SOUTHERN EVALS
EVALUATE. EDUCATE. ENHANCE

LRHA Presents

LOUISIANA
RURAL INFECTION CONTROL TRAINING PROGRAM

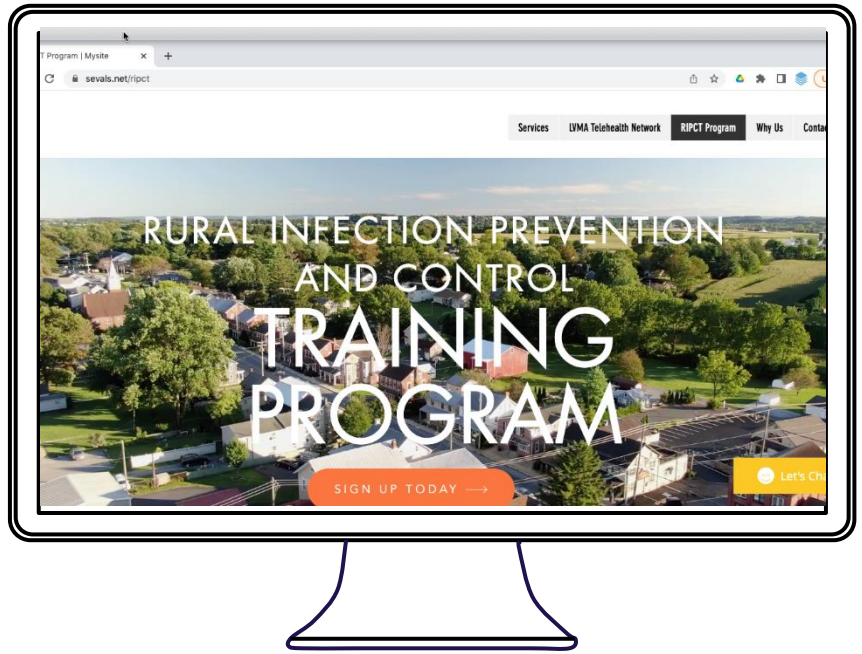
Educating Rural Hospitals and Rural Health Clinics on the most up to date evidence-based practices to ensure regulatory success and utmost patient safety

1010 Main Street
www.sevals.net

Good Morning Shout-Outs

Let's get comfortable with how this presentation will go forward and how to utilize the platform

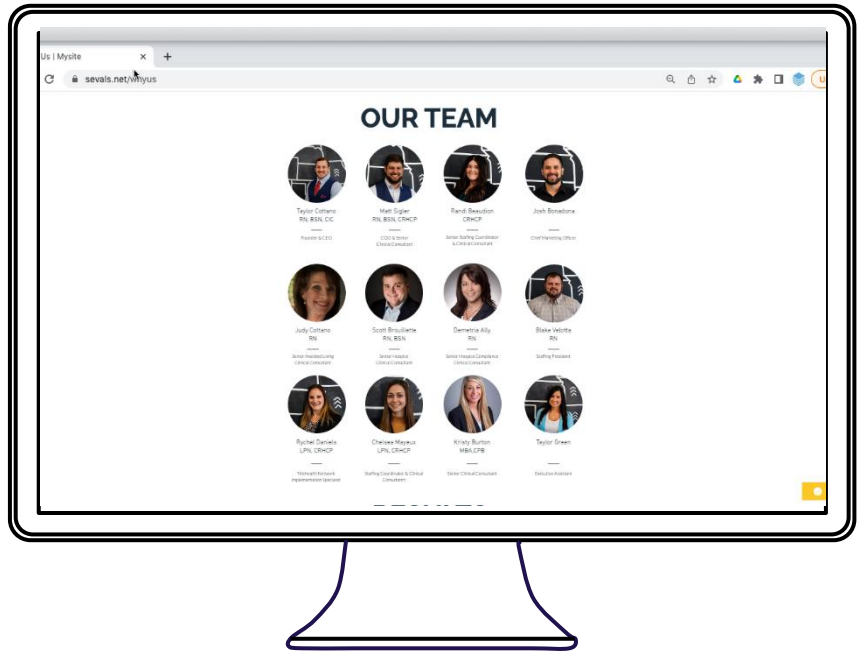
- Where Are You From?
- How long in Infection Control Role?
- Are you signed up yet?



Who Is Southern EVALS

Louisiana Born. Compliance Experts. Problem Solvers.

- Mission: Help Hardworking Healthcare Providers Increase Revenue and Maximize Patient Safety
- Values: Honesty. Transparency. Consistency. Hard Work. Compassion
- Vision: Provide Safer Care for 1 Billion Patients by Helping 10,000 Healthcare Providers Succeed.



"Provide Safer Care For 1 BILLION Patients"

SOUTHERN EVALS
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HOSPITAL BASICS

All Foundational Elements that are needed to have a compliant and successful Infection Prevention and Control Program

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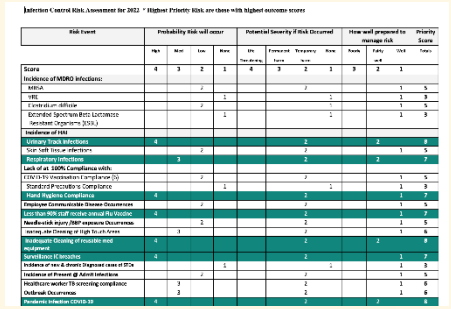
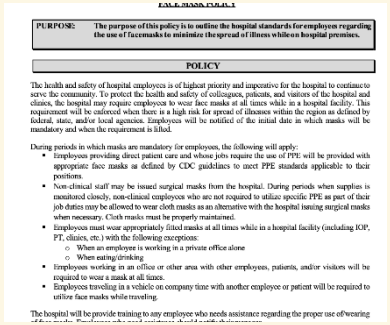
The Three P's



Infection Control Risk Assessment for 2022 * Highest Priority Risk are those with highest outcome scores

Risk Event	Probability Risk will occur				Potential Severity if Risk Occurred				How well prepared to manage risk			Priority Score
	High	Med	Low	None	Life Threatening	Forecasted Future	Temporary Future	None	Rarely	Fairly well	Well	Fatals
Score	4	3	2	1	4	3	2	1	3	2	1	
Incidence of MDRO Infections:												
MRSA			2				2				1	5
VRE				1				1			1	3
Clostridium difficile			2					1			1	5
Extended Spectrum Beta Lactamase Resistant Organisms (ESBL)				1				1			1	3
Incidence of HAI												
Urinary Track Infections	4						2			2		8
Surgical Tissue Infections			2				2				1	5
Respiratory Infections		3					2			2		7
Lack of at 100% Compliance with:												
COVID-19 Vaccination Compliance (s)			2				2				1	5
Standard Precautions Compliance				1				1			1	3
Hand Hygiene Compliance	4						2				1	7
Employee Communicable Disease Occurrences			2				2				1	5
Less than 90% staff receive annual Flu Vaccine	4						2				1	7
Needlestick injury /MRP exposure Occurrences			2				2				1	5
Leaking Jobs Cleaning of High Touch Areas		3					2				1	6
Inadequate Cleaning of reusable med equipment	4						2			2		8
Surveillance IC breaches	4						2				1	7
Incidence of new & chronic Diagnosed cases of STDs				1				1			1	3
Incidence of Present @ Admit Infections			2				2				1	5
Healthcare worker TB screening compliance		3					2				1	6
Outbreak Occurrences		3					2				1	6
Pandemic Infection COVID-19	4						2			2		8

Paperwork



FACE MASK POLICY

PURPOSE: The purpose of this policy is to outline the hospital standards for employees regarding the use of facemasks to minimize the spread of illness while on hospital premises.

POLICY

The health and safety of hospital employees is of highest priority and imperative for the hospital to continue to serve the community. To protect the health and safety of colleagues, patients, and visitors of the hospital and clinics, the hospital may require employees to wear face masks at all times while in a hospital facility. This requirement will be enforced when there is a high risk for spread of illnesses within the region as defined by federal, state, and/or local agencies. Employees will be notified of the initial date in which masks will be mandatory and when the requirement is lifted.

During periods in which masks are mandatory for employees, the following will apply:

- Employees providing direct patient care and whose jobs require the use of PPE will be provided with appropriate face masks as defined by CDC guidelines to meet PPE standards applicable to their positions.
- Non-clinical staff may be issued surgical masks from the hospital. During periods when supplies is monitored closely, non-clinical employees who are not required to utilize specific PPE as part of their job duties may be allowed to wear cloth masks as an alternative with the hospital issuing surgical masks when necessary. Cloth masks must be properly maintained.
- Employees must wear appropriately fitted masks at all times while in a hospital facility (including IOP, PT, clinics, etc.) with the following exceptions:
  - When an employee is working in a private office alone
  - When eating/drinking
- Employees working in an office or other area with other employees, patients, and/or visitors will be required to wear a mask at all times.
- Employees traveling in a vehicle on company time with another employee or patient will be required to utilize face masks while traveling.

The hospital will be provide training to any employee who needs assistance regarding the proper use of wearing

Policy and Procedure

Practice

You Can Make A DIFFERENCE!!!

It is up to you as a healthcare leader to make positive changes that will have positive effects on YOUR COMMUNITY.

SOUTHERN EVALS

PAPERWORK

Items that are needed to be completed and updated according to regulatory standards for a compliant Infection Prevention and Control Program.

The IC Bible

All Regulatory Agencies have one thing in common.... They all have specific items that they require you to have in place to be in compliance. We have found through our years and years of survey that not only having those items present is required but that those items organized in a certain way per the standards makes for an easy and efficient experience with surveyors of all type. That is why we recommend putting together what we call an IC Bible. The IC Bible has all of the paperwork items that are required, tabbed out and labeled for easy recollection when reviewed by a regulatory surveyor.

"Just Like This = Check off the List "

The IC Bible

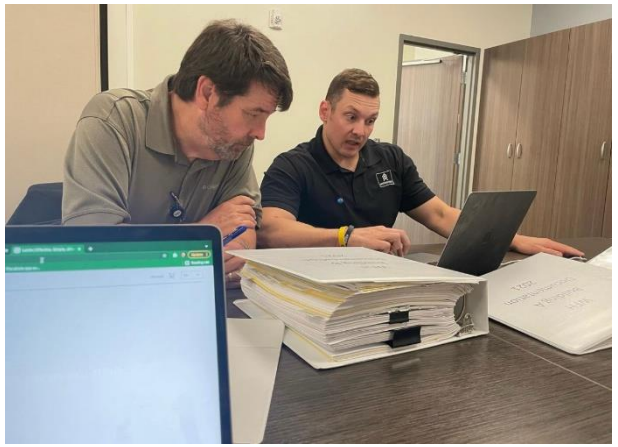
"This is nice!"

Out of the Thousands of Surveyors that work throughout the Country, less than 5% specialize in Infection Prevention and Control. Realize that many surveyors that will be looking into this area already have a list of items that they are required to look at. These things are concrete and have always been required.

- **Clinical Authority/Qualifications**
- **Program Plan**
- **Risk Assessment and Goals**
- **Program Evaluation**
- **Policy and Procedure**
- **IC Committee Minutes**
- **QAPI/PDCA Data**

Clinical Authority

Identification of who is responsible for the IPC Program



CMS: 42 CFR 482.42(a) 1.A.1 -1.A.2

The hospital has designated one or more individuals as its infection control officer. The hospital has evidence that demonstrates that person is qualified and maintains qualifications through education, training, experience or certification related to infection control

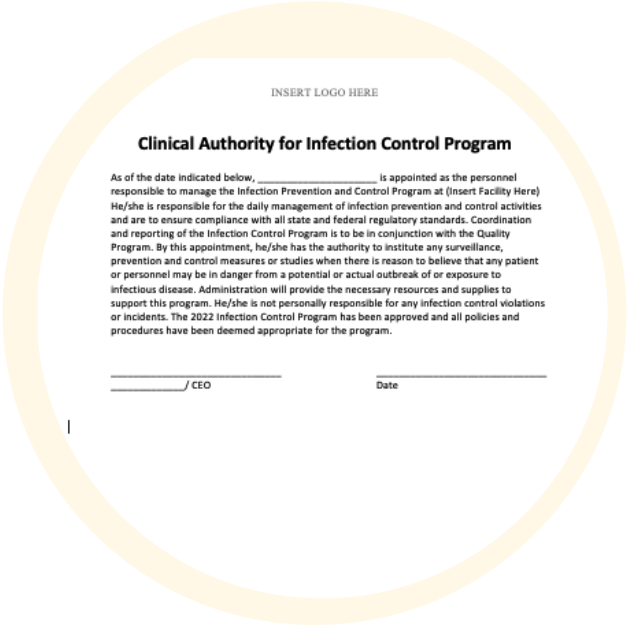
TJC: IC.01.01.01 EP 1-2

The hospital identifies the individual responsible for the infection prevention and control program. When they don't have expertise, they consult with someone who does

Survey Problem

Many times this is one of the easiest things to have evidence of but so many facilities fail to have proof of a qualified Infection Control Officer. You will need either proof of education, APIC Membership or oversight by a qualified individual

Clinical Authority



INSERT LOGO HERE

Clinical Authority for Infection Control Program

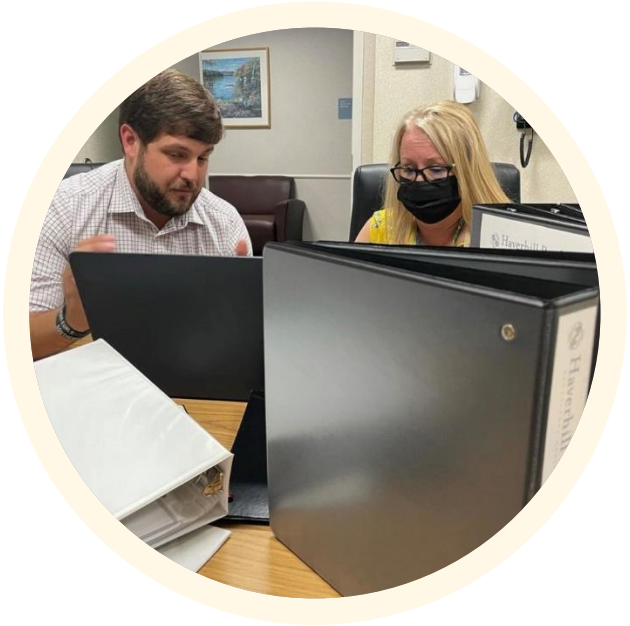
As of the date indicated below, _____ is appointed as the personnel responsible to manage the Infection Prevention and Control Program at (Insert Facility Here) He/she is responsible for the daily management of infection prevention and control activities and are to ensure compliance with all state and federal regulatory standards. Coordination and reporting of the Infection Control Program is to be in conjunction with the Quality Program. By this appointment, he/she has the authority to institute any surveillance, prevention and control measures or studies when there is reason to believe that any patient or personnel may be in danger from a potential or actual outbreak of or exposure to infectious disease. Administration will provide the necessary resources and supplies to support this program. He/she is not personally responsible for any infection control violations or incidents. The 2022 Infection Control Program has been approved and all policies and procedures have been deemed appropriate for the program.

_____ / CEO

_____ Date

Acknowledgement

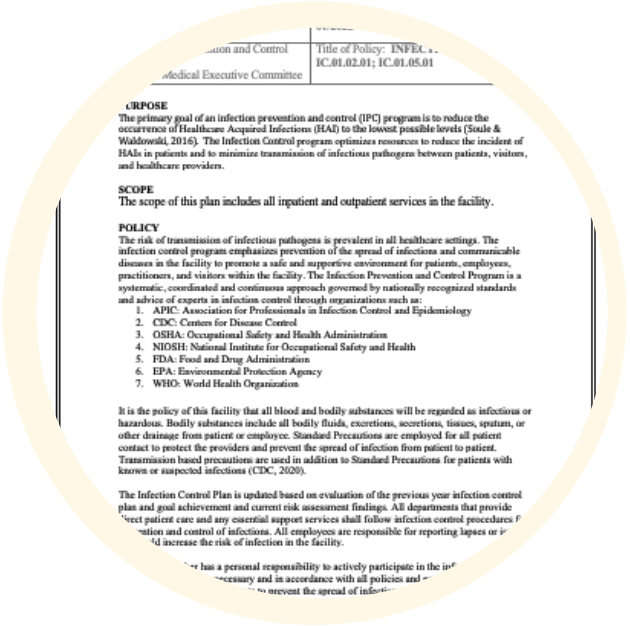
APIC Member



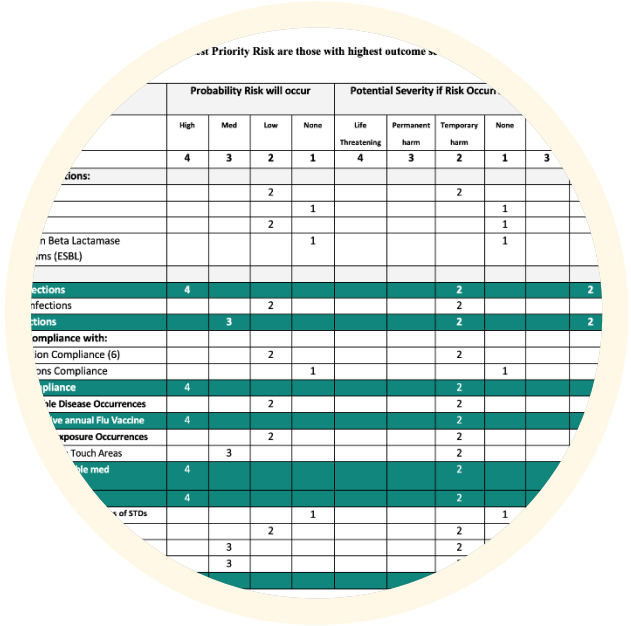
Oversight

“Evidence of Education is Key”

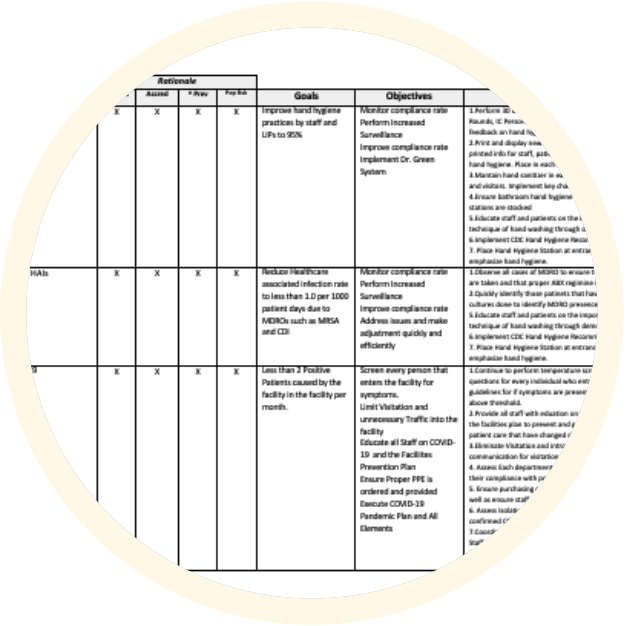
The BIG THREE



Program Plan:



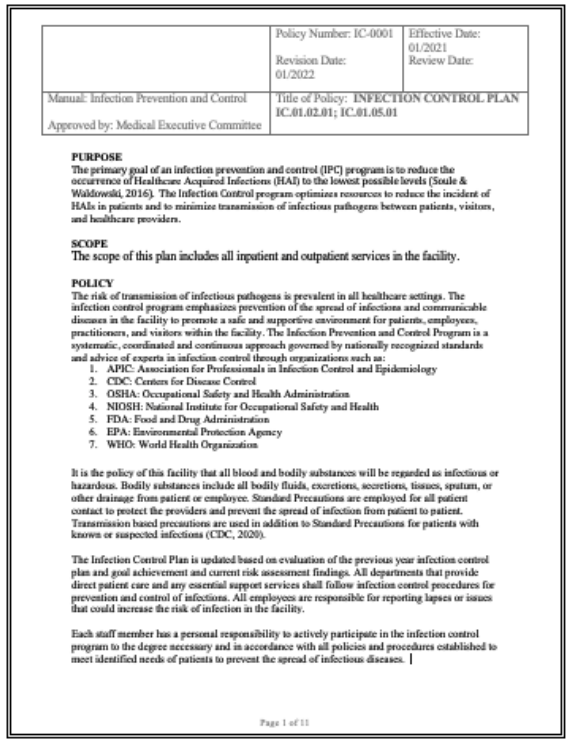
Risk Assessment:



Program Evaluation:

Program Plan

The 10,000 Foot view of everything involved in your IPC Program



	Policy Number: IC-0001 Revision Date: 01/2022	Effective Date: 01/2021 Review Date:
Manual: Infection Prevention and Control Approved by: Medical Executive Committee	Title of Policy: **INFECTION CONTROL PLAN** **IC.01.02.01; IC.01.05.01**	

PURPOSE
The primary goal of an infection prevention and control (IPC) program is to reduce the occurrence of Healthcare Acquired Infections (HAI) to the lowest possible levels (Soule & Waldowski, 2016). The Infection Control program optimizes resources to reduce the incident of HAIs in patients and to minimize transmission of infectious pathogens between patients, visitors, and healthcare providers.

SCOPE
The scope of this plan includes all inpatient and outpatient services in the facility.

POLICY
The risk of transmission of infectious pathogens is prevalent in all healthcare settings. The infection control program emphasizes prevention of the spread of infections and communicable diseases in the facility to promote a safe and supportive environment for patients, employees, practitioners, and visitors within the facility. The Infection Prevention and Control Program is a systematic, coordinated and continuous approach governed by nationally recognized standards and advice of experts in infection control through organizations such as:

1. APIC: Association for Professionals in Infection Control and Epidemiology
2. CDC: Centers for Disease Control
3. OSHA: Occupational Safety and Health Administration
4. NIOSH: National Institute for Occupational Safety and Health
5. FDA: Food and Drug Administration
6. EPA: Environmental Protection Agency
7. WHO: World Health Organization

It is the policy of this facility that all blood and bodily substances will be regarded as infectious or hazardous. Bodily substances include all bodily fluids, excretions, secretions, tissues, sputum, or other drainage from patient or employee. Standard Precautions are employed for all patient contact to protect the providers and prevent the spread of infection from patient to patient. Transmission based precautions are used in addition to Standard Precautions for patients with known or suspected infections (CDC, 2020).

The Infection Control Plan is updated based on evaluation of the previous year infection control plan and goal achievement and current risk assessment findings. All departments that provide direct patient care and any essential support services shall follow infection control procedures for prevention and control of infections. All employees are responsible for reporting lapses or issues that could increase the risk of infection in the facility.

Each staff member has a personal responsibility to actively participate in the infection control program to the degree necessary and in accordance with all policies and procedures established to meet identified needs of patients to prevent the spread of infectious diseases.

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CMS: 42 CFR 482.42(a) 1.A.3

The Infection Control officer can provide evidence that the hospital has developed general infection control policies and procedures that are based on nationally recognized guidelines and applicable with state and federal law

TJC: IC.01.05.01, IC.01.04.01, IC.02.01.01

The hospital has an infection prevention and control plan. Based on risks the hospital sets goals to minimize the possible transmission of infections. Plan is implemented

Survey Problem

Your Infection Control Plan needs to be updated Annually or if you have any changes in your program like new threats or new service lines. Most plans are cited for not including all elements performed or they are outdated.

Program Plan

Elements Needed

The program plan is the overview of everything you do in your Infection Prevention and Control Program. It is best practice to have the following included in your plan.

- Purpose/Elements of Program
- Authority and Responsibilities
- Reporting Methodology
- Employee Health
- Outbreak/Influx of Disease
- Surveillance Plan/Evaluation
- Program Annual Goals
- References

Risk Assessment

Identifying what the top priorities are in your facility

Infection Control Risk Assessment for 2022 * Highest Priority Risk are those with highest outcome scores

Risk Event	Probability Risk will occur				Potential Severity if Risk Occurred				How well prepared to manage risk			Priority Score
	High	Med	Low	None	Life Threatening	Permanent harm	Temporary harm	None	Poorly	Fairly well	Well	Totals
Score	**4**	**3**	**2**	**1**	**4**	**3**	**2**	**1**	**3**	**2**	**1**	
Incidence of MDRO infections:												
MRSA			2				2				1	5
VRE				1				1			1	3
Clostridium difficile			2					1			1	5
Extended Spectrum Beta Lactamase Resistant Organisms (ESBL)				1				1			1	3
Incidence of HAI												
Urinary Track Infections	4						2			2		8
Skin Soft Tissue Infections			2				2				1	5
Respiratory Infections		3					2			2		7
Lack of at 100% Compliance with:												
COVID-19 Vaccination Compliance (6)			2				2				1	5
Standard Precautions Compliance				1				1			1	3
Hand Hygiene Compliance	4						2				1	7
Employee Communicable Disease Occurrences			2				2				1	5
Less than 90% staff receive annual Flu Vaccine	4						2				1	7
Needle-stick injury /BBP exposure Occurrences			2				2				1	5
Inadequate Cleaning of High Touch Areas		3					2				1	6
Inadequate Cleaning of reusable med equipment	4						2			2		8
Surveillance IC breaches	4						2				1	7
Incidence of new & chronic Diagnosed cases of STDs				1				1			1	3
Incidence of Present @ Admit Infections			2				2				1	5
Healthcare worker TB screening compliance		3					2				1	6
Outbreak Occurrences		3					2				1	6
Pandemic Infection COVID-19	4						2			2		8

CMS: 42 CFR 482.42(a) 1.B.3

The hospital utilizes a risk assessment process to prioritize selection of quality indicators for infection prevention and control

TJC: IC.01.03.01

The hospital identifies risks for acquiring and transmitting infections.

Survey Problem

Your Risk Assessment has key components that need to be included when assessing your facility. The prioritized risks need to be easily identified and then transitioned into goals for the program. Risk assessment has two parts the narrative and the chart.

Risk Assessment Narrative

Elements Needed

The risk assessment has two components: The Narrative and the Chart. The following items are best practice to have in your Risk Assessment

- **Scope of Services**
- **Community Demographics**
- **Local Pattern of Disease**
- **TB Parish Profile**
- **National Concerns**
- **Patient Factors**
- **Surveillance and Identified Risks**
- **Prioritized Risks = Goals**

Risk Assessment Chart

Infection Control Risk Assessment for 2022 * Highest Priority Risk are those with highest outcome scores

Risk Event	Probability Risk will occur				Potential Severity if Risk Occurred				How well prepared to manage risk			Priority Score
	High	Med	Low	None	Life Threatening	Permanent harm	Temporary harm	None	Poorly	Fairly well	Well	Totals
Score	**4**	**3**	**2**	**1**	**4**	**3**	**2**	**1**	**3**	**2**	**1**	
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Outbreak Occurrences		3					2				1	**6**
Pandemic Infection COVID-19	4						2			2		**8**

- **Based Off of Previous Year and Opinion**
- **Has it happened? Severity if happens? How well prepared?**
- **Rank The Priorities and Create Goals**

Risk Assessment

Priority #	Priority Indicator	Rationale: Reg/Rec	Rationale: Accred	Rationale: ^ Prev	Rationale: Pop Risk	Goals	Objectives	Strategies
1	COVID-19	X	X	X	X	100% of COVID-19 positive patinets are isolated per procedure in 2022.	Screen every person that enters the facility for symptoms. Limit Visitation and unnecessary Traffic into the facility Educate all Staff on COVID-19 and the Facilites Prevention Plan Ensure Proper PPE is ordered and provided Execute COVID-19 Pandemic Plan and All Elements	1.Continue to perform temperature screening and ask full list of questions for every individual who enters the facility. Follow guidelines for if symptoms are present or if temperature is above threshold. Monitor staff self checks in the back to make sure all staff are completing self temp checks. 2.Update guidelnes as they are presented by the State and CDC 3.Eliminate Visitation and introduce other forms of communication for visitation like video call, etc. 4. Assess Each departments preparedness for COVID-19 and their compliance with procedures in the facility plan. 5. Ensure purchasing orders proper cleaning and PPE supplies as well as ensure staff understand how to use them. 6. Assess Isolation Strategy for patient that have suspected or confirmed COVID-19 for effectiveness. 7.Coordinate COVID-19 vaccniations for staff and Vaccinate As Many Staff members as possible. 8. Provide Education on the vaccine, how it was made, adverse effects and benefits. 9.Attempt to obtain testing supplies that would allow testing is warranted. 9.Implement CDC COVID-19 Guidelines
2	IC environmental surveillance breaches	X	X	X	X	Create EOC Rounds picture report that will be provided to all department leaders. 100% of Items identified will be corrected or fixed	Create EOC Rounds picture report format Schedule meetings to provide department leaders with findings. Monitor each unit for environmental compliance Ensure facility is constructed and organized in a compliant manner	1.Create EOC Rounds picture report format through an innovative software 2.Identify breaches in environmental rounds each month and provide detailed picture report to specific departments on what they are responsible to correct. 3.Implement spot checks to ensure corrections are made 4.Create PDCA of any big issues that will take an extedned amount of time to fix or correct
3	Hand Hygiene Compliance	X	X	X	X	Achieve 100% compliance by 2022	Monitor compliance rate Perform Increased Surveillance Improve compliance rate Implement Dr. Green System	1.Perform 30 observations per month via Secret Shopper Rounds, IC Personnel Rounds and Dietary Rounds to get more feedback on hand hygiene. 2.Print and display new hand hygiene posters and provide printed info for staff, patients and visitors on the importance of hand hygiene. Place in each location throughout facility. 3.Mantain hand sanitizer in easily accessible locations for staff and visitors. Implement key chain hand sanitizers. 4.Ensure bathroom hand hygiene products and hand washing stations are stocked 5.Educate staff and patients on the importance of and proper technique of hand washing through demonstration

- **Goals: Need to be SMART Goals. Specific. Measurable. Attainable. Relevant. Time based.**
- **Objectives: Macro. Concepts**
- **Strategies: Micro. What you plan on doing to complete your goals**

Program Evaluation

Measurement of the success of your program

CMS: 42 CFR 482.42(a) 1.B.1

The Infection Control officer can provide evidence that problems identified in the Infection Control Program are addressed with ongoing evaluation of interventions implemented for success.

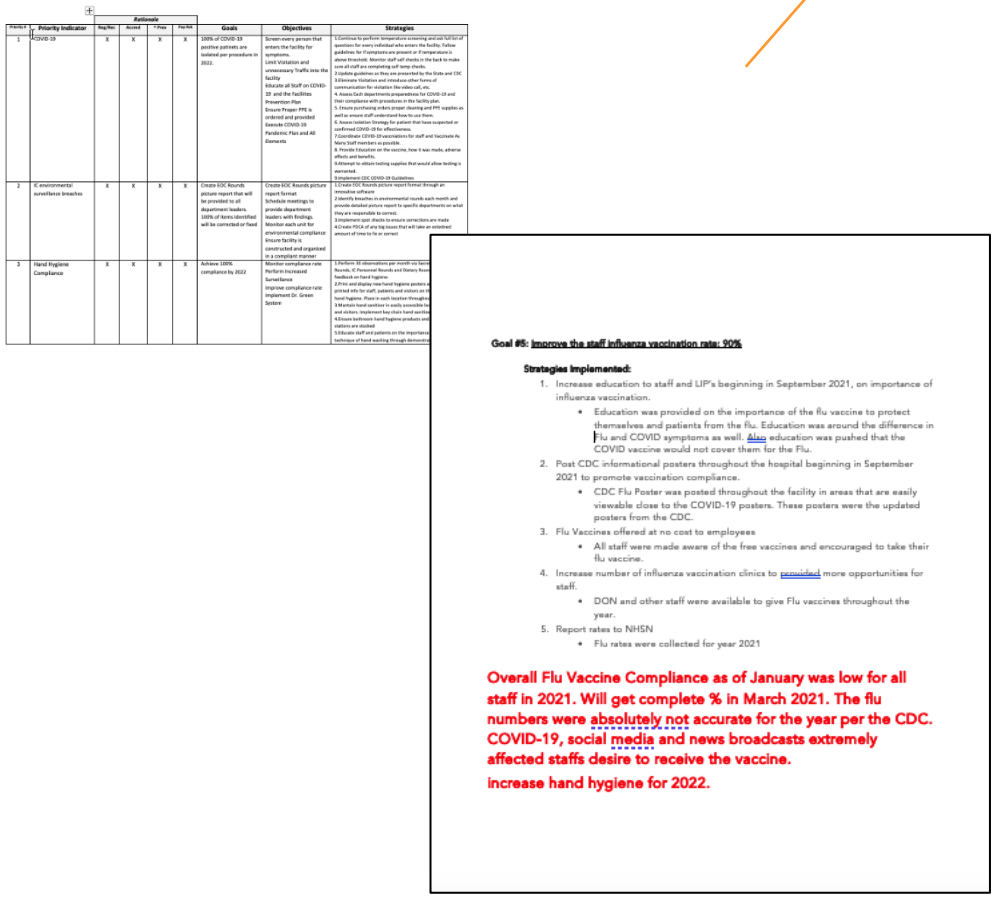
TJC: IC.01.03.01

The hospital evaluates the effectiveness of its infection prevention and control plan.

Survey Problem

Your Evaluation is a review of your previous years program and goals. This document you are able to evidence all of the success you had in the previous year with specific examples of what you accomplished and how. Biggest issues here are they are not completed or that goals that are reached are not readjusted.

Program Evaluation



Priority #	Priority Indicator	Rationale: Reg/Res	Rationale: Accred	Rationale: * Prev	Rationale: Pop Risk	Goals	Objectives	Strategies
1	COVID-19	X	X	X	X	100% of COVID-19 positive patients are isolated per procedure in 2022.	Screen every person that enters the facility for symptoms. Limit Visitation and unnecessary Traffic into the facility Educate all Staff on COVID-19 and the Facilities Prevention Plan Ensure Proper PPE is ordered and provided Execute COVID-19 Pandemic Plan and All Elements	1.Continue to perform temperature screening and ask full list of questions for every individual who enters the facility. Follow guidelines for if symptoms are present or if temperature is above threshold. Monitor staff self checks in the back to make sure all staff are completing self temp checks. 2.Update guidelines as they are presented by the State and CDC 3.Eliminate Visitation and introduce other forms of communication for visitation like video call, etc. 4. Assess Each departments preparedness for COVID-19 and their compliance with procedures in the facility plan. 5. Ensure purchasing orders proper cleaning and PPE supplies as well as ensure staff understand how to use them. 6. Assess Isolation Strategy for patient that have suspected or confirmed COVID-19 for effectiveness. 7.Coordinate COVID-19 vaccinations for staff and Vaccinate As Many Staff members as possible. 8. Provide Education on the vaccine, how it was made, adverse effects and benefits. 9.Attempt to obtain testing supplies that would allow testing is warranted. 9.Implement CDC COVID-19 Guidelines
2	IC environmental surveillance breaches	X	X	X	X	Create IOC Rounds picture report that will be provided to all department leaders. 100% of items identified will be corrected or fixed	Create IOC Rounds picture report format Schedule meetings to provide department leaders with findings. Monitor each unit for environmental compliance Ensure facility is constructed and organized in a compliant manner	1.Create IOC Rounds picture report format through an innovative software 2.Identify breaches in environmental rounds each month and provide detailed picture report to specific departments on what they are responsible to correct. 3.Implement spot checks to ensure corrections are made 4.Create POCA of any big issues that will take an extended amount of time to fix or correct
3	Hand Hygiene Compliance	X	X	X	X	Achieve 100% compliance by 2022	Monitor compliance rate Perform Increased Surveillance Improve compliance rate Implement Dr. Green System	1.Perform 10 observations per month via Sensi Rounds, IC Personnel Rounds and Dietary Rounds feedback on hand hygiene. 2.Print and display new hand hygiene posters a pinned info for staff, patients and visitors on th hand hygiene. Place in each location throughout 3.Maintain hand sanitizer in easily accessible lo and visitors. Implement key chain hand sanitize 4.Ensure bathroom hand hygiene products and visitors are stocked 5.Educate staff and patients on the importance technique of hand washing through demonstra

Goal #5: Improve the staff influenza vaccination rate: 90%

Strategies Implemented:

1. Increase education to staff and LIP's beginning in September 2021, on importance of influenza vaccination.
   - Education was provided on the importance of the flu vaccine to protect themselves and patients from the flu. Education was around the difference in Flu and COVID symptoms as well. Also education was pushed that the COVID vaccine would not cover them for the Flu.
2. Post CDC informational posters throughout the hospital beginning in September 2021 to promote vaccination compliance.
   - CDC Flu Poster was posted throughout the facility in areas that are easily viewable close to the COVID-19 posters. These posters were the updated posters from the CDC.
3. Flu Vaccines offered at no cost to employees
   - All staff were made aware of the free vaccines and encouraged to take their flu vaccine.
4. Increase number of influenza vaccination clinics to provided more opportunities for staff.
   - DON and other staff were available to give Flu vaccines throughout the year.
5. Report rates to NHSN
   - Flu rates were collected for year 2021

Overall Flu Vaccine Compliance as of January was low for all staff in 2021. Will get complete % in March 2021. The flu numbers were absolutely not accurate for the year per the CDC. COVID-19, social media and news broadcasts extremely affected staffs desire to receive the vaccine.

Increase hand hygiene for 2022.

What you need to do in your evaluation is review the strategies that you documented, review how you performed those strategies, document if they were successful and finally state whether you reached your goal or if continued efforts are needed to be made.

You will want to use this evaluation to update and formulate your Program Plan for the next year. Make sure if you accomplished any of your goals that you set either higher thresholds or set new goals

SOUTHERN EVALS
EVALUATE. EDUCATE. ENHANCE

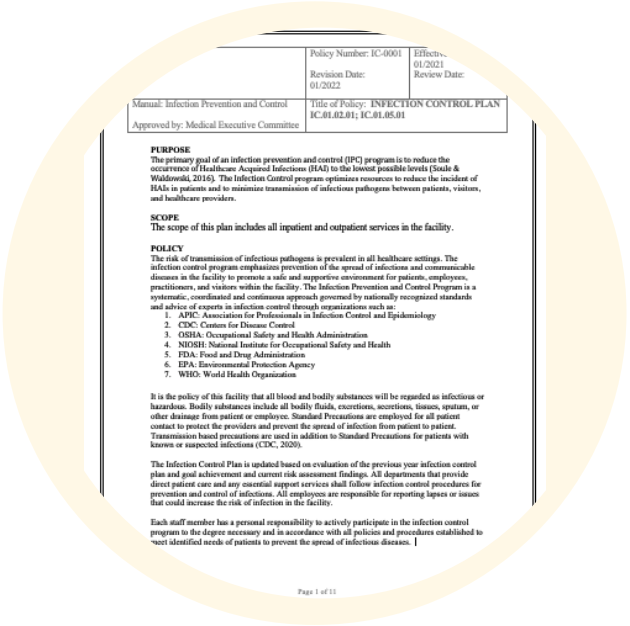
POLICY AND PROCEDURE

The innerworkings of your facility as stated in your policies and procedures.

1010 Main Street

www.sevals.net

Policy & Procedure



	Policy Number: IC-0001	Effecti... 01/2021
	Revision Date: 01/2022	Review Date:
Manual: Infection Prevention and Control	Title of Policy: **INFECTION CONTROL PLAN**	
Approved by: Medical Executive Committee	IC.01.02.01; IC.01.05.01	

PURPOSE

The primary goal of an infection prevention and control (IPC) program is to reduce the occurrence of Healthcare Acquired Infections (HAI) to the lowest possible levels (Szabo & Waldowski, 2016). The Infection Control program optimizes resources to reduce the incident of HAIs in patients and to minimize transmission of infectious pathogens between patients, visitors, and healthcare providers.

SCOPE

The scope of this plan includes all inpatient and outpatient services in the facility.

POLICY

The risk of transmission of infectious pathogens is prevalent in all healthcare settings. The infection control program emphasizes prevention of the spread of infections and communicable diseases in the facility to promote a safe and supportive environment for patients, employees, practitioners, and visitors within the facility. The Infection Prevention and Control Program is a systematic, coordinated and continuous approach governed by nationally recognized standards and advice of experts in infection control through organizations such as:

1. APIC: Association for Professionals in Infection Control and Epidemiology
2. CDC: Centers for Disease Control
3. OSHA: Occupational Safety and Health Administration
4. NIOSH: National Institute for Occupational Safety and Health
5. FDA: Food and Drug Administration
6. EPA: Environmental Protection Agency
7. WHO: World Health Organization

It is the policy of this facility that all blood and bodily substances will be regarded as infectious or hazardous. Bodily substances include all bodily fluids, excretions, secretions, tissues, sputum, or other drainage from patient or employee. Standard Precautions are employed for all patient contact to protect the providers and prevent the spread of infection from patient to patient. Transmission based precautions are used in addition to Standard Precautions for patients with known or suspected infections (CDC, 2020).

The Infection Control Plan is updated based on evaluation of the previous year infection control plan and goal achievement and current risk assessment findings. All departments that provide direct patient care and any essential support services shall follow infection control procedures for prevention and control of infections. All employees are responsible for reporting lapses or issues that could increase the risk of infection in the facility.

Each staff member has a personal responsibility to actively participate in the infection control program to the degree necessary and in accordance with all policies and procedures established to meet identified needs of patients to prevent the spread of infectious diseases.

Page 1 of 11

Policy and Procedure on All Elements of Infection Control Program in the Facility

Annual Update and Approval

Available for Staff

“Don’t Back Yourself in a Corner”

Reportable Diseases

CMS: 42 CFR 482.42(a) 1.A.4 and 1.A.5

The Infection Control Officer can provide:

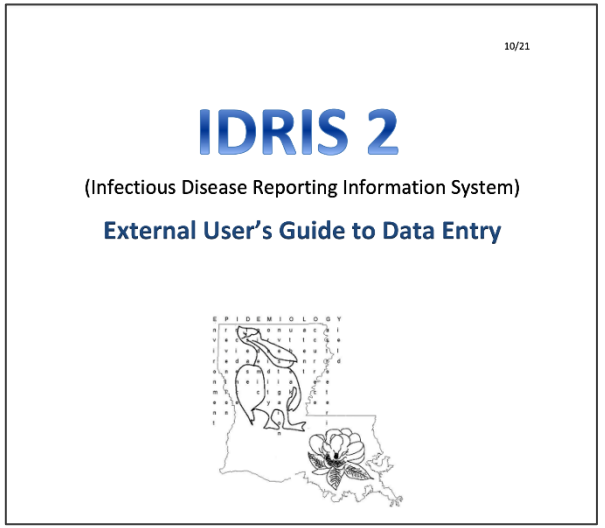
- An updated list of diseases reportable to the local and/or state public health authorities
- Evidence that hospital complies with the reportable diseases requirements of the local health authority.

TJC: IC.02.01.01 EP 9

- The hospital reports infection surveillance, prevention and control information to local, state and federal public health authorities in accordance with law and regulation.

Sanitary Code - State of Louisiana
Part II - The Control of Disease

LAC 51:II.105: The following diseases/conditions are hereby declared reportable with reporting requirements by Class:



10/21

IDRIS 2

(Infectious Disease Reporting Information System)

External User's Guide to Data Entry

Have copy of state reportable diseases attached to your policy. Set up IDRIS access. Develop relationship with local OPH Office.

Outbreak Investigation/Influx

TJC: IC.01.05.01 EP 5, IC.02.01.01 EP 5

- The hospital describes in writing the process for investigating outbreaks of infectious disease and Investigates

TJC: IC.01.06.01 EP 2, 3 & 4

- The hospital prepares to respond to an influx of potentially infectious patients
- The hospital obtains current clinical and epidemiological information from its resources regarding new infections that could cause an influx of potentially infectious patients
- The hospital has methods for communicating critical information to licensed independent practitioners and staff about emerging infections that could cause an influx
- The hospital describes in writing how it will respond to an influx of potentially infectious patients.

An outbreak is any instance with more than 2 cases.

Ensure you have the ability to take patients then have a step by step plan

Transfer Communication

TJC: IC.02.01.01 EP 10 and 11

- When the hospital becomes aware that it transferred a patient who has an infection requiring monitoring, treatment and or isolation, it informs the receiving organization
- When the hospital becomes aware that it received a patient who has an infection requiring action, and the infection was not communicated by the referring organization, does it inform the referring organization.

Make sure you get a thorough report and that upon admission, all systems are accessed.

Construction ICRA

CMS: 42 CFR 482.42(a) 1.A.6

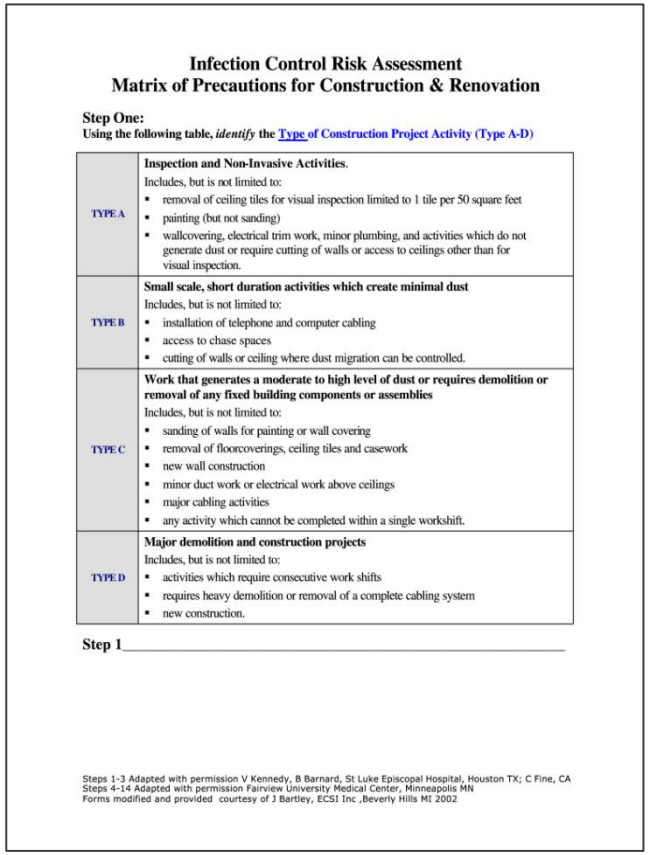
- The hospital has infection control policies and procedures relevant to construction, renovation, maintenance, demolition and repair, including the requirement for an infection control risk assessment (ICRA) to define the scope of the project and need for barrier measures before a project gets underway

TJC: EC.02.05.01

- The hospital manages risks associated with their utility systems.

Perform ICRA with your construction team, DPO and anyone else involved

Have copies in a separate binder for quick reference.



Infection Control Risk Assessment
Matrix of Precautions for Construction & Renovation

Step One:
Using the following table, *identify* the Type of Construction Project Activity (Type A-D)

TYPE A	**Inspection and Non-Invasive Activities.** Includes, but is not limited to: ▪ removal of ceiling tiles for visual inspection limited to 1 tile per 50 square feet ▪ painting (but not sanding) ▪ wallcovering, electrical trim work, minor plumbing, and activities which do not generate dust or require cutting of walls or access to ceilings other than for visual inspection.
TYPE B	**Small scale, short duration activities which create minimal dust** Includes, but is not limited to: ▪ installation of telephone and computer cabling ▪ access to chase spaces ▪ cutting of walls or ceiling where dust migration can be controlled.
TYPE C	**Work that generates a moderate to high level of dust or requires demolition or removal of any fixed building components or assemblies** Includes, but is not limited to: ▪ sanding of walls for painting or wall covering ▪ removal of floorcoverings, ceiling tiles and casework ▪ new wall construction ▪ minor duct work or electrical work above ceilings ▪ major cabling activities ▪ any activity which cannot be completed within a single workshift.
TYPE D	**Major demolition and construction projects** Includes, but is not limited to: ▪ activities which require consecutive work shifts ▪ requires heavy demolition or removal of a complete cabling system ▪ new construction.

Step 1_____

Steps 1-3 Adapted with permission V Kennedy, B Barnard, St Luke Episcopal Hospital, Houston TX; C Fine, CA
Steps 4-14 Adapted with permission Fairview University Medical Center, Minneapolis MN
Forms modified and provided courtesy of J Bartley, ECSI Inc ,Beverly Hills MI 2002

Multi-Drug Resistant Organism

CMS: 42 CFR 482.42(a) 1.C.1- 1.C.8

- The hospital has p&ps to minimize the risk of development and transmission of MDROs within the hospital
- Systems are in place to designate patients known to be colonized or infected with a MDRO and to notify receiving units and personnel prior to movement of such patient
- Systems are in place to designate patients known to be colonized or infected with a MDRO and to notify receiving healthcare facilities and personnel prior to transfer
- The hospital can provide a list of target MDROs
- The hospital can demonstrate the criteria used to determine epidemiologically important MDROs on their list
- The hospital can provide justification for any epidemiologically important organisms not on their list and otherwise not targeted in their hospital
- Hospital has an established system to ensure prompt notification to IC Officer when a novel resistant pattern is detected.
- Patients identified as colonized or infected with target MDROs are placed on Proper Precautions.

Bacteria	Abbreviation	Antibiotic Resistance
Staphylococcus aureus	MRSA	Methicillin-resistant
Enterococcus species	VRE	Vancomycin-resistant
Enterobacteriaceae (e.g., *E. coli/Klebsiella*)	ESBL	Extended-spectrum beta-lactamase produces resistance to penicillin/ cephalosporins
Enterobacteriaceae (e.g. *E. coli/Klebsiella*)	CRE	Carbapenem-resistance
Pseudomonas aeruginosa / *Acinetobacter* species	MDR	Resistance to three or more antibiotic classes

Ensure you include MDROs are in your risk assessment

Antibiotic Stewardship

CMS: 42 CFR 482.42(a) 1.C.9-1.C.13

- The hospital has written policy and procedure whose purpose is to improve antibiotic use.
- The hospital has designated a leader responsible for program outcomes or antibiotic stewardship activities at the hospital
- The hospital's antibiotic stewardship policy and procedures require practitioners to document in the medical record or during order entry an indication for all ABX, in addition to other required elements such as dose and duration
- The hospital has a formal procedure for all practitioners to review the appropriateness of any antibiotics prescribed after 48 hours from the initial order
- The hospital monitors antibiotic use at the unit and or hospital level

TJC: MM.09.01.01 EP 1-8

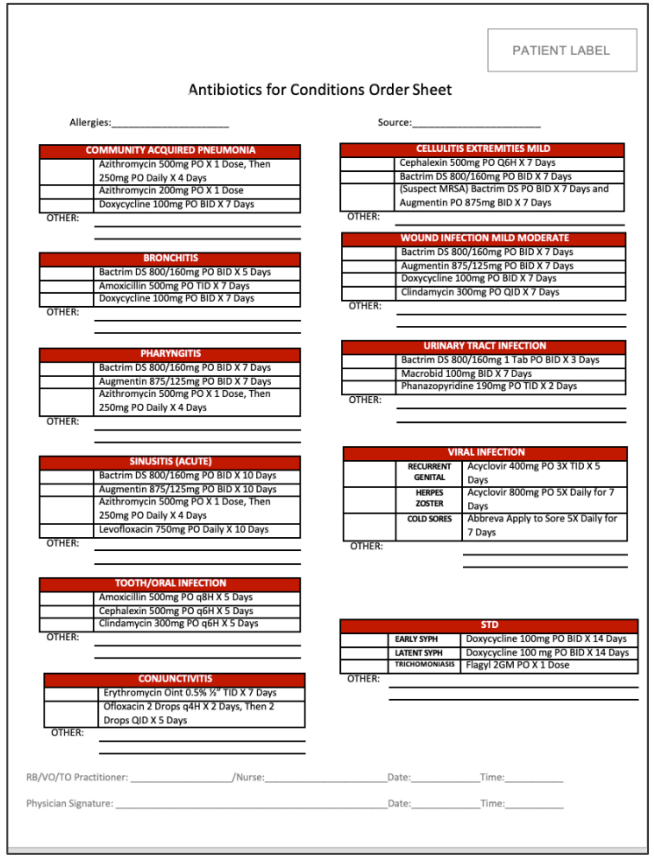
- The hospital has an antimicrobial stewardship program based on current scientific literature.
- Leaders establish antimicrobial stewardship as an organizational priority.
- Hospital educates staff and licensed independent practitioners involved in antimicrobial ordering, dispensing, administration, and monitoring about antimicrobial resistance and antimicrobial stewardship practices. Education occurs upon hire or granting of initial privileges and periodically thereafter, based on organizational need.
- Hospital educates patients, and their families as needed, regarding the appropriate use of antimicrobial medications, including antibiotics.
- Hospital has an antimicrobial stewardship multidisciplinary team
- Hospital's antimicrobial stewardship program includes the core elements per the CDC.
- Hospital's antimicrobial stewardship program uses organization-approved multidisciplinary protocols
- Hospital collects, analyzes, and reports data on its antimicrobial stewardship program
- Hospital takes action on improvement opportunities identified in its antimicrobial stewardship program.

THREE KEY ASPECTS

Leadership Commitment

Multidisciplinary Buy In and Involvement

Consistency



PATIENT LABEL

Antibiotics for Conditions Order Sheet

Allergies:_____ Source:_____

COMMUNITY ACQUIRED PNEUMONIA
Azithromycin 500mg PO X 1 Dose, Then 250mg PO Daily X 4 Days
Azithromycin 200mg PO X 1 Dose
Doxycycline 100mg PO BID X 7 Days

OTHER:

BRONCHITIS
Bactrim DS 800/160mg PO BID X 5 Days
Amoxicillin 500mg PO TID X 7 Days
Doxycycline 100mg PO BID X 7 Days

OTHER:

PHARYNGITIS
Bactrim DS 800/160mg PO BID X 7 Days
Augmentin 875/125mg PO BID X 7 Days
Azithromycin 500mg PO X 1 Dose, Then 250mg PO Daily X 4 Days

OTHER:

SINUSITIS (ACUTE)
Bactrim DS 800/160mg PO BID X 10 Days
Augmentin 875/125mg PO BID X 10 Days
Azithromycin 500mg PO X 1 Dose, Then 250mg PO Daily X 4 Days
Levofloxacin 750mg PO Daily X 10 Days

OTHER:

TOOTH/ORAL INFECTION
Amoxicillin 500mg PO q8H X 5 Days
Cephalexin 500mg PO q6H X 5 Days
Clindamycin 300mg PO q6H X 5 Days

OTHER:

CONJUNCTIVITIS
Erythromycin Oint 0.5% ½" TID X 7 Days
Ofloxacin 2 Drops q4H X 2 Days, Then 2 Drops QID X 5 Days

OTHER:

CELLULITIS EXTREMITIES MILD
Cephalexin 500mg PO Q6H X 7 Days
Bactrim DS 800/160mg PO BID X 7 Days
[Suspect MRSA] Bactrim DS PO BID X 7 Days and Augmentin PO 875mg BID X 7 Days

OTHER:

WOUND INFECTION MILD MODERATE
Bactrim DS 800/160mg PO BID X 7 Days
Augmentin 875/125mg PO BID X 7 Days
Doxycycline 100mg PO BID X 7 Days
Clindamycin 300mg PO QID X 7 Days

OTHER:

URINARY TRACT INFECTION
Bactrim DS 800/160mg 1 Tab PO BID X 3 Days
Macrobid 100mg BID X 7 Days
Phanazopyridine 190mg PO TID X 2 Days

OTHER:

VIRAL INFECTION	
RECURRENT GENITAL	Acyclovir 400mg PO 3X TID X 5 Days
HERPES ZOSTER	Acyclovir 800mg PO 5X Daily for 7 Days
COLD SORES	Abbreva Apply to Sore 5X Daily for 7 Days

OTHER:

STD	
EARLY SYPH	Doxycycline 100mg PO BID X 14 Days
LATENT SYPH	Doxycycline 100 mg PO BID X 14 Days
TRICHOMONIASIS	Flagyl 2GM PO X 1 Dose

OTHER:

RB/VO/TO Practitioner:_____/Nurse:_____Date:_____Time:_____

Physician Signature:_____Date:_____Time:_____

ICP Education

CMS: 42 CFR 482.42(a) 1.D.1

- Personnel receive job-specific training on hospital infection control practices, policies, and procedures upon hire and at regular intervals.

CMS: 42 CFR 482.42(a) 1.D.11

- Personnel competency and compliance with job-specific infection prevention policies and procedures are ensured through routine training and when the Infection Control Officer has identified problems requiring additional training.

TJC: IC.02.01.01

- The hospital implements its infection prevention and control plan

Compliance TIPS

- Ensure education is provided for all staff
- Job specific training needs to be specialized to the position and department
- Competencies need to be done annually and for all job-specific tasks.
- A great time to perform education and training is at a skills fair.

Great to complete during skills fairs.

Document Inservice education as you see it is needed with signatures of staff.

Exposure Control Plan

CMS: 42 CFR 482.42(a) 1.D.2-1.D.5

- The hospital infection control system trains personnel expected to have contact with blood or other potentially infectious material is anticipated on the blood borne pathogen standards upon hire, at regular intervals, and as needed
- The hospital infection control system puts in place and monitors efforts to prevent needle sticks, sharps injuries and other employee exposure events.
- Following an exposure incident, post exposure evaluation and follow up including prophylaxis is appropriate, is available to the individual and performed by or under the supervision of a practitioner.
- The hospital tracks healthcare personnel exposure events, evaluates event data, and develops corrective action plans to reduce the incidence of such events.

TJC: IC.02.03.01 EP 1,2,& 4

- The hospital works to prevent the transmission of infectious disease among patients, licensed independent practitioners and staff
- When licensed independent practitioners or staff have, are suspected of having, or have been occupationally exposed to an infectious disease that puts others at risk, the hospital provides them with or refers them for assessment and potential testing, prophylaxis/treatment or counseling.
- When patients have been exposed to an infectious disease, the hospital provide them with or refer them for assessment and potential testing, prophylaxis/treatment or counseling

STEP BY STEP PACKET

Employee Health

CMS: 42 CFR 482.42(a) 1.D.6-1.D.7

- The hospital ensures all personnel are screened for tuberculosis (TB) upon hire and, for those with negative results, determine ongoing TB screening criteria based upon facility/unit risk classification.
- The hospital ensures personnel with TB test conversion are provided with appropriate follow-up.

CMS: 42 CFR 482.42(a) 1.D.12-1.D.15

- The hospital provides Hepatitis B vaccination series to all employees who have potential occupational exposure and offers post-vaccination testing for immunity after the third vaccine dose is administered.
- The hospital ensures and documents that all personnel have presumptive evidence of immunity to measles, mumps and rubella.
- The hospital provides Tdap vaccination for all personnel who have not previously received Tdap.
- The hospital ensures and documents that all personnel have evidence of immunity to varicella.

TJC: IC.02.03.01 EP 1

- The hospital makes screening for exposure and or immunity to infectious disease available to independent practitioners and staff who may come in contact with infectious disease

State of Louisiana Requires:

- TB Test upon hire and annually. Annual TB Screen can be done for all employees instead of TB Skin test annually.
- Hep B Proof of vaccination or declination. Just have to have documentation of either
- COVID-19 Vaccination or Exemption Documentation
- Influenza Vaccination or Denial Documentation Annually

Respiratory Protection

CMS: 42 CFR 482.42(a) 1.D.8-1.D.10

- The hospital infection control system ensures the hospital has a respiratory protection program that details required worksite specific procedures and elements for required respirator use.
- The hospital infection control system ensures that respiratory fit testing is provided at regular intervals to personnel at risk.
- Hospital has well defined policies concerning contact personnel with patients when personnel have potentially transmissible conditions.

OSHA standard (29 CFR 1910.134

OSHA®
Occupational Safety and Health Administration

"Your Company Name" Respiratory Protection Program

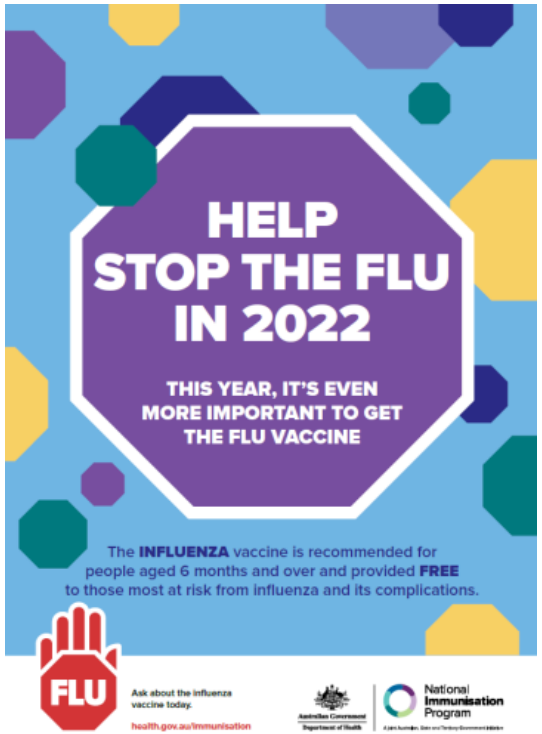
Influenza Vaccination

CMS: 42 CFR 482.42(a) 1.D.16

- The hospital ensures that all personnel are offered annual influenza vaccination.

TJC: IC.02.04.01 EP 1-9

- The hospital offers vaccination against influenza to licensed independent practitioners and staff
- Hospital establishes an annual influenza vaccination program that is offered to licensed practitioners and staff
- Hospital educates all staff on the influenza vaccine, non-vaccine control and prevention measures, the diagnosis, transmission and impact of influenza
- The hospital provides flu vaccination at sites and times accessible to staff
- The hospital includes flu vaccination in its infection control plan with the goal of improving flu vaccination rates
- The hospital sets incremental flu vaccination goals consistent with achieving 90% rate per CDC recommendations
- The hospital has a method to determine flu vaccination rates
- Hospital evaluates reasons staff decline vaccination at least annually
- Hospital improves vaccination rates according to CDC recommendation annually.
- Hospital provides influenza vaccination rates to key stakeholders at least annually



Incentives Help Rates
Be Mobile

Hand Hygiene

CMS: 42 CFR 482.42(a) 2.A.1-2.A.5

- Soap water and a sink are readily accessible in appropriate locations including, but not limited to patient care areas and food medication preparation areas. 3 foot rule
- Alcohol based hand rub is readily accessible and placed in appropriate locations.
- Personnel perform hand hygiene
  - Before contact with patient
  - Before performing an aseptic task
  - After Contact with the patient
  - After contact with blood, body fluids or visibly contaminated surfaces
  - After removing gloves
- Personnel performs hand hygiene using soap and water when hands are visibly soiled or after caring for a patient with known or suspected C.difficile or norovirus during an outbreak.

KNOW YOUR GUIDELINES:

- CDC
- WHO

TJC: NPSG.07.01.01

- Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

Secret Shopper Observations

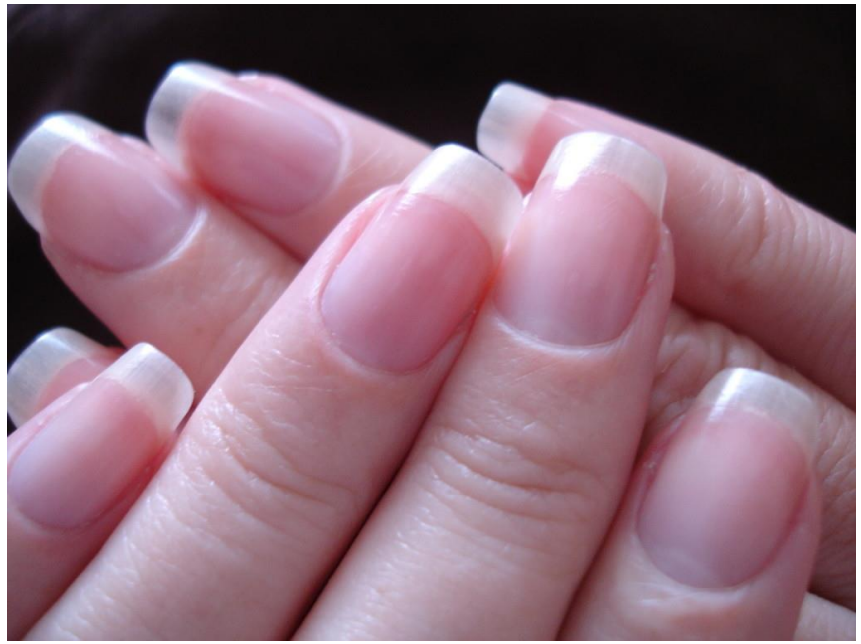
Do not document 100% unless truly 100%

Finger Nails

CMS: 42 CFR 482.42(a) 2.A.6

- Personnel do not wear artificial fingernails and/or extenders when having direct contact with patients at high risk for infection per hospital policy.

Endorse the CDC Guidelines and educate staff is this continues to be an issue



Sharps Safety

CMS: 42 CFR 482.42(a) 2.B.1-2.B.15

- Injections are prepared using aseptic technique in an area that has been cleaned and is free of contamination
- Needles are used for only one patient
- Syringes are used for only one patient
- Insulin pens are used for only one patient
- The rubber septum on all medication vials, whether unopened or previously accessed is disinfected with alcohol prior to piercing
- Medication vials are entered with a new needle
- Medication vials are entered with a new syringe
- Medication vials labeled for single dose are only for one patient
- Bags of IV solution are used for only one patient (not source of flush)
- Mediation administered tubing and connectors for only one patient
- Multi-dose vials are dated when they are first opened and discarded per policy or manufacturers guidelines.
- Multi-dose medication vials use for more than one patient are stored appropriately and do not enter the immediate patient treatment area.
- All sharps are disposed of in a puncture resistant sharps container
- Sharps containers are replaced when the fill line is reached.
- Sharps containers are disposed of appropriately as medical waste.

CMS: 42 CFR 482.42(a) 4.E.1-4.E.4 (Point of Care Testing)

- Hand Hygiene performed before, gloves work during, one lancet per patient, device used cleaned in between patinets.

TJC: IC.02.02.01 EP 3

- The hospital implements infection prevention and control activities when disposing of medical equipment, devices and supplies

Know where the key is to change out

Empty when at full line

Transmission Based Precautions

CMS: 42 CFR 482.42(a) 2.C.1-2.C.7

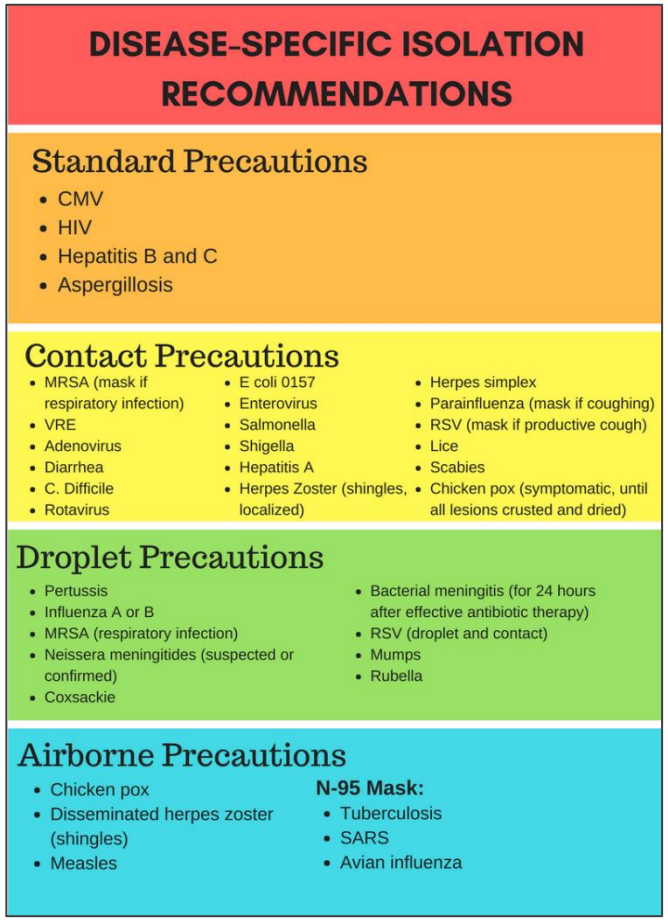
- Supplies for adherence to standard precautions using PPE (gloves, gowns, mouth, eye, nose and face protection) are available and located near point of use
- Personnel wear gloves for procedures/activities where contact with blood and/or other potentially infectious materials, mucous membranes, non-intact skin or potentially contaminated intact skin could occur.
- Healthcare personnel change gloves and perform hand hygiene before moving from a contaminate body site to a clean body site
- Gowns are work to prevent contamination of skin clothing during procedures/activities where contact with blood, body fluids, secretions or excretions could occur.
- Gowns and gloves are removed and hand hygiene is performed
- Appropriate mouth, nose and eye protection is work for aerosol generating procedures and/or procedures/activities that are likely to generate splashes or sprays of blood, body fluids, secretions or excretions.
- Facemasks are worn by healthcare personnel who are placing a catheter or injecting materials into the epidural subdural space.

CMS: 42 CFR 482.42(a) 4.F, 4.G, 4.H

- Contact, Droplet and Airborne Precautions.

TJC: IC.02.01.01 EP 2&3

- The hospital uses standard precautions including the use of personal protective equipment, to reduce the risk of infection.
- The hospital implements transmission-based precautions in response to pathogens that are suspected or identified within the hospitals service setting and community.



Staff need to know where PPE is located, how to get more and what size N95

House Keeping

CMS: 42 CFR 482.42(a) 2.D.1-2.D.3,2.D.5-2.D.8

- During Environmental Cleaning Procedures
  - Personnel wear appropriate PPE to prevent exposure to infectious agents and chemicals
  - Environmental surfaces in patient care areas are cleaned and disinfected on a regular basis, when spills occur and when surfaces are visibly contaminated.
  - After a patient vacates a room, all visibly or potentially contaminated surfaces are thoroughly cleaned and disinfected with towels and be linens replaced with clean items
  - Separate clean cloths are used to clean each room and corridor
  - Mop heads are cleaning cloths are laundered at least daily using appropriate laundry techniques
  - The hospital decontaminates spills of blood or other body fluids according to its policies and procedures using appropriate disinfectants
  - The hospital has established and follows a schedule for areas/equipment to be cleaned/serviced regularly (HVAC, refrigerators, ice machines, eye wash stations, scrub sinks)

TJC: IC.02.01.01 EP 6, IC.02.02.01 EP 4

- The hospital minimizes the risk of infection when storing and disposing of infectious waste
- The hospital implements infection prevention and control activities when storing medical equipment, devices and supplies

Step by step policy that correlates with cleaning checklist

Low-Level Disinfection

CMS: 42 CFR 482.42(a) 2.D.4

- Cleaners and disinfectant, including disposal wipes, are used in accordance with manufacturer's instructions (dilution, storage, shelf life, contact time)

CMS: 42 CFR 482.42(a) 2.D.14-2.D.18

- Reusable noncritical patient care devices (blood pressure cuffs, oximeter probes) are disinfected on a regular basis
- For patients on Contact Precautions, if dedicated disposable devices are not available, noncritical patient care devices are disinfected after use on each patient
- There is a clear designation of responsibility for disinfection of reusable le noncritical patient care devices.
- Manufacturers instructions for cleaning non-critical medical equipment are followed.
- Hydrotherapy equipment is drained cleaned and disinfected after each patient use.

TJC: IC.02.02.01 EP 1

- The hospital reduces the risk of infection associated with medical equipment, devices and supplies
- The hospital implements infection prevention and control activities when performing low-level disinfection of medical equipment, devices and supplies.

Circle Contact Time on Bottle

Laundry Management

CMS: 42 CFR 482.42(a) 2.D.9-2.D.13

- Personnel handle soiled textiles/linens with minimum agitation to avoid contamination of air, surfaces, and persons
- Soiled Textiles/linen are bagged or otherwise contained at the point of collection in leak proof containers or bags and are not sorted or rinsed in the location of use.
- The receiving area for contaminated textiles is clearly separated from clean laundry areas and is maintained at negative pressure compared with the clean areas of the laundry.
- If hospital laundry services are contracted out and performed offsite, the contract must show evidence that the contractor's laundry service meets the design standards.
- Clean textiles are packaged, transported and stored in a manner that ensures cleanliness and protection from dust and soil

TJC: IC.01.05.01 EP 1

- Organizations are expected to develop their linen cleaning, storage and management requirements in accordance with evidence-based sources

Keep linen covered

Get reports from vendors

COVID-19 Policies

CMS: 42 CFR 482.42(a) 1.A.4 and 1.A.5

The Infection Control Officer can provide:

- An updated list of diseases reportable to the local and/or state public health authorities
- Evidence that hospital complies with the reportable diseases requirements of the local health authority.

TJC: https://www.jointcommission.org/covid-19/

COVID-19 Policies:

- COVID-19 Plan
- COVID-19 Vaccination
- COVID-19 Screening and Masking
- COVID-19 Workplace Guidelines

KEEP UP THE GREAT WORK!!!

FOLLOW YOUR POLICY

UPDATE YOUR POLICY TO CURRENT PRACTICE

ENSURE 100%

Other Policies

Other Great Policies to Have

- Pest Control
- Storage under Sink
- Ice Machine
- Lice, Scabies and Bed Bugs
- Clean and Sterile Storage
- Eye Wash Stations
- Volunteers
- Specimen Collection
- IC Quality Improvement
- IC Resources
- Cleaning Blood Spills
- Patient Room Turnover
- Patient/Family Education (IC.02.01.01 EP 7)

REMINDERS

Webinar Dates

DATE & TIME	DESCRIPTION	AUDIENCE	REGISTER
MAY 17 @ 12:00PM - 1:00PM	**PROJECT KICK-OFF**	RURAL **HOSPITALS** & RURAL HEALTH **CLINICS**	
JUNE 15 @ 10:00AM-11:00AM	INFECTION CONTROL/PREVENTION **BASICS**	RURAL **HOSPITALS**	COMING SOON
JUNE 28 @ 12:00PM-1:00PM	INFECTION CONTROL/PREVENTION **BASICS**	RURAL HEALTH **CLINICS**	COMING SOON
JULY 14 @ 12:00PM-1:00PM	INFECTION CONTROL/PREVENTION **BASICS**	RURAL **HOSPITALS**	COMING SOON
JULY 28 @ 12:00PM - 1:00PM	INFECTION CONTROL/PREVENTION **BASICS**	RURAL HEALTH **CLINICS**	COMING SOON
AUGUST 16 @ 12:00PM - 1:00PM	INFECTION CONTROL/PREVENTION **ADVANCED**	RURAL **HOSPITALS**	COMING SOON
AUGUST 30 @ 12:00PM - 1:00PM	INFECTION CONTROL/PREVENTION **ADVANCED**	RURAL HEALTH **CLINICS**	COMING SOON
SEPTEMBER 15 @ 12:00PM - 1:00PM	INFECTION CONTROL/PREVENTION **ADVANCED**	RURAL **HOSPITALS**	COMING SOON

Webinar Breakdown

There will be 3 types of webinar through this program

- Intro Webinar

- Infection Control/Prevention Basics
  - One Geared towards Hospitals
  - One Geared towards RHCs

- Infection Control/Prevention Advanced
  - One Geared towards Hospitals
  - One Geared towards RHCs

Assessment Application

The link is open!!! Applicants can complete the Infection Control and Prevention Project: On-Site Assessment and Education Application.

There is one link for Rural Hospitals and one link for Rural Health Clinics. Each has specific questions for that facility type.

Based off of the answers to the questions, your facility will be ranked according to our needs algorithm.

THANK YOU

If you have any questions at all, please shoot us an email or give us a call.

318-403-3788

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