

RESIDENTIAL CARE INFECTION PREVENTION AND CONTROL COMMITTEE

TERMS OF REFERENCE

1. PURPOSE

On behalf of the population it serves, the Residential Care Infection Prevention and Control Committee is accountable for ensuring the programs and services delivered are of high quality, meet client needs and fulfill Fraser Health's Infection Control strategic imperatives by:

- Building and demonstrating a culture of quality and safety for infection control
- Keeping clients/residents/patients and staff safe, reducing harm and learning from system failures
- Partnering with clients/residents/patients and staff and recognizing their experience when planning infection control improvements
- Improving systems and services in order to improve client/resident/patient and staff outcomes

2. MANDATE

The Residential Care Infection Control Committee will apply the Fraser Health Quality Framework to develop, implement and lead an integrated Infection control system within the Program to:

- Develop strategies that foster a culture of quality and safety
- Apply learning from the experience of residents and staff
- Proactively assess potential for resident harm and make improvements
- Lead evidence-based strategies to identify and implement improvements
- Embed accreditation processes and standards
- Promote standardization and integration within the program and across FH programs/services; including policies/procedures/standards
- Measure, monitor and regularly report quality performance activities

3. COMPOSITION AND OPERATIONS

The Committee is comprised of members, consisting of, but not limited to the following representatives, and their delegates:

- Co-Chairs (to be chosen from the committee membership)
- RCAL Program Directors (1)
- Infection Control Director (1)
- Infection control Manager (1)
- Medical Director, RCAL (1)
- RCAL Infection Prevention and Control Consultant(1)
- Fraser Health Clinical Managers (3)

Revisions April 2012

- Health Service Provider Director of Care (3)
- Medical Microbiologist (1)
- Medical Health Officer (1)
- Health Protection/CD Practitioner (1)

Ad Hoc member:

- Quality Improvement and Patient Safety representative (1)

4. MEETINGS

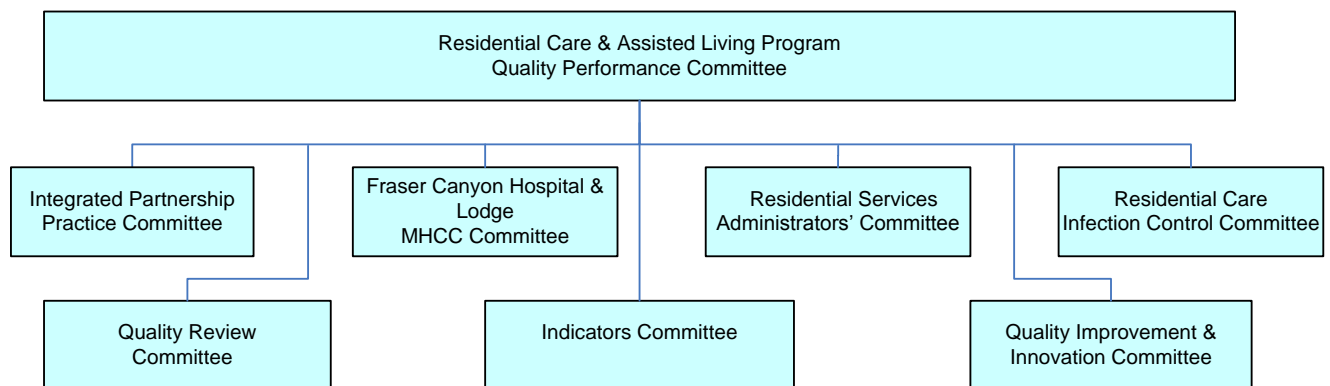
Meetings are held 4 times per year or at the call of the chair; agendas and background material are distributed at least one week prior to any meeting. Meeting quorum is not less than 60% of members. The Committee operates by consensus; in the event a vote is required, each member carries one vote; confidential ballots may be used.

5. ACCOUNTABILITY & RESPONSIBILITY

The RCAL Infection Prevention Control Committee is accountable to the RCAL Program Quality Performance Committee that reports to the FH Quality Performance Committee.

- Make recommendations on Infection Control work plans based on priorities for the QPC
- Review and communicate evidence based standards for Infection Prevention and Control for the Residential Care and Assisted Living Program
- Assess plan, implement and evaluate Infection Prevention and Control initiatives for the Residential Care and Assisted Living Program

6. REPORTING STRUCTURE



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