Infection Prevention Policy and Procedure Manual

FOR HOSPITALS
Infection Prevention Policy and Procedure Manual
FOR HOSPITALS

HCPro
## 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

**Section 4: Isolation** .......................................................................................................................... 57

4.1: Isolation Techniques and Requirements ....................................................................................... 59
4.2: Protective Precautions .................................................................................................................. 65
4.3: Droplet Precautions Policy ........................................................................................................... 69

**Section 5: Sterilization and Disinfection** .......................................................................................... 77

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

**Section 6: Patient Care Standard Precautions and Protocol** ............................................................ 109

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 Staphylococcus aureus 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

**Section 7: Bloodborne Pathogens** ......................................................................................... 203

7.1: Bloodborne Pathogens Policy ................................................................................................. 205
7.2: Exposure-Prone Activities List ............................................................................................... 218
7.3: Bloodborne Pathogens Post-exposure Checklist ..................................................................... 219

**Section 8: Tuberculosis** ........................................................................................................ 221

8.1: Tuberculosis Infection Prevention Plan .................................................................................... 223

**Section 9: Environment of Care** ........................................................................................... 247

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

**Section 10: Influenza Outbreak and Biodisaster** ................................................................. 271

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.
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.

Website available with the purchase of this book.

Thank you for purchasing this product!
Infection Prevention and Control Program Overview

SECTION 1
Infection Prevention and Control Program Overview

1.1: Infection Prevention Plan (Sample 1)

_________________________________ 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.
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 hospitals 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.)

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.
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.)

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.
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.

References:
Guidelines for Environmental Infection Control in Health-Care Facilities, HICPAC 2003.
The Compendium of Strategies to Prevent Healthcare Associated Infections in Acute Care Hospitals, October 8, 2008 by SHEA, IDSA, TJC, APIC, and AHA.
Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008; HICPAC.

REVIEW AND CONCURRENCE BY:
Infection Prevention and Control Committee: ________________________________

Administrative Council: ____________________________________
1.2: Infection Prevention, Surveillance, and Control Program Plan (Sample 2)

_________________________________ HOSPITAL

INFECTION CONTROL COMMITTEE

Infection Prevention, Surveillance and Control Program (IPSC) Plan

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:

______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________

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.
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.
# Goals, Objectives, Strategies, Measurement

The following activities are priorities for the IPSC program.

<table>
<thead>
<tr>
<th>GOAL</th>
<th>OBJECTIVE</th>
<th>STRATEGY</th>
<th>MEASUREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide quality care.</td>
<td>Catheter-related bloodstream infection rates in ICUs will be zero</td>
<td>Provide stratified data to units</td>
<td>Analysis of infection data</td>
</tr>
<tr>
<td>Limit the spread of infections associated with procedures, medical</td>
<td>VAP rates in adult ICUs will be zero</td>
<td>Initiate VAP interventions</td>
<td>Analysis of infection data</td>
</tr>
<tr>
<td>equipment, devices, supplies</td>
<td>Decrease SSI in targeted procedures by 10%</td>
<td>• Coordinate multidisciplinary improvement work groups</td>
<td>Analysis of infection data</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Participate in educational activities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Decrease bloodstream infections in non-ICUs</td>
<td>Evaluate BSI prevention activities</td>
<td>Analysis of infection data</td>
</tr>
<tr>
<td></td>
<td>Decrease ventilitis rate by 20%</td>
<td>Reinforce insertion and maintenance practices</td>
<td>Analysis of infection data</td>
</tr>
<tr>
<td></td>
<td>Ensure compliance with IC practices</td>
<td>• Review practices during unit surveys/audits</td>
<td>Audit data</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Increase education of staff, patients, MDs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Decrease sharps injuries to staff by 10%</td>
<td>Evaluate additional safety devices Coordinate ongoing education on safety</td>
<td>OHS exposure data</td>
</tr>
<tr>
<td></td>
<td>Decrease HAI due to MDRO, C. diff</td>
<td>• Monitor data</td>
<td>• Review of data</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Improve rational use of antibiotics and overall utilization</td>
<td>• Audit results</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Evaluate screening data</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Improve CP practice</td>
<td></td>
</tr>
<tr>
<td>Implement an IT system</td>
<td>Implement system</td>
<td>Completion of project</td>
<td></td>
</tr>
<tr>
<td>Limit unprotected exposure to pathogens for staff, patients, and</td>
<td>Continue respiratory virus program in fall</td>
<td>Send Cover-Your-Cough reminders—all sites</td>
<td>Completion of projects</td>
</tr>
<tr>
<td>visitors</td>
<td>Ensure compliance with use of ICRAs for construction/renovation projects</td>
<td>Provide support for construction/renovation projects</td>
<td>Audit results</td>
</tr>
<tr>
<td></td>
<td>Enhance hand hygiene</td>
<td>Perform audits and feedback data</td>
<td>• Amount of alcohol hand rub/soap used</td>
</tr>
<tr>
<td></td>
<td>Increase hand hygiene compliance to 100%</td>
<td>Provide educational programs</td>
<td>over time</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Observational data</td>
</tr>
<tr>
<td></td>
<td>Protect staff, patients, and visitors from emerging pathogens</td>
<td>Increase the staff flu immunization rate to 100%</td>
<td>Review of data</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Decrease risk of HAflu</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provide IC guidelines, education</td>
<td></td>
</tr>
</tbody>
</table>
Infection Prevention and Control Program Overview

1.3: Sample Outline for an Infection Prevention and Control Plan

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: ___________________________________________________________________________________
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:

   ___________________________________________________
   ___________________________________________________
   ___________________________________________________

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

   ___________________________________________________
   ___________________________________________________
   ___________________________________________________ 

   c. Antibiogram:

   __________________________________________________
   __________________________________________________
Infection Prevention and Control Program Overview

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

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

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

  
  
  
  
  
  
  
  
  

**G. Emergency management planning:**

  
  
  
  
  
  
  
  
  

**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.**
  
  
  
  

Reprinted with permission from Libby Chinnes, RN, BSN, CIC; IC Solutions, LLC.
### 1.4: Sample Infection Control Committee Goals and Strategies

<table>
<thead>
<tr>
<th>RISKS</th>
<th>GOALS</th>
<th>STRATEGIES</th>
<th>IMPLEMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100%</td>
<td>1. Develop a house-wide hand hygiene campaign</td>
<td>Responsible Persons</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Obtain buy in from the IC Committee</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Obtain baseline hand hygiene compliance data for trial nursing unit</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Provide education and expectation to unit</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Implement hand hygiene campaign on unit</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6. Collect data to evaluate compliance</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>7. Conduct variation analysis, if needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>8. Implement changes as warranted</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>9. Roll out house-wide</td>
<td></td>
</tr>
<tr>
<td>Hand hygiene noncompliance</td>
<td>No findings of dust and soiled surfaces during environmental rounds</td>
<td>1. Review environmental rounds data with Environmental Services Director</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Analyze data to determine reasons cleaning is not being done</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Formulate action plan</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Implement action plan</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Review environmental rounds data to monitor progress</td>
<td></td>
</tr>
<tr>
<td>Improper cleaning of environment (lack of dusting) and soiled patient care area microwaves and refrigerators</td>
<td>No findings of dust and soiled surfaces during environmental rounds</td>
<td>1. Review environmental rounds data with Environmental Services Director</td>
<td>Findings on environmental rounds related to cleanliness of environment</td>
</tr>
</tbody>
</table>
### 1.4: Sample Infection Control Committee Goals and Strategies (cont.)

<table>
<thead>
<tr>
<th>RISKS</th>
<th>GOALS</th>
<th>STRATEGIES</th>
</tr>
</thead>
</table>
| Sharps injuries                            | ≤ active self-inflicted sharps injuries by _______%                    | 1. Remind all supervisors of need to complete First Report of Injury Form  
2. Begin contacting supervisors when incomplete forms are received  
3. No response, contact line management, CNO if necessary  
4. Formulate detailed stats on sharps injuries  
5. Perform drill down analysis of data to identify opportunities to prevent future injuries  
6. Implement appropriate actions  
7. Measure effectiveness of actions |
| Hemodialysis—management MRSA (high volume colonization/infection) | Compliance with hospital policies and procedures                      | 1. IC Coordinator to meet with Hemodialysis Manager to review existing standard precautions policies  
2. Explore educational opportunities for hemodialysis staff  
3. Observe practices to determine compliance with standard precautions |
### 1.4: Sample Infection Control Committee Goals and Strategies (cont.)

<table>
<thead>
<tr>
<th>RISKS</th>
<th>GOALS</th>
<th>STRATEGIES</th>
<th>IMPLEMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance with isolation</td>
<td>Compliance with hospital isolation policies and procedures</td>
<td>1. Draft/revise a data collection sheet to concurrently measure compliance with isolation practices</td>
<td>Responsible Persons</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Based on data, select the unit with the highest level of noncompliance as a trial unit</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Select unit staff to serve on a PI team</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Analyze data to understand the causes of noncompliance</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Formulate actions for improvement</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6. Implement actions on trial unit</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>7. Collect data to determine effectiveness of actions</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>8. Roll out house-wide when improvement reached in trial unit</td>
<td></td>
</tr>
</tbody>
</table>

© 2010 HCPro, Inc.
### 2007 Unfinished Agenda Items from Infection Control Committee

<table>
<thead>
<tr>
<th>Item</th>
<th>Expected Outcome</th>
<th>Actions</th>
</tr>
</thead>
</table>
| Use of hair coverings during insertion of central lines   | Compliance with IHI guidelines: use of hair covers for all central line insertions | 1. Determine units where non-compliance is occurring; interview directors of all units  
2. Interview staff from identified units to gain insight as to why noncompliance is happening  
3. Formulate actions related to interview findings  
4. Research inclusion of head covers within vendor purchased central line kits  
5. Pursue IC Committee recommendation of placing a reminder sticker on central line insertion kits |
| Implement combined infection control and environmental rounds | Data collection sheet with specified indicators; department specific as warranted | Aggregated data to identify patterns and trends  
Development of a mechanism to require evidence of correction from department directors |
| 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 |                                                                                                                                                                                                                                                                                                                                         |
### 2007 UNFINISHED AGENDA ITEMS FROM INFECTION CONTROL COMMITTEE

<table>
<thead>
<tr>
<th>ITEM</th>
<th>EXPECTED OUTCOME</th>
<th>ACTIONS</th>
<th>IMPLEMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination of exposure management between ED and Occ Med</td>
<td>Consistent process for managing employee exposure whether assessed by Occ Med or ED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Construction Updates</td>
<td>Formalize a report that demonstrates compliance with interim life safety codes related to infection control</td>
<td>1. Determine what data is necessary for IC Committee to review</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Prepare a simple report with data, analysis of any variations, and actions, if appropriate</td>
<td></td>
</tr>
<tr>
<td>Compliance with staff TB skin testing requirements</td>
<td>100% compliance in high-risk departments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability of isolation units</td>
<td>Method to provide airborne isolation in each patient care area or a plan to relocate patients without compromising care</td>
<td>1. Create an inventory of all negative pressure rooms</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Ensure that staff are knowledgeable about their usage</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Ensure that proper monitoring of air exchanges/existence of negative pressure is being monitored by engineering</td>
<td></td>
</tr>
</tbody>
</table>

Source: © 2008 The Greeley Company, a division of HCPro, Inc.
1.5: Infection Control Plan Risk Assessment

Infection Prevention and Control Program Overview

[Name of Hospital]

INFECTION CONTROL PLAN RISK ASSESSMENT

<table>
<thead>
<tr>
<th>Event</th>
<th>Probability Of Occurrence</th>
<th>Patient Effect</th>
<th>Intensity Of Organization’s Response Needed To Address The Risk</th>
<th>Organization Preparedness To Address Such A Risk At This Time</th>
<th>Risk Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SCORE</td>
<td>High (3)</td>
<td>Med (2)</td>
<td>Low (1)</td>
<td>None (0)</td>
</tr>
<tr>
<td>Geography and Community</td>
<td>Transportation Mass Causality</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital-Associated Infection Rates</td>
<td>Surgical Site Infection—Vascular</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resistant Organisms</td>
<td>Extended Spectrum Beta Lactam (ESBL)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Services Provided</td>
<td>NICU</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ICU</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total Joints</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Interventional Radiology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Transfusion and Oncology Suite</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bariatric Surgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hemodialysis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td>Lack of Notification of Presence of HAI (internal transfer)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ED/Occ Med Coordination of an Exposure Follow-up</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff</td>
<td>Hand Hygiene Noncompliance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sharps Injuries</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Noncompliance IHI Central Line Insertion Guidelines</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lack of Early Recognition of Potential Infections</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Compliance with isolation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Flu Vaccine Noncompliance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environment</td>
<td>Water Intrusion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ineffective Preconstruction IC Planning</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Improper cleaning of environment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplies and Equipment</td>
<td>Improper Cleaning or Disinfection of Equipment Between Patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Management</td>
<td>Plan for Influx of Infectious Patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bioterrorism—Proximity to Large City</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
- Nursing Services
- Hospital Administration
- Occupational Health Service
- Environmental Services
- Patient Food and Nutrition Services
- Respiratory Care
- Pharmacy
- Infection Control
- Facilities
- Safety
- 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:

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 NSHN 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).

Reprinted with permission from the Infection Control Manual of the Infection Control & Epidemiology Department at the University of Michigan Health System, Ann Arbor, MI.
1.7: Infection Control Coordinator Job Description

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:
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.
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

Order your copy today!

Please fill in the title, price, order code and quantity, and add applicable shipping and tax. For price and order code, please visit www.hcmarketplace.com. If you received a special offer or discount source code, please enter it below.

<table>
<thead>
<tr>
<th>Title</th>
<th>Price</th>
<th>Order Code</th>
<th>Quantity</th>
<th>Total</th>
</tr>
</thead>
</table>

| Shipping* | $ |
| (see information below) |

| Sales Tax** | $ |
| (see information below) |

| Grand Total | $ |

Your order is fully covered by a 30-day, money-back guarantee.

 américenter your special Source Code here:

*Shipping Information
Please include applicable shipping. For books under $100, add $10. For books over $100, add $18. For shipping to AK, HI, or PR, add $21.95.

**Tax Information
Please include applicable sales tax. States that tax products and shipping and handling: CA, CO, CT, FL, GA, IL, IN, KY, LA, MA, MD, ME, MI, MN, MO, NC, NJ, NM, NY, OH, OK, PA, RI, SC, TN, TX, VA, VT, WA, WI, WV.

State that taxes products only: AZ.

BILLING OPTIONS:

☐ Bill me ☐ Check enclosed (payable to HCPro, Inc.) ☐ Bill my facility with PO # __________________

☐ Bill my (✓) one): ☐ VISA ☐ MasterCard ☐ AmEx ☐ Discover

Signature Account No. Exp. Date

(Required for authorization) (Your credit card bill will reflect a charge from HCPro, Inc.)

Or if you prefer:

MAIL THE COMPLETED ORDER FORM TO: HCPro, Inc. P.O. Box 1168, Marblehead, MA 01945
CALL OUR CUSTOMER SERVICE DEPARTMENT AT: 800/650-6787
FAX THE COMPLETED ORDER FORM TO: 800/639-8511
E-MAIL: customerservice@hcpro.com

Order online at www.hcmarketplace.com

© 2008 HCPro, Inc. HCPro, Inc. is not affiliated in any way with The Joint Commission, which owns the JCAHO and Joint Commission trademarks. Code: EBKSMFPL