TJC Infection Control Standards

Tuesday, February 25th, 2014

Speaker

Sue Dill Calloway RN, Esq. CPHRM
AD, BA, BSN, MSN, JD
President Patient Safety and Healthcare Education

Board Member
Emergency Medicine Patient Safety Foundation www.empsf.org

614 791-1468
sdill1@columbus.rr.com
Phone with questions, no emails
Learning Objective

1. Explain The Joint Commission standards on infection prevention and control

Headlines We Don’t Want to See

8 hepatitis cases linked to clinic

Hepatitis C outbreak among clinic patients

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

After outbreak of Hepatitis C

Patients of Brooklyn Clinic Are Sought

Brooklyn Bug

MEDICAL MYSTERY

Hepatitis C outbreak

Strikes 8 endoscopy patients of B’klyn clinic
Infection Control Back to Basics

- It is important to get back to basics in infection control.
- Education and training is imperative to learn each person’s role in preventing infections.
- What practices and constant reminders do you use to remind staff during patient care encounters?
- Basic hand hygiene is one of the most important ways to prevent infections.
- CMS announces unannounced surveys to evaluate infection control standards.

Infection Control

- The CDC says there are 2 million healthcare infection (HAI) in America every year
  - There are 100,000 deaths in American hospitals every year
- Leadership need to make sure there is adequate staffing and resources to prevent and manage infections
- Healthcare-Associated Infections (HAIs) are one of the top ten leading causes of death in the US.

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

CMS Hospital Revised Worksheets

- CMS had three revised worksheets
- One of the worksheets is on infection control
- Removed a lot of redundancy
- Will make some revisions in 2014 and then will be used for all validation surveys
- CMS has also given each state agency a number of hospitals to visit to use the three worksheets
- Every hospital should be familiar with the infection control worksheet
### Third Revised Worksheets

**DATE:** November 9, 2012  
**TO:** State Survey Agency/Division  
**FROM:** Director, Survey & Certification Group  
**SUBJECT:** Patient Safety Initiatives FY 2013 Pilot Phase – Revised Draft Surveyor Worksheets

#### Memorandum Summary:
- **Patient Safety Initiatives:** The Centers for Medicare & Medicaid Services (CMS) is continuing to pilot test surveyor worksheets designed to help surveyors assess compliance with the hospital Conditions of Participation (CoPs): Quality Assurance and Performance Improvement (QAPI), Infection Control, and Disaster 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. Access the new version on the CMS website at the end of FY 2013.

### Infection Control Interview Questions

#### Module 1: Infection Control/Prevention Program

**Section 1. A. Infection control/prevention program**

<table>
<thead>
<tr>
<th>Elements to be assessed</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A.1 The hospital has designated one or more individual(s) as its infection control officer(s).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. A.2 The hospital has evidence that demonstrates the infection control officer(s) is qualified and maintains qualifications through education, training, experience or certification related to infection control consistent with hospital policy.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<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></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. A.4 The hospital has infection control policies and procedures</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HHS Action Plan to Prevent HAIs

- Estimated that HAIs incur nearly $20 billion in excess healthcare cost each year
  - Top priority of HHS now and states 20% are preventable which is $28 to $33 billion a year
  - Infections are 4.5 out of every 100 admissions
  - Develop HHS Action Plan to Prevent HAIs
  - This is why IC is **being hit hard** and reason for $50 million grant to enforce (so surveyors are more knowledgeable) and the billion dollars to HHS
  - Every hospital should have a copy of this document

1 http://hhs.gov/ophs/initiatives/hai/index.html
Number of HAIs by Site

<table>
<thead>
<tr>
<th>Major site of Infection</th>
<th>Estimated Number of HAIs</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 ($249,073 \times 0.37^{0.9} = 90,011$)

** Total Pneumonia infections adjusted to estimate VAP ($290,208 \times 0.21^{0.9} = 52,543$)

*** Total UTI adjusted to estimate CAUTI ($541,667 \times 0.00^{0.9} = 449,334$)
Infection Control

- This will cost hospitals a lot of money if they don’t do it right
- Make sure you have a qualified infection control coordinator, nurse, or epidemiologist
  - Now called infection preventionist by APIC and CMS
- Make sure you have enough FTEs devoted to the area of infection control
- There will be no additional payment if the patient gets a hospital acquired conditions (HAC)

CMS HAC  Follow the Money

- CMS has adverse events or healthcare acquired conditions (HACs) in which no additional payment is made for Medicare patients
- Many states agree not to bill for any or all of the 29 never events
- Insurance companies are putting it into their contracts you do not bill for any of 29 never events
- There are several HAC related to infections
CMS Hospital Acquired Conditions

- 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 surgeries (repair, replacement or fusion of joints such as shoulder, elbow, and spine)

CMS Website on Hospital Acquired Conditions

www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/Hospital-Acquired_Conditions.html
HHS has published a training video that every nurse, physician, infection preventionist and healthcare staff should see.

- This includes risk managers.
- It is an interactive video.
- Go to http://www.hhs.gov/partneringtoheal.
- HHS wants to decrease HAI by 40% in 2013, want 1.8 million fewer injuries and can save 60,000 lives.
Video on Preventing HAI

CMS Conditions of Participation (CoPs)

- TJC accredits 78% of the 6,200 hospitals in the United States (about 4,200)\(^1\)
- Most hospitals receive Medicare so hospital needs to follow the CMS hospital CoPs
- TJC has made many changes to bring their standards into compliance with CMS
- CMS has 12 pages of infection control standards in the hospital CoP manual \(^2\)
  - Current manual is August 30, 2013

\(^1\) www.jointcommission.org/AboutUs/Fact_Sheets//facts_jc_acrr_cert.htm
Location of CMS Hospital CoP Manuals

Medicare State Operations Manual
Appendix

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

CMS Hospital CoP Manuals new address

<table>
<thead>
<tr>
<th>App. No.</th>
<th>Description</th>
<th>PDF File</th>
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<tbody>
<tr>
<td>A</td>
<td>Hospitals</td>
<td>2,185 KB</td>
</tr>
<tr>
<td>AA</td>
<td>Psychiatric Hospitals</td>
<td>606 KB</td>
</tr>
</tbody>
</table>

CMS Hospital CoP Manual

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

Table of Contents

(Rev. 89, 08-10-13)

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

§482.2 Provision of Emergency Services by Nonparticipating Hospitals

CMS Updates

- The best place to check for updates and changes with CMS is the Survey and Certification General Information website and transmittals.

- Every hospital should have one person check this website once a month.

- Flash sterilization (immediate use) is a hot issue with CMS and memo issued and TJC writes article on rapid cycle sterilization of surgical equipment.

- Also memo on cleaning glucose meters:

CMS Survey and Certification Website


Click on policy & memos to states
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

[Link to CMS website for more information]
CMS Memo on Safe Injection Practices

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

Safe Injection Practices Memo www.empsf.org

Safe Injection Practices Patient Safety Brief
Emergency Medicine Patient Safety Foundation

By: Sue Dill Calloway RN MSN JD CPHRM
Ruth Carrico PhD RN FSHEA CIC
July 2012

The Centers for Disease Control and Prevention (CDC) says there are 1.7 million healthcare-associated infections in the US every year. Of these, it is estimated that about 99,000 deaths occur as a result. Infection prevention and control is an important issue in today's healthcare environment. It is important to accreditation organizations like the Joint Commission (JCAHO). The Joint Commission has eight pages of standards in the chapter on Infection Prevention and Control (IC).
Not All Vials Are Created Equal

SINGLE-DOSE OR MULTI-DOSE?

Note: 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 harm, 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.

Watch Award Winning Video

Safe Injection Practices - How to Do It Right

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

Unsafe Injection Practices and Disease Transmission

- A clean syringe and needle are used to draw the specimen from a new vial.
- The needle is then administered to a patient with no history of injection.
- The needle is replaced, but the vial is used to draw additional specimen from the same vial for the same patient.

CMS and CDC Resources

- [http://www.cdc.gov/injectionsafety/Fingerstick-DevicesBGM.html](http://www.cdc.gov/injectionsafety/Fingerstick-DevicesBGM.html)
- [http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/ucm224025.htm](http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/ucm224025.htm)
- ASC Collaboration toolkit on Point of Care Devices at [http://ascquality.org/advancing_asc_quality.cfm](http://ascquality.org/advancing_asc_quality.cfm)
National Healthcare Safety Network (NHSN)

The National Healthcare Safety Network (NHSN) is a voluntary, 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) of 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.

Topics

- About NHSN
  - Overview, Purposes, Confidentiality Statement, More data are used, External Peer Review report...
- Enrollment Requirements
  - Eligibility, Required Training, Reporting & System Requirements, Security, Begin Enrollment...
- Forms
  - Component-specific manuals
- Training
  - Self-study slide sets and

Vaccination Module Update

The HRIV Module is being replaced with the Updated Vaccination Module. Please check back in a few weeks.

Data & Statistics

Get email updates

To receive email updates about NHSN, enter your email address:

www.cdc.gov/nhsn
The Joint Commission (TJC) Infection Control and Prevention Standards
TJC Infection Prevention and Control

- TJC has a chapter on Infection Control and Prevention (IC) and Control that is 8 pages long
- 11 standards with 60 EPs
- Also important ones in the NPSGs on reduce the risk of HAIs (Goal 7) hand hygiene, prevent surgical site infections, MDROs, preventing CAUTI, and central line infections
- Need to be aware of both and most stringent applies
- TJC IC standard makes top 10 problematic standards

Risk of Infections With Equipment

- **IC.02.02.01** (42% in 2012, 36% in 2011, 29% in 2010) The hospital reduces the risk of infections associated with medical equipment, devices, and supplies
- Also IC.02.01.01 had 12% in 2010-2012
- Make sure you clean those glucometer between cases, clean scopes well, use immediate use stream sterilization according to manufacturer instruction, and clean laryngoscopes
Cleaning of Laryngoscopes www.empsf.org

Reprocessing of Rigid Laryngoscopes
By Jeannie Taylor, RN, BSN, MS
Kurt A. Patton

Have you heard the case about the coroner who attributed a woman’s death to a contaminated laryngoscope handle?

It’s true.

A healthy woman underwent a routine, outpatient surgical procedure and was discharged as planned. But, she returned within a few hours with symptoms of septis and died five days later. The investigation showed that the same laryngoscope handle used on the woman in the OR, had previously been used to intubate a dying patient. Further, the handle was used in procedures on six other patients and three of them developed group A streptococcus infections. [1]

Following this event, the UK Medicines and Healthcare products Regulatory Agency (MHRA) released a Medical Advice Alert. [2] Likewise, the Joint Commission (JC) published a Frequently Asked Question (FAQ) for infection control standards on laryngoscope blades. The JC considers laryngoscope handles contaminated after use and specifies that all handles must be processed prior to use on the next patient. While the CDC guidelines specifically address laryngoscope blades, a similar approach is needed for other medical devices.

TJC Chapter Outline

Chapter Outline:

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

II. Implementation
   A. Activities (IC.02.01.01)
   B. Medical Equipment, Devices, and Supplies (IC.02.02.01)
   C. Transmission of Infections (IC.02.03.01)
   D. Influenza Vaccinations (IC.02.04.01) (IC.02.04.03 and IC.02.04.05 are not applicable to hospitals)

III. Evaluation and Improvement (IC.03.01.01)
TJC has 11 Standards in the IC Chapter

Infection Preventionist

- IC.01.01.01 Standard: Hospital identifies person responsible for infection prevention and control
  - APIC and CMS calls them infection preventionists or IPs
  - EP1 Identify the person with clinical control over this area
  - EP2 If person does not have expertise then they consult with someone who does
Infection Preventionist or IP

EP3 Hospital assigns responsibility to someone for daily management of infection control and communicable diseases

- Number of IPs and skill mix will depend on goals and objectives of the infection control program
- See HR.01.02.01 EP1 and LD.03.06.01 EP3

Infection Preventionist (IP)

- EP4 IP is responsible to develop IC P&P, implement P&Ps, and develop a system to identify, report, investigate and control infections and communicable diseases (DS)
Infection Control Resources

- **IC.01.02.02 Standard:** Hospital leaders need to provide resources for infection control
  - The program needs to be well managed to be effective
  - Leadership needs to assign one of more infection preventionists to be responsible to develop the program
  - Need to develop an infection control committee with staff who have expertise in infection control and who can do a risk assessment
  - May want to consult with outside infection control experts who can provide information about the hospital’s population and health risks

Risk Assessment Tools from IP Tools

[Image of website screenshot]
### Risk Assessment Tools

<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>
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</thead>
<tbody>
<tr>
<td>Latex risk</td>
<td>High (5)</td>
<td>High (5)</td>
<td>None (0)</td>
<td>Total</td>
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<tr>
<td>Indoor air contaminate</td>
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<td>Total</td>
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<td>Sharps injury</td>
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<td>None (0)</td>
<td>Total</td>
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<td>Flu Vaccine Non-Compliance</td>
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<td>None (0)</td>
<td>Total</td>
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<tr>
<td>Compliance with isolation</td>
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<td>None (0)</td>
<td>None (0)</td>
<td>Total</td>
</tr>
<tr>
<td>Biological Exposure</td>
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<td>None (0)</td>
<td>None (0)</td>
<td>Total</td>
</tr>
<tr>
<td>Gas or vapor exposure</td>
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<td>None (0)</td>
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<tr>
<td>Radiation Exposure</td>
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<td>None (0)</td>
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</tr>
<tr>
<td>Asbestos Exposure</td>
<td>None (0)</td>
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<td>None (0)</td>
<td>Total</td>
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<tr>
<td>ENVIRONMENT:</td>
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<td></td>
<td></td>
<td>Total</td>
</tr>
<tr>
<td>Major biohazard spill</td>
<td></td>
<td></td>
<td></td>
<td>Total</td>
</tr>
<tr>
<td>Improper cleaning of environment</td>
<td></td>
<td></td>
<td></td>
<td>Total</td>
</tr>
<tr>
<td>Ineffective pre-construction IC planning (risk assessment)</td>
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</tbody>
</table>

### Infection Control Resources

- **EP1** Hospital need to provide access to information needed to support IC program
  - See IM.02.02.03 EP2 infection control information is accessible when needed for patient care
  - DS or hospitals that use the Joint Commission for deemed status
- **EP2** Lab resources are provided when needed
- **EP3** Equipment and supplies are provided to support infection control program
Identify Risks for Transmitting Infections

IC.01.03.01 Standard: The hospital identifies risks for acquiring and transmitting infections

- EP1 Hospital identifies risks based on geographic location, community, and population served
  - NPSG.07.03.01 EP1 Conduct periodic risk assessments in time frames set by hospital for multidrug-resistant organisms (MDRO) acquisitions and transmission
  - MDRO includes methicillin-resistant Staphylococcus Aureus (MRSA), Vancomycin-resistant Enterococcus (VRE), Klebsiella, and Acinetobacter
  - CDC has free MDRO infection (and CDAD) surveillance and training on the National Healthcare Safety Network (NISN) 1

Acinetobacter is on the Rise

Acinetobacter is on the Rise
APIC Elimination Guides For

- Acinetobacter Implementation Guide
- Hemodialysis
- Orthopedic surgical site infections
- Mediastinitis surgical site infection
- Infection prevention in EMS
- C-Diff
- Catheter Associated UTI
- Elimination of MRSA in Hospitals etc
Identify Risks for Transmitting Infections

- EP2 Hospital identifies risk for acquiring and transmitting infections based on the care and treatment it provides (including MDRO)

- EP3 Look at risk for acquiring or transmitting an infection by doing an analysis of surveillance activities and other infection control data (including MRDO and adverse tissue reactions)

- EP4 Review and identify risks annually and when there is a significant change and get input from IP, MS, nursing, and leadership including MRDO

- EP5 Prioritize these risks and document this
CDC Surveillance for C-Diff, MRSA

www.cdc.gov/nhsn/acute-care-hospital/cdiff-mrsa

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

Resources for HHSN Users Already Enrolled

Training
- Building Resistance Organization and Clostridium difficile Laboratory Event Reporting

Protocols
- Prevalence Overview (DFF - 145-13) January 2014

Data Collection Forms
- Per Lab-Identified MDRO or CDI Event (DFF - 05-03) January 2014
- Table of Instructions (DFF - 09-05)
- Customizable Form (DCC - 14-06)
- Surveillance for Healthcare Personal Exposure (DFF - 180-06 January 2014)
- Surveillance for Healthcare Personnel Exposures (DFF - 170-08 January 2014)

www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDDADcurrent.pdf

2014 CDC C-Diff Module

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  b. Monitoring Adherence to Gown and Gloves Use as Part of Contact Precautions 25
  c. Monitoring Adherence to Active Surveillance Testing 26
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Bacterial Meningitis and Hospital Fined

Identify Risks for Transmitting Infections

- Doctors and nurses in Nevada ASC reuse syringes and at least 105 cases of Hepatitis C were linked to the clinics and more than 12,000 patients have been tested.

- State health investigators find 25 out of 49 outpatient surgery centers in Nevada have infection control deficiencies.

- Remember previous resources on Safe Injection Practices and CDC issues Resources on Unsafe Injection Practices.

2. www.cms.hhs.gov/SurveyCertificationGenInfo/PMSRItemDetail.asp?FilterType=dual,%20date,%20keyword&FilterValue=20yy%20Injection&FilterByDid=1&SortByDid=4&sortOrder=ascending&itemId=CMS121052&itemId=64635
This is a Risk for Transmitting Disease

Unsafe Injection Practices and Disease Transmission

1. A clean syringe and needle are used to draw the medication from an ampul.

2. The medication is administered to a patient who has been intravenously infected with Hepatitis C virus (HCV). The needle is then inserted into the vial containing the next dose of HCV.

3. The needle is replaced, but the vial is re-used to draw the medication from the vial containing the next dose of HCV.

4. The needle is removed and the vial is discarded.

Source: www.southernnevadahealthdistrict.org

Identify Risks for Transmitting Infections

- Hospital and ASC in Colorado where surgery tech with Hepatitis C infection steals Fentanyl and replaces it with used syringes of saline infecting 18 patients as of October 30, 2009 and 5,206 patients tested 1

- Federal officials investigate dozens of blood infections linked to medical syringes contaminated with the bacteria Serratia marcescens

1 www.krdv.com/Global/link.asp?I=399119
David Kwiatkowski Infects 46 Patients

Hepatitis C Outbreak: In Wake Of Kwiatkowski Guilty Plea, Patients Seek Accountability

By HOLLY RAMBO 09/06/15 11:43 AM EDT EDITION AP

FOLLOW: Kwiatkowski, Kwiatkowski Guilty Plea, Kwiatkowski Hepatitis C, Hepatitis C Outbreak, New Hampshire, Hepatitis C, Outbreak, Healthy Living News

CONCORD, N.H. — Patients at a New Hampshire hospital who were infected with hepatitis C by a traveling medical technician with a drug problem are pleased with his guilty plea but are still pushing to hold others accountable.

David Kwiatkowski, 34, pleaded guilty last week to 16 federal drug charges under an agreement that calls for him to spend 30 to 40 years in prison. He admitted stealing painkiller syringes from hospitals where he worked and replacing them with saline-filled syringes tainted with his blood.

Before he was hired at Exeter Hospital in New Hampshire in 2011, Kwiatkowski worked as a cardiac technologist in 18 hospitals in seven states, moving from job to job.

Pleads Guilty

- 34 yo pleads guilty
- He pleads guilty to 16 federal drug charges
- He worked as cardiac tech and former lab tech in 18 hospitals in 7 states
- 46 patient confirmed with his strain of Hepatitis C
- 32 in New Hampshire, 7 in Maryland, 6 in Kansas, and 1 in Pennsylvania
- Stole fentanyl and replaced it with saline and used dirty needle
  - Stealing drugs since 2002 and pleads guilty Aug 2013
Advancing ASC Quality

- ASC Quality Collaboration has ASC tool kits for infection prevention that can be used by hospitals
- Includes one on hand hygiene, safe injection practices, point of care devices, sterilization and high level disinfection and endoscopy reprocessing
- Includes a basic and expanded version of the toolkit
- These are available at http://www.ascquality.org/advancing_asc_quality.cfm
Identify Risks for Transmitting Infections

- Outbreak of Hepatitis C among 99 outpatients in oncology clinic from catheter flushes after having chemo1
- Nurse drew blood from indwelling IV catheter then reused same syringe to perform saline flush with the same 500 cc bag was used for multiple patients
- Also problems with doing Accuchek so must be cleaned between patient use

1Macedo de Oliveira et al., Annals of Internal Medicine, 2005, 142:898-902

Set Written Goals to Minimize Risk

- IC.01.04.01 Standard: The hospital sets written infection and control goals to minimize the possibility of transmitting infections which include the following;
  - EP1 Prioritize the risks (including hand hygiene guidelines NPSG.07.01.01)
  - EP2 Limit unprotected exposure to pathogen
  - EP3 and EP4 Limit transmission associated with procedures and use of medical devices, equipment and supplies
  - EP5 Improve compliance with hand hygiene
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, CDiff surgical site infections, catheter associated UTIs).
- Needed because of our declining arsenal of antibiotics to treat infections.
Hand Hygiene Resources

- CDC Guidelines for Hand Hygiene in Health-Care Settings
- CDC has a website with other resources on hand hygiene
- TJC has many resources including Measuring Hand Hygiene Adherence: Overcoming the Challenges and Hand Hygiene Project as part of Transforming Healthcare
- WHO has A 2009 Guidelines on Hand Hygiene in Health Care

1. www.cdc.gov/mmwr/preview/mmwrhtml/rr5116a1.htm
2. www.cdc.gov/handhygiene/

This is Your Hand Unwashed Johns Hopkins

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 well dryer. Turn faucet off using paper towel.
CDC Poster Clean Hands Save Lives!

Clean Hands Save Lives!

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

When should you wash your hands?
- Before preparing or eating food
- After handling raw meat, poultry, or fish
- 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 tending to a cut or wound
- After handling items contaminated by food water or sewage
- When your hands are visibly dirty

Using alcohol-based sanitizers
- Apply product to the palms of one hand
- Rub hands together
- Rub product over all surfaces of hands and fingers until hands are dry

Washing with soap and water
- Place your hands 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.

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

www.mass.gov/eohhs/docs/dph/cdc/handwashing/poster-kids.pdf
CDC Hand Hygiene Website

CDC Hand Hygiene Guidelines

www.cdc.gov/handhygiene/Guidelines.html
Hand Hygiene Measurement

- Periodically monitor and record adherence as the number of hand hygiene episodes performed by staff over the number of opportunities (direct observation)

- Provide feedback to the staff

- Monitor the volume of alcohol based hand rub or detergent used per 1000 patient days
Infection Control Plan

- IC.01.05.01 Standard: Hospital has a written infection prevention and control plan that includes the following:
  - EP1 Use evidence-based national guidelines or if none then expert consensus
  - EP2 Include surveillance to minimize or eliminate the risk of infection
  - EP3 Have a process to evaluate the infection control plan
    - Documentation requirement added May 2009
### Infection Control Plan

**IC.01.05.01** Hospital has a written infection control plan that includes the following (continued):

- **EP5** Process in writing to investigate outbreaks of infectious diseases
- **EP6** Hospital components and functions are integrated into IC activities (Staff are educated on IC before the provide care and this must be documented)
- **EP7** Hospital communicates preventing and controlling infection to LIPs, staff, patients and visitors
- **EP8** Identify method to report infections to external organizations (Such as the Dept of Health)
  
  See **IC.02.01.01, EP 9**

### Table of Priority Areas and Actions

<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>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’s deaths or serious harm associated with infections, including mechanisms to share this action plan and findings with hospital leadership to prevent recurrence  - Notification of IEP leaders in preparation or review of construction documents  - Incidence of infections related to breaks in isolation</td>
<td>Established review process and action plan completed</td>
<td>Patient Safety Center with assistance of multidisciplinary IEP working group</td>
<td>HIGH</td>
<td>March 09</td>
</tr>
<tr>
<td></td>
<td>2. Evaluate available IEP, alert and reporting software to maximize IEP efficiency, documentation, screening and surveillance</td>
<td>Completed evaluation with recommendation of IEP alert and reporting software</td>
<td>Patient Safety Center with assistance of multidisciplinary IEP working group</td>
<td>HIGH</td>
<td>September 09</td>
</tr>
<tr>
<td></td>
<td>3. Define metrics for:  - Appropriate use of targeted antibiotics  - Ventilators  - IV bags  - VAP  - C. difficile  - CA-UTI</td>
<td>Monthly report of metrics</td>
<td>Hospital Infection Prevention &amp; Control Committee, Quality, Management Department, Patient Safety Center</td>
<td>HIGH</td>
<td>July 04</td>
</tr>
</tbody>
</table>
Infection Control Program

APIC Brochures

- APIC has a number of educational brochures that hospitals can download and provide to staff and patient.
  - Includes 10 tips to prevent the spread of infection and hand hygiene for patients and one for healthcare workers.
  - Information to patients is on standard precautions (hand hygiene) and transmission precautions for patients with certain diseases (contact precautions).

1 www.apic.org/AM/Template.cfm?Section=Education_Resources&Template=TaggedPage/TaggedPageDisplay.cfm&TPLID=51&ContentID=8738
Influx of Infectious Patients

- **IC.01.06.01 Standard:** Hospital prepares for an influx of potentially infectious patients

  - **EP1** Identify resources about infections that could cause this such as state, federal or local public health systems

  - **EP2** Obtain current clinic and epidemiological information from the resources

  - **EP3** Have a method for communicating critical information to LIPs and staff about emerging infections that could cause this (H1N1 flu, bioterrorism, SARS, drug-resistant TB, measles, plague, etc.)
Influx of Infectious Patients

- IC.01.06.01 Hospital prepares for an influx of potentially infectious patients (continued)
  - EP4 Describe in writing how hospital will respond and one may be not to accept any more patients (do hazard vulnerability analysis)
  - EP5 If hospital decides to accept influx of patients then put in writing methods on how to manage these patients over an extended period of time
  - EP6 Activate response system when needed in response to influx of patients
Preparing for a Pandemic Have a Plan

- Have an infectious disease disaster or emergency management plan
- The plan includes triaging in a surge incident
- Plan to increase bed capacity and cancel elective procedures
- Have a policy in place
- Make sure staff are aware and educated on policy

Have a Plan

- Review and revise plan and policy annually
- Hospitals should have minimum number of airborne infection isolation rooms (All) as per AIA and negative pressure surge capacity rooms (NPSC)
- Protocols to transfer patients to another hospital with these rooms
- Hospital with NPSC rooms needs policy on deployment of these rooms
Have a Plan

- Identify what medical equipment needs to be stockpiled (respirators, gloves, antibiotics, anti-virals etc.)
- Coordinate with community disaster agencies and local and state public health departments
- Assess levels of medications that may be needed to treat an influx of patients

Implement Your IC Plan

- IC.02.01.01 Requires hospitals to implement their infection prevention and control plan
  - EP1 Implementation of the plan includes surveillance to reduce or eliminate the risk of infection
  - EP2 Use **standard precautions** during all patient encounters such as the use of PPE, hand hygiene, gloves, and gowns as indicated1
  - EP3 Implement **transmission-based** precautions when patient is known or suspected to be colonized or infection with infectious agent (contact as with C-Diff and MRSA, droplet, and airborne precautions as with TB)
  - EP5 Investigate outbreaks of infectious disease

1 [www.cdc.gov/ncidod/dhqp/](http://www.cdc.gov/ncidod/dhqp/)
2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings

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

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

**Implement Your IC Plan  02.01.01**

- EP6 Minimize the risk of infection when storing and disposing of infectious waste
- EP7 Communicate responsibilities for preventing and controlling infection to MS, staff, patients and visitors
  - Include hand and respiratory hygiene (cover your cough campaign)
- EP8 Report infection control information to appropriate staff within the hospital
- EP 9 Report also to local, state, and federal authorizations as required by law  (See IC.01.05.01, EP 8 to identify methods for reporting)

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**Cover Your Cough Posters**

[Image of Cover Your Cough posters]

www.cdc.gov/flu/protect/covercough.htm
Implement Your IC Plan

- EP10 A hospital must inform a receiving hospital if it learns a patient that was transferred has an infection that needs monitoring, treatment or isolation.

- EP11 If the receiving hospital discovers a patient they received has an infection requiring action the sending hospital must be notified if not aware.

- See CDC Guidelines for Isolation Precaution in Hospitals at www.cdc.gov/ncidod/dhqp/gl_isolation.html
Guidelines & Standards

**Guideline for Disinfection and Sterilization in Healthcare Facilities**

November 2008

**Guideline: Disinfection of Anatomical Intervention in Health Care Facilities**

*Authors:* Working Panel of the Working Group: Sandra L. Letson, EVM, PhD, Garl C. Ootan, PhD, DVM, BPLise Christensen, DVM, Leatrice Cistadia, DVM, MPH, Kathy Kuersten, MS, CIC, Anne Bialachowski, RN, MS, CIC, Najel Gentile, DVM, Judy Robinson, and Andrew Negroni, DVM, PhD, Marilyn Benoit, RN, MSH, CIC, LIZ Van Horn, RN, CIC, J Scott Weiss, DVM, DVM.

*Source:* AJ Infect Control 2008; 36:504

**Guideline for Hepatitis Protection in Prevention and Control of Epidemic and Pandemic Response Acute**

*Authors:* Judith Bartlett, MS, MPH, CIC; Rachel Bricel, MT, MPH, CIC; APIC: Public Policy and Emergency Preparedness Committee

*Source:* APIC 2008

**APIC-HEA: Guidelines: Infection Prevention and Control in the Long-Term Care Facility**

*Authors:* Philip M. Smith, MD, Gail Bennett, RN, MSN, CIC; Suzanne Bradley, MD, Paul Drlica, MD, Etbel Leventebach, MD, Jonné Smith, RN, MS, CIC, Lorna Klotz, MD, Linda Griswold, MD, Kurt Strohecker, MD

*Source:* AJ Infect Control 2008; 36:504

**APIC-CHA: Guidelines: Infection Prevention and Control of Cardiology Professors and Practitioners**

*Authors:* Candace Feldman, BS, MT ASCP, MPH, CIC; Ruth Caudle, RN, MSN, CIC; Marjorie Foster, RN, CIC; Zia H. Mattani, RN, BSN, MA, CIC; Sharron Higginbotham, MS, RN, MT ASCP, CIC; Rebecca L. Lepp, MS (APIC), Linda Lawson, RN, BSN, CIC; Mary Jane McPhee, RN, and Linda Baudet, RN, CIC


**Guideline for Isolation Practices in Hospitals**

*Authors:* Jane D. Siegel, MD, Emelie Rhee, RN, MPH, CIC; Marguerite Jackson, PhD; Linda Crainels, RN, MS; the Healthcare Infection Control Practices Advisory Committee

*Source:* CDC and AJ Infect Control 2007; 25:895-913

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**CDC has Dialysis Resources also**

[Image of CDC website with dialysis resources]
Risk of Infections With Equipment TOP 10

- **IC.02.02.01** Standard: The hospital reduces the risk of infections associated with medical equipment, devices, and supplies

  - Make sure you clean those glucometer between cases, clean scopes well, use immediate use stream sterilization according to manufacturer instruction, and clean laryngoscopes

  - Want standardization of process whether centralized or not
**Medical Equipment, Devices, and Supplies**

- **IC.02.02.01 Standard:** The hospital reduces the risk of infections associated with medical equipment, devices, and supplies

**Rationale**
- CDC states about 46.5 million surgical procedures are done in hospitals and ASCs every year including 5 million GI endoscopies
- Procedures can introduce pathogens that can lead to infection if not cleaned or sterilized properly
- Critical that employees follow standardized practices to minimize infection and have proper education and supervision
- Have placards that lists the steps to follow according to the manufacturers’ guidelines
  - Make sure staff have them handy and can reference them

---

**Medical Equipment and Supplies** **IC.02.02.01**

- **EP1 Implement infection control activities when cleaning and performing low-level disinfection of medical equipment and supplies**
  - Low level disinfection is used for stethoscopes and blood glucose monitors
  - Additional cleaning and disinfection may be needed for patients in isolation to clean equipment, devices, and supplies (June 2010)

- **EP2 Implement infection control activities when performing intermediate and high level disinfection and sterilization of medical equipment and supplies**
  - Sterilization for implants and surgical instruments
  - High level disinfection for respiratory equipment and flexible endoscopes and is used when sterilization is not possible
CDC Guideline for Disinfection & Sterilization

www.cdc.gov/hicpac/Disinfection_Sterilization/13_0Sterilization.html


William A. Rutala, Ph.D., M.P.H., 1,2 David J. Weber, M.D., M.P.H., 1,2, and the Healthcare Infection Control Practices Advisory Committee (HICPAC) 3

1Hospital Epidemiology
University of North Carolina Health Care System
Chapel Hill, NC 27514

2Division of Infectious Diseases
University of North Carolina School of Medicine
Chapel Hill, NC 27596-7030
Point of Care Devices

- Point of care testing occurs at or near the side of the patient through the use of portable and handheld devices
- Includes blood glucose meters, lancing devices and INR meters
- Must clean blood glucose meter after every use
- APIC recommends with a bleach solution 1:10 dilution of water and bleach
- Make sure you use a new single-use, auto-disabling lancing device for each patient
- See free toolkit with detailed cleaning information
Glucose Meters Lancing Devices

Point of Care Devices Toolkit

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

Point of care testing occurs at or near the site of patient care and is accomplished through the use of transportable, portable, and handheld instruments. Point of care testing devices, including blood glucose meters and lancing devices, must be used as directed in order to minimize the risk of transmitting blood-borne pathogens, including hepatitis B, hepatitis C, and HIV.

The ASC Quality Collaboration has assembled a variety of resources and information that may be used to supplement your current processes to improve infection prevention practices surrounding the use of point of care devices.

The BASIC Point of Care Devices Toolkit includes three essential resources:
- Point of Care Devices: What CMS Surveyors Are Looking For
- Clean and Disinfect After Every Use Poster
- Policy and Procedure Template: Infection Prevention for Point of Care Testing

The EXPANDED Point of Care Devices Toolkit contains both essential resources and a broader array of materials, including:
- Assessment Tools
- Implementation Aids
- Training Materials
- Monitoring Tools
- Workplace Reminders
- Guidelines from Leading Authorities

http://ascquality.org/PointofCareDevicesToolkit.cfm

Glucometer

- Is considered a point of care testing device
- Finger stick devices can never be used on more than one patient
- Blood glucose meters must be cleaned between patient use
- If manufacturer does not provide guidance then device can be used for only one person
- CMS issues a memo on this
  - Suggest each patient have their own
- Good toolkit at ASC Collaboration
CMS Memo on Point of Care Devices

**Memorandum Summary**

Infection Control Standards for Nursing Homes at §483.65 - F441 – Determining Compliance: The following practices are deficiencies in infection control:

- Reusing finger stick devices (e.g., pen-like devices) for more than one resident.
- Using a blood glucose meter (or other point-of-care device) for more than one resident without cleaning and disinfecting it after use.

If a surveyor observes a facility doing either of the above, the surveyor should follow the interpretive guidance, investigative protocol, and severity determination information at F441 to determine the severity of the deficiency.

Scope & Severity: CMS is revising the example in Appendix P7 to make a distinction between (1) reuse of finger stick devices for more than one resident (immediate jeopardy) and (2) if a finger stick device is reused within one resident without proper cleaning and disinfection, so that scope and severity can be correctly assessed.

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Have a P&P on Point of Care Testing

**Infection Prevention in the Use of Point of Care Testing: Policy and Procedure**

**Purpose**

Prevent the transmission of blood borne infections during point of care testing, such as blood glucose monitoring.

**Policy**

All members of the healthcare team will comply with current Centers for Disease Control and Prevention (CDC) and American Association of Diabetes Educators (AADE) recommendations for the prevention of transmission of blood borne infectious agents during blood glucose monitoring and other point of care testing.

**Procedure**

The following procedures apply to the use of point of care testing devices, including glucometers.

1. Always wear gloves when performing fingersticks.
2. Use a lancet holding device when performing fingersticks. When performing a finger
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
CDC Reminder 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 by a single patient, using a new needle for each injection. Insulin pens must never be used for more than one patient and must be discarded when the needle has been used. A previous memo (10/26/12), dated 2/10/2014.
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 pens-shaped injection 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.

Fregulations of blood into the insulin cartridge can occur after injection [1] creating a risk of bloodstream pathogen transmission if the pen is used for more than one person, even when the needle is changed.

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

Recommendations

Insulin Pen Posters and Brochures Available

Insulin Pen Safety – One Insulin Pen, One Person

BE AWARE DON'T SHARE

www.oneandonlycampaign.org/content/insulin-pen-safety
Medical Equipment and Supplies IC.02.02.01

- EP3 Implement infection control activities when disposing of medical equipment and supplies
- EP4 Implement also when storing medical equipment, devices, and supplies
- EP5 Implement infection control activities consistent with regulatory and professional standards when reprocessing single-use devices (SUDs)
  - SUDs are devices labeled by the original equipment manufacturer for use in one procedure on one patient and not for reuse

Infections

- Many infections in acute care occur as a result of an invasive procedure or device
- Many of these infections occur in the ICU such as surgical site infections, catheter induced urinary tract infections (80%) and VAP
- Central line associated bloodstream infections and the use of a bundle of interventions has reduced the incidences
- Also be aware of CMS memo and TJC position on steam sterilization which is now called immediate use
### Steam Sterilization (Immediate Use)

- Flash sterilization is used to describe certain types of steam sterilization that do not use a full cycle or terminal cycle.

- Originally flash sterilization (FS) meant sterilizing unwrapped instruments with steam for 3 minutes at 27 to 28 pounds of pressure.

- New improvements have been made to this process such as longer exposure to steam, special trays and packs to hold the instruments and the routine use of biological indicators.

### Additional Resources

- See the CDC Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008 ¹

- AORN in the Perioperative Standards and Recommended Practices has a chapter on sterilization and disinfection including many on steam sterilization.
  - See updated policy on surgical attire recommended practices and no home laundering of scrubs for OR staff (also jewelry, footwear, cleaning stethoscopes and ID badges, fanny packs, reusable head coverings etc.)

- APIC is good source of information ²


² [www.apic.org](http://www.apic.org)
Steam Sterilization (Immediate Use)

- Surveyors are looking closely into all aspects of sterilization including the sterilization logs
- Make sure instrument is cleaned before sterilization with all visible soil removed before sterilization (brush, dissemble some, soak in enzymatic solution as applicable)
- Make sure steam sterilization meets the manufacturers parameters (time, temperature, and pressure)
- Use chemical or biological indicators as directed by the manufacturer
- Each newly sterilized instrument must be protected so it not re-contaminated (use flash pans if not full cycle sterilization)
Flash Sterilization (Immediate-Use)

Follow Manufacturer Recommendations

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/unwrapped 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 manufacturer and reviewed and cleared by FDA. Unfortunately, many facilities are not aware of and do not necessarily follow the manufacturer’s instructions. Following the manufacturer’s instructions is critical, especially for short sterilization cycles. It takes time for steam to penetrate a sterilizer load and to achieve an acceptable sterility assurance level (SAL), which is typically 10^-6. The weight and complexity of the materials in the load, the presence or absence of fabric, the presence or absence of humans, etc. will influence outcome. Loads in short cycles must comply with the sterilizer manufacturer’s instructions. If loads do not comply (e.g., too heavy, too complex, etc.), sterility cannot be assured.

If manufacturer’s instructions are not followed, then the outcome of the sterilizer cycle is guesswork, and the ASC’s practices should be cited as a violation of 42 CFR 488.45(a)(3).
Now Called Immediate-Use Steam

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

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 5 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.
Immediate-Use Steam Sterilization

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 properly packaged designed to maintain the instrument 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 stage 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. Immediate 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

Endoscope Reprocessing Toolkit

Endoscope Reprocessing Toolkit

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

Close adherence to established guidelines for reprocessing endoscopic equipment is essential to preventing the transmission of pathogens.

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

The BASIC Endoscope Reprocessing Toolkit includes three essential resources:

- Endoscope Reprocessing: What CMS Surveyors Are Looking For
- Endoscope Reprocessing Policy Template
- Multi-society Guideline for Reprocessing Flexible Gastrointestinal Endoscopes

The EXPANDED Endoscope Reprocessing Toolkit contains both essential resources and a broader array of materials, including:

- Assessment Tools
- Implementation Aids
- Training Materials
- Monitoring Tools
- Workplace Reminders
- Guidelines From Leading Authorities

http://ascquality.org/EndoscopeReprocessingToolkit.cfm
Point of Care Devices Toolkit

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

Point of care testing occurs at or near the site of patient care and is accomplished through the use of transportable, portable, and handheld instruments. Point of care testing devices, including blood glucose meters and lancing devices, must be used as directed in order to minimize the risk of transmitting blood-borne pathogens, including hepatitis B, hepatitis C, and HIV.

The ASC Quality Collaboration has assembled a variety of resources and information that may be used to supplement your current processes to improve infection prevention practices surrounding the use of point of care devices.

The BASIC Point of Care Devices Toolkit includes three essential resources:

- **Point of Care Devices: What OHS Surveys Are Looking For**
- **Clean and Disinfect After Every Use.HEAT**
- **Policy and Procedure Template: Infection Prevention for Point of Care Testing**

The EXPANDED Point of Care Devices Toolkit contains both essential resources and a broader array of materials, including:

- **Assessment Tools**

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Medical Equipment and Supplies Resources

- **Multi-Society Guidelines for Reprocessing Flexible Gastrointestinal Endoscopes by APIC** at www.apic.org/AM/Template.cfm?Section=Guidelines_and_Standards&template=CMI/ContentDisplay.cfm&section=Topics1&ContentID=6381


- Contains information on Single Use Device (SUD) Reprocessing
## Prevent Transmission of Infections

- **IC.02.03.01 Standard:** Hospital works to prevent the transmission of infection among patients, staff, and LIPs
  - EP1 Hospital makes screening available for staff or LIPs exposed to infectious diseases in the workplace
  - EP2 Hospital provides testing, counseling and assessment if the LIP or staff has or is suspected of having an infectious disease that puts others at risk
  - EP3 Hospital provides employee or LIP who is exposed in the workplace an assessment, potential testing, prophylaxis, or counseling
  - EP4 Hospital provides patients with same if exposed to an infectious disease

## Flu Vaccine for Staff and LIPs 07-2012

- **IC.02.04.01 Hospital offers flu vaccine to staff and LIPs if care provided onsite**
  - EP1 Establish an annual flu vaccination program that is offered to staff and LIPs
  - EP2 Educate them about the flu vaccine, non-vaccine control and diagnosis and transmission of the flu
  - EP3 Offer flu vaccination at sites and times accessible to staff and LIPs
  - EP4 Include in infection control plan goal of improving flu vaccine rates
December 2011 Perspective

Joint Commission Revises Influenza Vaccination Standard
Applicability Extending to All Accreditation Programs in 2012

Influenza vaccination for licensed independent practitioners and staff is a major safety issue in the United States. Both government and professional organizations emphasize increasing patient safety by decreasing patients' exposure to the influenza virus while receiving health care.1-3 The Joint Commission's mission focuses on continuously improving health care for the public. As such, the Joint Commission's Board of Directors determined that current "Infection Prevention and Control" (IC) Standard IC.02.04.01, needed to be strengthened, based on the scientific literature and current national focus on influenza vaccination, and extended to all accreditation programs in which the standard is not currently applicable. As a result, The Joint Commission has completed the following activities:

1. Revised Standard IC.02.04.01 and strengthened the requirements to better reflect current science and the national initiatives on influenza vaccination for licensed independent practitioners and staff in the critical access hospital, hospital, and long-term care accreditation programs. These revisions are effective July 1, 2012.

2. Establish an annual influenza vaccination program.
3. Educate LIPs and staff about the influenza vaccine, nonvaccine control and prevention measures, and the diagnosis, transmission, and impact of the flu.
4. Offer vaccination against the flu to LIP and staff and provide the vaccination at accessible sites and times.
5. Include in the IC plan the goal of improving the flu vaccination rate.

Flu Vaccine for Staff and LIPs

- 1. Establish an annual influenza vaccination program.
- 2. Educate LIPs and staff about the influenza vaccine, nonvaccine control and prevention measures, and the diagnosis, transmission, and impact of the flu.
- 3. Offer vaccination against the flu to LIP and staff and provide the vaccination at accessible sites and times.
- 4. Include in the IC plan the goal of improving the flu vaccination rate.
### Flu Vaccine for Staff and LIPs

1. Set incremental flu vaccination goals, consistent with achieving the 90% rate established in the national influenza initiatives for 2020
2. Have a written description of the methodology used to determine their flu vaccination rate
3. Evaluate at least annually the reasons given for declining the flu vaccination
4. Improve their vaccination rate according to their established goals at least annually

5. Provide influenza vaccination rate data to key stakeholders at least annually

Language varies by setting so hospitals with more than one accreditation program should use their specific standard

Program specific language for each standard is available at [www.jointcommission.org/standards_information/prepublication_standards.aspx](http://www.jointcommission.org/standards_information/prepublication_standards.aspx)

Home care, behavioral health care and ambulatory have phased in period
Evaluate Your IC Plan

- **IC.03.01.01 Standard**: Hospital evaluated the effectiveness of its infection control plan
  - **EP1** Evaluate the effectiveness of the plan annually and whenever risks change significantly
  - **EP2** Review the plan’s prioritized risks
  - **EP3** Evaluate the plan’s goals
    - Set goals for improving compliance with hand hygiene guidelines under NPSG.07.01.01 EP2

Evaluate Your IC Plan

- **EP4** Review implementation of the infection prevention and control plan’s activities
- **EP6** Findings from the evaluation must be communicated at least annually to individuals or the group that manages the patient safety program
- **EP7** Use the finding of the evaluation when revising the infection control plan
The End  Questions???

- Sue Dill Calloway RN  Esq. CPHRM, CCMSCP
- AD, BA, BSN, MSN, JD
- President
- Patient Safety and Healthcare Consulting and Education
- 614 791-1468
- sdill1@columbus.rr.com
- Phone questions, No emails

TJC Other Infection Control Standards

- EC.02.05.01 Hospital manages risks associated with its utility systems and maintains a written inventory based on risks for infection
- EC.02.05.05 Hospital inspects and maintains infection control utility systems
- EC.02.06.05 When planning demolition or new construction conduct a risk assessment for air quality and infection control
TJC Other Infection Control Standards

- **EM.01.01.01** Hospital conducts a hazard vulnerability analysis (HVA) to identify potential emergencies and if hospital identifies a surge in infectious patients then this is addressed in IC chapter

- **HR.01.02.01** Hospital defines staff qualification specific to their job responsibilities and qualification for infection control are met through education, training, experience and/or certification

TJC Other Infection Control Standards

- **HR.01.04.01** Hospital determines safety content of orientation provided to staff including infection control

- **HR.01.04.01** Staff must be oriented to infection prevention and control

- **LD.03.06.01 EP 3** Leaders provide sufficient number and mix of individuals to support safe and quality care and this includes the infection preventionist
Keep Up with the Literature

- CDC comes out with Guidelines for Prevention of Associated Urinary Tract Infections 2009
- 67 page document that every hospital should have at www.cdc.gov/ncidod/dhqp/dpac_uti_pc.html
- 2011 Guidelines for the Prevention of Intravascular Catheter Related Infections from CDC
2010 IDSA Guidelines

Diagnosis, Prevention, and Treatment of Catheter-Associated Urinary Tract Infection in Adults: 2009 International Clinical Practice Guidelines from the Infectious Diseases Society of America


Department of Medicine and Microbiology, University of Michigan, Ann Arbor, Michigan; Department of Internal Medicine, University of Arkansas for Medical Sciences, Little Rock, Arkansas; Department of Internal Medicine, University of California, Los Angeles; Department of Internal Medicine, University of California, San Francisco; Department of Medicine, University of Chicago, Illinois; Department of Infectious Diseases, Zuse Hospital, and Klinikum, Germany; University of Antwerp, Antwerp, Belgium; Department of Internal Medicine, University of Maryland, Baltimore, Maryland; Department of Medicine, University of Minnesota, Minneapolis, Minnesota; Department of Pediatrics, University of Toronto, Toronto, Ontario, Canada

Guidelines for the diagnosis, prevention, and management of persons with catheter-associated urinary tract infections (CAUTIs), both symptomatic and asymptomatic, were prepared by an Expert Panel of the Infectious Diseases Society of America. The evidence-based guidelines incorporate diagnostic criteria, strategies to reduce the risk of CAUTIs, strategies that have not been tested to reduce the incidence of urinary infections, and management strategies for patients with catheter-associated asymptomatic bacteriuria or asymptomatic urinary tract infections. These guidelines are intended for use by physicians in all medical specialties who perform direct patient care, with an emphasis on the care of patients in hospital and long-term care facilities.

EXECUTIVE SUMMARY

Catheter-associated (CA) bacteriuria is the most common health care-associated infection worldwide and is responsible for significant morbidity and mortality. Prevention of CAUTIs can be achieved through interventions on the epidemiology and pathogenesis of CA infections and evidence-based recommendations for their diagnosis, prevention, and management. Un-

Toolkit on Preventing UTI

North Carolina Prevent Catheter-Associated Urinary Tract Infections Collaborative

TOOL KIT
In Summary

- Review the CMS and Joint Commission standards on infection control
- Develop and implement a comprehensive infection control program
- Have a well trained and educated infection preventionist with adequate resources to get the job done
- Ensure P&P are consistent with these standards and state, local and federal regulations and national guidelines
- Educate staff on signs of patient infections and take appropriate steps once a possible infection is identified

SHEA C-Diff Guidelines

Preventing Infections in the Outpatient Unit

- 2011 CDC has a new 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

CDC Guide Infection Control Outpatients

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

There are at least 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)
The End

- Are you up to the challenge?
- Following are some additional resources including information about the CDC National Healthcare Safety Network
- A Risk Assessment
- TJC Speak Up with Five Things to Reduce Infections

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**QUESTIONS?**

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1. Press *1 on your touchtone phone. If you are using a speaker phone, please lift the receiver and then press *1.

2. If you would like to withdraw your question, press *1.

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**The End!**

- Sue Dill Calloway RN Esq. CPHRM
- AD, BA, BSN, MSN, JD
- President
- Patient Safety and Healthcare Consulting and Education
- 614 791-1468
- 5447 Fawnbrook Lane
- Dublin, Ohio 43017
- sdill1@columbus.rr.com