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### Infection Prevention Program and Plan -- Boise

**I. Policy Statement:** The Infection Prevention Specialists, within the Patient Safety Department, shall be responsible for the implementation of the multiple facets of the Infection Prevention Program by working in a consultative role with medical and hospital staff to prevent, identify and minimize healthcare-acquired infections across the continuum.

**II. Scope of Service:**

**A. Patient Population**

1. The Infection Prevention program serves all patient populations throughout the Saint Alphonse Regional Medical Center (SARMC) healthcare system.
  - a. Our healthcare system serves a large rural and agricultural population.
  - b. The Boise metro area has a large population of different ethnic groups. This population may include refugee, residents, visitors, students and temporary workers.
  - c. The Air National Guard base is located at Gowen Field.
2. Boise SARMC is the region's Level 2 Trauma Center and is also a major referral center for Critical Access hospitals for southwest Idaho, northern Nevada and eastern Oregon.

**B. Areas of Care:**

1. Hospital-wide services, including Emergency Department, Imaging Services, Clinical Lab, Physical Therapy, Respiratory Therapy and Perioperative Services.
  2. Nursing Units, including but not limited to, the Cancer Institute, Surgical, Medical, Orthopedic, Behavior Health, Family Maternity Center (FMC), Neonatal Intensive Care Unit (NICU), and Critical Care Units.
  3. Ambulatory care centers including Saint Alphonse Medical Group Clinics, Meridian Health Plaza, Eagle Health Plaza, outpatient oncology services, outpatient coagulation clinics, immediate care clinics and outpatient rehabilitation services (STARS).
  4. Saint Alphonse Medical Group Clinics
- C.** The Infection Prevention Program is integrated with other healthcare facilities and community leaders, recognizing that infection prevention is a community-wide effort.
- D.** SARMC works closely with Central District Health Department concerning suspected disease outbreaks and pandemic concerns.

### **III. Responsibility:**

- A. The assurance of a safe healthcare environment that provides quality care is everyone's responsibility.
  - 1. Identifying and providing the necessary resources to prevent and control infections is the responsibility of the Board of Directors, Chief Executive Officer, Leadership, Medical Staff, Infection Prevention Committee, and managers of the clinical and ancillary departments.
- B. The Infection Prevention (IP) Specialists are responsible for the monitoring of health care-associated infections and instituting effective control measures where appropriate.
  - 1. Other activities include reviewing construction projects; developing prevention and educational strategies for healthcare personnel; overseeing the staff and environment for compliance with all infection prevention policies and procedures; and monitoring the compliance with local, state and federal rules and regulations for the prevention of infections in the healthcare practice area.
- C. Employee Health Services (EHS) is responsible for maintaining an effective employee health program in compliance with all county, state and federal laws and regulations.
  - 1. The program consists of, but is not limited to, new employee screening, TB screening, hepatitis vaccination program, varicella titer testing, influenza vaccination program, follow-up of employee exposures to blood/body fluids and other potential infectious agents, as well as tracking of employee illnesses and injury.
  - 2. Colleague and patient contact follow-up for communicable disease exposures are coordinated by both the IP and EHS departments.
  - 3. EHS is responsible for the compliance of employees with regard to TB screening and conversions, blood/body fluid exposures, and presenting of this information to the IPC on a quarterly basis.

### **IV. Infection Prevention (IP) Program:**

- A. The IP Plan is revised annually (fiscal year) after evaluating the previous year's IP Plan and using the Infection Prevention Risk Assessment to identify and prioritize goals for the coming year. A template of the risk assessment is linked to this policy Infection Prevention Risk Assessment Template. The current risk assessment is in the Infection Prevention Committee meeting minutes.
- B. Infection Prevention activities include, but are not limited to:
  - 1. Information management, including the development and maintenance of a surveillance system to determine the incidence of specific infections;
  - 2. Investigation and evaluation through concurrent and retrospective reviews to identify problems and to detect and intervene during any clusters of infections;
  - 3. Risk assessment, including ongoing assessments to identify risks for the acquisition and transmission of infectious agents by using an epidemiological approach that consists of surveillance, data collection,

- and trend identification. Effectively implement infection prevention and control processes based on risk;
4. Implementation of organization-wide infection prevention practices based on surveillance data and evidence-based practice;
  5. Reporting of infection surveillance and prevention information internally, and to government agencies, accrediting bodies, and referring or receiving agencies, as appropriate;
  6. Determining and communicating with SARMC leadership events that may require temporary halting of services or limitation of visitors within the facility, and assisting with the activation of the organization's emergency management plan and/or Infectious Disease Response Plan;
  7. Consultation to hospital staff regarding development of policies and procedures to prevent and control healthcare acquired infections;
  8. Assessment of educational needs and development of appropriate orientation and in-service programs to ensure appropriate institution of protective barriers and patient care procedures;
  9. Consultation and assessment of construction/remodel projects;
  10. Consultation regarding the purchase of equipment and supplies used for sterilization, disinfection, and decontamination purposes and reviews cleaning procedures, agents, and schedules used throughout the organization. Consults with departments regarding changes in cleaning products or techniques;
  11. Support Quality Improvement efforts;
  12. Provide input regarding safety products purchased within the organization and facilitate employee involvement with their selection;
  13. Provide input regarding the purchase of equipment and supplies for patient care;
  14. Provide an ongoing hand hygiene program through continued monitoring of compliance and education;
  15. Serves as a resource for the development and implementation of Antimicrobial Stewardship initiatives as they pertain to Infection Prevention practices;
  16. Integrate efforts of the SARMC Infection Prevention Program with other health care facilities and community leaders as much as possible.

**V. Infection Prevention Committee:**

- A. Purpose: The Infection Prevention Committee (IPC) is a medical staff committee responsible for the implementation of the Infection Prevention Plan which is designed to prevent and control the spread of infection within the Medical Center and associated outpatient clinics. The committee also oversees infection prevention issues regarding employee health.
- B. Composition: The Infection Prevention Committee is a multidisciplinary committee composed of:
  1. Infection Prevention Officer (IPO), who serves as the committee chair;
  2. Infectious Disease physicians;

3. Infection Prevention Specialists;
  4. Members of the active Medical Staff representing certain specialties;
  5. Representatives from:
    - a. Nursing--Medical/Surgical Unit and Critical Care
    - b. Surgery Department
    - c. Microbiology
    - d. Risk Management
    - e. Patient Safety
    - f. Pharmacy
    - g. Employee Health
    - h. Dietary
    - i. Environmental Services
    - j. Facilities
    - k. Idaho Department of Health and Welfare
    - l. Other medical staff and associates
- C. Authority:
1. The Infection Prevention Committee has the authority to institute any appropriate surveillance, prevention and control measures or studies, above and beyond current activities and policies, when there is reason to believe patients or personnel may be in danger of exposure to infectious or communicable disease. This authority ceases when the danger to the patient or personnel is no longer present.
- D. The Infection Prevention Committee reports to the Medical Executive Committee, Quality and Patient Safety Council, and Quality Care and Professional Practice Committee of the Board of Trustees, as needed.
- E. The Infection Prevention Committee meets quarterly.
- F. Duties:
1. Oversees the implementation of the Infection Prevention Program.
  2. Review and approval of the Infection Prevention Program Plan annually and if a change in surveillance is warranted.
  3. Monitors the ongoing surveillance program to identify trends of epidemiological significance.
  4. Reviews and approves Infection prevention policies as needed.
  5. Provides oversight for associate, provider and patient education related to infection prevention.
  6. Assures that communicable and other reportable diseases are reported to the Public Health Department.
  7. Identifies infection risks related to employment and institutes appropriate preventive measures in conjunction with Employee Health Services.
  8. Provides oversight for outbreak or cluster investigations, determines possible causes, and takes action as necessary.
  9. Serves as a resource to all personnel and departments for Infection Prevention practices.
  10. Ensures compliance with all local, state, and federal laws and regulations regarding Infection Prevention.
  11. Ensures Infection Prevention participation in the program to monitor the physical building for compliance with safety and cleaning policies.

12. Ensures Infection Prevention participation in on all construction projects and performance of an Infection Control Risk Assessment (ICRA)

#### **VI. Infection Prevention Department**

- A. Infection Prevention is a component of the Patient Safety and Regulatory Compliance Department.
- B. It is staffed from 0700-1530 Monday through Friday. An IP is available during these hours at 367-2754. After hours and on weekends an IP can be contacted by the Medical Access Center at 367-8855.
- C. The Infection Prevention Department is staffed with four full-time IP's responsible for the implementation of the multiple facets of the program. The IP's are required, within two years of hire, to complete a course of training in Infection Prevention and Control provided by the Association for Practitioners in Infection Control (APIC), and become certified in Infection Prevention by the Certification Board of Infection Control and Epidemiology (CBIC)

#### **VII. Surveillance Methodology**

- A. IP's conduct surveillance to identify trends of epidemiological significance and develop organization specific infection prevention practices based on data or outcomes.
  1. Surveillance is the systematic review of multiple resources utilizing definitions and criteria approved by the IPC to document health care-associated infections.
  2. Microbiology reports and charts are reviewed.
  3. A data-mining service is utilized to identify potential health-care associated infections and support surveillance activities.
  4. The CDC National Healthcare Safety Network (NHSN) criteria are utilized to define health care-associated infections and establish target thresholds. This data is then benchmarked to internal and external data and reported to CMS as required.
  5. The IP Department maintains records of studies performed to document and evaluate the incidence of organization-associated infections for three years.
  6. Reports communicable and other reportable diseases to the Public Health Department.
  7. Reviews deaths occurring in the hospital for possible infection related sentinel events.
  8. Monitors the physical building for compliance with policies that provide a safe and clean environment, i.e. isolation and safety rounds on a regular basis, and reports any problems to the director of the department for corrective action.
  9. Consults on all construction projects and performs an Infection Control Risk Assessment (ICRA). All projects are monitored during construction for proper infection prevention practices.

**VIII. Infection Prevention Manual**

- A. Infection Prevention policies and procedures are developed by the Infection Prevention Specialists in consultation with department managers.
- B. The Infection Prevention Specialists are responsible for the review and revision of the Infection Prevention policies and procedures at least every two years. This is documented in the committee minutes.
- C. Policies are available in the online policy/procedure manual.

**IX. Orientation and Continuing Education:**

- A. Information regarding Infection Prevention principles, standard precautions, and transmission –based precautions and exposures is taught upon hire and required annually via the online education program for all employees.
- B. The Infection Prevention Specialists will provide or participate in relevant Infection Prevention education programs and provide consultation on a formal and informal basis.

**X. Communication of Information:**

- A. The IP Specialists will report all data and results of surveillance activities to the IPC.
- B. Patterns are reviewed and relevant issues are communicated to appropriate areas.
- C. IP Specialist report infection data to ICU workgroup quarterly.
- D. Surgical data presented to OR Executive Committee and appropriate medical staff committees.
- E. Learning by defects tool completed by nursing units on selected HAIs.
- F. Summaries of problems and recommendations by the IPC are reported to the Medical Executive Committee, and appropriate Medical Staff Departments for review. A written report of infection prevention activities is submitted to the Quality and Patient Safety Council and the Quality Care and Professional Practices Committee, a subcommittee of the Board of Trustees.
- G. The IP specialists will convey to the director or unit manager any data pertinent to their specific area and will communicate recommendations from the IPC. The department director or unit manager is responsible for implementing the recommendations and action plans as defined by the IPC.

**XI. Related Policies/Forms:**

- A. Infection Prevention Risk Assessment Template

**XII. References:**

- A. Carrico, et al (Ed.). (2014). APIC Text of Infection Control & Epidemiology, Fourth Edition. Washington, DC: Association for Professionals in Infection Control and Epidemiology, Inc.
- B. Scheckler WE, Brimhall D, Buck AS, Farr BM, Friedman C, Garibaldi RA, Gross PA, Harris J, Hierholzer WJ Jr., Martone WJ, McDonald LL, Soloman

- SL (1998) Requirements for infrastructure and essential activities of infection control and epidemiology in hospitals: A consensus panel report. American Journal of Infection Control 26(1): 47-60.
- C. Friedman C, Barnette M, Buck AS, Ham R, Harris JA, Hoffman P, Johnson D, Manian F, Nicolle L, Pearson ML, Perl TM, Solomon SL (1999) Requirements for infrastructure and essential activities of infection control and epidemiology in out-of-hospital settings: a consensus panel report. American Journal of Infection Control; 27(5):418-30.
- D. Joint Commission on Accreditation of Healthcare Organizations Standards (2017) Accreditation Policies, Standards, Elements of Performance; Surveillance, Prevention, and Control of Infections (IC).

**XIII. Approval Committee(s):**

- A. Committee approvals:
1. Boise Infection Prevention Committee, SAHS Infection Prevention Workgroup, SAHS Quality Committee.
- B. Other approvals:
1. SAHS Quality Committee – 6/24/21