

Preventing Patient Infections

My Pocket Guide



A quick guide to CDC's
Guide to Infection
Prevention in
Outpatient
Orthopedic and
Pain Management
Settings



Centers for Disease
Control and Prevention
National Center for Emerging and
Zoonotic Infectious Diseases



My Pocket Guide

My Pocket Guide is your quick reference for protecting patients and healthcare personnel from infections. It was developed for outpatient orthopedic and pain management facilities as a quick reference guide to CDC's *Guide to Infection Prevention for Outpatient Orthopedic and Pain Management Settings*. The full guide addresses unique procedures, equipment, and instruments used in these specialty settings, and includes checklists and observation tools that can be used to help ensure your facility has appropriate practices in place to provide safe patient care.



The *Guide to Infection Prevention in Outpatient Orthopedic and Pain Management Settings* is available at:

<https://www.cdc.gov/infectioncontrol/tools/>

Healthcare Challenge

Why is infection prevention and control (IPC) in outpatient orthopedic and pain management settings important? Failures in basic infection prevention practices have resulted in an increased number of outbreaks in nonhospital settings where attention to IPC is often lacking. Lapses in disinfection and sterilization of patient care instruments, environmental infection prevention measures, and safe injection practices highlight the importance infection prevention.

Your Role Within Your Facility

You have a responsibility.

Every staff member has an important role in preventing infections in patients by following Standard Precautions, which are the minimum infection prevention measures that apply to all patient care.

Be vigilant.

If you suspect an infection in a patient, it is your responsibility to report it to the appropriate personnel so that proper diagnostic work-up and treatment can be provided to the patient. Maintaining vigilance for infections can also help detect outbreaks early.

Facility Risk Assessment

An IPC program plays a key role in the maintenance of a safe work environment for patients, healthcare personnel, and visitors. Identifying and addressing risks is central to an effective infection control program. A risk assessment is a systematic means to identify risks in the orthopedic and pain management settings and should be conducted at least annually and whenever new procedures or risks are identified. Regular facility risk assessments help determine the goals and objectives of the IPC program.

STEP 1. INVENTORY or create a list of the services, procedures, and practices that are done in your office setting.

STEP 2. ASSESS your facility's current program and practices.

STEP 3. IDENTIFY which types of invasive and other procedures and tests are performed in your office.

STEP 4. DEVELOP or tailor your policies and procedures based on your facility risk assessment, taking into consideration the types of services provided by the facility and the patient population that is served.

STEP 5. PRIORITIZE your facility resources and focus extra attention on the areas that are determined to pose greater risk to your patient population.



Key Recommendations for Developing an IPC Program

Leadership is accountable for the success of infection prevention activities and should:

- Ensure at least one individual trained in infection prevention is employed or regularly available to manage the IPC program.
- Ensure availability of sufficient and appropriate supplies necessary for adherence to Standard Precautions.
- Develop written infection prevention policies and procedures appropriate for the services provided by the facility and based upon evidence-based guidelines, regulations, or standards.
- Reassess policies and procedures at least annually.
- Develop a system for early detection and management of potentially infectious persons at initial points of patient encounter.

Quick Guide Section

The elements in the following Quick Guide section are taken from CDC's *Guide to Infection Prevention in Outpatient Orthopedic and Pain Management Settings*, which is based on CDC's evidence-based guidelines and was developed in collaboration with experts in outpatient orthopedic and pain management care and services.

Hand Hygiene

- Alcohol-based hand rub is the preferred method for decontaminating your hands, except when hands are visibly soiled (e.g., dirt, blood, body fluids), or after caring for patients with known or suspected infectious diarrhea (e.g., *Clostridium difficile*, norovirus), in which case soap and water should be used.



- Even if gloves will be worn, perform hand hygiene before and after glove removal.

Personal Protective Equipment (PPE)

- PPE (e.g., gloves, gowns, facemasks) should be worn if there is potential for exposure to blood, body fluids (e.g., respiratory secretions, wound drainage), mucous membranes, nonintact skin or contaminated equipment.
- Choose the type of PPE based on the anticipated nature of the patient interaction and/or the likely mode(s) of transmission.
- Wear a facemask when placing a catheter or injecting material into the epidural or subdural space.
- Perform hand hygiene before and after removing PPE.
- PPE should be removed before exiting the patient environment.



Respiratory Hygiene

- Identify and triage patients and visitors with respiratory symptoms upon entry to the facility, especially during flu season.
- Know your facility's sick leave policies.
- Healthcare personnel with a respiratory infection should avoid direct patient contact; if this is not possible, then a facemask should be worn while providing patient care and frequent hand hygiene should be performed.
- Institute measures to prevent spread of respiratory infections, including:
 - Separating patients and using face masks
 - Ensuring availability of infection control supplies for patient and healthcare personnel use (e.g., alcohol-based hand rub dispensers, facemasks, tissues)



Injection Safety/ Medication Handling

- Use aseptic technique when preparing and administering medications.
- Cleanse the access diaphragms of medication vials with 70% alcohol and allow to dry before inserting a device into the vial.
- Never administer medications from the same syringe to more than one patient, even if the needle is changed.
- Avoid prefilling and storing batch-prepared syringes except in accordance with pharmacy standards; whenever possible, use pharmacy-prepared prefilled syringes.
- Prepare medications as close as possible to the time of administration.
- Do not reuse a syringe to enter a medication vial or container.
- Do not administer medications from single-dose or single-use vials or bags or bottles of intravenous solution to more than one patient.
- Assign medications packaged as multi-dose vials to a single patient whenever possible.
- Dispose of used sharps at the point-of-use in a sharps container that is closable, puncture-resistant, and leak-proof.



Environmental Cleaning of Patient Care Areas

- Change the paper covering the exam table and pillows between patients; may use absorbable pads to cover work surfaces.
- If absorbable pads are used, they should be changed after each patient and during the procedure if they become soaked or saturated. Surfaces under these coverings should be cleaned at the end of the day and immediately if they become contaminated.
- Place any used linens (e.g., exam gowns, sheets) in a designated container located in each exam room after each patient use.
- Clean any medication preparation area after each patient encounter and ensure contaminated items are not placed in or near the area.
- Focus cleaning on high-touch surfaces (at least daily), e.g., exam table, blood pressure cuff, stethoscope (per manufacturer's instructions), chair and exam table stool, and door knobs.
- Decontaminate high-touch surfaces using an EPA-registered disinfectant with specific claim labels for the infective agent.



Cleaning, Disinfection or Sterilization of Reusable Devices

- Always clean and reprocess reusable medical devices (e.g., surgical instruments, scalpel blade handles, biopsy forceps, ultrasound probes) prior to use on another patient.
- Wear appropriate PPE when handling contaminated medical devices.
- Perform pre-cleaning as soon as practical after use to prevent soiled materials from becoming dried onto instruments.
- Visually inspect reusable medical devices for residual soil prior to disinfection or sterilization.
- Use enzymatic cleaner or detergent and discard according to manufacturer instructions.
- For chemicals used in high-level disinfection (HLD), follow manufacturer instructions for the product preparation, testing for appropriate concentration, and replacement.
- Disinfect devices for the appropriate length of time, at the appropriate temperature, and appropriately rinsed after HLD, all as specified by manufacturer instructions.





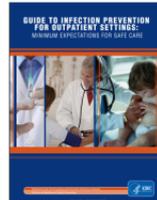
Proper Care of Ultrasound Transducers

Medical ultrasound involves contact between an ultrasound transducer and a patient's skin, mucous membranes, or sterile tissues. Risks associated with the transmission of infection can be minimized by following proper use, cleaning, and reprocessing of the equipment.

- Manually remove all ultrasound gel prior to cleaning.
- Thoroughly clean all surfaces of the medical device, as organic residue may interfere with the contact of the disinfectant with all contaminated surfaces.
- Use an approved HLD according to manufacturer.
- Thoroughly rinse the transducer with clean water after HLD and dry using a single-use low linting cloth.
- After cleaning and HLD, protect the transducer by storing it in an appropriate environment; at a minimum, a clean disposable cover should be placed over the device.

Resources

The *Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care* is a summary guide of infection prevention recommendations for outpatient settings. The recommendations included in this document are not new but rather reflect existing evidence-based guidelines produced by the Centers for Disease Control and Prevention and the Healthcare Infection Control Practices Advisory Committee.



Readers are urged to use the **Infection Prevention Checklist for Outpatient Settings**, a companion to the summary guide. The checklist can be used as an audit tool or training guide for a variety of outpatient settings. An **interactive version** enables orthopedic and pain management facilities to customize the tool to their facility.



Full guidelines for additional background, rationale, and evidence behind each recommendation are available at: http://www.cdc.gov/HAI/prevent/prevent_pubs.html

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