

Infection Prevention and Control Plan for Outpatient Healthcare Settings – SAMPLE

General Considerations and Assessment:

Infection prevention is required in all healthcare delivery settings. This document outlines strategies to reduce or mitigate the spread of infection in the outpatient healthcare setting (e.g., physician offices, clinics, urgent care centers, ambulatory care centers, and behavioral health clinics).

In developing an infection prevention and control plan for outpatient settings, assess the types of services provided (procedures, reusable patient equipment versus disposable single-use devices) and the patient population the office serves (pediatric, geriatric, homeless, urban, rural) to identify the appropriate infection prevention plan and procedures and the necessary education and training of staff members.

Prevention Strategies

A) Educate and train staff members

Ongoing education and training of healthcare personnel (HCP) is an integral step in ensuring that staff members know and follow the policies and procedures for infection prevention and control.

1. New employee orientation: Train all employees on the basic principles and practices for preventing the spread of infections. Training includes the following:
 - a. Bloodborne pathogen and respiratory protection (i.e., TB) training and exposure control plans.
 - b. Standard precautions, including hand hygiene (HH), the use of personal protective equipment (PPE), respiratory hygiene and cough etiquette, safe injection practices, medication safety, environmental cleaning, waste management, cleaning, disinfection and/or sterilization of reusable patient care equipment.
 - c. Transmission-based precautions and multi-drug resistant organisms (e.g., methicillin-resistant *Staph aureus*, *Clostridium difficile*)
 - d. Orientation to job-specific needs and requirements (e.g., safe injection practices, medication vial safety, cleaning and sterilization procedures)
 - e. Evaluate and document competencies for job-specific responsibilities after completion of training.
2. Provide annual education related to bloodborne pathogens, exposure control, and respiratory/TB protection measures.
3. Perform and document annual competencies for all job-specific responsibilities (e.g., safe injection practices or cleaning and sterilizing patient equipment such as reusable equipment and devices).
4. Provide event-related education as needed (e.g., new procedures, new infectious disease outbreaks, and healthcare-associated infection and prevention measures).

B) Employee Health Program and Safety Measures

1. Offer and strongly recommend a vaccination program to all HCPs. Offer at no cost to employees vaccines that include Hepatitis B, Influenza, and Tdap for tetanus, diphtheria, and pertussis. Other required immunizations include those for measles, mumps, rubella, and varicella, unless immunity has been verified and documented.

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2. TB screening: Test all employees for TB prior to being allowed to work, in accordance with CDC-recommended guidelines.
3. Implement work restriction guidelines that follow CDC recommendations when needed to ensure HCPs do not infect other personnel and/or patients.
4. Offer post-exposure testing, prophylaxis, and follow-up to employees who have had unprotected exposures to bloodborne pathogens and tuberculosis.

C) Patient education

1. Offer patient educational materials on patient-specific communicable diseases and multi-drug resistant organisms.
2. Provide PPE to patients and visitors, as appropriate.
3. Ensure respiratory hygiene and cough etiquette information is readily available. Place signs addressing respiratory hygiene and cough/sneezing etiquette in the entrance area and waiting room. Provide tissues and hand hygiene products. Offer masks to patients presenting with symptoms suggestive of respiratory illnesses. When possible, segregate patients with respiratory symptoms (e.g., sick versus well waiting rooms) when these patients present to the office.
4. Stress the importance of obtaining vaccinations/vaccination histories with patients and their family members.

D) Policies and procedures

1. Follow standard precautions to reduce the risk of transmission of body fluids and other potentially infectious materials (OPIMs). Use these precautions for all patients, regardless of their diagnoses or presumed infectious state. Standard precautions include the use of personal protective equipment, hand hygiene, safe handling of potentially contaminated equipment or surfaces in the patient environment, respiratory hygiene and cough etiquette, safe injection practices, and medication vial safety. (See sample *Guidelines for Standard Precautions* when developing individual procedures.)
2. Implement transmission-based precautions when needed. Develop and implement procedures to identify the presence of transmission-based illnesses, beginning with patient scheduling. If a staff member identifies the signs/or symptoms (e.g., diarrhea, febrile respiratory illness, and/or febrile rash) of a potentially infectious disease, implement the appropriate control measures (e.g., masks, gowns, or take the patient directly to an exam room) when the patient presents to the facility.
3. Furnish hand hygiene (HH) products and include alcohol-based hand rubs and sinks with soap and water. At a minimum, cleanse hands when they are visibly soiled, when removing gloves, and after direct patient contact. Alcohol-based hand rubs may be used as the primary mode of HH, as it is effective against important pathogens and may be less irritating than soap and water. Use soap and water when hands are visibly soiled or after caring for a patient that has (or may have) an infection (or is colonized) with *Clostridium difficile*. HCPs who have direct patient contact must keep their fingernails short and avoid wearing artificial fingernails or fingernail extenders to decrease the potential for colonization of microorganisms and to facilitate effective hand hygiene disinfection.

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4. Make PPE available for all staff members identified as being at risk of having potential exposure to infectious illnesses. Provide guidance on the appropriate donning and removal of PPE. Always perform HH after removing PPEs. Use gloves when there is possible contact with blood or body fluids, mucous membranes, non-intact skin, or potentially infected materials. Use gowns to protect skin and clothing during activities that may possibly involve contact with blood or body fluids. Protect the mouth, nose, and eyes using masks and safety glasses during procedures likely to produce splashes, sprays, or aerosolization of blood or body fluids.
5. Follow safe injection practices at all times. Use syringes and needles only once and discard immediately. Never enter medication vials with an already used syringe or needle, regardless if it is for a single patient or subsequent patients or administered through an intervening length of intravenous tubing. Never use infusion fluids or administration sets on more than one patient. Use aseptic technique when preparing and administering medications. Clean all medication vial diaphragms with 70 percent alcohol before inserting a device into the vial. Never use single dose vials, bags, or bottles of IV solutions on more than one patient. Restrict multi-dose vials to a centralized medication area and do not keep them in patient exam rooms, cubicles, or procedure/operating rooms. Date and discard an opened or accessed multi-dose vial within 28 days (unless the manufacturer specifies a different date for that opened vial). Wear a surgical mask when performing spinal injections.
6. Develop and implement an Exposure Control Plan which is in keeping with OSHA mandates to prevent exposure to bloodborne pathogens. In addition to standard precautions, the Exposure Control Plan addresses Hepatitis B vaccination, the implementation of needle safety devices, post-exposure evaluation and follow-up, exposures reporting, recordkeeping, and procedures for evaluating the circumstances regarding exposure incidences. Review the exposure control plan annually. Keep sharps injury logs if there are more than 10 employees.
7. Perform environmental cleaning and disinfection procedures to remove visible soil and organic contamination from devices and environmental surfaces. Use EPA-registered disinfectants or detergents in healthcare settings. Follow the manufacturer's guidelines (e.g., amount, dilution, contact time, and safe use). A written policy or procedure should identify those areas likely to become contaminated (high-touch areas), the cleaning measures performed, the frequency of cleaning, and the persons responsible for cleaning. Appropriately train HCPs who are responsible for cleaning and disinfection procedures, test their competency, and monitor to ensure compliance with all cleaning, decontamination, and disinfection procedures. At a minimum, clean patient exam rooms once a day. Clean procedure rooms after every patient. If patient exam rooms are contaminated or potentially contaminated with infectious materials, clean them after every patient (e.g., patient with known draining wound or an infectious disease). Written procedures address cleaning of blood or body fluid spills. Review medical equipment to determine if it is single use (disposable) or reusable.
 - a. Use single-use items only one time and discard immediately after use.
 - b. Provide written instructions for cleaning, disinfecting, and/or sterilizing reusable equipment, as appropriate. These instructions are in accordance with the FDA requirements or vendor/manufacturer specifications. (See sample **Cleaning, Disinfecting and Sterilizing Guidelines**).
 - c. Clean reusable point-of-care devices (e.g., glucometers, INR meters) between each patient use.

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- d. Allow only appropriately trained healthcare personnel who are competent with all required steps of reprocessing procedures to reprocess patient equipment. Post written instructions in reprocessing areas. These instructions will address the level of disinfection or sterilization required (e.g., critical, semi-critical) and include step-by-step guidance on, at a minimum,
 - containing, transporting, and handling contaminated devices;
 - cleaning to remove organic material using an enzymatic or manufacturers recommended cleaner;
 - requiring steps for disinfection/sterilization, including appropriate test indicators (e.g., spore testing or PH testing of solutions) and required PPE; and
 - storing, handling, and inspecting sterilized devices.
 - e. Reprocess cystoscopies, endoscopes, duodenal scopes, and/or colonoscopes under the direction and oversight of an infection preventionist and/or central processing technician.
- E) General Infection Prevention and Control Practices for the outpatient setting
1. Establish workplace practice controls to minimize exposure.
 2. Store and maintain patient supplies and medications in designated “clean areas.” Designated “dirty areas” include those areas where activities such as specimen collection, storage, testing, and cleaning of used patient equipment are performed. Separate clean and dirty areas.
 3. Cabinets that contain plumbing (e.g., under sinks) are dirty areas and are unacceptable for storing patient supplies or clean items.
 4. Designate a staff break room area for eating and drinking. Prohibit eating and drinking in areas where there is likely exposure to blood, body fluids, or other potentially infectious materials, in keeping with OSHA mandates.
 5. Refrigerators for vaccines and medications must have temperature checks performed twice, at the beginning and end of day. Also, check temperatures in refrigerators storing food items for HCPs or patients.
- F) Reporting Communicable Diseases to the Department of Health (DOH)
1. Keep a DOH list of reportable diseases readily available for physicians and staff members. Address in written procedures who is responsible for identifying and reporting communicable diseases to the DOH, timelines for reporting, and how to submit a report.
 2. The facility/practice participates in studies and testing for infectious diseases when appropriate (e.g., upon DOH request, during a potential outbreak). Follow DOH and Department of Transportation (DOT) guidelines for collecting and transporting specimens.
- G) Disposal of Medical Wastes
1. Train employees about the categories, appropriate handling, and disposal methods of medical waste.
 2. In a well-ventilated area, store medical wastes in appropriately labeled, impermeable, puncture-resistant, and sealed containers until pickup and transport to the appropriate treatment disposal facility.
 3. Have a licensed waste disposal company regularly remove containers of infectious waste and maintain records regarding disposal.
 4. Maintain records.

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For a listing and link to all the resource documents from the *Healthcare Infection Control Practices Advisory Committee (HICPAC)*, go to the following link:

<https://www.cdc.gov/hicpac/pubs.html> , last updated 1/11/2017.

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