

PDPH/LTCF Conference Call – Friday 4/5/2024

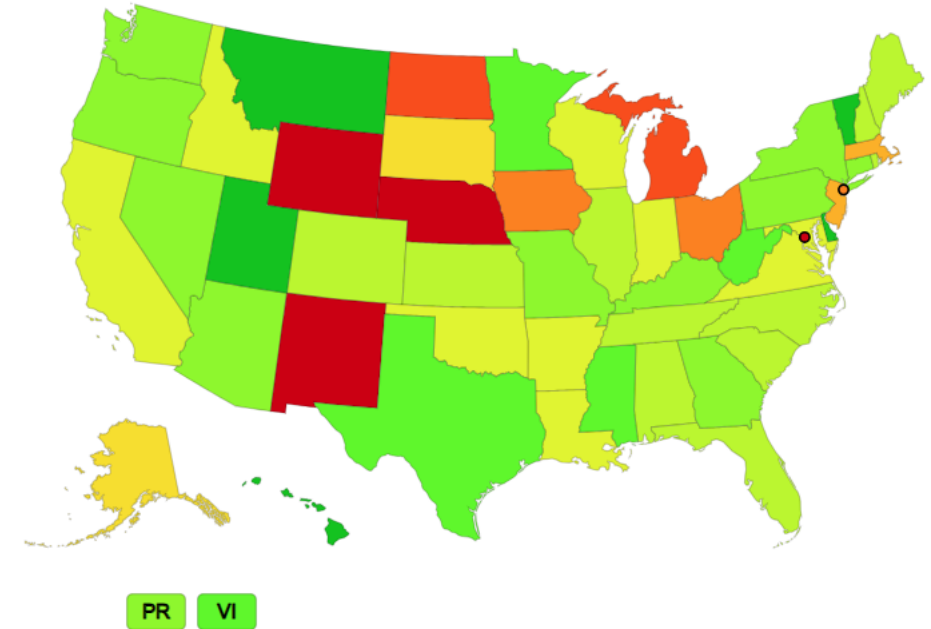
Agenda

- Respiratory Virus Surveillance Update
- New Guidance
 - PDPH Health Advisory 3/7/2024: Paxlovid for Non-hospitalized Adults
 - PDPH Health Advisory 3/13/2024: CDC's Updated Respiratory Virus Guidance and Additional Doses of COVID-19 Vaccine for Those Aged 65+
 - CMS QSO 24-08-NH 3/20/2024: Enhanced Barrier Precautions in Nursing Homes
- Reminder: Annual HCP Influenza Vaccination Reporting into NHSN
- Implementing Enhanced Barrier Precautions
- Resources, Services and Education

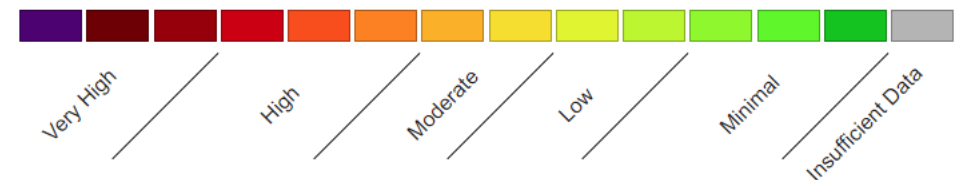
Respiratory Illness Activity, Nationwide

Activity Levels Update (data as of *Friday, 3/29/2024*)

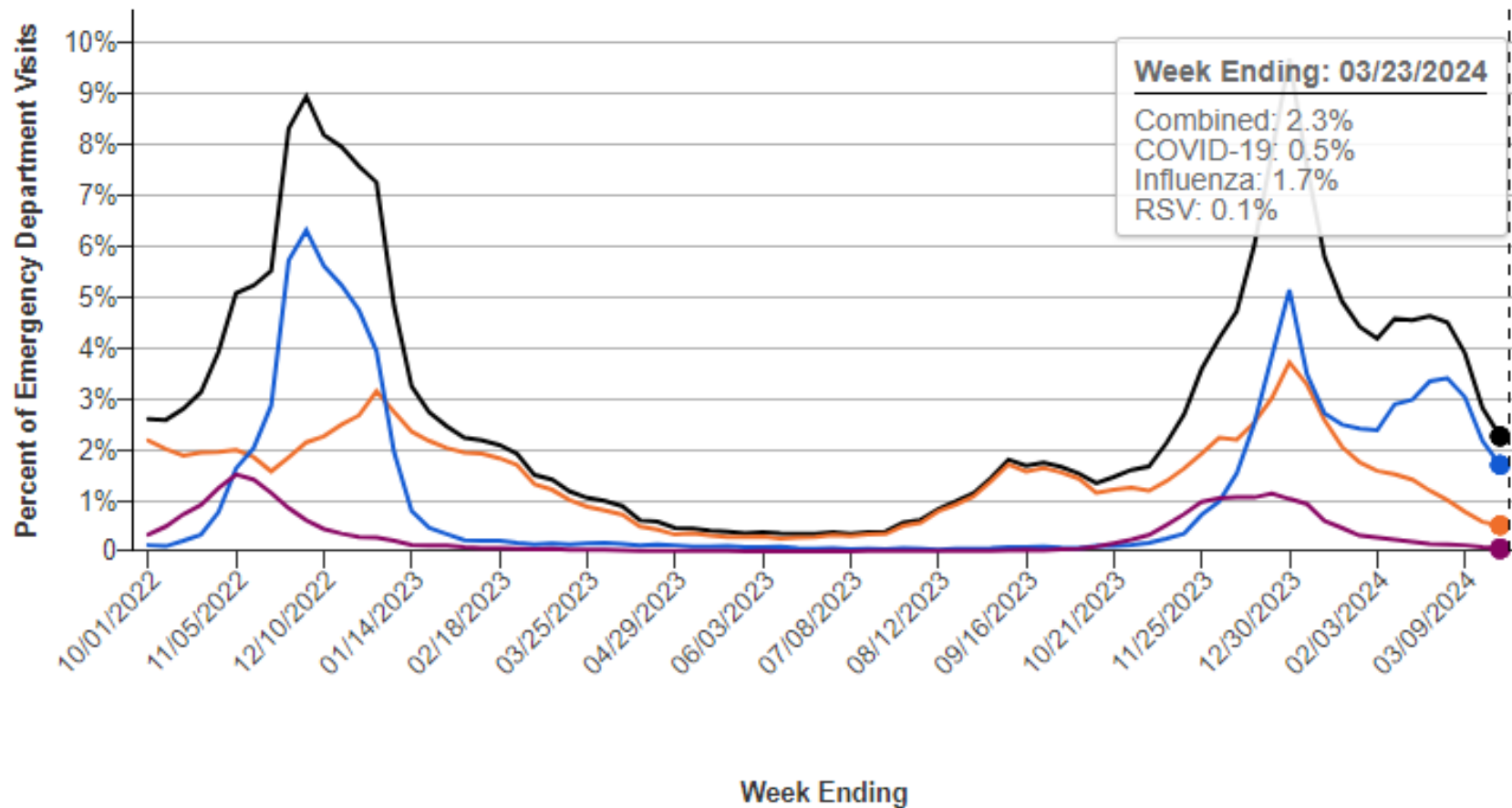
- The amount of **respiratory illness** causing people to seek healthcare **remains elevated nationally but is decreasing** across many areas of the country
- **Emergency department visits with diagnosed COVID-19, influenza, and RSV are decreasing**
- COVID-19, influenza, and RSV **test positivity decreased** compared to the previous week
- COVID-19 **wastewater viral activity levels remain low**



Respiratory Illness Activity Level



Emergency Department Visits for Viral Respiratory Illness, Pennsylvania



● Combined ● COVID-19 ● Influenza ● RSV

Guidance Updates

PDPH Health Advisory- March 7, 2024

PDPH Health Advisory- March 13, 2024

CMS QSO 24-08-NH- March 20, 2024

PDPH Health Advisory- March 7, 2024



Philadelphia Department of Public Health **Division of Disease Control**

FRANK A. FRANKLIN, PH.D., J.D., M.P.H.
Acting Health Commissioner

SHARA EPSTEIN, MD
Medical Director, Division of Disease Control

LANDRUS BURRESS, DRPH
Director, Division of Disease Control

Health Advisory

Ritonavir-boosted nirmatrelvir (Paxlovid) for Non-hospitalized Adults
March 7, 2024

SUMMARY POINTS

- Paxlovid is underutilized and should be prescribed based on risk factors rather than severity of patient presentation.
- Paxlovid has been shown to reduce the risk of hospitalization in older adults and those with medical conditions, regardless of vaccination status.
- Drug-drug interactions may be managed by pausing or dose adjusting a medication during Paxlovid treatment.

PDPH Health Advisory- March 13, 2024



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Health Advisory

CDC's Updated Respiratory Virus Guidance and Additional Doses of COVID-19 Vaccine for
Those Aged 65+
March 13, 2024

SUMMARY POINTS

- People in *community settings* with respiratory symptoms should stay at home until symptoms are improving and they are fever free for 24 hours AND take transmission-based precautions for 5 days after leaving home.
- **Recommendations for isolation and exposure in healthcare settings have not changed.**
- People aged 65 years and older currently make up the majority (70%) of those hospitalized with COVID-19 and are now eligible for an additional dose of vaccine provided it has been at least 4 months since the last dose.
- Individuals of all ages should receive at least one dose of updated COVID-19 vaccine this season.

- COVID-19 continues to be both more severe and more deadly in older adults than other respiratory illnesses
- More than two thirds of hospitalizations due to COVID-19 occur in those 65 and older
- Philadelphia has seen COVID-19 increases in the summer as well as the winter
- For both of these reasons, the CDC recommends that people in this age group receive an additional dose of COVID-19 vaccine if it has been **4 months since their last dose**

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



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-24-08-NH

DATE: March 20, 2024
TO: State Survey Agency Directors
FROM: Director, Quality, Safety & Oversight Group (QSOG)
SUBJECT: Enhanced Barrier Precautions in Nursing Homes

Memorandum Summary

- CMS is issuing new guidance for State Survey Agencies and long term care (LTC) facilities on the use of enhanced barrier precautions (EBP) to align with nationally accepted standards.
- EBP recommendations now include use of EBP for residents with chronic wounds or indwelling medical devices during high-contact resident care activities regardless of their multidrug-resistant organism status.
- The new guidance related to EBP is being incorporated into F880 Infection Prevention and Control.

CMS QSO-24-08-NH: Background

- Multidrug-resistant organism (MDRO) transmission is common in LTCFs
- MDROs contribute to substantial resident morbidity and mortality and increased healthcare costs
- In 2019, CDC introduced a new approach to the use of PPE called Enhanced Barrier Precautions (EBP) as a strategy to decrease transmission of MDROs when contact precautions do not apply.
- In 2022 CDC released updated EBP guidance which now includes the use of EBP during high-contact care activities for residents with chronic wounds or indwelling medical devices, regardless of their MDRO status, in addition to residents who have an infection or colonization with an MDRO when contact precautions do not apply
- This new guidance is being incorporated in F880 Infection Prevention and Control to assist LTC surveyors when evaluating the use of EBP in nursing homes.
- LTCFs have some discretion when implementing EBP and balancing the need to maintain a homelike environment for residents

EBP are indicated for residents with any of the following:

- Infection or colonization with a CDC-targeted MDRO when Contact Precautions do not otherwise apply; or
- Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO

Facilities have discretion in using EBP for residents who do not have a chronic wound or indwelling medical device and are infected or colonized with an MDRO that is not currently targeted by CDC.

Examples of MDROs Targeted by CDC include:

- Pan-resistant organisms
- Carbapenemase-producing carbapenem-resistant Enterobacterales
- Carbapenemase-producing carbapenem-resistant *Pseudomonas* spp.
- Carbapenemase-producing carbapenem-resistant *Acinetobacter baumannii*
- *Candida auris*

Additional epidemiologically important MDROs may include, but are not limited to:

- Methicillin-resistant *Staphylococcus aureus* (MRSA)
- ESBL-producing Enterobacterales
- Vancomycin-resistant *Enterococci* (VRE)
- Multidrug-resistant *Pseudomonas aeruginosa*
- Drug-resistant *Streptococcus pneumoniae*

CMS QSO-24-08-NH: Implementation

Table 1: Implementing Contact versus Enhanced Barrier Precautions

This table only applies to MDROs, not all pathogens that may require use of transmission-based precautions.

Resident Status	Contact Precautions	Use EBP
Infected or colonized with any MDRO and has secretions or excretions that are unable to be covered or contained.	Yes	No
Infected or colonized with a CDC-targeted MDRO without a wound, indwelling medical device or secretions or excretions that are unable to be covered or contained.	No	Yes
Infected or colonized with a non-CDC targeted MDRO without a wound, indwelling medical device, or secretions or excretions that are unable to be covered or contained.	No	At the discretion of the facility
Has a wound or indwelling medical device, and secretions or excretions that are unable to be covered or contained and are not known to be infected or colonized with any MDRO.	Yes, unless/until a specific organism is identified.	Yes, if they do not meet the criteria for contact precautions.
Has a wound or indwelling medical device, without secretions or excretions that are unable to be covered or contained and are not known to be infected or colonized with any MDRO.	No	Yes



CMS QSO-24-08-NH: Implementation

For residents for whom EBP are indicated, EBP is employed when performing the following high-contact resident care activities:

- Dressing
- Bathing/showering
- Transferring
- Providing hygiene
- Changing linens
- Changing briefs or assisting with toileting
- Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator
- Wound care: any skin opening requiring a dressing

CMS QSO-24-08-NH: Implementation

- Residents are not restricted to their rooms or limited from participation in group activities.
- Facilities have discretion on how to communicate to staff which residents require the use of EBP.
 - CMS supports facilities in using creative (e.g., subtle) ways to alert staff when EBP use is necessary to help maintain a home-like environment, as long as staff are aware of which residents require the use of EBP prior to providing high-contact care activities.

CMS QSO-24-08-NH: Implementation

- Facilities should ensure PPE and ABHR are readily accessible to staff. Discretion may be used in the placement of supplies which may include placement near or outside the resident's room.
- PPE for EBP is only necessary when performing high-contact care activities and may not need to be donned prior to entering the resident's room.
 - For example, staff entering the resident's room to answer a call light, converse with a resident, or provide medications who do not engage in a high-contact resident care activity would likely not need to employ EBP while interacting with the resident.

CMS QSO-24-08-NH: Implementation

Survey Procedures

Surveyors will evaluate the use of EBP when reviewing sampled residents for whom EBP are indicated and focus their evaluation of EBP use as it relates to CDC-targeted MDROs.

CMS will update associated survey documents which will be found under the “[Survey Resources](#)” link in the Downloads Section of the CMS Nursing Homes webpage and will also be added to the Long-Term Care Survey Process software application.

Effective Date: April 1, 2024



Department of
Public Health

CITY OF PHILADELPHIA

SNF NHSN Reporting Updates

April 5, 2024

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 office hours sessions to review how facilities can report annual HCP influenza vaccination data.

Register for **webinars**:

- **April 25, 2024 at 02:00 PM** 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 \(cdc.gov\)](#)



Department of
Public Health

CITY OF PHILADELPHIA

Enhanced Barrier Precautions (EBP)

CDC Guidance for Nursing Homes to Prevent the Spread of Multidrug-Resistant Organisms

Objectives

- Review the rationale for preventing the transmission of MDROs in Nursing Homes (NHs)
- Describe Enhanced Barrier Precautions (EBP)
- Discuss strategies for implementation of EBP in NHs

What are MDROs?

- MDROs are defined as microorganisms, predominantly bacteria, that are **resistant to more than 1 class of antimicrobial agents**.
 - Easily transmitted and can be difficult to treat.



UNUSUAL ANTIBIOTIC-RESISTANT GERMS



Resistant to all or most antibiotics tested, making them hard to treat, and



Uncommon in a geographic area or the US, or



Have special genes that allow them to spread their resistance to other germs

Examples of unusual resistance: Vancomycin-resistant *Staphylococcus aureus* (VRSA), *Candida auris*, and certain types of "nightmare bacteria" such as carbapenem-resistant Enterobacteriaceae (CRE).





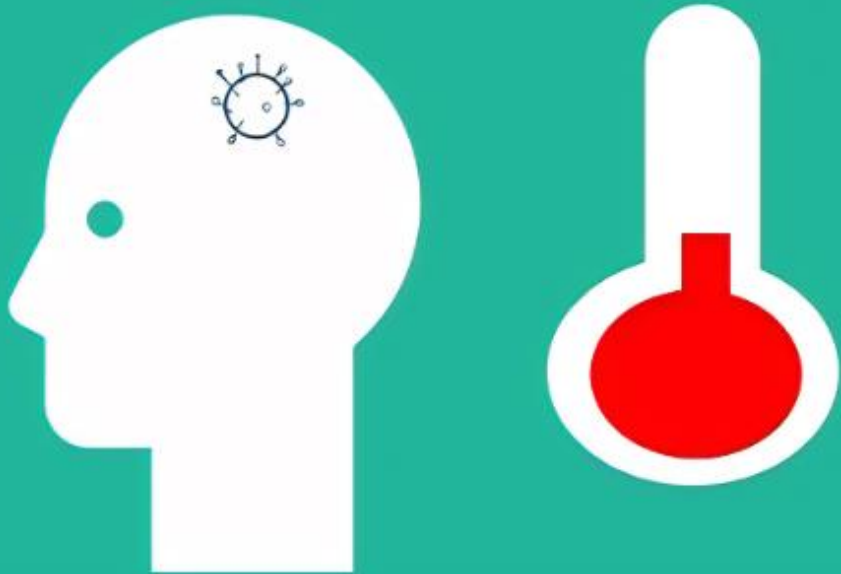
Challenges with Detection of MDROs

- Clinical cultures underestimate true prevalence of MDROs
- No active surveillance for MDROs (among new admissions)
- Gaps in communication between healthcare facilities during transfers

Colonization vs Infection with MDROs

Colonization

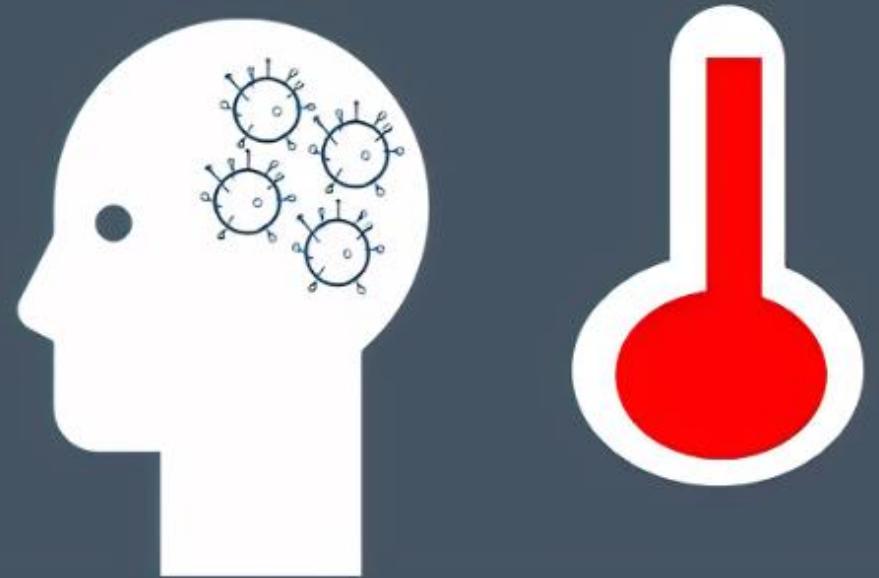
When an organism is present in or on the body but there are no symptoms





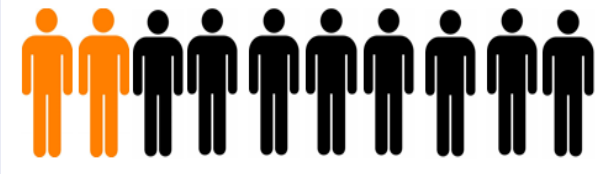

VS.

Infection

When a pathogen begins multiplying and causes clinical symptoms, e.g., fever



The Large Burden of MDROs in Nursing Homes

Facility Type	Documented MDRO	Actual MDRO
Nursing Homes (n = 14)	17% 	58% 
Ventilator-Capable Nursing Homes (n = 4)	20% 	76% 



Known MDRO



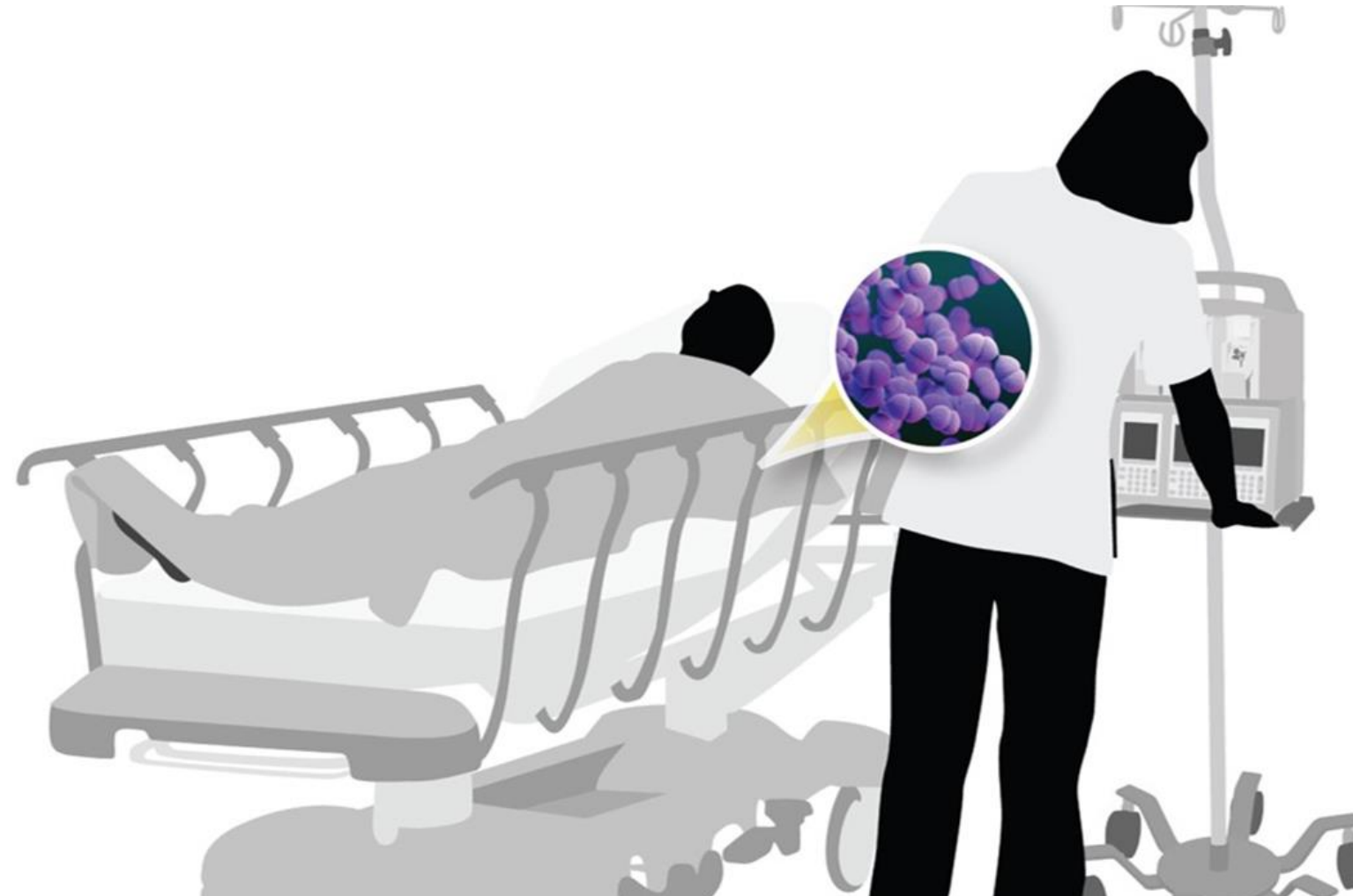
No Known MDRO

NH Resident Risk Factors for MDROs

- Indwelling devices (foley, PEG tube, trach/vent, central line)
- Wounds or pressure ulcers
- Recent stay in an LTACH or vSNF
- Antibiotic use in the previous 3 months
 - **Particularly fluoroquinolones*
- Recent hospitalization
- Co-morbidities
- Increased functional dependence

High Risk Activities for MDRO Transmission in NHs

- Dressing
- Bathing/Showering
- Transferring
- Providing Hygiene
- Changing Linens
- Diaper Change/Toilet Assist
- Device Care or Use
- Wound Care



Standard Precautions

Precautions	Applies to:	PPE used for these situations:	Required PPE
<i>Standard Precautions</i>	Applies to the care of ALL residents regardless of their known infectious disease status.	Use is based on anticipated exposure to blood, body fluids, secretions, or excretions.	<p>Gloves when contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, or contaminated equipment could occur.</p> <p>A gown is recommended to protect skin and prevent soiling of clothing during procedures and activities that could cause contact with blood, body fluids, secretions, or excretions.</p> <p>Face protection may also be needed if performing activity with risk of splash or spray</p>

Contact Precautions

Precautions	Applies to:	PPE used for these situations:	Required PPE
Contact Precautions	<p><i>All residents infected or colonized with a novel or targeted multidrug-resistant organism in specific situations:</i></p> <ul style="list-style-type: none"> • Presence of acute diarrhea, draining wounds or other sites of secretions or excretions that are unable to be covered or contained • On units or in facilities where ongoing transmission is documented or suspected <p><i>For infections (e.g., C. difficile, norovirus, scabies) and other conditions where Contact Precautions is recommended</i></p> <ul style="list-style-type: none"> • See Appendix A – Type and Duration of Precautions Recommended for Selected Infections and Conditions of the CDC Guideline for Isolation Precautions 	Any room entry	<p>Gloves and gown</p> <p>(Don before room entry, doff before room exit; change before caring for another resident)</p> <p>Face protection may also be needed if performing activity with risk of splash or spray</p> <p><i>Note: Includes consideration for single room or cohorting; and restriction of movement and participation in group activities within the facility</i></p>

Difficulty in applying Transmission-Based Precautions for MDROs in Nursing Homes

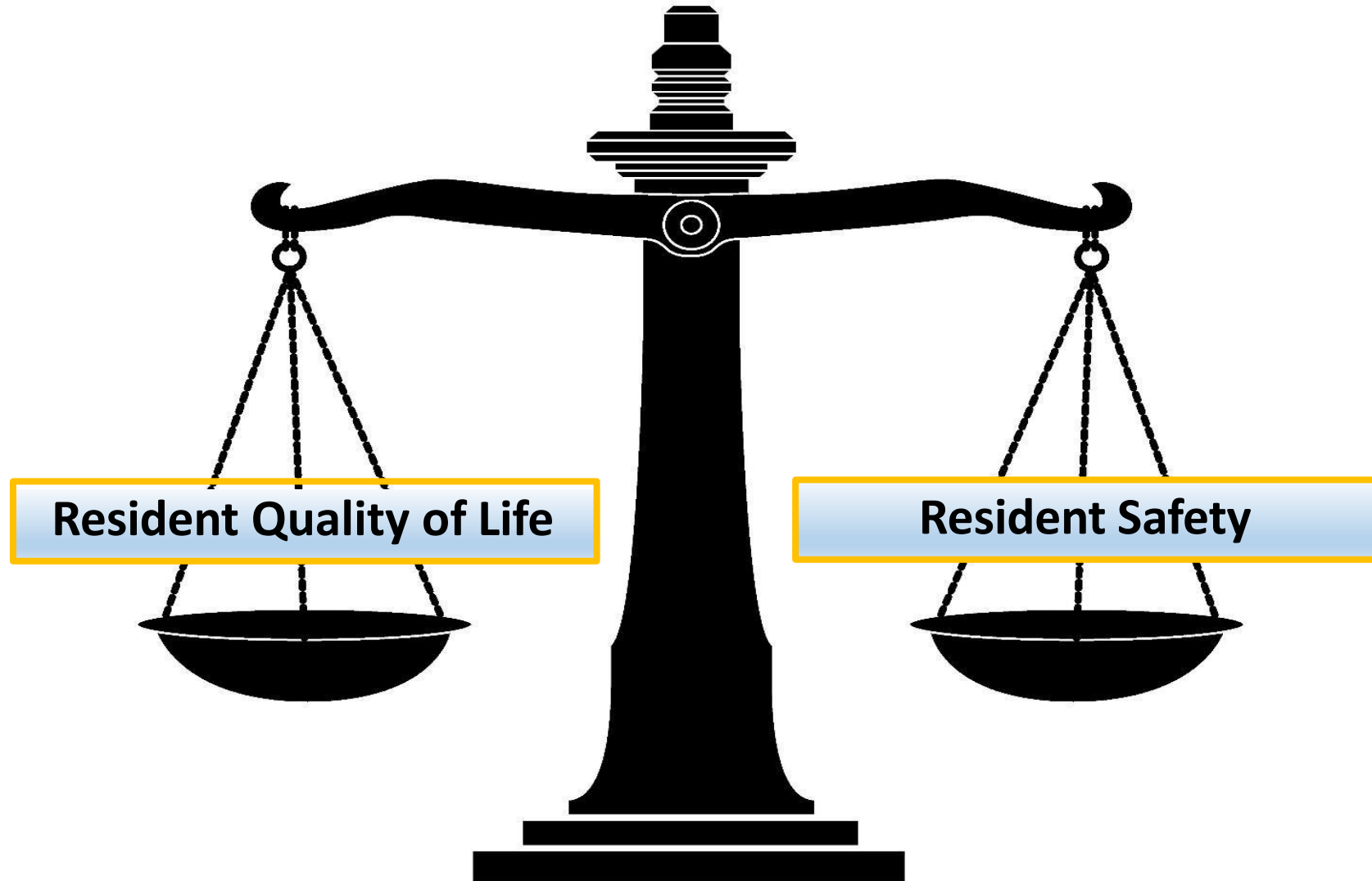
“Transmission-Based Precautions must be used when resident develops signs and symptoms of a transmissible infection”	Colonization ≠ Infection
“Residents on Transmission-Based Precautions should remain in their rooms except for medically necessary care”	Duration of MDRO colonization can be prolonged (>6 months)
“Once the resident is no longer a risk for transmitting the infection... removing Transmission-Based Precautions is required”	Resident remains a risk for transmitting the MDRO even when not actively infected

Need for Enhanced Barrier Precautions

- Historically, interventions in NHs focus on residents who are actively infected with an MDRO
- Need for a broader approach to reduce MDRO spread without isolating residents for long periods of time
- Studies show the use of EBP can effectively reduce MDRO transmission*
- Interruption of MDRO transmission likely occurs through 2 mechanisms:
 - 1. Preventing contamination of healthcare personnel clothing by MDRO-colonized residents
 - 2. Providing protection against MDRO acquisition for non-colonized, susceptible residents.

**Mody L, Krein SL, Saint S, et al. A Targeted Infection Prevention Intervention in Nursing Home Residents with Indwelling Devices: A Randomized Clinical Trial. JAMA Internal Medicine 2015;175:714-23 •*

The Need for Enhanced Barrier Precautions



Enhanced Barrier Precautions (EBP): Guidance for facilities during MDRO Containment responses

Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) | HAI | CDC
[Español](#) | [Other Languages](#)



Healthcare-Associated Infections (HAIs)

CDC > Healthcare-associated Infections (HAI) > Containment Strategy

Healthcare-associated Infections (HAI)

HAI Data +

Types of Infections +

Diseases and Organisms +

Preventing HAIs +

Containment Strategy —

What Can Be Done

Guidelines

Case Studies

PPE in Nursing Homes —

Frequently Asked Questions (FAQs)

State-based HAI Prevention Activities +

Research +

Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs)

[Print](#)

Print version: [Implementation of PPE in Nursing Homes to Prevent Spread of MDROs](#) [PDF – 7 pages]

Summary of Recent Changes:

- Added additional rationale for the use of Enhanced Barrier Precautions (EBP) in nursing homes, including the high prevalence of multidrug-resistant organism (MDRO) colonization among residents in this setting.
- Expanded residents for whom EBP applies to include any resident with an indwelling medical device or wound (regardless of MDRO colonization or infection status).
- Expanded MDROs for which EBP applies.
- Clarified that, in the majority of situations, EBP are to be continued for the duration of a resident's admission.

Updates as of July 12, 2022

On this Page

[Background](#)

[Description of Precautions](#)

[Summary of PPE Use and Room Restriction](#)

[Implementation](#)

[References](#)

Resources

- [Continuing Education Webinar: Implementation and Use of Enhanced Barrier Precautions in Nursing Homes, November](#)

Enhanced Barrier Precautions

“*Enhanced Barrier Precautions* expand the use of PPE beyond situations in which exposure to blood and body fluids is anticipated and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing”

Precautions	Applies to:	PPE used for these situations:	Required PPE
<i>Enhanced Barrier Precautions</i>	<p><i>All residents with any of the following:</i></p> <ul style="list-style-type: none"> Wounds and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) regardless of MDRO colonization status Infection or colonization with a novel or targeted MDRO <i>when Contact Precautions do not apply.</i> <p>Facilities may consider applying Enhanced Barrier Precautions to residents infected or colonized with other epidemiologically- important MDROs based on facility policy.</p>	<p><i>High-contact resident care activities:</i></p> <ul style="list-style-type: none"> Dressing Bathing/showering Transferring Providing hygiene Changing linens Changing briefs or assisting with toileting Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator Wound care: any skin opening requiring a dressing 	<p>Gloves and gown prior to the high-contact care activity</p> <ul style="list-style-type: none"> Change PPE before caring for another resident <p>Face protection may also be needed if performing activity with risk of splash or spray</p> <p><i>Note: Does not require a single room or restrictions of movement/participation within facility</i></p>

Use Enhanced Barrier Precautions for Novel or Targeted MDROs

Pan-resistant organisms

Carbapenemase-producing
carbapenem-resistant
Enterobacterales
(CP-CRE)

Carbapenemase-producing
carbapenem-
resistant *Pseudomonas* spp.
(CP-CRPA)

Carbapenemase-producing
carbapenem-
resistant *Acinetobacter*
baumannii
(CP-CRAB)

Candida auris

Consider Enhanced Barrier Precautions for these MDROs

Methicillin-resistant *Staphylococcus aureus* (MRSA)

ESBL-producing Enterobacterales

Vancomycin-resistant *Enterococci* (VRE)

Multidrug-resistant *Pseudomonas aeruginosa*

Drug-resistant *Streptococcus pneumoniae*

Advantages of EBP

- No room restrictions
- Allows group activity participation
- May use communal dining



Audience Poll #1

Q. Is your facility currently using Enhanced Barrier Precautions in any capacity?

A. Yes

B. No

Implementing Enhanced Barrier Precautions

- Corporate and facility leadership support
 - Medical director, IP, DON, FA, ADON, staff educators, EVS supervisor
- Plan
- Train and educate all staff
 - Clinical and non-clinical
 - Consultants, clergy, activities staff
 - Others-phlebotomy, radiology
- Provide education for residents and families
- Communicate
- Create EPB signage
- Ensure availability of appropriate PPE, alcohol-based hand sanitizer (ABHS), and disinfectant wipes



Implementing Enhanced Barrier Precautions

Which residents?

- EBP are indicated for residents with any of the following:
 - Infection or colonization with a **CDC-targeted MDRO** when Contact Precautions do not otherwise apply; or
 - **Wounds and/or indwelling medical devices** even if the resident is not known to be infected or colonized with an MDRO
- Facilities **have discretion** in using EBP for residents who do not have chronic wound or device and are infected or colonized with an MDRO that is not targeted by the CDC.



Implementing Enhanced Barrier Precautions

- Post clear signage outside of the resident room
- Make PPE immediately available outside of the resident room
- Ensure access to alcohol-based hand sanitizer in every resident room
- Position a trash can inside resident room and near exit for discarding PPE
- Regularly clean and disinfect the environment and resident equipment
- Audit compliance with hand hygiene, PPE use, and environmental cleaning and disinfection



Putting EBP into Practice

- Bundle resident care
- Plan your workflow
- What supplies do I need to care for the resident?
- What PPE do I need to wear and when?
- How many glove changes do I anticipate?
- Are hand hygiene supplies readily available?
- In what order should I perform resident care tasks?



Implementation Questions

How long should EBP be maintained on units with colonized or at-risk residents?

- EBP was intended to be a **long-term strategy** for gown/glove use during care of residents to be followed for the duration of a resident's stay in a facility given the prolonged, potentially life-long risk of remaining colonized with certain AR pathogen
- A transition back to Standard Precautions might be appropriate for residents placed in Enhanced Barrier Precautions solely because of the presence of a wound or indwelling medical device if/when those exposures are gone (i.e., wounds heal, or devices removed)

Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes | HAI | CDC

Implementation Questions

What activities are included under “providing hygiene”?

- Providing hygiene refers to practices such as brushing teeth, combing hair, and shaving
- Isolated combing of a resident’s hair that is not otherwise bundled with other high-contact resident care activities would not generally necessitate use of a gown and gloves

Implementation Questions

The guidance advises using EBP for the “care and use” of indwelling medical devices. What does that mean?

- The safest practice would be to wear a gown and gloves for any care (e.g., dressing changes) or use (e.g., injecting or infusing medications or tube feeds) of the indwelling medical device
- It may be acceptable to use gloves alone for some uses of a medical device that involves only limited physical contact between healthcare worker and resident (e.g., passing meds through a feeding tube)
- Facilities should define these limited contact activities in their policies and procedures and educate healthcare personnel to ensure consistent application of Enhanced Barrier Precautions

Implementation Questions

What if my resident has C. auris?

- Private room or cohort with a resident with the same organism
- Continue Contact Precautions until further consult with PDPH
- Discuss with PDPH how to safely allow the resident to leave their room
- Refer to the PDPH *C.auris* toolkit: [Philadelphia Department of Public Health - Candida Auris Toolkit - PDPH Health Information Portal](#)

Summary – Why are EBPs Needed for MDRO Containment?

High burden of MDRO colonization in nursing homes and with nursing home residents

Many facilities do not know which residents are colonized

Colonized residents are at increased risk of MDRO infection

Provides a method for reducing the spread of MDROs without isolating the resident


Summary – What are EBP?

A risk-based approach to PPE use designed to reduce the spread of MDROs, which includes:

- The use of gown and gloves during high-contact resident care activities for residents at high risk of colonization* with an MDRO to disrupt spread



Expands the use of PPE beyond situations in which exposure to blood and body fluids is anticipated



Used in coordination with good infection prevention and control measures

Questions?



Resources

- CMS Memo: QSO-24-08-NH (cms.gov)
- PADONA Webinar: <https://padona.com/product/breaking-down-enhanced-barrier-precautions/>
- PA HAI Summit Roundtable on EBP: <https://www.train.org/pa/course/1114399>
- The Steward EBP Article: <https://www.health.pa.gov/topics/Documents/Programs/HAI-AS/2023%20Issue%202.pdf>
- CDC EBP Guidance: Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) | HAI | CDC
- CDC FAQ: Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes | HAI | CDC
- Staff Letter: <https://www.cdc.gov/hai/pdfs/containment/Letter-Nursing-Home-Staff-508.pdf>
- Resident Letter: <https://www.cdc.gov/hai/pdfs/containment/Letter-Nursing-Home-Residents-Families-Friends-508.pdf>

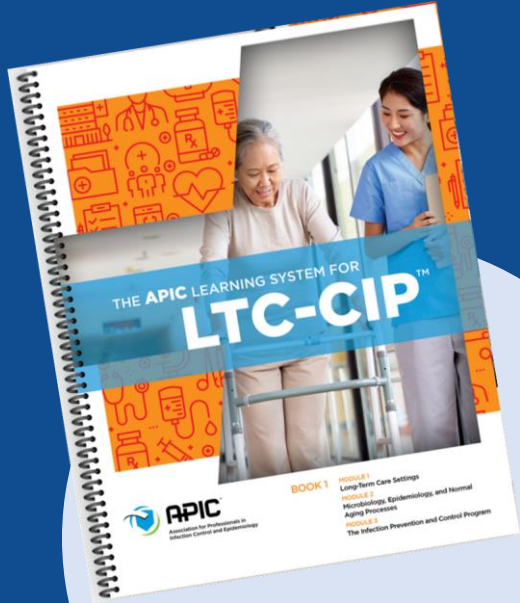


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Sponsorship Opportunities, APIC Membership, & ICAR Program

Last Chance Scholarship Opportunities



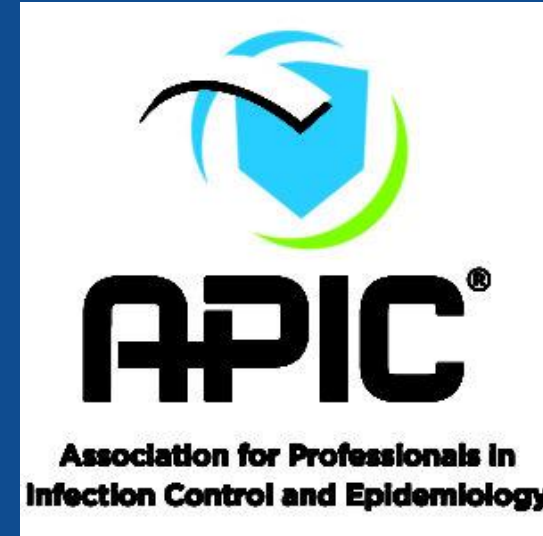
LTC-CIP Exam Prep
Course

Over \$695 in value!



LTC-CIP Exam

Over \$400 in value!



APIC Membership

Over \$200 in value!

Interested? Email HAI.PDPH@phila.gov

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
- Limited time offer **through April 2024**

PDPH/APIC Consulting Services ICAR Project for Philadelphia SNFs



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Contact HAI.PDPH@Phila.gov with questions or to express your interest to participate



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Education Services & Project Firstline

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](#)

Department of
Public Health
CITY OF PHILADELPHIA

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"/>

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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)

New Project Firstline Resource

- New Diarrhea Micro Learn
 - Use Project Firstline's short, adaptable micro-learning training resources to educate your team on a variety of infection control topics.
 - [The micro-learns](#) are a series of guided discussions that connect infection control concepts to immediate, practical value, so healthcare workers recognize infection risks and take action to stop the spread of germs.

When you see diarrhea,
there's often more than meets the eye.



Germs from diarrhea are everywhere and can be infectious.
Protect yourself and others:



Use gloves when you're
working with a patient
or resident or in their



Use a gown if there is risk
you might get stool on
your clothes, like if you're



Clean and disinfect the
patient's or resident's
environment frequently



Department of
Public Health

CITY OF PHILADELPHIA

Thank you!

Stay tuned for our next call invite