Infection Prevention in the Outpatient Setting

Beth Morrow, MSN, RN, CIC

For Additional Information, visit:
www.apicatlanta.org

Preventing Patient Infections

My Pocket Guide

A quick guide to CDC's

Guide to Infection Prevention for Outpatient Podiatry Settings

Centers for Disease Control and Prevention
National Center for Emerging and Zoonotic Infectious Diseases

My Pocket Guide

My Pocket Guide is your quick reference for protecting patients and healthcare personnel from infections. It was developed for outpatient podiatric facilities as a quick reference guide to CDC's *Guide to Infection Prevention for Outpatient Podiatry Settings*. The full guide addresses unique procedures, equipment, and instruments used in the podiatry setting and includes checklists and observation tools that can be used to help ensure your facility has appropriate practices in place to provide safe patient care.

The *Guide to Infection Prevention for Outpatient Podiatry Settings* is available at:

https://www.cdc.gov/infectioncontrol/tools/index.html

Healthcare Challenge

Why is infection prevention and control (IPC) in the outpatient podiatry setting important? Failures in basic IPC have resulted in outbreaks in non-hospital settings with increased frequency, a concerning trend indicating that the challenge of providing consistently safe care is not always met. In podiatry settings, lapses in disinfection and sterilization of patient care instruments, environmental infection prevention measures, and safe injection practices highlight the importance of infection prevention.

Your Role Within Your Facility

You have a responsibility.

Every staff member has an important role in preventing infections in podiatry patients by following Standard Precautions, which are the minimum infection prevention measures that apply to all patient care.

Be vigilant.

If you suspect an infection in a patient, it is your responsibility to report it to the appropriate personnel so that proper diagnostic work-up and treatment can be provided to the patient. Maintaining vigilance for infections can also help detect outbreaks early.

Facility Risk Assessment

An IPC program plays a key role in the maintenance of a safe work environment for patients, healthcare personnel, and visitors. Identifying and addressing risks is central to an effective infection control program. A risk assessment is a systematic means to identify risks in the podiatric setting and should be conducted at least annually and whenever new procedures or risks are identified. Regular facility risk assessments help determine the goals and objectives of the podiatry IPC program.

STEP 1. INVENTORY or create a list of the services, procedures, and practices that are done in your office setting.

STEP 2. ASSESS your facility's current program and practices.

STEP 3. IDENTIFY which types of invasive and other procedures and tests are performed in your office.

STEP 4. DEVELOP or tailor your podiatric policies and procedures based on your facility risk assessment, taking into consideration the types of services provided by the facility and the patient population that is served.

STEP 5. PRIORITIZE your facility resources and focus extra attention on the areas that are determined to pose greater risk to your patient population.

Key Recommendations for Developing an IPC Program

Leadership is accountable for the success of infection prevention activities and should:

- Ensure at least one individual trained in infection prevention is employed or regularly available to manage the IPC program.
- Ensure availability of sufficient and appropriate supplies necessary for adherence to Standard Precautions.
- Develop written infection prevention policies and procedures appropriate for the services provided by the facility and based upon evidence-based guidelines, regulations, or standards.
- Reassess policies and procedures at least annually.
- Develop a system for early detection and management of potentially infectious persons at initial points of patient encounter.

Quick Guide Section

The elements in the following Quick Guide section are taken from CDC's *Guide to Infection Prevention for Outpatient Podiatry Settings*, which is based on CDC's evidence-based guidelines and in collaboration with experts in outpatient podiatric care and services.

Hand Hygiene

Alcohol-based hand rub is the preferred method for decontaminating your hands, except when hands are visibly soiled (e.g., dirt, blood, body fluids), or after caring for patients with known or suspected infectious diarrhea (e.g., Clostridium difficile, norovirus), in which case soap and water should be used.

Even if gloves will be worn, perform hand hygiene before and after glove removal.

Personal Protective Equipment (PPE)

- PPE (e.g., gloves, gowns, facemasks) should be worn if there is potential for exposure to blood, body fluids (e.g., respiratory secretions, wound drainage), mucous membranes, nonintact skin or contaminated equipment.
- Choose the type of PPE based on the anticipated nature of the patient interaction and/or the likely mode(s) of transmission.
- Perform hand hygiene before and after removing PPE.
- PPE should be removed before exiting the patient environment.

Respiratory Hygiene

- Identify and triage patients and visitors with respiratory symptoms upon entry to the facility, especially during flu season.
- Know your facility's sick leave policies.
- Healthcare personnel with a respiratory infection should avoid direct patient contact; if this is not possible, then a facemask should be worn while providing patient care and frequent hand hygiene should be performed.
- Institute measures to prevent spread of respiratory infections, including:
  - Separating patients and using face masks
  - Ensuring availability of infection control supplies for patient and healthcare personnel use (e.g., alcohol-based hand rub dispensers, facemasks, tissues)

Injection Safety/ Medication Handling

- Use aseptic technique when preparing and administering medications.
- Cleanse the access diaphragms of medication vials with 70% alcohol and allow to dry before inserting a device into the vial.
- Never administer medications from the same syringe to more than one patient, even if the needle is changed.
- Avoid prefilling and storing batch-prepared syringes except in accordance with pharmacy standards; whenever possible, use pharmacy-prepared prefilled syringes.

- Prepare medications as close as possible to the time of administration.
- Do not reuse a syringe to enter a medication vial or container.
- Do not administer medications from single-dose or single-use vials or bags or bottles of intravenous solution to more than one patient.
- Assign medications packaged as multi-dose vials to a single patient whenever possible.
- Dispose of used sharps at the point-of-use in a sharps container that is closable, puncture-resistant, and leak-proof.

Environmental Cleaning of Patient Care Areas

- Change the paper covering the exam table and pillows between patients; may use absorbable pads to cover work surfaces.
- If absorbable pads are used, they should be changed after each patient and during the procedure if they become soaked or saturated. Surfaces under these coverings should be cleaned at the end of the day and immediately if they become contaminated.
- Place any used linens (e.g., exam gowns, sheets) in a designated container located in each exam room after each patient use.
- Clean any medication preparation area after each patient encounter and ensure contaminated items are not placed in or near the area.
- Focus cleaning on high-touch surfaces (at least daily), e.g., exam table, blood pressure cuff, stethoscope (per manufacturer's instructions), chair and exam table stool, and door knobs.
- Decontaminate high-touch surfaces using an EPA-registered disinfectant with specific claim labels for the infective agent.

Cleaning, Disinfection or Sterilization of Reusable Devices

- Always clean and reprocess reusable medical devices (e.g., cuticle and nail nippers, forceps) prior to use on another patient.

- Wear appropriate PPE when handling contaminated medical devices.
- Perform pre-cleaning as soon as practical after use to prevent soiled materials from becoming dried onto instruments.
- Visually inspect reusable medical devices for residual soil prior to disinfection or sterilization.
- Use enzymatic cleaner or detergent and discard according to manufacturer instructions.
- For chemicals used in high-level disinfection (HLD), follow manufacturer instructions for the product preparation, testing for appropriate concentration, and replacement.
- Disinfect devices for the appropriate length of time, at the appropriate temperature, and appropriately rinsed after HLD, all as specified by manufacturer instructions.

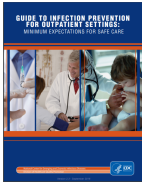
Off-Site Podiatry Care

For podiatrists that provide off-site care (e.g., nursing home, assisted living facility, or community health center), it is important to provide the same standard of care that is provided in the office setting.

- Have all aspects of the services provided by the off-site podiatrist clearly outlined in the contract between the facility and the podiatry facility.
- Have the supplies necessary for adherence to hygiene readily accessible in all areas where patient care is being delivered.
- Bring, or have available at the off-site location, an adequate supply of clean and disinfected or sterilized patient-care instruments so that items do not have to be reprocessed on-site to maintain clinical workflow.
- Maintain accurate and timely records of care provided to patients in the off-site setting, including medication storage and handling (e.g., inventory monitoring for expiration dates).

Resources

The ***Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care*** is a summary guide of infection prevention recommendations for outpatient settings. The recommendations included in this document are not new but rather reflect existing evidence-based guidelines produced by the Centers for Disease Control and Prevention and the Healthcare Infection Control Practices Advisory Committee.



Readers are urged to use the **Infection Prevention Checklist for Outpatient Podiatry Settings**, a companion to the podiatry guide. The checklist can be used as an audit tool or training guide for a variety of outpatient settings. An **interactive version,** enables podiatric facilities to customize the tool to their facility, .

Full guidelines for additional background, rationale, and evidence behind each recommendation are available at: https://www.cdc.gov/infectioncontrol/guidelines/index.html

For more information please contact
Centers for Disease Control and Prevention
Telephone: 1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348
Email: www.cdc.gov/info
Service available in English and Spanish
Send questions 24/7 through the email web form link above
Order or download free publications 24/7 from
CDC-INFO On Demand

Gloved Hands May Spread Germs

People are wearing gloves (made from materials like vinyl, latex or nitryl) when they head out in public during the pandemic. While individuals think they are being safe and protecting themselves and others from the SARS-CoV-2 virus that causes COVID-19, they may actually be spreading germs in the community. Vinyl, latex and nitryl gloves protect the skin from body fluids and certain harmful chemicals. The surface of gloves can support germs just like skin. But, unlike skin, washing gloves is not an option. Even healthcare workers are instructed to wash their hands before they put on gloves and after taking off gloves. **Gloves are not a substitute for hand washing.**

How Gloves Can Spread Germs

When gloves are put on they are presumably clean.

- **Germs collect on the gloves when a person wearing them starts touching surfaces (elevator buttons, grocery carts, gas station pumps).**
- **Germs are spread when the person touches other objects.**

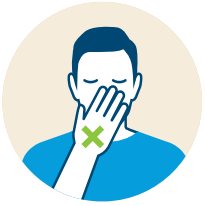
People may think they are protected by the gloves, but they are not.

- **Difference: you can clean your bare hands with hand sanitizers or soap and water. This stops the spread of the germs.**

Gloves Are Not a Complete Barrier

Gloves may have very tiny (micro-sized) pin holes not visible to the naked eye.

- **Thousands of germs pass through these holes onto the skin in a short amount of time.**
- **The germs may be on the outside of the glove and may seep inside too.**
- **Gloves can be damaged with holes made by fingernails, jewelry or wear and tear.**
- **Vinyl, latex and nitryl gloves can be damaged by moisture, heat and chemicals.**



Don't Touch Your Face

This is a habit that is hard to break.

- **Keep hands away from your eyes, nose and mouth because it is one way germs enter the body and cause infections.**
- **When people wear gloves, it may give them a false sense of security. Since the outside of gloves are not clean; gloves may be more contaminated than bare hands.**
- **Be sure to wash your hands frequently with hand sanitizer or soap and water often and keep hands away from the face.**

APIC
Association for Professionals in Infection Control and Epidemiology

The Association for Professionals in Infection Control and Epidemiology (APIC) is creating a safer world through the prevention of infection. APIC's nearly 16,000 members develop and direct infection prevention and control programs that save lives and improve the bottom line for healthcare facilities. APIC advances its mission through patient safety, education, implementation science, competencies and certification, advocacy, and data standardization. Visit us at apic.org.

1400 Crystal Drive, Suite 900
Arlington, VA 22202
www.apic.org

REGULATED (BIOMEDICAL) WASTES

Regulated waste:

- Liquid or semi-liquid blood or other potentially infectious material, including:
    1. Bulk blood, blood products, bloody suctioning
    2. Bloody (saturated or dripping) personal protective equipment / supplies / dressings
    3. Sharps which may cause punctures or cuts
- This does not include:
    1. Items such as gauze and disposable instruments with small amounts of blood.

    2. Urine bags (these should be emptied prior to being placed in regular trash).
    3. Gowns or gloves that are not visibly bloody
    4. Paper products including paper towels, wrappers and packaging
    5. Medications / empty medication vials
    6. Diapers / pads that are not saturated or dripping with blood

Regulated waste disposal:

- Sharps must be placed in puncture proof containers. Containers are to be closed prior to placing in the regulated waste box.
- All other regulated waste is to be placed in containers impervious to leakage and tearing.

Regulated waste storage:

- Full sharps containers are to be closed prior to placing in regulated waste box. Red bags are to be tied up prior to being placed in regulated waste box.
- Until pickup, regulated waste must be locked in a dirty area and labeled with the official "biohazard" sign.
- The biohazard waste storage box is to be lined with a biohazard waste bag
- Ideally regulated waste should not be stored in a carpeted area.
- The biohazard waste box may be on the floor in a non-carpeted soiled room

*Chemotherapy waste must all be disposed of in yellow Chemotherapy Waste Disposal Bins.

GUIDE TO INFECTION PREVENTION FOR OUTPATIENT SETTINGS:

MINIMUM EXPECTATIONS FOR SAFE CARE

National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion

Version 2.3 - September 2016

This page left intentionally blank.

APPENDIX A: INFECTION PREVENTION CHECKLIST FOR OUTPATIENT SETTINGS

This checklist is a companion to the *Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care* and is intended to assist in the assessment of infection control programs and practices in outpatient settings. The checklist should be used:

1. To ensure that the facility has appropriate infection prevention policies and procedures in place and supplies to allow healthcare personnel (HCP) to provide safe care.
2. To systematically assess personnel adherence to correct infection prevention practices. In order to complete the assessment, direct observation of infection control practices will be necessary.

Providers using this checklist should identify all procedures performed in their facility and refer to appropriate sections to conduct their evaluation. Certain sections may not apply (e.g., some settings may not perform sterilization or high-level disinfection). If the answer to any of the listed questions is No, efforts should be made to correct the practice, appropriately educate HCP (if applicable), and determine why the correct practice was not being performed. Consideration should also be made for determining the risk posed to patients by the deficient practice. Certain infection control lapses (e.g., re-use of syringes on more than one patient or to access a medication container that is used for subsequent patients; re-use of lancets) have resulted in bloodborne pathogen transmission and should be halted immediately. Identification of such lapses warrants immediate consultation with the state or local health department and appropriate notification and testing of potentially affected patients.

Overview

Infection Control Domains for Gap Assessment

I.	Infection Control Program and Infrastructure
II.	Infection Control Training and Competency
III.	Healthcare Personnel Safety
IV.	Surveillance and Disease Reporting
V.a/b.	Hand Hygiene
VI.a/b.	Personal Protective Equipment (PPE)
VII.a/b.	Injection Safety (if applicable)
VIII.a/b.	Respiratory Hygiene/Cough Etiquette
IX.a/b.	Point-of-Care Testing (if applicable)
X.a/b.	Environmental Cleaning
XI.a/b.	Device Reprocessing
XII.	Sterilization of Reusable Devices (if applicable)
XIII.	High-level Disinfection of Reusable Devices (if applicable)

Section 1: Facility Demographics

Questions	Details
Is the facility licensed by the state?	○ Yes ○ No If yes, Date of last inspection: _____ Were any infection control deficiencies identified during last inspection? ○ Yes ○ No If Yes, ensure those elements are evaluated during the assessment.
Is the facility certified by the Centers for Medicare & Medicaid Services (CMS)?	○ Yes ○ No If yes, Date of last inspection: _____ Were any infection control deficiencies identified during last inspection? ○ Yes ○ No If Yes, ensure those elements are evaluated during the assessment.
Is the facility accredited?	○ Yes ○ No If yes, List the accreditation organization: ☐ Accreditation Association for Ambulatory Health Care (AAAHC) ☐ American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) ☐ American Osteopathic Association (AOA) ☐ The Joint Commission (TJC) ☐ Other (specify): _____ Date of last inspection: _____ Were any infection control deficiencies identified during last inspection? ○ Yes ○ No If Yes, ensure those elements are evaluated during the assessment.
Is the facility affiliated with a hospital?	○ Yes ○ No If yes, consider engaging with the hospital infection prevention program for assistance in remediation of any identified lapses.
Which procedures are performed by the facility? Select all that apply.	☐ Chemotherapy ☐ Endoscopy ☐ Ear/Nose/Throat ☐ Imaging (MRI/CT) ☐ Immunizations ☐ OB/Gyn ☐ Ophthalmologic ☐ Orthopedic ☐ Pain remediation ☐ Plastic/reconstructive ☐ Podiatry ☐ Other (specify) _____

Section 2: Infection Control Program and Infrastructure

I. Infection Control Program and Infrastructure

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Written infection prevention policies and procedures are available, current, and based on evidence-based guidelines (e.g., CDC/HICPAC), regulations, or standards. *Note: Policies and procedures should be appropriate for the services provided by the facility and should extend beyond OSHA bloodborne pathogens training*	○ Yes ○ No	
B. Infection prevention policies and procedures are re-assessed at least annually or according to state or federal requirements, and updated if appropriate.	○ Yes ○ No	
C. At least one individual trained in infection prevention is employed by or regularly available (e.g., by contract) to manage the facility's infection control program. *Note: Examples of training may include: Successful completion of initial and/or recertification exams developed by the Certification Board for Infection Control & Epidemiology; participation in infection control courses organized by the state or recognized professional societies (e.g., APIC, SHEA).*	○ Yes ○ No	
D. Facility has system for early detection and management of potentially infectious persons at initial points of patient encounter. *Note: System may include taking a travel and occupational history, as appropriate, and elements described under respiratory hygiene/cough etiquette.*	○ Yes ○ No	

II. Infection Control Training and Competency

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Facility has a competency-based training program that provides job-specific training on infection prevention policies and procedures to healthcare personnel. *Note: This includes those employed by outside agencies and available by contract or on a volunteer basis to the facility.* *See sections below for more specific assessment of training related to: hand hygiene, personal protective equipment (PPE), injection safety, environmental cleaning, point-of-care testing, and device reprocessing.*	○ Yes ○ No	

III. Healthcare Personnel Safety

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Facility has an exposure control plan that is tailored to the specific requirements of the facility (e.g., addresses potential hazards posed by specific services provided by the facility). *Note: A model template, which includes a guide for creating an exposure control plan that meets the requirements of the OSHA Bloodborne Pathogens Standard is available at: https://www.osha.gov/Publications/osha3186.pdf*	○ Yes ○ No	
B. HCP for whom contact with blood or other potentially infectious material is anticipated are trained on the OSHA bloodborne pathogens standard upon hire and at least annually.	○ Yes ○ No	
C. Following an exposure event, post-exposure evaluation and follow-up, including prophylaxis as appropriate, are available at no cost to employee and are supervised by a licensed healthcare professional. *Note: An exposure incident refers to a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an individual's duties.*	○ Yes ○ No	
D. Facility tracks HCP exposure events and evaluates event data and develops/implements corrective action plans to reduce incidence of such events.	○ Yes ○ No	
E. Facility follows recommendations of the Advisory Committee on Immunization Practices (ACIP) for immunization of HCP, including offering Hepatitis B and influenza vaccination. *Note: Immunization of Health-Care Personnel: Recommendations of the ACIP available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6007a1.htm*	○ Yes ○ No	
F. All HCP receive baseline tuberculosis (TB) screening prior to placement; HCP receive repeat testing, if appropriate, based upon the facility-level risk assessment. *Note: For more information, facilities should refer to the Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005 available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s_cid=rr5417a1_e*	○ Yes ○ No	
G. If respirators are used, the facility has a respiratory protection program that details required worksite-specific procedures and elements for required respirator use, including provision of medical clearance, training, and fit testing as appropriate.	○ Yes ○ No ○ Not applicable	

III. Healthcare Personnel Safety *(continued)*

Elements to be assessed	Assessment	Notes/Areas for Improvement
H. Facility has well-defined policies concerning contact of personnel with patients when personnel have potentially transmissible conditions. These policies include:	○ Yes ○ No	
i. Work-exclusion policies that encourage reporting of illnesses and do not penalize with loss of wages, benefits, or job status.	○ Yes ○ No	
ii. Education of personnel on prompt reporting of illness to supervisor.	○ Yes ○ No	

IV. Surveillance and Disease Reporting

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. An updated list of diseases reportable to the public health authority is readily available to all personnel.	○ Yes ○ No	
B. Facility can demonstrate knowledge of and compliance with mandatory reporting requirements for notifiable diseases, healthcare associated infections (as appropriate), and for potential outbreaks.	○ Yes ○ No	
C. Patients who have undergone procedures at the facility are educated regarding signs and symptoms of infection that may be associated with the procedure and instructed to notify the facility if such signs or symptoms occur.	○ Yes ○ No	

V.a. Hand Hygiene

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. All HCP are educated regarding appropriate indications for hand hygiene: i. Upon hire, prior to provision of care ii. Annually	 O Yes O No O Yes O No	
B. HCP are required to demonstrate competency with hand hygiene following each training.	O Yes O No	
C. Facility routinely audits (monitors and documents) adherence to hand hygiene.	O Yes O No	
D. Facility provides feedback from audits to personnel regarding their hand hygiene performance.	O Yes O No	
E. Hand hygiene policies promote preferential use of alcohol-based hand rub over soap and water in most clinical situations. *Note: Soap and water should be used when hands are visibly soiled (e.g. blood, body fluids) and is also preferred after caring for a patient with known or suspected C. difficile or norovirus during an outbreak.*	O Yes O No	

VIa. Personal Protective Equipment (PPE)

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. HCP who use PPE receive training on proper selection and use of PPE: i. Upon hire, prior to provision of care ii. Annually iii. When new equipment or protocols are introduced	 O Yes O No O Yes O No O Yes O No	
B. HCP are required to demonstrate competency with selection and use of PPE following each training.	O Yes O No	
C. Facility routinely audits (monitors and documents) adherence to proper PPE selection and use.	O Yes O No	
D. Facility provides feedback from audits to personnel regarding their performance with selection and use of PPE.	O Yes O No	

VII.a. Injection Safety (This element does not include assessment of pharmacy/ compounding practices)

If injectable medications are never prepared or administered at the facility check **O Not Applicable** here and skip to Section VIII.a. Respiratory Hygiene/Cough Etiquitte.

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. HCP who prepare and/or administer parenteral medications receive training on safe injection practices: i. Upon hire, prior to being allowed to prepare and/or administer parenteral medications ii. Annually iii. When new equipment or protocols are introduced	O Yes O No O Yes O No O Yes O No	
B. HCP are required to demonstrate competency with safe injection practices following each training.	O Yes O No	
C. Facility routinely audits (monitors and documents) adherence to safe injection practices.	O Yes O No	
D. Facility provides feedback from audits to personnel regarding their adherence to safe injection practices.	O Yes O No	
E. Facility has policies and procedures to track HCP access to controlled substances to prevent narcotics theft/diversion. *Note: Policies and procedures should address: how data are reviewed, how facility would respond to unusual access patterns, how facility would assess risk to patients if tampering (alteration or substitution) is suspected or identified, and who the facility would contact if diversion is suspected or identified.*	O Yes O No O Not applicable (Facility does not prepare or administer controlled substances)	

VIII.a. Respiratory Hygiene/Cough Etiquette

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Facility has policies and procedures to contain respiratory secretions in persons who have signs and symptoms of a respiratory infection, beginning at point of entry to the facility and continuing through the duration of the visit. Policies include:	○ Yes ○ No	
i. Offering facemasks to coughing patients and other symptomatic persons upon entry to the facility, at a minimum, during periods of increased respiratory infection activity in the community.	○ Yes ○ No	
ii. Providing space in waiting rooms and encouraging persons with symptoms of respiratory infections to sit as far away from others as possible.	○ Yes ○ No	
Note: If available, facilities may wish to place patients with symptoms of a respiratory infection in a separate area while waiting for care.		
B. Facility educates HCP on the importance of infection prevention measures to contain respiratory secretions to prevent the spread of respiratory pathogens.	○ Yes ○ No	

IX.a. Point-of-Care Testing (e.g., blood glucose meters, INR monitor)

If point-of-care testing is never performed at the facility check **O Not Applicable** here and skip to section X.a. Environmental Cleaning.

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. HCP who perform point-of-care testing receive training on recommended practices:		
i. Upon hire, prior to being allowed to perform point-of-care testing	○ Yes ○ No	
ii. Annually	○ Yes ○ No	
iii. When new equipment or protocols are introduced	○ Yes ○ No	
B. HCP are required to demonstrate competency with recommended practices for point-of-care testing following each training.	○ Yes ○ No	
C. Facility routinely audits (monitors and documents) adherence to recommended practices during point-of-care testing.	○ Yes ○ No	
D. Facility provides feedback from audits to personnel regarding their adherence to recommended practices.	○ Yes ○ No	

X.a. Environmental Cleaning

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Facility has written policies and procedures for routine cleaning and disinfection of environmental surfaces, including identification of responsible personnel.	○ Yes ○ No	
B. Personnel who clean and disinfect patient care areas (e.g., environmental services, technicians, nurses) receive training on cleaning procedures: i. Upon hire, prior to being allowed to perform environmental cleaning ii. Annually iii. When new equipment or protocols are introduced *Note: If environmental cleaning is performed by contract personnel, facility should verify this is provided by contracting company.*	 ○ Yes ○ No ○ Yes ○ No ○ Yes ○ No	
C. HCP are required to demonstrate competency with environmental cleaning procedures following each training.	○ Yes ○ No	
D. Facility routinely audits (monitors and documents) adherence to cleaning and disinfection procedures, including using products in accordance with manufacturer's instructions (e.g., dilution, storage, shelf-life, contact time).	○ Yes ○ No	
E. Facility provides feedback from audits to personnel regarding their adherence to cleaning and disinfection procedures.	○ Yes ○ No	
F. Facility has a policy/procedure for decontamination of spills of blood or other body fluids.	○ Yes ○ No	

X.a. Environmental Cleaning *(continued)* – Operating room

For the purposes of this checklist, an operating room is defined as a patient care area that met the Facilities Guidelines Institute's (FGI) or American Institute of Architects' (AIA) criteria for an operating room when it was constructed or renovated. This is the same definition that is used in the National Healthcare Safety Network's Procedure-associated Module for the SSI Event (http://www.cdc.gov/nhsn/pdfs/pscmanual/9pscssicurrent.pdf)

If the facility does not have an operating room check **O Not Applicable** here and skip to section XI.a. Device Reprocessing.

Elements to be assessed	Assessment	Notes/Areas for Improvement
G. Operating rooms are terminally cleaned after last procedure of the day.	O Yes O No	
H. Facility routinely audits (monitors and documents) adherence to recommended infection control practices for surgical infection prevention including:		
i. Adherence to preoperative surgical scrub and hand hygiene	O Yes O No	
ii. Appropriate use of surgical attire and drapes	O Yes O No	
iii. Adherence to aseptic technique and sterile field	O Yes O No	
iv. Proper ventilation requirements in surgical suites	O Yes O No	
v. Minimization of traffic in the operating room	O Yes O No	
vi. Adherence to cleaning and disinfection of environmental surfaces	O Yes O No	
I. Facility provides feedback from audits to personnel regarding their adherence to surgical infection prevention practices.	O Yes O No	

XI.a. Device Reprocessing

The following basic information allows for a general assessment of policies and procedures related to reprocessing of reusable medical devices. Outpatient facilities that are performing on-site sterilization or high-level disinfection of reusable medical devices should refer to the more detailed checklists in separate sections of this document devoted to those issues.

Categories of Medical Devices:

- **Critical items** (e.g., surgical instruments) are objects that enter sterile tissue or the vascular system and must be sterile prior to use (see Sterilization Section).
- **Semi-critical items** (e.g., endoscopes for upper endoscopy and colonoscopy, vaginal probes) are objects that contact mucous membranes or non-intact skin and require, at a minimum, high-level disinfection prior to reuse (see High-level Disinfection Section).
- **Non-critical items** (e.g., blood pressure cuffs) are objects that may come in contact with intact skin but not mucous membranes and should undergo cleaning and low- or intermediate-level disinfection depending on the nature and degree of contamination.

XI.a. Device Reprocessing *(continued)*

Single-use devices (SUDs) are labeled by the manufacturer for a single use and do not have reprocessing instructions. They may not be reprocessed for reuse except by entities which have complied with FDA regulatory requirements and have received FDA clearance to reprocess specific SUDs.

Note: Cleaning must always be performed prior to sterilization and disinfection

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Facility has policies and procedures to ensure that reusable medical devices are cleaned and reprocessed appropriately prior to use on another patient. *Note: This includes clear delineation of responsibility among HCP for cleaning and disinfection of equipment including, non-critical equipment, mobile devices, and other electronics (e.g., point-of-care devices) that might not be reprocessed in a centralized reprocessing area.*	○ Yes ○ No	
B. The individual(s) in charge of infection prevention at the facility is consulted whenever new devices or products will be purchased or introduced to ensure implementation of appropriate reprocessing policies and procedures.	○ Yes ○ No	
C. HCP responsible for reprocessing reusable medical devices receive hands-on training on proper selection and use of PPE and recommended steps for reprocessing assigned devices: i. Upon hire, prior to being allowed to reprocess devices ii. Annually iii. When new devices are introduced or policies/procedures change. *Note: If device reprocessing is performed by contract personnel, facility should verify this is provided by contracting company.*	 ○ Yes ○ No ○ Yes ○ No ○ Yes ○ No	
D. HCP are required to demonstrate competency with reprocessing procedures (i.e., correct technique is observed by trainer) following each training.	○ Yes ○ No	
E. Facility routinely audits (monitors and documents) adherence to reprocessing procedures.	○ Yes ○ No	
F. Facility provides feedback from audits to personnel regarding their adherence to reprocessing procedures.	○ Yes ○ No	
G. Facility has protocols to ensure that HCP can readily identify devices that have been properly reprocessed and are ready for patient use (e.g., tagging system, storage in designated area).	○ Yes ○ No	

Elements to be assessed	Assessment	Notes/Areas for Improvement
H. Facility has policies and procedures outlining facility response (i.e., risk assessment and recall of device) in the event of a reprocessing error or failure.	○ Yes ○ No	
I. Routine maintenance for reprocessing equipment (e.g., automated endoscope reprocessors, steam autoclave) is performed by qualified personnel in accordance with manufacturer instructions; confirm maintenance records are available.	○ Yes ○ No ○ Not applicable (Reprocessing equipment is not used at the facility)	

Section 3: Direct Observation of Facility Practices

V.b. Hand hygiene

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Supplies necessary for adherence to hand hygiene (e.g., soap, water, paper towels, alcohol-based hand rub) are readily accessible to HCP in patient care areas.	○ Yes ○ No	
Hand hygiene is performed correctly:		
B. Before contact with the patient	○ Yes ○ No	
C. Before performing an aseptic task (e.g., insertion of IV or preparing an injection, administering eye drops)	○ Yes ○ No ○ Not applicable	
D. After contact with the patient	○ Yes ○ No	
E. After contact with objects in the immediate vicinity of the patient	○ Yes ○ No	
F. After contact with blood, body fluids or contaminated surfaces	○ Yes ○ No	
G. After removing gloves	○ Yes ○ No	
H. When moving from a contaminated-body site to a clean-body site during patient care	○ Yes ○ No ○ Not applicable	

VI.b. Personal Protective Equipment (PPE)

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Sufficient and appropriate PPE is available and readily accessible to HCP.	○ Yes ○ No	
PPE is used correctly:		
B. PPE, other than respirator, is removed and discarded prior to leaving the patient's room or care area. If a respirator is used, it is removed and discarded (or reprocessed if reusable) after leaving the patient room or care area and closing the door.	○ Yes ○ No	
C. Hand hygiene is performed immediately after removal of PPE.	○ Yes ○ No	
D. Gloves i. HCP wear gloves for potential contact with blood, body fluids, mucous membranes, non-intact skin, or contaminated equipment. ii. HCP do not wear the same pair of gloves for the care of more than one patient. iii. HCP do not wash gloves for the purpose of reuse.	○ Yes ○ No ○ Yes ○ No ○ Yes ○ No	
E. Gowns i. HCP wear gowns to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated. ii. HCP do not wear the same gown for the care of more than one patient.	○ Yes ○ No ○ Not applicable ○ Yes ○ No ○ Not applicable	
F. Facial protection i. HCP wear mouth, nose, and eye protection during procedures that are likely to generate splashes or sprays of blood or other body fluids.	○ Yes ○ No ○ Not applicable	

VII.b. Injection safety (This element does not include assessment of pharmacy/ compounding practices)

If injectable medications are never prepared or administered at the facility check **O Not Applicable** here and skip to Section VIII.b. Respiratory Hygiene/Cough Etiquette

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Injections are prepared using aseptic technique in a clean area free from contamination or contact with blood, body fluids or contaminated equipment.	O Yes O No	
B. Needles and syringes are used for only one patient (this includes manufactured prefilled syringes and cartridge devices such as insulin pens).	O Yes O No	
C. The rubber septum on a medication vial is disinfected with alcohol prior to piercing.	O Yes O No	
D. Medication containers are entered with a new needle and a new syringe, even when obtaining additional doses for the same patient.	O Yes O No	
E. Single dose (single-use) medication vials, ampules, and bags or bottles of intravenous solution are used for only one patient.	O Yes O No	
F. Medication administration tubing and connectors are used for only one patient.	O Yes O No O Not applicable (Facility does not use tubing or connectors)	
G. Multi-dose vials are dated by HCP when they are first opened and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial. *Note: This is different from the expiration date printed on the vial.*	O Yes O No O Not applicable (Facility does not use multi-dose vials or discards them after single patient use)	
H. Multi-dose vials to be used for more than one patient are kept in a centralized medication area and do not enter the immediate patient treatment area (e.g,. operating room, patient room/cubicle). *Note: If multi-dose vials enter the immediate patient treatment area they should be dedicated for single-patient use and discarded immediately after use.*	O Yes O No O Not applicable (Facility does not use multi-dose vials or discards them after single patient use)	
I. All sharps are disposed of in a puncture-resistant sharps container.	O Yes O No	

VII.b. Injection safety (This element does not include assessment of pharmacy/ compounding practices) *(continued)*

Elements to be assessed	Assessment	Notes/Areas for Improvement
J. Filled sharps containers are disposed of in accordance with state regulated medical waste rules.	O Yes O No	
K. All controlled substances (e.g., Schedule II, III, IV, V drugs) are kept locked within a secure area.	O Yes O No O Not applicable (Controlled substances are not kept at the facility)	
L. HCP wear a facemask (e.g., surgical mask) when placing a catheter or injecting material into the epidural or subdural space (e.g., during myelogram, epidural or spinal anesthesia).	O Yes O No O Not applicable (Facility does not perform spinal injection procedures)	

VIII.b. Respiratory Hygiene/Cough Etiquette

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Facility: i. Posts signs at entrances with instructions to patients with symptoms of respiratory infection to: a. Inform HCP of symptoms of a respiratory infection when they first register for care, and b. Practice Respiratory Hygiene/Cough Etiquette (cover their mouths/noses when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after hands have been covered with respiratory secretions). ii. Provides tissues and no-touch receptacles for disposal of tissues. iii. Provides resources for performing hand hygiene in or near waiting areas.	O Yes O No O Yes O No O Yes O No	

IX.b. Point-of-Care Testing (e.g., blood glucose meters, INR monitor)

If point-of-care testing is never performed at the facility check **O Not Applicable** here and skip to Section X.b. Environmental Cleaning

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. New single-use, auto-disabling lancing device is used for each patient. *Note: Lancet holder devices are not suitable for multi-patient use.*	O Yes O No O Not applicable	
B. If used for more than one patient, the point-of-care blood testing meter is cleaned and disinfected after every use according to manufacturer's instructions. *Note: If the manufacturer does not provide instructions for cleaning and disinfection, then the testing meter should not be used for >1 patient.*	O Yes O No O Not applicable	

X.b. Environmental Cleaning

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Supplies necessary for appropriate cleaning and disinfection procedures (e.g., EPA-registered disinfectants) are available. *Note: If environmental services are performed by contract personnel, facility should verify that appropriate EPA-registered products are provided by contracting company*	O Yes O No	
B. High-touch surfaces in rooms where surgical or other invasive procedures (e.g., endoscopy, spinal injections) are performed are cleaned and then disinfected with an EPA-registered disinfectant after each procedure.	O Yes O No O Not applicable	
C. Cleaners and disinfectants are used in accordance with manufacturer's instructions (e.g., dilution, storage, shelf-life, contact time).	O Yes O No	
D. HCP engaged in environmental cleaning wear appropriate PPE to prevent exposure to infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye protection). *Note: The exact type of correct PPE depends on infectious or chemical agent and anticipated type of exposure.*	O Yes O No	

XI.b. Device Reprocessing

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Policies, procedures, and manufacturer reprocessing instructions for reusable medical devices used in the facility are available in the reprocessing area(s).	○ Yes ○ No	
B. Reusable medical devices are cleaned, reprocessed (disinfection or sterilization) and maintained according to the manufacturer instructions. *Note: If the manufacturer does not provide such instructions, the device may not be suitable for multi-patient use.*	○ Yes ○ No	
C. Single-use devices are discarded after use and not used for more than one patient unless they have been appropriately reprocessed as described in the note below. *Note: If the facility elects to reuse single-use devices, these devices must be reprocessed prior to reuse by a third-party reprocessor that it is registered with the FDA as a third-party reprocessor and cleared by the FDA to reprocess the specific device in question. The facility should have documentation from the third party reprocessor confirming this is the case.*	○ Yes ○ No	
D. Reprocessing area: i. Adequate space is allotted for reprocessing activities. ii. A workflow pattern is followed such that devices clearly flow from high contamination areas to clean/sterile areas (i.e., there is clear separation between soiled and clean workspaces).	○ Yes ○ No ○ Yes ○ No	
E Adequate time for reprocessing is allowed to ensure adherence to all steps recommended by the device manufacturer, including drying and proper storage. *Note: Facilities should have an adequate supply of instruments for the volume of procedures performed and should schedule procedures to allow sufficient time for all reprocessing steps.*	○ Yes ○ No	
F. HCP engaged in device reprocessing wear appropriate PPE to prevent exposure to infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye protection). *Note: The exact type of correct PPE depends on infectious or chemical agent and anticipated type of exposure.*	○ Yes ○ No	
G. Medical devices are stored in a manner to protect from damage and contamination.	○ Yes ○ No	

XII. Sterilization of Reusable Devices

If all device sterilization is performed off-site, complete elements M-O below and check Not Applicable for the remaining elements in this section.

If sterilization of reusable devices is never performed (either at the facility or off-site) check **O Not Applicable** here and skip to Section XIII.

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Devices are thoroughly cleaned according to manufacturer instructions and visually inspected for residual soil prior to sterilization. *Note: Cleaning may be manual (i.e., using friction) and/or mechanical (e.g., with ultrasonic cleaners, washer-disinfector, washer-sterilizers).* *Ensure appropriately sized cleaning brushes are selected for cleaning device channels and lumens.*	O Yes O No O Not applicable	
B. Cleaning is performed as soon as practical after use (e.g., at the point of use) to prevent soiled materials from becoming dried onto devices.	O Yes O No O Not applicable	
C. Enzymatic cleaner or detergent is used for cleaning and discarded according to manufacturer's instructions (typically after each use).	O Yes O No O Not applicable	
D. Cleaning brushes are disposable or, if reusable, cleaned and high-level disinfected or sterilized (per manufacturer's instructions) after use.	O Yes O No O Not applicable	
E. After cleaning, instruments are appropriately wrapped/ packaged for sterilization (e.g., package system selected is compatible with the sterilization process being performed, items are placed correctly into the basket, shelf or cart of the sterilizer so as not to impede the penetration of the sterilant, hinged instruments are open, instruments are disassembled if indicated by the manufacturer).	O Yes O No O Not applicable	
F. A chemical indicator (process indicator) is placed correctly in the instrument packs in every load.	O Yes O No O Not applicable	
G. A biological indicator, intended specifically for the type and cycle parameters of the sterilizer, is used at least weekly for each sterilizer and with every load containing implantable items.	O Yes O No O Not applicable	

XII. Sterilization of Reusable Devices *(continued)*

Elements to be assessed	Assessment	Notes/Areas for Improvement
H. For dynamic air removal-type sterilizers (e.g., prevacuum steam sterilizer), an air removal test (Bowie-Dick test) is performed in an empty dynamic-air removal sterilizer each day the sterilizer is used to verify efficacy of air removal.	○ Yes ○ No ○ Not applicable	
I. Sterile packs are labeled with a load number that indicates the sterilizer used, the cycle or load number, the date of sterilization, and, if applicable, the expiration date.	○ Yes ○ No ○ Not applicable	
J. Sterilization logs are current and include results from each load.	○ Yes ○ No ○ Not applicable	
K. Immediate-use steam sterilization, if performed, is only done in circumstances in which routine sterilization procedures cannot be performed.	○ Yes ○ No ○ Not applicable	
L. Instruments that undergo immediate-use steam sterilization are used immediately and not stored.	○ Yes ○ No ○ Not applicable	
M. After sterilization, medical devices are stored so that sterility is not compromised.	○ Yes ○ No ○ Not applicable	
N. Sterile packages are inspected for integrity and compromised packages are reprocessed prior to use.	○ Yes ○ No ○ Not applicable	
O. The facility has a process to perform initial cleaning of devices (to prevent soiled materials from becoming dried onto devices) prior to transport to the off-site reprocessing facility.	○ Yes ○ No ○ Not applicable	

XIII. High-Level Disinfection of Reusable Devices

If all high-level disinfection is performed off-site, complete elements L-N below and check Not Applicable for the remaining elements in this section.

If high-level disinfection of reusable devices is never performed (either at the facility or off-site) check **○ Not Applicable** here.

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Flexible endoscopes are inspected for damage and leak tested as part of each reprocessing cycle. Any device that fails the leak test is removed from clinical use and repaired.	○ Yes ○ No ○ Not applicable	

Elements to be assessed	Assessment	Notes/Areas for Improvement
B. Devices are thoroughly cleaned according to manufacturer instructions and visually inspected for residual soil prior to high-level disinfection. *Note: Cleaning may be manual (i.e., using friction) and/or mechanical (e.g,. with ultrasonic cleaners, washer-disinfector, washer-sterilizers).* *Ensure appropriately sized cleaning brushes are selected for cleaning device channels and lumens.*	○ Yes ○ No ○ Not applicable	
C. Cleaning is performed as soon as practical after use (e.g., at the point of use) to prevent soiled materials from becoming dried onto instruments.	○ Yes ○ No ○ Not applicable	
D. Enzymatic cleaner or detergent is used and discarded according to manufacturer instructions (typically after each use).	○ Yes ○ No ○ Not applicable	
E. Cleaning brushes are disposable or, if reusable, cleaned and high-level disinfected or sterilized (per manufacturer instructions) after use.	○ Yes ○ No ○ Not applicable	
F. For chemicals used in high-level disinfection, manufacturer instructions are followed for: i. Preparation ii. Testing for appropriate concentration, and iii. Replacement (i.e., upon expiration or loss of efficacy)	 ○ Yes ○ No ○ Not applicable ○ Yes ○ No ○ Not applicable ○ Yes ○ No ○ Not applicable	
G. If automated reprocessing equipment (e.g. automated endoscope reprocessor) is used, proper connectors are used to assure that channels and lumens are appropriately disinfected.	○ Yes ○ No ○ Not applicable	
H. Devices are disinfected for the appropriate length of time as specified by manufacturer instructions.	○ Yes ○ No ○ Not applicable	
I. Devices are disinfected at the appropriate temperature as specified by manufacturer instructions.	○ Yes ○ No ○ Not applicable	
J. After high-level disinfection, devices are appropriately rinsed as specified by the manufacturer.	○ Yes ○ No ○ Not applicable	

XIII. High-Level Disinfection of Reusable Devices *(continued)*

Elements to be assessed	Assessment	Notes/Areas for Improvement
K. Devices are dried thoroughly prior to reuse. *Note: For lumened instruments (e.g., endoscopes) this includes flushing all channels with alcohol and forcing air through channels.*	○ Yes ○ No ○ Not applicable	
L. After high-level disinfection, devices are stored in a manner to protect from damage or contamination. *Note: Endoscopes should be hung in a vertical position.*	○ Yes ○ No ○ Not applicable	
M. Facility maintains a log for each endoscopy procedure which includes: patient's name and medical record number (if available), procedure, date, endoscopist, system used to reprocess the endoscope (if more than one system could be used in the reprocessing area), and serial number or other identifier of the endoscope used.	○ Yes ○ No ○ Not applicable	
N. The facility has a process to perform initial cleaning of devices (to prevent soiled materials from becoming dried onto devices) prior to transport to the off-site reprocessing facility.	○ Yes ○ No ○ Not applicable	

Section 4: Infection Control Guidelines and Other Resources

- General Infection Prevention
  - ❑ CDC/HICPAC Guidelines and recommendations: http://www.cdc.gov/HAI/prevent/prevent_pubs.html
- Healthcare Personnel Safety
  - ❑ Guideline for Infection Control in Healthcare Personnel: http://www.cdc.gov/hicpac/pdf/InfectControl98.pdf
  - ❑ Immunization of HealthCare Personnel: http://www.cdc.gov/vaccines/spec-grps/hcw.htm
  - ❑ Occupational Safety & Health Administration (OSHA) Bloodborne Pathogens and Needlestick Prevention Standard: http://www.osha.gov/SLTC/bloodbornepathogens/index.html
  - ❑ OSHA Respiratory Protection Standard: https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=12716&p_table=STANDARDS
  - ❑ OSHA Respirator Fit Testing: https://www.osha.gov/video/respiratory_protection/fittesting_transcript.html

- Hand Hygiene
  - ❑ Guideline for Hand Hygiene in Healthcare Settings: http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf
  - ❑ Hand Hygiene in Healthcare Settings: http://www.cdc.gov/handhygiene/
  - ❑ Examples of tools that can be used to conduct a formal audit of hand hygiene practices:
    - http://www.jointcommission.org/assets/1/18/hh_monograph.pdf
    - http://compepi.cs.uiowa.edu/index.php/Research/IScrub
- Personal Protective Equipment
  - ❑ 2007 Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings: http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf
  - ❑ Guidance for the Selection and Use of Personal Protective Equipment in Healthcare Settings: http://www.cdc.gov/HAI/prevent/ppe.html
- Injection Safety
  - ❑ 2007 Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings: http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf
  - ❑ CDC Injection Safety Web Materials: http://www.cdc.gov/injectionsafety/
  - ❑ CDC training video and related Safe Injection Practices Campaign materials: http://www.oneandonlycampaign.org/
- Respiratory Hygiene/Cough Etiquette
  - ❑ 2007 Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings: http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf
  - ❑ Recommendations for preventing the spread of influenza: http://www.cdc.gov/flu/professionals/infectioncontrol/
- Environmental Cleaning
  - ❑ Guidelines for Environmental Infection Control in Healthcare Facilities: http://www.cdc.gov/hicpac/pdf/guidelines/eic_in_HCF_03.pdf
  - ❑ Options for Evaluating Environmental Infection Control: http://www.cdc.gov/HAI/toolkits/Evaluating-Environmental-Cleaning.html
- Equipment Reprocessing
  - ❑ Guideline for Disinfection and Sterilization in Healthcare Facilities: http://www.cdc.gov/hicpac/pdf/guidelines/Disinfection_Nov_2008.pdf
  - ❑ FDA regulations on reprocessing of single-use devices: http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm071434

- Point-of-Care Testing
  - ❑ Infection Prevention during Blood Glucose Monitoring and Insulin Administration: http://www.cdc.gov/injectionsafety/blood-glucose-monitoring.html
  - ❑ Frequently Asked Questions (FAQs) regarding Assisted Blood Glucose Monitoring and Insulin Administration: http://www.cdc.gov/injectionsafety/providers/blood-glucose-monitoring_faqs.html
- Resources to assist with evaluation and response to breaches in infection control
  - ❑ Patel PR, Srinivasan A, Perz JF. Developing a broader approach to management of infection control breaches in health care settings. Am J Infect Control. 2008 Dec;36(10);685-90
  - ❑ Steps for Evaluating an Infection Control Breach: http://www.cdc.gov/hai/outbreaks/steps_for_eval_IC_breach.html
  - ❑ Patient Notification Toolkit: http://www.cdc.gov/injectionsafety/pntoolkit/index.html
- Antibiotic Stewardship
  - ❑ Get Smart Programs & Observances: http://www.cdc.gov/getsmart/

CS272352

GUIDE TO INFECTION PREVENTION FOR OUTPATIENT SETTINGS:

MINIMUM EXPECTATIONS FOR SAFE CARE

National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion

Version 2.3 - September 2016

NOTE TO READERS

The following document is a summary guide of infection prevention recommendations for outpatient (ambulatory care) settings. The recommendations included in this document are not new but rather reflect existing evidence-based guidelines produced by the Centers for Disease Control and Prevention and the Healthcare Infection Control Practices Advisory Committee. This summary guide is based primarily upon elements of Standard Precautions and represents the minimum infection prevention expectations for safe care in outpatient settings. Readers are urged to use the *Infection Prevention Checklist for Outpatient Settings* (Appendix A), a companion to the summary guide, and to consult the full guidelines for additional background, rationale, and evidence behind each recommendation.

All guidelines are available at:
http://www.cdc.gov/HAI/prevent/prevent_pubs.html

INTRODUCTION

The transition of healthcare delivery from acute care hospitals to outpatient (ambulatory care) settings, along with ongoing outbreaks and patient notification events (http://www.cdc.gov/HAI/settings/outpatient/outbreaks-patient-notifications.html), have demonstrated the need for greater understanding and implementation of basic infection prevention guidance. This *Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care* distills existing infection prevention guidance from the Centers for Disease Control and Prevention (CDC) and the Healthcare Infection Control Practices Advisory Committee (HICPAC).

Over the past several decades, we have witnessed a significant shift in healthcare delivery from the acute, inpatient hospital setting to a variety of outpatient and community-based settings. Outpatient care is provided in hospital-based outpatient clinics, nonhospital-based clinics and physician offices, ambulatory surgical centers, and many other specialized settings. Americans have frequent encounters with outpatient settings. For example, more than three-quarters of all operations in the United States are performed in settings outside the hospital.[1] In addition, between 1995 and 2007, the average person made three visits each year to physician offices.[2] By 2007, the total number of physician offices visits approached one billion.[3] Vulnerable patient populations rely on frequent and intensive use of outpatient care to maintain or improve their health. For example, each year more than one million cancer patients receive outpatient chemotherapy, radiation therapy, or both[4]. It is critical that all of this care be provided under conditions that minimize or eliminate risks of healthcare-associated infections (HAI).

Compared to inpatient acute care settings, outpatient settings have traditionally lacked infrastructure and resources to support infection prevention and surveillance activities[5,6,7]. While data describing risks for HAI are lacking for most outpatient settings, numerous outbreak reports have described transmission of gram-negative and gram-positive bacteria, mycobacteria, viruses, and parasites[8,9]. In many instances, outbreaks and other adverse events were associated with breakdowns in basic infection prevention procedures (e.g., reuse of syringes leading to transmission of bloodborne viruses).

All healthcare settings, regardless of the level of care provided, must make infection prevention a priority and must be equipped to observe Standard Precautions. The 2007 CDC and HICPAC Guideline for Isolation Precautions was a first attempt to provide recommendations that can be applied in all healthcare settings. The Guide presented here is based primarily upon elements of Standard Precautions from that guideline and represents the minimum infection prevention expectations for safe care in outpatient settings. It is intended for use by anyone needing information about general infection prevention measures in outpatient settings. To assist with conducting periodic assessments of infection prevention policies and practices, the reader is referred to the *Infection Prevention Checklist for Outpatient Settings*, which appears at the end of this document as Appendix A.

For the purposes of this document, outpatient care is defined as care provided in facilities where patients do not remain overnight (e.g., hospital-based outpatient clinics, non-hospital based clinics and physician offices, urgent care centers, ambulatory surgical centers, public health clinics,

imaging centers, oncology clinics, behavioral health clinics and physical therapy and rehabilitation centers). Healthcare personnel (HCP) are defined as all persons, paid and unpaid, working in outpatient settings who have the potential for exposure to patients and/or to infectious materials, including body substances, contaminated medical supplies and devices, contaminated environmental surfaces, or contaminated air. This includes persons not directly involved in patient care (e.g., clerical, house-keeping, and volunteers) but potentially exposed to infectious agents that can be transmitted to and from HCP and patients.

This document does not replace existing, more-detailed guidance for hemodialysis centers or dental practices (available at: http://www.cdc.gov/dialysis/ and http://www.cdc.gov/oralhealth/infectioncontrol/index.htm, respectively). Further, the reader is referred to other CDC and HICPAC guidelines and websites for more detailed information and for recommendations concerning specialized infection prevention issues (e.g., sterilization and disinfection of reusable devices, multi-drug resistant organisms).

OBJECTIVES

By highlighting existing CDC and HICPAC recommendations, this summary guide: 1) provides basic infection prevention recommendations for outpatient (ambulatory care) settings; 2) reaffirms Standard Precautions as the foundation for preventing transmission of infectious agents during patient care in all healthcare settings; 3) provides links to full guidelines and source documents, which readers can reference for more detailed background and recommendations.

FUNDAMENTAL ELEMENTS NEEDED TO PREVENT TRANSMISSION OF INFECTIOUS AGENTS IN OUTPATIENT SETTINGS

Dedicate Resources to Infection Prevention (Administrative Resources)

Infection prevention must be made a priority in any setting where healthcare is delivered. Those with primary administrative oversight of the outpatient facility must ensure that sufficient fiscal and human resources are available to develop and maintain infection prevention and occupational health programs. This includes the availability of sufficient and appropriate equipment and supplies necessary for the consistent observation of Standard Precautions, including hand hygiene products, injection equipment, and personal protective equipment (e.g., gloves, gowns, face and eye protection).

Infection prevention programs must extend beyond Occupational Safety and Health Administration (OSHA) bloodborne pathogens training to address patient protection. Facilities should assure that at least one individual with training in infection prevention is employed by or regularly available (e.g., by contract) to manage the facility's infection prevention program. This individual should be involved in the development of written infection prevention policies and have regular communication with HCP to address specific issues or concerns related to infection prevention. The development and ongoing refinement of infection prevention policies and procedures should be based on evidence-based guidelines, regulations, or standards. These policies and procedures should be tailored to the facility and re-assessed on a regular basis (e.g., annually), taking into consideration the types of services provided by the facility and the patient population that is served. This process (referred to as risk assessment by the Infection Prevention profession) will allow facilities to better prioritize resources and focus extra attention on those areas that are determined to pose greater risk to their patients. For example, an ambulatory surgical center, which performs on-site sterilization of reusable surgical devices, would be expected to have more detailed policies regarding device reprocessing than a primary care office, where on-site sterilization is less likely to be performed. However, both facilities should have policies and procedures addressing handling of reusable medical devices. Similarly, a clinic primarily serving patients infected with tuberculosis will have infection prevention needs beyond those of a general pediatric office.

Facility administrators should also assure that facility policies and procedures address occupational health needs including vaccination of HCP, management of exposures or infections in personnel requiring post-exposure prophylaxis and/or work restrictions, and compliance with the OSHA bloodborne pathogens standard. Recommendations for prevention of infections in HCP can be found in the following resources: Guideline for infection control in healthcare personnel (available at: http://www.cdc.gov/hicpac/pdf/InfectControl98.pdf), Recommended Vaccines for Healthcare Workers (available at: http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html), and OSHA Bloodborne Pathogens and Needlestick Prevention (available at: http://www.osha.gov/SLTC/bloodbornepathogens/index.html).

Key administrative recommendations for outpatient settings:

1. Develop and maintain infection prevention and occupational health programs.
2. Assure availability of sufficient and appropriate supplies necessary for adherence to Standard Precautions (e.g., hand hygiene products, personal protective equipment, injection equipment).
3. Assure at least one individual with training in infection prevention is employed by or regularly available (e.g., by contract) to manage the facility's infection prevention program.
4. Develop written infection prevention policies and procedures appropriate for the services provided by the facility and based upon evidence-based guidelines, regulations, or standards.

Educate and Train Healthcare Personnel

Ongoing education and competency-based training of HCP are critical for ensuring that infection prevention policies and procedures are understood and followed. Education on the basic principles and practices for preventing the spread of infections should be provided to all HCP. Training should include both HCP safety (e.g., OSHA bloodborne pathogens training) and patient safety, emphasizing job- or task-specific needs. Training should be provided upon orientation to the facility and, to maintain competency, should be repeated annually and anytime policies or procedures are updated/revised. Competencies should be documented following each training.

Key recommendations for education and training of healthcare personnel in outpatient settings:

1. Provide job- or task-specific infection prevention education and training to all HCP.
   a. This includes those employed by outside agencies and available by contract or on a volunteer basis to the facility.
2. Training should focus on principles of both HCP safety and patient safety.
3. Training should be provided upon hire and repeated annually and when policies or procedures are updated/revised.
4. Competencies should be documented following each training.

Monitor and Report Healthcare-associated Infections

Surveillance is defined as the ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding a health-related event for use in public health action to reduce morbidity and mortality and to improve health. Surveillance typically refers to tracking of outcome measures (e.g., HAIs) but can also refer to tracking of adherence to specific process measures (e.g., hand hygiene, environmental cleaning) as a means to reduce infection transmission. Surveillance for outcome measures in outpatient settings is challenging because patient encounters may be brief or sporadic and evaluation and treatment of consequent infections may involve different healthcare settings (e.g., hospitals). To assist with identification of infections that may be related to care provided by the facility, patients should be educated regarding signs and symptoms of infection and instructed to notify the facility if such signs or symptoms occur.

At a minimum, outpatient facilities need to adhere to local, state, and federal requirements regarding reportable disease and outbreak reporting. Certain types of facilities (e.g., ambulatory surgical centers) may also be subject to additional HAI surveillance or process measure reporting requirements, for example as part of accreditation, Medicare certification, or state/local statutes. Facilities should check the requirements for their state/region to assure that they are compliant with all regulations and should have contact information for their local and/or state health department available to ensure required reporting is done in a timely manner. (A list of state reportable disease websites is available at: http://www.cste.org/?StateReportable).

Regular focused practice surveys or audits (e.g., audits of infection prevention practices including hand hygiene, medication handling, reprocessing of reusable devices) offer a means to ensure ongoing compliance of HCP with recommended practices. One example of an audit tool being used by federal surveyors to assess infection control in ambulatory surgical centers is available at: http://www.cms.gov/manuals/downloads/som107_exhibit_351.pdf. Another tool is the *Infection Prevention Checklist for Outpatient Settings* (Appendix A), a companion to this guide.

Key recommendations for HAI surveillance and reporting in outpatient settings:

1. Educate patients who have undergone procedures at the facility regarding signs and symptoms of infection that may be associated with the procedure and instruct them to notify the facility if such signs and symptoms occur.
2. Adhere to local, state and federal requirements regarding HAI surveillance, reportable diseases, and outbreak reporting.
3. Perform regular audits of HCP adherence to infection prevention practices.

Adhere to Standard Precautions

Standard Precautions are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered. These practices are designed to both protect HCP and prevent HCP from spreading infections among patients. Standard Precautions include: 1) hand hygiene, 2) use of personal protective equipment (e.g., gloves, gowns, masks), 3) safe injection practices, 4) safe handling of potentially contaminated equipment or surfaces in the patient environment, and 5) respiratory hygiene/cough etiquette. Each of these elements of Standard Precautions are described in the sections that follow.

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. Further, at the facility level, an understanding of the specific procedures performed and typical patient interactions, as described above in Administrative Measures as part of policy and procedure development, will assure that necessary equipment is available.

The application of Standard Precautions and guidance on appropriate selection and an example of donning and removal of personal protective equipment is described in detail in the 2007 Guideline for Isolation Precautions (available at: http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf).

Hand Hygiene

Good hand hygiene, including use of alcohol-based hand rubs (ABHR) and handwashing with soap and water, is critical to reduce the risk of spreading infections in outpatient settings. Use of ABHR as the primary mode of hand hygiene in healthcare settings is recommended by the CDC and the World Health Organization (WHO)

because of its activity against a broad spectrum of epidemiologically important pathogens, and because compared with soap and water, use of ABHR in healthcare settings can increase compliance with recommended hand hygiene practices by requiring less time, irritating hands less, and facilitating hand hygiene at the patient bedside. For these reasons, ABHR is the preferred method for hand hygiene in most clinical situations. Soap and water should be used when hands are visibly soiled (e.g., blood, body fluids) and is also preferred after caring for a patient with known or suspected *Clostridium difficile* or norovirus during an outbreak.

Complete guidance on how and when hand hygiene should be performed, including recommendations regarding surgical hand antisepsis and artificial nails can be found in the Guideline for Hand Hygiene in Health-Care Settings (available at: http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf).

Key recommendations for hand hygiene in outpatient settings:

1. Key situations where hand hygiene should be performed include:
   - **a.** Before contact with a patient.
   - **b.** Before performing an aseptic task (e.g., insertion of IV, preparing an injection).
   - **c.** After contact with the patient or objects in the immediate vicinity of the patient.
   - **d.** After contact with blood, body fluids or contaminated surfaces.
   - **e.** If hands will be moving from a contaminated-body site to a clean-body site during patient care.
   - **f.** After removal of personal protective equipment (PPE).
2. Use soap and water when hands are visibly soiled (e.g., blood, body fluids), or after caring for patients with known or suspected *Clostridium difficile* or norovirus during an outbreak. Otherwise, the preferred method of hand hygiene in clinical situations is with an alcohol-based hand rub.

Personal Protective Equipment

Personal Protective Equipment (PPE) refers to wearable equipment that is intended to protect HCP from exposure to or contact with infectious agents. Examples include gloves, gowns, face masks, respirators, goggles and face shields. The selection of PPE is based on the nature of the patient interaction and potential for exposure to blood, body fluids or infectious agents. Examples of appropriate use of PPE for adherence to Standard Precautions include: use of gloves in situations involving possible contact with blood or body fluids, mucous membranes, non-intact skin or potentially infectious material; use of a gown to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated; use of mouth, nose and eye protection during procedures that are likely to generate splashes or sprays of blood or other body fluids. Hand hygiene is always the final step after removing and disposing of PPE.

Each outpatient facility should evaluate the services they provide to determine specific needs and to assure that sufficient and appropriate PPE is available for adherence to Standard Precautions. All HCP at the facility should be educated regarding proper selection and use of PPE.

Complete guidance on the appropriate selection of PPE, including one approach for donning and removing PPE is provided in the 2007 Guideline for Isolation Precautions (available at: http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf).

Key recommendations for use of PPE in outpatient settings:

1. Facilities should assure that sufficient and appropriate PPE is available and readily accessible to HCP.
2. Educate all HCP on proper selection and use of PPE.
   a. PPE, other than respirators, should be removed and discarded prior to leaving the patient's room or care area. If a respirator is used, it should be removed and discarded (or reprocessed if reusable) after leaving the patient room or care area and closing the door.
   b. Hand hygiene should be performed immediately after removal of PPE.
3. Wear gloves for potential contact with blood, body fluids, mucous membranes, non-intact skin or contaminated equipment.
   a. Do not wear the same pair of gloves for the care of more than one patient.
   b. Do not wash gloves for the purpose of reuse.
4. Wear a gown to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated.
   a. Do not wear the same gown for the care of more than one patient.
5. Wear mouth, nose and eye protection during procedures that are likely to generate splashes or sprays of blood or other body fluids.

Injection Safety

Injection safety includes practices intended to prevent transmission of infectious diseases between one patient and another, or between a patient and healthcare provider during preparation and administration of parenteral medications.

Implementation of the OSHA Bloodborne Pathogens Standard has helped increase the protection of HCP from blood exposure and sharps injuries, but there is room for improvement in outpatient settings. For example, efforts to increase uptake of hepatitis B vaccination and implementation of safety devices that are designed to decrease risks of sharps injury are needed.

Further attention to patient protection is also needed as evidenced by continued outbreaks in outpatient settings resulting from unsafe injection practices. Unsafe practices that have led to patient harm include 1) use of a single syringe, with or without the same needle, to administer medication to multiple patients, 2) reinsertion of a used syringe, with or without the same needle, into a medication vial or solution container (e.g., saline bag) to obtain additional medication for a single patient and then using that vial or solution container for subsequent patients, 3) preparation of medications in close proximity to contaminated supplies or equipment and, 4) failure to wear a facemask (e.g., surgical mask) when placing a catheter or injecting material into the epidural or subdural space (e.g., during myelogram, epidural or spinal anesthesia).

Guidance on safe injection practices can be found in the 2007 Guideline for Isolation Precautions (available at: http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf). Additional materials, including a list of frequently asked questions from providers and a patient notification toolkit, are also available (http://www.cdc.gov/injectionsafety/). The *One & Only Campaign* is a public health effort to eliminate unsafe medical injections.

The Campaign is led by the Centers for Disease Control and Prevention (CDC) and the Safe Injection Practices Coalition (SIPC). To learn more about safe injection practices, and access training videos and other educational resources, please visit OneandOnlyCampaign.org

Key recommendations for safe injection practices in outpatient settings:

1. Use aseptic technique when preparing and administering medications.
2. Cleanse the access diaphragms of medication vials with alcohol before inserting a device into the vial.
3. Never administer medications from the same syringe to multiple patients, even if the needle is changed or the injection is administered through an intervening length of intravenous tubing.
4. Do not reuse a syringe to enter a medication vial or container.
5. Do not administer medications from single-dose or single-use vials, ampoules, or bags or bottles of intravenous solution to more than one patient.
6. Do not use fluid infusion or administration sets (e.g., intravenous tubing) for more than one patient.
7. Dedicate multidose vials to a single patient whenever possible. If multidose vials will be used for more than one patient, they should be restricted to a centralized medication area and should not enter the immediate patient treatment area (e.g., operating room, patient room/cubicle).
8. Dispose of used sharps at the point of use in a sharps container that is closable, puncture-resistant, and leak-proof.
9. Wear a facemask (e.g., surgical mask) when placing a catheter or injecting material into the epidural or subdural space (e.g., during myelogram, epidural or spinal anesthesia).

Environmental Cleaning

Outpatient facilities should establish policies and procedures for routine cleaning and disinfection of environmental surfaces as part of their infection prevention plan. Cleaning refers to the removal of visible soil and organic contamination from a device or environmental surface using the physical action of scrubbing with a surfactant or detergent and water, or an energy-based process (e.g., ultrasonic cleaners) with appropriate chemical agents. This process removes large numbers of microorganisms from surfaces and must always precede disinfection. Disinfection is generally a less lethal process of microbial inactivation (compared to sterilization) that eliminates virtually all recognized pathogenic microorganisms but not necessarily all microbial forms (e.g., bacterial spores).

Emphasis for cleaning and disinfection should be placed on surfaces that are most likely to become contaminated with pathogens, including those in close proximity to the patient (e.g., bedrails) and frequently-touched surfaces in the patient-care environment (e.g., doorknobs). Facility policies and procedures should also address prompt and appropriate cleaning and decontamination of spills of blood or other potentially infectious materials.

Responsibility for routine cleaning and disinfection of environmental surfaces should be assigned to appropriately trained HCP. Cleaning procedures should be periodically monitored or assessed to ensure that they are consistently and correctly performed. EPA-registered disinfectants or detergents/disinfectants with label claims for use in healthcare should be selected for disinfection. Disinfectant products should not be used as cleaners unless the label indicates the product is suitable for such use. Healthcare professionals should follow manufacturer's recommendations for use of products selected for cleaning and disinfection (e.g., amount, dilution, contact time, safe use, and disposal).

Complete guidance for the cleaning and disinfection of environmental surfaces, including for cleaning blood or body substance spills, is available in the Guidelines for Environmental Infection Control in Health-Care Facilities (available at: http://www.cdc.gov/hicpac/pdf/guidelines/eic_in_HCF_03.pdf) and the Guideline for Disinfection and Sterilization in Healthcare Facilities (available at: http://www.cdc.gov/hicpac/pdf/guidelines/Disinfection_Nov_2008.pdf).

Key recommendations for cleaning and disinfection of environmental surfaces in outpatient settings:

1. Establish policies and procedures for routine cleaning and disinfection of environmental surfaces in the facility.
   a. Policies and procedures should also address prompt and appropriate cleaning and decontamination of spills of blood or other potentially infectious materials.
2. Select EPA-registered disinfectants or detergents/disinfectants with label claims for use in healthcare.
3. Follow manufacturer's recommendations for use of cleaners and EPA-registered disinfectants (e.g., amount, dilution, contact time, safe use, and disposal).

Medical Devices

Medical devices are labeled by the manufacturer as either reusable or single-use. Reusable medical devices (e.g., endoscopes) should be accompanied by instructions for cleaning and disinfection or sterilization as appropriate. Single-use devices (SUDs) are labeled by the manufacturer for only a single use and do not have reprocessing instructions. They may not be reprocessed except by entities which have complied with FDA regulatory requirements and have received FDA clearance to reprocess specific SUDs as outlined in FDA Guidance for Industry and FDA Staff (available at: http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm071434). Legally marketed SUDs are available from FDA-registered Third Party Reprocessors.

All reusable medical devices must be cleaned and maintained according to the manufacturer's instructions to prevent patient-to-patient transmission of infectious agents. The Spaulding Classification is a traditional approach that has been used to determine the level of disinfection or sterilization required for reusable medical devices, based upon the degree of risk for transmitting infections if the device is contaminated at the time of use.

- ❑ Critical items (e.g., surgical instruments) are objects that enter sterile tissue or the vascular system and must be sterile prior to use.
- ❑ Semi-critical items (e.g., endoscopes used for upper endoscopy and colonoscopy) contact mucous membranes or non-intact skin and require, at a minimum, high-level disinfection prior to reuse.
- ❑ Noncritical items (e.g., blood pressure cuffs) are those that may come in contact with intact skin but not mucous membranes and should undergo low- or intermediate-level disinfection depending on the nature and degree of contamination.
- ❑ Environmental surfaces (e.g., floors, walls) are those that generally do not contact the patient during delivery of care. Cleaning may be all that is needed for the management of these surfaces but if disinfection is indicated, low-level disinfection is appropriate.

Cleaning to remove organic material must always precede disinfection or sterilization because residual debris reduces the effectiveness of the disinfection and sterilization processes.

Facilities should establish policies and procedures for containing, transporting, and handling devices that may be contaminated with blood or body fluids. Manufacturer's instructions for reprocessing any reusable medical device in the facility (including point-of-care devices such as blood glucose meters) should be readily available and used to establish clear and appropriate policies and procedures. Instructions should be posted at the site where device reprocessing is performed. Responsibility for cleaning and disinfection or sterilization of medical devices should be assigned to HCP with training in the required reprocessing steps and in the appropriate use of PPE necessary for handling of contaminated devices. Competencies of HCP responsible for reprocessing of devices should be documented initially upon assignment of those duties, annually, and whenever new devices are introduced or policies/procedures change.

Recommendations for the cleaning, disinfection, and sterilization of medical devices, including general guidance on endoscope reprocessing are available in the Guideline for Disinfection and Sterilization in Healthcare Facilities (available at: http://www.cdc.gov/hicpac/pdf/guidelines/Disinfection_Nov_2008.pdf). Materials specific for the handling of blood glucose monitoring devices are also available. (http://www.cdc.gov/injectionsafety/blood-glucose-monitoring.html)

FDA regulations on reprocessing of single-use devices are available at: http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm071434 and http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/ReprocessingofSingle-UseDevices/default.htm.

Key recommendations for cleaning and disinfection or sterilization of medical devices in outpatient settings:

1. Facilities should ensure that reusable medical devices (e.g., blood glucose meters and other point-of-care devices, surgical instruments, endoscopes) are cleaned and reprocessed appropriately prior to use on another patient.
2. Reusable medical devices must be cleaned and reprocessed (disinfection or sterilization) and maintained according to the manufacturer's instructions. If the manufacturer does not provide such instructions, the device may not be suitable for multi-patient use.
3. Assign responsibilities for reprocessing of medical devices to HCP with appropriate training.
    a. Maintain copies of the manufacturer's instructions for reprocessing of devices in use at the facility; post instructions at locations where reprocessing is performed.
    b. Hands-on training on proper selection and use of PPE and recommended steps for reprocessing assigned devices should be provided upon hire (prior to being allowed to reprocess devices), annually, and when new devices are introduced or policies/procedures change.
        i. HCP should be required to demonstrate competency with reprocessing procedures (i.e., correct technique is observed by trainer) following each training.
4. Assure HCP have access to and wear appropriate PPE when handling and reprocessing contaminated medical devices.

Respiratory Hygiene/Cough Etiquette

Respiratory Hygiene/Cough Etiquette is an element of Standard Precautions that highlights the need for prompt implementation of infection prevention measures at the first point of encounter with the facility (e.g., reception and triage areas). This strategy is targeted primarily at patients and accompanying family members or friends with undiagnosed transmissible respiratory infections, and applies to any person with signs of illness including cough, congestion, rhinorrhea, or increased production of respiratory secretions when entering the facility.

Additional information related to respiratory hygiene/cough etiquette can be found in the 2007 Guideline for Isolation Precautions (available at: http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf). Recommendations for preventing the spread of influenza are available at: http://www.cdc.gov/flu/professionals/infectioncontrol/.

Key recommendations for Respiratory Hygiene/Cough Etiquette in outpatient settings:

1. Implement measures to contain respiratory secretions in patients and accompanying individuals who have signs and symptoms of a respiratory infection, beginning at point of entry to the facility and continuing throughout the duration of the visit.
    - **a.** Post signs at entrances with instructions to patients with symptoms of respiratory infection to:
        - **i.** Inform HCP of symptoms of a respiratory infection when they first register for care,
        - **ii.** Cover their mouths/noses when coughing or sneezing,
        - **iii.** Use and dispose of tissues,
        - **iv.** Perform hand hygiene after hands have been in contact with respiratory secretions.
    - **b.** Provide tissues and no-touch receptacles for disposal of tissues.
    - **c.** Provide resources for performing hand hygiene in or near waiting areas.
    - **d.** Offer masks to coughing patients and other symptomatic persons upon entry to the facility, at a minimum, during periods of increased respiratory infection activity in the community.
    - **e.** Provide space and encourage persons with symptoms of respiratory infections to sit as far away from others as possible. If available, facilities may wish to place these patients in a separate area while waiting for care.
2. Educate HCP on the importance of infection prevention measures to contain respiratory secretions to prevent the spread of respiratory pathogens.

Considerations Related to Transmission-based Precautions

The majority of outpatient settings are not designed to implement all of the isolation practices and other Transmission-Based Precautions (e.g., Airborne Precautions for patients with suspected tuberculosis, measles or chicken pox) that are recommended for hospital settings. Nonetheless, specific syndromes involving diagnostic uncertainty (e.g., diarrhea, febrile respiratory illness, febrile rash) are routinely encountered in outpatient settings and deserve appropriate triage. Facilities should develop and implement systems for early detection and management of potentially infectious patients at initial points of entry to the facility. To the extent possible, this includes prompt placement of such patients into a single-patient room and a

systematic approach to transfer when appropriate. When arranging for patient transfer, facilities should inform the transporting agency and the accepting facility of the suspected infection type.

Additional information related to Transmission-Based Precautions (contact precautions, droplet precautions and airborne precautions) can be found in the 2007 Guideline for Isolation Precautions (available at: http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf). Recommendations regarding management of multidrug-resistant organisms can be found in the Guideline for the Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006 (available at: http://www.cdc.gov/hicpac/pdf/guidelines/MDROGuideline2006.pdf)

Risk Assessment

Facilities are encouraged to use the *Infection Prevention Checklist for Outpatient Settings* (Appendix A), a companion to the summary guide, to periodically assess practices in their facility and ensure they are meeting the minimum expectations for safe care. In the course of auditing practices, facilities may identify lapses in infection control. If such lapses are identified, efforts should be made to correct the practices, appropriately educate HCP (if applicable), and determine why the correct practice was not being performed. In addition, consideration should also be made for determining the risk posed to patients by the deficient practices. Certain infection control lapses (e.g., reuse of syringes on more than one patient or to access a medication container that is used for subsequent patients; reuse of lancets) have resulted in bloodborne pathogen transmission and should be halted immediately. Identification of such lapses warrants immediate consultation with the state or local health department and appropriate notification and testing of potentially affected patients. Additional resources describing approaches to evaluation and management of infection control breaches identified in healthcare settings, including those involving lapses related to reprocessing of medical devices, can be found in CDC's Steps for Evaluating and Infection Control Breach (available at: http://www.cdc.gov/hai/outbreaks/steps_for_eval_IC_breach.html). In addition, for circumstances warranting patient notification, CDC has developed a Patient Notification Toolkit (available at: http://www.cdc.gov/injectionsafety/pntoolkit/index.html) to assist healthcare facilities with conducting a patient notification.

Conclusions

The recommendations described in the preceding document represent the absolute minimum infection prevention expectations for safe care in outpatient (ambulatory care) settings. This guidance is not all-encompassing. Facilities and HCP are encouraged to refer to the original source documents, which provide more detailed guidance and references for the information included in this document.

SOURCE DOCUMENTS

Source Documents

All evidence-based recommendations for prevention of healthcare-associated infections from CDC/HICPAC can be found at the following site: http://www.cdc.gov/hicpac/pubs.html

Guidelines available at this webpage include:

General

2008 Guideline for Disinfection, and Sterilization in Healthcare Facilities
http://www.cdc.gov/hicpac/Disinfection_Sterilization/1_sumIntroMethTerms.html

Guidelines for Environmental Infection Control in Healthcare Facilities
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm

Guideline for Hand Hygiene in Healthcare Settings
http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf

2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings
http://www.cdc.gov/hicpac/2007IP/2007ip_ExecSummary.html

Guideline for the Prevention of Surgical Site Infection, 1999
http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/SSI.pdf

Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2011
http://www.cdc.gov/hicpac/pdf/guidelines/bsi-guidelines-2011.pdf

Drug-resistant Organisms

Management of Multi-drug Resistant Organisms in Healthcare Settings, 2006
http://www.cdc.gov/hicpac/mdro/mdro_toc.html

Healthcare Personnel

Influenza Vaccination of Health-Care Personnel, 2006
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5502a1.htm

Guideline for Infection Control in Healthcare Personnel 1998
http://www.cdc.gov/hicpac/pdf/InfectControl98.pdf

Specialized Settings

Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5005a1.htm

Guidelines for Infection Control in Dental Health-Care Settings – 2003 available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm

Key Links for Additional Information

CDC Website on Healthcare-associated infections: www.cdc.gov/hai

CDC Website on Hand Hygiene in Healthcare facilities: www.cdc.gov/handhygiene

CDC Website on Injection Safety: www.cdc.gov/injectionsafety

CDC's *One & Only Campaign*: www.oneandonlycampaign.org

CDC Website on preventing the spread of influenza in health care facilities: http://www.cdc.gov/flu/professionals/infectioncontrol/

CDC Website on Recommended Vaccines for Healthcare Workers: http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html

CDC Website on Guidance for the Selection and Use of Personal Protective Equipment in Healthcare Settings: http://www.cdc.gov/HAI/prevent/ppe.html

CDC Website on Steps for Evaluating an Infection Control Breach: http://www.cdc.gov/hai/outbreaks/steps_for_eval_IC_breach.html

CDC Healthcare-Associated Infection Outbreak Investigation Toolkit: http://www.cdc.gov/hai/outbreaks/outbreaktoolkit.html

CDC Patient Notification Toolkit: http://www.cdc.gov/injectionsafety/pntoolkit/index.html

CDC Resources for Antibiotic Stewardship: http://www.cdc.gov/getsmart/

REFERENCES

1. Barie PS. Infection Control Practices in Ambulatory Surgical Centers. JAMA. 2010;303:2295-2297.
2. National Center for Health Statistics. Heath, United States, 2009: With Special Features on Medical Technology. Hyattsville, MD. 2010.
3. Hsiao CJ, Cherry DK, Beatty PC, Rechsteiner EA. National Ambulatory Medical Care Survey: 2007 summary. National health statistics reports; no 27. Hyattsville, MD: National Center for Health Statistics. 2010.
4. Halpern MT, Yabroff KR. Prevalence of Outpatient Cancer Treatment in the United States: Estimates from the Medical Panel Expenditures Survey (MEPS). Cancer Investigation. 2008;26:647-651.
5. Maki DG, Crnich CJ. History Forgotten is History Relived: Nosocomial Infection Control is also Essential in the Outpatient Setting. Arch Int Med. 2005;165:2565-2567.
6. Jarvis WR. Infection control and changing health-care delivery systems. Emerg Infect Dis 2001;7:17-173.
7. Williams IT, Perz JF, Bell BP. Viral hepatitis transmission in ambulatory health care settings. Clin Infect Dis 2004;38:1592-1598.
8. Goodman RA, Solomon SL. Transmission of Infectious Diseases in Outpatient Health Care Settings. JAMA. 1991;265:2377-2381.
9. Thompson ND, Perz JF, Moorman AC, Holmberg SD. Nonhospital Health Care-Associated Hepatitis B and C Virus Transmission: United States, 1998-2008. Annals of Internal Medicine. 2009;150: 33-39.

APPENDIX A: INFECTION PREVENTION CHECKLIST FOR OUTPATIENT SETTINGS

This checklist is a companion to the *Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care* and is intended to assist in the assessment of infection control programs and practices in outpatient settings. The checklist should be used:

1. To ensure that the facility has appropriate infection prevention policies and procedures in place and supplies to allow healthcare personnel (HCP) to provide safe care.
2. To systematically assess personnel adherence to correct infection prevention practices. In order to complete the assessment, direct observation of infection control practices will be necessary.

Providers using this checklist should identify all procedures performed in their facility and refer to appropriate sections to conduct their evaluation. Certain sections may not apply (e.g., some settings may not perform sterilization or high-level disinfection). If the answer to any of the listed questions is No, efforts should be made to correct the practice, appropriately educate HCP (if applicable), and determine why the correct practice was not being performed. Consideration should also be made for determining the risk posed to patients by the deficient practice. Certain infection control lapses (e.g., re-use of syringes on more than one patient or to access a medication container that is used for subsequent patients; re-use of lancets) have resulted in bloodborne pathogen transmission and should be halted immediately. Identification of such lapses warrants immediate consultation with the state or local health department and appropriate notification and testing of potentially affected patients.

Overview

Section 1: Facility Demographics

Section 2: Infection Control Program and Infrastructure

Section 3: Direct Observation of Facility Practices

Section 4: Infection Control Guidelines and Other Resources

Infection Control Domains for Gap Assessment

I.	Infection Control Program and Infrastructure
II.	Infection Control Training and Competency
III.	Healthcare Personnel Safety
IV.	Surveillance and Disease Reporting
V.a/b.	Hand Hygiene
VI.a/b.	Personal Protective Equipment (PPE)
VII.a/b.	Injection Safety (if applicable)
VIII.a/b.	Respiratory Hygiene/Cough Etiquette
IX.a/b.	Point-of-Care Testing (if applicable)
X.a/b.	Environmental Cleaning
XI.a/b.	Device Reprocessing
XII.	Sterilization of Reusable Devices (if applicable)
XIII.	High-level Disinfection of Reusable Devices (if applicable)

Section 1: Facility Demographics

Questions	Details
Is the facility licensed by the state?	○ Yes ○ No If yes, Date of last inspection: _____ Were any infection control deficiencies identified during last inspection? ○ Yes ○ No If Yes, ensure those elements are evaluated during the assessment.
Is the facility certified by the Centers for Medicare & Medicaid Services (CMS)?	○ Yes ○ No If yes, Date of last inspection: _____ Were any infection control deficiencies identified during last inspection? ○ Yes ○ No If Yes, ensure those elements are evaluated during the assessment.
Is the facility accredited?	○ Yes ○ No If yes, List the accreditation organization: ☐ Accreditation Association for Ambulatory Health Care (AAAHC) ☐ American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) ☐ American Osteopathic Association (AOA) ☐ The Joint Commission (TJC) ☐ Other (specify): _____ Date of last inspection: _____ Were any infection control deficiencies identified during last inspection? ○ Yes ○ No If Yes, ensure those elements are evaluated during the assessment.
Is the facility affiliated with a hospital?	○ Yes ○ No If yes, consider engaging with the hospital infection prevention program for assistance in remediation of any identified lapses.
Which procedures are performed by the facility? Select all that apply.	☐ Chemotherapy ☐ Endoscopy ☐ Ear/Nose/Throat ☐ Imaging (MRI/CT) ☐ Immunizations ☐ OB/Gyn ☐ Ophthalmologic ☐ Orthopedic ☐ Pain remediation ☐ Plastic/reconstructive ☐ Podiatry ☐ Other (specify) _____

Section 2: Infection Control Program and Infrastructure

I. Infection Control Program and Infrastructure

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Written infection prevention policies and procedures are available, current, and based on evidence-based guidelines (e.g., CDC/HICPAC), regulations, or standards. *Note: Policies and procedures should be appropriate for the services provided by the facility and should extend beyond OSHA bloodborne pathogens training*	○ Yes ○ No	
B. Infection prevention policies and procedures are re-assessed at least annually or according to state or federal requirements, and updated if appropriate.	○ Yes ○ No	
C. At least one individual trained in infection prevention is employed by or regularly available (e.g., by contract) to manage the facility's infection control program. *Note: Examples of training may include: Successful completion of initial and/or recertification exams developed by the Certification Board for Infection Control & Epidemiology; participation in infection control courses organized by the state or recognized professional societies (e.g., APIC, SHEA).*	○ Yes ○ No	
D. Facility has system for early detection and management of potentially infectious persons at initial points of patient encounter. *Note: System may include taking a travel and occupational history, as appropriate, and elements described under respiratory hygiene/cough etiquette.*	○ Yes ○ No	

II. Infection Control Training and Competency

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Facility has a competency-based training program that provides job-specific training on infection prevention policies and procedures to healthcare personnel. *Note: This includes those employed by outside agencies and available by contract or on a volunteer basis to the facility.* *See sections below for more specific assessment of training related to: hand hygiene, personal protective equipment (PPE), injection safety, environmental cleaning, point-of-care testing, and device reprocessing.*	○ Yes ○ No	

III. Healthcare Personnel Safety

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Facility has an exposure control plan that is tailored to the specific requirements of the facility (e.g., addresses potential hazards posed by specific services provided by the facility). *Note: A model template, which includes a guide for creating an exposure control plan that meets the requirements of the OSHA Bloodborne Pathogens Standard is available at: https://www.osha.gov/Publications/osha3186.pdf*	○ Yes ○ No	
B. HCP for whom contact with blood or other potentially infectious material is anticipated are trained on the OSHA bloodborne pathogens standard upon hire and at least annually.	○ Yes ○ No	
C. Following an exposure event, post-exposure evaluation and follow-up, including prophylaxis as appropriate, are available at no cost to employee and are supervised by a licensed healthcare professional. *Note: An exposure incident refers to a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an individual's duties.*	○ Yes ○ No	
D. Facility tracks HCP exposure events and evaluates event data and develops/implements corrective action plans to reduce incidence of such events.	○ Yes ○ No	
E. Facility follows recommendations of the Advisory Committee on Immunization Practices (ACIP) for immunization of HCP, including offering Hepatitis B and influenza vaccination. *Note: Immunization of Health-Care Personnel: Recommendations of the ACIP available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6007a1.htm*	○ Yes ○ No	
F. All HCP receive baseline tuberculosis (TB) screening prior to placement; HCP receive repeat testing, if appropriate, based upon the facility-level risk assessment. *Note: For more information, facilities should refer to the Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005 available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s_cid=rr5417a1_e*	○ Yes ○ No	
G. If respirators are used, the facility has a respiratory protection program that details required worksite-specific procedures and elements for required respirator use, including provision of medical clearance, training, and fit testing as appropriate.	○ Yes ○ No ○ Not applicable	

III. Healthcare Personnel Safety *(continued)*

Elements to be assessed	Assessment	Notes/Areas for Improvement
H. Facility has well-defined policies concerning contact of personnel with patients when personnel have potentially transmissible conditions. These policies include:	○ Yes ○ No	
i. Work-exclusion policies that encourage reporting of illnesses and do not penalize with loss of wages, benefits, or job status.	○ Yes ○ No	
ii. Education of personnel on prompt reporting of illness to supervisor.	○ Yes ○ No	

IV. Surveillance and Disease Reporting

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. An updated list of diseases reportable to the public health authority is readily available to all personnel.	○ Yes ○ No	
B. Facility can demonstrate knowledge of and compliance with mandatory reporting requirements for notifiable diseases, healthcare associated infections (as appropriate), and for potential outbreaks.	○ Yes ○ No	
C. Patients who have undergone procedures at the facility are educated regarding signs and symptoms of infection that may be associated with the procedure and instructed to notify the facility if such signs or symptoms occur.	○ Yes ○ No	

V.a. Hand Hygiene

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. All HCP are educated regarding appropriate indications for hand hygiene: i. Upon hire, prior to provision of care ii. Annually	 ○ Yes ○ No ○ Yes ○ No	
B. HCP are required to demonstrate competency with hand hygiene following each training.	○ Yes ○ No	
C. Facility routinely audits (monitors and documents) adherence to hand hygiene.	○ Yes ○ No	
D. Facility provides feedback from audits to personnel regarding their hand hygiene performance.	○ Yes ○ No	
E. Hand hygiene policies promote preferential use of alcohol-based hand rub over soap and water in most clinical situations. *Note: Soap and water should be used when hands are visibly soiled (e.g. blood, body fluids) and is also preferred after caring for a patient with known or suspected C. difficile or norovirus during an outbreak.*	○ Yes ○ No	

VIa. Personal Protective Equipment (PPE)

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. HCP who use PPE receive training on proper selection and use of PPE: i. Upon hire, prior to provision of care ii. Annually iii. When new equipment or protocols are introduced	 ○ Yes ○ No ○ Yes ○ No ○ Yes ○ No	
B. HCP are required to demonstrate competency with selection and use of PPE following each training.	○ Yes ○ No	
C. Facility routinely audits (monitors and documents) adherence to proper PPE selection and use.	○ Yes ○ No	
D. Facility provides feedback from audits to personnel regarding their performance with selection and use of PPE.	○ Yes ○ No	

VII.a. Injection Safety (This element does not include assessment of pharmacy/ compounding practices)

If injectable medications are never prepared or administered at the facility check **O Not Applicable** here and skip to Section VIII.a. Respiratory Hygiene/Cough Etiquitte.

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. HCP who prepare and/or administer parenteral medications receive training on safe injection practices: i. Upon hire, prior to being allowed to prepare and/or administer parenteral medications ii. Annually iii. When new equipment or protocols are introduced	O Yes O No O Yes O No O Yes O No	
B. HCP are required to demonstrate competency with safe injection practices following each training.	O Yes O No	
C. Facility routinely audits (monitors and documents) adherence to safe injection practices.	O Yes O No	
D. Facility provides feedback from audits to personnel regarding their adherence to safe injection practices.	O Yes O No	
E. Facility has policies and procedures to track HCP access to controlled substances to prevent narcotics theft/diversion. *Note: Policies and procedures should address: how data are reviewed, how facility would respond to unusual access patterns, how facility would assess risk to patients if tampering (alteration or substitution) is suspected or identified, and who the facility would contact if diversion is suspected or identified.*	O Yes O No O Not applicable (Facility does not prepare or administer controlled substances)	

VIII.a. Respiratory Hygiene/Cough Etiquette

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Facility has policies and procedures to contain respiratory secretions in persons who have signs and symptoms of a respiratory infection, beginning at point of entry to the facility and continuing through the duration of the visit. Policies include:	○ Yes ○ No	
i. Offering facemasks to coughing patients and other symptomatic persons upon entry to the facility, at a minimum, during periods of increased respiratory infection activity in the community.	○ Yes ○ No	
ii. Providing space in waiting rooms and encouraging persons with symptoms of respiratory infections to sit as far away from others as possible.	○ Yes ○ No	
Note: If available, facilities may wish to place patients with symptoms of a respiratory infection in a separate area while waiting for care.		
B. Facility educates HCP on the importance of infection prevention measures to contain respiratory secretions to prevent the spread of respiratory pathogens.	○ Yes ○ No	

IX.a. Point-of-Care Testing (e.g., blood glucose meters, INR monitor)

If point-of-care testing is never performed at the facility check **O Not Applicable** here and skip to section X.a. Environmental Cleaning.

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. HCP who perform point-of-care testing receive training on recommended practices:		
i. Upon hire, prior to being allowed to perform point-of-care testing	○ Yes ○ No	
ii. Annually	○ Yes ○ No	
iii. When new equipment or protocols are introduced	○ Yes ○ No	
B. HCP are required to demonstrate competency with recommended practices for point-of-care testing following each training.	○ Yes ○ No	
C. Facility routinely audits (monitors and documents) adherence to recommended practices during point-of-care testing.	○ Yes ○ No	
D. Facility provides feedback from audits to personnel regarding their adherence to recommended practices.	○ Yes ○ No	

X.a. Environmental Cleaning

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Facility has written policies and procedures for routine cleaning and disinfection of environmental surfaces, including identification of responsible personnel.	○ Yes ○ No	
B. Personnel who clean and disinfect patient care areas (e.g., environmental services, technicians, nurses) receive training on cleaning procedures: i. Upon hire, prior to being allowed to perform environmental cleaning ii. Annually iii. When new equipment or protocols are introduced *Note: If environmental cleaning is performed by contract personnel, facility should verify this is provided by contracting company.*	 ○ Yes ○ No ○ Yes ○ No ○ Yes ○ No	
C. HCP are required to demonstrate competency with environmental cleaning procedures following each training.	○ Yes ○ No	
D. Facility routinely audits (monitors and documents) adherence to cleaning and disinfection procedures, including using products in accordance with manufacturer's instructions (e.g., dilution, storage, shelf-life, contact time).	○ Yes ○ No	
E. Facility provides feedback from audits to personnel regarding their adherence to cleaning and disinfection procedures.	○ Yes ○ No	
F. Facility has a policy/procedure for decontamination of spills of blood or other body fluids.	○ Yes ○ No	

X.a. Environmental Cleaning *(continued)* – Operating room

For the purposes of this checklist, an operating room is defined as a patient care area that met the Facilities Guidelines Institute's (FGI) or American Institute of Architects' (AIA) criteria for an operating room when it was constructed or renovated. This is the same definition that is used in the National Healthcare Safety Network's Procedure-associated Module for the SSI Event (http://www.cdc.gov/nhsn/pdfs/pscmanual/9pscssicurrent.pdf)

If the facility does not have an operating room check **O Not Applicable** here and skip to section XI.a. Device Reprocessing.

Elements to be assessed	Assessment	Notes/Areas for Improvement
G. Operating rooms are terminally cleaned after last procedure of the day.	O Yes O No	
H. Facility routinely audits (monitors and documents) adherence to recommended infection control practices for surgical infection prevention including:		
i. Adherence to preoperative surgical scrub and hand hygiene	O Yes O No	
ii. Appropriate use of surgical attire and drapes	O Yes O No	
iii. Adherence to aseptic technique and sterile field	O Yes O No	
iv. Proper ventilation requirements in surgical suites	O Yes O No	
v. Minimization of traffic in the operating room	O Yes O No	
vi. Adherence to cleaning and disinfection of environmental surfaces	O Yes O No	
I. Facility provides feedback from audits to personnel regarding their adherence to surgical infection prevention practices.	O Yes O No	

XI.a. Device Reprocessing

The following basic information allows for a general assessment of policies and procedures related to reprocessing of reusable medical devices. Outpatient facilities that are performing on-site sterilization or high-level disinfection of reusable medical devices should refer to the more detailed checklists in separate sections of this document devoted to those issues.

Categories of Medical Devices:

- **Critical items** (e.g., surgical instruments) are objects that enter sterile tissue or the vascular system and must be sterile prior to use (see Sterilization Section).
- **Semi-critical items** (e.g., endoscopes for upper endoscopy and colonoscopy, vaginal probes) are objects that contact mucous membranes or non-intact skin and require, at a minimum, high-level disinfection prior to reuse (see High-level Disinfection Section).
- **Non-critical items** (e.g., blood pressure cuffs) are objects that may come in contact with intact skin but not mucous membranes and should undergo cleaning and low- or intermediate-level disinfection depending on the nature and degree of contamination.

XI.a. Device Reprocessing *(continued)*

Single-use devices (SUDs) are labeled by the manufacturer for a single use and do not have reprocessing instructions. They may not be reprocessed for reuse except by entities which have complied with FDA regulatory requirements and have received FDA clearance to reprocess specific SUDs.

Note: Cleaning must always be performed prior to sterilization and disinfection

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Facility has policies and procedures to ensure that reusable medical devices are cleaned and reprocessed appropriately prior to use on another patient. *Note: This includes clear delineation of responsibility among HCP for cleaning and disinfection of equipment including, non-critical equipment, mobile devices, and other electronics (e.g., point-of-care devices) that might not be reprocessed in a centralized reprocessing area.*	○ Yes ○ No	
B. The individual(s) in charge of infection prevention at the facility is consulted whenever new devices or products will be purchased or introduced to ensure implementation of appropriate reprocessing policies and procedures.	○ Yes ○ No	
C. HCP responsible for reprocessing reusable medical devices receive hands-on training on proper selection and use of PPE and recommended steps for reprocessing assigned devices: i. Upon hire, prior to being allowed to reprocess devices ii. Annually iii. When new devices are introduced or policies/procedures change. *Note: If device reprocessing is performed by contract personnel, facility should verify this is provided by contracting company.*	 ○ Yes ○ No ○ Yes ○ No ○ Yes ○ No	
D. HCP are required to demonstrate competency with reprocessing procedures (i.e., correct technique is observed by trainer) following each training.	○ Yes ○ No	
E. Facility routinely audits (monitors and documents) adherence to reprocessing procedures.	○ Yes ○ No	
F. Facility provides feedback from audits to personnel regarding their adherence to reprocessing procedures.	○ Yes ○ No	
G. Facility has protocols to ensure that HCP can readily identify devices that have been properly reprocessed and are ready for patient use (e.g., tagging system, storage in designated area).	○ Yes ○ No	

Elements to be assessed	Assessment	Notes/Areas for Improvement
H. Facility has policies and procedures outlining facility response (i.e., risk assessment and recall of device) in the event of a reprocessing error or failure.	○ Yes ○ No	
I. Routine maintenance for reprocessing equipment (e.g., automated endoscope reprocessors, steam autoclave) is performed by qualified personnel in accordance with manufacturer instructions; confirm maintenance records are available.	○ Yes ○ No ○ Not applicable (Reprocessing equipment is not used at the facility)	

Section 3: Direct Observation of Facility Practices

V.b. Hand hygiene

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Supplies necessary for adherence to hand hygiene (e.g., soap, water, paper towels, alcohol-based hand rub) are readily accessible to HCP in patient care areas.	○ Yes ○ No	
Hand hygiene is performed correctly:		
B. Before contact with the patient	○ Yes ○ No	
C. Before performing an aseptic task (e.g., insertion of IV or preparing an injection, administering eye drops)	○ Yes ○ No ○ Not applicable	
D. After contact with the patient	○ Yes ○ No	
E. After contact with objects in the immediate vicinity of the patient	○ Yes ○ No	
F. After contact with blood, body fluids or contaminated surfaces	○ Yes ○ No	
G. After removing gloves	○ Yes ○ No	
H. When moving from a contaminated-body site to a clean-body site during patient care	○ Yes ○ No ○ Not applicable	

VI.b. Personal Protective Equipment (PPE)

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Sufficient and appropriate PPE is available and readily accessible to HCP.	○ Yes ○ No	
PPE is used correctly:		
B. PPE, other than respirator, is removed and discarded prior to leaving the patient's room or care area. If a respirator is used, it is removed and discarded (or reprocessed if reusable) after leaving the patient room or care area and closing the door.	○ Yes ○ No	
C. Hand hygiene is performed immediately after removal of PPE.	○ Yes ○ No	
D. Gloves i. HCP wear gloves for potential contact with blood, body fluids, mucous membranes, non-intact skin, or contaminated equipment. ii. HCP do not wear the same pair of gloves for the care of more than one patient. iii. HCP do not wash gloves for the purpose of reuse.	○ Yes ○ No ○ Yes ○ No ○ Yes ○ No	
E. Gowns i. HCP wear gowns to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated. ii. HCP do not wear the same gown for the care of more than one patient.	○ Yes ○ No ○ Not applicable ○ Yes ○ No ○ Not applicable	
F. Facial protection i. HCP wear mouth, nose, and eye protection during procedures that are likely to generate splashes or sprays of blood or other body fluids.	○ Yes ○ No ○ Not applicable	

VII.b. Injection safety (This element does not include assessment of pharmacy/ compounding practices)

If injectable medications are never prepared or administered at the facility check **O Not Applicable** here and skip to Section VIII.b. Respiratory Hygiene/Cough Etiquette

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Injections are prepared using aseptic technique in a clean area free from contamination or contact with blood, body fluids or contaminated equipment.	O Yes O No	
B. Needles and syringes are used for only one patient (this includes manufactured prefilled syringes and cartridge devices such as insulin pens).	O Yes O No	
C. The rubber septum on a medication vial is disinfected with alcohol prior to piercing.	O Yes O No	
D. Medication containers are entered with a new needle and a new syringe, even when obtaining additional doses for the same patient.	O Yes O No	
E. Single dose (single-use) medication vials, ampules, and bags or bottles of intravenous solution are used for only one patient.	O Yes O No	
F. Medication administration tubing and connectors are used for only one patient.	O Yes O No O Not applicable (Facility does not use tubing or connectors)	
G. Multi-dose vials are dated by HCP when they are first opened and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial. *Note: This is different from the expiration date printed on the vial.*	O Yes O No O Not applicable (Facility does not use multi-dose vials or discards them after single patient use)	
H. Multi-dose vials to be used for more than one patient are kept in a centralized medication area and do not enter the immediate patient treatment area (e.g,. operating room, patient room/cubicle). *Note: If multi-dose vials enter the immediate patient treatment area they should be dedicated for single-patient use and discarded immediately after use.*	O Yes O No O Not applicable (Facility does not use multi-dose vials or discards them after single patient use)	
I. All sharps are disposed of in a puncture-resistant sharps container.	O Yes O No	

VII.b. Injection safety (This element does not include assessment of pharmacy/ compounding practices) *(continued)*

Elements to be assessed	Assessment	Notes/Areas for Improvement
J. Filled sharps containers are disposed of in accordance with state regulated medical waste rules.	O Yes O No	
K. All controlled substances (e.g., Schedule II, III, IV, V drugs) are kept locked within a secure area.	O Yes O No O Not applicable (Controlled substances are not kept at the facility)	
L. HCP wear a facemask (e.g., surgical mask) when placing a catheter or injecting material into the epidural or subdural space (e.g., during myelogram, epidural or spinal anesthesia).	O Yes O No O Not applicable (Facility does not perform spinal injection procedures)	

VIII.b. Respiratory Hygiene/Cough Etiquette

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Facility: i. Posts signs at entrances with instructions to patients with symptoms of respiratory infection to: a. Inform HCP of symptoms of a respiratory infection when they first register for care, and b. Practice Respiratory Hygiene/Cough Etiquette (cover their mouths/noses when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after hands have been covered with respiratory secretions). ii. Provides tissues and no-touch receptacles for disposal of tissues. iii. Provides resources for performing hand hygiene in or near waiting areas.	O Yes O No O Yes O No O Yes O No	

IX.b. Point-of-Care Testing (e.g., blood glucose meters, INR monitor)

If point-of-care testing is never performed at the facility check **O Not Applicable** here and skip to Section X.b. Environmental Cleaning

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. New single-use, auto-disabling lancing device is used for each patient. *Note: Lancet holder devices are not suitable for multi-patient use.*	O Yes O No O Not applicable	
B. If used for more than one patient, the point-of-care blood testing meter is cleaned and disinfected after every use according to manufacturer's instructions. *Note: If the manufacturer does not provide instructions for cleaning and disinfection, then the testing meter should not be used for >1 patient.*	O Yes O No O Not applicable	

X.b. Environmental Cleaning

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Supplies necessary for appropriate cleaning and disinfection procedures (e.g., EPA-registered disinfectants) are available. *Note: If environmental services are performed by contract personnel, facility should verify that appropriate EPA-registered products are provided by contracting company*	O Yes O No	
B. High-touch surfaces in rooms where surgical or other invasive procedures (e.g., endoscopy, spinal injections) are performed are cleaned and then disinfected with an EPA-registered disinfectant after each procedure.	O Yes O No O Not applicable	
C. Cleaners and disinfectants are used in accordance with manufacturer's instructions (e.g., dilution, storage, shelf-life, contact time).	O Yes O No	
D. HCP engaged in environmental cleaning wear appropriate PPE to prevent exposure to infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye protection). *Note: The exact type of correct PPE depends on infectious or chemical agent and anticipated type of exposure.*	O Yes O No	

XI.b. Device Reprocessing

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Policies, procedures, and manufacturer reprocessing instructions for reusable medical devices used in the facility are available in the reprocessing area(s).	○ Yes ○ No	
B. Reusable medical devices are cleaned, reprocessed (disinfection or sterilization) and maintained according to the manufacturer instructions. *Note: If the manufacturer does not provide such instructions, the device may not be suitable for multi-patient use.*	○ Yes ○ No	
C. Single-use devices are discarded after use and not used for more than one patient unless they have been appropriately reprocessed as described in the note below. *Note: If the facility elects to reuse single-use devices, these devices must be reprocessed prior to reuse by a third-party reprocessor that it is registered with the FDA as a third-party reprocessor and cleared by the FDA to reprocess the specific device in question. The facility should have documentation from the third party reprocessor confirming this is the case.*	○ Yes ○ No	
D. Reprocessing area: i. Adequate space is allotted for reprocessing activities. ii. A workflow pattern is followed such that devices clearly flow from high contamination areas to clean/sterile areas (i.e., there is clear separation between soiled and clean workspaces).	○ Yes ○ No ○ Yes ○ No	
E Adequate time for reprocessing is allowed to ensure adherence to all steps recommended by the device manufacturer, including drying and proper storage. *Note: Facilities should have an adequate supply of instruments for the volume of procedures performed and should schedule procedures to allow sufficient time for all reprocessing steps.*	○ Yes ○ No	
F. HCP engaged in device reprocessing wear appropriate PPE to prevent exposure to infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye protection). *Note: The exact type of correct PPE depends on infectious or chemical agent and anticipated type of exposure.*	○ Yes ○ No	
G. Medical devices are stored in a manner to protect from damage and contamination.	○ Yes ○ No	

XII. Sterilization of Reusable Devices

If all device sterilization is performed off-site, complete elements M-O below and check Not Applicable for the remaining elements in this section.

If sterilization of reusable devices is never performed (either at the facility or off-site) check **O Not Applicable** here and skip to Section XIII.

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Devices are thoroughly cleaned according to manufacturer instructions and visually inspected for residual soil prior to sterilization. *Note: Cleaning may be manual (i.e., using friction) and/or mechanical (e.g., with ultrasonic cleaners, washer-disinfector, washer-sterilizers).* *Ensure appropriately sized cleaning brushes are selected for cleaning device channels and lumens.*	O Yes O No O Not applicable	
B. Cleaning is performed as soon as practical after use (e.g., at the point of use) to prevent soiled materials from becoming dried onto devices.	O Yes O No O Not applicable	
C. Enzymatic cleaner or detergent is used for cleaning and discarded according to manufacturer's instructions (typically after each use).	O Yes O No O Not applicable	
D. Cleaning brushes are disposable or, if reusable, cleaned and high-level disinfected or sterilized (per manufacturer's instructions) after use.	O Yes O No O Not applicable	
E. After cleaning, instruments are appropriately wrapped/ packaged for sterilization (e.g., package system selected is compatible with the sterilization process being performed, items are placed correctly into the basket, shelf or cart of the sterilizer so as not to impede the penetration of the sterilant, hinged instruments are open, instruments are disassembled if indicated by the manufacturer).	O Yes O No O Not applicable	
F. A chemical indicator (process indicator) is placed correctly in the instrument packs in every load.	O Yes O No O Not applicable	
G. A biological indicator, intended specifically for the type and cycle parameters of the sterilizer, is used at least weekly for each sterilizer and with every load containing implantable items.	O Yes O No O Not applicable	

XII. Sterilization of Reusable Devices *(continued)*

Elements to be assessed	Assessment	Notes/Areas for Improvement
H. For dynamic air removal-type sterilizers (e.g., prevacuum steam sterilizer), an air removal test (Bowie-Dick test) is performed in an empty dynamic-air removal sterilizer each day the sterilizer is used to verify efficacy of air removal.	○ Yes ○ No ○ Not applicable	
I. Sterile packs are labeled with a load number that indicates the sterilizer used, the cycle or load number, the date of sterilization, and, if applicable, the expiration date.	○ Yes ○ No ○ Not applicable	
J. Sterilization logs are current and include results from each load.	○ Yes ○ No ○ Not applicable	
K. Immediate-use steam sterilization, if performed, is only done in circumstances in which routine sterilization procedures cannot be performed.	○ Yes ○ No ○ Not applicable	
L. Instruments that undergo immediate-use steam sterilization are used immediately and not stored.	○ Yes ○ No ○ Not applicable	
M. After sterilization, medical devices are stored so that sterility is not compromised.	○ Yes ○ No ○ Not applicable	
N. Sterile packages are inspected for integrity and compromised packages are reprocessed prior to use.	○ Yes ○ No ○ Not applicable	
O. The facility has a process to perform initial cleaning of devices (to prevent soiled materials from becoming dried onto devices) prior to transport to the off-site reprocessing facility.	○ Yes ○ No ○ Not applicable	

XIII. High-Level Disinfection of Reusable Devices

If all high-level disinfection is performed off-site, complete elements L-N below and check Not Applicable for the remaining elements in this section.

If high-level disinfection of reusable devices is never performed (either at the facility or off-site) check **○ Not Applicable** here.

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Flexible endoscopes are inspected for damage and leak tested as part of each reprocessing cycle. Any device that fails the leak test is removed from clinical use and repaired.	○ Yes ○ No ○ Not applicable	

Elements to be assessed	Assessment	Notes/Areas for Improvement
B. Devices are thoroughly cleaned according to manufacturer instructions and visually inspected for residual soil prior to high-level disinfection. *Note: Cleaning may be manual (i.e., using friction) and/or mechanical (e.g,. with ultrasonic cleaners, washer-disinfector, washer-sterilizers).* *Ensure appropriately sized cleaning brushes are selected for cleaning device channels and lumens.*	○ Yes ○ No ○ Not applicable	
C. Cleaning is performed as soon as practical after use (e.g., at the point of use) to prevent soiled materials from becoming dried onto instruments.	○ Yes ○ No ○ Not applicable	
D. Enzymatic cleaner or detergent is used and discarded according to manufacturer instructions (typically after each use).	○ Yes ○ No ○ Not applicable	
E. Cleaning brushes are disposable or, if reusable, cleaned and high-level disinfected or sterilized (per manufacturer instructions) after use.	○ Yes ○ No ○ Not applicable	
F. For chemicals used in high-level disinfection, manufacturer instructions are followed for: i. Preparation ii. Testing for appropriate concentration, and iii. Replacement (i.e., upon expiration or loss of efficacy)	 ○ Yes ○ No ○ Not applicable ○ Yes ○ No ○ Not applicable ○ Yes ○ No ○ Not applicable	
G. If automated reprocessing equipment (e.g. automated endoscope reprocessor) is used, proper connectors are used to assure that channels and lumens are appropriately disinfected.	○ Yes ○ No ○ Not applicable	
H. Devices are disinfected for the appropriate length of time as specified by manufacturer instructions.	○ Yes ○ No ○ Not applicable	
I. Devices are disinfected at the appropriate temperature as specified by manufacturer instructions.	○ Yes ○ No ○ Not applicable	
J. After high-level disinfection, devices are appropriately rinsed as specified by the manufacturer.	○ Yes ○ No ○ Not applicable	

XIII. High-Level Disinfection of Reusable Devices *(continued)*

Elements to be assessed	Assessment	Notes/Areas for Improvement
K. Devices are dried thoroughly prior to reuse. *Note: For lumened instruments (e.g., endoscopes) this includes flushing all channels with alcohol and forcing air through channels.*	○ Yes ○ No ○ Not applicable	
L. After high-level disinfection, devices are stored in a manner to protect from damage or contamination. *Note: Endoscopes should be hung in a vertical position.*	○ Yes ○ No ○ Not applicable	
M. Facility maintains a log for each endoscopy procedure which includes: patient's name and medical record number (if available), procedure, date, endoscopist, system used to reprocess the endoscope (if more than one system could be used in the reprocessing area), and serial number or other identifier of the endoscope used.	○ Yes ○ No ○ Not applicable	
N. The facility has a process to perform initial cleaning of devices (to prevent soiled materials from becoming dried onto devices) prior to transport to the off-site reprocessing facility.	○ Yes ○ No ○ Not applicable	

Section 4: Infection Control Guidelines and Other Resources

- General Infection Prevention
  - ❑ CDC/HICPAC Guidelines and recommendations: http://www.cdc.gov/HAI/prevent/prevent_pubs.html
- Healthcare Personnel Safety
  - ❑ Guideline for Infection Control in Healthcare Personnel: http://www.cdc.gov/hicpac/pdf/InfectControl98.pdf
  - ❑ Immunization of HealthCare Personnel: http://www.cdc.gov/vaccines/spec-grps/hcw.htm
  - ❑ Occupational Safety & Health Administration (OSHA) Bloodborne Pathogens and Needlestick Prevention Standard: http://www.osha.gov/SLTC/bloodbornepathogens/index.html
  - ❑ OSHA Respiratory Protection Standard: https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=12716&p_table=STANDARDS
  - ❑ OSHA Respirator Fit Testing: https://www.osha.gov/video/respiratory_protection/fittesting_transcript.html

- Hand Hygiene
  - ❑ Guideline for Hand Hygiene in Healthcare Settings: http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf
  - ❑ Hand Hygiene in Healthcare Settings: http://www.cdc.gov/handhygiene/
  - ❑ Examples of tools that can be used to conduct a formal audit of hand hygiene practices:
    - http://www.jointcommission.org/assets/1/18/hh_monograph.pdf
    - http://compepi.cs.uiowa.edu/index.php/Research/IScrub
- Personal Protective Equipment
  - ❑ 2007 Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings: http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf
  - ❑ Guidance for the Selection and Use of Personal Protective Equipment in Healthcare Settings: http://www.cdc.gov/HAI/prevent/ppe.html
- Injection Safety
  - ❑ 2007 Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings: http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf
  - ❑ CDC Injection Safety Web Materials: http://www.cdc.gov/injectionsafety/
  - ❑ CDC training video and related Safe Injection Practices Campaign materials: http://www.oneandonlycampaign.org/
- Respiratory Hygiene/Cough Etiquette
  - ❑ 2007 Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings: http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf
  - ❑ Recommendations for preventing the spread of influenza: http://www.cdc.gov/flu/professionals/infectioncontrol/
- Environmental Cleaning
  - ❑ Guidelines for Environmental Infection Control in Healthcare Facilities: http://www.cdc.gov/hicpac/pdf/guidelines/eic_in_HCF_03.pdf
  - ❑ Options for Evaluating Environmental Infection Control: http://www.cdc.gov/HAI/toolkits/Evaluating-Environmental-Cleaning.html
- Equipment Reprocessing
  - ❑ Guideline for Disinfection and Sterilization in Healthcare Facilities: http://www.cdc.gov/hicpac/pdf/guidelines/Disinfection_Nov_2008.pdf
  - ❑ FDA regulations on reprocessing of single-use devices: http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm071434

- Point-of-Care Testing
  - ❑ Infection Prevention during Blood Glucose Monitoring and Insulin Administration: http://www.cdc.gov/injectionsafety/blood-glucose-monitoring.html
  - ❑ Frequently Asked Questions (FAQs) regarding Assisted Blood Glucose Monitoring and Insulin Administration: http://www.cdc.gov/injectionsafety/providers/blood-glucose-monitoring_faqs.html
- Resources to assist with evaluation and response to breaches in infection control
  - ❑ Patel PR, Srinivasan A, Perz JF. Developing a broader approach to management of infection control breaches in health care settings. Am J Infect Control. 2008 Dec;36(10);685-90
  - ❑ Steps for Evaluating an Infection Control Breach: http://www.cdc.gov/hai/outbreaks/steps_for_eval_IC_breach.html
  - ❑ Patient Notification Toolkit: http://www.cdc.gov/injectionsafety/pntoolkit/index.html
- Antibiotic Stewardship
  - ❑ Get Smart Programs & Observances: http://www.cdc.gov/getsmart/

CS268616

NORTHSIDE HOSPITAL

Physician Practice Office Cleaning List

The following list was compiled as a general guideline for maintaining office cleanliness. Physician Practice Coordinators should work with cleaning services and staff to customize the list based on office needs.

******CLOROX Wipes: Greem for general cleaning and low level disinfecting. If patient has known or suspected diarrhea utilize Blue (Bleach) CLOROX Wipes.***

Area/Item to be Cleaned: Exam Tables	**When**	**How**
Wipe entire surface of exam table mattress and other areas touched by patient	Between Patients	CLOROX Wipes
Wipe pillow / replace pillow case	Between Patients	CLOROX Wipes
Wipe entire base of exam table	Daily	CLOROX Wipes
Wipe out exam table drawers / Wipe off exam table shelf	As needed	CLOROX Wipes
Clean exam table step or step stool	As needed	CLOROX Wipes

Area/Item to be Cleaned: Exam Room	**When**	**How**
Wipe down counter tops – maintain splash zone	Between Patients	CLOROX Wipes
Wipe down equipment used on patient, ***including (but not limited to)*** items that do not stay in the room (portable BP, EKG, etc.)	Between Patients	CLOROX Wipes
Wipe down chair and stool	Between Patients	CLOROX Wipes
Wipe keyboard, door handles, etc.	Between Patients	CLOROX Wipes
Wipe fronts of cabinets with appropriate cleaner	As needed	CLOROX Wipes
Clean countertop jars – inside and outside	As needed	CLOROX Wipes
Clean inside of drawers and cabinets, including bins and organizers	As needed	CLOROX Wipes
Wipe any splatter/debris from walls, trashcans, etc.	As needed	CLOROX Wipes
Wipe entire surface of lamps, carts, IV poles, stools, etc.	Weekly	CLOROX Wipes
Wipe under sink – ensure nothing stored under sink	Monthly	CLOROX Wipes

Area/Item to be Cleaned: Lab	**When**	**How**
Wipe down lab equipment	As directed in IFU	As directed in IFU
Wipe down chairs	Between Patients	CLOROX Wipes
Wipe down countertops – maintain splash zone around sink	Between Patients	CLOROX Wipes
Wipe out pass through box between lab and restroom	Daily	CLOROX Wipes
Wipe any splatter / debris from walls and trashcans	As needed	CLOROX Wipes
Move items on countertops and wipe under / behind them	Weekly	CLOROX Wipes
Wipe inside drawers and cabinets (move items)	Monthly	CLOROX Wipes
Wipe out storage bins / Phlebotomy supply bins	Monthly	CLOROX Wipes
Wipe under sink – ensure nothing stored under sink	Monthly	CLOROX Wipes
Clean Point of Care Testing Instruments	Between Patients	As directed in IFU

NORTHSIDE HOSPITAL

Physician Practice Office Cleaning List

Area/Item to be Cleaned: Med Prep/Nurses Station	When	How
Wipe countertops – maintain splash zone around sink	Daily	CLOROX Wipes
Wipe med prep area / replace chuck if used	Between Patients	CLOROX Wipes
Move items on countertops and wipe under / behind them	Weekly	CLOROX Wipes
Wipe cabinet fronts and shelves and wipe out drawers	As needed	CLOROX Wipes
Wipe out bins used to transport meds	Between Patients	CLOROX Wipes

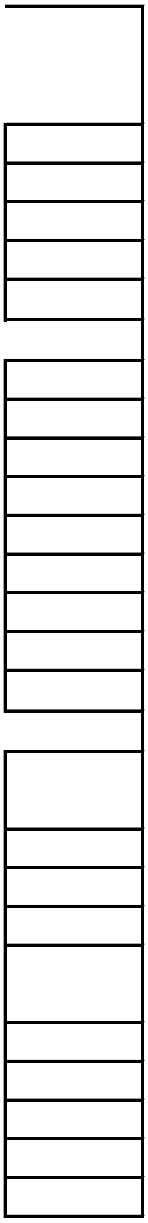
Area/Item to be Cleaned: X-ray / DXA Room	When	How
Wipe table surface and x-ray controls	Between Patients	CLOROX Wipes
Wipe pillow and replace pillow case	Between Patients	CLOROX Wipes
Wipe imaging cassettes	Between Patients	As Directed in IFU
Wipe positioning aids	Between Patients	CLOROX Wipes
Wipe entire table top to bottom	Weekly	CLOROX Wipes
Wipe cables and top of generator	Monthly	CLOROX Wipes
Clean control area – move items and dust behind and beneath (limit clutter in the control area)	Monthly	CLOROX Wipes
Wipe lead aprons	After direct patient contact or if visibly soiled	CLOROX Wipes

Area/Item to be Cleaned: Ultrasound Room	When	How
Wipe exam table	Between Patients	CLOROX Wipes
Wipe pillow and replace pillow case	Between Patients	CLOROX Wipes
Wipe ultrasound machine / probes	Between Patients	Sono Wipes
Use High Level Disinfection for transvaginal probes	Between Patients	Trophon
Wipe entire machine (include probe and gel holders) and cart	Weekly	Sono Wipes
If probes stored in cabinet wipe cabinet	Weekly	CLOROX Wipes

Area to be Cleaned: Reception/Waiting Area(s)	When	How
Wipe chairs	Daily or as needed	CLOROX Wipes
Wipe tables	Weekly	CLOROX Wipes
Wipe magazine racks	Weekly	CLOROX Wipes
Wipe clipboards and pens	Daily or as needed	CLOROX Wipes
Pick up trash	As needed	
Limit clutter and paper taped to windows and walls	Review monthly	
Limit clutter in the receptionists' work areas – wipe counter tops, areas behind computers, etc.	Monthly or as needed	
Put any worn/ tattered magazines in trash		

Misc.	When	How
Wipe handrails around scale	Between Patients	CLOROX Wipes
Empty shipping boxes / move boxes to trash bin	Daily	
Sweep/vacuum floors (includes behind and under furniture and/or equipment)	Daily	
Allow housekeeping access to floors in storage closets, med closets, and biohazard closet – supervise	Monthly or as needed	
Clean shelves/bins in storage closets	Monthly or as needed	
Defrost freezers, clean refrigerators	As needed	
Dust high surfaces – frames, shelves, cabinet tops	Monthly or as needed	
Check restrooms	Daily	
Clean water cooler	As recommended in IFU	Per vendor/manufacturer's IFU
Avoid wicker, artificial plants, etc. that collect dust and cannot be cleaned with wipes		
Clean curtains in exam rooms/patient care areas	At least annually or if visibly soiled	Need contract with company to clean

Item number	Mfr catalog number	LLD Wipes	
4001	Q86984	WIPE GERMICIDAL SANI CLOTH TUB	
9146	U26595	WIPE BLEACH SANI CLOTH 8 X 10 40/BX	
38795		Alcohol Wipes (Cardinal) 2x4	
		LLD Spray/Containers	
2784		CLOROX BLEACH SPRAY(DISPATCH	
16371	CLO68978	DISPATCH CLEANER REFILL 128OZ	
125	2775	DISINFECTANT FOAM SPRAY LYSOL 12/CS	
11768	REC 04675	LYSOL DISINFECTANT SPRAY 12/CS	
12882		Bleach Ultra Clorox Reg 64oz 8/case	Medical Surgical
15875		Bleach Ultra Clorox 96 oz CS/6	Medical Surgical
15442		Bleach Clorox Concentrate 64 oz	EVS
		Restricted	**Restricted to:**
22430	P63884	WIPE SANI CLOTH AF3 X-LARGE (GREY TOP)	equipment requiring alcohol free
38596		Coverage Spray TB Plus Steris	SPD
38591		Sonowipes Canister	Ultrasound
28673		Sonowipes wipes	Ultrasound
29758		Hydrogen Peroxide Wipe Clorox	children's toys, food preparation surfaces
39436		Solucide Spray	Cardiology TTE
		IPA	Pharmacy, Mammogram
39189		PREempt Spray	Pharmacy Clean Room
		Cavicipe Wipes	OR-Davinci
8989		Fusion by Clorox	ED



Northside Hospital Policy

Code Dry - Water Plan

Emergency Preparedness Manual - System-Wide | 33364 | **Official** (Rev: 6)

PURPOSE

To provide staff guidelines, responding to, and recovering from various water related events whether occurring in the hospital or an offsite facility. These water related events include the following:

1. Discolored Water
2. Low Water Pressure
3. Loss of Water
4. Boil Water Advisory

POLICY

It is every employee's responsibility to know their role in the event of a water related event

I. Discolored Water: There may be times when the tap or drinking water appears to be discolored, cloudy or have particulate matter in it.
   A. Action: If you notice the water in this condition, contact the Engineering Department so that an Engineer can check the system. If off site, contact the property management group.
II. Low Water Pressure: There may be times when the Hospital experiences extremely low water pressure.
   A. Action: If you discover that your water pressure is extremely low, contact the Engineering Department, so that an Engineer can check the system. If off site, contact the property management group.
III. Loss of Water: Any area of the Hospital that experiences the loss of water is to contact the following:
   A. Action: Contact Engineering and Security
IV. Boil Water Advisory: When the Hospital is under a boil water advisory the House Coordinator should contact the following:
   A. Action: Contact Engineering and Security

RESPONSE PROCEDURE – TOTAL LOSS OF WATER – CODE DRY

In the event that we suffer a total loss of water and we do not expect to get it back within 5 to 10 minutes A Code Dry will be activated. This will alert staff of the total loss of water.

Authority to Activate Code Dry

The House Coordinator, Administrator on call, Safety Officer, Administration, and Engineer on Call has the authority to activate Code Dry. *An overhead page will go out as well as a Emergency Notification message to all managers. Include detailed direction to managers. (For ex: Call your department. Come in to assist)*

Specific Department Responsibilities Upon Activation Code Dry

All Staff

1. **Toilets**: Flushing of toilets will be directed by Engineering as it may be necessary to alternate the flushing of toilets. Consult Engineering or await direction before flushing. Red Bags can be used, sealed and handled like infectious waste. Portable toilets can be utilized if necessary.
2. **Ice**: Additional ice can be obtained through Food Services or purchased offsite if necessary. Portable Styrofoam coolers may need to be used for a short period of time. Contact Engineering if necessary.
3. **Hand Washing**: Alternatives include waterless hand washing stations and portable containers of waterless solution. Contact Central distribution for supplies.

The following alternatives are available for hand washing.

1. **Waterless hand washing stations**: These are located on various patient care units throughout the hospital.
2. **Waterless hand washing solution**: Central Distribution maintains a stock of waterless hand cleaning solution that can be requisitioned. Additional supplies can be obtained.
3. **Bottled Water:** If need be you can utilize the bottled emergency drinking water for hand washing.
4. **Sterile Bottled Water:** If need be you can utilize the sterile bottled water supplies for hand washing and surgical scrubbing.
5. **Surgical Waterless Hand Scrub**: Available for use in the OR's.

House Coordinator

1. If engineering is not on site, contact Water Department to determine reason for outage and estimated down time.
2. Consult Food Services regarding shut down the Cafeteria to visitors and routine staff meals.
3. Consult Food Services do we need to need to purchase ice from an outside vendor.
4. Note if toilets affected by this outage: Can toilets be flushed
5. Consider implementing alternative waste disposal plans.
6. Note if kitchen have water for patient food preparation.
7. Consider need to distribute 16 oz. bottles of water with the food trays
8. Determine impact on treatment and diagnostic spaces. (Lab/ED/Surgery/ Radiology/GI Lab/Dialysis/ L&D)
9. Ensure Infection Control been notified and alternative hand hygiene implemented.
10. Consider closing or modifying Outpatient Services?
11. Consider going on By-pass for ED and Critical Care?
12. Evaluate if off-site locations are affected? Do we need to obtain water from them?
13. Consider transfer of new dialysis patients from the ED.
14. Consider ready use disinfectant or bottled water to dilute hospital disinfectant if necessary, especially during a boil water advisory.
15. Consider use of alternate laundry location for EVS.

Engineering

Refer to Engineering policy for more details regarding responsibilities.

1. Contact Water System Department to determine the cause of outage/contamination and estimated down time or clearance time.
2. Consider utilization of redundant water systems.
3. Notify Engineering supervisor.
4. Notify House Coordinator of condition.
5. Notify Security supervisor on-duty to increase fire protection patrols.
6. Notify City Fire Department of loss of water.

7. Distribute Emergency Water and Cisterns if needed. Contact water supplier for immediate resupply of water. (Existing water is only a limited supply)
8. Monitor and shut down boilers and chillers as water conditions dictate.
9. Determine if Fire Dept. water truck can be utilized for assistance.
10. Determine if patient toilets can be operated. Determine if alternate patient waste disposal plan needs to be implemented.

Boiler Feed Water:

The Engineering Department maintains the operating procedures to accomplish this if required. Switch valves to the different water sources supplied by the city and/or county.

Security

A. Security will increase fire watch patrols of the facility.

B. Consider closing of public area bathrooms or posting signs indicating situation. If necessary, bathrooms may be secured and closed.

Department Managers

Contact Department to evaluate department needs and come in to assist if needed. Ensure plans in place for ongoing needs.

Patient Care Areas

1. Notify Engineering if loss of water occurs in your area.
2. Reduce water consumption where possible.
3. Obtain drinking water for your patients from emergency distribution locations.
4. Implement alternative patient-waste disposal program if required.
5. Implement hand-washing alternatives.
6. Determine short term and long term water needs and communicate these to the House Coordinator and/or Administrator-On-Call.
7. If prolonged outage, consider having staff bring their own bottled water for personal consumption.
8. Consideration of alternative eyewash methods; ie: portable eyewash bottles.
9. Develop handwashing strategy with staff and infection prevention for contact isolation patients.
10. Develop treatment plan or consider need to transfer dialysis CRRT patients.
11. Limit non-essential water usage such as patient bathing. Consider waterless bathing products.

Treatment & Diagnostic Areas

1. Notify Engineering if loss of water occurs in your area.
2. Determine if department can continue to function and at what capacity.
3. Implement alternate patient waste disposal program if required.
4. Determine short term and long term water needs and communicate them to the House Coordinator and/or Administrator-On-Call.
5. Reduce water consumption where possible.
6. Obtain drinking water from emergency distribution locations.
7. If prolonged outage, consider having staff bring their own bottled water for personal consumption.
8. Consideration of alternative eyewash methods; ie: portable eyewash bottles.
9. Review surgery schedule; consider delays or rescheduling for cases in which we do not have multiple trays ready.
10. Consider restricting surgery schedule for elective add-ons or next day scheduling.

Non-Patient Care Areas

1. Notify Engineering if loss of water occurs in your area.
2. Determine if department can continue to function and at what capacity.
3. Reduce water consumption: i.e...
4. Do not make coffee.
5. Limit the use of bathrooms.
6. Determine short term and long term water needs and communicate them to the House Coordinator and/or Administrator-On-Call.
7. If prolonged outage, consider having staff bring their own bottled water for personal consumption.

Patient Care Representative

1. Post signs on public restrooms, public coffee areas, and public drinking fountains.

GI/Cardiology Department

1. Cancel elective cases, emergency cases only.
    a. Assess and communicate courier needs for potential transport of both inbound and outbound scopes for reprocessing to alternate Northside hospital campus depending on case load.
2. Keep contaminated scopes moist by using appropriate agent per IFU
3. Follow manual reprocessing policy for emergent case scopes/probes
    a. If available, point-of-use filters may be installed on the sink fixtures at the time of the boil water advisory, followed by manual reprocessing in the sink
        i. No additional bottled water is needed for this step
    b. If no point-of-use filters are available or there is a complete water outage, contact security for bottled water
        i. 20 gallons/scope minimum for GI
        ii. 6 gallons/scope minimum for Cardiology
    c. Refer to existing manual reprocessing policies

Upon water restoration:

Do not use automated endoscope reprocessor(s) (AERs) until appropriate filters have been replaced by Biomed and IFUs for equipment disinfection cycling are completed

1. Place Biomed work order for replacement filters on reprocessing equipment.
2. Refer to respective AER IFUs for running a disinfection cycle following the filter change, and prior to resuming use of the machine.

Automated disinfector in cardiology may be used for probes without further actions as per the IF

Practice Management Responsibilities

1. **Patient Appointments:** Consider closing the office and/or rescheduling as many of your patient appointments as possible.

2. **Infection Prevention:** Notify your IP as soon as possible.

3. **Toilets**: Do not use toilets in your office unless absolutely necessary. In an absolute emergency, consider using some type of disposable plastic container and bag waste for disposal.
4. **Ice/Water Dispensers:** Do not use the water or ice from the dispensers.
5. **Hand Washing**: Use bottled water or alcohol sanitizer.
6. **Sterile Bottled Water:** Use sterile bottled water supplies for hand washing and surgical scrubbing.
7. **Surgical Waterless Hand Scrub**: Available for use in the OR's.
8. **Water Consumption:** Reduce water use when possible
9. **Drinking Water:** Provide bottled drinking water for your patients when needed. Plan to replenish supply.
10. **Eye-Wash Stations:** Have eyewash bottles readily available.
11. **Patient Appointments:** Determine if office can continue to function and at what capacity.
12. **Surgery Schedule:** Review surgery schedule; consider delays or restricting surgery schedule.

Property Managers

1. Contact Water System Department to determine the cause of outage/contamination and estimated down time or clearance time.
2. Notify City Fire Department of loss of water.
3. Distribute Emergency Water and Cisterns if needed. Contact water supplier for immediate resupply of water. (Existing water is only a limited supply)
4. Determine if Fire Dept. water truck can be utilized for assistance.
5. Determine if patient toilets can be operated.

Reprocessing of Sterilized Equipment-Sterile Processing Department

1. Code Dry:
   a. Keep non-decontaminated instruments moist by using appropriate agent per guidelines (gel based product or wet towel using sterile water from a pour bottle).
   b. Use bottled water for immediate soaking of used instruments.
   c. Consider courier needs for potential transport of trays for reprocessing at alternate locations.
   d. Contact SPD Leadership for additional guidance.
   e. Once water service is restored, SPD Leadership will contact Infection Prevention for guidance on resuming operations.
2. Boil Water Advisory:
   a. Upon notification of a Boil Water Advisory:
      i. Do Not Use Washer/Disinfectors or Sterilizers
      ii. If the Washer/Disinfectors or Sterilizers are in use, abort the cycle and reprocess all items in the load when operations resume.
      iii. Keep non-decontaminated instruments moist by using appropriate agent per guidelines (gel based product or wet towel using sterile water from a pour bottle).
      iv. Await Instructions from SPD Leadership

b. When the Boil Water Advisory is lifted, SPD leadership will contact IP for guidance.

Reprocessing of High Level Disinfected Equipment

1. Reprocessing will be performed manually with soaking basins.
2. Bottled drinking water will be utilized for cleaning.
3. Rinsing will involve bottled drinking water versus sterile water (Refer to HLD manufacturer's IFU).
4. Consider courier needs for potential transport of scopes for reprocessing to alternate locations.

RECOVERY

After obtaining all clear from the water department:

1. Flush all water sources (hot and cold) for 3 – 5 minutes after water is clear.
2. Discard ice in freezers and ice machines bins. Ice machines should be cleaned according to manufacturer's recommendations. The next two batches of ice should be discarded.
3. In line water dispensers and coffee machines must be serviced according to manufacturer's recommendations prior to use.
4. Flush eyewash station for 3 – 5 minutes.

References

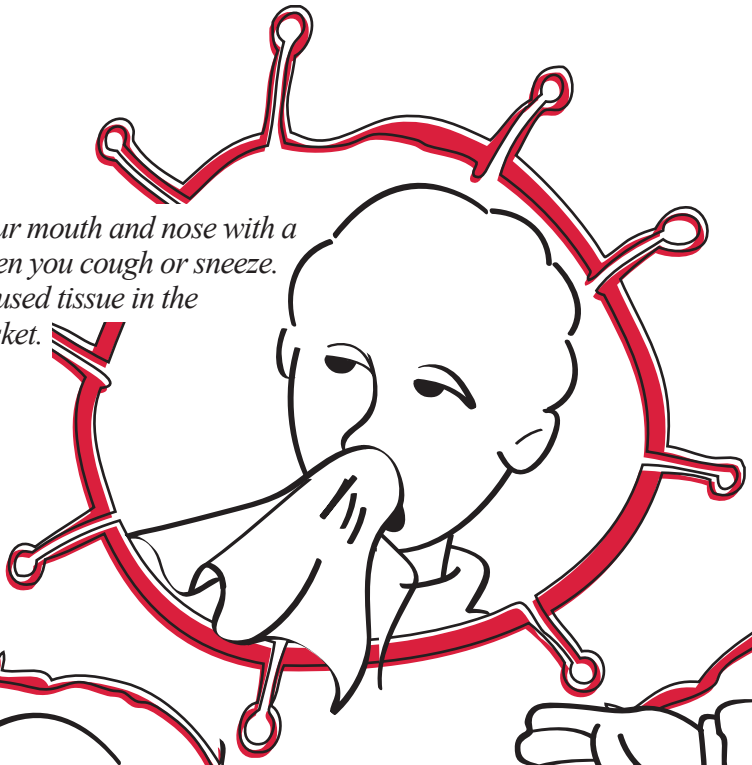
Reference Type	Title	Notes
Signed by	*Fiona Nemetz* Fiona Nemetz (09/03/2019 11:03AM PST)	
Effective	09/03/2019	**Document Owner** Nemetz, Fiona
Original Effective Date	02/22/2017	
Revised	[02/22/2017 Rev. 0], [03/13/2017 Rev. 1], [04/23/2018 Rev. 2], [01/17/2019 Rev. 3], [03/12/2019 Rev. 4], [06/10/2019 Rev. 5], [09/03/2019 Rev. 6]	

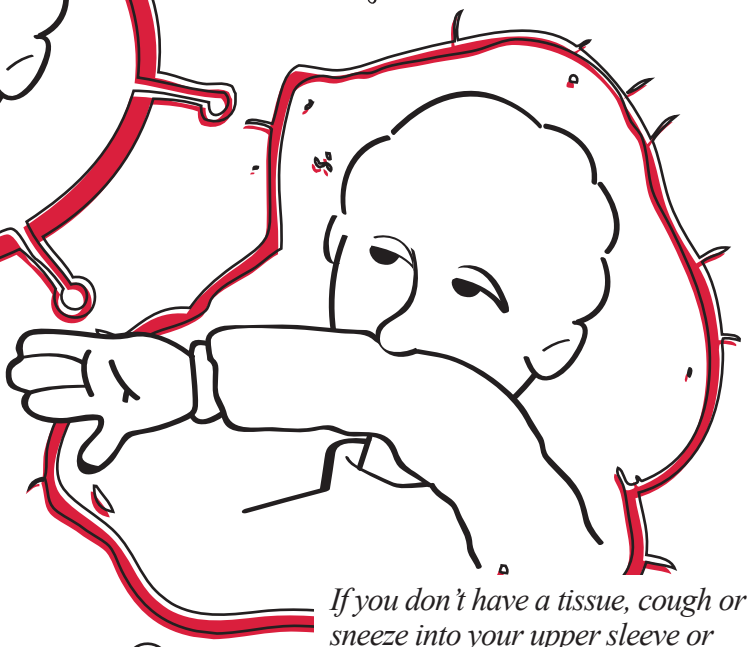
The policies and procedures in this manual are guidelines only. They are not intended to reflect the legal standard of care. They are not a substitute for professional judgment or individualized care.
This policy contains confidential and proprietary business information that reflects Northside Hospital's business practices and models which it has developed over time. The disclosure of this information would cause significant harm to Northside Hospital's business interests. Therefore, this policy must be maintained in a strictly confidential manner and should not be disclosed or disseminated to third parties without the express written authorization of Northside Hospital administration.
Printed versions of this document are only valid for 48 hours from the print date. The current version is in Lucidoc at
https://www.lucidoc.com/cgi/doc-gw.pl?ref=nhatl:33364.

Cover your Cough

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

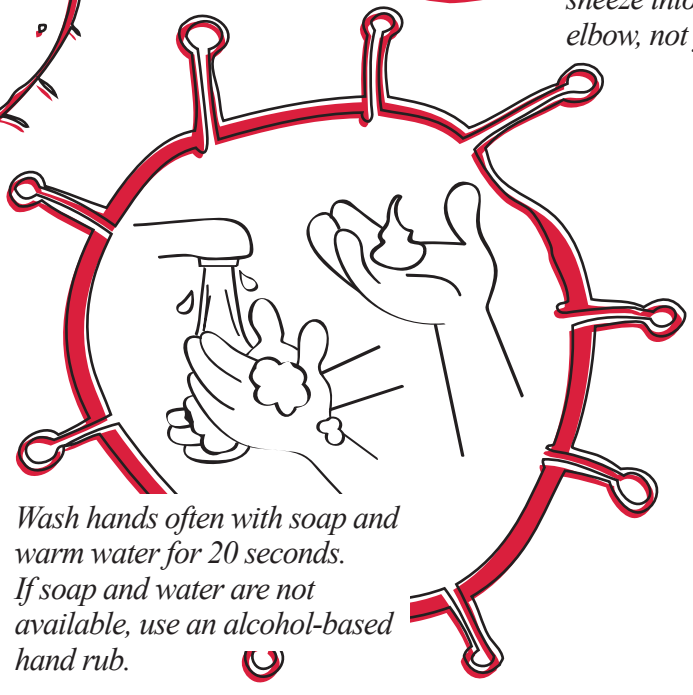
Cover your mouth and nose with a tissue when you cough or sneeze. Put your used tissue in the waste basket.





If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.

You may be asked to put on a facemask to protect others.



Wash hands often with soap and warm water for 20 seconds. If soap and water are not available, use an alcohol-based hand rub.

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

CS208322

ATTENTION

IMPORTANT NOTICE TO ALL PATIENTS

FACE MASK USAGE

To help prevent the transmission and spread of the COVID-19 coronavirus, Northside Hospital is taking precautions to protect you, your family members, health care workers, and the community.

ALL PATIENTS AND VISITORS **are required to wear a mask when entering a Northside Hospital facility. If you do not have a mask, a mask will be given to you.**

Based on CDC recommendations, masks should not be used on children under the age of 2 or; on anyone who has trouble breathing, is unconscious, incapacitated or otherwise unable to put on or take off their mask without assistance.

For more information and to learn how to protect yourself and those around you, please visit:
cdc.gov/covid-19.

NORTHSIDE
HOSPITAL

알립니다!

모든 환자들께 전하는 중요한 공지사항

코로나바이러스 감염증-19의 원인균인 코로나바이러스의 전염 및 확산의 방지에 도움이 되도록 노스사이드병원에서는 귀하, 귀하의 가족, 의료인력, 지역사회 모두를 보호하는 예방조치를 취하고 있습니다. 따라서, 본원에 대한 방문 및 입장을 제한합니다. *모든 환자들은* 원내로 입장하기 전에 호흡기질환 검사를 받을 것입니다. 협조 부탁드립니다.

환자만이 이 지점을 지나 들어가실 수 있습니다.

방문객은 각자의 차량 내에 머물러 주십시오

거동이 불편하신 환자분은 보호자 1명이 동행할 수 있으며 보호자는 들어가기 전에 호흡기질환 검사를 받아야 합니다.

자세한 정보, 귀하와 귀하의 주변 분들을 보호하는 방법에 대해서는 다음 웹사이트를 방문하시기 바랍니다.

https://www.cdc.gov/coronavirus/2019-ncov/about/index.html

NORTHSIDE
HOSPITAL

COVID 19

Symptoms may appear **2-14 days after exposure to the virus.** People with these symptoms or combinations of symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

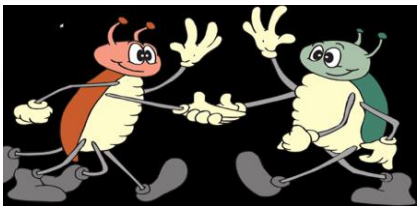
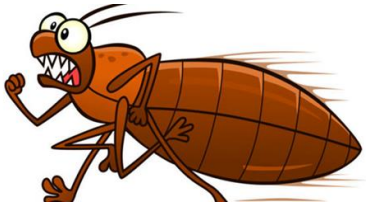
AND/OR

had close contact with anyone who has been suspected or diagnosed with COVID-19 in the past 14 days

YOU SHOULD POSTPONE YOUR VISIT IF POSSIBLE

IF YOU ARE A PATIENT, PUT ON A MASK AND TELL YOUR HEALTHCARE WORKER AS SOON AS POSSIBLE!

6/9/20 Outpatient Infection Prevention

CREEPY CRAWLERS

In addition to Standard Precautions (use of gloves, gown, mask, eye protection) when exposure to body fluids is anticipated, implement the following precautions based on the condition presented.

If patient has a known on-going infestation – encourage patient to bathe and put clean clothes on immediately prior to appointment; make appointment late in the day (if possible) and ask patient to bring only necessary items (ID/insurance card) and no bags

Job Aid

Creepy Crawler	Modes of Transmissions	Duration of Precautions	Precautions
Lice – head	Contact/touch	Until 24 hours after initiation of therapy	Wear gown and gloves when in close contact. Consider offering patient bouffant head cover. Healthcare worker should have hair pulled back. Cleaning and LLD per routine.
Lice – body	Contact/touch	Until no further evidence of infestation	Wear gown and gloves when in close contact. Consider offering scrubs. If removing clothing, bag clothing and tie bag closed. Cleaning and LLD per routine.
Scabies	Contact/touch	Until 24 hours after initiation of therapy	Wear gown and gloves when in close contact. Cleaning and LLD per routine.
Bedbugs	Contact/touch	Until no further evidence of infestation	Place patient in an exam room as soon as possible and consider offering scrubs; healthcare worker wear gown and gloves when in close contact; room should be thoroughly cleaned when patient leaves. Call for pest control treatment. If possible, do not utilize until after pest control treatment is complete.


Hand Sanitizer Placement:

Use of alcohol-based hand rub dispensers does not conflict with any State or local codes that prohibit or otherwise restrict the placement of alcohol-based hand rub dispensers in health care facilities.

- The dispensers are installed in a manner that minimizes leaks and spills that could lead to falls.
- The dispensers are installed in a manner that adequately protects against inappropriate access.
- The corridor width is 6 feet or greater and dispensers are at least 4 feet apart.
- The dispensers are maintained in accordance with dispenser manufacturer guidelines.
- The dispensers are not installed over or directly adjacent to an ignition source such as an electrical outlet or switch. Adjacent is defined as at least 6 inches from the center of the dispenser to an ignition source.
- In locations with carpeted floor coverings, dispensers installed directly over carpeted surfaces are permitted only in sprinklered smoke compartments.

From an infection prevention standpoint – Joint Commission, CMS, and OSHA would hold us to hand hygiene being accessible in any areas that provide any patient care – this would include exam rooms, triage areas, phlebotomy areas, radiology areas, procedure rooms…… Even if there is a hand washing sink we still need Alcohol based hand rub – In every patient care area. Being in the hall is not considered readily available as they would need to open a door with soiled/ contaminated hands to get to the sanitizer. It needs to be in the room. Ideally if smoke departments allow in the hall between every exam room for use as they are entering the room would be ideal. All of these governing bodies will hold up to the known infection prevention reality that all Healthcare Providers are much more likely to perform hand hygiene with hand sanitizer versus washing hands for the proper amount of time.

HERPES ZOSTER (Shingles)

In addition to Standard Precautions (use of gloves, gown, mask, eye protection) when exposure to body fluids is anticipated, implement the following precautions based on the condition presented.

Job Aid

	Mode of Transmission	Precaution
Herpes zoster (varicella-zoster) (shingles) in any setting where patients are immunocompromised	Airborne and contact/touch Until lesions are dry and crusted	• Place patients in an exam room or cubicle with door shut as soon as possible. • Place surgical mask on patient. • Wear gloves. • Gown when anticipate contact with blood/ body fluids/non-intact skin. • Clean exam room per routine.
Herpes zoster (varicella-zoster) (shingles) Disseminated disease in immunocompetent patient MUST BE DETERMINED BY PROVIDER	Airborne and contact/touch Until lesions are dry and crusted	• Place patients in an exam room or cubicle with door shut as soon as possible. • Place surgical mask on patient. • Wear gloves. • Gown when anticipate contact with blood/ body fluids/non-intact skin. • Clean exam room per routine.
Herpes zoster (varicella-zoster) (shingles) Localized in immunocompetent patient with lesions that can be contained/covered	Contact/touch Until lesions are dry and crusted	• Place patients in an exam room or cubicle with door shut as soon as possible. • Wear gloves. • Gown when anticipate contact with blood/ body fluids/non-intact skin. • Clean exam room per routine.
Herpes zoster in HCW		Staff with Herpes zoster should not work in any patient care setting until lesions are dry and crusted.

*Susceptible HCWs should not enter room if immune caregivers are available.

DRAFT

Is wearing gloves in public a bad idea? Yes

It might seem that gloves prevent you from getting exposed when you touch dirty surfaces but it doesn't really work that way. The COVID-19 germs do not infect through the skin, but enter your body through your eyes, nose or mouth.

Wearing gloves actually gives you a false sense of security.

Wearing gloves actually increases your chances of touching your face and spreading the germs to your eyes, nose and mouth. The dirty gloves also spread germs to other surfaces that others may touch.

Cleaning your hands frequently is the most important way to prevent the spread of germs.

What should you do to prevent infection and/or spread of COVID-19?

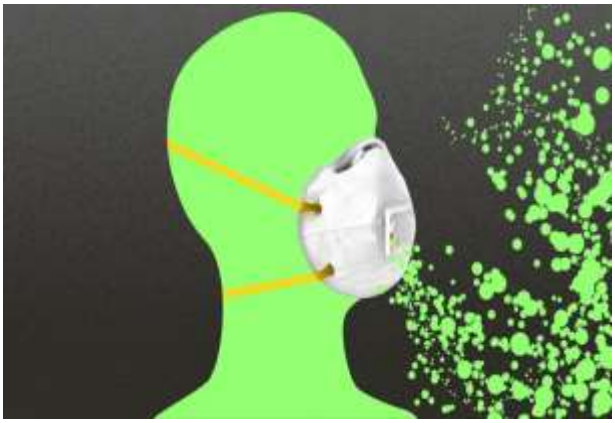
- Clean your hands often: Wash with soap and water with at least a 20 second friction rub of all surfaces
  OR
  Use alcohol-based hand sanitizer covering all surfaces and rub it in until dry
- Avoid close contact with people who are sick,
- Avoid touching your face especially your eyes, nose, and mouth without cleaning your hands.
- Stay home when you are sick
- Cover your cough or sneeze with a tissue or into your elbow
  "Cough or Sneeze into your sleeve, please, if you do not have a tissue"
- Wear a mask, or other covering over mouth and nose, when in public areas where you may be in close contact with others
- Clean and disinfect frequently touched objects and surfaces

Transmission Based Precautions in the Outpatient Setting:

In addition to Standard Precautions (use of gloves, gown, mask, eye protection) when exposure to body fluids is anticipated, implement the following precautions based on the condition presented.

Job Aid

Issue/ Complaint	Potential Method of Transmission	Precautions
Coughing	Droplets	• Have patient wear surgical mask (change when damp). • Place patient in an exam room or cubicle as soon as possible. Instruct patients to follow Respiratory Hygiene/Cough Etiquette recommendations. • If patient is tolerating mask have patient continue to wear mask (covering both mouth and nose) in exam room. • If patient is not able to tolerate mask, all healthcare worker entering exam room should wear a surgical mask.
Diarrhea	Contact	• Place patients in an exam room or cubicle as soon as possible. • Wear gloves. • Gown when anticipate contact with blood/ body fluids/ stool. • Clean exam room with sporicidal cleaner such as bleach (orange topped Sani Cloth). • In case of incontinence or use of restroom in clinic, clean with sporicidal cleaner such as bleach (orange topped Sani cloth).
R/O TB	Airborne	• Mask (surgical) the patient and place the patient in a private room with the door closed until the patient is either transferred to a facility with a negative airflow room or returned home
R/O Meningitis	Droplets	• Have patient wear surgical mask (change when damp) and move to private exam room ASAP. • Transfer when appropriate.
Febrile Rash R/O measles, chickenpox	Contact Airborne	• Place patients in an exam room or cubicle as soon as possible. • Wear gloves. • Gown when anticipate contact with blood/ body fluids/non-intact skin. • If question of measles or chickenpox: Also, mask (surgical) the patient and place the patient in a private room with the door closed until chickenpox or measles diagnosis ruled out.
Draining Wound	Contact	• Place patients in an exam room or cubicle as soon as possible. • Wear gloves. • Gown when anticipate contact with blood/ body fluids/ draining wound.



Is wearing a respirator (mask) with an exhalation valve in public a good idea? NO

Please replace or cover a respirator (mask) that has an exhalation valve, with a cloth mask or other type face covering.

COVID-19 can be spread by people who have no symptoms and do not know they are infected.

Masks provide an extra layer to help prevent the respiratory droplets from the person wearing the mask from traveling in the air and onto others. *Masks* also help prevent droplets from someone else having contact with your nose and mouth and entering your body. .

If your mask has an exhalation valve, such as a little plastic valve embedded in it, the valve compromises the effectiveness of the mask. The valve may allow exhaled breath and droplets that may contain virus to be expelled into the air and onto others.

A mask with an exhalation valve help protect the wearer from the virus that causes COVID-19, **but may be more harmful to others** by spreading the virus from the wearer to others (that is, they may not be effective for source control).

CDC recommends:

Until data are available to describe how effective respirators with exhalation valves are in preventing the spread of SARS-CoV-2 from the wearer to others:

- Wear a respirator **without an exhalation valve** when both source control and respiratory protection are required.
- If only a **respirator with an exhalation valve** is available and source control is needed, **cover the exhalation valve with a surgical mask, procedure mask, or a cloth face covering** that does not interfere with the respirator fit.

Source: Centers for Disease Control and Prevention

Multi-Dose Vials

Multi Dose Task Force:

Pharmacy, Quality, Patient Care Quality and Infection Prevention

Single Dose Vial vs Multi Dose Vial

- **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 left over medication from these vials. Harmful bacteria can grow and infect a patient.
- **DISCARD after every use!**
- 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!***

- **A MULTIPLE-DOSE VIAL** (MDV) is recognized by wording on its FDA-approved label.
- Although MDV's 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).
- **MDVs must be labeled with a 28 day expiration when opened. Discard MDVs** when the 28 day or expiration date has been reached, when doses are drawn in a patient treatment area, or any time the sterility of the vial is in question!

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 opening date and product expiration date*** , 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.

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

- Medications should not be drawn up or stored in “Immediate patient treatment area”
  - Examples of the immediate patient treatment area include exam rooms, treatment rooms, patient rooms or bays.
- Medications should be drawn up in a designated clean medication area that is not adjacent to areas where potentially contaminated items are placed.
- Examples of contaminated items that should not be placed in or near the medication preparation area include: used equipment such as syringes, needles, IV tubing, blood collection tubes, needle holders (e.g., Vacutainer® holder), or other soiled equipment or materials that have been used in a procedure.
  - In general, any item that could have come in contact with blood or body fluids should not be in the 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 28 day opening date or expiration date has been reached*
  - ***doses are prepared (or drawn up) in a patient treatment area***
  - *any time vial sterility is in question*

http://www.oneandonlycampaign.org/single-dose-multi-dose-vial-infographic

FAQs

- So Do I need a whole separate med room?
  - Ideally yes but we respect and understand the confines of space in many of our locations.
  - Infection Prevention and Pharmacy are happy to come out to each office as requested by the Coordinator to assist in locating an appropriate storage area for multi-dose vials.
- Do all medications need to be stored outside of the treatment rooms?
  - Ideally yes – we would applaud taking this opportunity to move all medications out of the patient treatment and/or contaminated areas. But again we understand the confines of space
- Can I use a clean dedicated Mayo stand as a place to prepare medications outside of the patient care or contaminated area?
  - Absolutely – mayo stands or dedicated cleanable trays are totally appropriate options

Outpatient Infection Prevention Products

PRODUCT #	PRODUCT			
17773	APPLICATOR,COTTON-TIP,PLASTIC,6,STERILE	200	Each	box
22965	APPLICATOR,COTTON-TIP,WOOD,3,STERIL	200	Each	box
15451	APPLICATOR,COTTON-TIP,WOOD,6,STERILE	200	Each	box
16529	BAG,VOMIT,EMESIS,SICKNESS,W/GRADUATIONS	24	Each	Pack
15465	BLADE,TONGUE,6,STERILE	100	Each	box
15942	CABINET, SHARPS, W/LOCK for 5 quart container	1	Each	Each
20154	CLIPPER,NAIL,FINGER,NO-FILE	1	Each	Each
20153	CLIPPER,NAIL,TOE,NO-FILE,LARGE	1	Each	Each
15514	CONTAINER,SHARPS,5 QT,IN ROOM,TRANSP,RED	1	Each	Each
20184	FLU KIT	50	Each	Case
15413	GAUZE,SPONGE,2X2,8PLY,STERILE,LF,2S	100	Each	box
16039	GAUZE,SPONGE,4X4,16PLY,STRL,LF,10/TRAY	10	Each	Tray
21230	GAUZE,SPONGE,4X4,8PLY,STRL,LF,10/TRAY	10	Each	tray
21898	GAUZE,SPONGE,AVANT,4X4,4PLY,STRL,LF	100	Each	box
18008	GLASSES, SAFETY, CLEAR FRAME	1	Each	Each
18314	HYDROCORTISONE CRM, 1%, 1.5G PKT, 48/BX	48	Each	box
20135	HYDROGEN PEROXIDE,4OZ	24	Each	Case
17387	ISOLATION GOWN, LIGHTWEIGHT, YELLOW	1	Each	Each
17781	JELLY, LUBE, STERILE, 5GM PACK	150	Each	box
15482	JELLY,LUBE,STRL,FOIL PACK,2.7 GM	144	Each	box
16450	KIT,SPILL,CHEMO	4	Each	Case
20456	MAGNET,BIOHAZARD	1	Each	Each
23613	PAPER,TISSUE,FACE,STND,8X8.3,90SHT/30BX	1	box	box
30183	PPE KIT	1	Each	Each
15959	REMEDY, SKIN REPAIR CREAM 1000ML	12	Each	Case
15980	REMEDY™ SKIN REPAIR CREAM 2oz	1	Each	Each
23783	SAFETY PINS,STERILE, #2 MEDIUM, 2/PK	1	Pack	Pack
39703	SANITIZER,ALCARE,BOTTLE W/ PUMP,15oz	6	Each	Case
39504	SANITIZER,EXTRA FOAMING,ALCARE,1 LITER	6	Each	Case
22755	SHARPS HOLDER TRAY FOR 5 QUART CONTAINER (Dog Dish)	5	each	case
15653	SOAP,ACUTE-KARE,1 L	12	Each	Case
18930	SPILL KIT, BIOHAZARD, DELUXE	1	Each	Each
30095	SWAB,RAYON TIP,VAGINAL,8,STERILE	100	EA	Box
17504	TRAY, SUTURE REMOVAL	50	Each	Case
20155	TRAY,LACERATION,COMFORT LOOP INSTRMTS	1	Each	Each
18262	TRIPLE ANTIBIOTIC OIN, 0.9G PKT, 144/BX	144	Each	box
20883	WIPE,BLEACH,SANI-CLOTH,6X10.5,75CT ORANGE TOP	1	Each	Each
15622	WIPE,GERMICIDE,SANI-CLOTH,8X14,65CT	1	Tube	Tub
18058	WIPE,BLEACH,SANICLOTH,XL,40 EA/BX,3BX/CS	1	BX	BX

Audit Date: _____ **Assigned To:** _____

Audit Group: _____ **Reported By:** _____

NORTHSIDE HOSPITAL
Atlanta · Cherokee · Forsyth

Audit Template: NSH-Outpatient Hand Hygiene Observation Tool

Template Created: 07/19/2017 Last Modified: 07/19/2017

Description:

	A	B	C	D	E
	Record instance identification here	Record instance identification here	Record instance identification here	Record instance identification here	Record instance identification here

HAND HYGIENE OBSERVATIONS -

		A	B	C	D	E
1	Did a NIPIT team member complete this observation? If yes, please list the observer(s) in the Comments section.	Y N NA	Y N NA	Y N NA	Y N NA	Y N NA
2	MD/NP/PA (General) performed hand hygiene upon entering and exiting the patient room or environment. (Answer: Numerator is number compliant; Denominator is total number observed (per discipline).					

IC.01.04.01 EP 5 5. The hospital's written infection prevention and control goals include the following: Improving compliance with hand hygiene guidelines. (See also NPSG.07.01.01, EP 1)

3	MD/NP/PA (Surgical) performed hand hygiene upon entering and exiting the patient room or environment. (Answer: Numerator is number compliant; Denominator is total number observed (per discipline).					
4	MD/NP/PA (Anesthesia) performed hand hygiene upon entering and exiting the patient room or environment. (Answer: Numerator is number compliant; Denominator is total number observed (per discipline).					
5	LPN/RN performed hand hygiene upon entering and exiting the patient room or environment. (Answer: Numerator is number compliant; Denominator is total number observed (per discipline).					
6	PCT/CNA/Surgical Tech performed hand hygiene upon entering and exiting the patient room or environment. (Answer: Numerator is number compliant; Denominator is total number observed (per discipline).					
7	EVS/Support Tech performed hand hygiene upon entering and exiting the patient room or environment. (Answer: Numerator is number compliant; Denominator is total number observed (per discipline).					

© 2018 Affiliated Computer Services, LLC. All rights reserved.

Template Created: 07/19/2017 Last Modified: 07/19/2017

		A	B	C	D	E
8	Respiratory performed hand hygiene upon entering and exiting the patient room or environment. (Answer: Numerator is number compliant; Denominator is total number observed (per discipline).					
9	PT/OT/ST/AUD performed hand hygiene upon entering and exiting the patient room or environment. (Answer: Numerator is number compliant; Denominator is total number observed (per discipline).					
10	Dietary performed hand hygiene upon entering and exiting the patient room or environment. (Answer: Numerator is number compliant; Denominator is total number observed (per discipline).					
11	Radiology performed hand hygiene upon entering and exiting the patient room or environment. (Answer: Numerator is number compliant; Denominator is total number observed (per discipline).					
12	Laboratory performed hand hygiene upon entering and exiting the patient room or environment. (Answer: Numerator is number compliant; Denominator is total number observed (per discipline).					
13	Volunteer(s) performed hand hygiene upon entering and exiting the patient room or environment. (Answer: Numerator is number compliant; Denominator is total number observed (per discipline).					
14	Vendor(s) performed hand hygiene upon entering and exiting the patient room or environment. (Answer: Numerator is number compliant; Denominator is total number observed (per discipline).					
15	Other disciplines (not previously captured) performed hand hygiene upon entering and exiting the patient room or environment. (Answer: Numerator is number compliant; Denominator is total number observed (per discipline); please indicate the other discipline in the Comments).					

© 2018 Affiliated Computer Services, LLC. All rights reserved.

COMMENTS: (Record the question # in the first box and the instance letter in the second box to match the comments in the worksheet)

© 2018 Affiliated Computer Services, LLC. All rights reserved.

Audit Date: _____ **Assigned To:** _____

Audit Group: _____ **Reported By:** _____

NORTHSIDE HOSPITAL
Atlanta · Cherokee · Forsyth

Audit Template: NSH-Outpatient Low Level Disinfection (LLD) Observation Tool

Template Created: 02/13/2018 Last Modified: 02/13/2018

Description:

	A	B	C	D	E
	Record instance identification here	Record instance identification here	Record instance identification here	Record instance identification here	Record instance identification here

LOW LEVEL DISINFECTION OBSERVATIONS -

		A	B	C	D	E
1	Did a NIPIT team member complete this observation? If yes, please list the observer(s) in the Comments section.	Y N NA	Y N NA	Y N NA	Y N NA	Y N NA
2	MD/NP/PA (General) practiced low level disinfection of equipment/surfaces, allowing for appropriate wet time. (Answer: Numerator is number compliant; Denominator is total number observed (per discipline).					
3	MD/NP/PA (Surgical) practiced low level disinfection of equipment/surfaces, allowing for appropriate wet time. (Answer: Numerator is number compliant; Denominator is total number observed (per discipline).					
4	MD/NP/PA (Anesthesia) practiced low level disinfection of equipment/surfaces, allowing for appropriate wet time. (Answer: Numerator is number compliant; Denominator is total number observed (per discipline).					
5	LPN/RN practiced low level disinfection of equipment/surfaces, allowing for appropriate wet time. (Answer: Numerator is number compliant; Denominator is total number observed (per discipline).					
6	PCT/CNA/Surgical Tech practiced low level disinfection of equipment/surfaces, allowing for appropriate wet time. (Answer: Numerator is number compliant; Denominator is total number observed (per discipline).					
7	EVS/Support Tech practiced low level disinfection of equipment/surfaces, allowing for appropriate wet time. (Answer: Numerator is number compliant; Denominator is total number observed (per discipline).					

© 2018 Affiliated Computer Services, LLC. All rights reserved.

Template Created: 02/13/2018 Last Modified: 02/13/2018

		A	B	C	D	E
8	Respiratory practiced low level disinfection of equipment/surfaces, allowing for appropriate wet time. (Answer: Numerator is number compliant; Denominator is total number observed (per discipline).					
9	PT/OT/ST/AUD practiced low level disinfection of equipment/surfaces, allowing for appropriate wet time. (Answer: Numerator is number compliant; Denominator is total number observed (per discipline).					
10	Dietary practiced low level disinfection of equipment/surfaces, allowing for appropriate wet time. (Answer: Numerator is number compliant; Denominator is total number observed (per discipline).					
11	Radiology practiced low level disinfection of equipment/surfaces, allowing for appropriate wet time. (Answer: Numerator is number compliant; Denominator is total number observed (per discipline).					
12	Laboratory practiced low level disinfection of equipment/surfaces, allowing for appropriate wet time. (Answer: Numerator is number compliant; Denominator is total number observed (per discipline).					
13	Volunteer(s) practiced low level disinfection of equipment/surfaces, allowing for appropriate wet time. (Answer: Numerator is number compliant; Denominator is total number observed (per discipline).					
14	Vendor(s) practiced low level disinfection of equipment/surfaces, allowing for appropriate wet time. (Answer: Numerator is number compliant; Denominator is total number observed (per discipline).					
15	Other disciplines (not previously captured) practiced low level disinfection of equipment/surfaces, allowing for appropriate wet time. (Answer: Numerator is number compliant; Denominator is total number observed (per discipline); please indicate the other discipline in the Comments).					

© 2018 Affiliated Computer Services, LLC. All rights reserved.

COMMENTS: (Record the question # in the first box and the instance letter in the second box to match the comments in the worksheet)

© 2018 Affiliated Computer Services, LLC. All rights reserved.

Outpatient Infection Prevention Considerations for Construction/ Major (involves movement of walls/ plumbing) Renovations:

- Dedicated clean patient care storage may include linen but linen must be covered and separated from other supplies
- Dedicated office supplies storage must be separate from patient care supplies
- Dedicated biohazard room/ closet with red biohazard label and lock, hand sanitizer must be accessible
- Passthroughs for urine should be into lab area whenever possible. Passthroughs for urine should never be into an area with medication preparation. Passthroughs for urine should never be into an area with any patient or staff nourishments.
- Soiled linen storage may be in same area with biohazard waste
    - All biohazard waste must be labeled with blaze orange or red biohazard symbol
- Medication preparation area is a clean area to include: sink, counter, dedicated medication refrigerator, alcohol hand sanitizer, and sharps container
- Medication refrigerator must not be in the clinical laboratory
- Medications must be in a locked area
- Multi-dose vials are not be stored in exam/treatment area
- Sinks are required in every exam/ procedure room
- Separate patient and staff rest rooms
- Sharps containers must be located in each exam, patient care room, medication prep room and mounted at the appropriate height. (refer to guidelines for placement of sharps containers. Containers must be secured, mounted on wall or in doggie bowl)

    Heigth of sharps mounting defined by OSHA – which wall is mounted on should be determined by the end user utilizing the sharps in the clinical setting.

- Hand sanitizer needs to be available in every exam/ patient care room. Hand sanitizer that is mounted must be at least 6 inches from switches, and not directly above outlets. The products must be Northside approved and not from office supply catalog
- Chair rails are suggested to limit to limit dings in walls
- Limit counter top laminate to very low traffic area
- Eliminate any wallpaper due to risk of mold. Painting over wallpaper is not appropriate. Mold issues still exist.
- Lab areas must have a clinical lab sink "dirty" and separate hand washing sink "clean" (eye wash station should not to be attached to "dirty" lab sink)
- Phlebotomy stations must have access to hand washing sink and a sharps container
- If using linen ensure covered storage space for clean linen
- If mounting wipes ensure not at level to splash eyes when removed
- Red trash bags/ cans ARE NOT required in each exam room
- All furnishings, including waste baskets, cabinets, etc. must be of materials that are non-porous and wipe-able and with as few crevices as possible. Examples of unacceptable materials are: raw wood, wicker, cloth, etc.

- Processing of instruments requires:
    - Instrument processing room with dedicated air handler
    - Measurement of temperature and humidity
    - Three separate clinical sinks – clean/ dirty/ hand washing
    - Separate dedicated storage of sterile supplies

Sharps Placement:

Selecting, Evaluating, and Using Sharps Disposal Containers

U.S. Department of Health and Human Services

Public Health Service

CDC

NIOSH

P:\IC Dept\IC Atlanta Dept\SHARP CONTAINER GUIDELINES 2011\SHARP CONTAINER INSTALLATION GUIDE 2011.doc

Sharps containers must always be secured from tip over - may not be free standing on a counter

General location and placement:

Proper sharps disposal containers location and placement should ensure that containers are placed according to the following recommendations:

- Readily visible
- Within easy horizontal reach of the user
- Placed with no furniture or other obstacles between the site of use and the container
- Placed to allow the worker to dispose of the device as soon as possible after use – preferably without needing to put the device down and pick it up ag
- Placement in compliance with any existing State or local regulations or site-specific certification or accreditation licensing requirements.
- Placed so that where containers are fixed to walls, the vertical height should allow the worker to view the opening or access of the containers

Special situations. . . examples. . . mental health facilities

- If necessary, in areas with high patient or visitor traffic, sharps disposal containers should be mounted in a lockable fixture
- In the emergency room, sharps disposal containers may need to be mounted on wheels to facilitate the movement of gurneys and monitoring equipmer

Installation height:

- Sharps disposal containers should be placed within arm's reach and below eye level at their point of use
- For certain types of permanently fixed, wall-mounted containers, an ergonomically acceptable range of installation height can be calculated.

The following criteria should be used to determine the optinal range for fixed installation height:

(1) users should have a clear, unobstructed view of the container inlet opening,
(2) the container should be located within arm's reach, and
(3) the fixture height should be below the eye level of 95% of adult female workers

These requirements yield an optimal installation range of 56 - 52 inches at a standing workstation, and 42 - 38 inches for a seated workstation

BBP Standard: Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonable anticipated to be found.

Hand Sanitizer Placement:

Use of alcohol-based hand rub dispensers does not conflict with any State or local codes that prohibit or otherwise restrict the placement of alcohol-based hand rub dispensers in health care facilities.

• The dispensers are installed in a manner that minimizes leaks and spills that could lead to falls.

• The dispensers are installed in a manner that adequately protects against inappropriate access.

• The corridor width is 6 feet or greater and dispensers are at least 4 feet apart.

• The dispensers are maintained in accordance with dispenser manufacturer guidelines.

• The dispensers are not installed over or directly adjacent to an ignition source such as an electrical outlet or switch. Adjacent is defined as at least 6 inches from the center of the dispenser to an ignition source.

• In locations with carpeted floor coverings, dispensers installed directly over carpeted surfaces are permitted only in sprinklered smoke compartments.

Outpatient Infection Prevention Protocol

for Aerosol Generating Procedures (AGP)

Documentation

1. Complete all paper documentation outside the exam room
2. Computer documentation may be completed inside the exam room

Prepare the space

1. Dedicate a private room for the procedure
2. Remove items from countertops that will not be used in the procedure
3. Procure supplies that will be used in the procedure
4. Place a sign on the door alerting other healthcare workers of an ongoing Aerosol Generating Procedure
5. Only the patient and the healthcare worker are allowed into the room during the procedure

Preparing for the procedure

1. Outside the room performs hand hygiene, don gown, N-95 respirator, and face shield and gloves
2. Complete a fit check of the respirator

Procedure

1. Place patient in room
2. When ready to begin the procedure, enter the room wearing PPE
3. Close the door
4. Perform the procedure
5. Do not leave the room until the end of the procedure

After the procedure

1. Suggest the patient perform hand hygiene
2. Allow the patient to leave the room
3. Close the door after the patient leaves
4. The healthcare worker removes the PPE at the designated doffing area and performs hand hygiene

Cleaning the room

1. The room may be cleaned immediately after the patient leaves, however PPE needs to be worn for anyone entering within 45 minutes following the AGP..

2. If 45 minutes have passed since the procedure, only gloves are necessary for cleaning the space
3. Hospital approved disinfectants should be used for cleaning the space

How to Put On (Don) PPE Gear

1. **Perform hand hygiene using hand sanitizer.**
2. P**ut on isolation gown.** Tie all of the ties on the gown. Assistance may be needed by other healthcare personnel.
3. **Put on N95 respirator.** If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator under your chin or store in scrubs pocket between patients.
    - **Respirator:** Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
4. **Put on face shield** Face shields provide full face coverage.
5. **Perform hand hygiene before putting on gloves.** Gloves should cover the cuff (wrist) of gown.

How to Take Off (Doff) PPE Gear

1. **Remove gloves.** Ensure glove removal does not cause additional contamination of hands. **Remove gown.** Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle.
2. **Healthcare personnel may now exit patient room.**
3. **Perform hand hygiene.**
4. **Remove face shield or goggles.** Carefully remove face shield by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield
5. **Remove and discard respirator** Do not touch the front of the respirator
    - **Respirator:** Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
6. **Perform hand hygiene after removing the respirator and before putting it on again. Keep respirator in a clean safe space like a paper bag labeled with the healthcare workers name**

NORTHSIDE HOSPITAL

Outpatient Departments Infection Prevention Points to Remember

Signage / General Waiting Room
General travel sign should be posted at patient entrance.
Cover your cough sign should be posted at patient entrance.
Flu kits or similar products should be available at front desk.
There should be tissues, a waste basket and hand sanitizer available in all waiting rooms

Biohazardous Waste
Definition: place items that blood or bloody body fluids could be released (expressed when compressed) into a red biohazardous waste bag.
Gloves with blood, band aids, gowns, and unsaturated Chux do not need to go into a red bag.
Filled red bags should be stored in transport boxes (i.e. Stericycle box) in a designated area.
Transport boxes should be in a secure area and need to be covered.
A red biohazard sign should be on the door/cabinet where it is stored.
The storage location should be locked.
Soiled linen may be stored in this space.
Gloves and hand sanitizer should be available.
Red trash cans or trash bags are NOT required in every exam room. Work with your infection prevention specialist to assess what is appropriate for your department.
Soiled linen from patient care should be labeled as biohazardous waste (not needed for lab coats only)
Biohazard signs must be blaze orange to red

Regular Waste
Regular trash cans are not required to have lids.

Sharps Containers
Sharps containers should be secured to the wall, in an approved caddy, or in a table top dog bowl.
Sharp containers should not be filled beyond their marked fill line.
See OSHA rules for mounting sharps containers. (Attached at bottom of document)

Linen and Laundry
Linen should be stored in a clean dedicated space.
Linen in stored in a clean shared space should be covered.
Privacy/courtesy curtains should be laundered at least annually and when visibly soiled.
Soiled linen from patient care should be labeled as biohazardous waste (not needed for lab coats only)

Point of Care Devices
Assure that all point of care devices are cleaned according to manufacturer's instructions for use.

Environment of Care - Assess environment for:
Disinfectant wipes in every room
Staff awareness of wet time
Peeling paint on wall
Holes/penetrations in walls. (May indicate need for chair rails)
Floor tiles that are cracked and missing
Ceiling tiles that are missing, askew, have holes or stains
Caulking around sinks and back splash that is missing or in need of replacement
Dirt and dust in closed areas such as under sinks, medication rooms, and dirty and clean storage rooms
Dusty areas such as bottom of IV poles and rolling carts, and inside storage bins
Tears/rips in furniture
Furniture of a wipe-able material
Wood furniture with dings/ scratches (If it can be sealed with polyurethane to be cleaned that is permitted otherwise needs to be replaced)
Infection prevention advises against using laminate arms on furniture as they chip and then cannot be adequately cleaned
Use of brooms with bristles (use microfiber mops)

Coffee Pots, Water Coolers and Ice Machines
Manufacturer's instruction for use should be followed for maintaining all products. Clinical staff should have a defined role in the routine cleaning such as the maintaining and cleaning of drip trays and ice shoots daily.

Use of Reusable Instruments
Transport dirty instruments in a closed rigid container (labeled as biohazard) after each patient.
The transport bin may be stored under the sink.
Spray PreKlenz on instruments at time of procedure completion (patient may be in room).
Assure appropriate staff has been signed off for competencies associated with high level disinfection or sterilization.
Instruments must be cleaned and processed day of use or sent for processing (may not sit overnight).
Speculums and other instruments that are sterilized but not stored in peel packs should be stored in baggies.

Hand Hygiene Products
Handwashing soap should be a Northside approved product.
Hand lotion is to be provided for employees and is to be a Northside approved product.
Hand sanitizer should be a Northside approved product (not purchased from an office supply store).
Hand sanitizer should be available in all patient exam and treatment rooms, and in each waiting room.

Hand sanitizer may be available outside the exam/treatment rooms.
See rules for mounting hand sanitizer. (Listed at bottom of document)

Hydration Stations
Hydration stations should be located away from blood, body fluids, patients and medications. A cabinet is generally a good option.

Patient Nourishments
All nourishments should be labeled with their expiration date.
If a nourishment does not have an expiration date on the packaging, the nourishment should be placed into a bag or container and the date stated on the shipping box written on the bag/container.

Live or Artificial Plants
No live or artificial plants in infusion or oncology areas (including waiting rooms).
No live or artificial plants in rooms where procedures are performed.

Patient Care Supplies
There should be at least one blood spill kit per outpatient clinic.
PPE kits should be available in every exam and treatment room.
There should be no expired supplies.
Pillows should be disposable and discarded between patients or plastic covered and disinfected between each patient encounter.
No boxes items stored on floor of supply area.
Supplies should be separated into clean and dirty.
The bottom shelf of the clean supply shelf should be solid.
Supplies should be stored 8 inched off the floor.
2x2, 4x4, swabs and tongue depressors should be individually wrapped (pop-up dispensers maybe used).
Supplies that are liquid should be stored below non liquid supplies.
Over the counter fluids such as betadine, rubbing alcohol, hydrogen peroxide or hibiclens are not required to be in a locked cabinet.
Ensure you are following the instructions for use to clean/ disinfect any patient care items – ie – Elephant / Rhino Ear Irrigation Instructions for use available at P:\Physician Practices Information\Infection Prevention

Expiration Dates
See product expiration flier for complete information.
Write actual date of expiration on the product – not date opened

Sono Wipes expire one year after opening or 2 years after manufacturer date
Ultrasound gel
Ultrasound gel expires 28 days after it is open.
Use sterile gel for sterile procedures.
Gel in the warmer also expires 28 days after it is open.
Use individually packaged gel as directed by unit management.

Medications
Use unit dose vials and products when possible.
Obtain infection prevention guidance for dispensing when using a multi-dose product (i.e. cream, lotion, paste, monsels solution, acetic acid).
Multi-dose vials should not be stored in an exam or treatment room.
If multi-dose vials are stored in exam room should be used as single dose.
Medicines that are supplied in a multi-dose vial should be dispensed into a unit dose container/syringe in a dedicated medication area then taken to exam room.
Ammonia inhalers are medications and should be secured.

Selecting, Evaluating, and Using Sharps Disposal Containers
U.S. Department of Health and Human Services
Public Health Service

CDC
NIOSH
P:\IC Dept\IC Atlanta Dept\SHARP CONTAINER GUIDELINES 2011\SHARP CONTAINER INSTALLATION GUIDE 2011.doc

General location and placement:
Proper sharps disposal containers location and placement should ensure that containers are placed according to the following recommendations:

- Readily visible
- Within easy horizontal reach of the user
- Placed with no furniture or other obstacles between the site of use and the container
- Placed to allow the worker to dispose of the device as soon as possible after use – preferably without needing to put the device down and pick it up again
- Placement in compliance with any existing State or local regulations or site-specific certification or accreditation licensing requirements.
- Placed so that where containers are fixed to walls, the vertical height should allow the worker to view the opening or access of the containers

Special situations. . . examples. . . mental health facilities

- If necessary, in areas with high patient or visitor traffic, sharps disposal containers should be mounted in a lockable fixture
- In the emergency room, sharps disposal containers may need to be mounted on wheels to facilitate the movement of gurneys and monitoring equipment

Installation height:

- Sharps disposal containers should be placed within arm's reach and below eye level at their point of use
- For certain types of permanently fixed, wall-mounted containers, an ergonomically acceptable range of installation height can be calculated. The following criteria should be used to determine the optimal range for fixed installation height:
  (1) Users should have a clear, unobstructed view of the container inlet opening,
  (2) The container should be located within arm's reach, and
  (3) The fixture height should be below the eye level of 95% of adult female workers

These requirements yield an optimal installation range of
56 – 52 inches at a standing workstation, and
42 – 38 inches for a seated workstation

BBP Standard:
Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonable anticipated to be found.

Hand Sanitizer Placement:

Use of alcohol-based hand rub dispensers does not conflict with any State or local codes that prohibit or otherwise restrict the placement of alcohol-based hand rub dispensers in health care facilities.

• The dispensers are installed in a manner that minimizes leaks and spills that could lead to falls.

• The dispensers are installed in a manner that adequately protects against inappropriate access.

• The corridor width is 6 feet or greater and dispensers are at least 4 feet apart.

• The dispensers are maintained in accordance with dispenser manufacturer guidelines.

• The dispensers are not installed over or directly adjacent to an ignition source such as an electrical outlet or switch. Adjacent is defined as at least 6 inches from the center of the dispenser to an ignition source.

• In locations with carpeted floor coverings, dispensers installed directly over carpeted surfaces are permitted only in sprinklered smoke compartments.

Northside Hospital
POCT Analyzer Maintenance Chart

INSTRUMENTATION		CLEANING	DISINFECTION
ACCUCHECK INFORM II	**Meter Surface**	Using a hospital approved wipe - Clean around the test strip port, the meter display and surface. Perform after each patient use	Using a hospital approved wipe - Disinfect around the test strip port, the meter display and surface.Use the Germicidal Bleach wipe if the meter is used on a patient with suspected c-diff or norovirus. Perform after each patient use
AFFINION HgA1C	**Exterior**	Power off and unplug the analyzer. Clean the outside of the analyzer and touch display with a clean, lint-free and non-abrasive cloth dampened in water. Perform weekly and as needed.	Power off and unplug the analyzer . Disinfect the surface with a germicidal bleach wipe. Let the disinfectant sit undisturbed for 10 minutes. Perform weekly and as needed.
	Cartridge Chamber	Power off and unplug the analyzer. Always use the Analyzer Cleaning Kit to clean the cartridge chamber. The chamber should be cleaned immediately if materials or liquid are spilled in the chamber. For regular maintenance, the chamber should be cleaned every 30 days.	

Northside Hospital
POCT Analyzer Maintenance Chart

INSTRUMENTATION		CLEANING	DISINFECTION
CHOLESTECH LDX ANALYZER	**Exterior**	Clean the outside of the Cholestech LDX analyzer case with a clean, nonabrasive cloth dampened with water. Perform weekly and as needed.	Disinfect the analyzer with a 70% isopropyl alcohol solution. Do not immerse the instrument in water or other cleaning fluid Do not use any abrasive cleanser. Perform weekly and as needed.
	Cassette Draw	Clean the cassette drawer with a cotton swab moistened with water. Perform weekly and as needed.	Disinfect the cassette drawer with a cotton swab moistened with 70% isopropyl alcohol. Dry with a 2nd cotton swab. Perform weekly and as needed.

Northside Hospital
POCT Analyzer Maintenance Chart

INSTRUMENTATION		CLEANING	DISINFECTION
CLINITEK URINE ANALYZER	**Test Table Insert**	Remove the insert and rinse both sides of the table under running water. Dry and replace insert. Perform at the end of the day of each day of testing.	Disinfect with 70% Isopropyl Alcohol. Soak the test table and insert for 2 minutes. Be sure the cleaning solution does not come in contact with the white calibration bar. Rinse with water. Dry the test table/insert with a soft cloth. Perform weekly and as needed.
	Test Table	Remove the test table by pulling it slowly out of the analyzer. Lift the test table insert from the test table, drain the drip tray if necessary Wet a cotton-tipped stick with water and carefully clean test table (except for white calibration bar). Dry the test table with a soft lint-free cloth (except the white calibration bar). Perform at the end of the day of each day of testing	
	White Calibration Bar	Wet a new cotton-tipped stick or lint-free cloth with distilled water and gently wipe/clean the calibration bar. Allow the bar to air dry.	

Northside Hospital
POCT Analyzer Maintenance Chart

INSTRUMENTATION		CLEANING	DISINFECTION
COAGUCHECK XS	Exterior	With meter turned off, clean/disinfect with 70% isopropyl alcohol. Wipe the meters exterior clean. Ensure that no liquid enters any opening. Wipe away residual moisture with a lint-free tissue. Allow to dry for 10 minutes before performing a test. Perform after each patient use.	
	Test Strip Guide	Use 70% isopropyl alcohol. Open the cover of the test strip guide. Hold the meter upright with the test strip guide facing down. Clean with a damp cotton swab. Wipe away residual moisture. Allow to dry for 10 minutes. Replace the cover. Perform when meter visibily soiled.	
COAG-SENSE	Exterior	With meter turned off, clean the outside of the meter using a clean non-abrasive hospital approved wipe.	Power off the analyzer . Disinfect the surface with a germicidal bleach wipe. Let the disinfectant sit undisturbed for 2 minutes. Perform weekly and as needed.

Northside Hospital
POCT Analyzer Maintenance Chart

INSTRUMENTATION		CLEANING	DISINFECTION
EVENCARE GLUCOSE METER	**Meter Surface**	Use a hospital approved wipe to clean the meter. Wipe all external areas of the meter until visibly clean. Avoid wetting the meter test strip port. Perform after each patient use.	Using a hospital approved wipe. Disinfect around the test strip port, the meter display and surface. Use the Germicidal Bleach wipe if the meter is used on a patient with suspected c-diff or norovirus. Perform after each patient use.
HEMOCUE 201 DM	**Cuvette Holder**	Turn the analyzer off. Pull the cuvette holder out to its loading position. Press the small catch and carefully pull the cuvette holder away from the analyzer. Clean/Disinfect the holder with 70% alcohol. Perform at the end of each day of use.	
	Optronic Unit	Use the Hemocue Cleaner Swab or a cotton tip swab moistened with alcohol (without additive) or water Push the swab into the openinin of the cuvette holder move from side to side 5 - 10 times if the swab is stained, repeat Wait 15 minutes before using Clean as needed.	

Northside Hospital
POCT Analyzer Maintenance Chart

INSTRUMENTATION		CLEANING	DISINFECTION
i-STAT	**Exterior**	Using a hospital approved wipe clean around the cartridge port, the meter display and surface. Perform after each patient use	Using a hospital approved wipe, clean around the cartridge port, the meter display and surface. Use the Germicidal Bleach wipe if the meter is used on a patient with suspected c-diff or norovirus. Perform after each patient use.
MEDLINE URINE ANALYZER	**Exterior**	When the analyzer is turned off, wipe the outside (including the display) with a cloth dampened with water. Be sure that no liquid enters the analyzer - Do not use any type of solvent, oil, grease, silicone spray, or lubrication on the analyzer. Perform when analyzer is visibily soiled.	
	Strip Holder	Clean the strip holder using a lint free/non-absorbent cotton swab with distilled water. Dry with a clean, dry lint free cloth. Perform every day of patient testing.	Disinfect with 70 -85% Isopropyl Alcohol. Soak the strip holder in the sterilizing solution for 10 minutes. Be sure the cleaning solution does not come in contact with the white calibration circle. Rinse with distilled water. Dry the strip holder with a soft cloth. Perform as needed.
	White Calibration Circle	Clean the white calibration circle as necessary using a cotton swab or cotton ball dampened with distilled water. Dry with a clean, dry cotton ball	

Northside Hospital

PRODUCT EXPIRATION INFORMATION – INPATIENT & OUTPATIENT SETTINGS

GENERAL RULES:

1. Single dose/unit dose products should be used whenever possible and discarded after each patient use
2. Multi dose products should be handled to prevent contamination of the original container
    - Multi-dose vials with preservatives expire **28** days after opened unless the manufacturer recommendations are less than **28** days
    - Multi-dose external preparations with preservatives (Examples: Hibiclens, Betadine, Isopropyl Alcohol, H2O2, KY Jelly, topical antibiotics, topical lidocaine)
        - **Hospital Inpatient Care Units** – use on a single patient until patient discharge/product expiration date unless contaminated
        - **Procedural/Office Areas** – may use on multiple patients until product expiration date with all of the following stipulations: 1) product must be transferred to a clean container for individual patient use (basin, unit dose cup, etc.) **AND** 2) clean container must be labeled if not used immediately **AND** 3) stock bottle remains uncontaminated
3. Dates written on products should indicate the **EXPIRATION DATE** (both the opening date and the expiration date may be used on the label, but the expiration date ***must*** be clearly stated on the label).

ITEM	EXPIRATION
A. External Preparations with preservatives a. Antiseptics (i.e., alcohol, hydrogen peroxide, iodophors/betadine, hibiclens, etc.) b. Lotions, creams, and pastes	• Unopen: Manufacturer label date • Open: **See general rules above
B. Irrigation fluids (i.e., saline solution, sterile water, etc.)	• Unopen: Manufacturer label date • Open: Single patient, single use, then discard
C. Products compounded in pharmacy	• Pharmacy labeled date
D. Ultrasound gel bottles	• Unopen: manufacturer label date • Open: 28 days after opened
E. Ultrasound gel-sterile, single use packs	• Single use only
F. Disinfectants	• Manufacturer date* **If date is not listed on container, then the product does not expire*

These are general recommendations and it is recognized that practice may vary in special/unique situations.

Screening for Emerging Infectious Diseases

Infection Prevention
Northside Hospital

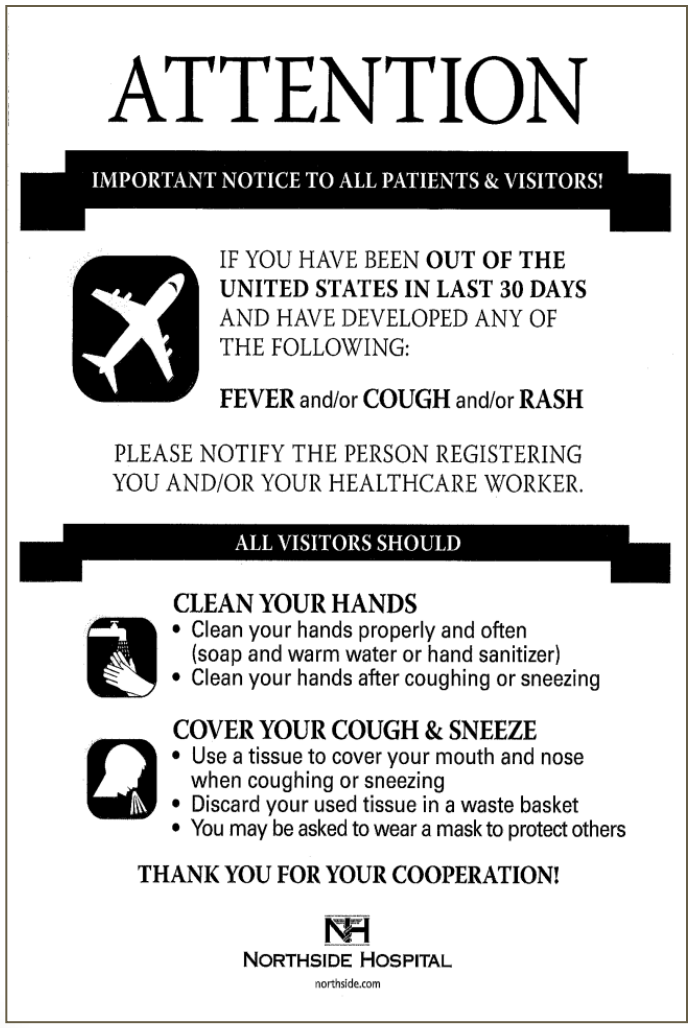
Emerging Infectious Diseases

- The World Health Organization has recently terminated their warning for a public health emergency regarding the Ebola outbreak in Africa
- It has been recognized that public health emergencies may occur in the future and healthcare institutions need to be continually ready for patients who present with an emerging infectious disease.

Continuous Readiness

- What to stop
  - Remove the Ebola signs from your area
  - Discontinue the Ebola screening tools
  - No need to ask the questions regarding Ebola
- What to start
  - Order and post new travel screening signs
  - Allow patients to self report travel and or symptoms

Ordering new signs



ATTENTION

IMPORTANT NOTICE TO ALL PATIENTS & VISITORS!

IF YOU HAVE BEEN **OUT OF THE UNITED STATES IN LAST 30 DAYS** AND HAVE DEVELOPED ANY OF THE FOLLOWING:

FEVER and/or **COUGH** and/or **RASH**

PLEASE NOTIFY THE PERSON REGISTERING YOU AND/OR YOUR HEALTHCARE WORKER.

ALL VISITORS SHOULD

CLEAN YOUR HANDS

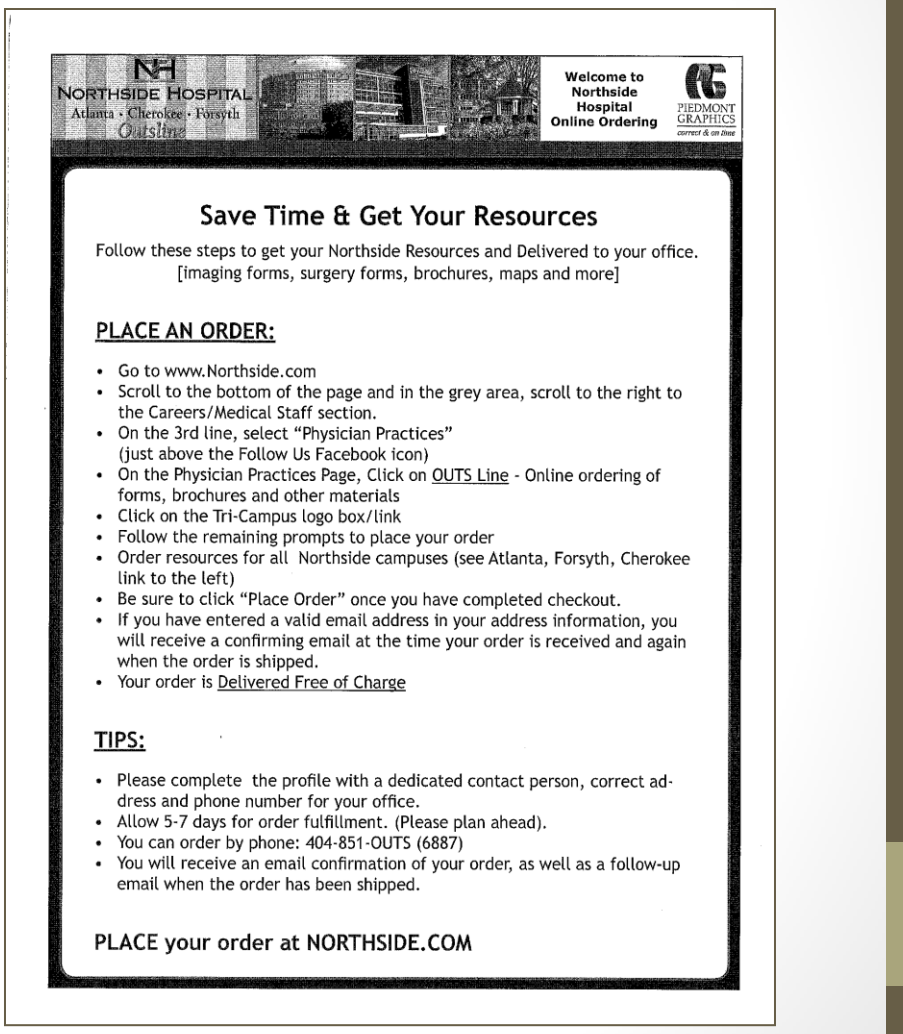
- Clean your hands properly and often (soap and warm water or hand sanitizer)
- Clean your hands after coughing or sneezing

COVER YOUR COUGH & SNEEZE

- Use a tissue to cover your mouth and nose when coughing or sneezing
- Discard your used tissue in a waste basket
- You may be asked to wear a mask to protect others

THANK YOU FOR YOUR COOPERATION!

NORTHSIDE HOSPITAL
northside.com



NORTHSIDE HOSPITAL
Atlanta · Cherokee · Forsyth
OutsLine

Welcome to Northside Hospital Online Ordering

PIEDMONT GRAPHICS
correct & on time

Save Time & Get Your Resources

Follow these steps to get your Northside Resources and Delivered to your office.
[imaging forms, surgery forms, brochures, maps and more]

PLACE AN ORDER:

- Go to www.Northside.com
- Scroll to the bottom of the page and in the grey area, scroll to the right to the Careers/Medical Staff section.
- On the 3rd line, select "Physician Practices" (just above the Follow Us Facebook icon)
- On the Physician Practices Page, Click on OUTS Line - Online ordering of forms, brochures and other materials
- Click on the Tri-Campus logo box/link
- Follow the remaining prompts to place your order
- Order resources for all Northside campuses (see Atlanta, Forsyth, Cherokee link to the left)
- Be sure to click "Place Order" once you have completed checkout.
- If you have entered a valid email address in your address information, you will receive a confirming email at the time your order is received and again when the order is shipped.
- Your order is Delivered Free of Charge

TIPS:

- Please complete the profile with a dedicated contact person, correct address and phone number for your office.
- Allow 5-7 days for order fulfillment. (Please plan ahead).
- You can order by phone: 404-851-OUTS (6887)
- You will receive an email confirmation of your order, as well as a follow-up email when the order has been shipped.

PLACE your order at NORTHSIDE.COM

Patient Self Reporting of an Emerging Infectious Disease

If a patient self reports that they have symptoms of the following:

- fever, and/or cough, and/or rash

AND

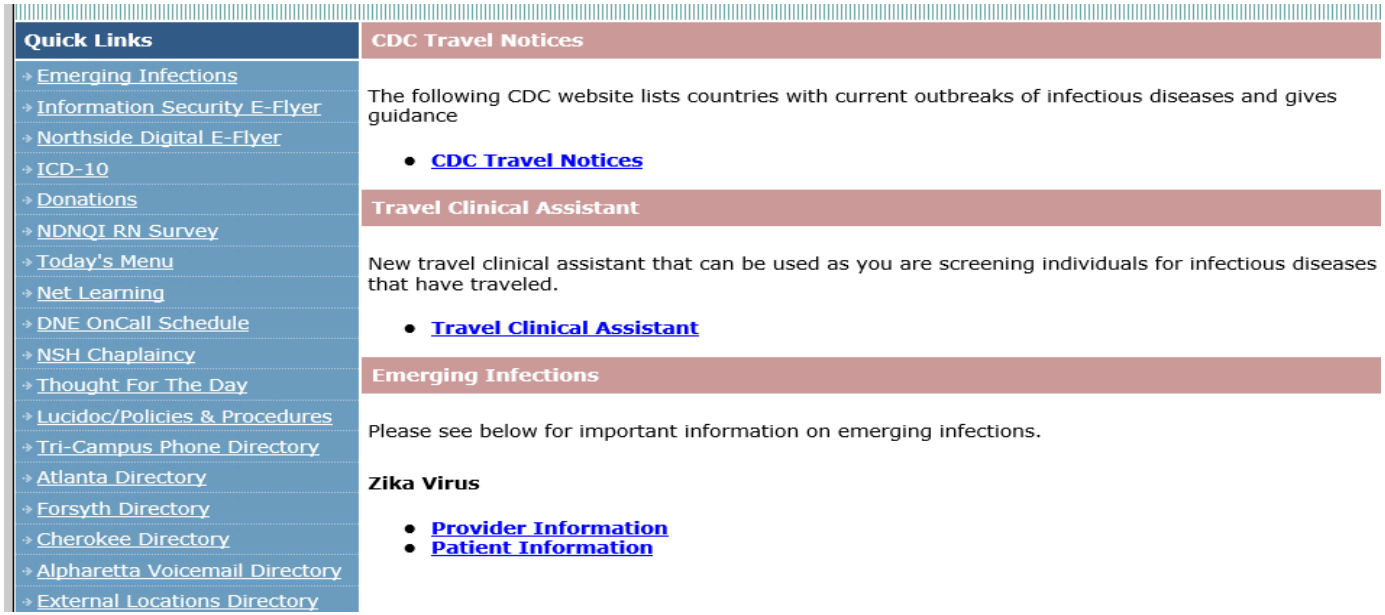
- has traveled out of the United States

The following should occur:

- Hospitals contact the house supervisor for further directions
- Outpatient areas contact your clinical liaison as you did during the Ebola screening
- Further information can be found at: http://dph.georgia.gov/TravelClinicalAssistant

CDC travel notifications

A link to the CDC website is available on the Northside Hospital intranet home page



- The following CDC website lists countries with current outbreaks of infectious diseases and gives guidance:
  http://wwwnc.cdc.gov/travel/notices

Beth N Morrow MSN, RN, CIC, GCNS-BC
Manager Outpatient Infection Prevention
Northside Hospital
Office: 404-845-5614
Fax: 404-845-5876
beth.morrow@northside.com

Selecting, Evaluating, and Using Sharps Disposal Containers

U.S. Department of Health and Human Services
Public Health Service
CDC
NIOSH

General location and placement:
Proper sharps disposal containers location and placement should ensure that containers are placed according to the following recommendations:

- Readily visible
- Within easy horizontal reach of the user
- Placed with no furniture or other obstacles between the site of use and the container
- Placed to allow the worker to dispose of the device as soon as possible after use – preferably without needing to put the device down and pick it up again
- Placement in compliance with any existing State or local regulations or site-specific certification or accreditation licensing requirements.
- Placed so that where containers are fixed to walls, the vertical height should allow the worker to view the opening or access of the containers

Special situations. . . examples. . . mental health facilities

- If necessary, in areas with high patient or visitor traffic, sharps disposal containers should be mounted in a lockable fixture
- In the emergency room, sharps disposal containers may need to be mounted on wheels to facilitate the movement of gurneys and monitoring equipment

Installation height:

- Sharps disposal containers should be placed within arm's reach and below eye level at their point of use
- For certain types of permanently fixed, wall-mounted containers, an ergonomically acceptable range of installation height can be calculated. The following criteria should be used to determine the optimal range for fixed installation height:
  (1) Users should have a clear, unobstructed view of the container inlet opening,
  (2) The container should be located within arm's reach, and
  (3) The fixture height should be below the eye level of 95% of adult female workers

These requirements yield an optimal installation range of
56 – 52 inches at a standing workstation, and
42 – 38 inches for a seated workstation

BBP Standard:
Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonable anticipated to be found.

NORTHSIDE HOSPITAL

We are in this together.

Thank you for sitting 6 feet apart. Please locate a seat without signage.

Stericycle
Protecting People. Reducing Risk.

(866) 338-5120
www.Stericycle.com

REGULATED MEDICAL WASTE

These DO go in the red bag:

Contaminated:

- Visibly Bloody Gloves
- Visibly Bloody Plastic Tubing
- Visibly Contaminated PPE
- Saturated Gauze
- Saturated Bandages
- Blood Saturated Items
- Closed Disposable Sharps Containers

Special handling and marking may be required for:

- Certain Pathological Waste*
- Trace-Chemotherapy*

These DON'T go in the red bag:


Medication*


Garbage


Loose Sharps


Fluorescein


Cauterizers


Batteries of Any Type


Hazardous and Chemical Waste


Compressed Gas Cylinders


Fixatives and Preservatives


Radioactive Waste

This document has been provided for the exclusive use by Stericycle and Stericycle customers. It is the intellectual property of Stericycle, Inc. and should not be reproduced without the express written consent from Stericycle, Inc.

*Please check with your local state regulations.

Suspected TB Exposure Outpatient Location

1. IP is notified of suspicion of TB
    a. IP Works with the suspicious location to gather two patient identifiers, what makes the provider suspicious? i.e. History, Exposure, CXR -
    b. Reassure clinic coordinator we will follow and determine if it is in fact an exposure and explain process....
    c. Gather information from Clinic Coordinator regarding how long was patient in the office, who spent time with them - doing what.... (Save this information in case of confirmation)
2. IP contacted notifies Outpatient IP Manager of R/O TB patient in the outpatient setting
   IP Notifies Atlanta TB IP as well as Atlanta Employee health of R/O TB Patient in case of inquiries
3. Outpatient IP manager reviews information in Physician Portal (If manager unavailable contact other outpatient IP with Portal Access)
    a. If data is available in portal all data saved and shared with identifying IP
    b. If no data available in portal IP works with Clinic Coordinator to gain access to Medical Record
4. Determine if the patient does in fact have TB
    a. i.e. - Positive Smear for Mycobacterium Tuberculosis
    b. Positive Culture for Mycobacterium Tuberculosis
    c. Confirmation by Public Health
5. If patient rules out notify clinic coordinator and Atlanta TB IP of negative results
    a. No further action needed
6. If Patient Rules In progress below..
7. If Patient does in fact have TB - notify Outpatient IP Manager if she is not already aware and she will determine which employee health department to coordinate with and will enter the case into SENDSS
8. Original IP or Outpatient IP Manager notifies system epidemiologist of case
    a. Patient background
    b. Confirmatory Testing
    c. Initial exposure information gathered during first bullet
9. System Epidemiologist makes determination of who should be screened
    a. Confirmation of positive test as well as Epidemiologists recommendation who should be screened is shared with Clinic Coordinator
    b. Confirmation of positive test as well as Epidemiologists (via form letter) recommendation who should be screened is shared with Employee Health (via form letter)
    c. Confirmation of positive test as well as Epidemiologists (via form letter) recommendation who should be screened is shared with Atlanta TB IP (via form letter)
10. Original IP or Outpatient IP manager facilitates connection of appropriate Employee Health representative with Clinic Coordinator
11. If any post-exposure conversions Employee Health Notifies Infection Prevention

Isolation / Transmission Based Policy Precautions and Procedure for Ambulatory Care

Policy

The CDC's 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings is utilized as the reference for the Northside Hospital Isolation Policy and Procedure, inclusive of the following:

- TABLE 2: "Clinical Syndromes or Conditions Warranting Empiric Transmission-Based Precautions in Addition to Standard Precautions Pending Confirmation of Diagnosis"
- Table 3: "Infection Control Considerations for High-Priority (CDC Category A) Diseases that May Result From Bioterrorist Attacks or Are Considered To Be Bioterrorist Threats"
- Table 4: "Recommendations for Application Of Standard Precautions For The Care Of All Patients In All Healthcare Settings"

See Special Considerations section of this policy for additional Northside Hospital-specific policy requirements.

Standard Precautions

Standard Precautions are used for the care of **all patients**.

Transmission-Based Precautions

Transmission-Based Precautions are used for the care of patients with certain diseases where the route of disease transmission is not completely interrupted using Standard Precautions alone.

Personal Protective Equipment

- Includes gowns, mask, face shield, goggles/eye protection, and gloves.
- These items should be worn once and discarded in the trash.
- The types of PPE will vary based on the level of precautions required.
- Use proper mechanism to don and remove PPE: see Example of Safe Donning and Removal of Personal Protective Equipment. If unusual circumstances arise, which require the need for altered isolation practices and/or Personal Protective Equipment use, the Infection Prevention Department will provide guidance based upon current CDC recommendations.

PROCEDURE:

STANDARD PRECAUTIONS

Assume that every person is potentially infected or colonized with an organism that could be transmitted in the healthcare setting and apply the following infection prevention practices during the delivery of health care.

Hand Hygiene

- Perform hand hygiene according to the Northside Hospital Infection Prevention Policy for Hand Hygiene.
- During the delivery of healthcare, avoid unnecessary touching of surfaces in close proximity to the patient to prevent both contamination of clean hands from environmental surfaces and transmission of pathogens from contaminated hands to surfaces.

Personal protective equipment (PPE)

- Observe the following principles of use:
    - Wear PPE when the nature of the anticipated patient interaction indicates that contact with blood or body fluids may occur.
    - Prevent contamination of clothing and skin during the process of removing PPE.
    - Before leaving the patient's room, cubicle, or isolation space, remove and discard PPE.

Gloves

- Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non intact skin, or potentially contaminated intact skin (e.g., of a patient incontinent of stool or urine) could occur.
- Wear gloves with fit and durability appropriate to the task.
- Remove gloves after contact with a patient and/or the surrounding environment (including medical equipment) using proper technique to prevent hand contamination. Do not wear the same pair of gloves for the care of more than one patient.
- Change gloves during patient care if the hands will move from a contaminated body site (e.g., perineal area) to a clean body site (e.g., face).
- Wash hands after glove removal.

Gowns

- Wear a gown, that is appropriate to the task, to protect skin and prevent soiling or contamination of clothing during procedures and patient-care activities when contact with blood, body fluids, secretions, or excretions is anticipated.
- Wear a gown for direct patient contact if the patient has uncontained secretions or excretions.
- Remove gown and perform hand hygiene before leaving the patient's environment.
- Do not reuse gowns, even for repeated contacts with the same patient.

Mouth, nose, eye protection

- Use PPE to protect the mucous membranes of the eyes, nose and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions and excretions. Select masks, goggles, face shields, and combinations of each according to the need anticipated by the task performed.
- During aerosol-generating procedures (e.g., bronchoscopy, suctioning of the respiratory tract [if not using in-line suction catheters], endotracheal intubation) in patients who are not suspected of being infected with an agent for which respiratory protection is otherwise recommended (e.g., M. tuberculosis, SARS or hemorrhagic fever viruses), wear one of the following: a face shield that fully covers the front and sides of the face, a mask with attached shield, or a mask and goggles (in addition to gloves and gown).

Patient placement

- Include the potential for transmission of infectious agents in patient-placement decisions. Place patients who pose a risk for transmission to others (e.g., uncontained secretions, excretions or wound drainage; infants with suspected viral respiratory or gastrointestinal infections) in a single-patient room when available.
- Determine patient placement based on the following principles:
  - Route(s) of transmission of the known or suspected infectious agent.
  - Risk factors for transmission in the infected patient.
  - Risk factors for adverse outcomes resulting from a Health-care Associated Infections in other patients in the area or room being considered for patient-placement.
  - Availability of single-patient rooms.
  - Patient options for room-sharing (e.g., cohorting patients with the same infection)

Respiratory Hygiene/Cough Etiquette

- Respiratory Hygiene/Cough Etiquette is incorporated into Infection Prevention practices as a component of Standard Precautions. The strategy is targeted at patients and accompanying family members and friends with undiagnosed transmissible respiratory infections, and applies to any person with signs of illness including cough, congestion, runny nose, or increased production of respiratory secretions when entering a healthcare facility. The elements of Respiratory Hygiene/Cough Etiquette include:
  -
    - Education of healthcare facility staff, patients, and visitors;
    - Posted signs with instructions to patients and accompanying family members or friends; click here for posters in English and Spanish.
    - Source control measures (e.g., covering the mouth/nose with a tissue when coughing and prompt disposal of used tissues, using surgical masks on the coughing person when tolerated and appropriate);
    - Hand hygiene after contact with respiratory secretions;
    - Spatial separation, ideally >3 feet, of persons with respiratory infections in common waiting areas when possible;
    - Droplet Precautions (i.e., wear a mask) and hand hygiene when examining and caring for patients with signs and symptoms of a respiratory infection.

Safe injection practices

- The following recommendations apply to the use of needles, cannulae that replace needles, and, where applicable, intravenous delivery systems
    - Use aseptic technique to avoid contamination of sterile injection equipment.
    - Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed. Needles, cannulae and syringes are sterile, single-use items; they should not be reused for another patient nor to access a medication or solution that might be used for a subsequent patient.
    - Use fluid infusion and administration sets (i.e., intravenous bags, tubing and connectors) for one patient only and dispose appropriately after use. Consider a syringe or needle/cannula contaminated once it has been used to enter or connect to a patient's intravenous infusion bag or administration set.
    - Use single-dose vials for parenteral medications whenever possible.
    - Do not administer medications from single-dose vials or ampules to multiple patients or combine leftover contents for later use.
    - If multidose vials must be used, both the needle or cannula and syringe used to access the multidose vial must be sterile.
    - Do not keep multidose vials in the immediate patient treatment area and store in accordance with the manufacturer's recommendations; discard if sterility is compromised or questionable.
    - Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients.

Infection control practices for special lumbar puncture procedures

- Wear a surgical mask when placing a catheter or injecting material into the spinal canal or subdural space (i.e., during myelograms, lumbar puncture and spinal or epidural anesthesia).

Transmission Based Precautions for Ambulatory Care Setting:

Screening for potentially infectious symptomatic individuals should occur at the start of the initial patient encounter. Upon identification of a potentially infectious patient, implementation of prevention measures should be implemented. Refer to job aid for guidance of identifying potentially infectious patients in the outpatient setting.

In ambulatory settings:

- For patients requiring Contact Precautions
    - Place patients who require Contact Precautions in an examination room or cubicle as soon as possible.
        - When private rooms are in short supply, apply the following principles for making decisions on patient placement:
        - Prioritize patients with conditions that may facilitate transmission (e.g., uncontained drainage, stool incontinence) for single-patient room placement.
- For patients requiring Droplet Precautions
    - Place patients who require Droplet Precautions in an examination room or cubicle as soon as possible and implement Respiratory Hygiene/Cough Etiquette.2/19/2019
- For patients requiring Airborne Precautions
    - Patients with known or suspected infections that require Airborne Precautions should be identified upon entry into ambulatory settings.
    - Place the patient in a negative air flow room as soon as possible. If a negative air flow room is not available, place a surgical mask on the patient and place him/her in

an examination room. Once the patient leaves, the room should remain vacant for the appropriate time, generally one hour, to allow for a full exchange of air.

- Instruct patients with a known or suspected airborne infection to wear a surgical mask and observe Respiratory Hygiene/Cough Etiquette. Once in a negative air flow room, the mask may be removed; the mask should remain on if the patient is not in a negative air flow room.

Transmission Based Precautions for Outpatient Departments

Created by Northside Outpatient Infection Prevention

NORTHSIDE HOSPITAL

Date Created January 2019

Target Audience All Outpatient Patient Care Providers

(nursing, PCT, patient care staff, etc.)

Scope: All Northside Outpatient Departments

(department, service line, campus, etc.)

NORTHSIDE HOSPITAL

Objectives

- To introduce the outpatient patient care provider to the concept of transmission based precautions in the outpatient setting
- To re-stress the importance of Standard Precautions including Hand Hygiene to break the chain of infection transmission
- Introduce new Northside Outpatient Infection Prevention Policy – Transmission based precautions in the outpatient setting

Start with Standard Precautions

- Don't touch any thing wet or moist….wear gloves
  - Perform hand hygiene before you don and doff
- Don't let anyone cough in your face
  - Wear a mask if within 3 feet of a patient who is coughing
- Protect your clothes from exposure to blood and body fluids
  - Wear a gown if your body may be in contact with a patients body fluids

NORTHSIDE HOSPITAL

Transmission based precautions: hand hygiene

- Clean your hands:
  - Before eating
  - Before and after having direct contact with a patient's intact skin (taking a pulse or blood pressure, performing physical examinations, lifting the patient in bed)
  - After contact with blood, body fluids or excretions, mucous membranes, non-intact skin, or wound dressings
  - After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient
  - If hands will be moving from a contaminated-body site to a clean-body site during patient care
  - After glove removal
  - After using a restroom

NORTHSIDE HOSPITAL

Transmission based precautions: Hand Hygiene

- Techniques for Washing Hands with Soap and Water
  - The CDC Guideline for Hand Hygiene in Healthcare Settings [PDF – 1.3 MB] recommends:
    - When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product recommended by the manufacturer to your hands, and rub your hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers.
    - Rinse your hands with water and use disposable towels to dry. Use towel to turn off the faucet.
    - Avoid using hot water, to prevent drying of skin.
- When using alcohol-based hand sanitizer:
  - Put product on hands and rub hands together
  - Cover all surfaces until hands feel dry
  - This should take around 20 seconds

NORTHSIDE HOSPITAL

Wash with Soap and water Vs Use of Alcohol based hand sanitizer

- Wash with Soap and Water
  - When hands are visibly dirty
  - After known or suspected exposure to *Clostridium difficile* if your facility is experiencing an outbreak or higher endemic rates
  - After known or suspected exposure to patients with infectious diarrhea during *norovirus* outbreaks
  - Before eating
  - After using a restroom
- Use Alcohol-Based Hand Sanitizer
  - For everything else

NORTHSIDE HOSPITAL

Transmission based precautions: The Patient is Coughing

Issue/ Complaint	Potential Method of Transmission	Precautions
Coughing	Droplets	• Have patient wear surgical mask (change when damp). • Place patient in an exam room or cubicle as soon as possible. Instruct patients to follow Respiratory Hygiene/Cough Etiquette recommendations. • If patient is tolerating mask have patient continue to wear mask (covering both mouth and nose) in exam room. • If patient is not able to tolerate mask, all healthcare worker entering exam room should wear a surgical mask.

NORTHSIDE HOSPITAL

Transmission based precautions: the patient has Diarrhea

Issue/ Complaint	Potential Method of Transmission	Precautions
Diarrhea	Contact	• Place patients in an exam room or cubicle as soon as possible. • Wear gloves. • Gown when anticipate contact with blood/ body fluids/ stool. • Clean exam room with sporicidal cleaner such as bleach (orange topped Sani Cloth). • In case of incontinence or use of restroom in clinic, clean with sporicidal cleaner such as bleach (orange topped Sani cloth).

NORTHSIDE HOSPITAL

Transmission based precautions: the Patient might have Tuberculosis

Issue/ Complaint	Potential Method of Transmission	Precautions
R/O TB	Airborne	• Mask (surgical) the patient and place the patient in a private room with the door closed until the patient is either transferred to a facility with a negative airflow room or returned home

NORTHSIDE HOSPITAL

Transmission based precautions: the Patient might have Meningitis

Issue/ Complaint	Potential Method of Transmission	Precautions
R/O Meningitis	Droplets	• Have patient wear surgical mask (change when damp) and move to private exam room ASAP. • Transfer when appropriate.

NORTHSIDE HOSPITAL

Transmission based precautions: the Patient has a Febrile Rash

Issue/ Complaint	Potential Method of Transmission	Precautions
Febrile Rash R/O measles, chickenpox	Contact Airborne	• Place patients in an exam room or cubicle as soon as possible. • Wear gloves. • Gown when anticipate contact with blood/ body fluids/non-intact skin. • If question of measles or chickenpox: Also, mask (surgical) the patient and place the patient in a private room with the door closed until chickenpox or measles diagnosis ruled out.

NORTHSIDE HOSPITAL

Transmission based precautions: the Patient has a Draining Wound

Issue/ Complaint	Potential Method of Transmission	Precautions
Draining Wound	Contact	• Place patients in an exam room or cubicle as soon as possible. • Wear gloves. • Gown when anticipate contact with blood/ body fluids/ draining wound.

NORTHSIDE HOSPITAL

Separate Patients with Potential Infectious Diseases

- Separate all patients with a potential of ANY infectious disease
- Put patients in private room, cubical, or isolated area
- Communicate to medical staff of the presence of this patient
- Call Infection prevention for assistance as necessary

NORTHSIDE HOSPITAL

Measles?

Employee Exposure?

Need IP Education?

Chicken Pox?

Plumbing leak/Flood

Starting new procedure?

When should I call Infection Prevention?

Any Infection Prevention Question

Beth N Morrow Cell: 404-803-1092

Pam Falk Cell: 409-392-0402

Renee Miller Cell: 678-357-4794

Wanda Strzemienski Cell: 706-296-8201

Planning construction/ renovation?

Travel Related Infection?

Mumps?

Meningitis?

TB?

Public Health Calling?

NORTHSIDE HOSPITAL

Summary

- Standard Precautions including Hand Hygiene is the basis for breaking any chain of infection
- Transmission Based Precautions in the outpatient setting is symptom/ active illness based and not history based

Policy

- All applicable policies for staff review
  - Transmission Based Precautions in the Outpatient Setting
- Additional associated policies for review
  - Hand Hygiene Policy Infection Prevention System Wide G.I.4
  - Hospital wide Infection Control Policy Infection Prevention System-Wide 20331

References

- CDC Basic Infection Control and Prevention Plan for Outpatient Oncology Settings Retrieved January 30, 2019 from, https://www.cdc.gov/hai/settings/outpatient/basic-infection-control-prevention-plan-2011/index.html
- CDC Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care Retrieved January 30, 2019 from, https://www.cdc.gov/hai/settings/outpatient/outpatient-care-guidelines.html
- CDC Guidelines for Hand Hygiene in Healthcare Settings (2002) Retrieved January 30, 2019 from, https://www.cdc.gov/infectioncontrol/guidelines/hand-hygiene/index.html
- CDC Environmental Infection Control Guidelines Retrieved January 30, 2019 from, https://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html
- CDC Standard Precautions for All Patient Care Retrieved January 30, 2019 from, https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html

Post test

- Use a word document
- Highlight the correct answer
- 5-10 questions for learning validation
- Use mix of multiple choice and True/False
  - Avoid using all True/false

(Post test is not a part of the actual CBL, should accompany a CBL for validation and verification of completion)

NORTHSIDE HOSPITAL

ATTENTION

IMPORTANT NOTICE TO ALL PATIENTS & VISITORS!

IF YOU HAVE BEEN **OUT OF THE UNITED STATES IN LAST 30 DAYS** AND HAVE DEVELOPED ANY OF THE FOLLOWING:

FEVER and/or **COUGH** and/or **RASH**

PLEASE NOTIFY THE PERSON REGISTERING YOU AND/OR YOUR HEALTHCARE WORKER.

ALL VISITORS SHOULD

CLEAN YOUR HANDS

- Clean your hands properly and often (soap and warm water or hand sanitizer)
- Clean your hands after coughing or sneezing

COVER YOUR COUGH & SNEEZE

- Use a tissue or your arm to cover your mouth and nose when coughing or sneezing
- Discard your used tissue in a waste basket
- You may be asked to wear a mask to protect others

THANK YOU FOR YOUR COOPERATION!

NORTHSIDE HOSPITAL

northside.com

Measles?

Employee Exposure?

Need IP Education?

Chicken Pox?

Plumbing leak/Flood

Starting new procedure?

When should I call Infection Prevention?

Mumps?

Travel Related Infection?

Meningitis?

TB?

Public Health Calling?

Beth N Morrow Cell: 404-803-1092

Pam Falk Cell: 409-392-0402

Renee Miller Cell: 678-357-4794

Wanda Strzemienski Cell: 706-296-8201

Planning construction/ renovation?