Guidance and responses were provided based on information known on 5/25/22 and may become out of date. Guidance is being updated rapidly; users should look to CDC and NE DHHS guidance for updates.

Infection Prevention Rural Health Clinics

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ICAP
Infection Control Assessment and Promotion Program
NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Nebraska ICAP: Infection Control Assessment and Promotion Program

Who we serve:

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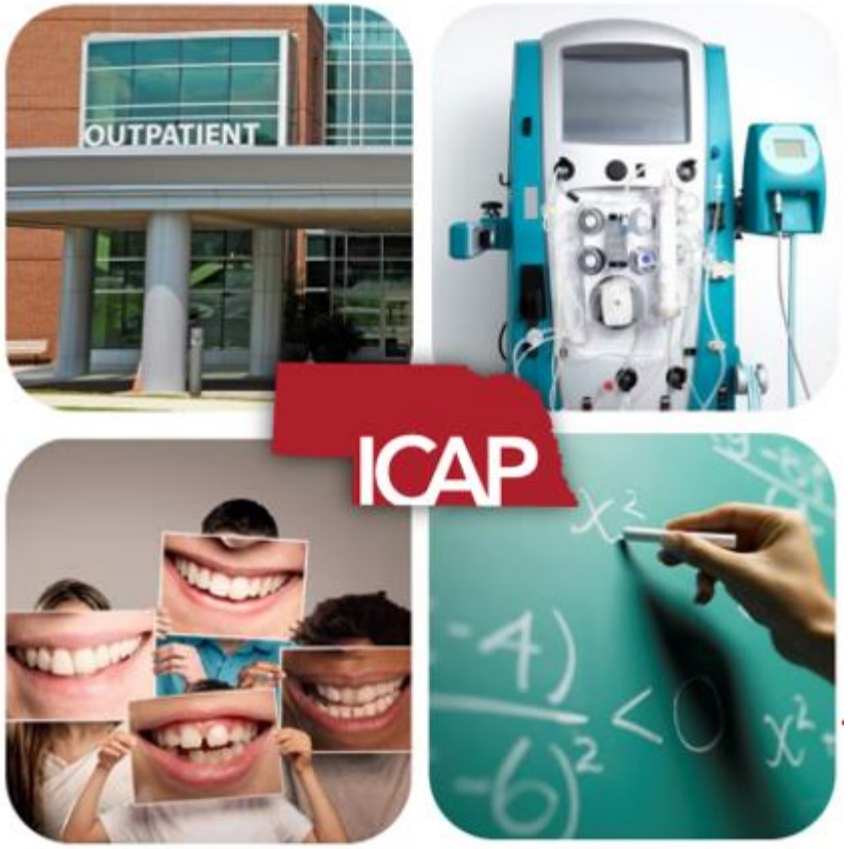
- ✓ Dialysis
- ✓ Dental
- ✓ Schools
- ✓ Post-Acute Care
- ✓ Hospitals



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402-552-2881
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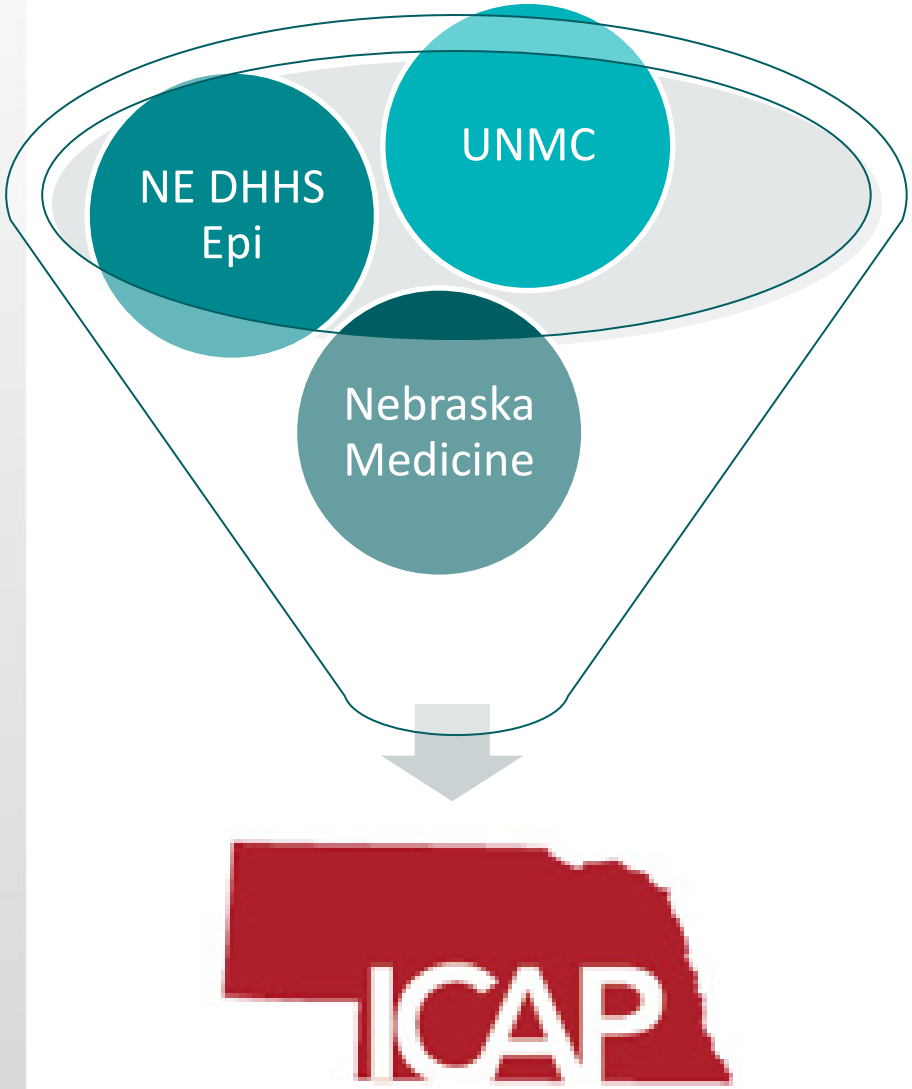
Intro to ICAP



- CDC funding and technical support provided state and local health departments
- Opportunity for health departments to expand their outreach to healthcare facilities
- Structured approach for assessing current infection prevention and control (IPC) programs
- Based in the Epidemiology program, purposely separate from the licensure divisions

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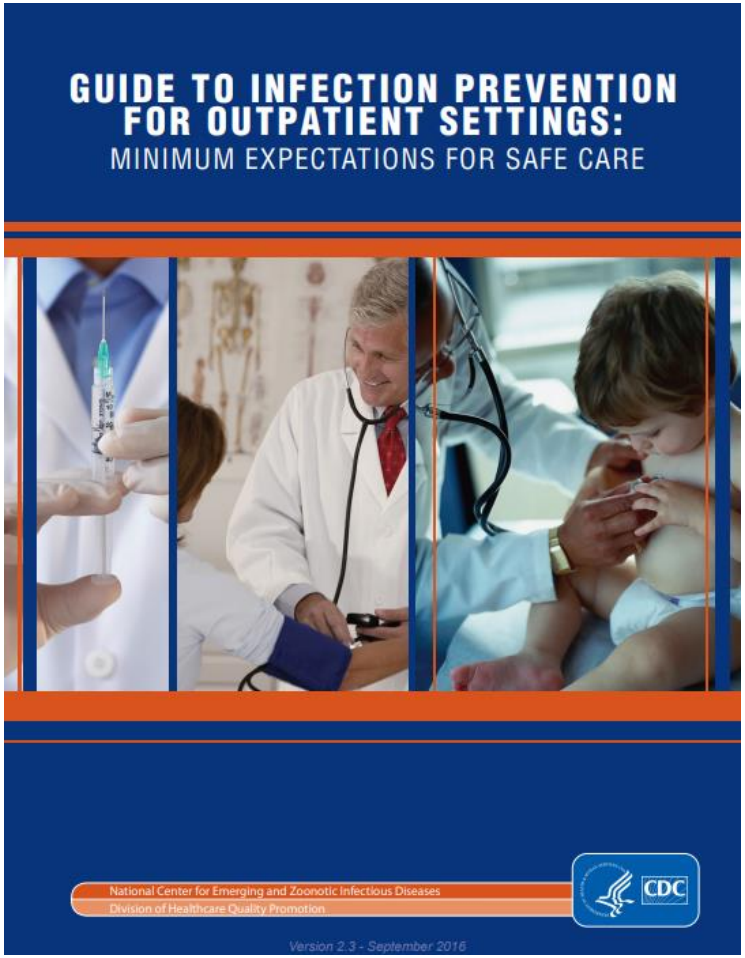
Infection Prevention in Ambulatory Settings

Learning Objectives:

Identify and discuss minimum expectations for safe care related to infection prevention in outpatient settings

Identify resources for assessing and improving current infection prevention practices[1, 2]



RHC Required Policies and Procedures[3]

- Hand hygiene for staff having direct patient contact
- Safe injection practices
- Single-use devices, and, when applicable high-level disinfection and sterilization
- Safe use of point of care devices
- Routine cleaning of surfaces, carpeting, and furniture
- Disposal of waste, including medical waste
- Food sanitation, if employee food storage and eating areas are provided
- Pest control
- Measures taken to maintain a clean an orderly environment during internal or external construction/renovation

Recommended Additional Policy and Procedures[1]

- Identify at least one individual with training in infection prevention to manage the clinic's infection prevention program.
- Perform annual risk assessment to prioritize resources and focus extra attention to areas that are determined to pose greater risk.
- Establish education and training plan for topics of infection prevention
- Personal Protective Equipment (PPE)
- Respiratory Hygiene/ Cough Etiquette
- Healthcare Personnel Safety

  (Employee Health)

Training and Education

Do ALL staff receive infection prevention training?

- Education should include topics beyond bloodborne pathogen training.

Is training provided upon hire? Annually? Periodically, when processes and supplies change?

- Training ideally incorporates both knowledge-based testing and direct observation of practice technique and application.

Surveillance

Tracking of outcome measures (e.g., HAIs)

- Procedure related
- Provide patient education

Adhere to local, state and federal requirement regarding reportable disease and outbreak reporting[4]

Tracking of adherence to specific process measures (e.g., hand hygiene, environmental cleaning)

- Identifies knowledge gaps and provides opportunities for practice improvement
- Reinforces importance of IPC activities
- Maintains staff awareness of policies and procedures.

Respiratory Hygiene / Cough Etiquette

Implement measures at the point of entry to the facility.[1]

- Educate ALL HCP on the importance of infection prevention measures to prevent the spread of respiratory and other pathogens

Have highly visible signs posted with instructions.

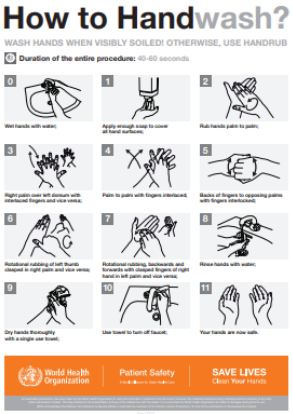
- Signs should instruct the patient or others to inform HCP of symptoms when they first register for care
- Signs should specify the need for mask use, cover their cough, use and dispose of tissues, and when/how to perform hand hygiene

Provide masks, tissues, no-touch receptacles for disposal of tissues, and hand hygiene resources

Provide space for physically distancing, or if available, separate patients with s/s of infectious illness from others while waiting for care.

Hand Hygiene

Staff should be trained on when and how to perform hand hygiene and don gloves.[1]



All hand hygiene products should be approved and supplied by the clinic (including lotion).

- Does policy list ABHR as the preferred method for most healthcare situations?[16]

Hand hygiene sinks and alcohol-based hand rub (ABHR) are conveniently available.

Use posters and signs to serve as reminders and “cues to action.”[17]

Personal Protective Equipment (PPE)

PPE is available and readily accessible to the HCP.

- Gloves, gowns, face masks, respirators, goggles and face shields[1]

HCP receive education and training related to proper selection and use of PPE.

Use posters and signs to serve as reminders and “cues to action.”

The clinic has a Respiratory Protection Plan, compliant with OSHA standards.

- Plan must include medical evaluation, annual fit testing, training on when and how to use a respirator[8]

Safe Injection Practices

One needle, one patient, one time!

- Single-dose (single-use) medication vials are used for only one patient.
- Bags of IV solution are used for only one patient.
- Medication administration tubing and connectors are used for only one patient.[5, 6]

If multi-dose vials are used:

- They are dated when they are first opened and discarded within 28 days, unless the manufacturer specifies a different duration.
- They are stored and accessed away from the immediate areas where direct patient contact occurs.[5, 6]

All medication should be prepared in a designated area, away from contamination including the splash zone of a sink.

Safe Use of Point of Care Testing

Do staff responsible for using point of care device receive training upon hire? Annually? When processes or supplies change?

- Refer to CDC Assisted Monitoring of Blood Glucose[7]

Is the point of care device (e.g., blood glucose meter) manufactured for use on more than one patient?

- Manufacturer must provide instructions for disinfection between uses.

A new single-use, lancing device is used for each patient.

Sterilization Practices

- Staff receive training on sterile technique.
- Staff responsible for sterilization practices receive special training, and competencies are documented.
- Clinic has policies and procedures related to care and transport of soiled instruments.
- Sterilized instruments are stored in a designated clean area, so that sterility is not compromised.

High Level Disinfection

Staff responsible for high-level disinfection receive special training, and competencies are documented?

Is the high-level disinfection process automated:

- Pre-clean instrument per manufacturer IFU
- Train per manufacturer IFU

High-level disinfectant training should focus on safe use of chemical:

- Pre-cleaning instrument per manufacturer IFU.
- Chemical prepared according to manufacturer instructions,
- Tested for appropriate concentration,
- Replaced according to manufacturer instructions, and
- Disinfected at the appropriate temperature .
- Proper selection and use of PPE for handling soiled instruments and chemicals.

Environmental Cleaning and Disinfection

Do ALL staff responsible for cleaning and disinfection receive training upon hire? Annually? As needed, when processes or chemicals change?

- Identify who is responsible for disinfecting various equipment and surfaces, and frequency in which to disinfect various types of equipment and surfaces[18, 19]

High touch surfaces in patient care areas should be cleaned and disinfected with an EPA-registered disinfectant.

- Are staff taught how to properly apply and use disinfectants (i.e., contact time)?
- Is facility disinfectant ready-to-use or require dilution? Is there a standard process for staff to follow to dilute disinfectant per manufacturer recommendations?

The clinic should have a procedure in place to decontaminate gross spills of blood.

Healthcare Personnel Safety

- Vaccination[9, 10]
- Tb Screening[11]
- Managing Employee Infectious Illness[12, 13, 14]
- Bloodborne Pathogen Plan/ Managing Exposures[9]
- Respiratory Protection Plan[8]

Construction/Renovation

Infection control risk assessment (ICRA) tools and guidelines are available and are aimed at mitigating the risk of outbreak due to construction.

- Complete risk assessment before beginning any renovation or construction activity and should address barriers, traffic patterns, expected cleanup of the work site, air filtration needs, and disposal of any waste in a safe manner.[15]

The infection preventionist and other HCP should know how to contact the construction supervisor in case there is dust or other problems and be empowered to shut down the construction or demolition if necessary.

For potential floods or water damage, develop procedures that include emergency contacts and maintenance service for remediation.

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[6]CDC One & Only Campaign

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