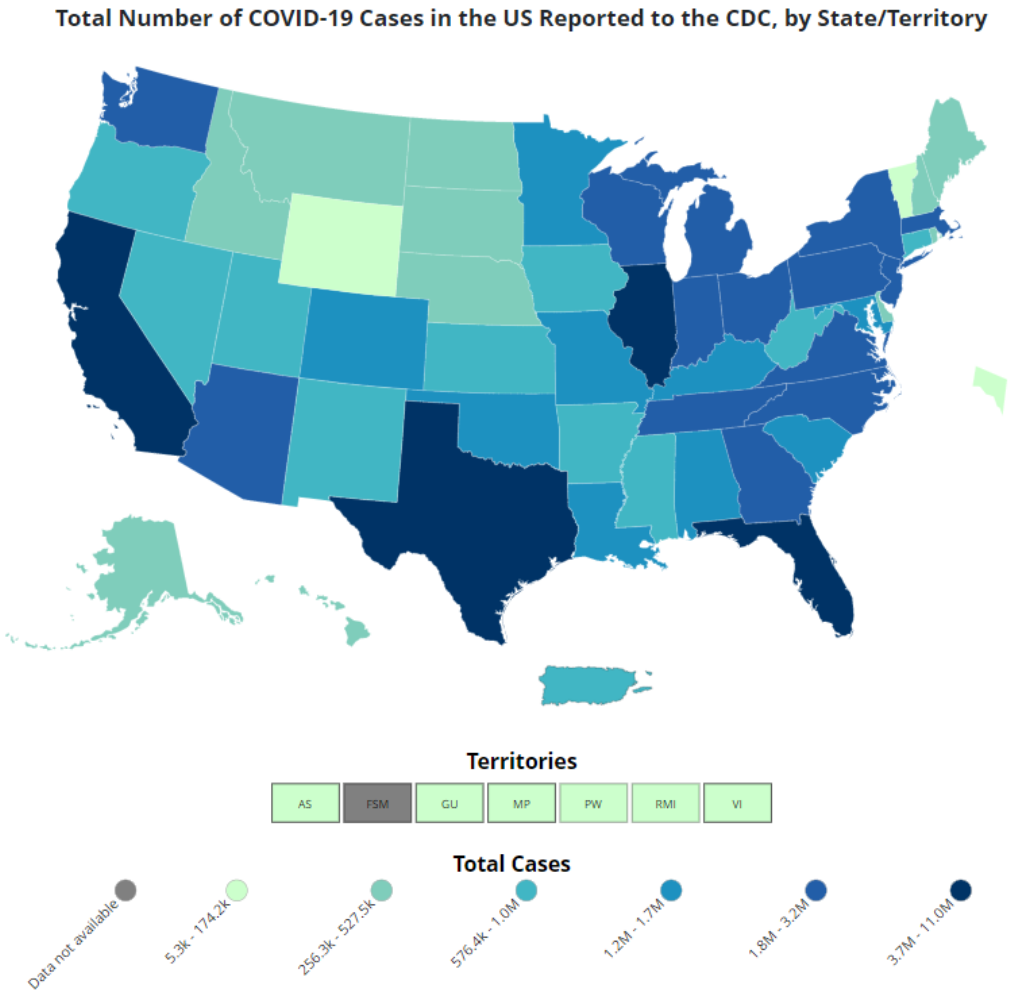
PDPH/LTCF Conference Call – Friday, 8/26/2022

Agenda

- **SARS-CoV-2 Surveillance Update**
- **Monkeypox and Congregate Living Settings**
- **Updated Guidance**
  - **COVID-19 Vaccine Booster Reminders**
  - **PA HAN 654: Outbreak and Containment of Candida auris in PA Healthcare Facilities**
- **NHSN Updates: SNF COVID-19 Vaccination Data**
- **Resources and Services:**
  - **PDPH APIC Membership for SNF Infection Preventionists – activated August 2022**
  - **CBIC Long-Term Care Certification in Infection Prevention (LTC-CIP)**
  - **Free Course: The Basics of Infection Prevention in Long-Term Care**
  - **New Project Firstline Materials**
  - **Reminder: HAI/AR Program Services**

Department of Public Health
CITY OF PHILADELPHIA

United States COVID-19 Cases and Deaths



TOTAL CASES	7 DAY CASE RATE PER 100,000	TOTAL DEATHS
93,777,133	191.2	1,037,381
+129,243 New Cases		+692 New Deaths

CDC | Data as of: Thursday, August 25, 2022 4:02 PM ET. Posted: Thursday, August 25, 2022 5:31 PM ET

Pennsylvania, last 7 days:

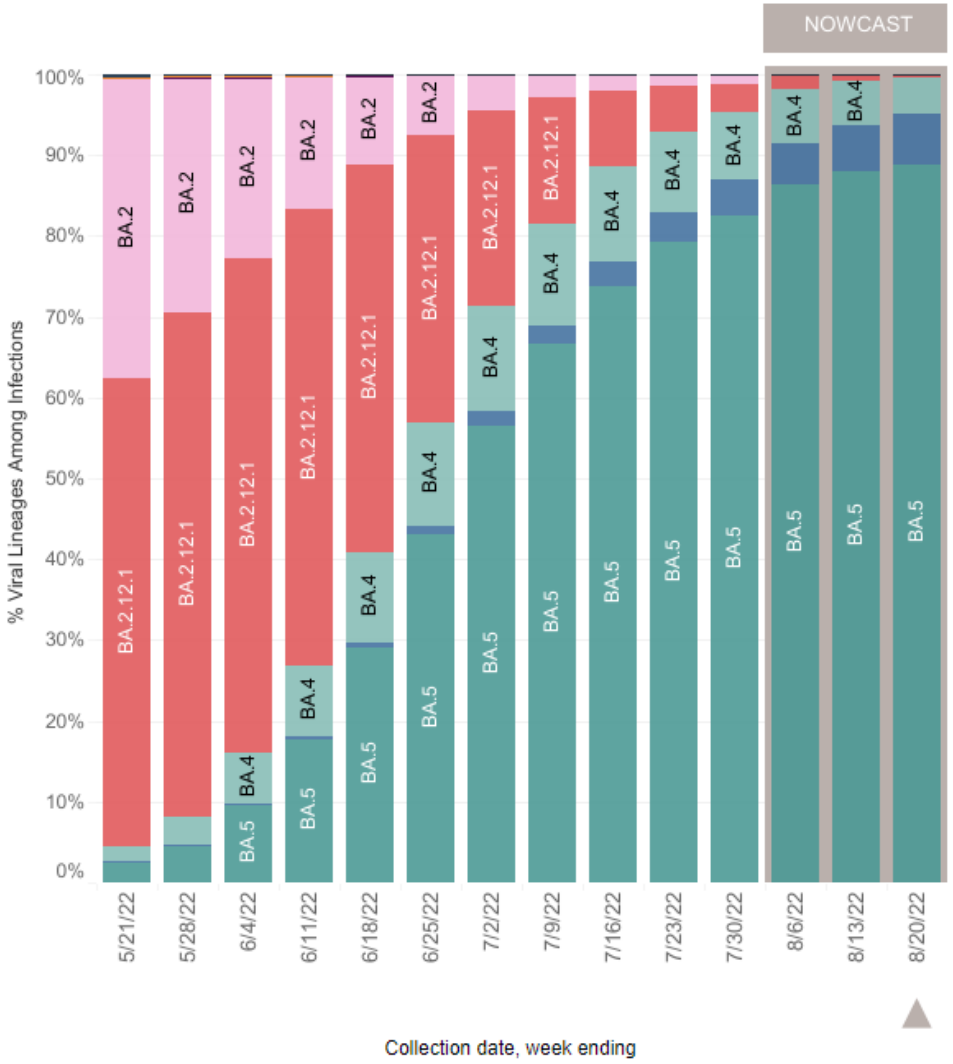
- 17,390 new cases
- 157.5/100K
- PCR % Positivity: 15-19.9

Variants

Omicron

- The only variant circulating in the United States
- BA.5 the main subvariant 88.9%
- BA.5, BA.4.6, BA.4 99.5%

United States: 5/15/2022 – 8/20/2022



United States: 8/14/2022 – 8/20/2022 NOWCAST

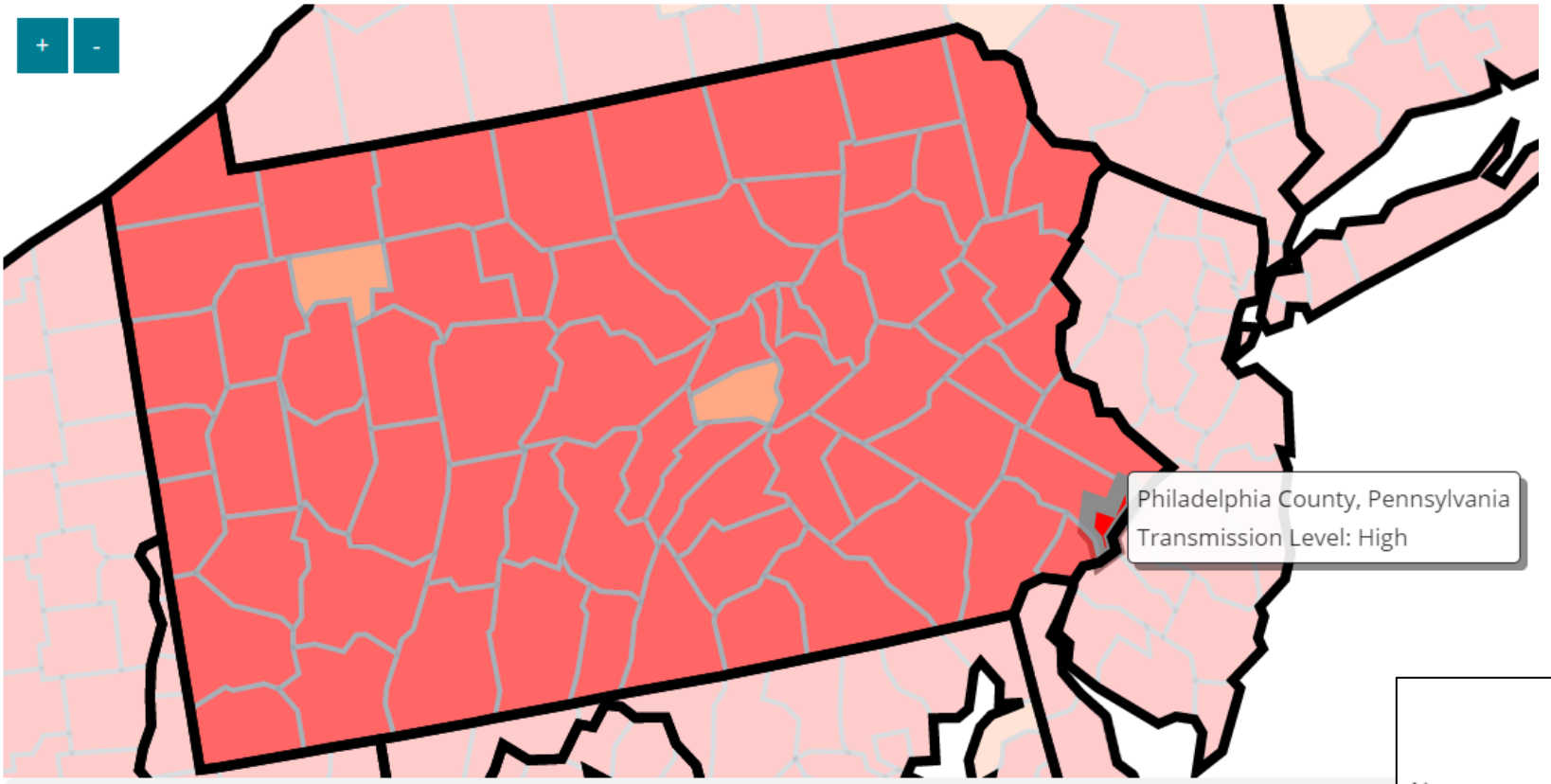
USA

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.5	VOC	88.9%	87.6-90.1%
	BA.4.6	VOC	6.3%	5.2-7.6%
	BA.4	VOC	4.3%	4.0-4.7%
	BA.2.12.1	VOC	0.5%	0.4-0.5%
	BA.2	VOC	0.0%	0.0-0.0%
	B.1.1.529	VOC	0.0%	0.0-0.0%
	BA.1.1	VOC	0.0%	0.0-0.0%
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		0.0%	0.0-0.0%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.
** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates
# AY.1-AY.133 and their sublineages are aggregated with B.1.617.2. BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. For regional data, BA.1.1 and its sublineages are also aggregated with B.1.1.529, as they currently cannot be reliably called in each region. Except BA.2.12.1, BA.2 sublineages are aggregated with BA.2. Except BA.4.6, sublineages of BA.4 are aggregated to BA.4. Sublineages of BA.5 are aggregated to BA.5.

Community Transmission

Philadelphia



Data through Wed Aug 24 2022

Total Cases	1905
Case Rate (last 7 days)	120.26
% Change (last 7 days)	-6.98

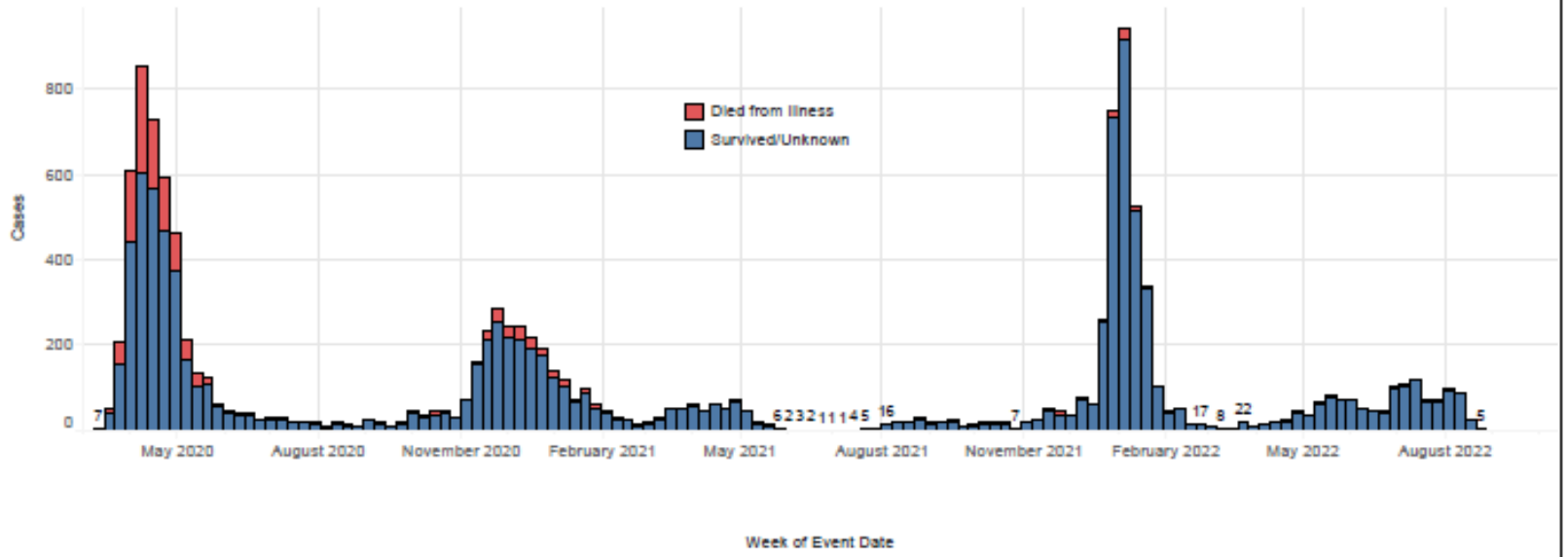
Data through Mon Aug 22 2022

% Positivity	10.09
% Change (last 7 days)	0.02

	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%

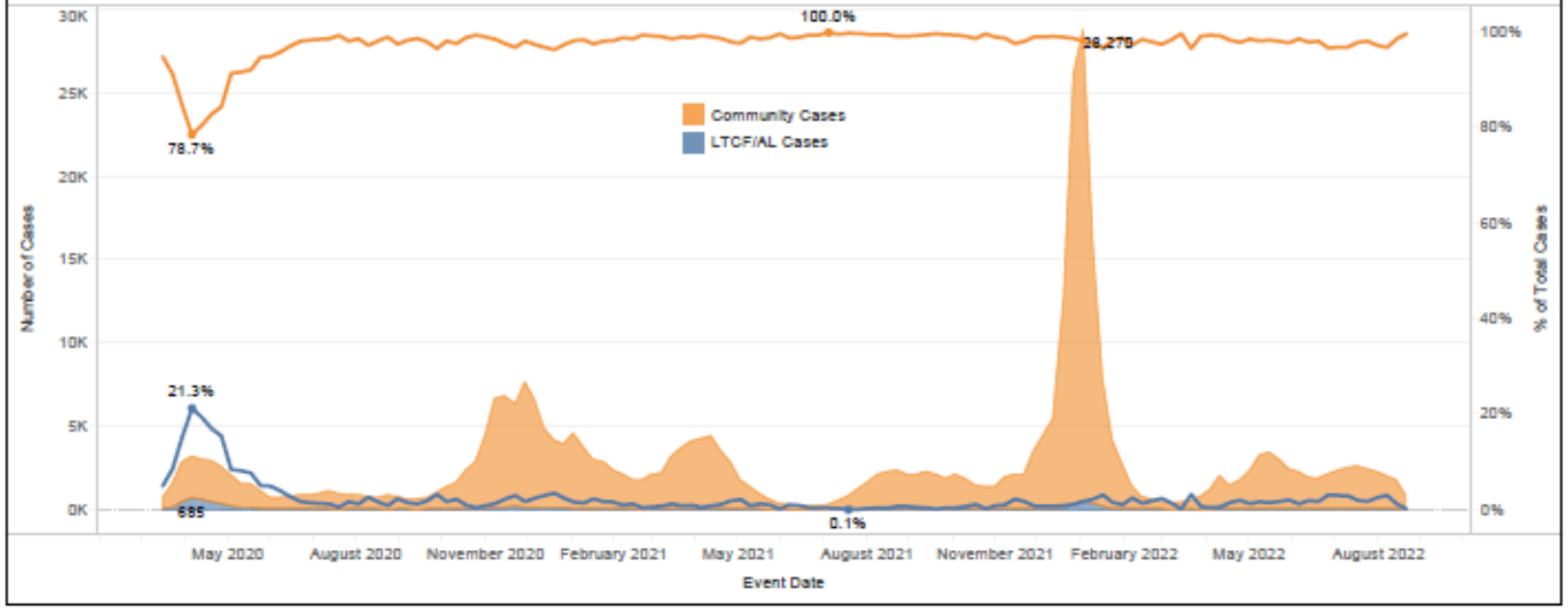
Licensed Long Term Care Facility Epi. Curve

*All Cases (Confirmed & Probable) for Facility Type LTCF
*Includes Staff who could live out of jurisdiction
Updated: 8/26/2022



LTCF vs Community Cases

Note: Area represents count, line represents %



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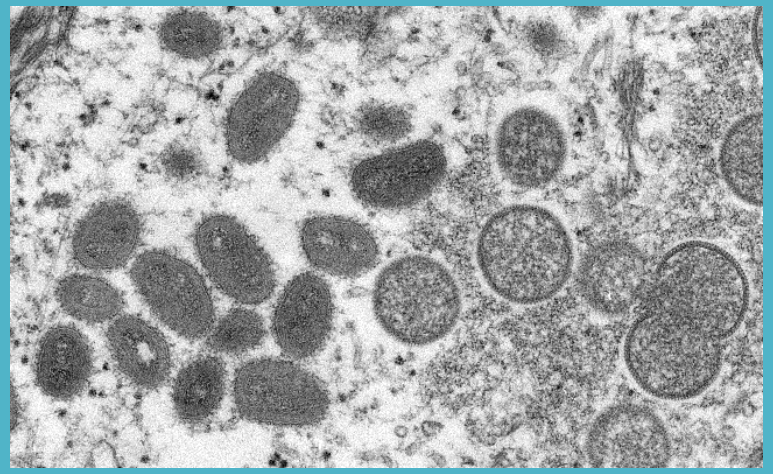
Monkeypox and Congregate Living Settings

Monkeypox Overview

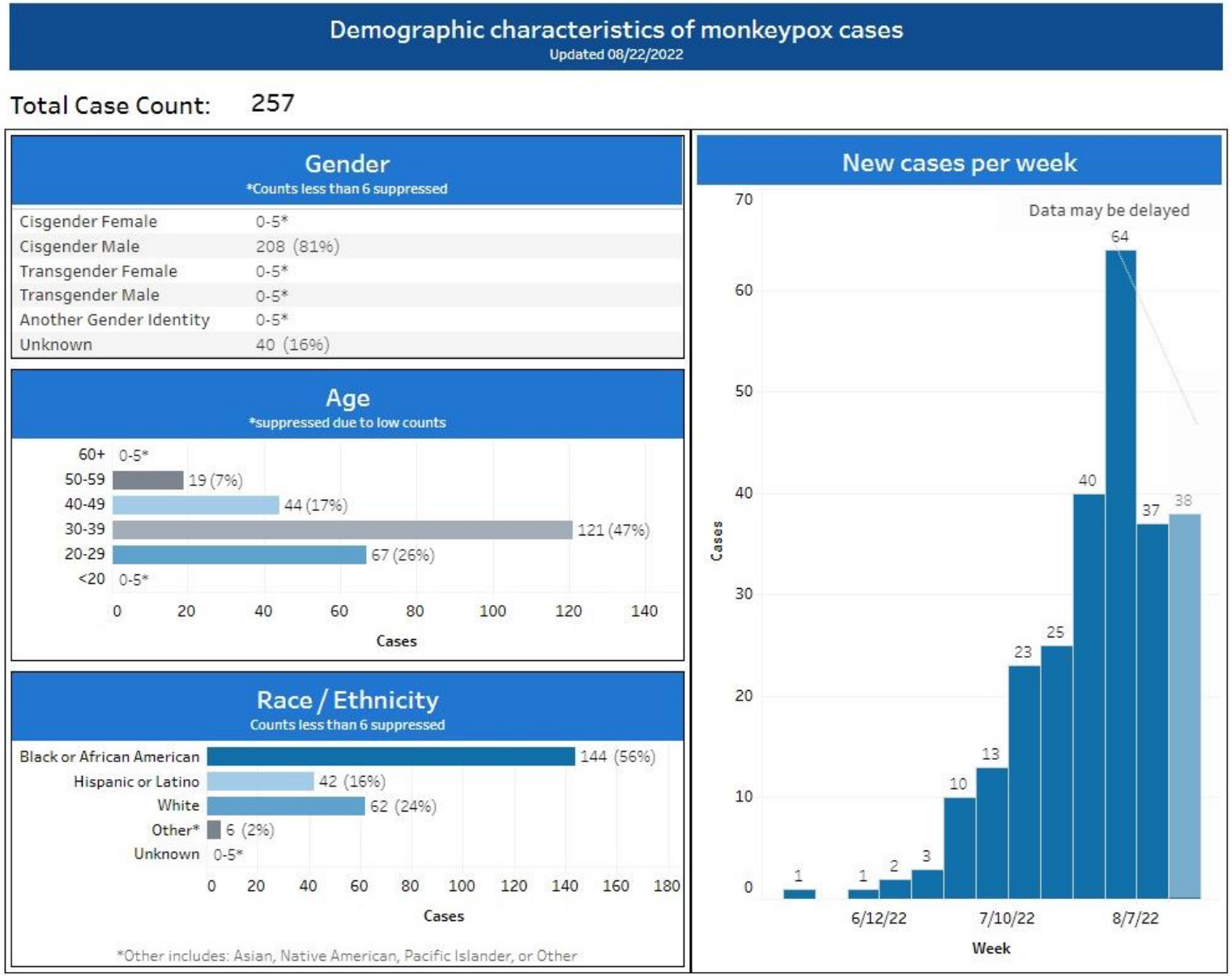


August 26, 2022

Monkeypox Basics

- Orthopoxvirus (related to smallpox) that causes a rash illness
- Endemic to central and western Africa
- Transmission during the Current Outbreak*
  - Human to Human: direct contact with lesions, indirect contact through contaminated fomites, large respiratory droplets
  - Much harder to spread compared to COVID-19
- Incubation: 5-21 days (average 5-13)
- Contagious period: symptom onset until crusts have fallen off and replaced by new skin (2-4 weeks)
- Antiviral Medication available through CDC and the health department for cases.
- *Guidance is evolving as with COVID-19.*

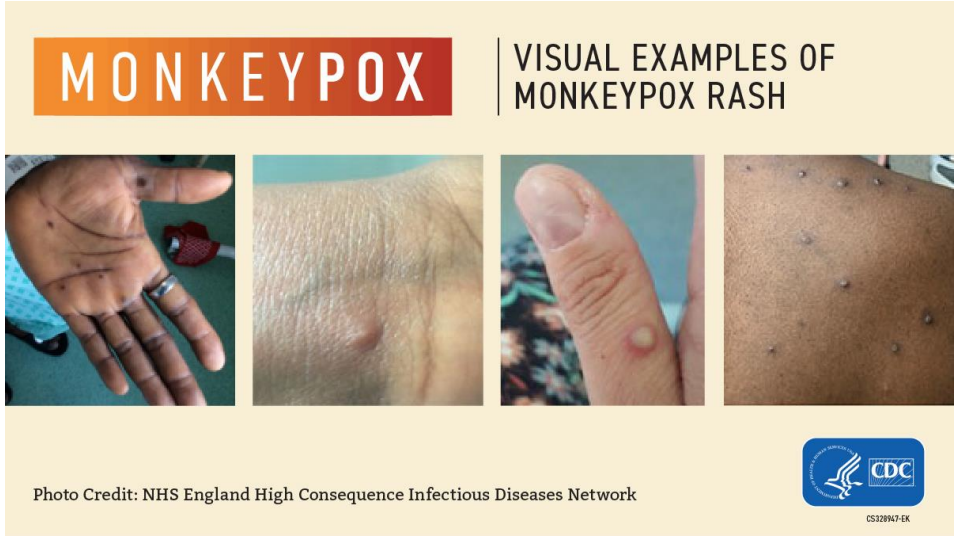
**Can also spread animal to human through bites, direct handling, indirect contamination*



Data available at: https://www.phila.gov/programs/acute-communicable-disease-program/monkeypox/

Monkeypox Symptoms

- People with monkeypox get a rash that may be located on or near the genitals or anus and could be on other areas like the hands, feet, chest, face, or mouth.
  - The rash will go through several stages, including scabs, before healing.
  - The rash can initially look like pimples or blisters and may be painful or itchy.
- Other symptoms of monkeypox can include:
  - Fever
  - Chills
  - Swollen lymph nodes
  - Exhaustion
  - Muscle aches and backache
  - Headache
  - Respiratory symptoms
    (e.g. sore throat, nasal congestion, or cough)



What to do if Monkeypox is Suspected?

- Individuals with a rash suspected to be monkeypox need referred to a healthcare provider for evaluation and testing
- Staff with suspected monkeypox should stay home
- Persons awaiting laboratory results should follow guidance for case isolation while awaiting results
- Notify your site's COVID Outbreak Coordinator or Contact PDPH at 215-685-6741

Isolation Guidance for Monkeypox Cases

Ideally, a person with monkeypox should remain isolated until scabs fall off and new skin appears. May take a few weeks from onset for the scabs to fall off.

If a person with monkeypox is unable to remain fully isolated throughout the illness, they should do the following:

- While symptomatic with a fever or any respiratory symptoms, including sore throat, nasal congestion, or cough, remain isolated and away from others and pets unless it is necessary to see a healthcare provider or for an emergency.
- While a rash persists but in the absence of a fever or respiratory symptoms
  - Cover all parts of the rash with clothing, gloves, and/or bandages.
  - Wear a well-fitting mask to prevent the wearer from spreading oral and respiratory secretions when interacting with others until the rash and all other symptoms have resolved.
  - Masks should fit closely on the face without any gaps along the edges or around the nose and be comfortable when worn properly over the nose and mouth.

https://www.cdc.gov/poxvirus/monkeypox/clinicians/isolation-procedures.html

Other Guidance for Cases

- Until all signs and symptoms of monkeypox illness have fully resolved
  - Do not share items that have been worn or handled with other people or animals.
    - Wash items that have been worn or handled
    - Disinfect surfaces that have been touched by a lesion.
  - Avoid close physical contact, including sexual and/or close intimate contact, with other people.
  - Avoid sharing utensils or cups. Items should be cleaned and disinfected before use by others.
  - Wash hands often with soap and water or use an alcohol-based hand sanitizer, especially after direct contact with the rash.

Response to Monkeypox in Congregate Living Settings

- Isolate the individual with monkeypox
  - Individual room and a dedicated bathroom
  - Staff should be excluded until fully recovered (scabs have fallen off and new skin appears)
- Clean and disinfect surfaces that may have touch lesions
- Provide personal protective equipment to residents and staff
- Provide access to hand washing supplies and hand sanitizer

https://www.cdc.gov/poxvirus/monkeypox/specific-settings/congregate.html

PPE and Cleaning

PPE for staff who may be providing care, cleaning case living spaces, or having other direct contact with the cases

- Gown*
- Face Mask (KN95 or N95 if possible)*
- Face Shield
  - Clean with a disinfectant wipe after use
- Gloves*
- Wash hands or use alcohol-based hand sanitizer before and after using PPE

Cleaning

- Standard cleaning using an EPA-Registered disinfectant with an emerging pathogen claim
- Avoid dry cleaning (vacuuming and dusting) where the case is staying

*Do not reuse gloves, masks, and gowns

Who is considered an exposed contact?

Exposure Risk Level	Description	Monitoring
High	• Contact between an exposed individual's broken skin or mucous membranes with the skin lesions or bodily fluids from a person with monkeypox -OR- • Any sexual or intimate contact involving mucous membranes (e.g., kissing, oral-genital, oral-anal, vaginal, or anal sex (insertive or receptive)) with a person with monkeypox -OR- • Contact between an exposed individual's broken skin or mucous membranes with materials (e.g., linens, clothing, objects, sex toys) that have contacted the skin lesions or bodily fluids of a person with monkeypox (e.g., sharing food, handling or sharing of linens used by a person with monkeypox without having been disinfected or laundered)	Active Monitoring and Post-Exposure Vaccination
Intermediate	• Being within 6 feet for a total of 3 hours or more (cumulative) of an unmasked person with monkeypox without wearing a surgical mask or respirator -OR- • Contact between an exposed individual's intact skin with the skin lesions or bodily fluids from a person with monkeypox -OR- • Contact between an exposed individual's intact skin with materials (e.g., linens, clothing, sex toys) that have contacted the skin lesions or bodily fluids from a person with monkeypox without having been disinfected[†] or laundered -OR- • Contact between an exposed individual's clothing with the person with monkeypox's skin lesions or bodily fluids, or their soiled linens or dressings (e.g., during turning, bathing, or assisting with transfer)	Active Monitoring and Post-Exposure Vaccination for Certain Individuals

Low Risk Exposures

- Self-monitoring for symptoms only
  - Others including HCW in the living space without high or intermediate exposures
  - HCW in full PPE

Monitoring Guidance

- Close contacts of persons with monkeypox do not need to quarantine if they do not have symptoms
- Monitor for symptoms for 21 days from last exposure
- If symptoms develop, the contact should isolate and seek care
  - Test for COVID-19 if no rash

Vaccination

- Supplies are limited
- Persons who have a high-risk exposures to a case
- People who meet **ALL** of the following conditions:
  - Gay, bisexual, transgender, non-binary, and other men who have sex w/men, transgender, or non-binary persons, and
  - Age 18 or older;

    AND
  - Meet **ONE** of the following criteria:
    - Have had multiple or anonymous sex partners in the last 14 days and/or believe they may have been exposed to an STI or monkeypox in the past 14 days,

      OR
    - Have had any newly diagnosed STI in the past 6 months, including gonorrhea, chlamydia, early syphilis, or HIV.
- Sex workers

- Can call 215-685-5488 for appointments
  - Some providers for persons living with HIV also have vaccine
  - Post-exposure doses will be coordinated through the PDPH Outbreak Response team

Discussion and Questions

Guidance Updates

COVID-19 booster reminders

Updated *Candida auris* PADOH/PDPH joint HAN 654

CDC COVID-19 “Up to Date” Definition Change Reminder

- A person is considered **up to date** with COVID-19 vaccines when they have received <u>all doses in the primary series and all boosters recommended to them, when eligible.</u>

- One is also considered **up to date** if:
  - You have completed your primary series – but are not yet eligible for a booster
  - You have received 1 booster, but are not recommended to get a 2nd booster
  - You have received 1 booster, but are not yet eligible for a 2nd booster

May 24, 2022

CDC COVID-19 Booster Information

People over the age of 50 who have received 2 booster doses:

- 4x less likely to die from COVID-related complications than those with 1 booster
- 42x less likely to die from COVID-related complications than those who are unvaccinated

Nowcast feature estimating in HHS Region 3 for week ending 8/20/2022:

- BA.5 comprise 87.2% of cases in the past week
- 8% were BA.4.6, 4.2% BA.4
- 0.6% of all COVID cases were due to BA.2.12.1

CDC COVID-19 “Up to Date” Definition Change

Who Can Get a Booster

Recommended

1 Booster

- Everyone ages 5 years and older should get 1 booster after completing their COVID-19 vaccine primary series.

Learn when you should get your 1st booster below.

Recommended

2 Boosters

- Adults ages 50 years and older
- People ages 12 years and older who are moderately or severely immunocompromised

Learn when you should get your 2nd booster below.

May 24, 2022

Reminder- What Does This Mean……

This means that all persons (residents and staff) who are 50 years or older and who have only received one booster are now considered "not up to date"

- If a resident is ≥ 50 yo and has not had a second booster:
  - Subject to quarantine after exposure and if a new admission(even if they have a negative test on admission) or readmission to facility (even if less than 24 hours)
  - They should not participate in group activities while in quarantine
  - HCP caring for them should wear full PPE (gowns, gloves, eye protection and N95 or higher-level respirator) regardless of community transmission level
  - Resident should wear source control for 10 days following exposure

Reminder- What Does This Mean……

- If staff member is ≥ 50 yo and has not had a second booster:
  - Must include in routine (expanded screening) facility staff testing performed based on community transmission levels

[CMS QSO-20-38-NH revised]

  - Subject to work restriction if higher risk exposure
  - Should wear source control at all times in facility

[PA HAN 621]

Philadelphia county is in high community transmission level which requires twice a week testing of HCP who are not UTD

Reminder- Work restriction options for staff who are not UTD and who have been exposed: [PA HAN 621]

Option 1:

- ✓Exclude from work.
- ✓HCP can return to work after day 7 following the exposure (day 0) if a viral test is negative for SARS-CoV-2 and HCP do not develop symptoms. The specimen should be collected and tested within 48 hours before the time of planned return to work (e.g., in anticipation of testing delays).

Option 2:

- ✓Exclude from work.
- ✓HCP can return to work after day 10 following the exposure (day 0) if they do not develop symptoms. Although the residual risk of infection is low, healthcare facilities could consider testing for SARS-CoV2 within 48 hours before the time of planned return.

Reminders

Table 2. Summary of Strategies for Mitigating Staffing Shortages by Vaccination Status for Asymptomatic HCP with Exposures

Vaccination Status	Conventional	Contingency	Crisis
Up to Date or Recent Infection*^	No work restrictions, with negative test on days 1[#] and 5-7	No work restrictions	No work restrictions
Unvaccinated or Not Up to Date †	10 days OR 7 days with negative test	No work restrictions with negative tests on days 1[#], 2, 3, & 5-7	No work restrictions (test if possible)

PA HAN 654

PENNSYLVANIA DEPARTMENT OF HEALTH
2022 – PAHAN – 654 – 08-08-UPD
UPDATE: Outbreak and Containment of *Candida auris* in PA Healthcare Facilities

pennsylvania
DEPARTMENT OF HEALTH

DATE:	08/08/2022
TO:	Health Alert Network
FROM:	Denise A. Johnson, Acting Secretary of Health
SUBJECT:	**Update: Outbreak and Containment of *Candida auris* in PA Healthcare Facilities**
DISTRIBUTION:	Statewide
LOCATION:	n/a
STREET ADDRESS:	n/a
COUNTY:	n/a
MUNICIPALITY:	n/a
ZIP CODE:	n/a

PA HAN 654

This advisory provides an update to PA-HAN-584 by describing the current epidemiology of the outbreak of *C. auris* in Pennsylvania first reported in August 2020 in PA-HAN-522.

This update is provided to share that a second case of *C. auris* has been detected in the central part of the state. The patient was exposed to *C. auris* in a neighboring state, and no demonstrated transmission occurred as a result of that case. In Western PA, there have been two cases presumed to have been imported from outside PA (one domestic, one international) and there has been limited transmission so far, with five associated colonized cases detected. Case counts continue to rise in southeastern PA. Response activities are ongoing.

In the southeast region, *C. auris* has been detected in over 50% of the ventilator-capable skilled nursing facilities (vSNFs) and long-term acute care hospitals (LTACHs) serving high-risk patients, and many of these facilities have experienced further transmission.

Suspected or confirmed cases of *C. auris* identified in Pennsylvania should be reported promptly to DOH by calling 1-877-PA-HEALTH, or your local health department. Philadelphia cases should be reported to PDPH at 215-685-6748.

PA HAN 654: The Facts

- In the southeast PA, ***C. auris*** **has been detected in over 50% of the ventilator-capable skilled nursing facilities and long-term acute care hospitals** serving high-risk patients, and many of these facilities have experienced further transmission.
- **Majority of *C. auris* cases remain concentrated in southeastern PA**, recently detected cases in central and western PA indicate that healthcare facilities across the state should be on alert for *C. auris*.
- To date, 144 cases of *C. auris* infection and colonization have been identified in patients in 24 healthcare facilities across Allegheny, Bucks, Dauphin, Delaware, Lehigh, Montgomery, and Philadelphia Counties.

PA HAN 654: The Facts

CDC, PA DOH and PDPH are concerned about *C. auris* for three reasons:

- It is **often multidrug-resistant** resulting in significant morbidity and mortality in affected patients. Some strains are resistant to all three available classes of antifungals.
- It is **difficult to identify with standard laboratory methods**, and it can be misidentified in laboratories without specific technology. This may lead to inappropriate management.
- **It has caused outbreaks in healthcare settings, particularly in vSNFs and LTACHs**.

For this reason, it is important to quickly identify *C. auris* so that healthcare facilities can take special precautions to stop its spread

PA HAN 654: The Facts

- *C. auris* infection has been identified in many body sites
- CDC reports that 30–60% of people with *C. auris* **infections** have died
- A person's level of **colonization may vary over time**, **leading to intermittent positive and negative results if testing is repeated**.
  - **For this reason, there is no established criteria for resolution of colonization, and testing for clearance is not recommended**
- *C. auris* is also persistent in the environment and will survive many disinfectants routinely used in healthcare facilities

PA HAN 654: The Facts

- CDC does not recommend treatment of *C. auris* identified from noninvasive sites when there is no evidence of infection
- Treatment is generally only indicated if clinical disease is present
- Patients who become colonized with *C. auris* are at risk of developing invasive infections
- Infection control measures should be used for all patients with *C. auris*, whether infected or colonized, and regardless of the source of specimen
- **Transmission-based precautions should not be discontinued when treatment for an infection ends but should be continued for the duration of the patient's stay in a healthcare facility and implemented for any future healthcare stays.**

PA HAN 654: Primary Infection Control Measures

- Adherence to hand hygiene. **Alcohol-based hand rub (ABHR) is effective** and is the preferred method for routine hand hygiene
- Patients colonized or infected in hospitals and nursing homes should be managed using **contact precautions**. For long-term nursing home residents, discuss options for implementing modified contact precautions or enhanced barrier precautions with your public health point of contact
- Cleaning and disinfecting the patient care environment (thorough daily and terminal cleaning) and reusable equipment with an **EPA-registered disinfectant with a claim against *C. auris* (List P)** **Note that many products with label claims against COVID-19 are not effective against *C. auris***
- **Inter-facility communication** about patient's *C. auris* status when a patient is transferred to another healthcare facility. A PDPH transfer letter is available to print and send with a patient on transfer, for patients who are positive for *C. auris* and those with a pending colonization specimen
- **Screening contacts** of newly identified case patients to identify *C. auris* colonization
- **Laboratory surveillance of clinical specimens** to detect additional cases

PA HAN 654: Colonization Screening

High risk persons:

- Healthcare contacts of those with newly identified *C. auris* infection or colonization
- Patients with the following risk factors, especially those with more than one risk factor:
    - o Patients who are on a mechanical ventilator or have a tracheostomy and reside in or are transferred from an LTACH or a vSNF
    - o Patients who had an overnight stay in a healthcare facility outside the U.S. within the last year
    - o Patients infected or colonized with carbapenemase-producing carbapenem-resistant Enterobacterales (CP-CRE); co-colonization has been observed

PA HAN 654: Containment Measures

- **Develop and maintain *C. auris* action plans** to assure measures are in place should a patient with *C. auris* be detected in, or transferred to, your facility
- **Maintain vigilance for clinical illness** particularly in patients at higher risk.
- **Evaluate surveillance protocols with the laboratory** to ensure prompt notification when *C. auris* is suspected
- **Deliver education to staff and providers about *C. auris*** and the infection prevention and control measures necessary to contain it Resources are available on CDC's *C. auris* infection prevention and control page
  - Educational in-services must include an emphasis on hand hygiene
  - Alcohol-based hand sanitizer is effective against *C. auris* and is the preferred method for cleaning hands when they are not visibly soiled. If hands are visibly soiled, wash with soap and water.

PA HAN 654: Containment Measures

- Facilities that have not previously had *C. auris* cases should contact PDPH prior to admitting a patient known or suspected to be colonized or infected with *C. auris*
- Report to PDPH when a patient colonized or infected with *C. auris* will be transferred from your facility to another facility
- Use of an EPA-registered hospital-grade disinfectant with a claim against *C. auris* (List P) or a product with documented effectiveness against C. auris by CDC.
- Increase audits for hand hygiene, personal protective equipment (PPE) and environmental cleaning on units where patients with *C. auris* are located.
- Consider re-educating healthcare personnel through an in-service or retraining, especially if audits demonstrate low adherence to recommended infection prevention and control practices.

Healthcare facilities, providers, and laboratories in Philadelphia with suspected or confirmed cases of *C. auris* (infection or colonization), should report them to PDPH at 215-685-6748

Department of Public Health
CITY OF PHILADELPHIA

NHSN Updates: SNF COVID-19 Vaccination Data

NHSN Updates

Individuals are considered up to date with their COVID-19 vaccines during the surveillance period of June 27, 2022 through September 2, 2022 for the purpose of NHSN surveillance if they meet (1) of the following criteria*:

If Under 50 Years:	If 50 Years and Older:
Received at least **one booster dose**	Received **second booster** dose (or received **first booster dose less than 4 months ago** and not yet eligible for a second booster dose)
or	or
Recently received all recommended doses in the **primary vaccine series** but is **not yet eligible for a booster dose**. This includes:	**Recently** received all recommended doses in the **primary vaccine series** but is **not yet eligible for a booster dose**. This includes:
a) Those who completed their 2-dose primary series of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) **less than 5 months ago**. b) Those who received a single dose of Janssen **less than two months ago**.	a) Those who completed their 2-dose primary series of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) **less than 5 months ago**. b) Those who received a single dose of Janssen **less than two months ago**.

*Individuals with a moderately to severely immunocompromising condition are considered up to date in the following cases:

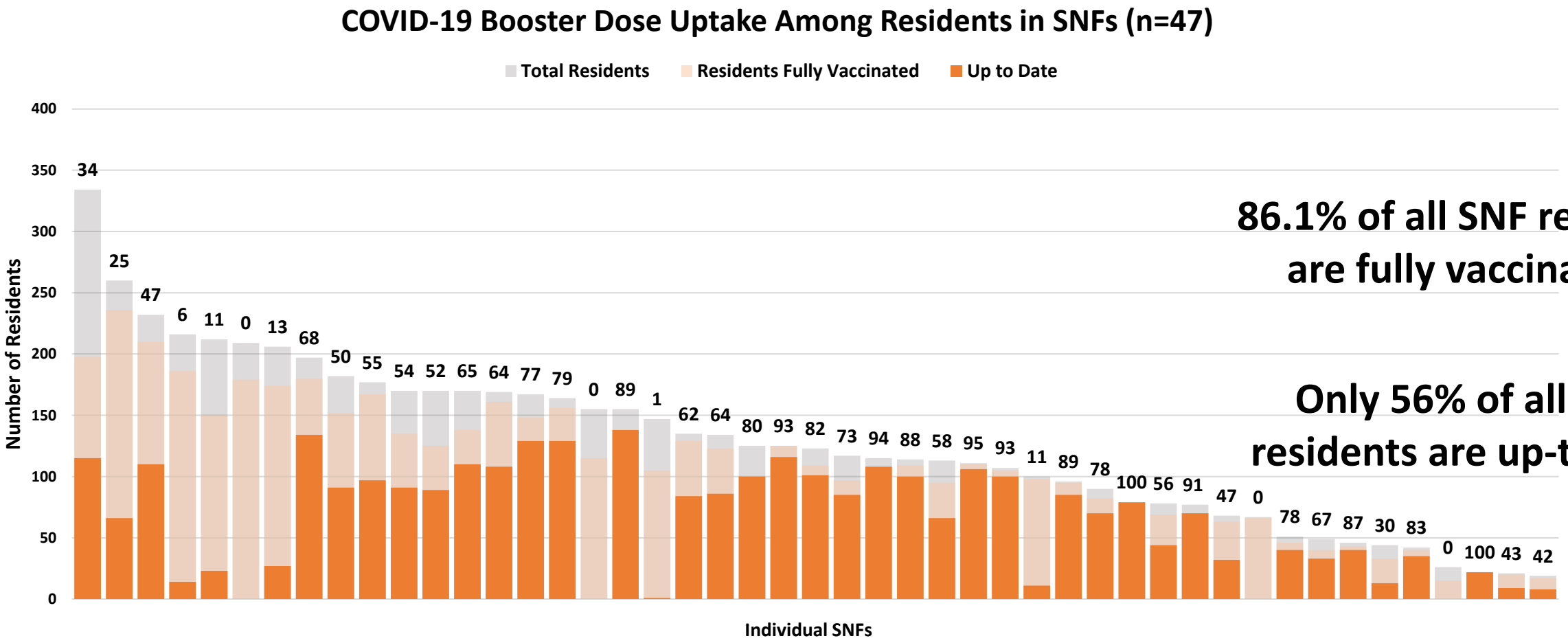
1) Received an additional dose less than three months ago, if primary series was the Moderna or Pfizer-BioNTech COVID-19 vaccine; or

2) Received an additional dose less than two months ago, if primary series was the Janssen COVID-19 vaccine; or

3) Received an additional dose and one booster dose less than four months ago; or

4) Received a second booster dose.

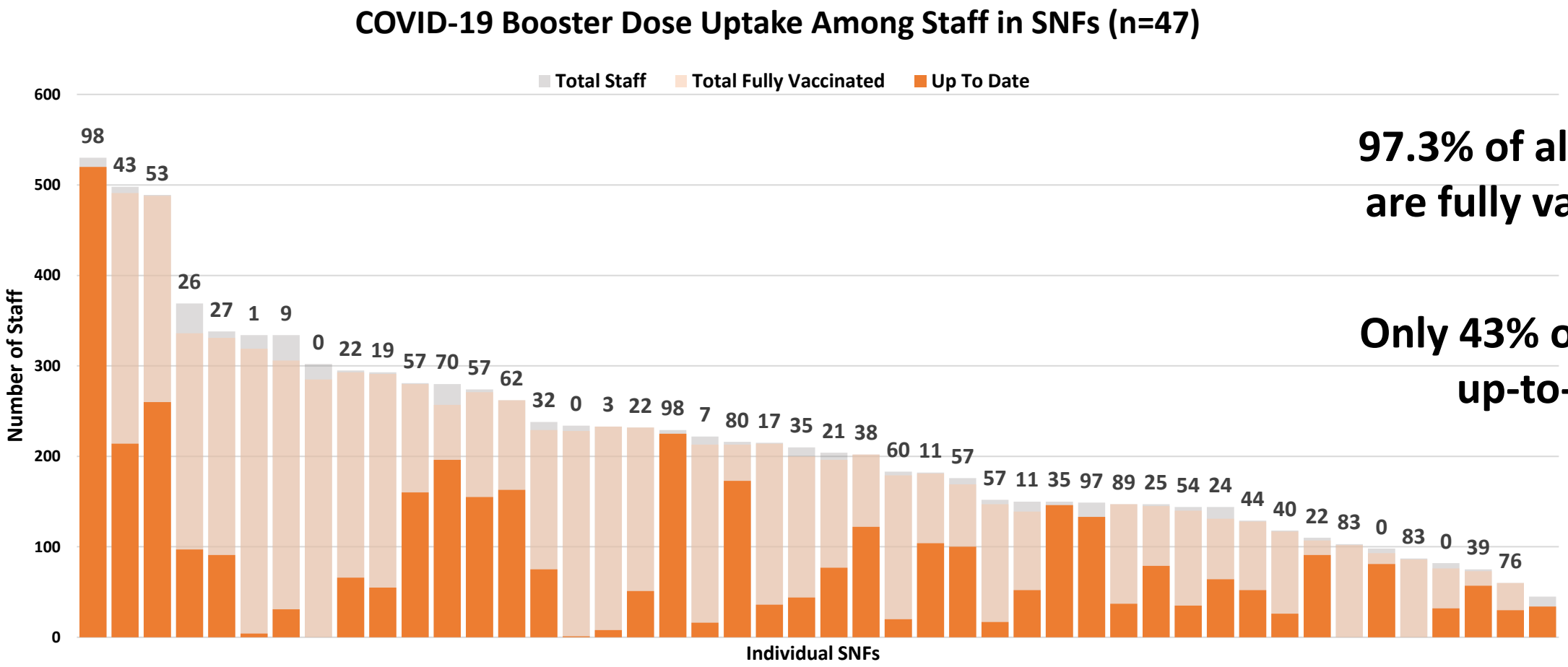
NHSN Resident Booster Doses



86.1% of all SNF residents are fully vaccinated!

Only 56% of all SNF residents are up-to-date

NHSN Staff Booster Doses



97.3% of all SNF staff are fully vaccinated!

Only 43% of staff are up-to-date

NHSN Updates/Resources

- A new check box labeled “Did not administer any Therapeutics” was added to the Therapeutics Pathway
- CMS line listing reports made available
  - Display data that are being transmitted from CDC to CMS as part of the Quality Reporting Programs
  - Analysis > CMS reports > Skilled Nursing Facility (SNF QRP)
- LTCF COVID-19 Module Resources
- Weekly HCP COVID-19 Vaccination

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Resources and Services

Antibiotic Stewardship: PDPH & LTC RISE Partnership

- **THANK YOU** to all facilities that participated in our survey!
  - 38 facilities, 81% response rate
- Provide targeted quality improvement resources
- Soon: Results!

Department of Public Health
CITY OF PHILADELPHIA
Healthcare-associated Infections/Antimicrobial Resistance (HAI/AR) Program
Long Term Care RISE
Penn Medicine | TEMPLE HEALTH

APIC Membership for SNF Infection Preventionists

Connecting LTCF IPs to a professional organization offers:

- Online educational resources
- Online peer community and support
- Local chapter networking opportunities and LTC Focus Group support

PDPH Organizational Membership (annual):

- One membership per facility
- Can be transferred to a new IP if needed
- **Memberships activated in August** - link to sign up:
  https://app.smartsheet.com/b/form/3e8cffae22f84c2692ee614321f816f0

CBIC®
Certification Board of Infection Control and Epidemiology, Inc.

Apply now! https://secure.cbic.org/iMISCBIC/cbic/ltcip-application/

About the Long-Term Care Certification in Infection Prevention (LTC-CIP)

According to the Centers for Disease Control and Prevention (CDC), long-term care homes provide a variety of services, both medical and personal care, to people who are unable to live independently. In the United States, it is estimated that 1 to 3 million serious infections occur every year in:

- nursing homes
- skilled nursing facilities
- assisted living facilities

The LTC-CIP provides a standardized measure of the basic knowledge, skills and abilities expected of professionals working in the field. Successful long-term care infection prevention certification indicates competence in the practice of infection prevention and control within a long-term care setting.

The exam is an objective, multiple-choice examination consisting of 150 questions. 135 of these questions are used to compute the score. Individuals have the option to schedule to take the examination at a Prometric testing center or Prometric's remote testing system, ProProctor™. The list of primary and secondary references used to develop the exam are now available under Exam Prep Resources.

The LTC-CIP was written by actively working infection preventionists in long-term care settings. Content was developed based on the 2021 Practice Analysis. Learn more about how the examination is written by reading the Practice Analysis and reviewing the content outline.

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Application Process

New! CBIC is now accepting applications for the LTC-CIP beta test examination: https://secure.cbic.org/iMISCBIC/cbic/ltcip-application/ . The application will close on October 3, 2022. The beta test examination will have a reduced application fee of $275.

The beta testing period will take place September 15, 2022-October 15, 2022. Results from the beta test will be released in early January 2023.

Between October 16, 2022-January 31, 2023, the long-term care certification examination will not be available. The exam will re-open for regular testing in early February 2023.

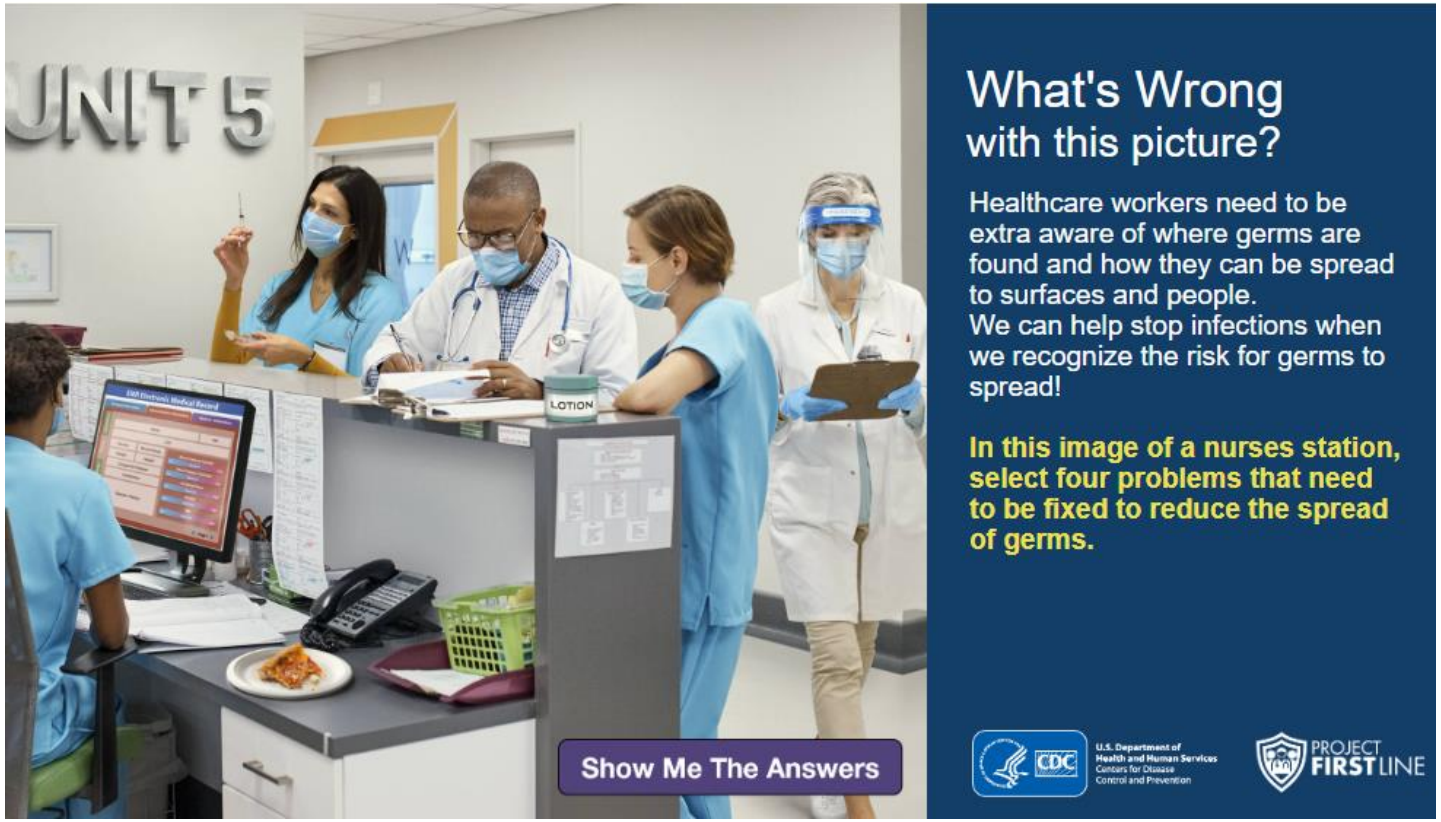
Patient Safety Authority Long-Term Care IP Course

- Patient Safety Authority (PSA) of Pennsylvania launched a free online course "The Basics of Infection Prevention in Long-Term Care"
- Interactive training, on your own pace
- Suitable for new and experienced IPs
- Earn 2.5 CE credits

New Project Firstline Materials!

Interactive activities

- Healthcare tasks take a turn
- What's wrong with this picture?
- Where germs live



New Project Firstline Materials!

[Computer lockscreens]

Reminder: Fit Test Training

- N95 qualitative fit test training
- Develop a respiratory protection program at your facility heading into fall!
- OSHA requirement to fit test annually

[Sign-Up Form for HAI/AR Services]

Reminder: Onsite Education & Consultation

- Still accepting sign-ups for our onsite, interactive education
- Hand hygiene audit training
- Short-form staff education

- Infection Control Consultation visit (ICAR)
- Quarterly newsletter

[Sign-Up Form for HAI/AR Services]

Department of
Public Health
CITY OF PHILADELPHIA

Thank you!

Next call Friday, September 16, 2022