Helping Office-Based Health Care Practitioners Manage Risk When Dealing With Infectious Diseases
We at Henry Schein share the public’s concern about minimizing the risk of infectious disease. Awareness of the importance of infection control is rising in the wake of reports about the Enterovirus and the Ebola virus, as well as the onset of flu season. It is of utmost importance to Henry Schein to be a valuable partner to our health care customers, and we are always ready to assist when needed. We are pleased to present this guide as one tool that customers can use to minimize the risk of infection and to protect their patients and their staff.

Stanley Bergman
Chairman of the Board and CEO
Henry Schein, Inc.

This guidebook provides office-based practitioners and other alternate care professionals with advice, information and links to resources inside and outside of Henry Schein that can help implement best practices in infection control. The tables that follow are sourced from the U.S. Centers for Disease Control and Prevention’s GUIDE TO INFECTION PREVENTION FOR OUTPATIENT SETTINGS: Minimum Expectations for Safe Care, and are based on Standard Precautions. Readers are urged to consult the full guidelines for additional information about each recommendation.

Please note: There are specific guidelines, not included in this document, on treating Ebola patients.

Infection control experts recommend that patients clinically symptomatic with Ebola should not be treated in an ambulatory care setting, but rather a hospital using Transmission-Based Precautions.
Recommendations based on Standard Precautions*

**Key administrative recommendations for ambulatory care settings:**

1. Develop and maintain infection prevention and occupational health programs
2. Assure sufficient and appropriate supplies necessary for adherence to Standard Precautions (e.g., hand hygiene products, personal protective equipment, injection equipment)
3. Assure at least one individual with training in infection prevention is employed by or regularly available to the facility
4. Develop written infection prevention policies and procedures appropriate for the services provided by the facility and based upon evidence-based guidelines, regulations, or standards

**Key recommendations for education and training of healthcare personnel (HCP) in ambulatory care settings:**

1. Provide job- or task-specific infection prevention education and training to all HCP
   a. This includes those employed by outside agencies and available by contract or on a volunteer basis to the facility
2. Training should focus on principles of both HCP safety and patient safety
3. Training should be provided upon orientation and repeated regularly (e.g., annually)
4. Competencies should be documented initially and repeatedly, as appropriate for the specific HCP positions

**Key recommendations for healthcare-associated infections (HAI) surveillance and reporting in ambulatory care settings:**

1. Adhere to local, state, and federal requirements regarding HAI surveillance, reportable diseases, and outbreak reporting
2. Perform regular audits and competency evaluations of HCP adherence to infection prevention practices

*Source: CDC Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care*
Key recommendations for hand hygiene in ambulatory care settings:

1. Key situations where hand hygiene should be performed include:
   a. Before touching a patient, even if gloves will be worn
   b. Before exiting the patient’s care area after touching the patient or the patient’s immediate environment
   c. After contact with blood, body fluids or excretions, or wound dressings
   d. Prior to performing an aseptic task (e.g., placing an IV, preparing an injection)
   e. If hands will be moving from a contaminated-body site to a clean-body site during patient care
   f. After glove removal

2. Use soap and water when hands are visibly soiled (e.g., blood, body fluids), or after caring for patients with known or suspected infectious diarrhea (e.g., *Clostridium difficile*, norovirus). Otherwise, the preferred method of hand decontamination is with an alcohol-based hand rub.

Key recommendations for use of PPE in ambulatory care settings:

1. Facilities should assure that sufficient and appropriate PPE is available and readily accessible to HCP
2. Educate all HCP on proper selection and use of PPE
3. Remove and discard PPE before leaving the patient’s room or area
4. Wear gloves for potential contact with blood, body fluids, mucous membranes, non-intact skin or contaminated equipment
   a. Do not wear the same pair of gloves for the care of more than one patient
   b. Do not wash gloves for the purpose of reuse
   c. Perform hand hygiene immediately after removing gloves
5. Wear a gown to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated
   a. Do not wear the same gown for the care of more than one patient
6. Wear mouth, nose, and eye protection during procedures that are likely to generate splashes or sprays of blood or other body fluids
7. Wear a surgical mask when placing a catheter or injecting material into epidural or subdural space

*Source: CDC Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care*
Recommendations based on Standard Precautions*

**Key recommendations for safe injection practices in ambulatory care settings:**

1. Use aseptic technique when preparing and administering medications
2. Cleanse the access diaphragms of medication vials with 70% alcohol before inserting a device into the vial
3. Never administer medications from the same syringe to multiple patients, even if the needle is changed or the injection is administered through an intervening length of intravenous tubing
4. Do not reuse a syringe to enter a medication vial or solution
5. Do not administer medications from single-dose or single-use vials, ampoules, or bags or bottles of intravenous solution to more than one patient
6. Do not use fluid infusion or administration sets (e.g., intravenous tubing) for more than one patient
7. Dedicate multidose vials to a single patient whenever possible. If multidose vials will be used for more than one patient, they should be restricted to a centralized medication area and should not enter the immediate patient treatment area (e.g., operating room, patient room/cubicle)
8. Dispose of used syringes and needles at the point of use in a sharps container that is closable, puncture-resistant, and leak-proof
9. Adhere to federal and state requirements for protection of HCP from exposure to bloodborne pathogens

**Key recommendations for cleaning and disinfection of environmental surfaces in ambulatory care settings:**

1. Establish policies and procedures for routine cleaning and disinfection of environmental surfaces in ambulatory care settings
   a. Focus on those surfaces in proximity to the patient and those that are frequently touched
2. Select EPA-registered disinfectants or detergents/disinfectants with label claims for use in healthcare
3. Follow manufacturer’s recommendations for use of cleaners and EPA-registered disinfectants (e.g., amount, dilution, contact time, safe use, and disposal)

*Source: CDC Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care*
Recommendations based on Standard Precautions*

Key recommendations for cleaning, disinfection, and/or sterilization of medical equipment in ambulatory care settings:

1. Facilities should ensure that reusable medical equipment (e.g., blood glucose meters and other point-of-care devices, surgical instruments, endoscopes) is cleaned and reprocessed appropriately prior to use on another patient.

2. Reusable medical equipment must be cleaned and reprocessed (disinfection or sterilization) and maintained according to the manufacturer’s instructions. If the manufacturer does not provide such instructions, the device may not be suitable for multi-patient use.

3. Assign responsibilities for reprocessing of medical equipment to HCP with appropriate training.
   a. Maintain copies of the manufacturer’s instructions for reprocessing of equipment in use at the facility; post instructions at locations where reprocessing is performed.
   b. Observe procedures to document competencies of HCP responsible for equipment reprocessing upon assignment of those duties, whenever new equipment is introduced, and on an ongoing periodic basis (e.g., quarterly).

4. Assure HCP have access to and wear appropriate PPE when handling and reprocessing contaminated patient equipment.

Key recommendations for respiratory hygiene/cough etiquette in ambulatory care settings:

1. Implement measures to contain respiratory secretions in patients and accompanying individuals who have signs and symptoms of a respiratory infection, beginning at point of entry to the facility and continuing throughout the duration of the visit.
   a. Post signs at entrances with instructions to patients with symptoms of respiratory infection to:
      i. Cover their mouths/noses when coughing or sneezing
      ii. Use and dispose of tissues
      iii. Perform hand hygiene after hands have been in contact with respiratory secretions
   b. Provide tissues and no-touch receptacles for disposal of tissues
   c. Provide resources for performing hand hygiene in or near waiting areas
   d. Offer masks to coughing patients and other symptomatic persons upon entry to the facility
   e. Provide space and encourage persons with symptoms of respiratory infections to sit as far away from others as possible. If available, facilities may wish to place these patients in a separate area while waiting for care.

2. Educate HCP on the importance of infection prevention measures to contain respiratory secretions to prevent the spread of respiratory pathogens when examining and caring for patients with signs and symptoms of a respiratory infection.

*Source: CDC Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care
Public interest in infection control is understandably rising in the wake of reports about the Enterovirus and the Ebola virus. Henry Schein is committed to helping our customers better understand how to implement best practices in infection control. To that end, here are a series of links to expert external information that provide guidelines on ensuring precautions are taken to minimize the risk of infection. Before ordering any product, please ensure the products are appropriate for the level of protection you need.

**CDC: Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care** (includes an Infection Prevention Checklist, Appendix A)

**CDC: Infection Prevention Checklist for Dental Settings: Minimum Expectations for Safe Care**

**CDC: Health Care Provider Preparedness Checklist for Ebola Virus Disease**

**CDC: Tightened Guidelines for U.S. Healthcare Workers on Personal Protective Equipment for Ebola**
http://www.cdc.gov/media/releases/2014/fs1020-ebola-personal-protective-equipment.html

**HHS: Ebola Information for Healthcare Professionals and Healthcare Settings**
http://www.phe.gov/Preparedness/responders/ebola/Pages/default.aspx

**OSAP: Ebola Toolkit**
http://www.osap.org/?page=ebola

**WHO: Health-Care Facility Standard Precautions: Key Elements at a Glance**
http://www.who.int/csr/resources/publications/EPR_AM2_E7.pdf

**WHO: Infection Protection and Control Guidance Summary**
http://apps.who.int/iris/bitstream/10665/131828/1/WHO_EVD_Guidance_IPC_14.1_eng.pdf?ua=1
The links below will take you to the latest Henry Schein Infection Control Preparedness Product Guides for infection control product suggestions to ensure your healthcare facility has what it needs to protect patients and staff.

Medical Customers
http://www.henryschein.com/icp

Dental Customers
http://www.henryscheindental.com/icp

Special Markets Customers
http://www.henryschein.com/icp-sm

Before ordering any products, please ensure the products are appropriate for the level of protection needed.