3C. Infection Control: Managing Best Practices for Infection Control in a "Post-COVID" World

Presented by:
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Survey Preparedness: Infection Control

Managing best practices for infection control in a "Post-COVID" World

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Objectives

At the conclusion of this educational activity, the learner will be able to:

• Discuss hospice regulatory requirements for infection control, including state and federal requirements.
• Describe the surveyor guidelines related to infection control in the updated state operations manual.
• Describe infection control principles, and how agencies should implement them, including changes related to COVID, and managing infection control in agencies post PHE.
• Discuss requirements for surveillance in infection control, and it's definition by the CDC.
• Discuss specific infection control competencies, and resources for agencies to ensure appropriate infection control and COVID specific education to patients and staff.
Regulatory requirements for Hospice Care in Texas

An agency must adopt and enforce written policies addressing infection control, including the prevention of the spread of infectious and communicable disease. The policies must:

1. Ensure compliance by the agency, its employees, and its contractors with:
   (A) the Communicable Disease Prevention and Control Act, Health and Safety Code, Chapter 81;
   (B) the Occupational Safety and Health Administration (OSHA), 29 CFR Part 1910.1030 and Appendix A relating to Blood borne Pathogens; and
   (C) the Health and Safety Code, Chapter 85, Subchapter I, concerning the prevention of the transmission of human immunodeficiency virus and hepatitis B virus;

(A) If an agency is licensed to provide services other than personal assistance services, documentation must include:
   • the date that the infection was detected, the client's name,
   • primary diagnosis,
   • signs and symptoms,
   • type of infection,
   • pathogens identified, & treatment.

(B) If an agency is licensed to provide only personal assistance services, documentation must include:
   • the date that the infection was disclosed to the agency employee
   • the client's name, &
   • treatment as disclosed by the client.
Clinical Considerations for Infection Control

What is the agency's process for tracking infections and maintaining infection control?

- Who is responsible for going into the EMR and updating to reflect the outcome and resolution (or lack of) when an infection is documented by a clinician?
- Do clinicians realize the requirements for reporting COVID-19 infections is still in place (next slide)
- How are employee infections documented?
- Do agency clinicians complete and infection control tracking form on each infection, or only as required when the infection occurs following the patient's admission to the agency?

*If the agency does not require clinicians to complete an infection control document for all patients utilizing antibiotics or presenting with an infection - how do you track the outcomes and demonstrate compliance with best practices in infection control?

(State of TX only requires documentation of infections that occurred after the patient was admitted to service - consider the impact of infections that are in place at the time of admission on overall patient care, outcomes, hospitalizations, etc.)

Regulatory Requirements related to requirements in Chapter 558 - Communicable Disease Prevention & Control Act

The following persons shall report to the local health authority or the department a suspected case of a reportable disease and all information known concerning the person who has or is suspected of having the disease if a report is not made as required by Subsections (a)-(d):

(4) an administrator of a home health agency
Additional rules referenced by Chapter 558: Occupational Safety and Health Administration (OSHA), 29 CFR Part 1910.1030 and Appendix A relating to Bloodborne Pathogens

Items covered by the OSHA requirements include (but are not limited to)

- Ensuring that the agency has an appropriate exposure control policy (& follows it)
- Provides appropriate PPE to employees who risk exposure AT NO COST
- That regulated waste (sharps, biohazards) are appropriately disposed of
- The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.
- The employer shall train each employee with occupational exposure in accordance with the requirements of this section. Such training must be provided at no cost to the employee and during working hours.
- The employer shall institute a training program and ensure employee participation in the program.
- Training shall be provided as follows: At the time of initial assignment to tasks where occupational exposure may take place; & At least annually thereafter.

The training program shall contain at a minimum the following elements:

- An accessible copy of the regulatory text of this standard and an explanation of its contents;

How do you demonstrate compliance with this requirement at your agency?
Clinical Considerations - OSHA 29 CFR Part 1910.1030 and Appendix A relating to Bloodborne Pathogens

Do you know where your exposure control policy/plan is? Do you know what it addresses?

Do you provide nursing/clinical staff bags to your clinicians? If so – what PPE is routinely provided?

If not – how can you ensure that your staff have these items provided to them at no cost to the employee? For example - Hand Hygiene materials?

Do you routinely offer Hepatitis B vaccine to all new clinical staff members within 10 days of hire, documenting their refusal or acceptance of the series (in their medical file only) and offering again if any exposure occurs during their employment?

What does your occupational exposure training program include – blood borne pathogens? TB?

How do you ensure that this is completed on hire and annually thereafter as required? Do you have a tracking method to document?

Do you have the Blood borne pathogen standard downloaded on an accessible computer/laptops of clinicians/thumb drive?

Health and Safety Code, Chapter 85, Subchapter I, concerning the prevention of the transmission of HIV and Hepatitis B virus;

The provisions of this chapter are related specifically to HIV, AIDS, & Hepatitis B.

These provisions note that employees who are positive for any of these viral processes should not be working in health care roles that require them to perform invasive procedures, but that in order to utilize the professional’s skill and experience, they should be offered alternative roles within the health care provider’s operations.

Additionally, the requirements for exposure control found within other related regulations are repeated, including exposure control plan requirements, and lastly the requirement for Hepatitis B testing and prevention for health care workers who have a risk for exposure during the course of work.
Conditions of Participation for Hospice - Chapter 418.60 - Infection Control

Including the Updated instructions to surveyors in the State Operations Manual (SOM)

The hospice must maintain and document an effective infection control program that protects patients, families, visitors, and hospice personnel by preventing and controlling infections and communicable diseases.

**Interpretive Guidelines §418.60**

The hospice infection control program must identify risks for the acquisition and transmission of infectious agents in all settings where patients reside.

*There needs to be a system to communicate with all hospice personnel, patients, families and visitors about infection prevention and control issues including their role in preventing the spread of infections and communicable diseases through daily activities.*

The hospice’s infection control program may include, but not be limited to the following:

- Educating staff on the science of infectious disease transmission;
- Protocols for addressing patient care issues and prevention of infection related to infusion therapy, urinary tract care, respiratory tract care, and wound care;
- Guidelines on caring for patients with multi-drug resistant organisms;
- Policies on protecting patients, staff and families from blood borne or airborne pathogens;
- Monitoring staff for compliance with hospice policies and procedures related to infection control; and
- Protocols for educating staff and families in standard precautions and the prevention and control of infection.

**Implementation in Hospice Agencies - based on the updated SOM**

- **Educating staff on the science of infectious disease transmission** - this includes bloodborne pathogen, airborne diseases, hand hygiene, etc. Ensure that the agency's education is up to date and addresses all infectious disease risk and standard precautions.
- **Protocols for addressing patient care issues and prevention of infection related to infusion therapy, urinary tract care, respiratory tract care, and wound care**; How does the agency document and implement efforts to ensure that these specify types of infection are addressed - ie - pt/staff education, updated education related best practices related to each type of infection/intervention?
- **Guidelines on caring for patients with multi-drug resistant organisms; Does the agency maintain best practice ordering protocols related to MRSA** - including the appropriate precautions, implementing appropriate orders for care related to MRSA-type infections such as peak/trough.
- **Policies on protecting patients, staff and families from blood borne or airborne pathogens**; including following the agency's policies - standard practices, hand hygiene, and documentation of teaching for patients and families, how is the agency managing it's post-COVID-19 infection control consistently when caring for patients? Do staff know what the related precautions should be?
- **Monitoring staff for compliance with hospice policies and procedures related to infection control**; on site visits to monitor for infection control practice implementation - how often are these done? Are they impactful?
- **Protocols for educating staff and families in standard precautions and the prevention and control of infection** - Does the agency standardize the way it provides education - ie - all patients and families are taught on infection control at the first visit and at specified timeframes?
Patient and Staff educational tools related to infection control

**Speak Up™ To Prevent Infection**

1. Clean your hands...
   - wash your hands with soap and water after handling waste.
   - use alcohol-based hand rub when soap and water are not available.

2. Remind caregivers to clean their hands...
   - wash their hands before and after touching patient.
   - use alcohol-based hand rub when soap and water are not available.

3. Keep away from others when you are sick...
   - stay home when you are sick.
   - wash your hands frequently.

4. If you are coughing or sneezing...
   - cover your mouth and nose with a tissue when you cough or sneeze.
   - wash your hands immediately afterward.

5. If you visit a hospital patient...
   - wash your hands before and after entering or leaving the hospital.
   - wash your hands after touching patient or their environment.

6. Get shots to avoid disease...
   - get vaccinated against influenza.
   - get vaccinated against influenza.

**Isolate and take precautions if you have or suspect you have COVID-19**

1. Solitude for 3 days...
   - stay in a separate room.
   - do not share the same bathroom.
   - wear a mask if you have a cough or sore throat.

2. Solitude for 3 days... (cont.)
   - stay in a separate room.
   - do not share the same bathroom.
   - wear a mask if you have a cough or sore throat.

**Types of patient handouts**

**How to Handrub?**

1. Duration of the entire procedure: 20-30 seconds

2. Applicable to both hands:
   - palm-to-palm:
   - palm-to-palm:

3. Right palm and left thumb:
   - palm-to-palm:
   - palm-to-palm:

4. Left palm and right thumb:
   - palm-to-palm:
   - palm-to-palm:

5. Palm-to-palm:
   - palm-to-palm:
   - palm-to-palm:

6. Fingertips:
   - fingertips:
   - fingertips:

7. Fingertips:
   - fingertips:
   - fingertips:

8. Palm-to-palm:
   - palm-to-palm:
   - palm-to-palm:
Conditions of Participation for Hospice - Chapter 418.60 - Infection Control
Including the Updated instructions to surveyors in the State Operations Manual

(a) Standard: Prevention. The hospice must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. (surveyor guidance next slide)

![Excerpt from CDC “Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007”]

(a) Standard: Prevention, from the State Operations Manual

Standard Precautions (formerly Universal precautions) are based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain transmissible infectious agents. Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include:

• hand hygiene;
• use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; &
• safe injection practices.

Also, equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents (e.g., wearing gloves for direct contact, contain heavily soiled equipment, properly clean and disinfect or sterilize reusable equipment before use on another patient).

(Excerpt from CDC “Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007”)

STANDARD PRECAUTIONS FOR HCP:

- Hand Hygiene
- Use of appropriate PPE
- Respiratory hygiene
- Sharps safety
- Safe injection practices
Recommendations from the CDC regarding the implementation of PPE for specific situation as standard practice

Other types of infection control precautions
NOTE: The CDC recommends Hand Sanitizer/Rub over hand washing in most cases, for a variety of reasons. However - with the numerous hand sanitizers that were on the market related to COVID, the FDA has published a list of those that are either not effective or are actually dangerous. When supplying your staff with PPE (as required by the regulation) ensure that you are NOT using one of the sanitizers on the FDA’s list.
Resources for Staff Education

Hand Hygiene from the CDC

The CDC hosts the WHO hand hygiene interactive clinical staff hand hygiene training, as well as it’s more updated 4 E’s of Hand Hygiene (above) specifically focused at educating clinicians in hand hygiene and it’s importance. Check out https://www.cdc.gov/handhygiene/index.html for the updated course as well as patient and clinician infographics and print resources.

Find the interactive Hand Hygiene promoted for clinicians by the CDC and the WHO here: https://www.cdc.gov/handhygiene/training/interactiveEducation/

Hand Hygiene - The First Line of Defense - CDC Recommendations

The Core Infection Prevention and Control Practices for Safe Care Delivery in All Healthcare Settings recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) include the following strong recommendations for hand hygiene in healthcare settings:

Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications:

- Immediately before touching a patient
- Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices
- Before moving from work on a soiled body site to a clean body site on the same patient
- After touching a patient or the patient’s immediate environment
- After contact with blood, body fluids, or contaminated surfaces
- Immediately after glove removal

Healthcare facilities should:

- Require healthcare personnel to perform hand hygiene in accordance with Centers for Disease Control and Prevention (CDC) recommendations
- Ensure that healthcare personnel perform hand hygiene with soap and water when hands are visibly soiled
- Ensure that supplies necessary for adherence to hand hygiene are readily accessible in all areas where patient care is being delivered

"**Unless hands are visibly soiled, an alcohol-based hand rub is preferred over soap and water in most clinical situations due to evidence of better compliance compared to soap and water. Hand rubs are generally less irritating to hands and, in the absence of a sink, are an effective method of cleaning hands.**"

Taken from: https://www.cdc.gov/handhygiene/providers/guidelines.html
Don't forget about bag technique - EVEN IN HOSPICE!!

Consider - what is the agency's practice related to appropriate PPE in case they encounter a COVID-19 positive patient, or need to see one without prior notice?

"Dirty side" storage of any items that cannot be disposed on site

Clean field zips down in this example

Resources for Staff Education related to overall infection control and Standard Precautions

Project First Line from the CDC
https://www.cdc.gov/infectioncontrol/projectfirstline/healthcare/training.htm
The hospice must maintain and document an effective infection control program that protects patients, families, visitors, and hospice personnel by preventing and controlling infections and communicable diseases.

(b) Standard: Control. (surveyor guidance next slide) The hospice must maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that—

- Is an integral part of the hospice's quality assessment and performance improvement program; and
- Includes the following:
  - (i) A method of identifying infectious and communicable disease problems; and
  - (ii) A plan for implementing the appropriate actions that are expected to result in improvement and disease prevention.
Infection Control State Operations Manual for Control standard

Interpretive Guidelines §418.60(b)(1) (guidelines to surveyors for review of infection control practices)

Examples of infection control practices that the hospice may use include:
• Monitoring work related employee illness and infections,
• Analyzing them in relation to patient infections, &
• Taking appropriate actions when an infection or communicable disease is present to prevent its spread among staff, patients, family and visitors.

For example:
• Surveillance data should be routinely reviewed and monitored.
• Appropriate corrective actions need to be taken based on the data analysis.

The hospice must use this information as a part of its QAPI program.

Clinical Considerations

• How does the hospice ensure that employee infections are captured and followed up as appropriate, consistently?
• What method of analysis does the agency utilize to determine patterns, trends, causality, etc. that could indicate a problem/need for intervention or education with a particular clinician (next slide)
• What is “appropriate action”? how is it conveyed to clinical staff and patients/family/visitors - i.e - the COVID-19 screening has not been required since July 2022 - are clinicians cognizant that they should still be alert for comments or symptoms that would indicate that an “appropriate action” is required to prevent the spread of infection - (such as masking when the patient mentions casually that their daughter is COVID positive and was in the home this morning prior to the visit, etc.)
• What analysis is utilized in QAPI related to infections?

Tracking/trending - Sample graphic display of clinician/infection relationship

Sample method of demonstrating relationship between infection and clinician as a Performance Improvement/Quality Assurance Indicator
Performance Improvement in Infection Control
Factors to consider include prevalence of infection, types and treatments, as well as the impact of staff/relationship to infections

SAMPLE - Performance Improvement Project

**Problem:** Correlation between wound infection and individual clinician(s) is high at 9%
**Date Identified:** January 1, 2023
**Data Source/Baseline Data:** Infection Control Surveillance via worksheets
**Goal:** Correlation between wound infection and clinician will be 5% or less by the end of the second quarter of 2019.
(must include objective target, timeframe and measurable outcome)

**Potential Causes** (ask why, then ask why again until the root cause (process based) is determined) (Use 5 Whys tool to determine cause(s)) (next slide)

**Problem** – infections correlating with clinical staff is too high

**Why?** – Data shows that correlation between particular clinicians performing wound care and incidence of wound infection is too high

**Why?** – Certain clinicians are promoting the spread of infection

**Why?** – Administrative/clinical overview has not ensured that all clinicians have appropriate technique with wound care

**Why?** – The DON has not had time to review appropriate technique re: infection control, hand hygiene, and bag technique with all staff both in office and in the patient’s home as is best practice

**Primary cause intervention:** The DON will train the ADON to perform these competencies
Conditions of Participation for Hospice - Chapter 418.60 - Infection Control

**Standard: ****NEW**** - this was added following the COVID-19 vaccination OMNIBUS - did you know it was also part of the COPs?**

**COVID-19 Vaccination of facility staff**
The hospice must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine.

(1) Regardless of clinical responsibility or patient contact, the policies and procedures must apply to the following hospice staff, who provide any care, treatment, or other services for the hospice and/or its patients:
   (i) Hospice employees;
   (ii) Licensed practitioners;
   (iii) Students, trainees, and volunteers; and
   (iv) Individuals who provide care, treatment, or other services for the hospice and/or its patients, under contract or by other arrangement.

**Agencies have seen an increased focus by surveyors in this “post-COVID” era related to contracted staff - including all historic credentialing requirements (performance evaluation, etc) but also ensuring their COVID documentation is maintained on file with the agency.**
The policies and procedures of this section do not apply to the following hospice staff:

(i) Staff who exclusively provide telehealth or telemedicine services outside of the settings where hospice services are provided to patients and who do not have any direct contact with patients, patient families and caregivers, and other staff specified in paragraph (d)(1) of this section; and

(ii) Staff who provide support services for the hospice that are performed exclusively outside of the settings where hospice services are provided to patients and who do not have any direct contact with patients, patient families and caregivers, and other staff specified in paragraph (d)(1) of this section.

- **So if your biller works remotely or another office altogether and NEVER has contact with the clinical staff serving your patients, then this person would not need to be vaccinated due to the 100% telework and no contact with other staff, however if your biller works in your office and has coffee breaks, or otherwise interacts with clinical staff who see patients, then this employee does NOT meet the requirements for 100% telework exemption, even though they may never interact with a patient or family member!**

**COVID Vaccine Requirements**

The policies and procedures must include, at a minimum, the following components:

(i) A process for ensuring all staff specified in paragraph (d)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID–19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID–19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID–19 vaccine prior to staff providing any care, treatment, or other services for the hospice and/or its patients;

(ii) A process for ensuring that all staff specified in paragraph (d)(1) of this section are fully vaccinated, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID–19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations;

(iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID–19, for all staff who are not fully vaccinated for COVID–19;

(iv) A process for tracking and securely documenting the COVID–19 vaccination status of all staff specified in paragraph (d)(1) of this section;

(v) A process for tracking and securely documenting the COVID–19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC;

(vi) A process by which staff may request an exemption from the staff COVID–19 vaccination requirements based on an applicable Federal law;

(vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the hospice has granted, an exemption from the staff COVID–19 vaccination requirements;
Conditions of Participation for Hospice - Chapter 418.60 - Infection Control

- COVID Vaccine Requirements

viii. A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID–19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains:

(A) All information specifying which of the authorized COVID–19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and

(B) A statement by the authenticating practitioner recommending that the staff member be exempted from the hospice's COVID–19 vaccination requirements for staff based on the recognized clinical contraindications;

(ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID–19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID–19, and individuals who received monoclonal antibodies or convalescent plasma for COVID–19 treatment; and

(x) Contingency plans for staff who are not fully vaccinated for COVID–19.

Clinical considerations

- Does your COVID–19 vaccination policy meet all of the listed requirements, including all of the exclusions, temporary restrictions, waiting periods, waivers, etc.
- Do you maintain a copy of the ACTUAL vaccination cards on file as opposed to just the log stating that the employee/contractor received the vaccination (1 or 2 step series and any boosters received)
- do you maintain the required COVID–19 vaccination log
- Is the log and vaccination records easily accessible? For example - are these maintained on site for contractors? Are these maintained in a separate binder for ease of access for your employees (as opposed to in each individual's medical file or your combined medical file?
- For accredited organizations - CMS has directed accreditors to suspend a survey and leave if the agency does not have substantially demonstrated compliance with the rule, which could create significant problems for the agency.

<table>
<thead>
<tr>
<th>COVID-19 Vaccination Log</th>
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<tr>
<td>Employee Name</td>
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Updated guidelines related to infection control from the State Operations Manual - Surveyor Guidance for Home Visits

418.60 Condition of participation: Infection control Home Visit Observations (Next slide for clinical considerations)

- Infection control practices by the hospice staff are observed during home visits and inpatient care observations.
- Observe hand hygiene and wound care to see how clean/sterile wound supplies are stored/protected in the home and during transport by staff, and how soiled/contaminated dressings are handled by hospice staff.
- Observe for adherence to standard precautions, which apply to all patient care, regardless of the patient’s suspected or confirmed infectious state. These practices protect healthcare personnel and prevent healthcare personnel or the environment from transmitting infections to patients.
- Hospices typically provide an agency-specific policy and procedure for a “bag technique” to describe the management of patient care equipment and supplies that are transported into patient homes.
- Infection control patient/caregiver education may be provided by the hospice during the visit (when indicated) or may have been addressed during prior treatments.
- When provided in prior treatments, verify the education is documented in the record.
- Observe that the hospice staff follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions during the provision of care (see also Interpretive Guidance at tag L582).

Clinical Considerations related to SOM updates to surveyors

- Do you routinely observe staff performing care? Do you really know what they do/don’t do in the home?
- Are staff kept updated on wound care practices? Do you provide orientation related to your expectations for infection control - as well as disposal of dressings - don’t ASSUME that they have been taught this elsewhere.
- Do staff know standard precautions and implement them according to your policy?
- Have you reviewed bag technique and determined with different disciplines what that looks like in their practice with patients? For example - do you review these practices with chaplains and social workers?
- What is the agency’s routine for providing infection control education to patients/caregivers?
- What is the expected standard of documentation of infection control education - what level of compliance & understanding is documented?
- Again, what is the frequency that clinicians are observed providing care? does it prepare them for oversight from surveyors?
COVID is still a consideration!

Make sure that you are still prepared for and preparing your patients and their caregivers for management if they have of suspect COVID_19

Thank-you!
Questions?
inquiry@jctexas.com
(940) 427-2488
Resources:

CDC. General recommendations for use of PPE for HCP in healthcare settings. CDC Appendix A HCP use of PPE. Taken from: https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/standard-precautions.html; Accessed May 6, 2023.


The Joint Commission Consumer Resources. Speak Up to Prevent Infection. Taken from: https://www.jointcommission.org/resources/for-consumers/speak-up-campaigns/to-prevent-infection/; Access May 5, 2023