

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

Creation of a Virtual Program for Infection Preventionist Training and Continuing Education

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Background: When the COVID-19 pandemic interrupted travel while simultaneously increasing demands for Infection Preventionists (IPs), there was an immediate need for virtual training and education programs. With a large proportion of novice and self-trained IPs, it was likely there was broad variation in knowledge base and understanding of basic infection prevention practices. To address this need, we created a virtual education program, referred to as Infection Prevention University (IPU), within our healthcare system.

Methods: The IPU program consisted of 10 one-hour live educational modules, conducted virtually. The objective of this program was to provide standard, high-quality training to IPs to increase knowledge, demonstrate application to facility workflows, and identify available resources. The education modules included continuing education (CE) credits and used the interactive features of the virtual platform to mimic a classroom setting and provide contact hours for attendees. Topics included best practices, reporting and surveillance, outbreak and emergency response, and IPs role in the care environment. Topics aligned with the content outline for the certification board of infection prevention and epidemiology (CBIC). Instructors consisted of senior IPs partnered with subject matter experts for each topic. Sessions were recorded for replay and take-away tools were provided.

Results: IPs with less than one year tenure were the target audience. Average attendance at each session was 80-100 IPs. Evaluations were positive, with attendees agreeing that the content enabled a higher level of performance (96% of participants), improved their professional skills (95%), will enhance future team practices (94%), and generated self-reflection and critical thinking (71%).

Conclusions: In total, this virtual education program was able to address the need for basic infection prevention training during the COVID-19 pandemic, allowing for newly hired and novice IPs to acquire skills while remaining in their facility. This provides a model for virtual programs and a potential substitute for in-person training.

ETC-07

Developing an Infection Prevention Training Program for Infectious Disease Fellows

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Background: Hospital Infection Prevention (IP) is an increasingly important subdiscipline within infectious diseases (ID). We developed and evaluated a 2-week IP training program to allow ID fellows the opportunity to learn about IP. We aimed to educate on the scope of IP work with a focus on the role of ID within IP.

Methods: A training program was developed covering the role of IP in preventing hospital acquired infections focusing on 3 key areas: device related infections, outbreak exposures, and the hospital physical environment. We utilized the National Healthcare Safety Network (NHSN) patient safety component manual combined with practical experience performing surveillance, rounding and case study reviews. The effectiveness and utility of the program was evaluated with a pre- and post-training survey categorized on a Likert response scale (not at all familiar=1, slightly familiar=2, somewhat familiar=3, extremely familiar=4).

Results: The mean scored survey responses showed that prior to the rotation fellows reported slight familiarity with the scope of work of IP but had very little familiarity with the IP team members. All fellows reported slight familiarity with NHSN defined device related infections, the role of IP in outbreak investigations and their role in construction projects. Fellows reported that prior to their IP rotation they would be only slightly likely to contact the IP department for assistance or notification of a potential infection risk. Following the rotation, fellows reported being extremely familiar to all topics covered during the rotation. All fellows reported the rotation to be extremely useful.

Conclusions: The program was successful in improving the understanding of the scope of IP work. Fellows understood their role in documentation when a primary source of infection is suspected during central line bloodstream infection surveillance and the importance of communication when a hospital acquired environmental infection is suspected. The rotation has also fostered relationships between the departments.

ETC-08

Elevating the IP Competency

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Background: Assessing Infection Prevention competency is a challenge as this profession's responsibilities are vast. Developing an annual competency tool and process aligning with the APIC Competency Model and utilizing Evidence-Based Practices (EBP) is crucial to meet the professional development needs of IPs' with varying experience levels. The goals of this initiative are to standardize the competency process across an academic healthcare system, assess a wide IP skill set and experience level, and improve documentation of competency for regulatory agencies.

Methods: A standard competency tool was developed utilizing EBPs to support a system IP team caring for ambulatory, pediatric, adult, and behavioral health patients. This tool outlined APIC IP domains and an in-depth evaluation of selected domains with case studies requiring research, observation, and analysis. Competencies were completed by self-evaluation and manager consultation. A post competency survey was developed to assess experience and opportunities to improve for future years.

Results: A standard annual competency tool was initiated with 11 IPs. Survey results included 55% of IPs felt they were pushed outside of their comfort zone, 91% felt it was beneficial to their professional development and 63% responded they gained new knowledge/skills they could apply to practice. The in-depth assessment scored in every competency assessment category from novice to expert.