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# **Infection Prevention Policy and Procedure Manual**

**FOR HOSPITALS**

# **Infection Prevention Policy and Procedure Manual**

**FOR HOSPITALS**

**+HCPro**

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Candace Friedman, Contributor  
Marge McFarlane, Contributor  
Peggy Luebbert, Reviewer  
Tami Swartz, Editor  
Michael Briddon, Executive Editor  
Emily Sheahan, Group Publisher  
Mike Mirabello, Senior Graphic Artist  
Lauren Rubenzahl, Copyeditor  
Liza Talbot, Proofreader  
Matt Sharpe, Production Supervisor  
Susan Darbyshire, Art Director  
Jean St. Pierre, Senior Director of Operations

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HCPro, Inc.  
P.O. Box 1168  
Marblehead, MA 01945  
Telephone: 800/650-6787 or 781/639-1872  
Fax: 800/639-8511  
E-mail: [customerservice@hcpro.com](mailto:customerservice@hcpro.com)

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# CONTENTS

<b>About the Reviewer.....</b>	<b>vi</b>
<b>Introduction .....</b>	<b>vii</b>
<b>Section 1: Infection Prevention and Control Program Overview .....</b>	<b>1</b>
1.1: Infection Prevention Plan (Sample 1) .....	3
1.2: Infection Prevention, Surveillance, and Control Program Plan (Sample 2) .....	10
1.3: Sample Outline for an Infection Prevention and Control Plan.....	13
1.4: Sample Infection Control Committee Goals and Strategies.....	16
1.5: Infection Control Plan Risk Assessment .....	21
1.6: Infection Control Committee Job Description.....	22
1.7: Infection Control Coordinator Job Description .....	23
<b>Section 2: Surveillance and Reporting .....</b>	<b>25</b>
2.1: HAI Outbreak Investigation Policy .....	27
2.2: Infection Control Patient Care and Isolation Tracer .....	30
2.3: Sentinel Events Policy .....	32
2.4: Reporting Communicable Diseases .....	35
<b>Section 3: Employee Education and Health .....</b>	<b>41</b>
3.1: New Employee OSHA Orientation Checklist.....	43
3.2: CDC Suggested Work Restrictions for Personnel .....	45

## Contents

3.3: Competency Validation Guideline for Negative Pressure Rooms .....	47
3.4: Prevention of HIV/HBV/HCV Transmission .....	49
3.5: Prevention of MRSA Transmission .....	53
<b>Section 4: Isolation.....</b>	<b>57</b>
4.1: Isolation Techniques and Requirements .....	59
4.2: Protective Precautions .....	65
4.3: Droplet Precautions Policy .....	69
<b>Section 5: Sterilization and Disinfection .....</b>	<b>77</b>
5.1: Cleaning and Disinfection Guidelines .....	79
5.2: Sterilization Guidelines and General Information.....	87
5.3: Sterilization Monitoring.....	91
5.4: Steam Sterilization.....	100
5.5: Packaging for Reprocessable Items to Be Sterilized .....	102
5.6: Recall of Sterilized Items .....	104
<b>Section 6: Patient Care Standard Precautions and Protocol .....</b>	<b>109</b>
6.1: Standard Precautions.....	111
6.2: Contact Precautions .....	121
6.3: Glove Use Guidelines.....	142
6.4: Hand Hygiene Policy.....	143
6.5: Hand Hygiene Compliance Worksheet .....	146
6.6: Hand Hygiene Monitoring Tool .....	147
6.7: Visitation Policies .....	148
6.8: Animals Visitation Policy.....	152
6.9: Hospital Precautions for Creutzfeldt-Jakob .....	157
6.10: Healthcare-Associated Pneumonia Prevention .....	161

## Contents

6.11: Ventilator-Associated Pneumonia Bundle Monitoring Tool .....	165
6.12: Invasive Pressure Monitoring.....	166
6.13: Sample Letter to MRSA patient .....	168
6.14: Vancomycin-resistant <i>Staphylococcus aureus</i> Policy .....	169
6.15: Invasive Surgical Procedures Performed at the Bedside .....	178
6.16: Urinary Catheter Care Policy .....	181
6.17: Central Lines Policy .....	190
<b>Section 7: Bloodborne Pathogens .....</b>	<b>203</b>
7.1: Bloodborne Pathogens Policy .....	205
7.2: Exposure-Prone Activities List.....	218
7.3: Bloodborne Pathogens Post-exposure Checklist .....	219
<b>Section 8: Tuberculosis .....</b>	<b>221</b>
8.1: Tuberculosis Infection Prevention Plan .....	223
<b>Section 9: Environment of Care .....</b>	<b>247</b>
9.1: Infection Control Monitoring Tool for EoC .....	249
9.2: Construction and Renovation Policy.....	250
9.3: Waterborne Diseases Policy.....	268
9.4: Environmental Sanitation Policy.....	270
<b>Section 10: Influenza Outbreak and Bioterrorism .....</b>	<b>271</b>
10.1: Infection Control Measures for Pandemic Influenza/Avian Influenza .....	273
10.2: CDC Rapid Diagnostic Testing for Influenza .....	294
10.3: Bioterrorism Policy .....	296



# ABOUT THE REVIEWER

## **Peggy Prinz Luebbert, MS, MT (ASCP), CIC, CHSP**

**Peggy Prinz Luebbert, MS, MT (ASCP), CIC, CHSP**, consultant and owner of Healthcare Interventions in Omaha, NE, consults with healthcare facilities throughout the United States. A medical technologist with a master's degree, she has worked in infection control and healthcare safety for more than 20 years and has published and lectured extensively on a national level. She is certified in infection control and healthcare safety.



# INTRODUCTION

This manual was created to provide the infection control professional (ICP) with a complete resource for implementing an infection prevention and control program. ICPs are busy and overwhelmed. Recent influenza pandemics and a continued concern regarding hospital-acquired infections has only made the job more difficult. To simplify your job, HCPro presents to you the *Infection Prevention Policy and Procedure Manual for Hospitals*.

This manual contains policies, guidelines, tables, forms, and other tools from a variety of sources, including expert infection control consultants, government agencies, and a variety of veteran hospital ICPs who abide by the policies every day and have found them practical and useful.

Each policy or tool has its own style and has been changed minimally from its original state. Use these policies and tools as your own, tweaking them to fit any specifications your facility may have. Or, use ideas gained from this manual to enhance your own policies and protocols.

As you can see from the Table of Contents, this manual is a complete resource, with policies on influenza outbreaks, animal visitation, sentinel events, hand hygiene protocol, and everything in between. You will also find more than one sample of an infection control program plan from which to choose. Additionally all policies and forms are available for electronic download as well, so you can customize each policy.

Whether you are new to the role of ICP or you are a veteran looking for a few additional policies, we hope you will find this resource a helpful alternative to reinventing the wheel.





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Readers of the *Infection Prevention Policy and Procedure Manual for Hospitals* can download the forms and figures included in this book by visiting the HCPro Web address below. We hope you find the downloads useful.

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# **Infection Prevention and Control Program Overview**



## **SECTION 1**



# Infection Prevention and Control Program Overview

## 1.1: Infection Prevention Plan (Sample 1)

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\_\_\_\_\_ HOSPITAL  
City, State

### INFECTION PREVENTION PLAN

#### I. POLICY

\_\_\_\_\_ Hospital supports an Infection Prevention (IP) Program designed to ensure the safety of patients, staff, and visitors within its healthcare environment, and all off-campus sites, by reducing the risk of acquiring a healthcare-associated infection (HAI). The process is based on published guidelines from professional societies, as well as guidance from healthcare accreditation organizations. The IP Program maintains a culture of safety that promotes zero tolerance for both the occurrence of preventable HAIs and for noncompliance with established infection prevention and control practices. The IP Plan is reviewed at least annually by the Infection Prevention Committee and the IP Professional to maintain consistency with new recommendations and changes within the institution.

#### II. SCOPE

This plan is implemented to protect all \_\_\_\_\_ Hospital patients, employees, and visitors, including medical staff and Allied Health Affiliates. This plan is an organizationwide plan that interfaces with all departments and services of the organization and all national and state regulatory agencies concerning infection prevention and control.

#### III. STRUCTURE AND AUTHORITY

##### **Members**

The members of the Infection Prevention Program are the Infection Prevention Committee, the Chairperson of the IP Committee, the Infection Prevention Professional (Certified in Infection Control on \_\_\_\_\_), and the Medical Director for Infection Prevention. The Committee is responsible for overview of the program and makes recommendations to the Medical Staff and other hospital committees on infection control issues. The Committee is composed of representatives from the medical staff, an administrative representative, and appropriate hospital departmental personnel; meets on monthly basis and as necessary; and has the responsibility to approve Infection Prevention Program Policies and Procedures. The Committee Chairperson is responsible for presiding over the Committee meeting and has expertise in the area(s) of clinical microbiology, infectious diseases, infection control, or epidemiology.

##### **Infection Prevention Professional**

Primary responsibility for the activities of the Infection Prevention Program belongs to the IP Professional. The IP Professional's position is within the Department of Nursing. Advanced training in healthcare infection prevention and control is required, including knowledge of prevention, surveillance, and epidemiologic methods. Certification in Infection Prevention and Control is desirable as it reflects the standard of knowledge required for the program (Certification Board of Infection Control and Epidemiology, Inc.). Staffing level for Infection Prevention Professionals within the IP Program is assessed annually to ensure that there are adequate available resources and that the program is consistent with regulatory requirements and professional society guidelines.

##### **Medical Director for Infection Prevention**

The Medical Director for Infection Prevention is a physician with training in Hospital Epidemiology and Infection Prevention and Control as demonstrated by completion of a fellowship in Infectious Diseases, with either additional work experience in Hospital Epidemiology and/or completion of the SHEA/CDC Course in Healthcare Epidemiology or the IDSA/SHEA Infection Control Fellows Course. The IP Medical Director will provide consultative expertise to the IP Program. The IP Manual including the IP&C Plan is located \_\_\_\_\_ (e.g., in each of the Hospital's Departments and/or on the hospital Intranet) for easy reference.

## Section 1

### 1.1: Infection Prevention Plan (Sample 1) (cont.)

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#### **Authority**

The Infection Prevention Committee has the authority to institute any surveillance, prevention or control measures, or study when there is reason to believe that any patient, personnel, or visitor may be at risk of contracting or transmitting infectious disease. This authority and responsibility includes but may not be limited to the following:

- Develop and implement a preventive and corrective program(s) designed to minimize infection hazards
- Review and approve all policies and procedures related to infection surveillance, prevention, and control activities in all departments/services
- Collaborate with the organization leadership to institute emergency measures to prevent infections such as closure of units, transfer of patients, halting construction, and other measures
- Promote the application of organizational and departmental policies relating to infection prevention and control involving, but not limited to, isolation procedures and techniques, sterilization procedures, prevention of cross-infection through equipment use, and the safe disposal of infectious or contaminated wastes
- Provide budget proposals and information resource requests that facilitate general infection prevention and control program activities defined by program components and specific activities that support disease prevention, data collection, and reporting

#### **Risk Assessment**

A risk assessment is performed to identify key internal and external infection vulnerabilities that can inhibit efforts to prevent and control infections throughout the organization. This risk assessment evaluates infection risks specific to \_\_\_\_\_ Hospital and its community, establishes IP priorities, and sets goals and objectives. The IP Professional and IP Medical Director with input from the IP Committee members assess risks on an ongoing basis and the risk assessment document is re-evaluated annually and as needed with changing factors.

#### **Evaluation of Effectiveness**

The IP Committee evaluates the effectiveness of the infection control interventions and, as necessary, redesigns the infection prevention and control interventions. This evaluation and revision occurs formally at least annually and whenever risks significantly change. The evaluation addresses changes in the scope of the IP Program such as new services or new sites. The evaluation also addresses changes in the results of the risk assessment and it addresses emerging and reemerging healthcare issues in the community. The evaluation assesses the success or failure of the interventions for preventing and controlling infection.

#### **Reporting Structure**

The IP Professional and Committee provide information regarding its program and activities to Hospital Administration and Leadership Team, Risk Management, and Quality Management on a regular basis. Appropriate reports of surveillance data are sent to the department directors to share with staff. Infection Prevention Committee minutes and reports go to the Quality Committee. IP Committee reports go to the Quality Committee and the Hospital Board of Directors. A bi-weekly report is sent to Infection Prevention Director, the IP Medical Director, and to all nursing unit directors, as well as to the Nursing Division Directors. As needed, this report is also sent to hospital units/departments if an infection is attributed to their areas.

## IV. GOALS/FUNCTIONS

The primary goal of the Infection Prevention Program is to reduce the risk of acquiring healthcare-associated infections (HAI). The activities involved to achieve this goal can be divided into these three functions: prevention, surveillance, and control. Specific objectives for each of these areas are identified below.

# Infection Prevention and Control Program Overview

## 1.1: Infection Prevention Plan (Sample 1) (cont.)

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### **Prevention**

Prevent healthcare-associated infections in patients, staff, and visitors through:

- Education of patients, staff, and visitors about infection prevention and control guidelines and methods
- Procedure review and evaluations
- Maintain a system to monitor and improve adherence to hand hygiene and precaution policies
- Determine whether precautions are appropriate in individual patients by conducting Infection Prevention rounds
- Ensure adequate preparation for surge of infectious patients (i.e., beds, PPE, equipment, linens)
- Communicate with the Pharmacy Review Committee in regard to antibiotic utilization practice patterns and antimicrobial stewardship actions
- Participate in construction and renovation planning and activities
- Plan for emergency management of infectious patients (bioterrorism, chemical terrorism, pandemic, or outbreak)

### **Education and Training of Healthcare Workers**

The Infection Prevention Professional will plan and implement the hospital's infection control orientation and mandatory in-service programs. Specific departmental in-services will be conducted upon request of a Department Director or as deemed necessary.

Educational sessions will be provided for staff so that they can competently participate in infection prevention and control activities. Training addresses infection control measures, personal protective equipment, isolation precautions, hand hygiene, disinfection/cleaning, bloodborne pathogen exposure and tuberculosis exposure prevention, and additional areas required by government, accreditation, or licensing agencies. IP Professional will collaborate with Human Resources to develop computer-based modules as appropriate.

Bioterrorism and emerging pathogens such as Severe Acute Respiratory Syndrome (SARS), avian influenza, and pandemic influenza H1N1 have increased the importance of education and training. The Infection Prevention Professional or program representative will update and present information to hospital employees through attendance at Division and/or Department meetings, via e-mails, written communication, and/or verbally during IP rounds.

### **Policy and Procedure Development and Review**

Policies and procedures will be based on recognized CDC, SHEA, and APIC guidelines and applicable laws and regulations including OSHA, FDA, and Joint Commission, and they will address measures to prevent the transmission of infections among patients, employees, medical staff, volunteers, visitors, and the general public. Policies have been developed to define surveillance, prevention, and control measures in all patient care, support, and service areas, and to identify methods effective in reducing the risk of transmission of infectious microorganisms while increasing patient safety. The IP Professional participates in the Hospital Safety Committee, the Clinical Safety Committee and Nursing Policy/Procedure Committee activities to maintain a safe environment for patients and healthcare workers.

Specific departmental personnel, the IP Professional, the Assistant IP, and the Infection Prevention Committee on an annual basis and more frequently as necessary, will review infection control-related policies/procedures. Many are integrated in department policies and kept in the departments. The IP Professional is consulted for input as needed when these policies and procedures are reviewed every three years and periodically as needed.

## Section 1

### 1.1: Infection Prevention Plan (Sample 1) (cont.)

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#### Surveillance

Develop and implement a system for surveillance of infections to include:

- Identifying baseline information about the frequency and type of healthcare-associated infections
- Recognizing clusters or significant deviations from endemic level
- Developing a system for identifying, reporting, and analyzing the incidence and causes of healthcare-associated infections
- Performing a risk assessment of the needs for the institution on at least a yearly basis
- Preparing staff and physicians to identify and report early any clusters of patients with similar symptoms to IP Professional and/or local health department and to conduct appropriate tests

The Infection Prevention Program personnel conduct surveillance for many reasons, including to establish prevalence rates of healthcare-associated infections (HAI), to detect time/space clustering (i.e., outbreaks), to generate hypotheses concerning risk factors for acquiring HAIs, to assess the impact of prevention and control measures, and to reduce of HAI rates. In general, established criteria from the Centers for Disease Control and Prevention (CDC) are used to define healthcare-associated infections. CDC has sets of criteria that must be met to determine that a particular infection qualifies as healthcare associated.

The IP Committee on an annual basis following the effectiveness review of the current system determines the type and scope of the surveillance system at \_\_\_\_\_ Hospital.

A targeted surveillance method is utilized to focus resources on high-priority or high-risk populations and settings. In addition to targeted surveillance, single occurrences and/or outbreaks of HAIs related to any unusual or virulent pathogenic organism are evaluated.

Data produced from the surveillance process are presented to the IP Committee to facilitate decisions concerning prevention and control activities and resource allocation within the IP Program. Infection rates are established using recognized statistical methodology. If established "action thresholds" are met or exceeded. A team is called to review the cases and determine actions to eliminate possible causes and improve or create interventions. Histograms and process control charts are utilized when feasible to enhance the identification of infection trends and variations. Surveillance data are maintained in Microsoft Excel and Microsoft Access databases, and management of data is performed by the IP Professional and Medical Director of Infection Prevention.

#### Surgical Site Infections

The Infection Prevention Program conducts surveillance to detect surgical site infections (SSI) with specific reporting of total knee and total hip replacement surgeries. The addition of surveillance to detect SSIs in cardio-thoracic surgeries has begun within the past year and continues. The primary data source for SSI is the surgeon-reporting letter. Other sources that may result in detection of a SSI include review of the daily microbiology report of positive cultures and reports from nursing and medical staff. Criteria for defining SSI are based on CDC published guidelines. Surgeon-specific SSI rates are provided to each surgeon who has completed the required number of Class I and/or Class II procedures during the fiscal year. These rates are compiled and are confidentially forwarded to the Quality Management Director for review during the physician's re-credentialing process.

#### Ventilator-Associated Pneumonias

\_\_\_\_\_ Hospital initiated a collaborative effort with Respiratory Therapy (RT) to conduct surveillance for key indicators that indicate suspicion of Ventilator Associated Pneumonias (VAP). The RT documents several times a day on these patients; and if key parameters are present a Report Form with information is directed to the IP Professional to investigate for VAP in that patient. This will

## Infection Prevention and Control Program Overview

### 1.1: Infection Prevention Plan (Sample 1) (cont.)

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replace the medical record abstraction methodology to identify VAP. Critical Care Nursing Staff will continue reporting to IP Professional any suspect case(s) identified by the nurses as well. CDC criteria are used for defining VAPs. The data are presented to the Infection Prevention Committee.

#### Central Line-Related Blood Stream Infections

The IP Professional conducts surveillance for Central Line-related Blood Stream Infections (CLABSI). Detection is by monitoring of the microbiology reports of positive blood cultures. Chart review is conducted to determine whether the bacteremia meets CDC criteria for CLABSI. The Insertion Bundle has been more fully instituted in 2010 as well as repeated education and review for nursing staff. The data is presented to the IP committee expressed as the number of Central Line BSI per 1,000 catheter days.

#### Multidrug-Resistant Organisms

The IP Professional conducts surveillance for infection or colonization with multidrug resistant organisms. Methicillin-resistant *Staphylococcus aureus* (MRSA), Vancomycin-resistant *Enterococci* (VRE), and ESBL are monitored. A microbiology report of a positive culture for these organisms is automatically routed to the IP Professional. The data are presented to the IP Committee at least every two months.

MRSA PCR testing for nasal specimens identifies a positive within 2 hour turnaround time. MRSA active surveillance testing of nares is performed at admit for all patients from other healthcare facilities, all admits to oncology, and CCU/ICU and dialysis inpatients.

#### *Clostridium difficile*-Associated Diarrhea

*Clostridium difficile* (*C. difficile*)-associated diarrhea is major HAI with significant morbidity. Surveillance for *C. difficile* was started in 2004. Surveillance is conducted by the IP Professional via laboratory PCR reports of positive stool toxin assay. The ongoing surveillance data are presented to the Infection Prevention Committee.

#### Control

Control ongoing transmission of healthcare-associated infections and develop corrective measures to reduce the risk of acquiring infections by:

- Performing epidemiologic studies when appropriate based on surveillance recognizing clusters or significant deviations from endemic level
- Investigate adherence issues to infection prevention procedures
- Institute appropriate corrective measures and advise hospital staff of prevention procedures
- Serve as an information resource for all departments on various disinfection and cleaning products and procedures
- Order environmental cultures as needed
- Develop plans to control transmission of infection during an influx of infectious patients (staff vaccination or prophylaxis medication dispensing, visitation restrictions, traffic control)

#### Outbreak Investigation and Control

Microbiology personnel and reports are utilized to detect and investigate outbreaks as early as possible in order to stop the chain of transmission. IP Professional reviews with Employee Health Services the reported employee illnesses or disease exposures and tracks those reported for any clusters or outbreaks. Local and state health departments are consulted as appropriate. Communicable Diseases are reported as per federal and state requirements. The IP Professional and the Committee chairperson serves and rotates



## Section 1

### 1.1: Infection Prevention Plan (Sample 1) (cont.)

---

as host of the \_\_\_\_\_ County "Infectious Disease Committee" whose purpose is to share information regarding potential, and recognized, community infection control issues with healthcare providers of community healthcare facilities. The IP Committee Chairperson, along with the IP Professional and IP Medical Director, has the authority to institute any practices necessary to achieve immediate control of an outbreak. The IP Professional works closely with and serves as a resource to the housekeeping supervisor and all departments regarding disinfection, cleaning products, and procedures.

#### **Infection Prevention Rounds**

All patients who require isolation are identified by the IP Professional and institution of appropriate isolation is ensured through rounds and record checks. Feedback from clinical area rounds of environmental or patient-related infection control or safety hazards is appropriately managed to directors, supervisors, and staff via a written report if noncompliance is found.

### **V. RESOURCES**

The Hospital will provide adequate human and material resources, both personnel and non-personnel, to achieve the Infection Prevention Program's goal of reducing hospital-associated infections. Descriptions of the IP Committee Chair, the IP Professional, and Medical Director of IP are found in Section III. An annual assessment of the size, complexity, and estimated risk of the population served by the Hospital is conducted to ensure adequate personnel staffing. Some clerical support is provided by Quality Management and the Medical Staff Office. Human Resources and Information Systems provide educational and computer support. Adequate office space, computers, and printers are provided. Clinical microbiology laboratory services are provided to allow appropriate surveillance activities.

### **VI. ADDITIONAL ACTIVITIES**

#### ***Collaboration with Employee Health Services***

The IP Professional assists the Employee Health Nurse in the development of policies/procedures related to placement evaluations, immunization programs, TB prevention and control activities, exposures to infectious diseases, work-related and work-restricting illnesses, health and safety education, and appropriate follow-up of hospital-associated infections or policy development to prevent their occurrence. Special emphasis with assistance is placed on prevention of occupationally acquired diseases due to bloodborne pathogens, on respiratory fit-testing, and on annual influenza vaccination and TB testing programs.

#### ***Collaboration with Safety and Quality Programs***

The IP Professional participates on the Patient Safety Committee and the Hospital Safety Committee. Environment of Care issues as well as Patient Safety issues and potential hazards are examined and strategies to reduce these are formulated. Infection Control Risk Assessments are conducted currently by the IP Professional as part of the pre-construction planning for renovation or new construction projects. The IP Professional participates in construction team meetings with input on negative pressure rooms, surge capacity rooms, and other infection control construction-related issues. The Hospital has accessed State grants to assist with funding hospital emergency preparedness.

#### ***Liaison role with Public Health Departments***

The IP Professional is responsible for notifying state and local Public Health departments of reportable diseases. This may include chart reviews as necessary for the health departments in gathering epidemiological information. IP Committee members are active members on community committees including the County Emergency Preparedness, Community Influenza Committee, and Infectious Disease Committee. The IP Professional has linkages with the Local Public Health Department for notification of unusual events including outbreaks or bioterrorism events. The IP Professional has obtained training in use of the state Electronic Data & Surveillance System (EDSS) for communicable disease reporting and tracking to improve efficiency and speed of reporting.

# Infection Prevention and Control Program Overview

## 1.1: Infection Prevention Plan (Sample 1) (cont.)

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### **Education and Training**

Training and education courses in Hospital Epidemiology and Infection Prevention and Control are available from Association for Professionals in Infection Control and Epidemiology, Inc. (APIC), Society for Healthcare Epidemiology (SHEA), and the Centers for Disease Control and Prevention (CDC). Continuing education in Infection Control is required and supported by the Hospital. This includes active participation in APIC at both regional and national levels, as well as participation in other related organizations that promote infectious disease prevention and education.

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APIC Guide to the Elimination of Catheter-Related Bloodstream Infections, 2009.

### **REVIEW AND CONCURRENCE BY:**

Infection Prevention and Control Committee: \_\_\_\_\_

Administrative Council: \_\_\_\_\_

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## Section 1

### 1.2: Infection Prevention, Surveillance, and Control Program Plan (Sample 2)

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\_\_\_\_\_ HOSPITAL

#### INFECTION CONTROL COMMITTEE

#### Infection Prevention, Surveillance and Control Program (IPSC) Plan

\_\_\_\_\_ Hospital

The \_\_\_\_\_ includes \_\_\_\_\_. Together, they have \_\_\_\_\_ licensed beds spread over the \_\_\_\_\_ square feet and admit more than \_\_\_\_\_ patients annually. There are \_\_\_\_\_ outpatient clinics; Emergency Services; \_\_\_\_\_; and Home Care Services. The \_\_\_\_\_ hospital handles more than \_\_\_\_\_ outpatient visits each year. A large component of the patient population includes staff. \_\_\_\_\_ percent of patients are Medicare, \_\_\_\_\_ Medicaid, and \_\_\_\_\_ Blue Cross.

#### **Scope of IPSC program**

Prime responsibility for the program lies with the \_\_\_\_\_ department. The program covers all geographic areas of the hospital. This includes all inpatient units, all ambulatory care areas, diagnostic and treatment areas, surgical areas, home health, and support services. Coordination of the program is performed through each area's Infection Control protocols, which outline their specific activities related to the infection prevention and control program. The IPSC program is based on risk; consideration is given to clinical research, proven risk in specific areas, accrediting and regulatory requirements, and external reporting activities.

#### **Mission**

To minimize the risk of infections in patients, visitors, employees, and others associated with the \_\_\_\_\_ Hospital. The \_\_\_\_\_ department accomplishes this mission through timely data collection, analysis, and feedback; targeted interventions and education; and multidisciplinary, interdepartmental collaboration.

#### **Geographic areas**

Infection Control's staff members have their responsibilities divided according to the main divisions at the hospital. Thus, there is a staff member assigned to each of the following areas:

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Populations served are those individuals admitted to all clinical services with a special focus on the following areas:

- Patients in intensive care units
- Patients undergoing high-risk or high-volume surgical, diagnostic, or interventional procedures
- Patients who are considered immunocompromised

#### **Relationship to QI, patient safety**

Trended data (in the form of rates) are presented routinely to the Infection Control Committee. Any problem areas are brought to the attention of the appropriate nurse manager and medical director. Data are also provided to the Quality Improvement Program for routine reports to the clinical chairs. A staff member of IC is a member of the Patient Safety Committee.

## Infection Prevention and Control Program Overview

### 1.2: Infection Prevention, Surveillance, and Control Program Plan (Sample 2) (cont.)

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#### ***Clinical focus/number of staff***

Various factors were taken into consideration when defining each IC staff member's responsibilities. Each staff member is responsible for surveillance (S), policy & procedure review (P), quality improvement (Q), and education and consultation (E) in her/his areas, as appropriate. The breakdown of responsibilities is as follows:

- Inpatient areas: \_\_\_ FTE (S-\_\_\_%, P-\_\_\_%, E-\_\_\_%, Q-\_\_\_%)
- Surgical areas: \_\_\_ FTE (S-\_\_\_%, P-\_\_\_%, E-\_\_\_%, Q-\_\_\_%)
- Other areas: \_\_\_ FTE (S-\_\_\_%, P-\_\_\_%, E-\_\_\_%, Q-\_\_\_%)

#### ***Educational support services***

IC provides general infection prevention and control orientation for all new staff. Most other IC education is coordinated or provided by IC staff. All employees with potential exposure to patients' body substances are targeted for annual continuing education. In addition, staff members who are part of the TB screening program receive information on tuberculosis annually. IC staff provides in-services and other education as needed throughout the hospital.

#### ***Regulations***

Specific regulatory requirements that need infection prevention and control input and action include regulated medical waste, OSHA regulations, state standards, and TJC, CMS & NCQA requirements. Communicable diseases are reported to County Health Departments as required by law.

#### ***Risk assessment***

Because the hospital is a tertiary care facility in a suburban area, patients may be susceptible to infections due to their immune status, underlying disease, procedures performed, or treatments given. A very complex mix of patients is seen, including \_\_\_\_\_ patients. All departments within the hospital that have an impact on patient or employee IC issues are included in the IPSC program. This includes Food & Nutrition Service, EVS, all patient care sites, diagnostic, surgical & treatment areas, and environment of care areas.

#### ***Evaluation***

An annual report is provided to leadership outlining success at meeting goals. The IPSC program is reviewed at least annually.

## Section 1

### 1.2: Infection Prevention, Surveillance, and Control Program Plan (Sample 2) (cont.)

#### Goals, Objectives, Strategies, Measurement

The following activities are priorities for the IPSC program.

GOAL	OBJECTIVE	STRATEGY	MEASUREMENT
Provide quality care.  Limit the spread of infections associated with procedures, medical equipment, devices, supplies	Catheter-related bloodstream infection rates in ICUs will be zero	Provide stratified data to units	Analysis of infection data
	VAP rates in adult ICUs will be zero	Initiate VAP interventions	Analysis of infection data
	Decrease SSI in targeted procedures by 10%	<ul style="list-style-type: none"> <li>• Coordinate multidisciplinary improvement work groups</li> <li>• Participate in educational activities</li> </ul>	Analysis of infection data
	Decrease bloodstream infections in non-ICUs	Evaluate BSI prevention activities	Analysis of infection data
	Decrease ventriculitis rate by 20%	Reinforce insertion and maintenance practices	Analysis of infection data
	Ensure compliance with IC practices	<ul style="list-style-type: none"> <li>• Review practices during unit surveys/audits</li> <li>• Increase education of staff, patients, MDs</li> </ul>	Audit data
	Decrease sharps injuries to staff by 10%	Evaluate additional safety devices Coordinate ongoing education on safety devices	OHS exposure data
	Decrease HAI due to MDRO, <i>C. diff</i>	<ul style="list-style-type: none"> <li>• Monitor data</li> <li>• Improve rational use of antibiotics and overall utilization</li> <li>• Evaluate screening data</li> <li>• Improve CP practice</li> </ul>	<ul style="list-style-type: none"> <li>• Review of data</li> <li>• Audit results</li> </ul>
Limit unprotected exposure to pathogens for staff, patients, and visitors	Implement an IT system	Implement system	Completion of project
	Continue respiratory virus program in fall	Send Cover-Your-Cough reminders—all sites	Completion of projects
Enhance hand hygiene	Ensure compliance with use of ICRA's for construction/renovation projects	Provide support for construction/renovation projects	Audit results
	Increase hand hygiene compliance to 100%	<ul style="list-style-type: none"> <li>• Perform audits and feedback data</li> <li>• Provide educational programs</li> </ul>	<ul style="list-style-type: none"> <li>• Amount of alcohol hand rub/soap used over time</li> <li>• Observational data</li> </ul>
Protect staff, patients, and visitors from emerging pathogens	Increase the staff flu immunization rate to 100%	Assist OHS with education of staff	Review of data
	Decrease risk of HA-flu	Provide IC guidelines, education	Review of data

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## Infection Prevention and Control Program Overview

### 1.3: Sample Outline for an Infection Prevention and Control Plan

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#### A. Infection prevention and control department:

1. Organizationwide
2. Personnel and qualifications including support staff members
3. Resources (e.g., equipment, computers, references, training opportunities)
4. Authority
5. IP professional activities

#### B. Risk assessment:

1. Facility size and type; scope of care, service, procedures, and treatment provided; issues from surveillance data; and geography and community
2. Patient population
3. Types of personnel
4. Description of prioritized risks to target at this facility this year:
  - a. First priority \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  - e. \_\_\_\_\_
  - f. \_\_\_\_\_
  - g. \_\_\_\_\_
  - h. \_\_\_\_\_

#### C. Goals and objectives (describe broad goals and list a measurable objective for each goal):

- a. Goal: \_\_\_\_\_  
Objective: \_\_\_\_\_
- b. Goal: \_\_\_\_\_  
Objective: \_\_\_\_\_
- c. Goal: \_\_\_\_\_  
Objective: \_\_\_\_\_
- d. Goal: \_\_\_\_\_  
Objective: \_\_\_\_\_
- e. Goal: \_\_\_\_\_  
Objective: \_\_\_\_\_

## Section 1

### 1.3: Sample Outline for an Infection Prevention and Control Plan (cont.)

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- f. Goal: \_\_\_\_\_  
Objective: \_\_\_\_\_
- g. Goal: \_\_\_\_\_  
Objective: \_\_\_\_\_
- h. Goal: \_\_\_\_\_  
Objective: \_\_\_\_\_

**D. Strategies to reduce the risk for each objective** (include actions associated with procedures, equipment, and devices; policies and procedures based on current guidelines and regulations; isolation; investigation of outbreaks; employee health screening; work restriction; employee education; environmental issues, such as routine rounds and handling of infectious wastes; special issues, such as renovation and construction; and education and training offered, etc.):

- Objective a: \_\_\_\_\_
- Objective b: \_\_\_\_\_
- Objective c: \_\_\_\_\_
- Objective d: \_\_\_\_\_
- Objective e: \_\_\_\_\_
- Objective f: \_\_\_\_\_
- Objective g: \_\_\_\_\_
- Objective h: \_\_\_\_\_

**E. Surveillance plan:**

a. Assessment of risks for your specific patients and staff members:

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b. Description of indicators to monitor (include outcomes and processes):

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c. Antibiogram:

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## Infection Prevention and Control Program Overview

### 1.3: Sample Outline for an Infection Prevention and Control Plan (cont.)

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- d. Reporting of surveillance data (include to whom, how often, and required reports of infectious diseases to public health department):

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- e. Outbreaks:

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- F. Performance improvement projects** (planned or ongoing):

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- G. Emergency management planning:**

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- H. Evaluation process** (evaluate each goal and objective as well as staffing and support for your department, such as nonpersonnel resources):

- a. \_\_\_\_\_  
\_\_\_\_\_
- b. \_\_\_\_\_  
\_\_\_\_\_
- c. \_\_\_\_\_  
\_\_\_\_\_
- d. \_\_\_\_\_  
\_\_\_\_\_
- e. \_\_\_\_\_  
\_\_\_\_\_
- f. \_\_\_\_\_  
\_\_\_\_\_
- g. \_\_\_\_\_  
\_\_\_\_\_

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## Section 1

### 1.4: Sample Infection Control Committee Goals and Strategies

RISKS	GOALS	STRATEGIES	IMPLEMENTATION		
			Responsible Persons	Time Frames	Method to Evaluate Effectiveness
Hand hygiene noncompliance	100%	<ol style="list-style-type: none"> <li>1. Develop a house-wide hand hygiene campaign</li> <li>2. Obtain buy in from the IC Committee</li> <li>3. Obtain baseline hand hygiene compliance data for trial nursing unit</li> <li>4. Provide education and expectation to unit</li> <li>5. Implement hand hygiene campaign on unit</li> <li>6. Collect data to evaluate compliance</li> <li>7. Conduct variation analysis, if needed</li> <li>8. Implement changes as warranted</li> <li>9. Roll out house-wide</li> </ol>			
Improper cleaning of environment (lack of high dusting) and soiled patient care area microwaves and refrigerators	No findings of dust and soiled surfaces during environmental rounds	<ol style="list-style-type: none"> <li>1. Review environmental rounds data with Environmental Services Director</li> <li>2. Analyze data to determine reasons cleaning is not being done</li> <li>3. Formulate action plan</li> <li>4. Implement action plan</li> <li>5. Review environmental rounds data to monitor progress</li> </ol>			Findings on environmental rounds related to cleanliness of environment

## Infection Prevention and Control Program Overview

### 1.4: Sample Infection Control Committee Goals and Strategies (cont.)

RISKS	GOALS	STRATEGIES	IMPLEMENTATION		
			Responsible Persons	Time Frames	Method to Evaluate Effectiveness
Sharps injuries	≤ active self-inflicted sharps injuries by _____ %	<ol style="list-style-type: none"> <li>1. Remind all supervisors of need to complete First Report of Injury Form</li> <li>2. Begin contacting supervisors when incomplete forms are received</li> <li>3. No response, contact line management; CNO if necessary</li> <li>4. Formulate detailed stats on sharps injuries</li> <li>5. Perform drill down analysis of data to identify opportunities to prevent future injuries</li> <li>6. Implement appropriate actions</li> <li>7. Measure effectiveness of actions</li> </ol>			
Hemodialysis—management MRSA (high volume colonization/infection)	Compliance with hospital policies and procedures	<ol style="list-style-type: none"> <li>1. IC Coordinator to meet with Hemodialysis Manager to review existing standard precautions policies</li> <li>2. Explore educational opportunities for hemodialysis staff</li> <li>3. Observe practices to determine compliance with standard precautions</li> </ol>			

## Section 1

### 1.4: Sample Infection Control Committee Goals and Strategies (cont.)

RISKS	GOALS	STRATEGIES	IMPLEMENTATION		
			Responsible Persons	Time Frames	Method to Evaluate Effectiveness
Compliance with isolation	Compliance with hospital isolation policies and procedures	<ol style="list-style-type: none"> <li>1. Draft/revise a data collection sheet to concurrently measure compliance with isolation practices</li> <li>2. Based on data, select the unit with the highest level of noncompliance as a trial unit</li> <li>3. Select unit staff to serve on a PI team</li> <li>4. Analyze data to understand the causes of noncompliance</li> <li>5. Formulate actions for improvement</li> <li>6. Implement actions on trial unit</li> <li>7. Collect data to determine effectiveness of actions</li> <li>8. Roll out house-wide when improvement reached in trial unit</li> </ol>			

## Infection Prevention and Control Program Overview

### 1.4: Sample Infection Control Committee Goals and Strategies (cont.)

2007 UNFINISHED AGENDA ITEMS FROM INFECTION CONTROL COMMITTEE					
ITEM	EXPECTED OUTCOME	ACTIONS	IMPLEMENTATION		
			Responsible Persons	Time Frames	Method to Evaluate Effectiveness
Use of hair coverings during insertion of central lines	Compliance with IHI guidelines: use of hair covers for ALL central line insertions	<ol style="list-style-type: none"> <li>1. Determine units where non-compliance is occurring; interview directors of all units</li> <li>2. Interview staff from identified units to gain insight as to why noncompliance is happening</li> <li>3. Formulate actions related to interview findings</li> <li>4. Research inclusion of head covers within vendor purchased central line kits</li> <li>5. Pursue IC Committee recommendation of placing a reminder sticker on central line insertion kits</li> </ol>			
Implement combined infection control and environmental rounds	<p>Data collection sheet with specified indicators; department specific as warranted</p> <p>Aggregated data to identify patterns and trends</p> <p>Development of a mechanism to require evidence of correction from department directors</p>				
Revision in methods of collecting hospital-associated infection data	Perform drill down of data to identify failures in process or compliance and where to target improvement strategies				

## Section 1

### 1.4: Sample Infection Control Committee Goals and Strategies (cont.)

2007 UNFINISHED AGENDA ITEMS FROM INFECTION CONTROL COMMITTEE					
ITEM	EXPECTED OUTCOME	ACTIONS	IMPLEMENTATION		
			Responsible Persons	Time Frames	Method to Evaluate Effectiveness
Coordination of exposure management between ED and Occ Med	Consistent process for managing employee exposure whether assessed by Occ Med or ED				
Construction Updates	Formalize a report that demonstrates compliance with interim life safety codes related to infection control	<ol style="list-style-type: none"> <li>1. Determine what data is necessary for IC Committee to review</li> <li>2. Prepare a simple report with data, analysis of any variations, and actions, if appropriate</li> </ol>			
Compliance with staff TB skin testing requirements	100% compliance in high-risk departments				
Availability of isolation units	Method to provide airborne isolation in each patient care area or a plan to relocate patients without compromising care	<ol style="list-style-type: none"> <li>1. Create an inventory of all negative pressure rooms</li> <li>2. Ensure that staff are knowledgeable about their usage</li> <li>3. Ensure that proper monitoring of air exchanges/existence of negative pressure is being monitored by engineering</li> </ol>			

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## Infection Prevention and Control Program Overview

### 1.5: Infection Control Plan Risk Assessment

[Name of Hospital]

#### INFECTION CONTROL PLAN RISK ASSESSMENT

Event	Probability Of Occurrence				Patient Effect				Intensity Of Organization's Response Needed To Address The Risk				Organization Preparedness To Address Such A Risk At This Time			Risk Level	
	SCORE	High (3)	Med (2)	Low (1)	None (0)	Life Threat (3)	Perm Harm (2)	Temp Harm (1)	None (0)	High (3)	Med (2)	Low (1)	None (0)	Poor (3)	Fair (2)		Good (1)
<b>Geography and Community</b>																	
Transportation Mass Causality																	
Community-Acquired MRSA																	
<b>Hospital-Associated Infection Rates</b>																	
Surgical Site Infection—Vascular																	
VAP																	
<b>Resistant Organisms</b>																	
Extended Spectrum Beta Lactam (ESBL)																	
MRSA (HA)																	
VRE (HA)																	
<b>Services Provided</b>																	
NICU																	
ICUs																	
Total Joints																	
Interventional Radiology																	
Transfusion and Oncology Suite																	
Bariatric Surgery																	
Hemodialysis																	
<b>Communication</b>																	
Lack of Notification of Presence of HAI (internal transfer)																	
ED/Occ Med Coordination of an Exposure Follow-up																	
<b>Staff</b>																	
Hand Hygiene Noncompliance																	
Sharps Injuries																	
Noncompliance IHI Central Line Insertion Guidelines																	
Lack of Early Recognition of Potential Infections																	
Compliance with isolation																	
Flu Vaccine Noncompliance																	
<b>Environment</b>																	
Water Intrusion																	
Ineffective Preconstruction IC Planning																	
Improper cleaning of environment																	
<b>Supplies and Equipment</b>																	
Improper Cleaning or Disinfection of Equipment Between Patients																	
<b>Emergency Management</b>																	
Plan for Influx of Infectious Patients																	
Bioterrorism—Proximity to Large City																	

## Section 1

### 1.6: Infection Control Committee Job Description

---

\_\_\_\_\_ HOSPITAL

#### Infection Control Committee

##### Structure

The Infection Control Committee is a committee of the \_\_\_\_\_. The committee consists of representatives from the following areas:

- Clinical Departments
- Hospital Administration
- Environmental Services
- Respiratory Care
- Infection Control
- Safety
- Nursing Services
- Occupational Health Service
- Patient Food and Nutrition Services
- Pharmacy
- Facilities
- Risk Management

The committee is chaired by the Hospital Epidemiologist. The committee meets at least every other month and reports its findings to \_\_\_\_\_.

##### Responsibilities

The committee is responsible for the following activities:

1. Surveillance for healthcare-associated infection and recommendations for prevention and control of infectious diseases.
2. Development and promotion of a program to minimize infectious hazards.
3. Review of infection prevention and control practices in all areas.

##### Quality Indicators

The committee monitors the following infections and develops quality improvement objectives for these infectious problems:

1. Development of wound infections after selected surgical procedures. These procedures include \_\_\_\_\_ and procedures performed at outpatient surgery centers. Data are compared to NHSN benchmark data.
2. Track ventilator associated pneumonias in select units. Data are compared to NHSN benchmark data and internal tracking data (through run charts).
3. Development of primary or catheter-related bloodstream infections in patients treated in special care units. Data are compared to NHSN benchmark data and internal tracking data (through run charts).

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## Infection Prevention and Control Program Overview

### 1.7: Infection Control Coordinator Job Description

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**POSITION TITLE:** Infection Preventionist

**REPORTS TO:** Administration

#### **JOB SUMMARY:**

Evaluates quality of patient care and patient outcomes as they relate to healthcare-associated infections; collects, prepares, and analyzes healthcare-associated infection data; presents infection data and makes recommendations for actions; monitors employee compliance in use of barriers and infection prevention measures; prepares and presents educational offerings for the staff; serves as a resource to all departments and personnel; implements programs to protect the healthcare workers, visitors, and others in the healthcare environment; sets and recommends policies and procedures to prevent adverse events; provides internal and external reporting of information and data; promotes compliance with regulations, guidelines, and accreditation requirements.

#### **QUALIFICATIONS:**

- Holds a current state license as an LPN, RN, or medical technologist or has equivalent healthcare experience
- Completion of a basic training program for infection control
- Certification in Infection Control is desired
- Ability to develop policies and procedures
- Ability to teach and evaluate clinical performance

#### **DUTIES AND RESPONSIBILITIES:**

1. Does ongoing monitoring of healthcare-associated infections.
2. Assesses infection control problems and makes recommendations for corrective action.
3. Prepares the agenda for the infection control committee.
4. Monitors infection control practices and employee compliance.
5. Serves as a resource for all departments and personnel.
6. Initiates and revises infection control policies and procedures.
7. Conducts outbreak investigations and initiates control measures.
8. Reports communicable diseases to the state as required by law.
9. Provides educational offerings for orientation and ongoing in-services.
10. Consults with department heads and physicians as needed to improve care.
11. Initiates follow-up on employee/patient exposures to communicable diseases.
12. Participates in performance improvement activities.



## Section 1

### 1.7: Infection Control Coordinator Job Description (cont.)

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13. Participates in short- and long-range planning for the infection control department.
14. Performs other duties as directed.

#### PHYSICAL AND SENSORY REQUIREMENTS:

(With or without the aid of mechanical devices)

- Must be able to move intermittently throughout the workday.
- Must be able to speak and write the English language in an understandable manner.
- Must be able to cope with the mental and emotional stress of the position.
- Must possess sight/hearing senses or use prosthetics that will enable these senses to function adequately so that the requirements of the position can be fully met.
- Must function independently and have flexibility, personal integrity, and the ability to work effectively with residents, personnel, and support agencies.
- Must meet the general health requirements set forth by the policies of this facility, which include a medical and physical examination.
- Must be able to push, pull, move, and/or lift a minimum of \_\_\_\_ pounds to a minimum height of \_\_\_\_ feet and be able to push, pull, move, and/or carry such weight a minimum distance of \_\_\_\_ feet.
- May be necessary to assist in the evacuation of patients during emergency situations.

#### Acknowledgment

I have read this job description and fully understand the requirements set forth therein. I hereby accept the position of Infection Preventionist and agree to perform the identified essential functions in a safe manner and in accordance with the facility's established procedures. I understand that as a result of my employment, I may be exposed to blood, body fluids, infectious diseases, air contaminants (including tobacco smoke), and hazardous chemicals and that the facility will provide to me instructions on how to prevent and control such exposures. I further understand that I may also be exposed to the hepatitis B virus and that the facility will make available to me, free of charge, the hepatitis B immunization.

I understand that my employment is at will, and thereby understand that my employment may be terminated at-will either by the facility or myself, and that such termination can be made with or without notice.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature—Infection Preventionist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature—Supervisor

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