PROFESSIONAL DEVELOPMENT WORKSHOP

Risk Assessment for Infection Prevention and Control Programs

APIC 2009

Session #3600
Wednesday, June 10
1:30 pm - 4:00 pm

Convention Center: Room 304
Lee, Terrie, RN, MS, MPH, CIC
Terrie Lee has worked in infection prevention since 1980. She is the Director of Epidemiology and Employee Health for the Charleston Area Medical Center in Charleston, WV, with three acute care hospitals and many ambulatory sites. She holds a BS in Nursing from Alderson-Broaddus College, an MS in Management/Health Care Administration from WV College of Graduate Studies, and an MPH from Ohio State University. She has been certified in infection prevention and control (CIC) since the first exam in 1983. She authored many surveillance materials, including APIC’s Recommended Practices for Surveillance. Terrie has been very active in APIC and served on or chaired many local and national committees. She also served on the Board of Directors and as President in 1995. She has spoken for local through international groups, specializing in surveillance, risk assessment, and management topics. Terrie has been on the faculty of many APIC courses, and loves to train and coach our future experts.
Infection Control Risk Assessment

Terrie B. Lee, RN, MS, MPH, CIC
Director, Epidemiology & Employee Health
Charleston Area Medical Center
Charleston, WV

Review of Risk Assessment

• Part of infection prevention & control planning process
• Serves as starting point of a well-developed plan
• Together with the IPC plan, form the foundation of the IPC program
• Required by Joint Commission

IC.01.03.01

• The hospital identifies risks for acquiring and transmitting infections
Risks Identified Based on:

- Geographic location, community, and population served
- The care, treatment, and services provided
- The analysis of surveillance activities and other IPC data

Risks

- Reviews, identifies risks at least annually and with significant changes
- Require input from IP, medical staff, nursing, and leadership
- Prioritized and documented

IC.01.04.01

- Based on the identified risks, the hospital sets goals to minimize the possibility of transmitting infections.
Goals Include

• Limiting unprotected exposure to pathogens
• Limiting transmission of infections associated with procedures
• Limiting transmission of infections associated with use of medical equipment, devices, and supplies

Goals Include

• Improving compliance with hand hygiene guidelines

IC.01.05.01

• The hospital has an infection prevention and control plan
IC.02.01.01
• The hospital implements its infection prevention and control plan

Implementation Includes
• Activities including surveillance to minimize, reduce, or eliminate risk of infection
• Standard precautions
• Transmission-based precautions
• Outbreak investigation

Implementation Includes
• Methods for storing and disposing of infectious waste
• Methods of communicating responsibilities for prevention and control to LIPs, staff, visitors, patients, and families
• Reporting information to staff and to local, state, and federal public health
Implementation Includes

- Reporting infection information to transferring and receiving organizations
- Reduction of risk associated with medical equipment, devices and supplies
  - Cleaning, disinfection, sterilization, disposal, storage
  - Issues related to reprocessing of SUDs

Implementation Includes

- Employee health-related issues
  - Screening
  - Handling of infections
  - Exposures
- Influenza vaccination program for staff and LiPs

NPSG.07

- Prevention of Infection
- 07.01 – Hand Hygiene
- 07.02 – Sentinel Events – Root cause analysis
NPSG.07

- .07.03 – MDROs (13 EPs)
- .07.04 – Central Line Associated Bloodstream Infections (17 EPs)
- .07.05 – Surgical Site Infections (12 EPs)
- Phase-in requirements in 2009
- All implemented by 1/1/2010

NPSG.13

- Requirements for patient education (and documentation) in 2009
  - Hand hygiene
  - Contact precautions
  - Respiratory hygiene
  - Surgical site infection prevention

IC.03.01.01

- The hospital evaluates the effectiveness of its infection prevention and control plan annually and whenever risks significantly change.
Evaluation Includes

- Prioritized risks
- IPC plan’s goals
- Implementation of IPC plan’s activities
- Communication to patient safety program
- Use of findings when revising plan

Risk Assessment Process

- Homework & Planning
  - Forms
  - Standards
  - Data
  - Current issues

Risk Assessment Process

- Team Recruitment
  - Invitation
  - Solicit information in advance – What are the most important infection prevention & control problems?
  - What are our most frequent reasons for admission, procedures performed, etc.
Risk Assessment Team

• IP staff
• EH
• Medical staff
• Laboratory
• Pharmacy
• Nursing
• Surgery
• Housekeeping
• Maintenance
• Administration
• Central processing
• Quality department
• JC coordinator

Risk Assessment Meeting

• Commitment for attendance/participation
• Time for thought and discussion
• Prioritizing risks
• Determining IPC plan

Organization Evaluation

• Factors to include
  – Geographic and environmental
  – Population characteristics
  – Area endemic infections
  – Other area-related risks
  – Medical care characteristics
  – Services provided
Organization Evaluation

- Description of factors
- Characteristics that increase risk for infection
- Characteristics that decrease risk for infection
- Include findings in risk assessment tool

Risk Assessment Form Components

- Probability of event occurring
- Impact/severity
  - Health
  - Financial
  - Legal
  - Regulatory, accrediting
- Current systems

Risk Score

- Derived from multiplication of three component numbers
- Group consensus vs. mathematical averaging or summation
**Prioritization**

- Rank order risks using risk scores
- Each organization’s priorities will be different

**Risk Assessment Exercise**

- Discuss each potential risk
- Come to group consensus on assignment of number for each component
- Multiply component numbers to calculate risk scores
- Occasionally compare risk scores to validate with group

**Infection Prevention and Control Plan**

- Develop a plan for each strategy with persons, resources, timelines, etc.
- Get ICC and administrative support
- Develop partnerships with key staff
- Don’t take on too many at one time
- Build in objectives, measurements and evaluation
The IPC Progress Report

- Rank ordered priorities
- Goals (broad statements)
- Objectives (specific & measurable – support the goal)
- Strategies (steps to take to achieve the objective)
- Evaluation (how you will measure your success)
- Progress and analysis (current status and next steps)

Group Exercise

- For top three risks identified, develop:
  - Goals
  - Objectives
  - Strategies for implementation
  - Method of evaluation

Risk Assessment/Planning

- Documentation of processes
- Group involvement/organizational support
- Process/forms for reporting
- Tracking of results
- Program improvement
# General Community Hospital 2009 Infection Control Risk Assessment

## Geographic and Population Risk Assessment

<table>
<thead>
<tr>
<th>Factors</th>
<th>Characteristics That Increase Risk</th>
<th>Characteristics That Decrease Risk</th>
</tr>
</thead>
</table>
| **Geographic & Environmental:**
The three counties served by GCH, are located in the mountainous region along the Mission River, and are rural communities with a largely non-industrial financial base. Chief employment is local & state government, agriculture, mining, forestry, education, retail, tourism, and healthcare. The area served encompasses 2440 square miles with a population density average of 23 people per square mile. GCH is the only acute care hospital in a 40 mile radius, and is located near a major interstate, a small airport, and a railway line. Many in the area served live one hour or more from the hospital.
Workers are exposed to work related trauma injuries, agricultural and animal-handling diseases and infections, chronic lung diseases due to mining and agriculture. Travel to health care facilities is problematic due to distance and rural roads. Access to the area by travelers bringing illnesses from other areas is an on-going risk. Potential for coal mine incidents exists.
Sparse population decreases spread of disease as experienced in densely populated urban areas (ex: TB, AIDS). This area usually lags 2-3 years behind urban centers in types of infections becoming endemic (ex: MRSA, VRE, ESBLs), which gives us a chance to educate prior to seeing cases. Reliance on home-grown food limits outbreaks of imported illnesses (ex: ecoli 0157:H7, salmonella).
| **Population Characteristics:**
The three counties have an aggregate population of 57,000. 18% of the population are over 65 years of age, 35% are 40 – 65, 23% are 20-39, 24% are under 20. Racial makeup is over 95% caucasion, 3% African-American, 1.6% Hispanic, 0.2% native American, 0.16% Asian, and 0.04% other or mixed. Median per household income is less than $25,000. Many acute care in-patients and ED & Out-patients are self-pay or Medicaid. 1 Federal and 2 State prisons are served in the care area.
Many low income under-insured families and without regular health care provider. Oral and dental infections are frequent as well as infections exacerbated by poor nutrition. Illicit drug use has become a problem with associated infections on the rise, particularly Hep C, skin infections, dental abscesses. Diabetes and COPD are the major underlying illnesses in the over 65 population, with frequent re-admissions for infectious processes such as pneumonia.
Half of the population is young with good immune systems.
| **Other Area-related Risks:**
Several large annual attractions such as the State Fair, area street food fair, Pioneer Days, Potential exists for large-scale food borne infections outbreaks, traumatic outdoor sports & hunting wounds, waterborne illness
Health and First Aid booths supplied by the hospital and medical school during community activities. GCH serves as training resource.
<table>
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<th>Characteristics That Increase Risk</th>
<th>Characteristics That Decrease Risk</th>
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</thead>
<tbody>
<tr>
<td>Civil War Reenactment, etc. bring thousands of tourists to the area. Recreational activities such as camping, mountain hiking, river rafting, swimming, water &amp; snow skiing, caving are popular tourist attractions.</td>
<td>outbreaks.</td>
<td></td>
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<tr>
<td><strong>Area Endemic Infections:</strong> LaCrosse encephalitis, MRSA, annual Influenza outbreak, Rabies epizootic, Hepatitis C</td>
<td>Health Department is under-funded to investigate contacts of transmissible illness.</td>
<td>Hospital-based reduction activities included public information and campaigns to reduce LaCrosse risk. Influenza vaccine clinics for seniors, HCWs, physicians, contract workers. Visits to schools and health fairs to teach MRSA control.</td>
</tr>
<tr>
<td><strong>Medical Care Characteristics:</strong> GCH has over 75 physicians representing 25 specialties, and is affiliated with the Mission Valley School of Osteopathic Medicine with an active medical student rotation program as well as interns and residents in Family Practice. The hospital also affiliates with 3 RN programs and the Region IV School of Practical Nursing.</td>
<td>There is no Infectious Disease physician, and several specialties have only 1 or 2 providers, necessitating transfer for higher level of care. Young medical providers may not have the experience to recognize certain infections (e.g. measles, anthrax). Low incidence of some illnesses makes HCWs complacent (ex: AIDS, VRE) and less likely in some departments to take all the precautions necessary for infection prevention (e.g. hand hygiene).</td>
<td>The medical staff is fairly stable, and comfortable with the local population and the usual endemic illnesses.</td>
</tr>
</tbody>
</table>
Infection Control Risk Assessment

Instructions

Evaluate every potential risk for infection/contamination/exposure in each of the three categories of probability, impact, and current systems. Add additional events as necessary.

Issues to consider for probability include, but are not limited to:

1. Known risk
2. Historical data
3. Reports in literature

Issues to consider for impact include, but are not limited to:

1. Threat to life and/or health
2. Disruption of services
3. Loss of function
4. Loss of community trust
5. Financial impact
6. Legal issues
7. Regulatory/accrediting/organizational issues

Issues to consider for preparedness include, but are not limited to:

1. Status of current plans/implementation
2. Training status
3. Availability of backup systems
4. Community/ Public Health resources

Multiply the ratings for each risk in the area of probability, impact, and current systems. The total values, in descending order, will represent the events most in need of organization focus and resources for planning. Determine a value below which no action is necessary. Acceptance of risk is at the discretion of the organization.
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<tbody>
<tr>
<td></td>
<td>Expect it</td>
<td>Likely</td>
<td>Maybe</td>
<td>Rare</td>
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<tr>
<td>ABX Resistant organisms</td>
<td>4</td>
<td>3</td>
<td>2</td>
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<tr>
<td>MRSA</td>
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<tr>
<td>C Diff</td>
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<tr>
<td>VRE</td>
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<tr>
<td>ESBL/other Gram Negative bacteria</td>
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<tr>
<td>Failure of Prevention Activities</td>
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<tr>
<td>Lack of Hand Hygiene</td>
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<tr>
<td>Lack of Respiratory Hygiene/ Cough Etiquette</td>
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<tr>
<td>Lack of Patient Influenza Immunization</td>
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<tr>
<td>Lack of Patient Pneumovax Immunization</td>
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<tr>
<td>Isolation Activities</td>
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<tr>
<td>Lack of Standard Precautions</td>
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<tr>
<td>Lack of Airborne Precautions</td>
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<tr>
<td>Lack of Droplet Precautions</td>
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<tr>
<td>Lack of Contact Precautions</td>
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<tr>
<td>Policy and Procedure</td>
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<tr>
<td>Lack of current policies or procedures - (specify)</td>
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## Infection Control Risk Assessment 2009

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<td></td>
<td>Expect</td>
<td>Likely</td>
<td>Maybe</td>
<td>Rare</td>
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<td></td>
<td></td>
<td>4</td>
<td>3</td>
<td>2</td>
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<tr>
<td>Failure to follow established policy or procedure (specify)</td>
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<tr>
<td>Preparedness</td>
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<tr>
<td>Exposure to Bio-terrorism Agents</td>
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<tr>
<td>Exposure to SARS/Pandemic Influenza/Other Respiratory Infections</td>
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<tr>
<td>Healthcare Acquired infections</td>
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<tr>
<td>Surgical Site Infections (SSI) Cardiac</td>
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<tr>
<td>SSI - Orthopedic Joint Replacement</td>
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<tr>
<td>SSI - C-Section</td>
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<tr>
<td>SSI - Other</td>
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<tr>
<td>SSI - Other</td>
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<tr>
<td>VAP in ICUs</td>
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<tr>
<td>CLR-BSI in ICUs</td>
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<tr>
<td>CLR-BSI - Housewide</td>
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<tr>
<td>Dialysis-Related Infections</td>
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<tr>
<td>Fungal Pneumonia</td>
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<tr>
<td>Norovirus</td>
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<tr>
<td>CA-UTI</td>
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<tr>
<td>Outbreak</td>
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<tr>
<td>Sentinel Event</td>
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<tr>
<td>Other - HAI</td>
<td></td>
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<td></td>
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<tr>
<td>Other - HAI</td>
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<tr>
<td>Potential Risks/Problems</td>
<td>Probability</td>
<td>Current Systems</td>
<td>Score</td>
<td></td>
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<td>-------------------------------------------------</td>
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<tr>
<td>Expect</td>
<td>Likely</td>
<td>Maybe</td>
<td>Rare</td>
<td>Never</td>
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<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
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</tbody>
</table>

**Environment**
- Contaminated dialysis water system
- Infection From Inadequate Sterilization
- Legionella Disease
- Infection From Inadequate Air Handling
- Problems with Cleaning/ Disinfection
- Contamination/ Infection From Pharmacy Environment
- Infection Related to Construction/ Renovation

**Employee Health**
- Lack of Staff Influenza Immunization
- Lack of Compliance with Health Reviews
- Exposure to Bloodborne Pathogens
- Exposure to Tuberculosis
- Risk of Unknown Level of Communicable Disease Among Employees
- Exposure to Pertussis
- LIP Screening (lack of)
### Infection Control Risk Assessment

**Potential Risks/Problems**

<table>
<thead>
<tr>
<th>Probability</th>
<th>Potential Risks/Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expect I</td>
<td>Risk of Community Outbreak</td>
</tr>
<tr>
<td>Likely</td>
<td>New Program - Mandatory Reporting Law</td>
</tr>
<tr>
<td>Maybe</td>
<td>New Program</td>
</tr>
<tr>
<td>Rare</td>
<td>New Procedure</td>
</tr>
<tr>
<td>Never</td>
<td>Other</td>
</tr>
</tbody>
</table>

**Risk/Impact (Health, Financial, Legal, Regulatory)**

<table>
<thead>
<tr>
<th>Impact</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catastrophic Loss (life/limb/ function/ financial)</td>
<td>Expect I</td>
</tr>
<tr>
<td>Serious Loss (Function/ Financial/ Legal)</td>
<td>Likely</td>
</tr>
<tr>
<td>Prolonged Length of Stay</td>
<td>Maybe</td>
</tr>
<tr>
<td>Moderate Clinical/ Financial</td>
<td>Rare</td>
</tr>
<tr>
<td>Minimal Clinical/ Financial</td>
<td>Never</td>
</tr>
</tbody>
</table>

**Current Systems**

<table>
<thead>
<tr>
<th>Systems</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
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<tr>
<td>Poor</td>
<td>5</td>
</tr>
<tr>
<td>Fair</td>
<td>4</td>
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<tr>
<td>Good</td>
<td>3</td>
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<td>Solid</td>
<td>2</td>
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<tr>
<td>None</td>
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</table>

**Score**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>4</td>
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<tr>
<td>3</td>
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<tr>
<td>2</td>
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<tr>
<td>1</td>
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<tr>
<td>None</td>
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</tbody>
</table>

The Infection Control (IC) Risk assessment grid is a visual tool to develop IC program priorities and stratify infection risks based on our geography, location in the community, our patient population and the review of our previous IC data analysis. The annual IC Plan is developed based on these risks.

The IC Risk assessment is an ongoing, continual process. A more focused review is done on an annual basis after reviewing the quarterly and annual reports with the Infection Control committee.

**Risk Assessment Completed on:** 12/2/08

**Present (list names):**

- ID MD, ICC Chair
- IP
- EH
- RN
- MD
- Quality
- Lab
- Administration
- Pharmacy
- CS
- OR
- Housekeeping
- Engineering

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<table>
<thead>
<tr>
<th>Priority#</th>
<th>Priority</th>
<th>Goal</th>
<th>Objective</th>
<th>Strategies</th>
<th>Evaluation</th>
<th>Progress/Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Contact Precautions</td>
<td>Improve compliance with Contact Precautions</td>
<td>1. Provide contact precautions education for at least 95% of clinical staff by March 31.</td>
<td>1. Develop educational programs by January 26. 2. Provide education in multiple formats.</td>
<td>Reports from managers by April 28. Education records reported to Infection Control Committee (ICC).</td>
<td>Department Manager education completed in February. Education of clinical staff in progress using PowerPoint presentation. Presentation available through managers in staff meetings; also available on Epidemiology website. Next Steps: Epidemiology staff and Isolation committee members will present program to ancillary departments. Self-instructional packet will be developed for hard-copy access.</td>
</tr>
<tr>
<td></td>
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<td>2. Ensure supplies (gloves, gowns, antiseptic soap, signage) are available for 100% of monitored patients needing contact precautions.</td>
<td>1. Develop monitoring system/tool. 2. Conduct baseline monitoring. 3. Conduct monitoring through departmental QI, tracer evaluations, other monitoring opportunities.</td>
<td>Compliance rates reported to ICC quarterly.</td>
<td>Monitoring tool developed. Next Steps: Tool to Nursing QI council for use beginning in April. This will be monitored monthly.</td>
</tr>
<tr>
<td>2.</td>
<td>Hand Hygiene</td>
<td>Increase compliance with hand hygiene policy.</td>
<td>1. Improve hand hygiene monitoring results.</td>
<td>1. Improve monitoring tool. 2. Increase monitoring of hand hygiene compliance. 3. Pursue computer desktop reminders.</td>
<td>New tool in use. Quarterly reports to ICC.</td>
<td>Monitoring was conducted in February. Overall compliance rate reported: 96%. No non-compliance reported during mock JCAHO survey.</td>
</tr>
<tr>
<td>3.</td>
<td>SSI – Bariatric procedures</td>
<td>Reduce risk of SSI in bariatric surgery patients.</td>
<td>Reduce bariatric SSI to 3.38%</td>
<td>Implement SIP measures 3.78%</td>
<td>Quarterly reports to ICC.</td>
<td>2007 year end report: 3.78%</td>
</tr>
<tr>
<td>4.</td>
<td>VAP in ICU patients</td>
<td>Reduce risk of VAP in ICU patients.</td>
<td>Reduce VAP to target rates: SICU – 2.2  MICU – 4.14</td>
<td>Implement ventilator bundles to minimize VAPs.</td>
<td>Quarterly reports to ICC.</td>
<td>February: SICU – 1.7 (below target) MICU – 5.20 (above target)</td>
</tr>
</tbody>
</table>

Approved by Infection Control Committee: 2/27/09
# Infection Control Progress Report
## 2008

<table>
<thead>
<tr>
<th>Priority #</th>
<th>Priority</th>
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<tbody>
<tr>
<td>1.</td>
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</tbody>
</table>

Approved by ICC: __________________
During the conference use the Session Tracking Form located on the next page to keep track of each session attended. Then, go online at one of the internet stations to begin the online evaluation/ce process via the APIC website at www.apic.org.

After the conference, you may return to the APIC website at www.apic.org to complete the online evaluation/ce process, print a ce certificate and verification of attendance transcript.

Requirements to Receive CE Contact Hours:

1. Visit the APIC website at www.apic.org and click on the 2009 conference evaluation/ce link to get logged in
2. Complete the demographics section
3. Complete the session evaluation section for all sessions you attended
4. Complete the conference overall evaluation
5. Click on certificate to create your certificate, download the certificate or email it to yourself
6. Print your ce certificate and VOA transcript
The Association for Professionals in Infection Control and Epidemiology (APIC) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation (ANCC).

Earn a maximum of **36.0** nursing and lab contact hours and up to **15** contact hours for Pre-conference workshops.

**Instructions**

Check each session attended. Keep this form for your records and reference when you visit www.apic.org to complete the online evaluation, claim your continuing education credit and print your CE certificate and verification of attendance (VOA) transcript.

**Time** | **Session Numbers** | **Contact Hours** | **Nursing CE** | **Lab CE**
--- | --- | --- | --- | ---
**Saturday, June 6**
8am – 5pm | 100 | 7.5
8am – 12pm | 101 | 201 | 3.5
8am – 5pm | 102 | 202 | 7.5
3:30pm – 4:30pm | 203 | 204 | 0.0
**Sunday, June 7**
8am – 12pm | 200 | 7.5
8am – 5pm | 201 | 7.5
3:30pm – 4:30pm | 202 | 120 | 2.25
**Monday, June 8**
9:15am – 10:15am | 1000 | 1
1:30pm – 2:30pm | 1100 | 1
1:30pm – 4pm | 1200 | 1
2:45pm – 3:45pm | 1300 | 1
4pm – 5pm | 1400 | 1
**Tuesday, June 9**
8am – 9am | 2000 | 1
9:15am – 10:15am | 2100 | 1
10:30am – 11:30am | 2200 | 1
1:30pm – 2:30pm | 2300 | 1
2:45pm – 3:45pm | 2400 | 1
2:45pm – 4pm | 2500 | 1.25
**Wednesday, June 10**
6:45am – 7:45am | 3000 | 0.0
8am – 9am | 3100 | 1
9:15am – 10:15am | 3200 | 1
10:30am – 11:30am | 3300 | 1
12:00pm – 1:00pm | 3400 | 1
1:30pm – 2:30pm | 3500 | 0.0
1:30pm – 4pm | 3600 | 1
1:30pm – 5pm | 3700 | 2.25
2:45pm – 3:45pm | 3800 | 3.5
4pm – 5pm | 3900 | 1
**Thursday, June 11**
7am – 8am | 4000 | 1
8am – 9am | 4100 | 1
9:30am – 10am | 4200 | 0.0
10am – 11am | 4300 | 1
11:15am – 12:15pm | 4400 | 1