



## Policy/Procedure

Policy # 2

**Subject:** Position Paper or Response Letter

**Effective Date:** October 1995

**Reviewed by:** Secretary

**Approved by:** APIC MN Board of Directors

**Revision Dates:** 3/2024

### **POLICY**

Papers and letters representing APIC MN must be approved by the APIC MN Board of Directors and signed by the President or designee(s) before posting.

### **PURPOSE**

To establish guidelines for written materials which appropriately/accurately represent and are endorsed by APIC MN.

To remain non-partisan and true to APIC mission and vision.

### **PROCEDURE**

1. The person requesting a letter or position paper should notify the Chapter President and/or the Board liaison regarding the issue and seek approval to develop a position or response on behalf of APIC MN.
2. Assemble resources, references and input from subject matter expert(s).
3. Create a draft of the document (see attachment: "Outline for Position Paper or Response Letter").
4. Proofread by at least three subject matter experts, including National APIC.
5. Print final document on APIC MN letterhead or use APIC MN logo, save in a PDF format.
6. Secure President's (or designee(s)) signature, along with committee chair and/or authors as appropriate.
7. Send a final copy to the Chapter President and other document authors. A copy should also be sent to the Secretary and Executive Assistant as needed per the Document Retention Policy #18.
8. Send signed original to the intended party.

### **ATTACHMENTS & RELATED FORMS:**

Outline for Position Paper or Response Letter



## Policy/Procedure

## Policy # 2

### Outline for Position Paper or Response Letter:

APIC MN Letterhead (or Logo)

Name, Title

Date

Address

City, State, Zip

Greeting: Dear \_\_\_\_\_:

The opening sentence should be a clear, succinct statement to include:

1. Purpose for the letter
2. Issue being addressed
3. APIC MN position (endorsed by the Board)

The next paragraph should define the requested action or response.

1. What should be changed or supported?
2. Reasons why

Then define the anticipated benefits.

1. Why APIC MN (or committee) is interested in the issue.
2. What are the desired results or benefits of the recommendation?
3. How our constituents or the public benefit.
4. How this position will impact our practice of Infection Prevention and Control.

#### Facts about APIC (edit this information as appropriate for the letter):

APIC is the leading provider of infection prevention expertise through education, training, advocacy and evidence-based research. APIC has strong affiliations with many healthcare organizations, including the CDC, TJC, NQF, SHEA, and IDSA, all of whom play a significant role in infection prevention.

#### Infection Prevention and Control Focus:

- Development of evidenced based policies to ensure a safe environment
- Compliance with regulations and standards from OSHA, Joint Commission, CMS, DOT, FDA, USP and CDC
- Surveillance for healthcare associated infections and additional significant infections
- Community leadership in preparation for emergencies related to infectious agents including bioterrorism events and pandemic flu preparedness
- Participation in quality improvement efforts
- Reporting communicable diseases to the state Department of Health
- Participation in the evaluation of safe equipment and work environment for healthcare workers

#### Leadership:

- Chapter members serve on national organizations to improve patient safety
- Nationally recognized chapter members with distinguished service
- Recipient of multiple Chapter Excellence Awards

Closing remarks.

Thank you for consideration for the APIC MN position or recommendations. Extend respect, appreciation, support and/or good wishes for the intent of the program, standard or guidelines.

Signatures:

The president and/or APIC MN Board of Directors must approve the letter or position paper. Then the author(s), APIC MN President, Board of Directors, and/or committee chair will sign as deemed appropriate by the president.