

CMS Hospital Infection Control Revised Worksheet Guidelines



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Objectives

- Describe crucial points of the final CMS infection control worksheet.
- Explain new and revised standards, regulations, and laws put forth by CMS, TJC and the federal government.
- Evaluate compliance requirements and penalties.

Introduction



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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Join or leave the FEDREGTOC-L list

http://listserv.access.gov/cgi-bin/wa.exe?SUBED1=FEDREGTOC-L&A=1

This screen allows you to join or leave the FEDREGTOC-L list. To confirm your identity and prevent third parties from subscribing you to the list, we will send you an e-mail message with a confirmation code will be sent to the address you specify in the form. Simply wait for this message to arrive, then follow the instructions to confirm the operation.

Please read the following: This list offers three subscription options in the form of Topics. This is a way of offering subscribers a method of controlling the format of list mail delivered to them. By default, you will be receive HTML formatted e-mail from this list (TOPICS: HTML_Format). If your mail client does not understand HTML formatted e-mail, then you can choose to receive mail with the HTML file attached (TOPICS: HTML_Attached). If the e-mail client you use does not understand MIME types or if your security configuration will not allow attachments or HTML formatted e-mail, you can choose to receive a plain text version of the Table of Contents (TOPICS: Plain_Text). The options for All of the above and Other below are not necessary for you to use.

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<input checked="" type="checkbox"/> Html_Format

Thanks to PENICILLIN
...He Will Come Home!

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Location of CMS Hospital CoP Manuals

Medicare State Operations Manual Appendix

Questions to CMS at **hospitalscg@cms.hhs.gov**

- 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

CoP Manual Also Called SOM

State Operations Manual Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals

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(Rev. 151, 11-20-15)

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[Task 4 - Preliminary Decision Making and Analysis of Findings](#)

[Task 5 - Exit Conference](#)

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[Psychiatric Unit Survey Module](#)

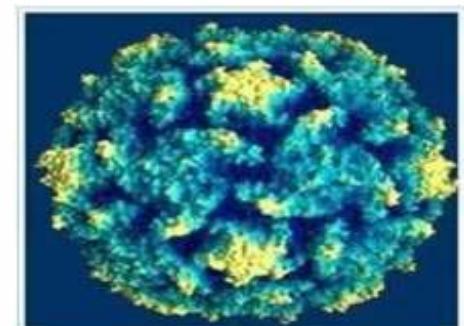
[Rehabilitation Hospital Survey Module](#)

[Inpatient Rehabilitation Unit Survey Module](#)

[Hospital Swing-Bed Survey Module](#)

www.cms.hhs.gov/manuals/downloads/som107_Appendixtoc.p

Email questions
hospitalscg@cms.hhs.gov



Regulations and Interpretive Guidelines

How to Keep Up with Changes

- First, periodically check to see you have the most current CoP manual.¹
- Once a month go out and check the survey and certification website²
- CMS reserves the right to tinker with the survey memo changes and when final published them in a transmittal and updates manual so check monthly³
- Have one person in your facility who has this responsibility

■ ¹ http://www.cms.hhs.gov/manuals/downloads/som107_Appendicestoc.pdf

■ ² <http://www.cms.gov/SurveyCertificationGenInfo/PMSR/list.asp#TopOfPage>

■ ³ <http://www.cms.gov/Transmittals>

CMS Survey and Certification Website

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Survey & Certification - General Information

- » Overview
- » Spotlight
- » CLIA
- » Contact Information
- » CMS National Background Check Program
- » Nursing Home Quality Assurance & Performance Improvement Initiative
- » Revisit User Fee Program
- » Accreditation
- Policy & Memos to States and Regions**

Policy & Memos to States and Regions

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

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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			
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Title	Memo #	Posting Date	Fiscal Year	
Revised Quality Indicator Survey (QIS) Training Process and Clarification of Trainer Roles and Responsibilities	15-50-NH	2015-08-28	2015	
Home Health Agencies (HHAs): Change of Address – Notification of the Medicare Administrative Contractor (MAC)	15-51-HHA	2015-08-28	2015	
Final Rule: SNF Medicare FY 2016 Payments, Quality Reporting, Value-Based Purchasing and Staffing Data Collection Requirements – Informational Only	15-49-NH	2015-08-07	2015	
Publication of Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities; Proposed Rule (CMS-3260-P) – Informational Only	15-46-NHs	2015-07-17	2015	
Medication-Related Adverse Events in Nursing Homes	15-47-NH	2015-07-17	2015	
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Appendix J, Part II - Clarifications to the Interpretive Guidance at Tag W187 for §483.430(d)(3)	15-48-ICF/IID	2015-07-17	2015	
Advanced Copy - Update to Ambulatory Surgical Center (ASC) Infection Control Surveyor Worksheet (ICSW)	15-43-ASC	2015-06-26	2015	

Example of Survey Memo CRE and ERCP's

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



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C-15-32 Hospitals/CAHs/ASCs

DATE: April 3, 2015

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Alert Related to Outbreaks of Carbapenem-Resistant *Enterobacteriaceae* (CRE) during gastrointestinal endoscopy, particularly Endoscopic Retrograde Cholangiopancreatography (ERCP)

Memorandum Summary

- ***Situation:*** Recent newspaper articles, medical publications, and adverse event reports associate multidrug-resistant bacterial infections caused by CRE with patients who have undergone ERCP. Duodenoscopes used to perform ERCP are difficult to clean and disinfect, even when manufacturer reprocessing instructions are followed correctly, and have been implicated in these outbreaks. The U.S. Food and Drug Administration (FDA) has issued a Safety Communication warning, with related updates, that the design of duodenoscopes may impede effective cleaning.
- ***Expectations for Reprocessing Duodenoscopes:*** Hospitals, critical access hospitals (CAHs), and ambulatory surgical centers (ASCs) are expected to meticulously follow the manufacturer's instructions for reprocessing duodenoscopes, as well as adhere to the nationally recognized Multisociety consensus guidelines developed by multiple expert organizations and issued in 2011.

Transmittals



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Transmittals

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Transmittals

The Centers for Medicare & Medicaid Services uses 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/list.asp>

2002 Transmittals

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

2001 Transmittals

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

2000 Transmittals

<http://wayback.archive-it.org/2744/20111201175840/http://www.cms.gov/Transmittals/2000Trans/list.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

CMS Infection Control Proposed Changes to the CoP Standards



CMS Proposes New Changes

- CMS proposes new changes to the hospital CoPs which address infection control
 - Called the Improvement in Patient Care Act
- Published in the Federal Register on June 16, 2016
- Every infection preventionist should read this
- Would require every hospital to have an antimicrobial stewardship program
- Change title to Infection Prevention & Control and Antibiotic Stewardship
- IP must be qualified and appointed by board

Antibiotic Stewardship Program

The screenshot shows the homepage of the Federal Register website. At the top, there is a navigation bar with links for Home, Sections, Browse, Search, Policy, Learn, Blog, My FR, and Search Documents. To the right of the search bar are links for Sign in and Sign up. Below the navigation bar is the seal of the National Archives and Records Administration. The main title "FEDERAL REGISTER" is displayed prominently, followed by the subtitle "The Daily Journal of the United States Government". On the right side of the page, there is a "Site Feedback" link. A large blue banner at the top of the main content area reads "Proposed Rule". The main content of the page is titled "Medicare and Medicaid Programs; Hospital and Critical Access Hospital (CAH) Changes To Promote Innovation, Flexibility, and Improvement in Patient Care". Below the title, it says "A Proposed Rule by the Centers for Medicare & Medicaid Services on 06/16/2016". There are social media sharing icons for LinkedIn, Email, Twitter, and Facebook. A message box indicates that comments are being accepted at Regulations.gov. A green button allows users to "SUBMIT A FORMAL COMMENT". Another button links to "Read the 8 submitted public comments". Below this, there are links to "Previous Document" and "Next Document". A "LEGAL DISCLAIMER" section is shown in a red box. A "Font Controls" section includes buttons for zooming in and out and changing font size. At the bottom, there are links for PDF, DEV, PRINT, and PUBLIC INSPECTION. The "Publication Date" is listed as Thursday, June 16, 2016. The "Agencies" section is partially visible. The footer of the page contains a "UNIFIED AGENDA" link and the title of the proposed rule.

ACTION Proposed Rule.

SUMMARY This proposed rule would update the requirements that hospitals and critical access hospitals (CAHs) must meet to participate in the Medicare and Medicaid programs. These proposals are intended to conform the requirements to current standards of practice and support improvements in quality of care, reduce barriers to care, and reduce some issues that may exacerbate workforce shortage concerns.

UNIFIED AGENDA Hospital and Critical Access Hospital (CAH) Changes to

Proposed Rule

Comments on this document are being accepted at [Regulations.gov](#)

[SUBMIT A FORMAL COMMENT](#)

[Read the 8 submitted public comments](#)

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LEGAL DISCLAIMER

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[PUBLIC INSPECTION](#)

Publication Date:
Thursday, June 16, 2016

Agencies:



FEDERAL REGISTER

Vol. 81

Thursday,

No. 116

June 16, 2016

www.gpo.gov/fdsys/pkg/FR-2016-06-16/pdf/2016-13925.pdf

Part IV

Department of Health and Human Services

[Centers for Medicare & Medicaid Services](#)

[42 CFR Parts 482 and 485](#)

[Medicare and Medicaid Programs; Hospital and Critical Access Hospital \(CAH\) Changes To Promote Innovation, Flexibility, and Improvement in Patient Care; Proposed Rule](#)

CMS Proposes New Changes

- Must have an active IC program and hospital wide for surveillance
- Need to prevent and control HAI and other infectious diseases
- Must optimize antibiotic use through an antibiotic stewardship program and to reduce C-diff
- Program must demonstrate adherence to nationally recognized IC guidelines and best practices
- Must follow CDC National Healthcare Safety Network

CMS Memos Related to Infection Control



CMS Memo on Insulin Pens

- CMS issues memo on insulin pens on May 18, 2012
- Insulin pens are intended to be used on one patient only
- CMS notes that some healthcare providers are not aware of this
- Insulin pens were used on more than one patient which is like sharing needles
- Every patient must have their own insulin pen
- Insulin pens must be marked with the patient's name

Insulin Pens

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C3-21-16
Baltimore, Maryland 21244-1882



Office of Clinical Standards and Quality/Survey & Certification Group

DATE: May 18, 2012

Ref: S&C: 12-30-ALL

TO: State Survey Agency Directors

www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html

FROM: Director
Survey and Certification Group

SUBJECT: Use of Insulin Pens in Health Care Facilities

Memorandum Summary

Insulin Pen devices: The Centers for Medicare & Medicaid Services (CMS) has recently received reports of use of insulin pens for more than one patient, with at least one 2011 episode resulting in the need for post-exposure patient notification. These reports indicate that some healthcare personnel do not adhere to safe practices and may be unaware of the risks these unsafe practices pose to patients. Insulin pens are meant for use by a single patient only. Each patient/resident must have his/her own. Sharing of insulin pens is essentially the same as sharing needles or syringes, and must be cited, consistent with the applicable provider/supplier specific survey guidance, in the same manner as re-use of needles or syringes.

Background

Insulin pens are pen-shaped injector devices that contain a reservoir for insulin or an insulin cartridge. These devices are designed to permit self-injection and are intended for single-person use. In healthcare settings, these devices are often used by healthcare personnel to administer insulin to patients. Insulin pens are designed to be used multiple times by a single patient/resident, using a new needle for each injection. Insulin pens must never be used for more than one patient.

CDC Reminder on Insulin Pens

Injection Safety www.cdc.gov/injectionsafety/clinical-reminders/insulin-pens.html

Injection Safety

- [CDC's Role](#)
- [CDC Statement](#)
- [Information for Providers](#)
- [Information for Patients](#)
- [Preventing Unsafe Injection Practices](#)

Infection Prevention
during Blood Glucose
Monitoring and Insulin
Administration

FAQs regarding Assisted
Blood Glucose
Monitoring and Insulin
Administration

CDC Clinical Reminder:
Fingerstick Devices

►Clinical Reminder: Insulin Pens

- [Recent Publications](#)
- [Recent Meetings](#)
- [The One & Only Campaign](#)

Related Links

[Injection Safety](#)

> [Infection Prevention during Blood Glucose Monitoring and Insulin Administration](#)

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CDC Clinical Reminder: Insulin Pens Must Never Be Used for More than One Person

Available for download [Clinical Reminder:
Insulin Pens](#) [PDF - 182 KB]

Summary

The Centers for Disease Control and Prevention (CDC) has become increasingly aware of reports of improper use of insulin pens, which places individuals at risk of infection with pathogens including hepatitis viruses and human immunodeficiency virus (HIV). This notice serves as a reminder that insulin pens must **never** be used on more than one person.

Background

Insulin pens are pen-shaped injector devices that contain a reservoir for insulin or an insulin cartridge. These devices are designed to permit self-injection and are intended for single-person use. In healthcare settings, these devices are often used by healthcare personnel to administer insulin to patients. Insulin pens are designed to be used multiple times, for a single person, using a new needle for each injection. **Insulin pens must never be used for more than one person.**

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Atlanta, GA 30333
 800-CDC-INFO
(800-232-4636)
TTY: (888) 232-6348
[Contact CDC-INFO](#)

CDC Has Flier for Hospitals on Insulin Pens

CDC CLINICAL REMINDER

Insulin Pens

Must Never Be Used for More than One Person

Summary

The Centers for Disease Control and Prevention (CDC) has become increasingly aware of reports of improper use of insulin pens, which places individuals at risk of infection with pathogens including hepatitis viruses and human immunodeficiency virus (HIV). This notice serves as a reminder that insulin pens must **never** be used on more than one person.

Background

Insulin pens are pen-shaped injector devices that contain a reservoir for insulin or an insulin cartridge. These devices are designed to permit self-injection and are intended for single-person use. In healthcare settings, these devices are often used by healthcare personnel to administer insulin to patients. Insulin pens are designed to be used multiple times, for a single person, using a new needle for each injection. Insulin pens must **never** be used for more than one person. Regurgitation of blood into the insulin cartridge can occur after injection [1] creating a risk of bloodborne pathogen transmission if the pen is used for more than one person, even when the needle is changed.



In 2009, in response to reports of improper use of insulin pens in hospitals, the Food and Drug Administration (FDA) issued an alert for healthcare professionals reminding them that insulin pens are meant for use on a single patient only and are not to be shared between patients [2]. In spite of this alert, there have been continuing reports of patients placed at risk through inappropriate reuse and sharing of insulin pens, including an incident in 2011 that required notification of more than 2,000 potentially exposed patients [3]. These events indicate that some healthcare personnel do not adhere to safe practices and may be unaware of the risks these unsafe practices pose to patients.

Recommendations

Insulin Pen Posters and Brochures Available

The screenshot shows the homepage of the [One and ONLY campaign](http://www.oneandonlycampaign.org). At the top, there's a navigation bar with links for "About the Campaign", "Safe Injection Practices", "Healthcare Provider Information", "Patient Information", "Campaign Resources", "News", and "Contact Us". There are also social media icons for Facebook, Twitter, and YouTube. On the left, there's a logo with the text "ONE NEEDLE, ONE SYRINGE, ONLY ONE TIME." and a large number "1" next to an insulin pen. The main content area features a poster with the text "BE AWARE DON'T SHARE" and "ONE INSULIN PEN, ONLY ONE PERSON" above an image of two insulin pens. To the right of the poster is the URL [www.oneandonlycampaign.org /content/insulin-pen-safety](http://www.oneandonlycampaign.org/content/insulin-pen-safety). Below the poster, there's a section about specific materials for safe use of insulin pens, links to additional resources, and a note about ordering free copies from CDC.

Insulin Pen Safety – One Insulin Pen, One Person

**BE AWARE
DON'T SHARE**

**ONE INSULIN PEN,
ONLY ONE PERSON**

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 linked below:

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

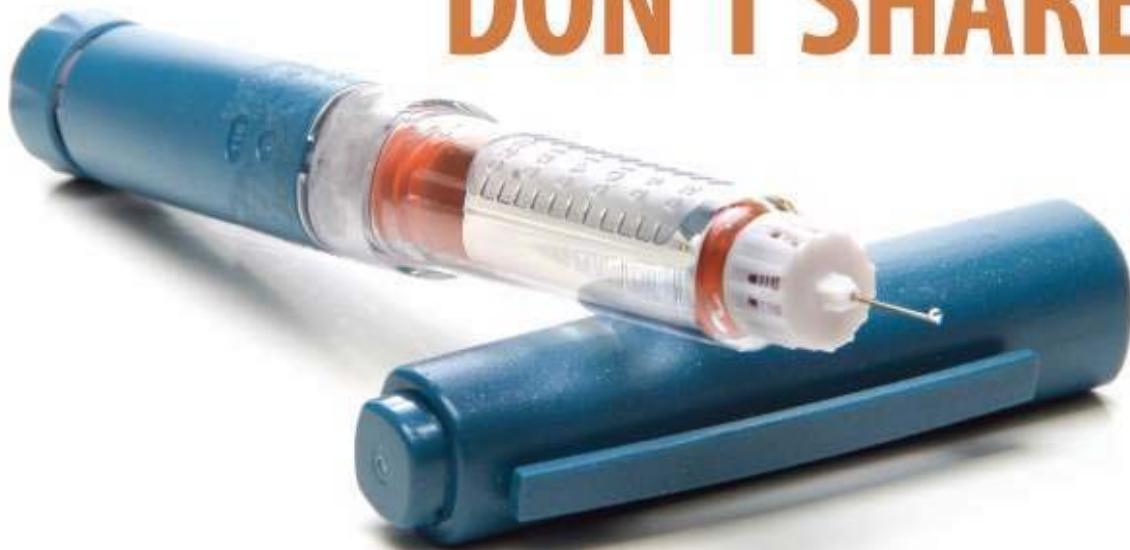
- [Poster](#)
- [Brochure](#)

[Click here](#) to order free copies of these materials from the Centers for Disease Control and Prevention (CDC) (publication numbers 22-1501 and 22-1503).

Additional Resources

- [VA Patient Safety Alert: Multi-Dose Pen Injectors](#) (Department of Veterans Affairs, January 2013)

BE AWARE DON'T SHARE



Insulin pens that contain more than one dose of insulin are only meant for one person.

They should never be used for more than one person, even when the needle is changed.

**ONE INSULIN PEN,
ONLY ONE PERSON**

The One & Only Campaign is a public health campaign aimed at raising awareness among the general public and healthcare providers about safe injection practices.

For more information,
please visit:
www.ONEandONLYcampaign.org

Brochure

DON'T DO IT

Sharing Insulin Pens and Other Injection Equipment Jeopardizes Patients

In 2009, in response to reports of improper use of insulin pens in hospitals, the Food and Drug Administration issued an alert for healthcare professionals reminding them that insulin pens are meant for use on a single person only and are not to be shared. Unfortunately, there have been continuing reports of persons placed at risk of bloodborne and bacterial pathogen transmission through sharing of insulin pens.

A SIMPLE RULE

Injection equipment (e.g., insulin pens, needles and syringes) should **never** be used for more than one person.



About the Safe Injection Practices Coalition

The Safe Injection Practices Coalition (SIPC) is a partnership of healthcare-related organizations led by the Centers for Disease Control and Prevention that was formed to promote safe injection practices in all U.S. healthcare settings. The SIPC has developed the One & Only Campaign – a public health education and awareness campaign – aimed at both healthcare providers and patients to advance and promote safe injection practices.

For more information,
please visit:
www.ONEandONLYcampaign.org

BE AWARE DON'T SHARE



**ONE INSULIN PEN,
ONLY ONE PERSON**



**What Every
Healthcare Professional
Needs To Know**

Recommendations for Safe Insulin Pen Use

Protection from infection is a basic expectation anywhere healthcare is delivered. Use of insulin pens and other injection equipment for more than one person poses unacceptable risks and should be considered a "never" event.

- Insulin pens and other injection equipment containing multiple doses of medication are meant for use on a single person only, and should never be used for more than one person, even when the needle is changed.
- Insulin pens and other injection equipment should be clearly labeled with the person's name or other identifying information to ensure that the correct pen is used only on the correct individual.
- Hospitals and other facilities should review their policies and educate their staff regarding safe use of insulin pens and similar devices.
- If reuse is identified, exposed persons should be promptly notified and offered appropriate follow-up including bloodborne pathogen testing.

These recommendations apply to any setting where insulin pens and other injection equipment are used, including assisted living or residential care facilities, skilled nursing facilities, clinics, health fairs, shelters, detention facilities, senior centers, schools, and camps as well as licensed healthcare facilities.

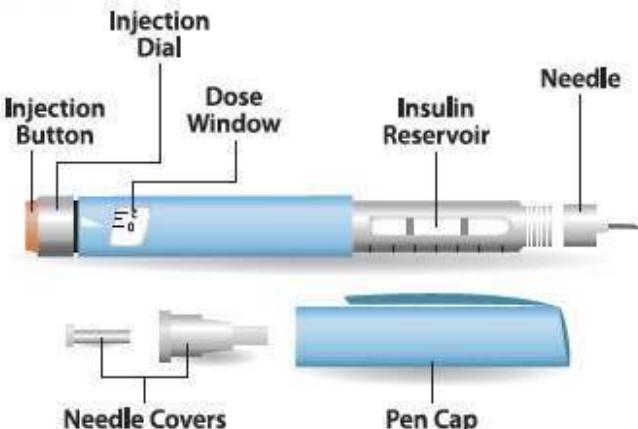


ONE INSULIN PEN, ONLY ONE PERSON

Insulin Administration

Insulin pens are pen-shaped injector devices that contain a reservoir for insulin or an insulin cartridge. These devices are designed to permit self-injection. They are intended for single-person use.

In healthcare settings, these devices are often used by healthcare personnel to administer insulin to patients. Insulin pens are designed to be used for a single person multiple times, using a new needle for each injection.



Back flow of blood into the insulin reservoir can occur during an injection. This creates a risk of bloodborne and bacterial pathogen transmission if the pen is used for more than one person, even when the needle is changed.

The Safe Injection Practices Coalition created an easy to use check list for facilities. Similar to a risk assessment, the list contains the necessary components of injection safety for facilities to quickly assess their practices.

A copy of the checklist can be found at:
www.cdc.gov/injectionsafety/Checklist



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
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C-2-21-1A
Baltimore, Maryland 21244-1850



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 repackagé single-dose vials or single use vials (collectively referred to in this memorandum as "SDVs") 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 Cosmetic Act (FDCA). These USP compounding standards include USP General Chapter 797, *Pharmaceutical Compounding - Sterile Preparations* ("USP -797-"). Under USP -797-, healthcare facilities may repackagé 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.
 - Administering doses from one SDV to multiple patients without adhering 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
 - If they make it in a single dose vial then you need to buy in a single dose vial
 - If multiple dose only then use on only one patient, mark the vial that it expires in 28 days and do not take into patient room or OR
- 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

• Print this page • Email this page

Advancing Practice

[Optimizing Antithrombotic Management: An Assessment Tool](#)

[Bar Code Guide](#)

[My Medicine List™](#)

[Outsourcing Sterile Products Preparation: Contractor Assessment Tool](#)

[Pharmacy Practice Model Initiative](#)

Outsourcing Sterile Products Preparation: Contractor Assessment Tool

Developed with support from PharMEDium Services, LLC
Now available!

Preparation of sterile parenteral products is a critical component of health-system pharmacy practice. For departments that choose to outsource the preparation of parenteral medications, this web-based tool can be used to evaluate proposals during the selection of an external organization that would provide parenteral product preparation services.

The assessment tool helps you evaluate each of these areas:

- Regulatory compliance
- Quality and patient safety measures
- Medication administration safety features
- Service excellence

[Start using the Sterile Products Outsourcing Tool now!](#)

www.ashpfoundation.org/MainMenuCategories/PracticeTools/SterileProductsTool.aspx

OUTSOURCING STERILE PRODUCTS PREPARATION

[Contract Assessment Tool](#)



Safe Injection Practices



EMERGENCY
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FOUNDATION

Safe Injection Practices Patient Safety Brief
Emergency Medicine Patient Safety Foundation

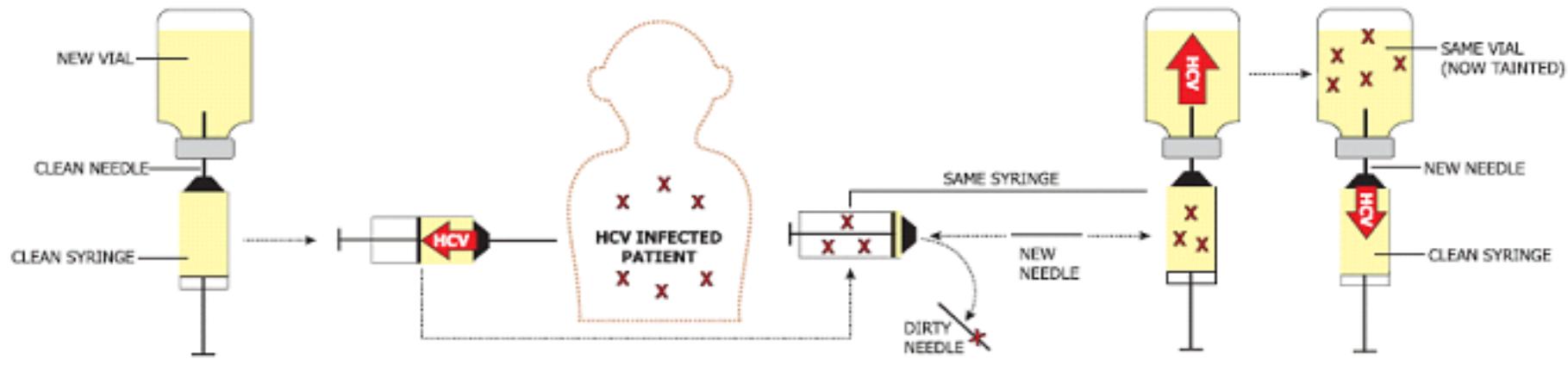
By: Sue Dill Calloway RN MSN JD CPHRM
Ruth Carrico PhD RN FSHEA CIC

July 2012



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 sedative 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 sedative 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

The screenshot shows the homepage of the CDC One and Only Campaign website. At the top, there's a navigation bar with links for "About the Campaign", "Safe Injection Practices", "Healthcare Provider Information", "Patient Information", "Campaign Resources", "News", and "Contact Us". There are also social media icons for Facebook, Twitter, and YouTube. On the left side, there's a large image of a healthcare provider wearing a mask and cap, holding a syringe. To the right of the image, the text "ONLY ONCE." is displayed in large blue letters, followed by a smaller paragraph about safe injection practices and a link to learn more. Below this section, there's a "Featured Content" box with links to "CDC releases toolkit to assist with patient notification events after unsafe medical practices" and "Safe Injection Practices in Dentistry". There's also a "Become a Member" section with a link to "Contact us". On the right side, there's a "Campaign Resources" section with a link to "Read more" and a small image of campaign materials. At the bottom, there's a sign-up form for email updates and links to "Privacy Policy" and "SIGN UP". A footer at the very bottom contains a link to "http://oneandonlycampaign.org/safe_injection_practices".

**ONE NEEDLE,
ONE SYRINGE,
ONLY ONE TIME.**

About the Campaign | Safe Injection Practices | Healthcare Provider Information | Patient Information | Campaign Resources | News | Contact Us

ONLY ONCE.

Safe injection practices are a set of measures to perform injections in an optimally safe manner for patients, healthcare providers and others. [Learn about Safe Injection Practices >](#)

Featured Content

- ▶ [CDC releases toolkit to assist with patient notification events after unsafe medical practices](#)
- ▶ [Safe Injection Practices in Dentistry](#)

Become a Member

Help us promote safe injection practices to healthcare professionals, patients and/or the public. Become a One & Only Campaign member today. [Contact us](#)

Campaign Resources

The SIPC has print materials, videos and more to educate consumers and remind healthcare providers about the basics of injection safety. [Read more](#)

Sign up for email updates: Enter email address: Privacy Policy

http://oneandonlycampaign.org/safe_injection_practices

Not All Vials Are Created Equal

SINGLE-DOSE OR MULTI-DOSE?

NOT ALL VIALS ARE CREATED EQUAL.

Dozens 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.



ONEANDONLYCAMPAIGN.ORG

DO YOU PROVIDE TREATMENT FOR PATIENTS WITH CANCER?

PROTECT YOUR PATIENTS, YOURSELF, AND YOUR BUSINESS

Since 2002, at least nine serious infectious disease outbreaks have occurred in cancer clinics. These outbreaks involved unsafe injection practices, including the reuse of syringes. As a result, hundreds of patients became infected and thousands more required notification and testing for bloodborne pathogens.



REMEMBER! WHEN PREPARING MEDICATIONS AND INJECTIONS...

NEVER reuse these items:



Needles or syringes that have been used for any purpose



Vials with "single-dose vial" printed on the label



Saline bags



Intravenous tubing

ALWAYS follow aseptic technique* when:



Preparing any medication



Disinfecting a vial's septum



Accessing a central line



Injecting any medications

*Aseptic technique is used by health care workers to prevent the contamination of clean areas, equipment, and sterile medications. This will help prevent the spread of infection. Please refer to [CDC's Basic Infection Control and Prevention Plan for Outpatient Oncology Settings](#) for more information.

LEARN MORE ABOUT WAYS YOU CAN KEEP YOUR PATIENTS

1 ONE NEEDLE,
ONE SYRINGE,
ONLY ONE TIME.

Watch Award Winning Video



Safe Injection Practices - How to Do It Right

[www.youtube.com/watch?v=6D0stMoz80k&feature=youtu.b](https://www.youtube.com/watch?v=6D0stMoz80k&feature=youtu.be)

CMS Memo April 19, 2013

- CMS issues memo related to the relative humidity (RH)
- AORN used 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

Humidity in Anesthetizing Areas

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Patient Security Directorate, Mail Stop 4C2-21-1B
Baltimore, Maryland 21204-1888



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: SAC-13-28-LSC & ASC

DATE: April 19, 2013
TO: State Survey Agency Directors
FROM: Director, Survey and Certification Group
SUBJECT: Relative Humidity (RH): Waiver of Life Safety Code (LSC) Anesthetizing Location Requirements: Discussion of Ambulatory Surgical Center (ASC) Operating Room Requirements

Memorandum Summary

- **RH of ≥20 Percent Permitted in Anesthetizing Locations:** The Centers for Medicare & Medicaid Services (CMS) is issuing a categorical LSC waiver permitting new and existing ventilation systems supplying hospital and critical access hospital (CAH) anesthetizing locations to operate with a RH of ≥20 percent, instead of ≥35 percent. We are also recommending that RH not exceed 60 percent in these locations.
- **This Waiver Does Not Apply:**
 - When more stringent RH control levels are required by State or local laws and regulations, or
 - When reduction in RH would negatively affect ventilation system performance.
- **Hospitals & CAHs Must Elect to Use the Categorical Waiver:**
 - Individual waiver applications are not required, but facilities are expected to have written documentation that they have elected to use the waiver.
 - At the entrance conference for any survey assessing LSC exceptions, a facility that has elected to use this waiver must notify the survey team.
- **Ongoing Requirements:**
 - Facilities must monitor RH in anesthetizing locations and take corrective actions when needed to ensure RH remains at or above 20 percent.
 - **ASCs:** ASCs are not subject to all of the same LSC requirements as hospitals, but are required, consistent with 42 CFR 415.44(a)(1), to maintain RH in operating rooms in accordance with nationally accepted guidelines.
 - **State Operations Manual (SOM) Appendices A, E, F, & H** are being updated accordingly.

Impact of Lowering the Humidity

- Lowering humidity can impact some equipment and supplies
- Can affect shelf life and product integrity of some sterile supplies including EKG electrodes
- Some electro-medical equipment may be affected by electrostatic discharge especially older equipment
 - Can cause erratic behavior of software and premature failure of the equipment
 - It can affect calibration of the equipment
- Follow the manufacturers instructions for use that explains any RH requirements

CMS Memo on Low Relative Humidity

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



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C: 15-27-Hospital, CAH & ASC

DATE: February 20, 2015

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Potential Adverse Impact of Lower Relative Humidity (RH) in Operating Rooms (ORs)

Memorandum Summary

- *Information on OR RH* is provided for Ambulatory Surgical Centers (ASCs) & Supplemental Information for Hospitals & Critical Access Hospitals (CAHs) Using the Categorical Waiver of Life Safety Code (LSC) Anesthetizing Location RH Requirements
 - The Association for the Advancement of Medical Instrumentation (AAMI) coordinated the release on January 5, 2015 of a Joint Communication of multiple healthcare-related organizations on how a RH of <30% in ORs may affect the performance of some sterile supplies and electro-medical equipment.
- *S&C 13-25-LSC & ASC* permits hospitals and CAHs to use a LSC categorical waiver to establish an RH level <35% in anesthetizing locations. Before electing or continuing to use this categorical waiver, hospitals and CAHs are expected to ensure that the humidity levels in their ORs are compatible with the manufacturers' instructions for use (IFUs) for the supplies and equipment used in that setting.
- *ASCs do not require a categorical waiver* in order to use a lower RH level in their ORs but also need to ensure they comply with the IFUs for their OR supplies and equipment.

Impact of Lowering the Humidity



American Hospital
Association®



American Society for Healthcare
Engineering
A professional association of the
American Hospital Association



AHRMM
Association for Healthcare
Resource & Materials Management
Advancing the healthcare supply chain
American Hospital Association

Quality Advisory

January 21, 2015

01-21-2015 Accessed ; [https://www.magnetmail.net/actions/email_web_version.cfm?
recipient_id=1331564405&message_id=8663272&user_id=AHA_8&group_id=1105177&jobid=25267573](https://www.magnetmail.net/actions/email_web_version.cfm?recipient_id=1331564405&message_id=8663272&user_id=AHA_8&group_id=1105177&jobid=25267573)

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 AHA 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 provides 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 room (OR). The following professional organizations have collaborated in the development of this communication: Ambulatory 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 (IAHCSMM).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



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.cdc.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

ISMP Guidelines on IV Push Medication



ISMP IV Push Medications Guidelines

- ISMP has published a 26 page document called "ISMP Safe Practice Guidelines for Adult IV Push Medications"
- The document is organized into factors that increase the risk of IV push medications in adults,
 - Current practices with IV injectible medications
 - Developing consensus guidelines for adult IV push medication and
 - Safe practice guidelines
 - About 90% of all hospitalized patients have some form of infusion therapy

IV Push Medicine Guidelines

ISMP Safe Practice Guidelines for Adult IV Push Medications

A compilation of safe practices from the
ISMP Adult IV Push Medication Safety Summit

Remember; CMS says you have to follow
standards of care and specifically mentions the
ISMP so surveyor can site you if you do not
follow this.



Prepared by the Institute for
Safe Medication Practices (ISMP)



IV Push Medications Guidelines

- Provide IV push medications in a ready to administer form
- Use only commercially available or pharmacy prepared prefilled syringes of IV solutions to flush and lock vascular access devices
- If available in a single dose vial then need to buy in single dose vial
- Aseptic technique should be used when preparing and administering IV medication
 - This includes hand hygiene before and after administration

IV Push Medications Guidelines

- The diaphragm on the vial should be disinfected even if newly opened
 - The top should be cleaned using friction and a sterile 70% isopropyl alcohol, ethyl alcohol, iodophor, or other approved antiseptic swab for at least ten seconds to it dr
- Medication from a glass ampules should be with a filter needle unless the specific drug precludes this
- Medication should only be diluted when recommended by the manufacturer or in accordance with evidence based practice or approved hospital policies

IV Push Medications Guidelines

- If IV push medication needs to be diluted or reconstituted these should be performed in a clean, uncluttered, and separate location
- Medication should not be withdrawn from a commercially available, cartridge type syringe into another syringe for administration
- It is also important that medication not be drawn up into the commercially prepared and prefilled 0.9% saline flushes
 - These are to flush an IV line and are not approved to use to dilute medication

3.6 Do NOT dilute or reconstitute IV push medications by drawing up the contents into a commercially-available, prefilled flush syringe of 0.9% sodium chloride.

Discussion: Commercially available prefilled syringes of saline and heparin are regulated by the US Food and Drug Administration as *devices*, not as medications. These devices have been approved for the flushing of vascular access devices, but have NOT been approved for the reconstitution, dilution, and/or subsequent administration of IV push medications. Such use would be considered “off label” and not how manufacturers intended these products to be used, nor have prefilled flush syringes been tested for product safety when used in this manner.

Warnings intended to limit the use of prefilled syringes for medication preparation and administration appear on some syringe barrels, clearly stating “IV flush only.” Some manufacturers have also limited or removed the gradation markings on the prefilled flush syringes in order to prevent measurement of a secondary medication in the flush syringe. When prefilled syringes are used in an off-label manner, the practitioner and employer bear the legal liability for any adverse events occurring from this practice.³¹

The mislabeling that occurs when medications are added to a prefilled syringe and a secondary label is not applied creates significant risk for errors. In many cases, the manufacturer’s label is permanently affixed to the syringe barrel and contains product codes and a barcode as well as specific information about the fluid and its volume. When another medication is added to this syringe, there is no adequate method to amend the manufacturer’s label, without covering the current information.³¹ Thus, the syringe frequently remains labeled as 0.9% sodium chloride, when it also contains the diluted or reconstituted medication.

Although this unsafe practice is widespread, and many who use it mistakenly believe the risk of an error is insignificant—a belief clearly reinforced during public comment regarding this guidance statement—summit participants arrived at a consensus that the practice must be eliminated.

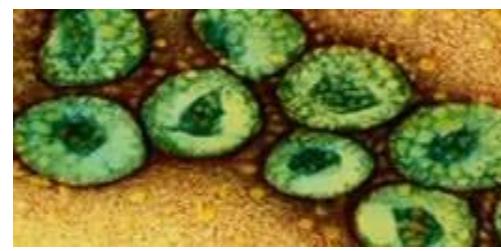
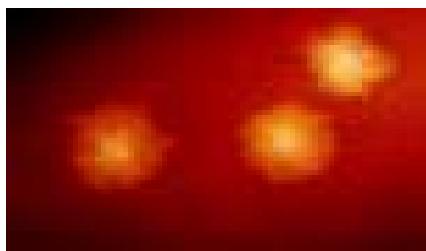
3.7 When necessary to prepare more than one medication in a single syringe for IV push administration

IV Push Medications Guidelines

- Combination of more than one medication in a single syringe is seldom necessary and could result in unwanted changes in the medication
- Never use IV solution or mini bags as a common source to flush an IV as to dilute for more than one patient
- Label syringes of IVP medication unless prepared and immediately given with no break
- Administer IV push medication at rate recommended by manufacturer or supported by evidenced based practices and often given too fast

CMS Infection Control Standards Deficiencies

What Hospitals Need to Know



Access to Hospital Complaint Data

- CMS issued Survey and Certification memo on March 22, 2013 regarding access to hospital complaint data
- Includes acute care and CAH hospitals
 - Does not include the plan of correction but can request
 - Questions to bettercare@cms.hhs.com
 - Can count up number of deficiencies
- This is the CMS 2567 deficiency data and lists the tag numbers
- Updating quarterly
 - Available under downloads on the hospital website at www.cms.gov

Updated Deficiency Data Reports



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Survey & Certification - Certification & Compliance

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Hospitals

This page provides basic information about being certified as a Medicare and/or Medicaid hospital provider and includes links to applicable laws, regulations, and compliance information.

A hospital is an institution primarily engaged in providing, by or under the supervision of physicians, inpatient diagnostic and therapeutic services or rehabilitation services. Critical access hospitals are certified under separate standards. Psychiatric hospitals are subject to additional regulations beyond basic hospital conditions of participation. The State Survey Agency evaluates and certifies each participating hospital as a whole for compliance with the Medicare requirements and certifies it as a single provider institution.

Under the Medicare provider-based rules it is possible for 'one' hospital to have multiple inpatient campuses and outpatient locations. It is not permissible to certify only part of a participating hospital. Psychiatric hospitals that participate in Medicare as a Distinct Part Psychiatric hospital are not required to participate in their entirety.

However, the following are not considered parts of the hospital and are not to be included in the evaluation of the hospital's compliance:

- Components appropriately certified as other kinds of providers or suppliers. i.e., a distinct part Skilled Nursing Facility and/or distinct part Nursing Facility, Home Health Agency, Rural Health Clinic, or Hospice; Excluded residential, custodial, and non-service units not meeting certain definitions in the Social Security Act; and,
- Physician offices located in space owned by the hospital but not functioning as hospital outpatient services departments

Accredited Hospitals - A hospital accredited by a CMS-approved accreditation program may substitute accreditation under that program for survey by the State Survey Agency. Surveyors assess the hospital's compliance with the Medicare Conditions of Participation (CoP) for all services, areas and locations covered by the hospital's provider agreement under its CMS Certification Number (CCN).

Although the survey generally occurs during daytime working hours (Monday through Friday), surveyors may conduct

www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Hospitals.html

CMS Deficiencies

- Failed to wash hands when removing gloves when putting on sterile gloves next
- Stored colostomy bags when patient went home in clean utility room
- Many related to infection control issues in dietary
- Failure to have PI on infection control issues
- Failure to immunize staff regarding flu vaccine
- Failure to ensure staff had immunity to infectious diseases

CMS Deficiencies

- Failure to have an ongoing IC program
- Not cleaning glucometers between uses
- No policy for cleaning nebulizer between uses
- Failure to dispose of hazardous waste in the right container
- Clean linen on floor
- Expired medication and equipment
- Inappropriate dressing change
- Dirty keyboard



CMS Deficiencies

- Failure to enforce hand hygiene guidelines
- Card board packing boxes in nursing units
- Housekeeping carts not cleaned after each use
- Did not presoak dirty surgical instruments
- Did not throw sharps in sharps container
- Sharps container over the line
- Failure to have all the required policies
- Failure to make sure isolation procedures followed



CMS Deficiencies

- Did not follow TB plan and place patient in isolation who had classic symptoms
- Not using single dose vials
- Using multidose vials inappropriately and expired ones
- Allowing sales representative into OR after it started without proper scrubs
- Using insulin pens inappropriately
- Cardiac cath floor had blood and debris on it

CMS Infection Control Worksheet



CMS Hospital Worksheets History

- CMS has three final worksheets
- Addresses discharge planning, **infection control (IC)**, and QAPI (performance improvement)
- Final ones issued November 26, 2014
- Has a section on safe injection practices and antibiotic stewardship
- Every hospital should review this and be familiar with its content and use as a self assessment tool

Final 3 Worksheets Infection Control

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



Center for Clinical Standards and Quality/Survey & Certification Group

REF: S&C: 15-12-Hospital

DATE: November 26, 2014

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Public Release of Three Hospital Surveyor Worksheets

[www.cms.gov/SurveyCertificationG
enInfo/PMSR/list.asp#TopOfPage](http://www.cms.gov/SurveyCertificationGenInfo/PMSR/list.asp#TopOfPage)

Memorandum Summary

- ***Three Hospital Surveyor Worksheets Finalized:*** The Centers for Medicare & Medicaid Services (CMS) has finalized surveyor worksheets for assessing compliance with three Medicare hospital Conditions of Participation (CoPs): Quality Assessment and Performance Improvement (QAPI), Infection Control, and Discharge Planning. The worksheets are used by State and Federal surveyors on all survey activity in hospitals when assessing compliance with any of these three CoPs.
- ***Final Worksheets Made Public:*** Via this memorandum we are making the worksheets publicly available. The hospital industry is encouraged, but not required, to use the worksheets as part of their self-assessment tools to promote quality and patient safety.

CMS Hospital Worksheets

- Hospitals should be familiar with the three worksheets and IC one is 49 pages
- Will use whenever a validation survey or certification survey is done at a hospital by CMS
- CMS says worksheets are used by State and federal surveyors on all survey activity in assessing compliance with any of the three CoPs
- Hospitals are encouraged by CMS to use the worksheet as part of their self assessment tools which can help promote quality and patient safety

CMS Hospital Worksheets

- And of course completing the forms helps the hospital to comply with those three CoPs
- Citation instructions are provided on each of the worksheets
- The surveyors will follow standard procedures when non-compliance is identified in hospitals
- This includes documentation on the Form CMS 2567
- Not used in CAH but good tool for CAH to use
- **Questions** to: **hospitalscg@cms.hhs.gov**

Form 2567 Statement of Deficiency/POC

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES		FORM APPROVED OMB NO. 0938-0391		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <hr/>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <hr/>
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
			www.cms.gov/Medicare/CMS- Forms/CMS- Forms/Downloads/CMS2567.pdf	
<small>Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.</small>				

CMS Hospital Worksheets

- Some of the questions asked might not be apparent from a reading of the CoPs
- So the worksheets are a good communication device
- It helps to clearly communicate to hospitals what is going to be asked in these 3 important areas
- Hospitals might want to consider putting together a team to review the 3 worksheets and complete the form in advance as a self assessment
- Hospitals should consider attaching the documentation and P&P to the worksheet

CMS Hospital Worksheets

- This would impress the surveyor when they came to the hospital
- The worksheet is used in new hospitals undergoing an initial review and hospitals that are not accredited who are suppose to have a CMS survey every three or so years
 - The Joint Commission (TJC), American Osteopathic Association (AOA) Healthcare Facility Accreditation Program, CIHQ, (Center for Improvement in Healthcare Quality) or DNV Healthcare are the 4 AOs with deemed status
- It would also be used for hospitals undergoing a validation survey by CMS

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):

<input type="text"/>					
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3. Date of site visit:

<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
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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		
1.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	
1.A.2 The hospital has evidence that demonstrates the Infection Control Officer(s) is qualified and maintain(s) qualifications through education, training, experience or certification related to infection control consistent with hospital policy.	<input type="radio"/> Yes <input type="radio"/> No	
1.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 1.A.1 through 1.A.3, cite at 42 CFR 482.42(a) (Tag A-748)		
1.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	
1.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 1.A.4 and 1.A.5		
1.A.6 The hospital has infection control policies and procedures relevant to construction, renovation, maintenance, demolition, and repair, including the requirement for an infection control	<input type="radio"/> Yes <input type="radio"/> No	

APIC Competency in Infection Prevention

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Competency in infection prevention: A conceptual approach to guide current and future practice

Denise M. Murphy, RN, MPH, CIC  Marilyn Hanchett, MA, CIC, Russell N. Olmsted, MPH, CIC, Michelle R. Farber, RN, CIC, Terri B. Lee, MSN, CIC, Janet P. Haas, DNSc, CIC, Stephen A. Streed, MS, CIC

Abstract Full Text PDF Images References

Article Outline

- I. [Abstract](#)
- II. [Domain 1: Leadership](#)
- III. [Domain 2: IPC](#)
- IV. [Domain 3: Technology](#)
- V. [Domain 4: Performance improvement and implementation science](#)
- VI. [Competency and certification](#)
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- X. [Copyright](#)

Professional competency has traditionally been divided into 2 essential components: knowledge and skill. More recent definitions have recommended additional components such as communication, values, reasoning, and teamwork. A standard, widely accepted, comprehensive definition remains an elusive goal. For infection preventionists (IPs), the requisite elements of competence are most often embedded in the IP position description, which may or may not reference national standards or guidelines. For this reason, there is widespread variation among these elements and the criteria they include. As the demand for IP expertise continues to rapidly expand, the Association for Professionals in Infection Control and Epidemiology, Inc., made a strategic commitment to develop a conceptual model of IP competency that could be applicable in all practice settings. The model was designed to be used in combination with organizational training and evaluation tools already in place. Ideally, the Association for Professionals in Infection Control and Epidemiology, Inc., model will complement similar competency efforts undertaken in non-US countries and/or international organizations. This conceptual model not only describes successful IP

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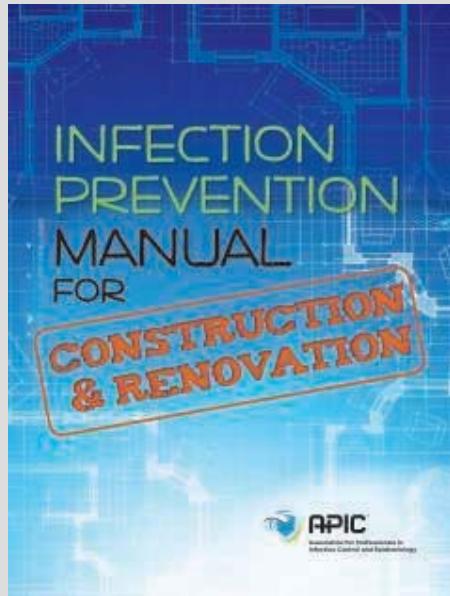
Examples of competencies demonstrated across the career span		
Novice IP	Proficient IP (all in column 1 plus)	Expert IP (all in columns 1 and 2 plus)
Conducts surveillance: standardized, basic case finding methods and application of HAI definitions Is learning to use NHSN	Can apply and expand surveillance principles to diverse populations Skilled at using NHSN and may validate NHSN surveillance conducted by others	Identified as expert in specialty areas such as public health, outpatient settings, research, or consulting Has the ability to confer with the CDC and other stakeholders in ongoing development of NHSN
Performs manual record/chart review, data abstraction, and data collection	Independently performs electronic surveillance, applies data mining principles, and can integrate both manual and electronic findings for comprehensive reporting	Expert in e-surveillance, use of EMR/other technology Applies principles of information management to emerging technology
Conducts infection rate calculations and basic statistical analysis (mean, median, rate, ratio)	Uses more advanced statistical tools (SIR, P values, standard deviation, odds ratio) Able to interpret research data and apply findings to current practice	Applies statistical methods in study design and research activities (sampling, power, hypothesis testing)
Is able to do graphic data display and report generation and dissemination	Understands and/or uses more complex data display tools (control charts, affinity diagrams, scatter plots)	Develops/uses complex data tables; teaches others to refine data display and reporting skills
Benchmarks/compares rates	Possesses understanding of endemic vs epidemic rates, common or special cause variation Uses comparative analysis to support institutional accrediting, regulatory compliance, and others	Integrates comparative analysis into high level, strategic understanding of facility's quality, safety, and risk mitigation programs
Possesses basic knowledge of epidemiology and outbreak investigation; can assist with investigations but usually does not lead them	Has more advanced knowledge of epidemiology and study design; can conduct basic cluster/epidemic investigations Collaborates with the local/state health department, as needed	Can design and conduct complex studies/investigations, including across institutions Collaborates with CDC on specific events, publishes results
Uses literature review as an essential tool	Interprets and applies meta-analyses; interprets research findings, identifies study limitations and bias	Adds to the body of published literature Highly skilled at reviewing, interpreting, and applying research finding
Uses data to identify the need for change and can propose basic intervention/improvement projects Is learning the essential skills of PI and IS	Can design complex interventions, understands and applies principles of PI and IS to both daily operations and special projects	Uses principles of influence, leadership, and change management Effectively negotiates for optimum collaboration and resource allocation for

Infection Control Program and Resources

- Can the IP provide a list of the current diseases reportable to the local or state health department?
 - Can the IP provide evidence that the hospital is complying with the disease reporting requirements? (748)
- The hospital has P&P on:
 - Construction and renovation
 - Maintenance and repair
 - Demolition
 - Must include IC risk assessment to define scope of project
 - Must include need for barrier measures before starting

Construction and Renovation Manual

- Infection control starts when the hospital itself is built or renovated
- APIC has its Infection Prevention Manual for Construction and Renovation 2015
- Offers tips for infection preventionists during construction
 - Has 11 chapters and helps education hospital administration on the importance of infection control during construction
 - APIC does charge a fee for the manual



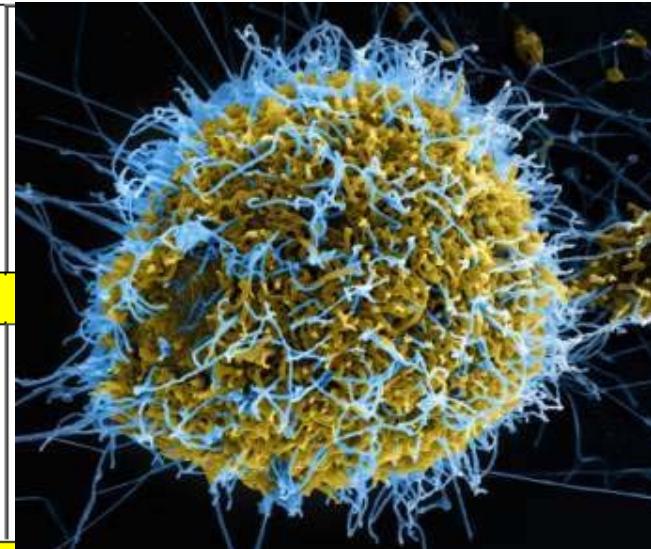
QAPI Related to Infection Prevention

- The next section is about the hospital QAPI system related to Infection Prevention
- The Infection Preventionist can provide evidence that problems identified in the IC program are addressed in QAPI program (286)
 - Was there a corrective action plan?
 - Was there evaluation of the interventions for both success and sustainability?
- Does CEO, MS, and CNO ensure successful corrective plan in problem areas? (756)
- Is risk assessment process used to prioritize quality indicators in IC? (267)

QAPI Related to Infection Prevention

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

Elements to be assessed	Surveyor Notes
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 482.21(e)(3) (Tag A-0286)	
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 area(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-0756)	
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 482.21(a)(2) (Tag A-0267)	



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)	None (3)	Poor (2)	Fair (1)	Good (0)	
GEOGRAPHY & COMMUNITY:													
Transportation Mass Casualty													
TB Exposure													
Hurricanes													
Community-Acquired MRSA													
POTENTIAL INFECTION:													
Surgical Site Infection													
Endophthalmitis													
Fusarium													
VRE													
MRSE													
MRSA (hospital acquired)													
COMMUNICATION:													
Lack of notification of presence of HAI													
Lack of notification of employee with illness/disease													
EMPLOYEES:													
Employee illness													

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)	None (3)	Poor (2)	Fair (1)	Good (0)	
Latex risk													
Indoor air contaminants													
Sharps Injury													
Flu Vaccine Non-Compliance													
Compliance with isolation													
Biological Exposure													
Gas or vapor exposure													
Radiation Exposure													
Asbestos Exposure													
ENVIRONMENT:													
Major biohazard spill													
Improper cleaning of environment													
Ineffective pre-construction IC planning (risk assessment)													
Water Intrusion													
Chemical Exposure													
SUPPLIES/EQUIPMENT:													
Improper cleaning or disinfection of equipment/tools													

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What is IP Tools? Our Vision Questions?

What is IP Tools?

IP Tools is devoted to the sharing of information among Infection Preventionists.

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*

Section 1.C. Systems to Prevent Transmission of MDROs and Promote Stewardship

Elements to be assessed		Sum
1.C.1 The hospital has policies and procedures to minimize the risk of development and transmission of multidrug-resistant organisms (MDROs) within the hospital (applicable to all persons in the hospital).	<input type="radio"/> Yes <input type="radio"/> No	
1.C.2 Systems are in place to designate patients known to be colonized or infected with a targeted MDRO and to notify receiving units and personnel prior to movement of such patients within the hospital.	<input type="radio"/> Yes <input type="radio"/> No	
1.C.3 Systems are in place to designate patients known to be colonized or infected with a targeted MDRO and to notify receiving healthcare facilities and personnel prior to transfer of such patient between facilities.	<input type="radio"/> Yes <input type="radio"/> No	
If no to any part of 1.C.1 through 1.C.3, cite at 42 CFR 482.42(a) (Tag A-0749)		
1.C.4 The hospital can provide a list of target MDROs. Note: Hospitals should provide a list of MDROs that are targeted for infection control because they are epidemiologically important (e.g., MRSA, VRE). Please refer to CDC's Guideline for Isolation Precautions for criteria that may be used to define epidemiologically important organisms: http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf	<input type="radio"/> Yes <input type="radio"/> No	
1.C.5 The hospital can demonstrate the criteria used to determine epidemiologically important MDROs on their list.	<input type="radio"/> Yes <input type="radio"/> No	
1.C.6 The hospital can provide justification for any epidemiologically important organisms not on their list and otherwise not targeted in their hospital.	<input type="radio"/> Yes <input type="radio"/> No	

Multidrug-resistant Organism (MDRO)

- Hospital needs to have a list of targeted MDRO for infection control such as MRSA or VRE
- References the CDC's isolation guidelines except for the Ebola Virus Disease standards in it are superseded by CDC's new information
 - Which contain 10 safe injection practices
 - Need to justify any important bugs not on their list
 - What criteria was used to determine their list
 - Process to make sure IP is notified if novel resistance pattern is detected

CDC Isolation Guidelines

2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings

**Jane D. Siegel, MD; Emily Rhinehart, RN MPH CIC; Marguerite Jackson, PhD;
Linda Chiarello, RN MS; the Healthcare Infection Control Practices Advisory
Committee**

Acknowledgement: The authors and HICPAC gratefully acknowledge Dr. Larry Strausbaugh for his many contributions and valued guidance in the preparation of this guideline.

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
<http://www.cdc.gov/ncidod/dhqp/pdf/isolation2007.pdf>

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



CMS Issues 3rd Ebola Memo

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



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C: 15-24-Hospitals

DATE: February 13, 2015

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Emergency Medical Treatment and Labor Act (EMTALA) and Ebola Virus Disease (EVD) – Questions and Answers (Q+A)

Memorandum Summary

EMTALA & Ebola Requirements:

- On November 21, 2014 the Centers for Medicare & Medicaid Services (CMS) Survey & Certification Group released SC 15-10-Hospitals concerning EMTALA Requirements and Implications Related to the EVD.
- The CMS has received follow-up questions regarding EMTALA and Ebola and has produced a Q+A document in response.

The CMS released S&C 15-10 on November 21, 2014 to provide guidance to hospitals and critical access hospitals (CAHs) regarding meeting EMTALA requirements in the case of individuals potentially exposed to Ebola. The memo is available via the following link:

Multidrug-resistant Organism (MDRO)

- There are many free toolkits online for MDRO and CDC has tons of excellent resources at www.cdc.gov/nhsn/ such as MDRO modules
- AHRQ has a free toolkit for C-diff Infection Through Antimicrobial Stewardship
- APIC has many resources including guide to prevent C-diff which is increasing in hospitals
- The CDC has a special publication on “Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006”¹

¹<http://www.cdc.gov/ncidod/dhqp/pdf/ar/mdroGuideline2006.pdf>



You Are Here: [AHRQ Home](#) > [Patient Safety & Medical Errors](#) > [ERASE C. difficile Project Toolkit](#) > Questions To Consider

Toolkit for Reduction of *Clostridium difficile* Infections Through Antimicrobial Stewardship

The Evaluation and Research on Antimicrobial Stewardship's Effect on *Clostridium difficile* (ERASE *C. difficile*) Project

www.ahrq.gov/qual/cdiff toolkit/cdiff1qu.htm

1. Is our organization ready for an ASP to reduce *C. difficile*?

Antimicrobial stewardship for reducing *C. difficile* offers a potentially promising path for facilities invested in and committed to the effort. Developing and implementing a successful ASP will involve structural, process, and cultural changes in your organization. To effect the changes needed in clinical practice, organizations require multiple adjustments in roles, responsibilities, workflow, decisionmaking, and communication.

Failure to assess your organization's readiness for the change at multiple levels can lead to unanticipated implementation challenges. Bringing about organizational change of any type is difficult. You will not want to move ahead until you are confident of your organization's readiness. Even then, it will be important to balance the need to proceed thoughtfully with the need to move quickly enough to show progress and maintain momentum.

Consider the following questions as you evaluate your organization's readiness and identify action steps to prepare.

1.1. Do we have the appropriate ASP foundation on which to build?

This toolkit assumes that your hospital already has an ASP or the foundation for an ASP from which to launch the ASP targeted to promote appropriate antibiotic use and potential *C.*

Management of Multidrug-Resistant Organisms In Healthcare Settings, 2006

www.cdc.gov/ncidod/dhqp/pdf/ar/mdroGuideline2006.pdf

Jane D. Siegel, MD; Emily Rhinehart, RN MPH CIC; Marguerite Jackson, PhD; Linda Chiarello, RN MS; the Healthcare Infection Control Practices Advisory Committee

Acknowledgement:

The authors and HICPAC gratefully acknowledge Dr. Larry Strausbaugh for his many contributions and valued guidance in the preparation of this guideline.

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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 #

National Healthcare Safety Network (NHSN) www.cdc.gov/nhsn/

CDC's National Healthcare Safety Network is the nation's most widely used healthcare-associated infection tracking system. NHSN provides facilities, states, regions, and the nation with data needed to identify problem areas, measure progress of prevention efforts, and ultimately eliminate healthcare-associated infections.

In addition, NHSN allows healthcare facilities to track blood safety errors and important healthcare process measures such as healthcare personnel influenza vaccine status and infection control adherence rates.

Drug Resistance
Superbugs ranked, CDC outlines four core actions to halt resistance.
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ANTIBIOTIC RESISTANCE THREATS in the United States, 2013

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- NHSN Login
- Tips for navigating the new NHSN website  [PDF - 1.6 MB]

Contact NHSN:

 Centers for Disease Control and Prevention
National Healthcare Safety Network
MS-A24
1600 Clifton Rd
Atlanta, GA 30333

 Contact NHSN@cdc.gov

Contact Us:

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About NHSN
CDC's NHSN is the largest HAI reporting system in the U.S.

Data & Reports
See national and state reports using NHSN data

HICPAC
Healthcare Infection Control Prevention Advisory Committee
Visit HICPAC's Guidelines and Recommendations for preventing and controlling healthcare-associated infections

Guidelines and Recommendations
Review CDC HAI prevention guidelines

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For first time facility enrollment.

Reporting & Surveillance Resources for Enrolled Facilities
Training, protocols, forms, support materials, analysis resources, and

Group Users
View resources for group users here.

CDC MDRO/C-diff Training Modules

Multidrug-resistant Organism and *Clostridium difficile* Infection (MDRO/CDI) Module

MDRO, *C. difficile* Infection Surveillance and LabID Event Reporting

- Course description
- **MDRO and CDI Module Protocol Changes for 2015 [Video - 10 min]**
 -  [YouTube link](#)
 -  [CDC Streaming Video](#)

Prevention Process and Active Surveillance Testing Outcome Measures

- Course description
-  Prevention Process and Active Surveillance Testing Outcome Measures - Video [WMV - 3.57MB]

www.cdc.gov/nhsn/Training/patient-safety-component/index.html#mdro

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, competencies and certification, advocacy, and data standardization.



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 N. Gerding , MD, Stuart Johnson , MD, Ciaran P. 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. 431-455

Published by: The University of Chicago Press on behalf of The Society for Healthcare Epidemiology of America

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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		Surveyor 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="radio"/> Yes <input type="radio"/> No	
1.D.2 The hospital infection control system trains personnel expected to have contact with blood or other potentially infectious material is anticipated on the blood borne pathogen standards upon hire, at regular intervals, and as needed.	<input type="radio"/> Yes <input type="radio"/> No	
1.D.3 The hospital infection control system puts in place and monitors efforts to prevent needle sticks, sharps injuries, and other employee exposure events.	<input type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No	
Note: An exposure incident refers to a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral 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="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No	

Note: Risk classification based on uncorrected rates of TB test

OSHA Bloodborne Pathogen Standard

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[Regulations \(Standards - 29 CFR\) - Table of Contents](#)

• Part Number: 1910
• Part Title: Occupational Safety and Health Standards
• Subpart: Z
• Subpart Title: Toxic and Hazardous Substances
• Standard Number: [1910.1030](#)
• Title: Bloodborne pathogens.
• Appendix: A
• GPO Source: [e-CFR](#)

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

[1910.1030\(a\)](#)

Scope and Application. This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this

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Worker Safety in Hospitals

Caring for our Colleagues



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.

Understanding the Problem

Safety & Health Management Systems

Safe Patient Handling

www.osha.gov/dsg/hospitals

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?

Post Exposure Prophylaxis (PEP)



CHICAGO JOURNALS



[www.jstor.org/stable/pdfplus/10.1086/672271.pdf?acceptTC
=true&jpdConfirm=true](http://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; Vasavi Thomas, RPh, MPH; Laura W. Cheever, MD, ScM; Ahmed Gomaa, MD, ScD, MSPH; Adelisa L. Panlilio, 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>

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Hepatitis B Information for Health Professionals

Hepatitis B Information for Health Professionals

- Questions & Answers
- Vaccination of Children
- Vaccination of Adults
- Perinatal Transmission
- Chronic Infection Testing
- Statistics & Surveillance

► Postexposure Prophylaxis

- Professional Resources
- Patient Education Resources
- Populations At Risk
- Hepatitis & Specific Settings

Viral Hepatitis Home

- Hepatitis A, B, C, D, E
- Statistics & Surveillance
- Populations at Risk
- Hepatitis and Specific Settings
- Outbreaks

[Viral Hepatitis Home Page](#) > [Hepatitis B Information for Health Professionals](#)

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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 HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis](#)
MMWR 2001;56(RR-11)

[National Clinicians Post-Exposure Prophylaxis Hotline \(PEPLINE\)](#) 
Hotline providing clinicians with 24-hour guidance on managing occupational exposures to HIV, viral hepatitis, and other bloodborne pathogens

Nonoccupational Exposure

[Postexposure Prophylaxis to Prevent Hepatitis B Virus Infection](#)
MMWR 2006;56(RR-16), Appendix B

Perinatal Exposure

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

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 Fed Link Other Federal sites
 Gov Link State/Local sites

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

NIOSH TB Resources

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CDC 24/7: Saving Lives. Protecting People.™

A-Z Index for All CDC Topics

Workplace Safety & Health Topics www.cdc.gov/niosh/topics/tb

NIOSH > Workplace Safety and Health Topics > Diseases & Injuries

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TUBERCULOSIS

Transmission of tuberculosis (TB) is a recognized risk to patients and healthcare workers in healthcare settings. Transmission is most likely to occur from patients who have unrecognized TB or have received ineffective treatment. Workers in correctional and detention facilities are also at risk when exposed to prisoners with active TB disease.

TB is a contagious and potentially life-threatening infectious disease caused by a bacterium called *Mycobacterium tuberculosis*. The TB bacteria are spread from person to person through the air. People with TB disease of the lungs or larynx release the bacteria into the surrounding area when they cough, sneeze, talk, or otherwise expel air, dispersing droplets that contain *M. tuberculosis*. These droplets can dry into tiny particles called droplet nuclei that remain suspended in air for long periods of time. Other people can breathe the infectious particles into their lungs and become infected. Infection usually requires prolonged sharing of airspace with a person actively spreading TB bacteria into the area. In rare cases, TB infection has been documented after short exposures to such persons with active TB. After becoming infected, most people's immune systems are able to contain the infection, but are not able to eliminate it without help from anti-TB drugs. These people have latent TB infection and remain infected until corrective treatment is completed. Latent TB infection does not cause symptoms and is not contagious. However, without treatment, infected people can lose control of the infection and develop active TB disease.

On this Page

- NIOSHTIC-2 Search
- Occupationally-Related Publications on Tuberculosis
- Respiratory Protection
- NIOSH Health Hazard Evaluations (HHE)

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TTY: (888) 232-6348
New Hours of Operation
8am-8pm ET/Monday-Friday
Closed Holidays
[Contact CDC-INFO](#)

CDC TB Website and Resources

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Tuberculosis (TB)

TB is a disease caused by a bacterium called *Mycobacterium tuberculosis*. The bacteria usually attack the lungs, but TB bacteria can attack any part of the body such as the kidney, spine, and brain. If not treated properly, TB disease can be fatal. TB disease was once the leading cause of death in the United States. [Learn More »](#)

Global TB Where We Work [Learn More »](#)



< 1 2 3 4 >

Topics

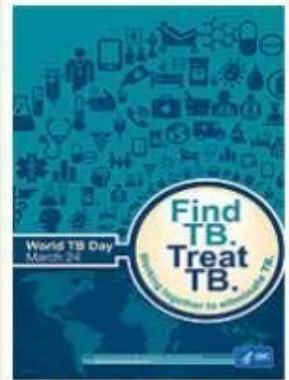
Basic TB Facts Signs and Symptoms, Transmission, Risk Factors, Exposure, TB Personal Stories...	Treatment Regimens for Latent TB Infection and TB Disease, New 12-dose Regimen...
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March 24

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Education & Training



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TB 101 for Healthcare Workers

Tuberculosis (TB)

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www.cdc.gov/tb/webcourses/TB101/default.htm

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TB 101 for Health Care Workers

TB 101 for Health Care Workers is a Web-based course designed to educate health care workers about basic concepts related to TB prevention and control in the United States. The target audience for the course includes newly hired TB program staff and health care workers in areas related to TB (such as individuals who work in correctional facilities or HIV/AIDS clinics).



Start TB 101 for Health Care Workers

This course was developed in partnership with:

- Curry International Tuberculosis Center
- Heartland National Tuberculosis Center
- New Jersey Medical School Global Tuberculosis Institute
- Southeastern National TB Center

Continuing Education

TB 101 for Health Care Workers - Continuing Education

The Centers for Disease Control and Prevention is accredited to provide continuing education for various professions. Continuing Education (CE) is offered free of charge.

[Print page](#)

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Contact Us:

Centers for Disease Control and Prevention
Division of Tuberculosis Elimination (DTBE)
1600 Clifton Rd., NE
MS E10
Atlanta, GA 30333

 800-CDC-INFO
(800-232-4636)
TTY: (888) 232-6348
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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, Diphtheria and acellular Pertussis
 - After Tdap HCP should receiveTd for future immunizations
- Is it documented that all staff have immunity to varicella (chicken pox)?
- 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

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 Notes
Hand hygiene is performed in a manner consistent with hospital infection control practices, policies, and procedures to maximize the prevention of i communicable disease including the following:		
Note: Observations for compliance with hand hygiene elements should be assessed throughout the hospital.		
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.	<input type="radio"/> Yes <input type="radio"/> No	
Note: Medications should not be prepared near areas of splashing water (e.g. within 3 feet of a sink). Alternately when space is limited, a splash guard can be mounted beside the sink.		
2.A.2 Alcohol-based hand rub is readily accessible and placed in appropriate locations. The locations may include: <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.	<input type="radio"/> Yes <input type="radio"/> No	
2.A.3 Personnel perform hand hygiene: <ul style="list-style-type: none">• Before contact with the patient• Before performing an aseptic task (e.g., insertion of IV or	<input type="radio"/> Yes <input type="radio"/> No	

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

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)

Soap and Water Only During Outbreaks

- Note, that in two places the CMS infection control worksheet states soap and water should be used with patients with C-diff or norovirus
- Not exactly what the CDC and SHEA says
- "Several guidelines recommend the **use of gloves** and washing with soap and water rather than alcohol based hand rubs for mechanical removal of spores from hands in all setting. (contains references) whereas SHEA guidelines advocate hand washing **only during outbreaks....**"

cdiff on hands of care givers.pdf - Adobe Reader

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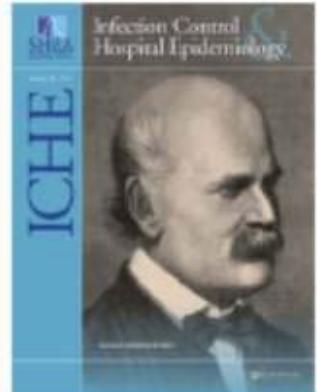
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Contamination of Healthcare Workers' Hands with *Clostridium difficile* Spores after Caring for Patients with *C. difficile* Infection

C. Landelle, M. Verachteren, P. Legrand, E. Girou, F. Barbut and C. Brun Buisson

Infection Control / Volume 35 / Issue 01 / January 2014, pp 10 - 15
DOI: 10.1086/674396, Published online: 02 January 2015

Link to this article: http://journals.cambridge.org/abstract_S019594170003489X

How to cite this article:
C. Landelle, M. Verachteren, P. Legrand, E. Girou, F. Barbut and C. Brun Buisson (2014). Contamination of Healthcare Workers' Hands with *Clostridium difficile* Spores after Caring for Patients with *C. difficile* Infection. *Infection Control*, 35, pp 10-15 doi:10.1086/674396

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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 flood water or sewage
- ◆ When 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 reduce the number of germs varies by product.



Washing with soap and water

- ◆ Place your hands together under water (warm if possible).
- ◆ Rub your hands together for at least 20 seconds (with soap if possible).
- ◆ Wash your hands thoroughly, including wrists, palms, back of hands, and under the fingernails.



This is Your Hand Unwashed Johns Hopkins



www.hopkinsmedicine.org/heic/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	Surveyor Notes		Surveyor Notes	
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 a communicable disease including the following: Note: If possible, questions in this section should be assessed through observation in two separate patient care areas or settings of the hospital.	<input type="radio"/> Second observation not available (If selected questions 2.B.1 – 2.B.15 RIGHT column will be blocked)			
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).	<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	
2.B.2 Needles are used for only one patient.	<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	
2.B.3 Syringes are used for only one patient (this includes manufactured prefilled syringes).	<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	
2.B.4 Insulin pens are used for only one patient.	<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	
2.B.5 The rubber septum on all medication vials, whether unopened or previously accessed, is disinfected with alcohol prior to piercing.	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	

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



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 and control is an important issue in today's healthcare environment. It is important to accreditation organizations like the Joint Commission (TJC). The Joint Commission has eight pages of standards in the chapter on Infection Prevention and Control (IC).

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

10 CDC Safe Injection Practices Standards

Member Roster
Charter
Event Calendar
Methodology Guideline
Projects in Progress
Publications
2011 Guidelines for the Prevention of Intravascular Catheter-Related Infections
2011 Norovirus Guidelines
2008 Disinfection & Sterilization Guideline
► Guideline for Isolation Precautions 2007
Executive Summary
Part I: Review of Scientific Data Regarding Transmission of Infectious Agents in Healthcare Settings
Part II: Fundamental elements needed to prevent transmission

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2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings

Download the complete PDF version [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007](#)  PDF (3.80 MB / 225 pages)

Jane D. Siegel, MD; Emily Rhinehart, RN MPH CIC; Marguerite Jackson, PhD ; Linda Chiarello, RN MS; the Healthcare Infection Control Practices Advisory Committee

Acknowledgement: The authors and HICPAC gratefully acknowledge Dr. Larry Strausbaugh for his many contributions and valued guidance in the preparation of this guideline.

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

Healthcare Infection Control Practices

www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html

Personal Protective Equipment PPE 2 C

- The next section is on personal protective equipment (PPE) and standard precautions (279)
- These must be used in accordance with IC P&P
- Are supplies available and near point of use?
 - Includes gloves, gowns, face protection etc.
- Do healthcare practitioners (HCP) wear gloves, masks, eye wear, and gowns, or when contact with blood or body fluids is anticipated?
 - Do they perform HH and change gloves when moving from contaminated body site to clean one?

PPE Personal Protective Equipment

Section 2.C. Personal Protective Equipment/Standard Precautions

Elements to be assessed	Surveyor Notes		Surveyor Notes	
Personal protective equipment is utilized in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:				
Note: If possible, observe health care personnel use of personal protective equipment in two different patient care areas or settings in hospital.			<input type="radio"/> Second observation not available (If selected, questions 2.C.1 – 2.C.7 RIGHT column will be blocked)	
2.C.1 Supplies for adherence to Standard Precautions using personal protective equipment (e.g., gloves, gowns, mouth, eye, nose, and face protection) are available and located near point of use.	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
2.C.2 Personnel wear gloves for procedures/activities where contact with blood and/or other potentially infectious materials, mucous membranes, non-intact skin or potentially contaminated intact skin could occur.	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
2.C.3 Healthcare personnel change gloves and perform hand hygiene before moving from a contaminated body site to a clean body site.	<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	
2.C.4 Gowns are worn to prevent contamination of skin and clothing during procedures/activities where contact with blood, body fluids, secretions, or excretions could occur.	<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	

Personal Protective Equipment

- Appropriate mouth, nose, eye protection is worn for aerosol-generating procedures and/or procedures/activities that are likely to generate splashes or sprays of blood or body fluids
- Facemasks are worn by HCP when placing a catheter or injecting materials into the epidural or subdural space
 - CDC requirement for safe injection practices
 - Includes anesthesia provider inserting epidural or spinal for pain relief
 - Included ED physician who does LP

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Morbidity and Mortality Weekly Report (MMWR)

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Bacterial Meningitis After Intrapartum Spinal Anesthesia --- New York and Ohio, 2008--2009

Weekly**January 29, 2010 / 59(03);65-69**

In June 2007, the Healthcare Infection Control Practices Advisory Committee (HICPAC) recommended for the first time that surgical masks be worn by spinal procedure operators to prevent infections associated with these procedures (1). HICPAC made the recommendation in response to several reports of meningitis following myelography procedures. In September 2008, three bacterial meningitis cases in postpartum women were reported to the New York State Department of Health (NYSDOH); in May 2009, two similar cases were reported to the Ohio Department of Health. All five women had received intrapartum spinal anesthesia. Four were confirmed to have *Streptococcus salivarius* meningitis, and one woman subsequently died. This report summarizes the investigations of these five cases, which determined that the New York cases were associated with one anesthesiologist and the Ohio cases were associated with a second anesthesiologist. In Ohio, the anesthesiologist did not wear a mask; wearing a mask might have prevented the infections. The findings underscore the need to follow established infection-control recommendations during spinal procedures, including the use of a mask and adherence to aseptic technique.

Case Reports

New York. In September 2008, a healthy woman aged 24 years (patient A) was admitted in active labor to a New York City hospital. She received combined spinal-epidural anesthesia from anesthesiologist A, and delivered a healthy baby. Approximately 22 hours after receiving anesthesia, patient A experienced headache, back pain, rigors, nausea, vomiting, and disorientation.

Within 1 hour of patient A's admission, a second healthy woman aged 31 years (patient B) was admitted to the same hospital in active labor. Patient B also received combined spinal-epidural anesthesia from anesthesiologist A and delivered a healthy baby.

Wear a Mask Epidural Spinal or LP

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

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Injection Safety www.cdc.gov/injectionsafety/SpinalInjection-Meningitis.html

Injection Safety

- CDC's Role
- Information for Providers
- Information for Patients
- Preventing Unsafe Injection Practices
- Safe Injection Practices
- CDC Clinical Reminder: Spinal Injection Procedures**
- CDC Clinical Reminder: Fingerstick Devices
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- Recent Publications
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- The One & Only Campaign

Injection Safety > Preventing Unsafe Injection Practices

CDC Clinical Reminder: Spinal Injection Procedures Performed without a Facemask Pose Risk for Bacterial Meningitis

Available for download [Clinical Reminder](#) [PDF - 543 KB]

Summary

The Centers for Disease Control and Prevention (CDC) is concerned about the occurrence of bacterial meningitis among patients undergoing spinal injection procedures that require injection of material or insertion of a catheter into epidural or subdural spaces (e.g., myelogram, administration of spinal or epidural anesthesia, or intrathecal chemotherapy). Outbreaks of bacterial meningitis following these spinal injection procedures continue to be identified among patients whose procedures were performed by a healthcare provider who did not wear a facemask (e.g., may be labeled as surgical, medical procedure, or isolation mask),^[1] with the most recent occurrence in October 2010 (CDC unpublished data). This notice serves as a reminder that facemasks should always be worn by healthcare providers when performing these spinal injection procedures.^[2]

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- Summary
- Background
- Recommendations
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24 Hours/Every Day

 cdcinfo@cdc.gov

CDC CLINICAL REMINDER



Spinal Injection Procedures Performed without a Facemask Pose Risk for Bacterial Meningitis

Summary:

The Centers for Disease Control and Prevention (CDC) is concerned about the occurrence of bacterial meningitis among patients undergoing spinal injection procedures that require injection of material or insertion of a catheter into epidural or subdural spaces (e.g., myelogram, administration of spinal or epidural anesthesia, or intrathecal chemotherapy). Outbreaks of bacterial meningitis following these spinal injection procedures continue to be identified among patients whose procedures were performed by a healthcare provider who did not wear a facemask (e.g., may be labeled as surgical, medical procedure, or isolation mask),¹ with the most recent occurrence in October 2010 (CDC unpublished data). This notice serves as a reminder that facemasks should always be worn by healthcare providers when performing these spinal injection procedures.²

Background:

CDC has investigated multiple outbreaks of bacterial meningitis among patients undergoing spinal injection procedures. Recent outbreaks have occurred among patients in acute care hospitals who received spinal anesthesia or epidural anesthesia, and also among patients at an outpatient imaging facility who underwent myelography.

In each of these outbreak investigations, nearly all spinal injection procedures that resulted in infection were performed by a common healthcare provider who did not wear a facemask. The strain of bacteria isolated from the cerebrospinal fluid of these patients was identical to the strain recovered from the oral flora of the healthcare provider who performed the spinal injection procedure. These findings illustrate the risk of bacterial meningitis associated with droplet transmission of the oral flora from healthcare providers to patients during spinal injection procedures.

Environmental Services 2D

- The next section is on environmental services (ES)
- ES must be provided in manner consistent with hospital IC P&P
- Of course all P&P must be consistent with the standard of practices
- HCP wear appropriate PPE (gloves, gowns, masks, eye protection) to prevent exposure to infectious agents or chemicals
- Objects that touched frequently are cleaned at least daily with EPA registered disinfectant

Environmental Services 2D

Section 2.D. Environmental Services

Elements to be assessed		
Environmental service are provided in a manner consistent with hospital infection control policies and procedures including the following: For some questions an observation may not be possible.		
2.D.1 During environmental cleaning procedures, personnel wear appropriate PPE to prevent exposure to infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye protection).	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
2.D.2 Environmental surfaces in patient care areas are cleaned and disinfected, using an EPA-registered disinfectant on a regular basis (e.g., daily), when spills occur and when surfaces are visibly contaminated. Note: High-touch surfaces (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in patient bathrooms) are cleaned and disinfected more frequently than minimal-touch surfaces.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
2.D.3 After a patient vacates a room, all visibly or potentially contaminated surfaces are thoroughly cleaned and disinfected and towels and bed linens are replaced with clean towels and bed linens.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
2.D.4 Cleaners and disinfectants, including disposable wipes, are used in accordance with manufacturer's instructions (e.g., dilution, storage, shelf-life, contact time).	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
2.D.5 Separate clean (laundered if not disposable) cloths are used to clean each room and corridor.	<input type="radio"/> Yes <input type="radio"/> No	

Standard Precautions CDC

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Healthcare Infection Control Practices Advisory Committee (HICPAC)

HICPAC

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2011 Guidelines for the Prevention of Intravascular Catheter-Related Infections

2011 Norovirus Guidelines

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Guideline for Isolation Precautions 2007

Executive Summary

Part I: Review of Scientific Data Regarding Transmission of Infectious Agents in Healthcare Settings

[HICPAC](#) > [Publications](#) > [Guideline for Isolation Precautions 2007](#)



5



2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings

Download the complete PDF version [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007](#) PDF (3.80 MB / 225 pages)

Part III: Precautions to Prevent Transmission of Infectious Agents

There are two tiers of HICPAC/CDC precautions to prevent transmission of infectious agents, **Standard Precautions** and **Transmission-Based Precautions**. Standard Precautions are intended to be applied to the care of all patients in all healthcare settings, regardless of the suspected or confirmed presence of an infectious agent. Implementation of Standard Precautions constitutes the primary strategy for the prevention of healthcare-associated transmission of infectious agents among patients and healthcare personnel. Transmission-Based Precautions are for patients who are known or suspected to be infected or colonized with infectious agents, including certain epidemiologically important pathogens, which require additional control measures to effectively prevent transmission. Since the infecting agent often is not known at the time of admission to a healthcare facility, Transmission-Based Precautions are used.

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- [III.B. Transmission-Based Precautions](#)
- [III.C. Syndromic and empiric applications of Transmission-Based Precautions](#)
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cdcinfo@cdc.gov

www.cdc.gov/hicpac/2007IP/2007ip_part3.html

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, shelf life, contact time, etc.?
- Are clean cloths used for each room?
- Are mop heads and cleaning cloths laundered daily?

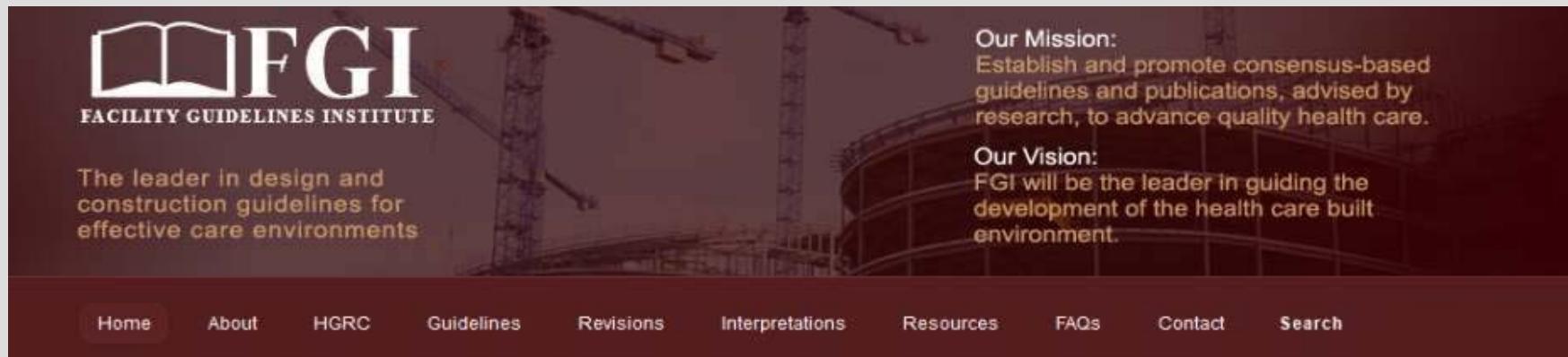
Environmental Services

- 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/>

Facilities Guidelines Institute or FGI



Our Mission:
Establish and promote consensus-based guidelines and publications, advised by research, to advance quality health care.

Our Vision:
FGI will be the leader in guiding the development of the health care built environment.

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Guidelines for Design and Construction of Hospitals and Outpatient Facilities



2014 Edition

Read about the 2014 FGI Guidelines, check the facility types included in the table of contents, and review a summary of the major additions and revisions.

[read more](#)

Guidelines for Design and Construction of Residential Health, Care, and Support Facilities



2014 Edition

Learn more about FGI's new standard for nursing homes; hospice, assisted living, and adult day care facilities; independent living settings; wellness centers; and outpatient rehab centers.

[read more](#)

Three New Articles Added to the 2014 FGI Guidelines Update Series

The Facility Guidelines Institute is producing a series of articles on major changes and new material in the 2014 edition of the FGI Guidelines documents to help users learn more about changes to the content of the standard. So far, five articles are available on topics in the *Guidelines for Design and Construction of Hospitals and Outpatient Facilities*. Visit [this page](#) under the Resources tab to read an introduction to the series and to access PDFs of the articles.

Purchase
the 2014
Guidelines



What's New

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

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?

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)

Elements to be assessed	Surveyor Notes
High-Level Disinfection (HLD) is defined as the complete elimination of all microorganisms in or on an instrument, except for small amounts of bacterial spores.	
INSTRUCTIONS: <ul style="list-style-type: none">Use the items in Section 3.C. "Single-Use Devices" to assess the reprocessing of any item(s) of semi-critical equipment that is (are) labeled as a single-use device. All items 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 to reprocess the specific device in question.For all items labeled reusable, use section 3A.	
HLD of Reusable Instruments and Devices is accomplished in a manner consistent with hospital infection control policies and procedures to maximize the safety of patients and communicable disease including:	
3.A.1 Hospital policies 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.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe
3.A.2 Only devices labeled as reusable are reprocessed directly by the hospital onsite or offsite via a reprocessing vendor.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe
3.A.3 All reusable semi-critical items receive at least high-level disinfection prior to reuse.	<input type="radio"/> Yes <input type="radio"/> No



ASC Quality Collaboration

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A A A A

http://ascquality.org/advancing_asc_quality.cfm

ASC Quality Collaboration

Quality Measures and Guide

Quality Report

Advancing ASC Quality: ASC TIPs

Advancing ASC Quality

[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](#)

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 Equipment

- 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

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)

Elements to be assessed		Surveyor Notes
Sterilization is a validated process used to render a product free of all forms of viable microorganisms.		
INSTRUCTIONS: <ul style="list-style-type: none">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 useIf possible, obtain 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, OB 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 s 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 completing sterilization.	<input type="radio"/> Yes <input type="radio"/> No	
3.B.2 All reusable critical items are sterilized prior to reuse.	<input type="radio"/> Yes <input type="radio"/> No	
3.B.3 If any sterilization is performed off-site, the item(s) are decontaminated prior to off-site transport.	<input type="radio"/> Yes <input type="radio"/> No	

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



Center for Clinical Standards and Quality /Survey & Certification Group

Ref: S&C: 14-44-Hospital/CAH/ASC

DATE: August 29, 2014

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Change in Terminology and Update of Survey and Certification (S&C)
Memorandum 09-55 Regarding Immediate Use Steam Sterilization (IUSS) in
Surgical Settings

Memorandum Summary

- ***Change in Terminology: “Flash” Sterilization vs. IUSS:*** Nationally recognized organizations with expertise in infection prevention and control and instrument sterilization processes, and other professional organizations recommend abandoning the use of the term “flash” sterilization, which is now considered outmoded, and replacing it with the term “IUSS.”
- ***Update of S&C Memorandum 09-55 Regarding Standards for Immediate Use Sterilization in Surgical Settings:*** This memo reiterates and updates information regarding nationally recognized infection prevention and control guidelines and professionally acceptable standards of practice with respect to immediate use sterilization and supersedes S&C Memorandum 09-55.

Now Called Immediate-Use Steam



The screenshot shows the homepage of the Association for the Advancement of Medical Instrumentation (AAMI) website. At the top right, there is a "Join or Renew Now!" button. Below it are links for "Login" and "Forgot Password". The main navigation menu includes "Community", "Practice Resources", "Public Policy", "AORN Store", and "Career Center". A search bar is located on the right side of the menu. The background features a photograph of a surgeon wearing a mask and cap.

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Multi-society statement endorses process for immediate-use steam sterilization (formerly flash sterilization)

March 29, 2011 Multi-society statement endorses process for immediate-use steam sterilization (formerly flash sterilization)

A new multi-society position statement addressing a common sterilization process for immediate-use steam sterilization (formerly "flash sterilization") of medical instruments has been released by the Association for the Advancement of Medical Instrumentation (AAMI), following endorsement of the statement by AAMI, AORN and several other organizations. AORN was involved with the development of the statement (*Read a news story on this work [here](#).*)

As part of the effort to clarify the process for this commonly used method of sterilization, the statement endorses replacing the term "flash sterilization" with "immediate use steam sterilization." "Flash sterilization' is an antiquated term that does not fully describe the various steam sterilization cycles now used to process items not intended to be stored for later use," says the statement, which defines the entire process, from cleaning and sterilization to transporting items for immediate use. Read more about the statement in this [March 22 press release from AAMI](#).

Download a free copy of the statement [here](#).

<http://www.aorn.org/News/View/03A1334C-ADE2-CF8F-B329DD5F7E9B71B2>

Immediate-Use Steam Sterilization

www.aami.org/publication/standards/ST79_Immediate_Use_Statement.pdf



Immediate-Use Steam Sterilization

“Flash sterilization” has traditionally been used to describe steam sterilization cycles where unwrapped medical instruments are subjected to an abbreviated steam exposure time and then used promptly after cycle completion without being stored. This is in contrast to traditional “terminal sterilization” cycles, where instruments are sterilized within containers, wrappers, or primary packaging designed to maintain the instruments’ sterility and allow the devices to be stored for later use. The term “flash” arose out of the abbreviated time of exposure of the unwrapped device.



Today, however, “flash sterilization” is an antiquated term that does not fully describe the various steam sterilization cycles now used to process items not intended to be stored for later use. Current guidelines may require longer exposure times and/or the use of single wrappers or containers designed to allow for aseptic transfer of an item to the point of use. The term “immediate-use steam sterilization” more accurately reflects the current use of these processes. The same critical reprocessing steps (such as cleaning, decontaminating, and transporting sterilized items) must be followed regardless of the specific sterilization cycle employed; a safe process does not include short-cuts or work-arounds.



“Immediate use” is broadly defined as the shortest possible time between a sterilized item’s removal from the sterilizer and its aseptic transfer to the sterile field. Immediacy implies that a sterilized item is used during the procedure for which it was sterilized and in a manner that minimizes its exposure to air and other environmental contaminants. A sterilized item

TJC Immediate Use (Steam Sterilization)



UPDATE: The Joint Commission's Position on Steam Sterilization

The Joint Commission has been in discussion with multiple professional and trade organizations in regards to the common and proper use of sterilization using steam in hospital, critical access hospital, ambulatory care, and office-based surgery settings. Recently, some decisions have been made which will have an impact on the interpretation of standards and the survey process, **effective immediately**. In reviewing this method of sterilization, several issues have emerged including nomenclature, indications, and process issues.

Flash sterilization is the most common term used to describe certain types of steam sterilization that do not utilize a full cycle (also known as a terminal cycle). Originally, *flash sterilization* meant sterilizing unwrapped instruments using steam for 3 minutes, at 270°F at 27 to 28 pounds of pressure. Over the last several decades, a number of improvements have been made to this process, such as longer exposure of the instruments to steam, the use of special trays and packs to hold and protect the instruments, and the routine use of biological indicators. To help sort out confusion about nomenclature, this discussion refers only to steam sterilization as defined (3 minutes at 270°F at 27 to 28 pounds of pressure).

Indication-related issues involve the selection of the sterilization cycle or method. Previously, the selection of a sterilization cycle or method was a primary focus during a survey.

Three Critical Steps of Reprocessing

- Cleaning and decontamination.** All visible soil must be removed prior to sterilization because steam and other sterilants cannot penetrate soil, particularly organic matter. Manufacturers' instructions are available for all instruments; these include directions for the cleaning and decontamination process. Some smooth metal instruments may be easily brushed clean, while complex products may require disassembly and special cleaning techniques. Many manufacturers specify that an enzymatic soak be used as well.
- Sterilization.** Most sterilization is accomplished via steam, but other methods are also available. Steam sterilization of all types, including flashing, must meet parameters (time, temperature and pressure) specified by both the manufacturer of the sterilizer, the maker of any wrapping or packaging, and the manufacturer of the surgical instrument. In addition to these instructions, parametric, chemical, and biological controls must be used as designed and directed by their manufacturers.

Reprocessing of Critical Equipment

- Pre-clean according to manufacturer's recommendations and visually inspect for residual soil prior to sterilization (749)
- After pre-cleaning, instruments are wrapped for sterilization
- Chemical indicator is placed correctly in instrument packs in every load (749)
- Biological indicator is used at least weekly for each sterilizer and with load containing implantable items
- Need to read this section closely

Reprocessing of Critical Equipment

- Medical devices must be stored after sterilization so sterility is maintained
- Sterile packages are inspected for integrity
- If immediate use sterilization is performed then the manufacturers instructions must be followed
 - These must be handled in a way to prevent decontamination
- Does the hospital respond if there is a recall of a device?
- Single use devices discarded after use and not used on more than one patient

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

Elements to be assessed	Surveyor Notes	Surveyor Notes
Urinary catheters are inserted, accessed, and maintained in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:		
Insertion:		
4.A.1 The hospital has guidelines for appropriate indications for urinary catheters.	<input type="radio"/> Yes <input type="radio"/> No	
If no to 4.A.1 cite at 42 CFR 482.24(c)(2)(vi) (Tag A-0467)		
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	
If no to 4.A.2 cite at 42 CFR 482.23(b)(5) (Tag A-0397)		
If unable to observe any catheter insertions, skip questions 4.A.3 through 4.A.6.	<input type="radio"/> No observations available (If selected, ALL 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 RIGHT column will be blocked)
4.A.3 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.4 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

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

[2009 CAUTI Guidelines](#) (407 KB / 67 pages) and [Appendices](#) (4.41 MB / 268 pages) are available for download in PDF format.

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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



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Catheter-Associated Urinary Tract Infections (UTI)

[Overview](#)[Prevention & Control](#)[Data & Statistics](#)

Prevention & Control of Catheter-Associated Urinary Tract Infections (UTI)

This guideline updates and expands the original Centers for Disease Control and Prevention (CDC) Guideline for Prevention of Catheter-associated Urinary Tract Infections (CAUTI) published in 1981. Several developments necessitated revision of the 1981 guideline, including new research and technological advancements for preventing CAUTI, increasing need to address patients in non-acute care settings and patients requiring long-term urinary catheterization, and greater emphasis on prevention initiatives as well as better defined goals and metrics for outcomes and process measures. In addition to updating the previous guideline, this revised guideline reviews the available evidence on CAUTI prevention for patients requiring chronic indwelling catheters and individuals who can be managed with alternative methods of urinary drainage (e.g., intermittent catheterization).

2009 Guidelines

These resources may be of use to healthcare professionals

[Guideline for Prevention of Catheter-associated Urinary Tract Infections, 2009](#) (407 KB / 67 pages)

[Guideline for Prevention of CAUTI 2009 Appendices](#) (4.41 MB / 268 pages)

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Changes in 2017 CAUTI

- TJC has amended five changes to catheter-associated urinary tract infections
- Implement evidence-based practices to prevent indwelling CAUTI
 - Discusses located in the Compendium on Strategies to Prevent HAI in Acute Care Hospitals
- Staff and LIPs must be educated in the use of indwelling catheters and the importance of prevention
 - Training required in orientation and annual and if added to person's job description

Compendium to Prevent HAI Infections

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Strategies to Prevent HAIs

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Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals

Download practical highlights from the compendium in the form of a pocketcard.

SHEA and IDSA, with partner organizations AHA, APIC, and the Joint Commission in 2014 updated the popular science-based and practical recommendations for acute care hospitals for the prevention of common HAIs in *Infection Control and Healthcare Epidemiology*, originally published in 2008.

The 2014 Compendium Updates represent practical recommendations by the leading champions in infection prevention and healthcare quality improvement.

The Compendium

- Synthesizes best evidence for the prevention of surgical site infections, central line-associated bloodstream infections, catheter-associated urinary tract infections, ventilator-associated pneumonia, *Clostridium difficile*, MRSA, and hand hygiene
- Highlights basic HAI prevention strategies plus advanced approaches for outbreak management and other special circumstances
- Recommends performance and accountability measures to apply to individuals and groups working to implement infection prevention practices

2014 Compendium Update: Table of Contents

All the sections have been published online as of July 2014. A bound supplement will be available in Fall 2014. For more information on the costs of bulk orders, contact kweinshel@shea-online.org.

Introduction: Introduction to "A Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals: 2014 Updates."

Commentary: Maintaining the Momentum of Change: The Role of the 2014 Updates to the Compendium in Preventing Healthcare-Associated Infections






FAQs

(frequently asked questions)

about “Catheter-Associated Urinary Tract Infection”

What is “catheter-associated urinary tract infection”?

A urinary tract infection (also called “UTI”) is an infection in the urinary system, which includes the bladder (which stores the urine) and the kidneys (which filter the blood to make urine). Germs (for example, bacteria or yeasts) do not normally live in these areas; but if germs are introduced, an infection can occur.

If you have a urinary catheter, germs can travel along the catheter and cause an infection in your bladder or your kidney; in that case it is called a catheter-associated urinary tract infection (or “CA-UTI”).

What is a urinary catheter?

A urinary catheter is a thin tube placed in the bladder to drain urine. Urine drains through the tube into a bag that collects the urine. A urinary catheter may be used:

- If you are not able to urinate on your own
- To measure the amount of urine that you make, for example, during intensive care
- During and after some types of surgery
- During some tests of the kidneys and bladder

People with urinary catheters have a much higher chance of getting a urinary tract infection than people who don't have a catheter.

How do I get a catheter-associated urinary tract infection (CA-UTI)?

If germs enter the urinary tract, they may cause an infection. Many of the germs that cause a catheter-associated urinary tract infection are common germs found in your intestines that do not usually cause an infection there. Germs can enter the urinary tract when the catheter is being put in or while the catheter remains in the bladder.

What are the symptoms of a urinary tract infection?

Some of the common symptoms of a urinary tract infection are:

Catheter insertion

- o Catheters are put in only when necessary and they are removed as soon as possible.
- o Only properly trained persons insert catheters using sterile (“clean”) technique.
- o The skin in the area where the catheter will be inserted is cleaned before inserting the catheter.
- o Other methods to drain the urine are sometimes used, such as
- External catheters in men (these look like condoms and are placed over the penis rather than into the penis)
- Putting a temporary catheter in to drain the urine and removing it right away. This is called intermittent urethral catheterization.

Catheter care

- o Healthcare providers clean their hands by washing them with soap and water or using an alcohol-based hand rub before and after touching your catheter.

If you do not see your providers clean their hands, please ask them to do so.

- o Avoid disconnecting the catheter and drain tube. This helps to prevent germs from getting into the catheter tube.
- o The catheter is secured to the leg to prevent pulling on the catheter.
- o Avoid twisting or kinking the catheter.
- o Keep the bag lower than the bladder to prevent urine from backflowing to the bladder.
- o Empty the bag regularly. The drainage spout should not touch anything while emptying the bag.

What can I do to help prevent catheter-associated urinary tract infections if I have a catheter?

Additional Resources

- 2011 CDC Guidelines for Prevention of Intravascular Catheter Related Infections,
- TJC proposed rewriting CAUTI NPSGs in 2016
- 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.ihi.org/IHI/Programs/ImprovementMap/PreventCatheterAssociatedUrinaryTractInfections.htm>

CDC National Healthcare Safety Network

CDC Home

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

NHSN All CDC Topics Choose a topic above SEARCH

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National Healthcare Safety Network (NHSN)

CDC's National Healthcare Safety Network is the nation's most widely used healthcare-associated infection tracking system. NHSN provides facilities, states, regions, and the nation with data needed to identify problem areas, measure progress of prevention efforts, and ultimately eliminate healthcare-associated infections.

In addition, NHSN allows healthcare facilities to track blood safety errors and important healthcare process measures such as healthcare personnel influenza vaccine status and infection control adherence rates.

A banner titled "Hospital Infections: Some Progress, but More Work Needed" with a "Learn More" link. It features a background image of a healthcare worker in a blue uniform. To the right is a thumbnail of the "NATIONAL AND STATE HEALTHCARE ASSOCIATED INFECTIONS PROGRESS REPORT" document, which includes a large white cross icon.

A box containing the NHSN logo and text: "About NHSN: CDC's NHSN is the largest HAI reporting system in the U.S." It includes a small image of two healthcare professionals.

A box containing a bar chart icon and text: "Data & Reports: See national and state reports using NHSN data".

A box containing the HICPAC logo and text: "Guidelines and Recommendations: Review CDC HAI prevention guidelines". It includes a small image of a document titled "View HICPAC for Guidelines and Recommendations for preventing healthcare-associated infections".

A box containing text: "New to NHSN? Enroll Facility Here. For first time facility enrollment." It includes a small image of two healthcare professionals at a computer.

A box containing text: "Reporting & Surveillance Resources for Enrolled Facilities: Training, protocols, forms, support materials, analysis resources, and FAQs". It includes a small image of a hospital building.

A box containing text: "Group Users: View resources for group users here." It includes a small image of a group of four people.

[Print page](#)

- [NHSN Login](#)
- [Tips for navigating the new NHSN website \[PDF - 1.6 MB\]](#)

Contact NHSN:

Centers for Disease Control and Prevention
National Healthcare Safety Network
MS-A24
1600 Clifton Rd
Atlanta, GA 30333
[Contact NHSN@cdc.gov](mailto:NHSN@cdc.gov)

Contact Us:

Centers for Disease Control and Prevention
1600 Clifton Rd
Atlanta, GA 30333
800-CDC-INFO
(800-232-4636)
TTY: (888) 232-6348
New Hours of Operation
8am-8pm ET/Monday-Friday
[Closed Holidays](#)
[Contact CDC-INFO](mailto:CDC-INFO)

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Blood Safety Surveillance
Long-term Acute Care Hospitals/Facilities
Long-term Care Facilities
Outpatient Dialysis Facilities
Inpatient Rehabilitation Facilities

Tracking Infections in Acute Care Hospitals/Facilities



NHSN is the HAI surveillance gold standard. The system (and its predecessors) started years ago helping a few hundred healthcare facilities; today, more than 16,000 healthcare facilities use NHSN as the cornerstone of their HAI elimination strategies. Specifically, facilities use NHSN to:

- Access NHSN enrollment requirements for CMS Hospital Inpatient Quality Reporting Program.
- Obtain baseline HAI rates.
- Compare rates to CDC's national data.
- Participate in state or national HAI prevention collaboratives.
- Devise and implement HAI elimination strategies.
- Evaluate immediate and long-term results of elimination efforts.
- Refocus efforts as needed, or advance to different areas.



CLABSI - Surveillance for Central Line-associated Bloodstream Infections

- Training
- Protocols
- Forms
- Support Materials
- Analysis Resources
- FAQs



[More >](#)

AUR - Surveillance for Antimicrobial Use and Antimicrobial Resistance Options

- Training
- Protocols
- Forms
- Support Materials
- Analysis Resources
- FAQs



[More >](#)

CAUTI - Surveillance for Catheter-associated Urinary Tract Infections

- Training
- Protocols
- Forms
- Support Materials
- Analysis Resources
- FAQs



MDRO/C.Diff - Surveillance for C. difficile, MRSA, and other Drug-resistant Infections

- Training
- Protocols
- Forms
- Support Materials
- Analysis Resources
- FAQs



CMS Partnership for Patients Resources



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Resources

<http://innovation.cms.gov/initiatives/partnership-for-patients/index.html>

Central Line-Associated Blood Stream Infections (CLABSI)

<http://partnershipforpatients.cms.gov>



The information contained in these resources does not necessarily reflect the views of the Partnership for Patients, the Centers for Medicare and Medicaid Services, The United States Department of Health and Human Services, nor the United States government.

Title	Description
Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2011 (U.S. Department of Health & Human Services, Centers for Disease Control and Prevention [CDC]) (PDF - 1.02MB)	CDC guidelines for healthcare personnel who insert intravascular catheters and for persons responsible for surveillance and control of infections in hospital, outpatient, and home care settings.

Resources CAUTI, CLABSI, VAP



The logo for the Partnership for Patients features a green ribbon forming a heart shape with a white asterisk in the center. The text "CENTERS FOR MEDICARE & MEDICAID SERVICES" is curved along the top, and "PARTNERSHIP FOR PATIENTS" is at the bottom.

Resources

Resources from the Partnership for Patients



Hospital acquired conditions

A hospital acquired condition can be defined as a condition that is high cost or high volume or both, that results in the assignment of a case to a Medicare Severity-Diagnosis Related Group (MS-DRG) that has a higher payment when present as a secondary diagnosis, and could reasonably have been prevented through the application of evidence-based guidelines. The resources below provide further information about hospital acquired conditions:

- Adverse drug events
- Catheter-Associated Urinary Tract Infection (CAUTI)
- Central Line-Associated Blood Stream Infections (CLABSI)
- Injuries and falls from immobility
- Obstetrical adverse events
- Pressure ulcers
- Surgical site infections
- Venous Thromboembolism (VTE)
- Ventilator Associated Pneumonia (VAP)

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"Stop BSI" (On the Cusp: Stop HAI)	A Web site with tools and resources to help hospital associations and hospital units implement the Comprehensive Unit-based Safety Program (CUSP) and reduce central line-associated blood stream infections (CLABSI).
"How-to Guide: Prevent Central Line-Associated Bloodstream Infection (Pediatric Supplement)" (Institute for Healthcare Improvement [IHI])	This guide is specifically tailored for pediatrics; it describes key evidence-based care components for preventing central line-associated bloodstream infections, explains how to implement these interventions, and recommends measures to gauge improvement.
Strategies to Prevent Central Line-Associated Bloodstream Infections in Acute Care Hospitals (Society for Healthcare Epidemiology of America [SHEA])	SHEA/IDEA practice recommendations for the prevention of CLABSI.
"FAQs About Catheter Associated Bloodstream Infections" (CDC) [PDF, 190KB]	A fact sheet for patients in English.
"Preguntas Frecuentes: Infecciones Sanguíneas Asociadas al Catéter Intravenoso" (CDC) [PDF, 207KB]	A fact sheet for patients in Spanish.
"Central Line-Associated Bloodstream Infections: Resources for Patients and Healthcare Providers" (CDC)	CDC Web site hosting a variety of resources for patients and providers, including fact sheets, guidelines, audio education for patients, and more.
"State Has Implemented a CLABSI Prevention Collaborative" (CDC)	CDC Web site identifying state contacts for CLABSI initiatives.
"Strategies to Prevent Central Line-Associated Bloodstream Infections in Acute Care Hospitals" (U.S. Department of Health & Human Services, Agency for Healthcare Research and Quality [AHRQ])	AHRQ National Guideline Clearinghouse Guideline Summary for children and adults in acute care hospitals with indwelling central venous catheters, including tunneled, implanted, cuffed, noncuffed, and dialysis catheters.

Central Venous Catheter Tracer

- Next is the central venous catheter (CVC) tracer
- Must follow hospital IC P&P (749)
 - Remember that the CDC has guidelines on intravascular catheters published April 2011 which discussed the evidenced based care
 - TJC requires a checklist be used and document its use
- Must do hand hygiene before and after insertion
- Make sure only properly trained staff can do who demonstrate competency
- Must use maximal barrier precautions (cap, gloves, sterile gown, and full sterile body drape)

Section 4.B. Central Venous Catheters

Elements to be assessed		Surveyor Notes		Surveyor Notes
Central venous catheters are inserted, accessed and maintained in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:				
Insertion:				
4.B.1 The hospital can provide evidence that only properly trained personnel who demonstrate competence for insertion of central intravascular catheters are given this responsibility.	<input type="radio"/> Yes <input type="radio"/> No			
If unable to observe any central venous catheter insertions, skip 4.B.2 through 4.B.7.	<input type="radio"/> No observations available (If selected, ALL questions from 4.B.2 – 4.B.7 will be blocked)	<input type="radio"/> Second observation not available (If selected, questions 4.B.2 – 4.B.7 RIGHT column will be blocked)		
4.B.2 Hand Hygiene is performed before and after insertion.	<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.B.3 Maximal barrier precautions are used for insertion (includes use of cap, mask, sterile gown, sterile gloves, and a sterile full body drape).	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
4.B.4 >0.5% chlorhexidine with alcohol is used for skin antisepsis prior to insertion (If contraindicated [e.g., neonatal population], tincture of iodine, an iodophor, or 70% alcohol can be used as alternatives).	<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.B.5 Sterile gauze or sterile, transparent, semi-permeable dressing is used to cover catheter site (may not apply for well-healed tunneled catheters).	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		

Hospitals Must Follow CDC Guidelines

CDC Home
CDC Centers for Disease Control and Prevention
CDC 24/7: Saving lives, protecting people, reducing health costs

[www.cdc.gov/hicpac/BSI/BSI-guidelines-2011.html](#)

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Healthcare Infection Control Practices Advisory Committee (HICPAC)

HICPAC

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

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2011 Guidelines for the Prevention of Intravascular Catheter-Related Infections

Download the complete [2011 Guidelines for the Prevention of Intravascular Catheter-Related Infections](#)  [PDF - 1.05 MB]

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4. Division of Infectious Diseases, Warren Alpert Medical School of Brown University and Rhode Island Hospital, Providence, Rhode Island;
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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, E Patchen Dellinger, M.D.⁴, Jeffery Garland, M.D., S.M.⁵, Stephen D. 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, Sanjay Saint, M.D., M.P.H.¹³ and the Healthcare Infection Control Practices Advisory Committee (HICPAC)¹⁴.

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¹³Ann Arbor VA Medical Center and University of Michigan, Ann Arbor, Michigan

Central Venous Catheter Tracer

- Use chlorahexidine 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
 - Chlorahexidine, 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

Section 4.C. Ventilator/Respiratory Therapy

Elements to be assessed	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.8.	<input type="radio"/> No observations available (If selected, ALL questions from 4.C.1 – 4.C.8 will be blocked)	<input type="radio"/> Second observation not available (If selected, questions 4.C.1 – 4.C.8 RIGHT column will be blocked)
4.C.1 through 4.C.8: 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="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.C.2 Gloves are worn when in contact with respiratory secretions and changed before contact with another patient, object, or environmental surface.	<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.C.3 Only sterile solution (e.g., water or saline) are used for nebulization.	<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.C.4 Single-dose vials for aerosolized medications are not used for more than one patient.	<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

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

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

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 wean

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

Spinal Injection Procedures

Section 4.D. Spinal Injection Procedures

Elements to be assessed		Surveyor Notes
Spinal injection 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 unable to observe spinal injection procedure, skip questions 4.D.1 through 4.D.3.	<input type="radio"/> No observation available (If selected, 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	
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	
4.D.3 Facemasks 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	
If no to any of 4.D.1 to 4.D.3, cite at 42 CFR 482.42(a) (Tag A-0749)		

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

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

Elements to be assessed	Manner of Assessment Code (check all that apply) & Surveyor Notes					Manner of Assessment Code (check all that apply) & Surveyor Notes
Point of care devices are used in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:						
4. E.1 Hand hygiene is performed before and after the procedure.	<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. 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="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. 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="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. 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="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	

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

Isolation Contact Precautions 4F

- Isolation section **not** discussed but provided for reference
 - 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

Isolation Contact Precautions

Section 4.F. Isolation: Contact Precautions

Elements to be assessed	Surveyor Notes	Surveyor Notes
Patients requiring contact isolation 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:		
If possible, observe for compliance with Contact Precautions elements in multiple patient care areas in the hospital. If unable to observe a patient on Contact Precautions skip elements 4.F.1 to 4.F.12.	<input type="radio"/> No observation available (If selected ALL questions from 4.F.1 – 4.F.12 will be blocked)	<input type="radio"/> Second observation not available (If selected questions 4.F.1 – 4.F.12 RIGHT column will be blocked)
4.F.1 Patient with known or suspected infections or with evidence of syndromes that represent an increased risk for contact transmission are placed on Contact Precautions.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4.F.2 Gloves and gowns are available and located near point of use.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4.F.3 Signs indicating patient is on Contact Precautions are clear and visible.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4.F.4 Patients on Contact Precautions are housed in single-patient rooms when possible or cohorted based on a clinical risk assessment.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4.F.5 Hand hygiene is performed before entering patient care environment. 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 <i>C. difficile</i> or norovirus during an outbreak.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

CDC Norovirus Guidelines

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- Charter
- Event Calendar
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- 2011 Guidelines for the Prevention of Intravascular Catheter-Related Infections

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- Abbreviations
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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

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

Section 4. G Isolation: Droplet Precautions

Elements to be assessed	Manner of Assessment Code (check all that apply) & Surveyor Notes					Manner of Assessment Code (check all that apply) & Surveyor Notes
Patients requiring Droplet 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:						
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	

11.00 x 8.50 in

Interview = 1

Observation = 2

Infection Control Document Review = 3

Medical Record Review = 4

Other Document Review = 5

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

Surgical Procedures

Section 4.I. Surgical Procedures

Elements to be assessed	Surveyor Notes		Surveyor Notes
Surgical 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 unable to observe any surgical procedure, skip elements 4.I.1 to 4.I.8.	<input type="radio"/> No observation available (If selected ALL questions from 4.I.1 – 4.I.8 will be blocked)		<input type="radio"/> Second observation not available (If selected questions 4.I.1 – 4.I.8 RIGHT column will be blocked)
4.I.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. Note: If visibly soiled, hands and forearms should be prewashed with soap and water before using an alcohol-based antiseptic surgical hand rub.	<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.I.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.	<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.I.3 Surgical attire (e.g., scrubs) and surgical caps/hoods covering all head and facial hair are worn by all personnel and visitors in semi restricted and restricted areas. Note: Restricted area includes ORs, procedure rooms, and the clean core (sterile supply) area. The semi restricted area includes the peripheral support areas of the surgical suite.	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No
4.I.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.	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No

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

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

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.

The End! Questions????



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Additional resources on Isolation Standards
from the worksheet and **safe injection practices**

Isolation Contact Precautions 4F

- Isolation section **not** discussed but provided for reference
 - 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
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Isolation Contact Precautions

Section 4.F. Isolation: Contact Precautions

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4.F.2 Gloves and gowns are available and located near point of use.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
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http://www.cdc.gov/hicpac/norovirus/002_norovirus-toc.html

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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	

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Safe Injection Practices



Headlines We Don't Want to See

Fungal Meningitis

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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

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CDC 24/7: Saving Lives. Protecting People.™

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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 >](#)

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

At-A-Glance

Fungal Meningitis Outbreak

- CDC and FDA investigated outbreaks of meningitis (Exserohilum and Aspergillus)
- In patients who received a steroid injection from a contaminated product into the spinal area
- Patients suffered strokes, fungus infection in a joint space such as the knee or shoulder and death
- Symptoms can occur 1-4 weeks after injection
- From a preservative-free methylprednisolone acetate (80mg/ml) from the NECC (New England Compounding Center in Framingham, Mass)

July 13, 2012 Staph Infections Reuse Single

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Morbidity and Mortality Weekly Report (MMWR) www.cdc.gov/mmwr/preview/mmwrhtml/mm6127a1.htm?s_cid=mm6127a1_w

[MMWR](#)

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Invasive *Staphylococcus aureus* Infections Associated with Pain Injections and Reuse of Single-Dose Vials – Arizona and Delaware, 2012

Weekly
July 13, 2012 / 61(27);501-504

Transmission of life-threatening bacterial infections can occur when health-care personnel do not adhere to Standard Precautions and instead use medication in containers labeled as single-dose or single-use for more than one patient (1). This report summarizes the investigation of two outbreaks of invasive *Staphylococcus aureus* infection confirmed in 10 patients being treated for pain in outpatient clinics. In each outbreak, the use of single-dose or single-use vials (SDVs) for more than one patient was associated with infection transmission. In both investigations, clinicians reported difficulty obtaining the medication type or vial size that best fit their procedural needs. These outbreaks are a reminder of the serious consequences that can result when SDVs are used for more than one patient. Clinician adherence to safe injection practices, particularly when appropriately sized SDVs are unavailable, is important to prevent infection transmission. If SDVs must be used for more than one patient, full adherence to *U.S. Pharmacopeia* standards is critical to minimize the risks of multipatient use.

Pain Management Clinic – Arizona

8 hepatitis cases linked to clinic

hot line was also set
788-2222

doctors
and

1

DISEASE A

Hepatitis C is a
blood-borne virus.
The Centers for
Disease Control
estimates that
nearly 4 million
people in the United
States have been
infected.

1990-1991
Yearbook

ments inserted through
mouth or rectum to
intestinal

Post that she and her husband were referred for routine colonoscopies last year by their doctor and "of worried."

Hepatitis C outbreak among clinic patients

11th Department is trying
2,200 people who
the clinic cat.
→ 2000 for

dure in which the lining of the stomach or bowel is examined with a flexible lighted instrument.

Such procedures can be part of the routine screening for colon cancer.

Blood samples of the infected have been forwarded to Centers for Disease Prevention to try to control the outbreak and hepatitis A on the may

Patitis

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No
Vol. 1
or 2

Dug

Clinic linked to 8 cases of hepatitis C; 2,200 at risk

Entered on a Brooklyn clin-
ical as many as 2,200 pa-
tient as the potentially dan-
gerous said Friday.
or symptoms re-
sult in 1-

The city's investigation committee
medical charts and patients
treated at the clinic.
Also, in
to

MEDICAL MYSTERY

Hepatitis C outbreak

Strikes 8 endoscopy patients of B'klyn clinic

Needle error puts 50 people at risk in N.M.

Med students improperly prick multiple patients while testing blood sugar

By Susan Montoya Bryan

AP Associated Press

updated 5:58 p.m. ET, Thurs., May 13, 2010

ALBUQUERQUE, N.M. - A group of New Mexico medical school students failed to properly change needles on devices used for blood glucose testing, and now officials say a few dozen people might be at risk for contracting serious diseases.

University of New Mexico School of Medicine officials made the announcement Thursday, hoping they can locate those who participated in the free testing April 24 at the Indian Pueblo Cultural Center in Albuquerque. Between 51 and 55 people were tested that day.

"Basically you've got the students who were trying to do something

good and just didn't go about it the right way," said Sam Giommoni,

Lifeline: Health reports from NBC



Walgreens backs off plans to sell genetic tests

NEW After planning to sell over-the-counter genetic test kits starting this Friday, Walgreens announced

Thursday that they're having second thoughts. NBC's Robert Bazell reports.

Report: Food allergies often misdiagnosed

Genetic tests, coming to Walgreens near you



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Identify Risks for Transmitting Infections

- Hospital and ASC in Colorado where surgery tech with Hepatitis C infection steals Fentanyl and replaces it with used syringes of saline infecting 17 patients as of December 11, 2009 and 5,970 patients tested (total 36 for 3 facilities)
- Kristen Diane Parker in 2010 gets 30 years for drug theft and needle swap scheme
- Worked at Denver's Rose Medical Center and Colorado Springs' Audubon Surgery Center

■ 1 www.krdo.com/Global/link.asp?L=399119

Kristen Parker Sentenced for Fentanyl Theft

January 18th, 2010 By LucyC



Kristen Parker; Photo: Denver County Sheriff's Office

which leads to chronic liver inflammation, and in some cases liver cancer. Parker, who shared needles when injecting heroine, is hepatitis C positive—something she claims she didn't know when she was fixing her needles.

Thankfully, Ms. Parker got careless, and she got caught. No surprise there, given the state she must have been in: Fentanyl is 80 to 100 times stronger than morphine. Eventually,

[Back to the blog](#)

About a year ago a woman named Kristen Diane Parker, a surgery tech who worked in hospitals the Denver area, made the news, including on LawyersAndSettlements.com. I wrote a couple of short pieces about her. She was addicted—maybe still is—to Fentanyl.

Also known as Duragesic, Fentanyl is a prescription pain medication—quite a strong one—and quite an addictive one by all accounts. Kristen Parker was so addicted to the stuff that she would steal syringes from hospital surgery carts where she worked—syringes that were filled with Fentanyl—and inject herself. She would then fill the used syringes with saline and replace them. Just in case this isn't crystal clear—post-operative patients were being administered saline in used syringes instead of their prescribed pain medication.

Ah, but it gets worse. Parker ended up infecting some 36 people with hepatitis C, a currently incurable viral infection

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<http://bit.ly/ocasYT> - Effectively quashing workers' rights
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Legal Help Now!



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Safe Injection Practices Memo



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 and control is an important issue in today's healthcare environment. It is important to accreditation organizations like the Joint Commission (TJC). The Joint Commission has eight pages of standards in the chapter on Infection Prevention and Control (IC).

Safe Injection Practices June 15, 2012

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



Office of Clinical Standards and Quality/Survey & Certification Group

DATE: June 15, 2012
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

Ref: S&C: 12-35-ALL

[www.cms.gov/Medicare/Provider-
Enrollment-and-
Certification/SurveyCertificationGenInfo/index.ht
ml?redirect=/SurveyCertificationGenInfo/PMSR/li
st.asp](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/index.html?redirect=/SurveyCertificationGenInfo/PMSR/list.asp)

Memorandum Summary

- *Under certain conditions, it is permissible to repackaging single-dose vials or single use vials (collectively referred to in this memorandum as "SDVs") 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 repackage 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.

Insulin Pens May 18, 2012

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



Office of Clinical Standards and Quality/Survey & Certification Group

DATE: May 18, 2012

Ref: S&C: 12-30-ALL

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Use of Insulin Pens in Health Care Facilities

Memorandum Summary

Insulin Pen devices: The Centers for Medicare & Medicaid Services (CMS) has recently received reports of use of insulin pens for more than one patient, with at least one 2011 episode resulting in the need for post-exposure patient notification. These reports indicate that some healthcare personnel do not adhere to safe practices and may be unaware of the risks these unsafe practices pose to patients. **Insulin pens are meant for use by a single patient only.** Each patient/resident must have his/her own. Sharing of insulin pens is essentially the same as sharing needles or syringes, and must be cited, consistent with the applicable provider/supplier specific survey guidance, in the same manner as re-use of needles or syringes.

Background

Insulin pens are pen-shaped injector devices that contain a reservoir for insulin or an insulin cartridge. These devices are designed to permit self-injection and are intended for single-person use. In healthcare settings, these devices are often used by healthcare personnel to administer insulin to patients. Insulin pens are designed to be used multiple times by a single patient/resident, using a new needle for each injection. Insulin pens must never be used for more than one patient/resident. Regurgitation of blood into the insulin cartridge after injection will create a risk of bloodborne pathogen transmission if the pen is used for more than one patient/resident, even when the needle is changed [1]. A previous memo (10-28-NH) dated

INJECTION SAFETY CHECKLIST

The following Injection Safety checklist items are a subset of items that can be found in the *CDC Infection Prevention Checklist for Outpatient Settings: Minimum Expectations for Safe Care*.

The checklist, which is appropriate for both inpatient and outpatient settings, should be used to systematically assess adherence of health care personnel to safe injection practices. (Assessment of adherence should be conducted by direct observation of health care personnel during the performance of their duties.)

Injection Safety	Practice Performed?	If answer is No, document plan for remediation
Injections are prepared using aseptic technique in a clean area free from contamination or contact with blood, body fluids or contaminated equipment.	Yes No	
Needles and syringes are used for only one patient (this includes manufactured prefilled syringes and cartridge devices such as insulin pens).	Yes No	
The rubber septum on a medication vial is disinfected with alcohol prior to piercing.	Yes No	
Medication vials are entered with a new needle and a new syringe, even when obtaining additional doses for the same patient.	Yes No	
Single dose (single-use) medication vials, ampules, and bags or bottles of intravenous solution are used for only one patient.	Yes No	
Medication administration tubing and connectors are used for only one patient.	Yes No	
Multi-dose vials are dated by HCP when they are first opened and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial. <i>Note: This is different from the expiration date printed on the vial.</i>	Yes No	
Multi-dose vials are dedicated to individual patients whenever possible.	Yes No	
Multi-dose vials to be used for more than one patient are kept in a centralized medication area and do not enter the immediate patient treatment area (e.g., operating room, patient room/tubicle). <i>Note: If multi-dose vials enter the immediate patient treatment area, they should be dedicated for single-patient use and discarded immediately after use.</i>	Yes No	

RESOURCES

Checklist: <http://www.cdc.gov/HAI/pdf/guidelines/ambulatory-care-checklist-07-2011.pdf>

Guidelines for Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care:
<http://www.cdc.gov/HAI/pdf/guidelines/outpatient-care-7-2011.pdf>



CDC Long List of Outbreaks

Outbreaks and Patient Notifications in Outpatient Settings

www.cdc.gov/HAI/settings/outpatient/outbreaks-patient-notifications.html

The following table includes examples of recent outbreaks and patient notification events occurring in a variety of outpatient settings including primary care clinics, pediatric offices, ambulatory surgical centers, pain remediation clinics, imaging facilities, oncology clinics, and health fairs. This is not an exhaustive list but it serves as a reminder of the serious consequences that can result when healthcare personnel fail to follow the basic principles of infection control. Such consequences include: infection transmission to patients, notification of thousands of patients of possible exposure to bloodborne pathogens, referral of providers to licensing boards for disciplinary action, and malpractice suits filed by patients.

These events are preventable, yet they continue to occur. Facilities and healthcare personnel are urged to review the [Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care](#) and its accompanying [Infection Prevention Checklist](#) to assess the policies and procedures in their facility as well as their own personal practices to assure they are in accordance with evidence-based guidelines and to prevent patient harm.

Setting	Year Investigated	Pathogen(s)	Infection(s)	Patient notification performed (# notified)	Infection Control Breaches Reported
Urology Clinic [1]	2011	N/A*	N/A*	Yes (101)	1) Single-use needle guides (for prostate biopsy) used for >1 patient
					1) Syringe reuse (i.e.,

Improper Use of Single Dose Vials

Information for Patients

Preventing Unsafe
Injection Practices

Infection Prevention
during Blood Glucose
Monitoring and Insulin
Administration

Recent Publications

Recent Meetings

The One & Only
Campaign

Related Links

[One & Only Campaign](#)

HICPAC

[2007 Guideline for
Isolation Precautions](#)

[HHS Action Plan to
Prevent HAIs](#)

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

Improper Use of Single-Dose/Single-Use Vials

Centers for Disease Control and Prevention
National Center for Emerging and Zoonotic Infectious
Diseases
Division of Healthcare Quality Promotion
Single-dose/Single-use Vial Statement 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

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- [General Messages](#)
- [Basic Safe Injection Practice Messages](#)
- [Misperceptions vs. Facts](#)
- [FAQs About Single-dose/Single-use Vials](#)
- [More Information](#)

[CDC's Position – Protect
Patients Against
Preventable Harm from
Improper Use of Single-dose/Single-use Vials](#) 

[PDF - 175 KB]

[New Medscape Article:
Single-Dose Vials:
Safety, Cost, and
Availability](#) 



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
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CDC's Position

Protect Patients Against Preventable Harm from Improper Use of Single-dose/Single-use Vials

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General Messages

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/ncidod/dhqp/hai.html

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

Infection Control Back to Basics

- It is important to get back to basics in infection control.¹
- 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.jcrinc.com/infection-prevention-back-to-basics/>

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

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



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 [Guideline 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

Navigation

- Member Roster
- Charter
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- Methodology Guideline
- Projects in Progress
- Publications

► Guideline for Isolation Precautions 2007

Executive Summary

Part I: Review of Scientific Data Regarding Transmission of Infectious Agents in Healthcare Settings

Part II: Fundamental elements needed to prevent transmission of infectious agents in healthcare settings

Part III: Precautions to Prevent Transmission of Infectious Agents

Part IV: Recommendations

Appendix A

2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings

Download the complete PDF version [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007](#)  PDF (3.80 MB / 225 pages)

Jane D. Siegel, MD; Emily Rhinehart, RN MPH CIC;
Marguerite Jackson, PhD ; Linda Chiarello, RN MS; the
Healthcare Infection Control Practices Advisory Committee

Acknowledgement: The authors and HICPAC gratefully acknowledge Dr. Larry Strausbaugh for his many contributions and valued guidance in the preparation of this guideline.

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

Healthcare Infection Control Practices Advisory Committee

Chairman

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Executive Secretary

BELL, Michael R., MD

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 Centers for Disease Control and Prevention
Healthcare Infection Control Practices Advisory Committee (HICPAC)

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1600 Clifton Rd
Atlanta, GA 30333

 800-CDC-INFO
(800-232-4636)
TTY: (888) 232-6348
24 Hours/Every Day

 hicpac@cdc.gov

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

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)

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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Morbidity and Mortality Weekly Report (MMWR)

[MMWR](#)Text size: [S](#) [M](#) [L](#) [XL](#)

Bacterial Meningitis After Intrapartum Spinal Anesthesia --- New York and Ohio, 2008--2009

Weekly**January 29, 2010 / 59(03);65-69**

In June 2007, the Healthcare Infection Control Practices Advisory Committee (HICPAC) recommended for the first time that surgical masks be worn by spinal procedure operators to prevent infections associated with these procedures (1). HICPAC made the recommendation in response to several reports of meningitis following myelography procedures. In September 2008, three bacterial meningitis cases in postpartum women were reported to the New York State Department of Health (NYSDOH); in May 2009, two similar cases were reported to the Ohio Department of Health. All five women had received intrapartum spinal anesthesia. Four were confirmed to have *Streptococcus salivarius* meningitis, and one woman subsequently died. This report summarizes the investigations of these five cases, which determined that the New York cases were associated with one anesthesiologist and the Ohio cases were associated with a second anesthesiologist. In Ohio, the anesthesiologist did not wear a mask; wearing a mask might have prevented the infections. The findings underscore the need to follow established infection-control recommendations during spinal procedures, including the use of a mask and adherence to aseptic technique.

Case Reports

New York. In September 2008, a healthy woman aged 24 years (patient A) was admitted in active labor to a New York City hospital. She received combined spinal-epidural anesthesia from anesthesiologist A, and delivered a healthy baby. Approximately 22 hours after receiving anesthesia, patient A experienced headache, back pain, rigors, nausea, vomiting, and disorientation.

Within 1 hour of patient A's admission, a second healthy woman aged 31 years (patient B) was admitted to the same hospital in active labor. Patient B also received combined spinal-epidural anesthesia from anesthesiologist A and delivered a healthy baby.

CDC Guidelines

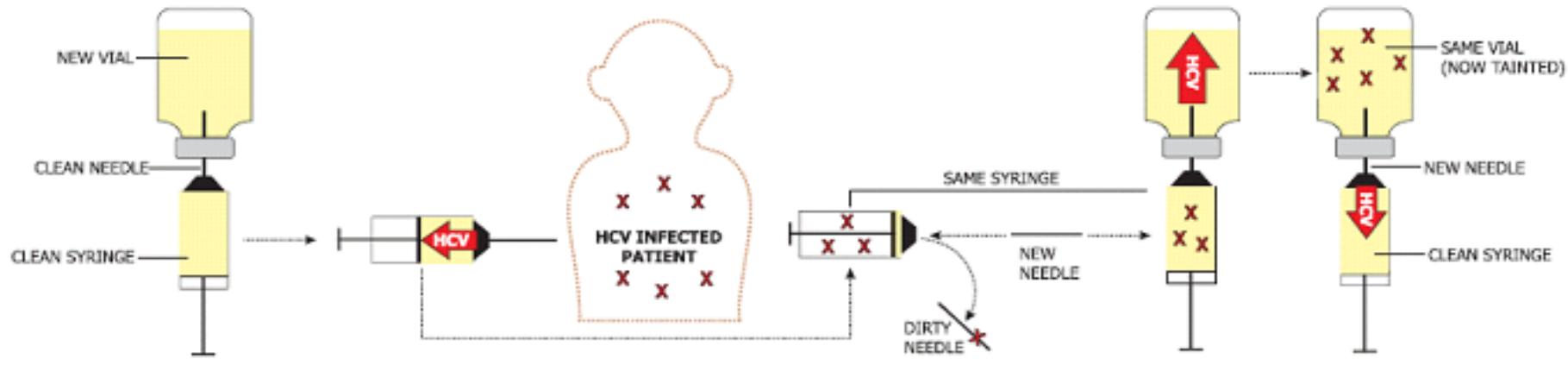
- CDC identified four outbreaks in
 - Pain clinic
 - Endoscopy clinic
 - Hematology/oncology clinic
 - Urology clinic
 - Will discuss major findings later

CDC Guidelines

- Primary breaches
 - Reinsertion of used needles into multidose vials
 - Used 500cc bag of saline to irrigate IVs of multiple patients
 - Use of single needle or syringe to administer IV medications to multiple patients
 - Preparing medications in same work space where syringes are dismantled
 - Remember OSHA Bloodborne Pathogen standard (sharps containers at the bedside)

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 sedative 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 sedative 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



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

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

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

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

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

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

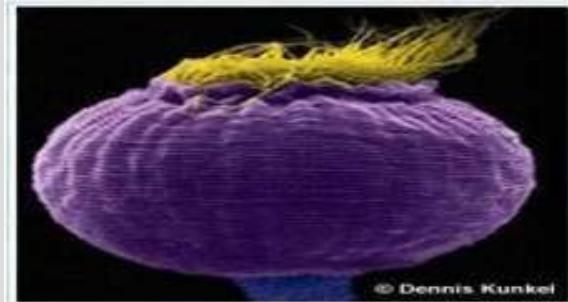
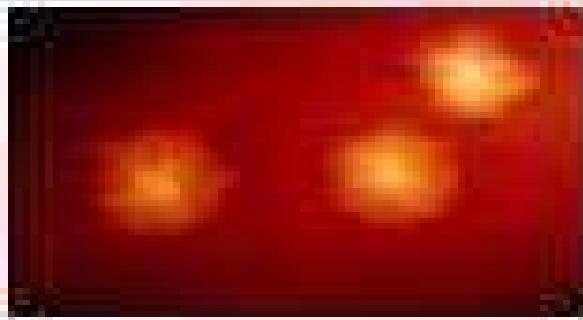
vial use, injections and glucose monitoring procedures.

- 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.²²
- 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



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, E Patchen Dellinger, M.D.⁴, Jeffery Garland, M.D., S.M.⁵, Stephen D. 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, Sanjay Saint, M.D., M.P.H.¹³ and the Healthcare Infection Control Practices Advisory Committee (HICPAC)¹⁴.

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A Scary Study

- The CDC says a survey of US Healthcare found that 1% to 3% reused the same syringe and/or the same needle on multiple patients
- This is what lead to the Nevada patients being exposed to HIV, HCV, and HCB
- 40,000 patients were notified who has anesthesia injections from March 2004 to January 11, 2008 and 115 patients infected with HCV
- Clinic reused syringes in colonoscopies and other gastrointestinal procedures



Acute Hepatitis C Virus Infections Attributed to Unsafe Injection Practices at an Endoscopy Clinic --- Nevada, 2007

On January 2, 2008, the Nevada State Health Division (NSHD) contacted CDC concerning surveillance reports received by the Southern Nevada Health District (SNHD) regarding two persons recently diagnosed with acute hepatitis C. A third person with acute hepatitis C was reported the following day. This raised concerns about an outbreak because SNHD typically confirms four or fewer cases of acute hepatitis C per year. Initial inquiries found that all three persons with acute hepatitis C underwent procedures at the same endoscopy clinic (clinic A) within 35--90 days of illness onset. A joint investigation by SNHD, NSHD, and CDC was initiated on January 9, 2008. The epidemiologic and laboratory investigation revealed that hepatitis C virus (HCV) transmission likely resulted from reuse of syringes on individual patients and use of single-use medication vials on multiple patients at the clinic. Health officials advised clinic A to stop unsafe injection practices immediately, and approximately 40,000 patients of the clinic were notified about their potential risk for exposure to HCV and other bloodborne pathogens. This report focuses on the six cases of acute hepatitis C identified during the initial investigation, which is ongoing; additional cases of acute hepatitis C associated with exposures at clinic A might be identified. Comprehensive measures involving viral hepatitis surveillance, health-care provider education, public awareness, professional oversight, licensing, and improvements in medical devices can help detect and prevent transmission of HCV and other bloodborne pathogens in health-care settings.

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/dhq/p_s_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

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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Injection Safety

Safe Injection Practices to Prevent Transmission of Infections to Patients

Excerpted from [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007](#).

III.A.1.b. Safe Injection Practices

The investigation of four large outbreaks of HBV and HCV among patients in ambulatory care facilities in the United States identified a need to define and reinforce safe injection practices. The four outbreaks occurred in a private medical practice, a pain clinic, an endoscopy clinic, and a hematology/oncology clinic. The primary breaches in infection control practice that contributed to these outbreaks were 1) reinsertion of used needles into a multiple-dose vial or solution container (e.g., saline bag) and 2) use of a single needle/syringe to administer intravenous medication to multiple patients. In one of these outbreaks, preparation of medications in the same workspace where used needle/syringes were dismantled also may have been a contributing factor. These and other outbreaks of viral hepatitis could have been prevented by adherence to basic principles of aseptic technique for the preparation and administration of parenteral medications. These include the use of a sterile, single-use, disposable needle and syringe for each injection given and prevention of contamination of injection equipment and medication.

Whenever possible, use of single-dose vials is preferred over multiple-dose vials, especially when

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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

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

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

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

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

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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Injection Safety

Frequently Asked Questions

Injection Safety FAQs for Providers

Released: March 2008

Questions addressed on this page

Overview

- › [What is injection safety?](#)
- › [What is aseptic technique?](#)
- › [What are some of the incorrect practices that have resulted in transmission of pathogens?](#)
- › [For what types of procedures have these incorrect practices been identified?](#)
- › [Can some of these incorrect practices also result in transmission of bacterial infections?](#)
- › [Do medication vials have a preservative in them to prevent contamination?](#)

Injection Procedures

- › [How should I draw up medications?](#)
- › [Where should I draw up medications?](#)
- › [What does single-use mean?](#)
- › [Is it acceptable to combine leftover medication from single-use vials?](#)

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CDC has Injection Safety FAQs for Providers

- Also puts patients at risk for bacterial and fungal infections beside HIV and Hepatitis
- Single dose vials do not contain a preservative to prevent bacterial growth so safe practices necessary to prevent bacterial and viral contamination
- Proper hand hygiene before handling medications
- Make sure contaminated things are not placed near medication preparation area

CDC has Injection Safety FAQs for Providers

- Single use parenteral medication should be administered to one patient only
- Pre-filled medication syringes should never be used on more than one patient
- A needle or other device should never be left inserted into a medication vial septum for multiple uses
 - This provides a direct route for microorganisms to enter the vial and contaminate the fluid

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

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

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

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 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

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

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 bloodborne 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 myths and misunderstandings.

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 Guideline for Isolation Precautions: Preventing Transmission of

Infectious Agents in Healthcare Settings" from the Centers for Disease Control and Prevention (CDC) directly addresses infection safety and safe injection practices and can be used as a resource for safe practice. The guideline is available online at http://www.cdc.gov/injectionsafety/IP07_standardPrecaution.html.

The Web site for the One & Only Campaign from the CDC and the Safe Injection Practices Coalition—available at <http://oneandonlycampaign.org>—includes a video that highlights the CDC/HICPAC guidelines. 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 reeducate health care workers and debunk myths that 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>. 

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

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

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

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

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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. Each of the 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 sampling of blood. This document provides practice guidance for health care facilities on essential safe injection, infusion, and vial practices that should be consistently implemented in such settings.

Key Words: Bloodborne pathogens; injection; 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.¹⁻¹³ Breaches 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.¹³ 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.

In 2001, an anesthesiologist at a New York endos-



ASSOCIATION FOR PROFESSIONALS IN
INFECTION CONTROL AND EPIDEMIOLOGY, INC.

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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

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Association for Professionals in Infection Control & Epidemiology, Inc.

APIC Advances Efforts to Stop Unsafe Needle Practices

By James Battaglio

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 Isolation 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 HONOREform, an advocacy and education movement designed to bring a halt to these unsafe practices.

APIC will provide in-kind services to HONOREform 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 HONOREform in its efforts.

HONOREform was founded by Evelyn Vinduska McKnight, AuD, 53, 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 reused a syringe to access a 500 cc saline bag to draw off 10cc's 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 endoscopy 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 (1,200 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 exposure and suggesting they seek further testing.

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

Injection Safety

Fact Sheet

A Patient Safety Threat - Syringe Reuse

Released February 2008

Important Information!

Please read this fact sheet if you have received a letter stating that you may be at risk due to syringe reuse by your healthcare provider.

Patients need to be aware of a very serious threat to their health - the reuse of needles or syringes, and the misuse of medication vials. Healthcare providers (doctors, nurses, and anyone providing injections) should **never reuse a needle or syringe** either from one patient to another or to withdraw medicine from a vial. Both needle and syringe must be discarded once they have been used. It is not safe to change the needle and reuse the syringe - this practice can transmit disease.

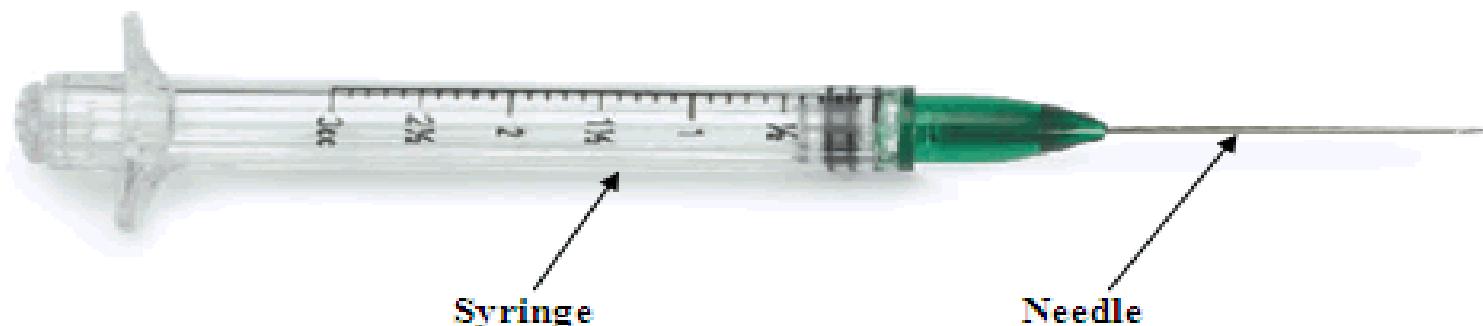


Figure 1. Picture of a needle and syringe.

A single-use vial is a bottle of liquid medication that is given to a patient through a needle and syringe. Single-use vials contain only one dose of medication and should only be used once for one patient, using a clean needle and clean syringe.



Department of Health and Human Services

Centers for Disease Control and Prevention

[Infection Control Home](#) > [Protecting Patients](#) > [Patient Safety](#) > [Injection Safety](#) >

A "Never" Event: Unsafe Injection Practices

May 2008

The findings and conclusions in this COCA call presentation has not been formally disseminated by CDC and should not be construed to represent any agency determination or policy.

[Audio Presentation: mp3 \(67 minutes, 7 MB\)](#)

[PowerPoint Slide Presentation \(60 slides / 2.33MB\)](#)

To view additional archives of COCA call presentations see

<http://www.emergency.cdc.gov/coca/callinfo.asp>

Microsoft Windows Media Player

Description: Windows Media Player is a program for viewing and listening to audio and video files (including live broadcasts).

File extensions: .ASF, .ASX, .AVI, .WMA, .WMV, .WM, .WPL, .MPA, .MPED, .MP3, .MP4



Hematology Oncology Clinic

- Has an outbreak of HCV among outpatients 3-00 to 7-01
- Reported to Nebraska Health Department
- 99 patients in oncology/hematology clinic acquired HCV after having chemotherapy
- All were genotype 3 a which is uncommon in the US
- Related to catheter flushing
- Source: Macedo de Oliveira et al., Annals of Internal Medicine, 2005, 142:898-902

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.



Safe Injection Practices Coalition
www.CDCandONLYcampaign.org

About the
Campaign

Safe Injection
Practices

Healthcare Provider
Information

Patient
Information

Campaign
Resources

News

Contact Us



ONLY ONCE.

Safe injection practices are a set of measures to perform injections in an optimally safe manner for patients, healthcare providers and others.

[Learn about Safe Injection Practices >](#)

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 outbreaks resulting from unsafe injection practices.

Injection Safety Toolkits



Featured Content

- » Washington Post "Hepatitis & Liver Health" Supplement Raises Awareness – featuring the One & Only Campaign - 9/10/12
- » Endorsing the Safe Use of Single-Dose/Single-Use Vials - 5/31/12

Partner States



The SIPC partners with states to promote the messages of the One & Only Campaign.
[Read more](#)

Campaign Resources



The SIPC has print materials, videos and more to educate consumers and remind healthcare providers about the basics of injection safety.
[Read more](#)

Sign up for email updates! Enter email address:

SIGN UP

Privacy Policy

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



ASC Quality Collaboration

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A A A A

www.ascquality.org/advancing_asc_quality.cfm

ASC Quality Collaboration

Quality Measures and Guide

Quality Report

Advancing ASC Quality: ASC TIPs

Advancing ASC Quality

[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](#)

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**:

Safe Injection Practices Toolkit

The resources in this toolkit may only be used for internal improvement and education efforts. They may not be used for commercial purposes.

Safe injection practices are crucial to basic levels of patient safety and provider protection. Hepatitis C virus, hepatitis B virus, and HIV can be spread from patient to patient when safe injection practices are not used.

The ASC Quality Collaboration has assembled a variety of resources and information that may be used to supplement your current processes to enhance existing injection practices.

The BASIC Safe Injection Practices Toolkit includes three essential resources:

- [Safe Injection Practices: What CMS Surveyors Are Looking For](#)
- [One Needle, One Syringe, One Time Poster](#)
- [Injection Practices Policy and Procedure Template](#)

The EXPANDED Safe Injection Practices contains both essential resources and a broader array of materials, including:

- [Assessment Tools](#)
- [Implementation Aids](#)
- [Training Materials](#)
- [Monitoring Tools](#)
- [Workplace Reminders](#)
- [Guidelines from Leading Authorities](#)

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Thanks for attending!



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