



Working together to improve health care quality, outcomes, affordability, and equity in Washington State

Outpatient Infection Control

September 2022

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Executive Summary

Many patients receive health services in outpatient settings, also known as ambulatory settings, where they do not need to be admitted to the hospital. Outpatient services for patients can increase accessibility and affordability of clinical care and are often well-received. Despite these benefits, outpatient settings vary greatly in their resources and infection control capability. Over the past few years, infection prevention and control (IPC) guidance rapidly evolved in response to the COVID-19 pandemic. More work is needed to clarify guidance for outpatient settings, especially those that are resource limited.

The Bree Collaborative elected to develop recommendations for outpatient IPC activities in 2021 and convened a workgroup of subject matter experts from January to September 2022. This guideline is meant to be applicable to all outpatient (ambulatory) care centers, regardless of specialty. This guideline is meant to supplement existing guidelines from federal, state, and local public health organizations and provide a path forward for outpatient facilities to prioritize IPC activities. Specific focus areas discussed in this guideline include **prevention, surveillance, minimizing exposure, environment of care, sterilization and high-level disinfection, and community spread**. Recommendations are directed toward:

- Outpatient health delivery systems
- Employers as IPC providers and health care purchasers
- Health insurance plans
- Public health agencies
- Those receiving care (patients/consumers)

Consult with your local public health jurisdiction, review federal and state guidance, and follow requirements from any applicable regulatory agencies as well. Our aim is to not be overly prescriptive in our recommendations in a way that inhibits providers and outpatient settings from providing the best care for patients.

We summarize available evidence and guidelines for IPC activities through a review of evidence from the Centers for Disease Control and Prevention, the Washington State Department of Health, Washington State Labor and Industries, other public health agencies outside of Washington, and available articles on IPC practices.

We hope this guideline is useful to our health care ecosystem and people being served as we navigate the opportunities for care improvement.

Bree Collaborative Outpatient Infection Prevention and Control Guidelines

Bree Collaborative Background

The Dr. Robert Bree Collaborative was established in 2011 by Washington State House Bill 1311 “...to provide a mechanism through which public and private health care stakeholders can work together to improve quality, health outcomes, and cost effectiveness of care in Washington State.” The Bree Collaborative was named in memory of Dr. Robert Bree, a leader in the imaging field and a key member of previous health care quality improvement collaborative projects.

The Washington State Governor appoints members and includes public health care purchasers for Washington State, private health care purchasers (employers and union trusts), health plans, physicians and other health care providers, hospitals, and quality improvement organizations. The Bree Collaborative is charged with identifying health care services annually with substantial variation in practice patterns, high utilization trends in Washington State, or patient safety issues. For each health care service, the Bree Collaborative identifies and recommends best-practice, evidence-based approaches that build upon existing efforts and quality improvement activities to decrease variation. In the bill, the legislature does not authorize agreements among competing health care providers or health carriers as to the price or specific level of reimbursement for health care services. Furthermore, it is not the intent of the legislature to mandate private health care purchasers or carriers payment or coverage decisions.

See **Appendix A** for a list of current Bree Collaborative members.

Recommendations are sent to the Washington State Health Care Authority for review and approval. The Health Care Authority (HCA) oversees Washington State’s largest health care purchasers, Medicaid, and the Public Employees Benefits Board Program, as well as other programs. The HCA uses the recommendations to guide state purchasing for these programs. The Bree Collaborative also strives to develop recommendations to improve patient health, health care service quality, and the affordability of health care for the private sector but does not have the authority to mandate implementation of recommendations.

For more information about the Bree Collaborative, please visit: www.breecollaborative.org.

Bree Collaborative members identified outpatient infection prevention and control (IPC) as a priority improvement area and convened a workgroup to develop evidence-informed standards. The workgroup met from January to September 2022.

See **Appendix B** for the workgroup charter and a list of members.

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 both³. Overall, more than 860 million patients visited physician offices in 2018.⁴ Proper infection prevention and control (IPC) practices are essential to reduce the risk of healthcare-acquired infections.⁵ Outpatient settings often lack infrastructure or resources for IPC.^{6,7} The Centers for Disease Control developed minimum expectations for outpatient IPC in 2016,⁸ but emerging pathogens and the COVID-19 pandemic have highlighted the need for more robust procedures.

As of July 2022, almost 1.7 million Washingtonians contracted COVID-19, more than 66,000 COVID-19 patients required hospitalization, and more than 13,000 of these patients died.⁹ Many best practices for COVID-19 involved basic infectious control measures such as mask wearing, eye protection, hand sanitizer availability, hand hygiene, rapid testing, and vaccination.¹⁰ 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.^{11,12}

As the COVID-19 pandemic evolves and fluctuates, there are concerns that loosening IPC practices may lead to increased spread of disease, unwanted hospitalization, and deaths especially among vulnerable populations. COVID-19 has highlighted health inequities in IPC practices. For example, healthcare facilities in diverse, rural, or hard-hit counties were less likely to serve as COVID-19 vaccine administration locations.¹³ In order to achieve health equity - where every person can attain his or her full health potential, and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances¹⁴ - IPC practices must be equitably expanded to all communities.

This guideline focuses on IPC 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 IPC practices, each site should stay up to date on guidelines from the Centers for Disease Prevention and Control, Department of Health, Washington State Labor and Industries, and/or their local health jurisdiction. While IPC guidelines do not always align across agencies, reviewing several different guidelines can provide a strong foundation for individuals to understand IPC best practices. Institutions must follow IPC guidelines as determined by their regulatory agency. This guideline offers recommendations for outpatient IPC but is not meant to add to regulatory burden. A summary of additional resources and checklists to guide outpatient IPC programs can be found in **Appendix C**. The Bree recommendation focus areas are organized around the point of care for IPC measures as shown in **Table 1**. To identify focus areas, the workgroup relied on existing guidelines from federal and state agencies, available evidence, and expert opinion.

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Table 1: Bree Collaborative Outpatient Infection Prevention and Control Focus Areas

Focus Areas	Clinical Goal(s)
Preventative Measures	<ul style="list-style-type: none">• Institute proper precautions and procedures for infection prevention.• Use of proper personal protective equipment (PPE) and physical distancing as needed.• Encouraging vaccines as a preventative measure or to reduce severity of acute or chronic illness.• Protect and educate patients and staff.
Monitoring/Surveillance	<ul style="list-style-type: none">• Collect and report data on notifiable conditions.• Provide information on circulating infectious diseases to patients and staff.• Improve surveillance capacity.
Minimizing Exposure	<ul style="list-style-type: none">• Prevent infection from spreading once a positive case is identified.• 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 IPC.
Sterilization and High-Level Disinfection	<ul style="list-style-type: none">• Practice proper routine device sterilization according to manufacturer instructions.• Practice proper high-level disinfection of all devices.
Community Spread	<ul style="list-style-type: none">• Partner with patients and communities to mitigate the spread of disease.• Educate patients and communities about their risk of disease and what they can do to prevent illness or reduce severity of acute or chronic illness.

Recommendations

Outpatient Health System Administration

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

Prevention

- Anticipate and initiate appropriate standard, contact, droplet, and airborne precautions for healthcare providers and staff.

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- Educate staff on infection prevention and control (IPC) procedures relevant to their place of work. This may include [hand hygiene](#) with alcohol-based hand sanitizer or wash hands with soap and water, [injection safety](#), and [standard precautions](#).
- Educate and encourage appropriate equitable vaccination for patients, staff and providers based on the [CDC Immunization Schedule](#) and [ACIP Vaccine Recommendations](#). Recognize common biases, social determinants of health and barriers preventing vaccination. Consider motivational interviewing to address vaccine hesitancy.
- Provide voluntary vaccinations for staff and providers based on CDC [recommended vaccines for healthcare providers](#) and maintain records of exemptions.
- Assign at least one individual with dedicated FTE trained in IPC to coordinate the outpatient setting's IPC program.
- Provide proper PPE based on standard and transmission-based precautions according to the CDC. Ensure appropriate training on donning and doffing PPE as well as proper care and maintenance.
- Ensure IPC training, bloodborne pathogens (BBP) training, and PPE training for staff.
- Maintain respiratory protection plan as required for your setting, including fit-testing for staff who will need to wear an N95 or other tight-fitting filtering facepiece respirator.
- Manage the risk of staff infections according to current guidelines.
- 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 in the form of visual aids and data dashboards. Information about infectious disease is 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 (POC) testing for patients and staff members or, if POC tests are unavailable on-site offer resources regarding where testing is available.
- Notify staff of exposure and report outbreaks according to [HELSA](#).

Minimizing Exposure

- Follow applicable mandatory Washington State Labor and Industry and OSHA standards to minimize workplace exposures for staff and providers.
- Surveillance testing via on-site or at-home screening tests may be required to prevent and control the spread of infectious disease. Follow institutional policy or Labor and Industry guidelines about surveillance testing for employees.
- Encourage staff and providers to remain home if suspected illness and offer non-putative sick leave.

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- If a potentially infectious employee is willing to work to maintain operations, first consider alternative work structures, such as telework. When no alternatives are available consider allowing the infectious worker to return to work after conducting a risk assessment and minimizing exposures through proper PPE, proper hand hygiene with alcohol-based hand sanitizer or wash hands with soap and water.
 - Encourage appropriate IPC policies for common workspace or gathering places such as lunchrooms.
 - Encourage appropriate IPC policies for meetings for providers and staff and consider meeting virtually.
 - Establish or create patient workflows to reduce infection risk to other patients, providers, and staff in office (see example below for Potentially Infected Patients).
- A. Potentially Infected Patients (Patients diagnosed with or suspected of having a communicable or highly infectious disease).
- In Office Visit
 - Encourage online check-in and have patients notify staff of arrival prior to entry of building.
 - Request patients take a home test if available to confirm disease.
 - Patient to wear appropriate PPE or source control, including masks (surgical vs N95) as indicated by current guidelines.
 - Patients, providers, and staff wash hands and limit contact with objects.
 - Place patient a private room immediately upon arrival.
 - Allow sufficient time to elapse prior to entering a room vacated by a patient with an airborne infectious disease. Follow CDC guidelines for clearance times.
 - Use an EPA-registered healthcare disinfectant, that has a kill claim for the pathogen(s) of concern, according to manufacturer's instructions. Focus on high-touch areas and ensure the disinfectant is compatible with the items being disinfected.
 - Exit separately if plausible.
 - Telehealth
 - Offer phone or virtual visit if telehealth is appropriate for patient's concern. Review previous [Bree Collaborative Telehealth](#) guidelines on telehealth appropriateness.
 - Referral
 - Refer to Urgent Care or ER if clinically appropriate and necessary for higher level of care or if IPC requirements exceed that of the facility.
 - Notify receiving entity of patient's infection status.
- B. High-Risk Patients (Patients identified as having a greater risk of acquiring communicable or infectious disease).
- Educate patients who are high risk.

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- Have signs in office with information about risk groups and infectious disease.
- Coordinate with local public health for public outreach.
- Establish patient workflows for high-risk patients to potentiate reduction in infectious risk. (Workflow example could follow potentially Infected patient above)
- C. Low Risk Patients (screened negative for disease, low risk for contracting disease)
 - 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.
- Provide easily accessible masks, hand sanitizer, and garbage cans.
- Ensure all surfaces are cleanable.
- Ensure clear separation between clean and dirty storage.
- Follow guidelines for appropriate storage of [supplies from the CDC](#) and regular review expiration dates of medications and equipment.
- Ensure physical environment is optimized in consideration of IPC, 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.
- Practice proper reprocessing and sterilization of reusable devices according to nationally recognized and evidence-based guidelines and follow manufacturer's instructions for use (MIFUs).

Community Spread

- Participate in community health and IPC meetings with local public health and establish relationships with community organizations and public health agencies prior to an outbreak.
- Partner with community leaders and media for information campaigns.
- Provide evidence or best practice-based educational material about preventative measures and treatments in a format that is accessible to community members.

Outpatient Providers and Staff

Prevention

- Inform patients on risk of infection and educate patients on how to mitigate risk.
- Anticipate and initiate standard, contact, and droplet, and airborne precautions for healthcare providers and staff.

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- Stay up to date on appropriate vaccination based on the [CDC Immunization Schedule](#) and [ACIP Vaccine Recommendations](#).
- Consider motivational interviewing, empathic inquiry, or other collaborative education processes to address vaccine hesitancy.
- Practice proper hand hygiene with alcohol-based hand sanitizer or wash hands with soap and water, respiratory hygiene/cough etiquette, and mask guidance, injection safety practices.
- Treat high-risk populations with clinically appropriate prophylactics (e.g. using antivirals and/or monoclonal antibodies) based on current evidence and guidelines.

Monitoring/Disease Surveillance

- Provide information to patients about the prevalence of circulating communicable diseases using patient education material as needed.

Minimizing Exposure

- Follow precautions to minimize exposure when a potentially infectious patient or patient at high-risk for circulating infectious disease visits the outpatient health facility. See workflow detailed in Outpatient Health Systems section.

Employers

Employer recommendations are targeted toward organizations offering benefits to their employees that may include infection prevention and control in the office setting and purchasing health benefits.

Prevention

- Ensure IPC measures are equitably distributed across the organization and available to all staff members.
- Provide incentives for testing and vaccination as a preventative measure or to reduce severity of acute or chronic illness. Provide education 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 appropriate paid time off for infectious disease based off transmission time and/or current physical symptoms.
- Follow current guidelines for quarantine or isolation procedures for infected and/or exposed employees and create policy for management and staff.
- Provide appropriate PPE including face coverings or surgical masks and spacing if deemed necessary for infectious control. Ensure proper PPE training
- Implement protections from retaliation for employees who report failures to comply.
- Follow any other applicable mandatory Washington State Labor and Industries and OSHA standards for workplace disease prevention.

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Monitoring/Disease Surveillance

- Record and report reportable infections and deaths to the appropriate authority, usually the local public health jurisdiction, OSHA, WA Labor and Industries, or the Department of Health

Minimizing Exposure

- Surveillance testing via on-site or at-home screening tests may be required to prevent and control the spread of infectious disease. Follow institutional policy or Labor and Industry guidelines about surveillance testing for employees.
- If a potentially infectious employee is willing to work to maintain operations, first consider alternative work structures, such as telework. When no alternatives are available consider allowing the infectious worker to return to work after conducting a risk assessment and minimizing exposures through proper PPE, proper hand hygiene with alcohol-based hand sanitizer or wash hands with soap and water.
- Follow other applicable mandatory Washington state Labor and Industry and OSHA standards to minimize workplace exposures.

Environment

- Perform routine cleaning and disinfection.
- Improve infrastructure for IPC such as spacing and barriers.
- Create workflows to minimize exposure during times of high community spread using virtual meetings, work from home and physical distancing as necessary.

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).

Community Spread

- Educate workers on Infectious Disease policies and procedures in accessible formats.

Insurers

Prevention

- Cover at-home and in-person testing for circulating illness.
- Provide incentives for vaccination as a prevention measure or to reduce severity of acute or chronic illness. Educate and encourage appropriate vaccination based on the [CDC Immunization Schedule](#) and [ACIP Vaccine Recommendations](#).
- Cover cost of vaccination and administration.
- Consider increase physician payment for patient infectious disease control measures, and vaccine education including addressing hesitancy.
- Consider continuing telehealth reimbursements.
- Consider IPC targets/measures in value-based purchasing.

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Monitoring/Disease Surveillance

- Assist disease reporting to Public Health officials using charge data.

Minimizing Exposure

- Cover prophylactic and therapeutic treatments for patients.
- Work with infected patients in a declared pandemic to remove financial barriers to treatment such as waiving copays, reducing deductibles, or identifying qualified charity care.

Environment of Care

- Increase patient payments to help offset increased costs of IPC practices.

Community Spread

- Participate in educational campaigns to support current preventive measures and treatments.

Public Health

Prevention

- Communicate up-to-date preventative guidelines to other public health agencies, health delivery systems, providers, and patients as appropriate.
- Expand access to vaccines and ensure efficient and equitable roll-out of vaccine programs.
- Align/coordinate communication efforts between state- and local- public health.
- Consider hiring staff to maintain communication and coordination efforts including alignment with other public health agencies and providing information to the public through multiple domains to allow equitable distribution.
- Consider local voices from community members and physicians to adapt guidelines to address the needs of impacted communities.
- Provide technical assistance and education in a non-regulatory process to outpatient health facilities.
 - Technical assistance programs include the [Department of Health Infection Control Assessment and Response](#) (ICAR) program and the [Labor and Industries Consultation Program](#).

Monitoring/Disease Surveillance

- Develop and maintain accessible dashboards for communicable diseases. Ensure reporting data entry/collection systems are easy to use and integrated with existing technology.
- Maintain accessible registries of immunization records.

Environment/Sterilization

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

Community Spread

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- Provide public communication campaigns on IPC and community spread of infectious diseases. When possible, use trusted community voices who champion infection prevention and control to help with outreach.

Patients

Prevention

- Keep appropriate preventative products at home, including hand sanitizer and masks.
- Wash your hands or use alcohol-based hand sanitizer frequently.
- Wear an appropriate face covering or mask when needed. Review recommendations related to circulating infectious diseases. The CDC, Washington DOH, and your local public health jurisdiction may offer recommendations for infection prevention. Make sure to follow any open and applicable Secretary of Health orders.
- 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 per testing guidelines.
- Stay current on the prevalence of disease in your community using local and national web tools or other available sources.
- Discuss your personal health risk for community infectious diseases with a trusted healthcare provider.
- Report your disease status to the appropriate authorities if you test positive for a circulating infectious disease with a home test. For COVID-19, you may report positive home test results to [WA Notify](#).

Minimizing Exposure

- Follow national, state, and local resources about preventing or controlling the spread of infectious disease in your community.
- Follow the [WA Department of Health recommendations](#) for people at higher-risk of serious illness to minimize your exposure.
- Stay home or contact your healthcare provider if you have a fever or are contagious within 24 hours before a scheduled appointment.

Community Spread

- Maintain physical distance from others during periods of high transmission of communicable diseases. Review CDC or Washington DOH guidelines for additional mitigation strategies.

Review of Evidence

The workgroup conducted an evidence review of existing guidelines from state and local public health agencies as well as published evidence on infection prevention and control (IPC) measures, especially recent measures in response to the COVID-19 pandemic. Additional resources to guide outpatient IPC programs can be found in **Appendix C**.

Preventative Measures

The Centers for Disease Control and Prevention (CDC) and the Washington State Department of Health (DOH) provide healthcare IPC resource centers, as well as IPC guidance for outpatient settings.

The CDC's 2016 Guide to Infection Prevention for Outpatient Settings¹⁵ recommends minimum expectations for safer care, including:

- Dedicate administrative resources to IPC
- Educate and train healthcare personnel
- Monitor and report healthcare-associated infections
- Adhere to standard precautions ([hand hygiene](#), [personal protective equipment](#), [safe injection practices](#), [safe handling of potentially contaminated equipment](#), and [respiratory hygiene](#))

Additional standard precautions for infection recommended by the CDC include appropriate patient placement, proper handling of needles and other sharp material, and proper sterilization/disinfection.¹⁶

The Washington State Department of Health offers additional resources to improve IPC programs, including the Infection Control Assessment and Response (ICAR) program. The ICAR program is a non-regulatory, free program that offers healthcare facilities the opportunity to participate in a consultation and review of their IPC practices.¹⁷

In addition to minimum expectations for safe care, this workgroup examined emerging guidance for prevention during the COVID-19 pandemic, including the personal masks, physical distancing, and vaccination. As of the publication of this report, the CDC maintains a [COVID-19 webpage](#) for resources to manage the spread of COVID-19¹⁸ and the Washington DOH offers [interim recommendations](#) for SARS-CoV-2 IPC.¹⁹

During the COVID-19 pandemic masks or face coverings were recommended as a potential IPC measure for source control and personal protection.²⁰ Reviewing the literature on using medical/surgical masks to prevent infection often provides mixed results. Several controlled trials conducted prior to COVID-19 demonstrated little benefit to preventing influenza but may be hampered by adherence to masking best practices.²¹ Other meta-analyses of observational studies have demonstrated a significant reduction in infections for practices using face masks, up to a 70% decrease in infection.^{22,23,24} In accordance with the evidence and existing guidance from federal and state public health departments, this workgroup recommends using face masks as a preventative measure in times of high community spread of respiratory infectious disease or for high-risk or infected patients visiting the facility. More information about masks and face coverings can be found on the [Washington DOH website](#).²⁵

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Physical distance (also called social distancing) or maintaining a distance of six feet from others while in public spaces, is another recommendation for IPC introduced during the COVID-19 pandemic. A Lancet meta-analysis of 172 observational studies across 16 countries showed that transmission of viruses was lower with physical distancing of 1 meter or more and increased as distance was lengthened or when implemented in combination with face masks.²⁶ In accordance with the literature and public health guidance, this workgroup recommends implementing physical distancing in times of high community spread, or for infected or high-risk patients.

The COVID-19 pandemic also brought increased attention to the use of vaccines as a preventative measure. The CDC maintains a webpage detailing the [safety and efficacy of vaccines](#), which can be especially useful while discussing vaccine decisions with patients.²⁷ Additionally, studies have found that the COVID-19 vaccine is safe and effective.²⁸ Many providers and practices still encounter vaccine hesitancy as a factor limiting vaccine uptake, and should work to counter vaccine misinformation through motivational interviewing and patient engagement.²⁹ Given the overwhelming evidence in support of vaccines, this workgroup recommends following the CDC's [Advisory Committee on Immunization Practices](#) recommended schedule for vaccines.³⁰

Monitoring and Surveillance

Monitoring infections and reporting them to the applicable authority is a cornerstone of the CDC's minimum expectations for outpatient IPC. Technology and automated surveillance practices allow practices to collect and aggregate data to respond effectively.³¹ During the COVID-19 pandemic, surveillance of COVID-19 cases was vital for monitoring case counts, vaccine distribution, and screening activities.³²

In Washington, the Department of Health is the primary organization that monitors notifiable conditions at the state level, with local health jurisdictions monitoring notifiable conditions at the community-level. The DOH maintains a webpage with more resources on [notifiable conditions](#) and how to report them.³³ In addition to the DOH, employers should familiarize themselves with required [documentation and reporting](#) for occupational diseases from Washington Labor and Industries.³⁴

Minimizing Exposure

Beyond standard precautions for prevention, the CDC recommends [transmission-based precautions](#) to minimize exposure when caring for patients who may be infected or who may need additional protection due to their risk status.³⁵ General transmission-based precautions include contact, droplet, and airborne precautions. In addition to standard and transmission-based precautions, other activities to minimize exposure when treating currently infected or at-risk patients include screening, isolation, and telehealth alternatives.

Symptom screening and testing for infectious disease is an important practice to prevent the spread of potentially contagious diseases to staff or other patients. Screening patients before they arrive on-site can also help practices triage patients or adequately prepare for currently infected or high-risk patients. The COVID-19 pandemic highlighted the importance of diagnostic screening, but also exposed challenges with large-scale communication and implementation of national testing programs.^{36,37} Despite their challenges, tests that can quickly identify many infectious individuals are widely acknowledged to limit the spread of infection and help prevent large outbreaks as consumers and

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providers can understand their infection status and plan accordingly.³⁸ Additionally, a patient travel history is a key part of assessing potential infections and providing rapid triage, especially for travel-associated infections including Zika virus, COVID-19, and measles.³⁹ This workgroup recommends screening for circulating infectious diseases as able in order to minimize exposure and limit the spread of disease.

If an individual is positive or at high-risk for infectious disease, a telehealth alternative may eliminate exposure risk for staff and other patients, if clinically appropriate. The Bree Collaborative developed recommendations for telehealth in 2021 that focus on appropriateness, person centered interactions, and measurement and follow-up. Those recommendations can be found [here](#).

Environment of Care

The environment of care can play an important role in facilitating IPC. The CDC provides recommendations for [environmental IPC](#) in healthcare facilities that include:

- Air (ventilation, air quality, aerosol hazards)
- Water (waterborne microorganisms, water systems)
- Environmental services (cleaning and disinfecting strategies, cleaning spills, pest control)
- Laundry and bedding (handling contaminated laundry, bedding)
- Animals in healthcare facilities
- Regulated medical waste

The design of the physical space can impact the spread of infectious disease. When coupled with the other IPC practices described in this report, physical barriers can act as a component of exposure control and block infectious respiratory droplets.^{40,41}

Sterilization and High-Level Disinfection

Routine cleaning procedures are not always sufficient to prevent the transmission of pathogens, especially for reusable medical devices. The CDC provides recommendations for [disinfection and sterilization](#) in healthcare facilities. Recommendations include:

- Occupational health exposure
- Cleaning patient-care devices
- Sterilization vs. high-level vs low-level disinfection
- Selection of disinfectants

The level of disinfection or sterilization depends on the use of the object, but failure to properly disinfect devices can lead to outbreak.⁴² When planning sterilization or high-level disinfection, use an [EPA-registered disinfectant](#) according to the manufacturer's instructions for use where applicable.

Community Spread

Addressing the community spread of infectious diseases is essential to combat spread of infection and requires cross-sector partnerships between public and private health organizations. Public health

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agencies are responsible for coordinating guidance between federal, state, and local jurisdictions. In Washington state, local public health jurisdictions have the final say in IPC regulations. You can find your local public health jurisdiction through the DOH website [here](#).

Although public health agencies work to coordinate efforts and prevent community spread, healthcare facilities should play an active role in mitigating community spread. Outpatient healthcare providers must communicate effectively with patients about their risk status and preventative measures like vaccination. The CDC provides additional [communication strategies](#) for providers to communicate with patients.⁴³

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Appendix A: Bree Collaborative Members

Member	Title	Organization
Susie Dade, MS	Patient Advocate	
David Dugdale, MD, MS	Medical Director, Value Based Care	University of Washington Medicine
Gary Franklin, MD, MPH	Medical Director	Washington State Department of Labor and Industries
Stuart Freed, MD	Chief Medical Officer	Confluence Health
Mark Haugen, MD	Family Medicine	Walla Walla Clinic
Darcy Jaffe, MN, ARNP, NE-BC, FACHE	Senior Vice President, Safety & Quality	Washington State Hospital Association
Sharon Eloranta	Medical Director, Performance Measurement and Care Transformation	Washington Health Alliance
Norifumi Kamo, MD, MPP	Internal Medicine	Virginia Mason Franciscan Health
Angie Sparks, MD	Chief Medical Officer, Community Plan	UnitedHealthcare
Wm. Richard Ludwig, MD	Chief Medical Officer, Accountable Care Organization	Providence Health and Services
Greg Marchand	Director, Benefits & Policy and Strategy	The Boeing Company
Kimberly Moore, MD	Associate Chief Medical Officer	Franciscan Health System
Carl Olden, MD	Family Physician	Pacific Crest Family Medicine, Yakima
Drew Oliveira, MD	Executive Medical Director	Regence BlueShield
Mary Kay O'Neill, MD, MBA	Partner	Mercer
Kevin Pieper, MD	Chief Medical Officer	Kadlac Medical Center
Susanne Quistgaard, MD	Medical Director, Provider Strategies	Premera Blue Cross
John Robinson, MD, SM	Chief Medical Officer	First Choice Health
Jeanne Rupert, DO, PhD	Provider	The Everett Clinic
Hugh Straley, MD (Chair)	Retired	Medical Director, Group Health Cooperative; President, Group Health Physicians
Shawn West, MD	Medical Director	Embright, LLC
Judy Zerzan, MD, MPH	Chief Medical Officer	Washington State Health Care Authority

Appendix B: Outpatient Infection Prevention and Control Charter and Roster

**The Bree Collaborative
Infection Control Charter and Roster**

Problem Statement: The past several decades have seen a significant shift in healthcare delivery from inpatient to outpatient settings, yet outpatient settings often lack the infrastructure or resources to support infection prevention and surveillance activities.⁴⁴ The COVID-19 pandemic has demonstrated the importance of infection control measures and as of December 2021 over 800,000 Washingtonians have been infected.⁴⁵ At the same time, strong infection control policies and procedures introduced during the COVID-19 pandemic like physical distancing and masking have disrupted the circulation of other respiratory viruses and infectious diseases.⁴⁶

Aim: To help standardize infection control practices in the outpatient setting in order to mitigate the spread of prevalent infectious diseases.

Purpose: To propose evidence-informed recommendations to the full Bree Collaborative on practical and evidence-based methods for implementation of infection control in the outpatient setting, including:

- Outpatient transmission-based protocols, sterilization and disinfectant protocols.
- Accessing appropriate testing, PPE, and other needed resources.
- Surveillance of infectious disease transmissibility.
- Developing clinical workflows for high-risk/crisis situations.
- Partnering with patients to provide education about disease risk.
- Engaging community leaders to mitigate community spread.
- Designing benefits and incentives to help encourage behavior change.
- Applying existing infection control guidelines to the varied resources available in outpatient settings.

Duties and Functions: The workgroup will:

- Research evidence-informed and expert-opinion informed guidelines and best practices (emerging and established).
- Identify current barriers and future opportunities for implementing interventions.
- Consult relevant professional associations and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Maintain an equity lens throughout the guideline development process.
- Align recommendations with federal, state, local, and manufacturer guidance when possible.
- Meet for approximately nine months, as needed.
- Provide updates at Bree Collaborative meetings.
- Post draft report(s) on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.
- Present findings and recommendations in a report.
- Recommend data-driven and practical implementation strategies including metrics or a process for measurement.

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- Create and oversee subsequent subgroups to help carry out the work, as needed.
- Revise this charter as necessary based on scope of work.

Structure: The workgroup will consist of individuals confirmed by Bree Collaborative members or appointed by the chair of the Bree Collaborative. The Bree Collaborative director and program coordinator will staff and provide management and support services for the workgroup.

Less than the full workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to send to the Bree Collaborative.

Meetings: The workgroup will hold meetings as necessary. Bree Collaborative staff will conduct meetings, arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members may be added at the discretion of the Bree Collaborative director.

Name	Title	Organization
Mark Haugen, MD (chair)	Family Medicine Physician	Walla Walla Clinic & Surgery Center
Anne Sumner, BSN, MBA	VP Head of Operations	Baker Boyer Bank
Andrea DeLong, ARNP	Public Health Manager	Walla Walla County Department of Community Health
Cathy Carrol		WA Health Care Authority
Daniel Kaminsky, MD	Public Health Officer and Medical Director	Walla Walla County Department of Community Health
Faiza Zafar, DO, FACOI	Medical Director	Community Health Plan of Washington
Larissa Lewis, MPH, CIC	Nurse Consultant	WA Labor and Industries
Lisa Hannah, RN, CIC	Infection Prevention Team Supervisor	WA Department of Health
Lisa Waldowski, DNP, CIC	Regional Director, Infection Prevention and Control	Kaiser Permanente
Rebecca Brown, MD		Walla Walla Clinic & Surgical Center
Rhonda Bowen, CIC, CPPS, CPHQ	Senior Improvement Advisor, Patient Safety	Comagine Health
Stephanie Jaross, BSN, RN	ASC Director	Proliance Center for Outpatient Spine and Joint Surgery
Sierra Bertolone-Smith	Medical Student	Pacific Northwest University of Health Sciences

Appendix C: Additional Outpatient Infection Control Resources

Federal Resources

Bree Collaborative Outpatient Infection Prevention and Control Guidelines

Centers for Disease Control and Prevention (CDC)

- a) [Infection Control Resource Center](#)
- b) [Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care](#)
- c) [Infection Control Self-Assessment Tools](#)
- d) [Respiratory Infection Control Measures](#)
- e) [Hand Hygiene in Healthcare](#)
- f) [Guidance for COVID-19](#)
- g) [Standard Precautions](#)
- h) [Transmission-Based Precautions](#)

Occupational Safety and Health Administration (OSHA)

- a) [Infectious Disease and Healthcare Workers](#)
- b) [COVID-19 Control and Prevention](#)

Washington State Resources

Washington State Department of Health

- a) [COVID-19 Infection Prevention in Healthcare Settings](#)
- b) [Donning and Doffing PPE](#)
- c) [Infection Control Assessment and Response Program \(ICAR\)](#)
- d) [Notifiable Conditions](#)
- e) [Washington State Local Public Health Jurisdictions](#)

Washington State Labor and Industries

- a) [Biological Safety and Health Topics](#)
- b) [COVID-19 \(Coronavirus\) Resources](#)

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