

# — GUIDELINE —

# Infection Prevention & Control in Ambulatory Care Settings





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#### Introduction

Outbreaks of infection were traditionally associated with hospitals, but in recent years the delivery of care has increasingly shifted toward ambulatory and community-based settings. As a result, outbreaks and other infection-related adverse events have been identified in outpatient facilities, including medical and dental practices and ambulatory surgery centers. In many of these outbreaks, breakdowns in basic infection prevention procedures were associated with these events.<sup>1</sup>

Thus, it is critical that every outpatient or ambulatory care setting — whether it is a solo provider practice, an outpatient clinic, a specialty-specific office, an ambulatory surgery center, or a healthcare facility where patients receive clinical care (but do not remain overnight) — implement an infection prevention and control (IPC) plan. This plan also should include considerations for IPC as part of emergency preparedness.

## **Objectives**

The objectives of this guideline are to:

- Provide guidance on how to use two essential resources from the Centers for Disease
  Control and Prevention (CDC) to conduct an IPC self-evaluation
- Summarize IPC recommendations from the CDC for consideration in outpatient and ambulatory settings
- Offer various resources on infection prevention and control to help healthcare providers and personnel establish and maintain their IPC plans

## **Developing an Infection Prevention and Control Plan**

As a first step in implementing an IPC plan, each outpatient organization should obtain CDC's Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care and its corresponding checklist.<sup>2</sup>

Appropriate healthcare providers and personnel should read the guide and use the checklist to conduct a self-evaluation. The guide is categorized by key recommendations for various IPC aspects, such as education and training of healthcare personnel, hand hygiene, personal

protective equipment (PPE), and safe injection practices. Similarly, the checklist is divided into key topic areas that correspond to the guide's recommendations.

Healthcare providers and personnel should identify the sections of the guide that are relevant to their specific setting, and then refer to the appropriate sections within the checklist to conduct a self-evaluation. The CDC's guide and checklist provide physicians, dentists, healthcare professionals, and other healthcare personnel with a method to assess their organizations as well as a number of evidence-based resources to review.

Another helpful CDC publication that applies to all healthcare settings is the *Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*. This comprehensive document presents the fundamental elements and precautions needed to prevent the transmission of infectious agents as well as categorized recommendations.

In addition to the guidelines and checklist, the CDC and the Safety Injection Practices Coalition lead the One & Only Campaign, a public health effort to raise awareness among patients and healthcare providers about safe injection practices. The campaign aims to eliminate infections resulting from unsafe injection practices. Providers may download campaign materials that include targeted educational materials and messages to increase awareness of infections.

## **Key Elements of an Infection Prevention and Control Plan**

The following guidance is a summary list of the issues identified in the aforementioned CDC publications. When assessing IPC plans for outpatient facilities, healthcare providers and personnel should consider whether these factors have been addressed.

## **Administrative Support**

- Does the organization have:
  - Written IPC policies and procedures, which are assessed at least annually or according to state and/or federal requirements?
  - Trained and knowledgeable IPC leaders?
  - Adequate and readily available supplies?

- Employee training and competency validation upon hire and at least annually or according to state and/or federal requirements?
- Annual assessments and documentation of compliance with IPC policies and procedures?

#### **Occupational Health**

- Does the organization require:
  - Adherence to Occupational Safety & Health Administration (OSHA) bloodborne pathogen standards?
  - Implementation of postexposure evaluation and follow-up plans?
  - Hepatitis B vaccination for employees at risk of occupational exposure?
  - Annual influenza vaccination for all healthcare personnel?
  - Tuberculosis (TB) screening upon hire for healthcare personnel at risk for exposure as well as annually if required by state law or the facility's TB risk assessment?
  - Other vaccinations as required by local and state laws?
  - A respiratory protection program and annual respiratory fit testing for appropriate healthcare personnel?
  - Written protocols for preventing and managing job-related and communityacquired infections in healthcare personnel?

## **Surveillance and Disease Reporting**

- Does the organization require:
  - Maintenance of an updated list of reportable diseases?
  - Compliance with mandatory reporting requirements?

#### **Hand Hygiene**

- Does the organization have:
  - Adequate and readily accessible supplies (e.g., soap, water, paper towels, and alcohol-based hand rub)?
  - Healthcare personnel education regarding appropriate hand hygiene techniques?
  - A hand hygiene surveillance program to monitor and improve compliance that includes written policies and documentation of compliance?

#### **Personal Protective Equipment**

- Does the organization provide:
  - Sufficient and appropriate personal protective equipment (gloves, gown, mask, eye protection, face shield) for staff?
  - Training on proper selection and use of PPE?

#### **Injection Safety**

- Does the organization require:
  - Limited utilization of multidose vials and selection of appropriate vial sizes based on facility needs?
  - Appropriate preparation of injections using aseptic technique?
  - Adherence to CDC's One & Only Campaign principles?
  - Proper disposal of single-use devices and any sharps used in providing patient care in a puncture-resistant sharps container?

## **Respiratory Hygiene**

- Does the organization ensure:
  - Appropriate management of patients with respiratory symptoms?
  - Provision of adequate supplies in appropriate locations (e.g., tissues, no-touch receptacles, face masks, etc.)?

 Adequate education on preventing the spread of respiratory pathogens when examining and caring for patients?

#### **Point-of-Care Testing**

- Does the organization provide:
  - Job-specific training and competency validation for healthcare personnel who perform point-of-care testing?
  - Routine audits to ensure adherence to recommended practices during point-ofcare testing?
  - Feedback from audits to healthcare personnel regarding their adherence to recommended practices?

#### **Environmental Cleaning**

- Does the organization have:
  - Written policies and procedures for environmental cleaning?
  - Job-specific training and competency validation for environmental services staff at hire and when policies/procedures change?
  - Protocols for periodic assessment of cleaning procedures to ensure adequacy and consistency?
  - Policies for the appropriate use of PPE?
  - Decontamination procedures for blood spills or body fluid spills?

## **Reprocessing of Reusable Instruments/Devices**

- Does the organization provide:
  - Clear differentiation between reusable and single-use instruments/devices?
  - Written policies and procedures for reprocessing reusable instruments/devices?
  - Policies, procedures, and manufacturer's reprocessing instructions for reusable instruments/devices in reprocessing areas?

- Training and competency validation for employees processing reusable instruments/devices, both annually and when new equipment is introduced?
- Guidance for the appropriate use of PPE?

#### Sterilization of Reusable Instruments/Devices

- Does the organization require:
  - Appropriate cleaning, decontamination, and sterilization of reusable critical instruments?
  - Routine maintenance for sterilization equipment (including autoclaves)
    according to manufacturer instructions?
  - Routine biological monitoring of the sterilization process?
  - Written policies and procedures for managing a reprocessing error/failure?

#### High-Level Disinfection of Reusable Instruments/Devices

- Does the organization require:
  - At least high-level disinfection for reusable semi-critical instruments?
  - A system for identifying which instrument was used on which patient?
  - Routine maintenance for high-level disinfection equipment according to manufacturer instructions?

### Low-Level Disinfection of Reusable Instruments/Devices

- Does the organization require:
  - Low-level disinfection of noncritical medical instruments and devices.
    Disinfection should occur periodically or when the items are visibly soiled?
  - Adequate supplies of a disinfectant or germicide approved for use in healthcare facilities is available and accessible to staff?

#### **Storage Equipment and Supplies**

- Does the organization require:
  - Storing clean and reprocessed equipment and supplies in a separate area from contaminated items?
  - Storing cleaning supplies and disinfectants according to manufacturer instructions?

#### **Biohazardous Waste**

- Does the organization require:
  - Placing all biohazardous waste in a red biohazardous waste bag and then placing the biohazardous waste bag in a rigid container for storage until it is picked up for proper disposal?

#### **Conclusion**

Infection-related adverse events represent a serious safety issue for outpatient and ambulatory care settings, such as medical and dental practices, ambulatory surgery centers, and clinics. Healthcare providers and personnel in these practice settings should develop and implement thorough IPC plans and monitor for compliance.

CDC's detailed guidance can assist these individuals in assessing and evaluating their current policies and protocols and implementing strategies to prevent breakdowns in basic infection prevention procedures. Additional resources offered below and in CDC's guide should help address the needs of a wide variety of healthcare facilities.

#### Resources

For additional resources and information, see MedPro's Risk Resources: Infection Prevention & Control in Ambulatory Care Settings and Risk Resources: Infection Prevention & Control in Dentistry.

## **Endnote**

<sup>&</sup>lt;sup>1</sup> Centers for Disease Control and Prevention. (2015, October). *Outpatient Settings Policy Options for Improving Infection Prevention*. Retrieved from www.cdc.gov/hai/pdfs/prevent/outpatient-settings-policy-options.pdf

<sup>&</sup>lt;sup>2</sup> Centers for Disease Control and Prevention. (2016, September). *Guide to infection prevention for outpatient settings: Minimum expectations for safe care* (Version 2.3). Retrieved from www.cdc.gov/infectioncontrol/pdf/outpatient/guidechecklist.pdf

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