NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES

POLICY AND PROCEDURE

SUBJECT: INFECTION CONTROL COMMITTEE

NUMBER: NN-IC-03

ORIGINAL DATE: 07/24/89

REVIEW/REVISE DATE: 09/19/90, 09/23/92, 06/15/95, 11/05/98, 10/18/01, 11/04/04, 9/6/07, 6/17/10, 2/17/11

APPROVAL: Allan Mandell Interim Agency Director

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I. PURPOSE

The purpose of this policy is to establish a multi-disciplinary Infection Control Committee and subsequent procedures in order to identify, control and help reduce the risk of nosocomial infections.

II. POLICY

It is the policy of Northern Nevada Adult Mental Health Services (NNAMHS) to have in effect an Infection Control Plan, an Infection Control Committee and to take appropriate steps to identify, treat, reduce, and control the occurrence of nosocomial infections.
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II. REFERENCES

1. CDC Guidelines for Isolation Precautions in Hospitals, 2007.
2. CDC Guidelines for Infection Control in Hospital Personnel, 1998.
3. CDC Guidelines for Infection Control, 2010

III. DEFINITIONS

1. Nosocomial infection: An infection that a consumer acquires during hospitalization and is unknown to be in existence at the time of admission.

IV. PROCEDURE

1. Power and Authority
   a. The Infection Control Committee (IFC) acts as a sub-committee of the medical staff. Reports and recommendations from the committee are submitted to the medical staff and the Medical Director.
   b. The IFC has the authority to institute any appropriate emergency control measures or investigations when there is a valid reason to believe a danger exists to consumers or personnel. If this authority is exercised, the attending prescriber must be notified.
   c. The IFC may make policies and clinical decisions only when a physician member and quorum are present.
   d. Any prescriber who feels that the nursing care or physical well-being of his/her consumer is being jeopardized in any way by the actions of the Infection Control Committee, will be given the opportunity to appear before the committee at a regular meeting or a special meeting called by the Chairperson of the Infection Control Committee.
      i. If there is an exception to the decisions and directives of the Infection Control Committee, the conflict must be submitted to the medical staff and the Medical Director for a final decision.

e. Issues that require expenditures must be heard in the presence of the Business Manager or designee.

f. The IFC can initiate investigations with departments with regard to the practices of the employees within those departments who violate infection control procedures or policies.

2. Membership

a. Membership of the Infection Control Committee shall be appointed by the Agency Director and shall include but is not limited to:

i. A NNAMHS staff physician who is knowledgeable in epidemiology and infectious disease and who may be chairman of the committee.

ii. A qualified laboratory technologist or microbiologist with experience in a hospital setting and who has a working knowledge of the principles of epidemiology, bacteriology and infectious disease.

iii. A nursing service representative.

iv. A Business Office representative.

v. A housekeeping and laundry service representative.

vi. A dietary service representative.

vii. An Outpatient Department representative.

viii. A Performance Improvement representative.

b. The Infection Control Officer and the Infection Control Committee physician shall share and assume the duties of:

i. Surveillance.

ii. Input into staff education regarding infection control.

iii. Employee health pertaining to infection control.

iv. The development of policies and procedures.

v. The implementation of Policies & Procedures.

vi. Resolving problems related to infection control or performance improvement.

vii. Maintain working papers and documents.

viii. Maintain liaison with the Safety Committee.

3. Meetings

   a. The committee will meet at least monthly, more frequently if and when the committee determines necessity.

   b. Copies of all minutes and reports or a summary of relevant information will be given to:

      i. Core Leadership Committee

      ii. Chief of the Medical Staff

      iii. Performance Improvement Office

      iv. Safety Committee

      v. Pharmacy & Therapeutics Committee

4. Surveillance Program

   a. The Infection Control Officer will monitor bacteriologic data through the following methods.

      i. Review of microbiology reports followed by chart review.

      ii. Review of consumers receiving antibiotics.

      iii. Review of consumers history and physical for any infectious disease, i.e., herpes, hepatitis, venereal disease, tuberculosis and other respiratory diseases, AIDS and AIDS related infections, and HIV antibody positive test results.

      iv. Correlation of data with appropriate antibiotic use and surveillance of problem areas.

v. Direct communication with medical physician, attending physicians and nursing service personnel. Copies of all antibiotic usceptibility/sensitivity studies are to be sent to the pharmacy and to the Pharmacy & Therapeutics Committee.

vi. Review of employee sick leave through contact with personnel.

vii. Monitor consumer care areas for environmental issues.

b. If the medical physician or Infection Control Officer believes there is an Infectious disease outbreak on the inpatient unit they will:

i. Discuss the matter with each other. They may seek an outside opinion. They will determine if they need to pursue an investigation.

ii. Determine the best way to find the cause of the outbreak. This will include the causative agent and the source of infection if necessary.

iii. Select the appropriate protocol to keep the infectious disease from spreading.

iv. Notify all persons and agencies that are necessary.

v. The medical physician will write all orders required in connection with the investigation.

5. Cultures

a. Cultures must be ordered by a prescriber with staff privileges at NNAMHS.

b. The culture specimen may be obtained by the physician, registered nurse, advanced practitioner of nursing, licensed practical nurse, or medical technologist.

i. All orders must be signed, dated and timed.

c. Indications for cultures may include, but are not limited to:

i. Skin and subcutaneous infections i.e.: burns, surgical wounds, other wounds, dermatitis, decubitus, ulcers, cellulites.

ii. Respiratory infections, i.e.: fever, cough, rales, purulent sputum, sore throat, chills.

iii. Enteric infections, i.e.: watery or purulent stools.

iv. Urinary tract infections, i.e.: dysuria, frequency, costo-vertebral tenderness.

v. Cervical discharge.

vi. Penis discharge, chancre/sores, irritations.

vii. Eye discharge.

viii. Rash, jaundice, chills, uterine tenderness.

d. Reporting infections may be made directly to any member of the Infection Control Committee, preferably the chairman and by submission of the following formal reports:

i. Employee Infection Control Report form (Clinic Reporting Illness form).

ii. Infection Control Notice (Inpatient Infection Control Report form).

iii. Incident reporting form.