

health staff to query and identify all epidemiologic links between traced patients, parents and/or visitors, and staff, and (2) initiates staff enrollment in a twice-daily symptom tracking system administered via REDCap. Potentially exposed patients and parents and/or visitors are contacted directly by a hospital representative. The contact tracing team, infection prevention staff, and occupational health staff meet daily to review positive staff cases in the last 24 hours. **Results:** To date, the team has traced ~1,300 patients, 15 parents and/or visitors, and 700 staff. Since the start of the pandemic, tracing and contact notification for all positive cases has been conducted within 24 hours. Through these proactive tracing efforts and other institutional infection prevention initiatives, the institution only experienced 1 staff cluster ($N < 15$) and < 5 hospital-onset patient cases. **Conclusions:** Equipping a trained group of contact tracers with automated tracking tools can afford infection prevention and occupational health departments the ability to achieve and sustain timely and accurate contact tracing initiatives throughout a large-scale pandemic response.

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Transmission of COVID-19 on an Inpatient Hospital Prison Unit

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Background: Prison populations have been disproportionately affected by COVID-19, partly due to challenges related to social distancing. Data on viral transmission dynamics in inpatient prison units remain limited. The Ohio State University Wexner Medical Center (OSUWMC) has a 24-bed inpatient prison unit in collaboration with the Ohio Department of Rehabilitations and Corrections (ODRC). The unit has 5 shared rooms holding 4 patients each and 4 single-patient rooms. Several cases of inpatient transmission of COVID-19 were identified on the inpatient prison unit. **Methods:** An IRB-approved retrospective chart review was conducted to evaluate inpatient transmission dynamics of hospital-acquired (HCA) COVID-19. All ODRC patients admitted from March 1 to April 24, 2020, were included. Patients assigned to the prison unit during their hospital stay were evaluated for potential HCA COVID-19, defined as a positive SARS-CoV-2 test ≥ 4 days after admission. Patient characteristics, testing data, symptoms, aerosol-generating procedures (AGPs), and room assignments were reviewed. Healthcare workers (HCWs) and correction officers (COs) working on the unit who tested positive during this period were identified. **Results:** In total, 142 ODRC patients were admitted during the study period and 89% had a positive SARS-CoV-2 testing prior to or during admission. Also, 61 patients (43%) were assigned to the prison unit. Moreover, 8 patients on the unit met potential HCA COVID-19 definition with 7 linked to 3 distinct clusters. Also, 7 COs had COVID-19 (outside hospital exposure) and 5 HCWs acquired COVID-19 from patient exposure on the unit. In cluster 1, 4 patients admitted to the same room developed HCA COVID-19. A symptomatic index patient not tested on admission given an atypical presentation required CPAP and frequent nebulizer treatments. In cluster 2, 1 patient from cluster 1 was transferred to another room. The new roommate subsequently developed HCA COVID-19. In cluster 3, a symptomatic correctional officer was assigned to 2 patients in a shared room; the patients later developed HCA COVID-19. **Conclusions:** Three patient clusters of HCA COVID-19 on a prison unit were identified. Aerosol transmission potentially played a role in cluster 1. Inpatient transmission within the unit prompted updated guidance for ODRC admissions, including universal SARS-CoV-2 admission testing, excluding patients requiring AGPs from shared rooms, and preemptive isolation for patients from an ODRC facility experiencing a COVID-19 surge. Universal testing was quickly expanded to all inpatient admissions. HCWs and COs were also linked to inpatient transmission, highlighting the importance of strict infection control practices for patient populations who cannot socially distance.

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Building a PPE Monitor Team as Part of a Comprehensive COVID-19 Prevention Strategy

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Background: The use of personal protective equipment (PPE) is a critical intervention in preventing the spread of transmission-based infections in healthcare settings. However, contamination of the skin and clothing of healthcare personnel (HCP) frequently occurs during the doffing of PPE. In fact, nearly 40% of HCP make errors while doffing their PPE, causing them to contaminate themselves. PPE monitors are staff that help to promote their colleagues' safety by guiding them through the PPE donning and doffing processes. With the advent of the COVID-19 pandemic in early 2020, the UNC Medical Center chose to incorporate PPE monitors as part of its comprehensive COVID-19 prevention strategy, using them in inpatient areas (including COVID-19 containment units and all other units with known or suspected SARS-CoV-2-positive patients), procedural areas, and outpatient clinics. **Methods:** Infection prevention and nursing developed a PPE monitoring team using redeployed staff from outpatient clinics and inpatient areas temporarily closed because of the pandemic. Employee training took place online and included fundamentals of disease transmission, hand hygiene basics, COVID-19 policies and signage, and videos on proper donning and doffing, including coaching tips. The monitors' first shifts were supervised by experienced monitors to continue in-place training. Employees had competency sheets signed off by a supervisor. **Results:** The Medical Center's nursing house supervisors took over management and deployment of the PPE monitoring team, and infection prevention staff continued to train new members. Eventually, as closed clinics and areas reopened and these PPE monitors returned to their regular positions, areas used their own staff to perform the role of PPE monitor. In the fall of 2020, a facility-wide survey was sent to all inpatient staff to assess their perceptions of the Medical Center's efforts to protect them from acquiring COVID-19. It included a question asking how much staff agreed or disagreed that PPE monitors "play an important role in keeping our staff who care for COVID-19 patients safe." Of the 626 staff who answered this question, 67.6% agreed or strongly agreed that PPE monitors played an important role in keeping staff safe. Thus far, there has been no direct transmission or clusters of COVID-19 involving HCP in COVID-19 containment units with PPE monitors. **Conclusions:** PPE monitors are an important part of a comprehensive COVID-19 prevention strategy. In early 2021, the UNC Medical Center posted and hired paid PPE monitor positions to continue this critical work in a sustainable way.

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The COVID-19 Pandemic and Antibiotic Use on the United States-Mexico Border

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Background: The US-Mexico border represents a unique region of the country where antibiotics are more accessible and nonprescription treatment with antibiotics is deeply enculturated. Currently, both the United