

Appendix B

DAILY ROUTINE FOR INFECTION CONTROL PRACTITIONER

DAILY:

1. Make rounds to each unit.
2. On each unit:
 - a. Pick up [Daily Report of Infections](#) for filing/investigation
 - b. Review Daily Report of Infections for entries
 - c. Review chart of any entries and begin investigation as needed. Initiate a [Health Care Acquired Infection \(HAI\) Case Worksheet form](#) as necessary
 - d. Review microbiology and Chest X-ray reports. Initial each form to indicate a review has been done. Investigate abnormal results as needed.
 - e. Initiate a Nosocomial Case Report form as necessary
3. Check for new admissions/hospitalization.
 - a. Review chart/Investigate as necessary.
 - b. Document new admissions immunization information in chart
4. Check for readmissions
 - a. Call ICP at hospital to check ARO screening result. Document
5. Check for resident transfers. Ascertain ARO status. Check if consideration has been made with respect to indwelling devices, toileting sharing, cognition, open wounds or decubiti or other
6. If construction/renovation in facility make rounds of area and troubleshoot as needed
7. Monitor vaccine refrigerator temperature
8. Duties as assigned by DOC and/or administrator

Occupational Health Role

1. Monitor staff sick calls

WEEKLY:

1. Review surveillance reports (such as outbreak and West Nile Virus) and Health Professional Updates as circulated from Peel Health and act as necessary
2. Update bulletin boards with above information and other pertinent, seasonal information
3. Check vaccine, TST and other supply
4. Duties as assigned by DOC and/or administrator

Occupational Health Role

1. Evaluate return to work status

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MONTHLY:

1. Complete monthly surveillance statistics and forward as per procedure
2. Communicate items on executive summary to registered staff
3. Add monthly statistics to yearly surveillance report
4. Connect with peer ICPs to compare stats and benchmark
5. Review annual goals and timelines for progress

ANNUALLY

1. Deliver the following inservices:
 - a. Hand Hygiene
 - b. Routine Practices and Additional Precautions
 - c. Tuberculosis
 - d. Antibiotic Resistant Organisms
 - e. What's new
2. Administer audits:
 - a. Hand Hygiene
 - b. Cleaning and Disinfection
 - c. Hydrocollators
3. Review annual stats
 - a. Devise strategies for improvement based on stats and benchmarking comparisons
4. Review policies and procedures and update
5. Develop annual goals and build timelines accordingly (as per the strategic direction of the Infection Control Committee)

OUTBREAK

1. Follow outbreak procedure
2. Continue daily surveillance (as above)

MEETINGS

COMMITTEE	FREQUENCY	ROLE/PURPOSE
Infection Control Committee (separate committee preferred)	Quarterly and as needed	<ul style="list-style-type: none"> • Table issues • Devise strategies
Nursing Leadership	Monthly	<ul style="list-style-type: none"> • Attend as needed based on agenda items
Pharmacy and	Quarterly	<ul style="list-style-type: none"> • Attend as needed

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COMMITTEE	FREQUENCY	ROLE/PURPOSE
Therapeutics		based on agenda items
Joint Health and Safety	Quarterly	<ul style="list-style-type: none"> Attend as needed based on agenda items
Long Term Care Group Infection Control	2 x/year	<ul style="list-style-type: none"> For own professional development All nursing and retirement homes are invited to attend
CHICA chapter meeting (HANDIC or TPIC or CHICA PANA)	5 x/year	<ul style="list-style-type: none"> Liase with other ICPs in long term care For own professional development

SAMPLE