

SECTION - MEDICAL/NURSING SERVICES
ADMINISTRATIVE DIRECTIVE NO. 508
(Replaces AD 508 Dated 11/10/05)

Effective Date: October 5, 2006

SUBJECT: INFECTION CONTROL PROGRAM

I. PURPOSE

Infections acquired in the hospital or those brought into the hospital pose a potential health risk for all persons having contact with the facility. Effective measures are developed, implemented, and evaluated with a goal of continuous improvement in order to prevent and control infection risks. These measures are adopted by balancing sound infection control principles and inherent constraints of a forensic mental facility while maintaining safety and security issues.

II. AUTHORITY

California Codes of Regulations: Title 8, Section 5198; Title 17, Sections 2500-2540; and Title 22, Section 71537; Joint Commission on Accreditation of Healthcare Organizations (JCAHO); Accreditation Manual for Hospitals; and California Occupational Safety and Health Standards Board.

III. POLICY

The facility maintains and supports a collaborative and coordinated hospital wide process to reduce the risks of endemic and epidemic nosocomial infections in Individuals, employees, contracted service workers, students, and visitors. A variety of surveillance approaches (i.e., total house, problem oriented and targeted surveillance) are employed and evaluated by the overseeing committee. There is an ongoing process to evaluate the effectiveness of infection prevention and control strategies utilized in the prevention and reduction of nosocomial disease transmission.

IV. METHOD

A multidisciplinary committee, chaired by an active member of the Medical Staff, which meets at least monthly, oversees the program. Qualified Individuals manage the day-to-day intricacies of the Infection Control Program. The committee reviews and approves: the Infection Control Manual that addresses and defines the Infection Control Program; general infection control policies and practices; infection control of the hospital environment; protocols for the diagnosis and treatment of Individuals with infectious diseases or conditions; employee infection control program and the Infection Control Program for support services; performance improvement activities and findings related to infection control and related engineering controls.

The Infection Control Manual shall be easily accessible to all nursing and medical staff and ancillary department staff as indicated. A complete and current master copy of the Infection Control Manual and distribution list is maintained by Public Health Services.

All staff, in particularly those who deliver Individual care, shall be familiar with and adhere to Standard/Transmission-based precautions. There is an ongoing infection control educational process in place for Individuals and employees. All personnel shall be responsible for being knowledgeable about and for complying with hospital Infection Control policies/procedures.

V. RESPONSIBILITY

Under the leadership of the medical staff, the Infection Control Committee, in conjunction with the Public Health Services (see Administrative Directive No. 206, Medical Staff Committees) shall be responsible for the following elements of the Infection Control Program:

- A. Establish definitions and rates of nosocomial infections for surveillance purposes.
- B. Development, implementation and continuous improvement of a practical surveillance system for the systematic review, analysis, maintenance and reporting of nosocomial and community acquired infections in the Individual and employee population.
- C. Quarterly review, evaluation and approval of Performance Improvement data and findings, as specified in the hospital-wide Performance Improvement Plan.
- D. Annual evaluation of intervention strategies (i.e., policies and procedures) utilized to prevent and control infections and associated risks in the facility.
- E. Data and other pertinent information are distributed to external agencies and/or groups. These agencies and/or groups include, but are not limited to, Department of Health Services, County Public Health Departments, and Centers of Disease Control and Prevention.
- F. Data and other pertinent information are distributed internally to specific departments, committees and/or disciplines for review.
- G. Review of all pertinent clinical laboratory results (particularly microbiological and serological) to identify infections.
- H. Input into the Occupational Health infection control surveillance, statistical review and analysis, and policies and procedures.
- I. Coordinated review process of the clinical use of antibiotics.
- J. Coordinated review of HACCP (Hazard Analysis Critical Control Points) process as it relates to infection control.

- K. Prior to purchase/implementation, there is review and thereafter an ongoing evaluation of equipment, agents and schedules used for sterilization, disinfection, and decontamination purposes.
- L. Prior to purchase/implementation, a review and thereafter an ongoing evaluation of all personal protective equipment, engineering controls, and work practice controls.
- M. Provision for ongoing Individual education by knowledgeable personnel in order to acquaint and instruct each Individual on the methods of transmission and prevention of communicable disease during hospitalization at Coalinga State Hospital, e.g., bloodborne pathogens.
- N. Provision for ongoing employee education to acquaint and instruct each employee regarding methods to reduce occupational risk of exposure to infectious diseases.
- O. Ongoing compliance with JCAHO standards, federal, state, and local regulations.



W. T. VOSS
Executive Director

Cross Reference:
A.D. No. 206 Medical Staff Committees