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| **Table. Healthcare Facility Stakeholders Impacted by Infection Prevention and Control (IPC) Strategies During Pandemic Response** | |
| **Stakeholder** | **Examples of IPC Impact** |
| **Clinical Personnel** | Clinical protocols, selection and use of PPE, including reuse and extended use, work restrictions, and visitor restrictions |
| **Support Personnel, including Environmental Services** | Selection and use of PPE, including reuse and extended use, cleaning and disinfection protocols |
| **Infection Prevention and Control staff** | Increase in demand for services including education, training, exposure and contact tracing, surveillance, data management and analysis, coordination with public health (federal, state, local) |
| **Supply Chain** | Utilization of PPE, cleaning and disinfection supplies, laboratory supplies, as well shortages of single use devices requiring risk assessment to consider reuse |
| **Operations and Finance** | Increase in costs to comply with IPC protocols including supplies, labor costs, increase cost of care, increase in length of stay, establishment of alternate care sites including testing and treatment, and potential decrease in revenues due to reduced demand for particular services |
| **Capacity Management** | Infection prevention requirements (e.g., isolation, cohorting) influence on bed availability, length of stay, patient flow |
| **Laboratory** | Increase in demand for screening diagnostics and incorporation of new diagnostics |
| **Pharmacy and Therapeutics** | Increase in demand for IPC input into mitigation of shortages including use of single dose preparations as multi-dose |
| **Public Affairs** | Increase demand for internal and external communication |
| **Occupational Health** | Return to work protocols resulting in increased demand in occupational health support of HCP, including, when required by regulators, testing of asymptomatic HCP |
| **Quality and Safety** | Increase in need for response to safety events and monitoring for possible adverse impact of IPC protocols |
| **Electronic Health Record/Informatics personnel** | Increase in demand for modifications to EHR to support workflows including diagnostics, isolation, de-isolation, patient counseling, surveillance, data analysis |
| EHR, electronic health record; PPE: personal protective equipment; IPC: Infection Prevention and Control | |