California Healthcare Best Practices Webinar Series

Infection Prevention and Control

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Indian Health Service
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Disclosures

- I do not have any financial arrangements or affiliations with any corporate organizations that might constitute a conflict of interest in this continuing education activity.
- Any products shown are for the purpose of examples only and are not to be considered an endorsement.

Learning Objectives

California Healthcare Best Practices Education Webinar Series

Upon completion of this course, participants will be able to:

1. Establish and sustain a culture of safety in **hand hygiene practices** by engaging leadership, promoting supportive accountability, and integrating measurable improvement goals into organizational performance activities.
2. Ensure consistent adherence to **safe injection practices** through proper aseptic technique, effective vial management, and continuous competency and quality assurance oversight to ensure accreditation compliance.
3. Assess and mitigate **infection prevention risks in the environment of care** through collaborative leadership engagement, quality assurance reviews, and data-driven safety metrics that support continuous performance improvement.
4. Strengthen infection prevention performance by routinely auditing **reprocessing of reusable medical and dental devices**, applying evidence-based standards, tracking quality metrics, and engaging both staff and leadership in accountability for safety and regulatory compliance.

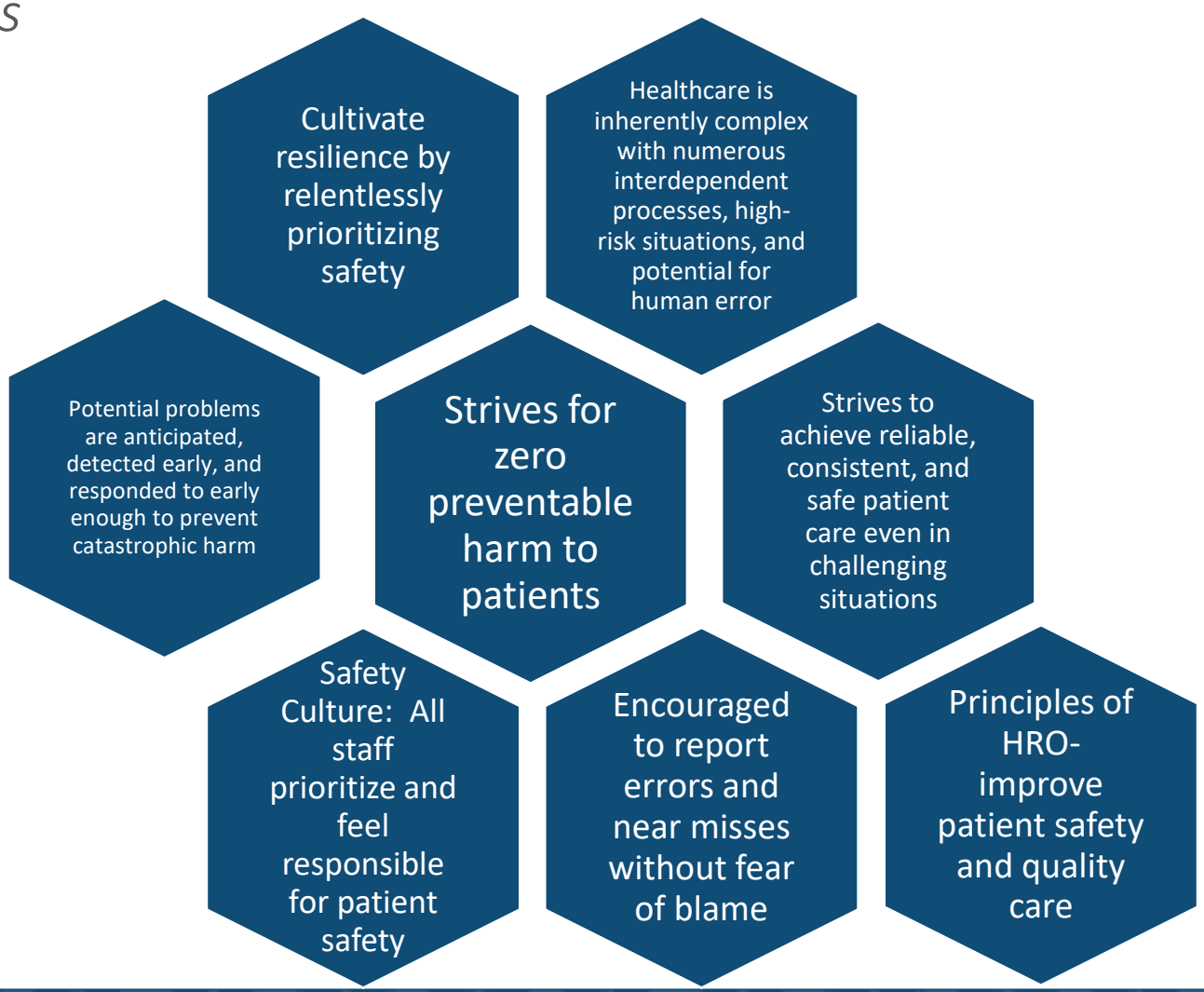
Infection Control and Prevention- *The Why*

"On any one given day, 1 in 31 hospitalized patients has at least one healthcare-associated infection."

[Current HAI Progress Report | HAIs | CDC]

High Reliability Organizations (HRO)

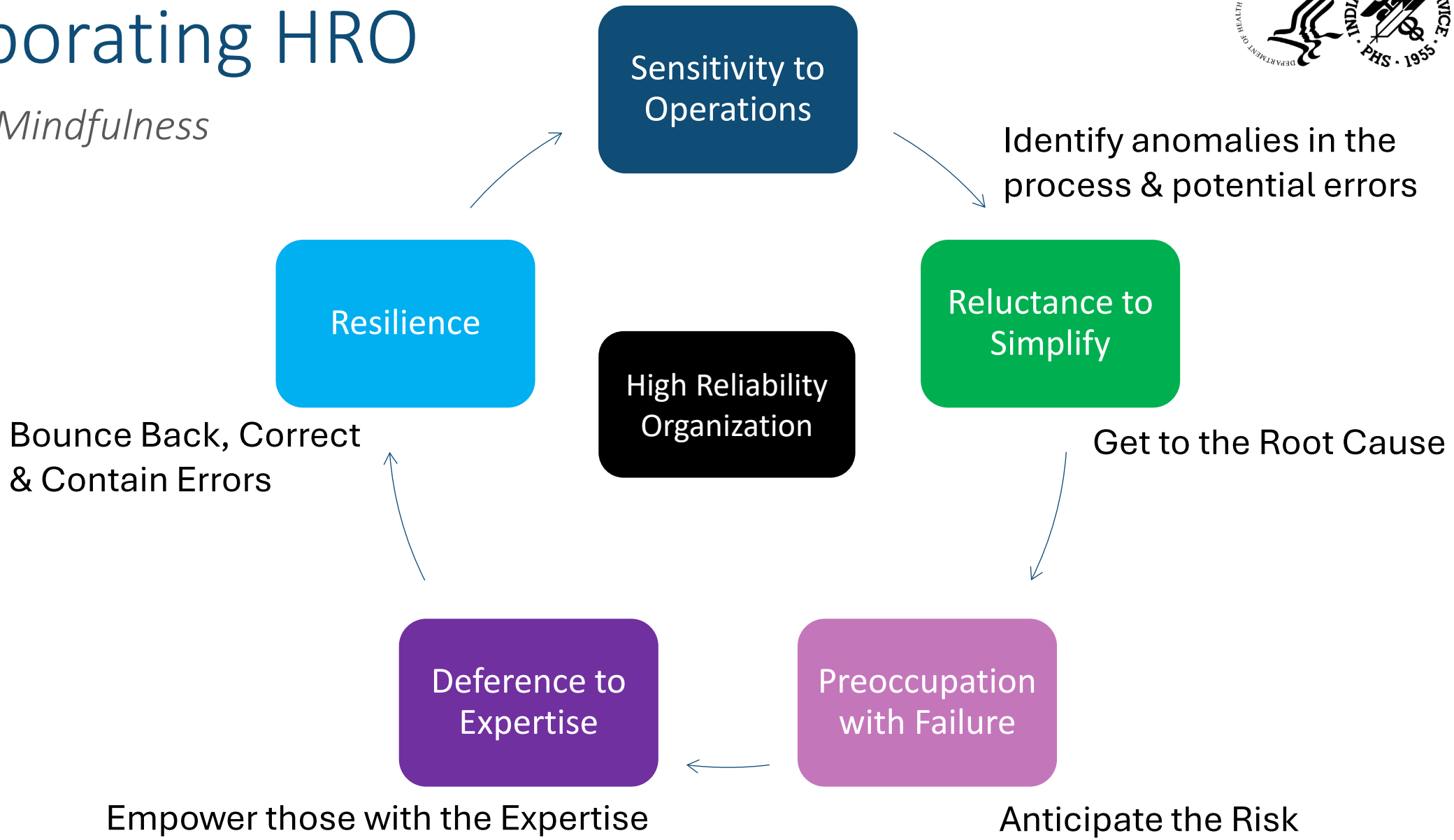
Persistent Mindfulness



Agency for Healthcare Research and Quality (AHRQ): High Reliability | PSNet

Incorporating HRO

Persistent Mindfulness



Building a Culture of Safety

Leadership Rounds

Leadership Rounds

One IHS – Total System Safety

LEADERSHIP INSIGHTS

Building a Culture of Safety

Key Points:

⇒ Rounding is an opportunity to engage with staff and strengthen the safety culture.

⇒ Make rounding a positive experience.

⇒ Focus on processes and systems to build a just culture and psychological safety.

⇒ Ensure a tracking system is in place to follow-up on issues raised by staff or observed during rounding and provide closed-loop communication with those you engaged.

Leadership Rounds

Leadership rounding is a best practice of leadership in healthcare organizations.

Rounding is an opportunity to engage staff, maintain the visibility of leadership, and contribute to patient safety and staff well-being.

Rounding utilizes the high-reliability principle of deference to expertise to build a strong safety culture. Leaders support a just culture and psychological safety by focusing on process and system weaknesses.

Important concepts to keep in mind:

"Every system is perfectly designed to get the results it gets." W. Edward Deming—*(1900-1993) was a scholar, industrial engineer, management consultant, statistician, and writer.*

Staff closest to the work have the greatest insight into system weaknesses and safety risks.

Encourage staff to actively identify risks and report them in I-STAR (preoccupation with failure) so they can be effectively tracked, trended, and addressed.

Always closed the loop with staff to inform them how their feedback increased patient and workforce safety.

Infection Control Nurse/Officer

ICP Officer/Nurse

- The **CEO will identify the ICP Officer**, and any other staff, to whom they confer the authority to implement or intervene in any activity necessary to prevent infections and interrupt the transmission of infectious diseases.
- If the ICP Officer shares information with **leadership** for evaluation and action.
- The **ICP Officers should be qualified through education, training, experience, or certification**, and should maintain their qualifications through ongoing education and training.

Surveillance, Policies, & Procedures

Documentation of Activities

Competency Based Training & Education

Prevention & Control of HAI

Auditing of Staff Adherence

Communication and Collaboration w/All Staff and QAPI

CMS Condition of Participation: Infection prevention and control and antibiotic stewardship programs:
eCFR :: 42 CFR 482.42 -- Condition of participation: Infection prevention and control and antibiotic stewardship programs.

Infection Control and Prevention (ICP)

All Staff have a Role

- All Employees:
  - All are responsible for **identifying potential infection control issues** and taking immediate action, as appropriate to their professional scope, to prevent or correct such issues
  - All healthcare personnel are responsible for **complying with ICP policies**
  - All are encouraged to **participate in the development, implementation, and evaluation of the ICP program**

Hand Hygiene

Back to Basics: Hand Hygiene

- Know when to clean your hands:
  - Immediately before touching a patient
  - Before performing an aseptic task such as placing an indwelling device or handling invasive medical devices
  - Before moving from work on a soiled body site to a clean body site on the same patient
  - After touching a patient or patient's surroundings
  - After contact with blood, body fluids, or contaminated surfaces
  - Immediately after glove removal

[Clinical Safety: Hand Hygiene for Healthcare Workers | Clean Hands | CDC]

Hand Hygiene: What to Use

Soap and Water:

- When hands are visibly soiled
- Before eating
- After using the restroom
- During the care of patients with suspected or confirmed infection during outbreaks of *C. difficile* and norovirus

Alcohol-based hand sanitizer (ABHS):

Unless hands are visibly soiled, ABHS is preferred over soap and water in most clinical situations because it:

- Is more effective at killing germs on hands than soap
- Is easier to use when providing care, especially when moving from soiled to clean activities on the same patient or when moving between care of patients in shared rooms
- Results in improved skin condition with less irritation and dryness than soap and water
- Improves hand hygiene adherence

[Clinical Safety: Hand Hygiene for Healthcare Workers | Clean Hands | CDC]

Back to Basics: "The how"

Soap & Water:

1. Wet hands with water
2. Apply the manufacturer-recommended amount of product to your hands
3. Rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers
4. Rinse hands with water and use disposable towels to dry. Use a towel to turn off the faucet
5. Avoid using hot water to prevent drying of the skin

Note: Other entities recommend cleaning hands with soap and water for at least 20 seconds. Either time is acceptable. The focus should be on cleaning your hands at the right times and scrubbing hands and fingers with soap.

CDC Clean Hands Count Materials: Clean Hands Count Materials | Clean Hands | CDC

Back to Basics: "The how"

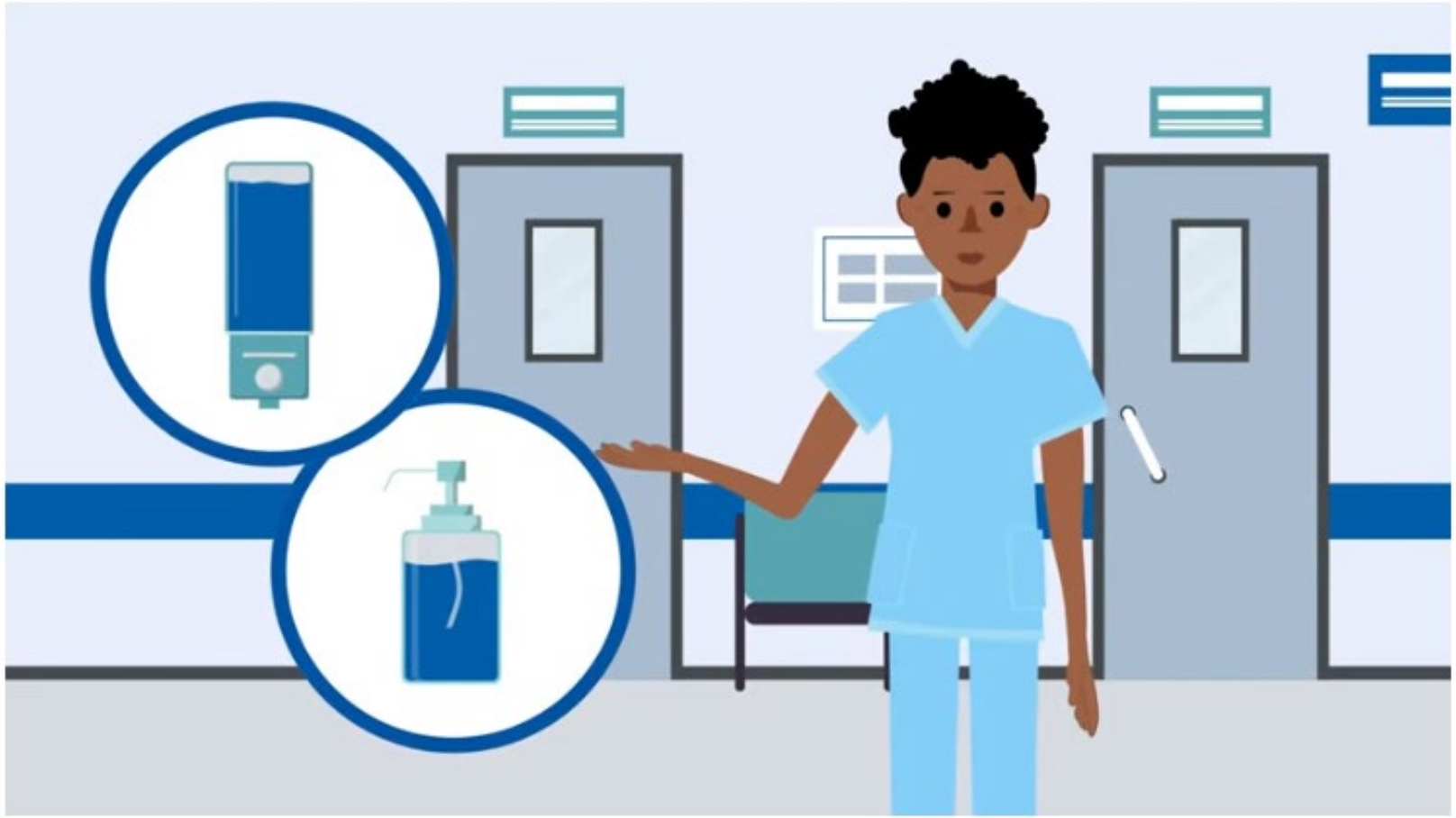
Alcohol-Based Hand Sanitizer:

1. Put product on hands and rub hands together
   - The efficacy (effectiveness) of alcohol-based hand sanitizer depends on the volume applied to the hands. Use the right amount of alcohol-based hand sanitizer product to clean your hands.
2. Cover all surfaces and rub until hands feel dry
   - This should take around 20 seconds
3. Pay attention to the areas frequently missed:
   - Thumbs
   - Fingertips
   - Between fingers

Germ Center

CDC Hand Hygiene – Engagement of Healthcare Personnel

Engage, *Educate, Execute, Evaluate*



[Clean Hands in Healthcare Training | Clean Hands | CDC]

Hand Hygiene- Engaging HC Personnel

Clean Hands in Healthcare Training

Availability of Hand Hygiene supplies:

- Location of placement, proximity to care, handwashing, and alcohol-based handrub

Help each other remain aware:

- Common times, if hand hygiene was missed, what prevented it from happening?

Set Goals:

- Goals should focus on outcomes- for example, supply availability, compliance

Set concrete targets:

- Conduct audits, engage leaders, reasonable goals

Clean Hands in Healthcare Training | Clean Hands | CDC

Hand Hygiene- Engaging HC Personnel

Clean Hands in Healthcare Training

Begin the Quality Improvement Process:

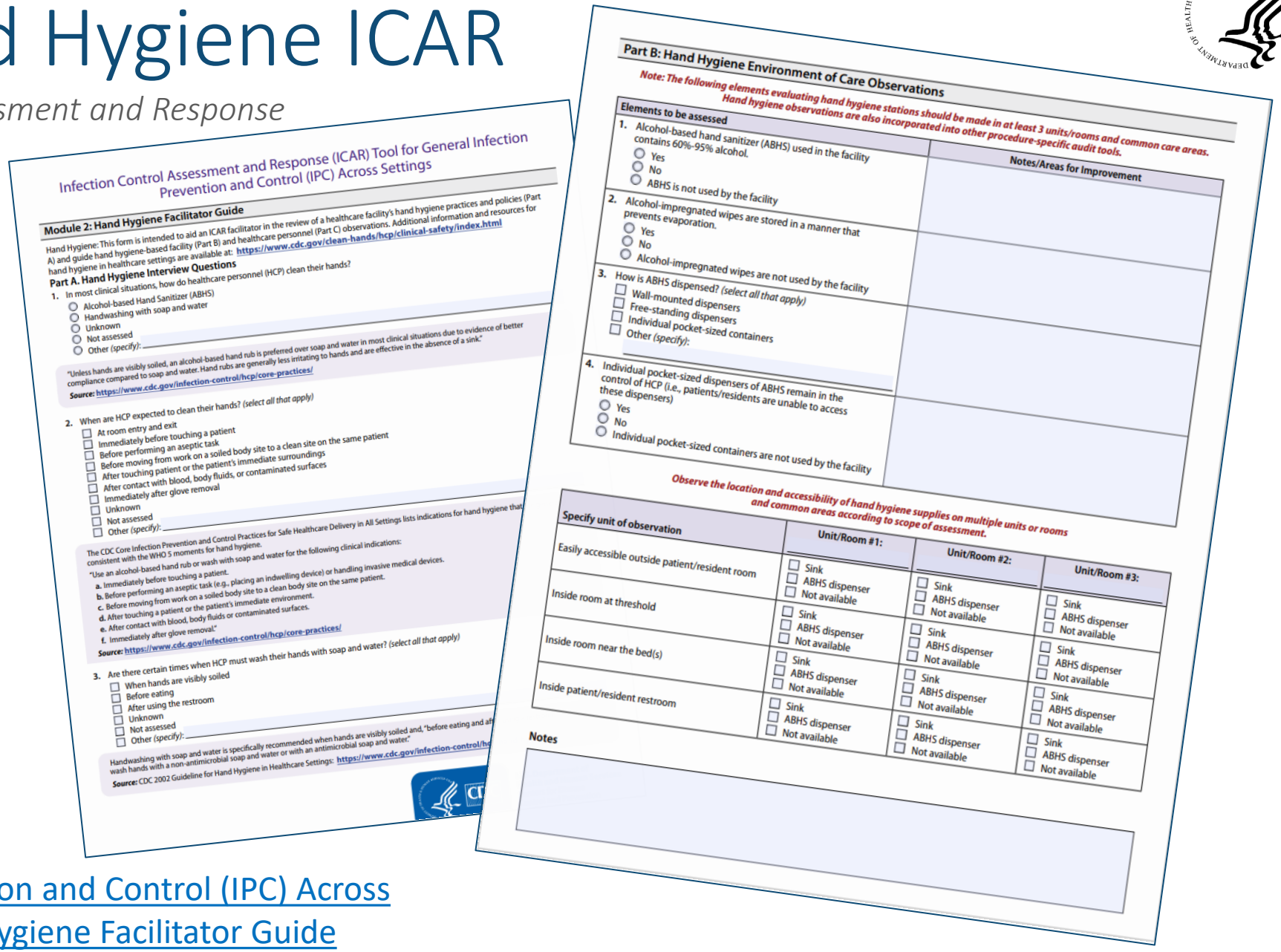
- Determine how engaged personnel are
- Are supplies accessible
- Is hand cleaning included in bundles, such as central line insertion
- Are Hand Hygiene initiatives included in job descriptions
- Are Hand Hygiene goals informed by challenges experienced by personnel in various units

~Creating a culture of patient safety will support personnel in caring for the populations they serve~

Clean Hands in Healthcare Training | Clean Hands | CDC

CDC Hand Hygiene ICAR

Infection Control Assessment and Response



Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings

Module 2: Hand Hygiene Facilitator Guide

Hand Hygiene: This form is intended to aid an ICAR facilitator in the review of a healthcare facility's hand hygiene practices and policies (Part A) and guide hand hygiene-based facility (Part B) and healthcare personnel (Part C) observations. Additional information and resources for hand hygiene in healthcare settings are available at: https://www.cdc.gov/clean-hands/hcp/clinical-safety/index.html

Part A. Hand Hygiene Interview Questions

1. In most clinical situations, how do healthcare personnel (HCP) clean their hands?
   - Alcohol-based Hand Sanitizer (ABHS)
   - Handwashing with soap and water
   - Unknown
   - Not assessed
   - Other (specify):

"Unless hands are visibly soiled, an alcohol-based hand rub is preferred over soap and water in most clinical situations due to evidence of better compliance compared to soap and water. Hand rubs are generally less irritating to hands and are effective in the absence of a sink."
Source: https://www.cdc.gov/infection-control/hcp/core-practices/

2. When are HCP expected to clean their hands? *(select all that apply)*
   - At room entry and exit
   - Immediately before touching a patient
   - Before performing an aseptic task
   - Before moving from work on a soiled body site to a clean site on the same patient
   - After touching patient or the patient's immediate surroundings
   - After contact with blood, body fluids, or contaminated surfaces
   - Immediately after glove removal
   - Unknown
   - Not assessed
   - Other (specify):

The CDC Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings lists indications for hand hygiene that consistent with the WHO 5 moments for hand hygiene.
"Use an alcohol-based hand rub or wash with soap and water for the following clinical indications:
a. Immediately before touching a patient.
b. Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices.
c. Before moving from work on a soiled body site to a clean body site on the same patient.
d. After touching a patient or the patient's immediate environment.
e. After contact with blood, body fluids or contaminated surfaces.
f. Immediately after glove removal."
Source: https://www.cdc.gov/infection-control/hcp/core-practices/

3. Are there certain times when HCP must wash their hands with soap and water? *(select all that apply)*
   - When hands are visibly soiled
   - Before eating
   - After using the restroom
   - Unknown
   - Not assessed
   - Other (specify):

Handwashing with soap and water is specifically recommended when hands are visibly soiled and, "before eating and af wash hands with a non-antimicrobial soap and water or with an antimicrobial soap and water."
Source: CDC 2002 Guideline for Hand Hygiene in Healthcare Settings: https://www.cdc.gov/infection-control/h

Part B: Hand Hygiene Environment of Care Observations

Note: The following elements evaluating hand hygiene stations should be made in at least 3 units/rooms and common care areas. Hand hygiene observations are also incorporated into other procedure-specific audit tools.

Elements to be assessed	Notes/Areas for Improvement
1. Alcohol-based hand sanitizer (ABHS) used in the facility contains 60%-95% alcohol. ○ Yes ○ No ○ ABHS is not used by the facility	
2. Alcohol-impregnated wipes are stored in a manner that prevents evaporation. ○ Yes ○ No ○ Alcohol-impregnated wipes are not used by the facility	
3. How is ABHS dispensed? *(select all that apply)* ☐ Wall-mounted dispensers ☐ Free-standing dispensers ☐ Individual pocket-sized containers ☐ Other (specify):	
4. Individual pocket-sized dispensers of ABHS remain in the control of HCP (i.e., patients/residents are unable to access these dispensers) ○ Yes ○ No ○ Individual pocket-sized containers are not used by the facility	

Observe the location and accessibility of hand hygiene supplies on multiple units or rooms and common areas according to scope of assessment.

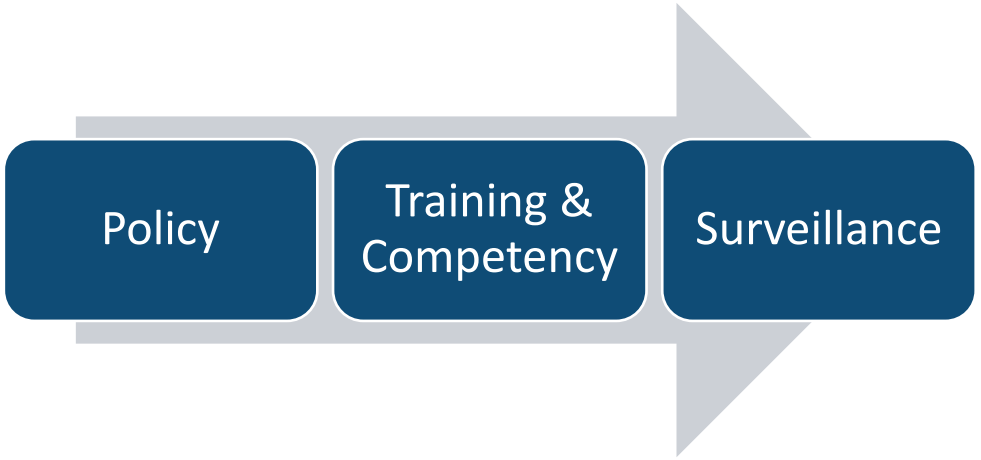
Specify unit of observation	Unit/Room #1:	Unit/Room #2:	Unit/Room #3:
Easily accessible outside patient/resident room	☐ Sink ☐ ABHS dispenser ☐ Not available	☐ Sink ☐ ABHS dispenser ☐ Not available	☐ Sink ☐ ABHS dispenser ☐ Not available
Inside room at threshold	☐ Sink ☐ ABHS dispenser ☐ Not available	☐ Sink ☐ ABHS dispenser ☐ Not available	☐ Sink ☐ ABHS dispenser ☐ Not available
Inside room near the bed(s)	☐ Sink ☐ ABHS dispenser ☐ Not available	☐ Sink ☐ ABHS dispenser ☐ Not available	☐ Sink ☐ ABHS dispenser ☐ Not available
Inside patient/resident restroom	☐ Sink ☐ ABHS dispenser ☐ Not available	☐ Sink ☐ ABHS dispenser ☐ Not available	☐ Sink ☐ ABHS dispenser ☐ Not available

Notes

[ICAR Tool for General Infection and Control (IPC) Across Settings - Module 2: Hand Hygiene Facilitator Guide]

Back to Basics: Hand Hygiene

- Hand Hygiene Competency Validation
  - Soap & Water
  - Alcohol-based Hand Rub



Hand Hygiene Competency Validation

Soap & Water

Alcohol Based Hand Rub (ABHR) (60% - 95% alcohol content)

Type of validation: Return demonstration	☐ Orientation ☐ Annual ☐ Other

Employee Name: _____ Job Title: _____

Hand Hygiene with Soap & Water	Competent	
	YES	NO
1. Checks that sink areas are supplied with soap and paper towels		
2. Turns on faucet and regulates water temperature		
3. Wets hands and applies enough soap to cover all surfaces of hands		
4. Vigorously rubs hands for at least ***15 seconds*** including palms, back of hands, between fingers, and wrists		
5. Rinses thoroughly keeping fingertips pointed down		
6. Dries hands and wrists thoroughly with paper towels		
7. Discards paper towel in wastebasket		
8. Uses paper towel to turn off faucet to prevent contamination to clean hands		
Hand Hygiene with ABHR		
9. Applies enough product to adequately cover all surfaces of hands		
10. Rubs hands including palms, back of hands, between fingers until all surfaces dry		
General Observations		
11. Direct care providers—no artificial nails or enhancements		
12. Natural nails are clean, well groomed, and tips less than ¼ inch long		
13. Skin is intact without open wounds or rashes		

Comments or follow up actions:

_____ _____/_____

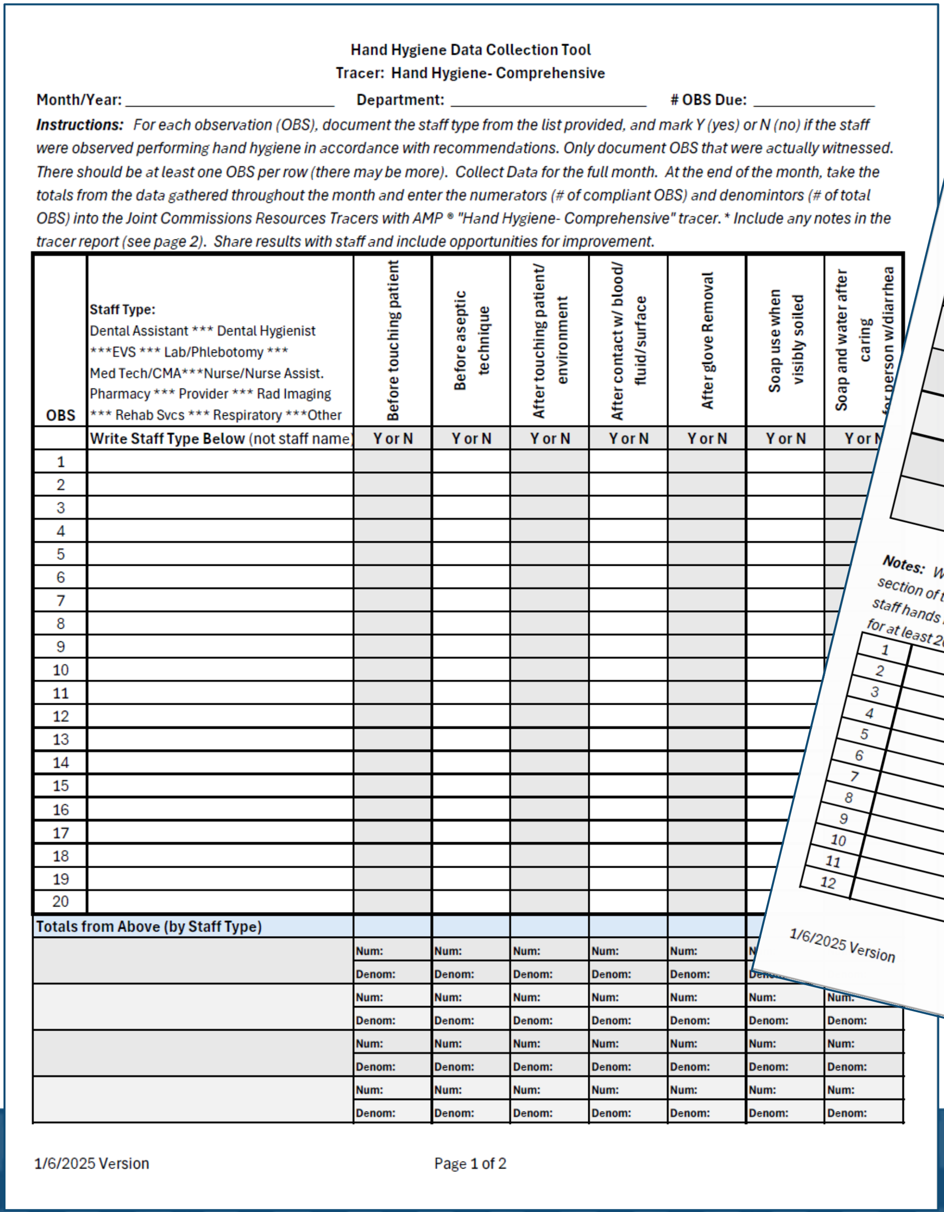
Employee Signature Validator Signature Date

CDC at http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf NC SPICE; 9-2016 1

Hand Hygiene Tools

Data Collection Tools

For those using the Tracers with AMP® 'Hand Hygiene—Comprehensive' tracer, this tool can be used to collect hand hygiene data throughout the month. At the end of the month, enter totals into the JCR Tracers with AMP® portal.



Hand Hygiene Data Collection Tool
Tracer: Hand Hygiene- Comprehensive

Month/Year: ______________ **Department:** ______________ **# OBS Due:** ________

Instructions: *For each observation (OBS), document the staff type from the list provided, and mark Y (yes) or N (no) if the staff were observed performing hand hygiene in accordance with recommendations. Only document OBS that were actually witnessed. There should be at least one OBS per row (there may be more). Collect Data for the full month. At the end of the month, take the totals from the data gathered throughout the month and enter the numerators (# of compliant OBS) and denomintors (# of total OBS) into the Joint Commissions Resources Tracers with AMP ® "Hand Hygiene- Comprehensive" tracer.* Include any notes in the tracer report (see page 2). Share results with staff and include opportunities for improvement.*

OBS	Staff Type: Dental Assistant *** Dental Hygienist ***EVS *** Lab/Phlebotomy *** Med Tech/CMA***Nurse/Nurse Assist. Pharmacy *** Provider *** Rad Imaging *** Rehab Svcs *** Respiratory ***Other	Before touching patient	Before aseptic technique	After touching patient/ environment	After contact w/ blood/ fluid/surface	After glove Removal	Soap use when visibly soiled	Soap and water after caring for person w/diarrhea
	Write Staff Type Below (not staff name)	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N
1								
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Totals from Above (by Staff Type)								
		Num: Denom:	Num: Denom:	Num: Denom:	Num: Denom:	Num: Denom:	Num: Denom:	Num: Denom:
		Num: Denom:	Num: Denom:	Num: Denom:	Num: Denom:	Num: Denom:	Num: Denom:	Num: Denom:
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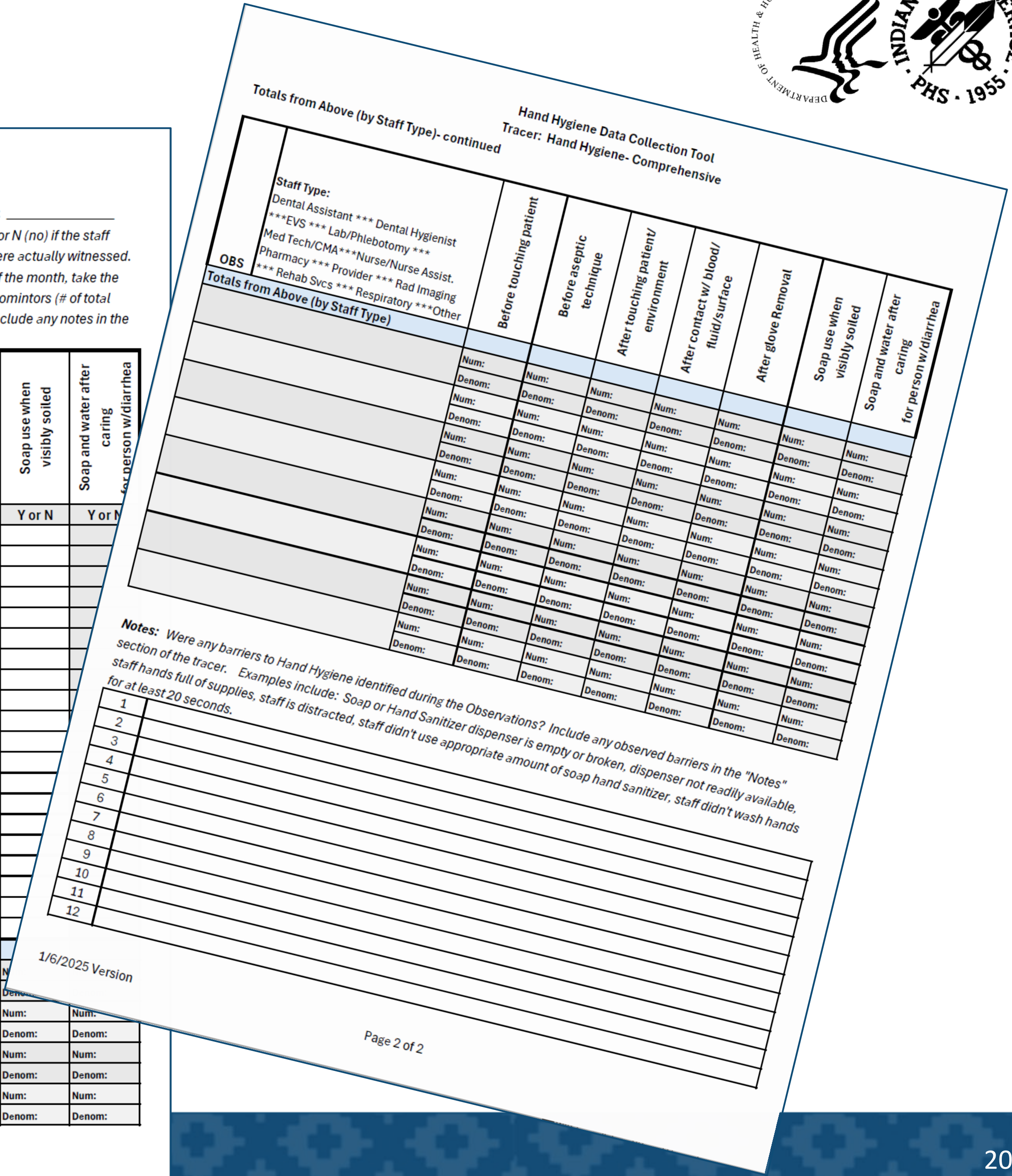

Hand Hygiene Data Collection Tool
Tracer: Hand Hygiene- Comprehensive

Totals from Above (by Staff Type)- continued

OBS	Staff Type: Dental Assistant *** Dental Hygienist ***EVS *** Lab/Phlebotomy *** Med Tech/CMA***Nurse/Nurse Assist. Pharmacy *** Provider *** Rad Imaging *** Rehab Svcs *** Respiratory ***Other	Before touching patient	Before aseptic technique	After touching patient/ environment	After contact w/ blood/ fluid/surface	After glove Removal	Soap use when visibly soiled	Soap and water after caring for person w/diarrhea
Totals from Above (by Staff Type)								
		Num: Denom:	Num: Denom:	Num: Denom:	Num: Denom:	Num: Denom:	Num: Denom:	Num: Denom:
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Notes: *Were any barriers to Hand Hygiene identified during the Observations? Include any observed barriers in the "Notes" section of the tracer. Examples include: Soap or Hand Sanitizer dispenser is empty or broken, dispenser not readily available, staff hands full of supplies, staff is distracted, staff didn't use appropriate amount of soap hand sanitizer, staff didn't wash hands for at least 20 seconds.*

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Reusable Medical and Dental Devices

Spaulding Classification

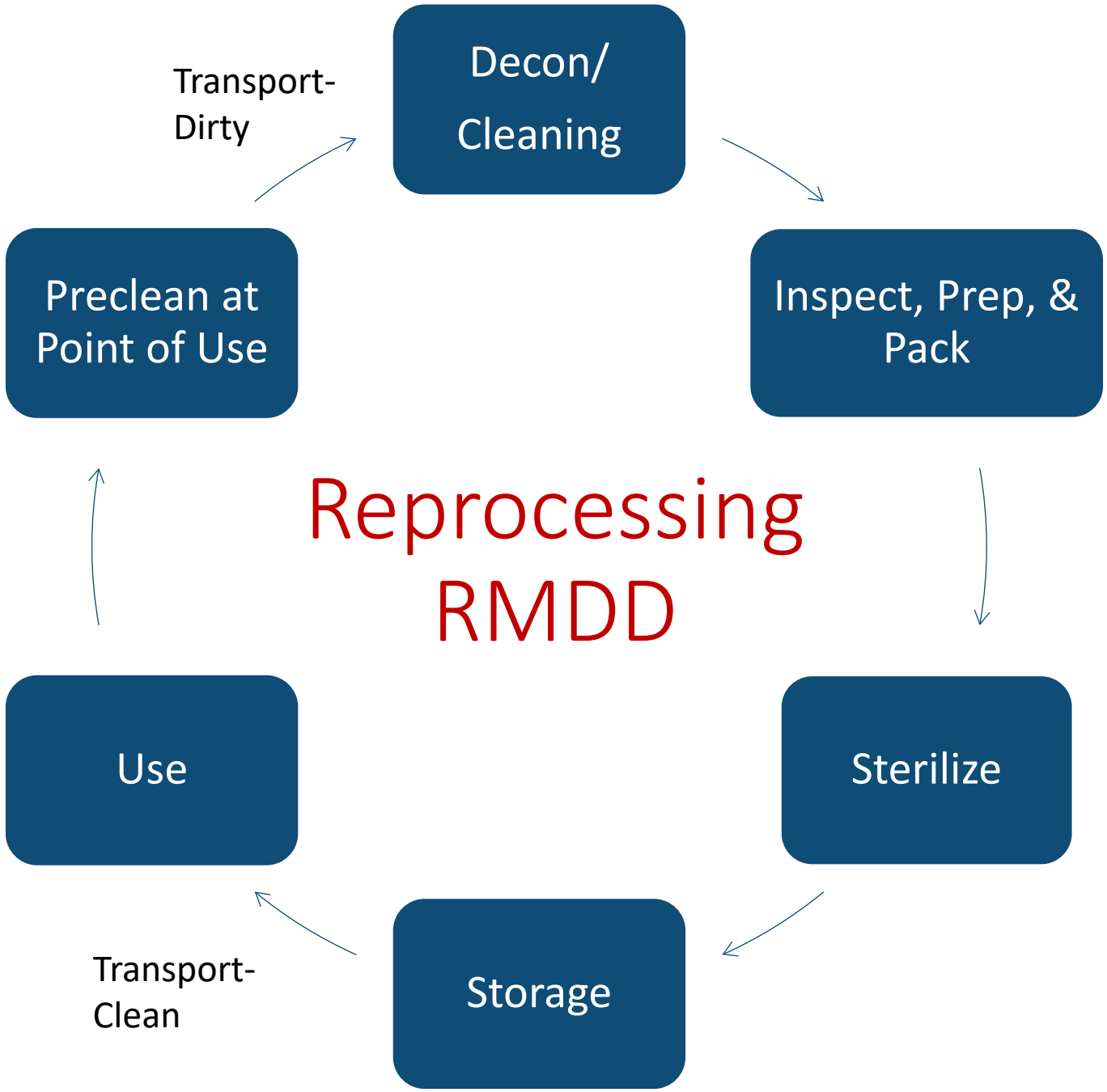
Classification of Medical Devices

Category	Definition	Method of Decontamination	Level of Microcidal action	Examples of Common Equipment
Critical	Medical devices that enter sterile tissue or the vascular system	**Sterilization** (usually heat if heat-stable, or chemical if not heat-stable)	Kills all microorganisms	Surgical instruments, cardiac and urinary catheters, implants, prostheses and devices, dental instruments
Semi-critical	Medical devices in contact with mucous membranes or non-intact skin	**High-level disinfection** by heat or chemicals (under controlled conditions with minimum toxicity for humans)	Kills all microorganisms, except small numbers of bacterial spores	Respiratory therapy and anesthesia equipment, some endoscopes, endocavity probes
Non-critical	Items in contact with intact skin	**Low level disinfection** (cleaning)	Kills vegetative bacteria, fungi and lipid viruses	Blood pressure cuffs, crutches, bedrails, other environmental surfaces

Adapted from Global Guidelines for the Prevention of Surgical Site Infection, Geneva, World Health Organization, 2018

Important Issues in the Approach to Surgical Site Infection Prevention - Global Guidelines for the Prevention of Surgical Site Infection - NCBI Bookshelf

Steam Sterilization



Key Abbreviations:
Instructions for Use= IFU
Chemical Indicator= CI
Biological Indicator= BI
Process Challenge Device= PCD

How do you Know an Instrument is Safe for Use?

Staff- Prior to Use- Looking at the Pack

- Is the packaging free of any holes or tears
- Is the packaging free of any marks or signs of moisture
- Have the external chemical indicators passed
- Have the internal chemical indicators passed
- Is the instrument clean, free of debris/soiling
- Is the instrument in good repair/appears functional
- Is any marking (if present) properly applied and intact (e.g., no peeling or flaking instrument tape, no etching)
- If it is a hinged item, was it sterilized open?
- Any compromise to the storage location during the time it was stored
- Is the indicator tape intact?
- Are there any holes in the wrap?
- Did the filter and all indicators change?

Point of Use Cleaning

This is the same as Pre-Cleaning at the Point of Use

Procedure Room:

- Do not clean instruments in handwashing sinks
- Do not rinse instruments under running water

- Ensure single-use devices are disposed of after use, and not sent to the Sterile Processing Area for reprocessing

Operating room (OR) setting: processes differ from other settings:

- OR setting uses Sterile Water since they rinse instruments throughout the procedure
- OR utilizes a “back table”, where there are basins of sterile water set up and used to facilitate rinsing of instruments and lumens

Point of Use Cleaning

This is the same as Pre-Cleaning at the Point of Use

- This happens in the OR/procedure/treatment room, where the instrument is used
- Read & follow the instrument IFU for pre-cleaning
- Wear proper PPE
- Instrument hinges should be in the open position and disassembled
- Wipe with water-moistened gauze to remove gross soil (flush lumens with sterile water)
- Keep instrument/device moist (e.g., spray with enzymatic or other approved method for keeping instruments moist)
- Transport in an approved transport container or cart

Transporting Contaminated Instruments

Container Must Be:

- Medical Grade with IFU to Clean & Disinfect
- Non-porous
- Puncture Resistant
- Labeled Biohazard or color-coded
- Leakproof on the sides and bottom

Considerations:

- Inside or outside
- Within the Department
- Outside the Department
- Path of Travel

What do you See?


Shield
Protection
Note:Please gently remove
protective film
before using

Cleaning of Instruments- Decontamination Room/Area

Flow- Dirty to Clean

Considerations:

- Physical Separation
- Limit access- lift/corridor
- 3-section sink
- Instrument air
- Recessed lights
- Source of critical water for final rinse
- Workflow dirty to clean
- Non-porous surfaces
- Automated cleaning equipment- ultrasonic or washer or Manual
- PPE*
- Trash containers/RMW
- Testing equipment
- Cleaning verification
- Record-keeping

* Puncture-resistant utility gloves, face and eye protection (mucous membranes), fluid resistant gown

Cleaning of Instruments- Decontamination Room/Area

Considerations- Manual Cleaning

- Follow IFUs
- Use non-linting cloths
- Compatibility of cleaning solutions with the IFU- proper dilution, concentration, temperature, contact time
- Do not use additional chemicals or wipes (e.g., alcohol or hospital disinfectant wipes) unless it is per the IFU
- Rinse under water if immersible; or in a way to minimize aerosols
- Change water/solution after each use

Clean Work Area/Room

Inspect, Prep, and Pack Supplies

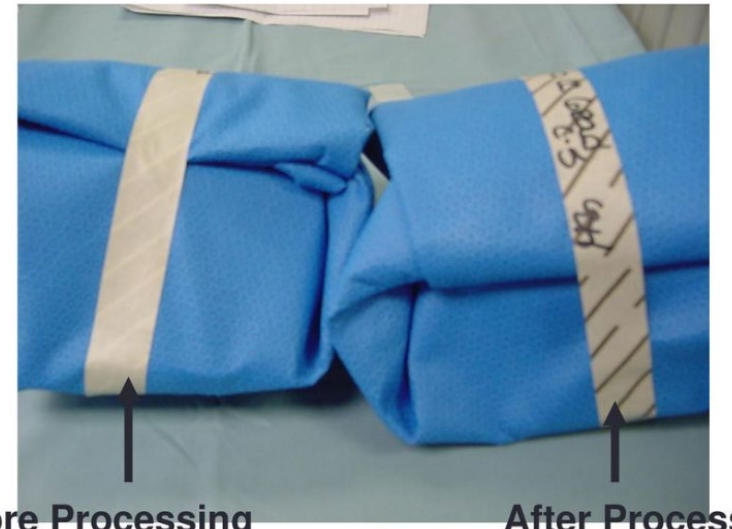
- PPE
- Attire for visitors
- Cleaning supplies
- Packaging materials
- Computers, accessories
- Incubators (BI)
- Magnifiers & lighting
- Non-porous work surfaces
- Testing equipment
- Handwashing station

Quality Controls and Monitoring

Monitoring Considerations- Maintaining Records

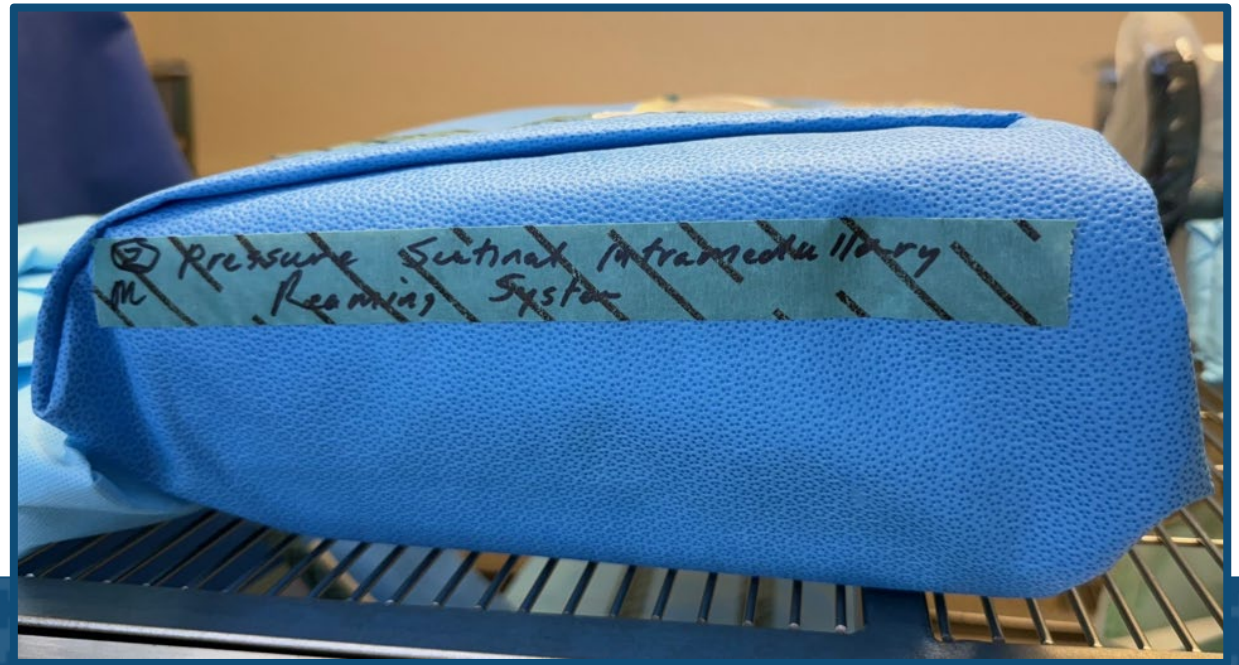
- The sterilizer load documentation (printout) with the time and temperature parameters being met should be reviewed, signed and dated by staff member verifying the load
- For each cycle, record:
  - Load number
  - Load contents
  - Exposure time, temperature, and pressure
  - Staff name who verified the load
  - Biological Indicator (spore test) details
  - Bowie-Dick results (as applicable)
  - Chemical Indicators in test pack (as applicable)
  - Any discrepancies later identified (as applicable)

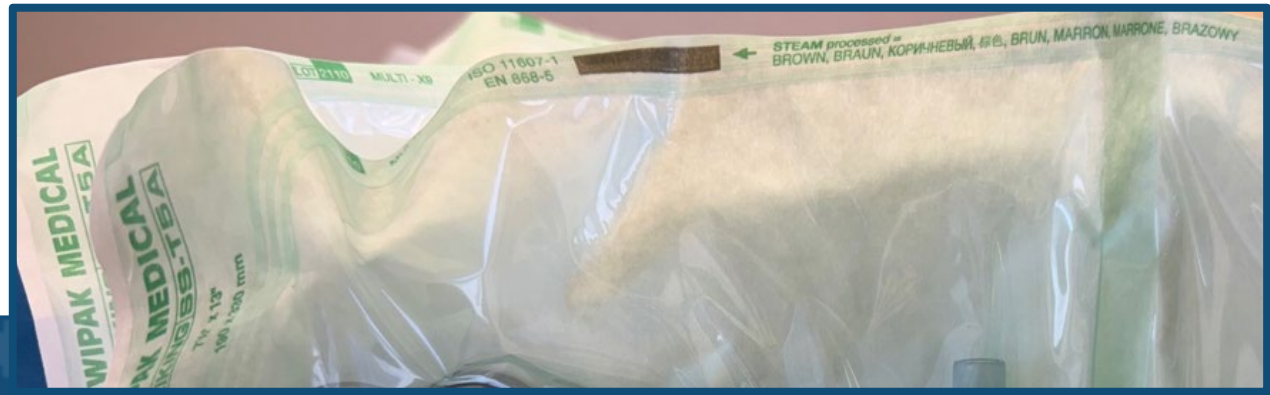
External Chemical Indicator Tape



Before Processing

After Processing





Sterile Storage

Storage of Sterile Instruments and Supplies

- 8-10” from the floor, 18” below the ceiling or level of the sprinkler head, and 2” from outside walls
- Position so integrity of the item is not compromised
- Solid bottom shelf
- Away from all water sources (e.g., sinks, pipes)
- Shelf-life: inventory should be first in, first out; event-related (verify IFUs for wrap expiry once sterilized)
- Other Considerations:
  - Temperature/humidity controlled & monitored
  - Ventilation
  - Housekeeping/dusting
  - Shelving doesn’t harm the wrap of the packs

Sterile Storage

Storage of Sterile Instruments and Supplies

- Ideally adjacent room to sterilization area
  - Limited- access, enclosed room
- Only sterile and clean products
- No corrugated cardboard shipping boxes
- Storage system: based on environment
  - High traffic: enclosed
  - Limited traffic: open may be acceptable

Sterile Storage

Storage of Sterile Instruments/Equipment and Supplies

- Airflow/ventilation around packs
- Space considerations
- Store according to IFU

Documentation

- **Required documentation for device reprocessing cycles**, including but not limited to
  - Sterilizer cycle logs
  - Chemical and biological testing
  - Results of testing for appropriate concentration for chemicals used in high-level disinfection
- Criteria and process for the use of immediate-use steam sterilization
- Actions to take in the event of a reprocessing error or failure is identified

Sterile Processing Equipment Maintenance Consideration

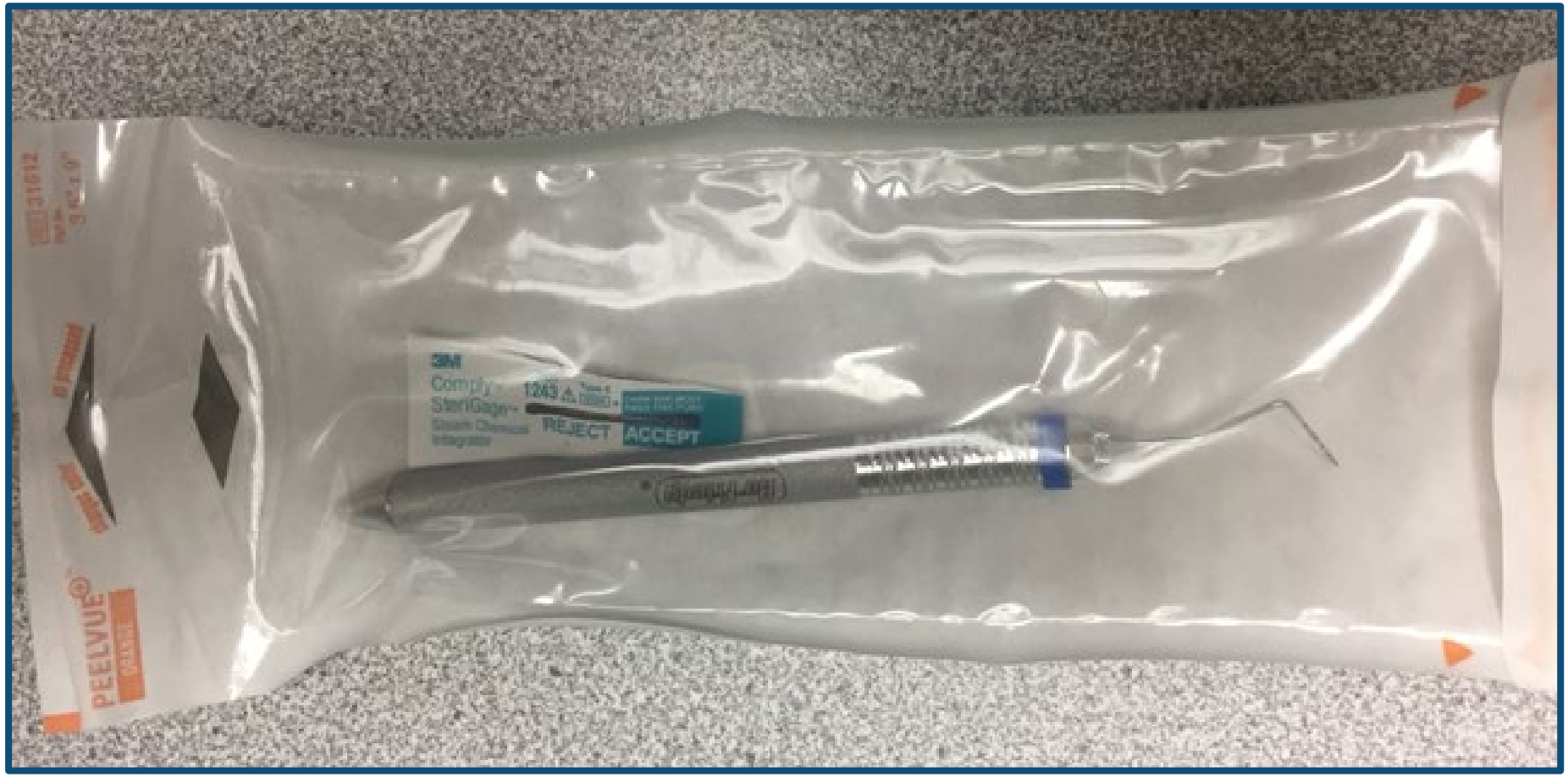
- What routine user maintenance is required by the manufacturer's IFU?
- What is required at what frequency?
  - ❑ Daily
  - ❑ Weekly
  - ❑ Monthly
  - ❑ Annually (or semi-annually)
- Who performs it?
  - ❑ Equipment Users?
  - ❑ Biomed?
  - ❑ Manufacturer (service contract)?
- Who keeps the maintenance records?
  - ❑ Biomed?
  - ❑ In the Sterile Processing Area?

Training and Competency of Staff

Initial, Ongoing (annual), and when new equipment or processes

- Initial orientation covering all tasks performed in sterile processing areas
- Other policies and procedures related to:
  - Infection Control and Prevention
  - Safety
  - Proper attire,
  - Personal hygiene
  - Regulations
- Continuing education- ongoing
- As needed- on new instruments, devices, equipment
- Competency-based training
- Documentation of training

What do you See?



Challenges: Brushes

Key Points

- Know if it is:
  - Single Use
  - Reusable
- Follow the IFU for cleaning/reprocessing reusable brushes
- Discard when worn or damaged
- Ensure the proper length, width, and bristle type of the brush related lumens (following IFU)

Challenges

Damaged or soiled instruments

For reprocessing of reusable instruments and devices:
Careful inspection of critical instruments and devices for soil or damage, including but not limited to bioburden, oxidation, corrosion, pitting, discoloration, cracking, peeling, chipping, lifting or improperly applied identification tape, or etching that leaves rough or frayed edges, is a critical step in protecting patients from potential cross-contamination. *Damaged or soiled instruments should not be released for use as a sterile item.* Soiled instruments cannot be considered sterile because the efficacy of the sterilant or its ability to reach all surfaces may be compromised by soil. All items undergoing reprocessing should also be checked for functionality during the inspection process.

resources news-and-multimedia newsletters newsletters quick-safety quick-safety-issue-64 - jointcommission

Challenges: Space Considerations

Space Limitations Common Challenge for Ambulatory Clinics, including Dental

In outpatient settings such as medical and dental departments or clinics, it might not be possible to have physically separate rooms/spaces for the decontamination area and the clean work area. If this is not possible:

- Use barrier separation (e.g., splash guards)
- Ensure work practices prevent splashing, the production of aerosols, and the contamination of clean items and work surfaces (e.g., do not have clean processes occurring at the same time as decontamination processes)

Challenges: Space Considerations

Common Challenge for Ambulatory Clinics, including Dental

- Protect supplies from environmental contamination (e.g., ensure items are inside cabinets)
- Ensure the clean work area/room is cleaned and decontaminated before being used for preparation and assembly tasks
- Ensure staff change PPE when move from decontamination activities to clean activities
- Ensure ventilation and air-handling systems move air from the clean side of the room to the decontamination side of the room (not the reverse)

Physical Environment

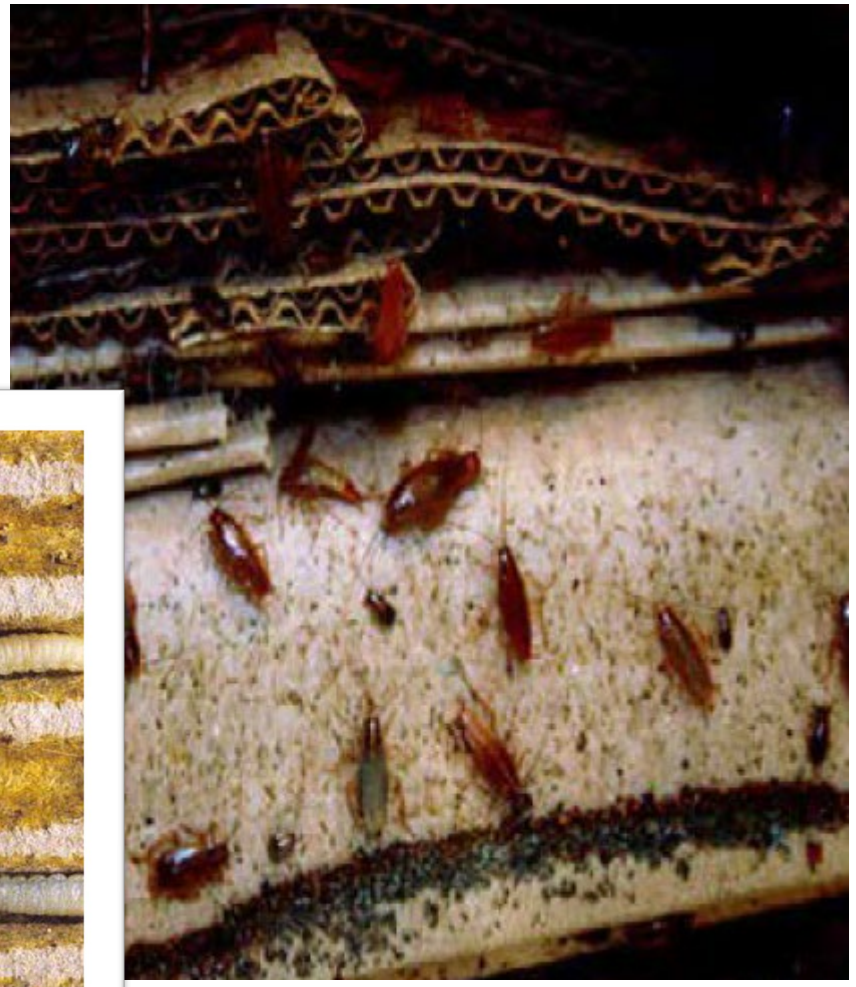
Infection Control and Prevention Considerations

Surveillance of the Physical Environment of Patient Care

Environmental Surveillance Processes

- Regular evaluation and periodic inspection of the environment of patient care should be conducted in accordance with accreditation standards and the assessed levels of risk
- A multi-disciplinary team (e.g., ICP, facility management, safety, facility leadership, and department supervisor) should conduct formal inspection through focused ICP rounds and/or through environmental rounds
- Patient care activities should be undertaken in a clean and/or hygienic environment that facilitates practices related to the prevention and control of HAI

Boxes and Shipping Containers: What Lurks Within



Boxes and Shipping Containers

- ❑ Shipping containers are reservoirs for dust, moisture, water, vermin, and bacteria
- ❑ Are boxes permitted anywhere in the facility? What does the policy say?
- ❑ Where are boxes broken down?
- ❑ What if the expiration is on the box? What is the process?

Boxes and Shipping Containers- What does JC say?

"Shipping containers, especially those made of a corrugated material, serve as generators of and reservoirs for dust. Corrugated cardboard boxes are susceptible to moisture, water, vermin and bacteria during warehouse or storeroom storage, as well as transportation environments. Boxes and containers may have been exposed to unknown and potentially high microbial contamination.

When organizations are making a determination as to whether these boxes and containers are appropriate to be located in a certain area, they should consider the potential adverse impact of dust, moisture, bacteria or other contaminants on that area. An organization may determine, for example, that it is - or is not appropriate - for such boxes and containers to be located in food storage (State Food Sanitation Code), a pharmacy (e.g. USP 797) or in sterile storage (e.g. AAMI ST79)."

Boxes and Shipping Containers- What does JC say?

"Other considerations might include, for example, where to load or unload supplies, criteria for content break-down areas, and what level of packaging to keep within the area in question. The process could also address the use of boxes that came out of the shipping container where box labeling is essential to proper use (for example, expiration dates, contents, ingredients, directions for use, etc.).

Once a process for managing cardboard or corrugated boxes and shipping containers is developed, health care organizations should ensure compliance."

Boxes and Shipping Containers

AAMI ST 79 5.2.1 General Considerations:
Clean or sterile items to be transported to central processing and storage areas within the facility should be removed from their external shipping containers before they enter the storage areas of the department. Any instructions for use accompanying the items should be kept with the items.

Fire Safety
Cardboard in storage that has a degree of hazard greater than that normal to the occupancy should be placed in room classified as hazardous areas and protected per LS.02.01.30 and cannot obstruct the means of egress in accordance with standard LS.02.01.20."

- ❑ Remove supplies from boxes before entering the storage room
- ❑ There are fire and Life Safety implications to cardboard boxes

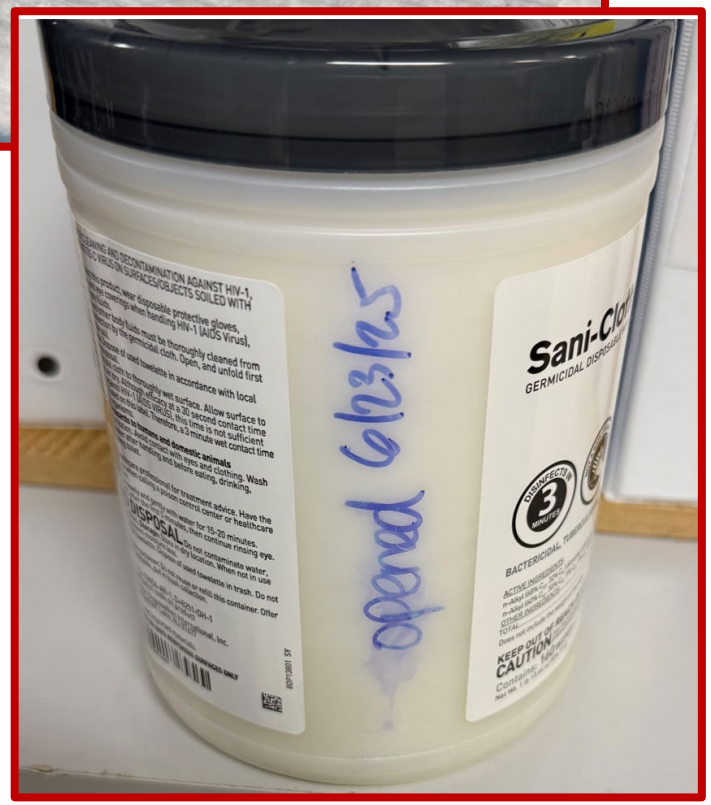
Boxes and Shipping Containers | Hospital and Hospital Clinics | Infection Prevention and Control IC | The Joint Commission

What do you See?

Surveillance of the Physical Environment of Patient Care

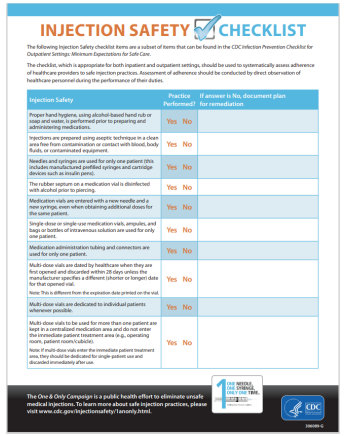
Challenges

What do you See?



Injection Safety

Back to the Basics
Safe Injection Practice



- Scrub the Hub
- Single vs Multi-dose Vials
- One needle, one syringe, only one time
- Needle and medication- safe storage

Basic safe injection practices

The following safe injection practices are critical for patient safety:

- Always use aseptic technique when preparing and administering injections.
- Use a new sterile syringe and needle for each patient. Once used, the syringe and needle are both contaminated and must be discarded.
- Do not administer medications from the same syringe to more than one patient, even if the needle is changed or you are injecting through an intervening length of IV tubing.
- Do not enter a medication vial, bag, or bottle with a syringe or needle used on another patient.
- Never use medications intended for single use for more than one patient. This includes single-dose vials, ampoules, bags and bottles of intravenous solutions.
- Limit the use of multi-dose vials and dedicate them to a single patient whenever possible. Reused multi-dose vials should be kept and accessed in a designated clean medication preparation area, away from immediate patient treatment areas.
- Always use facemasks when injecting material or inserting a catheter into the epidural or subdural space.

Single-Dose or Multi-Dose
CDC

Injection Safety

SAFETY STEPS

FOLLOW THESE INJECTION SAFETY STEPS FOR SUCCESS!

BEFORE THE PROCEDURE

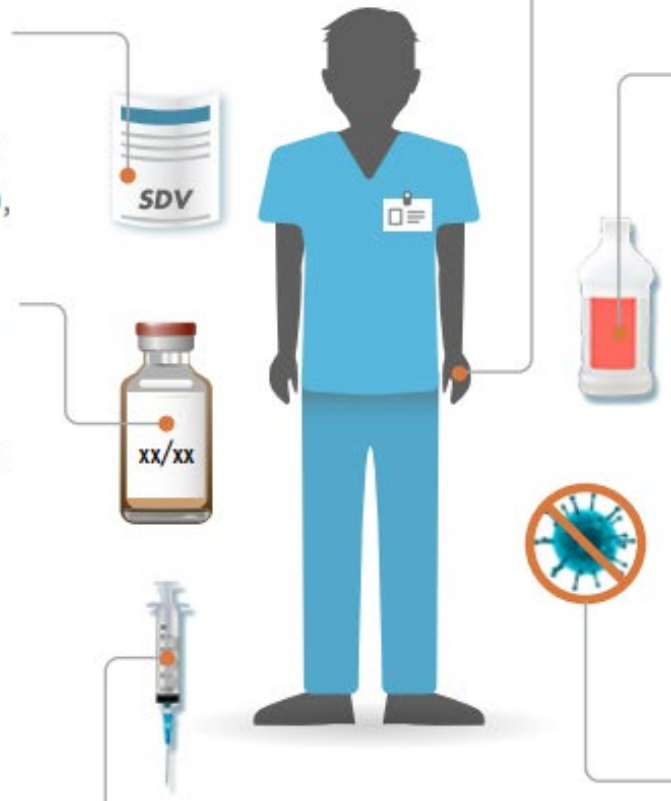
Carefully ***read the label*** of the vial of medication.

- If it says single-dose and it has already been accessed (e.g. needle-punctured), ***throw it away.***
- If it says multiple-dose, ***double-check the expiration date*** and the beyond-use date if it was previously opened, and visually inspect to ensure no visible contamination.
- When in doubt, throw it out.

DURING THE PROCEDURE

Use aseptic technique.

- Use a new needle and syringe for every injection.



- Be sure to clean your hands immediately before handling any medication.
- Disinfect the medication vial by rubbing the diaphragm with alcohol.
- Draw up all medications in a clean medication preparation area.

AFTER THE PROCEDURE

Discard all used needles and syringes and SDVs after the procedure is over.

MDVs should be discarded when:

- the beyond-use date has been reached
- doses are drawn in a patient treatment area
- any time vial sterility is in question

[Single-Dose or Multi-Dose](#)
CDC

Injection Safety

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.

[Single-Dose or Multi-Dose](#)
CDC

Injection Safety

[Single-Dose or Multi-Dose](#)
CDC

THE MANAGER

INFECTIONS CAN BE COSTLY.

EDUCATE YOUR TEAM!

Make sure your team uses single-dose and multiple-dose vials properly. Misuse of medicine puts your practice and patients at risk.

RISKY BUSINESS

First, do no harm. Improper reuse of SDVs has caused patient infections and deaths.

REALIZE WHAT'S AT STAKE

- A person's life and well-being
- Accreditation status
- Clinic license or certification

HAVE YOU CONSIDERED...?

Do you have enough supplies to ensure safe injections ?

Adequate injection supplies (e.g. syringes, appropriate medications in right-sized vials when possible, personal protective equipment such as gloves and facemasks) should always be available.

Is your medication preparation area separate from the patient care area?

Facilities should have a designated clean medication area where injections are drawn up and labeled immediately before each individual patient. This space should be away from patient care areas and where any used or soiled equipment and materials might be.

Are you purchasing the safest available medication?

Think about safety when you re-supply clinic medications. Request the smallest vials that meet individual patient needs. Use FDA-approved, manufactured medications. Consult with pharmacists and others to learn whether pre-filled syringes or other "ready-to-deliver" unit-dose packaging is available.

Do you arrange infection control training for your healthcare personnel?

In addition to the OSHA-mandated bloodborne pathogen training, job-specific training on infection control, including safe injection practices, should be provided upon hire and at least annually for healthcare personnel.

THE PROVIDER

DO YOU MULTI-DOSE?

A SINGLE-DOSE VIAL (SDV) is approved for use on a **SINGLE** patient for a **SINGLE** procedure or injection.

SDVs typically lack an antimicrobial preservative. Do not save leftover medication from these vials. Harmful bacteria can grow and infect a patient.

DISCARD after every use!

A MULTIPLE-DOSE VIAL (MDV) is recognized by its FDA-approved label.

Although MDVs can be used for more than one patient when aseptic technique is followed, ***ideally even MDVs are used for only one patient.***

MDVs typically contain an antimicrobial preservative to help limit the growth of bacteria. Preservatives have no effect on bloodborne viruses (i.e. hepatitis B, hepatitis C, HIV).

Discard MDVs when the beyond-use date has been reached, when doses are drawn in a patient treatment area, or any time the sterility of the vial is in question!

SIZE DOES NOT MATTER!

SDVs and MDVs can come in any shape and size. ***Do not assume*** that a vial is an SDV or MDV based on size or volume of medication. ***ALWAYS check the label!***

www.cdc.gov/injectionsafety/1anonly.html

[Single-Dose or Multi-Dose](#)
CDC

Key Takeaways

Keep and access in a clean medication prep space away from patient treatment areas

If a MDV enters an immediate patient treatment area, dedicate it for single patient use, then discard it

Once the MDV is opened, the vial should be dated and discarded within 28 days unless the manufacturer states another date for that opened vial. The beyond-use-date should never exceed the manufacturers original expiration date.

Examples of immediate patient treatment areas are operating and procedure rooms, anesthesia and procedure carts, and patient rooms or bays

Single-Dose or Multi-Dose
CDC

Resources

Quality Improvement- AAAHC

AAAHC Tools & Study Topic Ideas

Infection Control and Prevention

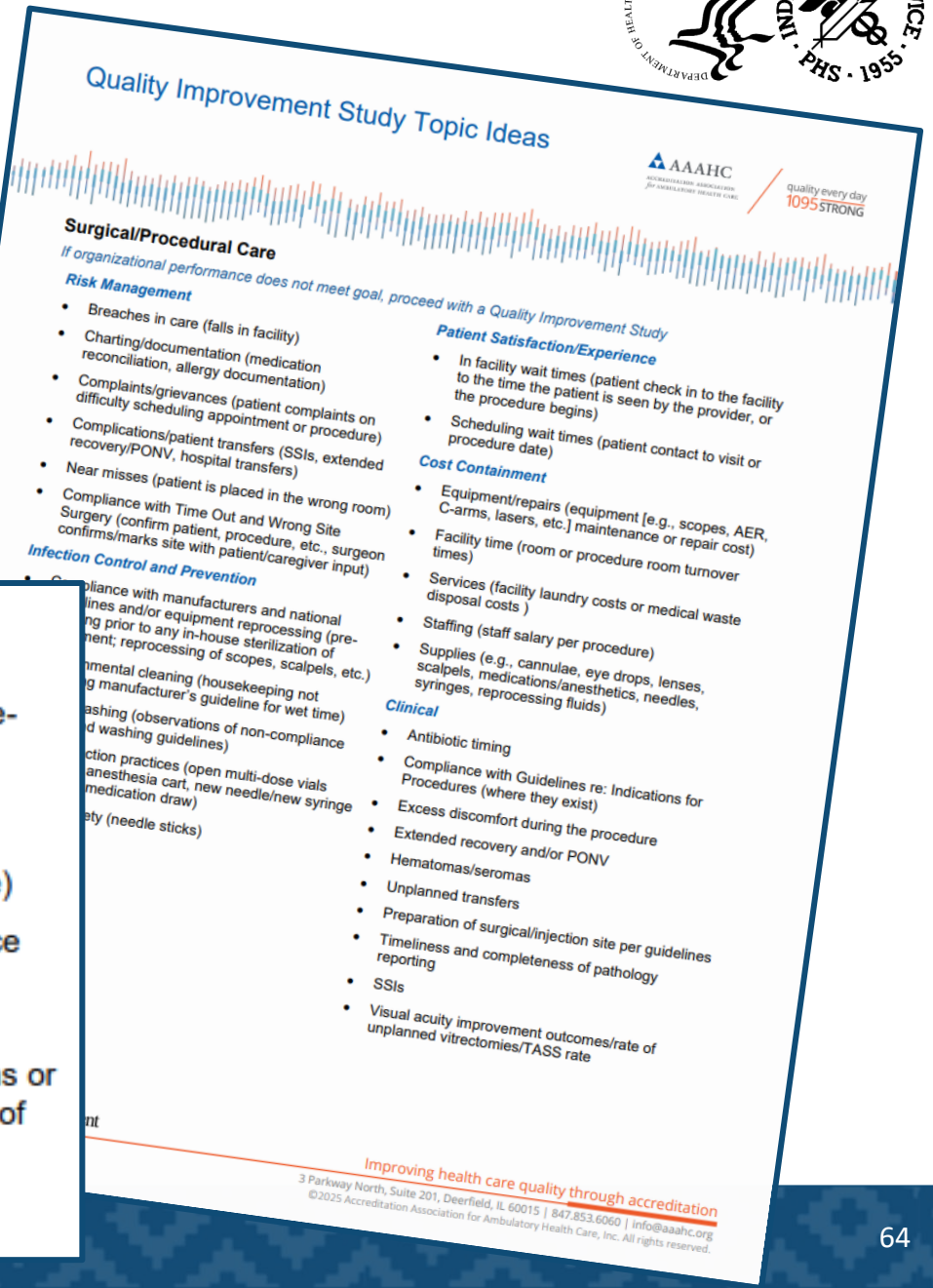
- Compliance with manufacturers and national guidelines and/or equipment reprocessing (pre-cleaning prior to any in-house sterilization of equipment; reprocessing of scopes, scalpels, etc.)
- Environmental cleaning (housekeeping not following manufacturer's guideline for wet time)
- Hand washing (observations of non-compliance with hand washing guidelines)
- Safe injection practices (open multi-dose vials stored in anesthesia cart, new needle/new syrin for every medication draw)
- Sharp safety (needle sticks)

Surgical/Procedural Care

Primary Care

Infection Control and Prevention

- Compliance with manufacturers and national guidelines and/or equipment reprocessing (pre-cleaning prior to any in-house sterilization of equipment)
- Environmental cleaning (housekeeping not following manufacturer's guideline for wet time)
- Hand washing (observations of non-compliance with hand washing guidelines)
- Safe injection practices (open multi-dose vials stored in refrigerator with lunches or specimens or in any other patient care area or area not free of contaminants, splitting of single dose vials)
- Sharp safety (needle sticks)


Quality Improvement Study Topic Ideas

AAAHC

quality every day 1095 STRONG

Surgical/Procedural Care

If organizational performance does not meet goal, proceed with a Quality Improvement Study

Risk Management

- Breaches in care (falls in facility)
- Charting/documentation (medication reconciliation, allergy documentation)
- Complaints/grievances (patient complaints on difficulty scheduling appointment or procedure)
- Complications/patient transfers (SSIs, extended recovery/PONV, hospital transfers)
- Near misses (patient is placed in the wrong room)
- Compliance with Time Out and Wrong Site Surgery (confirm patient, procedure, etc., surgeon confirms/marks site with patient/caregiver input)

Infection Control and Prevention

- Compliance with manufacturers and national lines and/or equipment reprocessing (pre- ng prior to any in-house sterilization of nent; reprocessing of scopes, scalpels, etc.)
- mental cleaning (housekeeping not g manufacturer's guideline for wet time)
- ashing (observations of non-compliance d washing guidelines)
- ction practices (open multi-dose vials anesthesia cart, new needle/new syringe medication draw)
- ety (needle sticks)

Patient Satisfaction/Experience

- In facility wait times (patient check in to the facility to the time the patient is seen by the provider, or the procedure begins)
- Scheduling wait times (patient contact to visit or procedure date)

Cost Containment

- Equipment/repairs (equipment [e.g., scopes, AER, C-arms, lasers, etc.] maintenance or repair cost)
- Facility time (room or procedure room turnover times)
- Services (facility laundry costs or medical waste disposal costs)
- Staffing (staff salary per procedure)
- Supplies (e.g., cannulae, eye drops, lenses, scalpels, medications/anesthetics, needles, syringes, reprocessing fluids)

Clinical

- Antibiotic timing
- Compliance with Guidelines re: Indications for Procedures (where they exist)
- Excess discomfort during the procedure
- Extended recovery and/or PONV
- Hematomas/seromas
- Unplanned transfers
- Preparation of surgical/injection site per guidelines
- Timeliness and completeness of pathology reporting
- SSIs
- Visual acuity improvement outcomes/rate of unplanned vitrectomies/TASS rate

nt

Improving health care quality through accreditation

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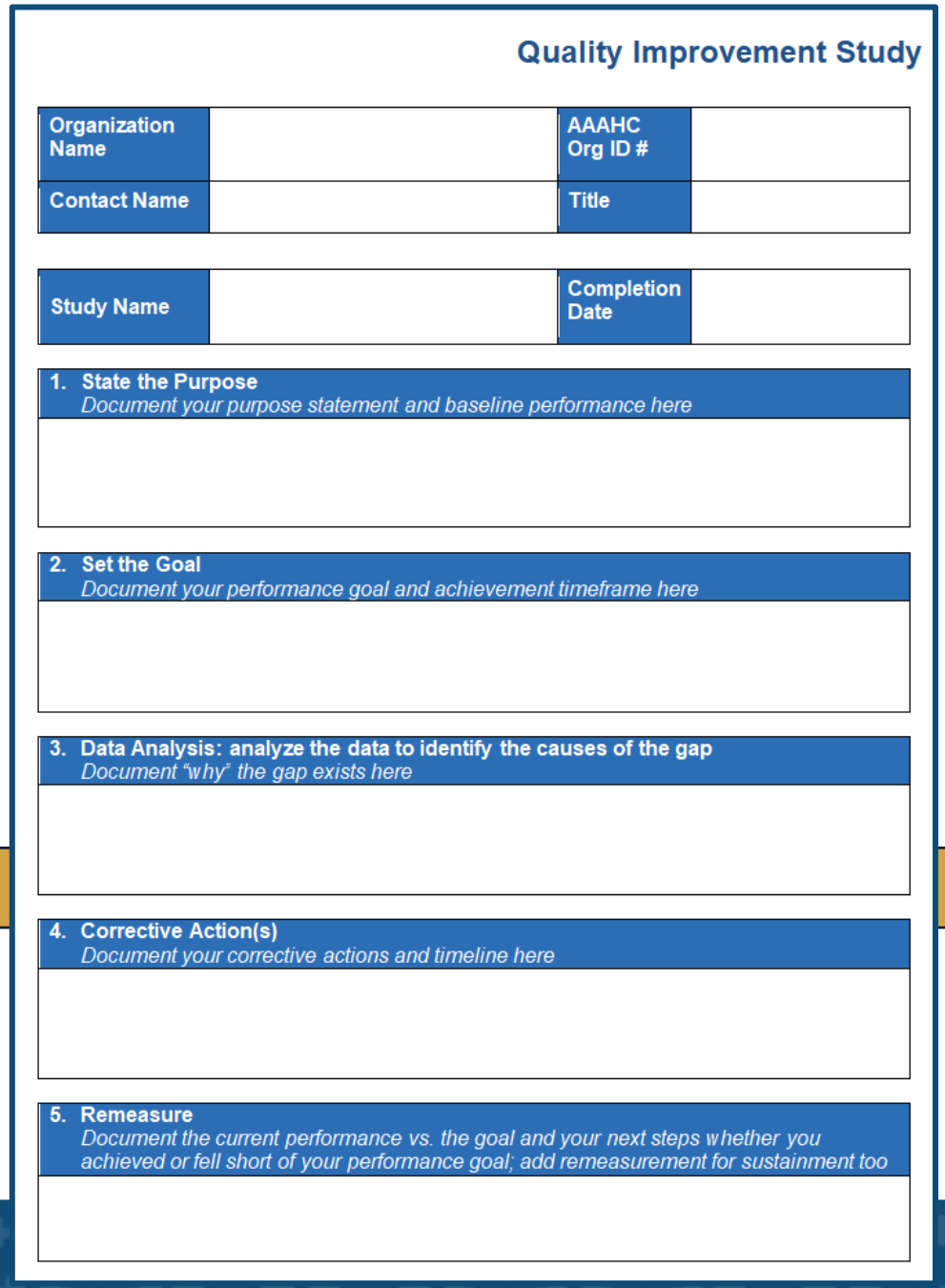
[01-250801_IQI_DOC_QI-Study-Topic-Ideas_SP_PC_Combo_v44.pdf]

AAAHC Quality Resources

Access quality improvement tools

The AAAHC Institute for Quality Improvement (Quality Institute) offers these resources to aid our clients in complying with AAAHC quality Standards.

- Crosswalk: Aligning PDSA with AAAHC Standards v44
- QI Study Topic Ideas
- Documenting QI Using the 6-Component Criteria
- 6-Component Criteria QI Study Template
- Using Existing Monitoring Activities to Generate a QI Study



Quality Improvement Study

Organization Name		**AAAHC Org ID #**	
Contact Name		**Title**	
Study Name		**Completion Date**	

1. State the Purpose
Document your purpose statement and baseline performance here

2. Set the Goal
Document your performance goal and achievement timeframe here

3. Data Analysis: analyze the data to identify the causes of the gap
Document "why" the gap exists here

4. Corrective Action(s)
Document your corrective actions and timeline here

5. Remeasure
Document the current performance vs. the goal and your next steps whether you achieved or fell short of your performance goal; add remeasurement for sustainment too

AAAHC Quality Resources

Using Existing Monitoring Activities to Generate a Quality Improvement Study

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In the AAAHC Standards, the Quality Category outlines the expectations for organizations to improve the quality of care, while promoting effective and efficient use of facilities and services. In striving to improve clinical quality outcomes, promote effective care delivery, and provide efficient utilization of health care services, organizations maintain a multidimensional, multidisciplinary quality management and improvement program based on comprehensive data analysis of clinical needs, risk levels, and opportunities for interventions and improvements. Quality management and improvement in an organization account for all stakeholders and intersects clinical and service performance indicators with risk management in an organized, systematic manner.

Organizations seeking accreditation are expected to maintain an active, integrated, organized, ongoing, data-driven program of quality management and improvement. The chart below is intended to help you use existing monitoring activities to generate a Quality Improvement (QI) study that will result in meaningful organizational improvement.

The AAAHC does not specify the model or method for monitoring activities that may result in identification of an improvement opportunity. This tool is one of many resources available to facilitate your QI efforts.

Data Collection

Answering "No" to any of the following questions requires you to stop and evaluate your process before moving to the next step.

Are you collecting data?

Refer to your QI Program. Data comes from many areas: patient satisfaction (provider satisfaction, wait times); peer review (patient outcomes, clinical incidents); risk management and safety (breaches, complications, near misses); infection prevention and control (hand hygiene surveillance, safe injection practices); operations (facility time, supplies); and others.

Is your data quantitative?

Is your data in the form of a number, percentage, 20 out of 50, within 1 degree. You cannot manage what you cannot measure.

Based on the data collected, can you identify your current performance level?

What does this data tell you? Check the frequency and consistency of data collection. Identify specific intervals at which you will analyze the results and determine your performance.

Institute for Quality Improvement

Improving health care quality through accreditation

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Using Existing Monitoring Activities to Generate a QI Study – **Page 2**

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Compare Performance

Do you have a performance goal?

What is your target? Setting a performance goal helps determine if current performance is acceptable or not.

Did you use a benchmark to determine your goal?

Benchmarking compares your current performance measure to a specific metric. Internal benchmarking is the comparison of performance within an organization, such as an internal metric, e.g., the same measure from last month or year, or the result from another physician or department. External benchmarks compare performance with similar processes outside of the organization. External benchmarking can come from nationally recognized guidelines, federal quality measurements, a professional organization for your medical specialty, a literature review, the AAAHC Institute for Quality Improvement, or other sources.

Solve the Quality Equation

Is your current performance better than or equal to your performance goal?

Yes

Congratulations!
Your performance is better than or equal to your goal. This measure would not qualify for a QI Study because there is no gap requiring improvement. Continue to monitor and celebrate your success!

No

Your monitoring activity indicates a potential for improvement.
Ask yourself: Is this problem or opportunity important enough to warrant an improvement effort by the organization?
Move forward with building a useful QI study.

See "Documenting a Quality Improvement Study Using the AAAHC 6-Component Criteria"

250801 v44

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Learn: **Mastering AAAHC v44** Standards, Policies, and Procedures AMB/MDS
[Self-Paced | AAAHC 1095 Learn]

Injection Safety

[Single & Multidose Vials with the Three Injectioneers]

Discussion:

- ❑ Dating the vial
- ❑ Date Opened or Beyond-use-Date
- ❑ Pharmacy labels

Resources:

1. High Reliability | PSNet
2. CMS Condition of Participation: Infection prevention and control and antibiotic stewardship programs:
3. eCFR :: 42 CFR 482.42 -- Condition of participation: Infection prevention and control and antibiotic stewardship programs.
4. ASC_Risk_Assessment_Template.docx
5. Clinical Safety: Hand Hygiene for Healthcare Workers | Clean Hands | CDC
6. Germ Center
7. ICAR Tool for General Infection and Control (IPC) Across Settings - Module 2: Hand Hygiene Faciliator Guide
8. NC SPICE
9. CDC Clean Hands Count Materials: Clean Hands Count Materials | Clean Hands | CDC
10. Clean Hands in Healthcare Training | Clean Hands | CDC
11. Single-Dose or Multi-Dose
12. Single & Multidose Vials with the Three Injectioneers
13. The Joint Commission Perspectives, April 2019, Volume 39, Issue 4, Clarifying Infection Control Policy Requirements: April 2019 Perspectives.pdf

Resources:

1. AAMI ST79: Comprehensive guide to steam sterilization and sterility assurance in health care facilities | ANSI/AAMI ST79:2017/(R)2022; Comprehensive guide to steam sterilization and sterility assurance in health care facilities
2. ANSI/AAMI ST91:2021 Flexible and semi-rigid endoscope processing in healthcare facilities: ARRAY | Home
3. ANSI/AAMI ST55: 2015/(R)2023: ARRAY | Search
4. Joint commission Resources, Digital Learning Center, IC Made Easy, 2nd Edition: Joint Commission Resources
5. TJC, Quick Safety Issue 64: Ensuring critical instruments and devices are appropriate for reuse, 2/14/2022: resources news-and-multimedia newsletters newsletters quick-safety quick-safety-issue-64 – jointcommission
6. Guidelines for Environmental Infection Control in Health-Care Facilities
9. ASHE, Infection Control Risk Assessment 2.0, Matrix of Precautions for Construction, Renovation and Operations: ICRA-2.0-FORM-202205 Final.pdf
10. ASHE ICRA 2.0™ Toolkit | ASHE
11. Boxes and Shipping Containers | Hospital and Hospital Clinics | Infection Prevention and Control IC | The Joint Commission
12. resources news-and-multimedia newsletters newsletters quick-safety quick-safety-issue-64 – jointcommission
13. Quality Resources | AAAHC
14. Joint Commission Resources Portal Login


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