Forms & Checklists for Infection Prevention

VOLUME 1

Forms & Checklists for Infection Prevention, Volume 1

About APIC

APIC's mission is to create a safer world through prevention of infection. The association's more than 15,000 members direct infection prevention programs that save lives and improve the bottom line for hospitals and other healthcare facilities. APIC advances its mission through patient safety, implementation science, competencies and certification, advocacy, and data standardization.

Forms & Checklists for Infection Prevention, Volume 1

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Introduction

Forms & Checklists for Infection Prevention, Volume 1 was designed to provide a variety of resources for the infection preventionist from novice to expert. The editors have selected and organized this compilation of forms, checklists, policies, and guidelines to create a convenient resource for IPs. These resources are not intended to be all inclusive—instead, they provide a variety of samples to aid IPs in creating, improving, and enhancing their infection prevention and control programs.

This first volume of resources is presented in six sections: Infection Prevention Programs, Infection Prevention Education, Surveillance, Precautions, Performance Improvement, and Environment of Care. Each section provides sample forms, policies, guidelines, and links to additional resources and background reading. The samples may be modified to meet an individual facility's needs for their particular demographic population. Please note that every effort has been made to verify the internet links provided as resources; however, at times the location of information may change.

Infection prevention has its origins dating back to the first half of the 18th century and has been evolving since that time. The pioneers of infection prevention have been sharing their research, accomplishments, and lessons learned in an effort to foster the common goal of improved care for our patients, staff, and visitors while reducing and preventing infection. The resources in this book can help IPs to create structured infection prevention programs, and to develop education, systematic surveillance measures, and ongoing data analysis that allow for patient improvement opportunities.

Research, education, and communication foster collaboration for improved patient outcomes. The infection preventionists who shared their time, resources, and expertise hope that you will find this book useful, and that it will spark the continued motivation to communicate and share your research, accomplishments, and lessons learned as stewards of reducing and preventing infection.

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May 2017

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Infection Prevention Programs

1-1. Infection Prevention and Control Program Overview

Daily:

- 24-hour, seven day a week availability to respond to all staff infection prevention and control concerns.
- Triage voicemails, emails and phone calls for those requiring immediate action.
- Immediately investigate all possible employee or patient exposures for Occupational Health or physician follow-up.
- Respond immediately to individual requests for Infection Prevention and Control assistance/information or concerns by telephone or in the patient care areas.
- Respond to all other emails and voicemails within 24 hours.
- Report to the Public Health Department required reportable diseases.
- MDRO bacterial infections/colonization to be logged with patient/date/history and CA versus HA MDROs.
- Flag all MDRO patients daily in applicable Infection Prevention surveillance system.
- Follow up patient notification form for placement and use of correct isolation precautions.
- Notify Environmental Services for all applicable MDRO patient and room numbers for special cleaning daily and upon discharge.
- Log confirmed Influenza cases for Occupational Health. (Seasonal)
- Investigate requests for Infection Prevention and Control Review for Quality Management issues such as patient complaints, staff variances and staff Blood Borne Pathogen injury reports.
- Pull culture reports for possible hospital acquired infections for Surgical Site infections: Identified targeted or full surgical procedure surveillance and hospital acquired multi-drug resistant organisms.
- Round in construction sites for infection prevention and control and construction issues along with on-going staff teaching with rounding.
- Report immediately to administration by phone, pages and follow up emails of breaches in all the above areas.
- Write variances on the Infection Prevention and Control violations after investigation of violations of hospital policy.

Weekly:

Round in patient care sensitive site areas for construction and renovation adherence to ICRA compliance.

- Round on all nursing units.
- Report all reportable diseases in written form to the Public Health Department.
- Tally Hand Hygiene observations.
- Compile numbers into rates for all units and healthcare groups.
- Perform hospital acquired infection chart reviews.
- Document infections and place data in Surveillance system.

Bi-Weekly:

- Nursing Orientation for Infection Control. (60 minutes+).
- General Orientation for Infection Control. (60 minutes+).
- C. N. A. Orientation for Infection Control. (60 minutes+).
- Unit Secretaries Orientation for Infection Control. (30 minutes).

Monthly:

- Educate all areas of the hospital staff to changes in Infection Control processes.
- Review all hemo-dialysis cultures for AAMI Standards breaches.
- Review all in house Pharmacy cultures (Cardioplegia, mag/sulf, TPN, etc).
- Notify Pharmacy supervisor immediately if culture is positive and implement emergency protocol for retrieval and ID of patient(s) involved for follow up or intervention.
- Write variance and institute root cause analysis process ASAP
- Review all Negative Draft Room Air Flow Report for compliance. Contact Engineering for immediate problems.
- Collect targeted surgical patient and ICU (Vent days and Central line device days) denominators.
- Send letters to surgeons with patient names for SSI monthly infection surveillance notification.
- Research surgeon letters listing patient infections.
- Document and enter data in Infection Prevention surveillance system.
- Send surgical Line Listings to OR Director.
- Attend Public Health Department Bio-readiness/Pandemic meetings. Follow through on any requirements for IC for the hospital.
- Attend Value Analysis meetings.
- Attend Product evaluation subcommittee.
- Attend Environment of Care meetings (EOC).
- Attend Nursing Policy/Procedure meetings.
- Attend Clinical Excellence Committee meetings (CEC).
- JCAHO Task Force Meetings.
- Attend any remaining applicable meetings.

Quarterly:

- Send out Notice, Agenda and ICC minutes to Committee Members prior to Committee Meeting.
- Prepare and analyze data or issues to be addressed for meetings.
- Conduct meetings.
- Record minutes.
- Type minutes and send to the Chairperson for review and signature.
- Make plan and follow through on issues passed by IC Committee.
- Prepare summary review of ICC along with minutes to be presented to MEC. Send to Medical Staff office.
- Communicate Surgical Infection Data with all surgery specialties in targeted surveillance.

- Investigate concerns with data in targeted surveillance; Implement the scientific process for analyzing solutions. Review current literature and best practice.
- Meet with areas that have infections in targeted surveillance areas.
- Do rounds observing current practice.
- Meet with Hospital Epidemiologist/Medical Director to evaluate problems. Address areas out of compliance with standards.
- Meet with and educate the staff on changes in practice needed to eliminate infections.
- Observe and collect data to prove the hypothesis. Reevaluate for needed changes until the infection rates reaches zero. Monitor for continuing best practice and decreased infection rate.
- Infection Control education for Phlebotomists.
- Review APIC Infection Prevention and Control updates and alerts along with CDC, OSHA, JCAHO, ACHA, CMS and CCPHD information for up-to-date changes in the Hospital System for contagious diseases and changes in standards.
- Review Infection Prevention and Control literature at the request of individuals and groups. (Example: Use of silver impregnated dressings for Wound care or is building hospital wards an infection control issue?).
- Meet with various sales representatives for issues in the Hospital or for products that need to be considered for cost savings, safety, customer satisfaction or Infection Prevention and Control.

Bi-annual:

- Environmental Inspection rounds of the Hospital for all Infection Control standards.
  - o All patient care areas.
  - o All support areas including but not limited to Food Services, Radiology, Radiation Treatment Center, Neuro-diagnostics, OPIS North and South, Sick Kids care, Day Care centers, Environmental Services, Laundry facilities, Wound Care Clinics, etc.
  - o All outlying clinical areas.

Yearly:

- Annual risk assessment
- Environmental tour - contracted companies/facilities (such as laundry)
- Review/update policies/procedures
- Collect and organize and analyze year-end data.
- Write the annual appraisal of the Infection Prevention and Control Program. Present the finished appraisal to the work group and committee that will take it to Administration and the hospital board.
- Infection Control education programs for specific groups as applicable:

CNRAs
OR Scrub Techs (Students)
Nursing Students
Construction specialties
High School Students
Other community lectures

- Attend APIC and local conferences for updates and education on all IC issues.

Every five years: National recertification in Infection Prevention and Control.

SUMMARY OF JOB DUTIES:

AREAS OF RESPONSIBILITY

All hospital areas to be divided among in house ICP staff to monitor compliance, educate, make rounds.

EDUCATION

Education as needed for the following staff:

Administrative Coordinators/Clinical Coordinators; Unit Secretaries/Phlebotomists;

Community Education: Service clubs, Schools, Health Professionals, Peers

Biomedical Waste Training

Annual Mandatory Education /EES (review/edit)

Biweekly General Orientation

Biweekly Nursing Orientation

Biweekly CT training

Inservice to all departments as needed/requested

Inservice to Directors and Managers as needed

Write Educational Programs as needed/requested by Directors

Presentations to the Board

CONSULTING

Consultation services provided to Construction Committee

RE: ICRA completed for new construction/renovations

Consultation services regarding: Germicides/sterilants; Hospital products; handwashing products; Air handling; Interior furnishings; Isolation precautions; patient placement (bed board assistance); Nursing and other staff re: infection control issues/questions; Visitors; Patients; Families

POLICY AND PROCEDURE RESPONSIBILITIES

Write new policies/procedures as needed

Review and update Infection Control Policies and Procedures

Work with Unit/Department Directors with their individual policies and procedures re: Infection Prevention and Control

Nursing Policy and Procedure Committee participation

Blood Borne Pathogen Policy and Procedure maintenance and staff education

TB Standard Policy and Procedure maintenance and staff education

Pandemic Flu Policy and Procedure maintenance and staff education

Bio-readiness Policy and Procedure maintenance and staff education

SURVEILLANCE

Supervise surveillance system: VSI, Sentinels, Reportables

Work with Unit/Department Directors to decrease noted infection patterns/trends

Report results to Hospital Board

Exposure follow up (TB, meningitis, Flu, Pertussis) for patients, families, employees

Daily Administrative Coordinator Logs

MEETINGS/COMMITTEES

Participation and attendance for the following:

Infection Prevention Control Committee (responsible for organizing, process, minutes, reporting)

Nursing Policy and Procedure Committee - Monthly

SSI – IHI Committee meetings – Biweekly/Monthly

EOC Committee – Monthly

Infection Control Work Group – Weekly

Construction Committee (NCO)

Value Analysis

JCAHO Task Force

Service Excellence

Public Health Department Task Force

Sales Representatives

Others, PRN

HEMODIALYSIS

Review cultures with follow up as needed

Consultation for staff regarding Infection Prevention and Control

OTHER

JCAHO Preparation

CMS Preparation

ACHA (state) Preparation

OSHA (federal) Preparation

Review and dissemination of current CDC recommendations

Research: literature / local research as needed for multiple areas affecting hospital best practice

Availability: both in house/via pager 365days/yr , 24/7

Reference

Rebecca Malphus, RN, BSN, CIC

1-2. Authority Statement

Facility Name _____	Policy Manual Name _____
Section: Infection Prevention Committee _____	Original: Date _____
Policy: Authority Statement _____	Revised: Date _____
Page: 1 _____	Approval: Date _____

The Administration, Board of Trustees and Medical Staff of _____ fully recognize that any infection acquired during hospitalization or any infection brought into the hospital is potentially hazardous for all persons in the health care facility. Therefore, the Infection Prevention and Control Committee through its chairman (s) or physician member (s) has the authority to institute any appropriate control measures or studies, and to recommend corrective action within any department when there is considered to be a danger to any patient or personnel.

The Infection Prevention and Control Committee has the ultimate authority in the event that there is a question of disagreement in relation to Infection Prevention and Control Policy or Procedure.

To facilitate early identification, complete reporting and rapid disease containment the Infection Prevention and Control Practitioner under the direction of the Infection Prevention and Control Committee has the authority to initiate culture and sensitivity testing, institute any appropriate infection prevention and control measures, and/or Isolation Procedures. When any of these actions are taken, the physician responsible for the patient will be notified.

APPROVED BY:

President of the HOSPITAL NAME _____ Date _____

Governing Board _____ Date _____

Reference

Rebecca Malphus, RN, BSN, CIC

1-3. Infection Prevention and Control Plan Template

HOSPITAL	POLICY DESCRIPTION: Infection Prevention and Control Plan
POLICY NUMBER	

ORIGINAL DATE OF ISSUE: _____ REVISION/REVIEWED DATES: _____

FUNCTIONAL AREA/DEPARTMENT: Infection Control _____

RETIRED:_____

OWNER & TITLE: Infection Control _____

Committees:_____

SCOPE: All personnel

Demographics

_____ (name) Hospital is an affiliate of _____ (name) Corporation, Inc., and services _____ (county) county and surrounding communities. _____ (hospital) is a _____ (number of beds) bed facility with approximately _____ (number of employees) employees offering a comprehensive diagnostic and treatment facility. _____ (hospital) provides services to _____

_____

_____

_____

_____

_____

(list your service lines and clinics, by name if they have one), cardiac rehabilitation enter, and Outpatient Therapy Services. The hospital includes an _____

_____

_____

_____

(list your units/services/clinics; for example: Intensive Care Unit, Cardiac Intensive Care Unit, Step-down Cardiac Care Unit, Trauma Intensive Care Unit, Pediatric Oncology Ward, Progressive Care Unit, Emergency Room, Medical Surgical Unit, an Operating Room for inpatient and outpatient services, endoscopy suite, pediatric maximum security prison clinic, Cardiovascular Operating Room, women's imaging, and sleep study suites).

Policy

Mission: _____ (name) Hospital will maintain an ongoing Infection Control program designed to prevent, control, and investigate infections and communicable diseases among patients, healthcare workers, and visitors. The plan shall comply with The Joint Commission Hospital Accreditation Standard _____ (current standard year). (IC.01.05.01)

Vision

_____ (name) Hospital Infection Control program contributes to a safe care environment and practices.

Authority

The _____ (name) Hospital Chief Nursing Officer, through the authority of the Governing Board, shall have clinical authority over the infection prevention and control program. (LD.01.03.01; IC.01.01.01, EP 1)

The _____ (name) Hospital Infection Control _____ (your title) shall have the authority to institute any appropriate surveillance, prevention, and/or control measures when any condition exists that could result in the spread of infection within the hospital or its facilities or create a hazard for any person at the hospital or its facilities. The _____ (name) Hospital Infection Control _____ (your title) shall have the authority to investigate outbreaks. Examples of appropriate prevention and/or control measures include but are not limited to: institution of appropriate isolation precautions in accordance with hospital policy and/or CDC guidelines, initiation of culture and sensitivity testing in the face of obvious indication, restricting visitors, temporarily closing a unit or ward to further admissions in case of a suspected or actual outbreak, restricting movement of patients from one area to another, and provision of education to staff, patients, and other persons at the hospital or its facilities. Other control measures may be initiated based on surveillance findings, reports of infections, and potential infections. (IC.01.01.01, EP 1)

Health Information:

_____ (name) Hospital retrieves, disseminates, and transmits health information in useful formats. The hospital's storage and retrieval systems make health information accessible when needed for patient care, treatment, and services. (IC.02.02.03, EP 2).

Infection Prevention and Control Program Resources

Hospital leaders allocate needed resources for the infection prevention and control program.

_____ (name) Hospital provides access to information needed to support the infection prevention and control program. _____ (name) Hospital provides laboratory resources when needed to support the infection prevention and control program.

_____ (name) Hospital provides equipment and supplies to support the infection prevention and control program. (IC.01.02.01, EP 1-3)

Influenza vaccination for licensed independent practitioners and staff:

Hospital has an annual influenza vaccination program that is offered to licensed independent practitioners and staff. _____ (name) Hospital has a goal of 90% influenza vaccination this year and a 2020 goal of 90% influenza vaccination. The lowest compliance subgroup

last year was physicians at _____ %, so this year the goal includes physician influenza vaccination of _____ %. It is the policy of (name) Hospital to comply with all requirements of the Joint Commission addressing influenza vaccination for licensed independent practitioners and staff.

Procedure

1. _____ (name) Hospital will offer annual influenza vaccination to licensed independent practitioners and staff.
2. _____ (name) will provide education to licensed independent practitioners and staff about:
   a. the influenza vaccine
   b. non-vaccine control and prevention measures
   c. the diagnosis, transmission, and impact of influenza
3. _____ (name) will provide accessible options for vaccinations to licensed independent practitioners and staff.
4. _____ (name) has an organizational goal to improve vaccination rates.
5. _____ (name) has a goal of 90% influenza vaccination this year and a 2020 goal of 90% influenza vaccination. Additionally, the physician's subgroup goal is _____ % influenza vaccination compliance.
6. _____ (name) Hospital shall determine the influenza vaccination rate by calculating a numerator which will then be divided by a denominator and multiplied by 100%. The numerator and denominator shall be defined, to wit:

Numerator Statement: HCP in the denominator population who during the time from October 1 (or when the vaccine became available) through March 31 of the following year:

a. received an influenza vaccination administered at the healthcare facility, or reported in writing (paper or electronic) or provided documentation that influenza vaccination was received elsewhere; or
b. were determined to have a medical contraindication/condition of severe allergic reaction to eggs or to other component(s) of the vaccine, or history of Guillain-Barré Syndrome within 6 weeks after a previous influenza vaccination; or
c. declined influenza vaccination; or
d. persons with unknown vaccination status or who do not otherwise meet any of the definitions of the above-mentioned numerator categories.

Numerators are to be calculated separately for each of the above groups. Denominator Statement: Number of HCP who are working in the healthcare facility for at least 30 working days between October 1 and March 31 of the following year, regardless of clinical responsibility or patient contact.

Denominators are to be calculated separately for:

a. Employees: all persons who receive a direct paycheck from the reporting facility (i.e., on the facility's payroll).
b. Licensed independent practitioners: include physicians (MD, DO), advanced practice nurses, and physician assistants only who are affiliated with the reporting facility who do not receive a direct paycheck from the reporting facility.

c. Adult students/trainees and volunteers: include all adult students/trainees and volunteers who do not receive a direct paycheck from the reporting facility.

d. Contracted staff not accounted for in category a, b, or c but who are working in the healthcare facility for at least 30 working days between October 1 and March 31 of the following year, regardless of clinical responsibility or patient contact.

7. _____ (name) Hospital will evaluate the reasons given by staff and licensed independent practitioners for declining the influenza vaccination annually.

8. _____ (name) Hospital has an organizational goal to improve vaccination rates. The overall goal is 90% and the goal for the physician subgroup is 80%

9. _____ (name) Hospital will provide influenza vaccination rate data to key stakeholders at least annually.

Medical Equipment, Devices, and Supplies

_____ (name) Hospital implements infection prevention and control activities when cleaning and performing low-level disinfection of medical equipment, devices, and supplies as outlined in applicable hospital policy. _____ (name) Hospital implements infection prevention and control activities when performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies as outlined in applicable hospital policy. (name) Hospital implements infection prevention and control activities when disposing of medical equipment, devices, and supplies as outlined in applicable hospital policy. _____ (name) Hospital implements infection prevention and control activities when storing medical equipment, devices, and supplies as outlined in applicable hospital policy. (IC.02.02.01, EP 1-4).

Outbreak Investigation

Outbreaks or suspected outbreaks of disease will be investigated by the Infection Control Coordinator with the full and timely cooperation of any other employee. Outbreak investigation strategies may include, as appropriate:

- Confirming the presence of an outbreak
- Alerting key partners about the investigation
- Performing a literature review
- Establishing a preliminary case definition
- Developing a methodology for case finding
- Preparing an initial line list and epidemic curve
- Observing and reviewing potentially implicated patient care activities
- Considering whether environmental sampling should be performed
- Implementing initial control measures

Follow-up investigation of an outbreak will include, as appropriate:

- Refining the case definition
- Continuing case finding and surveillance
- Reviewing control measures
- Considering whether an analytic study should be performed

(IC.01.05.01, EP 5; IC.02.01.01, EP 5).

Policy and Practice Development

_____ (name) Hospital uses evidence-based national guidelines or, in the absence of such guidelines, expert consensus in the development of infection control and prevention policy and practice. (IC.01.05.01, EP 1).

Precautions

_____ (name) Hospital uses standard precautions, including the use of personal protective equipment, to reduce the risk of infection as outlined in the Isolation Precautions Plan and other applicable policy. (IC.02.01.01, EP 2).

Reports

Surveillance data is reported internally to appropriate committees as required. A dashboard is kept by the Infection Control _____ (title) and updated monthly on the shared drive. Surveillance data is reported externally to NHSN as required. When NHSN data has been submitted for the Infection Control _____ (title) informs the CFO that reporting is complete. Surveillance data is reported externally to the _____ (name) County Health Department as required. The Infection Control _____ (title) may report surveillance data in other forms and to other individuals or groups for informational purposes, performance improvement activities, or as required by law or custom. (IC.01.05.01, EP 2).

Reprocessing single-use devices

_____ (name) Hospital implements infection prevention and control activities that are consistent with regulatory and professional standards when reprocessing single-use devices as outlined in Reprocessing Single Use Devices Defined Policy and Procedure. (IC.02.02.01, EP 5).

Surveillance Plan Evaluation Process

The Surveillance Plan will be evaluated at least as often as the Infection Control Plan by comparing outcomes to goals. Additionally, the Surveillance Plan may be modified, amended, or abridged at any time by the Infection Control _____ (title) to improve processes, respond to changes in requirements, or apply innovations. (IC.01.05.01, EP 2).

Tuberculosis

_____ (name) Hospital has an infection prevention and control plan to minimize, reduce, or eliminate the risk of infection from tuberculosis as outlined in the TB Control Plan. (IC.01.05.01, EP 2).

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Annual Infection Control Plan Evaluation for _____ (Previous Year)

Risk/Action	Goal	Evaluation

(IC.01.03.01, EP 5; IC.02.01.01, EP1; IC.01.04.01, EP 1-2; IC.01.04.01, EP 3-4; IC.02.02.01, EP 1-2; IC.01.04.01, EP 5; NPSG.07.01.01)

Risk Assessment _____ (current year)

IC Risk Assessment	Probability of Occurrence				Severity/Risk Level of Failure				Organizational Preparedness			Risk Level
Score	High	Med	Low	None	Fatal	Perm Harm	Temp Harm	None	Poor	Fair	Good	Total
	3	2	1	0	3	2	1	0	3	2	1	
Geographical location and community Involvement:												
Water-borne illnesses												
Animal/vector exposure-related illnesses												
TB												
Natural occurring epidemic/MRSA												
Natural occurring pandemic												
Tornado/Hail/Ice												
Utility Interruption (Electricity/Water)												
Infectious Bioterrorism												
Surveillance/Data:												
Surgical wound infections (SSI)												
Catheter-associated Urinary Tract Infections (CAUTI)												
Ventilator-associated events (VAE)												
Central line-related infections (CLBSI)												
Other healthcare-acquired infections												
C-Diff												
MRSA (Hospital-acquired)												
VRE (Hospital-acquired)												
VISA/VRSA												
In-house transmission of MDRO												
Score												

Environment of Care:												
Sterilization and Disinfection processes												
Inappropriate Flash Sterilization												
Unit equipment cleaning processes												
Appropriate barriers/IC procedures for construction projects												
Housekeeping issues												
Care, Treatment, and Services Provided												
unprotected exposure to infectious patient/ substance												
Cath Lab												
Labor and Delivery/Women's Services												
Surgery												
Robots												
Endoscopy												
Dialysis												
Interventional Radiology												
Needle sticks												
Personal protective Equipment compliance												
Hand hygiene compliance												
Flu vaccine compliance												

This risk assessment was completed based on the care, treatment and services provided at _____ (name) Hospital. It was informed by analysis of surveillance activities and other infection control data. The tool is an update of the annual assessment completed last year. It reflects input from

_____

_____

_____

_____

_____

_____

_____

(Insert a list of the disciplines and titles of people who gave input: should include doctors, nurses, administration, and other key disciplines and positions that have knowledge of potential risks). The Risk Level was calculated by multiplying the numeric values assigned to the Probability of Occurrence, Severity/Risk Level of Failure, and Organizational Preparedness together. This generated a value which was higher in areas of higher risk and lower in areas of lower risk. The plan included all items included in the 2015 Risk Assessment. Further, the templates from the APIC/JCR Infection Prevention and Control Workbook, Second Addition were reviewed and appropriate items were imitated. (TJC HAS 2012: IC.01.03.01, EP 2; IC.01.03.01, EP 3; IC.01.03.01, EP 4).

_____ (current year) Infection Control Plan Prioritized Risks

Risk/Action	Goal

(IC.01.03.01, EP 5; IC.02.01.01, EP1; IC.01.04.01, EP 1-2; IC.01.04.01, EP 3-4; IC.02.02.01, EP 1-2; IC.01.04.01, EP 5; NPSG.07.01.01)

Activities to minimize, reduce, or eliminate the risk of infection

Surveillance Plan _____ (current year)

Indicator	Criteria	Reason	Methodology	Data Collection	Analysis
CAUTI	NHSN	Required; Outcomes	Targeted; concurrent and/or retrospective	Monthly record review; other horizontal surveillance	Numerator: events; denominator: patient Foley days; individual inpatient unit rates calculated; cases reviewed for improvement opportunities and trends
CLABSI	NHSN	Required; Outcomes	Targeted; concurrent and/or retrospective	Monthly record review; other horizontal surveillance	Numerator: events; denominator: patient line days; individual inpatient unit rates calculated; cases reviewed for improvement opportunities and trends
SSI: AAA, CBGB, CBGC, CEA, COLO, HPRO, HYST, KPRO, PVBY, VHYS	NHSN	Required; Outcomes	Targeted; concurrent and/or retrospective	Review of all patients readmitted within 30 days of an admission; Monthly letters to physicians indicating targeted cases for reporting of SSIs; other horizontal surveillance	Cases analyzed with NHSN criteria; individual cases reported externally as required and internally to MEC; cases reviewed for trends and improvement opportunities
VAE	NHSN	Required; Outcomes	Targeted; concurrent and/or retrospective	Monthly record review; other horizontal surveillance	Numerator: events; denominator: patient vent days; individual inpatient unit rates calculated; cases reviewed for improvement opportunities and trends
MDROs: MRSA,VRE, MDR Acinetobacter, C diff, VRSA, and CRE	CDC	Required; Outcomes	Targeted; concurrent and/or retrospective	Computer records; lab concurrent culture surveillance; monthly positive culture review; other horizontal surveillance	Cultures reviewed and assessed as HAI or not; HAI cases reviewed for improvement opportunities, trends, and possible outbreak detection

Indicator	Criteria	Reason	Methodology	Data Collection	Analysis
Public Health Notifiable Conditions	(State or county health authority)	Required; Outcomes	Combination; concurrent with a retrospective review of positive cultures monthly	Lab concurrent culture surveillance; daily "Notifiable Conditions Report"; monthly review of positive cultures; other horizontal surveillance	Records submitted to (name) County Public Health as required and logged
Hemodialysis Water Samples	Hospital policy (AAMI)	Required; Outcomes	Targeted; concurrent	Equipment tested monthly per policy; report of results submitted by contractor to director responsible for dialysis and then to Infection Control	Cultures reviewed
Hand Hygiene	WHO, TJC	Required; Outcomes	Targeted; concurrent	Unit-level audits	Monthly rate by unit calculated
Personal Protective Equipment	APIC	Required; Outcomes	Targeted; concurrent	Unit-level audits	Monthly rate by unit calculated
Device-associated HAI prevention Bundle Compliance	IHI	Best-practice; Outcomes	Targeted; concurrent and retrospective	Unit-level audits	Monthly rate by unit calculated

(IC.01.05.01, EP 2)

Reference

Jerry Kelley, MBA, MSN, RN, NE-BC, CIC, CPHQ, Infection Prevention Manager, University of Oklahoma Medical Center, Oklahoma City, OK

1-4. Infection Control Risk Assessment Analysis

		SEVERITY = (MAGNITUDE - MITIGATION)						
EVENT	PROBABILITY	HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	RISK
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interruption of services*	*Preplanning & Prevention*	*Time, effectiveness, resources*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
Issue	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 - 100%*
Device-related infection								
- Blood Stream Infection								
- Ventilator Associated Infection								
- Urinary Tract Infection								
- Implant from Surgical Procedure								
- Drain or Tube - Temporary								
- Ostomy or Related Opening								
- Peritoneal Dialysis								
- Shunt								
- Other								
Resistant Microbes								
- MRSA								
- VRE								
- ESBL								
- Clostridium difficile								0%
- other								0%
Surgical Site Infection								
- Superficial								0%
- Deep								0%
- Organ space								0%
Extrinsic Infection								
- Patient-to-Patient Transmission								0%
- Worker-to-Patient Transmission								0%
- Visitor-to-Patient Transmission								0%
- Foodborne / Waterborne								0%
- Vectorborne / Vermin								0%
- Airborne Environmental Source								0%
- Waterborne / Aerosol Source								0%
- Surface / Immediate Environment								0%
- Contaminated Instrument/Equip								0%
- Contaminated Med / Product								0%
- Other								0%
Special Populations								
- Neonates								0%
- Elderly								0%
- Pediatrics								0%
- Transplant								0%
- Chronic Conditions								0%
- HIV								0%
- Other immunocompromised								0%
- Behavioral / IVDA								0%
- Other not specified above								0%
Occupational Health								
- Bloodborne Pathogen Exposure								0%
- Tuberculosis Exposure								0%
- Vaccine Preventable Comm Dis								0%
- Non VP Comm Dis								0%
- Other not specified above								0%
Building / Facility								
- Water intrusion								0%
- Construction & Renovation								0%
- Utilities loss (refer to facility HVA)								0%
- Surge capacity								0%
- Other not specified above								0%
Community								
- Bioterrorism								0%
- Internal cluster/outbreak								0%
- External outbreak								0%
- Epidemic/Pandemic								0%
AVERAGE SCORE								0%
		RISK = PROBABILITY * SEVERITY					*Threat increases with percentage	

Reference

https://higherlogicdownload.s3.amazonaws.com/APIC/eb3f0499-9134-44a4-9b14-f1d9f3915c3f/UploadedImages/ICRiskAssessmentAnalysis.xls
Department of Health and Human Services - Centers for Disease Control and Prevention - Sept. 2016

1-5. Orientation Checklist for Infection Control Practitioners

NAME:	DATE COMPLETED
1. Orientation to the use of telephones, i.e. voice mail, etc	
2. Orientation to computer software programs:	
Computer IP Surveillance System	
Computer IP Surveillance System	
Power Point	
3. Orientation to Computer Programs	
Medical Record	
Hospital Intranet	
Internet	
Email	
4. Location of Cultures in Lab	
5. Surveillance process for HAI infections	
a. CAUTI/UTI	
b. CLABSI/BSI	
c. SS	
d. VAE	
e. VAP	
6. Reporting procedure to County Health Dept.	
7. Location of resource materials & Manuals in Office	
8. Orientation to Hospital building and departments	
9. Location of all Hospital Properties for IC responsibility	
10. Meetings list regularly attending by IC	
11. Location of office supplies	
12. Attend Orientation and other regularly presented lectures by IC for future presentation	
a. Successful performance of employee orientation	
13. Proper disposal of confidential documents	
14. Process for preparing for Infection Prevention and Control Committee Meeting	

Reference

Rebecca Malphus, RN, BSN, CIC

1-6. Orientation Bibliography Curriculum

Orientation Biblography and Curriculum	APIC Text Chapter	Facility specific Policy & Procedures	Contact person
WEEK ONE			
Infection Control and Prevention Program	1		
Isolation Precautions (Transmission-based precautions)	29		
Quality Concepts	16		PI director
Accrediting and Regulator Agencies	4		
Risk Factors for Facilitating Transmission of Infectious Agents	21		
Legal Issues	8		Risk Mgr
Pathogens and Diseases	70-75		
NHSN - CLABSI, CAUTI training modules			
WEEK TWO			
Pneumonia	36		
Surgical Site Infection	37		
Intravascular infection	34		
Urinary tract infection	33		
Infection in Indwelling Medical Devices	35		
Pathogens and Diseases	76-79		
Pediatrics	42		
NHSN- Surgical Site Training Modules			

Clinical Observation Isolation Rounds (all/designated units)	Clinical Education	Clinical Project(s)	Department Orientation [shadowing workers in the Department]. APIC Text Chapter must be read prior to shadowing.	Other References	Professional & Practice Standards									
					Surveillance/Epidemiology	Education	Collaboration/consultations	Program Management	Performance Improvement	Leadership	Implementation Science	Research	Technology	Occupational Health
MDRO alerts							x	x	x	x				
	Review Curriculum and attend general orientation				x						x			
								x	x				x	
			shadow Environmental Svc (31, 107)					x		x	x		x	
					x						x			
										x				
					x		x							
				AJIC Case studies/ internal cases										
Method to alert/follow Ventilator associated events					x									
				shadow Surgery (68)	x									
Method to collect Device days					x									
					x									
					x		x							
					x			x						
								x						
Hand Hygiene audits 10 observations				AJIC Case studies/ internal cases										

Orientation Bibliography and Curriculum	APIC Text Chapter	Facility specific Policy & Procedures	Contact person
WEEK THREE			
Patient Safety	18		
Competency and Certification of the IP	2		
Performance Measures	17		
Microbial Pathogenicity and Host Response	22		
Pathogens and Diseases	84-87		
NHSN -LABID training modules			
WEEK FOUR			
Product Evaluation	7		
Standard Precautions	28		
Perinatal Care	43		
Infection Prevention -Immunocompromised	44		
Respiratory Care Services	67		
Pathogens and Diseases	88-91		
Nutrition and Immune Function	47		
Dialysis	39		
NHSN -VAE training modules			

Clinical Observation Isolation Rounds (all/designated units)	Clinical Education	Clinical Project(s)	Department Orientation [shadowing workers in the Department]. APIC Text Chapter must be read prior to shadowing.	Other References	Professional & Practice Standards									
					Surveillance/Epidemiology	Education	Collaboration/consultations	Program Management	Performance Improvement	Leadership	Implementation Science	Research	Technology	Occupational Health
			Plant Services (112,114, 115, 116)	Safety Committee					x		x			
Isolation Rounding					x	x	x	x	x	x	x	x	x	
			Quality Council				x	x						
					x			x	x					
			Emergency Mgmt coordinator (119)		x			x						
Hand Hygiene audits 10 observations				AJIC Case studies/ internal cases										
			Purchasing				x						x	
			shadow Employee Health (100)		x	x		x			x			
Isolation Rounding					x		x							
			shadow Oncology OP clinic		x		x							
			shadow Respiratory Therapist		x		x							
	ATP testing of environmental high touch surfaces													
			Dietary (Chapt 109, 83)		x		x						x	
			Dialysis				x		x					
				AJIC Case studies/ internal cases										

Orientation Bibliography and Curriculum	APIC Text Chapter	Facility specific Policy & Procedures	Contact person
WEEK FIVE			
Regulator oversight • Accreditation body • CMS • State • Local			
Skin and Soft Tissue Infections	92		
Pathogens and Diseases	80 -82		
NHSN -Submission for SAMS card/access to NHSN			
WEEK SIX			
Hand Hygiene	27		
Aseptic Technique	30		
Neonates	41		
Geriatrics	40		
Intensive Care	59		
NHSN -Denominators			

Other References for use

Ready Reference to Microbes: APIC

Disinfection, Sterilization and Antisepsis ed. Wm Rutala

2017 Guidelines for Perioperative Practice

ANSI/AAMI Standards ST79

SHEA Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Settings.

Control of Communicable Diseases Manual

Committee on Infectious Diseases; American Academy of Pediatrics; David W. Kimberlin, MD, FAAP; Michael T. Brady, MD, FAAP; Mary Anne Jackson, MD, FAAP; Sarah S. Long, MD, FAAP

Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases

Infusion Therapy Standards of Practice, Infusion Nurse Society

Clinical Observation Isolation Rounds (all/designated units)	Clinical Education	Clinical Project(s)	Department Orientation [shadowing workers in the Department]. APIC Text Chapter must be read prior to shadowing.	Other References	Professional & Practice Standards									
					Surveillance/Epidemiology	Education	Collaboration/consultations	Program Management	Performance Improvement	Leadership	Implementation Science	Research	Technology	Occupational Health
			Education (3,5,6)	Orientation to TJC/regulatory submission website	x	x	x	x	x	x	x			
			shadow Wound Nurse		x		x				x			
			Sterile Processing Dept (31,32, 106)		x		x			x	x	x		
Hand Hygiene audits 10 observations														
			shadow Emergency Dept		x	x	x	x	x	x	x			
		Report Hand Hygiene rates				x	x		x					
			shadow OB & NICU (41, 43)		x		x				x			
					x		x				x			
			shadow ICU (s)		x	x	x		x		x			
Hand Hygiene audits 10 observations				AJIC Case studies/ internal cases										

EVALUATION

Employee Name: _____ **Date of Hire:** _____

Job Title: _____ **DUE Date:** _____

JOB RESPONSIBILITIES			PRECEPTOR				
	Score at 4 weeks __/__/__	Score at 80 days __/__/__	date completed	method	Level	initials	Comments:
	ND- never done LE- limited experience RE- review education PI- perform independently			O- observed V- verbalized C- cognitive N/A- not applicable	Novice Proficient Expert		
HAI Definitions • NHSN [including numerator & denominator] • SHEA Compendium • State required surveillance • Device Day collection method							
MDRO • LAB ID NHSN • Alert communication • Transmission based precautions							
Infection Prevention Work Practice Monitoring • isolation Work Practice • Hand Hygiene • Other internal metrics as identified in risk assessment							
Occupational Health [refer to professional practice standards from • HCW exposure to BBF procedure • Exposure Protocol • Incubation periods • HCW recommended immunizations							
Education • Orientation • Annual • Just in time • alternate methodology (webinar, phone conferencing, blog, etc.)							

JOB RESPONSIBILITIES			PRECEPTOR				
	Score at 4 weeks __/__/__	Score at 80 days __/__/__	date completed	method	Level	initials	Comments:
Policy and Procedure Development and Management • IP department specific • writer • reviewer (subject matter expert)							
Regulator oversight • Accreditation body • CMS • State • Local							
Program development/ Mgmt • Risk assessment • FMEA • Goal setting • Implementation							
Communicable Disease Reporting							
Outbreak Investigation							
New Product • Evaluations • Recall Responsibiliteis							
Emergency Management • HID area • Pathogens of Concern							

Reference

Jo Micek, RN, CIC, Liberty Hospital, Liberty, MO (Reprinted from *Prevention Strategist*, Summer 2017)

1-7. IP Competency Self Assessment

Rating Scale:

1. Novice knowledge/skills 2. Approaching proficiency
3. Fully proficient 4. Approaching advanced 5. Advanced/expert

Name: _____ **Date** _____

Competency categories, integrating both the APIC and CBIC domains	IP practice areas as identified in CBIC practice analysis	Describe how/to what extent these areas are addressed in current IP role (or specify N/A)	Assessment of personal competency in each practice area	Professional development plan to advance competency in the domain
Identification of infectious disease processes (CBIC)	1. Differentiate among colonization, infection and contamination 2. Identify occurrences, reservoirs, incubation periods, periods of communicability, modes of transmission, signs and symptoms, and susceptibility associated with the disease process 3. Interpret results of diagnostic/lab reports 4. Recognize limitations and advantages of types of tests used to diagnose infectious processes 5. Recognize epidemiologically significant organisms for immediate review and investigation 6. Differentiate among prophylactic, empiric, and therapeutic uses of antimicrobials 7. Identify indications for microbiologic monitoring			
Surveillance and epidemiologic investigation (CBIC)	1. Design of surveillance systems 2. Collection and compilation of surveillance data 3. Outbreak investigation			

Competency categories, integrating both the APIC and CBIC domains	IP practice areas as identified in CBIC practice analysis	Describe how/to what extent these areas are addressed in current IP role (or specify N/A)	Assessment of personal competency in each practice area	Professional development plan to advance competency in the domain
Future-oriented domain (APIC): Technical	Example: electronic surveillance systems, access to/use of electronic databases/electronic data warehouse (EDW), other related applications, algorithmic detection and reporting processes, clinical decision support, infection prevention within the electronic health record			
		If no prior experience, ask: How do I anticipate practicing in the next three to five years? What new knowledge/skills will be required?		
Preventing/controlling the transmission of infectious agents (CBIC	1. Develop and review infection prevention and control policies and procedures 2. Collaborate with public health agencies in planning community responses to biologic agents 3. Identify and implement infection prevention and control strategies according to specific topics: • Hand hygiene • Cleaning, disinfection and sterilization • Specific direct and indirect care settings • Therapeutic and diagnostic procedures and devices • Product/equipment recall procedures • Use of solation/barrier precautions when indicated • Patient placement, transfer, discharge • Environmental hazards • Use of patient care products and medical equipment • Patient immunization programs Construction and renovation • Influx of patients with communicable diseases		1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5	

Competency categories, integrating both the APIC and CBIC domains	IP practice areas as identified in CBIC practice analysis	Describe how/to what extent these areas are addressed in current IP role (or specify N/A)	Assessment of personal competency in each practice area	Professional development plan to advance competency in the domain
Future-oriented domain (APIC): Infection prevention and control	Examples: ability to apply and use surveillance data and reports, advanced statistical methods and tools, including application of the standard infection ratio, risk assessment, hazard vulnerability analysis, use and evaluation of emerging prevention practices for patient care, diagnostic methods, participation in antimicrobial stewardship programs			
		If no prior experience, ask: How do I anticipate practicing in the next three to five years? What new knowledge/skills will be required?		
Management and communication (leadership) (CBIC)	1. Planning 2. Communication and feedback 3. Quality/performance improvement and patient safety	1 2 3 4 5 1 2 3 4 5 1 2 3 4 5		
Future-oriented domain (APIC): Leadership and program management	Examples: leads integration of prevention activities within and across departments, high level negotiation skills, financial/ value analysis of programs and related projects, relationship management, ability to influence and persuade up to and including executive level, team and consensus building within and across stakeholder groups			
		If no prior experience, ask: How do I anticipate practicing in the next three to five years? What new knowledge/skills will be required?		
Education and research (CBIC)	1. Education 2.Research	1 2 3 4 5 1 2 3 4 5		
Future-oriented domain (APIC): Performance Improvement and Implementation Science	Examples: leads performance improvement (PI) teams for institution/system, develops interprofessional competencies, applies translational research methods, uses advanced PI tools/methods, focus on reliability and sustainability			
		If no prior experience, ask: How do I anticipate practicing in the next three to five years? What new knowledge/skills will be required?		

Competency categories, integrating both the APIC and CBIC domains	IP practice areas as identified in CBIC practice analysis	Describe how/to what extent these areas are addressed in current IP role (or specify N/A)	Assessment of personal competency in each practice area	Professional development plan to advance competency in the domain
Employee/ occupational health (CBIC	1. Review and/or develop screening and immunization programs 2. Proivde counseling, follow-up, work restriction recommendations related to communicable diseases or following exposures 3. Assist with analysis and trending of occupational exposure incidents and information exchange between occupational health and infection prevention and control departments		1 2 3 4 5 1 2 3 4 5 1 2 3 4 5	

Assumptions

- Once CBIC certification has ben achieved, competency is highly individualized and technically The core competencies identified by CBIC and the future oriented domains added by APIC are complementary and not mutually exclusive categories. By integrating them into one comprehensive self-assessment, the IP will be better prepared to address both immediate and evolving professional demands.
- Core competencies as identified by CBIC remain relevant across the career span but their implementation evolves as proficiency increases. Therefore, assessment of core competencies for proficient and advanced IPs focuses on how these skills are applied and the extent to which the IP is able to utilize them to foster program development and to assist others in their prevention efforts.
- The future-oriented domains described by APIC build on the core competencies. The content may at times appear to overlap. However, the future oriented domains attempt to identify those skills not yet included in the CBIC practice analysis but which, based on observation and professional consensus, are expected to be essential for IP practice in the next three to five years.

Reference

APIC (2013)

1-8. IP Interview Form

Position	Infection Preventionist
Candidate Name	
Date	
Interviewer	

Behavioral Competencies (Abilities / Talents)	Rating 1 – 5 (1=low; 5=high)
Decision Making/Problem Solving Objective, collaborative, respectful, creative Prioritization skills, developing vision for strategic growth of program	
Risk Taking Candidate's own ability as well as encouragement of risk taking with staff members	
Interpersonal Communications Positive, respectful, professional, working effectively with all stakeholders, listening ability	
Coaching/Developing Others Developing vision with staff, empowering others to take responsibility for their own growth/development	
Professionalism Being a role model for the values, setting clear expectations of professionalism for others, developing/recognizing professionalism in staff	
Systems Thinking Approaching problems from an overall systems perspective to do what is right for the whole organization, considering the effect of proposed initiatives/decisions on other departments, etc.	
Teamwork Working in a collaborative, positive fashion with direct reports, peers, and other stakeholders to fashion win-win outcomes	

Technical Competencies	Rating 1 – 5 (1=low; 5=high)
Knowledge of basic prevention strategies for Infection Prevention and Control (i.e. Standard Precautions, Isolations, etc.)	
Knowledge of advanced prevention strategies for Infection Prevention and Control (i.e. Outbreak management, Exposure management, etc.)	
Knowledge of sterilization and disinfection principles and practices	
Experience with infection prevention and control strategies, initiative and collaborations in the specialty of critical care.	
Demonstrated abilities to develop, review and revise organizational policies and procedures related to the safety aspects of infection prevention and control.	
Proficiency with NHSN definitions, program requirements and data entry.	
Knowledge of Infection Control Risk Assessment (ICRA) process including air quality management, risk group identification and organizational safety aspects.	
Experience in effectively leading committees, work groups in problem resolutions processes utilizing principles of Quality/PI.	

Grand Total	

Reference

Debbie Hurst, RN, BSN, CHESP, CIC

1-9. Hospital Epidemiologist Medical Director Job Description

Position Title:

Hospital Epidemiologist ; Co-Chair, Infection Control Committee

Position Summary:

The chief responsibility of the Hospital Epidemiologist is to provide resource expertise and leadership oriented to strategies, practices, policies, procedures, and education aimed at optimizing the prevention of patient adverse events related to hospital-acquired infections and antimicrobial resistance with the goal of improving patient care by reducing unnecessary morbidity and mortality, and unnecessary utilization of hospital resources and financial expenditures.

Position Qualifications:

M.D. or Ph.D. who satisfies all pertinent and recognized education, training, credentials, membership requirements for the position and function of Hospital Epidemiologist/Medical Director including:

1. Documented fellowship and/or training in infectious diseases and/or clinical microbiology, infection prevention and control and hospital epidemiology, and experience from an accredited institution.
2. Board certified or eligible in Internal Medicine (ABIM) and the subspecialty of Infectious Diseases and/or the American Board of Medical Microbiology (ABMM).
3. Member of the Society of Hospital Epidemiologist of America (SHEA).
4. Member of the Hospital Medical Staff.

Responsibilities:

General: To provide resource expertise, leadership and vision in Infection Prevention and Control policies and prevention measures, and antimicrobial utilization and resistance prevention measures for the Department of Quality Management, Infection Prevention and Control, Infection Prevention and Control Committee and Administration of the Hospital.

1. Assist the Infection Prevention and Control Department to develop and maintain specific focused surveillance objectives. Conduct a proactive annual review and advisement of the Infection Prevention and Control Policy & Procedure Manual.
2. Guide the Infection Prevention and Control Committee in making policies.
3. Collaborate with the Infection Prevention and Control staff.
4. Provide expertise and leadership to identify, investigate and resolve infection outbreaks. Design and maintain surveillance reports relevant to clinicians, department chairs, and administration.
5. Interpret surveillance reports to clinicians, department chairs and administration.
6. Monitor national, regional, local and hospital infection trends and provide essential educational updates relevant to clinicians (e.g. Infection alert reports, education programs, special infection management issues).
7. Provide resource expertise and leadership with regard to special community and/or hospital disaster concerns (e.g. Bioterrorism Preparedness, Pandemic Influenza Preparedness).

8. Maintain membership and advisory expertise to the Pharmacy and Therapeutics Committee and Antibiotic Formulary Committee in collaboration with the Infection Prevention and Control Committee for the following:
   a. Monitor community and hospital infection trends with special regard to antimicrobial resistance monitoring.
   b. Provide expertise and leadership for antimicrobial resistance prevention strategies (e.g. appropriate antimicrobial utilization standards, empiric therapy guidelines, surgical prophylaxis guidelines, antimicrobial formulary selection.
   c. Design and maintain resistance surveillance reports and current antimicrobial utilization guidelines and education relevant to clinicians.

Reference

Rebecca Malphus, RN, BSN, CIC

1-10. Infection Prevention Director Job Description

JOB TITLE: Infection Prevention and Control Director

LOCATION: Infection Prevention and Control

General Summary:

Serves as facilitator, educator, resource for leadership and staff relating to Evidence–based Practice Infection Prevention. Plans, develops, facilitates and coordinates the Infection Prevention and Control Program for the organization as well as ensures compliance with the requirements of CMS, Joint Commission, Public Health Department and other applicable regulatory and/or accrediting agencies.

Major Accountabilities/Critical Responsibilities:

1. Plans, directs and evaluates all aspects of the organization's Infection Prevention and Control Program and manages the daily activities/operations.
2. Establishes and maintains an up-to-date Infection Prevention and Control Plan, Infection Prevention policies and guidelines for all hospital departments.
3. Collects statistics, prepares and presents reports to Infection Prevention and Control Committee and all others as appropriate.
4. Initials Infection Prevention and Control studies where indicated, including but not limited to outbreak investigations.
5. Maintains established Infection Prevention and Control guidelines, quality assurance, safety and other guidelines.
6. Responsible for preparation and control of the Infection Prevention and Control budget in cooperation with the Chief Quality and Patient Safety Officer.
7. Maintain a strong and collaborative working relationship with the Chair of Infection Prevention and Control/Chief of Infectious Disease.
8. Ensures the Infection Prevention and Control Program uses appropriate statistical techniques to describe the data, calculate rates, and critically evaluate the significance of findings. Analyzes and reports trended data and displays data in appropriate graphical manner (e.g. control charts, pareto charts etc).
9. Conducting regular rounds in hospital departments for discussing, monitoring and following the practices of Infection Prevention and Control with staff.
10. Assists in the development of productivity and reinforces with staff.
11. Provides coaching, counseling and other forms of support to staff.
12. Meets performance expectations for Customer Service, Teamwork, Resource Utilization and Staff and Self Development as outlined in the performance review.
13. Performs other duties as assigned or directed to ensure smooth operation of the department/unit.

Direction Of Others:

1. Directs the Infection Preventionist's activities.

Population Served:

1. Newborn (Birth -1)
2. Pediatric (1-12)
3. Adolescent (13-18)
4. Adult (19-64)
5. Geriatric (65 yrs+)

Qualifications/Requirements:

1. EDUCATION: Graduate of a state approved School of Nursing (your facility may wish to broaden the applicable degrees for this position). Bachelor's Degree; Masters preferred; CIC Certification required.
2. EXPERIENCE: Minimum five (5) years progressive acute care nursing experience including satisfactory experience in a supervisory capacity. Experience with computer applications in Infection Prevention and Control and Microsoft Office Programs.
3. TRAINING: Stays current on Infection Prevention and Control topics. Attends seminar and conferences on Infection Prevention.
4. LICENSURE: State license in Nursing.

Reference

Rebecca Malphus, RN, BSN, CIC

1-11. Infection Prevention Officer Job Description

Job Title:
Infection Prevention and Control Practitioner/Officer

Location:
Infection Prevention and Control

General Summary:
The purpose of this position is to support our mission to restore, promote and maintain health in the people we serve. Specifically the Infection Control Practitioner is responsible for acting as a liaison and resource person for Infection Control and will be responsible for management of all IC activities under the guidance of the Infection Control Committee. The Senior Infection Control Practitioner is the designated Infection Control Officer, and will assure program components meet regulatory guidelines and rules.

Job Relationships:

1. Reports to:	Vice President, QM and Senior Risk Manager.
2. Persons Supervised:	Indirectly supervises all staff and physicians to assure compliance to IC safety practices, additional IP staff as applicable
3. Interrelationships:	All physicians, Hospital employees, management staff, environment of care staff, Executive Safety/EOC Council

Essential Job Accountabilities:
Responsible for performing surveillance activities as directed by the IC Committee.

Reports to the Health Dept. and other regulatory agencies as required.

Review and revises IC policies and protocols to maintain standard and practice compliance.

Provides routine and special education on IC and safety related topics as needed.

Performs inspection rounds in all areas of both hospitals and affiliates to monitor compliance.

Prepares summary IC data for committees and studies.

Shares 24 hour responsibility for availability to respond to IC concerns.

Maintains current certification.

Acts as the Infection Prevention and Control Officer and assures program components meet all regulatory guidelines and rules.

Facilitates organization wide Infection Prevention and Control Program.

Authority to take steps to prevent or control the acquisition and transmission of identified infectious agents.

Facilitate systems to communicate with licensed independent practitioners , staff, students/trainees, volunteers, and as appropriate, visitors, patients, and families about infection prevention and control issues, including their responsibilities in preventing the spread of infection within the hospital.

Develop hospital systems for reporting infection surveillance, prevention and control information for the following:

1. The appropriate staff within the hospital.
2. Federal, state, and local public health authorities in accordance with law and regulation
3. Accrediting bodies such as for sentinel Event reporting.
4. Facilitate National Patient Safety Goal: Facilitate good hand hygiene practices.
5. Referring or receiving organization when a patient was transferred or referred and the presence of an infection was not known at the time of transfer or referral

Develop systems for the investigation of outbreaks of infectious diseases.

Develop and regularly review all policies and procedures for Infection prevention and control throughout the Hospital System.

Assist Directors in the development and regular review of their unique infection prevention and control policies.

Write a succinct, useful document that identifies needs, lists strategies to meet those needs, and sets goals and objectives. This will include:

1. A description of prioritized risks
2. A statement of the goals of the IC program.
3. A description of the hospital's strategies to minimize, reduce, or eliminate the prioritized risks.
4. A description of how the strategies will be evaluated.

Identify risks for the transmission and acquisition of infectious agents throughout the hospital based on: geographic location and community environment of the hospitals, program/services provided, and the characteristics of the population served. Consider the results of the analysis of the hospital's infection prevention and control data, and the care, treatment, and services provided.

Formally review risk analysis annually and whenever significant changes occur in any of the above factors.

Identify infection prevention and control risks through surveillance activities, including data collection and analysis as it pertains to: patients, licensed independent practitioners, staff, volunteers, and student/trainees, visitors and families.

Establish priorities and goals related to preventing the acquisition and transmission of potentially infectious agents. These goals include but are not limited to: Limiting unprotected exposure to pathogens throughout the hospital system, enhancing hand hygiene, minimizing the risk of transmitting infections associated with the use of procedures, medical equipment, and medical devices.

Develop interventions using guidelines from CDC, Healthcare Infection Control Practices Advisory Committee (HICPAC), and the National Quality Forum (NQF) and other relevant sources.

Interventions are implemented to determine: appropriate storage, cleaning, disinfection, sterilization, and/or disposal of supplies and equipment, proper re-use of equipment, the appropriate use of personal protective equipment, medical equipment, fixed and portable equipment used for the diagnosis, treatment, monitoring, and direct care of individual.

Implement applicable precautions as appropriate based on: the potential for transmission, mechanism of transmission, the care, treatment and service setting, the emergence and reemergence of pathogens in the community that could affect the hospital.

Facilitate intervention by: Screening for exposure and/or immunity to infectious diseases that licensed independent practitioners, staff, student/trainees, and volunteers may come in contact with in their work.

Facilitate reduction of risks associated with animals brought into the hospital.

Participate in programs to facilitate Influenza vaccination of staff, licensed practitioners, and volunteers.

Departmental Accountabilities:

Implements appropriate communication and data systems to support the functions assigned.

Written and oral communications are clear and concise and target the desired audience.

Assists staff, physicians and patients to effectively handle differences in a positive manner.

Demonstrates good follow up and excellent conflict resolution skills.

Understands the continual nature of change and maintains flexibility in order to meet the needs of the organization.

Actively assists and supports departmental activities to ensure that operational and salary expenses are equal to or less than approved budget.

Understands the principles and concepts of Performance Improvement. Looks for opportunities and solutions for process improvements and seeks to improve job skills.

Additional Educational Requirements/Competencies:

- Must be certified in Infection Prevention and Control or working toward certification.
- Basic Life Support for Healthcare Providers

Reference

Rebecca Malphus, RN, BSN, CIC

1-12. Infection Prevention Practitioner Job Description

Hospital Name _____

Job Description _____

Job Title:	Infection Control Practitioner
Job Summary:	Responsible for acting as a liaison and resource person for Infection Control and will be responsible for management of all Infection Control activities under the guidance of the Infection Control Committee.
Reports to:	Director, Quality Management
Interrelationships:	All physicians, hospital employees, management staff, engineering staff, Executive Safety Council, Performance Improvement Council

Essential Job Duties:

1. Responsible for performing surveillance activities as directed by the Infection Control Committee.
2. Reports to the Health Department and other regulatory agencies as required.
3. Responsible for ongoing review and revision of all Infection Control policies and protocols.
4. Provides routine and special education on Infection Control related topics as needed.
5. Performs inspection rounds on all areas of both hospitals and all affiliates/outlying facilities.
6. Prepares summary Infection Control data for various committees and PI teams.
7. Participates in assigned committees.
8. Shares 24 hour responsibility for availability to respond to infection control concerns

PROCESSES

Performance Improvement:

1. Understands the principles and concepts of PI. Collects data for analysis to identify problems, patterns/trends or opportunities for improvement.
2. Seeks to actively improve skills.
3. Demonstrates knowledge of statistical tools and measurements.
4. Participates in committees and PI teams as assigned.
5. Prepares annual appraisal of the Infection Control program.
6. Assists the Infection Control Committee with development of annual goals and program revisions.

Information Management:

1. Signs confidentiality statement annually and understands and complies with system and legal requirements of releasing information.

2. Provides data to appropriate staff and teams. Understands and complies with security parameters.
3. Demonstrates knowledge of related information systems and utilizes appropriately to perform duties.
4. Demonstrates knowledge of telephone system and computer systems.
5. Responsible for ongoing review and revision of Infection Control policies and assisting departments with revision of departmental policies that are Infection Control related.
6. Collects and analyzes appropriate data to identify problems, patterns/trends or opportunities for improvement.
7. Identifies nosocomial infections and documents infections as required.
8. Reports to all external agencies and internal individuals or groups as required by law or indicated in the Infection Control Manual.
9. Demonstrates knowledge of advanced statistical tools and uses appropriately to display data accurately.

Safety/Infection Control:

1. Practices proper hand washing skills and observes all infection control policies.
2. Knows all safety codes. Signs safety/hazardous materials manuals annually.
3. Keeps work environment clean.

Time Management:

1. Demonstrates ability to prioritize and utilize resources and support staff and physicians to complete assignments in a timely and efficient manner.
2. Adjusts schedule to assure adequate coverage and performance of duties.
3. Provides data in timely manner.

Communication:

Promotes collegial and collaborative working relationships through effective communication techniques.

1. Demonstrates knowledge of organizational structure and lines of authority and refers projects/issues to the appropriate individual.
2. Attends and participates in staff meetings and uses alternative communication methods effectively (e-mail, voice mail, memos, etc.).

Education:

1. Demonstrates organizational skills that promote effective learning, including preparation, notification, visual aids and program content.
2. Communicates content effectively, giving consideration of knowledge level of audience in presentation methods.
3. Prepares programs with appropriate content.
4. Effectively assesses organizational learning needs and provides educational programs to meet identified needs.
5. Offers community education as requested.

6. Seeks current information on Infection Control practices and trends through use of journals, the internet, local, state and national organizations, networking with peers and conference attendance.
7. Conducts inspection rounds (hospitals and outlying affiliates) and provides feedback for staff on identified problems or policy compliance issues.

Regulatory Compliance:

1. Assists the organization in remaining compliant to all regulatory requirements through surveillance, record review, rounds, education, reporting, policy revision and data analysis.
2. Maintains current and accurate knowledge of regulatory requirements.
3. Assesses compliance to regulations and communicates non-compliance to appropriate individuals.

Team Behavior Standards:

1. Communication, including written, oral and non-verbal are done in a manner that promotes teamwork, staff feedback and a collaborative environment.
2. Problem-solving skills focus on solutions using honest, diplomatic, professional communication.
3. Consistently demonstrates a supportive attitude toward fellow team members, understanding that individual success means team success.

Quality Service Standards:

1. Demonstrates a concern for understanding the needs and expectations of both external and internal customers. Follows up with customers to insure that their questions have been answered and/or needs met.
2. Demonstrates an interest in being responsible to the needs and concerns of patients, families and staff by listening attentively, being honest and forthright, and by fulfilling commitments and promises.
3. Consistently lives by the Customer Service Credo and Code of Conduct.

Educational Requirements:

1. Licensed graduate of an accredited school of nursing your facility may wish to broaden the applicable degrees for this position with current license in the State of XXX , BS degree desirable.
2. Training in word-processing, spreadsheet and graphic software preferred.

Experience Requirements:

1. Experience preferred.

Essential Skills:

1. Knowledgeable of epidemiological principles and infectious disease, as well as sterilization, sanitation and disinfection practices.
2. Knowledgeable of current patient care practice.
3. Knowledgeable of adult education principles.
4. Data analysis skills and use of statistical tools.
5. Computer literacy preferred.
6. Willingness to pursue national certification in Infection Control.

Americans With Disabilities Act Statement:

External and internal applicants, as well as position incumbents who become disabled, must be able to perform the essential job functions (listed within each job specific responsibility) either unaided or with the assistance of a reasonable accommodation to be determined by the organization on a case by case basis.

Approvals:

Director, Quality Management _____

Vice President, PI _____

Executive Vice President_____

Vice President, Human Resource _____

Reference

Rebecca Malphus, RN, BSN, CIC

1-13. Committee Agenda Sample

HOSPITAL NAME _____

INFECTION PREVENTION AND CONTROL COMMITTEE AGENDA

DATE _____ **TIME** _____

AGENDA

Review and Approval of minutes from _____ meeting

Item I: Occupational Health

A. Potential Blood-borne Pathogen exposures
B. Potential TB Exposures
C. Other potential exposures
D. Results from Screening Staff for MRSA colonization
    1. Progress of decolonization of staff
E. Staff and the _____ (insert current year) Influenza Season

Item II. Environmental Culture Reports

A. Biological Indicators
    1. Pharmacy
    2. Hemodialysis
    3. Surgery

Item III. Old Business

A. Hand Hygiene Initiative Data Review/Update
B. MRSA Patient Screening Protocol Update
C. Pertussis Vaccine Information and Recommendations
D. Further consideration of HCV and HIV testing for pre-employment physical (pending for further consideration)

Item IV. New Business

A. Annual Appraisal 2017- pending completion
B. Review and approval of 2017 Goals for Infection Prevention and Control Program
C. Influenza Season 2016-2017 Update
D. Antibiogram
E. Public Health Department Reportable Diseases for 2016
F. State Reportables List Update
G. Hospital Germicide List for 2017
H. Pandemic Tabletop Drill Review
I. Policy Review or Revisions:
    1. Pandemic Policy

Thank you for participating in such exciting changes!

Next meeting:

Reference

Rebecca Malphus, RN, BSN, CIC

1-14. ICC Minutes Template

HOSPITAL NAME
MINUTES

Committee: Infection Prevention and Control Committee	Date:
Time Called to Order: Time Adjourned:	
Location:	
Members Present:	
Recording Secretary:	

AGENDA/PROBLEM	DISCUSSION	RECOMMENDED ACTION	PERSON RESPONSIBLE
Prior Meeting	Meeting Minutes	Motion to approve. Second. Approved.	All

AGENDA ITEM	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ACTIONS	PERSON RESPONSIBLE

Approved by:

Signature: _____ Date: _____

Distribution: Infection Prevention and Control Committee.

Reference

Rebecca Malphus, RN, BSN, CIC

1-15. Long-Term Care Infection Control Program

NOTE: This document is a template for your use, and should be adapted to meet your facility's needs.

INFECTION PREVENTION AND CONTROL PROGRAM

Facility Name _____ **Date** _____

_____ (Name of facility) maintains an organized, effective facility-wide program designed to systematically identify and reduce the risk of acquiring and transmitting infections among residents, visitors and healthcare workers. This program involves the collaboration of many programs and services within the facility and is designed to meet the intent of regulatory and accrediting agencies.

Authority:

Authority for the Infection Prevention and Control program at _____ Long Term Care (LTC) has been delegated, by the Director of _____ to the facilities infection preventionist.

In collaboration with the Director and the facility Medical Director the infection preventionist has the authority to institute emergency medical and or administrative action when there is danger or threat to residents and/or personnel regarding infection prevention/control matters. This includes but may not be limited to:

- Isolate or cohort residents with known or suspected infectious diseases in an effort to reduce the risk of disease transmission.
- Close the unit to further admissions, if during an epidemic this action is deemed necessary or prudent.
- Recommend to facility administration that persons violating infection prevention/control guidelines, rules and regulations be ordered to comply
- Collaborate with the Medical Director and Administration to restrict, from job duties, any healthcare personnel, with communicable disease or infected skin lesions if job duties have potential to transmit disease.

Responsibilities

Infection Prevention Oversight Committee: Quality Assurance (QA) Committee

Ultimate responsibility for overseeing and implementing the infection prevention/control program is delegated to the Quality Assurance Committee. Committee membership includes but may not be limited to:

- Medical Director
- Administration
- Nursing
- Infection Preventionist

QA committee shall meet no less than quarterly and maintain written minutes with documentation of agenda items, discussion and actions/recommendations. Responsibilities include but may not be limited to:

- Review of findings related to facility-associated infections, outbreak investigations and findings related to monitoring of antibiotic resistant organisms;
- Review of infection prevention and control guidelines;
- Address issues related to emerging and reemerging communicable diseases;
- Make recommendations and take action based on findings from activities described above;
- Make recommendations for new procedures, policies and/or activities as appropriate;
- Approve all facility infection prevention/control policies.
- Review and evaluate the infection prevention/control plan no less than annually and revise as necessary

Infection Preventionist _____(FTE)

The IP responsibilities for infection prevention and control include but may not be limited to:

- Conducts surveillance for facility associated infections and/or communicable diseases;
- In collaboration with Administration and Medical Director, establish short and long-term goals;
- Assures compliance with state/federal regulatory (e.g., OSHA, CMS) and accreditation (e.g., JC) standards as they pertain to infection prevention/control matters within the facility;
- Maintains facility infection prevention/control policy and procedure manuals;
- Collaborates with facility leadership and administration in the identification of employee occupational exposure incidents and assist with exposure evaluations;
- Notifies the local health department of all reportable diseases, identified as a result of microbiological sampling in the facility's clinical laboratory;
- Communicates infection prevention and control data to facility leadership, appropriate facility committees, facility staff, public health department (local and state) and referring/receiving health care facility as appropriate.
- Develop and present educational programs for employee orientation, in-services and annual updates;
- Assists with product evaluation;

_____ (Facility name's) IP is qualified to conduct infection prevention and control activities as a result of education, training and experience (i.e., she is registered nurse or has other applicable degrees for the position and has attended the Statewide Program for Infection Prevention and Control for Long-Term Care).

Director of _____

- Provides overall administrative guidance for the function of infection prevention/control;
- Oversees all personnel and budget activities
- Collaborates in the development of strategies for each of the functions/goals within the program;
- Allocates adequate resources (human, informational, physical and financial) to support infection prevention and control activities.

- Participates in the assessment or analysis of the success/failure of key processes within the infection prevention/control program;
- Participates in the review and revision of the program as appropriate;
- Ensures integration of infection prevention/control activities into the organizations performance improvement program and philosophy's.

Demographic/Geographic Section

This part should describe the community and any major risk it would pose for the facility

_____ (Facility name) is a not for profit facility and infection prevention/control surveillance activities include residents, healthcare workers and visitors if applicable. Rationale is based upon a completed risk assessment and includes a review of the following:

- Types of services currently provided (i.e., long term nursing care, occupational therapy, behavioral health and physical therapy)
- Types of residents serviced (i.e., geriatric, Alzheimer)
- Revised/new Federal, State regulations
- Revised/new infection prevention/control guidelines/standards

_____ (Facility name) has established the following goals for_____:

Goal: ***Limit Employee, Resident, and Visitor Unprotected Exposure to Pathogens:***

Goal: ***Limiting the transmission of infections associated with resident care procedures.***

Goal: ***Limiting the transmission of infections associated with the use of medical equipment, devices and supplies;***

Goal: ***Enhancing Hand Hygiene:***

The CDC guidelines for hand hygiene will be followed.

The infection prevention program is designed to incorporate recommendations, guidelines and regulations from multiple agencies including Centers for Disease Control (CDC), Centers for Medicaid Services (CMS), and Occupational Safety and Health Administration (OSHA). Infection prevention activities, policies and procedures are also developed based upon guidance from other advisory committees and professional organizations, including but not limited to:

- Healthcare Infection Control Practices Advisory Committee (HICPAC)
- Society for Healthcare Epidemiology of America (SHEA)
- Infectous Diseases Society of America (IDSA)
- Association for Professionals in Infection Control and Epidemiology (APIC)
- Institute for Healthcare Improvement (IHI)

All facility components and functions are integrated into infection prevention and control activities including:

Medical Staff

- Participates in the infection prevention/control program by reporting suspected communicable disease and/or problems with epidemiologically important microorganisms;
- Supports the infection prevention/control program by adhering to all polices and procedures related to infection prevention;
- Participates in and provides expertise on facility-associated infections such as urinary tract infection, gastrointestinal infection and skin/soft tissue infection;
- Participates in performance improvement activities related to infection prevention (i.e., improved hand hygiene, respiratory hygiene/cough etiquette protocols).

Employees

- Supports resident safety by adhering to all polices and procedures related to infection prevention;
- Participates in performance improvement activities by promoting enhanced hand hygiene and adherence to respiratory hygiene/cough etiquette;
- Utilizes the infection preventionist as a resource for questions and concerns related to infection prevention;
- Provides resident, family and visitor education about infection prevention and transmission of communicable disease as appropriate.
- Assists in monitoring family and visitors for signs of infection and/or communicable disease (i.e., flu, respiratory type illness);
- Adheres to employee health policies and procedures related to work restrictions, reporting employee infections and/or communicable diseases and compliance with post exposure follow up instructions.

Surveillance For Facility-Associated Infections

Facility wide surveillance will be performed to identify opportunities to prevent and/or reduce the rate of infection in our residents, employees and visitors. Standardized definitions of infection for surveillance in long-term care facilities will be utilized.

Data will be:

- Collected by concurrent and/or retrospective chart review, review of microbiological reports, reports from resident care providers and review of other documents, as appropriate.
- Collected by review of employee health logs;
- Trended internally for historical comparison;
- Reported to the infection prevention committee no less than quarterly.

Surveillance Priorities:

1. Symptomatic Urinary Tract Infections: Asymptomatic bacteriuria surveillance is not performed as this represents baseline for many residents.
2. Respiratory Tract Infections including:

   Common cold

   Influenza like illness

   Pneumonia

   Bronchitis

3. Eye, Ear, Nose and Mouth Infections
    4. Skin Infection
    5. Gastrointestinal tract Infection
    6. Primary bloodstream infection

All rates are calculated using the number of infections as the numerator and resident days as the denominator and reported per 1000 resident days.

Example: $\frac{\text{\# of infections X 1000}}{\text{\#of resident days}}$ = rate of infections per 1000 resident days

7. Unprotected exposure to pathogens
   Surveillance is conducted in employees, visitors and residents for unprotected exposure to communicable diseases including but not limited to influenza and gastroenteritis viruses

Communication:

In accordance with Public Health Law (General Statute 130-81) certain diseases are reported to the N.C. Department of Health and Human Services, Division of Public Health.

Infection prevention/control will communicate with the Facility name leadership, QA committee and healthcare personnel on issues specific to infection surveillance, prevention, and control. These issues will include, but may not be limited to:

- Facility-associated and community acquired infection surveillance findings (site specific);
- Compliance with performance improvement monitor(s) (i.e., hand hygiene);
- Results of environmental rounds;
- Relevant changes in infection prevention/control policies and/or guidelines

When a resident is referred or transferred and a facility-associated infection is identified, the infection prevention/control department will communicate with the referring and/or receiving health care facility.

Outbreak Investigation:

An outbreak investigation may be required when there is a cluster of infections above expected levels (endemic vs epidemic) or when an unusual or an epidemiologically significant pathogen is identified;

The medical director, in collaboration with administration, and the IP will:

- Facilitate the outbreak investigation and will report activities to administration and others as appropriate.
  The _____ County Health Department will also be notified and will assist with the investigation.

Healthcare Workers And Resident/Family Education:

- Infection prevention and control provides education, based on surveillance findings, outbreak analyses or changes in scientific knowledge/guidelines in the area of infection prevention and control to employees, residents and families as appropriate.

- New employee orientation in addition to orientation specific to new nursing professionals is provided as scheduled.
- Mandatory educational offerings, including bloodborne pathogen and general infection prevention/control occur no less than annually.
- Infection prevention and control, in collaboration with other direct resident care providers, provides education to residents, families and visitors as appropriate.

Policies And Procedures

_____ (Facility name) has infection prevention policies and procedures, which outline strategies designed to reduce the risk of transmission of infectious agents among healthcare workers, residents and visitors. Policies and procedures are based on relevant guidelines, are approved by the QA Committee and reviewed and/or revised no less than every three (3) years.

Standard Precautions will be utilized on all residents admitted/transferred to Facility name. Safe injection practices and respiratory hygiene/cough etiquette have been incorporated into the Standard precautions policy.

Transmission-based precautions will be utilized in, addition to Standard Precautions, when the route of transmission is not completely interrupted using Standard Precautions alone.

There are three categories of transmission-based precautions and may be used individually or in combination (based on route of transmission). The three categories include:

- Contact,
- Droplet and
- Airborne.

(Facility name)does not have the capability to maintain an Airborne Infection Isolation Room (AIIR) so patients requiring airborne isolation (i.e., rule-out or confirmed* Mycobacterium Tuberculosis, Varicella*) will be transferred to an acute care hospital.

Additional policies and procedures include but may not be limited to:

- Appropriate cleaning, storage, disinfecting, disposal of equipment
  - o Low level disinfection is used for non-critical equipment
  - o Medical equipment, devices and supplies are disposed of in accordance with facility policy
  - o Facility name does not reprocess any devices labeled and marketed as single use only
  - o Glucometers are decontaminated and maintained according to manufacturer recommendations.
- Appropriate use of personal protective equipment
- Appropriate use of single use devices
- Service and/or pet therapy animals
- Appropriate disposal of medical and regulated medical waste
- Clinical services
- Food services, housekeeping and maintenance
- Resident activities
- Appropriate storing, processing and transport of linen

EMPLOYEE/RESIDENT HEALTH

_____ (Facility name) staff is screened at time of hire by employee health. Policies and procedures include:

- Screening all staff, including LIPs, for exposure and/or immunity to communicable disease
- Referral for assessment, potential testing, immunization and/or prophylaxis all staff identified as having a communicable disease or having been exposed to a communicable disease.
- Referral for assessment, potential testing, immunization and/or prophylaxis all staff identified as having an occupational exposure.
- In the event a resident is exposed to a communicable disease they will be provided with or referred for assessment, testing, immunization, prophylaxis/treatment or counseling. A log of all incidents of infection and communicable disease of all staff (resident care, non resident care, employees, and volunteers) will be maintained.

_____ (Facility name) has an established annual influenza vaccination program that includes all facility employees and licensed independent practitioners. Immunizations are offered on site and at no charge to staff.

A declination form is included in the process to assist in determining employee rationale for vaccine refusal.

Health care workers are educated on the influenza vaccine and measures to prevent influenza transmission other than vaccine (i.e. hand hygiene and respiratory hygiene).

All residents are given the influenza vaccination unless they refuse or have medical contraindications

All residents, meeting criteria, are given the pneumococcal vaccine unless they refuse or medical contraindications.

PROGRAM EVALUATION

The effectiveness of the infection prevention and control program is reviewed no less than annually with findings reported to the Quality Assurance and integrated resident safety program. This review will include an evaluation of

- Prioritized risks: to determine improvement
- Goals: to determines success.
- Results of surveillance findings and analysis: to determine opportunities

Subsequent risk assessments and IC plans will be revised based on the evaluation.

Reference

SHEA/APIC Guideline: Infection Prevention and Control in the Long-Term Care Facility: July 2008 Department of Health/Human Services; Interpretative Guidelines
http://spice.unc.edu/icartools/

Approval by the Quality Assurance Committee _____ Date: _____

Director of Facility name _____ Date _____

Medical Director _____ Date: _____

Reference

SPICE/UNC

1-16. Section Resources

Additional Resources on this section's topics:

Developmental Path of the IP
http://www.apic.org/Professional-Practice/roadmap

Infection Preventionist Competency Model
http://www.apic.org/professional-practice/infection_Preventionist_IP_competency_model

2

Infection Prevention Education

2-1. Infection Prevention and Control General Orientation

1. IC Resources
   a. IC policies are found on Hospital Intranet
   b. Infection Control Isolation Precautions Guideline
   c. Transmission-Based Guidelines Signage
   d. Nursing Policies/Department Specific Policies
   e. Supervisor/Administrative Coordinator
2. Hand Hygiene
   a. Before entering and leaving patient rooms
   b. Between patients in semi-private rooms
   c. Before and after direct patient contact or treatment
   d. Before and after using computers/equipment in the patient's room
   e. Before and after eating
   f. After using the restroom
   g. After wearing gloves
3. Purpose of Program
   a. The Infection Prevention Control Program requires the participation of all employees and health professionals to provide a safe environment within the Hospital for all staff, patients, visitors and volunteers.
4. Healthcare-Associated Infections
   a. Nationally 5% or 2 million inpatients will get a healthcare-associated Infection (HAI)
   b. 90,000 people will die from their HAI each year
   c. Will cost over 9 billion dollars to treat each year
   d. Patients are admitted with increased risk for HAIs. Paradox: The many things that we do to save lives also increases their risk for HAIs.
5. Standard Precautions
   a. All patients are on Standard Precautions all of the time once they enter our system!
   b. Put on Personal Protective Equipment (P.P.E.) when you anticipate touching Patient's blood, body fluids, secretions, excretions and contaminated items
   c. Wash or sanitize hands before and after wearing gloves
   d. Put on clean gloves just before touching mucous membranes and non-intact skin
   e. Wear Mask and Eye Protection or Face Shield
   f. Protect mucous membranes of the eyes, nose and mouth when you anticipate procedures and patient-care activities that are likely to generate splashes or sprays of blood or body fluids
   g. Wear Gown

h. Protect skin and prevent soiling of clothing during procedures that are likely to generate splashes or sprays of blood and body fluids. Remove soiled gown as promptly as possible and wash hands to avoid transfer of microorganisms to other patients or the environment.

i. DO NOT WEAR P.P.E. OUTSIDE IMMEDIATE CARE AREA

j. Patient-Care Equipment: Handle used patient-care equipment in a manner that prevents contamination of clothing, and transfer of microorganisms to other patients and environments.

k. Use Virex 256 or the Sani-cloth Plus or Sani-cloth HB

l. Linen: Handle, contain and transport (in a blue linen bag) used linen soiled with blood, body fluids, secretions, or excretions that prevents contamination of clothing and avoids transfer of microorganisms to other patients and the environment. **DO NOT PLACE ANY LINEN IN A REDBIOHAZARD BAG.**

6. Transmission Based Precautions:

a. Airborne Precautions and the N95 Respirators

b. Patient is placed in a negative draft room

c. Staff is "fit tested" for use of N95s prior to working with patients on Airborne isolation precaution

d. One time use

e. Never place on a patient if the patient has to be transported from their room-use a soft surgical mask

7. Contact and Droplet Isolation Precautions:

a. **ALL** Medical staff and Healthcare personnel will be gowned and gloved upon entering the room - no exceptions. **Remember** Always practice Standard Precautions WITH TRANSMISSION BASED PRECAUTIONS!

8. **OUR GOAL IS… > 90% COMPLIANCE. WE CAN DO THIS TOGETHER, because IT IS THE RIGHT THING TO DO. INFECTION CONTROL IS EVERYBODY'S BUSINESS.**

Reference

Rebecca Malphus, RN, BSN, CIC

2-2. Infection Prevention Training Classes

APIC EPI 101

1. Role of the Infection Preventionist and the Infection Prevention Program
2. Basic Epidemiology of Infectious Diseases
3. Basic Microbiology
4. Infectious Diseases of Interest to the IP
5. Infectious Diseases of Interest to the IP continued
6. Surveillance: Your Life as a Detective
7. Surveillance: Your Life as a Detective continued
8. NHSN Basics
9. Surveillance: Applying Definitions - CAUTI
10. Surveillance: Applying Definitions - CLABSI
11. Surveillance: Applying Definitions - VAE
12. Surveillance: Applying Definitions - SSI
13. Surveillance Calculating Infection Rates
14. Using and Reporting Data
15. Risk Assessment
16. Regulations and Other Requirements
17. IP as Educator

Reference

http://apic.org/Resource_/TinyMceFileManager/Academy/2016/EPI_101_Fall_Academy_Course_Agenda.pdf

SPICE – North Carolina Infection Prevention

Courses Include:

1. Epidemiologic principles of infectious disease
2. Principles and practice of asepsis
3. Sterilization, disinfection, and sanitation
4. Universal blood and body fluid precautions
5. Safe injection practices
6. Engineering controls to reduce the risk of sharp injuries
7. Disposal of sharps
8. Techniques that reduce the risk of sharp injuries to health care workers

Reference

http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2041%20-%20epidemiology%20health/subchapter%20a/10a%20ncac%2041a%20.0206.html

2-3. Attendance Sign-in Sheet Sample

Hospital Name _____

Inservice Title _____ **Date** _____

Infection Prevention and Control

Signature/Title	Date

2-4. Environmental Service Inservice Outline

Hospital Name _____

Environmental Services-Inservice

Date _____

Objectives:

I. Discuss the importance of hand hygiene, and how it affects our patients, the hospital Scorecard, and JCAHO accreditation.

II. Discuss the philosophy of Standard Precautions in healthcare.

III. List the three types of Transmission-Based Precautions, and what is required by Environmental Services to clean these rooms. Describe how we contain pathogenic organisms to the room and the proper use of PPE.

IV. Discuss proper use of PPE.

V. Discuss why germicides are important to use in the hospital environment and their proper use.

Outline:

I. Hand Hygiene
   A. Why is it important to us as well as our patients?
   B. How does Performing Hand Hygiene affect our Hospital Score Card?
      1. Our goal: > 90% compliance
      2. .Patient satisfaction scores
   C. JCAHO Accreditation
      1. > 90% compliance

II. Standard Precautions
   A. Philosophy: Any time you anticipate contact of body fluids to yourself, or contact to non-intact skin, or you will contact equipment contaminated with body fluids, you are to wear the **appropriate protective apparel**, for all patients, all the time. Cover cuts, etc. Avoid contact of body fluids to breaks in your skin. Always perform good hand hygiene.
      1. Hand soap
      2. Alcohol hand rubs

III. Transmission-Based Precautions
   A. Contact-Contain organisms to the room
      1. Precautions for VRE
   B. Droplet-Contain organisms to the room, mask with face shield
   C. Airborne-N95 respirator-Organism is inhaled, must be in negative draft room.
   D. Combination precautions i.e. Contact/Droplet

IV. Wearing Personal Protective Equipment (PPE)

A. Always practice **Standard Precautions:**

1. **Wear gloves** when you anticipate contact of body fluids to your hands, also, wear gloves to protect your skin from germicides.
2. **Wear gowns** when you anticipate splash of body fluid to your clothing
3. Wear **face protection** (protect eyes, nose and mouth) when you anticipate splash of body fluid to your face.
4. Other protective apparel might be necessary under certain circumstances.

V. Germicides

A. Germicides kill bacteria and viruses on environmental surfaces. Physical scrubbing is also important to remove certain organisms such as those with spores.

B. Germicide solution must be mixed to the proper dilution

C. Don't overload solution with "dirt" change solution often.

D. Clean all environmental surfaces with germicide, allow to air dry. This allows appropriate contact time, (5-10 minutes) varies with product used)

E. We currently are using Virex 256, and Sani-Cloth Plus

VI. Questions and Answers

Reference

Susan Jukins Hudson, RN, BSN, MPH, CIC, LHRM

2-5. Personal Protective Equipment Competency

Personal Protective Equipment (PPE) Competency Validation

Donning and Doffing
Standard Precautions and Transmission Based Precautions

Type of validation: Return demonstration	☐ Orientation
	☐ Annual
	☐ Other

Employee Name: _____ Job Title: _____

Donning PPE	Competent	
	YES	NO
1. Perform Hand Hygiene		
2. **Don Gown:** Fully covering torso from neck to knees, arms to end of wrists		
3. Tie/fasten in back of neck and waist		
4. **Don Mask/Respirator:** Secure ties/elastic bands at middle of head & neck		
5. Fit flexible band to nose bridge		
6. Fit snug to face and below chin (Fit-check respirator if applicable)		
7. **Don Goggles or Face Shield:** Place over face and eyes; adjust to fit		
8. **Don Gloves:** Extend to cover wrist of gown		
Doffing PPE		
9. **Remove Gloves:** Grasp outside of glove with opposite gloved hand; peel off		
10. Hold removed glove in gloved hand		
11. Slide fingers of ungloved hand under remaining glove at wrist		
12. Peel glove off over first glove		
13. Discard gloves in waste container		
14. **Remove Goggles or Face Shield:** Handle by head band or ear pieces		
15. Discard in designated receptacle if re-processed or in waste container		
16. **Remove Gown:** Unfasten ties/fastener		

17. Pull away from neck and shoulders, touching inside of gown only		
18. Turn gown inside out		
19. Fold or roll into bundle and discard		
20. **Remove Mask/Respirator** (respirator removed after exit room/closed door):Grasp bottom, then top ties or elastics and remove		
21. Discard in waste container		
22. Perform Hand Hygiene		
Standard Precautions & Transmission Based Precautions	**Competent**	
	YES	**NO**
21. Staff correctly identifies the appropriate PPE for the following scenarios:		
a. Standard Precautions (PPE to be worn based on anticipated level of exposure)*		
b. Contact / Contact Enteric Precautions (gown & gloves)		
c. Droplet Precautions (surgical mask)		
d. Airborne Precautions (fit-tested respirator if applicable)		

NOTE: Examples include: mask for coughing/vomiting patient, goggles/face shield for irrigating draining wound, gown for dressing change if scrubs may touch patient, etc.

Comments or follow up actions:

Employee Signature _____

Validator Signature _____ / Date _____

References

CDC at http://www.cdc.gov/HAI/pdfs/ppe/ppeposter148.pdf

2-6. Injection Safety Competency

Injection Safety Competency Validation

Point of Care Testing

Type of validation: Return demonstration	☐ Orientation
	☐ Annual
	☐ Other

Employee Name: _____ Job Title: _____

Medication Preparation	Competent		N/A
	YES	NO	
1. Perform hand hygiene prior to preparing or administering medications			
2. Injections are prepared using aseptic technique in a clear area free from contamination or contact with blood, body fluids, or contaminated equipment			
3. Needles and syringes are used for only one patient (this includes manufactured prefilled syringes and cartridge devices)			
4. Rubber septum on medication vial is disinfected with alcohol prior to piercing			
5. Medication vials are entered with a new needle and new syringe, even when obtaining additional doses for same patient			
6. Single-dose or single-use medication vials, ampules, and bags/bottles of intravenous solution are used for only one patient			
7. Medication administration tubing and connectors are used for only one patient			
8. Multi-dose vials are dated when first opened and discarded within 28 days unless manufacturer specifies a different (shorter or longer) date for that opened vial			
9. Multi-dose vials are dedicated to individual patients whenever possible (e.g., insulin vials, lidocaine, etc.)			
10. Multi-dose vials to be used for more than one patient are kept in a centralized medication area and do not enter the immediate patient treatment area (e.g., operating room, patient room/cubicle)			
11. Insulin pens dedicated to only one patient			
12. Medication is administered within 1 hour of preparation			

Point of Care Testing (e.g., glucometer, PT/INR)	Competent		N/A
	YES	NO	
13. Perform hand hygiene			
14. Don gloves			
15. Single-use, auto-disabling fingerstick device used for one patient only & discarded into sharps container			
16. Individual patient dedicated glucometer (preferred) is stored to avoid cross-contamination and inadvertent use on additional patients (ideally, in the patient room)—best practice is to clean/disinfect prior to storage per manufacturer's instructions			
17. Shared glucometers/equipment must be cleaned and disinfected after every use per manufacturer's instructions (if the manufacturer does not specify how the device should be cleaned and disinfected, then it should not be shared)			
18. Gloves removed			
19. Hand hygiene performed			

Comments or follow up actions:

Employee Signature _____

Validator Signature _____ / Date _____

References

CDC at http://www.cdc.gov/injectionsafety/blood-glucose-monitoring.html
One and Only Campaign at http://www.oneandonlycampaign.org/

2-7. Hand Hygiene Competency

Hand Hygiene Competency Validation

Soap & Water

Alcohol Based Hand Rub (ABHR) (60% - 95% alcohol content)

Type of validation: Return demonstration	☐ Orientation
	☐ Annual
	☐ Other

Employee Name: _____ Job Title: _____

Hand Hygiene with Soap & Water	Competent	
	YES	NO
1. Checks that sink areas are supplied with soap and paper towels		
2. Turns on faucet and regulates water temperature		
3. Wets hands and applies enough soap to cover all surfaces of hands		
4. Vigorously rubs hands for at least **15 seconds** including palms, back of hands, between fingers, and wrists		
5. Rinses thoroughly keeping fingertips pointed down		
6. Dries hands and wrists thoroughly with paper towels		
7. Discards paper towel in wastebasket		
8. Uses paper towel to turn off faucet to prevent contamination to clean hands		
Hand Hygiene with ABHR		
9. Applies enough product to adequately cover all surfaces of hands		
10. Rubs hands including palms, back of hands, between fingers until all surfaces dry		
General Observations		
11. Direct care providers—no artificial nails or enhancements		
12. Natural nails are clean, well groomed, and tips less than 1/4 inch long		
13. Skin is intact without open wounds or rashes		

Comments or follow up actions:

Employee Signature _____

Validator Signature _____ / Date _____

References

CDC at http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf

PATIENTS AND VISITORS

CLEAN HANDS COUNT

KNOW THE TRUTH TO PROTECT YOURSELF FROM SERIOUS INFECTIONS

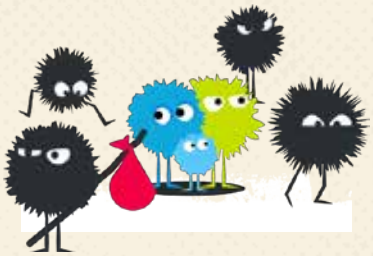
TRUTH
On average, healthcare providers clean their hands less than half of the times they should.

THE NITTY GRITTY:
This can put you at risk for a serious infection. It's OK to ask your care team questions like, "Before you start the exam, would you mind cleaning your hands again?" Another way to bring it up is to thank them for cleaning their hands if you are uncomfortable asking.

TRUTH
Alcohol-based hand sanitizer does not create antibiotic-resistant superbugs.

THE NITTY GRITTY:
Alcohol-based hand sanitizers kill germs quickly and in a different way than antibiotics. Using alcohol-based hand sanitizers to clean your hands does not cause antibiotic resistance.

TRUTH
Alcohol-based hand sanitizer kills most of the bad germs that make you sick.

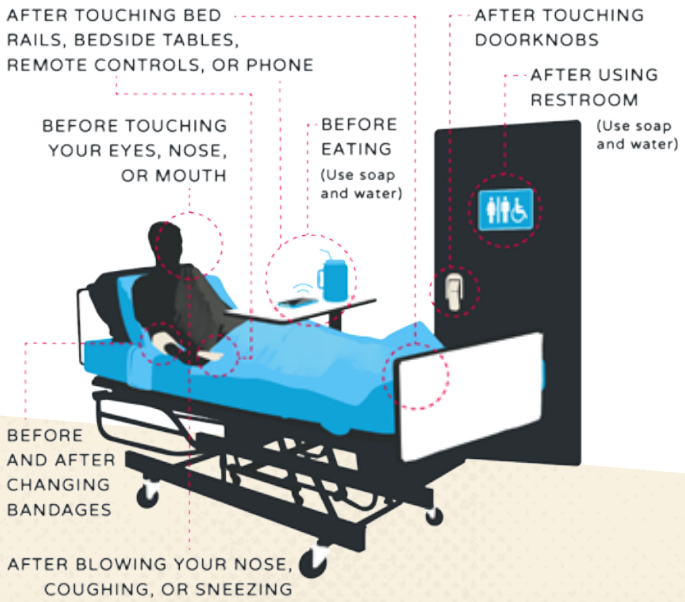


THE NITTY GRITTY:
Your hands have good germs on them that your body needs to stay healthy. Your hands can also have bad germs on them that make you sick. Alcohol-based hand sanitizers kill the good and bad germs, but the good germs quickly come back on your hands.

ALCOHOL-BASED HAND SANITIZER
is a product that contains at least 60% alcohol to kill germs on the hands.

TRUTH
Your hands can spread germs.

THE NITTY GRITTY:
Make sure you and your visitors are cleaning your hands at these important times:



TRUTH
Alcohol-based hand sanitizer does not kill *C. difficile*.

THE NITTY GRITTY:
If you have a *C. difficile* infection, make sure your healthcare providers wear gloves to examine you. You and your loved ones should wash your hands with soap and water to prevent the spread of *C. difficile*.

WHAT IS *C. DIFFICILE*?
C. difficile or *"C. diff"* is a common healthcare-associated infection that causes severe diarrhea.

www.cdc.gov/HandHygiene

This material was developed by CDC. The Clean Hands Count Campaign is made possible by a partnership between the CDC Foundation and GOJO.

Reference
CDC

HEALTHCARE-ASSOCIATED INFECTIONS

WHAT PATIENTS CAN DO

BE INFORMED. BE EMPOWERED. BE PREPARED.

6 WAYS TO BE A SAFE PATIENT

1 SPEAK UP.

Talk to your doctor about all questions or worries you have. Ask them what they are doing to protect you.

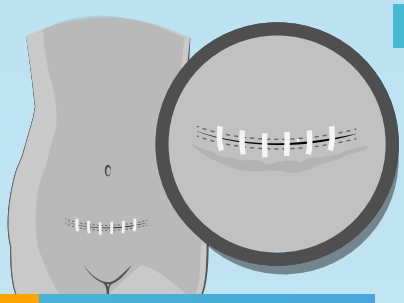
- If you have a catheter, ask each day if it is necessary.
- Ask your doctor how he/she prevents surgical site infections. Also ask how you can prepare for surgery to reduce your infection risk.

2 KEEP HANDS CLEAN.

Be sure everyone cleans their hands before touching you.

3 GET SMART ABOUT ANTIBIOTICS.

Ask if tests will be done to make sure the right antibiotic is prescribed.



4 KNOW THE SIGNS AND SYMPTOMS OF INFECTION.

Some skin infections, such as MRSA, appear as redness, pain, or drainage at an IV catheter site or surgery site. Often these symptoms come with a fever. Tell your doctor if you have these symptoms.

5 WATCH OUT FOR DEADLY DIARRHEA. (AKA *C. difficile*)

Tell your doctor if you have 3 or more diarrhea episodes in 24 hours, especially if you have been taking an antibiotic.

6 PROTECT YOURSELF.

Get vaccinated against flu and other infections to avoid complications.

Reference

CDC

2-10. Section Resources

Additional resources on this section's topics:

How to HandRub Poster
http://www.who.int/gpsc/5may/How_To_HandRub_Poster.pdf?ua=1

How to HandWash Poster
http://www.who.int/gpsc/5may/How_To_HandWash_Poster.pdf

Cover Your Cough Poster (available in multiple languages)
http://www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/cover/hcp/cycphceng.pdf

Infection Control Checklist
http://www.ashp.org/DocLibrary/Bookstore/P2425-Sample-Chapter.aspx

FAQs about CAUTI
https://www.cdc.gov/hai/pdfs/bsi/BSI_tagged.pdf

Ebola PPE Donning and Doffing Procedures
https://www.cdc.gov/vhf/ebola/hcp/ppe-training/comprehensive-ppe-training.html

World Health Organization's Five Moments for Hand Hygiene
http://www.who.int/gpsc/5may/background/5moments/en/

Four Rules for Conducting Hand Hygiene Observations
http://www.hopkinsmedicine.org/heic/docs/HH_observation_form.pdf

Bloodborne Pathogens
https://www.osha.gov/dte/grant_materials/fy09/sh-18796-09/bloodbornepathogens.pdf

MRSA Consumer Fact Sheet
https://www.cdc.gov/mrsa/pdf/MRSA_ConsumerFactSheet_F.pdf

Core Curriculum on Tuberculosis: What the Clinician Should Know
https://www.cdc.gov/tb/education/corecurr/pdf/corecurr_all.pdf

TB Elimination Tuberculosis: General Information
https://www.cdc.gov/tb/publications/factsheets/general/tb.pdf

3 Surveillance

3-1. Primary Bloodstream Infection Data Collection Form

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Primary Bloodstream Infection (BSI)

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Facility ID:	Event #:
*Patient ID:	Social Security #:
Secondary ID:	Medicare #:
Patient Name, Last:	First: Middle:
*Gender: ◯ F ◯ M ◯ Other	*Date of Birth:
Ethnicity (Specify):	Race (Specify):
*Event Type: BSI	*Date of Event:
Post-procedure BSI: ◯ Yes ◯ No	Date of Procedure:
NHSN Procedure Code:	ICD-10-PCS or CPT Procedure Code:

*MDRO Infection Surveillance:

◯ Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module

◯ No, this infection's pathogen & location are **not** in-plan for Infection Surveillance in the MDRO/CDI Module

*Date Admitted to Facility:	*Location:

Risk Factors

*If ICU/Other locations, Central line: ◯ Yes ◯ No *If Specialty Care Area/Oncology, Permanent central line: ◯ Yes ◯ No Temporary central line: ◯ Yes ◯ No *If NICU, Central line, including umbilical catheter: ◯ Yes ◯ No Birth weight (grams):	Any hemodialysis catheter present: ◯ Yes ◯ No Location of Device Insertion: _____ Date of Device Insertion: ___ /___ /_____

Event Details

*Specific Event: Laboratory-confirmed

*Specify Criteria Used:

Signs & Symptoms (check all that apply)

Any Patient
- ☐ Fever
- ☐ Chills
- ☐ Hypotension

≤ 1 year old
- ☐ Fever
- ☐ Hypothermia
- ☐ Apnea
- ☐ Bradycardia

Underlying conditions for MBI-LCBI (check all that apply):
- ☐ Allo-SCT with Grade ≥ 3 GI GVHD
- ☐ Allo-SCT with diarrhea
- ☐ Neutropenia (WBC or ANC < 500 cells mm^3)

Laboratory (check one)
- ☐ Recognized pathogen(s) identified from one or more blood specimens
- ☐ Common commensal identified from ≥ 2 blood specimens

**Died: ◯ Yes ◯ No	BSI Contributed to Death: ◯ Yes ◯ No
Discharge Date:	*Pathogens Identified: ◯ Yes ◯ No *If Yes, specify on pages 2-3.

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Primary Bloodstream Infection (BSI)

Pathogen #	Gram-positive Organisms							
_____	*Staphylococcus* coagulase-negative (specify species if available): _____	**VANC** S I R N						
_____	____*Enterococcus faecium* ____*Enterococcus faecalis* ____*Enterococcus* spp. (Only those not identified to the species level)	**DAPTO** S NS N	**GENTHL**[§] S R N	**LNZ** S I R N	**VANC** S I R N			
_____	*Staphylococcus aureus*	**CIPRO/LEVO/MOXI** S I R N	**CLIND** S I R N	**DAPTO** S NS N	**DOXY/MINO** S I R N	**ERYTH** S I R N	**GENT** S I R N	**LNZ** S R N
		OX/CEFOX/METH S I R N	**RIF** S I R N	**TETRA** S I R N	**TIG** S NS N	**TMZ** S I R N	**VANC** S I R N	
Pathogen #	Gram-negative Organisms							
_____	*Acinetobacter* (specify species) _____	**AMK** S I R N	**AMPSUL** S I R N	**AZT** S I R N	**CEFEP** S I R N	**CEFTAZ** S I R N	**CIPRO/LEVO** S I R N	**COL/PB** S I R N
		GENT S I R N	**IMI** S I R N	**MERO/DORI** S I R N		**PIP/PIPTAZ** S I R N		**TETRA/DOXY/MINO** S I R N
		TMZ S I R N	**TOBRA** S I R N					
_____	*Escherichia coli*	**AMK** S I R N	**AMP** S I R N	**AMPSUL/AMXCLV** S I R N		**AZT** S I R N	**CEFAZ** S I R N	**CEFEP** S I/S-DD R N
		CEFOT/CEFTRX S I R N	**CEFTAZ** S I R N	**CEFUR** S I R N	**CEFOX/CETET** S I R N		**CIPRO/LEVO/MOXI** S I R N	**COL/PB**[†] S R N
		ERTA S I R N	**GENT** S I R N	**IMI** S I R N	**MERO/DORI** S I R N		**PIPTAZ** S I R N	**TETRA/DOXY/MINO** S I R N
		TIG S I R N	**TMZ** S I R N	**TOBRA** S I R N				
_____	*Enterobacter* (specify species) _____	**AMK** S I R N	**AMP** S I R N	**AMPSUL/AMXCLV** S I R N		**AZT** S I R N	**CEFAZ** S I R N	**CEFEP** S I/S-DD R N
		CEFOT/CEFTRX S I R N	**CEFTAZ** S I R N	**CEFUR** S I R N	**CEFOX/CETET** S I R N		**CIPRO/LEVO/MOXI** S I R N	**COL/PB**[†] S R N
		ERTA S I R N	**GENT** S I R N	**IMI** S I R N	**MERO/DORI** S I R N		**PIPTAZ** S I R N	**TETRA/DOXY/MINO** S I R N
		TIG S I R N	**TMZ** S I R N	**TOBRA** S I R N				
_____	____*Klebsiella pneumonia* ____*Klebsiella oxytoca*	**AMK** S I R N	**AMP** S I R N	**AMPSUL/AMXCLV** S I R N		**AZT** S I R N	**CEFAZ** S I R N	**CEFEP** S I/S-DD R N
		CEFOT/CEFTRX S I R N	**CEFTAZ** S I R N	**CEFUR** S I R N	**CEFOX/CETET** S I R N		**CIPRO/LEVO/MOXI** S I R N	**COL/PB**[†] S R N
		ERTA S I R N	**GENT** S I R N	**IMI** S I R N	**MERO/DORI** S I R N		**PIPTAZ** S I R N	**TETRA/DOXY/MINO** S I R N
		TIG S I R N	**TMZ** S I R N	**TOBRA** S I R N				

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Primary Bloodstream Infection (BSI)

Pathogen #	**Gram-negative Organisms (*continued*)**									
_______	*Pseudomonas aeruginosa*	**AMK** S I R N	**AZT** S I R N	**CEFEP** S I R N	**CEFTAZ** S I R N	**CIPRO/LEVO** S I R N	**COL/PB** S I R N	**GENT** S I R N		
		IMI S I R N	**MERO/DORI** S I R N		**PIP/PIPTAZ** S I R N	**TOBRA** S I R N				
Pathogen #	**Fungal Organisms**									
_______	*Candida* (specify species if available) _______	**ANID** S I R N	**CASPO** S NS N	**FLUCO** S S-DD R N	**FLUCY** S I R N	**ITRA** S S-DD R N	**MICA** S NS N	**VORI** S S-DD R N		
Pathogen #	**Other Organisms**									
_______	Organism 1 (specify) _______	___ Drug 1 S I R N	___ Drug 2 S I R N	___ Drug 3 S I R N	___ Drug 4 S I R N	___ Drug 5 S I R N	___ Drug 6 S I R N	___ Drug 7 S I R N	___ Drug 8 S I R N	___ Drug 9 S I R N
_______	Organism 1 (specify) _______	___ Drug 1 S I R N	___ Drug 2 S I R N	___ Drug 3 S I R N	___ Drug 4 S I R N	___ Drug 5 S I R N	___ Drug 6 S I R N	___ Drug 7 S I R N	___ Drug 8 S I R N	___ Drug 9 S I R N
_______	Organism 1 (specify) _______	___ Drug 1 S I R N	___ Drug 2 S I R N	___ Drug 3 S I R N	___ Drug 4 S I R N	___ Drug 5 S I R N	___ Drug 6 S I R N	___ Drug 7 S I R N	___ Drug 8 S I R N	___ Drug 9 S I R N

Result Codes

S = Susceptible I = Intermediate R = Resistant NS = Non-susceptible S-DD = Susceptible-dose dependent N = Not tested

§ GENTHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic

† Clinical breakpoints have not been set by FDA or CLSI, Sensitive and Resistant designations should be based upon epidemiological cutoffs of Sensitive MIC ≤ 2 and Resistant MIC ≥ 4

Drug Codes:

AMK = amikacin	CEFTRX = ceftriaxone	FLUCY = flucytosine	OX = oxacillin
AMP = ampicillin	CEFUR= cefuroxime	GENT = gentamicin	PB = polymyxin B
AMPSUL = ampicillin/sulbactam	CETET= cefotetan	GENTHL = gentamicin –high level test	PIP = piperacillin
AMXCLV = amoxicillin/clavulanic acid	CIPRO = ciprofloxacin	IMI = imipenem	PIPTAZ = piperacillin/tazobactam
ANID = anidulafungin	CLIND = clindamycin	ITRA = itraconazole	RIF = rifampin
AZT = aztreonam	COL = colistin	LEVO = levofloxacin	TETRA = tetracycline
CASPO = caspofungin	DAPTO = daptomycin	LNZ = linezolid	TIG = tigecycline
CEFAZ= cefazolin	DORI = doripenem	MERO = meropenem	TMZ = trimethoprim/sulfamethoxazole
CEFEP = cefepime	DOXY = doxycycline	METH = methicillin	TOBRA = tobramycin
CEFOT = cefotaxime	ERTA = ertapenem	MICA = micafungin	VANC = vancomycin
CEFOX= cefoxitin	ERYTH = erythromycin	MINO = minocycline	VORI = voriconazole
CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	

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Primary Bloodstream Infection (BSI)

Custom Fields	
Label _____ ____/____/_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	Label _____ ____/____/_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Comments

Reference

NHSN

3-2. Central Line Infection Practices Data Collection Form

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Central Line Insertion Practices Adherence Monitoring

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Facility ID: _____ Event #: _____

*Patient ID: _____ Social Security #: __ __ __ - __ __ - __ __ __ __

Secondary ID: _____ Medicare #: _____

Patient Name, Last: _____ First: _____ Middle: _____

*Gender: ◯ F ◯ M ◯ Other *Date of Birth: ___ /___ /_____ (mm/dd/yyyy)

Ethnicity (specify): _____ Race (specify): _____

*Event Type: CLIP *Location: _____ *Date of Insertion: ___ /___ /_____ (mm/dd/yyyy)

*Person recording insertion practice data: ☐ Inserter ☐ Observer

Central line inserter ID: _____ Name, Last: _____ First: _____

*Occupation of inserter:

☐ Fellow ☐ Medical student ☐ Other student ☐ Other medical staff

☐ Physician assistant ☐ Attending physician ☐ Intern/resident ☐ Registered nurse

☐ Advanced practice nurse ☐ Other (specify): _____

*Was inserter a member of PICC/IV Team? ☐ Y ☐ N

*Reason for insertion:

☐ New indication for central line (e.g., hemodynamic monitoring, fluid/medication administration, etc.)

☐ Replace malfunctioning central line

☐ Suspected central line-associated infection

☐ Other (specify): _____

If Suspected central line-associated infection, was the central line exchanged over a guidewire? ☐ Y ☐ N

*Inserter performed hand hygiene prior to central line insertion: ☐ Y ☐ N (if not observed directly, ask inserter)

*Maximal sterile barriers used: Mask ☐ Y ☐ N Sterile gown ☐ Y ☐ N

Large sterile drape ☐ Y ☐ N Sterile gloves ☐ Y ☐ N Cap ☐ Y ☐ N

*Skin preparation (check all that apply) ☐ Chlorhexidine gluconate ☐ Povidone iodine ☐ Alcohol

☐ Other (specify): _____

If skin prep choice was <u>not</u> chlorhexidine, was there a contraindication to chlorhexidine? ☐ Y ☐ N ☐ U

If there was a contraindication to chlorhexidine, indicate the type of contraindication:

☐ Patient is less than 2 months of age - chlorhexidine is to be used with caution in patients less than 2 months of age

☐ Patient has a documented/known allergy/reaction to CHG based products that would preclude its use

☐ Facility restrictions or safety concerns for CHG use in premature infants precludes its use

*Was skin prep agent completely dry at time of first skin puncture? ☐ Y ☐ N (if not observed directly, ask inserter)

*Insertion site: ☐ Femoral ☐ Jugular ☐ Lower extremity ☐ Scalp ☐ Subclavian ☐ Umbilical ☐ Upper extremity

Antimicrobial coated catheter used: ☐ Y ☐ N

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Central Line Insertion Practices Adherence Monitoring

*Central line catheter type:

- ☐ Non-tunneled (other than dialysis)
- ☐ Tunneled (other than dialysis)
- ☐ Dialysis non-tunneled
- ☐ Dialysis tunneled
- ☐ PICC
- ☐ Umbilical
- ☐ Other (specify): _____

("Other" should not specify brand names or number of lumens; most lines can be categorized accurately by selecting from options provided.)

*Did this insertion attempt result in a successful central line placement? ☐ Y ☐ N

Custom Fields

Label		Label	
_____	____/____/_____	_____	____/____/_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments

Reference

NHSN

3-3. Urinary Tract Infection Data Collection Form

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Urinary Tract infection (UTI)

Page 1 of 4 *required for saving **required for completion

Facility ID:	Event #:
*Patient ID:	Social Security #:
Secondary ID:	Medicare #:
Patient Name, Last:	First: Middle:
*Gender: ◯F ◯M ◯Other	*Date of Birth:
Ethnicity (Specify):	Race (Specify):
*Event Type: UTI	*Date of Event:
Post-procedure UTI: ◯Yes ◯No	Date of Procedure:
NHSN Procedure Code:	ICD-10-PCS or CPT Procedure Code:

*MDRO Infection Surveillance:

☐ Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module

☐ No, this infection's pathogen & location are **not** in-plan for Infection Surveillance in the MDRO/CDI Module

*Date Admitted to Facility:	*Location:

Risk Factors

*Urinary Catheter status:

☐ In place – Urinary catheter in place > 2 days on the date of event

☐ Removed – Urinary catheter in place > 2 days but removed the day before the date of event

☐ Neither – Not catheter associated – Neither in place nor removed

Location of Device Insertion: _____ Date of Device Insertion: ____ /____ /_____

If NICU, birth weight (gms): _____

Event Details

*Specific Event: ☐ Symptomatic UTI (SUTI) ☐ Asymptomatic Bacteremic UTI (ABUTI) ☐ Urinary System Infection (USI)

*Specify Criteria Used: (check all that apply)

Signs & Symptoms

Any Patient

☐ Fever
☐ Frequency
☐ Pain or tenderness
☐ Acute pain, swelling, or tenderness of testes, epididymis, or prostate
☐ Suprapubic tenderness
☐ Costovertebral angle pain or tenderness
☐ Purulent drainage from affected site
☐ Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam‡

‡ per specific site criteria

☐ Urgency
☐ Dysuria
☐ Abscess

≤ 1 year old

☐ Fever
☐ Hypothermia
☐ Apnea
☐ Bradycardia
☐ Lethargy
☐ Vomiting

Laboratory & Diagnostic Testing

☐ 1 positive culture with no more than 2 species of organisms, at least one of which is a bacterium of ≥ 10^5 CFU/ml
☐ Organism(s) identified from fluid or tissue from affected site (excluding urine)
☐ Organism(s) identified from blood specimen
☐ Imaging test evidence of infection

*Secondary Bloodstream Infection: ◯Yes ◯No	
**Died: ◯Yes ◯No	UTI Contributed to Death: ◯Yes ◯No
Discharge Date:	*Pathogens Identified: ◯Yes ◯No *If Yes, specify on pages 2-4.

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Urinary Tract infection (UTI)

Pathogen #	Gram-positive Organisms							
_____	*Staphylococcus* coagulase-negative (specify species if available): _____	**VANC** S I R N						
_____	____*Enterococcus faecium* ____*Enterococcus faecalis* ____*Enterococcus* spp. (Only those not identified to the species level)	**DAPTO** S NS N	**GENTHL**[§] S R N	**LNZ** S I R N	**VANC** S I R N			
_____	*Staphylococcus aureus*	**CIPRO/LEVO/MOXI** S I R N	**CLIND** S I R N	**DAPTO** S NS N	**DOXY/MINO** S I R N	**ERYTH** S I R N	**GENT** S I R N	**LNZ** S R N
		OX/CEFOX/METH S I R N	**RIF** S I R N	**TETRA** S I R N	**TIG** S NS N	**TMZ** S I R N	**VANC** S I R N	
Pathogen #	Gram-negative Organisms							
_____	*Acinetobacter* (specify species) _____	**AMK** S I R N	**AMPSUL** S I R N	**AZT** S I R N	**CEFEP** S I R N	**CEFTAZ** S I R N	**CIPRO/LEVO** S I R N	**COL/PB** S I R N
		GENT S I R N	**IMI** S I R N	**MERO/DORI** S I R N		**PIP/PIPTAZ** S I R N		**TETRA/DOXY/MINO** S I R N
		TMZ S I R N	**TOBRA** S I R N					
_____	*Escherichia coli*	**AMK** S I R N	**AMP** S I R N	**AMPSUL/AMXCLV** S I R N		**AZT** S I R N	**CEFAZ** S I R N	**CEFEP** S I/S-DD R N
		CEFOT/CEFTRX S I R N	**CEFTAZ** S I R N	**CEFUR** S I R N	**CEFOX/CTET** S I R N		**CIPRO/LEVO/MOXI** S I R N	
		COL/PB[†] S R N	**ERTA** S I R N	**GENT** S I R N	**IMI** S I R N	**MERO/DORI** S I R N	**PIPTAZ** S I R N	**TETRA/DOXY/MINO** S I R N
		TIG S I R N	**TMZ** S I R N	**TOBRA** S I R N				
_____	*Enterobacter* (specify species) _____	**AMK** S I R N	**AMP** S I R N	**AMPSUL/AMXCLV** S I R N		**AZT** S I R N	**CEFAZ** S I R N	**CEFEP** S I/S-DD R N
		CEFOT/CEFTRX S I R N	**CEFTAZ** S I R N	**CEFUR** S I R N	**CEFOX/CTET** S I R N		**CIPRO/LEVO/MOXI** S I R N	
		COL/PB[†] S R N	**ERTA** S I R N	**GENT** S I R N	**IMI** S I R N	**MERO/DORI** S I R N	**PIPTAZ** S I R N	**TETRA/DOXY/MINO** S I R N
		TIG S I R N	**TMZ** S I R N	**TOBRA** S I R N				
_____	____*Klebsiella pneumonia* ____*Klebsiella oxytoca*	**AMK** S I R N	**AMP** S I R N	**AMPSUL/AMXCLV** S I R N		**AZT** S I R N	**CEFAZ** S I R N	**CEFEP** S I/S-DD R N
		CEFOT/CEFTRX S I R N	**CEFTAZ** S I R N	**CEFUR** S I R N	**CEFOX/CTET** S I R N		**CIPRO/LEVO/MOXI** S I R N	
		COL/PB[†] S R N	**ERTA** S I R N	**GENT** S I R N	**IMI** S I R N	**MERO/DORI** S I R N	**PIPTAZ** S I R N	**TETRA/DOXY/MINO** S I R N
		TIG S I R N	**TMZ** S I R N	**TOBRA** S I R N				

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Urinary Tract infection (UTI)

Pathogen #	Gram-negative Organisms (*continued*)								
_______	*Pseudomonas aeruginosa*	**AMK** S I R N	**AZT** S I R N	**CEFEP** S I R N	**CEFTAZ** S I R N	**CIPRO/LEVO** S I R N	**COL/PB** S I R N	**GENT** S I R N	
		IMI S I R N	**MERO/DORI** S I R N		**PIP/PIPTAZ** S I R N	**TOBRA** S I R N			
Pathogen #	**Fungal Organisms**								
_______	*Candida* (specify species if available) _______	**ANID** S I R N	**CASPO** S NS N	**FLUCO** S S-DD R N	**FLUCY** S I R N	**ITRA** S S-DD R N	**MICA** S NS N	**VORI** S S-DD R N	
Pathogen #	**Other Organisms**								
_______	Organism 1 (specify) _______	____ Drug 1 S I R N	____ Drug 2 S I R N	____ Drug 3 S I R N	____ Drug 4 S I R N	____ Drug 5 S I R N	____ Drug 6 S I R N	____ Drug 7 S I R N	____ Drug 8 S I R N	____ Drug 9 S I R N
_______	Organism 1 (specify) _______	____ Drug 1 S I R N	____ Drug 2 S I R N	____ Drug 3 S I R N	____ Drug 4 S I R N	____ Drug 5 S I R N	____ Drug 6 S I R N	____ Drug 7 S I R N	____ Drug 8 S I R N	____ Drug 9 S I R N
_______	Organism 1 (specify) _______	____ Drug 1 S I R N	____ Drug 2 S I R N	____ Drug 3 S I R N	____ Drug 4 S I R N	____ Drug 5 S I R N	____ Drug 6 S I R N	____ Drug 7 S I R N	____ Drug 8 S I R N	____ Drug 9 S I R N

Result Codes
S = Susceptible I = Intermediate R = Resistant NS = Non-susceptible S-DD = Susceptible-dose dependent
N = Not tested
§ GENTHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic
† Clinical breakpoints have not been set by FDA or CLSI, Sensitive and Resistant designations should be based upon epidemiological cutoffs of Sensitive MIC ≤ 2 and Resistant MIC ≥ 4

Drug Codes:

AMK = amikacin	CEFTRX = ceftriaxone	FLUCY = flucytosine	OX = oxacillin
AMP = ampicillin	CEFUR= cefuroxime	GENT = gentamicin	PB = polymyxin B
AMPSUL = ampicillin/sulbactam	CTET= cefotetan	GENTHL = gentamicin –high level test	PIP = piperacillin
AMXCLV = amoxicillin/clavulanic acid	CIPRO = ciprofloxacin	IMI = imipenem	PIPTAZ = piperacillin/tazobactam
ANID = anidulafungin	CLIND = clindamycin	ITRA = itraconazole	RIF = rifampin
AZT = aztreonam	COL = colistin	LEVO = levofloxacin	TETRA = tetracycline
CASPO = caspofungin	DAPTO = daptomycin	LNZ = linezolid	TIG = tigecycline
CEFAZ= cefazolin	DORI = doripenem	MERO = meropenem	TMZ = trimethoprim/sulfamethoxazole
CEFEP = cefepime	DOXY = doxycycline	METH = methicillin	TOBRA = tobramycin
CEFOT = cefotaxime	ERTA = ertapenem	MICA = micafungin	VANC = vancomycin
CEFOX= cefoxitin	ERYTH = erythromycin	MINO = minocycline	VORI = voriconazole
CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	

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Custom Fields			
Label		Label	
_____	____/____/____	_____	____/____/_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments

Reference

NHSN

3-4. Surgical Site Infection Data Collection Form

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Surgical Site Infection (SSI)

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Facility ID:	Event #:
*Patient ID:	Social Security #:
Secondary ID:	Medicare #:
Patient Name, Last:	First: Middle:
*Gender: ○F ○M ○Other	*Date of Birth:
Ethnicity (Specify):	Race (Specify):
*Event Type: SSI	*Date of Event:
*NHSN Procedure Code:	ICD-10-PCS or CPT Procedure Code:
*Date of Procedure:	*Outpatient Procedure: ○Yes ○No

*MDRO Infection Surveillance:

☐ Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module

☐ No, this infection's pathogen & location are **not** in-plan for Infection Surveillance in the MDRO/CDI Module

*Date Admitted to Facility:	Location:

Event Details

*Specific Event:

☐ Superficial Incisional Primary (SIP)
☐ Superficial Incisional Secondary (SIS)
☐ Organ/Space (specify site): _____
☐ Deep Incisional Primary (DIP)
☐ Deep Incisional Secondary (DIS)

*Infection present at the time of surgery (PATOS): ○ Yes ○ No

*Specify Criteria Used (check all that apply):

Signs & Symptoms

☐ Drainage or material†
☐ Pain or tenderness
☐ Swelling or inflammation
☐ Erythema or redness
☐ Heat
☐ Fever
☐ Incision deliberately opened/drained
☐ Wound spontaneously dehisces
☐ Abscess
☐ Sinus tract
☐ Hypothermia
☐ Apnea
☐ Bradycardia
☐ Lethargy
☐ Cough
☐ Nausea
☐ Vomiting
☐ Dysuria
☐ Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam †
☐ Other signs & symptoms†

Laboratory

☐ Organism(s) identified
☐ Culture or non-culture based testing not performed
☐ Organism(s) identified from blood specimen
☐ Organism(s) identified from ≥ 2 periprosthetic specimens
☐ Other positive laboratory tests†
☐ Imaging test evidence of infection

Clinical Diagnosis

☐ Physician diagnosis of this event type
☐ Physician institutes appropriate antimicrobial therapy†

†per specific site criteria

*Detected: ☐ A (During admission) ☐ P (Post-discharge surveillance)
☐ RF (Readmission to facility where procedure performed)
☐ RO (Readmission to facility other than where procedure was performed)

*Secondary Bloodstream Infection: ○Yes ○No	**Died: ○Yes ○No SSI Contributed to Death: ○Yes ○No
Discharge Date:	*Pathogens Identified: ○Yes ○No *If Yes, specify on pages 2-3.

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Surgical Site Infection (SSI)

Pathogen #	Gram-positive Organisms							
_____	*Staphylococcus* coagulase-negative (specify species if available): _____	**VANC** S I R N						
_____	____*Enterococcus faecium* ____*Enterococcus faecalis* ____*Enterococcus* spp. (Only those not identified to the species level)	**DAPTO** S NS N	**GENTHL**[§] S R N	**LNZ** S I R N	**VANC** S I R N			
_____	*Staphylococcus aureus*	**CIPRO/LEVO/MOXI** S I R N	**CLIND** S I R N	**DAPTO** S NS N	**DOXY/MINO** S I R N	**ERYTH** S I R N	**GENT** S I R N	**LNZ** S R N
		OX/CEFOX/METH S I R N	**RIF** S I R N	**TETRA** S I R N	**TIG** S NS N	**TMZ** S I R N	**VANC** S I R N	
Pathogen #	Gram-negative Organisms							
_____	*Acinetobacter* (specify species) _____	**AMK** S I R N	**AMPSUL** S I R N	**AZT** S I R N	**CEFEP** S I R N	**CEFTAZ** S I R N	**CIPRO/LEVO** S I R N	**COL/PB** S I R N
		GENT S I R N	**IMI** S I R N	**MERO/DORI** S I R N		**PIP/PIPTAZ** S I R N		**TETRA/DOXY/MINO** S I R N
		TMZ S I R N	**TOBRA** S I R N					
_____	*Escherichia coli*	**AMK** S I R N	**AMP** S I R N	**AMPSUL/AMXCLV** S I R N		**AZT** S I R N	**CEFAZ** S I R N	**CEFEP** S I/S-DD R N
		CEFOT/CEFTRX S I R N	**CEFTAZ** S I R N	**CEFUR** S I R N	**CEFOX/CTET** S I R N		**CIPRO/LEVO/MOXI** S I R N	**COL/PB**[†] S R N
		ERTA S I R N	**GENT** S I R N	**IMI** S I R N	**MERO/DORI** S I R N		**PIPTAZ** S I R N	**TETRA/DOXY/MINO** S I R N
		TIG S I R N	**TMZ** S I R N	**TOBRA** S I R N				
_____	*Enterobacter* (specify species) _____	**AMK** S I R N	**AMP** S I R N	**AMPSUL/AMXCLV** S I R N		**AZT** S I R N	**CEFAZ** S I R N	**CEFEP** S I/S-DD R N
		CEFOT/CEFTRX S I R N	**CEFTAZ** S I R N	**CEFUR** S I R N	**CEFOX/CTET** S I R N		**CIPRO/LEVO/MOXI** S I R N	**COL/PB**[†] S R N
		ERTA S I R N	**GENT** S I R N	**IMI** S I R N	**MERO/DORI** S I R N		**PIPTAZ** S I R N	**TETRA/DOXY/MINO** S I R N
		TIG S I R N	**TMZ** S I R N	**TOBRA** S I R N				
_____	____*Klebsiella pneumonia* ____*Klebsiella oxytoca*	**AMK** S I R N	**AMP** S I R N	**AMPSUL/AMXCLV** S I R N		**AZT** S I R N	**CEFAZ** S I R N	**CEFEP** S I/S-DD R N
		CEFOT/CEFTRX S I R N	**CEFTAZ** S I R N	**CEFUR** S I R N	**CEFOX/CTET** S I R N		**CIPRO/LEVO/MOXI** S I R N	**COL/PB**[†] S R N
		ERTA S I R N	**GENT** S I R N	**IMI** S I R N	**MERO/DORI** S I R N		**PIPTAZ** S I R N	**TETRA/DOXY/MINO** S I R N
		TIG S I R N	**TMZ** S I R N	**TOBRA** S I R N				

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Surgical Site Infection (SSI)

Pathogen #	Gram-negative Organisms (*continued*)								
_______	*Pseudomonas aeruginosa*	**AMK** S I R N	**AZT** S I R N	**CEFEP** S I R N	**CEFTAZ** S I R N	**CIPRO/LEVO** S I R N	**COL/PB** S I R N	**GENT** S I R N	
		IMI S I R N	**MERO/DORI** S I R N		**PIP/PIPTAZ** S I R N	**TOBRA** S I R N			
Pathogen #	**Fungal Organisms**								
_______	*Candida* (specify species if available) _______	**ANID** S I R N	**CASPO** S NS N	**FLUCO** S S-DD R N	**FLUCY** S I R N	**ITRA** S S-DD R N	**MICA** S NS N	**VORI** S S-DD R N	
Pathogen #	**Other Organisms**								
_______	Organism 1 (specify) _______	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N
_______	Organism 1 (specify) _______	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N
_______	Organism 1 (specify) _______	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N

Result Codes

S = Susceptible I = Intermediate R = Resistant NS = Non-susceptible S-DD = Susceptible-dose dependent N = Not tested

§ GENTHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic

† Clinical breakpoints have not been set by FDA or CLSI, Sensitive and Resistant designations should be based upon epidemiological cutoffs of Sensitive MIC ≤ 2 and Resistant MIC ≥ 4

Drug Codes:

AMK = amikacin	CEFTRX = ceftriaxone	FLUCY = flucytosine	OX = oxacillin
AMP = ampicillin	CEFUR= cefuroxime	GENT = gentamicin	PB = polymyxin B
AMPSUL = ampicillin/sulbactam	CTET= cefotetan	GENTHL = gentamicin –high level test	PIP = piperacillin
AMXCLV = amoxicillin/clavulanic acid	CIPRO = ciprofloxacin	IMI = imipenem	PIPTAZ = piperacillin/tazobactam
ANID = anidulafungin	CLIND = clindamycin	ITRA = itraconazole	RIF = rifampin
AZT = aztreonam	COL = colistin	LEVO = levofloxacin	TETRA = tetracycline
CASPO = caspofungin	DAPTO = daptomycin	LNZ = linezolid	TIG = tigecycline
CEFAZ= cefazolin	DORI = doripenem	MERO = meropenem	TMZ = trimethoprim/sulfamethoxazole
CEFEP = cefepime	DOXY = doxycycline	METH = methicillin	TOBRA = tobramycin
CEFOT = cefotaxime	ERTA = ertapenem	MICA = micafungin	VANC = vancomycin
CEFOX= cefoxitin	ERYTH = erythromycin	MINO = minocycline	VORI = voriconazole
CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	

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Surgical Site Infection (SSI)

Custom Fields	
Label _____ ____/____/____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	Label _____ ____/____/_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Comments	

Reference

NHSN

3-5. Pneumonia Data Collection Form

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Pneumonia (PNEU)

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Facility ID:	Event #:
*Patient ID:	Social Security #:
Secondary ID:	Medicare #:
Patient Name, Last:	First: Middle:
*Gender: ◯F ◯M ◯Other	*Date of Birth:
Ethnicity (Specify):	Race (Specify):
*Event Type: PNEU	*Date of Event:
Post-procedure PNEU: ◯Yes ◯No	Date of Procedure:
NHSN Procedure Code:	ICD-10-PCS or CPT Procedure Code:

*MDRO Infection Surveillance:

☐ Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module

☐ No, this infection's pathogen & location are **not** in-plan for Infection Surveillance in the MDRO/CDI Module

*Date Admitted to Facility:	*Location:

Risk Factors

*Ventilator: ◯Yes ◯No Location of Device Insertion: _____ Date of Device Insertion: __ /__ /_____

For NICU only: Birth weight: _____grams

Event Details

*Specific Event: ☐ PNU1 ☐ PNU2 ☐ PNU3 *Immunocompromised: ◯Yes ◯No

*Specific Criteria Used: (check all that apply)

Imaging Test Results

☐ New or progressive and persistent infiltrate ☐ Consolidation ☐ Cavitation ☐ Pneumatoceles (in ≤1 y.o.)

Signs & Symptoms

☐ Fever
☐ Leukopenia or leukocytosis
☐ Altered mental status (in ≥70 y.o.)
☐ New onset/change in sputum
☐ New onset/worsening cough, dyspnea, tachypnea
☐ Rales or bronchial breath sounds†
☐ Worsening gas exchange
☐ Hemoptysis
☐ Pleuritic chest pain
☐ Temperature instability
☐ Apnea, tachypnea, nasal flaring with retraction of chest wall or grunting
☐ Hypothermia
☐ Wheezing, rales, or rhonchi†
☐ Cough
☐ Bradycardia or tachycardia

Laboratory

☐ Organism(s) identified from blood specimen
☐ Organism(s) identified from pleural fluid
☐ Positive quantitative culture from LRT specimen
☐ ≥5% BAL cells w/ bacteria
☐ Positive quantitative culture of lung tissue
☐ Histopathologic exam w/ abscess formation or lung parenchyma invasion by fungal hyphae
☐ Virus, *Bordetella*, *Legionella, Mycoplasma* or *Chlamydia* identified from respiratory secretions or tissue
☐ 4-fold rise in paired sera for pathogen
☐ 4-fold rise in *L pneumophila* antibody titer
☐ *L pneumophila* serogroup 1 antigens in urine
☐ Matching *Candida* spp. identified from blood & sputum, endotracheal aspirate, BAL or protected specimen brushing
☐ Fungi from LRT specimen

† *There are two criteria referring to rales in the PNU 1 signs and symptoms list. Please choose the one that corresponds to the specific algorithm used to identify this pneumonia (Any Patient or Alternate Criteria based on age).*

*Secondary Bloodstream Infection: ◯Yes ◯No

**Died: ◯Yes ◯No	PNEU Contributed to Death: ◯Yes ◯No
Discharge Date:	*Pathogens Identified: ◯Yes ◯No *If Yes, specify on pages 2-3

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Pneumonia (PNEU)

Pathogen #	Gram-positive Organisms							
_____	*Staphylococcus* coagulase-negative (specify species if available): _____	**VANC** S I R N						
_____	____*Enterococcus faecium* ____*Enterococcus faecalis* ____*Enterococcus* spp. (Only those not identified to the species level)	**DAPTO** S NS N	**GENTHL**[§] S R N	**LNZ** S I R N	**VANC** S I R N			
_____	*Staphylococcus aureus*	**CIPRO/LEVO/MOXI** S I R N	**CLIND** S I R N	**DAPTO** S NS N	**DOXY/MINO** S I R N	**ERYTH** S I R N	**GENT** S I R N	**LNZ** S R N
		OX/CEFOX/METH S I R N	**RIF** S I R N	**TETRA** S I R N	**TIG** S NS N	**TMZ** S I R N	**VANC** S I R N	
Pathogen #	Gram-negative Organisms							
_____	*Acinetobacter* (specify species) _____	**AMK** S I R N	**AMPSUL** S I R N	**AZT** S I R N	**CEFEP** S I R N	**CEFTAZ** S I R N	**CIPRO/LEVO** S I R N	**COL/PB** S I R N
		GENT S I R N	**IMI** S I R N	**MERO/DORI** S I R N		**PIP/PIPTAZ** S I R N		**TETRA/DOXY/MINO** S I R N
		TMZ S I R N	**TOBRA** S I R N					
_____	*Escherichia coli*	**AMK** S I R N	**AMP** S I R N	**AMPSUL/AMXCLV** S I R N		**AZT** S I R N	**CEFAZ** S I R N	**CEFEP** S I/S-DD R N
		CEFOT/CEFTRX S I R N	**CEFTAZ** S I R N	**CEFUR** S I R N	**CEFOX/CTET** S I R N		**CIPRO/LEVO/MOXI** S I R N	
		COL/PB[†] S R N	**ERTA** S I R N	**GENT** S I R N	**IMI** S I R N	**MERO/DORI** S I R N	**PIPTAZ** S I R N	**TETRA/DOXY/MINO** S I R N
		TIG S I R N	**TMZ** S I R N	**TOBRA** S I R N				
_____	*Enterobacter* (specify species) _____	**AMK** S I R N	**AMP** S I R N	**AMPSUL/AMXCLV** S I R N		**AZT** S I R N	**CEFAZ** S I R N	**CEFEP** S I/S-DD R N
		CEFOT/CEFTRX S I R N	**CEFTAZ** S I R N	**CEFUR** S I R N	**CEFOX/CTET** S I R N		**CIPRO/LEVO/MOXI** S I R N	
		COL/PB[†] S R N	**ERTA** S I R N	**GENT** S I R N	**IMI** S I R N	**MERO/DORI** S I R N	**PIPTAZ** S I R N	**TETRA/DOXY/MINO** S I R N
		TIG S I R N	**TMZ** S I R N	**TOBRA** S I R N				
_____	____*Klebsiella pneumonia* ____*Klebsiella oxytoca*	**AMK** S I R N	**AMP** S I R N	**AMPSUL/AMXCLV** S I R N		**AZT** S I R N	**CEFAZ** S I R N	**CEFEP** S I/S-DD R N
		CEFOT/CEFTRX S I R N	**CEFTAZ** S I R N	**CEFUR** S I R N	**CEFOX/CTET** S I R N		**CIPRO/LEVO/MOXI** S I R N	
		COL/PB[†] S R N	**ERTA** S I R N	**GENT** S I R N	**IMI** S I R N	**MERO/DORI** S I R N	**PIPTAZ** S I R N	**TETRA/DOXY/MINO** S I R N
		TIG S I R N	**TMZ** S I R N	**TOBRA** S I R N				

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Pneumonia (PNEU)

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Pathogen #	Gram-negative Organisms (*continued*)									
_______	*Pseudomonas aeruginosa*	**AMK** S I R N	**AZT** S I R N	**CEFEP** S I R N	**CEFTAZ** S I R N	**CIPRO/LEVO** S I R N	**COL/PB** S I R N	**GENT** S I R N		
		IMI S I R N	**MERO/DORI** S I R N		**PIP/PIPTAZ** S I R N	**TOBRA** S I R N				
Pathogen #	**Fungal Organisms**									
_______	*Candida* (specify species if available) _______	**ANID** S I R N	**CASPO** S NS N	**FLUCO** S S-DD R N	**FLUCY** S I R N	**ITRA** S S-DD R N	**MICA** S NS N	**VORI** S S-DD R N		
Pathogen #	**Other Organisms**									
_______	Organism 1 (specify) _______	____ Drug 1 S I R N	____ Drug 2 S I R N	____ Drug 3 S I R N	____ Drug 4 S I R N	____ Drug 5 S I R N	____ Drug 6 S I R N	____ Drug 7 S I R N	____ Drug 8 S I R N	____ Drug 9 S I R N
_______	Organism 1 (specify) _______	____ Drug 1 S I R N	____ Drug 2 S I R N	____ Drug 3 S I R N	____ Drug 4 S I R N	____ Drug 5 S I R N	____ Drug 6 S I R N	____ Drug 7 S I R N	____ Drug 8 S I R N	____ Drug 9 S I R N
_______	Organism 1 (specify) _______	____ Drug 1 S I R N	____ Drug 2 S I R N	____ Drug 3 S I R N	____ Drug 4 S I R N	____ Drug 5 S I R N	____ Drug 6 S I R N	____ Drug 7 S I R N	____ Drug 8 S I R N	____ Drug 9 S I R N

Result Codes

S = Susceptible   I = Intermediate   R = Resistant   NS = Non-susceptible   S-DD = Susceptible-dose dependent   N = Not tested

§ GENTHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic

† Clinical breakpoints have not been set by FDA or CLSI, Sensitive and Resistant designations should be based upon epidemiological cutoffs of Sensitive MIC ≤ 2 and Resistant MIC ≥ 4

Drug Codes:

AMK = amikacin	CEFTRX = ceftriaxone	FLUCY = flucytosine	OX = oxacillin
AMP = ampicillin	CEFUR= cefuroxime	GENT = gentamicin	PB = polymyxin B
AMPSUL = ampicillin/sulbactam	CTET= cefotetan	GENTHL = gentamicin –high level test	PIP = piperacillin
AMXCLV = amoxicillin/clavulanic acid	CIPRO = ciprofloxacin	IMI = imipenem	PIPTAZ = piperacillin/tazobactam
ANID = anidulafungin	CLIND = clindamycin	ITRA = itraconazole	RIF = rifampin
AZT = aztreonam	COL = colistin	LEVO = levofloxacin	TETRA = tetracycline
CASPO = caspofungin	DAPTO = daptomycin	LNZ = linezolid	TIG = tigecycline
CEFAZ= cefazolin	DORI = doripenem	MERO = meropenem	TMZ = trimethoprim/sulfamethoxazole
CEFEP = cefepime	DOXY = doxycycline	METH = methicillin	TOBRA = tobramycin
CEFOT = cefotaxime	ERTA = ertapenem	MICA = micafungin	VANC = vancomycin
CEFOX= cefoxitin	ERYTH = erythromycin	MINO = minocycline	VORI = voriconazole
CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	

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Pneumonia (PNEU)

Custom Fields			
Label		Label	
_____	____/____/____	_____	____/____/_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments

Reference

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3-6. Ventilator-Associated Event Data Collection Form

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Ventilator-Associated Event (VAE)

Page 1 of 4 *required for saving **required for completion

Facility ID:	Event #:
*Patient ID:	Social Security #:
Secondary ID:	Medicare #:
Patient Name, Last:	First: Middle:
*Gender: ◯ F ◯M ◯Other	*Date of Birth:
Ethnicity (Specify):	Race (Specify):
*Event Type: VAE	*Date of Event:
Post-procedure VAE: ◯ Yes ◯ No	Date of Procedure:
NHSN Procedure Code:	ICD-10-PCS or CPT Procedure Code:
*MDRO Infection Surveillance: ☐ Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module ☐ No, this infection's pathogen & location are **not** in-plan for Infection Surveillance in the MDRO/CDI Module	
*Date Admitted to Facility:	*Location:
* Location of Mechanical Ventilation Initiation: _____	*Date Initiated: __ /__ /_____ *APRV: ◯Yes ◯No

Event Details

*Specific Event: ☐ VAC ☐ IVAC ☐ PVAP

*Specify Criteria Used:

STEP 1: VAC (≥1 REQUIRED)

☐ Daily min FiO_2 increase ≥ 0.20 (20 points) for ≥ 2 days† **OR** ☐ Daily min PEEP increase ≥ 3 cm H_2O for ≥ 2 days†

†*after 2+ days of stable or decreasing daily minimum values.*

STEP 2: IVAC

☐ Temperature > 38°C or < 36° **OR** ☐ White blood cell count ≥ 12,000 or ≤ 4,000 cells/mm^3

AND

☐ A new antimicrobial agent(s) is started, and is continued for ≥ 4 days

STEP 3: PVAP

☐ Criterion #1: Positive culture of one of the following specimens, meeting quantitative or semi-quantitative thresholds as outlined in protocol,‡ without requirement for purulent respiratory secretions:

☐ Endotracheal aspirate ☐ Lung tissue
☐ Bronchoalveolar lavage ☐ Protected specimen brush

OR

☐ Criterion #2: Purulent respiratory secretions‡ (defined in the protocol) plus organism(s) identified from one of the following specimens:‡

☐ Sputum ☐ Lung tissue
☐ Endotracheal aspirate ☐ Protected specimen brush
☐ Bronchoalveolar lavage

OR

☐ Criterion #3: One of the following positive tests (as outlined in the protocol):‡

☐ Organism(s) identified from pleural fluid ☐ Diagnostic test for *Legionella* species
☐ Lung histopathology ☐ Diagnostic test for selected viral pathogens

‡*collected after 2 days of mechanical ventilation and within +/- 2 days of onset of increase in FiO_2 or PEEP.*

*Secondary Bloodstream Infection: ◯Yes ◯No	
**Died: ◯Yes ◯No	VAE Contributed to Death: ◯Yes ◯No
Discharge Date:	*Pathogens Identified: ◯Yes ◯No *If Yes, specify on pages 2-3

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Ventilator-Associated Event (VAE)

Pathogen #	Gram-positive Organisms							
_____	*Staphylococcus* coagulase-negative (specify species if available): _____	**VANC** S I R N						
_____	____*Enterococcus faecium* ____*Enterococcus faecalis* ____*Enterococcus* spp. (Only those not identified to the species level)	**DAPTO** S NS N	**GENTHL**[§] S R N	**LNZ** S I R N	**VANC** S I R N			
_____	*Staphylococcus aureus*	**CIPRO/LEVO/MOXI** S I R N	**CLIND** S I R N	**DAPTO** S NS N	**DOXY/MINO** S I R N	**ERYTH** S I R N	**GENT** S I R N	**LNZ** S R N
		OX/CEFOX/METH S I R N	**RIF** S I R N	**TETRA** S I R N	**TIG** S NS N	**TMZ** S I R N	**VANC** S I R N	
Pathogen #	**Gram-negative Organisms**							
_____	*Acinetobacter* (specify species) _____	**AMK** S I R N	**AMPSUL** S I R N	**AZT** S I R N	**CEFEP** S I R N	**CEFTAZ** S I R N	**CIPRO/LEVO** S I R N	**COL/PB** S I R N
		GENT S I R N	**IMI** S I R N	**MERO/DORI** S I R N		**PIP/PIPTAZ** S I R N	**TETRA/DOXY/MINO** S I R N	
		TMZ S I R N	**TOBRA** S I R N					
_____	*Escherichia coli*	**AMK** S I R N	**AMP** S I R N	**AMPSUL/AMXCLV** S I R N		**AZT** S I R N	**CEFAZ** S I R N	**CEFEP** S I/S-DD R N
		CEFOT/CEFTRX S I R N	**CEFTAZ** S I R N	**CEFUR** S I R N	**CEFOX/CETET** S I R N		**CIPRO/LEVO/MOXI** S I R N	
		COL/PB[†] S R N	**ERTA** S I R N	**GENT** S I R N	**IMI** S I R N	**MERO/DORI** S I R N	**PIPTAZ** S I R N	
		TETRA/DOXY/MINO S I R N	**TIG** S I R N	**TMZ** S I R N	**TOBRA** S I R N			
_____	*Enterobacter* (specify species) _____	**AMK** S I R N	**AMP** S I R N	**AMPSUL/AMXCLV** S I R N		**AZT** S I R N	**CEFAZ** S I R N	**CEFEP** S I/S-DD R N
		CEFOT/CEFTRX S I R N	**CEFTAZ** S I R N	**CEFUR** S I R N	**CEFOX/CETET** S I R N		**CIPRO/LEVO/MOXI** S I R N	
		COL/PB[†] S R N	**ERTA** S I R N	**GENT** S I R N	**IMI** S I R N	**MERO/DORI** S I R N	**PIPTAZ** S I R N	
		TETRA/DOXY/MINO S I R N	**TIG** S I R N	**TMZ** S I R N	**TOBRA** S I R N			
_____	____*Klebsiella pneumonia* ____*Klebsiella oxytoca*	**AMK** S I R N	**AMP** S I R N	**AMPSUL/AMXCLV** S I R N		**AZT** S I R N	**CEFAZ** S I R N	**CEFEP** S I/S-DD R N
		CEFOT/CEFTRX S I R N	**CEFTAZ** S I R N	**CEFUR** S I R N	**CEFOX/CETET** S I R N		**CIPRO/LEVO/MOXI** S I R N	
		COL/PB[†] S R N	**ERTA** S I R N	**GENT** S I R N	**IMI** S I R N	**MERO/DORI** S I R N	**PIPTAZ** S I R N	
		TETRA/DOXY/MINO S I R N	**TIG** S I R N	**TMZ** S I R N	**TOBRA** S I R N			

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Ventilator-Associated Event (VAE)

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Pathogen #	Gram-negative Organisms (*continued*)							
_______	*Pseudomonas aeruginosa*	**AMK** S I R N	**AZT** S I R N	**CEFEP** S I R N	**CEFTAZ** S I R N	**CIPRO/LEVO** S I R N	**COL/PB** S I R N	**GENT** S I R N
		IMI S I R N	**MERO/DORI** S I R N		**PIP/PIPTAZ** S I R N	**TOBRA** S I R N		

Pathogen #	Fungal Organisms							
_______	*Candida* (specify species if available) ____________	**ANID** S I R N	**CASPO** S NS N	**FLUCO** S S-DD R N	**FLUCY** S I R N	**ITRA** S S-DD R N	**MICA** S NS N	**VORI** S S-DD R N

Pathogen #	Other Organisms									
_______	Organism 1 (specify) ____________	____ Drug 1 S I R N	____ Drug 2 S I R N	____ Drug 3 S I R N	____ Drug 4 S I R N	____ Drug 5 S I R N	____ Drug 6 S I R N	____ Drug 7 S I R N	____ Drug 8 S I R N	____ Drug 9 S I R N
_______	Organism 1 (specify) ____________	____ Drug 1 S I R N	____ Drug 2 S I R N	____ Drug 3 S I R N	____ Drug 4 S I R N	____ Drug 5 S I R N	____ Drug 6 S I R N	____ Drug 7 S I R N	____ Drug 8 S I R N	____ Drug 9 S I R N
_______	Organism 1 (specify) ____________	____ Drug 1 S I R N	____ Drug 2 S I R N	____ Drug 3 S I R N	____ Drug 4 S I R N	____ Drug 5 S I R N	____ Drug 6 S I R N	____ Drug 7 S I R N	____ Drug 8 S I R N	____ Drug 9 S I R N

Result Codes

S = Susceptible I = Intermediate R = Resistant NS = Non-susceptible S-DD = Susceptible-dose dependent N = Not tested

§ GENTHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic

† Clinical breakpoints have not been set by FDA or CLSI, Sensitive and Resistant designations should be based upon epidemiological cutoffs of Sensitive MIC ≤ 2 and Resistant MIC ≥ 4

Drug Codes:

AMK = amikacin	CEFTRX = ceftriaxone	FLUCY = flucytosine	OX = oxacillin
AMP = ampicillin	CEFUR= cefuroxime	GENT = gentamicin	PB = polymyxin B
AMPSUL = ampicillin/sulbactam	CETET= cefotetan	GENTHL = gentamicin –high level test	PIP = piperacillin
AMXCLV = amoxicillin/clavulanic acid	CIPRO = ciprofloxacin	IMI = imipenem	PIPTAZ = piperacillin/tazobactam
ANID = anidulafungin	CLIND = clindamycin	ITRA = itraconazole	RIF = rifampin
AZT = aztreonam	COL = colistin	LEVO = levofloxacin	TETRA = tetracycline
CASPO = caspofungin	DAPTO = daptomycin	LNZ = linezolid	TIG = tigecycline
CEFAZ= cefazolin	DORI = doripenem	MERO = meropenem	TMZ = trimethoprim/sulfamethoxazole
CEFEP = cefepime	DOXY = doxycycline	METH = methicillin	TOBRA = tobramycin
CEFOT = cefotaxime	ERTA = ertapenem	MICA = micafungin	VANC = vancomycin
CEFOX= cefoxitin	ERYTH = erythromycin	MINO = minocycline	VORI = voriconazole
CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	

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Ventilator-Associated Event (VAE)

Custom Fields	
Label _____ ____/____/____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	Label _____ ____/____/_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Comments	

Reference

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3-7. Multidrug Resistant Organism and C. Diff Data Collection Form

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MDRO or CDI Infection Event

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*Required for saving Facility ID:	**Required for completion Event #:	
*Patient ID:	Social Security #:	
Secondary ID:	Medicare #:	
Patient Name, Last:	First:	Middle:
*Gender: ◯M ◯F ◯Other		*Date of Birth:
Ethnicity (Specify):		Race (Specify):
Event Details		
*Event Type: [For Event Type = BSI, PNEU, SSI, or UTI use the event specific form]		*Date of Event:
Post Procedure Event: ◯Yes ◯No		Date of Procedure:
MDRO/CDI Infection Surveillance: ☐Yes	NHSN Procedure Code:	ICD-10-PCS or CPT Procedure Code:

*Specific Organism Type: (Select up to 3) ☐ MRSA ☐ MSSA ☐ VRE ☐ CephR-*Klebsiella* ☐ CRE-*E. coli* ☐ CRE-*Enterobacter* ☐ CRE-*Klebsiella* ☐ MDR-*Acinetobacter* ☐ *C. difficile*

*Date Admitted to Facility:	*Location:

*Specific Event Type (used only for CDC defined events):

Specify Criteria Used (check all that apply)

Signs and Symptoms

- ☐ Abscess
- ☐ Apnea
- ☐ Bradycardia
- ☐ Cough
- ☐ Vomiting
- ☐ Heat
- ☐ Hypotension
- ☐ Hypothermia
- ☐ Lethargy
- ☐ Nausea
- ☐ Dysuria
- ☐ Fever
- ☐ Bilious aspirate
- ☐ Erythema or redness
- ☐ Suprapubic tenderness
- ☐ Abdominal distension
- ☐ Pain or tenderness
- ☐ Drainage or material+
- ☐ Wheezing, rales or rhonchi
- ☐ Diarrhea+
- ☐ Swelling or inflammation
- ☐ Occult or gross blood in stools (with no rectal fissure)
- ☐ Surgical evidence of extensive bowel necrosis (>2 cm of bowel affected)
- ☐ Surgical evidence of pneumatosis intestinalis with or without intestinal perforation
- ☐ Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam +
- ☐ Other signs and symptoms+

Laboratory or Diagnostic Testing

- ☐ Organism(s) identified
- ☐ Not cultured
- ☐ Organism(s) identified from blood specimen+
- ☐ Other positive laboratory tests+
- ☐ > 15 colonies cultured from IV cannula tip using semiquantitative culture method
- ☐ Pneumatosis intestinalis by radiograph
- ☐ Portal venous gas (Hepatobiliary gas) by radiograph
- ☐ Pneumoperitoneum by radiograph
- ☐ Imaging test evidence of infection+

Clinical Diagnosis

- ☐ Physician diagnosis of this event type+
- ☐ Physician institutes appropriate antimicrobial therapy+

+ Per specific site criteria

***Clostridium difficile* Infection**	
*Admitted to ICU for CDI complications: ◯Yes ◯No	*Surgery for CDI complications: ◯Yes ◯No
* Secondary Bloodstream Infection: ◯Yes ◯No	
**Died: ◯Yes ◯No	Event contributed to death? ◯Yes ◯No
Discharge Date: ____/____/_____	*Pathogens Identified: ◯Yes ◯No If yes, specify on Page 2

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MDRO or CDI Infection Event

Pathogen #	Gram-positive Organisms							
_____	*Staphylococcus* coagulase-negative (specify species if available): _____	**VANC** S I R N						
_____	____*Enterococcus faecium* ____*Enterococcus faecalis* ____*Enterococcus* spp. (Only those not identified to the species level)	**DAPTO** S NS N	**GENTHL**[§] S R N	**LNZ** S I R N	**VANC** S I R N			
_____	*Staphylococcus aureus*	**CIPRO/LEVO/MOXI** S I R N	**CLIND** S I R N	**DAPTO** S NS N	**DOXY/MINO** S I R N	**ERYTH** S I R N	**GENT** S I R N	**LNZ** S R N
		OX/CEFOX/METH S I R N	**RIF** S I R N	**TETRA** S I R N	**TIG** S NS N	**TMZ** S I R N	**VANC** S I R N	
Pathogen #	Gram-negative Organisms							
_____	*Acinetobacter* (specify species) _____	**AMK** S I R N	**AMPSUL** S I R N	**AZT** S I R N	**CEFEP** S I R N	**CEFTAZ** S I R N	**CIPRO/LEVO** S I R N	**COL/PB** S I R N
		GENT S I R N	**IMI** S I R N	**MERO/DORI** S I R N		**PIP/PIPTAZ** S I R N	**TETRA/DOXY/MINO** S I R N	
		TMZ S I R N	**TOBRA** S I R N					
_____	*Escherichia coli*	**AMK** S I R N	**AMP** S I R N	**AMPSUL/AMXCLV** S I R N		**AZT** S I R N	**CEFAZ** S I R N	**CEFEP** S I/S-DD R N
		CEFOT/CEFTRX S I R N	**CEFTAZ** S I R N	**CEFUR** S I R N	**CEFOX/CETET** S I R N		**CIPRO/LEVO/MOXI** S I R N	**COL/PB**[†] S R N
		ERTA S I R N	**GENT** S I R N	**IMI** S I R N	**MERO/DORI** S I R N		**PIPTAZ** S I R N	**TETRA/DOXY/MINO** S I R N
		TIG S I R N	**TMZ** S I R N	**TOBRA** S I R N				
_____	*Enterobacter* (specify species) _____	**AMK** S I R N	**AMP** S I R N	**AMPSUL/AMXCLV** S I R N		**AZT** S I R N	**CEFAZ** S I R N	**CEFEP** S I/S-DD R N
		CEFOT/CEFTRX S I R N	**CEFTAZ** S I R N	**CEFUR** S I R N	**CEFOX/CETET** S I R N		**CIPRO/LEVO/MOXI** S I R N	**COL/PB**[†] S R N
		ERTA S I R N	**GENT** S I R N	**IMI** S I R N	**MERO/DORI** S I R N		**PIPTAZ** S I R N	**TETRA/DOXY/MINO** S I R N
		TIG S I R N	**TMZ** S I R N	**TOBRA** S I R N				
_____	____*Klebsiella pneumonia* ____*Klebsiella oxytoca*	**AMK** S I R N	**AMP** S I R N	**AMPSUL/AMXCLV** S I R N		**AZT** S I R N	**CEFAZ** S I R N	**CEFEP** S I/S-DD R N
		CEFOT/CEFTRX S I R N	**CEFTAZ** S I R N	**CEFUR** S I R N	**CEFOX/CETET** S I R N		**CIPRO/LEVO/MOXI** S I R N	**COL/PB**[†] S R N
		ERTA S I R N	**GENT** S I R N	**IMI** S I R N	**MERO/DORI** S I R N		**PIPTAZ** S I R N	**TETRA/DOXY/MINO** S I R N
		TIG S I R N	**TMZ** S I R N	**TOBRA** S I R N				

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MDRO or CDI Infection Event

Pathogen #	Gram-negative Organisms (*continued*)									
_______	*Pseudomonas aeruginosa*	**AMK** S I R N	**AZT** S I R N	**CEFEP** S I R N	**CEFTAZ** S I R N	**CIPRO/LEVO** S I R N	**COL/PB** S I R N	**GENT** S I R N		
		IMI S I R N	**MERO/DORI** S I R N		**PIP/PIPTAZ** S I R N	**TOBRA** S I R N				
Pathogen #	**Fungal Organisms**									
_______	*Candida* (specify species if available) _______________	**ANID** S I R N	**CASPO** S NS N	**FLUCO** S S-DD R N	**FLUCY** S I R N	**ITRA** S S-DD R N	**MICA** S NS N	**VORI** S S-DD R N		
Pathogen #	**Other Organisms**									
_______	Organism 1 (specify) _______________	_______ Drug 1 S I R N	_______ Drug 2 S I R N	_______ Drug 3 S I R N	_______ Drug 4 S I R N	_______ Drug 5 S I R N	_______ Drug 6 S I R N	_______ Drug 7 S I R N	_______ Drug 8 S I R N	_______ Drug 9 S I R N
_______	Organism 1 (specify) _______________	_______ Drug 1 S I R N	_______ Drug 2 S I R N	_______ Drug 3 S I R N	_______ Drug 4 S I R N	_______ Drug 5 S I R N	_______ Drug 6 S I R N	_______ Drug 7 S I R N	_______ Drug 8 S I R N	_______ Drug 9 S I R N
_______	Organism 1 (specify) _______________	_______ Drug 1 S I R N	_______ Drug 2 S I R N	_______ Drug 3 S I R N	_______ Drug 4 S I R N	_______ Drug 5 S I R N	_______ Drug 6 S I R N	_______ Drug 7 S I R N	_______ Drug 8 S I R N	_______ Drug 9 S I R N

Result Codes

S = Susceptible I = Intermediate R = Resistant NS = Non-susceptible S-DD = Susceptible-dose dependent N = Not tested

§ GENTHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic

† Clinical breakpoints have not been set by FDA or CLSI, Sensitive and Resistant designations should be based upon epidemiological cutoffs of Sensitive MIC ≤ 2 and Resistant MIC ≥ 4

Drug Codes:

AMK = amikacin	CEFTRX = ceftriaxone	FLUCY = flucytosine	OX = oxacillin
AMP = ampicillin	CEFUR= cefuroxime	GENT = gentamicin	PB = polymyxin B
AMPSUL = ampicillin/sulbactam	CETET= cefotetan	GENTHL = gentamicin –high level test	PIP = piperacillin
AMXCLV = amoxicillin/clavulanic acid	CIPRO = ciprofloxacin	IMI = imipenem	PIPTAZ = piperacillin/tazobactam
ANID = anidulafungin	CLIND = clindamycin	ITRA = itraconazole	RIF = rifampin
AZT = aztreonam	COL = colistin	LEVO = levofloxacin	TETRA = tetracycline
CASPO = caspofungin	DAPTO = daptomycin	LNZ = linezolid	TIG = tigecycline
CEFAZ= cefazolin	DORI = doripenem	MERO = meropenem	TMZ = trimethoprim/sulfamethoxazole
CEFEP = cefepime	DOXY = doxycycline	METH = methicillin	TOBRA = tobramycin
CEFOT = cefotaxime	ERTA = ertapenem	MICA = micafungin	VANC = vancomycin
CEFOX= cefoxitin	ERYTH = erythromycin	MINO = minocycline	VORI = voriconazole
CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	

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www.cdc.gov/nhsn

MDRO or CDI Infection Event

Custom Fields	
Label _____ ____/____/____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	Label _____ ____/____/____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Comments

Reference

NHSN

3-8. Laboratory-Identified MDRO or CDI Data Collection Form

Form Approved
OMB No. 0920-0666
Exp. Date: 11/30/2019
www.cdc.gov/nhsn

Laboratory-identified MDRO or CDI Event

Instructions for this form are available at: http://www.cdc.gov/nhsn/forms/instr/57_128.pdf

*required for saving **conditionally required

Facility ID:	Event #:
*Patient ID:	Social Security #:
Secondary ID:	Medicare #:
Patient Name, Last: First:	Middle:
*Gender: ○M ○F	*Date of Birth:
Ethnicity (Specify):	Race (Specify):
Event Details	
*Event Type: LabID	*Date Specimen Collected:

*Specific Organism Type: (Check one)

☐ MDR-*Acinetobacter* ☐ *C. difficile* ☐ CephR-*Klebsiella* ☐ CRE-*E. coli* ☐ CRE-*Enterobacter*

☐ CRE-*Klebsiella* ☐ MRSA ☐ MSSA ☐ VRE

**Was the bacterial isolate tested for carbapenemase? ☐ Yes ☐ No ☐ Unknown

If Yes, which test(s) were done? (check all that apply)

☐ Polymerase chain reaction – Klebsiella pneumoniae carbapenemase (PCR-KPC)

☐ Polymerase chain reaction – New Delhi metallo-β-lactamase (PCR-NDM)

☐ Polymerase chain reaction – Imipenemase (PCR-IMP)

☐ Polymerase chain reaction – Verona Integron-encoded metallo-β-lactamase (PCR-VIM)

☐ Polymerase chain reaction – Oxacillinase-48 like (PCR-OXA-48-like)

☐ Modified Hodge Test (MHT)

☐ Carba NP (CNP)

☐ Metallo-β-lactamase E-test (MBLe)

☐ Metallo-β-lactamase screen (MBLs)

☐ Other: (please specify): _____

☐ Unknown

**Did the isolate test positive for carbapenemase? ☐ Yes ☐ No ☐ Unknown

If Yes, please identify which carbapenemase(s) were identified (check all that apply):

☐ Klebsiella pneumoniae carbapenemase (KPC)

☐ New Delhi metallo-β-lactamase (NDM)

☐ Imipenemase (IMP)

☐ Verona Integron-encoded metallo-β-lactamase (VIM)

☐ Oxacillinase-48 like (OXA-48-like)

☐ Nonspecific carbapenemase activity (e.g., MHT or Carba NP) (NS-Carba)

☐ Nonspecific metallo-β-lactamase activity (e.g., MBL E-test or MBL screen) (NS-MBL)

☐ Other: (please specify): _____

☐ Unknown

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Exp. Date: 11/30/2019
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Laboratory-identified MDRO or CDI Event

*required for saving **conditionally required

Event Details (continued)

*Outpatient: ☐ Yes ☐ No

*Specimen Body Site/System:	*Specimen Source:

*Date Admitted to Facility: _____	*Location:	*Date Admitted to Location: _____

Last physical overnight location of patient immediately prior to arriving into facility (applies to specimen(s) collected in outpatient setting or <4 days after inpatient admission) (Check one):

☐ Nursing Home/Skilled Nursing Facility
☐ Personal residence/Residential care
☐ Other Inpatient Healthcare Setting (i.e., acute care hospital, IRF, LTAC, etc.)
☐ Unknown

Has patient been discharged from your facility in the past 4 weeks? ☐ Yes ☐ No
If Yes, date of last discharge from your facility:_____

Has patient been discharged from another facility in the past 4 weeks? ☐ Yes ☐ No ☐ Unknown
If Yes, from where (Check all that apply):

☐ Nursing Home/Skilled Nursing Facility
☐ Other Inpatient Healthcare Setting (i.e., acute care hospital, IRF, LTAC, etc.)

Custom Fields

Label _____ ____/____/____	Label _____ ____/____/____
_____ _____	_____ _____
_____ _____	_____ _____
_____ _____	_____ _____

Comments

Reference

NHSN

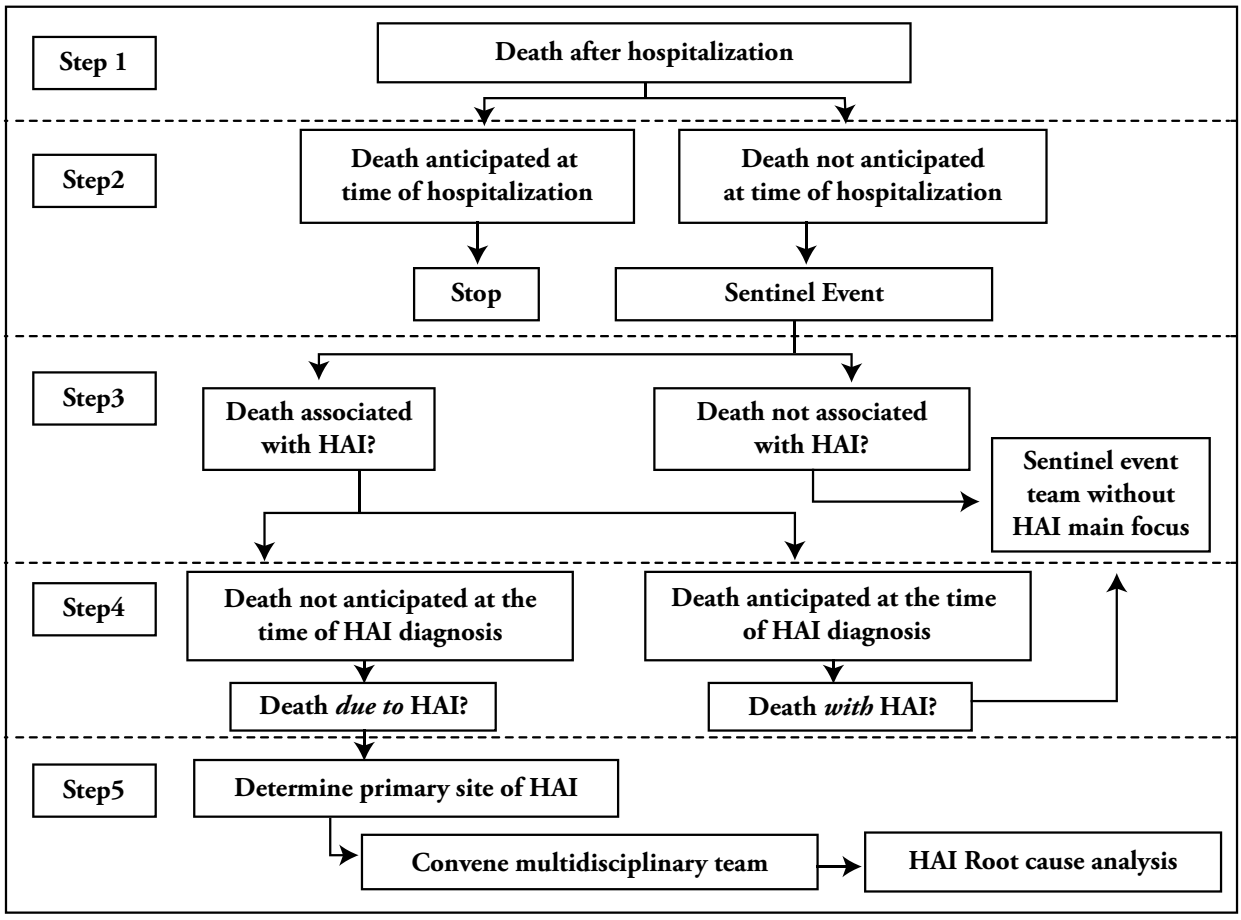
3-9. Line Listing of Infections

Med.Rec. #	Name	Unit	Adm Date	D/C Date	Inf Site	Inf Date	Pathogen

3-10. Investigation of Hospital-Acquired Infections as Sentinel Events

Investigation of Hospital–Acquired Infections as Sentinel Events (SE) Algorithm

Issue: Hospitals are faced with multiple confounding factors in the assessment of hospital acquired infections (HAI) as sentinel events (SE). Because of comorbidities, and chronic diseases in the patient populations of our institution, these confounders must be considered when attributing death or major loss of function to a hospital acquired infection.



Reference

A process for analysis of sentinel events due to health care-associated infection
Article in American Journal of Infection Control · November 2007
DOI: 10.1016/j.ajic.2006.12.008 · Source: PubMed

3-11. HAI Outbreak Investigation Abstraction Form

HEALTHCARE-ASSOCIATED INFECTION (HAI) OUTBREAK INVESTIGATION ABSTRACTION FORM

Name: _____

Medical Record Number: _____

ID Number: _____

Facility Name: _____

ID Number: _____
Chart Abstraction Dates (Exposure Period): _____to _____

Today's Date:	**Abstractor Initials:**

Date of Illness Onset: _____/_____/_____

For Case/Control Study

Patient is a: ☐ Case ☐ Control – Linked to Case ID#: (_____)

Demographics

Gender: ☐ Male ☐ Female	**DOB:** _____/_____/_____

Race/Ethnicity:

☐ African American
☐ White
☐ Asian/PI
☐ Native American
☐ Hispanic
☐ Non-Hispanic
☐ Other:

Inpatient Admission Information

Admit Date: _____/_____/_____	**Admit Room #:**

Facility Room (Entire Admission)

Unit	Room #	Date In	Date Out

Admit Service:	**Admit Unit:** ☐ ICU – Type of ICU: MICU_____ CCU_____ SICU_____ ☐ Med/Surg Floor ☐ Step-down/Telemetry ☐ Other _____

Admit Diagnoses:

Admit Source:

☐ Home
☐ Long-term Acute Care Hospital (LTACH)
☐ Nursing Home
☐ Rehabilitation Facility
☐ Other Facility – In any ICU prior to this ICU admit?: ☐ Y ☐ N
☐ Other _____

Admit to this facility in last 30 days: ☐ Yes ☐ No	**Admit to other facility in last 30 days:** ☐ Yes ☐ No **Date:** _____/_____/_____ **Facility Name:** _____

ID Number: _____
Chart Abstraction Dates (Exposure Period): _____to _____

Status of Hospitalization:

☐ Still Inpatient

☐ Discharged Home: _____/_____/_____

☐ Transfer to other facility – Name: _____ Date: _____/_____/_____

☐ Deceased – Date of Death: _____/_____/_____ Cause of Death: _____

If deceased, was autopsy performed? ☐ Yes ☐ No If yes, Autopsy Date: _____/_____/_____

Autopsy Findings:_____
_____
_____
_____

Diagnoses at Discharge: (List all diagnoses appearing in the chart)

_____
_____
_____
_____
_____

Outpatient

Date started in clinic: _____/_____/_____

Date	Procedure or Infusion	Additional Visit Information
		☐ Neutropenia ☐ Vascular access Site/Type: _____
		☐ Neutropenia ☐ Vascular access Site/Type: _____
		☐ Neutropenia ☐ Vascular access Site/Type: _____
		☐ Neutropenia ☐ Vascular access Site/Type: _____

ID Number: _____
Chart Abstraction Dates (Exposure Period): _____to _____

Clinical History

History of Present Illness (Give a brief summary of the patient's illness and include any other relevant information not otherwise collected on this form):

_____
_____
_____
_____
_____

Past Medical History:

- ☐ Chronic Lung Disease
- ☐ Coronary Artery Disease
- ☐ Congestive Heart Failure (EF_____)
- ☐ Diabetes (AIC_____)
- ☐ Peripheral Vascular Disease
- ☐ Gastrointestinal disease/bleeding
- ☐ Liver Disease/Cirrhosis
- ☐ Chronic kidney disease (creatinine _____)
  - ☐ Dialysis Dependent
- ☐ Other Immunosuppression (specify: _____)
- ☐ HIV/AIDS (CD4 _____)
- ☐ Major Trauma (30d PTA)
- ☐ Previous Surgery (30d PTA)
- ☐ Obesity
- ☐ Malignancy (type_____)
- ☐ Cerebrovascular Disease
- ☐ Hypertension
- ☐ Other: _____
- ☐ Other: _____

ID Number: _____
Chart Abstraction Dates (Exposure Period): _____to _____

Clinical Course

Site of Infection (check all that apply): ☐ Respiratory ☐ Blood ☐ Surgical/Wound ☐ Urine ☐
Other:_____

Date of Illness Onset: _____/_____/_____ **Date of positive culture (if applicable):** _____/_____/_____

Previous history of this infection in last 30 days? (Specify:_____)

Did patient receive antimicrobial therapy for this illness? ☐ Yes ☐ No ☐ N/A Date: _____/_____/_____

Abnormal Vital Signs (within 48 hours of illness onset):

☐ Fever >38℃ or 100.4℉ ☐ Hypoxia (O2Sat < 92% on room air) ☐ Hypotension (BP <(90/60))

☐ Tachypnea (RR > 25) ☐ Tachycardia (HR > 100)

Clinical signs and symptoms (within 48 hours of illness onset)

General:

☐ Altered Mental Status ☐ Loss of appetite
☐ Chills ☐ Weight Loss

Respiratory:

☐ Dyspnea (i.e., difficulty breathing)
☐ Hemoptysis (i.e., coughing up blood)
☐ New Increased Sputum:
  ☐ Purulent
  ☐ Change in character (e.g., color, quantity, etc.)
☐ New onset cough
☐ Rales/Crackles
☐ Rhinorrhea (i.e., runny nose)
☐ Sore throat
☐ Wheezing
☐ Worsening gas exchange (e.g., increased O2, PEEP, TV)

GI:

☐ Abdominal Pain ☐ Diarrhea ☐ Nausea/Vomiting
☐ Bloating ☐ Hematochezia (i.e., red blood in stool)
☐ Constipation ☐ Melena (i.e., black, tarry stool)

Urinary:

☐ Dysuria
☐ Suprapubic Tenderness
☐ Urinary urgency

Skin:

☐ Abscess
☐ Cellulitis
☐ Furuncle (i.e., skin boil)
☐ Rash
☐ Wound – Description (include # of wounds, sites, draining and other characteristics)

_____
_____

Laboratory: List abnormal labs within 48 hours of illness onset (if more than one, list the value closest to illness onset)

1. Creatinine _____
2. HCO3 _____
3. Hematocrit _____
4. INR _____
5. pH _____
6. Platelets _____
7. PTT _____
8. WBC _____

ID Number: _____
Chart Abstraction Dates (Exposure Period): _____to _____

Microbiology: (7 days prior to illness onset until end of abstraction period)

Date	Specimen Source (e.g., blood, urine)	Site (e.g., catheter, peripheral)	Result (e.g., organism)

Radiology (e.g., X rays, CTs, U/S, etc.): (7 days prior to illness onset until end of abstraction period)

Date	Type of Study	Location (e.g., bedside, radiology)	Result

ID Number: _____
Chart Abstraction Dates (Exposure Period): _____to _____

ANTIMICROBIALS

Name	Dose/Route	Start Date	End Date

IV MEDICATIONS

Name	Dose/Route	Start Date	End Date

OTHER MEDICATIONS (e.g., immunosuppressives or inhaled/nebulized medications)

Name	Dose/Route	Start Date	End Date

Blood Products (7 days prior to end of abstraction period)

Type of Blood Product	Volume Transfused	Date

Mechanical Ventilation (7 days prior to end of abstraction period)

Type: (Endotracheal, Tracheostomy)	Start Date	End Date
CPAP/BIPAP: ☐ Yes ☐ No	Start Date: _____/_____/_____	End Date: _____/_____/_____

ID Number: _____

Chart Abstraction Dates (Exposure Period): _____to _____

Devices (7 days prior to end of abstraction period)			
Device	**Site**	**Date Inserted**	**Date Removed**
☐ Central Venous Catheter			
☐ Central Venous Catheter			
☐ Central Venous Catheter			
☐ Condom Catheter			
☐ Foley Catheter			
Feeding Tube: ☐ Nasogastric/Nasoduodenal ☐ PEG/PEJ (stomach)			
☐ Other			

Point of care testing/injections/infusions (7 days prior to end of abstraction period)	
Procedure	**Dates**
☐ Blood Glucose Monitoring	

Invasive Procedures (7 days prior to end of abstraction period)		
Date	**Type of procedure**	**Location (e.g., Bedside, OR, Radiology)**

ID Number: _____
Chart Abstraction Dates (Exposure Period): _____to _____

Consult Services (7 days prior to end of abstraction period): ☐ Yes ☐ No		
Service	**Start Date**	**End Date**
☐ Occupational Therapy		
☐ Physical Therapy		
☐ Speech Therapy/Language		
☐ Respiratory Therapy		
☐ Wound Care Team		
☐ Other: _____		
☐ Other: _____		
☐ Other: _____		

9

Reference

CDC https://www.cdc.gov/hai/pdfs/outbreaks/response_toolkit_abstraction_form-508.pdf

3-12. Sentinel Event Analysis Related to HAI

SENTINEL EVENT ANALYSIS OF DEATH RELATED TO HEALTHCARE ASSOCIATED INFECTION

Name of Patient	Age	Gender	MR#	Date Admitted	Date of Death	Service	Attending

STEP 1: DEATH AFTER HOSPITALIZATION	UNDERLYING DISEASES	REPORTS REVIEWED:
Immediate Cause of Death:	1.	1.
Underlying Cause	2.	2.
ADMITTED FOR COMFORT MEASURES ONLY ☐ YES ☐ NO	3.	3.

STEP 2: DEATH ANTICIPATED AT TIME OF HOSPITALIZATION

____ YES,NOT A SENTINEL EVENT ____ NO, DEATH MEETS DEFINITION OF SENTINEL EVENT → CONTINUE TO STEP 3

STEP 3: SENTINEL EVENT ASSOCIATED WITH HEALTHCARE ASSOCIATED INFECTION

PATIENT HOSPITALIZED FOR MORE THAN 48 HOURS OR DISCHARGED FROM HOSPITAL WITHIN PRIOR 14 DAYS?

____ NO. SENTINEL EVENT NOT ASSOCIATED WITH HAI. RETURN REPORT TO SENTINEL EVENT TEAM FOR ANALYSIS OF SE WITHOUT HAI AS MAIN FORCUS.

____ YES. SENTINEL EVENT ASSOCIATED WITH HAI. → CONTINUE TO STEP 4

STEP 4: SENTINEL EVENT RELATED TO HEALTHCARE ASSOCIATED INFCTION

PATIENT HAD MEDICAL CONDITION LIKELY TO RESULT IN DEATH WITHIN 3-6 MONTHS AT THE TIME HAI DIAGNOSED?

____ DEATH ANTICIPATED AT TIME OF HAI DIAGNOSIS. DEATH WITH HAI, NOT DUE TO HAI. RETURN REPORT TO SENTINEL EVENT TEAM.

____ DEATH UNANTICIPATED AT TIME OF HAI DIAGNOSIS. DEATH DUE TO HAL → CONTINUE TO STEP 5

STEP 5: PRIMARY SITE OF HEALTHCARE ASSOCIATED INFECTION

BLOODSTREAM INFECTION	PNEUMONIA	SURGICAL SITE INFECTION	URINARY TRACT	OTHER(SPECIFY)	OTHER(SPECIFY)
☐ LABORATORY CONFIRMED	☐ DEVICE RELATED	☐ SUPERFICIAL INCISION PRIMARY	☐ ASYMPTOMATIC BACTEURIA		
☐ DEVICE RELATED _____	☐ CINICALLY DEFINED	☐ SUPERFICIAL INCISION SECONDARY	☐ SYMPTOMATIC UTI		
☐ CINICAL SEPSIS	☐ PNEUMONIA WITH SPECIFIC LAB FINDINGS	☐ SDEEP INCISION PRIMARY	☐ OTHER UTI		
	☐ PNEUMONIA IN IMMUNOCOMPROMISED PT	☐ DEEP INCISION SECONDARY			
		☐ ORGANSPACE _____			
ORGANISM _____	ORGANISM _____	ORGANISM _____	ORGANISM _____	ORGANISM _____	ORGANISM _____

CONVENING THE MULTIDISCIPLINARY TEAM → ROOTCAUSE ANALYSIS

☐ DPHYSICIAN SPECIALIST _____ ☐ DPNURSING ☐ RESPIRATORY THERAPY ☐ REMICROBIOLOGY ☐ QUALITY ☐ OTHERS _____

SIGNATURES:INFECTION CONTROL PROFESSIONAL: **REVIEW DATE:**

HOSPITAL EPIDEMIOLOGIST: **REVIEW DATE:**

Reference

A process for analysis of sentinel events due to health care-associated infection
Article in American Journal of Infection Control · November 2007
DOI: 10.1016/j.ajic.2006.12.008 · Source: PubMed

3-13. Reportable Diseases by State

Alabama
http://www.adph.org/epi/Default.asp?id=5211

Alaska
http://dhss.alaska.gov/dph/Epi/Documents/pubs/conditions/ConditionsReportable.pdf#page=8

Arizona
http://azdhs.gov/documents/preparedness/epidemiology-disease-control/communicable-disease-reporting/reportable-diseases-list.pdf

Arkansas
http://www.healthy.arkansas.gov/programsServices/epidemiology/Documents/ReportableDisease.pdf

California
https://www.cdph.ca.gov/HealthInfo/Documents/Reportable_Diseases_Conditions.pdf

Colorado
https://www.colorado.gov/pacific/sites/default/files/DC_ComDis_Reportable-Conditions.pdf

Connecticut
http://www.ct.gov/dph/lib/dph/infectious_diseases/pdf_forms_/current_list_of_reportable_diseases.pdf

Delaware
http://www.dhss.delaware.gov/dph/dpc/rptdisease.html

District of Columbia
http://doh.dc.gov/service/infectious-diseases

Florida
http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/_documents/reportable-diseases/_documents/reportable-diseases-list-practitioners.pdf

Georgia
https://dph.georgia.gov/sites/dph.georgia.gov/files/DPH%20ND%20Reporting%20Poster_032414.2.1.2016.pdf

Hawaii
http://health.hawaii.gov/docd/files/2013/05/INFECTIOUS-DISEASE-REPORTABLE-FLYER.pdf

Idaho
http://healthandwelfare.idaho.gov/Portals/0/Health/Epi/IDAHO%20REPORTABLE%20DISEASE%20POSTER_2015_DPH%20logo.pdf

Illinois
http://www.dph.illinois.gov/sites/default/files/publications/publicationsohpstop-and-report-poster.pdf

Indiana
http://www.in.gov/isdh/files/(2.4)CD%20Reportable%20Diseases%20List%208-12-2016.pdf

Iowa
http://idph.iowa.gov/CADE/reportable-diseases

Kansas
http://www.kdheks.gov/epi/download/KANSAS_NOTIFIABLE_DISEASE_FORM.pdf

Kentucky
http://chfs.ky.gov/NR/rdonlyres/FC15DA59-4698-4CFC-919C-6E58AAD7AE45/0/KentuckyReportableForm2003.pdf

Louisiana
http://dhh.louisiana.gov/assets/oph/Center-PHCH/Center-CH/infectious-epi/Surveillance/sanitarycode.pdf

Maine
http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/disease-reporting/documents/notifiable-list.pdf

Maryland
http://phpa.dhmh.maryland.gov/IDEHASharedDocuments/ReportableDisease_HCP.pdf

Massachusetts
http://www.mass.gov/eohhs/docs/dph/cdc/reporting/rprtbldiseases-hcp.pdf

Michigan
http://www.michigan.gov/documents/mdch/Reportable_Diseases_Michigan_by_Condition_478488_7.pdf

Minnesota
http://www.health.state.mn.us/divs/idepc/dtopics/reportable/disease.html

Mississippi
http://msdh.ms.gov/msdhsite/_static/resources/877.pdf

Missouri
http://health.mo.gov/living/healthcondiseases/communicable/communicabledisease/pdf/reportablediseaselist1.pdf

Montana
http://www.mtrules.org/gateway/RuleNo.asp?RN=37.114.203

Nebraska
http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-173/Chapter-01.pdf

Nevada
http://dhhs.nv.gov/Health/Epidemiology/DiseaseNVRept.pdf

New Hampshire
http://www.dhhs.nh.gov/dphs/cdcs/documents/reportablediseases.pdf

New Jersey
https://www.nj.gov/health/cd/documents/reportable_disease_magnet.pdf

New Mexico
https://nmhealth.org/publication/view/regulation/372/

New York
https://www.health.ny.gov/forms/instructions/doh-389_instructions.pdf

North Carolina
http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2041%20-%20epidemiology%20health/subchapter%20a/subchapter%20a%20rules.html

North Dakota
https://www.ndhealth.gov/Disease/Documents/ReportableConditions.pdf

Ohio
http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/bid/ORBIT/ABCs.pdf?la=en

Oklahoma
https://www.ok.gov/health/Disease,_Prevention,_Preparedness/Acute_Disease_Service/Disease_Reporting/

Oregon
https://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/Pages/reportable.aspx#timeframes

Pennsylvania
http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/epidemiology/Pages/Reportable-Diseases.aspx#.WGzxAhBSj0o

Puerto Rico
http://www.salud.gov.pr/Pages/Home.aspx

Rhode Island
http://www.health.ri.gov/diseases/infectious/resultsreportable.php

South Carolina
http://www.scdhec.gov/Health/FHPF/ReportDiseasesAdverseEvents/ReportableConditionsInSC

South Dakota
https://doh.sd.gov/diseases/infectious/reporting.aspx

Tennessee
https://apps.health.tn.gov/ReportableDiseases

Texas
https://www.dshs.texas.gov/idcu/investigation/conditions/

Utah
http://health.utah.gov/epi/reporting/Rpt_Disease_List.pdf

Vermont
http://healthvermont.gov/sites/default/files/documents/2016/11/hs_orid_vt_reportable_disease.pdf

Virginia
http://www.vdh.virginia.gov/content/uploads/sites/3/2016/03/Virginia-Reportable-Disease-List-October-2016.pdf

Washington
http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions/ListofNotifiableConditions

West Virginia
http://www.dhhr.wv.gov/oeps/disease/manual/pages/default.aspx

Wisconsin
https://www.dhs.wisconsin.gov/disease/diseasereporting.htm

Wyoming
https://health.wyo.gov/wp-content/uploads/2016/04/ReportableList2016-.pdf

***** Always remember to check for the most recent Reportable Disease List for your State *****

3-14. Section Resources

Additional resources on this section's topics:

Identifying Healthcare-associated Infections (HAI) for NHSN Surveillance
https://www.cdc.gov/nhsn/PDFs/pscManual/2PSC_IdentifyingHAIs_NHSNcurrent.pdf

Ambulatory Surgical Center Infection Control Surveyor Worksheet
https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/som107_exhibit_351.pdf

Urinary Tract Infection (Catheter-Associated Urinary Tract Infection [CAUTI] and Non-Catheter-Associated Urinary Tract Infection [UTI]) and Other Urinary System Infection [USI]) Events
https://www.cdc.gov/nhsn/PDFs/pscManual/7pscCAUTIcurrent.pdf

Central Line Insertion Practices (CLIP) Adherence Monitoring
https://www.cdc.gov/nhsn/PDFs/pscManual/5psc_CLIPcurrent.pdf

CLABSI Events
https://www.cdc.gov/nhsn/pdfs/pscmanual/4psc_clabscurrent.pdf

Multidrug-Resistant Organism & Clostridium difficile Infection (MDRO/CDI) Module
https://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf

Surgical Site Infection Event
https://www.cdc.gov/nhsn/pdfs/pscmanual/9pscssicurrent.pdf

Pneumonia (Ventilator-associated [VAP] and non-ventilator-associated Pneumonia [PNEU]) Event
https://www.cdc.gov/nhsn/PDFs/pscManual/6pscVAPcurrent.pdf

Ventilator-Associated Event (VAE)
https://www.cdc.gov/nhsn/PDFs/pscManual/10-VAE_FINAL.pdf

Ventilator Associated Pneumonia Rate
https://www.nuh.com.sg/wbn/slot/u3479/ventilator_website.jpg

HAI Graph by Specimen Source
http://www.wales.nhs.uk/sites3/documents/379/piechart.png

4

Precautions

SECTION 4

4-1. Set Up for Transmission-Based Precautions

Contact precautions

1. Private room or proper cohort.
2. Gather isolation supplies.
3. Display "contact precaution" sign in prominent location.
4. Linen hamper with foot pedal and blue linen bag inside room or anteroom if present.
5. Linen hamper with foot pedal with red biohazard trash bag inside the room or anteroom if present. Do not use regular trashcans (they do not contain gowns etc. and are not covered).
6. Use antimicrobial soap or alcohol hand rinse inside room before leaving, and alcohol hand rinse immediately after leaving the room if not in room with anteroom. If present, hand washing can be done in anteroom only. A second wash would not be required.
7. Remove all protective apparel inside the room, place in red bag trash.
8. Keep room clean and in order. Consolidate supplies for easier cleaning of horizontal surfaces.
9. Make sure appropriate and adequate supplies are available.

Droplet precautions

1. Private room or cohort.
2. Wear shielded mask or mask with goggles.
3. Gown and glove.
4. Linen and trash inside the room.
5. Doff protective apparel, hand wash in room, 2nd wash outside room (Can be alcohol hand sanitizer).

Airborne precautions

1. Private room (negative draft only).
2. Airflow should be checked prior to patient being admitted to room; check daily while patient is on isolation. Document where appropriate.
3. Use a new N95 respirator mask each time the room is entered.
4. Never place an N95 respirator mask on a patient.
5. Keep hallway door closed.
6. Keep patient in their negative draft room unless a test cannot be ordered to their room or held off until the patient is considered non-infectious.
7. If a patient must be transported cover their nose and mouth with a soft surgical mask with the shield removed.

Reference

Rebecca Malphus, RN, BSN, CIC

4-2. Respiratory Hygiene and Cough Etiquette Policy

FACILITY NAME:	POLICY MANUAL NAME:
SECTION: INFECTION PREVENTION PRECAUTIONS	
ORIGINAL DATE:	REVISED: DATE:
POLICY: STANDARD PRECAUTIONS	APPROVAL: DATE:

PURPOSE:

Respiratory Hygiene/Cough Etiquette is intended to prevent the transmission of **all** respiratory infections in healthcare settings, including influenza, the following infection control measures should be implemented at the first point of contact with a potentially infected person. They should be incorporated into infection control practices as one component of Standard Precautions.

POLICY:

RESPIRATORY HYGIENE/COUGH ETIQUETTE

The following measures to contain respiratory secretions are recommended for all individuals with signs and symptoms of a respiratory infection.

- Cover your mouth and nose with a tissue when coughing or sneezing;
- Use in the nearest waste receptacle to dispose of the tissue after use;
- Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects/materials.
- Hand washing (40–60 sec): wet hands and apply soap; rub all surfaces; rinse hands and dry thoroughly with a single use towel; use towel to turn off faucet.
- Hand rubbing (20–30 sec): apply enough product to cover all areas of the hands; rub hands until dry.

When to perform Hand Hygiene:

- Before and after any direct patient contact and between patients, whether or not gloves are worn.
- Immediately after gloves are removed.
- Before handling an invasive device.
- After touching blood, body fluids, secretions, excretions, non-intact skin, and contaminated items, even if gloves are worn.

MASKING AND SEPARATION OF PERSONS WITH RESPIRATORY SYMPTOMS

- During periods of increased respiratory infection activity in the community (e.g., when there is increased absenteeism in schools and work settings and increased medical office visits by persons complaining of respiratory illness), offer masks to persons who are coughing.
- Either procedure masks (i.e., with ear loops) or surgical masks (i.e., with ties) may be used to contain respiratory secretions (respirators such as N-95 or above are not necessary for this purpose).
- When space and chair availability permit, encourage coughing persons to sit at least three feet away from others in common waiting areas.

DROPLET PRECAUTIONS

- Observe Droplet Precautions (i.e., wearing a surgical or procedure mask for close contact), in addition to Standard Precautions, when examining a patient with symptoms of a respiratory infection, particularly if fever is present.
- Precautions should be maintained until it is determined that the cause of symptoms is not an infectious agent that requires Droplet Precautions.

Reference

CDC, 2016

http://www.cdc.gov/flu/protect/covercough.htm

4-3. Clostridium difficile HAI Prevention Action Plan

Prevention of Clostridium difficile HAIs Action Plan

Components to Implement	Status	Responsible Individual	Completion Time frame	Date Completed
Identify all C. diff HAIs: • Create spreadsheet of information • Send out to staff for review • Set up meeting to review spreadsheet • Revise spreadsheet as needed • Continue surveillance for C. diff HAIs				
Infection Prevention: • Check microbiology results for positive C. diff results. o Flag patient's EMR o Validate patient in Contact Precautions during rounds o Perform isolation compliance monitoring o Perform hand hygiene compliance monitoring • Send e-mail alert to EVS with inpatient C. diff status • Research when to remove a patient with C. diff from Contract precautions				
Laboratory Personnel: • Call relevant patient floor with positive C. diff result				

Components to Implement	Status	Responsible Individual	Completion Time frame	Date Completed
ECH Staff: • Initiate Presumptive Contact Precautions for patients suspected of having C. diff. • Patients with C. diff o Place in Contact Precautions for duration of hospitalization unless approved by Infection Preventionist ♦Wear gowns & gloves to enter room ♦Place Contact & hand washing signs on door o Place in private room with private bathroom o Follow cohorting policy as last resort o Dedicate equipment to patient: ♦Digital thermometer ♦Disposable bp cuff ♦Disposable stethoscope ♦Tape (single patient) o Proper hand hygiene ♦Compliance with CDC ♦Implement soap & water before exiting room of patient with CDI • Re-educate nursing staff on: o Donning & doffing PPEs o Proper Isolation technique ♦Leaving sign up after discharge ♦Not leaving room with PPEs on ♦Terminally clean room if patient removed from precautions during admission o Proper cleaning & disinfecting equipment including WOWs o Proper hand hygiene o Obtaining C. diff specimen when ordered ASAP o Not using linen hampers for setting clean supplies on • Nursing educates families/visitors on importance of: o Hand hygiene o Contact precautions including wearing gown and gloves • Specimen baskets at nurses station o Seek approval nursing management o Implement • Shower chairs & commodes leaking fluid after use &/or cleaning • Changing bed linen daily o Lift sheet & pillow case daily • Completely covering linen in halls • Carrying dirty linen away from body • Using roll of tape in room for single patient • Critical Care using disposable leads				

Components to Implement	Status	Responsible Individual	Completion Time frame	Date Completed
EVS: • Re-educating EVS staff on: o proper technique of cleaning & disinfecting patient rooms o proper use of chemicals o Proper technique for handwashing • Bring in representative to assess for proper dilution disinfectants • Cleaning & disinfecting every room & surfaces in Critical Care with product chosen • Cleaning & disinfection every inpatient room & surfaces with product chosen • Discarding toilet paper roll after discharge of patient in Contact Precaution • Discard boxes of gloves in Contact Precaution room • Monitoring thoroughness of high touch surface cleaning- daily cleaning • Monitoring thoroughness of high touch surface cleaning as part of terminal cleaning at time of discharge or transfer (10-12/month) • Evaluate need for UV disinfection of rooms • Certified staff for training Environmental Service Technician (EST) • Training staff to be ESTs (employed >6months, working in patient/procedure areas. o Start training staff • Begin gooseneck trash bags • Educate proper donning & doffing PPEs • Provide laminated card for donning & doffing PPEs for EVS carts				
Physicians • Review clinical indicators for collecting C. diff specimen (elevated WBCs, prior history, high risk patient) • Review when testing for CDI is appropriate • Consider when to discontinue non-essential antimicrobials after diagnosed with CDI • Consider when to discontinue anti-peristaltic medications after diagnosed with CDI • Re-educate on handwashing & using disposable stethoscope				

Components to Implement	Status	Responsible Individual	Completion Time frame	Date Completed
IT • Discuss with IT status of computers functioning in ICU rooms o Unable to correct d/t structural issues • Proper technique for patient in Precautions during medication administration.				
Consider implementing fecal containment bags for patients with C. diff that share a bathroom or use commode/bedpan. • Discuss with Nursing Management about implementing				
Identification & removal of sources of c. diff: • Rectal thermometers o Obtaining pricing o Get samples & trial in ED • System to identify when equipment is clean o Blue tape • Cleaning of commodes o Completed by nursing & EVS o Re-training EVS staff on proper steps for cleaning & disinfecting commodes o EVS considering performing task for all floors • Add to policy department responsible for cleaning & disinfecting equipment • Discussing hiring company to thoroughly clean equipment q6 month • Wheelchairs & stretchers o Review process for cleaning & disinfection after use o Putting disinfectants at entrances o Adding stretchers to the every 6 months thorough cleaning schedule • Light pull cords since string				
Implementing an Antimicrobial Stewardship Program • Minimize the frequency & duration of antimicrobial therapy & the number of antimicrobial agents prescribed • Track use of antibiotics associated with CDI • Develop policy				
Review hand hygiene practices with staff				

Reference

Michelle Lincoln, RN, BSN, CIC

4-4. Inter-facility Infection Control Transfer Form

INTER-FACILITY INFECTION CONTROL TRANSFER FORM
FOR STATES ESTABLISHING HAI PREVENTION COLLABORATIVES

This example Inter-facility Infection Control patient transfer form can assist in fostering communication during transitions of care. This concept and draft was developed by the Utah Healthcare–associated Infection (HAI) working group and shared with Centers for Disease Control and Prevention (CDC) and state partners courtesy of the Utah State Department of Health.

This tool can be modified and adapted by facilities and other quality improvement groups engaged in patient safety activities.

Inter-facility Infection Control Transfer Form

This form must be filled out for transfer to accepting facility with information communicated prior to or with transfer

Please attach copies of latest culture reports with susceptibilities if available

Sending Healthcare Facility:

Patient/Resident Last Name	First Name	Date of Birth	Medical Record Number
		___/___/_____	

Name/Address of Sending Facility	Sending Unit	Sending Facility phone

Sending Facility Contacts	NAME	PHONE	E-mail
Case Manager/Admin/SW			
Infection Prevention			

Is the patient currently in isolation? □ NO □ YES
Type of Isolation (check all that apply) □ Contact □ Droplet □ Airborne □ Other:
_____

Does patient currently have an infection, colonization OR a history of positive culture of a multidrug-resistant organism (MDRO) or other organism of epidemiological significance?	**Colonization or history** *Check if YES*	**Active infection on Treatment** *Check if YES*
Methicillin-resistant Staphylococcus aureus (MRSA)		
Vancomycin-resistant Enterococcus (VRE)		
Clostridium difficile		
Acinetobacter, multidrug-resistant*		
E coli, Klebsiella, Proteus etc. w/Extended Spectrum B-Lactamase (ESBL)*		
Carbapenemase resistant Enterobacteriaceae (CRE)*		
Other:		

Does the patient/resident currently have any of the following?

☐ Cough or requires suctioning
☐ Diarrhea
☐ Vomiting
☐ Incontinent of urine or stool
☐ Open wounds or wounds requiring dressing change
☐ Drainage (source)_____
☐ Central line/PICC (Approx. date inserted ___/___/_____)
☐ Hemodialysis catheter
☐ Urinary catheter (Approx. date inserted ___/___/_____)
☐ Suprapubic catheter
☐ Percutaneous gastrostomy tube
☐ Tracheostomy

Is the patient/resident currently on antibiotics? □ NO □ YES:

Antibiotic and dose	Treatment for:	Start date	Anticipated stop date

Vaccine	Date administered (If known)	Lot and Brand (If known)	Year administered (If exact date not known)	Does Patient self report receiving vaccine?	
Influenza (seasonal)				○ yes	○ no
Pneumococcal				○ yes	○ no
Other:_____				○ yes	○ no

Printed Name of Person completing form	Signature	Date	If information communicated prior to transfer: Name and phone of individual at receiving facility

Reference

CDC

4-5. Inter-facility Infection Control Transfer Form

INTER-FACILITY INFECTION CONTROL TRANSFER FORM
FOR STATES ESTABLISHING HAI PREVENTION COLLABORATIVES

This example Inter-facility Infection Control patient transfer form can assist in fostering communication during transitions of care. This concept and draft was developed by the Utah Healthcare–associated Infection (HAI) working group and shared with Centers for Disease Control and Prevention (CDC) and state partners courtesy of the Utah State Department of Health.

This tool can be modified and adapted by facilities and other quality improvement groups engaged in patient safety activities.

INFECTION CONTROL TRANSFER FORM

(Discharging Facility to complete form and communicate information to Receiving Facility)

Demographics

Patient/Resident *Last Nan*		Date of		Discharg
Sending Facility Name:		**Contact Name:**		**Contact Phone:**
Receiving Facility Name:				

Precautions

Currently in Isolation Precautions? ☐ **Yes**

If Yes check: ☐ Contact ☐ Droplet ☐ Airborne ☐ Other:_____

☐ **No** Isolation Precautions

Organisms

Did or does have *(send documentation):*	**Current Infection, History, or Ruling Out***
Multiple Drug Resistant Organism (MDRO):	☐ **Yes**
MRSA	☐
VRE	☐
Acinetobacter not susceptible to carbapenems	☐
E. coli or Klebsiella not susceptible to carbapenems	☐
Significant communicable disease:	☐ **Yes**
C. diff	☐
Other±: _____ *±e.g.; lice, scabies, disseminated shingles, norovirus, flu, TB, etc.*	☐ **(current or ruling out)**
***Additional info if known:**	

☐ **No** Known MDRO or Communicable Diseases

Symptoms

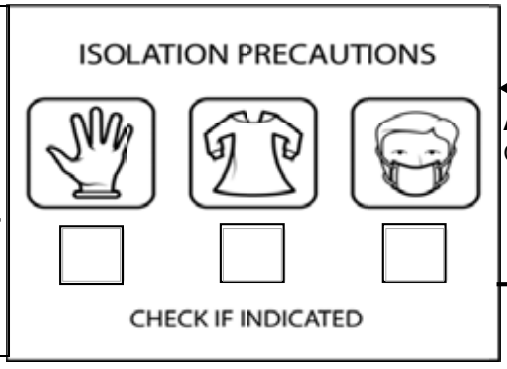
Check yes to any that <u>currently</u> apply*):

- ☐ Cough/uncontrolled respiratory secretions
- ☐ Incontinent of urine
- ☐ Vomitin
- ☐ Acute diarrhea or incontinent of stool
- ☐ Draining wounds
- ☐ Other uncontained body fluid/drainage
- ☐ Concerning rash (e.g.; vesicular)

***NOTE: Appropriate PPE required ONLY if incontinent/drainage/rash NOT contained**

☐ **No** Symptoms or PPE **not required** as "contained"

Required PPE



Answers to sections above

ANY YES: Check Required PPE

ALL NO: Just sign form

Person completing form: _____

Role: _____ Date_____/_____/_____

Version 1.6 4/23/2014 – e.version

Reference

CDC

CONTACT PRECAUTIONS

PRECAUCIONES DE TRANSMISIÓN POR CONTACTO

☑ Perform hand hygiene
Llevar a cabo la higiene de las manos.

☑ Gloves when entering room
Utilizar guantes al entrar al cuarto.

☑ Gown for direct patient care or whenever clothing may contact surfaces in the room
Uso de bata cuando se entre en contacto directo con el paciente o cuando la ropa pueda entrar en contacto con las superficies en la habitación.

Families and guests:
Familias y visitantes

Clean hands upon entering and exiting room
Lavarse las manos al entrar y al salir de la habitación.
Do not need to wear gowns or gloves
No es necesario el uso de batas ni de guantes.

Translated by UNC Health Care Interpreter Services, 04/14/15

Reference
UNC

ENTERIC CONTACT PRECAUTIONS

ENTERIC PRECAUTIONS

PRECAUCIONES DE TRANSMISIÓN ENTÉRICA

Perform hand hygiene before entering room or cubicle and wash hands with **SOAP AND WATER** for 15 seconds before leaving the room.

*Llevar a cabo la higiene de las manos antes de entrar a la habitación o al cubículo y lavarse las manos con **jabón y agua** por 15 segundos antes de salir de la habitación.*

Gloves when entering the room

Utilizar guantes al entrar a la habitación.

Gown for direct patient care or whenever clothing may contact surfaces or equipment in the room

Uso de bata cuando se entre en contacto directo con el paciente o cuando la ropa vaya a estar en contacto con las superficies en el cuarto.

Families and Guests

Familias y visitantes

Clean hands upon entering and wash hands with soap and water upon exiting room

Lavarse las manos al entrar y lavarse las manos con jabón y agua al salir de la habitación.

Wear a gown and gloves while in the room and remove before exiting room

Utilizar bata y guantes en la habitación y quitárselos antes de salir de la habitación.

Translated by UNC Health Care Interpreter Services, 04/14/15

Reference

UNC

DROPLET PRECAUTIONS

PRECAUCIONES DE TRANSMISIÓN POR GOTAS

☑ Perform hand hygiene
Llevar a cabo la higiene de manos.

☑ Surgical mask while in room
Utilizar mascarilla quirúrgica en la habitación.

Families and Guests
Families y visitantes

Clean hands upon entering and exiting room
Lavarse las manos al entrar y al salir de la habitación.

Wear a surgical mask while in the room and remove upon exiting.
Utilizar mascarilla quirúrgica en la habitación y quitársela al salir.

Translated by UNC Health Care Interpreter Services, 04/14/15

DROPLET-CONTACT PRECAUTIONS

PRECAUCIONES DE TRANSMISIÓN POR GOTAS Y POR CONTACTO

☑ Perform hand hygiene
Llevar a cabo la higiene de manos.

☑ Surgical mask while in room
Utilizar mascarilla quirúrgica en la habitación.

☑ Gown when entering room
Utilizar bata al entrar a la habitación.

☑ Gloves when entering room
Utilizar guantes al entrar a la habitación.

Families and Guests

Familia y visitantes

Clean hands upon entering and exiting room
Lavarse las manos al entrar y al salir de la habitación.
Wear a surgical mask, gown, and gloves and remove before exiting room
Utilizar mascarilla quirúrgica, bata y guantes y quitárselos antes de salir de la habitación.

Translated by UNC Health Care Interpreter Services, 04/14/15

Reference
UNC

AIRBORNE PRECAUTIONS

PRECAUCIONES DE TRANSMISIÓN AÉREA

Perform hand hygiene

Llevar a cabo la higiene de las manos.

Respirator (N95) when entering room

Utilizar respirador (N95) al entrar a la habitación.

Keep door closed

Mantener la puerta cerrada.

Families and Guests

Familias y visitantes

Report to nurses station before entering room

Presentarse en la estación de enfermeras antes de entrar a la habitación.

Clean hands upon entering and exiting room

Lavarse las manos al entrar y al salir de la habitación.

Wear a surgical mask and remove after exiting room

Utilizar mascarilla quirúrgica y quitársela después de salir de la habitación.

Translated by UNC Health Care Interpreter Services, 04/14/15

Reference

UNC

AIRBORNE-CONTACT PRECAUTIONS

PRECAUCIONES DE TRANSMISIÓN AÉREA Y POR CONTACTO

☑ Perform hand hygiene
Llevar a cabo la higiene de manos.

☑ Respirator (N95) when entering room
Utilizar respirador (N95) al entrar a la habitación.

☑ Keep door closed
Mantener la puerta cerrada.

☑ Gown when entering room
Utilizar bata al entrar a la habitación.

☑ Gloves when entering room
Utilizar guantes al entrar a la habitación.

Families and Guests

Familias y visitantes

Report to nurses station before entering room
Presentarse en la estación de enfermeras antes de entrar a la habitación.

Clean hands upon entering and exiting room
Lavarse las manos al entrar y al salir de la habitación.

Wear a surgical mask, gown, and gloves and remove upon exiting room
Utilizar mascarilla quirúrgica, bata y guantes y quitárselos al salir de la habitación.

Translated by UNC Health Care Interpreter Services, 04/14/15

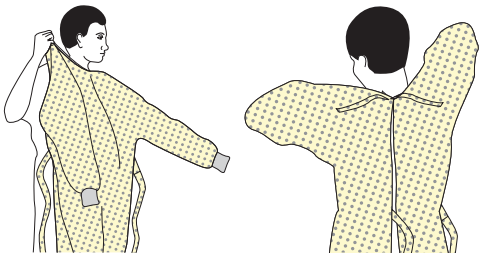
Reference
UNC

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

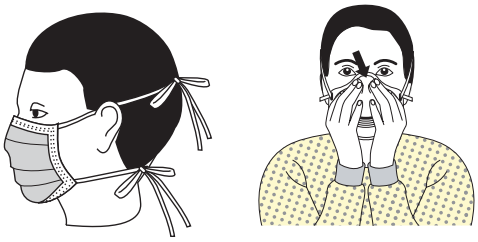
1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator

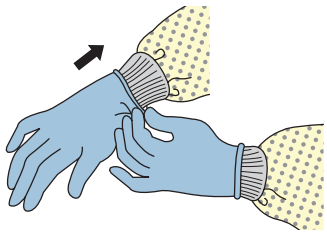


3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit

4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

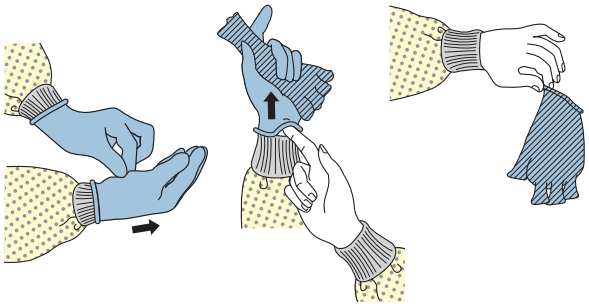
- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container

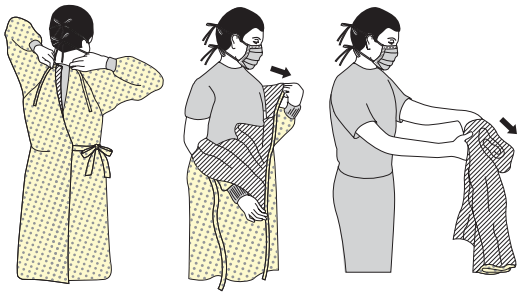


2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

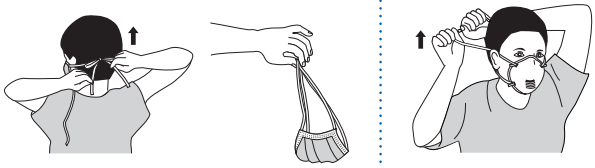
3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

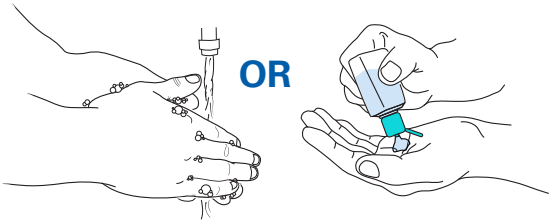


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



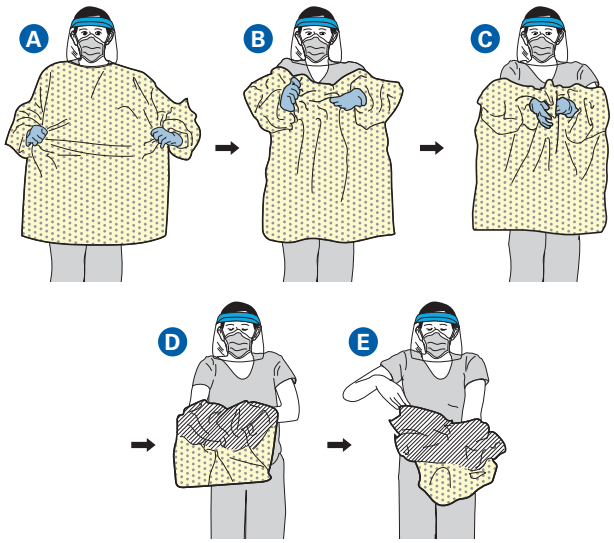
PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container

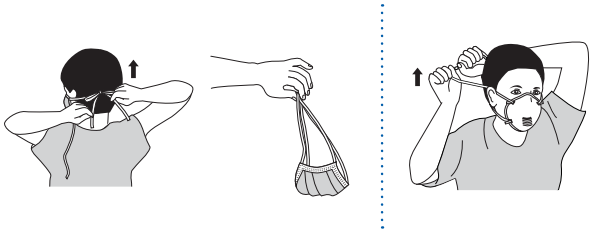


2. GOGGLES OR FACE SHIELD

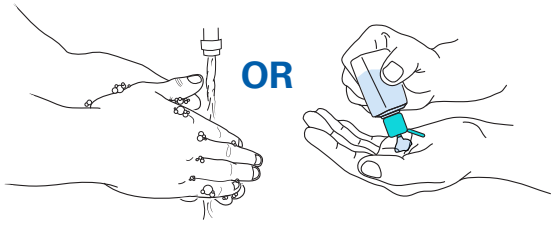
- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

Reference

CDC

4-13. Section Resources

Additional resources on this section's topics:

Standard Precautions
http://www.who.int/csr/resources/publications/EPR_AM2_E7.pdf

Contact Precautions Monitoring Tool
http://www.ihi.org/resources/Pages/Tools/ContactPrecautionsMonitoringTool.aspx

Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings
https://www.cdc.gov/hicpac/pdf/isolation/isolation2007.pdf

WHO Hand Hygiene Observation Form
http://www.who.int/gpsc/5may/tools/evaluation_feedback/en/

Hospital Respiratory Protection Policy
https://www.osha.gov/SLTC/respiratoryprotection/guidance.html

5

Performance Improvement

SECTION 5

5-1. Surgical Site Infection Gap Analysis Template

SSI GAP ANALYSIS/STRATEGY ASSESSMENT TEMPLATE

Strategy	Current Status	Goal	Gap	Action – responsible person, date action due
General Strategies:				
Antibiotic Prophylaxis (Level I)				
Within 60 minutes pre-incision				
Re-dose for procedure longer than 4 hours				
Appropriate agent, discontinue within 24 hr, dosing weight based				
CHG cloths – 6 night before surgery; 6 day of surgery				
Screen for S. aureus and decolonize with anti-staphylococcal agent pre-op (nasal iodine for total joints) (Level II)				
Hair Removal – only when necessary, using clippers (Level II)				
Alcohol-containing preoperative skin prep (Level I)				
Staff attire				
Maintenance of sterile field(d)				
OR traffic				
Hand hygiene				

Reference

Charlene Stewart, RN, MPA/HSA, CHSP, CIC

5-2. Root Cause Analysis and Action Plan Template

ROOT CAUSE ANALYSIS & ACTION PLAN IN RESPONSE TO EVENT

Event: _____

MEETING 1 SUMMARY: _____

Present: _____

Identified Action	Implementation Measure	Responsible Party	Target Date	Completion Date	Follow-Up Monitoring
Action Item #1:					
Action Item #2:					
Action Item #3:					
Action Item #4:					
Action Item #5:					
Action Item #6:					
Action Item #7					
Action Item #8					
Action Item #9					
Action Item #10					

Reference

Charlene Stewart, RN, MPA/HSA, CHSP, CIC

5-3. Acute Care Facility MDRO Assessment

Acute Care Facility Multidrug-resistant Organisms Control Activity Assessment Tool

This form can be used to assess the program in place in acute care hospitals to control transmission of multidrug-resistant organisms (MDROs).

Element to be assessed	Assessment	Notes
General Policies, Surveillance, and Reporting		
Hospital has a list of target MDROs. Consider verifying the following: -The list includes at least carbapenem-resistant Enterobacteriaceae (CRE) and *Clostridium difficile* infection. -Respondent can describe how the hospital determines which organisms to include on the list.	○ Yes ○ No	
Hospital has a surveillance program to monitor incidence of target multidrug-resistant organisms (e.g., CRE). Consider verifying the following: -Respondent can describe how these organisms are tracked.	○ Yes ○ No	
Hospital uses surveillance data to implement corrective actions rapidly when transmission of targeted MDROs (e.g., CRE) or increased rates or persistently elevated rates of healthcare-associated infections are detected. Consider verifying the following: -Data collection method allows for timely response to identified problems.	○ Yes ○ No	
Hospital participates in regional antimicrobial resistance prevention programs.	○ Yes ○ No	
Hospital reports required MDROs to public health. Consider verifying the following: -Reports from the hospital prior to the visit are the same as lists generated by the hospital at the time of the visit to ensure complete reporting.	○ Yes ○ No ○ NA	
Hand Hygiene		
Hospital has competency-based training program for hand hygiene. Consider verifying the following: -Training is provided to all healthcare personnel, including all ancillary personnel not directly involved in patient care but potentially exposed to infectious agents (e.g., food tray handlers, housekeeping, volunteer personnel). -Training is provided upon hire, prior to provision of care at this hospital. -Training is provided at least annually.	○ Yes ○ No	

-Personnel are required to demonstrate competency with hand hygiene following each training. -Hospital maintains current documentation of hand hygiene competency for all personnel.		
Hospital regularly audits (monitors and documents) adherence to hand hygiene. Consider verifying the following: -Respondent can describe process used for audits. -Respondent can describe frequency of audits. -Respondent can describe process for improvement when non-adherence is observed.	○Yes ○No	
Hospital provides feedback from audits to personnel regarding their hand hygiene performance. Consider verifying the following: -Respondents can describe how feedback is provided. -Respondents can describe frequency of feedback.	○Yes ○No	
Supplies necessary for adherence to hand hygiene (e.g., soap, water, paper towels, alcohol-based hand rub) are readily accessible in patient care areas.	○Yes ○No	
Contact Precautions		
Hospital has a list of MDROs or situations for which Contact Precautions should be instituted.	○Yes ○No	
Single rooms are used preferentially for patients with target MDROs.	○Yes ○No	
Hospital has a competency-based training program for use of personal protective equipment (PPE). Consider verifying the following: -Training is provided to all personnel who use PPE. -Training is provided upon hire, prior to provision of care at this hospital. -Training is provided at least annually. -Training is provided when new equipment or protocols are introduced. -Training includes 1) appropriate indications for specific PPE components 2) proper donning and doffing, adjustment, and wear of PPE and 3) proper care and maintenance, useful life, and disposal of PPE. -Personnel are required to demonstrate competency with selection and use of PPE (i.e., correct technique is observed by trainer) following each training. -Hospital maintains current documentation of PPE competency for all personnel who use PPE.	○Yes ○No	

Hospital regularly audits (monitors and documents) adherence to proper PPE selection and use, including donning and doffing. Consider verifying the following: -Respondent can describe process for audits. -Respondent can describe frequency of audits. -Respondent can describe process used for improvement when non-adherence is observed.	○Yes○No	
Hospital provides feedback to personnel regarding their performance with selection and use of PPE. Consider verifying the following: -Respondent can describe how feedback is provided. -Respondent can describe frequency of feedback.	○Yes○No	
Supplies necessary for Contact Precaution adherence (e.g., gowns, gloves) are available and located near point of use.	○Yes○No	
Hospital has policy to dedicate reusable medical equipment to patients with epidemiologically important MDROs when possible. Consider verifying the following: -Respondent can describe how this is achieved	○Yes○No	
Minimize Use of Invasive Devices		
Patients with invasive devices (e.g., central lines, urinary catheters) are assessed, at least daily, for continued need for the device. Consider verifying the following: -Respondent can describe methods used to trigger a daily assessment (e.g., patient safety checklist, daily rounds, nurse directed protocol, reminders, or stop orders). -Hospital routinely audits adherence to daily assessments of device need.	○Yes○No	
Intra-facility Communication		
Hospital has a system in place for **intra-facility** communication to identify infectious status and isolation needs of patients prior to transfer to other units or shared spaces (e.g., radiology, physical therapy, emergency department) within the hospital. Consider verifying the following: -Respondent can describe methods employed to ensure infectious status and isolation needs are communicated with receiving units.	○Yes○No	
Inter-facility Communication		
Hospital has systems in place for **inter-facility** communication to identify infectious status and isolation needs of patients **prior to accepting patients from** other facilities. Consider verifying the following:	○Yes○No	

-Respondent can describe methods employed to ensure infectious status and isolation needs are obtained from transferring facilities. -Hospital has a system to follow-up on microbiological results (e.g., cultures) that are pending at the time of transfer. -If the hospital identifies an infection that may be related to care provided at another facility (e.g., hospital, nursing home, clinic) the facility is notified.		
Hospital has systems in place for **inter-facility** communication to identify infectious status and isolation needs of patients **prior to transfer to** other facilities. Consider verifying the following: - Respondent can describe methods employed to ensure infectious status and isolation needs are communicated with receiving facilities. - Hospital has a system to notify receiving facilities of microbiological tests (e.g., cultures) that are pending at the time of transfer.	○ Yes ○ No	
Antimicrobial Stewardship		
Hospital has an antibiotic stewardship program that meets the 7 CDC core elements listed below (a – g). *Note: The antibiotic stewardship program should be assessed in consultation with personnel knowledgeable about antibiotic stewardship activities (e.g., physician or pharmacist stewardship lead). Responses can be obtained from or cross-checked with the NHSN Annual Hospital Survey Antibiotic Stewardship Practice questions (Q 23 – 34) if available.* Consider verifying the following: a. Hospital leadership commitment - Hospital has a written statement of support from leadership that supports efforts to improve antibiotic use (antibiotic stewardship) AND/OR - Hospital provides salary support for dedicated time for antibiotic stewardship activities. b. Program leadership (accountability) - There is a leader responsible for outcomes of stewardship activities at the hospital. c. Drug expertise - There is at least one pharmacist responsible for improving antibiotic use at the hospital. d. Act (at least one prescribing improvement action below) - Hospital has a policy that requires prescribers to document an indication for all antibiotics in the medical record or during order entry.	○ Yes ○ No	

- Hospital has hospital-specific treatment recommendations, based on national guidelines and local susceptibility, to assist with antibiotic selection for common clinical conditions. - There is a formal procedure for all clinicians to review the appropriateness of all antibiotics at or after 48 hours from the initial orders (e.g., antibiotic time out). - Hospital has specified antibiotic agents that need to be approved by a physician or pharmacist prior to dispensing at the hospital. - Physician or pharmacist reviews courses of therapy for specified antibiotic agents and communicates results with prescribers. e. Track - Hospital monitors antibiotic use (consumption) f. Report - Prescribers receive feedback by the stewardship program about how they can improve their antibiotic prescribing. g. Educate - Stewardship program provides education to clinicians and other relevant staff on improving antibiotic use.		
Laboratory Notification		
Hospital has mechanisms for timely notification of responsible staff (e.g., infection prevention, clinicians) by the clinical microbiology laboratory when novel or targeted MDROs are detected. Consider verifying the following: -Respondent can describe notification mechanism.	○Yes ○No	
Identifying Patients at Risk for Novel Resistance		
Hospital has system in place for early detection and management of patients at risk for MDROs, including rapid isolation as appropriate. At a minimum this should include identifying patients with a history of overnight hospital stays outside the United States within the past six to twelve months. Consider verifying the following: -Travel history is included as part of admission protocols.	○Yes ○No	
Identifying Patients with Prior MDROs		
Hospital has system to identify (and flag) patients with targeted MDROs at readmission so appropriate precautions can be applied. Consider verifying the following: -Respondent can describe this process.	○Yes ○No	

Access to Screening Cultures		
Hospital has access either in their own laboratory or from an outside laboratory to screening cultures to support response activities. At a minimum this should include the ability to screen patients for methicillin-resistant *Staphylococcus aureus*, vancomycin-resistant *S. aureus*, and CRE. Consider verifying the following: -Respondent can describe access to these tests.	○Yes ○No	
Avoiding Exposure to Water		
Hospitals should have a mechanism to minimize the exposure of medications and medical equipment to tap water. Consider verifying the following: -Policies and practices forbidding medication preparation around sinks and other water sources. -Daily cleaning of surfaces around sinks and other water sources within patient rooms to decrease the burden of organisms in these areas. -Policies and practices that discourage the storage of equipment and supplies on surfaces around sinks and other water sources.	○Yes ○No	
Environmental Cleaning		
Hospital has a competency-based training program for environmental cleaning. Consider verifying the following: -Training is provided to all personnel who clean and disinfect patient care areas. Personnel may include, but are not limited to, environmental services staff, nurses, nursing assistants, and technicians. -Training is provided upon hire, prior to being allowed to perform environmental cleaning. -Training is provided at least annually. -Training is provided when new equipment or protocols are introduced. -Personnel are required to demonstrate competency with environmental cleaning (i.e., correct technique is observed by trainer) following each training -Hospital maintains current documentation of competency with environmental cleaning procedures for all personnel who clean and disinfect patient care areas. -If the hospital contracts environmental services, the contractor has a comparable training program.	○Yes ○No	
Hospital has policies that clearly define responsibilities for cleaning and disinfection of non-critical equipment, mobile devices, and other electronics (e.g., ICU monitors, ventilator surfaces, bar code	○Yes ○No	

scanners, point-of-care devices, mobile work stations, code carts, airway boxes).		
Hospital has protocols to ensure that healthcare personnel can readily identify equipment that has been properly cleaned and disinfected and is ready for patient use (e.g., tagging system, placement in dedicated clean area).	○ Yes ○ No	
Hospital regularly audits (monitors and documents) adherence to cleaning and disinfection procedures, including use of products in accordance with manufacturers' instructions (e.g., dilution, storage, shelf-life, contact time). Consider verifying the following: -Respondent can describe process used for audits (e.g., monitoring technology, direct observation). -Respondent can describe frequency of audits. -Respondent can describe process for improvement when non-adherence is observed.	○ Yes ○ No	
Hospital provides feedback from audits to personnel regarding their adherence to cleaning and disinfection procedures. Consider verifying the following: -Respondent can describe how feedback is provided. -Respondent can describe frequency of feedback.	○ Yes ○ No	

Reference

CDC

5-4. MRSA Questionnaire Needs Assessment

MRSA questionnaire from Infection Control Department

Please complete and return to your manager by _____

The information we gather from this Needs assessment will assist us in subsequent MRSA education. The purpose of this questionnaire is not intended to point out how little or how much you know about MRSA, it is a way for us to gather information on what we need to clarify to you in order to make your job more enjoyable.

NOTE: This is not a test and should not be done in groups in order to obtain information from each individual.

What is your title/job position? _____

What department do you work in? _____

OK that was easy, now on with the questions...

Please answer true or false:

1. I look up MRSA related policies when I have questions. ☐ T ☐ F
2. I know how to look up MRSA related policies. ☐ T ☐ F
3. I know what type of isolation precautions are needed for MRSA patients. ☐ T ☐ F
4. I am worried I may spread MRSA to other patients. ☐ T ☐ F
5. I need to use both soap and water and alcohol sanitizer before and after working with MRSA patients. ☐ T ☐ F
6. When family members visit MRSA patients, they need to follow the directions on the isolation guidelines sign that is placed next to the patient's door. ☐ T ☐ F
7. When a MRSA patient leaves their room for a "therapeutic walk", they need to wear a blue plastic isolation gown. ☐ T ☐ F
8. When you ambulate a MRSA patient, you need to wear a blue isolation gown and gloves. ☐ T ☐ F
9. Once a patient has a diagnosis of MRSA, they will always be placed in Contact Isolation at _____ ☐ T ☐ F
10. Other healthcare workers have a different isolation policy to follow than you. ☐ T ☐ F ☐ Don't know
11. When transferring a patient for a test or procedure you should wear the isolation gown and gloves outside the room as you are taking the patient through the halls. ☐ T ☐ F ☐ Don't know
12. I am concerned I may get MRSA from working at the hospital. ☐ T ☐ F
13. I am concerned I may carry MRSA home to my family. ☐ T ☐ F

14. I worry that I may already be a carrier of MRSA. ☐ T ☐ F
15. I am concerned I may get MRSA from people in public places, such as the grocery or gym.
16. MRSA can usually be spread by contact with things that are contaminated and not through the air. ☐ T ☐ F
17. What type of learner are you? _____ _____ _____
18. Circle the mode(s) of education you prefer:

☐ a. Self-paced on-line module, _____
In-person presentation from Infection Control staff

☐ b. Brochures and research articles

☐ c. Informational poster,

☐ d. Other

19. Would you be interested in having a contest with other departments about learning MRSA related policies? ☐ T ☐ F ☐ I don't care

Are there any additional lingering questions you may have regarding MRSA?

_____

_____

_____

_____

_____

_____

_____

_____

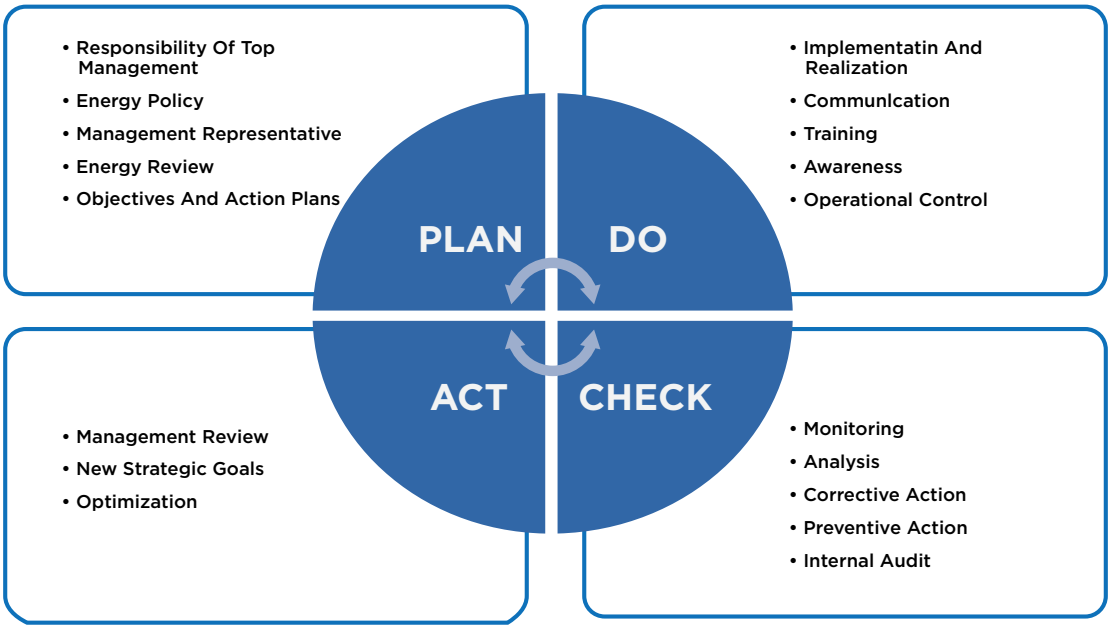
Thank you so much for your time!

Please return this to your manager by: _____

Reference

Debbie Hurst, RN, BSN, CHESP, CIC

5-5. Plan Do Check Act Worksheet



PLAN:

DO:

CHECK:

ACT:

Reference

Charlene Stewart, RN, MPA/HSA, CHSP, CIC

5-6. Section Resources

Additional resources on this section's topics:

The Infection Control Audit: The Standardized Audit as a Tool for Change
http://www.ajicjournal.org/article/S0196-6553(06)01012-1/pdf

Infection Prevention and Control Assessment Tool for Acute Care Hospitals
https://www.cdc.gov/infectioncontrol/pdf/icar/hospital.pdf

Guide to Infection Prevention in Outpatient Settings: Minimum Expectations for Safe Care
https://www.cdc.gov/hai/settings/outpatient/outpatient-care-guidelines.html

Infection Prevention and Control Assessment Tool for Outpatient Settings
https://www.cdc.gov/infectioncontrol/pdf/icar/outpatient.pdf

Fishbone Template
https://www.isixsigma.com\/tools-templates\/cause-effect\/cause-and-effect-aka-fishbone-diagram

Instructions on How to Complete Fishbone Template
https://www.cms.gov\/medicare\/provider-enrollment-and-certification\/qapi\/downloads\/fishbonerevised.pdf

Root Cause Analysis in Health Care: Tools and Techniques, 5th ed.
http://www.jointcommissioninternational.org/root-cause-analysis-in-health-care-tools-and-techniques-5th-edition/

Source GAP Analysis
https://www.cdc.gov/getsmart/healthcare/improve-efforts/resources/doc/AMP-GapAssessment.doc

Surgical Site Infection Prevention Strategies
http://www.mnreducinghais.org/documents/HAIGapAnalysisSSI.PDF

6

Environment of Care

6-1. Environmental Cleaning Checklist

CDC Environmental Checklist for Monitoring Terminal Cleaning[1]

Date:	
Unit:	
Room Number:	
Initials of ES staff (optional):[2]	

Evaluate the following priority sites for each patient room:

High-touch Room Surfaces[3]	Cleaned	Not Cleaned	Not Present in Room
Bed rails / controls			
Tray table			
IV pole (grab area)			
Call box / button			
Telephone			
Bedside table handle			
Chair			
Room sink			
Room light switch			
Room inner door knob			
Bathroom inner door knob / plate			
Bathroom light switch			
Bathroom handrails by toilet			
Bathroom sink			
Toilet seat			
Toilet flush handle			
Toilet bedpan cleaner			

Evaluate the following additional sites if these equipment are present in the room:

High-touch Room Surfaces[3]	Cleaned	Not Cleaned	Not Present in Room
IV pump control			
Multi-module monitor controls			
Multi-module monitor touch screen			
Multi-module monitor cables			
Ventilator control panel			

Mark the monitoring method used:

☐ Direct observation ☐ Fluorescent gel
☐ Swab cultures ☐ ATP system ☐ Agar slide cultures

[1]Selection of detergents and disinfectants should be according to institutional policies and procedures

[2]Hospitals may choose to include identifiers of individual environmental services staff for feedback purposes.

[3]Sites most frequently contaminated and touched by patients and/or healthcare workers

Reference

CDC

6-2. Environmental Cleaning Evaluation Worksheet

TERMINAL CLEANING

Record results of evaluation for each surface on the check list for every room monitored. Use the following symbols for marking:

O = NOT CLEAN, X = CLEAN, LEAVE BLANK = NOT EVALUABLE *NOTE: use cap letters "X" and "O"*

The percentage of individual surfaces cleaned will be automatically calculated in Sheet 2 (Aggregate Score Sheet).

Please report aggregate scores calculated for each category highlighted in Sheet 2 (Aggregate Score Sheet).

				High Touch I			High Touch II			High Touch III			
Unit	Rm No	Date of Marking (if applicable)	Date of Evaluation	Bed rails	Tray table	IV pole	Call box/ button	Telephone	Bedside table handle	Chair	Rm sink	Rm light switch	Rm inner doorknob
Automatic calculation of Aggregate Scores Across Surfaces and Rooms													
# of Surfaces Cleaned													
# of Surfaces Evaluated													
% of Surfaces Cleaned													
Category: Total # of Surfaces Cleaned													
Category: Total # of Surfaces Evaluated													
Category TDC Score: % of Surfaces Cleaned													

Bathroom Surfaces							Equipment Surfaces					Surfaces Cleaned for Each Room		
BR inner doorknob	BR light switch	BR handrails	BR sink	Toilet seat	Toilet flush handle	Toilet bedpan cleaner	IV pump control	Monitor controls	Monitor touch screen	Monitor cables	Ventilator panel	# Surfaces Cleaned	# Surfaces Evaluated	% of Surfaces Cleaned
												Aggregate TDC Score:		

Reference

CDC

6-3. Infection Control Compliance Rounding Checklist

Compliance Rounding Check List: Infection Control

Date:					
Location:					
Individual(s) performing Compliance Rounds:					
Other individuals present:					
	YES	**NO**	**N/A**	**Action Plan**	**Owner**
Patient rooms appear clean and sanitary; free from clutter and visible debris.					
Alcohol based hand rubs (ABHR) near point of use, in working order, not located over electrical outlets/switches and not expired. Soap dispenser and towels available near sinks.					
Disposable gloves and other PPE located conventient to areas of use.					
Dated supplies within expiration dates.					
Sharps containers less than 3/4 full and located near point of use.					
Clean equipment is stored in clean area, dirty equipment in designated soiled holding areas (i.e. soiled utility rooms).					
Soiled linen is located in contained hampers/bags and not overfilled.					
Area free from visible dust including fire sprinkler heads and vent grills.					
Patient contact surfaces are disinfected between patients.					
Overhead lights free from visible insects, dust and debris.					
Floors coverings appear to be well maintained in halls and public areas.					
Floor finish appears to be well maintained in patient rooms, visibly clean.					
Patient equipment cleaned and disinfected between each patient use.					
Ice machine exterior comonents visibly clean upon inspection.					
Refrigerators clean, maintained per policy.					
Eye wash stations visibly clean, maintained per policy.					
EVS closets clean, orderly. Floor sink cleaned on regular basis.					

Reference

Debbie Hurst, RN, BSN, CHESP, CIC

6-4. EVS Cleaning Checklist

Check List for EVS Cleaning

Locker Rooms/Dressing Areas

Place initials in space when task completed. Return completed forms to Infection Control Dept.

Daily:	Date 12/31 Mon	Date 1/1 Tues	Date 1/2 Wed	Date 1/3 Thurs	Date 1/4 Fri	Date 1/5 Sat	Date 1/6 Sun
Floors							
Uniform Storage							
Lounge furniture							
Rest Room							
Lockers							
Horizontal Surfaces (ledges, counters, window ledges)							
Air Supply and Exhaust Baffles							
Monthly:							
Walls							
Quarterly (and as needed in between)							
Carpet							

Date: _____ Time: _____ Name: _____

Date: _____ Time: _____ Name: _____

Date: _____ Time: _____ Name: _____

Check List for EVS Cleaning

Decontamination Area/Locker Room/Equipment Room:SPS

Place initials in space when task completed. Return completed forms to Infection Control Dept.

Decontam Room, Locker, Equipment Room	Date 12/31 Mon	Date 1/1 Tues	Date 1/2 Wed	Date 1/3 Thurs	Date 1/4 Fri	Date 1/5 Sat	Date 1/6 Sun
Decontamination Area Floor: Sweep & Mop							
Locker Room & Equipment Room: Floors – sweep & mop							
Matts: Remove, sweep & mop and replace							
All doors (include window, push plate)							
Weekly:							
Walls							
Air supply and exhaust vents							
Matts: Wash weekly in cart washer							

Date: _____ Time: _____ Name: _____

Date: _____ Time: _____ Name: _____

Date: _____ Time: _____ Name: _____

Date: _____ Time: _____ Name: _____

Date: _____ Time: _____ Name: _____

Check List for EVS Cleaning

Sterile Area-including outside Locker Room, Report Room

Place initials in space when task completed. Return completed forms to Infection Control Dept.

Daily Sterile Areas	Date 12/31 Mon	Date 1/1 Tues	Date 1/2 Wed	Date 1/3 Thurs	Date 1/4 Fri	Date 1/5 Sat	Date 1/6 Sun
Sterile Area Floors: Sweep & Mop							
Outside Locker Room & Report Room Floors: Sweep & Mop							
Matts: remove, sweep & mop and replace							
Janitor closet in back of Sterile: Sweep & Mop							
All Doors (include window, push plate)							
Water fountain in Sterile							
Clinical Sinks							
Area behind autoclave							
Report Room: Sweep/mop floor, clean horizontal surfaces and air vent							
Offices including windows inside and out							
Equipment Room sweep/mop floo							
Employee Lounge trash/sweep/mop floor							
Unsterile Area directly upon entering dept.							
Weekly:							
Matts-wash in cart washer							
Monthly:							
Ceilings-Sweep with Hepa Vac							
Quarterly:							
Walls-wash down with disinfectant							

Date: _____ Time: _____ Name: _____

Date: _____ Time: _____ Name: _____

Date: _____ Time: _____ Name: _____

Date: _____ Time: _____ Name: _____

Date: _____ Time: _____ Name: _____

Date: _____ Time: _____ Name: _____

Reference

CDC

6-5. Perioperative EVS Survey

Survey

Perioperative Environmental Services Cleaning Staff

Please answer the following:

1. I have the equipment and supplies that I need to perform my job.

◯ Yes ◯ No

Comment: _____

_____

_____

2. I understand what I should do to clean properly in the OR area and how to do it

◯ Yes ◯ No

Comment: _____

_____

_____

3. I have helpful written directions and check lists to assist me in remembering to clean all required areas.

◯ Yes ◯ No

Comment: _____

_____

_____

4. My manager/supervisor/lead EVS staff member is knowledgeable about the Periop Cleaning Policies and is able to help me when I am unsure of how to clean things in these OR areas.

◯ Yes ◯ No ◯ I don't know, I never ask them

Comment: _____

_____

_____

5. I feel that I have been well trained to do my job in the OR areas.

◯ Ye ◯ No ◯ Not sure

Comment: _____

_____

_____

6. I feel that the Periop area where I work is very clean and safe for patients to have surgery in.

◯ Yes ◯ No ◯ Not sure

Comment: _____

_____

_____

Reference

Debbie Hurst, RN, BSN, CHESP, CIC

6-6. Perioperative Terminal Cleaning Checklist

Check List for Terminal Cleaning in Periop Areas OR Room Number: _____

Directions: EVS Staff should initial each task upon completion. Leave checklist in designated area for OR Staff Review

DAILY Terminal Cleaning: At the end of the day **every day** when the area is in use.	**Date:**	**Date:**	**Date:**	**Date:**	**Date:**	**Date:**	**Date:**	**Date:**	**Date:**
1. Horizontal Surfaces (overhead): Lights, booms, Overhead vents, etc.									
2. Horizontal Surfaces (other): Counter tops, tables, shelves, equipment, air supply/ exhaust vents, etc.									
3. Furniture: chairs, stools, telephones, computer keyboards, linen hampers, standing platforms, mayo stands, etc.									
4. Other frequently touched surfaces: including light switches, door knobs/plates, cabinet doors, etc.									
5. Equipment: OR table, buckets, suction machines, etc.									
6. Wheels on stools, carts, equipment, furniture.									
7. Floor: flood floor and wet vacuum or mop with EPA registered hospital disinfectant each night.									
8. Storage cabinets (outside surfaces), supply carts (outside surfaces), computer accessories									
9. Spot Clean "as needed" any visible soiling on walls, windows, ceiling, etc.									
WEEKLY Terminal Cleaning	**Date:**	**Date:**	**Date:**	**Date:**	**Date:**	**Date:**	**Date:**	**Date:**	**Date:**
10. Scrub floors with floor scrubber/auto scrubber.									
MONTHLY Terminal Cleaning	**Date:**	**Date:**	**Date:**	**Date:**	**Date:**	**Date:**	**Date:**	**Date:**	**Date:**
Walls-wash all walls in suite with disinfectant									
Ceilings-wash ceiling surfaces with disinfectant									
Solution Warming Cupboards (blanket warmers, etc.)-clean interior									
Storage cupboards (interior surfaces)									
Windows									

Directions: The EVS staff assigned to the room should sign and initial at the bottom of the page and then initial each task as completed on the date that it is performed. EVS staff can insert notes in the "Comments" section for EVS/OR supervisor review.

Initials: _____ Name: _____

Initials: _____ Name: _____

Initials: _____ Name: _____

Initials: _____ Name: _____

Initials: _____ Name: _____

Reference

Debbie Hurst, RN, BSN, CHESP, CIC

6-7. OR Training Program Outline for Environmental Cleaning Staff

Training Program for Environmental Cleaning Staff: Perioperative Areas including Suites

Objectives

Upon completion, the employees will be able to:

- State 3 fundamental cleaning practices related to cleaning in the OR environment.
- Describe proper attire that should be worn in the restricted area.
- State the areas to be cleaned daily for Terminal Cleaning of the Perioperative room.
- Demonstrate basic skills required for effective and safe environmental cleaning in the operative setting.

Step 1: Begin by reviewing the policies for the OR (highlights)

- Dress Code
- General IC
- Environmental Cleaning

Step 2: Show Training Video "From Top To Bottom: Cleaning Operating & Procedure Rooms" Available for purchase at https://envisioninc.net/series/show/5

Step 3: Discuss video, answer questions

Step 4: In the Periop area, observe staff during performance of duties to assure that they can demonstrate competencies required before being assigned to work independently. New employees should be allowed to shadow and work side by side experienced staff as part of the orientation process.

Step 5: Repeat training and competency validation at least annually.

Reference

Debbie Hurst, RN, BSN, CHESP, CIC

6-8. Section Resources

Additional resources on this section's topics:

Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care
https://www.cdc.gov/infectioncontrol/pdf/outpatient/guide.pdf

Options for Evaluating Environmental Cleaning
https://www.cdc.gov/hai/toolkits/evaluating-environmental-cleaning.html

Environmental Cleaning Evaluation Toolkit
https://www.cdc.gov/hai/pdfs/toolkits/environ-cleaning-eval-toolkit12-2-2010.pdf

Cleaning Up Vomit and Other Unpleasant Tasks
http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/Outbreaks/Documents/cleanup.pdf

Healthcare Laundry Accreditation Council (HLAC) articles and resources on healthcare laundries
http://www.hlacnet.org/articles-reports-presentations

Appendix

APPENDIX
Resources

Government and Regulatory Agencies and Organizations

Agency for Healthcare Research and Quality (AHRQ)
www.ahrq.gov

AHRQ Health Care Innovations Exchange
www.innovations.ahrq.gov

Centers for Disease Control and Prevention (CDC)
www.cdc.gov

Centers for Medicare and Medicaid Services (CMS)
www.cms.hhs.gov

Department of Health and Human Services (HHS)
https://www.hhs.gov

Emerging Infectious Diseases (EID)
www.cdc.gov/ncidod/eid

Environmental Protection Agency (EPA)
https://www.epa.gov/

Food and Drug Administration (FDA)
http://www.fda.gov/

Healthcare Infection Control Practices Advisory Committee (HICPAC)
https://www.cdc.gov/hicpac/

Infection Control Guidelines for Protecting Patients and Healthcare Workers
www.cdc.gov/ncidod/dhqp/guidelines.html

Infection Control in Healthcare Settings
www.cdc.gov/ncidod/dhqp/index.html

Infection Control Guidelines in Healthcare Settings
https://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html

The Joint Commission (TJC)
https://www.jointcommission.org/

Joint Commission National Patient Safety Goals
https://www.jointcommission.org/standards_information/npsgs.aspx

Morbidity and Mortality Weekly Report
https://www.cdc.gov/mmwr/about.html

National Center for Health Statistics
https://www.cdc.gov/nchs/index.htm

National Foundation for Infectious Diseases (NFID)
http://www.nfid.org/

National Healthcare Safety Network (NHSN)
https://www.cdc.gov/nhsn/

National Institute of Allergy and Infectious Diseases (NIAID)
https://www.niaid.nih.gov/

National Institutes of Health (NIH)
https://www.nih.gov/

National Library of Medicine (NLM)
https://www.nlm.nih.gov/

North Carolina Statewide Program for Infection Control and Epidemiology (SPICE)
http://spice.unc.edu/

Occupational Safety and Health Administration (OSHA)
https://www.osha.gov/

OSHA Bloodborne Pathogens Standard
https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

PubMed
https://www.ncbi.nlm.nih.gov/pubmed/

Vaccines and Immunizations
https://www.cdc.gov/vaccines/index.html

APIC Web Sites

APIC
http://www.apic.org/

APIC Chapter Site Links
http://www.apic.org/Member-Services/Chapters

APIC Infographics
http://professionals.site.apic.org/infographic/

APIC Resources
http://www.apic.org/Resources/Topic-specific-infection-prevention

The Certification Board of Infection Control and Epidemiology, Inc. (CBIC)
http://www.cbic.org/

Associations and Organizations

American Association for Respiratory Care (AARC)
http://www.aarc.org/

American Dental Association (ADA)
http://www.ada.org/en

American Medical Association (AMA)
https://www.ama-assn.org/

American Society for Clinical Pathology (ASCP)
https://www.ascp.org/content

American Society for Microbiology (ASM)
http://www.asm.org/

Association for the Advancement of Medical Instrumentation (AAMI)
http://www.aami.org/

Association of periOperative Registered Nurses (AORN)
http://www.aorn.org/

Community and Hospital Infection Control Association - Canada (CHICA - Canada)
http://ipac-canada.org/

Hepatitis Foundation International
http://hepatitisfoundation.org/

Hospital Infection Society (HIS-United Kingdom)
https://www.his.org.uk/

Infection Prevention Society (Incorporating the ICNA)
http://www.ips.uk.net/

Infectious Diseases Society of America (IDSA)
http://www.idsociety.org/Index.aspx

International Federation of Infection Control (IFIC)
http://theific.org/

Medical Laboratory Observer (MLO)
https://www.mlo-online.com/

National Association for Home Care and Hospice (NAHC)
http://www.nahc.org/

Organization for Safety & Asepsis Procedures: A Global Dental Safety Organization
http://www.osap.org/

Society for Healthcare Epidemiology of America (SHEA)
http://www.shea-online.org/

World Health Organization (WHO)
http://www.who.int/en/

Epidemiology

National HIV/AIDS Clinicians' Consultation Center
http://nccc.ucsf.edu/

The World-Wide Web Virtual Library: Medicine and Health: Epidemiology
http://www.epibiostat.ucsf.edu/epidem/epidem.html

Tuberculosis

CDC Tuberculosis Website
https://www.cdc.gov/tb/

CDC TB Guidelines
https://www.cdc.gov/tb/publications/guidelines/default.htm

Disinfection, Sterilization and Endoscopy

Sterilization and High-Level Disinfection Toolkit
http://www.ascquality.org/sterilizationhighleveldisinfectiontoolkit.cfm#assessment

American Society for Gastrointestinal Endoscopy (ASGE)
https://www.asge.org/

Disinfection and Sterilization: Dr. William Rutala's Homepage
http://disinfectionandsterilization.org/

Society of Gastroenterology Nurses and Associates (SGNA)
https://www.sgna.org/

Construction and Facilities Management

American Institute of Architects
https://www.aia.org/

Facilities Guidelines Institute (FGI)
http://fgiguidelines.org/index.php

Water Quality Association
https://www.wqa.org/

Food Safety; Hand Hygiene; Healthy Home Environment; Health

CDC - An Ounce of Prevention: Keeps the Germs Away
https://www.cdc.gov/ounceofprevention/

FDA: Consumers Food Safety and Nutrition Information and Campaigns (CFSAN)
http://www.fda.gov/Food/ResourcesForYou/Consumers/default.htm

Gateway to Government Food Safety Information
https://www.foodsafety.gov/

Medscape
http://www.medscape.com/px/urlinfo

APPENDIX
Acronyms

Organizations

AAAASF
American Association for Accreditation of Ambulatory Surgery Facilities

AAAHC
Accreditation Association for Ambulatory Health Care

AAMI
Association for the Advancement of Medical Instrumentation

ADA
American Dental Association

AHA
American Hospital Association

AHCA
Agency for Healthcare Administration

AHE
Association for the Healthcare Environment

AORN
Association of periOperative Registered Nurses

APIC
Association for Professionals in Infection Control

ASHCSP
American Society for Healthcare Central Service Professionals

ASHE
American Society for Healthcare Engineering

ASM
American Society for Microbiology

AVA
Association for Vascular Access

CAP
College of American Pathologists

CBIC
Certification Board of Infection Control and Epidemiology

CDC
Centers for Disease Control and Prevention

CHICA
Community and Hospital Infection Control Association

CMS
Centers for Medicare & Medicaid Services

COLA
Commission on Laboratory Accreditation

CRNA
Certified Registered Nurse Anesthetists

DNV
Det Norske Veritas

DPH
Department of Public Health

EES
Employee Education System

EPA
U.S. Environmental Protection Agency

FDA
U.S. Food and Drug Administration

HHS
U.S. Department of Health & Human Services

HICPAC
Healthcare Infection Control Practices Advisory Committee

HLAC
Healthcare Laundry Accreditation Council

IAHCSMM
International Association of Healthcare Central Service Materiel Management

IFH
International Scientific Forum on Home Hygiene

IFIC
International Federation of Infection Control

IHI
Institute for Healthcare Improvement

INS
Infusion Nurses Society

IPS
Infection Prevention Society

NHSN
National Healthcare Safety Network

NIH
National Institutes of Health

NPSF
National Patient Safety Foundation

NRIC
National Resource for Infection Control

OSAP
Organization for Safety, Asepsis and Prevention

OSHA
Occupational Safety and Health Administration

SHEA
Society for Healthcare Epidemiology of America

SHM
Society of Hospital Medicine

TJC (JCAHO)
The Joint Commission

WHO
World Health Organization

Industry-specific terms

A. baumannii
Acinetobacter baumannii

ACH
Air changer per hour

AIIR
Airborne infectious isolation room

ASC
Ambulatory surgical center

CRE
Carbapenem-resistant Enterobacteriaceae

CA
Community acquired

CAUTI
Catheter-associated urinary tract infection

CfCs
Conditions for Coverage

CLABSI
Central line-associated bloodstream infection

C. difficile/C. diff
Clostridium difficile

CNA
Certified Nursing Assistant

CRNA
Certified Registered Nurse Anesthetist

CRST
Certified Registered Service Technician

EOC
Environment of care

HAI
Healthcare-associated Infection (hospital-associated infection)

HVAC
Heating, ventilation, and air conditioning

ICC
Infection control committee

ICP (IP)
Infection prevention and control

ICRA
Infection control risk assessment

ICU
Intensive care unit

IP
Infection preventionist

IRF
Inpatient rehabilitation facility

LTAC
Long-term acute care

LTCF
Long-term care facility

MDRO
Multidrug resistant organism

MEC
Medical executive committee

MRSA
Methicillin-resistant Staphylococcus aureus

OPIS
Outpatient infusion services

OR
Operating room

QAPI
Quality Assurance and Performance Improvement

SSI
Surgical site infection

VRE
Vancomycin-resistant Enterococcus

TB
Tuberculosis

VAE
Ventilator-associated event

VAP
Ventilator-associated pneumonia

Forms & Checklists for Infection Prevention, Volume 1 is a convenient collection of infection prevention tools for key operations, process, and reporting activities. Assembled from a wide range of resources, the book is organized into six sections: IP programs, IP education, surveillance, precautions, performance improvement, and environment of care.

Content includes:

- Orientation tools and position descriptions
- Data collection and analysis tools for investigations
- Needs assessments, gap and root cause analyses, and action plans
- Performance improvement tools
- Cleaning and rounding checklists including staff training
- And more!

This book includes additional links to background materials in individual sections and a Resources Appendix.

APIC
Spreading knowledge.
Preventing infection.®

The Association for Professionals in Infection Control and Epidemiology (APIC) published this book in its continuing effort to further its mission, vision, and reach and to create a safer world through the prevention of infection. The association's more than 15,000 members direct infection prevention programs that save lives and improve the bottom line for hospitals and other healthcare facilities. APIC advances its mission through patient safety, implementation science, competencies and certification, advocacy, and data standardization.

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