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PAPRS and PANDEMICS: The Infection Preventionist Perspective

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About APIC

- The Association for Professionals in Infection Control and Epidemiology (APIC) is the leading professional association for infection preventionists (IPs) with more than 15,000 members. <u>Our mission</u> is to create a safer world through the prevention of infection. This is achieved by the provision of better care to promote better health at a lower cost.
- Most APIC members are nurses, physicians, public health professionals, epidemiologists, microbiologists, or medical technologists who:
 - Collect, analyze, and interpret health data in order to track infection trends, plan appropriate interventions, measure success, and report relevant data to public health agencies.
 - Establish scientifically-based infection prevention practices and collaborate with the healthcare team to assure implementation.
 - Work to prevent healthcare-associated infections (HAIs) in healthcare facilities by isolating sources of infections and limiting their transmission.
 - Educate healthcare personnel and the public about infectious diseases and how to limit their spread.



APIC Position Paper



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APIC Position Paper: Extending the Use and/or Reusing Respiratory Protection in Healthcare Settings During Disasters

Co-Authored by APIC Emergency Preparedness Committee, Public Policy Committee and Regulatory Review Panel

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http://www.apic.org/Advocacy/Position-Statements/Respiratory Protection Use in Healthcare During Disasters



PAPRS: APIC Pros and Cons

<u>Advantages</u>

- provide eye protection
- are comfortable to wear
- allowing use if the employee has facial hair
- do not requiring fit-testing

Disadvantages

- impede ability to auscultate patients' heart and lungs
- limit ability to communicate when wearing the device
- may cause patient apprehension (especially among pediatric patients)
- require training on proper use and care
- must be decontaminated according to the manufacturer's instructions after each use
- require storage, power, and batteries
- are more expensive



"Infectious Disease" PAPRs







APIC on PAPR Use in Disasters

- Prioritize allocation of N95 respirators and masks based on exposure risk.
- The time to plan is now.



APIC on PAPR Use in Disasters (Continued)

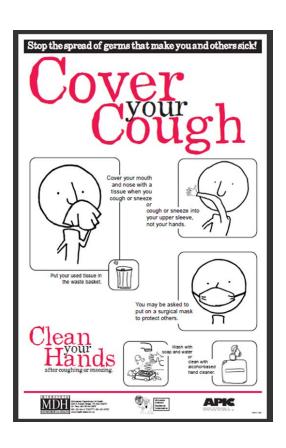
- When respirator/mask supplies are scarce or insufficient even after the facility has
 - obtained additional supplies from local, regional, or national sources, and
 - examined the feasibility of reusable respirators (PAPRs, elastomeric respirators, etc.)

APIC recommends that facilities:

- implement extended use and/or reuse procedures
- create and follow protocols to prioritize healthcare personnel to receive respirators/masks based on their exposure risk
- determine exposure risk based on the facility's exposure risk analysis that is part of emergency management planning, including personnel's immune status



Respiratory Hygiene and Cough Etiquette



- Visual Alerts
- Respiratory Hygiene/Cough Etiquette
- Masking* and Separation of Persons with Respiratory Symptoms
- *Either procedure masks (i.e. with ear loops) or surgical masks (i.e. with ties) may be used to contain respiratory secretions (respirators such as N-95 or above are not necessary for this purpose)



PERSONAL EXPERIENCES



California Aerosol Transmissible Diseases Standard

- Enacted August 2009
- Immunization Requirements
- Respiratory Protection



CalOSHA: §5199 <u>Aerosol Transmissible Diseases</u>

Subsection (g)(3)(B):

- Requires PAPRS for high hazard activities for suspect or confirmed airborne infections
- High hazard activities
 - Sputum Induction
 - Bronchoscopy
 - Aerosolized administration of medications
 - PFT
 - Other procedures that may aerosolize pathogens



Exceptions to subsection (g)(3)(B)

EXCEPTION 1 to subsection (g)(3)(B): Enclosing the patient

 EXCEPTION 2 to subsection (g)(3)(B): Paramedics and other emergency medical personnel in field operations may use a P100, R100 or N100 respirator in lieu of a PAPR



CalOSHA Direction During the H1N1 Pandemic

- PAPR rule was not yet in effect
- Authorized reuse of N95s
- Required training of staff
- Staff had to be fit tested again if different style of N95 brought in
- No reports of occupationally-acquired infection in my facility



Conclusion

PAPRS are part of the personal protective equipment armory

- May be preferentially considered for high risk (aerosol producing) procedures and activities
- Are not a panacea during pandemics



Top 3 barriers to, or opportunities to improve, effective usage of PAPRs in health care settings:

- Size of battery/power packs, hoods
 - Female workers
 - Storage
- Easy to clean and disinfect
- Noise of unit



Top idea to improve NPPTL certification

Consider Healthcare special needs



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