



APIC[®]

**Association for Professionals in
Infection Control and Epidemiology**

Vision: *Healthcare without infection*

Mission: *Create a safer world through prevention of infection*

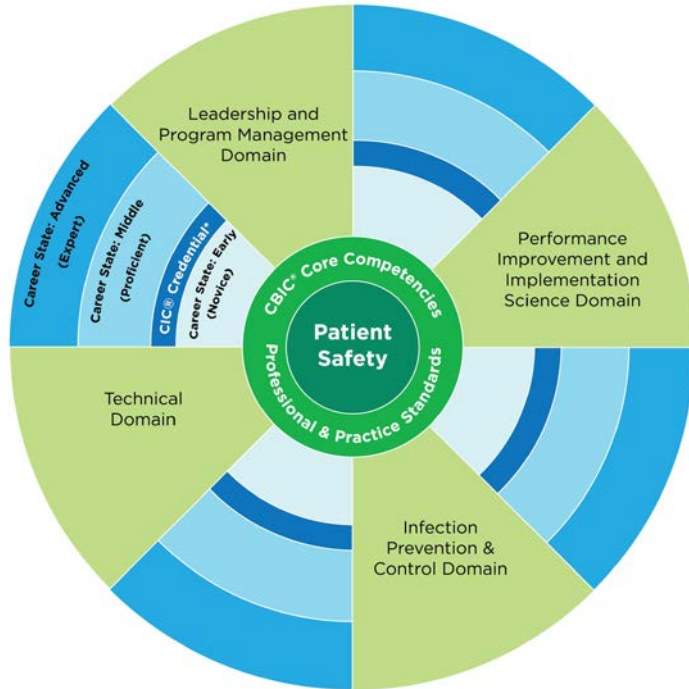
- Leading professional association for infection preventionists (IPs)
- 15,000+ members with backgrounds in nursing, medical technology, epidemiology, microbiology, public health, medicine
- APIC advances its mission through patient safety, implementation science, competencies and certification, advocacy, and data standardization.



Linda Greene, RN, MPS, CIC, FAPIC
2017 President

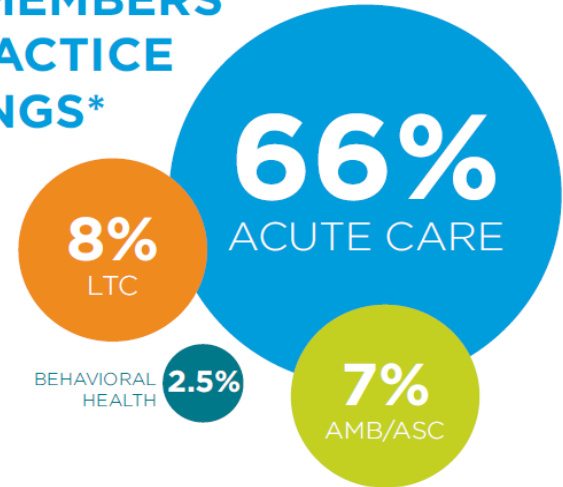
***Association for Professionals in
Infection Control and Epidemiology
(APIC)***

Competency Model for the IP



Murphy DM, Hanchett M, Olmsted RN, Farber MR, Lee TB, Haas JP, et al.
Competency in infection prevention: a conceptual approach to guide current and future practice.
American Journal of Infection Control 2012;40:296-303.

APIC MEMBERS BY PRACTICE SETTINGS*



OTHER SETTINGS INCLUDE:

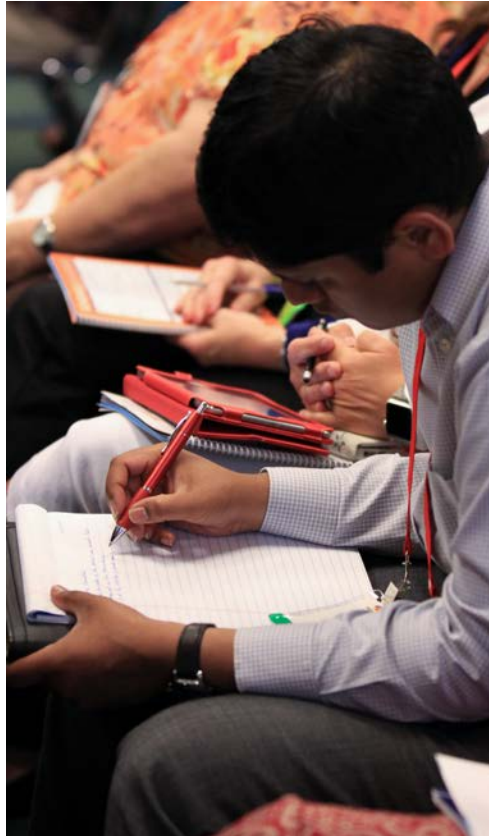
Academic Clinic/Outpatient Public Health
Pediatric Veterans Affairs Consultant

*2016 APIC Compensation Survey

[text version of slide 3](#)



Infection preventionists (IPs) possess the scientific and clinical knowledge, combined with social skills, to engage frontline providers to bring best available evidence-based practice to the patient.



IPs have the 30,000 foot view of the healthcare facility's infection prevention efforts and performance.



The IP's primary focus and responsibility is infection prevention.



ELSEVIER




IPs:
We ARE the
Profession

Major Article

APIC MegaSurvey: Methodology and overview

Timothy Landers^a PhD, RN, CNP, CIC^{a,*}, James Davis^a MSN, RN, CCRN, HEM, CIC, FAPIC^b,
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^cAssociation for Professionals in Infection Control and Epidemiology, Inc, Arlington, VA

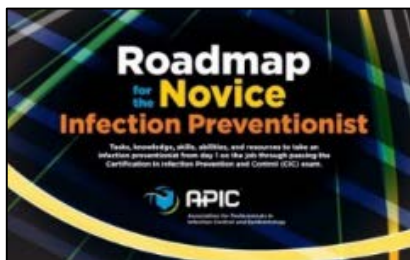
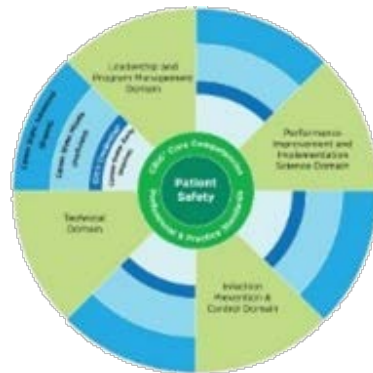
“The issue of staffing levels for IPs is the most urgent and common concern expressed.”

IP Workforce Survey
4,078 participants

Demographic characteristics of APIC MegaSurvey participants

	n	%
Age (y)		
18-25	19	0.5
26-35	415	10.2
36-45	770	19.0
46-55	1164	28.7
56-65	1,519	37.4
66 +	172	4.2

[Text version of survey participant demographics](#)



APIC 2017
 June 14-16 • Portland, OR





Gaps in practice and education

- Basic infection prevention training and education are lacking
- Must ensure competency across all levels of the healthcare continuum for IPs and frontline care providers
- Education on antimicrobial stewardship is essential



Specialized workforce in infection prevention and control is critical to leading and implementing prevention efforts and improving patient safety.



Infection Prevention and You

Who are infection preventionists?

Infection preventionists use their detective skills to find the bad germs and make sure everyone is doing the right things to keep you safe.

Catheters or other devices will be stuck in your body after your skin receives proper cleaning.

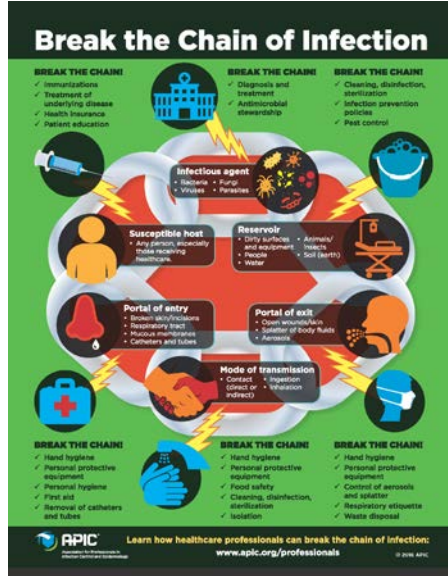
Healthcare workers will clean their hands before and after they care for you.

Your healthcare workers will wear gloves, gowns, and masks at the right times.

If you are in facilities, you and your visitors may need to do this too.

Your rooms and any equipment that is used or you will be clean.

APIC Association for Professionals in Infection Control and Epidemiology
www.apic.org/infectionpreventionandyou
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Break the Chain of Infection

BREAK THE CHAIN!

- ✓ Immunizations
- ✓ Treatment of underlying disease
- ✓ Health insurance
- ✓ Patient education

BREAK THE CHAIN!

- ✓ Diagnosis and treatment
- ✓ Antimicrobial stewardship

BREAK THE CHAIN!

- ✓ Cleaning, disinfection, sterilization
- ✓ Infection prevention policies
- ✓ PPE control

Infectious agent

- Bacteria
- Viruses
- Parasites

Susceptible host

- Any person, especially those receiving healthcare

Reservoir

- Dirty surfaces
- Animals and equipment
- People
- Water
- Soil (earth)

Portal of entry

- Broken skin/lesions
- Respiratory tract
- Mucous membranes
- Contact and bites

Portal of exit

- Open wounds/lesions
- Salivary of body fluids
- Aerosols

Mode of transmission

- Contact
- Ingestion
- Direct
- Indirect

BREAK THE CHAIN!

- ✓ Hand hygiene
- ✓ Personal protective equipment
- ✓ PPE control
- ✓ Cleaning, disinfection, sterilization
- ✓ Isolation

BREAK THE CHAIN!

- ✓ Hand hygiene
- ✓ Personal protective equipment
- ✓ Control of persons and splatter
- ✓ Respiratory etiquette
- ✓ Waste disposal

BREAK THE CHAIN!

- ✓ Cleaning, disinfection, sterilization
- ✓ Infection prevention policies
- ✓ PPE control

APIC Learn how healthcare professionals can break the chain of infection:
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Healthcare-associated infections are preventable.



Infection Prevention and You

You are an important part of infection prevention!

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The ABC's of Antibiotics

Ask "Are these antibiotics necessary?"

Bacteria Antibiotics do not kill viruses. They only kill bacteria.

Complete the Course Take all of your antibiotic until you are better, even if you feel better.

Do not pressure your healthcare provider for antibiotics.

APIC Learn how our antibiotic stewardship can help you prevent antibiotic resistance:
www.apic.org/antibioticstewardship © 2014 APIC



Do's & Don'ts

DO'S AND DON'TS FOR WEARING GLOVES IN THE HEALTHCARE ENVIRONMENT

Types of gloves encountered in the healthcare setting

STERILE GLOVES

Indicated for performing any sterile procedure including, but not limited to, vaginal delivery, invasive endotracheal procedure, central venous device placement, and any activity that requires sterile technique.

NON-STERILE GLOVES

Use for direct contact with patient or for contact with mucous membranes (e.g., nasopharynx, oropharynx).

NON-MEDICAL GLOVES

Use for direct contact with patient or for contact with mucous membranes (e.g., nasopharynx, oropharynx).

UTILITY GLOVES

Use for handling, maintenance, repair, waste removal, and cleaning of equipment.

Do

- ✓ Wear gloves to reduce the risk of colonization of organisms in sterile, other body fluids, mucous membranes, and tissues of patients.
- ✓ Use clean hands before wearing gloves for a specific procedure (e.g., insertion of catheter or other invasive device).
- ✓ Clean hands after removing gloves.
- ✓ Wear nitrile and change glove routinely each task, after contact with a contaminated area or environment.
- ✓ Use one pair of gloves to one patient/infant.
- ✓ Do not use gloves to perform a procedure if you have a wound or a lesion on your hands.
- ✓ Wear gloves to handle waste for any contact with the patient or the environment.
- ✓ Remove your hands by pulling on glove and wristband to avoid touching your face and/or clothing.

Don't

- ✗ Wear gloves to wash hands before or after gloving.
- ✗ Wear gloves to perform any sterile procedure.
- ✗ Wear gloves to perform any non-sterile procedure.
- ✗ Wear gloves to perform any task that requires sterile technique.
- ✗ Wear gloves to handle waste for any contact with the patient or the environment.
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Do's & Don'ts

For wearing N95 respirators in non-surgical healthcare settings

Do

- ✓ Check to make sure the N95 respirator has the address such as N95 or N95A.
- ✓ Wear for protection against very small particles that float in the air (e.g., viruses or influenza).
- ✓ Follow manufacturer's instructions for donning and doffing of N95.
- ✓ Ensure proper fit including seal check and result an acceptable fit test.
- ✓ Complete seal check after donning the respirator.
- ✓ Perform a seal check after the end of your shift (especially if you have been wearing the respirator for a long time) to ensure a proper fit.
- ✓ Minimize face-to-face contact with the N95 respirator by pulling outwards to help maintain the integrity of the seal without touching the front of mask. Keep strap tight. Adjust the removal points.
- ✓ Check to help maintain the integrity of the N95 respirator by keeping the straps and the front of the N95 respirator clean and free of any type of non-particle contamination, such as your gloves and gown.
- ✓ Remove the N95 respirator only by the top of the headband and the bottom side-strap to avoid touching the front of the mask.

Don't

- ✗ Don't wear if face or seal not fit or seal not N95 respirator.
- ✗ Don't reuse (wear it after wearing once).
- ✗ Don't use on patients or visitors, except N95 respirators unless they're face-to-face or team.
- ✗ Don't wear an N95 respirator that hasn't been properly fit tested. Proper fit is essential.
- ✗ Don't use with equipment if it hasn't passed the respirator seal test.
- ✗ Don't touch the front of the N95 respirator if it is contaminated.
- ✗ Don't use on patients or visitors, except N95 respirators unless they're face-to-face or team.
- ✗ Don't share your N95 respirator with others unless you can contact the seal.
- ✗ Don't take an N95 respirator hanging around your neck.

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Spreading knowledge.
Preventing infection.®

APIC Text Versions

Slide 3

Competency Model for the IP

The conceptual model is presented as a circular diagram. At its center is patient safety, the aspirational goal for everything else that moves outward from it. Four specific, future-oriented domains radiate outward from the center and include: (1) technical, (2) leadership and program management, (3) infection prevention and control, and (4) performance improvement/implementation science.

APIC Members by practice settings (2016 APIC Compensation Survey)

Acute Care – 66%

LTC – 8%

AMB / ASC – 7%

Behavioral Health – 2.5%

Other settings include:

- Academic
- Pediatric
- Clinic / Outpatient
- Veterans Affairs
- Public Health
- Consultant

Slide 5

Demographic characteristics of APIC Mega Survey Participants

Age (y)	Number	Percent
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