TJC Infection Control Standards

Tuesday, February 25th, 2014

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President Patient Safety and Healthcare Education

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

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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

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

After outbreak of Hepatitis C
Patients of Brooklyn Clinic Are Sought

MEDICAL MYSTERY

Hepatitis C outbreak
Strikes 8 endoscopy patients of B’klyn clinic
State Stalls Trump Beach Project A3

They Stole His Christmas Lights

THE SYRINGE MESS

8,500 More At Risk

Every patient doc treated for 5 years should be tested, health officials say A5
Infection Control Back to Basics

- It is important to get back to basics in infection control.¹
- Education and training is imperative to learn each person’s role in preventing infections.
- What practices and constant reminders do you use to remind staff during patient care encounters?
- Basic hand hygiene is one of the most important ways to prevent infections.
- CMS announces unannounced surveys to evaluate infection control standards.

¹ [http://www.jcrinc.com/infection-prevention-back-to-basics/]
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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1860

Center for Clinical Standards and Quality/ Survey & Certification Group

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 SCG-12-01 released October 14, 2011 and in SCG-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.

www.cms.gov/SurveyCertificationGenInfo/PMSR/list.asp#TopOfPage
# 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>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</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>
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<td>☐</td>
<td>☐/☐</td>
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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>
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<td>☐</td>
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<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>
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<tr>
<td>1. A.4 The hospital has infection control policies and procedures</td>
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</table>
HHS Action Plan to Prevent HAIs

- Estimated that HAIs incur nearly $20 billion in excess healthcare cost each year \(^1\)
  - 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

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\(^1\) http://hhs.gov/ophs/initiatives/hai/index.html
HHS Action Plan to Prevent HAIs

Healthcare-Associated Infections

Healthcare-associated infections (HAI) exact a significant toll on human life. They are among the top ten leading causes of death in the United States, accounting for an estimated 1.7 million infections and 99,000 associated deaths in 2002. In hospitals, they are a significant cause of morbidity and mortality. In addition to the substantial human suffering exacted by HAIs, the financial burden attributable to these infections is staggering. It is estimated that HAIs incur nearly $20 billion in excess healthcare costs each year.

For these reasons, the reduction of HAIs is a top priority for the U.S. Department of Health and Human Services (HHS). The HHS Steering Committee for the Prevention of Healthcare-Associated Infections was established in July 2006. The Steering Committee was charged with developing a national strategy to reduce HAIs and issuing a plan which establishes national goals for HAI prevention and outlines key actions for achieving identified short- and long-term objectives. The plan is also intended to enhance collaboration with external stakeholders to strengthen coordination and impact of national efforts.

The development process of the HHS Action Plan to Prevent Healthcare-Associated Infections is intended to be inclusive. The effort represents a culmination of several months of deliberation by subject matter experts across HHS to identify key actions in the prevention of HAIs. The document establishes national goals for enhancing and coordinating HHS-supported efforts. The links listed below will take you to the Action Plan documents.

- HHS Action Plan to Prevent Healthcare-Associated Infections (in sections)
- HHS Action Plan (complete document, printable PDF - 424 KB)

Office of Public Health and Science, U.S. Department of Health and Human Services
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

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<tr>
<th>Major site of Infection</th>
<th>Estimated Number of HAIs</th>
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<tr>
<td>Healthcare-Associated Infection (all HAI)</td>
<td>1,737,125</td>
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<tr>
<td>Surgical Site Infection (SSI)</td>
<td>290,485</td>
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<tr>
<td>Central Line Associated Bloodstream Infections (CLABSI)*</td>
<td>92,011</td>
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<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)</td>
<td>178,000</td>
</tr>
</tbody>
</table>

* Total BSI adjusted to estimate CLABSI (248,678 x 0.3715) = 92,011
** Total Pneumonia infections adjusted to estimate VAP (250,205 x 0.2115) = 52,543
*** Total UTIs adjusted to estimate CAUTI (561,667 x 0.8016) = 449,334

Table 4: The average attributable per patient costs of HAI by selected...
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

Hospital-Acquired Conditions

Section 5001(c) of Deficit Reduction Act of 2005 requires the Secretary to identify conditions that are: (e) high cost or high volume or both; (b) result in the assignment of a case to a DRG that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines.

On July 31, 2009, in the Inpatient Prospective Payment System (IPPS) Fiscal Year (FY) 2009 Final Rule, CMS included 10 categories of conditions that were selected for the HAC payment provision. Payment implications began October 1, 2008, for these Hospital Acquired Conditions. The IPPS FY 2009 Final Rule is available in the Statute/Regulations/Program Instructions section, accessible through the navigation menu at left.

These 11 categories of HACs listed below include the new HACs from the IPPS FY 2013 Final Rule which are Surgical Site Infection Following Cardiac Implantable Electronic Device (CIED) and Iatrogenic Pneumothorax with Venous Catheterization:

- Foreign Object Retained After Surgery
- Air Embolism
- Blood Incompatibility
- Stage III and IV Pressure Ulcers
- Falls and Trauma
  - Fractures
  - Dislocations
  - Intracranial Injuries
  - Crushing Injuries
  - Burn
  - Other Injuries
- Manifestations of Poor Glycemic Control
  - Diabetic Ketoacidosis
  - Nonketotic Hyperosmolar Coma
  - Hypoglycemic Coma
  - Secondary Diabetes with Ketoacidosis
  - Secondary Diabetes with Hyperosmolarity
- Catheter-Associated Urinary Tract Infection (UTI)
- Vascular Catheter-Associated Infection
- Surgical Site Infection, Mediastinitis, Following Coronary Artery Bypass Graft (CABG):
- Surgical Site Infection Following Bariatric Surgery for Obesity

www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/Hospital-Acquired_Conditions.html
Infection Control Video

- HHS has published a training video that every nurse, physician, infection preventionist and healthcare staff should see
- This includes risk managers
- It is an interactive video
- Called Partnering to Heal: Teaming Up Against Healthcare-Associated Infections
- Go to http://www.hhs.gov/partneringtoheal
- HHS wants to decrease HAI by 40% in 2013, want 1.8 million fewer injuries and can save 60,000 lives
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;
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](http://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 IOM to display files. Click on the red button in the "Download" column to see any available file in PDF.
- To return to this page after opening a PDF file on your desktop, use the browser "back" button. This is because closing the file usually will also close most browsers.

CMS Hospital CoP Manuals new address

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<th>App. No.</th>
<th>Description</th>
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<tr>
<td>A</td>
<td>Hospitals</td>
<td>2,185 KB</td>
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<tr>
<td>AA</td>
<td>Psychiatric Hospitals</td>
<td>606 KB</td>
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CMS Hospital CoP Manual

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 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

Survey & Certification: General Information

- Overview
- Spotlight
- CLIA
- Contact Information
- CMS National Background Check Program
- Nursing Home Quality Assurance & Performance Improvement Initiative
- Revisit User Fee Program
- Accreditation

Policy & Memos to States and Regions

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 (select one or more options):
  - Show only items whose [ ] is within the past
  - Show only items whose Fiscal Year is [ ]
  - Show only items containing the following word

Show Items

There are 455 items in this list.
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
CMS Memo on Safe Injection Practices

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 repackage 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.

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 Patient Safety Brief
Emergency Medicine Patient Safety Foundation

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

July 2012

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

SINGLE-DOSE OR MULTI-DOSE?

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

This information can literally save a life.

ONE NEEDLE, ONE SYRINGE, ONLY ONE TIME.
Safe Injection Practices Coalition
www.ONEandONLYcampaign.org

ONEANDONLYCAMPAIGN.ORG
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

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

1. A clean syringe and needle are used to draw the sedative from a new vial.
2. It is then administered to a patient who has been previously infected with hepatitis C virus (HCV). Backflow into the syringe contaminates the syringe with HCV.
3. The needle is replaced, but the syringe is reused to draw additional sedative from the same vial for the same patient, contaminating the vial with HCV.
4. A clean needle and syringe are used for a second patient, but the contaminated vial is reused. Subsequent patients are now at risk for infection.
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) 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.

Topics

- **About NHSN**
  - Overview, Purposes, Confidentiality statement, How 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 HRIIV 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:
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.
Guidelines & Standards

Guideline for Disinfection and Sterilization in Healthcare Facilities
Author: William A. Rutala, PhD, MPH, David J. Webber, MD, MPH, and the Healthcare Infection Control Practices Advisory Committee
November 2008

U.S. Pharmacopeia Chapter 797 Frequently Asked Questions

Guidelines for Animal-assisted Intervention in Health Care Facilities
Authors: Writing Panel of the Working Group; Sandra L. LeFebvre, DVM, PhD, Gail C. Golab, PhD, DVM, b E’Lise Christensen, DVM, Louisa Castrodale, DVM, MPH, Kathy Aureden, MS, CIC, Anne Bialachowski, RN, MS, CIC, Nigel Gumley, DVM, Judy Robinson, Andrew Peregrine, DVM, PhD, Marilyn Benoit, RN, Mary Lou Card, RN, CIC, Liz Van Horne, RN, CIC, J. Scott Weese, DVM, DVS, CIC
Source: AM J Infect Control 2008; 36:504

APIC/SHEA Guideline: Infection prevention and control in the long-term care facility
Author: Philip W. Smith, MD, Gail Bennett, RN, MSN, CIC, Suzanne Bradley, MD, Paul Drinka, MD, Ebbing Lautenbach, MD, James Marx, RN, MS, CIC, Lona Mody, MD, Lindsay Nicolle, MD, Kurt Stevenson, MD
Source: AM J Infect Control 2008; 36:504

APIC/CHICA-Canada infection prevention, control, and epidemiology: Professionals and practice standards
Author: Candace Friedman, BS, MT (ASCP), MPH, CIC, Ruth Curchoe, RN, MSN, CIC, Margie Foster, RN, CIC, Zahir Hirji, RN, BS, BScN, MMHC, CIC, Sharon Krystofiak, MS, MS, MT (ASCP), CIC, Rebecca L. Lark, MD (APIC), Linda Laxson, RN, BSN, CIC, Mary Jane Ruppert, RN, and Linda Spaulding, RNC, CIC
Source: AM J Infect Control 2008; 36:385-9

Guideline for Isolation Precautions in Hospitals
Authors: Jane D. Siegel, MD, Emily Rhinehart, RN MPH CIC, Marguerite Jackson, PhD, Linda Chiarello, RN MS, the Healthcare Infection Control Practices Advisory Committee
Source: CDC and AM J Infect Control 2007; 35:S86-S164

Multi-Society guideline for Reprocessing Flexible Gastrointestinal Endoscopes
Author: APIC Guidelines Committee
This guideline was developed as a result of a joint meeting with SHEA and others. APIC actively participated in its development and review.

Guidelines for Infection Control in Dental Health-Care Settings
Author: CDC
Source: CDC, MMWR, vol. 200;MMWR 2003:52(No. RR-17).

Guidelines for Environmental Infection Control in Health-Care Facilities
Source: CDC, HICPAC, American Society for Healthcare Engineering/American Hospital Association, vol. 2004

Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities
Author: CDC
Source: MMWR (Morbidity and Mortality Weekly Report), vol. 54 (RR-17), 1-141
Updated version.

Guideline for Prevention of Surgical Site Infection
Author: Mangram AJ, Horan TC, Silver LC, Jarvis WR
Source: Center for Disease Control and Prevention (CDC), Hospital Infection Control Practices Advisory Committee; AJIC (American Journal of Infection Control), vol. 1999;27(2):97-132

Recommendations for Preventing the Spread of Vancomycin Resistance
Author: HICPAC

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<td>Replacement of Administration Sets</td>
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<td>Needleless Intravascular Catheter Systems</td>
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<td>Strategies for Prevention of Catheter-Related Infections in Adult and Pediatric Patients</td>
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<td>Education, Training and Staffing</td>
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<td>Selection of Catheters and Sites</td>
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<td>Peripheral and Midline Catheter Recommendations</td>
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<tr>
<td>Central Venous Catheters Recommendations</td>
<td>27</td>
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</tbody>
</table>
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 Jeanie Taylor, RN, BSN, MS
Kurt A. Patton

Have you heard the case about the coroner who attributed a women’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 sepsis and died five days later. The investigation showed that the same laryngoscope handle used on the women 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 does not specifically address laryngoscope handles, it considers laryngoscope blades
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

<table>
<thead>
<tr>
<th>Standard Label</th>
<th>Standard Text</th>
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</thead>
<tbody>
<tr>
<td>IC.01.01.01</td>
<td>The hospital identifies the individual(s) responsible for the infection prevention and control program.</td>
</tr>
<tr>
<td>IC.01.02.01</td>
<td>Hospital leaders allocate needed resources for the infection prevention and control program.</td>
</tr>
<tr>
<td>IC.01.03.01</td>
<td>The hospital identifies risks for acquiring and transmitting infections.</td>
</tr>
<tr>
<td>IC.01.04.01</td>
<td>Based on the identified risks, the hospital sets goals to minimize the possibility of transmitting infections. Note: See NPSG.07.01.01 for hand hygiene guidelines.</td>
</tr>
<tr>
<td>IC.01.05.01</td>
<td>The hospital has an infection prevention and control plan.</td>
</tr>
<tr>
<td>IC.01.06.01</td>
<td>The hospital prepares to respond to an influx of potentially infectious patients.</td>
</tr>
<tr>
<td>IC.02.01.01</td>
<td>The hospital implements its infection prevention and control plan.</td>
</tr>
<tr>
<td>IC.02.02.01</td>
<td>The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.</td>
</tr>
<tr>
<td>IC.02.03.01</td>
<td>The hospital works to prevent the transmission of infectious disease among patients, licensed independent practitioners, and staff.</td>
</tr>
<tr>
<td>IC.02.04.01</td>
<td>The hospital offers vaccination against influenza to licensed independent practitioners and staff. Note: This standard is applicable to staff and licensed independent practitioners only when care, treatment, or services are provided on site. When care, treatment, or services are provided off site, such as with telemedicine or telephone consultation, this standard is not applicable to off-site staff and licensed independent practitioners.</td>
</tr>
<tr>
<td>IC.03.01.01</td>
<td>The hospital evaluates the effectiveness of its infection prevention and control plan.</td>
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</table>
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
Infection Preventionist (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

- 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

Looking for resources and a place to collaborate with other ICPs?

IP Tools is a resource for information sharing among Infection Preventionists.

Top 5 Downloads
- Scope Reprocessing Competency Package (2359)
- Risk Assessment (2250)
- UTI Catheter Related Infection Audit Tool (1941)
- Infection Control Report - Data Summary for Reporting (1821)
- Risk Assessment (1788)

www.infectionpreventiontools.com/home

Forgot your Username or Password?

JOIN THE MORE THAN 2000 USERS FROM 39 DIFFERENT COUNTRIES WHO ARE VISITING AND ACCESSING THESE TOOLS AND RESOURCES.

What is IP Tools?  Our Vision  Questions?

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.
## Risk Assessment Tools

### Risk Assessment

<table>
<thead>
<tr>
<th>EVENT</th>
<th>PROBABILITY OF OCCURRENCE</th>
<th>PATIENT EFFECT</th>
<th>INTENSITY OF ORGANIZATION'S RESPONSE NEEDED TO ADDRESS THE RISK</th>
<th>ORGANIZATION PREPAREDNESS TO ADDRESS SUCH A RISK AT THIS TIME</th>
<th>RISK LEVEL</th>
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<tr>
<td></td>
<td>SCORE</td>
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<td>Life Threat</td>
<td>Perm Harm</td>
<td>Temp Harm</td>
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<td>Geography and Community</td>
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<td>Transportation</td>
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<td>Mass Casualty</td>
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<td>Community Acquired MRSA</td>
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<td>Hospital Acquired Infection Rates</td>
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<td>Surgical Site</td>
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<td>Infection-Vascular</td>
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<td>VAP</td>
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<td>Resistant Organisms</td>
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<td>Extended Spectrum Beta Lactam (ESBL)</td>
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<td>MRSA (HA)</td>
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<td>VRE (HA)</td>
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<td>Services Provided</td>
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<td>NICU</td>
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<td>ICU</td>
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# Risk Assessment Tools

## 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>
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<tr>
<td>GEOGRAPHY &amp; COMMUNITY:</td>
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<tr>
<td>Transportation Mass Casualty</td>
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<td>TB Exposure</td>
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<tr>
<td>Hurricanes</td>
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<tr>
<td>Community-Acquired MRSA</td>
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<tr>
<td>POTENTIAL INFECTION:</td>
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<tr>
<td>Surgical Site Infection</td>
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<td>Endophthalmitis</td>
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<td>Fusarium</td>
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</table>
## Risk Assessment Tools

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</thead>
<tbody>
<tr>
<td></td>
<td>High (3)</td>
<td>Med (2)</td>
<td>Low (1)</td>
<td>None (0)</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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<tr>
<td>Radiation Exposure</td>
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<tr>
<td>Asbestos Exposure</td>
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**ENVIRONMENT:**

|                                |          |         |         |          |          | None (3) | Poor (2) | Fair (1) | Good (0) | Total |
| Major biohazard spill          |          |         |         |          |          |           |           |           |           |        |
| Improper cleaning of environment |          |         |         |          |          |           |           |           |           |        |
| Ineffective pre-construction IC planning (risk assessment) |          |         |         |          |          |           |           |           |           |        |
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

  - 1 http://www.cdc.gov/nhsn/wc_MDRO_CDAD.html
Acinetobacter is on the Rise

EMBARGOED FOR RELEASE UNTIL 12:01 AM, JULY 13, 2010

PROMPT ACTIONS HALT ALARMING INFECTION OUTBREAK AT DALLAS HOSPITAL

New Orleans, July 13, 2010 – Rapid identification and aggressive infection control measures allowed a Dallas hospital to stop the spread of *Acinetobacter baumannii*, a type of bacteria that has become increasingly prevalent in healthcare facilities and is resistant to most antibiotics. The findings were presented today at the 37th Annual Conference and International Meeting of the Association for Professionals in Infection Control and Epidemiology (APIC).

Methodist Dallas Medical Center identified an unusual cluster of drug-resistant *Acinetobacter* during a one-week period in 2009 and conducted an immediate investigation. Through rapid response and comprehensive interventions, the hospital was able to arrest the outbreak in a much shorter time-frame compared with most other reported outbreaks of this bacterium that have been known to last for months or years.

Infection control staff at the 515-bed hospital, in consultation with the Hospital Epidemiologist, Dr. Zakir Shaikh, quickly concluded that the known cases met the criteria for full epidemiological investigation and began an aggressive campaign of surveillance and intervention. All current and incoming patients were tested for *Acinetobacter*, and in affected units, every patient was put under contact precautions—where staff is required to don gloves and gowns upon entry to the patient’s room, and visitors are encouraged to do the same. The hospital also instituted regular meetings between all of the...
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
APIC Elimination Guides

Guide to Preventing Clostridium difficile Infections (2013)
Best practices for IPs and anyone who cares for patients with *C. difficile* or in facilities with patients who are being treated for *C. difficile* infections (CDI). Includes:
- Pathogenesis and changing epidemiology of CDI
- Diagnosis and surveillance
- Prevention strategies including hand hygiene and environmental controls
- Special considerations for skilled nursing and pediatrics
- Antimicrobial stewardship
- Emerging technologies and therapies
- Tools and additional resources

Other resources
+ Download

Resources for the prevention of CAUTIs in acute and long-term care settings, including:
- Problem identification
- Definitions
- Conducting a risk assessment
- Surveillance methodology
- Healthcare reimbursement
- Prevention of CAUTIs

+ Download

Best practices for keeping hemodialysis patients safe from infection, including:
Guide to the Elimination of Infections in Hemodialysis

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
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## Table 1: Core and Supplemental Reporting Choices for MDRO and CDI Module

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## Section I: Core Reporting

### Option 1: Laboratory-Identified (LabID) Event Reporting

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#### 1A: MDRO LabID Event Reporting

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#### 1B: *Clostridium difficile* (*C. difficile*) LabID Event Reporting

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### Option 2: Infection Surveillance Reporting

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#### 2A: MDRO Infection Surveillance Reporting

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#### 2B: *Clostridium difficile* (*C. difficile*) Infection Surveillance Reporting

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## Section II: Supplemental Reporting

1. Prevention Process Measures Surveillance

   a. Monitoring Adherence to Hand Hygiene

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   b. Monitoring Adherence to Gown and Gloves Use as Part of Contact Precautions

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   c. Monitoring Adherence to Active Surveillance Testing

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2. Active Surveillance Testing Outcome Measures

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## Table 2: Rates and Measures Derived from Various MDRO and CDI Protocol Surveillance Methods

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Bacterial Meningitis and Hospital Fined

Hospital fined for bacterial meningitis exposure

Merced Sun-Star / 20th Apr 2010

OAKLAND, Calif. -- The state has cited an Oakland Hospital for violation Health and Safety standards while handling a life-threatening case of bacterial meningitis. California's Division of Occupational Safety and Health officials say a police officer and a Hospital employee had to be hospitalized Dec. 3 after being improperly exposed to an infected patient.

Cal-OSHA says Alta Bates Summit Medical Center and other agencies failed to follow state laws requiring respiratory protections for...

READ MORE >>
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. ¹

- 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. ³

² www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/itemdetail.asp?filterType=dual,%20date,%20keyword&filterValue=2|yyyy|injection|&&&filterByDID=-1&sortByDID=4&sortOrder=ascending&itemID=CMS1210928&intNumPerPage=10
³ www.cdc.gov/ncidod/dhqp/COCA_Unsafe_Injection_Practices.html
This is a Risk for Transmitting Disease

Unsafe Injection Practices and Disease Transmission

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

1. A clean syringe and needle are used to draw the sedative from a new vial.
2. It is then administered to a patient who has been previously infected with hepatitis C virus (HCV). Backflow into the syringe contaminates the syringe with HCV.
3. The needle is replaced, but the syringe is reused to draw additional sedative from the same vial for the same patient, contaminating the vial with HCV.
4. A clean needle and syringe are used for a second patient, but the contaminated vial is reused. Subsequent patients are now at risk for infection.

Source: www.southernnevadahealthdistrict.org
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.

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

1 www.krdo.com/Global/link.asp?L=399119
Hepatitis C Outbreak: In Wake Of Kwiatkowski Guilty Plea, Patients Seek Accountability

By HOLLY RAMER 08/18/13 11:43 AM ET EDT AP

17 people like this. Be the first of your friends.

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
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
Advancing ASC Quality

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

The following **ASC TIPS** are now available:

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

Each toolkit is available in two versions, **BASIC** and **EXPANDED**: 
Identify Risks for Transmitting Infections

- Outbreak of Hepatitis C among 99 outpatients in oncology clinic from catheter flushes after having chemo

- 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 Accucheck 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.
Targeting Zero Healthcare-Associated Infections (HAIs)

Targeting Zero is the philosophy that every healthcare institution should be working toward a goal of zero healthcare-associated infections (HAIs). While not all HAIs are preventable, APIC believes that all organizations should set the aspirational goal of elimination and strive for zero infections. Every HAI impacts the life of a patient and a family, and even one should be considered too many. Further, unsafe behaviors and practices that place patients and healthcare workers at risk for HAIs should never be tolerated...

Read APIC’s Position Statement on Targeting Zero HAIs

Enacting change is difficult and cannot occur overnight. To help you in Targeting Zero, APIC has created a comprehensive set of resources featuring Webinars, conferences and practical tools. Most recently, APIC has developed a series of Infection-specific Elimination Guides which translate CDC guidelines into practice for frontline healthcare teams.

Read the January 2009 press release on Targeting Zero.

Read an article by Kathy Wave and Jerome Granato, MD, FACC, FAHA in Healthcare Financial Management.

See All Targeting Zero Resources

Related Files
HFM Article Jan 2009 (PDF File)
Hand Hygiene Resources

- CDC Guidelines for Hand Hygiene in Health-Care Settings
  1. www.cdc.gov/mmwr/preview/mmwrhtml/rr5116a1.htm

- CDC has a website with other resources on hand hygiene
  2. www.cdc.gov/handhygiene/

- 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
This Is Your Hand UNWASHED!

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.

www.hopkinsmedicine.org/heic/docs/HH_hand_unwashed.pdf
Clean Hands Save Lives!

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

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

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 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
Hand Hygiene in Healthcare Settings

Hand Hygiene in Healthcare Settings provides healthcare workers and patients with a variety of resources including guidelines for providers, patient empowerment materials, the latest technological advances in hand hygiene adherence measurement, frequently asked questions, and links to promotional and educational tools published by the WHO, universities, and health departments.

Topics...

- **Hand Hygiene Basics**
  - Overview, Basic Concepts on Hand Hygiene...

- **Guidelines**
  - CDC Guidelines, WHO...

- **Hand Hygiene Training**
  - Interactive Training, Educational Resources...

- **Measurement**
  - Measuring Hand Hygiene Adherence...

Promotional Campaigns

- Materials for Patients
- Materials for Healthcare Personnel
- Web Button
- Other Resources

Hand Hygiene Self-Assessment Framework

- How to participate

iScrub Application

Hand Hygiene in Healthcare Settings

Guidelines

The Guideline for Hand Hygiene in Health-Care Settings provides health-care workers (HCWs) with a review of data regarding handwashing and hand antisepsis in health-care settings. In addition, it provides specific recommendations to promote improved hand-hygiene practices and reduce transmission of pathogenic microorganisms to patients and personnel in health-care settings. This report reviews studies published since the 1985 CDC guideline (Garner JS, Jarvis WR, Horan TC, et al. CDC Guideline for Hand Hygiene in Health-Care Settings. Am J Infect Control 1986;25:214-17) and the 1995 APIC guideline (Larson EL, APIC Guidelines Committee. APIC Guideline for Handwashing and Hand Antisepsis in Health-care Settings. Am J Infect Control 1995;23:251-69) were issued and provides an in-depth review of hand-hygiene practices of HCWs, levels of adherence of personnel to recommended handwashing practices, and factors adversely affecting adherence. New studies of the in vivo efficacy of alcohol-based hand rubs and the low incidence of dermatitis associated with their use are reviewed. Recent studies demonstrating the value of multidisciplinary hand-hygiene promotion programs and the potential role of alcohol-based hand rubs in improving hand-hygiene practices are summarized. Recommendations concerning related issues (e.g., the use of surgical hand antisepsics, hand lotions or creams, and wearing of artificial fingernails) are also included.

World Health Organization (WHO)

- WHO Guidelines on Hand Hygiene in Healthcare (2009) [PDF - 5.07 MB]
Guideline for Hand Hygiene in Health-Care Settings

Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force
MEASURING HAND HYGIENE ADHERENCE: OVERCOMING THE CHALLENGES

www.jointcommission.org/PatientSafety/InfectionControl/hh_monograph

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

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

This monograph was supported in part by an unrestricted educational grant provided by GOJO Industries, Inc., Akron, Ohio
WHO Guidelines on Hand Hygiene in Health Care

First Global Patient Safety Challenge
Clean Care is Safer Care

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
### GETTING TO ZERO
INFECTION CONTROL AND PREVENTION (ICP) ACTION PLAN

**Action Area One: Collaborative Approach: New Ways of Thinking**

**Key Issues:** Tackling healthcare associated infections requires commitment from all levels of the organization and an enhanced local and system infrastructure committed to “getting to zero”.

<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>
</table>
| Infrastructure| 1. Form a Hospital X-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 | Formation of ICP workgroup with quarterly progress reports | VP Clinical Safety, Local Infectious Disease physician to co-chair ICP workgroup | HIGH     | January 09      |
<p>|               | 2. Assess and recommend appropriate local structure to ensure accountability in meeting “getting to zero” goals | Distribution of draft recommendations for local accountability structure | VP Clinical Safety, VP Medical Services, Physician Leadership Council, Nursing Leadership Council | HIGH     | February 09     |</p>
<table>
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<th>COMPLETION DATE</th>
<th></th>
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<tbody>
<tr>
<td><strong>Management and Communication of Critical Data and Information</strong></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>
<td></td>
</tr>
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<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>
<td></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>
<td></td>
</tr>
</tbody>
</table>
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 they provide care and this must be documented)
  - EP 7 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
Infection Control Program

C. OUTBREAK INVESTIGATION
   - Lead communicable disease exposure incident follow-up in collaboration with local leadership, Infectious Disease physicians, Employee Health
   - Lead investigation of outbreaks in collaboration with local leadership, Infectious Disease physicians, Employee Health and Public Health Department staff
   - Ensure appropriate control measures are implemented in collaboration with Employee Health

IC PROGRAM TEMPLATE COMPONENTS continued

D. TRAINING – STAFF AND PHYSICIANS
   1. Provides new hire and annual IC training provided in an interactive venue that facilitates active learning and provides an opportunity for HCWs to have their questions answered, addressing topics including:
      - hand hygiene
      - sharps safety
      - BBP and Tuberculosis (TB) Exposure Control Plan, etc.
      - product selections, changes and evaluations
      - updates on policy changes
      - surveillance outcomes, outbreak or cluster protocols
      - complicated patients with high healthcare associated infection risks
   2. Provides dept specific training programs as requested
   3. Ensures periodic evaluation and updating of programs

E. SURVEILLANCE MANAGING CRITICAL DATA
   1. Monitors defined population(s) at risk as identified by local IC Committee – examples:
      - Central Line Related Bloodstream Infection (BSI) including dialysis population
      - Ventilator Associated Pneumonia (VAP)
      - Unusual organisms
      - Orthopedic Surgical Site Infections (SSI)
      - Multi Drug Resistant Organisms (MDRO)
      - Interventional radiology
      - Construction associated infections (e.g. aspergillus)
   2. Tracks and trends patient cultures to determine trends, clusters, unusual organisms, etc in ambulatory care setting and inpatient settings
   3. Supports Risk Management in IC related sentinel event tracking and trending
   4. Reports and Analyzes Data by
      - selection of appropriate methods of measurement selection and use of appropriate nationally available aggregate comparative data (benchmarks)
      - statistical tools
      - risk stratification
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).

  - [www.apic.org/AM/Template.cfm?Section=Education_Resources&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=91&ContentID=8738](www.apic.org/AM/Template.cfm?Section=Education_Resources&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=91&ContentID=8738)
Educational Brochures

APIC works to provide information to both the general public and healthcare professionals. The brochures on this page are regularly reviewed and updated as needed to ensure that the information provided is current. These materials are available for you to download, copy and distribute free of charge. These pamphlets are intended to provide a general reference to each topic. No brochure can adequately diagnose a medical condition. If in doubt regarding your symptoms, please consult a healthcare professional.

- **10 tips for preventing the spread of infection**
- **Antibiotic Safety**
- **Chlamydia**
- **Companion Animals and Your Health**
- **Food Safety in Your Home**
- **Hand Hygiene for Consumers**
- **Hand Hygiene for Healthcare Workers**
- **Healthy Skin - An Ounce of Prevention**
- **Hepatitis A (HAV)**
- **Hepatitis B (HBV)**
- **Hepatitis C**
- **Hepatitis C (HCV)**
- **How to Dine Out Safely**
- **Immunization Information for International Travelers**
- **Infection Control Tips on Handwashing**
- **International Travel Health References and**
- **Lyme Disease**
- **Meningococcal Meningitis**
- **Mold in Your Home**
- **Patient Safety - Protecting Yourself from Medical Errors**
- **Pneumococcal Disease - Are You at Risk?**
- **Prevent Needlesticks**
- **Preventing Infection During Your Chemotherapy Treatment**
- **Preventing Ventilator Associated Pneumonia**
- **Respiratory Etiquette - An Important Cultural Change**
- **Respiratory Syncytial Virus**
- **Scarlet Fever**
- **Speak Up: Five Things You Can Do To Prevent Infection**
- **Traveling Overseas - Tips on How to Avoid Infection**
- **Viral Meningitis**
- **West Nile Virus**
- **Your Patient Has Respiratory Symptoms - So What**
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, et al.)
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
HOSPITAL POLICIES AND PROCEDURES

Department: Epidemiology
Subject: Influx of People With Infectious Disease

Subject No.: 35-36.1
Page 1 of 2
Revision: 7/2008
Effective: 4/2005

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
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 indicated\(^1\)
  - 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/
Standard Precautions

Excerpt from the Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007. PDF (1.33MB / 219 pages)

On this page:
- Background
- Recommendations

Background

III.A. Standard Precautions combine the major features of Universal Precautions (UP) and Body Substance Isolation (BSI) and are based on the principle that all blood, body fluids, secretions, excretions except sweat, nonintact skin, and mucous membranes may contain transmissible infectious agents. Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include: hand hygiene; use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; and safe injection practices. Also, equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents (e.g., wear gloves for direct contact, contain heavily soiled equipment, properly clean and disinfect or sterilize reusable equipment before use on another patient). The application of Standard Precautions during patient care is determined by the nature of the HCW-patient interaction and the extent of anticipated blood, body fluid, or pathogen exposure. For some interactions (e.g., performing venipuncture), only gloves may be needed; during other interactions (e.g., intubation), use of gloves, gown, and face shield or mask and goggles is necessary. Education and training on the principles and rationale for recommended practices are critical elements of Standard Precautions because they facilitate appropriate decision-making and promote adherence when HCWs are faced with new circumstances. An example of the importance of the use of Standard Precautions is intubation, especially under emergency circumstances when infectious agents may not be suspected, but later are identified (e.g., SARS-CoV, Neisseria meningitides). Standard Precautions are also intended to protect patients by ensuring that healthcare personnel do not carry infectious agents to patients on their hands or via equipment used during patient care.

III.A.1. New Elements of Standard Precautions Infection control problems that are identified in the course of outbreak investigations often indicate the need for new recommendations or...
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)
Cover Your Cough Posters

Stop the spread of germs that make you and others sick!

Cover your Cough

Cover your mouth and nose with a tissue when you cough or sneeze. Put your used tissue in the waste basket.

You may be asked to put on a surgical mask to protect others.

Clean your Hands

Wash with soap and water. Clean with alcohol-based hand cleanser.

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](http://www.cdc.gov/ncidod/dhqp/gl_isolation.html)
Targeting Zero

Targeting Zero is the philosophy that every healthcare institution should be working toward a goal of zero healthcare-associated infections (HAIs). While HAI prevention is challenging and complex, APIC believes that all organizations should set the aspirational goal of elimination and strive for zero infections. Every HAI impacts the life of a patient and a family, and even one should be considered too many. Further, unsafe behaviors and practices that place patients and healthcare workers at risk for HAIs should never be tolerated.

Read APIC's Position Statement on Targeting Zero HAIs.

Enacting change is difficult and cannot occur overnight. To help you in Targeting Zero, APIC has created a comprehensive set of resources featuring webinars, conferences, and practical tools.

Learn more about the newest Targeting Zero initiative: [Believe in Zero CLAB SIs](#)
Guidelines & Standards

Guideline for Disinfection and Sterilization in Healthcare Facilities

Author: William A. Rutala, PhD, MPH, David J. Webber, MD, MPH, and the Healthcare Infection Control Practices Advisory Committee

November 2008

U.S. Pharmacopeia Chapter 797 Frequently Asked Questions

Guidelines for Animal-assisted Intervention in Health Care Facilities

Authors: Writing Panel of the Working Group: Sandra L. Lefebvre, DVM, PhD, Gail C. Golab, PhD, DVM, b E’Lise Christensen, DVM, Louisa Castrodale, DVM, MPH, Kathy Aureden, MS, CIC, Anne Bialachowski, RN, MS, CIC, Nigel Gumley, DVM, Judy Robinson, Andrew Peregrine, DVM, PhD, Marilyn Benoit, RN, Mary Lou Card, RN, CIC, Liz Van Horne, RN, CIC, J. Scott Weese, DVM, DVSc.

Source: AM J Infect Control 2008; 36:504

Reuse of Respiratory Protection in Prevention and Control of Epidemic- and Pandemic-prone Acute Respiratory Diseases (ARD) in Healthcare.

Author: Judene Bartley, MS, MPH, CIC, Rachel Stricoff, MT, MPH, CIC; APIC Public Policy and Emergency Preparedness Committees

Source: APIC, 2008

APIC/SHEA Guideline: Infection prevention and control in the long-term care facility

Author: Philip W. Smith, MD, Gail Bennett, RN, MSN, CIC, Suzanne Bradley, MD, Paul Drinka, MD, Ebbing Lautenbach, MD, James Marx, RN, MS, CIC, Lona Mody, MD, Lindsay Nicolle, MD, Kurt Stevenson, MD

Source: AM J Infect Control 2008;36:504

APIC/CHICA-Canada infection prevention, control, and epidemiology: Professionals and practice standards

Author: Candace Friedman, BS, MT (ASCP), MPH, CIC, Ruth Curchoe, RN, MSN, CIC, Margie Foster, RN, CIC, Zahir Hirji, RN, BS, BScN, MHSc, CIC, Sharon Krystofik, MS, MS, MT (ASCP), CIC, Rebecca L. Lark, MD (APIC), Linda Laxson, RN, BSN, CIC, Mary Jane Ruppert, RN, and Linda Spaulding, RNC, CIC

Source: AM J Infect Control 2008;36:385-9

Guideline for Isolation Precautions in Hospitals

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

Source: CDC and AM J Infect Control 2007; 35:S65-S164)
CDC has Dialysis Resources also

Dialysis Patient Safety

Prevention & Control of Dialysis-Associated Infections
These resources may be of use to healthcare professionals

Guidelines / Recommendations

- Infection Control Requirements for Dialysis Facilities and Clarification Regarding Guidance on Parenteral Medication Vials
  - The rule establishes new conditions dialysis facilities must meet to be certified under the Medicare program and is intended to update CMS standards for delivery of quality care to dialysis patients. August 15, 2008 MMWR / 57(32):875-876
- Guideline for Environmental Infection Control in Health-Care Facilities, 2003
- Guidelines for the Prevention of Intravascular Catheter-Related Infections HICPAC 2002
- Guideline for Hand Hygiene in Healthcare Settings HICPAC 2002
- Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients MMWR April 27, 2001/50(RR06):1-43
Guide to the Elimination of Infections in Hemodialysis

This guide is available for free [download] to members.

Resources from the Guide

Patient Teaching Tools
- Living with MRSA-multiple languages
- Prevention and control of dialysis-associated infections

Nephrology Resources
- Emergency Preparedness

General Information
- CDC guide for immunizations in patients with kidney disease
- CDC interim H1N1 guidance for dialysis
- Nurses for a healthier tomorrow
- Nephrology Nursing Journal
- American Nephrology Nurses' Association's official journal and newsletter
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


Sterilization
Most medical and surgical devices used in healthcare facilities are made of materials that are heat stable and therefore undergo heat, primarily steam, sterilization. However, since 1950, there has been an increase in medical devices and instruments made of materials (e.g., plastics) that require low-temperature sterilization. Ethylene oxide gas has been used since the 1950s for heat- and moisture-sensitive medical devices. Within the past 15 years, a number of new, low-temperature sterilization systems (e.g., hydrogen peroxide gas plasma, peracetic acid immersion, ozone) have been developed and are being used to sterilize medical devices. This section reviews sterilization technologies used in healthcare and makes recommendations for their optimum performance in the processing of medical devices.

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

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www.cdc.gov/hicpac/Disinfection_Sterilization/13_0Sterilization.html
Clarification: Reducing Infection Risks Associated with Medical Equipment, Devices, and Supplies

The Joint Commission has edited Infection Prevention and Control (IC) Standard IC.02.02.01 and its Elements of Performance (EP) 1 and 2 for ambulatory care, behavioral health care, critical access hospitals, home care, hospitals, laboratories, long term care, and office-based surgery. These changes are effective immediately. A new rationale for Standard IC.02.02.01, and revisions to EPs 1 and 2, clarify requirements to reduce the risks associated with medical equipment, devices, and supplies.

In the last year, several significant issues have emerged related to cleaning, disinfecting, and sterilizing medical equipment, devices, and supplies (for example, the proper use of steam sterilization, as discussed in Perspectives, July 2009, page 8, and adequate high-level disinfection of endoscopes). Furthermore, medical technology and instrumentation is a rapidly changing field; new devices and new or resistant pathogens are emerging at an unprecedented pace.

There has been confusion in the field about the applicability of Standard IC.02.02.01. Because EP 1 refers to cleaning and disinfecting in ambulatory care settings, the revisions are intended to ensure consistency in the organization’s procedures, impact on individuals served, patients, and residents.

EP 2 refers to sterilization and applies to higher-risk processes. EP 2 has been revised to show that, specifically, intermediate- and high-level disinfection are included with sterilization. The current assignment of scoring category “A” reflects the direct and serious potential impact on patients and residents.

Joint Commission surveyors will continue to survey for the following:

- Orientation, training, and competency of the health care workers who process medical equipment, devices, and supplies
- Levels of staffing and supervision of the health care workers who process medical equipment, devices, and supplies
- Standardization of the process regardless of whether it is centralized or decentralized
- Ongoing quality monitoring
- Observation against the manufacturer’s guidelines and the organization’s procedures

The revisions to IC.02.02.01 are shown in the box below.

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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 bloodborne 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
MEMORANDUM SUMMARY

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

- Reusing fingerstick 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 guidelines, investigative protocol, and severity determination information at F441 to determine the severity of the deficiency.

Scope & Severity: CMS is revising the example in Appendix PP to make a distinction between (a) reuse of fingerstick devices for more than one resident (immediate jeopardy) and (b) use of a blood glucose meter for more than one resident without proper cleaning and disinfection, so that scope and severity can be correctly assessed.
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 finger sticks.
2. Use a lancet holding device when performing finger sticks. When performing a finger
puncture, deflect the blood away from the face. Squeezing a puncture site to obtain an adequate amount of blood can cause a blood splash onto the face or mucous membranes.

3. When possible, select a single-use lancing device that retracts the lancet upon puncture and is then discarded as medical waste.

4. If using a multiple-use lancet holding device, select one with a disposable, single-use-only lancet and an endcap that encloses and retains the used lancet for proper disposal. Use a new lancet and endcap for each patient. After each use of a multiple-use lancet-holding device, continue to wear gloves while cleaning the device thoroughly and disinfecting it with (a) a solution prepared daily containing 1 part household bleach to 100 part water (approximately ¼ cup of bleach per gallon of tap water or 1 tablespoon per quart of water), (b) a hospital disinfectant chemical germicide registered with the Environmental Protection Agency (EPA), or (c) a commercially available hard-surface germicide solution containing at least 500 ppm free available chlorine (equivalent to a 1:100 dilution of common household bleach).

5. Never reuse lancets. Do not reuse the platform or endcap supporting a disposable lancet.

6. Promptly place used lancets, endcaps, and platforms in a readily accessible, approved sharps container. Do not recap, bend, or break used lancets because these practices are potential causes of needlestick injury.
CMS issues memo on insulin pens on May 18, 2012

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

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

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 (II-28-NH) 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

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)

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 \(^2\)

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

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Chapel Hill, NC 27514

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http://www.cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html
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 is not re-contaminated (use flash pans if not full cycle sterilization).
Flash Sterilization (Immediate-Use)

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

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

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 flash sterilization.

Background

We are clarifying the issue of the Infection Control Surveyor Worksheet and flash sterilization. This is an area in which technological changes require changes in the way surveyors assess compliance of sterilization practices in ASCs. Attachment 1 is a set of bullets the Centers for Medicare & Medicaid Services (CMS) has developed with assistance from the Centers for Disease Control & Prevention and the Food and Drug Administration. They have been informally distributed to FY 2009 ASC-HAI volunteer SAs, and will be reviewed at the October 20-22 surveyor training.
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/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 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 lumens, 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 manufacturers’ 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 416.44(b)(5).
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
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.
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
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 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
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=/CM/ContentDisplay.cfm&section=Topics1&ContentID=6381

- Disinfection of Healthcare Equipment Chapter in Guidelines for Disinfection and Sterilization in Healthcare Facilities Nov 2008 at
  - 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 Hospitals 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
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.1-4 The Joint Commission’s mission focuses on continuously improving health care for the public. As such, the Joint Commission’s Board of Commissioners 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:

- 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.

1. Set incremental influenza 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 influenza vaccination rate.
3. Evaluate (at least annually) the reasons given for declining the influenza 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.

The requirements for revised Standard IC.02.04.01 are comparable across accreditation programs, but the language can vary by setting (for example, hospitals versus behavioral health care organizations). Therefore, if organizations are accredited under more than one accreditation program, it is important that they review the program-specific requirements. The program-specific language for Standard IC.02.04.01 can be accessed on the Joint Commission Web Site at http://www.jointcommission.org/standards_information/
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
5. Set incremental flu vaccination goals, consistent with achieving the 90% rate established in the national influenza initiatives for 2020

6. Have a written description of the methodology used to determine their flu vaccination rate

7. Evaluate at least annually the reasons given for declining the flu vaccination

8. Improve their vaccination rate according to their established goals at least annually
9. 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

Home care, behavioral health care and ambulatory have phased in period.
It's Not Too Late to Vaccinate!

If you haven't gotten the flu vaccine, it's not too late! Flu season typically starts in the fall and peaks in January and February. Everyone age 6 months and older should get the flu vaccine.

About the Flu
- When is flu season?
- How do I protect myself from the flu?
- What are the symptoms?

About H7N9
- H7N9 News and Updates
- What is the U.S. doing to address H7N9?
- H7N9 Frequently Asked Questions

Pregnant Women
- What you need to know about the flu
- Preventing the flu during your pregnancy
- How would you know if you have the flu?

Caring for Loved Ones
- How do you care for someone with the flu?
- Caring for children and infants
- Caring for seniors

Flu Twitter Chatter

Featured Videos
Playlist: Flu.gov Videos
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
Questions???

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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
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/dhqpdhpac_uti_pc.html

- 2011 Guidelines for the Prevention of Intravascular Catheter Related Infections from CDC
GUIDELINE FOR PREVENTION OF CATHETER-ASSOCIATED URINARY TRACT INFECTIONS 2009

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

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

2009 Guidelines

These resources may be of use to healthcare professionals

- Guideline for Prevention of CAUTI 2009 Appendices (4.41 MB / 268 pages)
CAUTI Guideline Fast Facts

Why is the new CAUTI Guideline important?

What are the changes?

Who should use the CAUTI Guideline?

What facilities should implement the CAUTI Guideline?

What information is included in the CAUTI Guideline?

What are the recommended core strategies for prevention of CAUTI?

What are some examples of quality improvement programs that may ensure appropriate urinary catheter utilization?

Are there new technologies that can help prevent CAUTI?

What are the recommendations for CAUTI surveillance?
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


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Guidelines for the diagnosis, prevention, and management of persons with catheter-associated urinary tract infection (CA-UTI), both symptomatic and asymptomatic, were prepared by an Expert Panel of the Infectious Diseases Society of America. The evidence-based guidelines encompass diagnostic criteria, strategies to reduce the risk of CA-UTIs, strategies that have not been found to reduce the incidence of urinary infections, and management strategies for patients with catheter-associated asymptomatic bacteriuria or symptomatic urinary tract infection. 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 hospitals and long-term care facilities.

EXECUTIVE SUMMARY

Catheter-associated (CA) bacteriuria is the most common health care-associated infection worldwide and is information 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

North Carolina Center for Hospital Quality and Patient Safety
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
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. 431-458
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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
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)
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
This presentation is intended solely to provide general information and does not constitute legal advice. Attendance at the presentation or later review of these printed materials does not create an attorney-client relationship with the presenter(s). You should not take any action based upon any information in this presentation without first consulting legal counsel familiar with your particular circumstances.
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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.
The End!

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