

HAI AC Title 22 Subcommittee Infection Prevention Program Requirements.

For Surveyors to effectively survey Infection Prevention Programs they should have a minimum 8 hours of standardized training in Infection Prevention activities in Acute Care Settings.

Examples are

- UCSD extension course
- APIC ICE programs
- CACC Foundations course
- SHEA CDC Epidemiology Course

1. Administrative/Program Management

The Goal of any infection prevention program is to protect patients, visitors, healthcare workers, and staffs in the healthcare setting.

Activities should include:

- Management of Surveillance, critical information, and data.
- Setting and recommending policies and procedures related to infection prevention
- Reviewing and implementing new infection prevention guidelines , accreditation and regulatory requirements
- Directing intervention to prevent infectious disease transmission in the healthcare setting
- Education and training of healthcare workers
- Assessing adequate personnel resources
- Assessing need for non personnel resources
- Mandatory Reporting as directed by Federal ,State and Local requirements

(Adapted from: *Requirements for Infrastructure and Essential Activities of Infection Control and Epidemiology in Hospitals: A Consensus Panel Report*. SHEA APIC 1998)

2. Invasive Medical Devices

Included in risk assessment

Based on the risk assessment, identify risk reduction strategies and develop policies and procedures for care and infection prevention process measures and devices

3. MDROS

Included in the risk assessment

Based on the risk assessment, identify risk reduction strategies to prevent ongoing transmission and have policy and procedures in place to mitigate ongoing transmission

4. Policies and Procedures addressing HCW Issues such as:

- a. Screening and Immunization
- b. ATD
- c. Blood-borne pathogens

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d. Mandatory vaccines/or universal masking for *influenza prevention* see APIC letter

5. AB Stewardship

a. Antibiotic Stewardship is supervised by a physician-led multidisciplinary committee, including a pharmacist and other appropriate representatives as required.

b. Education of both Chair and pharmacist is required, and must include a formal course on antibiotic stewardship.

c. Usage patterns of broad spectrum antibiotics

d. The institution monitors antibiotics determined to be of importance to the resistance ecology of that facility.

e. Defined Daily Dosing (DDD) or Days of Therapy (DOT) is collected for antibiotics and examined for appropriate use.

f. Multi-Drug Resistant Organisms (MDRO) rates and trends

g. SCIP measures (performance)

h. MUE for total and class-specific antibiotics used

i. A risk assessment for each facility is performed and includes:

1. The scope of practice of a facility is defined.

2. Usage patterns of broad spectrum antibiotics

3. The institution monitors antibiotics determined to be of importance to the resistance ecology of that facility.

j. Defined Daily Dosing (DDD) or Days of Therapy (DOT) is collected for antibiotics and examined for appropriate use.

k. Multi-Drug Resistant Organisms (MDRO) rates and trends

l. SCIP measures (performance)

m. MUE for total and class-specific antibiotics used

n. An antibiogram is developed consistent with guidelines issued by the Clinical and Laboratory Standards Institute.

1. There is documentation to indicate that it is distributed to the Medical Staff and it is being used for education

6. Sterilization and Disinfection

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- a. Physical Plant The central processing area(s) ideally should be divided into at least three areas: decontamination, packaging, and sterilization and storage
 - b. Quality Assurance Practices
 1. Verification of Sterilization according to National Associations
 2. Monitoring e.g. biological/ chemical indicators
 - c. Packing
 - d. Loading
 - e. Storage
 - f. Failure recall
 - g. Competencies of staff for Sterile Processing
 - h. Pre cleaning , Cleaning and High Level Disinfection policies
 - i. Competencies for staff who perform High level Disinfections
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7. Education Policies and content addressing the following populations
 - a. Patient and Family
 - b. HCW
 - c. Infection Preventionist Example for IP
 1. UCSD extension course
 2. APIC ICE programs
 3. CACC Foundations course
 4. SHEA CDC Epidemiology Course
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8. Environment of Care
 - a. Laundry:
 1. Proof of temperature and additives; (Long-term care interpretive guidelines re temp and heat)
 2. Linen Storage
 3. Review of outside linen plant annually and as needed
 - b. Dietary: Federal Food Code
 - c. Construction:
 1. risk assessment and mitigation
 2. Infection Control Risk Assessment
 3. Training of Construction Workers in Construction Infection Prevention
 - d. Utilities maintenance as they affect infection prevention activities
 - e. Cleaning and Low Level Disinfection of the Environment
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9. Standard Precautions, Transmission-based and Respiratory Etiquette
 - a. Policies on hand hygiene
 - b. Respiratory etiquette
 - c. Policies that address Standard and Transmission-based precautions
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10. Surgical and Special Procedures
 - a. Temperature
 - b. Humidity

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c. Ventilation

Parking Lot

11. Dialysis
12. Ambulatory Surgery Centers