Related Topics:

A model for a basic infection control and prevention plan for outpatient oncology facilities. Download the complete Basic Infection Control and Prevention Plan for Outpatient Oncology Settings. A pocket-sized quick reference guide to the Basic Infection Control and Prevention Plan for Outpatient Oncology Settings is also available to order free of charge from CDC-INFO on Demand – Publications (select “Preventing Infections in Cancer Patients” from the drop-down programs button). An estimated 1.5 million new cases of cancer were diagnosed in the United States in 2010 [1]. With improvements in survivorship and the growth and aging of the U.S. population, the total number of persons living with cancer will continue to increase [2]. Despite advances in oncology care, infections remain a major cause of morbidity and mortality among cancer patients [3-5]. Increased risks for infection are attributed, in part, to immunosuppression caused by the underlying malignancy and chemotherapy. In addition patients with cancer come into frequent contact with healthcare settings and can be exposed to other patients in these settings with transmissible infections. Likewise, patients with cancer often require the placement of indwelling intravascular access devices or undergo surgical procedures that increase their risk for infectious complications. Given their vulnerable condition, great attention to infection prevention is warranted in the care of these patients. In recent decades, the vast majority of oncology services have shifted to outpatient settings, such as physician offices, hospital-based outpatient clinics, and nonhospital-based cancer centers. Currently, more than one million cancer patients receive outpatient chemotherapy or radiation

therapy each year [6]. Acute care hospitals continue to specialize in the treatment of many patients with cancer who are at increased risk for infection (e.g., hematopoietic stem cell transplant recipients, patients with febrile neutropenia), with programs and policies that promote adherence to infection control standards. In contrast, outpatient oncology facilities vary greatly in their attention to and oversight of infection control and prevention. This is reflected in a number of outbreaks of viral hepatitis and bacterial bloodstream infections that resulted from breaches in basic infection prevention practices (e.g., syringe reuse, mishandling of intravenous administration sets) [7-10]. In some of these incidents, the implicated facility did not have written infection control policies and procedures for patient protection or regular access to infection prevention expertise. This document has been developed for outpatient oncology facilities to serve as a model for a basic infection control and prevention plan. It contains policies and procedures tailored to these settings to meet minimal expectations of patient protections as described in the CDC Guide to Infection Prevention in Outpatient Settings. The elements in this document are based on CDC's evidence-based guidelines and guidelines from professional societies (e.g., Oncology Nursing Society). This plan is intended to be used by all outpatient oncology facilities. Those facilities that do not have an existing plan should use this plan as a starting point to develop a facility-specific plan that will be updated and further supplemented as needed based on the types of services provided. Facilities that have a plan should ensure that their current infection prevention policies and procedures include the elements outlined in this document. While this plan may essentially be used exactly "as is," facilities are encouraged to personalize the plan to make it more relevant to their setting (e.g., adding facility name and names of specific rooms/locations; inserting titles/positions of designated personnel; and providing detailed instructions where applicable). This plan does not replace the need for an outpatient oncology facility to have regular access to an individual with training in infection prevention and for that

individual to perform on-site evaluation and to directly observe and interact regularly with staff. Facilities may wish to consult with an individual with training and expertise in infection prevention early on to assist with their infection control plan development and implementation and to ensure that facility design and work flow is conducive to optimal infection prevention practices. This model plan focuses on the core measures to prevent the spread of infectious diseases in outpatient oncology settings. It is not intended to address facility-specific issues or other aspects of patient care such as: For more information on these topics, refer to the list of resources provided in Appendix D of the plan. ANC Absolute neutrophil count APIC Association for Professionals in Infection Control and Epidemiology, Inc. CDC Centers for Disease Control and Prevention DEA Drug Enforcement Administration EPA Environmental Protection Agency FDA Food and Drug Administration HAI Healthcare-associated infection HBV Hepatitis B virus HCV Hepatitis C virus HIV Human immunodeficiency virus IDSA Infectious Diseases Society of America INS Infusion Nursing Society ONS Oncology Nursing Society OSHA Occupational Safety and Health Administration NIOSH National Institute for Occupational Safety PPE Personal protective equipment SHEA Society for Healthcare Epidemiology of America USP United States Pharmacopeia WHO World Health Organization Standard Precautions represent the minimum infection prevention measures that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered. These evidence-based practices are designed to both protect healthcare personnel and prevent the spread of infections among patients. Standard Precautions replaces earlier guidance relating to Universal Precautions and Body Substance Isolation. Standard Precautions include: 1) hand hygiene, 2) use of personal protective equipment (e.g., gloves, gowns, facemasks), depending on the anticipated exposure, 3) respiratory hygiene and cough etiquette, 4) safe injection practices, and 5) safe handling of potentially contaminated equipment or surfaces in the patient environment.

Transmission-Based Precautions are intended to supplement Standard Precautions in patients with known or suspected colonization or infection of highly transmissible or epidemiologically important pathogens. These additional precautions are used when the route of transmission is not completely interrupted using Standard Precautions. The three categories of Transmission-Based Precautions include: 1) Contact Precautions, 2) Droplet Precautions, and 3) Airborne Precautions. For diseases that have multiple routes of transmission, a combination of Transmission-Based Precautions may be used. Whether used singly or in combination, they are always used in addition to Standard Precautions. The risk of infection transmission and the ability to implement elements of Transmission-Based Precautions may differ between outpatient and inpatient settings (e.g., facility design characteristics). However, because patients with infections are routinely encountered in outpatient settings, ambulatory care facilities need to develop specific strategies to control the spread of transmissible diseases pertinent to their setting. This includes developing and implementing systems for early detection and management of potentially infectious patients at initial points of entry to the facility. For detailed information on Standard and Transmission-Based Precautions, and summary guidance for outpatient settings, refer to the following documents: Ongoing education and training of facility staff are required to maintain competency and ensure that infection prevention policies and procedures are understood and followed. A list of names of designated personnel and their specific roles and tasks and contact information is provided in Appendix A. Routine performance of surveillance activities is important to case-finding, outbreak detection, and improvement of healthcare practices. This includes the surveillance of infections associated with the care provided by the facility (defined as healthcare-associated infections) and process measures related to infection prevention practices (e.g., hand hygiene). Hand hygiene policies promote preferential use of alcohol-based hand rub (ABHR) over soap and water in most clinical situations. Alcohol-based hand rub is the preferred method for

decontaminating hands, except when hands are visibly soiled (e.g., dirt, blood, body fluids), or after caring for patients with known or suspected C. difficile or norovirus during an outbreak, in which case soap and water should be used. Hand hygiene stations should be strategically placed to ensure easy access. Using Alcohol-based Hand Rub (follow manufacturer's directions): Handwashing with Soap and Water: Always perform hand hygiene in the following situations: Personal Protective Equipment (PPE) use involves specialized clothing or equipment worn by facility staff for protection against infectious materials. The selection of PPE is based on the nature of the patient interaction and potential for exposure to blood, body fluids or infectious agents. A review of available PPE should be performed periodically (e.g., annually) due to new product developments and improvements. Please note that this section does not address issues related to PPE for the preparation and handling of antineoplastic and hazardous drugs. The recommended PPE for those procedures should be determined in accordance with OSHA and NIOSH. Gloves Wear gloves when there is potential contact with blood (e.g., during phlebotomy), body fluids, mucous membranes, nonintact skin or contaminated equipment. Gowns Wear a gown to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated. Facemasks (Procedure or Surgical Masks) Wear a facemask: Goggles, Face Shields Wear eye protection for potential splash or spray of blood, respiratory secretions, or other body fluids. Respirators If available, wear N95-or higher respirators for potential exposure to infectious agents transmitted via the airborne route (e.g., tuberculosis). 2. Recommendations for Donning PPE To prevent the transmission of respiratory infections in the facility, the following infection prevention measures are implemented for all potentially infected persons at the point of entry and continuing throughout the duration of the visit. This applies to any person (e.g., patients and accompanying family members, caregivers, and visitors) with signs and symptoms of respiratory illness, including cough, congestion, rhinorrhea, or increased production of respiratory

secretions. Additional precautions (e.g., Transmission-Based Precautions) can be found in Section V. The following supplies are provided in the reception area and other common waiting areas: All persons with signs and symptoms of a respiratory infection (including facility staff) are instructed to: In addition to the aforementioned infection prevention measures, the following enhanced screening measures are implemented: Injection safety refers to the proper use and handling of supplies for administering injections and infusions (e.g., syringes, needles, fingerstick devices, intravenous tubing, medication vials, and parenteral solutions). These practices are intended to prevent transmission of infectious diseases between one patient and another, or between a patient and healthcare personnel during preparation and administration of parenteral medications. To the extent possible, medication preparation should take place in pharmacy settings and dedicated medication rooms. All staff personnel who use or handle parenteral medications and related supplies should be aware of labeling and storage requirements and pharmacy standards. Additional recommendations for safe injection practices, including the appropriate use of single-dose (or single-use) and multi-dose vials and the proper technique for accessing intravascular devices, can be found in Section IV.E. (Medication Storage and Handling), in Section VI (Central Venous Catheters), respectively, as well as in Appendix D. CDC Injection Safety The measures outlined in this section pertain to the general storage and handling of parenteral medications outside of the pharmacy setting. The appropriate storage and handling (e.g., reconstituting, mixing, diluting, compounding) of antineoplastic drugs and other sterile medications that typically require preparation in pharmacy settings should be determined in accordance with established official and enforceable standards for these activities (e.g., ensuring appropriate environmental and engineering controls such as biological safety cabinets and laminar airflow hoods, and proper use of aseptic technique), including those of the United States Pharmacopeia and the Food and Drug Administration. These functions are performed by personnel who have the appropriate

qualifications and training as determined in accordance with the state pharmacy board. Consultation with the state pharmacy board and oncology pharmacy specialists is recommended. In general, parenteral medication storage, handling, and administration should adhere to injection safety measures as outlined in Section IV.D. (Injection Safety). Parenteral medications include single-dose and multi-dose vials, ampoules, bags or bottles of intravenous fluids. Single-dose vials (or single-use vials) are intended for use in a single patient for a single case/procedure/injection. Single-dose or single-use vials are labeled as such by the manufacturer and typically lack an antimicrobial preservative. Multi-dose vials contain more than one dose of medication. They are labeled as such by the manufacturer and typically contain an antimicrobial preservative to help prevent the growth of bacteria. However, this preservative has no effect on viruses and does not fully protect against contamination when safe injection practices are not followed. CDC 2007 Guideline for Isolation Precautions CDC Injection Safety CDC Vaccine Storage and Handling Toolkit The procedures outlined in this section pertain to the cleaning and disinfection of noncritical patient-care devices (e.g., blood pressure cuff) and environmental surfaces in patient-care areas (e.g., exam rooms) and certain common-use areas (e.g., bathrooms). Standard procedures and recommended practices for cleaning and disinfecting compounding areas (e.g., pharmacy settings) and the handling, transporting, and disposing of antineoplastic agents should be determined in accordance with local, state, and federal authorities, including state board of pharmacy, USP, FDA, and DEA. Patient-care areas, medication preparation areas (outside pharmacy/compounding areas), and bathrooms are cleaned at least daily, with the following exceptions: General cleaning and disinfection measures that apply to any patient-care area: Cleaning and disinfection measures for specific patient-care areas: Exam Rooms Chemotherapy Suites Triage Stations and/or Locations for Performing Vital Signs (if not done in exam rooms) Phlebotomy Stations CDC Guidelines for Environmental Infection Control in Health-Care Facilities CDC

Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008 CDC Guideline for the Prevention and Control of Norovirus Gastroenteritis Outbreaks in Healthcare Settings CDC Infection Prevention during Blood Glucose Monitoring and Insulin Administration APIC Infection Prevention Manual for Ambulatory Care, 2009 In addition to consistent use of Standard Precautions, additional precautions may be warranted in certain situations as described below. *Francis J. Curry National Tuberculosis Center, FAQ: "How long does it take to clear the air in an isolation or high-risk procedure room?" CDC 2007 Guideline for Isolation Precautions CDC Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005 The procedures outlined below pertain to the access and maintenance of long-term central venous catheters (e.g., vascular access devices). These include peripherally inserted central catheters (PICCs), tunneled catheters (e.g., Broviac®, Hickman®, and Groshong® catheters), including tunneled apheresis catheters, and implanted ports. For other types of access devices, such as intraperitoneal ports, refer to guidelines from relevant professional societies (e.g., Oncology Nursing Society). Several recommendations in this section have been adapted directly from the Oncology Nursing Society Access Devices Guidelines and the Infusion Nursing Society Standards of Practice. There is not a consensus over the use of clean versus sterile gloves when accessing certain vascular access devices, such as implanted ports; where indicated, recommendations by specific professional societies are provided. While the recommendations below apply generally, healthcare personnel are to follow manufacturers' instructions and labeled use for specific care and maintenance. Only healthcare personnel who have attained and maintained competency should perform these procedures. This procedure applies only to PICCs and tunneled catheters, including apheresis catheters. Refer to Part D.1. below for accessing implanted ports. In general, closed catheter access systems should be used preferentially over open systems. Refer to the manufacturer's instructions of the catheter and the needleless

connector for the appropriate technique to use; unless otherwise specified, perform the following: This procedure applies only to PICCs and tunneled catheters, including apheresis catheters. This procedure applies only to PICCs and tunneled catheters, including apheresis catheters. Refer to manufacturer's instructions for how frequently to change the injection cap; if information is not available, in general, change every week or when there are signs of blood, precipitate, cracks, leaks, or other defects, or when the septum is no longer intact. Refer to steps 1-5 in Section VI.A. above for PICC access and common maintenance procedures. Additional recommendations for routine maintenance and care: Tunneled catheters include Broviac®, Hickman®, and Groshong® catheters, as well as apheresis catheters. Refer to steps 1-5 in Section VI.A. above for catheter access and common maintenance procedures. Additional recommendations for routine maintenance and care: Adapted with permission from Access Device Guidelines: Recommendations for Nursing Practice and Education (3rd Ed.), by D. Camp-Sorrell (Ed.), 2011, Pittsburgh, PA: Oncology Nursing Society. Copyright 2011 by ONS. INS 2011 Infusion Nursing Standards of Practice CDC Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2011 [a] Several roles/tasks may be performed by the same person, e.g., Infection Prevention personnel, or by more than one person. [b] Cleaning/disinfection of spills of blood or other potentially infectious materials should be assigned to personnel trained to handle such situation; this may include facility staff other than ES/housekeeping staff. [c] Ensure this task is assigned to personnel who are available to respond in a timely manner; in some facilities, ES/housekeeping staff may be better equipped to handle this type of cleaning/disinfection. [Insert a list of reportable disease/conditions specific to your state and the appropriate contact information for your local and state health authorities. This information may be found at your state department of health website and/or at the Council of State and Territorial Epidemiologists State Reportable Conditions Websites The Infection Prevention Checklist for Outpatient Settings is a

companion to the CDC Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care. There are two sections to the checklist: I) Administration Policies and Facility Practices, and II) Personnel and Patient-Care Observations. For the purpose of evaluating personnel competency and adherence to recommended infection prevention practices, oncology facilities should use Section II of the checklist (i.e, Personnel and Patient-Care Observations) and modify and/or further supplement, as needed, to include specific practices and procedures relevant to their setting. These may include, but are not limited to, assessing personnel adherence to donning appropriate PPE and using aseptic technique (e.g., performing hand hygiene) when accessing central venous catheters. Detailed information about each of the topics below can be found in the accompanying resources. HAIs are associated with medical devices, complications following surgery, transmission between patients and healthcare workers, antibiotic overuse, and more. Languages Language Assistance Languages Language Assistance

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https://www.cdc.gov/healthcare-associated-infections/hcp/prevention-healthcare/infection-control-outpatient-oncology.html