Infection Control in Respiratory Care: Strategies for JCAHO Compliance

Infection Control in Respiratory Care: Strategies for JCAHO Compliance is specifically designed to address infection control concerns in respiratory care facilities. In it, you’ll find all practical information and tools necessary to develop an effective infection control program and successfully meet the JCAHO’s 2005 standards.

This concise, easy-to-read resource also contains sample forms, policies, procedures, and templates to help you save time and facilitate compliance.

You may also be interested in HCPro’s monthly newsletter created exclusively for respiratory and cardiopulmonary care professionals:

- Respiratory Care Manager

About HCPro
HCPro, Inc., is the premier publisher of information and training resources for the healthcare community. Our line of products includes newsletters, books, audioconferences, training handbooks, videos, online learning courses, and professional consulting seminars for specialists in health information management, compliance, accreditation, quality and patient safety, nursing, pharmaceuticals, medical staff, credentialing, long-term care, physician practice, infection control, and safety.

INFECTION CONTROL IN RESPIRATORY CARE

Strategies for JCAHO Compliance
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Organization-wide IC program
Review of the standard:

IC.1.10 The risk of development of a healthcare-associated infection (HAI) is minimized through an organization-wide infection control (IC) program.

This chapter reviews the importance of an organization-wide IC program and focuses on organizational leaders for taking actions within the program, communication, reporting of infections, investigation of outbreaks, and development of a written IC plan. It includes a template for establishing an IC plan.

Elements of performance for IC.1.10

How to survey the standard:
- Interview IC staff
- Interview department managers
- Interview leadership

Documents that may be requested or reviewed:
- Organization-wide IC policies and procedures
- Infection reporting records
- Written IC plan
- Outbreak investigation documentation
IC must involve every aspect of the healthcare organization. Organization-wide involvement will be reflected in minutes of the IC committee, in department-specific policies and procedures, in the written IC plan, in feedback provided to staff related to IC, and in inservice and educational programs related to IC.

Department managers and organizational leaders should know the IC program well and be able to discuss it with the JCAHO surveyor. Staff level personnel should understand IC as it relates to their responsibilities.

1. An organization-wide IC program is implemented.

2. Individuals and/or positions with the authority to take steps to prevent or control the acquisition and transmission of infectious agents are identified.

Identify one person to handle the infection control professional’s (ICP) duties and provide that person with an appropriate job description, which should outline aspects of the ICP’s authority (see Figure 1.1 on p. 7 for a sample job description for an ICP).

A hospital authority statement will further define the power of other specific staff to take actions in emergency situations (see Figure 1.2 on p. 10 for a sample authority statement). Facility leaders must authorize the use of the authority statement to make the necessary decisions or take actions if infections become a danger to patients or employees.
POSITION TITLE: Infection Control Professional

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 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:
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 investigation and initiates control measures.
8. Reports communicable diseases to the state as required by law.
9. Provides educational offerings for orientation and ongoing inservices.
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.
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 work day.
• 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 must 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 need 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 Control Professional 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 by myself, and that such termination can be made with or without notice.

Date     Signature—Infection Control Professional

Date     Signature—Supervisor
Each facility determines which components and functions to integrate into the IC program. Facilities often integrate all clinical departments and services into the IC program, as well as multiple nonclinical departments such as environmental services, laundry services, maintenance, and safety and emergency management.

Start the communication process by orienting LIPs, staff, students, trainees, and volunteers. Make the orientation specific to each group’s department, service, and set of responsibilities. Communication should be ongoing, depending on the needs of each group.

Communication with visitors about infection prevention and control generally occurs at the unit level and may include verbal communication, use of instructional brochures/pamphlets, and posted notices (e.g., a notice entitled “Influenza Season”).

Communication with patients generally involves education relating to infectious diseases, risks of procedures, and post-discharge instructions. Consider using closed-circuit television, pamphlets, and other written methods.

- **the appropriate staff within the hospital**
  Establish methods for reporting infection information to appropriate staff based on their need to know. Such methods include verbal presentations, videos, private bulletin boards, and written information. Be aware of issues relating to confidentiality of the data.

- **federal, state, and local public health authorities in accordance with law and regulation**
  The IC program should be aware of external reporting requirements—such as from federal, state, and local public health agencies—and act accordingly.
• **accrediting bodies**
  A facility might report an infection to the JCAHO if it is an HAI that qualifies as a sentinel event. In such a case, follow your facility’s policies for sentinel event reporting (see Chapter Eleven for information on infections as sentinel events).

• **the referring or receiving organization when a patient was transferred or referred and the presence of an HAI was not known at the time of referral.**
  There should be appropriate communication among healthcare organizations relating to HAIs (see Figure 1.3 for examples of instances when communication between facilities may be needed).

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**Figure 1.2**

**Authority of the Infection Control Committee**

**PURPOSE:**
To delegate authority to the Infection Control Committee to take actions in emergency/crisis situations.

**POLICY:**
Authority is given to the Committee through the Infection Control Professional (ICP) and/or the chairman to make the necessary decisions or take appropriate actions if there is deemed to be a danger to patients or employees related to infections or infection control.

___________________________
Administrator/CEO

___________________________
Chairman, Infection Control Committee

___________________________
Chief, Medical Staff

___________________________
Date
Establish a process for timely detection/recognition of a potential outbreak. Once you detect an outbreak, use a systematic process to investigate it. Use the 10 specific steps of an outbreak investigation published by a variety of healthcare sources to conduct and report outbreaks. (See Figure 1.4 on p. 12 for a sample outbreak investigation policy and Figure 1.5 on p. 14 for a sample form for conducting and documenting an outbreak. The form incorporates the 10 steps mentioned previously.)

Make policies and procedures relating to IC available to all your departments. In addition, make policies and procedures that are specific to the IC department available for use within the department and for review by surveyors (see Figure 1.6 on p. 18 for a sample of a hospital IC manual’s table of contents).

6. Systems for investigating outbreaks of infectious diseases are in place.
### Outbreak Investigation

#### Definition
An outbreak is defined as two (2) or more cases over the usual (i.e., endemic) number of cases of healthcare-associated infections, usually produced by the same organism. The time period will vary according to the infection.

#### Recognition and Notification
Any hospital personnel recognizing a possible epidemic will immediately report it to the Infection Control Department, through which the Hospital Epidemiologist will be notified.

In the absence of the Hospital Epidemiologist, the Director of Infection Control, an Infection Control Professional(s) (ICP), or a Microbiologist will be notified and temporarily will substitute for the Hospital Epidemiologist in the following procedures:

#### Preliminary Investigation
The Hospital Epidemiologist, or his or her designee, is designated as the Investigation Coordinator. He or she will review the charts of the involved patients and determine that an epidemic exists. The Investigation Coordinator, Microbiologist, ICP, and Director of Nursing of the involved clinical area(s) will confer immediately and prepare a preliminary plan of investigation that includes the following:

A working definition of a case will be developed:

- The presumptive hypotheses for the mode of transmission of the organism and other circumstances will be developed. Procedures for testing the hypotheses will be outlined.

The Infection Control Department will gather and compile data related to the infection(s) as follows:

- Conduct case finding (review ongoing surveillance charts of other patients at risk and microbiology reports) to determine whether there have been other cases of the infection
- Evaluate previous hospital experience with the infection
- Prepare a line listing of cases to include hospital identification number, location in hospital, date of admission, date of infection onset, site culture results, medical service, and attending physician
- Plot number of cases by date of onset (epidemic curve)
- Review patient charts of cases and interview involved hospital personnel for various factors that may have played a role in transmission of an infection (e.g., geographic locations of patients, specific personnel having contact with patients, medications, and treatments administered, etc.)
- Review various infection control techniques (e.g., handwashing, sterile techniques, etc.) as actually practiced in the involved areas of the hospital
- Maintain surveillance for occurrence of any further infections

The Microbiologist will
• determine that all isolates of the involved organism(s) are saved for further study (e.g., biotyping, antimicrobial sensitivity patterns, phage typing, serotyping, etc.) as deemed appropriate. Subcultures are prepared for possible shipment to a reference laboratory.
• determine what environmental and/or personnel cultures are to be taken by whom and by what technique.
• determine what patient care items suspected of being possible sources of infection need to be impounded or quarantined.

COMMUNICATIONS
The Hospital Epidemiologist will ensure that the following other individuals are notified concurrently with the preliminary investigation and advised at reasonable intervals of the progress of the investigation: attending physicians, the department chairman of the medical services involved, and the hospital administrator.

IMMEDIATE CONTROL
Reasonable immediate control measures are determined by the Hospital Epidemiologist or designee and put into effect on his or her authority in an attempt to halt the spread of infection. Such measures might include but are not limited to isolation, suspension of certain elective procedures, removal of common suspected sources of personnel from patient contact, or immediate inservice training in certain infection control techniques.

PUBLIC INFORMATION
Any questions from the community, uninvolved hospital personnel, or news media are directed to the hospital administrator, who will act as public information coordinator.

ANALYSIS OF DATA
The data collected in the preliminary investigation are reviewed by the investigators to determine whether a common source of infection, break in technique, etc., can be implicated as the cause of the epidemic. A preliminary written report will be prepared.

FURTHER INVESTIGATION
If the cause of the infection is not evident as a result of the above investigation, a more detailed case control study using statistical epidemiologic methods may be required. The Hospital Epidemiologist may elect to consult the state health department and the USPHS Centers for Disease Control and Prevention for assistance with further studies.

CONCLUSION OF INVESTIGATION
The investigation is continued at least as long as there are cases of the infection occurring above the endemic level. A final written report of the investigation, which outlines findings and recommendations, is prepared by the investigation coordinator and issued to the Infection Control Committee, to others participating in the investigation, to attending physician(s), to department chairpersons of the medical service(s) involved, and to the hospital administrator.
1. Verify the diagnosis; identify the agent.

Describe the initial magnitude of the problem and what symptoms got the facility's attention.

What diagnosis has been established?

What agent (bacterial, viral, other) has been identified? (Review microbiology/laboratory records to identify cluster or confirm increase of certain pathogens. Consult with staff to identify problem and monitor use of infection control procedures.)

Develop a case definition (with specific criteria for a case).
Example: All patients who have had loose stools for >12 hours.

CASE DEFINITION:

2. Confirm that an outbreak exists.

Use your case definition to find all cases.

Based on your knowledge in #1, are the numbers of cases above what is endemic (i.e., usually seen) in the facility? Yes No

If yes, consider that an outbreak exists.

Total number of cases so far:

DATE:

Do you have an outbreak? Yes No

If yes, proceed.
**3. Search for additional cases.**

Encourage immediate reporting of cases (laboratory, physicians, personnel). Search for other cases by retrospective record review, lab reports, etc.

| Total number of cases: __________ | DATE: __________ |

**4. Characterize the cases by person, place, time.**

**Person:** (List patient characteristics—age, sex, disease, exposures, treatments.)

**Place:** (Consider ward, hall, room, outside exposures. May use facility maps. Check and confirm status of air exchange, pattern of flow [positive/negative], and environment as they relate to outbreak.)

**Time:** What is the period of the outbreak? What is the probable source of exposure?

Record dates of onset and draw an epidemic curve.

**5. Form a tentative hypothesis (i.e., best guess at the time).**

Review data to determine common host factors and exposures. Develop a best guess on the

reservoir

source

mode of transmission
### 6. Institute preliminary control measures.

Initiate control measures based on what you know (e.g., handwashing, isolation, cohorting, etc.). Determine whether you need outside assistance.

<table>
<thead>
<tr>
<th>Control measures:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date implemented:</td>
</tr>
<tr>
<td>Assistance needed?</td>
</tr>
</tbody>
</table>

### 7. Test the hypothesis.

Many hospital problems never reach this stage. It may end without intervention, or simple control measures may cause the problem to cease.

Special epidemiologic studies may be needed, and we may need to seek help.

### 8. Refine the control measures.

Additional measures, if needed:

- ADDED

### 9. Monitor and evaluate the control measures.

| Are control measures being used appropriately? | □ Yes  □ No |
|-----------------------------------------------|
| If no, ensure compliance.                     |
| Evaluate control measures. Did cases cease?   | □ Yes  □ No |
| If no, consider additional actions.           |

### 10. Prepare and disseminate a final report.

This form in a completed state may serve as the final report. Make the report as detailed as possible.

<table>
<thead>
<tr>
<th>Date of final report:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported to:</td>
</tr>
<tr>
<td>Reported by:</td>
</tr>
</tbody>
</table>
Make policies and procedures relating to IC available to all of your departments. In addition, make policies and procedures that are specific to the IC department available for use within the department and for review by surveyors (see Figure 1.6 on p. 18 for a sample of a hospital IC manual’s table of contents).

8. Not Applicable.

9. The hospital has a written IC plan that includes the following:

- A description of prioritized risks
- A statement of the IC program’s goals
- A description of the hospital’s strategies to minimize, reduce, or eliminate the prioritized risks
- A description of how the strategies will be evaluated

The written IC plan should be a comprehensive, dynamic document that reflects the assessment of infection risks in the facility. It requires the following:

- An assessment of the geographic location and community environment
- The services provided
- Analysis of the hospital’s infection data
- Care, treatment, and services provided by the facility

Once the risk assessment is complete, determine your program’s goals and priorities, develop strategies, and identify which methods you’ll use to evaluate the strategies. Review the IC plan at least annually and as needed due to changing circumstances.

Chapters Two, Three, Four, and Five of this book detail elements of the IC plan.
This plan has been developed by the Infection Control Committee with input and collaboration from the following:
- Safety Committee
- Leadership including Department Managers
- Performance Improvement Committee
- Chief of Services

A risk assessment is a component of this plan. The plan and risk assessment are formally reviewed at least annually and whenever significant changes occur in the elements that affect risk.

<table>
<thead>
<tr>
<th>Risk Assessment</th>
<th>Date</th>
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<tbody>
<tr>
<td><strong>Factors</strong></td>
<td></td>
</tr>
<tr>
<td>Geographic location and community environment</td>
<td></td>
</tr>
<tr>
<td>Care, treatment and services provided:</td>
<td></td>
</tr>
<tr>
<td>- Medical</td>
<td></td>
</tr>
<tr>
<td>- Surgical</td>
<td></td>
</tr>
<tr>
<td>- Pediatric</td>
<td></td>
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<tr>
<td>- Emergency</td>
<td></td>
</tr>
<tr>
<td>- Neonatal</td>
<td></td>
</tr>
<tr>
<td>- Transplant</td>
<td></td>
</tr>
<tr>
<td>Population characteristics</td>
<td></td>
</tr>
<tr>
<td>Analysis of infection prevention and control data</td>
<td></td>
</tr>
<tr>
<td>High risk</td>
<td>Problem-prone</td>
</tr>
<tr>
<td>High volume</td>
<td>Improvement needed</td>
</tr>
</tbody>
</table>

Figure 1.6: Infection Control Plan

Date

Factors
Characteristics that increase risks
Characteristics that decrease risks
Based on the risk assessment, the facility has identified the following risks and prioritized them in descending order:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Risk</th>
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</table>
Infection Control Plan (cont.)

For each prioritized risk, identify goals, strategies, responsible person, timeframe, and evaluation of effectiveness.

<table>
<thead>
<tr>
<th>RISKS</th>
<th>GOALS</th>
<th>STRATEGIES</th>
<th>IMPLEMENTATION</th>
<th>M &amp; M/E</th>
<th>Timeframe</th>
<th>Responsible Person</th>
<th>Leadership representative</th>
</tr>
</thead>
</table>

Infection Control Plan reviewed by:

Date | Date | Date | Date | Leadership representative | Date | Date | Date | Leadership representative

For each prioritized risk, identify goals, strategies, responsible person, timeframe, and evaluation of effectiveness.
Based on the analysis of infection prevention and control data, complete the surveillance plan.

**Figure 1.6**  
**Infection Control Plan (cont.)**

<table>
<thead>
<tr>
<th>Important Aspects of Care</th>
<th>Surveillance of healthcare-associated infections targeted to high-risk, problem-prone infections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicators</td>
<td>EXAMPLE Ventilator-related pneumonia</td>
</tr>
<tr>
<td>Data Source</td>
<td>EXAMPLE Medical records, lab reports, staff clinical evaluations</td>
</tr>
<tr>
<td>Data Collector</td>
<td>EXAMPLE Infection control professional (ICP)</td>
</tr>
<tr>
<td>Benchmarks</td>
<td>EXAMPLE To be established using P-charts</td>
</tr>
<tr>
<td>Sample</td>
<td>EXAMPLE 100% of ventilated patients in ICU</td>
</tr>
<tr>
<td>Collected/Tabulated/Reported</td>
<td>EXAMPLE Ongoing, monthly, quarterly</td>
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</tbody>
</table>
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Sales Tax**  
(see information below)  
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Grand Total  
$  

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City  State  ZIP
Telephone  Fax

E-mail Address

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