



<b>SUBJECT:</b> Infection Control Plan Broward Health North (BHN) Infection Control Plan Addendum	<b>EFFECTIVE DATE:</b> 3/1987
<b>SPONSOR:</b> Epidemiology	<b>REVIEWED/REVISED:</b> 7/06 ,7/07, 7/8, 7/9 , 7/10, 7/11, 7/12, 7/13, 10/14 2/15, 9/15, 5/16, 7/17, 2/18, 3/19, 8/20, 3/21, 5/2021
<b>APPROVED:</b>  <hr/> Chair, Infection Prevention and Control Committee  <hr/> Chief Executive Officer, BHN  <hr/> Chief Nursing Officer, BHN	<b>APPROVED FOR USE:</b> BHN

**PURPOSE:** Broward Health has developed and implemented an effective system-wide Infection Prevention and Control Program for the surveillance, prevention, and control of infection. This is the BHN specific addendum to the plan.

**1. Description of Population**

BHN is a 409 bed Adult Level II Trauma Center located in Deerfield Beach, in the northeast section of Broward County, Florida providing tertiary care across a continuum of services from inpatient, outpatient, emergency, rehabilitation, and select community health services. Patient populations include: medical-surgical specialties and subspecialties including but not limited to trauma, intensive care, cancer, orthopedic, neurology, renal, pulmonary, diagnostics, endoscopy, wound care, hyperbaric oxygen treatment, stroke and oncology. The facility’s close proximity to Interstate-95, commuter railroad service, adult retirement communities, skilled nursing and assisted living facilities, universities, detention centers, and homeless shelters have a direct influence with individuals needing or seeking medical attention.

Per fiscal year 2020 statistics, our overall payor mix was Medicare 14.4 %, Medicaid 3.3%, Managed Care HMO/PPO Medicare 17.3 %, HMO Medicaid 13.4 %, Managed Care HMO Other/PPO 22.4 %, Commercial/WC/H 5.1 %, Self-Pay 20.2%, Charity 3.8%

In 2020 the median age of population served is 52 years of age and the average household income was \$66,243- \$99,999. An increase of 5.3% in population is predicted between 2018 -2023.

According to the Broward County Health Department, there are high numbers of infectious diseases reported. These primarily include: HIV/AIDS, Hepatitis C, STDs, and tuberculosis. BHN encounters a low rate of patients diagnosed with tuberculosis. The Broward County community rate of tuberculosis as

of 2020 was 2.1 per 100,00 people, 2019 was 2.9 per 100,000 people and in 2018 was 3.5 per 100,000 people. For CY 2020, BHN saw a rate of 2.7 (3 confirmed diagnosed cases of TB / 10,966 admissions) per 100,000 patients, in 2019 it was 5.2 (7 confirmed diagnosed cases of TB/13,542 admissions) per 100,00 patients; in 2018 it was 2.2 (3 confirmed diagnosed cases of TB/13,509 admissions) per 100,000 patients and in 2017 it was 2.2 (3 confirmed diagnosed cases of TB/13,857 admissions) per 100,000 patients. This may be attributed to the area's large international community as well Broward County's Port Everglades and Fort Lauderdale International airport. A stringent TB program is in place at BHN to aid in early diagnosis and to prevent the spread of TB in the facility (See TB Risk)

**The top ten principle surgical procedures performed in CY 2020 were:** replacement total hip, balloon angioplasty, xcapsl ctrc rmlv insj IO lens prosth, replacement knee, resection of Gallbladder percutaneous endoscopic approach, insertion of IV access catheter, debridement muscle/fascia, smpl repair scalp/neck/ax/genit/trunk, debridement of bone/muscle/fascia, resection of appendix percutaneous approach, vitrectomy pars plana remove int memb retina, and xlap.

**The top ten inpatient principle diagnoses in CY 2020 were:** sepsis, pneumonia, urinary tract, unilateral primary osteoarthritis, acute kidney failure, hypertensive heart disease, chronic obstructive pulmonary disease, cerebral infarction, and non-ST elevation.

**The top ten Emergency Department principle diagnoses in CY 2020 were:** unspecified abdominal pain, headache, acute upper respiratory insufficiency, urinary tract infection, chest pain, acute pharyngitis, dizziness, essential (primary) hypertension, asthma, and injury of head.

Conditions such as cancer, indwelling medical devices, disorders that affect the immune system, HIV/AIDS, alcoholism, drug abuse and renal disease can also increase the risk of an individual's risk for acquiring infections.

## II. SCOPE OF PROGRAM

- A. Broward Health North (BHN) is a full service 409 bed facility that provides a continuum of care and includes a variety of inpatient, outpatient, rehabilitative, emergency services and select community health services.
- B. Patient populations include: medical-surgical specialties including but not limited to: trauma, medical surgical, intensive care, cancer and blood dyscrasias, cardiac and interventional services, orthopedics, neurology.
- C. Services provided at BHN include but not limited to:
  - Adult Care:
  - Inpatient Rehabilitation
  - Outpatient Rehabilitation
  - Cancer Center
  - Neurological Institute
  - Interventional Radiology
  - Outpatient Radiology
  - Emergency Department
  - Joint Replacement
  - Spine Center
  - Memory Center
  - Women's Center
  - Stroke Center
  - Level 2 Trauma
  - Inpatient Dialysis

Respiratory Services  
Community Health Services  
Wound Care/Bariatric Center  
Orthopedic Clinic  
Endoscopy  
Cardiac Services  
Surgical Services  
Hospice

### **III. At Risk Patient Populations:**

- A. The Infection Control Committee at Broward Health North has identified the following patient populations as being at a higher risk for health care associated or transmissible community acquired infections:
1. Trauma patients
  2. Patients undergoing surgical and invasive procedures
  3. Patients undergoing vascular access procedures
  4. Patients undergoing mechanical ventilation
  5. Patients with significant pathogens (i.e., multi-drug resistant organisms, C. difficile)
  6. Patients with urinary catheters
  7. Patients admitted through our International Program
  8. Immunocompromised patient (Cancer, HIV/AIDS, Sickle Cell)
  9. Patients with chronic conditions with recurrent hospitalizations (i.e., CHF, COPD)

### **IV. Roles and Responsibilities of the Infection Prevention and Control Committee:**

The ICC is a multidisciplinary committee with representation from but not limited to Medical Staff, Executive Leadership, Employee Health, Nursing, Surgical Services, Ancillary staff, Allied Health, Pharmacy, Laboratory, Surgical Services, Facilities Management and Community Health Services. The role of the ICC is to oversee the BHN Infection Prevention and Control Program.

#### **B. Responsibilities of the Infection Control Committee include but are not limited to the following:**

The multi-disciplinary Infection Control Committee meets at least month, no less than nine (9) times per year. The Chairperson of the ICC, who has the authority of the Chief of Staff and Chief Executive Officer of BHN to oversee the hospital wide Infection Control Program. The Infection Control Coordinator serves as the facilitator. All hospital departments are encouraged to participate in the ICC and contribute to the infection control and prevention objectives of the program. Information generated by the Infection Prevention and Control activities is confidential and all individuals having knowledge of this information will maintain confidentiality of privileged health information. The Infection Prevention and Control Committee:

1. Reviews surveillance data finding (include trends in infections, clusters, infections due to unusual pathogens or any occurrence of hospital acquired infections) and facilitates the allocation of resources needed to access information, supplies, equipment, and laboratory services.
2. Initiates recommendations based on mandatory reporting data, surveillance findings, epidemiological investigations, and performance indicator trends.
3. Reviews antibiotic susceptibility/resistance trends.
4. Reports, reviews and makes any necessary recommendations for the Infection Control Risk Assessment (ICRA) as require for construction/renovation projects as needed.

5. Approves the IPC program’s annual evaluation of the plan, infection control plan revisions, and reviews new/revised policies annually.
6. The Committee, through the IP, keeps abreast of regulatory guidelines/standards related to infection control.
7. All hospital departments are encouraged to participate in the ICC and contribute to the infection control and prevention objectives of the program
8. Infections of epidemiologic significance among employees are reported along with any control measures instituted, followed up required or cases of secondary spread.

**V.: Objectives:**

Objectives for the Epidemiology Department are as follows;  
Please see appendix A- Goals and Objectives CY 2021

**VI.: References:**

1. CDC, Template for State Healthcare Associated Infections Plans 2010. Retrieved from <http://www.cdc.gov/HAI/pdfs/stateplans/fl.pdf>
2. Dudeck, M., Edwards, J., Allen-Bridson, K., Gross, C., Malpiedi, P., Peterson, K., Pollock, D., Weiner, L., & Sievert, D. (2015). National Healthcare Safety Network report, data summary for 2013, Device Associated module. *American Journal of Infection Control* 43 (3). 206-221.
3. Centers for Disease Control and Prevention (2002). Guideline for Hand Hygiene in Health-Care Settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA. *MMWR* 51(RR-16).1-45.
4. Hand Hygiene in Healthcare settings. (2015). Centers for Disease Control. Retrieved from <http://www.cdc.gov/handhygiene/>
5. Hospital Accreditation Standards (2015).The Joint Commission. Retrieved from <http://www.jointcommission.org/accreditation/hospitals.aspx>  
The Joint Commission Infection Prevention and Control Standards  
The Joint Commission National Patient Safety Goals 2020.

Organizations references:

1. Centers for Disease Control and Prevention
2. The Association for Professionals in Infection Control and Epidemiology, Inc (APIC)
3. Association of Peri-Operative Registered Nurses (AORN)
4. Association for the Advancement of Medical Instrumentation (AAMI)
5. The Society for Healthcare Epidemiology of America (SHEA)

**Related Policies:**

Broward Health Infection Control Plan (System), Broward Health  
Epidemiology and Department Specific Infection Control Policies

Authors: Broward Health North

Reviewed/Approved by: BHN Infection Control Committee	Date: _____
CNO	Date: _____
CEO	Date: _____

## Appendix A

### Goals and Objectives CY 2021

*\*Based on Risk Assessment of Events*

*\*Will review monthly*

*\*Target goals based on 10% reduction in harm events from LCY and VBP achievement threshold using NHSN SIR data.*

#### Hospital Acquired Infection (HAI)/Admission Related Risks

##### Goal # 1: Overall reduction of hospital acquired infections.

All HAI are of concern and we strive in chasing zero.

<i>Indicator</i>	<i>Population</i>	<i>Plan</i>	<i>Benchmark</i>	<i>Team</i>	<i>Methodology</i>
CLABSI	Inpatients with central lines	<ol style="list-style-type: none"> <li>1. Determine risk factor for HAI</li> <li>2. Decrease HAI</li> <li>3. Decrease sepsis</li> <li>4. Decrease line days</li> </ol>	BHN target rate: 0.784	IP Nurses Physicians Pharmacists	<ol style="list-style-type: none"> <li>1. IP rounds facility wide.</li> <li>2. Daily surveillance to monitor labs, identify and verify infections, analyze data.</li> <li>3. Collect patient demographic data, line days.</li> <li>4. Identify risks, assess daily need/removal.</li> <li>5. Monitor bundle compliance during prevalence rounds: dressing, Biopatch, Curo cap.</li> <li>6. Education.</li> <li>7. Nurse driven action plans.</li> <li>8. CHG bathing.</li> <li>9. Skills fair.</li> <li>10. Peripheral draws for blood specimens.</li> <li>11. Guardian Angel Program.</li> <li>12. Discuss each CLABSI infection to determine lessons learned.</li> </ol>

SSI	Patients who had surgery	<ol style="list-style-type: none"> <li>1. Determine risk factor for HAI</li> <li>2. Decrease HAI</li> <li>3. Decrease sepsis</li> <li>4. SSI PI team</li> </ol>	<p>BHN target rate:</p> <p>hysterectomy: 0.722 colon: 0.781</p>	<p>IP Nurses Physicians Pharmacists</p>	<ol style="list-style-type: none"> <li>1. Monitor infection rates for all class I and II surgeries and report to appropriate stakeholders.</li> <li>2. Monitor COLO and HYST infections and report to NHSN and stakeholders.</li> <li>3. Daily surveillance of ER log, admission log, micro reports, OR schedule.</li> <li>4. Weight based dosing for antibiotics, re-dosing as necessary.</li> <li>5. MRSA screening tool for high risk patients to receive Vancomycin for prophylaxis.</li> <li>6. Glucose monitoring.</li> <li>7. Discuss each SSI to determine lessons learned.</li> <li>8. CHG wash night before and morning of surgery.</li> <li>9. Nurse driven action plans. SSI PI team led by general surgeon.</li> <li>10. Review temperatures post operatively</li> <li>11. Review for adequate O2 saturation post op</li> </ol>
MDRO (including MRSA bacteremia) and CDI/F	All patients	<ol style="list-style-type: none"> <li>1. Determine risk factor for HAI</li> <li>2. Decrease HAI</li> <li>3. Decrease sepsis</li> <li>4. Decrease readmissions</li> </ol>	<p><u>BHN Target</u></p> <p>MRSA bacteremia: 0.815 CDIFF: 0.852</p>	<p>IP Nurses Physicians Pharmacists</p>	<ol style="list-style-type: none"> <li>1. Daily review of surveillance including admission log, ER log, and microbiology results/monitor labs, identify and verify infections, analyze data.</li> <li>2. Utilize MedMined data mining program to assist with identifying potential clusters.</li> <li>3. Review antibiogram and discuss at IPCC and Antimicrobial Stewardship committee.</li> <li>4. Continue active surveillance for CRE in international patients who were hospitalized &gt;48 hours prior to admission.</li> <li>5. Continue contact precautions for active infection and 3 month history of infection.</li> <li>6. Utilize Respiratory Viral Panel (Biofire) to prevent antibiotics for viruses.</li> </ol>

					<ol style="list-style-type: none"> <li>7. CDIFF: Place patient on enhanced contact precautions per policy and monitor compliance with bleach based disinfection.</li> <li>8. Cohort if necessary on case by case basis.</li> <li>9. Intense analysis of all CDIFF and MRSA bacteremia cases including antibiotic indications and all room changes.</li> <li>10. IP rounds facility wide.</li> <li>11. Prevalence rounds for isolation, PPE use, equipment disinfection compliance.</li> </ol>
CAUTI	Inpatients with Foley catheters	<ol style="list-style-type: none"> <li>1. Determine risk factor for HAI</li> <li>2. Decrease HAI</li> <li>3. Decrease sepsis</li> <li>4. Decrease Foley days</li> </ol>	BHN target rate: CAUTI: 0.828	IP Nurses Physicians Pharmacists	<ol style="list-style-type: none"> <li>1. IP rounds facility wide.</li> <li>2. Daily surveillance to monitor labs, identify and verify infections, analyze data.</li> <li>3. Collect patient demographic data, line days.</li> <li>4. Identify risks, assess daily need/removal.</li> <li>5. Nurse driven catheter removal protocol with order</li> <li>6. Educate on best practices in nursing orientation and rounding.</li> <li>7. Nurse driven action plans.</li> <li>8. Education,</li> <li>9. Skills fair.</li> <li>10. Discuss each CAUTI case to determine lessons learned.</li> </ol>
VAE	Inpatients on a ventilator	<ol style="list-style-type: none"> <li>1. Determine risk factor for HAI</li> <li>2. Decrease HAI</li> <li>3. Decrease sepsis</li> <li>4. Decrease vent days</li> </ol>	BHN target rate: VAC:3.40 IVAC: 0.00 VAP: 0.28	IP Respiratory Nurses Physicians Pharmacists	<ol style="list-style-type: none"> <li>1. Prospective surveillance of vent settings to catch changes in ventilator settings.</li> <li>2. Utilize NHSN definition and report to appropriate stakeholders.</li> <li>3. Educate staff on best practices.</li> <li>4. IP rounds facility wide to ensure VAP bundle compliance.</li> <li>5. Multidisciplinary approach with physicians and respiratory and nursing.</li> </ol>

### ***Other Identified Events:***

#### **Active TB, unknown at time of admission**

1. All patients with signs and symptoms or questionable TB disease may be placed on airborne isolation by nursing without a physician's order per airborne isolation policy.
2. Reeducation of nursing and physicians mandatory ED assessment for potential TB.

#### **Notification of Community Acquired Infections**

1. Continue to utilize admit alert system and communicate with nursing and outside facilities as needed when patient admitted with a community acquired infection.

#### **Outbreak**

1. Monitor daily surveillance for any unusual organisms or clusters of organisms.
2. Initiate infection control measures based on CDC or other evidence based recommendations.
2. Consult with Florida Department of Health as necessary.
3. Educate healthcare staff on organism identified in outbreak and measures to prevent spread of further infections.
4. Utilize Outbreak procedure policy during any outbreak identified.
5. Report clusters/outbreaks to necessary stakeholders and committees.

#### **Notification of Internal HAIs**

1. Continue to utilize admit alert system and communicate with internal departments and bed control as needed when patient is admitted or transferred in the hospital with an MDRO.
2. Utilize HAS report system to track and trend occurrences and follow up with managers and conduct education as needed.

#### **COVID -19**

1. Continue to utilize admit alert system and communicate with internal departments and bed control as needed when patient is admitted or transferred in the hospital with positive COVID -19.
2. Initiate infection control measures based on CDC or other evidence based recommendations.
3. Consult with Florida Department of Health as necessary.
4. Continued education.

5. PPE supplies.
6. IP rounds facility wide to ensure compliance with PPE.
7. Include COVID status during reviews of mortality cases.
8. Contact tracing (inpatients).

## Healthcare Worker Risks

Goal #2: Reduction of healthcare worker risk of infection secondary to injury and/or exposure.

\*Pareto Analysis reveals non-compliance with hand hygiene and failure to follow protocols and use safety devices or PPE as the two top highest risk for healthcare worker related risks. The rest of the top 5 risks identified in the Pareto analysis were non-compliance with seasonal flu immunization, Noncompliance with Isolation Precautions and Sharps Injuries. All risks to healthcare workers are followed by both Employee Health and Epidemiology.

<i>Indicator</i>	<i>Population</i>	<i>Plan</i>	<i>Benchmark</i>	<i>Team</i>	<i>Methodology</i>
Non-compliance with hand hygiene	All employees, physicians, students, volunteers	Strive for 100% of hand hygiene compliance.	BHN target: 90% or greater	IP Administration	<ol style="list-style-type: none"> <li>1. Monitor compliance in all areas of hospital.</li> <li>2. Hand Hygiene Poster campaign Compliance reported at monthly IPCC.</li> <li>3. Just in time education and reinforcement</li> <li>4. Hand Hygiene education at New Hire Orientation</li> <li>5. LEAPFROG Hand Hygiene: “Hand hygiene compliance data on at least 200 hand hygiene opportunities each month in each patient care unit” Added to each unit PMR and to be reported to IC committee</li> <li>6. LEAPFROG Hand Hygiene:  “Hospital conducts audits of the volume of alcohol based hand sanitizers that is</li> </ol>

					<p>delivered with each activation of a wall mounted dispenser (manual and automated) on a sample of dispensers in your patient care unit at all of the following times- upon installation, whenever the brand of product/system changes and whenever adjustments are made to the dispensers”</p> <p>7.LEAPFROG Hand Hygiene  “Quarterly audits are conducted on a sample of dispensers in your patient care units to ensure that the process is followed- refill paper towels, soap dispensers, and alcohol based hand sanitizers dispensers when they are empty or near empty, replace batteries in automated paper towel dispensers , soap dispensers, and alcohol based hand sanitizer dispensers (if automated dispensers are used in the patient care units)</p>
Non-compliance with seasonal flu immunization	All employees, physicians, students, volunteers	Increase compliance by 10% each year until 90% goal of 2020.	BHN target 88% .	IP EH Administration	<ol style="list-style-type: none"> <li>1. Collaborate with corporate on plan on influenza vaccination including mandatory masking and health insurance incentive.</li> <li>2. Educate personnel on importance of immunization during rounds, general orientation, and nursing orientation.</li> <li>3. Provide onsite influenza vaccination to all staff at no cost.</li> <li>4. Flu vaccine declination forms must be signed. Physician documentation for contraindication.</li> </ol>

					5. Administration support 6. Close monitoring of vendor compliance with seasonal flu immunization and other mandatory requirements
Failure to follow protocols and use safety devices or PPE	All employees, physicians, students, volunteers	Decrease needle sticks, splashes, other preventable exposures.	BHN target: 90%	IP EH	1. IP rounds to reinforce protocols, use of safety devices, proper PPE. 2. Revised isolation signs to standardize with rest of Broward Health. Signs to include new recommendations for transport of patients on isolation as well as PPE requirements in 3 different languages.
Sharps Injuries	All employees, physicians, students, volunteers	Decrease needle sticks	BHN target: 90%	IP EOC EH	1. Education by Employee Health at New Hire Orientation 2. EH to monitor

***Other Identified Events:***

**Sharps Injuries**

1. Sharps injuries monitored by Employee Health. EH Continue to monitor and report to IPCC and EoC.

**Non- compliance with standard precautions**

1. Continue to educate nursing at orientation and periodically on standard precautions according to policy.

**Employee Knowledge Deficit of Disease Transmission and Prevention**

1. Coordinate with Clinical Education on utilization of the Need-2-know forum.
2. Continue to present relevant education on disease transmission in nursing orientation.
3. Provide real time education with rationale

**Failure to recognize employee outbreak**

1. Utilize HAS reports with risk management, Patient and Medication Safety meeting, and Nurse Practice Council to address any staff infection control issues.
2. IP rounds daily to talk with staff.
3. Daily surveillance and MedMined analysis.

### Delay in Proper Isolation Precautions

1. Patients placed on isolation by nursing, but it has been observed that there are times where there is no order for isolation in the patients chart. Infection control and Clinical Education to educate all nursing on the need to place order for isolation in computer system.
2. Daily review of isolation log. Will educate nursing on a case by case basis on the requirements for isolation.

### Annual fit testing not completed

1. Coordinate with Employee Health

## Community

Goal # 3: Reduction of community risk.

\*Pareto analysis reveals long term care patients constitute the highest risk percent for community related risks. The rest of the top 4 risks identified in the Pareto Analysis were community acquired MDROs, emerging Infectious Disease and Seasonal Flu. All risks from the community are evaluated and Epidemiology works closely with the Health Department.

<i>Indicator</i>	<i>Population</i>	<i>Plan</i>	<i>Benchmark</i>	<i>Team</i>	<i>Methodology</i>
Long term patients	All patients	BHN has nearby high admitting SNFs.	Length of stay	IP Nursing Case management Physicians	<ol style="list-style-type: none"> <li>1. Any infections identified communicate with manager and discussed at weekly huddle.</li> <li>2. Active surveillance for incoming patients include blood and urine cultures as indicated.</li> </ol>
Community acquired MDRO	All patients	Identify community onset infections for prompt isolation. Placing patients on transmission	BHN target: 90%	IP Nursing Physicians Case management	<ol style="list-style-type: none"> <li>1. Identification of patients through daily surveillance admitted with MDROs and alert tab.</li> <li>2. Assess staff need for education.</li> <li>3. Active surveillance for CRE in international patients who were hospitalized &gt;48 hours.</li> <li>4. Communication with SNF and LTC admitters.</li> </ol>

		based precautions.			Education for staff and physicians about HO and CO diff and mrsa bacteremia to catch community onset MDRO.
Emerging infectious disease/other epidemics/influx of infectious patients	All patients	BHN will be prepared for an emerging infectious disease or influx of infectious patients.	EM Drills 100%	IP ED EP Nursing	<ol style="list-style-type: none"> <li>1. Continue utilizing infectious disease screening tool for all patients during triage to screen for all potentially infectious patients.</li> <li>2. Work with Emergency Preparedness in drills and PPE training for emerging infectious diseases.</li> <li>3. Communicate with the Florida Department of Health as necessary.</li> <li>4. Continue with established drills and EM updates and education.</li> </ol>
Seasonal flu and pandemic flu	All patients	BHN will offer influenza vaccination to all qualified patients.	BHN target 88%	IP Nursing Quality	<ol style="list-style-type: none"> <li>1. Inpatients vaccinated during flu season per Centers for Medicaid and Medicare Services (CMS) protocol unless contraindicated.</li> <li>3. Patients with influenza placed on Droplet isolation precautions per policy.</li> <li>4. If pandemic flu, work with Florida Department of Health and Emergency Preparedness.</li> </ol>

***Other Identified Events***

**Displaced person**

1. Work with case management and social services to assist in timely discharge of patients with hospital acquired infections or multi drug resistant organisms as needed.

**Active TB admissions**

1. Continue to follow IC TB Plan.

**HIV/AIDS**

1. Continue to work with Florida Department of Health as necessary.

**Bioterrorism/Ebola and Hemorrhagic Fever Diseases**

1. Work with Emergency Preparedness with drills and PPE training.
2. Communicate with Florida Department of Health as necessary
3. Continue with established drills and EM updates and education.

**Flood**

1. Work with Emergency Preparedness.
2. Yearly hurricane drills.

**Waterborne Outbreak**

1. Work with facilities and consultant to identify risks in water management system.
2. Utilize CDC Legionella risk assessment.

Report to Florida Department of Health as necessary.

**Food Associated Outbreaks**

1. Adhere to established outbreak policy and procedure for outbreak management.
2. Continue to report positive cultures to Florida Department of Health.

**Environmental Risks**

Goal #4: Reduction of environmental risk.

\*Pareto analysis reveals improper sterilization of equipment and improper disinfection of equipment (high level disinfection) as the highest risk. The remaining risks identified in the Pareto Analysis were: inadequate supplies of PPE, improper Sharps handling, Improper Disinfection of Equipment (low level disinfection) , improper cleaning of the environment, Improper Handling of Biohazard waste, Inadequate pre-construction IC planning and Risk Assessment and Inadequate compliance with pre-construction IC planning and Risk Assessment.

<i>Indicator</i>	<i>Population</i>	<i>Plan</i>	<i>Benchmark</i>	<i>Team</i>	<i>Methodology</i>
Improper environmental cleaning	EVS staff	Compliance with proper cleaning protocols and products.	BHN target: 90%	EVS	<ol style="list-style-type: none"> <li>1. Partnership with epidemiology and EVS.</li> <li>2. EVS maintains pivotal role in Infection Prevention and Control Committee.</li> </ol>
Improper sharps handling	All staff	Reduce incidence of employee injury due to improper sharps handling.	BHN target: 90%	All employees	Education at general orientation by EH and Epi.

Improper disinfection of equipment	All staff	Compliance with proper disinfection protocols and products.	BHN target: 90%	All employees	<ol style="list-style-type: none"> <li>1. IP rounds and educates on PDI wipe products.</li> <li>2. Education on hospital approved disinfectants in general orientation, nursing orientation, in-services, during rounding</li> </ol>
Improper handling of biohazardous waste	All staff	Reduce misuse of red bag biohazard waste	BHN target: 90%	All employees	<ol style="list-style-type: none"> <li>1. EoC rounds to check biohazard waste.</li> <li>2. DoH inspections.</li> </ol>
Inadequate compliance with IC Preconstruction	All staff	.Compliance	BHN target: 90%	Contracted staff	<ol style="list-style-type: none"> <li>1. Daily rounds on preparation of Construction area.</li> <li>2. Report findings to Facilities Manager/Project Director.</li> <li>3. Facilities to report all ICRA project to Infection Control Committee.</li> <li>4. Facilities to report to Infection Control committee compliance with ICRA.</li> </ol>

### ***Other Identified Events***

#### **Improper Sterilization or High Level Disinfection of Equipment**

1. Central processing department to monitor biological pass/fail. Monthly report sent to IC. IC to be identified immediately of failed biological. Procedure for failed biological to be carried out per policy.
2. Central processing to report monthly to IC the compliance with the following:
  - a. STERIS automated washer/disinfector machine
    - The VERIFY All clean washer indicator strips are placed on every level (3 strips)
    - The VERIFY All clean washer indicator strips are clear/no evidence of soil (3 strips)
  - b. STERIS Ultrasonic machine
    - The VERIFY ultrasonic indicator is placed on 5 areas (5 indicators)
    - The VERIFY ultrasonic indicators are clear/no evidence of soil (5 indicators)
3. Immediate use steam sterilization report sent monthly to Infection Control by Central Processing Department (will include use of 1 Tray)
4. Infection Control to investigate any cases reported regarding improper sterilization.
5. Locations of HLD in house:

- a. Trophon EPR for high level disinfection (HLD) of vaginal probes.
- b. Steris Resert for HLD of TEE probes and specific types of video laryngoscope parts.
- c. Olympus automatic endoscope reprocessing (AER) for endoscopes and bronchoscopes.
- d. CMA (ED)

**Failure of Negative Pressure Ventilation**

1. Adhere to existing process for failure of negative pressure ventilation. Refer to Infection Control Policy # 21 *Isolation Room Checks*.
2. Facilities to report monthly to IC the compliance with monthly temperature, humidity and air pressure in surgical environment per standards.
3. Facilities to report monthly to IC, the airborne isolation monthly report.

**Inadequate Supplies of PPE:**

1. Materials management responsible for par levels of PPE for each nursing unit.

**Organizations referenced:**

- Centers for Disease Control and Prevention (CDC)
- The Association for Professionals in Infection Control and Epidemiology, Inc. (APIC)
- Association of Peri-Operative Registered Nurses (AORN)
- Association for the Advancement of Medical Instrumentation (AAMI)
- The Society for Healthcare Epidemiology of America (SHEA).