
Bree Collaborative | Infection Control Workgroup

March 14, 2022 | 8:00 – 9:30 a.m.

Virtual

MEMBERS PRESENT

Mark Haugen (chair), MD, Walla Walla Clinic & Surgical Center

Anne Sumner, BSN, MBA, Baker Boyer Bank

Cathy Carroll, Washington State Health Care Authority

Faiza Zafar, DO, FACOI, Community Health Plan of Washington

Larissa Lewis, MPH, RN, CIC WA Department of

Health

Lisa Hannah, BS, RN, CIC, WA Department of Health

Lisa Waldowski, DNP, CIC, Kaiser Permanente
Stephanie Jaross, BSN, RN, Proliance Center for
Outpatient and Spine Surgery

Sierra Bertolone-Smith, Pacific Northwest
University of Health Sciences

STAFF AND MEMBERS OF THE PUBLIC

Nick Locke, MPH, Bree Collaborative

WELCOME

Nick Locke, Bree Collaborative, welcomed everyone to the Infection Control workgroup. Members briefly introduced themselves and reviewed the previous month's minutes.

Decision: Adopt February 14th Minutes

SCOPE AND AUDIENCE

Mark Haugen, MD, Walla Walla Clinic reviewed the group's discussions on audience and scope.

- Audience: Providers, Employers, Insurers, Government/Public, Patients
- Scope: Includes all outpatient clinical settings such as dental, optometry, chiropractic. However, recommendations will be general to seeing patients in the outpatient setting, not necessarily specific to the challenges of individual providers.
- Our recommendations are especially important given the changing requirements for masking and physical distancing, as evidenced by the end of the mask mandate (for non healthcare settings)

FOCUS AREAS

Dr. Haugen presented a document with draft focus areas, audiences, and other public health recommendations for alignment.

- Focus Areas
 - Proposed focus areas included Prevention, Disease Surveillance, Staffing/Administration, Minimizing Exposure, Environment/Sterilization, and Community Spread
 - Workgroup members recommended merging together prevention and staffing/administration, as the differences were more based on audience than content.
 - Members also discussed the importance of injection safety, non-punitive occupational health policy, and high-level disinfection.

- Audiences:
 - The proposed audiences to target made sense to the workgroup. Members recommended adding specific recommendations for an infection control program coordinator.
- Aligning with Other Agencies
 - Current agency recommendations in the draft included OSHA, CDC, and the Washington State Department of Health
 - Other workgroup members suggested looking into infection control recommendations from Labor and Industries, the CDC ICAR program, and AAMI Sterilization procedures

DRAFT RECOMMENDATION FRAMEWORK

Dr. Haugen again presented the groups draft recommendations, including changes since the previous meeting.

Workgroup members added their comments to the current draft:

- The draft should be more specific about the responsible parties for each recommendation (i.e. providers themselves, an infection control officer, etc)
- Recommendations on Disease Surveillance should take into account existing strategies from skilled nursing facilities. CDC and the DOH have existing strategies for flu and norovirus, but not for all circulating infectious diseases.
- Recommendations for room cleaning and proper ventilation can be aligned with DOH – 3 hours if performing an aerosolizing procedure and ventilation capability is not known.

PUBLIC COMMENT AND CLOSE

Dr. Haugen thanked everyone for attending and opened up space for public comment. With no public comments, the workgroup adjourned. The next workgroup meeting will be held on April 11, 2022, and will focus on reviewing recommendations for outpatient healthcare facilities.