



# IPAC Canada Core Competencies for Infection Control Professionals

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## **Developed by:**

Donna Moralejo PhD (Chair)

Barbara Catt RN BScN Med CIC® (Co-Chair)

Madeleine Ashcroft RN BScN MHS CIC®

Helen Christou BAHSc RN DOHN

Katherine DeFalco RN BScN CIC®

Brenda Dyck BScN

Suzanne Rhodenizer-Rose RN BScN MHS CIC®

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### Introduction to the Core Competencies

This document lists IPAC Canada's core competencies for Infection Prevention and Control Professionals (ICPs), which indicate the minimum knowledge, skills and attitudes required to practice safely and ethically as an ICP. The competency statements reflect expectations of a competent ICP; a competent ICP is one who is able to perform effectively in the roles and functions required by his or her position and within the team and organization. Specific competencies for novice and expert levels of ICP have not been defined.

Individuals will vary in the amount of time, types of resources, and types of learning experiences needed to develop different competencies, depending on their knowledge, experience, environment, and health care setting. ICPs perform their activities in a variety of health care settings. It is expected that ICPs in any health care setting have knowledge and skills in all of the competency areas, although not all of the core competencies listed in this document would necessarily need to be applied in all work settings.

The core competencies document can be used by ICPs and their managers to guide performance appraisal and related professional development activities, and can also be used to guide programs and educational offerings. Individuals will need to identify appropriate resources and learning strategies to gain the required knowledge and skills; no resources are identified in this document.

There are 157 competency statements in 14 competency areas, which are grouped as foundational, applied and supporting core competencies, although there may be some overlap between competency areas. *Foundational* core competencies reflect the basic knowledge and skills that are required for all aspects of infection prevention and control and that the competent ICP will draw on daily. There are five foundational core competencies: education, microbiology, Routine Practices and Additional Precautions, surveillance and epidemiology, and research utilization. *Applied* core competencies reflect the knowledge and skills that will not be required on a daily basis but rather as specific issues arise. There are five applied core competencies: construction, renovation and maintenance; occupational health and safety; outbreaks and infectious disease threats; quality improvement and patient safety; and reprocessing of medical devices. *Supporting* core competencies reflect the overarching knowledge and skills required by a competent ICP to assist with the effective functioning of an infection prevention and control program. There are four supporting competencies: communication, leadership, management, and professionalism. Both the foundational and applied core competencies are specific to infection prevention and control, while the supporting core competencies are more general.

Competencies are listed in alphabetical order in this document; order does not indicate level of importance.

Each competency area includes a set of competency statements, related to **knowledge** (*"The ICP has knowledge of..."*) or **application** (*"The ICP is able to..."*). Statements related to application include

skills and attitude and assume the ICP has the requisite knowledge, so there is little duplication between the two sets.

For the purposes of this document, the term *patient* refers to patients, clients and residents receiving health care. The term *health care workers* refers to individuals who provide health care or support services, including but not limited to nurses, physicians, dentists, paramedics, allied health professionals, unregulated health care providers, students in health professions, volunteers and housekeeping staff.

## Background and Development

In 2013, IPAC Canada convened a working group to identify core competencies for ICPs in Canada. This was done to update the 2008 professional and practice standards published by CHICA-Canada, APIC and CBIC, as well as to meet Goal 3 item 3.1 of the 2010-2015 Strategic Plan. The working group, which consists of members of IPAC Canada with a wide range of experiences, reviewed existing competency statements from organizations in the United States, the United Kingdom and Europe, consulted other literature that was relevant to particular topics, and brainstormed.

Before finalizing the competencies, feedback was obtained in three phases, each utilizing a Delphi technique. In the first phase, feedback was obtained from topic-specific experts and revisions made to the competency statements based on that feedback. In the second phase, the competency statements were reviewed by a panel of general experts and further revisions made as necessary. The list of experts who reviewed the competency statements in the first two rounds can be found in the appendix. In the third phase, the competency statements were sent to IPAC Canada Chapter members for further feedback. The document was then finalized.

## Foundational Core Competencies

In all aspects of daily practice, ICPs base their actions, recommendations and problem-solving on an understanding of microbiology, on the principles of Routine Practices and Additional Precautions, and on evidence (e.g., surveillance data and the literature). ICPs educate health care workers both formally (e.g., in planned sessions) and informally (e.g., in one-on-one conversations). While responsibility for surveillance will vary by employment setting, ICPs must be effective participants in surveillance programs. While most ICPs do not conduct research, and many have limited access to a librarian or library, much research literature is readily available on the Internet. ICPs must be able to access and utilize research in order to provide evidence-informed recommendations. The contribution of individual ICPs to conducting and disseminating research will vary according to context and available resources.

### Education

#### The ICP has knowledge of:

1. Principles of adult education (e.g., teaching and learning);
2. Principles of instructional design (e.g., education program/lesson planning, analysis of learning needs, teaching strategies, evaluation of learning);
3. The roles of, and the processes related to coaching, mentoring, consulting and preceptorship;
4. The role of education in translating evidence, and
5. The role of education in promoting behavioural change.

#### The ICP is able to:

1. Identify learning needs of different learners;
2. Develop objectives that align with intended learning outcomes to meet identified needs;
3. Develop education materials with appropriate content to meet identified learner needs and outcomes;
4. Use a variety of formal and informal teaching/learning strategies and technology relevant to the content, learner needs and learning outcomes;
5. Effectively implement planned activities to meet learner needs and outcomes in a variety of learning contexts (e.g., group or individual, classroom or unit, online);
6. Use facilitation skills to promote learning, problem-solving and behavioural change;
7. Create a supportive learning environment, including providing feedback in a manner that supports learning;

8. Evaluate teaching processes and learning outcomes and use results for planning new or revised education;
9. Collaborate with stakeholders to plan, develop and implement education;
10. Effectively report on education provided, including relevant outcomes and recommendations;
11. Self-reflect and self-evaluate strengths and limitations as an educator, and
12. Develop strategies for strengthening own knowledge, skills and practice as an educator.

## **Microbiology**

### **The ICP has knowledge of:**

1. Microorganisms commonly encountered in the health care and community settings, microorganisms of epidemiologic significance, and microorganisms commonly found in the environment, with specific reference to:
  - a. The general classification and taxonomy of microorganisms;
  - b. Key characteristics, including mode of transmission, reservoirs or source, incubation period and period of communicability;
  - c. Most common clinical presentations when infection occurs;
  - d. The appropriate diagnostic test(s) for specific microorganisms, including appropriate specimen collection;
  - e. Population(s) at risk;
  - f. Appropriate infection prevention and control measures; and
  - g. Usual treatment.
2. The general approaches to the detection and identification of microorganisms in the laboratory and when each is appropriate (e.g., direct detection methods, culture, serology, molecular techniques);
3. The different relationships humans have with microorganisms (e.g., colonization versus infection, normal flora versus transient carriage, latency);
4. Microbiome and its role in the transmission and prevention of disease;
5. The proper collection, handling, packaging, labelling and transport of specimens and biohazardous material;
6. Interpretation of laboratory results, for example:
  - a. Gram stain reaction and morphology;
  - b. Antibigrams;
  - c. Unusual antibiotic resistance patterns for specific pathogens;
  - d. Recognition of growth of normal flora for specific sites;

- e. Recognition of possible contamination of cultures;
  - f. Limitations of tests used;
  - g. Strain typing; and
  - h. Genome sequencing.
7. When consultation is appropriate with other expert individuals (e.g., infectious disease physician, medical microbiologist) or other organizations (e.g., local public health); and
  8. Antimicrobial resistance and the role of the infection prevention and control program and antimicrobial stewardship in its containment.

**The ICP is able to:**

1. Correctly interpret laboratory results and take appropriate actions to provide direction to health care workers caring for patients with infections and/or infectious diseases;
2. Communicate in a timely and effective manner with stakeholders (e.g., laboratory, local public health units, operations, health care workers, medical leaders) regarding actions for infection prevention and control; and
3. Participate in the antimicrobial stewardship program through education and influence, such as sharing of expertise.

### **Routine Practices and Additional Precautions**

**The ICP has knowledge of:**

1. The chain of infection;
2. The hierarchy of controls (i.e., engineering or environmental, administrative, and personal protective equipment) to prevent and control the transmission of infectious diseases in health care settings;
3. The roles and responsibilities of the organization to minimize the risk of exposure to, and transmission of, infectious diseases in health care settings;
4. The roles and responsibilities of health care workers to minimize the risk of exposure to, and transmission of, infections;
5. The components of Routine Practices in health care settings, including:
  - a. Point-of-care risk assessment;
  - b. Hand hygiene;
  - c. Source control (e.g., immunization, respiratory hygiene);
  - d. Patient placement, accommodation and flow;
  - e. Aseptic technique;
  - f. Use of personal protective equipment;



- g. Sharps safety and prevention of transmission of bloodborne pathogens;
  - h. Management of the patient care environment (e.g., process evaluation of cleaning procedures, cleaning and disinfection of non-critical patient care equipment, handling of waste and linen);
  - i. Education of patients, families and visitors; and
  - j. Visitor management.
- 6. The clinical conditions (e.g., diagnosis, syndrome, presentation) and microorganisms for which Routine Practices are sufficient to prevent and control transmission of infection;
  - 7. The clinical conditions and microorganisms for which Additional Precautions are required to prevent and control transmission of infection; and
  - 8. The conditions that are required to discontinue Additional Precautions.

**The ICP is able to:**

- 1. Identify needs and implement strategies to prevent and control transmission of infection (e.g., policy development; hand hygiene promotion; role clarification regarding equipment cleaning; visitor management);
- 2. Assess risk of transmission related to clinical presentation, patient placement, accommodation and the need for Additional Precautions;
- 3. Recognize and provide guidance for health care settings or circumstances where modifications to Additional Precautions are appropriate;
- 4. Educate health care workers on Routine Practices, including point-of-care risk assessment; hand hygiene; appropriate selection, use, and care of personal protective equipment; and safe use and disposal of sharps;
- 5. Educate health care workers on the principles of Additional Precautions, including types of precautions, routes of transmission, implementation, duration and discontinuation of Additional Precautions;
- 6. Collaborate with health care workers and other relevant departments to address issues related to the consistent application of Routine Practices and implementation of Additional Precautions (e.g., environmental cleaning and monitoring); and
- 7. Inform and/or educate patients, families and visitors on infection prevention and control measures to prevent and control transmission of infection in health care settings, including hand hygiene, respiratory hygiene, appropriate use of personal protective equipment and visitor restrictions, when appropriate.

## Surveillance and Epidemiology

### The ICP has knowledge of:

1. The epidemiological significance of person, place, and time; and
2. The basic principles, purposes, types and methods of surveillance.

### The ICP is able to:

1. Determine organizational priorities for surveillance, based on available evidence and taking into account available resources and regulatory or other requirements;
2. Develop clearly defined objectives and goals for a particular surveillance program that are relevant for the target area/procedure/population(s) of interest;
3. Choose appropriate definitions (e.g., standardized) for cases/indicators to be used and be consistent in their application for interpretation of data;
4. Select appropriate sources to obtain data that are necessary and relevant to the surveillance program and provide rationale for choices;
5. Select appropriate data collection methods that will ensure valid and reliable data are obtained and provide rationale for choices;
6. Use a systematic approach to obtain only necessary data;
7. Use a data management system that allows efficient and effective data storage, management, analysis and reporting;
8. Clearly describe data by calculating and reporting appropriate descriptive statistics (e.g., means, rates, odds ratios) and by developing graphs and tables;
9. Critically evaluate and interpret the meaning of results, in the context of trends over time, comparison to internal or external data sources and/or benchmarks, the purpose of the surveillance program and any other relevant context;
10. Develop recommendations for action that are based on the data and literature;
11. Develop and implement a communication strategy that ensures reporting and feedback tools are efficiently and effectively used to disseminate surveillance results and related recommendations to key stakeholders (e.g., administration, patients, health care workers);
12. Collaborate with key stakeholders to further develop and implement appropriate evidence-based recommendations; and
13. Critically evaluate the surveillance program on a regular basis in consultation with relevant experts and stakeholders and revise as necessary to improve the program's efficiency and effectiveness.

## Research Utilization

### The ICP has knowledge of:

1. Common research designs and their inherent strengths and limitations; and
2. The research process.

### The ICP is able to:

1. Identify issues or topics requiring support from the literature or from further research;
2. Access journal articles relevant to the topic of interest, using appropriate data bases (e.g., PubMed) and appropriate search strategies;
3. Access appropriate web sites, government documents and other relevant literature using appropriate search engines (e.g., Google Scholar) and search terms;
4. Distinguish between research reports, opinion pieces, theory-based articles, narrative literature reviews, systematic reviews and other types of reports, such as grey literature, and interpret the information appropriately;
5. Critically appraise the validity and reliability of information found on web sites;
6. Critically appraise research reports, including methods, results and validity of the conclusions drawn;
7. Draw conclusions or make recommendations that are appropriate to the quality of the evidence;
8. Plan for the appropriate implementation of evidence-informed recommendations;
9. Collaborate with other members of the health care team to develop research proposals, collect data, analyze data and report findings; and
10. Collaborate with others to disseminate research findings both formally, through presentations and publication, and informally.

## Applied Core Competencies

The knowledge and skills reflected in these competencies will not be required on a daily basis but rather as specific issues arise, such as a renovation project, an outbreak, or a question or concern related to reprocessing. ICPs must collaborate with personnel in other departments, such as Occupational Health and Safety or Quality Improvement, to promote quality care and a safe working environment related to infection prevention and control.

### Health Care Facility Design, Construction, Renovation and Maintenance

**The ICP has knowledge of:**

1. Infection prevention and control issues/risks associated with design, construction, renovation and maintenance, and measures to address them; and
2. Current standards related to design, construction, renovation and maintenance in health care facilities and specifically the appropriate preventive measures/recommendations associated with each phase of the project.

**The ICP is able to:**

1. Work collaboratively with key stakeholders at every stage of health care planning, design, construction, renovation and preparation for occupancy, to ensure principles of infection prevention and control are applied;
2. Provide education specific to relevant infection prevention and control principles to key stakeholders, including internal and external contractors and other agencies involved in health care construction, renovation and maintenance;
3. Provide infection prevention and control requirements according to existing standards for incorporation into project agreements, checklists, specification and contractor accountability agreements;
4. Conduct infection control risk assessments and preventive measures analyses in consultation with key stakeholders prior to, and during, health care construction and renovation;
5. Collaborate with key stakeholders to ensure proper infection prevention and control measures (e.g., monitoring, dust containment, air handling) are implemented and documented throughout the project and when significant breaches occur; and
6. At the completion of the project, review the construction, renovation and maintenance process with key stakeholders and work in collaboration to make recommendations for future projects.

## Occupational Health and Safety

### The ICP has knowledge of:

1. The transmission, preventive measures and management of exposures to infectious agents in the health care setting related to health care workers (HCW) and patients (e.g., tuberculosis, blood borne pathogens, respiratory viruses);
2. Occupational health programs (e.g., workplace health policy, respiratory protection program, sharps injury prevention program, immunization); and is able to reinforce essential infection prevention and control messages with staff; and
3. Roles and responsibilities with respect to occupational health and safety in his/her organization.

### The ICP is able to:

1. Review and/or develop policies and procedures related to occupational health that have relevance for infection prevention and control, such as screening and immunization programs;
2. Assess hazards and risk by using appropriate audit tools or checklists (e.g., safe sharps handling, appropriate use of personal protective equipment, placement of alcohol-based hand rub dispensers);
3. Collaborate with occupational health and safety staff to investigate and recommend appropriate actions, including steps for prevention of a repeat occurrence, in the event that a HCW has been exposed or potentially exposed to an infectious agent (e.g., from another HCW or from a patient) or is ill with a communicable disease or infection;
4. Act as a resource to assess the fitness of a HCW for return to work following a leave due to an illness caused by an infectious disease, infection, or an exposure to an infectious agent; and
5. Act as a resource to assess a HCW's ability to perform hand hygiene or adhere to Routine Practices if he or she has a hand condition that limits proper hand hygiene, such as dermatitis or splints.

## Outbreaks and Infectious Disease Threats

### The ICP has knowledge of:

1. Outbreak identification and management;
2. Planning and preparedness for pandemics and other emerging infectious disease threats; and
3. Bioterrorism agents that can be used and may impact health care settings.

### The ICP is able to:

1. Work closely with relevant departments (e.g., occupational health and safety, laboratory, patient care units) to identify outbreaks affecting patients and staff (e.g., norovirus, influenza, scabies), to ensure timely and effective exchange of information;
2. Determine the existence of an outbreak and describe in terms of person, place and time;
3. Collaborate with the outbreak management team to:
  - a. establish the case definition;
  - b. identify the parameters of the investigation and case-finding method;
  - c. identify the source and mode of transmission;
  - d. identify, implement, evaluate and revise outbreak management strategies on an ongoing basis; and
  - e. prepare and maintain a line list and epidemic curve.
4. Communicate and collaborate with relevant stakeholders as needed, including but not limited to laboratory, risk management, public relations and public health authorities;
5. Analyze the outbreak data to determine cause, success of control measures and future measures for improvement and prevention;
6. Prepare and disseminate reports related to the outbreak;
7. Organize and lead an outbreak debrief session with stakeholders summarizing the outbreak, measures implemented and lessons learned;
8. Share outbreak findings and lessons learned with the local and broader scientific community (e.g., rounds, abstracts to journals and conferences); and
9. Collaborate with key stakeholders (e.g., disaster management, local public health units) to ensure the health care facility is better prepared to effectively recognize and respond to an infectious disease threat (e.g., pandemics, emerging infections and bioterrorism), including:
  - a. planning and preparation;
  - b. implementation;
  - c. evaluation;
  - d. communication; and
  - e. keeping current with new recommendations and directives.

## Quality Improvement and Patient Safety

### The ICP has knowledge of:

1. Concepts of organizational culture, behavioural change, quality improvement and patient safety, and how these relate to each other and to infection prevention and control;
2. Quality assurance and improvement programs for relevant groups at risk, including commonly used methods (e.g., PDSA, FMEA, root cause analysis), to capture infection prevention and control patient safety indicators; and
3. National, provincial/territorial, sector-specific and organizational patient safety initiatives.

### The ICP is able to:

1. Perform ongoing evaluation of the infection prevention and control practices (e.g., through audits), including monitoring processes, practice and outcomes, identifying contributing factors, and making recommendations;
2. Develop and disseminate reports to appropriate stakeholders regarding quality improvement activities, results and recommendations;
3. Regularly review infection prevention and control policies and procedures and revise as needed to reflect current best practices;
4. Actively participate in the accreditation process, complete the assessment, and develop action plans to meet accreditation standards and required organizational practices for infection prevention and control;
5. Provide consultation to other departments on quality improvement issues related to infection prevention and control (e.g., environmental monitoring);
6. Collaborate with stakeholders to identify, prevent or mitigate potential patient safety risks in relation to infection prevention and control;
7. Collaborate in the investigation of critical incidents as they relate to infection prevention and control and provide recommendations as needed; and
8. Demonstrate personal commitment to a safety culture through attitude and actions by leading and influencing stakeholders within the organization.

## Reprocessing of Medical Devices

### The ICP has knowledge of:

1. Spaulding's classification system of critical, semi-critical and non-critical medical devices and how to apply in practice;

2. Cleaning, disinfection and sterilization processes for reusable medical devices/equipment (e.g., endoscopes, surgical instruments), including high risk equipment;
3. National, provincial, and/or local standard/best practice recommendations for cleaning, disinfection and sterilization processes for medical devices and reusable medical devices/equipment (e.g., Canadian Standards Association, Accreditation Canada);
4. Infection prevention and control risk related to specific high-risk pathogens (e.g., Creutzfeldt-Jakob disease, *Clostridium difficile*) and appropriate handling and reprocessing of the medical devices/equipment used on patients identified with these pathogens;
5. Methods of cleaning, disinfection and sterilization, including types of product, indications for use, processes and documentation;
6. Storage, handling and transportation of contaminated, clean and/or sterile supplies and medical devices;
7. Quality assurance monitoring for cleaning, disinfection (including high-level disinfection) and sterilization processes (e.g., efficacy testing for chemical agents, biological monitoring of sterilizers);
8. Processes to identify, manage and mitigate breaches in cleaning, disinfection and sterilization practices/processes; and
9. Risks related to the reuse of single-use devices.

**The ICP is able to:**

1. Audit reprocessing methods to determine whether the processes used meet national approved standards;
2. Report the outcomes of the evaluation, drawing specific attention to the risks to patient and worker safety and quality that have been identified;
3. Initiate action/investigation if breaches in processes have been identified;
4. Advise on actions that are required to improve quality and safety when cleaning, disinfection and sterilization processes are identified as ineffective;
5. Provide evidence-based infection prevention and control input into the development of cleaning, disinfection and/or sterilization policies and procedures; and
6. Provide evidence-based infection prevention and control input into the process of acquiring new medical devices for the organization (e.g., whether the new device can be reprocessed appropriately).



## Supporting Core Competencies

The knowledge and skills reflected in these competencies are overarching, going beyond infection prevention and control, and will be required to varying degrees on a daily basis. ICPs must contribute to the smooth functioning of programs, even though most are not in management or formal leadership positions. They must act as informal leaders to influence change and support appropriate practice. Communication and collaboration skills are essential to an ICP's practice as much of the work involves interaction with other individuals, teams and departments. ICPs are professionals, accountable for their actions and professional development. Strengthening their knowledge and skills enables them to act as subject matter experts.

### Communication

#### The ICP has knowledge of:

1. Principles of communication, including barriers and enablers;
2. Strategies for information dissemination;
3. The various internal and external stakeholders with whom the infection prevention and control program needs to communicate (both formally and informally), and
4. The organization's communication policies and protocols.

#### The ICP is able to:

1. Demonstrate effective verbal and written communication (e.g., clear, concise, accurate, and timely);
2. Collaborate and constructively work with others and/or in groups, using emotional intelligence and a variety of skills and processes (e.g., feedback, negotiation, coaching, conflict resolution) to plan, create, and deliver communication using multiple strategies;
3. Facilitate knowledge exchange by engaging stakeholders; encouraging two-way communication/feedback; tailoring communication to the audience; and creating and interpreting graphic tools (e.g., "fishbone" diagram, Pareto charts, and flow charts);
4. Disseminate infection prevention and control findings, recommendations, reports, legislation, policies and procedures, and information on new issues to appropriate individuals, committees, departments, units and external stakeholders;
5. Engage others to encourage dialogue and accountability to facilitate appropriate action;
6. Engage relevant stakeholders to provide coordinated communication, for example in the identification and review of adverse and sentinel events;
7. Report to relevant authorities according to jurisdictional requirements (e.g., reporting communicable diseases to local public health units); and

8. Communicate with the public and media according to organizational policies and protocols.

## **Leadership**

### **The ICP has knowledge of:**

1. Principles and practices of program planning and development with emphasis on vision; and
2. Principles of collaboration, teamwork, coaching and influencing others.

### **The ICP is able to:**

1. Advocate for an infection prevention and control program and prevention of health care-associated infections; and work to keep program goals as an organizational priority;
2. Take the lead in developing, implementing, evaluating and revising the infection prevention and control program's mission and vision statement, goals, measurable objectives, indicators and action plan that aligns with organizational strategic priorities and operating plan;
3. Take the lead in developing, implementing, evaluating and revising the ongoing organizational infection risk assessment plan while considering outcomes, including incidents, adverse events and success measures;
4. Coordinate the infection prevention and control structures and processes (e.g., committees, operating manuals, procedures) and link these to other health care and patient safety programs;
5. Recommend organization-specific infection prevention and control priorities (e.g., health care worker safety, equipment, personnel) and identify appropriate resources to support those recommendations;
6. Analyze financial and value aspects of programs and projects, including clinical outcomes, cost benefit, efficacy, product evaluations, new evidence; and recommend changes in practice;
7. Influence and support colleagues and stakeholders at all levels, using strategies to build consensus and promote teamwork; and foster a shared vision in infection prevention and control; and
8. Model leadership to inspire, mentor and support the practice and development of others.

## **Management**

### **The ICP has knowledge of:**

1. Management strategies for planning and operationalizing a program and/or a team to achieve objectives, including project management, cost-benefit analysis and teamwork;
2. The employing organization's processes, personnel, structure and culture; and
3. Relevant local, regional, provincial, national and international guidelines, standards, legislations and regulations.

### **The ICP is able to:**

1. Ensure action is taken to meet the infection prevention and control program's goals;
2. Take the lead in overseeing daily program activities and infection prevention and control projects, considering resources and patient-focused priorities;
3. Monitor the progress and quality of infection prevention and control projects and make changes as necessary;
4. Rapidly respond to shifts in system and regulatory requirements or critical events/emerging science and evaluate the response;
5. Review, assess, recommend and negotiate appropriate resources for infection prevention and control programs;
6. Actively participate (e.g., coordinate, chair) on working groups such as the infection prevention and control committee; and
7. Review and develop policies and procedures in collaboration with other groups and committees.

## **Professionalism**

### **The ICP has knowledge of:**

1. Codes of conduct of workplace and relevant profession; and
2. Legislation and workplace policies related to confidentiality, privacy and information sharing.

### **The ICP is able to:**

1. Behave in a professional manner, including demonstrating accountability in actions, ethical conduct, respect and maintaining confidentiality;
2. Evaluate own professional needs and develop and implement relevant strategies to meet these and maintaining and strengthening competence;

3. Develop and maintain a professional network for seeking and sharing guidance;
4. Manage time and workload;
5. Provide expert advice in a professional manner when consulted; and
6. Keep current with new innovations and technologies, methods and approaches in infection prevention and control.

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## Appendix: List of Experts Who Provided Feedback on Drafts of the Core Competencies

Michelle Alfa PhD FCCM

Kimberley Allain BScN RN MHS CIC

Chingiz Amirov MPH MSc-QIPS CIC FAPIC

Molly Blake BN MHS GNC(C) CIC

Greg Bruce A-EMCA

Natalie Bruce RN MScN CIC

Elizabeth Bryce MD FRCPC

Heather Candon BSc MSc CIC

Gwen Cerkowniak RN BSN CIC

Maureen Cividino CCFP (FCFP) DOHS CCBOM CIC

Susan Cooper MLT CIC

Mandy Deeves BScN RN MPH CIC

Tara Donovan BHSc MSc

Christine Drummond RN BN CIC

Bruce Gamage RN BSN CIC

Michael Gardam MD CM MSc FRCPC CIC

Isabelle Guerreiro RN CIC

Elizabeth Ann Henderson PhD

Karen Hope BSc MSc

Judi Linden RN BN COHN(C) CIC

Samantha MacFarlane RN CIC

Gwyneth Meyers BSc MSc PhD(cand)

Donna Moore RPN CIC

Daphne Murray RN CIC

Heidi Pitfield BSc BASc MPH CIPHI(C) CIC

Shelly Rempel RN BN

Ramona Rodrigues RN BSc MSc(A) CIC ICS-PCI FAPIC

Diane Roscoe MD FRCPC

David Ryding BHSc BASc CPHI(C) CIC MPH

Lorraine Schatzler RN BScN CIC COHN(C)

Jenny Scoging RN CIC

Barbara Shea MLT ART CIC

Jane Stafford RN BN CIC

Merlee Steele-Rodway RN CERT

Samantha Stewart RN BScN

Kathryn Suh MD FRCPC CIC

Jane Van Toen MLT BSc CIC

Mary Vearncombe MD FRCPC

Marilyn Weinmaster RN BScN CIC

Marion Yetman RN BN MN CIC

### With special thanks to:

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