A VIEW FROM THE FRONTLINES:
THE CURRENT STATE OF INFECTION CONTROL IN U.S. HEALTHCARE FACILITIES

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Nosocomial Infections

- 1 in 31 hospital patients and 1 in 43 nursing home residents contract at least 1 HAI **every day** in the U.S. (per the CDC).
- Reports of 77,000-99,000 HAI-caused deaths per year in U.S.
- Globally almost 25% cases of sepsis are healthcare related (per the WHO).
- Data rarely includes airborne-transmissible HAIs.
- When infection rates are high in the community, don't differentiate between community-acquired & HAIs (e.g., flu & COVID-19).
- Lesson learned: We don't gather the data therefore airborne transmission doesn't exist in healthcare facilities.

Why are HAIs still high?

- Understaffing
- Fast room turnover
- Lack of understanding/training on proper use of disinfectants
- Lack of testing to determine if infection control procedures are adequate
- Highly inadequate controls for airborne-transmissible HAIs

Lack of controls for airborne-transmissible HAIs

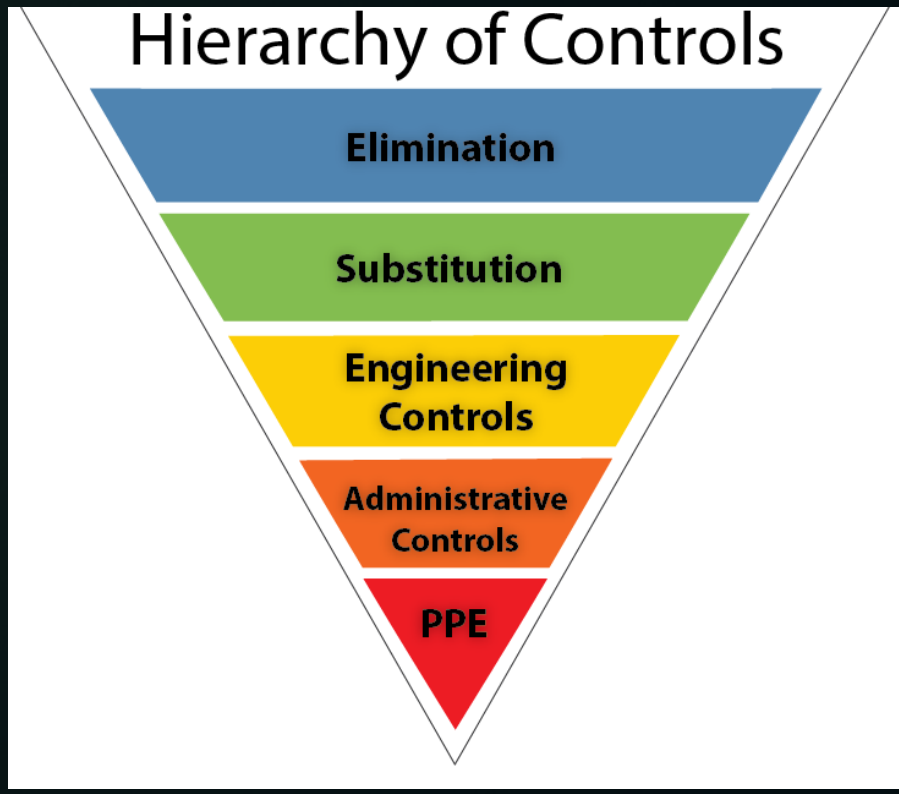
- Not enough isolation rooms and AIIRs
- Overcrowding including hallway patients
- Delays in triage due to understaffing (slows down identification and isolation)
- No separate space in EDs – a curtain is not a wall
- Inadequate ventilation
- Lack of understanding how air moves in a space and how airborne pathogens spread

Protecting patients & staff from infection: Who's in charge?

- CDC
  - HICPAC
- State Departments of Health
- OSHA (and state plans)

Hierarchy of Controls

- Skipped hierarchy & went straight to PPE.
- Need to understand how pathogens move through the air.
- Need to remove as much of the pathogen from the air as possible.



Current state

- Not seeing changes in ventilation (although more portable HEPA units now available).
- No ventilated headboards or hoods.
- Still focus on using respirators during AGPs, even though data shows high rates of airborne pathogens even without AGPs.
- Still don't always have the right size/model of N95s readily available when needed.
- Don't see significant changes to supply chain to safeguard access to PPE.
- No significant switch to reusable PPE.
- No likelihood of improved respirators for healthcare as NIOSH virtually destroyed.

(Wrong) Lessons learned

- If too many HCWs get infected, just shorten the amount of time they're excluded from work.
- If too many patients need AIIRs, just don't require AIIRs.
- If there is a shortage of PPE, just make staff wear it over and over for extended periods or use unproven methods to "decontaminate" it.
- Declare "crisis conditions" where anything goes.

Practical ways to decrease risk of exposure & transmission

- Better/faster identification & isolation
- More testing
- Improved ventilation – both general & local
- More secure supply chain
- Reusable PPE
- Improved staffing
- Better documentation to learn from trends
- Let NIOSH do its job

THANK YOU!

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