

CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL

SECTION I:	PATIENT FOCUSED FUNCTIONS
CHAPTER 4	Infection Prevention
PROCEDURE 4.1	Surveillance, Prevention and Control of Infections
REVISED:	09/97; 01/23/07; 12/15/09; Reviewed 06/18
Governing Body Approval:	5/13/10; 04/18; 06/27/08(<i>electronic vote</i>)

VALUE: The Infection Prevention Services of Connecticut Valley Hospital (CVH) provides a comprehensive program centered on the surveillance, prevention and control of infection so that the hospital can carry out its mission to the patients, visitors families, employees, students, volunteers and contracted employees of the hospital.

GOAL: The Infection Prevention Service, recognizing that all hospitals are at risk for healthcare acquired infections, strives to reduce the risk of healthcare acquired and/or community-acquired infections in patients, visitors, employees, students, volunteers and contracted employees utilizing surveillance, prevention and prevention methods.

POLICY: The hospital has an organized integrated Infection Prevention Plan to reduce or eliminate the risk of transmission of healthcare acquired and/or community-acquired infections in patients, visitors, employees, students, volunteers and contracted employees. This program has been developed in accordance with the regulations, guidelines and standards set forth by Occupational Safety Health Administration (OSHA), Centers for Disease Control (CDC), Center for Medicare and Medicaid Services (CMS), Connecticut Department of Public Health (CT DPH), Association for Professionals in Infection Control and Epidemiology (APIC) and The Joint Commission (TJC).

A. Standards and Infection Prevention Policies

1. The Infection Prevention Plan is developed after conducting an Infection Prevention Risk Assessment. This process occurs annually and at anytime there is a new situation requiring a reassessment. The Infection Prevention Committee Goals and Strategic Plan are developed from the risk assessment.
2. Infection Prevention Services provides a manual containing policies and procedures designed to reduce the risk of transmission of infections. This manual is located on the hospital computer "T" drive and each unit and Nurse Supervisor Office. Policies contained in the manual pertain to:
 - a Infection Prevention Plan;
 - b Criteria for infections, surveillance methodology and investigations;
 - c Hand Hygiene;

- d Standard Precautions, and Transmission Based Precautions, Personal Protective Equipment;
- e Bloodborne Pathogens Standard and Exposure Control Plan;
- f Tuberculosis Control Plan and Respiratory Protection Plan;
- g Management of Infectious Waste Plan;
- h Immunizations;
- i Disinfection, Sterilization and Cleaning of Equipment;
- j Care of specific equipment;
- k Management of the Environment of Care;
- l Department specific policies related to infection prevention and prevention in Nursing, Employee Health, Podiatry, EKG, Radiology, Pharmacy, Laboratory, Dialysis, Dental, Dietary, Housekeeping, Police, Fire, Physical Therapy, Rehab, Volunteers, Medical Supply, Maintenance and Pet Therapy;
- m Construction and Renovation Infection Prevention Risk Assessment ; and
- n Specific infectious diseases.

B. Structure of Infection Prevention Service

1. The hospital has policies which address surveillance, prevention, prevention activities and education that include:
 - a. Education programs including orientation for new employees, annual mandatory education for all employees, specific education in the event of infections, and other programs pertaining to Infection Prevention to meet the current practices of Infection Prevention;
 - b. Immunization and screening programs;
 - c. Proper handling of contaminated equipment;
 - d. Patient and family education;
 - e. Annual review and revision of the Infection Prevention Manual to meet current standards;
 - f. Isolation and Outbreak Investigation to prevent the transmission of an infection;
 - g. Quality improvement activities to identify risks for transmission of infections.
 - h. Data collection and analysis to identify clusters or trends for organisms, types of infections, resistant or unusual organisms, reportable diseases, blood or body fluid exposure including needlesticks; and
 - i. Monthly meetings of the Infection Prevention Committee to review reports, policies and identified problems.
2. There is a defined management structure that has the authority to perform those duties necessary to provide Infection Prevention Services.
 - a. Infection Prevention Services are directed by the Director of Ambulatory Care Services and the Chair of the Infection Prevention Committee.
 - b. There is an Infection Preventionist assigned to each division.
 - c. Infection Preventionists are assigned to the position based on demonstrated competencies, training, professional performance and experience.
 - d. Infection Preventionists can require the implementation of protocols, recommend corrective actions to maintain adherence to policies that are designed to prevent, control and/or treat infections.

- e. Infection Prevention Services follows accepted national standards for prevention of transmission of infection using evidenced based practices.
- f. There is an established mechanism to report information on infections internally, to sending and receiving facilities and to the Connecticut State Health Department.

C. Surveillance Activities

- 1. Infection Preventionists conduct surveillance for confirmed and suspected infections. Surveillance activities include monitoring of:
 - a. daily laboratory reports;
 - b. antibiotic order forms;
 - c. medication administration records;
 - d. admission documents;
 - e. pertinent consultation forms;
 - f. all positive radiological reports;
 - g. environment through Management of Environment of Care Rounds;
 - h. incident reports;
 - i. patient charts for antibiotic use, documentation and culture results; and
 - j. is a liaison to treatment teams and various hospital committees.