

# PDPH/LTCF Conference Call – Friday, 3/8/2024

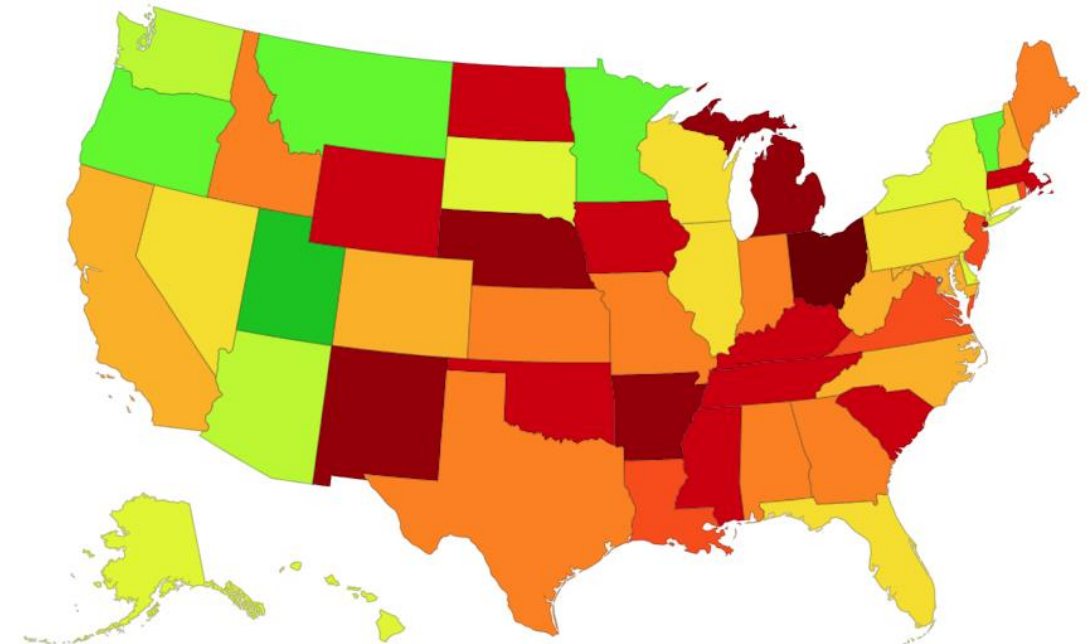
## Agenda

- **Respiratory Virus Surveillance Update**
- **New Guidance**
  - **PAHAN 738: Infection Prevention and Control for Podiatric Care in all Healthcare Settings**
  - **CDC's Updated Community Respiratory Virus Guidance**
- **Annual HCP Influenza Vaccination Reporting into NHSN**
- **Invasive Group A Streptococcal Infections in Long Term Care Facilities**
- **Infection Prevention Related to Podiatry Practices**
- **Resources and Services**
  - **LTC-CIP Sponsorship, APIC Membership & ICAR Program with APIC Consulting Services**
  - **Educational Services: Project Firstline Escape Room Training**

# Respiratory Illness Activity, Nationwide

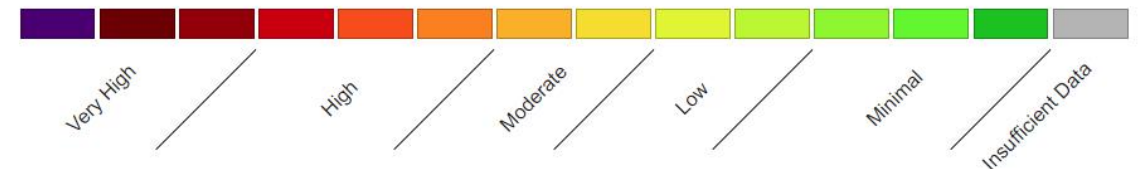
## Activity Levels Update (data as of *Friday, 3/1/2024*)

- The level of **respiratory illness** (fever plus cough or sore throat) causing people to seek healthcare is **elevated across many areas of the country**
- This week, 27 states experienced high or very high activity
- Nationally, **ED visits with diagnosed COVID-19, influenza, and RSV are decreasing**
- **Influenza test positivity decreased nationally** but is increasing in the Central region. **COVID-19 and RSV test positivity decreased** compared to the previous week.

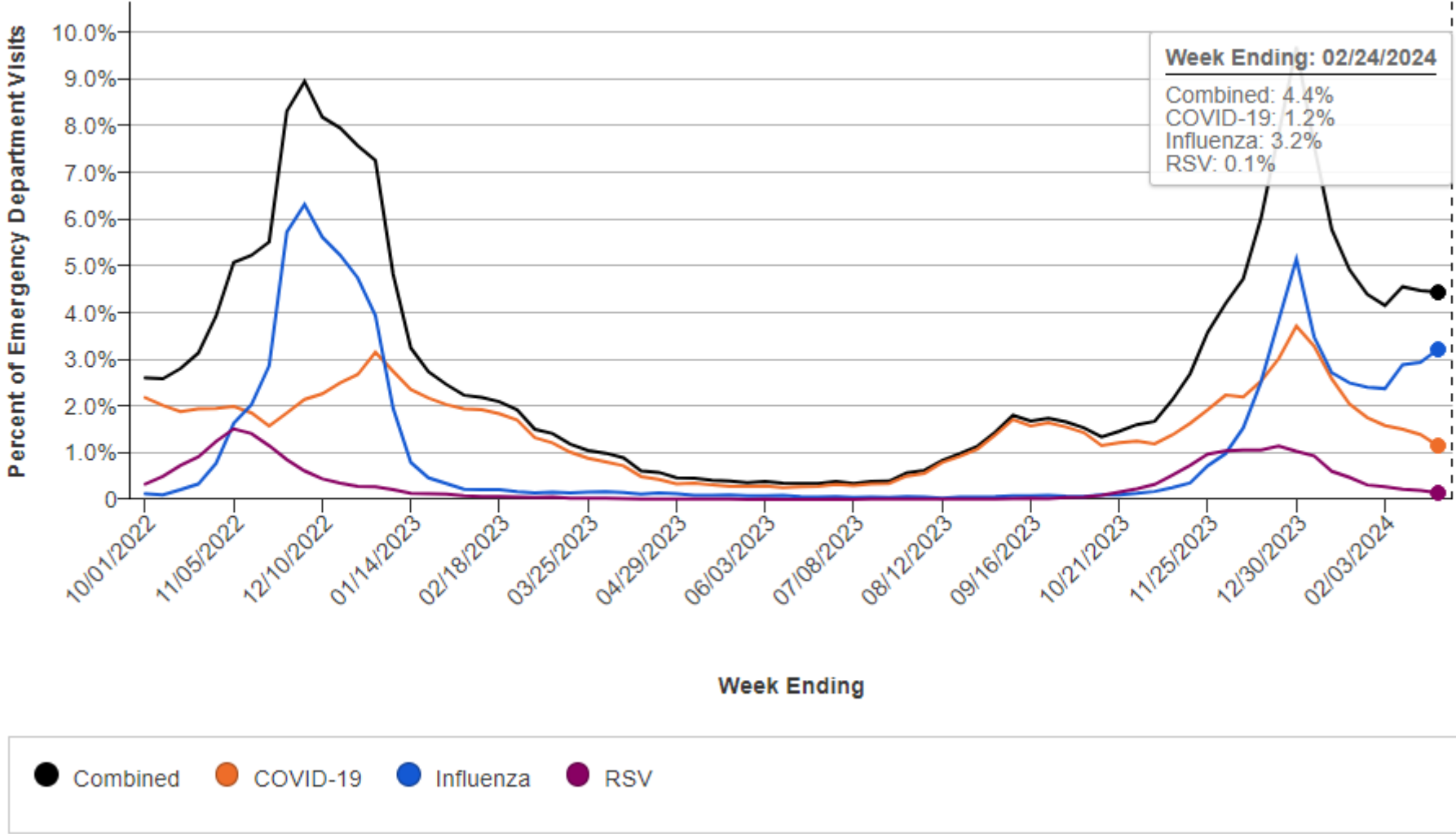


Territories **PR** **VI**

Respiratory Illness Activity Level



# Emergency Department Visits for Viral Respiratory Illness, Pennsylvania



# Guidance Updates

**PA HAN 738**

**CDC Community Respiratory Virus Guidance**



## PENNSYLVANIA DEPARTMENT OF HEALTH

2024- PAHAN -738 - 03-01 - ADV

### Infection Prevention and Control for Podiatric Care in all Healthcare Settings

<b>DATE:</b>	3/01/2024
<b>TO:</b>	Health Alert Network
<b>FROM:</b>	Debra L. Bogen, MD, FAAP, Acting Secretary of Health
<b>SUBJECT:</b>	Infection Prevention and Control for Podiatric Care in all Healthcare Settings
<b>DISTRIBUTION:</b>	Statewide
<b>LOCATION:</b>	Statewide
<b>STREET ADDRESS:</b>	n/a
<b>COUNTY:</b>	n/a
<b>MUNICIPALITY:</b>	n/a
<b>ZIP CODE:</b>	n/a

## Summary

- The Pennsylvania Department of Health (DOH) and Philadelphia Department of Public Health (PDPH) are advising podiatrists and persons practicing podiatric care to:
  - Immediately review and align practices with the [CDC Guide to Infection Prevention for Outpatient Podiatry Settings](#). This includes all settings where health care is provided, including long-term care.
  - Develop specific, written infection prevention and control policies to guide podiatric care, including the cleaning and disinfection of instruments between patients.
- DOH and PDPH expect long-term care facilities (LTCFs) to follow applicable federal regulations, including Federal Regulations at 42 CFR 483.25 for Centers for Medicare and Medicaid Services-regulated LTCFs, which requires that foot care and treatment be provided in accordance with professional standards of practice.
- LTCF leadership and infection preventionists should:
  - Monitor and routinely audit the infection prevention and control practices of persons who provide podiatric care within their facilities, including contracted podiatrists.
  - Maintain facility-specific written policies that outline expectations and procedures for podiatric care provided by employed staff. Outline expectations for podiatric care contracted externally with a staffing agency or an individual provider.

To report outbreaks or unusual clusters of illness, or if you have questions about the information provided in this Advisory, please contact your local health department or call 1-877-PA-HEALTH. Questions or reports for PDPH should be made by calling 215-685-6748.



# CDC Updated Respiratory Virus Guidance for the Community

- **CDC Updated respiratory virus guidance is for the general community only, it does not pertain to healthcare facilities or long-term care facilities**
  - **All previous CDC, CMS and PADOH guidance for SNFs remains in effect**
- Guidance for general community includes:
  - If COVID-19 (+) with symptoms- stay home until afebrile for  $\geq 24$  hours without antipyretics and improvement in respiratory symptoms, then may return to regular activities with masking for 5 days and social distancing.
  - If COVID test (+) but no symptoms- mask for 5 days, practice social distancing
  - If COVID-19 exposed- should test, mask and practice social distancing
  - Persons  $\geq 65$  yo should obtain a Spring COVID-19 monovalent booster to best protect against the anticipated summer wave of COVID-19



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**NHSN Reporting Update:  
Annual HCP Influenza Vaccination Reporting into NHSN**

Taseen Karim, MPH



# NHSN – Annual HCP Influenza Vaccination Reporting

CMS-certified SNFs are required to report annual HCP influenza vaccination summary data through the NHSN Healthcare Personnel Safety (HPS) Component.

- Deadline to report 2023-2024 data is May 15, 2024.

NHSN Vaccination Team is providing three office hours sessions to review how facilities can report annual HCP influenza vaccination data.

Register for **webinars**:

- **March 28, 2024 at 02:00 PM** [https://cdc.zoomgov.com/webinar/register/WN\\_trP6cwnjRtOYRXi5OYeGcw](https://cdc.zoomgov.com/webinar/register/WN_trP6cwnjRtOYRXi5OYeGcw)
- **April 25, 2024 at 02:00 PM** [https://cdc.zoomgov.com/webinar/register/WN\\_GJvxuP61Snyk-XWt-QmQMQ](https://cdc.zoomgov.com/webinar/register/WN_GJvxuP61Snyk-XWt-QmQMQ)

# NHSN – Annual HCP Influenza Vaccination Reporting

## Resources

- Materials pertaining to annual HCP influenza vaccination data reporting are organized under the “Annual” reporting headings on this webpage: HCP Flu Vaccination [| HPS | NHSN | CDC.](#)

## Key Training Materials

- Slide deck reviewing how long-term care facilities can report annual HCP influenza vaccination data through [NHSN: Healthcare Personnel Safety Component Healthcare Personnel Vaccination Module Influenza Vaccination Summary Long-Term Care Facilities \(cdc.gov\).](#)
- This document provides instructions on how long-term care facilities can add the HPS Component: [Enrollment Level 3 Access and HPS Component Activation \(cdc.gov\)](#)



# **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



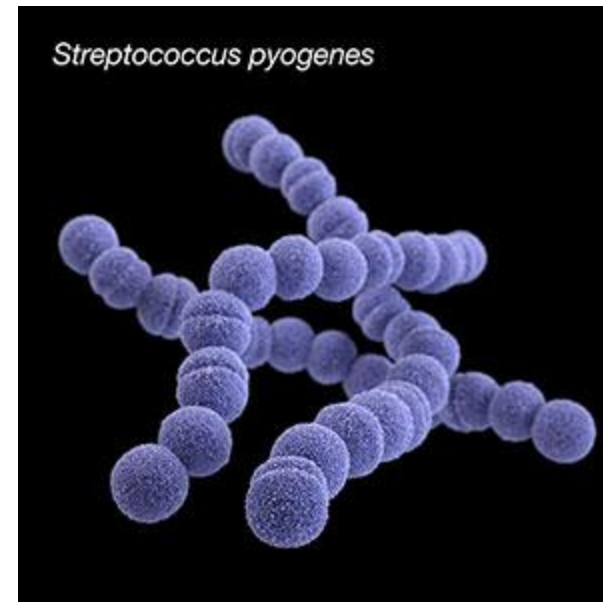
## ○ Risk factors:

- 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

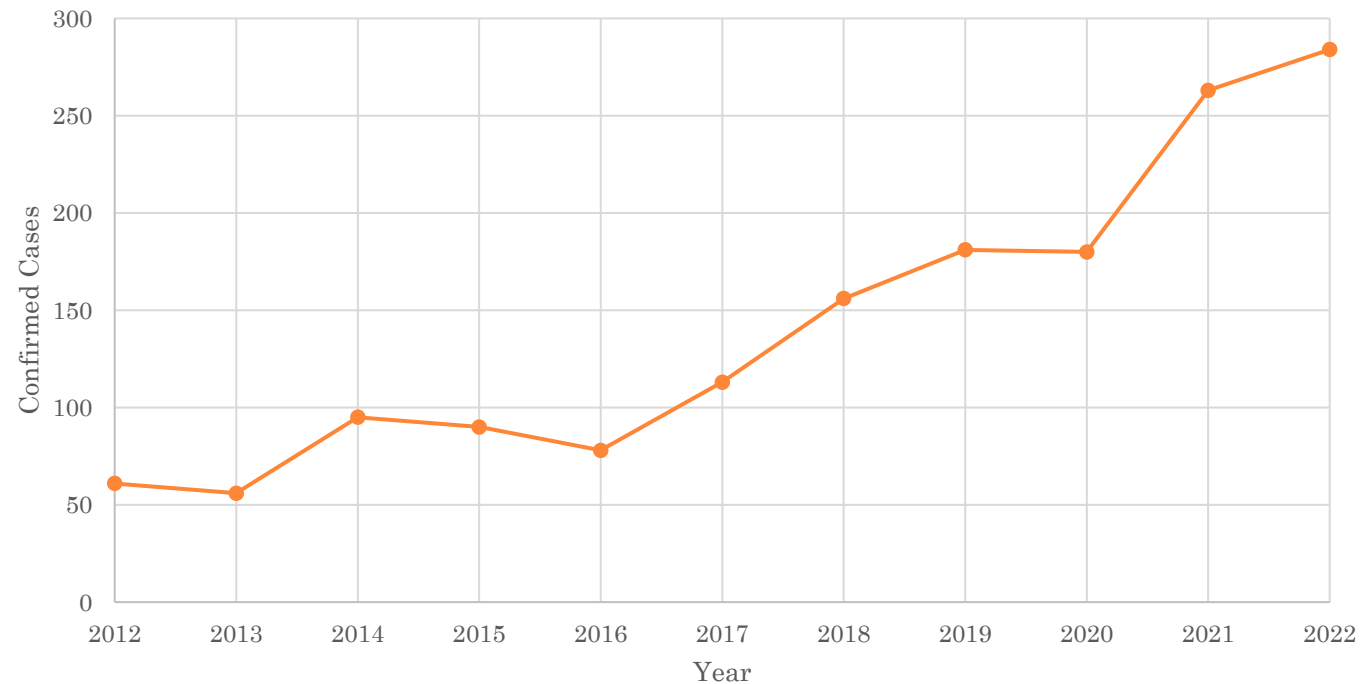
- Millions of noninvasive GAS infections (primarily throat and superficial skin infections) occur annually in the US
- Approximately 14,000-25,000 cases of invasive disease estimated to occur each year
  - In 2022, 27,220 cases of iGAS estimated to have occurred
  - An estimated 1,500 to 2,300 people die due to iGAS annually
    - Approximately 30-70% of patients with STSS and approximately 11-22% of NF cases
  - Organ system failure (STSS) and amputation (NF) also may result.
- iGAS infections have rebounded since the pandemic
- 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, 2012-2022





# 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

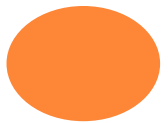
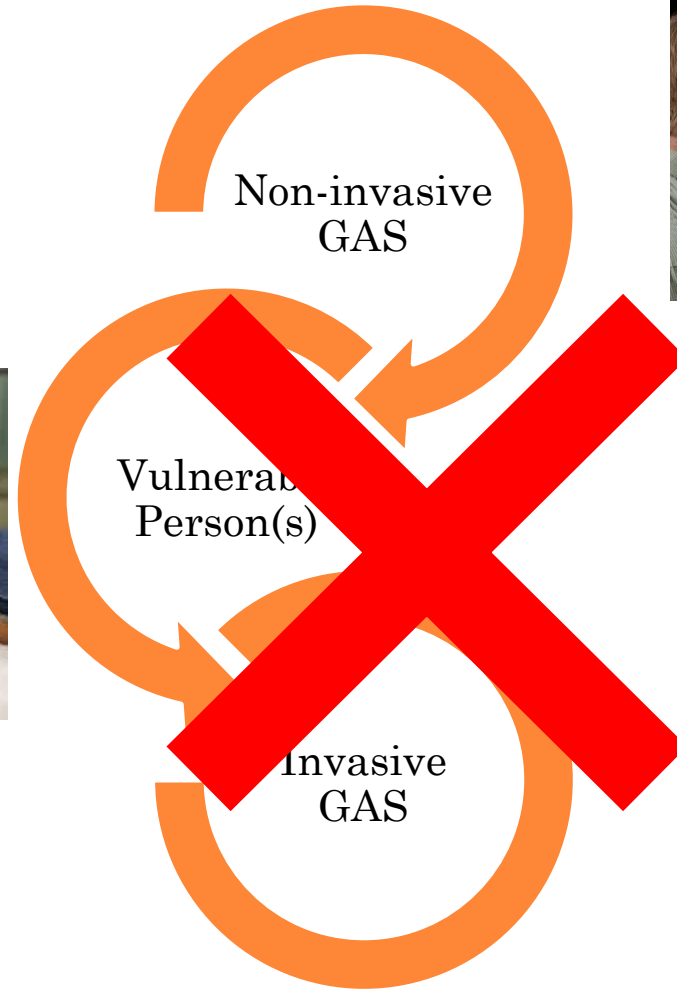


# INVASIVE GROUP A STREP IN CONGREGATE SETTINGS


- 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 cases
  - Outbreak = Multiple cases within a three month period
  - Investigation elements
    - PDPH reviews medical records
    - Investigator interviews ICP or DON
    - 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: 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 INVESTIGATIONS: MULTIPLE HAI GAS CASES

- Additional PDPH Recommendations in Outbreak Situations
  - Institute supplemental surveillance for GAS symptoms for the four months following **most recent** diagnosis
  - 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



# 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
  - Process can take time based on CDC Streptococcal Lab's current burden
  - PDPH will provide interpretation of results

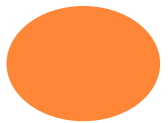






# PDPH TEMPLATE SURVEILLANCE TOOLS

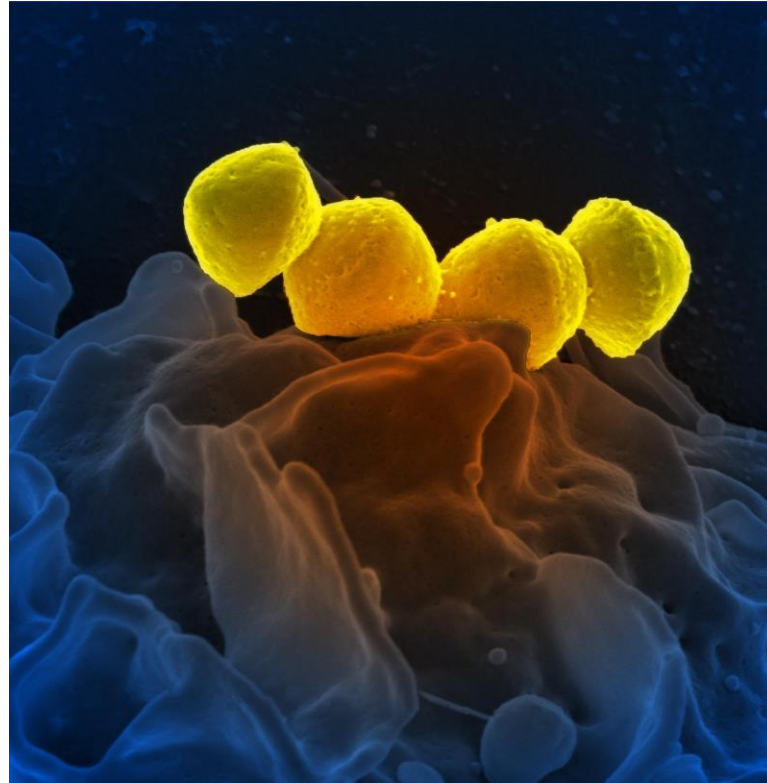
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1																		Hospitalized					
2		Name	ID Number	Room #	Bldg	DOB	Age	Gender	Specimen Collection Date	Specimen Source	Lab Sensis	Onset Date	Temp	Wound ?	Sore Throat Yes/No	Other Sx	Underlying Meds	Yes/No	Hospital	Admit Date	Discharge Date	Outcome (Recovered, Transferred, Deceased)	
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# QUESTIONS?

- Trevor Kanaskie

- 215-685-6838
- [trevor.kanaskie@phila.gov](mailto:trevor.kanaskie@phila.gov)





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**Prevention of Group A Streptococcus in Skilled Nursing Facilities**

*Highlighting Wound Care*

Jessica Rice, MPHTM, CIC

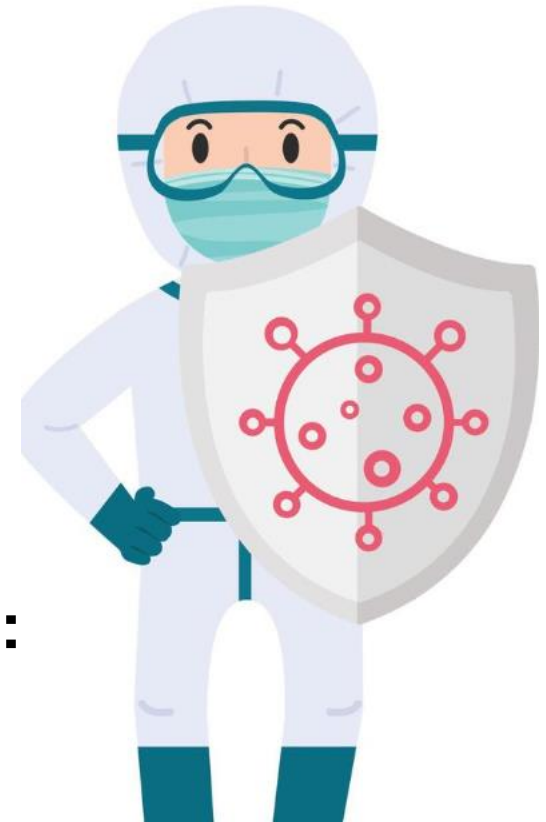
# IPC Measures to Limit GAS Transmission

## Strict adherence to Standard Precautions:

- ✓ Hand Hygiene (HH)
- ✓ Aseptic Wound Care
- ✓ Environmental Cleaning & Disinfection
- ✓ Appropriate Personal Protective Equipment (PPE) Use
- ✓ Respiratory Hygiene/Cough Etiquette

## Use of Enhanced Barrier Precautions for residents with wounds:

- ✓ HCP don gown and gloves for high-contact care activities
- ✓ Ensure wound drainage is contained with a dressing



# Common Hand Hygiene Gaps in SNFs

Use of soap and water instead of alcohol-based hand sanitizer (ABHS) in many clinical situations

Lack of audits

ABHS is not readily available, or dispensers are empty

Only handwashing sink is in the resident's bathroom

Gloves take the place of hand hygiene



# Common Hand Hygiene Gaps in Wound Care

## Findings:

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

## 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



# Common PPE Gaps 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



# Common IPC Gaps During Wound Care

## 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 into disposable, single-use containers
- Do not return unused supplies to the cart
- Disinfect saline spray can and scissors before returning to the cart





# Common IPC Gaps During Wound Care

## 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 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

1. Perform HH and gather supplies
2. Establish clean surface and set up supplies at bedside
3. Perform HH and don clean gloves
4. Remove dressing and discard
5. Doff and discard gloves and perform HH
6. Don clean gloves
7. Evaluate and cleanse the wound if indicated
8. Doff gloves, perform HH, & don clean gloves if indicated
9. Apply topical medications if indicated
10. Apply and secure clean dressing
11. Discard any single-use supplies
12. Disinfect scissors (and any supplies that are returned to the cart)
13. Remove and discard gloves
14. Perform HH



# Resources

## PDPH Wound Care Cart K Card:

[Wound Care K- Card \(8.5 × 11 in\) \(phila.gov\)](http://phila.gov)



### WOUND CARE CART: INFECTION CONTROL MEASURES

- Perform hand hygiene before accessing the cart drawers.
- Stock carts with alcohol-based hand sanitizer and disinfect wipes.
- Dedicate scissors to each cart and disinfect before and after use.
- Dispense topicals into small single-use cups. Do not take topical medication containers into the resident rooms.
- Store medications in separate compartments or patient specific plastic bags and do not share among residents. Medications prescribed for residents are never shared.
- Remove gloves and perform hand hygiene if cart must be accessed during care
- Discard unused disposable supplies taken into the resident room. Do not return these items to the cart.
- Disinfect all non-disposable items that are returned to the cart.
- Disinfect scissors thoroughly in a fully open position after use and let air dry prior to returning to the wound care cart.
- Dedicate one wound cart for each unit or wing of the facility.
- Keep wound carts outside of resident rooms at all times.
- Disinfect all outside surfaces of the cart daily.
- Empty and disinfect all compartments on the inside of the cart, on a regular basis e.g., monthly.
- Review contents of cart on a regular basis e.g., monthly, and discard expired or compromised items.
- Discard resident medications upon discharge.



# Resources

**Project Firstline Wound Micro-Learn:**  
Use Micro-Learn talking points to lead team discussions on a variety of IPC topics.

[Training Toolkits from Project Firstline | Infection Control | CDC](#)

## What to do if you see a patient with a draining wound

Assume the liquid from a draining wound is infectious, even if the drainage is clear.

**Don't touch a draining wound or the liquid from it without clean hands and the right PPE.**

If you have to touch the wound or liquid, always wear gloves. Always clean your hands as soon as you take your gloves off.



If there's a risk of your clothes touching the wound or liquid, you might need a gown.



If there's a chance you could be splashed, you might need a mask and eye protection.



# Resources

## PADOH Wound Care Audit Tool: Competency for wound care on-hire and annually.

[Wound care observation checklist.FINAL.pdf  
\(pa.gov\)](#)



### 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"><li>Supplies were handled in a way to prevent contamination</li><li>Supplies are dedicated to and labeled for one individual</li><li>Multi-dose medications are used appropriately<sup>1</sup></li></ul>				
2. Hand hygiene performed properly before preparing clean field <sup>2</sup>				
3. Clean field prepared <ul style="list-style-type: none"><li>Surface cleaned with antiseptic wipes following manufacturer guidelines</li><li>Surface barrier applied (e.g. Chux pad)</li><li>Supplies placed on surface barrier in aseptic manner</li></ul>				
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"><li>Consider use of surgical mask for all wound care</li></ul>				
6. Barrier positioned under wound				
7. Old dressing removed and discarded immediately				
8. Dirty gloves removed and discarded <sup>3</sup>				





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**Infection Prevention Related to Podiatry Practices**

Jessica Rice, MPHTM, CIC

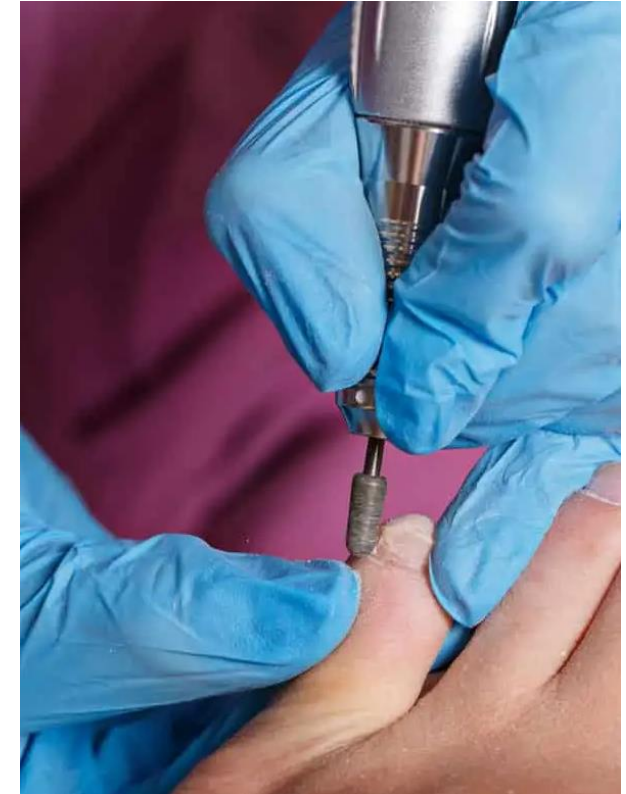
# 2024– PAHAN –738 – 03-05 - ADV



- **DOH and PDPH expect long-term care facilities (LTCFs)** to follow applicable federal regulations, including Federal Regulations at 42 CFR 483.25 for Centers for Medicare and Medicaid Services-regulated LTCFs, which require that **foot care and treatment be provided in accordance with professional standards of practice.**
- LTCF leadership and infection preventionists should:
  - **Monitor and routinely audit the infection prevention and control practices of persons who provide podiatric care** within their facilities, including contracted podiatrists.
  - Maintain **facility-specific written policies** that outline expectations and procedures for podiatric care provided by employed staff. Outline expectations for podiatric care contracted externally with a staffing agency or an individual provider.

# Podiatry Considerations - Instruments

- **Semi-critical instruments** require **high-level disinfection between patients**:
  - Cuticle and nail nippers, curettes, forceps, dissecting scissors, nail cutting instruments, electronic nail files
- **Critical instruments** that have contact with sterile body tissue or fluids must be **cleaned and sterilized before use**:
  - Surgical instruments, scalpel blade handles, biopsy forceps
- **Pre-cleaning should be performed** as soon as practical after use (e.g., at the point of use) to prevent soiled materials from becoming dried onto instruments
- Following manufacturers' instructions and all steps outlined within the CDC guidance are critical to the implementation of safe patient care



# Podiatry Considerations

## Case Study: What's Wrong with this Scenario?

A podiatrist is having a busy day at a nursing home where he performs routine foot care for each resident in his or her room.

He is performing nail care, and it does not involve heavy breakdown or bleeding. He decides to sterilize all the equipment between patients with disposable alcohol wipes.

Once wiped down, he puts the instruments back in the container with the other unused, clean, and sterile instruments that he brought with him for the day.

He changes his gloves between each resident, but does not perform hand hygiene before donning the next pair of gloves.

# Resources

## CDC Guide to Infection Prevention for Podiatry

- Checklists applicable to LTC

Sterilization of Reusable Instruments and Devices		
Elements to Be Assessed	Practice Performed	Notes/Areas for Improvement
A. The podiatric facility uses evidence-based guidelines on sterilization of reusable instruments and devices when developing its policies and procedures.	<input type="radio"/> Yes <input type="radio"/> No	
B. Podiatric HCP who reprocess devices or equipment receive training on sterilization procedures.  Podiatric HCP who reprocess devices or equipment demonstrate competency with sterilization procedures (i.e., correct technique is observed by trainer):  1. Upon hire, prior to being allowed to sterilize devices 2. Annually 3. When new equipment or protocols are introduced	<input type="radio"/> Yes <input type="radio"/> No	





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**Resources and Services:  
Sponsorship Opportunities, APIC Membership & ICAR Program**

Jessica Rice, MPHTM, CIC

# NEW Sponsorship Opportunities

- PDPH is offering resources to help long-term care Infection Preventionists obtain certification (LTC-CIP) through APIC and CBIC
- Eligibility:
  - Employed by a Philadelphia long-term care facility
  - Completed post-secondary education in a health-related field\*

*\*including but not limited to medicine, nursing, laboratory technology, public health, or biology. Post-secondary includes public or private universities, colleges, community colleges etc.*

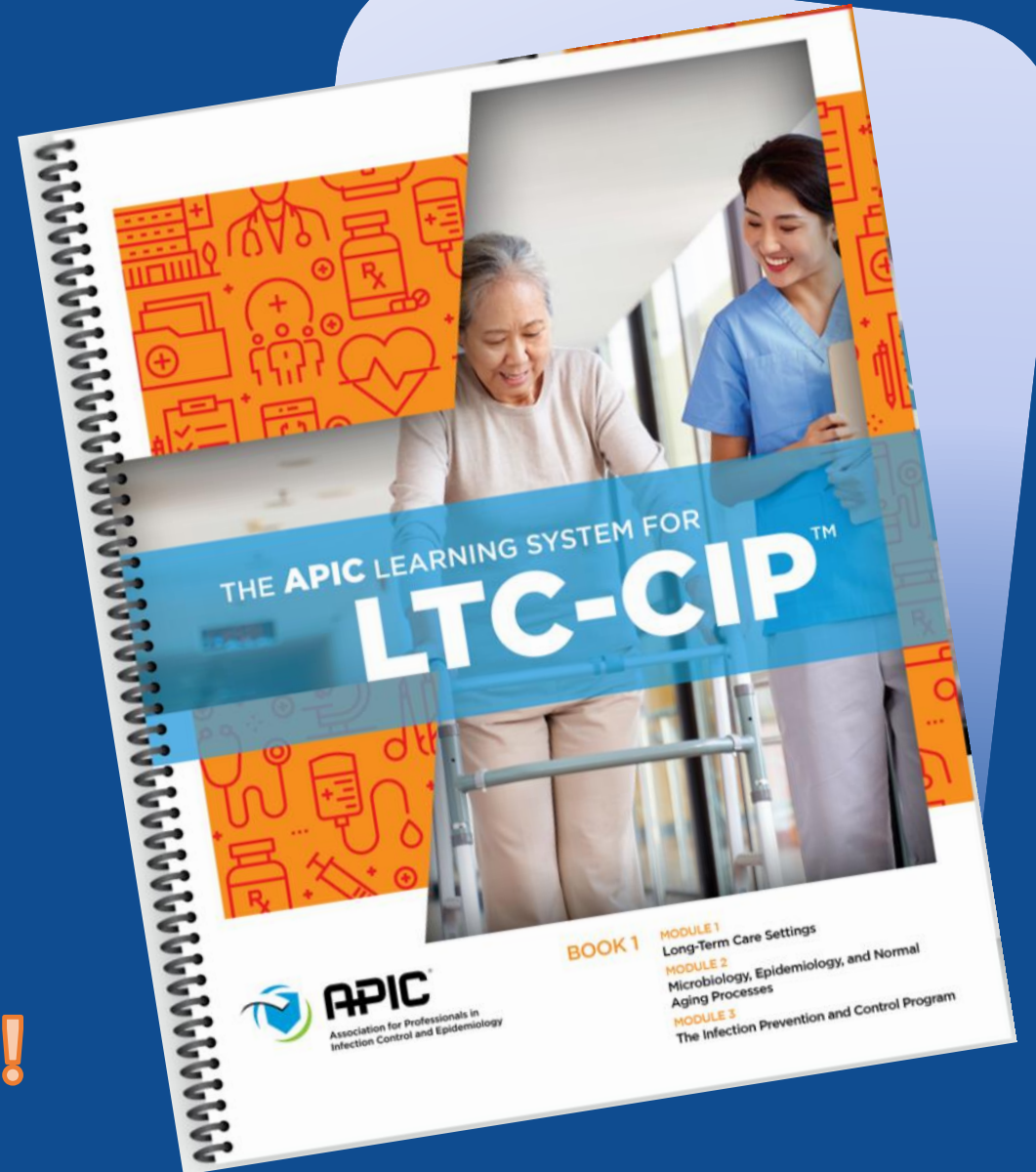


# LTC-CIP Prep Course

Self - Study Option

- ✓ Online access to the APIC Learning System for 1 year
- ✓ Learning modules
- ✓ Practice Questions
- ✓ Flashcards
- ✓ Flexible & on-demand format

**Over \$695 in value!**







# LTC-CIP Exam

## PDPH Scholarship

Enhance your career with certification:

- ✓ All application & exam fees included
- ✓ The exam:
  - ✓ 150 multiple choice questions
  - ✓ 180 minutes
  - ✓ Test remotely or in-person
- ✓ Additional exams are NOT covered



**Over \$400 in value!**

# Interested? Email Us

- Email [HAI.PDPH@phila.gov](mailto:HAI.PDPH@phila.gov)
    - Include which programs you are interested in, name, credentials, employer, and proof of employment\*
- \*Proof of employment may include a letter or email from facility leadership or human resources confirming your role as an IP*

**LIMITED TIME OFFER  
THROUGH APRIL 2024**



# 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>



**Over \$200 in value!**

# PDPH/APIC Consulting Services ICAR Project for Philadelphia SNFs



Participating facilities receive the following:

- **Non-regulatory** and **confidential** IPC support
- **Initial ICAR assessment:** Your certified consultant will meet with you at your facility, coordinated around your schedule
- Written **report with suggestions for improvement** and supporting **resources**
- **Plan** for improvement **based on your selected focus areas**, including resources
- **OPTIONAL Implementation support:** Your consultant will meet with you to assist your facility in addressing your 3-4 focus areas to help you reach your goals
- Limited time offer **through April 2024**

# PDPH/APIC Consulting Services ICAR Project for Philadelphia SNFs



## APIC Consulting Services Project Leads:

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Contact [HAI.PDPH@Phila.gov](mailto:HAI.PDPH@Phila.gov) with questions or to express your interest to participate



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**PDPH Educational Services**

# Reminder: HAI/AR Services

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

# ESCAPE ROOM

CAPTAIN GERM B. GONE  
NEEDS YOUR HELP



## **Sign up for PDPH's Project Firstline Newest Educational Offering!**

- Participants can enhance their knowledge of infection prevention and control by using the escape room format to provide a supportive, safe, and dynamically engaging environment.

## **What is the Project Firstline Escape Room?**

- The escape room is a live, interactive training where teams of 5-6 people will work together for 20-30 minutes to navigate Clutterbug's clever traps and help unite with Captain Germ-B Gone to proclaim victory.
- Four stations cover hand hygiene, source control, cleaning and disinfection, and personal protective equipment that reinforce specific standard infection prevention and control objectives.
- If you're interested in bringing this education to your facility or a train-the-trainer option, contact the PDPH Project Firstline team at [\*\*HAI.PDPH@Phila.gov\*\*](mailto:HAI.PDPH@Phila.gov)





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Thank you!

Stay tuned for our next call invite