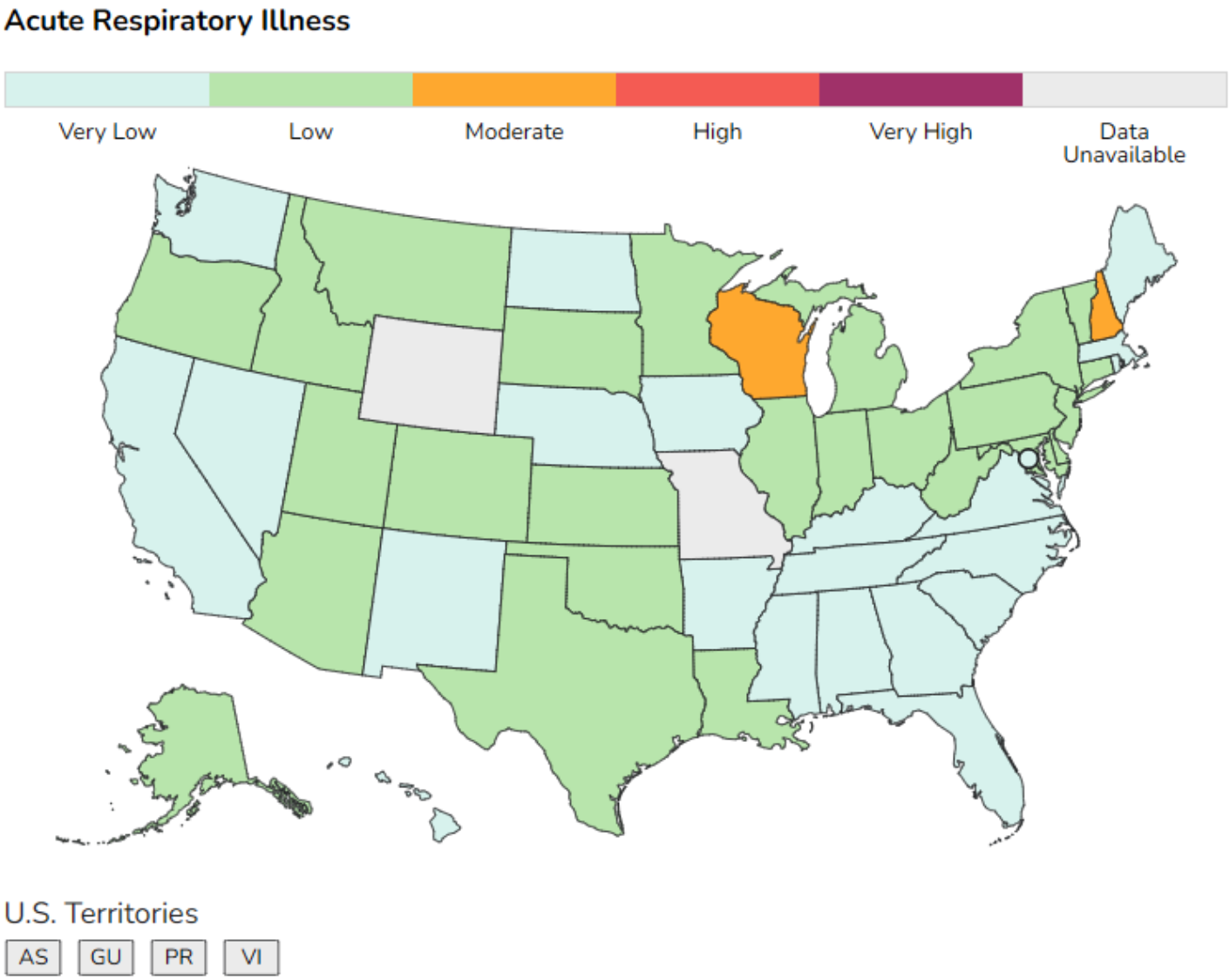
PDPH/LTCF Conference Call
Wednesday, 4/25/25

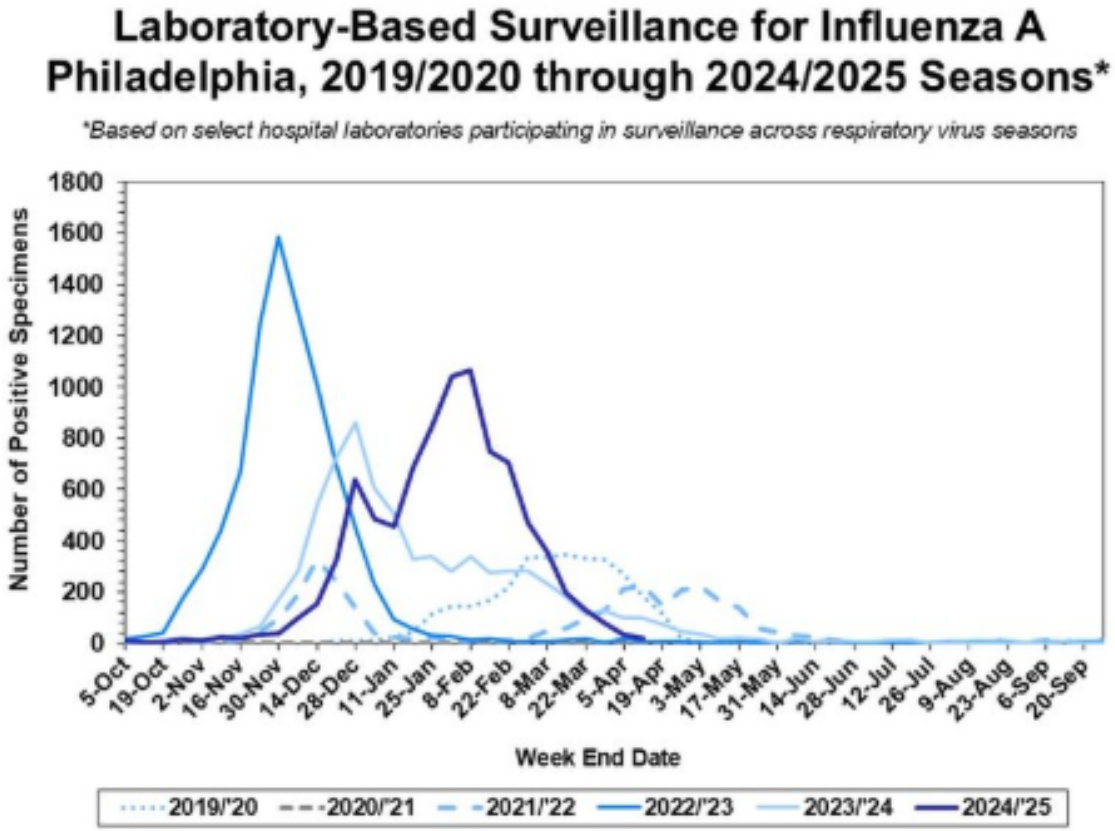
Agenda

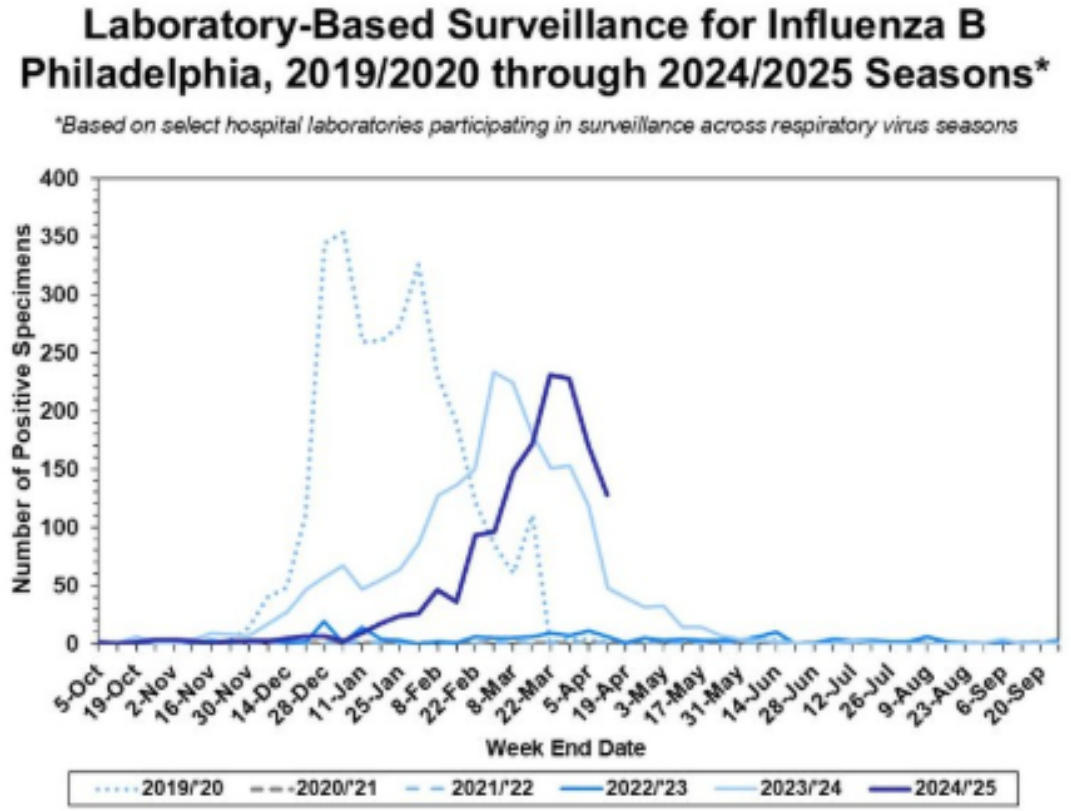
- Respiratory Virus Surveillance Update
- NHSN Reporting Update
- *Legionella* and Legionellosis For Long-Term Care and Assisted Living Facilities
- Water Management: Splash Zones and Under Sink Storage
  - Presentation developed in collaboration with APIC Consulting Services
- Resources and Services

Acute Respiratory Illness



Respiratory virus activity, Philadelphia





Department of
Public Health
CITY OF PHILADELPHIA

SNF NHSN Reporting Updates

April 25, 2025

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 2024-2025 data is **May 15, 2025**.
- Facilities are only required to submit **one** report that covers the entire reporting period (10/1/24 – 3/31/25).
- Report through the **NHSN HPS** Component.
- NHSN Facility Administrator (FA) can activate HPS component if needed (Instructions: Enrollment Level 3 Access and HPS Component Activation).

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

NHSN – Long-Term Care 2024 Annual Facility Survey

LTCFs participating in the HAI modules are required to complete and submit the LTCF Annual Facility Survey in the NHSN application portal.

- Deadline of March 1st has passed, but facilities can still complete the survey to retain full access to all previous HAI data and functionality.
- For facilities only reporting in the RPV module, this survey is not required but it is **highly encouraged**.

Accessing the Survey: located under the "Action Items" section or by clicking the "Surveys" tab on the left navigation panel of NHSN application home page.

Survey Period: The survey covers facility characteristics and practices from January 1, 2024, through December 31, 2024.

NHSN – Long-Term Care 2024 Annual Facility Survey

Submission Requirements

- 1 survey required per facility; submitted by designee with administrator rights
- Completed electronically and submitted within NHSN
- Must be completed in a single session

Resources

- Guidance document on how to complete the annual survey can be found here on the NHSN webpage
- Please use **NHSN-ServiceNow** to submit questions to the NHSN Help Desk.

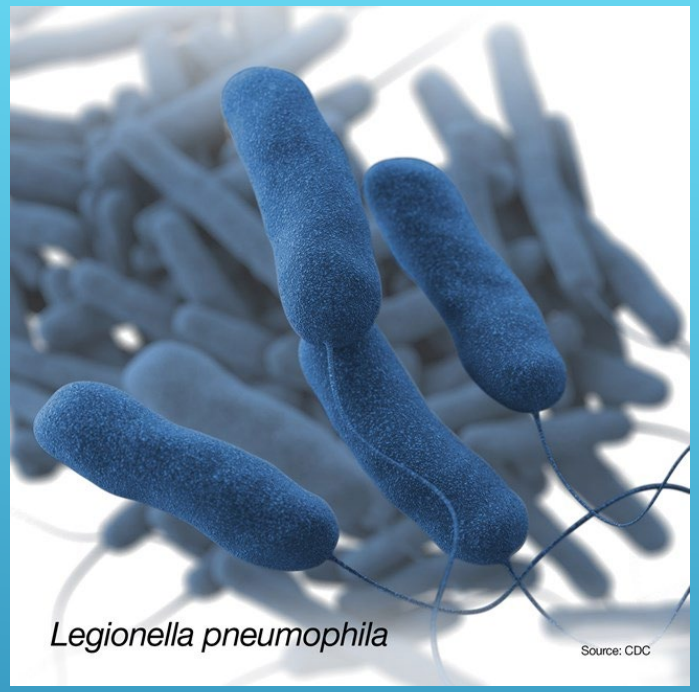
LEGIONELLA AND LEGIONELLOSIS
FOR LONG-TERM CARE AND ASSISTED LIVING FACILITIES

April 25, 2025

City of Philadelphia

LEGIONELLA

- Genus of bacteria that causes legionellosis
- Aerobic, gram-negative
- Over 60 species
  - Majority of human infections (70-90%) have been caused by *L. pneumophila,* particularly serogroup 1
    - The most common form of diagnostic testing (urinary antigen test) can only detect *L. pneumophila* serogroup 1.



- Intracellular parasite that infects freshwater protozoa, and can be found in small amounts in the environment (fresh water like lakes, rivers, groundwater, soil, mud, etc.,)

LEGIONELLA GROWTH

***Legionella* becomes a health concern when it grows and spreads in building plumbing systems with big, complex plumbing systems—like those frequently found in healthcare/larger facilities.**

- *Legionella* is considered an opportunistic premise plumbing pathogen
  - *Legionella* thrives in…
    - Inadequate disinfection
    - "Lukewarm" water
    - Sediment
    - Stagnation
    - Biofilms
    - Dead legs: a spot in the plumbing where water sits for an extended amount of time

Others opportunistic premise plumbing pathogens:

- Pseudomonas aeruginosa
- Mycobacterium avium

TRANSMISSION

Environment → Humans

Infection can occur if inhalation of aerosolized water containing Legionella occurs

May also occur due to aspiration (when water accidentally gets into the lungs)

Generally, **NOT** person-to-person

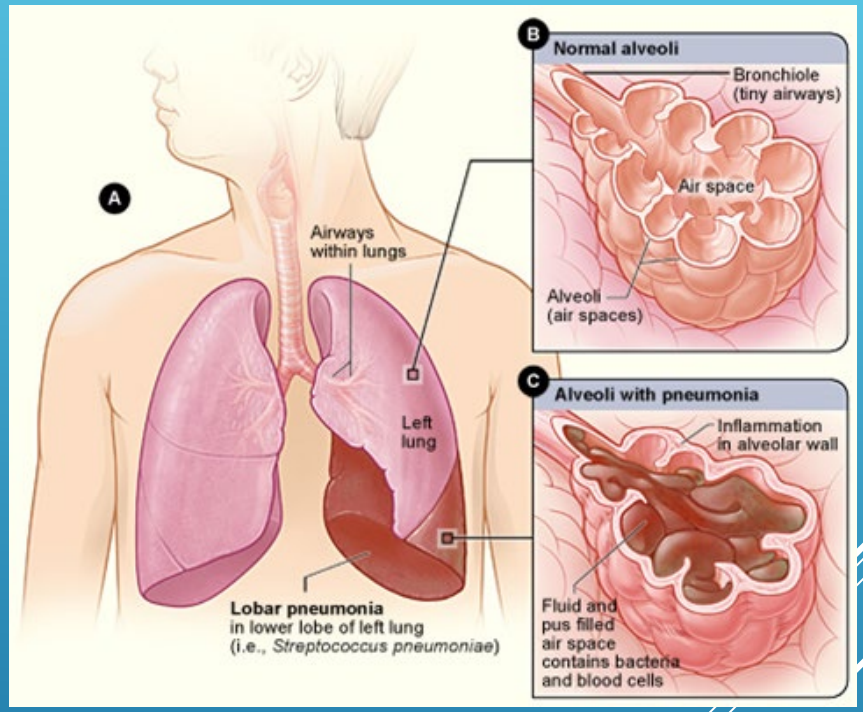
SOURCES OF TRANSMISSION

- Showerheads and sink faucets
- Nebulizers, CPAP machines, hydrotherapy equipment, bronchoscopes
- Humidifiers
- Ice machines
- Decorative fountains
- Hot water tanks or heaters
- Hot tubs
- Cooling towers (structures that contain water and a fan as part of centralized air-cooling systems)

DISEASE CAUSED BY *LEGIONELLA* - LEGIONELLOSIS

- **Legionnaires' Disease (LD)** is associated with…
  - Pneumonia
  - Complications: respiratory failure, AKI or acute renal failure, etc.
  - *Usually requires hospitalization*

- **Pontiac Fever** is the milder form of illness
  - *No* pneumonia
  - Does not need antibiotic treatment (is usually self-resolving)



CLINICAL PRESENTATION

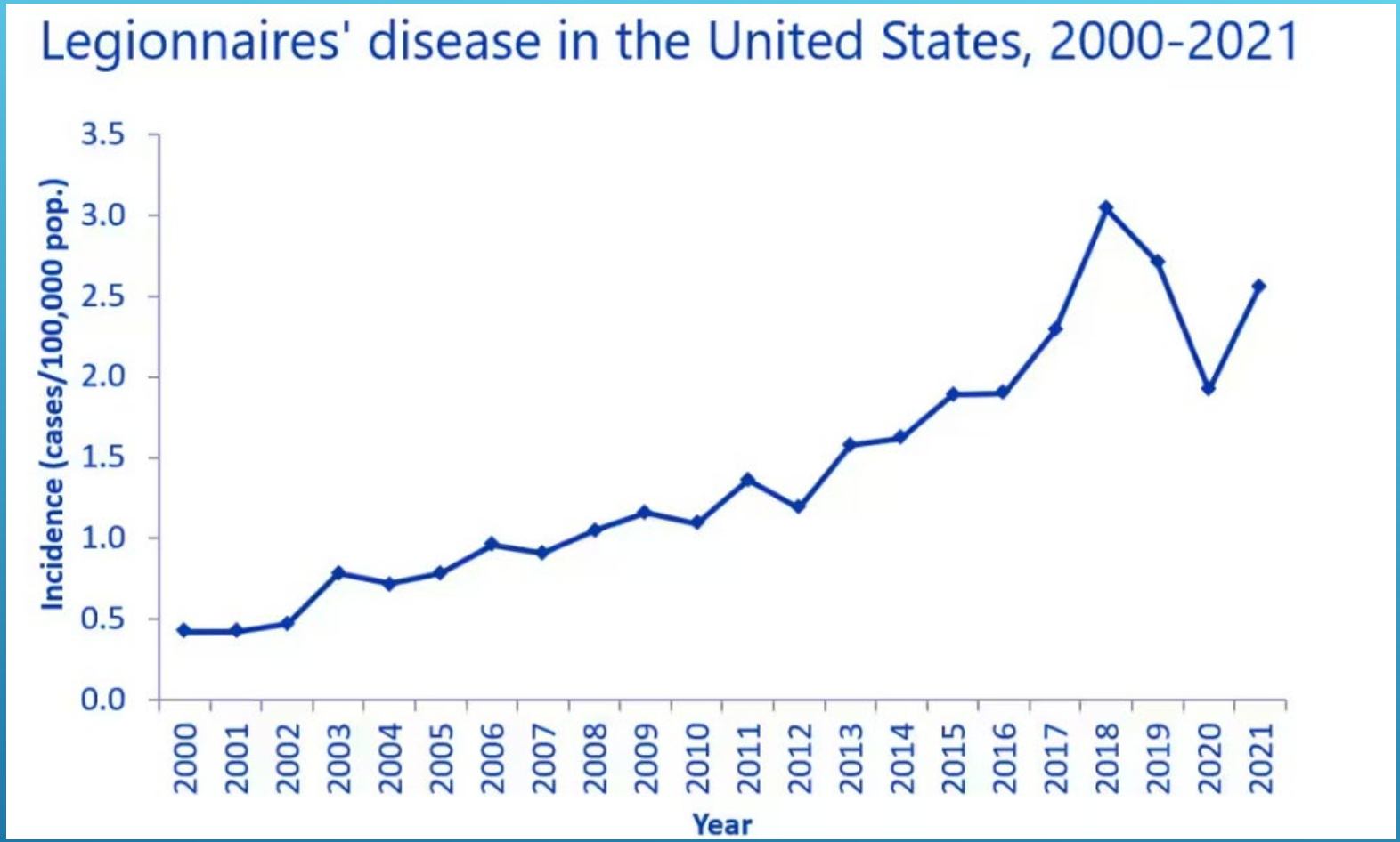



	Onset	Symptoms	Hospitalization
Legionnaires' Disease	2-14 days after exposure	Cough Fever Shortness of breath Muscle ache Lethargy Headache Diarrhea	Pneumonia—typically requiring hospitalization Rapid progression with respiratory failure and/or shock
Pontiac Fever			Self-limiting, no hospitalization, resolves in a week

RISK FACTORS FOR LD

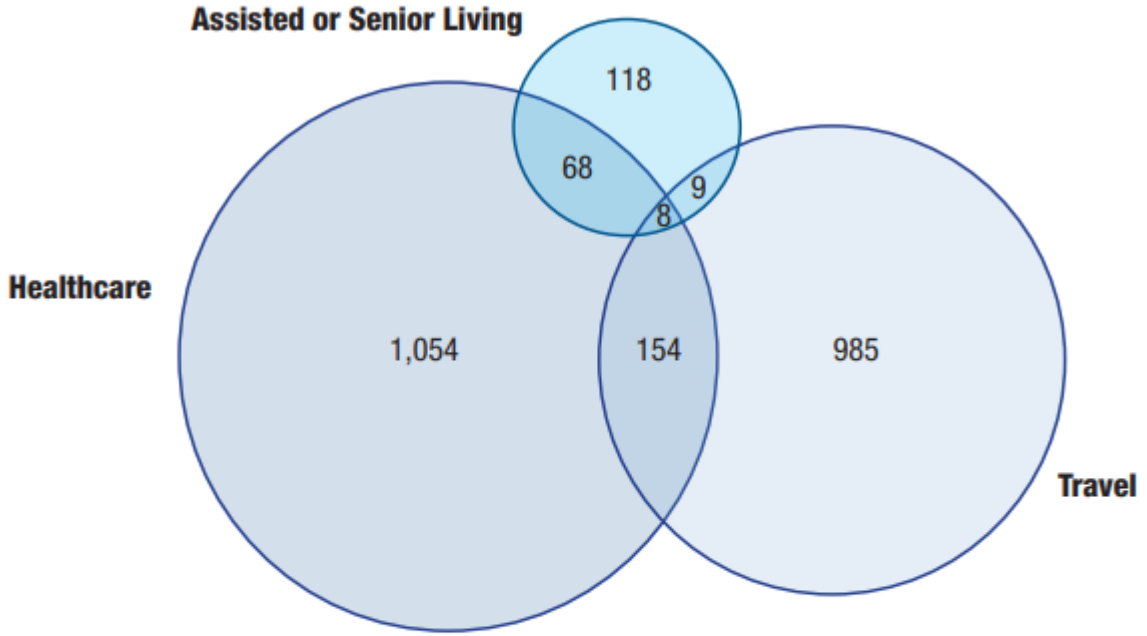
Many healthy people can be exposed to *legionella* without becoming ill.

- Risk factors include:
  - Ages 50+
  - Current or former smokers
  - People with a chronic lung disease (such as COPD, emphysema)
  - Immunocompromised
  - Underlying health conditions
  - Recent surgery with intubation
- At risk groups:
  - Residents in skilled nursing homes
  - Persons with recent outpatient visits to healthcare facilities
    - Dialysis units
    - Surgery
  - Recently hospitalized persons



Upwards trajectory of legionellosis (LD specifically) in the USA

Figure 6b. Number of reported confirmed cases and deaths of Legionnaires' disease by exposure category[a]—SLDSS,[b] complete reporting jurisdictions,[c] 2019.[d]



Exposure category	Cases (Total = 6,955) N	%	Deaths (Total = 639) N	CFR[e]
Any healthcare	1,284	18.5	134	10.4
Definite healthcare	192	2.8	41	21.4
Possible healthcare	1,092	15.7	93	8.5
Any travel	1,156	16.6	35	3.0
Any assisted or senior living	203	2.9	25	12.3
None of these	4,559	65.5	311	6.8

Source: CDC Legionnaire's Disease Surveillance Summary Report, United States 2018-2019

Exposure category	Cases (Total = 6,955) N	%	Deaths (Total = 639) N	CFR[e]
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None of these	4,559	65.5	311	6.8

Table 3. Number of reported confirmed cases of Legionnaires' disease by exposure category[a] and year[b]—SLDSS,[c] complete reporting jurisdictions,[d] 2018 and 2019.

Exposure Category	2019 (Total = 6,955) N	%
Healthcare	1,284	18.5
Healthcare facility type		
Hospital	463	36.1
Long-term care facility	206	16.0
Clinic	381	29.7
Multiple	154	12.0
Other	35	2.7
Not stated	45	3.5

LAB TESTING

1. **Urine Antigen Test (UAT):** most commonly used diagnostic test for legionella
   - Only detects *Legionella pneumophila* serogroup 1 which causes about 84% of illness in community-acquired legionellosis
2. **Culture (spread plate):** specimen must be a lower respiratory secretion
   - Detects all *legionella* species
   - May be difficult to perform due to specialized media and specific growth conditions

Ideally, perform both a UAT (for a quick answer) and culture (to identify other species/compare with environmental isolates).

LAB TESTING

3. **PCR tests:** are becoming more common
   - Are sufficient to provide confirmation of diagnosis for legionellosis
   - May detect only a subset of Legionella species or serogroups
4. **Paired Serology:** requires 2 separate tests
   - The first is 2 weeks after symptom onset, the second is 3 to 6 weeks later
   - Hard to track

Bureau of Laboratories (BOL)

- Has the capacity to fund testing for both clinical and environmental samples **through your local health department**

TREATMENT

For Legionnaires' Disease (pneumonic)…

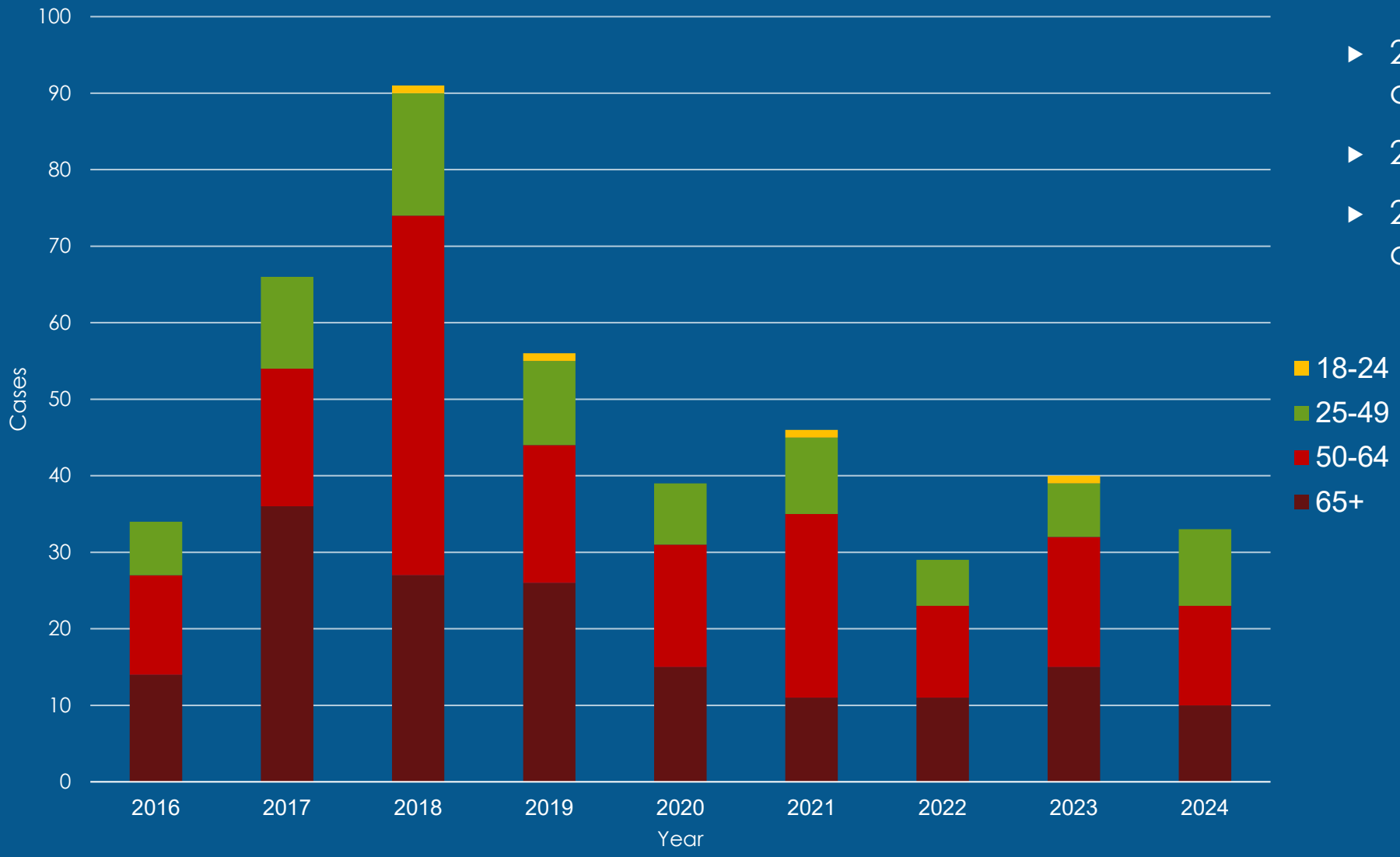
- Most cases can be treated with antibiotics
  - Azithromycin.
  - Levofloxacin, moxifloxacin or ciprofloxacin.
  - Tetracycline, doxycycline or minocycline.
  - Rifampin.

- Almost all cases require hospitalization, and may also require ICU admission and mechanical ventilation

For Pontiac Fever…

- Self-resolving
- OTC medications for symptom management

Legionellosis Cases by Age Group, Philadelphia 2016-2024



- 2017-2018: outbreak of 23 cases
- 2019: smaller cluster of cases
- 2021: potential outbreak of cases in one zip code

In summary, in Philadelphia from 2016 to 2024…

Annual Case Counts

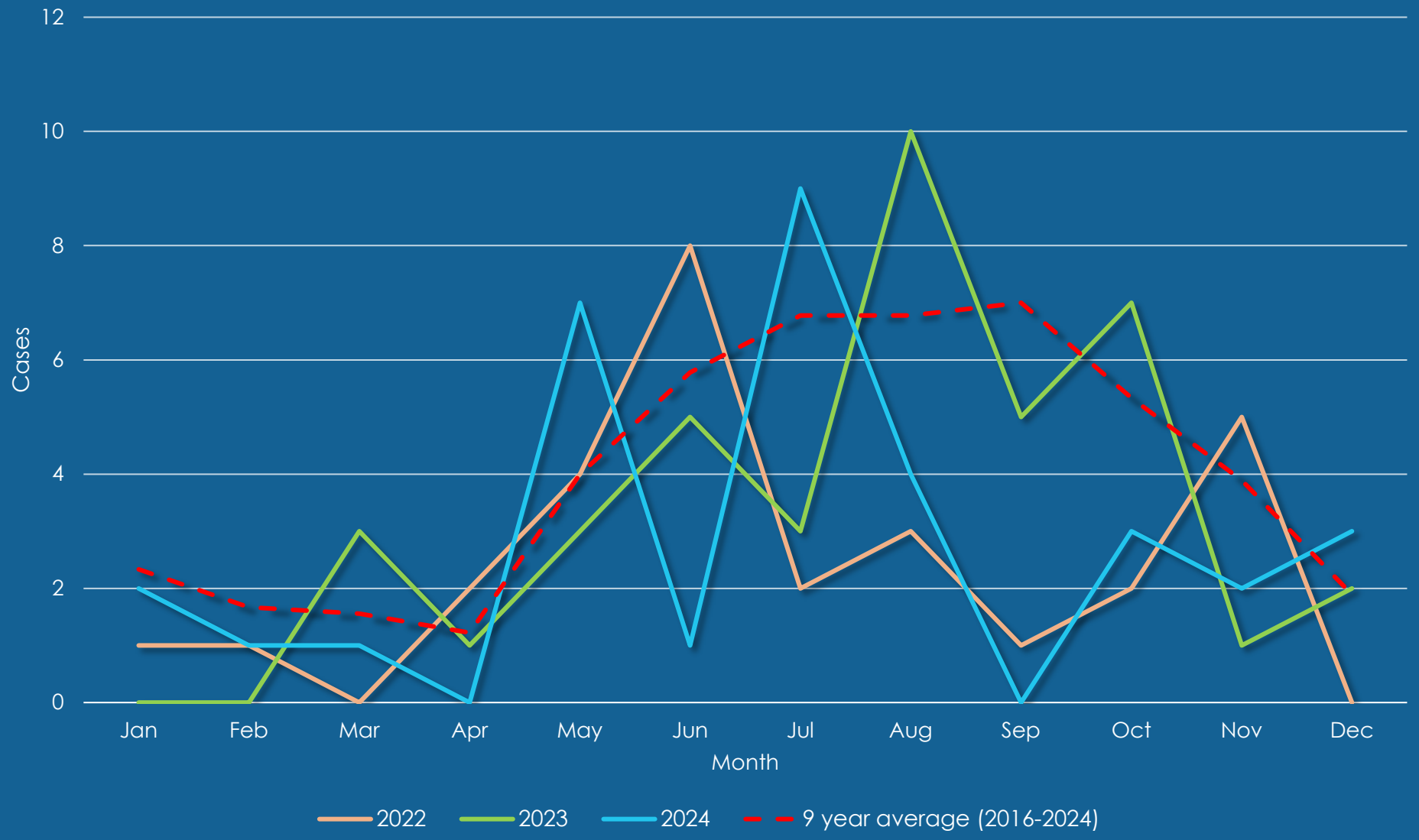
Range: 29-91 cases

% of Total Annual Case Counts Aged 50+

Range: 70-82%

Of the 24 deaths associated with legionellosis, 92% were 50 years of age or older.

Legionellosis Cases by Month, Philadelphia 2016-2024



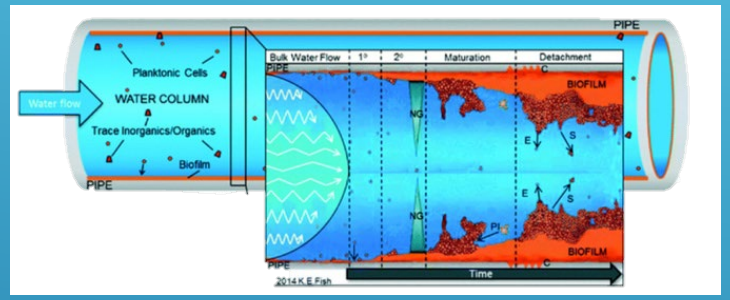
- More cases in the warmer months
- *Legionella* grows best from 77-113°F

HOW TO REDUCE THE RISK OF LEGIONELLOSIS IN FACILITIES

COLONIZATION IN BUILDINGS

Water Supply

- Biofilm
- Scale and sediment
- Water main breaks
- Construction
- Changes in municipal water quality
- Water temperature, pressure, or pH fluctuations
- Inadequate disinfection



Storage Tanks

- Water heaters
- Mixing valves

Infrastructure

- Cooling towers
- Stagnant water
- Dead legs

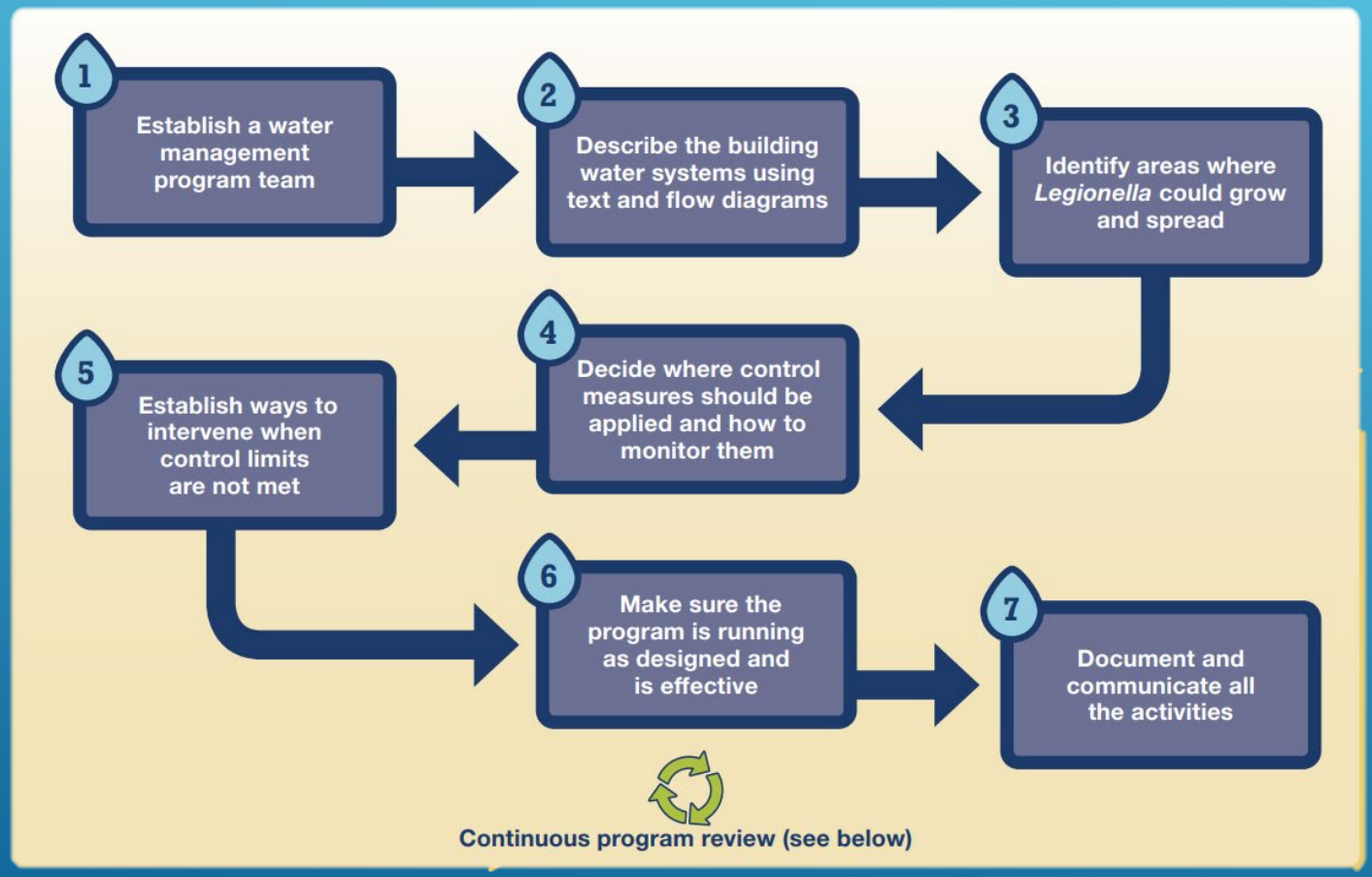
Can all lead to transmission of *Legionella* through **Point of Use Devices**:

- Shower heads/faucets
- Ice machines
- Water fountains
- Humidifiers
- Nebulizers, etc.

WATER MANAGEMENT PLAN

1. Establish a water management program team
2. Describe the building water systems using text and flow diagrams
3. Identify areas where legionella could grow
4. Decide where control measures should be applied and how to monitor
5. Establish ways to intervene when control limits are not met
6. Make sure the program is running as designed and effective
7. Document and communicate all activities

WATER MANAGEMENT PROGRAM



Specific to healthcare facilities:

1. *This team should include someone who understands accreditation standard and licensing requirements, someone with IP expertise, an ID clinician or medical director, and a risk and quality management staff.

3. *If there is a case in a patient/resident, communicate to clinicians so they can test other patients with healthcare associated pneumonia.

WMP REQUIREMENT

The Centers for Medicare & Medicaid Services (CMS) *requires* healthcare facilities develop and adhere to ASHRAE-compliant water management programs (WMPs).

WMPs are also recommended for buildings with high-risk individuals, multiple housing units with a centralized hot water system, or with 10+ stories.

WMP Resources

- CDC Toolkit: Developing a Water Management Program to Reduce Legionella Growth & Spread in Buildings (healthcare specific information on pg 23)
- General guidance: Controlling Legionella in Potable Water Systems
- Sampling procedures: Legionella Sampling Procedure and Potential Sampling Sites
- Legionella Environmental Assessment Form (to identify potential sources of pathogen growth)
    - Guide for filling out environmental assessment: Legionella Environmental Assessment Form Marking Guide

PREVENTION
FOR INFECTION CONTROL…

1. Does your facility have a water management program?
2. Does your building(s) have cooling towers? *
   a. If so, how often are they tested for legionella?
3. Who is head of your facility's water maintenance?
4. How often are your water systems tested for legionella?
5. Has there been any construction nearby which may have affected water supply?
6. What is the protocol for a patient with legionellosis?
   a. What testing will need to be conducted?
   b. How can you remediate legionella in the water system?

** PDPH will be reaching out to your facilities for information regarding your water maintenance systems later this spring.*

REPORTING

Once you've identified a case of legionellosis…

1. Notify your local health department
    a. PDPH receives reports through electronic systems, or directly from the medical facility
2. PDPH will launch an investigation into potential sources of exposure
    a. Case investigation (the resident)
    b. Environmental investigation (the facility)

PDPH INVESTIGATION

Case Investigation

- Interview with patient or family/friend of case via investigation form completed by our DSI's
  - Assess occupational, residential, and possible travel exposures
  - Use timing and geographic location to assess for clusters
- Reviewal of medical records for clinical details
  - Outreach to the facility's IP or medical team/director of nursing
- Investigate any additional cases, request testing of any HCAP
  - *PDPH will continue to monitor for additional cases for 6 months*

Environmental Investigation

- Request recent legionella testing results
  - *Draw potable water samples from points in building*
    - *Test for legionella, check chlorine residual*
- Assess cooling towers, premise plumbing, water interruptions (i.e., construction, maintenance)

OUTBREAKS

Facility type dictates threshold for outbreak

- **Healthcare facilities and congregate settings**
  - ≥1 case of presumptive healthcare-associated Legionnaires' disease at any time
    - **Presumptive healthcare:** A case with ≥10 days of continuous stay at a healthcare facility during the 14 days before onset of symptoms.
  - ≥2 cases of possible healthcare-associated Legionnaires' disease within 12 months of each other
    - **Possible healthcare:** A case that spent a portion of the 14 days before date of symptom onset in one or more healthcare facilities, but does not meet the criteria for presumptive healthcare-associated Legionnaires' disease.
- **Community clusters**
  - ≥2 cases associated with the same possible source during a 12-month period

EXAMPLE SCENARIOS – POSSIBLE HC EXPOSURE

Situation:

- 1 case who stayed at LTCF for a few days during 14 day period prior to symptom onset
  - No travel reported
- Facility interviewed for risk factors: no risk factors identified, no additional cases of HCAP in other residents

Conclusions:

- Recommend water company provide consult, assess water heater and ice machines, and perform legionella testing
- LTCF maintains vigilance in monitoring for additional cases

EXAMPLE SCENARIOS – PRESUMPTIVE HC EXPOSURE

Situation:

- Patient: LTCF resident, aged 72, male, with clinical sx of SOB and productive cough
  - Testing: UAT positive for legionella, pneumonia confirmed with chest X-Ray
- Investigation
  - No recent travel, no hospital/dental exposure, recently transferred from small group home
    - Private room, no humidifier, no respiratory therapy equipment, no water-based PT
    - Assisted in showering 1-2x a week, shower located in room
  - Facility characteristics
    - No CT, no plumbing work, chillers w/o humidifiers used to cool building
    - Gas heater with 3 storage tanks cleaned twice yearly, shower heads changed monthly
    - WMP with quarterly testing, two recent negatives (usually we request the past 6 months)
    - Recent construction on wing patient stayed in

Conclusions:

- Patient was admitted to a recently reopened room on renovated wing
- No prior patient in room, no flushing likely leading to exposure to stagnant water
- *Facility advised to flush rooms that are unoccupied and to re-test water for legionella*

LEGIONELLA IN THE NEWS

NEWS

Fourth person dies in Legionella outbreak at Albany assisted living facility

A state-of-the-art water treatment system is set to be installed Tuesday at Peregrine Senior Living at Shaker.

By **Patrick Tine**, *Staff Writer*
Sep 9, 2024

HEALTH

Attorney: Deadly Legionella outbreak at Albany senior living facility was avoidable

BY SPENCER CONLIN | ALBANY
PUBLISHED 7:20 PM ET SEP. 23, 2024

NEWS

Legionnaires' disease bacteria found in Cuyahoga County Justice Center water

Updated: Apr. 04, 2025, 3:56 p.m. | Published: Apr. 04, 2025, 3:28 p.m.

Bacteria that causes Legionnaire's disease was detected in water at the Cuyahoga County Justice Center. Cory Shaffer, cleveland.com

QUESTIONS?

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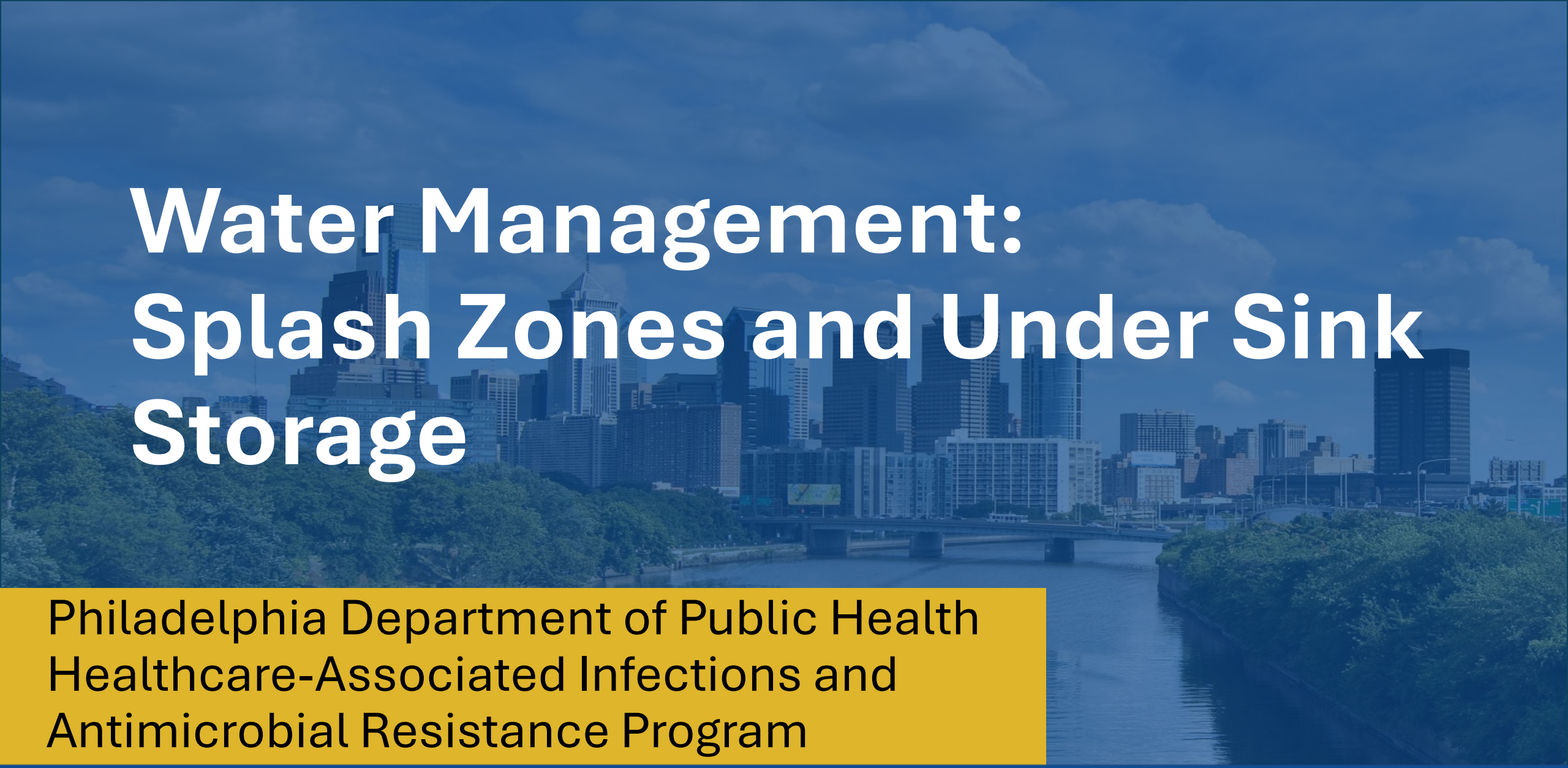


Water Management: Splash Zones and Under Sink Storage

Philadelphia Department of Public Health
Healthcare-Associated Infections and
Antimicrobial Resistance Program

Department of Public Health
CITY OF PHILADELPHIA

APIC CONSULTING

Disclosure & Acknowledgement

I have no actual or potential conflict of interest in relation to this program or presentation.

This presentation was developed by the Association for Infection Prevention and Control (APIC) Consulting Services with the aid of Ellen S. Novatnack, RN, BSN, CIC.

Objectives

The learner will be able to:

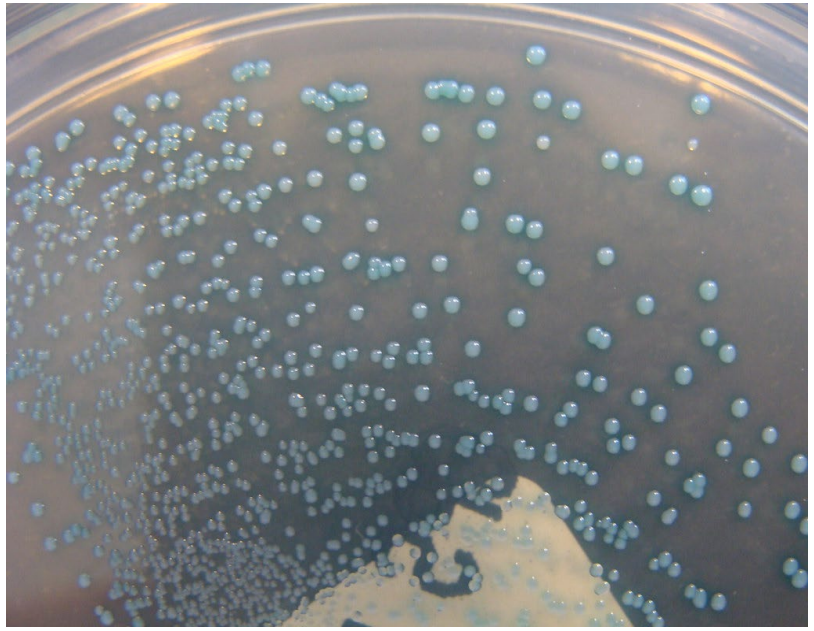
1. Identify a splash zone location.
2. Understand the splash zone and water pathogen risks and mitigation strategies.
3. Demonstrate under a sink storage considerations.

What is a splash zone?

- The area around a sink or other drain where contamination could occur to objects or people within that space
  - Resulting from the splash associated with handwashing or other activity at the sink
  - Can occur up to three feet from the sink or drain
- The Centers for Medicare & Medicaid Services (CMS) uses three feet to define the splash zone

What's in your plumbing?

- Gram-negative bacteria
- Non-fecal coliforms
- Non-tuberculosis mycobacteria
- Other bacteria
- Actinomyces
- Fungi
- Protozoa
- Multi-Drug Resistant Organisms (MDRO)



Regulatory Standards

- **CDC**: Reduce Risk from Water
- **CMS** QSO-17-30: Requirement to Reduce Legionella Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires' Disease (LD)
- **TJC**: New Standard for Water Management Program – Hospitals, Critical Access Hospitals, and Nursing Care Centers

Risks Associated with Sinks and Drains

- Stagnant water and waterborne bacteria in the sink's plumbing trap
- Biofilm forms in the drain
- Reservoir where antibiotic-resistant genes are transferred between bacterial species
- Can become contaminated with multidrug-resistant organisms (MDROs)
  - Outbreak of 19 *Serratia marcescens* bloodstream infections due to a contaminated tap water faucet

Know the Zone = Know the Risk

- Where is your splash zone?
  - Identify your 3-foot perimeter
  - Ensure that the area is clear of supplies
- Why is this of concern?
  - Bacterial colonization in plumbing pipes and fixtures
  - Splashes occur when flowing water hits the contaminated drain cover
  - Splashes of bacteria out of sink drains
  - Splashes from flushing a toilet or hopper
- What is the risk?
  - Contamination of resident supplies with waterborne pathogens
  - Dissemination of droplets or aerosols, which may contaminate the local environment, equipment, skin, or clothing of nearby healthcare personnel and residents

Splash Zone Risk Reduction

- Clean and disinfect surfaces near the drain daily, including the faucet, faucet handles, surrounding countertop and sink basin.
- Move items out of the splash zone and avoid storing supplies within three feet of splashing water.
- Avoid preparing medications within three (3) feet of a sink.
- Avoid placement of resident care items or personal items on counters next to sinks.
- Do not discard waste down sinks.
- Minimize discarding liquid nutritional supplements or other beverages down hand hygiene sinks or toilets.
- Avoid the use of aerators on faucets.
- Identify high-risk building areas based on the water management plan and implement mediation.

Physical Barriers to Reduce Risks

Implement design and engineering strategies:

- Do not use of aerators on faucets.
- Create a physical separation between the sink and counter
- When space is limited, a splash guard can be mounted beside the sink
- Install and utilize hopper and toilet covers

What can be in the splash zone?

ALLOWED

- Soap dispenser
- Paper towel dispenser that is completely enclosed

NOT ALLOWED

- Clean supply storage
- Medication preparation
- Resident care items
- Personal items
- Preparing and processing specimens
- A sterile field
- Drinks and food
- Reusable, cleaned, and disinfected shared medical equipment (e.g., blood pressure cuffs, pulse oximeter probes)

Dedicated Clean & Dirty Sinks

CLEAN SINK

- Uses:
  - Handwashing
- Location:
  - Kitchen
  - Resident care unit
  - Medication room

DIRTY SINK

- Use to discard:
  - Resident waste
  - Liquid nutritional supplements
  - Other beverages
- Location:
  - Soiled utility room

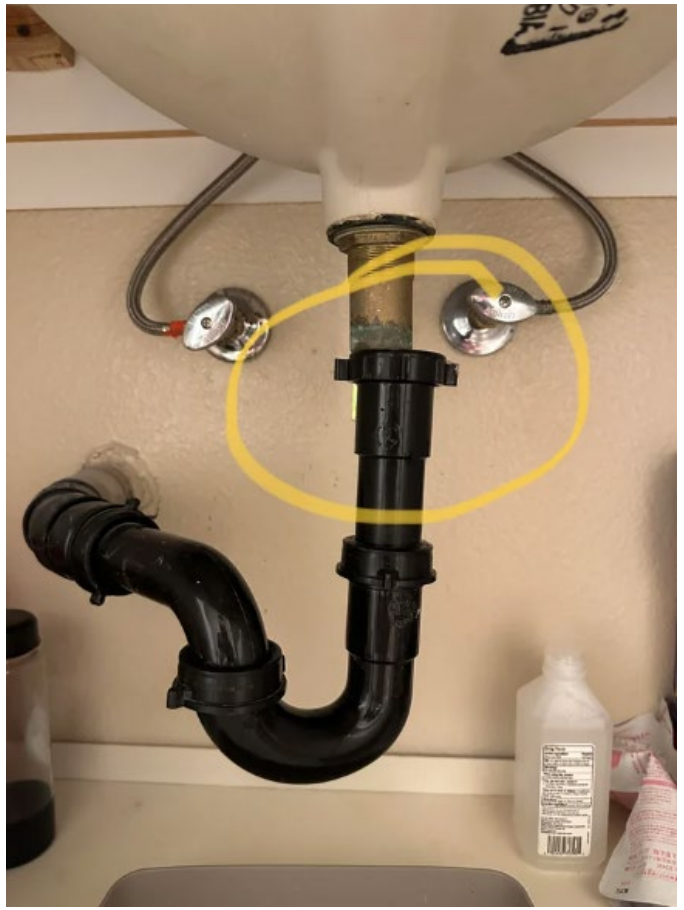
Sink Splash Zone Signage Options

- Adopt Water Zone Sign: Splash Zone | HQI
- Create your own

Dedicated hand hygiene sink – No disposal into this sink

Under Sink Storage Risks

- Leaks or moist environments
  - Damage stored items
  - Encourage growth of waterborne pathogens
- CDC does not support the under-sink storage of medical or surgical supplies or equipment
- Reagents and chemicals could adversely react if exposed to water/sewer/moisture



What can be stored under a sink?

ACCEPTABLE

- Trash bins
- Trash liners
- Sharps containers (unused)
- Cleaning chemicals

UNACCEPTABLE

- Medical supplies
- Surgical supplies
- Laboratory supplies
- Resident care equipment
- Linen
- Beverages, food, or items to deliver them
- Cleaning cloths

Know the Risk

- Complete a facility risk assessment to evaluate if under-sink storage is feasible by considering:
  - Resident population and services provided
  - If storage can be maintained safely
  - Type and quantity of item
  - If residents have contact with the item
- Balance feasibility with CMS requirements:
  - Provide a safe, sanitary, and comfortable environment
  - Help prevent the development and transmission of communicable diseases and infections

Under Sink Storage Risk Reduction

Remove	Remove cabinets
Add	Add laminated or wipeable reminder signs
Secure or lock	Permanently secure or lock the doors shut

Environmental Rounds to Monitor Risks

Include:

- Under the sink storage auditing
- Splash zone observations

How:

- Adopt, adapt, create, or add to a standardized checklist
- Establish a regular schedule for conducting rounds
- Include staff members in the process, it's everyone's responsibility
- Summarize the findings
- Address areas of concern
- Provide feedback to staff and leadership

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Environment Of Care: Splash Zone

Facility Name: **Date:**

Floor or Wing(s): **Observer(s):**

Component	Observation				Comments
	YES	NO	N/A	Not Seen	
Medication Room Sink and Splash Zone * The splash zone is the three-foot area around a sink or drain.					
The counter next to the sink is free of medication-related items.					
The counter next to the sink is free of resident care supplies.					
The counter next to the sink is free of drinks, food, or serving items.					
The counter next to the sink is free of sterile supplies.					
Medications are not prepared on the counter next to the sink.					
Lab specimens are not prepared or processed in the medication room.					* Specimens are considered biohazards and should not enter the medication room as it is considered clean.
The counter next to the sink is free of shared medical equipment.					*Only clean equipment can be stored in the medication room.
If items are within 3 feet of the sink, a physical barrier prevents contamination from spraying or splashing.					
If a physical barrier is present, it appears to be cleaned and disinfected daily.					
Staff do not discard resident waste, nutritional fluids, or other beverages down the sink.					
Sink surfaces, faucets, and handles are cleaned and disinfected daily.					
The sink and counter are sediment, lime, and scaling-free.					
Signs within the sink splash zone are laminated.					
The soap dispenser is functional and visually clean.					
The paper towel dispenser keeps the towels completely enclosed.					
A faucet aerator is not in use.					
The sink basin is not used for storage.					

Available Tools, References & Resources

CDC Healthcare Facility Water Management Program Checklist

Purpose:

- To assist in the development of an all-hazards approach to water management in a healthcare facility

Uses:

- Evaluate a comprehensive water management program
- Identify individuals to participate in the water management program
- Assist in conducting assessments, including hazard analyses, environmental risk assessments, and infection control risk assessments
- Inform water monitoring practices guided by the management program

Available Tools, References & Resources

Splash Zone Info Sheet | HQIN

- https://hqin.org/wp-content/uploads/2023/04/Splash-Zone-Infosheet.pdf

Splash Zone Sign | HQIN

- https://hqin.org/wp-content/uploads/2023/04/Splash-Zone-Sign.pdf

Splash Zone Rounding Checklist | HQIN

- https://hqin.org/wp-content/uploads/2023/09/Splash-Zone-Checklist.pdf

Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings

- https://www.cdc.gov/infectioncontrol/pdf/icar/IPC-mod11-water-exposure-508.pdf

Available Tools, References & Resources

Water Infection Control Risk Assessment (WICRA)

- https://www.cdc.gov/hai/pdfs/prevent/water-assessment-tool-508.pdf

Reduce Risk from Water

- https://www.cdc.gov/hai/prevent/environment/water.html

Intensive care unit sinks are persistently colonized with multidrug-resistant bacteria and mobilizable, resistance-conferring plasmids

- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10469867/

Outbreaks associated with preparation of medication close to sinks

- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7883772/

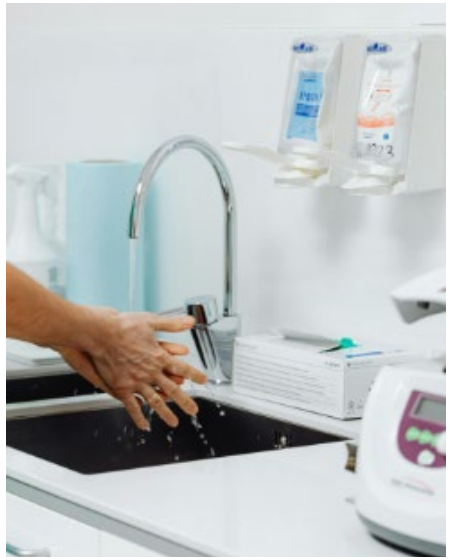
Knowledge Check

Which photo(s) indicate the sink splash zones have been addressed?

1

2

3



4

For Questions, Please Contact:

- Philadelphia Department of Public Health, Division of Disease Control, Healthcare-Associated Infections/Antimicrobial Resistance (HAI/AR) Program
- Email: HAI.PDPH@Phila.gov
- Phone: (215) 685-4501
    - Tiina Peritz, MS, BSN, RN, CIC | Program Manager
    - Jane M. Gould, M.D. | Medical Director

THANK YOU

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Resources and Services

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!

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Reminder: HAI/AR Services

- Infection Control Assessment and Response (ICAR) visit
- Onsite Education
  - Onsite Education Topics:
    - Hand Hygiene
    - Environmental Services
    - Personal Protective Equipment
    - *C. auris*
    - Injection Safety
    - Escape Room
  - Virtual Education Topics:
    - Injection Safety
    - *C. auris*
- N95 Qualitative Fit Test Train-the-Trainer
- Quarterly newsletter

- Sign-Up Form for HAI/AR Services


Resize font:

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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
* must provide value

Last Name
* must provide value

Email
* must provide value

Phone Number

Facility Name
* must provide value

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Thank you!

Next call Wednesday, May 21, 2025 @ 11:00 AM