



Monitoring Compliance with Infection Control

Policy Statement

Routine monitoring and surveillance of the workplace will be conducted to determine compliance with infection prevention and control policies and practices.

Policy Interpretation and Implementation

1. The infection preventionist or designee shall monitor the effectiveness of our infection prevention and control work practices and protective equipment. This includes, but is not necessarily limited to:
 - a. Surveillance of the workplace to ensure that established infection prevention and control practices are observed and protective clothing and equipment are provided and properly used;
 - b. Investigation of known or suspected exposures to blood/body fluids to establish the conditions surrounding the exposures;
 - c. Investigation of known or suspected transmission of healthcare-associated infections;
 - d. Improvement in training, work practices, or protective equipment to prevent recurrence of occupational exposures and/or healthcare-associated infections;
 - e. Effective implementation of hand hygiene practices by all departments to prevent spread of infections; and
 - f. Effective use of disposable gloves and other personal protective equipment to prevent spread of infection.
2. The infection preventionist will conduct infection control compliance rounds at least quarterly or at a frequency determined by the Infection Prevention and Control (IPC) Committee or the Quality Assessment and Assurance (QAA) committee. Rounds should be unannounced.
3. The *Monitoring Compliance with Infection Control Checklist* should be completed during each periodic compliance round.
4. Instances of noncompliance with established infection prevention and control practices will be reported to the administrator and to appropriate department heads or supervisors. A summary report of such instances will also be provided to the QA & A and IPC committees, along with corrective actions taken.
5. The infection preventionist and/or the IPC committee shall provide reports to the QA&A committee that reflect:
 - a. Staff adherence to infection prevention processes (hand hygiene, glove and gown use, etc.)
 - b. Incidents of employee exposure to blood/body fluids (including a description of the precipitating events and outcomes);
 - c. Adherence to the facility's antibiotic stewardship program; and
 - d. All infection surveillance data.
6. The QA&A committee shall review and act upon, as necessary, surveillance and monitoring records.

References	
References	www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm www.osha.gov
Related Documents	Employee Training on Infection Control Exposure Reports Monitoring Compliance with Infection Control Checklist Policies and Practices – Infection Control Report of Incident/Accident (MP5415) Sharps Injury Record
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