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Sponsor Barry Gallison:  
Vice President,  
Clinical Quality &  
Risk  
Management  
Section CS-Infection  
Control-IC  
Manuals Clinical  
Services

## CS-003-024 Infection Prevention and Control Program Surveillance Plan

### I. SCOPE

Broward Health (BH) has developed and implemented a system-wide Infection Prevention and Control Program (IPC) for the surveillance, prevention, and control of infection. The aim of our program is to deliver safe, cost-effective quality care to our patients, staff, visitors, and others in the healthcare environment. The program is designed to prevent and reduce hospital acquired infections (HAI) and provide information and support to all healthcare providers, employees, and the community regarding the principles and practices of Infection Prevention and Control in order to support the development of a safe environment for all who enter the facility.

#### A. Authority Statement

The Chief of Infection Prevention, Infection Prevention and Antimicrobial Stewardship or Medical Director of Infection Prevention or Chairman of Infection Control Committee maintains clinical authority over the IPC Program. The Infection Prevention and Control Committee (IPCC) is a multidisciplinary committee which includes physician members appointed by the Chief of Staff of each hospital, has responsibility for overseeing the IPC and shall meet at least quarterly. The chairperson of the IPCC shall be either a physician specializing in Infectious Diseases or a physician whose credentials document knowledge of and a special interest or experience in, infection control. This physician is appointed by the Chief of Staff.

The Director of Quality, Patient Safety & Infection Prevention or Regional Manager of Quality and Infection Prevention has operational oversight of the Infection Prevention department. The Clinical Nurse Specialist, and staff Infection

Preventionists are responsible for the daily management of the infection prevention and control activities including any surveillance, prevention, and/or control measures when any condition exists that could result in the spread of infection within the hospital, its facilities or creates a hazard for any person at the hospital or its facilities. To facilitate early identification, completed reporting and rapid disease containment, the Infection Prevention department, under the direction of the IPCC, has the authority to investigate outbreaks. Examples of appropriate prevention and/or control measures include but are not limited to: institution of appropriate isolation precautions in accordance with hospital policy and/or CDC guidelines, initiation of culture and sensitivity testing in the face of obvious indication, restricting visitors, temporarily closing a unit or ward to further admissions in the case of a suspected or actual outbreak, restricting movement of patients from one area to another, and education to staff, patients, and other persons at the hospital or its facilities. Other control measures may be initiated based on surveillance findings, reports of infections, and potential infections.

Discontinuation of services is decided by the Chief of Infection Prevention, Infection Prevention and Antimicrobial Stewardship or Medical Director of Infection Prevention or Chairman of Infection Control Committee or designee of Infectious Disease and local administrator.

#### B. Description of Population

BH is one of the ten largest health systems in the United States and located in Broward County, Florida. BH is a public, non-profit hospital system governed by the North Broward Hospital District Board of Commissioners, a seven-member district board appointed by the Governor. The medical centers provide tertiary care across a continuum of services from inpatient, outpatient, emergency, rehabilitation, behavioral health and select community health services. Patient populations include medical-surgical specialties and subspecialties including but not limited to trauma, intensive care, orthopedic, neurology, renal, cardiology, pulmonary, infectious disease, dialysis, diagnostics, endoscopy, wound care, hyperbaric oxygen treatment, stroke, hematology, oncology, hospice, geriatrics, women's, and children's services. The system services all segment of the community. The system's close proximity to highways, international airports, shipping ports, 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.

According to the Broward County Department of Health (BCDOH) there are high numbers of infectious diseases reported. These primarily include HIV/AIDS, Hepatitis C, STIs, and tuberculosis. Conditions such as cancer, HIV/AIDS, indwelling medical devices, disorders that affect the immune system, alcoholism, drug abuse, diabetes and renal failure can also increase an individual's risk for acquiring infections.

## II. STRATEGY

- A. The Infection Prevention and Control Program uses evidence based national guidelines, or in the absence of such guidelines, expert consensus. These experts may include the Centers for Disease Control and Prevention (CDC), Center for Medicare and Medicaid Services (CMS), Infectious Disease Society of America

(IDSA), Society for Healthcare Epidemiology of America (SHEA), Association for Professionals in Infection Control and Epidemiology (APIC), Occupational Safety and Health Administration (OSHA), The Joint Commission (TJC), Association of perioperative Nurses (AORN), and Association for the Advancement of Medical Instrumentation (AAMI).

- B. Epidemiologic data will be used to plan, implement, evaluate, and improve infection control strategies. Surveillance is a critical component of the program.
- C. The hospital identifies risks for acquiring and transmitting infections based on:
  - 1. Its geographic location, community, and populations served.
  - 2. The care, treatment, and services it provides.
  - 3. The analysis of surveillance activities and other infection control data.
  - 4. Guidance from national and international sources.
- D. There is ongoing concurrent review and analysis of epidemiologically significant aspects based on historical data, high volume, high risk, and high cost. The aspects of care include, but are not limited to:
  - 1. Device related infections.
  - 2. Surgical site infections.
  - 3. Health care acquired infections in specialty care units.
  - 4. Epidemiologically important and antibiotic resistant organisms.
  - 5. Tuberculosis and other communicable diseases, especially vaccine preventable infections.
  - 6. High risk populations.
- E. The Infection Prevention and Control Program is evaluated at least annually to assess its effectiveness and determine if any revisions are needed.
- F. Performance Improvement indicators and benchmarks are adopted on an annual basis and approved by the Infection Control Committee based on the annual risk assessments and the annual Infection Control Plan.
- G. Infection Prevention and Control education programs are determined by the educational needs of the employees, results of surveillance activities, and observation of infection prevention and control practices of employees by the Infection Preventionists.

### III. ASSIGNMENT OF RESPONSIBILITY / PROGRAM MANAGEMENT

- A. Members of the Infection Prevention and Control Committee (IPCC)
  - 1. The Committee chairperson, appointed by Chief of Staff, is a physician specializing in Infectious Diseases or a physician whose credentials document knowledge of and a special interest or experience in infection control.
  - 2. The IPCC is a multidisciplinary committee with representation from but not limited to Medical Staff, Executive Leadership, Employee Health,

Nursing, Surgical Services, Ancillary staff including Environmental Services, Nutritional Services, Allied Health, and Community Health Services as needed.

3. The role of the IPCC is to oversee the Infection Prevention and Control Program. All hospital departments are encouraged to participate in the IPCC and contribute to the infection prevention and control objectives of the program.
4. In collaboration with Executive Leadership, Infection Prevention and Control Program is managed by the Director or Regional Manager of Quality and Infection Prevention, the Coordinator or Clinical Nurse Specialist of Infection Prevention, the Chairman of the Infection Control Committee (ICC) and the IPCC members.

B. Duties and Responsibilities of the Infection Prevention and Control Committee

The Committee defines the epidemiological issues, sets specific annual objectives, and modifies the Infection Prevention and Control Plan to meet those objectives, as necessary. 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, which meets at least quarterly:

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. Recommends corrective action(s) and approves all proposals and protocols for special infection control studies and findings, when deemed necessary.
3. Initiates recommendations based on mandatory reporting data, surveillance findings, epidemiological investigations, and performance indicator trends.
4. Targeted health care acquired infections will be reported for the hospital and by departments to identify specific patient locations to assist in timely identification of trends or clusters of concern.
5. Reviews antibiotic susceptibility/resistance trends.
6. Reports, reviews, and makes any necessary recommendations for the Infection Control Risk Assessment (ICRA) as required for construction/renovation projects as needed.
7. Approves the IPC program's annual evaluation of the plan, infection control plan revisions, and reviews new/revised policies annually.
8. The Committee, through the Chairperson, Medical Director, or designee, is authorized to institute appropriate control measures or studies when there is reasonable concern for the well-being of patients, personnel, volunteers, visitors, and/or the community.

9. The Committee, through the Infection Prevention department, keeps abreast of regulatory guidelines/standards related to infection control.
10. Performance Improvement indicators include, but are not limited to, resistant organism monitoring, dialysis water culture reports, biological monitoring of sterilizers, and any unusual or epidemiologically significant infections among patients or staff, exposures to infectious disease, PPD conversions among employees, and blood and body fluid exposures.
11. The Infection Prevention department provides consultation regarding the purchase of equipment and supplies for decontamination, cleaning and disinfection, high level disinfection, and sterilization including schedules used throughout the hospital. Any changes in products or techniques are reviewed by the Infection Prevention department and presented to IPCC.

C. Oversight and Coordination of Infection Prevention and Control Program

1. The Clinical Nurse Specialist, Coordinator of Infection Prevention, or designee has been given the authority to implement and enforce the surveillance, Infection Prevention policies, coordinate all infection prevention and control activities within the hospital and facilitate ongoing monitoring of the effectiveness of infection prevention and control interventions:
  - a. Facilitates appropriate reporting for state and regulatory requirements.
  - b. Notifies the Broward County Department of Health (BCDOH) reportable diseases and conditions.
  - c. Promotes compliance with regulatory agencies, (i.e., OSHA) and evaluates and institutes recommendations from other recognized experts in Infection Control and Prevention (i.e., CDC, IHI, HICPAC).
  - d. Maintains a log of incidents related to infections and communicable diseases.
2. The Clinical Nurse Specialist or Coordinator of Infection Prevention consults with the Chairman or Medical Director of the IPCC as appropriate for infection prevention and control activities and decisions. Responsibilities are outlined in the job description and include but are not limited to:
  - a. Provides oversight and coordination of infection prevention and control activities
  - b. Facilitates prioritization of risk reduction goals, objectives, and activities
  - c. Describes demographics and patient populations.
  - d. Adheres to the NHSN definitions for healthcare associated infections
  - e. Identifies infection clusters.

- f. Performs healthcare associated infection surveillance and prevalence rounds.
  - g. Calculates health care associated infection rates.
  - h. Reviews microbiological cultures and antibiotic susceptibilities.
  - i. Conducts outbreak investigation and follow-up.
  - j. Reviews construction plans.
  - k. Monitors hospital precaution practices.
  - l. Monitors and reviews report of dialysis water, dialysate cultures and endotoxin testing.
  - m. Conducts special studies based on epidemiological need.
3. Develops strategies to minimize risk of infection:
- a. Formulates and implements policies and procedures to reduce risk of infections and communicable diseases.
  - b. Develops and implements systems for identifying, reporting, investigating and control of infections and communicable diseases.
  - c. Monitors for adherence to standard precautions and transmission-based precautions.
  - d. Reviews and approves all procedures for cleaning, disinfection, high level disinfection, sterilizing and reprocessing based on manufacturer's guidelines.
  - e. Implements processes for safe patient transfers internally or to another facility.
4. Committee participation: The Infection Prevention department shall be included at, but not limited to, the following Committees: Nursing Leadership, Value Analysis Steering Committee, Pharmacy & Therapeutics Committee, Patient Safety/Quality Council, Critical Care Committee, Surgical Services Committee, Perinatal Committee, Emergency Management Committee, Environment of Care Committee, Regional Infection Prevention Committee, Antibiotic Stewardship Committee, Construction Committee, and Performance Improvement related committees.
5. Serves as a resource for infection prevention and control related issues.
- a. Provides patient and family education addressing the disease process, transmission, and prevention which can also be performed by any member of the healthcare team.
  - b. Serves as a consultant on infectious disease and infection prevention/control issues to the medical staff, clinical staff, ancillary departments, administration, and the community.
  - c. Communicates to the medical staff and hospital employees

regarding current public health issues and other infection prevention and control issues (i.e., blast fax, emails, and flyers).

- d. Participates with Facilities Services and Safety in conducting infection control risk assessments for construction and renovation plans.
- e. Participates in Value Analysis Committees to provide input on product review and selection.
- f. Participates in Environment of Care and Tracer rounds.
- g. Serves as the Facility Administrator for NHSN surveillance system and is responsible for the timeliness and accuracy of data entry for required measures.
- h. Serves as community resource.

#### 6. Policies

- a. All Broward Health infection control policies are reviewed annually and revised as needed.
- b. All infection control policies are revised in compliance with applicable regulatory requirements.
- c. All infection control policies are approved by the Infection Prevention and Control Committee.
- d. Department managers are responsible for submitting department infection control policies to the Infection Prevention department for review.

#### 7. Facilitates the appropriate allocation of needed resources.

- a. Hospital leaders will review on an ongoing basis the effectiveness of the hospital's infection prevention and control activities.
- b. The Infection Prevention department has access to information via the intranet, internet, written publications, and journals.
- c. Systems to access information will be provided to support infection prevention and control activities. The following computer programs are available for patient specific information: Cerner including Power Chart and MedMined.
- d. The Infection Prevention department has access to both open and closed medical record health documentation including all information at the time of discharge, including concurrent and retrospective patient review.
- e. Networking with other Epidemiologists.
- f. The Infection Prevention department has its own cost center and budget that is reviewed annually to provide necessary equipment and supplies to support the program.



- g. The hospital provides laboratory resources both internally and through reference laboratories as needed to support the Infection Prevention and Control Program.
- h. A Clinical pharmacist monitors the appropriateness of antibiotics relative to the results of cultures and sensitivities. A clinical Pharmacist monitors and impacts appropriate anti-infective utilization through the annual antibiogram, limited dosing for post-op antibiotic therapy, education as needed, interventions during Kinetic monitoring and is the lead for the Antimicrobial Stewardship Program.
- i. An information systems specialist is assigned to support Infection Prevention.
- j. Supplement communicable disease reporting completed by the Emergency Department, Laboratory, and Community Health Services staff as needed.
- k. The Infection Prevention and Control Program is affected and supported by all applicable federal, state, and local laws and regulations.

8. Ensures licensed professionals from the Infection Prevention department are available for consultation. The designated persons will ensure continuous services (24 hours a day / 7 days a week / 365 days a year) for infection prevention and control programs.

9. Educates employees, volunteers, and students. Infection Prevention and Control education is provided to all new Broward Health employees in general orientation. All employees complete mandatory annual education in conjunction with their annual evaluation.

- a. The Infection Prevention department participates and/or serves as the subject matter experts in the development of these educational offerings.
- b. In-services of employees in specific departments may also be conducted as needed based on:
  - i. Observations during infection control surveillance rounds or environment of care surveillance rounds.
  - ii. Alerts from Broward County Department of Health, CDC, FDA, or other regulatory agencies.
  - iii. Introduction of new or updated products, procedures, or processes.
  - iv. Patients, family, or employee educational needs.
  - v. Informal education and serves as a consultant to the staff during routine patient/facility rounding.
- c. Educates using formal and informal models of education which



includes learning objectives, audio-visual material, online newsletters, 'Need to Know' publications, handouts, and program evaluation forms.

- d. Clinical Education maintains records of attendance and completion of online learning for all employees.

#### 10. Surveillance Data and Reporting

- a. The hospital shall have systems for reporting and gathering surveillance data to include but not limited to the following:
  - i. The appropriate staff within the hospital.
  - ii. Internally to appropriate committees as required including findings, recommendations to Medical Staff through Medical Executive Committee and up to the Board.
  - iii. Federal, state, and local public health authorities in accordance with law and regulation. The Infection Prevention department reports all communicable diseases as required by the Florida Department of Health to all need-to-know parties (i.e., BCDOH). The Infection Prevention department is the liaison to the BCDOH during unusual circumstances (i.e., pandemic influenza, outbreaks/clusters, increase of influx of patients).
  - iv. Accrediting bodies as indicated (Sentinel Event Reporting) including mandatory surveillance reporting of specific healthcare associated infections (HAIs) as required by the Centers of Medicare and Medicaid Services (CMS) through the standardized surveillance methods and definitions provided by National Healthcare Safety Network (NHSN) which is managed by the Division of Healthcare Quality Promotion at the Centers for Disease Control (CDC) and Prevention.
- b. The referring or receiving organization when a patient was transferred or referred, and the presence of an HAI was not known at the time of referral.
- c. The minutes of the IPCC are provided to all members of the IPCC for approval and include recommendations in response to clusters or PMR outliers, action plans, responsible parties, and timelines.
- d. The Infection Prevention department forwards recommendations for department specific actions to the appropriate department manager and monitors' progress.
- e. The occurrence and follow up of infections/communicable diseases among patients and any staff exposures will be

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documented by the Infection Prevention department and reported to the Infection Prevention and Control Committee.

f. Infection Database Management

- i. All infections will be classified, and a list of healthcare associated infections maintained.
- ii. In cooperation with the Quality and Risk Departments, the Infection Prevention department will participate in a root cause analysis/intense analysis of any infections that results in unanticipated death or permanent loss of function.
- iii. An intense assessment may be done for infections as determined by the facility as being epidemiologically significant.
- iv. Data shall be aggregated, analyzed, and prepared for presentation as needed.

11. Problem Resolution:

- a. Once a problem has been defined, sufficient criteria to evaluate the problem are established and a retrospective review or concurrent monitoring is performed.
- b. The findings are analyzed, specific problems are detailed, and possible solutions are recommended.
- c. If changes are within the scope and responsibility of the Committee Chairman or Department Manager, immediate corrective action shall be made through the appropriate Administrator or Medical Executive Committee.
- d. An identified problem brought to the attention of the IPCC will be addressed with conclusions, recommendations, and actions including periodic follow-up and monitoring until resolution.

D. Maintenance of Qualifications for Infection Prevention and Control Program Leadership

1. The Infection Prevention Clinical Nurse Specialist or Coordinator shall maintain competency in all essential elements of the job through professional organizations and attending formal, in-person, and webinar infection control education as needed and at minimum yearly including NHSN annual training.
2. Support and encourage the Infection Prevention Coordinator or Clinical Nurse Specialist to become certified in infection control and then maintain certification.
3. The Infection Prevention Clinical Nurse Specialist or Coordinator shall supervise the staff Infection Preventionists.

E. Shared Responsibilities for the Infection Prevention and Control Program

1. Medical Staff Responsibilities: The Medical Staff provides expertise from their respective areas and disciplines in conjunction with the members of the IPCC to manage the hospital infection surveillance, prevention, and control program.
  - a. The Medical Staff will review and comply with the hospital-specific infection prevention and control policies and procedures.
2. Department-Specific Responsibilities: The Department Managers or department designee is responsible for monitoring employees and assuring compliance with IPC policies and procedures. Responsibilities include, but are not limited to:
  - a. Ensuring current infection prevention and control policies and procedures are available in all patient care areas/departments.
  - b. Ensuring proper patient care practices and product safety are maintained within the department.
  - c. For primary nursing care areas, each Department Manager will ensure proper device day collection for invasive devices (urinary catheters, central lines, and ventilators).
  - d. Coordinating with the Infection Prevention department to present educational programs on prevention and control of infections.
  - e. Department managers identifying infection control issues which may require additional education or training, will contact the Infection Prevention department for educational or in-service activities as needed.
3. Healthcare Worker Responsibilities: All healthcare workers of the organization will:
  - a. Adhere to hand hygiene guidelines.
  - b. Adhere to standard precautions and transmission-based precautions, including the use of personal protective equipment (PPE).
  - c. Adhere to the Infection Control Plan for the control of infections.
  - d. Complete the annual Rapid Regulatory Compliance Clinical I and II online education.
  - e. Participate fully in the Employee Health/Occupational Health program.
  - f. Notify the Infection Prevention department of infection control related issues.
  - g. Adhere to all infection control policies which are accessible via the BH intranet. In the event the computer systems are down, hard copies of the Infection Control Manual are available in the

Infection Prevention Department and in Administration.

4. Employee Health (EH)

- a. Responsible for overseeing employee surveillance and follow-up as it relates to infections, exposures, and/or accidents.
- b. The infectious disease exposure and incidents are monitored and evaluated including review at Infection Prevention and Control Committee.
- c. The Employee Health Nurse and Infection Preventionist will collaborate as necessary to establish written guidelines for infections or communicable diseases in employees.
- d. Any clusters will be promptly reported to Infection Prevention department.

IV. RISK ASSESSMENTS AND INFECTION PREVENTION AND CONTROL PLAN

A. Risk Assessment:

1. A careful assessment of the risk for infections is conducted for all areas of the hospital.
2. The risk assessment is conducted by the Infection Prevention department and the IPCC to ensure a multi-disciplinary group has assessed the needs of the population served at each individual medical center.
3. At minimum, a reassessment of risk will be conducted annually. A reassessment will be conducted whenever risks are significantly changed. (See hospital specific Annual Infection Control Risk Assessment).
4. Unscheduled reassessments can occur based on the following:
  - a. Changes in the scope of the program.
  - b. Changes in the results of the risk analysis.
  - c. Changes in the emerging and re-emerging problems in the health care community that potentially affect the hospital (ex: highly infectious agents).
  - d. Changes in the success or failure of interventions for preventing and controlling infection.
  - e. In response to concerns raised by leadership and others within the hospital.
  - f. Changes of relevant infection prevention and control guidelines that are based on evidence or, in the absence of evidence, expert consensus.
5. The overall findings on the Risk Assessment drive the areas targeted for surveillance during the following calendar year. Those findings with the highest scores (Risk priority numbers) are assigned priority and determine the Infection Prevention and Control Program goals.

6. These findings are presented to the Infection Prevention and Control Committee, Medical Executive Committee, and to the Quality Assessment and Oversight Committee that includes Board of Commissioner representation.
7. In addition to the Risk Assessment, the Infection Prevention and Control Program also tracks, and trends healthcare associated infection rates based on analysis of surveillance data.
8. The findings from the Performance Measurement Report (PMR) target the specific interventions needed to promote evidence-based practice and ensure that the needs of at-risk populations have been addressed.

#### B. Infection Prevention and Control Surveillance Plan

1. The purpose of the surveillance plan is to identify and document infections, both health care associated, and community acquired, with the potential for significant effects on patient and employee outcomes. Trends or clusters identified through surveillance may become the basis for focused monitoring. Department Managers, Directors, Risk Management, Quality and Leadership may be asked to assist in investigations and/or the development of action plans.
2. Broward Health uses definitions of healthcare associated infections from CDC and NHSN which are approved by the Infection Prevention and Control Committee.
3. Targeted surveillance is used for identified at risk patient populations at each medical center.
4. Surveillance includes a review of the antibiotic susceptibility patterns and reports prepared in conjunction with Pharmacy and Microbiology at least annually.
5. Employee Health Program: The Employee Health program involves interventions for reducing the risk of infection transmission, including recommendations for immunizations and testing for immunity. The Infection Prevention department will collaborate with EH in promoting employee and patient safety.
  - a. The program will include screening for health issues, tuberculosis screening, immunization, evaluation of post-exposure assessment to blood/body fluid exposures and/or other communicable diseases.
  - b. When indicated, the program will also include monitoring of employee illnesses to identify potential relationships among employee illness, infections and/or environmental health factors.
  - c. The Infection Prevention department will be available to the Employee Health Department for consultation regarding infectious disease concerns.
  - d. The Employee Health department will develop policies and

procedures for the evaluation of ill employees, including assessment of disease communicability, indications for work restrictions, and management of employees who have been exposed to infectious diseases, including post exposure prophylaxis and work restrictions

- e. At the time of employment, all facility personnel will be evaluated by the Employee Health nurse practitioner for conditions relating to communicable diseases including but not limited to: Hepatitis B, Varicella immunity, mumps, rubella, rubeola immunity, TB.
- f. Employees will be offered immunizations for communicable diseases.

- 6. The employees of the hospital play an integral role in surveillance activities. Personnel providing patient care or facilitating/supporting the provision of care are encouraged to report actual/potential infections or risk factors as soon as possible to the Infection Prevention department.
- 7. Screening for exposure and/or immunity to infectious disease is available to licensed independent practitioners and any staff students who may encounter infections at the workplace. The hospital provides or refers them for assessment and potential testing, prophylaxis/treatment, and/or counseling. Any students who are determined to be involved in a possible exposure incident are reported to the school liaison for appropriate medical assessment and potential testing, prophylaxis/treatment, and/or counseling.
- 8. When patients have been exposed to an infectious disease, the hospital provides them with or refers them for assessment and potential testing, prophylaxis/treatment, and/or counseling.
- 9. Signs and symptoms of infections or circumstances where increased risk of infections is determined shall be reported to the healthcare worker providing the patient's care in a timely manner.
- 10. Using baseline surveillance data to determine if an outbreak is occurring.
- 11. Investigating infections for trends, clusters, and unusual infections.

#### C. Annual Appraisal/Evaluation of the Infection Prevention and Control Plan

- 1. An annual evaluation of the Infection Prevention and Control Plan will be written each year including but not limited to:
  - a. Effectiveness of the Infection Prevention and Control Plan
  - b. Results of Performance Measurement Report
  - c. Ability to meet goals
  - d. New or modified processes to prevent/control infection
  - e. Healthcare worker educational needs
  - f. Community educational needs

- g. New products to prevent/control infection
  - h. Review of the Infection Prevention and Control Plan's prioritized risks, goals, and activities.
  - i. Outcomes achieved by the strategies implemented the previous calendar year.
  - j. Recommendations for the next calendar year.
2. Findings from this evaluation will be communicated to the Infection Prevention and Control Committee Regional Medical Executive Committees and to the Broward Health Board of Commissioners through the Quarterly Assessment and Oversight Committee.
  3. Performance Improvement indicators and benchmarks are adopted on an annual basis and approved by the Infection Prevention and Control Committee based on the annual risk assessment, annual program evaluation and Infection Prevention and Control Plan.

#### D. Surveillance Methodology

1. Sources for infection identification include:
  - a. Daily microbiologic reports including MedMined surveillance system.
  - b. Daily reports including patient census/diagnosis, emergency department visit logs, disease alert report, surgical services and central sterile and processing reports, ventilator reports, radiology reports, post-discharge surveillance reports, health information management reports, employee health reports, and departmental reports including but not limited to materials management, quality management, environmental services, nutritional services, facilities, case management, and financial management.
  - c. Routine chart reviews.
  - d. Staff reports of suspect/known infections or infection control issues
  - e. Device days (i.e., indwelling urinary catheters, central line catheters and ventilator days facility-wide).
  - f. Employee Health reports reflecting epidemiological significant employee infections.
  - g. Public Health reporting for State mandated reportable infections.
  - h. Ongoing review of surveillance data.
  - i. Prevalence rounds.
  - j. Referrals from risk management, hospital staff, and physicians.
2. Data collection may be conducted by other departments as necessary to



include but not limited to surgical services, health information management, laboratory, nursing, pulmonary services, and cardiac services.

- E. Environmental Assessment/Surveillance: Environmental Assessment/Surveillance is performed in conjunction with the Environment of Care (EOC) group and includes the following:
1. Verifying compliance with the IPC program, the Infection Prevention department will conduct periodic infection control rounds with follow-up required by the surveyed department.
  2. Ensuring clean equipment and supplies are stored separately from soiled ones.
  3. Ensuring linens are kept covered during transport and storage.
  4. Ensuring sterile supplies are stored in a manner as to prevent contamination or damage to the packaging.
  5. Reviewing the sterilization and high-level disinfection parameters for all patient care items processed within the facility to assure standards are met.
  6. Unit / department leaders are responsible for monitoring temperature, humidity and pressure readings in their required areas. They are responsible to notify Infection Prevention when warranted.
  7. Review the documentation of sterile processing and high-level disinfection in all areas including Central Sterile Processing, Surgery, Endoscopy, Radiology and Cardiopulmonary to ensure all sterilization/disinfection performed in the facility meets the same standards.
  8. Evaluate the surgical services department immediate use steam sterilization report to determine if adequate supplies are being maintained.
  9. Assist in the evaluation of sterilization failures, reporting findings to the Infection Prevention and Control Committee, Medical Staff, Risk Management, Patient Safety Officer, attending physician, and patient care manager of area involved.
  10. Monitoring microbiology of treated water and dialysate according to State and Federal standards.
  11. Evaluating patients or employees with infections or diseases from environmental organisms, e.g., legionellosis, aspergillosis.
  12. Culturing of personnel or the environment is only performed under the direction of the Infection Prevention Department, approved by the Infectious Disease physician or Medical Director or designee, or as required by regulatory agencies to address a specific finding requiring further investigation. Routine sampling of the environment, air, surfaces, water, food, etc., is discouraged unless a related infection control issue is identified.
  13. Performing Infection Control Risk Assessments (ICRA) prior to renovation,

new construction, or planned interruption of the utility system within the patient care environment.

14. The ICRA's are to be approved by the appropriate committees, which may include, but are not limited to: EOC and IPCC.
15. Rounds of the construction/renovation site are conducted to evaluate compliance with ICRA requirements. The Infection Prevention department will have the authority to stop any project that is in substantial non-compliance with the requirements.
16. Any time there is construction or renovation, the Infection Prevention department will be consulted during design process.
17. Evaluate the use of negative pressure environments in the care of patients with airborne diseases.

F. Infectious Outbreaks-Refer to the Outbreak Management Plan in the Infection Control policy manual, the Comprehensive Emergency Management Plan in the Emergency Preparedness – General Administrative policy manual, and the BHMC Emergency Operations Plan, BHCS Emergency Operations Plan, BHIP Emergency Operations Plan and BHN Emergency Management Plan which includes the pandemic preparedness which addresses facility-wide response to a potential infectious outbreak.

G. Emergency Management/Influx of Potentially Infectious Patients

1. Refer to BHMC Mass Casualty Incident, BHCS Mass Casualty Incident, BHIP Mass Casualty Incident, and BHN Mass Casualty Incident policies.
2. As part of emergency management activities, Broward Health will be prepared to respond to an influx or the risk of an influx of infectious patients including individuals affected by acts of bioterrorism.
3. Broward Health uses the BCDOH syndromic surveillance program called ESSENCE. This surveillance program is managed by the BCDOH's Communicable Diseases Epidemiology Program Manager and gathers data based on ICD-10 codes. In the event that the BCDOH syndromic surveillance report detects any changes in the current trends in each regional emergency department (i.e., increase in patients being triaged for influenza-like illness, increase in the same chief complaint, etc.), a member of the BCDOH Communicable Disease Division notifies the regional Epidemiology department or designee. Once notification has taken place, the Epidemiology department will continue further investigation and continue on-going communication with the BCDOH of their initial findings. Communication to Administration, Risk Management and the Chief of Infection Prevention, Infection Prevention and Antimicrobial Stewardship or Medical Director of Infection Prevention or Chairman of Infection Control Committee or designee will be expedited as information is validated.
4. The Infection Prevention department, in addition to the ESSENCE program, receives a daily Emergency Department registration report which identifies

every patient triaged and their chief complaint. Individuals with suspicious symptoms (i.e., influenza-like illness, gastroenteritis, etc.) will be further assessed using the following programs for patient specific information: Cerner Powerchart, and MedMined.

5. The Infection Prevention department has several methods to communicate any pertinent information regarding any public health issue or information regarding emerging infections that can potentially cause an influx of infectious patients at our facility. All methods of communication include but are not limited to: Broward Health (BH) intranet, internet, email, overhead announcements, Collabria, newsletter, Everbridge communication system, flyers, and in-services.
6. In the event that a medical center receives an influx of potentially infectious patients, each hospital follows the Broward Health Comprehensive Emergency Management Plan in addition to the facility specific Emergency Management Operations Plan and Mass Casualty Incident policies. Broward Health operates under the principles outlined in the National Incident Management System (NIMS) and the National Response Plan utilized by the Federal Emergency Management Agency and other governmental and non-governmental agencies. Each medical center CEO in conjunction with the Broward Health Corporate CEO and Infectious Disease Medical-Technical Specialist will determine the need to establish the Incident Command Center depending on the expected impact an influx of infectious patients will have on normal operations. Communication with the BCDOH will be conducted by the Liaison Officer in conjunction with Infection Prevention department.
7. The organization determines how it will keep abreast of current information about the emergence of epidemics or new infections that may result in the organization activating its response, determines how it will disseminate critical information to staff and other key practitioners, and identifies resources in the community (through local, state, and/or federal public health systems) for obtaining additional information.

#### H. Extraordinary Events and Unforeseen Circumstances

1. In the event of a novel virus or an event that occurs that requires a change in infection control practices due to the nature of the virus/event, current policies will remain in effect.
2. Any additions/changes for specific events will be in the form of protocols to address the rapidly changing guidance from local, state, or federal agencies.
3. If, due to unforeseen circumstances recommended PPE is not available following normal ordering procedures, every effort will be made to obtain appropriate PPE from other sources. Should other sources be unable to meet the facility needs, alternatives will be utilized to maximum capacity and to every degree possible under extraordinary circumstances to ensure the safety of staff, physicians, patients, visitors, volunteers, and vendors.

## V. PRIORITIES AND GOALS

- A. Evaluate, monitor, and improve the quality of the infection prevention and control program and provide a safe environment for all patients, staff, and visitors.
- B. Prevent and/or reduce the risk of infections:
  1. Identifying and preventing the occurrences of healthcare-associated infections by pursuing sound infection prevention and control practices such as aseptic technique, environmental sanitation, standard precautions, and transmission-based precautions of patients as needed and monitoring the appropriate use of antibiotics and other antimicrobials.
  2. Broward Health implements infection prevention and control activities when
    - i. Cleaning and performing low-level disinfection of medical equipment, devices, and supplies.
    - ii. Performing immediate and high-level disinfection and sterilization of medical equipment, devices, and supplies.
    - iii. Disposing of medical equipment, devices, and supplies.
    - iv. Storing medical equipment, devices, and supplies.
  3. Assisting in the evaluation of products and equipment.
  4. Communicating identified problems and recommendations to the appropriate individuals, committees and/or departments.
  5. To verify compliance with the program, the Epidemiologist shall conduct routine infection prevention and control rounds with follow-up/action plan required by the department manager.
  6. The Department Managers or designee will conduct direct observation of appearances and practices in their specific clinical areas.
- C. Limit the spread and/or occurrence of Infections:
  1. Hand-hygiene program (See Hand Hygiene policy/program.)
  2. Storage, cleaning, disinfection, sterilization and/or disposal of supplies and equipment
  3. Use of standard precautions, transmission-based precautions, and personal protective equipment
    - i. This hospital has adopted the CDC Guidelines for <https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html>
    - ii. See Contact, Enhanced Contact, Droplet, Airborne Isolation Policies
  4. Program to reduce the incidence of antimicrobial resistant infections
    - i. See Broward Health Infection Prevention Department MDRO policy

ii. See Antimicrobial Stewardship Program

- D. Support and enhance public relations through community interactions and educational programs.
- E. Improve the quality of health care based on the mission, vision, and values of the organization.

VI. ANNUAL INFLUENZA VACCINATION PLAN

- A. The hospital establishes an annual vaccination program that is offered to all staff, licensed independent practitioners, contract staff, and volunteers.
- B. Employee Health, in collaboration with Infection Prevention and Human Resources:
  - 1. Provides free influenza vaccination at sites and times accessible to all licensed independent practitioners and staff. Employee health deploys a nurse during day and night shifts to round each unit offering the flu vaccine.
  - 2. Evaluates annually the vaccination rate compliance and the reasons given for declining the influenza vaccination to target opportunities to educate and plan future campaigns. All employees are required to fill out a signed declination form delineating the reasons given for declining the influenza vaccination.
  - 3. Educates licensed independent practitioners and staff about, at a minimum, the influenza vaccine; non-vaccine control and prevention measures; and the diagnosis, transmission, and impact of influenza. Specifically, Influenza vaccination and non-vaccine influenza control measure education is provided to all staff through written flyers, newsletters, in-services, Health stream, and huddle discussions. This education is focused on dispelling myths related to vaccination, hand hygiene, respiratory and cough etiquette, and the diagnosis, transmission, and potential impact of influenza.
  - 4. It is the policy of Broward Health to comply with all requirements of the Joint Commission addressing influenza vaccination for licensed independent practitioners and staff.
  - 5. Shall determine the influenza vaccination rate by calculating the numerator which will then be divided by a denominator and multiplied by 100%. The numerator and denominator shall be defined using CDC and NHSN definition.

VII. REFERENCES

- A. APIC Forms & Checklists for Infection Prevention, Volume 1. 2017.
- B. CDC, Template for State Healthcare Associated Infections Plans 2010 <http://www.cdc.gov/HAI/pdfs/stateplans/fl.pdf>
- C. 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.

- D. 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.
- E. Hand Hygiene in Healthcare settings. (2015). Centers for Disease Control. Retrieved from <http://www.cdc.gov/handhygiene/>
- F. Hospital Accreditation Standards (2022). The Joint Commission. Retrieved from <http://www.jointcommission.org/accreditation/hospitals.aspx>
- G. The Joint Commission Infection Prevention and Control Standards
- H. The Joint Commission National Patient Safety Goals 2022.
- I. National Healthcare Safety Network (NHSN) Patient Safety Component Manual 2022

#### VIII. RELATED POLICIES

- A. Outbreak Management Plan
- B. Emergency Management Operations Plan
- C. Broward Health Comprehensive Emergency Management Plan
  - a. BHMC Emergency Operations Plan
  - b. BHCS Emergency Operations Plan
  - c. BHIP Emergency Operations Plan
  - d. BHN Emergency Management Plan
- D. Mass Casualty Incident
  - a. BHMC Mass Casualty Incident
  - b. BHCS Mass Casualty Incident
  - c. BHIP Mass Casualty Incident
  - d. BHN Mass Casualty Incident

## Approval Signatures

Step Description	Approver	Date
	Barry Gallison: Vice President, Clinical Quality & Risk Management	02/2024
	Netonua Reyes: Chief Operations & Nursing Officer- BHIP	02/2024

Khadija Jridi: Clinical  
Specialist/Infection  
Preventionist 02/2024

Christina Hinkle: Clinical  
Specialist/Infection  
Preventionist 02/2024

Heidi Rubin: Clinical Specialist/  
Nurse Clinician 02/2024

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