SUBJECT:

XIII-121 INFECTION PREVENTION & CONTROL PLAN

**POLICY #**: 1102

VERSION: 3

**APPROVED BY:** 

Aram. Messerlian (CHIEF PHYSICIAN I ANESTHESIOLOGY), Beryl Brooks (ADMR,COMP AMB HEALTH CARE CENTER), Leila Adriano (NURSE

MANAGER)

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PURPOSE: To provide and maintain a systematic coordinated infection prevention and

control process in order to identify and reduce the risks for the acquisition and transmission of infectious agents among patients, staff, and visitors of the

Ambulatory Surgical Center (ASC).

**POLICY:** Infection Prevention and Control Policies are to be adhered to by all ASC staff.

#### PROCEDURE:

I. Statement of Authority

The High Desert Health System ASC MAC has the authority to institute surveillance, prevention and control measures for the purpose of containing and preventing the spread of infectious and communicable diseases per standards and guidelines of recommending and regulatory authorities, e.g., County of Los Angeles Department of Health Services, State of California Department of Health Services and Cal-OSHA, AAMI Standards, AORN Standards, Centers for Disease Control and Prevention, APIC Guidelines, and other regulatory and recommending agencies.

II. Goals and Objectives

The ASC Medical Advisory Committee (MAC) will participate in measures to promote staff adherence and will include:

- A. Education on methods for prevention of infections
- B. Surveillance of surgical site infections (SSI) in patients and immediate use of steam sterilization (IUSS). IUSS usage will be monitored daily to ensure compliance with the policy. IUSS monitoring, trending and analysis will be reported quarterly to the MAC.
- C. Performance improvement efforts to improve infection related clinical outcomes and infection prevention process
- D. Development of strategies to improve organizational compliance with regulatory standards and recommending agencies
- E. Ongoing risk assessment and planning

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#### III. Infection Prevention Program (IPP)

- A. The Infection Prevention Program in the ASC provides service to a patient population that includes the following:
  - Surgical specialties, including orthopedic, urology, GI, gynecology, podiatry
  - Adult oncology patients
  - General medicine patients
  - Women's health
  - Pediatric patients between 2-18 years of age.
- B. Oversight of the IPP should be by an Infection Preventionist (IP), who is a California licensed RN, certified in Infection Control (CIC) and a member of the Association for Professionals in Infection Control and Epidemiology (APIC) national and local chapters. The IP will:
  - Provide the ASC consultation on infection prevention and control issues
  - Act as the Infection Prevention liaison to, and resource for the community, county and state health departments.
- C. The HDHS ASC MAC coordinates the processes and strategies of reducing the risks of Healthcare Associated Infections (HAI) and Surgical Site Infections (SSI) with the assistance of the Infection Preventionist (IP).
- D. The ASC maintains written policies and procedures which address the protocols for the prevention and control of HAI/SSI.
- E. The ASC provides appropriate facilities, equipment and protocols for the adherence of staff to the infection prevention and control policies and precautions.
- F. The success of the Infection Prevention and Control Program involves every member and department of the ASC system and his or her cooperation and compliance.
- IV. Infection Prevention and Control Team
  - A. The ASC MAC is a multidisciplinary committee consisting of the Medical Director, Chief of Surgery, Nursing Director, Anesthesia and support services (Pharmacy, Quality Management, Risk Management Patient Safety, Administration) and is responsible for establishing and implementing the infection prevention and control program within the ASC and the implementation of precaution policies and procedures.
  - B. Other HDHS departments or disciplines are available as necessary to assist the ASC MAC on a consultative basis.

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- C. The Infection Preventionist serves as consultant and active participant on the ASC MAC.
- V. Responsibilities of the ASC Infection Prevention and Control Team:
  - A. Reviews reports and processes for the monitoring of disinfection, sterilization and aseptic techniques and departmental regulations necessary for the infection prevention and control process.
  - B. Is active in the surveillance of actual or potential sources of contagion and provides communication with interdisciplinary personnel.
  - C. Confers with medical staff and other members of the health care team regarding infection prevention and control issues, initiates investigation and recommendations to resolve issues as needed.
  - D. Ensures the review of HAI /SSI, potential sources of reportable illnesses.
  - E. Conducts ongoing risk assessment and planning.
- VI. Responsibilities of the Infection Preventionist (IP):
  - A. Performs environmental surveillance of patient care areas and support services areas by conducting tours to monitor environment, practices and strategies for implementing prevention and control infections and documentation of compliance.
  - B. Performs review of microbiologic lab reports to screen for HAIISSI and outbreak potential.
  - C. Serves as consultative resource for infection prevention and control issues in the ASC, making recommendations for appropriate procedures and techniques, based on relevant contemporary infection control research and practical measures known to be effective in reducing the risk of infection.
  - D. Provides education and training to all ASC staff regarding infection prevention and control.
  - E. Assists medical staff and other health care staff in reporting of designated communicable diseases to the Public Health Agencies as mandated by codes and regulations.
  - F. Initiates and/or participated in appropriate studies concerned with the prevention and control of HAI/SSI.
  - G. Cooperates and participates in the ASC Performance Improvement program.

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- H. Serves as liaison with all staff, departments and disciplines regarding infection prevention and control issues.
- I. Writes infection control policies and contributes infection control consultative services for others writing and implementing policies as requested.
- J. Assists ASC in ensuring ongoing regulatory compliance with local, state and federal requirements.
- K. In the absence of the Infection Preventionist, the Nursing Director will assist or delegate a designee to assist in the performance of infection prevention and control duties.
- VII. Responsibilities of the ASC MAC in Data Surveillance
  - A. Data Management and Analysis
    - The IPP conducts surveillance by concurrent and retrospective surveillance. Notification is made (mail, phone, or fax) to the IP by Surgeons, Providers, Nurses and medical ancillary staff in the ASC and the HDHS and affiliated clinics of any SSIs identified post operatively.
    - 2. The CDC definitions of HAIs and SSIs are used in the IPP's surgical infection surveillance process, which follow the surveillance strategies outlined by the national Healthcare safety Network (NHSN). When available, thresholds for surveillance data are established after review and analysis of current research literature, national norms, and region/community specific trends. If benchmarks are unavailable, comparison of the ASCs rates over time shall be evaluated and improved performance thresholds established.
    - 3. The ASC MAC evaluates the data collected by surveillance programs for effectiveness and usefulness in improving patient care. Rate of infection is reviewed using valid epidemiological methods. This information is made available as indicated to departments within the ASC to assess and improve the quality of care.
    - 4. The ASC MAC performs an annual review of surveillance data trends, effectiveness of prevention and control strategies (in reducing the HAI/SSI risk) and services instituted, and procedures, priorities or problems identified in the past year.
    - 5. The ASC MAC reviews and recommends revisions.
  - B. The ASC MAC and IPP will coordinate with the HDHS Employee Health Service to report annual employee influenza rates to the CDC NHSN. Data is reviewed for improvement potential.

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#### VIII. Annual Planning

- A. Based on the findings of the:
  - Ongoing risk assessment
  - Review of surveillance findings and key performance measurements
  - Outcomes of monitoring
  - Evaluation of effectiveness
  - Assessment of resources the IPP proposes and strategies to minimize, reduce, or eliminate the prioritized risks.
- B. The program risk assessment goals and priorities and surveillance plans are developed in collaboration with key facility leaders and staff. They are reviewed and approved for implementation by the multi-disciplinary ASC MAC responsible for investigating, controlling and preventing infection in the facility.

#### **REFFERENCES**

Centers for Disease Control & Prevention Guidelines and NHSN

Association for Professionals in Infection Control and Epidemiology (APIC) Guidelines

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