

Hats Off: The Numerous Roles of an Infection Prevention Practitioner

The volume of responsibilities may surprise you

Details Make the Difference

The COVID-19 pandemic caused the general public to become more aware of infection prevention. Hand hygiene frequency increased dramatically, sanitizer flew off the shelves, and PPE became a staple in homes to prevent the spread of infection whenever someone stepped into public. For more than a year, everyone has been reviewing COVID-19 infection rates and avoiding high-risk settings. Consumers have been watching infection rates in the sidebars of cable news channels or in their social media feeds on a daily basis. Preventing infections has been top of mind for everyone, whether or not they work in a healthcare setting.

While the actual role of infection prevention practitioners (IPs) far exceeds those everyday practices we all adopted to avoid COVID-19, more people now recognized their critical importance in ensuring a safe hospital experience. Behind the scenes, infection prevention practitioners have been providing education on measures to prevent the spread of hospital-acquired infections (HAIs) for decades. They monitor and track infection rates, curb outbreaks and work alongside doctors and nurses to identify common sources of infections. But they do so much more than what people assume is part of their everyday task list. Let's explore the many hats infection prevention practitioners wear, and how their responsibilities are far more expansive than what you may think.

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As you probably know, infection prevention practitioners do so much more than mitigate infections. Their knowledge spans all aspects of the facility, patient care, compliance and administration. Here are some of the other roles they take on:



Educator: Hand hygiene education and policy and procedure development for everyone in the entire hospital are important responsibilities of IPs. The job itself typically reports under the Quality department so these roles are typically on the forefront. IPs will be asked to serve on patient satisfaction and safety committees. They rarely actually work in patient care, however, mostly because being asked to resolve patient care issues is typically outside of their scope of responsibility.

IPs also assist in new employee orientation, arming new staff members with education and knowledge to prevent HAIs. On a less frequent basis, but on a very important note, IPs lead Accreditation Canada inspection preparation, which typically includes daily rounding during that time.



Outbreak Investigator: One aspect of an IP's role that can drastically change the course of their day is outbreak investigations. When an infection is identified at a hospital, IPs need to react swiftly and diligently to identify the source and perform tracing and isolation procedures. From there, infection prevention practitioners will lead efforts to prevent that type of infection from happening again. Sometimes entire areas of a hospital are shut down for an investigation, and state health departments are notified. They will come into the hospital to assist, and IPs are left with limited power to continue their work.



Trend Monitor: IPs work with other risk management departments to ensure all departments are prepared to handle any issues that arise, while also keeping patients safe under all circumstances. Hospitals rely on IPs to stay on the forefront of emerging pathogens through regular webinars or online learning as well as continuing education requirements. Additionally, IPs work closely with pharmacists to ensure bacteria identified at the facility are being treated with the correct antibiotics. To stay prepared for any emerging epidemics, IPs meet with infectious disease doctors on a regular basis.





Diplomat: It may be surprising that some aspects of an IP's role require approval from the CEO or CNO to be properly completed. For example, if an IP notices that a surgeon has an increasing surgical site infection rate

that needs investigation, looking into this issue may require executive-level permission to access a deeper level of insight into infection issues. There are other aspects of the job that may not require permission, such as needing badge clearance to go into sterile processing. This can create confusion as to what the IP can access on a regular basis.



Partner: Over time, the IP role has continued to expand as infection prevention influences patient satisfaction, safety and hospital length of stay. With all of these responsibilities, plus the

new responsibilities related to COVID-19, having a partner who truly understands your world can make all the difference. Working with an environmental infection prevention partner can provide IPs with the resources, technology, and innovations to stay ahead of emerging HAI issues while staying on top of every other critical aspect of their role.

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These many roles keep IPs busy, but they also create a well-informed member of your staff with a variety of touchpoints throughout the hospital. Bring your IPs into conversations, ask them what the “burning issues” are for IPs across the country, and let them inform you of regulatory changes and how to stay compliant. To best understand the role of your hospital's IP, consider shadowing him or her for a day to become better acquainted with the variety of daily roles. Finally, consider how your infection prevention program might benefit from extra resources, whether that is through interns, assistance from medically restricted staff, or a partnership with an external environmental services partner. Protecta® from Sodexo Healthcare, for example, offers a standardized approach to environmental infection prevention that more than 70 hospitals across North America have chosen to work side-by-side with to fight infections in their hospitals.