Objectives

• Articulate infection prevention core practices that are foundational and relevant to the targeted guidelines developed by CDC and HICPAC

• Enable the targeted guidelines to refer to the core practices document

• Facilitate linkage between the CDC and HICPAC guidelines and other documents developed by CDC so there is shared language when addressing core infection prevention practices

• Facilitate use of a dynamic and standardized set of practices that can be used as a basis for development of educational materials
Describe for You Today

- Process
- Initial list of Core Practices
- Findings of interest
- Revised list of Core Practices (Domains and Practices)
- Identification of gaps
- Feedback for next steps
Process

- Identify an initial list of core practices
- Review current CDC and HICPAC guidelines to identify core practices and compare language and grading of recommendations
- Review current US infection prevention and control guidance (e.g., Outpatient Oncology and Ambulatory Settings) as well as Canadian and WHO Core Practices
- Create a summary table with the domains, practices, rationale, source documents, and additional references
- Applicability
- Identify potential additions to the core practices list
GUIDE TO INFECTION PREVENTION FOR OUTPATIENT SETTINGS:
Minimum Expectations for Safe Care

National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion

CS17789
Infection Prevention and Control Best Practices
for Long Term Care, Home and Community Care including Health Care Offices and Ambulatory Clinics
June, 2007

Sponsored by
The Canadian Committee on Antibiotic Resistance
Core components for infection prevention and control programmes

Report of the Second Meeting
Informal Network on Infection Prevention and Control in Health Care

Geneva, Switzerland
26–27 June 2008
Initial List of Core Practices

• Hand hygiene
• Safe injection practices
• Standard precautions
• Training and education of healthcare personnel
• Patient and family education
• Environmental cleaning and disinfection
• Administrative support
• Monitoring and feedback of performance measures
Guidelines Reviewed

- Guideline for Infection Control in Healthcare Personnel, 1998
- Guideline for Prevention of Surgical Site Infection, 1999
- Guideline for Hand Hygiene in Health-Care Settings, 2002
- Guidelines for Prevention of Nosocomial Pneumonia, 2003
- Guidelines for Environmental Infection Control in Health-Care Facilities, 2003
- Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005
- Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006
- Guidance for Control of Infections with Carbapenem-Resistant or Carbapenemase-Producing Enterobacteriaceae in Acute Care Facilities, 2009
- Updated Norovirus Outbreak Management and Disease Prevention Guidelines 2011
- Updated Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2011
Findings of Interest

• Varied language and grading of the recommendations across guidelines
• Not all core practices are included (or necessarily appropriate for inclusion) in all guidelines
• Some core practices are no longer included in current guideline revisions
• Not all activities felt to be “core” are included in guidelines
• Still some struggle with too much specificity v. too little guidance
• IC in HCP Guideline:
  ✓ Provide personnel, annually and whenever the need arises, with in-service training and education on infection control appropriate and specific for their work assignments, so that personnel can maintain accurate and up-to-date knowledge about the essential elements of infection control (IB/IC)

• Isolation Guideline:
  ✓ Provide job-specific training to staff and update periodically (II)

• MDRO Guideline:
  ✓ Provide education and training on risks and prevention during orientation and periodic updates (IB)
  ✓ Intensify education when rates are not decreasing (IB)

• Norovirus Guideline:
  ✓ Consider educational session and resources on prevention and management as part of annual training and when sporadic cases are detected (II)

• CRE Guidance: Nothing
Revised List of Core Practices

1. Administrative support for the infection prevention and control programs
2. Infection prevention training and education for healthcare personnel
3. Infection prevention education for patients, families and caregivers
4. Performance monitoring and feedback
Revised List of Core Practices

5. Standard precautions
   a. Hand hygiene
   b. Use of appropriate personal protective equipment
   c. Use of respiratory hygiene and cough etiquette

6. Injection safety

7. Environmental hygiene
   a. Aseptic technique
   b. Soiled linen (textiles) and waste disposal

8. Cleaning, disinfection, and sterilization of medical equipment
1. Administrative Support

- Involvement in risk assessment
- Positional authority
- Provision of resources (human and material)
- Alignment of strategic goals within the organization
- Collaborative support
- Interprofessional education
2. Training and Education of Healthcare Personnel

- Competency-based for role responsibilities
- Training specific for the setting
- Principles of adult learning (reading-, learning-, language-appropriate)
- Access to materials
- Periodic updates
- Intensified when circumstances warrant (e.g., outbreaks)
3. Education for Patients, Families and Caregivers

- Inclusive
- Specific regarding mechanisms for transmission and prevention
- Competence of those providing the education
- Geared toward education level, language, culture
- Enabling and empowering
- Supportive resources
4. Performance Monitoring and Feedback

- Based upon monitoring processes of programs and strategies (processes and outcomes) that enhance adherence to best practices
- Align with elements included in risk assessment
- Standardized monitoring tools and definitions that enable widespread use
- Staff (users) trained on performance monitoring concepts, data collection and practice observation skills
- Include assessment of performance monitoring processes and practices in the overall performance monitoring program
- Regular feedback (processes and outcomes) to staff responsible for performance monitoring and improvement
5. Standard Precautions

• Hand hygiene
  – Ensure performance
    • Before touching a patient
    • Before exiting the patient’s care area after touching them or the environment
    • After contact with blood/body fluids
    • Prior to performing an aseptic task
    • If hands moving from contaminated to clean body site
    • After glove removal
5. Standard Precautions

- Use of personal protective equipment
  - PPE sufficient, appropriate and accessible
  - Education of all HCP on proper selection and use
  - Removal
  - Glove use
  - Gown use
  - Mouth, nose and eye protection
5. Standard Precautions

• Respiratory hygiene and cough etiquette
  – Implement measures to contain respiratory secretions
  – Provision of supplies and equipment necessary for containment
  – Educate healthcare personnel on prevention measures
6. Injection Safety

- Aseptic technique
- Cleansing access diaphragms of medical vials
- Never reuse syringe
- Do not use single dose vials or items for multiple patients
- Dedicate multidose vials when possible
- Dispose of syringes and needles at point of use
- Adhere to federal and state requirements for protection of HCP from BBP exposure
7. Environmental Hygiene

• Establish policies and procedures for routine cleaning and disinfection
• Select EPA-registered disinfectants or disinfectants with label claims for use in special circumstances
• Assign responsibility for routine cleaning and disinfection to appropriately trained personnel
• Follow manufacturer’s recommendations
7. Environmental Hygiene

- Aseptic technique
  - Clear separation of clean from soiled/dirty
  - Avoid sharing of patient care items unless cleaned and disinfected between patients
  - Store items in clean storage spaces
  - Ensure items packaged for multiple use are maintained in a manner that minimizes contamination opportunities
  - Store patient care items in areas free from compromising conditions
Soiled Textiles and Waste Disposal
- Handle all contaminated textiles with minimum agitation
- Prevent leakage during transport
- Ensure regular trash and regulated waste are disposed of in designated containers
- Collected, handled and transported to final destination in accordance with federal, state and local regulations
8. Cleaning, Disinfection and Sterilization of Medical Equipment

- Single use devices are reprocessed only by entities that have complied with FDA regulatory requirements
- Disposal of SUDs must be handled according to facility waste policy (and state, federal requirements)
- Reusable medical equipment must be cleaned and maintained according to the manufacturer’s instruction
- Cleaning must always precede disinfection or sterilization
- Reprocessing must be performed by HCP with training and documented periodic competencies
Additional Core Practices to be Considered

- Patient placement and isolation basics
- Removal of invasive devices asap
- Occupational health-related practices (immunization, work restrictions, tracking of illness/reasons for absence)
- Others that continue to emerge as review continues (supports dynamic approach)
- Combining some practices
Next Steps

- Review and revise current table
- Add narrative material that provides general context and depth
- Ensure a useful format
- Enable ongoing review and updates
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