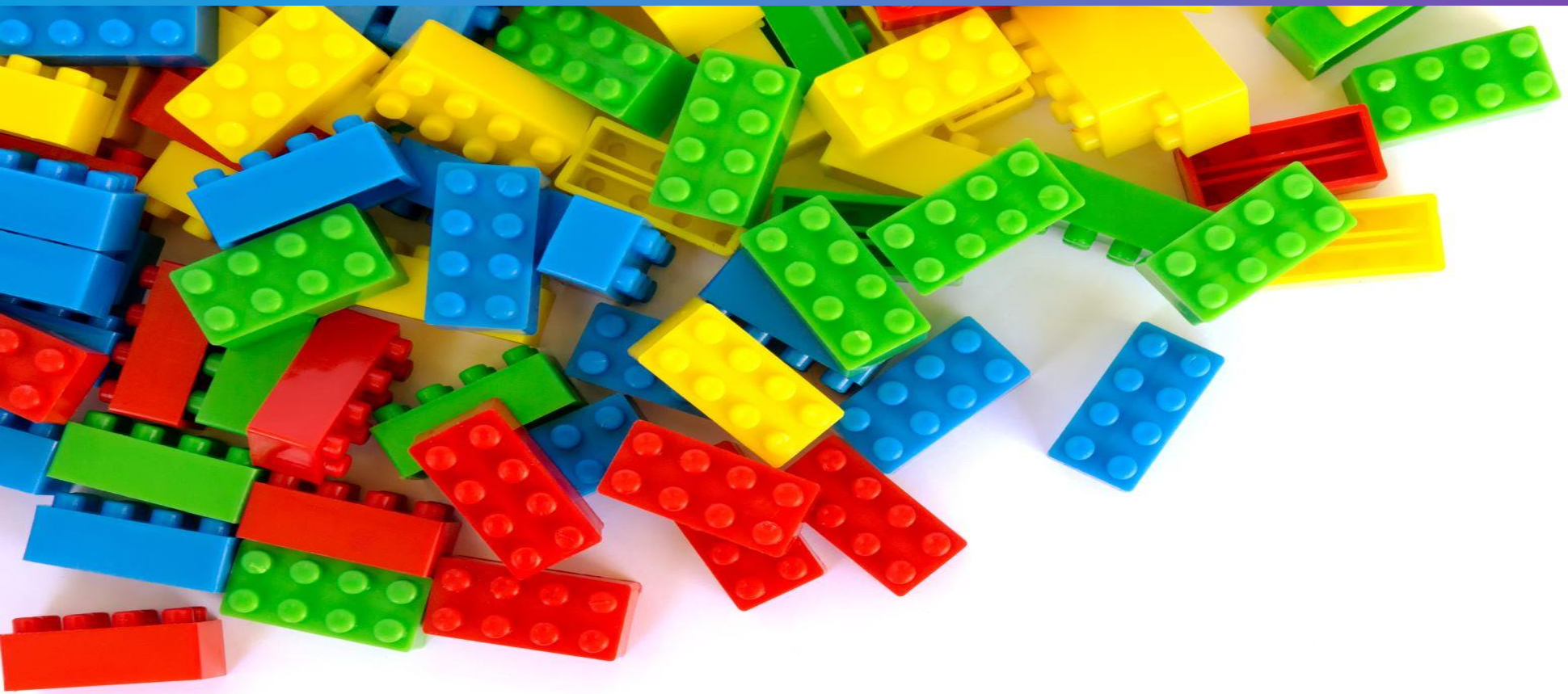


POLICY BUILDING BLOCKS

Heather T. Ridge, BS, BSN, RN, CIC
APIC NC Spring Conference
05.08.2025

NO DISCLOSURES

OBJECTIVES

Utilize a hierarchical approach to policy development.

Construct a regulatory sound infection prevention plan.

Perform a meaningful risk assessment with goal development.

NOVANT HEALTH

PURPOSE

PURPOSE BEHIND POLICIES

1. Consistency in care
2. Regulatory compliance
3. Patient safety & risk mitigation
4. Standardization
5. Accountability

VComply. (2025, February 3). Overview of policies and procedures in healthcare. VComply. https://www.v-comply.com/blog/what-is-a-policy-in-health-care-explained/

POLICY VS. PROCEDURE

Both set the stage

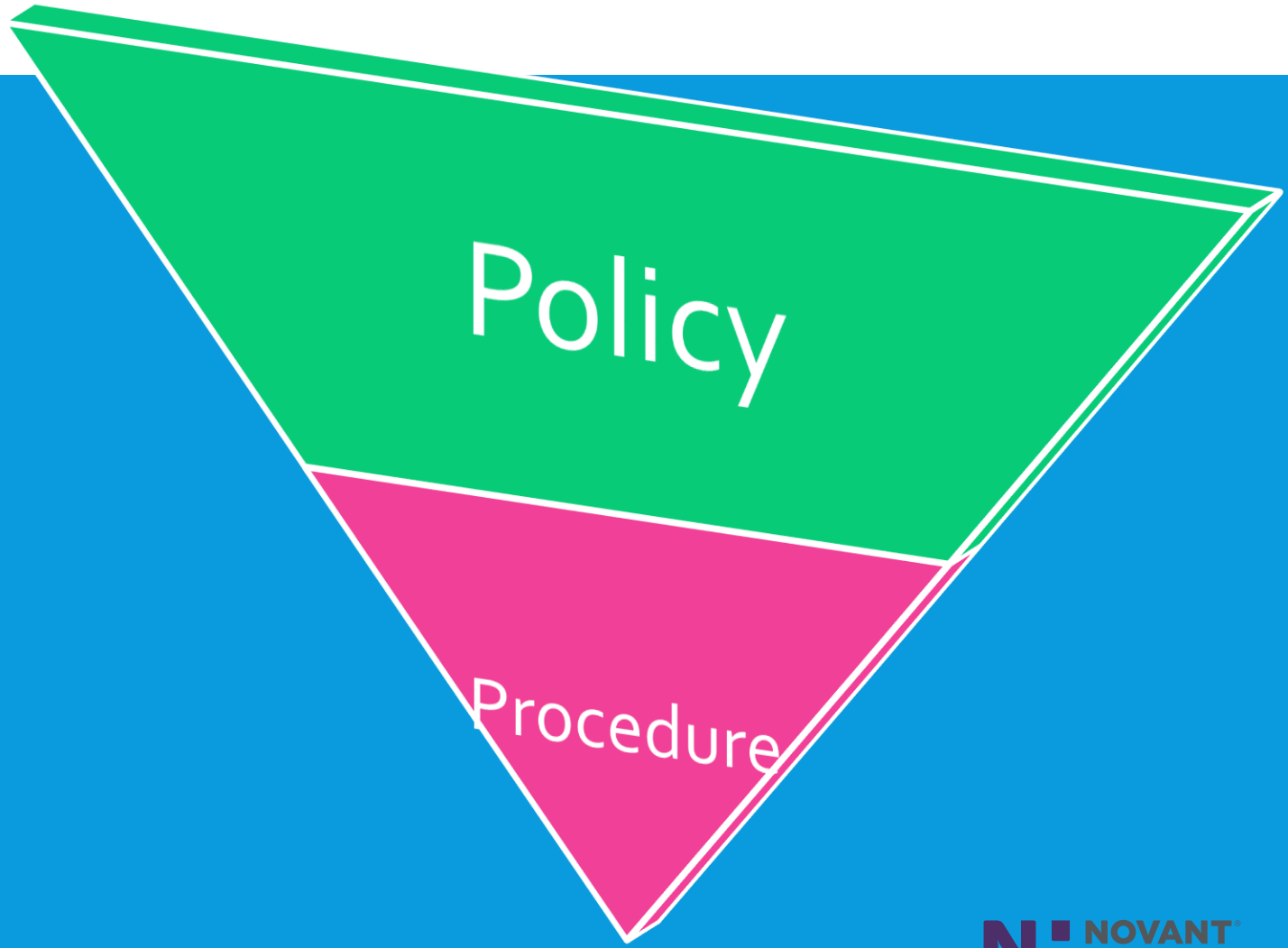
Complement one another

<u>Policy</u>

- Big picture
- Generalized
- Sets the tone
- Constant

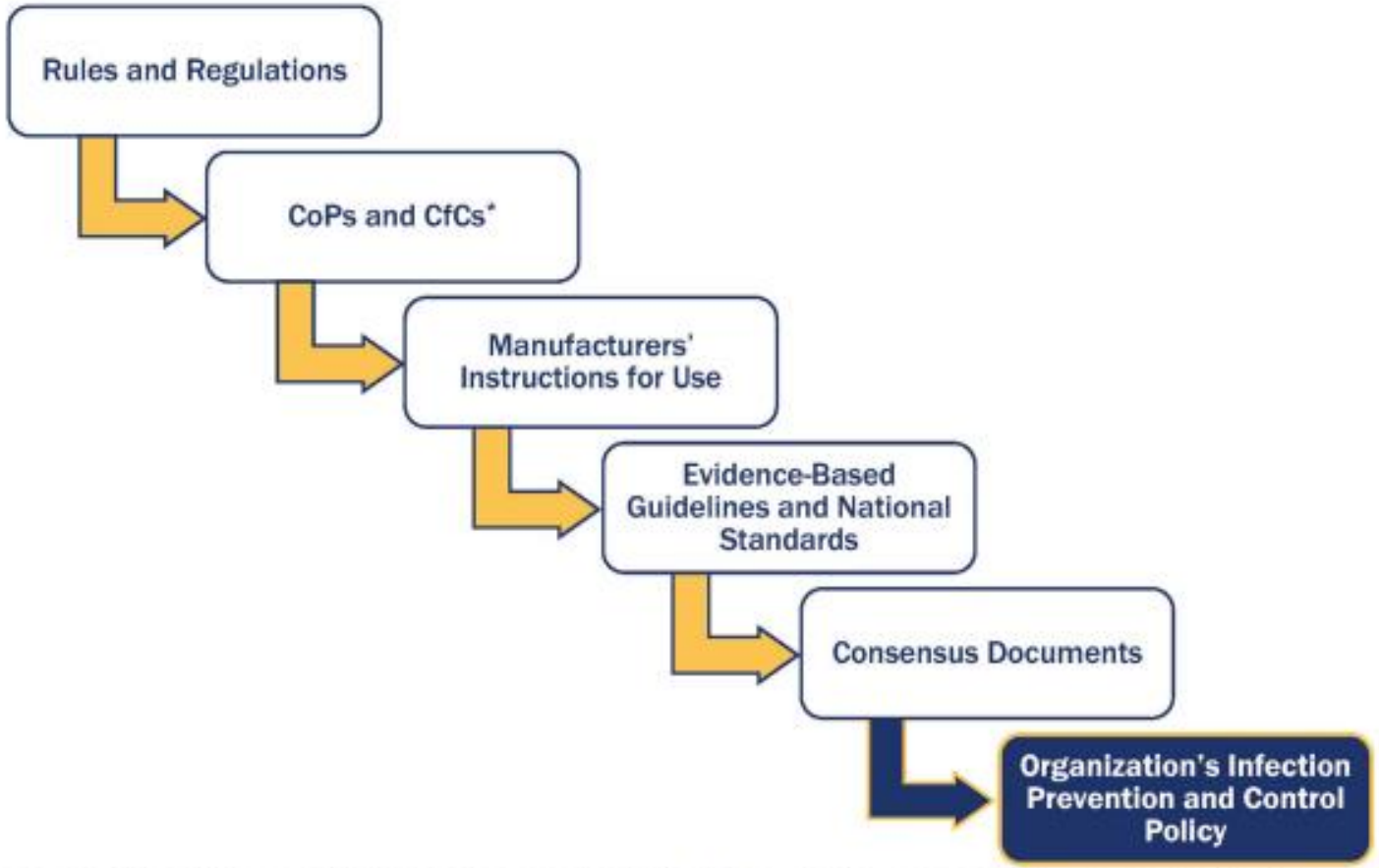
<u>Procedure</u>

- Narrow picture
- Provides specifics
- Likely to change more frequently with improvements
- Evolves



What is the difference between a policy and a procedure? New Hampshire Department of Health & Human Services. (n.d.). https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/policy-vs-procedure.pdf

HIERARCHAL APPROACH TO POLICY DEVELOPMENT



** For organizations that use Joint Commission accreditation for deemed status purposes or that are required by state regulation or directive, Conditions of Participation (CoPs) and/or Conditions for Coverage (CfCs) should be reviewed for applicable mandatory requirements.*

RULES & REGULATIONS

Centers for Medicare & Medicaid Services (CMS)

- Healthcare Associated Conditions (HAC)
- National Healthcare Safety Network (NHSN)
- Clinical Laboratory Improvement Regulations (CLIA)

Food & Drug Administration (FDA)

- Safe Medical Device Act (SMDA)
- Vaccine Adverse Event Reporting System (VAERS)

Health Resources & Services Administration (HRSA)

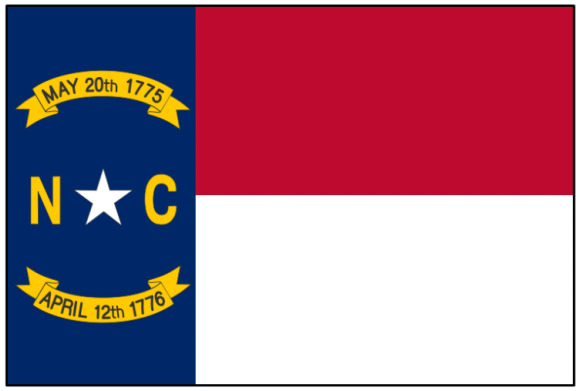
Environmental Protection Agency (EPA)

- Regulated Medical Waste
- Disinfectants

Department of Labor (DOL)

- Occupational Health & Safety Administration (OSHA) – Bloodborne pathogens (29 CFR 1910.1030), respiratory protection (29 CFR 1910.134, tuberculosis, personal protective equipment (29 CFR 1910.132)

Shipley. (2024). *Accrediting and Regulatory Agencies*. APIC Text TJC Manual 2025



RULES & REGULATIONS

NC Department of Health & Human Services

- Public Health
  - Infectious disease prevention and vaccines (TB)
  - Food, water, & environmental
  - Health statistics
  - Laboratory testing
  - Local health departments
- Health Service Regulation
- Health Benefits (NC Medicaid)
- Mental Health

Occupational Safety & Health NC – DOL

10A North Carolina Administrative Code 41A.0206 (10ANCAC 41A.0206) Infection Prevention Training (NC SPICE)

COPS & CFCS

Centers for Medicare & Medicaid Services (CMS)

- Conditions for Coverage (CfCs)
- Conditions of Participation (CoPs)

Apply to the following healthcare organizations (including but not limited to):

- Ambulatory Surgical Centers (ASCs)
- Clinics
- Critical Access Hospitals (CAHs)
- End-Stage Renal Disease Facilities
- Home Health Agencies
- Hospice
- Hospitals
- Long Term Care Facilities

Conditions for coverage (cfcs) & conditions of participation (cops). CMS.gov. (n.d.). https://www.cms.gov/medicare/health-safety-standards/conditions-coverage-participation

MANUFACTURERS' INSTRUCTIONS FOR USE (MIFU)

Information that accompanies medical devices detailing intended use and directions for cleaning / disinfection.

EVIDENCE-BASED GUIDELINES AND NATIONAL STANDARDS

Evidence-Based Resources = published reviews including intervention evaluations and studies. Consists of both systematic and non-systematic reviews.

- Centers for Disease Control and Prevention (CDC)
- National Institutes of Health (NIH)

Facility Guidelines Institute (FGI)

Types of evidence-based resources. Types of Evidence-Based Resources - Healthy People 2030. (n.d.). https://odphp.health.gov/healthypeople/tools-action/browse-evidence-based-resources/types-evidence-based-resources

CONSENSUS DOCUMENTS

Not classified as formal evidence-based guidelines.

Document created by group of expert panels summarizing current knowledge and guideline. May include gaps in literature, recommendations, and next steps.[1]

- Association for the Advancement of Medical Instrumentation (AAMI) – develop national and international consensus standards[2]

[1]*Consensus documents*. EAACI Knowledge Hub. (2023, August 18). https://hub.eaaci.org/resources/consensus-documents

[2]Association for the Advancement of Medical Instrumentation (AAMI). (2025). https://www.aami.org

ORGANIZATION'S INFECTION PREVENTION POLICIES

Details matter…

- ✓ Choose your reference documents carefully.
- ✓ Do not get lost in the details.
- ✓ Remember, if stricter, it is what you will be surveyed to.

ACCREDITATION

ACCREDITATION AGENCIES

TJC	DNV	AAAHC	ACHC
• The Joint Commission • Hospitals, clinics, behavioral health, home health	• Det Norske Veritas • Hospitals, healthcare systems	• Accreditation Association for Ambulatory Health Care • ASCs	• Accreditation Commission for Health Care • Hospice, Home Health

ID	Elements of Performance (EP)	Crosswalk
Standard IC.04.01.01 The hospital has a hospital wide infection prevention and control program for the surveillance, prevention, and control of health care associated infections (HAIs) and other infectious diseases.		
2	The infection preventionist(s) of infection control professional(s) is responsible for the following: • Development & implementation of hospital wide infection surveillance, prevention, and control policies and procedures that adhere to law and regulation and nationally recognized guidelines.	482.42(a)(1)
3	The hospital's infection prevention & control program has written policies and procedures to guide it activities and methods for preventing and controlling the transmission of infections within the hospital and between the hospital and other institutions and settings. The policies and procedures are in accordance with the following hierarchy of references: a. Applicable law and regulation b. Manufacturers' instructions for use c. Nationally recognized evidence-based guidelines and standards of practice, including the CDC Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, in the absence of such guidelines, expert consensus or best practices. The guidelines are documented within the policies and procedures.	482.51(b) 482.42(a)(2)
4	The hospital's policies and procedures for cleaning, disinfection, and sterilization of reusable medical and surgical devices and equipment address the following…	482.51(b) 482.42(a)(2)
5	The infection prevention and control program reflects the scope and complexity of the hospital services provided by addressing all locations, patient populations, and staff	482.42(a)(4) 482.42

THE JOINT COMMISSION (TJC)

THE JOINT COMMISSION (TJC)

ID	Elements of Performance (EP)	Crosswalk
	Standard IC.06.01.01 The hospital implements its infection prevention and control program through surveillance, prevention, and control activities.	
1	To prioritize the program's activities, the hospital identifies risks for infection, contamination, and exposure that pose a risk to patients and staff based on the following: • Geographic location, community, and population served • The care, treatment, and services it provides • The analysis of surveillance activities and other infection control data • Relevant infection control issues identified by the local, state, or federal public health authorities that could impact the hospital.	N/A
2	The hospital reviews identified risks at least annually or whenever significant changes in risk occur.	N/A
4	The hospital implements its policies and procedures for infectious disease outbreaks, including the following…	482.42(a)(3)
5	The hospital implements policies and procedures to minimize the risk of communicable disease exposure and acquisition among its staff, in accordance with law and regulation..	482.42(a)(3)

ID	Infection Prevention and Control Program
	IC.1 The organization shall have an active, facility-wide Infection Prevention and Control Program in place, incorporating the requirements and/or recommendations of the CDC, CMS, OSHA, and related professional organizations (e.g., APIC). This program, inclusive of documented procedures, and processes ensures the safety of patients, healthcare workers, volunteers, contract workers, and visitors
SR3	The organization's IPCP shall have documented processes, policies, and procedures to define how infections and communicable diseases are prevented, controlled, and investigated throughout the organization including, but not limited to…
SR.3e	Risk assessments: • Construction Infection Control Risk Assessments (ICRA) • Overall infection prevention and control risk assessment
	• Other identified components include: TB, influenza, BBP, exposures, communicable disease threats/mitigation

DNV

IP PLAN & RISK ASSESSMENT

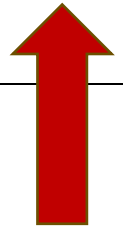
PLAN & RISK ASSESSMENT COMPONENTS

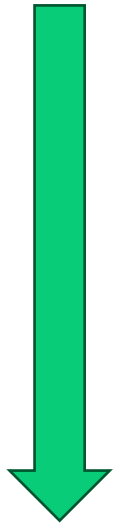
To prioritize the program's activities, the hospital identifies risks for infection, contamination, and exposure that pose a risk to patients and staff based on the following:
Geographic location, ***community***, and ***population served***
The ***care, treatment, and services it provides***
The analysis of surveillance activities and other infection control data
Relevant infection control issues identified by the local, state, or federal public health authorities that could impact the hospital.

The hospital ***reviews identified risks at least annually*** or whenever significant changes in risk occur.

- Accreditation requirement.
- Living document-updated as needed / when changes.
- Make it impactful-focus on the issues where attention is necessary to drive change.
- Keep it simple-while all of your HAIs and data is important, you can only focus on so many items.

	Factors	Characteristics that increase risk	Characteristics that decrease risk
EXTERNAL	**Geographic location, community and population served:** **Facility name** is an XXX-bed acute care facility located at ADDRESS. Estimated population for XXX County is XXX (YEAR). XXX County are tourist destinations and common employment in the areas include healthcare, schools, utilities, retail, and construction. Based on comparison by race/ethnicity, median ethnicity, educational attainment, person in poverty and foreign-born individuals, XXX County represents the highest population of potentially underserved, low-income, and minority individuals. The program will continue to grow and change to meet the needs of the population we serve in preventing disease transmission **Responsibilities / Authority:** • The Infection Prevention Team at XXX includes XXX Infection Preventionist FTEs, supported by a Manager, Market Director and a Vice President of Infection Prevention. • The Infection Preventionist may be reached by phone, voice mail, on-call cell phone or email. If the IP is unable to resolve the issue, the IP manager, the IP Market Director, IP Vice President, or IP Medical Director will be contacted. An Infectious Disease provider is also available for consultation.	• Large Medicare and Medicaid population served • Large elderly population served • Large OB, GYN, Pediatric, Oncology population served • Substance abuse and HIV population served • Homeless population served • Large Eastern European, African, Central and South American, Asian and Central Asian population at risk for tuberculosis infection and active disease, and vaccine preventable diseases • Local prison population served • Located at approximate mid-point between two major US cities on a major east coast harbor vulnerable to chemical, biological, radiological, or other terror related potential threats	• Local medical and nursing schools • Highly educated, diverse hospital personnel pool • Magnet accredited hospital • Supportive local and state Health Departments





	Factors	Characteristics that increase risk	Characteristics that decrease risk
INTERNAL	**Care, treatment and services provided include but are not limited to:** • Ambulatory Surgery • Behavioral Health • Bronchoscopy • Cardiac Services / Cath / EP • Critical Care / Intermediate • Day Care • Dialysis • Dietary • Emergency • Endoscopy • Fertility • Geriatric • Hyperbaric • Infusion • Interventional Radiology • Laundry • Maternity • Med / Surg • Neonatal • Nuclear Med • OB/GYN • Oncology • Pain Management • Pediatrics • Pharmacy • Physician Practices • Radiology • Rehab • Sleep Lab • Surgery / Procedures / Pre-op / PACU • Ultrasound • Wound Care • Onsite Ambulatory services which include:	• Neutropenic population • Dialysis population • Implant surgeries • Invasive procedures • Trauma Center • NICU • Central line, midline, indwelling urinary catheter usage • High rates of MRSA and VRE in community and area nursing homes • Large immigrant and travel population at risk for vaccine preventable diseases and travel related diseases • Sterile compounding and hazardous compounding • Elderly and underserved patients • Increasing rates of Carbapenemase producing organisms causing infections or colonization in the community and healthcare setting	• System Infection Prevention Department • System Infection Prevention Council • Local Hospital Epidemiologist/ Medical Director for Infection Prevention • Do not treat burn patients • HAI Surveillance Teams • Vascular Access Team • Dedicated PICC/midline nurse inserters • Anti-microbial Stewardship program • Statewide Infection Control & Epidemiology (NC SPICE) curriculum provider for NC required Infection Prevention training under the NC .0206 rule

RISK ASSESSMENT

SAMPLE RISK ASSESSMENTS

EVENT	PROBABILITY OF OCCURRENCE *(How likely is this to occur)*[1]				RISK LEVEL OF FAILURE *(What would be the most likely)*[2]				POTENTIAL CHANGE IN CARE *(Will treatment/care be needed for resident/staff)*[3]				PREPAREDNESS (Are processes in place and can they work)[4]			YEAR: _____ RISK LEVEL Add rankings (score of 8 or >are considered highest priority for improvement efforts)
Score	High	Med	Low	None	Life Threatening	Permanent Harm	Temp Harm	None	High	Med	Low	None	Poor	Fair	Good	
	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1	

Risk Assessment for the Infection Surveillance, Prevention and Control (ISPC) Program

Year: 20___

Organization Name: _____

Date of Report: _____

Event or Condition	What is potential impact of event/condition on patients and staff?				What is probability of event/condition occurring?				What is organization's preparedness to deal with this event/condition?				Numerical risk level
	High (3)	Med (2)	Low (1)	None (0)	High (3)	Med (2)	Low (1)	None (0)	None (3)	Poor (2)	Fair (1)	Good (0)	Total

INFECTION EVENT	PROBABILITY OF OCCURRENCE (How likely is this to occur?)				LEVEL OF HARM FROM EVENT (What would be the most likely?)				IMPACT ON CARE (Will new treatment/ care be needed for resident/staff?)				READINESS TO PREVENT (Are processes/ resources in place to identify/address this event?)			RISK LEVEL (Scores ≥ 8 are considered highest priority for improvement efforts.)
Score	High	Med.	Low	None	Serious Harm	Moderate Harm	Temp. Harm	None	High	Med.	Low	None	Poor	Fair	Good	
	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1	

[1] *LTC Infection Prevention Risk Assessment*. Statewide Program for Infection Control & Epidemiology. (2023, March 7). https://spice.unc.edu/

[2] Risk Assessment Template. (n.d.) APIC. https://apic.org/Resource_/TinyMceFileManager/Education/ASC_Intensive/Resources_Page/ASC_Risk_Assessment_Template.docx

[3] IPC Risk Assessment. (n.d.). CDC. https://www.cdc.gov/long-term-care-facilities/media/excel/IPC-RiskAssessment.xlsx

Risk Categories and Risk Factors	PRIORITY											
	Probability of Occurrence				Potential for Negative Impact				Preparedness/Prevention			Risk Score
	High	Med	Low	None	Life Threatening	Intermediate Morbidity	Inconvenient / Cost	None	Poor	Fair	Good	
SCORE	4	3	2	1	4	3	2	1	3	2	1	
EXTERNAL												
Environment												
• Natural disasters that impact safety (hurricane, power outage, etc.)												
• Communicable diseases												
• Patient surge												
Emerging Infections												
• High Impact Pathogens (Ebola, MERS, SARS-CoV-2)												
• MDROs (MRSA, ESBL, CRE, *C. auris, Acinetobacter-resistant*) & gastrointestinal related (norovirus)												
INTERNAL												
HAI Infections												
• CAUTI												
• CLABSI												
• PVAP in ICU												
• MRSA bacteremia (Lab ID)												
• MRSA infections												
• C. difficile (Lab ID)												
Procedure Related												
• SSI – colon (deep/organ)												
• SSI – ABD hysterectomy (deep/organ)												
• SSI – Joint (HPRO, KPRO)												
• SSI – Open heart												
• SSI – Other (Spine, C-section, etc.):												

Risk Categories and Risk Factors	PRIORITY											
	Probability of Occurrence				Potential for Negative Impact				Preparedness/Prevention			Risk Score
	High	Med	Low	None	Life Threatening	Intermediate Morbidity	Inconvenient / Cost	None	Poor	Fair	Good	
SCORE	**4**	**3**	**2**	**1**	**4**	**3**	**2**	**1**	**3**	**2**	**1**	
Equipment Related												
• Sterilization / SPD processes												
• High level disinfection processes												
• Low level disinfection processes												
Environment Related												
• Air handling, humidity												
• Environmental hygiene												
• Construction / renovation												
• Water intrusion / mold												
• Water quality												
• Hemodialysis water system												
• Pharmacy												
• Pet therapy												
• Bed-bug infestation												
• Infectious Outbreaks (SARS-CoV-2, bioterrorism, pertussis, measles, meningococcus, foodborne illness, bioterrorism)												
Team Member Related / EOH												
• Hand hygiene												
• Isolation precautions												
• Standard precautions												

Risk Categories and Risk Factors	PRIORITY											
	Probability of Occurrence				Potential for Negative Impact				Preparedness/Prevention			Risk Score
	High	Med	Low	None	Life Threatening	Intermediate Morbidity	Inconvenient / Cost	None	Poor	Fair	Good	
SCORE	4	3	2	1	4	3	2	1	3	2	1	
• Influenza & SARS-CoV-2 vaccination												
• Blood borne pathogen exposures												
• TB exposures												
• Inadvertent exposures												
Risk score is calculated by multiplying the scores of each category. The top 3 risks and any items scoring over 20 will be linked to a targeted goal below.												

ACTION PLAN = GOALS

Element / Risk	2023 Program Evaluation and Outcomes	Risk Score	2024 Goals / Metric	Plan with focused strategies

Minimize/eliminate the occurrence of catheter associated urinary tract infections (CAUTI)*	**2023 (Q4) & 2024 (Q1, Q2, Q3) data:**
	
	Goal =
	
	Compliance =
	
	Evaluation: Met or **Unmet/ Progressing**
	
	Carry-over
		24	**CAUTI reduction goal (2023 Q4 – 2024 Q3):**
			• NHSN units
			  • Vizient Hospital 50th decile SIR ≤
			  • ≤ infections
			• Non-NHSN units
			  • ≤ infections
				• Case reviews to be completed on every CAUTI identified using a standardized review tool.
				• Follow the Urine Culture Algorithm when testing for UTI.
				• Observe the CAUTI bundle for insertion and maintenance. Monitor compliance with bundle elements.
				• Point Prevalence at least 2 x /year.
				• Routine CAUTI data reporting to key stakeholders.
				• Data accessible to leadership.

Minimize/eliminate the occurrence of central line blood stream infections (CLABSI)*	**2023 (Q4) & 2024 (Q1, Q2, Q3) data:**
	
	Goal =
	
	Compliance =
	
	Evaluation: Met or **Unmet/ Progressing**
	
	Carry-over
		18	**CLABSI reduction goal (2023 Q4 – 2024 Q3):**
			• NHSN units
			  • Vizient Hospital 50th decile SIR ≤
			  • ≤ infections
			• Non-NHSN units
			  • ≤ infections
				• Case reviews to be performed on every CLABSI identified.
				• Targeted HAI prevention strategies education to team members and key stakeholders.
				• VAT Rounds on all patients with Central Lines.
				• Point Prevalence 2x year.
				• Corporate CLABSI workgroup reviews opportunities and develops processes for improvement and best practice.

Element / Risk	2023 Program Evaluation and Outcomes	Risk Score	2024 Goals / Metric	Plan with focused strategies
Hand Hygiene*	**2024 data (calendar year):** Goal: > 90% compliance direct observation Compliance = **Evaluation:** Met or **Unmet/ Progressing** **Carry-over**	12	**Hand Hygiene goal (Calendar year 2025):** • Direct observation goal = ≥ 98% compliance • Metric: compliant observations / total # observations x 100 = % compliance	• Review of HH compliance data by facility IP and unit managers. • Educate team members on recording observations as part of their work processes monthly. • Routinely evaluate for the availability of HH supplies via rounding. • Encourage use of HH unit champions for engagement of team members. • Provide monthly HH reports to unit managers for review on meeting goal. • Collaborate with corporate IP team for continued success of HH observation program.
High level disinfection (HLD) processes*	**2024 data (calendar year):** Goal: NEW Compliance = NEW	8	**High level disinfection goal (2025 calendar year):** • Targeted surveillance of HLD documentation: ○ Goal: ≥ 90% compliance	• Mandated condition of employment at NH. • Corrective measures to be taken for HLD or sterilization failures. • Routine HLD Audits and HLD mini audits are performed in all areas with HLD services. • Report data/compliance to key stakeholders.
Team Member Influenza Vaccination Process Compliance*	**2024 calendar year:** Goal = 100% compliance Team member compliance = **Evaluation:** **Met** or **Unmet/ Progressing** **Carry-over**	4	**Team member influenza vaccination goal (Calendar year 2025):** Maintain 100% compliance	• Mandated condition of employment at NH.

*System focused and/or regulatory requirement

STRATEGIES

INFECTION PREVENTION'S ROLE IN POLICIES

- We are the content experts.
- Ensure collaboration with key stakeholders.
- Whether solo or a team, define your policy "experts".
- To ensure success, get educated.
  - Understand your existing process.
  - What templates are used.
  - How does the approval process operate.
  - What other documents may be part of the process.
    - Forms, Guidelines, Education, Standards of Work (SOW), etc.

GET ORGANIZED

Compile comprehensive policy list

- IP solely
- Partnership
- Department / unit
- Duplicative
- Necessary

Determine review process time

- Annual
- Every 2 years
- Every 3 years

Next Review	Status	Title	Review period (1 or 3 years)	Document Writer	Service Line Policy Owner	IP on approval list	Policy Facilitator	IP Policy Lead	IPC Date	Key stakeholders	Writer notified (Loop closed)	Notes
2/1/2025		Disinfectant Safety - Low Level Disinfectants (formerly Low Level Disinfection) - NH-IC-EP-2701	3	HR	Infection Prevention		HR	JK	2/1/2025	EVS	X	2.7.22; emailed P&P requesting removal of JK
2/1/2025		Infection Prevention NH-Scope-1186	1	SDF HR	Infection Prevention		HR	SDF	Feb-25	IP	X	
3/1/2025		Water Qualilty NH-EC-US-0115	1	GW HR	Corporate EOC		HR	GW		EOC, PE	X	Approved at EOC and IPC
3/1/2025		Tuberculosis Control Plan - NH-IC-IEP-390	1	DH	Infection Prevention		DH	HR		EH, Nursing, IE, PE, EOC	X	
4/1/2025		Exercise Equipment Maintenance/Cleaning SP-Dept-CardRehab-PC-009	3	MH	Cardiac Rehab	NO	NA			Rehab	X	NEED TO ADD IP as approver
4/1/2025		Dress Code in Procedural Areas NH-IC-CP-2000	3	DH	Surgical Services		NA			SS		
4/1/2025		Bedside Caregiver Advocacy - FMC-Dept-NICU-IC-101	3	SD	NICU		NA			NICU	X	2.7.22 emailed P&P 2.8.22; per JE, in writer task list making edits
5/1/2025		Moisture Management	3	WH	EOC					PE, EOC		
5/15/2025		Mold Remediation NH-IC-EP-5019	3	WH	Infection Prevention					PE, EOC	X	
6/1/2025		Intravenous (IV) Therapy Management NH-PC-IV-1800	3	LS	Corporate Nursing		NA			Nursing, VAT		
7/1/2025		Cleaning and Reprocessing of Ventilatory and Respiratory Related Equipment - NH-Div-Resp-IC-2545	3	RM	Corporate Respiratory		NA			Respiratory, ICU		
8/1/2025		Information on Communicable Diseases for the Pregnant Team Member NH-IC-IE-2022-Guide1	3	HR	Infection Prevention EOH		KG	PF				

DEFINE ROLES

Policy facilitator – designated person who initiates policy review, sets meetings, keeps workgroup on task, & finalizes policy for publishing.

Policy leader – designated person who is the subject matter expert or point person who assists with running the workgroup meetings, directs conversations, and makes assignments.

Workgroup members – designated subject matter experts or point persons from their areas of expertise necessary for policy content review.

NOVANT HEALTH

Name of Policy (link)	
Facilitator	
Policy Leader*	
Work group team members	
Key stakeholders (additional)	
Meeting time / frequency	
Applies to	
IP team review (1-2 weeks)	
Public comments (4 weeks)	
Committee Approvals	
Education • New • Impacts to existing resources (CBL, AME, etc.?)	
Comments	Writer(s)
Due Date	

PLAN

Develop a checklist to keep you organized & on time.

QUESTIONS TO CONSIDER

DO WE HAVE ALL THE KEY STAKEHOLDERS?

DO WE NEED ANY MORE APPROVERS/COMMITTEE APPROVALS ADDED?

ARE THERE ANY ASSOCIATED TOOLS/FORMS/JOB AIDS, ETC.?

DOES THIS IMPACT ASCS OR OUTPATIENT?

ASSIGN: MEETING CALENDAR, DOCUMENT EDITS, TEAM RESPONSIBILITIES

FINAL TIPS

Policies are our infection prevention foundation

Embrace the process

Choose your guiding reference documents carefully

Remember the purpose of policy vs. procedure

If you need help, resources are available

QUESTIONS?

- Email Heather Ridge @ hridge@novanthealth.org

REFERENCES

Association for the Advancement of Medical Instrumentation (AAMI). (2025). https://www.aami.org/

Clarifying Infection Control Policy Requirements. (2019). *The Joint Commission Perspectives*, *39*(4), 15–17.

Conditions for coverage (cfcs) & conditions of participation (cops). CMS.gov. (n.d.). https://www.cms.gov/medicare/health-safety-standards/conditions-coverage-participation

Consensus documents. EAACI Knowledge Hub. (2023, August 18). https://hub.eaaci.org/resources/consensus-documents/

IPC Risk Assessment. (n.d.). CDC. https://www.cdc.gov/long-term-care-facilities/media/excel/IPC-RiskAssessment.xlsx

LTC Infection Prevention Risk Assessment. Statewide Program for Infection Control & Epidemiology. (2023, March 7). https://spice.unc.edu/

Risk Assessment Template. (n.d.). APIC. https://apic.org/Resource_/TinyMceFileManager/Education/ASC_Intensive/Resources_Page/ASC_Risk_Assessment_Template.docx

Shipley, S. (2024, January 25). *Accrediting and Regulatory Agencies*. APIC Text. https://text.apic.org/

Types of evidence-based resources. Types of Evidence-Based Resources - Healthy People 2030. (n.d.). https://odphp.health.gov/healthypeople/tools-action/browse-evidence-based-resources/types-evidence-based-resources

VComply. (2025, February 3). *Overview of policies and procedures in healthcare*. VComply. https://www.v-comply.com/blog/what-is-a-policy-in-health-care-explained/

What is the difference between a policy and a procedure? *New Hampshire Department of Health & Human Services. (n*.d.). https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/policy-vs-procedure.pdf

NOVANT HEALTH