

Infection Prevention and Control in Ambulatory Care Settings: Minimum Expectations for Safe Care

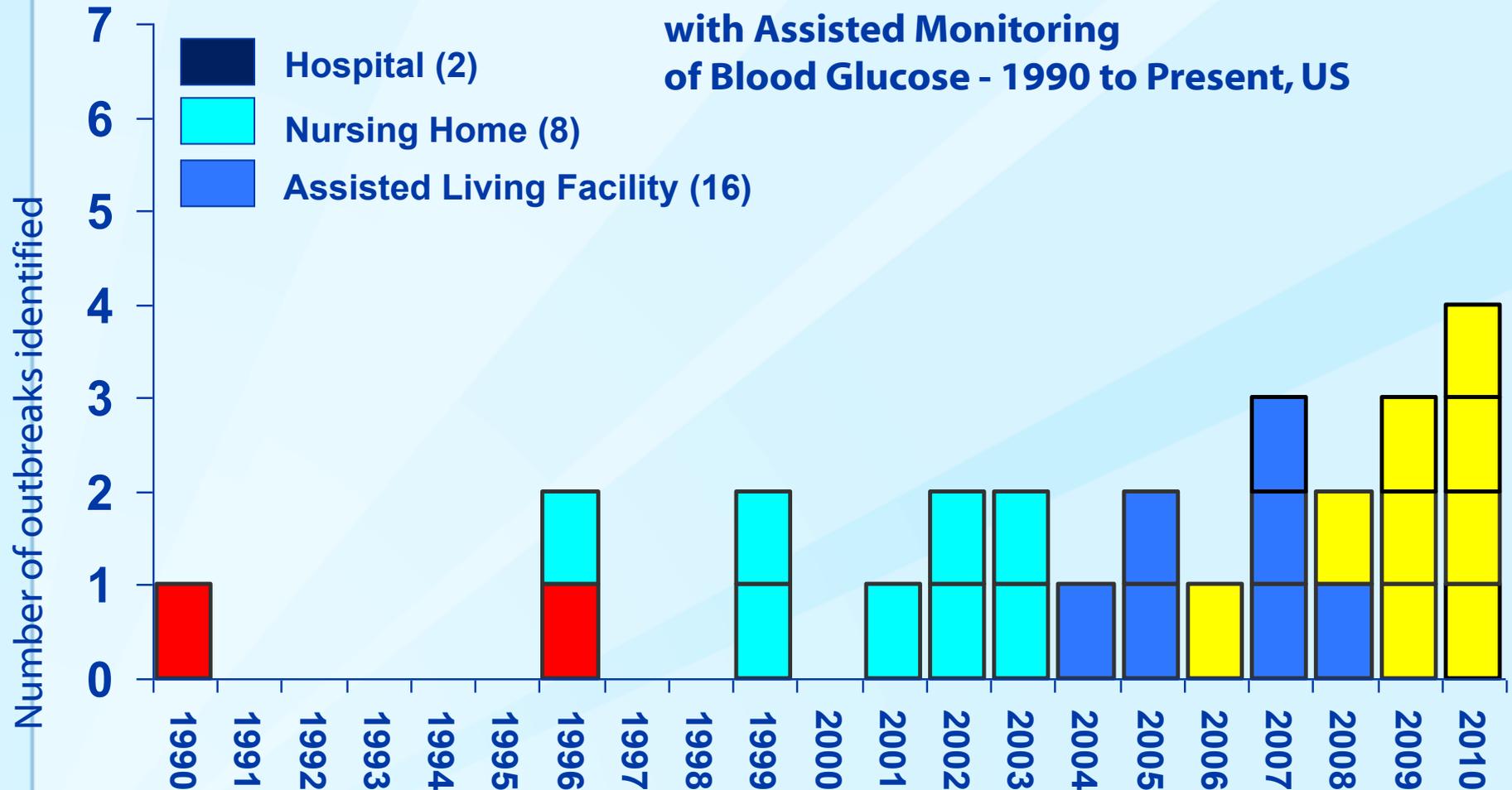
Melissa Schaefer, MD

Division of Healthcare Quality Promotion
Centers for Disease Control and Prevention

Healthcare Infection Control Practices Advisory Committee
(HICPAC) Meeting
November 4, 2010

Updates from Last HICPAC Meeting

Outbreaks (n=26) of HBV Infection Associated with Assisted Monitoring of Blood Glucose - 1990 to Present, US



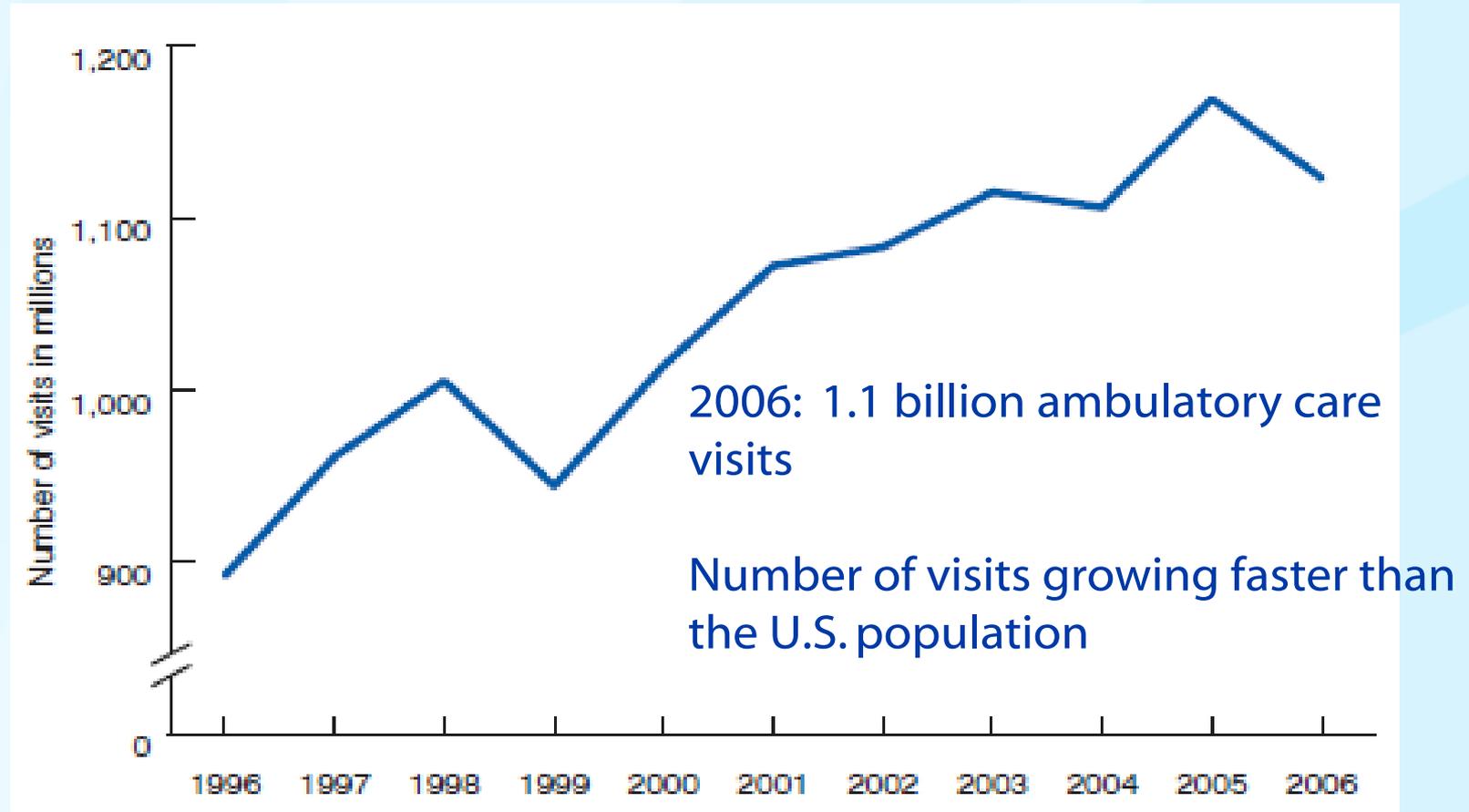
Thompson, Perz. Journal of Diabetes Science and Technology 2009; 3:283-88.
CDC unpublished data (2009 and 2010)

Advisories from CDC, FDA, CMS about Blood Glucose Monitoring

- ❑ **CDC updated infection control guidance**
 - www.cdc.gov/injectionsafety/blood-glucose-monitoring.html
- ❑ **CDC and FDA issues clinical advisories and product alerts for use of fingerstick devices, glucose meters, insulin pens**
- ❑ **FDA alerted manufacturers of revised process for evaluating, approving blood glucose monitoring devices, and increased focus on addressing infection prevention**
 - www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/InVitroDiagnostics/ucm227935.htm
- ❑ **CMS issues new infection control guidance to surveyors who conduct facility inspections**
 - For nursing homes, directive specifies that sharing of fingerstick devices must be cited as “Immediate Jeopardy”
 - http://www.cms.gov/surveycertificationgeninfo/downloads/SCLetter10_28.pdf

**Summary Guide to Infection
Prevention and Control
in Ambulatory Care Settings:
Minimum Expectations for Safe Care**

Trends in Ambulatory Care Visits, United States, 1996-2006



¹ <http://www.cdc.gov/nchs/data/nhsr/nhsr008.pdf>

Background

- ❑ **Document based upon *existing* HICPAC recommendations**
 - Source document 2007 Guideline for Isolation Precautions
- ❑ **Focus on elements of Standard Precautions**
 - Include elements that are the expectations in *any* setting where healthcare is provided
- ❑ **< 20 pages**
- ❑ **Provide links back to full guidelines for those that need more detail**
 - Isolation Guidelines (personal protective equipment)
 - Sterilization/Disinfection
 - Environmental Cleaning
- ❑ **Will not address hemodialysis centers or dental facilities**
 - Already have their own infection control guidelines

Defining Ambulatory Care Settings

❑ Facilities that provide care to patients who do not remain overnight

- Hospital and non-hospital based physician offices and outpatient clinics
- Ambulatory surgical centers
- Imaging/Radiology centers
- Physical therapy and rehab centers
- Alternative medicine clinics
- Urgent care centers
- Public health clinics
- Ambulatory behavioral health and substance abuse clinics
- Oncology/Infusion centers

Outline

- ❑ **Background**
- ❑ **Administrative Measures**
- ❑ **Education and Training of Healthcare Personnel**
- ❑ **Monitoring and Reporting of Healthcare-associated Infections**
- ❑ **Standard Precautions**
 - Hand Hygiene
 - Personal Protective Equipment
 - Injection Safety
 - Environmental Cleaning
 - Patient care equipment and instruments/devices
 - Respiratory Hygiene/Cough Etiquette

Outline

- ❑ **Additional Considerations**
- ❑ **Conclusions**
- ❑ **Source Documents**
- ❑ **Appendix A**
 - Abbreviated listing of original recommendations from the main source document (2007 Isolation Guidelines)
- ❑ **Appendix B**
 - Examples of infection prevention and control audit tools and check-lists

Format

- ❑ **1-2 Paragraph summary at the start of each section**
- ❑ **Link to source document where full guidelines and additional explanation are available**
- ❑ **List of “Key recommendations for....”**

Draft Document

❑ Background

❑ Intended Users

- Anyone needing information about infection prevention and control measures to prevent transmission of infectious agents in ambulatory care settings

❑ Objectives

- Provide basic infection prevention and control recommendations for ambulatory care settings
- Reaffirm Standard Precautions as the foundation for preventing transmission of infectious agents during patient care in all healthcare settings
- Provide links to full guidelines and source documents, which readers can reference for more detailed background and recommendations

Administrative Measures

- ❑ Develop and maintain infection prevention and control and occupational health programs**
- ❑ Assure at least one individual with training in infection prevention and control is employed by or available by contract to the facility**
- ❑ Develop written infection control policies and procedures tailored to serviced provided by the facility and based upon evidence-based guidelines, regulations or standards**
- ❑ Assure sufficient and appropriate supplies necessary for adherence to Standard Precautions (e.g., hand hygiene products and personal protective equipment)**

Administrative Measures - Discussion

- ❑ **Assure at least one individual with training in infection prevention and control is employed by or available by contract to the facility**
- ❑ **Questions for Discussion:**
 - What is considered sufficient training?
 - What level of involvement at the facility is considered sufficient?
 - Individual should be involved in the development of written IC policies and procedures
 - Individual should have regular communication with the facility to address IC concerns

Education and Training of Healthcare Personnel

- ❑ **Provide job- or task-specific infection prevention and control education and training to anyone who has contact with patients and/or medical equipment**
 - This includes those employed by outside agencies and available by contract or on a volunteer basis to the facility (e.g., students, trainees, volunteers)
- ❑ **Training should focus on principles of both healthcare personnel safety and patient safety**
- ❑ **Training should be provided upon hire or orientation and repeated regularly (e.g., annually)**
- ❑ **Competencies should be documented initially and repeatedly, as appropriate for the specific staff positions**

Education and Training of Healthcare Personnel - Discussion

- Comments**

Monitoring and Reporting of Healthcare-associated Infections

- ❑ Adhere to local, state, and federal requirements regarding HAI surveillance, reportable diseases, and outbreak reporting**
- ❑ Perform regular audits and competency evaluations of healthcare personnel adherence to infection prevention and control**

Monitoring and Reporting of Healthcare-associated Infections - Discussion

- ❑ Do not have good guidance for surveillance in non-hospital settings**
- ❑ Focus on assessment of process measures?**

Hand Hygiene

- ❑ **Key situations where hand hygiene should be performed include:**
 - Before touching a patient
 - Before exiting the patient's care area after touching the patient or the patient's immediate environment
 - Prior to performing an aseptic task (e.g., placing an IV)
 - Immediately after glove removal
- ❑ **Use soap and water when hands are visibly soiled (e.g., dirt, blood, body fluids), or after contact with spores (e.g., *C. difficile*) is known or strongly suspected. Otherwise the preferred method of hand decontamination is with an alcohol-based hand rub**

Hand Hygiene - Discussion

- **Comments**

Personal Protective Equipment

- ❑ **Educate all healthcare personnel on proper selection and use of PPE**
- ❑ **Facilities should assure that sufficient and appropriate PPE is available**
- ❑ **Remove and discard PPE before leaving the patient's room or cubicle**
- ❑ **Wear gloves for contact with blood, body fluids, mucous membranes, nonintact skin or potentially contaminated equipment**
 - Do not wear the same pair of gloves for the care of more than one patient
 - Perform hand hygiene immediately after removing gloves

Personal Protective Equipment cont.

- ❑ **Wear a gown to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated**
 - Do not wear the same gown for the care of more than one patient
- ❑ **Wear mouth, nose and eye protection during procedures that are likely to generate splashes or sprays of blood or other body fluids**
- ❑ **Wear a surgical mask when placing a catheter or injecting material into the spinal canal or subdural space**

Personal Protective Equipment - Discussion

- **Comments**

Injection Safety

- ❑ **Use aseptic technique when preparing and administering medications**
- ❑ **Do not administer medications from the same syringe to multiple patients, even if the needle is changed or the injection is administered through an intervening length of intravenous tubing**
- ❑ **Do not reuse a syringe to enter a medication vial or solution**
- ❑ **Do not administer medications from single-dose or single-use vials, ampoules, or bags or bottles of intravenous solution to more than one patient**

Injection Safety cont.

- ❑ Do not use fluid infusion or administration sets (e.g., intravenous tubing) for more than one patient**
- ❑ Dedicate multidose vials to a single patient whenever possible. If multidose vials will be used for more than one patient, they should not enter the immediate patient treatment area (e.g., operating room, patient room/cubicle)**
- ❑ Adhere to federal and state requirements for protection of healthcare personnel from exposure to bloodborne pathogens**

Injection Safety - Discussion

- ❑ **Do not reuse a syringe to enter a medication vial or solution**
 - Original language: Needles and syringes should not be reused for another patient nor to access a medication or solution that might be used for a subsequent patient.
- ❑ **Extra layer of safety**

Environmental Cleaning

- ❑ **Establish policies and procedures for routine cleaning and disinfection of environmental surfaces in ambulatory care settings**
- ❑ **Select EPA-registered disinfectants or detergents/disinfectants and follow manufacturer's recommendations on amount, dilution, and contact time for the selected product**

Environmental Cleaning - Discussion

- **Comments**

Patient care equipment and instruments/devices

- ❑ Medical equipment and instruments/devices must be cleaned, disinfected, and/or sterilized according to manufacturer's instructions**
- ❑ Assign responsibilities for reprocessing of medical equipment to staff with appropriate training**
 - Maintain copies of manufacturer's instructions for reprocessing of equipment in use at the facility; post instructions at locations where reprocessing is performed
 - Document competencies of staff responsible for equipment reprocessing upon assignment of those duties, whenever new equipment is introduced, and periodically

Patient care equipment and instruments/devices - Discussion

- ❑ **Comments**

Respiratory Hygiene/Cough Etiquette

- Educate HCP on the importance of source control measures to contain respiratory secretions to prevent droplet and fomite transmission of respiratory pathogens and encourage use of Droplet Precautions (i.e., wear a mask) and performance of hand hygiene when examining and caring for patients with signs and symptoms of a respiratory infection**

Respiratory Hygiene/Cough Etiquette cont.

- ❑ **Implement measures to contain respiratory secretions in patients and accompanying individuals who have signs and symptoms of a respiratory infection, beginning at point of entry to the facility**
 - Post signs at entrance with instructions to patients with symptoms of respiratory infection to:
 - Cover their mouth/noses when coughing or sneezing
 - Use and dispose of tissues
 - Perform hand hygiene after hands have been in contact with respiratory secretions
 - Provide tissues and no-touch receptacles for disposal of tissues
 - Provide resources for performing hand hygiene
 - Offer masks to coughing patients and other symptomatic persons upon entry to the facility and encourage them to maintain spatial separation, ideally >3 feet, from others in common waiting areas

Respiratory Hygiene/Cough Etiquette - Discussion

- **Comments**

Additional Considerations

- While the majority of ambulatory care settings are not designed to implement isolation practices and other Transmission-Based Precautions recommended for hospitals, specific syndromes where there is diagnostic uncertainty (e.g., diarrhea, febrile respiratory illness, febrile rash) are routinely encountered in ambulatory settings and deserve appropriate triage.**
- Facilities should develop and implement systems for early detection and management of potentially infectious patients at initial points of entry to the facility.**
- To the extent possible, this includes prompt placement of such patients into a single-patient room and a systematic approach to transfer when appropriate.**

Additional Considerations - Discussion

- ❑ In MDRO Guidelines under Contact Precautions recommendation: “Use Standard Precautions for patients known to be infected or colonized with target MDROs, making sure that gloves and gowns are used for contact with uncontrolled secretions, pressure ulcers, draining wounds, stool incontinence, and ostomy tubes and bags.”**
- ❑ In Isolation Guidelines recommendations under Transmission-based Precautions focus on prompt placement in exam room/cubicle, Respiratory Hygiene/cough etiquette**

Points for Discussion

- ❑ **Other key areas that are missing?**
- ❑ **Development of check-list for facilities?**
- ❑ **Appendix B**
 - Which check-lists and audit tools should be included?

Next Steps

- ❑ Incorporate comments from today's discussion into the draft document**
- ❑ Draft document will be circulated for review and written comments**

Thank you

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

National Center for Emerging and Zoonotic Infectious Diseases

