Key Messages
Basic Infection Control and Prevention Plan for Outpatient Oncology Settings

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- Patients deserve safe care anywhere healthcare is provided, including outpatient oncology settings.
  - Outpatient oncology settings are facilities where cancer patients do not stay overnight, e.g. hospital-based outpatient oncology clinics and non-hospital based oncology clinics.
- Despite advances in oncology care, infections remain a major cause of morbidity and mortality among cancer patients.
- Given their vulnerable condition, great attention to infection prevention is warranted in the care of cancer patients.
- This plan includes key policies and procedures outlined in the existing and newly released CDC Guide to Infection Prevention in Outpatient Settings that have been tailored to be applicable to an outpatient oncology facility to meet minimum expectations for patient safety.
- Failure to practice Standard Precautions and follow safe injection practices violates basic patient safety and cannot be tolerated. Outbreaks of infections among cancer patients have led to closures of outpatient oncology clinics.

Key Points:

- Outpatient oncology facilities vary greatly in their attention and oversight of infection prevention.
- This plan reminds outpatient oncology providers of the basic infection prevention practices they must follow to protect their patients and themselves.
  - The elements in this document are based on CDC’s evidence-based guidelines as well as relevant guidelines from professional societies.
- CDC’s Basic Infection Control and Prevention Plan for Outpatient Oncology Settings is useful for all outpatient oncology facilities
- Oncology facilities that currently have a plan in place should ensure that their policies and procedures include the elements outlined in this document.
  - Facilities without a plan should use this document as a tool to draft and implement a plan for their facility.
  - While this plan may essentially be used exactly “as is,” facilities may also choose to personalize it by adding the facility name and names of specific rooms/locations, inserting titles or positions of designated personnel, and providing more detailed instructions where applicable.
- This plan does not comprehensively cover occupational health requirements (i.e., Occupational Safety and Health Administration standards) and does not address infection prevention issues that are
unique to blood and marrow transplant centers (a.k.a. bone marrow transplant or stem cell transplant centers).

- **Ongoing outbreaks and patient notifications resulting from unsafe practices in outpatient oncology settings** highlight the need for a basic infection control and prevention plan to be in place and to ensure its implementation in these settings.

To provide safe care, at a minimum **outpatient oncology providers should:**
- Recognize their responsibility to implement and adhere to standard infection control practices
- Practice good hand hygiene--including use of alcohol-based hand rubs or hand washing with soap and water, to reduce the risk of spreading infections
- Ensure safe medical injection practices are followed --including the use of aseptic technique to access patients’ ports and adhering to safe injection practices when preparing and administering medications, including saline flushes and chemotherapy infusions
- Target high-touch surfaces when cleaning patient-care areas, such as patient chairs and IV poles in chemotherapy suites and exam tables in patient exam rooms
- Practice good respiratory hygiene/cough etiquette to prevent transmission of respiratory infections to patients within the facility, especially during periods of increased community respiratory virus activity.

**Background:**

**Excerpt from the CDC Basic Infection Control and Prevention Plan for Outpatient Oncology Settings:**

In 2010, an estimated 1.5 million new cases of cancer were diagnosed in the United States [1]. With the improvement in survivorship and the growth and aging of the U.S. population, the total number of persons living with cancer is expected to increase substantially [2]. Despite advances in oncology care, infections remain a major cause of morbidity and mortality among cancer patients [3-5]. The risk for infection is attributed, in part, to the patient’s immunosuppression caused by the underlying malignancy and/or chemotherapy and to certain necessary healthcare procedures. For example, cancer patients often require the placement of indwelling intravascular access devices and undergo surgical procedures that may place them at greater risk for infectious complications. In addition, because of the nature of their illness, cancer patients come into frequent contact with the healthcare environment and can be exposed to other patients with transmissible infections. Given their vulnerable condition, great attention to infection prevention is warranted in the care of these patients.

Cancer patients previously received most of their care in acute care settings, but in recent decades, the vast majority of oncology services have shifted to outpatient settings, such as physician offices, hospital-based outpatient clinics, and nonhospital-based cancer centers. Currently, more than one million cancer patients receive outpatient chemotherapy or radiation therapy each year [6]. However, compared with acute care hospitals that have systems in place to implement and monitor infection prevention standards, outpatient oncology facilities vary greatly in their attention to and oversight of infection prevention. This is reflected in a number of debilitating outbreaks of viral hepatitis and bacterial bloodstream infections involving oncology clinics, resulting from breaches in basic infection prevention practices (e.g., syringe reuse, mishandling of intravenous administration sets) [7-10]. These breaches have also led to patient deaths and closure of the facility. In some of these incidents, the implicated facility did not have written infection control policies and procedures for patient protection or regular access to infection prevention expertise.

**REFERENCES**


