

INFECTION CONTROL SITE VISIT

Facility name:

CMS Certification Number _____

Date of site visit: ____/____/____

Name of individuals performing site visit:

Date of most recent federal survey: ____/____/____

Participate in Medicare via accreditation by:

- Accreditation Association for Ambulatory Health Care (AAAHC) _____
- American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) _____
- American Osteopathic Association (AOA) _____
- The Joint Commission (JC) _____

Date of most recent accreditation survey: _____

Types of procedures performed at facility (check all that apply):

- Orthopedic
- Pain
- Ophthalmologic
- Plastic/reconstructive
- Endoscopy
- Dental
- Podiatry
- Other, specify: _____

- Pediatric
- Adult

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Number of procedures performed per month: _____

Number of procedure rooms (including ORs): _____

Indicate if the following are provided via contract, in-house, or both:

Service	Contract (Name of Agency)	In-house	Frequency of Service
Linen Cleaning			
Waste Management			
Environmental Cleaning Services			
Pharmacy			
Anesthesia			
Nursing			
Infection Control Practitioner			

How does staff receive infection control training (check all that apply)?

- In-service
- Computer-based training
- Other, specify: _____

Which staff receive infection control training (check all that apply):

- Employee
- Contracted
- Other, specify: _____

Indicate frequency of infection control training (check all that apply):

- Upon hire
 - Annually
 - Periodically/as needed
 - Other, specify: _____
- Is there documentation to support this? Yes No
 Is there documentation to support this? Yes No
 Is there documentation to support this? Yes No
 Is there documentation to support this? Yes No

If training is not provided periodically, a deficiency must be cited.

Do staff receive annual OSHA bloodborne pathogen training? Yes No

What is the facility's policy for reporting notifiable diseases to the State health agency (check all that apply)?

- Telephone
- Fax
- Electronically
- Mail
- Other, specify: _____
- No policy

If the facility does not have a reporting system, a deficiency must be cited. However, CMS does not specify the means for reporting. Generally this would be done by the State health agency.

How does facility identify infections related to procedures performed at facility (check all that apply)?

- Phone call to patients
- Letter to patients
- Follow-up with primary care providers
- Follow-up with physician performing procedure
- Other, specify: _____
- Not done

If the facility does not have an identification system, a deficiency must be cited

Instructions: The following is a list of items that should be assessed during the site visit. Items are to be assessed either by interview, observation, or both, as indicated by the shading in the boxes.

The interviews and observations should be performed with the most appropriate staff person(s) for the items of interest (e.g., the staff person responsible for sterilization should answer the sterilization questions).

A minimum of one (although at least two would be preferable) procedure should be observed during the site visit. The inspector(s) should identify at least one patient and "follow-through" from arrival to discharge with that patient to observe pertinent practices.

When performing interviews and observations, any single instance of a breach in infection control would constitute a breach for that practice. *A breach of any question highlighted in yellow must also be cited as a deficiency. Breaches related to highlighted questions with an asterisk generally would be cited at the condition level. However, this does not mean that other breaches of infection control may not be cited at the condition level; surveyors must use their judgment as to how widespread and serious the breach is.*

Names and titles of facility staff persons providing answers to interview questions:

Number of Procedures Observed During Site Visit: 1 2 3 4 Other, specify: _____

TEST VERSION

Infection Control Practice	Observation	Interview
I. Hand Hygiene		
A. Soap and water are available in patient care areas	Yes No	
B. Alcohol-based hand rub is available in patient care areas	Yes No	There are LSC requirements at 42 CFR 416.44(b)(5) for installation of alcohol-based hand rubs
<p>C. Staff perform hand hygiene:</p> <p>a. Before and after an invasive procedure (e.g., insertion of IV catheter, intubation/extubation, surgical procedure) even if gloves are worn</p> <p>b. After contact with blood, body fluids, or nonintact skin (even if gloves are worn)</p> <p>c. After contact with used, contaminated medical equipment or visibly contaminated environmental surfaces (even if gloves are worn)</p> <p>Note: To ensure consistency between site visits, hand hygiene should be observed during the "follow-through" of patients from arrival to discharge, with particular attention paid to invasive procedures</p>	<p>Yes No</p> <p>Yes No</p> <p>Yes No</p>	
<p>D. Regarding gloves, staff:</p> <p>a. Wear gloves for procedures that might involve contact with blood or body fluids</p> <p>b. Wear gloves when handling potentially contaminated patient equipment</p> <p>c. Remove soiled gloves before moving to next task</p>	<p>Yes No</p> <p>Yes No</p> <p>Yes No</p>	
E. If a surgical scrub is required, the surgical team performs surgical hand scrub	Yes No	
Comments:		

Infection Control Practice	Observation	Interview
II. Injection Practices (medications, saline, other infusates)		
*A. Needles and syringes are used for only one patient	Yes No	Yes No
*B. Injections are prepared in a clean area that is free from contamination with blood, body fluids, other visible contamination, or used contaminated equipment	Yes No	Yes No
C. The patient's skin is prepped with an antiseptic before IV placement.	Yes No	Yes No
D. List all injectable medications/infusates that are in a vial/container used for more than 1 patient: Name: _____ Size of vial (cc/mL): _____ Typical dose per patient (cc/mL): _____		
*E. Single dose medications/infusates are used for only one patient and not collected or combined (bags of normal saline are ALWAYS single use)	Yes No	Yes No
F. Multi-dose medications/infusates are used for only one patient (Note: a "No" answer here is not necessarily a breach in infection control. Circle N/A if no multi-dose medications/infusates are used.)	Yes No N/A	Yes No N/A
*G. Medication vials used for more than 1 patient are always entered with a new needle and new syringe	Yes No N/A	Yes No N/A
H. The rubber septum on a medication/infusate vial is disinfected with alcohol prior to piercing after initial entry	Yes No N/A	Yes No N/A
*I. Medications/infusates that are packaged as prefilled syringes are used for only one patient	Yes No N/A	Yes No N/A

Infection Control Practice	Observation	Interview
J. Medications/infusates are drawn up at start of each procedure	Yes No	Yes No
*K. Fluid infusion and administration sets (e.g., intravenous bags, tubing and connectors) are: *a. Used for one patient only *b. Disposed of after use	Yes No Yes No	Yes No Yes No
*L. Needles and syringes are discarded intact in an appropriate sharps container after use	Yes No	Yes No
Comments:		
III. Sterilization, High-level Disinfection, and Single Use Devices		
<p>Pre-cleaning should always be performed prior to sterilization and high-level disinfection</p> <p>Sterilization should be performed for instruments and equipment that enter normally sterile tissue or the vascular system</p> <p>High-level disinfection should be performed for items that come into contact with non-intact skin or mucous membranes (reusable flexible endoscopes, endotracheal tubes, anesthesia breathing circuits, and respiratory therapy equipment)</p>		
<p>*A. Items are thoroughly pre-cleaned and decontaminated according to manufacturer instructions or evidence-based guidelines prior to high-level disinfection and sterilization.</p> <p>What method is used for pre-cleaning:</p> <ul style="list-style-type: none"> a. Automated (including ultrasonic baths) b. Manual <p>List the agent(s) used for cleaning and decontamination:</p>	Yes No	Yes No

Infection Control Practice	Observation	Interview
<p>B. Are sterilization procedures performed on-site? Yes ___ No ___ (If No, Skip to “H”)</p> <p>Please indicate method of sterilization, brand of equipment, and number of machines:</p> <p>a. Steam autoclave Number:</p> <p>b. Peracetic acid Number:</p> <p>c. Flash only autoclave: Number:</p> <p>d. Other (specify):</p>		
<p>*C. All critical equipment (i.e., items that enter sterile tissue or the vascular system) is sterilized appropriately</p> <p>*a. Medical devices and instruments are visually inspected for residual soil and re-cleaned as needed before packaging and sterilization</p> <p>*b. A chemical indicator is placed in each load</p> <p>*c. A biologic indicator is performed at least weekly and with all implantable loads</p> <p>*d. Documentation for each piece of sterilization equipment is maintained and includes results from each load and are up to date</p> <p>*e. The facility uses flash sterilization only in circumstances in which routine sterilization procedures cannot be performed</p>	<p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p>	<p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p>

Infection Control Practice	Observation	Interview
*D. There is a procedure in place for identification and recall of sterilized instruments that were not adequately sterilized.	Yes No	Yes No
*E. After sterilization, medical devices and instruments are stored in a designated clean area so that sterility is not compromised.	Yes No	Yes No
*F. Sterile packages are inspected for integrity and compromised packages are reprocessed	Yes No	Yes No
<p>G. Is high-level disinfection performed on-site? Yes ___ No ___ (If No, skip to "M")</p> <p>What methods are used for high-level disinfection? Indicate method and if high-level disinfection is manual or automated.</p>		
<p>*H. Semi-critical items (items that come in contact with nonintact skin or mucous membranes) receive at least high-level disinfection.</p> <p>*a. Medical devices and instruments are visually inspected for residual soil and recleaned as needed before high-level disinfection</p> <p>*b. High-level disinfection equipment is maintained according to manufacturer instructions or evidence-based guidelines</p>	<p>Yes No</p> <p>Yes No</p> <p>Yes No</p>	<p>Yes No</p> <p>Yes No</p> <p>Yes No</p>

Infection Control Practice	Observation	Interview
<p>*c. Chemicals used for high-level disinfection are</p> <p>*i) prepared according to manufacturer instructions or evidence-based guidelines</p> <p>*ii) tested for appropriate concentration according to manufacturer instructions or evidence-based guidelines and are replaced before they expire</p> <p>*iii) Documented to have been prepared and replaced according to manufacturer instructions or evidence-based guidelines</p> <p>*d. Equipment is high-level disinfected according to manufacturer instructions or evidence-based guidelines</p>	<p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p>	<p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p>
<p>I. Items that undergo high-level disinfection are dried before reuse</p>	<p>Yes No</p>	<p>Yes No</p>
<p>*J. Following high-level disinfection, items are stored in a designated clean area in a manner to prevent recontamination</p>	<p>Yes No</p>	<p>Yes No</p>
<p>*K. If single-use devices are reprocessed, they are sent to an appropriate reprocessing facility. (Choose N/A if single-use devices are never reprocessed and used again) Name the reprocessing facility:</p> <p><i>(Surveyor to confirm there is a contract with a reprocessing facility by viewing it)</i></p>	<p>Yes No N/A</p>	<p>Yes No N/A</p>
<p>Comments:</p>		

Infection Control Practice	Observation	Interview
IV. Environmental Infection Control		
A. Objects and environmental surfaces in the operating room that are touched frequently (e.g., bed, IV poles, medication preparation areas) are disinfected with an EPA-registered disinfectant(s). Name the disinfectant(s) that are used:	Yes No	Yes No
B. Objects and environmental surfaces that are touched frequently in patient care areas outside of the OR (e.g., procedure tables, bedrails, toilet surfaces, waiting area surfaces) are disinfected with an EPA-registered disinfectant(s). Name the disinfectant(s) that are used:	Yes No	Yes No
C. The facility has a procedure in place to decontaminate gross spills of blood or other body fluids	Yes No	Yes No
D. Surgical and invasive procedure rooms are cleaned and disinfected daily		Yes No
E. All sharps are disposed of in a puncture-resistant sharps container	Yes No	Yes No
F. Sharps containers are located in appropriate patient care areas and are secured	Yes No	Yes No
G. Sharps containers are replaced before the fill line is reached	Yes No	
Comments:		
Infection Control Practice	Observation	Interview

<p>V. Glucometer Skip this section if facility does not have a Glucometer:</p> <p>Does facility have a Glucometer? Yes _____ No _____</p> <p>If yes, Brand: Model:</p>		
<p>A. A spring-loaded lancing penlet is used for multiple patients (Note: A "No" answer indicates no breaches in infection control)</p>	<p>Yes No</p>	<p>Yes No</p>
<p>B.* A new single use lancing device is used for each patient</p> <p>Specify brand/model of lancing device used: _____</p>	<p>Yes No</p>	<p>Yes No</p>
<p>C. The glucometer is cleaned/disinfected between <u>every</u> patient</p>	<p>Yes No</p>	<p>Yes No</p>
<p>Comments:</p>		

Additional Comments:

Source: Centers for Disease Control and Prevention, Atlanta.

TEST VERSION