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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Medical Director, McInnis House, Boston Health Care for the Homeless Program

Tim Johnson BA, BBA
Chief Operation Officer, Harmony House, Inc.
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

Langston House

Public Agency

Hospital

TB Recovery Center

Home
Questions and Answers

Jessie Gaeta, MD
Medical Director, McInnis House, Boston Health Care for the Homeless Program

Tim Johnson BA, BBA
Chief Operation Officer, Harmony House, Inc.
Resources

• **Visit the Council’s Medical Respite webpage.**

• **For more information and to join the Medical Respite Care Providers Network.**

• **Request technical assistance, including a site visit for your organization.**

• **Register for upcoming Council webinars, and view archived recordings of past webinars.**
Thank you for your participation!

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