Infection Control

STANDARDS FOR INFECTION CONTROL PROGRAM

1. **Purpose:** This procedure provides guidelines for a hospital wide infection control program.

2. **Policy:** Effective measures are developed to prevent, identify and control infection acquired in the hospital or brought into the hospital from the outside.

3. **Training Requirements:** Administrative staff, Unit Directors, Unit Nurse Managers, Hospital Infection Control Nurses, and Unit Infection Control Nurses will be trained on this operating procedure upon hire into the position during Worksite Education and by their supervisor each time the operating procedure is revised.

4. **References:**
   
   b. Florida Administrative Code, Chapter 64D-3 Control of Communicable Diseases and Conditions which may significantly Affect Public Health.
   
   c. Surveillance, Prevention, and Control of Infection, Florida Administrative Code, Chapter 59A-3.
   

5. **Procedure:**
   a. **Required elements of the program:**
      
      (1) Definitions of nosocomical infections for surveillance purposes, to provide for early, uniform identification and reporting of infections, and to determine pertinent infection rates.

      (2) A practical system for reporting, evaluating, and maintaining records of infections among residents and personnel. This system includes assignment of responsibility for the ongoing collection and analytical review of data as well as required follow-up.

      (3) Ongoing review and evaluation of all aseptic, isolation, and sanitation techniques employed in the hospital. Such techniques are defined in written policies and procedures.

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This operating procedure supersedes: Operating Procedure 153-5, dated March 11, 2008

**Office of Primary Responsibility:** Quality Assessment and Planning/Infection Control

**Distribution:** Florida State Hospital Computer Network Users
(4) Written policies defining the specific indications for isolation requirements in relation to the medical condition involved.

(5) Provisions to assure that the quality of care, including nursing care and the use of monitoring and other special equipment, is not compromised for any resident whose condition requires isolation.

(6) Preventive, surveillance, and control procedures that relate to the inanimate hospital environment, including sterilization and disinfection practices, central services, housekeeping, laundry, engineering, maintenance, food sanitation, and waste management. Such procedures are evaluated on a continuing basis and revised as necessary.

(7) Provisions for all necessary laboratory support, particularly microbiological and serological.

(8) Participation in the content and scope of the employee health program.

(9) Orientation of all new employees, including information regarding the importance of infection control and personal hygiene, as well as the new employees’ responsibility in the program.

(10) Documented in-service education is provided for all departments/services relative to infection prevention and control.

(11) Coordination with the medical staff on action relative to the findings from the regular evaluation of the clinical use of drugs.

(12) There are specific written infection control policies and procedures for all services (including ancillary departments) throughout the Hospital.

(13) Written policies and procedures pertaining to the elements of the infection control program.

(14) Provide consultation regarding the purchase of supplies used for sterilization, disinfection, and decontamination of the environment.

(15) Ongoing monitoring to insure program compliance with Joint Commission on Hospital Accreditation (JCAHO) standards, Centers for Disease Control and Prevention (CDC) Guidelines, Federal, State, and Department of Children and Families Standards and Criteria.

b. Hospital Infection Control Committee: Responsibility for monitoring the infection control program is vested in a multidisciplinary hospital-wide committee.

(1) The chairperson of the Infection Control Committee is an individual whose credentials document knowledge of and special interest or experience in infection control.

(2) Membership on the Infection Control Committee includes representation from the Medical Staff, Nursing Staff, Hospital Administration, Laboratory, Dental Service, Pharmacy Department, Sanitation, Food Service, Housekeeping, Maintenance, the Hospital Infection Control Nurse, Hospital Environmental Specialist and Risk Management.
(3) The Committee meets every other month on a regular basis and on an emergency basis as called by the chairperson.

(4) Written minutes of all committee meetings are maintained and made available to Hospital Administrator, Assistant Hospital Administrators, Hospital Clinical Director, Medical Staff, and Nursing Administration.

(5) The Infection Control Committee reports its findings and recommendations to the medical staff (through the executive committee), Hospital Clinical Director, and Nursing Administration.

(6) The Committee recommends corrective action based on records and reports of infections and infection potential among residents and hospital personnel.

(7) The Committee will approve of new infection control operating procedures and review current procedures at least annually and revise as necessary.

(8) The Infection Control Committee has the authority through its chairperson or physician members to institute any appropriate control measures or studies deemed necessary when there is considered to be a potential danger to any resident or personnel.

c. Hospital Infection Control Nurse: Planning, monitoring, evaluating and implementation of the daily operations of the Hospital Infection Control Program is the responsibility of the Hospital Infection Control Nurse.

(1) The Hospital Infection Control Nurse reports directly to the Human Services Program Administrator for Quality Assessment and Planning.

(2) The role of the Hospital Infection Control Nurse involves every Unit/Department within the hospital; and therefore, in emergency situations, the position has direct access to the Hospital Clinical Director and Hospital Administrator.

(3) The Hospital Infection Control Nurse has the authority to do surveillance, report and investigate illnesses and conduct inspections for sanitation and infection control purposes. In the absence of a physician, the Hospital Infection Control Nurse may order isolation procedures and cultures in all suspected infections and initiate control measures, observe aseptic techniques, and intervene if major breaks in techniques are observed. This includes identifying deficiencies and making written recommendations to the administration for corrective actions.

(4) The Hospital Infection Control Nurse is responsible for:

   (a) Development of the generalized Master Infection Control program for the hospital.

   (b) Overseeing and participates in the development and interpretation of the medical/nursing standards and operating procedures.

   (c) Coordinating studies to evaluate professional program effectiveness hospital-wide to assure compliance with current resident care standards.
(d) Making administrative reviews of supervisory staff reports, unit activities and programs to assure compliance with current resident care standards.

(e) Consulting with District Headquarters and Centers for Disease Control and Prevention staff on matters affecting overall operations of the facility.

(f) Serving as consultant to the facility administrator and professional staff committees.

(g) Coordinating Hospital Communicable Disease Control Program (i.e., Tuberculosis, Hepatitis, AIDS, STD).

(h) Coordinating the Hospital Epidemic Control Program.

(i) Systematically reviewing and personally inspecting hospital facilities to ensure compliance and report results.

(j) Administering the activities of surveillance, data collection, evaluation and reporting of endemic levels of common illnesses and communicable diseases.

(k) Evaluating infection control program efficiency and effectiveness and implementing changes as necessary.

(l) Planning in conjunction with Staff Development and Unit Personnel in-service programs related to infection control.

(m) Consulting with hospital nursing staff and other personnel on all matters pertaining to infection control.

d. **Unit/Department Infection Control:**

   (1) The Unit/Department Director is responsible to ensure that an active, effective infection control program is carried out.

   (2) The nurse administrator in each residential unit is responsible for the planning, monitoring, evaluating and implementation of the daily operations of the residential Unit Infection Control Program.

   (3) The unit nurse administrator is responsible for assessment and coordination of in-service needs related to Infection Control with input from the Unit Infection Control Nurse.

   (4) A registered nurse in each unit will be designated as the Unit Infection Control Nurse.

e. **Unit Infection Control Nurse:** The Unit Infection Control Nurse is responsible for:

   (1) Serving as member on the Unit Infection Control Nurses Committee.

   (2) Ongoing surveillance in the unit for the prevention, control, and reporting of infections.
(3) Participating in environmental rounds with Hospital Infection Control Nurse and assist with implementing resulting recommendations.

(4) Providing technical assistance during time of outbreaks and/or epidemics and investigation of certain infection control problems.

(5) Providing daily information to the Hospital Infection Control Nurse by copy of the Unit Daily Infection Control Report, by phone any unusual occurrences, and Unit Monthly Infection Control Reports.

(6) Reporting observed unit education and training needs to unit nurse administrator.

f. Unit Infection Control Nurses Committee: Responsibility for planning, coordination, and providing input into all functions related to infection control to insure the continuous and effective quality of the hospital infection control program.

(1) The chairperson of the Unit Infection Control Nurses Committee is the Hospital Infection Control Nurse.

(2) Membership of the Unit Infection Control Nurses Committee will be the Unit Infection Control Nurse from each residential/medical unit. Nursing Consultants from Quality Assessment and Planning/Infection Control, and a representative from Staff Development will serve on the committee in a consultative role.

(3) The committee meets monthly and on an emergency basis as called by the chairperson.

(4) Written minutes of all committee meetings are maintained and made available to the Human Services Program Administrator for Quality Assessment and Planning, Assistant Hospital Administrators, Unit Directors, Unit Nurse Administrators, and Chairperson of the Hospital Infection Control Committee.

(5) Assume responsibility for continuous surveillance and maintenance of infection control standards.

(6) Identifies educational and training needs related to infection control.

(7) Accountable to the Human Service Program Administrator for Quality Assessment and Planning, Chairperson of the Hospital Infection Control Committee, Hospital Clinical Director, and Hospital Administrator.

(Signed original on file in Central Health Information Services)

DIANE R. JAMES
Hospital Administrator

SUMMARY OF REVISED, ADDED, OR DELETED MATERIAL
This procedure was reviewed and there were no revisions made in the content.