

HEALTHWEST

PROCEDURE

No. 07-012

Revised by:

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Environment of Care Committee

Subject: Infection Control and  
Prevention Plan

Approved by:

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Julia Rupp, Executive Director

I. PURPOSE

This plan establishes procedures for surveillance, prevention, and control of infection within the agency. It includes those responsible for identifying, reporting, and remediating infections.

II. APPLICATION

All individuals involved in services at HealthWest.

III. DEFINITIONS

- A. Prevention  
Mechanisms designed to reduce probability of an individual acquiring an infection.
- B. Control  
Activities designed to hinder the transmission of identified infections.
- C. Surveillance  
Continuous scrutiny of all aspects of occurrence and transmission of infection.
- D. Identification  
A set of definitions and criteria or mechanisms designed to support the Infection Control Process.
- E. Remediation  
An act or process concerned with reducing the rate of infections.
- F. Nosocomial Infection  
An infection acquired during treatment in the Health Care Organization.
- G. Community Acquired Infection  
Any infection/infestation which was present or incubating or which the individual was exposed to prior to admission, on an outing or leave of absence, or which the physician

determines to be community-acquired, including those which are chronic, recurrent or the result of non-compliance with medical therapy.

H. Infectious Disease Process

A process that involves Invasion, Incubation, and Infection. An infectious disease occurs when all of these are present: a pathogen, sufficient quantity of the pathogen, an entry site, and susceptibility.

IV. PROCEDURE

A. All staff of each site/service participating in infection control and prevention activities will implement the following:

1. Measures that are scientifically valid and applicable to all sites and are practical to implement.
2. An understanding of the relationship between employee activities and the infection prevention and control plan.
3. Numerous methods to reduce the risk of transmission of infection among staff and individuals receiving services.
4. Appropriate individual care practices, sterilization, disinfection, antisepsis and pertinent environmental controls.
5. Educational and consultative roles of Infection Control Practitioner.

B. Brinks Crisis Residential Services

1. Events to be surveyed include: Individual infection (nosocomial)
2. Data will be collected by using agency form Q002 (Attachment # 1)
3. Method for calculating and analyzing the rate of individual infections at Brinks is as follows:

$$\frac{\text{Numbers of infections/month}}{\text{Total number of individuals receiving services/month (census)}} \times 100$$

4. The Infection Control Practitioner (ICP) will compare the above rates of infection quarterly with benchmarks and significant findings will be reported to the Environment of Care Committee (EOC), the Medical Director, and the Executive Director.
5. This data will be used to improve outcomes related to individual care and improve the methods for surveillance, prevention, and control of infections.

C. Non-Residential Services

1. Events to be surveyed include individuals receiving services identified as having an infectious and/or potentially infectious/communicable disease.
2. Data will be collected by using HealthWest form Q002. (Attachment # 1)
3. The method for calculating will be the same as above in Section B.
4. Data collected shall be analyzed and interpreted quarterly by the Infection Control Practitioner (and the Medical Director if appropriate).
5. Data analysis shall be used to improve outcomes of care, surveillance, prevention, and control of infections.

D. Maintenance and Housekeeping

1. Agency sites shall be surveyed for cleanliness and the availability of cleaning and disinfecting agents, at least every six (6) months by the Site Safety Officers.
2. Data collected shall be analyzed and interpreted quarterly by the Infection Control Practitioner (and the Medical Director if appropriate), and reported to the EOC Committee.
3. Analysis of problem areas identified will be used to improve housekeeping and maintenance practices.

E. Employee Health Activities

1. Employees will be oriented to Infection Control practices appropriate to each individual's job duties. All employees will receive Infectious Disease training within (ten) 10 days of assignment. Employees will be educated in Universal Precautions and offered the Hepatitis B protection according to Policy # 07-003.
2. Employees shall be tested for Tuberculosis (TB) prior to employment.
3. Employees of Brinks Crisis Residential Services will be tested every three (3) years for TB. All other employees will be offered the option of testing on an every three (3)-year basis according to Procedure # 07 005.
4. Employees who display obvious symptoms of a potentially acute infection/communicable disease may be requested by their supervisor to seek medical evaluation and treatment. In the absence of physician release, Center for Disease Control (CDC) guidelines (located in the Infection Control Manual) will be used to determine if work restrictions are needed.

F. Education for Individuals Receiving Services

1. Individuals will be educated by staff in Infection Control procedures and encouraged to use them according to their ability to comprehend and

implement same. This may be done through classroom trainings, individual education, or written materials. This activity will be documented in the individual's record.

2. Individuals will be supervised by staff to assure/assist them in carrying out the principles of Infection Control when needed.

G. This procedure will be reviewed annually by the Infection Control Practitioner and the EOC Committee. Revisions will be made as needed.

V. ATTACHMENT

HealthWest Form # Q002, Environmental Hygiene Survey

VI. REFERENCES

Center for Disease Control (CDC)  
Occupational Safety and Health Administration (OSHA)  
Joint Commission on Accreditation of Health Care Organizations (JCAHO)  
Association of Professionals in Infection Control and Epidemiology (APIC)  
Commission on Accreditation of Rehabilitation Facilities (CARF)

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