

Bree Collaborative Outpatient Infection Control Guidelines

Updated: June 6, 2022

Background

Over the past few decades, healthcare delivery has largely moved from acute inpatient facilities to outpatient and community-based settings.¹ More than three quarters of all operations in the United States are performed outside of a hospital² and each year more than one million Americans receive outpatient chemotherapy, radiation therapy, or both.³ Proper infection control practices are essential to reduce the risk of healthcare-acquired infections.⁴ Outpatient settings often lack infrastructure or resources for infection control.^{5,6} The Centers for Disease Control developed minimum expectations for outpatient infection control in 2016,⁷ but emerging pathogens and the COVID-19 pandemic have highlighted the need for more robust procedures.

As of April 2022, almost 1.5 million Washingtonians have contracted COVID-19 with more than 60,000 COVID-19 patients requiring hospitalization.⁸ Many best practices for COVID-19 involved basic infectious control measures such as mask wearing, eye protection, hand sanitizer availability, rapid testing, and vaccination.⁹ The increase of these measures appears to have reduced the prevalence of RSV, acute bronchitis, common cold, and flu, although confounding factors may have played a role.^{10,11}

As the COVID-19 pandemic evolves and fluctuates, there are concerns that loosening infection control practices may lead to increased spread of disease, unwanted hospitalization, and deaths especially among vulnerable populations. Additionally, many best practices during the pandemic targeted long-term care or inpatient facilities or were subject to variability depending on local, state, and federal jurisdictions.

This guideline focuses on infection control measures for outpatient healthcare settings. Recommendations are meant to be generalizable to healthcare delivered outside of inpatient hospital settings. While these recommendations provide a general outline to improve infection control practices, each site must adhere to applicable regulations from the Centers for Disease Prevention and Control, Department of Health, and their local health jurisdiction as needed. The Bree recommendation focus areas are organized around the point of care for infection control measures as shown in **Table 1**. As with previous Bree Collaborative guidelines, the evidence-based recommendations presented here are intended as general guidance while using a patient-centered approach.

Table 1: Bree Collaborative Outpatient Infection Control Focus Areas

| Focus Areas | Clinical Goal(s) |
|-------------------------|--|
| Preventative Measures | <ul style="list-style-type: none">• Enact proper precautions and procedures for infection prevention• Protect and educate patients and staff |
| Monitoring/Surveillance | <ul style="list-style-type: none">• Collect data on notifiable conditions• Provide information on circulating infectious diseases to patients and staff |

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| Minimizing Exposure | <ul style="list-style-type: none">• Develop clinical workflows for patients based on their risk or infection status |
| Environment of Care | <ul style="list-style-type: none">• Ensure clinical environment is regularly clean and facilitates infection control |
| Sterilization and High-Level Disinfection | <ul style="list-style-type: none">• Practice proper routine device sterilization according to manufacturer instructions |
| Community Spread | <ul style="list-style-type: none">• Partner with patients and communities to mitigate the spread of disease |

A. Outpatient Health System

Outpatient health systems are clinics and health delivery sites outside of inpatient hospitals. These recommendations are meant to be generalizable to most outpatient settings.

Outpatient Health Systems

Prevention

Providers, Staff and Patients

Inform patients on risk of infection and educate patients on how to mitigate risk

Enact proper standard, contact, and droplet precautions for healthcare providers and staff (DOH) and airborne precautions (AIIR)

Educate staff on all infection control procedures, including hand hygiene, injection safety, and standard precautions.

Educate and encourage appropriate vaccination for patients, staff and providers based on the [CDC Immunization Schedule](#) and [ACIP Vaccine Recommendations](#). Consider motivational interviewing to address vaccine hesitancy.

Vaccinate staff and providers based on CDC [recommended vaccines for healthcare providers](#) and maintain records of exemptions (required for clinics receiving funding from CMS)

Staff, providers and patient practice proper hand hygiene, respiratory hygiene/cough etiquette, and mask guidance, injection safety practices (CDC)

Staff and providers practice proper injection safety practices (CDC)

Treat high-risk populations prophylactically (eg using antivirals such as Tamiflu, monoclonal antibodies, Evusheld) based on current evidence and guidelines.

Administration

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Assign at least one individual trained in infection prevention to coordinate the outpatient setting's infection control program.

Provide proper PPE based on standard and transmission-based precautions according to the CDC ([Standard Precautions](#) and [Transmission-Based Precautions](#))

Ensure physical environment is optimized in consideration of infection prevention and control, including placement, and spacing of furniture and ability to clean furniture and other shared items.

Ensure infection control training and competency for staff (CDC)

Manage the risk of staff infections according to current guidelines (DOH)

Provide appropriate time off for infectious disease considering potential incubation period and infectious period (in alignment with DOH recommendations for [staff exposure risk](#) and [staff shortage requirements](#))

Monitoring/Disease Surveillance

Provide information to patients about the prevalence of circulating communicable diseases as available from local public health jurisdictions, Washington state Department of Health, the Centers for Disease Control, and other sources.

Coordinate with appropriate level of public health for reportable infectious diseases. (Notifiable conditions for Washington state can be found [here](#).)

Consider providing point-of-care testing for patients and staff members or offer resources regarding where testing is available if unavailable in the outpatient setting. (CDC, DOH)

Minimizing Exposure

Currently Infected Patient (Individuals Identified as Having a Communicable or Highly Infectious Disease)

In Office Visit

Notify arrival prior to entry of building

Encourage online check in

Take a home test if available to confirm disease

Patient to wear appropriate PPE including mask (surgical vs N95) type according to current guidelines

Wash hands and limit contact with objects

Room immediately upon arrival

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Use an EPA-registered healthcare disinfectant with consideration of pathogens that are a high-risk according to manufacturer's instructions with focus on high-touch areas.

Exit separately if plausible

Telehealth

Offer phone or virtual visit if triage for visit appropriate

Follow Bree Collaborative Telehealth guidelines

Referral

Refer to Urgent Care or ER if appropriate and necessary for higher level of care or if infection prevention and control requirements exceed that of the facility.

High risk patients-during periods of high prevalence of disease (Determine risk based on the specific pathogen)

Educate patients who are high risk

Have signs in office for this risk group

Coordinate with local public health for public outreach

In Office visit

Notify arrival prior to entry of building

Encourage online check in

Patient to wear mask (surgical vs N95) type depends on latest evidence

Wash hands and limit contact with objects

Room immediately upon arrival

Use an EPA-registered healthcare disinfectant with consideration of pathogens that are a high-risk according to manufacturer's instructions with focus on high-touch areas.

Exit separately if plausible

Telehealth

Offer phone or virtual visit if triage for visit appropriate

Follow Bree Collaborative Telehealth guidelines

Referral

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Refer to Urgent Care or ER if appropriate and necessary for higher level of care or if infection prevention and control requirements exceed that of the facility.

Low risk

Follow standard in office registration and rooming procedures

Follow standard precautions (such as using proper PPE for aerosolizing procedures, practicing proper masking/cough etiquette)

Environment of Care

Maintain ventilation systems (OSHA)

Provide easily accessible masks, hand sanitizer, and garbage cans

Ensure all surfaces are cleanable

Ensure clear separation between clean and dirty storage

Appropriate storage of supplies and regular review expiration dates of medications and equipment

Ensure physical environment is optimized in consideration of infection prevention and control, including placement, and spacing of furniture and ability to clean furniture and other shared items.

Sterilization and High-Level Disinfection

Develop plans for routine device sterilization and environmental cleaning (OSHA/CDC)

Practice proper reprocessing and sterilization of reusable devices (CDC)

Follow nationally recognized and evidence-based guidelines and follow manufacturer's instructions for use (MIFUs)

Community Spread

Participate in community health meetings and establish relationships prior to an outbreak

Participate in infection control meetings convened by local public health

Partner with community leaders and media for information campaigns

Provide educational material about preventative measures and treatments

B. Employers Prevention

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Provide incentives for testing

Provide incentives for vaccination as a preventative measure (OSHA). Educate and encourage appropriate vaccination based on the [CDC Immunization Schedule](#) and [ACIP Vaccine Recommendations](#). Provide educational sessions with experts and trusted community leaders to address vaccine hesitancy and misinformation.

Provide workers with face coverings and surgical masks as appropriate as well as PPE required by the position (OSHA, LNI)

Provide appropriate paid time off for infectious disease based off transmission time and/or current physical symptoms (OSHA, LNI)

Follow current guidelines for quarantine or isolation procedures for infected and/or exposed employees (OSHA, CDC, LNI) and create policy for management and staff.

Provide appropriate PPE and spacing if deemed necessary for infectious control (OSHA, LNI)

Implement protections from retaliation for employees who report failures to comply (OSHA, LNI)

Monitoring/Disease Surveillance

Record and report reportable infections and deaths to the appropriate authority, usually OSHA, WA Labor and Industries, or the Department of Health (OSHA, LNI)

Minimizing Exposure

Follow other applicable mandatory Washington state Labor and Industry and OSHA standards

Environment

Perform routine cleaning and disinfection (OSHA, LNI)

Improve infrastructure for infection control (CDC) such as spacing and barriers

Create workflows to minimize exposure using virtual meetings, work from home and physical distancing

Sterilization/High-Level Disinfection

Use EPA approved disinfectants (for low and intermediate level)

Follow nationally recognized and evidence-based guidelines and follow manufacturer's instructions for use (MIFUs)

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Community Spread

Educate workers on Infectious Disease policies and procedures in accessible formats (OSHA)

C. Insurers

Prevention

Cover at-home and in-person testing for circulating illness

Provide incentives for vaccination as a prevention measure. Educate and encourage appropriate vaccination based on the [CDC Immunization Schedule](#) and [ACIP Vaccine Recommendations](#).

Cover cost of vaccination and administration

Cover PPE costs as medical equipment for infected clients

Consider increase physician payment for patient infectious disease control measures, and vaccine education including addressing hesitancy.

Consider continuing telehealth reimbursements

Consider infection control targets/measures in value-based purchasing

Monitoring/Disease Surveillance

Assist disease reporting to Public Health officials using charge data

Minimizing Exposure

Cover prophylactic treatments for high-risk populations

Consider waiving copays or deductibles for patients who are currently symptomatic or have been exposed

Environment of Care

Increase infected patient payments to cover additional environmental costs

Sterilization/High-Level Disinfection

Community Spread

Participate in educational campaigns to support current preventive measures and treatments

D. Public Health

Prevention

Communicate up-to-date preventative guidelines to health delivery systems, providers,

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and patients as appropriate.

Expand access to vaccines and ensure efficient roll-out of vaccine programs.

Align/coordinate communication efforts between state- and local- public health

Monitoring/Disease Surveillance

Develop and maintain accessible dashboards for communicable diseases

Maintain accessible registries of immunization records

Staffing/Administration

Provide technical assistance and education to outpatient health facilities

Environment/Sterilization

Train/educate outpatient health facilities on sterilization and high-level disinfection

Community Spread

Provide public communication campaigns on infection control and community spread of infectious diseases

E. Patients

Prevention

Keep appropriate preventative goods at home, including hand sanitizer and masks

Get appropriate vaccinations per ACIP schedule

Monitoring/Disease Surveillance

Have appropriate home tests available and use if you develop relevant symptoms or are in close contact with a confirmed case.

Stay current on the prevalence of disease in your community using local and national web tools or other available sources.

Discuss your personal risk for community infectious diseases with a healthcare provider or trusted community leader

Report your disease status to the appropriate authorities to assist with disease prevalence data if you test positive

Minimizing Exposure

Follow CDC mask guidelines, or your local county's guidelines if applicable

Stay home or contact your healthcare provider if you have a fever or are contagious within 24 hours before a scheduled appointment.

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Community Spread

Maintain physical distance from others during periods of high transmission of communicable diseases

¹ Centers for Disease Control and Prevention. (September 2016). Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care. <https://www.cdc.gov/infectioncontrol/pdf/outpatient/guide.pdf>

² Barie PS. Infection Control Practices in Ambulatory Surgical Centers. *JAMA*. 2010;303:2295-2297.

³ Halpern MT, Yabroff KR. Prevalence of Outpatient Cancer Treatment in the United States: Estimates from the Medical Panel Expenditures Survey (MEPS). *Cancer Investigation*. 2008;26:647-651.

⁴ Centers for Disease Control and Prevention. Preventing Healthcare-Associated Infections. Accessed April 26, 2022. <https://www.cdc.gov/hai/prevent/prevention.html>

⁵ Maki DG, Crnich CJ. History Forgotten is History Relived: Nosocomial Infection Control is also Essential in the Outpatient Setting. *Arch Int Med*. 2005;165:2565-2567

⁶ Jarvis WR. Infection control and changing health-care delivery systems. *Emerg Infect Dis* 2001;7:17-173.

⁷ Centers for Disease Control and Prevention. (September 2016). Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care. <https://www.cdc.gov/infectioncontrol/pdf/outpatient/guide.pdf>

⁸ Washington State Department of Health. COVID-19 Data Dashboard – Disease Activity and Testing. Accessed April 26, 2022. <https://doh.wa.gov/emergencies/covid-19/data-dashboard>

⁹ Centers for Disease Control and Prevention. Preventing the Spread of COVID-19 in a Variety of Settings Throughout Your Community. Accessed April 26, 2022. <https://www.cdc.gov/coronavirus/2019-ncov/php/infection-control.html>

¹⁰ Dadras, Omid et. al. Effects of COVID-19 prevention procedures on other common infections: a systematic review. *European Journal of Medical Research*. (2021) 26:67. <https://doi.org/10.1186/s40001-021-00539-1>

¹¹ Itaya, T. et al. Does COVID-19 infection impact on the trend of seasonal flu infection? 11 countries and regions, from 2014 to 2020. *International Journal of Infectious Disease*. <https://doi.org/10.1016/j.ijid.2020.05.088>