



Welcome to CHICA-Canada/Strategic Direction

The provision of infection prevention and control services is rapidly evolving amid the demand for scarce resources. Challenges to practice include consideration of decreased numbers of acute care inpatient beds and an increased demand for long-term care beds; expansion of home care services, increased patient acuity, increased numbers of same day procedures, and advanced diagnostic procedures. Protection for patients and employees includes consideration of global travel, bloodborne pathogens, the resurgence of tuberculosis, and the explosive increase in multiple-resistant organisms.

Whether you work in acute care, long-term care, home care, public health, physician's office, dentistry or another care setting CHICA-Canada will assist your practice as you address the concerns of the consumer. Membership in CHICA-Canada, and your local infection control association, will provide many benefits specific to your area of practice:

- Timely awareness and access to current infection prevention and control information, research, standards and guidelines, and opportunities for education through a national professional body.

- Access to expert knowledge and sharing of information, experience, goals and objectives, policies and procedures, and an opportunity to confirm practice through networking.
- CHICA representatives will lobby government agencies and administrators to address infection prevention and control issues relevant to your particular area of practice,

Participation in both your national and local infection control associations will provide a professional affirmation that infection prevention and control practitioners possess a particular body of knowledge and expertise. Your network with CHICA-Canada will become an important source of professional support.

Infection control practitioners are important members of the health care team. We do make a difference. We must be prepared to move with change, support each other, and get involved.

Join CHICA-Canada today.

VISION STATEMENT

CHICA-Canada will be a major national and international leader and the recognized resource in Canada for the promotion of best practice in infection prevention and control.

MISSION

CHICA-Canada is a national, multidisciplinary association committed to the wellness and safety of Canadians by promoting best practice in infection prevention and control through education, standards, advocacy and consumer awareness.

VALUES

Professional Integrity – To be principled, forthright and ethical, upholding the highest standards in all of our activities.

Critical Thinking – To employ critical thinking in our decision making, to do the right thing for the right reasons.

Accessibility – To be accessible to our members and stakeholders.

Responsiveness – To be responsive and creative in meeting the membership's needs.

Innovation – To be resourceful and inventive in advancing infection prevention and control knowledge and practice.

Diversity – To respect and embrace national and international social and cultural differences.

Advocacy – To advance practices that protect consumers.

Excellence – To pursue excellence in all our endeavours.

INFECTION PREVENTION AND CONTROL *Working Together for Better Health Care*

See the Official Hand Hygiene Statement and other CHICA-Canada Position Statements at www.chica.org

The Community and Hospital Infection Control Association-Canada (CHICA-Canada) is a national and professional organization whose purpose is to facilitate communication among those professionals engaged in the prevention and control of infection.

CHICA-Canada was founded in 1976 and is a multidisciplinary, non-profit association of professionals committed to improving the health of Canadians by promoting excellence in the practice of infection prevention and control. CHICA-Canada promotes excellence in the practice of infection prevention and control through the following initiatives:

1. Initiating and developing effective communication among professionals
2. Supporting the development of effective and rational practice
3. Encouraging standardization and critical evaluation of practice
4. Promoting research in practices and procedures
5. Promoting and facilitating education
6. Promoting consumer awareness within the community

Professionals engaged in the prevention and control of infection cooperate and collaborate together to provide improved health care across Canada through membership in CHICA-Canada.

Hand Hygiene

Consistent, thorough hand hygiene is the cornerstone of preventing the spread of infection. Hand hygiene decreases the number of disease-causing organisms on the surface of your skin, and can be achieved by either traditional handwashing, or by rubbing a waterless antiseptic product on hands. To be effective, hand hygiene should be performed:

- before and after contact with patients, their body substances or items contaminated by them;
- between different procedures on the same patient;
- after removing gloves;
- before and after performing invasive procedures;
- after performing personal functions such as blowing your nose or using the toilet;
- before eating, preparing or serving food, feeding a patient;
- when hands are visibly soiled.

To wash your hands, use warm running water, soap, and friction for at least 15 seconds. To dry your hands, use a clean towel or paper towels. Turn off the taps with a paper towel to avoid re-contaminating your hands. Waterless antiseptic hand hygiene products are an excellent alternative to soap and water and may be used if hands are not visibly soiled. Hand lotions or creams should be available to minimize any skin irritation or breakdown caused by hand hygiene. These lotions or creams should not interfere with the persistent antimicrobial effect of the hand hygiene agent being used. Proper hand hygiene should be an individual and an institutional priority. As Infection Control Professionals, it is our responsibility to teach and promote good hand hygiene.





The Benefits of Belonging to CHICA-Canada

Belonging to CHICA-Canada – The Benefits

As a member of CHICA-Canada you will have the opportunity to network provincially, regionally and nationally through receipt of:

CHICA-Canada Member and Source Guide

The annual Member and Source Guide provides you with a list of CHICA-Canada Board of Directors, Chapter Presidents, lists of peers across Canada and the world (alphabetically, geographically and by institute).

The Guide also contains information about national conferences, infection prevention and control education courses, and a list of members who have indicated special knowledge and expertise that they are willing to share.

The CHICA-Canada Compendium

This resource is published in The Guide, and is posted to www.chica.org. It provides information on current resources, publications and standards and guidelines to assist you in maintaining your expertise.

The Canadian Journal of Infection Control (CJIC)

The official publication of CHICA-Canada, this Journal is published four times a year and includes articles which will assist you in your practice of infection prevention and control. Members of CHICA-Canada also have exclusive access to an online current issue of the Journal.

CHICA E-Newsletter

Members of CHICA also receive the monthly e-newsletter, CHICA E-News, full of timely information on opportunities, announcements, dates and deadlines.

The CHICA-Canada Website- www.chica.org

As a member of CHICA-Canada you will have access to the Members Area section of the website, where you can chat with other members, have access to committee reports and the CHICA Policy & Procedure Manual, download posters and images, fact sheets, presentations from the annual conference, and much more.

Education

Membership with CHICA-Canada provides access to opportunities for education such as chapter education, distance education courses, Roadshows and Webinars, and reduced registration fees for annual conferences and other educational offerings. Attendance at the annual national conference provides access to expanded networking and expert knowledge, and revitalizes what is often a one-person department. Provincial and regional education sessions are also available.

Certification in Infection Control (CIC) through the Certification Board of Infection Control (www.cbic.org), promotes control and prevention of disease transmission for users and providers of health care. The designation CIC indicates that educational and practice requirements have been measured against a standard of current knowledge.

Support

Belonging to CHICA-Canada provides opportunities to confirm practice, share information, goals, objectives, policies and procedures. Membership also provides opportunities to share information and ideas for Infection Control Week, meet accreditation standards, and take part in and receive support for research. Information on these opportunities are posted to the website, published in CJIC and in the e-newsletter. A list of members who are willing to offer specialized knowledge is published in the Member and Source Guide.

Chapter Membership

Supporting your local chapter affords an avenue to provide feedback and obtain support from your national association, CHICA-Canada. Local chapter benefits may include local networking, local educational opportunities, and funding assistance. Contact CHICA-Canada for further information or see the Chapters page at www.chica.org.

*CHICA-Canada helps you maintain your expertise through education, communication, standards, research and consumer awareness.
CHICA-Canada fosters international links to maintain a global perspective.*

INFECTION PREVENTION AND CONTROL *Working Together for Better Health Care*



Standing Committees and Special Interest Groups

Standing Committees

CHICA-Canada Standing Committees consist of chapter representatives from specific health care sectors. Committee members provide a link between chapters and members of CHICA-Canada to:

1. solicit input from chapter members;
2. convey information about committee activities and progress; and
3. assist in providing action to the strategic plan

Education Committee

Addresses education and training needs identified by the membership by devising a strategic plan, developing programs and reviewing educational materials.

Finance Committee

Addresses issues that ensure fiscal responsibility at national and chapter levels.

Membership Committee

Develops and implements planning to promote membership in CHICA-Canada.

Programs & Projects Committee

Identifies and facilitates special projects for the promotion of CHICA-Canada and infection prevention and control.

Standards & Guidelines Committee

Reviews, comments on and develops relevant infection control guidelines.

Interest Groups

CHICA-Canada Interest Groups address the unique needs for networking and information sharing associated with special professional interests. Chapter representatives serve on each Interest Group:

- Community Health Interest Group
- Dialysis Interest Group
- Long Term Care Interest Group
- Mental Health Interest Group
- Pediatrics Interest Group
- Pre-Hospital Care Interest Group
- Oncology Interest Group
- Surveillance and Applied Epidemiology Interest Group



CHICA-Canada Corporate Members

Corporate Members are businesses, organizations and others interested in fostering the purposes and objectives of CHICA-Canada. Corporate Members and CHICA-Canada have formed a partnership which is mutually beneficial. Corporate Members participate at the local, chapter and national level through sponsorship and in-kind participation. Beginning at the Bronze level, Corporate Members can move to Silver, Gold or Platinum status by increasing their participation in – and funding of – CHICA initiatives.

As of April 1, 2010

- 3M Canada Company
- Abbott Laboratories
- ArjoHuntleigh
- Baxter Canada
- BD Canada
- Covidien (formerly Tyco)
- Deb Canada
- Ecolab
- Ethicon, a Division of Johnson & Johnson
- GOJO Industries Inc.
- Laura Line Skin Care
- Maxill Inc.
- Medline Canada
- Pharmax Limited
- Professional Disposables International
- Rubbermaid Canada
- SciCan Ltd.
- Smith & Nephew Inc.
- Solumed, a 3M Canada Company
- STERIS Canada Inc.
- The Stevens Company Ltd.
- Vernacare
- Virox Technologies Inc.
- Webber Training Inc.
- Wood Wyant Inc.



Membership Application

Membership Benefits

- Subscription to The Canadian Journal of Infection Control
- Annual Member and Source Guide
- Professional exchange of ideas
- Access to CBIC certification
- Local Chapter activities and support
- Development of infection control standards
- Reduced registration fees for annual conference and other education offerings
- Access to Members Only and CHICA Connections sections of website, www.chica.org
- Push emails, providing timely infection control updates
- Access to on-line distance education

Memberships expire 12 months from the date of processing. Memberships are transferable during the membership year. Fees will not be refunded after 30 days of receipt. There will be a \$15.00 charge for all returned cheques. Payment must accompany application. No post-dated cheques.

Membership Categories

Active/Professional: Individuals occupationally or professionally involved in the practice of Infection Control and/or Epidemiology. May vote, hold office and serve on committees.

Institutional: Employees of health care related institutions or agencies interested in fostering the purposes and objectives of the Association. Representatives receive the same benefits as Active members.

Student: Full-time student attending an infection control related program. May not vote or hold elected office. Applications for Student membership must be accompanied by a letter of attestation that you are a full-time student attending an infection control related program.

Silver Membership – Retired: No longer employed full-time in infection prevention and control. Non-voting membership

Section 1: APPLICATION FOR INDIVIDUAL MEMBERSHIP – (Active or Student/Retired)

Under this category, the individual is the member of CHICA-Canada, not the employing organization. Now includes chapter membership of your choice.

Individual Membership fees: \$125.00 (CAD\$) or Retired or Student fees \$75.00 \$ _____ (Sub Total A)

Section 2: APPLICATION FOR CHAPTER MEMBERSHIP – For your nearest Chapter, see reverse

Chapter membership is included with your membership fee. Additional chapters are \$25 each.

I am a member of/ I am joining _____ Chapter.
(See list of Chapters on second page. Geographic locations of Chapters can be found on www.chica.org.)

Additional chapters (in addition to primary chapter) \$25.00 each
Names of additional chapters I wish to join _____ \$ _____ (Sub Total B)

I am declining Chapter Membership.

Section 3: APPLICATION FOR INSTITUTIONAL MEMBERSHIP

Under this category, the individual is the member of CHICA-Canada, not the employing organization. This category has cost benefits to the organization. Includes chapter membership for each representative.

This category will be beneficial to those organizations which have two or more representatives to the Association and/or a turnover of representatives in any calendar year. An "institution" is defined as one physical site with representatives to the Association employed at that site. If any agency has more than one physical location throughout the city, province or the nation, each site would be designated a separate "institution" for purposes of membership.

An annual fee of **\$175.00** for the first representative of the institution and **an annual fee of \$75.00** for each additional representative from the institution. **MEMBERSHIP FEES INCLUDE CHAPTER MEMBERSHIP. Please indicate chapter choice above. At least one representative must be named. Additional representatives:** List on a separate page and return a completed Membership Application Form for each name on the list.

Facility/Agency: _____ First Representative: _____

Street Address: _____ City: _____ State/Province: _____ Code: _____

Tel: () _____ Fax: () _____ Email: _____

Institutional Membership fee: \$175.00 (includes first representative and chapter membership) Institutional Fee: \$ _____

Additional Representatives: \$75.00 each (includes chapter membership) x _____ = Additional Reps: \$ _____

Total Institutional Membership Fees: \$ _____ (Sub Total C)

Section 4: TOTAL MEMBERSHIP FEES DUE

Sub Total of Membership Fees from sections 1 and 2 or 2 and 3, above \$ _____ (Sub Total D)

Enclosed is my additional donation to CHICA-Canada in the amount of: \$ _____ (Sub Total E)

TOTAL AMOUNT ENCLOSED: (GST/HST NOT APPLICABLE) \$ _____ (TOTAL)

Please charge my VISA, MASTERCARD or AMEX Number _____ Expiry Date: _____ / _____

Cardholder's Name (please print): _____ Cardholder's Signature: _____

Or send check or money order to CHICA-Canada, to the address on the reverse. No post-dated cheques please.



Membership Application

Membership and Expert Resource Information

Please complete all applicable sections. This information will provide accurate demographics for our Association and assist in our planning for the future. It also provides a resource of experts in the field of Infection Control, Epidemiology and associated disciplines.

Membership Categories

Please check one (see reverse for category definitions). MEMBERSHIP FEE NOW INCLUDES CHAPTER MEMBERSHIP

ACTIVE	\$125	<input type="checkbox"/> Renewal	<input type="checkbox"/> New Member
INSTITUTIONAL	\$175/\$75	<input type="checkbox"/> Renewal	<input type="checkbox"/> New Member
SILVER/RETIRED	\$75	<input type="checkbox"/> Renewal	<input type="checkbox"/> New Member
STUDENT	\$75	<input type="checkbox"/> Renewal	<input type="checkbox"/> New Member

I am replacing the following CHICA-Canada Member at the National and Chapter Level: _____
The former member is aware that their membership in CHICA and any local chapter(s) will hereby cease.

PLEASE COMPLETE ALL INFORMATION BELOW

Circle one: Mr. Mrs. Ms. Dr.

Name: _____ Academic Designations: _____

Position: _____ Place of Employment: _____

Address of Employer: _____
Street Address City Province/State Code

Office Tel: () _____ Extension: _____ Office Fax: () _____

Email: _____

Send information to my: Office Home address (below)

The employment information given above will be included in the CHICA-Canada Member and Source Guide. If you do not wish to have your information printed in the Guide, advise the Membership Services Office in writing by December 31st each year.

Home Address (optional): _____
Street Address City Province/State Code

Home Tel (optional): () _____ (please list if no employer listed above, for contact info only)

DISCIPLINE:	<input type="checkbox"/> RN	<input type="checkbox"/> Microbiologist	<input type="checkbox"/> MD	<input type="checkbox"/> Technologist	<input type="checkbox"/> Other _____
EDUCATION:	<input type="checkbox"/> Diploma	<input type="checkbox"/> Bachelor	<input type="checkbox"/> Master	<input type="checkbox"/> Doctorate	<input type="checkbox"/> Other _____
CERTIFICATION:	<input type="checkbox"/> CIC - Year of Exam 20_____			<input type="checkbox"/> Other _____	<input type="checkbox"/> None
INSTITUTION:	<input type="checkbox"/> Hospital	<input type="checkbox"/> Long-term care	<input type="checkbox"/> Community health	<input type="checkbox"/> Industry	<input type="checkbox"/> Other _____
# OF BEDS:	<input type="checkbox"/> 1 to 99	<input type="checkbox"/> 100 to 249	<input type="checkbox"/> 250 to 499	<input type="checkbox"/> 500 to 699	<input type="checkbox"/> 700 to 999 <input type="checkbox"/> 1000 or more <input type="checkbox"/> N/A
COMMUNICATION	<input type="checkbox"/> English	<input type="checkbox"/> French			

Chapter Membership

Chapter membership is not compulsory for membership in CHICA-Canada; however, Chapter members must be members of CHICA national (CHICA-Canada Policy 8.60). There are 21 local Chapters of CHICA-Canada (see list below). Membership in your local Chapter provides invaluable networking, education and communication opportunities. **Individual Chapter Membership is included in your CHICA Membership Fee (see reverse).** Please indicate choice of chapter or decline of chapter membership on reverse page. To contact your nearest chapter or determine their geographic location, see www.chica.org.

NOTE: Chapters may assess additional fees to their members. NOTE: Membership in more than one chapter is \$25.00 per chapter.

CHICA – Newfoundland Labrador	CHICA – Renfrew County	CHICA – HANDIC	CHICA – SASKPIC
CHICA – New Brunswick/PEI	CHICA – Central Ontario	CHICA – HUPIC	CHICA – Southern Alberta
CHICA – Nova Scotia	CHICA – Ottawa Region	CHICA Northeastern Ontario	CHICA – Northern Alberta
CHICA Montreal	CHICA – TPIC	CHICA Northwestern Ontario	CHICA – BC
CHICA – Eastern Ontario	CHICA Peel Region	CHICA Manitoba	CHICA – Vancouver Island

Please forward this completed form, with payment to:

CHICA-Canada PO Box 46125 RPO Westdale, Winnipeg MB R3R 3S3 Tel: 204-897-5990/866-999-7111 Fax: 204-895-9595 Email: chicacanada@mts.net
Business Number 11883 3201 RT0001 Charitable Number 11883 3201 RR0001

See: APIC/CHICA-Canada infection prevention, control and epidemiology: Professional and practice standards (2008) www.chica.org

Philosophy

- The ICP's role involves the daily collaborative efforts within all facets of health care.
- The ICP's professional responsibility is to act as a facilitator to reduce the risk of infection within health care.
- The ICP uses continuous quality improvement methodology and epidemiological principles within a fiscally responsible environment.
- The ICP's knowledge of epidemiology is a resource available to others.
- As an expert resource in infection prevention and health promotion, the ICP's client base may include patients, families, front-line staff, managers, ancillary support staff, volunteers, medical staff, researchers, administrators, industry and others.
- The ICP's expertise bridges the gap to health care facilities, to the community, to related professional disciplines, and to industry.
- ICPs have the responsibility to ensure that their unique qualifications and expertise are recognized as a contribution to excellence in client-centered care.
- Accountability, education, surveillance, quality improvement, consultation and research – attaining the standards to meet the challenge of an ICP.

Qualifications

- Meets recommended qualifications to practice in the profession.
- Is an experienced healthcare professional with a health sciences background.
- Becomes certified in infection prevention and control when eligible through the Certification Board of Infection Control (www.cbic.org), and maintains certification.
- Acquires and maintains current knowledge and skills in the area of infection prevention, control and epidemiology.

- Makes decisions and performs activities in an ethical manner.
- Responsible for the development, evaluation, and improvement of his/her own practice in relation to the Practice Standards.
- Serves as a leader, mentor, and role model.
- Incorporates into practice effective activities that are specific to the practice setting, the population served, and the continuum of care.
- Uses a systematic approach to monitor the effectiveness of prevention and control strategies that are consistent with the organization's goals and objectives.
- Applies epidemiologic principles and statistical methods, including risk stratification and benchmarking, to identify target populations, determine risk factors, design prevention and control strategies, analyze trends, and evaluate processes.
- Serves as an educator and educational resource for health care providers, ancillary staff, patients, families and the general public.
- Provides expert knowledge and guidance in infection prevention, control, and epidemiology.
- Collaborates with occupational health in the development of strategies that address the risk of disease transmission to health care providers and ancillary staff.
- Systematically evaluates the effectiveness of the program appropriate to the practice setting.
- Practices in a fiscally responsible and accountable manner.
- Functions as an integral part of performance improvement initiatives to promote positive patient and employee outcomes.
- Conducts, participates, evaluates and/or applies relevant research findings to infection prevention, control, and epidemiology practice. Research includes informal epidemiologic studies, e.g. outbreak/cluster investigations, surveillance findings, etc.

Candace Friedman, BS, MT (ASCP), MPH, CIC (APIC)
Ruth Curchoe, RN, MSN, CIC (CBIC)
Margie Foster, RN, CIC (CHICA-Canada)
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Sharon Krystofiak, MS, MS, MT (ASCP), CIC (APIC)
Rebecca L Lark, MD (APIC)
Linda Laxson, RN, BSN, CIC (CBIC)
Mary Jane Ruppert, RN (APIC)
Linda Spaulding, RNC, CIC (APIC)

The Association for Professionals in Infection Control and Epidemiology, Inc (APIC) and the Community and Hospital Infection Control Association-Canada (CHICA-Canada) collaborated to craft this document, Infection prevention, control and epidemiology: Professional and practice standards. Both professional organizations affirm their responsibility to their memberships and the public they serve to provide professional and practice standards. This document replaces the 1999 edition.

Standards are authoritative statements that reflect the expectations, values, and priorities of the profession. While voluntary, these standards provide direction and a dynamic framework for the evaluation of practice to address the needs of the customers served. Standards also define the profession's accountability in terms of desired outcomes for which infection prevention and control professionals (ICPs) are responsible. These standards are designed to be used in identifying areas for professional growth, developing job descriptions, and providing criteria for performance evaluations.

These standards encompass a broad spectrum of practice settings and professional backgrounds and include key indicators that are designed to be used in evaluating both the competency of the individual and their practice. The key indicators represent multiple skills considered necessary to meet the demands of the evolving health care environment. It is expected that the ICP will meet or exceed the indicators associated with both the Professional and Practice Standards.

In general, the standards will remain stable over time as they reflect each organization's philosophy and values; however the indicators will be reviewed periodically to ensure that they incorporate and address current scientific knowledge, clinical practice, global issues, and technology.

I. PROFESSIONAL STANDARDS

Professional Standards describe a level of individual competence in the professional role. ICPs strive to maintain integrity and a high degree of competency through education, training, and certification. Professionals are expected to incorporate these standards appropriate to their role and practice setting. Key indicators for each standard are designed for use in professional performance evaluation.

1. Qualifications

Meets recommended qualifications to practice in the profession.

Indicators

- Experienced healthcare professional with a health sciences background
- Becomes certified in infection prevention and control when eligible through the Certification Board of Infection Control and Epidemiology
- Maintains certification

2. Professional development

Acquires and maintains current knowledge and skills in the area of infection prevention, control and epidemiology.

Indicators

- Completes a basic infection prevention and control training course within the first 6 months of entering the profession

- Demonstrates basic knowledge and advances his/her education, knowledge and skills as it relates to infection prevention and control in the following areas:
 - > Epidemiology, including outbreak management
 - > Infectious diseases
 - > Microbiology
 - > Patient care practices
 - > Asepsis
 - > Disinfection/sterilization
 - > Occupational health
 - > Facility planning/construction
 - > Emergency preparedness
 - > Learning/education principles
 - > Communication
 - > Product evaluation
 - > Information technology
 - > Program administration
 - > Legislative issues/Policy making
 - > Research
- Incorporates and disseminates research findings into practice, education, and/or consultation
- Collaborates with other professional organizations and academic entities to further the prevention of infection
- Participates in professional organizations and networking opportunities
- Maintains current knowledge and functions well with electronic media, e.g., computers and hand held devices, with which to communicate in the IPC environment

3. Ethics

Makes decisions and performs activities in an ethical manner.

Indicators

- Complies with laws and regulations
- Holds paramount the confidentiality, safety, health and welfare of all persons in the performance of professional duties
- Practices in a nonjudgmental, nondiscriminatory manner with sensitivity to diversity
- Acts in such a manner as to uphold and enhance personal and professional honor, integrity, and dignity.
- Engages in infection prevention and control research in a professional manner
- Collaborates with and supports others to improve competency in the science of infection prevention, control, and epidemiology
- Ensures transparency and disclosure in performing research or applying for grants
- Builds professional reputation on personal merit
- Refrains from competing unfairly with others
- Refuses gratuities, gifts, or favors that might impair or appear to impair professional judgment, or offer any favor, service, or thing of value to obtain special advantage

4. Professional accountability

Responsible for the development, evaluation, and improvement of his/her own practice in relation to the Practice Standards.

Indicators

- Establishes and works toward professional goals and objectives
- Performs regular self-evaluations to identify strengths and areas for improvement
- Seeks constructive feedback regarding professional practice
- Keeps current on best practices through evidence-based research, consensus and guidelines
- Participates in professional organizations
- Acknowledges the commitment to protect clients through the support of safe practices and policies

5. Leadership

Serves as a leader, mentor, and role model.

Indicators

- Provides direction and works collaboratively with others
- Shares knowledge and expertise
- Mentors less experienced health care providers/ancillary personnel
- Recognizes and supports the importance of research in shaping the practice of infection prevention, control, and epidemiology
- Brings creativity and innovation to practice
- Seeks opportunities to influence and educate policymaking bodies and the public
- Collaborates and/or educates self with regard to the global infection prevention and control community

II. PRACTICE STANDARDS

ICPs strive to incorporate relevant components of these standards in their own practice. Key indicators for each standard are designed to be used in personal and program development, evaluation, and enhancement.

1. Infection prevention and control practice

Incorporates into practice effective activities that are specific to the practice setting, the population served, and the continuum of care.

Indicators

- Integrates surveillance findings into formal plans for improvement of practice and patient outcomes in various health care settings
- Reviews, analyzes, and implements regulations, standards and/or guidelines of applicable governmental agencies and professional organizations
- Integrates relevant local, national and global public health issues into practice
- Analyzes and applies pertinent information from current scientific literature and publications
- Develops and implements policies and procedures based on currently accepted infection prevention and control best practices
- Ensures that findings, recommendations, and policies of the program are disseminated to appropriate groups or individuals
- Provides knowledge on the function, role, and value of the program to customers

2. Surveillance

Uses a systematic approach to monitor the effectiveness of prevention and control strategies that are consistent with the organization's goals and objectives.

Indicators

- Develops a surveillance plan based on the population(s) served, services provided, and previous surveillance data
- Selects indicators and designs surveillance based on the projected use of the data
- Integrates pertinent regulatory requirements
- Uses standardized definitions for the identification and classification of events, indicators, or outcomes
- Utilizes information technology and systems applications
- Reports epidemiologically significant findings to appropriate customers
- Ensures requirements for communicable disease reporting are met
- Periodically evaluates the effectiveness of the surveillance plan and modifies as necessary

3. Epidemiology

Applies epidemiologic principles and statistical methods, including risk stratification and benchmarking, to identify target populations, determine risk factors, design prevention and control strategies, analyze trends, and evaluate processes.

Indicators

- Uses epidemiologic principles to conduct surveillance and investigations
- Employs statistical techniques to describe the data, calculate risk-adjusted rates, and benchmark
- Incorporates information technology and systems applications in the analysis and dissemination of data
- Critically evaluates significance of findings and makes recommendations for improvement based on those findings

4. Education

Serves as an educator and educational resource for health care providers, ancillary staff, patients, families and the general public.

Indicators

- Assesses the needs of customers and develops educational objectives and strategies to meet those needs
- Utilizes learning principles appropriate to the target audience
- Utilizes appropriate information technology in educational design and delivery
- Collaborates in the development and delivery of educational programs and/or tools that relate to infection prevention, control, and epidemiology
- Evaluates the effectiveness of educational programs and learner outcomes

5. Consultation

Provides expert knowledge and guidance in infection prevention, control, and epidemiology

Indicators

- Stays current with developments in infection prevention, control, and epidemiology
- Integrates into practice, policies, and procedures:
- Pertinent regulatory requirements
- Accreditation standards
- Guidelines
- Supports patients/families, administration, committees, health care providers, and ancillary staff in infection prevention, control, and epidemiology issues
- Provides input into patient safety and healthcare quality initiatives
- Collaborates with community health organizations

6. Occupational Health

Collaborates with occupational health in the development of strategies that address the risk of disease transmission to health care providers and ancillary staff.

Indicators

- Participates in development/review of occupational health policies and procedures related to infection prevention and control.
- Assists in the development of an immunization program.
- Consults on post-exposure protocols and activities related to communicable diseases.

7. Program administration and evaluation

Systematically evaluates the effectiveness of the program appropriate to the practice setting.

Indicators

- Develops and reviews the effectiveness of the program goals and objectives
- Assures that customer needs/expectations are considered in the development and continuous improvement of processes, products and services
- Determines resource needs to accomplish the proposed goals and objectives
- Communicates resource needs to administration based on goals and objectives

8. Fiscal responsibility

Practices in a fiscally responsible and accountable manner

Indicators

- Considers financial implications, safety and clinical outcomes when:
 - > Making recommendations
 - > Evaluating technology and products
 - > Developing policies and procedures
- Incorporates fiscal assessments into program evaluation and/or reports, as applicable
- Develops and maintains a departmental budget, as appropriate

9. Performance improvement

Functions as an integral part of performance improvement initiatives to promote positive patient and employee outcomes.

Indicators

- Identifies opportunities for improvement based on observations, process and outcome indicators, and other findings
- Acts as an agent of change and participates in the change process
- Directs the organization's infection prevention and control improvement activities
- Participates in the organization's multidisciplinary improvement strategies
- Utilizes established measurement tools and techniques, e.g., outbreak investigation, root cause analysis, brainstorming, etc.
- Contributes epidemiologic skills to improvement processes

10. Research

Conducts, participates, evaluates and/or applies relevant research findings to infection prevention, control, and epidemiology practice. Research includes informal epidemiologic studies, e.g., outbreak/cluster investigations, surveillance findings, etc.

Indicators

- Critically evaluates published research and incorporates appropriate findings
- Disseminates relevant research findings through practice, education, and/or consultation
- Participates in infection prevention and control related research independently or collaboratively
- Organizes and shares findings from surveillance activities and/or outbreak investigations
- Publishes or presents research findings to assist in advancing the field of infection prevention, control and epidemiology
- Incorporates cost analysis into infection prevention and control research when possible

Resources

1. Scheckler WE, Brimhall D, Buck AS, Farr BM, Friedman C, Garibaldi RA, et al. Requirements for infrastructure and essential activities of infection control and epidemiology in hospitals: a Consensus Panel Report. *Am J Infect Control* 1998; 26:47-60.
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