

# Forms & Checklists

for **Infection  
Prevention**

VOLUME 1



**APIC**<sup>®</sup>

# Forms & Checklists for Infection Prevention, Volume 1



## **About APIC**

APIC's mission is to create a safer world through prevention of infection. The association's more than 15,000 members direct infection prevention programs that save lives and improve the bottom line for hospitals and other healthcare facilities. APIC advances its mission through patient safety, implementation science, competencies and certification, advocacy, and data standardization.

## Forms & Checklists for Infection Prevention, Volume 1

© 2017, Association for Professionals in Infection Control and Epidemiology, Inc. (APIC)

All rights reserved. Use of this APIC publication does not grant any right of ownership or license to any user.

Printed in the United States of America

First edition, May 2017

ISBN: 978-1-933013-68-8

All inquiries about this publication or other APIC products and services may be addressed to:

APIC

1400 Crystal Drive, Suite 900

Arlington, VA 22202

Telephone: 202-789-1890

Fax: 202-789-1899

Email: [info@apic.org](mailto:info@apic.org)

Web: [www.apic.org](http://www.apic.org)

### Disclaimer

The Association for Professionals in Infection Control and Epidemiology, its affiliates, directors, officers, and/or agents (collectively, "APIC") provides Forms & Checklists for Infection Prevention, Volume 1 solely for the purpose of providing information to APIC members and the general public. The material presented in this book has been prepared in good faith with the goal of providing accurate and authoritative information regarding the subject matter covered. However, APIC makes no representation or warranty of any kind regarding any information, apparatus, product, or process discussed in this book and any linked or referenced materials contained therein, and APIC assumes no liability therefore.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, THE INFORMATION AND MATERIALS PROVIDED IN THIS BOOK ARE PROVIDED ON AN "AS-IS" BASIS AND MAY INCLUDE ERRORS, OMISSIONS, OR OTHER INACCURACIES. THE USER ASSUMES THE SOLE RISK OF MAKING USE AND/OR RELYING ON THE INFORMATION AND MATERIALS PROVIDED IN THIS BOOK. APIC MAKES NO REPRESENTATIONS OR WARRANTIES ABOUT THE SUITABILITY, COMPLETENESS, TIMELINESS, RELIABILITY, LEGALITY, UTILITY OR ACCURACY OF THE INFORMATION AND MATERIALS PROVIDED IN THIS BOOK OR ANY PRODUCTS, SERVICES, AND TECHNIQUES DESCRIBED IN THIS BOOK. ALL SUCH INFORMATION AND MATERIALS ARE PROVIDED WITHOUT WARRANTY OF ANY KIND, INCLUDING, WITHOUT LIMITATION, ALL IMPLIED WARRANTIES AND CONDITIONS OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, TITLE, AND NON-INFRINGEMENT.

IN NO EVENT SHALL APIC BE LIABLE FOR ANY INDIRECT, PUNITIVE, INCIDENTAL, SPECIAL, OR CONSEQUENTIAL DAMAGES ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE USE OF THIS BOOK OR FOR THE USE OF ANY PRODUCTS, SERVICES, OR TECHNIQUES DESCRIBED IN THIS BOOK, WHETHER BASED IN CONTRACT, TORT, STRICT LIABILITY, OR OTHERWISE.

# Acknowledgments

Development of this book required input and expertise from a team of editors who selected and organized the materials from a range of facilities and other resources. The Association for Professionals in Infection Control and Epidemiology acknowledges the valuable contributions from the following individuals.

## Lead Editor

**Susan Jukins Hudson, RN, BSN, MPH, CIC, LHRM**

*Senior Clinical Consultant*  
Premier, Inc.  
Charlotte, NC

## Associate Editors

**George Allen, RN, PhD, FAPIC, CIC, CNOR**

*Director, Infection Prevention and Control*  
New York-Presbyterian Brooklyn  
Methodist Hospital  
Brooklyn, NY

**Debbie Hurst, RN, BSN, CHESP, CIC**

*Infection Prevention & Control Consultant*  
HandsOn IC Consultative Services LLC  
Medford, OR

## Reviewers

**Janet Crigler, MT(ASCP,AMT) CIC**

*Infection Preventionist*  
Fairmont Regional Medical Center  
Fairmont, WV

**Carol McLay, DrPH, MPH, RN, CIC, FAPIC**

*CEO*  
Infection Control International  
Lexington, KY

**Barbara A. Smith, RN, BSN, MPA, CIC, FAPIC**

*Nurse Epidemiologist*  
Mount Sinai St. Luke's/Mount Sinai West  
New York, NY

## Project Management

**Susan F. Sandler**

*Director, Practice Resources*  
Association for Professionals in Infection Control  
and Epidemiology

**James Ebersole**

*Assistant Editor, Practice Resources*  
Association for Professionals in Infection Control  
and Epidemiology

**Elizabeth Garman**

*Vice President, Communications and Practice Resources*  
Association for Professionals in Infection Control  
and Epidemiology

## Production

**Sarah Vickers**

*Art Director (cover design)*  
Association for Professionals in Infection Control  
and Epidemiology

**Project Design Company**

*Text Design and Layout*  
Washington, DC

**Modern Litho**

*Printing*  
Jefferson City, MO

# Declarations of Conflicts of Interest

Only individuals who have made declarations of potential conflicts have been listed here.

George Allen, RN, PhD, FAPIC, CIC, CNOR is a member of the Association for periOperative Registered Nurses *AORN Journal* Editorial Board.

# Table of Contents

## SECTION 1 | Infection Prevention Programs

1-1	Infection Prevention and Control Program Overview .....	7
1-2	Authority Statement .....	12
1-3	Infection Prevention and Control Plan Template.....	13
1-4	Infection Control Risk Assessment Analysis .....	24
1-5	Orientation Checklist for Infection Control Practitioners.....	25
1-6	Orientation Bibliography Curriculum ..	26
1-7	IP Competency Self Assessment .....	34
1-8	IP Interview Form .....	38
1-9	Hospital Epidemiologist Medical Director Job Description .....	39
1-10	Infection Prevention Director Job Description .....	41
1-11	Infection Prevention Officer Job Description .....	43
1-12	Infection Prevention Practitioner Job Description .....	46
1-13	Committee Agenda Sample .....	50
1-14	ICC Minutes Template.....	51
1-15	Long-Term Care Infection Control Program .....	52
1-16	Section Resources .....	60

## SECTION 2 | Infection Prevention Education

2-1	Infection Prevention and Control General Orientation .....	61
2-2	Infection Prevention Training Classes ..	63
2-3	Attendance Sign-in Sheet Sample .....	64
2-4	Environmental Service Inservice Outline .....	65

2-5	Personal Protective Equipment Competency.....	67
2-6	Injection Safety Competency.....	69
2-7	Hand Hygiene Competency.....	71
2-8	Clean Hands Count Poster.....	72
2-9	HAI Patient Fact Sheet.....	73
2-10	Section Resources .....	74

## SECTION 3 | Surveillance

3-1	Primary Bloodstream Infection Data Collection Form .....	75
3-2	Central Line Infection Practices Data Collection Form .....	79
3-3	Urinary Tract Infection Data Collection Form .....	81
3-4	Surgical Site Infection Data Collection Form .....	85
3-5	Pneumonia Data Collection Form.....	89
3-6	Ventilator-Associated Event Data Collection Form .....	93
3-7	Multidrug Resistant Organism and C. Diff Data Collection Form .....	97
3-8	Laboratory-Identified MDRO or CDI Data Collection Form .....	101
3-9	Line Listing of Infections .....	103
3-10	Investigation of Hospital-Acquired Infections as Sentinel Events.....	104
3-11	HAI Outbreak Investigation Abstraction Form .....	105
3-12	Sentinel Event Analysis Related to HAI .....	114
3-13	Reportable Diseases by State.....	115
3-14	Section Resources .....	119

*Continued on next page*

## SECTION 4 | Precautions

4-1	Set Up for Transmission-Based Precautions.....	121
4-2	Respiratory Hygiene and Cough Etiquette Policy .....	122
4-3	Clostridium difficile HAI Prevention Action Plan .....	124
4-4	Inter-facility Infection Control Transfer Form.....	128
4-5	Inter-facility Infection Control Transfer Form .....	130
4-6	Contact Precautions Poster .....	132
4-7	Enteric Contact Precautions Poster.....	133
4-8	Droplet Precautions Poster .....	134
4-9	Droplet Contact Precautions Poster....	135
4-10	Airborne Precautions Poster.....	136
4-11	Airborne Contact Precautions Poster ..	137
4-12	Sequence for Personal Protective Equipment .....	138
4-13	Section Resources .....	141

## SECTION 5 | Performance Improvement

5-1	Surgical Site Infection Gap Analysis Template .....	143
5-2	Root Cause Analysis and Action Plan Template.....	144
5-3	Acute Care Facility MDRO Assessment .....	145
5-4	MRSA Questionnaire Needs Assessment .....	152
5-5	Plan Do Check Act Worksheet .....	154
5-6	Section Resources .....	155

## SECTION 6 | Environment of Care

6-1	Environmental Cleaning Checklist.....	157
6-2	Environmental Cleaning Evaluation Worksheet .....	158
6-3	Infection Control Compliance Rounding Checklist .....	160
6-4	EVS Cleaning Checklist .....	161
6-5	Perioperative EVS Survey .....	164
6-6	Perioperative Terminal Cleaning Checklist .....	165
6-7	OR Training Program Outline for Environmental Cleaning Staff .....	166
6-8	Section Resources .....	167

## APPENDIX

Resources .....	169
Acronyms .....	172

# Introduction

*Forms & Checklists for Infection Prevention, Volume 1* was designed to provide a variety of resources for the infection preventionist from novice to expert. The editors have selected and organized this compilation of forms, checklists, policies, and guidelines to create a convenient resource for IPs. These resources are not intended to be all inclusive—instead, they provide a variety of samples to aid IPs in creating, improving, and enhancing their infection prevention and control programs.

This first volume of resources is presented in six sections: Infection Prevention Programs, Infection Prevention Education, Surveillance, Precautions, Performance Improvement, and Environment of Care. Each section provides sample forms, policies, guidelines, and links to additional resources and background reading. The samples may be modified to meet an individual facility's needs for their particular demographic population. Please note that every effort has been made to verify the internet links provided as resources; however, at times the location of information may change.

Infection prevention has its origins dating back to the first half of the 18th century and has been evolving since that time. The pioneers of infection prevention have been sharing their research, accomplishments, and lessons learned in an effort to foster the common goal of improved care for our patients, staff, and visitors while reducing and preventing infection. The resources in this book can help IPs to create structured infection prevention programs, and to develop education, systematic surveillance measures, and ongoing data analysis that allow for patient improvement opportunities.

Research, education, and communication foster collaboration for improved patient outcomes. The infection preventionists who shared their time, resources, and expertise hope that you will find this book useful, and that it will spark the continued motivation to communicate and share your research, accomplishments, and lessons learned as stewards of reducing and preventing infection.

Susan Jukins Hudson, RN, BSN, MPH, CIC, LHRM

George Allen, RN, PhD, FAPIC, CIC, CNOR

Debbie Hurst, RN, BSN, CHESP, CIC

May 2017

# 1

# Infection Prevention Programs



# 1-1. Infection Prevention and Control Program Overview

## Daily:

- 24-hour, seven day a week availability to respond to all staff infection prevention and control concerns.
- Triage voicemails, emails and phone calls for those requiring immediate action.
- Immediately investigate all possible employee or patient exposures for Occupational Health or physician follow-up.
- Respond immediately to individual requests for Infection Prevention and Control assistance/information or concerns by telephone or in the patient care areas.
- Respond to all other emails and voicemails within 24 hours.
- Report to the Public Health Department required reportable diseases.
- MDRO bacterial infections/colonization to be logged with patient/date/history and CA versus HA MDROs.
- Flag all MDRO patients daily in applicable Infection Prevention surveillance system.
- Follow up patient notification form for placement and use of correct isolation precautions.
- Notify Environmental Services for all applicable MDRO patient and room numbers for special cleaning daily and upon discharge.
- Log confirmed Influenza cases for Occupational Health. (Seasonal)
- Investigate requests for Infection Prevention and Control Review for Quality Management issues such as patient complaints, staff variances and staff Blood Borne Pathogen injury reports.
- Pull culture reports for possible hospital acquired infections for Surgical Site infections: Identified targeted or full surgical procedure surveillance and hospital acquired multi-drug resistant organisms.
- Round in construction sites for infection prevention and control and construction issues along with on-going staff teaching with rounding.
- Report immediately to administration by phone, pages and follow up emails of breaches in all the above areas.
- Write variances on the Infection Prevention and Control violations after investigation of violations of hospital policy.

## Weekly:

Round in patient care sensitive site areas for construction and renovation adherence to ICRA compliance.

- Round on all nursing units.
- Report all reportable diseases in written form to the Public Health Department.
- Tally Hand Hygiene observations.
- Compile numbers into rates for all units and healthcare groups.
- Perform hospital acquired infection chart reviews.
- Document infections and place data in Surveillance system.

**Bi-Weekly:**

- Nursing Orientation for Infection Control. (60 minutes+).
- General Orientation for Infection Control. (60 minutes+).
- C. N. A. Orientation for Infection Control. (60 minutes+).
- Unit Secretaries Orientation for Infection Control. (30 minutes).

**Monthly:**

- Educate all areas of the hospital staff to changes in Infection Control processes.
- Review all hemo-dialysis cultures for AAMI Standards breaches.
- Review all in house Pharmacy cultures (Cardioplegia, mag/sulf, TPN, etc).
- Notify Pharmacy supervisor immediately if culture is positive and implement emergency protocol for retrieval and ID of patient(s) involved for follow up or intervention.
- Write variance and institute root cause analysis process ASAP
- Review all Negative Draft Room Air Flow Report for compliance. Contact Engineering for immediate problems.
- Collect targeted surgical patient and ICU (Vent days and Central line device days) denominators.
- Send letters to surgeons with patient names for SSI monthly infection surveillance notification.
- Research surgeon letters listing patient infections.
- Document and enter data in Infection Prevention surveillance system.
- Send surgical Line Listings to OR Director.
- Attend Public Health Department Bio-readiness/Pandemic meetings. Follow through on any requirements for IC for the hospital.
- Attend Value Analysis meetings.
- Attend Product evaluation subcommittee.
- Attend Environment of Care meetings (EOC).
- Attend Nursing Policy/Procedure meetings.
- Attend Clinical Excellence Committee meetings (CEC).
- JCAHO Task Force Meetings.
- Attend any remaining applicable meetings.

**Quarterly:**

- Send out Notice, Agenda and ICC minutes to Committee Members prior to Committee Meeting.
- Prepare and analyze data or issues to be addressed for meetings.
- Conduct meetings.
- Record minutes.
- Type minutes and send to the Chairperson for review and signature.
- Make plan and follow through on issues passed by IC Committee.
- Prepare summary review of ICC along with minutes to be presented to MEC. Send to Medical Staff office.
- Communicate Surgical Infection Data with all surgery specialties in targeted surveillance.

- Investigate concerns with data in targeted surveillance; Implement the scientific process for analyzing solutions. Review current literature and best practice.
- Meet with areas that have infections in targeted surveillance areas.
- Do rounds observing current practice.
- Meet with Hospital Epidemiologist/Medical Director to evaluate problems. Address areas out of compliance with standards.
- Meet with and educate the staff on changes in practice needed to eliminate infections.
- Observe and collect data to prove the hypothesis. Reevaluate for needed changes until the infection rates reaches zero. Monitor for continuing best practice and decreased infection rate.
- Infection Control education for Phlebotomists.
- Review APIC Infection Prevention and Control updates and alerts along with CDC, OSHA, JCAHO, ACHA, CMS and CCPHD information for up-to-date changes in the Hospital System for contagious diseases and changes in standards.
- Review Infection Prevention and Control literature at the request of individuals and groups. (Example: Use of silver impregnated dressings for Wound care or is building hospital wards an infection control issue?).
- Meet with various sales representatives for issues in the Hospital or for products that need to be considered for cost savings, safety, customer satisfaction or Infection Prevention and Control.

#### Bi-annual:

- Environmental Inspection rounds of the Hospital for all Infection Control standards.
  - o All patient care areas.
  - o All support areas including but not limited to Food Services, Radiology, Radiation Treatment Center, Neuro-diagnostics, OPIS North and South, Sick Kids care, Day Care centers, Environmental Services, Laundry facilities, Wound Care Clinics, etc.
  - o All outlying clinical areas.

#### Yearly:

- Annual risk assessment
- Environmental tour - contracted companies/facilities (such as laundry)
- Review/update policies/procedures
- Collect and organize and analyze year-end data.
- Write the annual appraisal of the Infection Prevention and Control Program. Present the finished appraisal to the work group and committee that will take it to Administration and the hospital board.
- Infection Control education programs for specific groups as applicable:

CNRAs

OR Scrub Techs (Students)

Nursing Students

Construction specialties

High School Students

Other community lectures

- Attend APIC and local conferences for updates and education on all IC issues.

#### Every five years: National recertification in Infection Prevention and Control.

## SUMMARY OF JOB DUTIES:

### AREAS OF RESPONSIBILITY

All hospital areas to be divided among in house ICP staff to monitor compliance, educate, make rounds.

### EDUCATION

Education as needed for the following staff:

Administrative Coordinators/Clinical Coordinators; Unit Secretaries/Phlebotomists;

Community Education: Service clubs, Schools, Health Professionals, Peers

Biomedical Waste Training

Annual Mandatory Education /EES (review/edit)

Biweekly General Orientation

Biweekly Nursing Orientation

Biweekly CT training

Inservice to all departments as needed/requested

Inservice to Directors and Managers as needed

Write Educational Programs as needed/requested by Directors

Presentations to the Board

### CONSULTING

Consultation services provided to Construction Committee

RE: ICRA completed for new construction/renovations

Consultation services regarding: Germicides/sterilants; Hospital products; handwashing products; Air handling; Interior furnishings; Isolation precautions; patient placement (bed board assistance); Nursing and other staff re: infection control issues/questions; Visitors; Patients; Families

### POLICY AND PROCEDURE RESPONSIBILITIES

Write new policies/procedures as needed

Review and update Infection Control Policies and Procedures

Work with Unit/Department Directors with their individual policies and procedures re: Infection Prevention and Control

Nursing Policy and Procedure Committee participation

Blood Borne Pathogen Policy and Procedure maintenance and staff education

TB Standard Policy and Procedure maintenance and staff education

Pandemic Flu Policy and Procedure maintenance and staff education

Bio-readiness Policy and Procedure maintenance and staff education

## **SURVEILLANCE**

Supervise surveillance system: VSI, Sentinels, Reportables

Work with Unit/Department Directors to decrease noted infection patterns/trends

Report results to Hospital Board

Exposure follow up (TB, meningitis, Flu, Pertussis) for patients, families, employees

Daily Administrative Coordinator Logs

## **MEETINGS/COMMITTEES**

Participation and attendance for the following:

Infection Prevention Control Committee (responsible for organizing, process, minutes, reporting)

Nursing Policy and Procedure Committee - Monthly

SSI - IHI Committee meetings - Biweekly/Monthly

EOC Committee - Monthly

Infection Control Work Group - Weekly

Construction Committee (NCO)

Value Analysis

JCAHO Task Force

Service Excellence

Public Health Department Task Force

Sales Representatives

Others, PRN

## **HEMODIALYSIS**

Review cultures with follow up as needed

Consultation for staff regarding Infection Prevention and Control

## **OTHER**

JCAHO Preparation

CMS Preparation

ACHA (state) Preparation

OSHA (federal) Preparation

Review and dissemination of current CDC recommendations

Research: literature / local research as needed for multiple areas affecting hospital best practice

Availability: both in house/via pager 365days/yr , 24/7

## **Reference**

Rebecca Malphus, RN, BSN, CIC

## 1-2. Authority Statement

Facility Name _____	Policy Manual Name _____
Section: Infection Prevention Committee _____	Original: Date _____
Policy: Authority Statement _____	Revised: Date _____
Page: 1 _____	Approval: Date _____

The Administration, Board of Trustees and Medical Staff of \_\_\_\_\_ fully recognize that any infection acquired during hospitalization or any infection brought into the hospital is potentially hazardous for all persons in the health care facility. Therefore, the Infection Prevention and Control Committee through its chairman (s) or physician member (s) has the authority to institute any appropriate control measures or studies, and to recommend corrective action within any department when there is considered to be a danger to any patient or personnel.

The Infection Prevention and Control Committee has the ultimate authority in the event that there is a question of disagreement in relation to Infection Prevention and Control Policy or Procedure.

To facilitate early identification, complete reporting and rapid disease containment the Infection Prevention and Control Practitioner under the direction of the Infection Prevention and Control Committee has the authority to initiate culture and sensitivity testing, institute any appropriate infection prevention and control measures, and/or Isolation Procedures. When any of these actions are taken, the physician responsible for the patient will be notified.

### APPROVED BY:

President of the HOSPITAL NAME \_\_\_\_\_ Date \_\_\_\_\_

Governing Board \_\_\_\_\_ Date \_\_\_\_\_

### Reference

Rebecca Malphus, RN, BSN, CIC

# 1-3. Infection Prevention and Control Plan Template

HOSPITAL	POLICY DESCRIPTION: Infection Prevention and Control Plan
POLICY NUMBER	

ORIGINAL DATE OF ISSUE: _____ REVISION/REVIEWED DATES: _____
FUNCTIONAL AREA/DEPARTMENT: Infection Control _____
RETIRED: _____
OWNER & TITLE: Infection Control _____
Committees: _____

## SCOPE: All personnel

### Demographics

\_\_\_\_\_ (name) Hospital is an affiliate of \_\_\_\_\_ (name) Corporation, Inc., and services \_\_\_\_\_ (county) county and surrounding communities. \_\_\_\_\_ (hospital) is a \_\_\_\_\_ (number of beds) bed facility with approximately \_\_\_\_\_ (number of employees) employees offering a comprehensive diagnostic and treatment facility. \_\_\_\_\_ (hospital) provides services to \_\_\_\_\_

---



---



---



---

(list your service lines and clinics, by name if they have one), cardiac rehabilitation enter, and Outpatient Therapy Services. The hospital includes an \_\_\_\_\_

---



---



---

(list your units/services/clinics; for example: Intensive Care Unit, Cardiac Intensive Care Unit, Step-down Cardiac Care Unit, Trauma Intensive Care Unit, Pediatric Oncology Ward, Progressive Care Unit, Emergency Room, Medical Surgical Unit, an Operating Room for inpatient and outpatient services, endoscopy suite, pediatric maximum security prison clinic, Cardiovascular Operating Room, women's imaging, and sleep study suites).