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| **Initial Effective Date** | mm/dd/yyyy |
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| **Authorized/Reviewed by** | Individual or Committee Name |
| **Standard** | 22VAC40-61-290 |

**Definition and Overview (define the infection control practice**)

An effective infection prevention and control (IPC) program includes auditing, monitoring, and compliance as a practice. Implementing these methods properly can help organizations remain compliant with federal and state rules and regulations while strengthening internal operations and procedures. Ongoing auditing and monitoring efforts are imperative for operational success in an infection prevention and control program.

Auditing is a systematic review comparing actual practice to a practice described in a standard. Audits help uncover where practices differ from what’s described by a standard and/or center policy. An audit can include inspection of the physical site, a review of workplace infection prevention practices, an assessment of staff knowledge and application of infection prevention principles. Audit results can benefit center staff by identifying practices needing improvement.

Monitoring is a continuous method of observing a process to detect compliance and risk issues. Ongoing monitoring is used to understand where practice may be inconsistently performed or where practice does not follow center policy.

Auditing and monitoring are not intended to be punitive for employees being observed, but rather highlight where improvements in individuals’ behavior can strengthen the center’s infection prevention efforts.

**Purpose (why this policy/procedure is important)**

The purpose of this policy is to provide staff with guidance on auditing their center’s IPC program elements.

**Responsibility (who is responsible for following this policy/procedure)**

For the purpose of this policy, “designated staff” refers to those roles within the center who are responsible for auditing and monitoring. All other staff and volunteers in the center are responsible for following auditing, monitoring, and compliance policies and procedures as it pertains to their individual roles.

**Policy**

To ensure adherence to the center’s IPC program, it is the policy of this center to follow evidence-based protocols and practices for auditing and monitoring.

**Procedure**

1. Provide written IPC policies to all staff and volunteers, appropriate for the services provided by the center, including the physical buildings and grounds that are responsible for any component of infection prevention and control within the center. Policies should be easy to understand, and staff are encouraged to ask questions to clarify any policy statements that are unclear. The center should retain an attestation or other sufficient documentation that demonstrates staff’s review and understanding of IPC policies.
2. Provide routine job-specific infection prevention education and training to center staff and volunteers for all relevant tasks. Documentation and evidence of the type of training received, the entity that provided the training, number of hours of training, and dates of the training shall be kept by the center in a manner that allows for identification by individual staff and is considered part of the staff member's record. This center will retain training records on IPC for up to two years after termination of employment for staff and volunteers:
	1. Education on IPC policies should be included in all new staff members’ orientation and training.
		1. All staff must be trained and demonstrate competencies during initial orientation to the center, as part of their initial 40 hours of training, on IPC including proper technique and policy adherence prior to their first time performing the task and will be provided training and will demonstrate competencies at least annually as a refresher.
	2. IPC education should also occur for all staff members at this center, at least annually and as needed, when new policies are implemented or amended.
		1. At least two of the twelve annual training hours will be related to infection control.
	3. Adherence to IPC policies and procedures are monitored and any lapses will be addressed at the discretion of center leadership.
	4. Updated education will be provided as needed for newly recognized infection control threats or newly identified infection control best practices.
	5. Provide job-specific infection prevention education and training to center staff who demonstrate practices that do not agree with center policy as found through auditing and monitoring.
3. Utilize a process to validate competency-based training for all new hires and staff annually as part of the IPC process.
4. Monitor performance of staff and provide feedback:
	1. A designated staff member, who has been trained in the use of standardized tools selected by the center, is responsible for conducting audits. Such training will be documented and retained according to the center’s policy.
	2. The designated staff member will identify and monitor compliance with IPC practices and policies with a routine auditing and monitoring schedule for consistency.
	3. Provide prompt, regular feedback on adherence and related outcomes to center staff and leadership by the designated staff member.

Audited IPC Practices

The actual audit schedule is determined by observations, monitoring, and any identified need to improve a focus area regarding a particular IPC practice. These audit areas are recommended to be reviewed:

* Hand hygiene: adherence to policy’s stated practice and appropriate stocking of supplies
* Use of standard precautions and/or routine practices
* Proper use of personal protective equipment
* Safe injection and blood glucose testing practices
* Cleaning, disinfection, and sterilization of equipment and devices
* Environmental cleaning
* Linen and laundry
* Occupational health issues, such as sharps injuries/needle sticks
* Outbreak management
* Food storage
* Supply storage
* [Insert other audit areas as needed based on observations or monitoring]

**Guidelines, Standards, and Resources for Policy/Procedure Development**

Please refer to the following resources when developing an auditing, monitoring, and compliance policy for your center:

* [Daily Cleaning Competency Validation | HQIN](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fhqin.org%2Fwp-content%2Fuploads%2F2023%2F06%2FDaily-Cleaning-Competency-Validation.docx&wdOrigin=BROWSELINK)
* [Environmental Cleaning Competency Validation | HQIN](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fhqin.org%2Fwp-content%2Fuploads%2F2023%2F06%2FEnvironmental-Cleaning-Competency-Validation_508.docx&wdOrigin=BROWSELINK)
* [Hand Hygiene Competency Validation | HQIN](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fhqin.org%2Fwp-content%2Fuploads%2F2023%2F06%2FFINAL-ADC-Hand-Hygiene-Competency-Validation_508.docx&wdOrigin=BROWSELINK)
* [Injection Safety Competency Validation | HQIN](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fhqin.org%2Fwp-content%2Fuploads%2F2023%2F06%2FFINAL-ADC-Injection-Safety-Competency-Validation_508.docx&wdOrigin=BROWSELINK)
* [Masking and Face Shield Competency Validation | HQIN](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fhqin.org%2Fwp-content%2Fuploads%2F2023%2F06%2FFINAL-ADC-Masking-and-Face-Shield-Competency-Validation_508.docx&wdOrigin=BROWSELINK)
* [Masking Competency Validation | HQIN](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fhqin.org%2Fwp-content%2Fuploads%2F2023%2F06%2FFINAL-ADC-Masking-Competency-Validation_508.docx&wdOrigin=BROWSELINK)
* [Personal Protective Equipment (PPE) Competency Validation | HQIN](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fhqin.org%2Fwp-content%2Fuploads%2F2023%2F06%2FFINAL-ADC-PPE-Competency-Validation_508.docx&wdOrigin=BROWSELINK)
* [Point of Care Testing, Assisted Blood Glucose Monitoring Competency Validation | HQIN](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fhqin.org%2Fwp-content%2Fuploads%2F2023%2F06%2FFINAL-ADC-Blood-Glucose-Testing-Competency-Validation_508.docx&wdOrigin=BROWSELINK)
* [Safe Linen and Laundry Management Competency Validation | HQIN](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fhqin.org%2Fwp-content%2Fuploads%2F2023%2F06%2FFINAL-Safe-Linen-and-Laundry-Management-Competency-Validation.docx&wdOrigin=BROWSELINK)

**Notes and Recommendations**

* For all staff and volunteer training, consider the use of quizzes/tests at the conclusion of training, return demonstration, or teach back of content to ensure comprehension.
* Identifying the specific role(s) of the individual(s) responsible for auditing and monitoring in this policy is recommended.
* Consider including in this policy the location of where the infection prevention and control program and associated policies are kept for ease in staff and volunteer accessibility.
* A center may wish to outline their process for validating staff and volunteer competencies and may wish to include an example in their policy. Remember to only list the processes you are completing within your center.
	+ Example: This center requires staff to provide a return demonstration for an IPC practice, such as donning and doffing PPE, whereby the staff member dons and doffs the PPE following the established protocols within the center’s PPE Selection and Use policy.
* The center staff that is responsible for auditing and monitoring oversight should create and retain a log of staff members who have demonstrated competency with each task, requiring new staff members to complete the competency check as they are trained.
* A center may wish to outline how they identify and monitor compliance by providing an example statement within their policy.
	+ Example: The designated staff member responsible for auditing at this center will observe at least five employees performing hand hygiene each month, and will keep a log of observations, lapses in compliance, and any needed just-in-time education or retraining.
* Consider performing audits on a routine basis that is appropriate and specific to the needs of the individual center. Audits are recommended to occur on at least an annual basis. It is recommended as *best practice* to complete audits on a quarterly basis.
* It is recommended that the staff member responsible for oversight of the IPC program at this center, in conjunction and consultation with the center leadership, designate and assign specific staff members to conduct audits. A person who is a “subject matter expert” should conduct an audit. The staff member who oversees the IPC program should not be the only staff member responsible for the auditing process.
* The gathering of an initial baseline competency is recommended and if there are no deficits, proceed with annual auditing as long as there have not been any changes. If there have been changes, conduct a new baseline audit. If deficits are found during auditing, training and auditing should occur at the time the deficit is found. As new staff are hired and volunteers are brought on board, they will need to be trained and audited at the time of their onboarding and again at established regular intervals.
* A center may wish to outline how they retain education and in-service records for all staff and volunteers by providing an example statement within their policy that specifically outlines their center protocol.
	+ Example: After education/in-service/training, staff will sign off on each policy indicating they have read, understood, and have been given the opportunity to ask questions regarding each policy.
* The designated staff member responsible for auditing and monitoring should keep a log of staff members that have read and signed off on each policy, adding new signatures for new staff members as needed.
* Centers may wish to further expand upon training and competencies completed for all staff to also include licensed or certified staff. They too should perform return demonstration of skills and competency.
* For any lapses in IPC policies and procedures, the center may wish to further outline that addressing these lapses will occur at the discretion of center leadership. They will include proper documentation of return demonstration or knowledge demonstration. Follow-up targeted audits may be needed (increased frequency) to monitor compliance.
* For retention of education/in-service/training logs/sign-in sheets, a center may wish to indicate the location of these items and how long they are retained. If copies of these logs/sign-in sheets are kept in each staff member or volunteer’s personnel record, indicate that those records are kept in a locked cabinet or area, or are secured electronically, and retained at the center for currently employed staff and for two years after termination of employment, unless otherwise required by other state or federal regulations.
* Under Auditing IPC Practices, a center may wish to customize the list of audits that are completed at their center and indicate that their actual audit list and schedule is determined by observations, monitoring, and any practice with an identified need for improvement.
* All sources, standards, guidelines, and resources should be verified annually, or more frequently as your center policy dictates, to ensure the most up to date information is provided.