



Infection Control Preceptor Program Manual

California Regions

2006

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ACKNOWLEDGEMENTS

This document represents the collaborative work of many people. In early 2003, a multidisciplinary team was convened to complete this Infection Control Preceptorship Program Plan. Thanks to the following contributors for their efforts in development of this Program:

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IC PRECEPTOR PROGRAM MANUAL

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1. GENERAL AND FACILITY SPECIFIC INFORMATION

a. KP Websites:

- KP Program Offices: <http://www.kaiserpermanente.org/>
- KP California: <http://www.kaiserpermanente.org/locations/california/>
- Internal KP California: <http://kpnet.kp.org/california/insidekp/>
- Regions outside of California sites: <http://phonebook.kp.org/static/lists.html>
- KP Phonebook/search: <http://phonebook.kp.org/peopleSearch>
- KP Clinical Library online: <http://clinical-library.ca.kp.org/>
- KP National Facilities Services: <http://kpnet.kp.org/national/nfs/>
- KP Patient Safety: <http://kpnet.kp.org/california/qmrs/ps/about/index.html>
- The Permanente Journal: <http://www.kaiserpermanente.org/medicine/permjournal/permjournal.html>

b. Leadership Structure:

1. Local – facility provides
2. Regional/National – facility provides

c. Personnel Policies:

Facility provides

d. Office Operations:

Facility provides

2. PRECEPTOR PROGRAM STRUCTURE OPTIONS AND STAFFING RECOMMENDATIONS

a. IC Preceptor Program Structure Options Including Internal and External Preceptor Contact Information :

Model A = Outside Consultant: Bring in a retired KP or outside non-KP Infection Control Consultant, Coordinator or Manager as a consultant. This consultant would not be counted in staffing. This person could train more than one new Infection Control Practitioner at a time. This training could be scheduled on a case by case basis, or on an ongoing basis (such as quarterly) for each region/service area.

CURRENTLY AVAILABLE PRECEPTORS

KPNC:

1. OAKLAND/RICHMOND (retired KP IC Manager): Marilyn Harrison **for contact information not included below, please contact Sue Barnes at: sue.barnes@kp.org or at 510-625-5301**
2. Cindy Fine, RN, CIC (retired KP IC Manager): 925-275-6030 or cindy.fine@tenethealth.com
3. VALLEJO: Brenda Balding (retired KP IC Manager): BrendaLBalding/CA/KAIPERM@KAIPERM or, bbaldingca@sbcglobal.net@internet
4. KPNC: (non-KP IC Consultant with some KP experience as consultant): Marian McDonald, RN, MSN, CIC; (707) 829-2315; MCDONALDRN@msn.com
5. Doris Hadley, RN, CIC (non-KP IC Consultant with some KP experience as consultant): 415-221-3926 or Bugsr0@aol.com

KPSC:

1. ORANGE COUNTY (retired KP IC Manager): Lois Akiyama (after June 2005): 562-941-2543 or pacificisleent@aol.com
2. PAN CITY (retired KP IC Manager): Helen O'Brien: 818-367-5809 or ladybug018@earthlink.net
3. BALDWIN PARK (retired KP IC Manager): Arlene Wickham (2005 to 2007 only) Home address 5385 Civetta Ln, Riverside, CA 92505; Phone 909-687-4263; after August 2005: 39100 E. Historic Columbia River Hwy, Corbett, Or 97019
4. BALDWIN PARK (retired KP IC Coordinator): Jean Perry (beginning 2005): 909-982-8150, 1591 Sawgrass Drive; Upland, CA 91784

Model B = Rotation Model: The newly hired Infection Control Coordinator or Manager would travel to different local medical centers to be trained in the resident Infection Control staff's area(s) of expertise/choice (e.g. surveillance, education, meeting facilitation, etc).

CURRENTLY AVAILABLE RESIDENT KP PRECEPTORS:

KPNC:

1. ROSEVILLE – Betty Goetsch (916-784-5125 tie 432 or Betty Goetsch/CA/KAIPERM): Surveillance, Outbreak Investigation, other as needed
2. SAN FRANCISCO – Mary Nennig/Roger Gillespie/Sharon Emery (415-833-3846 or Mary Nennig/CA/KAIPERM): Surveillance, Office/Program Management, Outbreak Investigation
3. SAN RAFAEL – Marilyn Jordan (415-444-2074 tie 441 or Marilyn L Jordan/CA/KAIPERM): All areas

KPSC:

1. PANORAMA CITY – Dr Stan Shapiro (818-375-2641 tie 350 or Stanley Shapiro@IREmail): All areas
2. ORANGE COUNTY – Lois Akiyama (714-279-4656 tie 220 or Lois S Akiyama/IREmail): All areas
3. HARBOR CITY – Teri Caughlin (310-517-3751 tie 340 or Theresa M Caughlin/IREmail): All areas
4. FONTANA – Dr Charles Salemi (909-427-7406 tie 250): Epidemiology

3. PRECEPTOR PROGRAM SCHEDULE

a. TRACK 1 TRAINING (Experienced ICP):

Independent Component – Preceptor Not Needed

1. **Mandatory:** Web based training within first two years of employment (funded by employer) offered by ICPA regarding AICE IC software: <http://www.icpa.net/>
2. **Mandatory:** Additional skill sets (as needed if knowledge not current) within first two years of employment (funded by employee or employer)
 - Teaching experience KP Learning and Development (see below for contact information***)
 - Computer skills: including Powerpoint, Excel and Word KP Learning and Development
 - Writing skills KP Learning and Development
 - Public speaking experience KP Learning and Development
 - Project Management experience KP Learning and Development
 - Meeting facilitation experience KP Learning and Development
 - Consulting KP Learning and Development
 - Conflict Management and Negotiation KP Learning and Development
 - Statistics Local Junior College/University
 - Statistical Processing Control Charts Local QA or KP Learning and Development
 - Microbiology Local Junior College/University
 - Epidemiology Local Junior College/University/Dr Salemi
 - Communicable Diseases Local DHS, Association for Professionals in Infection Control (APIC) or Junior College/University
 - Construction Association for Professionals in Infection Control (APIC) or KP IC Taped Seminar
3. **Optional:** Additional Training Opportunities
 - E Learning/Correspondence Courses: www.APICelearn.org
 - Subscribe to Association for Professionals in Infection Control (APIC) email list serve: APICinfo@APIC.org

*** KP LEARNING AND DEVELOPMENT CONTACT INFORMATION:

The No. Cal classes /offerings are listed on our website at

<http://xnet.kp.org/hr/ca/north/docs/hrpeople/learndevelop/index.htm>

Please contact Lori Lavender for questions at 510-987-4095 (tie 427)

The So. Cal classes /offerings are listed on their website at:

<http://xnet.kp.org/hr/ca/south/docs/hrpeople/learndevelop/index.htm>

Please contact Kim Grayson, Learning Consultant, So. Cal Regional offices for more details on So. Cal classes/offerings. Her no. is : 8-338-3263

Interactive Component – Preceptor Needed

1. **Mandatory:** Clinical IC Preceptorship Program
 - 2-3 weeks for experienced ICP – see curriculum/schedule starting on page 13 below.

b. TRACK 2 TRAINING (Inexperienced ICP):

Independent Component – Preceptor Not Needed

1. **Mandatory:** One face to face new practitioner program within first year of employment (funded by employer)
 - Bay Area Association for Professionals in Infection Control (APIC) Beginner Practitioner Program: 1x/year: contact: D. Johnson 650-724-7791 or go to: www.cacc.net
 - National Association for Professionals in Infection Control (APIC) ICE 1: offered 2x/year: location: www.APIC.org
 - CDC SHEA Beginner Program: www.shea-online.org/courses.html
 - Iowa Beginner Practitioner Program: 1x/year: location: contact number: Cathy Colberg 319-384-5003
 - Foundations of Infection Control – by Association for Professionals in Infection Control (APIC) and CACC – annual: contact Harriett Pitt at 526-933-0389 or: Hpitt@memorialcare.org or Mary Mendelsohn at 626-397-5138 or: mary.mendelsohn@huntingtonhospital.com
2. **Mandatory:** Web based training within first two years of employment (funded by employer) offered by ICPA regarding AICE IC software: <http://www.icpa.net/>
3. **Mandatory:** Additional skill sets (as needed if knowledge not current) within first two years of employment (funded by employee or employer)

<ul style="list-style-type: none">• Teaching experience• Computer skills: Including Powerpoint, Excel and Word• Writing skills• Public speaking experience• Project Management experience• Meeting facilitation experience• Consulting• Conflict Management and Negotiation• Statistics• Statistical Process Control Charts• Microbiology• AICE• Epidemiology• Communicable Diseases• Construction	<ul style="list-style-type: none">KP Learning and Development (see below for contact information***)KP Learning and DevelopmentKP Learning and DevelopmentKP Learning and DevelopmentKP Learning and DevelopmentKP Learning and DevelopmentKP Learning and DevelopmentLocal Junior College/UniversityLocal QA or KP Learning and DevelopmentLocal Junior College/UniversityICPA – web basedLocal Junior College/University/Dr SalemiLocal DHS, Association for Professionals in Infection Control (APIC) or Junior College/UniversityAssociation for Professionals in Infection Control (APIC) or KP IC Taped Seminar
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4. **Optional:** Additional Training Opportunities
 - E Learning/Correspondence Courses: www.APICelearn.org
 - Self Learning for Novice ICPs/AICPS: contact: B. Pfaff 608-775-4405 or blpfaff@gundluth.org
 - Subscribe to Association for Professionals in Infection Control (APIC) email list serve: APICinfo@APIC.org

***** KP LEARNING AND DEVELOPMENT CONTACT INFORMATION:**

The No. Cal classes /offerings are listed on our website at

<http://xnet.kp.org/hr/ca/north/docs/hrpeople/learndevelop/index.htm>

Please contact Lori Lavender for questions at 510-987-4095 (tie 427)

The So. Cal classes /offerings are listed on their website at:

<http://xnet.kp.org/hr/ca/south/docs/hrpeople/learndevelop/index.htm>

Please contact Kim Grayson, Learning Consultant, So. Cal Regional offices for more details on So. Cal classes/offerings. Her no. is : 8-338-3263

Interactive Component – Preceptor Needed

1. **Mandatory:** Clinical IC Preceptorship Program

- 4-6 weeks for inexperienced ICP – see curriculum/schedule beginning on page 13 below.

c. Training with Preceptor (Tracks 1 and 2): Schedule and Content for Weeks 1-7

- For Experienced ICP (preceptor program duration = 2-3 weeks): Review schedule/content reflected below; focus on Weeks 5-7
- For Non-experienced ICP (preceptor program duration = 4-6 weeks): Follow schedule reflected below for Weeks 1-7; adjust length based on needs
- Note: for Reading requirements below please refer to Association for Professionals in Infection Control (APIC) Core Curriculum Text or CD ROM
- Note: for Checklists referenced below please see pages 23 - 39

WEEK 1				
Monday	Tuesday	Wednesday	Thursday	Friday
<p>Review all recommended references such as Control of Communicable Disease Manual, MMR, web sites (see page 21)</p> <p>Review the Infection Control Program; Read Chapter 1</p> <p>Review Accrediting & Regulatory Agencies; Read Chapter 22 Review Checklist # 6 Regulatory Compliance</p> <p>Legal Issues, Evaluating Quality Indicators; Read Chapter 24</p> <p>Risk Factors for Infection Transmission; Read Chapter 4</p> <p>Introduction by Preceptor or onsite IC Manager/Coordinator to significant managers/departments Including EVS</p> <p>Meeting with onsite IC Manager and ID Chief to review IC Program and personal responsibilities/ expectations</p>	<p>Hand Hygiene and Skin Prep for Invasive procedures; Read Chapter 28; Review Checklist # 12 Hand Hygiene</p> <p>Aseptic Technique; Read Chapter 27 Review Checklist # 8 Aseptic Technique</p> <p>Research Study Design; Read Chapter 18</p> <p>Attend local IC Committee with Preceptor and onsite IC Manager/Coordinator</p> <p>Spend 1 hour shadowing or conferring with onsite IC Manager/ Coordinator</p> <p>Spend one hour reviewing KP websites, resources, leadership structure, personnel policies including compensation, office resources/ copying/etc.</p>	<p>Tour ICU/CCU; Read Chapter 45</p> <p>Observe staff opportunities to perform hand hygiene, gloving, gowning</p> <p>OB/GYN - Read Chapter 49</p> <p>Spend 1 hour shadowing or conferring with onsite IC Manager/Coordinator</p> <p>Introduction by Preceptor or onsite IC Manager/ Coordinator to remaining significant managers/ departments</p> <p>Meeting with Preceptor's direct Supervisor reviewing IC Program and personal responsibilities/ expectations</p>	<p>Attend Onsite New Employee Orientation as participant</p>	<p>Read Chapter 34; Implantable Prosthetic Device Infections</p> <p>Read Chapter 62; Cardiac Catheterization</p> <p>Read Chapter 42; Dental</p> <p>Read Chapter 53; Surgical Services Review Checklist # 10 IC in OR</p> <p>Read Chapter 48; Newborn Nursery & NICU</p> <p>Neonatal Infections; Read Chapter 36</p> <p>Peds; Read Chapter 50</p> <p>Tour NICU/Peds with Preceptor</p>

WEEK 2				
Monday	Tuesday	Wednesday	Thursday	Friday
<p>Read Chapter 30; Intravascular Device Infections</p> <p>Read Chapter 88; Nosocomial pneumonia</p> <p>Read Chapter 91; Surgical Site Infections</p> <p>Read Chapter 92; UTI</p> <p>Study CDC criteria for SSI & Risk Indexing</p> <p>Tour ICU with Preceptor</p>	<p>Read Chapter 94; Enterococcus</p> <p>Read Chapter 102; Staphylococcus</p> <p>Read Checklist # 13 MRO</p> <p>Review CDC's NNIS Program material</p> <p>Review local ICC minutes</p> <p>Read local facility SSI Reports</p> <p>Use SSI criteria to review some specific surgeries/ medical records</p> <p>Spend one hour with onsite IC Manager/ Coordinator</p>	<p>Review local IC Program surveillance forms for SSI</p> <p>Observe the chosen specific surgery in the OR with Preceptor</p> <p>Spend one hour reviewing KP websites, resources, leadership structure, personnel policies including compensation, copying, local mail system, etc.</p>	<p>Read Chapter 32; Burn Patients</p> <p>Tour Med-Surg units with Preceptor</p> <p>Do SSI surveillance with Preceptor</p> <p>Spend one hour with onsite IC Manager/ Coordinator</p>	<p>Read Chapter 29; Standard Precautions</p> <p>Review Checklist # 1 Isolation and Standard Precautions</p> <p>Study local process/ procedure for reporting emerging pathogens to Public Health Dept.</p> <p>Read Checklist # 2 Reporting to DHS</p> <p>Hospital and Microbiology rounds with Preceptor</p> <p>Conduct ICU surveillance with Preceptor</p>

WEEK 3				
Monday	Tuesday	Wednesday	Thursday	Friday
<p>Read Chapter 13; Surveillance using CDC Definitions of Nosocomial Infections Review Checklist # 9 Surveillance</p> <p>Review CDC's NNIS criteria</p> <p>Hospital and microbiology Rounds with Preceptor</p> <p>Conduct ICU & SSI Surveillance with Preceptor</p> <p>Spend one hour reviewing KP websites, resources, leadership structure, personnel policies including compensation, clerical support, etc.</p>	<p>Read Chapter 14; Outbreak Investigation Review Checklist # 11 Outbreak Investigation</p> <p>Collect environmental samples that may be epidemiologically linked to current facility outbreak with Preceptor.</p> <p>Observe in OR TJR with Preceptor</p> <p>Read Checklist # 7 Sterile Processing</p>	<p>Attend computer class</p> <p>Conduct surveillance in ICU & SSI with Preceptor</p> <p>Spend one hour with onsite IC Manager/ Coordinator</p>	<p>Read Chapter 11; Attend E-mail class with practicing sending E-mail.</p> <p>Hospital and microbiology Rounds with Preceptor</p> <p>Review Policies & Procedures for Employee Health Service Review Checklist # 3 Communicable Disease Follow-up</p> <p>Meet with Employee Health Manager</p>	<p>Read Chapter 8; Education & Training</p> <p>Hospital and microbiology rounds with Preceptor</p> <p>Surveillance for ICU & SSI with Preceptor</p> <p>One hour with onsite IC Manager/Coordinator</p>

WEEK 4				
Monday	Tuesday	Wednesday	Thursday	Friday
<p>Read Chapter 16; Severity of illness Indices</p> <p>Observe in OR – Crani with Preceptor</p> <p>Hospital and Microbiology Rounds with Preceptor</p> <p>Surveillance in ICU & SSI with Preceptor</p> <p>Spend one hour with onsite IC Manager/ Coordinator</p>	<p>Read Chapter 17; General Principles of Epidemiology</p> <p>Attend computer class</p> <p>Hospital and Microbiology Rounds with Preceptor</p> <p>Practice on computer – input surveillance data/ create reports</p>	<p>Read Chapter 19; Statistics</p> <p>Outpatient rounds with Preceptor</p> <p>SSI Surveillance with Preceptor</p> <p>Practice on computer – input surveillance data/ create reports</p> <p>Spend one hour with onsite IC Manager/ Coordinator</p>	<p>Read Chapter 13; Surveillance using CDC definitions</p> <p>Calculate ICU Infection Rates and prepare pending report with Preceptor</p> <p>Surveillance in ICU & SSI with Preceptor</p> <p>Spend one hour reviewing KP websites, resources, leadership structure, personnel policies including compensation, clerical support, etc.</p>	<p>Read Chapter 14; Comparing SSI Rates</p> <p>Calculate SSI Rate and prepare pending report with Preceptor</p> <p>Hospital and Micro Rounds with Preceptor</p> <p>Surveillance in ICU & SSI with Preceptor</p>

WEEK 5				
Monday	Tuesday	Wednesday	Thursday	Friday
<p>Week 5 Review JCAHO and DHS regulations</p> <p>Review P&P for lice & scabies</p> <p>Prepare inservice outline of lice & scabies.</p> <p>Make arrangements for class next week</p> <p>Hospital and Micro Rounds with Preceptor</p> <p>Surveillance in ICU & SSI with Preceptor</p> <p>Spend one hour reviewing KP websites, resources, leadership structure, personnel policies including compensation, clerical support, etc.</p>	<p>Prepare audiovisual material and handouts for inservice on lice and scabies.</p> <p>Tour L&D, post-partum and NICU.</p> <p>Read Chapter 66; Imaging Service & Radiation Oncology</p> <p>Tour Imaging Services</p> <p>Present Scabies & Lice Inservice</p> <p>Hospital and Micro Rounds with Preceptor</p> <p>Surveillance in ICU & SSI with Preceptor</p>	<p>Review Nursing P&P.</p> <p>Tour general nursing units with Preceptor</p> <p>Read Chapter 67; Laboratory Diagnostics</p> <p>Read Chapter 96; Environmental Gram Negative Bacilli</p> <p>Read Chapter 63; Clinical Laboratory</p> <p>Review Checklist # 15 Bloodborne Pathogens</p> <p>Tour Laboratory with Preceptor</p> <p>Hospital and Micro Rounds with Preceptor</p> <p>Surveillance in ICU & SSI with Preceptor</p>	<p>Review ICC Minutes, SSI Reports, IC procedures for Data Collection.</p> <p>Meet with Education Director and Nurse Educators re; Orientation & Annual Updates.</p> <p>Review required IC education for HCW and current NEO IC Presentation</p> <p>Attend IC NEO Presentation as Observer</p> <p>Hospital and Micro Rounds with Preceptor</p> <p>Surveillance in ICU & SSI with Preceptor</p> <p>Spend one hour with onsite IC Manager/ Coordinator</p>	<p>Review P&P on all Nosocomial Infections</p> <p>Hospital and Micro Rounds with Preceptor</p> <p>Surveillance in ICU & SSI with Preceptor</p> <p>Read Chapter 51; Pre-hospital/EMS</p> <p>Read Chapter 57; Nutritional Services Review Checklist # 5 IC in Nutrition</p> <p>Read Chapter 123; Disaster Response Review Checklist # 16 Bioterrorism</p> <p>Review P&P for Dietary, Foodborne Outbreaks</p> <p>Tour Dietary Dept. with Preceptor</p> <p>Meet with Public Health Dept. Facility Liaison</p>

WEEK 6				
Monday	Tuesday	Wednesday	Thursday	Friday
<p>Prepare for NEO IC Presentation with Preceptor</p> <p>Meet with Accreditation and Regulation Manager and Risk Manager</p> <p>Hospital and Micro Rounds with Preceptor</p> <p>Surveillance in ICU & SSI with Preceptor</p> <p>Spend one hour reviewing KP websites, resources, leadership structure, personnel policies including compensation, clerical support, etc.</p>	<p>Hospital and Micro Rounds with Preceptor</p> <p>Surveillance in ICU & SSI with Preceptor</p> <p>Observation of staff hand hygiene practices during rounds/surveillance</p> <p>Prepare for NEO presentation with Preceptor</p> <p>Review Checklist # 14 Tuberculosis</p> <p>Meet with Librarian</p> <p>Spend one hour with onsite IC Manager/ Coordinator</p>	<p>Hospital and Micro Rounds with Preceptor</p> <p>Surveillance in ICU & SSI with Preceptor</p> <p>Observation of staff isolation/standard precautions practices during rounds/surveillance</p> <p>Prepare Annual IC Update education program for targeted departments; review last year's presentation(s)</p> <p>One hour reading current IC Journals</p> <p>Review Checklist # 4 IC in EVS</p> <p>Meet with EVS Director & Pharmacy Director</p>	<p>Hospital and Micro Rounds with Preceptor</p> <p>Surveillance in ICU & SSI with Preceptor</p> <p>Review membership , literature, & professional practice of National Association for Professionals in Infection Control (APIC)</p> <p>Attend Association for Professionals in Infection Control (APIC) local chapter meeting</p>	<p>Hospital and Micro Rounds with Preceptor</p> <p>Surveillance in ICU & SSI with Preceptor</p> <p>Present NEO IC class – Preceptor present</p> <p>Attend Regional IC Peer Group meeting with Preceptor</p>

WEEK 7				
Monday	Tuesday	Wednesday	Thursday	Friday
<p>Read Chapter 35; Geriatric Infections</p> <p>Read Chapter 69; Physical & Occupational Therapy and Rehabilitative Medicine</p> <p>Tour PT and Rehab. Dietary, linen departments, and meet managers with Preceptor</p> <p>Spend one hour with onsite IC Manager/ Coordinator</p>	<p>Hospital and Micro Rounds with Preceptor</p> <p>Surveillance in ICU & SSI with Preceptor</p> <p>Observation of staff hand hygiene practices during rounds/surveillance</p> <p>Attend all required committee meetings with onsite IC Manager/ Coordinator</p> <p>Meet QI Director with Preceptor</p>	<p>Hospital and Micro Rounds with Preceptor</p> <p>Surveillance in ICU & SSI with Preceptor</p> <p>Observation of staff isolation/standard precautions practices during rounds/surveillance</p> <p>Spend one hour reviewing KP websites, resources, leadership structure, personnel policies including compensation, clerical support, etc.</p>	<p>Practice on computer – input surveillance data/ review exiting reports and create pending reports</p> <p>Review all routine reports required for presentation to local committees/ departments</p> <p>Spend one hour with onsite IC Manager/ Coordinator</p> <p>Meet with onsite IC Manager and Infectious Diseases Chief; review progress made during Preceptor Program and remaining areas of concern/opportunities for improvement</p>	<p>Hospital and Micro Rounds with Preceptor</p> <p>Surveillance in ICU & SSI with Preceptor</p> <p>Practice on computer – input surveillance data/ review exiting reports and create pending committee reports</p> <p>Spend one hour with onsite IC Manager/ Coordinator</p> <p>Spend one hour with Preceptor and onsite IC Manager reviewing performance and areas for opportunity identified during Preceptor Program, as well as plan of action to address these areas</p>

4. RECOMMENDED REFERENCE MATERIALS

Recommended Minimum Required Reference Materials (purchased/provided by employer):

A. Reference Books:

1. Association for Professionals in Infection Control (APIC) Core Curriculum – text and CD: Pfeiffer, JA et al. The Association for Professionals in Infection Control (APIC) Text of Infection Control and Epidemiology. Washington DC: Association for Professionals in Infection Control (APIC) 2000.
2. Abrutyn, E et al. Saunders Infection Control Reference Service. Philadelphia: WB Saunders 1998.
3. Beneson AS: Control of Communicable Diseases Manual. Washington DC: APHA 1995.
4. IC for HCW – a 51 page pamphlet by Williams and Wilkins

B. Journals:

1. Morbidity and Mortality Weekly Report (MMWR): <http://www.cdc.gov/mmwr>
2. American Journal of Infection Control: <http://www2.us.elsevierhealth.com/scripts/om.dll/serve?action=searchDB&searchDBfor=home&ID=icand/or>
3. Infection Control and Hospital Epidemiology: <http://www.ichejournal.com/>

C. Websites:

- KP Infection Control Website: <http://kpnet.kp.org/nursing/national/quality/infection/aboutic/index.html>
- KPNC KP Infectious Disease MD website: http://chiefs.kaiser.org/cat_show.html?id=9648&lfid=83&pn=Chiefs+Home&pi=1&hm=y&soi=&son=&PHPSESSID=0ead099bf052e27d4d62f23e63b6d88d
- KPSC KP Infectious Disease MD website: <http://kpnet.kp.org/california/scpmg/kpid/>
- KP Employee Health: <http://eohsweb/ehs/home.asp>
- Association for Professionals in Infection Control (APIC): www.APIC.org
- Premiere Safety: http://www.premierinc.com/all/safety/publications/08-03_full_txt.htm
- FDA: <http://www.cfsan.fda.gov/>
- FDA Food Safety: <http://www.foodsafety.gov/>
- To get on Association for Professionals in Infection Control (APIC) listserv: APICinfo@APIC.org
- To subscribe to the Emerging Infectious Diseases e-mail list, send an email to listserv@cdc.gov with the following in the body of your message: **subscribe eid-toc** .The list server will mail you a confirmation request, to which you must add "ok" in the body and return.

5. PRECEPTOR PROGRAM CHECK LISTS AND RECOMMENDED READING

Checklists/Recommended Reading

1. Isolation and Standard Precautions
2. Reporting to DHS
3. Communicable Disease Follow-up
4. IC in Environmental Services
5. IC in Nutrition
6. Regulatory Compliance
7. Sterile Processing
8. Aseptic Technique
9. Surveillance
10. IC in the OR
11. Outbreak Investigation
12. Hand Hygiene
13. Multiple Drug Resistant Organisms (MRO)
14. Tuberculosis
15. Bloodborne Pathogens
16. Bioterrorism

1. Infection Control Professional Orientation: ISOLATION AND STANDARD PRECAUTIONS

Name: _____ Date _____

The following is a list of activities that you should use to guide your orientation. After you complete these activities and you are ready to demonstrate competency in each of these areas, ask your Preceptor to observe you and sign off on the appropriate sections.

Isolation and Standard Precautions	Date	Initial	Comments
Review the Isolation System that is used in your facility by reading the Infection Control Manual. What signage is used to notify Health Care Workers, how are orders written, who has responsibility for isolating patients.			
Know the following fundamentals of isolation precautions: <ol style="list-style-type: none"> 1. Hand Hygiene 2. Gloving 3. Patient placement 4. Transporting infected patient 5. Masks, respiratory protection, eye protection and face shields 6. Gowns and protective apparel 7. Patient care equipment and articles 8. Linen and laundry 9. Food and utility handling 10. Routine terminal cleaning 			
Explain Standard Precautions and when it is used. Address use of Personal Protective Equipment.			
Explain all of the categories in your Isolation System i.e. Airborne, Droplet, Contact <ol style="list-style-type: none"> 1. What diseases are listed in each category 2. What PPEs are used and when 3. Where will pt be placed. 4. For Airborne: know which rooms are outvented and negative air flow; which respirator to use, fit testing requirements and who is responsible; daily testing of room by Engineering and how this is communicated and accomplished and documented. 5. Know if there are special precautions for immunocompromised patient. 			
Find your list of type and duration of precautions needed for selected infections and conditions. Should be in your Infection Control Manual. If not, refer to Chapter 29 in the Association for Professionals in Infection Control (APIC) Text.			

2. Infection Control Professional Orientation: REPORTING TO THE DEPARTMENT OF HEALTH SERVICES

Name: _____ Date _____

The following is a list of activities that you should use to guide your orientation. After you complete these activities and you are ready to demonstrate competency in each of these areas, ask your Preceptor to observe you and sign off on the appropriate sections.

Reporting to the Department of Health Services	Date	Initial	Comments
Review Title 17 of the California Administrative Code, Health Section 2500 for the diseases/conditions that are required to be reported. Note time frame for diseases that are to be reported immediately, within one working day or within 7 calendar days.			
Reporting is forwarded to the county or local Department of Health Service (DHS) in which the member lives.			
The Confidential Morbidity Report (CMR) form is to be completed and may be faxed or E-mailed to the local DHS. Review and complete a CMR form.			
Know your data sources: daily bacteriology reports from lab, retrieve titers and serology by procedure codes, and notification by Providers and staff.			
Review your local Policy and Procedure Manual on reporting to the DHS. Are you responsible for Inpatient only or for Outpatient clinic members? How is the reporting done in your local area. You may want to visit them.			
If Providers are responsible for reporting, inquire or investigate if this is being done appropriately.			
Reporting Tuberculosis: Positive AFB smear or culture is reportable within one day. Review how this is done locally. Is Direct Observed Therapy (DOT) required? Who is responsible for authorization for discharge/transfer for a hospitalized member.			
Complete HIPPA reporting.			
Know computer systems for data entry, retrieval and reporting.			
Generate report and present to the Infection Control Committee at least annually.			

3. Infection Control Professional Orientation: COMMUNICABLE DISEASE POST EXPOSURE FOLLOW-UP

Name: _____ Date _____

The following is a list of activities that you should use to guide your orientation. After you complete these activities and you are ready to demonstrate competency in each of these areas, ask your Preceptor to observe you and sign off on the appropriate sections.

Communicable Disease Post Exposure Follow-up	Date	Initial	Comments
Review Policy and Procedure Chapter on Exposure Follow-up in your local Manual. You may need to review Employee Health and Occupational Health P&P for a broad picture if this is a team effort. See Kaiser website.			
Review Bloodborne Pathogen and Tuberculosis Exposure Control Plans. Read OSHA rules.			
<ul style="list-style-type: none"> Review disease specific exposure prophylaxis and exposure follow-up protocol in your State, County and Hospital or service areas. Example: Pertussis, Meningococcal Meningitis, or Scabies. Know your California State laws, i.e. Follow-up of First Responders AB 2423. 			
<p>General knowledge necessary for exposure follow-up includes:</p> <ol style="list-style-type: none"> 1. Verification of diagnosis/communicable disease. 2. Identification of agent including symptoms, mode of transmission, incubation, period of communicability, and methods of control. 3. Is Prophylaxis, vaccines, immunoglobulin available and for whom. 4. Computer systems or review of charts for areas of exposure. 5. Who identifies members/health care workers that are exposed. 6. What needs to be done, where and by whom? Example: prophylaxis needs to be done within one week and go to Occupational Health clinic and see provider. 7. Does local Health Department need to know? 8. Is this entered into the OSHA Log? 			
Document and report to your Infection Control Committee, Quality and to providers and health care workers as indicated.			

4. Infection Control Professional Orientation: ENVIRONMENTAL SERVICES

Name: _____ Date _____

The following is a list of activities that you should use to guide your orientation. After you complete these activities and you are ready to demonstrate competency in each of these areas, ask your Preceptor to observe you and sign off on the appropriate sections.

IC and Environmental Services	Date	Initial	Comments
Recommended Reading/References: <ul style="list-style-type: none"> • Association for Professionals in Infection Control (APIC) Chapter 73: Environmental Services • CDC Guidelines on Environmental IC: http://www.cdc.gov/ncidod/hip/enviro/guide.htm 			
Review your facility policies and tour your Environmental Services Department with a focus on: <ul style="list-style-type: none"> • Cleaning methods and schedule • Use of PPE • Waste Management • Pest Control • Staff Education 			
Identify the products used at your facility for surface cleaning and surface disinfection; compare to KP Product Standards.			
Describe some basic principles relating to environmental cleaning (process and scheduling).			
Describe special cleaning procedures and considerations required for areas such as the Laboratory and OR.			
Define biohazardous waste according to OSHA and describe how it is collected and disposed of at your facility.			
Describe the recommended process for cleaning up a large blood spill containing broken glass.			
Explain how a pest problem would be addressed at your facility such as infestation of fruit flies in the Operating Room.			

5. Infection Control Professional Orientation: INFECTION CONTROL AND NUTRITION

Name: _____ Date _____

The following is a list of activities that you should use to guide your orientation. After you complete these activities and you are ready to demonstrate competency in each of these areas, ask your Preceptor to observe you and sign off on the appropriate sections.

IC and Nutrition	Date	Initial	Comments
Recommended Reading/References: Association for Professionals in Infection Control (APIC) Chapter 57: Nutritional Services; Chapter 46: Food Prep addressed in LTC Chapter Food and Nutrition Software and Multimedia Database www.nal.usda.gov/fnic/software/software.html Food Safety www.foodsafety.gov MedExplorer: Food and Nutrition Data http://www.medexplorer.com/nutrition/nutrition.dbm Nutrient Information www.nutrition.org/nutinfo Nutri-facts.com www.nutri-facts.com Nutrition.gov www.nutrition.gov British Nutrition Info link: http://www.foodlink.org.uk/default.asp			
Review your facility policies and tour your Nutritional Services Department with a focus on: <ul style="list-style-type: none"> • Safe prep, handling, and storage of food to minimize contamination by microorganisms and chemicals. • Cleaning and sanitizing of trays, utensils, and tableware and other surfaces • Disposing of nutritional waste • Employee health 			
Discuss interventions that should be taken on the part of Nutritional Services to reduce the risk of employee and patient foodborne infection relating to storage, prep, cooking and storage temperatures, appropriate equipment .			
List some of the microorganisms and pests typically involved in foodborne disease transmission, and the foods they are most often associated with.			
Discuss principals of plumbing and vending machine sanitation that can influence the risk of foodborne illness.			
Describe how to, and who would, notify the DHS in the event of a suspected foodborne outbreak at your facility.			
Describe the steps involved in the investigation of a foodborne disease outbreak.			
Describe how hand hygiene should be used in food preparation to prevent foodborne diseases.			

6. Infection Control Professional Orientation: REGULATORY COMPLIANCE

Name: _____ Date _____

The following is a list of activities that you should use to guide your orientation. After you complete these activities and you are ready to demonstrate competency in each of these areas, ask your Preceptor to observe you and sign off on the appropriate sections.

Regulatory Compliance	Date	Initial	Comments
Recommended Reading/References: <ul style="list-style-type: none"> • Association for Professionals in Infection Control (APIC) Chapter 1: 1A-5, 1A-11 77-1,2 • IC Website info: http://nursingpathways.kp.org/ncal/quality/infection/generaltopics/JCAHO.html • JCAHO website: http://www.jcaho.org/accredited+organizations/index.htm • OSHA compliance info (sharps safety): http://www.premierinc.com/frames/index.jsp?pagelocation=/all/safety/resources/guidelines/index.htm • Institute of Medicine Report (IOM): http://www.premierinc.com/frames/index.jsp?pagelocation=/all/safety/resources/guidelines/index.htm 			
Define sentinel event, and describe the process for follow-up of sentinel events at your facility.			
Describe how IC would be involved in completion of a root cause analysis as directed by the Risk/Quality Department at your facility.			
Explain how the following agencies (and provide the full name for each) relate to and/or direct Infection Control practices: <ul style="list-style-type: none"> • JCAHO, DHHS, OSHA, HCFA, CDC, IOM, AIA, NFPA 			
Discuss the current JCAHO IC standards and the status of compliance within your facility.			
What types of questions would you anticipate a JCAHO surveyor would ask an ICP during survey? A nurse? EVS Staff?			
List some construction and design related regulations that concern Infection Control.			

7. Infection Control Professional Orientation: STERILE PROCESSING

Name: _____

Date: _____

The following is a list of activities that you should use to guide your orientation. After you complete these activities and you are ready to demonstrate competency in each of these areas, ask your mentor to observe you and sign you off on the appropriate sections.

Sterile Processing	Date	Initial	Comments
Review KP Training Manual for Sterile processing			
Review Training packet for Endoscope cleaning			
Review Association for Professionals in Infection Control (APIC) "Central Service" Chapter 54 in Standards text.			
Review Association for Professionals In Infection Control (APIC) Handbook "Disinfection and Sterilization Principles"			
Explain the process definitions for disinfection and sterilization.			
Explain the importance of decontamination as it relates to instruments and Scopes.			
Discuss the levels of disinfection.			
Discuss the categories of devices and levels of disinfection/sterilization required processing them.			
Describe the special requirements for "CJD" agent. .			
Discuss the protocol for approved reprocessing of single use devices.			
Describe event-related sterilization and how to tell if a package is actually sterile.			
Explain the importance of biological indicators in sterile packs.			
Discuss reasons for recalls of sterile devices and packs.			
Explain the process for testing effective levels of high-level disinfection solutions, used for processing Endoscopes.			

8. Infection Control Professional Orientation: ASEPTIC TECHNIQUE

Name: _____

Date: _____

The following is a list of activities that you should use to guide your orientation. After you complete these activities and you are ready to demonstrate competency in each of these areas, ask your mentor to observe you and sign you off on the appropriate sections.

Aseptic Technique	Date	Initial	Comments
Review Association for Professionals in Infection Control (APIC) Manual Chapter 27, 55 “Aseptic technique”			
Review CDC Guidelines for Handwashing & Hospital Environmental Control			
Review CDC Standard Precautions			
Review Bennett & Brachman “Hospital Infections”			
Explain Asepsis and Aseptic techniques			
Explain clean technique, Sterile Technique and their application.			

9. Infection Control Professional Orientation: SURVEILLANCE

Name: _____

Date: _____

The following is a list of activities that you should use to guide your orientation. After you complete these activities and you are ready to demonstrate competency in each of these areas, ask your mentor to observe you and sign you off on the appropriate sections.

Surveillance	Date	Initial	Comments
Review local Infection Control Surveillance Program in your policy and procedure manual to find out what types of specific surveillance is being done.			
Review local Infection Control Committee minutes and attachments to familiarize yourself to what kind of data and how reporting is done.			
Make a list of specific surveillance that is being done and find out which you will be responsible for.			
Read the following references in the Association for Professionals in Infection Control (APIC) Text of Infection Control and Epidemiology: CDC Definitions of Nosocomial Infections Association for Professionals in Infection Control (APIC) Recommended Practices for Surveillance Comparing Surgical Site Infection Rates Statistics and Data Analysis			
Read the Joint Commission's Hospital Accreditation Standards - Chapter on "Surveillance, Prevention, and Control of Infection"			
Choose a type of surveillance from your list i.e. ICU Central Line Associated Bloodstream Infection, Total Hip Replacement post- op infections, MRSA. Write the Surveillance Program and include: 1. Rational for Monitoring 2. Goals 3. Population 4. Period of Surveillance 5. Method (prospective or retrospective) 6. Data Sources and Verification 7. Indicator Definition and Criteria 8. Threshold and Benchmarking 9. Data processing, analysis, reporting (system such as AICE, who is responsible, which committees or staff does reports go to.) 10. References			
Decide how you will include cost of infection and/or avoidance costs and include this in your reports.			

10: Infection Control Professional Orientation: IC IN THE OR

Name: _____

Date : _____

The following is a list of activities that you should use to guide your orientation. After you complete these activities and you are ready to demonstrate competency in each of these areas, ask your Preceptor to observe you and sign off on the appropriate sections.

Infection Control in the OR	Date	Initial	Comments
Be aware of/review the standards/guidelines of the following organizations and know their role in infection prevention and control in the OR: <ul style="list-style-type: none"> • CDC – Draft Guideline for the Prevention of Surgical Site Infections – 1998 • AORN, Standards, Recommended Practices and Guidelines – 2003 • Sterilization in Healthcare Facilities – AAMI –1998 • Department of Labor, OSHA, Occupational Exposure to Bloodborne Pathogens. Final Rule, Federal Register • Guidelines for Design and Construction of Hospital and Healthcare Facilities, 1996-7 • Association for Professionals in Infection Control (APIC) Curriculum for Infection Control Practice 			
Discuss the environmental controls used to reduce the risk of Surgical Site Infections: <ul style="list-style-type: none"> • Control of air quality and ventilation • Traffic Control • Proper Surgical Attire • Housekeeping 			
Know the different methods of sterilization used in the OR and be familiar with their application: <ul style="list-style-type: none"> • Flash sterilization (uses and limitations) • Steam sterilization • Gas sterilization • Chemical sterilization • Irradiated 			
Be able to discuss the management of tenacious agent in the OR setting			
Review the principles of asepsis as they pertain to the OR and develop competence in assessing compliance with these principles (OR rounds)			
Know the impact of recent regulations on personal protection in the surgical environment: <ul style="list-style-type: none"> • TB infection control in the OR (review Regional and facility policy) • Blood and Body fluid exposure (review Regional and facility policy) • Review policy on management of BBP exposures 			

11. Infection Control Professional Orientation: OUTBREAK INVESTIGATION

Name: _____ Date _____

The following is a list of activities that you should use to guide your orientation. After you complete these activities and you are ready to demonstrate competency in each of these areas, ask your Preceptor to observe you and sign off on the appropriate sections.

Outbreak Investigation	Date	Initial	Comments
Recommended Reading /References: 1. Association for Professionals in Infection Control (APIC) Chapter 15: Outbreak Investigation (OI) 2. Jarvis WR, Zaza S “Investigation of Outbreaks” in <i>Hospital Epidemiology and Infection Control</i> ; Editor: Mayhall; 2 nd edition 1999 3. Dixon RE “Investigation of Endemic and Epidemic Nosocomial Infections” in <i>Hospital Infections</i> ; Editors: Bennett and Brachman; 3 rd edition 1992 4. Doebbeling, BN “Epidemics: Identification and Management” in <i>Prevention and Control of Nosocomial Infections</i> ; Editor: Wenzel; 2 nd edition 1993			
Review IC Program policy.			
Understand terminology used in OI: Endemic vs. epidemic levels of disease/infection; Epidemic curve; Common vs. propagated (continuing) source; Case definition			
Understand the components of an OI (1. Chapter 15 -1)			
Understand the sequence of events in an OI (1. Chapter 15 -1)			
Review keys steps in an OI (1. Chapter 15 -5)			
Review protocol for epidemiological investigation of a suspected epidemic (1. Chapter 15 -8)			
Understand the importance of evidence gathering and the appropriateness of personnel and environmental culturing; notify the laboratory of the possibility of increased number of cultures to be processed and the need to save isolates for further testing; understand the role of DNA testing and its use in OI.			
Understand the role of the Department of Health Services regarding reporting and assistance with OI			
Realize the special aspects of OI <ul style="list-style-type: none"> • Top priority for attention; Placing other projects “on hold” • Need for additional resources • Define outbreak leader • Keep administration involved from the beginning • Provide frequent updates to major stakeholders (daily or more); • Keep medical center staff apprised of situation if appropriate; Keep Publics Affairs apprised of events 			
Appreciate the importance of careful documentation and record keeping.			

12. Infection Control Professional Orientation: HAND HYGIENE

Name: _____ Date: _____

The following is a list of activities that you should use to guide your orientation. After you complete these activities and you are ready to demonstrate competency in each of these areas, ask your Preceptor to observe you and sign off on the appropriate sections.

Hand Hygiene	Date	Initial	Comments
Review Association for Professionals in Infection Control (APIC) “ Hand Washing & Hand Antisepsis in Health Care Settings”			
Review CDC “Hand Hygiene Guidelines”			
Review KP National “Hand Decontamination Educational Program.			
Review your facility/Service Area policy & procedure			
Review major articles regarding artificial nails. (Bibliography supplied)			
Explain the purpose of hand hygiene. & when it is to occur.			
Explain the uses of soap & water vs. antimicrobial soap & water and the use of alcohol skin degermer.			
Explain the role of moisturizer and/or lotion.			
Explain the justification for the elimination of artificial nails in patient care areas.			
Define when gloves are to be worn and are NOT to be worn.			
Describe the method of utilizing soap & water			
Describe the method of utilizing alcohol skin degermer			
Demonstrate method of hand hygiene with soap & water			
Demonstrate method of hand hygiene with alcohol skin degermer			
Discuss the 6 agents used in antimicrobial soap			
Know and discuss purpose of surgical scrub.			
Discuss the advantages and method of use for brushless alcohol based surgical scrub products.			

13. Infection Control Professional Orientation: MULTIPLE RESISTANT ORGANISMS (MRO)

Name: _____ Date: _____

The following is a list of activities that you should use to guide your orientation. After you complete these activities and you are ready to demonstrate competency in each of these areas, ask your Preceptor to observe you and sign the activity off in the appropriate sections.

Multiple Resistant Organisms (MRO)	Date	Initial	Comments
Review section X of Association for Professionals in Infection Control (APIC) Text			
Identify most likely organisms to become MRO			
Discuss type of precautions required for those MRO's and rationale			
Discuss measures taken to eradicate MRO's.			
Identify modes of transmission			
Identify risk factors			
Discuss the following common MROs, how they are transmitted and how transmission can be prevented: MRSA, VRE, ESBL, MRTB			

14. Infection Control Professional Orientation: TUBERCULOSIS

Name: _____ Date: _____

The following is a list of activities that you should use to guide your orientation. After you complete these activities and you are ready to demonstrate competency in each of these areas, ask your Preceptor to observe you and sign off on the appropriate sections.

Tuberculosis	Date	Initial	Comments
Review Association for Professionals in Infection Control (APIC) Chapter 105: Tuberculosis and Other Mycobacteria			
Review Medical Center TB Exposure Control Plan.			
Review CDC Guidelines for Prevention of TB			
Describe the different site presentations of MTB			
Know the clinical manifestations and explain the difference of active pulmonary TB, and Extra-pulmonary TB.			
Describe the difference between “initial infection, active disease, and latent disease”.			
Explain how TB is diagnosed.			
Know how to administer Mantoux test, when it is read and how.			
Explain when the two step testing is appropriate.			
Explain the process to be taken when a provider or staff member has a (new) positive PPD test.			
Discuss the process to be followed when suspect patient/or known case is admitted to the hospital.			
Discuss isolation precautions taken.			
Describe what is required in order to discharge a patient with active TB from the hospital.			
Describe the therapy for treating active TB.			
Discuss when preventive therapy is given.			
Discuss the pros and cons for the use of BCG vaccination.			
Know how to determine the hospital risk for TB, based on CDC, 1994 guidelines.			
Based on the information in the TB Exposure Control Plan explain: <ul style="list-style-type: none"> • what are Engineering controls • what are the types of respirators • what is fit testing • what staff must be fit tested and how often 			
Describe the process when there is an exposure of TB in the medical Center.			

15. Infection Control Professional Orientation: BLOODBORNE PATHOGENS

Name: _____ Date: _____

The following is a list of activities that you should use to guide your orientation. After you complete these activities and you are ready to demonstrate competency in each of these areas, ask your Preceptor to observe you and sign off on the appropriate sections.

Bloodborne Pathogens	Date	Initial	Comments
Review Association for Professionals in Infection Control (APIC) Chapter 82: Occupational Blood Exposure			
Review Medical Center Bloodborne Pathogen Exposure Control Plan.			
Review CDC Guidelines for Bloodborne Pathogen exposure prevention.			
Review CAL-OSHA prevention of bloodborne pathogen standard.			
Know where the exposure control plan is located in the medical center.			
<ul style="list-style-type: none"> • Is it available on request for examination or copying? 			
Discuss what is considered bloodborne pathogens and potentially infectious materials .			
Explain how Standard Precautions (universal precautions) is used to prevent contact with blood or other potentially infectious materials.			
Describe the difference type of engineering control maintained in the medical center to prevent contact with bloodborne pathogens.			
NIOSH recommends avoiding needle recapping, explain what is the preferred method of disposing of needles, and when recapping is permitted.			
Explain what Personal Protective Equipment (PPE) means.			
<ul style="list-style-type: none"> • When should PPE be worn? 			
Describe the process for disposing of used sharps.			
Explain where the biohazard-warning label should be placed.			
Know what type of container is required for placement of sharps.			
Explain what type of trash does NOT require a biohazard-warning label.			
Describe the process for laundering contaminated clothing of a provider or staff member.			
Discuss the process for reporting a bloodborne pathogen exposure.			
Explain when bloodborne pathogen training is to be provided to staff and providers.			
Discuss how work practice controls, can reduce the likelihood of exposure.			
Explain how Infection Control works with Occupational/Employee Health in maintaining the bloodborne pathogen exposure control plan.			

16. Infection Control Professional Orientation: BIOTERRORISM

Name: _____ Date: _____

The following is a list of activities that you should use to guide your orientation. After you complete these activities and you are ready to demonstrate competency in each of these areas, ask your Preceptor to observe you and sign off on the appropriate sections.

Bioterrorism	Date	Initial	Comments
Recommended reading: Association for Professionals in Infection Control (APIC) Chapter 124: Bioterrorism			
Recommended reference: KP website at: http://insidekp.kp.org/insidekp/communicate/readiness/index.html			
Discuss commonly recognized potential agents of bioterrorism and their associated clinical syndromes.			
Describe how bioterrorism is considered.			
List bacterial and viral agent of bioterrorism for which there is effective postexposure prophylaxis.			
Describe infection control procedures for the following agents of bioterrorism:			
<ul style="list-style-type: none"> • Anthrax • Plague • Tularemia • Q Fever • Brucella • Smallpox • Botulism • Ricin 			
Describe your internal and external communication plan in the event that bioterrorism is identified at your facility.			