

SUBJECT: INFECTION CONTROL PLAN	REFERENCE #1017
DEPARTMENT: INFECTION CONTROL	PAGE: 1 OF: 11
APPROVED BY:	EFFECTIVE:
	REVISED:

INFECTION CONTROL POLICY STATEMENT:

- Commitment:
 - _____ Hospital represented by the medical and administrative staff, along with the Governing Body, recognizes the need to formalize the infection control efforts. The goal of the Infection Control Program is to reduce the risk of acquisition and transmission of healthcare associated infections (HAIs). To accomplish this goal effectively requires an integrated process involving a collaborative effort by all programs and services throughout the facility. The Governing Body of _____ Hospital directs that an Infection Control Program be established and that this policy statement be adopted to ensure the organization has a functioning, coordinated process in place to reduce the risks of endemic, epidemic and HAIs in patients and healthcare workers.

- Statement:
 - Infection control at _____ Hospital is an important consideration in every decision and plan. Infection control must be an integral responsibility of all personnel. This program is a major component of the facility's safety program, as well as its performance improvement program.

 - All healthcare providers, in partnership with the medical staff, are responsible for the safety, health and well being of all patients, physicians, visitors and healthcare workers (HCW). This responsibility may be met by working together continuously to promote safe infection control practices, observing all rules, regulations, procedural guidelines and continually assessing the program to identify risks involved with the facility's demography of patients, in an effort to improve the quality of patient care. For these reasons, _____ Hospital has established an Infection Control Program, which requires the participation, support and cooperation of all personnel.

 - Each department, in partnership with the medical staff, will be responsible and held accountable for its role in the Infection Control Program. In addition to reporting isolation cases, suspected infections and positive cultures, as well as providing required follow-up information, each department will be responsible for full and timely cooperation with the Infection Control Committee/Infection Control Practitioner to develop and implement remedial/corrective action. Specific assignments will be made to committees, departments and individual personnel and, where assigned, the completion of these assignments will be expected in a timely yet thorough manner.

SUBJECT: CONSTRUCTION/RENOVATION GUIDELINES	REFERENCE #1023
DEPARTMENT: HOSPITALWIDE	PAGE: 1 OF: 4
APPROVED BY:	EFFECTIVE: REVISED:

PURPOSE:

- Planning for facility renovation and construction projects at _____ Hospital includes early consultation with Infection Control to ensure that:
 - The design of treatment areas and other structures will facilitate desired infection control practices, and
 - Dust and other microbial contamination is minimized during the work phases of construction/renovation projects.

PRECONSTRUCTION PREVENTIVE MEASURE:

- Infection Control will be notified of plans for renovation and/or new construction during the planning phases. Risk Assessment and Preventive Measures Checklist must be completed and a copy must be sent to Infection Control once Class IV is indicated. Infection Control expectations will be incorporated into initial project agreements to ensure contractor accountability (See Infection Control Construction Permit). Specific area of consideration for Infection Control Input include:
 - Identification of patient population that may be at risk and the prevention measures to ensure their safety (i.e., patient care areas including rooms for requiring isolation precautions).
 - Identify essential services (i.e., water supply, electricity and ventilation systems) that may be disrupted and measures to compensate for the disruption.
 - Handwashing facilities
 - Traffic patterns for people and supplies
 - Designation of elevator to be used solely by the construction workers
 - Air handling systems
 - Dust containment and removal of construction debris
 - Water supply and plumbing materials that are durable and resistant to corrosion and bacterial growth. Materials must meet the Code Regulation.

SUBJECT: GUIDELINES FOR ISOLATION PRECAUTIONS	REFERENCE #2011
DEPARTMENT: INFECTION CONTROL	PAGE: 1 OF: 8
APPROVED BY:	EFFECTIVE: REVISED:

RATIONALE:

- The continuum of care has transitioned the healthcare delivery system to many settings, including acute hospitals, ambulatory settings, specialty care sites, long term care and home care. Because of this, the principles of infection control must now address all of these settings. With this in mind, the Healthcare Infection Control Practices Advisory Committee (HICPAC) has issued new Guidelines For Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.
- Of significance is the new terminology, which has been put into effect to incorporate the multitude of healthcare delivery settings listed above. The term “nosocomial infections” has been replaced by “healthcare associated infections”(HAIs).
- The emergence of new pathogens such as SARS, Avian Influenza and West Nile Virus, as well as an increasing concern of bioterrorism attacks, has prompted a broader approach than previous guidelines.
- “Transmission Based Precautions” are now termed “Expanded Precautions” and include a new category called Respiratory Hygiene/Cough Etiquette in addition to the familiar Standard Precautions.
- According to HICPAC, accumulated evidence that environmental controls decrease the risk of life threatening fungal infections in the most severely immunocompromised patients (allogeneic hematopoietic stem cell transplant patients) led to the addition of a new category called Protective Environment (PE) precautions.
- There is also evidence of increased incidence of HAIs caused by multidrug-resistant organisms (MDROs) along with increased knowledge concerning prevention and control of these pathogens that have practical applications in healthcare settings.
- The terminology for “Airborne Precautions” has been replaced with “Airborne Infection Isolation” (AII) to be consistent with the revised *Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Healthcare Settings (MMWR 2004)*.
- In summary:
 - “Transmission-based Precautions” = “Expanded Precautions”
 - “Standard Precautions” = “ Standard Precautions + Respiratory Hygiene/Cough Etiquette”

SUBJECT: RESPONSE TO AN INFLUX OF INFECTIOUS PATIENTS	REFERENCE #3001
	PAGE: 1 OF: 3
DEPARTMENT: INFECTION CONTROL	EFFECTIVE:
APPROVED BY:	REVISED:

PURPOSE:

To be as prepared as possible for an influx, or the risk of an influx, of infectious patients.

POLICY:

- A healthcare organization must be prepared to deliver care, treatment and services in response to an epidemic or infections that are likely to expand or extend care capabilities over a prolonged period of time. This planned response, in conjunction with the facility's emergency management plan, is necessary to cope with the possibility of numerous admissions over a prolonged period of time. Examples could include patients with SARS, a pandemic influenza or various forms of bioterrorism. The facility must recognize and contain the spread of infection through a comprehensive, organized plan.
- Infection Control management must stay informed by information available through the local county, state and federal public health agencies. These sources will keep the facility abreast of current trends in the community, emergence of new infections or epidemics. This knowledge will be invaluable to the organization in allowing the facility to immediately activate its response. The Infection Control Department should work in unison with the Chair of the Infection Control Committee so that rapid dissemination of facts can reach the medical staff, administration and hospital staff regarding all pertinent developments should the need arise.
- A facility's goals, priorities and resources may dictate the extent of response the facility may have to an influx, or the risk of influx, of infectious patients. Hospitals with Emergency Department facilities will be the first to note an influx of patients with similar symptoms. Emergency Departments will become saturated within a short period of time. Emergency Department staff should be acutely aware of such trends and act accordingly. The Medical Staff should be prepared to evaluate all hospitalized patients at this point and discharge patients unless they absolutely need to be hospitalized.
- Hospitals without an Emergency Department should be ready to admit non-critical patients from saturated facilities to make rooms available for the admission of infected patients to the ED associated hospitals.
- Hospitals should be prepared to cancel elective admissions, discharge or transfer patients and designate certain floors where the influx of infected patients will be admitted.
- Transmission prevention guidelines will be dictated by the specific needs of the influx of infected patients. This could entail use of negative air flow rooms (SARS) or whether

SUBJECT: MULTIPLE DRUG RESISTANT ORGANISMS (MDROs)	REFERENCE #3025
	PAGE: 1 OF: 2
DEPARTMENT: INFECTION CONTROL	EFFECTIVE:
APPROVED BY:	REVISED:

- Multidrug-Resistant Organisms (MDROs) are defined as microorganisms, predominantly bacteria, that are resistant to one (1) or more classes of antimicrobial agents. Because MDROs are usually resistant to all but one or two (1 or 2) commercially available antimicrobial agents, treatment options are severely limited. These limitations may drive antibiotic usage patterns in ways that suppress normal flora and create an environment that further aids in the transmission of MDROs among patients exposed to other patients colonized or infected with MDROs.
- MDROs are introduced into the healthcare setting most often in two (2) ways: via colonized or infected patients and as a result of genetic changes induced by antimicrobial selective pressure.
- The two (2) most prevalent bacteria of concern in the healthcare setting are Methicillin Resistant Staphylococcus Aureus (MRSA) and Vancomycin Resistant Enterococcus (VRE).
- Patient-to-patient transmission of MDROs is usually via the unwashed hands of healthcare workers (HCWs) which has been a major factor in the increased incidence in acute care facilities. Hands can easily become contaminated during the course of caring for a patient or having contact with environmental surfaces in close contact with the patient. Without appropriate hand hygiene and/or appropriate use of gloves, contact with colonized or infected patients or the environment of care may result in transmission of MDROs to other susceptible patients.
- The prevention and control of MDROs must have a multi-tiered approach:
 - Administrative support is vital to the success of prevention and control of MDROs. Maintaining staffing levels, effective communications availability (computer accessibility to identify patients previously admitted with an MDRO), appropriate patient placement and other commitments of a fiscal nature, as well as enforcement of adherence to infection control recommendations are of paramount importance.
 - Surveillance must be diligent. This includes screening, lab support, patient placement and rapid communication to assure adequate isolation precautions are taken.
 - Educating the entire staff, including the medical staff, regarding the extreme importance of hand hygiene. Judicious use of antimicrobial agents by the medical staff is also of utmost importance. To reduce the selective pressure, physicians are urged to treat infections and not contaminants, to limit the duration of antibiotic therapy and to restrict the use of broad spectrum and/or new more potent antibiotics