

Public Comments to Bree Outpatient Infection Control

Guideline Section	Comments	Draft Response
General	<p>Standardizing the language throughout. "Infectious control," "infection prevention", infection control" are all used. I'd recommend standardizing all these to "infection prevention and control" and abbreviate as "IPC."</p> <p>Standardize to "perform hand hygiene with alcohol-based hand sanitizer or wash hand with soap and water" throughout</p>	<p>Standardize language to use "infection prevention and control" (or IPC) and "hand hygiene with alcohol-based hand sanitizer or wash hands with soap and water."</p>
General	<p>Some recommendations are overly broad and could be misinterpreted by regulators, administrators, and accreditation groups</p>	<p>Add sentence to background section to clarify that the guidelines are only meant to supplement existing regulations, not add to burden.</p>
Background	<p>-Background, para 2. I recommend using "hand sanitizer availability" with "hand hygiene."</p> <p>-Background, para 3. Include WA State L&I in third sentence. CDC does not regulate but provides recommendations. Some regulatory agencies, such as CMS and HSQA, may say healthcare facilities need to adhere to CDC guidance.</p>	<p>Add "hand sanitizer availability."</p> <p>Add "Washington State Labor and Industries" to background. Add clarity about regulatory agencies versus recommendations from agencies.</p>
Focus Areas	<p>The focus areas are a little confusing. There's quite a bit of duplication throughout the document and it's sometimes unclear who the target audience is for the section. There are also places where it seems that the target audience is split – as in health system administration vs. providers.</p>	<p>Add clarity to each audience. Specifically, break out "health systems leadership" and "staff/providers." Add sentence clarifying target audience to each section.</p>
Health Delivery Systems	<p>Prevention: Enact proper standard, contact, and droplet, and airborne precautions for healthcare providers and staff"</p>	<p>Add language about when to use standard precautions as opposed</p>

	<p>This is an area of evolution and little data. While using presumptive droplet, airborne, and aerosol precautions for respiratory syndromes is reasonable, the utility of contact or enteric precautions in the outpt setting is unknown and likely highly inefficient. Would the expectation be to use, for example, contact precautions with all outpts with MRSA colonization? Precautions also entail specific cleaning procedures in addition to PPE.</p>	<p>to using presumptive precautions in all case.</p>
Health Delivery Systems	<p>Prevention: "Educate staff on all infection control procedures, including hand hygiene, injection safety, and standard precautions." Overly broad as IPC procedures are extensive. Rec amending language to "Educate staff on IPC procedures, especially those relevant to their place of work"</p>	<p>Add language "educate staff on IPC procedures relevant to their place of work"</p>
Health Delivery Systems	<p>"Ensure infection control training and competency" The use of the word "competency" is overused in recommendations like this. In educational approaches, this specifically entails pre- and post-intervention knowledge assessment, which is well beyond what most outpatient facilities can provide.</p>	<p>Remove "competency"</p>
Health Delivery Systems	<p>Provide information to patients about the prevalence of circulating communicable diseases..." The expected process for this is unclear. A handout? Posters? This would likely fall on primary care providers as an expectation and would need to be balanced with other messaging and communication in those spaces.</p>	<p>Add language to clarify provision of information: "provide information In the form of visual aids and data dashboards"</p>
Health Delivery Systems	<p>"Assign at least one individual trained in infection prevention..." Strongly recommend something like "assign at least one person with dedicated FTE trained in infection prevention..." Most of the time, these assignments are made without taking anything off the person's plate and thus fall to the bottom of their list of priorities.</p>	<p>Add language "with dedicated FTE"</p>
Health Delivery Systems	<p>Prevention – Providers and Staff: Recommend using "institute" instead of "enact"</p>	<p>Make recommended change.</p>
Health Delivery Systems	<p>Prevention – Providers and Staff: Changes to PPE recommendations: what PPE is necessary given specific activities; how to put on, take off, adjust, and wear PPE; Limitations of PPE; Proper care and maintenance of PPE</p>	<p>Add language to PPE recommendations about appropriate use and maintenance.</p>

Health Delivery Systems	Prevention – Providers and Staff: Third bullet. Consider adding links to https://www.cdc.gov/handhygiene/index.html , https://www.cdc.gov/injectionsafety/index.html , https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html	Add suggested link
Health Delivery Systems	Prevention – Providers and Staff: Sixth bullet. I think we're missing a verb here - "ensure" maybe?	Re-word recommendation to be directed toward staff and providers.
Health Delivery Systems	Prevention – Providers and Staff: Seventh bullet. I recommend adding "clinically appropriate" before "prophylactical"	Add “clinically appropriate”
Health Delivery Systems	Prevention - Administration – Recommend splitting up Health Administration and Providers/Staff	Audiences for “Health Delivery System Leadership” and “Providers/Staff” split into different sections.
Health Delivery Systems	Prevention - Admin Third bullet. This wording is rather awkward. Consider rephrasing to "Ensure physical environment is optimized for IPC including,..."	Edit language to address phrasing. “optimized to improve IPC, including...”
Health Delivery Systems	Prevention - Admin Add bullet "Ensure required BBP training and PPE training"	Add “ensure required BBP training and PPE training”
Health Delivery Systems	Prevention - Admin Add bullet "Maintain respiratory protection plan as required for your setting, including fit-testing for staff who will need to wear an N95 or other tight-fitting filtering facepiece respirator."	Add recommended bullet
Health Delivery Systems	Monitoring/Disease Surveillance: Add bullet "Notify staff of exposure and report outbreaks according to HELSA https://lni.wa.gov/safety-health/safety-rules/rulemaking-stakeholder-information/helsa-implementation and to LHJ per WAC 246-101	Add recommended bullet
Health Delivery Systems	Monitoring/Disease Surveillance: Third bullet. Vague. Recommended change "...provide POC test or, if POC tests are unavailable on-site, provide resource where testing is available."	Add recommended changes for point of care testing.

Health Delivery Systems	Minimizing Exposure: Recommend adding "suspected of having" infectious disease. Often patients are coming to outpatient for diagnosis but aren't actually diagnosed at the time of their visit.	Add "suspected of having" infectious disease"
Health Delivery Systems	Minimizing Exposure: Fourth bullet. This is an example of source control, not PPE.	
Health Delivery Systems	Minimizing Exposure: -Last bullet under in office visit. I recommend "Place in private room immediately..." Consider linking to https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html . And the wording about EPA-registered disinfectants is confusing - consider something like "Use an EPA-registered healthcare disinfectant, that has a kill claim for the pathogen(s) of concern, according to the manufacturer's instructions. Focus on high-touch area and ensure the disinfectant is compatible with the items being disinfected."	Add "place in private room" for currently infected (or suspected of having infectious disease) patients. Link to CDC. Add recommended language about EPA disinfectants
Health Delivery Systems	Minimizing Exposure: -Telehealth bullet. The first sub-bullet here is vague	Edit telehealth bullet
Health Delivery Systems	Minimizing Exposure: High Risk Patients - does this refer to patients at high risk of acquiring disease or high risk of severe disease or both? What kind of information should the signs include, e.g. what makes a person high-risk, how they can protect themselves, how others can protect people at high risk.	Clarify "high-risk" patients to include where to find risk factors for acquiring or severity of circulating illness.
Health Delivery Systems	Minimizing Exposure: High-risk vs. Low-risk patients involve a lot of overlap. How do we clarify between the groups? Many of the recommendations are the same.	Clarify minimizing exposure workflow between "currently infected" "high-risk" and "low-risk" to identify how the process may be different even though some guidance is the same.

Health Delivery Systems	Minimizing Exposure: -Referral. First bullet - Consider adding "clinically" before "appropriate." Second bullet "patient's" rather than "patient"	Add "clinically appropriate" for referrals
Health Delivery Systems	Environment of Care: Environment of Care - What is appropriate storage of supplies? Recommend aligning last bullet point with suggested language above or consolidate.	Review appropriate storage of supplies.
Health Delivery Systems	Sterilization and HLD: Consider combining the bottom two bullets to something like "...sterilization of reusable devices according to nationally recognized and evidenced-based..."	Combine bullets as recommended
Health Delivery Systems	Community Spread First bullet. Clarify relationships with whom	Add language about how to develop relationships with community partners.
Health Delivery Systems	Community Spread Fourth bullet. Consider adding something that conveys that the educational materials should be evidence-based and represents expert consensus. Maybe also add something about accessibility appropriate for the community.	Add recommended language "evidence or practice-based educational material in a format that is accessible to community members"
Employers	Employer section seems like a lot of duplication from the previous administration section.	Add clarification about employer recommendations targeted toward employer-purchasers.
Employers	Minimizing Exposure First bullet. I know this happens, but this statement makes me really uncomfortable. I'd reframe a bit, perhaps something like, "If a potentially infectious employee is willing to work to maintain operations, first consider alternative work structures, such as telework, agency staff, etc.. As a last resort, when no alternatives are available consider allowing a potentially infectious worker to return to work after conducting a risk assessment and minimizing exposures through proper source control, hand hygiene and other IPC practices, and according to relevant guidance and regulation."	Add language about "alternative work structures including telework. When no alternatives are available, consider allowing a potentially infectious worker to return after conducting a risk assessment and minimizing exposure according to relevant guidance and regulation"
Public Health	Spell out ICAR. L&I also has consultation available - https://lni.wa.gov/safety-health/preventing-injuries-illnesses/request-consultation/	Spell out ICAR (infection control assessment and response) the

	Public health doesn't usually offer training on how to do sterilization and HLD, should we recommend public health educate on the importance of proper sterilization and HLD?	first time it appears. Add L&I consultation. Clarify use of ICAR, remove mention of proper sterilization and HLD.
Public Health	Recommend "Develop easy to use data entry/collection systems for reporting (no faxes, etc)"	Add recommended language about ease of use for data entry systems. "Ensure reporting data entry/collection systems are easy to use and integrated with existing technology."
Patients	Prevention. Third bullet. DOH requirements are currently different than CDC recommendations - which should they follow?	Do not recommend specific guideline, but instead offer resources for patients to minimize their own exposure, including state, local, and national guidance. Add language about following any open and applicable Secretary of Health orders.
Patients	Monitoring/disease surveillance. Last bullet. Patients don't need to report positive lab results but can report positive home test results. They also can report to WA Notify https://doh.wa.gov/emergencies/covid-19/testing-covid-19	Add language about positive home test results reported to WA Notify.
Patients	Minimizing exposure. First bullet. same as before, LHJ, CDC, and DOH are all different masking recommendations. Last bullet. Recommend including other symptoms of infectious disease, for example an unexplained rash.	Again, offer broad resources from "national, state, and local sources."
Patients	Community spread. We could point to either CDC or DOH for additional mitigation measures.	
Evidence Review	There is a recent preprint - The efficacy of facemasks in the prevention of COVID-19: A systematic Review. https://www.medrxiv.org/content/10.1101/2022.07.28.22278153v1.full.pdf . While	Add literature to the evidence review and bibliography.

	<p>masks are culturally and politically controversial, the bulk of the evidence suggests that they do work to prevent transmission.</p> <p>Physical distancing - there have also been a bunch of studies that show COVID can spread greater than 6 ft. https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/sars-cov-2-transmission.html#anchor_1619805184733</p>	
Evidence Review	<p>Monitoring and Surveillance: In the first sentence of the second paragraph, I'd recommend adding "...at the state level." LHJs are actually the primary public health agency to monitor notifiable conditions</p>	<p>Add recommended language "at the state level."</p>
Evidence Review	<p>Minimizing Exposure: Minimizing exposure - 1st para - not all healthcare workers treat. I recommend changing to "care for". 2nd para - I'm not clear if "screening" refers to symptom screening or surveillance testing? 3rd para - Consider adding that this eliminates exposure risk for other patients and staff, and should be considered if the patient's clinical condition is appropriate for telehealth.</p>	<p>Make recommended change to "care for" as opposed to "treat"</p> <p>Add clarity to "screening"</p> <p>Add clarity about telehealth appropriateness and minimizing risk.</p>
Evidence Review	<p>Sterilization and HLD - What is meant by "standard" environmental cleaning? Standard healthcare environmental cleaning? The first sentence, as currently worded, is pretty alarming. I feel like there needs to be more context here. I'd also recommend swapping "transmission of pathogens" for "outbreaks." Consider rephrasing the last sentence - It's a little confusing as written. It could be read as "...facilities that include..." rather than "...recommendations that include..."</p>	<p>Rephrase first paragraph to specify "transmission of pathogens"</p> <p>Rephrase last sentence for clarity.</p>
Evidence Review	<p>Community spread - 1st para - Which public health agencies are responsible for coordinating? The last sentence isn't quite right DOH - HSQA has some regulation, CMS has some regulation, L&I has some regulation. LHJs can't be less protective than regulation.</p>	<p>Add clarity to public health agencies responsible for coordinating. Add language that local public health jurisdictions cannot be less protective than other regulations.</p>
Implementation	<p>Connect recommendations to the WA APIC chapter</p>	<p>Public comment link sent to WA APIC chapter, invited members</p>

		to attend public comment meeting.
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