



# Infection Preventionist (IP) Orientation Manual

2025

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## Introduction

This is an updated version of the Infection Preventionist (IP) Orientation Manual, designed to support both novice and experienced IPs. This manual encourages IPs to consider various factors such as patient population, facility size, designation, and accreditation. This tool is meant to be used in a variety of healthcare settings. While Acute Care Facilities (ACFs) and Long-term Care Facilities (LTCFs) are most frequently addressed in the content, these concepts can be applied no matter the setting. Additionally, some setting specific highlights have been included. Consult the specialty area sections (e.g., laundry, dietary, surgery, outpatient) for Infection Prevention and Control (IPC) considerations tailored to ancillary departments and outpatient settings.

This manual includes references and links to external resources. While we strive to provide up-to-date and accurate links, users should verify information directly with the source to ensure accuracy. Some resources may have associated costs, and we have tried to highlight those with an asterisk (\*) to the best of our knowledge.

The Kansas Department of Health and Environment (KDHE) Healthcare-Associated Infections and Antimicrobial Resistance (HAI/AR) Section provides IP mentorship and collaborative onsite assessments for IPC programs. Contact the HAI/AR team at [kdhe.haiar@ks.gov](mailto:kdhe.haiar@ks.gov) to request an Infection Control Assessment and Response (ICAR) visit as part of outbreak response or general IPC prevention and education.

## Role of the Infection Preventionist and Program

Establishing effective working relationships with administration, department leaders, and staff forms a robust foundation for successful IPC programs. IPC is a *practice* as opposed to a single department, and one that touches every aspect of healthcare. Successful programs require active staff participation and a culture of accountability. Establishing a multidisciplinary IPC team with dedicated champions is crucial for fostering a culture of patient safety and high-quality healthcare practices.

### Duties/Responsibilities

The IP collaborates with staff to integrate IPC practices into daily workflows. They educate on IPC principles, ensure adherence, and monitor compliance with protocols across all departments. The IP conducts regular audits and assessments to identify risks and areas for improvement. They develop and implement action plans based on audit findings and data analysis. They also serve as a resource and advocate for patient safety initiatives.

## Case Study – Importance of IPC programs and leaders

**Setting:** A critical access hospital (CAH) with multiple departments, including an Intensive Care Unit (ICU)

**Problem:** Frequent healthcare-associated infections (HAIs), notably catheter associated urinary tract Infections (CAUTIs), linked to inconsistent IPC practices including inadequate antibiotic stewardship (AS), improper isolation precaution practices, and high staff turnover in key departments such as Environmental Services (EVS) and nursing.

**Root Cause Analysis Findings:** IPC was not fully integrated into daily workflows. It was identified that there was inadequate staff training, especially for new hires, and there were no designated IPC champions in key departments. Surveillance data was not shared with leaders and staff, and there were inconsistent audit follow-ups.

**Improvement Strategies:** A multidisciplinary IPC team was established. An IPC education program was developed for new hires, along with refresher courses for current staff. Training was tied to competency assessments to ensure retention and adherence to protocols. Regular IPC audits were implemented with just in time (JIT) training given as needed. The IP established monthly meetings with department leaders to review infection surveillance data, discuss audit findings, and track progress on action plans. A standardized process for documenting and reporting HAI events and compliance data was developed which also included follow-up on corrective actions.

**Quality Outcomes:** The hospital experienced a 25% reduction in CAUTI rates and a 30% reduction in *Clostridioides difficile* (*C. difficile*) infections within the first year. There was a 40% increase in understanding of IPC protocols amongst staff and employee satisfaction scores improved. Compliance rates for hand hygiene and isolation precautions improved significantly, reaching 90% in key departments.

**Takeaways:** A multidisciplinary team ensures that IPC practices are integrated into every aspect of patient care. Ongoing education and clear accountability measures are critical to ensuring that staff adhere to IPC protocols. Providing department leaders with regular access to infection surveillance data and audit results fosters a culture of accountability and continuous improvement.

## IPC Task List

- ☐ Familiarize yourself with your scope of responsibilities set forth by your facility.
- ☐ Obtain a list of committees, collaboratives, or initiatives within your facility (e.g., IPC Committee, AS, Risk/Quality Meetings, Care Plan Meetings, Safety Committee, Emergency Preparedness, Survey Readiness, Construction and Renovation). Determine your level of involvement in each.
- ☐ Review and familiarize yourself with all IPC plans and policies.
- ☐ Establish, review, or update a point-of-contact list:
  - Facility department contacts
  - Local Health Department (LHD)
  - State Health Department - KDHE
  - Corporate contacts (if applicable)
  - Nearby healthcare facilities (e.g., hospitals, nursing homes, EMS, pharmacies, resource labs)
  - Local Association for Professionals in Infection Prevention and Control (APIC) Chapters\* - Kansas has three: Greater Kansas City Area, Heart of America and Wichita Area

## Resources

- [Guidelines and Guidance Library | Infection Control | CDC](#)
- [Infection Control Assessment and Response \(ICAR\) Tool for General Infection Prevention and Control \(IPC\) Across Settings | HAIs | CDC](#)
- [Practice Guidance for Infection Prevention | APIC\\*](#)
- [Quality Safety & Oversight - Guidance to Laws & Regulations | CMS](#)

## Education and Professional Development

IPC is a dynamic and evolving field that requires continuous education to maintain competence and stay updated with best practices and IPC expertise. Some regulatory agencies also require proof of IPC education for IPs. Certification in IPC, as a sign of expertise and development, is available and encouraged internationally. It is encouraged that the facility, and its leadership, support education and growth of their IP staff through time allotment and financial support as this is an investment that not only meets some requirements by regulating agencies but also can result in a safer facility.

## Duties/Responsibilities

The IP must attain, then maintain, skills and knowledge of the latest evidence-based IPC guidance. The IP is responsible for ensuring their knowledge is up to date to allow for optimal outcomes throughout the continuum of care. Earning certification demonstrates a mastery-level understanding of IPC principles and practices.

## Case Study – Impact of IP expertise

**Setting:** A LTCF with attached independent living units

**Problem:** A floor nurse also serving as the Quality Manager, assumed the additional role of IP without formal training. Within three months, the facility experienced a significant outbreak of multidrug-resistant organisms (MDROs) resulting in several hospitalizations of residents.

**Root Cause Analysis Findings:** Investigation revealed gaps in the IPC program, including outdated protocols, inconsistent surveillance, and insufficient staff training. It was determined that the IP did not receive any formal education, resulting in a knowledge deficit of best practices. The simultaneous duties of floor nurse, Quality Manager, and IP created competing priorities. Outdated policies and procedures, lack of IPC education for staff, and failure in IPC practices within the facility may have contributed to this outbreak. Ultimately, this occurred due to absence of facility leadership support for the IP and IPC program.

**Improvement Strategies:** Key improvements included securing administrative support, allocating a budget for staffing and professional development, and ensuring the IP has dedicated time to pursue certification and training. Now the IP can update policies and provide education. Regular IPC rounds, staff engagement, and real-time feedback help reduce transmission. Annual staff education and competency training is also supported by leadership.

**Quality Outcomes:** Within six months of implementing new strategies, MDRO rates dropped by 50%. Post-training assessments showed a 90% increase in staff compliance with hand hygiene and isolation protocols demonstrating improved staff competency. The IP reported greater confidence and job satisfaction after completing the Certification in Infection Control (CIC) and receiving dedicated role support.

**Takeaways:** IP education is essential; IPC is a specialized field and requires formal education and certification to ensure effectiveness. IPs require dedicated time, training, and support to focus on critical IPC activities. Support from leadership reflects the overall institutions commitment to address immediate challenges as well as establish a sustainable foundation for patient safety and care quality.

## IPC Task List

- ☐ Join APIC and local APIC chapters\* to gain current insight and form network connections with other area IPs.
- ☐ Obtain a letter of support which includes appropriate staffing and resources, including education.
- ☐ Study for CIC offered through the Certification Board of Infection Control and Epidemiology, Inc. (CBIC). Free study groups are available online.
- ☐ Complete the [Nursing Home Infection Preventionist Training modules](#) from the Centers for Disease Control and Prevention (CDC)
- ☐ Maintain a file of IP certifications, trainings, and continuing education (CE) credits.



## Resources

- [APIC - Association for Professionals in Infection Control and Epidemiology\\*](#)
- [CBIC - Certification Board of Infection Control and Epidemiology, Inc.\\*](#)
- [CDC/STRIVE Infection Control Training](#)
- [CIC Epidemiologists Study Group | YouTube](#)

## Regulatory Compliance, Policies and Guidelines

A strong understanding of regulatory hierarchies is essential for managing an effective IPC program. A knowledge of regulatory guidelines will assist the IP in ensuring standards are met in relation to facility policies and procedures. Review the following information to develop a list of regulatory agencies at the national, state, and local levels.

### Duties/Responsibilities

The IP is responsible for developing and enforcing facility IPC policies and procedures, including those for managing outbreaks and MDROs. The IP should be involved in multidisciplinary committees throughout the organization (e.g., IPC, Safety, Emergency Operations Committee, AS, Health and Wellness). The IP should work closely with leadership when it comes to enforcing policies and procedures.

### Case Study – Aligning policies and procedures with best practices

**Setting:** A CAH

**Problem:** The facility has identified a notable increase in CAUTIs over the course of several months. The IPC multidisciplinary team conducted a thorough assessment of the organization's policies and procedures in conjunction with a review of CDC guidelines, The Joint Commission (TJC) standards, and National Healthcare Safety Network (NHSN) reporting definitions. A root-cause analysis was conducted along with audits of direct patient care practices.

**Root Cause Analysis Findings:** Audit findings demonstrated inconsistent hand hygiene compliance along with a lack of adherence to aseptic technique during catheter insertion. Gaps were noted between facility policy and CDC's catheter insertion and maintenance guidelines. Additional results included inconsistent definition application for CAUTIs as well as discrepancies in urine culture testing criteria.

**Improvement Strategies:** The committee plans to conduct a review and align facility policies with [CDC guidelines for catheter insertion and maintenance](#). Facility policy will adopt the NHSN definitions as standard for HAI surveillance.

**Quality Outcomes:** Quality Analysis projects associated with this case study include hand hygiene audits to improve compliance as well as education and competencies for staff on urine culture testing criteria.

**Takeaways:** This case study demonstrates the importance of aligning policies and procedures with regulatory standards and best-practice guidance. Implications of non-compliance with regulatory organizations may result in financial penalties, legal liability, or operational disruptions. It is essential for the IP to understand the difference between guidelines and regulatory requirements and ensure that facility policies align accordingly.

## IPC Task List

- ❑ Learn your relevant IPC standards and regulations:
  - [State Statutes & Regulations | KDHE](#)
  - [KDADS Statutes and Regulations for the Licensure and Operation of Nursing Facilities | KDADS](#)
  - [Medicare State Operations Manual: Appendix | CMS](#)
  - [Occupational Safety and Health Administration \(OSHA\)](#)
  - [The Joint Commission \(TJC\)](#)
  - [Environmental Protection Agency \(EPA\)](#)
- ❑ Become familiar with relevant IPC best-practice guidelines:
  - [Center for Disease Control \(CDC\)](#)
  - [Infectious Disease Society of America \(IDSA\)](#)
  - [Association for Professionals in Infection Control and Epidemiology \(APIC\)](#)
  - [Society for Healthcare Epidemiology of America \(SHEA\)](#)
  - [World Health Organization \(WHO\)](#)
  - [American Society of Healthcare Environmental Services \(ASHES\)](#)
- ❑ Review and update policies and procedures annually (at minimum) and as needed.
  - IPC Program and Plan
  - Respiratory Protection Program and Tuberculosis (TB) Risk Assessment
  - Facility IPC Risk Assessment
  - Emergency Preparedness Plan
  - MDROs and notifiable disease reporting
  - Standard and Transmission-Based Precautions and personal protective equipment (PPE) usage
  - Water Management Plan and Risk Assessment
  - Bloodborne pathogens
  - All other IPC policies
- ❑ Engage with IPC Partners
  - [KDHE HAI/AR Section](#)
  - [KDHE Healthcare Coalitions \(HCCs\)](#)
  - [Kansas Hospital Association \(KHA\)](#)
  - [Kansas Healthcare Collaborative \(KHC\)](#)
  - [KFMC Health Improvement Partners](#)
  - [Kansas Health Care Association \(KHCA\)](#)
  - [LeadingAge Kansas](#)

## Resources

- [Kansas Department of Health and Environment](#)
- [Kansas Department for Aging and Disability \(KDADS\)](#)
- [Center for Medicare and Medicaid Services \(CMS\)](#)



## Infection Prevention and Control Practices

IPC is a specialized yet essential discipline that applies to every aspect of healthcare delivery. Patients and residents often move through multiple settings during their healthcare journey. This is why IPC skills are essential for every healthcare personnel (HCP) to know and practice correctly. It is the job of the IP to provide training/education and auditing of IPC practices, including but not limited to:

- Hand Hygiene
- EVS
- PPE Usage
- Standard and Transmission-Based Precautions Practices

### Duties/Responsibilities

IPs are usually responsible for writing and maintaining IPC-related policies for the facility as well as providing/overseeing IPC education and training of facility staff. They also need to ensure those policies are being followed by staff through auditing/observation. This is how the IP gets everyone in the facility engaged in and responsible for their part in IPC.

### Case Study – IPC in action

**Setting:** A LTCF

**Problem:** A recent data review revealed an increase in CAUTIs compared to the previous quarter. Staff raised concerns regarding inconsistencies in catheter maintenance, but no formal interventions had been implemented.

**Root Cause Analysis Findings:** After making observations of current practices, the following deficits were noted: a lack of hand hygiene when manipulating urinary catheters, urinary catheters with broken seals, disrupting the sterile closed drainage system and containers to empty urinary catheters that were not routinely cleaned or replaced.

**Improvement Strategies:** Training and competencies were performed by all staff who perform urinary catheter care on best practices for urinary catheter maintenance. Routine audits on urinary catheter care were implemented with immediate feedback to staff if opportunities for improvement were identified. Facility policies and education processes were reviewed to ensure best practices were in place.

**Quality Outcomes:** Following the implementation of the IPC program, the facility observed a significant decline in CAUTI rates, demonstrating the effectiveness of targeted interventions and consistent monitoring.

**Takeaways:** A successful IPC program requires a multifaceted approach, including education, policy development, surveillance and continuous monitoring.

## IPC Task List

- ☐ Review facility Hand Hygiene program:
  - Ensure alignment with best practices – [WHO 5 Moments](#)
  - Determine if hand hygiene auditing is performed – if so, how and by whom
  - Develop a process for reporting hand hygiene compliance rates to leadership and frontline staff
- ☐ Evaluate Standard & Transmission-Based Precautions policies and procedures:
  - Identify where PPE is stored and review facility donning/doffing practices
  - Review facility signage for isolation precautions
  - Bookmark [CDC's list of organisms and isolation recommendations](#)
  - Identify airborne isolation (negative pressure) rooms in your facility
  - Determine how adherence to isolation precautions is monitored
  - Communicate compliance rates with isolation precautions to key stakeholders (e.g., IPC Committee, department leads)
- ☐ Evaluate facility TB preparedness program:
  - Review the procedure for handling known or suspected case of TB
  - Review the TB Risk Assessment, [CDC Guidelines](#), and [current rates](#)
  - [Perform TB risk assessment](#) annually (at minimum) and as needed
- ☐ Review the HAI prevention process at your facility:
  - Learn how surveillance is done and your part in it
  - Review the process for identifying patients/residents at high risk for infection
  - Identify a process to review patient/resident vaccine history and vaccine program
  - Explore prevention collaboratives and consider participation
  - Understand different types of HAIs and develop strategies to improve prevention:
    - [Central Line-associated Bloodstream Infection \(CLABSI\)](#)
    - [Catheter-associated Urinary Tract Infection \(CAUTI\)](#)
    - [Surgical Site Infection \(SSI\)](#)
    - [Ventilator-associated Pneumonia](#)
    - [C. difficile](#)
    - [MDROs](#)

## Resources

- [Guideline for Hand Hygiene in Health-Care Settings \(MMWR\) | CDC](#)
- [WHO Guidelines on Hand Hygiene in Health Care | WHO](#)
- [Standard Precautions for All Patient Care | CDC](#)

## Surveillance and Data Monitoring

Surveillance is an essential part of an effective IPC program and is defined as, “the systematic and ongoing monitoring of healthcare-associated infections that occur within healthcare facilities” (Moinuddin, 2024). IPC surveillance can take many forms varying from hand hygiene observations to SSI identification.

### Duties/Responsibilities

The IP is responsible for IPC surveillance within the facility; however, this does not mean that the IP must perform all surveillance tasks independently. IPC surveillance can be performed manually, through electronic medical record systems and with help from other team members in the facility. A summary of IPC surveillance findings should be reported to leadership and direct care staff members.

### Case Study – Use of data for action

**Setting:** A CAH

**Problem:** During routine surveillance of NHSN data, a significant increase in CLABSI rates were observed within a period of several months, exceeding the hospital's baseline data.

**Root Cause Analysis Findings:** Observations of current practices demonstrated hand hygiene deficiencies prior to accessing central lines and “scrub the hub” practices did not correlate with facility policy.

**Improvement Strategies:** JIT training was provided to all staff on hand hygiene and “scrub the hub” practices. Education on all elements of central line maintenance was evaluated to ensure appropriate frequency, thoroughness, and method are correct.

**Quality Outcomes:** Three months after the JIT training was provided, CLABSI rates returned to baseline. Central line maintenance audits and education were scheduled regularly to ensure sustained improvement.

**Takeaways:** Effective surveillance allowed for early recognition of an increase in CLABSIs. Observations of current practices showed where opportunities for improvement existed. Education and increased monitoring helped to align practices with policy and resulted in improved patient safety.

## IPC Task List

- ❑ Assess the facility's surveillance plan:
  - Identify existing data sources and gaps in surveillance
  - Meet with Information Technology (IT) or supervisor to explore surveillance reporting options
  - Review processes for screening new admissions for communicable diseases
  - Evaluate targeted surveillance methods (e.g., hand hygiene, isolation)
  - Assess procedures for monitoring CLABSI and other HAI categories
  - Determine how providers are notified of IPC concerns
  - Identify requirements for [state reportable diseases](#) and [health department notifications](#)
  - Define the process of [IPC rounds/audits](#), [Environment of Care \(EOC\) rounds](#), and construction/project rounds
- ❑ Determine if your facility reports to NHSN
  - Complete NHSN registration the [mandatory CDC NHSN training](#)
  - [Apply for Secure Access Management Services, or SAMS](#)
  - Use [standardized definitions](#) for reporting (manuals and protocols at the bottom of the page)
  - Generate your facility's surveillance data:
    - Define numerators, denominators, and rates for tracking
    - Organize data for analysis and reporting
    - Determine the incidence or prevalence of infections and baseline
    - Calculate infection rates by provider, unit, device, or procedure
    - Provide reports on many levels (e.g., C-suite, department heads, individual providers)

## Resources

- [Reporting Requirements and Deadlines in NHSN per CMS Rules | CDC](#)
- [Surveillance for Healthcare Infections: Chapter 4 | IFIC](#)
- [Recommended Practices for Surveillance: APIC | AJIC](#)
- APIC Text, Chapter 11: Surveillance\*

## Exposure Response and Outbreak Investigations

Outbreaks and exposures to diseases are potentially harmful and even deadly events which can occur in any healthcare setting (Campbell & Eichhorn, 2020). Outbreaks of any kind, and exposures related to healthcare should be investigated by the IP and the IPC Committee. State and local health departments should typically be involved and can assist the IP in the investigation process. The IP is often responsible for reporting infectious diseases that are mandated by regulation to the state. Additionally, it is important to become familiar with which specimens need to be sent to the state public health laboratory. The purpose of these investigations is not only to help find the cause (if possible), but most importantly to control and stop the spread of infectious diseases.

### Duties/Responsibilities

The IP is responsible for investigating outbreaks and other potential exposures in their facility. The IP should analyze commonalities among residents involved with the outbreak/exposure, review lab reports, map/put together a timeline to track the outbreak/exposure, and there should be an audit of staff adherence to IPC best practices (e.g. hand hygiene compliance, PPE compliance, cleaning/disinfection).

### Case Study – Recognizing and responding to an outbreak

**Setting:** A LTCF.

**Problem:** During morning cares in the LTCF, a resident was found to have signs and symptoms of infection including fever, increased confusion, redness/swelling, and purulent drainage of a wound on the right foot. This resident shares a room with another resident who is known to have recently recovered from an MDRO infection. Wound culture results of the foot wound come back with the same MDRO. Recently, there have been several cases of this specific MDRO at this facility.

**Root Cause Analysis Findings:** Audits of hand hygiene shows lack of compliance, specifically, between resident care activities in those that share a room. Overall hand hygiene compliance was 36%. Housekeeping staff report resident rooms are cleaned by starting in the bathroom and ending in the resident rooms. Contact times are not adhered to for the cleaner/disinfectant in use.

**Improvement Strategies:** Notify KDHE HAI/AR Section ([kdhe.HAIAR@ks.gov](mailto:kdhe.HAIAR@ks.gov)). Facilitate screening of residents that are at high-risk for transmission. Provide staff training and education on hand hygiene, room cleaning and disinfection, contact time and understanding disinfectant product labels.

**Quality Outcomes:** After working with the state HAI/AR team there is no evidence of ongoing transmission. Hand hygiene compliance has increased, and staff demonstrate an understanding of cleaning and disinfections practices (clean to dirty) as well as product contact times.

**Takeaways:** This case study demonstrates the importance of hand hygiene compliance and cleaning/disinfection practices in preventing the transmission of Carbapenem Resistant Organisms (CROs).

## IPC task list

- ☐ Review all positive lab reports for MDROs and other organisms requiring isolation precautions.
- ☐ Implement transmission-based precautions (TBP) or Enhanced Barrier Precautions (EBP) as appropriate.
- ☐ Look for commonalities among positive results:
  - Shared rooms or bathrooms, wound care procedures, use of indwelling medical devices, or residing in common hall / area.
- ☐ If an outbreak is suspected –
  - Compile a map/timeline tracking case progression and room transfers within the last 6 months.
  - Report the outbreak to the KDHE Epidemiology hotline at 877-427-7317 within four hours of detection.
  - Notify the state HAI/AR Section and request assistance if needed
  - Ensure required isolates are sent to the state public health lab.
  - Colonization Screening/Point-prevalence screenings may be requested. These screenings and associated supplies will be coordinated by the state HAI/AR Section.
- ☐ Establish a process to communicate MDRO status to receiving units or transferring facilities. Consider using an [Inter-facility Transfer Form](#).
- ☐ Perform IPC audits for hand hygiene, environmental cleaning and disinfection, PPE use and compliance, and adherence to standard and transmission-based precautions (TBP).
- ☐ Implement a process to identify previous colonization or infection of MDROs upon re-admission. (chart alerts, flags, etc.)

## Resources

- [HAI Prevention, Control and Outbreak Response for Public Health and Healthcare | CDC](#)
- [MDRO Reporting Form | KDHE](#)
- [MDRO Containment Strategy | CDC](#)



## Education and Staff Training

Staff knowledge of IPC expectations and concepts in the healthcare environment is critical as they are the ones who perform the physical practice of health care, and those actions can prevent or lead to infection. Many of these staff get little to no IPC education prior to starting their jobs, which is why provision of IPC education is such a huge part of the IP's role/responsibilities.

### Duties/Responsibilities

An IP is responsible for developing, implementing, and evaluating the IPC program, which includes creating policies and procedures for staff education on IPC practices. They provide IPC education at the time of hire, no less than annually, and when lapses in adherence occur, ensuring that all HCP understand and are competent in adhering to IPC requirements as they perform their roles and responsibilities. Additionally, they serve as subject matter experts and provide resources to the facility for clients, families, partners, providers, visitors, community, and public health regarding IPC, including the identification of infectious disease processes (CDC, 2024c).

### Case Study – Regular education, including observed skills and feedback, makes a difference.

**Setting:** A small CAH

**Problem:** CAUTI and CLABSI rates have exceeded the established benchmarks for six months.

**Root Cause Analysis Findings:** A comprehensive review revealed that there was inconsistent adherence to IPC protocols among staff, despite availability of guidelines and training resources. Findings identified four main reasons for the breakdown: 1) outdated knowledge and inadequate education on best practices, 2) inconsistent training that lacked emphasis on IPC protocols during new hire orientation, 3) ongoing annual training was limited to online sessions with no hands-on component and no observed skills check, and 4) there was minimal monitoring, feedback, and poor communication between the IP and staff regarding infection trends and prevention strategies.

**Improvement Strategies:** Enhancements to IPC education for staff focused on evidence-based practices and role-specific HAI prevention training. Standardized training for both onboarding and annual education combining computer-based and hands-on learning were implemented. Regular audits of IPC practices were started. Immediate feedback was given as needed and compliance rates shared house-wide on a recurring schedule. Monthly IPC meetings to discuss monitoring results, trends, and updates were initiated and representatives of the IPC committee were encouraged to share information in staff meetings and huddles.

**Quality Outcomes:** Within six months of implementing the strategies, the CAUTI rates decreased by 35% and the CLABSI rates dropped by 40%. Staff improved adherence to catheter care protocols from 70% to 95% as observed during audits. Post-implementation surveys indicated a 50% increase in staff confidence and knowledge

regarding IPC practices. This hospital received commendations for its proactive IPC initiatives in a subsequent facility survey.

**Takeaways:** Targeted education fosters confidence and increases adherence to IPC protocols. Regular auditing and feedback encourage consistent transparent communication and promote accountability. Periodic review and adaptation of IPC policies and protocols maintain awareness and address emerging challenges.

### IPC Task List

- ☐ Establish comprehensive IPC training. Implement on-hire and annual competency-based training for staff. Include hand hygiene, PPE usage, EVS cleaning processes, and injection safety protocols.
- ☐ Conduct regular IPC audits and track findings. Share results and feedback with frontline staff and leadership.
- ☐ Provide education when new products or processes are implemented.
- ☐ Incorporate CDC's Project Firstline resources into IPC training.

### Resources

- [Audit and Feedback as a Quality Strategy | NIH](#)
- [Infection Control: Tools and Resources | CDC](#)
- [Infection Control Scavenger Hunt | Virginia.gov](#)
- [Project Firstline | CDC](#)

## Microbiology and Laboratory Collaboration

The relationship between the IP and the microbiology department is a valuable and vital component of the IPC program. Ensure that a microbiology representative is an active member of the IPC program and keep consistent communication. Many IPC and Antibiotic Stewardship (AS) Programs rely on laboratory results; thus, it is essential for the IP to develop a baseline understanding of related concepts. Review the following material to identify important basic microbiology concepts.

### Duties Responsibilities

It is important for the IP to foster a good working relationship with the lab team and to develop a working understanding of your facility's lab policies and procedures. An understanding of the basics of microbiology is essential including clinical microbiology, proper specimen collection, and different methods in which microbes (e.g., bacteria, viruses, fungi) are identified. The IP should also develop a baseline understanding of commonly used antimicrobials.

### Case Study – Tracking lab results for patterns/trends can help detect transmission.

**Setting:** A large ACH with a dedicated burn ICU

**Problem:** The microbiology department noticed an increase in patients testing positive for a MDRO. They alerted the IP. After review, a total of three cases were identified in the last two months. An investigation of patient data (demographics, clinical history, unit location, and procedures) revealed all three of these cases resided in the burn ICU.

**Root Cause Analysis Findings:** Hand hygiene audits showed poor compliance rates at 25% on the unit. Patient rooms were very cluttered making it hard for staff to perform proper wound care. The hydrotherapy area was cluttered, and staff were uncertain of cleaning and disinfection process for the hydrotherapy tub.

**Improvement Strategies:** Staff received training and education on the importance of hand hygiene and when it should be performed. The hydrotherapy area was terminally cleaned and organized with clear separation between clean and dirty supplies and equipment. A facility policy was made to outline cleaning and disinfecting the hydrotherapy tub and staff member accountability. Staff members were educated on the new policy and applicable cleaning and disinfection products.

**Quality Outcomes:** Staff education resulted in a 30% increase in hand hygiene compliance. Supervisors completed environmental care rounds, monthly, to audit the organization of patient care areas. A log was maintained documenting cleaning, disinfection, and water flushes for three minutes weekly to prevent water stagnation in hydrotherapy.

**Takeaways:** This case study shows the relevance of open communication between the lab dept. and IP, the critical step of tracking lab results, and the importance of hand hygiene compliance and cleaning/disinfection processes in the prevention of MDROs.

### IPC Task List

- ☐ Build a relationship with the lab and microbiology department. Consider shadowing each other for some experience/learning.
- ☐ Develop a notification process for reportable diseases and high-risk organisms.
- ☐ Review positive lab reports for identified organisms.
- ☐ Understand laboratory testing and diagnostics (e.g., Gram stain, antibody, chest x-ray, WBC, urinalysis, culture reports)

### Resources

- [Laboratory Resources for HAIs | CDC](#)
- [Carbapenem-Resistant Bacteria Investigation Guidelines | KDHE](#)
- [Candida auris Submission Guidelines | KDHE](#)
- [Carbapenem-Resistant Organism \(CRO\) Submission Guidelines | KDHE](#)

## Environmental Services

EVS plays a critical role in breaking the chain of infection within healthcare settings by maintaining a clean and hygienic environment. IPC standards focus on preventing the spread of harmful pathogens, and EVS policies and procedures should reflect those standards. The IP does not supervise the EVS team but should still be heavily involved in policies, education, and auditing of this team and their practices.

### Duties/Responsibilities

The IP, in collaboration with a multidisciplinary team, assists in selecting appropriate products and develops guidelines for the safe use of those. The IP is responsible for ensuring that EVS policies and procedures align with IPC standards. Key aspects of this role include staff training and education on cleaning and disinfection processes, adherence to standard precautions, and knowledge of products and their dwell times. Compliance with federal, state, and local regulations regarding environmental care is mandatory (Chou, 2014).

### Case Study – Standards and audits keep the environment clean

**Setting:** 100 bed ACH

**Problem:** Over a period of three months, the facility started to see several HAIs becoming more prevalent in several wards.

**Root Cause Analysis Findings:** Cleaning practices were inconsistent with staff following different protocols. Many employees lacked sufficient training on IPC procedures, resulting in improper implementation. High-touch surfaces were not adequately disinfected, increasing the risk of pathogen transmission. Additionally, the absence of routine monitoring and audits meant that cleaning effectiveness and IPC practices were not consistently evaluated.

**Improvement Strategies:** A standardized cleaning protocol was established to promote consistency and thorough disinfection. New policies mandated proper PPE usage for all staff. Staff received competency-based training to ensure proper cleaning/disinfection practices, IPC measures, and PPE use moving forward. Routine audits were introduced to monitor compliance, with feedback provided to reinforce best practices and drive improvements. Additionally, patient and visitor education efforts included signage and informational materials to encourage hand hygiene and active participation in IPC.

**Quality Outcomes:** Over six months, the facility observed a significant reduction in the incidence of HAIs in the affected units, with sustained improvements noted. Cleaning compliance rates also improved, and EVS staff reported increased confidence in their ability to follow IPC protocols effectively. Staff felt more empowered and knowledgeable about their role in preventing infections and, as such, promoted quality outcomes. Ongoing monitoring and continuous practice improvement efforts aligned with the sustainment of low infection rates.

**Takeaways:** This case study demonstrates that thorough staff training, standardized cleaning protocols, regular audits, and enhanced disinfection practices can significantly reduce the risk of infection transmission in healthcare settings. By focusing on high-touch surfaces, improving compliance with IPC guidelines, the facility was able to reduce HAIs and improve patient safety.

### IPC task list

- ☐ Ensure policies and procedures align with regulatory requirements and best practices.
- ☐ Ensure staff understand the differences between cleaning, sanitizing, and disinfecting. Include proper product use, dilution, and contact time.
- ☐ Incorporate education on Standard and Transmission-Based Precautions.
- ☐ Implement competency-based training for all staff who use cleaning products. Train upon hire, annually, and when procedures or products change.
- ☐ Conduct routine surveillance to assess cleaning and disinfection compliance.
- ☐ Measure performance against benchmarks, provide feedback, and implement quality improvements.
- ☐ Participate in evaluating cleaning products, hand hygiene supplies, and environmental factors affecting IPC.
- ☐ Review or develop PPE usage guidelines. Ensure availability and monitor compliance.
- ☐ Maintain proper waste segregation and handling procedures per regulatory standards.
  - [KDHE Waste Management](#)
  - [EPA](#)
  - [OSHA](#)
- ☐ Collaborate with EVS staff to ensure effective [pest control](#) policies are in place and implemented.

### Resources

- [Environmental Infection Control Guidelines | CDC](#)
- [Environmental Cleaning Procedures | CDC](#)
- [Options for Evaluating Environmental Cleaning | CDC](#)
- [Considerations for Reducing Risk: Surfaces in Healthcare Facilities | CDC](#)



## Construction, Renovation and Maintenance Risks

The Infection Control Risk Assessment (ICRA) is the cornerstone of construction and renovation in healthcare, requiring routine assessment to ensure ongoing safety. This document provides a framework for key considerations during construction, guiding strategies to minimize the spread of dust, debris, and pathogens. Integrating infection prevention and control (IPC) practices into every phase of construction helps protect vulnerable populations and maintain a safe environment throughout the healthcare system. Regularly assessing and incorporating the included considerations alongside the ICRA document optimizes the facility's construction and maintenance processes.

### Duties/Responsibilities

The IP, in collaboration with Plant Operations/Facilities director, Safety Officer, and EVS director, develops policies and guidelines that integrate IPC measures throughout construction, remodeling, and repairs. The IP should be an active member of the construction project team and work closely with the project manager to ensure the ICRA is always implemented. Duties include participating in the design and oversight of the construction project as well as, assessing and mitigating infection risks to patients/residents, healthcare workers, and visitors.

### Case Study

**Setting:** A large ACF with a Pediatric Intensive Care Unit (PICU), undergoing construction

**Problem:** The project included upgrading patient rooms and updating the nurse's station and waiting room. Construction activities included major demolition and replacing the heating, ventilation, and air conditioning (HVAC) system. The project was scheduled to last 12 months, with multiple phases to minimize disruption to patient care. Four weeks into the construction project, the IP noticed an increase in PICU patients with infections such as ventilator-associated pneumonia (VAP) and bloodstream infections (BSIs). Several of the children had compromised immune systems. Initial cultures revealed the causative organism was *Aspergillus fumigatus*, a mold commonly found in construction dust and environments with moisture or poor ventilation.

**Root Cause Analysis Findings:** Plastic barriers were found to have gaps, holes, and zipper doors left open allowing air, dust, and debris to move outside of the construction area. There was a lack of monitoring of the construction site. The PICU manager identified construction dust outside the construction zone on multiple occasions and construction workers with dusty clothes or wheel tracks from their carts.

**Improvement Strategies:** Immediate action was taken to stop all construction work. Environmental cleaning and mold remediation implemented, and HVAC system thoroughly cleaned. All construction staff were required to attend an IPC and construction education class before restarting work. Policies and procedures were revised implementing more rigorous isolation measures including, hard sided barriers instead of plastic to be installed anytime large renovation projects occurred and more frequent monitoring of environmental conditions (e.g., dust, air pressures, barriers). The team implemented a daily monitoring checklist.

**Quality Outcomes:** The fungal outbreak was controlled, and no further cases identified after remediation and cleaning were completed. Education and training were updated and was required by all contractors and facilities management staff performing construction and renovation projects prior to any work within the facility. IPC protocols were revised to make construction projects safer and prevent similar occurrences from happening. They were able to restore trust in parents and patients.

**Takeaways:** It is critically important to ensure robust IPC measures are in place for all construction projects. Education and training on core IPC practices along with real-time monitoring is essential to prevent HAIs and keep people safe.

### IPC Task List

- ☐ Review construction, water management, and HVAC-related policies and practices.
  - Water management risk assessment (WICRA)
  - Construction infection control risk assessment (ICRA) tool
- ☐ Meet with facilities manager to review and discuss:
  - monitoring process for HVAC, legionella, and dialysis (if applicable)
  - water features in the facility
  - cleaning schedules, chemistries, and maintenance of water system
  - environmental sampling
  - the basics of the HVAC system including air differentials, air exchange requirements, levels of air filtration (HEPA), and environmental parameters (temperature/humidity)
  - contingency plans for utility, water, and HVAC system outages
- ☐ Participate in all phases of construction meetings and perform regular construction rounds with facilities management, project manager, and EVS.
- ☐ Develop and implement ICRA education and training program for all contracted construction workers.

### Resources

- [Infection Control Risk Assessment 2.0 Matrix of Precautions for Construction, Renovation and Operations | ASHE](#)
- [Toolkit: Developing a Legionella Water Management Program | CDC](#)
- [Ventilation of Healthcare Facilities | ANSI/ASHRAE/ASHE](#)
- [About Ventilation and Respiratory Viruses | CDC](#)

## Occupational Health and Safety

“Establishing a sound infrastructure for an occupational health program is a critical component for an organization, thereby promoting the safe delivery of healthcare to patients and clientele as well as reducing risk and protecting healthcare personnel (HCP) from exposure to infectious pathogens and diseases” (Allen, 2024). IPs often wear many hats in within the facility, and some even are also the Occupational Health nurse. Though IP roles and responsibilities vary between facilities, it is important to know steps to build or improve an effective occupational health program.

### Duties/Responsibilities

The role of an occupational health nurse coincides substantially with the duties and responsibilities of the IP. The overarching concept outlines preventative measures that ensure the health and safety of employees and provides professional support to staff in the occupational setting. Primary duties include encompassing an awareness of work-related hazards and a knowledge of interventions aimed at the prevention and mitigation of such risks.

### Case Study – Documentation helps ensure safety

**Setting:** A CAH with a dedicated surgical department

**Problem:** A staff member in the Sterile Processing Department (SPD) was inadvertently splashed in the eye with enzymatic cleaner while performing duties. First aid was delayed due to lack of an accessible eyewash station, resulting in damage to the worker’s eye.

**Root Cause Analysis Findings:** The nearest eyewash station was in the EVS department, behind a locked door. Staff were also unaware of the location of eyewash stations. Training on when and how to use eyewash stations had not been given, and PPE was not worn. Documentation for water flush logs demonstrated a lack of weekly flushing of the eye wash stations.

**Improvement Strategies:** A plan was developed to provide staff education on eyewash stations including how and when to use them. Staff were provided education on standard precautions, emphasizing the importance of eye protection regarding splashes/sprays when using hazardous chemicals. The multidisciplinary team also conducted a review to verify eyewash stations meet Occupational Health and Safety Administration (OSHA) regulations for location (e.g., within 10 seconds of a hazard, unobstructed access) and American National Standards Institute (ANSI) standards. Clear signage was developed and posted, directing staff to the nearest eyewash stations.

**Quality Outcomes:** As well as appropriate staff education, documentation was improved upon. Flushes of eyewash stations and infrequently used water sources are done for three minutes weekly with records kept on those. Staff competencies for standard precautions were also maintained and tracked.

**Takeaways:** Documentation streamlines compliance efforts and reduces risk of regulatory penalties. Training and education improve staff knowledge and positively influences response to emergencies. Regular rounding and staff input on safety features is essential to an effective occupational health program.

### IPC Task List

- ☐ Understand your role in employee health at your facility.
- ☐ Develop and implement health and safety training. Participate in committees.
- ☐ Establish and conduct ongoing employee health orientation programs.
- ☐ Coordinate preventative measures (e.g., health screenings, fit-testing, vaccine administration).
- ☐ Support and counsel staff on facility's bloodborne pathogen and exposure policy.
- ☐ Direct employee TB screenings and risk mitigation program.
- ☐ Maintain accurate and confidential employee health records.
  - Maintain a Bloodborne Pathogen and Exposure log. Monitor employee injury trends with follow-up education as needed.
  - Maintain an employee illness log. Track and trend illnesses and symptoms.
- ☐ Actively participate in annual influenza prevention campaign.
- ☐ Complete the annual NHSN influenza vaccine survey.
- ☐ Assist the facility in meeting regulatory standards and maintaining compliance with best practice guidance.
- ☐ Monitor staff adherence and compliance with policies.

### Resources

- [OSHA FactSheet - Bloodborne Pathogen Exposure Incidents | OSHA](#)
- [National Institute for Occupational Safety and Health \(NIOSH\) | CDC](#)
- [The CDC Workplace Health Resource Center: An Overview | CDC](#)
- [Association of Occupational Health Professionals in Healthcare | AOHP](#)

## Specialty Areas

### Laundry Management

Much like IPC, laundry service touches almost every other department in healthcare and either prevents or can lead to infection. IPs should familiarize themselves with regulatory and IPC best practices for reprocessing of linens/textiles. Proper transport, sorting, storage, and reprocessing of linens/textiles helps provide a clean environment for all. Auditing of laundry personnel and their processes should occur on a routine basis whether laundry reprocessing occurs onsite or offsite.

#### Duties/Responsibilities

IPs play a key role in overseeing the safe management of laundry in healthcare settings. They ensure proper protocols are followed to prevent the spread of pathogens, such as using appropriate detergents, washing temperatures, and drying methods. They also guide staff on the proper handling, sorting, and transporting of linen to minimize cross-contamination risks. Additionally, IPs should audit laundry processes, provide training, and ensure compliance with IPC standards to protect patients and staff.

#### IPC Task List

- ☐ Review regulatory and IPC best practices for laundry management.
  - If an offsite facility or contracted company is used, verify the linens are packaged and transported appropriately.
  - Assess offsite laundry facilities annually (minimum).
- ☐ EOC rounding considerations
  - Ensure the soiled area has negative airflow
  - Monitor laundry areas for food, beverages, and/or personal items
  - Verify a handwashing sink is readily available
  - Ensure an eyewash station is available and functional
  - Confirm PPE is used correctly and disposed of or laundered per Manufacturer's Instructions for Use (MIFUs)
  - Ensure a clean to dirty workflow process is followed
  - Determine if low or high temperature detergents are in use and verify water temperatures align with guidelines.
    - Verify that water temperatures are monitored and logged daily
  - Designate separate areas for soiled and clean linens.

#### Resources

- [Appendix D - Linen and Laundry Management | CDC](#)
- [Laundry and Bedding | CDC](#)
- [State Operations Manual Appendix PP - Guidance to Surveyors for LTC Facilities | CMS](#)
- [KDADS Statutes and Regulations for the Licensure and Operation of Nursing Facilities | KDADS](#)

## Dietary Services and Food Safety

Nutrition service plays a crucial role in IPC within healthcare settings. Its daily operations ensure the provision of nutritious and safe food and beverages for patients, visitors, and healthcare personnel (Puckett, 2014). Given the risk of foodborne illnesses and the essential role nutrition services, it is vital to understand and manage IPC within the dietary environment to ensure consistent adherence to best practices that promote optimal outcomes (Ausborn et al., 2024).

### Duties/Responsibilities

Conducting IPC focused rounds in dietary settings offers a valuable opportunity to evaluate compliance with safe food handling practices and maintaining environmental cleanliness. Compliance audits should highlight the degree of adherence to IPC procedures and help pinpoint potential contamination sources. Collaboration between the IPC team and dietary services promotes a culture of quality improvement and raises awareness of IPC best practices in these crucial areas (Ausborn et al., 2024).

### IPC Task List

- ☐ Ensure staff are trained on proper food preparation to reduce risk of cross contamination. Provide staff education on IPC considerations specific to dietary services such as hand hygiene.
- ☐ Conduct EOC rounds regularly, using a standardized checklist customized for the facility.
- ☐ Verify policies and procedures meet regulatory requirements and align with best practice guidelines established by government agencies, accrediting bodies, and professional organizations such as [KDADS](#), [CMS](#) and [FDA](#).
- ☐ Include a representative from Dietary Services as an active member of the IPC Committee.
- ☐ Review dietary risks and include in the annual risk assessment. Incorporate an action plan in the annual IPC program plan.
- ☐ Ensure prompt waste removal and consistent cleanliness to reduce the risk of intrusion by insects and vermin.
- ☐ Review employee health policies and procedures, integrating them into department orientation, handbooks, and into policies for human resources, employee health, and IP.
- ☐ Collaborate with facilities management to assess and monitor water quality and ensure it aligns with IPC standards.

### Resources

- APIC Text, Chapter 111: Nutrition Services
- [QAPI 21 - Enhancing Infection Prevention: Effective Environment of Care Rounds in Dietary and Nutrition Settings in Acute Care Hospitals | AJIC](#)
- [Guidelines for Infection Prevention in Nutrition and Food Services | UNC Medical Center](#)



## Surgical Services and High-Level Disinfection

The IP plays a key role in reducing risk of HAIs in the operating room (OR) and sterile processing department (SPD). These critical areas directly impact patient safety, the effectiveness of clinical procedure, and overall quality of healthcare services.

### Duties/Responsibilities

Ensure that all IPC practices are adhered to and are effective. Provide education and training to staff on IPC standards. Collaborate with OR, EVS, and SPD leaders to ensure all cleaning and disinfection practices are followed. Observe the OR and procedure practices to ensure best practices and evidence-based recommendations have been implemented (Martonicz, 2024). Monitor and audit cleaning, disinfection, and sterilization processes to identify areas of opportunity to improve patient safety by reducing risk of pathogen transmission.

### IPC Task List

- ☐ Learn the Spaulding classification of disinfection and sterilization.
- ☐ Review CDC's Guidelines for Disinfection and Sterilization in Healthcare Facilities.
- ☐ Review and update (annual at minimum) policies and procedures for High Level Disinfection (HLD), sterilization, and OR cleaning practices.
- ☐ Review products used and manufacturer's instructions for use.
- ☐ Review state Department of Transportation requirements for transporting reprocessed instruments between facilities (if applicable).
- ☐ Shadow in Central Sterile and observe Decontamination, Packaging, and Sterile Storage.
- ☐ Shadow in endoscopy (if applicable) and observe endoscope cleaning, HLD practices, transport, and storage.
- ☐ Learn the process for validating and testing sterilizer load or HLD solutions.
- ☐ Discuss with SPD leader failed sterilization testing and load recall process/notification.
- ☐ Discuss operating room cleaning schedule/products with the OR and/or EVS leader. Observe cleaning practices.
- ☐ Participate in routine environmental rounds in HLD/Sterilization and OR areas.

### Resources

- [Guideline for Disinfection and Sterilization in Healthcare Facilities \(2008\) | CDC](#)
- [Reprocessing: High Level Disinfection and Liquid Sterilization Process - "Clean" Area \(Audit Tool\) | CDC](#)
- [Reprocessing: High Level Disinfection and Liquid Sterilization Process - "Dirty" Area using Chemical Soak Method \(Audit Tool\) | CDC](#)
- [Audit Tool: Environmental Cleaning \(OR\) | AORN](#)

## Outpatient and Ambulatory Care

Outpatient settings are integral to the organization's overall IPC programs and the IP role, making it essential for facility leadership to implement and support both to maintain a strong focus on IPC practices. IPC in outpatient and ambulatory care settings relies heavily on standard precautions, however, specific settings might require use of transmission-based precautions based on types of practices, procedures, and population.

### Duties/Responsibilities

The IP will develop and implement an IPC program tailored to the specific services that are being provided in that setting. Ensure adherence to standard precautions, provide staff education and training, and oversee surveillance and reporting of infectious diseases to maintain a safe environment for patients and HCP.

### IPC Task List

- ☐ Dedicate administrative resources to IPC.
- ☐ Educate and train interdisciplinary HCP.
- ☐ Monitor and report HAIs.
- ☐ Conduct IPC observations and auditing in each area.
- ☐ Perform risk assessments annually and when areas cannot comply with best practices.
- ☐ Utilize tools such as [this](#) to help evaluate IPC at your facility.

### Resources

- [Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care | CDC](#)
- [A Best Practice Guide to Help Health Care Organizations Create Safe, Healing Environments | ASHE](#)

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## **Appendix A: Structured Timeline for New Infection Preventionists**

### **Introduction**

This structured timeline serves as a suggested guide for Infection Preventionists (IPs) to navigate key responsibilities throughout their role. While infection prevention and control (IPC) tasks may vary based on facility size, services provided, patient population, regulatory requirements, and organizational priorities, this timeline provides a framework to help new and experienced IPs stay proactive and organized.

The outlined tasks are designed to support current evidence-based IPC best practices, improve patient and resident safety, and enhance collaboration across departments. IPs should adapt this timeline to align with their facility's policies, accreditation requirements, and specific IPC goals.

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### **Week 1 – Getting Started**

- ☐ Familiarize yourself with your scope of responsibilities set forth by your facility.
  - ☐ Introduce yourself to each department leader and their team.
  - ☐ Conduct a facility walkthrough to assess IPC readiness. Look for supply storage locations, clean and soiled utilities, alcohol-based hand sanitizer stations, personal protective equipment (PPE) stations and isolation supplies, infection prevention and control signage, environmental services carts, biohazard waste, and sharps disposal.
  - ☐ Join the Association for Professionals in Infection Control and Epidemiology (APIC) and local APIC chapters to gain current insight and form network connections with other area IPs. \*
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### **First 30 days – Establishing a Foundation**

- ☐ Obtain a list of committees, collaboratives, or initiatives at your facility and determine your involvement. (e.g., IPC Committee, Antibiotic Stewardship, Risk/Quality Meetings, Care Plan Meetings, Safety Committee, Emergency Preparedness, Survey Readiness, Construction and Renovation)
- ☐ Review past IPC Committee projects and meeting minutes. Review member list – ensure the committee is multidisciplinary including representatives from each area or department.
- ☐ Locate and review key plans and policies:
  - IPC Plan
  - Facility IPC Risk Assessment
  - Emergency Preparedness Plan
  - [Respiratory Protection Program](#) & Annual [Tuberculosis Risk Assessment](#)
  - [Water Management Plan](#) and [Risk Assessment](#)
  - Other IPC Policies (e.g., standard and transmission-based precautions, multidrug-resistant organisms (MDROs), PPE usage, bloodborne pathogens (BBP))

- Local and state antibiogram (if not on file, ask your lab director to assist)
- Establish, review, or update a point of contact list:
  - Facility Department Contacts
  - County and State Health Department ([Kansas Department of Health and Environment](#))
  - Corporate Contacts
  - Nearby healthcare facilities (e.g., hospitals, nursing homes, EMS, pharmacies, resource Labs)
  - [Local APIC Chapters](#)
    - Greater Kansas City
    - Wichita Area
    - Heart of America
- Assess the facility's surveillance plan:
  - Identify existing data sources and collection methods. Include your manager, risk/quality manager, and IT dept.
  - Review processes for communicable disease admissions, targeted surveillance, and infection monitoring. Including but not limited to hand hygiene auditing, isolation precautions, CLABSIs, CAUTIs, other HAI tracking.
  - Identify the process for contacting providers for IPC concerns.
  - Setup procedures for reporting to [reportable diseases](#) to state or local health departments.
  - Build a relationship with microbiology department to ensure you are notified in a timely manner of an increase in particular organisms. Implement a process to review relevant lab reports.
  - Establish a cadence for conducting [IP rounds/audits \(frequency/forms\)](#), [Environment of Care \(EOC\) rounds](#), and [construction/project rounds](#) (as needed).
- [Determine if your facility is already enrolled in NHSN](#). What reporting is voluntarily or required? Get your own NHSN access:
  - [Apply for Secure Access Management Services, or SAMS](#)
  - Register for NHSN and complete the [mandatory CDC NHSN training](#).
  - Use [standardized definitions](#) for outcomes and process tracking.
- Start your own IPC education plan. Review the [basics of IPC](#) and use [Project Firstline materials](#) to prepare for educating and training staff.



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## First 90 days – Strengthening IPC Practices

- ☐ Complete [CDC Nursing Home IP Training modules](#) (recommended for all settings).
- ☐ Using NHSN, generate surveillance data and calculate infection rates.
  - Determine numerators, denominators, and constants for calculations of rates for outcomes and processes.
  - Organize and manage data in preparation for analysis.
  - Determine the incidence or prevalence of infections.
  - Calculate specific infection rates (e.g., provider-specific, unit-specific, device-specific, procedure-specific, standardized infection ratio (SIR)).
- ☐ Identify processes for Healthcare-Associated Infections (HAIs) monitoring and prevention strategies:
  - [Central Line-Associated Bloodstream Infection \(CLABSI\)](#)
  - [Catheter-associated Urinary Tract Infection \(CAUTI\)](#)
  - [Surgical Site Infection \(SSI\)](#)
  - [Ventilator-associated pneumonia](#)
  - [C. difficile](#)
  - [MDRO](#)
- ☐ Schedule shadowing opportunities with key roles in your facility. Review their IPC related policies, procedures, and processes before shadowing.
  - EVS staff – observe cleaning processes and discuss schedules and routines.
  - Sterile Processing Department / Operating Room / Endoscopy – shadow processes in each area.
- ☐ Review and establish hand hygiene and PPE compliance monitoring, auditing, and reporting. Ensure reports are shared with leadership and frontline staff. Observe how PPE is used in all areas of the facility.
- ☐ [Perform annual tuberculosis \(TB\) risk assessment](#) and review policy. Determine what is done if a known or suspected case of TB is admitted to your facility. [CDC Guidelines](#).
- ☐ Review construction, water management, and heating, ventilation, and air conditioning (HVAC) system-related policies and risk assessments. Meet with facilities manager to discuss:
  - HVAC, Legionella, and dialysis (if applicable)
  - Identify water related features in your facility and their cleaning schedules, chemistries, and maintenance.

- Review and learn the basics of HVAC system including air differentials, air exchange requirements, levels of air filtration (HEPA), and environmental parameters (temperature/humidity).
  - Collaborate with facilities team and safety officer to review or develop contingency utility outage plans for utility, water, and HVAC system.
  - Review regulatory and IPC best practices for transport, sorting, storage, and reprocessing of laundry.
  - Evaluate regulatory compliance for [pest control](#) and [waste handling](#).
  - Participate in the evaluation of new products like cleaner/disinfectants, hand hygiene products, furniture, flooring, curtains, etc. that play a role in key IPC.
- 

## First Six months – Advanced IPC Integration

- Learn the Spaulding classification of disinfection and sterilization.
- Review [CDC's Guidelines for Disinfection and Sterilization in Healthcare Facilities](#).
- Evaluate high level disinfection (HLD), sterilization and OR cleaning practices. Become familiar with manufacturer's instructions for use (MIFUs) for equipment, products, and chemicals used.
- Discuss sterilization failure notification processes with SPD. Learn the process for validating and testing sterilizer load or HLD solutions.
- Participate in routine environmental rounds in HLD/Sterilization, OR, and other high-risk areas.
- Establish competency-based IPC training for new hires and annually. Additional training may be required when products or processes change.
- Assess compliance with cleaning, sanitizing, and disinfection protocols. Develop environmental monitoring and feedback systems for cleaning practices.
- Review dietary processes. Ensure dietary services meet [IPC standards](#) and participate in EOC rounds.
- Review laundry protocols for compliance with [IPC best practices](#).
- Review employee health policies and procedures.

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## First year – Mastering IPC Leadership

- ☐ Study for Certification in Infection Control (CIC) through [CBIC](#). Many free study groups are available online\*.
- ☐ Develop and implement ICRA education and training program for all contracted construction workers.
- ☐ Regularly review and update IPC policies and procedures at least annually and as needed when things change.
  - IPC Plan and Facility IPC Risk Assessment
  - Respiratory Protection Program and TB Risk Assessment
  - MDROs
  - Standard and Transmission Based Precautions with PPE usage
  - Reportable Disease process
  - Emergency Preparedness Plan
  - Water Management Plan and Risk Assessment
  - Bloodborne pathogens
  - Other IPC Policies
  - Local and state antibiogram (if not on file, ask your lab director to assist)
- ☐ Stay current and regularly review pertinent IPC guidelines and standards:
  - [KDHE – HAI/AR Section](#)
  - [Center for Disease Control \(CDC\)](#)
  - [Occupational Safety and Health Administration \(OSHA\)](#)
  - [Environmental Protection Agency \(EPA\)](#)
  - [Association for Professionals of Infection Control \(APIC\)](#)
  - [Society for Healthcare Epidemiology of America \(SHEA\)](#)
  - [Infectious Disease Society of America \(IDSA\)](#)
  - [American Society of Healthcare Environmental Services \(ASHES\)](#)
  - [Center for Medicare and Medicaid Services \(CMS\)](#)
  - [World Health Organization \(WHO\)](#)

- Engage with state IPC Partners
    - [KDHE HAI/AR Section](#)
    - [KDHE Healthcare Coalitions \(HCCs\)](#)
    - [Kansas Hospital Association \(KHA\)](#)
    - [Kansas Healthcare Collaborative \(KHC\)](#)
    - [KFMC Health Improvement Partners](#)
    - [Kansas Health Care Association \(KHCA\)](#)
    - [LeadingAge Kansas](#)
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**\*Note: Some activities may have associated costs.**