Ask an IP Learning and Communication Series

Week 9- Droplet, Airborne and Novel Respiratory Precautions Wednesday August 4th, 2021



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



Disclosures

There is no commercial support for today's call

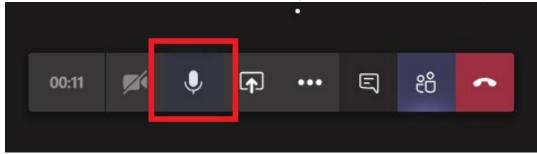
Neither the speakers nor planners for today's call have disclosed any financial interests related to the content of the meeting

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

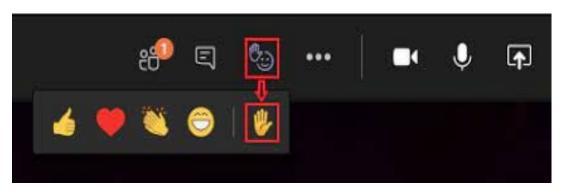


Housekeeping

• How to Mute/Unmute (Crtl+ Shift+ M):



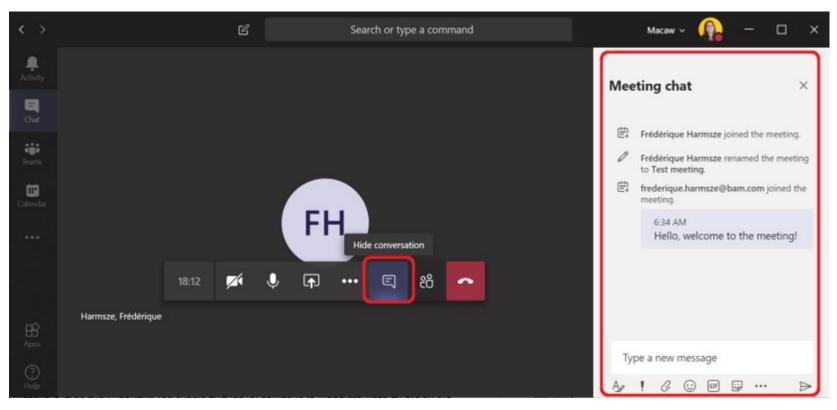
• How to Raise Hand:





Housekeeping

• How to use chat:





Reminder

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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: <u>LACSNF@ph.lacounty.gov</u>



Icebreaker:

Tell me a sentence that we say now that we'll still be saying in 50 years time





Objectives

- Review Droplet, Airborne and Novel Respiratory Precautions
- Learn when to use Droplet v. Airborne v. Novel Respiratory Precautions
- Foster discussion among LA County Skilled Nursing Facilities about infection control practices



Standard and Enhanced Standard Guidance

PRECAUTIONS	UNDERLYING PRINCIPLES	IMPLEMENTATION
STANDARD Focus: Unsuspected infectious agents in blood and body fluids (BBF)	 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 	 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 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
ENHANCED STANDARD Focus: Unidentified MDRO in residents with high-risk characteristics	 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 	 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 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
TRANSMISSION- BASED Focus: Suspected or confirmed infectious agents, specific modes of transmission, or ongoing MDRO transmission	 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) 	 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



Standard and Enhanced Standard Guidance

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



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?
- Cohorting

Resident room

- 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

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



Droplet/Airborne/Novel Respiratory Precaution Signage



Droplet Precautions Medidas de Precaución de por Gotitas

See nurse before entering the room

Vea a la enfermera(o) antes de entrar al cuarto

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	Clean hands on room entry Límpiese las manos antes de entrar al cuarto	Wear a medical-grade mask upon entry Use una mascarilla de grado médico al entrar	Door may remain open La puerta puede permanecer abierta	Clean hands when exiting Limpiese las manos al salir
s Ang	t adapted from UCLA Healt geles County Department of ealth.lacounty.gov/acd/SNF.	Public Health		

Droplet Precaution Draft 5.27.21



Note: NOT the same as Novel Respiratory Precautions



Airborne Precautions

Medidas de Precaución por Transmisión Aérea

See nurse before entering the room

Vea a la enfermera(o) antes de entrar al cuarto

|--|--|

Wear an N-95 **Clean hands** on room entry respirator Limpiese las manos Use un respirador antes de entrar al N-95 cuarto

Always keep Clean hands door closed when exiting Mantenga la puerta Límpiese las manos siempre cerrada al salir



ontent adapted from UCLA Health Infectious Disease Sign

Los Angeles County Department of Public Health publichealth.lacounty.gov/acd/SNF.htm Airborne Precaution Draft 5.27.21

Public Health

STOP AITO

Novel Respiratory Precautions

Medidas de Precaución por Nuevas Infecciones Respiratorias

See nurse before entering the room

Vea a la enfermera(o) antes de entrar al cuarto

and face





Wear gloves

on room



Clean hands Wear a gown Wear a N-95 on room on room entry entry Use una bata al Límpiese las manos antes de entrar al cuarto

shield or entry goggles Use quantes al entrar al cuarto Use una N-95 y una careta o gafas

when exiting Límpiese las manos al salir

Clean hands

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At discharge, keep door closed for ____ HOUR(s)
                           prior to admitting next resident
                                                                          HORA(s)
            Al dar de alta al paciente, mantenga la puerta cerrada durante ____
                              antes de admitir al siguiente residente
Content adapted from UCLA Health Infectious Disease Signs
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publichealth.lacounty.gov/acd/SNF.ht/ Novel Respiratory Precaution Draft 5.27.21



entrar al cuarto



Additional Resources:

- Link to LA County Department of Public Health Reportable Disease
 List: http://www.publichealth.lacounty.gov/acd/docs/ReportableDiseaseListMarch2020.pdf
- Link to CDC's Isolation Guidance (by organism/infection): https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-durationprecautions.html
- Link to CDC Memory Care Guidance: https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html
- Link to CDPH Memory Care Guidance: https://www.cdph.ca.gov/Programs/CHCQ/CDPH%20Document%20Library/CDPH%20Memory% 20Care%20Reference%20Sheet.pdf
- Link to CDC Facial Hair and Respirator Guidance: https://www.cdc.gov/niosh/npptl/pdfs/facialhairwmask11282017-508.pdf
- Link to CDPH Covid-19 PPE Guidance: https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-20-74-Attachment-01.pdf



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 (Today!)	Wednesday, August 4th	Droplet, AB, Novel Respiratory
Week 10	Wednesday, August 11th	Office Hours



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Questions





Types of PPE

ltem	Purpose	Limitations	Care & Disposal*
Isolation Gown	Create a barrier to protect skin and clothing against contamination (e.g., Environment, fluid)	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	Surgical: 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			