SPURRED by the 2014 Ebola crisis and such emerging threats as Zika virus and antibiotic resistance, ANA is partnering with leading public health organizations to give registered nurses (RNs) in all practice settings effective training and tools for themselves and their patients against the hazards of infectious diseases. 

RNs often are the first line of defense against infectious diseases as the professionals with the closest and most continuous contact with patients. Also, they are frequently asked to train other healthcare workers. Several joint initiatives are underway to bridge the knowledge gap between what nurses know about infection control and what they encounter in the workplace.

ANA and CDC partnership

In a 2-year effort, ANA and the Centers for Disease Control and Prevention (CDC) will develop training materials in evidence-based infection control measures to improve nurses’ adherence to effective practices and enhance their confidence in caring for patients with an Ebola-like virus or other highly contagious disease. The partnership leverages ANA membership and its relationships with 36 organizational affiliates, which are specialty nursing organizations, to broadly reach RNs in the United States.

“Nurses have played a critical role in educating the public and other healthcare workers about controlling and preventing the spread of the Ebola and Zika viruses,” said ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN. “CDC recognizes that nurses are on the front lines of care and should be fully equipped to tackle emerging threats to protect themselves and the people they serve.”

The work is designed to address knowledge deficits about infectious disease control identified during the 2014 Ebola epidemic, which killed more than 11,000 people, mostly in West Africa. In the United States, two nurses at a Texas hospital contracted Ebola while caring for a patient who had traveled from Liberia following exposure to the disease.

Widespread media coverage at the time sparked a national dialogue about preparedness and response, as healthcare facilities faced shortages of personal protective equipment (PPE) and questions about its proper use, as well as an overall lack of training for healthcare professionals potentially exposed to Ebola virus. ANA, working closely with CDC during the crisis, was able to help educate the nursing community with a consistent message of calm, reason, and encouragement, allaying fears.

Steps in the 2-year plan include a survey of nursing programs nationwide to identify infection-control training and educational needs for all levels of nursing personnel—RNs, certified nursing assistants, licensed practical nurses, and advanced practice RNs. Recommended improvements will be published.

ANA also will advise CDC on developing educational tools, including webinars and training sessions to be delivered at specialty nursing conferences. At least one continuing education course will be developed for delivery on Medscape, a web-based medical information and education service. ANA’s organizational affiliates will collaborate to promote CDC training materials through email, social media, articles in nursing publications, and conference calls.

ANA and APIC launch infection control website

ANA’s partnership with CDC complements existing work the association has been doing. ANA and the Association for Professionals in Infection Control and Epidemiology (APIC) have launched the ANA/APIC Resource Center, a centralized, web-based information site on topics ranging from hand washing to PPE.

Available since June, the website represents an 18-month collaboration to identify and address common knowledge gaps among members identified during the Ebola crisis. It offers a wealth of information organized into four main categories—healthcare-associated infections, emerging infectious diseases, PPE, and hand hygiene.

“We thought it could be a breakthrough initiative to deliver standardized information on preventing healthcare-associated infections to nurses—the largest healthcare workforce with the most patient contact,” said Katrina Crist, MBA, CAE, chief executive officer of APIC. “This partnership promotes resources developed and used by infection preventionists and makes them easily accessible to nurses via ANA.”

ANA and APIC point to the commitment by the Department of Health and Human Services to reducing the national rate of healthcare-associated infections, which are acquired while patients are being treated for another condition anywhere health care is delivered, including hospitals, outpatient settings, and long-term care facilities. Website users can click for resources on healthcare-associated infections.
The website features a color-coded map showing the global reach of disease outbreaks and gives links to emergency-preparedness resources from ANA, APIC, CDC, and the Occupational Safety and Health Administration. Importantly, it provides detailed information on different kinds of PPE as well as guidance from CDC on how to select and use PPE in healthcare settings, including donning and doffing (putting on and removing) PPE in such a manner as to not contaminate oneself, others, or the environment.

The site also provides resources on hand washing as a primary defense against transmission of infectious disease, as well as a discussion of barriers to hand hygiene, such as time pressures, high workload and understaffing, and ignorance of guidelines. It also provides information on when it is appropriate to use hand sanitizer instead of soap and water. An informative and entertaining YouTube video portrays healthcare professionals from around the world demonstrating effective hand hygiene while dancing through hospital hallways or joining flash mobs in parking lots.

**Antibiotic stewardship**

In related work, ANA and CDC are collaborating to support nurses in championing antibiotic stewardship, which the Infectious Diseases Society of America defines as “coordinated interventions designed to measure and improve appropriate antimicrobial use by promoting the optimal drug regimen, dose, duration of therapy, and route of administration.”

According to CDC, at least 2 million people a year in the United States become infected with antibiotic-resistant microbes and at least 23,000 die as a result. Experts estimate that 25% to 68% of antibiotics used in hospitals are prescribed inappropriately.

Nurses, despite their extensive interactions with patients in all settings, are frequently unrecognized and underutilized in their role to ensure that antibiotics are used appropriately and with optimal effectiveness, according to Sharon Morgan, MSN, RN, NP-C, senior policy advisor at ANA.

“Nurses rarely sit as part of formalized antibiotic stewardship programs, despite guidelines that call for broad-based multidisciplinary involvement,” Morgan said. Instead, teams traditionally include infectious disease physicians, clinical or infectious disease pharmacists, infection preventionists, clinical microbiologists, and epidemiologists.

But nurses can act as an effective communication hub for the variety of healthcare specialists who interact with patients, Morgan said. Initially the ANA/CDC working group focused on identifying ways nurses in acute-care settings engage in antibiotic stewardship, defining ways to formalize their involvement, and filling educational gaps. The working group hopes to expand its efforts to include nurses’ roles in ambulatory and long-term care facilities.

To learn more about ANA’s partnerships on infection prevention and control efforts for RNs, go to [nursingworld.org/DPR](http://nursingworld.org/DPR). For the ANA/APIC resource center, visit [nursingworld.org/ANA-APIC](http://nursingworld.org/ANA-APIC).

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