Update to the *Guideline for Infection Control in Healthcare Personnel, 1998*  
“Section 1”

HICPAC Infection Control in Healthcare Personnel Workgroup  
Hilary Babcock, MD, MPH  
HICPAC Member  
HICPAC Presentation, May 2019
Disclaimer: The findings and conclusions herein are draft and have not been formally disseminated by the Centers for Disease Control and Prevention and should not be construed to represent any agency determination or policy.
Background: *Infection control in healthcare personnel, 1998*

- Audience: occupational health providers working in healthcare facilities
- Focused on epidemiology and prevention of infections known to be transmitted in healthcare settings
- Provided recommendations for reducing transmission of infections among HCP and patients, such as
  - immunizations
  - management of HCP exposures to infections or illness (eg, postexposure prophylaxis)
  - work/patient care restrictions
Section 1: Infrastructure and Routine Practices for Occupational IPC Services

• Updates four sections from Part I of the 1998 Guideline and their corresponding recommendations in Part II:
  – C. Infection Control Objectives for a Personnel Health Service
  – D. Elements of a Personnel Health Service for Infection Control
  – H. Emergency-Response Personnel
  – J. The Americans With Disabilities Act

• Update has:
  – Broader range of elements for providing Occupational IPC services to HCP
  – Applicability to the wider range of healthcare settings where patient care is now delivered, including hospital-based, long-term care, and outpatient settings
  – Expanded guidance on policies and procedures for Occupational IPC services and strategies for delivering Occupational IPC services to HCP

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Section 1 Status

• Posted to www.regulations.gov for public comment: 10/15/18 - 12/14/18.
• Comments received from:
  o The Joint Commission
  o International Safety Center
  o AFL-CIO
  o HealthWatch USA
  o American Nurses Association (ANA)
  o American Public Health Association (APHA)
  o 4 individuals
  o OSHA (inter-agency)
• Summary of comments and revised draft presented today for HICPAC discussion and vote.

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Section 1 Outline

• Introduction

• Elements of Occupational Health Services for Infection Prevention
  – Leadership and Management
  – Communication and Collaboration
  – Assessment and Reduction of Risks for Infection Among HCP Populations
  – Medical Evaluations
  – Occupational Infection Prevention and Control: Education and Training
  – Immunization Programs
  – Management of Potentially Infectious Exposures and Illnesses
  – Management of HCP Health Records

• Appendices
Section 1: New Draft Definitions

Occupational Health Services (OHS):
- Used synonymously with ‘Employee Health,’ ‘Employee Health Services,’ ‘Employee Health and Safety,’ ‘Occupational Health,’ etc.
- Refers to the group, department, or program that addresses many aspects of health and safety in the workplace for HCP.
- In healthcare settings, OHS address workplace hazards including communicable diseases, slips, trips and falls, patient handling injuries, chemical exposures, HCP burnout, and workplace violence.

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Suggestions to incorporate “Ensuring...”
  • PPE availability in the workplace
  • Access to safety technology
  • Role of environmental and engineering controls in worker safety
  • Cleaning, decontamination, disinfection and sterilization

  • These areas are considered outside the scope of the Guideline.
    • Not primary responsibility of OHS
    • OHS provides input on these topics
  • Definition of OHS added to the introduction to clarify their scope of work.

Suggestion to incorporate collaboration with IPC staff, industrial hygienists, other groups.
  • Importance of collaboration with IPC staff already in the draft.
    • Rearranged some sections of narrative to give more emphasis.
  • Reinforced importance of OHS collaboration with HCP.
Section 1: Comments Received, General

• Requests to align with OSHA standards
  • Revisions were made to harmonize with OSHA standards terminology where possible and appropriate.

• Requests to restate recommendations from other guidelines, and requirements from OSHA standards
  • Directing readers to primary sources
    • Referring to recommendations or requirements from other entities (ACIP, OSHA, individual states, etc)
  • Recommendations are not made where there are existing recommendations or requirements
  • Avoiding duplication

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Section 1: Comments Received, General

- Suggestions to focus narrative discussion only on HCP safety.
  - Scope of the guideline includes preventing transmission among HCP and patients, rather than just protecting HCP

- Requests to include topics that are addressed in other CDC guidelines:
  - Emerging pathogens and outbreaks; Outbreak and emergency plans
    - Noted in text where appropriate as important issues

  - Early identification and isolation of patients as infection control measures
    - IP program responsibility, not OHS

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Section 1: Comments Received, Terminology

• Public comments regarding use of a consistent term for sharps with safety engineered devices: “Current terminology to refer to ‘safety engineered sharps devices’ are varied and confusing.”
  • Several terms suggested for use by the public
  • Sharps with Engineered Sharps Injury Protection (SESIP) is used by OSHA and CDC
  • Definition: “SESIP refers to devices with integrated features to prevent percutaneous injuries.”

• Public comments: align with OSHA standards terminology: “post-exposure evaluation and follow-up”
  • Revisions were made to harmonize with OSHA standards terminology where possible.
  • Postexposure management often includes more than evaluation and follow-up
Section 1: Comments Received, Updates & Corrections

• Corrected technical inaccuracies regarding industrial hygiene practice
  o Risk and hazard assessment
  o Use of the hierarchy of controls

• Updated web links

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### Section 1: Revisions to draft Recommendations

#### 3. Leadership and Management

<table>
<thead>
<tr>
<th>Federal Register</th>
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<tbody>
<tr>
<td>For occupational health services leaders and staff</td>
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<tr>
<td>3.2.2b. Develop occupational infection prevention and control services that are</td>
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<tr>
<td>tailored to the needs of healthcare personnel.</td>
<td>that are tailored to the needs of healthcare personnel and the</td>
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<td>environment in which they work.</td>
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#### 4. Communication and Collaboration

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<tr>
<td>For occupational health services leaders and staff</td>
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<tr>
<td>4.2.2a. Engage senior leaders, administrators, and leaders of other programs</td>
<td>4.2.2a. Engage senior leaders, administrators, leaders of other</td>
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<tr>
<td>that share activities related to occupational infection prevention and control</td>
<td>programs that share activities related to occupational infection</td>
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<td>to foster collaborative decision-making.</td>
<td>prevention and control, and healthcare personnel to foster</td>
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<td></td>
<td>collaborative decision-making.</td>
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## Section 1: Revisions to draft Recommendations
### 7. Occupational Infection Prevention and Control: Education and Training

<table>
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<tr>
<td><strong>For healthcare organization leaders and administrators</strong></td>
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<tr>
<td>7.2.1a. Provide healthcare personnel dedicated time during work hours to complete occupational infection prevention and control education and training.</td>
<td>7.2.1a. Provide healthcare personnel dedicated time during <strong>normal</strong> work hours to complete occupational infection prevention and control education and training.</td>
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<td><strong>For occupational health services leaders and staff</strong></td>
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<tr>
<td>7.2.2c. Topics for initial, periodic, and as-needed education and training should include:</td>
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<tr>
<td>• Federal, state, and local education and training requirements</td>
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<td>...</td>
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<tr>
<td>• How to access occupational health services, when needed, and the need to report exposures</td>
<td>• How to access occupational health services, when needed, and <strong>expectations for reporting</strong> exposures</td>
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# Section 1: Revisions to draft Recommendations

## 9. Management of Potentially Infectious Exposures and Illnesses

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<tr>
<td><em>For healthcare organization leaders and administrators</em> 9.2.1a. Implement sick leave options for healthcare personnel, and whenever possible, contract staff, that encourage healthcare personnel reporting of potentially infectious exposures or illnesses, appropriate use of sick leave, and adherence to work restrictions.*</td>
<td><em>For healthcare organization leaders and administrators</em> 9.2.1a. Implement sick leave options for healthcare personnel, <em>and whenever possible, contract staff, that encourage healthcare personnel</em> reporting of potentially infectious exposures or illnesses, appropriate use of sick leave, and adherence to work restrictions.*</td>
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### Section 1: Revisions to draft Recommendations

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</tr>
<tr>
<td>9.2.2a. Develop, review, and update when necessary policies and procedures about healthcare personnel exposure and illness management services that: ...</td>
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</tr>
<tr>
<td>9.2.2.a2. Establish a timely, confidential, and non-punitive mechanism for healthcare personnel to report exposures and access exposure and illnesses management services 24 hours a day and 7 days per week;</td>
<td>9.2.2.a2. Establish a timely, confidential, and non-punitive mechanism for healthcare personnel to report <em>potentially infectious</em> exposures and access exposure and illness management services 24 hours a day and 7 days per week;</td>
</tr>
<tr>
<td>9.2.2.a3. Include sick leave options that encourage healthcare personnel reporting of exposures and illness and discourage presenteeism;</td>
<td>9.2.2.a3. Include sick leave options that encourage reporting of <em>potentially infectious</em> exposures and illnesses and that discourage presenteeism;</td>
</tr>
<tr>
<td>9.2.2b. Define criteria, methods, and individuals responsible for reporting healthcare personnel exposures and illnesses or suspected infectious outbreaks to internal departments and external authorities.</td>
<td>9.2.2b. Define criteria, methods, and individuals responsible for reporting <em>potentially infectious</em> exposures and illnesses or suspected infectious outbreaks to internal departments and external authorities.</td>
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Next Steps:

• HICPAC Vote: Section 1 draft
• Incorporate HICPAC feedback
• Submit updated, approved draft to final CDC clearance
• Post approved draft on HICPAC website

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Acknowledgments

“Section 1” Workgroup Members:
Hilary Babcock, Ruth Carrico, Tammy Lundstrom, Mark Russi, Connie Steed, Michael Tapper, Tom Talbot, David Weber

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Discussion/Comments/Questions