

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: XIII-102 INFECTION CONTROL IN CENTRAL SERVICES	POLICY #: 1283
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PURPOSE: To provide guidelines for the Central Services (CS) staff, to follow regarding handling of all supplies and equipment, both sterile and non-sterile. To ensure that these items are cleaned, prepared, processed, stored and issued for patient care, in the proper manner.

POLICY: All supplies, equipment, and instrumentation, both sterile and non-sterile, will be cared for following the procedures listed below.

PROCEDURES:

I. STERILIZATION

Sterilization is the process by which all forms of microorganisms are destroyed. The process utilized in this department for sterilization is saturated steam under pressure. Because so many variables affect the achievement of sterility, monitoring the sterilization process is essential. (Refer to CS Policy and Procedure Manual for Detailed Monitoring Procedures.)

A. Mechanical Monitoring

These are controls provided with each sterilizer by the manufacturer. Mechanical monitoring provides a record of conditions occurring during the sterilization cycle, including time, temperature and pressure.

B. Chemical Monitoring

Chemical indicators are devices impregnated with a dye, which will change color when exposed to one or more sterilizing conditions. There are three chemical indicators used in this department:

1. Sterilometer

A cardboard strip used as an internal indicator. One will be included in every package processed through a sterilizer

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2. Sterilizer Indicator Tape

External indicator used to secure wrapped packages and to differentiate between processed and unprocessed products. Every item that is processed in a sterilizer must include a strip of sterilizer indicator tape on the outside of the package

3. Bowie-Dick Test Pack

The sterilizer will be tested daily with a commercially prepared Bowie-Dick test pack to monitor the efficiency of the vacuum system and to check for air leaks. The packs will be used per manufacturers' instructions for use.

C. Biological Monitoring

A biological indicator is a device that has been impregnated with a known number and type of microorganisms and is used to verify that all the conditions necessary for sterilization have been met. Biological indicators used in the CS will be commercially prepared dried spores in self-contained ampules containing *Bacillus Stearothermophilus* for steam. The biological indicators will be used according to the manufacturers' directions for use.

1. Steam Sterilization -- Every load containing items intended for sterile use will be monitored with a biological indicator.
2. A commercially prepared challenge test pack will be run in the sterilizer daily and after any major repairs or interruption of steam service. These test packs will be utilized following the manufacturers' directions for use.

II. CLEAN/SOILED SEPARATION

A. Barriers

The decontamination area containing contaminated/soiled equipment is separated from the distribution area containing sterile/clean supplies and equipment by a physical barrier, minimizing the possibility of cross contamination.

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B. Traffic Patterns

1. All corridor doors are to remain closed and marked "NO ADMITTANCE." All doors will remain locked when the CS is unattended.
2. Soiled instruments, patient care equipment and carts are to enter the CS through the decontamination area directly from the corridor.
3. All clean/sterile supplies and equipment are to be routed in the most direct path and only through clean areas.
4. All supplies received will be checked in and outer cartons removed before transporting to sterile storage area. Empty outer cartons and corrugated materials are to be collected by Environmental Services.
5. Distribution carts and large equipment will be cleaned in the cart wash room. Patient care equipment will be cleaned following manufacturers' recommendations.

C. Waste Disposal and Soiled Linen Handling

All waste and soiled linens generated or received by CS is to be handled in accordance with the current policies and procedures of Infection Control, Environment of Care and the Environmental Services Department for disposal of waste and collection of soiled linen.

1. Waste containers shall be made of non-combustible material.
2. All solid waste (excluding sharps) is to be contained in plastic bags (regular or biohazardous) and securely closed. Sharps waste is to be placed in appropriately labeled biohazardous waste sharps containers.
3. All waste is to be placed in carts, bins or containers designated only for this purpose as marked and provided by the Environmental Services Department.
4. The same cart/bin/containers used for waste delivery to the collection area are not to be used for any other purpose.
5. Bagged waste and soiled linen is to be placed in the carts/bins provided for this purpose located in the waste and soiled linen collection room of the ASC.

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III. DRESS CODE

- A. Clean scrub apparel must be worn daily. In order to protect both patients and employees' families from cross contamination, laundering of scrub apparel by employees at home is prohibited. All scrub apparel will be processed through the current linen and laundry processing.
- B. The OR hats provided must be worn with all hair tucked beneath it.
- C. No street outer wear, clogs or sandals may be worn in CS.
- D. The only jewelry permitted is a wedding ring and an Emergency Alert Bracelet.
- E. A clean lab coat or cover gown is to be worn at all times when personnel are in the outdoor environment consistent with the practices outlined in the ASC policy for Personnel Attire in the OR.
- F. Prior to entry to the decontamination area, personnel shall don a coverall or fluid resistant gown, shoe covers and hat. This extra protective apparel will be removed when exiting this area and disposed of in the waste receptacles provided.
- G. When reporting off duty, the scrub apparel is to be removed and deposited in the hamper provided. Hats and shoe covers are to be disposed of in the receptacles provided.
- H. Visitors and Other ASC Personnel
 - 1. Any authorized visitor or ASC employee may enter the department by donning a disposable coverall or gown, shoe covers and hat. This apparel is to be removed upon exiting the area.
 - 2. Environmental Services personnel assigned for daily cleaning chores and maintenance personnel will have access to the ASC lockers to don appropriate apparel.

IV. STANDARD PRECAUTIONS & PERSONAL HEALTH

- A. Standard Precautions Protocols are to be adhered to in all work duties.

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B. Hand Hygiene

Hand Hygiene (handwashing and hand antisepsis) protocols are to be performed per the Hand Hygiene Policy in the ASC Policy Manual. Hand antisepsis with alcohol hand rub solutions may be performed when hands are not visibly soiled.

C. Personal Protective Equipment (PPE)

PPE (e.g., gloves, mask, face shield, eye protection, gown) is to be worn as indicated when handling contaminated items, or performing procedures that may produce splatter of contaminated substances. See Personal Protective Equipment policy in ASC manual.

D. Personal Health

1. Employee Health protocols are to be adhered to per the ASC and Los Angeles County Department of Health Services Employee Health Policies.
2. Report any infection, which may be transmitted in the work environment, (e.g., rash, signs of upper respiratory infection, or diagnosis of /exposure to communicable diseases such as chickenpox, TB, measles, etc.) to Nursing Director/Supervisor immediately.
3. Personnel with contagious infections may be excluded from duty per the discretion of their physician and//or the HDRHC Employee Health Physician. Cultures or testing may be ordered at the discretion of the Employee Health Physician.

V. STORAGE

A. Shelf Life

1. Event Related Sterility Policy protocols will be adhered to.
2. Manufactured items may bear a shelf life or expiration date beyond which the item should are not to be used.
3. Manufactured items supplied and marked sterile but bearing no expiration date, will be considered sterile as long as the package is intact.

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B. Reuse of Disposable Items

Items supplied and marked "STERILE," "DISPOSABLE" or "SINGLE USE" by the manufacturer will not be reprocessed for use. (See Infection Control Policy for Reuse of Disposables).

Items reprocessed in the CS will be items purchased with the intention of multiple uses by the manufacturer. In these cases, the manufacturers' recommendations for cleaning, disinfecting, sterilizing and packaging will be strictly adhered to

C. Stock Rotation (First In/First Out)

Items received first in the CS will be issued first. When a particular type of item is requisitioned, the "oldest" item of that category is issued first.

VI. RECALL

A. Positive Biological Indicator Results

Positive biological indicator results (other than viability controls) must be immediately reported to the ASC Nursing Director or designees. Because a sterilization failure has occurred, the items processed in that sterilizer dating from the sterilization cycle showing unsatisfactory results must be considered non-sterile; they must be recalled, if possible, and reprocessed.

The Nursing Director or designee will contact the appropriate Facilities Department personnel to determine the cause of sterilization failure and arrange for corrective action. Once the cause has been established and corrective action taken, the sterilizer in question must be immediately re-challenged with a biological test pack.

Should further test results prove positive, the Laboratory should perform presumptive identification of the microorganisms present on the biological indicator.

The Nursing Director or designee will fill out a recall report. The form should be initiated as soon as possible after notification of a positive result is received.

The CS Staff will notify the ASC Nursing Director that the physician of record may be notified. The Infection Preventionist will also be notified. Concerned persons may obtain a copy of this report upon request. The original will be filed with the Quality Management report for that month.

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B. Manufacturer's Recall

In the event of a manufacturer's recall of a product, the CS will be informed through the Safety Officer of the products and lot numbers being recalled.

The CS will work together with the Safety Officer and the warehouse staff to pick up and quarantine all concerned supplies and equipment.

VII. ENVIRONMENTAL SERVICES

A. Intradepartmental

Environmental Services within the CS provides for an orderly and clean department, meeting the same high standards of aseptic technique that are required of the ASC/Operating Room. The specific routine cleaning procedures described herein must be strictly observed.

1. Daily Cleaning Duties - CS Staff

- a. All Surgery case carts will be disinfected utilizing a detergent disinfectant (EPA and facility approved) and the steam gun apparatus. All interior and exterior surfaces, with special attention to the wheels of each cart, will be thoroughly cleaned per each use. These carts will be thoroughly rinsed and dried and returned to the Surgery hallway for reuse.
- b. Work surfaces, tabletops and counters in all areas of the CS will be cleansed using a detergent disinfectant suitable for environmental surfaces (EPA and facility approved).
- c. All distribution carts are to be cleaned prior to reentry to the clean side of the CS.

2. Weekly Cleaning Duties - CS Staff

Exteriors of the sterilizer, the ultrasonic cleaner, and the washer/disinfector will be cleaned at least weekly and more often if necessary, or as recommended by equipment manufacturers.

3. The sterilizer traps and chambers will be cleaned in accordance with the preventive maintenance program conducted by the HDRHC Facilities Department and based on the manufacturers' recommendations.

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4. All cabinets, storage lockers will be cleaned at least every 6 months and as needed.
5. All cleaning will employ a wet method of wiping clean using a detergent disinfectant suitable for environmental surfaces (EPA and facility approved). Solutions are to be prepared carefully in strict accordance with the manufacturer's instructions for use. All bottles or containers used in the CS are to be clearly marked as to the contents. Never place a solution in an unmarked or incorrectly marked container.

B. Environmental Services Department

The Environmental Services Department has its own procedures, equipment and supplies, but is responsible for meeting the standards set by the ASC Nursing Director for the CS and this policy. Listed below are those duties required of the Environmental Services personnel:

1. Daily damp wiping and wet mopping of all floors and splash boards are required, using only mops with removable mop heads which have been freshly laundered. Mop heads and solutions used in the decontamination area must not be used in any other area.
2. Stripping and waxing of floors will be performed as required upon request of the Nursing Director for the CS.
3. The cleaning of all ceiling vents and pipes will be done at least monthly or more often as required upon the request of the Nursing Director for the CS.
4. Ceilings are to be cleaned at least annually and as needed. Surfaces below ceiling are to be covered.
5. Automatic sprinkler heads require periodic cleaning (at least annually). Vacuuming with a soft brush attachment will remove the dirt and lint.
 - a. Do not bump the sprinkler heads or apply pressure to them.
 - b. Do not use hot water in cleaning sprinkler heads. Use only cool water (no additives).

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6. Pattern for Cleaning

- a. Sterile and clean areas are cleaned by the Surgical Environmental Technician using equipment stored in the ASC and used exclusively for these areas of the ASC.
- b. The decontamination area is cleaned by Environmental Services Technician using separate equipment than is used in the sterile areas.

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