

PDPH/LTCF Conference Call – Friday, 2/10/23

Agenda

- **SARS-CoV-2 Surveillance Update**
- **New Guidance**
 - **End of COVID-19 Public Health Emergency**
 - **CDC Health Advisory on VIM-CRPA Outbreak**
- **NHSN Reporting Updates**
- **Invasive Group A Streptococcal Infections in Long-Term Care Facilities**
- **Resources and Services**

United States COVID-19 Cases and Deaths

Daily Update for the United States

Cases

New Cases (Weekly Total)

282,827

Case Trends



Dec 2022

Feb 2023

Deaths

New Deaths (Weekly Total)

3,171

Death Trends



Dec 2022

Feb 2023

Hospitalizations

New Admissions (Daily Avg)

3,613

Admission Trends



Dec 2022

Feb 2023

Total Cases

102,736,819

Total Deaths

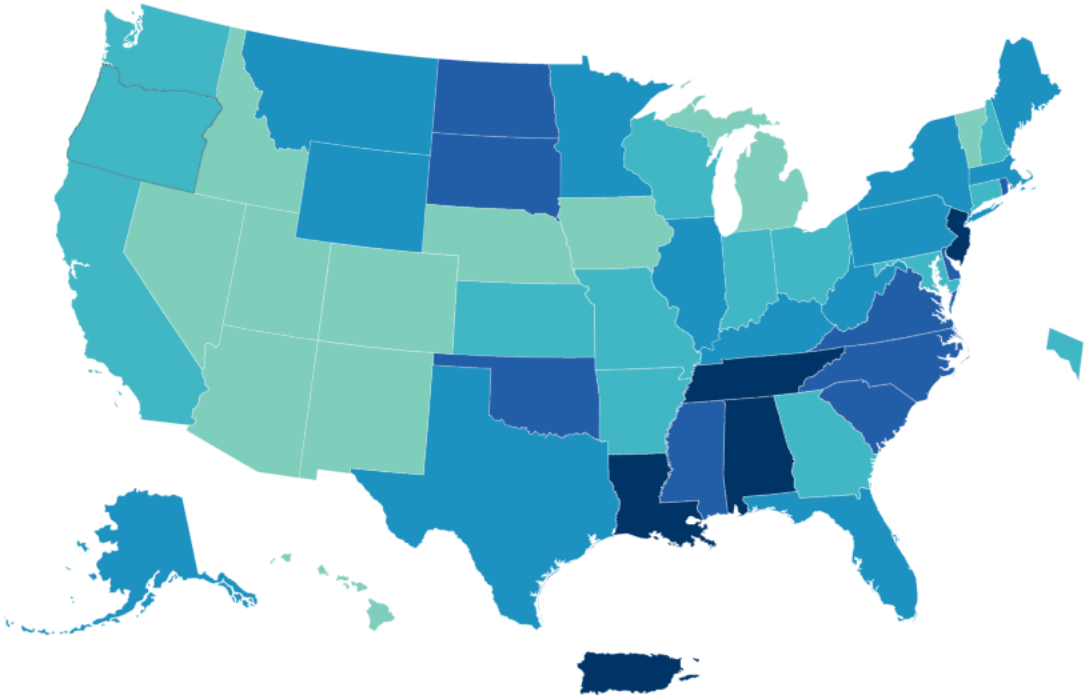
1,110,364

Current Hospitalizations

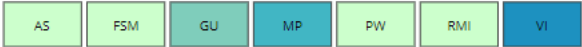
22,810

United States COVID-19 Cases by State

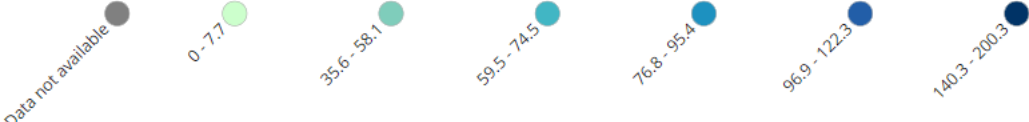
US COVID-19 Weekly Case Rate per 100,000, by State/Territory



Territories



Weekly Case Rate per 100,000

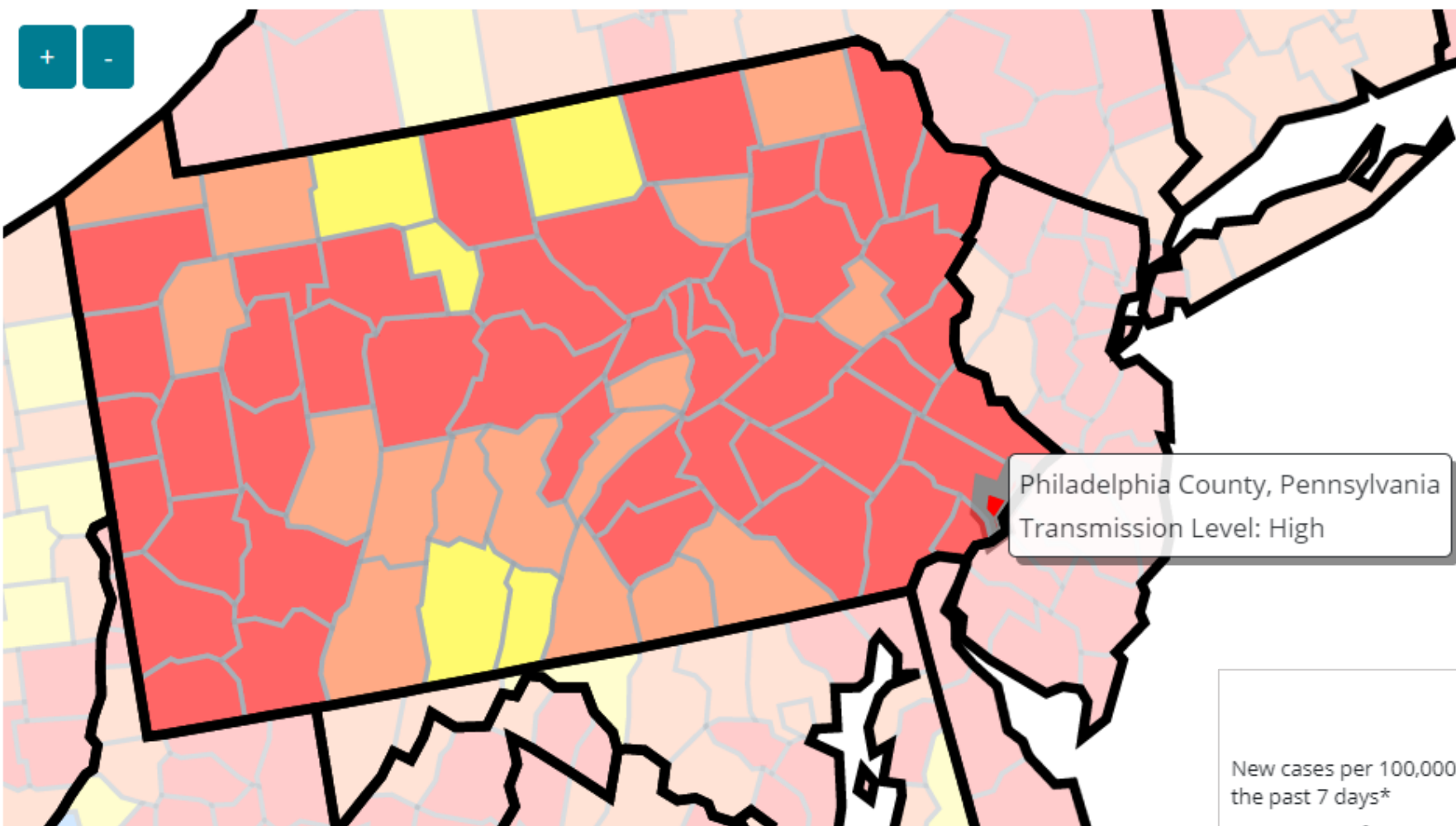


Pennsylvania

Last 7 days:

- 11,154 new cases
- Case rate: 87.1/100K
- PCR % Positivity: 10-14.9%

Philadelphia



Data through Wed Feb 08 2023

Total Cases	1851
Weekly Case rate per 100k	116.85
% Change in past week	15.9

Data through Mon Feb 06 2023

% Positivity	11.38
% Change (last 7 days)	-0.31



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%

● High ● Substantial ● Moderate ● Low ● No Data

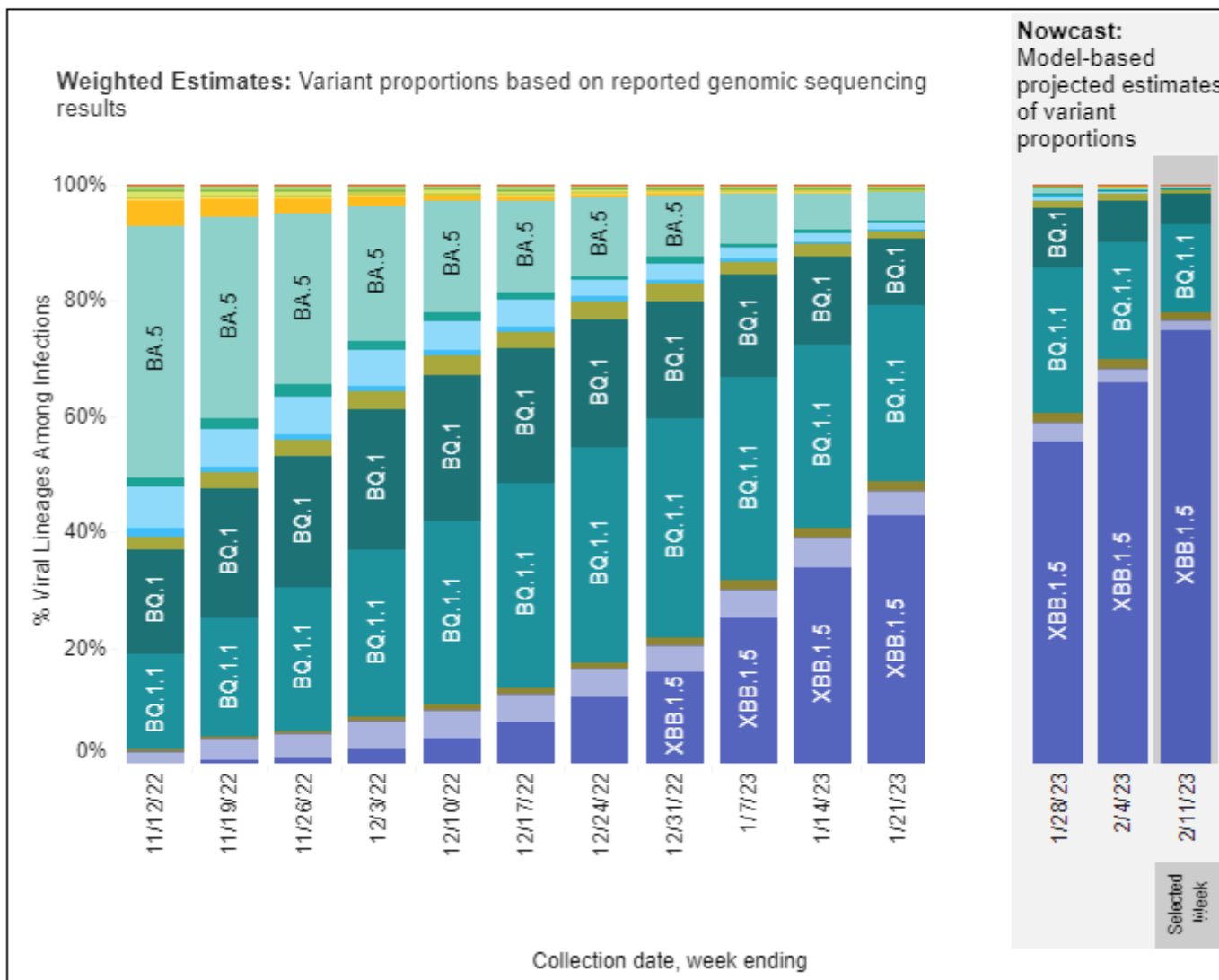
Variants

- Only Omicron subvariants circulating in the United States
- Subvariant increasing in prevalence
XBB.1.5
- Decreasing
BQ.1.1
BQ.1

Weighted and Nowcast Estimates in United States for Weeks of 11/6/2022 – 2/11/2023



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

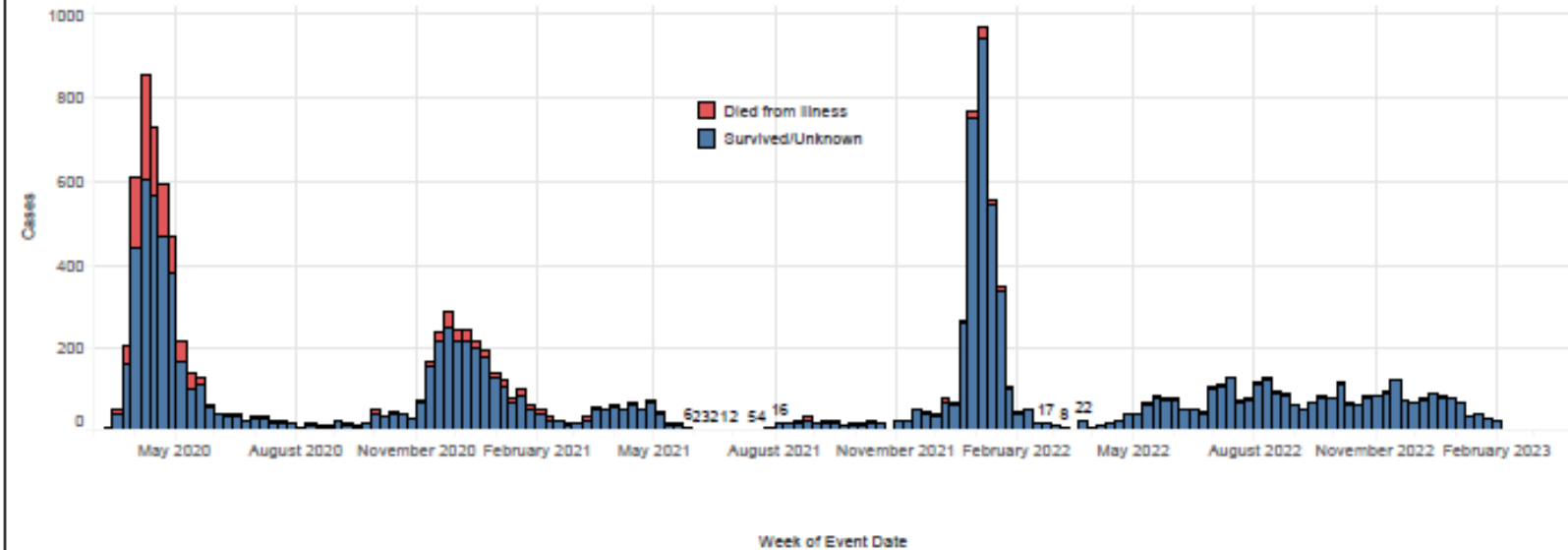


Licensed Long Term Care Facility Epi. Curve

*All Cases (Confirmed & Probable) for Facility Type LTCF

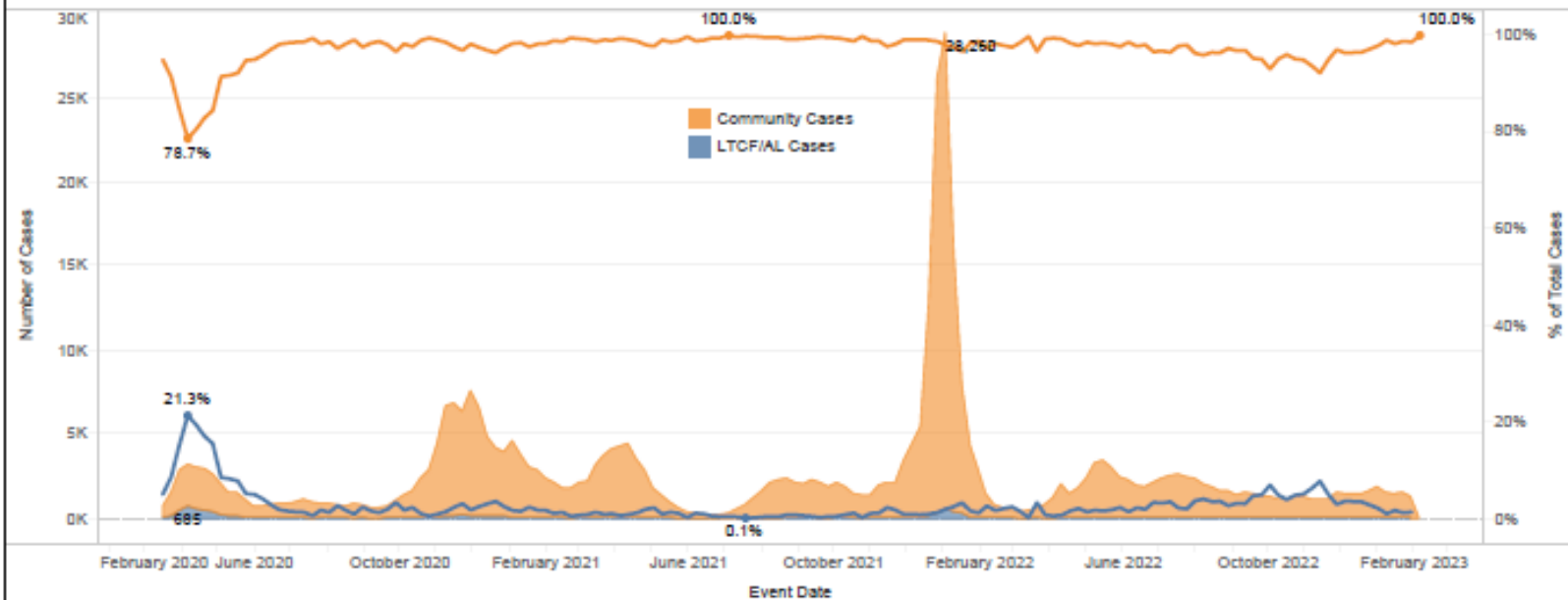
*Includes Staff who could live out of jurisdiction

Updated: 2/7/2023



LTCF vs Community Cases

Note: Area represents count, line represents %



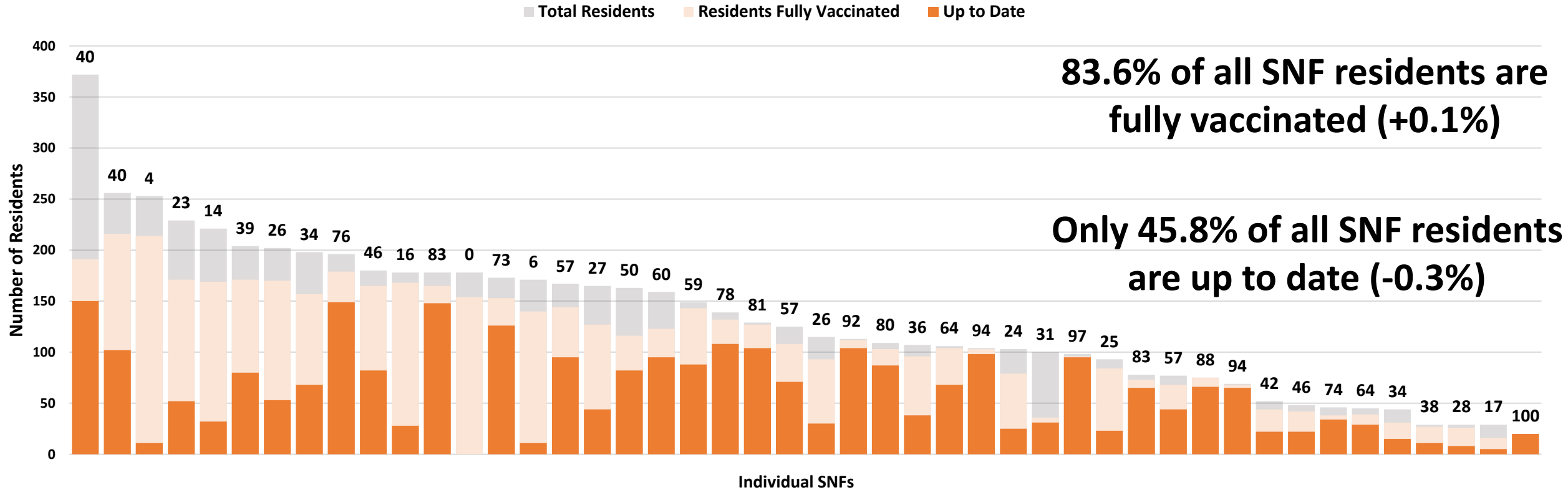
COVID-19 Vaccination Rates

Vaccination rates for individuals over the age of 18

- Pennsylvania
 - Primary series 82.7%
 - Bivalent booster 21.1%
- Philadelphia
 - Primary series 85.3%
 - Bivalent booster 17.9%

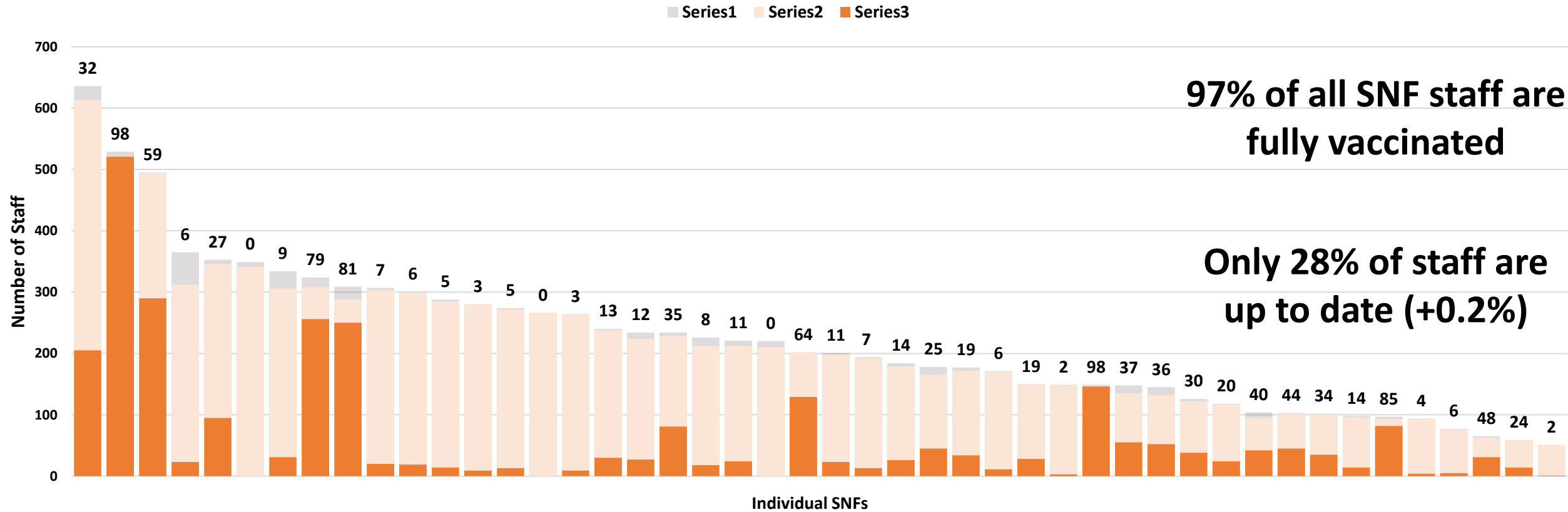
NHSN COVID-19 Vaccination Rates - Residents

COVID-19 Bivalent Booster Dose Uptake Among SNF Residents,
Total at Facility, Fully Vaccinated, and Up to Date, (n=46)



NHSN COVID-19 Vaccination Rates - Staff

COVID-19 Booster Dose Uptake Among SNF Staff,
Total at Facility, Fully Vaccinated, and Up to Date, (n=46)



Guidance Update

**Biden Administration Announcement End of COVID-19 Public Health
Emergency**

CDC Health Advisory on VIM-CRPA Outbreak

PA HAN 681- VIM CRPA Outbreak

End of COVID-19 Public Health Emergency (PHE) Declared

- **The Biden Administration announced that it plans to end the COVID-19 PHE on May 11, 2023**
- **This could affect:**
 - Access to tests, vaccines and therapeutics
 - Uninsured people will [no longer be able to access](#) free vaccines through state Medicaid programs, which had received expanded federal funding to cover these services for the uninsured
 - FDA Emergency Use Authorizations (EUA)
 - Whether medications that are under an EUA from the FDA are covered by Medicaid will vary state by state
 - Access to telehealth services
 - Most Medicare coverage of telehealth services that were expanded and allowed during the pandemic will end when the PHE concludes
 - The only exceptions are permanent changes for beneficiaries seeking mental health and substance use help. For these services, providers from another state can treat patients in different states, and audio-only services are also permanently covered.

Reminder: City of Philadelphia HCW Vaccine Mandate



Philadelphia Department of Public Health
Division of COVID-19 Containment

CHERYL BETTIGOLE, MD, MPH
Acting Health Commissioner

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

MOLLY HARRAR, MS
Director, Division of COVID-19 Containment

Health Alert

Updated Guidance Regarding the COVID-19 Vaccine Mandate for Healthcare Workers October 14, 2021

The following is intended as a plain language summary of rules during the COVID-19 emergency and does not replace the need to follow all applicable federal, state, and local laws and regulations. Future updates will be posted on the [Health Information Portal](#) website.

The City of Philadelphia has issued an Emergency Regulation Governing the Control and Prevention of COVID-19 Mandating Vaccines for Healthcare Workers and In Higher Education, Healthcare, and Related Settings (“Vaccine Mandate Regulation”), which mandates vaccine for healthcare workers and in higher education, healthcare, and related settings. This mandate became Effective on August 16, 2021.

Individuals who work in hospitals and long-term care facilities (LTCFs) are required to receive at least one dose of vaccine in a two-dose vaccination series or the single dose in a one-dose series by October 15, 2021 and comply with all Interim Precautions described below. The second dose of a two-dose vaccine must be received by November 15, 2021.

- Encourage HCWs to become up-to-date by receiving their COVID-19 bivalent booster
- Encourage HCWs to receive annual influenza vaccination

Reminder: City of Philadelphia Masking Mandate



Philadelphia Department of Public Health
Division of Disease Control

CHERYL BETTIGOLE, MD, MPH
Health Commissioner

SHARA EPSTEIN, MD
Medical Director, Division of Disease Control

SARA ENES
Acting Director, Division of Disease Control

Health Advisory

Updates to Vaccination and Masking Requirements for Healthcare Workers
October 5, 2022

SUMMARY POINTS

- Masking continues to be required in patient care and patient-facing areas; masking is not required in non-patient facing areas. All Healthcare Workers in any location must continue to mask upon returning to work after an exposure or isolation per CDC guidance.
- Screening testing of unvaccinated asymptomatic healthcare personnel, is at the discretion of the healthcare facility. Individuals who are symptomatic and those who have had high risk exposures should continue to be tested, regardless of vaccination status.



This is an official
CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
February 1, 2023, 7:00 PM ET
CDCHAN-00485



**Outbreak of Extensively Drug-resistant
Pseudomonas aeruginosa Associated with Artificial Tears**

Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory about infections with an extensively drug-resistant strain of Verona Integron-mediated Metallo- β -lactamase (VIM) and Guiana-Extended Spectrum- β -Lactamase (GES)-producing carbapenem-resistant *Pseudomonas aeruginosa* (VIM-GES-CRPA) in 12 states. Most patients reported using artificial tears. Patients reported more than 10 different brands of artificial tears, and some patients used multiple brands. The majority of patients who used artificial tears reported using EzriCare Artificial Tears, a preservative-free, over-the-counter product packaged in multidose bottles. CDC laboratory testing identified the presence of the outbreak strain in opened EzriCare bottles with different lot numbers collected from two states. Patients and healthcare providers should immediately discontinue using EzriCare artificial tears pending additional guidance from CDC and the Food and Drug Administration (FDA).

**PENNSYLVANIA DEPARTMENT OF HEALTH
2023 – PAHAN – 681-2-3-ADV**



Outbreak of Extensively Drug-resistant *Pseudomonas aeruginosa* Associated with Artificial Tears

DATE:	February 3, 2023
TO:	Health Alert Network
FROM:	Debra L. Bogen, MD, FAAP, Acting Secretary of Health
SUBJECT:	Outbreak of Extensively Drug-resistant <i>Pseudomonas aeruginosa</i> Associated with Artificial Tears
DISTRIBUTION:	Statewide
LOCATION:	n/a
STREET ADDRESS:	n/a
COUNTY:	n/a
MUNICIPALITY:	n/a
ZIP CODE:	n/a

An outbreak of infections with an extensively drug-resistant strain of Verona Integron-mediated Metallo- β -lactamase (VIM) and Guiana-Extended Spectrum- β -Lactamase (GES)-producing carbapenem-resistant *Pseudomonas aeruginosa* (VIM-GES-CRPA) has been identified with cases in 12 states. Cases have not yet been identified in Pennsylvania.

Most case-patients reported using EzriCare Artificial Tears, a preservative-free, over-the-counter product packaged in multidose bottles. CDC laboratory testing identified the presence of the outbreak strain in opened EzriCare bottles with different lot numbers collected from two states.

As a result of this outbreak, the Pennsylvania Department of Health is requesting that:

- Patients and healthcare providers immediately discontinue using EzriCare artificial tears pending additional guidance from CDC and the Food and Drug Administration (FDA).
- Providers treating patients for keratitis or endophthalmitis should consider culture and antimicrobial susceptibility testing to guide therapy if patients also report use of EzriCare artificial tears.
- Clinical laboratories that identify *P. aeruginosa* resistant to imipenem or meropenem are encouraged to send isolates to the Bureau of Laboratories for additional testing.

If you have any questions, or to report a suspected case of VIM-GES-CRPA, please call PA DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department.





Department of
Public Health

CITY OF PHILADELPHIA

NHSN Reporting Reminders

Annual Facility Survey

The deadline to complete the **2022 Long-Term Care Annual Facility Survey** is approaching. All active facilities who report HAI data must successfully submit their survey in NHSN **by March 1, 2023**. Failure to complete this task by the designated due date will result in users not being able to complete monthly reporting plans or enter event data.

The survey can be easily accessed on your NHSN home page under “Action Items” or by selecting the “Survey” Tab within the blue left navigation panel.

Unless otherwise specified, items in the survey pertain to **facility characteristics and practices during January 1, 2022, through December 31, 2022**.

Users are encouraged to **complete the paper version of the 2022 survey form prior to entering the information** into the web application as the **survey must be completed in one session**. Also, incomplete surveys cannot be saved. Please see the links below to access a blank copy of the 2022 Long-Term Care Annual Survey and Table of Instructions for completing the survey.

- Annual Facility Survey Paper Form: https://www.cdc.gov/nhsn/forms/57.137_ltcfsurv_blank.pdf
- Annual Facility Survey Table of Instructions: <https://www.cdc.gov/nhsn/forms/instr/57.137-toi-annual-facility-survey.pdf>
- For questions, please e-mail the NHSN helpdesk at nhsn@cdc.gov with “LTCF Annual Survey” in the subject line.

Weekly Influenza Vaccination Data Modules

CDC is no longer collecting **weekly** influenza vaccination data for LTC residents and healthcare personnel through the LTC Facility Component. Therefore, these tabs have been removed in the NHSN application. However, facilities can view previously entered weekly influenza vaccination data by running an analysis report.

Beginning with the 2022-2023 influenza season, facilities that are part of Centers for Medicare and Medicaid Services (CMS) Skilled Nursing Facility Quality Reporting Program (QRP) are **required to report annual healthcare personnel influenza vaccination data through NHSN**. These data must be reported **through the Healthcare Personnel Safety (HPS) Component**.

The deadline to report annual healthcare personnel influenza vaccination summary data is **May 15, 2023**.

If you have any questions, please send a message to: nhsn@cdc.gov with “HPS Flu Summary” in the subject line of your e-mail, along with your facility type.



INVASIVE GROUP A STREPTOCOCCAL INFECTIONS IN LONG TERM CARE FACILITIES

**Philadelphia Department of Public Health
Division of Disease Control
Acute Communicable Disease Program**

GROUP A STREP (GAS)

- A type of bacteria (*Streptococcus pyogenes*) commonly found colonizing the throat and skin
 - Gram positive cocci, often in chains
 - Produce erythrogenic and cytolytic toxins that cause local and systemic effects
- Causes common non-invasive infections (strep throat, impetigo, scarlet fever)
- Can also cause more severe illness (bacteremia, sepsis, pneumonia, necrotizing fasciitis (NF), streptococcal toxic shock syndrome (STSS))
- **Invasive GAS:** GAS isolated from a normally sterile site (blood, synovial fluid, peritoneal fluid, CSF, pleural fluid, bone, etc)



INVASIVE GROUP A STREP (IGAS)

○ Common symptoms include:

- Fever
- Rash
- Pain/swelling around skin lesions or wounds
- Dizziness or confusion
- Redness and/or warmth around wound sites



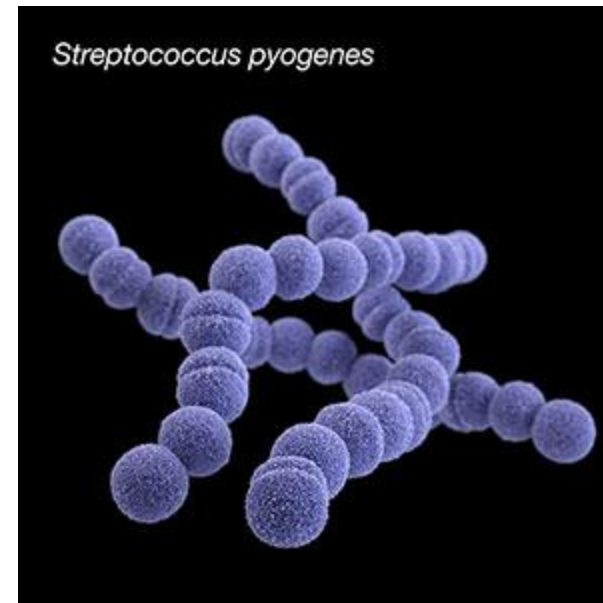
○ Risk factors:

- Immunosuppressive conditions
- Chronic cardiac or respiratory disease
- Diabetes
- Skin lesions (including varicella)
- Wounds (penetrating trauma, surgical wounds, IVDU)
- Advanced age
- Recent delivery of a baby
- Congregate living



INVASIVE GROUP A STREP (IGAS)

- Incubation period is not well-defined, but is generally considered to be 1-3 days prior to symptom onset
- Spread through contact with an infected person's cough or sneeze, or through contact with sores
 - Can be spread via medical equipment or staff without proper infection control practices



EPIDEMIOLOGY

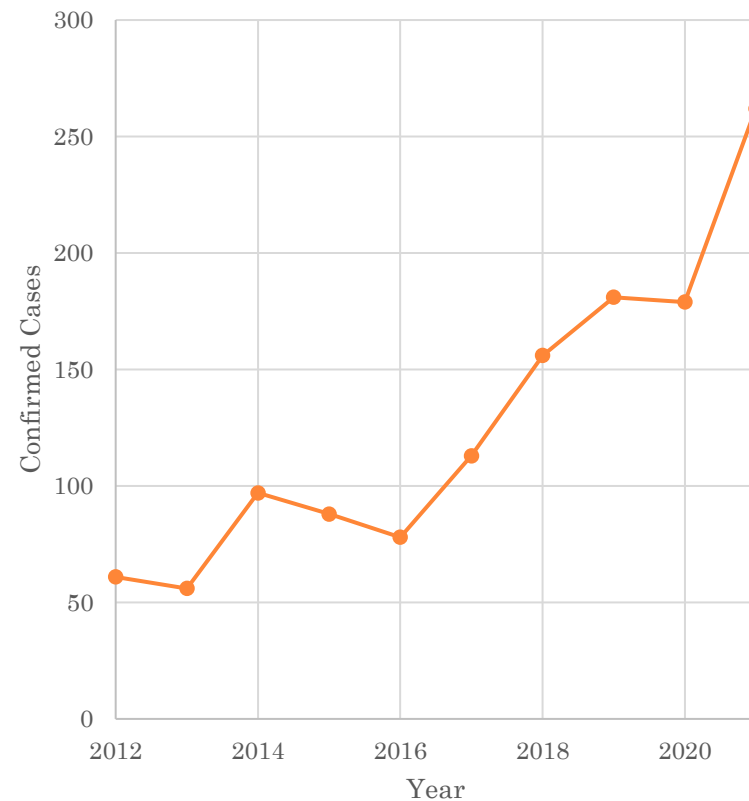
- Millions of noninvasive GAS infections (primarily throat and superficial skin infections) occur annually in the US
- Approximately 14,000-25,000 cases of invasive disease estimated to occur each year
 - In 2020, 20,270 cases of iGAS estimated to have occurred
 - STSS and NF account for 2.3% and 6% of cases respectively
 - Death occurs in 10%-15% of all invasive cases
 - Approximately 30-70% of patients with STSS and approximately 11-22% of NF cases
 - Organ system failure (STSS) and amputation (NF) also may result.
- Infections occur year round
 - Strep throat and scarlet fever more common in winter and spring



PHILADELPHIA EPIDEMIOLOGY

- Cases have increased in recent years
 - Increases in persons with IVDU and living homeless
- Typically respond to 1-5 outbreaks each year
 - Outbreaks defined as 2 or more cases in a 3-month period

Invasive Group A Strep Cases, Philadelphia, 2012-2021



INVASIVE GROUP A STREP SURVEILLANCE

- PDPH receives electronic lab reporting from area hospitals
- Investigators review medical record and identify high risk situations such as congregate living status
- Collect information on clinical history and risk factors, including:
 - Underlying illness
 - Pregnancy and/or birth during the incubation period
 - Wound care
 - Health care and surgical history
 - Congregate living
 - Injection drug use



INVASIVE GROUP A STREP IN CONGREGATE SETTINGS

- iGAS cases in congregate settings pose risks for additional spread and mortality
 - Mortality is 1.5 times higher when compared to community of same age (>65)
- Additional investigation is required if a case is determined to be congregate-living associated
 - Investigations are initiated even for single facility associated cases
- Investigations involve interview of facility medical staff and coordination with CDC and hospital laboratories

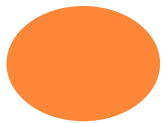
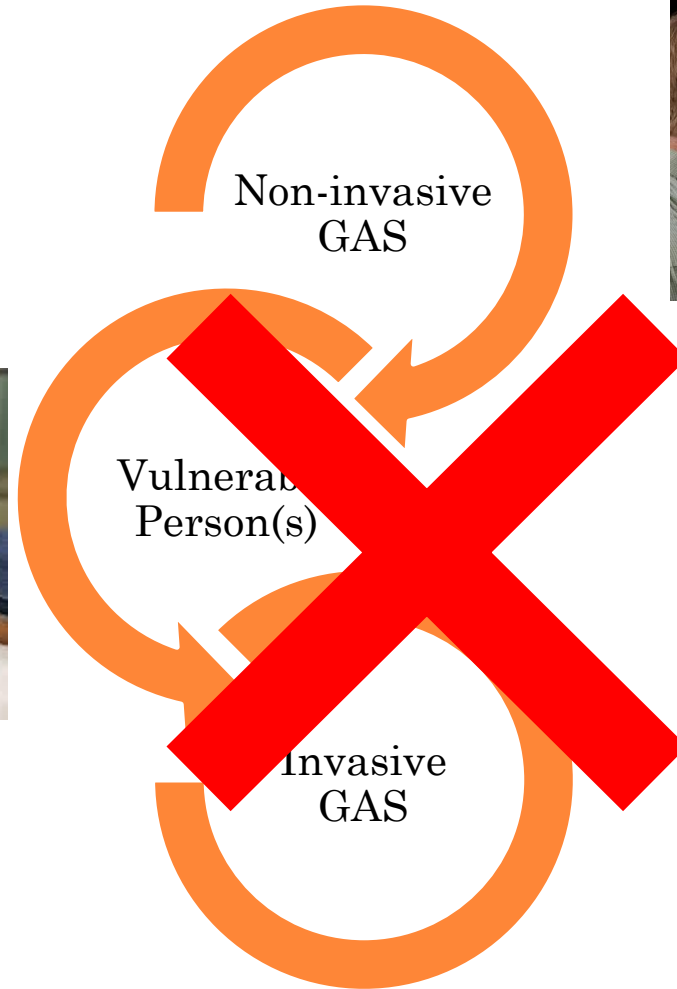


INVASIVE GROUP A STREP IN CONGREGATE SETTINGS

- Residents in facilities are higher risk
 - Underlying conditions
 - Skin breakdown in older residents
 - Crowded conditions
- Common contributing factors
 - Staff to resident transmission is common
 - Staff may be carriers or working while sick
 - Inadequate infection control
 - Improper hand hygiene
 - Poor wound care practices



TRANSMISSION CYCLE



INVASIVE GROUP A STREP INVESTIGATIONS: SINGLE GAS CASE

- Single resident case
 - PDPH reviews medical record
 - Investigator interviews ICP or DON
 - PDPH delivers recommendations based on characteristics of the case and facility
- Facility interview
 - Underlying conditions
 - Symptoms that preceded hospitalization
 - Living conditions (single or shared room)
 - Nature of care received (wound care? indwelling devices?)



INVASIVE GROUP A STREP INVESTIGATIONS: SINGLE GAS CASE

○ PDPH Recommendations

- Review health records from previous month to ensure no additional invasive or non-invasive GAS cases
- Institute supplemental surveillance for GAS symptoms for the four months following patient's diagnosis
- Monitor lab results from contract laboratory
- Consider screening of close contacts and/or roommates
 - Throat swab and swab of any skin lesions
- Re-emphasize hand hygiene and wound care infection control practices with staff
- Encourage staff to stay home when sick, even if COVID negative



INVASIVE GROUP A STREP OUTBREAKS: MULTIPLE GAS CASES

- Multiple cases within a three month period
 - PDPH reviews medical records
 - Investigator interviews ICP or DON as cases are identified
 - PDPH delivers recommendations based on characteristics of cases and timing
- Facility interview
 - Underlying conditions
 - Symptoms that preceded hospitalization
 - Living conditions (single or shared room)
 - Location within facility
 - Nature of care received (wound care? indwelling devices?)



INVASIVE GROUP A STREP INVESTIGATIONS: MULTIPLE HAI GAS CASES

○ PDPH Recommendations

- Facility will be considered as experiencing an outbreak
- Facility reviews health records from previous month to ensure no additional invasive or non-invasive GAS cases
- Institute supplemental surveillance for GAS symptoms for the four months following this **most recent** diagnosis
- Monitor lab results from contract laboratory
- Review medical records and lab results for any newly hospitalized residents
- **Screen all residents as well as staff providing direct patient care**
 - Throat swab and swab of any skin lesions
- Re-emphasize hand hygiene and wound care infection control practices



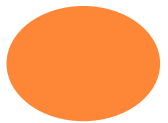
INVASIVE GROUP A STREP INVESTIGATIONS: *EMM* TYPING

- Bacterial subtyping at CDC
 - CDC's Strep lab can perform *emm*-typing and whole genome sequencing (WGS)
 - Allows for isolates from residents to be compared to determine potential linkages
 - Can be performed on isolates from hospital as well as screening samples collected during outbreak
 - PDPH will provide interpretation to help refine hypotheses
- *Emm* Typing
 - M protein gene (*emm*) encodes the cell surface M virulence protein responsible for at least 100 *Streptococcus pyogenes* M serotypes
 - Isolates are then sequenced for more granular comparison
 - Process can take time based on CDC Streptococcal Lab's current burden



PDPH TEMPLATE SURVEILLANCE TOOLS

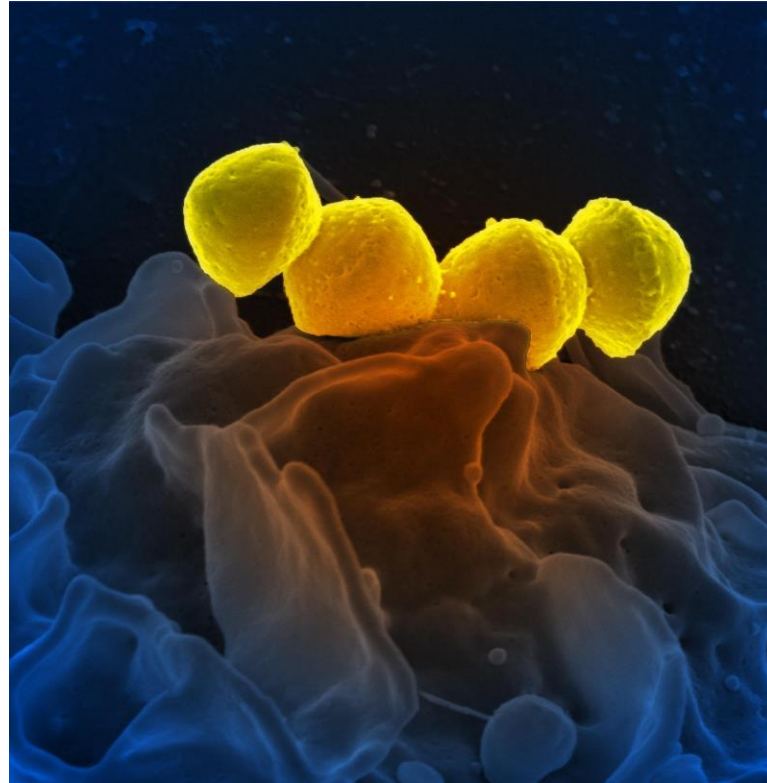
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R Hospitalized				V
	Name	ID Number	Room #	Bldg	DOB	Age	Gender	Specimen Collection Date	Specimen Source	Lab Sensis	Onset Date	Temp	Wound ?	Sore Throat Yes/No	Other Sx	Underlying Meds	Yes/No	Hospital	Admit Date	Discharge Date	Outcome (Recovered, Transferred, Deceased)	
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QUESTIONS?

- Trevor Kanaskie

- 215-685-6838
- trevor.kanaskie@phila.gov



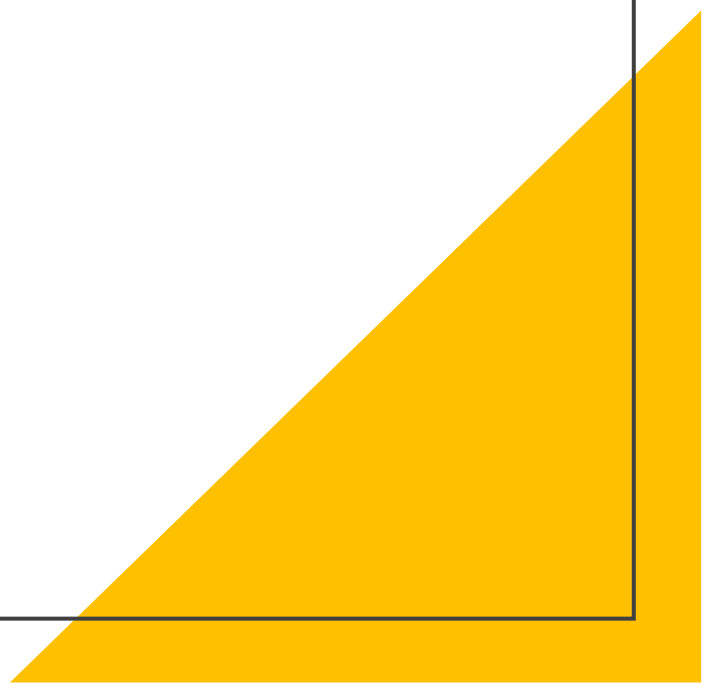
Prevention of Group A Streptococcus in Skilled Nursing Facilities with a Focus on Wound Care

Susy Rettig, BSN, RN, CIC

Philadelphia Department of Public Health (PDPH)

Division of Disease Control

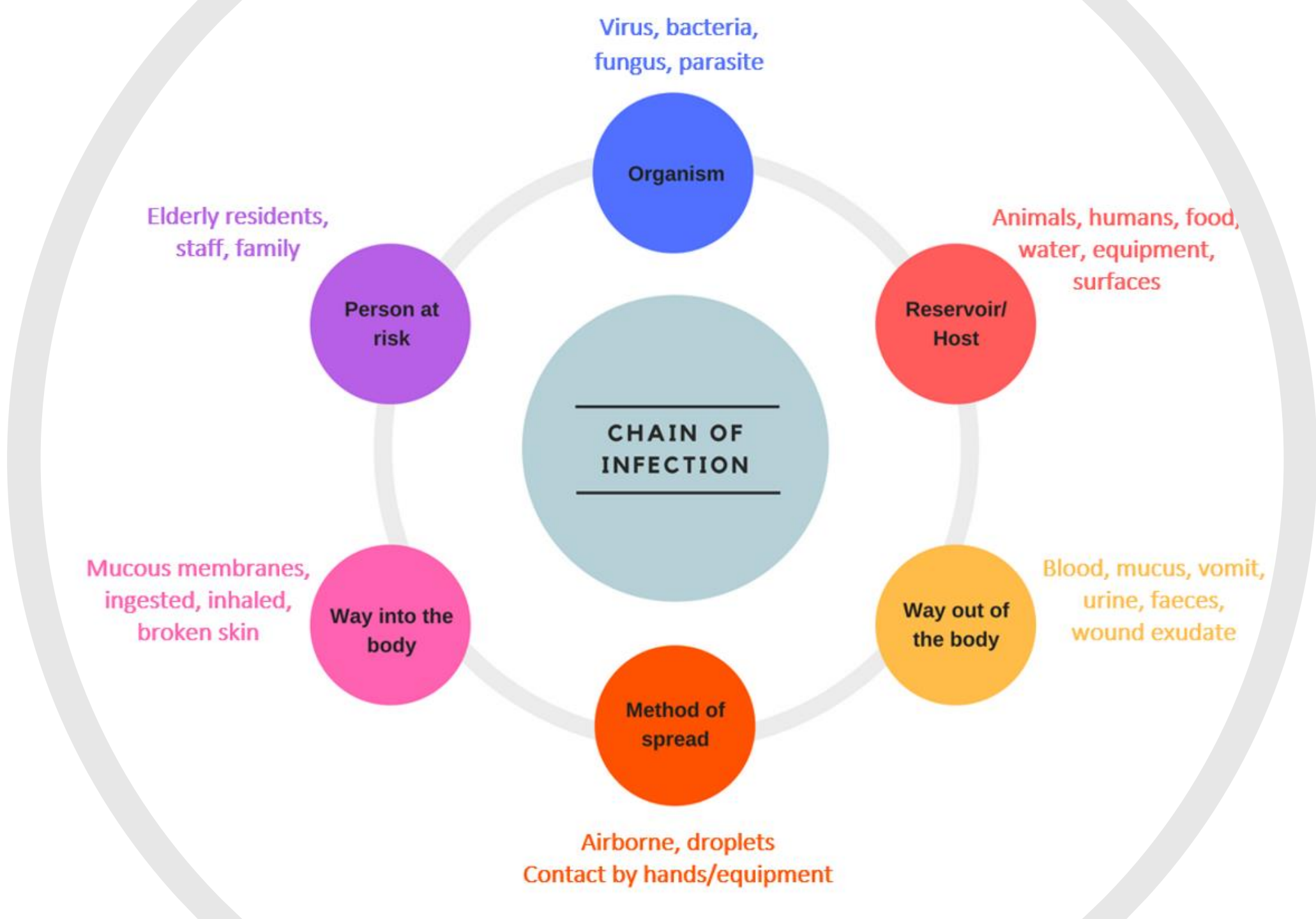
Healthcare Associated Infection/Antimicrobial Resistance Program



Risk Factors for Invasive GAS Disease

- Ages 65 years and older
- Comorbidities
- Skin breakdown
- Congregate care settings





Infection Prevention and Control Measures to Limit GAS Transmission

- Hand hygiene
- Aseptic wound care techniques
- Universal masking
- Environmental cleaning and disinfection



Common Hand Hygiene Gaps in SNFs

- Staff prefer to use soap and water instead of alcohol-based hand sanitizer (ABHS)
- ABHS is not readily available, or dispensers are empty
 - Especially on memory care units
- Only handwashing sink is in the resident's bathroom
- Gloves take the place of hand hygiene
- Misinformation regarding ABHS
- Hand hygiene audits are lacking



Gaps in Hand Hygiene Practices during Wound Care

Findings:

- Lack of HH at appropriate times:
 - Before retrieving supplies from wound care cart
 - Before donning gloves
 - After removal of dirty dressing
 - Between glove changes during the procedure
 - Before entering the wound care cart

Recommendations:

- Keep a pump bottle ABHS on the wound care cart
- Take ABHS into resident room when performing care and use as primary method for HH during wound care
- Change gloves and perform HH when moving from a dirty to a clean task
- Avoid touching other items in the room during care



Gaps in Glove Use Practices during Wound Care

Findings:

- Not changing gloves when required or changing gloves when not required
- Double gloving

Recommendations:

- Change gloves and perform HH when moving from a dirty to clean task
 - After removal of soiled dressing
 - Before handling clean supplies
 - Before entering the wound care cart
- Double gloving is not recommended



IPC Gaps Related to Wound Care Supplies



- **Findings:**
 - Failure to gather all needed supplies before room entry
 - Returning unused supplies to the cart
 - Reusing sterile saline
 - Scissors not dedicated to the wound care cart
- **Recommendations:**
 - Gather all supplies needed before starting wound care
 - Only take what is needed into the resident's room
 - Pre-dispense all wound care products needed for care
 - Do not return unused supplies to the cart
 - Disinfect saline spray can and scissors before returning to the cart

IPC Gaps Related to Wound Care Procedure

Findings:

- Disinfectant wipes not available on wound care cart
- Failure to establish a clean surface for supplies at the resident's bedside
- Supplies are placed directly onto resident's bed or bedside table
- Provider wears long sleeves that contact resident's environment during care

Recommendations:

- Store facility approved disinfectant wipes on carts
- Clear and disinfect an area on bedside table with a disinfecting wipe before start of procedure and disinfect at end of procedure
- OR create a surface barrier with a disposable pad of adequate size
- Wear short sleeves when providing wound care or wear a disposable gown



Sterile Saline for Wound Care

- Individual plastic sterile saline doses are ideal
- If a spray bottle of saline is used to clean the wound, it must be cleaned with a disinfectant wipe before returning to the cart
- If a label on an irrigation fluid container states “single dose or single use container”, then once opened, any unused fluid must be immediately discarded.



Wound Care Scissors

- Dedicate scissors to wound care cart
- Disinfect scissors before and after use
- Make sure to open scissor blades and include finger loops when cleaning
- If scissors are used to remove an old dressing, they must be disinfected and allowed to dry before cutting packing or other materials that will be in direct contact with the wound



Gaps in Wound Care Cart Maintenance

- **Findings:**
- Carts, inside and out are not cleaned on a regular basis and drawers are soiled
- Contains expired and out of use products
- Resident topical medications are intermingled
- **Recommendations:**
 - Disinfect outside surfaces of the cart daily
 - Empty and disinfect all drawers on a regular basis
 - Discard medication and supplies that are no longer needed
 - Store resident topicals in separate compartments or self-sealing bags



Wound Care Steps

- Perform HH and gather supplies
- Establish clean surface and set up supplies at bedside
- Perform HH and don clean gloves
- Remove dressing and discard
- Doff and discard gloves and perform HH
- Don clean gloves
- Evaluate and cleanse the wound if indicated
- Doff gloves, perform HH, & don clean gloves if indicated
- Apply topical medications if indicated
- Apply and secure clean dressing
- Disinfect scissors
- Remove and discard gloves.
- Perform HH



Audit Tool for Wound Care Competency

- Conduct competency for wound care on-hire and annually
- Follow this link to an audit tool from the Pennsylvania Department of Health regarding wound care practices:
 - [Wound care observation checklist.FINAL.pdf \(pa.gov\)](#)
- Read page two of the above document for a detailed explanation of recommended practices



Wound Care Observation Checklist for Infection Control

The following represent best practices for infection control during wound dressing changes, assessment and care. To evaluate wound practices, observe wound care procedures from start to finish, marking whether practices were appropriate (yes) or not (no) or not observed (n/a). Make notes of all deviations from best practices (areas for improvement).

Practices	Yes	No	N/A	Notes
1. All supplies gathered before dressing change <ul style="list-style-type: none">• Supplies were handled in a way to prevent contamination• Supplies are dedicated to and labeled for one individual• Multi-dose medications are used appropriately¹				
2. Hand hygiene performed properly before preparing clean field ²				
3. Clean field prepared <ul style="list-style-type: none">• Surface cleaned with antiseptic wipes following manufacturer guidelines• Surface barrier applied (e.g. Chux pad)• Supplies placed on surface barrier in aseptic manner				
4. Hand hygiene performed properly before starting the procedure				
5. Clean gloves and PPE donned according to Standard or Contact precautions <ul style="list-style-type: none">• Consider use of surgical mask for all wound care				
6. Barrier positioned under wound				
7. Old dressing removed and discarded immediately				
8. Dirty gloves removed and discarded ³				

Final Thoughts on GAS Prevention

- Invasive GAS can be spread via respiratory droplets or through contaminated hands or equipment
- Despite use of universal masking during the COVID-19 pandemic, new GAS cases have occurred
- Ensure that your consultants e.g., podiatrists, wound care, are aware of GAS cases and are following best practices to prevent transmission. This includes practices related to instrument reprocessing and reuse
- Nurses who perform wound care would benefit from annual competency training



Infection Control Assessment and Response (ICAR) Program

- Scheduled at convenience of facility
- Non-regulatory, collaborative, and confidential
- Helps identify opportunities for improvement related to best practices across a wide range of infection prevention and control scenarios
- Includes a written report of findings with recommendations
- More than 40 completed in Philadelphia
- In outbreak situations, targeted visits may be warranted



Questions



Department of
Public Health

CITY OF PHILADELPHIA

Resources and Services



Abbott

**BinaxNOW™ COVID-19 Ag Card
Product Expiry Update**

December 2022

Dear Valued Customer:

Since the launch of the BinaxNOW™ COVID-19 Ag Card, Abbott has continued testing for product stability to extend the expiration date and have shared these results with the FDA. Testing has been completed to support a shelf-life (expiration date) of up to 22 months. This letter is to notify you the BinaxNOW™ COVID-19 Ag Card, part number 195-000, in your possession may now have a longer than labeled product expiry date. All BinaxNOW COVID-19 Ag Card Kits currently have a twenty-two-month expiry date.

Reminder: HAI/AR Services

- Infection Control Assessment and Response (ICAR) visit
- N95 qualitative fit test training
- Quarterly newsletter
- Onsite education
- [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:  | 

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
- Link to sign up:

<https://app.smartsheet.com/b/form/3e8cffae22f84c2692ee614321f816f0>



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Thank you!

Our next call will be on Friday, March 17, 2023