

*NOTE: This document is a template for your use and should be adapted to meet your facility's needs.*

## **INFECTION PREVENTION AND CONTROL PROGRAM**

**Facility Name**

**Date**

**Name of facility** maintains an organized, effective facility-wide program designed to systematically identify and reduce the risk of acquiring and transmitting infections among residents, visitors, and healthcare workers. This program involves the collaboration of many programs and services within the facility and is designed to meet the intent of regulatory and accrediting agencies.

### **RESPONSIBILITIES:**

#### **Infection Prevention Oversight Committee: Quality Assessment and Assurance Committee (QAAC)**

Ultimate responsibility for overseeing and implementing the infection prevention/control program is delegated to the Quality Assessment and Assurance Committee. Committee membership includes but may not be limited to:

- ◆ Medical Director
- ◆ Administration
- ◆ Nursing
- ◆ Infection Preventionist

QAAC committee shall meet no less than quarterly and maintain written minutes with documentation of agenda items, discussion, and actions/recommendations. Responsibilities include but may not be limited to:

- ◆ Review of findings related to facility-associated infections, outbreak investigations and findings related to monitoring of antibiotic resistant organisms.
- ◆ Review of infection prevention and control guidelines.
- ◆ Address issues related to emerging and reemerging communicable diseases.
- ◆ Make recommendations and act based on findings from activities described above.
- ◆ Make recommendations for new procedures, policies and/or activities as appropriate.
- ◆ Approve all facility infection prevention/control policies.
- ◆ Review and evaluate the infection prevention/control plan no less than annually and revise as necessary

#### **Infection Preventionist:**

The IP responsibilities for infection prevention and control include but may not be limited to:

- ◆ Conducts surveillance for facility associated infections and/or communicable diseases.
- ◆ In collaboration with Administration and Medical Director, establish short and long-term goals.
- ◆ Assures compliance with state/federal regulatory (e.g., OSHA, CMS) and accreditation (e.g., JC) standards as they pertain to infection prevention/control matters within the facility.
- ◆ Maintains facility infection prevention/control policy and procedure manuals.
- ◆ Collaborates with facility leadership and administration in the identification of employee occupational exposure incidents and assist with exposure evaluations.
- ◆ Notifies the local health department of all reportable diseases, and outbreaks.
- ◆ Communicates infection prevention and control data to leadership, staff, public health department (local and state) and referring/receiving health care facility as appropriate.
- ◆ Develop and present educational programs for employee orientation, in-services, and annual updates.
- ◆ Assists with product evaluation.

The IP is qualified to conduct infection prevention and control activities because of education, training, and experience. i.e., has primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field **AND** has attended (or plans to attend) the Statewide Program for Infection Prevention and Control for Long Term Care. The IP shall have sufficient time to meet the objectives of the infection prevention/control program.

***Director of Nursing or Facility Administrator:***

- ◆ Provides overall administrative guidance for the function of infection prevention/control.
- ◆ Oversees all personnel and budget activities.
- ◆ Collaborates in the development of strategies for each of the functions/goals within the program.
- ◆ Allocates adequate resources (human, informational, physical, and financial) to support infection prevention and control activities.
- ◆ Participates in the assessment or analysis of the success/failure of key processes within the infection prevention/control program.
- ◆ Participates in the review and revision of the program as appropriate.
- ◆ Ensures integration of infection prevention/control activities into the organization's performance improvement program and philosophies.

**Demographic/Geographic Section**

**This part should describe the community and any major risk it would pose for the facility**

Infection prevention/control surveillance activities include residents, healthcare workers and visitors if applicable. Rationale is based upon a completed risk assessment and includes a review of the following:

- Types of services currently provided (i.e., long term nursing care, occupational therapy, behavioral health, and physical therapy)
- Types of residents serviced (i.e., geriatric, Alzheimer)
- Revised/new Federal, State regulations
- Revised/new infection prevention/control guidelines/standards

The following infection prevention goals have been established:

**Goal: Limit Employee, Resident, and Visitor Unprotected Exposure to Pathogens:**

**Goal: Limiting the transmission of infections associated with resident care procedures.**

**Goal: Limiting the transmission of infections associated with the use of medical equipment, devices, and supplies.**

**Goal: Enhancing Hand Hygiene:** The CDC guidelines for hand hygiene will be followed.

The infection prevention program is designed to incorporate recommendations, guidelines and regulations from multiple agencies including Centers for Disease Control (CDC), Centers for Medicaid Services (CMS), and Occupational Safety and Health Administration (OSHA). Infection prevention activities, policies and procedures are also developed based upon guidance from other advisory committees and professional organizations, including but not limited to:

- Healthcare Infection prevention/control Practices Advisory Committee (HICPAC)
- Society for Healthcare Epidemiology of America (SHEA)
- Infectious Diseases Society of America (IDSA)
- Association for Professionals in Infection prevention/control and Epidemiology (APIC)
- Institute for Healthcare Improvement (IHI)

Infection Prevention is an organizational-wide function and includes all staff including, but not limited to:

***Medical Director/Medical Providers:***

- ◆ Participates in the infection prevention/control program by reporting suspected communicable disease and/or problems with epidemiologically important microorganisms.
- ◆ Supports the infection prevention/control program by adhering to all policies and procedures related to infection prevention.
- ◆ Participates in and provides expertise on facility-associated infections such as urinary tract infection, gastrointestinal infection, and skin/soft tissue infection.
- ◆ Participates in performance improvement activities related to infection prevention (i.e., improved hand hygiene, respiratory hygiene/cough etiquette protocols and antibiotic stewardship).

***Employees:***

- ◆ Supports resident safety by adhering to all policies and procedures related to infection prevention, including standard and transmission-based precautions.
- ◆ Participates in performance improvement activities by promoting enhanced hand hygiene, appropriate use of personal protective equipment (PPE) and adherence to respiratory hygiene/cough etiquette protocols.
- ◆ Utilizes the infection preventionist as a resource for questions and concerns related to infection prevention.
- ◆ Provides resident, family and visitor education about infection prevention and transmission of communicable disease as appropriate.
- ◆ Assists in monitoring family and visitors for signs of infection and/or communicable disease (i.e., flu, respiratory type illness).
- ◆ Adheres to employee health policies and procedures related to work restrictions, reporting employee infections and/or communicable diseases and compliance with post exposure follow up instructions.

**SURVEILLANCE FOR FACILITY-ASSOCIATED INFECTIONS**

Facility wide surveillance will be performed to identify opportunities to prevent and/or reduce the rate of infection in our residents, employees, and visitors. Our surveillance system includes use of a data collection tool and standardized definitions of infection (McGeer and/or NHSN) for long-term care facilities.

Data will be:

- Collected by concurrent and/or retrospective chart review, review of microbiological reports, reports from resident care providers and review of other documents, as appropriate.
- Collected by review of employee health logs
- Trended internally for historical comparison
- Reported to the QAA committee no less than quarterly.

**SURVEILLANCE PRIORITIES:**

***1. Symptomatic Urinary Tract Infections:***

Asymptomatic bacteriuria surveillance is not performed as this represents baseline for many residents.

***2. Respiratory Tract Infections including:***

***Common cold***

***Influenza like illness***

***Pneumonia***

***Bronchitis***

***3. Eye, Ear, Nose and Mouth Infections***

***4. Skin Infection***

***5. Gastrointestinal tract Infection (including Clostridioides difficile)***

Rates are calculated using the number of infections as the numerator and resident days as the denominator and reported per 1000 resident days.

***Example:*** 
$$\frac{\# \text{ of infections } \times 1000}{\# \text{ of resident days }} = \text{rate of infections per 1000 resident days}$$

## **6. *Unprotected exposure to pathogens***

Surveillance is conducted in employees, visitors, and residents for unprotected exposure to communicable diseases including but not limited to influenza and gastroenteritis viruses

### **COMMUNICATION:**

Infection prevention/control will communicate with leadership, QAA committee and healthcare personnel on issues specific to infection surveillance, prevention, and control. These issues will include, but may not be limited to:

- Facility-associated and community acquired infection surveillance findings (site specific).
- Compliance with performance improvement monitor(s) (i.e., hand hygiene and use of PPE).
- Results of environmental rounds.
- Relevant changes in infection prevention/control policies and/or guidelines

In accordance with Public Health Law (General Statute 130-81) certain diseases are reported to the N.C. Department of Health and Human Services, Division of Public health

**When a resident is referred or transferred and a facility-associated infection is identified, the infection prevention/control department will communicate with the referring and/or receiving health care facility.**

### **OUTBREAK INVESTIGATION:**

An outbreak investigation may be required when there is a cluster of infections above expected levels (endemic vs epidemic) or when an unusual or an epidemiologically significant pathogen is identified or as defined by the NC Division of Public Health.

The medical director, in collaboration with administration, and the IP will:

- Facilitate the outbreak investigation and will report activities to administration and others as appropriate.
- Document follow-up activity in response to important surveillance findings (e.g., outbreaks).
- Notify the local county health department and adhere to their recommendations.

### **HEALTHCARE WORKERS and RESIDENT/FAMILY EDUCATION:**

- Infection prevention education will be provided to employees, residents and families and include but may not be limited to:
  - Use of and appropriate technique for hand hygiene
  - When and how to use PPE
  - Respiratory hygiene/cough etiquette
- New employee orientation in addition to orientation specific to new nursing professionals is provided as scheduled.
- Mandatory educational offerings, including bloodborne pathogen and general infection prevention/control occur no less than annually.

### **POLICIES AND PROCEDURES**

Infection prevention policies and procedures, which outline strategies designed to reduce the risk of transmission of infectious agents among healthcare workers, residents and visitors have been implemented. Policies and procedures are based on relevant guidelines, are approved by the QAA Committee, and reviewed and/or revised annually.

Standard Precautions will be utilized on all residents admitted/transferred to the facility. Safe injection practices and respiratory hygiene/cough etiquette have been incorporated into the Standard precautions policy.

Transmission-based precautions will be utilized in, addition to Standard Precautions, when the route of transmission is not completely interrupted using Standard Precautions alone.

There are three categories of transmission-based precautions and may be used individually or in combination (based on route of transmission). The three categories include:

- Contact,
- Droplet and
- Airborne.

**The facility does not have the capability to maintain an Airborne Infection Isolation Room (AIIR) so patients requiring airborne isolation (i.e., rule-out or confirmed *Mycobacterium Tuberculosis*, *Varicella*) will be transferred to an acute care hospital.**

Additional policies and procedures include but may not be limited to:

- Appropriate cleaning, storage, disinfecting, disposal of equipment
  - Low level disinfection is used for non-critical equipment
  - Medical equipment, devices and supplies are disposed of in accordance with facility policy
  - Glucometers are decontaminated and maintained according to manufacturer recommendations.
  - Devices labeled as single use only are not reprocessed.
- Appropriate use of personal protective equipment
- Appropriate use of single use devices
- Service and/or pet therapy animals
- Appropriate disposal of medical and regulated medical waste
- Clinical services
- Food services, housekeeping, and maintenance
- Resident activities
- Appropriate storing, processing, and transport of linen

#### **ANTIBIOTIC STEWARDSHIP PROGRAM**

The antibiotic stewardship program includes protocols to monitor antibiotic use and resistance including:

- Optimizing the treatment of infections by ensuring that residents who require an antibiotic, are prescribed the appropriate antibiotic
- Reducing the risk of adverse events, including the development of antibiotic-resistant organisms, from unnecessary or inappropriate antibiotic use and
- Implementing a facility-wide system to monitor the use of antibiotics.

#### **EMPLOYEE/RESIDENT HEALTH**

All staff are screened at time of hire by employee health. Policies and procedures include:

- Screening all staff, including LIPs, for exposure and/or immunity to communicable disease
- Referral for assessment, potential testing, immunization and/or prophylaxis all staff identified as having a communicable disease or having been exposed to a communicable disease.
- Referral for assessment, potential testing, immunization and/or prophylaxis all staff identified as having an occupational exposure.
- Educated on work restrictions due to illness
- In the event a resident is exposed to a communicable disease they will be provided with or referred for assessment, testing, immunization, prophylaxis/treatment, or counseling. A log of all incidents of infection and communicable disease of all staff (resident care, nonresident care, employees, and volunteers) will be maintained.

The annual influenza vaccination program includes all facility employees and licensed independent practitioners. Immunizations are offered on site and at no charge to staff. A declination form is included in the process to assist in determining employee rationale for vaccine refusal.

Health care workers are educated on the influenza vaccine and measures to prevent influenza transmission other than vaccine (i.e. hand hygiene and respiratory hygiene).

All residents are educated on the benefits and risk of influenza and offered the vaccine annually. Residents receive influenza vaccination unless they refuse or have medical contraindications  
All residents, meeting criteria, are given the pneumococcal vaccine unless they refuse or have medical contraindications.

**PROGRAM EVALUATION**

The effectiveness of the infection prevention and control program is reviewed no less than annually with findings reported to the QAAC and integrated resident safety program. This review will include an evaluation of

- Prioritized risks: to determine improvement
- Goals: to determines success.
- Results of surveillance findings and analysis: to determine opportunities

Subsequent risk assessments and IC plans will be revised based on the evaluation.

**REFERENCE:**

*SHEA/APIC Guideline: Infection Prevention and Control in the Long-Term Care Facility: July 2008  
Department of Health/Human Services; Interpretative Guidelines*

**Approval by the QAAC:**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Director of Facility name**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Medical Director**

**Date:** \_\_\_\_\_

