The Infection Control Practitioner (ICP) is responsible for the surveillance and reporting of nosocomial infections, investigation of infection or clusters of infections as warranted, microbiological monitoring of the healthcare environment and remediation as warranted, targeted education, consultation, research, administration and continued professional development. As a tertiary care teaching organization with a significant organ transplantation program, the vulnerability of our patient population to infection necessitates that Infection Control efforts impact upon nearly all hospital departments, services and disciplines in order to control the spread of nosocomial infection as well as costs associated with such infections. They may be called upon to provide services at any UW Health locations.

Problems encountered range from mundane to very complex, often with direct ramifications for patient outcomes. Highly innovative problem solving is needed when complex difficulties arise, for instance, an outbreak of nosocomial infections for which there is no readily discernible source. Instances occasionally arise for which there is no precedent from which to seek guidance. In these situations, decisions must be made using the data currently available and performing searches of scientific and medical literature. The vulnerable nature of the patient populations at UW Health must always be considered when dealing with such issues in order to ensure that adequate safeguards against infection are in place. Epidemiologic investigation, which incorporates relevant microbiological and surveillance data, may be needed to elucidate the cause of infection and identify the risk factors which contribute to acquisition of infection.

Infection Control Practitioners routinely interact with personnel from nearly all departments, especially those departments which provide direct or indirect patient care or whose responsibilities impact on materials utilized by patients. Educational efforts aimed at heightening awareness of nosocomial infection, how to minimize infection among patients, and how to minimize occupational risks of infection are presented to employees as well as to more specifically targeted occupational subgroups.

As a community resource, the ICP also has routine interaction with outside individuals from varied patient care and public health disciplines who seek information, advice or guidance in solving problems related to the control of infection. ICPs are also occasionally called upon to provide information to media sources (radio, television, newspapers) pertaining to the prevention of community acquired infections.

ICPs function with supervision from the Epidemiologist, who directs the overall strategy and implementation of the Infection Control Unit activities. This role may also provide rotational call support for UW Health clinical areas.

### MAJOR RESPONSIBILITIES

#### Surveillance Activities:

1. Perform surveillance of nosocomial infections, as well as targeted surveillance in problem areas, as directed by the Hospital Epidemiologist.
2. Analyze and distribute monthly and quarterly surveillance data to the Infection Control Committee and quarterly unit-specific and service-specific nosocomial infection reports to the medical staff, nursing staff and the quality, safety and innovations department.
3. Provide physician-specific lists of patients with nosocomial infection and surgeon-specific surgical wound infection rates to clinical department chairs and medical faculty for review and analysis regarding clinical practice.
4. Monitor trends in unusual or resistant organisms (community-acquired or nosocomial) for evidence of spread to other patients, visitors or employees.
5. Notify the local public health agencies and/or the State Bureau of Community Health and Prevention of reportable diseases in collaboration with physicians, as required by state statute.
6. Assume responsibility for pursuing necessary updating of computerized surveillance and isolation systems.
7. Surveillance activity competencies:
   - a. Apply NSHN definitions on targeted units to consistently and accurately identify nosocomial infections and differentiate these from community acquired infections.
   - b. Aggregate nosocomial infection data, express these data as rates using relevant denominators.
   - c. Trend incident nosocomial infection data and effectively represent these graphically using internal and external benchmarks, as appropriate.
Investigation of Existing or Potential Epidemics:
1. Under the direction of the Epidemiologist, independently in his/her absence, direct and carry out investigation of outbreaks and other infection control problems using appropriate epidemiologic methodology.
2. Plan and participate in ongoing applied research, in conjunction with the Epidemiologist and other members of the Infection Control Unit, to include study design, data analysis, writing reports or publications and presentations.
3. Investigate and provide assistance in post-exposure follow-up for employees and patients. Coordinate appropriate follow-up of employees through Employee Health Service.
4. Epidemic investigation competencies:
   a. Utilize nosocomial infection surveillance data to identify infection rates above that expected from random variation or when a cluster of infections may be linked temporally, geographically, or by common exposure.
   b. Implement logical interventions based on the route(s) of transmission of the known or suspected infectious agent to interrupt further transmission and assess the impact of these interventions based on further incidence of infection.
   c. As needed - perform appropriate environmental sampling to identify medications, solutions, materials, processes, disinfectants, etc., which may serve as the reservoir of infection, or which may contribute to transmission.
   d. As needed - coordinate among unit staff, physicians, EHS, Microbiology Laboratory to collect appropriate cultures from patients and/or employees to assess colonization status and attack rate.
   e. As needed – utilize molecular subtyping data developed by the Infection Control Microbiologist to identify the relatedness of infecting microbial strains. Interpret molecular subtyping in the context of other epidemiologic data to help clarify the source(s) of infection and potential transmission scenarios. Tailor interventions as warranted.

Education and Consultation:
1. Develop, implement, and participate in written and oral educational curricula dealing with nosocomial infection control for UW Health personnel and students on clinical rotations. Actively participate in continuing medical education programs sponsored by UW Health and other institutions.
2. Assist other departments, agencies, and personnel, including medical staff, to develop appropriate patient care protocols and guidelines, and education programs dealing with infection control.
3. Be available to provide consultative services in infection control for all UW Health personnel, including physicians and department heads, as well as infection control practitioners and other professionals locally and nationally. This includes assisting with discharge planning of patients with infections as requested by various units, case managers or receiving institutions, and teaching family members who will provide care.
4. Assess the risk of infection posed by manufactured equipment and patient care items and provide infection control input, as necessary, in decisions regarding purchasing. This may include coordinating or assisting in clinical trials and evaluations which require communication with management and department heads.
5. Collaborate with materials management personnel regarding optimal methods of cleaning, disinfection and sterilization of patient care equipment.
6. Coordinate with employee health Services, as it pertains to infection control, development and implementation of protocols for the prevention and management of exposures and infections in personnel.
7. Counsel employees regarding risk and prevention of disease after exposures, and in association with pregnancy.
8. Contribute infection control information to healthcare literature, including newsletters and media outlets.
9. Evaluate and determine the merit of employee suggestions pertaining to infection control.
10. Education Competencies:
    a. Develop effective and relevant teaching tools appropriate in scope and complexity for the intended audience.
    b. Effectively present unambiguous information in written and verbal presentations.
    c. Utilize feedback from educational efforts, such as posttests or attendee evaluations, to improve subsequent curricula.
11. Consultation competencies:
    A. Correspond respectfully and non-judgmentally with those seeking consultation in order to accurately identify relevant infection control concepts associated with their concern.
    B. Effectively utilize peer-reviewed research articles, reference texts, federal and professional guidelines and other reliable information sources to formulate a response which is based on sound evidence and knowledge of infectious agents and their routes of transmission.
C. As needed — identify departments potentially affected by issues raised by consultation seekers in order to coordinate an effective and inclusive response across departments; revise or develop UW Health Infection Control Policies to address issues.

**Microbiological Support:**

1. Perform targeted environmental microbiological surveillance of the environment in order to comply with existing guidelines for ensuring adequate control of environmental microbes. When environmental microbiological guidelines are nonexistent, acceptable levels of environmental contamination must be based on information gleaned from literature review, past history with the microbial threat in question, and in keeping with the vulnerability of the patient populations affected.

2. Perform event-related environmental surveillance in order to assess risk of infection to vulnerable patients when changes in the environment (malfunctions in air handling or water distribution systems, construction and renovation, etc.) raise the suspicion of microbial contamination. Interpret results of environmental sampling and report relevant findings to the Epidemiologist and the Infection Control Committee.

3. Perform microbiologic surveillance of patient care equipment, personnel and patients as needed to provide relevant information in the epidemiologic investigation of clusters or outbreaks of nosocomial infection.

4. Perform molecular subtyping (e.g., DNA fingerprinting) on patient, staff and relevant environmental isolates to track the introduction of new strains of epidemiologically significant pathogens and their movement among the patient population and to identify instances of cross-infection or infection caused by microbes harbored in an environmental source. Interpret results and report relevant findings to the Epidemiologist and the Infection Control Committee.

5. Investigate various environmental remediation efforts which are prudent based upon the microbiologic data generated, review of relevant literature, and the vulnerability of the patient populations affected. Make recommendations to the Epidemiologist and the Infection Control Committee regarding the cost and efficacy of such remediation options.

6. Issue reports of microbiologic sampling results to appropriate personnel for record keeping or review by quality assurance teams.

7. Microbiology competencies
   a. Use standard protocols for microbial identification to accurately identify bacteria and fungi.
   b. Use knowledge of potential pathogens, their growth requirements, environmental niches and modes of transmission to define the most appropriate method of sampling to recover specific agents of concern. Develop sampling methodologies, as needed, when established methods are not applicable.
   c. Use molecular subtyping techniques for strain identification and apply information gained by these methods in the investigation of sporadic or clustered infections.
   d. Promptly forward concise reports of microbiological sampling, with interpretation of their significance, to relevant departments in order to share information and to alter practices as needed.
   e. Perform monthly microbiological assessment of hemodialysis water distribution systems and forward reports to hemodialysis managers in a timely manner. Alert managers if findings indicate that system shutdown or intervention is required to protect hemodialysis patients.
   f. Effectively report salient findings to the Infection Control Committee and make recommendations based upon such findings.

**Community Outreach:**

1. Cooperate with public health agencies in order to provide them with pertinent patient information which is necessary for the completion of epidemiologic investigations and community-wide epidemic control.

2. Serve as a resource for various media outlets such as newspapers, radio and television in order to provide community level education on issues relevant to the prevention of infection.

3. Serve as a national resource for healthcare providers who seek information and guidance in controlling epidemic or endemic infection in their care setting.

4. Serve as a resource for various schools who seek persons knowledgeable in the prevention of infection to provide educational opportunities to their students.

5. Community outreach competencies
   A. Provide accurate, evidence-based information to external entities seeking information related to the control of infection.

**Administrative Functions:**

1. As designated by the Epidemiologist, serve as Acting Epidemiologist in his or her absence, directing the day-to-day activities of the Infection Control Department. During such periods, major decisions bearing on patient care or hospital policies will be effected when appropriate, with input from Administration and available UW Health
**UW HEALTH JOB DESCRIPTION**

1. Infectious Disease staff.
2. Help develop and implement plans to achieve departmental and organizational goals and objectives.
3. Provide ongoing assessment of the goals and objectives, and specific needs of UW Health with respect to nosocomial infection control.
4. Coordinate the evaluation, development and implementation of patient care policies and procedures for prevention of nosocomial infection.
5. Monitor compliance of personnel with isolation technique and other infection control procedures that relate to prevention of infection in patients and/or employees and establish corrective action when indicated.
6. When necessary, exercise vested authority to independently place patients in isolation or modify existing procedures in the event of extenuating circumstances, taking into account the epidemiologic aspects of transmission of the disease.
7. Assure adherence to infection control standards of external agencies such as The Joint Commission, State of Wisconsin and the Centers for Disease Control and Prevention. This includes coordinating the update and maintenance of the UW Health Bloodborne Pathogens Exposure Control Plan.
8. Integrate infection control into the UW Health Continuous Quality Improvement Program.
9. Serve as a member of various committees, including the Infection Control Committee, Nursing Patient Care Policy and Procedure Committee, Patient Care and Procedures Committee, and any relevant subcommittees and ad hoc committees.

**Departmental administrative competencies:**

1. Interact and communicate effectively with members of the Infection Control Unit, associates, and individuals of outside agencies, as needed, to promote the overall efforts of infection control within UW Health.
2. Facilitate the coordinated efforts of Infection Control Unit employees in order to achieve departmental and organizational goals.
3. Use surveillance data, federal and professional guidelines, peer-reviewed journals, etc. to review, revise and develop effective policies in order to minimize the impact of nosocomial infections on UW Health patients and staff members.
4. Remain current regarding changes in authoritative guidelines which impact upon the control of infection (e.g., OSHA bloodborne pathogen rule, guidelines from the Centers for Disease Control and Prevention) and facilitate employee compliance with these guidelines by updating UW Health policies, coordinating education efforts, etc.
5. Effectively serve on relevant committees as a source of accurate information in order to facilitate implementation of the wide-ranging aspects of infection control across departments and activities.
6. Generate and maintain accurate, detailed minutes of Infection Control Committee meetings and provide these to the Medical Board for review.
7. Assist with the development and evaluation of the annual Infection Control Plan

**Participate in Research and Performance Improvement:**

1. Review infection control procedures and conduct necessary studies to support changes in policies and procedures that can reduce health care costs without compromising quality of care. Assist with the implementation of such changes.
2. Lead process improvement efforts related to infection control using UW Health process improvement methods.
3. Publish relevant research findings in the healthcare literature.
4. Research competencies:
   a. Accurately identify aspects of organizational practices which may impact disease transmission which are amenable to investigation.
   b. With input from the Epidemiologist, design studies which enable us to gain insight into aspects which may affect the incidence of nosocomial infection.
   c. Share relevant results with associates through education or reports to specific departments, and use these results to recommend changes in policy or practice to reduce risk of nosocomial infection.
   d. Share relevant results with the professional community at large through publication in peer-reviewed journals.

**Professional Development:**

1. Maintain strong professional grounding in clinical infectious diseases, nosocomial infection control, epidemiology and statistics, clinical microbiology and management techniques by keeping abreast of literature in these areas and by participation in postgraduate education programs and relevant conferences.
2. As feasible, review manuscripts or books at the request of publishers and journals.
3. Professional development competencies:
   a. Effectively use electronic, text, and professional resources to find current, accurate information relating to nosocomial infection. Use these sources for continuous self-education in order to remain current.
b. Apply new information to the practice of nosocomial Infection Control.

### ALL DUTIES AND REQUIREMENTS MUST BE PERFORMED CONSISTENT WITH THE UW HEALTH PERFORMANCE STANDARDS.

### JOB REQUIREMENTS

<table>
<thead>
<tr>
<th>Education</th>
<th>Minimum</th>
<th>Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Baccalaureate degree in nursing, microbiology, medical technology, epidemiology, preventive medicine or other related health field.</td>
<td>Master’s degree in infection control or occupational health</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Work Experience</th>
<th>Minimum</th>
<th>Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Three (3) years of clinical health-care experience relevant to healthcare infection control. Additional education may be substituted in lieu of experience.</td>
<td>Experience with surgical settings related to infection control</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Licenses &amp; Certifications</th>
<th>Minimum</th>
<th>Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Valid WI driver’s license</td>
<td>Certification in Infection Control</td>
</tr>
</tbody>
</table>

**Required Skills, Knowledge, and Abilities**

- Current knowledge of the epidemiology of infectious diseases and methods to effectively control their spread.
- Specific training or experience in healthcare epidemiology and infection control.
- General knowledge of clinical and environmental microbiology as related to the healthcare setting.
- Knowledge of the principles of decontamination, disinfection and sterilization, the methods to achieve these processes, and methods of monitoring efficacy.
- Knowledge of principles of adult education and excellent written and verbal skills.
- Ability to clearly communicate directions and negotiate the solution of problems.
- Ability to learn computer and application skills as applicable to role (MS Word and Excel).
- Ability to interact with and work around people
- Ability to make judgments in demanding situations
- Ability to react to frequent changes in duties and volume of work
- Effective communication skills
- Ability to listen empathetically
- Ability to logically organize details
- Comfortable accepting responsibility for medium to large scale projects involving multiple resources and spanning many months from start to finish
- Ability to manage multiple concurrent activities
- Ability to travel to other sites in Madison and rural areas as needed

### AGE SPECIFIC COMPETENCY (Clinical jobs only)

**Instructions**: Indicate the age groups of patients served either by direct or indirect patient care by checking the appropriate boxes below. Next,

<table>
<thead>
<tr>
<th>Infants (Birth – 11 months)</th>
<th>Adolescent (13 – 19 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toddlers (1 – 3 years)</td>
<td>Young Adult (20 – 40 years)</td>
</tr>
<tr>
<td>Preschool (4 – 5 years)</td>
<td>Middle Adult (41 – 65 years)</td>
</tr>
<tr>
<td>School Age (6 – 12 years)</td>
<td>Older Adult (Over 65 years)</td>
</tr>
</tbody>
</table>

### JOB FUNCTIONS

Review the employee’s job description and identify each essential function that is performed differently based on the age group of the patient.

### PHYSICAL REQUIREMENTS

**Indicate the appropriate physical requirements of this job in the course of a shift.** Note: reasonable accommodations may be made available for individuals with disabilities to perform the essential functions of this position.

<table>
<thead>
<tr>
<th>Physical Demand Level</th>
<th>Occasional</th>
<th>Frequent</th>
<th>Constant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sedentary: Ability to lift up to 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets.</td>
<td>Up to 10#</td>
<td>Negligible</td>
<td>Negligible</td>
</tr>
</tbody>
</table>
UW HEALTH JOB DESCRIPTION

<table>
<thead>
<tr>
<th>Event</th>
<th>Light: Ability to lift up to 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may only be a negligible amount, a job is in this category when it requires walking or standing to a significant degree.</th>
<th>Up to 20#</th>
<th>Up to 10# or requires significant walking or standing, or requires pushing/pulling of arm/leg controls</th>
<th>Negligible or constant push/pull of items of negligible weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event</td>
<td>Medium: Ability to lift up to 50 pounds maximum with frequent lifting and/or carrying objects weighing up to 25 pounds.</td>
<td>20-50#</td>
<td>10-25#</td>
<td>Negligible-10#</td>
</tr>
<tr>
<td>Event</td>
<td>Heavy: Ability to lift up to 100 pounds maximum with frequent lifting and/or carrying objects weighing up to 50 pounds.</td>
<td>50-100#</td>
<td>25-50#</td>
<td>10-20#</td>
</tr>
<tr>
<td>Event</td>
<td>Very Heavy: Ability to lift over 100 pounds maximum with frequent lifting and/or carrying objects weighing over 50 pounds.</td>
<td>Over 100#</td>
<td>Over 50#</td>
<td>Over 20#</td>
</tr>
<tr>
<td>Event</td>
<td>Other - list any other physical requirements or bona fide occupational qualifications not indicated above:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: The purpose of this document is to describe the general nature and level of work performed by personnel so classified; it is not intended to serve as an inclusive list of all responsibilities associated with this position.