

# Infection Prevention and Control (IPC) Acuity Scale for Crisis Situations

## EMPHASIZE: Make high priority

Updating and providing education/support for personal protective equipment (PPE) donning/doffing practices and supporting changes in practices as new guidelines emerge

Surveillance activities for high-risk, high-impact healthcare-associated infections (HAIs)

Investigating clusters/urgent events (floods, foodborne outbreaks, etc.), providing response guidance and reporting (COVID and non-COVID)

Attending COVID related operations/incident command/ planning meetings and providing IPC input on COVID-related protocols

Rounding to support staff, provide consultation, assess correct isolation precautions, etc.

Patient-to-patient and employee-to-patient contact tracing\*

Vetting new PPE and low-level disinfection products (especially when supply chain issues emerge)

Construction design input for high-priority projects that cannot be delayed

Regulatory support during surveys, unannounced inspections

## LESSEN EMPHASIS: Consider delegating to trained non-IP staff

Rounding on utilization of PPE and low-level disinfection practices

Vaccine clinic staffing

Administrative and/or data analysis tasks related to IPC surveillance (e.g. consider outsourcing surveillance with IP validation or having the IP perform the surveillance and utilize data analysts to build charts, graphs, etc.)

Data entry for reportable conditions

PPE counts

## DECREASE EMPHASIS: Consider setting aside during crisis

Attendance at committee meetings unrelated to emergency, unless deemed critical

Employee-to-employee contact tracing

Performance improvement teams with infection prevention leadership unrelated to emergency, unless deemed critical

Antimicrobial stewardship responsibilities specific to infection prevention

Observational audits

Surveillance activities for lower-risk, lower-impact healthcare-associated infections (HAIs)

Participating in non-infection prevention related environment of care (EOC) rounds, routine policy and procedure review

\*If the facility has well-trained non-IP staff to conduct this activity, it may be moved to the yellow category.

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