

APIC DFW Business Meeting Minutes

Date: 11/3/2022

Facilitator	Donald Chitanda	Date	11/3/2022	Time	1300 - 1500
Location	Microsoft TEAMS	Minutes prepared by	Febi Sammons		

<i>Topic</i>	<i>Discussion</i>	<i>Follow-up</i>
Opening	<p>Thank you to our speakers!</p> <p>Welcome Guests! Welcome Sarah Work with DSHS Region 2/3</p>	
Education	<p>“Don't Lose Sight: Intentionally Approaching Eye Device Reprocessing Disinfection and Sterilization” presented by Katharine Hoffman, MPH, CIC, NCMA, LSSYB and Lisa A. Waldowski, DNP, RN, CIC</p> <p>Presentation will be available on the APIC-DFW website</p> <p>Continuing Education (CE) will be provided by Terri Goodman. You will receive an email from TG&A within 48 hours and evaluation should be completed by Friday, 11/18/2022. Questions email Terri: Terri@terrigoodman.com</p>	
Vendor Message	<ul style="list-style-type: none"> • David DeMattia with Restoration Specialists (RS); Contact info: 972-839-0976 or by email David.demattia@rs1967.com. • Brian Bowers with TruD presented on Total Room Ultraviolet Disinfection (Tru-D® SmartUVC). Contact Brian at (303) 505-0373 or by email brian.bowers@trud.com. 	
Old Business	<p>September 2022 Business Meeting Minutes – posted on APIC-DFW website.</p> <p>Approved by Teri Mauldin, second by Chuck Monney</p>	
New Business	<ul style="list-style-type: none"> • 2023 Meetings <ul style="list-style-type: none"> • Will be a combination of hybrid in-person and virtual meetings. January, April, and August will be in-person with virtual option. Locations TBA. • End of the Year Celebration/Holiday Party, December 8th at 11am at Methodis Charlton Medical Center Auditorium – FREE EVENT! <ul style="list-style-type: none"> • If you are interested in donating a basket for a raffle, please let contact Chuck Monney 	
Committee/SIG Reports	<ul style="list-style-type: none"> • Jasmine Cluck with Government Affairs Committee (GAC) provided October/November updates including: 	

	<ul style="list-style-type: none"> • New GAC Report posted on the APIC DFW website. Links for further information are included in the report • October CLR meeting: <ul style="list-style-type: none"> • Judene Bartley Advocacy in Action Scholarship: Applications due before the end of November • APIC joined several coalition letters • October 11, APIC Board of Directors participated in a virtual lobby day: • Participated in almost 40 meetings, signed onto the One Health Security Act and identified a number of new potential champions. Discussed the following issues: <ul style="list-style-type: none"> • Need for full-time IPs in nursing homes • BIO-Preparedness Workforce Act • FY 2023 Appropriations <ul style="list-style-type: none"> • NHSN • Antibiotic Resistance Solutions Initiative 															
Treasurer Report	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">As of 9/30/2022</td> </tr> <tr> <td style="text-align: right;">Opening Balance, checking</td> <td style="text-align: right;">\$8,601.41</td> </tr> <tr> <td style="text-align: right;">Income</td> <td style="text-align: right;">\$1,350.00</td> </tr> <tr> <td style="text-align: right;">Expenses</td> <td style="text-align: right;">\$1,541.79</td> </tr> <tr> <td style="text-align: right;">Closing Balance, checking</td> <td style="text-align: right;">\$8,409.62</td> </tr> <tr> <td style="text-align: right;">Savings</td> <td style="text-align: right;">\$45,492.95</td> </tr> <tr> <td style="text-align: right;">Total</td> <td style="text-align: right;">\$53,902.57</td> </tr> </table>	As of 9/30/2022		Opening Balance, checking	\$8,601.41	Income	\$1,350.00	Expenses	\$1,541.79	Closing Balance, checking	\$8,409.62	Savings	\$45,492.95	Total	\$53,902.57	
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Board Report	<ul style="list-style-type: none"> • No Board Report 															
Public Health Update	<p>TX DSHS Region 2/3 reported: PLEASE NOTE: The material/information below has been prepared by Texas Department of State Health Services (DSHS)- Public Health Region (PHR) 2/3 and is general background information as of the dates noted in this email. This information is given in summary for <i>educational purposes only and not for public distribution</i>.</p>															

	<p>MONKEYPOX (MPV) UPDATE:</p> <p>As of 11/1/2022, Texas DSHS is reporting ~2,700 Probable and Confirmed cases of Monkeypox and PHR 2/3 has ~1,160 Probable and Confirmed Monkeypox cases reported. <u>Preliminary</u> information indicates:</p> <ul style="list-style-type: none">• 43% of Texas cases are located within PHR 2/3 (Dallas/FW Metroplex)• The demographics of cases in Texas and PHR 2/3 mirror what is seen at the national level:<ul style="list-style-type: none">○ Majority of cases are males in the 30-39 years age group <p>Ebola (EVD) UPDATE:</p> <ul style="list-style-type: none">• Uganda outbreak update: Ebola disease caused by Sudan Ebola virus – Uganda (who.int)<ul style="list-style-type: none">○ On September 20, 2022, Uganda declared an Ebola disease outbreak caused by the <i>Sudan ebolavirus</i> species, after the confirmation of a case in Mubende district in the central part of the country. Uganda last reported an outbreak of <i>Sudan ebolavirus</i> in 2012.○ As of October 26th, WHO reports:<ul style="list-style-type: none">▪ 136 total cases (115 confirmed and 21 probable)▪ 53 total deaths (32 confirmed and 21 probable)<ul style="list-style-type: none">• With a case fatality rate (CFR) of 27.8% among confirmed cases○ A cumulative total of 3,166 contacts have been listed since the start of the outbreak, of which 1,194 (37.7%) have completed the follow up period of 21 days.○ 7 districts (of total 147 districts in Uganda) are affected by this outbreak (September 2022 Uganda Ebola (Ebola Virus Disease) CDC)○ WHO and Uganda Ministry of Health (MOH) initiated consultations with vaccine developers to identify vaccine candidates against the <i>Sudan ebolavirus</i>.• Centers for Disease Prevention and Control (CDC) and Dept of Homeland Security (DHS) Screening at Airports	
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	<ul style="list-style-type: none">○ There are no direct flights from Uganda to US, and Uganda is conducting an exit screening for all passengers leaving the country.○ Beginning October 11th, US-bound passengers with travel to Uganda in the previous 21 days will be diverted to one of the five designated US airports for screening:<ul style="list-style-type: none">▪ JFK (NYC), Newark (NJ), Atlanta, Chicago O’Hare, and Washington DC – Dulles○ CDC Division of Global Migration and Quarantine (DGMQ) and DHS Customs and Border Protection (CBP) will send notifications to State Health Departments notifying them of travelers coming to their state so appropriate public health monitoring may occur● Public Health Monitoring of Travelers<ul style="list-style-type: none">○ Traveler information for passengers coming into Texas is received by DSHS Central Office and distributed to PHRs and local health departments based on the address provided by DGMQ or CBP○ Jurisdictions establish contact with the traveler, conduct an initial assessment of exposure risk, provide health education, and conduct symptom monitoring as appropriate.○ DSHS developed an EVD Exposure Risk Assessment with the following risk levels:<ul style="list-style-type: none">▪ No Identifiable Risk▪ Low Risk▪ Some Risk▪ High Risk<ul style="list-style-type: none">● Travelers/Persons Under Monitoring (PUMs) in PHR 2/3<ul style="list-style-type: none">○ As of 11/1/22, there have been ~ 60 PUM’s received for all of PHR 2/3 (49 counties)<ul style="list-style-type: none">▪ Of those with whom contact has been made:<ul style="list-style-type: none">● 37.0% are classified ‘No Identifiable Risk’● 63.0% are classified as ‘Low Risk’	
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	<ul style="list-style-type: none">• 0 classified as ‘Some Risk’ or ‘High Risk’• Case Definition: Screening Patients For Clinicians Ebola Virus Disease CDC<ul style="list-style-type: none">○ Individuals can be classified into two groups:<ul style="list-style-type: none">▪ Person Under Investigation (PUI)<ul style="list-style-type: none">• Signs and symptoms consistent with EVD AND• Epidemiological factor within 21 days before onset of symptoms▪ Confirmed case<ul style="list-style-type: none">• Laboratory confirmed diagnostic evidence of EV infection• Infection Prevention and Control Recommendations<ul style="list-style-type: none">○ Ebola spreads through direct contact with blood or body fluids and objects contaminated with body fluids.○ A person can only spread Ebola to other people after they develop signs and symptoms of Ebola.○ Ebola virus can survive on dry surfaces, like doorknobs and countertops for several hours; in body fluids like blood, the virus can survive up to several days at room temperature.○ Ebola poses little risk to travelers or the general public who have not cared for or been in close contact (within 3 feet) with someone sick with Ebola.<ul style="list-style-type: none">▪ Resources:<ul style="list-style-type: none">• Ebola Transmission – CDC• Ebola - DSHS○ To protect healthcare workers and other patients at facilities that provide care to a patient with confirmed Ebola or patients under investigation, CDC provides protocols for using PPE. These PPE protocols are based on if the patient is confirmed with Ebola, clinically stable, clinically unstable or has bleeding, vomiting, or diarrhea.	
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	<ul style="list-style-type: none"> ▪ When caring for <u>all persons with confirmed EVD</u> or unstable persons under investigation (bleeding, vomiting, diarrhea), healthcare workers should wear: <ul style="list-style-type: none"> • Impermeable garment (gown or coveralls) • Respiratory Head and Face Protection: Either PAPR or disposable NIOSH-certified N95 respirator in addition to full face shield • Extended Cuff single use exam gloves: Two pairs of gloves should be worn so that a heavily soiled outer glove can be safely removed and replaced during care. • Single use boot covers that extend to at least mid-calf ▪ When caring for persons under investigation who are clinically stable, healthcare workers should wear: <ul style="list-style-type: none"> • Fluid Resistant Gown • Full Face Shield • Single use face mask • Single use gloves with extended cuffs ○ A trained observer should be used at all times when possible to observe care for patients and donning and doffing of PPE. The trained observer should wear a fluid resistant gown, single use full face shield, a surgical mask, 2 pairs of extended cuff gloves, and ankle high shoe covers. ○ Patients should be placed in a single patient room with a private bathroom, and the door should remain closed. ○ All people entering the patient care area should wear proper PPE. ○ Single use, disposable patient care equipment should be used when possible. When not possible, clean and disinfect according to the manufacturer’s instructions. ○ Hand Hygiene: Alcohol based hand rub should be used when hands are not visibly soiled. If hands are visibly soiled, use soap and water. ○ Please see the CDC website for more details regarding these protocols. ○ <i>Emergency Services:</i> 	
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- EMS Clinicians transporting a PUI should adhere to the same PPE guidance listed above.
- Resources:
 - [PPE for Confirmed EVD Patients](#)
 - [PPE for Stable PUIs](#)
 - [Trained Observer - More Information](#)
 - [Infection Prevention and Control for Hospitalized PUIs for EVD](#)
 - [Emergency Services Guidance](#)
- Cleaning:
 - [EPA List L](#) contains products registered for use against the Ebola Virus.
 - In response to the recent outbreak, and anticipating supply shortages, EPA has also activated [List Q](#), Products for Emerging Viral Pathogens.
 - If a product on List L cannot be found, use a Tier 1 product on List Q.
 - To use a disinfectant appropriately, **always** follow the label directions for the specific pathogen, noting contact time.
 - Surfaces should be cleaned, then disinfected, according to facility policy.
 - Environmental services staff should wear PPE recommended to protect against direct skin and mucous membrane exposure, and trained on proper donning and doffing.
 - Avoid contamination of reusable porous surfaces that cannot be made single use:
 - Use mattress and pillows with plastic or other covering.
 - Remove all upholstered furniture and decorative curtains from patient rooms before patient admission.
 - Waste contaminated with Ebola virus, or suspected to be contaminated, should be incinerated or inactivated on site, or transported per the Department of Transportation Hazardous Materials Regulations for Category A infectious substances.
 - Resources:
 - [EPA List L](#)

	<ul style="list-style-type: none"> ▪ EPA List Q ▪ CDC Interim Guidance for Environmental Infection Control for Ebola ▪ Ebola-Associated Waste Management <ul style="list-style-type: none"> • Prepping your facility: <ul style="list-style-type: none"> ○ With the amount of travelers coming into our region, this is a good time to review your facility’s protocol for when/if a person presents to your facility with symptoms consistent with EVD or if a PUM needs a medical evaluation for symptoms indicative of a more common illness like flu. ○ All hospitals must be prepared to quickly identify and isolate suspected high consequence infectious disease (HCID) patients, as well as provide basic care and differential diagnostic support to suspected HCID patients. • Testing for EVD <ul style="list-style-type: none"> ○ If testing is approved for a PUI, the healthcare provider and the corresponding health department will coordinate for specimen collection and shipping to a testing facility. <ul style="list-style-type: none"> ▪ Specimen: blood in EDTA tubes (two tubes collected per person) refrigerated at 2° to 8° C. Considered a category A specimen ○ It is important to note there are limited number of facilities that are currently onboarded and able to provide <i>Sudan ebolavirus</i> testing. The only one in Texas is currently the DSHS State lab in Austin. 	
Announcements	<p><u>Surveillance/Mentoring SIG Conference Call</u> November 11th, 2022 at 11:45 PM – 1 PM Check APIC-DFW Website to access the meeting</p>	

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Date: 11/3/2022

	<u>Next Meeting Information:</u> December 8th, 2022 APIC DFW Annual End of Year Celebration	
Adjournment	Meeting adjourned at 2:39 PM	

Next Meeting: APIC-DFW Annual End of Year Celebration on December 8th, 2022