

Ask an IP

Learning and Communication Series

Week 8- Office Hours
Wednesday July 28th, 2021



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





Disclosures

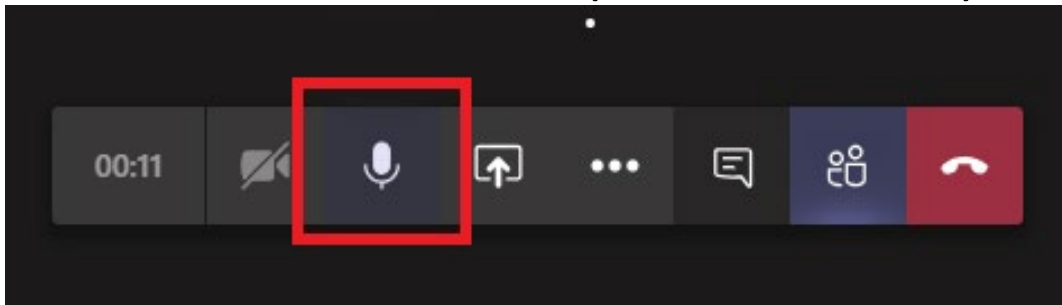
There is no commercial support for today's call

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

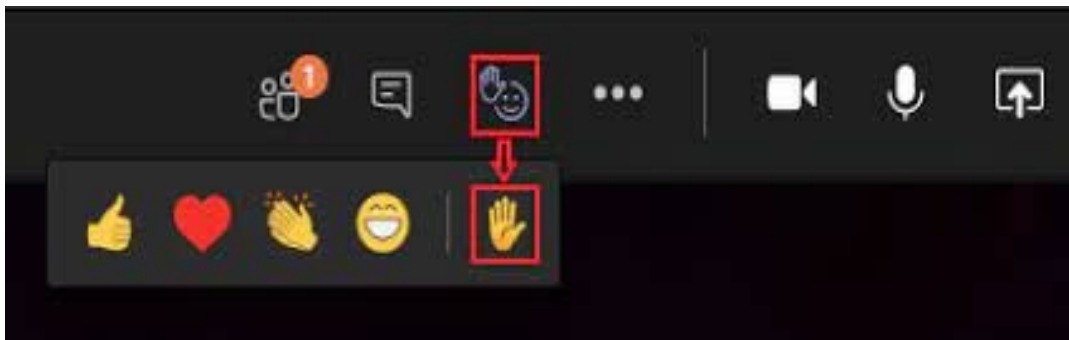
This call is meant for healthcare facilities and is off the record and reporters should log off now

Housekeeping

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

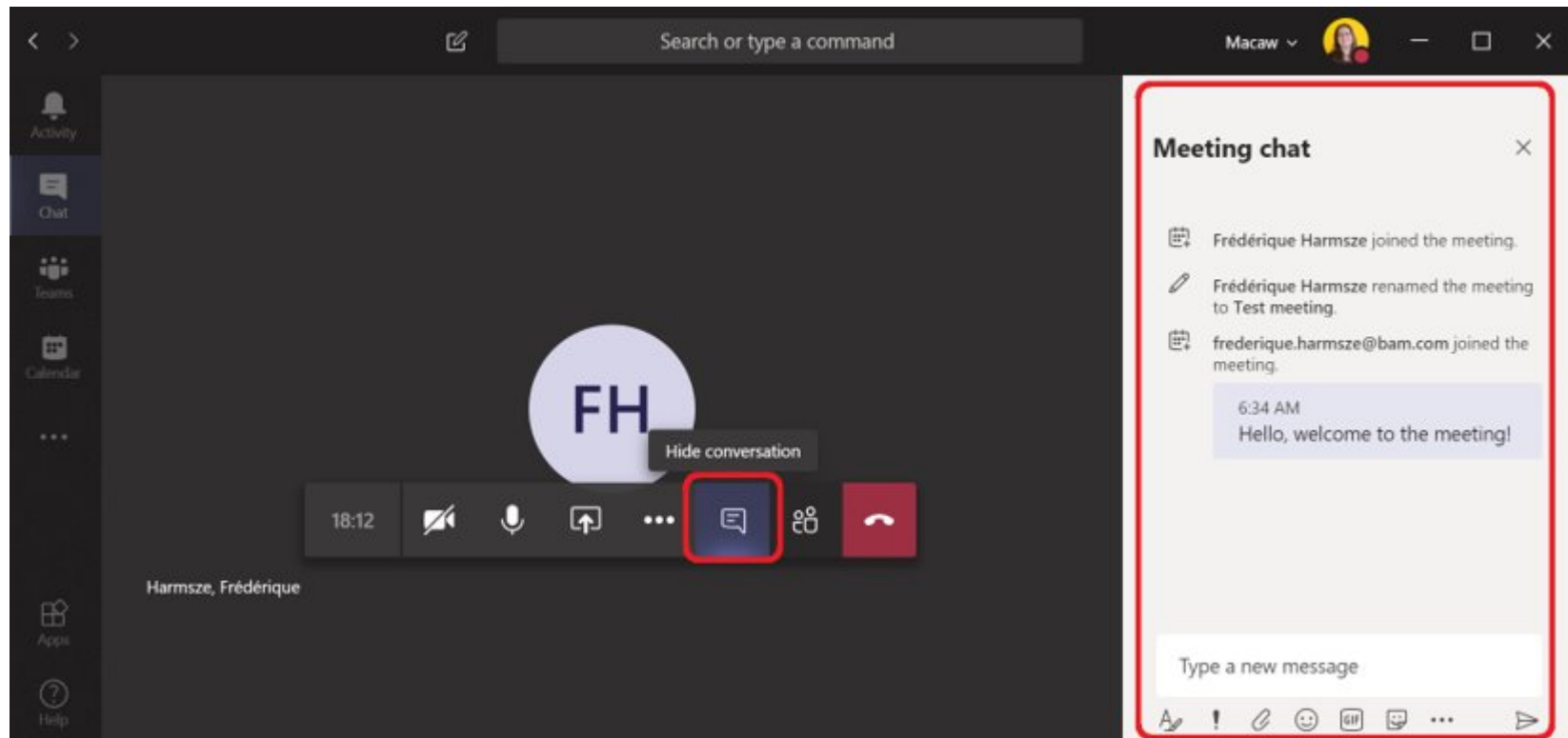


- How to Raise Hand:



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/>



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Objectives

- Review **Contact** and **Contact Spore Precautions**
- Foster discussion among LA County Skilled Nursing Facilities about infection control practices



Contact and Contact/Spore 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 gloves and gowns 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	Moving a resident from one unit or wing to another within the same building	Communicating the resident status helps prevent transmission within your building
Interfacility transfer	Moving a resident from one facility to another (e.g. to or from dialysis, GACH, another SNF, etc.)	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 (Today!)	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	Wednesday, August 11th	Office Hours



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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



Enhanced Standard/Barrier Precautions

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/chqc/lcp/cdph%20document%20library/enhanced-standard-precautions.pdf>