



**Nebraska Infection Control Assessment and Promotion Program (ICAP)  
Infection Prevention and Control (IPC) Mentoring Program Toolkit**

For the Infection Preventionist (IP):

In the following pages, you will find the program content outline for the ICAP IPC Mentoring Program, and the Milestones that are proposed for the IP participating in the program. You will also find assorted resources/tools listed by categories identified on the program content outline. Resources will include identified books, links to important IC guidelines, recommendations, tools and forms, research and websites.

Use this Toolkit as you navigate the infection prevention and control environment, to learn about important infection control principles, tasks and skills using applicable resources. This program and these resources/tools will help you on your journey as novice IP to experienced and confident IP.

As you begin your journey, please feel free to write down questions or concerns you have about your job as an IP, or concerns you have about infection control issues. As you move through the stages of this program, your IP mentor will be with you to help you find answers, search for solutions, and eventually implement practices and programs that will improve infection prevention in your facility.

## **Program Content Outline**

### **Recommended Minimum Infrastructure Needs and Training Requirements**

1. Minimum Requirement
  - Office space
  - Desktop Computer (with e-mail, internet access) and phone (including long distance).
  - Access to office accessories (pencils, pens, stapler, folders, tape, hole puncher, etc)
  - Access to printer and fax machine
2. Additional Preferred Requirements:
  - Laptop
  - Zoom capabilities including webcam
  - Private printer
  - Private fax machine

### **Mentorship Program Milestones**

#### **In First three months:**

1. Get familiar with basic infection prevention and control resources and needs
  - Recognize the IPC domains as described in the CDC ICAR tool for long-term care facilities and locate/review the facility's existing policies and procedures.
  - Ensure new employees are provided orientation on infection prevention.
  - Know where to look for reliable information for specific contents (e.g. APIC Text, APIC LTC Guide, Communicable Disease Book, web-based IC guidance on the CDC, APIC, SHEA and state health department websites, reputable websites with helpful tools and resources such as websites of Nebraska ICAP, NICN etc.)
  - Know where to find regulatory information (for example, requirement outlined by CMS, OSHA, state )
  - Acquire knowledge of various functionalities of certain software programs that are helpful in organizing data, generating simple reports, developing educational materials and preparing presentations (for example developing skills in Word, Excel, PowerPoint, Outlook and other software/systems that are being used in the facility).
  - Identify and interact with external partners/agencies relevant to IPC and antimicrobial stewardship activities that may include but are not limited to state and local health departments, IPC and Antimicrobial Stewardship (AS) experts in the region (including local hospitals), and contracted services (like pharmacy/ consultant pharmacists, microbiology laboratory, outside environmental service agencies etc).
  - Consider enrolling in a reputable IPC training course (like APIC, NICN, CDC, etc.), if opportunity exist.

2. Start surveillance -
  - Begin using standard infection log- with understanding of established clinical and surveillance criteria for infections like Loeb's and Mc Geer criteria
  - Identify and secure sources of surveillance data (such as daily huddles, faxed microbiology reports, admissions office)
  - Perform high priority audits of care (e.g., catheter care, blood glucose monitoring, hand hygiene, cleaning) using recommended checklists.

### **Month 3 to Month 6:**

1. Facilitate Infection Control Committee Meetings
  - Encourage infection control committee partners to provide relevant reports to the committee that summarize current infection prevention and control (IPC) efforts and identify areas for improvement.
  - Present infections and antibiotic stewardship reports describing current status and goals for the future.
  - Report the results of high priority audits of care to the committee highlighting areas where the committee member can help make improvements.
2. Expand audit programs to take place on regular basis and include feedback to mitigate identified gaps.
3. Identify and initiate a performance improvement project based on surveillance data (e.g., infection tracking and audit data) and infection control committee input.
4. Maintain documentation of all IPC and antibiotic stewardship activities including audits and feedbacks.

### **Month 6 to Month 12:**

1. Evaluate the efficiency and impact of performance improvement project (understanding PDSA cycle)
  - Monitor/audit whether all the steps of the project are being followed as per the plan.
  - Study whether the intervention is leading to the planned outcome
  - Execute changes in the process to mitigate any barriers in implementation or modify strategy if the program is not effective in its current form.
  - Reassess the efficiency and the impact and make further plans with the committee input about how to proceed with the implemented intervention in future.
2. Perform policy and procedure review (at least for the IPC domain related to the performance improvement project) and modify, as needed, based on the regulatory

requirement, national guidance and the lessons learned from the performance improvement project.

3. Include competency validation in employee education and training programs.
  - Refine basic infection prevention training, as needed based on the surveillance data, audit results, and committee input. Train all employees with competency validation both at hire and annually including contracted staff working in the facility.
  - Also develop additional competency-based training for the IPC domain related to the performance improvement project based on the modified policy and procedures, as needed.
4. Perform an infection control risk assessment as part of the annual facility assessment and understand how to use that information in future updates of IPC program policies and procedures.
5. Continue working on basic IPC activities that were introduced in the first 6 months of the mentorship program
  - Continue surveillance for infections and antibiotic stewardship related activities.
  - Continue scheduled audit and feedback activities to assess performance in various IPC domains (which will also help identify targets for future performance improvement projects).
  - Continue working on antibiotic stewardship activities making sure that the program has all 7 CDC-recommended core elements in it.
  - Continue reporting/planning at ICC meetings to tailor and adapt IC program work and focus.

## **In First Three months:**

- 1. Get familiar with basic infection prevention and control (IPC) resources and needs**
  - **Recognize the IPC domains as described in the CDC ICAR tool for long-term care facilities and locate/review the facility's existing policies and procedures.**

### **Infection Control Domains:**

Infection Control Program and Infrastructure

Healthcare Personnel and Resident Safety

Surveillance and Disease Reporting

Hand Hygiene

Personal Protective Equipment (PPE)

Respiratory/Cough Etiquette

Antibiotic Stewardship

Injection Safety and Point of Care Testing

Environmental Cleaning

You will find the CDC Infection Prevention and Control Assessment Tool for Long-Term Care Facilities at this link: <https://www.cdc.gov/infectioncontrol/pdf/icar/lctcf.pdf>.

Review this tool to see that CDC recommends that facilities have Infection Prevention and Control Policies that align with these domains.

Search for your facility policies and procedures associated with these domains and review the policies so that you can become familiar with performance expectations for staff.

- **Ensure new employees are provided orientation on infection prevention.**

Where CDC recommends training for a domain in the above mentioned Assessment Tool, ensure that these domain topics are included in your facility orientation, and that observation of practice with feedback on performance is included with each training where applicable.

- Know where to look for reliable information for specific contents (e.g. APIC Text, APIC LTC Guide, Communicable Disease Book, web-based IC guidance on the CDC, APIC, SHEA and state health department websites, reputable websites with helpful tools and resources such as websites of Nebraska ICAP, NICN etc.) and sign up for newsletters and alerts (HAN), and set internet browser book marks.

**Important Books for Infection Prevention and Control:**

APIC Text                      APIC IP Guide to LTC                      Communicable Disease Book

**Resource Links for important Guidance and Recommendations:**

CDC HICPAC Guidelines: <https://www.cdc.gov/infectioncontrol/guidelines/index.html>.

CDC CRE Guidance: <https://www.cdc.gov/hai/organisms/cre/cre-toolkit/index.html>.

APIC Implementation Guides: <https://apic.org/Professional-Practice/Implementation-guides>.

SHEA Compendiums: <https://www.shea-online.org/index.php/practice-resources/priority-topics/compendium-of-strategies-to-prevent-hais>.

NE DHHS HAI webpage: <http://dhhs.ne.gov/Pages/Healthcare-Associated-Infections.aspx>.

NE DHHS control of communicable diseases: <http://dhhs.ne.gov/Pages/Diseases-And-Conditions.aspx>.

NE ICAP website: <https://icap.nebraskamed.com/>.

NE ASAP website: <https://asap.nebraskamed.com/>.

Natl Action Plan prevent HAI: <https://health.gov/hcq/prevent-hai-action-plan.asp>.

Antibiotic Stewardship for LTC, CDC: <https://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html>.

C. diff foundation resources: <https://cdiffoundation.org/>.

TB resources, CDC: <https://www.cdc.gov/tb/default.htm>.

IHI Evidence-based Care Bundles: <http://www.ih.org/Topics/Bundles/Pages/default.aspx>.

APIC Professional Practice Roadmap: <https://apic.org/Professional-Practice/roadmap>.

APIC IP Competency Model: <https://apic.org/professional-practice/infection-preventionist-ip-competency-model/>.

Guidance to Surveyors for Long-term Care Facilities: [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_pp\\_guidelines\\_ltcf.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf).

- **Know where to find regulatory information (for example, requirement outlined by CMS, OSHA, state )**

#### **Regulatory Information Links:**

NE State Nursing Home regulations:

[http://www.hpm.umn.edu/nhregsplus/NHRegs\\_by\\_State/Nebraska/NE%20Complete%20Regs.pdf](http://www.hpm.umn.edu/nhregsplus/NHRegs_by_State/Nebraska/NE%20Complete%20Regs.pdf).

CMS Nursing Home Regulations: <https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcompliance/nhs.html>.

CMS Survey Info: <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes.html>.

CMS CLIA Regulations: [https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/CLIA\\_Regulations\\_and\\_Federal\\_Register\\_Documents.html](https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/CLIA_Regulations_and_Federal_Register_Documents.html).

OSHA BBP Standard:

[https://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_id=10051&p\\_table=S\\_TANDARDS](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=10051&p_table=S_TANDARDS).

FDA website: <https://www.fda.gov>.

EPA Guidelines on Disinfectants: <https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>.

- **Acquire knowledge of various functionalities of certain software programs that are helpful in organizing data, generating simple reports, developing educational materials and preparing presentations (for example developing skills in Word, Excel, PowerPoint, Outlook and other software/systems that are being used in the facility).**

#### **Software systems:**

Acquire knowledge in using Microsoft Word, Excel, Powerpoint, Outlook and other facility systems. Assemble some “User Guides” for programs that you will be working in, and keep them handy in a binder, or you can bookmark them on your computer for ease of access.

- **Identify and interact with external partners/agencies relevant to IPC and antimicrobial stewardship activities that may include but are not limited to state and local health departments, IPC and AS experts in the region (including local hospitals), and**

**contracted services (like pharmacy/ consultant pharmacists, microbiology laboratory, outside environmental service agencies etc).**

**Communication:**

Interaction with external partners and agencies associated with facility IPC activities and AS Program activities. Assemble a List of all contacts and their contact information for ease of connecting.

- **Consider enrolling in a reputable IPC training course (like APIC, NICN etc.), if opportunity exist.**

**Infection Prevention and Control Training Courses:**

Nebraska Infection Control Network: <http://www.nicn.org/>.

APIC Training: <https://apic.org/Education-and-Events/EPI-education-series>.

**Other EPI Training Courses:**

CDC Training: [https://www.train.org/cdctrain/training\\_plan/3814](https://www.train.org/cdctrain/training_plan/3814).

SHEA Training: <http://sheaspring.org/program/certificate-tracks/>.

## **2. Surveillance**

- **Begin using standard infection log - with understanding of established clinical and surveillance criteria for infections like Loeb's and Mc Geer criteria**

**Resources:**

McGeer Criteria: <https://asap.nebraskamed.com/wp-content/uploads/sites/3/2017/07/Revised-McGeer-criteria-for-infection-surveillance-checklist.docx>.

Loeb Criteria: <https://asap.nebraskamed.com/wp-content/uploads/sites/3/2017/07/Loeb-minimum-criteria-for-initiating-antibiotic-therapy-checklist.docx>.

Infection & Antibiotic start logs: <https://asap.nebraskamed.com/wp-content/uploads/sites/3/2018/06/Infection-and-antibiotic-start-log-template.xlsx>.

<https://asap.nebraskamed.com/wp-content/uploads/sites/3/2019/09/Infection-and-antibiotic-start-log-template-version-2.2.xlsx>



CDC NHSN LTC Reporting: <https://www.cdc.gov/nhsn/ltc/index.html>.

NHSN UTI Criteria: <https://www.cdc.gov/nhsn/PDFs/LTC/LTCF-UTI-protocol-current.pdf>.

Nebraska State Reportable Diseases: <http://dhhs.ne.gov/Pages/Disease-Reporting.aspx>.

Nebraska State HAI contact info: <http://dhhs.ne.gov/Pages/Contact-DHHS.aspx>.

Add your local Health Dept Contact info here:

- **Identify and secure sources of surveillance data (such as daily huddles, faxed microbiology reports, admissions office)**

Identify your sources for tracking resident infections and antibiotic starts by reviewing available sources of this information in your facility. Information on residents and current infection status may be gained from review of the following: Admission data, daily staff huddles (which provide updates), and microbiology reports. Sources may differ by facility.

- **Perform high priority audits of care (e.g., catheter care, blood glucose monitoring, hand hygiene, cleaning) using recommended checklists.**

Perform audits of care practices. The tools listed below will help you with auditing these practices. Be sure to give staff feedback on their performance, to correct any deviation from expected performance.

#### **Audit Resources:**

NE ICAP Practice Brief on Audit importance: <https://icap.nebraskamed.com/wp-content/uploads/sites/2/2018/03/Practice-Briefs-Audits-7.25.17.pdf>.

Hand Hygiene – 5 moments WHO: <https://icap.nebraskamed.com/wp-content/uploads/sites/2/2018/02/Your-5-Moments-For-Hand-Hygiene-Poster.pdf>.

Hand Hygiene Audit tools: <https://icap.nebraskamed.com/wp-content/uploads/sites/2/2018/03/HH-Monitoring-in-LTC.pdf>.

<https://spice.unc.edu/wp-content/uploads/2017/03/Hand-Hygiene-Competency-SPICE.pdf>.

PPE Audit tools:

<https://spice.unc.edu/wp-content/uploads/2017/03/PPE-Competency-SPICE.pdf>.

<http://www.wrha.mb.ca/extranet/ipc/files/audit-tools/PPE-AuditTool.pdf>.

Flyer on availability of PPE and storage: <https://icap.nebraskamed.com/wp-content/uploads/sites/2/2018/02/PPE-Flyer.pdf>.

Blood Glucose Monitoring Audit tool: <https://icap.nebraskamed.com/wp-content/uploads/sites/2/2018/03/ABGM-Audit-revised.pdf>

Medication Administration Audit tool: <https://spice.unc.edu/wp-content/uploads/2017/03/Injection-Safety-Competency-SPICE.pdf>.

Catheter insertion and maintenance Audit Tool via CMS Audit tool: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-12-Attachment-1.pdf>.

Environmental Cleaning Audit tools:

<https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/resources/policies/cleaning+standard+for+healthcare+facilities+policy+directive+environmental+cleaning+audit+tool>

APIC Quick Observation Tools:

<https://www.cdc.gov/infectioncontrol/tools/quots.html>.

## **Month 3 to Month 6:**

### **1. Facilitate Infection Control Committee (ICC) Meetings**

If not already established, pull together a multidisciplinary team from your facility to participate in an Infection Control Committee: Not limited, but might wish to include Medical Director, DON, Quality, Employee Health, Safety, Maintenance, Risk Management, EVS, purchasing, materials management, Food and Nutrition, laundry, physicians, pharmacists, ancillary staff, etc.

Once established, follow the Guidance from the APIC Text on Committee tasks:

*ICC...functions as the central decision-making and policy-making body for infection prevention. The ICC chair reports to the medical staff and/or administration. The ICC acts as the advocate for prevention and control of infections in the facility, formulates and monitors resident care policies, educates staff, and provides political support that empowers the team. Its members disseminate the information discussed in the meeting by routine written and/or verbal reports to clinicians, committees, and/or department heads and through various electronic methods. It is important to provide appropriate information to medical staff and administration, as well as front line HCP.*

- **Committee members provide relevant reports to the committee that summarize current IPC efforts and identify areas for improvement.**

Sample IC Committee Agenda: <https://icap.nebraskamed.com/wp-content/uploads/sites/2/2019/02/1-7-Appendix-D-Agenda-for-Infection-Control-Committee.pdf>.

- **IP presents facility infection report and antibiotic stewardship reports to the committee, including current state of antibiotic stewardship and goals for the future.**

NE ASAP Self-Assessment Tool for AS: <https://asap.nebraskamed.com/wp-content/uploads/sites/3/2018/02/ASAP-LTCF-self-assessment-instrument-Jan-2018.pdf>.

- **IP presents results of high priority audits of care to the committee, identifying areas where committee members can help make improvements.**

Measuring Hand Hygiene Adherence: Overcoming the Challenges (data display pg 95)  
[https://www.jointcommission.org/assets/1/18/hh\\_monograph.pdf](https://www.jointcommission.org/assets/1/18/hh_monograph.pdf).

- **Document meeting minutes on facility template (see example)**

<https://icap.nebraskamed.com/wp-content/uploads/sites/2/2019/10/ICC-minutes-example-4.pdf>.

- 2. Expand audit program to be performed at regular intervals, and include feedback to mitigate identified gaps (may consider recruiting other staff to perform audits and submit data).**

NE ICAP Practice Brief on Audit importance: <https://icap.nebraskamed.com/wp-content/uploads/sites/2/2018/03/Practice-Briefs-Audits-7.25.17.pdf>.

Article on feedback of performance:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5709796/pdf/EDU-0099-2017.pdf>.

- 3. Identify and initiate a performance improvement project based on surveillance data (e.g., infection tracking and audit data) and infection control committee input. Use PDSA cycle.**

CMS QAPI Resources: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapiresources.html>.

Minnesota Department of Health PDSA Training:

<https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/pdsa.html>.

IHI PDSA Training You Tube video:

<https://www.youtube.com/watch?v=xzAp6ZV5ml4>.

- 4. Maintain documentation of all IPC and antibiotic stewardship activities including audits and feedback.**

IP Training Competency Audit Tool LTCF: <https://icap.nebraskamed.com/wp-content/uploads/sites/2/2018/01/IP-Training-Competency-Audit-Tool-LTCF.xlsx>.

## **Month 6 to Month 12:**

### **1. Evaluate the efficiency and impact of performance improvement project (under PDSA cycle)**

Minnesota Department of Health PDSA Training:

<https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/pdsa.html>.

IHI PDSA Training You Tube video:

<https://www.youtube.com/watch?v=xzAp6ZV5ml4>.

- Monitor/audit whether all the steps of the project are being followed as per the plan (review action plan and timeline)
- Study whether the intervention is leading to the planned outcome
- Execute changes in the process to mitigate nay barriers in implementation or modify strategy if the program is not effective in its current form
- Reassess the efficiency and the impact and make further plans with the committee input about how to proceed with the implemented intervention in future

### **2. Perform policy and procedure review (at least for the IPC domain related to performance improvement project) and modify, as needed, based on the regulatory requirement, national guidance and the lessons learned from the performance improvement project.**

Policy Review Guide: <https://icap.nebraskamed.com/wp-content/uploads/sites/2/2019/02/Policy-Review-Guide-2.19.pdf>.

### **3. Include competency validation in employee education and training programs, or review and improve existing programs.**

- Refine basic infection prevention training, as needed based on the surveillance data, audit results, and IC Committee input. Train all employees with competency validation both at hire and annually, including contracted staff working in the facility (use **audit tools** under **#2 Surveillance section, audit resources** for competency validation)
- Also develop additional competency-based training for the IPC domain related to the performance improvement project, based on the modified policy and procedure, as needed.

**4. Perform an infection control risk assessment as part of the annual facility assessment and understand how to use that information in future updates of IPC program, policies, and procedures.**

NE ICAP Practice Brief on IC Risk Assessment in LTC: <https://icap.nebraskamed.com/wp-content/uploads/sites/2/2018/03/Practice-Briefs-IC-Risk-Assessments-needed-in-LTC.pdf>.

NC SPICE Risk Assessment Template: <https://spice.unc.edu/wp-content/uploads/2017/03/Template-Risk-assessment-for-LTC.xls>.

The Joint Commission Using the Risk Assessment: <https://www.jcrinc.com/using-the-risk-assessment-to-set-goals-and-develop-the-infection-prevention-and-control-plan/>.

**5. Continue working on basic IPC activities that were introduced in the first 6 months of the mentorship program**

- Continue surveillance for infections and antibiotic stewardship related activities
- Continue scheduled audit and feedback activities to assess performance in various IPC domains (which will also help identify targets for future performance improvement projects)
- Continue working on antibiotic stewardship activities making sure that the program has all 7 CDC-recommended core elements in it.
- Continue reporting/planning at ICC meetings to tailor and adapt IC program work and focus.

## **Common Abbreviations Guide:**

APIC = Association for Professionals in Infection Control and Epidemiology

AS = Antibiotic Stewardship (Antimicrobial Stewardship)

ASAP = Antimicrobial Stewardship Assessment and Promotion Program

ASP = Antibiotic Stewardship Program

BBP = Bloodborne Pathogen

CDC = Centers for Disease Control and Prevention

*C. diff* = *Clostridium difficile* now called *Clostridioides difficile*

CLIA = Clinical Laboratory Improvement Amendments

CMS = Centers for Medicare and Medicaid Services

CRE = **carbapenem-resistant Enterobacteriaceae**

DHHS = Department of Health and Human Services

DON = Director of Nursing

EPA = Environmental Protection Agency

ES or EVS = Environmental Services

FDA = Food and Drug Administration

HAI = Healthcare Acquired Infection

HAN = Health Alert Network

HCP = Healthcare Provider

HH = Hand Hygiene

HICPAC = Healthcare Infection Control Practices Advisory Committee

ICAP = Infection Control Assessment and Promotion Program

ICAR = Infection Control Assessment and Response

IC = Infection Control

ICC = Infection Control Committee

IHI = Institute for Healthcare Improvement

IP = Infection Preventionist

IPC = Infection Prevention and Control

LTC = Long-term care

NC SPICE = North Carolina Statewide Program for Infection Control and Epidemiology

NHSN = National Healthcare Safety Network

NICN = Nebraska Infection Control Network

OSHA = Occupational Safety and Health Administration

PDSA = Plan-Do-Study-Act

PPE = Personal Protective Equipment

QAPI = Quality Assurance and Performance Improvement

RA = Risk Assessment

SHEA = The Society for Healthcare Epidemiology of America

TB = Mycobacterium tuberculosis

WHO = World Health Organization