

Core Competencies for Infection Prevention and Control Professionals (ICPs)

Updated Consensus Document September 2022





ICP CORE COMPETENCIES

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TASK FORCE PARTICIPANTS

Barbara Catt RN BScN MEd CIC
Willow Beach, Ontario

Madeleine Ashcroft RN BScN MHS CIC FAPIC
Oakville, Ontario

Donna Moralejo PhD
St. John's, Newfoundland & Labrador

Marianna Ofner-Agostini BScN MHSc PhD CIC
North York, Ontario

Gwyneth Meyers BSc MSc PhD
Calgary, Alberta

Suzanne Rhodenizer Rose RN BScN MHS CIC
Halifax, Nova Scotia

Marion Yetman RN BN MN CIC
St. John's, Newfoundland & Labrador

EXTERNAL REVIEWERS

Dana Anderson RN CIC

Ama Anne RN BScN CIC

Anne Augustin MLT CIC

Jim Ayukekbong BMLS PhD CIC

Clare Barry BN MSC CIC

Florentina Belu RN BScN CIC

LaurieDawn Boyer RN BScN MEd CIC CPN(C)

Diane Brault RN BSc MEd

Natalie Bruce RN MScN CIC

Maureen Buchanan-Chell BScN RN CIC

Heather Candon BSc MSc MHM(C) CIC

Katherine Defalco BScN CIC

Rhonda DeMarco RN BHScN PGDip (GHID)

Murtuza Diwan BSc(Hons) MSc CIC

Megan Engbretson MSc CCRP CIC

Philippe Fournier BSc inf CIC

Magdalena Krawczyk RN

Hibak Mahamed BSc MPH CIC

Marianna Ofner-Agostini BScN MHSc PhD CIC

Donna Penney BN RN CIC

Adelia Marcal dos Santos MD MHS

Jennifer Selkirk RN BN MEd CIC

Wendy Somerville MSc

Terri Strongman RN BScN

Scott Stephens ACP

Angela Thomas BScN RN CIC

Introduction to the Core Competencies

First developed in 2016, this document is an updated version of “IPAC Canada Core Competencies for Infection Control Professionals. This document lists IPAC Canada’s core competencies for Infection Prevention and Control Professionals (ICPs), which indicate the minimum knowledge, skills, and abilities, that are required to practice safely and ethically as an ICP. The competency statements reflect expectations of a competent ICP; a competent ICP is one who can perform effectively in the roles and functions required by their position, within the team, organization, and with stakeholders. Specific competencies for novice and expert levels of ICP have not been defined.

ICPs perform their activities in a variety of healthcare settings. 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 healthcare setting. It is expected that ICPs in any healthcare setting have knowledge and skills in all competency areas, although not all 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 resources and learning strategies to gain the required knowledge and skills; no resources are identified in this document.

There are 183 competency statements in 15 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. 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 may not be required daily, 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 five supporting competencies: communication, leadership, program management, professionalism, and diversity, equity and inclusion. Both the foundational and applied core competencies are specific to infection prevention and control, while the supporting core competencies are more general.

The order of competencies listed in this document 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. As healthcare is under national/provincial/territorial jurisdiction, the application of the competencies may vary.

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

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., infectious disease process/clinical assessments, surveillance data and the literature). ICPs educate healthcare providers 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. ICPs must be able to access and utilize research to provide evidence-informed recommendations. The contribution of individual ICPs to conducting and disseminating research will vary according to setting, context, and available resources.

Education

The ICP has knowledge of:

1. The role of the infection control professional as an educator;
2. Teaching and learning theories and concepts (e.g., adult learning, mentorship, problem-based learning, collaborative learning);
3. Instructional design approaches that facilitate innovative and effective teaching designs for learning (e.g., anchored instruction, flipped learning);
4. How different approaches to teaching impact learning (e.g., lecture, facilitated discussion, learning through activity, collaboration, and consulting);
5. How to design a teaching and learning experience (e.g., use of objectives, creating a lesson plan);
6. The use of different technologies for teaching and learning (e.g., video conference platform or digital collaboration software, slides);
7. The role and process relating to orientation, preceptorship, coaching and mentoring;
8. The role teaching and learning plays in the translation of knowledge and skills into practice and the ability to promote behavior change; and
9. Methods for evaluating processes, outcomes, and impacts.

The ICP is able to:

1. Identify when to use various teaching strategies depending on learner needs to achieve intended outcomes;
2. Design, develop, implement, and evaluate teaching strategies and resources using different approaches, aligning objectives with the strategies and intended outcomes;
3. Use different teaching approaches and technologies in a variety of contexts (individual, group, classroom, clinical setting, online);
4. Support the development of ICP orientation, preceptorship and mentorship processes and resources within their IPAC program or workplace;
5. Collaborate with stakeholders and those involved in providing education within the organization (e.g., clinical nurse educators, simulation teams,

academics, information technology);

6. Advocate and promote the inclusion of infection prevention and control education within various clinical and allied programs;
7. Self-reflect and self-evaluate understanding, approach, strengths and challenges as an educator;
8. Develop strategies for strengthening their own teaching and learning knowledge, skills and practice; and
9. Create a supportive learning environment, including providing feedback in a manner that supports learning.

Microbiology

The ICP has knowledge of:

1. Microorganisms commonly encountered in the healthcare and community settings, microorganisms of epidemiologic significance, and microorganisms commonly found in the environment, with specific reference to the:
 - a. General classification and taxonomy;
 - b. Key characteristics, including modes of transmission, reservoirs or sources, incubation period and period of communicability;
 - c. Most common clinical presentations when infection occurs;
 - d. Relevant diagnostic test(s) for specific microorganisms, including the applicable specimen collection;
 - e. Population(s) at risk;
 - f. Required infection prevention and control measures; and
 - g. Use of empiric, prophylactic and therapeutic treatments for infections.
2. 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. Different relationships that humans have with microorganisms (e.g., colonization versus infection, normal flora versus transient carriage, latency);
4. The microbiome and its role in the transmission and prevention of disease;



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5. The proper collection, handling, packaging, labelling and transport of specimens and biohazardous material;
6. Interpretation of laboratory results, for example:
 - a. Gram stain and acid-fast reaction, morphology, and immediate actions required (e.g., initiation of precautions);
 - b. Antimicrobial susceptibility testing and results;
 - c. Antibigrams;
 - d. Unusual antibiotic resistance patterns for specific pathogens;
 - e. Recognition of which organisms may be considered normal flora for specific sites;
 - f. Recognition of possible contamination of cultures;
 - g. Limitations of tests used;
 - h. Strain typing; and
 - i. Genome sequencing.
7. When consultation is considered and/or required 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 the necessary actions to provide direction to healthcare providers caring for patients with infections and/or infectious diseases;
2. Communicate in a timely, effective and inclusive manner with stakeholders (e.g., laboratory, local public health units, operations, healthcare providers, 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 healthcare settings;

3. The roles and responsibilities of the organization to minimize the risk of exposure to, and transmission of, infectious diseases in healthcare settings;
4. The roles and responsibilities of healthcare providers to minimize the risk of exposure to, and transmission of, infections;
5. The components of Routine Practices in healthcare 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 and products, cleaning and disinfection of non-critical patient care equipment, handling of waste and linen);
 - i. Education of patients, families and visitors, using culturally appropriate, non-stigmatizing and inclusive language and materials; 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 in addition to Routine Practices 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. Develop and implement a hand hygiene program with the following components:
 - a. an awareness campaign to emphasize



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- the role of hands in the transmission of microorganisms;
 - b. instructions on hand hygiene techniques;
 - c. tools to monitor hand hygiene compliance;
 - d. advise on the selection and placement of hand hygiene products;
 - e. identification of barriers/solutions to effective hand hygiene; and
 - f. methods to evaluate the hand hygiene program.
- 2. Assess the risk of transmission and implement strategies to prevent and control transmission of infections (e.g., policy development; hand hygiene promotion; role clarification regarding equipment cleaning; visitor management);
- 3. Identify the need for Additional Precautions based on clinical presentation and modes of transmission of the organism;
- 4. Recognize and provide guidance for healthcare settings/providers in circumstances where modifications to Additional Precautions are required;
- 5. Educate healthcare providers on Routine Practices, including point-of-care risk assessment; hand hygiene; required selection, use, and safe donning and doffing of personal protective equipment; and safe use and disposal of sharps;
- 6. Educate healthcare providers on the principles and practice of Additional Precautions, including types of precautions, routes of transmission, implementation, duration and discontinuation;
- 7. Educate healthcare providers on the principles of cleaning and disinfecting environmental surfaces including healthcare design and product selection; and cleaning agents, disinfectants, and cleaning equipment;
- 8. Advise on required resources for environmental cleaning including policies and procedures; frequency related to high/low-touch surfaces, population vulnerability, and level of contamination; education; specialized areas and events (e.g., construction, floods, body fluid spills); laundry and waste management; new and evolving technologies; and assessment and quality control;
- 9. Collaborate with healthcare providers 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
- 10. 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 etiquette, visitor restrictions and required use of personal protective equipment when necessary.

Surveillance and Epidemiology

The ICP has knowledge of:

1. The epidemiological significance of person, place, and time;
2. The basic principles, purposes, types and methods of surveillance, including privacy and confidentiality;
3. The different study designs as they relate to enhanced surveillance; and
4. Surveillance regulations and other requirements within their local jurisdiction.

The ICP is able to:

1. Determine organizational priorities for surveillance, based on available evidence and considering resources;
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. Develop recommendations for action based on data, literature, and includes further studies to enhance surveillance;
4. Choose standardized definitions for cases and/or indicators to be used and be consistent in their application;
5. Utilize data collection methods that will ensure available, valid and reliable data are obtained and provide rationale for choices;
6. Use a standardized approach to obtain only necessary data, ensuring best practices in principles of privacy and confidentiality are adhered to;
7. Use a data management system that allows efficient and effective data storage, management, analysis, reporting, retention, destruction and security;



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- Clearly describe data by calculating and reporting the relevant descriptive statistics (e.g., means, rates, odds ratios) and by developing graphs and tables;
 - 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, and the purpose of the surveillance program;
 - Develop recommendations for action that are based on data, limitations of data, and the literature;
 - 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, healthcare providers);
 - Collaborate with key stakeholders to further develop and implement appropriate evidence-based recommendations; and
 - 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.
- information found on web sites;
 - Critically appraise research reports, including methods, results and validity of the conclusions drawn;
 - Draw conclusions or make recommendations that relate to the quality of the evidence;
 - Plan for implementation of evidence-informed recommendations;
 - Use evidence from the research to inform IPAC programs and policies;
 - Collaborate with other members of the healthcare team to develop research proposals, obtain necessary approvals, collect data, analyze data and report findings; and
 - Collaborate with others to disseminate research findings both formally, through presentations and publication, and informally.

Research Utilization

The ICP has knowledge of:

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

The ICP is able to:

- Identify issues or topics requiring support from evidence-based literature or from further research;
- Utilize search strategies to access journal articles relevant to the topic of interest, using peer reviewed data bases (e.g., CJIC, ICHE, AJIC, PubMed) pertinent websites, government documents and other relevant literature using applicable search engines (e.g., Google Scholar) and search terms;
- 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;
- Critically appraise the validity and reliability of

Applied Core Competencies:

The knowledge and skills reflected in these competencies may not be required on a daily basis, but rather as specific activities 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.

Healthcare Facility Design, Construction, Renovation and Maintenance

The ICP has knowledge of:

- Infection prevention and control issues/risks associated with design, construction, renovation and maintenance, and measures to address them; and
- Current standards related to design, construction, accessibility, renovation and maintenance in healthcare facilities and specifically the required preventive measures/recommendations associated with each phase of the project.

The ICP is able to:

- Work collaboratively with key stakeholders at every stage of healthcare facility planning, design, accessibility, construction, renovation and preparation for occupancy, to ensure principles of infection prevention and control are applied;
- Provide education specific to relevant infection



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- 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, healthcare 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 healthcare setting related to healthcare providers 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 their organization.

The ICP is able to:

1. Review and/or support the development of policies and procedures related to occupational health that have relevance for infection prevention and control, such as screening, return to work, and immunization programs;
2. Assess hazards and risk by using relevant audit tools or checklists (e.g., safe sharps handling, required use of personal protective equipment, placement of alcohol-based hand rub

dispensers);

3. Collaborate with occupational health and safety staff to investigate and recommend the required actions, including steps for prevention of a repeat occurrence, in the event that a healthcare provider has been exposed or potentially exposed to an infectious agent (e.g., from another healthcare provider or from a patient) or is ill with a communicable disease or infection;
4. Act as a collaborative resource to assess the fitness of an healthcare provider 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 healthcare provider's ability to perform hand hygiene or adhere to Routine Practices if they have 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, disaster management (e.g., flood and fire) and other emerging infectious disease threats; and
3. Bioterrorism agents that may impact healthcare settings.

The ICP is able to:

1. Work closely with relevant departments (e.g., occupational health and safety, laboratory, environmental services, patient care areas) and outside organizations/authorities (e.g., public health authorities) to identify outbreaks affecting patients and staff (e.g., norovirus, influenza, scabies, COVID-19), to ensure timely and effective exchange of information;
2. Develop a hypothesis and 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;

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- 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 healthcare facility can effectively recognize and respond to an infectious disease threat (e.g., flood, fire, pandemics, emerging infections and bioterrorism), including:
 - a. planning and preparation;
 - b. implementation;
 - c. evaluation;
 - d. communication; and
 - e. remaining current with new recommendations and directives.

Quality Improvement and Patient Safety

The ICP has knowledge of:

1. Concepts of organizational culture (including diversity, equity and inclusion), human factors engineering and behavioural change, quality improvement, privacy 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., Plan Do Study Act, root cause analysis, gap analysis, failure mode effect

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 program and practices (e.g., through audits), including monitoring processes, privacy considerations, practice and outcomes, identifying contributing factors, and making recommendations;
2. Develop and disseminate reports to appropriate stakeholders regarding quality improvement activities based on quality reviews, 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, with a diversity, equity, and inclusion lens;
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 this in practice;
2. National, provincial, territorial and/or local standard/best practice recommendations and processes for decontamination, cleaning, disinfection and

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sterilization processes for medical devices and reusable medical devices/equipment (e.g., Canadian Standards Association, accreditation standards);

3. Infection prevention and control risk related to specific high-risk pathogens (e.g., involving spores or prions) and applicable handling and reprocessing of the medical devices/equipment used on patients identified with these pathogens;
4. Methods of decontamination, cleaning, disinfection and sterilization, including types of product, indications and manufacturers' instructions for use, safe workflow, processes, documentation, storage, handling and transportation of contaminated, clean and/or sterile supplies and medical devices;
5. Quality assurance monitoring and documentation for decontamination, cleaning, disinfection (including high-level disinfection) and sterilization processes (e.g., efficacy testing for chemical agents, biological monitoring of sterilizers);
6. Processes to identify, manage and mitigate breaches in decontamination, cleaning, disinfection and sterilization practices/processes; and
7. Risks related to the reuse of single-use devices.

The ICP is able to:

1. Audit reprocessing methods to ensure that processes used meet nationally approved standards (e.g., CSA), recommendations are made, and follow-up is completed to continually maintain a high degree of quality;
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 lapses in processes have been identified;
4. Advise on actions that are required to improve quality and safety of decontamination, cleaning, disinfection and sterilization processes;
5. Provide evidence-based infection prevention and control input into the development of decontamination, 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 (e.g., whether the new device can be reprocessed safely).

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 in any role contribute to the functioning of their program, as informal leaders to influence change, encourage acceptance and support best practices. Communication and collaboration skills are essential to ICPs practice as much of the work involves interaction with other individuals, teams and departments. Diversity, equity and inclusion (DEI) should be considered in all ICP processes and activities. 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);
4. The role of diversity, equity, and inclusion as the cornerstone of effective communication; and
5. 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) in a manner that acknowledges adherence to the principles of diversity, equity and inclusion;
2. Collaborate with others and/or in groups, using a variety of skills such as open style, feedback and conflict resolution processes to plan, create, and deliver communication;
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 applicable individuals, committees,



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- departments, units and external stakeholders, utilizing technology according to the message and the audience;
5. Facilitate dialogue to ensure accountability for 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;
2. Principles of collaboration, teamwork, coaching and influencing others;
3. Theories or a framework for leadership that is applicable within one's organization.

The ICP is able to:

1. Lead through awareness, management and development of own leadership skills;
2. Advocate for an infection prevention and control program and prevention of healthcare-associated infections; and work to keep program goals as an organizational priority;
3. 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, while making sure it is inclusive, respects diversity and promotes equitable care;
4. 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;
5. Coordinate the infection prevention and control structures and processes (e.g., committees, operating manuals, procedures) and link these to

- other healthcare and patient safety programs;
6. Recommend organization-specific infection prevention and control priorities (e.g., healthcare provider safety, equipment, personnel) and identify appropriate resources to support those recommendations;
 7. Analyze financial and value aspects of programs and projects, including clinical outcomes, cost benefit, efficacy, product evaluations, new evidence; and recommend changes in practice;
 8. 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
 9. Model leadership that is inclusive and adopt/display culturally competent behaviours to inspire, mentor and support the practice and development of others.

Program 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 team building (e.g., hiring and onboarding), a systems-level perspective, and fostering a climate of accountability;
2. The employing organization's processes, personnel, structure and culture; and
3. Relevant local, regional, provincial, territorial, 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. Assist in creating an inclusive environment where there is collaboration, opportunity to exchange ideas and ability learn from each other and through our own unique experiences, to help support diversity, equity and inclusion within the ICP role;
3. Take the lead in overseeing overall program workplans, daily program activities and infection prevention and control projects, considering diverse, equitable and inclusive resources and patient-focused priorities;



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4. Monitor the progress and quality of infection prevention and control projects and make changes as necessary;
5. Respond to shifts in system and regulatory requirements or critical events/emerging science and evaluate the response;
6. Review, assess, recommend and negotiate appropriate resources for infection prevention and control programs;
7. Actively participate (e.g., coordinate, chair) on working groups such as the infection prevention and control committee; and
8. Review and develop policies and procedures in collaboration with other groups and committees.

Professionalism

The ICP has knowledge of:

1. Codes of conduct within the workplace and relevant profession;
2. Legislation and workplace policies related to confidentiality, privacy of information, conflict of interest and ethics; and
3. Unconscious bias and principles for diversity, equity and inclusion in healthcare.

Is able to:

1. Behave in a respectful manner, including demonstrating accountability in actions, ethical conduct, respect, integrity and maintaining confidentiality;
2. Seek out and utilizes feedback from diverse sources prior to introducing new IPAC changes;
3. Include under-represented perspectives, levels, and cultures;

4. Demonstrate mindfulness, maintaining self-awareness, well-being and life balance;
5. Develop and implement relevant strategies to maintain and strengthen competence based on own professional needs;
6. Develop and maintain a professional network for seeking and sharing guidance;
7. Manage time, workload and accountabilities;
8. Provide expert advice in a professional manner when consulted; and
9. Obtain and maintain certification in IPAC (CIC®) and keep current with the science, innovations and technologies, new methods and approaches in infection prevention and control.

Diversity, Equity, and Inclusion

The ICP has knowledge of:

1. Diversity, equity and inclusion perspectives in the practice of infection prevention and control, the organization and the community.

The ICP is able to:

1. Utilize and develop infection prevention and control information (e.g., documents/materials) that are accessible, culturally sensitive and inclusive;
2. Commit to continuous learning / improvement in diversity, equity, and inclusion;
3. Listen and adapt infection prevention and control approaches to consider all patient and staff populations;
4. Effectively communicate, engage others and direct them to DEI resources, and how to access them;
5. Seek and utilize feedback from diverse sources prior to introduction of infection prevention and control changes;
6. Be a role model for inclusive and culturally competent behaviour;
7. Act as a voice for perspectives, levels, and cultures that are not otherwise represented; and
8. Encourage dialogue among colleagues on ways to create safer spaces, promotion of civility and inclusive environments for all.