




WELCOME TO THE
SHELBY COUNTY
MINI INFECTION
PREVENTION BOOTCAMP FOR
NURSING HOMES AND LONG-
TERM CARE FACILITIES
NOVEMBER 18, 2024

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

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



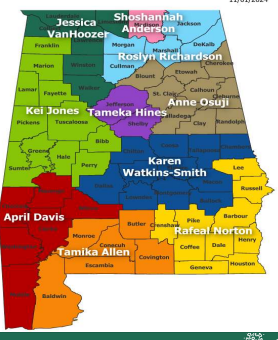
UAB THE UNIVERSITY OF ALABAMA AT BIRMINGHAM
 Alabama Nursing Home and Long-Term Care Facility Strike Team

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



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 Alabama Nursing Home and Long-Term Care Facility Strike Team

Alabama Nursing Home and Long-Term Care Facility Strike Team

11/01/2024

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ltcstrike@uab.edu https://sites.uab.edu/lcstriketeam (205) 934-7140

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 Donning/Doffing Sequence N-95 Fit Testing Train-the-Trainer Others as requested by facilities 	<ul style="list-style-type: none"> N-95 Fit Testing HEPA Filtration Systems (Portable)
https://sites.uab.edu/lcstrike@uab.edu/		

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Alabama Nursing Home and Long-Term Care Facility Strike Team

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-19 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/lcstrike@uab.edu/about/lead-rship-and-staffing/>


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Free HEPA Air Purifiers Available

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




THE UNIVERSITY OF ALABAMA AT BIRMINGHAM
 Alabama Nursing Home and Long-Term Care Facility Strike Team



FREE OSHA RESPIRATORY PROTECTION PLAN: TRAINING AND COMPLIANCE RESOURCES

ALABAMA REGIONAL CENTER FOR INFECTION PREVENTION AND CONTROL TRAINING AND TECHNICAL ASSISTANCE
 The University of Alabama at Birmingham

Alabama's Nursing Home Association

Through a partnership between the Alabama Nursing Home Association and the UAB Alabama Regional Center for Infection Prevention and Control (ARC IPC), every nursing home, assisted living facility and specialty care assisted living facility in Alabama is eligible for a free, three-year subscription to AHCA/NCAL's "OSHA Respiratory Protection Plan: Training and Compliance Resources."

WHAT IS INCLUDED?

- Access to OSHA-mandated forms for program documentation
- Step-by-step fit testing instructions to ensure proper respirator use
- Customizable templates tailored to your facility's specific needs
- Practical guides and tools for straightforward implementation
- Video training for managerial staff and program administrators on respiratory protection requirements
- Video training for employees, meeting all annual OSHA training requirements

Content was developed by ANHA Associate Member MCA Consulting, LLC, and the American Health Care Association/National Center for Assisted Living (AHCA/NCAL). This all-in-one resource contains everything needed for full compliance with OSHA's Respiratory Protection Standard. Limited to **one** per licensed facility in Alabama.

To request access, visit the ARC IPC website below or contact us via phone or email.

<https://sites.uab.edu/arcipc/rpp/>

205.996.6610

arcipc@uab.edu

Need additional assistance in updating your RPP using these resources?


Contact your IP with the AL Long-Term Care Strike Team to request assistance or email lctstrikeam@uab.edu

The Alabama Regional Center for Infection Prevention and Control (ARC IPC) is using funds to provide eligible LTC facilities with free access to the AHCA/NCAL Respiratory Protection Planning Toolkit. The ARC IPC is supported by the Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services (HHS) as part of a Federal evidence-based training effort, 2020-2025 with 100 percent funded by CDC/HRSA. The content of the toolkit and any other related materials do not necessarily represent the official views of, nor an endorsement, by CDC/HRSA.

Mini-Regional Infection Prevention Bootcamps for LTC Facilities

Coming to a county near you!

- **December 3-5, 2024**, NIPP w/AC Burke at the Wynfrey Hotel in Birmingham, AL
- **February 26-27, 2025**, Infection Prevention Bootcamp for Nursing Homes and Long-Term Care Facilities (*Registration coming soon*)



Use the QR Code to view more information about these bootcamps and to register!

<https://sites.uab.edu/lctstrikeam/upcoming-regional-bootcamps/>

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 Alabama Nursing Home and Long-Term Care Facility Strike Team

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



WEBSITE
<https://sites.uab.edu/ltcstrikeam/>

EMAIL
ltsstrikeam@uab.edu

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


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

- CDC's Epidemiology and Laboratory Cooperative Agreement (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

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



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

EMAIL
arcipc@uab.edu

SIGN UP FOR OUR NEWSLETTER
<https://uab.edu/arcipc>

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Thank You to Our Co-Sponsors



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

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Housekeeping

- Please make sure you signed in!
- CEs
- Training Evaluation
- Certificates of Participation
- Questions
- Restrooms

CEUs approved for this bootcamp:

Nursing: AL Statewide AHEC Program is an approved provider of continuing hours for nurses by the AL Board of Nursing (Provider ABNP0420 Expiration Date 7/10/2025) and has awarded this program 3.6 contact hours.

Nursing Home Administrator: The Board of Examiners of Nursing Home Administrators has reviewed and approved the seminar entitled "Mini Infection Prevention Bootcamp for Central District Alabama Regional LTC Facilities" for 3 hours of continuing education credit for licensed nursing home administrators in the State of Alabama.

THE UNIVERSITY OF ALABAMA AT BIRMINGHAM
Alabama Nursing Home and Long-Term Care Facility Strike Team




Connie L. Hendon, BSN, RN

- Infectious Disease and Outbreaks Division
- Nurse Coordinator



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DETECT, TEST and REPORT

Notifiable Diseases and Outbreaks




Alabama Department of Public Health
Bureau of Communicable Diseases
Infectious Diseases & Outbreaks Division
Revised June 2024

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Disclosures

- This nursing continuing professional development activity was approved by the Northeast Multistate Division Education Unit, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.
- You must attend the **entire program**. **No partial credit will be awarded**
- This educational activity does not include any content that relates to the products and/or services of an Ineligible company with whom there is a financial relationship.
- There is no commercial support or sponsorship for the program




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Objectives

At the completion of the presentation the audience should:

Be knowledgeable of and able to verbalize:




- Divisions within the Bureau of Communicable Disease
- Notifiable Disease Rules - who should report, how to report, and when to report reportable diseases and conditions
- What constitutes an outbreak & how to report
- Alabama’s healthcare-associated infections reporting rules & surveillance program
- Animal bite/exposure reporting (rabies)

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Bureau of Communicable Diseases




- Infectious Diseases & Outbreaks (ID&O), <http://www.alabamapublichealth.gov/infectiousdiseases>
- Immunization (IMM), <http://www.alabamapublichealth.gov/Immunization/>
- Sexually-transmitted Infections (STI), <http://www.alabamapublichealth.gov/STD/>
- Tuberculosis (TB), <http://www.alabamapublichealth.gov/TB/>

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Infectious Diseases & Outbreaks (ID&O) Mission




To protect the residents of Alabama and prevent illness by investigating and monitoring infectious (e.g., Salmonella, influenza, and Shigella), Zoonotic (e.g., rabies, spotted fever rickettsiosis, and West Nile fever), and Environmental (e.g., Legionnaires' disease, chemical, and toxin) diseases, conditions, and exposures.

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Infectious Diseases & Outbreaks (ID&O) Division

- Epidemiology, Surveillance, & Informatics
 - track disease occurrence, develop investigative tools for data collection, and compile data for comparison and reporting
 - report a subset of the information obtained from providers & patients during investigations to the CDC and various surveillance systems
- Investigations
 - conduct disease investigations and outbreak response
 - provide education and training
 - monitor returning travelers / responders / agricultural workers / others exposed to infected animals







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Healthcare-Associated Infections & Antimicrobial Resistance Program

Healthcare-associated infections (HAIs) are infections that patients get while receiving treatment for medical or surgical conditions.




Antimicrobial resistance (AR) happens when pathogens develop the ability to defeat the drugs designed to kill them. These infections can be difficult and sometimes impossible to treat.

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Healthcare-Associated Infections & Antimicrobial Resistance Program




- Detects and responds to outbreaks in healthcare facilities
- Monitors HAI/AR data to guide prevention and containment activities
- Promotes antibiotic stewardship
- Provides infection prevention and control (IPC) assessments and consultations

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Infection Control Assessment and Response (ICAR) Tool

Module 1: Training, Audits, Feedback	Module 8: Wound Care
Module 2: Hand Hygiene	Module 9: Healthcare Laundry
Module 3: Transmission-Based Precautions	Module 10: Antibiotic Stewardship
Module 4: Environmental Services	Module 11: Water Exposure
Module 5: High-level Disinfection & Sterilization	
Module 6: Injection Safety	
Module 7: Point of Care Blood Testing	







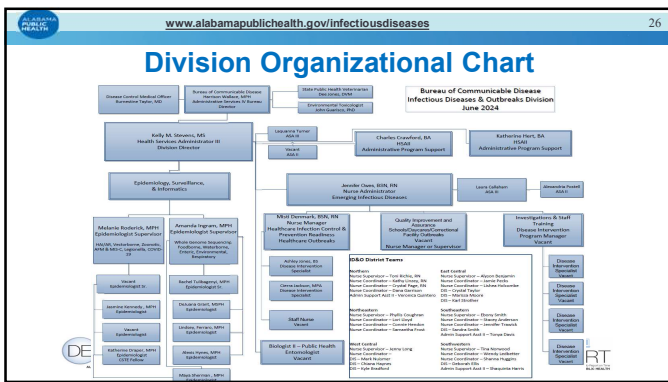
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HAI Reporting Rules

Alabama hospitals are mandated to report certain HAIs to ADPH using the National Healthcare Safety Network:

- Catheter-Associated Urinary Tract Infections (CAUTI)
- Central Line-Associated Blood Stream Infections (CLABSI)
- Surgical Site Infections (SSIs) associated with colon surgeries and abdominal hysterectomies







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Subject Matter Expert Collaboration




- Medical Officers/Assistant State Health Officers
- State Public Health Veterinarian
- Environmental Toxicologist
- State Epidemiologist
- Public Health Entomologist

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Notifiable Diseases/Conditions




- **Purposes of Reporting Notifiable Diseases**
 - Help prevent diseases & transmission
 - Education to the public
 - Confirm disease
- ADPH administrative code authorizes and requires reporting
<http://www.alabamaadministrativecode.state.al.us/docs/hlth/420-4-1.pdf>
- Required by law, Code of Alabama, Section 22-11A-1,
<http://alisondb.legislature.state.al.us/alison/codeofalabama/1975/22-11A-1.htm>

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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,
alisondb.legislature.state.al.us/alison/codeofalabama/1975/22-11A-6.htm

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ADPH is exempt from Health Insurance Portability and Accountability Act (HIPAA) Privacy Rules

ADPH is a public health authority as defined by HIPAA to collect or receive protected health information (PHI) for the purpose of surveillance, investigations, and interventions of notifiable diseases, without authorization of the patient.
<http://www.cdc.gov/mmwr/pdf/other/m2e411.pdf>

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Who Must Report

- Physicians
- Dentists
- Nurses
- Medical Examiners
- Hospital Administrators
- Nursing Home Administrators
- Laboratory Directors*
*Must submit electronically
ADPH expects multiple reports
- School Principals
- Child Care Center/Head Start Directors








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Minimum Data Elements




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

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Disease Investigation Process




- ID&O receives notifiable disease reports and/or labs
- District Investigators conduct disease investigations allowing disease burden to be submitted to the CDC
 - Complete investigation form
 - Review labs
 - Call healthcare provider
 - Call patient / parents
 - Document information in Alabama NEDSS Base System (ALNBS)

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Isolation vs. Quarantine

- Isolation relates to behavior of a person with a confirmed diagnosis / disease.
 - This behavior separates people with an infectious disease from people who are not sick.
- Quarantine refers to the timeframe and behavior following exposure to an infectious disease or close contact with a person with a confirmed case of disease.
 - This behavior separates non-ill persons exposed to an infectious disease to see if they become sick.








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Report within 4 hours of Presumptive Diagnosis Immediate, Extremely Urgent

- Anthrax, human
- Botulism ★
- Brucellosis
- Plague
- Poliomyelitis, paralytic
- Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease (*this is not COVID-19*)
- Smallpox
- Tularemia
- Viral hemorrhagic fever
- Cases related to nuclear, biological, or chemical terroristic agents




★ Must request permission from ID&O before testing
 ★ Select Agents, <http://www.selectagents.gov/Select%20Agents%20and%20Toxins%20List.html>

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Botulism




- Contact ADPH **immediately** upon suspicion
- **Time is of the essence**
- Testing must be approved by Public Health
- For infants, physician may contact California Public Health directly
 - **(510) 231-7600**
- Release of antitoxin will be coordinated by ADPH for patients ≥1 year old

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How to REPORT

- Immediate, Extremely Urgent must be reported within 4 hrs of **presumptive** diagnosis by telephone
- 24/7/365 Phone: 1-800-338-8374




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Report within 24 hours **Presumptive** Diagnosis Immediate, Urgent

<ul style="list-style-type: none"> • COVID-19 infection in congregate living facilities • Diphtheria • Haemophilus influenzae, invasive disease¹ • Hemolytic uremic syndrome (HUS), post-diarrheal • Hepatitis A, including ALT • Legionellosis 	<ul style="list-style-type: none"> • Measles (rubeola) • Meningococcal disease (Neisseria meningitidis)¹ • Novel influenza A virus infection (i.e., potential new strain) • Pertussis • Poliovirus infection, nonparalytic 	<ul style="list-style-type: none"> • Rabies, human and animal • Rubella • Tuberculosis disease, active • Typhoid fever • Outbreaks of any kind • Cases of potential public health importance²
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¹ Detection of organism from a normally sterile body site (e.g., blood, cerebrospinal fluid, or, less commonly, joint, pleural, or pericardial fluid)




² Reportable within 30 days of diagnosis or associated laboratory test

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How to REPORT




- **Online, REPORT Card:**
<https://epiweb.adph.state.al.us/redcap/surveys/?s=H37ENP8ADD>
 lab reports and pertinent medical records can be uploaded with report to avoid need for calls from investigators to request needed information
- Phone: 1-800-338-8374 (still requires a lab report)
- Contact your local District Investigator
- Email lab report and patient demographics to cdfax@adph.state.al.us
- Fax lab report and patient demographics to (334) 206-3734

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Legionnaires' Disease




- *Legionella* is transmitted environmentally, not person to person
- Legionella bacteria pose a significant public health threat, especially to hospitals, healthcare facilities, and those at higher risk of becoming ill after exposure
- Both respiratory culture & urine antigen (UrAg) testing are critical
 - UrAg only tests for one serogroup of *Legionella*
 - Cultured specimens can isolate all species and serogroups of *Legionella*
 - Isolating *Legionella* helps public health identify where the exposure occurred and prevent additional cases

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Report within 3 days of Diagnosis Standard Notification




<ul style="list-style-type: none"> • Acute flaccid myelitis • Anaphylaxis • Arboviral disease • Babesiosis • Birth defects? • Campylobacteriosis • Chancroid* • Chlamydia trachomatis* • Cholera • Coccioidiomycosis • Cryptosporidiosis • E.coli, shiga toxin-producing (STEC) • Ehrlichiosis • Gonorrhea* • Hansen's disease (Leprosy) 	<ul style="list-style-type: none"> • Hepatitis B, C, and D (Acute only and with associated ALTs) • HIV infection* (including asymptomatic infection, AIDS, CD4 counts, and viral loads) • Influenza-associated pediatric deaths • Lead, all blood results • Listeriosis* • Lyme disease • Malaria • Mumps • Perinatal hepatitis B & C • Perinatal HIV Exposure (<18 months of age) • Primary amebic meningoencephalitis • Q Fever 	<ul style="list-style-type: none"> • Salmonellosis • Shigellosis • Spotted Fever Rickettsiosis • Staphylococcus aureus, Vancomycin-intermediate (VISA) and Vancomycin-resistant (VRSA) • Streptococcus pneumoniae, invasive disease? • Syphilis* • Tetanus • Trichinellosis (Trichinosis) • Tuberculosis infection, latent • Varicella • Vibriosis • Yellow fever • Zika virus
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How to REPORT




- **Online, REPORT Card:**
<https://epiweb.adph.state.al.us/redcap/surveys/?s=H37ENP8ADD>
 lab reports and pertinent medical records can be uploaded with report to avoid need for calls from investigators to request needed information
- Phone: 1-800-338-8374 (still requires a lab report)
- Contact your local District Investigator
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- Fax lab report and patient demographics to (334) 206-3734


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Controlling the Spread of Disease

Our mission of protecting the public from diseases and outbreaks hinges on controlling the transmission and spread of disease. This can be accomplished by the timely identification and reporting of disease in combination with providing timely education and control measures to healthcare providers and the public.

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Northern District
 Tallapoosa, AL (205) 351-3100
 Etowah, AL (205) 351-3100
 DeKalb, AL (205) 351-3100
 Cherokee, AL (205) 351-3100

Northcentral District
 Lenoir, AL (205) 241-4822
 Wilcox, AL (205) 241-4822
 Jefferson County, AL (205) 241-4822

Northeastern District
 Lawrence, AL (205) 241-4822
 Wilcox, AL (205) 241-4822
 Wilcox, AL (205) 241-4822

West Central District
 Shelby, AL (205) 351-3100
 Wilcox, AL (205) 241-4822



Southwestern District
 Etowah, AL (205) 351-3100
 Wilcox, AL (205) 241-4822
 Wilcox, AL (205) 241-4822

Southeastern District
 Wilcox, AL (205) 241-4822
 Wilcox, AL (205) 241-4822
 Wilcox, AL (205) 241-4822

East Central District
 Wilcox, AL (205) 241-4822
 Wilcox, AL (205) 241-4822
 Wilcox, AL (205) 241-4822

Mobile District
 Mobile, AL (205) 351-3100
 Mobile, AL (205) 351-3100
 Mobile, AL (205) 351-3100

Infectious Diseases and Outbreaks
 Bureau
 Phone: 334-206-5371
 Toll-Free: 888-338-3274
 Fax: 334-206-3534

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Infectious Diseases & Outbreaks Website


Infectious Diseases and Outbreaks (ID&O)
 Bureau of Communicable Disease

Infectious Diseases & Outbreaks
 The Infectious Diseases and Outbreaks (ID&O) Bureau is responsible for the control, prevention, and investigation of infectious diseases and outbreaks in Alabama. The Bureau's mission is to protect the health of the people of Alabama by preventing and controlling the spread of infectious diseases and outbreaks.

Infectious Diseases & Outbreaks Partners
 The Infectious Diseases and Outbreaks (ID&O) Bureau works closely with the Alabama Department of Health, the Alabama Department of Environmental Health, the Alabama Department of Transportation, the Alabama Department of Corrections, and the Alabama Department of Mental Health.

Infectious Diseases & Outbreaks News
 The Infectious Diseases and Outbreaks (ID&O) Bureau provides timely and accurate information on infectious diseases and outbreaks in Alabama. This information is available on the ID&O website and through various media outlets.




Infectious Diseases & Outbreaks Fact Flyers
 The Infectious Diseases and Outbreaks (ID&O) Bureau provides fact flyers on various infectious diseases and outbreaks. These fact flyers are available in English and Spanish and are designed to be easy to read and understand.

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Notifiable Disease/Condition Awareness Campaign

- **DETECT** – Surveillance for diseases & conditions
- **TEST** – Request CDC recommended test method for detection
- **REPORT** – Report within the required timeframes

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DETECT, TEST, REPORT (DTR)

DETECT Notifiable Diseases

Surveillance for notifiable diseases and conditions is required by law. The following list includes the diseases and conditions that are reportable to the Alabama Department of Public Health.

DETECT Notifiable Diseases

- Bacterial meningitis
- Bacterial sepsis
- Botulism
- Cholera
- Diphtheria
- Enteric fever
- Epidemic typhus
- Food poisoning
- Hemolytic uremic syndrome
- Legionnaires' disease
- Leptospirosis
- Measles
- Meningococcal meningitis
- Meningococcal sepsis
- Polio
- Scarlet fever
- Schistosomiasis
- Shigellosis
- Syphilis
- Typhoid fever
- Unexplained infant mortality
- Unexplained neonatal mortality
- Unexplained stillbirth
- Unexplained sudden cardiac death
- Unexplained sudden infant death
- Unexplained sudden unexpected death
- Unexplained sudden unexpected death in children
- Unexplained sudden unexpected death in young adults
- Unexplained sudden unexpected death in young adults (SUDD)
- Unexplained sudden unexpected death in young adults (SUDD)
- Unexplained sudden unexpected death in young adults (SUDD)

TEST

Request CDC recommended test method for detection.

REPORT

Report within the required timeframes.

Reportable Diseases/Conditions in Alabama

Disease/Condition	Reporting Period	Reporting Method
Acute bacterial meningitis	10 days	Online
Bacterial meningitis	10 days	Online
Botulism	8 days	Online
Cholera	2 days	Online
Diphtheria	2 days	Online
Enteric fever	10 days	Online
Food poisoning	7 days	Online
Hemolytic uremic syndrome	10 days	Online
Legionnaires' disease	30 days	Online
Leptospirosis	10 days	Online
Measles	6 days	Online
Meningococcal meningitis	10 days	Online
Meningococcal sepsis	10 days	Online
Polio	10 days	Online
Scarlet fever	10 days	Online
Schistosomiasis	10 days	Online
Shigellosis	10 days	Online
Syphilis	10 days	Online
Typhoid fever	10 days	Online
Unexplained infant mortality	10 days	Online
Unexplained neonatal mortality	10 days	Online
Unexplained stillbirth	10 days	Online
Unexplained sudden cardiac death	10 days	Online
Unexplained sudden infant death	10 days	Online
Unexplained sudden unexpected death	10 days	Online
Unexplained sudden unexpected death in children	10 days	Online
Unexplained sudden unexpected death in young adults	10 days	Online
Unexplained sudden unexpected death in young adults (SUDD)	10 days	Online

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ID&O Investigations and Cases

Disease/Condition	2023					2022					Total
	Cases	Investigations	Deaths	Births	Stillbirths	Cases	Investigations	Deaths	Births	Stillbirths	
Acute bacterial meningitis	2	1	0	0	0	1	1	0	0	0	3
Botulism	0	0	0	0	0	0	0	0	0	0	0
Cholera	0	0	0	0	0	0	0	0	0	0	0
Diphtheria	0	0	0	0	0	0	0	0	0	0	0
Enteric fever	0	0	0	0	0	0	0	0	0	0	0
Food poisoning	0	0	0	0	0	0	0	0	0	0	0
Hemolytic uremic syndrome	0	0	0	0	0	0	0	0	0	0	0
Legionnaires' disease	0	0	0	0	0	0	0	0	0	0	0
Leptospirosis	0	0	0	0	0	0	0	0	0	0	0
Measles	0	0	0	0	0	0	0	0	0	0	0
Meningococcal meningitis	0	0	0	0	0	0	0	0	0	0	0
Meningococcal sepsis	0	0	0	0	0	0	0	0	0	0	0
Polio	0	0	0	0	0	0	0	0	0	0	0
Scarlet fever	0	0	0	0	0	0	0	0	0	0	0
Schistosomiasis	0	0	0	0	0	0	0	0	0	0	0
Shigellosis	0	0	0	0	0	0	0	0	0	0	0
Syphilis	0	0	0	0	0	0	0	0	0	0	0
Typhoid fever	0	0	0	0	0	0	0	0	0	0	0
Unexplained infant mortality	0	0	0	0	0	0	0	0	0	0	0
Unexplained neonatal mortality	0	0	0	0	0	0	0	0	0	0	0
Unexplained stillbirth	0	0	0	0	0	0	0	0	0	0	0
Unexplained sudden cardiac death	0	0	0	0	0	0	0	0	0	0	0
Unexplained sudden infant death	0	0	0	0	0	0	0	0	0	0	0
Unexplained sudden unexpected death	0	0	0	0	0	0	0	0	0	0	0
Unexplained sudden unexpected death in children	0	0	0	0	0	0	0	0	0	0	0
Unexplained sudden unexpected death in young adults	0	0	0	0	0	0	0	0	0	0	0
Unexplained sudden unexpected death in young adults (SUDD)	0	0	0	0	0	0	0	0	0	0	0

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ID&O Investigations and Cases

DISEASE	CASES						
	2018	2019	2020	2021	2022	2023	2024
ALL OTHER DISEASES	0	0	0	0	0	0	0
AMEBIASIS	1	1	1	1	1	1	1
BRISQ (INCLUDES CHIKUNGUNYA VIRUS, DENGUE, AND ZIKA VIRUS)	2	3	18	3	2	5	3
BUTTERFLY	1	2	1	1	1	2	1
BRISQ/CHIKUNGUNYA	179	127	41	153	102	82	30
CHIKUNGUNYA	35	15	4	24	33	29	5
DENGUE	144	112	37	129	69	53	25
ZIKA VIRUS	12	11	15	14	36	23	13
EBOLA VIRUS (INCLUDES ZIKA VIRUS)	0	0	0	0	0	0	0
GIARDIASIS	49	49	39	49	41	17	14
HANTAVIRUS (INCLUDES ANDERSON JAKS)	1	1	1	1	1	1	1
HEPATITIS A (INCLUDES HEPATITIS A)	84	43	17	44	44	15	17
HEPATITIS B (INCLUDES HEPATITIS B)	1	1	1	1	1	1	1
LEGIONELLOSIS	1	1	1	1	1	1	1
LISTERIOSIS	3	1	1	2	5	1	1
LYME DISEASE	10	9	3	13	10	3	10
MALARIA	2	1	4	1	2	1	1
MELNBERG DISEASE	1	1	1	1	1	1	1
OTHER INVESTIGATIONS	1	1	1	1	1	1	1
ORCHIDIOSIS	1	1	1	1	1	1	1
SCARF	1	1	1	1	1	1	1
SALMONELLOSIS	255	158	159	145	201	160	159
SIBURIOSIS	18	25	302	27	24	11	17
SPOTTED FEVER TICK-BORNE DISEASE	43	48	17	28	50	14	177
TETANUS (INCLUDES TETANUS)	1	1	1	1	1	1	1
TUBERCULOSIS	1	1	1	1	1	1	1
UNIDENTIFIED	3	4	4	4	2	4	11
WEST NILE VIRUS (INCLUDES WEST NILE VIRUS)	12	12	12	12	12	12	12
TOTAL	63	43	162	122	135	122	184

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ID&O Investigations and Cases




- 2023 Grand total of Case Investigations – 3,866
- 2018 Grand total of Case Investigations – 5,502

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Emerging Infectious Diseases

- Completely new (Middle East Respiratory Syndrome)
- Completely new to an area (Chikungunya in Florida, Ebola, Avian Influenza)
- Reappearing in an area (Dengue in Alabama and Texas)
- Pathogens that have become resistant to antimicrobials:
 - Vancomycin-resistant *Staphylococcus aureus* (VRSA)
 - Carbapenemase-Producing Organisms (CPOs)
 - Candida auris
 - Drug-resistant TB

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Emerging Infectious Diseases

- These diseases are often travel related. Always check the latest travel health notices found on the CDC website.
<http://wwwnc.cdc.gov/travel/destinations/list>
- CDC and ADPH recommend clinicians inquire about international travel as a part of patient screening.

Example of waiting room signage →

DETECT TEST REPORT

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Alabama Emergency Response Technology ALERTs

- ADPH has created the Alabama Emergency Response Technology (ALERT) to push Health Alert Network (HAN) messages via email to healthcare providers statewide.
- MDs receive ALERTs via e-mail per the Board of Medical Examiners (BME) database. The Center for Emergency Preparedness obtain updated email addresses from the BME database monthly.

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Rabies

- Rabies is a deadly viral disease that infects the central nervous system of mammals. It is almost always fatal to humans.
- It is transmitted through **saliva or other direct contact with infected neural tissue.**
- It is preventable if proper post-exposure treatment protocol is followed before a person becomes symptomatic.

DETECT TEST REPORT


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How to Report Rabies Exposures

- Notify your local County Health Department
- Must be reported within **48 hours**.

OR

- Complete an [ADPH Rabies Exposure Report](#) located online on the Rabies webpage and return to the local county health department






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Outbreaks, Clusters, Cases of Public Health Importance, & Environmental Exposures

1. **Outbreak:** two or more individuals with similar illness and from different households resulting from a common exposure, such as ingestion of a common food. Outbreaks may also represent more than the expected number of cases.
2. **Cluster:** an unusual aggregation of cases grouped in time or space. The purpose of identifying clusters is to trigger further investigations to determine whether they might represent an outbreak.
3. **Case of public health importance:** an unusual individual case determined by a reporting healthcare provider.
4. **Environmental Exposure:** any serious human exposure to an environmental contaminant.








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Outbreaks

- An outbreak is defined as 2 or more similarly ill people, from separate households, with a common exposure.
- Single cases of certain rare and serious conditions will be investigated, such as gastrointestinal anthrax, botulism, or nosocomial legionella.

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, head lice, flu).

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Outbreak Investigations

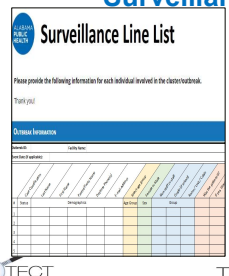
- Multiple ADPH Internal Partners may be involved in an outbreak investigation:
 - Bureau of Communicable Diseases (BCD)
 - Bureau of Clinical Laboratories (BCL)
 - Bureau of Environmental Services (BES)
 - General Counsel (GC)
 - Office of Radiation Control (ORC)
 - Center for Emergency Preparedness (CEP)





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Surveillance Line List



Surveillance Line List

Please provide the following information for each individual involved in the classroom outbreak.

Threat (e.g.)

Classroom

Teacher

Student

Name	Date											
	10/1	10/2	10/3	10/4	10/5	10/6	10/7	10/8	10/9	10/10	10/11	10/12
1. Name												
2. Sex												
3. Age												
4. Symptoms												
5. Illness onset date/time												
6. Duration of illness												
7. Laboratory information												

- Demographic data (age, sex, staff/student)
- Contact Information (patient/proxy)
- Common group or setting of ill
- Symptoms
- Illness onset date/time
- Duration of illness
- Symptoms
- Laboratory information





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Specimens

- Stool
- Stool
- More Stool
- Blood
- Sputum
- Nasal




Together, we can get this stool to the BCL!







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ADPH DTR One-page Flyers

Bed Bugs
Botulism
C. diff
Cryptosporidium
Exclusion and Readmission Criteria for Communicable Diseases in Schools and Childcare Centers
Childcare Exclusion Supplement
E. Coli
Enterovirus D68 (EV-D68)
Enterovirus D68 (EV-D68) Spanish
Ethi Disease
Food Spices Contamination
Hand, Foot, and Mouth Disease
Head Lice
Impetigo
Influenza in People and Pigs
Keep Bats Out
Legionella
Lymphocytic Choriomeningitis Virus
Meningococcal Disease and Vaccine

Mononucleosis
Norovirus and Sapovirus
Outbreak Investigation Actions
PEOS and Fish Consumption Advisory
Pittacosis Flyer


Rabies Flow Chart
Rabies Prophylaxis
Rabies Prophylaxis Providers
Reduce Mosquitoes
Salmonella
Scabies
Shigella
Shingles
Specimen - General Public
Specimen - Healthcare Provider
Stop Dog Bites
Tickborne Diseases
Vibriosis

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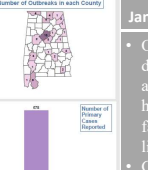
55 Total Outbreaks

Number of Outbreaks in each District





754 Primary Cases

Number of Outbreaks in each County



2024 Outbreaks Reported January 1 to September 1

- Of facilities we captured data on schools/daycares and nursing home/assisted living facilities were more likely to have outbreaks
- Gastrointestinal Outbreaks take the lead!

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Clean Hands Save Lives

- For **healthcare settings**, CDC recommends using alcohol-based hand sanitizer unless hands are visibly dirty.
- For **community settings**, including schools and home, CDC recommends washing hands with soap and water because handwashing reduces the amounts of all types of germs and chemicals on your hands, including when hands are visible dirty or greasy. If soap and water are not readily available, hand sanitizers with at least **60% alcohol** can help protect you from getting sick from germs.

<https://www.cdc.gov/handwashing/>








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Why is Hand Sanitizer Best for Healthcare Workers?

- Quick and easy way to clean hands, so it improves hand hygiene compliance in healthcare settings.
- Effectively reduce the number of germs that may be on the hands of healthcare workers.
- Improves skin condition with less irritation and dryness than soap and water.
- Can be used in the absence of a sink with soap and water as an effective method of cleaning hands.








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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, rotavirus, and *C. diff*. 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.

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Handwashing

How should you wash your hands?

- **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
- **Lather** your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.
- **Scrub** your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
- **Rinse** your hands well under clean, running water.
- **Dry** your hands using a clean towel or air dry them.



<http://www.cdc.gov/handwashing>
<https://www.cdc.gov/clean-hands/faq/index.html>





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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.cdc.gov/handwashing/>









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ADPH Contact Information

- County Health Department (CHD)
[Address & Telephone Roster of CHD](#)
- District Investigators (DI)
[Contact Numbers for District Investigators](#)
- Infectious Diseases & Outbreaks (ID&O)
1-800-338-8374
Epidemiology@adph.state.al.us or
<http://www.alabamapublichealth.gov/infectiousdiseases/index.html>








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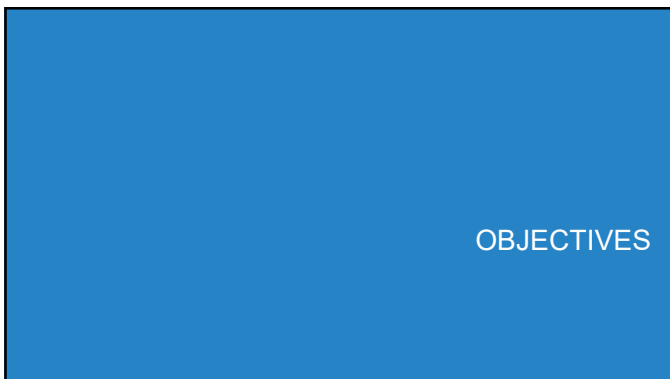
Questions?

[Thank you](#)







Objectives

- Describe the purpose of fit test training and review regulatory fit test requirements in LTCF settings
- Define Qualitative N-95 Respirator Fit Testing, which persons can be fit tested, and note the limitations of testing
- Discuss the supplies needed for fit testing; Review NIOSH-approved respirators and understand how they work, are properly donned and doffed, and how to effectively use them
- Review the qualitative fit test procedure and perform a return demonstration
- Discuss the documentation needed for fit testing and how to store and maintain records



RESPIRATORY PROTECTION PROGRAM

Respiratory Protection Program Overview



WRITTEN POLICIES AND PROCEDURES

Written Respiratory Protection Program (RPP)

- CROWNE and NHS facilities have an RPP developed by Michael Arther, MCA Consultant, LLC
- All other facilities need to develop an RPP that addresses all the components based on Occupational Safety and Health Administration (OSHA) standard
- We can assist by reviewing your RPP

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PROGRAM ADMINISTRATOR

Duties of the RPP Administrator

- Administers and oversees the RPP – Must be qualified by appropriate training or experience with the complexity of the program.
- Identify work areas, diseases, processes or tasks that require respiratory protection.
- Monitor OSHA's policy and standards and make changes to your RPP as indicated.
- Conducts the required evaluation of program effectiveness.



HAZARD'S ASSESSMENT AND RESPIRATOR SELECTION

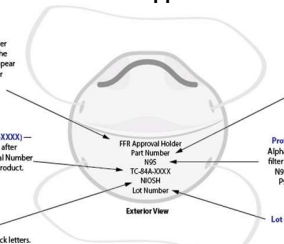
Respirator Selection Based on Hazard

Respirator Must Be A NIOSH Approved N-95 Respirator

Approval Holder — Name or logo of approval holder (company). If private labeled the private label name or logo will appear instead of the approval holder information.

TC-Approval Number (TC-84A-XXXX) — For products manufactured after September 2008, the TC Approval Number is required to appear on the product.

NIOSH — NIOSH in capital block letters.



Model or Part # XXXX

FFR Approval Holder Part Number N95
TC-84A-XXXX
NIOSH
Lot Number

Lot # XXXX — Recommended but not required.

Protection — NIOSH filter series. Alpha-numerical rating followed by filter efficiency level (example: N95, N99, N100, R95, R99, R100, P95, P99, P100). Also Surgical N95 (when applicable).

End of Shelf-Life Symbol. Use respirators before the "use by" date specified on packaging



MEDICAL QUESTIONNAIRE AND MEDICAL CLEARANCE

Forms Required by OSHA

- Facility must have a Respiratory Protection Plan/Program
- Medical Questionnaire
- Medical Clearance
- Employee Fit Test Record

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OSHA Respirator Medical Questionnaire 1910.134 (Mandatory)

- The individual must be physically able to don the respirator and perform fit test exercises while wearing the respirator.
- Individuals should complete the Medical Questionnaire on company time.
- Individuals may ask to speak with the physician or licensed health care professional (PLHCP) who will be reviewing the Medical Questionnaire.
- The PLHCP should have some understanding of the RPP, the potential hazard, the respirator type, and the nature of the employee's work.
- This document must be maintained as **CONFIDENTIAL**. The employer or supervisor **must not** look at the individual's answers.
 - Examples of Employers or Supervisors are: An Administrator/Assistant Administrator, Director of Nursing/Assistant Director of Nursing, Charge Nurse, Supervisor or Service-line Director, etc.)
- A follow-up evaluation may be required by PLHCP.

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OSHA Respirator Medical Evaluation Questionnaire
1910.134 Appendix C (mandatory)

Part A. Section 1. (Mandatory)

Date: ____/____/____ Employee Number: _____

Name: _____ Age: _____

Job Title: _____ Height: _____ ft. ____ in.

Weight: _____ lbs.

Phone number where you can be reached by the Health Care Professional who reviews this questionnaire (including Area Code): _____
Best time to reach you at this number: _____ days

Has your employer told you how to contact the health care professional who will review this questionnaire?

Yes No

Check the type of respirator you will use (you can check more than one category):

N, R, or P disposable respirator (filter-mask, non-cartridge type only) **N95**

Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus)

Have you ever worn a respirator? Yes No If yes, what type(s): _____

<https://www.osha.gov/sites/default/files/publications/OSHA3790.pdf>

Medical Clearance Form


- After reviewing the Medical Questionnaire, the Medical Clearance form is to be completed by a physician or other licensed healthcare professional (PLHCP's), **but not by anyone within a supervisory capacity of the employee.**
 - Employer or Supervisor examples are: An Administrator/Assistant Administrator, Director of Nursing/Assistant Director of Nursing, Charge Nurse, Supervisor or Service-Line Director, etc.)
- The Medical Clearance form contains the PLHCP's written recommendation regarding the employee's ability to use the respirator.

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Medical Clearance Form (continued)

- The PLHCP's recommendation provides whether or not the employee is **medically able** or **cleared** to use the respirator, any limitations on respirator use related to the employee's medical condition, or workplace conditions in which the respirator will be used.
 - The PLHCP may also recommend that the employee needs a follow-up medical evaluation or examination.
- A new Medical Clearance form does not have to be completed each year **unless** there is a change in an employee's: medical condition, facial structure, or weight (loss or gain).
 - For any changes, the employee will complete a new Medical Questionnaire that will be reviewed by a PLHCP, and a new Medical Clearance form will also be completed.

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Medical Clearance Form

The Occupational Safety and Health Administration (OSHA) requires that a person be medically evaluated by a physician or other licensed health care professional to determine whether, and under what conditions, a worker (or student if applicable) can safely wear a respirator.

This form allows a physician or other licensed health care professional to indicate whether the employee is medically cleared to safely wear a respirator in the course of your work without disclosing confidential medical information.

To be completed by a Physician or Other Licensed Health Care Professional:
 I have performed a respirator medical evaluation, including review of the individual's OSHA Respirator Medical Evaluation Questionnaire Appendix C of 29 CFR 1910.134.

The identified individual is approved to wear:

N95 particulate respirator: Without restrictions With restrictions Follow up exam needed


List any restrictions or other notes:

Physician or Other Licensed Health Care Professional:
 Printed Name: _____ Date: _____
 Signature: _____ Date: _____

N-95 RESPIRATOR FIT TESTING

Initial Fit-Test Requirements

- Medical Questionnaire Form – Reviewed by PLHCP
- Medical Clearance Form – Completed by PLHCP
- Employee Fit Test Record

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Minimal Annual Fit-test Requirement

- Medical Clearance Form – Review this form
- Employee Fit Test Record – Complete a new form each year

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Employee Fit-test Record
- *Fit-Tester Completes and Signs* -

- Step 1: Verify Medical Clearance – Yes/No
- Step 2: Model and Limitations
- Step 3: Verify Facility Training and Education Complete
 - Required Use, Facility Use, Disposal
 - Donning/Doffing and User Seal Check
- Step 4: Qualitative Fit-Test
 - Training Type – Initial or Annual
 - Sensitivity Threshold Test– Saccharin or Bitter
 - Fit Test with Respirator and Hood
 - Fit Test Results – PASS or FAIL
- Evaluator Signature and Date
- Employee Signature and Date

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**N-95 RESPIRATOR
EDUCATION AND TRAINING**

Training should include the following:

- The general recommendations of the OSHA Respiratory Protection Standard.
- The specific circumstances under which respirators are to be used.
- Respiratory hazards to which employees are potentially exposed during routine and emergency situations.
- Why the respirator is necessary and how proper fit, usage, and maintenance can ensure the protective effect of the respirator as well as how improper fit, usage or maintenance can compromise the protective effect of the respirator.

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Training continued:

- The limitations and capabilities of the respirator that will be used.
- How to effectively use the respirator, including emergency situations and situations when the respirator malfunctions.
- How to inspect, put on, remove, use, and check the seal of the respirator.
- How and when to dispose of the respirator when exposed to infectious materials.

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How To Perform Qualitative Fit-Testing with NIOSH Approved N-95 Respirators

- The individual performs hand hygiene and selects the respirator
- The individual inspects the respirator for holes, tears, or other damage to the surface, straps, or metal nose strip or foam.
 - If damaged, obtain a new respirator
- The individual is educated on how to properly don, or *put on*, the respirator

The N-95 respirators used in healthcare not only offer protection by filtering the air that is breathed in, but they also offer protection to others by blocking the respiratory droplets from traveling into the air from the wearer.



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**Personal Protective Equipment
NIOSH Approved N-95 Respirator**

Assessment of comfort and allowing the employee being fit tested adequate time to determine the comfort of the respirator:

- Position of the mask on the nose
- Room for eye protection
- Room to talk
- Position of mask on face and cheeks


The following criteria shall be used to help determine the adequacy of the respirator fit:

- Chin properly placed;
- Adequate strap tension, not overly tightened;
- Fit across nose bridge;
- Respirator of proper size to span distance from nose to chin;
- Tendency of respirator to slip;
- Self-observation in mirror to evaluate fit and respirator position.



**Donning Personal Protective Equipment
NIOSH Approved N-95 Respirator**
(Always follow Manufacturer's Instructions For Use)






- Place respirator over nose, mouth, and chin
- If respirator has straps on the top and bottom: Secure on head with elastic straps: Place one strap on the crown of the head and the second strap behind the back of the neck (these straps should not cross one another).
- If respirator has ear loops: Place each ear loop around each ear one at time
- Adjust metal nosepiece, or flexible metal band to fit nose bridge using two fingers on each side
 - Note: Pinching the metal nosepiece can cause tenting and does not allow for a proper seal



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Donning Personal Protective Equipment NIOSH Approved N-95 Respirator

Example:
(Always follow Manufacturer's Instructions For Use)


Place Respirator on Face		Adjust the Metal Nosepiece	Check Respirator-to-Face Seal	
				
Place respirator against your face, with the bottom metal clip and metal nosepiece across bridge of nose.	Pull the top elastic band over your head and place at the top back of your head.	Use both hands to bend the metal nosepiece to fit snugly against your nose and face. The respirator may not fit as well if you pinch the metal nosepiece using one hand. Use two hands, slide fingers down both sides of metal nosepiece to seal it against your nose and face.	For non-valved respirators: Voluntarily cover the outside of the respirator with both hands. Do not push the respirator against your face. With your hands in place on the surface of the respirator, exhale or breathe out sharply. If you feel air blowing on your face or eyes, the respirator needs to be adjusted. To adjust, repeat steps 2, 3 and 4. When respirator is a good fit, you will not feel any air blowing on your face or eyes. If you can't get a good fit, try a different model respirator. Return glasses to face, if applicable.	For valved respirators: Voluntarily cover the outside of the respirator with both hands. Do not push the respirator against your face. With your hands in place on the surface of the respirator, inhale or breathe in sharply. If you feel air flowing on your face or eyes, the respirator needs to be adjusted. To adjust, repeat steps 2, 3 and 4. When respirator is a good fit, you will not feel any air blowing on your face or eyes. If you can't get a good fit, try a different model respirator. Return glasses to face, if applicable.

Donning Personal Protective Equipment NIOSH Approved N-95 Respirator


Example:
(Always follow Manufacturer's Instructions For Use)

These fitting instructions must be followed each time a three-panel filtering facepiece respirator is worn.


1. Prepare to Use Respirator



2. Place Respirator on Face



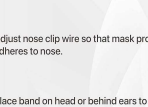
3. Adjust the Metal Nosepiece




4. Check Respirator-to-Face Seal




5. Check Seal by Blowing In




How to Wear N95 Respirator




Lower the head strap with the wearing part of the mask facing up.



Adjust nose clip wire so that mask properly adheres to nose.



Place band on head or behind ears to secure mask.




Check for fit by covering mask with both hands to check for air leakage. Adjust as needed.

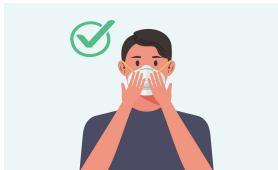
User Seal Fit-Check

The N95 must form a seal to the face to work properly

For check for gaps, gently place your hands on the N95, covering as much of it as possible, then breathe out.



If air is felt leaking out from the edges of the N95, or if wearing eyeglasses and they fog up, **it is not snug**. Adjust the N95 and try again. If you cannot get a tight seal, try a different size or style.



If no air is felt leaking out from the edges of the N95, or if wearing eyeglasses and no fog is noted, **they have a good seal**.

Perform the user seal fit-check EVERYTIME a N95 respirator is donned.


Example: **Doffing Personal Protective Equipment**
NIOSH Approved N-95 Respirator
(Always follow Manufacturer's Instructions For Use)

Respirators should be removed:


- After exiting the isolation room
- When the respirator is damaged or soiled, or if it becomes difficult to breathe

Always go to a clean, safe area, away from contamination areas when removing your respirator.


Removing Your Respirator



DO NOT TOUCH the front of the respirator! It may be contaminated!



Remove by pulling the bottom strap over back of head, followed by the top strap, without touching the respirator.



Discard in waste container. WASH YOUR HANDS!


<https://www.cdc.gov/niosh/docs/2010-133/dfs/2010-133.pdf>

Respiratory Education for HCPs

<https://youtu.be/lwTYK1sG9U>

Respiratory Education for Program Administrator

https://youtu.be/l_OkvdcoWi0



QUALITATIVE FIT-TEST (QLFT)



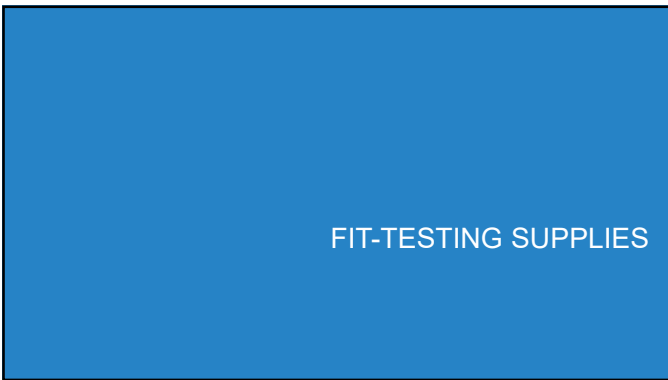
Qualitative Fit-Test (QLFT)

A qualitative fit test is a pass/fail test that relies on the individual's taste detection of a test agent, such as Saccharin—Sweet or Bitrex—Bitter.

The complete test has 2 parts:

- Sensitivity Test/Taste Threshold
- Fit Test

A fit test verifies that a respirator is both comfortable and correctly fits the individual.



FIT-TESTING SUPPLIES

Fit-Testing Kit

Fit-testing kits include:

- Two Nebulizers
- A hood
- A collar
- A bottle of Sensitivity Solution
- A bottle of Fit-Test Solution



Always follow manufacturer's instructions for use.

Other Fit-Testing Supplies

- A Timer (Hourglass timer, stopwatch, etc.)
- Disinfectant wipes
- Gloves
- NIOSH Approved N-95 Respirator Options
- Trash Can



Always follow manufacturer's instructions for use.

PART 1: SENSITIVITY TEST/TASTE THRESHOLD

Sensitivity Test /Taste Threshold

Make sure that the test subject has not eaten, chewed gum, or had anything except water to drink for at least 15 minutes



Sensitivity Solution is a dilute solution of the testing substance that is used to determine if the wearer **can detect** by taste the substance that will be used for fit testing.

There are two challenge agents that can be used to fit test N-95 respirators:

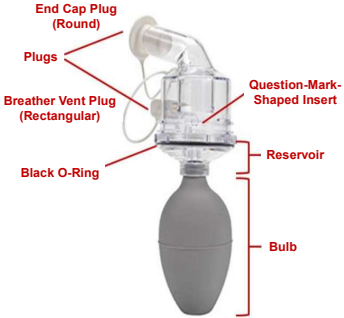
- Saccharin (sweet taste)
- Bitrex™ (bitter taste)



The Nebulizer

The nebulizer consists of the following components:

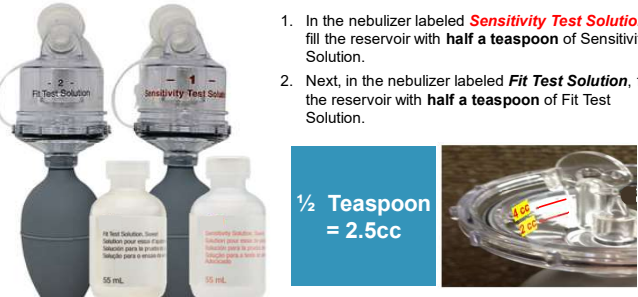
- End cap plug (round)
- Breather Vent plug (rectangular)
- Black O-ring
- Question-mark shaped insert
- Reservoir
- Bulb



The nebulizer dispenses the sensitivity/fit test solutions in an aerosol form for the individual to taste.

Preparing The Nebulizer With Test Solutions

1. In the nebulizer labeled **Sensitivity Test Solution**, fill the reservoir with **half a teaspoon** of Sensitivity Solution.
2. Next, in the nebulizer labeled **Fit Test Solution**, fill the reservoir with **half a teaspoon** of Fit Test Solution.



1/2 Teaspoon = 2.5cc


Use the markings inside the reservoir for measurement.

Initial Sensitivity Test/Taste Threshold Procedure

Always follow the manufacturer's instructions for use.

Pre-Fit-Testing

- The individual puts on the hood without a respirator.
- The Fit Tester visually confirms that the nebulizer produces a cloud of aerosol when the bulb is squeezed.
- Ask the individual to breathe, through their mouth, with their tongue slightly extended. Ask them to indicate immediately when they taste the solution.
- Squeezing the bulb completely and aiming the nebulizer to the side rather than directly at the subject, spray the sensitivity solution in increments of 10 sprays, into the hood and count the number of sprays it takes for the solution to be tasted.



Initial Sensitivity Test/Taste Threshold Procedure (continued)

Always follow the manufacturer's instructions for use.



- If tasted between 1-10 sprays, document the Sensitivity Threshold as 10.
 - If the sensitivity solution is not tasted after the initial 10 sprays, inject an additional 10 sprays.
- If tasted between 11-20 sprays, document the Sensitivity Threshold as 20.
 - If the sensitivity solution is still not tasted, inject a final 10 sprays.
- If tasted between 21-30 sprays, document the Sensitivity Threshold as 30.
 - Stop the test if solution is not tasted after 30 sprays. After 15 minutes, try an alternative solution: if using sweet, try bitter; if using bitter, try sweet.

Initial Sensitivity Test/Taste Threshold Procedure

Always follow the manufacturer's instructions for use.

Record the number of sprays it takes for the individual to taste the sensitivity solution.

Number of sprays used in the sensitivity test for the individual to detect the challenge agent.

If the number of sprays used was between 1 to 10, record 10.

If the number of sprays used was between 11 to 20, record 20.


If the number of sprays used was between 21 to 30, record 30.

**PART 2:
FIT- TEST**

Fit-Test Exercises

Each QLFT method uses SEVEN exercises performed for 60 seconds each:

- Using the fit test solution, remove both plugs, and visually confirm that the nebulizer produces a cloud of aerosol when the bulb is squeezed.
- Have the individual to don the respirator and ensure proper fitting and seal.
- Place the hood on the individual.
- Introduce the **initial dose** of the fit test solution and start the exercises.
- Add a **replenishing dose** after **every 30 seconds**.



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Fit Testing Doses

Always follow the manufacturer's instructions for use.


Sensitivity Threshold	Initial Fit Test Dose	Replenishing Dose
If 1-10, record 10	10 sprays	5 sprays
If 11-20, record 20	20 sprays	10 sprays
If 21-30, record 30	30 sprays	15 sprays

Add a replenishing dose after every 30 seconds.

Fit-Test Exercises

Each QLFT method uses seven exercises performed for 60 seconds each:

- Normal breathing through the mouth.
- Deep breathing.
- Turning head side to side.
- Moving head up and down.
- Talking.
- Bending over (or jogging in place).
- Normal breathing again.



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Fit-Test Exercises

Each QLFT method uses seven exercises performed for 60 seconds each:

7 Exercises

1. Breathe normally 2. Breathe deeply 3. Head side-to-side 4. Head up and down 5. Talking 6. Bend over at waist 7. Breathe normally

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PASS/FAIL QUALITATIVE FIT-TEST

**Pass/Fail
Fit-Test**

Pass or Fail is based upon the individual's detection, by taste, of a challenge agent by the completion of the fit test.

No Taste =

PASS

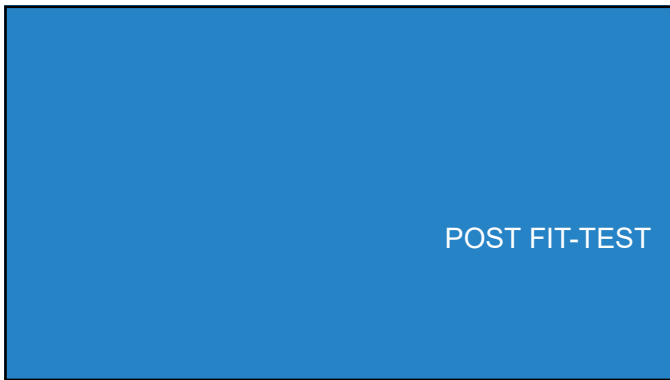
Taste =

FAIL

Fit-Test: FAIL

Other reasons for failing the fit test may include:

- During sensitivity threshold test, individual is unable to detect sweet or bitter challenge agent.
- Individual fails the user seal check.
- Individual has facial hair that interferes with the respirator's seal.
- Individual exhibits difficulty in breathing during any part of the test.
- Individual unable to physically complete the fit test (Examples include: claustrophobia, severe anxiety, unable to put on the respirator independently, or refuses to complete fit testing).
- Individual can detect fit test solution with all the respirator options available.



POST FIT-TEST

Post Individual Fit Testing

- Give individuals the opportunity to ask any questions.
- Hoods or enclosures are cleaned and disinfected between uses.
- Individuals may elect to document for their personal use the manufacturer, model, and style of the respirator in which they were fitted.
- Ensure that all forms are signed.



PROGRAM EVALUATION

Program Administrator or Designee

Conducts an annual evaluation of your RPP to ensure that all aspects of the program meet the requirements of the OSHA Respiratory Protection Program standard and that the program is being implemented effectively to protect employees from respiratory hazards.

Employees required to use respirators must be consulted regularly to assess their views on program effectiveness and to identify and correct any problems.

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RECORDKEEPING

Storage of Forms

- The Medical Questionnaire - required by Section 1910.134 - is considered a medical record under OSHA's regulation at 29 CFR 1910.1020, *Access to employee exposure and medical records*. [See 29 CFR 1910.1020(c)(6)(i)(A)].
- The Medical Questionnaire should be stored in a secure, locked location after being reviewed by the PLHCP.
- The Medical Questionnaire should not be stored in the employee's personal file.



Storage of Forms (continued)

- The Medical Clearance form is stored in the employee's confidential health records.
- The Employee Fit-Test Record form is completed annually and can be stored in the employee's education/personal records.
- Records of medical evaluations must be retained and made available in accordance with 29 CFR 1910.1020.
 - *The medical record for each employee shall be preserved and maintained for at least the duration of employment plus thirty (30) years, except ... the medical records of employees who have worked for less than (1) year for the employer. Their record need not be retained beyond the term of employment if they are provided to the employee upon the termination of employment.*

<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134>
<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1020>



END OF FIT TESTING SESSION

At the End of the Fit-Testing Session

- Ensure that all used sensitivity and fit testing solutions are properly discarded (**Do not pour unused solutions back into bottles**).
- Clean the nebulizers in fresh water after every fit test session, every 4 hours, or if the nebulizer becomes clogged, *whichever is first*. Also ensure that the narrow passageways of the reservoir and the question mark shaped insert are cleaned and clear of any crystals or debris by using the small-gauge wire.
- Items may be disassembled and stored in a manner to prevent contamination.
- Store solutions per manufacturer's guidance.



Locations of the two narrow passageways

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RETURN DEMONSTRATION

QUESTIONS?



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