GENERATIONS

Infection Prevention and Control Policy

IC- Administrative Policy

Policy Statement

An infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

Policy Interpretation and Implementation

1. The infection prevention and control program is developed to address the facility-specific infection control needs and requirements identified in the facility assessment and the infection control risk assessment. The program is reviewed annually and updated as necessary.

2. The program is based on accepted national infection prevention and control standards.

3. The infection prevention and control program is a facility-wide effort involving all disciplines and individuals and is an integral part of the quality assurance and performance improvement program.

4. The elements of the infection prevention and control program consist of coordination/oversight, policies/procedures, surveillance, data analysis, antibiotic stewardship, outbreak management, prevention of infection, and employee health and safety.

5. **Coordination and Oversight**
   a. The infection prevention and control program is coordinated and overseen by an infection prevention specialist (infection preventionist).
   b. The qualifications and job responsibilities of the Infection Preventionist are outlined in the *Infection Preventionist Job Description*.
   c. The infection prevention and control committee is responsible for reviewing and providing feedback on the overall program. Surveillance data and reporting information is used to inform the committee of potential issues and trends. Some examples of committee reviews may include:
      (1) documented IPCP incidents and corrective actions taken;
      (2) whether physician management of infections is optimal;
      (3) whether antibiotic usage patterns need to be changed because of the development of resistant strains;
      (4) whether information about culture results or antibiotic resistance is transmitted accurately and in a timely fashion; and

(5) whether there is appropriate follow-up of acute infections.

d. The committee meets regularly, at least quarterly, and consists of team members from across disciplines, including the Medical Director.

6. **Policies and Procedures**
   a. Policies and procedures are utilized as the standards of the infection prevention and control program.
   b. Policies and procedures reflect the current infection prevention and control standards of practice.
   c. The infection prevention and control committee, Medical Director, Director of Nursing Services, and other key clinical and administrative staff review the infection control policies at least annually. The review will include:
      (1) Updating or supplementing policies and procedures as needed;
      (2) Assessment of staff compliance with existing policies and regulations; and
      (3) Any trends or significant problems since the previous review.

7. **Surveillance**
   d. Process surveillance (adherence to infection prevention and control practices) and outcome surveillance (incidence and prevalence of healthcare acquired infections) are used as measures of the IPCP effectiveness.
   e. Surveillance tools are used for recognizing the occurrence of infections, recording their number and frequency, detecting outbreaks and epidemics, monitoring employee infection, monitoring adherence to infection prevention and control practices, and detecting unusual pathogens with infection control implications.
   f. The information obtained from infection control surveillance activities is compared with that from other facilities and with acknowledged standards (for example, acceptable rates of new infections), and used to assess the effectiveness of established infection prevention and control practices.
   g. Standard criteria are used to distinguish community-acquired from facility-acquired infections.

8. **Antibiotic Stewardship**
   a. Culture reports, sensitivity data, and antibiotic usage reviews are included in surveillance activities.
   b. Medical criteria and standardized definitions of infections are used to help recognize and manage infections.
   c. Antibiotic usage is evaluated and practitioners are provided feedback on reviews.

9. **Data Analysis**
   a. Data gathered during surveillance is used to oversee infections and spot trends.
   b. One method of data analysis is by calculating number of infections per 1000 resident days as follows:
      (1) The infection preventionist collects data from the nursing units, categorizes each infection by type (these can also be categorized by organism or according to whether they are facility- or community-acquired), and records the absolute number of infections;

(2) To adjust for differences in bed capacity or occupancy on each unit, and to provide a uniform basis for comparison, infection rates can be calculated as the number of infections per 1000 patient days (a patient day refers to one patient in one bed for one day), both for each unit and for the entire facility;
(3) Monthly rates can then be plotted graphically or otherwise compared side-by-side to allow for trend comparison; and
(4) Finally, calculating means and standard deviations (using computer software) allows for screening of potentially clinically significant rates of infections (greater than two standard deviations above the mean).

c. The Medical Director will help design data collection instruments, such as infection reports and antibiotic usage surveillance forms, used by the Infection Preventionist.

10. **Outbreak Management**
    a. Outbreak management is a process that consists of:
        (1) determining the presence of an outbreak;
        (2) managing the affected residents;
        (3) preventing the spread to other residents;
        (4) documenting information about the outbreak;
        (5) reporting the information to appropriate public health authorities;
        (6) educating the staff and the public;
        (7) monitoring for recurrences;
        (8) reviewing the care after the outbreak has subsided; and
        (9) recommending new or revised policies to handle similar events in the future.
    b. Specific criteria will be used to help differentiate sporadic cases from true outbreaks or epidemics.
    c. The medical staff will help the facility comply with pertinent state and local regulations concerning the reporting and management of those with reportable communicable diseases.

11. **Prevention of Infection**
    a. Important facets of infection prevention include:
        (1) identifying possible infections or potential complications of existing infections;
        (2) instituting measures to avoid complications or dissemination;
        (3) educating staff and ensuring that they adhere to proper techniques and procedures;
        (4) communicating the importance of standard precautions and cough etiquette to visitors and family members;
        (5) enhancing screening for possible significant pathogens;
        (6) immunizing residents and staff to try to prevent illness;
        (7) implementing appropriate isolation precautions when necessary; and
        (8) following established general and disease-specific guidelines such as those of the Centers for Disease Control (CDC).

12. **Immunization**
    a. Immunization is a form of primary prevention.
    b. Widespread use of influenza and COVID-19 vaccines in the nursing facility is strongly encouraged.
    c. Policies and procedures for immunization include the following:

(1) the process for administering the vaccines;
(2) who should be vaccinated;
(3) contraindications to vaccination;
(4) potential facility liability and release from liability;
(5) obtaining direct and proxy consent, and how often;
(6) monitoring for side effects of vaccination; and
(7) availability of the vaccine, and who pays for it.

13. **Monitoring Employee Health and Safety**

a. The facility has established policies and procedures regarding infection control among employees, contractors, vendors, visitors, and volunteers, including:
   (1) situations when these individuals should report their infections or avoid the facility (for example, draining skin wounds, active respiratory infections with considerable coughing and sneezing, or frequent diarrheal stools);
   (2) pre-employment screening for infections required by law or regulation (such as TB);
   (3) any limitations (such as visiting restrictions) when there are infectious out breaks in the facility; and
   (4) precautions to prevent these individuals from contracting infections such as hepatitis and the HIV virus from residents or others.

b. Testing for medical conditions is done in compliance with other laws (such as the Americans with Disabilities Act), and regulations protecting individual confidentiality and/or prohibiting discrimination against those with certain disabilities or conditions.

c. Those with potential direct exposure to blood or body fluids are trained in and required to use appropriate precautions and personal protective equipment.
   (1) The facility provides personal protective equipment, checks for its proper use, and provides appropriate means for needle disposal.
   (2) A protocol is in place for managing those who stick themselves with a needle that was possibly or actually in contact with blood or body fluids.

References	
References	
Related Documents	Facility Assessment Antibiotic Stewardship Policies Infection Prevention and Control Committee Infection Preventionist Policies and Practices – Infection Control Infection Prevention and Control Assessment Tool for Long-term Care Facilities
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