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Research methods for the Infection Control in Healthcare Personnel (2023), from the Infection Control in Healthcare Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services guideline (2019). This document is an update of four sections of Part I of the Guideline for infection control in health care personnel, 1998, and their corresponding recommendations in Part II: The sections were updated by experts in occupational health, infectious diseases, and infection prevention and control (IPC). Updates were informed by a systematic review of recent articles published in peer-reviewed journals and databases of systematic reviews, guidelines, and regulations. All updates were vetted at public meetings of the Healthcare Infection Control Practices Advisory Committee (HICPAC) (See Appendix 1. Contributors). The questions developed to guide the literature search were: The infrastructure and delivery of healthcare to patients, and hence the provision of occupational IPC services to healthcare personnel (HCP), have changed since the publication of the Guideline for infection control in health care personnel, 1998. CDC conducted a targeted literature search for recent articles consistent with current approaches in occupational IPC service delivery to HCP. Search strategies were formulated using a combination of Medical Subject Headings (MeSH) terms and key words to identify literature that focused on at least one of the eight OHS IPC elements. Four searches were performed in MEDLINE, EMBASE, and CINAHL, or the Cochrane Database of Systematic reviews. Searches sought: In addition to the results of the systematic review, CDC (KI, DK) searched relevant websites and systematic review repositories of government agencies and nongovernmental organizations (Table A3.5) for additional guidelines, regulations, program evaluations, quality improvement initiatives, and systematic reviews. CDC (MD, KI, DK, AO, KR, DT) conducted the title and abstract screening and the full text review using the below inclusion and exclusion

criteria. Inclusion Criteria: Articles were retrieved if they were: Exclusion Criteria: Articles were excluded if they were: Figure A3.1 depicts the process of screening and selecting articles. Very few relevant intervention studies were found in indexed databases, and many lacked well-defined interventions, a comparison group, large study size, or longitudinal follow-up. The authors formulated recommendations based on current federal regulations, standards, and recommendations, or informed by: Authors recused themselves from decisions pertaining to the development of recommendations when there was a perceived or actual conflict of interest. HICPAC classified all recommendations as good practice statements based on professional experience and scientific evidence that indicated a high probability that the recommended action would do more good than harm¹. Drafts of the updated sections and recommendations were presented at public HICPAC meetings in March 2016, July 2016, and December 2016. Input from HICPAC and the public were incorporated into subsequent drafts. The draft recommendations and narrative were provisionally approved by HICPAC at the December 2016 meeting². Following further revisions, CDC then submitted the guideline to CDC clearance and subsequent posting to Regulations.gov for public comment. The comments were compiled and reviewed with a revised draft document at the May 2019 HICPAC meeting. The document was approved by HICPAC on May 17, 2019. CDC provides information on infection control and clinical safety to help reduce the risk of infections among healthcare workers, patients, and visitors. Languages Language Assistance Languages Language Assistance

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