Essentials of Infection Control for Frontline Staff in Ambulatory Surgical Facilities

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1. HAND HYGIENE

The basis of an effective infection prevention program begins with effective hand hygiene from the time the patient enters the ASF until discharge. The following elements are applicable to every staff member in the ASF that has contact with patients and the environment.

Perform hand hygiene:
- after removing gloves,
- after direct patient contact,
- before performing invasive procedures, and
- after contact with blood/body fluids and contaminated surfaces (even if gloves are worn).

Hand hygiene includes the following actions:
- Wash hands with soap and water when visibly dirty or contaminated with blood or other body fluids.
- If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in all clinical situations other than those listed under “handwashing.”

With regard to nail care, including artificial nails policy, fingernails are to be neatly manicured and of a reasonable length, not to exceed ¼” beyond the fingertip. Artificial nail enhancements are not to be worn. Nail polish is permitted, but anything applied to natural nails other than polish is considered an enhancement. This includes artificial nails, tips, wraps, appliqués, acrylics, gels, and any additional items to the nail surface.

2. STANDARD PRECAUTIONS

Standard Precautions apply to all patients because all blood, body fluids, excretions, and secretions except sweat are considered potentially infectious and are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection.

The following elements are applicable to every staff member in the ASF that has contact with patients and the environment:

- Hand hygiene (see above)
- Gloves
  - Wear gloves for procedures that might involve contact with blood and body fluids.
  - Wear gloves when handling potentially contaminated equipment.
- Removal of gloves
  - Remove gloves when moving to next task or patient.
  - To monitor hand hygiene (i.e., glove use), observe staff who are directly involved in patient care.

- Gowns
  - Wear a gown to prevent contamination of clothing and to protect skin from blood and body fluid exposures.
  - Remove a soiled gown as promptly as possible.
- Masks and eyewear (goggles)
  - Wear a mask that covers both the nose and the mouth and an eye shield or goggles during procedures and patient care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.
- 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, spinal or epidural anesthesia).
- Safe injection practices
  - CMS requires that the following practices are adhered to at all times when handling injectables in any form:
    - Use needles for only one patient.
    - Use syringes for only one patient.
    - Enter medication vials with a new needle each time.
    - Enter medication vials with a new syringe each time.
    - Label medications that are predrawn with the time of draw, initials of the person drawing, medication name, strength, and expiration date or time.
    - Use single-dose (single-use) medication vials for only one patient.
    - Use manufactured, prefilled syringes for only one patient.
    - Use intravenous solution bags for only one patient.
    - Use multidose, injectable medications for only one patient. If a multidose vial is used for more than one patient, disinfect the rubber septum on the vial with alcohol before each entry.
    - Date multidose medications used for more than one patient when the medications are first opened and discard the medications within 28 days of opening or according to manufacturer’s recommendations, whichever comes first.
– For multidose medications that are used for more than one patient, do not store or access the medications in the immediate areas where direct patient contact occurs.

– Dispose of all sharps in a puncture-resistant sharps container. Replace sharps containers when the fill line is reached.

• Blood glucose monitoring devices
  – Use a new, single-use, auto-disabling lancing device for each patient.
  – Do not use the glucose meter on more than one patient unless the manufacturer’s instructions indicate this is permissible.
  – If the glucose meter is designed for multiuse, clean and disinfect it after every use.

3. TRANSMISSION-BASED PRECAUTIONS

In the event that a patient needs isolation beyond the scope of Standard Precautions, place the patient on Contact Precautions, which include all the components of Standard Precautions, as well as the following additions:

• House the patient in a private room at all times, as per Centers for Disease Control and Prevention guidelines. Keep the patient out of common areas, including the waiting room.

• Limit the movement and transport of a patient in Contact Precautions.

• Dedicate the use of noncritical patient care equipment and items in precaution areas (e.g., stethoscopes, blood pressure cuffs, electronic thermometers).

It is preferable to reschedule surgery for patients infected with a pathogen that can be spread via the droplet route. Droplet Precautions are intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. In the event that surgery is unavoidable, adhere to the following:

• A single patient room is preferred for patients who require Droplet Precautions.

• When a single-patient room is not available, ensure spatial separation of more than 3 feet between patients and draw the curtain between patient beds.

• Don a mask upon entering the room where an infectious patient is housed, and wear the mask for the entirety of close contact with the infectious patient.

• Ensure patients on Droplet Precautions who must be transported outside the room wear a mask, if tolerated, and follow Respiratory Hygiene/Cough Etiquette.

4. ENVIRONMENTAL CLEANING

• Observe staff who perform environmental cleaning (e.g., surgical technicians, cleaning staff). Use of a cleaning checklist is suggested (monitoring tool provided).

• After each surgical or invasive procedure, clean and disinfect operating rooms (OR) with an Environmental Protection Agency (EPA)-registered disinfectant, according to department policy.

• Terminally clean ORs daily.

• Clean and disinfect with an EPA-registered disinfectant the high-touch surfaces in patient care areas.

• Ensure there is a procedure to decontaminate gross spills of blood.

5. CLEANING/DISINFECTION/STERILIZATION

At all times, strictly adhere to all ASF cleaning, disinfection, and sterilization policies and procedures.

• General points
  – Perform precleaning before sterilization and high-level disinfection.
  – Sterilize critical equipment (i.e., instruments and equipment that enters normally sterile tissue or the vascular system, such as surgical instruments).
  – Perform high-level disinfection semicritical equipment (i.e., items that come into contact with nonintact skin or mucous membranes, such as reusable flexible endoscopes and laryngoscope blades).

• Sterilization
  – Perform a biologic indicator test at least weekly and with all implantable loads.
  – Monitor each load with mechanical indicators (e.g., time, temperature, pressure).
  – Maintain up-to-date documentation for each piece of sterilization equipment, including results from each load.
  – Appropriately contain and handle items during the sterilization process to ensure that sterility is not compromised before use.
  – After sterilization, store medical devices and instruments in a designated clean area to ensure that sterility is not compromised.
  – Inspect sterile packages for integrity, and reprocess compromised packages (event related).

• High-Level Disinfection
  – Disinfect (high-level) or sterilize semicritical equipment.
  – Specify the method of high-level disinfection (e.g., manual, automated, other processes).
  – Before high-level disinfection, preclean items according to manufacturer’s instructions or evidence-based guidelines. Before high-level disinfection,
visually inspect medical devices and instruments for residual soil, and reclean as needed.

– Maintain high-level disinfection equipment according to manufacturer instructions.

– Ensure chemicals used for high-level disinfection are in accordance with ASF policy. Ensure instruments requiring high-level disinfection are disinfected for the appropriate length of time and at the right temperature.

– Allow items that undergo high-level disinfection to dry before use.

– Following high-level disinfection, store items in a designated clean area in a manner to prevent contamination.

6. SINGLE-USE ITEMS

• If single-use devices are reprocessed, ensure the devices are as follows:
  – Approved by the U.S. Food and Drug Administration (FDA) for reprocessing
  – Reprocessed by an FDA-approved reprocessor

7. VISITORS

• The ASF is responsible for advising all visitors of the infection prevention policies that are in place for the purpose of patient and employee safety. This includes hand hygiene and use of personal protective equipment (PPE). Do not permit into the ASF persons with signs and symptoms (e.g., cold, sore throat cough) of an acute infection, such as upper or lower respiratory infection.

8. TRAFFIC CONTROL

• Deter unauthorized persons and equipment from entering the restricted area in compliance with established infection control policies and regulatory standards.

• Each ASF can incorporate a policy relating to restricted areas and traffic flow in and out of those areas. In general, restricted areas include all OR suites, hallways outside of OR rooms, OR sterile supply rooms, OR work rooms, scope cleaning rooms, scope storage rooms, equipment storage rooms, decontamination rooms, and instrument processing rooms.

• The preoperative and postanesthesia care areas are unrestricted for OR attire but traffic is restricted and kept to a minimum.

BACKGROUND

The Centers for Medicare and Medicaid Services (CMS) requires that ambulatory surgical facilities (ASF) across the nation implement and/or maintain a facility-wide infection prevention program that follows nationally recognized guidelines. Minimum expectations across the continuum have resulted in a change in best practices for the purpose of safe patient care.

REFERENCES


The Pennsylvania Patient Safety Authority, a national John Eisenberg Award winner for patient safety, is an independent state agency charged with taking steps to reduce and eliminate medical errors by identifying problems and recommending solutions that promote patient safety.