WEBVTT

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Welcome everyone to Project Firstline's Town Hall on the recent updates CDC's healthcare infection prevention and control guidance for COVID-19.

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I'm Liz McClune, lead CDC's Project Firstline and it's an absolute pleasure to have you here today.

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Before we get started, we want to welcome all of you, and to thank you, not just for joining us, of course, but for the dedication you continue to show your patients and your colleagues and your community.

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It does not go unnoticed by any of us or unappreciated and we really are grateful. We also recognize how valuable your time is so we're going to go ahead and get started. As you know, last week, CDC made some updates to its healthcare infection prevention and control guidance for COVID-19.

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Today we're going to walk you through those changes, explain why those changes were made,

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and show you how to use CDC's COVID-19 data tracker, which is the foundation for some of those recommendations and, last but certainly not least, we want to answer questions from you.

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Many of you submitted questions during the registration process, thank you for that and we will get to some of those today, but you can also submit questions through the zoom Q&A function found right at the bottom of your screen.

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Please note that to avoid confusion we've disabled, the chat function, so if you have a question, please submit it through the Q and A box.

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We are going to try and answer as many as we can, at the end of the presentation.

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And now let's get to it. I'd like to introduce Dr. Alex Kalin, Chief of the Prevention and Response Branch in the Division of Healthcare Quality Promotion here at CDC. Alex, take it away.

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Great thanks, and thanks to you all for joining. I'm going to take the next 15 minutes or so and highlight some of the changes to the healthcare infection prevention and control guidance that happened last week, please next slide.

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So, really, the main thing that I want to highlight is that there were

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Although there were some changes that we will talk about much of the changes were about kind of consolidating and making the guidance simpler to use.

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For those of you that have looked at our guidance, we had about 10 or 15 different guidance documents, which made it challenging to find some of the information that you needed.

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So this update is trying to streamline guidance, by putting basically all of it into three different documents which are highlighted here.

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The first is document what I'll call our general infection control prevention and control guidance. It’s called the

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Interim infection Prevention and Control recommendations for healthcare personnel. That's basically the basics. It applies to all healthcare settings.

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Then, the second is Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 infection or exposure. That's kind of what we call our occupational health guidance and talks about things like return to work and

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You know exposures among healthcare personnel and, last but not least, the only remaining settings specific guidance that will remain up is the

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nursing home guidance. This contains additional recommendations beyond what's in the general IPC guidance, so that's, this is a good thing, I think, because

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00:03:30.990 --> 00:03:41.550
It actually has helped us make it easier for you all to find our guidance and kind of simplified it, but it has required us to take down a lot of our settings-specific guidance, which I think you know is a good thing and a bad thing.

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Some of the highlights of the setting specific- infection control guidance will be found in the first guidance and you find the last session. Next slide.

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So a little bit of the rationale for why we have set healthcare specific guidance and why we are updating it.

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So the first thing that I think you all recognize is that healthcare settings are and have been treated as kind of special during the whole pandemic.

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We see a lot of folks in these settings who are unable to avoid these settings so if you're immunocompromised or at risk for severe outcomes,

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You may be able to not go to the restaurant or the movie theater or whatever, but it's hard to avoid healthcare settings.

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In addition, there's lots of people who are sick in healthcare settings, including people with SARS-CoV-2.

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So we've tried to make our healthcare guidance more conservative than that what we see that we have seen for the community.

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And I think that leads to confusion sometimes. I mean the perfect example of that was the mask guidance, I think.

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You know that came out, and I think you all saw you know it's highlighted in the press that you know CDC says if you're vaccinated you don't need to wear a mask anymore

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00:04:50.940 --> 00:04:57.330
For source control and, of course, that was good for the community, but not through for healthcare settings and I think sometimes those messages get

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00:04:57.960 --> 00:05:05.190
difficult to follow, and it is a little bit of a challenge, but please recognize that we tend to keep our guidance or healthcare settings more conservative.

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The other things that we wanted to try and do is make the guidance, a little more evergreen and adaptable to both the specific situation that you're in and, as things change.

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You know there's going to be variants that emerge, and they have different impacts on the efficacy of the vaccine and transmissibility.

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You know, not all your facilities are in the same situation you know we look think back a few months ago there were places that had a lot of transmission in places that had.

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00:05:29.820 --> 00:05:35.430
Much less community transmission and so we want to make our guidance adaptable to those different situations.

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00:05:35.790 --> 00:05:43.620
And we also want to be able to provide a higher-level concept, rather than you know, trying to adjudicate every single situation that could possibly come up.

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00:05:43.980 --> 00:05:47.520
In a healthcare setting and give you all kind of the tools to be able to.

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00:05:48.030 --> 00:06:00.750
figure those things out without having to you know, have a specific recommendation written down in every instance, which I think you all recognize this very hard to do and so you'll see as we go through this some of the things that we've done to try and achieve.

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00:06:01.950 --> 00:06:03.630
These goals. Next slide please.

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So, the one thing I did want to highlight which doesn't fit well into the changes thing, but I think as a common point of confusion is our guidance with regards to immunocompromised folks.

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You know, in general, we said that people with moderate severe immunocompromise, and by that I often mean folks who are

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undergoing chemotherapy or transplant patients, etc, with very profound immune deficits not you know diabetics and people like that it was kind of subtler immune deficits.

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we generally try to consider those folks and as unvaccinated, so when we're tailoring our guidance with different recommendations for vaccinated and unvaccinated people in general I think it's a good.

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practice to put those people in the unvaccinated category just to ensure a higher level of protection. Next slide please.

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So let's jump into the changes. So the first thing I want to highlight is source control, because I think this is really something that is particularly important and.

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And because of the differences ith the community it's gotten somewhat confusing.

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So just to be clear source control to us means do some mask or respirator or something over your.

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nose and mouth, to prevent the spread of respiratory secretions and if it does offer protection to the wearer but, more importantly, it offers protection to the people around them and.

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00:07:22.740 --> 00:07:30.120
we provided lots of options for source control and healthcare settings including N95 respirators you know masks etc.

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Cloth masks are probably buying for some situations, you know people who aren't working in patient care setting or patient facing settings etc.

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I think we generally try to avoid those and people are taking care of patients, just because they aren't their personal protective equipment.

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And you know it's hard you never know for sure when might be in a situation where it might be important so in general for people taking care of patients and patient-facing places we don't usually recommend cloth masks for those people. next slide please.

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So, again just want to highlight I said this a few times in general for everyone in the healthcare setting we have always and continue to recommend.

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A mask or some other source control device for those settings, there are a few exceptions which we tried to build into.

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To address some of the issues I mentioned before, about making it more adaptable.

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And these would apply to places which really no one is the in or very few people are in this point in the pandemic with low to moderate community transmission and you'll have some discussion about that towards the end so you can figure out the area that you're in.

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00:08:38.910 --> 00:08:46.320

But the people for doing source control might be considered not to use source control when we get to the place of having low to moderate.

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Community transmission are fully vaccinated healthcare personnel when there in well defined areas away from patients so if you're a coder or biller.

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Who doesn't interact with patients or in a staff meeting room, with just other staff etc fully vaccinated healthcare personnel.

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Could consider not using in source control when you get to the point of areas with low to moderate transmission.

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The same would apply for fully vaccinated patients and their visitors who also fully vaccinated when they're visiting together alone in the room.

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00:09:15.480 --> 00:09:23.790
And fully vaccinated residents in nursing home. Again this is all applies to places with low to moderate Community transition next slide please.

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The other thing that changed was some recommendations about quarantine for patients, so in an effort to kind of align it will align this with what we have already recommended for healthcare personnel and also for.

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consistency across settings we no longer recommended quarantine for fully vaccinated.

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Patients who are close contacts and this applies to the fully vaccinated and patients who are within 90 days of a SARS-CoV-2 infection. Of course, those folks would still be required to wear source control and testing would still apply, so you can identify.

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00:09:59.700 --> 00:10:10.260
People who become infected as rapidly as possible. Next slide we'll talk a little about the testing guidance. So there is a bit of confusion about the testing guidance too but just highlight.

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We do recommend testing for a number of situations which are outlined here, probably most important is for symptomatic healthcare personnel and patients.

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And again, a very low threshold in this decision. We get called into a lot of outbreaks It started with a person who had.

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fairly subtle symptoms that you know will kind of ascribed to allergy or something for a few days before anybody recognizing it’s SARS-CoV-2.

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So again, recommend a very low threshold for testing in that situation also healthcare personnel with a higher risk exposure and patients with a close contact.

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We recommend testing and we'll talk about the time for that for that determining who are healthcare personnel with a higher risk exposure that second document I said the occupational.

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Risk guidance can help you sort through that. We also recommend testing on units or facilities with outbreaks that may include people with them with numerous close contacts and those.

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Without. So if you’re on a unit with an outbreak we just recommend generally broad testing.

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The last category is expanded screening testing of healthcare personnel. This general is required just for unvaccinated healthcare personnel in nursing homes and basically is people who are.

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asymptomatic not knowing that they are contacts not having an outbreak, but just regular screening to determine to detect asymptomatic cases and again, that would be the setting where that is required per the CMS regulations and also could be considered for other settings. Next slide please.

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So what about the timing, so this changed a little bit and been a source of confusion to just because it varies.

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slightly from the community guidance. For healthcare settings, which, again, as I remind you, we tend to be a little bit more conservative and recommend testing immediately.

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But generally not earlier than two days before exposures that's kind of the new piece there. We want to give people a chance to.

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Be detectable to develop a virus in your nose, etc, and then, if negative again five to seven days, so this differs a little bit from what's been recommended in the Community, for the reasons I mentioned next slide please.

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So what about expanded screening for those of you working in nursing homes so two changes in that situation and could be applicable if doing testing outside of nursing homes as well, as some people are.

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00:12:22.530 --> 00:12:29.760
So, first of all we're now tying that to community transmission levels, which again will hear about in a minute instead of test positivity.

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So that'll be a little change there. We will also change the frequency slightly so if you’re in an area with substantial or high community transmission it’s twice a week for these asymptomatic non-exposed healthcare personnel.

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If your nursing home’s in a moderate community transition area it's once a week and then, if you're in a low Community transition area then testing asymptomatic on non-exposed testing is no longer recommended Next slide please.

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So let's hit a couple of infection control reminders here just to remind you of things that still have not changed.

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So the first thing that hasn't changed is screening for healthcare personnel patients and visitors.

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Again this doesn't necessarily have to be somebody sitting at the front door taking temperatures or asking the questions but.

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You know, it does, maybe entail making sure they have a way to be able to identify those people in triage them the appropriate air.

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And there are additional examples provided in the update guidance for what might be acceptable. The second is the management of healthcare personnel with higher risk exposures and definition of higher risk exposures again referring to the guidance.

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The occupational health guidance, which was the second document I mentioned for that.

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And then, last but not least, recommendations for PPE aren’t changing and again there's kind of two pieces to that. The first is PPE for people with suspected or confirmed SARS-CoV-2.

92
00:13:54.900 --> 00:14:07.200
Infection-we’ll talk about that in a second and then what we kind of call universal PPE, so think many of you know for areas with substantial or high transmission we recommend eye protection in addition to source control.

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00:14:07.890 --> 00:14:14.820
A lot of people ask why that is, and the reason why is because of the risk of caring for somebody who's asymptomatic and infected is higher.

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00:14:15.270 --> 00:14:23.610
You’re protecting your mouth and nose but you're not protecting your eyes so the idea there is that would also provide your healthcare worker with some added protection. Next slide please.

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00:14:25.350 --> 00:14:34.350
So just a table to kind of summarize those recommendations, the far right column is the universal PPE for when you don't know have suspected or confirmed SARS-CoV-2 infection.

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middle column there for people who you know or think has SARS-CoV-2 infection and then you transmission levels on the far left.

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So I think you'll see for all the columns of community transmission the PPE for people with suspected or confirmed SARS-CoV-2 infection remains the same.

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Gown glove eye protection and then N95 or higher respirator. For patients you don’t suspect has SARS-CoV-2 infection but you’re in an area with high or substantial SARS-CoV-2
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00:15:01.500 --> 00:15:11.670
Transmission source control and eye protection is recommended, that's the same as it's always been and source control low to moderate areas.

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So just another reminder about source people I mentioned a couple of situations where source control might not be.

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necessary in low to moderate transmission areas, regardless of community transmission and in fact there are a couple of situations where we think source control should
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always be used and I've highlighted those here, the first is obviously you're not being vaccinated. The second is, if you have suspected or confirmed SARS-CoV2 infection
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00:15:39.000 --> 00:15:50.460
source control is critically important, and the third is if had close contact or you’re a healthcare personnel, with a higher risk exposure we recommend source control for the full.

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00:15:51.360 --> 00:16:02.460
14 days, regardless of what the testing say at say day two and five to seven days is after exposure is and then last but not least, if you're a part of the.

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00:16:02.790 --> 00:16:09.750
Facility that's having an outbreak now outbreak testing is going on we recommend source control if you meet one of those.

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00:16:10.320 --> 00:16:24.240
exceptions we recommend it for people with moderate to severe immunocompromise and we also recommend it if the public health authorities have in your jurisdiction of different rules, and last slide, last but not least.

107
00:16:25.800 --> 00:16:29.190
You know, everybody can certainly next slide please sorry.

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00:16:29.880 --> 00:16:39.000
Everybody can sure go ahead and use source control it's a great practice, even if your fully vaccinated. It’s probably is particularly important for people who have someone in their household is either.

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00:16:39.360 --> 00:16:42.750
Immunocompromised or at increased risk of disease or unvaccinated.

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00:16:43.230 --> 00:16:51.120
So apologies that was super quick, but hopefully I've given you an idea where you can look to find the answers to your questions, now that the guidance has been streamlined

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and hopefully give you some food for thought for questions, and let me turn it back over to Liz or Dr. Carlson.

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Thank you Alex so much and now we recognize, of course, as we said at the top of the call and, as you saw throughout.

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Throughout the presentation just now that a lot of these recommendations are tied to level of COVID-19 transmission in the Community.

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And so that uses our CDC COVID-19 data tracker and so I'm going to turn it over to Dr. Abbigail Carlson who is an infectious disease doctor here with us at Project Firstline to walk you through how to find that tracker how to use it and what it means for you. Abby?

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00:17:35.130 --> 00:17:38.790
All right, Hello everyone, so I am just going to flip the slides forward.

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So, like we've been saying, some of these new recommendations are attached to the level of Community transmission in your county where your health care facility is located.

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and determining that we're going to go through as Liz said and show you exactly where to find that information so that you can choose the recommendations that are suited for your particular situation so give me one moment I'm going to switch my screen here.

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Alright.

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00:18:17.640 --> 00:18:28.650
I'm going to actually go back to our main page so starting from here, you can Google search always for the CDC COVID-19 data tracker.

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And you will get to our data page usually through the search engines, but if you are coming in from our main page you go into coronavirus disease 2019.

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And click here in the top tabs on cases and data.

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And that if you click right on there you'll come right to our COVID-19 data tracker and the COVID-19 data tracker has a ton of information, but what we are interested in.

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Is here on the right hand side that Community transmission in the United States now, I will say, if you are not in the 50.

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United States or Puerto Rico or the district of Columbia, you will want to use the state level community transmission tracker and click on your territory to get local information.

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But for everyone else you're going to go to the Community, transmission and county level Community transmission page, so you can either click here on this link or my preferred shortcut is just to go up to this Community transmission bar right at the top and click on it.

126
00:19:34.230 --> 00:19:50.640
You will get to this page, which is the COVID-19 integrated county viewer. I highly suggest bookmarking this page, for your reference once you've once you've made it here, and I think we are going to try to provide a link as well in the chat so that you have it.

127
00:19:52.230 --> 00:20:06.630
Here in the drop-down menu, you should choose your state or territory where you are. We will go to the CDC is here in Georgia, and then it will bring up a list of county or metro areas, and we are in DeKalb county.

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00:20:09.120 --> 00:20:19.770
And when you get that entered, you will get a page that looks like this with your county highlighted and you'll see here that it says Community transmission.

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And then gives you the level of transmission. The four levels as you've seen our high substantial moderate and low.

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00:20:29.160 --> 00:20:39.360
If you want to know more about how community transmission is calculated by the CDC, that information is here and you're welcome to dig into those numbers, a little bit more.

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And it is updated every day by 8pm Eastern time, so this is a daily changing map so don't hesitate to look in each day and see where you are.

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00:20:54.510 --> 00:21:08.460
And once you have determined this level that is the level that you will use to decide what what your appropriate infection prevention guidance will be based on your transmission.

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00:21:09.660 --> 00:21:13.200
So i'm going to come back here to our presentation.

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And I just want to run again through a quick summary of everything that Dr Kallen has said, based on Community transmission levels and these again are general.

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rules that apply in most situations there are exceptions for many of these, but you will find more detailed guidance in the links to the main guidance.

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But if your Community transmission is high or substantial.

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For source control people should be wearing their masks or their other source control, the respirator etc, regardless of vaccination status at all times Okay, and in all areas of the healthcare setting.

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00:21:59.130 --> 00:22:09.480
We also recommend that they're wearing eye protection, in addition to their mask when they're caring for patients without confirmed or suspected SARS-CoV-2 infection, so when you're with patients.

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00:22:10.500 --> 00:22:25.620
We recommend adding I protection to mask. In nursing homes unvaccinated personnel should be getting viral testing at least twice a week and, in general, residents should be wearing masks in all communal spaces.

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00:22:28.260 --> 00:22:34.530
Once you get to moderate transmission, we recommend that fully vaccinated healthcare personnel may take off their masks.

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00:22:35.700 --> 00:22:51.150
or other source control when they're in staff only areas, you do not need to wear eye protection when caring for patients without confirmed or suspected SARS-CoV-2 infection unless of course there's another indication for it and then in nursing homes.

142
00:22:52.230 --> 00:23:07.650
The unvaccinated healthcare personnel, the testing frequency goes down to once a week and vaccinated residents may take off masks in communal spaces again if there's no other indications for them to have a mask in in those spaces.

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And finally, for low Community transmission here the source control guidance for vaccinated personnel remains the same, you can take off your mask if you so desire and have no other.

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00:23:23.850 --> 00:23:31.710

indication for masking if you're in staff only areas, you do not need to wear eye protection with patients unless there's another indication for it.

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00:23:32.190 --> 00:23:48.510
And then the change here is mostly that the expanded screening of unvaccinated personnel is not recommended at low Community transmission. Residents may still take off their masks and, once they have another indication to have them on.

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00:23:51.390 --> 00:23:56.160
And with that I will turn it back to Liz for our question session.

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Thank you Abby. So again we.

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were lucky enough and grateful enough to get some questions ahead of time from you during the registration process so we're going to go through a few of those now and then answer some of the ones we're getting through live, and thank you guys for.

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00:24:14.010 --> 00:24:27.270
Asking fantastic questions and we'll keep going alright, the first question is " If I'm fully vaccinated and an exposure happens, what are the guidelines, what about if the exposure is a family member?".

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00:24:29.490 --> 00:24:45.180
yeah thanks Liz this is Melissa I work with Alex and David on the healthcare infection control team so I'll take that question. So the answer to that question is addressed in the second guidance that Dr Kallen mentioned, the occupational health guidance.

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00:24:46.260 --> 00:24:50.040
ButI going to walk through some highlights here, so I think first and foremost.

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Any decisions about work restriction or risk assessment should be made in consultation with your occupational health program or o.

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Whoever is designated in that role for your health care facility. They really are best position to assess your individual situation, what happened, the risk.

154
00:25:07.980 --> 00:25:17.610
And when work restriction is warranted, in addition, they would be the ones to help connect you to testing since testing is recommended following higher risk exposures.

155
00:25:18.480 --> 00:25:26.550
So let me talk a little bit about higher risk exposures, so we talked about that in the guidance and, in general, higher risk exposures.

156
00:25:26.880 --> 00:25:35.940
involve healthcare personnel exposure of their eyes nose or mouth to potentially material that potentially contains SARS-CoV-2.

157
00:25:36.510 --> 00:25:41.970
Particularly if they were present during an aerosol generating procedure like saying intubation of a patient.

158
00:25:42.540 --> 00:25:55.170
And so we give some examples of missing PPE components during close contact exposures with patients in that guidance in the first row that would constitute a higher risk exposure.

159
00:25:55.980 --> 00:26:00.720
Now that may not be all encompassing of higher risk exposures, there are other exposures.

160
00:26:01.200 --> 00:26:12.360
That we classify as lower risk, but they still may impart some risk and so again, that is why kind of consultation with your occupational health program can help make some of those determinations.

161
00:26:13.230 --> 00:26:19.350
So say that you have a higher risk exposure as determined in this guidance or with occupational health.

162
00:26:19.710 --> 00:26:36.060
So in simplistic purposes, if you are not fully vaccinated and you have one of these higher risk exposures, we recommend the testing that Dr Kallen talked about and we recommend additionally that you'd be excluded from work for 14 days following that exposure.

163
00:26:37.620 --> 00:26:45.690

And that you continue to monitor yourself for symptoms and all those things. If you are fully vaccinated and you've had a higher risk exposure.

164
00:26:46.170 --> 00:26:56.640
We also still recommend testing in that situation, we recommend that you continue to wear source control for the 14 days following your exposure and as Dr Kallen pointed out.

165
00:26:56.940 --> 00:27:03.300
Really, at all times in healthcare even regardless of that exposure and that you monitor yourself for symptoms.

166
00:27:03.990 --> 00:27:10.020
But you wouldn't necessarily have to be excluded from work if you didn't have other reasons.

167
00:27:10.680 --> 00:27:21.630
For us to think that you could be at risk, such as that the vaccine may not as be as effective, such as if you were moderate severely and you know compromised and we give some considerations in the guidance.

168
00:27:22.080 --> 00:27:31.560
So again, if you were fully vaccinated and had one of those higher risk exposures, if approved by your occupational health program per the CDC guidance, you could continue to work.

169
00:27:31.950 --> 00:27:39.450
But should be excluded, if you develop symptoms, or if you're tested and you’re positive for SARS-CoV-2 infection.

170
00:27:40.380 --> 00:27:49.860
So that's kind of an overview now let's talk, those are assuming that you essentially have a discrete single exposure, we know when it happened, and we can kind of follow you forward.

171
00:27:50.460 --> 00:27:57.900
So what about if you have exposures that are ongoing, such as you are living with someone in your home that has SARS-CoV-2 infection.

172
00:27:58.350 --> 00:28:06.900
As you know, we say that if that's happening, you should do whatever you can to isolate that individual and avoid contact with them, but let's assume that you can't.

173
00:28:07.770 --> 00:28:14.760
So the same parallels hold true here, if you are not fully vaccinated we would recommend work exclusion.

174
00:28:15.300 --> 00:28:33.360
And we would recommend work exclusion continuing through the 14 days after your last exposure when your loved one or your family member was infectious so if someone has SARS-CoV-2 and is otherwise healthy, we recommend that they be isolated for 10 days after.

175
00:28:35.070 --> 00:28:43.800
After their symptom onset or their diagnosis. So essentially, we would be recommending work exclusion for 14 days after they are no longer infectious.

176
00:28:44.490 --> 00:28:53.760
If you are fully vaccinated you don't necessarily have to be excluded from work again assuming that your testing is negative, and you don't have symptoms.

177
00:28:54.570 --> 00:28:59.160
But again, that is something that you really should be talking about with the occupational health program.

178
00:28:59.610 --> 00:29:13.800
And you can see that we talked a little bit about travel and community exposures in the last or third row of the table in that guidance. So I'm going to stop here, I know I've said a lot and David and Alex please chime in if you have anything to add to that.

179
00:29:19.530 --> 00:29:23.160
Thanks Melissa That was really helpful. Next question, please.

180
00:29:25.680 --> 00:29:33.180
Okay, “When, should a healthcare worker wear an N95? Should it be only with confirmed hospitalized COVID patients?”.

181
00:29:35.220 --> 00:29:41.250
So hey this is David Kuhar and I work with Alex and Melissa and I will take this question so.

182
00:29:42.630 --> 00:29:46.920
In general, N95 respirators are worn when they are recommended for.

183
00:29:48.360 --> 00:29:58.110
When caring for someone who you suspect or know have a certain disease and typically, historically, this has been diseases like tuberculosis, varicella, measles.

184
00:29:58.470 --> 00:30:12.690
But an N95 is also recommended as a part of the personal protective equipment that should be used with people who you know have SARS-CoV-2 infection, or who you suspect has SARS-CoV-2 infection and.

185
00:30:13.350 --> 00:30:26.730
so one important distinction, you should be wearing an N95 along with all of the other recommended personal protective equipment- gown, gloves and eye protection when you suspect they could have it, or when you know they could have it.

186
00:30:27.150 --> 00:30:33.630
However, there are two other instances where we also recommend N95 use during the pandemic.

187
00:30:34.050 --> 00:30:47.370
first beyond SARS-CoV-2 care, in areas where there are there is substantial or high Community transmission of SARS-CoV-2.

188
00:30:47.850 --> 00:30:50.850
An N95 respirator should be used for.

189
00:30:51.240 --> 00:31:02.580
All aerosol generating procedures done on patients or residents. This is regardless of whether you suspect that they could or you suspect that they even might have SARS-CoV-2 infection.

190
00:31:02.820 --> 00:31:12.270
Because there's a lot circulating of SARS-CoV-2 circulating in the Community, we want all healthcare personnel to wear and N95 respirator during those procedures.

191
00:31:12.570 --> 00:31:24.240
Also, all surgical procedures at times when there's substantial the high Community transmission and we even have a statement that, during that time facilities can consider recommending use of N95s

192
00:31:25.500 --> 00:31:27.960
In other situations where there might be.

193
00:31:28.650 --> 00:31:38.550
increased risk for potential transmission, such as working in an area where there may be poor ventilation for extended periods of time with other patients etc so.

194
00:31:38.880 --> 00:31:50.490
that's another situation in the pandemic where an N95 is recommended and then Lastly, an N95 can also be used or it's an option to be used for source control.

195
00:31:51.060 --> 00:32:04.980
And this is the last area where it is and for source control, there are several options that can be used and we indicate that, in the guidance and it's in that first guidance that Alex mentioned, which is.

196
00:32:05.640 --> 00:32:11.520
The interim infection Prevention and Control recs for healthcare personnel during the pandemic and.

197
00:32:12.660 --> 00:32:18.270
include a NISH approved N95 or equivalent or higher level respirator.

198
00:32:18.630 --> 00:32:24.960
a respirator that's approved under standards used in other countries as well as a well-fitting facemask.

199
00:32:25.170 --> 00:32:36.690
And so I think that's pretty much sums it up, I know I've said a lot, but those are pretty much the three major situations where an N95 is recommended for use in healthcare specifically with regards to the SARS-CoV-2 pandemic.

200
00:32:39.240 --> 00:32:52.770
Thank you so much, and there's kind of a follow up to that on the next slide. “If an N95 is being used for source control only, does it have to be fit tested? Does it need to be seal-checked and when do you discard it?”.

201
00:32:54.600 --> 00:33:00.090
Alright Well, this is David Kuhar, and I will take this one as well, because it follows when I was just saying um.

202
00:33:00.540 --> 00:33:11.970

So, there is an important distinction in using an N95 respirator for source control versus for protection say for SARS-CoV-2 care.

203
00:33:12.420 --> 00:33:20.220
when you're using a respirator for when it's recommended for patient care if you suspect or you know that they have SARS-CoV-2.

204
00:33:20.670 --> 00:33:29.550
The expectation, and this is, this is an OSHA requirement, is that you are using that respirator in the context of what they call a respiratory protection Program.

205
00:33:29.880 --> 00:33:37.860
And that, as a part of that you've been medically cleared, trained, and fit-tested to use that respirator and the point of the fit test is that.

206
00:33:38.040 --> 00:33:47.760
It ensures that the respirator is fitting correctly and then it is seated correctly on your face, so that when you breathe in the air is going through the filter.

207
00:33:48.180 --> 00:33:59.190
Rather than being pulled around the sides of the respirator and not being filtered so it really ensures that that fit is correct because the fit is needed to ensure that it's doing its job filtering what you need.

208
00:34:00.000 --> 00:34:03.240
When you use a respirator for source control only.

209
00:34:04.050 --> 00:34:11.400
OSHA has issued actually an emergency temporary standard that allows employers to provide people a respirator.

210
00:34:11.670 --> 00:34:20.460
To use when a respirator is not necessarily needed for their protection and source control probably fits in this category, if you will.

211
00:34:20.790 --> 00:34:32.640
And so, when that's the case OSHA allows there to not necessarily be fit testing, but the expectation is still that the employer teaches you how to use it and that you're able to do what they call a seal check.

212
00:34:34.020 --> 00:34:34.410
Which.

213
00:34:35.670 --> 00:34:44.940
Seal check to make to see if you're getting an appropriate fit and the seal checks and how to do them actually depend on the.

214
00:34:45.990 --> 00:34:53.940
model of respirator that you have and you've been issued, and so the manufacturer in their package insert is supposed to indicate how that's done.

215
00:34:55.500 --> 00:35:03.720
Oh, and then I'm sorry I almost forgot the last part when to discard a respirator if you're using it for source control essentially

216
00:35:04.320 --> 00:35:11.520
whenever the respirator becomes damaged or soiled, you would want to take it off discard it and replace it.

217
00:35:12.390 --> 00:35:26.910
In addition, any other time that you remove the respirator, we are not in a period of shortages here, so the expectation is that anytime you take off a respirator you can discard it and get a fresh one to continue to use for source control.

218
00:35:28.170 --> 00:35:29.190
And that should cover it Liz.

219
00:35:30.600 --> 00:35:42.240
Thank you so much, and for those of you who are interested in and some more information about that self-sealed check and if you go to our Project Firstline website, or I will be putting a link directly to it.

220
00:35:42.750 --> 00:35:51.930
In the chat you can see a video on how to do that self-seal check correctly and now for our live questions I'm going to turn it back to Dr Kallen. Alex?

221
00:35:52.560 --> 00:35:59.490
Great thanks, so we have about five minutes, so this is going to enter the lightning round here so David and Melissa guys could just.

222
00:35:59.880 --> 00:36:09.960

Answer briefly, so we can get as many questions as possible first question is about David maybe you could weigh in there's lots of questions about the characteristics that should be in place for safe.

223
00:36:10.440 --> 00:36:15.120
eye protection or safety glasses Okay, etc, you want to comment on that yeah.

224
00:36:16.080 --> 00:36:30.810
yeah this is David so quickly i'm in the guidance we just we pretty much mentioned just goggles and face shields, however, there are absolutely groups that use safety glasses and we know this it's pretty common in EMS etc.

225
00:36:31.290 --> 00:36:40.110
The idea and why we say goggles or face shields it's really just about coverage. Goggles cut provide a lot of coverage and fully cover your eyes.

226
00:36:40.320 --> 00:36:48.690
Face shields tend to do the same thing, and these are well standardized. Safety glasses there's a lot more wiggle room and how these are designed and how they fit.

227
00:36:48.990 --> 00:37:05.100
So we in general, we have not called them out, as appropriate, eye protection for COVID care, but because there is so much variability in their design and that they just might not cover the eyes, as much as the other devices, so goggles or face shields are what remain recommend.

228
00:37:07.950 --> 00:37:17.550
Great thanks David. Melissa here's one for you, what is the proper isolation and quarantine time, when does it start with COVID-19
229
00:37:18.600 --> 00:37:20.490
So I assume they mean exposed, exposed-baseline infected.

230
00:37:20.850 --> 00:37:32.820
yeah so let me just I know we're trying to go fast, but let me unpack that a little bit so isolation is what is recommended for someone that has SARS-CoV-2 to infection or symptoms and we suspect they have stars could be to infection.

231
00:37:33.420 --> 00:37:41.700
So the specifics of that are outlined in our main IPC guidance under this section that addresses duration of transmission based precautions.

232
00:37:42.120 --> 00:37:48.360
And in general for someone who is not severely immunocompromised and doesn't have severe illness.

233
00:37:48.840 --> 00:37:57.690
it's essentially recommended for about 10 days, assuming that they have been afebrile for at least 24 hours and their symptoms are improving.

234
00:37:58.410 --> 00:38:09.720
That period, may be longer if they are severely immunocompromised, or if they are severely ill and we explain that and a lot more detail in the guidance, so please do look there.

235
00:38:10.260 --> 00:38:17.460
Quarantine is what is recommended for someone who has been exposed to someone with SARS-CoV-2 infection.

236
00:38:17.850 --> 00:38:25.680
And so, in general, for those that are not vaccinated that are not fully vaccinated and have close contact or higher risk exposure.

237
00:38:25.980 --> 00:38:35.490
We recommend quarantine for 14 days following that exposure again assuming that it is a discrete one-time exposure and you know when it happened.

238
00:38:35.910 --> 00:38:42.480
We also recommend they continue to use source control and the testing that Dr Kallen outlined in that situation.

239
00:38:42.960 --> 00:38:52.860
And then, as I mentioned, even if you are fully vaccinated there may be some circumstances when quarantine is also recommended if you're exposed, but in general.

240
00:38:53.670 --> 00:39:01.800
We don't have a recommendation to quarantine after exposure, if you are fully vaccinated. Let me turn it back to you, Dr Kallen. Thanks so much.

241
00:39:02.310 --> 00:39:12.480
And then, a couple questions here, Melissa that you might get answered, some confusion about the testing immediately and then five to seven days versus the every three days,.

242
00:39:12.960 --> 00:39:16.800
Until their cases for 14 days and an outbreak, do you want to just comment on it.

243
00:39:17.640 --> 00:39:25.440
yeah so for those people that we actually know have had met the definition for a close contact or higher risk exposure.

244
00:39:25.890 --> 00:39:37.410
We recommend that first testing and we say immediately if you don't kind of know when the exposure happened, you find out about it and you find that person, a couple days later, which is what happens, a lot of the time.

245
00:39:37.830 --> 00:39:42.630
But if you know, like I'm exposed at this exact minute, testing me at this exact minute.

246
00:39:43.380 --> 00:39:48.960
I'm not going to be positive, following you know seconds after an exposure right so that's why we recommend.

247
00:39:49.320 --> 00:39:58.020
Not earlier than two days after the exposure and then, if negative again five to seven days and that's based on modeling looking about from exposure.

248
00:39:58.320 --> 00:40:10.680
The period when you're most likely to see people become infected, but, as you know, people, although smaller numbers can be infected after those points in time, which is why we continue to recommend the 14 day quarantine so.

249
00:40:11.340 --> 00:40:19.500
that's when you know what exposure is. In an outbreak situation, particularly if you're in a situation where you're doing facility wide testing right.

250
00:40:20.100 --> 00:40:29.370
You you'd may not be able to identify all the close contacts, they could be exposed but you're not sure, and so you are doing serial testing.

251
00:40:29.820 --> 00:40:33.570

And if you are continuing to find people that are popping up positive.

252
00:40:33.990 --> 00:40:43.410
That could very well be, because there is an ongoing exposure that you haven't mitigated with your infection control interventions, and that is why we recommend continuing to do.

253
00:40:43.710 --> 00:40:56.340
concentric testing until 14 days out from exposure, but if it's a discrete exposure that you know what happened and it's not continuing to happen, that is why we have the immediate and five to seven days later.

254
00:40:57.300 --> 00:41:01.050
Let me stop there, and feel free to add anything Alex or move to the next.

255
00:41:01.830 --> 00:41:12.180
we're running low on time, but I did want to highlight a couple of things before I turn it back over to Liz I mean again, remember, please do remember, we were talking about the PPE for SARS-CoV-2.

256
00:41:12.570 --> 00:41:21.090
That we are talking about that's in addition to any be using already so for standard precautions and transmission-based proportions, I think sometimes that gets.

257
00:41:21.390 --> 00:41:30.480
skipped over, but please do keep that in mind, and then I think there was some question that David kind of comment, a little bit about the use of extended use for.

258
00:41:30.810 --> 00:41:38.640
N95 and face masks and things like that so wearing it for you know more than one patient not removing it and put it back on but wearing continually and.

259
00:41:39.000 --> 00:41:43.890
do recognize that when you're using it for PPE, you know with the current supplies and most places.

260
00:41:44.310 --> 00:41:58.020
That you know the usual rules would apply where you should probably done and off that between each patient, but we do have an allowance for extended use again wearing it again for the same multiple patients, for both face mask and then N95 when it’s for source control.

261
00:41:59.400 --> 00:42:03.480
To use extended you. So that that is another kind of a little bit of clarity, that I brought up as.

262
00:42:05.310 --> 00:42:08.340
we're talking about this, so I think, unfortunately, we're at time so let me turn it back to Liz.

263
00:42:11.730 --> 00:42:18.030
Thanks Alex I wish I wish we had more time, but am so grateful to you and to.

264
00:42:18.630 --> 00:42:28.740
Abby, David, Melissa for joining us today and for all the work that you're doing as well, but also thank you all for joining us today, we wanted to make sure before we close that you had.

265
00:42:29.370 --> 00:42:33.780
links to the Project Firstline resources that we talk infection control all the time.

266
00:42:34.230 --> 00:42:42.540
And in addition, a recording of this will be posted to that website and we'll let you know when it does, in addition to the slides.

267
00:42:42.900 --> 00:42:55.770
And with that I want to close and thank you all for joining us, for your incredible questions, and I think they helped you and your colleagues and we can't wait to see you soon. Thanks have a good one.