



LTCF State Update Call

from the Tennessee Department of Health

TN

Tennessee Department of Health
November 13, 2024

Call Agenda

Announcements & Updates

- **Respiratory Illness Update & COVID-19 Reporting**
 - Ashley Gambrell, MPH
- **LTCF Data Trends and NHSN update**
 - Vicky Lindsey, RN, CIC
- **TDH Waterborne Program**
 - Emma Roth, MPH
- **Upper Cumberland Training**
 - Kate Liepins, VPC

- **US Antibiotic Awareness Week**
 - Christopher Evans, PharmD

Presentation(s)

- **HCW Attire and Pathogens**
 - Angela Camiolo Terry, RN, M.Ed, CIC
- **Laundry Processing in LTCF**
 - Stephanie Henry, RN, BSN, CIC

Respiratory Illness Update



COVID-19 Trends in TN & US

- **Tennessee**

- New cases decreased ▼
(total ~ 247/week)
- Deaths decreased ▼
(total <5/week)

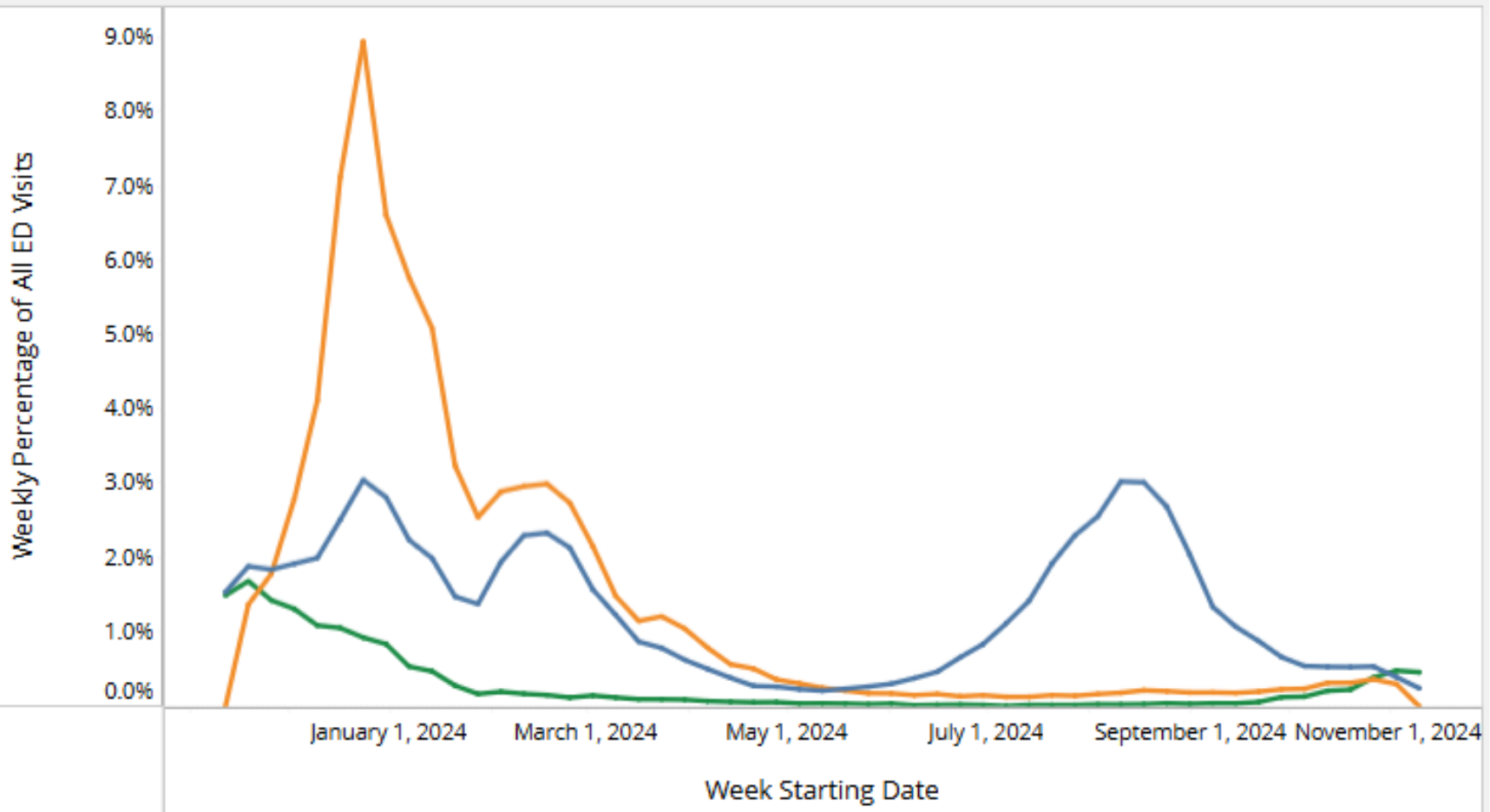
- **U.S.A.**

- Wastewater levels decreased ▼
- Emergency department visits decreased ▼
- Hospitalizations decreased ▼
- Deaths remain low



Syndromic Surveillance

Statewide Weekly Percentage of ED Visits with Viral Respiratory Illness Discharge Diagnosis Codes



Respiratory Illness

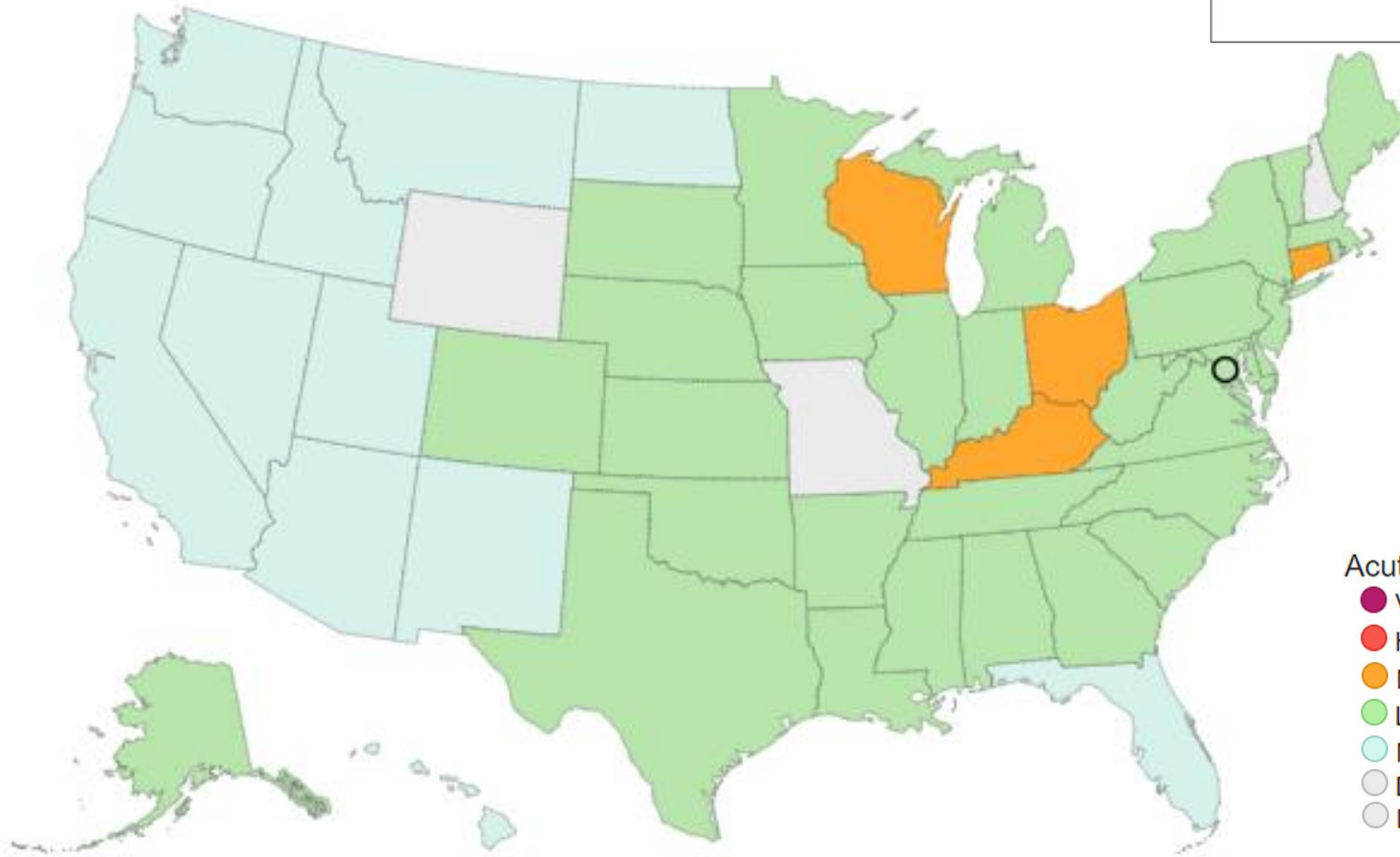
COVID-19 Influenza RSV



Bottom Line

Nationally,
**Respiratory
Illness**
causing people to
seek healthcare is

LOW



Acute Respiratory Illness

- Very High
- High
- Moderate
- Low
- Minimal
- Data Unavailable
- Limited Data

Territories

- AS
- GU
- PR
- VI



Additional Resources

- **TDH Resources**

- [TDH Respiratory Viral Illness Webpage](#)
- [TDH Influenza Information](#)

- **CDC Resources**

- [Protect yourself from COVID-19, Flu, and RSV](#)
- [Respiratory Illnesses Data Channel](#)
- [Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\)](#)
- [Interim Guidance for Managing Healthcare personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#)



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LTCF COVID-19 Updates

Vicky Lindsey, RN, CIC | Tennessee Department of Health | Communicable and Environmental Diseases and
Emergency Preparedness

NHSN Reporting

Reporting in Tennessee, most recent week October 21-October 27, 2024

Number of facilities reporting	284
Total Residents in LTCF	24,478
Residents Up-to-date Covid19 vaccine	4574
Residents who have received Influenza Vaccine	7528
Residents who have received RSV Vaccine	1267
Confirmed Covid19 Resident Cases	114
Number of Residents who received UTD vaccine 14 days before + test	6
Hospitalized and + test in the last 10 days	8



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LTCF NHSN Updates

Vicky Lindsey, RN, CIC | Tennessee Department of Health | Communicable and Environmental Diseases
and Emergency Preparedness

Reporting Deadline for Quarter 2 data

- **NOVEMBER 18, 2024**
- **Skilled Nursing Facilities (SNFs) that participate in the Skilled Nursing Facility Quality Reporting Program:**
 - **2024 Quarter 2 (April 1 – June 30) Weekly Healthcare Personnel COVID-19 Vaccination Summary data**

NHSN- New Combined Respiratory Form

- **COVID-19 vaccination, case, and hospitalization reporting are required while flu and RSV reporting remain optional until January 1, 2025.**
- **Facilities that choose not to collect and report Influenza and RSV vaccination, case, or hospitalization data should leave the fields blank on the combined form. Please do not enter zero (0) if you are not collecting and reporting these data.**

NHSN- New Combined Respiratory Form

- **Users should report vaccination, case, and hospitalization data for the week corresponding to the reporting week on the weekly Respiratory Pathogen and Vaccination (RPV) calendar view.**
 - **For example, to report data in the RPV summary form for the week of 9/30/2024 – 10/6/2024, select the reporting week labeled 9/30/2024 – 10/6/2024 on the calendar view.**
 - **This reporting should include all new cases and hospitalizations that occurred from 9/30/24 – 10/6/24, and the vaccination status of all residents in the facility that week.**

NHSN- New Combined Respiratory Form

- **Data can be reported for the current or prior week in NHSN by Sunday of the current week.**
 - **For example, facilities can report data for week-ending 10/6/24 or for week-ending 10/13/24 by 10/13/24.**
 - **Any day of the week is fine to report, as long as you report once a week.**
- **Any previously submitted data can be updated and re-saved.**
- **To update data, select the correct reporting week from the calendar view, update the appropriate data and select save.**

NHSN- New Combined Respiratory Form

- ***Analysis and Reporting – RPV Resident***
 - Select Analysis from the home page and then select reports.
 - On the Analysis Reports screen,
 - Click the Respiratory Pathogens and Vaccination folder,
 - Then click the RPV Summary sub-folder.
 - Next, right-click on “Line Listing - Respiratory Pathogens and Vaccination - Resident”
 - and click Run Report.

- To view Resident data for dates before 9/30/24, navigate to the reports in the Archived folder.

NHSN-Technical Issues - resolved

- **Respiratory Pathogens and Vaccination (RPV) Module**
- **Healthcare Personnel (HCP) menu tab**
 - **The COVID-19 Vaccination – HCP tab is now visible from the menu for both Facility and Group users.**
- **Analysis and Reporting – HCP**
 - **The COVID-19 Vaccination – HCP line listing is now available in the RPV Summary folder.**
 - **To view HCP COVID-19 vaccination data,**
 - **please utilize the report titled “Line Listing - All COVID-19 Vaccination Cumulative Summary Data - HCP” under Respiratory Pathogens and Vaccination > RPV Summary**

NHSN-Technical Issues - Resolved

- **Archived: COVID-19/Respiratory Pathogens Surveillance Pathways Module**
 - There was a technical issue with the COVID-19/Respiratory Pathogens Surveillance Pathways Module preventing users from adding and/or editing data for dates prior to 9/30/24 has been resolved.
- **Point of Care Module**
 - There was a technical issue in the Point of Care (POC) test result reporting tool requiring an answer to be selected for gender identity, has been resolved.

LTC Facility Acute Respiratory Illness Data Reporting

- CMS is finalizing a new data reporting standard to address a broader range of acute care respiratory illnesses.
- Beginning on **January 1, 2025**, LTC facilities are required to electronically report information about COVID-19, influenza, and respiratory syncytial virus (RSV) in a standardized format and frequency specified by the Secretary.
- This new standard replaces the current COVID-19 reporting standards for LTC facilities that sunset in December 2024.

Version Changes

Old (Current) Version

New Resident Cases (Positive Tests) and Hospitalizations During the Week of Data Collection	
3. Resident Cases (Positive Tests):	
3a. *COVID-19: Residents with a Positive Test	
3ai. ** Number of residents in Question #3a who received the up to date COVID-19 vaccine 14 days or more before the positive test	
3b. Influenza: Residents with a Positive Test	
3bi. ** Number of residents in Question #3b who received this season's annual influenza vaccine (YYYY-YYYY) 14 days or more before the positive test	
3c. RSV: Residents with a Positive Test	
3ci. ** Number of residents in Question #3c who received RSV vaccine 14 days or more before the positive test	

New (Future) Version

New Resident Cases (Positive Tests) and Hospitalizations During the Week of Data Collection	
3. Resident Cases (Positive Tests):	
3a. *COVID-19: Residents with a Positive Test	
3ai. ** Number of residents in Question #3a who received the up to date COVID-19 vaccine 14 days or more before the positive test	
3b.*Influenza: Residents with a Positive Test	
3bi. ** Number of residents in Question #3b who received this season's annual influenza vaccine (YYYY-YYYY) 14 days or more before the positive test	
3c.*RSV: Residents with a Positive Test	
3ci. ** Number of residents in Question #3c who received RSV vaccine 14 days or more before the positive test	

LTC Facility Acute Respiratory Illness Data Reporting

- **Timeline November 2024 – January 2025**
 - **November 1: CY25 HH final rule displayed in Federal Register; Fact Sheet posted**
 - **November 7: CY25 HH final rule publishes in Federal Register**
 - **December 5: CMS Open Door Forum, 2 p.m. ET**
 - **December 11: NHSN Long-Term Care Respiratory Reporting Training**
 - **January 1, 2025: Effective date for reporting**
 - **Mid-late January: New data will be posted on NHSN website**

[Calendar Year\(CY\)2025 Home Health Prospective Payment System Final Rule Fact Sheet \(CMS-1803-f\)](#)

LTC Facility Acute Respiratory Illness Data Reporting

- **CMS is finalizing that the new data elements for which reporting will be required:**
 - **facility census;**
 - **resident vaccination status for COVID-19, influenza, and RSV;**
 - **confirmed resident cases of COVID-19, influenza, and RSV (overall and by vaccination status);**
 - **and hospitalized residents with confirmed cases of COVID-19, influenza, and RSV (overall and by vaccination status).**
- **CMS continues to believe that sustained data collection and reporting of respiratory illnesses outside of emergencies will help LTC facilities gain important insights related to their evolving infection control needs.**

LTC Facility Acute Respiratory Illness Data Reporting

- They are also finalizing that, in the event of a declared national public health emergency (PHE) for an acute respiratory illness, there may be additional categories or reporting required, such as:
 - reporting data up to a daily frequency and additional or modified data elements relevant to the PHE-including but not limited to:
 - relevant confirmed infections,
 - supply inventory shortages,
 - staffing shortages,
 - relevant medical countermeasures and
 - therapeutic inventories.



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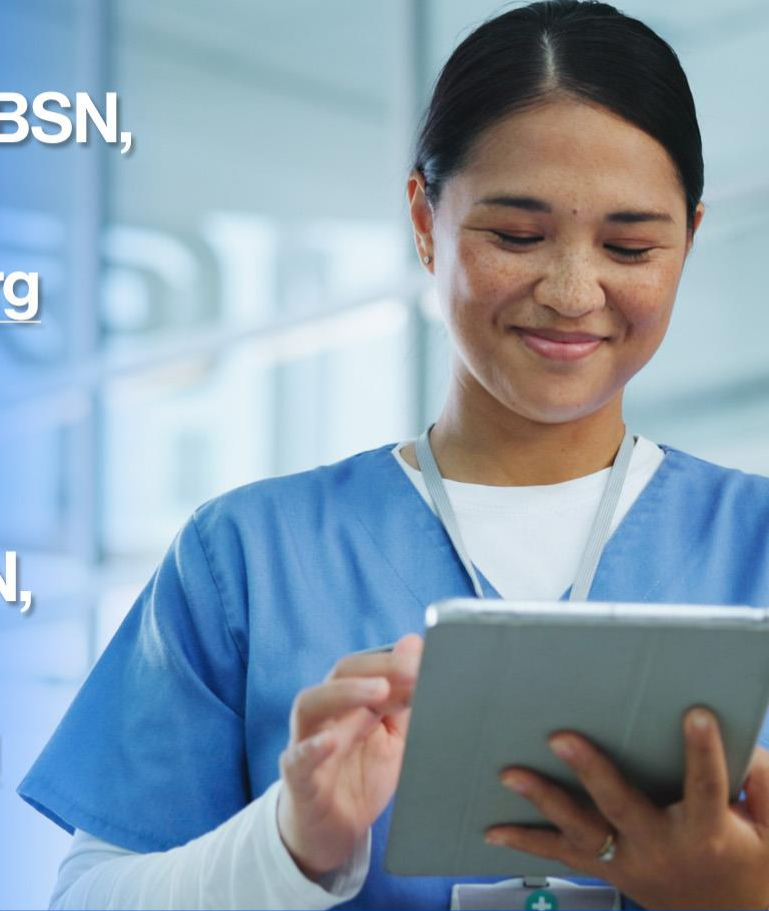
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**Qsource is currently recruiting
for our CSC | CMP Initiative**

www.qsource.org

A SPECIAL ANNOUNCEMENT

TRANSITION OF QUALITY INNOVATION NETWORK-QUALITY IMPROVEMENT ORGANIZATION (QIN-QIO)

I would like to thank each of you for your collaboration with myself and Alliant Health Solutions during the 12th Scope Of Work.

Our contract with CMS will be transitioning to a new phase, effective November 8, 2024. As a result, Alliant Health Solutions will be concluding its direct quality improvement support services to long term care organizations. All relevant materials and resources will remain accessible on our [website](#) for your continued use and reference.

We anticipate the next contract award to be announced in early 2025, and I look forward to the possibility of continuing our work together. Should you have any questions or require further assistance during this transition, please do not hesitate to contact me.

Some key highlights from the QIO work nationally include:

- Rapid response COVID-19 reduction efforts led to 6,700 nursing home residents' lives saved in the first year of the pandemic and continue to reduce COVID-19 infections among nursing home residents.
- Nursing homes that worked with QIN-QIOs had:
 - 25.2% fewer resident COVID-19 infections
 - 26.4% fewer resident hospitalizations
 - 24.3% fewer resident deaths

For information about the 13th Scope of Work please visit:

<https://www.cms.gov/medicare/quality/quality-improvement-organizations/future-work>



Julie Clark, BS, LPTA

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TDH Waterborne Program

Emma Roth, MPH | Tennessee Department of Health | Communicable and Environmental Diseases and
Emergency Preparedness

TDH Waterborne Program Update – 11/13/2024

Legionellosis Cases	HC-Associated Legionellosis Cases	Deaths
119 +11	17 +0	7 +0

Updates:

- No updates this month

We're here to help.

Please reach out if you have any questions regarding *legionella*, water management programs, etc.

Legionella.Health@tn.gov

615-741-7247





Upper Cumberland Preparedness Coalition Training Opportunities

Kate Liepins | Vulnerable Populations Coordinator



Presented by

Kate Liepins

Vulnerable Populations Coordinator

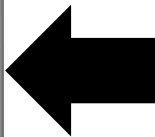
UPPER CUMBERLAND HEALTHCARE COALITION

COMMUNITY PREPAREDNESS & RESPONSE

- Planning and exercising all-hazards events
- Increasing surge capacity
- Tracking the availability of beds and resources using electronic systems
- Developing communication systems that are interoperable with other response partners
- Meeting regulatory requirements

ABOUT **Us**

The Upper Cumberland Healthcare (UCH) Coalition exists to assist the health care community and other emergency response agencies to jointly prepare for, respond to, and recover from disaster events. The Coalition supports collaborative planning and information sharing among a broad range of healthcare partners to protect, promote, and improve the health and prosperity of people in the Upper Cumberland community and Tennessee.



**Scan the QR
code
to Register for
the
UCH Coalition**

RESOURCES & ASSETS

Bullseye Fire Extinguisher Training System

- Utilize for Fire Drills, Fire extinguisher use training, pull station and siren training at facilities.



Mass Casualty

- Biohazard Bag Holders
- Biohazard Bag Refills
- Body Bags
- DQE Sani-Bags
- Evidence Bags / Labels / Tape
- Portable Mortuary System

Mini CRD



Medical Supplies

- Absorbent Briefs (adult)

Shower Trailer

- 3 exterior showers
- 2 restrooms
- Laundry capability



Message Boards (9)

- 5 units
- Portable, reusable
- Quarantine, construction, etc.



Trauma HAL

- Simulated training patient



PPE

- Exam Gloves
- Gown Kits
- Lab Coats
- N95 Respirators
- PAPRs
- StatPacs
- Scrubs
- TyChem Suits

Shelter & Hygiene

- Blankets
- Commode Liners
- Cots w/ Carts
- Disposable Towels
- Folding Tables
- Hand Wash Stations
- Hospital Tent
- HVAC Systems
- Hygiene Kits
- Interlocking Barriers
- Inflatable Shelters
- Linen Kits (infant/adult)
- Liquid Hand Soap
- Mesh Safety Fencing
- Misting Fans
- Mylar Blankets
- Paper Towels
- Pillows
- Pleated Filters

Miscellaneous

Banker Boxes / Cameras / GPSs / Hand Trucks / Office Supplies / Photo Documentation Kits / Tarps / Tool Bags / Step Ladders / Traffic Cones

Corridor Partitions

- 5 units
- Portable, reusable, fast separation
- Quarantine, construction, etc.

RATT Camera System

- Hitch-mounted 360° camera on telescopic mast
- Elevated mobile surveillance



20 ft Pull-Behind Trailers

- 9 units
- Supply cache components

Power / Water

- Bladder Replacement Liners
- Carbon Block Filters
- Collapsible Water Containers
- Diesel Generators
- Extension Cords
- Inflatable Light Towers
- LED Job Lights / Lanterns
- Torpedo Heaters
- Water Filling Stations
- Water Filtration Systems
- 500-Gallon Water Bladder

**FREE
TRAINING
OPPORTUNITIES**

COMMUNITY DISASTER PREPAREDNESS FOR HEALTHCARE CERTIFICATE PROGRAM

This program enhances knowledge and skills related to healthcare and public health disaster preparedness while earning continuing education credits.

**MEDICAL MANAGEMENT OF CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR AND
EXPLOSIVE EVENTS PER-211**

MEDICAL COUNTERMEASURES: POINT OF DISPENSING, PLANNING AND RESPONSE— MGT-319

MEDICAL PREPAREDNESS & RESPONSE FOR BOMBING INCIDENTS — MGT-348— PER-233

PEDIATRIC DISASTER RESPONSE AND EMERGENCY PREPAREDNESS— MGT-439

Registration Links and Dates of each Course:

MGT 348 07/30/24 - 07/31/24: Medical Preparedness and Response for Bombing Incidents
<https://my.teex.org/TeexPortal/Default.aspx?MO=mCourseCatalog&D=FP&C=MGT348&S=767>

MGT 319 10/16/24 – 10/17/24: Medical Countermeasures POD Planning and Response
<https://my.teex.org/TeexPortal/Default.aspx?MO=mCourseCatalog&D=FP&C=MGT319&S=572>

MGT 439 01/08/25 – 01/09/25: Pediatric Disaster Response and Emergency Preparedness
<https://my.teex.org/TeexPortal/Default.aspx?MO=mCourseCatalog&D=FP&C=MGT439&S=538>

PER 211 04/10/25 – 04/11/25: Medical Management of CBRNE events
<https://my.teex.org/TeexPortal/Default.aspx?MO=mCourseCatalog&D=FP&C=PER211&S=1227>

INFRASTRUCTURE DISASTER MANAGEMENT CERTIFICATE PROGRAM

This program provides the emergency management community a deep dive into key sub-sectors of Critical Infrastructure.


DISASTER MANAGEMENT FOR PUBLIC SERVICES — MGT-317

**DISASTER PREPAREDNESS FOR HOSPITALS AND HEALTHCARE ORGANIZATIONS
WITHIN THE COMMUNITY INFRASTRUCTURE — MGT-341**

DISASTER MANAGEMENT FOR ELECTRIC POWER SYSTEMS — MGT-345

DISASTER MANAGEMENT FOR WATER AND WASTEWATER UTILITIES — MGT-343

Registration Links and Dates of each Course:



MGT 317 02/12/2025 - 02/13/2025: Disaster Management for Public Services

<https://my.teex.org/TeexPortal/Default.aspx?MO=mCourseCatalog&D=EU&C=MGT317&S=600>

MGT 341 11/12/2024 – 11/13/2024: Disaster Preparedness for Hospitals & Healthcare Organizations

<https://my.teex.org/TeexPortal/Default.aspx?MO=mCourseCatalog&D=EU&C=MGT341&S=582>

MGT 345 05/07/2025 – 05/08/2025: Disaster Management for Electric Power Systems

<https://my.teex.org/TeexPortal/Default.aspx?MO=mCourseCatalog&D=EU&C=MGT345&S=347>

MGT 343 06/04/2025 – 06/05/2025: Disaster Management for Water and Wastewater Utilities

<https://my.teex.org/TeexPortal/Default.aspx?MO=mCourseCatalog&D=EU&C=MGT343&S=740>

SOME HIGHLIGHTS FOR TRAINING IN 2025

- **CYBERSECURITY VULNERABILITY ASSESSMENT WORKSHOP**
- **ACTIVE SHOOTER EXERCISE DEVELOPMENT WORKSHOP**
- **HEALTH FACILITIES COMMISSION: FIRE AND BUILDING CODES**
- **NDPTC: SOCIAL MEDIA PLATFORMS IN DISASTER MANAGEMENT**

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Vulnerable Populations Coordinator
(VPC)

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Regional Healthcare Coordinator (RHC)

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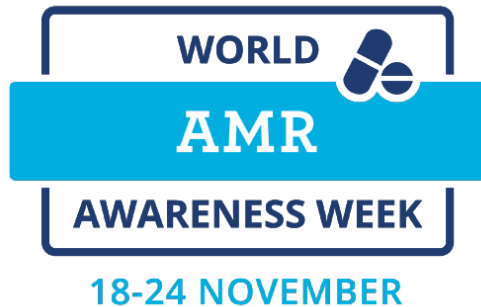
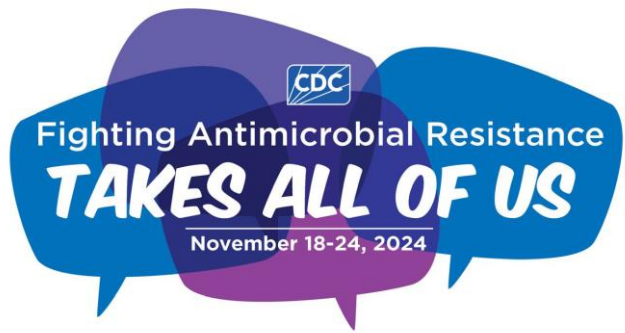


www.uchcoalition.org



USAAW 2024

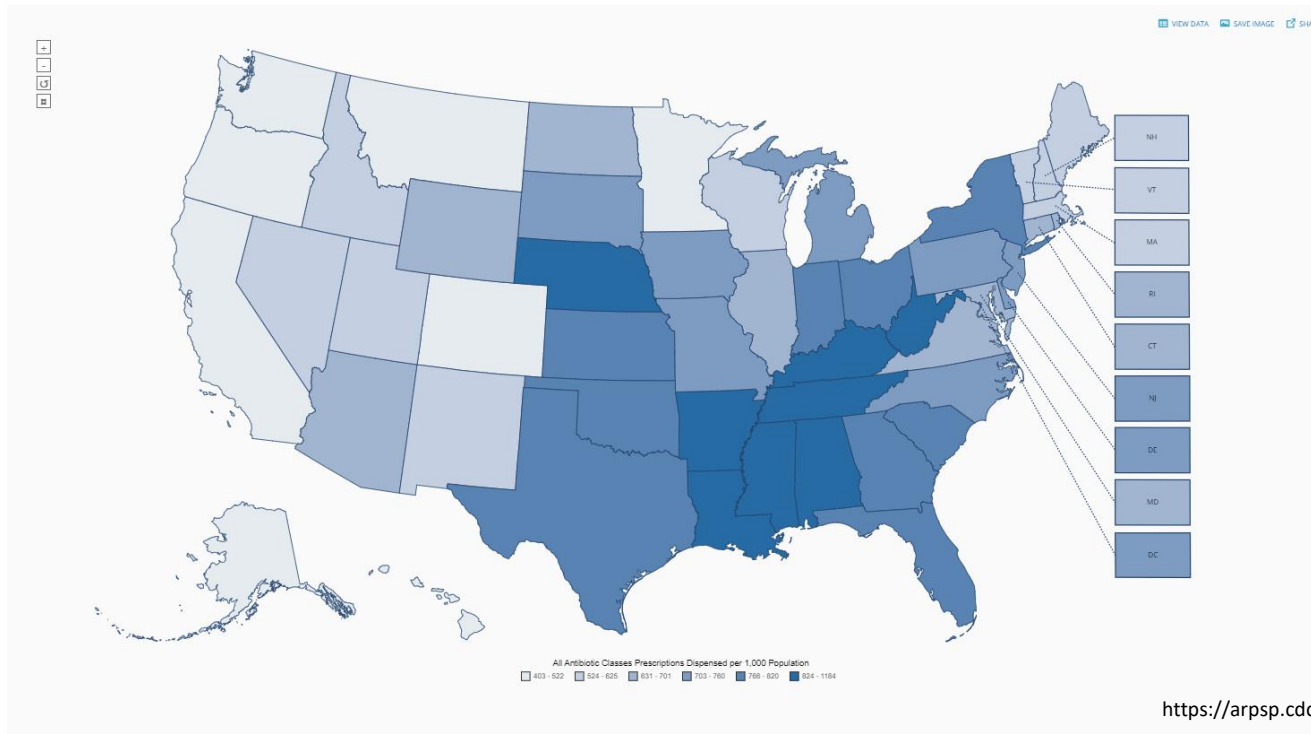
US Antibiotic Awareness Week



- **U.S. Antibiotic Awareness Week (USA AW) and World Antimicrobial Resistance Awareness Week (WAAW) are opportunities to highlight the importance of preventing infections, improving antibiotic and antifungal use, and combating antimicrobial resistance (AR).**
- **AR is a One Health problem—the health of people is connected to the health of animals, the environment, and plants.**

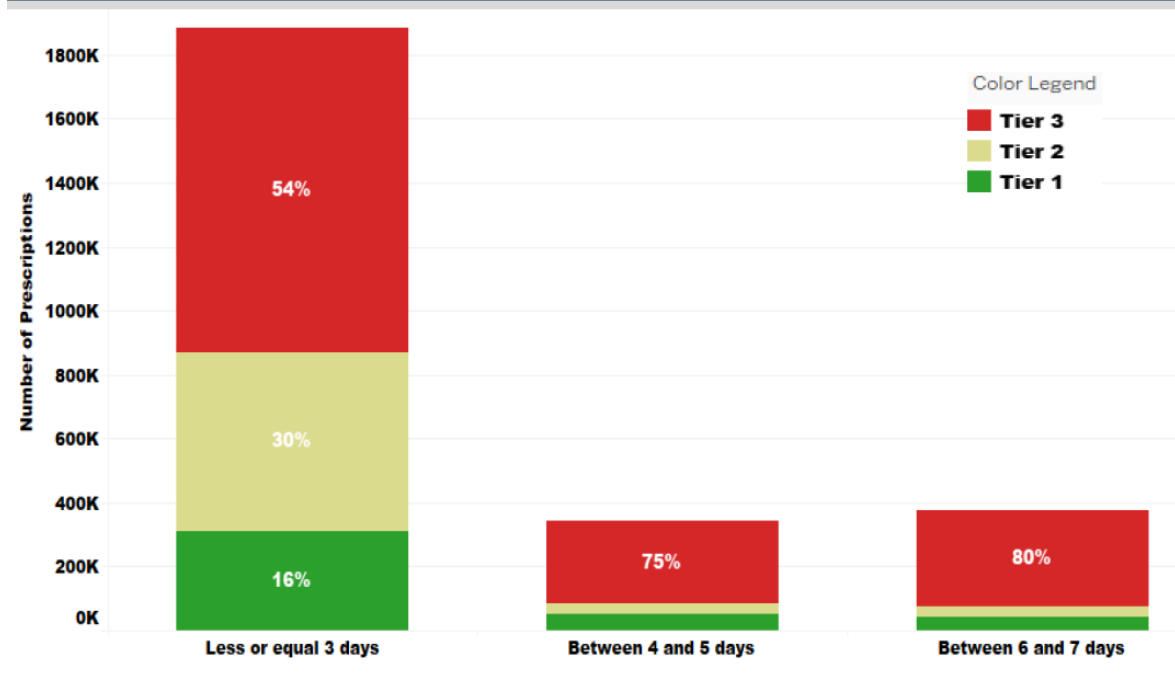
One Pill for Every Ill...

- **At 967 Rx/1,000 persons, TN ranked 7th highest for antibiotics filled in retail pharmacies in 2022**



Lots of Unnecessary Antibiotic Prescribing

Figure 1: Distribution of Prescriptions by Diagnostic Tier and Filled Date



~2,000,000 Rx linked to office visit diagnostic codes, 2000

- **Tier 3: Diagnoses that never require antimicrobial therapy**
- **Tier 2: Diagnoses that may require antimicrobial therapy**
- **Tier 1: Diagnoses that always require antimicrobial therapy**

Overall, ~60% of Rx in 2000 were prescribed for indications that **NEVER** require antibiotic coverage!

Data presented at IDWeek 2022, Washington, DC.

Unintended Consequences of Antibiotic Use

- **Antibiotic-associated Toxicities**
- **Increased Healthcare Costs**
- **Antimicrobial Resistance**
- **Microbiome Alterations**
- ***C. difficile* Epidemic**



JAMA Intern Med. 2017 Sep 1;177(9):1308-1315; Am J Med. 2005 Mar;118(3):251-8.
Clin Geriatr Med. 2012 May;28(2):217-36.; JAMA 2016;316:2115–25.
JAMA Intern Med. 2015 Aug;175(8):1331-1339.

The Threat of Antibiotic Resistance in the United States



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

New National Estimate*

Antibiotic-resistant bacteria and fungi cause at least an estimated:



2,868,700
infections



35,900
deaths



Clostridiodes difficile is related to antibiotic use and antibiotic resistance: *



223,900
cases



12,800
deaths

New Threats List

Updated urgent, serious, and concerning threats—totaling 18

5 urgent threats

2 new threats

NEW:
Watch List with **3** threats



Antibiotic resistance remains a significant One Health problem, affecting humans, animals, and the environment.

* *C. diff* cases from hospitalized patients in 2017

www.cdc.gov/DrugResistance/Biggest-Threats

<https://www.cdc.gov/drugresistance/pdf/threats-report/2019-ar-threats-report-508.pdf>

Daily Themes for USAAW 2024

- **November 18: Fighting antimicrobial resistance takes all us**
- **November 19: The global threat of antimicrobial resistance**
- **November 20: Human health & antimicrobial resistance**
- **November 21: Animal health & antimicrobial resistance**
- **November 22: Antimicrobial resistance in agriculture and the environment**
- **November 23: One Health approach to antimicrobial resistance**
- **November 24: Continuing the fight against antimicrobial resistance**

USAAW Toolkits

- **Includes:**
 - Key messages
 - Social media messages
 - Graphics and videos
 - Antibiotic Stewardship resource bundles
- **<https://www.cdc.gov/antimicrobial-resistance/communication-resources/usaaw.html>**
- **<https://www.cdc.gov/antibiotic-use/php/usaaw-partner-toolkit/index.html>**

TDH Planned Activities

- **Normal Media Campaign**
- **Series of USAAW-themed Presentations**
- **By-line to Local Press**
- **Light up the Tennessee Landmarks**
- **Stewardship Report Cards to ACH Stewardship Programs**

Media Campaign

- **Daily email communication on antibiotic stewardship and antibiotic use to TDH partners**
- **By-line on antibiotic use during the holiday season**
- **Social Media Campaign**
- **Governor's Proclamation**

Antibiotic Awareness Week Nov. 18-24, 2024

Holiday and Virus Season Rings in Reminder to Preserve Benefits of Antibiotics

By Chris Evans

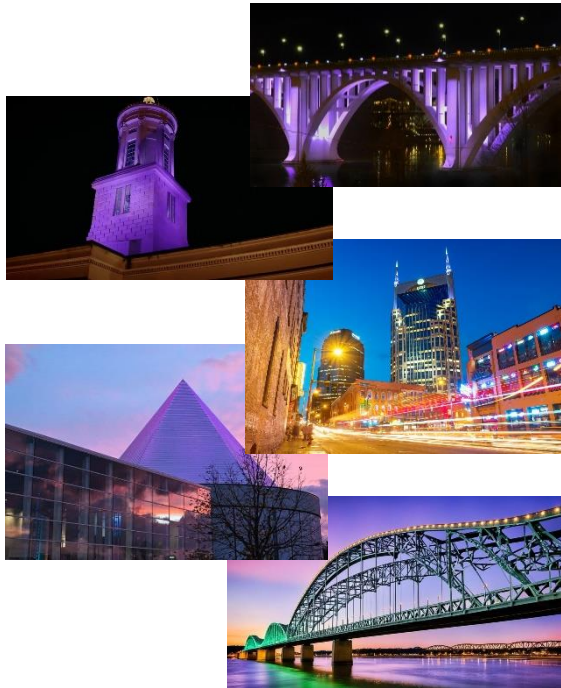
As the holiday season approaches with its usual festivities, travel, and time indoors, respiratory viruses will inevitably appear and spread through households. So, this is a good time to address the common misconception that antibiotics are the cure for such ailments. The truth is that antibiotics do not treat viruses, and using them for common colds, which are caused by viruses, could cause harm to our individual well-being and the health of the larger community. With Antibiotic Awareness Week approaching, healthcare providers are drawing attention to the nuances of antibiotic use.

Antibiotics are, no doubt, lifesaving. Because of antibiotics, people are less likely to die from simple wounds that become infected. Childbirth is much safer, advances like transplants and cancer treatments are possible, and fewer people die from communicable diseases around the world. Since penicillin was first discovered nearly 100 years ago, antibiotics have played a huge role in improving the quality of our lives and in extending life expectancy by nearly a quarter of a century.

But antibiotics are not magic pills that can cure every infection. Antibiotics do not defend against viruses, which means they are ineffective against colds, runny noses, most sore throats, COVID-19, and the flu. Even some bacterial infections that cause sinus infections and ear infections will get better on their own without antibiotics. Taking an antibiotic "just in case" can be counterproductive and even harmful.

Using antibiotics when they are not needed or using the wrong antibiotic can contribute to a phenomenon called antibiotic resistance. When bacteria are exposed to these powerful drugs, they can develop mutations that render them resistant to the drug. As vulnerable bacteria are killed off, resistant ones are left behind to grow and spread. When this happens, illnesses caused by these resistant bacteria are harder to treat.

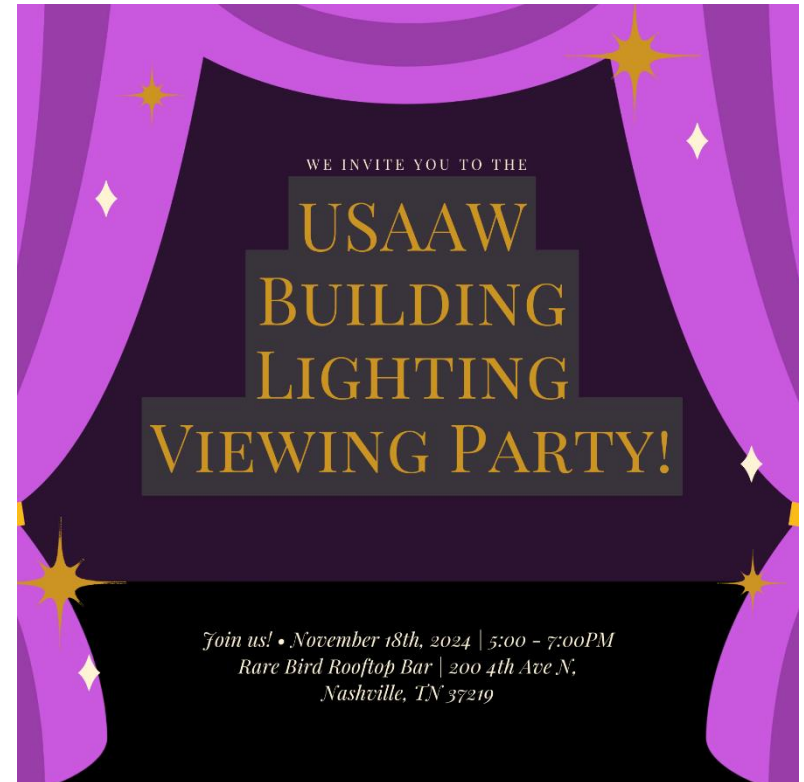
Everything Goes Purple!



- **Tennessee Landmarks Go Purple!**
 - Individuals, companies, and communities can:
 - Wear purple
 - Turn social media **purple** by sharing pictures and tagging **#AntimicrobialResistance** and **#USA AW24**
 - Light up buildings and landmarks in **purple** (Hex #2E008B or #685BC7)

Viewing Party in Downtown Nashville

- **Rare Bird Rooftop Bar
(200 4th Ave N)**
- **Within view of TN State
Capitol and AT&T
Building**
- **November 18, 2024
from 5:00 – 7:00pm**



Join the Conversation



CDC, Society of Infectious Diseases Pharmacists, The Society for Healthcare Epidemiology of America, and American College of Clinical Pharmacy Infectious Disease Practice and Research Networks

- Date/Time: Thursday, November 21, 2-3 p.m. EST.
- Topic: Fighting Antimicrobial Resistance Takes All of Us
- Join the conversation, [@SIDPharm](#)



Date TBD: Global X Storm

- Join the conversation, [@CDC_AR](#)

Webinars and Podcasts

- **Webinars**

- **Tuesday, November 19, 7:30-9 a.m. EST, CDC's International Infection Control Branch**Topic: Navigating Antimicrobial Resistance in Neonates



Presenters: CDC's International Infection Control Branch experts and global partner

- **Registration Link:** Forthcoming



Tuesday, November 19, 1-2 p.m. EST, American Society of Health-System PharmacistsTopic: Penicillin Allergy De-labeling as a Tool for Inpatient Antimicrobial Stewardship: A Real-World Experience

- **Presenters:** Melinda Neuhauser; Cosby Stone, Jr.; Joanna L. Stollings
- **Registration Link:** <https://attendeegotowebinar.com/register/5214080293817514326>



- **Wednesday, November 20, 3-4 p.m. EST, CDC and Federal Office of Rural Health Policy**Topic: Implementation of Priority Core Elements in Critical Access Hospitals

- **Speakers:** Melinda Neuhauser, Anthony Rodewald, Trevor VanSchooneveld, Amy Webb
- **Registration Link:** https://cdc.zoomgov.com/webinar/register/WN_gN14frcnQm27s1MkKmAZwQ



- **Podcasts**

- **Thursday, November 21, American Society of Health-System Pharmacists**Topic: Be Antibiotics Aware: Management of Community-acquired Pneumonia in Hospitalized Adults
- **Speakers:** Jerod Nagel; Michael Pulia; Arjun Srinivasan
- **Free to listen:** [Clinical Conversations – ASHP](#)

TDH Presentation Series



The poster features a purple and blue color scheme with a hexagonal pattern on the left side containing images of various bacteria. The text is centered and includes the TN Department of Health logo in the top right corner.

TN Department of Health

U.S. ANTIBIOTIC AWARENESS WEEK

November 18-24, 2024

Fighting Antimicrobial Resistance

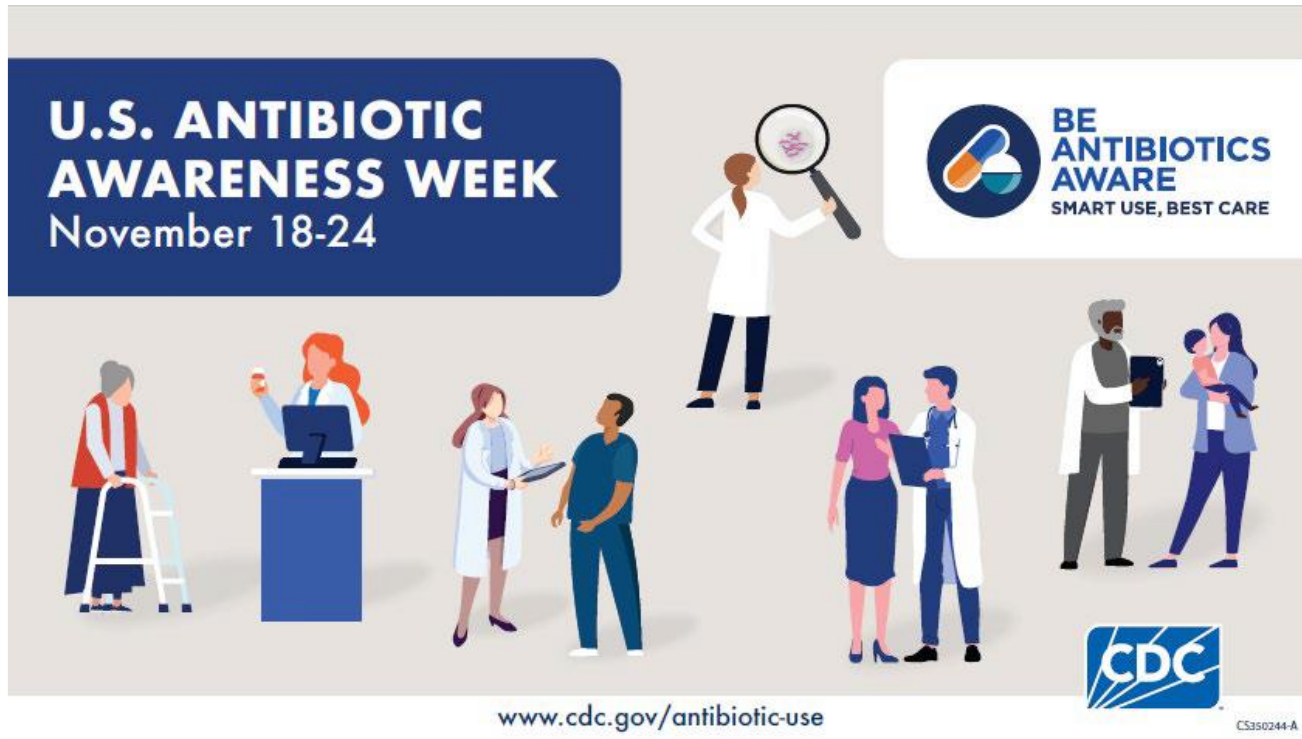
TAKES ALL OF US

[To Register Click Here](#)

<p>NOV 18 12 - 1:00 PM CT</p> <p>US ANTIBIOTIC AWARENESS WEEK KEY MESSAGES</p> <p>PRESENTED BY: CALLYN WREN, PHARM.D, BCIDP</p>	<p>NOV 20 12 - 1:00 PM CT</p> <p>ONE HEALTH: ANIMAL HEALTH & ANTIMICROBIAL RESISTANCE</p> <p>PRESENTED BY: SIMONE GODWIN, DVM MPH</p>	<p>NOV 22 12 - 1:00 PM CT</p> <p>ANTIBIOTIC AWARENESS IN THE LTC SETTING</p> <p>PRESENTED BY: CULLEN ADRE, PHARM.D</p>
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- To register:
<https://redcap.health.tn.gov/redcap/surveys/?s=3FCECM8HPKC4K8NT>

Reminder: Save the Date!



U.S. ANTIBIOTIC AWARENESS WEEK
November 18-24

BE ANTIBIOTICS AWARE
SMART USE, BEST CARE

www.cdc.gov/antibiotic-use

CDC

CS350244-A

The graphic features several illustrations: an elderly woman with a walker, a woman at a computer workstation, a doctor talking to a patient, a doctor with a magnifying glass over a microorganism, a doctor with a clipboard talking to a woman, and a doctor with a clipboard talking to a woman holding a baby. The CDC logo is in the bottom right corner.



Healthcare Pathogen Statements

The fashion of bacteria, viruses, fungi and ectoparasites
Part I

Disclaimer

- In the absence of precise guidance for healthcare worker attire outside the operating room, we will review available guidance and apply critical thinking to raise awareness for healthcare worker safety with focus on reducing the risk of pathogen transmission.
- This is not a rule, standard, or official guideline.

Objectives

- Identifying opportunities for pathogen contamination and transmission via HCW attire
- Promote the acceptance and use of PPE
- Infer safe practices for safe home laundering
- Recognize additional infection prevention and control practices with impact to workers, patient/residents, and visitors (“nuggets”)

What Are You Wearing, (insert any name)?

Back in the day...more “formal”

- Uniforms were white, bleached, ironed, tucked, mostly cotton or light blends.
- Jewelry, minimal.
- Hair, short or pulled back from face, limited to professional disciplines.
- Nails, short and natural.



Today...more “casual”

- Uniforms transitioned to scrubs and lab coat coverings; practicality, comfort/movement, relaxed dress codes.
- Jewelry, recommended minimal, policy varies by facility.
- Hair, recommendations remain, enforcement differs, may include coverings for cultural or religious practices, and dyeing/coloring.
- May have antimicrobial properties; limited number of washes, wash/wear/little care.
- Hand Hygiene policies are often vague and limited for nails.

Healthcare Attire

Lab Coats/Jackets

Hair Covering

Long hair and facial hair

Stethoscopes

Long or short sleeves, "layering"

Uniforms or street clothing

Contact Lenses, reading glasses in **pockets**

Work or street shoes



Survey Says...Pocket Perils

- Scissors/clamps
- Measuring devices
- Lights (pen/flash)
- Pens/highlighters
- Phones/electronics
- Keys
- Tape
- Glasses
- Notepad/Smart pads
- *Hand Sanitizer (personal/pocket)*
- Extra supplies: GLOVES, needle/syringe, saline, alcohol pads, etc.
- *Snacks/gum*

What (germ) goes in
MAY come out!

Remember to disinfect items
between each patient/resident!

The Dangles

- Jewelry- *earrings, necklaces*, bracelets, watches
- Neckties
- Stethoscopes
- *Lanyards/badges*
- Keys
- Fanny-packs
- Sleeves
- *Hair*
- PPE (masks)
- *Shoelaces*
- Unsecured coats/jackets

Dangles have other
important factors to
consider for healthcare
worker *safety!*

Thank You!

The more you know...

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Laundry Processing in Long Term Care Centers

What to include in your assessment of laundry services in your facility

Learning Objectives

- Differentiate between onsite and offsite laundry processing
- Explain the proper handling and processing of soiled linen
- List steps in proper washing and drying of healthcare linen
- Identify ways to properly handle and store clean linen
- Describe why it is important to assess your laundry processing on a regular basis in your facility
- Explain why clean linen is important to the safety of your residents

Onsite Versus Offsite Laundry

- Onsite laundry
 - Laundry service that is performed within a healthcare facility.
- Offsite laundry
 - Laundry that is processed at another location and then transported to your facility for use.

Soiled Linen

- Always wear gloves before handling soiled linen
- Never carry linen against the body
- Always place soiled linen in a labeled, leak proof container in the patient care area
- Do not shake linen
- Transport linen out of the patient care area in the container
- Do not overfill containers



Soiled Linen Storage

- Should be stored in a designated area for soiled supplies
- Soiled linen and soiled supplies should be maintained in negative pressure to the clean areas adjacent
- Soiled laundry holding area should be cleaned and disinfected daily
- There should be hand cleaning site available in the soiled linen holding area



Laundry Processing Area

- Gloves, eye protection, masks, and gowns should be available in soiled laundry processing area
- Laundry areas should be a dedicated space and away from patient care areas
- Linen processing areas should be free of food, beverage, and personal items
- Laundry processing area should be constructed of durable material that can withstand exposure to water and steam
- Soiled and clean areas must be separated
- Hand washing facilities must be available

Washing and Drying

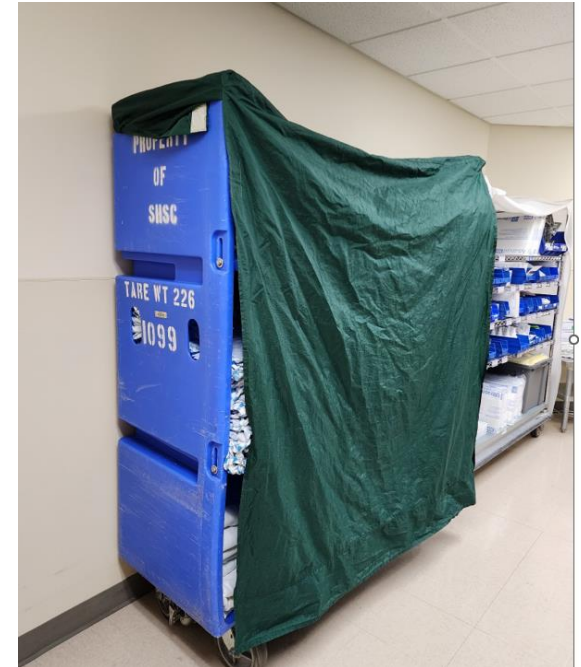
- Soiled linen should be sorted to ensure only linens enter the washer
- Washers should be used in accordance with manufacturers instructions
- Use hot water at least 160°F for a minimum 10 minutes and use an approved laundry detergent
- Dry linens completely in a commercial dryer
- Clothes should be washed separate from linens, linens separate from dietary linen, and cleaning items separate from other linens

Clean Linen Processing and Transport

- Clean linen should be folded and sorted in a clean space and in a manner to prevent contamination
- Folding table should be cleaned and disinfected at least daily
- Laundry transport carts should be cleaned each time they are restocked
- Linen should be covered and protected during transport
- Covers should be cleaned on a routine basis

Linens Storage

- Clean linen should be stored in a clean space
- If other items are stored in the closet with clean linen the linen should be covered
- Shelves that linen is stored on should be able to be cleaned and disinfected appropriately



Assessment

- Assessment of the laundry processes is important
- CDC ICAR Tool Module 9 is a resource to guide your assessment [CDC ICAR tool](#)
- Staff education is an important part of a well-maintained laundry program



Importance of Maintaining Clean Linen

- 2008 and 2009: Five children's deaths were linked to exposure to a fungus found in contaminated linen.
- 2019-2021: Another 16 patients in an Arkansas hospital investigation were linked to laundered linens from an offsite laundry provider.
- Clean linen is important to the overall safety and wellbeing of your residents.

References

American Health Care Association. (n.d.). *Tips for meeting the linen requirements in skilled nursing facilities*. <https://www.ahcancal.org/Quality/Clinical-Practice/Documents/Tips%20for%20Meeting%20the%20Linen%20Requirements%20in%20SNF%20LTC.pdf>

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Questions

Presenter information:

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HAI/AR Program Information:

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Questions

- **Submitted questions**
- **Chat box questions**

Contact Information

- **NHSN Related**
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- **Infection Prevention**
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- **Legionella Questions**
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- **Antimicrobial Stewardship**
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- **General / Other**
 - Ashley.Gambrell@tn.gov
- **Next Call: December 11, 2024**

Data Dog Update Corner:

Don't forget, this
call is monthly
now!

