

San Diego & Imperial County APIC Chapter Meeting Minutes

Date: February 11, 2026

Time: 11:45 AM - 3:00 PM PST (approximate)

Location: Hybrid (In-person and Virtual via Zoom)

Meeting Called to Order: 11:45 AM by Chapter President Frank Myers

Total Attendance: 73 participants (in-person and virtual combined)

Meeting Called to Order

The meeting was called to order by Chapter President Frank Myers at approximately 11:45 AM PST. Attendees were instructed to scan the QR code to document their attendance for vendor partner reporting and CEU purposes.

Technical Reminders:

- Remote participants requested to avoid placing calls on hold to prevent disruption from hold music
 - Questions and comments to be submitted via chat
 - CEUs available after completion of speaker evaluations
 - Meeting recording in progress
 - Presentation slides available on chapter website meeting page
-

I. Introduction and Welcome

Meeting Sponsor Recognition

Today's Sponsor: ASP Global (in partnership with Spry)

President Myers thanked ASP Global for sponsoring the meeting and noted excellent lunch provisions.

New Members and First-Time Attendees

New Members Introduced:

- **Linnea** - New chapter member, welcomed to the organization
- **Noah Egan** - Pneumatic Engineering (airflow control in hospitals and laboratories)

President Myers noted the chapter's reputation as the "friendliest chapter" with a humorous reference to APIC HR documentation resulting from this friendliness.

Certifications and Recertifications

No new CIC certifications or recertifications were announced at this meeting.

II. Chapter Leadership Introduction

2026 Board of Directors

The current chapter leadership was introduced:

- **President:** Frank Myers
 - **President-Elect:** Jessica Alicdan
 - **Immediate Past President:** Jared Becasen
 - **Secretary:** Kyle
 - **Treasurer:** Kim Delahanty
 - **Director of Education:** Lisa Mattia
 - **Membership Chair:** Brianna Scott
 - **Social Chair:** Kristen Schumacher (with Josie as backup)
 - **Bylaws and Legislative Representative:** Cheryl Karn
 - **Nominating and Awards Chair:** Jared Becasen (with Claudia Sanchez Goad and Rajdeep)
 - **Sponsorship Coordinator/Supporting Member Liaison:** Tina Fahdi
-

III. Old Business

Approval of Previous Minutes

November 2025 Meeting Minutes: Previously approved without corrections. No corrections requested for current distribution.

IV. New Business

Public Health Updates

Measles Outbreak Concerns:

President Myers provided urgent public health updates regarding measles activity:

- Recent measles exposure event at Disneyland
- Pan American Health Organization declared measles epidemic
- Increases reported across multiple countries
- **Critical Development:** Two measles cases identified in California where index exposure case could not be determined
- Implication: Community transmission occurring with cases not being identified through healthcare settings
- Issue was discussed at Joint Commission meeting the previous evening

Action Items for Facilities:

- Review staff vaccination status proactively
- Prepare protocols for suspected measles cases
- Ensure airborne precautions implemented immediately for suspected cases
- Coordinate with county public health for testing and case management

Kahoot Agreement

A new Kahoot subscription agreement was mentioned, with specific details to be provided in committee reports.

V. Committee Reports

A. Membership Report

Presented by: Brianna Scott

Membership Statistics (as of February 2026):

- Total Full Active Members: 127
- Members with CIC: 51
- Associate/Supporting Members: 30
- Members with LTCIP: 1
- Members with AIPC: 2

Discussion Point: Member request to add tracking of Advanced Leadership Certification (ALCIC) to monthly membership statistics. Brianna Scott agreed to incorporate this addition.

Action Item: Members reminded to update credentials in their APIC profile to ensure accurate chapter reporting. Navigation instructions: Log into APIC account → "My Information" section → Add/confirm credentials.

Humorous Note: President Myers joked that his APIC membership number is a Roman numeral given length of membership.

B. Nominating and Awards Committee Report

Presented by: Claudia Sanchez Goad

Award Opportunities Available:

1. National APIC Conference Award

- Eligibility: Current CIC certification required
- Award Amount: \$2,000
- Number Available: One award
- Application Deadline: May 6, 2026
- Usage Period: January 1 - December 31, 2026

2. Standard APIC Award

- Eligibility: Open to chapter members
- Award Amount: \$500

- Number Available: Three awards
- Application Deadline: May 6, 2026
- Usage Period: January 1 - December 31, 2026
- Note: Applicants not selected for National Award automatically considered for Standard Awards

Reimbursement Process: Award recipients must submit receipts to Treasurer Kim Delahanty for reimbursement of eligible educational expenses.

C. Social Committee Report

Presented by: Frank Myers (on behalf of Kristen Schumacher)

No formal report provided. Kristen Schumacher submitted "smiley face" notation indicating all activities on track and positive outlook.

D. Treasurer's Report

Presented by: Kim Delahanty

January 2026 Financial Summary:

Account Activity	Amount
Beginning Balance (January 1)	\$370.99
Deposits (Jared - purpose uncertain)	+\$500.00
Bank Charges	-\$15.00
Ending Checking Balance (January 31)	\$870.99

Note: Beginning balance reflects lower amount prior to January 20th deposit (approximately \$350-385 range before \$500 deposit).

Investment Account:

- Balance as of November 28, 2025: \$31,866.65
- Updated balance not yet available
- Treasurer unable to access mutual fund account pending minutes approval and credentialing

- Four-person signature authority on account; outdated signatory still listed on JP Morgan mutual fund account
- Expected monthly interest: Approximately \$100
- Updated balance to be reported at March 2026 meeting

Total Chapter Assets (estimated): Approximately \$32,737.64
(pending updated mutual fund balance)

Administrative Process: Minutes must reflect authorization for Kim Delahanty to perform:

- Secretarial duties
- Banking services
- Use of special funds
- Access to mutual fund account

Once minutes approved, Treasurer will return to bank for credentialing to access JP Morgan mutual fund account.

Additional Income Expected:

- Full membership dues from National APIC (not yet received)
- Conference registration fees (as planning progresses)

No questions were raised regarding the financial report.

E. Legislative Representative Report

Presented by: Jessica Alicdan (California APIC Coordinating Council)

Legislative Day 2026:

- **Date:** February 25, 2026
- **Location:** Sacramento, California
- **Participants:** Approximately 25 interested attendees registered
- **Event Structure:**
 - Morning: Visits with state legislators and their health staff
 - Afternoon: CAC business chapter meeting
 - 12:30 PM - 1:30 PM: Presentation by Dr. Erin Epton

Pre-Event Preparation:

CAC conducted first preparatory session covering:

- How to book appointments with legislators
- Role clarification for participants
- Preparation strategies for legislative visits
- Question and answer session

Legislative Engagement Strategy:

- No specific legislative "ask" this year
- Focus on relationship building with legislators
- Position IPs as healthcare resources within districts
- Highlight IP expertise demonstrated during COVID-19 response
- Offer assistance in writing effective, evidence-based healthcare legislation

Resource Support:

- CAC creating comprehensive file documenting all bills impacting infection prevention field from previous year
- Document demonstrates legislative impact on IP practice
- Currently monitoring new bills (deadline: February 20, 2026)
- As of meeting date, no new bills related to infection prevention identified
- CAC developing 15-second instructional video demonstrating legislative engagement process
- Online resource folder available through California APIC with supporting materials
- Printed resources to be available day of event

Visual Impact Report: Jessica Alicdan created monthly impact report showing legislation affecting IP field in previous year (described as "pretty cool visual").

How to Participate:

- Find your legislator by zip code and address (online or through APIC)
- Request meetings with health staff members
- Introduce yourself as constituent with healthcare expertise

CAC Funding Initiative:

Jessica Alicdan announced California APIC initiative to support local chapters:

- 20% of chapter dues to be returned to local chapters
 - Purpose: Help chapters achieve financial stability
 - Described as "catalyst" for financial recovery
 - Pre-approved by CAC treasurer
 - Requires official board approval for implementation
-

F. Foundations Course Update

Presented by: Jessica Alicdan

2026 Foundations Planning:

- San Diego chapter to host Foundations course in 2026
- Weekly planning meetings to begin soon
- Seed money to be requested from California APIC
- **Financial Return:** Host chapter receives substantial financial return at year end after course completion
- President Myers noted high return on investment for hosting chapter

Treasurer Kim Delahanty's Position: President Myers joked that Kim is a "longtime opponent" of Foundations, though both have run the course for years.

G. Ambulatory Care Committee Report

Presented by: Frank Myers (no written report from committee chair Janessa)

No formal report submitted. President Myers noted potential speaking engagement at Arizona Ambulatory Surgical Association (calendar dependent).

Future Plans:

- Outreach initiatives to additional ambulatory care settings in San Diego
- More information to be provided in future meetings

H. CDPH HAI Liaison and Advisory Report

Presented by: Maggie Turner (Margaret.Turner@CDPH)

Program Status:

Margaret Turner characterized current CDPH HAI program status as "fluid" and advised members to "hang on till the ride stops and you're able to exit the carnival."

Leadership Change:

- **New HAI Advisory Committee Chair:** Dr. Jorge Salinas
- Previous chair transitioned out

Upcoming Educational Offering:

- **Topic:** Internal Validation Office Hours
- **Date:** March 5, 2026
- **Time:** 2:00 PM
- **Registration:** Email with instructions to be sent to members

Discussion:

Gina Newman (Northern California representative) wished Maggie "good luck" with ongoing program changes. Maggie responded she would "keep hanging in there" and expressed hope that "next month things will be different."

Additional comment regarding new chair: "Good luck with Jorge" (speaker: Gina Newman).

I. IDAC (Infectious Disease Advisory Committee)

Status: No current chapter liaison to IDAC.

Upcoming Activities:

- IDAC has upcoming meeting scheduled
- President Myers to discuss summer meeting arrangements with IDAC
- Details to be finalized

J. Joint Commission Report

Presented by: Frank Myers

Recent Activities:

- Joint Commission meeting held previous evening (February 10, 2026)
- Measles updates discussed (reported earlier in meeting)

Antibiogram Project:

Chapter continuing work on regional antibiogram initiative.

Emergency Department Antibiotic Stewardship Study:

- Topic: Reduction of antibiotic use in emergency departments
- Focus: Patients transferred from skilled nursing facilities presenting with confusion
- **Problem Identified:**
 - ED clinicians associate confusion with urinary tract infections
 - Urine cultures obtained from patients with chronic colonization
 - Positive cultures lead to antibiotic prescriptions
 - Consequences: Multi-drug resistance, C. difficile infections
- Results: Facilities implementing intervention protocols showing positive outcomes
- Presentation planned for next Joint Commission meeting

San Diego Physician Publication:

- Joint Commission coordinates annual October issue of San Diego Physician magazine
- Issue dedicated to infectious disease topics
- All article slots filled for upcoming issue
- **Future Opportunity:** Chapter members may be invited to write articles for future editions
- Described as "good chance to practice writing" in "conversational fashion"

- Editorial process noted as "very kind" with minimal negative feedback
 - President Myers shared personal experience: received negative feedback only once across many articles
-

K. County Epidemiology and Public Health Report

Presented by: Multiple County Representatives

Respiratory Virus Surveillance:

- Weekly respiratory virus report continues (email subscription available)
- Report includes wastewater surveillance data
- **Current Trends:**
 - Influenza: Active and widespread ("alive and well")
 - COVID-19: Stable, "behaving itself, sort of"
 - General status: Multiple respiratory viruses circulating

New Surveillance Tool:

Wastewater Surveillance Dashboard

- Interactive data visualization tool
- San Diego County-specific data
- Multiple display options
- "Kind of fun to play with" (takes time to understand all features)
- Provides additional data point to supplement other surveillance information

Measles Preparedness (Detailed County Guidance):

County representatives emphasized measles preparedness following member requests for this topic:

1. **K-HAN Alert Issued:** February 4, 2026

2. **Current California Status:**

- Measles active and circulating in California
- Two cases particularly concerning: unable to identify exposure source
- Indicates baseline community transmission

3. Facility Preparedness Recommendations:

- Know vaccination status of all staff members in advance
- Don't wait for exposure to scramble for records
- Review protocols with staff for handling suspected measles cases
- Implement airborne precautions immediately for patients presenting with measles-like symptoms ("walks like a duck, quacks like a duck")
- Call county immediately when suspected case identified (time is critical for public health response)

4. Pediatric Vaccination Recommendations:

- Children 6-11 months traveling: Consider early MMR vaccination
- Provides protection during travel period

5. Testing Guidance:

- Know which tests to use for measles diagnosis
- Understand test interpretation

6. Communication Protocol:

- Call county public health immediately for suspected measles cases
- Rapid notification enables quick mobilization and support
- County cannot respond without notification

7. K-HAN Alert Subscription:

- Free subscription service
- Provides timely updates on health alerts
- Easy email delivery
- Members encouraged to subscribe

8. Immunization Program Contact Information:

- Slides contain information on how to contact IZ (Immunization) program
- Use for reporting measles cases

Retirement Announcements:

1. Dr. Chin

- Retirement Date: March 2026 (next month)
- Service: Years with county team, decades in public health field

- Recognition: "Incredibly wonderful person, really intelligent and knowledgeable"
- Contribution: "Gives freely of his time and his wisdom"
- Appreciation: "We really appreciate him and we won't really miss him" (said with affection)
- **Member Opportunity:** Members invited to write notes of appreciation
 - Notes can be given to county representatives at next meeting
 - Will be collected and passed along to Dr. Chin

2. Grace Mara

- Retirement Date: March 2026 (next month)
- Role: HAI Program leadership
- Impact: Built true legacy with HAI program
- Personal Note: Presenter became emotional preparing slides, describing Grace as "mentor and friend for a long time"
- Recognition: "Brilliant and amazing" with "amazing package" of skills
- Future: Excitement for Grace's next chapter
- Gratitude: "We're really grateful" for her contributions

Grace Mara's Remarks:

Grace addressed the chapter:

- Surprised by retirement announcement slide during presentation
- Reflected on career: "Time that I've had with the county since I first joined as a baby public health worker many, many, many, many, many years ago has meant a lot"
- Decision difficulty: "Really hard to kind of step away from your identity as a public health person and a nurse"
- Personal priorities: Taking time to spend with "very young kids" and family
- Life perspective: "We have all realized life is short and we only have a limited amount of time"
- Intent: "Trying to take advantage of every moment"
- Gratitude to chapter: "Huge gratitude to this group, this community of infection preventionists"

- HAI Program recognition: When program started "almost six years ago, we really didn't know what we were doing"
- Member support: "You all were so supportive. You all dove in with us"
- Accomplishments: "We can't imagine having accomplished what we have without every single one of your support"
- Request: "Hope that you will continue to support the team and the person who's going to be coming in after me"
- Successor status: "We don't know who that is yet. That's still in pre-recruitment"
- Future connection: "I hope to cross paths with you in the future. This will not be the last you see of me"
- Outlook: "Probably a lot more relaxed and maybe less gray haired"

President Myers' Tribute:

President Myers formally recognized Grace's contributions:

"Definitely want to say thank you for all the work that you have done to improve the quality of care provided to the patients of San Diego County. They will never know of your dedication and your commitment and also raise [others], but those of us in this room will note it and we are deeply grateful. So thank you much. Appreciate it."

L. Long-Term Care Committee Report

Presented by: Frank Myers

Humorous Opening: President Myers joked that his next step after retirement would be "straight into long-term care, not as an infection preventionist, but just [as a resident]."

Current Situation at Rady Children's Hospital:

- Week described as "tough"
- Multiple respiratory viruses circulating
- Viruses identified: Influenza, Mycoplasma, Rhinovirus, RSV
- "Haven't seen a lot of flu" but other respiratory pathogens prevalent
- Several measles rule-out cases managed

- Frequent communication with county public health ("on speed dial")

Operational Impacts:

- Facility at full capacity ("full to the brim")
- IC (intermediate care) beds being used for less critical patients due to capacity
- Universal masking implemented for all patient care several weeks prior
- Surge conditions affecting operations

Measles Testing Guidance:

- Discourage physicians from ordering IgM and IgG serology
- "Far better technology out there" for measles diagnosis
- Preference for more accurate, timely testing methods

Community Partnership Request:

- If pediatric patients not sick enough to require hospitalization, send home
- Work with county for home testing arrangements
- Avoid unnecessary emergency department visits
- "If they don't need emergency care, if they don't need to be admitted, if they don't need to come in" - keep them out of healthcare settings

Federal-State Regulatory Conflict (Rady Children's Hospital):

President Myers acknowledged situation affecting Rady Children's Hospital:

- Facility caught between conflicting federal and state mandates
- Federal: CMS threatening to remove all federal funding if transgender care provided
- State: California pursuing action against Rady for not providing transgender care
- President Myers expressed empathy: "I find it ironic that they picked on you guys since we had to make that same choice earlier"

- Described as "tough time" when "providing medically agreed upon care is interfered with at federal level"
- Recognition: "Not a good place to be" caught between state and federal requirements

President Myers: "Back on that happy note, I'll just sit here."

M. National APIC Report

Presented by: Jessica Alicdan and Frank Myers

Chapter Leaders Activities:

- **First Chapter Leaders Orientation Call:** February 12, 2026 (day after meeting)
- Board members and chapter leaders reminded to attend
- Contact Letty Klutz if invitation not received
- Remaining 2026 meeting dates provided to leadership

Membership Challenges:

- National APIC experiencing overall decrease in membership
- Contributing factor: National healthcare cuts reducing IP positions
- "Little bit of a scramble" at national level to address declining numbers
- Described as "a little quiet on that end"

Membership Engagement Initiatives:

- National APIC working on membership engagement committee
- Goal: Assign dedicated liaison to work with each chapter
- San Diego chapter will eventually receive own National APIC liaison
- Purpose: Bridge communication connection between national organization and chapters

National Conference:

- June 2026 conference upcoming
- Limited additional information available at this meeting

CBIC and APIC Combined Scholarship for AIPC Exam:

Jessica Alicdan and Claudia Sanchez Goad provided information:

- **Launch Date:** March 2026
- **Number of Scholarships:** 150 awards available
- **Award Benefits:**
 - Free AIPC exam registration
 - Free one-year APIC Text online learning system access
- **Target Audience:** New entry-level IPs, students, interns
- **Application Process:**
 - Register for CBIC account
 - Quick application process
 - Scholarships allocated based on date application opened
 - Application may still be open if all 150 not yet awarded
- **Recommendation:** Apply even if unsure of availability - no harm in trying

Discussion on AIPC Certification:

Claudia Sanchez Goad offered to email two-page information sheet with scholarship links to chapter members for distribution.

CEU Accreditation Status Question:

Claudia Sanchez Goad raised question about National APIC CEU availability:

- Temporary pause on APIC transition to ANCC accreditation for CEU hours
 - Courses still accessible but CEUs not available until finalized
 - Finalization anticipated: May-June 2026
 - **Clarification from President Myers:**
 - IPU (Infection Prevention Units) still available
 - IPUs count toward CIC certification (points method vs. retesting)
 - CEU pause affects nursing contact hours only
 - IPUs remain valid for CIC maintenance
-

N. California APIC (CAC) Elections

Information previously covered in Legislative Report section.

VI. Announcements and Roundtable Discussion

Educational Needs Assessment

- Educational needs assessment open for member completion
 - Initial responses: 12 members (as of mid-meeting)
 - Updated during meeting: 30 responses received
 - Assessment to be sent out one more time
 - **Important:** If already completed, do not fill out again
 - Purpose: Guide chapter education programming for remainder of year
-

VII. Train Wrecks of the Month

UC San Diego Health (Frank Myers)

Setting the Context:

President Myers noted: "I have told my team that despite being a devout and practicing atheist, I am being frequently mistaken for a priest because the number of departments that call me up and tell me their sins and ask for absolution at this point is pretty dramatic."

Issue 1: Unauthorized Blood Draws

- Area previously restricted from blood draws due to lack of sink
- Agreement: "No sink, no blood draws"
- Discovery: Blood draws occurring in restricted area despite prohibition
- Violation of approved limitations

Issue 2: Scope Creep Beyond Limited Approvals

- Multiple areas given limited approvals for specific activities
- Discovery: Increasing deviation from approved limitations

- Departments expanding activities beyond authorized scope
- Pattern of "quiet" violations across multiple areas

Overall Assessment:

- Findings described as "nothing too dramatic"
- Issues characterized as "quiet" deviations
- Context: Facility preparing for Joint Commission survey
- Departments "confessing" issues proactively in preparation

President Myers' Call to Share:

"Anyone else want to share anything they learned?" (No additional train wrecks shared by other members at this meeting.)

VIII. Meeting Sponsor Presentation

ASP Global (in partnership with Spry)

Presented by: Celine Helton (Clinical Sales Specialist) and Claudia (Regional Coverage)

Presenter Backgrounds:

- Celine Helton: Background in public health, interest in pressure injury prevention developed during graduate school research in long-term care
- Coverage Area: Celine and Claudia cover 13 states west of Colorado
- Company Base: Primarily Atlanta/East Coast, expanding western presence

Company Overview:

- ASP Global partnership with Spry
- Focus Areas: Pressure injury prevention, infection prevention, staff safety
- Today's focus: Infection prevention aspects

Spry Company Background:

- 35+ years in healthcare injury prevention

- Developed first fluidized positioning device (e.g., Z-Flo)
- Breakthrough Technology Awards: Premier and Vizient recognition for filtration technology
- Manufacturing: Products made in United States
- Headquarters: New York

Products Demonstrated:

Two products passed around during presentation:

1. Flow Lock Positioner (Dark Blue)

- Beaded self-molding positioner
- Feels similar to bean bag
- Visible filter on product
- Uses: Turn patients off heels, redistribute sacral pressure
- Replacement for: Boots, wedges, multiple pillows (facilities sometimes using 8 pillows for positioning)
- Can work within existing pressure injury prevention programs or completely replace traditional positioning products

2. Filtered Pillow (Light Blue)

- Standard pillow form factor
- Visible filter incorporated
- Designed to fit seamlessly into current workflow
- No practice changes required

Key Product Features:

1. Pneuma Pure Filtration

- Blocks pathogens down to 0.02 microns
- Protection against: Allergens, dust mites, bacteria, viruses, MRSA, C. difficile
- Technology award-winning component

2. Ultrasonic Welding

- No stitch seams
- Creates hermetic seal
- Prevents pathogen flow in and out of positioner/pillow

3. Pure Shield Fabric

- Waterproof
- Non-porous surface

- Prevents pathogen entry through material

Infection Prevention Problem Addressed:

Soft Surface Contamination:

Graphic demonstration shown (described as potentially "ruining pillows for everyone"):

- Reusable stitched pillow filled with baby powder
- Exterior cleaned to demonstrate issue
- When pressure applied, powder (representing pathogens) became airborne through:
 - Porous fabric surface
 - Stitch seams
 - Material that allows penetration

The Problem with Traditional Pillows:

- Hard surfaces (bed rails, floors, toilet seats) can be disinfected and wiped down
- Soft surfaces (pillows, mattresses) cannot be cleaned internally
- **Traditional Pillow Issues:**
 - Stitch seams allow pathogen entry/exit
 - Porous surfaces
 - Materials permit pathogen penetration
 - MRSA, C. difficile trapped inside even after exterior cleaning
 - Pathogens become airborne when pressure applied

Pillow Journey Video (described, not shown due to technical issue):

Study followed single reusable pillow through facility:

1. **Emergency Department:** Gunshot wound victim bleeding on pillow
2. **Housekeeping Response:** Entire bed wrapped up (linens, chuck, pillows) placed in bag
3. **Laundry Facility:** Lead wires removed, chuck discarded, linens cleaned, pillow exterior wiped only
4. **Mother-Baby Unit:** Same pillow placed under newborn
5. **ICU:** Pillow subsequently used for critical care patient

Demonstrates: Pillow exposure to highest-risk patients across multiple units with inadequate decontamination between uses.

Clinical Evidence:

Infection Prevention Research:

- **Latest Study:** May 2025, Germany
 - Sample: 100 reusable stitched pillows vs. 100 Flow Lock positioners
 - Traditional pillows: Approximately 60% tested positive for MRSA and C. difficile when opened and tested internally
 - Spray positioners: Zero positive for MRSA or C. difficile
- Additional studies available on pressure injury prevention outcomes
- Multiple facilities documented success replacing boots/positioning pillows with Flow Lock positioners

Fixed Quantity Service Program:

- **Standard Allocation:**
 - Two Flow Lite pillows (light blue) per bed
 - Two Flow Lock positioners (dark blue) per bed
 - Total: Four positioning devices per room
- **Service Included:**
 - Vendor rounding in facility to check inventory
 - Replacement if products "grow legs and walk away"
 - Ensures nurses don't waste time searching for positioning products
 - Products always available at bedside
- **Reusability:**
 - Program guarantees reusability up to one year
 - Annual replacement: All positioners and pillows in facility replaced after one year
 - Ensures safety and effectiveness
 - Soiled products replaced free of charge during year
 - One-off purchase option available without reusability guarantee
- **Multi-Patient Use:**
 - Default program: Multi-patient use

- Extra filter layer added to fixed quantity program products
- Single-patient use option available (not part of fixed service program)

Cleaning and Maintenance:

- Material cleanable with approved disinfectants
- **President Myers' Recognition:** "So nice to see a company willing to test against all these products"
 - Extensive approved disinfectant list
 - Flexibility for facility workflows
 - Company commitment appreciated
- Iodine can be used to remove stains (particularly white filter area)
- Soiled products replaced free of charge under service program
- Visual assessment: If looks dirty, vendor replaces proactively

Compatibility and Usage:

- Compatible with low air loss surfaces
- Testing documentation available
- Do not use pillowcases (constricts airflow through filter)
- Barrier required between patient and product:
 - Flat sheet
 - Glide sheet
 - Turn sheet
- Placement: Underneath sheet/glide, same as traditional wedges
- Not placed directly against skin

Additional Product Line:

Complete pressure injury prevention suite available:

- Wedges
- Turn sheets
- Glide sheets
- Boots
- Other positioning devices

Customized solutions available by department based on specific needs.

Collaboration Opportunities:

- Typical stakeholders: ICU, CCU, Quality, Patient Safety, CNO, Infection Prevention
- Win for multiple departments simultaneously
- Cost comparison: Price comparable to boots
- Can eliminate preventive heel dressings (Flow Lock floats heels off bed)

Contact Information:

- Business cards included on handouts
- Handout to be sent to virtual participants
- Interest in connecting with position prevention stakeholders
- Request: Introductions to appropriate contacts at facilities

Member Appreciation:

"Thank you all so much for having us today. We look forward to being a part of this group in the future too. Please reach out if interested or want to have further discussion."

IX. Break

10-minute break announced before educational presentation.

X. Educational Presentation: High-Level Disinfection and Endoscope Reprocessing

Presented by: Jessica Alicdan (UCSD Health Infection Preventionist)

Presentation Context:

- Original presentation co-authored with Tamra Bim and Jerry Culbertson
- To be presented at ARN (Association of periOperative Registered Nurses) Conference
- Conference Location: New Orleans

- Conference Date: Monday, April 2026 at 8:00 AM
- Original audience: Perioperative nurses
- Today's adaptation: Focus on partnering with periop departments and SPD for infection preventionists

Learning Objectives:

- Comprehensive overview of high-level disinfection and sterilization processes for endoscope management and reprocessing
- Best practices for endoscope reprocessing
- Challenges in endoscope reprocessing
- Conflicting guidance between professional society guidelines
- Risk assessment framework for decision-making

Special Feature:

Live borescope demonstration with Joel Fairbanks (NuTrey Small):

- New borescope model 2.0
- Robotic arm technology
- Hands-on opportunity for attendees to inspect scopes

Presentation Content Summary

Critical Stages of Endoscope Reprocessing:

Over 150 steps on average, organized into critical phases:

1. **Pre-cleaning at Point of Use**
2. **Leak Testing**
3. **Manual Cleaning**
4. **Visual Inspection**
5. **High-Level Disinfection or Sterilization**
6. **Drying**
7. **Storage and Transport**

Visual Cue System:

Presentation uses symbol in corner of each slide:

- **Nursing hat symbol:** Indicates frontline staff responsibility

- Purpose: Guide IPs on where to focus education and intervention efforts with clinical staff

Key Concept: Frontline Staff as First Line of Defense

Quote from Manuscript (in preparation for ARN, third revision):

"Perioperative nurses are the first and last line of defense for patient safety because effective pre-cleaning at point of use directly determines the success of all downstream processing steps. Immediate removal of gross soil prevents drying and biofilm formation, reduces reprocessing failures and protects patients from infections before the endoscope ever reaches sterile processing department."

Rationale:

- Many safety reports involve patient harm from inadequate reprocessing
- "Good catches" occur when staff visually inspect before patient use
- Visual inspection critical during case setup
- IPs should emphasize inspection in all in-services to periop teams

Detailed Phase Breakdown

1. Pre-Cleaning at Point of Use (Nursing hat - frontline staff focus)

- **Purpose:**
 - Prevent biofilm formation
 - Remove bioburden immediately
 - Prevent drying of organic material
- **Special Considerations:**
 - Assess quantity of simethicone used (GI procedures)
 - Crystallized structures can form in valves
 - Must be removed during point-of-use treatment
- **Differential Treatment:**
 - Insertion tube and cords: May be treated differently per manufacturer IFU
 - Some cords: Low-level disinfectant only

- Insertion tube: Enzymatic sponge or per IFU specifications
- **Critical Action:**
 - Frontline staff must know manufacturer IFU requirements
 - Wipe down immediately upon removal from patient
 - Follow specific pre-cleaning protocol

2. Leak Testing

- **Types:**
 - Handheld devices
 - Automated devices
- **IFU Specifications:**
 - Wet leak test vs. dry leak test
 - Specific pressure requirements
 - Must follow manufacturer instructions exactly
- **Purpose:**
 - Detect internal or external damage
 - Determine if scope is safe to reuse
 - Prevent water intrusion (causes further damage)
- **If Leak Detected:**
 - Pull device out of service immediately
 - Report according to facility process
 - Staff must know escalation procedure
 - Do not proceed with reprocessing
- **Importance:**
 - First critical step in determining reusability
 - Essential for patient safety

3. Manual Cleaning

- **Primary Tool:** Brushes specific to scope channels
- **IFU Requirements:**
 - Specifies brush sizes needed
 - Specifies brush lengths required
 - Must match lumen diameter and length
- **Accessories and Valves:**
 - Best practice: Disposables preferred
 - Check device requirements (some require reusable components)
 - Trend: Industry moving toward disposables

- **Brushing Best Practices:**
 - Minimum: Three passes through each lumen
 - IFUs often vague on specific number
 - Check brush bristles for bioburden
 - Staff must know what clean looks like
 - Avoid "blind reprocessing"
- **Critical Finding - IFU Inadequacy Example:**
 - Case study: Followed manufacturer IFU exactly
 - Used specified 5mm brush as directed
 - Biofilm still visible after brushing
 - Applied 7mm brush: Successfully removed biofilm
 - Action taken: Photos submitted to FDA MAUDE report and manufacturer
 - Outcome: Requested IFU update from manufacturer
 - Lesson: "Never do blind reprocessing" - always visually verify cleanliness
- **Use of Pull-Throughs:**
 - Essential when using stents, clips, or other devices
 - Prevents items becoming stuck in channels

Manual Cleaning Basin Standards:

Evolution: Standards moved away from one basin to two-basin or three-basin systems

Challenge: Staff confusion during facility renovations/upgrades when transitioning between systems

Two-Basin Method:

- **Basin 1:**
 - Option A: Dry leak test (no water)
 - Option B: Wet leak test (water only, no detergent)
 - Rationale for no detergent: Detergent creates bubbles that interfere with leak detection
 - After leak test: Add correct detergent ratio
 - Perform manual cleaning with brushes
- **Basin 2:**
 - Rinse and submersion
 - Remove all detergent residue

- Rationale: Chemical interference with high-level disinfectant or sterilant
- Water only

Three-Basin Method:

- **Basin 1:** Leak testing (configuration varies)
- **Basin 2:** Manual cleaning with enzymatic detergent
- **Basin 3:** Final rinse (always water only)

Universal Principle: Last basin always final rinse with water only

Critical Technique: Unidirectional flow only (no backflow) to prevent cross-contamination

4. Visual Inspection (Nursing hat - everyone's responsibility)

- **Who Should Inspect:**
 - Frontline clinical staff during case setup
 - Sterile processing technicians in decontamination/reprocessing
 - "Can't emphasize enough that everyone needs to inspect"
- **When to Inspect:**
 - Before scope goes into patient
 - During case setup
 - After reprocessing before storage
- **Common Damages Found:**
 - Distal tip damage (photos shown from published APIC brief)
 - Internal channel damage
 - External sheath damage
- **Persistent Problem:**
 - Physicians still use damaged scopes
 - Patient injury occurs from damaged scopes
 - Multiple reports and studies document this ongoing issue
 - Emphasis needed: Visually inspect every time

Visual Inspection Tools and Environment:

- **Recommended Equipment:**
 - Hands-free magnification devices

- Lighted magnification
- Borescopes for internal lumen inspection
- **Environmental Requirements:**
 - Adequate lighting critical
 - AMI standards specify lighting requirements by lux
 - Many reprocessing rooms lack appropriate lighting
 - Assembly areas particularly need proper illumination
- **Inspection Focus:**
 - Follow manufacturer IFU for inspection criteria
 - Look within lumens (use borescope)
 - Check external surfaces
 - Never perform blind reprocessing

5. High-Level Disinfection and Sterilization

Scope Risk Classification (per AAMI ST91):

High-Risk Scopes:

- Bronchoscopes
- Linear scopes
- Scopes with elevator mechanisms
- Cystoscopes
- Ureteroscopes
- Duodenoscopes

Differentiation Important:

- High-risk scopes require different treatment than non-channeled scopes
- Staff must know IFU for their specific scopes
- Risk-based approach to reprocessing method selection

Current Trend:

- Movement toward sterilization over high-level disinfection
- Driven by FDA and AAMI ST91 recommendations
- Particularly for high-risk scopes

Sterilization Methods for Heat-Sensitive Scopes:

- **Cannot Use:** Traditional steam autoclave (heat damage)
- **Acceptable Methods:**
 - Low-temperature sterilization
 - Liquid chemical sterilants

Manual Soaking (Peracetic Acid, etc.):

- Not recommended for channeled scopes
- Movement away from this method
- May be acceptable as backup method for scopes sent for repair
- Not considered effective strategy for high-risk scopes

Disposable Scopes:

- Increasingly used to address workflow constraints
- **Workflow Considerations:**
 - Sterilization turnaround: Minimum 24 hours
 - Must consider: Scope inventory, patient volume, procedure scheduling
 - If operational capacity insufficient, disposables can help
- **Sustainability Concerns:**
 - UCSD committed to sustainability practices
 - Disposable manufacturers developing recycling programs
 - Helps address environmental concerns
- **Quality Improvements:**
 - Current market: Three major competing bronchoscope brands
 - Advanced features now available
 - Improved image clarity
 - Better tactile feel ("doesn't feel cheap")
 - Physician acceptance improving
 - Single-use technology has "come a long way"

6. Drying

- **Critical Importance:**
 - Often skipped step (documented in studies)
 - Organisms can still grow on scopes if moisture remains
 - Particularly in channels
 - "Any organism still left can still grow"

- **Equipment Requirements:**
 - Medical-grade compressed air required
 - If not available, question how staff are drying devices
 - Critical for lumened devices
- **Evidence-Based Duration:**
 - Recent research (Corey Ofstead): 10 minutes most effective
 - Reality check: "What tech has 10 minutes to dry each scope?"
 - Time constraint contributes to step being skipped
 - Remains critical despite time challenges

7. Storage and Transport

(Not detailed in transcript excerpt, but included in 7 critical stages)

Communication and Collaboration Framework

Clinical Team Expectations for Case Setup:

- **Protocol Review:**
 - How do teams prepare?
 - What is their process?
- **UCSD Policy Example:**
 - Deploy endoscope within one hour of patient check-in
 - Maximum time limit, not minimum
- **Visual Inspection During Setup:**
 - If damage detected, escalate immediately
 - Have backup scopes available
 - Recent example: Three trays opened
 - * First two trays: Questionable bioburden found
 - * Good catch by entire team before patient use
 - * Third tray: Met expectations, used safely
 - Immediate escalation to SPD for urgent needs

Role Clarity:

- Meeting with all stakeholders recommended
- Discuss accountability and readiness
- Clarify everyone's specific role
- "You'd think we'd know our roles, but it's good to have the meeting"

- Ensures understanding across team

Effective Communication Methods:

- Especially important in healthcare systems
- Cannot assume knowledge
- **Leadership Communication:**
 - Lead staff communication threads
 - Teams messaging platforms effective at UCSD
- **Shared Department Challenges:**
 - Some reprocessing rooms shared by 3 departments
 - Not ideal but can work if sinks adequate
 - Problems arise:
 - * High volume with crowded space
 - * Staff from different departments, unclear identification
 - * Endoscope processing machines alarming with no one attending
 - * Unknown which department's scope in machine
 - * Extended soak times when scopes left unattended
 - Solution: Communication method to coordinate (e.g., "who left scope here?")

SPD Coordination:

- **Standard Turnaround:** 24 hours expected
- **Urgent Needs:** Must communicate in advance
- If demand cannot be met within standard time, alternative solutions needed
- Communication is key to meeting expectations

President Myers' Insight on Shared Spaces:

Architectural trend: Large outpatient facilities combining multiple clinics (urology, respiratory, endoscopy) with shared reprocessing areas to maximize space.

Problem:

- Uncoordinated schedules between departments
- Department-specific scope techs create conflicts

- Example: Respiratory tech arrives, finds all three bays occupied
- "I'll finish in 10 minutes" sets respiratory tech behind schedule in home clinic
- Cumulative delays affect patient care

Solution:

- Advocate with architects early in design phase
- Recommend: Scope techs not "owned" by specific departments
- Create shared scope tech pool serving all clinics
- Prevents schedule conflicts
- Ensures coordinated workflow

Extended Soak Time (added by audience member Laura):

- **Trigger:** Scope left out longer than one hour
- **Action:** Follow manufacturer IFU for extended soak protocol
- **Typical Requirements:**
 - Extended soaking in enzymatic solution
 - Some manufacturers (e.g., Olympus): Send out for repair/inspection
 - Depends on facility contract
- **Purpose:** Remove biofilm that may have formed in channels
- **Communication:** Clinical staff must notify SPD if scope deployment delayed beyond one hour

Jessica: "Very important. Thank you for bringing that up. I'm going to have to add that to my PowerPoint."

Helpful Collaboration Tools:

- **Shared Checklists:**
 - Loan scopes anticipated for the week
 - Helps reprocessing techs plan
 - Entire team aware of special equipment needs
- **Scheduling Visibility:**
 - Procedure schedules shared with reprocessing
 - Techs know what to expect for the day
 - Better resource allocation
- **Real-Time Updates:**
 - Visual platforms

- Emerging technology
- Helpful for coordinating workflow

Professional Society Guidelines

Table: Society Guideline Comparison

Jessica referenced comprehensive table published in APIC Issue Brief: "The Science Behind Endoscope Reprocessing"

Table Features:

- Breaks down all critical reprocessing stages
- Compares recommendations across professional societies:
 - AAMI ST91 (strongest guidance for scopes)
 - ARN (Association of periOperative Registered Nurses)
 - SGNA (Society of Gastroenterology Nurses and Associates)
 - APIC
 - CDC
 - SHEA
 - Others
- Does not include manufacturer-specific recommendations (additional layer)

Key Findings:

- **Most Reliable:** AAMI ST91 and ARN
- **GI-Specific:** SGNA followed for GI departments, but some conflicts with others
- **Issue:** Conflicting information across societies
- **Gaps:** Some societies don't mention certain steps or recommend risk assessment without clear guidance
- **Gray Areas:** Many recommendations advisory rather than prescriptive

Recommendation: Review table when making reprocessing decisions - available in APIC Issue Brief publication.

Emerging Evidence

1. Alcohol Use in Drying:

- **Evidence:** Studies show alcohol can dry or damage seals within internal channels
- **Key Point:** Alcohol is NEVER replacement for proper drying
- **Recommendation:**
 - Dry channels effectively using compressed air
 - Do not rely on alcohol alone
 - Review facility's current drying method
 - Check if staff using alcohol as shortcut

2. Simethicone Risks:

- **Emerging Research:** Multiple studies showing simethicone risks
- **Problem:** Not effectively removed during high-level disinfection or sterilization
- **Study Finding - Colonoscope Analysis:**
 - 16 colonoscopes examined
 - Water jet channels contained crystalline structures
 - Structures not removed by standard reprocessing
 - Link to outbreaks established
- **Recent Publication - Corey Ofstead:****
 - "Call to Action" for infection preventionists
 - Examine simethicone practices in facilities
 - Organisms found within channels due to simethicone:
 - * E. coli
 - * Citrobacter
 - * Stenotrophomonas
 - * Molds
- **Recommendations:**
 - Review amount of simethicone used in facility
 - Ensure following manufacturer IFU correctly
 - Have discussion about simethicone practices with GI department
 - Consider reduction strategies

3. Olympus Therapeutic Scope Alert:

- **Specific Model:** GIF-1TH190
- **Issue:** Specific cleaning requirements for particular area
- **Action:** Ensure staff following manufacturer instructions for this model
- (Presentation cut off at this point in transcript)

Additional Discussion Topics

UC San Diego Epic Implementation - Best Practice Alert:

President Myers shared recent Epic functionality:

- **Target:** Central lines placed emergently with less than sterile technique
- **Function:** Best practice alert sent to caring physicians
- **Message:** Encourages line removal
- **Goal:** Eliminate risky lines placed in emergency situations
- **Tracking:** Soon to measure how many catheter days discontinued through this intervention
- **Application:** Available to Epic users who want to implement similar functionality

Ultrasound Gel Practices (Myra Laurino Question):

- **Topic:** Multi-use ultrasound gel bottles vs. sterile single-use
- **Specific Concern:** Intracavity vaginal probes during vaginal exams
- **Recommendation:** Single-use packets to prevent cross-contamination
- **Hospital Practice:** Single-use sterile gel packets for high-risk procedures
- **President Myers Response:**
 - Discourages multi-use ultrasound gel
 - Acknowledges cannot completely ban due to widespread use
 - Strategy: Work with purchasing to restrict availability
 - Challenge: Staff find ways to order multi-dose bottles despite restrictions
 - Multi-dose gels linked to events in literature
 - "Found it almost impossible to stop"
 - Lacked "political capital to continue to fight it"

- Acknowledgment: "We all draw incredibly crooked lines in infection prevention of what we're willing to tolerate"
- **Myra's Response:** "Pick and choose your battles of what's gonna be worse, right?"

Trophon Use and High-Level Disinfection:

Myra noted that many things "percolating" when she asks about ultrasound practices, particularly around Trophon use for probe disinfection.

Borescope Demonstration

Demonstrator: Joel Fairbanks (NuTrey Small)

- New borescope model 2.0 with robotic arm
- Interactive demonstration planned
- Attendees able to test equipment
- Hands-on opportunity to visualize internal scope channels
- Purpose: Train IPs and staff to recognize adequate cleaning
- Emphasis: Avoid "blind reprocessing"

(Specific demonstration details not captured in transcript - presentation continued beyond transcript coverage)

XI. Website and Resource Updates

CAC Website Access Question (Myra Laurino):

- Member reported difficulty finding quarterly meeting schedules on California APIC website
- May have been using outdated/favorited link from San Diego chapter website
- **Jessica's Response:**
 - Updated schedule available on current CAC website
 - Resource link should be included
 - Recommended: Google search "California APIC" (should be first result)
 - Will verify link on San Diego chapter website needs updating

- **Action Item:** Update California APIC link on San Diego chapter website if outdated
-

XII. Meeting Evaluation and CEUs

CEU Information:

- CEUs provided after completion of speaker evaluation
- Educational presentation qualifies for CEU credit
- Evaluation QR code provided for scanning
- Link to be shared at end of meeting

Meeting Materials Access:

- Presentation slides available on chapter website
- Organized by month on meeting page
- All materials archived including:
 - Educational content
 - Evaluation links
 - Meeting minutes
 - Attendance forms

Alternative Access (for those missing attendance scan):

Contact Kyle (Secretary) - monthly meeting materials include attendance forms, evaluation links, and slides.

XIII. Adjournment

Meeting adjourned at approximately 3:00 PM PST.

Reminders:

- Complete meeting evaluation for CEU credit
 - Review posted materials on chapter website
 - Next meeting: March 11, 2026
-

XIV. Action Items Summary

1. **Brianna Scott:** Add Advanced Leadership Certification (ALCIC) tracking to monthly membership reports
2. **Claudia Sanchez Goad:** Email AIPC scholarship information to Kyle for member distribution
3. **Kyle:** Distribute AIPC scholarship information from Claudia to membership
4. **All Members:** Update credentials in APIC profile for accurate chapter reporting
5. **All Members:** Register for Legislative Day (February 25, 2026) if interested in participating
6. **All Members:** Subscribe to K-HAN alerts for timely public health notifications
7. **All Members:** Review measles preparedness protocols and staff vaccination status
8. **Chapter Webmaster:** Update California APIC link on chapter website if outdated
9. **Jessica Alicdan:** Add extended soak time information to endoscope reprocessing presentation
10. **All:** Complete educational needs assessment (if not yet completed)
11. **All:** Complete meeting evaluation for CEU credit

Minutes Prepared By: Kyle (Chapter Secretary)

Minutes to be Approved: March 11, 2026 meeting

Attendance Summary

Total Attendees: 73 participants (combined in-person and virtual)

Meeting Duration: Approximately 3 hours 15 minutes

Selected Attendees (partial list from transcript):

- Frank Myers - President, Director of Infection Prevention and Clinical Epidemiology, UC San Diego Health
- Jessica Alicdan - President-Elect, Infection Preventionist, UCSD Health
- Kyle - Secretary

- Kim Delahanty - Treasurer
- Brianna Scott - Membership Chair
- Claudia Sanchez Goad - Nominating and Awards Co-Chair, RN-IP, Scripps
- Margaret Turner - CDPH HAI Liaison
- Grace Mara - County Public Health, HAI Program (retiring March 2026)
- Myra Laurino - Infection Preventionist, Sharp Rees-Stealy Medical Centers
- Gina Newman - Northern California Representative
- Celine Helton - Clinical Sales Specialist, ASP Global (Meeting Sponsor)
- Joel Fairbanks - NuTrey Small (Borescope Demonstration)
- Linnea - New Chapter Member
- Noah Egan - Pneumatic Engineering
- (Additional 60+ participants - full attendance records maintained separately)