

Ask an IP

Learning and Communication Series

Week 10 - Office Hours

Wednesday August 11th, 2021



Acute Communicable Disease Control Program
Los Angeles County Department of Public Health





Disclosures

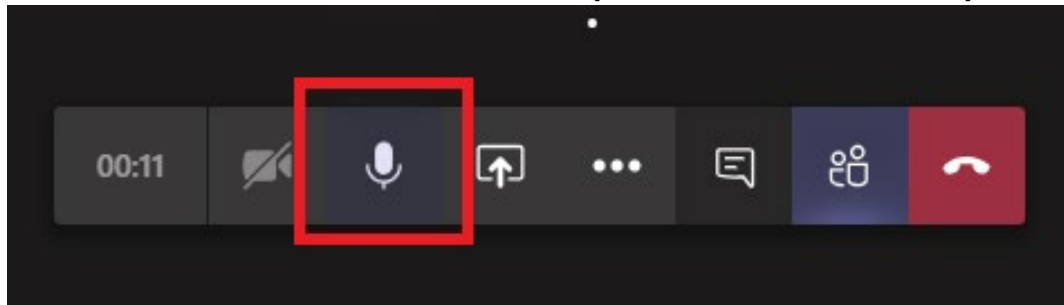
There is no commercial support for today's call

Neither the speakers nor planners for today's call have disclosed any financial interests related to the content of the meeting

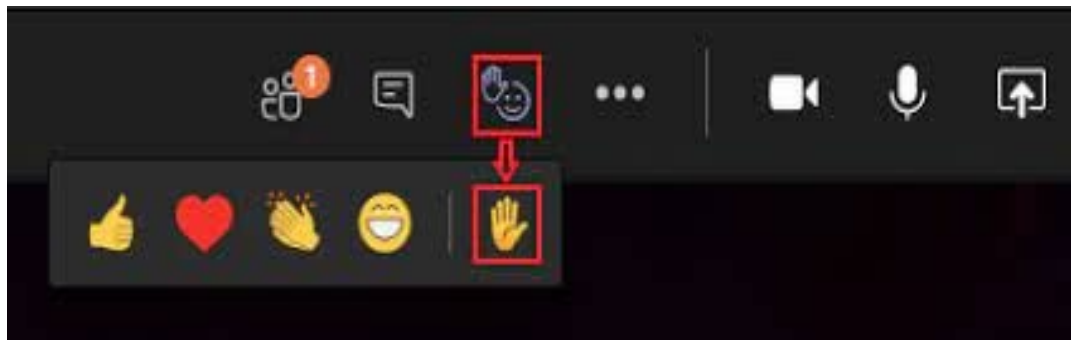
This call is meant for healthcare facilities and is off the record and reporters should log off now

Housekeeping

- How to Mute/Unmute (Ctrl+ Shift+ M):

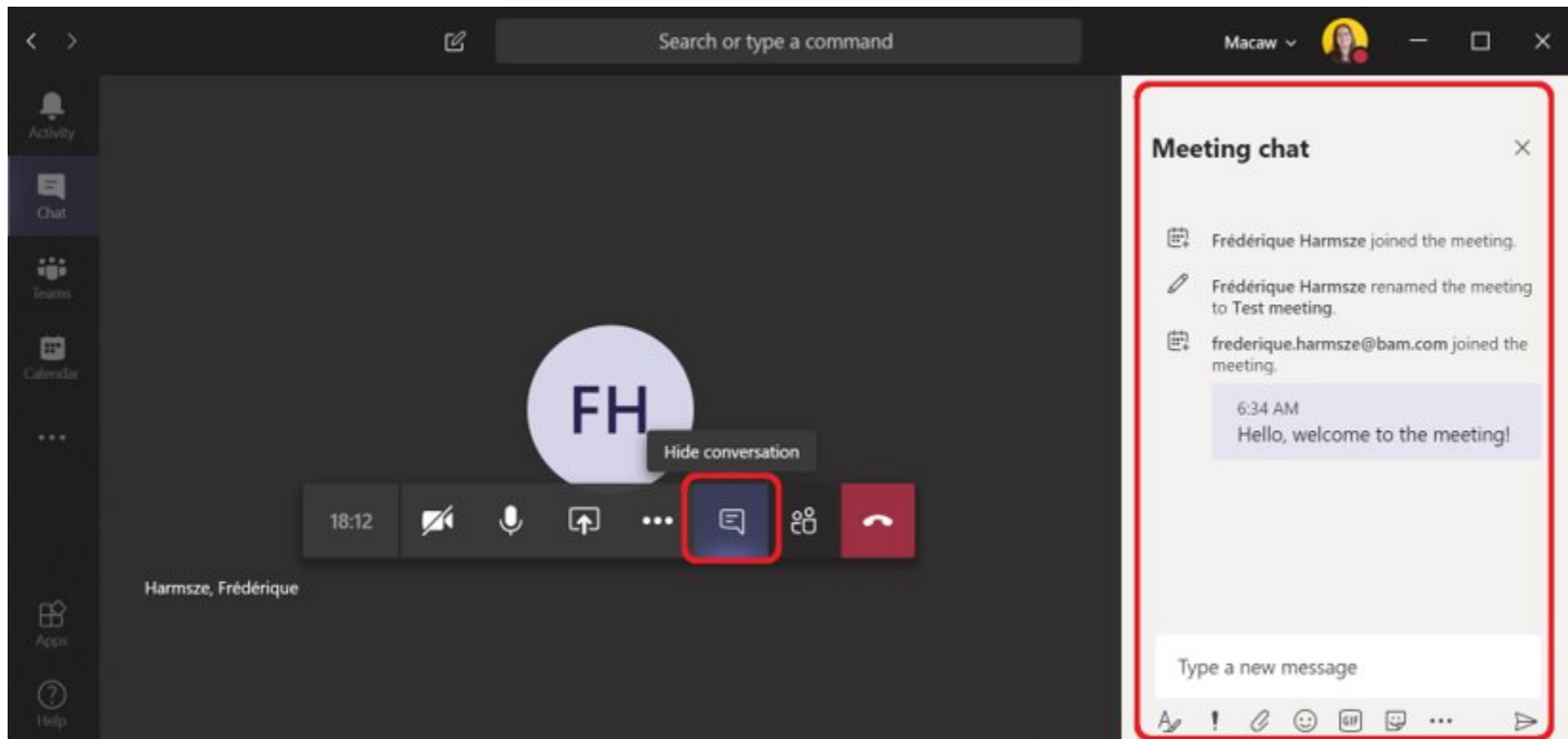


- How to Raise Hand:



Housekeeping

- How to use chat:





Reminder

We want to thank you all for your wonderful questions these last few weeks, during our Ask the IP Sessions. The focus of these sessions is core infection prevention practices (beyond COVID-19) that must be used in all care settings and to foster discussion among LA County Skilled Nursing Facilities about infection control practices.

We would like to remind everyone that the LACDPH COVID-19 Guidance has been updated as of 7-27-2021, please take time to review the updates and the current guidance from the County. We will not be reviewing guidelines during these sessions.

Link to Guidelines:

<http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/>



DPH Infection Prevention Team

Walteena Brooks, LVN

Rachel Gibbs, RN, BSN

Laurie Hensley-Wojcieszyn, MHA, CPHQ, LSSGG

Marco Marquez, MPH, CIC

Harriett Pitt, MS, RN

Alisa Ritea, RN, BSN

Krystal Smith, MSc, CIC

Contact Us: LACSNF@ph.lacounty.gov



Objectives

- Brief review of **Droplet, Airborne** and **Novel Respiratory Precautions**
- Foster discussion among LA County Skilled Nursing Facilities about infection control practices



Standard and Enhanced Standard Guidance

| PRECAUTIONS | UNDERLYING PRINCIPLES | IMPLEMENTATION |
|--|--|---|
| <p>STANDARD</p> <p>Focus: Unsuspected infectious agents in blood and body fluids (BBF)</p> | <ul style="list-style-type: none"> All BBF except sweat may contain infectious agents Used for all resident care, based on anticipated BBF exposure Prevents the transmission of unsuspected infectious agents from patient to HCP and patient to patient via HCP Room placement, hand hygiene, personal protective equipment (PPE), safe injection practices, respiratory hygiene/cough etiquette, environmental cleaning are additional components that prevent transmission of unsuspected infectious agents | <ul style="list-style-type: none"> Each HCP assesses each planned resident care activity for risk of BBF exposure Perform hand hygiene and don PPE within the room, before beginning activity <ul style="list-style-type: none"> Gloves to protect hands Gown to protect body, clothes Mask/goggles/shield to protect face, eyes Remove, discard PPE, and perform hand hygiene in room when activity is complete |
| <p>ENHANCED STANDARD</p> <p>Focus: Unidentified MDRO in residents with high-risk characteristics</p> | <ul style="list-style-type: none"> Some SNF residents have high-risk characteristics for MDRO colonization and transmission whether or not MDRO status is known (Table 1, Appendix A) Expanded use of gloves and gowns in SNFs based on resident risk, likelihood of MDRO colonization, and transmission during specific care activities with greatest risk for MDRO contamination of HCP hands, clothes and the environment Meets need to provide a safe, clean, comfortable and <u>homelike</u> environment High-risk residents who can be maintained in hygienic condition may leave room to participate in activities | <ul style="list-style-type: none"> Resident assessment for MDRO colonization and transmission risk performed upon admission and when change in condition (Table 1, Appendix A) Perform hand hygiene and don PPE within room, before beginning activity <ul style="list-style-type: none"> Gloves to protect hands Gown to protect body, clothes Mask/goggles/shield to protect face, eyes Remove, discard PPE, and perform hand hygiene in room when activity complete |
| <p>TRANSMISSION-BASED</p> <p>Focus: Suspected or confirmed infectious agents, specific modes of transmission, or ongoing MDRO transmission</p> | <ul style="list-style-type: none"> Additional precautions are needed for certain infectious agents known to be transmitted by specific routes Contact for infection or colonization with pathogens that contaminate patient skin or environment, especially when there is ongoing transmission in a facility (<i>C. difficile</i>): gloves, gown Droplet: for respiratory infections (influenza): mask, goggles, face shield Airborne for infection by pathogens transmitted by the airborne route (measles, <i>M. tuberculosis</i>): Airborne Infection Isolation Room (AIIR), respirators (N95, PAPR) | <ul style="list-style-type: none"> Place resident in single bed room or cohort with residents with same agent; confine to room Individual HCP uses PPE based on specific precautions in place (sign at room entry) Perform hand hygiene and don PPE before or <i>upon entry</i> into the patient’s room Remove, discard PPE, and perform hand hygiene at exit from room |

1. <https://www.cdph.ca.gov/programs/chcq/lcp/cdph%20document%20library/enhanced-standard-precautions.pdf>



Standard and Enhanced Standard Guidance

| PRECAUTIONS | UNDERLYING PRINCIPLES | IMPLEMENTATION |
|--|---|---|
| | | |
| <p>TRANSMISSION-BASED</p> <p>Focus: Suspected or confirmed infectious agents, specific modes of transmission, or ongoing MDRO transmission</p> | <ul style="list-style-type: none">• Additional precautions are needed for certain infectious agents known to be transmitted by specific routes• Contact for infection or colonization with pathogens that contaminate patient skin or environment, especially when there is ongoing transmission in a facility (<i>C. difficile</i>): gloves, gown• Droplet: for respiratory infections (influenza): mask, goggles, face shield• Airborne for infection by pathogens transmitted by the airborne route (measles, <i>M. tuberculosis</i>): Airborne Infection Isolation Room (AIIR), respirators (N95, PAPR) | <ul style="list-style-type: none">• Place resident in single bed room or cohort with residents with same agent; confine to room• Individual HCP uses PPE based on specific precautions in place (sign at room entry)• Perform hand hygiene and don PPE before or upon entry into the patient's room• Remove, discard PPE, and perform hand hygiene at exit from room |

1. <https://www.cdph.ca.gov/programs/chcq/lcp/cdph%20document%20library/enhanced-standard-precautions.pdf>

Precautions



| Component | Example (but not limited to) | Why |
|---|---|--|
| Room placement | Single room Cohort like germ with like germ Multi-bed room = treat as separate rooms | Minimize transmission |
| PPE | Use of appropriate face protection, gloves, gowns, medical grade surgical mask, N95 respirator (or higher) when appropriate. Doffing and donning between residents | Prevent transmission Protect staff and residents |
| Resident hygiene | Before and after meals, therapy or social activities, and using the restroom Regular or routine bathing | Reducing the # of germs on hands and body The resident is an active partner in their own care |
| Dedicated or disposable equipment, proper cleaning and disinfection | Vital machines High-touch surfaces | Reducing the # of germs on surfaces Minimize shared equipment transmission |
| Intrafacility transport/ Change of shift/EVS | Have resident don medical grade surgical mask before exiting room. Moving a resident from one unit or wing to another within the same building | Source control for resident. Communicating the resident status helps prevent transmission within your building |
| Interfacility transfer | Have resident don medical grade surgical mask before exiting room. Moving a resident from one facility to another (e.g. to or from dialysis, GACH, another SNF, etc.) | Source control for resident. Communicating the resident status helps prevent transmission beyond (or into) your building |



Programming

| Session | Date | Covered Topics |
|-------------------------|-------------------------------|-----------------------------------|
| Week 1 | Wednesday, June 9th | Program Overview |
| Week 2 | Wednesday, June 16th | Office Hours |
| Week 3 | Wednesday, June 23rd | Core IP Practices |
| Week 4 | Wednesday, June 30th | APIC Annual Meeting (off) |
| Week 5 | Wednesday, July 7th | Standard and Enhanced Precautions |
| Week 6 | Wednesday, July 14th | Office Hours |
| Week 7 | Wednesday, July 21st | Contact and Contact Spore |
| Week 8 | Wednesday, July 28th | Office Hours |
| Week 9 | Wednesday, August 4th | Droplet, AB, Novel Respiratory |
| Week 10 (Today!) | Wednesday, August 11th | Office Hours |



Reminder

We want to thank you all for your wonderful questions these last few weeks, during our Ask the IP Sessions. The focus of these sessions is core infection prevention practices (beyond COVID-19) that must be used in all care settings and to foster discussion among LA County Skilled Nursing Facilities about infection control practices.

We would like to remind everyone that the LACDPH COVID-19 Guidance has been updated as of 7-27-2021, please take time to review the updates and the current guidance from the County. We will not be reviewing guidelines during these sessions.

Link to Guidelines:

<http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/>



Questions





Types of PPE

| Item | Purpose | Limitations | Care & Disposal* |
|----------------|---|--|--|
| Isolation Gown | Create a barrier to protect skin and clothing against contamination <i>(e.g., Environment, fluid)</i> | Not all gowns are fluid resistant (some better than others) Ties are more secure but more difficult to doff | Discard after each resident encounter |
| Mask | <u>Surgical</u> : Protect the nose and mouth against large droplets, splashes or sprays <u>N-95 Respirator</u> : protect against many airborne particles | <u>Surgical</u> : loose fit. Less durable. Function more as a splash guard than a filter (limited) <u>N-95</u> : Requires fit testing. Seal check EVERY time it is worn. If it does not have proper seal will not serve purpose | Discard after each patient encounter. <u>Surgical</u> : when visibly soiled (e.g., dirty or damp) or contaminated <u>N-95</u> : When damaged, deformed, or soiled; when breathing becomes difficult; or if it becomes contaminated |
| Eye Protection | Act as a barrier to protect the eyes Goggles or Face Shields can be used | Goggles do not provide as much coverage as Face Shields | Discard if there are cracks or breaks Disinfect in between uses (if reusable) |
| Gloves | Create a barrier between hands and contact with an infectious agent | Can have micro holes or tears Once contaminated, can become a means of spreading infectious agents Does not substitute the need for hand hygiene | Change as needed- when soiled, torn and after use with each resident |

*Follow the manufacturer's instructions

Droplet Precautions

Droplet Precautions are used for diseases transmitted by “large and heavy” respiratory droplets which are generated by coughing, sneezing, or talking.

When?

- Suspicion of or confirmed droplet pathogen
- Clinical presentation +/- lab values

Where?

- Resident room

- Cohorting
- Transport
- Ambulating
- Showering

Why?

- Prevent transmission of infectious agents
- Direct and indirect modes of transmission

How?

- Hand Hygiene
- PPE
- Disposable or dedicated equipment
- Cleaning & disinfecting

- Medical-grade surgical/procedure mask for **ALL** interactions the resident.
- *Eye Protection (face shield or goggles)

Airborne Precautions

Airborne Precautions are used for diseases the transmitted by “light and fluffy” infectious particles that remain in the air and can travel because of their small size.

When?

- Suspicion of or confirmed airborne pathogen
- Clinical presentation +/- lab values

Where?

- Resident room
- Cohorting
- Transport
- Ambulating
- Showering

Why?

- Prevent transmission of infectious agents
- Direct and indirect modes of transmission

How?

- Hand Hygiene
- PPE
- Disposable or dedicated equipment
- Cleaning & disinfecting
- N-95 respirator (or higher) for **ALL** interactions the resident
- Eye Protection (face shield or goggles)
- PLUS gown and gloves for ALL interactions involving contact with the resident or their environment

Novel Respiratory Precautions

Novel Respiratory Precautions are used for diseases such as, but not limited to COVID-19.

When?

- Suspicion of or confirmed Novel Respiratory pathogen
- Clinical presentation +/- lab values

Where?

- Resident room
- Cohorting
- Transport
- Ambulating
- Showering

Why?

- Prevent transmission of infectious agents
- Direct and indirect modes of transmission

How?

- Hand Hygiene
- PPE
- Disposable or dedicated equipment
- Cleaning & disinfecting
- N-95 respirator (or higher)
- Eye Protection (face shield or goggles)
- PLUS gown and gloves for ALL interactions involving contact with the resident or their environment