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| **POSITION DESCRIPTION**     |  |  | | --- | --- | | **JOB TITLE & CODE:** | Specialty Care Nurse- Infection Control (60702) | | **DEPARTMENT:** | Quality Outcomes | | **REPORTS TO:** | Manager | | **FLSA STATUS:** | Exempt | |

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| **POSITION SUMMARY:** Surveys the hospital for the presence of nosocomial infection, and communicative disease, analyzes such data for outbreak clusters and preventable infections, makes recommendations related to said analysis, and ensures hospital policies and procedures reflect a standard of practice best able to prevent and/or reduce the incidence of nosocomial infection.  Bases decisions made/actions taken on relevant scientific principles, established standards of care and/or research findings. |

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| **MINIMUM QUALIFICATIONS:** | |
| **EDUCATION, CERTIFICATION, AND/OR LICENSURE:** | |
| 1. | Current Licensure as Registered Nurse in state of WV |
| 2. | Obtain certification in Basic Life Support within 30 days of hire date. |
| 3. | Certification in Infection Control. |
| **EXPERIENCE:** | |
| 1. | Two years of clinical nursing experience in an acute care setting |

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| **PREFERRED QUALIFICATIONS:** | |
| **EDUCATION, CERTIFICATION, AND/OR LICENSURE:** | |
| 1. | Bachelors of Science in Nursing |
| **EXPERIENCE:** | |
| 1. | Five years of clinical nursing experience |

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| **CORE DUTIES AND RESPONSIBILITIES:** The statements described here are intended to describe the general nature of work being performed by people assigned to this position.  They are not intended to be constructed as an all-inclusive list of all responsibilities and duties.  Other duties may be assigned. | |
| 1. | Surveys the hospital to detect the presence of nosocomial infections; establishes baseline infection rates and detects clusters of increased infections.              1.1        Prepares and/or reviews daily the list of significant cultures.  Cultures are selected using the definitions for infection as set by Centers of Disease Control and modified in Infection Control Manual under "Criteria for Infections."              1.2        Visits designated hospital units on a frequency determined as appropriate for the acuity of the area, to determine if the cultures are nosocomial, using the definitions in the Infection Control Manual.              1.3        Reviews nursing unit information to detect uncultured infection as defined in the "Criteria for Infections,” on a frequency determined as appropriate by the Infection Control Chairman.              1.4        Reviews Medical Records if patient dies or is discharged before surveillance information is complete, or if patient returns to clinic and has a significant culture result so as to include discharge infections in monthly report, as directed by Infection Control Chairman. |
| 2. | Prepares monthly nosocomial infections report in cooperation with other practitioner.  Shares surveillance information with appropriate hospital committees and departments.              2.1        Obtains denominator information necessary to calculate rates, i.e., discharges from Adult, Neonatal, and Pediatric Care Units, numbers of vaginal and cesarean births from Labor and Delivery, numbers of coronary artery bypass graft surgeries from Cardiothoracic Unit, or any other such pertinent information, as determined by the Infection Control Chairman.              2.2        Analyzes data and classifications of surgical cases to calculate monthly wound infection rates in clean, clean-contaminated, contaminated, and dirty classifications.              2.3        Assures audit of ventilator-associated lower respiratory infections, calculating rate of infection per 100 device days in both adult and pediatric patients.              2.4        Tabulates and distributes yearly summaries of nosocomial infection reports, in cooperation with other practitioners.              2.5        Functions as Assistant Secretary to Infection Control Committee. |
| 3. | Advises health care colleagues about hospital isolation policy and disposition of infected/colonized patients and adequate, courteous handling of patients.  Recommends treatment and care delivery priorities as a member of the health care team.              3.1        During routine review of microbiology reports notifies patient care nursing units of need for isolation of patients colonized or infected with certain organisms as determined by isolation policies.              3.2        During rounds of patient care units, checks patients in isolation to determine if isolation is appropriate and institutes necessary isolation measures for new cases, as recommended by isolation policies.  This is done to prevent nosocomial spread of organisms.              3.3        Ensures with each isolation case that both nursing and medical staff is appraised of need to start or stop isolation measures as recommended in isolation policies. |
| 4. | Investigates clusters of all significant infections occurring above the expected level, helps formulate actions and policies that will lead to containment of immediate problem and prevention of future re-occurrences.  Provides data  related to significant infections to the Infection Control Committee.              4.1        Saves isolates of significant organisms involved in the investigation with the approval and supervision of the Infection Control Chairman in case further testing is needed.              4.2        Arranges with microbiology laboratory for investigatory environmental cultures.              4.3        Collects necessary environmental cultures as directed by Infection Control Committee.              4.4        Conducts chart review, case control study, or other measures of investigation as directed by Infection Control Committee.              4.5        Maintains a file of results for each study indefinitely, under the direction of the Infection Control Chairman.              4.6        Writes investigative reports to present to infection Control Committee.              4.7        Ensures that corrective measures as determined by Infection Control Committee are carried out as recommended.              4.8        Monitors problem areas for several months after corrective measures are taken to check for any further problems. |
| 5. | Assists in development and implementation of approved infection control measures to maintain a high level of asepsis in the hospital.  Monitors compliance of practice with established standards of infection control practice.              5.1        Conducts yearly review of infection control policies with unit managers and reviews hospital wide guidelines with appropriate areas/committees as recommended by accrediting bodies.              5.2        Advises unit managers of acceptable standards for asepsis/disinfection and assists with plans to accomplish those goals on both a regular and yearly basis and as problems arise.              5.3        Reviews cleaning, disinfection, sterilization, waste disposal policies, procedure and practices to maintain appropriate standards in all areas. |
| 6. | Conducts inservice training programs related to infection prevention and control to raise level of employee understanding and compliance.              6.1        Conducts infection control inservice programs for all hospital employees as requested.  Maintains records and attendance of all inservice programs taught.              6.2        Participates in nursing orientation each month to inform new nursing employees about infection control, isolation, universal precautions, and blood borne pathogens.              6.3        Arranges infection control inservices in response to outbreaks, special requests, or new situations upon request to assure understanding and compliance with new policies for outbreak prevention.              6.4        Advises other and assists with presenting infection control inservices to various departments upon request. |
| 7. | Reports to and is liaison with local, state and federal health departments concerning prompt reporting of communicable diseases to reduce their incidence.              7.1        Reportable infectious disease are sent to local, state and federal health agencies, as appropriate.  Immediate telephone reports are also made as appropriate.              7.2        Maintains indefinitely and accurately a log of diseases reported to the health department as required by State law.              7.3        Maintains and makes available a log of telephone numbers of all county health departments in West Virginia, State Health officials and Centers for Diseases for use by hospital physicians to facilitate immediate reporting by phone under the direction of the State Health Department.              7.4        Checks weekly for positive cultures for Mycobacterium tuberculosis, serological tests for hepatitis, human immunodeficiency virus; assures patients still in house are appropriately isolated and reports such diseases to appropriate health department, as required by State law, under the supervision of Infection Control Chairman |
| 8. | Cooperates with Employee Health Service in management of patient/employee exposures to certain communicable diseases to prevent and or contain such diseases by investigating patient exposures.              8.1        Exposure of patients to tuberculosis, chicken pox (varicella), or others from visitor, patient or from an employee is investigated as each exposure occurs.              8.2        Each patient and/or patient's physician (as appropriate) is notified of exposure in person, by phone, or by certified letter.  Recommendations for follow-up are made to prevent/contain further spread of infection.  Documentation of action is noted in chart.              8.3        Visitors to the bedside of infected patients and family members are also informed if they are exposed and recommendations for follow-up are made to prevent/contain further spread of infection.              8.4        Appropriate health departments are notified of reportable disease and informed that contacts will be coming for testing, if such tests are appropriate, as required by State law.              8.5        Contact is made with other agencies as necessary, e.g., nursing homes, day care centers, ambulance services.              8.6        Incorporates Employee Health recommendations into Infection Control policies at the direction of Infection Control Committee, |
| 9. | Participates in Performance Improvement activities as appropriate. |

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| **PHYSICAL REQUIREMENTS:** The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. |

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| **WORKING ENVIRONMENT:** The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. |

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| **SKILLS AND ABILITIES:** | |
| 1. | Working knowledge of principles of epidemiology and infection control |
| 2. | Ability to organize and maintain records, reference files and computer operations |

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| Date Reviewed/Revised: December 2017 |