



Los Angeles County Department of Public Health PUBLIC HEALTH QUARTERLY CONNECT

Important Updates from Public Health

Severe Pulmonary Disease Associated with Using E-Cigarette Products

As of September 26, 2019, 805 possible lung injury cases associated with the use of e-cigarette or vaping products have been reported to the Centers for Disease Control and Prevention (CDC) from 46 states and 1 U.S territory and 12 deaths have been reported from 10 states. Of these reports, 16 have been reported in Los Angeles County (LAC) including one death. Although the etiology of e-cigarette-associated pulmonary disease is undetermined, epidemiologic investigations in affected states are ongoing to better characterize the exposures, demographic, clinical, and laboratory features and behaviors of patients. All patients have reported using e-cigarette products. The exact number is currently unknown, but many patients have reported using e-cigarettes containing cannabinoid products such as tetrahydrocannabinol (THC) or cannabidiol (CBD). The CDC is providing: (1) background information on the forms of e-cigarette products, (2) information on the multi-state outbreak of severe pulmonary disease associated with using e-cigarette products (devices, liquids, refill pods, and cartridges), and (3) clinical features of patients with severe pulmonary disease. The [CDC health advisory](#) also provides recommendations for clinicians, public health officials, and the public based on currently available information. E-cigarettes typically contain nicotine, most also contain flavorings and other chemicals, and some may contain marijuana. They are known by many different names and come in many shapes, sizes, and device types. Devices may be referred to as “e-cigs,” “vapes,” “e-hookahs,” “vape pens,” “mods”, “tanks”, or “electronic nicotine delivery systems (ENDS)”. Public Health continues to urge healthcare providers to be on the alert for signs of severe respiratory illness among patients who recently used vaping products including e-cigarettes and report cases by phone to LAC Department of Public Health (DPH) at 626-299-3504. For more information and guidance, please see the latest [Los Angeles Health Alert Network](#) or visit the [CDC's website](#) for updated information.

Measles in Los Angeles County

The Los Angeles County Department of Public Health (LAC DPH) has confirmed a total of 17 cases of measles in Los Angeles County residents since April 2019 and has investigated hundreds of exposures in both adults and children related to these cases. In response to the measles cases that have occurred in LAC, Public Health has deployed strategies to control the spread of this disease, including: (1) identifying contacts and protecting them with active or passive immunization when possible, as well as limiting their activities when necessary to prevent possible spread to others, (2) isolating people who are infectious to prevent the spread of measles to others, (3) strongly advising non immunized individuals to receive the measles immunization, and (4) notifying the public through postings and local media of specific public locations where measles cases have occurred.

For guidance with suspect cases, please visit:

http://publichealth.lacounty.gov/ip/providers_resources.htm. LAC DPH recommends everyone who has not been immunized to receive two doses of the MMR vaccine and asks providers to advise patients on vaccination. The CDC provides more information on [measles vaccination](#). For the most current measles information for LAC [click here](#).

CDC Antibiotic Use in the United States: 2018 Update

On August 21, CDC released the [report](#), “Antibiotic Use in the United States: Progress and Opportunities, 2018 Update.” This report includes the most recent national data on outpatient antibiotic prescribing and inpatient antimicrobial stewardship. It also includes examples of antibiotic stewardship improvements in outpatient, inpatient, and long-term care settings from healthcare facilities and organizations across the country. LAC DPH is committed to improving [antimicrobial stewardship](#) and tracking [antibiotic resistance](#) locally through the [annual regional antibiogram](#).

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INTERNATIONAL infection prevention week

October 13–19, 2019



Outpatient providers are vital in protecting patients and reducing the threat of healthcare-associated infections (HAIs) through a multitude of infection prevention practices. The LAC DPH hopes you join in on the celebration of International Infection Prevention Week (IIPW). The 2019 theme for IIPW is "Vaccine's are everybody's business." To help you get in the spirit to celebrate we are sharing ideas on activities you can use in your settings, either during IIPW or at any time in the year.

GENERAL INFECTION CONTROL ACTIVITIES

Bulletin/Door Decorating Contest

Supplies

- Bulletins/doors
- Crafts supplies

1. Divide staff into groups
2. Assign a bulletin/door to each team
3. Give them a time frame to decorate ie. 2 days, 1 week
4. Leads choose if they want to allow teams to use their own supplies
5. Have a group of judges vote for the best decorated bulletin/door
6. Reward the team who wins

**An alternative can be a photo contest where each team works together in creating an infection control related photograph using arts and crafts and themselves! Reward the winner and perhaps blow up the winning photograph to be displayed in the facility

Relaxation Activation

Supplies

- Crossword puzzles (you can search online for ready made or to create your own)

1. Make puzzles available in areas where staff members relax. Staff will enjoy word puzzles and brain teasers that can be placed on tables in the cafeteria or break room. You can gear content to a specific topic related to your specific facility. For example, dialysis, reprocessing/sterilization, environmental cleaning, vaccination, etc.
2. Be sure to have the answers easily available, unless you will make this a contest.

**To entice staff to complete the brain teaser activities, ask staff to submit their completed puzzles. Check them for accuracy and enter the staff member's name into a drawing for a prize.

Infection Control Bingo

Supplies

- Print outs of 9 or 12 slot BINGO cards
- Pens/pencils

1. Create an Infection Control BINGO card by writing an infection control related question in each slot. See below examples of questions:
 - a. True or False? Standard precautions are to be used only with patients on isolation?
 - b. What does PPE stand for?
 - c. Put the donning steps in order (list the steps with a blank line next to each step for staff to number in correct order)
 - f. List three ways to break the chain of infection transmission
2. Hand out the BINGO cards to staff face down
3. Give them a few minutes to work on answering the bingo questions
4. Whoever gets the most questions right wins OR whoever gets an entire line of correct answers wins



HAND HYGIENE ACTIVITIES

SPLAT

Supplies:

- Sets of different color stickers (each color represents a team)
- Business size cards (a hand hygiene indication written on each card)

1. Select teams and assign a color to each team
2. Provide each team member with a set of stickers
3. Provide each team member a number of business cards
4. Instruct players to observe others in the course of their day, and to SPLAT them with a business card on their shirt when they failed to perform the hand hygiene indicated on the card. Use your team's colored stickers to stick the business card
7. Players in the same team verbally correct teammates who failed to perform hand hygiene in order to avoid receiving a SPLAT from another team
8. Decide how long each activity round will last
9. Leads should conduct observations before and after SPLAT. This will help them measure efficacy of activity
10. Leads can also survey participating staff to evaluate acceptance of activity



Hand Washing Demonstration:

Supplies:

- Washable paint – bright red works well against blue gloves
- Surgical gloves (assorted sizes)

1. Have staff put on surgical gloves, then squirt about 5mL of paint into each person's hands
2. Have staff close their eyes and "wash" their hands with the paint, as if it is hand sanitizer
3. When they open their eyes, they will see which areas of their hands they missed
4. Next, have them try to remove the gloves without contaminating their hands
5. Then, check to see whether anyone has paint on their hands (teaching point: gloves can leak)

ENVIRONMENTAL SERVICES ACTIVITY



Glow-Germ Activity

Supplies:

- UV-visible powder
- UV light
- or Glow germ gel kit (can be purchased online)
- Checklist including: List of frequently touched surfaces in a patient’s exam room/patient care area, a column to check which surfaces were marked with the gel, and another column indicating whether or not the gel was visible upon inspection after EVS cleaned the area

1. Assign two staff to apply the glo germ gel to different frequently touched surfaces in different patient care areas that have not yet been cleaned for the day and/or will be getting terminally cleaned
2. One staff applies the glo germ gel to the areas while the second staff checks off the surfaces that were marked
3. Upon EVS’ completion of routine cleaning/terminal cleaning, the two staff return to the room and use the UV light to examine for presence or absence of gel in the different areas originally marked with the gel
4. If possible, it is a good idea to take pictures and discuss findings with EVS




STERILIZATION and DISINFECTION

Sterilization vs Disinfection

Supplies:

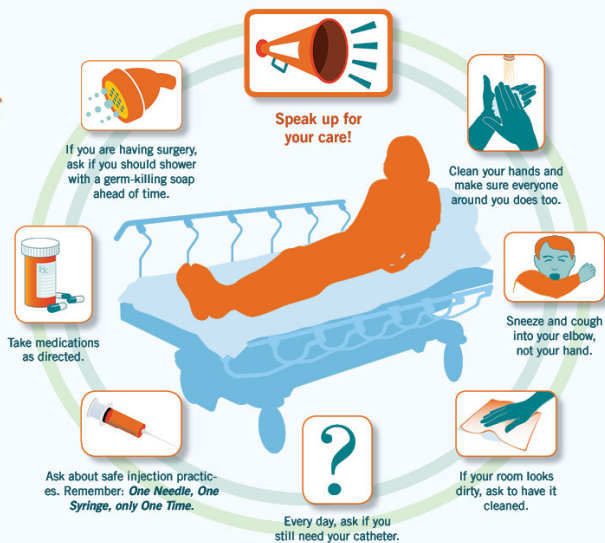
- Printouts of letter size pictures of patient care devices relevant to your practice
- Large signs for low-level disinfection, high-level disinfection, and sterilization
- Tape

1. Divide staff into teams
2. Tape a set of each of the three large signs near each of the teams
3. Hand each team the same set of equipment picture printouts
4. Instruct each team to tape each equipment picture under the disinfection/sterilization method they think needs to be used for the equipment
5. Time staff to complete the activity

Requirement	FDA device class	Body Contact
Low level disinfection	Non-critical 	Intact skin
High level disinfection at minimum	Semi-critical 	Mucous membranes
Sterilization	Critical 	Sterile body areas

PATIENTS AND THEIR ROLE IN INFECTION CONTROL

You are an important part of infection prevention!



Patients are key players in infection control

Teach patients infection control basics using this infographic

Empower patients to speak up and engage in infection control practices



References and Resources

- <https://www.picnet.ca/resources/activities/>
- https://www.picnet.ca/wp-content/uploads/PICNet-IIPW_NICW-Toolkit-2018.pdf
- <https://www.publichealthontario.ca/-/media/documents/ipac-awareness-primer.pdf?la=en>
- https://www.cdc.gov/infectioncontrol/training/strive.html#anchor_1562683045
- <https://emergencycare.hsi.com/blog/bid/91126/bloodborne-pathogens-bbp-training-keep-it-interesting>
- <https://www.hsag.com/contentassets/b5b65beccfef45979cde63770d7d7c07/sterilizationhldwebinar52318.pdf>
- <https://www.cdc.gov/infectioncontrol/pdf/guidelines/disinfection-guidelines-H.pdf>
- <http://professionals.site.apic.org/infection-prevention-basics/>
- [https://www.ajicjournal.org/article/S0196-6553\(06\)00632-8/abstract](https://www.ajicjournal.org/article/S0196-6553(06)00632-8/abstract)



SPOTLIGHT

In this issue we highlight the work being done by the Ambulatory Care Network (A.C.N.)

Why Does Ambulatory Care Need an Infection Preventionist?

Written by: Susan Straub, A.C.N. Infection Preventionist

The Los Angeles County Ambulatory Care Network (A.C.N.) is a large healthcare system comprising of two ambulatory care centers, each with an ambulatory surgery center (ASC) and over 20 community clinics that offer dental, prenatal, and oncology services among others. As procedures and treatments usually done inpatient now shift into the ambulatory space, outpatient Infection Preventionists (IP) are becoming indispensable.

Ensuring appropriate infection control practices is important for the A.C.N. For example, surveillance of the environment is conducted to allow for assessment of practices such as hand hygiene, transport of specimens and soiled equipment, use of personal protective equipment, use of cleaning products and patient care items, and adherence to the procedures for disinfection and sterilization as needed. The infection control observations are accomplished by doing periodic visits to the different clinics.

Gaps found on surveillance rounds are addressed with targeted education. It is imperative for staff practices to be aligned with the recommendations set forth by the Occupational Safety and Health Administration (OSHA), Center for Disease Control (CDC), and Healthcare Infection Practice Advisory Committee (HICPAC). Noncompliance with the OSHA rule banning food and drinks in patient care areas was one area for improvement identified during IP rounds. To address this deficiency, an educational presentation was developed to address best practices around this topic.

The IP in the A.C.N., conducts observations in the Ambulatory Surgery Centers (ASCs). The IP monitors the cleaning procedures in the sterile processing department (SPD), observes safe injection practices during surgeries, ensures cleanliness of the environment through observations of EVS, and follows up on all surgical site infections. Monitoring of best practices for these areas also ensures ongoing compliance with directives from Center for Medicare and Medicaid Services (CMS).

Communicable disease exposure investigations are another area of emphasis for the ambulatory IP. Because measles has been absent in the United States for close to 20 years, the recent resurgence was challenging for providers who have never seen cases of clinical measles. In collaboration with the A.C.N. administration, education about this disease was delivered by the IP to A.C.N. clinics. Healthcare providers were educated on airborne precautions, how to minimize exposure to other patients and staff, and what to do with those exposed and vulnerable. Public Health provided guidance through education and expert consultation and collaborated closely with the ambulatory IP to improve patient safety in the A.C.N.

AHRQ Safety Program for Improving Antibiotic Use



Educational Course: Beyond the Basics of Infection Prevention

The AHRQ will be having an ambulatory care cohort for their Safety Program for Improving Antibiotic Use. The cohort will join a free 12-month program, which begins in December 2019, and seeks to improve antibiotic prescribing. Participating practices will receive expert coaching, online training, patient and family education materials, antibiotic use guidelines for common infectious syndromes, and other practical resources. If your facility is interested in this program, you may register for one of AHRQ's informational Webinars listed below. These Webinars are a great way to find out more information and ask any questions you and your team may have about the program. The dates and registration links are included below: Please contact AHRQ if you have any questions (antibioticsafety@norc.org).

Answers to frequently asked questions may be found at:

https://safetyprogram4antibioticstewardship.org/_project/public/FAQ

October 3, 12 p.m. PST **REGISTER**

November 5, 11 a.m. PST **REGISTER**

October 15, 8 a.m. PST **REGISTER**

November 14, 11 a.m. PST **REGISTER**

October 30, 10 a.m. PST **REGISTER**

This course is an educational program held by the Los Angeles County Department of Public Health (LACDPH). The program is for Infection Preventionists (IPs) and associated staff who work in acute care settings, including general acute care hospitals, long-term acute care hospitals, dialysis centers and ambulatory surgery centers. The course is adapted from California Department of Public Health's "Basics of Infection Prevention" course and intended for beginning and intermediate IPs. It is free to attend and those who attend both days are eligible for nursing CEUs (approximately 10).

Registration is now open: To register and obtain all course material visit:

<http://publichealth.lacounty.gov/acd/IP2Daycourse.htm>

NOTE: Although this course is meant for IPs in hospitals, outpatient providers may find the training beneficial. If you have any questions, please email Stacy Hartmann at SHartmann@ph.lacounty.gov

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