Results. 106 observations and 107 surveys were completed. Observations showed appropriate PPE worn in 84% (n = 83) and hand hygiene (HH) post doffing in 95% (n = 79). Common gaps included no HH pre-donning [33% n = 43], PPE not changed between dirty and clean tasks (29% n = 2), incorrect mask removal (20% n = 16) and doffing gloves post-gowns [19% n = 69]. In the survey, answers to SP questions suggest PPE is overused in patients with diarrhea or respiratory illness but underused in draining wound management (Figure 2). HCW felt more compliant than their colleagues in both HH and PPE (Figure 3). The largest misperception was that gowns should be doffed pre-gloves (40% n = 40). Reasons for not using PPE included time (26%, n = 27), and perception that PPE is unnecessary (16%, n = 10). 75% (n = 80) of HCW felt adequately educated about PPE.

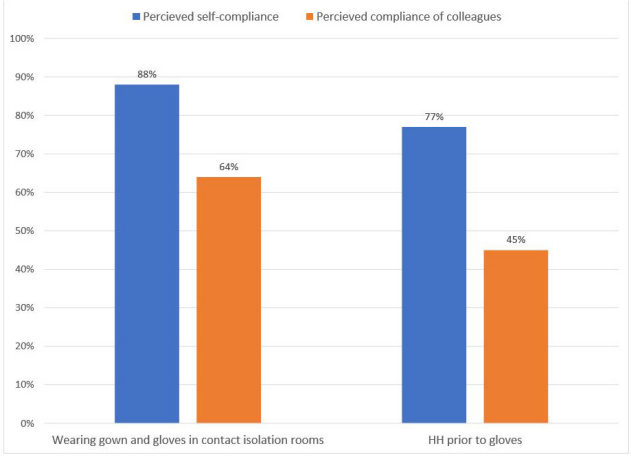
Conclusion. At our institution, significant gaps still exist in HCW knowledge and use of PPE. Future QI work should focus on increasing HCW knowledge of standard precautions, HH pre-donning, changing PPE when appropriate in room as well as proper doffing order. The perception that HCW felt adequately educated despite significant gaps may be a barrier.

PPE PROJECT OBSERVATION TOOL
Please circle answers below.

Date:

	Unit	
	HCW Type (if Other, please specify.)	MD RN CP RT Other
	Isolation Type	Contact ContactPlus Droplet Contact+Droplet ContactPlus+Droplet
	PPE worn is appropriate for isolation type?	Yes No Not Obs
	If no, specify missing PPE	Gloves Gown Mask
PPE OBSERVATIONS	HH prior to donning?	Yes No Not Obs
	Gown secured at neck and back?	Yes No N/A Not Obs
	Surgical mask covering nose/mouth?	Yes No N/A Not Obs
IN ROOM OBSERVATIONS	Was a "clean" task performed? (e.g. Med admin, feeding, manipulating lines/devices/sterile dressing changes, etc.)	Yes No N/A Not Obs
	Was a "dirty" task performed prior to the clean task? (e.g. Toileting, soiled dressing change, bathing, peri care, foley care, etc.)	Yes and PPE changed after dirty task Yes and PPE NOT changed after dirty task No Not Obs
DOFFING OBSERVATIONS	Mask removed without touching front?	Yes No N/A Not Obs
	Gloves removed first? (Circle YES if gloves and gown removed together)	Yes No N/A Not Obs
	Mask removed last?	Yes No N/A Not Obs
	PPE worn in hallway?	Yes No N/A Not Obs
	If YES, specify PPE	Gloves Gown Mask
	HH after doffing?	Yes No Not Obs
COMMENTS:		

Standard Precaution Scenario	Correct PPE selection	Overuse of PPE	Under-use of PPE
Undiagnosed acute diarrhea	71%	21%	8%
Uncontainable draining wound	60%	9%	31%
Acute respiratory illness	14%	71%	15%



Disclosures. **All authors:** No reported disclosures.

1198. Developing Infection Prevention and Control (IPC) Educational Videos to Improve Knowledge of Respiratory Virus Transmission and Etiquette

Lauren Gianchetti, BS[1]; Anna Sharova, MPH[2]; Samantha E. Hanley, BS[1]; Kristen Feemster, MD, MPH, MSHP[3]; Folasade Odeniyi, MPH[1]; [1]The Children's Hospital of Philadelphia, Philadelphia, Pennsylvania; [2]Children's Hospital of Philadelphia, Philadelphia, Pennsylvania; [3]Philadelphia Department of Public Health / The Children's Hospital of Philadelphia, Philadelphia, Pennsylvania

Session: 144. HAI: Hand Hygiene and Transmission - Based Precautions
Friday, October 4, 2019: 12:15 PM

Background. Most pediatric healthcare encounters for influenza-like-illness (ILI) take place in ambulatory settings where there may be multiple opportunities for transmission of respiratory viruses, yet adherence to recommended respiratory etiquette behaviors is inconsistent. We developed brief family education videos and evaluated their impact on knowledge about respiratory virus transmission and IPC practices and intention to use respiratory etiquette behaviors.

Methods. We developed 3 animated, 2–3 minute videos for waiting room display. Content included respiratory virus transmission and the use of hand hygiene, masks, and tissues in a Cover Your Cough Station (CYCS). A convenience sample of caregivers (N = 116) recruited from waiting rooms of two primary care clinics in a large pediatric care network completed a questionnaire measuring perceptions of respiratory virus transmission risk in clinics and knowledge about IPC strategies before and after viewing the videos. Clinical staff (N = 8) from participating clinics revaluated content and clarity of each video using an adapted version of The Patient Education Materials Assessment Tool (PEMAT).

Results. After viewing all videos, a significantly higher proportion of respondents knew where to find a CYCS (59%, 93%, $P < 0.0001$), accurately named CYCS items (30%, 72%, $P < 0.0001$), identified why cough etiquette is important (65% vs. 83%, $P = 0.0003$) and would use CYCS during office visits (61% vs. 89%, $P = 0.0001$). Baseline knowledge about appropriate hand hygiene and cough etiquette practices was high with no significant change post-video. Most caregivers reported that our videos were easy to understand (90%, 79%, and 82% for videos 1–3, respectively) and that the videos made them want to use a CYCS (95%, 91%, 85% for videos 1–3.). All clinical staff agreed that the videos were appropriate for parents and children and also align with the practices' IPC policies and other healthcare messages received by clinical staff

Conclusion. Targeted educational videos may be an effective method for increasing awareness of respiratory etiquette resources in pediatric clinics to encourage the use of IPC strategies and prevent the spread of respiratory viruses.

Disclosures. **All authors:** No reported disclosures.

1199. Provider Perspectives on Nonsterile Glove Use in the NICU

Sarah Khan, MD, MSc, FRCPC[1]; Michelle Science, MD, MSc, FRCPC[2]; Callum Arnold, MChem[2]; Judith Hawes, RN[2]; Kyong-soon Lee, MD[2]; Salhab el Helou, MD, FRCPC[3]; Pablo J. Sanchez, MD[4]; Dominik Mertz, MD, MSc, FRCPC[5]; David Kaufman, MD[6]; [1]McMaster University, Hamilton, ON, Canada; [2]The Hospital for Sick Children, Toronto, ON, Canada; [3]McMaster University, Hamilton, YT, Canada; [4]Nationwide Children's Hospital - The Ohio State University, Columbus, Ohio; [5]Hamilton Health Sciences, McMaster University, Hamilton, ON, Canada; [6]University of Virginia Children's Hospital, Charlottesville, Virginia

Session: 144. HAI: Hand Hygiene and Transmission - Based Precautions
Friday, October 4, 2019: 12:15 PM

Background. Late-onset infection is a serious cause of mortality and long-term morbidity in NICU patients. Healthcare worker hands are the most common vehicle for transmission of pathogenic organisms to neonates. Studies have suggested a reduction in infections in neonatal and pediatric patients cared for with universal nonsterile glove use.

Methods. We developed an online survey (https://fhspeds.mcmaster.ca/pedsCapOne/surveys/?s=9RDX7EHT79) for clinicians to understand the current glove use and hand hygiene practices in NICUs in North America. The survey was sent to neonatologists and Pediatric Infectious Disease Specialists via the AAP Neonatal-Perinatal Section listserv, SHEA and the Canadian Neonatal Network.

Results. Of 336 responses; the majority were from physicians at level 3 to 4 NICUs (97%), and from the United States (96.1%). Beyond sterile procedures, sterile gloves were used for central line dressing changes (88.4%), contact with central nervous system shunts (61.0%), and direct contact with central lines (57.4%). Nonsterile gloves were used most commonly for universal precautions and diaper changes (Table 1). Almost half of participants also used nonsterile gloves for all patients and 37.5% for extremely low birth weight (<1000 g) infants. While most sites (76.8%) stated that nonsterile gloves were not required for parents, 15.8% requested gloves also for parents. 58% of respondents felt there was not enough evidence for a practice change at this time and 53.3% felt further study was needed to assess the effect of nonsterile gloves and infection (Figures 2 and 3). Almost a third of respondents (n = 109) would be interested in participating in a randomized study to assess glove-based care. Major concerns with this approach included a possible reduction in hand hygiene compliance, environmental waste, and glove contamination (Figure 4).

Conclusion. There is variability in gloving practices across NICUs in North America, with equipoise and interest in a potential randomized study to further explore the hypothesis that nonsterile gloves prevent late-onset infections in neonates.

Figure 1:

Non-Sterile gloves

How are NON-sterile gloves used in your NICU? (select all that apply)

Non-Sterile Glove Option	n	Percentage
Universal precautions	313	93.7
Diaper changes	231	69.2
All patients	160	47.9
ELBW patients	125	37.4
VLBW patients	111	33.2
All patients CVC	94	28.1
Non-sterile direct contact with CVC	87	26.1
Non-sterile direct contact with CNS shunts	33	9.9
Non-sterile CVC dressing changes	32	9.6
Non-sterile other	14	4.2
More than one selected	277	82.9

Figure 2

Enough evidence for practice change

Do you think there is sufficient evidence to support a practice change to using non-sterile gloves after hand hygiene for all patient and line contact to help prevent infections in infants in the NICU?

Enough Evidence for a Practice Change	n	Percentage
Not enough evidence	193	57.8
Yes all NICU	73	21.9
Other	27	8.1
Yes for prem	21	6.3
Yes central line	18	5.4
NA	2	0.6

Figure 3.

Is the study necessary

Do you feel a study is needed to assess if using non-sterile gloves reduces infections in neonates?

Study Necessary	n	Percentage
Yes for all	178	53.3
Yes for prem	55	16.5
Not enough evidence	41	12.3
No will not matter	29	8.7
Other	18	5.4
Yes central line	11	3.3
NA	2	0.6

Figure 4. Concerns

Do you have concerns regarding using non-sterile gloves after hand hygiene for all patient contact? (select all that apply)

Concern	n	Percentage
Reduce HH compliance	147	44.0
Environmental waste	129	38.6
No concerns	113	33.8
Gloves not clean	96	28.7
Glove cost	75	22.5
Too hard for regular contact	55	16.5
Dermatitis	30	9.0
Other concern	23	6.9
Too hard for CVC	4	1.2
More than one concern	165	49.4

Disclosures. **All authors:** No reported disclosures.

1200. Parent Perspectives on Infection Prevention and Control in the NICU

Michelle Science, MD, MSc, FRCPC[1]; Sarah Khan, MD, MSc, FRCPC[2]; Callum Arnold, MChem[1]; Pablo J. Sanchez, MD[3]; Kyong-soon Lee, MD[1]; Fabiana Bacchini, MSc[4]; Judith Hawes, RN[1]; Dominik Mertz, MD, MSc[2]; Salhab el Helou, MD, FRCPC[5]; David Kaufman, MD[6]; [1]The Hospital for Sick Children, Toronto, ON, Canada; [2]McMaster University, Hamilton, ON, Canada; [3]Nationwide Children's Hospital - The Ohio State University, Columbus, Ohio; [4]Canadian Premature Babies Foundation, Etobicoke, ON, Canada; [5]McMaster University, Hamilton, YT, Canada; [6]University of Virginia Children's Hospital, Charlottesville, Virginia

Session: 144. HAI: Hand Hygiene and Transmission - Based Precautions
Friday, October 4, 2019: 12:15 PM

Background. Infants admitted to the neonatal intensive care unit (NICU) are at high risk for healthcare-associated infections (HAIs) due to their immature immune systems and need for invasive devices. Parents have frequent contact with their infants and present an opportunity for prevention practices. The objective of this study was to evaluate parental opinions related to infection prevention and control (IPAC) in the NICU.

Methods. An online survey was sent to a network of 2,000 parents from the Canadian Premature Babies Foundation. The survey included questions about patient-centered outcomes, IPAC practices experienced during their infants' NICU admission, and specifically, opinions regarding nonsterile glove use by both healthcare workers (HCWs) and parents.

Results. A total of 72 parents responded to the survey. The majority were parents of infants born at less than 37 weeks (94%) and had been admitted to an NICU after 2010 (89%). When asked about preventing infections in the NICU, 82% of parents indicated they had been given information on how the NICU prevents infection and 96% had been told how they can prevent infection in their infant (Table 1). The most common information was related to hand hygiene (96%) and what to do if they were unwell (89%). Opportunities for improvement included being bare below the elbow, nail care, and feeding human milk. With respect to IPAC outcomes of interest, 96% agreed that it was important to study interventions to reduce bloodstream infections (BSIs). Other outcomes of interest (Table 2) included necrotizing enterocolitis (72%), antibiotic-resistant organism acquisition (69%), and length of stay (67%). With respect to glove use, 89% of parents felt that it was acceptable for HCWs to wear gloves when caring for their infant. Only 37% of parents indicated that they would want to wear gloves if HCWs were wearing gloves, but 47% would consider wearing gloves if there was evidence that it reduced infection in their infant.

Conclusion. Reducing infections, specifically BSIs, in infants admitted to the NICU is an outcome of interest for parents. Nonsterile gloving by HCWs is considered an acceptable strategy by parents to reduce infections. Missed opportunities exist for the education of parents in the NICU on IPAC practices.

Table 1. Parent responses to "What ways were you informed to prevent infection in your baby?"

Method to Prevent Infection	n	Percentage
Hand hygiene	69	96
What to do if you are sick	64	89
Wiping down your cell phone and/or other personal devices, or not using it in the NICU	57	79
Bare below the elbow	54	75
Feeding breast milk	46	64
Wearing an isolation gown when a baby had an infection	41	57
Nail care or hygiene	35	49

Table 2. Other Infection-related outcomes that are important to parents to study in response to Question: "In addition to bloodstream infections, which other outcomes are important to study in the babies admitted to the NICU? (select all that apply)"

Other Important Outcomes	n	Percentage
Necrotizing enterocolitis (NEC)	52	72
Antibiotic resistant organism acquisition (e.g. MRSA)	50	69
Length of stay	48	67
Days of antibiotic therapy	45	63
Pneumonia	45	63
Mortality rate	42	58
Meningitis	37	51
Urinary Tract Infection (UTI)	31	43
Other (written in) Gut flora, Hospital prone bacteria, Response times for when PICC dressings need to be changed	4	6
More than one selected	66	92

Disclosures. **All authors:** No reported disclosures.

1201. Use of Remote Video Auditing to Monitor Adherence to High-Concern Isolation Guidelines in a Patient Infected With *Candida auris*; Use of Remote Video Auditing to Monitor Adherence to High-Concern Isolation Guidelines in a Patient Infected with *Candida auris*

Vansha Singh, MBBS, MD [1];