



Infection Prevention Resources

Last updated Dec. 2, 2022



Content

- [AAMI \(Association for the Advancement of Medical Instrumentation\)](#)
- [ACIP \(Advisory Committee on Immunization Practices\)](#)
- [AHRQ \(Agency for Healthcare Research and Quality\)](#)
- [Air Exchanges](#)
- [Ambulatory Care \(outpatient settings\)](#)
- [Ambulatory Surgery Centers](#)
- [Animal Visitation](#)
- [Antimicrobial Resistance](#)
- [Antimicrobial Stewardship \(AMS\)](#)
- [Antimicrobial Stewardship Training](#)
- [Antiseptics – FDA Final Rule](#)
- [APIC \(Association for Professionals in Infection Control and Epidemiology\)](#)
- [ASHRAE \(American Society of Heating, Refrigerating and Air-Conditioning Engineers\)](#)
- [Bed Bugs](#)
- [Behavioral Health](#)
- [Calculate the Impact of Facility HAIs](#)
- [*Candida auris*](#)
- [Cardboard Boxes and Shipping Containers](#)
- [CAUTI \(catheter-associated urinary tract infection\)](#)
- [CDC \(Centers for Disease Control and Prevention\)](#)
- [*C. diff* \(*Clostridioides difficile*, CDI\)](#)
- [CHG \(chlorhexidine\)](#)
- [CDPHE \(Colorado Department of Public Health and Environment\)](#)
- [Certification \(CIC®\)](#)
- [CJD \(Creutzfeldt-Jakob disease\)](#)
- [CLABSI \(central line-associated blood stream infection\)](#)
- [CMS \(Centers for Medicare and Medicaid Services\)](#)
- [Construction](#)
- [Contact Precautions – Duration and Removal](#)
- [Core Infection Prevention and Control Practices](#)
- [Coronavirus Disease \(COVID-19\)](#)
- [Cost of HAIs and Other Financial Articles](#)

Report website issues [here](#)



Content

- [CRE \(carbapenem-resistant *Enterobacteriaceae*\)](#)
- [Critical Access Hospitals](#)
- [Cystic Fibrosis & Isolation](#)
- [Dialysis Safety](#)
- [Disinfection & Sterilization](#)
- [DNV NIAHO](#)
- [Duodenoscope Protocols](#)
- [Ebola](#)
- [Emergency Preparedness](#)
- [Environmental Services](#)
- [ERAS \(enhanced recovery after surgery\)](#)
- [FDA \(U.S. Food & Drug Administration\)](#)
- [Fecal Transplantation](#)
- [Flu \(see Influenza\)](#)
- [Food and Drink](#)
- [Food Regulations](#)
- [GI Endoscopes](#)
- [Hand Hygiene](#)
- [HIV \(human immunodeficiency virus\)](#)
- [Hospital Regulations - State](#)
- [How Long Do Organisms Survive on Surfaces](#)
- [Humidity Levels](#)
- [Infection Control Risk Assessment](#)
- [Infectious Diseases Society of America \(IDSA\)](#)
- [Influenza](#)
- [Institute for Healthcare Improvement \(IHI\)](#)
- [Internship Program Guide, Accelerated](#)
- [Isolation Guidelines](#)
- [IV Bags, spiking](#)
- [Joint Commission, The \(TJC\)](#)
- [Laboratory](#)
- [Legionella \(see Water Management\)](#)
- [Linen/Laundry](#)
- [Long-Term Care](#)
- [Medical Waste \(waste management\)](#)
- [NIOSH \(National Institute for Occupational Safety and Health\)](#)

Report website issues [here](#)



Content

- [NHSN \(National Healthcare Safety Network\)](#)
- [Novice Infection Preventionist](#)
- [Occupational Health](#)
- [Operating Room Attire](#)
- [OSHA \(Occupational Health and Safety Administration\)](#)
- [Outbreak Response Guidance](#)
- [PDSA \(see IHI\)](#)
- [Pediatric Infection Control](#)
- [PreOp Antibiotic Guidelines](#)
- [Principles of Epidemiology – Self study course](#)
- [Printed Resources](#)
- [Project Firstline](#)
- [Quality Improvement](#)
- [Regulatory](#)
- [Return on Investment, IPC program](#)
- [Rural Resources](#)
- [Ryan White Notification Law](#)
- [Safe Injection Practices](#)
- [Safe Medical Device Act](#)
- [Scabies](#)
- [Sepsis](#)
- [Sharps Safety \(see Safe Injection Practices\)](#)
- [SHEA \(The Society for Healthcare Epidemiology of America\)](#)
- [SSIs \(surgical site infections\)](#)
- [Staffing and HAIs, Hospital](#)
- [Travel Health Alerts](#)
- [Tuberculosis](#)
- [Ultrasound](#)
- [Vaccine-Preventable Diseases \(Pink Book\)](#)
- [VAE \(ventilator-associated events\)](#)
- [Videos](#)
- [Waste Management \(see Medical Waste\)](#)
- [Water Management \(Legionella\)](#)
- [West Nile Virus](#)
- [WHO \(World Health Organization\)](#)



- Professional association for sterile processing (and others in the medical device industry)
- The AAMI standards program consists of over 100 technical committees and working groups that produce Standards, Recommended Practices, and Technical Information Reports for medical devices.
 - ST79 – go-to reference for steam sterilization and sterility
 - ST91 – flexible and semi-rigid endoscope processing
 - ST58 – low temperature/low pressure sterilization.
 - TIR 34 – water quality testing and recommendations for SPD and dialysis

[AAMI.org](https://www.aami.org)



ACIP

Advisory Committee on Immunization Practices

- [Vaccine-Specific ACIP Recommendations](#)
- Immunization Schedules:
 - [Children and Adolescents Aged 18 Years or Younger](#)
 - [Adults – Aged 19 Years or Older](#)
- [Immunization of Health-Care Personnel](#)



- [AHRQ's Healthcare-Associated Infections Program](#)

- **CUSP** - The Comprehensive Unit-based Safety Program (CUSP) combines techniques to improve safety culture, teamwork, and communications, together with a checklist of proven practices. The [Core CUSP Toolkit](#) was developed based on the experiences of more than 1000 ICUs that reduced central line-associated blood stream infections by 41%. [Toolkit includes: CLABSI, CAUTI, VAP, safe surgery, ambulatory surgery centers, C diff and antimicrobial stewardship)

- [Toolkit for Decolonization of Non-ICU Patients with Devices](#)

- Toolkit can help clinical teams implement a protocol to reduce bloodstream infections in patients with specific medical devices. The free, customizable toolkit includes step-by-step instructions, handouts, and educational videos to show frontline teams how to apply a decolonization protocol for non-ICU patients who may be at greater risk of bloodstream infections because they have certain devices, such as central venous catheters.



Air Exchanges

[Back to top](#)

- [CDC Guidelines for Environmental Infection Control in Health-Care Facilities \(2003\)](#)
 - Appendix B: Air
 - [Table B.1. Air changes/hour \(ACH\) and time required for airborne contaminant removal by efficiency](#)



Ambulatory Care

Outpatient, clinic, etc.

[Back to top](#)

- [AHRQ Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families](#) (no IP-specific content)
- [CDC Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care](#)
 - Associated [checklist](#)
- [CDC Infection Prevention and Control Assessment Tool for Outpatient Settings](#)
- [Open Forum Infectious Diseases - Outpatient Infection Prevention: A Practical Primer](#)
- [Telligen - CDC Adult Antibiotic Prescribing Guidelines](#) (outpatient)



Ambulatory Surgery Centers

[Back to top](#)

- [CDC Infection Control Assessment of Ambulatory Surgical Centers](#)
- [CDC Infection Prevention Checklist for Outpatient Settings: Minimum Expectations for Safe Care](#)
- [CDC Guidelines for the Prevention of Surgical Site Infections 2017](#)
- [CDC NHSN for Ambulatory Surgery Centers](#)
- [AHRQ: Getting Ready for Your Ambulatory Surgery](#) (patient reference)
- [AHRQ Toolkit to Improve Safety in Ambulatory Surgery Centers](#)
- [APIC Consumer Education: How to Prepare for An Outpatient Surgery Procedure](#) (patient reference)
- [Colorado Ambulatory Surgery Center Association](#)



Animal Visitation

[Back to top](#)

- Colorado House Bill [16-1426](#) - Concerning Intentional Misrepresentation of Entitlement to an Assistance Animal
- SHEA Expert Guidance – [Animals in Healthcare Facilities: Recommendations to Minimize Potential Risks](#)



Antimicrobial Resistance

[Back to top](#)

- [CDC Antibiotic Resistant Threats in the United States, 2019](#)
- [CDC Antibiotic Resistant Threats in the United States, 2013](#)



Antimicrobial Stewardship (AMS)

[Back to top](#)

- [CDC Core Elements of Antibiotic Stewardship](#)
 - Core Elements of Hospital Antibiotic Stewardship Programs
 - Core Elements of Hospital Antibiotic Stewardship Programs Assessment Tool
 - Core Elements for Small and Critical Access Hospitals
 - [Kansas Department of Health and Environment: Toolkit for Critical Access Hospitals](#)
 - Core Elements of Outpatient Antibiotic Stewardship
 - Core Elements of Antibiotic Stewardship for Nursing Homes
- [CMS 2019 - Revision of 482.42 – Condition of Participation: Infection prevention and control and antibiotic stewardship programs \(requiring AMS programs\)](#)
- [CDPHE: Antibiotic Stewardship in Colorado Hospitals: 2018 Report](#)
- [National Quality Partners Playbook: Antibiotic Stewardship in Acute Care](#)
- Refer to Joint Commission Antimicrobial Stewardship Standard (MM.09.01.01)



Antimicrobial Stewardship (cont'd)

[Back to top](#)

- [2018 IDSA Clinical Practice Guideline for Management of Outpatient Parenteral Antimicrobial Therapy](#)
- [AHRQ Toolkit to Improve Antibiotic Use in Acute Care Hospitals](#)
- [CDC 2018 Antibiotic Use in the United States](#)
- [CDC Outpatient Adult Treatment Recommendations](#)
 - [CDC Adult Antibiotic Prescribing Guidelines](#) (Telligen 1-page version)



Antimicrobial Stewardship Training

[Back to top](#)

- [Society of Infectious Diseases Pharmacists AMS Certificate](#)
(acute care and long-term care options)
- [CDC Web-Based Antibiotic Stewardship Training](#) (Free)
- [MAD-ID Offers Two Antimicrobial Stewardship Training Programs](#)



Antiseptics – FDA Final Rule

December 20, 2017

[Back to top](#)

- <https://www.gpo.gov/fdsys/pkg/FR-2017-12-20/pdf/2017-27317.pdf>
- FDA reclassified 24 ingredients as not generally recognized as safe and effective (GRASE) and can no longer be used
 - Of these ingredients, only triclosan is currently used in health care antiseptics
- FDA deferred action for one year on six additional ingredients to allow manufacturers more time to provide data:
 - Ethanol, isopropyl alcohol, povidone-iodine, benzalkonium chloride, benzethonium chloride, chloroxylenol
- FDA rule does not impact CDC or WHO hand hygiene guidelines



- [Membership](#) dues - \$205 annually (local chapter dues additional)
- *American Journal of Infection Control (AJIC)* (scientific journal)
- *Prevention Strategist* (quarterly publication provides evidence-based strategies and practical guidance)
- APIC eNews (weekly electronic newsletter that delivers the latest need-to-know infection prevention information)
- [Monthly](#) and [On-Demand Webinars](#) (webinars on a range of topics, from infection prevention innovations to leadership to disease outbreaks)
- Annual 3-day Conference (additional cost)
- [APIC Text Online](#) - \$169 for members; \$219 for non-members (1-year subscription)
- Member savings on office supplies, entertainment, magazines, etc.



APIC: Mile High APIC Chapter

[Back to top](#)

- Meets on the 3rd Friday of the month (except June and December)
 - Educational program starts at 12:30 p.m., followed by chapter business meeting
- Applicable membership dues - \$30 (paid at time of application to national APIC)
- Opportunity for educational grants to the APIC Conference, EPI Intensive course and other national conferences
- Like Mile High APIC on Facebook:
<https://www.facebook.com/MileHighAPIC/>
- Explore the Website:
<https://community.apic.org/milehighcolorado/home>
 - Same login as your national APIC login
- Contact: milehighapic@gmail.com



APIC Roadmap for the Novice Infection Preventionist

[Back to top](#)

Requires APIC membership. See [APIC: Accelerated Internship Program Guide](#) for a free resource.

Table of Contents

What is the Novice Roadmap?.....	4
Acknowledgements	5
Roadmap Tasks	6
Professional Development	8
Identification of Infectious Disease Processes	10
Surveillance and Epidemiologic Investigation.....	11
Preventing/Controlling the Transmission of Infectious Agents	15
Employee/Occupational Health.....	22
Management and Communication (Leadership)	24
Education and Research	27
Environment of Care.....	29
Cleaning, Sterilization, Disinfection, Asepsis	31
Roadmap Tasks	32
Stage 1: Days 1 - 60.....	34
Stage 2: Days 61 - 120	40
Stage 3: Days 121 – End of Year 1	47
Stage 4: Beginning of Year 2 – Passing the CIC Exam.....	52

The Novice Roadmap provides a general structure for your time on the job, from day 1 until you pass the CIC exam. It provides a list of job-specific knowledge, skills, and professional development goals, and even helps you create your personal library of infection prevention-related resources. However, the way you prioritize proceeding through the roadmap will vary from facility to facility and program to program. It will also depend on your background, level of experience, and resources available to you within your infection prevention program.

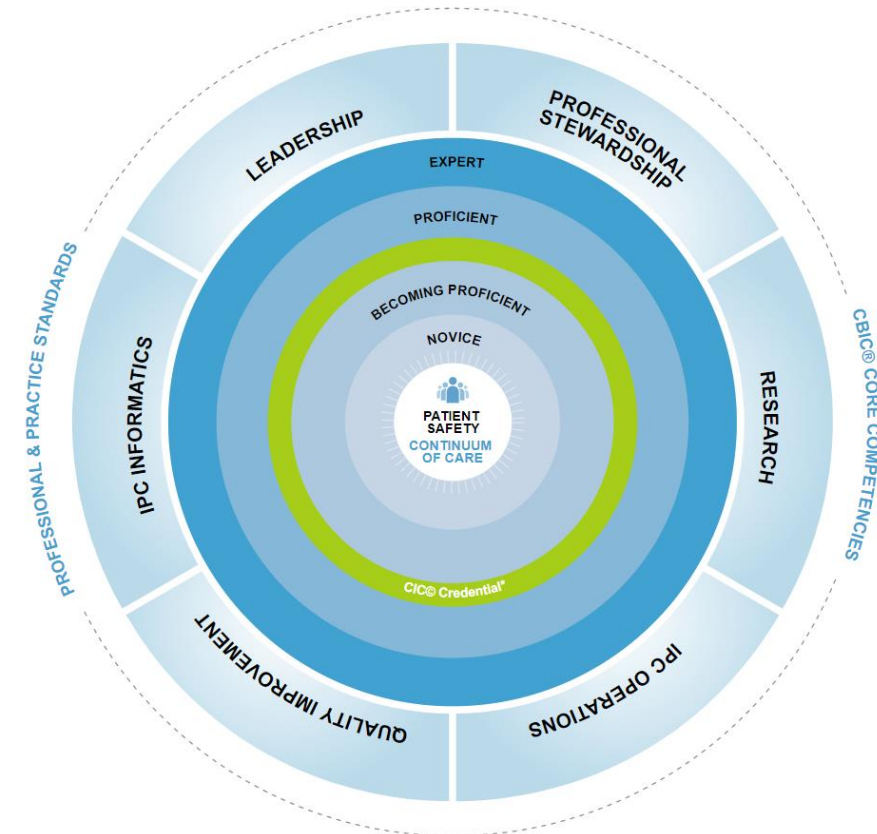




APIC: IP Competency Model

[Back to top](#)

- To meet the demands of the rapidly expanding field of infection prevention, and equip professionals for the challenges of the future, APIC created the [first model](#) for infection preventionist (IP) competency in 2012. Learn more about the [May 2012 white paper](#) in the American Journal of Infection Control (AJIC).
- The updated **2019 APIC Competency Model for the IP** also reflects the exciting, dynamic, specialized, yet interdisciplinary, nature of the IPC field. Patient safety remains the core of IPC practice. New to the updated model is a focus on the continuum of care. The updated model has four career stages (Novice, Becoming Proficient, Proficient, and Expert) and six future-oriented competency domains (each with subdomains) to guide IPs in progressing through the career stages and pursuing leadership roles.



Learn more [here](#).



APIC: Accelerated Internship Program Guide

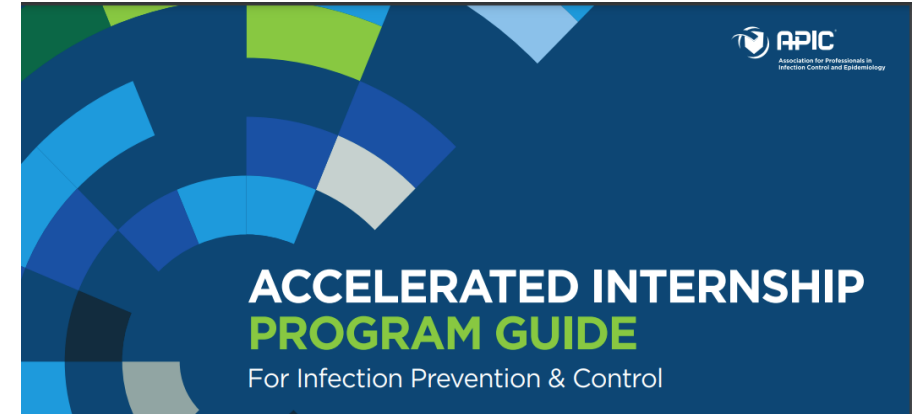
[Back to top](#)

This 10-week Accelerated Internship Program guide was designed/created for the following stakeholders:

- A potential employer or educational institution who would like to offer or host an Accelerated Internship Program.
- A manager at a potential employer who would supervise an intern/employee participating in the Accelerated Internship Program.

The objective is for participants to have a foundational knowledge of IPC to help them navigate the beginning of their career as an Infection Preventionist.

Report website issues [here](#)



While the APIC Roadmap for the Novice Infection Preventionists requires an APIC membership, this guide is free.



ASHRAE

American Society of Heating, Refrigerating and Air-Conditioning Engineers



[Back to top](#)

- ASHRAE, founded in 1984, is a global society advancing human well-being through sustainable technology for the build environment. The Society and its members focus on building systems, energy efficiency, indoor air quality, refrigeration and sustainability within the industry. Through research, standards writing, publishing and continuing education, ASHRAE shapes tomorrow's built environment.

[ashrae.org](https://www.ashrae.org)



Bed Bugs

[Back to top](#)

- [CDC](#)
- [Denver Public Health](#)
- [Tri-County Public Health](#)



Behavioral Health

[Back to top](#)

- The Joint Commission
 - [Behavioral Health Care HAI Portal](#)
 - Sign up for news and alerts [here](#)
- CMS
 - State Operations Manual (SOM): Appendix AA – [Psychiatric Hospitals – Interpretive Guidelines and Survey Procedures](#)



Calculate the Impact of Facility's HAIs c|h|a Colorado Hospital Association

[Back to top](#)

- A new [four-part tool](#) is available to help hospitals and health systems estimate the cost and benefit of interventions to prevent health care-associated infections. The Association for Professionals in Infection Control and Epidemiology collaborated with AHA to develop the tool with funding from the Agency for Healthcare Research and Quality. For more on preventing health care-associated infections, see AHA's suite of [free online training resources](#). In April, AHRQ plans to release a [customizable toolkit](#) to help prevent central-line associated bloodstream infections and catheter-associated urinary tract infections in intensive care units. AHA will work with AHRQ to share all new resources with the field.



Candida auris

[Back to top](#)

- *[CDC - Candida auris: A drug-resistant yeast that spreads in healthcare facilities](#)*
 - A CDC message to infection preventionists



Cardboard Boxes & Shipping Containers

- Joint Commission FAQ: [What is TJC's position on managing cardboard or corrugated boxes and shipping containers?](#) (includes infection prevention and control and fire safety guidance)
- AAMI Standard ANSI/AAMI ST79:2006

"5.1 -- Sterility assurance 'begins at the loading dock,' i.e., at the point at which the health care facility assumes responsibility for incoming medical equipment, devices, and supplies. Therefore, sterility assurance measures should be used from the time that items are received into the health care facility until they are used. "

"5.2.1 -- ... Clean or sterile items to be transported to central processing and storage areas within the facility should be removed from their external shipping containers before they enter the storage areas of the department."

"Rationale: External shipping containers have been exposed to unknown and potentially high microbial contamination. Also, shipping cartons, especially those made of corrugated material, serve as generators of and reservoirs for dust."



CAUTI

Catheter-associated urinary tract infection

[Back to top](#)

- [AHRQ Toolkit for Reducing CAUTIs](#)
- [AHRQ CAUTI Wheel Infographic](#)
- [CatheterOut.org](#)
- [CDC Guideline for Prevention of Catheter-Associated Urinary Tract Infections](#)
- [CDC Targeted Assessment for Prevention \(TAP\) CAUTI Toolkit](#)
- [CMS CAUTI: Operational Guidance for reporting CAUTI Data](#)
- [SHEA Strategies to Prevent CAUTI in Acute Care Settings](#)



CAUTI

Catheter-associated urinary tract infection

[Back to top](#)

- Emergency Nurses Association: [CAUTI Prevention in the ED](#)
 - [Instructions on how to register](#)



CDC Guidelines

Centers for Disease Control and Prevention

[Back to top](#)

- [CDC – Infection Control](#)
 - Basic Infection Prevention and Control
 - Guidelines for Disinfection and Sterilization in Healthcare Facilities (2008)
 - [2007 Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings \(2007\)](#)
 - Guidelines for Environmental Infection Control in Healthcare Facilities (2003)
 - Guidelines for Hand Hygiene in Healthcare Settings (2002)
 - Antibiotic Resistance
 - Management of Multidrug-Resistant Organisms in Healthcare Settings (2006)
 - Device-associated Infection Prevention Guidelines
 - Guidelines for the Prevention of Intravascular Catheter-Related Infections (CAUTI) (2011)
 - Guideline for the Prevention of Catheter-associated Urinary Tract Infections (CLABSI) (2009)
 - Procedure-associated Infection Prevention Guidelines
 - Guidelines for the Prevention of Surgical Site Infections (2017)
 - Guideline for Reducing HIV, HBV, HCV Transmission Through Organ Transplantation
 - Other guidelines available include, norovirus, pneumonia, Ebola, influenza, measles, MERS-CoV, tuberculosis, and healthcare worker guidelines
- [Infection Control Assessment Tool for Acute Care Hospitals](#)
- [Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings](#)

Report website issues [here](#)



C. difficile

Clostridioides difficile, *C. diff*, CDI

[Back to top](#)

- [ACG Clinical Guidelines: Prevention, Diagnosis, and Treatment of Clostridioides difficile Infections](#), June 2021, *The American Journal of Gastroenterology*
- [AHRQ Toolkit for Reduction of *C. diff* through Antimicrobial Stewardship](#)
- [APIC Guide to Preventing *C. diff* Infections](#)
- APIC Chapter on *C. diff*
- [CDC Targeted Assessment for Prevention \(TAP\) of *C. diff*](#)
- [IDSA/SHEA Clinical Practice Guidelines for *C. diff* Infection in Adults and Children JAMA Synopsis](#)
- [IDSA/SHEA *C. diff* Pocket Guide](#)
- [SHEA Strategies to Prevent *C. diff* in Acute Care Settings](#)



C. difficile

Clostridioides difficile, *C. diff*, CDI

[Back to top](#)

- [Reducing *C. difficile* Infections Toolkit](#) – GNYHA/UHF *C. diff* Collaborative
- [Know your Poo](#) (a.k.a. Poology)
- [Bristol Stool Chart](#)
- [Brecher Guidelines](#)

The Brecher Guidelines	
Observation	Response
Look at the stool specimen	If it ain't loose, it's of no use
Put a thin lab-grade stick in the specimen	If the stick stands, the test is banned If the stick falls, test them all ^a
^a Refers to a single stool specimen	

See also Antimicrobial Stewardship (AMS)

Report website issues [here](#)



- [Disease Control and Environmental Epidemiology Division Topics](#)
 - Communicable Diseases
 - **Diseases A-Z**
 - Foodborne Illness
 - Healthcare-associated Infections
 - STI/HIV/viral hepatitis
- [Hospital Regulations: Chapter 2: General Licensure Standards](#) – See Parts 10 and 11, Eff. Aug. 30, 2021
- [Hospital Regulations: Chapter 4: General Hospitals](#) – See Part 9, Eff. Oct. 15, 2021
- Hot Topics in Infectious Disease
 - Weekly email report
 - To be put on the distribution, contact Heather.Dryden@state.co.us
- HAN Alert – Health Alert Network Broadcast
 - The Health Alert Network (HAN) is the Colorado Department of Public Health and Environment's (CDPHE), Office of Emergency Preparedness and Response's (OEPR) primary method of disseminating public health alerts and prevention guidelines to partners, providers and key stakeholders. HAN communications can be initiated by authorized personnel at the federal, state or local public health level. The goal is to continuously strive to improve the effectiveness of health-related communications. To join the HAN distribution list, register here : <https://conotification.state.co.us>. To have your information updated or removed, contact kristen.campos@state.co.us



- [NHSN - HAI Conditions Reportable to CDPHE – August 2021](#)
 - [How to Report a Disease or Outbreak](#)
 - For concerns or questions about disease reporting, please contact the CDPHE Integrated Disease Reporting Program (IDRP) staff at 303-692-2700 or email cdphe_idrp@state.co.us.
- [CDHPE Annual HAI Report](#)
- [Diseases Reportable to CDPHE- October 2021](#)
- [CDPHE: Medical and Pharmaceutical Waste](#)
- [HAIs: Resources for Professionals](#)
- [Long-term Care Infection Prevention Training Resources](#)
- [CDPHE Health Care Worker Influenza Vaccination Requirements](#)
 - [CDPHE Health Care Worker Flu Reporting Tips](#)



It appears that CDPHE has removed the requirement that IPs must be certified within 6 months of hire.

This is the current rule, which has removed the 6-month requirement (see p. 42)

<https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=9551>

Here is the old rule (see p. 43)

<https://sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=8124&fileName=6%20CCR%201011-1%20Chapter%2002>

An individual who collects data on hospital-acquired infection rates shall take the test for the appropriate national certification for infection control and become certified within six (6) months after the individual becomes eligible to take the certification test.



Certification

Certification in Infection Control (CIC)

- CBIC – Certification Board of Infection Control and Epidemiology
 - <http://www.cbic.org/> [for complete certification requirements]
 - Cost \$375
 - “There is no specific time requirement that defines ‘sufficient experience’ . . . However, this certification exam is geared toward the infection prevention and control professional who has had a least 2 years of full-time experience in infection prevention and control.” *[Note: This is different than the requirements to apply for the CIC.]*
- Exam Content:
 - Identification of Infectious Disease Processes
 - Surveillance and Epidemiologic Investigation
 - Preventing/Controlling the Transmission of Infectious Agents
 - Employee/Occupational Health
 - Management and Communications
 - Education and Research
 - Environment of Care
 - Cleaning, Sterilization, Disinfection, Asepsis
- [Article: Predictors of certification in infection prevention and control among infection preventionists: APIC MegaSurvey Findings](#)



CHG

Chlorhexidine

[Back to top](#)

- [APIC CHG Crosswalk](#): Critical Guideline Review



CJD

Creutzfeldt-Jakob disease

Creutzfeldt-Jakob disease (CJD) is a rapidly progressive, invariably fatal neurodegenerative disorder believed to be caused by an abnormal isoform of a cellular glycoprotein known as the prion protein. CJD occurs worldwide and the estimated annual incidence in many countries, including the United States, has been reported to be about one case per million population. Classic CJD is a human prion disease. This disease is rapidly progressive and always fatal. Infection with this disease leads to death usually within 1 year of onset of illness.

- APIC Chapter: Creutzfeldt-Jakob disease and other prion diseases
- Belay, et al. (2013). Management of neurosurgical instruments and patients exposed to Creutzfeldt-Jakob Disease. *Infect Control and Hosp Epidemiol*, 34:12, p. 1272-1280
- Association for the Advancement of Medical Instrumentation (AAMI) & American National Standards Institute (ANSI). (2010). Standards: Processing CJD-contaminated patient care equipment and environmental surfaces, p. 163-167
- [CDC: Creutzfeldt-Jakob Disease, Classic](#)
- Rutala, W. A. and Weber, D. J. (2010). Guideline for disinfection and sterilization of prion-contaminated medical instruments. *Infect Control and Hosp Epidemiol*, 31:2, 107-117
- [SHEA: Guidelines for Disinfection and Sterilization of Prion-Contaminated Medical Instruments \(2010\)](#)



CLABSI

Central line-associated blood stream infection

[Back to top](#)

- [AHRQ Toolkit for Reducing CLABSIs](#)
- [AHRQ Toolkit for Decolonization of Non-ICU Patients with Devices](#)
- [APIC Guide to Preventing CLABSIs](#)
- [CDC Guideline for Prevention of CLABSIs](#)
- [CDC Targeted Assessment for Prevention \(TAP\) CLABSI Implementation Guide](#)
- [Improve PICC.com](#) (multiple links to various resources and guidelines)
- [SHEA Strategies to Prevent CLABSI in Acute Care Settings, updated 2022](#)
- Slater, et al. (2018). Needleless Connector Drying Time – How long does it take? *American Journal of Infection Control*, 46:9, 1080-1081



CLABSI

Central line-associated blood stream infection

[Back to top](#)

- **CLABSI: To use a PICC or not**

- [The Michigan Appropriateness Guide for Intravenous Catheters \(MAGIC\): Results from a Multispecialty Panel Using the RAND/UCLA Appropriateness Method](#), Annals of Internal Medicine 2015
- “For peripherally compatible infusions, PICC use was rated as inappropriate when the proposed duration of use was 5 or fewer days. Midline catheters and ultrasonography-guided peripheral intravenous catheters were preferred to PICCs for use between 6 and 14 days. In critically ill patients, nontunneled central venous catheters were preferred over PICCs when 14 or fewer days of use were likely. In patients with cancer, PICCs were rated as appropriate for irritant or vesicant infusion, regardless of duration.”



CLABSI

Central line-associated blood stream infection

[Back to top](#)

- **CLABSI: To use a cap or not**

- [Antiseptic barrier caps to prevent central line-associated bloodstream infections: a systematic review and meta-analysis](#), *American Journal of Infection Control*, September 2022
 - Conclusion: In conclusion, while available evidence suggests that ABCs are effective, safe, easy in use, and cost-effective. However, due to the poor methodological quality of most available studies, more robust data should justify their use at this point.
- [A Mixed-Methods Evaluation on the Efficacy and Perceptions of Needleless Connector Disinfectants](#), *Infection Control & Hospital Epidemiology*, April 2022
 - Conclusion: Achieving adequate bacterial disinfection of needleless connectors while maximizing healthcare staff compliance with scrub and dry times may be best achieved with a combination CHG/IPA wipe.
- [Alcohol-impregnated caps and ambulatory central-line–associated bloodstream infections \(CLABSI\): A randomized clinical trial](#), *Infection Control & Hospital Epidemiology*, April 2021
 - Conclusions: Isopropyl alcohol–impregnated central-line caps did not lead to a statistically significant reduction in CLABSI rates in ambulatory hematology-oncology patients. In the per-protocol analysis, there was a statistically significant decrease in positive blood cultures. Larger trials are needed to elucidate the impact of 70% isopropyl alcohol–impregnated caps in the ambulatory setting.
- [Antiseptic barrier cap effective in reducing central line-associated bloodstream infections: A systematic review and meta-analysis](#), *International Journal of Nursing Studies*, 2017.
 - Conclusions: Use of an antiseptic barrier cap is associated with a lower incidence [of] CLABSI and is an intervention worth adding to central-line maintenance bundles.



CLABSI

Central line-associated blood stream infection

- CLABSI: Have you tried [this](#)?
 - Read an array of ideas to try, when you think you've tried everything.
- CLABSI: Chlorhexidine bathing skills [assessment](#) by Agency for Healthcare Research and Quality (AHRQ)
- Pressure Bags for A-line and CVPs – When to Change
 - The INS Infusion Therapy Standards (revised 2016) offer the following: replace the disposable or reusable transducer and/or dome and other components of the system, including the administration set, continuous flush device, and flush solution used for invasive hemodynamic pressure monitoring every 96 hours, immediately upon suspected contamination, or when the integrity of the product or system has been compromised. Minimize the number of manipulations and entries into the system.
- Reference:
- Daud A, Rickard C, Cooke M, et al. Replacement of administration sets (including transducers) for peripheral arterial catheters: a systemic review. *J Clin Nurs*. 2012;22(3-4):303-317



- [Hospital Infection Control Worksheet](#) [document used by surveyors to determine compliance with the Infection Control Condition of Participation]
- State Operations Manual (SOM): Appendix A – [Survey Protocol, Regulations and Interpretive Guidelines for Hospitals](#)
- State Operations Manual (SOM): Appendix G – [Guidance for Surveyors: Rural Health Clinics](#)
- State Operations Manual (SOM): Appendix W – [Guidance for Surveyors: Critical Access Hospitals and Swing-Beds in CAHs](#)
- State Operations Manual (SOM): [Full Document and All Appendices](#)
- [Policy and Memos to States and Regions](#)
- [2019 Federal Register](#) – Requiring antimicrobial stewardship programs in all hospitals
 - [Interpretive Guidance](#)



Construction

[Back to top](#)

- [Guidelines for Design and Construction of Hospitals and Outpatient Facilities](#)
 - The Facility Guidelines Institute (FGI)
 - Includes guidelines for air changes per hour, temperature and humidity requirements
- Associates in Occupational + Environmental Health, LLS: [Infection Control for Construction in Healthcare](#) (shared with permission, by Cynthia Ellwood, PhD, CIH, FAIHA)
 - [Infection Control Guidance Documents](#)
 - [Sample ICRA](#)
 - [Beyond the ICRA](#) – Sept. 12, 2019
- APIC Chapter 117 – Construction and Renovation
- [Sample Infection Control Risk Assessment \(ICRA\)](#)



Contact Precautions – Duration and Removal

[Back to top](#)

- Article: [Discontinuing MRSA and VRE contact precautions: Defining hospital characteristics and infection prevention practices predicting safe de-escalation](#), *ICHE*, Nov. 2022
- SHEA Expert Guidance: [Duration of Contact Precautions for Acute-Care Settings \(2017\)](#)
- Article: [Discontinuing MRSA and VRE contact precautions: Defining hospital characteristics and infection prevention practices predicting safe de-escalation](#), *ICHE*, Dec. 2021
- Article: [Stopping the Routine use of Contact Precautions for Management of MRSA and VRE at Three Academic Medical Centers: An Interrupted Time Series Analysis](#), *AJIC*, July 2020
- Article: [Does the Removal of Contact Precautions for MRSA and VRE infected Patients Change Health Care-Associated Infection Rate?: A Systematic Review and Meta-Analysis](#), *AJIC*, 2021
- 2007 Guidelines for Isolation Precautions: [Preventing Transmission of Infectious Agents in Healthcare Settings \(2007\)](#)
- SHEA 2018 Spring Conference: Controversial Presentation
 - [Contact precautions for endemic pathogens: Is there a paradigm shift in the making?](#)



Core Infection Prevention and Control Practices

[Back to top](#)

Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings

- Adherence to infection prevention and control practices is essential to providing safe and high-quality patient care across all settings where healthcare is delivered
- This document concisely describes a core set of infection prevention and control practices that are required in all healthcare settings, regardless of the type of healthcare provided. The practices were selected from among existing CDC recommendations and are the subset that represent fundamental standards of care that are not expected to change based on emerging evidence or to be regularly altered by changes in technology or practices and are applicable across the continuum of healthcare settings. The practices outlined in this document are intended to serve as a standard reference and reduce the need to repeatedly evaluate practices that are considered basic and accepted as standards of medical care. Readers should consult the full texts of CDC healthcare infection control guidelines for background, rationale, and related infection prevention recommendations for more comprehensive information.

Categories:

- Leadership Support
- Education and Training of Healthcare Personnel on Infection Prevention
- Patient, Family and Caregiver Education
- Performance Monitoring and Feedback
- Standard Precautions
- Transmission Based Precautions
- Temporary Invasive Medical Devices for Clinical Management
- Occupational Health

Report website issues [here](#)



Coronavirus Disease

COVID-19

[Back to top](#)

- [CDC – Healthcare Workers: Information on COVID-19](#)
 - [CDC – COVID-19 Home Page](#)
 - [CDC - Scientific Brief: SARS-CoV-2 Transmission](#)
- [CDPHE – COVID-19 Resources for Health Care Providers](#)
 - [CDPHE – COVID-19 Home Page](#)
- [CMS – COVID-19](#)
- [ASHE releases ventilation system resource for health care facilities.](#) A new resource from the American Society for Health Care Engineering and Naval Medicine Readiness and Training Command summarizes recommended ventilation system controls for health care facilities treating COVID-19 patients.
- [World Health Organization](#) (WHO)
- [Occupational Safety and Health Administration](#) (OSHA)
- [U.S. Food & Drug Administration](#) (FDA)



Cost of HAIs and Other Financial Articles

[Back to top](#)

- [A decade of investment in infection prevention: A cost-effectiveness analysis](#), *AJIC*, 2015, Dick
- [The business case for quality: Economic analysis of the Michigan Keystone Patient Safety Program in ICUs](#), *Am J Med Qual*, 2011, Waters



CRE

Carbapenem-resistant *Enterobacteriaceae*

[Back to top](#)

CRE, which stands for carbapenem-resistant *Enterobacteriaceae*, are a family of germs that are difficult to treat because they have high levels of resistance to antibiotics. *Klebsiella* species and *Escherichia coli* (*E. coli*) are examples of *Enterobacteriaceae*, a normal part of the human gut bacteria, that can become carbapenem-resistant. Types of CRE are sometimes known as KPC (*Klebsiella pneumoniae* carbapenemase) and NDM (New Delhi Metallo-beta-lactamase). KPC and NDM are enzymes that break down carbapenems and make them ineffective. Both of these enzymes, as well as the enzyme VIM (Verona Integron-Mediated Metallo- β -lactamase) have also been reported in *Pseudomonas*.

Healthy people usually do not get CRE infections – they usually happen to patients in hospitals, nursing homes, and other healthcare settings. Patients whose care requires devices like ventilators (breathing machines), urinary (bladder) catheters, or intravenous (vein) catheters, and patients who are taking long courses of certain antibiotics are most at risk for CRE infections.

Some CRE bacteria have become resistant to most available antibiotics. Infections with these germs are very difficult to treat and can be deadly — one report cites they can contribute to death in up to 50% of patients who become infected.

- CDC: [Carbapenem-resistant Enterobacteriaceae in Healthcare Settings](#)
- AHRQ: [Carbapenem-Resistant Enterobacteriaceae \(CRE\) Control and Prevention Toolkit](#)



Critical Access Hospitals

[Back to top](#)

- State Operations Manual (SOM): Appendix W – [Guidance for Surveyors: Critical Access Hospitals and Swing-Beds in CAHs](#)
- [CDC Core Elements for Small and Critical Access Hospitals](#) (antimicrobial stewardship)



Cystic Fibrosis and Isolation

[Back to top](#)

SHEA

- [Infection Prevention and Control Guideline for Cystic Fibrosis: 2013 Update](#)



Dialysis Safety

[Back to top](#)

- CDC: [Dialysis Safety – Infection Prevention Tools](#)
- APIC: [Infection Prevention and Control in Dialysis Settings, 2022](#)



Disinfection and Sterilization

[Back to top](#)

- CDC: [Guidelines for Disinfection and Sterilization in Healthcare Facilities \(2008\)](#)



DNV NIAHO Accreditation

(similar to The Joint Commission)

[Back to top](#)

- NIAHO [Accreditation Requirements, Interpretive Guidelines and Surveyor Guidance](#)
- NIAHO [Accreditation Requirements, Interpretive Guidelines and Surveyor Guidance – Critical Access Hospitals](#)



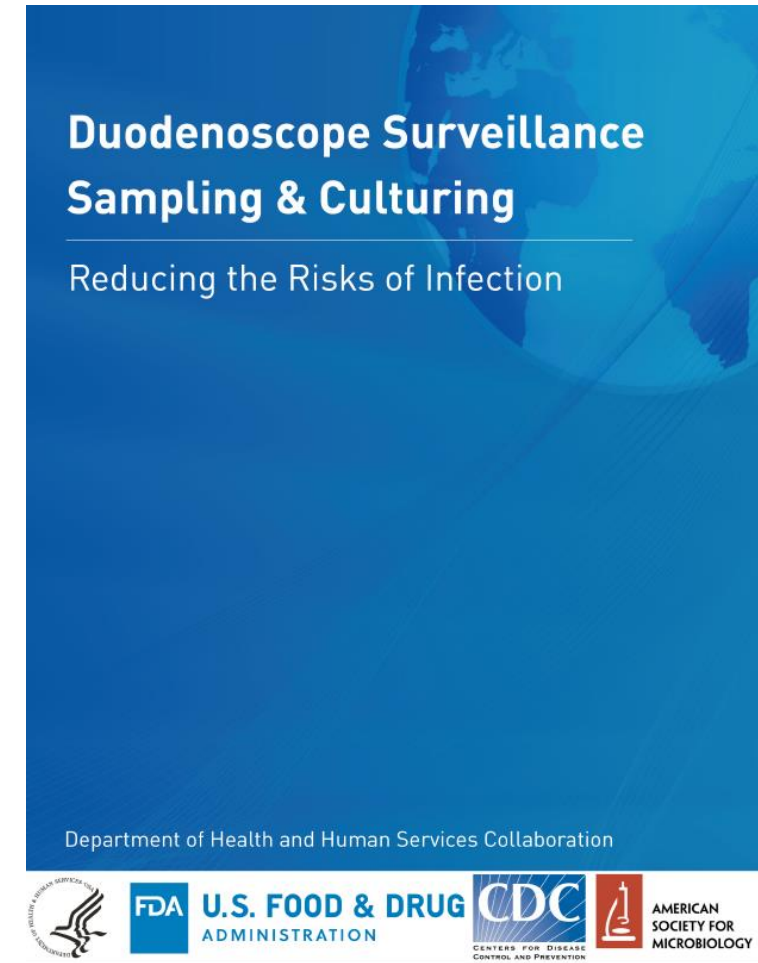
Duodenoscope Protocols

[Back to top](#)

The FDA, along with CDC, representatives from the American Society for Microbiology (ASM) and other endoscope culturing experts, has developed voluntary standardized [protocols](#) for duodenoscope surveillance sampling and culturing.

The protocols outline steps hospitals and healthcare facilities can take to reduce the risk of infection and increase the safety of these medical devices. These steps are in addition to meticulously following manufacturer-reprocessing instructions.

The recommendations in this document represent expert opinion based on current information as of February 2018.

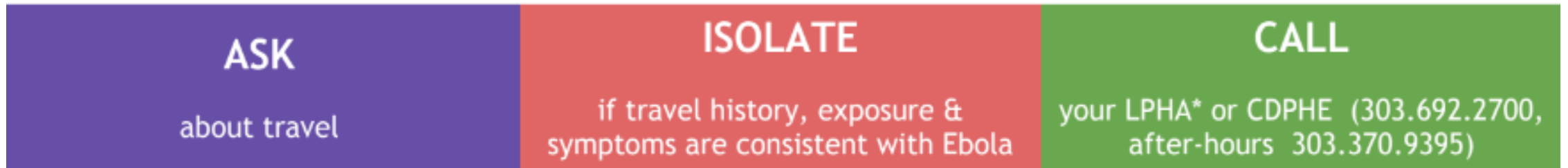




Ebola

[Back to top](#)

- [CDC Ebola Virus Disease](#)
- [APIC Ebola Resources](#)
- [CDPHE Ebola Guidance](#) (Nov. 2018)
- [WHO Ebola Virus Disease](#)



Graphic used with permission.



Emergency Preparedness

[Back to top](#)

- CMS State Operations Manual: [Appendix Z](#) – Emergency Preparedness
- [CHA Emergency Preparedness](#) – Major resource categories include planning topics, training and exercise, regulatory compliance and external resources (e.g., federal, state and local agency information).



Environmental Services

[Back to top](#)

- CDC: “[EVS and the Battle Against Infection](#)” is an interactive graphic novel illustrating the important role of EVS personnel in the prevention of healthcare-associated infections.
- CDC: [Core Components of Environmental Cleaning and Disinfection in Hospitals](#)
- [APIC Environmental Services Training Modules and Tools](#)
 - Modules include
 - Basic Principles of Infection Control for EVS Technicians
 - PPE and EVS: Keeping EVS Team Members, Patients, and Caregivers Safe
 - Chemical Safety for EVS
 - Surface Cleaning and Disinfection Procedures and Techniques in EVS
- Minnesota Hospital Association: [Environmental Services Cleaning Guidebook](#)
- CDC: [Project Firstline: Group Five – Environmental Cleaning and Disinfection Basics](#)



ERAS

Enhanced recovery after surgery

Enhanced Recovery After Surgery

ERAS is a multimodal perioperative care pathway designed to achieve early recovery for patients undergoing major surgery.

ERAS represents a paradigm shift in perioperative care in two ways. First, it re-examines traditional practices, replacing them with evidence-based best practices when necessary. Second, it is comprehensive in its scope, covering all areas of the patient's journey through the surgical process.

- Reduce care time by more than 30 percent
- Reduce complications by up to 50 percent

[ERAS Society Guidelines](#)

- Gynecologic/Oncology Surgery
- Gastrointestinal Surgery
- Gastrectomy Surgery
- Colonic Surgery
- Radical Cystectomy Surgery
- Pancreaticoduodenectomy Surgery
- Rectal/Pelvic Surgery
- Bariatric Surgery
- Liver Surgery
- Head and Neck Cancer Surgery
- Breast Reduction Surgery



FDA

U.S. Food and Drug Administration

Search for FDA Guidance Documents

You can search for documents using key words, and you can narrow or filter your results by product, date issued, FDA organizational unit, type of document, subject, draft or final status, and comment period.

This feature is provided to give a convenient way to search for all FDA guidance documents from a single location.

If you cannot find the document you're looking for here, you can browse separate collections of guidance documents by topic.



Fecal Transplantation

[Back to top](#)

- [Enforcement Policy Regarding Investigational New Drug Requirements for Use of Fecal Microbiota for Transplantation to Treat *Clostridioides difficile* Infection Not Responsive to Standard Therapies, FDA, November 2022](#)
- British Society of Gastroenterology and Healthcare Infection Society: [Fecal Transplantation Clinical Practice Guidelines \(2018\) \(Medscape summary\)](#)
- **Article:** Low Cure Rates in Controlled Trials of Fecal Microbiota Transplantation for Recurrent *Clostridium difficile* Infection: A Systematic Review and Meta-analysis, *Clinical Infectious Diseases*, April 2019; DOI: <https://doi.org/10.1093/cid/ciy721>



Food and Drink

In work areas

[Back to top](#)

[Bloodborne pathogens. - 1910.1030 | Occupational Safety and Health Standards](#)

OSHA does not have a general prohibition against the consumption of beverages at hospital nursing stations.

However, OSHA's bloodborne pathogens standard prohibits the consumption of food and drink in areas in which work involving exposure or potential exposure to blood or other potentially infectious material takes place, or where the potential for contamination of work surfaces exists [29 CFR 1910.1030(d)(2)(ix)].

Also, under 29 CFR 1910.141(g)(2), employees shall not be allowed to consume food or beverages in any area exposed to a toxic material. While you state that beverages at the nursing station might have a lid or cover, the container may also become contaminated, resulting in unsuspected contamination of the hands.

The employer must evaluate the workplace to determine in which locations food or beverages may potentially become contaminated and must prohibit employees from eating or drinking in those areas.

[The Joint Commission](#) has no standard that specifically addresses staff food or drink in patient care or staff work areas, to include nurse stations. Compliance with local or state authority is required, if applicable, per standard LD.04.01.01. For example, a number of states prohibit staff food and drink in clinical areas, requiring that they be consumed in break areas.



Food Regulations

[Back to top](#)

- [CDPHE Colorado Retail Food Establishment Rules and Regulations - 2019](#)



GI Endoscopes

[Back to top](#)

- [Multisociety Guideline on Reprocessing Flexible GI Endoscopes and Accessories, 2021](#)



Hand Hygiene

[Back to top](#)

- CDC [Guideline for Hand Hygiene in Healthcare Settings, 2002](#)
- WHO [Guidelines on Hand Hygiene in Health Care, 2009](#)
- SHEA: [Strategies to Prevent Healthcare-Associated Infections through Hand Hygiene, 2014](#)
- CDC: [Life is Better with Clean Hands](#) – campaign resources – 2019



HIV

Human immunodeficiency virus

[Back to top](#)

- [CDC HIV Information for Clinicians](#) (includes information on post-exposure prophylaxis)



Hospital Regulations – State

[Back to top](#)

- Code of Colorado Regulations
 - [Chapter 2 – General Licensure Standards](#)
 - [Chapter 4 – General Hospitals](#)
- Colorado Revised Statutes
 - [Title 25. Public Health and Environment. Hospitals.](#)
 - Article 3. Hospitals
 - Part 6. Hospital-Acquired Infections Disclosure



How Long Do Organisms Survives of Surfaces?

[Back to top](#)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1564025/>

BMC Infectious Diseases 2006 6:130

Persistence of clinically relevant bacteria on dry inanimate surfaces.

Type of bacterium	Duration of persistence (range)
<i>Acinetobacter</i> spp.	3 days to 5 months
<i>Bordetella pertussis</i>	3 – 5 days
<i>Campylobacter jejuni</i>	up to 6 days
<i>Clostridium difficile</i> (spores)	5 months
<i>Chlamydia pneumoniae</i> , <i>C. trachomatis</i>	≤ 30 hours
<i>Chlamydia psittaci</i>	15 days
<i>Corynebacterium diphtheriae</i>	7 days – 6 months
<i>Corynebacterium pseudotuberculosis</i>	1–8 days
<i>Escherichia coli</i>	1.5 hours – 16 months
<i>Enterococcus</i> spp. including VRE and VSE	5 days – 4 months
<i>Haemophilus influenzae</i>	12 days
<i>Helicobacter pylori</i>	≤ 90 minutes
<i>Klebsiella</i> spp.	2 hours to > 30 months
<i>Listeria</i> spp.	1 day – months
<i>Mycobacterium bovis</i>	> 2 months
<i>Mycobacterium tuberculosis</i>	1 day – 4 months
<i>Neisseria gonorrhoeae</i>	1 – 3 days
<i>Proteus vulgaris</i>	1 – 2 days
<i>Pseudomonas aeruginosa</i>	6 hours – 16 months; on dry floor: 5 weeks
<i>Salmonella typhi</i>	6 hours – 4 weeks
<i>Salmonella typhimurium</i>	10 days – 4.2 years
<i>Salmonella</i> spp.	1 day
<i>Serratia marcescens</i>	3 days – 2 months; on dry floor: 5 weeks
<i>Shigella</i> spp.	2 days – 5 months
<i>Staphylococcus aureus</i> , including MRSA	7 days – 7 months
<i>Streptococcus pneumoniae</i>	1 – 20 days
<i>Streptococcus pyogenes</i>	3 days – 6.5 months
<i>Vibrio cholerae</i>	1 – 7 days

Report website issues [here](#)



Humidity Levels

Joint Commission FAQ: **What are the monitoring requirements for temperature and humidity?**

The Joint Commission has no prescriptive requirement for daily monitoring or logging of temperature and relative humidity of a particular room type unless required by a controlling authority, such as the state health department or CMS, or by organizational policy. However, ASHRAE 170-2008, as referenced in NFPA 99-2012 must be complied with for new construction (designed after July 5, 2016). Existing spaces must be maintained as originally designed unless hazards to health and safety exist.

Read the full FAQ [here](#)



Infection Control Risk Assessment

[Back to top](#)



Infection Control Risk Assessment 2.0 Matrix of Precautions for Construction, Renovation and Operations

Step One:

Using Table 1, identify the Construction Project Activity Type (A-D).

Table 1 - Construction Project Activity Type:

Type A	Inspection and non-invasive activities. Includes but is not limited to: <ul style="list-style-type: none">• Removal of ceiling tile for visual inspection-limited to 1 tile per 50 square feet with limited exposure time.• Limited building system maintenance (e.g., pneumatic tube station, HVAC system, fire suppression system, electrical and carpentry work to include painting without sanding) that does not create dust or debris.• Clean plumbing activity limited in nature.
Type B	Small-scale, short duration activities that create minimal dust and debris. Includes but is not limited to: <ul style="list-style-type: none">• Work conducted above the ceiling (e.g., prolonged inspection or repair of firewalls and barriers, installation of conduit and/or cabling, and access to mechanical and/or electrical chase spaces).• Fan shutdown/startup.• Installation of electrical devices or new flooring that produces minimal dust and debris.• The removal of drywall where minimal dust and debris is created.• Controlled sanding activities (e.g., wet or dry sanding) that produce minimal dust and debris.
Type C	Large-scale, longer duration activities that create a moderate amount of dust and debris. Includes but is not limited to: <ul style="list-style-type: none">• Removal of preexisting floor covering, walls, casework or other building components.• New drywall placement.• Renovation work in a single room.• Nonexisting cable pathway or invasive electrical work above ceilings.• The removal of drywall where a moderate amount of dust and debris is created.• Dry sanding where a moderate amount of dust and debris is created.• Work creating significant vibration and/or noise.• Any activity that cannot be completed in a single work shift.
Type D	Major demolition and construction activities. Includes but is not limited to: <ul style="list-style-type: none">• Removal or replacement of building system component(s).• Removal/installation of drywall partitions.• Invasive large-scale new building construction.• Renovation work in two or more rooms.

The AHA's American Society for Health Care Engineering recently updated its [free tool](#) to help health care facilities assess and prevent infection risk during construction, renovation and maintenance. ASHE also sells an [online course](#) to help interdisciplinary teams apply the tool to the health care environment. ASHE is an AHA professional membership group.

Report website issues [here](#)



IDSA Practice Guidelines

Practice guidelines are systematically developed statements to assist practitioners and patients in making decisions about appropriate health care for specific clinical circumstances.

Available guidelines include:

Antimicrobial Prophylaxis in Surgery

Aspergillosis

Candidiasis

Coccidioidomycosis

Compendium of Strategies to Prevent HAIs

HCV Guidance

Hospital-acquired and Ventilator-associated Pneumonia (HAP/VAP)

Infectious Diarrhea

Influenza

Laboratory Diagnosis of Infectious Diseases

Prosthetic Joint Infection

SHEA/CDC Outbreak Response Training Program Expert Guidance

Skin and Soft Tissue Infections

TB in Adults and Children

Treatment of Drug-Susceptible TB



Influenza

[Back to top](#)

- [CDC – Influenza \(flu\)](#)
- CDC Advisory Committee on Immunization Practices
 - [2020-2021 recommendations on immunization practices](#)
- [CDPHE Health Care Worker Influenza Vaccination Requirements](#)
 - [CDPHE Health Care Worker Flu Reporting Tips](#)



- [How-to Guide: Prevent Ventilator-Associated Pneumonia \(includes vent bundle\)](#)
- [Plan-Do-Study-Act \(PDSA\)](#)



(Accelerated) Internship Program Guide

[Back to top](#)

Accelerated Internship Program Guide for Infection Prevention and Control

- The COVID-19 pandemic highlighted the need for more specifically trained resources in Infection Prevention and Control (IPC), and this Accelerated Internship Program (AIP) was created to fill that need. The IPC workforce is educated, competent, and trained to address contemporary IPC dynamics that exist in healthcare and other organizations today and the AIP will prepare them for the healthcare dynamics of the future. This guide was created by subject matter experts to provide an initial frame-work for those organizations desiring to participate in the Accelerated Internship Program
- Learn more [here](#)



Isolation Guidelines

[Back to top](#)

- [CDC Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings \(2007\)](#)
- SHEA Expert Guidance: [Duration of Contact Precautions for Acute-Care Settings](#)

See also

- *Contact Precautions – Duration*
- [CDC Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006](#)



IV Bags, spiking

- **Once an IV bag of fluid is spiked with the IV tubing, how soon must this infusion be initiated?**
 - The Joint Commission has no specific requirement regarding the pre-spiking of IV bags. USP released an FAQ on November 1, 2022, stating that a facility's policies and procedures regarding spiking IV fluids is outside the scope of the USP 797 chapter. The Joint Commission will survey to organization's policies and procedures regarding the pre-spiking of IV bags.
 - Organization policies, procedures, staff education/competencies, etc., should also take into account:
 - Product and device manufacturer's instructions for use
 - Evidence-based guidelines for safe administration practices
 - Applicable law and regulation



Helpful places on website (no membership required):

- [Main TJC Page](#)
- [Infection Prevention and HAI Portal](#)
- [Standards Interpretation FAQs](#) (you can also sign up for alerts on new FAQs)
 - If your question is not found in the FAQs, ask TJC a question [here](#).
 - Search by chapter [e.g., Infection Prevention and Control (IC) and Medication Management (MM – antimicrobial stewardship)]
- [Speak Up™ To Prevent Infection](#)



Laboratory

[Back to top](#)

- [Blood Culture Contamination: An Overview for Infection Control and Antibiotic Stewardship Programs Working with the Clinical Laboratory, CDC](#)



Linen/Laundry Resources

- The Healthcare Laundry Accreditation Council ([HLAC](#))
 - [Accreditation Standards for Processing Reusable Textiles](#)
 - [HLAC Standards Checklist](#)
- Association for Linen Management ([ALM](#))
- [Hygienically Clean Certification](#) - The certification reflects laundries' commitment to best management practices (BMPs) in laundering as verified by third-party inspection and their capability to produce hygienically clean textiles as quantified by ongoing microbial testing.
 - [Laundry Tour Planner for Healthcare Professionals](#)



Linen/Laundry Resources

[Back to top](#)

- [Joint Commission FAQ: Does the JC require employers to commercially launder surgical scrubs and other surgical attire?](#)
- [Joint Commission FAQ: Does The Joint Commission have specific requirements that address linen management, such as covering, storage and transport?](#)
- Facility Guidelines Institute (FGI): Guidelines for Design and Construction of Hospitals and Outpatient Facilities – Linen Services, 2014
- TRSA - Video: The Six Cs – Handling Soiled Linen (order free flash drive at www.trsa.org/soiledlinen)

See also APIC Text Chapter 111 – Healthcare Textile Services



Long-Term Care

[Back to top](#)

- CDC: [Interim Guidance for Implementation of PPE in Nursing Homes to Prevent Spread of MDROs, 2019 \(Enhanced Barrier Precautions\)](#)
- CMS: [State Operations Manual Appendix PP – Guidance to Surveyors for Long Term Care Facilities](#)
- CDPHE: [Long-term Care Infection Prevention Training Resources](#)
- CDC: [Long-term Care Prevention Tools](#)
- CDC: [Long-Term Care Infection Prevention Resources \(including training\)](#)
- CDC: [COVID-19 Resources for Nursing Homes](#)
- CDC/CMS: [Nursing Home Infection Preventionists Training Course](#) – Free
- APIC: [Long-Term Care Infection Prevention Resources](#)



Medical Waste

Waste management

[Back to top](#)

- [CDPHE: Medical and Pharmaceutical Waste](#)
- [OSHA: Hazardous Waste](#)
- [Stericycle](#) (medical waste management company):
 - [Knowledge Center](#)
 - [Webinar: Medical Waste Segregation 101](#)
 - [Red, Yellow, Black, Blue: Which Waste Container Should you Use? A Guide to Waste Segregation in Healthcare](#)



[Back to top](#)

- [Health Care Respiratory Protection Resources](#)
- FAQs about Respiratory Protection
 - [Fit Testing](#)
 - [User Seal Check](#)
 - [Respirator Reuse and Extended Use](#)
- NIOSH [position](#) on facial hair and respirators, August 2018
- NIOSH [study](#) supports the OSHA annual fit testing requirements for filtering facepiece respirators

May 2018

The FDA and the CDC National Institute for Occupational Safety and Health (NIOSH) signed a Memorandum of Understanding (MOU) to simplify regulation of N95 respirators used in healthcare settings. Federal law requires regulation of respiratory protective devices by both FDA and NIOSH. Under the MOU, NIOSH will evaluate respirators first, and if the devices meet the NIOSH threshold standards, they will be exempt from FDA premarket approval requirements. Read the [FDA notice](#) and the [MOU](#).

Report website issues [here](#)

Filtering out Confusion:

Frequently Asked Questions about Respiratory Protection

Fit Testing

Over 3 million United States employees, in approximately 1.3 million workplaces, are required to wear respiratory protection. The Occupational Safety and Health Administration (OSHA) (29 CFR 1910.134) requires an annual respirator fit test to confirm the fit of any respirator that forms a tight seal on the wearer's face before it is used in the workplace. This ensures that users are receiving the expected level of protection by minimizing any contaminant leakage into the facepiece. The following are some frequently asked questions about respiratory protection and fit testing.



What is a Respirator Fit Test?



A fit test is conducted to verify that a respirator is both comfortable and correctly fits the user. Fit test methods are classified as either qualitative or quantitative. A **qualitative** fit test is a pass/fail test that relies on the individual's sensory detection of a test agent, such as taste, smell, or involuntary cough (a reaction to irritant smoke*). A **quantitative** fit test uses an instrument to numerically measure the effectiveness of the respirator.

The benefits of a fit test include better protection for the employee and verification that the employee is wearing a correctly-fitting model and size of respirator.¹ Higher than expected levels of exposure to a contaminant may occur if the respirator has a poor face seal against the user's skin, which can result in leakage.

How Often Must Fit Testing Be Conducted?

In addition to fit testing upon initially selecting a model of respirator, OSHA requires that fit testing be conducted annually, and repeated "whenever an employee reports, or the employer or the physician or other licensed health care professional makes visual observations of changes in the employee's physical condition that could affect respirator fit (e.g., facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight)."²

The appropriate length of time between respirator fit tests has been a point of debate and discussion for many years due to its use of workplace time and resources, especially in reference to the commonly-used filtering facepiece respirator (FFR).³ In response to these concerns, [NIOSH completed a study](#) that confirmed the necessity of the current OSHA respirator fit testing requirement, both annually and when physical changes have occurred.²



Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health



NHSN

National Healthcare Safety Network



[Back to top](#)

- Main website: <https://www.cdc.gov/nhsn/>
 - [2021 NHSN Patient Safety Component Manual](#) (definitions for all HAIs reported into NHSN)
 - [Acute Care Hospitals](#)
- [NHSN Training Videos](#)
- [NHSN Self-Paced Interactive Trainings](#)
- NHSN Basic Training webinars available through CHA for its members.



Novice Infection Preventionist

[Back to top](#)

- APIC: [Roadmap for the Novice Infection Preventionist](#) (requires membership)
- APIC Prevention Strategist: [Onboarding a Novice IP](#) (p. 59)

Table of Contents

What is the Novice Roadmap?.....	4
Acknowledgements	5
Roadmap Tasks.....	6
Professional Development	8
Identification of Infectious Disease Processes	10
Surveillance and Epidemiologic Investigation.....	11
Preventing/Controlling the Transmission of Infectious Agents	15
Employee/Occupational Health.....	22
Management and Communication (Leadership).....	24
Education and Research	27
Environment of Care.....	29
Cleaning, Sterilization, Disinfection, Asepsis	31
Roadmap Tasks.....	32
Stage 1: Days 1 - 60.....	34
Stage 2: Days 61 - 120.....	40
Stage 3: Days 121 - End of Year 1.....	47
Stage 4: Beginning of Year 2 - Passing the CIC Exam.....	52

The [Novice Roadmap](#) provides a general structure for your time on the job, from day 1 until you pass the CIC exam. It provides a list of job-specific knowledge, skills, and professional development goals, and even helps you create your personal library of infection prevention-related resources. However, the way you prioritize proceeding through the roadmap will vary from facility to facility and program to program. It will also depend on your background, level of experience, and resources available to you within your infection prevention program.





Occupational Health

[Back to top](#)

- Organizations
 - [American Association of Occupational Health Nurses \(AAOHN\)](#)
 - [Association of Occupational Health Professionals in Healthcare \(AOHP\)](#)
- OSHA
 - [Health care main page](#), including a Culture of Safety, Infectious Diseases, Safe Patient Handling, Workplace Violence and other Hazards
 - [Respiratory Protection \(29 CFR 1910.134\)](#)
 - [Personal Protection Standard \(PPE\) \(1910.132\)](#)
 - [Bloodborne Pathogens Standard \(1910.1030\)](#)
 - Q. How long do I keep an employee's medical records? A. Duration of employment plus 30 years
 - Refer to 1910.1030(h)(1) – Medical Records
- CDC
 - [Infection Control in Healthcare Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services – 2019](#) (an update to four sections from the 1998 guideline below)
 - [Guideline for Infection Control in Health Care Personnel, 1998](#)



Occupational Health

- Vaccinations
 - [CDC Recommended Vaccines for Healthcare Workers](#)
 - [Immunization of Healthcare Personnel: Recommendations of the Advisory Committee on Immunization Practices \(ACIP\), 2011](#)
 - [CDC Vaccine Storage and Handling](#)
- National Institute for Occupational Safety and Health (NIOSH)
 - [Specific workplace safety information for health care workers](#)
 - [Chemical Hazards - Includes link to NIOSH list of antineoplastic and other hazardous drugs in healthcare settings, 2016](#)
 - Respiratory Protection FAQs (see NIOSH resources slide)



Operating Room Attire

Ear and hair covering

[A Statement from the Meeting of ACS, AORN, ASA, APIC, AST and TJC – April 26, 2018](#)

The American College of Surgeons (ACS), the American Society of Anesthesiologists (ASA), the Association of peri-Operative Registered Nurses (AORN), the Association for Professionals in Infection Control and Epidemiology (APIC), the Association of Surgical Technologists (AST), the Council on Surgical and Perioperative Safety (CSPS); and The Joint Commission (TJC) met on February 27, 2018, to review and discuss the literature related to recommendations for operating room (OR) attire, specifically ear and hair covering.

Over the past two years, as recommendations were implemented, it became increasingly apparent that in practice, covering the ears is not practical for surgeons and anesthesiologists and in many cases counterproductive to their ability to perform optimally in the OR. Furthermore, in reassessing the strength of the evidence for this narrowly defined recommendation, the group concluded the following:

- Evidence-based recommendations on surgical attire developed for perioperative policies and procedures are best created collaboratively, with a multi-disciplinary team representing surgery, anesthesia, nursing, and infection prevention.
- The requirement for ear coverage is not supported by sufficient evidence.
- At present, available scientific evidence does not demonstrate any association between the type of hat or extent of hair coverage and SSI rates.
- One recent study¹ on head coverings (disposable bouffant or skullcap, cloth cap), identified that the commonly available disposable bouffant hat is the least effective barrier to transmission of particles.
- Other issues regarding areas of surgical attire need further evaluation.

1. Markel TA, Gormley T, Greeley D, Ostojic J, Wise A, Rajala J, Bharadwaj R, Wagner J. Hats Off: A Study of Different Operating Room Headgear Assessed by Environmental Quality Indicators. JACS, 225(5): 573-581, 2017.



OSHA

Occupational Safety and Health Administration

Emergency Temporary Standard – COVID-19 Healthcare

On June 21, 2021, OSHA published in the Federal Register an emergency temporary standard (ETS), [Occupational Exposure to COVID-19; Emergency Temporary Standard](#) (29 CFR 1910.502), to protect healthcare workers and healthcare support service workers from occupational exposure to COVID-19 in settings where people with COVID-19 are reasonably expected to be present. This standard is effective immediately, with a compliance date of July 6, 2021, for all requirements of the standard, with the exception of paragraphs (i), (k), and (n) which have a compliance date of July 21, 2021. OSHA has provided an informative website for more information regarding this emergency temporary standard - <https://www.osha.gov/coronavirus/ets>.

- [American Hospital Association summary](#)
- [Mini Respiratory Protection Program](#)

Bloodborne Pathogens (BBP) Standard

- [Bloodborne Pathogens Standard \(1910.1030\)](#)
- [Standard Interpretations](#)
- [Sample Exposure Control Plan](#) – Appendix D

Tuberculosis

- [Field Operations](#) (provides general enforcement policies and procedures for inspectors while they conduct inspections and issue citations related to occupational exposure to TB)
- [Tuberculosis Standards](#) (overview))

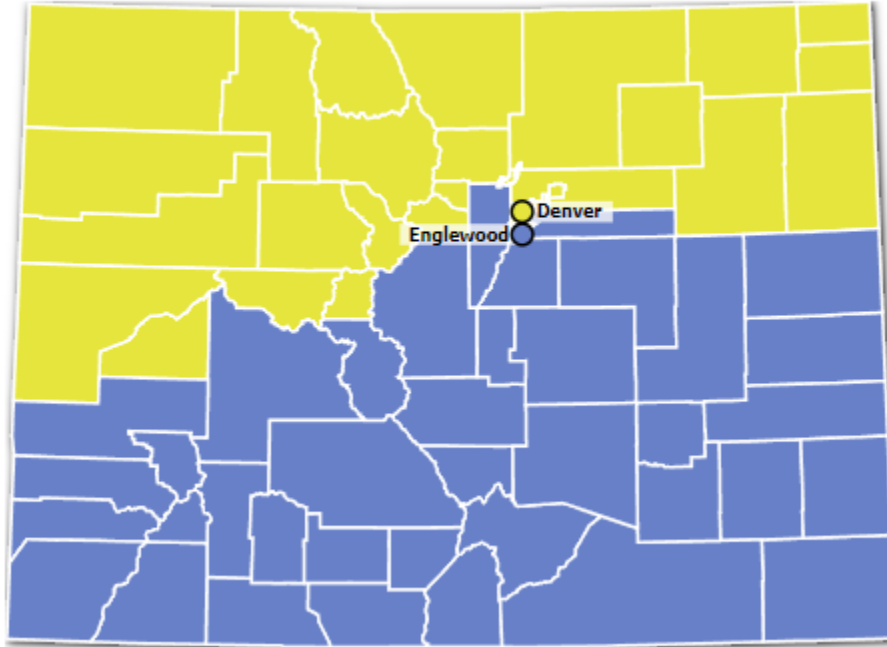


OSHA

Occupational Safety and Health Administration

[Back to top](#)

Colorado



Contact the office nearest you.

OSHA Area Office

These federal OSHA offices cover private sector employers and workers in Colorado:

● Denver Area Office

1391 Speer Boulevard, Suite 210
Denver, CO 80204

**Amanda Kupper, Area Director, Denver
Area Office.**

☎ 303-844-5285

📅 (303) 844-6676

● Englewood Area Office

7935 East Prentice Avenue, Suite 209
Englewood, CO 80111-2714

**Chad Vivian, Area Director, Englewood
Area Office.**

☎ 303-843-4500

📅 (303) 843-4515



Outbreak Response Guidance

[Back to top](#)

- [SHEA Expert Guidance: Outbreak Response and Incident Management: SHEA Guidance and Resources for Healthcare Epidemiologists in United States Acute-Care Hospitals](#)
 - This expert guidance document was developed as a resource to provide healthcare epidemiologists working in acute-care hospitals with a high-level overview of incident management for infectious diseases outbreaks and to prepare them to work within an emergency response framework.
- [SHEA Outbreak Response Training Program](#) (four free tool kits)
 - Incident Management
 - Communication, Negotiation, Implementation
 - Horizontal Strategies
 - Emerging Pathogens
- [The CDC Field Epidemiology Manual](#) offers current and field-tested guidance to investigating acute public health events. Assembled and written by CDC experts, the new manual covers every stage of outbreak investigations, from identification to intervention and other core considerations along the way.
- [COHRA Candida Auris: Recommendations for Healthcare Outbreak Response](#), July 2022



Pediatric Infection Control

[Back to top](#)

- American Academy of Pediatrics – [Statement on Infection Prevention and Control in Pediatric Ambulatory Settings - 2017](#)



PreOp Antibiotic Guidelines

[Back to top](#)

- [Clinical practice guidelines for antimicrobial prophylaxis in surgery](#)
(archived but available)
 - Developed jointly by the American Society of Health-System Pharmacists (ASHP), the Infectious Diseases Society of America (IDSA), the Surgical Infection Society (SIS), and the Society for Healthcare Epidemiology of America (SHEA).



Principles of Epidemiology

Self-Study Course

Centers for Disease Control and Prevention (CDC)

This self-study course is based upon the printed text: [*Principles of Epidemiology I Public Health Practice: An Introduction of Applied Epidemiology and Biostatistics*](#), updated 2012.

Lesson Overview

Section 1: Definition of Epidemiology

Section 2: Historical Evolution of Epidemiology

Section 3: Uses

Section 4: Core Epidemiologic Functions

Section 5: The Epidemiologic Approach

Section 6: Descriptive Epidemiology

Section 7: Analytic Epidemiology

Section 8: Concepts of Disease Occurrence

Section 9: Natural History and Spectrum of Disease

Section 10: Chain of Infection

Section 11: Epidemic Disease Occurrence

Summary, References, and Websites

Exercise Answers

Self-Assessment Quiz

Answers to Self-Assessment Quiz



Printed Resources

[Back to top](#)



Control of Communicable Diseases Manual, 21st Edition, is the trusted source for public health professionals on identifying and controlling infectious diseases for over 100 years. The updated edition includes new chapters on SARS-CoV-2, Zika, and many more. This landmark publication is essential to all those in and around public health.



Project Firstline (CDC)

[Back to top](#)

- [Group One – Introduction to Infection Control and Virus Basics](#)
- [Group Two – Injection Safety](#)
- [Group Three – PPE Basics](#)
- [Group Four – Respirator Basics](#)
- [Group Five – Environmental Cleaning and Disinfection Basics](#)
- [Group Six – Ventilation, Source Control, and Hand Hygiene](#)
- [Group Seven – How COVID-19 Spreads](#)



Quality Improvement

[Back to top](#)

- Institute for Healthcare Improvement – IHI’s [Quality Improvement Essentials Toolkit](#) includes the tools and templates you need to launch and manage a successful improvement project. Each of the ten tools in the toolkit includes a short description, instructions, an example and a blank template.



Regulatory

Federal

- Title 21 – Food and Drug Administration
 - [Banned Medical Devices](#)
 - [Requirements for Human Tissue](#)
- Title 29, Chapter XVII – Occupational Safety and Health Administration
 - [Bloodborne Pathogen Standards](#)
 - [Respiratory Protection Standard](#)
- Title 40 – Environmental Protection Agency
 - [Disinfectants](#)
- Title 42, Chapter IV, Subchapter G, Part 482 - [Conditions of Participation for Hospitals](#)

State

- [Hospital Regulations: Chapter 2: General Licensure Standards](#) – See Parts 9 and 10
- [Hospital Regulations: Chapter 4: General Hospitals](#) – See Part 9
- [Diseases and Conditions Reportable to CDPHE](#) – October 2021
- [NHSN Conditions Reportable to CDPHE](#) - January 2020



Return on Investment

IPC Programs

[Back to top](#)

- Pennsylvania Patient Safety Authority
 - [Demonstrating Return on Investment for Infection Prevention and Control](#)
 - *Pa Patient Saf Advis* 2010 Sep;7(3):102-7.



Rural Resources

[Back to top](#)

- **[You Are Not Alone: Practical Tips and Strategies for the Isolated Infection Preventionist](#), APIC**
 - This toolkit was developed by members of APIC's 2021 Professional Development Committee as a resource to provide practical support for infection preventionists (IPs) working in rural or otherwise isolated settings. It is not uncommon, even for the most experienced IPs within larger urban acute care settings, to share that they felt isolated when starting in the IP role.



Ryan White Notification Law

[Back to top](#)

[Ryan White Comprehensive AIDS Resource Emergency \(CARE\) Act](#)

Establishes a process for medical facilities to notify emergency responders (e.g., firefighters, paramedics, EMTs, law enforcement officers and EMS volunteers), through designated officers, that they may have been exposed to certain infectious diseases.

- [CDC](#)
- [NIOSH Resources](#)
- [APIC Guide to Infection Prevention in Emergency Medical Services](#)

(pages 43-70)



Safe Injection Practices

[Back to top](#)

- [CDC: Injection Safety](#) [CDC: One & Only Campaign](#)
- [FAQs Regarding Safe Practices for Medical Injections](#) (including info on multi-dose vials)
- [CDC: Safe Injection Practices to Prevent Transmission of Infections to Patients](#)
- [Joint Commission: FAQs on Multi-dose Vials](#)
- [CDC: Project Firstline: Group Two – Injection Safety](#)



Safe Medical Device Act (SMDA)

H.R.3095 - Safe Medical Devices Act of 1990

Safe Medical Devices Act of 1990 - Amends the Federal Food, Drug, and Cosmetic Act (FDCA) to require medical device user facilities to report to the Secretary of Health and Human Services, the manufacturer, or both whenever they believe there is a probability that a medical device has caused or contributed to a death, illness, or injury.

Learn more [here](#).



Scabies

[Back to top](#)

- CDC's [Scabies website](#)
- County of Los Angeles Public Health's [Scabies Prevention and Control Guidelines for Acute and Long-Term Care Facilities](#)
- Michigan Department of Health and Human Services: [Scabies Prevention and Control Manual](#)
- CDC's [Scabies in Institutional Settings](#) website provides guidance for preventing and controlling scabies outbreaks in institutions such as long-term care facilities and hospitals
- California Department of Public Health guidance for the [Management of Scabies Outbreaks in California Health Care Facilities](#)



Sepsis

[Back to top](#)

- [WHO: How to prevent sepsis infographic](#)
- [CHA Sepsis](#)
- [Sepsis Alliance](#)
- [CDC: Clinical Resources for Sepsis](#)



SHEA Resources

Now archived, but still available

[Back to top](#)

Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals

- Strategies to Prevent Catheter-Associated Urinary Tract Infections in Acute Care Hospitals: 2014 Update
- Strategies to Prevent Surgical Site Infections in Acute Care Hospitals: 2014 Update
- Strategies to Prevent Clostridium difficile Infections in Acute Care Hospitals: 2014 Update
- Strategies to Prevent Methicillin-Resistant Staphylococcus aureus Infections in Acute Care Hospitals: 2014 Update
- Strategies to Prevent Central Line-Associated Bloodstream Infections in Acute Care Hospitals: 2014 Update
- Commentary: Approaches for Preventing Healthcare-Associated Infections: Go Long or Go Wide?
- Strategies to Prevent Ventilator-Associated Pneumonia in Acute Care Hospitals: 2014 Update
- Strategies to Prevent Healthcare-Associated Infections through Hand Hygiene
- A View from The Joint Commission Perspective: Updated Compendium Will Continue to Help Reduce Healthcare-Associated Infections
- An Infection Preventionist's View of the Compendium of Strategies to Prevent Healthcare-Associated Infections: Structure, Process, and Outcome



SHEA Resources

[Back to top](#)

[SHEA Guidelines and Expert Guidance Documents](#)

- SHEA Expert Guidance: Duration of Contact Precautions for Acute-Care Settings
- SHEA Expert Guidance: Outbreak Response and Incident Management: SHEA Guidance and Resources for Healthcare Epidemiologists in United States Acute-Care Hospitals
- Implementing an Antibiotic Stewardship Program: Guidelines by the Infectious Diseases Society of America and the Society of Healthcare Epidemiology of America
- Expert Guidance: Isolation Precautions for Visitors
- Expert Guidance: Animals in Healthcare Facilities: Recommendations to Minimize Potential Risks
- Infection Prevention and Control Guideline for Cystic Fibrosis: 2013 Update
- Healthcare Personnel Attire in Non-Operating-Room Settings
- Infection Prevention and Control in Residential Facilities for Pediatric Patients and Their Families
- Clinical Practice Guidelines for Antimicrobial Prophylaxis in Surgery
- Guideline for Disinfection and Sterilization of Prion-Contaminated Medical Instruments



SSIs

Surgical site infections

- [AHA: Guidance on Humidity Levels in the Operating Room \(2015\)](#)
- [AHRQ Toolkit to Promote Safe Surgery](#)
- [AHRQ Toolkit to Improve Safety in Ambulatory Surgery Centers](#)
- [APIC Infection Preventionist's Guide to the OR \(2018\)](#)
- [APIC Guide to Elimination of Orthopedic SSIs \(2010\)](#)
- [CDC Guideline for Prevention of SSIs \(2017\)](#)
 - [Wisconsin Division of Public Health Supplemental Guidance for the Prevention of Surgical Site Infections: An Evidence-Based Perspective \(2017\)](#)
- [SHEA Strategies to Prevent SSIs in Acute Care Settings \(2014\)](#)
- [SHEA Guidance: Infection Prevention in the Operating Room Anesthesia Work Area](#)



SSIs

Surgical site infections

[Back to top](#)

- [CDC HAN Alert - Contaminated Heater-Cooler Devices Using During Surgery \(2016\)](#)
- [7S Bundle for Reducing SSIs](#)
- [Air Contamination and SSI Risk – Resources from presentation by Maureen Spencer, 2018](#) (download)



Staffing and HAIs

[Back to top](#)

- [Infection preventionist staffing levels and rates of 10 types of healthcare-associated infections: A 9-year ambidirectional observation, ICHE, Jan 17, 2022](#)
- TJC: [Hospital Staffing and HAIs – A Systematic Review of the Literature, 2018](#)
- AJIC: [A Systematic Approach to Quantifying Infection Prevention Staffing and Coverage Needs, 2018](#)



Sterile Supplies

[Back to top](#)

- The Joint Commission FAQ: [Do we need to monitor the temperature and humidity of the rooms where sterile supplies are stored?](#)



Travel Health Alerts

[Back to top](#)

- CDC – [Travel Health Alerts](#)

Types of Notices

Warning Level 3, Avoid Nonessential Travel

Alert Level 2, Practice Enhanced Precautions

Watch Level 1, Practice Usual Precautions



Tuberculosis Resources

[Back to top](#)

- CDC/MMWR: [Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005](#)
- CDC/MMWR: [Essential Components of a Public Health Tuberculosis Prevention, Control, and Elimination Program: Recommendations of the Advisory Council for the Elimination of Tuberculosis and the National Tuberculosis Controllers Association. July 2020](#)
- CDC/MMWR: [Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019](#)
 - [FAQs](#)
 - [Baseline individual TB risk assessment form](#)
- CDC/MMWR: [Guidelines for the Treatment of Latent Tuberculosis Infection, 2020](#)



Tuberculosis Resources

[Back to top](#)

- OSHA: [Field Operations \(provides policies and procedures for inspectors while they conduct inspections and issue citations related to occupational exposure to TB\)](#)
- OSHA: [Tuberculosis \(excellent, easy to use resource\)](#)
- National Tuberculosis Controllers Association: [Consensus statement on the use of Cepheid Xpert MTB/RIF[®] assay in making decisions to discontinue airborne infection isolation in healthcare settings](#)
- CDPHE: [TB for Health Care Professionals](#)
- [2018 – Reported Tuberculosis in the U.S. - CDC](#)
- [2019 – Reported Tuberculosis in the U.S. – CDC](#)
- [2020 – Reported Tuberculosis in the U.S. – CDC](#)



Ultrasound

- [Ultrasound Infection Prevention Toolkit](#)
 - This toolkit has been assembled in consultation with clinical experts with backgrounds in infection prevention and instrument reprocessing. The objective in developing this toolkit has been to provide a resource regarding infection prevention during the use and reprocessing of ultrasound probes.
 - Tool 1 – Locate & Profile
 - Tool 2 – Algorithm
 - Tool 3 – Example Risk Assessment
 - Tool 4 – Policy Development Framework
 - Associated AJIC [article](#): Ultrasound probe use and reprocessing: Results from a national survey among U.S. infection preventionists



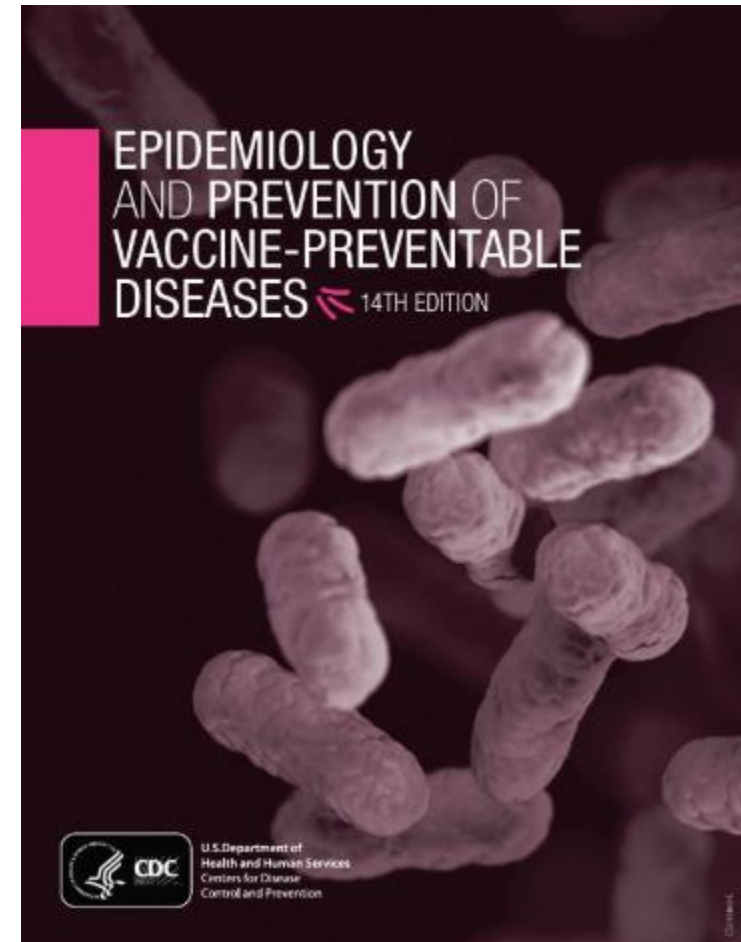
Vaccine-Preventable Diseases

Pink Book

[Back to top](#)

- CDC: [Epidemiology and Prevention of Vaccine-Preventable Diseases](#)

CHAPTER 1: PRINCIPLES OF VACCINATION	CHAPTER 12: INFLUENZA
CHAPTER 2: GENERAL RECOMMENDATIONS ON IMMUNIZATION	CHAPTER 13: MEASLES
CHAPTER 3: IMMUNIZATION STRATEGIES FOR HEALTHCARE PRACTICES AND PROVIDERS	CHAPTER 14: MENINGOCOCCAL DISEASE
CHAPTER 4: VACCINE SAFETY	CHAPTER 15: MUMPS
CHAPTER 5: STORAGE AND HANDLING	CHAPTER 16: PERTUSSIS
CHAPTER 6: VACCINE ADMINISTRATION	CHAPTER 17: PNEUMOCOCCAL DISEASE
CHAPTER 7: DIPHTHERIA	CHAPTER 18: POLIOMYELITIS
CHAPTER 8: <i>HAEMOPHILUS INFLUENZAE</i>	CHAPTER 19: ROTAVIRUS
CHAPTER 9: HEPATITIS A	CHAPTER 20: RUBELLA
CHAPTER 10: HEPATITIS B	CHAPTER 21: TETANUS
CHAPTER 11: HUMAN PAPILLOMAVIRUS	CHAPTER 22: VARICELLA



Report website issues [here](#)



VAE

Ventilator-associated event

- [AHRQ Toolkit to Improve Safety for Mechanically Ventilated Patients](#)
- [AHRQ: Daily Care Processes Guide for Reducing VAEs](#)
- [AHRQ: CUSP Guide for Reducing Ventilator-Associated Events in Mechanically Ventilated Patients](#)
- [ICU Liberation A-F Bundle](#)
- [IHI: How-to Guide: Prevent Ventilator-Associated Pneumonia \(includes vent bundle\)](#)
- [SHEA Strategies to Prevent VAP in Acute Care Settings](#)



Videos

[Back to top](#)

- Partnering to Heal – CDC Office of Disease Prevention and Health Promotion
 - [Training Program](#)
 - Video: <https://health.gov/hcq/trainings/partnering-to-heal/index.html>
 - Excellent video for new hire orientation – can stop it at any point



The graphic is a dark grey rectangle with white and blue text. At the top left, the title 'Partnering to Heal' is written in large white font. To its right, a thermometer icon is positioned vertically. Further right, three lines of blue text read: 'Instructions for Use', 'Skip the Introduction', 'View the Credits', and 'Get Adobe Reader'. Below the title, the subtitle 'Teaming-Up Against Health Care-Associated Infections' is in small white font. In the center, a large blue rounded rectangle contains the word 'START' in white, with 'Click Here to Begin the Training' in smaller white text to its right. At the bottom, 'U.S. Department of Health and Human Services' and '© 2017 WILL▶' are written in small white font.

Partnering
to Heal

Instructions for Use
Skip the Introduction
View the Credits
Get Adobe Reader

Teaming-Up Against Health Care-Associated Infections

START Click Here to
Begin the Training

U.S. Department of Health and Human Services
© 2017 WILL▶



Water Management (Legionella)

[Back to top](#)

- CMS: [Requirement to Reduce *Legionella* Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires' Disease \(LD\)](#)
- CDPHE: [Water Management Program Template](#), 2019
- [CDC: Legionella](#)
 - [Toolkit for controlling Legionella in common sources of exposure](#)
 - [Legionella environmental assessment form](#)
 - [Legionnaires' Disease prevention training](#)
- [CDC: Healthcare-associated Legionnaires' Disease](#)
- CDC: Toolkit: [Developing a Water Management Program to Reduce *Legionella* Growth and Spread in Buildings](#)
- [CDC: Special Considerations for Healthcare Facilities](#)
- ASHRAE: [Minimizing the Risk of Legionellosis Associated with Building Water Systems](#) (Guideline 12-2000)



West Nile Virus

[Back to top](#)

- CDC: [West Nile Virus in the United States: Guidelines for Surveillance, Prevention and Control](#), 2013



WHO

World Health Organization

[Back to top](#)

- WHO: <https://www.who.int/>
- WHO: [Guidelines on Hand Hygiene in Health Care \(2009\)](#)
- WHO: [Infection Prevention and Control Assessment \(2018\)](#)



Anything Missing?

[Back to top](#)

Let us know if you have additional major guidelines or resources to include.

Email: Toni.Foos@cha.com