

**Table 1. Summary of observed scrub and drying times by antiseptis product and facility.**

|                           | Mean scrub time-s (SD) | Mean dry time-s (SD) |
|---------------------------|------------------------|----------------------|
| <b>Antiseptis product</b> |                        |                      |
| CHG/IPA (n=11)            | 4.1 (3.2)              | 1.1 (1.4)            |
| IPA (n=37)                | 4.3 (3.5)              | 1.3 (2.0)            |
| <b>Facility</b>           |                        |                      |
| A (n=19)                  | 4.6 (4.0)              | 1.4 (1.9)            |
| B (n=29)                  | 3.8 (3.4)              | 0.9 (0.7)            |

antiseptic scrub times and dry times. **Results:** In total, 8 focus groups involving 28 nurses revealed access to the antiseptic product and lesser workload as best-practice facilitators of needleless-connector disinfection. Identified barriers were often the opposite of the facilitators, particularly the time required per needleless connector access using IPA and knowledge deficits regarding the need for disinfection between multiple needleless-connector accesses. From 36 observations, including a total of 48 access events, we determined that the mean scrub times were below the recommended times, especially for IPA (Table 1). Drying time after use of either antiseptis product was negligible. **Conclusions:** A lack of access to the disinfection product, emergency situations, and increased workload were perceived barriers to needleless-connector disinfection. Observed scrub times and drying times were shorter than recommended, much more so for IPA. These deficits in the performance of needleless-connector disinfection may increase the risk of CLABSI. Ongoing education and periodic competency evaluation of needleless-connector disinfection are needed to imbed and sustain best practices.

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#### **Presentation Type:**

Poster Presentation - Poster Presentation

**Subject Category:** COVID-19

#### **Perceptions and emotions of infection control team member during the COVID-19 pandemic in Germany**

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**Background:** We conducted an anonymous survey in compliance with German data protections regulations among participants of the annual infectious disease and control meeting in Freiburg, Germany, in October 2021. **Methods:** In total, 391 surveys were returned: 188 from nurse infection control practitioners (ICPs) and 66 from specially infection control trained physicians (STPs). We report the results of these 2 sub-groups regarding their perceptions and emotions during the pandemic. Descriptive statistics and  $\chi^2$  test with  $P < .05$  were used when applicable. **Results:** Shortages of medical masks or FFP2 masks during the first pandemic wave in 2020 were reported by 48.5% STPs and 57.4% ICPs. STPs and ICPs relied equally on information provided by the Robert Koch Institute, the WHO, the ECDC and the CDC. Occupational health information was sought significantly more often by ICPs; only 17% of ICPs never used this source versus 51.5% of STPs ( $P < .001$ ). Most ICPs (58%) and STPs (51%) described their relationship to local authorities as good as well as communication with institutional leaders (69.7%). Fewer ICPs (36.1%) felt frequently appreciated during the pandemic compared to 45.5% of STPs and more ICPs (25%) reported frustration than STPs (18.2%). However, the differences were not statistically significant. Rarely, ICPs (2.1%) or STPs (1.5%) felt unsafe at work and only 1.6% of ICPs and no STPs reported loss of motivation. In addition, 13.8% of ICPs and 12.1% of STPs often felt overwhelmed, but only 3.2% of ICPs and no STPs felt hopeless. Their self-reported competency was rated as

high by 75% of ICPs and 69.7% of STPs. The 5 most frequent free-text comments regarding “lessons learned” pertained to better crisis communication, better supply chain management, precise regulations, “less talking more doing,” and mandatory vaccination. The most frequent free-text general comments pertained to maintain basic hygiene measures in private and public life because of the pandemic. **Conclusions:** Our survey results indicate a high level of resilience among members of infections control teams in German medical institutions despite obvious shortcomings in supplies during the first wave of the pandemic. There were no significant differences between physician and nurse members of infection control teams regarding their perceptions and emotions, indicating a homogenous situation within the teams. The high level of self-perceived competency has likely helped deal with the pandemic and prevented the feeling of loss of control implied in the question items “feeling overwhelmed” and “hopeless.”

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#### **Epidemiologic risk factors and occupation analysis of COVID-19 cases, hospitalizations, and deaths—southern California, 2020**

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**Background:** COVID-19 occupational exposures have been examined using death certificates and employment data from the Bureau of Labor Statistics and the O\*Net database in the United States. However, no studies have examined cases, hospitalizations, and deaths by occupation using hospital records.<sup>1</sup> We analyzed COVID-19 cases using hospitalization data from a large, rural community hospital to fill this gap in the evidence base. **Methods:** A retrospective cross-sectional study design was used to examine patients with COVID-19 from March 1 through July 31, 2020. We examined demographic characteristics, such as age, sex, race or ethnicity, and length of stay (LOS), among those who tested positive for SARS-CoV-2. Epidemiological risk factors were also analyzed, including smoking status, body mass index (BMI), alcohol use, and occupation. Occupational data were processed using the National Institute for Occupational Safety and Health Industry and Occupation Computerized Coding System. Homemakers, disabled persons or retirees, students or minors, and listed occupations with insufficient information were excluded from the analysis. Occupations were categorized into 23 major occupation groups based on the 2018 Standard Occupational Classification System. To examine whether certain occupations are at a higher risk due to COVID-19, we stratified the analysis by overall cases, hospitalizations, and deaths. Microsoft Power BI Desktop and IBM SPSS version 28.0.0.0 software were used to analyze the data. This study was reviewed and approved by the local institutional review board. **Results:** In total, 2,132 COVID-19 diagnoses with 1,049 total hospitalizations were identified during the study period. Most cases were in the group aged 50–64 years, white race, and/or Hispanic ethnicity (Table 1). Most cases never or rarely drank alcohol, were nonsmokers, and had a BMI  $\geq 30$  (Table 2). The average LOS among those hospitalized for COVID-19 was 6.46 days. The occupational analysis revealed a higher frequency of cases among those in management (n = 95, 14%) and healthcare (n = 83, 12%), with those in management (n = 40, 14%) and sales (n = 29, 10%) having the highest frequency of being hospitalized. However, the highest frequency of deaths occurred among those in building and grounds cleaning and maintenance occupations (13%) (Table 3). **Conclusions:** This study describes the burden of COVID-19 in a rural area with a large aging population and highlights