INFECTION CONTROL PROGRAM

POLICY

High Peaks Hospice (HPH) maintains and documents an effective, organization-wide infection control program that includes active monitoring, surveillance, identification, prevention and control of known or suspected infections which could result in staff, visitors, or patients and family members becoming exposed to communicable diseases or infections.

PROCEDURE

1. HPH’s infection control program includes, but is not limited to the following components:

   A. education and training for staff, volunteers, and patients/caregivers and visitors on the principles of infection identification, prevention and control, including the use of standard and transmission-based precautions;

   B. designation of the Director of Nursing as the focal point of accountability for the infection control program in collaboration with the HPH’s Quality Assessment Performance Improvement (QAPI) Committee;

   C. collection and analysis of surveillance data related to infections among staff, volunteers and HPH patients;

   D. a written bloodborne pathogen exposure control plan; and

   E. a written plan for dealing with epidemics as a component of the HPH’s emergency/disaster management plan.

2. As an integral component of the HPH’s quality assessment and performance improvement program, infection control data is collected and analyzed to determine trends and areas in need of improvement to minimize the risk of infections. Data collected may include, but not be limited to:

   A. identification of targeted infections

   B. identification of unusual/undesirable trends and factors contributing to those trends
C. monitoring staff compliance with infection control policies and procedures

D. reportable employee or patient illnesses and infections.

3. A summary of all infection control activities performed as well as results of aggregated surveillance data analysis is provided by the QAPI Committee and included in reports to the Board of Directors.

4. HPH’s written infection control plan and its infection control practices are monitored and reviewed by the Quality Assurance Coordinator and QAPI Committee, and updated on an annual basis and as needed.

(Also see Clinical Policies “Infection Control” and a specific topic)

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