

# Health care workers and infection prevention and control (IPC) for respiratory infectious diseases: Implementation considerations

Photo by Sgt. Leila Tascarini



When respiratory infectious diseases become widespread, such as during the Covid-19 pandemic, health care workers' use of infection prevention and control (IPC) strategies becomes critical. These strategies include the use of personal protective equipment (PPE) such as masks, face shields, gloves and gowns; the separation of patients with respiratory infections from others; and stricter cleaning routines. These strategies can be difficult and time-consuming to implement. Authorities and healthcare facilities therefore need to consider how best to implement them.

## Questions for health care facilities when implementing IPC

### *Deciding on and communicating about IPC guidance*

- Have you made sure that the guidance your staff are expected to adhere to follows national or international guidelines?
- Have you tailored your IPC guidance so that it is practical and possible to implement in your specific workplace? Have you gathered input from different members of staff, including support staff, to help you adapt the guidance to your workplace?
- Have you ensured that all members of staff, including cleaning staff, porters, kitchen staff and other support staff, have easy access to information regarding current IPC guidance?
- Have you made sure that IPC guidance is presented in a format that is clear, unambiguous, brief and easy to follow for all members of staff?

## Who is this summary for?

The questions below are drawn from the findings in a new Cochrane Review. These are prompts that are intended to help ministries of health, healthcare facilities and other stakeholders to plan, implement and manage IPC strategies for respiratory infectious diseases.

## About the review

A Cochrane rapid review of qualitative research explored barriers and facilitators to health care workers' compliance with infection prevention and control (IPC) recommendations for respiratory infectious diseases (Houghton 2020). The review analysed 20 qualitative studies from different countries. These studies explored health care workers' views and experiences with regards to infection prevention and control for SARS, tuberculosis, H1N1, MERS or influenza.

## How up-to-date was this review?

The review authors searched for studies that had been published up to **March 2020**.

- IPC guidelines and strategies may change quickly and often. Have you considered how changes will be communicated to all members of staff?
- Have you considered using a variety of information channels to communicate about IPC guidance, for instance through phone apps or staff meetings at the beginning of shifts?

### *Workload*

- Have you assessed the extent to which new IPC strategies, including an increased use of PPE and more time-consuming cleaning routines, will add to staff members' workloads and perhaps slow them down? Have you considered if and how you can increase the number of health care workers and support staff to address these issues?

### *Physical environment*

- Does your facility have the space and infrastructure to implement the IPC guidance? Are there enough isolation rooms and ante-rooms? Do you have shower rooms for health care workers? If patient turn-over is high, do you have enough rooms for new patients while cleaning and preparing the rooms of discharged patients?
- Are practical measures in place to control people's movement in your facilities? Have you ensured that patients with and without infections, visitors and supplies take different routes, stay in different areas, use different elevators etc?

### *Personal protective equipment (PPE) and other supplies*

- Do staff members have good access to running water, sinks and soap, or to hand sanitizers in spaces where water is not available?
- Is sanitiser easily available so staff members can decontaminate all surfaces such as phones, desks, doorknobs and elevator buttons before and after use?
- Do your facilities have adequate supplies of PPE for all members of staff, including support staff?
- Where you do have adequate supplies of PPE, has this been made clear to members of staff to avoid re-use or misuse?
- Can you reassure staff about the quality of PPE?
- PPE can be difficult to don and doff and very uncomfortable to wear. Can you help ensure that this equipment is of an appropriate fit and size, such as fit testing of equipment such as masks and eye protection?

### *Training and education*

- Have you ensured that all members of staff, including support staff, receive training and education in IPC strategies?
- Does this training and education include how to implement the IPC guidance in practice (including how to use PPE correctly, waste disposal, etc)?
- Does this training and education include the underlying rationale of IPC (i.e. how the infection is caused and transmitted and how the different elements of your IPC strategy are meant to contain it)?
- Have you considered making IPC training and education mandatory for all members of staff?

The questions presented in this summary are from a Cochrane Review. The review authors have searched for, assessed and summarised relevant qualitative studies using a systematic and pre-defined approach. They have then used the review findings to develop a set of questions for implementers.

- Do you have on-site trainers with sufficient time and skills? Trainers need to be able to provide ongoing training to new or part-time staff and to keep up-to-date with regard to changes in guidance. Health care workers who are providing patient care are not likely to have enough time to train others in IPC, particularly in outbreak situations. Consider using staff who do not have patient care duties to provide training to other staff.
- Is your training model sustainable, given the availability and responsibilities of different health care workers?

### *Encouraging and ensuring IPC compliance*

- Does your workplace encourage and support staff members' compliance with IPC guidance? Is it clear that staff members' safety needs are valued by managers? Do managers and colleagues actively acknowledge others' efforts to adhere and do managers lead by example?
- Do you have monitoring and evaluation strategies in place to assess staff adherence with the IPC guidance? Are all members of staff, including support staff, included in IPC monitoring and evaluation?

### *Relationships with patients and patients' family members*

- Have you considered restricting access to visitors, particularly in outbreak situations?
- Where visitors are not allowed into your facility, do you have systems in place to allow patients and staff to communicate with family members and to reduce loneliness?
- In some situations, health care workers may feel that masks and other PPE get in the way of their duty of care, for instance where patients are particularly frightened or feel stigmatised. Do health care workers have strategies for dealing with these situations? And is it clear to them when they must use PPE and when they can avoid it?

## Reference

This review is among a series of rapid reviews that Cochrane contributors have prepared to inform the 2020 Covid19 pandemic: <https://www.cochrane.org/>

The information for this summary is taken from the following Cochrane rapid review: Houghton C, Meskell P, Delaney H, Smalle M, Glenton C, Booth A, Chan XH, Devane D, Biesty LM. Barriers and facilitators to health care workers' compliance with Infection Prevention and Control recommendations for respiratory infectious diseases: a qualitative evidence synthesis Cochrane Database of Systematic Reviews, April 2020 <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013582/full>

The Norwegian Satellite of the *Effective Practice and Organisation of Care (EPOC) Group* receives funding from the *Norwegian Agency for Development Cooperation (Norad)*, via the *Norwegian Institute of Public Health* to support review authors in the production of their reviews.

