

**HACKETTSTOWN REGIONAL MEDICAL CENTER  
ADMINISTRATIVE POLICIES**

**INFECTION PREVENTION & CONTROL PROGRAM**

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**Effective Date:** 2/2011  
**Cross Referenced:** IC Plan  
**Reviewed Date:** 1/2015  
**Revised Date:** 1/2015

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**Policy No:** AD055  
**Origin:** Infection Control  
**Authority:** Adm Dir, Quality & Safety  
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**SCOPE**

All employees of Hackettstown Regional Medical Center (HRMC)

**PURPOSE**

To outline the structure and operation of the Infection Prevention & Control Program at Hackettstown Regional Medical Center.

**POLICY**

- I. HRMC's Infection Prevention & Control Program is a facility wide, integrated process for prevention, control and investigation of the risk of acquiring and transmitting healthcare acquired infections. The program is based upon an integrated and collaborative approach to increase the desired patient outcomes, prevent the spread of healthcare acquired infection among patient, visitors, volunteers, students, licensed independent practitioners and healthcare workers.
- II. The program is developed upon the demographics of the population that is represented at HRMC and is inclusive of the inpatient/ outpatient population it serves, the types of infections/pathogens identified, identified opportunities for improvement based on risk assessment, performance improvement opportunities, current literature, recommendations from: The Centers for Disease Control and Prevention, The Joint Commission, American Association of Medical Instruments, Association for Practitioners in Infection Control and Epidemiology, society of Healthcare Epidemiologists, New Jersey Department of Health and Senior Services, New Jersey Hospital Association, Institute for Healthcare Improvement, and federal and State standards/regulations.

**PROCEDURE**

**I. PROGRAM STRUCTURE**

- A. The Governing Board ensures implementation of the Infection Prevention and Control Program through its oversight of the following:
  - Annual establishment of a prioritized plan with measurable goals based on a formal organization-wide risk assessment;
  - Collaboration between the medical staff and hospital leadership in the design, implementation and maintenance of the infection prevention and control program;
  - Provision of the necessary resources to support infection prevention and control;
  - Bi-directional reporting and action planning of relative findings amongst the Infection Control Committee, Hospital Leadership, the Medical Executive Committee, the Performance Improvement Council, the Patient Safety Committee, the Environment of Care Committee, the Professional Practice Committee and the Governing Board.
- B. The Administrative Director of Quality delegates authority for the Infection Prevention and Control Program to the Infection Preventionist in collaboration with the Infectious Disease Physician [Chairperson of the Infection Control Committee].
- C. HRMC employs one full-time Infection Preventionist. When the Infection Preventionist is unavailable, the Employee Health Nurse or the Administrative Director of Quality will be contacted.

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**II. INFECTION CONTROL COMMITTEE:** This is a multidisciplinary Medical Staff Committee

**A. Membership:**

- Chairperson, Epidemiologist or Infectious Disease Physician
- Facilitator, Infection Preventionist
- Representation from the following: [Reference: NJ Admin Code; Title 8/Ch43G/Sub14]
  - Nursing Service
  - Administration
  - Clinical Laboratory
  - Respiratory Care Services
  - Surgical Services
  - Employee Health

**B.** Additional membership from a cross sectional of the organization is established based on risk level and applicability of the infection prevention and control program.

**C.** The Infection Control Committee shall meet at least once every two months. The Committee Chairperson shall communicate relevant information to the appropriate medical staff departments/committee.

**III. INFECTION PREVENTIONIST**

**A. Responsibilities:**

1. To conduct risk assessment activities and identify prioritized risks at least annually and whenever significant changes occur with input from the Infection control personnel, medical staff, nursing and facility leadership.
2. Risk assessment is performed annually and as needed to determine goals for the Infection Prevention and Control Program.
3. To identify infection control problems through analysis of surveillance activities, case findings and other infection control data. These activities include assessment of a segment of patients receiving surgical services provided for a period past 30 days of their surgical procedures, those patients receiving implantable devices will be followed post operatively for a period of one year for development of any infections
4. To develop Infection Prevention and Control policies and procedures and implement new products based on proactive strategies and performance improvement findings.
5. To create a safe environment for patients, visitors, volunteers, students, licensed independent practitioners and healthcare workers.
6. To conduct educational programs/provide educational information on Infection Prevention/Control for patients, visitors, volunteers, students, licensed independent practitioners and healthcare workers. Infection Prevention and Control is part of the orientation program. An ongoing training and education covering but not limited to hand hygiene intervention, standard and transmission based

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precautions, blood borne pathogens, TB control, vaccine preventable diseases, and antibiotic resistant organisms are part of the Infection Prevention and Control Program.

7. Participate as an active member, with the system wide HAI Committee by attending and contributing to bi-monthly meetings.
8. Collaboration with Employee Health Services, provide education and information for other vaccine preventable diseases, such as meningococcal meningitis and pertussis, to those health care workers that may be at risk for exposure using CDC guidance /recommendations.
9. Serving as a resource to HRMC and the community with disaster management;
10. Participation in all phases of construction and renovation.

**IV. SURVEILLANCE:**

A. HRMC participates in the Adventist Health Care System-wide Surveillance for device-related infections i.e. central line sepsis (hospital-wide), Foley catheter related UTI and ventilator-associated pneumonia in the critical care units. The National Healthcare Safety Network Surveillance Data from CDC is utilized as a benchmark for the data.

B. Surveillance activities include:

- Monitoring of suspect and confirmed tuberculosis cases to ensure compliance with the TB Control Plan and the NJDHSS requirements for hospital reporting and discharge of patients.
- Review 100% of admissions for communicable/infectious diseases, readmission due to possible HAI, or potential reportable diseases or biochemical exposure.
- Review 100% of all inpatient and outpatient microbiology sensitivity reports and reference lab results to guide surveillance, identify marker organisms or clusters of infections.
- Evaluation of communicable diseases within the hospital, including those requiring isolation or cohorting of patients, and assessment of patient contact follow-up.
- Evaluation of infection prevention practices throughout the hospital by observation during daily clinical rounds and/or environmental rounds.
- Isolation rounds & hand hygiene monitoring in patient care areas.
- Review 100% of environmental cultures when performed.
- Enhanced Emergency Department active surveillance is conducted as directed by the State and CDC.
- Reporting of all Communicable disease and suspected outbreaks to local health department/NJDHSS as outlined via electronic Communicable Disease Reporting and Surveillance System (CDRSS).
- Flagging in the electronic medical record of patients identified as positive for MDRO: MRSA, VRE, ESBL+ Gram negative organisms, Carbapenem resistant organisms for future admissions.

**V. INFECTION PREVENTION AND RISK REDUCING ACTIVITIES**

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- A. Infection Control policies and procedures are developed based on sound research, data, demographic considerations. They are reviewed on a regular basis to keep current with guidelines and successful practices and the needs of the population being served. All policies are approved by the Infection Control Committee.
- B. Employee educational and training activities to reduce the transmission of infections and other applicable precautions are coordinated with education and other departments. Including but not limited to:
- Standard and transmission based precautions
  - Isolation procedures and appropriate/correct use of personal protective equipment
  - Communicable diseases
  - Multidrug resistant organisms.
  - Exposure control plan/blood borne pathogens
  - Hand hygiene
  - Regulated medical waste
  - Construction and renovations
  - Sharps safety
  - TB
- C. Antibiotic Stewardship program/antibiograms.
- D. Implementation of a facility wide hand hygiene program following the CDC Guidelines.
- E. Collaborate with Employee Health on policies and procedures that are guided by accepted practice and recommendations and established guidelines are developed to address employee health issues:
- Screening for risk of TB
  - Screening, reporting and evaluating employees with communicable diseases.
  - Immunization for vaccine preventable diseases
  - Management of employees with blood borne pathogens
  - Management of employees with exposure to communicable diseases
  - HRMC Mandatory Employee Flu Vaccination Program: All employees are expected receive a mandatory flu vaccine each season through Adventist HealthCare or to provide documentation of having received the vaccine elsewhere. Failure to meet the flu vaccine requirements by the established deadline will result in immediate dismissal.  
(Adventist HealthCare Corporate Policy on Employee Conduct, 2.20).
- F. Infection Control Rounds to:
- Collect concurrent and prospective infection data
  - Ensure staffs adherence to infection control practices
  - Provide teaching that may be needed.
- G. Sterilization Rounds/Disinfection Rounds-conducted with Central Sterile Department, findings submitted to and reviewed at Infection Control Committee Meetings.
- H. Active participation in Emergency Preparedness planning and response committee

**VI. REVIEW OF THE INFECTION PREVENTION AND CONTROL PROGRAM**

Approved at Infection Control Committee Meeting 1/2015  
President's Council Meeting 3/16/15

Format approved  
at President's Council 7/22/13

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The Infection Prevention and Control Program will be reviewed annually, accompanied by development of an annual risk assessment and plan, by the Infection Control Committee. Findings and recommendations will be reported to Hospital Leadership, the Medical Executive Committee, the Patient Safety Committee, the Environment of Care Committee, the Performance Improvement Council, the Professional Practice Committee and the Governing Board.

**REFERENCES**

1. The Joint Commission, Hospital Accreditation Standards (2008). Surveillance, Prevention, and Control of Infection Chapter.
2. New Jersey Division of Health and Senior Services. (2005). Hospital Licensing Standards. N.J.A.C., Title 8, Chapter 43G. Trenton, NJ: NJDHSS
3. Centers for Disease Control & Prevention, Healthcare Infection Control Practices Advisory Committee (HICPACC). Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Healthcare Settings, 2005. Morbidity & Mortality Weekly Report (MMWR) 12/30/2005, 54 (RR17); 1-141.
4. Centers for Disease Control and Prevention, Healthcare Infection Control Practices Advisory Committee (HICPAC). Management of Multi-drug Resistant Organisms in Healthcare Settings, 2006.
5. Centers for Disease Control and Prevention, Healthcare Infection Control Practices Advisory Committee (HICPAC). Guidelines for Prevention of Healthcare Associated Pneumonia, 2003. Morbidity & Mortality Weekly Report (MMWR) March 26, 2004. Vol. 53; No. RR-3.
6. Centers for Disease Control and Prevention, Healthcare Infection Control Practices Advisory Committee (HICPAC). Guideline for the Prevention of Surgical Site Infections, 1999, AM J Infect Control 1999; 27: 97-119.