

**DUTY STATEMENT
CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS**

PART A	
Position No: 575-310-8165-010	Date:
Class: Registered Nurse- Wound Care/ Infection Preventionist	Name:
<p>Under general supervision of the Director of Nursing (DON), the Registered Nurse- Wound Care/Infection Preventionist (IP) is responsible for developing, implementing and administering facility systems for the prevention and control of infection to assure compliance with regulations governing infection control and wound care. Responsible for working in collaboration with the skin nurse (LVN) on implementing wound care best practices for the treatment and prevention of pressure injuries.</p>	
Percentage of time performing duties:	ESSENTIAL FUNCTIONS
40%	<p>Responsible for coordinating the completion of all admission and readmission skin assessments according to policy and procedures. Coordinate with the skin nurse quality assessments and improvement activities for all residents with pressure injuries and who are at high risk of developing pressure injuries. Responsible for obtaining treatment admission order from the MD for all new admissions and readmissions. Make skin rounds with the skin nurse, unit manager, DON and ADON on a weekly basis. Coordinate with the skin nurse any changes in the resident's treatment plan as appropriate. Initiate the resident care plan on all new admissions and readmissions. Ensure the care plan is updated as appropriate. Follow up on the skin summary form for all new pressure sores and ensure completion by the skin nurse. Responsible for coordinating the completion of all admissions and skin assessments. Coordinate quality assessments and improvement activities for all residents with pressure sores and for all residents who are at high risk of developing pressure injuries. Review the Skin Risk Assessment Scale forms quarterly in collaboration with the MDS Nurse and establish an appropriate plan of care for the resident's maintenance of skin integrity. Responsible for notifying the SRN of the unit and the DON or ADON of any changes in the resident's risk factors to ensure follow up. Coordinate with the unit charge nurses regarding any changes in the treatment plan as appropriate and obtain orders from the MD.</p>
30%	<p>Promote the facility's compliance with the State and federal regulations pertaining to infection control. Assist the IP nurse with development and maintenance of an Infection Prevention and Control Program per §42 Code of Federal Regulations (CFR) § 483.65 and 38 CFR § 51.190.</p> <p>Assist the IP nurse with implementation of the home's surveillance plan for identification, monitoring, and tracking of infections. Participate in the interdisciplinary Infection Control Committee. Participate in medical staff committee meetings and serve on professional committees such as the California Department of Veterans Affairs (CalVet) Infection Prevention and Control Task Force. May participate in Public Health Department Collaborates, Infection Control Committees for local healthcare facilities, Association for Professionals in Infection Control (APIC) local chapters, Product Evaluation, and others as assigned.</p>
15%	<p>Collaborate with the Nursing Education Department and department managers to present infection prevention and wound care best practices in-service education programs for all staff. Assist and back-up the IP nurse with the</p>

10%	<p>Antibiotic Stewardship Program. Chair the skin committee and facilitate the monthly skin QA meetings in collaboration with the Registered Dietician for the Nutrition At risk Committee.</p> <p>Attend required training which may include travel. Attend a minimum of ten (10) hours of continuing education courses that specialize in infection prevention and control on an annual basis.</p> <p>Participate in California Association Health Facilities (CAHF), local Association for Professionals in Infection Control and Epidemiology (APIC), and Infectious Disease Association of California (IDAC) training and conferences for education yearly.</p> <p>Must maintain a valid RN license.</p> <p>May be required to work mandatory overtime in the units as needed.</p>
NON-ESSENTIAL FUNCTIONS	
5%	Other related duties as assigned.

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PART B - PHYSICAL AND MENTAL REQUIREMENTS OF ESSENTIAL FUNCTIONS					
Activity	Not Required	Less than 25%	25% to 49%	50% to 74%	75% or More
VISION: View computer screen; prepare various forms, memos, reports, letters, and proofread documents.					X
HEARING: Answer telephone; communicate with Administration, department managers, department staff; providing verbal information.					X
SPEAKING: Communicate with staff, residents and the public in person and via telephone; interact in meetings.					X
WALKING: Within the home to the various units.			X		
SITTING: Work station, meetings and training.					X
STANDING: Copy documents; review records.					X
BALANCING:		X			
CONCENTRATING: Review documentation for accuracy; complete forms, research laws, rules and processes.					X
COMPREHENSION: Understand laws, rules, regulations, policies, and procedures; content of meetings, trainings and work discussions; facilitate the dynamic of team work.					X
WORKING INDEPENDENTLY: Must be able to apply laws, rules and processes with minimal guidance.					X
LIFTING UP TO 10 LBS:			X		
LIFTING 10-25 LBS:		X			
LIFTING 25-50 LBS:		X			
FINGERING: Push telephone buttons, calculator keys, and computer keyboard.					X
REACHING: Answer telephone; use a mouse; retrieve documents from printer.					X
CARRYING: Transport documents, mail.		X			
CLIMBING:		X			
BENDING AT WAIST: Use copier; access low file drawers.		X			
KNEELING: Access low file drawers.		X			
PUSHING OR PULLING: Open and close file drawers.		X			
HANDLING: Sort paperwork; distribute mail.				X	
DRIVING: Travel; special events.		X			
OPERATING EQUIPMENT: Computer, telephone, copier, printer, fax machine.					X
WORKING INDOORS: Enclosed office environment.					X
WORKING OUTDOORS: Special events.		X			
WORKING IN CONFINED SPACE: File, supply, storage rooms, etc.		X			

I have read and understand the duties listed on this Duty Statement and I can perform these duties with or without reasonable accommodation. (If reasonable accommodation may be necessary, discuss any concerns with the Equal Employment Opportunity Office.)

Employee signature _____ Date _____

Supervisor signature _____ Date _____

Human Resources signature _____ Date _____