

Methods: A full time IP position focusing on construction and facilities work was proposed to address a surge in construction activities and ongoing facilities projects requiring IP involvement. The goal was to provide consistent, standardized approaches to project management and build relationships with project managers and key leaders in Facilities. The IP visited all construction and facilities projects weekly to ask questions and learn about facility work standards and processes, while establishing relationships with the staff.

Results: The IP helped fill the gap between IP's and key leaders in project management and the Facilities Department. Education modules were implemented for all contracted staff performing work in the facility. The IP established a tracking system for observations on all construction projects. Quarterly in-services are held to educate the Facilities staff regarding the impact of their work on patient safety. Regular meetings are held with key Facility leaders. Ongoing documentation of information pertaining to water intrusions and air handler work has been valuable during investigation of possible healthcare associated infections.

Conclusions: This specialized IP role has provided much needed guidance and support to the Facilities Department and Contractors on site. This collaboration has helped ensure an emphasis on patient safety and infection prevention.

Emergency Preparedness

EP-09

Content Review of Public Health Infection Control Efforts During the COVID-19 Pandemic

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Background: The COVID-19 pandemic is devastating the healthcare community with unprecedented severe illness and mortality. Facilities are navigating evolving guidance through staffing shortages and turnover. The state health department (SHD) has deployed a network of dedicated infection preventionists to bolster public health response efforts.

Methods: From March 2020 through October 2021, the SHD performed 374 infection control assessments. Assessments were performed using the Nursing Home COVID-19 Infection Control Assessment and Response (ICAR) Tool designed by the Centers for Disease Control and Prevention, versions 1.0 (N=254) and 2.0 (N=120). Infection control domains were assessed for gaps, including personal protective equipment, environmental services, and SARS-CoV-2 testing. Visits included visual assessment including the designated COVID-19 patient care area.

Results: Within available data, facility-reported challenges were staff burnout and compliance (18%), staffing shortages (17%), and resident compliance (13%). Only 56% of facilities reported that staff were fit tested for the type of respirator being used, and of those, 12% reported no medical clearance. Facilities reported using disposable respirators for up to 5 shifts. Practices of extended use (56%) and reuse (38%) were noted. Approximately 16% of facilities reported not discarding disposable gowns after doffing at point of use. Additionally, gowns were worn outside of resident rooms by staff in 25% of

facilities assessed. Approximately 49% of facilities report having alcohol-based hand rub inside each resident room. Disinfectant product contact time was known by 87% of staff representatives. Only 18% of individuals tasked with infection prevention and control at their facilities reported having no other job duties. Designated COVID-19 care units were present at 71% of facilities.

Conclusions: Gaps noted in infection prevention and control are consistent among facilities. Consistent high rates of staff turnover and staffing shortages contribute to lapses in practice. Self-reported challenges were consistent across facilities and will continue to contribute to future outbreaks within facilities.

EP-10

Unique Challenges in Investigating a Cluster of COVID-19 Cases in an Inpatient Rehabilitation Unit

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Background: The SARS-CoV-2 virus that causes Coronavirus Infectious Disease 2019 (COVID-19) is primarily spread via droplets and aerosols when individuals are in proximity, and to a lesser degree through fomite contamination. In a six-day timeframe in January 2021 our inpatient rehabilitation unit experienced an outbreak of SARS-CoV-2 among five patients and one healthcare worker

Methods: A formal outbreak investigation commenced in the setting of one hospital-acquired case of COVID-19 and evidence of transmission from a previously identified case. The investigation included contact tracing, control measures, source testing, and a descriptive epidemiology study. Testing of 26 patients and 39 employees was conducted to determine the extent of transmission. Mid-turbinate or nasopharyngeal specimens were run on QIAstat-Dx real-time reverse transcription polymerase chain reaction (RT-PCR) platform. Inpatient specimens were collected by nursing staff. Employee specimens were collected at an Urgent Care center affiliated with the health system.

Results: Three additional positive patients were discovered, one asymptomatic and two who developed symptoms. Patient activities in common included a shared dining room, shared shower facilities since many in-room showers could not accommodate a wheelchair or walker, and a physical therapy gym. One positive employee was identified through asymptomatic testing. This employee had extensive contact with the index case while the patient had cough, vomiting and diarrhea. The employee was not yet vaccinated; this was prior to implementation of an organizational vaccine requirement policy. Control measures included immediately closing shared spaces, unit-level enhanced symptom screening and employee education.

Conclusions: Patients receiving physical, occupational and/or speech therapies have unique infection risks due to shared equipment of varying materials that may be difficult to clean, needing to be observed during meals for swallow safety, and removing masks during meals in the common dining room. No additional cases were identified following interventions targeted at common spaces and enhanced staff screening and education.

Education, Training and Competencies

ETC-06