



Infection
Control
Plan

2024-
2025

FERRY COUNTY HEALTH INFECTION CONTROL PLAN

Ferry County Health is located in Republic, Washington and provides services for 7,800 people throughout Ferry County. Ferry County Health Hospital is a 25 bed critical access hospital, located in Republic, WA, with approximately 175 employees and offering a comprehensive diagnostic and treatment services to a diverse patient population from pediatrics to geriatric.

Ferry County Hospital Services:		
Emergency Care (Level 5 Trauma Designated)	Observation Care	Mobile Integrated Health Care
Endoscopy Services (outpatient)	Skilled Swing Bed	Behavioral Health
Laboratory	Extended Care	Occupational Therapy
Physical Therapy	Wound Care	Inpatient Care
Dietician Services	Rural Health Clinic	
Diagnostic Imaging	Outpatient Nursing Care	

POLICY

Mission: To strengthen the health and well-being of our community through partnership and trust.

SCOPE AND FUNCTIONS OF THE INFECTION CONTROL PROGRAM

The Infection Prevention Program interfaces with all operational departments and services throughout the organization.

VISION

The Infection Control program contributes to a safe care environment and practices to be the regional comprehensive healthcare provider of choice.

AUTHORITY AND STRUCTURE OF THE INFECTION PREVENTION PROGRAM

The Infection Prevention Program is managed by the Infection Preventionist (IP) who reports to Chief Nursing Officer and resides within the Quality Department. The Infection Preventionist interfaces with administration, staff, medical providers, and other professionals and has the authority to cross operational lines to meet the goals of the program. The IP is a member of the Antimicrobial Stewardship Committee and the Quality Improvement Committee (CQI). The IP reports to the Chief Nursing Officer, and Chief of Staff. And through the authority of the Governing Board, shall have clinical authority over the infection prevention and control program. Infection Prevention data is shared with providers through the Medical Staff Meetings as necessary.

The Infection Preventionist is responsible for overseeing day-to-day monitoring of infection prevention program activities, direct surveillance and reporting to external organizations, per regulations and communicates analysis and feedback of reported infection prevention and control information to the district for action.

The Ferry County IP shall have the authority to institute any appropriate surveillance, prevention, and/or control measures when any condition exists or prevents a potential hazard that could result in the spread of infection within the hospital or its facilities. The Ferry County Health Infection Preventionist shall have the authority to investigate any outbreaks. Examples of appropriate prevention and/or control measures include but are not limited to: institution of appropriate isolation precautions in

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accordance with hospital policy and/or CDC guidelines, initiation of culture and sensitivity testing in the face of obvious indication, restricting visitors, temporarily closing a unit or ward to further admissions in case of a suspected or actual outbreak, restricting movement of patients from one area to another, and provision of education to staff, patients, and other persons at the hospital or its facilities. Other control measures may be initiated based on surveillance findings, reports of infections, and potential infections.

HEALTH INFORMATION:

Ferry County Health retrieves, disseminates, and transmits health information in practical formats. The hospital's storage and retrieval systems make health information accessible when needed for patient care, treatment, and services. Ferry County Health went live with Meditech Xpanse Electronic Health Record in February of 2023. The Surveillance Desktop under Quality Management has been set up to drop all correctly documented urinary catheters, peripheral IV, Microbiology, phlebitis, and possible sepsis. This dashboard will decrease the data mining that was manually necessary with the previous record system. Auditing of all patient admissions is still required quarterly due to potential errors and incorrect documentation. For example, nurse documentation from the notes page will not drop down to the surveillance page. The surveillance page only drops information for hospital based admits, excluding Republic and Curlew Medical Clinic data.

INFECTION PREVENTION AND CONTROL PROGRAM RESOURCES

Hospital leaders allocate needed resources for the infection prevention and control program. Ferry County Health provides access to information needed to support the infection prevention and control program. Ferry County Health provides laboratory resources when needed to support the infection prevention and control program. Ferry County Health provides equipment and supplies to support the infection prevention and control program. This includes access to the electronic health records used with the organization and the use of manual tracking and monitoring of lab data.

INFLUENZA VACCINATION FOR LICENSED INDEPENDENT PRACTITIONERS AND STAFF:

The organization has an annual influenza vaccination program that is offered to all licensed independent practitioners, staff, students and adult volunteers. Ferry County Health has a goal of 98% influenza vaccination for the 2025-2026 Influenza season.

INFLUENZA and COVID-19 VACCINATION PROCEDURE

1. Ferry County Health will offer annual influenza vaccination to licensed independent practitioners and staff.
2. The infection preventionist or designee will provide education to licensed independent practitioners and staff about:
 - A. The vaccine,
 - B. Non-vaccine control and prevention measures, and
 - C. The diagnosis, transmission, and impact of each virus.
3. The infection preventionist will provide accessible options for vaccinations to licensed independent practitioners and staff.
4. Ferry County Health has an organizational goal to improve vaccination rates.

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5. Ferry County Health had a goal of 98% influenza vaccination (all staff, students, and volunteers) for the 2024-2025 flu season. The organization missed the goal for 2024-2025 with an immunization rate of 62%.
 - A. PLAN: Discuss not meeting flu vaccination in Quality Improvement Committee meeting. The IP reached 94% of district Staff with education and declination of flu vaccination. The main reason staff declined flu vaccination was they were having to wear a mask due to other respiratory illness prevention measures. IP will continue to provide education for staff. Suggest review of respiratory prevention measures to capture staff compliance with vaccination status.
6. Ferry County Health shall determine the influenza vaccination rate by calculating a numerator, which will then be divided by a denominator and multiplied by 100%.
 - A. Numerator Statement: HCP in the denominator population who during the time from October 1 (or when the vaccine became available) through March 31 of the following year:
 - Received an influenza vaccination administered at the healthcare facility, or reported in writing (paper or electronic) or provided documentation that influenza vaccination was received elsewhere; or
 - Were determined to have a medical contraindication/condition of severe allergic reaction to eggs or to other component(s) of the vaccine, or history of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination; or
 - Declined influenza vaccination; or
 - Persons with unknown vaccination status or who do not otherwise meet any of the definitions of the above-mentioned numerator categories.
 - Numerators are to be calculated separately for each of the above groups.
 - B. Denominator Statement: Number of HCP who are working in the healthcare facility for at least 30 working days between October 1 and March 31 of the following year, regardless of clinical responsibility or patient contact.
 - C. Denominators are to be calculated separately for:
 - Employees: all persons who receive a direct paycheck from the reporting facility (i.e., on the facility's payroll).
 - Licensed independent practitioners: include physicians (MD, DO), advanced practice nurses, and physician assistants only who are affiliated with the reporting facility who do not receive a direct paycheck from the reporting facility.
 - Adult students/trainees and volunteers: include all adult students/trainees and volunteers who do not receive a direct paycheck from the reporting facility.
 - Contracted staff not accounted for in the above categories but who are working in the healthcare facility for at least 30 working days between October 1 and March 31 of the following year, regardless of clinical responsibility or patient contact.
7. Ferry County Health Hospital and will provide influenza vaccination rate data to key stakeholders at least annually.

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MEDICAL EQUIPMENT, DEVICES, AND SUPPLIES

Ferry County Health implements infection prevention and control activities when cleaning and performing low-level disinfection of medical equipment, devices, and supplies as outlined in applicable hospital policy #4.1.001. Ferry County Health implements infection prevention and control activities when performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies as outlined in applicable hospital policy. Ferry County Health sends their instruments and devices requiring sterilization to the Central Sterile Department for sterile processing. The organization implements infection prevention and control activities when disposing of medical equipment, devices, and supplies as outlined in applicable hospital policy. #22.1.001, 12.02.003, 12.02.001, and 23.08.007.

All cleaning and disinfection products used within the organization are approved through the Product Evaluation Committee led by the materials Manager.

The organization implements infection prevention and control activities when storing medical equipment, devices, and supplies as outlined in applicable hospital policy. #22.01.094.

OUTBREAK INVESTIGATION

Any outbreaks or suspected outbreaks of disease will be investigated by the infection preventionist with the full and timely cooperation of employees. Outbreak investigation strategies may include, as appropriate:

1. Confirming the presence of an outbreak
2. Alerting key partners about the investigation
3. Performing a literature review
4. Developing a methodology for case finding
5. Preparing an initial line list and epidemic curve
6. Observing and reviewing potentially implicated patient care activities
7. Considering whether environmental sampling should be performed
8. Implementing initial control measures
9. Follow-up investigation of an outbreak will include, as appropriate:
 - A. Refining the case definition
 - B. Continuing case finding and surveillance
 - C. Reviewing control measures
 - D. Considering whether an analytic study should be performed

POLICY AND PRACTICE DEVELOPMENT

Ferry County Health uses evidence-based national guidelines from the Centers for Disease Control and Washington State Department of Health post expert consensus in the development of infection control and prevention policy and practice.

PRECAUTIONS

Ferry County Health uses standard precautions, including the use of personal protective equipment, to reduce the risk of infection as outlined in the Standard and Transmission-Based Precautions policy 22.01.039 and other applicable procedures.

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REPORTS

Surveillance data is reported internally to the Quality Improvement Committee Quarterly or sooner if a Healthcare Acquire Infection is discovered. A dashboard, which includes infection control measures for the entire organization, is updated monthly by the IP nurse. Surveillance data is reported externally to NHSN (National Health Safety Network) monthly and as required. When NHSN data has been submitted for the quarter, the infection preventionist informs the CNO that reporting is complete. Surveillance data is reported externally to the Northeast Tri-County Health Department as required per WAC 246-101-101. The infection preventionist may report surveillance data in other forms and to other individuals or groups for informational purposes, performance improvement activities, or as required by law. Infection Prevention data is shared with external partners such as WSHA and DOH.

REPROCESSING SINGLE-USE DEVICES

Ferry County Health implements infection prevention and control activities consistent with regulatory and professional standards when reprocessing single-use devices as outlined in the Reprocessing Single Use Devices Defined Policy and Procedure. #4.1.014.

MULTI-DRUG RESISTANT ORGANISMS

Antimicrobial Stewardship and IP nurse receives hard copies of all lab reports on MDROS. All MDROs are tracked through hard copies and electronic data analysis. Meditech as primary form of notification (in process).

MDRO's are tracked by infection control dashboard for Quality Improvement Committee to review, any patterns or concerns will be addressed within the QIC. Antimicrobial Stewardship meet monthly to address the facilities plan to reduce the occurrence of MDRO and antibiotic use.

The organization has participated in the University of Washington Tele-Antimicrobial Stewardship Program (UW TASP) through a weekly video conference that brings together UW physicians, pharmacists, and clinical microbiologists with Ferry County Health across the Western United States. The program features clinical didactics, antimicrobial stewardship (AS) policies and procedures, and case consultations drawn from the community. This has allowed us to meet the Centers for Medicare and Medicaid Services requirements for infection prevention and antibiotic stewardship. We have also started an ASP program in the out-patient clinics which is championed by a pharmacist.

ORGANISMS OF CLINICAL SIGNIFICANCE

The organization performs surveillance of organisms of clinical significance. This currently includes VRSA, CRE and other MDROs will be reported to local public health upon discovery. Measles identification response was reviewed for possible influx in response to Western WA outbreak in January 2025 also due to rapid increase across several southern states. Continue increase in Pertussis seen in WA, continue to monitor for changes. Ferry County saw influx of RSV and also worked on vaccination of older population in 2024-2025. Continued monitoring for Candida Auris, COVID, Flu, RSV, Avian Flu.

TUBERCULOSIS

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Ferry County Health has an infection prevention and control plan to minimize, reduce, or eliminate the risk of infection from tuberculosis as outlined in the TB Control Plan. ASHC is a low risk (< 3 patients with active TB in an inpatient setting <200 beds) facility per the 2024 TB risk assessment and plan.) The tuberculosis plan will be updated annually during the month as the previous year's data is released. Any suspected case of active TB is reported immediately to the Northeast Tri-Co County Health District for evaluation of potential risks to the community.

TUBERCULOSIS RISK ASSESSMENT

Incidence of Tuberculosis	2019	2020	2021	2022	2023	2024
Community rate/100,000 residents	0	0	0	0	0	0
State rate	2.5	2.0	2.5	3.2	2.8	3.2
National rate	2.7	2.2	2.4	2.4	2.9	3.0
Facility rate (cases/1000 patient admission)	0	0	0	0	0	0
# Suspected	3	3	1	0	0	0
# Confirmed cases	0	0	0	0	0	0
Cluster of MTb	0	0	0	0	0	0
Employee conversion rates	0	0	0	0	0	0
Any group/trend with increased rate	0	0	0	0	0	0
# Beds	25	25	25	25	25	0
# Patients with MTb	0	0	0	0	0	0
Intermediate Risk – Intermediate risk areas or groups are those in which; (1) the PPD test conversion rate is not greater than in areas or groups without occupational exposure to TB or than previous rates in the same area or group; (2) there are no clusters of PPD test conversions; (3) there is no evidence of patient-to-patient transmission; and (4) there are 6 or more patients hospitalized per year. Low Risk – Low risks areas or group are those in which (1) the PPD test conversion is not greater than in areas or groups without occupational exposure to TB patients or than previous rates in the same area or group. (2) there are no clusters of PPD test conversions, (3) there is no evidence of patient-to-patient transmission, and (4) (in the case of an area) there are <3 TB patient hospitalized per year.						
Risk assigned	Low Risk	Low Risk	Low Risk	Low Risk	Low Risk	Low Risk
TB screening program: (Initial TB screening of staff and post exposure)	YES	YES	YES	YES	YES	YES
Written TB control plan (including triage)						
Effective/original date	N/A	N/A	N/A	N/A	N/A	N/A
Reviewed/updated	N/A	N/A	N/A	N/A	N/A	N/A
Is ongoing education provided to HCP?	YES	YES	YES	YES	YES	YES
Person responsible for implementing program	IP/EH	IP/EH	IP/EH	IP/EH	IP/EH	IP/EH
# + acid-fast bacilli smears	0	0	0	0	0	0
# + MTb cultures	0	0	0	0	0	0
Number of AIIRs available	3	3	3	16	16	16
All routinely checked?	YES	YES	YES	YES	YES	YES
Directional flow checked daily on AIIRs when in use?	YES	YES	YES	YES	YES	YES
Process in place for annual assessment of negative pressures and air changes per hour for AIIR?	YES	YES	YES	YES	YES	YES
Process in place for annual assessment of portable HEPA filter units	N/A	N/A	N/A	N/A	N/A	N/A
What type of mask is used?	CAPR & N95	CAPR & N95	CAPR & N95	CAPR & N95	CAPR & N95	CAPR & N95
Is initial fit test completed?	YES	YES	YES	YES	YES	YES
Is annual fit test completed?	YES	ON HOLD	YES	YES	YES	YES

INFECTION CONTROL RISK ASSESSMENT

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This risk assessment is completed based on the care, treatment and services provided at Ferry County Health. It was developed by analysis of surveillance activities and other infection control data. The tool is an update of the annual assessment completed last year. It reflects input from the IP, Chief Nursing Officer, Director of Quality, Individual departments and members of the associated committee. The Risk Level is determined by evaluating the previous year's data. This generates values which indicate areas of higher risk and lower risk. This plan includes items included in the 2019-2024 Risk Assessments and the evaluation and assessment data.

SURVEILLANCE PLAN EVALUATION PROCESS

The Surveillance Plan will be evaluated at least as often as the Infection Control Plan by comparing outcomes to goals. Additionally, the Surveillance Plan may be modified, amended, or abridged at any time by the IP to improve processes, respond to changes in requirements, or apply innovations.

SURVEILLANCE PLAN 2025

Indicator	Criteria	Reason	Methodology	Data Collection	Analysis NSHN guidelines on date collection
CAUTI	NHSN	Optional; Outcomes	Targeted; concurrent and/or retrospective	Monthly record review; other horizontal surveillance	Numerator: events; denominator: patient Foley days; individual inpatient unit rates calculated; cases reviewed for improvement opportunities and trends
CLABSI	NHSN	Optional; Outcomes	Targeted; concurrent and/or retrospective	Monthly record review; other horizontal surveillance	Numerator: events; Denominator: patient line days; individual inpatient unit rates; cases reviewed for improvement opportunities and trends.
SSI	NHSN	Optional; Outcomes	Targeted; concurrent and/or retrospective	Review of all surgical patients with COLO and HYST	Cases analyzed with NHSN criteria; individual cases reported externally as required and internally to Quality; cases reviewed for trends and improvement opportunities.
VAE	NHSN	Optional; Outcomes	Targeted; concurrent and/or retrospective	Monthly record review; other horizontal surveillance	Numerator: events; denominator: vent days; Case reviews for QI opportunities and trends.
MDROs: MRSA, VRE, Acinetobacter, C. diff, VRSA, ESBL and CRE	CDC	Required; Outcomes	Targeted; concurrent and/or retrospective	EHR Review; lab Culture surveillance; monthly positive culture review; other surveillance	Cultures reviewed and assessed as HAI or not; HAI cases reviewed for QI opportunities, trends, and possible outbreak detection.
Public Health Notifiable Conditions	WA State DOH	Required; Outcomes	Combination;	Lab concurrent Culture surveillance; Monthly review of positive cultures;	Records submitted to Yakima or Benton County Public Health as required and documented in Med Mined.
Hand Hygiene	WHO, TJC	Required; Outcomes	Targeted; concurrent	Unit-level audits	Monthly rate by unit calculated.

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INFECTION CONTROL PLAN, EVALUATION AND GOALS

Priority	Program Component	2024 Goal	Evaluation of 2024 Goals	2025Goal	2025 Plan
1	Blood borne Pathogen Exposures	Goal: <5 BBP exposures annually	<u>BBP Exposures:</u> 2021: 1 2022: 0 2023: 1 2024: 1	Goal: <5 BBP exposures annually	Employee Health RN to assist with monitoring and response to BBP exposures.
2	GI HAI	<3 HAI C. Difficile	<u>Clostridium difficile (HAI)</u> 2021: 1 2022: 0 2023: 0 2024: 0	<2 HAI C. Difficile	Focus on MDRO prevention in facility Educate and promote hand hygiene compliance. Use of Glow Germ and Competency Based Education
3	CAUTI	< 2 CAUTI	<u>CAUTI</u> 2021: 1 CAUTI 2022: 0 CAUTI 2023: 1 CAUTI 2024: 0CAUTI	< 2 CAUTI	Monitor Indwelling catheter care for standards. Review and monitor the use of Foley catheters by tracking Foley days.
4	CLABSI	<2 House wide	<u>CLABSI:</u> 2021: 0 2022: 0 2023: 0 2024: 0	<2 House wide	Initiate case reviews of positive CLABSI to insure care consistent with policy and procedure.
5	BSI	<2 BSI	<u>BSI:</u> 2021: 1 2022: 0 2023: 0 2024: 0	<1 BSI	Bloodstream infection will be monitored through blood culture evaluation for patients with IVs. A standard marker for potential BSI begins with Phlebitis at the site of the IV; this will be part of the surveillance and evaluation of possible changes of procedure when starting IVs.
6	Hand Hygiene	>90%	2021: 80% 2022: 89% 2023: 91% 2024: 90%	>97%	<i>Managers/Directors or designee will continue monthly hand hygiene observations in their areas.</i>
7	MRSA & Other MDROs	0 MRSA HAIs	2021: 1 HAI MRSA 2022: 0 HAI MRSA 2023: 1 (E. Coli) 2024: 0 HAI MRSA	0 MRSA HAIs	Identify and appropriately manage CAI MRSA when identified.
8	Construction	100% ICRA Completed	2021: n/a 2022: n/a 2023: 1 2024: n/a	100% ICRA Completed	ICRA education will be shared with facility staff to ensure staff are completing the forms.
9	Employee Health	95% employee Influenza immunization	2021: 51% 2022: 50% 2023: 67% 2024: 62%	98% of employees will be immunized for influenza	Educate employees regarding influenza vaccination and provide influenza vaccination clinics.
10	Organism of Clinical Significance	Staff will be educated on notification process	2020: COVID-19 2021: Ebola 2022: MPV 2023:Candida Auris 2024: RSV, Avian Flu 2025: MMR, TB,	All events reported appropriately	<i>All clinical staff will be educated on potential risk for MPV and ongoing emerging pathogens</i>

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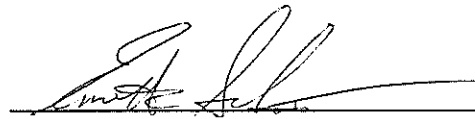
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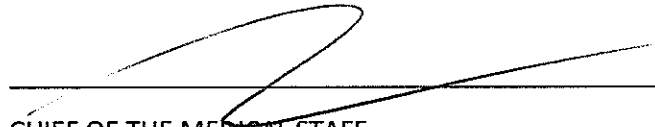
This Infection Control Plan is reviewed annually and is in effect until revoked or revised.


APPROVALS

The signatures below represent approval and acceptance of the Infection Control Plan.


CHAIRMAN OF BOARD OF TRUSTEES
6/17/25
DATE


CEO- _____ HOSPITAL AND HEALTH CENTERS
22 MAY 2025
DATE


CHIEF OF THE MEDICAL STAFF
22/MAY/2025
DATE


CNO- _____ HOSPITAL AND HEALTH CENTERS
5/22/25
DATE