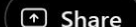
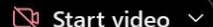
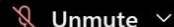


# Housekeeping

Please do not unmute or start your video.

Click here to raise or lower your hand.

Click here to see the participants list.



Click here to turn captions on.

Please do not share your screen.

Click here for call-in options.

Click here to access the chat and choose to send messages to Everyone.



# Transmission-Based Precautions

Session 4

Unit 3

*Marco Marquez, MPH, CIC*  
*Praveena Mallam*





## Session Schedule

Session Number	Date	Session Title
1	01/11/2023	Step by Step: Creating an Environmental Cleaning and Disinfection QAPI Performance Improvement Project
2	01/18/2023	Basic Components of an Antibiotic Stewardship Program
3	01/25/2023	Standard and Enhanced Standard Precautions
4	02/01/2023	Transmission-Based Precautions
5	02/08/2023	Preventing Legionellosis in Healthcare Facilities Through a Water Management Program
6	02/15/2023	Infection Prevention Organizations and Certification
7	02/22/2023	Interfacility and Intrafacility Communication
8	03/01/2023	Infection Preventionist as an Educator
9	03/08/2023	Conclusion – What’s Next Post-TNT?



## TNT Program Objectives

- Enhance quality improvement and quality assurance performance improvement (QAPI) at LA County SNFs by providing foundational quality improvement education across all roles in SNFs
- Empower SNF staff to initiate performance improvement projects (PIPs) and own QI in their facility
- Improve resident safety and clinical outcomes



## Session 4 Objectives

1. Understand the purpose and importance of Transmission-Based Precautions (TBP).
2. Differentiate the various types of TBP.
3. Implement the appropriate TBP depending on the pathogen.
4. Identify Personal Protective Equipment (PPE) associated with TBP.
5. Locate and apply tools to monitor adherence of TBP.



## Recap of Standard and Enhanced Precautions

- Standard precautions are applied to ALL patients in ALL healthcare settings
- Enhanced standard precautions are used for high-contact resident care activities for residents with colonized or known MDRO infection, as well as those at increased risk of acquiring MDRO



## Audience Question

- What are some differences between Standard Precautions and Transmission-Based Precautions?



# Standard Precautions vs Transmission Based Precautions

- Transmission-Based precautions are based off the mode of transmission of an infectious agent
- Transmission-Based precautions are used when Standard precautions alone are not enough





## Purpose and Importance of TBP

- Prevent the spread of communicable diseases
- Cornerstone of infection prevention
- Guides patient placement, personal protective equipment (PPE), patient transportation, and environmental measures.

1. <https://text.apic.org/toc/basic-principles-of-infection-prevention-practice/isolation-precautions-transmission-based-precautions> APIC TEXT CHAPTER 29



# PPE Breakdown



## PPE: Isolation Gowns

- Purpose: Create a barrier to protect skin and clothing against contamination
- Limitations: Not all gowns are fluid resistant, ties are more secure, but may be difficult to doff
- Care & Disposal: Discard after each resident encounter



1. <https://www.cdph.ca.gov/programs/chcq/lcp/cdph%20document%20library/enhanced-standard-precautions.pdf>  
2. CDPH

## PPE: Surgical Masks

- Purpose: protect the nose and mouth against large droplets, splashes, or sprays
- Limitations: looser fit, less durable, filter function is limited
- Care & Disposal: discard after each patient encounter, when visibly soiled (ex. Dirty, damp, or contaminated)



## PPE: N95 Respirator

- Purpose: protect against many airborne particles
- Limitations: requires fit testing and seal checks
- Care & Disposal: when damaged, deformed, or soiled; when breathing becomes difficult, or it becomes contaminated



## PPE: Eye Protection

- Purpose: act as a barrier to protect the eyes (face shield or goggles can be used)
- Limitations: goggles do not provide as much coverage as face shields
- Care & Disposal: discard if there are cracks or breaks & disinfect in between uses (if reusable)



## PPE: Gloves

- Purpose: creates a barrier between hands and contact with an infectious agent
- Limitations: can have micro-tears/holes; once contaminated can become a means of spreading infectious agents
- Care & Disposal: change as needed, when soiled, torn, and after use with each resident





# Types of PPE

Item	Purpose	Limitations	Care & Disposal*
Isolation Gown	Create a barrier to protect skin and clothing against contamination <i>(e.g., Environment, fluid)</i>	Not all gowns are fluid resistant (some better than others)  Ties are more secure but more difficult to doff	Discard after each resident encounter
Mask	<u>Surgical</u> : Protect the nose and mouth against large droplets, splashes or sprays  <u>N-95 Respirator</u> : protect against many airborne particles	<u>Surgical</u> : loose fit. Less durable. Function more as a splash guard than a filter (limited)  <u>N-95</u> : Requires fit testing. Seal check EVERY time it is worn. If it does not have proper seal will not serve purpose	Discard after each patient encounter.  <u>Surgical</u> : when visibly soiled (e.g., dirty or damp) or contaminated  <u>N-95</u> : When damaged, deformed, or soiled; when breathing becomes difficult; or if it becomes contaminated
Eye Protection	Act as a barrier to protect the eyes  Goggles or Face Shields can be used	Goggles do not provide as much coverage as Face Shields	Discard if there are cracks or breaks  Disinfect in between uses (if reusable)
Gloves	Create a barrier between hands and contact with an infectious agent	Can have micro holes or tears  Once contaminated, can become a means of spreading infectious agents  <b>Does not substitute the need for hand hygiene</b>	Change as needed- when soiled, torn and after use with each resident

\*Follow the manufacturer's instructions





## Types of Transmission-Based Precautions (TBP)

- Contact and Contact/Spore
- Droplet
- Airborne
- Novel-Respiratory



# Contact Precautions & Contact & Spore Precautions

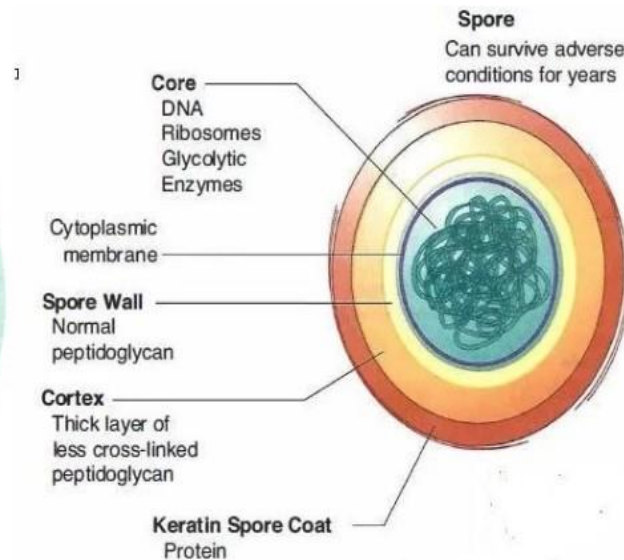


# What is a Spore?

A spore is a cell that certain fungi, plants (moss, ferns), and bacteria produce.

Certain bacteria make spores as a way to defend themselves. Spores have thick walls. They can resist high temperatures, humidity, and other environmental conditions.

The bacteria *Clostridia* form spores.





## PPE

- Gown + Gloves
- Change gown + gloves between patients even if they share a room and even if both are on Contact Precautions
- Always use hand hygiene between glove changes
  - Soap + Water for *C.Diff*



## Patient Placement

- Single room preferred
- Patients with same disease or same organism may share a room
- Prioritize patients with conditions that may foster transmission (i.e. uncontained drainage, stool incontinence), for single room placement



## Patient Transport

- Limit patient transport outside the room (i.e. only when medically necessary)
- Inform receiving department or facility of Contact/ Spore precaution status of patient
- Cover or contain potentially infectious body fluids before transport



## Environmental Measures

- Use disinfectants that are sporicidal (i.e. bleach)
- EVS/ Housekeeping staff must wear correct PPE (gown + gloves) when cleaning rooms
- High touch surfaces should be disinfected often



## Discontinuation of Precautions

- Most contact precautions can be discontinued when signs and symptoms have resolved (According to pathogen-specific recommendations)
- MDROs can be inconclusive depending on status or presence of resistant organisms
- Some patients who are colonized or infected with MDRO may remain on Contact precautions for entire length of stay in some healthcare facilities (e.g., Long Term Acute Care Hospitals and High-risk Units at the GACHs)



# Contact Precautions

Contact Precautions are used for diseases transmitted by direct or indirect contact with the resident or the resident's environment.

## When?

- MDRO
- Facility suspects/confirm transmission
- Develop GI symptoms (N/V/D)
- Specific indications (e.g., residents with diarrhea associated with C-diffile infection)
- Infection/colonization with an unusual/emerging MDRO
- Excess wound drainage or other discharge/secretions
- Ectoparasites (scabies, lice, etc.)

## Where?

- Resident room

---

- Cohorting
- Transport
- Ambulating
- Showering

## Why?

- Prevent transmission of infectious agents
- Direct and indirect modes of transmission

## How?

- Hand Hygiene
- PPE
- Disposable or dedicated equipment
- Cleaning & disinfecting

---

- Gown and gloves for **ALL** interactions involving contact with the resident or their environment

# Contact/Spore Precautions

## When?

- Suspected or confirmed CDI
  - *Clostridioides difficile* infection

## Where?

- Resident room
- Cohorting
- Transport
- Ambulating
- Showering

## Why?

- Spores are VERY resistant
  - Disinfectants
  - Antimicrobials
- Can persist on hands and surfaces for a long time

## How?

- Hand hygiene
- PPE (gown and gloves) for ALL interactions involving contact with resident OR their environment
- Use of a sporicidal such as a hypochlorite solution
- Disposable or dedicated equipment

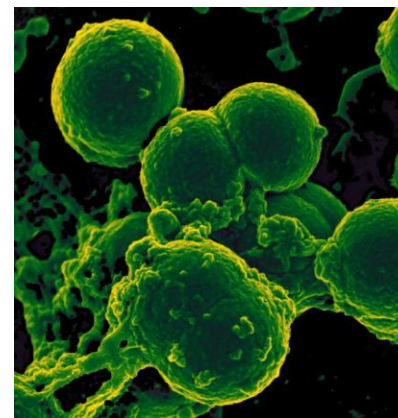


# Contact and Contact/Spore Precautions

Component	Example (but not limited to)	Why
Room placement	Single room Cohort like germ with like germ Multi-bed room = treat as separate rooms	Minimize transmission
PPE	Use of gloves <b>and</b> gowns Doffing and donning between residents	Prevent transmission Protect staff and residents
Resident hygiene	Before and after meals, therapy or social activities, and using the restroom Regular or routine bathing	Reducing the # of germs on hands and body The resident is an active partner in their own care
Dedicated or disposable equipment, proper cleaning and disinfection	Vital machines High-touch surfaces	Reducing the # of germs on surfaces Minimize shared equipment transmission
Intrafacility transport/ Change of shift/EVS	Moving a resident from one unit or wing to another <b>within the same building</b>	Communicating the resident status helps prevent transmission <b>within your building</b>
Interfacility transfer	Moving a resident from one facility to another (e.g. to or from dialysis, GACH, another SNF, etc.)	Communicating the resident status helps prevent transmission <b>beyond (or into) your building</b>

## Examples

- VRE
- Scabies
- *C. Diff*
- *C. Auris*

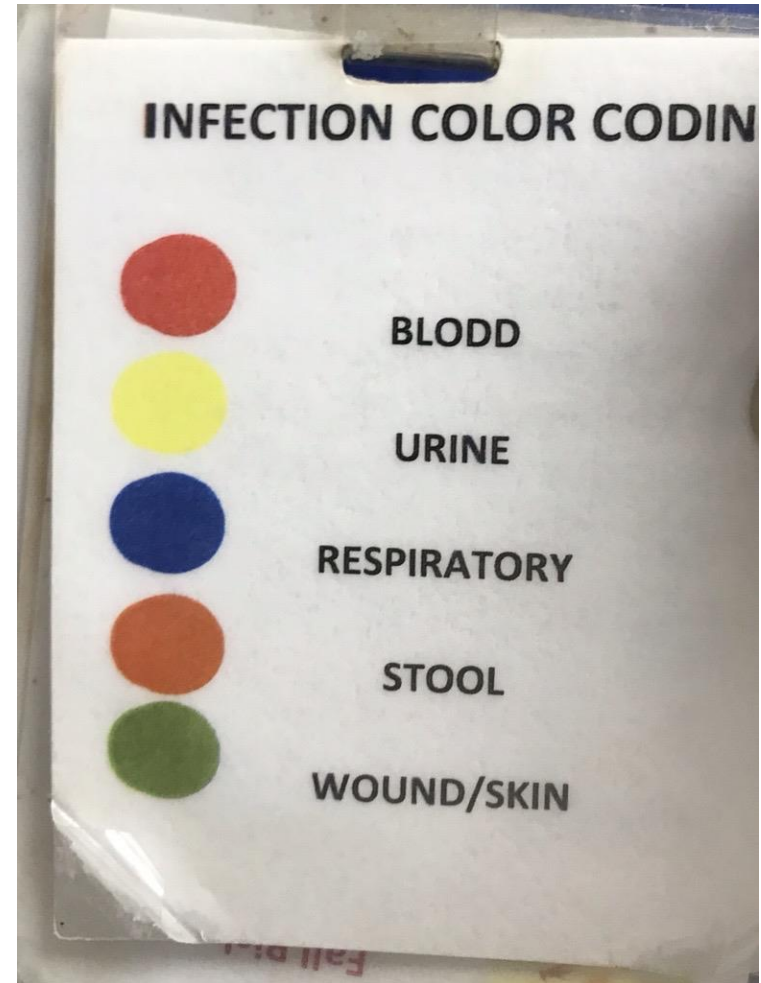


# Signage: What We Want to Avoid





# Signage: What We Want To Avoid continued...



# Signage: Good Example

# STOP

ALTO

## Contact Precautions

Medidas de Precaución de por Contacto

See nurse before entering the room

Vea a la enfermera(o) antes de entrar al cuarto



**Clean hands on room entry**  
Limpíese las manos antes de entrar al cuarto



**Wear a gown on room entry**  
Use una bata al entrar al cuarto



**Wear gloves on room entry**  
Use guantes al entrar al cuarto



**Clean hands when exiting**  
Limpíese las manos al salir

Content adapted from UCLA Health Infectious Disease Signs

Los Angeles County Department of Public Health  
[public.health.lacounty.gov/aci/SHEF.htm](http://public.health.lacounty.gov/aci/SHEF.htm)  
Contact Precaution Draft 5.27.21



## Contact Precautions

**Hand Hygiene**

- Clean hands when entering the room and when leaving the room.

**PPE**

- Wear gown and gloves on entry to resident room.
- Dispose of PPE before leaving the room. PPE is single use.

**Room Assignment**

Use single-occupancy room. Cohort residents with the same organism in the same room if single-occupancy rooms not available. If resident must be placed in multi-occupancy room, separate residents' bed by curtain.

**Visitors**

Visitors shall follow Contact Precautions as outlined above

**Resident Transport**

Practice hand hygiene before and after transporting the resident. Notify receiving department that Contact Precautions are required.

- Cover wounds and contain body fluids.
- Ensure residents wear clean clothes and clean their hands before leaving their room.
- When possible, transport a resident in a wheelchair or stretcher rather than in their bed.
- Cover the wheelchair or stretcher with clean linen before seating the resident.
- Wipe the wheelchair or stretcher with EPA-approved disinfectant wipes after transporting the resident.


**Room Cleaning**

- Use standard precautions while cleaning, including appropriate PPE use.
- Dedicate the use of equipment to a single resident.
- Use single-resident disposable items whenever possible.
- Disinfect reusable shared care equipment using the EPA-approved disinfectant before use on another resident.

**Ambulation**


- To ambulate the resident outside of room, ensure resident is clean, continent and cooperative.

Please scan the QR code on the right to view the CDC's Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings



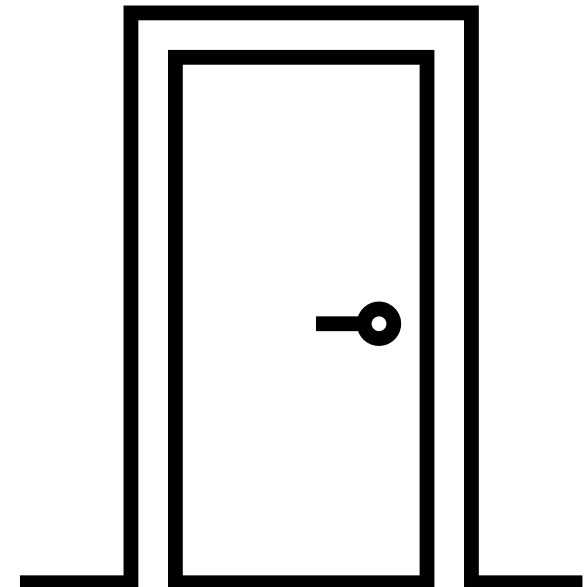
Content adapted from UCLA Health Infectious Disease Signs

Los Angeles County Department of Public Health  
[public.health.lacounty.gov/aci/SHEF.htm](http://public.health.lacounty.gov/aci/SHEF.htm)  
Contact Precautions, Revised August 2021



Mr. M. Hatter (A)

Mr. W. Rabbit (B)



# Signage: Good Example

**STOP**  
ALTO

**Contact & Spore Precautions**  
Medidas de Precaución por Contacto y Esporas

See nurse before entering the room  
Vea a la enfermera(o) antes de entrar al cuarto

<b>Clean hands on room entry</b> Limpíese las manos antes de entrar al cuarto	<b>Wear a gown on room entry</b> Use una bata al entrar al cuarto	<b>Wear gloves on room entry</b> Use guantes al entrar al cuarto	<b>Clean hands with SOAP &amp; WATER when exiting</b> Lávese las manos con agua y jabón al salir

\*Adapted from UCLA Health Infectious Disease Signs

Los Angeles County Department of Public Health  
[publichealth.lacounty.gov/acd/ISPE.htm](http://publichealth.lacounty.gov/acd/ISPE.htm)  
Contact/Spore Precaution Draft 5.27.21

**Contact/Spore Precautions**

**Hand Hygiene**

- Clean hands when entering the room and when leaving the room. Use **soap and water** to clean hands when leaving the room.

**PPE**

- Wear gown and gloves when entering the resident room.
- Dispose of PPE before leaving the room. PPE is single use.

**Room Assignment**

Use single-occupancy room. Cohort residents with the same organism in the same room if single-occupancy rooms not available. If resident must be placed in multi-occupancy room, separate resident beds by curtains.

**Visitors**

Visitors shall follow Contact/Spore Precautions as outlined above

**Resident Transport**

Resident hand hygiene before and after transporting the resident. Notify receiving department that Contact/Spore Precautions are required.

- Cover wounds and contain body fluids.
- Ensure residents wear clean clothes and clean their hands before leaving their room.
- When possible, transport a resident in a wheelchair or stretcher rather than in their bed.
- Cover the wheelchair or stretcher with clean linen before seating the resident.
- Wipe the wheelchair or stretcher with EPA-approved disinfectant wipes after transporting the resident.

**Room Cleaning**

- Use standard precautions when cleaning, including appropriate PPE use.
- Clean entire room with EPA-approved sporicidal disinfectant.
- Wipe high-touch surfaces (e.g., bedside table, doorknob, bed rails) with EPA-approved sporicidal disinfectant at minimum daily.
- Dedicate the use of equipment to a single resident.
- Use single-resident disposable items whenever possible.
- Disinfect reusable shared care equipment using the EPA-approved disinfectant before use on another resident.

**Ambulation**

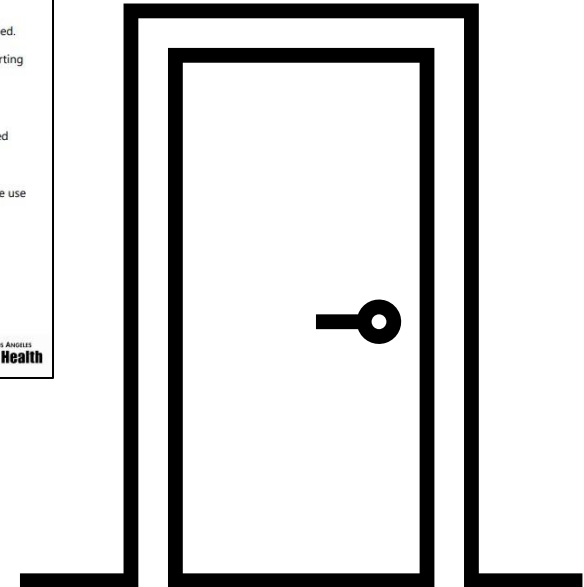
- To ambulate the resident outside of room, ensure resident is clean, continent and cooperative.

Please scan the QR code on the right to view the CDC's Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings

Content adapted from UCLA Health Infectious Disease Signs

Los Angeles County Department of Public Health  
[publichealth.lacounty.gov/acd/ISPE.htm](http://publichealth.lacounty.gov/acd/ISPE.htm)  
Contact/Spore Precautions Revised August 2021

Mr. D. Duck (A)  
Mr. D. Duck (B)







## Abbreviated PIP Example

- Problem: Staff not wearing appropriate PPE needed for Contact Isolation Precautions
- RCA: Staff confused by “Wallpaper signage” and conflicting visuals
- Solution: Contact Precautions adherence monitoring tool

# Abbreviated Performance Improvement Project (PIP) Example



Healthcare-Associated Infections Program Adherence Monitoring  
**Contact Precautions**

Assessment completed by:  
Date:  
Unit:

**Regular monitoring with feedback of results to staff can maintain or improve adherence to contact precautions practices. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location where patients are on contact precautions.**

**Instructions:** Observe 3-4 patients/residents on contact precautions. Observe each practice and check a box if adherent, Yes or No. In the column on the right, record the total number of "Yes" for adherent practices observed and the total number of observations ("Yes" + "No"). Calculate adherence percentage in the last row.

Contact Precautions Practices		Contact Precautions Patient/Resident 1	Contact Precautions Patient/Resident 2	Contact Precautions Patient/Resident 3	Contact Precautions Patient/Resident 4	# Yes	# Observed
CP1.	Gloves and gowns are available and located near point of use.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
CP2.	Signs indicating the patient/resident is on contact precautions are clear and visible.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
CP3.	The patient/resident on contact precautions is housed in single-room or cohorted based on a clinical risk assessment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
CP4.	Hand hygiene is performed before entering the patient/resident care environment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
CP5.	Gloves and gowns are donned before entering the patient/resident care environment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
CP6.	Gloves and gowns are removed and discarded, <b>and</b> hand hygiene is performed before leaving the patient/resident care environment. <i>Soap &amp; water is used if it is hospital policy or if the patient/resident has C.difficile infection.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

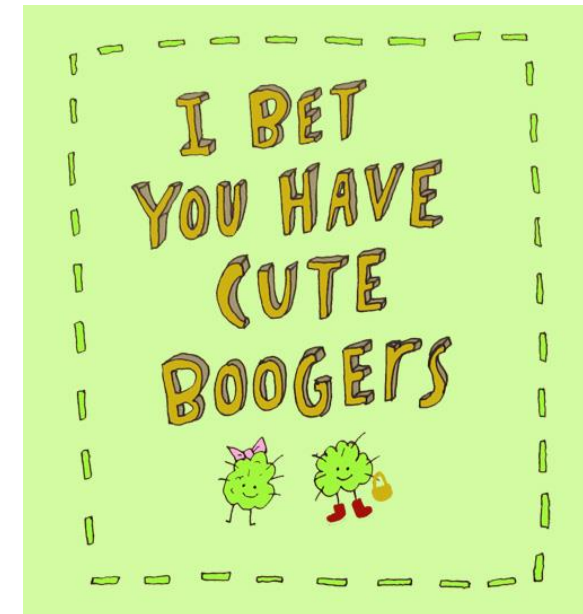


# Droplet Precautions



# PPE

- Surgical masks
- Use gloves when handling items contaminated with respiratory secretions ( i.e. tissues, handkerchiefs)
- Change PPE between patients and perform hand hygiene





# Patient Placement

- Single rooms preferred
- OK, to cohort patients with same disease
- Prioritize patients with excessive sputum production, when single rooms in short supply
- 6 feet apart



## Patient Transportation

- Limit patient transport unless medically necessary
- Instruct patient to wear a surgical mask and follow respiratory hygiene and cough etiquette, if leaving room
- Notify receiving department or staff of isolation precaution status



## Environmental Measures

- Daily cleaning and disinfection with EPA approved disinfectant, especially high touch or horizontal surfaces (i,.e. countertops, tables)
- Environmental services personnel/ housekeeping should don a surgical mask before room entry as well

## Discontinuation of Precautions

- D/C after signs and symptoms have resolved
- D/C according to pathogen-specific guidelines







# Droplet Precautions

Droplet Precautions are used for diseases transmitted by “large and heavy” respiratory droplets which are generated by coughing, sneezing, or talking.

## When?

- Suspicion of or confirmed droplet pathogen
- Clinical presentation +/- lab values

## Where?

- Resident room
- Cohorting
- Transport
- Ambulating
- Showering

## Why?

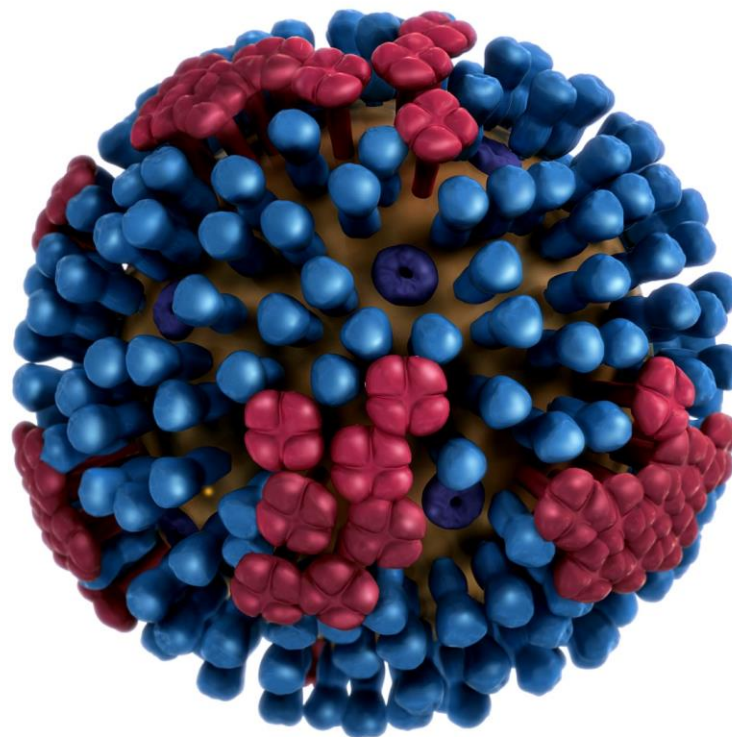
- Prevent transmission of infectious agents
- Direct and indirect modes of transmission

## How?

- Hand Hygiene
- PPE
- Disposable or dedicated equipment
- Cleaning & disinfecting
- Medical-grade surgical/procedure mask for **ALL** interactions the resident.
- \*Eye Protection (face shield or goggles)

## Examples

- Influenza
- Parvovirus B19
- Rhinovirus
- Rubella
- Mumps



# Signage

# STOP

## ALTO

### Droplet Precautions

Medidas de Precaución de por Gotitas

See nurse before entering the room

Vea a la enfermera(o) antes de entrar al cuarto

			
<p><b>Clean hands on room entry</b></p> <p>Límpiese las manos antes de entrar al cuarto</p>	<p><b>Wear a medical-grade mask upon entry</b></p> <p>Use una mascarilla de grado médico al entrar</p>	<p><b>Door may remain open</b></p> <p>La puerta puede permanecer abierta</p>	<p><b>Clean hands when exiting</b></p> <p>Límpiese las manos al salir</p>



Content adapted from UCLA Health Infectious Disease Signs

## Droplet Precautions

### Hand Hygiene

- Clean hands when entering room and when leaving the room.

### PPE

- Wear a disposable medical-grade mask when entering the resident room.
- Dispose of all PPE before leaving the room. PPE is single use.

### Room Assignment

Use a single-occupancy room. Cohort residents with the same organism in the same room if single-occupancy rooms are not available.

If resident must be placed in a multi-occupancy room:

- Visibly separate the resident beds by curtain.
- Maintain at least 3 feet between the resident on Droplet Precautions and other resident and visitors.

### Visitors

Visitors shall follow Droplet Precautions as outlined above.

### Resident Transport

- If transport is necessary, place medical-grade mask on resident.
- Notify the receiving department that Droplet Precautions are required.
- Practice hand hygiene before and after transporting the resident.

### Room Cleaning

- Use standard practices.

### Ambulation

- Resident should only leave room for necessary treatment, e.g., radiology or surgery.
- Resident shall wear a medical-grade mask for the entire duration they are outside the room.

Please scan the QR code on the right to view the CDC's Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings



Content adapted from UCLA Health Infectious Disease Signs

## Abbreviated PIP Example

- Problem: Staff working with Influenza residents keep getting influenza
- RCA: Finds staff taking care of these residents are not washing their hands after exiting rooms from direct observation
- Solution: Hand hygiene auditing tool as an intervention to materialize direct observation and measure compliance rates



# Abbreviated PIP Example



Healthcare-Associated Infections Program Adherence Monitoring  
**Hand Hygiene**

Assessment completed by:  
Date:  
Unit:

Regular monitoring with feedback of results to staff can improve hand hygiene adherence. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location.

**Instructions:** Observe at least 10 hand hygiene (HH) opportunities per unit. Observe a staff member and record his/her discipline. Check the type of hand hygiene opportunity you are observing. Indicate if HH was performed. Record the total number of successful HH opportunities and calculate adherence.

HH Opportunity	Discipline	What type of HH opportunity was observed? (select/ <input checked="" type="checkbox"/> 1 per line)	Was HH performed for opportunity observed? ✓ or ∅
<i>Example</i>	N	<input type="checkbox"/> before care/entering room* <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care* <input checked="" type="checkbox"/> upon leaving room <small>*Remember: Hand hygiene should be performed before <u>and</u> after glove use</small>	✓
HH1.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH2.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH3.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH4.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH5.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH6.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH7.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH8.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH9.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH10.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	





# Airborne Precautions





## PPE

- N95 Respirator (or higher)
- Eye Protection (when indicated)
- Gown and gloves (when indicated)



# Patient Placement

- Negative pressure room (AIIR)
- Single room preferred
- Restrict susceptible employees, prioritize immune employees to care for these patients if able
- Immunocompromised or pregnant employees should also be restricted from these patients





# Patient Transportation

- Transport only when medically necessary
- Patient must wear surgical mask when transported outside of room
- Cover exposed skin lesions with clean linens or bandages



## Environmental Measures

- Routine cleaning of high touch surfaces
- EVS/Housekeeping to wear N95 as well when cleaning rooms
- After discharge, allow for complete air exchange (time may vary)



## Discontinuation of Precautions

- D/C according to pathogen specific guidance
- Consult with local and state public health officials
- Seek further guidance from public health if patient has known or suspected pulmonary TB (Active)

# Airborne Precautions

Airborne Precautions are used for diseases the transmitted by “light and fluffy” infectious particles that remain in the air and can travel because of their small size.

## When?

- Suspicion of or confirmed airborne pathogen
- Clinical presentation +/- lab values

## Where?

- Resident room
- Cohorting
- Transport
- Ambulating
- Showering

## Why?

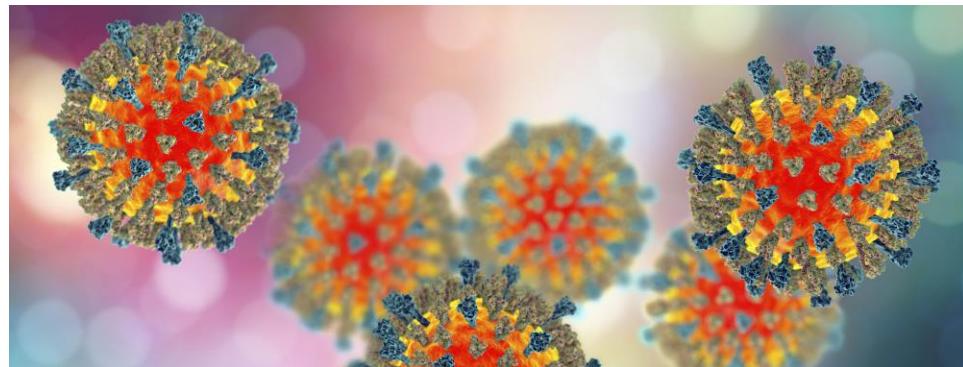
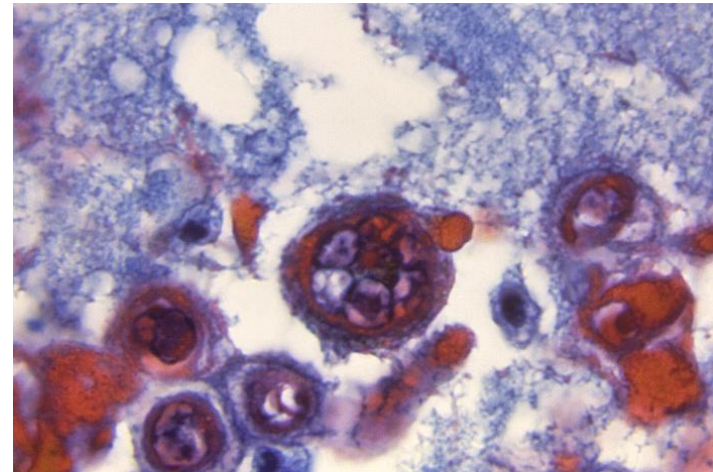
- Prevent transmission of infectious agents
- Direct and indirect modes of transmission

## How?

- Hand Hygiene
- PPE
- Disposable or dedicated equipment
- Cleaning & disinfecting
- N-95 respirator (or higher) for **ALL** interactions the resident
- Eye Protection (face shield or goggles)
- PLUS gown and gloves for ALL interactions involving contact with the resident or their environment

## Examples

- Measles
- Varicella Zoster
- Pulmonary Tuberculosis
- Smallpox



# Signage

Note: NOT the same as Novel Respiratory Precautions

# STOP

## ALTO

### Airborne Precautions

Medidas de Precaución por Transmisión Aérea

See nurse before entering the room  
Vea a la enfermera(o) antes de entrar al cuarto

<b>Clean hands on room entry</b> Limpíese las manos antes de entrar al cuarto	<b>Wear an N-95 respirator</b> Use un respirador N-95	<b>Always keep door closed</b> Mantenga la puerta siempre cerrada	<b>Clean hands when exiting</b> Limpíese las manos al salir

**At discharge, keep door closed for \_\_\_ HOUR(s) prior to admitting next resident**  
Al dar de alta al paciente, mantenga la puerta cerrada durante \_\_\_ HORA(s) antes de admitir al siguiente residente

Content adapted from UCLA Health Infectious Disease Signs

Los Angeles County Department of Public Health  
[publichealth.lacounty.gov/acd/SNF.htm](http://publichealth.lacounty.gov/acd/SNF.htm)  
Airborne Precaution Draft 5.27.21



# Airborne Precautions

**NOTE THIS IS NOT INTENDED FOR NOVEL RESPIRATORY DISEASES**

## Hand Hygiene

Clean hands when entering room and when leaving the room.

## PPE

- Wear a fit-tested respirator (N-95 or higher). **Note that for visitors without fit-tested respirators available, provide respirators on-hand with seal checks.**
- Dispose of all PPE before leaving the resident care area. Dispose of mask in the room. PPE is single use.

For Varicella (chickenpox), disseminated zoster, or measles (rubeola):

- If you are immune to varicella or measles, you do not need to wear respiratory protection.
- If you are susceptible (i.e., non-immune), or unaware of your status, report to your supervisor or nurses' station.

## Room Assignment

- Door must be closed at all times, including when the resident is out of room.

## Visitors

- Visitors shall follow Airborne Precautions as outlined above.
- for visitors without fit-tested respirators available, provide respirators on-hand with seal checks.

## Resident Transport

- If transport is necessary, place a medical-grade mask on the resident.
- Notify the receiving department that Airborne Precautions are required.
- Practice hand hygiene before and after transporting the resident.

## Room Cleaning

- Use standard practices.
- DISCHARGE CLEANING:** The room should remain unoccupied for enough time to allow for complete air exchange to occur. There should be at least 6 to 12 air exchanges per hour, and air should be directly exhausted to the outside. In most facilities, this time is usually 2-3 hours, depending on the air handling capacity of the facility.

## Ambulation

- Resident should only leave room for necessary treatment, e.g., radiology or surgery.
- Resident shall wear a medical-grade mask for the entire duration they are outside the room.

Please scan the QR code on the right to view the CDC's Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings



Content adapted from UCLA Health Infectious Disease Signs

Los Angeles County Department of Public Health  
[publichealth.lacounty.gov/acd/SNF.htm](http://publichealth.lacounty.gov/acd/SNF.htm)  
Airborne Precaution, Revised August 2021





## Abbreviated PIP Example

- Problem: EVS staff cleaning rooms with Airborne Isolation precautions are becoming ill with Airborne transmissible diseases
- RCA: EVS Staff not wearing N95s
- Solution: Environmental Cleaning and Disinfection adherence monitoring tool



# Abbreviated PIP Example



Healthcare-Associated Infections Program Adherence Monitoring  
**Environmental Cleaning and Disinfection**

Assessment completed by:  
Date:  
Unit:

Regular monitoring with feedback of results to staff can maintain or improve adherence to environmental cleaning practices. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location.

**Instructions:** Observe at least two (2) different environmental services (EVS) staff members. Observe each practice and check a box if adherent (“Yes”) or not adherent (“No”). In the right column, record the total number of “Yes” responses for adherent practices observed and the total number of observations (“Yes” + “No”). Calculate adherence percentage in the last row.

Environmental Cleaning Practices		EVS Staff 1	EVS Staff 2	EVS Staff 3	Adherence by Task	
					# Yes	# Observed
ES1.	Detergent/disinfectant solution is mixed and stored according to manufacturer’s instructions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES2.	Solution remains in wet contact with surfaces according to manufacturer’s instructions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES3.	Cleaning process avoids contamination of solutions and cleaning tools; a clean cloth is used in each patient area, and the cloth is changed when visibly soiled.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES4.	Standard cleaning protocol is followed to avoid cross-contamination (e.g. from top to bottom, patient room to bathroom, and clean to dirty)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES5.	Environmental Services staff use appropriate personal protective equipment (e.g. Gowns and gloves are used for patients/residents on contact precautions upon entry to the Contact precautions room.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES6.	Hand hygiene is performed throughout the cleaning process as needed, including before and after glove use.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES7.	High-touch surfaces* are thoroughly cleaned and disinfected after each patient. Mark “Yes” if Fluorescent Marker Assessment Tool result is 100%; mark “No” if <100%.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES8.	There are no visible tears or damage on environmental surfaces or equipment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES9.	The room is clean, dust free, and uncluttered.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

\*Examples of high touch surfaces:





# Novel-Respiratory Precautions





## PPE

- N95
- Gown
- Gloves
- Eye protection



# Patient Placement

- Single room
- If single room not available, “like with like”



# Patient Transportation

- Transport only when medically necessary
- Patient must wear surgical mask when transported outside of room



## Environmental Measures

- Routine cleaning of high touch surfaces
- EVS/Housekeeping to wear all PPE required as well when cleaning rooms
- After discharge, allow for complete air exchange (time may vary)



## Discontinuation of Precautions

- D/C according to pathogen specific guidance
- Consult with local and state public health officials

# Novel Respiratory Precautions

Novel Respiratory Precautions are used for diseases such as, but not limited to COVID-19.

## When?

- Suspicion of or confirmed Novel Respiratory pathogen
- Clinical presentation +/- lab values

## Where?

- Resident room
- Cohorting
- Transport
- Ambulating
- Showering

## Why?

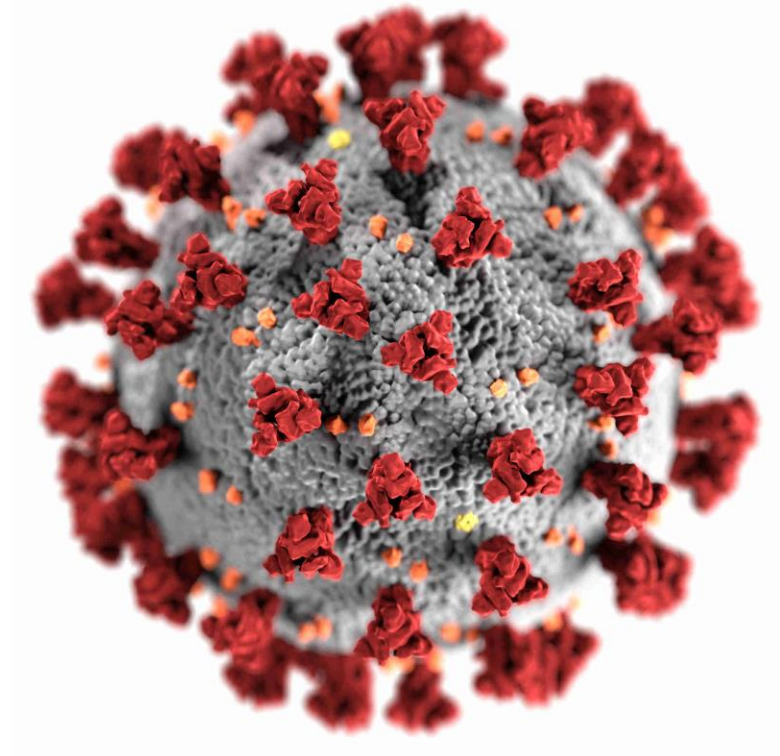
- Prevent transmission of infectious agents
- Direct and indirect modes of transmission

## How?

- Hand Hygiene
- PPE
- Disposable or dedicated equipment
- Cleaning & disinfecting
- N-95 respirator (or higher)
- Eye Protection (face shield or goggles)
- PLUS gown and gloves for ALL interactions involving contact with the resident or their environment

## Examples

- SARS-COV-2 (COVID-19)
- SARS
- MERS
- New and Emerging Respiratory Pathogens?





# Signage

# STOP


## ALTO

### Novel Respiratory Precautions


Medidas de Precaución por Nuevas Infecciones Respiratorias

See nurse before entering the room


Vea a la enfermera(o) antes de entrar al cuarto




**Clean hands on room entry**  
Limpíese las manos antes de entrar al cuarto




**Wear a gown on room entry**  
Use una bata al entrar al cuarto



**Wear a N-95 and face shield or goggles**  
Use una N-95 y una careta o gafas



**Wear gloves on room entry**  
Use guantes al entrar al cuarto



**Clean hands when exiting**  
Limpíese las manos al salir

At discharge, keep door closed for \_\_\_ HOUR(s) prior to admitting next resident

Al dar de alta al paciente, mantenga la puerta cerrada durante \_\_\_ HORA(s) antes de admitir al siguiente residente

Content adapted from UCLA Health Infectious Disease Signs

## Novel Respiratory Precautions

**NOTE THIS IS NOT INTENDED FOR AIRBORNE TRANSMISSABLE DISEASES**

### Hand Hygiene

- Clean hands when entering room and when leaving the room.

### PPE

- Wear a disposable gown, eye protection (goggles or face shield), fit-tested respirator (N-95 or higher) and gloves. **Note that for visitors without fit-tested respirators available, provide respirators on-hand with seal checks.**
- Dispose of all PPE before leaving the resident care area. Dispose of PPE in the room. PPE is single use.

### Room Assignment

- Keep door closed as much as possible, including when the resident is out of room.
- Single occupancy room or cohorted with similar risk residents\*

### Visitors

- Visitors shall follow Novel Respiratory Precautions as outlined above.
- For visitors without fit-tested respirators available, provide respirators on-hand with seal checks.

### Resident Transport

- If transport is necessary, place a medical-grade mask on the resident.
- Notify the receiving department that Novel Respiratory Precautions are required.
- Practice hand hygiene before and after transporting the resident.

### Room Cleaning

- Use standard practices.
- **DISCHARGE CLEANING:** The room should remain unoccupied for enough time to allow for complete air exchange to occur. There should be at least 6 to 12 air exchanges per hour, and air should be directly exhausted to the outside. In most facilities, this time is usually 2-3 hours, depending on the air handling capacity of the facility.

### Ambulation

- Resident should only leave room for necessary treatment, e.g., radiology or surgery.
- Resident shall wear a medical-grade mask for the entire duration they are outside the room.

\* Refer to the most current LAC DPH guidance

Please scan the QR code on the right to view the CDC's Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings



Content adapted from UCLA Health Infectious Disease Signs

Los Angeles County Department of Public Health  
[publichealth.lacounty.gov/acd/SNF.htm](http://publichealth.lacounty.gov/acd/SNF.htm)  
Novel Respiratory Precautions, Revised August 2021

## Abbreviated PIP Example

- Problem: SARS-COV-2 outbreak
- RCA: Staff not observing wet/contact times for disinfectants
- Solution:



# Abbreviated PIP Example



Healthcare-Associated Infections Program Adherence Monitoring  
**Environmental Cleaning and Disinfection**

Assessment completed by:

Date:

Unit:

Regular monitoring with feedback of results to staff can maintain or improve adherence to environmental cleaning practices. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location.

**Instructions:** Observe at least two (2) different environmental services (EVS) staff members. Observe each practice and check a box if adherent (“Yes”) or not adherent (“No”). In the right column, record the total number of “Yes” responses for adherent practices observed and the total number of observations (“Yes” + “No”). Calculate adherence percentage in the last row.

Environmental Cleaning Practices		EVS Staff 1	EVS Staff 2	EVS Staff 3	Adherence by Task	
					# Yes	# Observed
ES1.	Detergent/disinfectant solution is mixed and stored according to manufacturer’s instructions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES2.	Solution remains in wet contact with surfaces according to manufacturer’s instructions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES3.	Cleaning process avoids contamination of solutions and cleaning tools; a clean cloth is used in each patient area, and the cloth is changed when visibly soiled.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES4.	Standard cleaning protocol is followed to avoid cross-contamination (e.g. from top to bottom, patient room to bathroom, and clean to dirty)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES5.	Environmental Services staff use appropriate personal protective equipment (e.g. Gowns and gloves are used for patients/residents on contact precautions upon entry to the Contact precautions room.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES6.	Hand hygiene is performed throughout the cleaning process as needed, including before and after glove use.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES7.	High-touch surfaces* are thoroughly cleaned and disinfected after each patient. Mark “Yes” if Fluorescent Marker Assessment Tool result is 100%; mark “No” if <100%.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES8.	There are no visible tears or damage on environmental surfaces or equipment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES9.	The room is clean, dust free, and uncluttered.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

\*Examples of high touch surfaces:



# CDC: Appendix A

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Abscess Draining, major	Contact + Standard	Duration of illness	Until drainage stops or can be contained by dressing.
Abscess Draining, minor or limited	Standard		If dressing covers and contains drainage.
Acquired human immunodeficiency syndrome (HIV)	Standard		Postexposure chemoprophylaxis for some blood exposures [866].





# LACDPH Reportable Disease List

Please Post  
Revised September 9, 2022



## REPORTABLE DISEASES AND CONDITIONS

Title 17, California Code of Regulations (CCR), § 2500

It is the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. "Health care provider" encompasses physicians, surgeons, osteopaths, oriental medicine practitioners, veterinarians, podiatrists, physician assistants, registered nurses (nurse practitioners, nurse midwives, school nurses), infection control professionals, medical examiner/coroners, dentists, and chiropractors, as well as any other person with knowledge of a case or suspected case.

**Note:** This list is specific to Los Angeles County and differs from state and federal reporting requirements \*

- Report **immediately** by telephone for both confirmed and suspected cases.
- Report by telephone **within 1 working day** from identification **COVID-19 Online Reporting\*\*** OR **COVID-19 Death Online Reporting\*\*\***
- Report by telephone **within 24 hours** for both confirmed and suspected cases
- Report by electronic transmission (including FAX or email), telephone or mail within 1 working day from identification **Monkeypox reporting Website**.
- Report by electronic transmission (including FAX or email), telephone or mail within 7 calendar days from identification
- Mandated by and reportable to the Los Angeles County Department of Public Health
- If enrolled, report electronically via the **National Healthcare Safety Network** ([www.cdc.gov/nhsn/index.html](http://www.cdc.gov/nhsn/index.html)). If not enrolled, use the LACDPH CRE Case Report Form ([publichealth.lacounty.gov/aod/Diseases/EPForms/CRERepSNF.pdf](http://publichealth.lacounty.gov/aod/Diseases/EPForms/CRERepSNF.pdf))
- For TB reporting questions: contact the TB Control Program (213) 745-0950 or visit [www.publichealth.lacounty.gov/publichealthpro.htm](http://www.publichealth.lacounty.gov/publichealthpro.htm)
- For HIV/STD reporting questions: contact the Division of HIV and STD Programs. HIV (213) 351-8516, STDs (213) 368-7441 [www.publichealth.lacounty.gov/dhsp/ReportCase.htm](http://www.publichealth.lacounty.gov/dhsp/ReportCase.htm)
- For laboratory reporting: [www.publichealth.lacounty.gov/lab/index.htm](http://www.publichealth.lacounty.gov/lab/index.htm) For veterinary reporting: [www.publichealth.lacounty.gov/vet/index.htm](http://www.publichealth.lacounty.gov/vet/index.htm)

### REPORTABLE COMMUNICABLE DISEASES

- |   |  |   |
|---|--|---|
| <ul style="list-style-type: none"> <li>Anaplasmosis</li> <li>Anthrax, human or animal</li> <li>Babesiosis</li> <li>Botulism: infant, foodborne, or wound</li> <li>Brucellosis, animal; except infections due to <i>Brucella canis</i></li> <li>Brucellosis, human</li> <li>Campylobacteriosis</li> <li>Candida auris, colonization or infection</li> <li>Carbapenem-Resistant Enterobacteriaceae (CRE), including <i>Klebsiella sp., E. coli</i> and <i>Enterobacter sp.</i>, in acute care hospitals or skilled nursing facilities * *</li> <li>Chagas Disease *</li> <li>Chancroid *</li> <li>Chickenpox (Varicella), only hospitalizations, deaths, and outbreaks (≥3 cases, or one case in a high-risk setting)</li> <li>Chikungunya Virus Infection</li> <li>Cholera</li> <li>Ciguatera Fish Poisoning</li> <li>Coccidioidomycosis</li> <li>COVID-19 hospitalizations (COVID-19 Online Reporting **)</li> <li>COVID-19 deaths (COVID-19 Death Online Reporting***)</li> <li>Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)</li> <li>Cryptosporidiosis</li> <li>Cyclosporiasis</li> <li>Cysticercosis or Taeniasis</li> <li>Dengue Virus Infection</li> <li>Diphtheria</li> <li>Domoic Acid (Amnesic Shellfish) Poisoning</li> <li>Ethiopianis</li> <li>Enecephalitis, specify etiology: viral, bacterial, fungal or parasitic</li> <li>Escherichia coli, enterohemorrhagic (STEC) including E. coli O157</li> <li>Flavivirus infection of undetermined species</li> <li>Foodborne Disease</li> <li>Foodborne Outbreak: 2 or more suspected cases from separate households with same assumed source</li> </ul> | <ul style="list-style-type: none"> <li>Giardiasis</li> <li>Gonococcal Infection *</li> <li>Haemophilus influenzae, invasive disease only, all serotypes, less than 5 years of age</li> <li>Hantavirus Infection</li> <li>Hemolytic Uremic Syndrome</li> <li>Hepatitis A, acute infection</li> <li>Hepatitis B, specify acute, chronic, or perinatal</li> <li>Hepatitis C, specify acute, chronic, or perinatal</li> <li>Hepatitis D (Delta), specify acute or chronic</li> <li>Hepatitis E, acute infection</li> <li>Human Immunodeficiency Virus (HIV), acute infection * (§2641.30-2643.20)</li> <li>Human Immunodeficiency Virus (HIV) Infection, any stage *</li> <li>Human Immunodeficiency Virus (HIV) Infection, progression to stage 3 (AIDS) *</li> <li>Influenza-associated deaths in laboratory confirmed cases, all ages</li> <li>Influenza, due to novel strains, human</li> <li>Legionellosis</li> <li>Leprosy (Hansen's Disease)</li> <li>Leptospirosis</li> <li>Listeriosis</li> <li>Lyme Disease</li> <li>Malaria</li> <li>Measles (Rubella)</li> <li>Meningitis, specify etiology: viral, bacterial, fungal, or parasitic</li> <li>Meningococcal Infection</li> <li>Middle East Respiratory Syndrome (MERS)</li> <li>Monkeypox or Orthopox virus infections, hospitalizations, and deaths (Website)</li> <li>Mumps</li> <li>Myelitis, acute flaccid *</li> <li>Non-tuberculous mycobacteria (extrapulmonary) *</li> <li>Novel virus infection with pandemic potential</li> <li>Paralytic Shellfish Poisoning</li> <li>Paratyphoid Fever</li> <li>Pertussis (Whooping Cough)</li> </ul> | <ul style="list-style-type: none"> <li>Plague, human or animal</li> <li>Poliovirus Infection</li> <li>Pellagra</li> <li>Q Fever</li> <li>Rabies, human or animal</li> <li>Relapsing Fever</li> <li>Respiratory Syncytial Virus, only deaths in a patient less than 5 years of age</li> <li>Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like illnesses</li> <li>Rocky Mountain Spotted Fever</li> <li>Rubella (German Measles)</li> <li>Rubella Syndrome, Congenital</li> <li>Salmoneellosis, other than Typhoid Fever</li> <li>Scombroid Fish Poisoning</li> <li>Shiga Toxin, detected in feces</li> <li>Shigellosis</li> <li>Smallpox (Variola)</li> <li>Streptococcus pneumoniae: Invasive cases only (sterile body site infections) *</li> <li>Streptococcus pyogenes (Group A Streptococcus): Invasive cases only, including necrotizing fasciitis and STSS *</li> <li>Syphilis, all stages including congenital *</li> <li>Tetanus</li> <li>Trichinosis</li> <li>Tuberculosis *</li> <li>Tularemia, animal</li> <li>Tularemia, human</li> <li>Typhoid Fever, cases and carriers</li> <li>Vibrio Infection</li> <li>Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Laesa and Marburg viruses)</li> <li>West Nile Virus (WNV) Infection</li> <li>Yellow Fever</li> <li>Yersiniosis</li> <li>Zika Virus Infection</li> </ul> |
|---|--|---|
- \* Use of FAX for HIV reporting is highly discouraged in order to protect patient confidentiality.

### REPORTABLE NON-COMMUNICABLE DISEASES OR CONDITIONS

- Disorders Characterized by Losses of Consciousness (CCR § 2805, § 2810)
- Cancer, including benign and borderline brain tumors (CCR §2593)
- Pesticide-Related Illnesses (Health and Safety Code §105200)

To report a case or outbreak of any disease, contact the Communicable Disease Reporting System  
Tel: (888) 397-3993 or (213) 240-7821 - Fax: (888) 397-3778 or (213) 482-5508 - Email: [ACDC-MorbidityUnit@ph.lacounty.gov](mailto:ACDC-MorbidityUnit@ph.lacounty.gov)

\*\* COVID-19 Cases Only: [COVID19@ph.lacounty.gov](http://COVID19@ph.lacounty.gov) - Fax (310) 695-4274 - [COVID-19 Online Reporting](http://COVID-19 Online Reporting)

\*\*\* COVID-19 Deaths Only: [COVID19Death.lacounty.gov](http://COVID19Death.lacounty.gov) - [COVID-19 Death Online Reporting](http://COVID-19 Death Online Reporting)

Use secure transmission for emailed reports.

Health Professionals Reporting Webpage: [www.publichealth.lacounty.gov/cinicians/report](http://www.publichealth.lacounty.gov/cinicians/report)



# Announcements

- The new TNT website is now live!
  - <http://ph.lacounty.gov/acd/TNTProgram/index.htm>
- There is money available for SNFs for HVAC improvements!
  - Utilize the referral form you received from your outbreak investigation team and get reimbursed for recommendations.
  - Apply for the CDPH grant for HEPA filters.
  - Have a professional assess your HVAC systems for necessary changes and proper implementation of recommendations.
  - Check out the CDPH guidance:  
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Interim-Guidance-for-Ventilation-Filtration-and-Air-Quality-in-Indoor-Environments.aspx>



## Acknowledgements

- CDPH Adherence Monitoring Links
  - Contact Precautions:  
<https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/AdherenceMonitoringContactPrecautionsApproved101516.pdf>
  - Environmental Cleaning and Disinfection:  
[https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/AdherenceMonitoring EVS Approved 013020.pdf](https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/AdherenceMonitoring_EVS_Approved_013020.pdf)

## Acknowledgements

- CDPH Adherence Monitoring Links
  - Fluorescent Marker:  
[https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/Adherence%20Monitoring\\_Fluorescent%20marker%2020200130.pdf](https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/Adherence%20Monitoring_Fluorescent%20marker%2020200130.pdf)
  - Hand Hygiene:  
<https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/AdherenceMonitoringHandHygieneApproved101516.pdf>





# Acknowledgments:

- **Link to LA County Department of Public Health Reportable Disease List:** <http://www.publichealth.lacounty.gov/acd/docs/ReportableDiseaseListMarch2020.pdf>
- **Link to CDC's Isolation Guidance (by organism/infection):** <https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html>
- **Link to CDC Memory Care Guidance:** <https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html>
- **Link to CDPH Memory Care Guidance:** <https://www.cdph.ca.gov/Programs/CHCQ/CDPH%20Document%20Library/CDPH%20Memory%20Care%20Reference%20Sheet.pdf>
- **Link to CDC Facial Hair and Respirator Guidance:** <https://www.cdc.gov/niosh/npptl/pdfs/facialhairwmask11282017-508.pdf>
- **Link to CDPH Covid-19 PPE Guidance:** <https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-20-74-Attachment-01.pdf>

# Questions

