

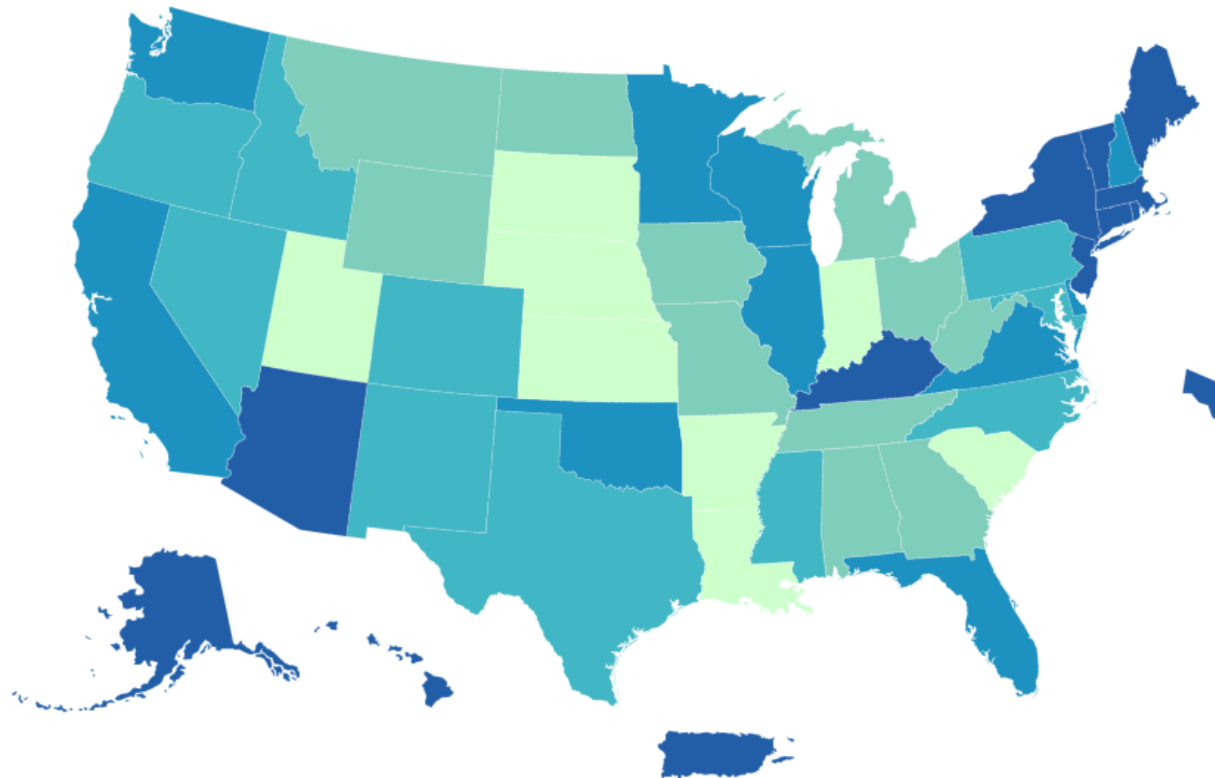
PDPH/LTCF Conference Call – Friday, 4/8/2022

Agenda

- SARS-CoV-2 Surveillance Update
- Surveillance Update on Circulating non-COVID Respiratory Viruses
- Updated Guidance
 - CMS [QSO-20-38-NH](#) and [Philadelphia Vaccine Mandate](#): COVID-19 Testing Frequency Review
 - PAHAN 633: [UPDATE: Report Requirements](#)
 - PAHAN 632: [UPDATE: Booster Dose Update](#)
 - PDPH HAN 4/5/22: [Second mRNA Booster Dose for COVID-19](#)
 - PAHAN 634: [Therapeutics to Prevent and Treat COVID-19](#)
 - Review of Recommended PPE Based on Community Transmission Levels
- LTCF COVID-19 Vaccination Data Summary
- **New** Project Firstline Resources and HAI Program Services
- Partner Spotlights:
 - [Survey](#) for Framework to Support Frail Individuals with Behavioral Health Needs
 - DV/Phila APIC - Long Term Care [Virtual Meeting](#), May 2, 2022, 1-2:30 PM

United States COVID-19 Cases and Deaths

US COVID-19 7-Day Case Rate per 100,000, by State/Territory



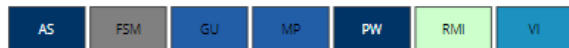
TOTAL CASES
80,066,744
+33,604 New Cases

7 DAY CASE RATE PER 100,000
56.6

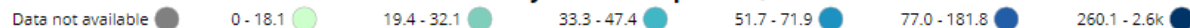
TOTAL DEATHS
980,220
+674 New Deaths

CDC | Data as of: Wednesday, April 6, 2022 6:06 PM ET. Posted: Thursday, April 7, 2022 7:19 AM ET

Territories



7-Day Case Rate per 100,000



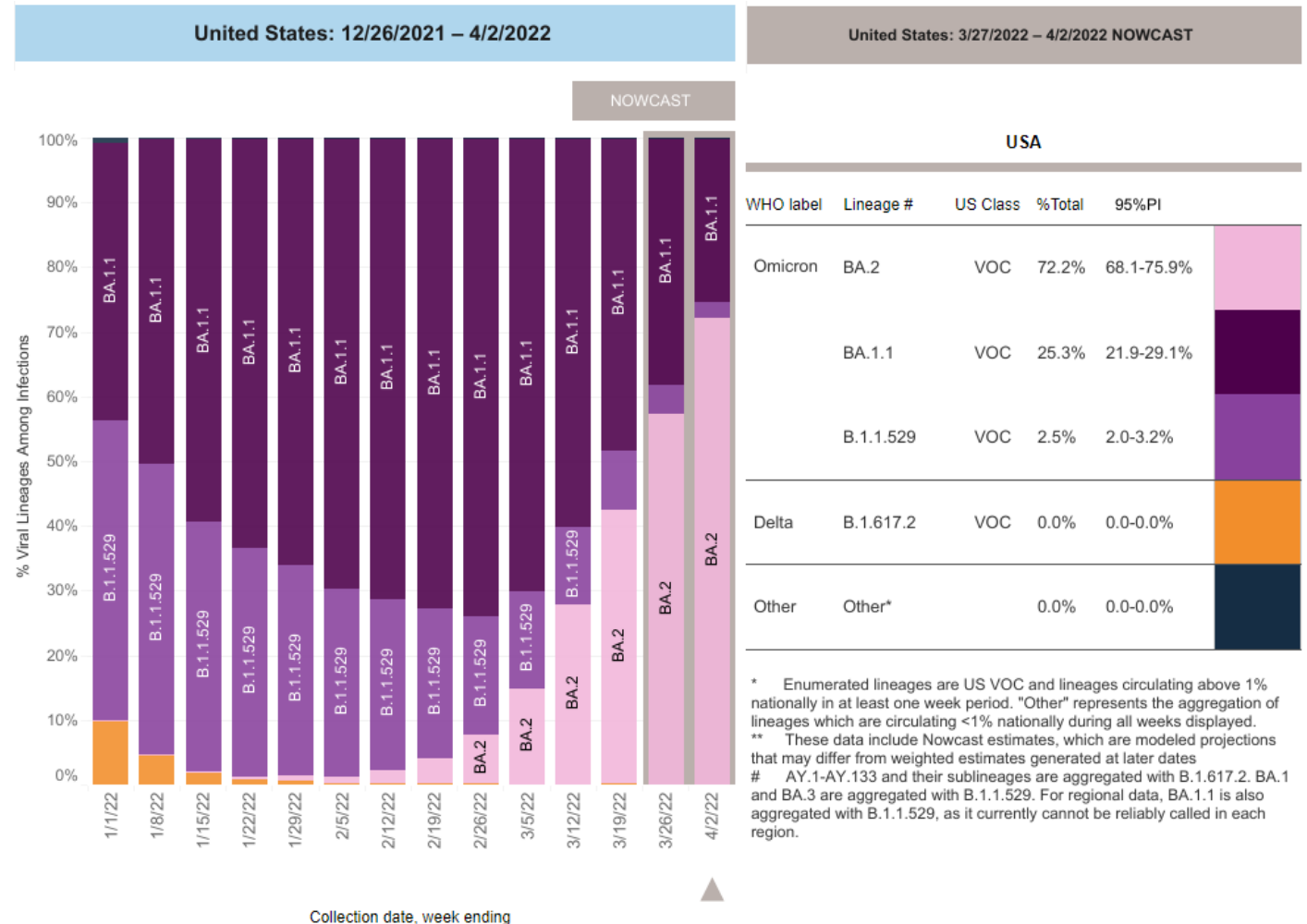
Pennsylvania, last 7 days:

- 4,566 new cases
- 35.7/100K

Variants

Omicron continues to be the main variant circulating in the United States

- BA.2 subvariant 72% of cases



Changes to CDC's COVID Data Tracker Integrated County View: COVID-19 Community Level vs. Community Transmission

Link from CMS QSO-20-38-NH ->
Landing page now shows **COVID-19 Community Level**
(previously Community Transmission)

COVID-19 Community Level

● Low

Recommended actions based on current level

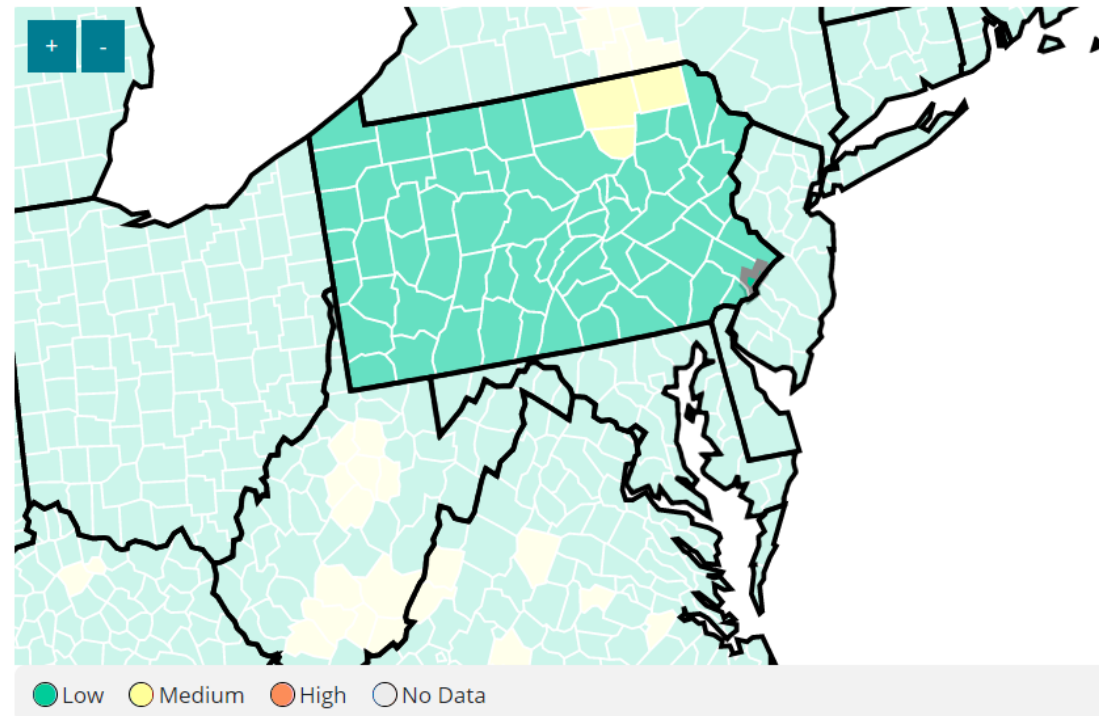
Stay [up to date](#) with COVID-19 vaccines. [Get tested](#) if you have symptoms. Wear a mask if you have symptoms, a positive test, or exposure to someone with COVID-19. Wear a mask on [public transportation](#). You may choose to wear a mask at any time as an additional precaution to protect yourself and others.

Weekly Metrics Used to Determine the COVID-19 Community Level

Case Rate per 100,000 population	33.65
New COVID-19 admissions per 100,000 population	3.3
% Staffed inpatient beds in use by patients with confirmed COVID-19	1.1%

How are COVID-19 Community Levels calculated?

Note: The COVID-19 Community Level and associated metrics presented above are updated weekly **on Thursday** and may differ from the values for the same metrics presented below, which are updated daily.



Changes to CDC's COVID Data Tracker Integrated County View: COVID-19 Community Level vs. Community Transmission

Link from CMS QSO-20-38-NH ->
Landing page now shows **COVID-19 Community Level** metric
(previously Community Transmission)

COVID-19 Community Level

Recommended actions based on current level

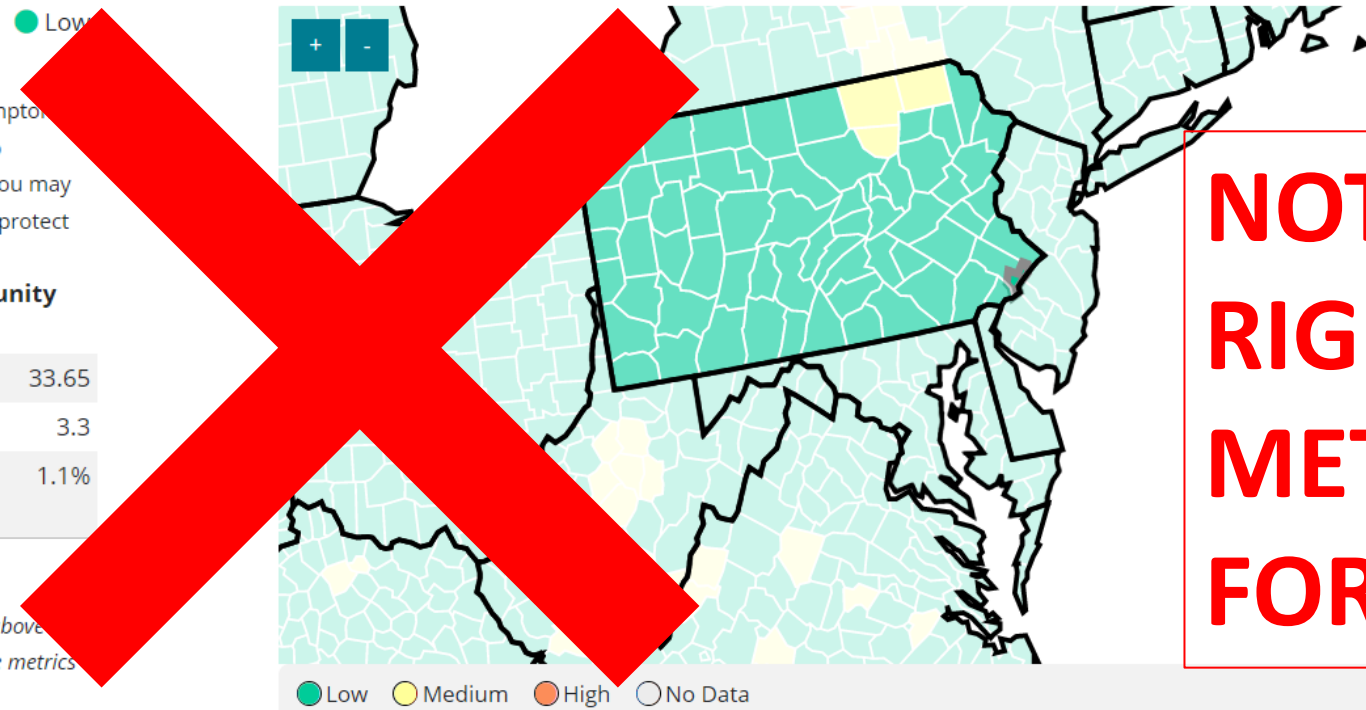
Stay [up to date](#) with COVID-19 vaccines. [Get tested](#) if you have symptoms.
Wear a mask if you have symptoms, a positive test, or exposure to someone with COVID-19. Wear a mask on [public transportation](#). You may choose to wear a mask at any time as an additional precaution to protect yourself and others.

Weekly Metrics Used to Determine the COVID-19 Community Level

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How are COVID-19 Community Levels calculated?

Note: The COVID-19 Community Level and associated metrics presented above are updated weekly **on Thursday** and may differ from the values for the same metrics presented below, which are updated daily.



**NOT THE
RIGHT
METRIC
FOR SNFs**

CMS QSO-20-38-NH: Level of Community Transmission

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



Center for Clinical Standards and Quality/Survey & Certification Group

DATE: August 26, 2020 **Ref: QSO-20-38-NH**
REVISED 03/10/2022

TO: State Survey Agency Directors

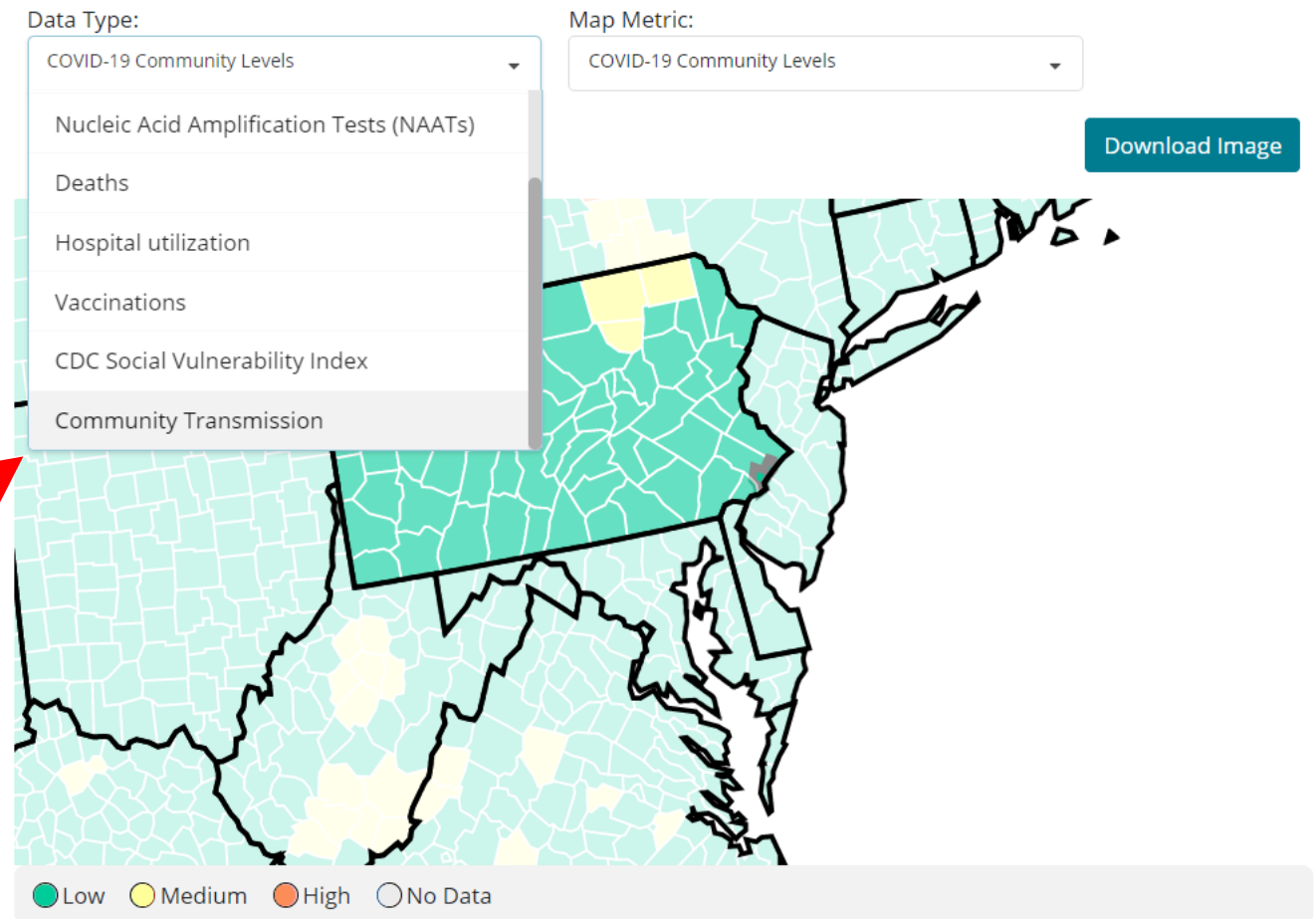
FROM: Director
Survey and Certification Group

SUBJECT: Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements

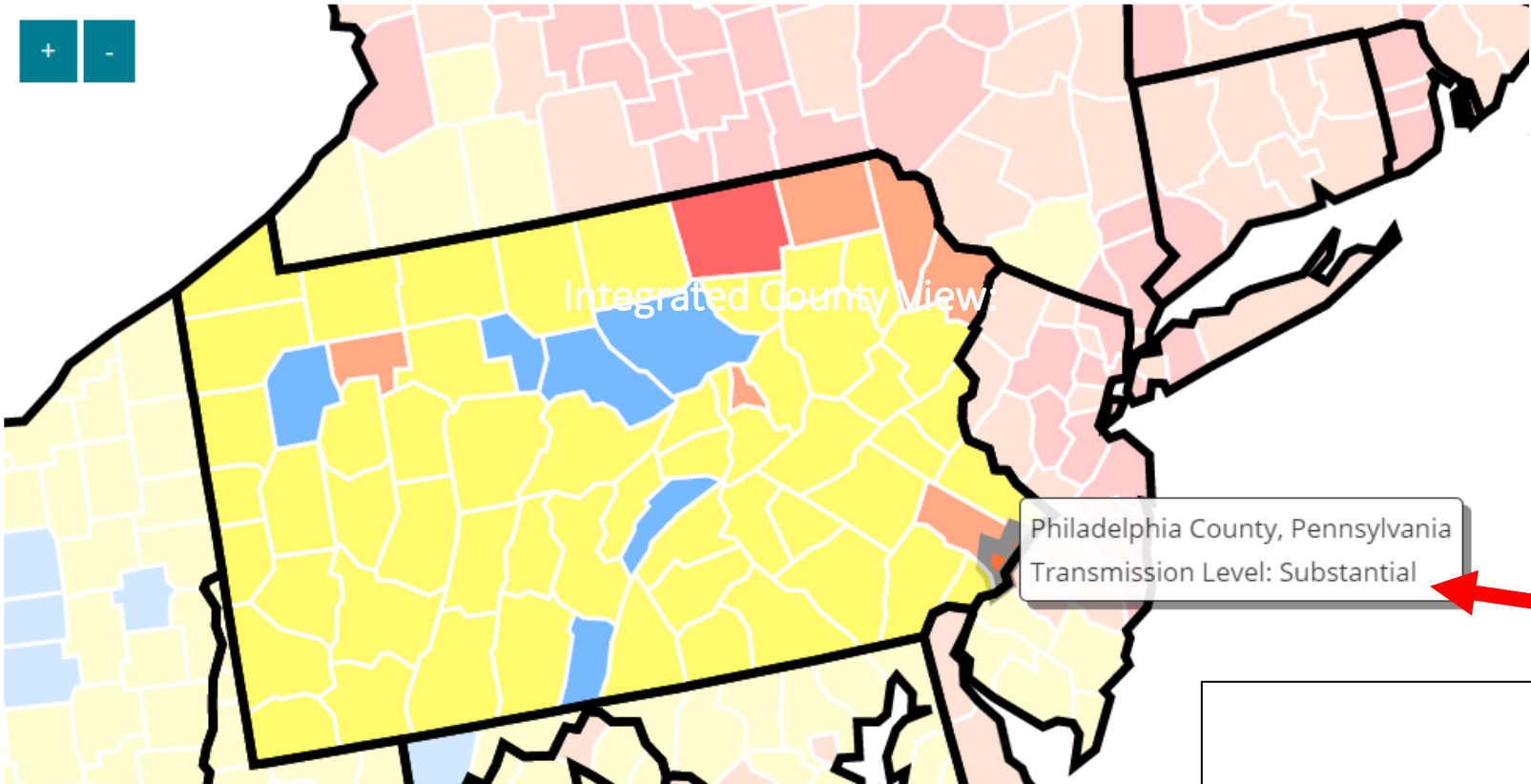
“Level of community transmission” refers to facility’s county level of COVID-19 transmission. This metric uses two indicators for categorization (1. Total number of new cases per 100,000 persons within the last 7 days and 2. Percentage of positive diagnostic and screening nucleic acid amplification tests (NAAT) during the last 7 days), which can be found on the Centers for Disease Control and Prevention (CDC) COVID-19 Integrated County View site at <https://covid.cdc.gov/covid-data-tracker/#county-view>.

Changes to CDC's COVID Data Tracker Integrated County View: COVID-19 Community Level vs. Community Transmission

- CMS Guidance refers to **community transmission levels** to determine testing frequency
- First, choose state and county
- Use dropdown to find **Community Transmission**



CDC's COVID Data Tracker Integrated County View: Community Transmission Back to "Substantial" as of 4/7/22



● High ● Substantial ● Moderate ● Low ● No Data

Data through Wed Apr 06 2022

Total Cases	885
Case Rate (last 7 days)	55.87
% Change (last 7 days)	66.04

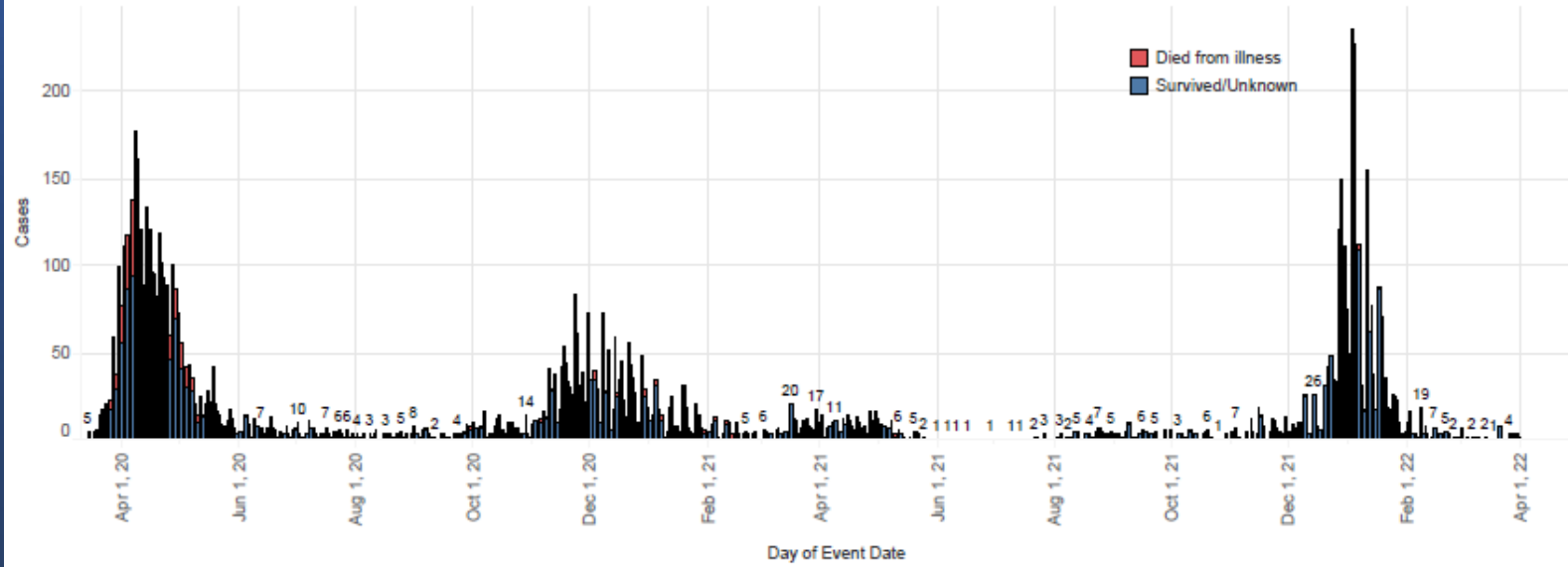
Data through Mon Apr 04 2022

% Positivity	3.68
% Change (last 7 days)	1.14

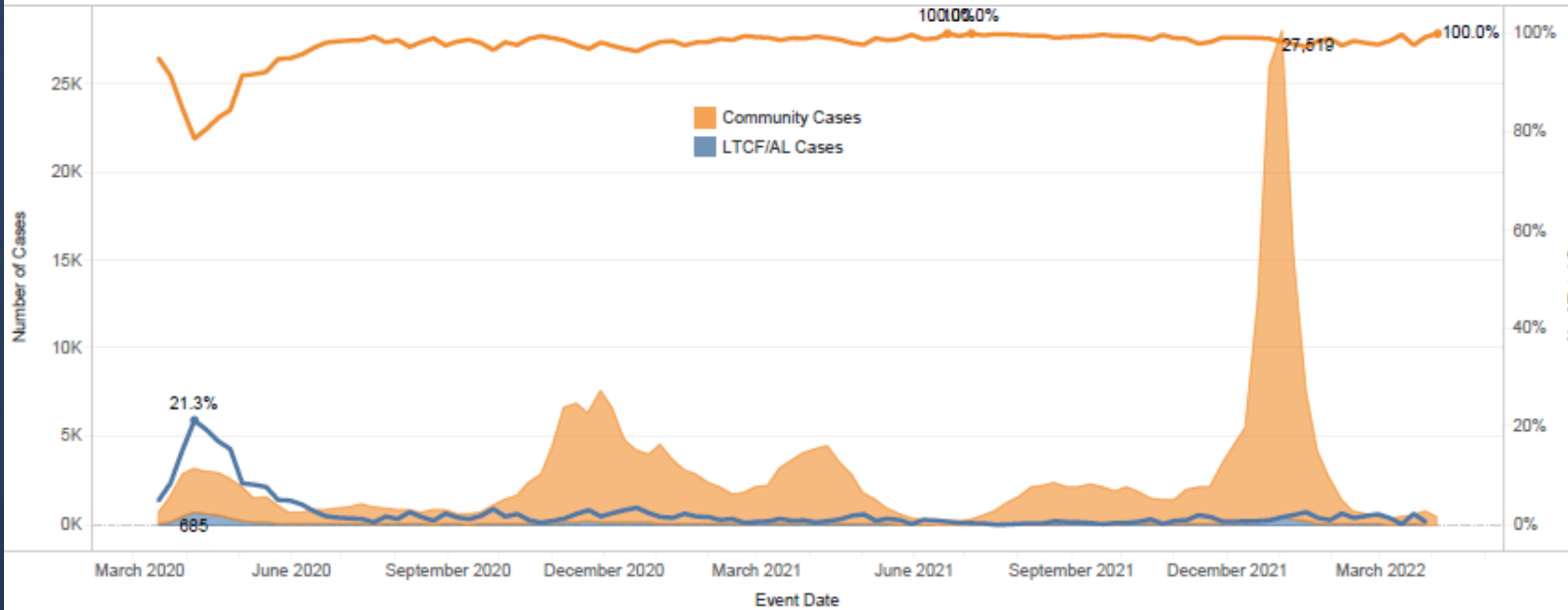
Philadelphia County, Pennsylvania
Transmission Level: Substantial

	Low	Moderate	Substantial	High
New cases per 100,000 persons in the past 7 days*	<10	10-49.99	50-99.99	≥100
Percentage of positive NAATs tests during the past 7 days**	<5%	5-7.99%	8-9.99%	≥10.0%

Licensed Long Term Care Facility Epi. Curve
 *All Cases (Confirmed & Probable) for Facility Type LTCF
 *Includes Staff who could live out of jurisdiction
 Updated: 4/7/2022



LTCF vs Community Cases
 Note: Area represents count, line represents %





Department of
Public Health

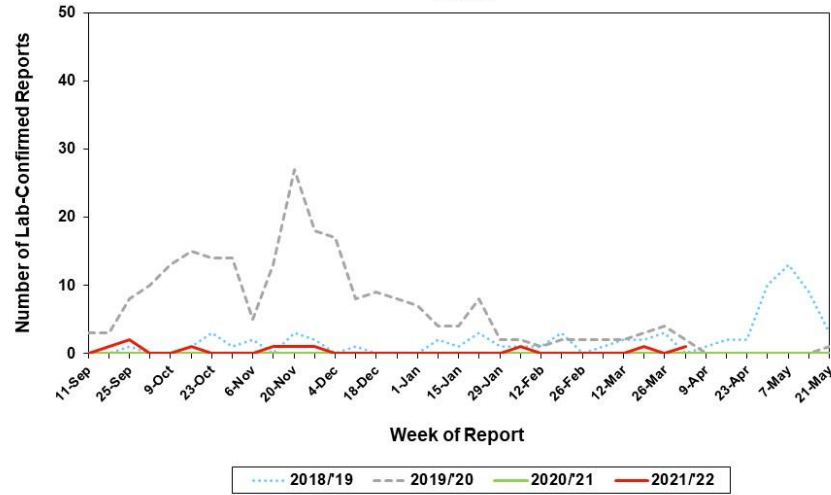
CITY OF PHILADELPHIA

Non-Influenza Respiratory Viruses



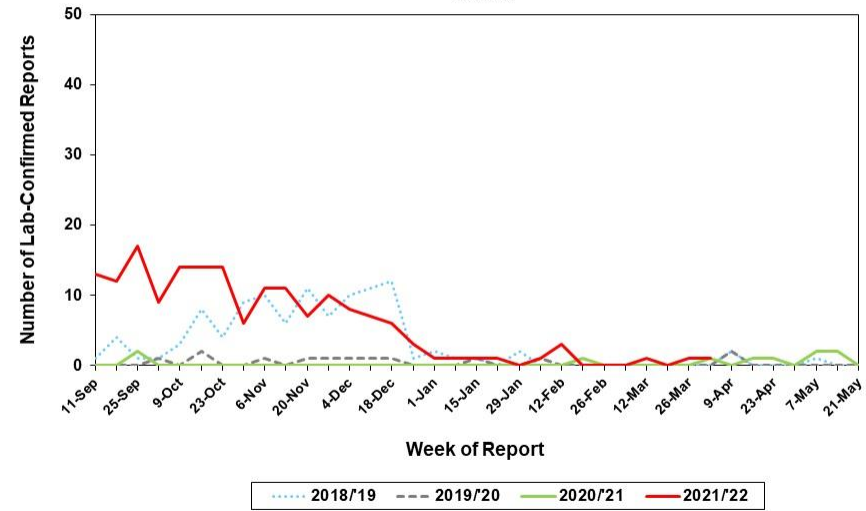
Laboratory-Based Surveillance for Parainfluenza Type 1 (Counts) Philadelphia, 2018/2019 through 2021/2022 Seasons

*Based on three hospital laboratories with Parainfluenza virus testing capabilities across respiratory virus seasons



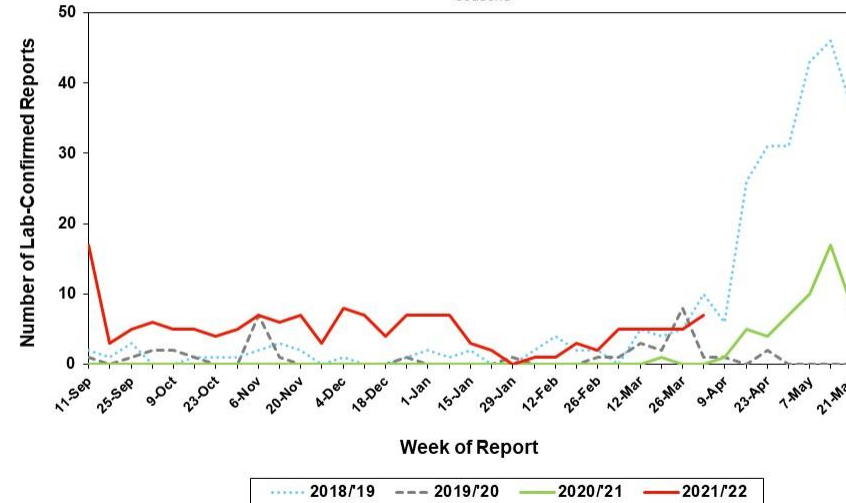
Laboratory-Based Surveillance for Parainfluenza Type 2 (Counts) Philadelphia, 2018/2019 through 2021/2022 Seasons

*Based on three hospital laboratories with Parainfluenza virus testing capabilities across respiratory virus seasons



Laboratory-Based Surveillance for Parainfluenza Type 3 (Counts) Philadelphia, 2018/2019 through 2021/2022 Seasons

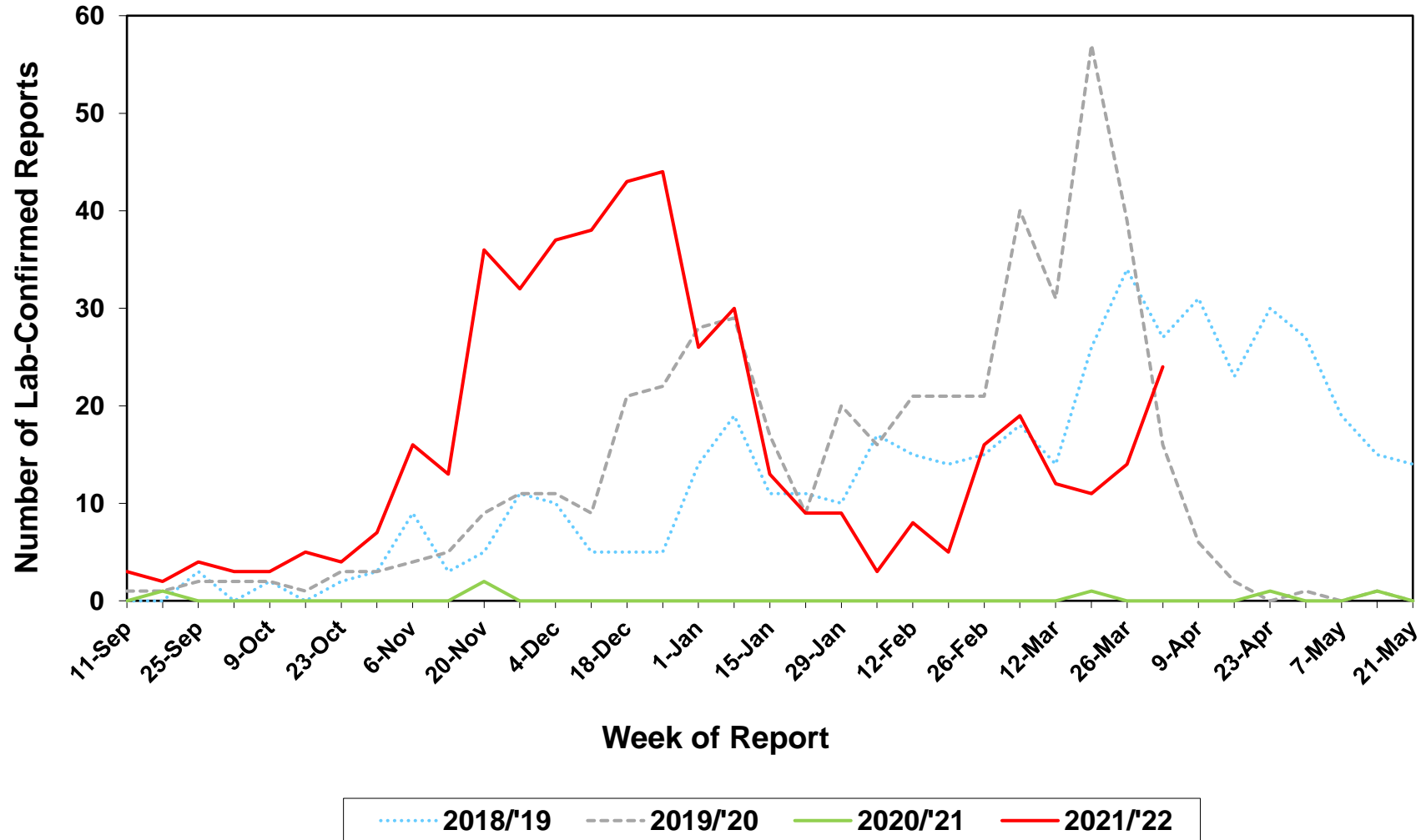
*Based on three hospital laboratories with Parainfluenza virus testing capabilities across respiratory virus seasons





Laboratory-Based Surveillance for Human Metapneumovirus (Counts) Philadelphia, 2018/2019 through 2021/2022 Seasons

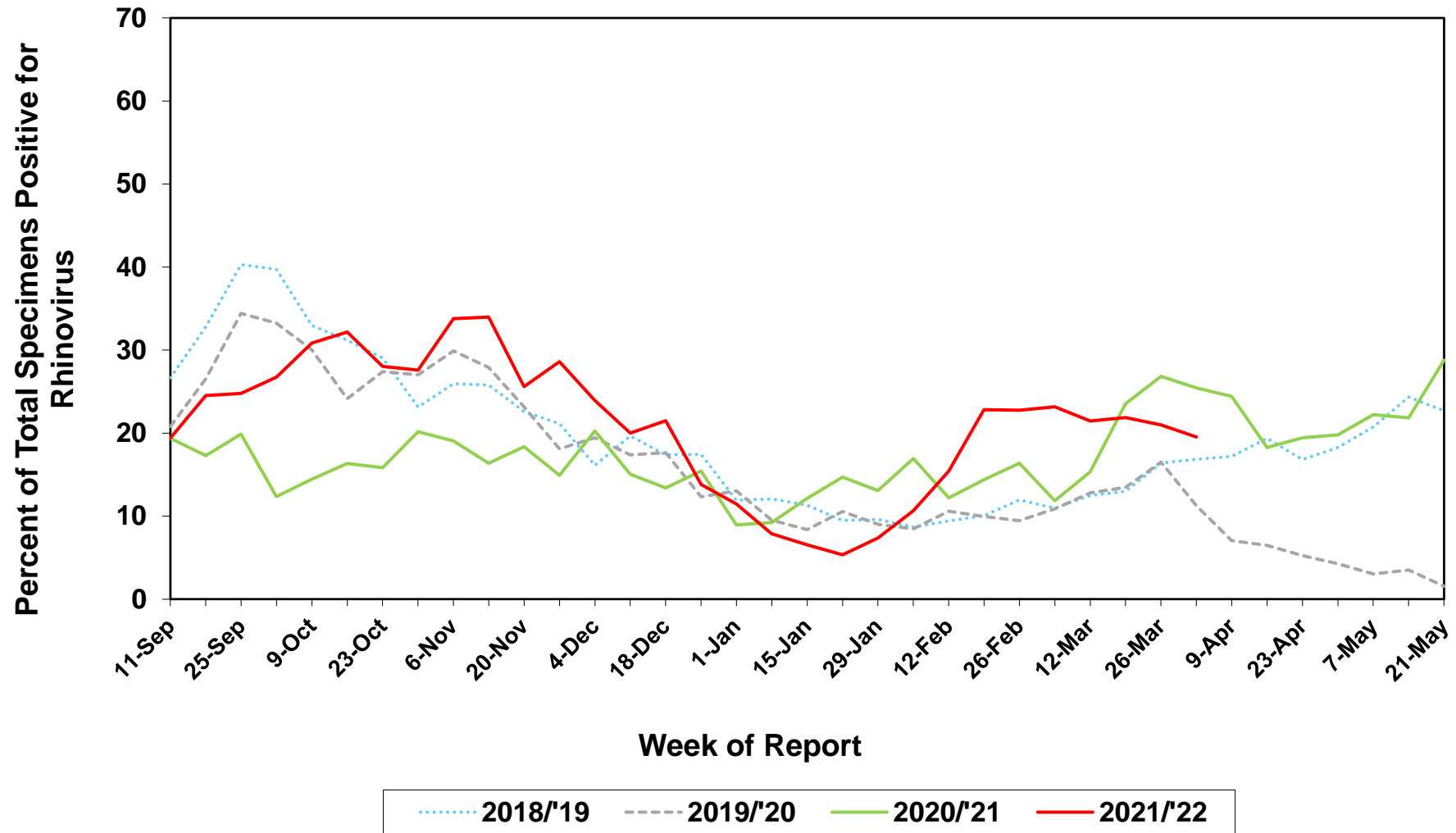
**Based on three hospital laboratories with Human metapneumovirus testing capabilities across respiratory virus seasons*





Laboratory-Based Surveillance for Rhinovirus (%) Philadelphia, 2018/2019 through 2021/2022 Seasons

**Based on three hospital laboratories with Rhinovirus testing capabilities across respiratory virus seasons*





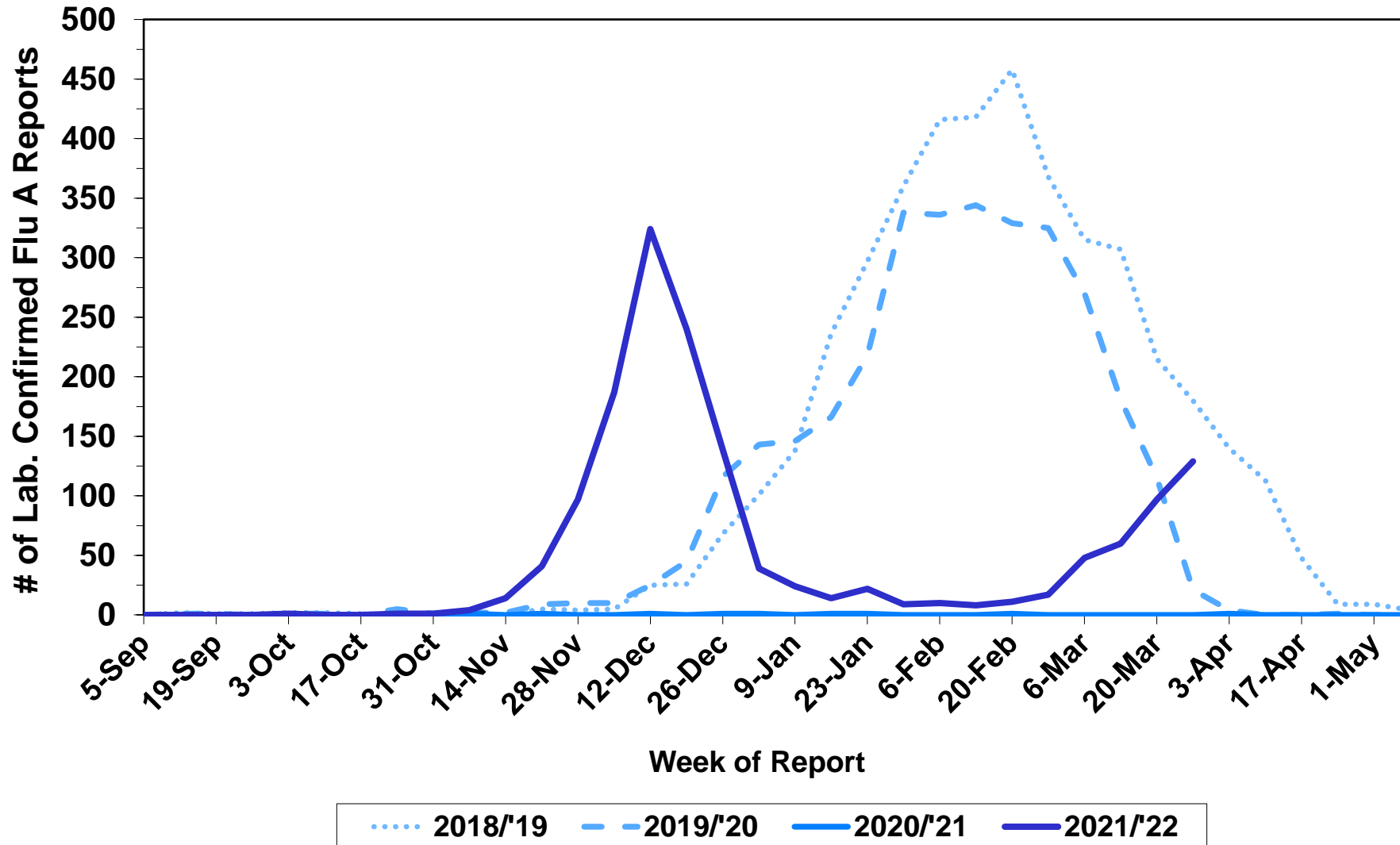
Department of
Public Health

CITY OF PHILADELPHIA

Influenza

Laboratory-Based Surveillance for Influenza A Philadelphia, 2018/2019 through 2021/2022 Seasons*

**Based on select hospital laboratories participating in surveillance across respiratory virus seasons*

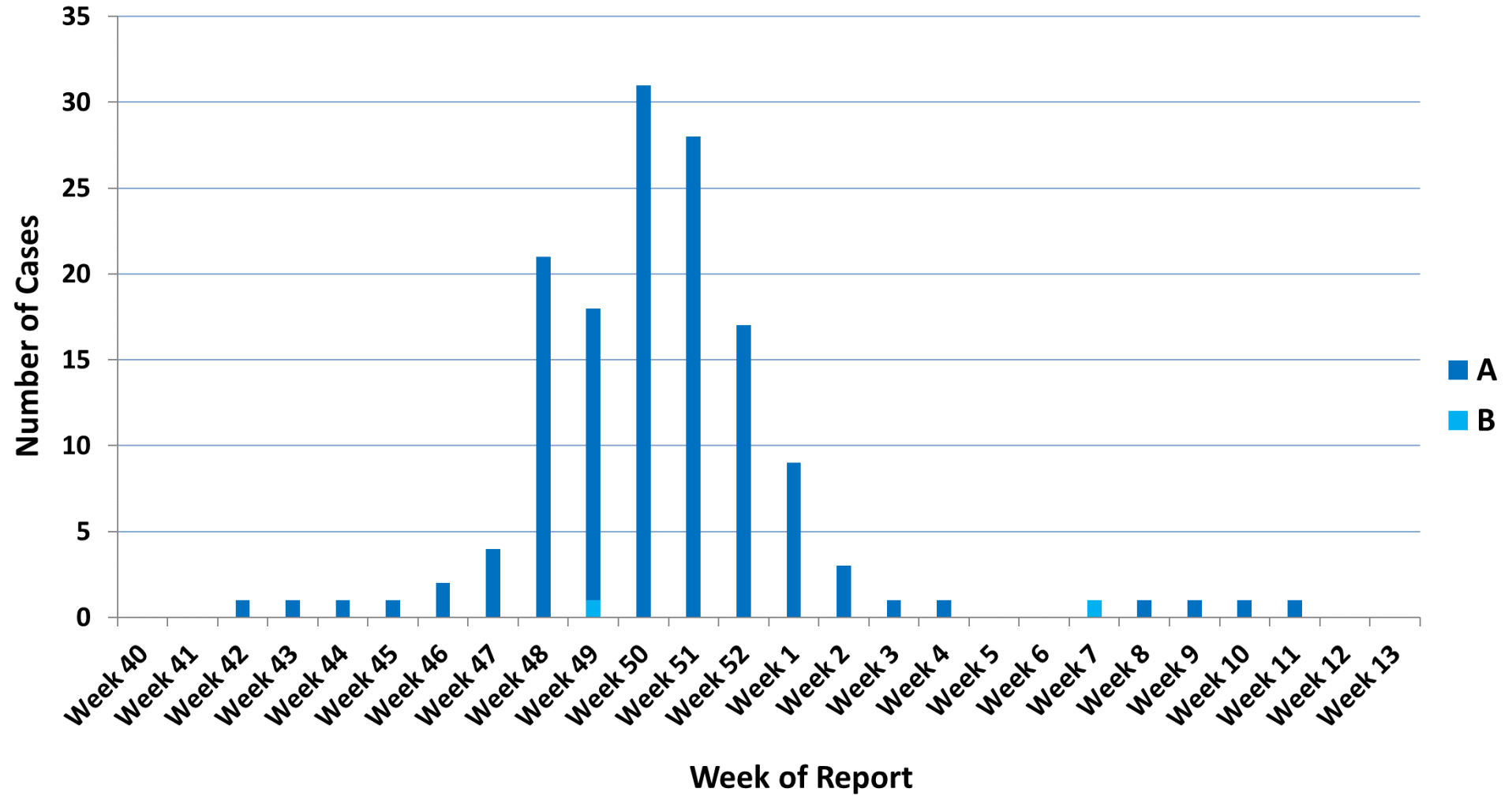


Weekly Counts of Hospitalizations by Influenza Type*

Oct. 3, 2021 - Apr. 02, 2022

**Laboratory confirmed influenza*

**Data are provisional and subject to change*

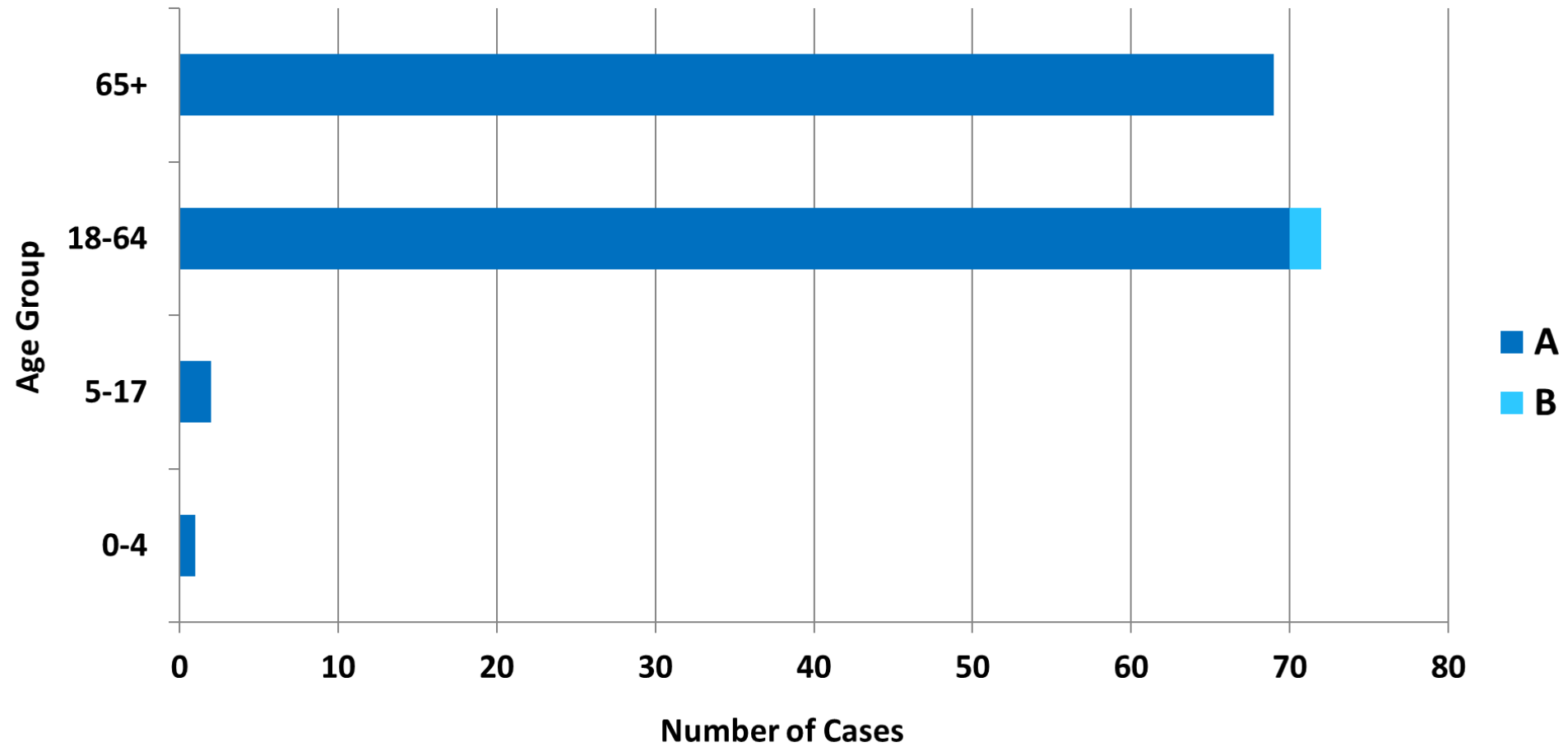


Hospitalized Influenza* by Age Group and Influenza Type

Oct. 3, 2021 - Apr. 02, 2022

**Laboratory confirmed influenza*

**Data are provisional and subject to change*





Department of
Public Health

CITY OF PHILADELPHIA

Surveillance Updates: <https://hip.phila.gov/data-reports-statistics/>
Report a Case: 215-685-6742

Guidance Updates

CMS QSO 20-38: Testing frequencies review
BOH Vaccine Mandate and LTCF testing review

PA HAN 633

PA HAN 632

PDPH Health Advisory COVID-19 Boosters 4.5.2022

PA HAN 634

Review of recommended PPE based on community transmission levels

CMS QSO-20-38 Revised

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



Center for Clinical Standards and Quality/Survey & Certification Group

DATE: August 26, 2020

Ref: QSO-20-38-NH
REVISED 03/10/2022

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements

CMS QSO-20-38 Revised

Table 2: Routine Testing Intervals by County COVID-19 Level of Community Transmission

Level of COVID-19 Community Transmission	Minimum Testing Frequency of Staff <i>who are not up-to-date</i>⁺
Low (blue)	Not recommended
Moderate (yellow)	Once a week*
Substantial (orange)	Twice a week*
High (red)	Twice a week*

⁺Staff *who are up-to-date* do not need to be routinely tested.

*This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.

- For staff routine testing, document the facility's level of community transmission, the corresponding testing frequency indicated (e.g., every week), and the date each level of community transmission was collected. Also, document the date(s) that testing was performed for staff, *who are not up-to-date*, and the results of each test.



CMS QSO-20-38 Revised

- “If the level of community transmission decreases to a lower level, the facility should continue testing staff at the higher frequency level until the level of community transmission has remained at the lower activity level for at least 2 weeks before reducing testing frequency”
- “If the level of community transmission increases to a higher level of activity, the facility should begin testing staff at the frequency shown in table (2) as soon as the criteria for the higher activity level are met”
- **Philadelphia community transmission level 4.7.22= Substantial**
- This represents the minimum testing expected. Facilities may consider other factors such as level of community transmission in an adjacent (i.e. neighboring) county to test at a frequency that is higher than required

Philadelphia Board of Health Vaccine Mandate

A) Routine Testing:

b. For Healthcare Institutions and Healthcare Workers: Requiring exempt Covered Healthcare Personnel (including an exempt self-employed Healthcare Worker) to submit to either a PCR or antigen test at least twice per week, timed appropriately under the circumstances.

**Substantial community transmission=
Twice weekly testing of staff who are not UTD**

PA HAN 633

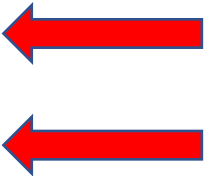
PENNSYLVANIA DEPARTMENT OF HEALTH
2022- PAHAN -633 - 04-04-ADV
Updated Reporting Requirements for COVID-19
Test Results



DATE:	April 4, 2022
TO:	Health Alert Network
FROM:	Keara Klinepeter, Acting Secretary of Health
SUBJECT:	Updated Reporting Requirements for COVID-19 Test Results
DISTRIBUTION:	Statewide
LOCATION:	Statewide
STREET ADDRESS:	Statewide
COUNTY:	Statewide
MUNICIPALITY:	Statewide
ZIP CODE:	Statewide

Summary:

- The US Department of Health and Human Services (HHS) and Centers for Disease Control and Prevention (CDC) have recently released updated guidance for reporting results of SARS-CoV-2 test results.
- The Pennsylvania Department of Health (DOH) is making changes to required reporting based on this guidance.
- All polymerase chain reaction (PCR) test results should continue to be reported to Pennsylvania's National Electronic Disease Surveillance System (PA-NEDSS).
- For antigen tests and tests performed at point-of-care (POC), only POSITIVE test results should be reported.
- Do not report any COVID-19 antibody test results, whether positive, negative, or inconclusive.
- These changes should help reduce the reporting burden on providers and laboratories.
- These changes should be instituted as soon after 4/4/2022 as possible.
- If you have any questions, please call DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department.



PA HAN 633

New Reporting Requirements for SARS-CoV-2 Test Results

Type of SARS-CoV-2 test	Test result		
	Positive	Negative	Inconclusive
Antibody (e.g., AB, IgM, IgG, IgA)	Do not report	Do not report	Do not report
Antigen test (e.g., rapid test, lateral flow test, etc.) -or- Any point-of-care test, i.e., any COVID-19 diagnostic test performed on-site at a CLIA-waived facility, such as a nursing home	Report	Do not report	Do not report
Nucleic Acid Amplification Test (NAAT) test (e.g., RT-PCR, TMA, etc.)	Report	Report	Report

PA HAN 632

PENNSYLVANIA DEPARTMENT OF HEALTH
2022 – PAHAN –632 – 04 – 04 - 2022



Update to Recommendations Regarding COVID-19 Booster Vaccination

DATE:	4/4/2022
TO:	Health Alert Network
FROM:	Keara Klinepeter, Acting Secretary of Health
SUBJECT:	Update to Recommendations Regarding COVID-19 Vaccination
DISTRIBUTION:	Statewide
LOCATION:	n/a
STREET ADDRESS:	n/a
COUNTY:	n/a
MUNICIPALITY:	n/a
ZIP CODE:	n/a

SUMMARY

- [Guidance](#) released on March 30, 2022 from the CDC updates COVID-19 booster vaccination guidance and allows for a second booster dose of an mRNA vaccine for certain populations.
- The dose of the second booster dose of the mRNA vaccines is the same as the first booster dose.
- Moderately to severely immunocompromised individuals 12 years of age and older may choose to receive an additional booster dose of an mRNA vaccine at least 4 months after the first booster dose.
- Patients 50 years of age and older may choose to receive an additional booster dose of an mRNA vaccine at least 4 months after the first booster dose.
- All patients who received the Janssen COVID-19 vaccine as their primary series and booster dose may receive an additional booster dose of an mRNA vaccine at least 4 months after the first Janssen booster dose.

If you have any questions, please call PA DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department.

PDPH Health Advisory



Philadelphia Department of Public Health
Division of Disease Control

CHERYL BETTIGOLE, MD, MPH
Health Commissioner

SHARA EPSTEIN, MD
Medical Director, Division of COVID-19 Containment

Health Advisory
Second mRNA Booster Dose for COVID-19
April 5th, 2022

SUMMARY POINTS

- A second mRNA booster dose (Pfizer-BioNTech and Moderna) may be offered to some populations, outlined below.
- A second mRNA booster dose may be provided at least 4 months after receipt of a first booster dose of any authorized or approved COVID-19 vaccines to the appropriate individuals.
- Individuals aged 18 and older who received both a primary vaccine and booster dose of the Janssen J&J vaccine also may receive the second booster with an mRNA COVID-19 vaccine even if they are not moderately to severely immunocompromised.
- This update in second mRNA booster dose did not affect the definition of fully vaccinated or up-to-date vaccine status as of April 1st, 2022. Individuals who have had their first booster are considered up to date, even if eligible for a second booster.



PA HAN 634

PENNSYLVANIA DEPARTMENT OF HEALTH 2022 – PAHAN – 634 –04-07-UPD

UPDATE: Therapeutics to Prevent and Treat COVID-19



DATE:	04/07/2022
TO:	Health Alert Network
FROM:	Keara Klinepeter, Acting Secretary of Health
SUBJECT:	Therapeutics to Prevent and Treat COVID-19
DISTRIBUTION:	Statewide
LOCATION:	n/a
STREET ADDRESS:	n/a
COUNTY:	n/a
MUNICIPALITY:	n/a
ZIP CODE:	n/a

PA HAN 634

- The SARS-CoV-2 Omicron BA.2 variant is estimated to be the cause of more than 50% of COVID-19 cases in the United States, including in Pennsylvania.
- Vaccination (especially after receipt of a booster dose) is expected to protect against severe illness, hospitalizations, and deaths from infection with the Omicron variant.
- Therapeutics are also available for preventing and treating COVID-19 in specific at-risk populations.
- Providers are encouraged to consider COVID-19 treatment options, which are updated frequently.
- Due to data regarding the prevalence of the Omicron BA.2 variant and likely ineffectiveness against it, **Sotrovimab is no longer authorized for treatment of COVID-19 in the United States.**
- Details on how to obtain currently authorized treatment agents can be found at the PA DOH website.
- If you have questions about this guidance, please call your local health department or **1-877-PA-HEALTH (1-877-724-3258)**.



Recommended PPE Based on Community Transmission Levels

Use of Eye Protection per PAHAN-624 and CDC

- HCP working in facilities located in counties with **substantial or high COVID-19 transmission** should:
 - Use eye protection (i.e., goggles or a face shield that covers the front and sides of the face) during all resident care encounters
- HCP working in a facility with **low to moderate transmission**:
 - Universal eye protection is not required for all resident encounters
 - Don eye protection to protect mucous membranes of the eyes from splashes and sprays e.g., open suctioning, spitting, possibly NG tube insertion
- **Don't forget to use Standard Precautions with all resident encounters!**



Use of Masks for Source Control for HCP: PAHAN-624

- N95 or well-fitting facemask
 - No cloth masks
- HCP should always wear masks in areas of the facility where they may encounter residents
 - Regardless of level of community transmission
- Philadelphia Vaccine Mandate: Exempt (unvaccinated) HCP need to wear an N95 or double mask



Exceptions to Masking and Social Distancing for HCP and Residents: PA HAN 624

Staff:

- Philadelphia county with low to moderate transmission **AND**
- HCP are UTD with all recommended COVID-19 vaccine doses **AND**
- HCP are in areas restricted from resident access e.g., breakroom, meeting room
- HCP should wear a mask if they will encounter residents

Residents:

- Philadelphia county with low to moderate transmission **AND**
- Residents are UTD with all recommended COVID-19 vaccine doses
- Residents at increased risk for severe disease should still consider continuing to practice social distancing and use of source control

PPE for Residents with COVID-19, Including Suspected

- NIOSH approved N95 respirator or higher-level respirator
- Eye protection-goggles or face shield that covers the front and side of the face
- Isolation gown
- Gloves





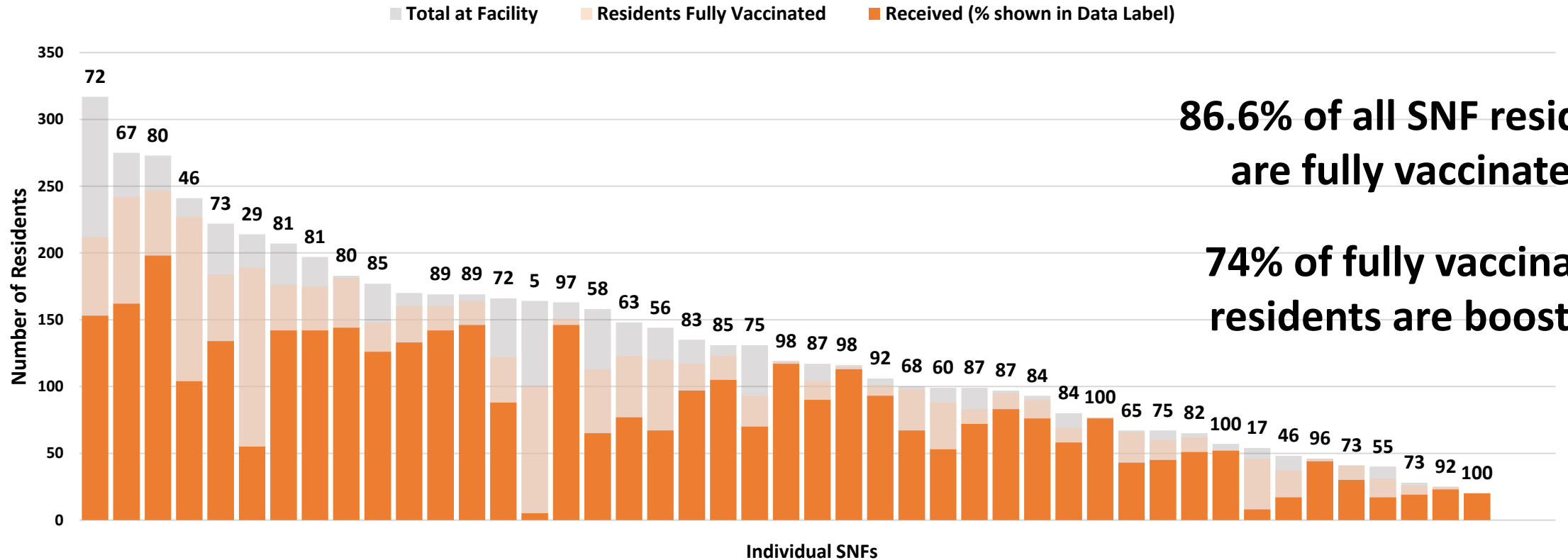
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SNF COVID-19 Vaccination Data Summary

NHSN Resident Booster Doses

COVID-19 Booster Dose Uptake Among SNF Residents,
Total at Facility, Fully Vaccinated, and Received Booster, (n=45)



86.6% of all SNF residents are fully vaccinated!

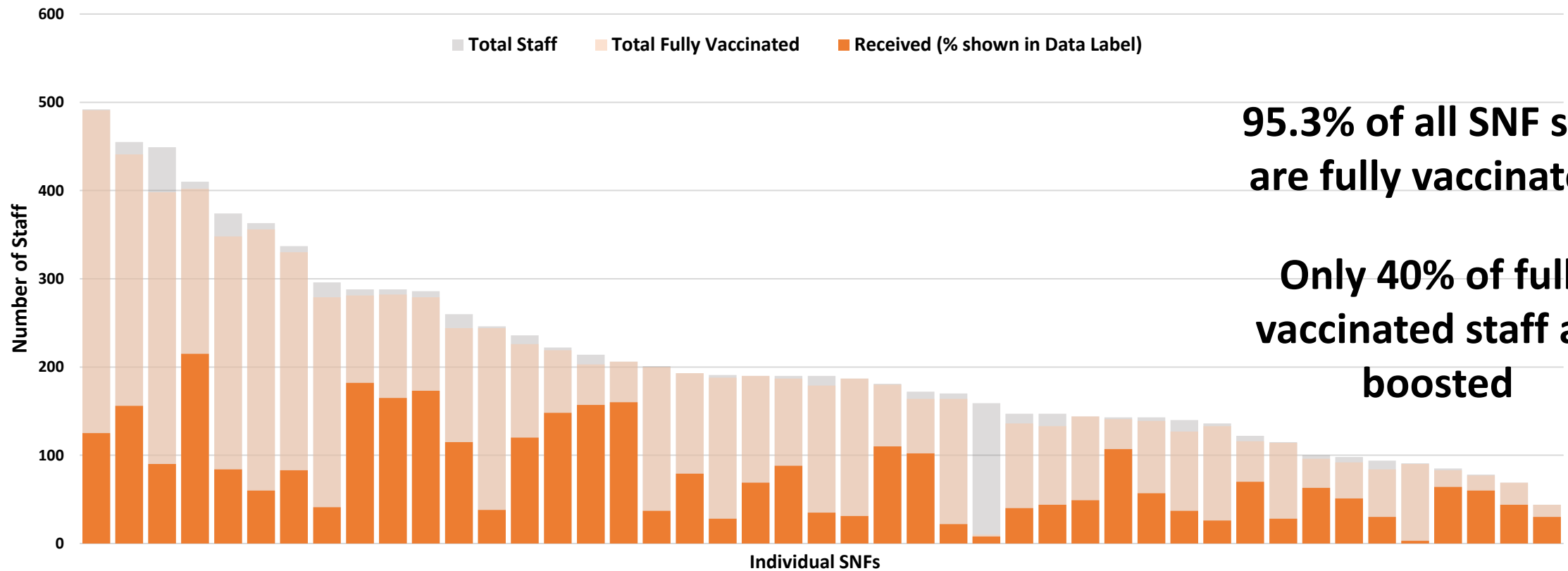
74% of fully vaccinated residents are boosted!

NHSN Resident Booster Doses

- **64% of facilities** had an increase in residents boosted over the last month!
 - Average improvement: 9 residents
 - Range: 1 – 70 residents

NHSN Staff Booster Doses

COVID-19 Booster Dose Uptake Among SNF Staff,
Staff at Facility, Fully Vaccinated, and Received Booster, (n=45)



**95.3% of all SNF staff
are fully vaccinated!**

**Only 40% of fully
vaccinated staff are
boosted**

NHSN Staff Booster Doses

- **73% of facilities** had an increase in staff boosted over the last month!
 - Average improvement: 17 staff
 - Range: 1 – 63 staff
- Keep up the good work!



Department of
Public Health

CITY OF PHILADELPHIA

New Project Firstline Resources and
HAI Program Services

New Project Firstline Training Materials!

- Focus on identifying risks in healthcare to motivate staff to take action
 - Reservoirs (places where germs live)
 - Pathways (ways to move germs)

Materials include:

- [Toolkits to host a training](#)
- [Graphics and posters](#)
- [Interactive scenarios](#)

GERMS LIVE ON THE SKIN.

WHERE IS THE RISK?
Know where germs live to stop spread and protect patients

Germs spread through touch.

- Many germs grow on healthy skin.
- Germs on skin can get onto surfaces, other people, and things that will touch other people.
- Skin – especially hands – carries many germs and spreads them easily.
- When one's hands touch surfaces, germs can spread from those surfaces to that person and to others.

Germs spread by bypassing or breaking down the body's defenses.

- Healthcare tasks often involve breaking the skin.
- Breaking the skin – from putting in an IV, drawing blood, surgery, or trauma – creates a pathway for germs to spread into the body.

Germs That Live on Skin

- *Staphylococcus aureus* (staph, including MRSA)
- *Streptococcus* (strep)
- *Candida* (including *C. auris*)

Healthcare Tasks Involving Skin

- Anything that involves touch
- Needlesticks
- Surgery

Infection Control Actions to Reduce Risk

- Hand hygiene
- Appropriate glove use
- Injection safety
- Cleaning and disinfection
- Source control (covering cuts and wounds)

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

PROJECT FIRSTLINE

WWW.CDC.GOV/PROJECTFIRSTLINE

More Examples of Materials



GERMS CAN LIVE ON DEVICES.

WHERE IS THE RISK?

Know where germs live to stop spread and protect patients

Germs That Can Live on Devices

- *Staphylococcus aureus* (staph, including MRSA)
- *Streptococcus* (strep)
- *Candida* (including *C. auris*)
- Gut bacteria like *E. coli*, *Klebsiella*, and *C. difficile* (*C. diff*)

Healthcare Tasks Involving Devices

- Surgery and procedures like colonoscopies
- Starting IVs
- Taking vital signs

Infection Control Actions to Reduce Risk

- Cleaning and disinfection
- Device sterilization
- Hand hygiene
- Use of personal protective equipment (gloves)

When a device, like a pulse oximeter, is used on a patient's body to provide care, any germs on that device can be spread to places in or on the patient's body.

When a device is put into a patient's body, like an IV needle, endoscope, or artificial hip, any germs on the device can spread into the body.

If not handled correctly, shared medical devices can spread germs from one patient to another.

 U.S. Department of Health and Human Services, Centers for Disease Control and Prevention

 **PROJECT FIRST LINE**

WWW.CDC.GOV/PROJECTFIRSTLINE



What would you see

if you could examine the people, surfaces, and devices around you under a microscope?


Knowing where germs live helps you understand how to stop their spread – and protect your patients.

Recognize the risks. Protect your patients. Learn more with Project Firstline.

 U.S. Department of Health and Human Services, Centers for Disease Control and Prevention

 **PROJECT FIRST LINE**


WWW.CDC.GOV/PROJECTFIRSTLINE




There are thousands of germs on this poster... and everywhere else.

Recognize the risks. Protect your patients.

Bacteria found on mobile phone, including *E. coli*, *Haemophilus influenzae*, and MRSA.

 U.S. Department of Health and Human Services, Centers for Disease Control and Prevention

 **PROJECT FIRST LINE**

WWW.CDC.GOV/PROJECTFIRSTLINE

Photo and description credit: SciPro/Stock via Getty Images. Cited paper: Chirca, I. (2019). The hospital environment and its microbial burden: challenges and solutions. *Future Microbiology*, 14, 1007-1010.

N95 Fit Test Training Update

- Trained 61 people at 14 facilities
- Program receives very high ratings!
- Follow-up survey w/ 7 facilities
 - Over 500 staff fit tested
 - Very confident in staff abilities to conduct fit testing



Reminder: HAI/AR Services

- Infection Control Assessment and Response (ICAR) visit
- N95 qualitative fit test training
- Quarterly newsletter
- Onsite education **NEW!**
 - Short form staff education
 - Hand hygiene auditing training
- [Sign-Up Form for HAI/AR Services](#)



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Healthcare-Associated Infections/Antimicrobial Resistance (HAI/AR) Program

Sign-Up Form for HAI/AR Services

Please fill out the fields below.

Thank you!

First Name <small>* must provide value</small>	<input type="text"/>
Last Name <small>* must provide value</small>	<input type="text"/>
Email <small>* must provide value</small>	<input type="text"/>
Phone Number	<input type="text"/>
Facility Name <small>* must provide value</small>	<input type="text"/>

Resize font: 



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Survey for Framework to Support Frail Individuals
with Behavioral Health Needs

https://dbhids.co1.qualtrics.com/jfe/form/SV_1S8DLeyl9xb7i5g

DV/Phila APIC - Long Term Care Virtual Meeting



WHEN: Friday, May 6, 2022 from 1pm to 2:30pm

WHERE: ON ZOOM - To Register, click on the link at the bottom of the flyer.

WHO: IPs from LTC facilities in BUCKS, CHESTER, DELAWARE, MONTGOMERY AND PHILADELPHIA counties **OPEN to APIC members and non-members!!**

Register at:

<https://forms.office.com/r/cejvFDe7vN>

SPEAKERS:

Susan Rettig, BS, RN, CIC – Healthcare-associated Infections & Antimicrobial Resistance Program | Division of Disease Control | Phila. Dept of Public Health

Topic: Candida auris in Long Term Care

Emma Badra, MPH, CIC – Project Manager, PA Department of Health | Bureau of Epidemiology

Topic: The PA DOH ICAR and Training Initiative for Skilled Nursing Facilities and Common Findings

Julie Paoline, MA, CPHA, CIC, FAPIC – COVID-19 Outbreak Coordinator, Infection Control and Outbreak Response (ICOR) Team Public Health Specialist | Healthcare-Associated Infection Prevention & Antimicrobial Stewardship | PA DOH | Bureau of Epidemiology

Topic: Highlights from APIC DV/Phila New Membership Orientation

Merewyn Sheeran, BS, RN, CIC – Infection Preventionist and Chair of the APIC DV/Phila Long Term Care Committee

Topic: Overview of the DV/Phila. LTC Focus Group



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Thank you!

Next call Friday, May 13, 2022