

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

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**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)	4	6
Gut flora, Hospital prone bacteria, Response times for when PICC dressings need to be changed		
More than one selected	66	92

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### 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*

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