

**INFECTION CONTROL PLAN
POLICIES AND PROCEDURE MANUAL-
BHIP ADDENDUM TO SYSTEM IC PLAN**

POLICY #:	
SUBJECT: Broward Health Imperial Point Infection Control Program (BHIP) Addendum	Addendum Effective: 4/2022 BHIP IC PLAN: 4/2022
PURPOSE: Broward Health Imperial Point (BHIP) has developed and implemented an effective Infection Control Program for the surveillance, prevention and control of infection.	BHIP IC PLAN DATE REVIEWED:
SPONSOR: Epidemiology	BHIP IC PLAN REVISED: 4/2022
APPROVED BY: _____ Chairman, Infection Control Committee _____ Chief Executive Officer, BHIP _____ Chief Nursing Officer, BHIP	ADDENDUM APPROVED FOR USE AT BHIP

PURPOSE:

The Infection Control Plan is a system-wide interdisciplinary team approach that uses evidence-based guidelines and methodologies to identify, reduce, prevent, and control healthcare associated infections. A risk assessment is completed at least annually to identify priorities that will mitigate the acquisition and transmission of infections and communicable diseases among patients and staff.

The Infection Control plan is an integral part of the quality and patient safety program and contributes to the organizational effectiveness through its commitment to improve outcomes and processes associated with the delivery of healthcare.

This is the BHIP specific addendum to the plan.

SCOPE:

This applies to Broward Health Imperial Point healthcare workers (employees, allied healthcare practitioners, students, and volunteers), contractors, patients and visitors.

POLICY:

The infection prevention and control plan include but is not limited to:

- Define activities to minimize, reduce or eliminate the risks of infection based upon the needs of the population.
- Establish the Infection Control plan and evaluate effectiveness annually.
- Report to external organizations as required by law.
- Investigate outbreaks, institute control measures and report to leadership.

PROGRAM ADMINISTRATION:

The Infection Prevention and Control program is under the guidance of the Broward Health Leadership. The responsibility for monitoring the Infection Control program is vested in the System Infection Control Committee (ICC), through its chairperson, members and Infection Control Director.

INFECTION CONTROL COMMITTEE – (ICC):

The ICC functions as the central decision and policy making for the Infection Control program. It provides support, guidance and oversight for relevant activities including limiting unprotected exposure to pathogens throughout the organization by using standard precautions, enhancing hand hygiene, and minimizing the risk of transmitting infections associated with procedures, the use and reprocessing of medical equipment, and devices. ICC reviews surveillance data and makes recommendations, reviews and approves policies and procedures related to infection prevention, approves the annual surveillance plan and forwards to leadership for final approval. The ICC meets regularly and as needed according to the organization's bylaws. A summary of the committee meeting with recommended actions (minutes) is forwarded to leadership and/or appropriate committee for review and approval.

POPULATION SERVED:*Patient Population Served:*

All age categories from infants to geriatric with the vast majority of the patients in the adult and geriatric age groups. • Patients' health status ranges from healthy (self-care) to critically ill and represent a full range of dependence on health resources including specialized services i.e., Cancer, Ophthalmology, etc. • Local, national and international patients from private residences, acute care facilities, nursing homes, extended care, rehabilitation, progressive care, and correction facilities. • Care is provided regardless of socioeconomic backgrounds, ability to pay, education level and cultural background.

BHIP offers a wide range of emergency, inpatient and outpatient services. Admitted patients have demographics which may influence their risk for infections, such as Tuberculosis, HIV, Hepatitis, sexually transmitted diseases, Vector-borne infections, Multi Drug Resistant Organisms (MDRO's) and emerging pathogens.

GOALS:

The goal of the Infection Control program is to reduce the risk of acquiring and transmitting health care associated infections. Families, patients, and visitors are encouraged to participate in the infection control program, including cough etiquette, hand hygiene, and prevention of surgical site infections. Priorities and goals are identified by the ICC based on the result of a

comprehensive risk assessment, annual appraisal of the program, results of surveillance and monitoring activities. Priorities and goals are based on probability of condition occurring, risk (health, financial, legal and regulatory), organization preparedness and this is reviewed at least annually.

OBJECTIVES:

The objectives of the Infection Control program include but are not limited to the following

- Identify and prioritize infection risk and develop strategies to prevent transmission of infection.
- Establish surveillance activities, monitor technique and practices, and provide recommendations based on the analysis of data and nationally approved standards.
- Communicate pertinent infection control performance improvement findings, identified problems and recommendations to the appropriate department, individuals, and committees.
- Minimize risk of transmission of infections associated with the use of equipment, and medical devices.
- Review sterilization and disinfection practices, monitoring, and documentation.
- Limit unprotected exposure to pathogens throughout the facilities.
- Promote/monitor hand hygiene.
- Assist the Employee Health program and Workers Compensation Program, as needed.
- Provide infection prevention education to staff, as needed.
- Comply with all infection control regulatory agencies requirements.
- Monitor and report communicable diseases to the local Health Department
- Provide Infection Control consultation during demolition, construction, renovation projects and collaborate with the Environment of Care Committee
- Formulate, update IC policies and procedures.
- Participate in the Antimicrobial Stewardship Program.

SURVEILLANCE AND MONITORING ACTIVITIES:

Monitoring activities are based on regulatory requirements

Surveillance Definitions – NHSN case definitions are used to ensure accurate and consistent statistics. These definitions are published annually and include surgical site infections, blood stream infections, central line associated blood stream infections, catheter associated urinary tract infections, and ventilator associated events.

1. Surgical Site Infections (SSI's)

Focused Surgical Site Infection surveillance is performed based upon the goals of the facility.

2. Device Associated Infections – (Outcomes and Processes)

Device associated infections are monitored monthly, as appropriate

- Central Line Associated Blood Stream Infections (CLABSI)
- Catheter Associated Urinary Tract Infections (CAUTI)
- Ventilator Associated Events (VAE) Reinstated in July 2022

3. Laboratory-based Surveillance - (community acquired/hospital acquired)

Monthly surveillance based upon NHSN requirements will include Methicillin-resistant Staphylococcus aureus Bacteremia (MRSA) and Clostridium difficile, as appropriate

4. Target Surveillance

Target Surveillance is based upon the facilities goals and may include:

- Surgical Outcomes
- Employee Infections
- Multi-Drug Resistant Organisms (MDROs)

5. Outbreak Investigation

An investigation will be conducted whenever an outbreak is suspected. Outbreaks are investigated following a systematic approach. Actions may include:

- establish the severity of the problem
- review program and procedures
- institute control and prevention measures
- provide appropriate training as needed
- communicate to Leadership, Risk Management, and Health Authorities as required

6. Monitoring the following activities per facilities goals:

- Hand Hygiene
- Device Bundles
- Isolation
- Sterilization and High-Level Disinfection
- Immediate Use Steam Sterilization (IUSS) and biologicals monitoring
- Influenza Vaccine
- Emerging Pathogens
- Infection Control Standards
- Safe Injection Practices
- Renovation and Construction Projects
- Tuberculosis
- Covid-19 HCW vaccination

Infection Prevention and Control Program is to prevent infections from occurring in patients, visitors, physicians and employees. The following strategies have been implemented to achieve our goals and objectives based on evidence-based national guidelines from relevant organizations (CDC, APIC, SHEA).

1. Standard Precautions

Standard Precautions represent the minimum infection prevention measures that apply to all patient care, regardless of suspected or confirmed infection status of the patient in any setting where healthcare is delivered. Standard Precautions include:

- Hand Hygiene.
- Use of Personal Protective Equipment (e.g., gloves, gowns, facemasks), depending on the anticipated exposure.
- Respiratory Hygiene and Cough Etiquette.
- Safe Injection Practices.
- Safe handling of potentially contaminated equipment.

- Cleanliness of the facility and patient environment.

2. Hand Hygiene

Continues to be the most important practice for the Infection Control and the Patient Safety Program.

Designated trained observers monitor hand hygiene compliance. Compliance is reported to leadership. Implement electronic audit tool.

3. Transmission-Based Precautions

Transmission-Based Precautions are intended to supplement Standard Precautions in patients with known or suspected colonization or infection of highly transmissible or epidemiologically important pathogens. For diseases that have multiple routes of transmission, a combination of Transmission-Based Precautions may be used. Whether used singularly or in combination, they are used in addition to

Standard Precautions. The three categories of Transmission-Based Precautions include:

- Contact Precautions
- Droplet Precautions
- Airborne Precautions
- Enhance Precautions

4. Implementation and Monitoring of best practices for device associated infections (bundles and checklists).

Incorporate recommendations from the following regulatory agencies: The Joint Commission (TJC), Institute for Healthcare Improvement (IHI), Association for Professionals in Infection Control and Epidemiology (APIC), Infectious Diseases Society of America (IDSA) Compendium, Association of perioperative Registered Nurses (AORN) and Occupational Safety and Health Administration (OSHA), Florida Department of Health, Centers for Disease Control and Prevention (CDC), National Healthcare Safety Network (NHSN), Center for Medicare and Medicaid Services (CMS).

5. Tracking and trending of multiple drug resistant organisms (Antimicrobial Stewardship Program)

Multiple drug resistant and epidemiologically significant organisms are included in the surveillance program. Trending MDROs is part of the Antimicrobial Stewardship Program.

6. Education

Ongoing education and training of staff is a requirement. Education is provided on hire and annually through Computer Based Learning (CBL) system and as needed.

7. Disinfection and Sterilization of reusable medical equipment

Evidence-based national guidelines, best practices, and adherence to manufacturer recommendations are used in disinfection/sterilization processes. Single use devices are disposed of after each patient use.

8. Employee Health Program

The Employee Health Program includes recommendations for screening and immunizations to reduce the risk of infection to employees.

- Annual Seasonal Influenza Vaccination Program
- Tuberculosis Surveillance (initial and annual TB testing program) Determination of risk for TB is based upon the Center for Disease Control (CDC) standards
- Exposure Management Program, Employee Health is responsible for the management of employee exposure

9. Infection Control Risk Assessment

An annual Risk Assessment is performed to determine priorities of goals and objectives for the infection prevention program. The Risk Assessment is based on regulatory requirements and prior outcomes. Based on the potential impact, the probability of the occurrence of a problem/condition, and the organization's ability to deal with the problem/condition a numeric score is generated. The numerical risk is determined by multiplying the score of each section to get a total numerical risk level. The risk assessment is reviewed and approved by the ICC annually.

10. Evaluation/Assessment:

The Surveillance, Prevention, and Control of Infection Plan is evaluated annually and revised as necessary. The evaluation is reviewed and approved by the ICC Chairman, Chief Executive Officer, BHIP, and Chief Nursing Officer, BHIP.

- Implementation of the annual plan and prioritized goals
- Achievement of desired targets for infection reduction
- Compliance with policy, standards and regulations
- Success/failure in meeting goals and objectives
- Identifying trends related to infections and MDROs
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Evaluation of 2021 objectives/goals

2021 Objectives	Met	Not Met	Action Plan
<u>Target Rates</u> MRSA: 0.09 VRE: 0.04 CRE: 0.00 ESBL: 0.05 MDR Pseudo NEW INDICATOR	0.05 0 0.03 N/A	0.03 N/A	Carried over to 2022
SIR MRSA BAC 0.815 CDIFF 0.641	0 0.255		Carried over to 2022
SSI: Target: SIR HYST: 0 COLO: 0.325		1.908 1.258	Carried over to 2022

CLABSI: Target: Rate 0.45 SIR 0.648		0.56 0.757	Carried over to 2022
CAUTI: Target: Rate 1.11 SIR 1.509	1.469	1.77	Carried over to 2022
VAE: Target:6.75 PVAP 0.00	5.20 0		Carried over to 2022
Decrease amount of sharps injuries 5% decrease		X	Carried over to 2022
Decrease needle sticks, splashes, other preventable exposures. <5%		X	Carried over to 2022
Hand Hygiene Compliance 95%	97%		Carried over to 2022
Flu Vaccination Increase compliance by 10% each year until 90% goal by2021		76%	Carried over to 2022