

video. Posters were created as a guide for staff at donning and doffing stations. Additionally, the IPE training team utilized an online data collection tool to capture staff completion on IP training and PPE competency for record keeping. We used a 'soft' approach because staff members were fearful of the unknown when caring for COVID-19 patients. Daily audits were conducted with immediate concurrent feedback to engage the relevant stakeholders. Infection prevention liaison officers (IPLs) were appointed to assist in the daily audits. An electronic audit tool was used to facilitate audit and quick analysis. **Conclusions:** The experience gained in the last 2 years has been useful and may provide a template if new external sites are needed in the future because of the potential surge associated with the \omicron (omicron) variant.

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Poster Presentation - Poster Presentation

Subject Category: COVID-19

Mitigation strategies to control a carbapenem-resistant *Acinetobacter baumannii* outbreak in a dedicated COVID-19 unit

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Background: Carbapenem-resistant *Acinetobacter baumannii* (CRAB) is considered a public health threat, and this pathogen is typically associated with hospital infections. At 3 months after opening the hospital's dedicated COVID-19 unit, 2 patients were identified with CRAB. Infection prevention staff collaborated with staff in the COVID-19 unit, hospital leadership, and health department partners to develop mitigation strategies and to prevent additional transmission. **Methods:** Admissions to the COVID-19 unit were stopped. Biweekly surveillance cultures were collected to identify any patients potentially colonized with CRAB. An infection control risk assessment was conducted to determine breaches in infection prevention practices. The risk assessment included environmental rounding of the area, epidemiological investigation, environmental testing, pulsed-field gel electrophoresis (PFGE) testing, and observing infection prevention practices. **Results:** The risk assessment identified multiple gaps in infection control practices, for example, gaps in hand and environmental hygiene practices. The extended use of personal protective equipment (PPE), staff shortages, fatigue, and staff taking on multiple roles and tasks outside their general job duties were other gaps identified by the team. Between June and September 2020, 43 additional CRAB cases were identified in the facility, with 4 (9.8%) cases outside the COVID-19 unit. Moreover, 29 cases (64%) were considered clinical infections and 16 (36%) were identified from surveillance efforts. Environmental cultures identified 1 positive surface with CRAB. PFGE testing was completed on 44 isolates; 42 isolates had identical PFGE patterns, and 2 isolates were unrelated to the COVID-19 unit; 2 isolates were closely related (with 3-band differences) but were not identified in the COVID-19 unit. **Conclusions:** The inability to definitively identify the source of transmission made it challenging to determine the best approach to eradicating the pathogen. Mitigation for outbreaks should focus on not deviating from core infection control practices.

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Enhancing respiratory protection in skilled nursing facilities during the COVID-19 pandemic: A public health fit-test training program

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Background: The Occupational Safety and Health Administration (OSHA) Respiratory Protection standard (29 CFR 1910.134) states that

it is an employer's responsibility to establish and maintain a respiratory protection program when a respirator is necessary to protect the health of employees, including annual assessment of adequate respirator fit. Prior to the COVID-19 pandemic, N95 respirators were rarely used in Philadelphia skilled-nursing facilities (SNFs), and many facilities did not have programs in place or materials to fit test their staff. **Methods:** The Philadelphia Department of Public Health's (PDPH) Healthcare Associated Infections/Antimicrobial Resistance (HAI/AR) Program designed and pilot-tested 1.5-hour "train-the-trainer" sessions on OSHA-compliant fit-testing requirements and qualitative procedures. This training was offered to all 47 SNFs beginning May 2021. Training covered the role N95 respirators play in healthcare, proper donning and doffing, OSHA training requirements, medical clearances, record keeping, fit-testing procedure, and demonstrated competency to perform fit testing. Resources that were provided after training included templates of a respiratory protection policy for SNFs, a fit-test record, the OSHA medical clearance form, and a competency checklist. This bundle was designed to help SNFs establish self-sustaining respiratory protection programs. Post-training evaluations were administered on a 6-point Likert scale as well as qualitative, open-ended questions to evaluate the overall quality and effectiveness of the training session. **Results:** In total, 50 employees (clinical and nonclinical) from 13 Philadelphia SNFs received N95 fit-test training from June through December 2021. The average rating for the training overall was very high (5.9 of 6 points). On average, participants strongly agreed that content presented was directly applicable to their work (5.9 of 6 points), and most strongly agreed that information they learned would alter practices and procedures (5.79 of 6 points). When asked qualitatively what the participant would do differently in practice as a result of the training, the most frequent responses were fit test staff (58%) and educate staff on proper N95 use (60%). **Conclusions:** The PDPH HAI/AR program created a successful pilot fit-test training program for SNFs, demonstrated by program enrollment and high ratings by participants. This relatively low-cost intervention has provided tools to enhance respiratory protection during the COVID-19 pandemic and has increased the capacity of SNFs to provide essential services for their staff and residents. The PDPH will continue to offer these training sessions to SNFs, with plans to expand to other care settings, such as inpatient behavioral health facilities, outpatient clinics, and emergency medical services.

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SARS-CoV-2 N95 contamination worn under a face shield, via medical mask surrogate, in healthcare providers treating COVID-19

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Background: SARS-CoV-2 N95 mask contamination in healthcare providers (HCPs) treating patients with COVID-19 is poorly understood. **Method:** We performed a prospective observational study of HCP N95 respirator SARS-CoV-2 contamination during aerosol-generating procedures (AGPs) on SARS-CoV-2-positive patients housed in a COVID-19-specific unit at an academic medical center. Medical masks were used as surrogates for N95 respirators to avoid waste and were worn on top of HCP N95 respirators during study AGPs. Study masks were provided to HCPs while donning PPE and were retrieved during doffing. Additionally, during doffing, face shields were swabbed with Floq swabs premoistened with viral transport media (VTM) prior to disinfection. Medical masks were cut into 9 position-based pieces, placed in VTM, vortexed, and centrifuged (Fig. 1). RNA extraction and RT-PCR were completed on all samples. RT-PCR-positive samples underwent cell culture infection to detect cytopathic effects (CPE). Contamination was characterized by mask location and front and back of face shields. Patient COVID-19 symptoms were collected