



5. Occupational Infection Prevention and Control: Education and Training

INFECTION CONTROL IN HEALTHCARE PERSONNEL: INFRASTRUCTURE AND ROUTINE
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Infection Control in Healthcare Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services (2019)

AT A GLANCE

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

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Recommendations

For healthcare organization leaders and administrators

Number	Recommendation
5.a.	Provide healthcare personnel dedicated time during their normal work hours to complete occupational infection prevention and control education and training.

For occupational health services leaders and staff

Number	Recommendation
5.b.	Collaborate with appropriate healthcare organization departments or individuals to:
5.b.1.	Define the goals and scope of education and training for healthcare personnel about occupational infection prevention and control.
5.b.3.	Support initial, periodic, and as-needed education and training that is appropriate in content to the educational level, literacy, and language of healthcare personnel.
5.b.3.	Periodically review healthcare personnel exposure data to identify high risk sub-populations for refresher infection prevention and control education and training.
5.c.	Determine periodic “refresher” education topics based upon analyses of healthcare personnel exposure incident reports, risk assessments, and other methods that identify

infectious hazard vulnerabilities for healthcare personnel.

5.d.

Topics for initial, periodic, and as-needed education and training should include:

- Federal, state, and local education and training requirements
- Modes of infectious disease transmission and implementation of standard and transmission-based precautions
- Hand hygiene
- Sharps injury prevention
- Immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) for healthcare personnel
- Healthcare personnel screening for selected infectious diseases before job placement and periodically thereafter
- How to access occupational health services, when needed, and expectations for reporting exposures
- Expectations for reporting illnesses or conditions (work-related or acquired outside of work), such as rashes or skin conditions (e.g., non-intact skin on hands); febrile, respiratory, and gastrointestinal illnesses, and hospitalizations resulting from infectious diseases
- Sick leave and other policies and procedures related to infectious healthcare personnel, including the risks of presenteeism to other healthcare personnel and patients

Background

Occupational IPC education and training programs are intended to increase HCP knowledge, competency, and practical skills about infectious diseases and their prevention. These programs are generally managed by the IPC program of a facility or HCO.

Understanding the rationale for IPC practices can increase HCP adherence to, and acceptance of, those practices [\[1\]](#) [\[2\]](#) [\[3\]](#). In addition, education and training can:

- ensure HCP are provided with and become familiar with organizational OHS and IPC policies and procedures;
- increase HCP acceptance of immunizations;
- encourage prompt recognition, reporting, evaluation, and management of potentially infectious exposures and illnesses [\[3\]](#);
- decrease exposures and infections among HCP [\[4\]](#);
- facilitate control of infectious disease outbreaks [\[5\]](#); and
- ensure adherence to federal, state, and local education and training requirements.

Education and training are provided to HCP initially upon hire; periodically during employment, such as via annual refresher training; and as needed to address a specific need, such as new job duties, new medical devices or equipment, or outbreak control.

Education and training requirements

In addition to standard education and training that is expected for HCP to safely perform their work, federal (see Box 4.Examples of Federal Regulations Requiring Education and Training for Employees), state, and local authorities maintain mandated requirements for the education and training of employees [\[6\]](#) [\[7\]](#) [\[8\]](#).

Abbreviations

- ACIP = Advisory Committee on Immunization Practices
- HCO = Healthcare Organization
- HCP = Healthcare Personnel
- IPC = Infection Prevention and Control
- PPE = Personal Protective Equipment

Box 4. Examples of Federal Regulations Requiring Education and Training for Employees

Selected Federal Regulations	Selected Education and Training Elements
Bloodborne Pathogens standard 29 CFR 1910.1030(g)(2)	<ul style="list-style-type: none">• Bloodborne pathogens epidemiology, modes of transmission• Methods for recognizing activities that may involve exposure to potentially infectious materials• Hepatitis B immunization• Postexposure management• Sharps device safety
Respiratory Protection standard 29 CFR 1910.134(k)	<ul style="list-style-type: none">• Respiratory hazards to which HCP might be exposed• Use of respirators
Personal Protective Equipment standard 29 CFR 1910.132	<ul style="list-style-type: none">• When PPE is necessary• What PPE is necessary• How to properly don, doff, adjust, and wear PPE• Limitations of PPE• Proper care, maintenance, useful life, and disposal of PPE

READ NEXT

Immunization Programs

CONTENT SOURCE:

National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)

REFERENCES

1.

Joseph, HA, Shrestha-Kuwahara R, Lowry D, et al. Factors influencing health care workers' adherence to work site tuberculosis screening and treatment policies. *Am J Infect Control*. 2004 Dec;32(8):456-61.

2.

Gershon RR, Qureshi KA, Pogorzelska M, et al. Non-hospital based registered nurses and the risk of bloodborne pathogen exposure. *Ind Health*. 2007 Oct;45(5):695-704.

3.

Healthcare Infection Control Practices Advisory Committee. [Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings – Recommendations of the Healthcare Infection Control Practices Advisory Committee](#). Centers for Disease Control and Prevention. Reviewed December 27, 2018. Accessed August 20, 2019.

4.

Welbel SF, French AL, Bush P, et al. Protecting health care workers from tuberculosis: a 10-year experience. *Am J Infect Control*. 2009 Oct;37(8):668-73.

5.

Kassis C, Hachem R, Raad II, et al. Outbreak of community-acquired methicillin-resistant Staphylococcus aureus skin infections among health care workers in a cancer center. *Am J Infect Control*. 2011 Mar;39(2):112-7.

6.

[Standard 1910.1030 – Toxic and Hazardous Substances, Bloodborne Pathogensexternal icon](#). Occupational Safety and Health Administration. Revised April 3, 2012. Accessed August 20, 2019.

7.

[Standard 1910.134 – Respiratory Protectionexternal icon](#). Occupational Safety and Health Administration. Revised June 8, 2011. Accessed August 20, 2019.

8.

[Standard 1910.132 – General Requirementsexternal icon](#). Occupational Safety and Health Administration. Revised November 18, 2016. Accessed August 20, 2019.

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