



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

INFECTION PREVENTION AND CONTROL PLAN

Effective Date: February 17, 2012

Policy #: IC-09

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I. PURPOSE:

- A. The goal of Montana State Hospital is to establish a comprehensive Infection Prevention and Control Program to ensure that the organization has a functioning coordinated process in place to minimize the risks of endemic and epidemic Healthcare Associated Infections (HAI) in patients and health care workers and to optimize use of resources through a strong preventive program.
- B. The Infection Prevention and Control Program at this hospital incorporates the following on an ongoing basis:
 - 1. Surveillance, prevention and control of infections throughout the organization.
 - 2. Develop alternative techniques to address the real and potential exposures.
 - 3. Select and implement the best techniques to minimize adverse outcomes.
 - 4. Evaluate and monitor the results and revise techniques as needed.

II. POLICY:

The Infection Prevention and Control Program at Montana State Hospital, which allows for a systematic, coordinated and continuous approach, is guided and implemented by:

- A. OSHA regulations and pertinent federal, state and local regulations pertaining to infection control which are implemented and followed.
- B. Inservice education for ALL employees with particular emphasis on proper use of personal protective equipment (PPE) for personnel at risk of accidental exposure to blood and/or body fluids. In addition, emphasis is placed on educating staff regarding TB and its mode of transmission.
- C. Surveillance will include HAIs among patients and personnel when possible. All infections will be monitored when a treatment or medication is ordered by the Licensed Independent Practitioner (LIP).

Targeted studies will be conducted on infections that are high risk, high volume. In addition, selected HAIs and laboratory reports will be monitored.

- D. Monitoring and evaluation of key performance aspects of infection control surveillance, prevention and management which are:
 - 1. Device related infections.
 - 2. Multi-drug Resistant Organisms.
 - 3. TB (Tuberculin skin test conversions in patients and staff).
 - 4. Occupational Exposure to Bloodborne Pathogens.
 - 5. Other communicable diseases.
 - 6. Employee health trends.
 - 7. Blood/body fluid exposures in healthcare providers.
- E. Continuous collection and/or screening of data to identify potential infectious outbreaks.
- F. Participating in an organizational proactive education program in an effort to reduce and control spread of infection.
- G. Facilitating a multidisciplinary approach to the prevention and control of infections.
- H. Utilizing sound epidemiologic principles and nosocomial infection research from recognized authoritative agencies.
- I. Collaborating with all organizational policies and procedures impacting the prevention and control of infection.
- J. Interacting with and reporting to governmental agencies.

III. DEFINITIONS: None

IV. RESPONSIBILITIES:

- A. Residents of Treatment Units are responsible for maintaining a safe and clean living area.
- B. Nursing Staff are responsible for being familiar with Infection Prevention and Control policies and procedures.
- C. Infection Preventionist is responsible for following policies and procedures related to Infection Prevention and Control and updating as needed.
- D. Hospital Administration is responsible for supporting the Infection Preventionist and the Infection Prevention Coordinating Group, by supporting efforts to prevent and control the spread of infection.
- E. Director of Quality Improvement is responsible for review and assistance in performance improvement activities related to Infection Prevention and Control.

V. PROCEDURE:

- A. When evaluation identifies an area of concern, a specific problem, or an opportunity for improvement, a corrective action plan will be formulated. The corrective action plan is collaborative in nature.
- B. When problems or opportunities for improvement are identified, actions taken/ recommended will be documented in the Montana State Hospital Infection Prevention Coordinating Group minutes. Minutes are forwarded to Director of Quality Improvement for review and assistance in resolution as necessary.
- C. If immediate action is necessary, the Montana State Hospital Infection Prevention Coordinating Group, or its designee, has the authority to institute any surveillance, prevention and control measures if there is reason to believe that any patient or personnel is at risk.
- D. The Infection Prevention Coordinating Group/Infection Preventionist has the responsibility for infection prevention and control activities throughout the facility. This committee is governed by a physician having knowledge of infection control practices and performance improvement methodologies. The Physician guides the committee on decisions for improvement of care through the prevention and control of infections.
- E. The responsibility and direct accountability for the surveillance, data gathering, aggregation and analysis is assigned to the Infection Preventionist.
- F. Hospital personnel and medical staff members share accountability in reporting of isolation cases, suspected infection and reports of positive cultures to the Infection Preventionist. There is collaboration among departments as well as the Infection Preventionist to identify any HAI trends or pattern that may occur, or opportunities to improve outcomes in the reduction and control of infections.
- G. Hospital personnel and residents of treatment units are advised that food and beverages other than water, need to be consumed and stored in designated areas of the treatment units. No food or beverages other than water can be stored or consumed in patient rooms unless indicated by treatment restrictions (eg: patient is in seclusion).
- H. The Infection Prevention Control Office will:
 1. Review positive cultures. All positive cultures are investigated and categorized as to:
 - a. Cluster of pathogens,
 - b. location involved, and
 - c. personnel/medical staff involved.

2. Review and do an evaluation of confirmed infectious cases to assure correct implementation of blood and body fluid barriers as appropriate. Periodic observation of nursing units to assure maintenance of standard precautions on all patients.
3. Complete Infection Prevention and Control Inspections: See attached sample of worksheet used (Attachment A – this form may change based on needs of Infection Preventionist). The inspection schedule is one unit per month.
4. Review of hazardous waste management and disposal throughout the facility.
5. Participate in product evaluation.
6. Report to governmental agencies.
7. Identify and track key performance measures related to process and outcome in an effort to continuously improve the management of HAIs throughout the organization, including, but are not limited to:
 - a. Comprehensive periodic surveillance (baseline rates established) outcomes.
 - b. Clustering of HAIs .
 - c. Bacteremias.
 - d. Unusual bacteria.
- I. Staff Development and the Infection Preventionist will offer personnel health inservice education related to infection prevention and control practices to ensure a safe environment for patients and personnel.
- J. The Infection Preventionist also supplies the Director of Quality Improvement with information that may be useful in identifying potential quality problems throughout the hospital.
- K. The link between performance improvement and infection prevention and control activities is information gathering and clinical analysis. Both are designed to identify patterns of patient care events that lead to suboptimal outcomes, thus identifying areas where patient care may need improvement.
- L. Interaction with patient care function: The purpose of interacting with the patient care function is to enhance communication and to identify potential infection in patients and staff.
- M. Interaction with the Safety Management Team: The Safety Officer shall be apprised of possible infectious issues that are potentially hazardous to patients and staff.
- N. Monitoring the results of the Infection Prevention and Control Program allows the hospital to determine if the techniques already in effect are working well, or if changed conditions (internal or external) require new or revised techniques. The process of monitoring provides

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control and coordination of the Infection Prevention and Program and also causes the infection control process to renew itself through new information.

1. Monitoring is achieved through:

- a. Committee interaction, especially the Infection Prevention and Coordinating Group.
- b. Daily job functions of the Infection Control Preventionist.
- c. Comparisons of current statistical information and historical data and bench marking.
- d. Policy and procedure reviews; future surveys and inspections, internal and external.

VI. REFERENCES: Surveillance Prevention and Control of Infection, Medical Consultants Network.

VII. COLLABORATED WITH: Director of Quality Improvement, Safety Officer, Director of Nursing Services.

VIII. RESCISSIONS: #IC 09, *Infection Control Plan* dated May 18, 2010; IC-09, *Infection Control Plan* dated October 30, 2006; IC-09, *Infection Control Plan* dated December 18, 2002; Policy #IC-09, *Infection Control Plan* dated February 14, 2000; HOPP #8-01C.080074, *Infection Control Program*, dated August 1974.

IX. DISTRIBUTION: All hospital policy manuals.

X. ANNUAL REVIEW AND AUTHORIZATION: This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review (Attachment B) per M.C.A. § 307-106-330.

XI. FOLLOW-UP RESPONSIBILITY: Infection Preventionist

XII. ATTACHMENTS:

A. [Infection Prevention and Control Inspection](#) Worksheet

_____/____/____
 John W. Glueckert Date
 Hospital Administrator

_____/____/____
 Thomas Gray, MD Date
 Medical Director

INFECTION PREVENTION/CONTROL INSPECTION

AREA INSPECTED:	DATE	INSPECTOR: David Olson, ADON
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Use separate sheet for each department or patient care unit. Check as follows:
 C = Compliant; NC = Not compliant; CAC = Corrective action completed; FU = Follow-up required; NA = Not applicable
 *Med rooms are inspected by Nurse Managers or designee

Criteria	C	NC	If NC, then Finding or Comment	CAC	FU	NA
A. Patient Rooms and Public Areas:						
1. Floors, walls, sinks, bathrooms, windows and windowsills clean and in good condition						
2. Furniture, curtains/blinds clean and in good condition						
3. Gloves, other PPE, available						
4. No items stored on floor						
5. Air vents are clean (note exact location of dirty vents)						
6. Waste bins available in all rooms						
7. No food items in patient rooms						
8. Toilets flush						
9. Adequate amount of soap and paper towels at each sink						
10. Room doors close securely/tightly						
B. Isolation Rooms:						
1. Appropriate sign(s) posted (isolation precautions)						
2. Isolation supplies available						
3. Door closed as appropriate						
4. Patient instructed on isolation requirements						
5. Patient with proper attire when being transported						
C. Utility & Storage Rooms:						
1. Floors, walls, shelving and cabinets clean						
2. No supplies stored on the floor						
3. No supplies stored under sinks, in BR or soiled utility rooms						
4. No expired supplies						
5. Equip cleaning done w/ proper contact time for agent used						
D. Hallways:						

Criteria	C	NC	If NC, then Finding or Comment	CAC	FU	NA
1. Floors and walls and ceiling tiles clean						
E. Linen:						
1. Clean linen distributed to units on clean, covered carts						
2. Separation of clean & soiled linen						
3. Clean linen stored in required area, on shelves or carts						
4. Soiled linen not placed on floor, furniture, windowsills, etc.						
5. Soiled linen removed from patient rooms						
6. Soiled linen contained in bags, not overfilled						
7. Adequate separation of clean & soiled (dirty) linen						
F. Staff Areas and Meeting Rooms:						
1. Carpeting clean, floors free of clutter and trash						
2. Desks clean and free from unnecessary clutter & food items						
3. Office equipment clean & free from clutter						
4. Food only in designated areas						
G. Waste Management:						
1. Waste containers clean, operational, & in good condition						
2. Biohazard/medical waste containers covered as required						
3. Red bag available in each regulated medical waste container						
H. Refrigerators:						
1. Refrigerator (food) temperature log is completed						
2. Refrigerator (food) actions taken if temperature out of range						
3. Food in refrigerator is labeled						
4. Food in refrigerator is not expired						
5. Patient food & staff food not mixed						
6. Refrigerator clean and cleaning log completed						

CORRECTIVE ACTIONS/COMMENTS:

