



Presented by the:
Alabama Regional Center for
Infection Prevention and Control
Training and Technical Assistance
&
The Alabama Nursing Home and
Long-Term Care Facility Strike
Team

WELCOME TO THE

JEFFERSON COUNTY

MINI INFECTION

PREVENTION BOOTCAMP FOR

NURSING HOMES AND LONG-

TERM CARE FACILITIES

APRIL 3, 2024

1

About the Alabama Nursing Home and Long-Term Care Facility Strike Team (LTC Strike Team)

The goal of the LTC Strike Team is to provide nursing homes and long-term care facilities in Alabama with up-to-date guidance and technical assistance for the prevention and surveillance of infectious disease outbreaks including COVID-19.

- Established in Spring 2022 through funding from the Alabama Department of Public Health (ADPH) **Bureau of Communicable Disease Infectious Diseases & Outbreaks Division** via the CDC's Epidemiology and Laboratory Cooperative Agreement (ELC CoAg).
- The ADPH Bureau of Communicable Disease Infectious Diseases & Outbreaks Division is completely separate from Bureau of Health Provider Standards Long-Term Care Division
- Intent of the LTC Strike Team is to be a resource for all nursing homes and long-term care facilities in the state of Alabama.
- Funded until 6/30/2026



2

Meet the UAB LTC Strike Team

Who We Are

Infection Prevention Specialist, Medical Director, and Support Staff located across the State of Alabama; all employees of UAB.

Who We Serve

We serve the following facilities across the 8 Public Health Districts in Alabama:

- Assisted Living Facilities
- Specialty Care Assisted Living Facilities
- Skilled Nursing Facilities
- Long-Term Acute Care Hospitals
- Rehabilitation Centers
- End State Renal Disease Treatment Centers



3

Primary Activities

Infection Prevention and Control Consultation for nursing homes and long-term care facilities	In-Service Training for health care providers and in your facility	Technical Assistance
We utilize the CDC's Infection Control and Response Assessment (ICAR) tools to assist facilities in Alabama in preparing for or responding to COVID-19 and other infectious disease outbreaks.	We provide specialized training to assist facilities in building and maintaining infection prevention infrastructure.	We support the effective implementation of practices to prevent the transmissions of COVID-19 and other infectious diseases by providing technical assistance to facilities.
<ul style="list-style-type: none"> • Voluntary • Non-regulatory • In-person • Before, during or following an outbreak 	<ul style="list-style-type: none"> • Environmental Cleaning • Handwashing and Basics of Infection Prevention • PPE Selection • PPE Donning/Doffing Sequence • Others as requested by facilities 	<ul style="list-style-type: none"> • N-95 Fit Testing • HEPA Filtration Systems

<https://sites.uab.edu/lcstrikeam/>

4

ADPH/LTC Strike Team Partnership

ADPH's Bureau of Communicable Disease - Infectious Diseases & Outbreaks Division

- Disease surveillance/reporting
- Infectious disease outbreak investigations
- Work with facilities to implement plans to reduce the occurrence of infectious diseases
- **Provide technical expertise, consultation, and assistance (may ask LTC Strike Team IP Specialist to offer outbreak ICAR)**
- Education

Primary POC: Your District Investigator
<https://www.alabamapublichealth.gov/infectiousdiseases/investigators.html>

LTC Strike Team

- Preventative ICAR Consultations (COVID or general)
- In-service training on IPC topics
- N-95 Fit testing for employees
- COVID-19 Line List Review and Outreach

Primary POC: Infection Prevention Specialist who serve your county
<https://sites.uab.edu/lcstrikeam/about/leadership-and-staffing/>

5

Free HEPA Air Purifiers Available

- Available for resident and common rooms in your facility
- Continuous use, portable units
- Hospital grade filters
- Lifetime warranty



6

Mini-Regional Infection Prevention Bootcamps for LTC Facilities

- ❖ April 11, 2024 in Etowah County
- ❖ April 24, 2024 in Franklin County
- ❖ April 26, 2024 in Mobile County



Coming to a County near you!

Registration for the bootcamps will be available on our website at least one month prior to the bootcamp.

<https://sites.uab.edu/lcstrikeam>

7

Learn More About the Alabama Nursing Home and Long-Term Care Facility Strike Team



WEBSITE

<https://sites.uab.edu/lcstrikeam/>



EMAIL

lcstrikeam@uab.edu



REQUEST A FREE IP CONSULTATION, TRAINING OR TECHNICAL ASSISTANCE ON OUR WEBSITE OR EMAIL US

8


About the Alabama Regional Center for Infection Prevention and Control Training and Technical Assistance (ARC IPC)

- The ELC CoAg tasked ADPH with the creation of a regional center for infection prevention and control consultation and support services in Alabama
- Purpose of this regional center:
 - Enhance capacity for infection control and prevention
 - Build infection prevention and control and outbreak response expertise

9

Learn More About the Alabama Regional Center for Infection Prevention and Control Training and Technical Assistance



 WEBSITE
<https://uab.edu/arcipc>

 EMAIL
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10

Thank You to Our Co-Sponsors



Learn more: <https://sites.uab.edu/dsc/>

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11

Housekeeping

- Please make sure you signed in!
- CE's
- Training Evaluation
- Certificates of Participation
- Questions
- Restrooms

CEUs approved for this bootcamp:

Nursing: The Deep South Center for OH&S is an approved provider of continuing education units for nurses by the AL Board of Nursing (Provider ABNP0420 Expiration Date 12/16/2026) and has awarded this program **3.6 ABN, 3.0 SW, .3 CEU's.**

Nursing Home Administrator: The Board of Examiners of Nursing Home Administrators has reviewed and approved the seminar for continuing education credit for licensed nursing home administrators in the State of Alabama for **3.5 hours.**

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12



April 3, 2024



13

OBJECTIVES

- Acknowledge the importance of an antibiotic stewardship program in long-term care.
- Describe the importance of documentation as related to health-care associated infections.
- Verbalize a list of signs and symptoms you need to document.
- Verbalize measures you can take to prevent health-care associated infections.

14

ANTIBIOTIC STEWARDSHIP IN NURSING HOMES

- 4.1 million** Americans are admitted to or reside in nursing homes during a year
- Up To **70%** of nursing home residents received antibiotics during a year
- Up to **75% of antibiotics** are prescribed incorrectly
- CDC Recommends 7 CORE ELEMENTS for antibiotic stewardship in nursing homes.
- Your facility has an antibiotic stewardship program in place.

15

Side Effects of Antibiotics

 **GI Disturbances**
 **C. Difficile can be a side effect of taking antibiotics**
 Older adults are more prone to getting C. difficile after taking antibiotics.
 Increase morbidity and mortality.

 **Tendinitis and tendon rupture**
 **Peripheral neuropathy**
 **Antibiotic Resistance**


TRACKING AND REPORTING ANTIBIOTIC USE AND OUTCOMES


Process measures: Tracking how and why antibiotics are prescribed

Antibiotic use measures: Tracking how often and how many antibiotics are prescribed

Antibiotic outcome measures: Tracking the adverse outcomes and costs from antibiotics

Surveillance Criteria for LTC Facilities

 **Clinical criteria** are meant to assist with making informed decisions on individual residents when care is needed.

 **Surveillance criteria** are used to count true case events and to estimate the actual incidence/prevalence of disease conditions.

Loeb, McGeer and NHSN Criteria


Loeb Criteria are designed for Clinical Use


- ❖ Establish minimum criteria that should be present before initiating antibiotics
- ❖ Useful for guiding patient care and clinical practice

McGeer and NHSN Criteria are designed for Surveillance

- ❖ Surveillance definitions are highly specific for benchmarking across facilities
- ❖ Revised McGeer criteria often applied retrospectively to review and count cases
- ❖ Not very useful for diagnosis or necessity of treatment.

Applying the Loeb Criteria

 Loeb Criteria is applied prospectively, in "real time" to identify cases in which antibiotic initiation is appropriate in LTCF

 Loeb Criteria developed for:

- Urinary Tract Infections (UTIs)
- Skin and Soft-Tissue Infections
- Respiratory Infections
- Fever of Unknown Origin

Urinary Tract Infection	Minimum Criteria for Collecting Urine starting Antibiotic Therapy
Resident without urinary catheter	<p>Either one of the following criteria:</p> <ul style="list-style-type: none"> • Acute dysuria (discomfort, pain, burning) OR • Temp >100° F or 2.4° F above baseline, <p>AND >1 of the following new or worsening symptoms</p> <ul style="list-style-type: none"> ▫ Urgency (sudden desire to void) ▫ Suprapubic pain ▫ Urinary incontinence ▫ Frequency (needing to urinate 8 or more times a day) ▫ Gross hematuria ▫ Costovertebral angle tenderness

Urinary Tract Infection	Minimum Criteria for Collecting Urine starting Antibiotic Therapy
Resident with urinary catheter	<p>At Least One of the following criteria:</p> <ul style="list-style-type: none"> ▫ Rigors – an episode of shaking or exaggerated shivering with a rise in temperature ▫ New onset delirium - confusion ▫ Temp > 100° F or 2.4° F above baseline ▫ New costovertebral angle tenderness

22

Costovertebral angle tenderness



23

Please Note

Residents with intermittent catheterization or condom catheter should be categorized as 'without catheter'

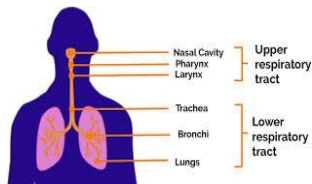
• Urine culture should be sent prior to starting antibiotics

Antibiotics should not be started for cloudy or foul smelling urine

24

Respiratory Tract Infections

- Common cold or pharyngitis
- Influenza-like illness
- Pneumonia
- Bronchitis or Tracheobronchitis



25

Lower Respiratory Tract Infection	
Temp 102°F	One of the following: Productive Cough, Respiratory rate >25/minute
Temp 100°F or 2.4°F above baseline	Cough and one of the following criteria: <ul style="list-style-type: none"> • Pulse >100 beat/minute • Delirium (disorientation, agitation, hallucinations) • Rigors • Respiratory rate >25 breaths/minute
Afebrile with COPD and >65 YOA	Both of the following: <ul style="list-style-type: none"> • New or increased cough • Purulent sputum production
Afebrile without COPD	All of the following: <ul style="list-style-type: none"> • New Cough • Purulent sputum production At least one of the following: Delirium and/or Respiratory rate >25 breaths/minute
With new infiltrate on Chest X-Ray consistent with Pneumonia	At least one of the following: <ul style="list-style-type: none"> • Productive cough • Respiratory rate > 25 breaths/minute • Temp > 100°F or 2.4°F above baseline

26

Cellulites, Skin Tissue, or Wound Infection

- Pus at wound, skin or soft tissue site
- Heat (warmth) at affected site
- Swelling at affected site
- Tenderness or pain at affected site
- Serous drainage at the affected site (clear to yellow)
- Fever
- Acute change in mental status
- Acute functional decline



27

Scabies

Maculopapular Rash (flat and raised parts)
Itching Rash



28

Oral Candidiasis

• Raised white patches on inflamed oral mucosa



29

Conjunctivitis

• Pus from one or both eyes for > 24 hours
• New or increased conjunctival erythema (redness)
• may cause itching and/or pain



30

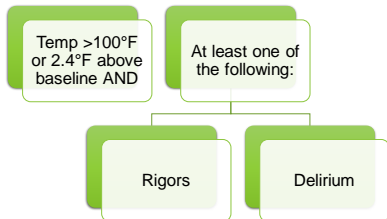
Gastroenteritis

- Diarrhea with ≥ 3 liquid or watery stools above what is normal for the resident within a 24 hour period.
- Vomiting ≥ 2 episodes in 24 hour period
- Abdominal Pain/tenderness



31

Fever where the origin is UNKNOWN



32

What can YOU do?

- Observe
- Monitor
- Document





33

Documentation

- Documentation is extremely important.
- The IPN must follow very specific criteria to decide if an infection was acquired at your facility.
- Bedside caregivers role is extremely important.

34

McGeer Surveillance Criteria

-  To meet the criteria for definitive infection, more diagnostic information (lab results) are necessary.
-  Surveillance criteria are not intended for informing antibiotic initiation because they depend on information that might not be available when that decision must be made.

35

NHSN Surveillance Criteria

- NHSN criteria are used for active, resident-based, prospective surveillance of events.
 - Criteria might be based on lab results alone or include specific signs/symptoms.
 - Criteria are specifically designed to remove subjectivity and ensure accurate, reproducible & comparable surveillance data for a facility over time and across facilities.
 - Provides a way for facilities to benchmark infection rates with other US facilities.
 - NHSN criteria are not intended for clinical decision making.

36



37

Hand Hygiene



38

Source Control



39

UTI risk increase with age

- More than 1/3 of infections in Long term care facilities are UTI's
- Men also tend to experience UTIs as they age
- More than 10% of women over 65 have a UTI each year.
- This percentage increases to 30% in women over 85.



40

How do you prevent UTI's in Seniors?

- Women should always wipe from front to back. This moves bacteria away from the urethra.
- Avoid urinary catheter usage. If resident must have a urinary catheter – insert catheter using the cleanest possible environmental and following aseptic technique.
- Make sure seniors drink plenty of water to help flush out bacteria from the urethra.
- Avoid use of adult diapers – change regularly
- Avoid Constipation
- Offer toileting frequently



41

Look Before you Flush

The color of your urine can tell you if you are dehydrated

- Remember if a resident is feeling thirsty they are already dehydrated.



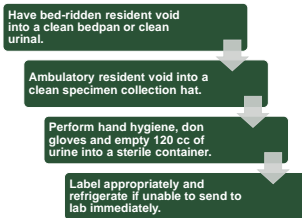
42

Appropriate Collecting a Urine Specimen



Residents with a Urinary Catheter

Perform hand hygiene and don gloves.
 Occlude the catheter tubing a minimum of three inches below the collection port.
 When urine is visible under the sampling port - scrub the port with a disinfectant wipe.
 Use aseptic technique to collect the specimen using a facility approved collection device.

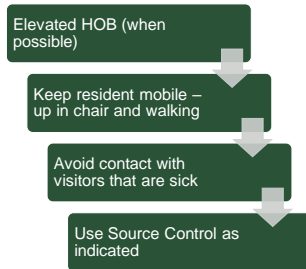


43

Preventing Respiratory Infections



Perform Mouthcare at least twice a day



44

You are all part of a team to keep your residents safe and healthy!

- Hand Hygiene
- Observe your resident
- Document – Document – Document
- Report changes



45



46



Long Term Care
Facility Infection
Prevention
Mini-Bootcamp



47

Objectives

- Identify the role of preventing HAIs through environmental surface disinfection
- Identify ways to interrupt the Chain of Infection
- Define cleaning, contact time, low level disinfection, and the Spaulding Scheme and its relation to disinfection
- Review why cleaning and disinfection are important in the long-term care facility setting
- Describe Standard precautions and indications on when it is utilized
- List potential modes of infection transmission within LTC settings
- List high touch surfaces in the LTC environment
- List important steps when performing cleaning and disinfection
- Discuss sequence and pattern for cleaning and disinfection of resident rooms
- Describe steps to clean and disinfect reusable equipment
- Describe the frequency the cleaning and disinfection should occur.
- Explain the importance of staff performing demonstrated competency
- List ways to perform continuous quality improvement

48

According to Centers for Disease and Control

- **Healthcare Associated Infections (HAIs)**
 - 1 to 3 million serious infections occur every year in nursing homes, skilled nursing and assisted living facilities.
 - Infections include urinary tract infection, diarrheal diseases, antibiotic-resistant staph infections, and many others.
 - Infections are a major cause of hospitalization and death; as many as 380,000 people die of the infections in LTCFs every year.
- **Reducing HAIs is critical to improving patient safety and controlling healthcare costs.**



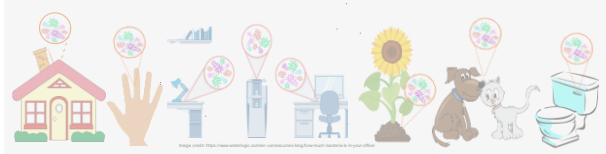
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Where are germs?




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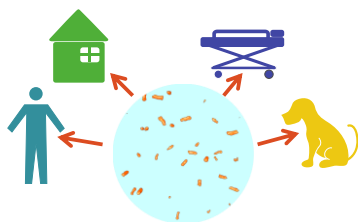
Germes Are Everywhere



People *anywhere* can carry and spread germs.
 These germs can enter a person's body and cause them to feel sick and show signs of an infection.

52

What Causes an Infection?



Germs live on people, in the environment, on equipment, and on animals.

53

Germes Can Persist in the Environment

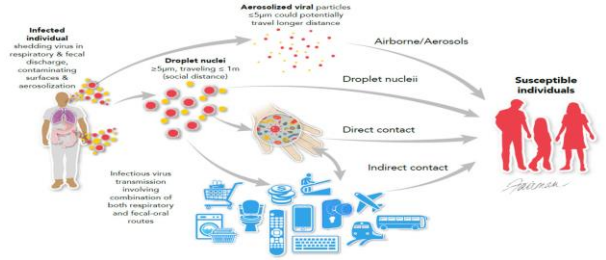
Germs or pathogens of concern, such as *C. difficile*, *E. coli*, *Enterococcus* species, Hepatitis B virus, *Norovirus*, *S. aureus*, can survive for long periods of time if proper cleaning and disinfection are not performed.

Susceptible residents can become infected or colonized with pathogens if they have direct or indirect contact with contaminated surfaces or equipment.

 Clostridium difficile (spores) 5 months	 Escherichia coli 1.5 hours to 16 months
 Enterococcus spp. 5 days to 4 months	 Hepatitis B virus > 1 week
 Norovirus 8 hours to 7 days	 Staphylococcus aureus 7 days to 7 months

54

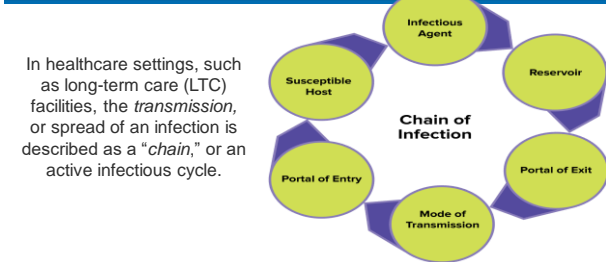
Chain of Infection Transmission



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55

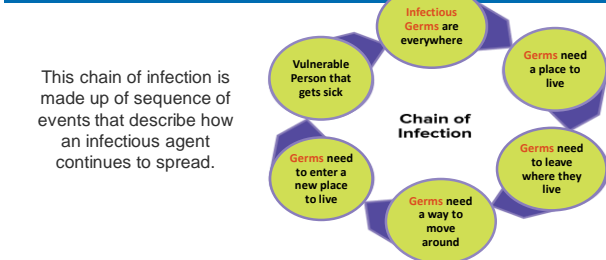
Chain of Infection Transmission



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56

Chain of Infection Transmission Explained

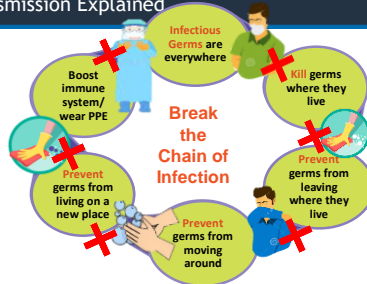


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57

Chain of Infection Transmission Explained

The role of infection prevention and control is critical in LTC settings as it assists in the *disruption* or *ending* of the cycle that will **stop the spread** of pathogens and germs within the environment.



Break the Chain of the Infection Cycle

Germs are primarily spread through the hands of healthcare providers. Therefore, hand hygiene remains the #1 way to prevent the spread of infection.

Hand hygiene includes:

- Hand sanitizing with an alcohol-based hand rub
- Hand washing with soap and water



**BASIC CONCEPTS OF
CLEANING AND DISINFECTION
IN LTC SETTINGS**

Core Components of Environmental Cleaning and Disinfection in Hospitals



<https://www.cdc.gov/hai/prevent/environment/surfaces.html>

61

Importance of Cleaning and Disinfection

Contaminated surfaces alone are not directly associated with transmission of infections to either residents or staff.

The organisms from contaminated surfaces are spread through hand contact with the surfaces.

Cleaning and disinfection environmental surfaces is fundamental in reducing the potential to contribute to the incidence of healthcare-associated infections.

62

Fomites

- Fomites are inanimate objects that are most likely to transfer the pathogens deposited by the infected host into a susceptible host.
- Examples of fomites are door handles, faucet handles, and bedside tables.
- Examples of diseases caused by fomite transmission are the common cold, influenza, Meningitis, and COVID-19



63

Importance of Cleaning and Disinfection

Housekeeping surfaces require regular cleaning and removal of soil and dust.

- Dry conditions favor the persistence of gram-positive cocci in dust and on surfaces.
- Moist, soiled environments favor the growth and persistence of gram-negative bacilli.
- Fungi are also present on dust and grow in moist, fibrous material.

64

Environmental Surfaces

In the long-term care facility setting, environmental surfaces refer to:

- Surfaces of resident care equipment.
- Housekeeping surfaces, which are divided into two categories:
 - Surfaces with minimal hand contact (e.g., floors, ceilings, and windowsills).
 - Surfaces with frequent hand contact, also known as **high-touch surfaces** (e.g., frequently touched areas such as: doorknobs, bedrails, and light switches)



65

Ideal Characteristics of Finishes, Furnishes, and Other Surfaces

Characteristic	Selection guidance
Cleanable	Avoid items with hard-to-clean features (e.g., crevasses). Do not use carpet in patient care areas. Select material that can withstand repeated cleaning.
Easy to maintain and repair	Avoid materials that are prone to cracks, scratches, or chips, and quickly patch/repair if they occur. Select materials that are durable or easy to repair.
Resistant to microbial growth	Avoid materials that hold moisture, such as wood or cloth, because these facilitate microbial growth. Select metals and hard plastics.
Nonporous	Avoid items with porous surfaces, such as cotton, wood and nylon. Avoid porous plastics, such as polypropylene, in patient care areas.
Seamless	Avoid items with seams. Avoid upholstered furniture in patient care areas.

66

Basic Infection Control Concepts in Cleaning

- Cleaning is not the same as disinfection or sanitization. Cleaning should occur **before** disinfecting or sanitizing surfaces.
- Cleaning is defined as the physical removal of all foreign material from objects
 - This may be achieved by using surfactants, detergents, soaps, enzymatic products, or mechanical action of washing or scrubbing the object.



67

Basic Infection Control Concepts in Disinfection

- The Spaulding Classification System is the strategy of disinfection of inanimate objects and surfaces based on the degree of risk involved in their use.
- Per the Spaulding Classification System, environmental surfaces are considered a non-critical risk because they only contact intact skin.
- Non-critical resident equipment and environmental surfaces should be cleaned followed by either low- or intermediate-level disinfection.

Spaulding Classification of Objects	Application	Level of Germicidal Action Required
Critical	Entry or penetration into sterile tissue, cavity or bloodstream	Sterilization
Semi-critical	Contact with mucous membranes, or non-intact skin	High-Level Disinfection
Non-critical	Contact with intact skin or environmental surfaces	Low or Intermediate-level Disinfection

68

Basic Infection Control Concepts in Disinfection

Disinfection is a process that reduces the number of microorganisms (except for bacterial spores) on inanimate objects.

This is achieved by using hospital detergent and disinfectant or chemical sterilant.

Low-level Disinfection:

- Destroys all vegetative bacteria (except tubercle bacilli) and most viruses. Does not kill bacterial spores.
- Examples of low-level disinfectants include hospital disinfectants registered with the Environmental Protection Agency (EPA) with a HBV and HIV label claim.
- Generally appropriate for most environmental surfaces.

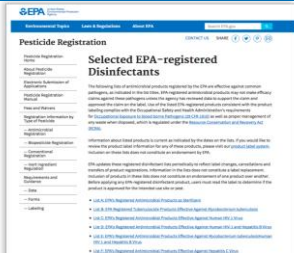
Intermediate-level Disinfection:

- Kills a wider range of pathogens than a low-level disinfectant. Does not kill bacterial spores.
- EPA-registered hospital disinfectants with a tuberculocidal claim are considered intermediate-level disinfectants.
- Should be considered for environmental surfaces that are visibly contaminated with blood.
 - Low-level disinfectant with label claim against HBV and HIV could also be used.

69

Disinfectant Selection

- Decisions about product selection should be made in consultation with environmental services staff.
- Select and use disinfectants that are EPA-registered and labeled for use in healthcare settings.
 - Typically have "hospital-grade disinfectant" or "hospital disinfectant" on the label.



About List N: Disinfectants for Coronavirus (COVID-19) | US EPA

70

Other Considerations in Disinfectant Selection

- | | |
|-----------------------|--------------------------|
| Broad Spectrum Claims | Material Compatibility |
| Safe - Nontoxic | Nonflammable |
| Ease of Use | Nonflammable |
| Acceptable Odor | Contact Time |
| Economical/Low cost | Environmentally Friendly |

https://www.cdc.gov/hai/prevent/resource-limited/supplies-equipment.html#anchor_1586813879077

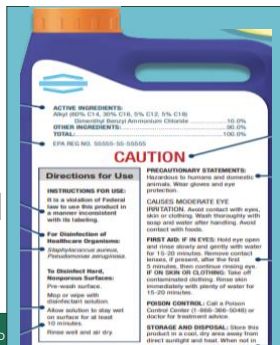
71

PROPER USE OF CLEANERS AND DISINFECTANTS

72

How to Read a Disinfectant Label

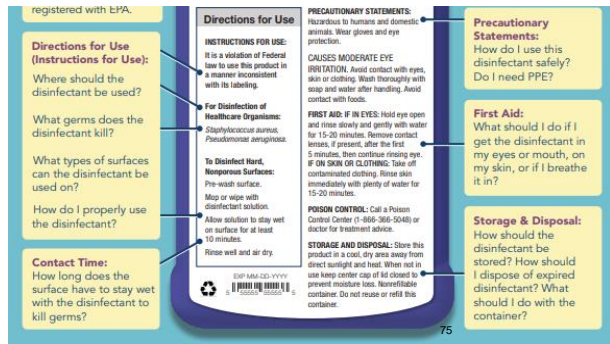
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73



74



75

Proper Use of Cleaners and Disinfectants

Follow the instructions for use included in the product labeling. This is important to ensure the pathogens specified on the label will be killed.
Below are a few instructions to be sure not to miss.



Is the disinfectant in a ready-to-use format?

- Do not mix or dilute unless specified in the label.
- Follow instructions for how frequently fresh solution should be prepared.
 - Dilute solutions can be a reservoir for pathogens.
- Do not "top off" or add new solution to containers of old solution.

76

Proper Use of Cleaners and Disinfectants

Follow the instructions for use included in the product labeling. This is important to ensure the pathogens specified on the label will be killed.
Below are a few instructions to be sure not to miss.

Is a cleaning step required before application?

Even if you are using a one-step cleaner and disinfectant, if the surface is grossly soiled, a distinct cleaning step may be required before application of the disinfectant.



77

Proper Use of Cleaners and Disinfectants

Follow the instructions for use included in the product labeling. This is important to ensure the pathogens specified on the label will be killed.
Below are a few instructions to be sure not to miss.



What is the contact time?

Read the label:

- How should the disinfectant be applied?
- How long should it remain in contact with the surface?
- How many towelettes or how much disinfectant is required for the area you are disinfecting?

78

What is the Contact Time?



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79

Proper Use of Cleaners and Disinfectants

Follow the instructions for use included in the product labeling. This is important to ensure the pathogens specified on the label will be killed.
Below are a few instructions to be sure not to miss.

Is the disinfectant compatible with the surface on which it will be used?

Ensure staff know which disinfectants are intended to be used on which surfaces and under which circumstances.



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80

**CLEANING AND DISINFECTION
REVIEW WITH RESIDENT
EQUIPMENT**

81



82

Example of Reviewing the Instructions for Use

(Per the Instructions for Use)

To reduce the chance of infection:

Before performing a blood glucose test, observe the following safety precautions:

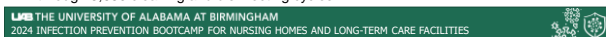
- All components that contact blood samples should be treated as biohazards capable of transmitting viral diseases between patients and healthcare professionals.
- A new pair of clean gloves should be worn by the user before testing each patient.
- Wash hands thoroughly with soap and water before putting on a new pair of gloves and performing the next patient test.
- Use only an auto-disabling, single-use lancing device for each patient.
- The meter should be cleaned and disinfected after use on each patient.



83

Reviewing the Instructions for Use

- The meter should be **cleaned and disinfected after use on each patient.**
- The cleaning procedure is needed to **clean** dirt, blood and other bodily fluids off the exterior of the meter **before** performing the **disinfecting** procedure. The disinfecting procedure is needed to prevent the transmission of blood-borne pathogens.
- **Always wear the appropriate protective gear, including disposable gloves.**
- Select a wipe from the table below and **carefully review the manufacturer's instructions.**
- **Clean and disinfect** the meter following step-by-step instructions in this QA/QC Reference Manual. Use caution as to not allow moisture to enter the test strip port, data port or battery compartment, as it may damage the meter.
- ARKRAY has tested and validated the durability and functionality of the Assure Platinum meter with the most used EPA-registered wipes. Our testing confirmed the wipes listed below will not damage the functionality or performance of the meter through 3,650 cleaning and disinfecting cycles.



84

Reviewing the Instructions for Use



Manufacturer	Disinfectant Brand Name	EPA #
Clorox® Professional Products Company	Clorox® Healthcare Bleach Germicidal Wipes	67619-12
	Dispatch® Hospital Cleaner Disinfectant Towels with Bleach	56392-8
Professional Disposables International, Inc. (PDI)	Super Sani-Cloth® Germicidal Disposable Wipes	9480-4
Metrex® Research	CaviWipes™	46761-8

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Clorox and Dispatch are trademarks or registered trademarks of Clorox. Sani-cloth is a trademark or registered trademark of PDI. Metrex and CaviWipes are trademarks or registered trademarks of Metrex.

85

Reviewing the Instructions for Use



Additional options for cleaning and disinfecting the Assure Platinum meter.
If you choose to follow Options 1 or 2 below, we recommend you create supporting documentation to justify your choice. Choosing a product not listed in the table above could shorten use life or affect performance of the Assure Platinum meter.

- Option 1
- Obtain a commercially available EPA-registered disinfectant detergent or germicide wipe. A list of EPA registered disinfectants can be found at the following website: www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants
 - Carefully review the manufacturer's instructions.
 - Remove wipe from the container and gently squeeze out excess liquid.
 - Clean and disinfect the meter following step-by-step instructions listed below in this QA/QC Reference Manual.
 - Use caution as to not allow moisture to enter the test strip port, data port or battery compartment, as it may damage the meter.

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86

Reviewing the Instructions for Use



- Option 2
- Clean the outside of the blood glucose meter with a lint-free cloth dampened with soapy water or isopropyl alcohol (70-80%).
- Disinfect the meter by diluting 1mL of household bleach (5-6% sodium hypochlorite solution) in 9mL water to achieve a 1:10 dilution.
- Use a lint-free cloth dampened with the solution to thoroughly wipe down the meter.
- Use caution as to not allow moisture to enter the test strip port, data port or battery compartment, as it may damage the meter.

If you have any questions, please contact Technical Customer Service at 800.818.8877, option 5.

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87

Reviewing the Instructions for Use

CLEANING AND DISINFECTING PROCEDURES

Step 1
Wear appropriate protective gear such as disposable gloves.



Step 2
Open the cap of the disinfectant container and pull out 1 towelette and close the cap.



Step 3
Wipe surface of the meter to clean blood and other body fluids. Carefully wipe around the test strip port by inverting the meter so that the test strip port is facing down. This prevents disinfectant liquid from entering the meter.



CAUTION
• Do not let liquid from the wipe saturate the test strip port, data port or battery compartments.

Step 5
Pull out 1 new towelette and wipe the entire surface of the meter horizontally and vertically to remove bloodborne pathogens. Carefully wipe around the test strip port by inverting the meter so that the test strip port is facing down. This prevents disinfectant liquid from entering the meter.



CAUTION
• Do not let liquid from the wipe saturate the test strip port, data port or battery compartments.

Step 6
Treated surface must remain wet for recommended contact time. Please refer to wipe manufacturer's instructions. DO NOT WRAP THE METER IN A WIFE.

Step 4
Dispose of the used towelette in a trash bin. The meter should be cleaned prior to each disinfection step.



Step 7
Dispose of the used towelette in a trash bin.



LMS 2024

88

Reviewing the Instructions for Use

CLEANING AND DISINFECTING FAQ

If a blood glucose meter is assigned to an individual resident and not shared, does it still need to be cleaned and disinfected?
To ensure compliance ARKRAY recommends that blood glucose meters be cleaned and disinfected after each use. Each meter in use is subject to QC testing per the facility's policy.

Can cleaning and disinfecting be accomplished with one wipe?
Many wipes act as both a cleaner and disinfectant. If blood is visibly present on the meter, two wipes must be used; one wipe to clean and a second wipe to disinfect.

What will happen if a blood glucose meter is not cleaned and disinfected after use?
Per the CMS F-Tag 880 guideline, surveyors may issue a citation if they observe no cleaning and disinfecting of meters after a blood glucose test as they would not follow CMS F-Tag 880.

It is important that an LTC facility establish a program for infection control and identify a key individual responsible for the overall program oversight. The program should include addressing the cleaning and disinfecting of blood glucose meters along with other equipment and environmental surfaces. The program should involve establishing goals and priorities, planning, strategy implementation, post-surveillance and more. Additionally, staff roles and responsibilities should be identified, and training should be documented. It is also important to provide education on infection control and the proper use of products. More information on establishing a comprehensive infection prevention and control program can be found in the CMS Infection Control Guidance Document.

LMS 2024

89

Reviewing the Instructions for Use

F-TAG 880 The CMS has implemented phase 2 of cleaning and disinfecting standards in the facility assessment code 483.70

INFECTION CONTROL REQUIREMENTS FOR BLOOD GLUCOSE MONITORING

What is the Centers for Medicare and Medicaid Services (CMS) F-Tag 880?
F-Tag 880 is an interpretive guideline for infection control programs in Long Term Care facilities. It is put in place to prevent, recognize and control the onset and spread of infection. F-Tag 880 is used for guidance by CMS Regional Offices and State Survey Agencies for [re-]certification and complaint investigations.

Does F-Tag 880 only apply to blood glucose meters?
No, F-Tag 880 applies to all resident care equipment and environmental surfaces, including blood glucose meters.

Why is Cleaning and Disinfecting of blood glucose meters such a high priority?
Blood glucose meters are at high risk of becoming contaminated with bloodborne pathogens such as Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV). Transmission of these viruses from resident to resident has been documented due to contaminated blood glucose devices. According to the Centers for Disease Control and Prevention, cleaning and disinfecting of meters between resident use can prevent the transmission of these viruses through indirect contact.

90

Reviewing the Safety Data Sheet for the Disinfectant

Appropriate engineering controls
Engineering controls General ventilation is adequate under normal conditions of use.

Individual protection measures, such as personal protective equipment
Eye/face protection No special protective equipment required under normal use conditions. If needed defer to facility protocol to avoid eye contact.
Hand protection No special protective equipment required under normal use conditions. If needed defer to facility protocol to avoid skin contact.
Skin and body protection No special protective equipment required under normal use conditions. If needed defer to facility protocol for suitable protective clothing.
Respiratory protection No protective equipment is needed under normal use conditions. If exposure limits are exceeded or irritation is experienced, ventilation and evacuation may be required.
Other protective equipment None required under normal conditions of use.

94

RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT FOR ENVIRONMENTAL CLEANING TASKS / CLEANING IN SPECIFIC AREAS

95

USE PERSONAL PROTECTIVE EQUIPMENT

Examples of Recommended Personal Protective Equipment

- Follow the cleaner and or disinfectant's instructions for use or the safety data sheets recommendations regarding PPE
- Use PPE based upon the anticipated tasks to be performed or based Standard Precautions upon anticipated exposures to blood and body fluids.
- Follow all posted transmission-based precautions.

96

Type of cleaning task	Required personal protective equipment for cleaning staff
Routine cleaning (standard precautions)	None (unless spills or contamination risk—see below)
Terminal cleaning (standard precautions)	Reusable rubber gloves
Blood and body fluid spills and high contamination risk areas (e.g., cleaning bed of an incontinent patient, labor and delivery wards)	Gown and/or plastic apron Reusable rubber gloves Face mask with either goggles or face shield
Droplet precautions (routine and terminal cleaning)	Gown and/or plastic apron Reusable rubber gloves Face mask with either goggles or face shield
Contact precautions (routine and terminal cleaning)	Gown and/or plastic apron Reusable rubber gloves
Airborne precautions (routine and terminal cleaning)	Respirator (N95 or FFP2), fit tested Reusable rubber gloves
Preparation of disinfectant products and solutions	According to specifications in SDS (manufacturer instructions) If SDS not available, then: <ul style="list-style-type: none"> • Chemical-resistant gloves (e.g., nitrile) • Gown and/or apron • Face mask with either goggles or face shield

97



98

Process for Cleaning and Disinfection

Develop a standardized process to ensure that you are cleaning and disinfecting surfaces appropriately.

- Always work from the cleanest surfaces to the dirtiest surfaces.
- Work from top to bottom.
- Consider establishing a consistent process or pattern for cleaning and disinfecting surfaces in the room.
- Wipe surfaces in a manner to prevent recontamination.

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99

Using Cleaning Equipment Appropriately

Microfiber mops and cloths are preferred for most cleaning and disinfection in healthcare settings.

- Change cleaning cloths frequently.
- Change microfiber mop heads after use in each room.
- Environmental services carts should not enter resident rooms, and supplies brought into the room should be limited to the minimum necessary for that space.



Microfiber mops



Microfiber cloths

Traiman, A. N., Manickam, K., & Alfa, M. J. (2015). Microfiber cloths reduce the transfer of *Clostridium difficile* spores to environmental surfaces compared to cotton cloths. *American Journal of Infection Control*, 43(7), 696-699.

100

Using Cleaning Equipment Appropriately



- Routine cleaning and disinfection for resident rooms:
- High-touch surfaces are those most likely to be touched by residents and staff and therefore pose the highest risk for pathogen transmission.
 - Examples include bedrails, doorknobs, light switches, call buttons, bedside tables, remote controls and surfaces in the bathroom, particularly those around the toilet.
 - Horizontal surfaces with infrequent hand contact, like floors and window sills, should be cleaned:
 - On a regular basis (e.g., daily)
 - When spills occur, and
 - If the surfaces become visibly soiled
 - Walls, blinds, and window curtains should be cleaned when visibly soiled.

101

Terminal Cleaning

Terminal cleaning (also referred to as “deep cleaning”) of a room is performed when a resident has been discharged or transferred and the room is being prepared for use by another resident.

- All high-touch surfaces should be cleaned and disinfected.
- Horizontal surfaces with infrequent hand contact, like floors and windowsills, should also be cleaned and disinfected.
- All linens, including sheets, towels, and privacy curtains, should be bagged and removed for laundering.

102

Cleaning Disinfection of Invasive, Non-invasive and Commons Areas

Invasive procedure and treatment areas:

- High-touch surfaces in rooms where invasive procedures are performed should be cleaned and disinfected after each procedure.

Non-invasive procedure and treatment areas:

- High-touch surfaces in other common treatment areas (e.g., therapy gyms) where invasive procedures are not performed should be cleaned and disinfected:
 - When visibly soiled.
 - At least daily.
 - Immediately after use by residents colonized or infected with highly resistant organisms (e.g., *C. difficile* or carbapenem-resistant Enterobacteriaceae).

High-touch surfaces in the facility's common areas (e.g., family room or lounge) should be cleaned and disinfected:

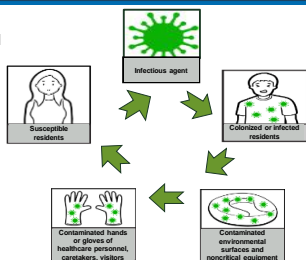
- When soiled.
- On a regular basis (e.g., daily).

103

Breaking the Chain of Transmission in the Environment

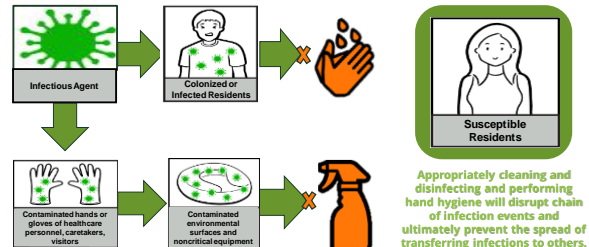
A colonized or infected resident can contaminate environmental surfaces and noncritical equipment. Microorganisms from these contaminated environmental surfaces and noncritical equipment can be transferred to a susceptible resident in two ways:

- If the susceptible resident directly meets the contaminated surfaces.
- If a healthcare personnel, caretaker, or visitor meets the contaminated surfaces and then transfers the microorganisms to the susceptible resident.



104

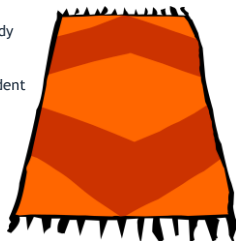
Breaking the Chain of Transmission in the Environment



105

Cleaning Carpeting

- Harder to keep clean and cannot be reliably disinfected, especially after spills of blood or body fluids.
- Recommended practices:
 - Minimize use in high-traffic zones within resident care areas or where spills are likely.
 - Vacuum on a regular basis with equipment designed to minimize dust dispersion.
 - Periodically deep clean using a method that minimizes production of aerosols and leaves little to no residue.
 - Promptly spot clean spills of blood or body fluids.



106

Cleaning Upholstered Furnishings

- Pose challenges with cleaning and disinfection.
- Recommended practices:
 - Minimize use in areas with increased potential for body substance contamination.
 - Maintain in good repair; promptly repair tears and holes.
 - If furniture in a resident's room requires cleaning to remove visible soil or body substance contamination, promptly move that item to a maintenance area.



107

The Policies & Procedures clearly define the terms like "cleaning" and "disinfection." It also identifies the following:

- Purpose
- Responsibility
- Procedures (to include instructions from the Manufacturer)
 - Process
 - Including the supplies that are necessary for cleaning and disinfecting environmental surfaces
 - PPE needed
 - Process for exposure or spill
 - Process when variations to procedure are to be performed

Environmental Cleaning and Disinfection Template

Define the Objectives, Procedures and Control (PPE), etc.

Cleaning refers to the removal of visible soil and debris through the physical action of scrubbing with a surfactant or detergent and water. This step is important to reduce the volume of organisms on a surface and remove foreign material that could interfere with disinfection.

Low-level disinfection refers to the use of an agent that destroys all vegetative bacteria, except spores, yeasts, and most viruses including Hepatitis B Virus, HIV, and Human Immunodeficiency Virus, or HIV. These agents are not effective against bacterial spores. Examples of low-level disinfectants include hospital disinfectants registered with the Environmental Protection Agency, or EPA, with an HRP and HRP label claim. Low-level disinfection is generally appropriate for most environmental surfaces.

Intermediate-level disinfection refers to the use of an agent that kills a wider range of pathogens than a low-level disinfectant but does not eliminate spores. EPA-registered hospital disinfectants with a tuberculocidal claim are intermediate-level disinfectants. Clean the broader portion of facility. Intermediate-level disinfection should be considered for environmental surfaces that are visibly contaminated with blood. However, a low-level disinfectant with a label claim against HIV and HCV would also be used.

Process procedures implemented to maintain this template for the participant(s)

Environmental surfaces can be a source of pathogens to nursing homes. Environmental surfaces are not cleaned, stored and disinfected, pathogens from the surface can be transferred to residents and staff. Proper cleaning and disinfection of environmental surfaces is necessary to limit the chain of infection.

Responsibility defines who is responsible for following this participant(s)

In most facilities, Environmental Services (ES) or Housekeeping staff may be primary.

108

At a minimum, your policy should address:

- the types of cleaning and disinfection products used in the facility, considering their label claims and compatibility with different surfaces
- frequency with which cleaning and disinfection of environmental surfaces in different locations in the facility should be performed. For example, immediately if surfaces are visibly soiled, or daily for high-touch surfaces in resident rooms
- the locations in the facility where carpeting and upholstered furnishings are and are not allowed
- and the proper storage and maintenance of cleaning and disinfection products and equipment.

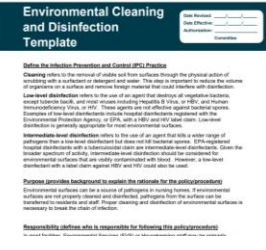




109

Resources:

- CDC, Guidelines for Environmental Infection Control in Health-Care Facilities (2003): <https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines.pdf>
- CDC, Guideline for Isolation Precautions (2007): <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines.pdf>
- EPA, Selected Disinfectants: <https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>
- OSHA, Bloodborne Pathogens Standard: <https://www.osha.gov/SLTC/bloodbornepathogens/index.html>
- OSHA, Guidance for Cleaning Industry Worker Safety Considerations: <https://www.osha.gov/SLTC/cleaningindustry/index.html>





110



111

Housekeeping Cleaning Carts

- Housekeeper's carts commonly used to transport supplies throughout the facility can serve as a source of pathogen transmission if they are not regularly cleaned and disinfected.
 - For example, in an outbreak of drug-resistant Enterobacteriaceae at a healthcare, the organism was identified on an environmental services cart, suggesting a potential role in transmission.
- Carts should not enter resident rooms and should be cleaned and disinfected at least daily.



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112

Utility Room Maintenance

- Dedicate space to store cleaning and disinfection products and equipment.
 - Maintain separation between clean and dirty equipment.
- Cleaning and disinfection schedules should include clean and dirty utility areas.
- Designate staff to monitor supply levels in these areas and restock, as appropriate.



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113

TRAINING, COMPETENCY, AND PERFORMANCE MONITORING

114

Training should be provided:

- Upon hire.
- Annually.
- When new products are introduced.
- When new policies and procedures are developed.
- In response to deviations from recommended practices.

Verify competency following each training.

Hands-on training and direct observation of practices are particularly important when assessing competency for environmental cleaning.

Maintain documentation that education and competency assessment were performed.

115

Performance Monitoring

- Performance monitoring and feedback ensure adherence to facility policies and procedures.
- Frequency and locations of audits should be informed by your annual IPC risk assessment.
 - More frequent monitoring may be performed on higher acuity units or the rooms of residents on Transmission-Based Precautions.
- Results of performance monitoring should be documented and shared to reinforce adherence to recommended practices.
- Self-assessment checklists and signoff sheets can be helpful reminders, but these alone are not sufficient.



116

Auditing

- Methods for auditing cleaning and disinfection practices vary.
 - There are pros and cons to each of these methods.
- Facilities could consider implementing more than one approach to performance monitoring.
- Visually inspecting the cleanliness of a room after cleaning and disinfection has been performed.
- Visual assessment, alone, is not sufficient to ensure that all surfaces have been properly cleaned and disinfected.
 - Just because a surface appears clean does not mean that it was disinfected.



117

Methods for Assessment of Cleaning and Cleanliness

It is best practice to perform routine, standardized assessments of environmental cleaning (i.e., practices, level of cleanliness) in order to:

- ensure that environmental cleaning procedures are being performed according to best practices and facility policy
- use results to inform program improvement (e.g., training resource allocation)



118

Direct Performance Observations

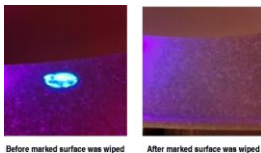
- Observe staff practices with the assistance of a checklist.
 - Confirm they have prepared and applied cleaners and disinfectants in accordance with facility policy and procedures.
 - Confirm they have addressed all required surfaces in the room.
- Staff may modify their typical practices if they are aware they are being observed.



119

Fluorescent Markers

- Apply fluorescent markers before cleaning and assess the markers using special lighting after cleaning.
 - If the marker is still present after cleaning, it objectively indicates the surface was not adequately cleaned.
- This method would not identify deviations in preparation of cleaning and disinfection products or in how products were applied.



120

Methods for Assessing the Level of Cleanliness

•Adenosine triphosphate (ATP) bioluminescence assay systems measure residual organic matter, both microbial and non-microbial, that is left on a surface after cleaning.



•Provides objective quantitative results that can be used to track and document improvement in daily cleaning practices.

•Method would not identify deviations in preparation and use of cleaning and disinfection products.

•Method is unable to measure virus, bacteria, fungus or parasites.

121

Bacterial Culture of Surface

•**Not recommended for routine use;** This method lacks a defined threshold or benchmark for determining the level or status of cleanliness (e.g., colony-forming units per surface area)

•Environmental cultures--the only direct measurement of levels of microbial contamination after cleaning. In this process, cultures are taken (by swabbing or use of RODAC or contact agar plates) after an item is cleaned. Swabbing can indicate the presence of a specific bacteria on a surface. Contact agar plates can show the level of bacterial contamination on an area of a large, flat surface.



•May be useful for identifying source of outbreaks and/or environmental reservoirs – use only with the direction of ADPH

122

Provide Performance Feedback

Results of monitoring should be documented and shared.

•Additional information about options for evaluating environmental cleaning available on CDC website.

[CDC Options for Evaluating Environmental Cleaning](#)

123

Prevention is Key

Environmental hygiene is an important prevention tool intended to reduce the spread infections.



PREVENTION IS KEY!

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124

Questions?




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125

RESOURCES

- [Environmental Cleaning Procedures | Environmental Cleaning in RLS | HAI | CDC](#)
- [*Nursing Home COVID-19 Infection Control Assessment and Response \(ICAR\) Tool Facilitator Guide, version 3.1 \(cdc.gov\)](#)
- [Environmental Cleaning in RLSs | HAI | CDC](#)
- [ARKRAY ASSURE PLATINUM REFERENCE MANUAL Pdf Download | ManualsLib](#)
- [Super-Sani-Cloth-IFU-0821-UPDATE_05168539.pdf \(pdihc.com\)](#)
- [SuperSaniCloth_EnglishFrench_LCan_.pdf \(pdihc.com\)](#)
- [SDS-0020-00-English-REV-5-10.6.22_Super.pdf \(pdihc.com\)](#)
- [CDC Options for Evaluating Environmental Cleaning](#)
- <https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines.pdf>
- <https://www.osha.gov/SLTC/bloodbornepathogens/index.html>
- <https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>

126




JEFFERSON COUNTY DEPARTMENT OF HEALTH
1400 6th Avenue South | Birmingham, AL 35233 (205) 933-9110 | www.jc.dh.org

Detect, Test, & Report
UAB IP Mini-Bootcamp

Western Health Center
631 Bessemer Super Hwy
Midfield, AL 35229

Jefferson County Department of Health
Disease Control
Prevention & Epidemiology
April 5, 2024


127



AGENDA




- **Detect, Test, & Report Awareness Campaign**
Devon Sims, MPH, MBA
- **Cases of Potential Public Health Importance – MDROs**
LyTasha Crum, MPH

128



DETECT, TEST and REPORT
Notifiable Diseases and
Outbreaks

Alabama Department of Public Health (ADPH)
Bureau of Communicable Diseases
Infectious Diseases & Outbreaks Division
Revised June 2023

129

Objectives

- Be knowledgeable of the Notifiable Disease Rules.
- Be able to verbalize who should report, how to report, and when to report reportable diseases and conditions.
- Be able to verbalize what constitutes an outbreak.
- Be knowledgeable of Alabama’s healthcare-associated infections reporting rules & surveillance program.



130

Who are we?

- Jefferson County arm of the Alabama Department of Public Health – Bureau of Communicable Disease
 - The mission of the Bureau of Communicable Disease (BCD) is to prevent and control communicable diseases in Alabama.
- We are NOT an arm of the Alabama Department of Public Health – Bureau of Health Provider Standards (Regulation and Licensure).



131

Who Must Report

- | | |
|---|--|
| <ul style="list-style-type: none"> • Physicians • Dentists • Nurses • Medical Examiners • Hospital Administrators • Nursing Home Administrators | <ul style="list-style-type: none"> • Laboratory Directors*
*Must submit electronically
ADPH expects multiple reports • School Principals • Child Care Center/Head Start Directors |
|---|--|



132

What Role Do LTCF Play?

- DETECT - Decrease Epidemiological Threats with Environmental Controls and Testing
- TEST - Take Epidemiological Specimens Today
- REPORT - Rules for Every Provider and Organization to Report on Time



133

JCDH is exempt from HIPAA

ADPH/JCDH are public health authorities as defined by HIPAA and are authorized to collect or receive protected health information (PHI) for the purpose of surveillance, investigations, and interventions of notifiable diseases, without permission of the patient.

<http://www.cdc.gov/mmwr/pdf/other/m2e411.pdf>



134

Why Report Notifiable Conditions?

- Help prevent diseases & transmission
- Educate patients and the public
- Confirm diagnosis
- ADPH administrative code authorizes and requires reporting
<https://admincode.legislature.state.al.us/administrative-code/420-4-1-.04>
- Required by law, Code of Alabama, Section 22-11A-1
<https://alison.legislature.state.al.us/code-of-alabama>



135



ADPH Administrative Code

420-4-1-.04 Reporting.

(1) Responsibility for Reporting. Each physician, dentist, nurse, medical examiner, hospital administrator, **Reporting Home Administrator**, laboratory director, school principal, and child care center/Head Start director shall be responsible to report cases or suspected cases of notifiable diseases and health conditions. Reports by laboratories as outlined in 420-4-1-.04(3) shall not substitute for reports by persons responsible for reporting cases or suspected cases of notifiable diseases and health conditions. Said report shall contain such data as may be required by the rules of the State Board of Health. Said report shall be in the manner designated in Rule 420-4-1-.04(3)-(7).



136



Code of Alabama

CHAPTER 11A REPORTING NOTIFIABLE DISEASES ^

ARTICLE 1 GENERAL PROVISIONS. ^

SECTION 22-11A-1 STATE BOARD OF HEALTH TO DESIGNATE NOTIFIABLE DISEASES AND HEALTH CONDITIONS. ^

The State Board of Health shall designate the diseases and health conditions which are notifiable. The diseases and health conditions so designated by the Board of Health are declared to be diseases and health conditions of epidemic potential, a threat to the health and welfare of the public, or otherwise of public health importance. The occurrence of cases of **notifiable diseases and health conditions shall be reported as provided by the rules adopted by the State Board of Health.**
(Acts 1987, No. 87-574, p. 904, §1.)



137



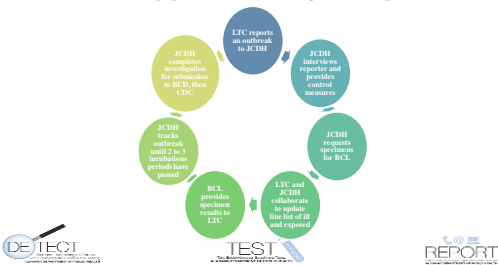
Notifiable Diseases/Conditions

- **Liability** – Reporters of cases or suspected cases of notifiable diseases, outbreak, or cases of public health importance will have immunity from civil or criminal liability, <http://alisondb.legislature.state.al.us/alison/codeofalabama/1975/22-11A-2.htm>
- **Penalty** - failure to report is a misdemeanor and upon conviction a fine of \$100-\$500 can be imposed, <https://alisondb.legislature.state.al.us/alison/codeofalabama/1975/22-11A-6.htm>



138

What happens when you report?



139

Minimum Data Elements

- Name of disease or health condition
- Patient's
 - Name
 - DOB
 - Gender
 - Ethnicity
 - Race
 - Address
 - Phone
 - Payor source
- Date of onset, date of lab results, and/or date of diagnosis
- Reporter's
 - Name
 - Phone
 - Facility
- Additional Information
- Supplemental Investigation



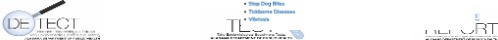
140

ADPH DTR One-page Flyers

Infectious Diseases & Outbreaks Fast Fact Flyers

These flyers are easy to read and generally one page education for students, parents, and patients to learn more about notifiable diseases, outbreaks, and cases of public health importance.

- Acute Respiratory Infection
- Acute Respiratory Illness (ARI) Outbreaks
- Botulism
- C. diff
- Clostridioides difficile
- E. Coli
- Enterovirus (EV-D68)
- Enterovirus D68 (EV-D68) Spread
- Food and Nutrition Safety for Communicable Diseases in Schools and Child Care
- Food Crisis Communication
- Food, Water, and Mouth Diseases
- Food Loss
- Hepatitis
- Infections in Poultry and Pigs
- Infections in Long-term Care Facilities - Control Measures
- Infections in Adult Settings or Child Care Facilities - Control Measures
- Influenza
- Legionella
- Lymphatic Chlamydia (Lymphogranuloma venereum)
- Meningococcal Disease and Vaccine
- Meningococcal Serotypes
- Norovirus and Sapovirus
- Outbreak Investigation Action Plan
- Pertussis
- Public Health
- Public Health Inspection
- Public Health Professions
- Public Health Reporting
- Public Health Surveillance
- Respiratory Illness Control Measures
- Safe Foodservice Practices (Primary Amebic Meningoencephalitis / Naegleria fowleri)
- Scabies
- Shingles
- Shingles - General Public
- Shingles - Healthcare Provider
- Shingles - Day Care
- Tuberculosis
- Tuberculosis



141

Surveillance Line List

#	Last Date	First Date	Facility #	Name of Facility	DOB	Sex	RACE	Age (at time of Report)	Event	Onset Date	Diagnosis (ICD-10 Code)	Diagnosis (ICD-9 Code)	Diagnosis (Other)	Diagnosis (ICD-10 Code)	Diagnosis (ICD-9 Code)	Diagnosis (Other)	Diagnosis (ICD-10 Code)	Diagnosis (ICD-9 Code)	Diagnosis (Other)	Diagnosis (ICD-10 Code)	Diagnosis (ICD-9 Code)	Diagnosis (Other)	Diagnosis (ICD-10 Code)	Diagnosis (ICD-9 Code)	Diagnosis (Other)	

Facilities may be directed to complete a surveillance line list or the DI may request information to complete the line list

Facility #	Name	Address	City	State	Zip	Phone	Fax	Website	ICD-10 Code	ICD-9 Code	Other Code

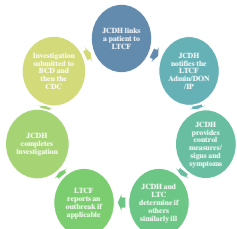


Specimens

- Stool
- Stool
- More Stool
- Blood
- Sputum
- Nasopharyngeal



What happens when we report to you?



Controlling the Spread of Disease

Hinges on....

- Timely identification and reporting of disease
- Timely provision of education and control measures to healthcare providers, patients, and the public.



145

Report within 4 hours of Presumptive Diagnosis Immediate, Extremely Urgent

Anthrax, human	Smallpox
Botulism ★	Tularemia
Plague	Viral hemorrhagic fever
Poliomyelitis, paralytic	Cases related to nuclear, biological, or chemical terroristic agents
Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV)	

★ Must request permission from Infectious Diseases & Outbreaks before testing

*Select Agents, <https://www.selectagents.gov/select.htm>



146

Report within 24 hours Presumptive Diagnosis Immediate, Urgent

Brucellosis	Meningococcal Disease (Neisseria meningitidis)*
Cholera	Novel influenza A virus infections (i.e., potential new strain)
Coronavirus (COVID-19) (SARS-CoV2)	Peritussis
Diphtheria	Poliovirus infection, nonparalytic
E. coli, shiga toxin-producing (STEC)	Rabies, human and animal
Histoplasma infection, invasive disease*	Rubella
Hemolytic uremic syndrome (HUS), post-diarrheal	Tuberculosis
Hepatitis A, including ALT	Typhoid fever
Legionellosis	Yellow fever
Measles (rubella)	Outbreaks of any kind ★
	Cases of potential public health importance

★ An outbreak is two or more similarly ill persons



147

LTC Outbreaks

- An outbreak is defined as 2 or more similarly ill people with a common exposure.
- Single cases of certain rare and serious conditions will be investigated such as healthcare acquired legionellosis, MDR Candida Auris, etc.

Outbreaks of Any Kind are reportable within 24 hours and include both notifiable diseases and diseases **not** required individually to be reported (e.g., norovirus, scabies, flu, etc.).



148

LTC COVID -19 Outbreak Definition

Report a COVID-19 outbreak to JCDH/ADPH when:

- ≥2 case of probable or confirmed COVID-19 among residents with epi-linkage
- ≥2 cases of suspect , probable or confirmed COVID-19 among HCP AND ≥1 case of probable or confirmed COVID-19 among residents, with epi-linkage AND no other more likely sources of exposure for at least 1 of the cases



149

Report within 5 days of Diagnosis Standard Notification

Standard Notification Disease/Conditions		
Acute Flaccid Myelitis	Hepatitis B, C, and other viral (chronic/acute), including ALT**	Perinatal HIV Exposure (<18 months of age)
Anthraxosis	Human Immunodeficiency Virus (HIV) infection	Rotavirus
Arboviral disease (including all reported tests)	(including asymptomatic infection, AIDS, C54 deaths, and viral load)	Schistosomiasis (including paragonimiasis)
Balantidiasis	Influenza-associated deaths	Syphilis
Campylobacteriosis	Lead: exposure screening test result	Syphilis (latent)
Chancroid	Leptospirosis	Tetanus
Coccidioidomycosis	Listeriosis	Toxic Shock Syndrome (non-Syng)
Cryptosporidiosis	Lyme disease	Trichinellosis (Trichinosis)
Dysentery	Malaria	Varicella
Erythema infectiosum	Mumps	Yersinia
Giardiasis	Perinatal Hepatitis B	Zika Virus
Gonorrhea		
Hansen's disease (Leprosy)		
Hepatitis A		
Hepatitis B		
Hepatitis C		
Hepatitis D		
Hepatitis E		
Human African trypanosomiasis		
Influenza (including all reported tests)		
Invasive pneumococcal pneumonia		
Invasive pneumococcal meningitis		
Invasive pneumococcal disease		
Intestinal tuberculosis		
Japanese encephalitis		
Legionnaires' disease		
Leptospirosis		
Listeriosis		
Lyme disease		
Malaria		
Mumps		
Perinatal Hepatitis B		
Rabies		
Relapsing fever		
Rickettsial disease		
Syphilis		
Tetanus		
Toxic shock syndrome (non-Syng)		
Trichinellosis (Trichinosis)		
Varicella		
Yersinia		
Zika Virus		



150

How to REPORT

- Online, REPORT Card : https://epiweb.adph.state.al.us/redcap/surveys/?s=H37ENP8A_DD



- Phone 205-930-1440 or 205-930-1459 (still requires an online report).



151

Communicable Disease REPORT Card



152

Notifiable Diseases/Conditions

REPORTABLE DISEASE/HEALTH CONDITION INFORMATION
Which reportable communicable condition are you reporting?

Reportable Disease/Health Condition:

Patient Demographics

Patient's First Name:

Patient's Last Name:

Patient's Phone Number:

Patient's Date of Birth:

Reporting Information

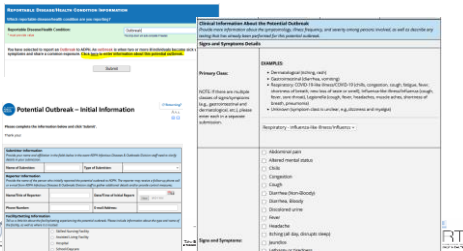
Reporting Health Care Provider:

Reporting Health Status:



153

Outbreak of Any Kind



154

When is Hand Sanitizer Not Best for Healthcare Workers?

- When hands are visibly soiled.
- After caring for a patient with infectious diarrhea.
- Before eating.
- After using the restroom.

REMEMBER

Alcohol-based hand sanitizers do *not* eliminate all types of germs. Soap and water are more effective than hand sanitizers at removing certain kinds of germs, like *Cryptosporidium*, *norovirus*, and *Clostridium difficile*. Although alcohol-based hand sanitizers can inactivate many types of microbes very effectively when used correctly, people may not use a large enough volume of the sanitizers or may wipe it off before it has dried.



155

Hand Sanitizer

How to use Alcohol-Based Hand Sanitizer?

Washing hands with soap and water is the best way to reduce the number of germs on them in most situations. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol. Alcohol-based hand sanitizers can quickly reduce the number of germs on hands in some situations, but sanitizers do *not* eliminate all types of germs and might not remove harmful chemicals.



Hand sanitizers are not as effective when hands are visibly dirty or greasy.

How do you use hand sanitizers?

- Apply the product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the product over all surfaces of your hands and fingers until your hands are dry.

<http://www.ohc.gov/haabwashing>



156

How to REPORT

- Online, REPORT Card : <https://epiweb.adph.state.al.us/redcap/surveys/?s=H37ENP8ADD>



- Phone 205-930-1440 or 205-930-1459 (still requires an online report).



157

How to REPORT

Contact your District Investigator or ID&O Central Office

- Report Immediate, Extremely Urgent conditions within 4 hrs of presumptive diagnosis
 - Phone 1-800-338-8374
- Immediate, Urgent conditions within 24 hours of presumptive diagnosis
 - Online, Communicable Disease REPORT Card
 - Phone 1-800-338-8374
 - Email to report@adph.state.al.us
 - Fax (334) 206-3734
- Standard within 5 days of diagnosis
 - Online, Communicable Disease REPORT Card
 - Phone 1-800-338-8374
 - Email to report@adph.state.al.us
 - Fax (334) 206-3734



158

- Northern District**
 Lee County, AL | Etowah County, AL
 Wilcox County, AL | Cherokee County, AL
 Coffee County, AL | Walker County, AL
 Franklin County, AL | Wilcox County, AL
- Northwestern District**
 Public Training, AL | Lee County, AL
 Wilcox County, AL | Cherokee County, AL
 Coffee County, AL | Walker County, AL
 Franklin County, AL | Wilcox County, AL
- Western District**
 Morgan County, AL | Etowah County, AL
 Wilcox County, AL | Cherokee County, AL
 Coffee County, AL | Walker County, AL
 Franklin County, AL | Wilcox County, AL
- West Central District**
 Morgan County, AL | Etowah County, AL
 Wilcox County, AL | Cherokee County, AL
 Coffee County, AL | Walker County, AL
 Franklin County, AL | Wilcox County, AL
- East Central District**
 Morgan County, AL | Etowah County, AL
 Wilcox County, AL | Cherokee County, AL
 Coffee County, AL | Walker County, AL
 Franklin County, AL | Wilcox County, AL
- Southwestern District**
 Morgan County, AL | Etowah County, AL
 Wilcox County, AL | Cherokee County, AL
 Coffee County, AL | Walker County, AL
 Franklin County, AL | Wilcox County, AL
- Southeastern District**
 Morgan County, AL | Etowah County, AL
 Wilcox County, AL | Cherokee County, AL
 Coffee County, AL | Walker County, AL
 Franklin County, AL | Wilcox County, AL
- Mobile County**
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159



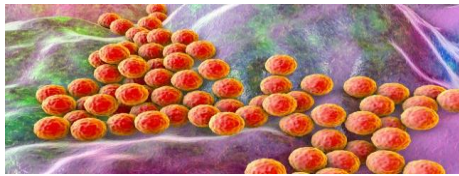
Questions?

Thank you



160

MDROs



161

What are Multidrug-Resistant Organisms (MDROs)?



BACTERIA

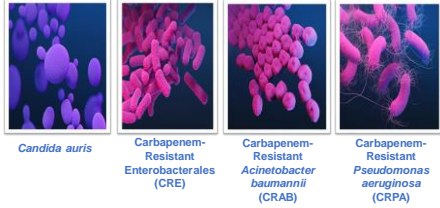
Resistant to at least one or more classes of antimicrobials



FUNGI

162

MDRO is an Umbrella Term



163

Who is at risk?

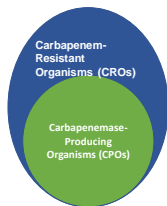
Hospital patients and long-term care facility residents, especially those who:

- Received complex medical care, including intensive care unit admission or having invasive devices
- Have recent antibiotic exposure
- Need help with activities of daily living such as toileting, bathing, and dressing
- Have severe or chronic wounds
- Were admitted to the same unit of a healthcare facility as a person with CRE, CRPA, or CRAB
- Anyone who had medical procedures or was admitted to a hospital outside the U.S. in the past 6 months

164

Carbapenem-Resistant Organisms (CRO)

- CRE: Carbapenem-resistant Enterobacteriales
 - *Escherichia coli* (E.coli) and *Klebsiella pneumoniae*
- CRPA: Carbapenem-resistant *Pseudomonas aeruginosa*
- CRAB: Carbapenem-resistant *Acinetobacter baumannii*



165

Carbapenem-Resistant Enterobacterales (CRE)

- Do not respond to common antibiotics
- Spreads through direct or indirect contact



166

Carbapenem-Resistant Pseudomonas aeruginosa (CRPA)

- Can cause a variety of infections:
 - BSI
 - UTI
 - SSI
 - Pneumonia
- Uncommon in the U.S.
- Spreads through direct or indirect contact



167

Carbapenem-Resistant Acinetobacter baumannii (CRAB)

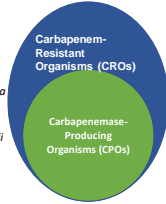
- Spreads through direct or indirect contact
- Can persist in the environment for a very long time



168

Carbapenemase-Producing Organisms (CPO)

- **CP-CRE:** Carbapenemase-Producing Carbapenem-resistant Enterobacterales
- **CP-CRPA:** Carbapenemase-Producing Carbapenem-resistant *Pseudomonas aeruginosa*
- **CP-CRAB:** Carbapenemase-Producing Carbapenem-resistant *Acinetobacter baumannii*



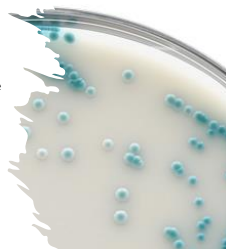
169

Candida auris (C. auris)

170

C. auris

- Mostly affects patients with severe underlying medical conditions
- Patients with invasive medical devices like breathing tubes, feeding tubes, catheters in a vein, or urinary catheters tend to be at increased risk for getting *C. auris* and developing an infection



171

C. auris Control Measures

- Use gown and gloves to care for patients infected or colonized
- Place in private room/isolate from other patients
- Reinforce hand hygiene
- Use EPA disinfectant with claim for C. auris for routine and terminal cleaning
- Screen contacts to identify additional cases; use same IPC measures
- Communicate upon transfer/discharge
- Flag medical record if possible

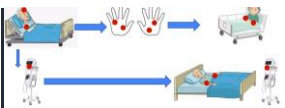
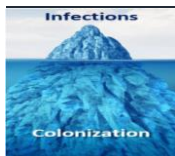


172

C. auris Fact Sheet

173

Colonization

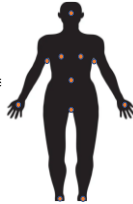


- An organism found in or on the body, but it is not causing any symptoms or disease.
- Higher risk for developing an infection
- Source of spread of MDROs to other people in healthcare settings

174

Colonization Principles – Body Sites and MDROs

- MDROs can be found in many different locations both in and on the body
- Different MDROs colonize different body sites
- Examples:
 - C. auris – axilla, groin, nares, hands, toes, and other body sites
 - CRE – digestive tract
 - CRPA – respiratory and digestive tract, wounds
 - CRAB – respiratory and digestive tract, skin, wounds

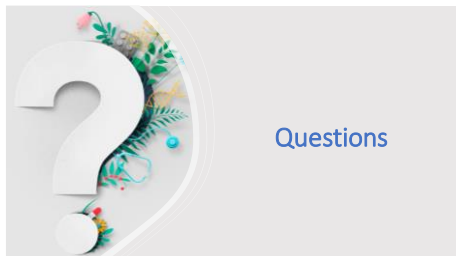


175

Colonization Screening Guidance

Specimen Collection and Shipping Procedures	Endotracheal Secretion Specimen Collection and Shipping Procedures	Oral Specimen Collection and Shipping Procedures
<p>PURPOSE: To identify colonization of patients with MDROs.</p> <p>SCOPE: All patients admitted to the hospital, including those in the ICU, who are colonized with MDROs.</p> <p>INDICATIONS: Patients who are colonized with MDROs.</p> <p>SPECIMEN COLLECTION: 1. Perform a rectal rectal swab. 2. Perform a rectal rectal swab.</p> <p>NOTES: 1. Perform a rectal rectal swab. 2. Perform a rectal rectal swab.</p>	<p>PURPOSE: To identify colonization of patients with MDROs.</p> <p>SCOPE: All patients admitted to the hospital, including those in the ICU, who are colonized with MDROs.</p> <p>INDICATIONS: Patients who are colonized with MDROs.</p> <p>SPECIMEN COLLECTION: 1. Perform a rectal rectal swab. 2. Perform a rectal rectal swab.</p> <p>NOTES: 1. Perform a rectal rectal swab. 2. Perform a rectal rectal swab.</p>	<p>PURPOSE: To identify colonization of patients with MDROs.</p> <p>SCOPE: All patients admitted to the hospital, including those in the ICU, who are colonized with MDROs.</p> <p>INDICATIONS: Patients who are colonized with MDROs.</p> <p>SPECIMEN COLLECTION: 1. Perform a rectal rectal swab. 2. Perform a rectal rectal swab.</p> <p>NOTES: 1. Perform a rectal rectal swab. 2. Perform a rectal rectal swab.</p>

176



177



TRANSMISSION BASED PRECAUTIONS
WITH FOCUS ON
ENHANCED BARRIER PRECAUTIONS
(EBP)
 APRIL 3, 2024

178

Objectives

- Identify/List different Transmission-based Precautions
- Discuss Current Impact of MDROs in LTC Facilities
- Discuss why EBP are recommended to be used in nursing homes
- Describe Enhanced Barrier Precautions (EBP)
- Explain process for successful implementation of EBP
- Review of concerns when implementing EBP

179

Overview of Standard Precautions and Transmission Based Precautions

180

Standard Precautions

Precautions	Applies to:	PPE used for these situations:	Required PPE
Standard Precautions	All Residents	Any potential exposure to: <ul style="list-style-type: none"> Blood Body Fluids Mucous membranes Non-intact skin Potentially contaminated environmental surfaces or equipment 	Depending on anticipated exposure: Gloves, gown, or face protection (PPE always changed and hand hygiene performed before care of another resident)

181

Standard Precautions also include:

182

What PPE To Wear Based On Risk Of Exposure



- **Drawing blood?**
 - Wear Gloves
- **Performing incontinence care, changing pad/diaper?**
 - Wear gloves and possibly a gown
- **Collecting a respiratory specimen?**
 - N-95 respirator (if suspect COVID)
 - Always wear a mask

183

Transmission Based Precautions

Transmission-based precautions are used in addition to Standard Precautions for specified patients. It is designed for the care of patients or residents known or suspected to be infected by epidemiologically important pathogens spread by airborne, droplet, or contact transmission.



- Other Possible TBP's**
- **Contact Enteric Precautions**
 - *C. difficile, Norovirus*
 - **Special Respiratory Precautions**
 - COVID-19
 - **Contact/Droplet Precautions**
 - COVID-19

PPE is used to prevent the spread of transmissible infections.



184

Transmission Based Precautions



PPE is used to prevent the spread of transmissible infections.

185

Appendix A – CDC Guidelines for Isolation Precautions, Preventing Transmission of Infectious Agents in Healthcare Settings (update coming this year, hopefully)

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Gastroenteritis - Norovirus	Standard + Contact		Minimal of 48 hours after resolution of symptoms
Scabies	Contact + Standard	Until 24 hours after initiation of treatment	
UTI	Standard		
Severe Acute Respiratory Syndrome (SARS)	Airborne Contact Droplet	10 days	Airborne deferred; Droplet if AIIR unavailable, etc.



186

Why do we need additional Isolation Precautions?

- Standard precautions not being implemented in accordance with guidelines**
- Challenges with maintaining contact precautions in LTC setting**
Cannot be applied for long-term colonization
- Lack of knowledge of who is colonized within the facility**
Testing of all residents may be costly and is not recommended by CDC
- Persons can be colonized for extended periods of time**
Colonization may resolve and then spontaneously return

187





187

MDROs Have Significant Impact in Nursing Homes

- Many nursing home residents are **unknowingly colonized** with an MDRO, especially residents with risk factors like indwelling medical devices or wounds
- MDRO transmission** is common in skilled nursing facilities, contributing to significant morbidity and mortality for residents and increased costs for the health care system.
- Residents who have an MDRO can develop **serious infections**, remain colonized for long time periods, and spread MDROs to others through Healthcare staff contaminated hands and clothing and improperly disinfected surfaces.

188

The Large Burden of MDROs in Nursing Homes

FACILITY TYPE	DOCUMENTED MDRO	ACTUAL MDRO
Nursing Homes	17% 	58% 
Ventilator-Capable Nursing Homes	20% 	76% 

McKinnell JA et al. Clin Infect Dis. 2019; 69(9):1566-1573

189

The Need for Enhanced Barrier Precautions (EBP)



Historically, interventions in nursing homes have focused only on residents who are actively infected with an MDRO



Focusing only on residents with active infection fails to address the continued risk of transmission from residents with MDRO colonization, which can persist for long periods of time (e.g., months) and result in the silent spread of MDROs.



Need for a broader approach to reduce the spread of MDROs without isolating residents for long periods of time

Need for Enhanced Barrier Precautions (EBP)

- Facilities needed an approach to gown/glove use that was less restrictive than Contact Precautions and could be sustained for a longer period
- **EBP also addresses care of residents at risk for acquiring colonization**
- EBP may be applied (when Contact Precautions do not otherwise apply) to residents with any of the following:
 - Wounds or indwelling medical devices, regardless of MDRO colonization status
 - Infection or colonization with an MDRO

Enhanced Barrier Precautions

Half-way in between standard and contact precautions

- Gowns and gloves for high-contact care activities
- Residents can leave room
- Only applicable to long-term care



What does Enhanced Barrier Precautions Involve?

- EBP are used in conjunction with standard precautions and expand the use of PPE to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing.

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.

Enhanced Barrier Precautions

For Novel and Targeted MDROs:

Pan-resistant organisms,	Carbapenemase-producing Enterobacteriaceae,	Candida auris
Carbapenemase-producing <i>Pseudomonas</i> spp.,	Carbapenemase-producing <i>Acinetobacter baumannii</i>	



Enhanced Barrier Precautions

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

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



196

Wounds

- Wounds generally include chronic wounds, not shorter-lasting wounds, such as skin breaks or skin tears covered with an adhesive bandage (e.g., Band-Aid®) or similar dressing.
- Examples of chronic wounds include, but are not limited to, pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and venous stasis ulcers.



197

Indwelling Medical Devices

- Examples include central lines, urinary catheters, feeding tubes, and tracheostomies. A peripheral intravenous line (not a peripherally inserted central catheter) is not considered an indwelling medical device for the purpose of EBP.

198

Examples of Indwelling Devices



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Alabama Nursing Home and Long-Term Care Facility Strike Team

199

Facility Discretion

- 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.



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Alabama Nursing Home and Long-Term Care Facility Strike Team

200

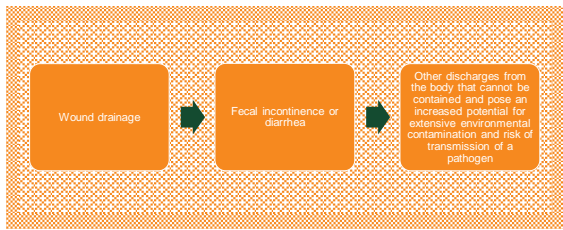
Implement Contact vs Enhanced Barrier Precautions

Residents Status	Contact	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 facility discretion
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	YES
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

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Alabama Nursing Home and Long-Term Care Facility Strike Team

201

Examples of Secretions/Excretions



202

Which High Contact Resident Activities Require EBP?

- 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



203

High-Contact Resident Care Activities



204

What is the Duration of EBP?

Resident with history of MDRO remains on EBP for duration of stay even with negative cultures.

Resident who no longer has a device may be removed from EBP.

205

Let's Review



206

Contact Precautions

- MUST STILL BE IMPLEMENTED FOR**
- 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, despite attempts to control the spread of the MDRO, ongoing transmission is occurring
 - Any other infection listed in Appendix A that requires contact precautions (Norovirus, *C.diff*, Scabies)

207

Differences In Contact Precautions & EBP

Contact Precautions

- Resident stays in room
- Gowns & gloves for every room entry
- Consider how to designate when specific disinfectants need to be used and when soap and water is needed (i.e., *C. difficile*)
- Dedicated Equipment

Enhanced Barrier Precautions

- Resident can leave room
- Gowns & gloves for high contact care
- Consider how to designate when specific disinfectant is needed (i.e., *C. auris*)

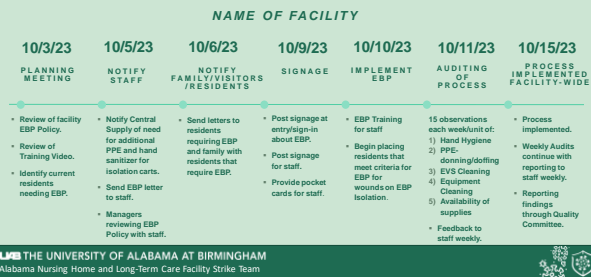
What is the Benefit of EBP in a LTC Facility?

- EBP allows high-risk SNF residents to participate in activities outside of the room under specified conditions.
- EBP will help to reduce the spread of MDROs



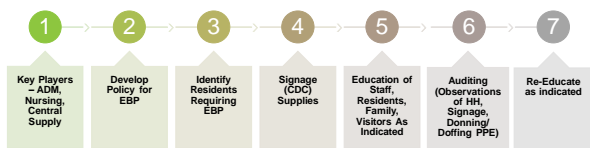
Process For Implementation of EBP in Your Facility

Example EBP Implementation Timeline



211

Steps To Implementing EBP



212



Implementation Approaches

- The application of EBP to routine care of residents with wounds or indwelling medical devices requires that **staff participate in initial and on-going training on the facility's** expectations about hand hygiene and gown and glove use, along with proof of competency regarding appropriate use and donning and doffing technique for PPE.
- Facilities should develop a **method to identify residents with wounds or indwelling medical devices**
- Facilities with rooms containing **multiple residents** should provide staff with training and resources to ensure that they change their gown and gloves and perform hand hygiene in between care of residents in the same room.

213

Help Keep Our Residents Safe

- **A letter for staff from CDC that addresses:**
 - Why EBP are being implemented?
 - What are EBP?
 - How to know when to use EBP?

- **CDC has created** a comprehensive, free, online training course for addressing development and implementation of an infection control program

214

Provide Education to Residents and Visitors



- Enhanced Barrier Precautions Letter to Nursing Home Residents, Families, Friends and Volunteers**
- Explanation of EBP
 - Signage
 - Hand Hygiene
 - Glove and Gown Usage

215

Implementation of Enhanced Barrier Precautions

- 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, if staff are aware of which residents require the use of EBP prior to providing high-contact care activities.
- Make PPE, including gowns and gloves easily available.
- Ensure access to alcohol-based hand rub in every resident room (ideally both inside and outside of the room).
- Position a trash can inside the resident room and near the exit for discarding PPE after removal, prior to exit of the room or before providing care for another resident in the same room.



216

Personal Protective Equipment

- PPE, including gowns and gloves, should be available for **easy access**.
- Plan for restocking



217

Hand Hygiene

- Ensure access to **alcohol-based hand rub** at every resident room
- Ideally located both **inside and outside** of room
- Makes performing **hand hygiene** easy!



218

Trash can

- Position a trash can **inside resident room** and near exit for discarding PPE
- **Large** enough trash can to hold discarded PPE



219

Cleaning and Disinfection of Shared Equipment



- Ensure access to cleaning supplies/wipes
- Educated Housekeeping and Nursing on Contact Time For disinfectant

220

Auditing Practices and Education

- Incorporate periodic monitoring and assessment of adherence to determine need for additional training and education
- Set a targeted number of observations and designate what you will monitor and who will do the monitoring



221

Concerns For Implementing EBP

222

What is downside/upside of Implementing EBP?

- **Implementation of routine EBP would incur costs including:**
 - PPE (gowns/gloves)
 - Training
 - Staff time to don and doff PPE
 - Signage materials.
 - Centers for Medicaid and Medicare and private insurers/commercial plans may need to consider the implementation and cost of EBP in payment models.
- **Potential savings** would include:
 - **Avoidance of infections and hospitalizations**
 - An economic analysis of a randomized controlled trial involving the use of EBP in a bundle **to prevent catheter-associated urinary tract infections estimated net savings of approximately \$15,000 per year per facility.**
 - The savings would accrue to payers and not to skilled nursing facilities.



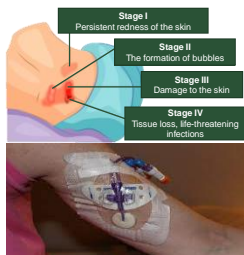
223



224

Which Residents Should Be Placed Into EBP?

- **Residents:**
 - **Infection or colonization with an MDRO when Contact Precautions does not apply**
 - **With wounds and/or indwelling medical devices**





225



Which activities are included under “providing hygiene”?

- Providing hygiene refers to practices such as brushing teeth, combing hair, and shaving
- Many of the high-contact resident care activities listed in the guidance are commonly bundled as part of morning and evening care for the resident rather than occurring as multiple isolated interactions with the resident throughout the day
- 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

226

The guidance advises using EBP for the “care and use” of indwelling medical device. 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

227

What is the definition of an “indwelling medical device”?



- An indwelling medical device provides a direct pathway for pathogens in the environment to enter the body and cause infection
- Examples include, but are not limited to, central vascular lines (including hemodialysis catheters), indwelling urinary catheters, feeding tubes, and tracheostomy tubes
- Devices that are fully embedded in the body, without components that communicate with the outside, such as pacemakers, would not be considered an indication for Enhanced Barrier Precautions

228

Is EBP Recommended For Residents With A Colostomy?

No - Not unless they also have an open wound or a medical device.



229

Are gowns and gloves recommended for EBP when transferring a resident from a wheelchair to chair in the dayroom/dining room?



- In general, gowns and gloves would not be recommended when performing transfers in common areas such as dining or activity rooms, where contact is anticipated to be shorter in duration
- Outside the resident's rooms, EBP should be followed when performing transfers or assisting during bathing in a shared/common shower room and when working with residents in the therapy gym, specifically when anticipating close physical contact while assisting with transfers and mobility

230

High-Contact Care

Is Physical or Occupational Therapy considered a "high-contact" resident care activity?

Yes. Therapists should use gowns and gloves when working with residents on Enhanced Barrier Precautions in the therapy gym or in the resident's room if they anticipate close physical contact while assisting with transfers, mobility, or any high contact activity.



231

Housekeeping Staff

Is changing linen considered a “high-contact” resident care activity?

- Changing linen is considered a high contact resident care activity, gowns and gloves should be worn by EVS personnel if they are changing the linen of residents on Enhanced Barrier Precautions.
- Gown and glove use by EVS should be based on facility policy and for anticipated exposures to body fluids, chemicals, or contaminated surfaces.



232

List the Steps for Donning and Doffing PPE when showering a resident on EBP

- 1) Perform hand hygiene - Don PPE when enter room to prepare resident to transfer to take to shower room.
- 2) Doff PPE before leaving the room - Perform hand hygiene
- 3) After arriving in shower room Don PPE and shower resident
- 4) Doff PPE after completing shower and dressing resident and Perform hand hygiene
- 5) **Do not wear PPE in the hallway**
- 6) Perform hand hygiene - Don PPE to transfer resident back into clean bed
- 7) Doff PPE before leaving resident room - Perform hand hygiene

233

Updates On EBP

234

CDC Updates Guidance On Enhanced Barrier Precautions For Nursing Homes

- AHCA – American Health Care Association
- NCAL – National Center for Assisted Living
- Published – July 12, 2022
- CMS Stakeholder call – July 13, 2022



235

Posted 3/20/24 - CMS QSO-24-08 NH

- Effective: **April 1, 2024**
- Incorporated into F880 – 483.80
- 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 located under the "Survey Resources" and to the Long-Term Care Survey Process software application



236

Resources for Implementation of EBP

- Information regarding CDC-targeted MDROs and current recommendations on EBP are available on the CDC's webpage, "Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs)" at <https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>.
- Pre-Implementation Tool - Enhanced Barrier Precautions: <https://www.cdc.gov/hai/pdfs/containment/Pre-Implementation-Tool-for-Enhanced-Barrier-Precautions-508.pdf>
- Observations Tool - Enhanced Barrier Precautions Implementation: <https://www.cdc.gov/hai/pdfs/containment/Observations-Tool-for-Enhanced-Barrier-Precautions-Implementation-508.pdf>
- Observations Tool Summary Spreadsheet: <https://www.cdc.gov/hai/excel/containment/Spreadsheet-to-Capture-and-Summarize-EBP-Observations.xlsx>
- Enhanced Barrier Precautions Letter to Nursing Home Leadership: <https://www.cdc.gov/hai/pdfs/containment/Enhanced-Barrier-Precautions-Letter-for-Nursing-Home-Leadership-508.pdf>

237

Resources for Enhanced Barrier Precautions

- **Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs)**
<https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>
- **Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes**
<https://www.cdc.gov/hai/containment/faqs.html>
- **Considerations for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities**
<https://www.cdc.gov/hicpac/workgroup/EnhancedBarrierPrecautions.html?scikid=39038417aed311ec8c868e1e03c50297>
- **Enhanced Barrier Precautions Letter to Nursing Home Residents, Families, Friends, and Volunteers**
<https://www.cdc.gov/hai/pdfs/containment/Letter-Nursing-Home-Residents-Families-Friends.pdf>
- **Enhanced Barrier Precautions Letter to Nursing Home Staff**
<https://www.cdc.gov/hai/pdfs/containment/Letter-Nursing-Home-Staff.pdf>



238

Additional EBP Resources

Print Resources

- [Facility Poster-Enhanced Barrier Precautions Steps](#)
- [Staff Pocket Guide-Enhanced Barrier Precautions](#)
- [Resident and Loved Ones Poster-How We Keep Our Residents Safe](#)

Videos

- [Enhanced Barrier Precautions in Nursing Homes](#)



239



240

OBJECTIVES

243

Seven horizontal lines for notes.

Objectives

- Identify the functions and responsibilities of the nurse/medication tech during medication pass.
- Identify items of preparation for Medication administration.
- Discuss ideal Medication Administration practices utilizing food and beverages.
- Review areas of concentration during Infection Prevention consultations
- Describe strategies for assessing the adherence to infection control procedures during medication administration.



244

Seven horizontal lines for notes.

HISTORICAL PROCESS

245

Seven horizontal lines for notes.

Historical Process Review

The medication nurse/tech is responsible for administering the medications as they have been prescribed by their medical provider.



246

Factors That Affect Medication Administration



247



248

Medication Cart Items



- List of resident names and medication list
- Report Sheet/Worksheet (for documentation of vital signs that are required for meds)
- Computer (documentation)
- Gloves
- Alcohol wipes
- OTC and Extra medications
- Trash Can
- Sharps container
- BP cuff Medication
- Disinfectant wipes

249

Medication Cart Items

- Pill crusher (silent knight)
- Drinking cups
- Medication cups
- Spoons
- Applesauce (comes from kitchen)
- Water pitcher (Dated and Labeled)
- Thickened Water
- Juice (If resident prefers)
- Protein Supplement
- Straws
- Diabetes Management supplies
- Lancet, strips, glucometer
- Hand sanitizer
- Facility provided lotion



250

Medication Administration By Route

- Oral
- Intravenous (Peripheral IV/ Midline/ Central (PICC) Line)
- Eye Drops/Ointments
- Ear Drops
- Topical Medications (Creams, Ointments, or Patches)
- Suppositories
- Gastrostomy/PEG Tube
- Subcutaneous Injections
- Intramuscular Injections
- Intranasal



251

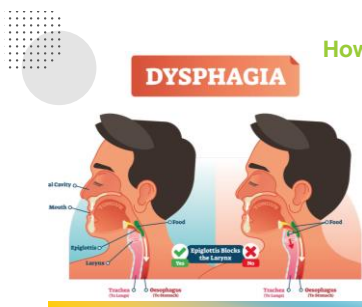
Medication Administration with Food & Supplements

Physician order to add food items (apple sauce/pudding) or supplements during medication pass.

Recommendation from Speech therapy to utilize food to assist with ease of swallowing

Dietary Recommendation to add a supplement during medication administration due to weight loss.

252



How Did We Get Here?

Administering crushed medications mixed with a soft food or liquid vehicle or via a feeding tube is a common strategy to circumvent swallowing difficulties in patients with dysphagia.

253

Common Food Used With Medication Administration

- Apple Sauce
- Pudding
- Ice Cream
- Juices/Punch
- Milk Supplements
- Thicken Liquids



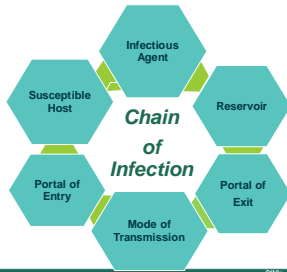
254

BASICS IN INFECTION PREVENTION

255

Review of the Chain of Infection Transmission

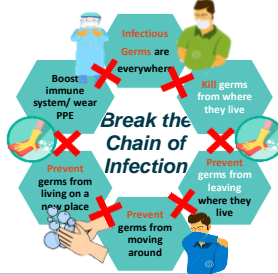
In healthcare settings, the *transmission*, or spread of an infection is described as a "chain," or an active infectious cycle.



256

Role of Infection Prevention and Control

The role of infection prevention and control is critical in healthcare settings as it assists in the *disruption* or *ending* of the cycle that will **STOP THE SPREAD** of pathogens and germs within the environment.



257

So, What's The Infection Control Issue?

Medication administration is often fraught with many potential infection control risk.

Let's highlight a few!



258

Infection Prevention Plan

- The IP must address the potential increased risk of pathogen transmission associated with these additional activities and services.
- A comprehensive IPC plan must now include measures to prevent environmental contamination of items such as in-room computers, computer keyboards, touch screens, and equipment.
- In addition, the plan must anticipate an increasing traffic flow to the LTC facility by visitors and service providers who support these activities.



259

Infection Prevention Plan



- The IP should collaborate with the pharmacy provider to ensure that medications are dispensed and delivered to the facility in a manner that prevents possible contamination.
- Periodic observation of medication administration will provide real-time, useful data regarding the safe handling and administration of commonly prescribed drugs.

260

Perform Hand Hygiene Between Care of Residents

Germes are primarily thought to be spread through the hands of healthcare providers. Therefore, **hand hygiene** remains the #1 way to prevent the spread of infection.

Use the appropriate hand hygiene based upon the situation (wash hands with soap and water when visibly soiled or dirty or when caring for resident with C. difficile or Norovirus.)

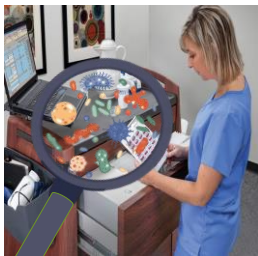


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261

Prevent Infection Transmission From Fomites

- Fomites are inanimate objects that can be contaminated with germs.
- Germs can be spread when the fomites are touched.
- Examples of fomites are medication drawer handles, surface of medication cart, touch screen monitors, and bedside tables.
- Ensure that these surfaces are **cleaned and disinfected** on a routine basis and as needed when soiled or contaminated.



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Point of Care POC Device

- Glucometer
 - o Is the device for single resident use
 - o Cleaning and Disinfection per IFU
 - o Proper Disinfectant Used
 - o Where to clean and disinfect
 - o Proper storage procedure followed
- Insulin Pins/ Multidose Insulin Vials
 - o Needles – Single use
- Lancet
 - o Lancet - Single use
- All supplies should remain in original containers (with lot #s, expiration dates).
- Cotton balls should be maintained and covered to prevent contamination



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Infection Prevention with Supplies on Medication Cart

- Items are to be maintained as single use
- Items are to be protected from being contaminated (cups turned downward)
- Water pitcher (labeled and dated)
- Foods used (labeled and dated)
- Surfaces intact without, rust, or breaks in its integrity
- Medications should not be touched with bare hands
- No personal drinks or items should be on the medication cart
- Items are used before expiration date
- Outdate checks (shift older items to the front or top)



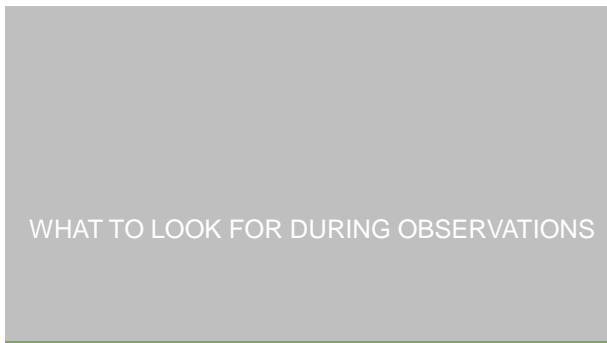
264



Infection Prevention and Medication Administration

- Care should be planned based on the type of medication being administered
- Take care to scrub the hub prior to administering intravenous medications
- Note IV access: Site intact, flushes with ease, without redness, without signs of infiltration
- For all creams and drops, ensure that these do not get contaminated.
- Utilize appropriate PPE
- Care should be given for proper cart cleaning and disinfection (Example: between shift change or daily)

265



266



Module 6 Injection Safety ICAR

- Injection safety includes practices intended to prevent transmission of infectious diseases between one patient and another, or between a resident and healthcare provider.
- Injection safety further helps to prevent harm to the healthcare provider, such as a needlestick injury.



267



Module 6 Injection Safety ICAR

- The following practices should be observed during administration of an injectable medication:
- Performance of Hand hygiene
 - Medications being prepared using aseptic technique, on a designated clean area, that is not adjacent to potential sources of contamination, including sinks or water sources.
 - Needles and syringes only used for one resident
 - Rubber septum on medication disinfected prior to injecting
 - All multi-dose vials are dated when opened and discarded within 28 days (or by manufacturer specified date)
 - All sharps are disposed of in a puncture resistant sharps container



268

DOCUMENTATION OF FINDINGS

269

Description of Findings



- Be as descriptive without making assumptions
 - Even if it looks as if it is mold or blood, do not call it such.
 - Describe it as:
 - "Brown or black debris noted on"
 - "Appears to be dark red-like debris"
 - "White dust like debris on surface of"
- All items should appear neat and orderly. Any areas of clutter are a magnet for drawing further attention to it.
- All items should be stored in a manner to prevent contamination.
- If you know something is not right, but do not have the language for it, make a note of it and bring to the attention of nursing leadership.

270



271

Scenario #1 - Question

A nurse is administering medications to a resident with a gastrostomy tube.

What type of precautions should the nurse take to prevent infection with this resident?



272

Scenario #1 - Answer

At minimum:

- We could expect the nurse to:
- Perform hand hygiene
- Wear PPE per standard precaution

This situation may include the need for gloves, gown, and/or face shield if splashing is anticipated.



273

Scenario #2 - Question

You are performing infection control observations at a SNF. You notice a small container of applesauce left unattended on the medication cart. This applesauce container is open, with a spoon in it, without a labeled time or date.



What would you do next?

274

Scenario #2 - Answer

At minimum: You would:

- Inform nursing leadership of the issue in a non-confrontational, non-judgmental way.
- Encourage them to notify the appropriate staff to discard the applesauce.
- The new applesauce will be dated and timed and discarded after each medication pass.
- Provide just in time education of the importance of proper storage and maintenance of food items that are not in use.



275

Scenario #3 - Question

While performing observations, you observe a medication nurse/tech getting ready to enter a resident's room that is on Contact Precaution without personal protective equipment.

You should:

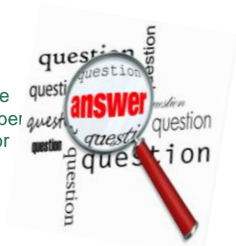
- a. Go about your business since you are not skilled in passing meds.
- b. Do nothing since PPE for this type of room is optional.
- c. Access the facility intercom and announce "Attention, you may not want to eat the potato salad that _____ brought today."
- d. Bring it to the attention of the medication nurse/tech in a non-threatening way. Provide just in time education reminding the staff member that a gown and gloves are to be for residents on Contact Precautions, worn per policy.



276

Scenario #3 - Answer

- d. Bring it to the attention of the medication nurse/tech in a non-threatening way. Provide just in time education reminding the staff member that a gown and gloves are to be for residents on Contact Precautions, worn per policy.



277

Scenario #4 - Question

While performing observations, you observe a glucometer with a strip inserted in it on top of the medication cart.

You should:

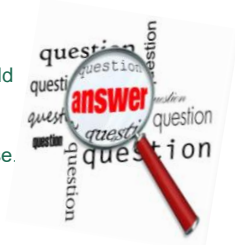
- a. Do nothing since it is time for your break.
- b. Thank the staff member that has prepared it for your use and use it to check a resident's blood glucose.
- c. Provide just in time education sharing that the glucometer should be cleaned and disinfected after each resident's use, per the manufacturer's instructions for use.
- d. Do nothing because it only needs to be cleaned and disinfected at the end of each shift.



278

Scenario #4 - Answer

- c. Provide just in time education sharing that the glucometer should be cleaned and disinfected after each resident's use, per the manufacturer's instructions for use.



279

PREVENTION IS KEY

280

Let's Be Mindful!



281



Prevention is Key

Infection Prevention and Control is an important strategy intended to prevent and reduce the spread of healthcare associated infections.



PREVENTION IS KEY!

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QUESTIONS?



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