Washington State Department of Health

INFECTION CONTROL AND PANDEMIC RESPONSE

Healthcare-Associated Infection & Antimicrobial Stewardship

Who we are

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Agenda

- Infection Prevention Learnings
  - CDC's PPE Optimization Strategies
  - Aerosol Generating Procedures
- Discussion

How COVID-19 Spreads

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Updated Oct. 5, 2020

COVID-19 is thought to spread mainly through close contact from person to person, including between people who are physically near each other (within about 6 feet). People who are infected but do not show symptoms can also spread the virus to others. We are still learning about how the virus spreads and the severity of illness it causes.

There is evidence that under certain conditions, people with COVID-19 seem to have infected others who were more than 6 feet away. These transmissions occurred within enclosed spaces that had inadequate ventilation. Sometimes the infected person was breathing heavily, for example while singing or exercising.

https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.htm

5 Key Infection Prevention Learnings

1. Source Control
2. Symptom screening
3. Social Distancing
4. Personal Protective Equipment
5. Aerosol-Generating Procedures (AGP)

5 Key Infection Prevention Learnings

✓ **1.** Source Control

✓ **2.** Symptom screening

✓ **3.** Social Distancing

4. Personal Protective Equipment

5. Aerosol-Generating Procedures (AGP)

5 Key Infection Prevention Learnings

1. Source Control
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General Recommendations

DOH recommends following CDC guidance:

- Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the COVID-19 Pandemic

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

- Using Personal Protective Equipment (PPE)

https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html

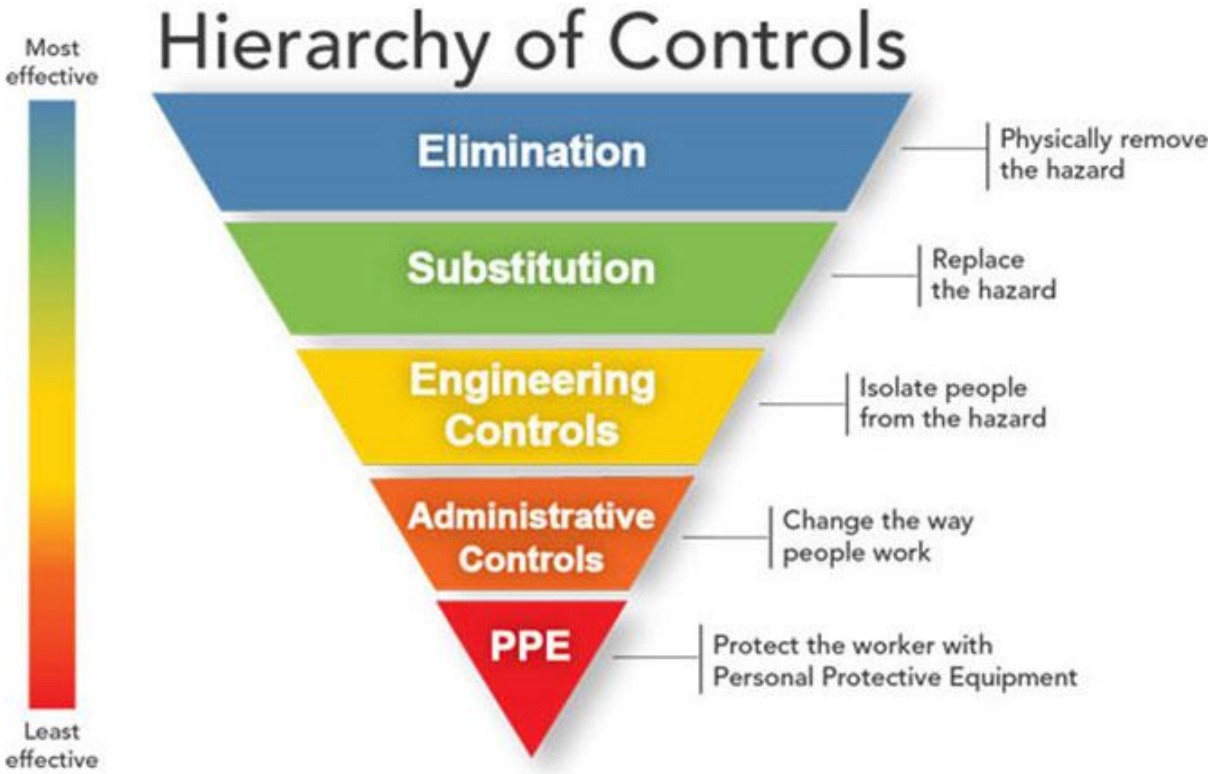
- Optimizing Personal Protective Equipment (PPE) Supplies

https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html

5 Key Infection Prevention Learnings

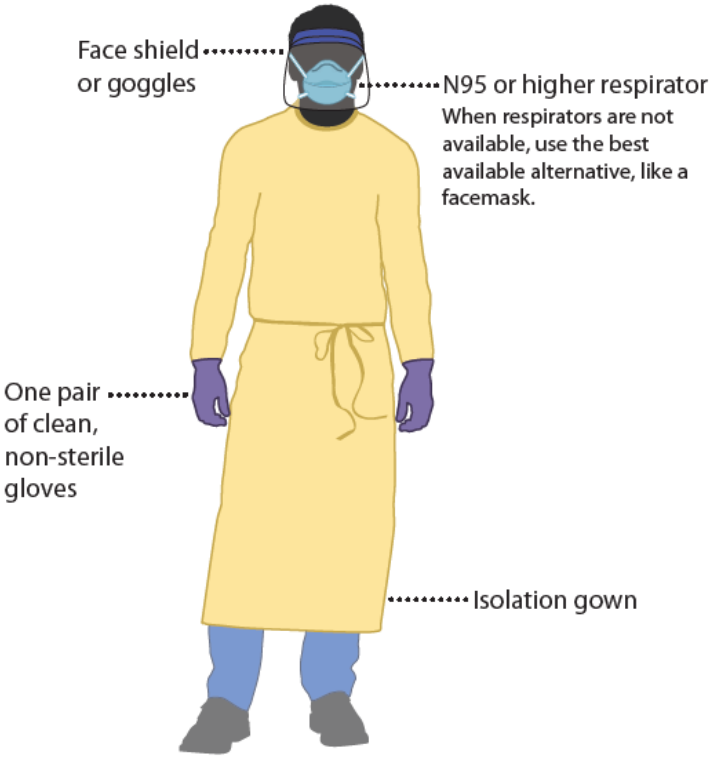
4. Personal Protective Equipment

PPE is the least effective of the controls implemented to protect from hazards

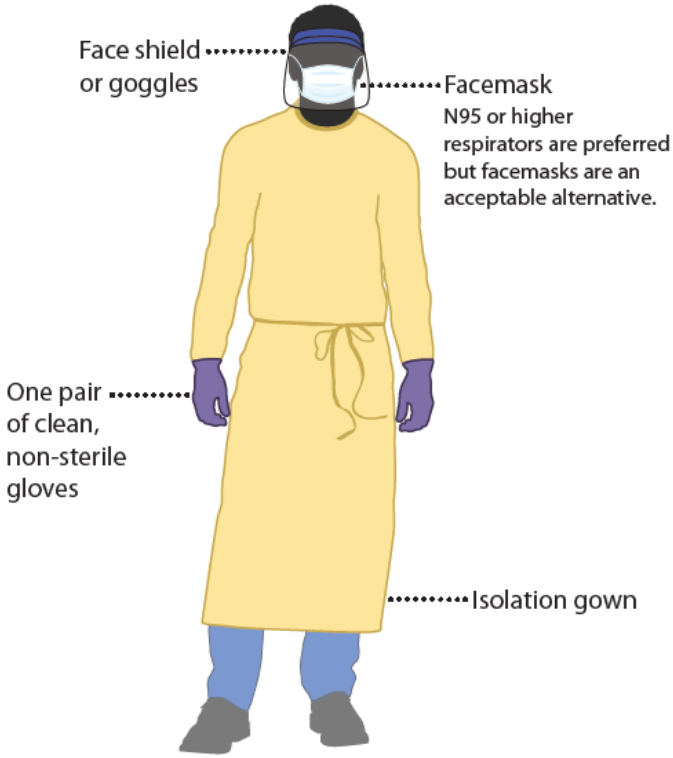


COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

Preferred PPE – Use | **N95 or Higher Respirator**



Acceptable Alternative PPE – Use | **Facemask**



CS 315838-C 03/23/2020

cdc.gov/COVID19

CDC: https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html

5 Key Infection Prevention Learnings

Extended	Limited Reuse
Same PPE for repeated close contact encounters with several patients, without removing the respirator between patient encounters.	Same PPE for multiple encounters with patients but removing it after each encounter. Respirator is stored in between encounters to be put on again prior to the next encounter with a patient.
Multiple patients infected with the same respiratory pathogen and patients are placed together in dedicated waiting rooms or hospital wards.	For pathogens in which contact transmission (e.g., fomites) is not a concern, non-emergency reuse has been practiced for decades (e.g., TB).
An option for conserving respirators during previous respiratory pathogen outbreaks and pandemics.	Restrictions are in place which limit the number of times it's reused.

****Extended use is preferred to reuse as reuse poses greater risk of wearer contamination during re-donning****

CDC/NIOSH: https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html
CDC PPE Optimization: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html

5 Key Infection Prevention Learnings

4. Personal Protective Equipment

- **Reuse** of procedure masks is not recommended in contingency use

- **Extended use** of procedure mask is acceptable when working in patient care areas as source control but should not be used beyond end of eight to twelve hour shift

CDC: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

5 Key Infection Prevention Learnings

Extended Use	Limited Reuse
• Source Control (not PPE)	• Crisis for N95 and facemask
• Contingency for N95 and facemask	• Keep in clean, breathable container such as a paper bag between uses. Storage containers should be disposed of or cleaned regularly.
• N95 – 8-12 hours max	
• DO NOT wear multiple shifts	
• Discard after removing for breaks	

Always discard:

- If contaminated with blood, respiratory or nasal secretions, or other bodily fluid
- Following close contact with any patient co-infected with an infectious disease requiring precautions.

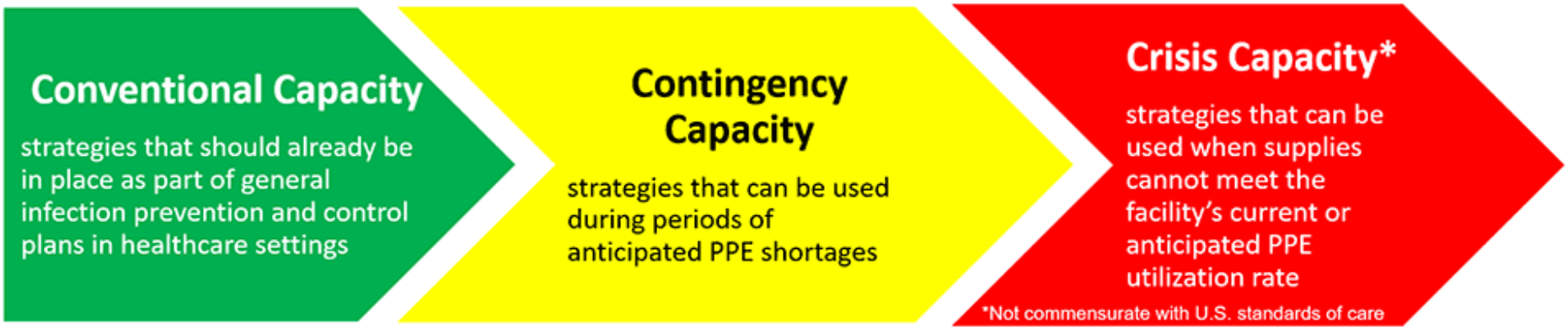
Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator or facemask

CDC/NIOSH: https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html
CDC PPE Optimization: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html

5 Key Infection Prevention Learnings

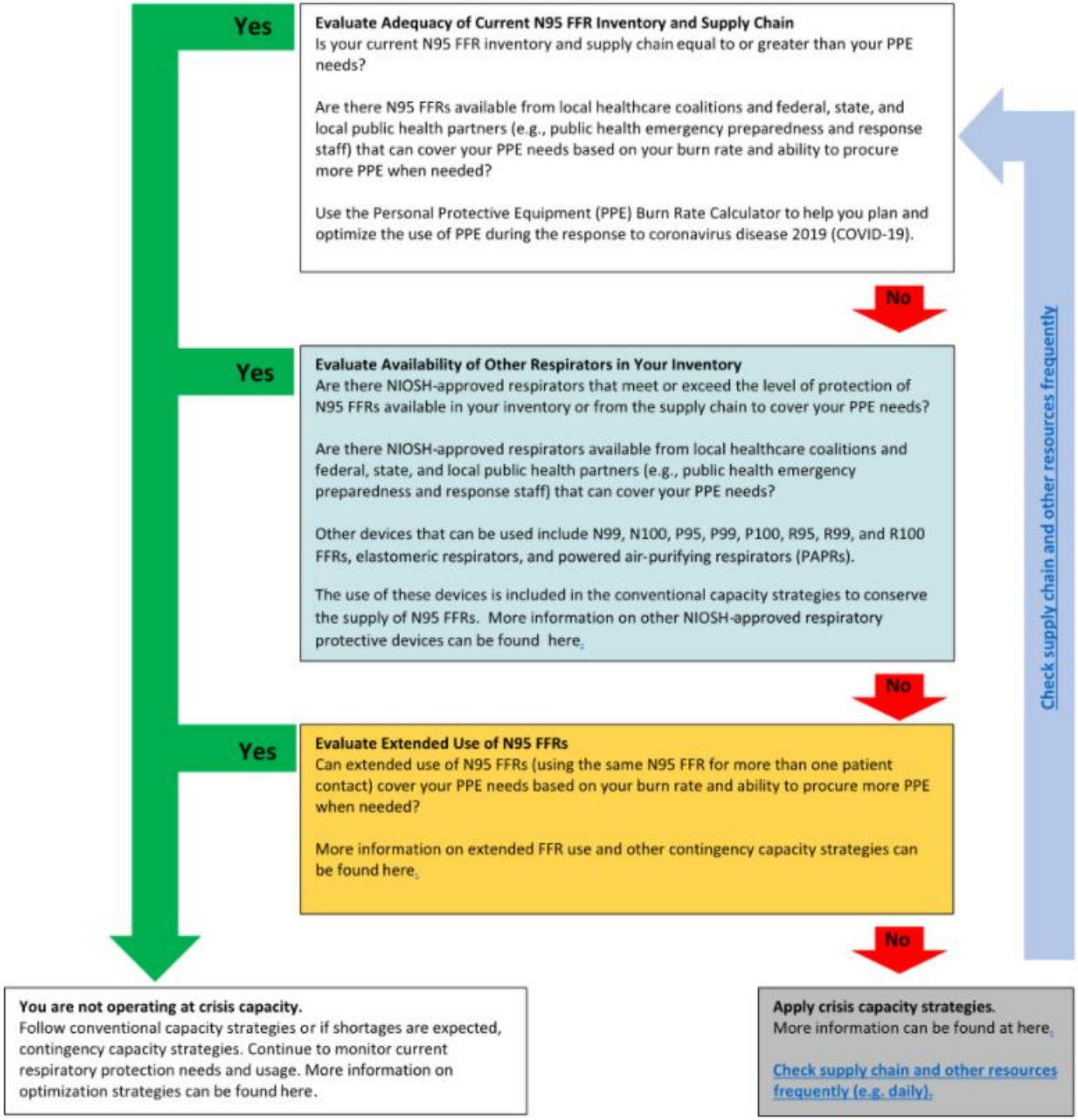
4. Personal Protective Equipment

Optimization strategies should be implemented sequentially and standard practices should resume as PPE availability returns to normal



CDC: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/strategies-optimize-ppe-shortages.html

Flowchart to Determine if an N95 FFR Crisis Capacity Strategy Is Needed



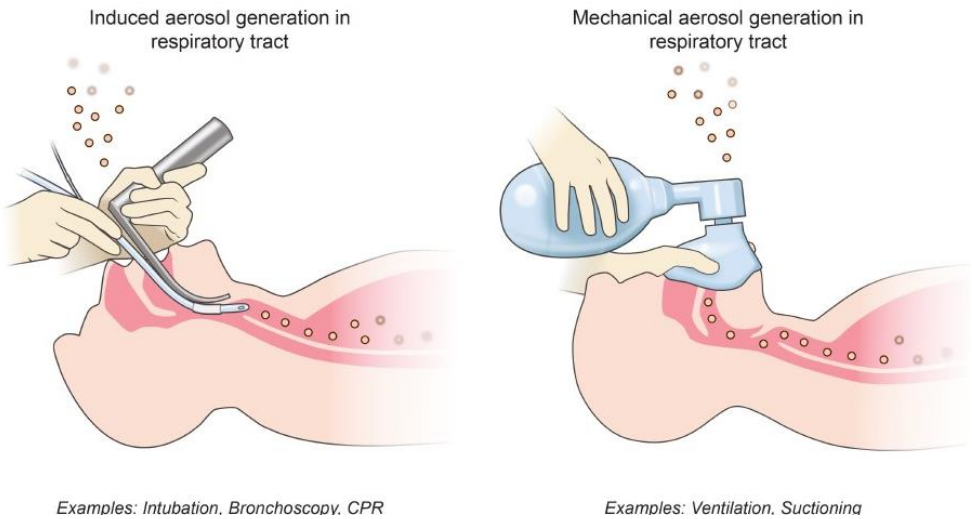
5 Key Infection Prevention Learnings

5. Aerosol-Generating Procedures (AGP)

Generate higher concentrations of infectious respiratory aerosols than coughing, sneezing, talking, or breathing. These AGP potentially put healthcare personnel and others at an increased risk for pathogen exposure and infection.

Is a respirator needed during AGP even if patient is COVID-19 negative on admission?

- Yes, especially in areas of moderate to substantial community transmission!
- Eye protection too



CDC: https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html Viruses 2019, 11 (10): https://www.mdpi.com/1999-4915/11/10/940/htm
WA DOH: https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVID19InfectionControlForAerosolGeneratingProcedures.pdf

5 Key Infection Prevention Learnings

5. Aerosol-Generating Procedures (AGP)

Table 1. Potential aerosol-generating medical procedures involved in nosocomial virus transmission.

AGMP	How/Where Aerosols May Be Generated
Bronchoscopy *	Induced cough, respiratory tract
Cardiopulmonary resuscitation *	Induced cough, respiratory tract
Noninvasive ventilation * (BiPAP, CPAP, HFOV)	Possible mechanical dispersal of aerosols, respiratory tract
Tracheal intubation *	Induced cough, respiratory tract
Manual ventilation *	Possible mechanical dispersal of aerosols, respiratory tract
Surgery	Cutting bone and tendon, and irrigation aerosolize blood
Sputum induction	Induced cough, respiratory tract
Nebulizer treatment	Possible mechanical dispersal of aerosols, respiratory tract
Suctioning	Possible mechanical dispersal of aerosols, respiratory tract
Laser plume	Mechanical dispersal of aerosols

* Possible association with SARs-CoV transmission [11,12,13].

Viruses 2019, 11 (10): https://www.mdpi.com/1999-4915/11/10/940/htm

Resources

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Governor

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PROCLAMATION BY THE GOVERNOR
AMENDING AND EXTENDING PROCLAMATIONS 20-05 AND 20-24

20-24.1
Reducing Restrictions on, and Safe Expansion of,
Non-Urgent Medical and Dental Procedures

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-20-All

DATE: **March 23, 2020**

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Prioritization of Survey Activities

Memorandum Summary

- *The Centers for Medicare & Medicaid Services (CMS) is committed* to taking critical steps to ensure America's health care facilities are prepared to respond to the threat of disease caused by the 2019 Novel Coronavirus (COVID-19).
- On Friday, March 13, 2020, the President declared a national emergency, which triggers the Secretary's ability to authorize waivers or modifications of certain requirements pursuant to section 1135 of the Social Security Act (the Act). Under section 1135(b)(5) of the Act, CMS is prioritizing surveys by authorizing modification of timetables and deadlines for the performance of certain required activities, delaying revisit surveys, and generally exercising enforcement discretion for three weeks.
- During this three-week timeframe, **only** the following types of surveys will be prioritized and conducted:
  - Complaint/facility-reported incident surveys: State survey agencies (SSAs) will conduct surveys related to complaints and facility-reported incidents (FRIs) that are triaged at the Immediate Jeopardy (IJ) level. A streamlined Infection Control review tool will also be utilized during these surveys, regardless of the Immediate Jeopardy allegation.
  - Targeted Infection Control Surveys: Federal CMS and State surveyors will conduct targeted Infection Control surveys of providers identified through collaboration with the Centers for Disease Control and Prevention (CDC) and the HHS Assistant Secretary for Preparedness and Response (ASPR). They will use a streamlined review checklist to minimize the impact on provider activities, while ensuring providers are implementing actions to protect the health and safety of individuals to respond to the COVID-19 pandemic.
  - Self-assessments: The Infection Control checklist referenced above will also be shared with all providers and suppliers to allow for voluntary self-assessment of their Infection Control plan and protections.

Governor Proclamation:
https://www.governor.wa.gov/sites/default/files/20-24.1%20-%20COVID-19%20Non-Urgent%20Medical%20Procedures%20Ext%20.pdf
CMS Memo with COVID-19 Focuses IC Survey: https://www.cms.gov/files/document/qso-20-20-all.pdf

Resources

Washington State Department of Health

Updated September 15, 2020

CDC Recommendations for COVID-19 in Healthcare Settings

This document is meant to catalog CDC guidance for management of COVID in healthcare settings so they may be easily accessed.

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Nursing Homes 4
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General Infection Control

- Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
- Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings
- Hand Hygiene Recommendations: Guidance for Healthcare Providers about Hand Hygiene and COVID-19

Management of Healthcare Worker Exposure and Illness

- Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19
- Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim

DOH: https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVID-19-InfectionPreventionCDCGuidanceCatalog.pdf

Resources

CDC in Action +

Global COVID-19 +

Science & Research

Guidance Documents

Communication Resources +

What's New

Get Email Updates

To receive email updates about COVID-19, enter your email address:

Email Address

What's this? Submit

What's New

Updated August 27, 2020 Print Page

You can also keep up with CDC updates on Coronavirus Disease 2019 by signing up for email updates, syndicating available content, and subscribing to Coronavirus Disease 2019 RSS Feed.

Cases & Deaths by County
FRIDAY, SEPTEMBER 18, 2020

Cases in the U.S.
FRIDAY, SEPTEMBER 18, 2020

If You Are Sick or Caring for Someone
FRIDAY, SEPTEMBER 18, 2020

COVIDView Weekly Summary
FRIDAY, SEPTEMBER 18, 2020

Large-scale Geographic Seroprevalence Surveys
FRIDAY, SEPTEMBER 18, 2020

Overview of Testing for SARS-CoV-2 (COVID-19)
FRIDAY, SEPTEMBER 18, 2020

Commercial Laboratory Seroprevalence Survey Data
FRIDAY, SEPTEMBER 18, 2020

Contact Tracing: Frequently Asked Questions
FRIDAY, SEPTEMBER 18, 2020

Considerations for Outdoor Learning Gardens and Community Gardens

CDC: https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html

Questions for LNI?

coronavirus@lni.wa.gov

Questions for DOH HAI?

HAI-COVID@doh.wa.gov