SOUTHERN EVALS
EVALUATE. EDUCATE. ENHANCE

LRHA Presents

LOUISIANA
RURAL INFECTION CONTROL TRAINING PROGRAM

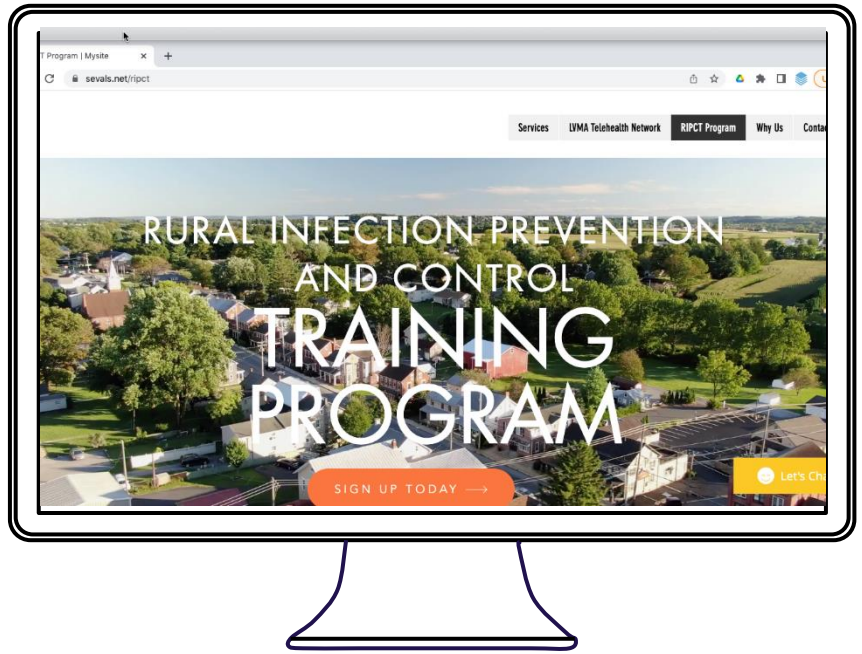
Educating Rural Hospitals and Rural Health Clinics on the most up to date evidence-based practices to ensure regulatory success and utmost patient safety

1010 Main Street
www.sevals.net

Good Morning Shout-Outs

Let's get comfortable with how this presentation will go forward and how to utilize the platform

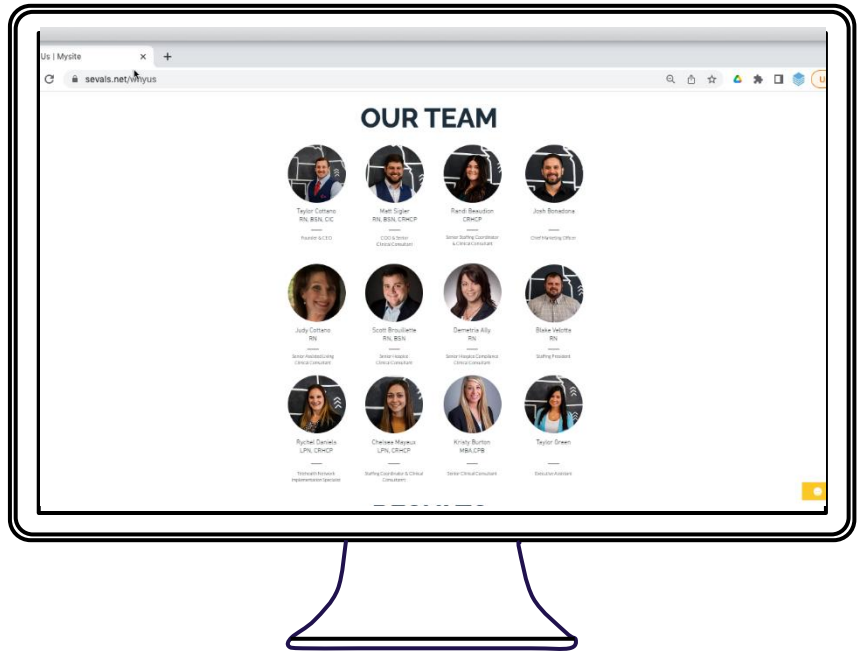
- Where Are You From?
- How long in Infection Control Role?
- Are you signed up yet?



Who Is Southern EVALS

Louisiana Born. Compliance Experts. Problem Solvers.

- Mission: Help Hardworking Healthcare Providers Increase Revenue and Maximize Patient Safety
- Values: Honesty. Transparency. Consistency. Hard Work. Compassion
- Vision: Provide Safer Care for 1 Billion Patients by Helping 10,000 Healthcare Providers Succeed.



"Provide Safer Care For 1 BILLION Patients"

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HOSPITAL ADVANCED 1

A Deep Dive into the regulatory compliance involved with reprocessing reusable critical equipment, instruments and devices in the hospital setting

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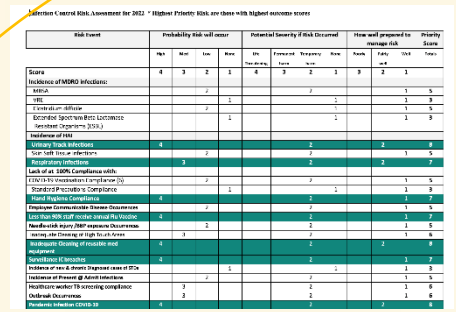
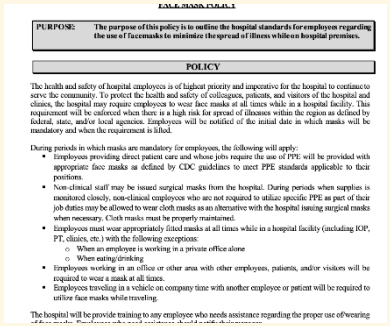
The Three P's



Infection Control Risk Assessment for 2022 * Highest Priority Risk are those with highest outcome scores

Risk Event	Probability Risk will occur				Potential Severity if Risk Occurred				How well prepared to manage risk			Priority Score
	High	Med	Low	Rare	Life Threatening	Permanent Harm	Temporary Harm	None	Needs Work	Fairly well	Well Prepared	
Score	4	3	2	1	4	3	2	1	3	2	1	
Incidence of MDRO Infections:												
MRSA			2				2				1	5
VRE				1				1			1	3
C.difficile Difficile			2					1			1	5
Extended Spectrum Beta Lactamase Resistant Organisms (ESBL)				1				1			1	3
Incidence of HAI												
Urinary Track Infections	4						2			2		8
Surgical Site Infections			2				2				1	5
Respiratory Infections		3					2			2		7
Lack of at 100% Compliance with:												
COVID-19 Vaccination Compliance (V)			2				2				1	5
Standard Precautions Compliance				1				1			1	3
Hand Hygiene Compliance	4						2				1	7
Employee Communicable Disease Occurrences			2				2				1	5
Less than 90% staff receive annual Flu Vaccine	4						2				1	7
Needlestick injury /BBP exposure Occurrences			2				2				1	5
Nursing Unit Cleaning of High Touch Areas		3					2				1	6
Inadequate Cleaning of reusable med equipment	4						2			2		8
Surveillance Elements	4						2				1	7
Incidence of new & chronic Diagnosed cases of STDs				1				1			1	3
Incidence of Present @ Admit Infections			2				2				1	5
Healthcare worker TB screening compliance		3					2				1	6
Outbreak Occurrences		3					2				1	6
Pandemic Infection (COVID-19	4						2			2		8

Paperwork



PURPOSE: The purpose of this policy is to outline the hospital standards for employees regarding the use of facemasks to minimize the spread of illness within on hospital premises.

POLICY

The health and safety of hospital employees is of highest priority and imperative for the hospital to continue to serve the community. To protect the health and safety of colleagues, patients, and visitors of the hospital and clinics, the hospital may require employees to wear face masks at all times while in a hospital facility. This requirement will be enforced when there is a high risk for spread of illnesses within the region as defined by federal, static, and/or local agencies. Employees will be notified of the initial date in which masks will be mandatory and when the requirement is lifted.

During periods in which masks are mandatory for employees, the following will apply:

- Employees providing direct patient care and whose jobs require the use of PPE will be provided with appropriate face masks as defined by CDC guidelines to meet PPE standards applicable to their positions.
- Non-clinical staff may be issued surgical masks from the hospital. During periods when supplies is monitored closely, non-clinical employees who are not required to utilize specific PPE as part of their job duties may be allowed to wear cloth masks as an alternative with the hospital issuing surgical masks when necessary. Cloth masks must be properly maintained.
- Employees must wear appropriately fitted masks at all times while in a hospital facility (including IOP, PT, clinics, etc.) with the following exceptions:
  - When an employee is working in a private office alone
  - When eating/drinking
- Employees working in an office or other area with other employees, patients, and/or visitors will be required to wear a mask at all times.
- Employees traveling in a vehicle on company time with another employee or patient will be required to utilize face masks while traveling.

The hospital will be provide training to any employee who needs assistance regarding the proper use of/wearing

Policy and Procedure

Practice

You Can Make A DIFFERENCE!!!

It is up to you as a healthcare leader to make positive changes that will have positive effects on YOUR COMMUNITY.

SOUTHERN EVALS

CLASSIFICATION AND DEFINITIONS

The Setup, Documentation and Processes that are required for safety and regulatory compliance

ONE OF THE TOP 3 MOST FREQUENTLY CITED STANDARD SINCE 2014

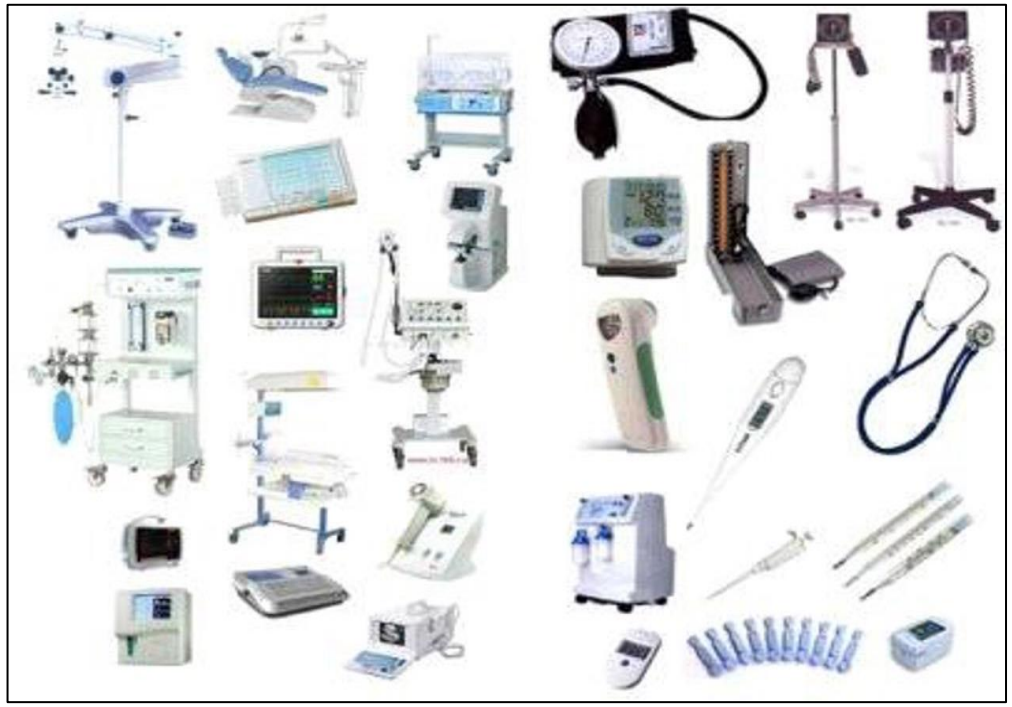
"KINDA A BIG DEAL" - Anchorman

SOUTHERN EVALS

The SPAULDING CLASSIFICATION

The Spaulding Classification defines the minimum levels of disinfection (or sterilization) that should be employed according to the infection risk associated with a medical device.

The system is divided into three categories of medical equipment and devices and their recommended levels of disinfection or sterilization.



"KNOW THE CLASS TO PASS"

CRITICAL DEVICES

Enter normally sterile tissue or the vascular system

- **Surgical instruments**
- **Cardiac Catheters**
- **Implants**
- **Some Endoscopes-based on patient contact and manufacturers instructions for use**
- **These devices must be sterilized which is defined as the destruction of all microbial life**

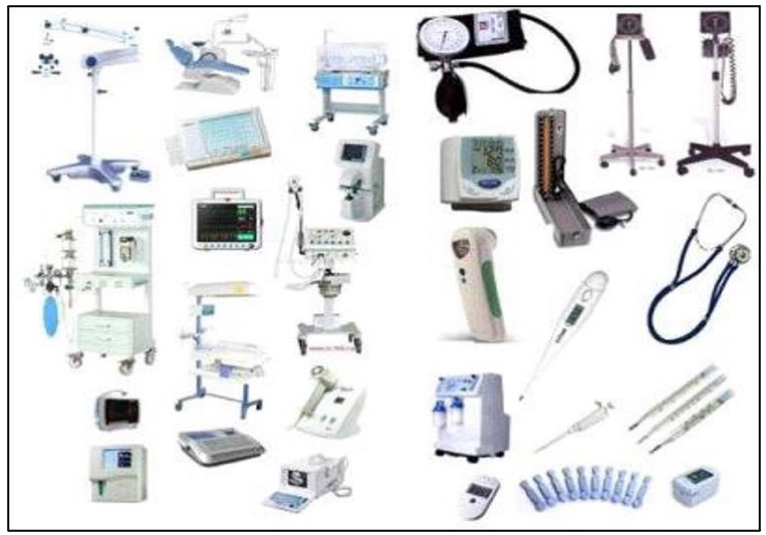
SEMI-CRITICAL DEVICES

Contact Mucous Membranes or Non-Intact Skin and require at minimum high-level disinfection

- **Most Endoscopes**
- **Speculums**
- **Laryngoscope Blades**
- **Vaginal Ultrasound Probes**
- **These devices must be high level disinfected which is complete elimination of all microorganisms in or on an instrument except for small amounts of bacterial spores.**

NON-CRITICAL DEVICES

Devices that do not ordinarily touch the patient or touch only intact skin.



- **Stethoscopes**
- **Patient Carts**
- **Vitals Signs Machines**
- **Glucometers**
- **These items may be cleaned by low level disinfection.**

HIGH-LEVEL DISINFECTION

The process of complete elimination of all microorganisms in or on a device, except for small numbers of bacterial spores .

- **Glutaraldehyde**
- **Hydrogen Peroxide**
- **Ortho-phthaldehyde (OPA)**
- **Pay attention to all of the details on how to properly perform HLD. This has been a huge focus for the past couple of years with surveyors looking at every step of the process down to testing test strips and measuring the temperature of solutions.**

INSTRUMENT STERILIZATION

Validated process used to render a product free of all forms of viable microorganisms

- **Steam**
- **Gravity Displacement Steam or Pre-Vacuum Steam**
- **Ethylene Oxide (EO)**
- **Hydrogen Peroxide Gas Plasma**
- **Peracetic Acid Chemical Sterilization**

SOUTHERN EVALS

REGULATORY STANDARDS

What Regulatory Guidelines are and what you need to have in place for compliance

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Low-Level Disinfection

CMS: 42 CFR 482.42(a) 2.D.4

- Cleaners and disinfectant, including disposal wipes, are used in accordance with manufacturer's instructions (dilution, storage, shelf life, contact time)

CMS: 42 CFR 482.42(a) 2.D.14-2.D.18

- Reusable noncritical patient care devices (blood pressure cuffs, oximeter probes) are disinfected on a regular basis
- For patients on Contact Precautions, if dedicated disposable devices are not available, noncritical patient care devices are disinfected after use on each patient
- There is a clear designation of responsibility for disinfection of reusable le noncritical patient care devices.
- Manufacturers instructions for cleaning non-critical medical equipment are followed.
- Hydrotherapy equipment is drained cleaned and disinfected after each patient use.

TJC: IC.02.02.01 EP 1

- The hospital reduces the risk of infection associated with medical equipment, devices and supplies
- The hospital implements infection prevention and control activities when performing low-level disinfection of medical equipment, devices and supplies.

Circle Contact Time on Bottle

Surgical Procedures

Section 4.I. Surgical Procedures

Elements to be assessed		Surveyor Notes		Surveyor Notes
Surgical procedures are performed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:				
If unable to observe any surgical procedure, skip elements 4.I.1 to 4.I.8.	○ No observation available (If selected ALL questions from 4.I.1 – 4.I.8 will be blocked)		○ Second observation not available (If selected questions 4.I.1 – 4.I.8 RIGHT column will be blocked)	
4.I.1 Healthcare personnel perform a surgical scrub before donning sterile gloves for surgical procedures (in OR) using either an antimicrobial surgical scrub agent or an FDA-approved alcohol-based antiseptic surgical hand rub. Note: If visibly soiled, hands and forearms should be prewashed with soap and water before using an alcohol-based antiseptic surgical hand rub.	○ Yes ○ No ○ Unable to observe		○ Yes ○ No ○ Unable to observe	
4.I.2 After surgical scrub, hands and arms are dried with a sterile towel (if applicable), and sterile surgical gown and gloves are donned in the OR.	○ Yes ○ No ○ Unable to observe		○ Yes ○ No ○ Unable to observe	
4.I.3 Surgical attire (e.g., scrubs) and surgical caps/hoods covering all head and facial hair are worn by all personnel and visitors in semi restricted and restricted areas. Note: Restricted area includes ORs, procedure rooms, and the clean core (sterile supply) area. The semi restricted area includes the peripheral support areas of the surgical suite.	○ Yes ○ No		○ Yes ○ No	
4.I.4 Surgical masks are worn fully covering mouth and nose by all personnel in restricted areas where open sterile supplies or scrubbed personnel are located.	○ Yes ○ No		○ Yes ○ No	
4.I.5 A fresh, clean surgical mask is worn for every procedure.	○ Yes ○ No ○ Unable to observe		○ Yes ○ No ○ Unable to observe	
4.I.6 Sterile drapes are used to establish sterile field.	○ Yes ○ No ○ Unable to observe		○ Yes ○ No ○ Unable to observe	
4.I.7 Sterile field is maintained and monitored constantly. Ensure that: • Items used within sterile field are sterile. • Items introduced into sterile field are opened, dispensed, and transferred in a manner to maintain sterility. • Sterile field is prepared in the location where it will be used and as close as possible to time of use. • Movement in or around sterile field is done in a manner to maintain sterility.	○ Yes ○ No ○ Unable to observe		○ Yes ○ No ○ Unable to observe	
4.I.8 Traffic in and out of OR is kept to minimum and limited to essential personnel.	○ Yes ○ No		○ Yes ○ No	
If no to any of 4.I.1 to 4.I.8, cite at 42 CFR 482.42(a) (Tag A-0749)				

Processes ensuring infection control in the OR are accomplished in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:

If the hospital does not provide any surgical services, skip 4.I.9 through 4.I.17.	○ No surgical services (If selected, questions 4.I.9 – 4.I.17 will be blocked)
4.I.9 Cleaners and EPA-registered hospital disinfectants are used and dated in accordance with hospital policies and procedures and manufacturer's instructions (e.g., dilution, storage, shelf-life, contact time). Note: The cleaners and disinfectants can be dated by the hospital with either the date opened or the discard date as per hospital policy, as long as it is clear what the date represents and the same policy is used consistently throughout the hospital.	○ Yes ○ No ○ Unable to observe
4.I.10 All horizontal surfaces (e.g., furniture, surgical lights, booms, equipment) are damp dusted before the first procedure of the day using a clean, lint-free cloth and EPA-registered hospital detergent/disinfectant.	○ Yes ○ No ○ Unable to observe
4.I.11 High touch environmental surfaces are cleaned and disinfected between patients.	○ Yes ○ No ○ Unable to observe
4.I.12 ORs are terminally cleaned after last procedure of the day (including weekends) and each 24-hour period during regular work week. Terminal cleaning includes wet-vacuuming or mopping floor with an EPA-registered disinfectant.	○ Yes ○ No ○ Unable to observe
4.I.13 Anesthesia equipment surfaces that are touched by personnel while providing patient care or while handling contaminated items are cleaned and low-level disinfected between use on patients, according to manufacturers' instructions.	○ Yes ○ No ○ Unable to observe
4.I.14 Exterior surfaces of anesthesia equipment that are not knowingly contaminated during patient care are terminally low-level disinfected at the end of the day, according to manufacturers' instructions.	○ Yes ○ No ○ Unable to observe
4.I.15 Internal components of the anesthesia machine breathing circuit are cleaned per hospital policy or manufacturer's instructions.	○ Yes ○ No ○ Unable to observe
4.I.16 Reusable noncritical items (e.g., blood pressure cuffs, ECG leads, tourniquets, oximeter probes) are cleaned and disinfected between patients.	○ Yes ○ No ○ Unable to observe
4.I.17 Ventilation requirements meet the following: • Positive pressure, ≥15 air exchanges per hour (at least 3 of which are fresh air) • 90% filtration (HEPA is optional), air filters checked regularly and replaced according to hospital policies and procedures • Temperature and relative humidity levels are maintained at required levels • Doors are self-closing • Air vents and grill work are clean and dry.	○ Yes ○ No
If no to any of 4.I.9 to 4.I.17, cite at 42 CFR 482.42(a) (Tag A-0749)	

- CMS 42 CFR 482.42(a) 4.I

- **CMS requires a load of things when It comes to performing Surgical Procedures. From the Donning and Doffing of the correct PPE to the setup to the Ventilation in the space to the traffic..... Make sure you are aware of all items that will be looked at. These things are across departments and involve many different disciplines to ensure compliance.**

Semi-Critical Equipment

Module 3: Equipment Reprocessing

Section 3.A. Reprocessing of Semi-Critical Equipment

Semi-critical equipment are objects that contact mucous membranes or non-intact skin and require, at a minimum, high-level disinfection prior to reuse (e.g. some endoscopes, speculums, laryngoscope blades)

Elements to be assessed		Surveyor Notes		Surveyor Notes
High-Level Disinfection (HLD) is defined as the complete elimination of all microorganisms in or on an instrument, except for small amounts of bacterial spores. INSTRUCTIONS: • Use the items in Section 3.C. "Single-Use Devices" to assess the reprocessing of any item(s) of semi-critical equipment that is (are) labeled as a single use device. Any item(s) of semi-critical equipment that is (are) labeled as a single use device must be reprocessed by a reprocessor that is registered with the FDA as a third-party reprocessor and cleared by the FDA to reprocess the specific device in question. • For all items labeled reusable, use section 3A.				
HLD of Reusable Instruments and Devices is accomplished in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including:				
3.A.1 Hospital policies address steps to take when there are discrepancies between a device manufacturer's instructions and automated high-level disinfection equipment manufacturer's instruction for completing high-level disinfection.	○ Yes ○ No ○ Unable to observe			
3.A.2 Only devices labeled as reusable are reprocessed directly by the hospital onsite or offsite via a reprocessing vendor.	○ Yes ○ No ○ Unable to observe			
3.A.3 All reusable semi-critical items receive at least high-level disinfection prior to reuse.	○ Yes ○ No ○ Unable to observe			
3.A.4 If any high-level disinfection is performed off-site, the item(s) are decontaminated prior to off-site transport.	○ Yes ○ No ○ Unable to observe			

- **Identify A list of items that you have that require HLD**
- **Ensure that you have policies on cleaning and disinfection of all Semi-Critical Equipment**
- **Only Disinfect Re-usable Items**
- **Pay attention to all of the details on how to properly perform HLD. This has been a huge focus for the past couple of years with surveyors looking at every step of the process down to testing test strips and measuring the temperature of solutions.**

Semi-Critical Equipment

3.A.6 Flexible endoscopes are inspected for damage and leak tested as part of each reprocessing cycle. (An endoscope is an instrument designed to visually examine the interior of a bodily canal or hollow organ such as the colon, bladder, or stomach)	○ Yes ○ No ○ Unable to observe		○ Yes ○ No ○ Unable to observe	
3.A.7 Items are thoroughly pre-cleaned according to manufacturer instructions and visually inspected for residual soil prior to high-level disinfection. Note: For instruments with lumens (e.g., endoscopes), pre-cleaning of devices must include all channels using cleaning brushes of appropriate size.	○ Yes ○ No ○ Unable to observe		○ Yes ○ No ○ Unable to observe	
3.A.8 Enzymatic cleaner or detergent is used and discarded according to manufacturer's instructions (typically after each use).	○ Yes ○ No ○ Unable to observe		○ Yes ○ No ○ Unable to observe	
3.A.9 Cleaning brushes are single-use, disposable items or, if reusable, cleaned and either high-level disinfected or sterilized (per manufacturer's instructions) at least daily.	○ Yes ○ No ○ Unable to observe		○ Yes ○ No ○ Unable to observe	
3.A.10 For chemicals used in high-level disinfection, manufacturer's instructions are followed for: • Preparation, • Testing for appropriate concentration, and • Replacement (e.g., prior to expiration or loss of efficacy).	○ Yes ○ No ○ Unable to observe		○ Yes ○ No ○ Unable to observe	
3.A.11 If automated reprocessing equipment is used, the manufacturer's recommended connectors are used to assure that all endoscope channels are appropriately disinfected.	○ Yes ○ No ○ Unable to observe		○ Yes ○ No ○ Unable to observe	
3.A.12 Devices undergo disinfection for the appropriate length of time as specified by manufacturer's instructions.	○ Yes ○ No ○ Unable to observe		○ Yes ○ No ○ Unable to observe	
3.A.13 Devices undergo disinfection at the appropriate temperature as specified by manufacturer's instructions.	○ Yes ○ No ○ Unable to observe		○ Yes ○ No ○ Unable to observe	

- **Perform Inspection of items before, during and after leak test**
- **MFUs are Key to any HLD Process**
- **Change Your Cleaning Bushes when wear is noticed or have schedule to change**
- **Ensure that lengths of time are followed as well as temperature is where it needs to be**

Semi-Critical Equipment

3.A.14 After high-level disinfection, devices are rinsed with sterile water, filtered water, or tap water followed by a rinse with 70% - 90% ethyl or isopropyl alcohol. Note: There is no recommendation to use sterile or filtered water rather than tap water for rinsing semi-critical equipment that contact the mucous membranes of the rectum or vagina.	◯ Yes ◯ No ◯ Unable to observe		◯ Yes ◯ No ◯ Unable to observe	
3.A.15 Devices are dried thoroughly prior to reuse. Note: For instruments with lumens (e.g., endoscopes), this includes flushing all channels with alcohol and forcing air through the channels.	◯ Yes ◯ No ◯ Unable to observe		◯ Yes ◯ No ◯ Unable to observe	
3.A.16 Routine maintenance procedures for high-level disinfection equipment are performed regularly. (Confirm maintenance records are available.)	◯ Yes ◯ No ◯ Unable to observe		◯ Yes ◯ No ◯ Unable to observe	
3.A.17 After high-level disinfection, devices are stored in a manner to protect from damage or contamination Note: Endoscopes must be hung in a vertical position.	◯ Yes ◯ No ◯ Unable to observe		◯ Yes ◯ No ◯ Unable to observe	
3.A.18 The hospital has a system in place to identify which endoscope was used on a patient for each procedure.	◯ Yes ◯ No ◯ Unable to observe		◯ Yes ◯ No ◯ Unable to observe	

- **After rinsing make sure that all channels are flushed and are not dripping after complete.**
- **Store Items to indicate cleanliness and to prevent contamination.**
- **Have a system to identify what different items were used on specific patients**

Critical Equipment

Section 3.B. Reprocessing of Reusable Critical Equipment, Instruments and Devices: Sterilization

Critical equipment, instruments and devices are objects that enter sterile tissue or the vascular system and must be sterile prior to use (e.g. surgical instruments, cardiac and urinary catheters, implants, and ultrasound probes used in sterile body cavities)

Elements to be assessed		Surveyor Notes
Sterilization is a validated process used to render a product free of all forms of viable microorganisms. INSTRUCTIONS: • Use the items in Section 3.C. "Single-Use Devices" to assess the reprocessing of any item(s) of critical equipment that is (are) labeled as a single use device. Any item(s) of critical equipment that is (are) labeled as a single use device must be reprocessed by a reprocessor that is registered with the FDA as a third-party reprocessor and cleared by the FDA to reprocess the specific device in question. • Add reference to single use • If possible, obtain two sets of observations for the items in this Section: one in Central Sterile Services (CSS) and another in in a non-CSS area (e.g. GI suites, Radiology, Outpatient clinics, OB suites). Sterilization of reusable equipment, instruments and devices is accomplished in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease s including the following:		
3.B.1 Hospital policies address steps to take when there are discrepancies between a device manufacturer's instructions and the sterilizer's manufacturer's instruction for completing sterilization.	○ Yes ○ No	
3.B.2 All reusable critical items are sterilized prior to reuse.	○ Yes ○ No	
3.B.3 If any sterilization is performed off-site, the item(s) are decontaminated prior to off-site transport.	○ Yes ○ No ○ N/A	

- **Most times policies and procedures on sterilization are dated or they reference the incorrect guidelines.**
- **Sterilization needs to be done in the proper area outfitted to do such**
- **Ensure all staff are properly trained and are proficient in the entire process.**

Pay attention to all of the details on how to properly sterilize instruments. This has been a huge focus for the past couple of years with surveyors looking at every step of the process down to packaging, IUSS logs and ventilation/temperature requirements.

Critical Equipment

3.B.4 Is ALL sterilization done off-site?	○ Yes: STOP here and SKIP to Section 3.C ○ No: Answer all questions in this section Note: If any sterilization is done onsite, complete questions 3.B.5 through 3.B.19			
If possible, obtain two sets of observations for the items in this section. Observe the main area for central sterilization services and if possible, also assess sterilization in another area.	Central Sterilization Area ○ Unable to observe elements in central sterilization area. (If selected, question 3.B.5 – 3.B.19 LEFT column will be blocked)		Other non-Central Sterilization Area ○ Unable to observe elements in non-central sterilization setting. (If selected, question 3.B.5 – 3.B.19 RIGHT column will be blocked)	
3.B.5 Items are thoroughly pre-cleaned according to manufacturers' instructions and visually inspected for residual soil prior to sterilization. Note: For instruments with lumens, pre-cleaning of devices must include all channels using cleaning brushes of appropriate size.	○ Yes ○ No		○ Yes ○ No	
3.B.6 Enzymatic cleaner or detergent is used and discarded according to manufacturer's instructions (typically after each use).	○ Yes ○ No		○ Yes ○ No	
3.B.7 Cleaning brushes are single-use, disposable items or, if reusable, cleaned and either high-level disinfected or sterilized (per manufacturer's instructions) at least daily.	○ Yes ○ No		○ Yes ○ No	
3.B.8 After pre-cleaning, items are appropriately wrapped-packaged for sterilization (e.g., package system selected is compatible with the sterilization process being performed, hinged instruments are open, and instruments are disassembled if indicated by the manufacturer).	○ Yes ○ No		○ Yes ○ No	
3.B.9 A chemical indicator (process indicator) is placed correctly in the instrument packs in every load.	○ Yes ○ No		○ Yes ○ No	
3.B.10 A biological indicator is used at least weekly for each sterilizer and with every load containing implantable items.	○ Yes ○ No		○ Yes ○ No	
3.B.11 For dynamic air removal-type sterilizers (e.g., prevacuum steam sterilizer), an air removal test (Bowie-Dick test) is performed each day the sterilizer is used to verify efficacy of air removal.	○ Yes ○ No ○ N/A		○ Yes ○ No ○ N/A	

- **Proper Pre-Cleaning is an absolute**
- **Keeping Instruments Wet**
- **Packaging properly**
- **Indicators are important. Knowing what the indicator indicates is even more important**

Critical Equipment

3.B.12 Sterile packs are labeled with the sterilizer used, the cycle or load number, and the date of sterilization, and, if applicable, the expiration date.	○ Yes ○ No		○ Yes ○ No	
3.B.13 Logs for each sterilizer cycle are current and include results from each load.	○ Yes ○ No		○ Yes ○ No	
3.B.14 Routine maintenance for sterilization equipment is performed regularly (confirm maintenance records are available).	○ Yes ○ No		○ Yes ○ No	
3.B.15 After sterilization, medical devices and instruments are stored so that sterility is not compromised.	○ Yes ○ No		○ Yes ○ No	
3.B.16 Sterile packages are inspected for integrity and compromised packages are repackaged and reprocessed prior to use.	○ Yes ○ No		○ Yes ○ No	
3.B.17 If immediate-use steam sterilization is performed, all of the following criteria are met: • Work practices ensure proper cleaning and decontamination, inspection, and arrangement of the instruments into the recommended sterilizing trays or other containment devices before sterilization. • Once clean, the item is placed within a container intended for immediate use. The sterilizer cycle and parameters used are selected according to the manufacturers' instructions for use for the device, container, and sterilizer. The sterilizer function is monitored with monitors (e.g., mechanical, chemical and biologic) that are approved for the cycle being used. • The processed item must be transferred immediately*, using aseptic technique, from the sterilizer to the actual point of use, the sterile field in an ongoing surgical procedure.	○ Yes ○ No ○ Unable to observe		○ Yes ○ No ○ Unable to observe	

*"Immediate use" is defined as the shortest possible time between a sterilized item's removal from the sterilizer and its aseptic transfer to the sterile field. A sterilized item intended for immediate use is not stored for future use, nor held from one case to another.

- **Log Everything and More**
- **Sterile Storage Per Guidelines**
- **Inspect for Integrity**
- **IUSS is a huge issue with many facilities. Knowing the proper instance when it is indicated is important. Also trending when this is happening is part of the quality process. You will be cited if you have an extensive IUSS log.**

Critical Equipment

3.B.18 Immediate-use sterilization is NOT performed on the following devices: • Implants (except in documented emergency situations when no other option is available). • Post-procedure decontamination of instruments used on patients who may have Creutzfeldt-Jakob disease or similar disorders. • Devices that have not been validated with the specific cycle employed. • Single-use devices that are sold sterile.	○ Yes ○ No		○ Yes ○ No	
3.B.19 In the event of a reprocessing error/failure that could result in the transmission of infectious disease, personnel respond (i.e., recall(removal) of device and risk assessment) according to hospital policies and procedures.	○ Yes ○ No		○ Yes ○ No	

- **If there was any kind of compromise, reprocess.**
- **Remember to have a system to track instruments that were used on specific patients.**

TJC Requirements

TJC: IC.02.02.01

- The hospital reduces the risk of infection associated with medical equipment devices and supplies
  - 1: Cleaning and performing low level disinfection of medical equipment, devices and supplies
  - 2: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices and supplies

TJC:EC.02.04.03

- 4: The hospital conducts performance testing of and maintains all sterilizers. These activities are documented.
- The hospital implements infection prevention and control activities when doing the following
  - 3: Disposing of medical equipment, devices and supplies
  - 4: Storing medical equipment, devices and supplies
  - 5: When processing single use devices, the hospital implements infection prevention and control activities that are consistent with regulatory and professional standards.

KEY IN ON
BOOSTER PAK

SOUTHERN EVALS

INDUSTRY BEST PRACTICES

Tips and tricks on how to comply with regulatory requirement as well as increase safety and efficiency.

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COMMON ISSUES

Common Non-Compliant Items

- The facility is not pre-cleaning at the point of use or improperly pre-cleaning
- The manufacturers instructions for use are not being followed per guideline
- Policy states that we follow national guidelines but the practice is not consistent with national guidelines
- Sterilization is done at remote sites with storage, prep, and transport not being done correctly
- Ultrasound Probes are not being disinfected properly
- Inadequate training or supervision for staff with no proof of competency or training.

Common areas at Risk

- The facility adds new equipment to the area
- The facility introduces new cleaning products for items
- The facility has new uses for existing equipment that needs extra steps completed
- The facility adds new staff to its department
- The facility has a new location or new locations that it is functioning out of

Patient Contact	Examples	Device Classification	Minimum Disinfection Level
Intact Skin		Non-Critical	Low Level or Intermediate Level Disinfection
Mucous Membranes or non-intact skin		Semi-Critical	High Level Disinfection
Sterile areas of the body, vascular system		Critical	Sterilization

Source: *Healthcare Purchasing News* (June 2014)

HOW TO SUCCEED

- Ensure that Orientation and Training is sufficient and covers all required elements including competencies and checkoffs.
- Ensure that you have appropriate staff with supervision that has been trained properly
- Standardize the process with step-by-step instructions available and posted.
- Reinforce best practice when possible and be a resource for existing and future staff.
- Consistently monitor for compliance with education provided as non-compliance is found

ASK YOURSELF

- **WHAT?** Surfaces, Equipment, Supplies, Items are contaminated.
- **WHEN?** Are you required to clean and disinfect and the frequency
- **WHO?** Is responsible for cleaning, do they know that and are they educated and competent.
- **HOW DO YOU KNOW?** If an item has been cleaned or disinfected when you see it.
- **WHERE?** Are your policies located and if you had a question would you be able to access them

PREP YOURSELF

- **Make sure that you have on the proper attire and that it is appropriate for the setting:**
  - **Gloves**
  - **Mask or Face Shield**
  - **Long Sleeve Gown**
  - **Eye Wear**
  - **Cap**
  - **Goggles (when mixing or changing chemical solutions)**

- **Make Sure to have these items available to you and your staff in a safe place that is big enough for staff to dress out and is not behind a restricted area.**

ALWAYS REMEMBER

DISINFECTION AND STERILIZATION REQUIRE PRECLEANING

PRE-CLEANING

- This is the first step to your disinfection and sterilization process
- The point of this step is to remove all soil that is visible on the item
- It is best practice to perform this step as soon and as close as possible after the procedure is completed
- Items that have been precleaned need to remain wet for storage or transport. It is best practice to wipe, rinse, spray or soak items in enzymatic solution.
- Items then need to be transported to the processing area in a safe manner.

TRANSPORT TO DECONTAM AREA

- Make sure that all items are contained to protect the person transporting. Ensure items are moist for transport to prevent hardening of bioburden
- Ensure that the transportation is base on what is being transported
- Container for transport needs to be a leak and puncture proof container that is labeled as biohazardous. Have a process for cleaning and to indicate if box is clean or dirty.

DISINFECTION KEYS

- **FOLLOW MANUFACTURERS GUIDELINES:**
  - **CORRECT DILUTION**
  - **CORRECT CONTACT TIME**
  - **CORRECT TEMPERATURE**
  - **CORRECT TESTING PROCEDURE**
  - **CORRECT TESTING ITEMS**
  - **CORRECT EXPIRATION DATE**
  - **CORRECT LOG**
  - **CORRECT STAFF COMPETENCY**

DISINFECTION KEYS

- **Keep an Eye Out For:**
  - Unattended carts of contaminated instruments
  - Issues that delay the process
  - Items left soaking for extended periods of time with not log
- **In Decontam Area**
  - PPE is properly worn
  - There is a clear separation of dirty and clean
  - Linear flow is apparent through the space
  - Ventilation and Temperature proper
  - No Risk of Overexposure.
  - Step by Step Process Listed
  - Hinged items are open for processing
  - Cleaning is done properly with brushes

DISINFECTION KEYS

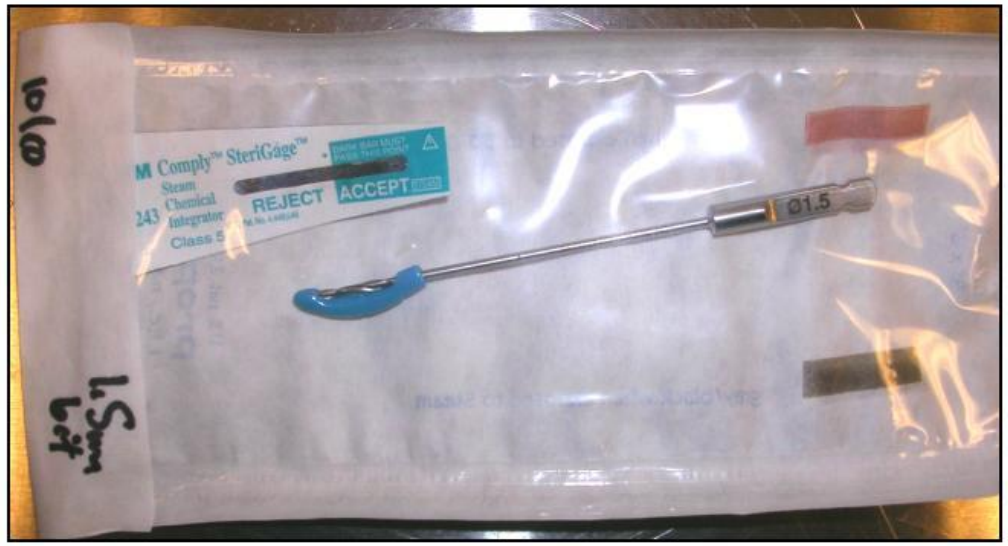
- **Pack Items Properly**
  - Wrap or pack items base don their IFUs
  - Do not fold over the inner paper/plastic peel pouch
  - Use proper size pouch for the proper instruments
  - Write on the correct area of the pack
  - Discard any packs that are torn, stained or damaged. Reprocess items.
- **Document all Items**
  - Document all required elements from sterilizers based on IFUs
  - Ensure that you document the testing or any process including sterilizer, chemical tests, testing strips, etc.

DISINFECTION KEYS

- **Chemical Indicators**
  - a monitoring device that is used to monitor one or more critical parameters required for sterilization. This is typically noted by a color change on a tape or strip that indicates the item has been exposed (or processed versus not processed) to the sterilization process
- **Biological Indicators**
  - monitoring devices commercially prepared with highly resistant spores that tests the effectiveness of the sterilization method in use. This indicator demonstrates that conditions necessary to achieve sterilization were met during the cycle being monitored.

DISINFECTION KEYS

- **Know Your Expirations**
  - Expiration is based off of the facility policy and procedure, based on evidence-based guidelines and MFUs.
  - If the package integrity is compromised including being torn, punctured, wet, stained, etc, the items must be repackaged and reprocessed.
  - May choose to use a timeline with that timeline either written or placed on a label on the items.



STERILE STORAGE

- **Storage of sterile items is important to ensure the sterility. Make Sure:**
  - **Limited access and traffic**
  - **Ventilation, temperature and humidity is monitored based on requirements**
  - **Housekeeping cleans area properly and is allowed in**
  - **Understand and Identify shelf life**
  - **Store items so that they are not compromised**
  - **Log items that are stored**
    - Sterilized items include the following records: lot number, load contents, temperature and exposure time, reviewer initials, Bowie-Dick testing, chemical indicator and biological indicator results as appropriate

PROBLEMATIC AREAS

Make sure to spend extra time in these areas in your facility to ensure processes are intact and compliant

- **Surgery and Endoscopy**
- **Areas that use CIDEX of any type**
- **ER, Nurseries, Dental Clinics**
- **Storage Areas across campus**
- **Clinics in hospital and offsite**

SURVEY HOT TOPICS

These items have especially be scrutinized this year with all of the regulatory surveys that we have been a part of.

- **Following MFUs**
- **Proper storage of items** (laryngoscope blades and handles
- **Transport of Dirty Items from Clinics to MC**
- **Competencies Documented for Staff**
- **Proper Sterile technique and breaks in ST**

GIVE YOURSELF CREDIT FOR YOUR HARD WORK!!!

REMINDERS

Webinar Dates

DATE & TIME	DESCRIPTION	AUDIENCE	REGISTER
MAY 17 @ 12:00PM - 1:00PM	**PROJECT KICK-OFF**	RURAL **HOSPITALS** & RURAL HEALTH **CLINICS**	
JUNE 15 @ 10:00AM-11:00AM	INFECTION CONTROL/PREVENTION **BASICS**	RURAL **HOSPITALS**	COMING SOON
JUNE 28 @ 12:00PM-1:00PM	INFECTION CONTROL/PREVENTION **BASICS**	RURAL HEALTH **CLINICS**	COMING SOON
JULY 14 @ 12:00PM-1:00PM	INFECTION CONTROL/PREVENTION **BASICS**	RURAL **HOSPITALS**	COMING SOON
JULY 28 @ 12:00PM - 1:00PM	INFECTION CONTROL/PREVENTION **BASICS**	RURAL HEALTH **CLINICS**	COMING SOON
AUGUST 16 @ 12:00PM - 1:00PM	INFECTION CONTROL/PREVENTION **ADVANCED**	RURAL **HOSPITALS**	COMING SOON
AUGUST 30 @ 12:00PM - 1:00PM	INFECTION CONTROL/PREVENTION **ADVANCED**	RURAL HEALTH **CLINICS**	COMING SOON
SEPTEMBER 15 @ 12:00PM - 1:00PM	INFECTION CONTROL/PREVENTION **ADVANCED**	RURAL **HOSPITALS**	COMING SOON

Webinar Breakdown

There will be 3 types of webinar through this program

- Intro Webinar

- Infection Control/Prevention Basics
  - One Geared towards Hospitals
  - One Geared towards RHCs

- Infection Control/Prevention Advanced
  - One Geared towards Hospitals
  - One Geared towards RHCs

Assessment Application

The link is open!!! Applicants can complete the Infection Control and Prevention Project: On-Site Assessment and Education Application.

There is one link for Rural Hospitals and one link for Rural Health Clinics. Each has specific questions for that facility type.

Based off of the answers to the questions, your facility will be ranked according to our needs algorithm.

THANK YOU

If you have any questions at all, please shoot us an email or give us a call.

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