

Infection Control in ASCs Best Practices and Current Ideas

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Patient Safety in the Ambulatory Surgery Setting



History and Background of CMS Regulations

- During the past 10 years >40 recognized outbreaks related to bloodborne pathogens occurred in Outpatient Settings
- CDC notified >100,000 patients that they were put at risk
- Life-threatening infections reported from many of these outbreaks
- Outbreaks are preventable when practicing basic infection control
- Patients deserve effective infection control wherever they receive health care including ambulatory care

History and Background of CMS Regulations

- January 2008 – cluster of patients with acute Hepatitis C infection identified by Southern Nevada Health District
- ~ 63,000 possible patient exposures between March 2004 – January 2008 – all preventable
- All patients had undergone procedures at the Endoscopy Center of Southern Nevada
- Unsafe injection practices identified that placed patients at risk for blood-borne pathogens
- Reuse of syringes to access vials of Propofol could have introduced the blood of infected patients and the multi-dose vials were reused for subsequent patients

Where are we today?

What are we learning from ongoing State inspections

Overall, ASCs across the nation are taking the regulations seriously and making an effort to improve practices.

However, recent studies have revealed that practices are still not where they need to be. In NJ, 49 of the 91 surgery facilities studied did not meet federal Medicare standards. More than a quarter of the centers studied were cited for violations that put them in "immediate jeopardy," meaning patients were in danger of serious injury, harm or death.

In a recent report by the IL DPH, 2/3's of their ASCs were cited for lack of best practices including the following:

Where are we today?

- Failure to label open bottles of solution and medication vials appropriately
- Failure to provide medical staff with educational opportunities
- Lack of clarification surrounding staff designated to head the IP program
- Lack of follow up with possible surgical site infections (SSIs)
- Contamination of the sterile field with used/dirty instruments
- Inadequate sterilization times
- Failure to ensure proper testing of sterilizers

Where are we today?

What are we learning from independent on-site visits

- Cleaning of equipment (particularly high-touch surfaces) between patients is inconsistent and at times, non-existent
- Endoscopy centers due to rapid turnover of patients are short cutting cleaning between patients
- Endoscopy centers are reusing gowns
- Instrument and scope reprocessing failures
- Reprocessing room is used for cleaning dirty instruments and storing sterile packs

Where are we today?

- Active surveillance systems inconsistent or non-existent
- Lack of communication and feedback with staff members
- Immediate use sterilization (formerly known as “flashing” or flash sterilization) takes place due to lack of instrument trays in busy centers
- Blood glucose meters are inadequately cleaned between patients
- Disposable gowns are reused in the OR suites

Infection Prevention Risk Assessment

- Used to develop and review your overall IP program
- Used to evaluate potential risk for infection, contamination and exposure
- Used to assist you with surveillance efforts – process and outcomes
- Based on the community you serve
- Based on the services you provide
- Each center’s priorities will be different

Leadership and Committee Responsibilities

- Implement and/or maintain a facility-wide Infection Prevention program that follows nationally recognized guidelines
- Develop clearly written policies/procedures
- Designate a clinical staff member qualified to manage the program
- Provide the designated person with training opportunities
- Allot time for the trained person to perform IP functions – depends on risk assessment
- Background and training of medical staff should be obtained from credentialing records

Education

- Pertains to all staff members including medical personnel and outside contractual companies (pharmacy, housekeeping, etc.)
- All new personnel will attend an orientation program that addresses general infection control principles and practices
- Orientation will also include education related to hand hygiene, isolation, OSHA bloodborne pathogens, tuberculosis exposure control plans, MDROs, influenza vaccine, etc
- All personnel will attend at least one mandatory infection control update per year (e.g., reorientation) which will include any updates in general infection prevention, e.g., MDRO updates, new information pertaining to ASF Infection Prevention.

Education

- Educational programs excluding orientation can be in the form of online training, webinars, audio conferences
- Educational programs should be documented and nurses should receive credit during annual competencies
- Individual records will be maintained which document the following:
 - Date and time of training
 - Instructor and qualifications
 - Content outline

Employee Health (EH)

- Purpose of an EH program is to provide guidelines and standards for the prevention and control of infections occurring in the occupational setting
- All employees will follow the standardized Employee Health guidelines and standards to prevent and control the transmission of infections to and from employees and patients
- Certain elements of the Employee Health program also pertain to credentialed staff and outside contractors

Employee Health (EH)

Elements of an Employee Health Program

- A Collaborative Relationship with the Infection Prevention program
- Post Offer Health Screening
- Annual Influenza Vaccination Program
- Annual TB Screening Program
- Management of Occupational Exposures
- Maintenance of Records, Confidentiality

Additional Components

- Infection Control Risk Assessment for Construction (ICRA)
- Blood Borne Pathogen Exposure Control Plan – OSHA requirement
- Tuberculosis (TB) Exposure Control Plan – OSHA requirement

Best Practices

Hand Hygiene – CMS Requirements

- Staff to perform hand-hygiene:
 - After removing gloves
 - After direct patient contact
 - Before performing invasive procedures
 - After contact with blood/body fluids and contaminated surfaces (even if gloves are worn)

Best Practices

- Hand hygiene supplies to be available in patient care areas include the following:
 - Availability of sinks with soap, water and paper towels in all patient care areas
 - Instillation and availability of alcohol-based hand rub (ABHR) according to Life Safety Code requirements

Handwashing

Policy

When hands are visibly dirty or contaminated with blood or other body fluids, perform hand hygiene with soap and water

Procedure

- Turn on water to a comfortable warm temperature
- Moisten hands with soap and water and make a heavy lather
- Wash well under running water for a minimum of 15 – 30 seconds, using friction
- Rinse hands well under running water
- Dry hands with a clean paper towel
- Use the paper towel to turn off the faucet, then discard

Hand Hygiene - Alcohol Based Hand Rub (ABHR)

- If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in all clinical situations other than those listed under “Handwashing”
- When decontaminating hands with an alcohol-based hand rub, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry.

Hand Hygiene - Alcohol Based Hand Rub (ABHR)

- Follow the manufacturer's recommendations regarding the volume of product to use.
- AHBRs are not sporicidal
- Consider washing hands with soap and water if contact with spores (e.g., *C. difficile*) is likely to have occurred as the physical action of washing and rinsing hands if done appropriately will likely remove spores from the surface of the hands

Hand Hygiene –Glove Usage

CMS requires that:

- Staff wear gloves for procedures that might involve contact with blood and body fluids
- Wear gloves when handling potentially contaminated equipment
- Remove gloves when moving to next task or patient
- Hand hygiene monitoring take place by observing staff that are directly involved in patient care (e.g., MD's, nurses, CRNAs) – Monitoring tool provided

Standard Precautions

Applies to all patients as all blood, body fluids, excretions and secretions except sweat are considered potentially infectious

Components Include:

- Hand Hygiene
- Gloves
- Gowns
- Masking
- Eyewear (goggles)
- Environmental Cleaning including reusable items and equipment
- Practices for special lumbar puncture procedures - masks
- Safe Injection Practices
- Blood Glucose monitoring devices
- Respiratory Hygiene/Cough Etiquette

Transmission Based Precautions

Due to the transient nature of the patient's stay at an ASF as well as the patient population (in most instances a healthy, ASA class III or below), the facility's use of Transmission-Based isolation precautions is a rare occurrence.

Upon initial assessment, if a patient is identified to have a condition or disease that requires Transmission-Based precautions, the procedure will be rescheduled if possible; however, that may not be feasible and each case must be separately assessed

Contact Isolation

- *Direct-contact transmission* involves direct body surface to body surface contact and physical transfer of microorganisms, often via contaminated hands that are not washed.
- *Indirect-contact transmission* involves contact of a susceptible host with a contaminated intermediate object (fomite), usually inanimate, such as contaminated instruments, needles or dressings and gloves that are not changed between patient care.

Contact Isolation

- Private Room at all times as per CDC guidelines – patient to be kept out of common areas including the waiting room
- Limit the movement and transport of patients
- Dedicate the use of noncritical patient care equipment and items in areas (stethoscopes, BP cuffs, electronic thermometers)
- If dedicated equipment not feasible, clean all non critical items between each patient use

Droplet Precautions

It is preferable to reschedule surgery for patients infected with a pathogen that can be spread via the droplet route

- In the event that surgery is unavoidable, a single patient room is preferred for patients who require droplet precautions
- When a single-patient room is not available, spatial separation of >3 feet and drawing the curtain between patient beds is especially important for patients in multi-bed rooms with infections transmitted by the droplet route
- Healthcare personnel wear a mask for close contact with infectious patient and the mask is donned upon room entry
- Patients on droplet precautions who must be transported outside the room should wear a mask if tolerated and follow Respiratory Hygiene/Cough Etiquette

Environmental Cleaning- CMS Requirements

- Observations are to be made of staff that perform environmental cleaning (e.g., surgical technicians, cleaning staff, etc.). Use of a cleaning check list is suggested – monitoring tool provided
- Operating rooms are cleaned and disinfected after each surgical or invasive procedure with an EPA-registered disinfectant
- Operating rooms are terminally cleaned daily
- High-touch surfaces in patient care areas are cleaned and disinfected with an EPA-registered disinfectant
- The ASF has a procedure in place to decontaminate gross spills of blood

Safe Injection Practices - CMS Requirements

- Needles are used for only one patient
- Syringes are used for only one patient
- Medication vials are always entered with a new needle
- Medication vials are always entered with a new syringe
- Medications that are pre-drawn are labeled with the time of draw, initials of the person drawing, medication name, strength, and expiration date or time
- Single dose (single-use) medication vials are used for only one patient

Safe Injection Practices - CMS Requirements

- Manufactured prefilled syringes are used for only one patient
- Bags of IV solution are used for only one patient
- Medication administration tubing and connectors are used for only one patient
- Multi-dose injectable medications are used for only one patient if possible
- If used for more than one patient, the rubber septum on a multi- dose vial is disinfected with alcohol prior to each entry

Safe Injection Practices - CMS Requirements

- Multi-dose medications used for more than one patient are dated when they are first opened and discarded within 28 days of opening or according to manufacturer's recommendations, whichever comes first
- Multi-dose medications used for more than one patient, are not stored or accessed in the immediate areas where direct patient contact occurs
- All sharps are disposed of in a puncture-resistant sharps container
- Sharps containers are replaced when the fill line is reached

Single Use Devices, Sterilization, and High-level Disinfection - CMS Requirements

- Pre-cleaning must always be performed prior to sterilization and high-level disinfection
- Sterilization must be performed for critical equipment (i.e., instruments and equipment that enter normally sterile tissue or the vascular system, such as surgical instruments)
- High-level disinfection must be performed for semi-critical equipment (i.e., items that come into contact with non-intact skin or mucous membranes such as reusable flexible endoscopes, laryngoscope blades)

Single Use Devices - CMS Requirements

- If single-use devices are reprocessed, they are devices that are:
 - a) Approved by the FDA for reprocessing
 - b) Reprocessed by an FDA-approved reprocessor

Point of Care Devices (e.g., blood glucose meter) - CMS Requirements

- A new single-use, auto-disabling lancing device is used for each patient
- The glucose meter is not used on more than one patient unless the manufacturer's instructions indicate this is permissible
- If the glucose meter is designed for multi-use, it is cleaned and disinfected after every use

Questions and Answers



References and Acknowledgements

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