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Association between universal face shield in a quaternary care center and reduction of SARS-COV2 infections among healthcare personnel and hospitalized patients**Mayar Al Mohajer***Baylor St Luke's Medical Center, USA*

Statement of the Problem: SARS-COV2 transmission to healthcare personnel (HCP) and hospitalized patients is a significant challenge. As a part of our pandemic response, we started a surveillance program for HCP and patients (started April 17). This program included: biweekly testing for HCP in high-risk units, weekly testing for HCP in cluster and testing all asymptomatic patients on admission and every 7 days. On July 6, 2020, we implemented universal face shield requirements for all healthcare personnel upon entry to facility.

Methodology: The pre-intervention period (April 17, 2020-July 5, 2020) included implementation of universal face masks and surveillance testing of HCP and patients. The intervention period (July 6, 2020-September 7, 2020) included the addition of face shields to all HCP.

Results: Of 6527 HCP tested, 246 tested positive for SARS-COV2 (3.8%). In the preintervention period, the weekly positivity rate among HCP increased from 0% to 12.9%. During the intervention period, the weekly positivity rate among HCP decreased to 2.3%, with segmented regression showing a change in predicted proportion positive in week 13 (22.9% to 2.7%, $p < 0.001$) and change in the post-intervention slope on the log odds scale ($p < 0.001$). A total of 25 HAI cases were identified (16 possible and 9 confirmed). In the preintervention period, HAI cases increased from 0 to 7. During the intervention period, HAI cases decreased to 0.

Conclusion: Our results suggest the universal face shield use as a part of a multifaceted approach in areas of high SARS-COV2 community transmission.

Biography

Al Mohajer received his MD from the University of Damascus in Syria. He then came to the US and completed a residency in Internal Medicine at the University of Cincinnati and a fellowship in Infectious Diseases at Baylor College of Medicine. He joined the faculty at the University of Arizona, Tucson in 2013 as the Medical Director of the Antibiotic Stewardship Program and the C difficile task force. He went back to Baylor in 2017 as an Associate Professor and the Medical Director of Infection Prevention and Antimicrobial Stewardship for Common Spirit Health TX division (17 hospitals). He has served in multiple educational leadership roles and developed a new infection prevention rotation and a track for ID fellows. He is the Vice Chair of the Department of Medicine for Quality Improvement and Innovation at Baylor and the Chief of Infectious Disease Section at Baylor St. Luke's Medical Center.

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