



## **Infection Control & Prevention Committee**

### **Infection Control - Administrative Policy**

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#### **Objectives**

Our facility has an Infection Prevention and Control Program. The objectives may be attained as a component of the Quality Assurance and Performance Improvement (QAPI) committee or by having a separate Infection Prevention and Control Committee (IPCC).

1. The objectives of the IPCC are to:
  - a. Assist in development and implementation of written policies and procedures for the prevention and control of infections among residents and personnel;
  - b. Provide facility guidelines for a safe and sanitary environment;
  - c. Review, establish, and monitor environmental infection prevention and control practices in accordance with CDC/HICPAC/OSHA guidelines and local or state requirements;
  - d. Develop isolation precaution protocols for when control of an infectious or communicable disease or disease risk is required in accordance with current CDC guidelines and recommendations;
  - e. Identify situations that may result in employees' exposure to blood, body fluids, or other potentially infectious materials;
  - f. Help develop an effective employee health program;
  - g. Develop infection prevention and control orientation and in-service training programs for all levels of facility personnel;
  - h. Develop policies and procedures for the surveillance and monitoring of infection control practices; and
  - i. Review and help monitor the medical waste management plan.

#### **Duties of the Committee**

1. With the input of direct care staff, practitioners, the Medical Director, and the Director of Nursing Services, assist in the development and implementation of written policies and procedures for the prevention and control of infectious or communicable diseases within the facility.
2. Assist in developing the content and scope of the employee health program and help disseminate current information on health practices to all employees.
3. Assist in developing and implementing the written policies and procedures to identify and address infections within the facility.
4. Establish and monitor the facility Antibiotic Stewardship Program.
5. Notify appropriate government agencies of reportable contagious or infectious disease.

6. Assist in reviewing food handling practices, laundry practices, waste disposal and pest control.
7. Provide guidelines for review of pending construction, renovation, remediation, repair and demolition projects and coordinate effective environmental infection control and engineering standards in accordance with CDC/HICPAC/OSHA recommendations and state or local requirements.
8. Assist in monitoring and assessing facility-wide environmental infection prevention and control practices.
9. Assist in monitoring the infection-prevention impact of ventilation and water systems within the facility.
10. Assist administration in evaluating job classifications and facility procedures to determine the risk of exposure potential to blood, body fluids, or other potentially infectious material.
11. Assist in developing written policies and procedures for the care of residents who have contagious, infectious or communicable diseases.
12. Provide guidelines for, and help monitor the health status of all employees, ensuring that all personnel receive (as necessary) appropriate skin tests, chest x-rays, physicals, etc., prior to, and during employment as outlined in our personnel policies and in accordance with federal and state guidelines.
13. Collaborate with Environmental Services Director to establish policies and procedures that are consistent with environmental infection prevention and control best practices.
14. Meet at least monthly, or more often if deemed necessary.
15. Maintain written accounts of meetings conducted and action taken by the committee (minutes of meeting).
16. Ensure infection prevention and control orientation and in-service training programs are provided to employees on a timely basis.
17. Review, and revise if necessary, isolation precaution techniques and procedures to help ensure that all personnel, residents, and visitors follow established procedures/precautions.
18. Review written infection prevention and control policies, techniques, procedures and documentation tools and provide/ recommend necessary revisions or updates.
19. Provide the QAPI Committee with a copy of the minutes of all Infection Prevention and Control Committee meetings held.
20. Help assure that sufficient inventory of personal protective equipment (i.e., gowns, gloves, masks, etc.), is on hand and readily accessible.
21. Maintain access to current CDC, OSHA and State/Federal regulations, guidelines and recommendations relative to infection control issues in healthcare facilities.

22. Other functions that may become necessary to enable the prevention and control of communicable diseases.

### **Composition of the Committee**

1. If the Infection Control Committee is a separate entity, it will consist of the following individuals:
  - a. Administrator (or designee);
  - b. Medical Director;
  - c. Director of Nursing Services;
  - d. Infection Preventionist;
  - e. Dietitian/Food Services Director;
  - f. Environmental Services Director/Supervisor;
  - g. Maintenance Director/Supervisor;
  - h. Laundry Director/Supervisor; and
  - i. Others as appropriate.
2. The Administrator will appoint committee members.
3. The administration shall provide all necessary logistical support for the committee or the committee's functions if assumed by the QAPI committee.

### **Risk Exposure Categories**

1. The Infection Prevention and Control Committee shall advise the Administrator about working conditions and specific tasks that employees are expected to encounter that may pose an infection risk, including:
  - j. Evaluating the workplace to:
    1. Establish categories of risk classifications for all routine and reasonably anticipated job-related tasks;
    2. Identify all workers whose employment requires performance of tasks that may involve exposure to blood/body fluids; and
    3. Determine for identified tasks those body fluids to which workers most probably will be exposed and the potential extent and route of exposure.
  - k. Developing, or supervising the development of, standard operating procedures (SOPs) for tasks involving exposure to blood/body fluids. These SOPs include mandatory work practices and protective equipment for identified tasks.
  - l. Monitoring the effectiveness of work practices and protective equipment. This includes:
    1. Surveillance of the workplace to ensure that required work practices are observed and that protective clothing and equipment are provided and properly used; and
    2. Investigating known or suspected exposures to blood/body fluids to establish the condition surrounding the exposure and to improve training, work practices, or protective equipment to prevent a recurrence.

## **Training and Education**

The Infection Control Committee shall oversee training programs for all employees who may have the potential for exposure to blood, or to body fluids containing visible blood, during the course of their workday. Instructions will focus on identifying and using procedures related to the prevention of bloodborne illnesses, including but are not limited to:

1. Disease transmission and prevention;
2. The modes of transmission of hepatitis B and C (HBV/HCV) and AIDS (HIV) viruses;
3. Standard and Transmission-based Precautions;
4. How to recognize and determine tasks that involve exposure to blood/body fluids;
5. Types of personal protective equipment (i.e., gowns, gloves, masks, etc.) that are necessary when performing tasks that may involve exposure to blood/body fluids;
6. How to select appropriate barrier equipment;
7. Appropriate actions to take if unplanned potential exposure to blood occurs, or is anticipated;
8. Procedures to follow when personal protective equipment is used;
9. How personal protective equipment maintained in the facility is to be used, decontaminated, and disposed of;
10. Limitations of personal protective equipment (e.g., needlesticks will occur through gloves);
11. Corrective actions and cleaning procedures for spills of blood and body fluids;
12. Proper action to follow should exposure to blood or body fluids occur (i.e., emergency procedures, reporting measures, follow-up monitoring, medical treatment, counseling, etc.); and
13. Other state specified education/training and/or those listed in training/education policy.

## **Recordkeeping**

The Infection Prevention and Control Committee will advise administration and management about ensuring that records are maintained to document the following:

1. Infection Prevention and Control in-service training records, indicating the dates of training sessions, the content of those training sessions along with the names of all persons conducting the training, and the names of all those receiving training;
2. Findings made during routine surveillance for compliance with work practices and use of protective clothing or equipment and actions taken in case of noncompliance;
3. Findings made during surveillance of antibiotic usage patterns; and

4. Circumstances related to incidents of exposure to body fluids or tissue, and a description of any corrective measures taken to prevent a recurrence of other similar exposures.

**Delegation of Authority**

1. The Infection Preventionist will oversee the Infection Prevention and Control program and report to the Infection Prevention and Control Committee. The Administrator, will be responsible for oversight of the Infection Prevention and Control Program.

**Meetings**

1. The Infection Prevention and Control Committee shall meet whenever necessary, or its functions will be covered by the QAPI committee, and at least quarterly.
2. During outbreak situations, emergency meetings may be called.
3. Over time, committee meetings will cover at least:
  - m. Directives from the health department (state and local);
  - n. Surveillance reports of infections or infectious diseases;
  - o. Surveillance reports of antibiotic usage and antibiotic susceptibility patterns;
  - p. Policy review and revisions;
  - q. Current infection control/prevention concerns;
  - r. Environmental infection control concerns as they relate to construction, renovation, remediation, repair, and demolition;
  - s. Changes in regulations, guidelines and recommendations relative to infection control issues in healthcare facilities;
  - t. Exposure to blood, body fluids, secretions, or excretions;
  - u. Antibiotic utilization patterns and emergence of antibiotic-resistant organisms;
  - v. Measures to prevent infections or exposures in the future; and
  - w. In-service training programs.

<b>References</b>	
<b>References</b>	
<b>Related Documents</b>	
<b>Generations Revisions</b>	January 2020, July 2021
<b>Version</b>	2.1 (H5MAPL1419)