SERENITY CARE PACE

Infection Control Overview

Cross Reference: OSHA and CDC

PURPOSE

To provide a safe environment for participants, staff, volunteers, and visitors accessing Serenity Care PACE.

POLICY

Serenity Care PACE will ensure a safe environment by:

- Promoting timely identification, analysis, and reporting of incidence and cause of selected healthcare acquired infection.
- Identifying participants at high risk for infections.
- Maintaining sufficient surveillance activities and data analysis to control the spread of infectious diseases or organisms.
- Preventing and thereby reducing the occurrence of potentially avoidable healthcare acquired infections.
- Concurrent review, analysis, and application of existing regulations, standards, and/or guidelines of applicable professional organizations and governmental agencies.
- Providing staff education related to infection prevention, control, and epidemiology upon hire and at least annually thereafter. , volunteers, and visitors by supporting the staff in all areas of the facility when appropriate, by minimizing occupational hazards associated with the delivery of health care, and by fostering scientific-based decision making.

PROCEDURE

I. Authority and Responsibility

A. The responsibility, authority and effectiveness of the Infection Control Program rest with the Infection Control Officer and Committee. In order to achieve maximum effectiveness, the Infection Control Policy and Procedure Manual shall have the support of the Administration, Medical Staff, and all of the Health Care workers within the organization.

B. The Infection Control Committee consists of the QI Coordinator, Compliance Officer, PACE Director, and Director of Ancillary Services and consults with the Medical Director. The Infection Control Committee has the authority to institute any surveillance, prevention and control measures or studies within the organization.

II. Coordination and Integration

A. Coordination and Integration is the responsibility of the Infection Control Committee. The Committee meets quarterly and reviews and discusses all findings from data analysis.

B. The Infection Control Committee is available to all staff to support and educate all areas as a resource. These individuals communicate and work with other committees and program departments on an on-going basis.

III. Scope of Services

A. Surveillance, prevention, and control efforts are the responsibility of all employees.

B. The Infection Control Committee, with the support of administration manages, the process.

IV. The Infection Control Program Major Elements

A. Infection Surveillance

a. The purpose of Infection Control Surveillance is to establish and maintain a database that describes the occurrence and distribution of healthcare acquired infections and the dissemination of the data to clinicians. Further, the goal of surveillance is to use infection control data to prevent infections.
b. The Infection Control Committee approves the type and scope of surveillance activities, to include:
    i. Review of participant infections, as appropriate, to determine whether an infection is healthcare acquired, using definitions and criteria, approved by the Infection Control Committee.
    ii. Review is directed to surveillance data, when available, with particular attention to unusual clusters or excessive rates of infections or any repetitive cluster.
    iii. Review of designated microbiological reports.
    iv. Identification of specific risks for healthcare acquired infection for participants undergoing specific procedures and/or interventions.
c. Three types of surveillance strategies are used within the system to assist with identification of healthcare acquired infections and determine if control measures are indicated. Categories of infections monitored are based on historical data, physician request, and problems identified and/or recent investigations.
    i. **Priority-driven targeted surveillance** (may be conducted for specific units or areas, specific patient populations, or specific procedures)
    ii. **Problem-oriented surveillance** (Outbreak response)
    iii. **Focus studies** (may be conducted for investigation of single case of epidemiological importance, new or changed procedures or outcomes comparison, as well as investigative activities associated with sentinel events and major injuries).

B. Infection Prevention and Control

a. The Infection Control Committee, having evaluated the results of surveillance activities or special investigations and in consideration of the further potential for healthcare acquired infection among participant and program personnel, approves actions to prevent or control such infection (including Infection Control Policy and Procedure).
b. The Committee representatives will give regular input to the evaluation of participant care items, employee health practices, and policy and procedure through service on committees and/or teams.
c. Timely reporting of communicable diseases or employee exposure as mandated by government guidelines and/or regulatory agencies.
d. Control measures are initiated as appropriate and when clusters of infections in participants or employees are identified by surveillance activities or physician referral. Examples include participant placement in isolation, outbreak

investigation, disinfection of the environment, identification and elimination of common source and reinforcement of barrier precautions.

C. Education

- **a.** All staff within the organization are educated on Infection Prevention and Control upon hire and annually thereafter.
- **b.** Participants are educated on basic infection control measures upon enrollment and during scheduled assessments.

D. Consultation

a. The Infection Control Program provides knowledge and guidance in basic epidemiology and infection prevention and control.
b. The Infection Control Committee shall provide consultation on matters relative to infectious disease prevention and control, to all departments and services.

E. Policies, Procedures, and Practice Monitoring

a. As part of the ongoing Infection Control Plan, members of the Infection Control Committee shall participate in the development of new policies and procedures that have infection control implications toward participants care.
b. The Infection Control Committee shall also work with departments and services to review existing policies and procedures on a regular basis and as needed.
c. The Infection Control Committee shall also participate in the monitoring of participant care practices.
d. Policies and procedures will follow evidence-based practices and current regulatory guidelines.
e. The scope of services provided by the Infection Control Committee as a part of this function includes, but is not limited to:
    i. Membership on selected participant care and QI committees.
    ii. Collaborative review of site/department specific infection control policies will be conducted on a regular basis with integration of pertinent regulatory requirements, accreditation standards, guidelines, and current infection prevention and control practice.
    iii. Developing or assisting departments and services to develop checklists or tools used to monitor the infection control aspects of participant care.
    iv. Monitoring adherence to infection control policy and procedure practices while in program departments and nursing care areas.

F. Environment of Care

a. Maintaining an environment that minimizes the risk of infection transmission among participants, healthcare workers, and others in the healthcare setting is an important element of the overall Infection Control Plan.
b. The Infection Control Committee shall work closely with all departments and services to identify and correct risks associated with the physical plant, equipment, and supplies.
c. Infection Control participation includes, but is not limited to:
    i. Assisting with the selection and placement of equipment and products that impact infection control in participant care areas.

ii. Development or review of policies, procedures and practices for cleaning, disinfection or sterilization of instruments, surfaces, or equipment in the health care setting.
iii. Selection of appropriate disinfecting agents.
iv. Assistance with the evaluation and procurement of personal protective equipment for compliance with standard precautions guidelines and regulatory guidelines.
v. Evaluation of safety devices or engineering controls that may reduce the risk of disease transmission.
vi. The Infection Control Committee shall monitor compliance with the handling of infectious waste and linen.
vii. Periodic environmental rounds shall be made within all system facilities to assess the adequacy of practices with timely feedback to the PACE Director.
viii. The Infection Control Committee will work with departments to develop contingency plans that have an impact on infection prevention and control.
ix. The Infection Control Committee will work with Food and Nutrition Services to ensure that food preparation, handling and storage are safe.

V. Annual Evaluation of Program

A. The Infection Control Committee evaluates, revises as necessary, and approves the type and scope of surveillance activities by reviewing:
    a. Healthcare acquired infection data.
    b. Effectiveness of prevention and control strategies.
    c. Services instituted as well as other procedures, priorities or problems identified in the past year.
B. Annual evaluation is reflected in the Infection Control Summary Reports.
C. Annual reports of Infection Control Surveillance and control activities as well as goals accomplished are presented to the QI Committee each year for action and strategic planning.
D. Objectives for the Surveillance, Preventions and Control Plan are established annually.

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