CMS Interpretive Guidelines on Infection Control

Tuesday, February 4th, 2014

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Learning Objective

1. Explain the many policies and procedures required by CMS in the area of infection control
You Don’t Want One of These
Infection Control

- The CDC says there are 1.7 million healthcare infection (HAI) in America every year
- There are 99,000 to 100,000 deaths in American hospitals every year
  - CMS gets 50 million dollar grant to enforce infection control standards in 2010 and 2011 and HHS a billion dollars in 2013/204 so surveyors are more knowledgeable
- 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)
The Conditions of Participation (CoPs)

- Regulations first published in 1986
  - Manual updated August 30, 2013 and 457 pages
  - Many changes since regulations first published
- First regulations are published in the Federal Register then CMS publishes the Interpretive Guidelines and some have survey procedures
  - Hospitals should check this website once a month for changes

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.
- There are currently 457 pages in the current manual.
- There were changes in the Federal Register went into effect July 16, 2012 and IG issued March 15, 2013 and effective June 7, 2013.
How to Keep Up with Changes

- First, periodically check to see you have the most current CoP manual.
- Once a month go out and check the survey and certification website as discussed previously.
- Once a month check the CMS transmittal page.
  - CMS reserves right to tinker with the language in survey memo and when final will publish it as a transmittal.
  - Have one person in your facility who has this responsibility.

2 http://www.cms.gov/SurveyCertificationGenInfo/PMSR/list.asp#TopOfPage
3 http://www.cms.gov/Transmittals
Transmittals

www.cms.gov/Transmittals/01_overview.asp
CMS Issues Final Regulation

- CMS publishes 165 page final regulations changing the CMS CoP

- Published in the May 16, 2012 Federal Register
  - CMS publishes to reduce the regulatory burden on hospitals-more than two dozen changes
  - States will save healthcare providers over 5 billion over five years
  - FR effective 60 days of publication so went into effect on July 16, 2012, IG issued 3-15-2013 and effective June 7, 2013

- Eliminated the infection control log under Tag 750

- Available at www.ofr.gov/inspection.aspx
burdensome rules, and thereby increasing the ability of hospitals and CAHs to devote resources to providing high quality patient care.

B. Summary of the Major Provisions

Revisions To Allow Flexibility and Eliminate Burdensome Conditions of Participation (CoPs): We have reduced burden to providers and suppliers by modifying, removing, or streamlining current regulations that we have identified as excessively burdensome.

- **Single governing body for multiple hospitals**: We will allow one governing body to oversee multiple hospitals in a multi-hospital system and have added a requirement for a member, or members, of the hospital’s medical staff to be included on the governing body as a means of ensuring communication and coordination between a single governing body and the medical staffs of individual hospitals in the system.

- **Reporting of Restraint-Related Deaths**: We have replaced the requirement that hospitals must report deaths that occur while a patient is only in soft, 2-point wrist restraints with a requirement that hospitals must maintain a log (or other system) of all

- **Nursing care plan**: We have allowed hospitals the option of having a stand-alone nursing care plan or a single interdisciplinary care plan that addresses nursing and other disciplines.

- **Administration of medications**: We have allowed hospitals to have an optional program for patient(s)/support person(s) on self-administration of appropriate medications. The program must address the safe and accurate administration of specified medications; ensure a process for medication security; address self-administration training and supervision; and document medication self-administration.

- **Administration of blood transfusions and intravenous medications**: We have eliminated the requirement for non-physician personnel to have special training in administering blood transfusions and intravenous medications and have revised the requirement to clarify that those who administer blood transfusions and intravenous medications do so in accordance with State law and approved medical staff policies and procedures. We believe that this clarification will make the requirement consistent with current
Location of CMS Hospital CoP Manuals

CMS Hospital CoP Manuals new address
State Operations Manual
Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals

Table of Contents
(Rev. 89, 08-30-13)

Transmittals for Appendix A

Survey Protocol

Introduction
Task 1 - Off-Site Survey Preparation
Task 2 - Entrance Activities
Task 3 - Information Gathering/Investigation
Task 4 - Preliminary Decision Making and Analysis of Findings
Task 5 - Exit Conference
Task 6 – Post-Survey Activities

Psychiatric Hospital Survey Module
Psychiatric Unit Survey Module
Rehabilitation Hospital Survey Module
Inpatient Rehabilitation Unit Survey Module
Hospital Swing-Bed Survey Module

Regulations and Interpretive Guidelines

§482.2 Provision of Emergency Services by Nonparticipating Hospitals

CMS Survey and Certification Website

Survey & Certification - General Information

- 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.

Select From The Following Options:

- Show all items
- Show only items whose [Year] is within the past [Year]
- Show only items whose Fiscal Year is [Year]
- Show only items containing the following word [Word]

www.cms.gov/SurveyCertificationGenInfo/PMSR/list.asp#TopOfPage

Click on policy & memos to states

There are 455 items in this list.
# Policy & Memos to States and Regions

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

<table>
<thead>
<tr>
<th>Title</th>
<th>Memo #</th>
<th>Posting Date</th>
<th>Fiscal Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidance for Hospitals, Critical Access Hospitals (CAHs) and Ambulatory Surgical Centers (ASCs) Related to Various Rules Reducing Provider/Supplier Burden</td>
<td>13-20-Acute Care</td>
<td>2013-03-15</td>
<td>2013</td>
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<tr>
<td>Luer Misconnection Adverse Events</td>
<td>13-14-ALL</td>
<td>2013-03-08</td>
<td>2013</td>
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<td>Physician Delegation of Tasks in Skilled Nursing Facilities (SNFs) and Nursing Facilities (NFs)</td>
<td>13-15-NH</td>
<td>2013-03-08</td>
<td>2013</td>
</tr>
<tr>
<td>F tag 155—Advance Directives—Revised Advance Copy</td>
<td>13-16-NH</td>
<td>2013-03-08</td>
<td>2013</td>
</tr>
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<td>F tag 322—Naso-Gastric Tubes—Revised Advance Copy</td>
<td>13-17-NH</td>
<td>2013-03-08</td>
<td>2013</td>
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<tr>
<td>Revised Roll-Out of the New End Stage Renal Disease (ESRD) Core Survey Process</td>
<td>13-18-ESRD</td>
<td>2013-03-08</td>
<td>2013</td>
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<td>Notice - Ninth Opportunity National Background Check Program Funding</td>
<td>13-12-NH</td>
<td>2013-03-01</td>
<td>2013</td>
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<tr>
<td>Information Only: New Dining Standards of Practice Resources are Available Now</td>
<td>13-13-NH</td>
<td>2013-03-01</td>
<td>2013</td>
</tr>
</tbody>
</table>
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

- This is the CMS 2567 deficiency data and lists the tag numbers

- Will update quarterly and updated November 2013
  - Available under downloads on the hospital website at www.cms.gov
## Infection Control Deficiencies Nov 2013

<table>
<thead>
<tr>
<th>Section</th>
<th>Tag Number</th>
<th>Number of Deficiencies</th>
</tr>
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<tbody>
<tr>
<td>Infection Control</td>
<td>747</td>
<td>38</td>
</tr>
<tr>
<td>Infection Control Preventionist</td>
<td>748</td>
<td>42</td>
</tr>
<tr>
<td>Infection Control Program</td>
<td>749</td>
<td>155</td>
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<tr>
<td>Infection Control Leadership Responsibility</td>
<td>756</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>255</strong></td>
<td><strong>255</strong></td>
</tr>
</tbody>
</table>
Access to Hospital Complaint Data

MEMORANDUM

DATE: March 22, 2013
TO: State Survey Agency Directors
FROM: Director
Survey and Certification Group

REF: S&C: 13-21-ALL

MEMORANDUM SUMMARY

- Survey Findings Posted on http://www.cms.gov: In July 2012, the Centers for Medicare & Medicaid Services (CMS) began posting redacted Statements of Deficiencies (CMS-2567s) for skilled nursing facilities and nursing facilities on Nursing Home Compare. In March 2013, CMS began posting CMS-2567s for short-term acute care hospitals and critical access hospitals (CAHs) for surveys based on complaint investigations. This memorandum describes the contents and location of these files.
- Other Web-based Tools Based on These Data: At least two additional websites, provided by private parties (ProPublica and the Association for Health Care Journalists), publish information based on the CMS-2567 data. These websites are independent of CMS. CMS does not endorse or sponsor any particular private party application.
- Plans of Correction (POC): The posted CMS data do not contain any POC information. State Survey Agencies (SAAs) and CMS Regional Offices (ROs) may see an increase in requests for both the CMS-2567 and any associated POCs.
- Question & Answers: We plan to issue an update to this memorandum that will include an attachment of frequently asked questions, in order to provide answers to other queries that may arise.

Background – Nursing Home Survey Findings

In July 2012, CMS began posting nursing home statements of deficiencies, derived from the Form
CMS Deficiencies  Nov 2013

- 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
- 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  Nov 2013

- 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 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
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

Memorandum Summary

* Under certain conditions, it is permissible to repack 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 repack SDVs into smaller doses, each intended for use with one patient. Among other things, these standards currently require that:
  - The facility doing the repackaging must use qualified, trained personnel to do so, under International Organization for Standardization (ISO) Class 5 air quality conditions within an ISO Class 7 buffer area. All entries into a SDV for purposes of repackaging under these conditions must be completed within 6 hours of the initial needle puncture.
  - All repackaged doses prepared under these conditions must be assigned and labeled with a beyond use date (BUD), based on an appropriate determination of contamination risk level in accordance with USP <797>, by the licensed healthcare professional supervising the repackaging process.

Ref: S&C: 12-35-ALL

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

- Make sure pharmacist has a copy of this memo

- If medication is repackaged under an arrangement with an off site vendor or compounding facility ask for evidence they have adhered to 797 standards

- ASHP Foundation has a tool for assessing contractors who provide sterile products

- Go to www.ashpfoundation.org/MainMenuCategories/PracticeTools/SterileProductsTool.aspx

- Click on starting using sterile products outsourcing tool now
Outsourcing Sterile Products Preparation: Contractor Assessment Tool

Developed with support from PharMEDiam 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!
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.*

ONE NEEDLE, ONE SYRINGE, ONLY ONE TIME.

Safe Injection Practices Coalition
www.ONEandONLYcampaign.org

ONEANDONLYCAMPAIGN.ORG
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).
CDC One and Only Campaign

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

http://oneandonlycampaign.org
Watch Award Winning Video

Safe Injection Practices - How to Do It Right

www.youtube.com/watch?v=6D0stMoz80k&feature=youtu.b
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
DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C2-21-16  
Baltimore, Maryland 21244-1880  

Office of Clinical Standards and Quality/Survey & Certification Group  

DATE: May 18, 2012  
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. A previous memo (11-28-NHP) dated...
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.
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 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
CMS Infection Control Standards

What Hospitals Need to Know.
Mandatory Compliance

- Hospitals that participate in Medicare or Medicaid must meet the Conditions of Participation (COPs)
  - For all patients in the facilities
  - Not just those who are Medicare or Medicaid

- Hospitals accredited by TJC, DNV Healthcare, CIHQ, and AOA HCFA have what is called deemed status
  - This means hospitals can be reimbursed for M/M patients without going through a state department of health survey
  - CMS must now report deficiencies to the accreditation organizations (AO)
  - CMS announces unannounced surveys related to IC control
CMS Hospital CoPs

- Interpretative guidelines on CMS website under state operations manual
  - Appendix A, Tag A-0001 to A 1164
  - Interpretative guidelines updated August 30, 2013
  - 457 pages long
  - Consider placing copy on intranet
  - Can go back and look up tag number to read more and infection control starts at tag 747

- Manuals found at website

Infection Control

- There were 12 pages of changes in the interpretive guidelines
- CAH follow Appendix W but Infection Control standards are very closely cross walked
- Reflected tag numbers, A-0747 thru 756
- Updated to reflect changing infectious and communicable disease threats
- Includes current knowledge and best practices
- Must follow national standards of care and practice
Infection Control

- Included four major sections
  - Active infection control program
  - Investigations and control of infections
  - Infection control log (no longer mandatory)
  - CEO, CNO, and MS must ensure hospital-wide training program and correction plan for problem areas
- Note that CMS has announced infection control inspections of hospitals so need to do this right
§482.42 Condition of Participation: Infection Control

The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.

Interpretive Guidelines §482.42

This regulation requires the hospital to develop, implement, and maintain an active, hospital-wide program for the prevention, control, and investigation of infections and communicable diseases. The National Institute of Allergy and Infectious Diseases defines an infectious disease as a change from a state of health to a state in which part or all of a host’s body cannot function normally because of the presence of an infectious agent or its product. An infectious agent is defined by the NIAID as a living or quasi-living organism or particle that causes an infectious disease, and includes bacteria, viruses, fungi, protozoa, helminthes, and prions. NIAID defines a communicable disease as a disease associated with an agent that can be transmitted from one host to another. (NIAID website glossary)
TJC Infection Prevention and Control

- TJC has a chapter on Infection Prevention and Control that is 8 pages long
- 11 standards and 60 EPs
- Organized into planning, implementation and evaluation
- Also 5 important ones in 2014 NPSGs on reduce the risk of HAIs (Goal 7) hand hygiene, prevent surgical site infections, MDROs, and central line infections and CaUTI
- Need to be aware of both and most stringent applies
Chapter: Infection Prevention and Control Chapter (IC)
Program: Hospital

SII Chapter Outline: IC

I. Planning
   A. Responsibility (revised IC.01.01.01)
   B. Resources (revised IC.01.02.01)
   C. Risks (revised IC.01.03.01)
   D. Goals (revised IC.01.04.01)
   E. Activities (revised IC.01.05.01)
   F. Influx (revised IC.01.06.01)

II. Implementation
   A. Activities (revised IC.02.01.01)
   B. Medical Equipment, Devices, and Supplies (revised IC.02.02.01)
   C. Transmission of Infections (revised IC.02.03.01)
   D. Influenza Vaccinations (revised IC.02.04.01)

III. Evaluation (revised IC.03.01.01)
Accreditation Program: Hospital  Chapter: Infection Prevention and Control

**Standard IC.01.01.01**
The hospital identifies the individual(s) responsible for the infection prevention and control program.

**Elements of Performance for IC.01.01.01**

1. The hospital identifies the individual(s) with clinical authority over the infection prevention and control program.
2. When the individual(s) with clinical authority over the infection prevention and control program does not have expertise in infection prevention and control, he or she consults with someone who has such expertise in order to make knowledgeable decisions.
3. The hospital assigns responsibility for the daily management of infection prevention and control activities. (See also HR.01.02.01, EP 1; LD.03.06.01, EP 3)
   Note: Number and skill mix of the individual(s) assigned should be determined by the goals and objectives of the infection prevention and control program.
4. For hospitals that use Joint Commission accreditation for deemed status purposes: The individual with clinical authority over the infection prevention and control program is responsible for the following:
   - Developing policies governing control of infections and communicable diseases
   - Implementing policies governing control of infections and communicable diseases
   - Developing a system for identifying, reporting, investigating, and controlling infections and communicable diseases

**Standard IC.01.02.01**
Hospital leaders allocate needed resources for the infection prevention and control program.

**Elements of Performance for IC.01.02.01**

1. The hospital provides access to information needed to support the infection prevention and control program. (See also IM.02.02.03, EP 2)
2. The hospital provides laboratory resources when needed to support the infection prevention and control program.
3. The hospital provides equipment and supplies to support the infection prevention and control program.
CDC Cost of HAI

- CDC published 16 page document on the direct medical costs of HAI in US Hospitals and the Benefits of Prevention in 2009
  
- 4.5 HAIs per 100 admissions
  
- Direct medical costs ranges from $28.4 to $33.8 billion dollars a year
  
- Benefit of prevention range from $5.7 to $6.8 billion dollars based on 20% are preventable

- This is why IC is **being hit hard** and reason for 50 million grant to enforce and the billion dollars to HHS

THE DIRECT MEDICAL COSTS OF
Healthcare-Associated Infections in U.S. Hospitals
and the Benefits of Prevention

Author – R. Douglas Scott II, Economist
# Number of HAIs by Site

## Table 3: Estimated Number of HAIs by site of infection

<table>
<thead>
<tr>
<th>Major site of Infection</th>
<th>Estimated Number of Infections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare-Associated Infection (all HAI)</td>
<td>1,737,125</td>
</tr>
<tr>
<td>Surgical Site Infection (SSI)</td>
<td>290,485</td>
</tr>
<tr>
<td>Central Line Associated Bloodstream Infections (CLABSI)*</td>
<td>92,011</td>
</tr>
<tr>
<td>Ventilator-associated Pneumonia (VAP)**</td>
<td>52,543</td>
</tr>
<tr>
<td>Catheter associated Urinary tract Infection (CAUTI)**</td>
<td>449,334</td>
</tr>
<tr>
<td>Clostridium difficile-associated disease (CDI)16</td>
<td>178,000</td>
</tr>
</tbody>
</table>

* Total BSI adjusted to estimate CLABSI \((248,678 \times 0.37^{19}) = 92,011\)

** Total Pneumonia infections adjusted to estimate VAP \((250,205 \times 0.21^{19}) = 52,543\)

*** Total UTIs adjusted to estimate CAUTI \((561,667 \times 0.80^{19}) = 449,334\)

## Table 4: The average attributable per patient costs of HAI by selected sites
HHS Action Plan

- Estimated that HAIs incur nearly $20 billion in excess healthcare cost each year
  - Many are preventable
- Top priority of HHS now
- Develop HHS Action Plan to Prevent HAIs
- Every infection preventionist (IP) should have a copy of this document
- HHS get a billion dollars to enforce IC and has a video every healthcare practitioner should see
  - Partnering to heal video at http://www.hhs.gov/partneringtoheal

1 http://hhs.gov/ophs/initiatives/hai/index.html
Video on Preventing HAI

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;
This is Your Hand UNWASHED!

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.
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
- After your hands are visibly dirty

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.

www.cdc.gov/h1n1flu/pdf/handwashing.pdf
WASH YOUR HANDS.

EVERY YEAR
in the United States,
foodborne illnesses cause:

76 MILLION
people to get diarrhea and upset stomachs

325,000
people to be hospitalized

5,000
unnecessary deaths


LÁVESE LAS MANOS.

LAVE SUAS MÃOS.
Wash your hands so you can stop germs

1. Use soap and running water.
2. Rub your hands back and forth.
3. Rinse with water.
4. Dry hands with paper towel.

www.mass.gov/eohhs/docs/dph/cdc/handwashing/poster-kids.pdf
Infection Control   Follow the Money!

- This area is very important now
- Now if you do not do this right it could cost the hospital money
- CMS has hospital acquired condition (HAC) in which no additional payment is made for Medicare patients and CMS will do this for Medicaid patients
- Many states agree not to bill for some or all of the 29 never events or serious reportable events (revised list in 2011)
- Insurance companies are putting it into their contracts that hospitals will not bill for any of the never events
Infection Control

- Make sure you have a qualified infection control coordinator, nurse, or epidemiologist
  - Now called *infection preventionist* or IP by APIC & CMS
- There will be no additional payment if the patient gets a hospital acquired conditions
- Do you have enough FTEs devoted to the area of infection control or is your facility woefully underfunded and understaffed??
CMS Hospital Acquired Conditions

- CMS has no additional payment for these HACs or never events
- Studies show high cost to hospitals
- Vascular catheter-associated infection
- Surgical site infection such as mediastinitis after coronary artery bypass graft surgery
- Catheter-associated urinary tract infections
- Surgical-site infections following certain orthopedic procedures (repair, replacement or fusion of joints)
The guidelines include a definition of infectious disease, infectious agent, and communicable diseases.

Hospitals may want to include these definitions in their revised policies and procedures.

Definitions developed by the National Institute of Allergy and Infectious Diseases (NIAID).

Communicable disease is defined as a disease associated with an agent that can be transmitted from one host to another.
Definition of Infection

- **Infectious disease** is defined as a change from a state of health to a state in which part or all of a host’s body cannot function normally because of the presence of an infectious agent or its product.

- **An infectious agent** is defined as a living or quasi-living organism or particle that causes an infectious disease, and includes bacteria, viruses, fungi, protozoa, helminths (parasitic worms), and prions.

- Note that APIC now calls them infection preventionist or IPs.
Infection Control (IC)

- Hospital must have sanitary environment to avoid sources and transmission of infection and communicable diseases
  - Maintain an active IC program for prevention, control, and investigation of infections and communicable diseases
  - Standards apply to all departments of hospitals both on and off campus
- All areas must be clean and sanitary
  - No dried blood on the floor, side of stretchers or on the ceiling tile
Infection Control

- Infection prevention must include monitoring of housekeeping and maintenance including construction activities.

- Areas to monitor include food storage preparation, serving and dish rooms, refrigerators, ice machines, air handlers, autoclave rooms, venting systems, inpatient rooms, treatment areas, labs, waste handling, surgical areas, supply storage and equipment cleaning.
Infection Control (IC) A-0747

- Include all standards of care and practice
  - State and federal laws

- Look at national organization recommendations
  - **APIC** (Association for Professionals in Infection Control and Epidemiology), **CDC** (Center for Disease Control), **SHEA** (Society for Healthcare Epidemiology of America), **OSHA** (Occupational Health and Safety Administration), AORN, IDSA, etc.

- Investigate infections and communicable diseases for **inpatients** and **personnel** working in hospitals including volunteers
APIC’s Targeting Zero Campaign

- Targeting zero is the philosophy that every hospital should be working toward a goal of zero HAIs.
- While not all HAIs are preventable, APIC believes we should strive for the goal of elimination and strive for zero infections.
- Association for Professionals in Infection Control and Epidemiology (APIC) put together many resources to help hospitals to start to meet this goal.
- Prompt investigation of HAIs of greatest concern to the hospital (like MRSA, C-Diff surgical site infections, catheter associated UTIs).
- Needed because of our declining arsenal of antibiotics to treat infections.
Infection Control

- Maintain active surveillance program
  - So what’s in your IC plan and IC program?
  - Specific measures for infection detection, data collection, analysis monitoring, and evaluations of preventive interventions
- Document surveillance activities
- Must have reliable sampling or other mechanism in place to identify and monitor infections and communicable diseases
### What’s in Your Infection Control Plan?

**GETTING TO ZERO**

**INFECTION CONTROL AND PREVENTION (ICP) ACTION PLAN**

<table>
<thead>
<tr>
<th>PRIORITY AREA</th>
<th>ACTION REQUIRED</th>
<th>MEASUREMENT OF SUCCESS</th>
<th>LEAD</th>
<th>PRIORITY</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infrastructure</strong></td>
<td>1. Form a Hospital-wide multidisciplinary Infection Control and Prevention (ICP) workgroup from inpatient and outpatient services, including Physician, Nursing, Pharmacy, Laboratory, Housekeeping, Facilities, Risk, Quality and Safety departments, etc. to: • Oversee the development and implementation of Hospital X’s Infection Control and Prevention strategies • Monitor performance against the action plan • Review scorecard metrics (including all deaths associated with infections) • Serve as champions to facilitate intervention strategies</td>
<td>Formation of ICP workgroup with quarterly progress reports</td>
<td>VP Clinical Safety, Local Infectious Disease physician to co-chair ICP workgroup</td>
<td>HIGH</td>
<td>January 09</td>
</tr>
<tr>
<td></td>
<td>2. Assess and recommend appropriate local structure to ensure accountability in meeting “getting to zero” goals</td>
<td>Distribution of draft recommendations for local accountability structure</td>
<td>VP Clinical Safety, VP Medical Services, Physician Leadership Council, Nursing Leadership Council</td>
<td>HIGH</td>
<td>February 09</td>
</tr>
<tr>
<td>PRIORITY AREA</td>
<td>ACTION REQUIRED</td>
<td>MEASUREMENT OF SUCCESS</td>
<td>LEAD</td>
<td>PRIORITY</td>
<td>COMPLETION DATE</td>
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<tr>
<td>Management and Communication of Critical Data and Information</td>
<td>1. Establish a process for thorough review and appropriate action steps related to the following: - Hospital X deaths or serious harm associated with infections, including mechanism to share action plans and findings Hospital X-wide to prevent recurrence. - Notification &amp; inclusion of ICP leaders in renovation or new construction design - Incidences of infection control breakdown</td>
<td>Established review process and action plan drafted</td>
<td>Patient Safety Center with assistance of multidisciplinary ICP workgroup</td>
<td>HIGH</td>
<td>March 09</td>
</tr>
<tr>
<td></td>
<td>2. Evaluate available ICP alert and reporting software to maximize ICP efficiency, documentation, screening and surveillance</td>
<td>Completed evaluation with recommendation of ICP alert and reporting software</td>
<td>Patient Safety Center with assistance of multidisciplinary ICP workgroup</td>
<td>HIGH</td>
<td>September 09</td>
</tr>
<tr>
<td></td>
<td>3. Define metrics for: - Appropriate use of targeted antibiotics - MRSA - SSI - VAP - CLBSI - CA-UTI</td>
<td>Monthly report of metrics</td>
<td>Hospital X Pharmacy &amp; Therapeutics Committee, Quality Management Department and Patient Safety Center</td>
<td>HIGH</td>
<td>July 09</td>
</tr>
</tbody>
</table>
# IC Risk Assessment & Prioritization

## Infection Control

**RISK ASSESSMENT AND PRIORITIZATION WORKSHEET**

<table>
<thead>
<tr>
<th>Event / Conditions and Problems</th>
<th>What is the potential impact of this condition/problem on patients, staff, and visitors?</th>
<th>What is the probability of this condition/problem impacting patients and staff?</th>
<th>What is your organization's preparedness to deal with this condition / problem?</th>
<th>Numerical risk level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High (3)</td>
<td>Med (2)</td>
<td>Low (1)</td>
<td>None (0)</td>
</tr>
<tr>
<td>GEOGRAPHY &amp; COMMUNITY:</td>
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<tr>
<td>Transportation Mass Casualty</td>
<td></td>
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<tr>
<td>TB Exposure</td>
<td></td>
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<tr>
<td>Hurricanes</td>
<td></td>
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<tr>
<td>Community-Acquired MRSA</td>
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<td></td>
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<tr>
<td>POTENTIAL INFECTION:</td>
<td></td>
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<tr>
<td>Surgical Site Infection</td>
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<tr>
<td>Endophthalmitis</td>
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<tr>
<td>Fusarium</td>
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<tr>
<td>VRE</td>
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<tr>
<td>MRSE</td>
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<tr>
<td>MRSA (hospital acquired)</td>
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<td></td>
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<tr>
<td>COMMUNICATION:</td>
<td></td>
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<tr>
<td>Lack of notification of presence of HAI</td>
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<tr>
<td>Lack of notification of employee with illness/disease</td>
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<tr>
<td>EMPLOYEES:</td>
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</table>

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Note: The table is a template for risk assessment and prioritization in infection control. Each event or condition is rated on a scale of 1 to 3 for impact, probability, and preparedness, and the numerical risk level is calculated based on these ratings.
<table>
<thead>
<tr>
<th>Event / Conditions and Problems</th>
<th>What is the potential impact of this condition/problem on patients, staff, and visitors?</th>
<th>What is the probability of this condition/problem impacting patients and staff?</th>
<th>What is your organization's preparedness to deal with this condition / problem?</th>
<th>Numerical risk level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High (3) Med (2) Low (1) None (0)</td>
<td>High (3) Med (2) Low (1) None (0)</td>
<td>None (3) Poor (2) Fair (1) Good (0)</td>
<td>Total</td>
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<tr>
<td>Latex risk</td>
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<tr>
<td>Indoor air contaminates</td>
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<tr>
<td>Sharps Injury</td>
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<tr>
<td>Flu Vaccine Non-Compliance</td>
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<tr>
<td>Compliance with isolation</td>
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<tr>
<td>Biological Exposure</td>
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<tr>
<td>Gas or vapor exposure</td>
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<td>Radiation Exposure</td>
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<tr>
<td>Asbestos Exposure</td>
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<tr>
<td>ENVIRONMENT:</td>
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<tr>
<td>Major biohazard spill</td>
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<tr>
<td>Improper cleaning of environment</td>
<td></td>
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<tr>
<td>Ineffective pre-construction IC planning (risk assessment)</td>
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<tr>
<td>Water Intrusion</td>
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<tr>
<td>Chemical Exposure</td>
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<tr>
<td>SUPPLIES/EQUIPMENT:</td>
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<td></td>
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<tr>
<td>Improper cleaning or disinfection of equipment</td>
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</tbody>
</table>
Infection Control

- Infection control must be integrated in PI
- Surveillance activities should be conducted in accordance with recognized surveillance practices
  - CDC NHSN (National Healthcare Safety Net)
  - NHSN is internet-based surveillance system managed by the CDC
  - Hospitals now using to report ICU and NICU central line infections and selected reporting of CAUTIs
  - Available for hospitals at no charge and great resource
  - Provides multiple options for data analysis and more flexibility for sharing information within and outside the facility
Infection Control

- NHSN replaces the CDCs National Nosocomial Infection Surveillance system (NNIS)
  - Was considered the gold standard for tracking HAI for more than 30 years
  - Designed to help hospitals better manage episodes of HAI such as MRSA and VRE
  - Used by the VA hospitals
  - Hospitals report central line infections in ICUs and NICUs
- Enroll on-line for HAI surveillance and many other resources\(^1\)

\(^1\)http://www.cdc.gov/ncidod/dhqp/nhsn.html
The National Healthcare Safety Network (NHSN) is a secure, internet-based surveillance system that integrates and expands legacy patient and healthcare personnel safety surveillance systems managed by the Division of Healthcare Quality Promotion (DHQP) at CDC. NHSN also includes a new component for hospitals to monitor adverse reactions and incidents associated with receipt of blood and blood products. Enrollment is open to all types of healthcare facilities in the United States, including acute care hospitals, long term acute care hospitals, psychiatric hospitals, rehabilitation hospitals, outpatient dialysis centers, ambulatory surgery centers, and long term care facilities. For more information, click on the topics below.

Contact NHSN:
Centers for Disease Control and Prevention
National Healthcare Safety Network
MS-A24
1600 Clifton Rd
Atlanta, GA 30333
800-CDC-INFO (800-232-4636)
TTY: (888) 222-6348
New Hours of Operation
8am-8pm ET/Monday - Friday
National Healthcare Safety Network (NHSN) Training

Our mission is to offer learning opportunities in a variety of formats that enhance the knowledge and skills of NHSN facility- and group-level participants and their partners in order that they may effectively use the data obtained from the surveillance system to improve patient and healthcare personnel safety.

Objectives

- Convey NHSN data collection methods, submission requirements, and analysis options to participants so that they may acquire, submit, and disseminate high quality, actionable data.
- Prepare participants to use the NHSN reporting application accurately and efficiently.
- Enhance participants’ and their partners’ understanding of data quality and the value of adverse event monitoring.
- Encourage collaboration among participants and partners to improve the patient and healthcare personnel safety across the spectrum of care.

NHSN training topics...

- Course Catalog
  - Course descriptions for NHSN components, modules and events
- Patient Safety Component
  - Self-paced training for specific module & events
- Enrollment & Setup
  - Self-paced training for new NHSN enrollment and existing facility set-up
- Dialysis Event
  - Self-paced training for outpatient dialysis facilities enrollment &
National Healthcare Safety Network (NHSN) Training

Patient Safety Component Training

Introduction to Patient Safety Component

Overview of the Patient Safety Component
Course description

On this Page
- Introduction to Patient Safety Component
- Device-associated Module
- Procedure-associated Module
- MDRO and CDI Module
- Vaccination Module
- Webinars with Case Studies

Device-associated Module

Introduction to Device-associated Module
Course description

Central Line-associated Bloodstream Infection (CLABSI)
Course description

Catheter-associated Urinary Tract Infection (CAUTI)
Course description

Central Line Insertion Practices (CLIP)
Course description

Symbol Key
- These courses consist of self-paced, interactive multimedia instruction delivered online.
- Slide presentation view online or print.
- Pre-recorded podcast presentation available for viewing on-demand.

Contact NHSN:
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TTY: (888) 232-6348
New Hours of Operation
8am-8pm ET/Monday -Friday
Closed Holidays
nhsntrain@cdc.gov
Patient Safety Component

- **Device-associated**
  - Device-associated module (CLABSI, VAP, CAUTI)
    (First half includes Overview of NHSN)
    **Audience:** All NHSN users including Facility Administrators and Group Administrators.

- **Procedure-associated**
  - NHSN Central Line Insertion Practices (CLIP) Training Course
    **Audience:** All NHSN users including Facility Administrators and Group Administrators.
  - Procedure-associated module (SSI, PPP), Medication-associated module
    **Audience:** All NHSN users including Facility Administrators and Group Administrators.

- **Specific Event Criteria Training**
  **Audience:** All NHSN users including Facility Administrators and Group Administrators.

- **MDRO and CDAD**
  - MDRO Infection Surveillance Training
    **Audience:** All NHSN users including Facility Administrators and Group Administrators.
  - LabID Event Reporting Training
    **Audience:** All NHSN users including Facility Administrators and Group Administrators.
  - Prevention Process and Active Surveillance Testing


1 National Institutes of Health, Bethesda, Maryland
2 Infusion Nurses Society, Norwood, Massachusetts
3 Greenwich Hospital, Greenwich, Connecticut
4 University of Washington, Seattle, Washington
5 Wheaton Franciscan Healthcare-St Joseph, Milwaukee, Wisconsin
6 University of Massachusetts Medical School, Worcester, Massachusetts
7 Johns Hopkins University School of Medicine, Baltimore, Maryland
8 Warren Alpert Medical School of Brown University and Rhode Island Hospital, Providence, Rhode Island
9 Office of Infectious Diseases, CDC, Atlanta, Georgia
10 MD Anderson Cancer Center, Houston, Texas
11 The Children’s Hospital, Boston, Massachusetts
12 University of Nebraska Medical Center, Omaha, Nebraska
13 Ann Arbor VA Medical Center and University of Michigan, Ann Arbor, Michigan
4 Challenges in Infection Control

- CMS said there are four special challenges in infection control (just four?)
  - Challenge 1: Multidrug-Resistant Organisms
  - Challenge 2: Infection Control in Ambulatory Care
  - Challenge 3: Communicable Disease Outbreaks
  - Challenge 4: Bioterrorism
Multidrug-Resistant Organisms

- Multidrug-resistant organisms (MDROs) are resistant to one or more antimicrobial agents
  - Treatment is more difficult
  - These bad bugs are more dangerous
- Have systems in place to identify and prevent transmission of these organisms.
- The CDC has a special publication on “Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006”

Management of Multidrug-Resistant Organisms In Healthcare Settings, 2006


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.
The goal of the National MRSA Education Initiative is to help Americans better recognize and prevent MRSA skin infections.

Why is this important? Recent data show that Americans visit the doctor approximately 12 million times each year to get checked for suspected Staph or MRSA skin infection.

The good news is that a few simple steps can prevent and reduce the spread of MRSA.
Healthcare-associated Methicillin Resistant *Staphylococcus aureus* (HA-MRSA)

**Overview of Healthcare-associated MRSA**

Methicillin-resistant *Staphylococcus aureus* (MRSA) is a type of staph bacteria that does not react to certain antibiotics and will normally cause skin infections, but MRSA can also cause other infections— including pneumonia. MRSA can be fatal. In 1974, MRSA infections accounted for two percent of the total number of staph infections; in 1995 it was 22%; in 2004 it was 63%. CDC estimated that 94,360 invasive MRSA infections occurred in the United States in 2005; 18,650 of these were associated with death. MRSA is resistant to antibiotics including methicillin, oxacillin, penicillin, and amoxicillin. Since these strong drugs are not effective with MRSA, these infections are sometimes called Multidrug-Resistant Organisms (MDROs). Staph infections, including MRSA, occur most often among people in hospitals and healthcare facilities (such as nursing homes and dialysis centers) who have weakened immune systems. The infection can be spread by skin-to-skin contact, sharing or touching a personal item with someone with infected skin, or touching a surface or item that has been in contact with someone with MRSA.

MRSA infections that occur in otherwise healthy people who have not been recently (within the past year) hospitalized or had a medical procedure (such as dialysis, surgery, catheters) are known as community-associated MRSA infections (CA-MRSA). These infections are usually skin infections such as abscesses, boils, and other pus-filled lesions, but these infections may also lead to more serious illness, such as pneumonia. (See [Community-associated MRSA](/community-associated-mrsa) )
Guide to Preventing Clostridium difficile Infections

www.apic.org/Professional-Practice/Implementation-guides
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
Stable URL: http://www.jstor.org/stable/10.1086/651706
Accessed: 02/08/2011 23:02

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Infection Control in Ambulatory Care

- Infection control in ambulatory care presents special problems
  - Patients remain in common areas such as the lobby and ED waiting areas
  - Patients are turned around quickly with minimal cleaning
  - Infectious patients may not be recognized immediately
  - Immuno-compromised patients can receive treatment in rooms with other patients who pose a risk of infection
APIC Resources for Ambulatory Care

Quality Infection Prevention Resources for Ambulatory Care
Learn from the Leading Experts!

APIC, the leading provider of infection prevention and control solutions, has developed a series of resources specific to the ambulatory care setting. With all of the new requirements, regulations, and expectations regarding infection prevention and control in ambulatory care, we know how overwhelming it can be. And we're here to help you find what you need in the most efficient way.

APIC offers infection prevention resources directly applicable to ambulatory care...
- Guidelines have been developed by the CDC’s Healthcare Infection Control Practices Advisory Committee (HICPAC) [www.cdc.gov/hicpac/pubs.html](http://www.cdc.gov/hicpac/pubs.html)
  - Infection control plan for ambulatory care
  - Norovirus gastroenteritis outbreaks 2011
  - Guidelines for Disinfection and Sterilization in Healthcare Facilities 2008
  - Guidelines for Isolation Precautions 2007
  - CDC Intravascular guidelines 2011
  - Management of Multidrug-Resistant Organisms 2006
  - Influenza Vaccination of Healthcare Personnel 2006
Guideline for the Prevention and Control of Norovirus Gastroenteritis Outbreaks in Healthcare Settings

Taranisia MacCannell, PhD, MSc; Craig A. Umscheid, MD, MSCE; Rajender K. Agarwal, MD, MPH; Ingi Lee, MD, MSCE; Gretchen Kurtz, MSW, MLSIS; Kurt B. Stevenson, MD, MPH and the Healthcare Infection Control Practices Advisory Committee (HICPAC)

Division of Healthcare Quality Promotion
Centers for Disease Control and Prevention
Atlanta, GA

2 Center for Evidence-based Practice
University of Pennsylvania Health System
Philadelphia, PA

Division of Infectious Diseases
The Ohio State University
Columbus, OH

www.cdc.gov/hicpac/norovirus/002_norovirus-toc.html
Healthcare Infection Control Practices Advisory Committee (HICPAC)

HICPAC is a federal advisory committee made up of 14 external infection control experts who provide advice and guidance to the Centers for Disease Control and Prevention (CDC) and the Secretary of the Department of Health and Human Services (HHS) regarding the practice of health care infection control, strategies for surveillance and prevention and control of health care associated infections in United States health care facilities.

One of the primary functions of the committee is to issue recommendations for preventing and controlling health care associated infections in the form of guidelines, resolutions and informal communications.

Whats New

- Guideline for the Prevention and Control of Norovirus Gastroenteritis Outbreaks in Healthcare Settings, 2011

Save the Date

- November 03-04
  - Location: TBD, Washington, DC
Infection Control in Ambulatory Care

- CDC’s Healthcare Infection Control Practices Advisory Committee (HICPAC) Guidelines (continued)
  - Guidance on Public Reporting of HAI 2005
  - Guidelines for Preventing Healthcare Associated Pneumonia 2004
  - Guidelines for Environmental Infection Control in Healthcare Facilities 2003, 2002
  - Hand hygiene guidelines, Prevention of Surgical Site Infections and more

- HICPAC is a federal advisory committee made up of 14 external IC experts who provide guidance and advice to the CDC and HHS
  - Members from APIC, SHEA, AORN, CMS, FDA etc.
Preventing Infections in the Outpatient Unit

- 2011 CDC has a guide and checklist for preventing infections in the outpatient setting
  - The Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care and
  - The Infection Prevention Checklist for Outpatient Settings; Minimum Expectations for Safe Care

- Free off the website at www.cdc.gov/hai/settings/outpatient/outpatient-settings.html?source=govdelivery
CDC Guide Infection Control Outpatients

GUIDE TO INFECTION PREVENTION FOR OUTPATIENT SETTINGS:
Minimum Expectations for Safe Care

Communicable Disease Outbreaks

- Community-wide outbreaks of communicable diseases present many of the same types of issues as hospital infection disease threats
  - Understand the epidemiology
  - Know how it is transmitted and the clinical course of the disease in order to manage the outbreak
- Pandemics, or widespread outbreaks of an infection require back up resources
  - Hospitals need to work with state, federal, and local health agencies
Communicable Disease Outbreaks

- There are at a minimum four things that must be addressed:
  - Preventing transmission among patients, healthcare personnel, and visitors
  - Identifying persons who may be infected and exposed
  - Providing treatment or prophylaxis to large numbers of people
  - Logistical issues (staff, medical supplies, resupply, continued operations, and capacity)
I. In addition to implementation of the general Emergency Management Policies, the following issues will be addressed for infectious diseases. Additional information is contained in policies for SARS, Bioterrorism preparedness, pandemic flu preparation.

II. Community Resources: Determine if this is a community-wide event and if other facilities, shelters, hotels, etc., are also accepting the infectious patients. If so, coordinate decision-making with community disaster agencies and local/state public health departments.

III. Type Of Infectious Disease/Mode Of Transmission: Determine what types of infectious disease the patients have and its mode of transmission. If the mode of transmission is any mode that requires precautions beyond standard precautions, make a decision regarding the following:

A. Are rooms needed with negative pressure for isolation?
   1. If yes, does the facility have adequate negative pressure rooms or can rooms be retrofitted for negative pressure?
   2. Can several patients fit into the available negative pressure rooms and thus accommodate the influx?
   3. Can a wing of the building that does not share an air system with the rest of the building be used for the infectious patients?
   4. Does the entire building need to be emptied of patients without the infectious disease so the building can be used for only patients with the infectious disease?
   5. Does an outdoor temporary shelter need to be implemented to house the infectious patients?

B. If negative pressure is not needed but contact or droplet precautions are,
   1. Does the facility have adequate rooms/spaces to cohort the patients with the infectious disease? Move patients to fifth floor if possible to vent out top of
Cover Your Cough Posters

www.cdc.gov/flu/protect/covercough.htm
Bioterrorism

- Hospitals should be well versed in emergency preparedness, including bioterrorism
- Terrorists could use bioterrorism
- There is a long list of bioterrorism agents
  - Anthrax, arenaviruses, botulism, brucellosis, cholera, Ebola virus hemorrhagic fever, E. coli, Lassa fever, plague, ricin toxin, salmonella, and cryptosporidium
- For a comprehensive list go to website\(^1\)

\(^1\)http://www.emergency.cdc.gov/agent/agentlist.asp
Emergency Preparedness

APIC offers educational and reference materials for infection preventionists, healthcare and public health professionals, and disaster planners related to infection prevention and emergency preparedness enabling members to collaborate with local, state, and federal agencies in areas related to preventing infection transmission during disasters.

You may also visit the Emergency Preparedness Conference Education Library to purchase recordings of emergency preparedness sessions from the 2009 APIC Annual Conference.

- Incident Command Training
- Pandemics
- Bioterror
- Surge Capacity
- H1N1 Flu Information
- Special Needs Populations
- Natural Disasters
- Position Papers
Bioterrorism

- The hospital must be in compliance with the Occupational Health and Safety Administration’s Bloodborne Pathogens regulation

- The Code of Federal Regulations can be obtained free from the internet

- Regulations address PPE, safer needles, and use of universal precautions to prevent the spread of infection
Many have added these to their job descriptions

Maintain sanitary hospital environment

Ventilation and water controls, construction-make sure safe environment, safe air handling in areas of special ventilations such as the OR and isolation rooms, techniques for food sanitation, cleaning and disinfecting surfaces, carpeting and furniture, how is pest control done, and disposal of trash along with non-regulated waste
A person or persons must be designated as infection control officer or officers to develop and implement policies governing control of infections and communicable diseases.

APIC and CMS call these professionals infection preventionists.
Hospital infection control officers are often referred to as hospital epidemiologists (HEs), infection control professionals (ICPs) or IP.

- APIC calls them *Infection Preventionist* or IP and June 7, 2013 CMS added IP to tag 748.

- CDC has defined “infection control professional” as “a person whose primary training is in either nursing, medical technology, microbiology, or epidemiology and who has acquired specialized training in infection control.”

- The hospital must designate in writing an individual as its infection control officer.
Infection Control Preventionist

- The person assigned to the job should be educated and competent in that area
  - Qualified through education, training, experience, or certification
- Certification offered by:
  - Certification Board of Infection Control and Epidemiology Inc. (CBIC)
  - Specialty boards in adult or pediatric infectious diseases
    - American Board of Internal Medicine (for internists)
    - American Board of Pediatrics (for pediatricians).
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 H. Farber, RN, CIC, Tom B. Lee, MSN, CIC, Jared P. Hase, DNSc, CIC, Stephen A. Sneed, MS, CIC

Abstract

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

- Infection control officers should maintain their qualifications
- This should be done through ongoing education and training
  - APIC has excellent educational conferences
  - This requirement can be demonstrated by participation in infection control courses, or in local and national meetings organized by recognized professional societies, such as APIC and SHEA
- Develop and implement IC measures (hospital staff, contract workers, volunteers)
Mitigate risks associated with
- Patient infections present upon admission
- Risks contributing to HAI

Conduct active surveillance *(revised June 2013)*
- Includes patients, staff, volunteers, and contract workers
- Must identify and track infectious and communicable diseases
- Including HAI selected by IC program bases on targeted surveillance based on nationally recognized guidelines and periodic risk assessment
IC Officer’s Responsibilities 749 2013

- Active surveillance (continued)
  - Culture or patient colonized with MDRO
  - Isolation patients
  - Patients or staff with reportable communicable diseases
  - Staff or patients with signs in which local, state, or feds request
  - Staff or patients infected with significant pathogens
  - Recommend use of automated surveillance technology

- Monitoring compliance with all P&Ps, protocols and other infection control program requirements
IPs Responsibilities

- Evaluate and revise of the program, when indicated
- Coordinate with federal, state, and local emergency preparedness and health authorities to address communicable disease threats, bioterrorism, and outbreaks
  - As required by law
- Comply with the reportable disease requirements of the local health authority
- Integrate IC program into hospital-wide QAPI
Long list of IC policies that hospitals must have

The 22 policies are now organized under 5 sections

Maintain a sanitary physical environment

Hospital staff related measures (evaluate hospital staff immunization status for infectious diseases as per CDC and APIC, how you screen hospital staff for infections likely to cause significant infectious disease to others, policy on when staff are restricted from working)
IC Policies Include:

- New employee orientation (include handwashing)
- How to mitigate risk when patient admitted with infection
  - Must be consistent with the CDC isolation guidelines
  - Staff knowledge of PPE
- Mitigate risk that cause or contribute to HAI
  - SCIP measures, appropriate hair removal, timely antibiotics in OR, DC in 24 hours except 48 hours for cardiac patients, beta blockers during perioperative periods for select cardiac patients, proper sterilization of equipment, etc.
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.

CDC has interim infection prevention and control recommendations

Recommend standard, contact, and airborne precautions for patients hospitalized with Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

- Suspect high rate of mortality, limited human to human transmission, unknown mode of transmission

Similar to coronavirus that caused severe acute respiratory syndrome (SARS)

Interim Infection Prevention and Control Recommendations for Hospitalized Patients with Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

Standard, contact, and airborne precautions are recommended for management of hospitalized patients with known or suspected MERS-CoV infection, based on CDC's case definition for patient under investigation. These recommendations are consistent with those recommended for the coronavirus that caused severe acute respiratory syndrome (SARS). As information becomes available, these recommendations will be re-evaluated and updated as needed.

These recommendations are based upon available information (as of June 10, 2013) and the following considerations:

- Suspected high rate of morbidity and mortality among infected patients
- Evidence of limited human-to-human transmission
- Poorly characterized clinical signs and symptoms
- Unknown modes of transmission of MERS-CoV
- Lack of a vaccine and chemoprophylaxis
- Absence of confirmed or probable MERS-CoV cases in the United States

Selected Components of Standard, Contact, and Airborne Precautions Recommended for Prevention of MERS-CoV Transmission in Hospitals

For full details of these precautions, see 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Setting.

<table>
<thead>
<tr>
<th>Component</th>
<th>Recommendation(s)</th>
<th>Comments</th>
</tr>
</thead>
</table>
| Patient placement  | Airborne Infection Isolation Room (AIIR)        | If an AIIR is not available, the patient should be transferred as soon as feasible to a facility where an AIIR is available. Pending transfer, place a facemask on the patient and isolate him/her in a single-patient room with the door closed. The patient should not be placed in any room where
IC Policies Include:

- Isolation procedures for:
  - Highly immuno-suppressed patients (HIV or chemo patients)
  - Trach care, respiratory care, burns, and other similar situations

- HAI risk mitigation
  - Promotion of hand hygiene
  - Measures to prevent organisms that are antibiotic resistant such as MRSA and VRE

- Central line bundle, VAP bundle or sepsis bundle, prompt removal of foley catheter

- Use of disinfectants, antiseptics, and germicides in accordance with manufacturers instructions
IP Tools is a resource for information sharing among Infection Preventionists.

JOIN THE THOUSANDS OF USERS FROM 53 DIFFERENT COUNTRIES WHO ARE VISITING AND ACCESSING THESE TOOLS AND RESOURCES.

What is IP Tools?

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

The goal is to enable this group of professionals to post documents and files they feel would be useful to others as well as download documents and files that have been posted by others.

Every download is free.

So, if you are ready to share some of your own tools and resources or you are ready to see what others have shared, click Tools and Resources.

Additional resources available at: www.publichealthtools.com

We hope you'll help us make a global impact on the Infection Preventionist community!
IC Policies Include:

- Appropriate use of facility and medical equipment (hepa filters, negative pressure room, UV lights and other equipment) to prevent the spread of infectious agents

- Education on infection and communicable diseases for patients, visitors, care givers, and staff

- Active surveillance system, method for getting data to determine if there is a problem

- Policy on getting cultures from patients, etc.
Policies and Organization

- Need IC officer (now called IP or Infection Preventionist) and IC committee
- IC officer must develop and implement policies on control of infection and communicable diseases
- Person must be designated in writing who is qualified through education and experience
- Lists the responsibilities of this person—consider putting into job description
Infection Control

- The IP must develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel

- Applies to both healthcare-associated infections (HAI) and community-acquired infection
Infection Control Activities Tag 749

The following activities should be based on national guidelines:

- Maintenance of a sanitary hospital environment
- Development and implementation of infection control measures related to hospital personnel (hospital staff, for infection control purposes, includes all hospital staff, contract workers (e.g., agency nurses, housekeeping staff, etc.), and volunteers
- Mitigation of risks associated with patient infections present upon admission and risks contributing to HAI
- Active surveillance
Infection Control Activities

- Monitoring compliance with all policies, procedures, protocols and other infection control program requirements
- Program evaluation and revision of the program, when indicated
- Coordination as required by law with federal, state, and local emergency preparedness and health authorities to address communicable disease threats, bioterrorism, and outbreaks
- Complying with the reportable disease requirements of the local health authority
Log of Incidents 750  Deleted 2013

- Must maintain a log related to infections and communicable diseases
  - CMS deleted the log requirement effective 7-16-2012
  - Log requirements use to require the following:
    - Includes information from patients
    - Includes employees, contract staff such as agency nurses, and volunteers
    - Includes surgical site infections, patients or staff with MDRO, patients who meet isolation requirements
The CEO, DON, and MS must ensure that there is hospital-wide QAPI and training program that address problems identified by IC officer

- QAPI now means Quality Assessment not Assurance

Implement a successful corrective action plan in affected problem areas

- Train staff in problems identified

- Problems must be reported to nursing, MS, and administration
The End!  Questions???

- Sue Dill Calloway RN, Esq. CPHRM, CCMSCP
- AD, BA, BSN, MSN, JD
- President of Patient Safety and Education
- Board Member
  Emergency Medicine Patient Safety Foundation www.empsf.org
- 614 791-1468
- sdill1@columbus.rr.com
The End

- Are you up to the challenge?
- Additional slides
- Infection control websites
- Discussion of CMS infection control worksheet which is very important
- Separate program on this and safe injection practices
CMS Deficiencies  Nov 2013

- 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 Worksheets
Infection Control
Short Summary
October 14, 2011 CMS issues a 137 page memo in the survey and certification section

Memo discusses surveyor worksheets for hospitals by CMS during a hospital survey

Addresses discharge planning, **infection control**, and QAPI

It was pilot tested in hospitals in 11 states and on May 18, 2012 CMS published a second revised edition

- Piloted test each of the 3 in every state over summer 2012

November 9, 2012 CMS issued the third revised worksheet which is now 88 pages
CMS Hospital Worksheets

- Will select hospitals in each state and will complete all 3 worksheets at each hospital
- This is the third and most likely final pilot and in 2014 will use whenever a survey is done such as a validation survey is done at a hospital by CMS
- Third pilot is non-punitive and will not require action plans unless immediate jeopardy is found
- Hospitals should be familiar with the three worksheets
Third Revised Worksheets

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop 02-21-10
Baltimore, Maryland 21244-1860

Center for Clinical Standards and Quality/ Survey & Certification Group

REF: S&C: 13-03-Hospital

DATE: November 9, 2012

TO: State Survey Agency Directors

FROM: Director
Survey & Certification Group


Memorandum Summary

- Patient Safety Initiative: The Centers for Medicare & Medicaid Services (CMS) is continuing to test revised surveyor worksheets for assessing compliance with three hospital Conditions of Participation (CoPs): Quality Assessment and Performance Improvement (QAPI), Infection Control, and Discharge Planning. We are focusing on compliance with these CoPs as a means to reduce hospital-acquired conditions (HACs), including healthcare associated infections (HAIs), and preventable readmissions.

- Draft Worksheets Made Public: Via this memorandum we are making the revised draft worksheets publicly available. As was the case previously, there may be additional revisions to the worksheets at the end of FY 2013.

Patient Safety Initiative Pilot Phase

The Survey & Certification Group (SCG) Patient Safety Initiative is continuing to pilot test three revised surveyor worksheets designed to help surveyors assess compliance with the hospital CoPs for QAPI, infection control, and discharge planning. In S&C-12-01 released October 14, 2011 and in S&C-12-32 released May 18, 2012, we made available to the public copies of the initial and revised draft surveyor worksheets. These worksheets were used during the pre-test and pilot phases of the SCG initiative, from September 2011 through September 2012.
The regulations are the basis for any deficiencies that may be cited and not the worksheet per se.

The worksheets are designed to assist the surveyors and the hospital staff to identify when they are in compliance.

Will not affect critical access hospitals (CAHs) but CAH would want to look over the one on PI and especially infection control.

Questions or concerns should be addressed to Mary Ellen Palowitch PFP.SCG@cms.hhs.gov.
Assessing Hospital Compliance with the
Condition of Participation for Infection Control
Pilot Program Draft Version

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 facility 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.

Citation instructions are provided throughout this instrument, indicating the applicable regulatory provision to be cited on Form CMS-2567 when deficient practices are observed.

Section 1 Hospital Characteristics

1. Hospital name: ________________________________

2. Address, State, Zip Code: ________________________________

3. CMS Certification Number (CCN): ________________________________

City State Zipcode
## Module 1: Infection Control/Prevention Program

### Section 1. A. Infection control/prevention program and resources

<table>
<thead>
<tr>
<th>Elements to be assessed</th>
<th>Manner of Assessment Code (check all that apply) &amp; Surveyor Notes</th>
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<tbody>
<tr>
<td>1. A.1 The hospital has designated one or more individual(s) as its Infection Control Officer(s).</td>
<td>☐ Yes ☐ No ☐ N/A</td>
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If no, cite 42 CFR 482.42(a) (Tag A-0748)

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<tr>
<td>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.</td>
<td>☐ Yes ☐ No ☐ N/A</td>
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<td>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.</td>
<td>☐ Yes ☐ No ☐ N/A</td>
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<td>1. A.4 The hospital has infection control policies and procedures relevant to construction, renovation, maintenance, demolition, and repair. An infection control risk assessment (ICRA) to define the scope of the project and need for barrier measures is performed before a project gets underway.</td>
<td>☐ Yes ☐ No ☐ N/A</td>
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- Interview = 1
- Observation = 2
- Infection Control Document Review = 3
- Medical Record Review = 4
- Other Document Review = 5
### Module 1: Infection Control/Prevention Program

#### Section 1. A. Infection control/prevention program and resources

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<td>□ Yes □ No □ N/A □ 1 □ 2 □ 3 □ 4 □ 5</td>
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*If no to any of 1.A.1 through 1.A.4, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(a) (Tag A-0748)*
Infection Control Surveyor Worksheet

- This is very important and every department director, CNO, CMO, and infection preventionist should be aware of what is in this document.
- Need a qualified infection preventionist (IP).
- Need P&P developed by the IP.
- QAPI program needs to address IC problems.
- P&P are based on national standards/guidelines.
- Show evidence that IC is ongoing part of PI.
- Staff report HAI and these are assessed as AE & PI.
Infection Control Surveyor Worksheet

- HAI that result in death or serious harm are identified, tracked and analyzed (such as RCA)
- Training program addresses problems identified
- Hospital leaders (CEO, CNO, MS) ensure corrective action is implemented in affected areas
- Hospital identifies and tracks MDROs
- Need P&P on how to prevent MDROs
- Need process to review antimicrobial use, susceptibility patterns, and what’s in the formulary
Infection Control Surveyor Worksheet

- Systems in place to prompt clinicians to use the right antimicrobial (CPOE, comments in susceptibility reports, notification from pharmacist)

- Antibiotic orders include indications for use

- Mechanism to prompt clinicians to review antibiotics after 72 hours of treatment

- System in place to identify patients getting IV antibiotics who might be eligible to get them PO

- P&P to reduce risk of transmission of MDRO between patients or staff
Infection Control Surveyor Worksheet

- System to notify promptly if resistance pattern is seen
- Log of incidents (eliminated 2013)
- HAI are in log to include CLABSI, VAP, CAUTI, MRSA, C-DIFF, SSI, and TB
- Need system to identify on admission patients with infections
- Need to have updated list of diseases reportable to the local or state department of health
- Training on IC practices and P&P is provided
Infection Control Surveyor Worksheet

- Hospital provides evidence of staff competencies
- Includes information on bloodborne pathogens
- System addresses needlesticks, sharps injuries and other employee exposure issues
- Prophylaxis is provided for exposure event
- Hepatitis B and flu vaccine given
- System to identify exposures to TB
- Respiratory protection program/respirator use
- Had module on hand hygiene
Infection Control Surveyor Worksheet

- Has section on injection practices and sharps safety
  - Single dose and multiple dose vials
  - One needle and one syringe
  - Replace sharps when fill line is reached
- Has section on environmental cleaning/disinfection
- Has section on personal protective equipment (PPE)
- Has section on point of care devices (glucose meter, INR, lancets)
- Reprocessing, single use devices (SUDs)
Infection Control Surveyor Worksheet

- Urinary catheter tracer
- Central venous catheter tracer
- Protective environment for bone marrow patients
- Isolation
  - Contact, droplet, and airborne precautions
- Critical care module
  - Ventilator/respiratory therapy tracer
  - Spinal injection procedures
- Invasive procedure tracer, surgical procedure tracer
Immediate Use Sterilization

- CMS issues a memo on flash sterilization which is now called immediate use sterilization
  - 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
CMS Memo on Immediate-Use Steam

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

Center for Medicaid and State Operations/Survey & Certification Group

Ref: S&C-09-55
(REVISED 10-09-2009)

DATE: September 4, 2009

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Flash Sterilization Clarification - FY 2010 Ambulatory Surgical Center (ASC) Surveys

*****Memo revised to correct regulation citation and contact information*****

Memorandum Summary

Flash Sterilization Clarification: State survey agencies (SAs) using the new survey process in FY 2009, including completing the Infection Control Surveyor Worksheet, have experienced challenges in evaluating use of “flash sterilization” by ASCs. Attachment 1 clarifies what this term means, and how to distinguish appropriate from inappropriate use of
sterilization cycle is likely to be effective are found in the manufacturer's instructions for the various devices involved.

Surveyors should utilize the following questions to assess the appropriateness of the ASC’s sterilization practices:

1. Is the sterilizer labeled for this cycle by the manufacturer?
2. What is the sterilizer manufacturer-recommended load for that cycle?
3. Is the containment device used labeled by its manufacturer for use in that cycle?

4. For what load is the containment device recommended by its manufacturer?
5. Is the chemical indicator used labeled for use in this cycle by its manufacturer?
6. If a biological indicator is used is it labeled for use for this cycle by its manufacturer?
7. If the cycle is used frequently, is it checked regularly with a biological indicator?

If an ASC is properly using short sterilization cycles for wrapped/contained loads, then it should not be cited for a violation of the ASC infection control requirements.

Note the emphasis on the manufacturer's instructions for use, which have been validated by the
Now Called Immediate-Use Steam

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

“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...
**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**

1. **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.

2. **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.
Preventing Surgical Site Infection
How to Use Rapid Cycle Sterilization of Surgical Instruments

“The Joint Commission has decided to refocus its survey efforts on all of the critical processes included in sterilization.”

Specifically address steam sterilization, the goal states that organizations should implement policies and practices aimed at reducing the risk of surgical site infections that meet regulatory requirements and are aligned with evidence-based standards, such as Centers for Disease Control and Prevention guidelines, and guidelines of other professional organizations. Other Joint Commission standards address sterilization, such as Standard IC.02.02.01 which requires organizations to reduce the risk of infections associated with medical equipment, devices, supplies; and EC.02.04.03, which requires organizations to conduct performance testing and maintenance for all of its sterilizers.

Organizations should also ensure that the appropriate staff members understand its policies related to surgical site infections, including rapid cycle sterilization of surgical instruments.

National Patient Safety Goal NPSPG.07.05.01 requires organizations to implement best practices to prevent surgical site infections (SSI). Sterilization of surgical instruments is a key part of SSI prevention. The most common way to Joint Commission released a statement updating its position on this type of sterilization.

Rapid cycle sterilization involves a process that begins with physical cleaning and decontamination of the instruments. This process removes
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Thank you for attending!

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