INTRODUCTION TO THE PLAYBOOK FOR NEW INFECTION PREVENTIONISTS IN OUTPATIENT SETTINGS

Washington State Department of HEALTH

March 24th, 2025

Agenda

- Overview of the Outpatient Network and Playbook
- Panelist Introductions
- Introduction to Selected Chapters:
  - Chapter 6: Sterilization and High-Level Disinfection
  - Chapter 3: Safe Injection Practices
  - Chapter 7: Antimicrobial Stewardship
  - Chapter 10: Partnerships with Community
- Potential applications:
  - Bree Scorecards
  - Using self-assessments
- Q&A and closing

Mission:
Cultivate a community of support, expertise, education, and excellence in equitable infection prevention and control, investigation, analysis, and antimicrobial stewardship across Washington state.

Washington State Department of HEALTH

Updated July 2024

Healthcare-Associated Infections and Antimicrobial Resistance (HAI/AR) Section Programs

Multi-Drug Resistant Organisms and Antimicrobial Stewardship

- Antimicrobial Stewardship and Education
- Targeted MDRO Surveillance and Response
- Partners for Patient Safety : Early Detection of MDRO and Infection Prevention
- One Health Antibiotic Resistance Workgroups

HAI & Influenza Epidemiology

- Healthcare Communicable Disease Outbreaks
- Infection Control Breach Investigations
- National Healthcare Safety Network (NHSN) Surveillance
- Seasonal and Novel Influenza Surveillance
- Prion Surveillance

Industrial Hygiene

- Ventilation Guidance
- Water management planning
- Infection Control during Construction
- Supports both healthcare and non-healthcare settings (e.g., schools, long-term care)
- Legionella environmental investigations

Infection Prevention and Control (IPC) Program

- Infection Control Assessment and Response (ICAR) Consultations
- Skill Demonstrations and Auditing Training
- Onsite Guest Education
- Coaching and Peer Support
- IPC Metrics and Analytics

Education and Guidance Development

- Develops Infection Prevention and Control guidance, resources and tools.
- Maintains HAIAR guidance, and educational resource archives
- Coordinates and supports development of HAIAR training, education, and tools.

Strategic Partners Program

- HAI/AR Advisory Committee
- Project Firstline and I.P. Champions
- Respiratory Protection Programs
- Local Health Jurisdictions Coordination
- Policy and Grant Writing

WA HAIAR Outpatient Network

The WA Healthcare-Associated Infections and Antimicrobial Resistance (HAIAR) Outpatient Network, hosted by the HAIAR Section at the department, focuses on infection prevention and antimicrobial stewardship in outpatient settings across Washington. Our network partners collaborate to address HAIAR and antibiotic prescribing issues, guided by the CDC's Success Framework for HAI/AR Partner Networks.

Who Can Join?

Outpatient settings can include community health centers, dialysis centers, urgent care, retail clinics, ambulatory surgical centers, public health clinics, imaging centers, oncology clinics, ambulatory behavioral health and substance abuse clinics, physical therapy, rehabilitation centers, dental offices, and more.

We continue to welcome partners to join this effort that have a wide range of experiences in outpatient settings. Your expertise and insights will be key to helping us build a network that will meet the needs of our state and help us to better reach this important clinical setting.

To indicate your interest, email hai@doh.wa.gov with subject line "HAIAR Outpatient Network"

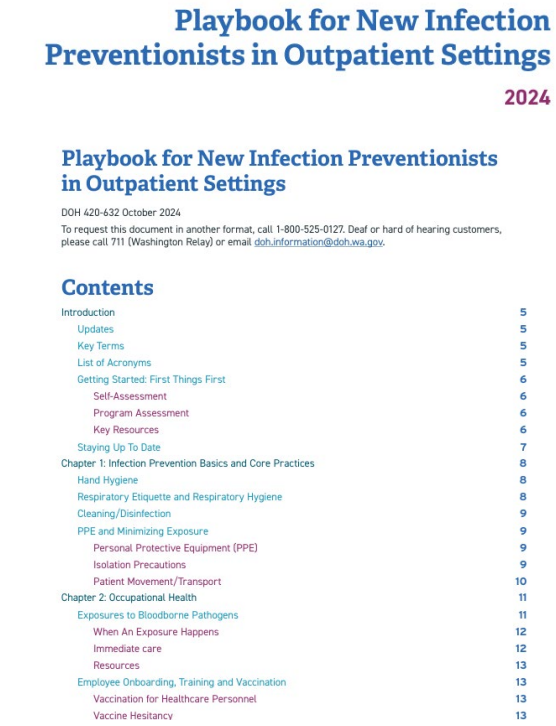
Washington State Department of HEALTH

Playbook for New Infection Preventionists in Outpatient Settings

2024

Playbook Overview

- Published at the end of 2024
- 10 Chapters plus appendix with resources
- Written by Outpatient Network members and DOH HAIAR Staff
- Covers common topics IPs need to know about in outpatient
- Can be used as a reference for IPs, Office Managers, Quality Assurance Directors and others working on infection prevention in outpatient settings across WA State



Playbook for New Infection Preventionists in Outpatient Settings

2024

Playbook for New Infection Preventionists in Outpatient Settings

DOH 420-632 October 2024

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Contents

Panelist Introductions

Thank you to our panelists and presenters:

- Lisa Hannah, Infection Prevention Supervisor at WA DOH Healthcare-Associated Infections and Antimicrobial Stewardship Section
- Jessica Zering, Antimicrobial Stewardship Pharmacist at WA DOH Healthcare-Associated Infections and Antimicrobial Stewardship Section
- Karie A Nicholas, Evaluation and Measurements Manager, The Foundation for Health Care Quality
- Rose Bartlett, Regional Director WA, MT, AK ASC's at Providence
- Michelle Swetky, Infection Preventionist at Fred Hutch Cancer Center
- Lisa DiFedele, Infection Prevention and Control Administrator at International Community Health Services (ICHS)

Playbook for New Infection Preventionists in Outpatient Settings

INTRODUCTION TO SELECTED CHAPTERS

Chapter 6: Sterilization and High Level Disinfection

Chapter Outline

A. Key Resources

B. The Basics

- Cleaning vs. Decontamination
- Hierarchy of Disease Producing Agents
- Factors Influencing Disinfection Effectiveness
- Reprocessing Instruments
- Inspection, Assembly and Packaging
- Sterilization
- High Level Disinfection
- Quality Control

This chapter addresses sterilization and high-level disinfection in an Outpatient Setting. This chapter is most applicable to facilities who are performing outpatient surgical procedures including endoscopy, facilities performing minor procedures in office, and any facility where sterilization or high-level disinfection is required for their instruments/equipment.

Chapter 3: Safe Injection Practices

Chapter Outline

A. Glucometers
B. Bloodborne Pathogens and Needlestick Prevention Tools
C. Sharps Safety
D. Waste streams
   - Sharps disposal
E. Drug diversion
F. Device associated infections
   - Tracking
G. Surveillance and Disease Reporting
H. Reportable conditions

Drug Diversion

It is a good idea to regularly talk with leadership and pharmacy to ensure infection prevention is included in any drug diversion investigations and can assist with recognizing potential harm. More resources can be found below.

- CDC: Clinician Brief: Drug Diversion
- Council of State and Territorial Epidemiologists (CSTE): Drug Diversion Toolkit
- Educational Resources: CDC: Injection Safety Resources for Providers

Safe injection practices are every provider's responsibility. A safe injection does not harm the person, expose the provider to risks or result in hazardous waste for the community. Improper use and disposal of syringes, needles, and medications imposes risks on patients and healthcare providers.

Unsafe injection practices may result in serious consequences like:

- Transmission of bloodborne pathogens such as hepatitis C virus (HCV), hepatitis B virus (HBV), and human immunodeficiency virus (HIV).
- Outbreaks of bacterial or fungal infections.
- Patient notifications about possible outbreaks and exposures to bloodborne or other pathogens, which may include advice on follow-up testing (e.g., for HCV, HBV, and HIV).

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Outbreaks and infection control breaches in health care settings: Considerations for patient notification

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Division of Healthcare Quality Promotion, Centers for Disease Control and Prevention (CDC), Atlanta, GA

Outbreaks and infection control breaches in health care settings: Considerations for patient notification - ScienceDirect

Figure 1. Approach to an infection control breach with potential risk of bloodborne pathogen transmission*

1) Identification of infection control breach
- Identify the nature of the breach, type of procedure, and biologic substances involved
- Review the recommended reprocessing methods or aseptic technique
- Institute corrective action as early as possible

2) Additional data gathering
- Determine the time frame of the breach and number of patients who were exposed
- Identify exposed patients with evidence of HBV, HCV, or HIV infections through medical records and/or public health surveillance data
- Conduct literature review and consult experts

3) Notify and involve key stakeholders
- Infection control professionals
- Risk management
- Local and State health departments
- Affected healthcare providers
- Licensing or other regulatory agencies, if appropriate

4) Qualitative assessment of breach
If possible, classify breach as Category A or B:
- Category A involves a gross error or demonstrated high-risk practice
- Category B involves a breach with lower likelihood of blood exposure

5) Decision regarding patient notification & testing

If **Category A**, Patient notification & testing is warranted

If **Category B**, Consider the following factors in the decision:
- Potential risk of transmission
- Public concern
- Duty to warn vs. harm of notification

6) Communications & logistical issues
- Develop communication materials
- Consider post-exposure prophylaxis if appropriate
- Determine who will conduct testing, obtain consent, and/or perform counseling, if appropriate
- Determine if follow-up testing needed
- Facilitate public inquiry and communication
- Address media and legal issues

* (assumes no known cases of bloodborne pathogen transmission as a result of the breach)

"Category A" involves a gross error or demonstrated high-risk practice.

- Reuse of needles or syringes between patients
- Reuse of contaminated syringes to access multi-dose medication vials or intravenous fluid bags.
- Reuse of intravenous normal saline for sterile procedures.
- Contamination of dental unit waterlines.

"Category B"

- Improper cleaning of instruments prior to sterilization
- Instruments cleaned but not sterilized

Chapter 7: Antimicrobial Stewardship

Chapter Outline

A. What is Antimicrobial Stewardship?

B. Key Resources
   - Receive Training on Antimicrobial Stewardship Practices
   - Partner with a Pharmacist or a Physician Trained in Antimicrobial Stewardship (if Available)
   - Use the CDC's Checklists to Assess Current Clinic Stewardship Program Efforts
   - Promote Consistent Messaging with All Clinic Staff Members to Set Patient Expectations
   - Share MDRO Surveillance Data with Stewardship Leads
   - Request an Annual Antibiogram from Laboratory
   - Track and report C. difficile Cases to Appropriate Clinic Groups
   - Educate Patients, Families and Clinic Staff About Antimicrobial Stewardship Topics
   - Participate in Policy Development and Evaluation
   - References

What is Antimicrobial Stewardship?

Antimicrobials are medications that target microbes. These include antibiotics, antivirals, and antifungals. Antimicrobial stewardship (AS) is the effort to measure and improve antimicrobial prescribing by clinicians and use by patients.[1] The goal is to prescribe antimicrobials that align with evidence-based recommendations for diagnosis and management. This helps to improve patient outcomes and reduce the risk of antibiotic resistance. Antibiotics are the most frequent targets of antimicrobial stewardship programs.

The infection preventionist (IP) is a critical member of the stewardship team, as the most effective way of lowering unnecessary antibiotic usage is by working to ensure that infections do not happen to begin with.[2]

Chapter Introduction

This chapter will explain the role of the outpatient IP in AS. You will use this information to help your clinic to align with best practices set forth in CDC's Core Elements of Outpatient Stewardship.

Key Resources

- CDC's Core Elements of Outpatient Stewardship
  - You will use this resource as a framework for clinic stewardship efforts.
- CDC's Core Elements of Outpatient Antibiotic Stewardship Checklists
  - You will use these to see how well your clinic's stewardship program meets best practices.

Role of the IP

IPs frequently support AS programs in both acute care and long-term care settings. Many strategies that have been recommended in these areas can also be performed in the outpatient setting. Some suggestions are listed below:

Receive Training on Antimicrobial Stewardship Practices

- The CDC offers training complete with continuing education credits for most professions. See links in the "Resources" section at the end of this chapter to access this training.

Partner With a Pharmacist or a Physician Trained in Antimicrobial Stewardship (if Available)

- These roles typically lead or co—lead AS programs. Clinics that are attached to a larger health care system may have access to this expertise on-site. For clinics that are not attached to a larger health care system, consider either telemedicine models or participation in quality improvement collaboratives.[3] Additionally, WA DOH has an AS team composed of an infectious diseases pharmacist, an infectious diseases physician, and an epidemiologist. We can provide recommendations and resources to support your clinic's antimicrobial stewardship program. Our team can be reached at ams@doh.wa.gov.

Use CDC's Checklists to Assess Current Clinic Stewardship Program Efforts

- Share the results of your assessment with applicable clinic staff and leadership to raise awareness of gaps and to obtain support. The checklists are linked in the "Resources" section at the end of this chapter

Promote Consistent Messaging With All Clinic Staff Members to Set Patient Expectations[1]

- Suggested topics include general appropriate antibiotic use, appropriate microbiological culture practices, and the difference between urinary tract infections and asymptomatic bacteriuria.

Share MDRO Surveillance Data With the Stewardship Leads[4]

- The Core Elements of Outpatient Stewardship recommend that clinics implement evidence-based diagnostic criteria and treatment recommendations based on local pathogen susceptibility information. The surveillance data provided to leads by the IP can provide critical guidance to clinicians as they determine appropriate treatment criteria.

Request an Annual Antibiogram From the Laboratory[1,4]

- Microbiologic laboratories can produce antibiograms. IPs can request the antibiogram annually and promote it amongst clinic staff. Antibiograms should conform to standards set forth by the Clinical & Laboratory Standards Institute (CLSI). Make sure to request that the annual antibiogram be compliant with this standard (if possible).

Track and Report *C. difficile* Cases to Appropriate Clinic Groups

- *C. difficile* is an antibiotic outcome measure commonly tracked in acute care and nursing home settings.[3,5] If a clinic is a part of a greater health care system, outpatient and acute care IPs can work together to audit cases that originated from outpatient centers. If it is not part of a greater health care system, the IP can track cases seen by the clinic and share those data with appropriate clinic groups.

Chapter 10: Partnership with Communities

Chapter Outline

A. Chapter Introduction

B. Key Resources

- Know Your Local Contacts
- Know Your Trusted Resources
- Resources for Best Practices in Communication Science

Chapter Introduction

This chapter addresses partnerships with other groups and organizations. Community buy-in is an important part of infection control and prevention. IP programs should consider how to partner in the community to avoid potential outbreaks, to improve effectiveness during a public health emergency and as a general part of daily practice. IP programs should utilize trusted sources of information and use best practices in communication that are tailored to community-specific needs. Below is a list of resources to help your organization:

- Find resources to communicate evidence-based best practices and information to your patients and specific communities about diseases, treatment, prevalence, etc.
- Learn how to tailor your messaging to fit your population of interest
- Create ways to collaborate on local outreach activities, opportunities to participate in interdisciplinary workgroups and get help identifying local leadership.

This chapter is most applicable to IPs who work in any outpatient setting, program administrators, patient safety advocates, community healthcare workers.

Key Resources

Know Your Local Contacts

- WA DOH: Washington State Local Health Jurisdictions List
- Washington Coalition of Accountable Communities of Health
- WA DOH: Emergency Preparedness Community Outreach Resources
- WA DOH: Public Health Associations
- WA Labor and Industries (L&I): Request Consultation
- WA Patient Safety (qualityhealth.org)
  - WPSC is member-based program made up of 40+ organizations representing healthcare systems, associations, and advocacy groups across the state of Washington. They share information in a safe, neutral setting that allows you to comfortably learn, connect, and collaborate with a community of peers.

Know Your Trusted Resources

Trusted resources (national and international) that can provide information on diseases, treatments and other topics on infectious diseases.

- Loyola University: List of International Health Organizations
- US News and World Report: Public Health Schools that will have information on current research. A few select research centers are listed below.
  - London School of Hygiene and Tropical Medicine
  - Johns Hopkins
  - University of Washington
  - University of North Carolina, Chapel Hill

Scientific Organizations

- International Society for Infectious Diseases (ISID)
- Infectious Diseases Society of America (IDSA)
- Coalition for Epidemic Preparedness Innovations (CEPI)

Foundations

- Bill and Melinda Gates Foundation
- Kaiser Family Foundation (KFF) U.S. Global Health Policy

Other Resources

- Gapminder is an interactive tool based on scientific data
- Association for Professionals in Infection Prevention and Epidemiology (APIC)
- PubMED

Resources For Best Practices in Communication Science

- CDC: Communication Strategies: Health Literacy
- Washington Association for Community Health: Supporting Vaccine Confidence. This training guides you through messaging, community outreach, and convening a media team. The focus is on vaccination, but the information can be applied to other programs.
- Brown University Quick Guide to Science Communication (PDF)
- El Sol Neighborhood Educational Center, Effective Community Outreach Strategies
- Center for Parent Information & Resources, Outreach toolkit

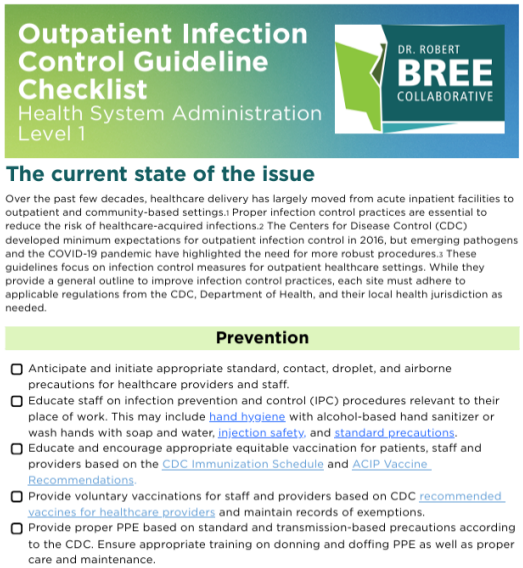
Playbook for New Infection Preventionists in Outpatient Settings

POTENTIAL APPLICATIONS

Checklists: The checklist translates the Bree guidelines into action steps for that sector (i.e., clinician, health delivery site, public health, etc.). The action items have been arranged into levels 1, 2, and 3 to correspond to the difficulty level of implementing the action into the sectors' setting. Bree staff co-created the checklists with report workgroup members and topic experts.

Outpatient Infection Control Report Checklists

- Delivery Site and Health System Checklists: Level 1, Level 2, Level 3
- Health Care Professional Checklists: Level 1, Level 2, Level 3
- Public Health Agency Checklists: Level 1, Level 2, Level 3



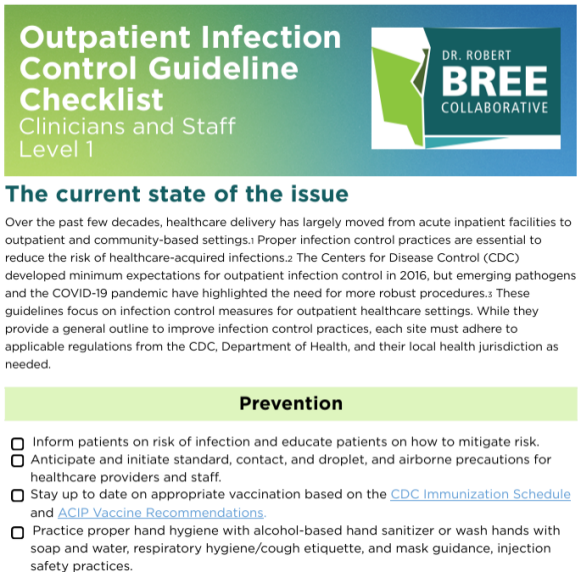
Outpatient Infection Control Guideline Checklist
Health System Administration
Level 1

The current state of the issue

Over the past few decades, healthcare delivery has largely moved from acute inpatient facilities to outpatient and community-based settings.1 Proper infection control practices are essential to reduce the risk of healthcare-acquired infections.2 The Centers for Disease Control (CDC) developed minimum expectations for outpatient infection control in 2016, but emerging pathogens and the COVID-19 pandemic have highlighted the need for more robust procedures.3 These guidelines focus on infection control measures for outpatient healthcare settings. While they provide a general outline to improve infection control practices, each site must adhere to applicable regulations from the CDC, Department of Health, and their local health jurisdiction as needed.

Prevention

- ☐ Anticipate and initiate appropriate standard, contact, droplet, and airborne precautions for healthcare providers and staff.
- ☐ Educate staff on infection prevention and control (IPC) procedures relevant to their place of work. This may include hand hygiene with alcohol-based hand sanitizer or wash hands with soap and water, injection safety, and standard precautions.
- ☐ Educate and encourage appropriate equitable vaccination for patients, staff and providers based on the CDC Immunization Schedule and ACIP Vaccine Recommendations.
- ☐ Provide voluntary vaccinations for staff and providers based on CDC recommended vaccines for healthcare providers and maintain records of exemptions.
- ☐ Provide proper PPE based on standard and transmission-based precautions according to the CDC. Ensure appropriate training on donning and doffing PPE as well as proper care and maintenance.



Outpatient Infection Control Guideline Checklist
Clinicians and Staff
Level 1

The current state of the issue

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Prevention

- ☐ Inform patients on risk of infection and educate patients on how to mitigate risk.
- ☐ Anticipate and initiate standard, contact, and droplet, and airborne precautions for healthcare providers and staff.
- ☐ Stay up to date on appropriate vaccination based on the CDC Immunization Schedule and ACIP Vaccine Recommendations.
- ☐ Practice proper hand hygiene with alcohol-based hand sanitizer or wash hands with soap and water, respiratory hygiene/cough etiquette, and mask guidance, injection safety practices.

FOUNDATION FOR Health Care Quality

DR. ROBERT BREE COLLABORATIVE

Outpatient Infection Control

− Delivery Site and Health Systems

Health System Evaluation Score Card Health System Score Card _ OPIC

Patient Education Evaluation Score Card Patient Education Score Card _ OPIC

+ Health Care Professionals

+ Health Plans

+ Washington State Agencies

+ Health care employers and Private Organizations

+ Guidelines Metrics

I. Your Organization 0

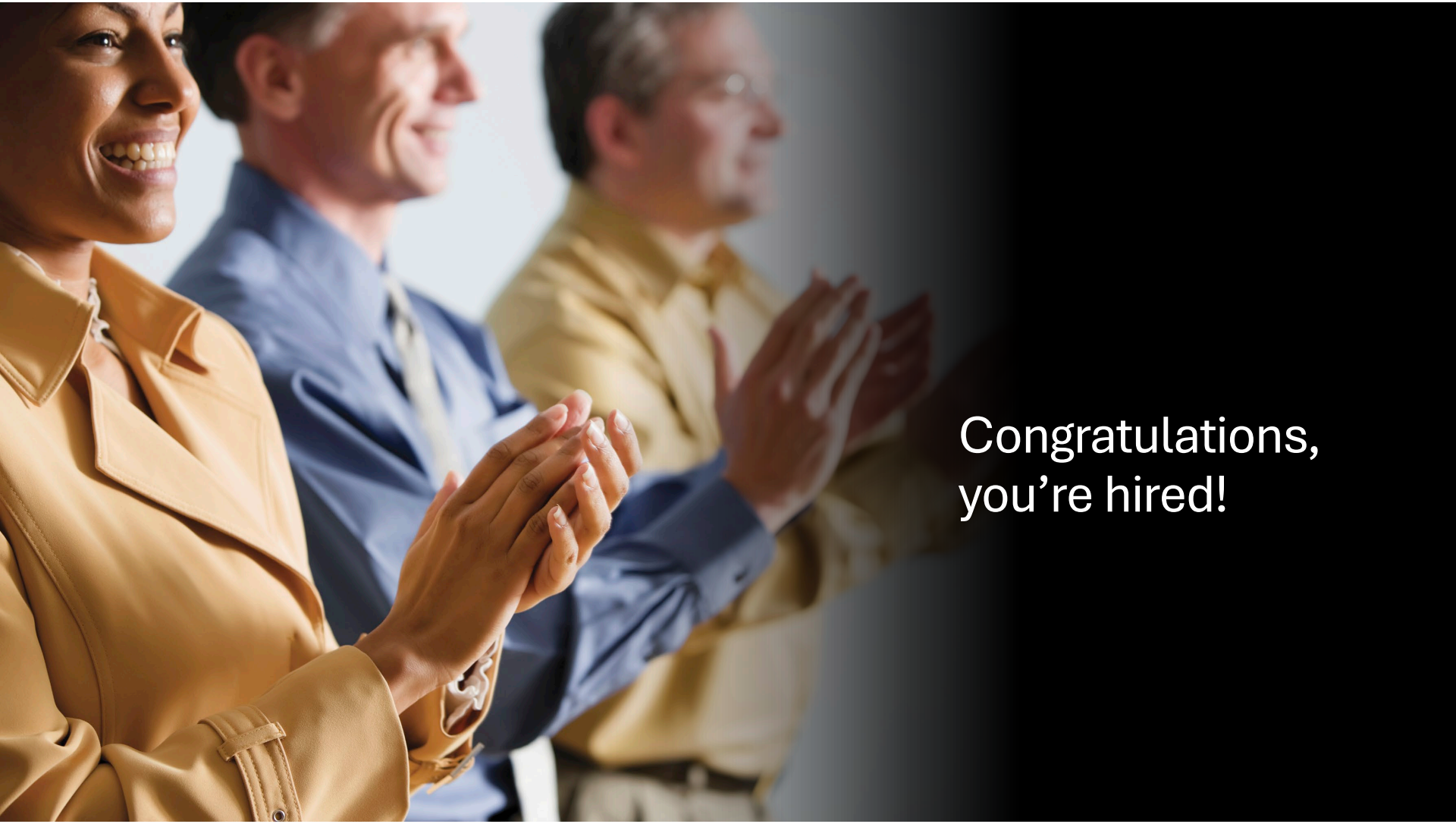
Name of Health System:		
Person Completing Survey:		
Title:		
Phone:		
Email:		

Read full report here: https://www.qualityhealth.org/bree/wp-content/uploads/sites/8/2022/09/Bree-Outpatient-Infection-Control_Final.pdf

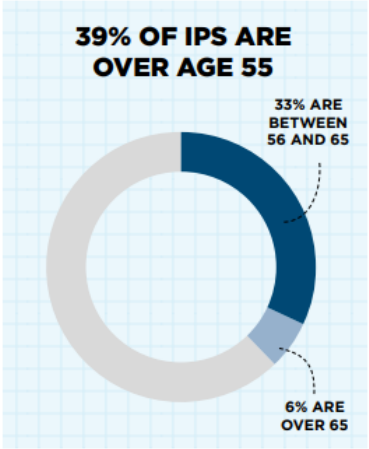
		SCORE	Comments
	0 -No action taken; 1 -Actively considering adoption; 2 -Some/similar adoption; 3 -Full adoption	**#DIV/0!**	
em 1	All sites have policies in place and measures being tracked for standard precautions, which include: 1) Hand hygiene 2) Environmental cleaning and disinfection 3) Injection and medication safety 4) Risk assessment with use of appropriate personal protective equipment (e.g., gloves, gowns, face masks) based on activities being performed 5) Minimizing Potential Exposures (e.g. respiratory hygiene and cough etiquette) 6) Reprocessing of reusable medical equipment between each patient or when soiled		
em 2	All patients receive up-to-date information on disease prevalence and vaccination at each visit		
em 3	Relevent staff receiving empathic inquire or other training for addressing vaccine hesitancy.		
em 4	All delivery sites have documented IPC plans, including: 1.Respiratory protection plan 2.Notifiable conditions protocols 3.HELSA aligned staff notification plan for exposures.		

Playbook for New Infection Preventionists in Outpatient Settings

SELF ASSESSMENT


Congratulations,
you’re hired!

Self-Assessment



In addition to expanding opportunities, retirement and turnover are contributing to increasing job openings in the field. The 2020 APIC MegaSurvey found that one third were 56-65 years of age (33%) with 6% over the age of 65. Of those who indicated they do not anticipate being employed in the IPC field in the next 5 years (17%); half (56%) expected to be retired and one third (27%) expected to have a new position different from IPC.[5] A 2019 APIC recruitment and hiring practices survey found that 34% of IPs were leaving their roles for professional advancement and 28% due to work-life balance challenges.[6]

The 2020 APIC MegaSurvey also indicates that only half of IPs are certified.[5] According to CBIC, certification provides a standardized measurement of current essential knowledge needed for those practicing infection prevention and control.[7] As outlined in the APIC IP Competency Model[8] certification is the hallmark of advancement to the Proficient IP career stage.

- Care shifting to ambulatory space
- Fewer experienced professionals
- Resource competition and growing scope

Personal Assessment

- Diverse Background and training
- Continuous assessment is needed to guide learning
- Importance of partnerships and high reliability practices.
- Get involved Outpatient Network | Washington State Department of Health
  - hai@doh.wa.gov

Getting Started: First Things First

- ✓ Self-Assessment Tool and Program Assessment
  - ✓ APIC: Competency Self-Assessment Activity for Novice or Becoming Proficient IP
    - Overview of key subject areas for current and ongoing certification
  - ✓ Program Assessment checklists
    - ✓ Outpatient Guide Checklist
      - Facility Demographics
      - Infection Control Program and Infrastructure
      - Direct Observations of Facility Practices

Resource Alignment

Playbook for New Infection Preventionists in Outpatient Settings

Q&A

Playbook Q&A

- Please place your questions in either the Q&A box or the chat, and we will respond to them
- If relevant, please share what kind of outpatient setting you are from (ambulatory surgical, specialty, dental etc)
- You can also email questions to hai@doh.wa.gov

Outpatient Network Webpage

www.doh.wa.gov/outpatientnetwork

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