



Los Angeles County Department of Public Health PUBLIC HEALTH QUARTERLY CONNECT

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Important Updates from Public Health Influenza Season 2018-2019

Last flu season represented one of the worst years for influenza across the US. Here in LA County, there were 257 confirmed deaths, more than triple from the two previous years. As we enter flu season again, Public Health recommends all healthcare personnel receive the annual influenza vaccine. It is important to screen patients for respiratory illness when they enter your facility or if possible, reschedule all non-emergent procedures and surgeries in advance. Post signs in waiting areas reminding patients and visitors of respiratory hygiene/cough etiquette and to let someone know if they are experiencing flu like symptoms. Go to our website for signs, resources and updates throughout flu season:

<http://publichealth.lacounty.gov/acd/Flu.htm>

West Nile Virus and St. Louis Encephalitis Virus

As of October 12, 2018, 41 West Nile Virus (WNV) cases were documented in LA County, with one death. Although current numbers of infection are low, LA is now entering the peak months of transmission for WNV. Additionally, many mosquito pools and dead birds across LA county have tested positive for WNV. Primary care physicians are strongly encouraged to discuss mosquito precautions with their patients. For more information about WNV in LA visit: <http://www.publichealth.lacounty.gov/acd/VectorWestNile.htm>

LA County confirmed its first case of Saint Louis encephalitis virus (SLEV), a mosquito-borne viral illness, since 1997. The clinical presentation of SLEV is similar to a WNV infection. Clinicians should include SLEV in the differential diagnosis of aseptic meningitis and encephalitis, particularly in patients over 50 years of age and providers should consider testing for SLEV in patients suspected of WNV and order serologic testing for both. Testing is available at commercial laboratories and the LA County Public Health Laboratory. For more information, please visit:

<http://publichealth.lacounty.gov/phcommon/public/media/mediapubhpdetail.cfm?prid=1929>



Cases of Flea-Borne Typhus in LA County

Public Health is investigating an outbreak of flea-borne typhus in downtown LA and Compton. Infected fleas can come from many types of animals and spread typhus to humans; it is not transmitted from person to person. Providers should consider a diagnosis of flea-borne typhus in patients with a non-specific febrile illness with headache, myalgia, rash, and laboratory abnormalities including leukopenia, thrombocytopenia, and elevation of hepatic transaminases, without alternate identifiable etiology. Report all suspected cases of flea-borne typhus to LA Public Health within one working day at 888-397-3993 or after hours at 213-974-1234. For more information go to: <http://www.publichealth.lacounty.gov/acd/VectorTyphus.htm>

PROTECTING PATIENTS EVERYWHERE

Infection Prevention is Everybody's Business



International Infection Prevention Week

Join other healthcare professionals in celebrating **International Infection Prevention Week (IIPW)** to help protect patients through safer healthcare practices and reduced threat of healthcare-associated infections. The 2018 theme for IIPW is "Protecting Patients Everywhere". Outpatient providers are vital in protecting patients from unnecessary infections. The following pages detail ways to keep your patients safe in various non-hospital settings.

For ideas and resources to help you celebrate and engage staff within your own facilities, as well as infection prevention materials, please go to:

<http://professionals.site.apic.org/iipw/>

Patient safety can be accomplished through creating a culture of safety for staff and patients, providing quality clinical care, using checklists and audit tools to ensure proper care, and having patient and family engagement. For a toolkit to help your facility prevent health care associated infections visit: <https://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/esrd/index.html>

Standard Precautions

Standard precautions are steps that should be used with **ALL patients** to prevent the spread of infection. Formerly known as universal precautions, they make use of common sense practices and personal protective equipment that protect healthcare personnel from infection and prevent the spread of infection from patient to patient. Enhanced precautions will be required based on procedure and patient status; however, at minimum, standard precautions include:

- **Hand Hygiene** before and after all patient encounters
- **Gloves** for all patient encounters
- **Gowns** when likely to be splashed or come in contact with bodily fluids
- **Safe injection practices**, including aseptic preparation and sharps safety
- Properly **clean and disinfect** patient care equipment, medical instruments, and devices

The adjacent infographic discusses more details on how to carry out these steps and can be downloaded at:

<http://professionals.site.apic.org/infographic/infection-prevention-and-you/>

Many outpatient settings are not designed to implement all the isolation practices and other transmission-based precautions that are recommended for inpatient settings. Nonetheless, syndromes of unknown etiology (e.g., diarrhea, febrile respiratory illness, febrile rash) are routinely encountered and deserve appropriate triage. Therefore, facility staff in any setting should remain alert for patients arriving with symptoms of an active infection and be able to identify those symptoms. Any symptoms that are concerning should then be brought to the attention of the nurse or physician, who could evaluate the need for any special measures (e.g., evaluate patient further, isolate patient, reschedule appointment/surgery).



Hand hygiene is one of the most important ways to prevent infections. Health care personnel will clean their hands **before and after** patient care.

Other important ways to prevent surgical site and other infections at ASCs are—

Cleaning, Disinfection, and Sterilization



- Follow fully the instructions on **how to use cleaning and disinfection supplies**.
- Follow the manufacturers' and ASC's instructions for **cleaning and disinfecting medical equipment**.
- Get training each year on high-level **disinfection for all the different types of scopes** that are reprocessed.
- Make sure only **highly trained experts** perform high-level disinfection and sterilization.

Environment of Care



- Keep the health care environment **clean and safe**.
- Make **daily rounds** (walk around) in the health care environment to **assure cleanliness and patient safety**.
- **Report any environmental care problems** as soon as possible so they can be fixed.
- **Clean hands** when moving from a dirty to a clean task on the same patient or after touching the patient or any items in the patient's environment.

Safe Injection Practices



- Clean hands **before handling medications or syringes**.
- **Disinfect the top (rubber septum)** of any medication vial with alcohol before piercing it with a sterile needle.
- Use a sterile needle and syringe **one time on one patient only**.
- Use an intravenous solution bag and tubing for **one patient only**.
- **Prepare medication in clean area**, separate from patient care area and away from used items. If medication is used at the bedside, **throw it out after it is used on one patient**.
- **Use a single-dose vial** of medication whenever possible.
- **Dedicate a multiuse vial** to one patient if medication is drawn up in the patient care area.
- Always use a **new, sterile needle and new, sterile syringe**.

Core Interventions to Reduce Transmission

- **Staff Education and Competency** - Train all staff on infection control topics and perform competency evaluations for skills following training. Training and competencies should be done upon hire, annually, and when introducing new products.
- **Surveillance and Feedback** - Conduct [at least] monthly surveillance for infections, including but not limited to: surgical site infections, bloodstream infections, etc. Calculate facility rates and feedback information to staff. If applicable, enter and analyze data using the National Healthcare Safety Network (see page 4).
- **Hand Hygiene Observations** - Monitor and document hand hygiene opportunities and share results with all staff members.
- **Audit and Feedback** - Monitor staff during additional practices such as preparing and distributing medications, proper use of personal protective equipment, and cleaning and disinfection of patient care areas. Keep track of observations in audit log or staff files. Feedback results to staff either on the spot or during staff huddles.
- **Patient Education/Engagement** - Provide standardized education (verbal or written documents) to all patients on infection prevention topics. Empower them to be a part of their care and encourage them to ask staff questions related to their care and safety.

Additional Setting Specific Considerations

Dental Settings

Outbreaks in Dental settings are rare, but have been documented over the last two decades. These infectious agents were transmitted due to breakdowns in basic infection prevention procedures including: unsafe injection practices, failure to heat sterilize dental handpieces between patients, and failure to monitor (e.g., conduct spore testing) autoclaves. For more information, including guidelines and checklists, go to the CDC's website for Infection Prevention and Control in Dental Settings at:

<https://www.cdc.gov/oralhealth/infectioncontrol/index.html>



Dialysis

The CDC has many resources available to eliminate the spread of infections during dialysis, including the "Scrub the Hub" campaign. The below list from The Joint Commission outlines the important steps:

1. Perform hand hygiene.
2. Don clean or sterile gloves.
3. Use a scrubbing device with an alcohol product (chlorhexidine with alcohol or 70% alcohol) to disinfect catheter hub and stopcocks. If you are using a pad, make sure you don't contaminate it before use and use only on one hub. Prep pads should NEVER be reused.
4. Rub for 10 to 15 seconds (unless directed otherwise by the manufacturer's instructions), generating friction by scrubbing in a twisting motion.
5. Allow the hub to dry. Prevent it from touching anything while drying.
6. Access the stopcock or injection port only with sterile devices.
7. Infuse medication or draw blood.
8. Discard gloves and perform hand hygiene

For more resources go to: <https://www.cdc.gov/dialysis/> and https://www.jointcommission.org/assets/1/6/CLABSI_Toolkit_Tool_3-21_Scrub_the_Hub.pdf



Podiatry

Outbreaks in Podiatry settings have been investigated and highlight lapses in disinfection and sterilization of patient-care instruments, environmental infection prevention and control, safe injection practices in Podiatry settings, and the importance of infection prevention in avoiding disease transmission. For a full guide on Infection Prevention for Podiatry from the CDC go to:

https://www.cdc.gov/infectioncontrol/pdf/Podiatry-Guide_508.pdf

Oncology

Patients undergoing chemotherapy are at a greater risk for developing an infection because of their low white blood cell count, making infection prevention even more crucial when serving this vulnerable population. For a detailed guide from the CDC on Infection Prevention for Outpatient Oncology go to: <https://www.cdc.gov/hai/settings/outpatient/basic-infection-control-prevention-plan-2011/index.html>

The Infection Prevention program at AltaMed applies a standard, enterprise-wide approach to preventing and/or mitigating infection. It is part of a greater program of continuous quality improvement.

A key responsibility of the Infection Prevention Supervisor (IPS), in collaboration with AltaMed's ICC, is to apply evidence-based national guidelines—or, in the absence of such guidelines, expert consensus, or a review and evaluation of applicable health care literature. Much of our program's success can be attributed to the support of our Executive Leadership team, as well as our HIV Medical Director, Dr. Gilmer Youn, and the teamwork we see among our site providers and nurse leaders.

We understand that breaking the chain of infection begins from the time a patient or employee enters our lobby, and we strive to ensure that our employees avoid the spread of infection by not reporting to work when they are ill. Among employees, we also stress the importance of doffing work uniforms before going home and interacting with our families.

We prevent infection and disease through vaccination and medical management, and we take precautions to ensure that patient specimens are managed properly until handed off to our commercial laboratory. It is policy that our patient-facing employees follow county guidelines for flu vaccination and/or masking, as well as standard precautions for hand hygiene. We also have established protocols for ensuring that any potential on-site exposure to infectious disease can be easily contained and managed using transmission-based precautions. We also have a well-established HIV services program, through which we promote the use of PrEP to stop the spread of HIV.

We have the additional support of our Environment of Care team, who are excellent partners in ensuring the cleanliness of our sites, as well as disinfecting our examination rooms and patient care areas. Our Clinical Informatics and Information Services teams help keep our activities and goals in check so we continue to improve our performance and reach the patients and employees we need to reach.

Each patient who walks through our doors is actively seeking assistance in maintaining or improving their health. One of the most important aspects of our program is that every member of the AltaMed team understands that infection prevention begins with them.

Darlene Dickens-Jeffers MSN/ED, RN, PHN ◊ Infection Prevention Supervisor ◊ AltaMed Health Services Corporation

National Healthcare Safety Network (NHSN)

Starting on November 1, 2018, ambulatory surgery centers (ASC) will be able to report same-day outcome measures (SDOM - patient burn, fall, "wrong events": wrong site, wrong patient, etc., all-cause hospital transfer) and surgical site infection (SSI) data to the NHSN Outpatient Procedure Component (OPC). <https://www.cdc.gov/nhsn/ambulatory-surgery/index.html>

ASCs may choose any number of NHSN operative procedure categories to monitor for SSI. To determine which operative procedure(s) to monitor, facilities should consider mandated reporting requirements, high risk and/or high volume procedures, as well as the facility's quality initiatives. In all cases, surveillance should be active and patient-based, as well as include a formal post-discharge surveillance/reporting process.

LACDPH recommends the use of NHSN for outcome measure and SSI surveillance for all eligible ASCs. Tracking of these measures is critical to gauge infection prevention progress and target resources for improvement.

NHSN will offer training for users on the OPC-SDOM and OPC-SSI protocols beginning in October 2018. Further details about training will be forthcoming. Please contact NHSN@cdc.gov or hai@ph.lacounty.gov with any questions and include Outpatient Procedure Component or OPC in the subject line.

Upcoming Training "Beyond the Basics of Infection Prevention"

November 6-7, 2018 at The California Endowment - 1000 N. Alameda St, Los Angeles

This course is intended for Infection Preventionists (IPs) and associated staff who work in acute health care settings, including acute care hospitals, dialysis centers and ambulatory surgery centers. It is free to attend and those who attend both days are eligible for nursing CEUs (approximately 10). To register go to: <https://ip2daynov.eventbrite.com>

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