

Infection Control Policies and Practices for Medical Respite Programs Webinar

Thursday, January 26, 2012

We will begin promptly at 2 PM EST

Event Host: Sabrina Edgington

National Health Care for the Homeless Council



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Presenters



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Infection Control Policies and Practices for Medical Respite

Jessie M. Gaeta, MD

Boston Health Care for the Homeless Program



General Principles

- ◉ Standard precautions *always*
- ◉ Transmission-based precautions *when indicated*
- ◉ Point person to make decisions about particular cases
- ◉ Do the best you can with what you have

Standard Precautions

- ALWAYS in place
- Hand-washing
- Gloves when indicated
- Other protective equipment



Transmission-Based Precautions

- Airborne precautions (respiratory)
 - > Special air handling and ventilation
 - > N-95 respirator
- Droplet precautions (respiratory)
 - > Private room or cohort
 - > Masks
- Contact precautions (skin, GI)
 - > Private room when possible or cohort
 - > Consider gown and dedicated equipment

Respiratory Example: Influenza

- Droplet precautions
 - > Private room if available
 - > If not, cohort if possible
 - > If not, spread beds far apart
 - > Masks
 - > Minimize mingling of patients with others
- Period of infectivity long after symptoms gone

GI Example: Norovirus

- Contact precautions
 - > Private room and bathroom if possible
 - > If not, cohort
 - > Gloves
 - > Aggressive hand-washing
 - Required to enter cafeteria
 - Distribute hand sanitizer
 - > Frequent cleaning, emphasis on bathrooms and common surfaces
 - > Minimize mingling

GI Example: C. diff

- Soap and water hand washing needed
- Gowns if available

Skin Example: MRSA

- Contact precautions
 - > Private room if copious drainage, large wound
 - > Gloves
 - > Gowns if available

Skin example: Localized Zoster

- ◉ Standard precautions
- ◉ Cover lesions
- ◉ If immunocompromised, discuss with medical director
- ◉ Staff must be immune

Other tidbits

- ◉ Promote immunity among staff and patients:
 - > MMR
 - > Varicella
 - > Influenza
 - > Hep B
 - > Pertussis
- ◉ Hold town meetings during outbreaks



Langston House TB Isolation Room Facility

Timothy L. Johnson
Chief Executive Officer
Harmony House, Inc.

+ Summary

- History
- Barriers
- Public Policy
- Overview of Program
- Photos
- Q&A



+ History

- Contemplated in 2006 after a series of placements by the City of Houston into motels.
- Officially started in April of 2008
- Received funding from Foundations, State of Texas, and City of Houston
- Served over 6400 bed/days since opening
- Saved system over 5000 bed/days



+ Barriers

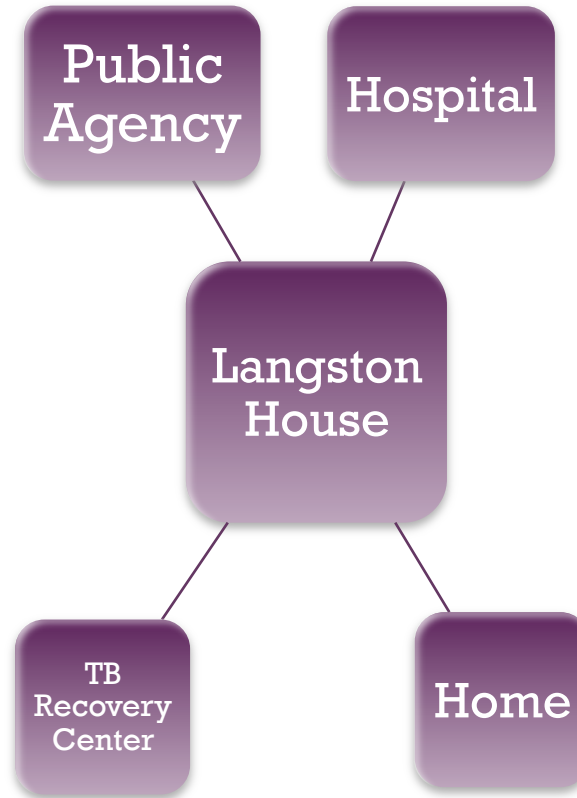


- Money
- Buy-in from Hospital Community
- Participants
- Public Policy

+ Public Policy

- Local government Policy does not require a person to remain in isolation until infectious period has ended
- Public Policy does not require local government to find a suitable discharge for persons with infectious disease

+ Overview of Program



+ Photos



Questions and Answers



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Tim Johnson BA, BBA
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Resources

- Visit the Council's Medical Respite webpage.
 - <http://www.nhchc.org/resources/clinical/medical-respite/>
- For more information and to join the Medical Respite Care Providers Network.
 - <http://www.nhchc.org/resources/clinical/medical-respite/respite-care-providers-network/>
- Request technical assistance, including a site visit for your organization.
 - <http://www.nhchc.org/training-technical-assistance/technical-assistance-request-form/>
- Register for upcoming Council webinars, and view archived recordings of past webinars.
 - <http://www.nhchc.org/cat/webinars/>

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