

**Infection Control in ASCs:  
Best Practices and Current Ideas**  
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9th Annual Orthopedic, Spine and Pain  
Management-Driven ASC Conference  
June 9-11, 2011

 SURGERY Partners

### Infection Control in ASCs

- You are an ASC administrator
  - you have 100+ key priorities, and
  - in 2011 your infection control practices should be at the top of your 'To Do' list.



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### Infection Control in ASCs

- Key elements of an organization with a functioning and effective infection control plan:
  - Provides health care services while adhering to safe practices for patients, staff and all others.
  - Maintains ongoing programs designed to:
    - Prevent and control infections/communicable diseases
    - Provides a safe and sanitary environment of care
  - Maintains an active and ongoing infection control and prevention program evidenced by certain key characteristics.

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### Infection Control in ASCs

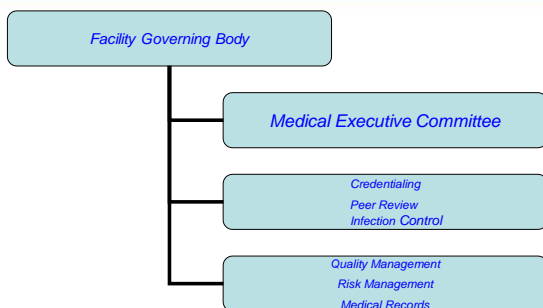
- The organization must establish a program for identifying and preventing infections, maintaining a sanitary environment, and a process for reporting the results to appropriate authorities.
- The program should be developed through a systematic, coordinated and continuous approach
  - Systematic = Organized
  - Coordinated = Working together
  - Continuous = Ongoing



### Infection Control in ASCs

- The infection control and prevention program should:
  - Document that the organization has considered, selected and implemented [nationally-recognized infection control guidelines](#).
  - Approved by the governing body
  - Integral part of the organization's quality improvement program
  - Under the direction of a designated and qualified health care professional who has training and current competence in infection control and is approved by Governing Body
  - Implemented with an action plan to:
    - Prevent, identify, minimize and manage infections and communicable diseases
    - Immediately implement corrective and preventative measures that result in improvements

### Infection Control in ASCs



### Infection Control in ASCs

- The infection control and prevention program reduces the risk of health care-acquired infections ('HAI') as evidenced by education and active surveillance, consistent with:
  - WHO, CDC, AORN or other nationally-recognized guidelines for hand hygiene
  - CDC or other nationally-recognized guidelines for safe injection practices
  - Precautions to minimize communicable disease exposure to patients, health care staff and all others

### Infection Control in ASCs

- The organization provides a functional and sanitary environment for the provision of services.
- The organization adheres to:
  - Professionally accepted standards of practice
  - Manufacturer's recommendations
  - State and federal guidelines, related to the cleaning, disinfection and sterilization of instruments, equipment, supplies and implants.

### Infection Control in ASCs

- A sharps injury prevention program must be present and will include:
  - Documentation of employee orientation and annual staff education
  - Disposal of intact needles and syringes into appropriate sharps containers, in accordance with state/federal guidelines
  - Placement of sharps containers in appropriate care areas and secured from tampering
  - Replacement of sharps containers when the fill line is reached
  - Handling and disposal of filled sharps containers in accordance with applicable regulations



### Infection Control in ASCs

- The organization is a safe environment for treating patients, including adequate safeguards to protect the patient from cross-contamination, is assured through the provision of adequate space, equipment, supplies and personnel.
- Procedures must be available to minimize sources and transmission of infections, including surveillance techniques.



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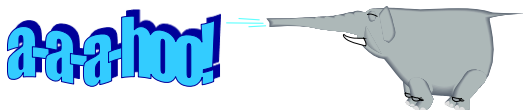
### Infection Control in ASCs

- The organization should have a process in place for the monitoring and documentation of the cleaning, high-level disinfection and sterilization of medical equipment, accessories, instruments and implants.
- The organization should have a process for assessing that sterile packs of equipment and instruments are within current dates.

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### Infection Control in ASCs

- The organization has a policy and process for the isolation or immediate transfer of patients with a communicable disease.



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### Infection Control in ASCs

- The organization's written policies address cleaning of patient treatment and care areas, which, at minimum, address:
  - Cleaning before use
  - Cleaning between patients
  - Terminal cleaning at the end of the day



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### Infection Control - Safety

- Elements of a safety program address the organization's environment of care and the safety of patient's, staff and others. The program must meet or exceed local, state or federal safety requirements.

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### Infection Control - Safety

- A quality organization adheres to safe practices for patients, staff and others as evidenced by the following characteristics:
  - Processes for the management of identified hazards, potential threats, near misses and other safety concerns.
  - An awareness of, and a process for, the reporting of known adverse incidents to appropriate state and federal agencies when required by law.
  - Processes to reduce and avoid medication errors.
  - Policies regarding food and drink.
  - Policies addressing manufacturer or regulatory agency recalls related to medications, medical equipment and devices, and food products.
  - Prevention of falls/physical injuries involving patients, staff and all others.

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### Infection Control - Safety

- A person or committee is designated by the governing body who is responsible for the organization's safety program.
- Medical staff members, employees and others abide by the program, and receive education/training related to:
  - Infection control & prevention program
  - Safety program




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### Infection Control - Safety

- Unique patient identifiers are used consistently throughout care.
- Written policies regarding procedures and treatments that are offered to patients, which include criteria for patient selection, the need for anesthetic support, and post-procedural care.




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### Infection Control - Safety

- Comprehensive written emergency and disaster preparedness plan to address internal and external emergencies.
  - The plan must include a provision for the safe evacuation of individuals during an emergency, especially individuals who are at a greater risk.




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### Infection Control - Safety

- Measures are implemented to prevent skin and tissue injury from chemicals, cleaning solutions and other hazardous exposure.
- Patients are educated about prescribed medical devices and associated protocols and guidelines. Patient competence with each device is verified before independent use.

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### Infection Control - Safety

- Reprocessing of single use devices:
  - Comply with FDA guidelines and the devices must have been cleared under the FDA 510(k) process ( [www.fda.gov](http://www.fda.gov) )
  - Policies must clearly dictate the cleaning and handling of these devices in-house before sending them out for reprocessing
  - A written log must be maintained on all reprocessed devices

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### Infection Control - Safety

- The organization has a policy and process that addresses the recall of drugs & vaccines, blood & blood products, medical devices, equipment & supplies, and food products.
  - Sources of recall information (FDA, CDC, manufacturers, & other local, state, or federal sources)
  - Methods of notification of staff that need to know
  - Methods to determine if a recalled product is present in the facility or has been given or administered to patients
  - Documentation of response to recalled products
  - Disposition or return of recalled items
  - Patient notification, as appropriate



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### Safety Program in ASCs

- Products, including medications, reagents and solutions, that carry an expiration date are monitored. The organization has a policy for disposal or return of expired medication and supplies in accordance with local, state and federal guidelines.



### Infection Control - Safety

- Prior to use, appropriate education is provided to intended operators of newly-acquired devices or products to be used in the care of patients.
  - A person shall be designated to be responsible for ensuring appropriate clinical education occurs prior to allowing the use of the device in the care of a patient.
    - Vendor representatives are not used as the sole source for clinical education.

### Infection Control in ASCs

- What is the best way to evaluate the effectiveness of your Infection Control Program?
  - The surveyor's checklist is very clear and complete as to what CMS considers you should be doing to comply with the new regulations.
  - Perform a mock survey using a tracer methodology and evaluate your staff's performance against the itemized checklist.





## Infection Control in ASCs

- The first wave of ASC inspections by CMS revealed a number of common infection control lapses:

- Hand hygiene errors

- Hands must be washed or an alcohol-based hand sanitizer used before and after each and every patient contact.
- If soap and water is used, hands must be scrubbed for 20-30 seconds, rinsed, dried, then turn off the faucet using the paper towel.
  - Most handwashing falls short of the allotted time.
- If hands are visibly clean, a 60%+ alcohol-based sanitizer may be used.

### Germ Farm



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## Infection Control in ASCs

- Hand hygiene errors

- Patients should see you sanitize or wash your hands every time you approach them.
- Hands must be sanitized before obtaining supplies and equipment, passing medications and whenever contaminated.
- If you've answered the phone, touched your face, a computer, keyboard, etc. you must clean your hands again before touching a patient or getting supplies.

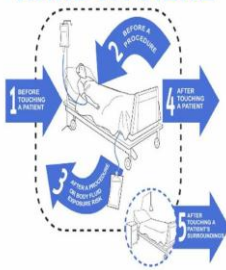


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## Infection Control in ASCs

- A survey from the World Health Organization (WHO) demonstrated that almost 50% of healthcare workers around the globe are not washing their hands before providing care to a patient.
- This critical step is Moment 1 in the WHO's "5 Moments for Hand Hygiene" & is part of the "of Save Lives: Clean Your Hands" campaign launched by the WHO's Clean Care is Safer Care program.

### 5 Moments for HAND HYGIENE



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## Infection Control in ASCs

- Infection Control Today-March 2011 reports that lack of/improper hand hygiene was the No. 1 breach reported in their 2010 survey with 25% of the respondents consistently reporting a failure by OR personnel to engage in timely & proper hand disinfection, especially after removing gloves.
  - The importance of proper hand hygiene cannot be overemphasized as this is the single most important measure to reduce the spread of microorganisms.
  - Proper hand hygiene protects both the patient & healthcare workers from exposure to blood, body fluids, microorganisms and other hazardous substances.
- Hand Hygiene should be performed:
- Upon arrival at the healthcare facility
  - Before & after every patient contact
  - Before gloving & after removing gloves or other PPE
  - Any time there is a possibility of exposure to blood or other bodily fluids
  - Before & after eating
  - Before & after using the bathroom
  - Before leaving the healthcare facility
  - When hands are visibly soiled

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## Infection Control in ASCs

### Essential Elements of the 5-minute Scrub

- Open the scrub brush from the product pack & place contents on a shelf next to the scrub sink.
- Remove all jewelry, including rings, watches and bracelets.
- Check that your mask is properly secured, eye protection is in place & all hair is tucked under the surgical cap. Once the scrubbing process begins, you won't be able to adjust your PPE.
- Wash hands & forearms with antimicrobial soap according to manufacturers directions. Apply soap vigorously for ~ 25 seconds, focusing on the back of hands & between fingers.
- Clean your fingernails under running water using the provided pick. Throw the pick away & rinse hands & forearms.
- Wet the scrub brush with water. Apply soap to the hands & forearms. Scrub vigorously, covering first the palm, then the back of hand. Brush up & down the fingers, concentrating on covering the top, bottom, & sides of each. Scrub the webbing between each finger. Repeat process on the opposite hand. Scrub for a total of 3 minutes for both hands.
- Move onto the forearms, scrubbing each side of the arm to 2" above the elbow. Scrub vigorously for 1 minute before repeating the process on the other arm. Never return to the hands; they must remain higher than the elbows, with fingers pointed toward the ceiling.
- Rinse your arms and hands, with the fingers still pointing toward the ceiling. The water should always run down your arms & elbows, away from the hands.
- Head to the OR with the hands raised. Open the door with your hip and pick up your sterile towel by grasping it by a corner & shaking to open.

## Infection Control in ASCs

### • Injection and Medication Safety Issues

- Unsafe use of multi-dose vials is a key issue

- Vials labeled "single-patient use may be used for only one patient."



- Syringes and needles are to be used for one patient – one time.

- Changing the needle does not assure patient safety, nor does injecting through a port some distance from the IV site – blood cells can still get into the syringe.

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### Infection Control in ASCs

- Environmental cleaning lapses
  - Anything that comes into contact with a patient must be disinfected before it is used on another patient.
  - Develop a written plan that details who is responsible to clean what, what cleaning products are to be used, and how/when the cleaning is to be done.
  - Cleaning products used in the facility must be EPA-approved.
    - Follow the mixing instructions carefully.
    - Follow wet contact times listed by the manufacturer.



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### Infection Control in ASCs

- Blood Glucose Monitors
  - Single-use monitors should be used for one patient only.
  - Multi-use devices must be wiped down with germicide between patient use.
  - Lancets should be single-use automatic retractable devices.
  - OSHA requires if a safety device is available, it must be used. So, lancets that manually puncture skin are no longer acceptable for use in medical facilities.



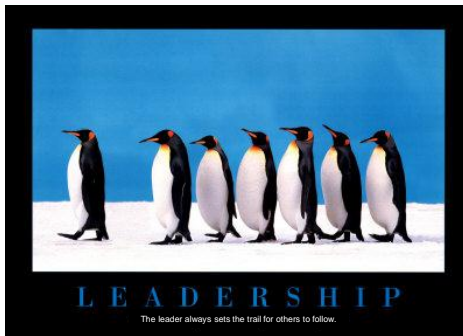
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### Infection Control in ASCs

- In conclusion, the successful development and implementation of an effective infection prevention and control program relies on the implementation and maintenance of certain key elements:
  - Administrative support
  - Qualified Infection Control Leadership
  - Mechanisms for doing investigation and resolution
  - Demonstrated use of nationally recognized infection control standards
  - Sound policies and procedures
  - Continuing education for physicians, staff, patients and families
  - Continuous program evaluation and assessment.

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## Infection Control in ASCs



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## Resources-Links

- Centers for Disease Control & Prevention (CDC) – [www.cdc.gov](http://www.cdc.gov)
- Association for Professionals in Infection and Epidemiology, Inc. (APIC) - [www.apic.org](http://www.apic.org)
- APIC Consulting Services – [www.apicconsulting.com](http://www.apicconsulting.com)
- Association of Perioperative Registered Nurses (AORN) – [www.aorn.org](http://www.aorn.org)
- American Association of PeriAnesthesia Nurses (ASpan) – [www.aspan.org](http://www.aspan.org)
- Association for the Advancement of Medical Instrumentation (AAMI) – [www.aami.org](http://www.aami.org)
- United States Department of Labor-Occupational Safety & Health Administrations – [www.osha.org](http://www.osha.org)
- Accreditation Association for Ambulatory Health Care (AAHC) – [www.aaahc.org](http://www.aaahc.org)
- The Joint Commission on Accreditation of Healthcare Organizations (JCAHO)- [www.jointcommission.org](http://www.jointcommission.org)
- 2009 Patient Safety Goals – [www.jointcommission.org/patientsafety/nationalpatientsafetygoals/](http://www.jointcommission.org/patientsafety/nationalpatientsafetygoals/)

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## Resources-Links

- The Certification Board for Sterile Processing and Distribution, Inc. (CBSPD) – [www.sterileprocessing.org/cbspd.htm](http://www.sterileprocessing.org/cbspd.htm)
- Certification Board of Infection Control and Epidemiology, Inc. (CBIC) – [www.cbic.org/staff-cbic.asp](http://www.cbic.org/staff-cbic.asp)
- International Association of Healthcare Central Service Materials Management – (IAHCsMM) – [www.iahcsmm.org](http://www.iahcsmm.org)
- ASC Quality Collaboration – [www.ascquality.org](http://www.ascquality.org)

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## Resources-CMS Test

1. Which accreditation organization do we follow?
2. Do we have an Infection Control program?
  - a. Yes
  - b. No
3. If yes, which nationally recognized guidelines does the Infection Control program follow?
  - a. CDC
  - b. AORN
  - c. APIC
4. Who is the Infection Control person?
5. Do staff members receive infection control training?
6. If yes, how often is the training?

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## Resources-CMS Test

1. Hand washing:
  - a) Is soap and water or alcohol-based hand rubs available in patient care areas?
  - b) How long should you wash your hands with soap and water?
  - c) Is it necessary to wash your hands after removing gloves?

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## Resources-CMS Test

1. Injection Practices:
  - If you are drawing up multiple saline syringes, is it necessary to use a new needle for each syringe?
  - Do you need to wipe off the rubber stopper prior to each entry?
  - What all needs to be put on a label to properly label a drawn medication?
  - As long as you use a new needle and new syringe, it is okay to multi-dose single-dose vials.
    - a. True
    - b. False
  - Are **all** multi-dose medications that are used for more than one patient dated when they are first opened and discard within 28 days?
    - a. Yes
    - b. No
  - Are any multi-dose medications stored or accessible in the immediate areas where direct patient contact occurs?
    - a. Yes
    - b. No
2. Is it okay for sharps containers to be filled over the fill line?
  - a. Yes
  - b. No

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### Resources-CMS Test for Staff

1. Single use devices:
  - a. How many times can you reuse a single-use device?
2. How often should you clean the glucometer?
  - a. Daily
  - b. Weekly
  - c. Monthly
  - d. Each use

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### Resources-CMS Test for staff

#### Cleaning:

1. What is the kill time for the dispatch wipes?
2. Where is the spill kit located?
3. How often do the operating rooms need to be terminally cleaned?
  - a. Daily
  - b. Weekly
  - c. monthly

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### Resources

Contact [cspeier@novamed.com](mailto:cspeier@novamed.com) for copies of:

- Mock Survey
- Infection Control Surveyor Worksheet
- Infection Control Preventionist Job Description
- HHS Action Plan – HAI
- Other information
  - I have lots of information and sample P&Ps and am more than happy to share.

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## Acknowledgements

Information Resources used in the development of this presentation:

- HCPPro, Inc.
- ASC Quality Collaboration & Donna Slosburg
- Center for Disease Control – 'CDC'
- Occupational Safety & Health Administration
- Catherine Nichol, RN & Karen Guccione, RN  
"Does Your Infection Control Program Measure Up-Easy Steps to Achieving Medicare Compliance"
- Accreditation Association for Ambulatory Health Centers
- Holly Hampe, Director of Quality & Patient Safety, Amerient –  
"Meeting Regulatory Requirements for Infection Control in ASC's"
- Marcia Patrick, RN, MSN, CIC – Is Your ASC Ready for Increased Scrutiny?"

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## Acknowledgements

Many thanks to the following for their editorial assistance:

- Joshua B. Stancil – NovaMed, Inc.
- Monica Zeigler, MSN, CASC,  
Administrator, Physician's Surgical Center-Surgery Partners

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