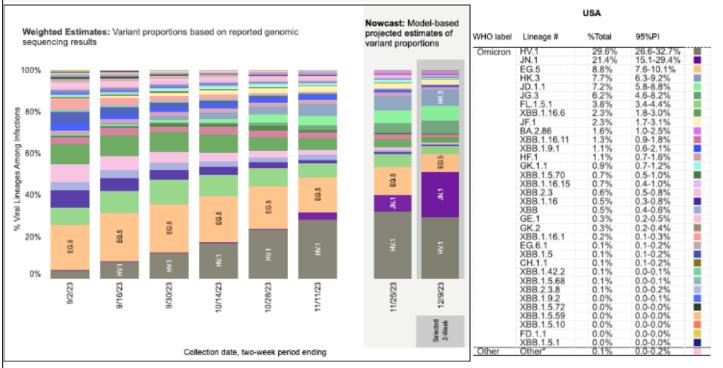
This shows weighted and Nowcast estimates for the United States. The table and map show estimates for the 2-week period ending on 12/9/2023(Nowcast) if available.

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Weighted and Nowcast Estimates in United States for 2-Week Periods in 8/20/2023 - 12/9/2023

Nowcast Estimates in United States for 11/26/2023 - 12/9/2023

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



Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one 2-week period. "Other" represents the appregation of lineages which are circulating <1% nationally during all 2-week periods displayed. While all lineages are tracked by CDC, those named lineages not enumerated in this graphic are aggregated with their parent lineages, based on Pango lineage definitions, described in more detail here. https://www.pango.networlothe-pango-nomenciature-system/statement-of-nomenciature-rules/.

Variant Distribution for COVID-19

https://covid.cdc.gov/coviddata-tracker/#variantproportions

Nowcast Estimates for 11/26/2023 - 12/9/2023 by HHS Region



COVID-19 Hospitalization

View:	Scale:	Time period:	Metric	Measure:
Hospitalizations	County	In Past Week	COVID-19 new hospital admissions	Count
O Deaths	 State 		C Inpatient beds occupied by COVID-19 patients	Rate per 100,000
O Emergency Department Visits			C ICU beds occupied by COVID-19 patients	O % Change from prior week
 Test Positivity 				

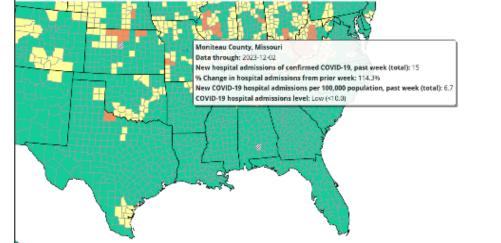
This shows the total number of new COVID-19 hospital admissions for every 100,000 people in the past week, allowing for comparisons between areas with different population sizes but not adjusted for age distribution. To find hospital admission levels for your county, see the <u>COVID-19 County Check</u> tool. For more information on hospitalizations, see the trends page.

COVID-19 hospital	admissions levels in U.S. by	county
Based on new COVID-19 h	hospital admissions per 100,0	00 population
Tetal	Descent	the char

	Total	Percent	% Change
≥ 20.0	114	3.54%	1.18%
10.0 - 19.9	679	21.08%	3.88%
<10.0	2428	75.38%	-4.84%

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 December 2, 2023.

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



View:	Scale:	Time perio
Lospitalizations	🛎 County	🙁 In Past W
O Deaths	C State	
O Emergency Department Visits		

Metric

COVID-19 new hospital admissions. Inpatient beds occupied by COVID-19 patients

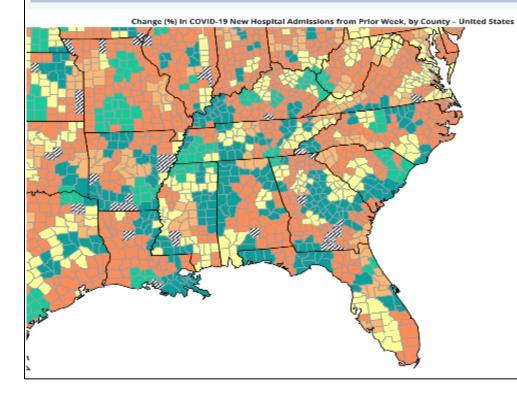
ICU beds occupied by COVID-19 patients

Measure: Count

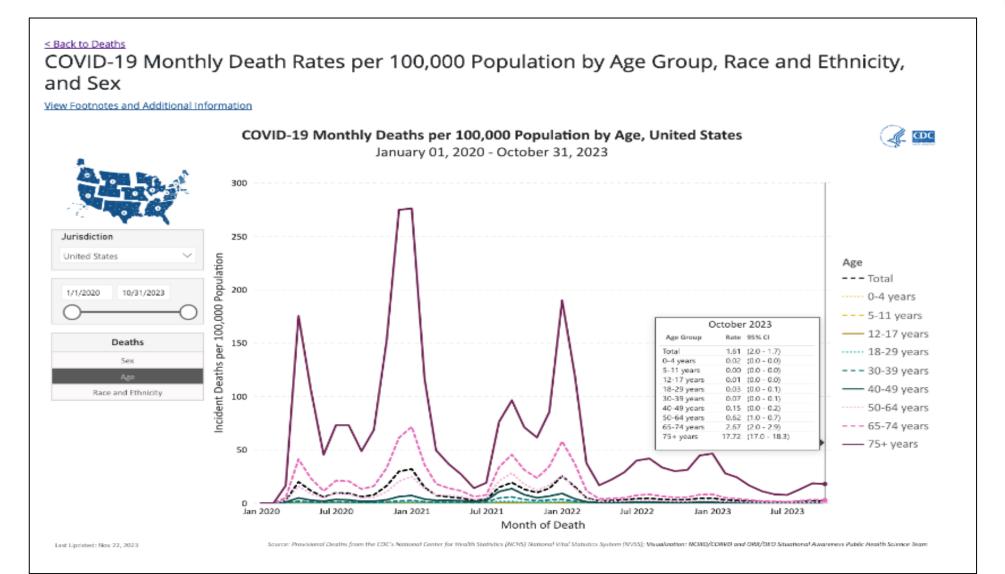
O Rate per 100,000 8 % Change from prior week

Test Positivity

This shows the percent change in the number of new COVID-15 hospital admissions in the past week compared with the prior week. For more information on hospitalizations, see the trends page.

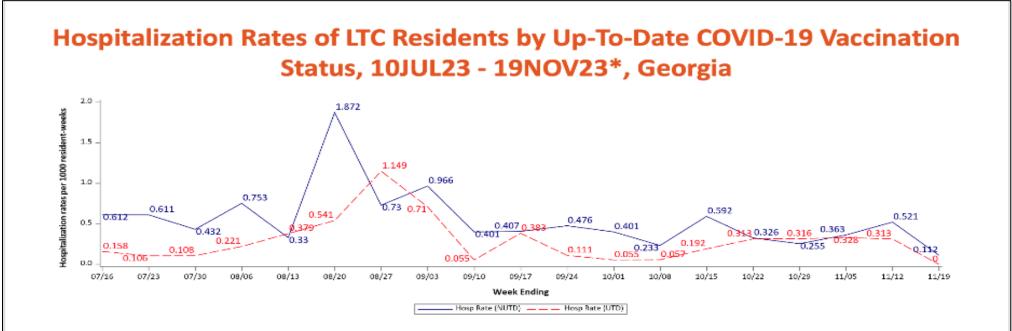


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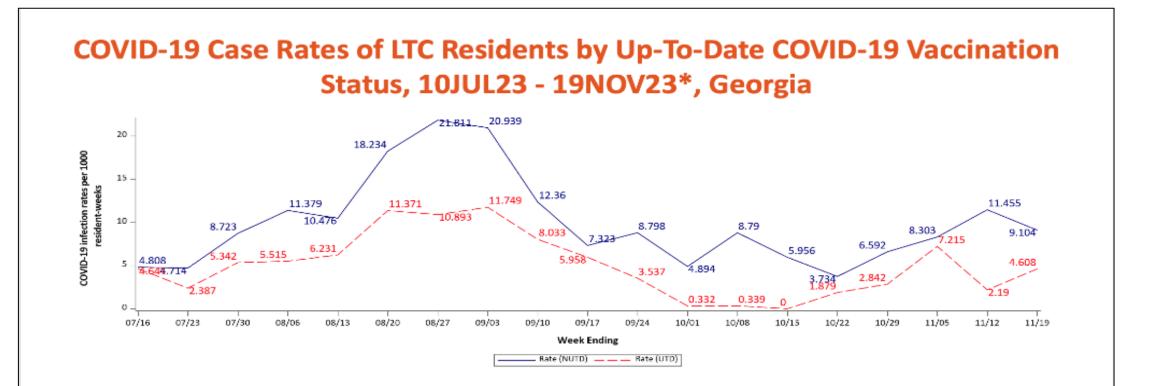
COVID-19 Cases in Nursing Home Residents



*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).







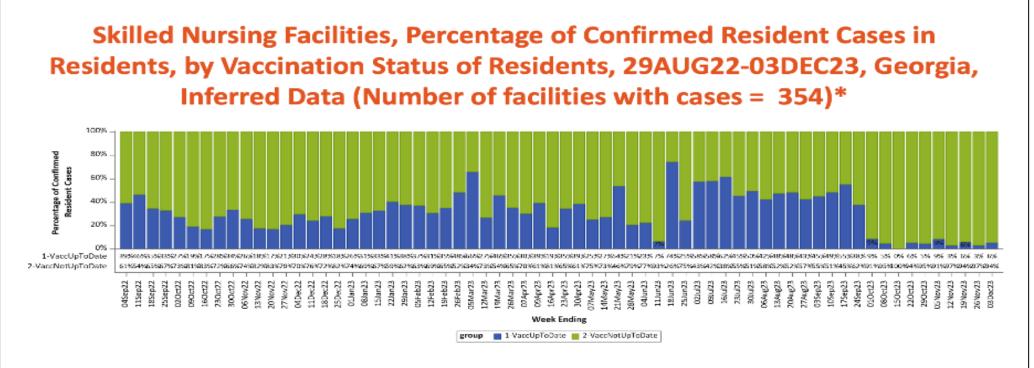
*COVID-19 infection and hospitalization rate data by vaccination status lag by two weeks to account for the NHSN surveillance definition of Up to Date (i.e., 14 days after COVID-19 vaccination).



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COVID-19 Cases in GA Nursing Homes



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.}



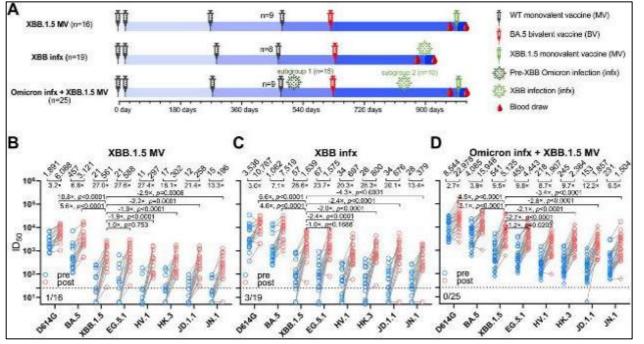
Data as of 12/04/2023 5:30 AM

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



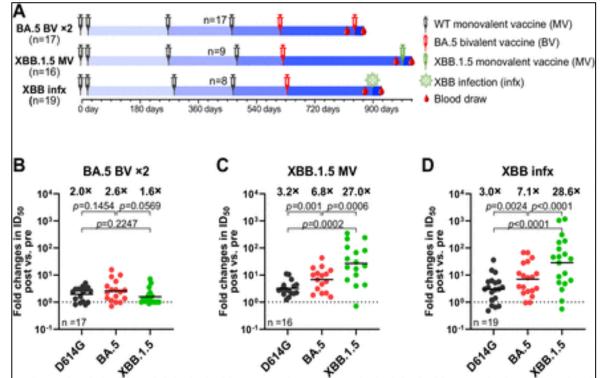


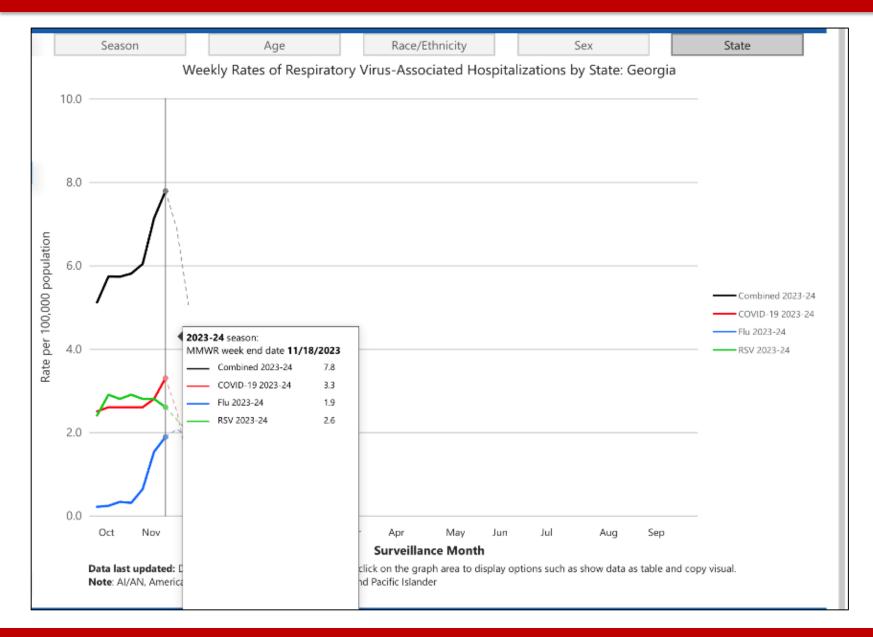
XBB.1.5 monovalent mRNA vaccine booster elicits robust neutralizing antibodies against emerging SARS-CoV-2 variants



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: <u>10.1101/2023.11.26.568730</u>, <u>https://www.biorxiv.org/content/10.1101/2023</u>. <u>11.26.568730v1</u>



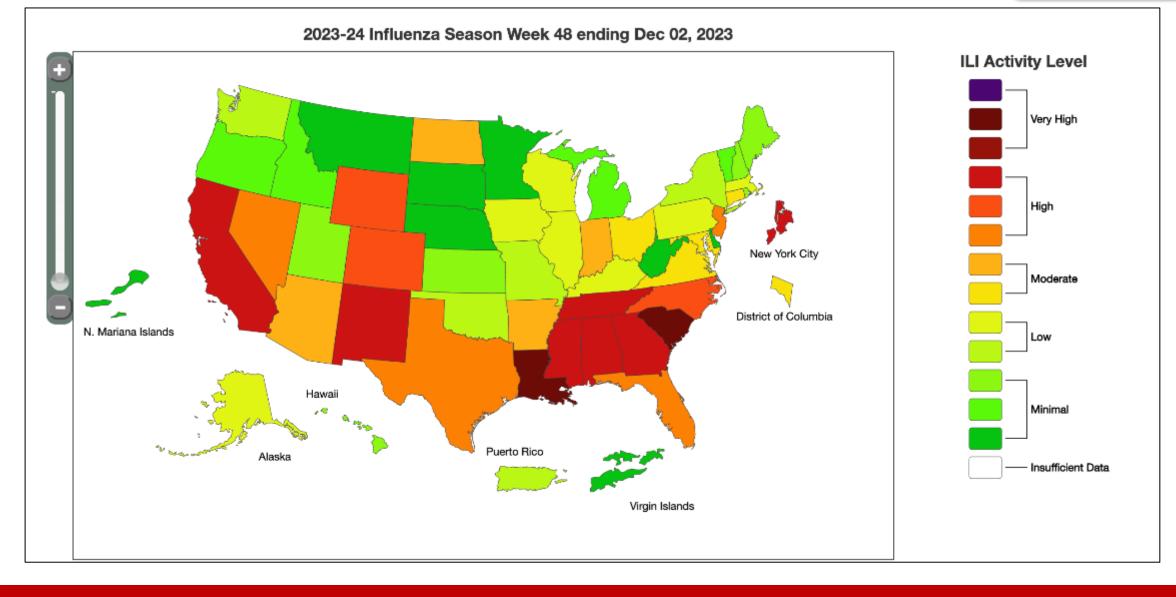


Combined Surveillance

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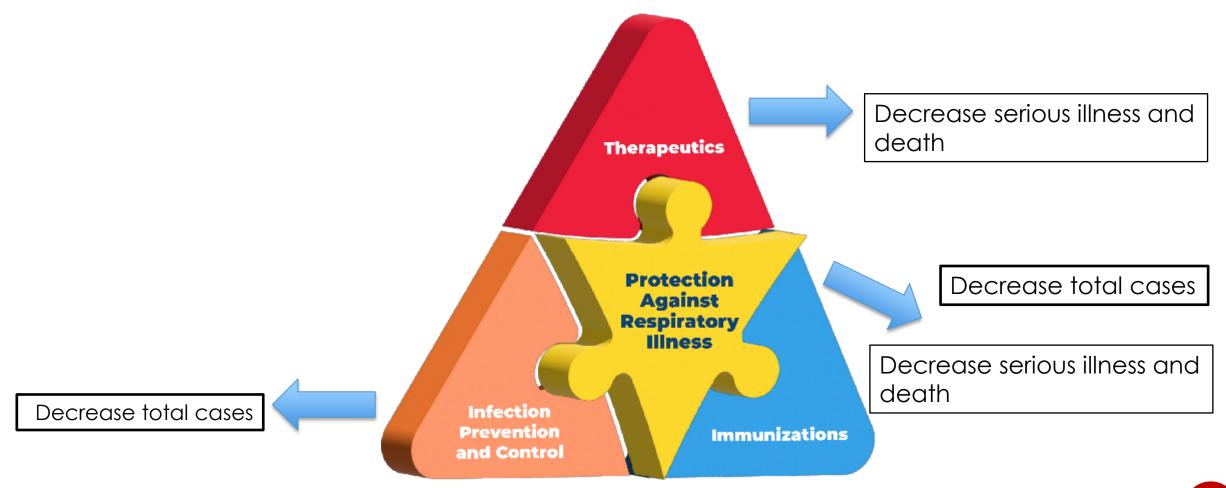
https://www.cdc.gov/surveillance/respnet/dashboard.html

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Safety Strategy





COVID-19 Vaccine Recommendation 2023-2024

Doses recommended:

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

Recommended 200 COVID-19 vaccination status as of September 2023	23–2024 COVID-19 mRNA vaccines for people who are NOT immunocompromised, aged ≥12 years*
Previously received COVID-19 vaccine(s)	1 or more doses any mRNA Unor more doses: Novavax or Janssen, including in combination with any mRNA vaccine dose(s)
Recommendations for 2023–2024 vaccine, by manufacturer	2023-2024 Roderna 0.5 mL/50 µg 0.8 mL/30 µg
*For information about	administration intervals, see Table 1 in the Interim Clinical Considerations for Use of COVID-19 vaccines.

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 (allV4).
- 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.



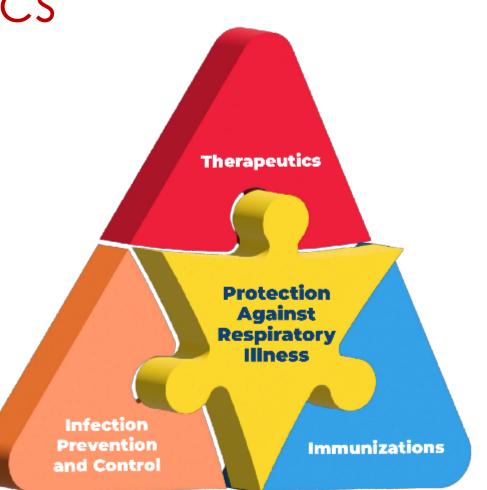
A Note on RSV Vaccine **Chronic Underlying Medical Conditions Associated with** Increased Risk of Severe RSV Disease Neurologic or neuromuscular Lung disease conditions Other Factors Associated with Increased Risk of Severe RSV Disease **Kidney disorders** Cardiovascular disease Residence in a nursing home or Moderate or severe immune other long-term care facility (LTCF) Liver disorders compromise 📲 Frailty Advanced age Hematologic disorders **Diabetes Mellitus** Other conditions that might increase the risk for severe disease Use of Respiratory Syncytial Vinus Vaccines in Older Adults: Recommendations of the Advisory Committee on Immunization Practices -- United States, 2023

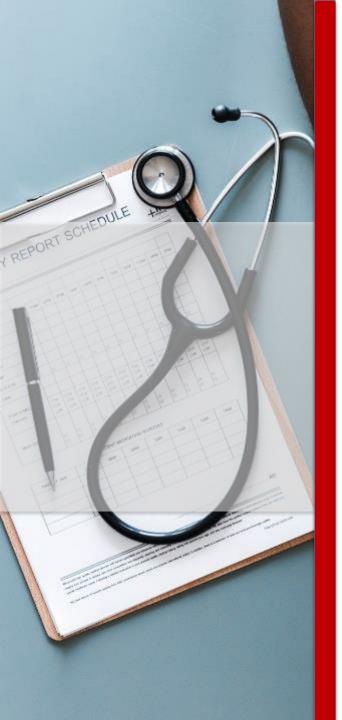
Use of Respiratory Syncytial Virus Vaccines in Older Adults: Recommendations of the Advisory Committee on Immunization Practices - United States, 2023

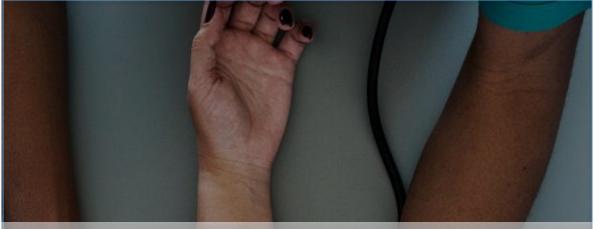


A Word on Therapeutics

- Flu:
- Tamiflu
- Baloxavir
- COVID-19:
- Paxlovid
- Molnupiravir







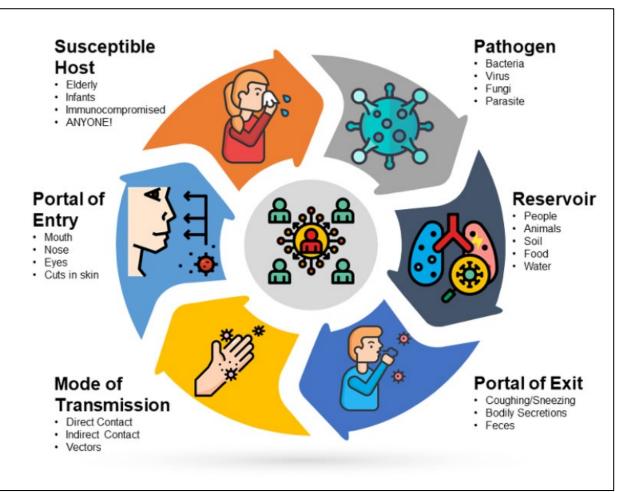
CDC Guidelines for Isolation Precautions







Chain of Infection



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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



Personal Protective Equipment (PPE) - Gloves

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

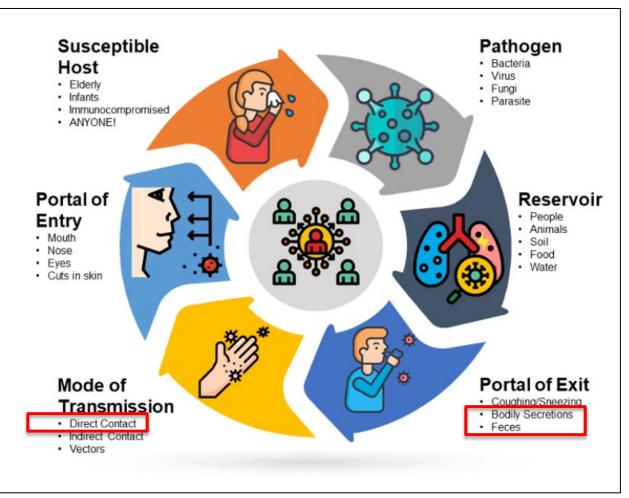


Personal Protective Equipment (PPE) - **Gown**

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



Chain of Infection



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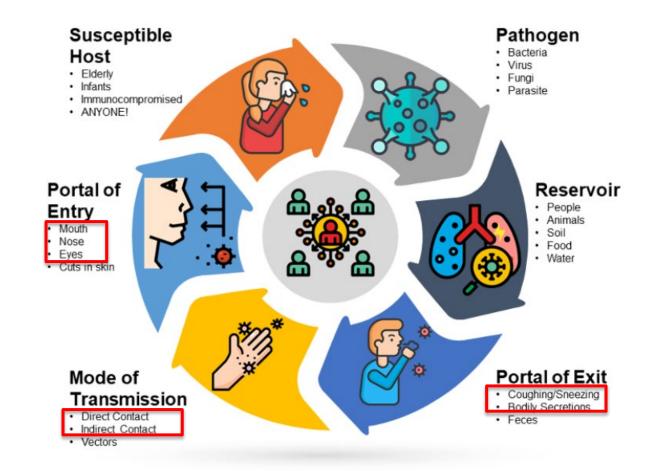


Personal Protective Equipment (PPE) - Mask, Eye Protection

- 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.



Chain of Infection



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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





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

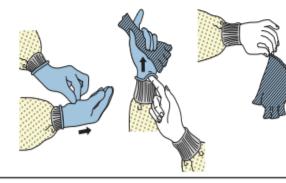
There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient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

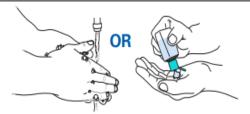
4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated D0 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









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



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



3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated D0 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

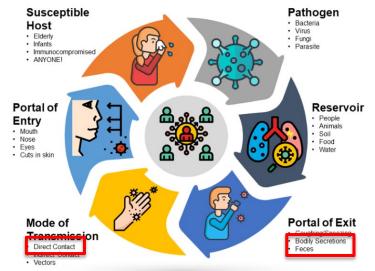






Soiled Patient-Care Equipment

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





Environmental Control

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





Textiles and Laundry

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



Needles and Other Sharps

- Do not recap, bend, break or handmanipulate 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.



Patient Resuscitation

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



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.



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).



Appendix A:

Types and Duration of Precautions Recommended for Selected Infections and Conditions



Type and Duration of Precautions Recommended for Selected Infections and Conditions¹

<u>Print</u>

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

Α

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





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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)

Scables

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.





Examples: Droplet Precautions

- Influenza
- Meningococcal disease
- Mumps



DROPLET PRECAUTIONS

If patient has diarrhea and/or C. difficile add Contact Enteric Precautions

isplay sign outside the door. Remove sign <u>after</u> room is terminally cleaned.

Common Conditions (refer to Facility Policy):

Meningitis Pertussis Respiratory viruses Mumps

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

quipment and Supplies:

Only essential equipment in room. Use dedicated or disposable equipment when available. Clean and disinfect reusable equipment including intravenous pumps, cell phone or pagers (if use room) and other electronics supplies and other equipment prior to removing from patient's room.

Ensure blood pressure cuff and stethoscope are cleaned and disinfected between patients.

Linen Management:

Personal Protective Equipme

Standard and Tear-away Gown	Three-part Gown
Put ON in this order: 1. <u>Wash or get hands</u> 2. Cown (if needed) 3. Mask 4. Eye cover (if needed) 5. Cloves (if needed)	Put ON in this order: 1. <u>Wash or gel hands</u> 2. Gown (if needed) 3. Mask 4. Eye cover (if needed) 5. Gloves (if needed)
	Take OFF & dispose in this order: 1. Gown and Gloves at the same time (grab gown and puil off gloves in one movement) 2. Eye cover (if used) 3. Mask 5. Wash or gel hands (even if gloves used)

Private Room: f not available, please follow facility policy whe

not available, please follow facility policy when cohorting patien

oom Cleaning: ollow facility policy for Droplet Precautions disinfection and curtain change requirements

Transport:

Essential transport only Have patient wear a surgical mask. Clean and disinfect transport vehicle. Alert eceiving department regarding patient's isolation precaution status.

Discontinue precautions as per Facility Policy or Infection Prevention and Control Team instructions.





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 <u>Severe Acute</u> <u>Respiratory Syndrome (SARS)</u> (accessed September 2018).])
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Resources

 Appendix A-<u>https://www.cdc.gov/infectioncontrol/guideli</u> <u>nes/isolation/appendix/index.html</u>

ICAR Tool for General Infection and Control (IPC) Across Settings - Module 11: Water Exposure Facilitator Guide (cdc.gov)



QUESTION ANSWER

Questions?



Alliant Health Solutions Resources

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MALLIANT E CEORGIA	Infe	ection Control Resou	rces
GA STR≹KE & 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.	Sepsis HOIC Sepsis Gap Assessment and Action Steps HOIC Sepsis: Spot the Signs Magnet HOIC Sepsis Provider Engagement AQ Sepsis-ZoneTool Recognition and Management of Severe Sepsis and Septic Shock	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	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
	SHOW MORE	SHOW MORE Clostridioides Difficile Infection (C. difficile)	Antibiotic Stewardship
Office Hours for SNF and MD's:	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	C.difficile Training Nursing Home Training Sessions Introduction Nursing Home C.difficile Infection	Antibiotic Stewardship Basics A Field Guide to Antibiotic Stewardship in Outpatient Settings Physician Commitment Letter Be Antibiotics Aware Taking Your Antibiotics
 <u>Click here</u> to register – November 18, 2022 at 11 a.m. ET <u>Click here</u> to register – December 16, 2022 at 11 a.m. ET <u>Click here</u> to register – November 18, 2022 at 1 p.m. ET <u>Click here</u> to register – December 16, 2022 at 1 p.m. ET <u>Bite Sized Learning:</u> 	Training Options for Infection Control Training In Nursing Homes Fiver	COVID-19 Invest in Trust (AHRQ Resource for CNA COVID-19 Vaccines) Nursing Home Staff and Visitor Screening Toolkit – PDE Nursing Home Staff and Visitor Screening Toolkit – Excel	SHOW MORE

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!

State Region/Districts	Contact Information
North (Rome, Dalton, Gainesville, Athens) Districts 1-1, 1-2, 2, 10	<u>Sue.bunnell@dph.ga.gov (404-967-0582)</u>
Atlanta Metro (Cobb-Douglas, Fulton, Clayton, Lawrenceville, DeKalb, LaGrange) Districts 3-1, 3-2, 3-3, 3-4, 3-5, 4	<u>Teresa.Fox@dph.ga.gov (256-293-9994)</u> <u>Renee.Miller@dph.ga.gov (678-357-4797)</u>
Central (Dublin, Macon, Augusta, & Columbus) Districts 5-1, 5-2, 6, 7	<u>Theresa.Metro-Lewis@dph.ga.gov (404-967-0589)</u> 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)



Thank You for Your Time! Contact the AHS Patient Safety Team <u>Patientsafety@allianthealth.org</u>



Amy Ward, MS, BSN, RN, CIC Patient Safety Manager <u>Amy.Ward@AlliantHealth.org</u> 678.527.3653



Paula St. Hill, MPH, A-IPC Technical Advisor, Infection Prevention <u>Paula.StHill@AlliantHealth.org</u> 678.527.3619



Donald Chitanda, MPH, CIC Technical Advisor, Infection Prevention Donald.Chitanda@AlliantHealth.org 678.527.3651



Erica Umeakunne, MSN, MPH, APRN, CIC Infection Prevention Specialist Erica.Umeakunne@AlliantHealth.org



- Georgia Department of Public Health
- University of Georgia





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