

SAMPLE INFECTION PREVENTION AND CONTROL OR QAPI COMMITTEE SCHEDULE BEYOND OUTCOME SURVEILLANCE AND ANTIBIOTIC STEWARDSHIP *

January	February	March
<input type="checkbox"/> Hand Hygiene <input type="checkbox"/> Equipment Cleaning and Disinfection <input type="checkbox"/> Central Line Maintenance <input type="checkbox"/> Annual Infection Prevention Risk Assessment	<input type="checkbox"/> Hand Hygiene <input type="checkbox"/> PPE donn/doff <input type="checkbox"/> Injection Safety & Point of Care Blood Testing <input type="checkbox"/> Annual Infection Prevention and Control Plan Approval	<input type="checkbox"/> Hand Hygiene <input type="checkbox"/> Environmental Cleaning and Disinfection <input type="checkbox"/> Wound Care <input type="checkbox"/> Bloodborne Pathogen Exposure
April	May	June
<input type="checkbox"/> Hand Hygiene <input type="checkbox"/> Equipment Cleaning and Disinfection <input type="checkbox"/> EOC <input type="checkbox"/> TBP <input type="checkbox"/> Annual Antibigram Report	<input type="checkbox"/> Hand Hygiene <input type="checkbox"/> Indwelling Urinary Catheter Maintenance <input type="checkbox"/> Water Exposure <input type="checkbox"/> Annual Tuberculosis Risk Assessment	<input type="checkbox"/> Hand Hygiene <input type="checkbox"/> Environmental Cleaning and Disinfection <input type="checkbox"/> Annual Laundry Quality Assurance Report
July	August	September
<input type="checkbox"/> Hand Hygiene <input type="checkbox"/> Equipment Cleaning and Disinfection <input type="checkbox"/> Central Line Maintenance <input type="checkbox"/> Annual Training Outcome Report	<input type="checkbox"/> Hand Hygiene <input type="checkbox"/> Injection Safety & Point of Care Blood Testing <input type="checkbox"/> Annual Communicable Disease and Reportable Conditions Report	<input type="checkbox"/> Hand Hygiene <input type="checkbox"/> Environmental Cleaning and Disinfection <input type="checkbox"/> Wound Care <input type="checkbox"/> Bloodborne Pathogen Exposure
October	November	December
<input type="checkbox"/> Hand Hygiene <input type="checkbox"/> Equipment Cleaning and Disinfection <input type="checkbox"/> EOC <input type="checkbox"/> TBP <input type="checkbox"/> Prescriber Annual Antibiotic Report	<input type="checkbox"/> Hand Hygiene <input type="checkbox"/> PPE donn/doff <input type="checkbox"/> Indwelling Urinary Catheter Maintenance <input type="checkbox"/> Annual Employee Safety Device Review	<input type="checkbox"/> Hand Hygiene <input type="checkbox"/> Environmental Cleaning and Disinfection <input type="checkbox"/> Water Exposure <input type="checkbox"/> Employee and Resident Vaccination Outcomes

*If the facility experienced an outbreak, the event would be added to the agenda for the presentation of the final report. If a PIP is in progress, it should be reported monthly.