Infection Prevention Functions and Role

Gail Bennett, RN, MSN, CIC
How do I know if we have a comprehensive infection prevention program?
Infection Prevention Activities

- Surveillance
- Education
- Consultation
- Performance Improvement (Compliance)
- Policies and Procedures
- Committee Management
- Outbreak Investigation
Surveillance of Infections

2nd presentation
Education

- Orientation
- Annual, mandatory programs
- One on one teaching
Orientation (Examples)

- Pamphlets
- TB Fact Sheet
- Hepatitis B Vaccine Fact Sheet
- BBP training:
  - May use a variety of methods
  - Training must be done BEFORE we offer vaccine
  - Qualified person must be available to answer questions
Annual Mandatory IC Training

- Must include bloodborne pathogens and TB
- 100% attendance required by OSHA
Scenario

• OSHA walks in your facility in 2011 and starts requesting documents

• “I need your documentation of all employees (FT and PT) for 2009 and proof that they all completed the 2009 mandatory bloodborne pathogens training program.”

• “How quickly can you have that ready?”
Documenting 100% attendance at annual, mandatory IC program

- Recommendation: if no software program to monitor attendance, print a list of all associates working with the facility at the time of the training.
- Have each associate sign in beside their name
- Review list for those associates who have not signed beside their names to know who needs to attend a make-up course.
- Maintain the records in a safe place.
One on One Teaching

- May provide during compliance or surveillance rounds
- Anytime non-optimal technique is observed
- Provide privacy for staff when counseling is done
- Document in your records
Consultation – You’re the Consultant

- Use resources to get answers!
  - Web sites
  - Professional Guidelines
  - Textbooks
  - Guidelines/policy manuals
  - State IP groups
  - APIC chapter
  - Other
Resource

- $33.00, 623 pages
- Excellent, inexpensive IC resource!
APIC Textbook

The APIC Text Online is a subscription-based resource and is available to APIC members for $149/year and non-members for $199/year. To access the APIC Text Online, visit http://text.apic.org
Healthcare-Associated Infections (HAI)

What is an HAI?

Healthcare-associated infections (HAIs) are infections that patients acquire while receiving treatment for medical or surgical conditions. HAIs occur in all settings of care, including acute care within hospitals and same day surgical centers, ambulatory outpatient care in healthcare clinics, and in long-term care facilities, such as nursing homes and rehabilitation facilities. The frequency of HAIs varies by location.

HAIs are associated with a variety of causes, including (but not limited to):

- The use of medical devices, such as catheters and ventilators
- Complications following a surgical procedure
- Transmission between patients and healthcare workers
- The result of antibiotic overuse

Four categories of infections account for approximately three quarters of HAIs in the acute care hospital setting:

1. Surgical site infections
2. Central line-associated bloodstream infections
3. Ventilator-associated pneumonia
4. Catheter-associated urinary tract infections

In addition, infections associated with Clostridium difficile, Methicillin-resistant Staphylococcus aureus (MRSA) and other multi-drug resistant organisms also contribute significantly to the overall problem. The frequency of HAIs varies by location.

According to the Centers for Disease Control and Prevention, urinary tract infections comprise the highest percentage (34%) of HAIs followed by surgical site infections (17%), bloodstream infections (14%), and pneumonia (13%).

In addition to the substantial human suffering exacted by HAIs the financial burden attributable to these infections is staggering. According to the Oklahoma Foundation for Medical Quality HAIs incur an estimated $28 to $33 billion in excess healthcare costs each year.
Centers for Disease Control and Prevention (www.cdc.gov)
Association for Professionals in Infection Control and Epidemiology (www.apic.org)
Infection Control certification (www.cbic.org)
ICP Associates (www.icpassociates.com)
Members Making A Difference

AORN of Northwest Georgia Chapter #1107 is “Supporting the Nurses Who Make Surgery Safe” with the AORN Foundation and a pickle jar.

Read More

Spotlight

TAKE THE 2009 SALARY SURVEY!

Click here to begin the survey

The following AORN Recommended Practices are available for public review and comment:

*** The website for submitting public comments will be unavailable for planned system maintenance on Monday August 24, 2009 from 3:00 - 6:00PM MT. Thank you for your patience.
Welcome to the Association for the Advancement of Medical Instrumentation, dedicated to increasing the understanding, safety, and efficacy of medical instrumentation.

In the News
- CE-IT Community Call for Participation 09.23.09
- FDA Awards Pediatric Device Grants 09.23.09
- Joint Commission Center Focuses on Patient Care 09.23.09
- FDA To Hold Hearing on Internet Ads 09.21.09
- New AAMI Webinar on Joint Commission Activities 09.15.09
- New Benchmarking Listserv Launched 09.10.09
- More news >>

Marketplace News
- Medical Equipment Management Manual
  The 2009 edition of this best-selling manual provides up-to-date essential guidance on how to comply with Joint Commission medical equipment management requirements.

- AAMI's Benchmarking Solution
  This online tool is designed to help clinical engineering departments measure their practices, policies, and procedures against similar departments at other facilities.
Infection Control, Epidemiology, and Consulting

ICP Associates Home

Welcome to the website for ICP Associates, a leader in infection control, epidemiology, consultation, and education! The company was formed in 1986 and has expanded to provide easily accessible products, services, education and training, and news. All Associates of the company are active professionals with many years experience.

Check out the products offered by ICP Associates. We offer:
- **Infection Control Manuals** that can be customized for your organization
- **CDC Infection Control Guidelines** that puts resources at your fingertips for your daily practice
- A **handbook** to kick-start your own consulting practice
- Ready made **Employee Inservice Training Programs** on power point for you to quickly and easily “prepare” for inservices on specific topics for your organization

Check out “FREE STUFF” under Information/Resources including:
- A free **quarterly newsletter** of pertinent information for IC and epidemiology
- Information on specific **infectious diseases**
- Important information provided by the **Centers for Disease Control and Prevention**
- **Infection control and epidemiology Hot Lines** including telephone numbers as well as pertinent web sites
Quality Assurance/Performance Improvement

- Performance Improvement Program – have an active IC PI program

- Compliance Monitoring
# COMPLIANCE ROUNDS

<table>
<thead>
<tr>
<th>DATE</th>
<th>UNIT</th>
<th>CONDUCTED BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROBLEM TO BE MONITORED:</td>
<td>SAFER SHARPS AND SHARPS DISPOSAL</td>
<td></td>
</tr>
<tr>
<td>AREA MONITORED OR PATIENT REVIEWED:</td>
<td>OPPORTUNITIES FOR IMPROVEMENT:</td>
<td></td>
</tr>
<tr>
<td>1. All sharps devices in use are devices with safety engineering?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>a. Needles &amp; syringes</td>
<td></td>
<td></td>
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<tr>
<td>b. IV systems</td>
<td></td>
<td></td>
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<tr>
<td>c. Lancets</td>
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<td></td>
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<tr>
<td>d. Scapels (debridement kits)</td>
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<td></td>
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<tr>
<td>e. Butterflies</td>
<td></td>
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<tr>
<td>f. Other</td>
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<tr>
<td>2. Sharps devices are disposed into an appropriate needle/sharps disposal container?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Biohazard label</td>
<td></td>
<td></td>
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<tr>
<td>b. Red or orange in color</td>
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<td></td>
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<tr>
<td>c. Puncture resistant on all sides</td>
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<tr>
<td>3. Opening can be secured prior to disposal?</td>
<td></td>
<td></td>
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<tr>
<td>4. Sharps containers are discarded when no more than ⅔ full?</td>
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**SUMMARY OF FINDINGS AND CORRECTIVE ACTION TAKEN:**
## COMPLIANCE ROUNDS

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### CRITERIA:

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<tr>
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<tr>
<td>1.</td>
<td>Signage is posted to alert staff and visitors that Contact Precautions are in use.</td>
</tr>
<tr>
<td>2.</td>
<td>PPE is available outside the room.</td>
</tr>
<tr>
<td>3.</td>
<td>Hampers are placed in the room for trash and linen.</td>
</tr>
<tr>
<td>4.</td>
<td>Handwashing facilities/alcohol handrubs are easily accessible.</td>
</tr>
<tr>
<td>5.</td>
<td>The medical record reflects that the resident and family have been taught about Contact Precautions and reasons for its use</td>
</tr>
<tr>
<td>6.</td>
<td>Resident care equipment is left in the room or decontaminated prior to using on another resident.</td>
</tr>
<tr>
<td>7.</td>
<td>Observation of staff shows that appropriate hand hygiene and donning and removal of PPE are done.</td>
</tr>
</tbody>
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### AREA MONITORED OR PATIENT REVIEWED:

### OPPORTUNITIES FOR IMPROVEMENT:

### SUMMARY OF FINDINGS AND CORRECTIVE ACTION TAKEN:
State Reporting Requirements

- North Dakota reportable diseases
North Dakota Department of Health
Mandatory Reportable Conditions
~Report within 7 days unless otherwise specified~

- AIDS
- Anthrax 🕍◗
- Arboviral Infection (specify etiology)
- Botulism 🕍◗
- Brucellosis 🕍◗
- Campylobacteriosis ◗
- Carbapenem-resistant *Enterobacteriaceae* (CRE) ◗◗
- Cancer ◗◗
- CD4 Test Results (any CD4 value)
- Chickenpox (varicella)
- Chlamydial infection
- Cholera 🕍◗
- *Clostridium perfringens* intoxication 🕍◗
- Meningococcal disease (invasive) 🕍◗
- Mumps 🕍
- Nipah virus infections 🕍◗
- Nosocomial outbreaks in institutions
- Pertussis 🕍◗
- Plague 🕍◗
- Poliomyelitis 🕍◗
- Pregnancy in person infected with perinatally transmissible disease (such as hepatitis B and HIV)
- Psittacosis 🕍
- Q fever ◗
- Rabies
  - Animal
  - Human 🕍◗
Policies and Procedures

- Have P&Ps based on regulations, standards, and current guidelines
- Enforce your policies
- Monitor for compliance
- Review periodically
- Make changes as needed
Committee Management: Infection Control

- Meet on a regular schedule
- Make the meeting convenient
- Start and end on time
- Have a well prepared written agenda
- Prepare concise, accurate minutes that show problem-solving for IC
Outbreaks (will discuss in detail tomorrow)

- Outbreak (excess cases over normal)
- Inpatient facilities will usually recognize their outbreaks
- Ambulatory care: outbreaks will likely be identified by people outside your center
Outbreak Investigation

- Know when and where to get help!
- Clearly document your investigation.
Recent outbreaks relating to Ambulatory Care

- Outbreaks of Hepatitis C in Healthcare Settings Publications

- Transmission of Hepatitis B and C Viruses in Outpatient Settings ---

- Viral Hepatitis Transmission in Ambulatory Health Care Settings.*

- Spotlight: Viral Hepatitis Transmission in Ambulatory Health Care
  Settings

- An Outbreak of Hepatitis C Virus Infections Among Outpatients at a
  Hematology/Oncology Clinic.*

- A large nosocomial outbreak of hepatitis C and hepatitis B among
  patients receiving pain remediation treatments.*
Recent outbreaks relating to Ambulatory Care ....and an important message to all healthcare organizations!

- **Failure to adhere to basic principles of aseptic technique for the preparation and administration of parenteral medications**

- **Unsafe practices**
  - Syringe reuse between patients during parenteral med administration to multiple patients
  - Contamination of medication vials or IV bags by accessing them with a used syringe and/or needle
  - Failure to follow basic injection safety practices when preparing and administering parenteral meds to multiple patients
  - Inappropriate use of fingerstick devices and glucometer equipment between patients

- **APIC Position Paper:** *Safe Injection, Infusion, and Medication Vial Practices in Healthcare, 2009*
  
  [www.apic.org](http://www.apic.org)
Sentinel events

- A single occurrence which requires immediate action
Problem-solving

- Assessing
- Planning
- Implementing
- Evaluating
Questions??