



Introduction

Infection Control in Healthcare Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services (2019)

AT A GLANCE

Introduction to the Infection Control in Healthcare Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services (2019) guideline.

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Scope and Purpose

The prevention of infectious disease transmission among HCP and patients is a critical component of safe healthcare delivery in all healthcare settings. OHS provides occupational IPC expertise to an HCO and services to HCP, such as those aimed at reducing risks for acquiring infections on the job (e.g., immunizing HCP) and managing HCP infectious exposures and illnesses that prevent the transmission of infectious diseases from potentially infectious HCP to patients, HCP, and others.

In 1998, the Centers for Disease Control and Prevention (CDC) published *Guideline for infection control in health care personnel, 1998*,^[1] which provided information and recommendations for OHS on the prevention of transmission of infectious diseases among HCP and patients. This update, *Infection Control in Healthcare Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention Services*, supersedes four sections of 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*; and *J. The Americans With Disabilities Act*. The updated recommendations are intended to facilitate the provision of occupational IPC services to HCP and prevent transmission of infections between HCP and others. Additional updates to the *1998 Guideline* address the epidemiology and control of selected infections transmitted among HCP and patients and considerations for special HCP populations. Recommendations in other sections of the *1998 Guideline* are current.

Infection prevention and control objectives for an occupational health service

OHS objectives for IPC generally include:

- supporting an HCO safety culture;
- adhering to federal, state, and local requirements for occupational health and reporting;
- collaborating with others (e.g., facility IPC services) to monitor and investigate potentially infectious exposures, illnesses, and outbreaks involving HCP;
- identifying work-related infection risks and collaborating to institute appropriate risk reduction and preventive measures;
- providing HCP preventive measures (e.g., immunizations) and care for occupational exposures or illnesses;

- educating and training HCP about the principles of exposure (e.g., sharps injuries) and infection prevention;
- reducing absenteeism, illness, and disability among HCP; and
- ensuring confidentiality of HCP information consistent with federal, state, and local requirements.

Infection prevention and control elements of an occupational health service

The organizational structure of an OHS depends on the size of its parent HCO, the number of facilities served, the setting (e.g., inpatient- or outpatient-based), the numbers of HCP served, HCP job duties and possible associated exposures, and whether the services provided are on-site or off-site. Regardless of the structure of an OHS, program responsibilities include:

1. Leadership and management
2. Communication and collaboration
3. Assessment and reduction of risks for infection among populations of HCP
4. Medical evaluations
5. Occupational IPC education and training
6. Immunization programs
7. Management of potentially infectious exposures and illnesses
8. Management of HCP health records

Rationale

This update is intended to:

- address needs related to the growing diversity in models for providing occupational IPC services in healthcare settings (e.g., off-site service delivery);
- assist OHS to meet new regulatory requirements and standards from federal, state, and local jurisdictions, accreditation agencies, payers, and purchasers; and
- provide guidance on how to conduct performance measurement and quality improvement activities in the delivery of occupational IPC services.

Audience

These recommendations are aimed at two groups: the leaders and staff of OHS who provide occupational IPC services to HCP, and the administrators and leaders of HCO who provide resources for the delivery and management of occupational IPC services. Other groups, such as IPC staff, human resources departments, and regulatory compliance groups, also may find this document helpful.

Definitions

In this document, the term "OHS" is used synonymously with "Employee Health," "Employee Health Services," "Employee Health and Safety," "Occupational Health," and other such programs. OHS refers to the group, department, or program that addresses many aspects of health and safety in the workplace for HCP, including the provision of clinical services for work-related injuries, exposures, and illnesses. In healthcare settings, OHS addresses workplace hazards including communicable diseases; slips, trips and falls; patient handling injuries; chemical exposures; HCP burnout; and workplace violence.

"HCP" refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. These HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not

employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel). In this document, HCP does not include dental healthcare personnel, autopsy personnel, and clinical laboratory personnel, as occupational IPC service recommendations for these groups are available elsewhere.[\[7-9\]](#)

The term "healthcare settings" refers to places where healthcare is delivered and includes, but is not limited to, acute care facilities, long-term acute care facilities, inpatient rehabilitation facilities, nursing homes and assisted living facilities, home healthcare, vehicles where healthcare is delivered (e.g., mobile clinics), and outpatient facilities, such as dialysis centers, physician offices, and others.

Methods

The methods for the development of the recommendations in this document are described in [Appendix 3. Methods](#).

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