

AHC Media

The Final CMS Worksheet on Infection Control

Wednesday, June 3rd, 2015



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Speaker



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Objectives

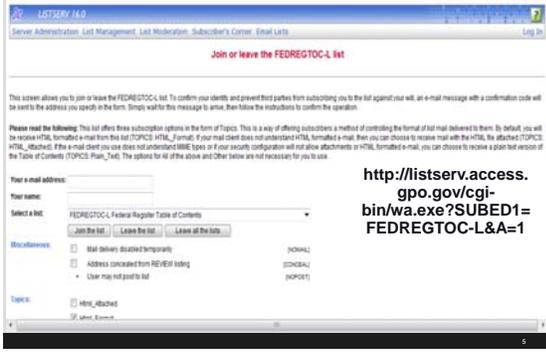
- Discuss the final CMS infection control worksheet.
- Review details of tracers included in the CMS infection control worksheet.
- Describe CMS requirements for safe injection practices and sharps safety.
- Explain new and revised standards, regulations, and laws put forth by CMS, TJC and the federal government.
- Evaluate compliance requirements and penalties.

The Conditions of Participation (CoPs)

- Regulations first published in 1986
 - Manual updated more frequently now
 - Tag number 0001 through 1164 and Infection Control starts at tag 747
 - Questions** to CMS at hospitalscg@cms.hhs.gov
- First regulations are published in the **Federal Register** then CMS publishes the **Interpretive Guidelines** and some have **Survey Procedures** ²
 - Hospitals should check this website once a month for changes

¹www.gpoaccess.gov/fr/index.html ²www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp

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Location of CMS Hospital CoP Manuals

Medicare State Operations Manual Appendix

- Each Appendix is a separate file that can be accessed directly from the SOM Appendices Table of Contents, as applicable.
- The appendices are in PDF format, which is the format generally used in the IOM to display files. Click on the red button in the 'Download' column to see any available file in PDF.
- To return to this page after opening a PDF file on your desktop, use the browser "back" button. This is because closing the file usually will also close most browsers.

CMS Hospital CoP Manuals new address
www.cms.hhs.gov/manuals/downloads/som107_Appendixtoc.pdf

App. No.	Description	PDF File
A	Hospitals	 2.185_KB
AA	Psychiatric Hospitals	 606_KB

Policy & Memos to States and Regions

CMS Survey and Certification memoranda, guidance, clarifications and instructions to State Survey Agencies and CMS Regional Offices.

Show entries: 10

Filter On:

Title	Memo #	Posting Date	Fiscal Year
Access to Statements of Deficiencies (CMS-2567) on the Web for Skilled Nursing Facilities, Nursing Facilities, Hospitals, & Critical Access Hospitals	13-21-ALL	2013-03-22	2013
AHRQ Common Formats - Information for Hospitals and State Survey Agencies (SAs) - Comprehensive Patient Safety Reporting Using AHRQ Common Formats	13-19-HOSPITALS	2013-03-15	2013
Guidance for Hospitals, Critical Access Hospitals (CAHs) and Ambulatory Surgical Centers (ASCs) Related to Various Rules Reducing Provider/Supplier Burden	13-20-Acute Care	2013-03-15	2013
Low Misconnection Advers Events	13-14-ALL	2013-03-08	2013
Ethical Delegation of Tasks in Skilled Nursing Facilities (SNFs) and Nursing Facilities (NFs)	13-15-NH	2013-03-08	2013
F. Iq. 155- Advance Directives - Revised Advance Copy	13-16-NH	2013-03-08	2013
F. Iq. 322- Naso-Gastric Tubes - Revised Advance Copy	13-17-NH	2013-03-08	2013
Revised Roll-Out of the New End Stage Renal Disease (ESRD) Core Survey Process	13-18-ESRD	2013-03-08	2013
Notice - Ninth Opportunity National Background Check Program Funding	13-12- NH	2013-03-01	2013
Information Only - New Dining Standards of Practice Resources are Available Now	13-13-NH	2013-03-01	2013

Transmittals

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www.cms.gov/Transmittals/01_overview.asp

Transmittals

The Centers for Medicare & Medicaid Services use transmittals to communicate new or changed policies or procedures that we will incorporate into the CMS Online Manual System. The cover or transmittal page summarizes and specifies the changes. The transmittals for 2000 through 2003 have been archived. The archived transmittals can be accessed using the following URLs:

2003 Transmittals
http://wayback.archive-it.org/2744/20111201175645/http://www.cms.gov/Transmittals/2003Trans/01.asp

2002 Transmittals
http://wayback.archive-it.org/2744/20111201175723/http://www.cms.gov/Transmittals/2002Trans/01.asp

2001 Transmittals
http://wayback.archive-it.org/2744/20111201175802/http://www.cms.gov/Transmittals/2001Trans/01.asp

2000 Transmittals
http://wayback.archive-it.org/2744/20111201175849/http://www.cms.gov/Transmittals/2000Trans/01.asp

The Conditions of Participation (CoPs)

- The manual is known as the conditions of participation or the CoPs for short
- The CoP sections are called tag numbers
- They go from Tag 0001 to 1164
- All the sections contain a tag number so it is easy to go back and look up that section if you want to read more about it
- Tag numbers are addressed in the three worksheets

VA Alert on Insulin Pens

- Decided to prohibit multi-dose insulin pen injectors on all patient units except the following:
 - Patients being educated prior to discharge to use a insulin pen injector
 - Eligible patient is self medication program
 - Patient needing treatment and no alternative formulation is available
 - Patients participating in a research protocol requiring an insulin pen
 - Pen injectors dispensed directly to patients as an outpatient prescription

FDA Issues An Alert in 2009

FDA U.S. Food and Drug Administration

Information for Healthcare Professionals: Risk of Transmission of Blood-borne Pathogens from Shared Use of Insulin Pens

FDA ALERT [03/19/2009]: The FDA is issuing this alert to remind healthcare providers and patients that insulin pens and insulina cartridges* (see description below) are never to be shared among patients. Sharing of insulin pens may result in transmission of hepatitis viruses, HIV, or other blood-borne pathogens.

The FDA has received information that insulin pens may have been shared among numerous patients (two thousand or more) in one hospital in the United States from 2007-2009 (<http://www.vhacmc.afmedl.army.mil/>), and in a smaller number of patients in at least one other hospital. Although the disposable needles in the insulin pens were reportedly changed for each patient, there is still a risk of blood contamination of the pen reservoir or cartridge. Patients who were treated with insulin pens at the hospitals in question are being contacted by the hospitals, and are being offered testing for hepatitis and HIV. Some of the potentially exposed patients have reportedly tested positive for hepatitis C; however it is not known if the hepatitis infection occurred through insulin pen sharing, or if those who tested positive had previously undiagnosed hepatitis C.

Insulin Pen Posters and Brochures Available

1 ONE NEEDLE, ONE SYRINGE, ONLY ONE TIME

Insulin Pen Safety – One Insulin Pen, One Person

BE AWARE DON'T SHARE

ONE INSULIN PEN, ONLY ONE PERSON

www.oneandonlycampaign.org/content/insulin-pen-safety

The Safe Injection Practices Coalition created an insulin pen poster and brochure for healthcare providers as a reminder that insulin pens and other injectable medications are meant for one person and should never be shared. PDFs of these educational materials are listed below.

Specific Materials for Safe Use of Insulin Pens – For Clinicians and Patients

- Poster
- Brochure

Click here to order free copies of these materials from the Centers for Disease Control and Prevention (CDC) (publication numbers 22-1301 and 22-1302).

Additional Resources

U.S. Patient Safety Team: www.oneandonlycampaign.org (Department of Veterans Affairs, January 2013)

CMS Memo on Safe Injection Practices

- June 15, 2012 CMS issues a 7 page memo on safe injection practices
- Discusses the safe use of single dose medication to prevent healthcare associated infections (HAI)
- Notes new exception which is important especially in medications shortages
- General rule is that single dose vial (SDV) can only be used on one patient
- Will allow SDV to be used on multiple patients if prepared by pharmacist under laminar hood following USP 797 guidelines

Single Dose Memo

DEPARTMENT OF HEALTH & HUMAN SERVICES
 Center for Medicare & Medicaid Services
 PHSN Security Boulevard, Mail Stop C3-21-1a
 Baltimore, Maryland 21244-1801



Office of Clinical Standards and Quality/Survey & Certification Group

DATE: June 15, 2012 Ref: S&C: 12-35-ALL

TO: State Survey Agency Directors

FROM: Director, Survey and Certification Group

SUBJECT: Safe Use of Single Dose/Single Use Medications to Prevent Healthcare-associated Infections

Memorandum Summary

- Under certain conditions, it is permissible to repack single dose vials or single use vials (collectively referred to in this memorandum as "SDV's") into smaller doses, each intended for a single patient. The United States Pharmacopeia (USP) has established standards for compounding which, to the extent such practices are also subject to regulation by the Food and Drug Administration (FDA), may also be recognized and enforced under §§501 and 502 of the Federal Food, Drug and Cosmetics Act (FDCA). These USP compounding standards include USP General Chapter 797, *Pharmaceutical Compounding - Sterile Preparations* ("USP <797>"). Under USP <797>, healthcare facilities may repack SDVs into smaller doses, each intended for use with one patient. Among other things, these standards currently require that:
 - The facility doing the repackaging must use qualified, trained personnel to do so, under International Organization for Standardization (ISO) Class 5 air quality conditions within an ISO Class 7 buffer area. All entries into a SDV for purposes of repackaging under these conditions must be completed within 6 hours of the initial needle puncture.
 - All repackaged doses prepared under these conditions must be assigned and labeled with a beyond use date (BUD), based on an appropriate determination of contamination risk level in accordance with USP <797>, by the licensed healthcare professional supervising the repackaging process.
 - *Manufactured doses from any SDV to multiple patients without adherence to USP <797>*.

CMS Memo on Safe Injection Practices

- All entries into a SDV for purposes of repackaging must be completed with 6 hours of the initial puncture in pharmacy following USP guidelines
- Only exception of when SDV can be used on multiple patients
- Otherwise using a single dose vial on multiple patients is a violation of CDC standards
- CMS will cite hospital under the hospital CoP infection control standards since must provide sanitary environment
 - Also includes ASCs, hospice, LTC, home health, CAH, dialysis, etc.

CMS Memo on Safe Injection Practices

- Bottom line is you can not use a single dose vial on multiple patients
- CMS requires hospitals to follow nationally recognized standards of care like the CDC guidelines
- SDV typically lack an antimicrobial preservative
- Once the vial is entered the contents can support the growth of microorganisms
- The vials must have a beyond use date (BUD) and storage conditions on the label

CMS Memo on Safe Injection Practices

- Make sure pharmacist has a copy of this memo
- If medication is repackaged under an arrangement with an off site vendor or compounding facility ask for evidence they have adhered to 797 standards
- ASHP Foundation has a tool for assessing contractors who provide sterile products
- Go to www.ashpfoundation.org/MainMenuCategories/PracticeTools/SterileProductsTool.aspx
- Click on starting using sterile products outsourcing tool now

The screenshot shows the ASHP Foundation website with a navigation menu and a main content area. The main content area features a section titled "Outsourcing Sterile Products Preparation: Contractor Assessment Tool" with a sub-header "Now available!". Below this, there is a description of the tool and a list of evaluation criteria: Regulatory compliance, Quality and patient safety measures, Medication administration safety features, and Service excellence. A URL is provided at the bottom: www.ashpfoundation.org/MainMenuCategories/PracticeTools/SterileProductsTool.aspx

Safe Injection Practices www.empsf.org



**EMERGENCY
MEDICINE
PATIENT SAFETY
FOUNDATION**

Safe Injection Practices Patient Safety Brief
Emergency Medicine Patient Safety Foundation

By: Sue Dill Calloway RN MSN JD CPHRM
Ruth Carrico PhD RN FSHEA CIC

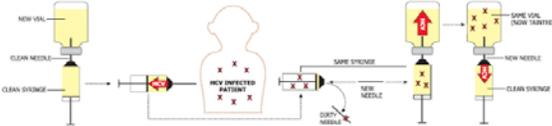
July 2012



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Unsafe Injection Practices and Disease Transmission

Reuse of syringes combined with the use of single dose vials for multiple patients undergoing anesthesia can transmit infectious diseases. The syringe does not have to be used on multiple patients for this to occur.



1. A clean syringe and needle are used to draw the solution from a new vial.

2. It is then administered to a patient who has been previously infected with hepatitis C virus (HCV). Backflow into the syringe contaminates the syringe with HCV.

3. The needle is replaced, but the syringe is reused to draw additional solution from the same vial for the same patient, contaminating the vial with HCV.

4. A clean needle and syringe are used for a second patient, but the contaminated vial is reused. Subsequent patients are now at risk for infection.

Source: www.southernnevadahealthdistrict.org



CDC One and Only Campaign



1 ONE NEEDLE. ONE SYRINGE. ONLY ONE TIME.

ONLY ONCE.
Safe injection practices are a set of measures to perform operations in an optimally safe manner for patients, healthcare providers and others. Learn more: <http://oneandonlycampaign.org>

About the Campaign
The One & Only Campaign is a public health campaign led by the Centers for Disease Control and Prevention (CDC) and the Safe Injection Practices Coalition (SIPC) to raise awareness among patients and healthcare providers about safe injection practices. The campaign aims to eradicate infections resulting from unsafe injection practices.

Injection Safety Toolkits

Featured Content

Become a Member

Campaign Resources

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Not All Vials Are Created Equal

SINGLE-DOSE OR MULTI-DOSE?

NOT ALL VIALS ARE CREATED EQUAL.
 Outbreaks of recent outbreaks have been associated with reuse of single-dose vials and misuse of multiple-dose vials. As a result of these incidents, patients have suffered significant harms, including death. CDC and the One & Only Campaign urge healthcare providers to recognize the differences between single-dose and multiple-dose vials and to understand appropriate use of each container type. This information can literally save a life.



ONE NEEDLE. ONE SYRINGE. ONLY ONE TIME.

ONE & ONLY

CDC AND THE ONE & ONLY CAMPAIGN

Watch Award Winning Video



Safe Injection Practices - How to Do It Right

www.youtube.com/watch?v=6D0stMoz80k&feature=youtu.b

CMS Memo April 19, 2013

- CMS issues memo related to the relative humidity (RH)
- AORN use to say temperature maintained between 68-73 degrees and humidity between 30-60% in OR, PACU, cath lab, endoscopy rooms and instrument processing areas
- CMS says if no state law can write policy or procedure or process to implement the waiver
- Waiver allows RH between 20-60%
- In anesthetizing locations- see definition in memo

Impact of Lowering the Humidity



Quality Advisory

January 21, 2015

01-21-2015 Accessed: https://www.magnaglobal.net/actions/emit_cel_version.cfm?recipient_id=133156440&message_id=8683272&user_id=AHAA_S&group_id=1105177&postId=25267673

NEW GUIDANCE ON HUMIDITY LEVELS IN THE OPERATING ROOM

THE ISSUE

A change in the standards regulating a hospital's physical environment in the operating room (OR) may conflict with the instructions for use on some equipment and supplies routinely used in surgery. To ensure patient safety during surgery, the ASHA in collaboration with its personal membership groups, the American Society for Healthcare Engineering (ASHE) and the Association for Healthcare Resource & Materials Management (AHRMM), urge hospitals to examine their humidity levels in the OR and consider the effects on equipment and products used during surgery. This advisory and associated attachments will assist in your assessment.

BACKGROUND

Many safety codes and standards regulating the health care physical environment now require relative humidity levels in ORs (not other areas of the facility) to be at least 20 percent, a change from the 30 percent minimum humidity required by some previous editions of codes. The 20 percent threshold creates hospitals with flexibility during

Lowering Humidity Can Have Other Effects

RELATIVE HUMIDITY LEVELS IN THE OPERATING ROOM JOINT COMMUNICATION TO HEALTHCARE DELIVERY ORGANIZATIONS January 2015



This is an important communication to the multiple stakeholders in healthcare whose work touches sterile supplies and electro-medical equipment used in delivering care to patients. The subject is about how relative humidity (RH) levels lower than 30% can impact the integrity and functionality of some of these products, with a special emphasis on RH levels in the operating rooms (OR). The following professional organizations have collaborated in the development of this communication: Anubulatory Surgery Center Association (ASCA), American College of Clinical Engineering (ACCE), American Hospital Association (AHA), American Society for Healthcare Engineering (ASHE), American Society of Anesthesiologists (ASA), American Society of Heating, Refrigeration and Air Conditioning Engineers (ASHRAE), Association for Healthcare Resource & Materials Management (AHRMM), Association for the Advancement of Medical Instrumentation (AAMI), Association of periOperative Registered Nurses (AORN), Association of Surgical Technologists (AST), Health Industry Distributors Association (HIDA), and the International Association of Healthcare Central Service Materials Management (IAHC'SMM).¹

Infection Control Video

- HHS has published a training video that every nurse, physician, infection preventionist and healthcare staff should see
- This includes risk managers
- It is an interactive video
- Called Partnering to Heal: Teaming Up Against Healthcare-Associated Infections
- Go to <http://www.hhs.gov/partneringtoheal>
- HHS wants to decrease HAI by 40%, wanted 1.8 million fewer injuries and to save 60,000 lives

Watch this Video on Preventing HAI

U.S. Department of Health & Human Services
HHS.gov www.hhs.gov/ash/initiatives/hai/training/

Email Updates Font Size

HHS Home > Ash Home > Initiatives > Healthcare-Associated Infections > Training

ASH Home

Key Personnel

Regional Health Administrators

Initiatives

Viral Hepatitis

Tobacco Control and Prevention

Healthcare-Associated Infections

Action Plan

National Targets and Metrics

Projects

Steering Committee

Events

Partnering to Heal:

TEAMING UP AGAINST HEALTHCARE-ASSOCIATED INFECTIONS

Partnering to Heal is a computer-based, video-simulation training program on infection control practices for clinicians, health professional students, and patient advocates.

The training highlights effective communication about infection control practices and ideas for creating a "culture of safety" in healthcare institutions to keep patients from getting sicker. Users assume the identity of the following five main characters and make decisions about preventing healthcare-associated infections (HAIs):

A Physician, Nathan Green, Director of a Hospital Post-op Unit, ready to start new prevention efforts in the unit;

A Registered Nurse, Dena Gray, working to learn effective communications skills that could make the difference for her patients;

CMS Memo May 30, 2014

- CMS publishes 4 page memo on infection control breaches and when they warrant referral to the public health authorities
- This includes a finding by the state agency (SA), like the Department of Health, or an accreditation organization
 - TJC, DNV Healthcare, CIHQ, or AOA HFAP
- CMS has a list and any breaches should be referred
- Referral is to the state authority such as the state epidemiologist or State HAI Prevention Coordinator

Infection Control Breaches

DEPARTMENT OF HEALTH & HUMAN SERVICES
 Centers for Medicare & Medicaid Services
 7500 Security Boulevard, Mail Stop C2-21-16
 Baltimore, Maryland 21244-1850



CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C 14-36-All

DATE: May 30, 2014

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Infection Control Breaches Which Warrant Referral to Public Health Authorities

Memorandum Summary

- **Infection Control Breaches Warranting Referral to Public Health Authorities:** If State Survey Agencies (SAs) or Accrediting Organizations (AOs) identify any of the breaches of generally accepted infection control standards listed in this memorandum, they should refer them to appropriate State authorities for public health assessment and management.
- **Identification of Public Health Contact:** SAs should consult with their State's Healthcare Associated Infections (HAI) Prevention Coordinator or State Epidemiologist on the preferred referral process. Since AOs operate in multiple States, they do not have to confer with State public health officials to set up referral processes, but are expected to refer identified breaches to the appropriate State public health contact identified at: <http://www.cms.gov/HAI/state-based/index.html>

CMS Memo Infection Control Breaches

- Using the same needle for more than one individual
- Using the same (pre-filled/manufactured/insulin or any other) syringe, pen or injection device for more than one individual
- Re-using a needle or syringe which has already been used to administer medication to an individual to subsequently enter a medication container (e.g., vial, bag), and then using contents from that medication container for another individual
- Using the same lancing/fingerstick device for more than one individual, even if the lancet is changed

CMS Worksheet Infection Control



CMS Hospital Worksheets History

- First, October 14, 2011 CMS issues a 137 page memo in the survey and certification section and it was pilot tested in hospitals in 11 states
- Memo discusses surveyor worksheets for hospitals by CMS during a hospital survey
- Addresses discharge planning, **infection control (IC)**, and QAPI (performance improvement)
 - May 18, 2012 CMS published a second revised edition and pilot tested each of the 3 in every state over summer 2012
 - November 9, 2012 CMS issued the third revised worksheet
 - Final ones issued November 26, 2014

CMS Hospital Worksheets

- First part of infection control worksheet includes identification information
- Name of the state survey agency which in most states is the department of health under contract by CMS
 - In Kentucky it is the OIG or Office of Inspector General
- It will ask for the name hospital, CCN number, and date of survey

Infection Control

- Is 49 pages long
- Asks for demographics as discussed previously such as hospital name, address, CCN number, etc.
- Starts out with a list of elements that need to be assessed with a yes, no, or N/A box
- Section one discusses the infection control (IC) prevention program and IC resources
- Does the hospital have an infection preventionist (IP)?
- Is there evidence IP is qualified?

Centers for Medicare & Medicaid Services
Hospital Infection Control Worksheet

Name of State Agency:

Instructions: The following is a list of items that must be assessed during the on-site survey, in order to determine compliance with the Infection Control Condition of Participation. Items are to be assessed by a combination of observation, interviews with hospital staff, patients and their family/support persons, review of medical records, and a review of any necessary infection control program documentation. During the survey, observations or concerns may prompt the surveyor to request and review specific hospital policies and procedures. Surveyors are expected to use their judgment and review only those documents necessary to investigate their concern(s) or to validate their observations.

The interviews should be performed with the most appropriate staff person(s) for the items of interest, as well as with patients, family members, and support persons.

Hospital Characteristics

1. Hospital name:

2. CMS Certification Number (CCN):

3. Date of site visit:
 / / to / /

11.00 x 8.50 in

Infection Control Program and Resources

- Module 1, the first section addresses the hospital's infection control program and resources
- Does the hospital have an infection preventionist (IP)? (Tag 748)
 - Must show evidence that the IP is qualified through education, training, experience or certification
 - Many hospitals prefer IP to be CIC or certified in infection control
 - Can the IP provide evidence that IC P&P are based on nationally recognized guidelines and consistent with state or federal law

Infection Control Program and Resources

Module 1: Infection Prevention Program

Section 1.A. Infection Prevention Program and Resources

Elements to be assessed		
I.A.1 The hospital has designated one or more individual(s) as its Infection Control Officer(s).	<input type="radio"/> Yes <input type="radio"/> No	
I.A.2 The hospital has evidence that demonstrates the Infection Control Officer(s) is qualified and maintains qualifications through education, training, experience or certification related to infection control consistent with hospital policy.	<input type="radio"/> Yes <input type="radio"/> No	
I.A.3 The Infection Control Officer(s) can provide evidence that the hospital has developed general infection control policies and procedures that are based on nationally recognized guidelines and applicable state and federal law.	<input type="radio"/> Yes <input type="radio"/> No	
If no to any of I.A.1 through I.A.3, cite at 42 CFR 482.42(a) (Tag A-748)		
I.A.4 The Infection Control Officer can provide an updated list of diseases reportable to the local and/or state public health authorities.	<input type="radio"/> Yes <input type="radio"/> No	
I.A.5 The Infection Control Officer can provide evidence that hospital complies with the reportable diseases requirements of the local health authority.	<input type="radio"/> Yes <input type="radio"/> No	
No citation risk for questions I.A.4 and I.A.5		
I.A.6 The hospital has infection control policies and procedures relevant to construction, renovation, maintenance, demolition, and closure including the requirement for an infection control	<input type="radio"/> Yes <input type="radio"/> No	

APIC Competency in Infection Prevention



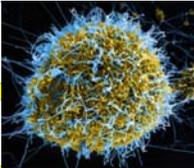
The screenshot shows the article page on the American Journal of Infection Control website. The article title is "Competency in infection prevention: A conceptual approach to guide current and future practice" by Dennis M. Stueland, PhD, MPH, CIC-EP, and others. The article outline includes sections on Infection Prevention, Core Competencies, and the Role of the Infection Preventionist. The URL at the bottom is [www.ajicjournal.org/article/S0196-6553\(12\)00165-4/fulltext](http://www.ajicjournal.org/article/S0196-6553(12)00165-4/fulltext).

QAPI Related to Infection Prevention

Section 1.B. Hospital QAPI Systems Related to Infection Prevention

(Elements to be assessed) (Surveyor Note)

The hospital infection prevention program is coordinated into the hospital QAPI program as evidenced by:

1.B.1 The Infection Control Officer(s) can provide evidence that problems identified in the infection control program are addressed in the hospital QAPI program (i.e., development and implementation of corrective interventions, and ongoing evaluation of interventions implemented for both success and sustainability).	<input type="radio"/> Yes <input type="radio"/> No	
If no to 1.B.1, cite at 42 CFR 482.23(a)(5) (Tag A-0396)	<input type="radio"/> Yes <input type="radio"/> No	
1.B.2 Hospital leadership, including the CEO, Medical Staff, and the Director of Nursing Services ensures the hospital implements successful corrective action plans in affected problem areas(s).	<input type="radio"/> Yes <input type="radio"/> No	
If no to 1.B.2, cite at 42 CFR 482.42(b)(2) (Tag A-0706)		
1.B.3 The hospital utilizes a risk assessment process to prioritize selection of quality indicators for infection prevention and control.	<input type="radio"/> Yes <input type="radio"/> No	
If no to 1.B.3, cite at 42 CFR 482.23(a)(2) (Tag A-0397)		

IC Risk Assessment & Prioritization

Infection Control RISK ASSESSMENT AND PRIORITIZATION WORKSHEET

Event / Conditions and Problems	What is the potential impact of this condition/problem on patients, staff, and visitors?				What is the probability of this condition/problem impacting patients and staff?				What is your organization's preparedness to deal with this condition / problem?				Numerical risk level
	High (3)	Med (2)	Low (1)	None (0)	High (3)	Med (2)	Low (1)	None (0)	Poor (3)	Fair (1)	Good (0)	Total	
GEOGRAPHY & COMMUNITY:													
Transportation/Mass Casualty													
TB Exposure													
Hurricanes													
Community-Acquired MRSA													
POTENTIAL INFECTION:													
Surgical Site Infection													
Endophthalmitis													
Fusarium													
VRE													
MSSC													
MRSA (Hospital acquired)													
COMMUNICATION:													
Lack of notification of presence of HAI													
Lack of notification of employee with illness/disease													
EMPLOYEE S:													

Infection Control RISK ASSESSMENT AND PRIORITIZATION WORKSHEET

Event / Conditions and Problems	What is the potential impact of this condition/problem on patients, staff, and visitors?				What is the probability of this condition/problem impacting patients and staff?				What is your organization's preparedness to deal with this condition / problem?				Numerical risk level
	High (3)	Med (2)	Low (1)	None (0)	High (3)	Med (2)	Low (1)	None (0)	Poor (3)	Fair (1)	Good (0)	Total	
Latex risk													
Indoor air contaminants													
Sharps Injury													
Flu Vaccine Non-Compliance													
Compliance with isolation													
Biological Exposure													
Gas or vapor exposure													
Radiation Exposure													
Aldentox Exposure													
ENVIRONMENT:													
Major biohazard spill													
Improper cleaning of environment													
Ineffective fire combustion (C planning/risk assessment)													
Water Infiltration													
Chemical Exposure													
SUPPLIES/EQUIPMENT:													
Improper cleaning or disinfection of equipment													

www.infectionpreventiontools.com/



System to Prevent MDRO & Antibiotic Use

- The next section is on systems to prevent the transmission of MDRO and promote antibiotic (antimicrobial) stewardship (1 C)
- MDRO is multidrug-resistant organisms such as C-diff, MRSA, or VRE
- Hospital has P&P to minimize risk of transmission of a targeted MDRO? (Yes or No boxes) (749)
- Is there a system in place to identify patients with MDRO so staff know and before moving patients?
 - And to notify facilities before patient is transferred out?

Examples of MDROs

- Microorganisms, predominantly bacteria that are resistant to one of more classes of antimicrobial agents
- MRSA - Methicillin-resistant Staphylococcus aureus
- VRE- Vancomycin Resistant Enterococcus
- MDRSP-Multidrug-resistant Streptococcus Pneumoniae
- MDR- GNB- Multidrug-resistant Gram-negative Bacilli
- C-diff- Clostridium difficile

APIC C-Diff Guide

**Guide to Preventing
Clostridium difficile
Infections**

www.apic.org/Professional-Practice/Implementation-guides



About APIC
APIC's mission is to create a safer world through prevention of infection. The Association's more than 14,000 members direct infection prevention programs that save lives and improve the bottom line for hospitals and other healthcare facilities. APIC advances its mission through patient safety, implementation science, competence and certification, advocacy, and data standardization.

1 / 100

SHEA C-Diff Guidelines



CHICAGO JOURNALS

www.shea-online.org/GuidelinesResources/Guidelines/Guideline/ArticleId/11/Clinical-Practice-Guidelines-for-Clostridium-difficile-Infection-in-Adults-2010.aspx



Clinical Practice Guidelines For *Clostridium difficile* Infection in Adults: 2010 Update by the Society for Healthcare Epidemiology of America (SHEA) and the Infectious Diseases Society of America (IDSA) -
 Author(s): Stuart H. Cohen, MD, Dale H. Gerding, MD, Stuart Johnson, MD, Ciara F. Kelly, MD, Vivian G. Loo, MD, L. Clifford McDonald, MD, Jacques Pepin, MD, Mark H. Wilcox, MD
 Source: *Infection Control and Hospital Epidemiology*, Vol. 31, No. 5 (May 2010), pp. 431-450
 Published by: [The University of Chicago Press](http://www.jstor.org/stable/10.1093/infdis/jiq170) on behalf of The Society for Healthcare Epidemiology of America
 Stable URL: <http://www.jstor.org/stable/10.1093/infdis/jiq170>
 Accessed: 02/08/2011 23:02

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System to Prevent MDRO & Antibiotic Use

- Are patients with targeted MDRO identified?
 - Are they placed in contact isolation?
- Does the hospital have written P&P to improve antibiotic use (antibiotic stewardship)?
- Does the hospital have a leader responsible for program outcomes of antibiotic stewardship activities?
 - Such as a physician or pharmacist

System to Prevent MDRO & Antibiotic Use

- Is an indication for each antibiotic documented in the medical record along with duration?
- Does hospital have formal procedure to review appropriateness of antibiotics prescribed after 48 hours from the initial orders (antibiotic time out)
- Does the hospital monitor antibiotic use at the unit and hospital level?

IC Personnel Education & Training (1 D)

- The next section involves Infection Prevention education and training
- Do staff receive job specific training on hospital IC P&P, practices in orientation and at regular intervals?
- Are staff trained that come into contact with bloodborne pathogens and on the OSHA bloodborne pathogen standard in orientation and when problems are identified?

IC Personnel Education & Training

Section 1.D. Infection Prevention Systems, and Training Related to Personnel

Elements to be assessed	Compliance Status	Comments/Notes
1.D.1 Personnel receive job specific training on hospital infection control practices, policies, and procedures upon hire and at regular intervals.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.D.2 The hospital infection control system trains personnel expected to have contact with blood or other potentially infectious material in anticipation of the blood borne pathogen standard upon hire, at regular intervals, and as needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.D.3 The hospital infection control system puts in place and maintains efforts to prevent needle sticks, sharps injuries, and other employee exposure events.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.D.4 Following an exposure incident, post exposure evaluation and follow-up including prophylaxis as appropriate, is available to the individual and performed by or under the supervision of a practitioner.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Note: An exposure incident refers to a specific eye, mouth, other mucous membrane, non-intact skin, or percutaneous contact with blood or other potentially infectious materials that result from the performance of an individual's duties.		
1.D.5 The hospital tracks healthcare personnel exposure events, evaluates event data, and develops corrective action plans to reduce the incidence of such events.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.D.6 The hospital infection control system ensures all personnel are screened for tuberculosis (TB) upon hire and, for those with negative results, determine ongoing TB screening criteria based upon facility/unit risk classification.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

OSHA Bloodborne Pathogen Standard

UNITED STATES DEPARTMENT OF LABOR

OSHA QuickTake Newsletter RSS Feeds Was this page helpful?

Occupational Safety & Health Administration We Can Help

Home Workers Regulations Enforcement Data & Statistics Training Publications Newsroom Small Business Anti-Retaliation

Regulations (Standards - 29 CFR) Table of Contents

- Part Number: 1910
- Part Title: Occupational Safety and Health Standards
- Subpart: 2
- Subpart Title: Toxic and Hazardous Substances
- Standard Number: 1910.1030
- Title: Bloodborne pathogens
- Appendix: A
- GPO Source: 8523

www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

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OSHA Hospital Safety Website

UNITED STATES DEPARTMENT OF LABOR

OSHA QuickTake Newsletter RSS Feeds Was this page helpful?

Occupational Safety & Health Administration We Can Help

Home Workers Regulations Enforcement Data & Statistics Training Publications Newsroom Small Business Anti-Retaliation

Worker Safety in Hospitals

Caring for our workers

Did you know that a hospital is one of the most hazardous places to work? In 2011, U.S. hospitals recorded 253,700 work-related injuries and illnesses, a rate of 6.8 work-related injuries and illnesses for every 100 full-time employees. This is almost twice the rate for private industry as a whole.

OSHA created a suite of resources to help hospitals assess workplace safety needs, implement safety and health management systems, and enhance their safe patient handling programs. Preventing worker injuries not only helps workers—it also helps patients and will save resources for hospitals. Download *OSHA Hospital Safety* and explore the links below to learn more about the resources available.

www.osha.gov/dsg/hospitals

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IC Personnel Education & Training (1 D)

- Infection control system addresses needle stick, sharps injuries, and employee exposure events?
- Is there a post-exposure evaluation and follow-up, including prophylaxis following an exposure event?
- Does the hospital track staff exposure events and evaluate the information and develop corrective action plans to reduce the incidence?

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Post Exposure Prophylaxis (PEP)

CHICAGO JOURNALS SHEA
The Society for Healthcare Epidemiology of America

www.jstor.org/stable/pdfplus/10.1086/672271.pdf?acceptTC=true&jpdConfirm=true

Updated US Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis
 Author(s): David T. Kuhar, MD; David K. Henderson, MD; Kimberly A. Struble, PharmD; Walid Heneine, PhD; Yaavi Thomas, RPh, MPH; Laura W. Cheever, MD, ScM; Ahmed Gomas, MD, ScD, MSPH; Adelia L. Panillo, MD and For the US Public Health Service Working Group
 Source: *Infection Control and Hospital Epidemiology*, Vol. 34, No. 9 (September 2013), pp. 875-892

Published by: [The University of Chicago Press](#) on behalf of [The Society for Healthcare Epidemiology of America](#)
 Stable URL: <http://www.jstor.org/stable/10.1086/672271>
 Accessed: 21/12/2014 00:24

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CDC Website Postexposure Prophylaxis

CDC Centers for Disease Control and Prevention
 CDC 24/7 Saving Lives. Protecting People.

Hepatitis B Information for Health Professionals

Postexposure Prophylaxis

After exposure to Hepatitis B virus (HBV), appropriate and timely prophylaxis can prevent HBV infection and subsequent development of chronic infection or liver disease. The mainstay of postexposure prophylaxis (PEP) is hepatitis B vaccine, but, in certain circumstances, hepatitis B immune globulin is recommended in addition to vaccine for added protection. This page provides links to PEP guidelines and resources by type of exposure.

Occupational Exposure
 Management of Occupational Exposures to HIV, HCV, and HDV and Recommendations for Postexposure Prophylaxis
 MMWR 2001;50:RR-13

Nonoccupational Exposure
 Postexposure Prophylaxis to Prevent Hepatitis B Virus Infection
 MMWR 2006;55:RR-16; Appendix B

www.cdc.gov/hepatitis/HBV/PEP.htm

IC Personnel Education & Training

- Are all staff screened for TB upon hire?
 - Those with negative then determine ongoing TB screening based on risk classification
 - Risk classification needs to be periodically reviewed by IP to determine if any changes need to be made
- Does the facility ensures healthcare personnel with TB test conversions are provided with appropriate follow-up

IC Personnel Education & Training

- Is there a respiratory protection program that details required worksite-specific procedures and elements for required respirator use?
- Does it ensure annual respiratory fit testing at least annually to appropriate staff?
- Is there P&P concerning contact of staff with patients with transmissible conditions?
- Do these P&P provide education or the need for prompt reporting of illnesses to supervisor or occupational health?

IC Personnel Education & Training

- Are staff competent and compliant with IC P&P and ensured through training and when problems are identified? (756)
- Is Hepatitis B vaccine given to those with occupational exposure including screening after 3rd dose of vaccine is given? (756)
- Is it documented that all staff have evidence of immunity to measles, mumps, and rubella

IC Personnel Education & Training

- Tdap is given to all staff not previously given?
 - Tdap stands for Tetanus, Diptheria and acellular Pertussis
 - After Tdap HCP should receive Td for future immunizations
- Is it documented that all staff have immunity to variella?
- Are all staff offered an annual flu shot?

Hand Hygiene

- The next section is on hand hygiene which is very important to both CMS and Joint Commission
- This is to be followed on all hospitals units including CCU, ED, L&D, radiology, and endoscopy units
- Hand hygiene (HH) must be done in a manner consistent with IC practices and P&Ps to include the following”
- Soap, water, alcohol based hand rub (ABHR) and sinks are accessible in patient care areas

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Hand Hygiene Tracer

Module 2: General Infection Prevention Elements - to be applied to all locations providing patient care

Section 2.A. Hand Hygiene

Elements to be assessed	Surveyor Rating
<p>Hand hygiene is performed in a manner consistent with hospital infection control practices, policies, and procedures to minimize the prevention of communicable disease including the following:</p> <p>Note: Observations for compliance with hand hygiene elements should be assessed throughout the hospital.</p> <p>2.A.1 Soap, water, and a sink are readily accessible in appropriate locations including, but not limited to, patient care areas and food and medication preparation areas.</p> <p>Note: Medications should not be prepared near areas of splashing water (e.g. within 3 feet of a sink). Alternatively when space is limited, a splash guard can be mounted beside the sink.</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>2.A.2 Alcohol based hand rub is readily accessible and placed in appropriate locations. The locations may include:</p> <ul style="list-style-type: none"> • Entrances to patient rooms, • At the bedside, • In individual pocket-sized containers carried by healthcare personnel, • Staff workstations, and/or • Other convenient locations. 	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>2.A.3 Personnel perform hand hygiene:</p> <ul style="list-style-type: none"> • Before contact with the patient. 	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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Hand Hygiene (HH) Must Be Done

- Soap, water, and a sink must be accessible in patient care areas, food, and medication preparation areas
 - Medications should not be prepared within 3 feet of a sink
 - If space is limited then splash guard can be mounted on side of sink
- Is Alcohol-based hand rub readily accessible and in appropriate locations
 - Staff workstations, entrance to patient rooms, at the bedside and in individual pocket sized containers carried by staff

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APIC and ASHE Statement

*2.1-8.4.3.2 Hand-washing stations

(2) Sinks

- *(a) Sinks in hand-washing stations shall be designed with deep basins to prevent splashing to areas where direct patient care is provided, particularly those surfaces where sterile procedures are performed and medications are prepared.
- (b) The area of the basin shall not be less than 144 square inches (365.76 square millimeters), with a minimum 9-inch (22.86-mm) width or length.
- (c) Hand-washing basins/countertops shall be made of porcelain, stainless steel, or solid surface materials. Basins shall be permitted to be set into plastic laminate countertops if, at a minimum, the substrate is marine-grade plywood (or equivalent) with an impervious seal.
- (d) Sinks shall have well-fitted and sealed basins to prevent water leaks onto or into cabinetry and wall spaces.
- (e) The discharge point of hand-washing sinks shall be at least 10 inches (25.40 centimeters) above the bottom of the basin.
- (f) The water pressure at the fixture shall be regulated.
- (g) Design of sinks shall not permit storage beneath the sink basin."

Hand Hygiene (HH) Must Be Done

- HH done before contact with patient even if gloves are worn (749)
- Before performing an aseptic task (749)
 - Such as starting an IV, putting in a foley and even if gloves are worn
 - If patient with C-Diff or Norovirus **use soap and water**
- Before leaving patient care area after touching patient or immediate environment
- After contact with blood or body fluids and even if gloves are worn and after removing gloves
- Direct care givers cannot wear artificial nails (749)

CDC Hand Hygiene Recommendations

- CDC published guidelines Oct 25, 2002 at www.cdc.gov/handhygiene/
- In CDC MMWR Recommendations and Reports,
- Report available at www.cdc.gov/mmwr/preview/mmwrhtml/rr5116a1.htm or go to www.cdc.gov,
- TJC published document in 2009 on Measuring Hand Hygiene Adherence: Overcoming the Challenges and this is an important document,
- Monitored during infection control tracer,

 **World Health Organization** | **Patient Safety**
A World Alliance for Safer Health Care

WHO Guidelines on Hand Hygiene in Health Care

First Global Patient Safety Challenge
Clean Care is Safer Care



HAND HYGIENE ADHERENCE: OVERCOMING THE CHALLENGES

This monograph was authored by The Joint Commission in collaboration with the following organizations:

- The Association for Professionals in Infection Control and Epidemiology, Inc.
- The Centers for Disease Control and Prevention
- The Institute for Healthcare Improvement
- The National Foundation for Infectious Diseases
- The Society for Healthcare Epidemiology of America
- The World Health Organization World Alliance for Patient Safety

This monograph was supported in part by an unrestricted educational grant provided by GOJO Industries, Inc., Akron, Ohio

CDC Poster Clean Hands Save Lives!

Clean Hands Save Lives!

- It is best to wash your hands with soap and warm water for 20 seconds.
- When water is not available, use alcohol-based products (sanitizers).
- Wash hands before preparing or eating food and after going to the bathroom.
- Keeping your hands clean helps you avoid getting sick.

When should you wash your hands?

- Before preparing or eating food
- After going to the bathroom
- After changing diapers or cleaning up a child who has gone to the bathroom
- Before and after caring for someone who is sick
- After handling uncooked foods, particularly raw meat, poultry, or fish
- After blowing your nose, coughing, or sneezing
- After handling an animal or animal waste
- After handling garbage
- Before and after treating a cut or wound
- After handling items contaminated by blood water or sewage
- Whenever your hands are visibly dirty

www.cdc.gov/h1n1flu/pdf/handwashing.pdf

Using alcohol-based sanitizers

- Apply product to the palm of one hand.
- Rub hands together.
- Rub product over all surfaces of hands and fingers until hands are dry. Note: the volume needed to moisten the hands is approximately 1.6 mL.

Washing with soap and water

- Place your hands together under water (wears if possible).
- Rub your hands together for at least 20 seconds (about length of procedure).
- Wash your hands thoroughly, including wrists, palms, back of hands, and under the fingernails.

This is Your Hand Unwashed Johns Hopkins

This Is Your Hand UNWASHED!

www.hopkinsmedicine.org/health/docs/HH_hand_unwashed.pdf

When Using Soap and Water

Wet hands with warm water and apply soap. Rub hands vigorously for 15 seconds covering the top, bottom, and in-between fingers. Rinse well and dry with paper towel or wall dryer. Turn faucet off using paper towel.

Injection Practices & Sharps Safety

- Next section is on safe injection practices and sharps safety and want two observations
 - This includes medications, saline, and other infusates
- Injections are given and sharps safety is managed in a manner consistent with IC P&P
 - CDC has standards on self injection practices
- Injections are prepared using aseptic technique
- One needle, one syringe for every patient and includes insulin pens
 - CMS memo on this and safe injection practices discussed previously

Safe Injection Practices and Sharps Safety

Section 2.B. Injection Practices and Sharps Safety (Medications and Infusates)

Elements to be assessed	Compliance Status	Observation Notes
<p>Injections are given and sharps safety is managed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection or transmissible disease including the following:</p> <p>Notes: If possible, questions in this section should be assessed through observation in two separate patient care areas or settings of the hospital.</p>		<p>Second observation not available (if safe questions 2.B.1 - 2.B.13 cannot be observed)</p>
<p>2.B.1 Injections are prepared using aseptic technique in an area that has been cleaned and is free of contamination (e.g., visible blood, or body fluids).</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unable to observe</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unable to observe</p>
<p>2.B.2 Needles are used for only one patient.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unable to observe</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unable to observe</p>
<p>2.B.3 Syringes are used for only one patient (this includes manufactured prefilled syringes).</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unable to observe</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unable to observe</p>
<p>2.B.4 Insulin pens are used for only one patient.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unable to observe</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unable to observe</p>
<p>2.B.5 The rubber septum on all medication vials, whether inspected or previously assessed, is disinfected with alcohol.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unable to observe</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unable to observe</p>

Injection Practices & Sharps Safety 2 B

- Injections prepared using aseptic technique in area cleaned and free of blood and bodily fluids (749)
- Is rubber septum disinfected with alcohol before piercing whether unopened or not? (749)
- Are single dose vials, single insulin pen, IV bags, IV tubing and connectors used on only one patient?
- Are multidose vials dated when opened and discarded in 28 days unless shorter time by manufacturer?
- Make sure expiration date is clear as per P&P (749)
- If multidose vial found in patient care area must be used on only one patient including OR and anesthesia carts

Safe Injection Practices Patient Safety Brief



www.empsf.org

Safe Injection Practices Patient Safety Brief
Emergency Medicine Patient Safety Foundation

By: Sue Dill Calloway RN MSN JD CPHRM
Ruth Carrico PhD RN FSHEA CIC

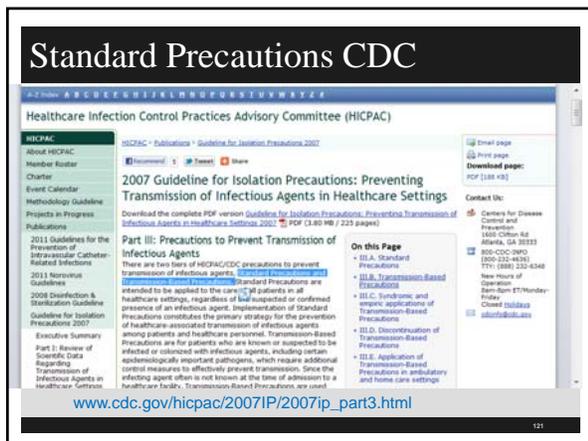
July 2012



The Centers for Disease Control and Prevention (CDC) says there are 1.7 million healthcare-associated infections in the US every year. Of these, it is estimated that about 99,000 deaths occur as a result. Infection prevention

Injection Practices & Sharps Safety

- Are all sharps disposed of in resistant sharps container? (749)
- Are sharp containers replaced when fill line is reached?
 - Are sharps disposed of in accordance with state medical waste rules
 - Hospitals should have a system in place where someone has the responsibility to check these and ensure they are replaced when they are full



Environmental Services

- High touch objects touched frequently are cleaned more frequently and include things like bed rails, side table, call button, light switches etc.
- Are all surfaces cleaned thoroughly as far as terminal cleaning after patient discharges including replacing all towels and bed linens
- Are disposable wipes used in accordance with manufacturers instructions including dilution, storage, self life, contact time, etc.?
- Are clean cloths used for each room?
- Are mop heads and cleaning cloths laundered daily?

Environmental Services

- Are spills decontaminated as per P&P?
- Is there a cleaning schedule for equipment such as aerators on faucets, scrub sinks, refrigerators, ice machines, eye wash stations, HVAC equipment?
- Laundry must be processed as according to P&P
- Do HCP handle soiled linens in a manner to ensure it is separate from clean linen and to prevent cross contamination?
 - Clean and dirty laundry separation under negative pressure?
- Is linen bagged at point of collection in leak proof container? (covers not needed on hampers)

Environmental Services

- Cleaned linens are transported and stored in a manner to ensure cleanliness and protect from dust and soil
- If laundry is contracted out and performed offsite, the contract must show evidence that the service meets the required design standards
 - Standards set by the FGI or Facilities Guidelines Institute, formerly AIA
 - Guidelines for Design and Construction of Hospitals and Outpatient Facilities at <http://fgiguidelines.org/>



Environmental Services

- Is reprocessing of non-critical items done as per hospital infection P&P?
 - BP cuff or pulse ox probe
- Is reusable non-critical patient care devices disinfected on regular basis and if becomes soiled?
 - Such as cleaned after each use, daily or weekly
- Use disposable devices on patients on Contact Precautions and if not available then disinfect after use on each patient

Environmental Services

- Are manufacturers instructions followed for cleaning medical equipment? (749)
- Is hydrotherapy equipment drained and cleaned after each use?
 - Hubbard tank, whirlpool, birthing tanks, or spas
 - Use an EPA registered disinfectant according to the manufacturer's instructions

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Reprocessing of Semi-Critical Equipment

- There is a section on reprocessing of semi-critical equipment and anyone involved in this should read this section
- High level disinfection must be done of reusable instruments as per hospital P&P
- Flexible endoscope cleaning is hit hard during survey as well as cleaning of glucometers between use-must be hung in a vertical position after cleaned
- Are flexible endoscopes inspected for damage and leaks when reprocessing?

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Reprocessing Semi-Critical Equipment

Module 3: Equipment Reprocessing

Section 3.A. Reprocessing of Semi-Critical Equipment

Semi-critical equipment are objects that contact mucous membranes or non-intact skin and require, at a minimum, high level disinfection prior to reuse (e.g. some endoscopes, speculums, laryngoscope blades)

Approved for use on 05/29/2015

High-level disinfection (HLD) is defined as the complete elimination of all microorganisms in or on an instrument, except for small amounts of bacteria and spores.

INSTRUCTIONS:

- Use the items in Section 3.A., "Single-Use Devices" to assess the reprocessing of any item(s) of semi-critical equipment that is (are) labeled as a (single) use device must be reprocessed by a reprocessor that is registered with the FDA and cleared by the FDA to reprocess the specific device in question.
- For all items labeled reusable, use section 3A.

128 OF 128 REUSABLE INSTRUMENTS AND DEVICES is accomplished in a manner consistent with hospital infection control policies and procedures to recognize and communicate disease including:

3.A.1 Hospital policy address steps to take when there are discrepancies between a device manufacturer's instructions and automated high-level disinfection equipment manufacturer's instruction for completing high-level disinfection.

3.A.2 Only devices labeled as reusable are reprocessed directly by the hospital onsite or offsite via a reprocessing vendor.

3.A.3 All reusable semi-critical items receive at least high-level disinfection prior to reuse.

3.A.1	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe
3.A.2	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe
3.A.3	<input type="radio"/> Yes <input type="radio"/> No

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ASC Quality Collaboration

http://ascquality.org/advancing_asc_quality.cfm

Advancing ASC Quality

To support the ASC industry's focus on high quality care, the ASC Quality Collaboration is assembling ASC Tools for Infection Prevention, or ASC TIPs. Our goal is to make infection prevention resources readily accessible to ASCs by bringing them together in one location.

The following ASC TIPs are now available:

- Hand Hygiene Toolkit
- Safe Injection Practices Toolkit
- Point of Care Devices Toolkit
- Environmental Infection Prevention Toolkit
- Single-Use Device Reprocessing Toolkit
- Endoscope Reprocessing Toolkit
- Sterilization and High-Level Disinfection Toolkit

Each toolkit is available in two versions, **BASIC** and **EXPANDED**.

Reprocessing of Semi-Critical Equipment

- Instruments with lumens, such as endoscopes, require pre-cleaning of channels using cleaning brushes of appropriate size
- Chemicals used in high level disinfection must be prepared, testing for the appropriate concentration, and replaced according to the manufacturer's recommendation
- Need to assure all endoscope channels are appropriately disinfected if automated reprocessing equipment is used

Reprocessing of Semi-Critical Equipment

- Are items pre-cleaned as required by manufacturer instructions? (749)
- Discusses requirements for cleaning brushes and enzymatic cleaners (749)
- Cleaning brushes must be disposed of after each use
- Must follow manufacturers instruction for chemical used in high level disinfections
- Again see **the tool for specifics** related to cleaning equipment

Sterilization and Reprocessing Critical Equip

- Single use devices are those that are labeled to be used once (749)
- Any critical equipment that is labeled as single use that will be used on more than one person must be reprocessed by one registered with the FDA as a third party reprocessor
- Must be cleared by the FDA to reprocess that specific device
- Anyone doing this needs to read this section
- If sterilized off site must be decontaminated before leaving building

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Reprocessing Reusable Critical Equipment

Section 3.B. Reprocessing of Reusable Critical Equipment, Instruments and Devices: Sterilization

Critical equipment, instruments and devices are objects that enter sterile tissue or the vascular system and must be sterile prior to use (e.g., surgical instruments, cardiac and urinary catheters, implants, and ultrasound probes used in sterile body cavities)

Items to be assessed: _____
 Sterilizer Model: _____

STERILIZATION is a validated process used to render a product free of all forms of viable microorganisms.

INSTRUCTIONS:

- Use the items in Section 3.C, "Single-Use Devices" to assess the reprocessing of any item(s) of critical equipment that is (are) labeled as a single use device. Any item(s) of critical equipment that is (are) labeled as a single use device must be reprocessed by a reprocessor that is registered with the FDA as a third-party reprocessor and cleared by the FDA to reprocess the specific device in question.
- Add reference to single use
- If possible, assess two sets of observations for the items in this section: one in Central Sterile Services (CSS) and another in a non-CSS area (e.g. GI suites, Radiology, Outpatient clinics, OR suites).

Sterilization of reusable equipment, instruments and devices is accomplished in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:

3.B.1 Hospital policies address steps to take when there are discrepancies between a device manufacturer's instructions and the sterilizer's manufacturer's instruction for competing methods.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.B.2 All reusable critical items are sterilized prior to reuse.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.B.3 If any sterilization is performed off site, the item(s) are decontaminated prior to off-site transport.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Immediate Use Sterilization

- CMS issues a memo on immediate use sterilization or IUSS
 - Multiple society went together and named immediate use sterilization; AORN, AAMI, APIC, AAAHC, etc.
- CMS instructs hospitals to follow manufactures recommendation
- Not intended to be used to process items used at a later date
- Intended for immediate use so used during a procedure for which it was sterilized and in manner that minimizes exposure to air and other

contaminates

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IC Patient Tracer

- Hospital has IC P&P to prevent the spread of infections and communicable diseases
- Has a urinary catheter tracer
- Hospital must have guidelines on appropriate indications for urinary catheters
- CDC issued a guideline on preventing catheter associated UTI in December of 2009
- Many excellent toolkits have been developed to help hospitals in this journey

Urinary Catheter Tracer

Module 4: Patient Tracers

Section 4.A. Indwelling Urinary Catheters

Item to be assessed	Response	Response
Urinary catheters are inserted, inserted, and maintained in a manner consistent with hospital infection control policies and procedures to minimize the prevention of infection and communicable disease including the following:		
Indications:		
4.A.1 The hospital has guidelines for appropriate indications for urinary catheters.	<input type="radio"/> Yes <input type="radio"/> No	
How to 4.A.1 also at 42 CFR 482.100 (2)(2)(b) (top 9-2009)		
4.A.2 The hospital can provide evidence that only properly trained personnel are given the responsibility of inserting and maintaining urinary catheters.	<input type="radio"/> Yes <input type="radio"/> No	
How to 4.A.2 also at 42 CFR 482.100 (2)(2)(b) (top 9-2009)		
4.A.3 If unable to observe any catheter insertion, skip questions 4.A.3 through 4.A.6	<input type="radio"/> No observations available (If selected, skip questions from 4.A.3 - 4.A.6 will be blocked)	<input type="radio"/> Second observation not available (If selected, questions 4.A.3 - 4.A.6 MUST follow with the blocked)
4.A.4 Hand hygiene is performed before and after insertion of the urinary catheter.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe
4.A.5 Catheter is placed using aseptic technique and sterile equipment.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

CDC Guidelines to Prevent CaUTI

Centers for Disease Control and Prevention
CDC 247: Saving Lives. Protecting People.™

Healthcare Infection Control Practices Advisory Committee (HICPAC)

HICPAC Publications • 2009 CAUTI Guidelines

Guideline for Prevention of Catheter-associated Urinary Tract Infections, 2009

2009 CAUTI Guidelines (407 KB / 67 pages) and Appendices (4.43 MB / 268 pages) are available for download in PDF format.

Table of Contents
[Abbreviations](#)
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[Summary of Recommendations](#)
[Implementation and Audit](#)
[Recommendations for Further Research](#)
[Background](#)

www.cdc.gov/hicpac/cauti/002_cauti_toc.html

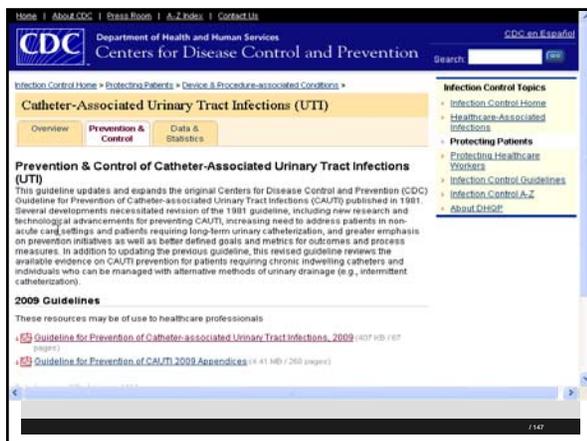
Contact Us:
Centers for Disease Control and Prevention
1601 Clifton Road, NE
Atlanta, GA 30333
800-CDC-INFO (800-352-6434)
TTY: (888) 232-6348
New York Office of Operations
Room 6110
Prudential Center
600 Madison Avenue
New York, NY 10017
cauti@cdc.gov

Urinary Catheter Tracer

- The hospital must have guidelines for appropriate indications for urinary catheters (467)
- Must provide evidence only properly trained staff can insert and maintain the catheter (397)
 - Remember, guidelines must be consistent with the standard of care
- Must do hand hygiene before and after insertion
- Must use aseptic technique in inserting foley and sterile equipment
- Must secure catheter after insertion
- Must document indication for catheter insertion

Urinary Catheter Tracer

- Must do hand hygiene before manipulating the catheter
- Must use aseptic technique in emptying foley
- Make sure tubing is not disconnected and avoid irrigation
 - Use aseptic technique to obtain urine specimen and small volume can be obtained via needleless port
 - Urine bag must be below level of bladder
- Make sure catheter tubing is free of kinking
- Assess every day to see if can be removed



Additional Resources

- 2011 CDC Guidelines for Prevention of Intravascular Catheter Related Infections,
- CDC Guidelines for the Prevention of catheter-Induced Urinary Tract Infections, December 2009,
 - http://www.cdc.gov/hicpac/cauti/002_cauti_toc.html
- AHRQ toolkit
 - <http://www.ahrq.gov/qual/haiflyer.htm>

CA-UTI Resources

- Pa Patient Safety has toolkit to prevent CA-UTIs,
 - <http://patientsafetyauthority.org/EducationalTools/PatientSafetyTools/cauti/Pages/home.aspx>
- APIC guidelines to eliminate catheter-associated UTI
- AORN article scip measure regarding urinary catheter removal
 - at www.aorn.org/News/Managers/November2009Issue/Catheter/

CA-UTI Resources

- IDSA as the "Diagnosis, Prevention, and Treatment of Catheter-Associated Urinary Tract Infections in Adults: 2009 International Clinical Practice Guidelines from the Infectious Disease Society of America
 - <http://cid.oxfordjournals.org/content/50/5/625.full>
- Iowa Healthcare Collaborative toolkit
 - <http://www.ihc.org/IHI/Programs/ImprovementMap/PreventCatheterAssociatedUrinaryTractInfections.htm>



www.cdc.gov/hicpac/pdf/guidelines/bsi-guidelines-2011.pdf

Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2011

Naomi P. O'Grady, M.D.¹, Mary Alexander, R.N.², Lillian A. Burns, M.T., M.P.H., C.I.C.³, Patricia Dellinger, M.D.⁴, Jeffrey Garland, M.D., S.M.⁵, Stephen G. Heard, M.D.⁶, Pamela A. Lipsett, M.D.⁷, Henry Masur, M.D.⁸, Leonard A. Mermel, D.O., Sc.M.⁹, Michele L. Pearson, M.D.¹⁰, Issam I. Raad, M.D.¹⁰, Adrienne Randolph, M.D., M.Sc.¹¹, Mark E. Rupp, M.D.¹², Sarjay Saint, M.D., M.P.H.¹³ and the Healthcare Infection Control Practices Advisory Committee (HICPAC)¹⁴.

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9 Office of Infectious Diseases, CDC, Atlanta, Georgia
10 Cook Children's Medical Center, Downers Grove, Illinois
11 The Children's Hospital, Boston, Massachusetts
12 University of Nebraska Medical Center, Omaha, Nebraska
13 Saginaw Medical Center and University of Michigan, Ann Arbor, Michigan

Central Venous Catheter Tracer

- Use chlorhexidine with alcohol to prep skin unless contraindicated (30 seconds)
- Use transparent, semi permeable, or sterile gauze dressing to cover catheter site (749)
- Must document central line insertion
- Must document indication for why it is needed
- Hand hygiene before or after manipulating catheter
- Change wet, soiled or dislodged dressings

Central Venous Catheter Tracer

- Dressing change with aseptic technique using clean or sterile gloves
- Scrub the hub or access port with appropriate antiseptic
 - Chlorhexidine, povidone iodine, or 70% alcohol
- Access catheter only with sterile devices
- Review daily if catheter can be removed

Ventilator/Respiratory Therapy Tracer

- Respiratory procedures must be performed consistent with IC P&P
- Need to prevent VAP (ventilator associated pneumonia)
- Hand hygiene must be performed before and after contact with patient or any respiratory equipment on patient
- Gloves are worn when in contact with respiratory secretions
- Only sterile water or saline is used for nebulization

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Section 4.C. Ventilator/Respiratory Therapy			
Remarks to be entered	Surveyor Notes		Surveyor Notes
Respiratory procedures are performed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:			
If no observations available, skip questions 4.C.1 through 4.C.4. <input type="checkbox"/> No observations available (if selected, ALL questions from 4.C.1 - 4.C.4 will be blocked) <input type="checkbox"/> Second observation not available (if selected, questions 4.C.1 - 4.C.4 RIGHT column will be blocked)			
4.C.1 through 4.C.4: General respiratory therapy practices (applies to patients with and without ventilators):			
4.C.1 Hand hygiene is performed before and after contact with patient or any respiratory equipment used on patient.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to observe		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to observe
4.C.2 Gloves are worn when in contact with respiratory secretions and changed before contact with another patient, object, or environmental surface.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to observe		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to observe
4.C.3 Only sterile solution (e.g., water or saline) are used for nebulization.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to observe		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to observe
4.C.4 Single-dose vials for aerosolized medications are not used for more than one patient.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to observe		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to observe

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Ventilator/Respiratory Therapy Tracer

- Use single dose vials for aerosolized medications
- If multidose vials are used for aerosolized medications then must follow manufacturers instructions for storage, handling, & dispensing
- If multidose vials above used for more than one patient, they are restricted to centralized medication area
- Jet nebulizers are for single patient use and are cleaned per P&P, rinsed with sterile water, and air dried between treatments on the same patient
 - Nebulizers are cleaned according to the manufacturer

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Ventilator/Respiratory Therapy Tracer

- Need oral hygiene program that includes antiseptic agent (like chlorahexidine) (749)
- HOB is elevated 30-45 degrees unless contraindicated to prevent aspiration
- Ventilators must be used in a manner consistent with hospital IC P&P
- Ventilator circuit is changed if visibly soiled or mechanically malfunctioning
- Sterile water is used to fill bubbling humidifiers

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Ventilator/Respiratory Therapy Tracer

- Condensation that collects in the tubing of a mechanical ventilator is periodically drained and discarded (749)
- Sterile water is used to fill the humidifiers
- Sterile fluid used to remove secretions from the catheter if used to reenter the lower respiratory tract
- If single-use open-system suction catheter is employed, a sterile, single-use catheter is used
- Sedation is lightened in eligible patients
- Spontaneous breathing trials are performed daily in eligible patients to assess readiness to wear

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Spinal Injection Procedures 4D

- Spinal injections are performed in accordance with IC P&P
- Hand hygiene before and after the procedure
- The spinal injection procedure is performed using aseptic technique and sterile equipment, including use of sterile gloves
- Face masks are worn by HCP putting in the catheter or injecting into epidural or subdural space

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Spinal Injection Procedures

Section 4.D. Spinal Injection Procedures

Elements to be assessed | *Survey Notes*

Spinal injection procedures are performed in a manner consistent with hospital infection control policies and procedures to minimize the prevention of infection and communicable disease including the following:
 If unable to observe spinal injection procedure, skip questions 4.D.1 - 4.D.3 (will be blocked)

4.D.1 Hand hygiene performed before and after the procedure.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
4.D.2 The spinal injection procedure is performed using aseptic technique and sterile equipment, including use of sterile gloves.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
4.D.3 Face masks are worn by healthcare personnel who are placing a catheter or injecting materials into the epidural or subdural space.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	

If no to any of 4.D.1 to 4.D.3, skip to 42 CFR 462.42(a) (Top 4-0710)

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Point of Care Devices 4E

- Next section is on point of care devices (749)
 - Glucose meters, INR monitor
- Hand hygiene is performed before and after the procedure
- Gloves are worn when doing a finger stick
- Finger stick devices are not used on more than one person
 - This includes both the lancet and the lancet holding device

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Section 4. E Point of Care Devices (e.g. Blood Glucose Meter, INR Monitor)

Elements to be assessed | *Measure of Assessment Code (check all that apply) & Survey Notes* | *Measure of Assessment Code (check all that apply) & Survey Notes*

Point of care devices are used in a manner consistent with hospital infection control policies and procedures to minimize the prevention of infection and communicable disease including the following:

4. E.1 Hand hygiene is performed before and after the procedure.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
4. E.2 Gloves are worn by healthcare personnel when performing the finger stick procedure to obtain the sample of blood and are removed after the procedure followed by hand hygiene.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
4. E.3 Finger stick devices are not used for more than one patient. Note: This includes both the lancet and the lancet holding device.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
4. E.4 If used for more than one patient, the point of care device is cleaned and disinfected after every use according to manufacturer's instructions. Note: If manufacturer does not provide instructions for cleaning and disinfection, then the device should not be used for >1 patient.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

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Point of Care Devices

- Must be cleaned after each patient use according to manufacturer instructions
- If manufacturer does not provide instructions for cleaning and disinfection, then the device should not be used for more than 1 patient
- Insulin pens are used for only one patient
- Gloves and gowns are available and located near point of use

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Isolation Contact Precautions 4F

- Contact precaution signs are clear and visible
- Patients on contact precautions are in private room
- Hand hygiene is performed before entering patient care area
- Soap and water must be used if patient with C-diff or norovirus
- Gloves are put on when going in room
- Upon leaving gloves and gowns are discarded and hand hygiene done
 - CDC has isolation guidelines

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Isolation Contact Precautions

Section 4.F. Isolation: Contact Precautions

Patients requiring contact precautions are identified and managed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease, including the following:

Item	Observation Available (If selected "All" questions from 4.F.1 - 4.F.12 will be blocked)	Second Observation Not Available (If selected questions 4.F.1 - 4.F.12 "All" column will be blocked)
4.F.1 If possible, observe for compliance with Contact Precautions elements to include patient care areas in the hospital.	<input type="checkbox"/> No observation available (If selected "All" questions from 4.F.1 - 4.F.12 will be blocked)	<input type="checkbox"/> Second observation not available (If selected questions 4.F.1 - 4.F.12 "All" column will be blocked)
4.F.2 Unable to observe a patient on Contact Precautions (skip elements 4.F.1 to 4.F.12).	<input type="checkbox"/> No observation available (If selected "All" questions from 4.F.1 - 4.F.12 will be blocked)	<input type="checkbox"/> Second observation not available (If selected questions 4.F.1 - 4.F.12 "All" column will be blocked)
4.F.3 Patient with known or suspected infection or with evidence of syndromes that represent an increased risk for contact transmission are placed on Contact Precautions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.F.4 Gloves and gowns are available and located near point of use.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.F.5 Signs indicating patient's on Contact Precautions are clear and visible.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.F.6 Patients on Contact Precautions are housed in single-patient rooms when possible or cohorted based on a clinical risk assessment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.F.7 Hand hygiene is performed before entering patient care environment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: Soap and water must be used when bare hands are visibly soiled (e.g., blood, body fluids) or after caring for a patient with known or suspected C. difficile or norovirus during an outbreak.

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Isolation Contact Precautions

- Dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs) is used
- Hospital limits movement of patients on Contact Precautions outside of their room to medically necessary purposes
- If need to leave room then methods followed to communicate that patient's status and to prevent transmission of infectious disease
- Frequently touched surfaces are disinfected at least daily (bed rails, call button, bedside table, light switch etc.)

Isolation Contact Precautions

- When patient discharged must clean and disinfect and all textiles must be replaced (like curtains and towels)
- Cleaners and disinfectants are labeled and used in accordance with hospital P&P (749)
- Must be in accordance with manufacturer instructions such as dilution, storage, contact time etc. (749)

Isolation Droplet Precautions

- Patients requiring droplet precautions are identified and managed in manner consistent with hospital IC P&P (749)
- Face masks are close and put on when entering the room and discarded when leaving
- Droplet precaution signs are clear and visible
- Hand hygiene before and after going in room
- Same consideration as above in cleaning
- Many similarities so see document

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Isolation Airborne Precautions

- NIOSH-approved particulate respirators are available and located near point of use
- Airborne precautions signs are clear and visible
- Patients on Airborne Precautions are housed in airborne infection isolation rooms (AIIR)
- Hand hygiene is performed before entering
- HCP wear a NIOSH-approved particulate respirator when entering room and hospital P&P
- Limit movement of patient outside of room unless necessary and patient wears a mask

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Section 4. G Isolation: Droplet Precautions

Elements to be assessed	Major of Assessment Code (check all that apply) & Surveyor Notes			Major of Assessment Code (check all that apply) & Surveyor Notes		
4. G.1 Surgical masks are available and located near point of use.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. G.2 Signs indicating patient is on Droplet Precautions are clear and visible.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. G.3 Patients on Droplet Precautions are housed in single-patient rooms when available or cohorted based on a clinical risk assessment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. G.4 Hand hygiene is performed before entering patient care environment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

1100 x 150 in

Survey = 1 Observation = 2 Infection Control Document Review = 3 Medical Record Review = 4 Other Document Review = 5

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Surgical Procedure Tracer

- Surgical procedures performed in a manner consistent with hospital IC P&P
- Staff perform surgical scrub on them before putting on sterile gloves for surgical procedures in the OR
- Hands and arms are dried with a sterile towel after the surgical scrub and then sterile gown is put on
- Surgical attire (e.g., scrubs) and surgical caps/hoods covering all head and facial hair are worn by all personnel in semi restricted and restricted areas
 - AORN has guidelines on this

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Surgical Procedures

Section 4.I. Surgical Procedures

Items to be assessed	Surgical Scrub	Surgical Gown
<p>4.1.1 Healthcare personnel perform a surgical scrub before donning sterile gloves for surgical procedures (in OR) using either an antimicrobial surgical scrub agent or an FDA-approved alcohol-based antiseptic surgical hand rub.</p> <p><i>Note:</i> If visibly soiled, hands and forearms should be prewashed with soap and water before using an alcohol-based antiseptic surgical hand rub.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unable to observe</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unable to observe</p>
<p>4.1.2 After surgical scrub, hands and arms are dried with a sterile towel (if applicable), and sterile surgical gown and gloves are donned in the OR.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unable to observe</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unable to observe</p>
<p>4.1.3 Surgical attire (e.g., scrub top and surgical cap/hood) covering all head and facial hair are worn by all personnel and visitors in semi-restricted and restricted areas.</p> <p><i>Note:</i> Restricted area includes OR, procedure rooms, and the clean core (sterile supply) area. The semi-restricted area includes the peripheral support areas of the surgical suite.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unable to observe</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unable to observe</p>
<p>4.1.4 Surgical masks are worn fully covering mouth and nose by all personnel in restricted areas where open sterile supplies or scrubbed personnel are located.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

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Surgical Procedure Tracer

- Restricted area includes ORs, procedure rooms, and the clean core area (749)
- Surgical masks are worn by all personnel in restricted areas where open sterile supplies or scrubbed persons are located
 - Masks must be properly tied
 - Clean fresh mask for every procedure
- Sterile drapes are used to establish sterile field
- Sterile field is maintained and monitored constantly

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Sterile Field in the OR

- Sterile field is maintained and monitored constantly to ensure that:
- Items used within sterile field are sterile
- Items introduced into sterile field are opened, dispensed, and transferred in a manner to maintain sterility.
- Sterile field is prepared in the location where it will be used and as close as possible to time of use
- Movement in or around sterile field is done in a manner to maintain sterility

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Surgical Procedure Tracer

- Detailed section about cleaning between cases so environmental services should read this section
- Discusses cleaning of anesthesia machines and reusable noncritical equipment like BP cuffs
- Discusses terminal cleaning and AORN has policies on how to clean including mopping etc.

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The End! Questions????



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Additional resources on [safe injection practices](#)

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Safe Injection Practices




Headlines We Don't Want to See

Fungal Meningitis Fungal Meningitis Articles Fungal Meningitis Links About Our Lawyers Contact Our Lawyers

Fungal Meningitis Related To Contaminated Epidural Steroid Shots

The Centers for Disease Control has identified eleven deaths and more than 100 cases of **Fungal Meningitis** as related to **Contaminated Epidural Steroid Shots**. CDC is currently conducting a multi-state **outbreak investigation**. Steroid injections of Methylprednisolone Acetate are believed to have been tainted with a fungus. The particular type of meningitis this has caused is called fungal meningitis. Three lots of the product were distributed nationwide. The steroid solution has now been recalled and the factory's operations have been shut down.

News reports indicate that as many as 13,000 patients may have been affected. **News reports** link the outbreak to patients in Tennessee, Michigan, Virginia, Indiana, Florida, Maryland, Minnesota, North Carolina and Ohio.

A map showing **current outbreak statistics** is available at from the CDC. New cases are being reported on a daily basis. Even if you are outside the area of the current reports, you may have been affected.



What is Fungal Meningitis?

Fungal meningitis is rare and usually the result of spread of a fungus through blood to the spinal cord. Although anyone can get fungal meningitis, people with weak immune systems, like those with AIDS or cancer, are at higher risk.

The most common cause of fungal meningitis for people with weak immune systems is *Cryptococcus*. This disease is one of the most common causes of adult meningitis in Africa.

Learn more about Fungal Meningitis

Fungal Meningitis Outbreak October 2012

CDC Home Centers for Disease Control and Prevention CDC 24/7: Saving Lives. Protecting People.™

A-Z Index A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Multistate Fungal Meningitis Outbreak Investigation



CDC Responds to Multistate Fungal Meningitis Outbreak

The Centers for Disease Control and Prevention (CDC) with state and local health departments and the **Food and Drug Administration (FDA)** are investigating a multistate meningitis outbreak of fungal infections among patients who have received a steroid injection of a potentially contaminated product into the spinal area. **This form of meningitis is not contagious.** The investigation also includes fungal infections associated with injections in a peripheral joint space, such as a knee, shoulder or ankle.

[See Current Situation Update >>](#)

[At-A-Glance](#)

This website was last updated October 15, 2012 2:15 PM EDT

www.cdc.gov/injectionsafety/cdcposition-singleusevial.html

CDC

Centers for Disease Control and Prevention
 National Center for Emerging and Zoonotic Infectious Diseases
 Division of Healthcare Quality Promotion
 Single-dose/Single-use Vial Position and Messages
 May 2, 2012

In an effort to ensure clinicians are clear about CDC guidelines, the Agency is restating its position on the use of single-dose/single-use vials and also seeks to dispel inaccuracies being disseminated to healthcare providers.

CDC's Position
Protect Patients Against Preventable Harm from Improper Use of Single-dose/Single-use Vials

The Centers for Disease Control and Prevention's guidelines call for medications labeled as "single dose" or "single use" to be used for only one patient. This practice protects patients from life-threatening infections that occur when medications get contaminated from unsafe use. Concerns have been raised about whether these guidelines and related policies contribute to drug shortages and increased medical costs to healthcare providers. CDC recognizes the problem of drug shortages; however, such shortages are a result of manufacturing, shipping, and other issues unrelated to the above guidelines (<http://www.fda.gov/drugshortages/>). CDC's priority is protecting patients from harm. CDC routinely investigates and is apprised of infectious disease outbreaks involving single-dose/single-use vials being used for multiple patients. These outbreaks cause extensive harm to patients, and they are associated with significant healthcare and legal expenses. Therefore, CDC continues to strongly support its current policies regarding single-dose/single-use vials. It is imperative that drug shortages and drug waste concerns are dealt with appropriately and do not lead to unsafe medical practices that impose increased disease risk on patients. Shortages of some essential medications may warrant implementation of meticulously applied practice and quality standards to subdivide contents of single-dose/single-use vials, as stated in United States Pharmacopoeia General Chapter <797> Pharmaceutical Compounding – Sterile Preparations.

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Infection Control



- The CDC says there are 1.7 million healthcare infection (HAI) in America every year
 - There are 99,000 deaths in American hospitals every year
- Leadership need to make sure there is adequate staffing and resources to prevent and manage infections
- Healthcare-Associated Infections (HAIs) are one of the top ten leading causes of death in the US.

1 www.cdc.gov/nicidod/dhqp/hai.html

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Infection Control

- There have been more than 35 outbreaks of viral hepatitis in the past 10 years because of unsafe injection practices
- This has resulted in the exposure of over 100,000 individuals to HBV and 500 patients to HCV
- This includes inappropriate care or maintenance of finger stick devices and glucometers
- Includes syringe reuse, contaminations of vials or IV bags and failure of safe injection practices
 - Source: APIC position paper: Safe injection, infusion, and medication vial practices in health care

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Infection Control Back to Basics

- It is important to get back to basics in infection control.
- Education and training is imperative to learn each person's role in preventing infections
- What practices and constant reminders do you use to remind staff during patient care encounters?
- New needle and syringe for every injection
- Single dose saline syringes

1 <http://www.jcrlinc.com/infection-prevention-back-to-basics/>

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What is Injection Safety or Safe Injection Practices?

- The CDC says it is a set of measures taken to perform injections in an optimally safe manner for patients, healthcare personnel, and others
- A safe injection does not harm the recipient, does not expose the provider to any avoidable risks and does not result in waste that is dangerous for the community
- Injection safety includes practices intended to prevent transmission of infectious diseases between one patient and another, or between a patient and healthcare provider, and also to prevent harms such as needle stick injuries

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CDC Injection Safety Website

- The CDC has an injection safety website
- Contains information for providers
- Injection Safety FAQs
- Safe Injection Practices to Prevent Transmissions of Infections to Patients
- Section from Guidelines for the Isolation Precautions to Prevent Transmission and more
- www.cdc.gov/ncidod/dhqp/injectionsafety.html

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CDC Department of Health and Human Services
Centers for Disease Control and Prevention

Infection Control Home > Protecting Patients > Patient Safety >

Patient Safety

Equipment Safety | **Injection Safety** | Medication Safety

Injection Safety

Injected medicines are commonly used in healthcare settings for the prevention, diagnosis, and treatment of various illnesses. Injection safety, or safe injection practices are measures taken to perform injections in an optimally safe manner for patients, healthcare providers, and others. A safe injection does not harm the recipient, does not expose the provider to any avoidable risks and does not result in waste that is dangerous for the community. Injection safety includes practices intended to prevent transmission of infectious diseases between one patient and another, or between a patient and healthcare provider, and also to prevent harms such as needlestick injuries.

- > [Injection Safety Information for Providers](#)
- > [Injection Safety FAQ's for Providers](#)
- > [Safe Injection Practices to Prevent Transmission of Infections to Patients](#)
- > [Excerpted from Guidelling for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007](#)
- > [A Patient Safety Threat - Syringe Reuse](#)

Slide Presentations

CDC Guidelines

- CDC has a publication called 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings
- Has a section on Safe Injection Practices (III.A.1.b. and starts on page 68)
- Discusses four large outbreaks of HBV and HCV among patients in ambulatory facilities
- Identified a need to define and reinforce safe injection practices

www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf

<p>Member Roster</p> <p>Charter</p> <p>Event Calendar</p> <p>Methodology Guideline</p> <p>Projects in Progress</p> <p>Publications</p> <p>2008 Disinfection & Sterilization Guideline</p> <p>Guideline for Isolation Precautions 2007</p> <p>Executive Summary</p> <p>Part I: Review of Scientific Data Regarding Transmission of Infectious Agents in Healthcare Settings</p> <p>Part II: Fundamental elements needed to prevent transmission of infectious agents in healthcare settings</p> <p>Part III: Precautions to Prevent Transmission of Infectious Agents</p> <p>Part IV: Recommendations</p> <p>Appendix A</p>	<p>2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings</p> <p>Download the complete PDF version Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007 PDF (3.80 MB / 225 pages)</p> <p>Jane D. Siegel, MD; Emily Rhinehart, RN MPH CIC; Marguerite Jackson, PhD; Linda Chiarello, RN MS; the Healthcare Infection Control Practices Advisory Committee</p> <p>Acknowledgement: The authors and HICPAC gratefully acknowledge Dr. Larry Strausbaugh for his many contributions and valued guidance in the preparation of this guideline.</p> <p>Suggested citation: Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings</p> <p>Healthcare Infection Control Practices Advisory Committee</p> <p>Chairman Executive Secretary</p> <p>BRENNAN, Patrick J., MD BELL, Michael R., MD</p>	<p>Email page</p> <p>Print page</p> <p>Bookmark and share</p> <p>Download page:</p> <p>PDF [157 kb]</p> <p>Contact HICPAC:</p> <p>Centers for Disease Control and Prevention Healthcare Infection Control Practices Advisory Committee (HICPAC) MS 407 1600 Clifton Rd Atlanta, GA 30333 800-CDC-INFO (800) 232-4636 TTY: (888) 232-6348 24 Hours/Every Day hicpac@cdc.gov</p>
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Lumbar Puncture Procedures

- CDC investigated 8 cases of post-myelography meningitis
- Streptococcus species from oropharyngeal flora
- None of the physicians wore a mask
- Droplets of oral flora indicated
- Lead to CDC recommendations of 2007
- Later related to not wearing a mask when anesthesiologists put in epidural lines for pain relief on women in labor

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CDC Guidelines

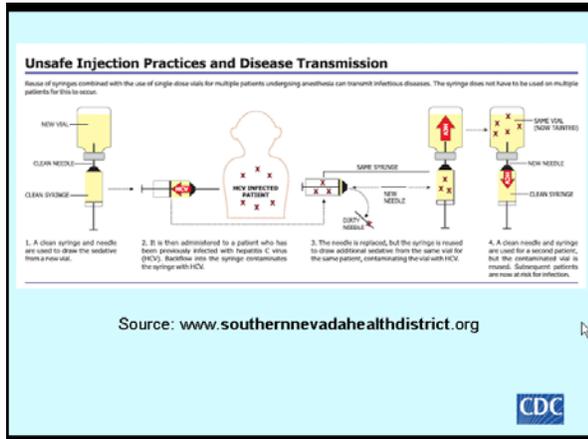
- Recently, five cases where anesthesiologist inserts epidural line in OB patients without wearing a mask
 - January 29, 2010 CDC MMWR at www.cdc.gov/mmwr/preview/mmwrhtml/mm5903a1.htm
 - CDC made recommendation in June 2007 after several reports of meningitis after myelograms
 - Bacterial meningitis in postpartum women and Ohio woman dies May 2009
 - Streptococcus salivarius meningitis (bacteria that is part of normal mouth flora)

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Wear Mask When Inserting Epidural/Spinal

- Hospital in NY
 - Enhanced hand hygiene
 - Maintenance of sterile fields
 - Full gown, gloves, and mask
 - No visitors when epidural put in
- CDC has only identified 179 cases of post spinal (including lumbar punctures) world wide from 1952 to 2005

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- What to Do?**
- Use only single dose vials and not multidose vials when available
 - This includes the use of saline single dose flushes
 - Single use of a disposal needle and syringe for each injection
 - Prevent contamination of injection equipment and medication
 - Label all medication and do one at a time unless prepared and immediately given
- 212

- What to Do? Single Dose Under USP 797**
- CDC allows an exception to the single dose medication rule
 - Especially important for drugs in short supply
 - Single dose medication vials may be repackaged into smaller doses if it is done by the pharmacist following the USP 797 standards for compounding
 - This is because the pharmacist can do this under sterile conditions using a laminar hood following the ISO (International Organization Standards) Class 5 air quality conditions within an ISO Class 7 buffer area
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What to Do?

- Don't pre-label syringes in advance
 - TJC letter from anesthesia group allows this
- Wear masks when inserting epidural or spinals
- Discard used syringe intact in appropriate sharps container
- Make sure sharps container in each patient room
- Do not administer medications from single dose vials to multiple patients or combine left over contents for later use

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What to Do?

- If multiple-dose vials are used, restrict them to a centralized medication area or for single patient use
- Never re-enter a vial with a needle or syringe used on one patient if that vial will be used to withdraw medication for another patient
- Store vials in accordance with manufacturer's recommendations and discard if sterility is compromised
- Mark date on multi-dose vial and make expiration date is on there and usually 28 days from date opened or manufacturer recommendations

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What to Do?

- Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients
 - IV solutions are single patient use
- Follow the CDC 10 recommendations
- Maintaining clean, uncluttered, and functionally separate areas for product preparation to minimize the possibility of contamination
 - CMS Hospital CoP requirement, tag 501
 - TJC MM.05.01.07
 - Clean top with Bleach wipe after each use

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What to Do?

- USP 797 requires administration of all medications to begin within one hour of preparation
 - An exception is made if medications are prepared in the pharmacy under ISO 5 clean room in which they are good for 48 hours
- Pre-spiking of IV fluid is limited to one hour
- Disinfect the rubber septum on multidose vials for 15 seconds and let dry with 70% alcohol, iodophor or an approved antiseptic agent
- Wash your hands before accessing supplies, handling vials and IV solutions and preparing meds

APIC Safe Injections

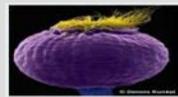
vial use, injections and glucose monitoring procedures.

- Store and prepare medications and supplies in a clean area on a clean surface.
- Never store needles and syringes unwrapped as sterility cannot be assured.
- Discard all opened vials, IV solutions and prepared or opened syringes that were involved in an emergency situation.

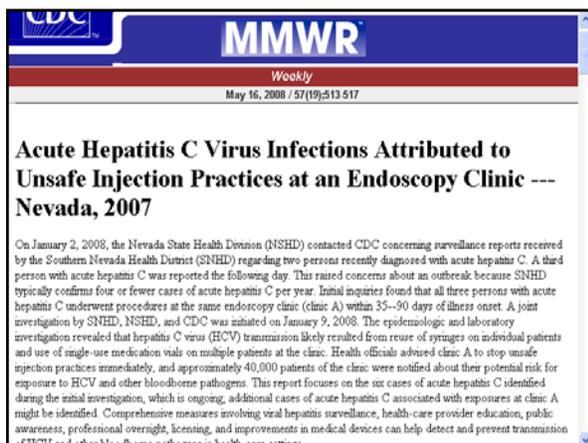
IV Solutions

- Never use intravenous solution containers (e.g., bags or bottles) to obtain flush solutions, etc. for more than one patient.
- Never use infusion supplies such as needles, syringes, flush solutions, administration sets or intravenous fluids on more than one patient.
- **Begin/Initiate administration of spiked IV solutions (IV bag entered by the tubing spike) within one hour of preparation. If administration is not begun within 1 hour of spiking the bag, the IV and tubing shall be promptly discarded.¹⁵**
- For unspiked IV solutions (not accessed by IV tubing spike) follow the pharmacy prepared or manufacturer prepared IV solution expiration date.
- Use a USP 797 pharmacy clean room (ISO 5) to prepare admixtures of IV solutions.
- Disinfect IV ports using friction and 70% alcohol¹⁵, an iodophor¹⁵ or an approved antiseptic agent. Allow to dry prior to accessing.

CDC IV Guidelines



- Every hospital should have the 2011 CDC Guidelines for the Prevention of Intravascular Catheter Related Infections



Please Ask Me

- The Ask Me Program and the Nevada Medical Association posts information on their website
- The **Nevada State Health Division** has encouraged patients to ask several questions prior to a surgical procedure <http://health.nv.gov/docs/030308PressRelease.pdf>
- Can you assure me that I am safe in your facility from the transmission of communicable diseases?

Please Ask Me Program

- How does the staff at this facility conduct sterilization of diagnostic equipment after each patient use?
- Are single or multiple dose vials used at the facility? Are label instructions followed specifically?
- Are syringes and needles disposed of after each use?
- Has your facility ever received a complaint of the spread of an infectious disease to another patient as a result of staff practices?

CDC Injections Safety for Providers

- The CDC also issues Injection Safety for Providers
- Issued March 2008 at http://www.cdc.gov/ncidod/dhqp/ps_providerInfo.html
- Notes several investigations leading to transmission of Hepatitis C to patients
- Thousands of patients notified to be test for HVB, HCV, and HIV
- Referral of providers to the licensing boards for disciplinary actions
- Malpractice suits filed by patients

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CDC 10 Recommendations

- The CDC has a page on Injection Safety that contains the excerpts from the Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings
- Summarizes their 10 recommendations
- Available at <http://www.cdc.gov/ncidod/dhqp/injectionSafetyPractices.html>

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The screenshot shows the CDC website interface. At the top, there are navigation links: Home, About CDC, Press Room, A-Z Index, and Contact Us. The CDC logo is on the left, and the text 'Department of Health and Human Services' and 'Centers for Disease Control and Prevention' is in the center. A search bar is on the right. Below the navigation, there is a breadcrumb trail: 'Injection Control Home > Protecting Patients > Patient Safety > Injection Safety >'. The main heading is 'Injection Safety'. Below this, there is a sub-heading 'Safe Injection Practices to Prevent Transmission of Infections to Patients' and a paragraph of text starting with 'Excerpted from Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007.' The text discusses the investigation of four large outbreaks of HIV and HCV and lists primary breaches in infection control practice. A sidebar on the right contains 'Infection Control Topics' with links to 'Infection Control Home', 'Healthcare-Associated Infections', 'Protecting Patients', 'Protecting Healthcare Workers', 'Injection Control Guidelines', 'Injection Control A-Z', and 'About DHQP'. At the bottom of the page, there is a note: 'Whenever possible, use of single-dose vials is preferred over multiple-dose vials, especially when...'

CDC Safe Injection Recommendations

- Use aseptic technique to avoid contamination of sterile injection equipment. Category 1A
- Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed.
 - Needles, cannula and syringes are sterile, single-use items; they should not be reused for another patient nor to access a medication or solution that might be used for a subsequent patient. 1A

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CDC Safe Injection Recommendations

- Use fluid infusion and administration sets (i.e., intravenous bags, tubing and connectors) for one patient only and dispose appropriately after use
- Consider a syringe, needle, or cannula contaminated once it has been used to enter or connect to a patient's intravenous infusion bag or administration set 1B

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CDC Safe Injection Recommendations

- Use single-dose vials for parenteral medications whenever possible 1A
- Do not administer medications from single-dose vials or ampules to multiple patients or combine leftover contents for later use 1A
- If multidose vials must be used, both the needle or cannula and syringe used to access the multidose vial must be sterile 1A

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CDC Safe Injection Recommendations

- Do not keep multidose vials in the immediate patient treatment area and store in accordance with the manufacturer's recommendations;
 - Discard if sterility is compromised or questionable 1A
- Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients 1B

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CDC Safe Injection Recommendations

- Wear a mask when placing a catheter or injecting material into the spinal canal or subdural space
 - Example, during myelograms, lumbar puncture and spinal or epidural anesthesia. 1B
- Worker safety; Adhere to federal (OSHA) and state requirements for protection of healthcare personnel from exposure to blood borne pathogens 1B

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CDC has Injection Safety FAQs for Providers

- CDC has another resources with frequently asked questions
- What is injection safety?
- Incorrect practices identified in IV medications for chemotherapy, cosmetic procedures, and alternative medicine therapies
- Available at <http://www.cdc.gov/ncidod/dhqp/injectionSafetyFAQs.html>

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CDC has Injection Safety FAQs for Providers

- Multi-dose Vials
 - The safest thing to do is restrict each medication vial to a single patient, even if it's a multi-dose vial
 - Proper aseptic technique should always be followed
 - If multi-dose medication vials must be used for more than one patient, the vial should only be accessed with a new sterile syringe and needle
 - It is also preferred that these medications not be prepared in the immediate patient care area

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CDC has Injection Safety FAQs for Providers

- To help ensure that staff understand and adhere to safe injection practices, we recommend the following:
 - Designate someone to provide ongoing oversight for infection control issues
 - Develop written infection control policies
 - Provide training
 - Conduct performance improvement assessments

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USP 797

- USP published a revision to the USP general Chapter of 797
- These standards apply to pharmacy compounded sterile preparation
- This includes injections, nasal inhalations, suspensions for wound irrigations, eye drops etc.
- Applies to the pharmacy setting as well as to all persons who prepare medications that are administered
- And it applies to all healthcare centers

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USP 797

- This chapter includes standards for preparing, labeling, and discarding prepared medications
- Pharmacies compound sterile preparations under laminar flow hoods with stringent air quality and ventilation to maintain the sterility of the drug (ISO class 5 setting)
- If prepare outside the pharmacy then environment has particulates and microorganisms increasing the potential for contaminating the vial, IV solution or syringes
 - Need to wash hands before preparing medication outside the pharmacy

USP 797

- Want to prepare IVs and piggybacks in the pharmacy when at all possible
- Breathing over the sterile needle and vial stopper can create the potential for microbial contamination
- USP exempts preparation outside the pharmacy for immediate use
 - 1 hour limit from completing preparation and this includes spiking an IV bag
 - Cost of medication disposal can be daunting if case not started within one hour which is why should consider pharmacy preparing under ISO class 5 environment

USP 797

- This way the drugs used for surgery are prepared by properly trained, cleansed, and garbed personnel to prolong the usability of the immediate use compounded sterile drugs (CSD)
- These can be stored for 48 hours
- Another option is to located a manufacturers injectable product (prepackaged syringe) that is discarded according to manufacturer expiration date
- APIC supports preparing parenteral medication as close as possible to the time of administration

USP 797 APIC Recommendations

- Make sure only trained staff are preparing medications
- Need to be prepared in a clean dry workspace that is free of clutter and obvious contamination sources like water, sinks
- Medications should be stored in a manner to limit the risk of tampering
- Should verify the competency of those preparing medications and monitor compliance with aseptic technique
- 28 day discard date on multidose vials even though CDC says manufacturers recommendations

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TJC Safe Injection Practices

- TJC announces that during an on-site survey, the surveyors will observe injection practices
- Will ensure staff are following standard precautions for disease free injections
- Will make sure one needle and one syringe every time
- Required to follow standards of care such as the CDC standards
- Must follow the TJC infection control and prevention standard IC.01.05.01 EP1 and IC.02.01.01 EP2

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Nov 2010 TJC Perspectives

CLARIFICATION: Safe Injection Practices Under IC Standards

During an on-site survey, Joint Commission surveyors observe injection practices to make sure that care providers follow standard precautions for disease-free injections—that is, injections that do not employ used needles/syringes or contaminated medications and are free from the bloodstream pathogens that such items can transmit. While the majority of care providers believe they follow disease-free injection practices, major outbreaks in the last several years have been caused by some people and medical settings.

All Joint Commission-accredited ambulatory care, behavioral health care, critical access hospital, home care, hospital, laboratory, long-term care, and office-based surgery organizations are required to follow relevant scientific guidelines for infection prevention per Infection Control and Prevention (IC) Standard IC.01.05.01, Element of Performance (EP) 1. Safe injection practices are also a key component of standard precautions required under IC.02.01.01, EP 2. The 2007 Guidelines for Infection Prevention: Preventing Transmission of

Infectious Agents in Healthcare Settings” from the Centers for Disease Control and Prevention (CDC) directly address infection safety and safe injection practices and can be used as a resource for safe practices. The guideline is available online at http://www.cdc.gov/injectionsafety/IPP_standardpractices.html.

The Web site for the One & Only Campaign from the CDC and the Safe Injection Practice Coalition—available at <http://oneandonlycampaign.org>—includes a video that highlights the CDC/WHO/CDC guideline. This public health campaign advocates the use of one needle, one syringe, only one time. The Web site provides information about optimal injection practices to reduce health care workers and diabetic people the lead to unsafe injection practices.

Contact the Standards Interpretation Group with questions about IC.01.05.01, EP 1, or IC.02.01.01, EP 2, by using the online question form available at <http://www.jointcommission.org/Standards/OnlineQuestionForm>.

<http://www.jointcommission.org> October 2010 The Joint Commission Perspectives

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APIC Recommendations

- APIC issues recommendations and key talking points for hospitals and healthcare facilities
- http://apic.informz.net/apic/archives/archive_272235.html
- The infection preventionist at our facility has designed a coordinated infection control program
- This is protect everyone coming in to our facility
- Our program implements evidenced based practices from leading authorities including the CDC

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APIC Recommendations

- Cleanse the access diaphragm of vials using friction and a sterile 70% isopropyl alcohol, ethyl alcohol, iodophor, or other approved antiseptic swab
 - Allow the diaphragm to dry before inserting any device into the vial
- Never store or transport vials in clothing or pockets.
- Discard single-dose vials after use
 - Never use them again for another patient
- Use multi-dose medication vials for a single patient whenever possible

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APIC Recommendations

- Never leave a needle, cannula, or spike device inserted into a medication vial rubber stopper because it leaves the vial vulnerable to contamination
 - even if it has a 1-way valve
- Use a new syringe and a new needle for each entry into a vial or IV bag
- Utilize sharps safety devices whenever possible
- Dispose of used needles/syringes at the point of use in an approved sharps container

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Blood Glucose Monitoring Devices APIC

BLOOD GLUCOSE MONITORING DEVICES

- Assign a glucometer to each individual patient if possible. Clean and disinfect glucometers if they must be shared between multiple patients.
- Restrict the use of finger stick capillary blood sampling devices to individual patients.
- Maintain supplies and equipment, such as finger stick devices and glucometers, within individual inpatient rooms, if possible.
- Use single-use lancets that permanently retract after puncture.
- Never reuse finger stick devices and lancets. Dispose of them at the point of use in an approved sharps container. Lancets in a pen should be removed by mechanical means (hemostat) to avoid finger contact.
- Thoroughly clean all visible soil or organic material (eg, blood) from the glucometer before disinfection.
- Disinfect the exterior surfaces of the glucometer after each use following the manufacturer's directions. Use an Environmental Protection Agency-registered disinfectant effective against HBV, HCV, and HIV or a 1:10 bleach solution (1 part bleach to 9 parts water).

APIC special article

APIC position paper: Safe injection, infusion, and medication vial practices in health care

Susan A. Dolan, RN, MS, CIC,* Gabriela Filizardo, RN, BSN, CIC,* Sue Barnes, RN, BSN, CIC,* Tracy R. Cox, RN, CIC,* Marcia Patrick, RN, MSN, CIC,* Katherine S. Ward, RN, BSN, MPH, CIC,* and Kathleen Mathias Ariza, MS, CIC† Washington, DC

Outbreaks involving the transmission of bloodborne pathogens or other microbial pathogens to patients in various types of health care settings due to unsafe injection, infusion, and medication vial practices are unacceptable. Such outbreaks could have been prevented by the use of proper aseptic technique in conjunction with basic infection prevention practices for handling parenteral medications, administration of injections, and procurement and handling of blood. This document provides practice guidance for health care facilities on aseptic safe injection, infusion, and vial practices that should be consistently implemented in such settings.
 Key Words: bloodborne pathogens; injections; infusion; medication vial practices; aseptic technique; parenteral medications; administration of injections; procurement of blood.
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The transmission of bloodborne viruses and other microbial pathogens to patients during routine health care procedures continues to occur because of the use of unsafe and improper injection, infusion, and medication vial practices by health care professionals in various clinical settings throughout the United States.¹⁻¹¹ Incidents in safe injection, infusion, and medication vial practices continue to result in unacceptable and devastating events for patients. More than 35 outbreaks of viral hepatitis have occurred in the United States over the past 10 years because of these unsafe practices and other breaches of infection prevention procedures. These outbreaks have resulted in the exposure of >100,000 individuals to viral hepatitis and the transmission of either hepatitis B virus (HBV) or hepatitis C virus (HCV) to more than 500 patients.¹² The unsafe practices used by health care personnel in these outbreaks can be categorized as (1) syringe reuse between patients during parenteral medication administration to multiple patients, (2) contamination of medication vials or intravenous (IV) bags after having been accessed with a used syringe and/or needle, (3) failure to follow basic injection safety practices when preparing and administering parenteral medications to multiple patients, and (4) inappropriate care/maintenance of finger stick devices and glucometer equipment between use on multiple patients.

APIC
ASSOCIATION FOR PROFESSIONALS IN INFECTION CONTROL AND EPIDEMIOLOGY, INC.

[<< Send to a Friend >>](#)

March 7, 2008

Dear APIC Member:

Reports about syringe re-use and lax infection prevention and control practices at an endoscopy center in Nevada have prompted health officials to urge consumers to be proactive about impending surgical procedures. Due to these events, more than 40,000 patients have been notified regarding their possible risk of HCV transmission.

As a result, hospitals and clinics may receive increased phone calls about infection prevention policies and practices.

The following points are provided to assist in handling inquiries from concerned patients who call with questions or requests to receive a copy of the hospital's infection prevention and control policies.

Important note:

Prior to responding to calls from the public asking about your institution's infection prevention practices, be sure to talk with your risk management department to clarify your facility's stand regarding disclosure and release of information including policies, plans, and infection rates.

Key talking points:

- The infection prevention and control professionals at our facility have designed a coordinated

APIC Key Talking Points

- This program includes
 - Rigorous hand hygiene practices
 - Monitoring the cleaning disinfection, and sterilization of equipment and instruments
 - An Exposure Control Plan that serves to minimize bloodborne pathogens such as HIV, Hepatitis B and C by patients and staff
 - As part of this program there are measures to prevent the re-use of items designed to be used only once such as needles and syringes

Volume 1, Issue 1

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Association for Professionals in Infection Control & Epidemiology, Inc.

APIC Advances Efforts to Stop Unsafe Needle Practices

By James Battaglia
APIC Contributing Medical Writer

"A safe injection does not harm the recipient, does not expose the provider to any avoidable risks and does not result in waste that is dangerous for the community." CDC 2007 Guideline for Injection Precaution

Concerned by the mounting number of cases in which clinicians in private ambulatory care centers failed to change syringes, APIC has thrown its support and expertise behind a nationwide program called HONORReform, an advocacy and education movement designed to bring a halt to these unsafe practices.

APIC will provide in-kind services to HONORReform in 2009 by tracking/mapping proposed legislation surrounding needle safety reform and contribute its expertise to the development of educational initiatives and policy approaches, with legislative tracking as a part, but not the main part.

The decision to expand its tracking program was made when it became apparent that APIC's legislative educational efforts were needed in order to help prevent the kind of unsafe injection practices that have occurred in US ambulatory care centers across the country, causing thousands of clinic patients to face potentially life-threatening hepatitis B, C, and HIV.

In pinpointing legislative activities on its website via a map, APIC will offer a public service similar to the process now used to trace MRSA and HAI reporting, a move that is expected to benefit HONORReform in its efforts.

HONORReform was founded by Evelyn Vinduska McLaughlin, AuD, CS, a breast cancer survivor who received chemotherapy at a Fremont, Nebraska ambulatory care clinic at which a nurse exposed hundreds of patients to hepatitis C when she re-used a syringe to bypass a 500 cc saline bag to draw off 100cc of saline. Negative pressure drew blood particles from the syringe into the bag, including particles from patient zero, a hepatitis C patient who served as the source of the epidemic.

In addition to the Nebraska clinic, private, free standing ambulatory care centers, some connected to physician offices, have been the site of life-threatening exposure to hepatitis and HIV over the past 10 years. Unsafe needle practices have been cited at centers in Las Vegas, where 63,000 anesthesiology clinic patients have been notified that they've been exposed to these diseases, along with Michigan (20,000 dermatology patients), New York (14,000 cardiology patients) and North Carolina (11,200 cardiology patients). The actual numbers of patients affected have yet to be determined, whereas additional cases of exposure in private ambulatory clinics are still being discovered. Thus far, thousands of letters have been sent to patients by health departments across various states, informing them of their ex-

A Patient Safety Threat-Syringe Reuse



- CDC published a fact sheet called "A Patient Safety Threat- Syringe Reuse"
- It was published for patients who had received a letter stating they could be at risk due to syringe reuse
- Discusses the dangers of the reuse of syringes
- Discusses that multidose vial be assigned to a single patient to reduce the risk of disease transmission

Hematology Oncology Clinic

- Nurse drew blood from the IV catheter
- Then she reused the same syringe to flush the catheter with saline
- She did use a new syringe for each patient
- However, she used solution from same 500cc bag for multiple patients
- Oncologist and RN license revoked
- Never use an IV solution bag to flush the solution for more than patient

Other Cases

- Patient in US gets malaria from saline flush
 - Emerging Infectious Diseases, Vol 11, No. 7, July 2005
- Oklahoma Pain Clinic where anesthesiologist filled syringe with sedation medication to treat up to 24 patients and injected via hep lock
 - 71 patients with HCV and 31 with HBV
 - 25 million dollar settlement
 - Source: Comstock et al. ICHE, 2004, 25:576-583

Other Cases

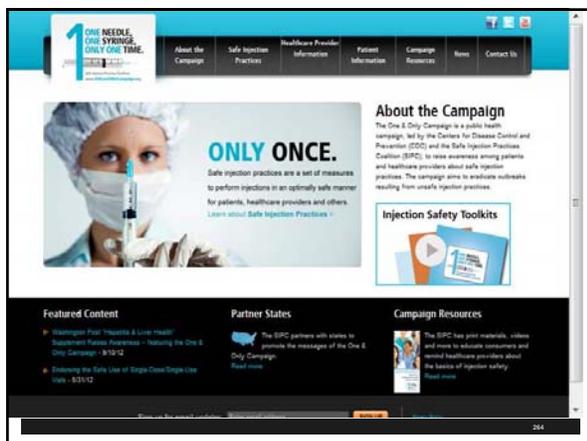
- 19 patients get HCV in New York in 2001 from contamination of multi-dose anesthesia vials
 - CDC MMWR September 26, 2003, Vol 52, No 38
- NY City private physician office with 38 patients with HBV
 - Associated with injections of vitamins and steroids
 - Gave 2 or 3 in one syringe
 - Source: Samandari et al. ICHE 2005 26 (9);745-50

Bacterial Outbreak Due to Unsafe Needle

- 7 patients get serratia marcescens from spinal injections in a pain clinic
 - Source: Cohen AI et al. Clin J Pain 2008; 24(5):374-380
- Several other studies where patients got infection from joint and soft tissue injections
 - Got staph aureus
 - In 2003 and 2009

One and Only Campaign

- Educational awareness to improve safe practices in healthcare
- One needle, one syringe, and only one time for each patient
- To empower patients and re-educate healthcare providers
- Has free posters
- Coalition partners include APIC, AANA, CDC, AAAHC, Nebraska Medical Association, Nevada State Department of Health etc.



Advancing ASC Quality

- ASC Quality Collaboration has ASC tool kit for infection prevention
- Includes one on hand hygiene and safe injection practices
- Includes a basic and expanded version of the toolkit
- These are available at http://www.ascquality.org/advancing_asc_quality.cfm

The screenshot shows the website header with the ASC Quality Collaboration logo and navigation menu. The main content area is titled 'Advancing ASC Quality' and includes a list of toolkits: Hand Hygiene Toolkit, Safe Injection Practices Toolkit, Point of Care Devices Toolkit, Environmental Infection Prevention Toolkit, Single-Use Device Reprocessing Toolkit, Endoscope Reprocessing Toolkit, and Sterilization and High-Level Disinfection Toolkit. It also mentions that each toolkit is available in basic and expanded versions.

The screenshot shows the 'Safe Injection Practices Toolkit' page. It includes a warning that resources are for internal improvement and education only. It lists three essential resources for the BASIC toolkit: 'Safe Injection Practices: What CMS Surveyors Are Looking For', 'One Needle, One Syringe, One Time Poster', and 'Injection Practices Policy and Procedure Template'. It also lists resources for the EXPANDED toolkit, including assessment tools, implementation aids, training materials, monitoring tools, workplace reminders, and guidelines from leading authorities.

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Thank you for attending!



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