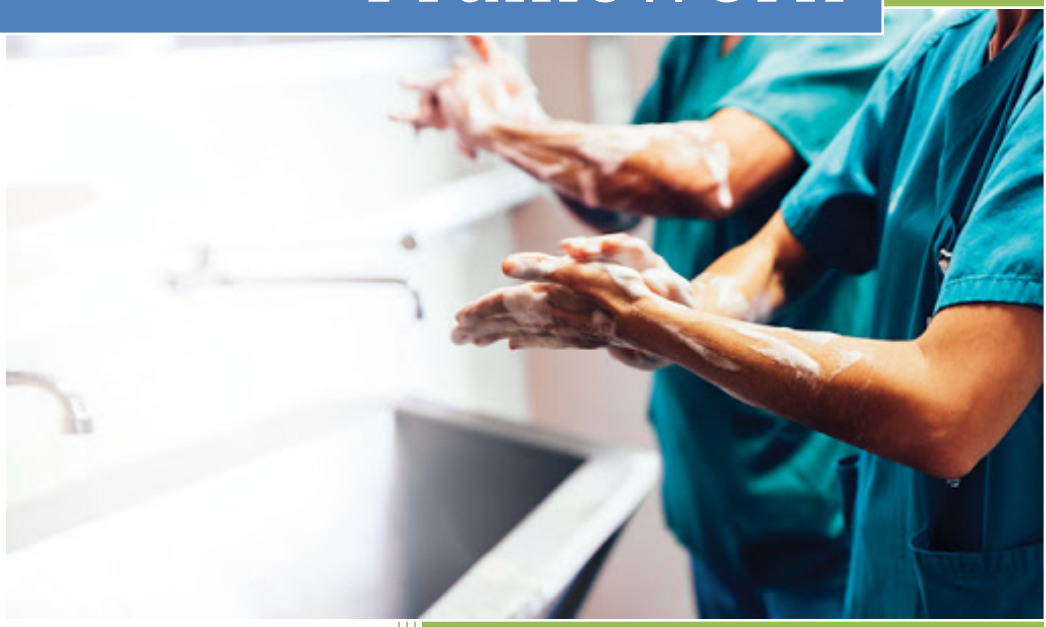
DRAFT

2020

Infectious Disease Best Practice Framework



Region 3 Healthcare Coalition Alliance

Approved: June 2020

Infectious Disease Best Practices
Summary Report

Project Summary

The Northeast Florida Regional Council (NEFRC), on behalf of the Northeast Florida Healthcare Coalition, North Central Florida Healthcare Coalition, and the Coalition for Health and Medical Preparedness (CHAMP), contracted with All Clear Emergency Management Group to draft infectious disease best practices for the region. The scope of this summary report includes a summary of tasks completed and feedback gathered during the project.

Per the contract, the following tasks were completed for the NEFRC:

1. Design, conduct, and analyze a survey for Coalition members on current infectious disease practices.
2. Design and facilitate three in-person workshops to gather feedback from Coalition members and other experts for the infectious disease best practices document.
3. Develop Infectious Disease Best Practices document.

Jenny Schmitz served as the Project Manager, and Megan Nies served as the Deputy Project Manager.

Project Deliverables

The All Clear team worked closely with NEFRC to complete the following tasks. Each task had corresponding deliverables to move the project forward.

- **Task 1: Project Management Meetings with NEFRC**

  During the scope of the project, All Clear met with NEFRC to design the survey, send Save the Date information for the workshop, and to design the workshops.
  - Project Kickoff Meeting: December 20, 2019
  - Survey Design Meeting: January 9, 2020
  - Survey and Workshop Touchpoint: January 15, 2020
  - Workshop Design Meeting: February 12, 2020

- **Task 2: Design, conduct, and analyze a survey for Coalition members on current infectious disease practices.**

  All Clear drafted a short survey to gather information that would lead to the design of the workshops. The survey described four escalating intervals of infection control. The term "interval" was used to correspond to the CDC's Pandemic Intervals Framework.
  - **Interval 1: Standard Infection Control Measures** = the infection control measures implemented every day in your organization.
  - **Interval 2: Mildly Elevated Infection Control Measures** = additional measures or a modification to standard measures implemented to manage a mild increase in infectious cases. Examples: normal influenza season, limited number of Hepatitis A cases.

- **Interval 3: Moderately Elevated Infection Control Measures** = additional control measures or modifications to standard measure implements to manage a significant increase in infectious cases or atypical cases. Examples: severe influenza season, limited number of measles cases.
- **Interval 4: Severely Elevated Infection Control Measures** = additional infection control measure or modifications to standard measures implemented to manage severely infectious cases. Examples: Ebola, SARS, MERS-CoV, and SARS-CoV-2.

Under each of these categories, a list of infectious control measures was given. Participants were able to choose which practices would be implemented in their organization.

Survey Detail	Data
Survey Questions	7
Opening Date	January 27, 2020
Closing Date	February 7, 2020
Survey Responses	92

The results of this survey were used to add the final details to the workshop design. See Appendix 1 for the results of the survey.

- **Task 3: Design and facilitate three in-person workshops to gather feedback from Coalition members and other experts for the infectious disease best practices document**.

The workshops were scheduled by the NEFRC so one workshop was in each coalition. The NEFRC handled the marketing and registration for each workshop.

- March 3, 2020 – Jacksonville
- March 4, 2020 – Gainesville
- March 5, 2020 – Ocala

Attendees for each workshop were divided into small groups of 4-8 people of various backgrounds and specialties. The Jacksonville and Ocala had four small groups; Gainesville had two small groups.

Based on the survey results, All Clear designed the workshops to be interactive and to focus on four domains. The term "domain" was used to correspond to the CDC's Pandemic Intervals Framework.

- **Domain 1: Environmental Controls**: How would your organization modify, adapt, protect, or use your physical workplace to prevent the spread of infections?
- **Domain 2: Staff Protection**: What strategies and/or equipment could be used to ensure the safety of healthcare workers?
- **Domain 3: Administrative Policies**: What policies/procedures/plans could be enacted by organizations in response to an infectious disease event?
- **Domain 4: Waste Management**: What strategies would your organization use to handle, store, and dispose of infectious waste?

Each group was given time to review the four topics based on the four intervals of infection control. The groups discussed the topic and added a sticky note for each infection control measure they would implement under each interval. Once time expired, the groups rotated to the next topic. The groups then reviewed the sticky notes placed by the group before them.

- If they agreed, they added a check mark to the sticky note.
- If they had a question, they moved the sticky note to a diamond shape.
- If they had any new items to add, they added new sticky notes.

The groups rotated until each group had time with each topic. The final round of the workshop asked the groups to identify training programs that would correspond to each topic.

- **Task 4: Develop Infectious Disease Best Practices document.**
  After the workshops were complete, All Clear took the results of the workshop and merged them into a Best Practices Framework based on the layout of the CDC's Pandemic Intervals Framework. This Framework was presented to the NEFRC on March 30, 2020.

- **Task 5: Project Closeout.**
  With the framework complete, All Clear and the NEFRC met March 30, 2020 to officially closeout the project. This meeting reviewed the project deliverables:
  - Survey and Survey data
  - Workshop results and feedback
  - Infectious Disease Best Practices Framework

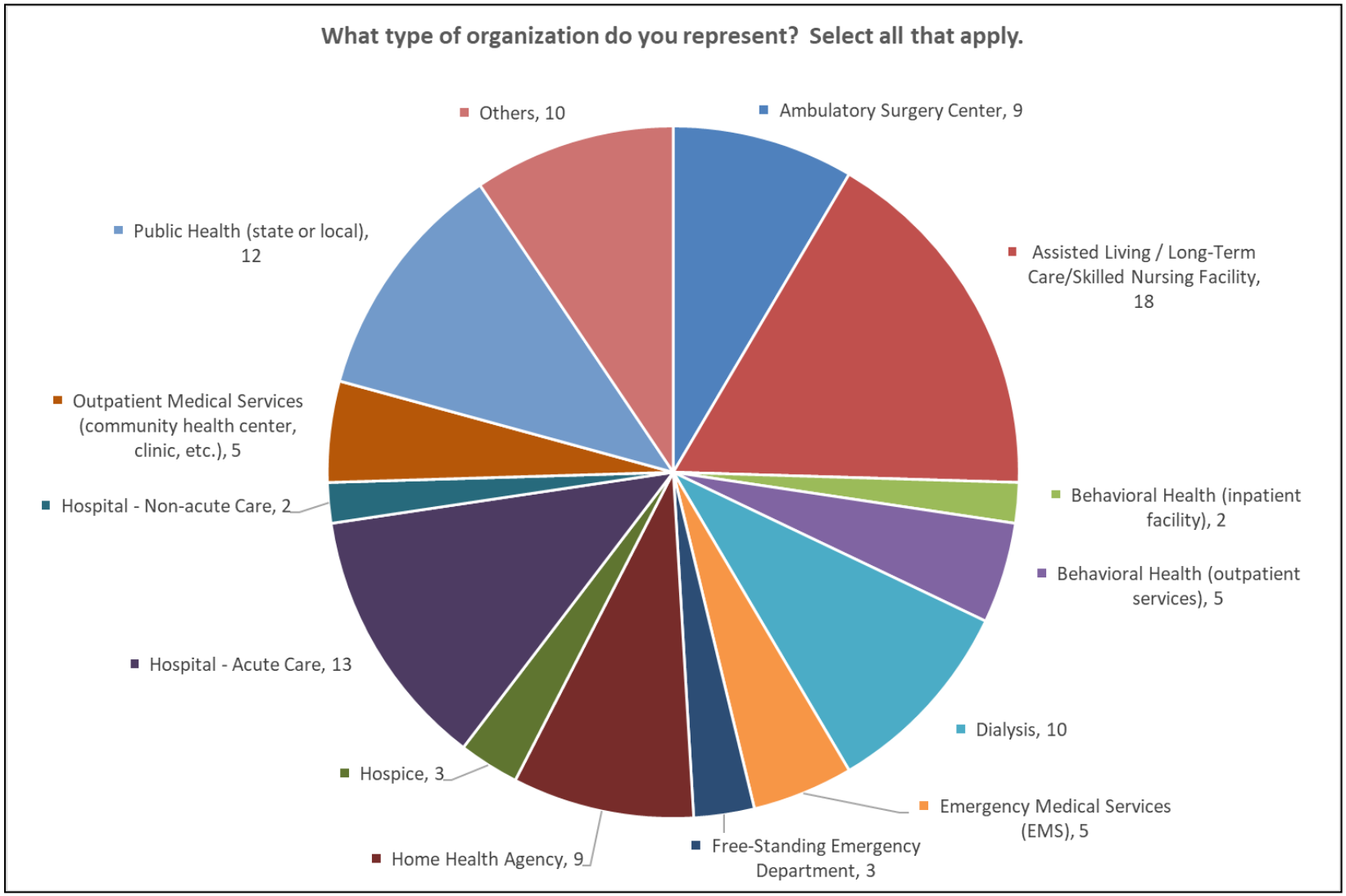
Recommendations for Future Projects

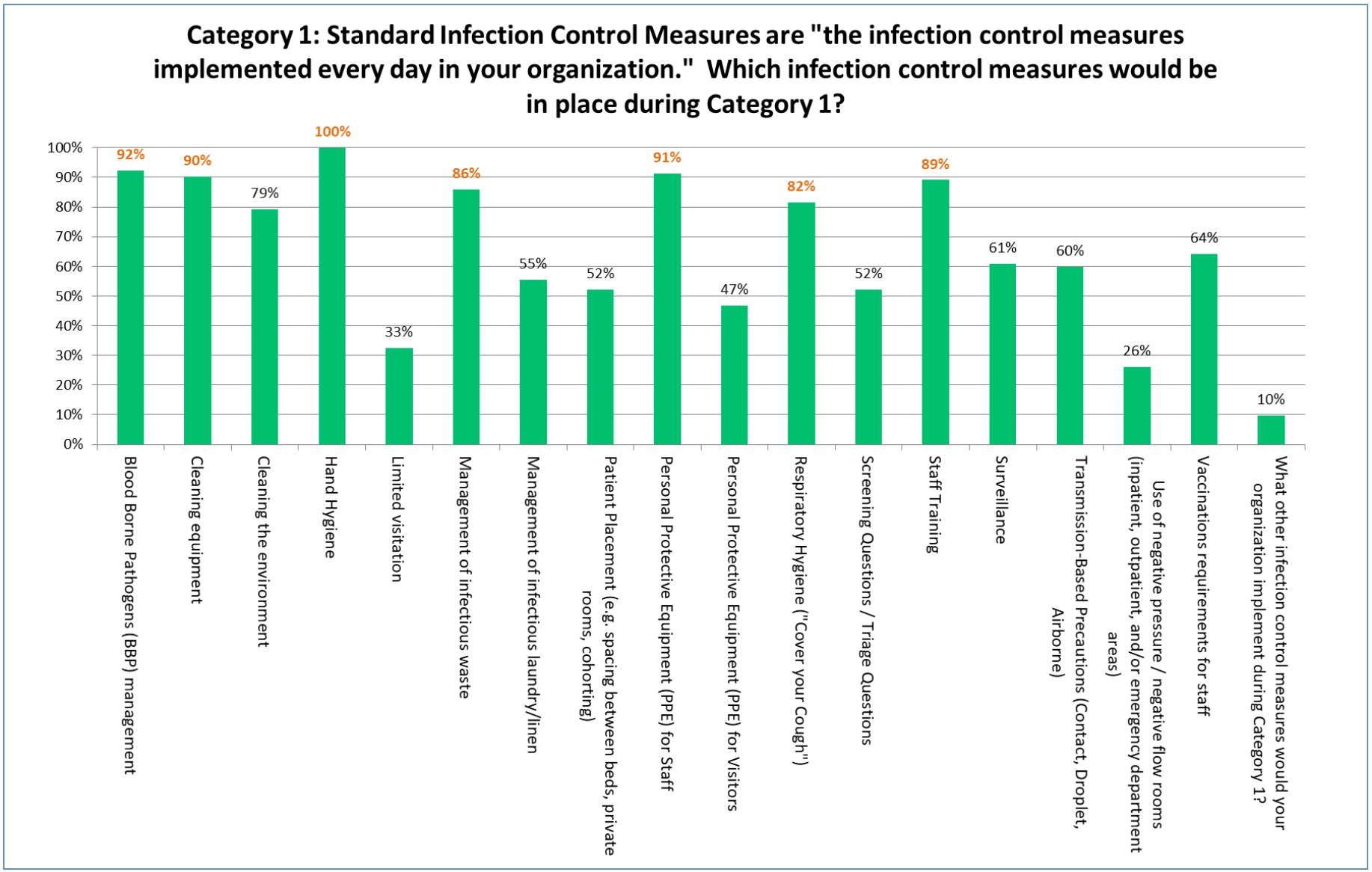
Based on the work during this project, All Clear would like to offer some suggestions for future planning efforts and projects.

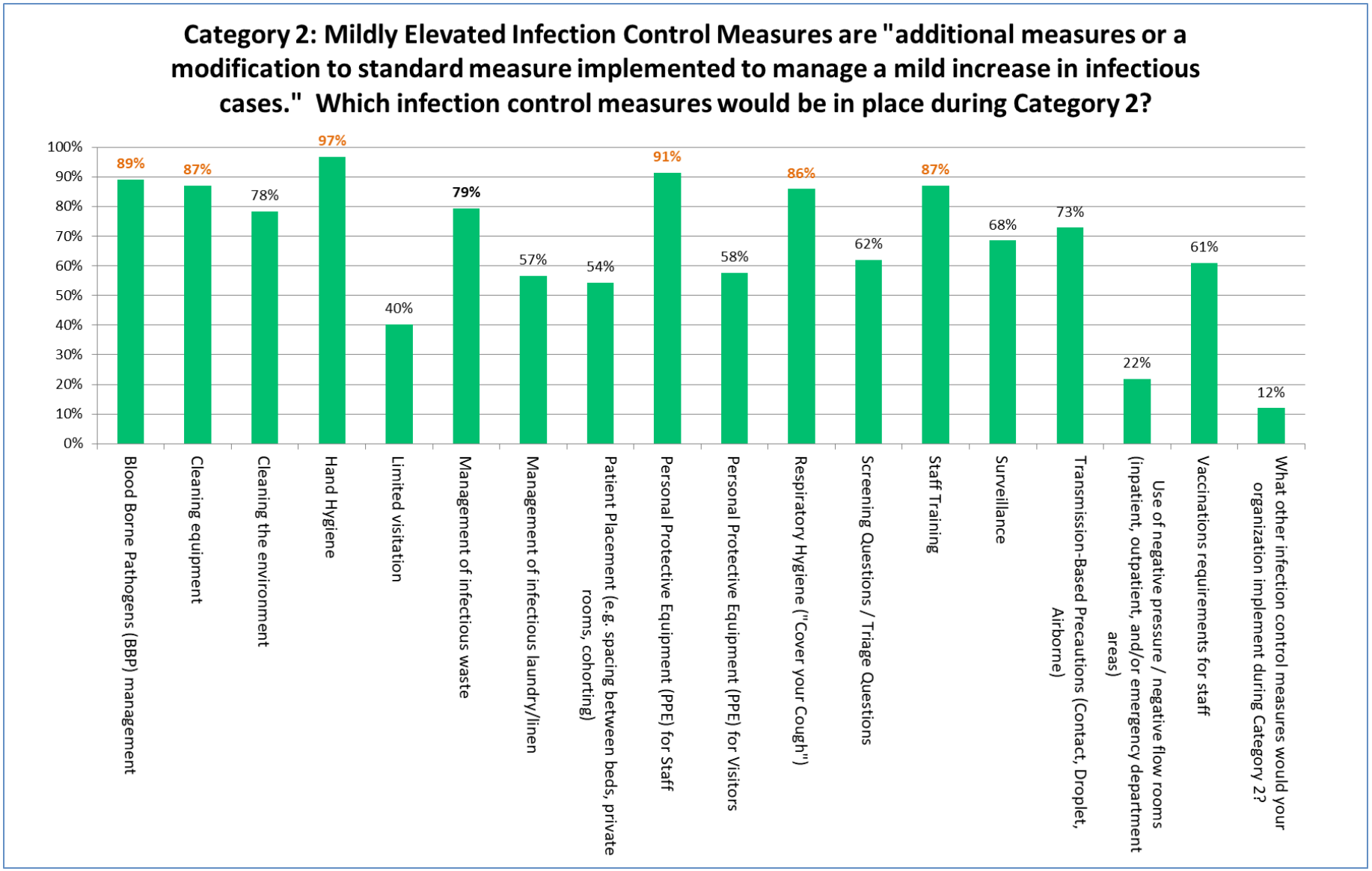
1. Share the Infectious Disease Best Practices Framework with the Coalitions. Consider a marketing campaign or a short webinar to introduce the Framework and its uses.
2. Create a small group of Coalition members to review and suggest edits to the Framework.
3. Design and facilitate a training session for the Coalition to roll-out the new Framework. This could be a short webinar or an interactive session like a scenario-based discussion.

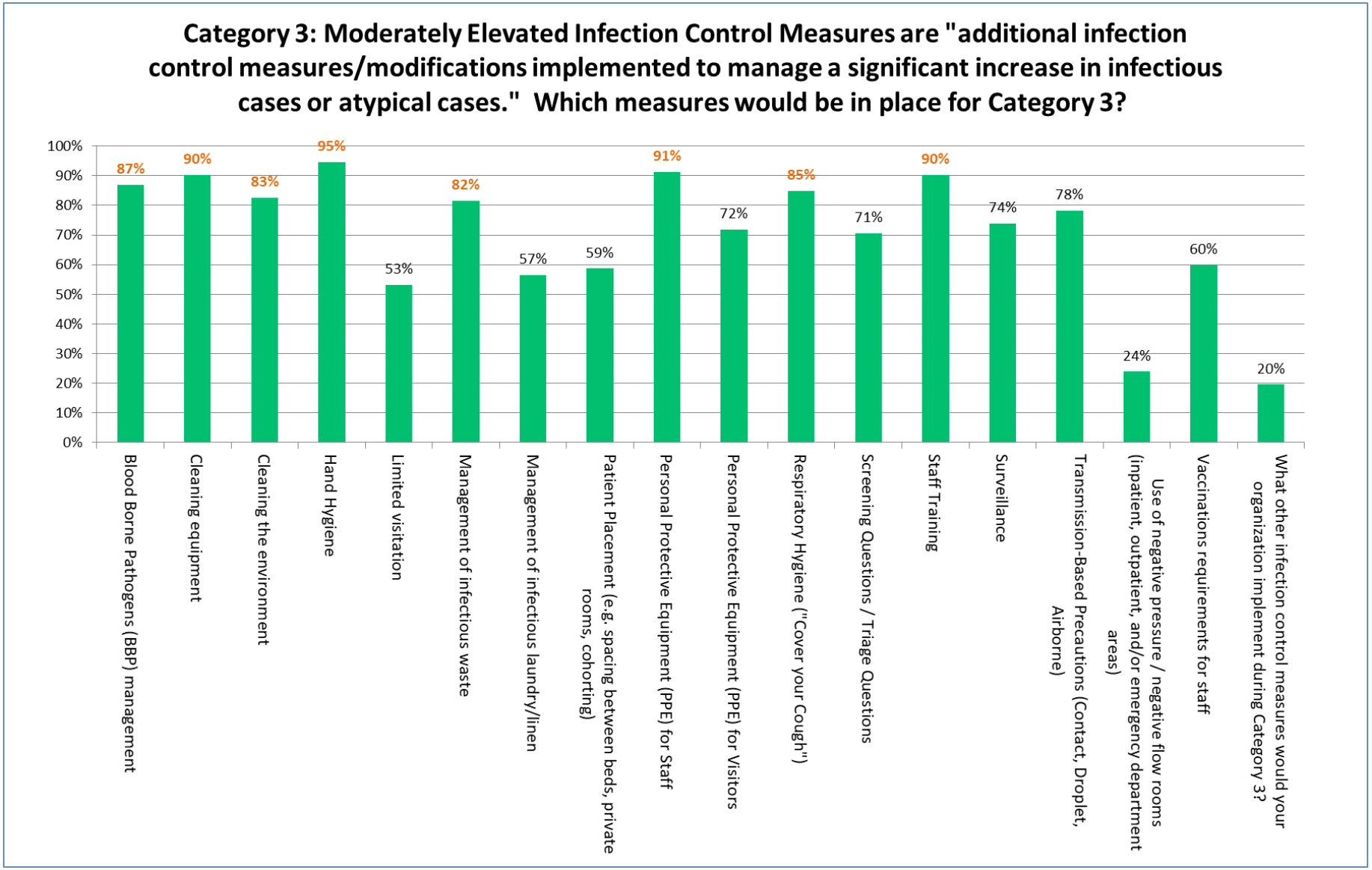
Appendix 1: Survey Results

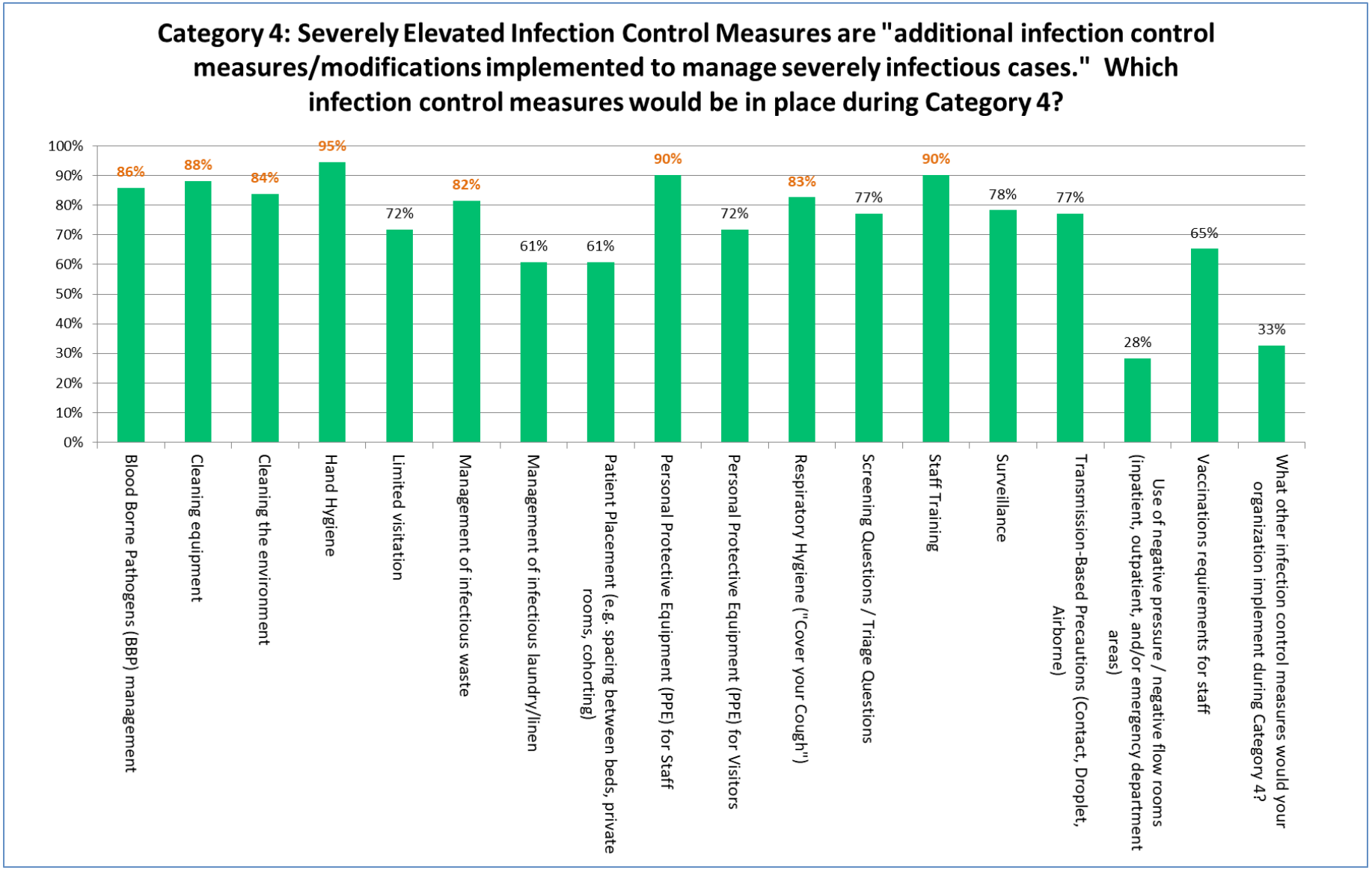
The full data from the survey was provided to NEFRC. This is the summary information gathered from the survey.




Category 1: Standard Infection Control Measures are "the infection control measures implemented every day in your organization." Which infection control measures would be in place during Category 1?
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
92%
90%
79%
100%
33%
86%
55%
52%
91%
47%
82%
52%
89%
61%
60%
26%
64%
10%
Blood Borne Pathogens (BBP) management
Cleaning equipment
Cleaning the environment
Hand Hygiene
Limited visitation
Management of infectious waste
Management of infectious laundry/linen
Patient Placement (e.g. spacing between beds, private rooms, cohorting)
Personal Protective Equipment (PPE) for Staff
Personal Protective Equipment (PPE) for Visitors
Respiratory Hygiene ("Cover your Cough")
Screening Questions / Triage Questions
Staff Training
Surveillance
Transmission-Based Precautions (Contact, Droplet, Airborne)
Use of negative pressure / negative flow rooms (inpatient, outpatient, and/or emergency department areas)
Vaccinations requirements for staff
What other infection control measures would your organization implement during Category 1?


Category 2: Mildly Elevated Infection Control Measures are "additional measures or a modification to standard measure implemented to manage a mild increase in infectious cases." Which infection control measures would be in place during Category 2?
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
89%
87%
78%
97%
40%
79%
57%
54%
91%
58%
86%
62%
87%
68%
73%
22%
61%
12%
Blood Borne Pathogens (BBP) management
Cleaning equipment
Cleaning the environment
Hand Hygiene
Limited visitation
Management of infectious waste
Management of infectious laundry/linen
Patient Placement (e.g. spacing between beds, private rooms, cohorting)
Personal Protective Equipment (PPE) for Staff
Personal Protective Equipment (PPE) for Visitors
Respiratory Hygiene ("Cover your Cough")
Screening Questions / Triage Questions
Staff Training
Surveillance
Transmission-Based Precautions (Contact, Droplet, Airborne)
Use of negative pressure / negative flow rooms (inpatient, outpatient, and/or emergency department areas)
Vaccinations requirements for staff
What other infection control measures would your organization implement during Category 2?


Category 3: Moderately Elevated Infection Control Measures are "additional infection control measures/modifications implemented to manage a significant increase in infectious cases or atypical cases." Which measures would be in place for Category 3?
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
87%
90%
83%
95%
53%
82%
57%
59%
91%
72%
85%
71%
90%
74%
78%
24%
60%
20%
Blood Borne Pathogens (BBP) management
Cleaning equipment
Cleaning the environment
Hand Hygiene
Limited visitation
Management of infectious waste
Management of infectious laundry/linen
Patient Placement (e.g. spacing between beds, private rooms, cohorting)
Personal Protective Equipment (PPE) for Staff
Personal Protective Equipment (PPE) for Visitors
Respiratory Hygiene ("Cover your Cough")
Screening Questions / Triage Questions
Staff Training
Surveillance
Transmission-Based Precautions (Contact, Droplet, Airborne)
Use of negative pressure / negative flow rooms (inpatient, outpatient, and/or emergency department areas)
Vaccinations requirements for staff
What other infection control measures would your organization implement during Category 3?


Category 4: Severely Elevated Infection Control Measures are "additional infection control measures/modifications implemented to manage severely infectious cases." Which infection control measures would be in place during Category 4?
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
86%
88%
84%
95%
72%
82%
61%
61%
90%
72%
83%
77%
90%
78%
77%
28%
65%
33%
Blood Borne Pathogens (BBP) management
Cleaning equipment
Cleaning the environment
Hand Hygiene
Limited visitation
Management of infectious waste
Management of infectious laundry/linen
Patient Placement (e.g. spacing between beds, private rooms, cohorting)
Personal Protective Equipment (PPE) for Staff
Personal Protective Equipment (PPE) for Visitors
Respiratory Hygiene ("Cover your Cough")
Screening Questions / Triage Questions
Staff Training
Surveillance
Transmission-Based Precautions (Contact, Droplet, Airborne)
Use of negative pressure / negative flow rooms (inpatient, outpatient, and/or emergency department areas)
Vaccinations requirements for staff
What other infection control measures would your organization implement during Category 4?

Appendix 2: Jacksonville Workshop

The following charts capture the results of the Jacksonville workshop and are based on the CDC's Pandemic Intervals Framework.

- The numbers in () = number of groups that agree with the Control Measure.
- Highlighted items = Control Measures that cross Intervals.

Workshop Results

Interval 1: Standard Infection Control Measures		
Interval 1 Definition: The infection control measures implemented every day in your organization. Examples: General day to day operations.		
Domain	**Description**	**Control Measures**
Environmental Controls	Strategies to modify, adapt, protect, or use the physical workplace to prevent the spread of infections.	• Proper hand hygiene (4) • Disinfect rooms (4) • Screening (4) • Education (3) • Ultraviolet disinfectant light/ Xenex robot (2) • PPE stations at entrances • HEPA filters in HVAC • Negative pressure maintenance • Universal masking/hand washing specialty areas
Staff Protection	Strategies and/or equipment that could be used to ensure the safety of healthcare workers.	• Encourage/mandate immunizations (4) • Hand hygiene (4) • Standard patient tracking (4) • Control use of scrubs/dress in facility (3) • Universal precautions (3) • Transmission based precautions (3) • Compliance and competencies (3) • Forward community updates to staff (3) • Staff education for cleaning/disinfection (3) • Staff Education for infectious waste disposal (2) • Procedure masks on symptomatic patients (2) • Fit test mask (2) • Appropriate PPE- Allergies/sensitivities (2)

Interval 1: Standard Infection Control Measures		
Interval 1 Definition: The infection control measures implemented every day in your organization. Examples: General day to day operations.		
Domain	**Description**	**Control Measures**
		• PAPRS (2)
Administrative Policies	Policies, procedures, and/or plans that could be activated by organizations in response to an infectious disease event.	• Infectious Disease Plan (4) • Hand washing (4) • Regular maintenance of filtration systems (4) • Masks for flu-like symptoms (3) • Droplet precautions (3) • Contact precautions (3) • Staff vaccination (3) • EOC Plan/Incident Command System (2)
Waste Management	Strategies employed to handle, store, and/or dispose of infectious waste.	• Properly seal and label biomedical waste (4) • Disposal services (3) • Training of proper disposal (3) • Standard universal precaution for all procedures/patients (2) • Third party contractor • Waste procedure may change by disease (i.e., Ebola) • Removal of all PPE in patient rooms/ensure PPE properly removed

Interval 2: Mildly Elevated Infection Control Measures		
Interval 2 Definition: Additional measures or a modification to standard measures implemented to manage a mild increase in infectious cases. Examples: Normal influenza season, limited number of Hepatitis A cases.		
Domain	**Description**	**Control Measures**
Environmental Controls	Strategies to modify, adapt, protect, or use the physical workplace to prevent the spread of infections.	• Additional precautions (contact/airborne) (3) • Education (3) • Isolation Precaution (3) • Using disposable utensils/plates/trays (3) • Type of cleaning products will change by disease (2) • PPE stations at entrances
Staff Protection	Strategies and/or equipment that could be used to ensure the safety of healthcare workers.	• Intra-agency communication regarding increase in disease (3) • Increase screening questions (3) • Staff education for cleaning/disinfection (3) • Staff Education for infectious waste disposal (2)
Administrative Policies	Policies, procedures, and/or plans that could be activated by organizations in response to an infectious disease event.	• Restricting/excluding staff (2) • EOC Plan/Incident Command System (2) • Screening clients/visitors (2) • Screening in and out (2) • Visitation policy and procedure • Vendors- Ensuing they have received vaccinations & screens for illness
Waste Management	Strategies employed to handle, store, and/or dispose of infectious waste.	• Droplet precautions/airborne isolation (2)

Interval 3: Moderately Elevated Infection Control Measures		
Interval 3 Definition: Additional control measures or modifications to standard measure implements to manage a significant increase in infectious cases or atypical cases. Examples: Severe influenza season, limited number of measles case		
Domain	**Description**	**Control Measures**
Environmental Controls	Strategies to modify, adapt, protect, or use the physical workplace to prevent the spread of infections.	• N-95 masks (3) • Ordering back-up supplies (3) • Cohorting or spaced isolation (3) • Using disposable utensils/plates/`trays (3) • Education (3) • Outside triage (2) • Increase negative pressure testing • Designated rooms/beds with designated staff • Special controls/separation • Visitor control/restrictions
Staff Protection	Strategies and/or equipment that could be used to ensure the safety of healthcare workers.	• Increase inventory of PPE (order up) (4) • Just in time training for everyone (3) • Limit staff contact to exposure (3) • Revise call-in policies (sick stay home) (3)
Administrative Policies	Policies, procedures, and/or plans that could be activated by organizations in response to an infectious disease event.	• EOC Plan/Incident Command System (2) • Surge Management/Surge Capacity Plan (2) • Screening in and out (2) • Streamlines ordering for essential supplies (2) • Stripped down rigs (transport to CDC) (2) • Administrative hierarchy- communicates/makes decision on special circumstances
Waste Management	Strategies employed to handle, store, and/or dispose of infectious waste.	• Increase staffing (2) • Increase pickup frequency (2) • Increase waste management supplies (2)

Interval 4: Severely Elevated Infection Control Measures		
Interval 4 Definition: Additional infection control measure or modifications to standard measures implemented to manage severely infectious cases. Examples: Ebola, COVID-19, SARS, MERS-CoV, and SARS-CoV-2.		
Domain	**Description**	**Control Measures**
Environmental Controls	Strategies to modify, adapt, protect, or use the physical workplace to prevent the spread of infections.	• Using disposable utensils/plates/trays (3) • Education (3) • Telework • Reverse isolation • Telemedicine • Cancel volunteers/tours/unnecessary activities • Water management with decon showers
Staff Protection	Strategies and/or equipment that could be used to ensure the safety of healthcare workers.	• Cohort/designate ER's (3) • Telework (3) • Emotional support de-briefing mental health (3) • Limit staff contact to exposure (3) • Do not transport family/others (3) • Spatial isolation (2) • Rounds in hallways, not bedside for isolation patients (2)
Administrative Policies	Policies, procedures, and/or plans that could be activated by organizations in response to an infectious disease event.	• Screening in and out (2) • Select personnel are allowed in patient area (2) • Personnel in full PPE (2) • N-95 respirator use (2) • Work from home (non-essential) • Disaster staffing
Waste Management	Strategies employed to handle, store, and/or dispose of infectious waste.	• Refrigerated trucks for bodies (2) • Staffing responsibilities increase to limit PPE use (2) • Use of incinerators (2) • Increase body bags/shrouding materials (2) • Prioritize funeral homes/ "natural deaths"

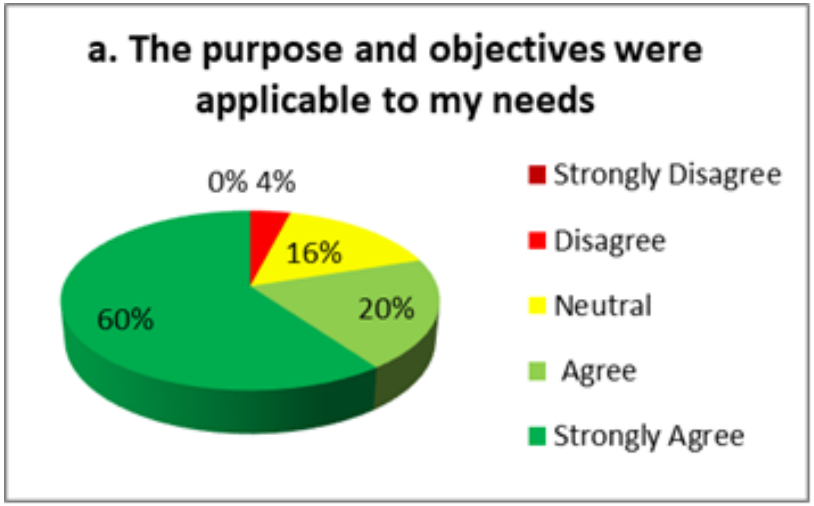
Suggested Trainings

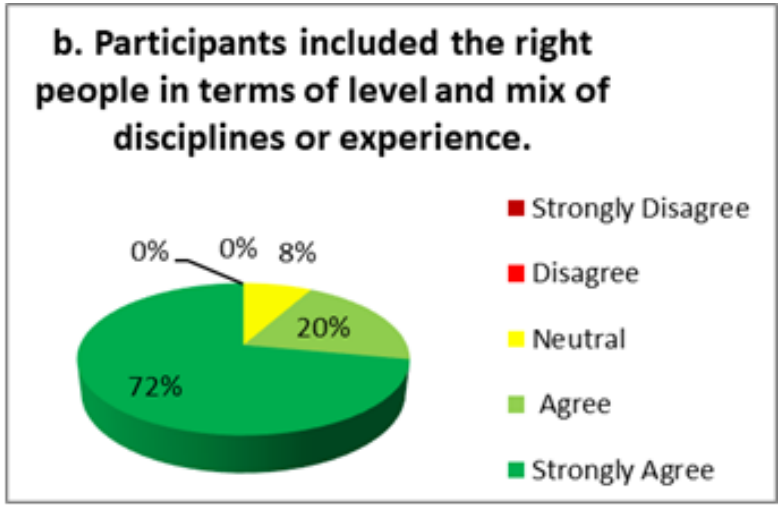
Domain	Topic (Staff)
Environmental Controls	1. Building controls (Engineering Staff) 2. Personal Protective Equipment (PPE) use (All Staff) 3. Negative air pressure (Infectious Control, Engineering) 4. Infection control (All Staff)
Staff Protection	1. Hand hygiene training (All Staff) 2. Personal Protective Equipment/universal precautions (All Staff) 3. Infectious disease training (All Staff) 4. Triage/screening (Clinical Staff, Registration Staff)
Administrative Policies	1. Incident Command Training (Leadership) 2. Visitation policy training (Security, Registration)
Waste Management	1. General waste management (All Staff)

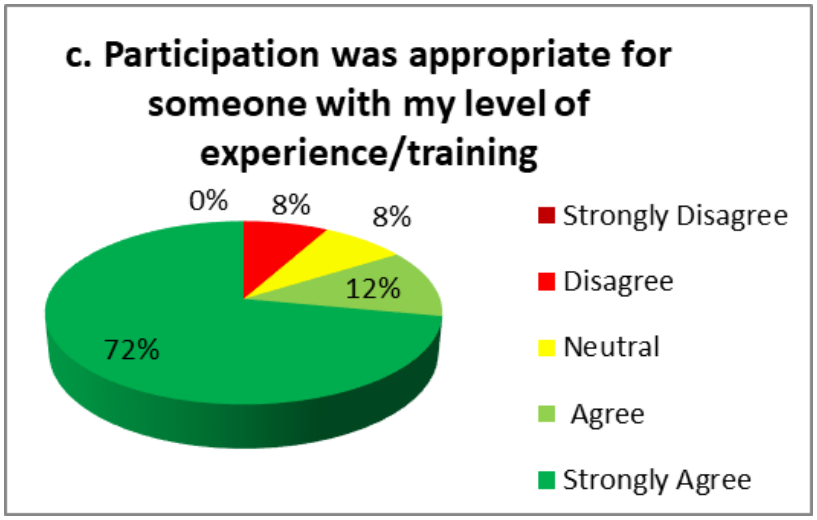
Workshop Photos

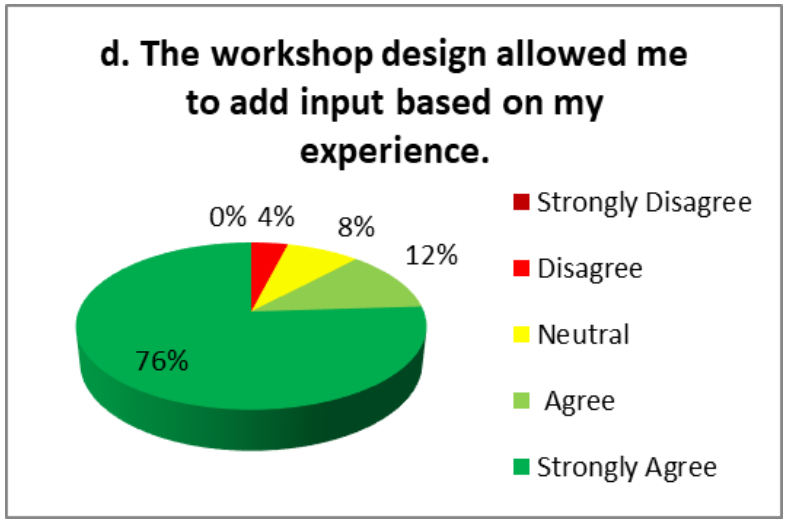
Participant Feedback

	Rating of Satisfaction				
	Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
Assessment Factor	**1**	**2**	**3**	**4**	**5**
a. The purpose and objectives were applicable to my needs	0	1	4	5	15
b. Participants included the right people in terms of level and mix of disciplines or experience.	0	0	2	5	18
c. Participation was appropriate for someone with my level of experience/training	0	2	2	3	18
d. The workshop design allowed me to add input based on my experience.	0	1	2	3	19









Strengths identified during the workshop:	Areas for Improvement identified during the workshop:
1. Sharing of ideas 2. Variety of workplace backgrounds 3. Easel boards good visual 4. Group changing helped to keep most everyone engaged 5. Policies/ training are in place 6. Basic training of inspection control 7. Having Emergency Management in place 8. Good mix of organizations 9. Good to see how others do it 10. Multi-disciplinary 11. Appropriate time allotted 12. Great group participation 13. Preparation 14. Vaccinations 15. Policies 16. Gave insight from different health providers	1. Might help to designate a leader for each table to facilitate project participation. 2. Provide updates regarding best practice 3. Provide scenarios for things identified that work best or found not to work 4. Didn't really learn 5. In case of pandemic training needs to be stepped up 6. Began to add screening of patients coming into center 7. Was hoping we would address more about COVID-19 8. Initially additional clarification on expectations. Help getting started 9. Tailor activity to selected pathogens for in depth review 10. Body issues 11. More workshop 12. Too late in the day 13. No coffee – JK – No, not really 14. Maybe power point if added

Strengths identified during the workshop:	Areas for Improvement identified during the workshop:
17. Good interaction from groups 18. Workshop was different (in a good way) than what use to 19. Good participation due to the laid-back approach 20. Good topic 21. Group work 22. Working with other people from different facilities/organizations 23. Brain storming infection control ideas to bring back to site 24. Flexibility 25. Different points of view 26. My partner 27. Class was easy to follow 28. Good participation; changing tables 29. Good educators 30. Group interaction 31. Diversity of groups 32. Yep 33. Staff training 34. Very timely presentation 35. Thought provoking	15. Although very interactive, it would have been nice to have more concrete/objective/evidence. 16. Based tips, ideas/protocols from facilitator to take back; the exercise was very subjective and stickies could be moved depending on how you felt. 17. Training 18. Food 19. Beverage 20. Infectious disease planning 21. Hard to know which group wrote what on board 22. Ok 23. Body disposal

Appendix 3: Gainesville Workshop

The following charts capture the results of the Gainesville workshop and are based on the CDC's Pandemic Intervals Framework.

- The numbers in () = number of groups that agree with the Control Measure.
- Highlighted items = Control Measures that cross Intervals.

Workshop Results

Interval 1: Standard Infection Control Measures		
Interval 1 Definition: The infection control measures implemented every day in your organization. Examples: General day to day operations.		
Domain	**Description**	**Control Measures**
Environmental Controls	Strategies to modify, adapt, protect, or use the physical workplace to prevent the spread of infections.	• Signage (2) • PPE is close by/ easy to find (2) • Adequate supply of soap, paper towels, etc. (2) • Appropriate PPE (gowns, gloves, masks, etc.) (2) • Hand sanitizer easily accessible (and stocked) (2) • Appropriate disinfection & cleaning processes
Staff Protection	Strategies and/or equipment that could be used to ensure the safety of healthcare workers.	• Universal precautions (3) • PPE (3) • Handwashing (2) • Surgical masks • N-95 masks • Fit testing for N-95s • Goggles • Face shields • Increase frequency of decontamination equipment • Negative pressure • Employee screening / passive/active screening • Decon cleaning (rooms/public areas) • Vaccination • Biohazard bags • Mandatory education- general precautions • Excuse from work

Interval 1: Standard Infection Control Measures		
Interval 1 Definition: The infection control measures implemented every day in your organization. Examples: General day to day operations.		
Domain	**Description**	**Control Measures**
Administrative Policies	Policies, procedures, and/or plans that could be activated by organizations in response to an infectious disease event.	• Isolation policy based on CDC guidance (2) • Vaccination policies and offer vaccine for staff (2) • Sick leave/FMLA/send sick staff home (2) • Update contact list of staff and emergency contacts (2) • Needle safety devices/policy (2) • PPDs/screening (2) • Needle stick/post exposure follow up (2) • Procedure of outside vendors on infection control (2) • Staffing plan/policy for if many staff are out sick (2) • Contracts for waste removal (2) • Education on hand hygiene, PPE, cough etiquette for staff and visitors (2) • Waste disposal policy (housekeeping/cleaning policy) (2) • Making sure all policies are easily accessible for staff • Contracts for increases supply (oxygen)/staff • Routine training on hire and annually (OSHA, Incident Command)
Waste Management	Strategies employed to handle, store, and/or dispose of infectious waste.	• Biohazard waste training • Supplies available • Staff clean/dirty • Biohazard handle facility & home • Correctly dispose of waste

Interval 2: Mildly Elevated Infection Control Measures		
Interval 2 Definition: Additional measures or a modification to standard measures implemented to manage a mild increase in infectious cases. Examples: Normal influenza season, limited number of Hepatitis A cases.		
Domain	**Description**	**Control Measures**
Environmental Controls	Strategies to modify, adapt, protect, or use the physical workplace to prevent the spread of infections.	• Enhanced cleaning/increase frequencies of high touch surfaces (2) • Isolate sick people from well people (triage) (2) • Environmental monitoring • Masks, tissues, hand sanitizer available in common areas with signage
Staff Protection	Strategies and/or equipment that could be used to ensure the safety of healthcare workers.	• Surgical masks • N-95 masks • Fit testing for N-95s • Goggles • Face shields • Increase frequency of equipment decontamination • Drills (ensure competency) • Disease specific education • Levels of care (isolation, airborne)
Administrative Policies	Policies, procedures, and/or plans that could be activated by organizations in response to an infectious disease event.	• Flu vaccine policy (mandate a vaccine or wear a mask when caring for patients) (2) • Limiting visitors policy (2) • Additional training, cross training
Waste Management	Strategies employed to handle, store, and/or dispose of infectious waste.	• Autoclave sanitize • Education safety measures (boil H2O) • Increase frequency of waste pickup & soiled linen

Interval 3: Moderately Elevated Infection Control Measures		
Interval 3 Definition: Additional control measures or modifications to standard measure implements to manage a significant increase in infectious cases or atypical cases. Examples: Severe influenza season, limited number of measles case		
Domain	**Description**	**Control Measures**
Environmental Controls	Strategies to modify, adapt, protect, or use the physical workplace to prevent the spread of infections.	• Restrict or limit visitation (hours, numbers) (2) • Evaluate disinfectant frequency (bleach, UV) (2) • Triage outside, use alternate entrance (2) • More specific signage (2) • Use different disinfectants as needed (2) • Cancel public events (prevent contact) • Increase vaccinations • Segregation of space (isolation) • Encourage ill people not to visit (post signage) • Food supply monitoring (safety)
Staff Protection	Strategies and/or equipment that could be used to ensure the safety of healthcare workers.	• Telework/alternative to work (2) • Screen employees for symptoms • Screen visitors for symptoms • Disaster education • Limit visitors • Disease specific targeted vaccination for designated staff • Cohorting • Specialized teams • Ensure adequate staffing (contingency)
Administrative Policies	Policies, procedures, and/or plans that could be activated by organizations in response to an infectious disease event.	• Masking of visitors (2) • Relax call out policy (2) • Call epidemiology (2) • Implement alternate staffing plan (2) • Discuss essential services- shift staff to deliver essential services (2) • Allow people to work from home, telework • Contact EOC, public health

Interval 3: Moderately Elevated Infection Control Measures		
Interval 3 Definition: Additional control measures or modifications to standard measure implements to manage a significant increase in infectious cases or atypical cases. Examples: Severe influenza season, limited number of measles case		
Domain	**Description**	**Control Measures**
Waste Management	Strategies employed to handle, store, and/or dispose of infectious waste.	• Burial procedures • Sewage cleanup • Building waste (demolished building) • Increase frequency of waste pickup & soiled linen

Interval 4: Severely Elevated Infection Control Measures		
Interval 4 Definition: Additional infection control measure or modifications to standard measures implemented to manage severely infectious cases. Examples: Ebola, COVID-19, SARS, MERS-CoV, and SARS-CoV-2.		
Domain	**Description**	**Control Measures**
Environmental Controls	Strategies to modify, adapt, protect, or use the physical workplace to prevent the spread of infections.	• Cohorting dedicated staff (2) • Secured access/limited entrances (2) • Anterooms for donning and doffing (2) • HEPA filters if not enough airborne rooms (2) • No visitors (signage) (2) • Decontamination (i.e. internal/external facilities)
Staff Protection	Strategies and/or equipment that could be used to ensure the safety of healthcare workers.	• Sequestering staff • Decontaminate people (wash/hair cut)
Administrative Policies	Policies, procedures, and/or plans that could be activated by organizations in response to an infectious disease event.	• Mass casualty/morgue plan (2) • Segregate between facilities/reroute patients (2) • Activate hospital incident command (2)
Waste Management	Strategies employed to handle, store, and/or dispose of infectious waste.	• Alternate storage locations for waste • Increase frequency of waste pickup & soiled linen

Suggested Training

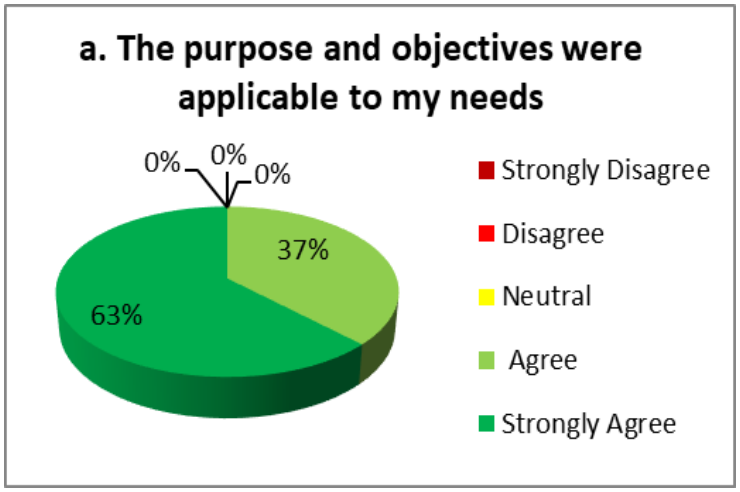
Domain	Topic (Staff)
Environmental Controls	1. General public education of handling and disposal (All Staff) 2. Basic infection control (All Staff)
Staff Protection	1. PPE/infection control (Clinical Staff) 2. Biohazard waste (Clinical Staff) 3. OSHA (Clinical Staff) 4. Disease processes (Clinical Staff) 5. PPE (Environmental Staff) 6. Biowaste (Environmental Staff) 7. Environmental cleaning, disinfection (Environmental Staff) 8. PPE/universal precautions (All Staff)

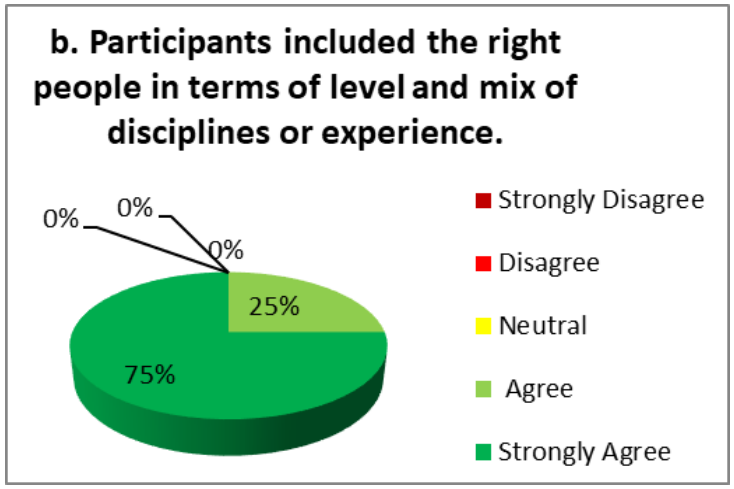
Domain	Topic (Staff)
	9. Employee health (HR/Training Department supervisors) 10. PPE (Facilities/Maintenance) 11. Safety (Facilities/Maintenance)
Administrative Policies	1. Bloodborne pathogens (All Staff) 2. Basic biohazard training (All Staff) 3. Advanced biohazard training (Staff with potential patient contact)
Waste Management	1. Chemical storage (Nursing, Environmental Services) 2. Biohazard waste training (what goes where/MSDS) (Nursing, Environmental Services)

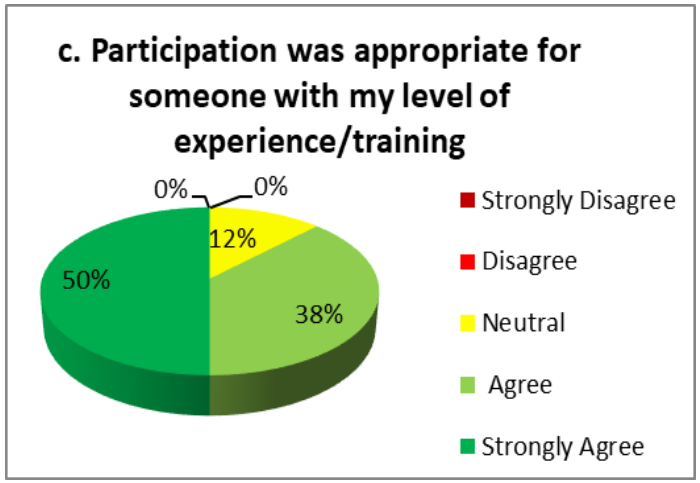
Workshop Photos

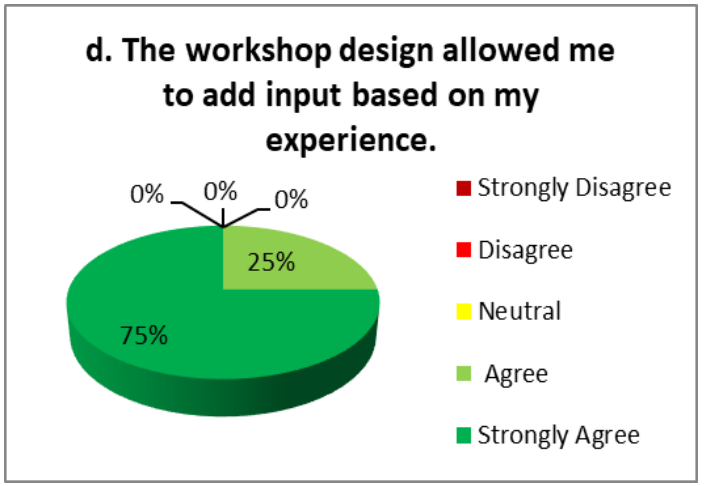
Participant Feedback

	Rating of Satisfaction				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Assessment Factor	**1**	**2**	**3**	**4**	**5**
a. The purpose and objectives were applicable to my needs	0	0	0	3	5
b. Participants included the right people in terms of level and mix of disciplines or experience.	0	0	0	2	6
c. Participation was appropriate for someone with my level of experience/training	0	0	1	3	4
d. The workshop design allowed me to add input based on my experience.	0	0	0	2	6









Strengths identified during the workshop:	Areas for Improvement identified during the workshop:
1. Knowledge from other fields 2. Like the interactive work 3. Open discussion 4. Collaboration of community members 5. Variety of experiences among participants 6. Good facilitators/process 7. Multi-disciplinary 8. Good range of ideas 9. Multi-disciplinary 10. Open brainstorming 11. New topic for consideration waste management 12. Different Disciplines/ Areas of Expertise 13. Group think/sharing of ideas 14. Collaboration with other entities was extremely helpful 15. Able to add input for everyone 16. Folks from different areas/fields of employment	1. Introductions of group members 2. More clarification about categories – maybe split into different types of disease transmission 3. More participation from other organizations 4. Key policies available and staff outside work setting 5. Ensure public awareness posters are visible 6. Communicate clearly with staff/encourage vaccinations 7. Larger group

Appendix 4: Ocala Workshop

The following charts capture the results of the Gainesville workshop and are based on the CDC's Pandemic Intervals Framework.

- The numbers in () = number of groups that agree with the Control Measure.
- Highlighted items = Control Measures that cross Intervals.

Workshop Results

Interval 1: Standard Infection Control Measures		
Interval 1 Definition: The infection control measures implemented every day in your organization. Examples: General day to day operations.		
Domain	**Description**	**Control Measures**
Environmental Controls	Strategies to modify, adapt, protect, or use the physical workplace to prevent the spread of infections.	• Hand hygiene station (4) • PPE standard (4) • Disinfectants (4) • Education (4) • Ongoing monitoring (3) • Policy review/planning (3) • Signage (3) • Adequate cleaning products and frequency (3) • Screening (2) • Screening (2) • Hands on training • Testing of negative pressure rooms • Fit testing • Never stop air flow
Staff Protection	Strategies and/or equipment that could be used to ensure the safety of healthcare workers.	• Hand washing (4) • Risk assessment (4) • Infection Control Policy/Plan (3) • Education awareness (3) • Vaccinations (3) • Screening patients and staff (3) • Fit testing (3) • Adequate supplies (2)

Interval 1: Standard Infection Control Measures		
Interval 1 Definition: The infection control measures implemented every day in your organization. Examples: General day to day operations.		
Domain	**Description**	**Control Measures**
		• Cross training on staff roles • Universal precautions
Administrative Policies	Policies, procedures, and/or plans that could be activated by organizations in response to an infectious disease event.	• Infection Plan in place (follow it) (4) • Following CDC statutory guidelines/OSHA, NIOSH (4) • Vaccine policies (3) • HIPPA Training (3) • Education (3) • Hands on training (2) • Standard Operating Procedures (SOP) (2) • Accountability for sharing dissemination of information (2) • Emergency Preparedness Plan (2) • Continuity of Operations Plan (2)
Waste Management	Strategies employed to handle, store, and/or dispose of infectious waste.	• Basic standard measures (4) • Ongoing education (4) • Back up company supply/waste (4) • Monitoring for changing waste management guidelines (3) • Following OSHA/CDC standards (2) • Contact time for effectiveness • Waste management policy

Interval 2: Mildly Elevated Infection Control Measures		
Interval 2 Definition: Additional measures or a modification to standard measures implemented to manage a mild increase in infectious cases. Examples: Normal influenza season, limited number of Hepatitis A cases.		
Domain	**Description**	**Control Measures**
Environmental Controls	Strategies to modify, adapt, protect, or use the physical workplace to prevent the spread of infections.	• Disease specific cleaning (2) • Screening (2) • Vendors staff monitoring • Implementation of action plans • Increase PPE supply • Increase fit testing per facility
Staff Protection	Strategies and/or equipment that could be used to ensure the safety of healthcare workers.	• Sanitize equipment (phones, computers, etc.) (2) • Universal precautions specific to outbreak (2) • Awareness (2) • Disease specific/specialized vaccination (2) • Enforce policy for unvaccinated employees • Increase education
Administrative Policies	Policies, procedures, and/or plans that could be activated by organizations in response to an infectious disease event.	• Reinforcement of standard plans & policies (4) • Implement thorough protocol (Infectious Disease Plan) (3) • Education (3) • Hands on training (2) • Refocus staff on the priority (prioritize) (2) • Communication with community partners (2) • Increase communication/alternative methods (2) • Evaluate essential services (COOP) (2)
Waste Management	Strategies employed to handle, store, and/or dispose of infectious waste.	• Increase biohazard pickup rate (4) • Education blast/reminders (4) • Back up company supply/waste (4) • Monitor for changing waste management guidelines (3) • Emergency planning (3) • Increase waste monitoring (3) • Control waste disposal site • Increase cleaning

Interval 3: Moderately Elevated Infection Control Measures		
Interval 3 Definition: Additional control measures or modifications to standard measure implements to manage a significant increase in infectious cases or atypical cases. Examples: Severe influenza season, limited number of measles case		
Domain	**Description**	**Control Measures**
Environmental Controls	Strategies to modify, adapt, protect, or use the physical workplace to prevent the spread of infections.	• Negative pressure rooms or transfer to appropriate facility (4) • Visitor restriction (4) • Single entrance (3) • Isolation/quarantine (2) • Screening (2) • Entry control procedures • Restricting pet visits (not service animals) • Mandatory overtime for environmental services staff to increase cleaning • Identify critical staff/designation of emergency team (strike team) • Increase admission monitoring • Monitor for updated guidelines
Staff Protection	Strategies and/or equipment that could be used to ensure the safety of healthcare workers.	• Back up staffing plan/rotate (3) • Staffing alternative plan (3) • Raising level of PPE (2) • Emphasis on prevention (2) • Disease specific PPE • Increase education
Administrative Policies	Policies, procedures, and/or plans that could be activated by organizations in response to an infectious disease event.	• Increase mass communications for staff and public (3) • Re-evaluate policies (3) • Education (3) • Hands on training (2) • Involve all levels of staff (2) • Media policy (staff do not talk to the media (2) • Activate emergency plans • Social networking for notification • Communication of transferring patients (ESF8 or local health department)

Interval 3: Moderately Elevated Infection Control Measures		
Interval 3 Definition: Additional control measures or modifications to standard measure implements to manage a significant increase in infectious cases or atypical cases. Examples: Severe influenza season, limited number of measles case		
Domain	**Description**	**Control Measures**
		• Evaluate policy for sick leave • Follow state/federal (CDC) Updates
Waste Management	Strategies employed to handle, store, and/or dispose of infectious waste.	• Increase education to family/visitors (4) • Disease specific cleaning (4) • Targeted education (4) • Continue to increase biohazard pick-up (4) • Back up company supply/waste (4) • Monitor for changing waste management guidelines (3) • Assure long-term storage (POD) (2) • Signage • Double basic standard (bags, gloves, etc.)

Interval 4: Severely Elevated Infection Control Measures		
Interval 4 Definition: Additional infection control measure or modifications to standard measures implemented to manage severely infectious cases. Examples: Ebola, COVID-19, SARS, MERS-CoV, and SARS-CoV-2.		
Domain	**Description**	**Control Measures**
Environmental Controls	Strategies to modify, adapt, protect, or use the physical workplace to prevent the spread of infections.	• Alternative route/location for infected (3) • Screening (2) • Cohort the sick/segregate conditions • Monitor for updated guidelines
Staff Protection	Strategies and/or equipment that could be used to ensure the safety of healthcare workers.	• Mandatory PTO (2) • Isolation of infected (2) • Work remotely if possible/telework (2) • Evaluate policies (2) • Continuity of Operations Plan (COOP) (2) • Increase staff to ill (2) • Increase education
Administrative Policies	Policies, procedures, and/or plans that could be activated by organizations in response to an infectious disease event.	• Education (3) • Hands on training (2) • Depending on location and type of facility, close doors/close facility (2) • Activate Continuity of Operations Plan (COOP) (2) • Follow state/federal (CDC) Updates
Waste Management	Strategies employed to handle, store, and/or dispose of infectious waste.	• Continue to increase biohazard pick-up (4) • Back up company supply/waste (4) • Monitoring for changing waste management guidelines (3) • Control entrance (3) • Control environment

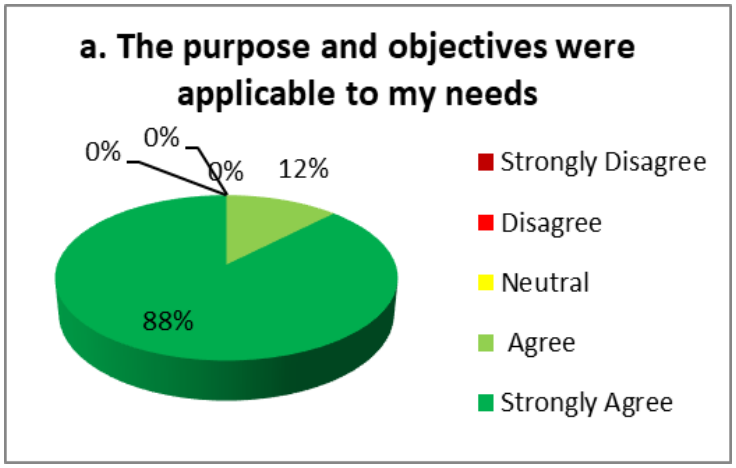
Proposed Training

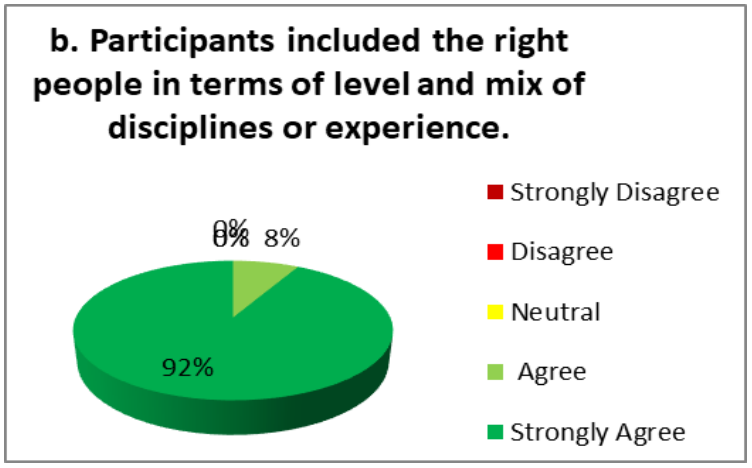
Domain	Topic (Staff)
Environmental Controls	PPE use (All Staff) OSHA (All Staff) Bloodborne pathogens (All Staff) Cleaning products (All Staff) Negative air pressure (Infectious Control, Engineering)
Staff Protection	Hand washing (All Staff) PPE (All Staff) Fit-testing (Clinical Staff)
Administrative Policies	Basic Incident Management / Emergency Management (All Staff) HIPAA (All Staff) Communication (All Staff)
Waste Management	OSHA (All Staff) Safety data sheets (All Staff) PPE (All Staff) Hand hygiene (All Staff)

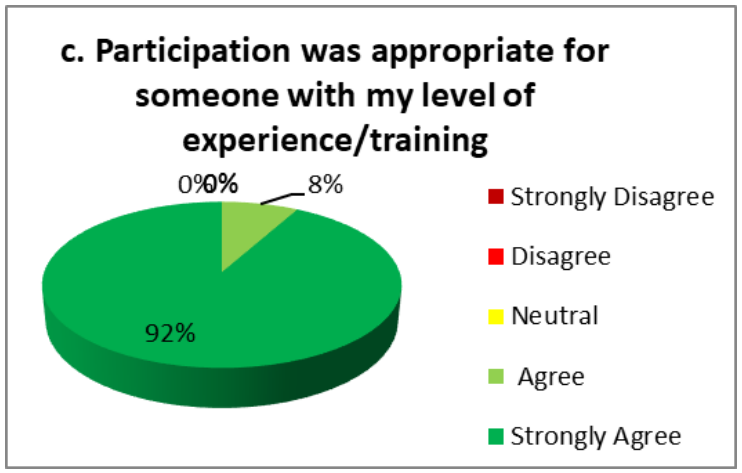
Workshop Photos

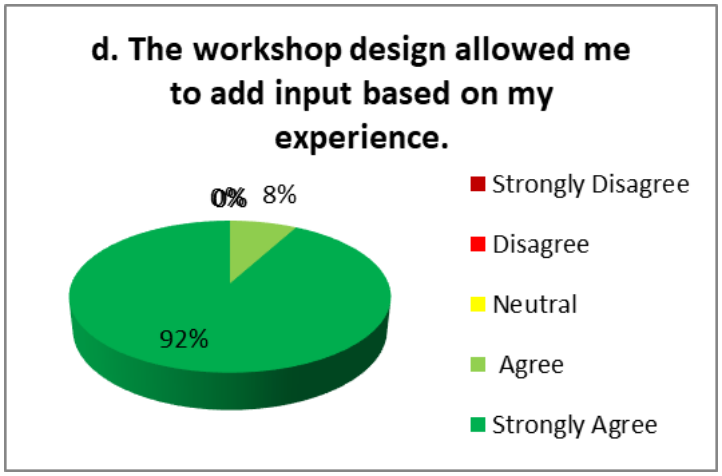
Participant Feedback

	Rating of Satisfaction				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Assessment Factor	**1**	**2**	**3**	**4**	**5**
a. The purpose and objectives were applicable to my needs	0	0	0	3	21
b. Participants included the right people in terms of level and mix of disciplines or experience.	0	0	0	2	23
c. Participation was appropriate for someone with my level of experience/training	0	0	0	2	23
d. The workshop design allowed me to add input based on my experience.	0	0	0	2	23







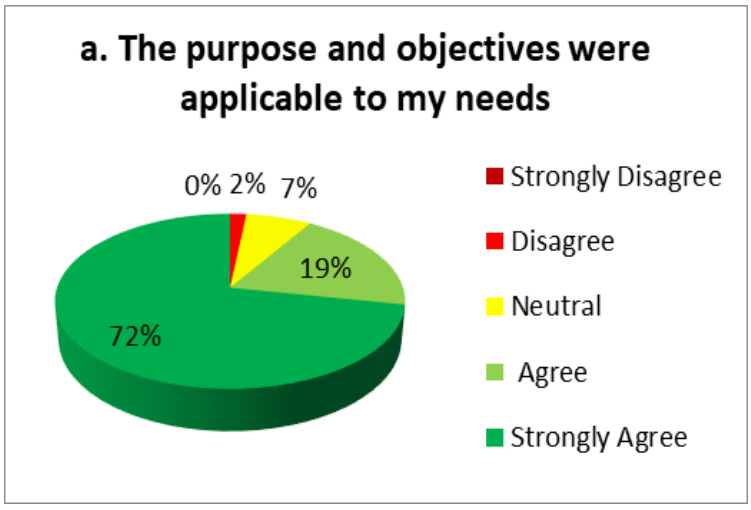


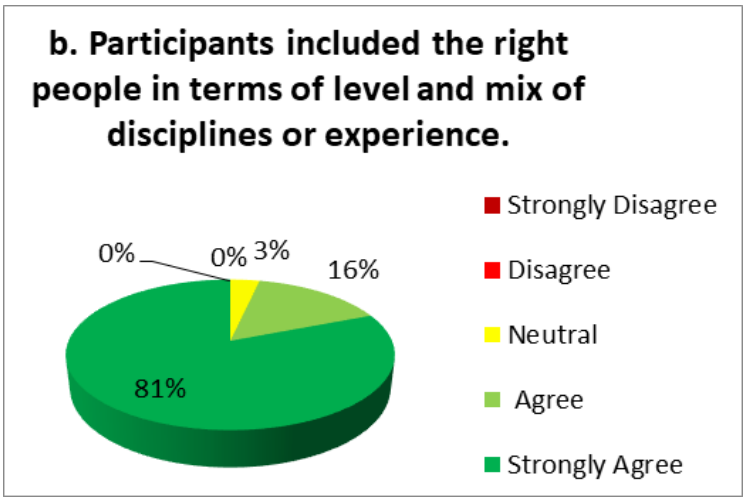
Strengths identified during the workshop:	Areas for Improvement identified during the workshop:
1. Working as a team and everyone sharing their experiences and training 2. Engaging 3. Small groups 4. Organized 5. Training (staff) 6. Plans (update) 7. Continuing education annual 8. Like the groups 9. Great work exercise 10. Variety of suggestive information on different healthcare levels 11. Group setting and diversity of the groups 12. To give their perspective of their job or facility 13. Group discussion 14. Varied work site/background 15. Multi- disciplinary teams – different perspectives 16. Waste Management 17. I am knowledgeable in infection control 18. Group setting nice	1. Maybe introduce the facilities present so we know what background everyone has. 2. Facilities inspections 3. College is working on plan at this time for Covid-19 4. Will be checking with students their knowledge of their facilities preparation 5. Learning about different perspectives/settings 6. N/A 7. Snacks/ pastries 8. N/A 9. Assign every group a colored marker (identify groups) 10. On-going preparation 11. Mix up groups after every situation? (it was all good) 12. Isolations possibilities route planning for waste or others 13. N/A 14. Educate staff and general public about practical prevention 15. Consideration for staff at every level of facility 16. Importance of repetitive training for staff and public

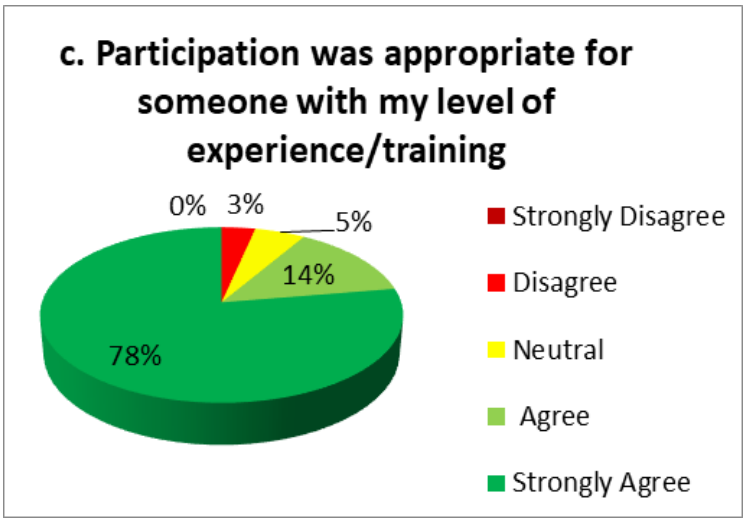
Strengths identified during the workshop:	Areas for Improvement identified during the workshop:
19. Great how we could see how other organizations work 20. More awareness 21. Flow of people/traffic 22. Small group setting with different backgrounds 23. Rotation with everyone involvement 24. Knowing what other facility do in situations 25. I enjoyed working with different organization 26. Organized and engaging/interactive 27. Learned different perspectives 28. Very well set up 29. Interactive 30. Policies/procedures in place contingency plans 31. Collaboration with other local facility. 32. Communication 33. Group settings 34. Group settings organization 35. Other perspectives 36. Really liked the design/flow of workshop 37. Good group feedback 38. Organized well 39. Great idea for workshop 40. Small group activity 41. Diverse group members 42. Variety of levels of knowledge and backgrounds 43. Small groups 44. Perspective of other HC and partners 45. Great opportunity to share info and resources 46. Workshop had good flow 47. Good variety of participants 48. Interaction was encouraged and well facilitated 49. Group setting and rotation 50. Process	

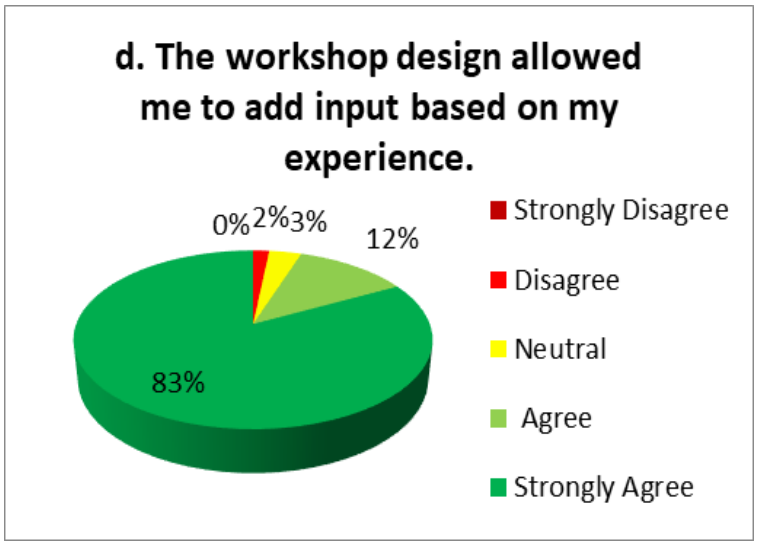
Appendix 5: Combined Participant Feedback

	Rating of Satisfaction				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Assessment Factor	**1**	**2**	**3**	**4**	**5**
a. The purpose and objectives were applicable to my needs	0	1	4	11	41
b. Participants included the right people in terms of level and mix of disciplines or experience.	0	0	2	9	47
c. Participation was appropriate for someone with my level of experience/training	0	2	3	8	45
d. The workshop design allowed me to add input based on my experience.	0	1	2	7	48






c. Participation was appropriate for someone with my level of experience/training
0%
3%
5%
14%
78%
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree


d. The workshop design allowed me to add input based on my experience.
0%
2%
3%
12%
83%
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

Infectious Disease Best Practices
A Regional Framework

Region 3 Healthcare Coalition Alliance

Infectious Disease Best Practices – A Regional Framework

Introduction

This Infectious Disease Best Practices Framework was developed in conjunction with the Northeast Florida Healthcare Coalition, the North Central Florida Healthcare Coalition, and the Coalition for Health and Medical Preparedness (CHAMP). A few notes about this document:

1. The layout of this Framework is based on the CDC Pandemic Intervals Framework
2. The items listed as Considerations for Control Measures were gathered from a workshop in each Coalition. The results of each workshop have been merged into this Framework. The Control Measures are listed (from top to bottom) according to the number of groups that identified and / or agreed with the control measure during the workshops.
3. The Considerations for Control Measures in each interval build on each other and intensify as the events progresses.
4. There are several themes that transcend the intervals in this Framework. As the event progresses, it is important to consider:
    a. Disease-specific policies, procedures, and equipment.
    b. New guidance issued that may necessitate alterations in procedures.
    c. An education program for staff that will ensure their ability to implement procedures.

How to Use this Framework

This document has been broken into four "intervals" that represent an escalation in an infectious disease and its impact on the ability of healthcare organizations to provide healthcare services. The charts below list each interval, provide a definition, and examples of infectious diseases that may fit within each. Each interval chart then lists four Domains, a description of each Domain, and Considerations for Control Measures for each Domain.

This document is meant as a guidance document to be used by healthcare organizations for both planning and response phases. It is not meant to replace or supersede existing plans.

Interval 1: Standard Infection Control Measures		
Interval 1 Definition: The infection control measures implemented every day in your organization. Examples: General day to day operations. This may also be considered the "planning" phase for a response to an infectious disease.		
Domain	**Description**	**Considerations for Control Measures**
Environmental Controls	Strategies to modify, adapt, protect, or use the physical workplace to prevent the spread of infections.	• Proper disinfection and cleaning of rooms and common areas • Identify negative pressure rooms /air flow in rooms/HEPA Filters/regular maintenance • Procure and assess cleaning supplies • Post general hygiene signage and instructions at entrances and common areas
Staff Protection	Strategies and/or equipment that could be used to ensure the safety of healthcare workers.	• Use of PPE/Universal Precautions/Standard Precautions • Staff education on cleaning/disinfection and use of PPE • Provide for hand hygiene • Encourage/mandate immunizations • Fit testing for N-95 mask • Control use of scrubs/dress in facility • Procure adequate cleaning and protective supplies
Administrative Policies	Policies, procedures, and/or plans that could be activated by organizations in response to an infectious disease event.	• New hire and annual training per OSHA/TJC/CMS • Policies on staff vaccination, sick leave, FMLA, work from home • Planning for Infectious Diseases • Planning for Emergency Operations/Continuity of Operations/Standard Operating Procedures • Staff vaccinations/immunization upon hire/PPD • Employee exposure policy/employee health policy • Contracts for emergency response and emergency supplies • Policy for Environmental Controls and cleaning • Plan for staffing shortage • Visitation policy and procedure (limiting visitors) • Drills (ensure competency) • Monitor changing guidelines and new information
Waste Management	Strategies employed to handle, store, and/or dispose of infectious waste.	• Waste management policy consistent with TJC/CMS/OSHA/Regulatory Bodies • Alternate waste disposal contractors • Ensure staff is educated on proper disposal process • Monitoring for changing waste management guidelines

Interval 2: Mildly Elevated Infection Control Measures		
Interval 2 Definition: Additional measures or a modification to standard measures implemented to manage a mild increase in infectious cases. Examples: normal influenza season, limited number of Hepatitis A cases.		
Domain	**Description**	**Considerations for Control Measures**
Environmental Controls	Strategies to modify, adapt, protect, or use the physical workplace to prevent the spread of infections.	• Place PPE stations/hand hygiene stations/hand sanitizer at entrances and high-risk areas • Screening / triage / separation of ill from well / cohorting • Disease-specific cleaning/cleaning products • Enhanced cleaning/increase frequencies of high touch surfaces
Staff Protection	Strategies and/or equipment that could be used to ensure the safety of healthcare workers.	• Disease-specific/specialized vaccination • Disease-specific PPE • Disease-specific education • Increased sanitization and cleaning
Administrative Policies	Policies, procedures, and/or plans that could be activated by organizations in response to an infectious disease event.	• Reinforcement/education on response plan and policies • Activate Emergency Response plans (Infectious Disease Plan, Emergency Operations Plan, Continuity of Operations Plan, Incident Command System) • Implement Visitation Policy (limiting visitors) • Implement disease-specific vaccine policy (staff and vendors) • Communication with community partners regarding the disease • Evaluate priority areas and essential services • Communication with community partners
Waste Management	Strategies employed to handle, store, and/or dispose of infectious waste.	• Monitor for and increase frequency of waste pickup and soiled linen • Controlled access to waste disposal site • Monitoring for changing waste management guidelines

Interval 3: Moderately Elevated Infection Control Measures		
Interval 3 Definition: Additional control measures or modifications to standard measure implements to manage a significant increase in infectious cases or atypical cases. Examples: Severe influenza season, limited number of measles cases		
Domain	**Description**	**Considerations for Control Measures**
Environmental Controls	Strategies to modify, adapt, protect, or use the physical workplace to prevent the spread of infections.	• Alternate triage/screening areas (outside, tents, alternate entrances) • Cohorting or segregation of space (spaced isolation) with designated staff • Disease-specific cleaning/disinfecting • Use of negative pressure rooms or transfer to appropriate facility • Using disposable utensils/plates/trays • Disease-specific training • Disease-specific signage/instructions • Access/entry control procedures • Increase negative pressure testing • Mandatory overtime for environmental services staff to increase cleaning
Staff Protection	Strategies and/or equipment that could be used to ensure the safety of healthcare workers.	• Increase inventory of PPE/disease-specific PPE (order up) • Visitor control/restrictions (hours, numbers) • Disease-specific education/emphasis on prevention • Limit staff contact to exposure/specialized teams for specialized areas • Implement telework/revise call-in policies • Screen employees for symptoms • Disease-specific vaccination for designated staff
Administrative Policies	Policies, procedures, and/or plans that could be activated by organizations in response to an infectious disease event.	• Manage event with the Incident Command System / Emergency Operations Plan • Implement Communications Plan to provide updated information for staff and the public • Activate Surge Capacity Plan • Re-evaluate plans and policies related to infectious disease • Activate alternate Staffing Plan • Staff Education (5) • Telework/Revise call-in policy • Evaluate essential services • Streamlines ordering for essential supplies • Masking of visitors • Disease-specific vaccinations for staff

Interval 3: Moderately Elevated Infection Control Measures		
Interval 3 Definition: Additional control measures or modifications to standard measure implements to manage a significant increase in infectious cases or atypical cases. Examples: Severe influenza season, limited number of measles cases		
Domain	**Description**	**Considerations for Control Measures**
Waste Management	Strategies employed to handle, store, and/or dispose of infectious waste.	• Increase frequency of waste pickup & soiled linen • Targeted education • Monitor for changing waste management guidelines • Increase waste management supplies • Increase staffing • Assure long-term storage of accruing waste • Disease-specific handling procedures • Burial procedures/mass fatality

Interval 4: Severely Elevated Infection Control Measures		
Interval 4 Definition: Additional infection control measure or modifications to standard measures implemented to manage severely infectious cases. Examples: Ebola, COVID-19, SARS-CoV-2, and MERS-CoV.		
Domain	**Description**	**Considerations for Control Measures**
Environmental Controls	Strategies to modify, adapt, protect, or use the physical workplace to prevent the spread of infections.	• Secured access/limited entrances/location of infected patients • Isolation rooms/convert locations to negative pressure/HEPA filters • Cohort the sick/ Isolation of infected • Disease-specific education • Anterooms for donning and doffing • No visitors (signage)
Staff Protection	Strategies and/or equipment that could be used to ensure the safety of healthcare workers.	• Limit staff exposure / dedicated staff / limit staff exposure • Telework / mandatory PTO • Disease-specific PPE • Disease-specific education • Emotional support de-briefing / mental health for staff
Administrative Policies	Policies, procedures, and/or plans that could be activated by organizations in response to an infectious disease event.	• Manage event with the Incident Command System / Emergency Operations Plan • Mass Fatality Plan • Segregate between facilities/reroute patients • Suspend organization's services / close facility • Monitor for updated guidelines • Telemedicine
Waste Management	Strategies employed to handle, store, and/or dispose of infectious waste.	• Increase frequency of waste pickup & soiled linen • Back up company supply/waste • Mass fatality plan • Monitoring for changing waste management guidelines • Staffing responsibilities increase to limit PPE use • Use of incinerators • Alternate storage locations for waste

Suggested Trainings

Domain	Topic (Staff)
Environmental Controls	1. Personal Protective Equipment (PPE) Use (All Staff) 2. Negative Air Pressure (Infectious Control, Engineering) 3. Basic Infection Control (All Staff) 4. General public education of handling and disposal (All Staff) 5. OSHA (All Staff) 6. Bloodborne Pathogens (All Staff) 7. Cleaning Products (All Staff)
Staff Protection	1. Personal Protective Equipment/Universal Precautions (All Staff) 2. Biohazard waste (Clinical Staff, Environmental Staff) 3. OSHA (Clinical Staff) 4. Disease Processes (Clinical Staff) 5. Environmental cleaning, disinfection (Environmental Staff) 6. Employee Health (HR/Training Department Supervisors) 7. Safety (Facilities/Maintenance) 8. Hand hygiene training (All Staff) 9. Infectious disease training (All Staff) 10. Triage/Screening (Clinical Staff, Registration Staff) 11. Fit-Testing (Clinical Staff)
Administrative Policies	1. Incident Command Training (Leadership) 2. Basic Incident Management / Emergency Management (All Staff) 3. Visitation Policy Training (Security, Registration) 4. HIPAA (All Staff) 5. Bloodborne pathogens (All Staff) 6. Communication (All Staff) 7. Basic Biohazard training (All Staff) 8. Advanced Biohazard training (Staff with potential patient contact)
Waste Management	1. General Waste Management (All Staff) 2. Chemical storage (Nursing, Environmental Services) 3. OSHA (All Staff) 4. Safety Data Sheets (All Staff) 5. Personal Protective Equipment (PPE) (All Staff) 6. Hand Hygiene (All Staff) 7. Biohazard waste training (what goes where/MSDS) (Nursing, Environmental Services)