Pathogens are present in every hospital, no matter its prestige. One in every 20 hospital patients will experience a hospital-acquired infection (HAI), which is associated with high morbidity and mortality rates.

**A Bit of History**

In 1846, a Hungarian doctor named Ignaz Semmelweis noticed that women in a maternity ward with doctors were dying of a childbed fever at a much higher rate than those in a midwife-run maternity ward. He deduced that germs from autopsies conducted by doctors were being spread to women undergoing childbirth since the doctors were going straight into maternity wards after performing autopsies. Since midwives did not conduct autopsies, the same germs were not being spread to women who they helped. When Semmelweis implemented handwashing with chlorine, the rates of women dying after giving birth dropped dramatically. While it took centuries for the adoption of handwashing to take hold, it was the beginning of the practice of infection prevention.

**Over time, scientists and clinicians have developed methods to prevent and control infections in hospitals, save lives and improve patient experiences.**
An effective strategy to combat infections in hospitals must include both prevention and control measures—one cannot be done without the other. While healthcare entities are using the phrases together, as in “infection prevention and control,” or IPC, there are subtle differences between the two concepts that are helpful to differentiate.

**Infection prevention** includes processes, auditing, risk assessments, and ongoing education. Prevention is a proactive approach and focuses on the safeguards that stop infections from happening at all. Common strategies under this umbrella include tracking safe handwashing methods, ensuring healthcare workers are vaccinated, implementing proper environmental services (EVS) protocols, and providing access to ample personal protective equipment.

**Infection control** is reactionary and denotes the steps involved when managing infections or outbreaks that have already occurred in the facility. This normally incorporates monitoring, contact tracing, and the reporting of an outbreak or exposure. It also may require isolation when exposure does occur. Effective infection control mitigates the risk of a known infection from spreading or impacting other patients, staff or caregivers.
How Infection Preventionists View It

Since hospitals are focused on keeping HAI rates low, not only mitigating the spread, it makes sense that professional organizations have pushed to promote the term infection prevention over infection control. Job titles of experts in this field are reflecting this evolution, with most now referred to as Infection Preventionists (IPs).

While all hospitals have strategies in place for both prevention and control, ultimately, the focus is on prevention. When infections are identified, the efforts are centered on developing education to ensure it doesn’t happen again. Infection preventionists conduct a gap analysis or a fishbone diagram to determine where the gap in care occurred that led to the infection. Additional staff training is provided so the same gap doesn’t happen again.

“When infections are identified, the efforts are centered on developing education to ensure it doesn’t happen again.”

Hospital Staff Collaborate on Infection Prevention and Control

IPs should lead the effort and monitor HAI rates with an understanding of all the data, but they can also motivate and lead the entire workforce to mitigate infections at their facilities. Nurses and physicians are important stakeholders in the fight against HAIs. Nurses are typically involved with the care and maintenance of invasive devices (e.g., Foleys, central lines), which can be common sources of infections. They are present during insertions and should follow a checklist to ensure the proper steps are followed to maintain sterility during the procedure. During other steps in patient care, checklists should be followed to prevent infection or bacteria growth.

Hospital leaders focused on keeping HAI rates low and improving patient outcomes are fixated on infection prevention, meaning their most effective IPs are those who spend more of their time on prevention and less on control. In other words, “no news is good news” in the world of IPs.

Infection control will always need to be an important component to hospital safety, but IPs will continue to look for ways to be proactive in their hospital’s approach to protecting patients.

“Infection prevention should be an all-hands-on-deck focus for hospital staff.”