

MICHAEL E. DEBAKEY VA MEDICAL CENTER
Houston, Texas

MEDICAL CENTER POLICY
MEMORANDUM NO. 111G1-001

May 23, 2006

INFECTION CONTROL PROGRAM

I. PURPOSE

A. The purpose of this policy is to delineate the Infection Control Program objectives, scope of program, structure and responsibilities.

B. The Michael E. DeBakey VA Medical Center (MEDVAMC) supports the program for the surveillance, prevention, and control of infections. The objective of this program is to assure that the delivery of patient care and services is accomplished in a manner which optimally reduces infection risks in patients and employees.

II. PROCEDURES

A. Scope of the Program. The major goal of the practice of infection control is to minimize the morbidity, mortality, and the economic burdens associated with infection through prevention and control efforts in well and ill populations. Using epidemiologic principles, the Infection Control Section collects and analyzes pertinent data in order to determine risk factors associated with endemic and epidemic infections and to define mechanisms of transmission. The Infection Control Section uses epidemiologic data to plan, implement and evaluate infection control strategies in order to minimize risk of infection in patients, personnel, students, visitors, volunteers, and contract personnel.

B. Important Aspects of the Program

1. Surveillance for infections in patients and personnel.
2. Education for infection prevention.
3. Consultation in infection prevention.

C. The program encompasses both patient care and occupational health. The specific program activities may vary from year to year as they are based on at least an annual analysis of the facility's demographics; an annual program review including findings from surveillance activities; and continuous monitoring of the scientific literature, practice guidelines, accrediting agency standards; and applicable local, state, and federal regulations. The Infection Control Committee defines the epidemiologically important issues, objectives are established, and an infection control plan is developed and implemented. The process is documented in the Infection Control Committee minutes.

D. Surveillance

1. Scope of Surveillance. The Infection Control Committee determines the types and scope of surveillance activities which includes approved definitions and criteria to be used for identifying, evaluating, confirming, and documenting nosocomial infections. Approved methods of surveillance include:
 - a. Microbiological Culture Results. This system provides an initial source for continuous monitoring. Daily review of results is directed to looking particularly for clusters of the same organisms on one unit or related units, unusual or epidemiologically significant (e.g., antimicrobial resistance) pathogens, or any occurrence of healthcare-associated infection that exceeds the usual baseline level.
 - b. Outbreak/Epidemic Investigation. Outbreaks are defined as an increase in incidence above the usual or expected level. Surveillance is performed to determine the incidence of nosocomial infection. Review focuses on those infections that present the potential for prevention or intervention to reduce the risk of future occurrences.
 - c. Targeted Surveillance. This system is focused on certain epidemiologically important organisms and certain defined procedures or site-specific infections. Analysis of data is directed at identification of patient risks and monitoring the effects of intervention strategies. Focused review of selected surgical procedures is performed prospectively for the purpose of identifying post-operative wound complications and to monitor antibiotic use patterns. Feedback about the healthcare-associated infection risk of their patients is provided to the staff.
 - d. Prevalence Surveys. Periodic review of the medical records of all patients on a selected patient care unit to detect the prevalence of infection is used to evaluate the effects of intervention strategies on infection rates and to recommend opportunities to improve patient care as appropriate.
 - e. Primary Care Team Consultation. This system identifies potential infections and serves as a supplemental information source.

2. Indicators identify opportunities to reduce risk, establish baseline infection rates for specified infections, provide a mechanism to detect increased incidence of infection, to measure effectiveness of control measures, and to identify infections and communicable diseases with high potential for transmission early and take appropriate action.
3. The definitions and criteria used for defining healthcare-associated infections and for differentiating from community-acquired infections are based on current infection control knowledge and practices, recommendations from the Centers for Disease Control, and are approved by the Infection Control Committee.
4. Special studies are done at the direction of the Infection Control Committee. In determining an action plan or intervention, responsibility for follow-up will be assigned to an appropriate service or care line executive, or committee chair. Results of actions will be documented in the minutes of the Infection Control Committee meeting.
5. The Infection Control Section is responsible for reporting required diseases to public health agencies.

E. Education

1. The Infection Control Section presents classes during the orientation program.
2. Inservice classes are scheduled by contacting the Infection Control Section. All annual review programs include training on bloodborne pathogens and tuberculosis or infection control topics specific to an area. Service/Care line executives and service chiefs are responsible for ensuring all personnel receive annual training. Documentation of orientation and annual training is maintained through the TEMPO (Training and Education Management Program) database by the separate services and care/service lines.
3. Informal education takes place as Infection Control practitioners make rounds or consult on a specific patient or practice issue.
4. Patient and family education includes explanation of isolation procedures, disease transmission, and prevention practices when a patient is suspected or having or has an infectious disease process.

F. Consultation

1. The Infection Control Section consults on all aspects of infection control to services, sections and program activities within MEDVAMC.
2. Prevention and control activities are developed cooperatively between all services and the Infection Control Section. The activities are directed toward reducing or averting the risk of transmission of infection among patients and personnel. Consultative activities include but are not limited to:
 - a. Assisting in the development or review of infection control policies and procedures for all areas of MEDVAMC;
 - b. Monitoring procedures, practices, and equipment which may be associated with the occurrence of healthcare-associated infections and recommending changes if necessary;
 - c. Providing recommendations for inpatients placed on isolation precautions and assisting the staff in implementing procedures appropriate for the infection and medical condition of the patient;
 - d. Providing direction on precautions during construction and assisting with product evaluation of items that have infection control implications;
 - e. Periodic review and publication of antibiotic susceptibility and resistance trend studies;
 - f. Coordination with the medical staff on action relative to the findings from the medical staff review of the clinical use of antibiotics;
 - g. Providing direction regarding any major change in handwashing, sanitation, cleaning, decontamination, disinfection, and sterilization procedures, techniques, agents, products, schedules, equipment, or supplies in use throughout the facility;
 - h. Providing guidance for the achievement of an optimal employee health program;
 - i. Coordination with Quality Management and the medical staff on action relative to the management of all identified cases of unanticipated death or permanent loss of function associated with a healthcare-acquired infection.

G. Communication

1. Communication of relevant monitoring and evaluation of healthcare-associated infections will be achieved through a systematic exchange of data between the Infection Control Committee, services and other medical center committees.
2. The minutes of the Infection Control Committee monthly meetings will be the mechanism for communication of information and referrals. They will be approved by the Clinical Executive Board/Chief of Staff, maintained by the Infection Control Program (111G1) and electronically distributed to the Service/Care Line Executive mail groups, Committee members and the Patient Safety and Environment of Care Board.

H. The Infection Control Program will be evaluated annually through the Infection Control Committee. The program assessment will summarize the comprehensiveness and effectiveness of the surveillance, prevention and control activities. Recommendations for program modification will be made, as indicated.

I. Statement of Authority

1. The Infection Control Committee oversees the program for surveillance, prevention, and control of infections. In any particular instance, the Infection Control Committee Chair, or delegated alternate, has the authority to determine what measures are necessary to prevent the transmission of infection and to institute any appropriate control measures with subsequent approval of the Infection Control Committee. These measures may include, but are not limited to, restricting unit or hospital admissions, orders for cohort or category specific isolation, and employee or patient culturing.
2. The Committee approves actions to prevent or control infections based on an evaluation of the surveillance reports of infections and of the infection potential among patients and personnel.
3. The Committee, through its Chair, has the right to institute any surveillance, prevention, and control measures or study when there is reason to believe that any patient or personnel may be in jeopardy. Medical staff members responsible for the patients are notified of any unusual actions taken.
4. The Committee is authorized to call in consultants when necessary, with the approval of the Chief of Staff, to assist in carrying out its functions. Funds will be provided from the consultant and attending program.

5. The Infection Control practitioners, through the Infection Control Committee Chair, have the right to intervene in patient care to enforce infection control policy and procedure, which may include initiating and discontinuing isolation procedures or arranging for appropriate patient placement, to ensure the safety of patients and personnel. The Infection Control practitioners are authorized to obtain non-invasive culture specimens from patients and personnel as a surveillance, prevention, and control measure when there is reason to believe there is an infection potential among patients and/or personnel.

III. RESPONSIBILITIES

A. The Medical Center Director strives to assure quality patient care by requiring and supporting an effective Infection Control Program. The Medical Center Director is ultimately responsible for the maintenance of the Infection Control Program through allocation of resources necessary to fulfill the requirements of the program. He is the final approving authority on recommendations which will impact medical center policies, programs, and operations.

B. The Infection Control Committee is responsible for directing and monitoring the overall infection control program at MEDVAMC. The Committee strives to identify opportunities for improving patient care and identifying problems that have an impact on patient care. The Committee recommends actions based on records and reports of infections and infection potential among patients and personnel. The Committee is responsible for:

1. Review and approval, at least every three years, of all facility policies and procedures for the surveillance, prevention, and control of infections and the facility exposure control plans.
2. Review and approval of products and procedures for decontamination, disinfection, antisepsis, and sterilization; environmental cleaning procedures, schedules, and agents in use throughout the facility; barrier precautions and isolation protocols; and special medical waste handling procedures.
3. Review and approval of all policies and procedures that address infection surveillance, prevention, and control in the operating room, invasive procedure rooms and other areas of the hospital where patients undergo diagnostic or surgical procedures or related anesthesia risks. It will review laboratory procedures relating to infection control.
4. Monitoring employee health standards, practices and policies that relate to the prevention and control of nosocomial infections. Review reports

of employee illness and occupational injury of epidemiological significance and advise the Employee Health Physician on appropriate procedures.

5. Approval and directing all sampling of personnel or the environment for infective agents.
6. Providing ongoing review and analysis of healthcare-associated infection focusing on those infections that present the potential for prevention or intervention. It monitors the appropriateness of intervention strategies and their effect on infection rates and provides feedback to appropriate services about infections.
7. Monitoring compliance with accreditation and regulatory agency standards.
8. Monitoring pertinent findings from other MEDVAMC committees.

C. The Infection Control Committee Chair maintain overall responsibility for the implementation of a planned and systematic process for monitoring and evaluating healthcare-associated infections. The Infection Control Committee Chair provide supervision and leadership in infection surveillance, prevention and control activities and are responsible for:

1. Policy and program development, implementation, refinement, and interface with other medical center committees and management.
2. Reviewing all relevant occurrences to determine adequacy of established definitions and criteria, assessing the need for further studies, assigning priority and responsibility for reviews, and ensuring actions and follow-up are documented as appropriate.
3. Serving as a resource person to the medical staff, relating infection control surveillance findings to the patient care process, recommending appropriate policy and procedural changes to ensure the development, implementation, communication, and refinement of an effective Infection Control Program.

D. Service and care line executives and service chiefs are responsible for developing, implementing and evaluating infection control programs in each service. Service and care line executives and service chiefs are responsible for the following:

1. Providing a current infection control and service policy for use as a reference by all employees.

2. Identifying and training all employees who perform designated task which involve exposure to blood.
3. Maintaining current written infection control standards for all aseptic, isolation, and disinfection and/or sterilization techniques employed by the service, including specific information on work practices required to prevent occupational exposure to bloodborne pathogens.
4. Notifying the Infection Control Committee Chair of changes in infection control policies or standards.
5. Monitoring procedures and practices of personnel to ensure compliance with infection control standards, isolation precautions, and Standard Precautions.
6. Reporting significant employee exposure to communicable diseases or injuries involving sharp instruments to the Employee Health Clinic.

E. Diagnostic and Therapeutic Care Line, Microbiology Laboratory is responsible for providing the necessary laboratory support including:

1. Microbiological and serological testing for diagnosis and follow-up of infections or communicable diseases.
2. Epidemiological cultures when appropriate.
3. Environmental cultures as defined and approved by the Infection Control Committee.
4. Reporting to Infection Control epidemiologically significant or unusual pathogens and any clusters of organisms.
5. Ensuring that culture results can be interpreted suitably and will enable the development of appropriate corrective actions.

F. Employee Health is responsible for:

1. Screening employees for evidence of communicable diseases and providing appropriate immunizations.
2. Appropriate examination, treatment, and counseling of employees significantly exposed to communicable diseases.
3. Reporting significant or epidemiologically important employee infections to the Infection Control Committee.

IV. COMMITTEE

A. The Infection Control Committee is an interdisciplinary committee with four primary objectives:

1. Oversee the program for surveillance, prevention, and control of infection designed to limit the spread of infections in patients, visitors and employees.
2. Determine the type and scope of surveillance activities, including criteria and definitions, to be used for identifying, evaluating and reporting nosocomial infections.
3. Evaluates and approves the applicability and appropriateness of all surveillance activities taken to prevent and control infections at least annually.
4. Coordinate infection control practices with those of hospitals in the community and within the VA and report notifiable infections to the appropriate city, state, and federal public health authorities.

B. The Infection Control Committee members are:

Physician, Infectious Disease Section, Medical Care Line	111G	Chair
Physician, Infectious Disease Section, Medical Care Line	111G	Member
Chief, Infectious Disease Section, Medical Care Line	111G	Member
Dentist, Dental Section, Operative Care Line	160	Member
Physician, Employee Health Clinic, Chief of Staff	11K	Member
Clinical Program Manager	111G1	Member
Infection Control Practitioner, Medical Care Line	111G1	Member
Infection Control Coordinator, Medical Care Line	111G1	Member
Chief, Medical Nutrition Therapy Section, Clinical Support Service Line	120	Member
Nurse Manager, Operating Room, Operative Care Line	112N/OR	Member
Physician, Chief SICU Section, Operative Care Line	112	Member
Nurse, NSQIP/Quality Management Section, Operative Care Line	112	Member
Nurse Manager, IV Team, Operative Care Line	112N/IV	Member
Nurse Practitioner, Extended Care Line	110TCC	Member
Supervisor, Microbiology Section, Diagnostic & Therapeutic Care Line	113	Member
Pharmacy Section, Clinical Support Service Line	119	Member
SPD Section Manager, A & MMS	90B	Member
Safety Manager, Facilities Management Service	138S	Member
Manager, Environmental Management Section, Facilities Management Service	137EMS	Member
Compliance Officer, Office of Director	00/001	Member

C. The Infection Control Committee meets the second Thursday of each month, and more often as needed, but not less than quarterly. If necessary, temporary subcommittees may be created and additional individuals may be invited to participate as necessary in the solution of specific problems relating to infection control as directed by the Chair.

V. REFERENCES

Comprehensive Accreditation Manual for Hospitals, Joint Commission on Accreditation of Healthcare Organizations.

M-2, Part VI, Chapter 7.

VI. RESCISSION

Medical Center Policy Memorandum No. 111G1-001, *Infection Control Program*, dated November 25, 2003.

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EDGAR L. TUCKER
Medical Center Director