



EDUCATIONAL RESOURCES



# Tips for Infection Control Excellence

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*Achieving Healthcare Excellence Together*



# We'll Cover



Picking Guidelines



Pre – cleaning



Transport



Instrument ready for use?



Containment



Sterile Storage



Viewing through Surveyor Eyes



# YOU pick your Evidence Based Guidelines (EBG)

- CMS' Approach Depends on the Program

- CMS (QSO-22-20-Hospitals, July 6, 2022): Interpretive Guidelines §482.42(c)(2)(i)
- ...implement and maintain an... infection control program consistent with nationally recognized standards for preventing infections and the transmission of pathogens... Hospitals have the flexibility to adopt the approaches which best fit their infection prevention and control needs. ...There are ample recognized evidence-based approaches for hospitals to follow in order to adhere to nationally recognized guidelines...
- \*\*\*not mandate any specific guideline\*\*\*

# Infection Prevention Findings: YOU pick your EBGs

- in AORN you need to follow the “must” items, but you choose if you follow “May” or “Should”.
- If you follow consensus guidelines... you again have to implement the “must” but not the “shall”...
- Chosen EBGs cannot be less strict than regulation, CMS requirements (if deemed), IFUs or accreditation standards
- You do not have to follow a whole EBG
- BE CAREFUL – If you don’t have policy that states which part of an EBG you adhere to, you are held to the whole thing. Will score against your policy. This happens 60% of the time
- Use of an EBG or consensus document is not an “all or none” - you can implement parts....



Sterile  
Instruments:  
Pre-cleaning at  
point of use



# Instruments

- Three primary things that happen at bedside:

1. Pre-Cleaning
2. Containment
3. Transport

Prevent Drying



of Bioburden

**Decontam**



# Pre-Cleaning of Instruments begins at point of use





# AAMI ST79: 6.3.1 Handling of instruments during surgical procedure

- Throughout the surgical or invasive procedure,
  - a) instruments should be wiped, as needed, with sterile moistened surgical sponges to remove gross soil; and
  - b) cannulated instruments or instruments with lumens should be irrigated with sterile water, as needed, without creating aerosols.
  
- ANSI/AAMI ST79:2017 with Amendments A1:2020, A2:2020, A3:2020, A4:2020

# AAMI ST 79 6.3.2 Removal of gross soil

- Gross soil should be removed as soon as possible to
  - a) **reduce the number of microorganisms** on the item;
  - b) **reduce the nutrient material** that supports microbial growth;
  - c) **prevent it from drying** on;
  - d) reduce the potential for environmental **contamination by aerosolization or spillage**;
  - e) remove all disposables including disposable sharps; and
  - f) **minimize corrosion risk and damage** to devices from such substances as blood, saline, iodine, and radiological dyes or from the subsequent vigorous cleaning processes needed to remove encrusted material.
- **Rationale: Removing gross soil and moistening soil at the point of use improves the efficiency and effectiveness of decontamination and might extend the life of the instrument.**



# Pre-Treatment: What is it?

1. WIPED with STERILE WATER to remove gross soil
2. Cannulated Instruments with lumens:
  - IRRIGATED with STERILE WATER
3. Prevent biofilm buildup asap after use

# Pre-Treatment: What it is NOT!







VS



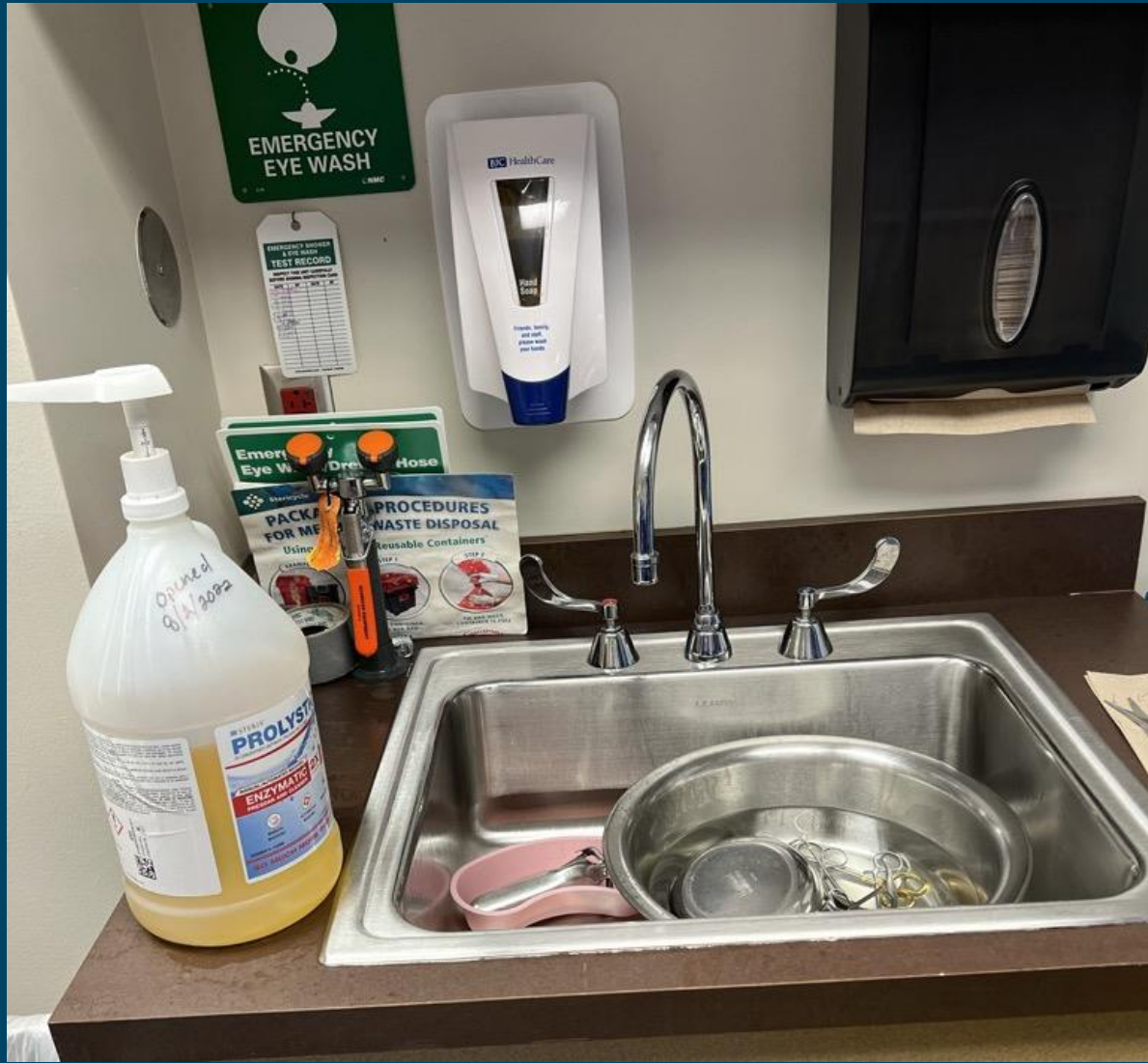


VS



It is not soaking  
in a biohazard bin  
and transporting  
a sloshing liquid.





It is not using  
a hand  
hygiene sink



# Sterile Instruments: Containment & Transport



# AAMI ST79: 6.2

## Separation of waste and reusable items at point of use

- Contaminated items should be **handled as little as possible**. Contaminated reusable items should be **contained**
  - in such a way that the **contents of the containers are readily identifiable** as contaminated by everyone who subsequently handles the items; and
  - in a **containment device** that complies with the health care facility's established infection prevention and control and hazardous waste management procedures.

# AAMI ST79: 6.3.5 Prevention of instrument damage

- **Prior to transport**, instruments should be prepared in such a way as to **prevent organic soils from drying** by
  - a) placing a **towel moistened with water (not saline)** over the instrument;
  - b) placing **items inside a package** designed to maintain humid conditions; or
  - c) **applying a product** designed for pretreatment.

Hint: Does not call for an enzymatic... check your policy

# Pre-Treatment Sprays/Foams

- Hint: Some are good for 24 hours vs 72 hours. If you are not a 24/7 central sterile, you have to pick carefully.





What is wrong?

Instruments  
left dry



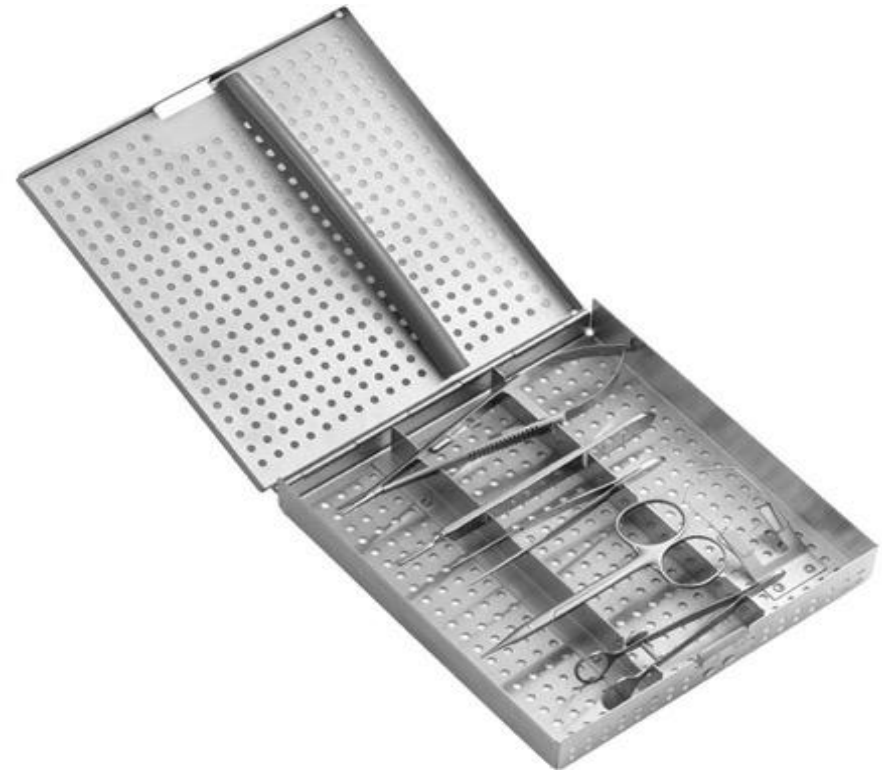
## What about ...Humipak?



Hint:  
Does not protect against sharps.  
How much water to add?

## What about Eye Cases?

Consider Instruments Covered  
with Sterile Water-Soaked Towel



# AAMI ST79: 6.3.3

- Instruments opened but not used

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All instruments opened in the operating or procedure room should be **considered contaminated** whether they have been used.

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*Rationale:* Scrubbed persons might touch instruments without being aware of it. Used instruments also might come in contact with other instruments.

Instruments:  
Layer 1  
Pre-treated



Instruments:  
Layer 2  
Not pre-treated  
because “Not  
Used.”

# AAMI ST79: 6.4 Containment

- Contaminated items should be **contained during transport from the point of use to the decontamination area**. Containment may be accomplished by any means that **prevents personnel contact with the contaminated items during transfer**.
- NOTE—The type of container used depends on the items being transported. **Bins with lids, enclosed or covered carts, rigid sterilization container systems, and impermeable bags** are among the types of containers that may be used alone or in combination to transport contaminated items.



# OSHA Containment

## OSHA requires that

- a) all containers, devices, or carts used for containing contaminated items be marked with a **biohazard label**, a red bag, or other means of identifying contaminated contents; and
  - b) **puncture-resistant, leak-proof on the sides and bottom, closable**, and labeled containers must be used for devices with edges or points capable of penetrating container or skin.
- Contaminated items should be kept moist in the transport container by adding a towel moistened with water (not saline) or a pretreatment product specifically intended for this use, or by placing items inside a package that can maintain moist conditions.

# What is wrong?

- Not labeled biohazard.
- Dry.
- Not contained.



# AAMI ST79: 6.5.4 Hand transport

- Prior to transportation, items contaminated with blood and other potentially infectious materials should be **placed in a container that is puncture-resistant, leak-proof on the bottom and sides, labeled as biohazardous**, and sealed. Containers used to transport contaminated items by hand should be **carried in a position parallel to the floor**. The carrier should exercise good body mechanics (e.g., bend at the knees when lifting an item, hold the item close to the body).
- *Rationale:* Keeping containers parallel to the floor prevents the dislodging of or potential damage to the items within them. Good body mechanics promote worker safety.

# What is wrong?

- Cap did not contain instruments.





# What is the problem?





- Stacked dirty trays dangerous
- No biohazard indicated
- No pre-treatment spray
- Not contaminated



# Dirty Instruments Not Contained







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# Sterile Instruments: Integrity and Storage

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# Check for damage:

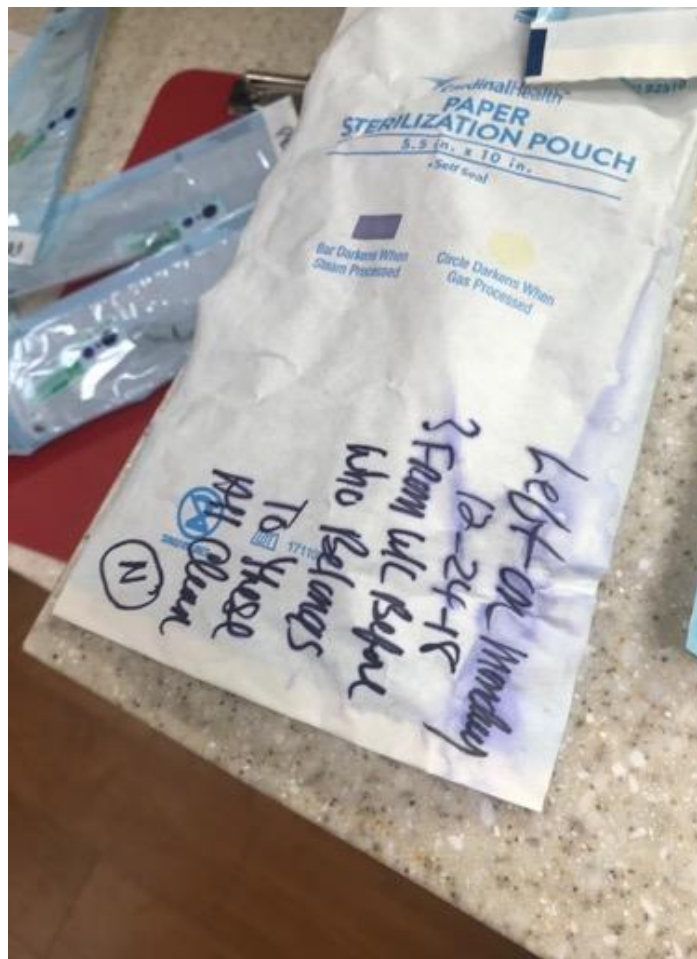
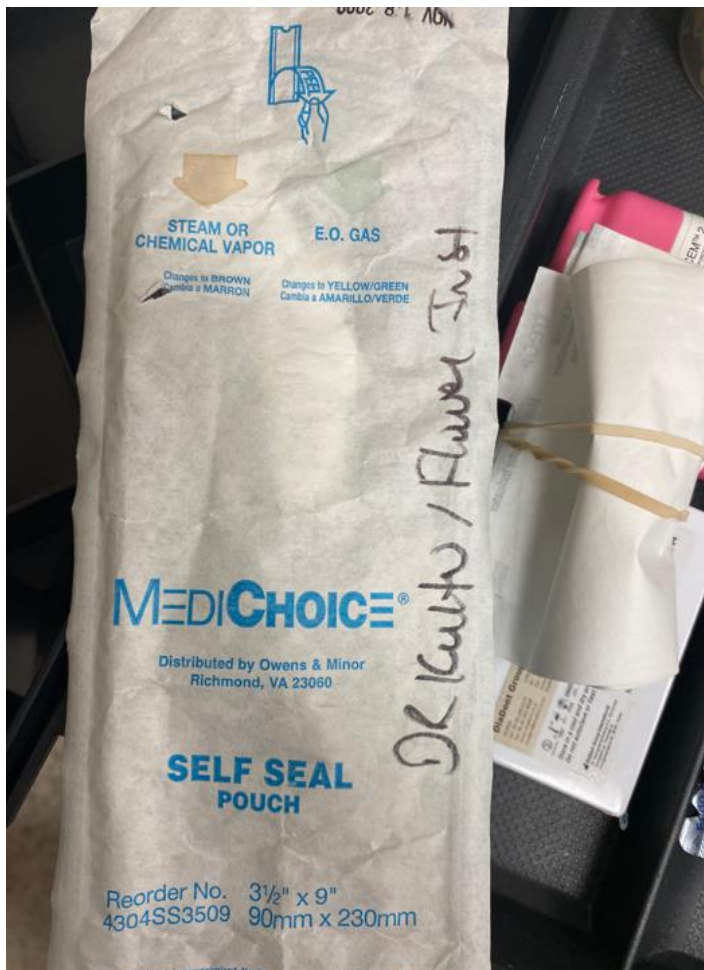
- Big part of instruments and scopes...you have to look to see if they are damaged or ready for use. This is a step that is often missed.



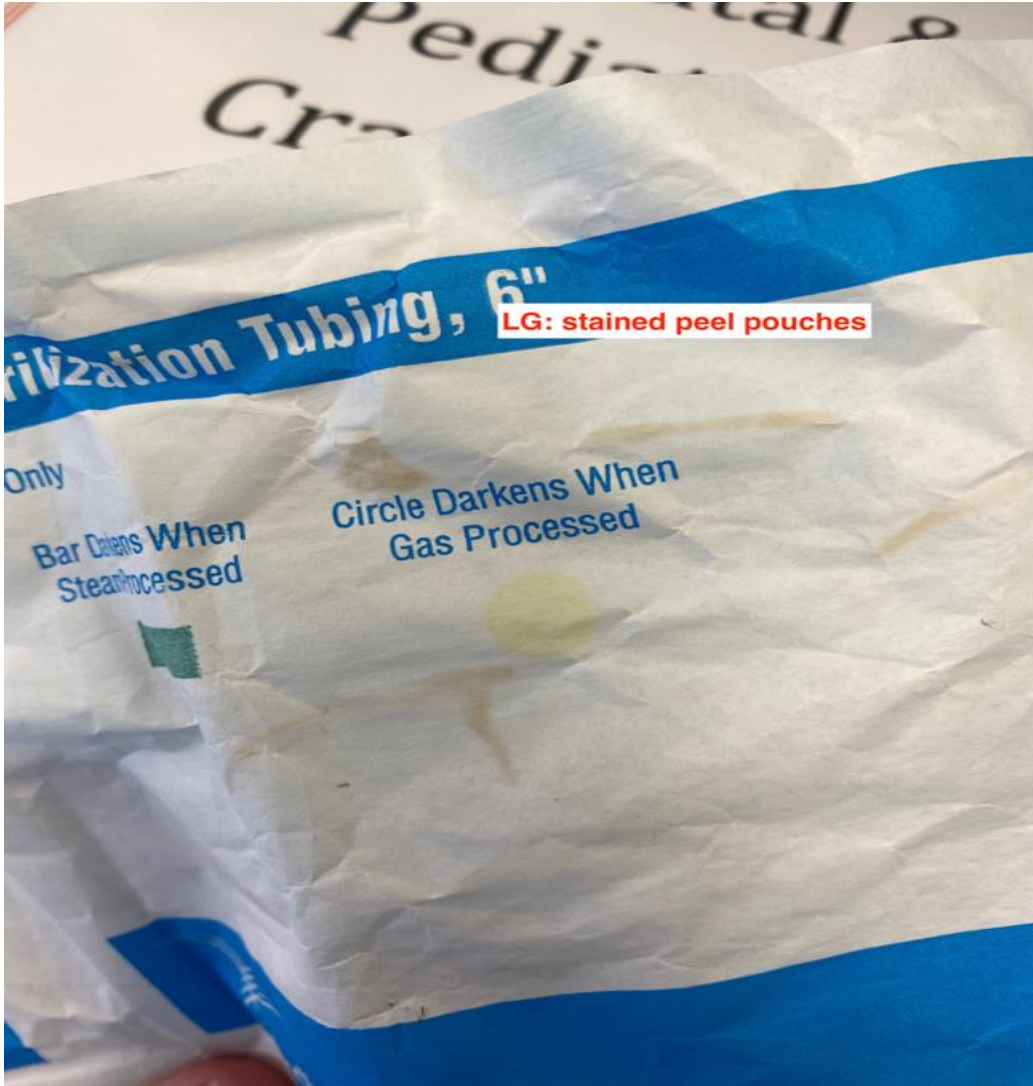
# First Step: Ask the Question – Is this ready for patient use?

- What are the elements
- to review when using sterile instruments?

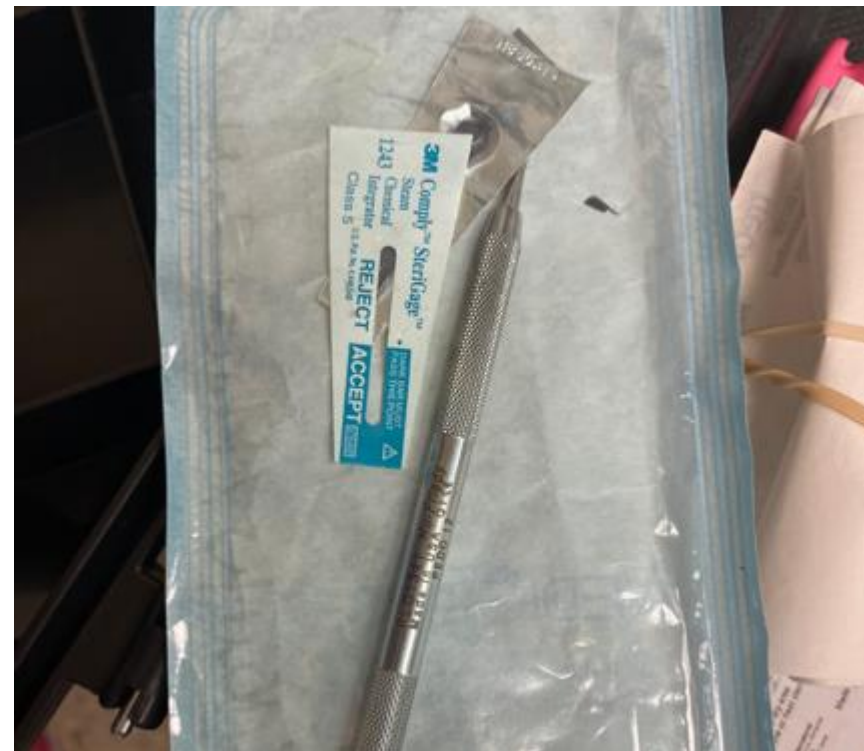




Peel Pouch:  
No writing on  
paper side!



# No Holes! Peel Pouch Intact





# Peel Pouches: Double

1. Is Double pouching allowed per the IFU
2. Are pouches from the same manufacturer



# Inner pouch must be sealed

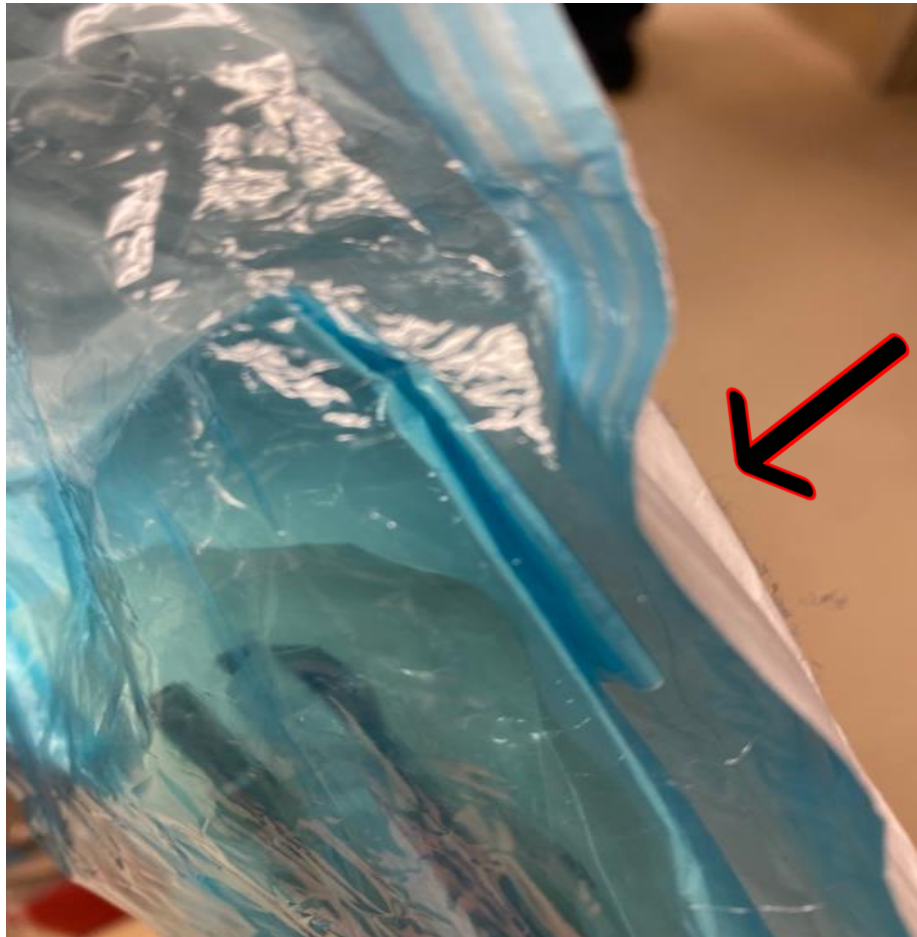


# Inner pouch must be sealed





# Inner Pouch: NO FOLD ALLOWED.

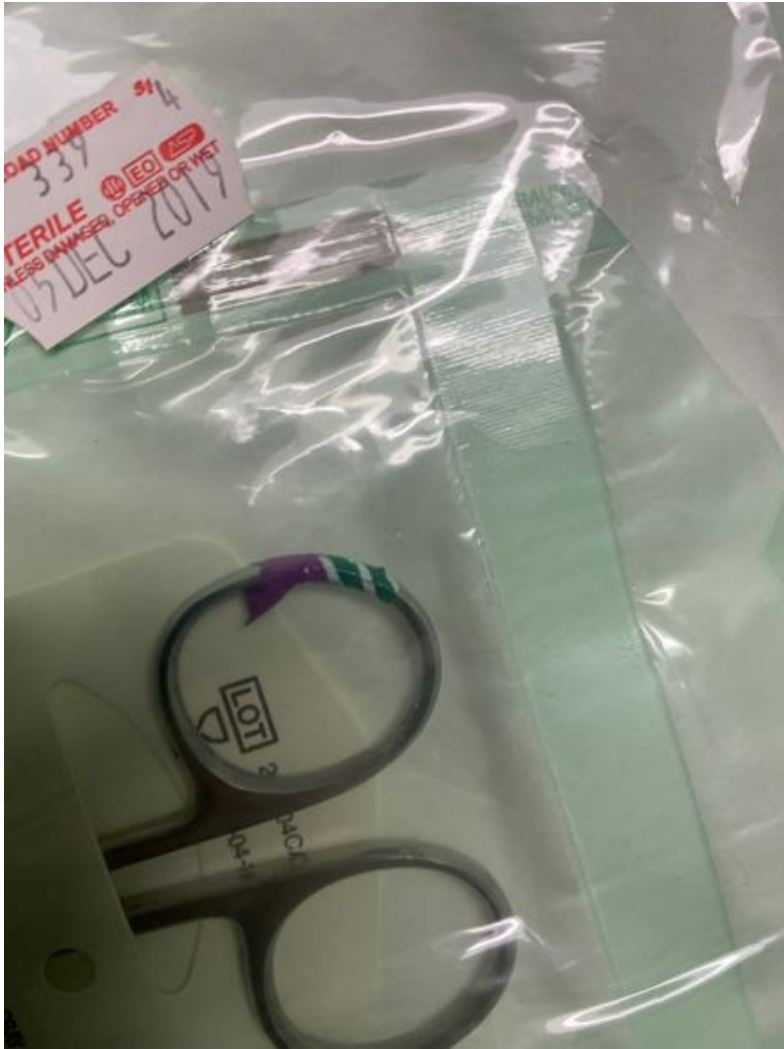




**Hint:**  
You cannot triple pack!



# Are load labels visible or seal intact?

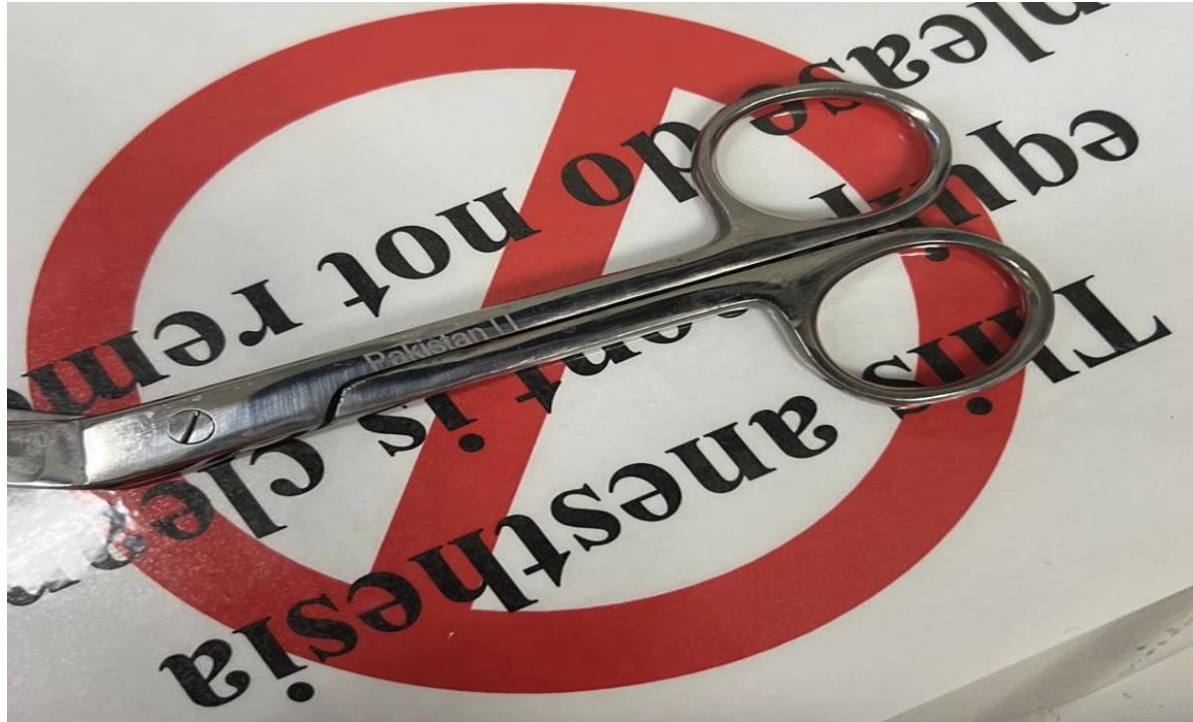




# Can the item be sterilized, are they single use? “Show me the IFU!”



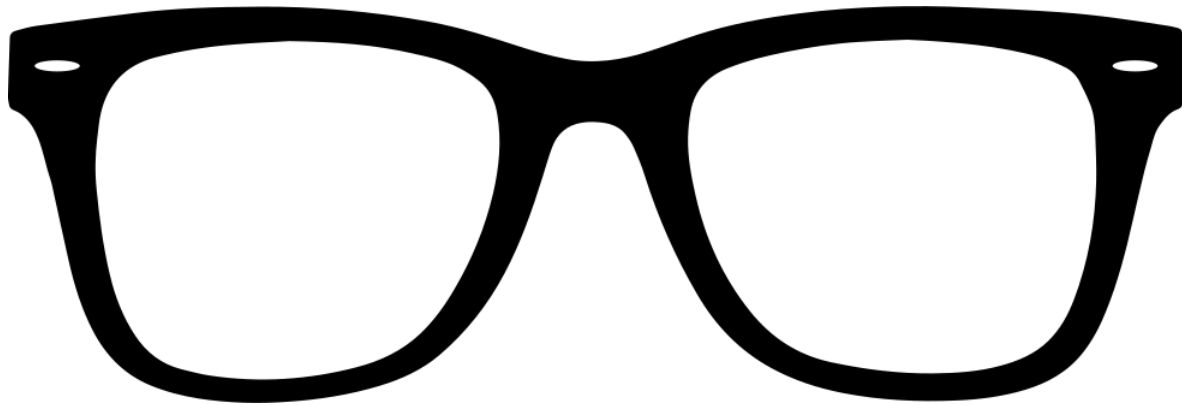
Single use instruments cannot be re-sterilized.





# Look at the Indicators!

The indicators tell us that the instrument was exposed to the sterilant!



Hint: Staff have to understand how to read indicator.

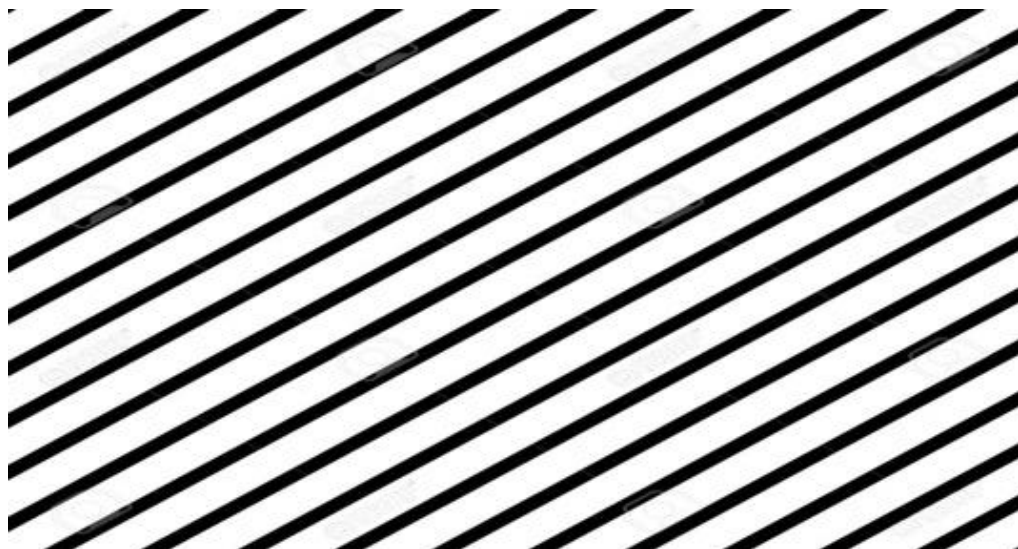


# Wrapped Packs:

- Indicator
- Tape
- Intact

# Wrapped Packs: External Indicator Tape

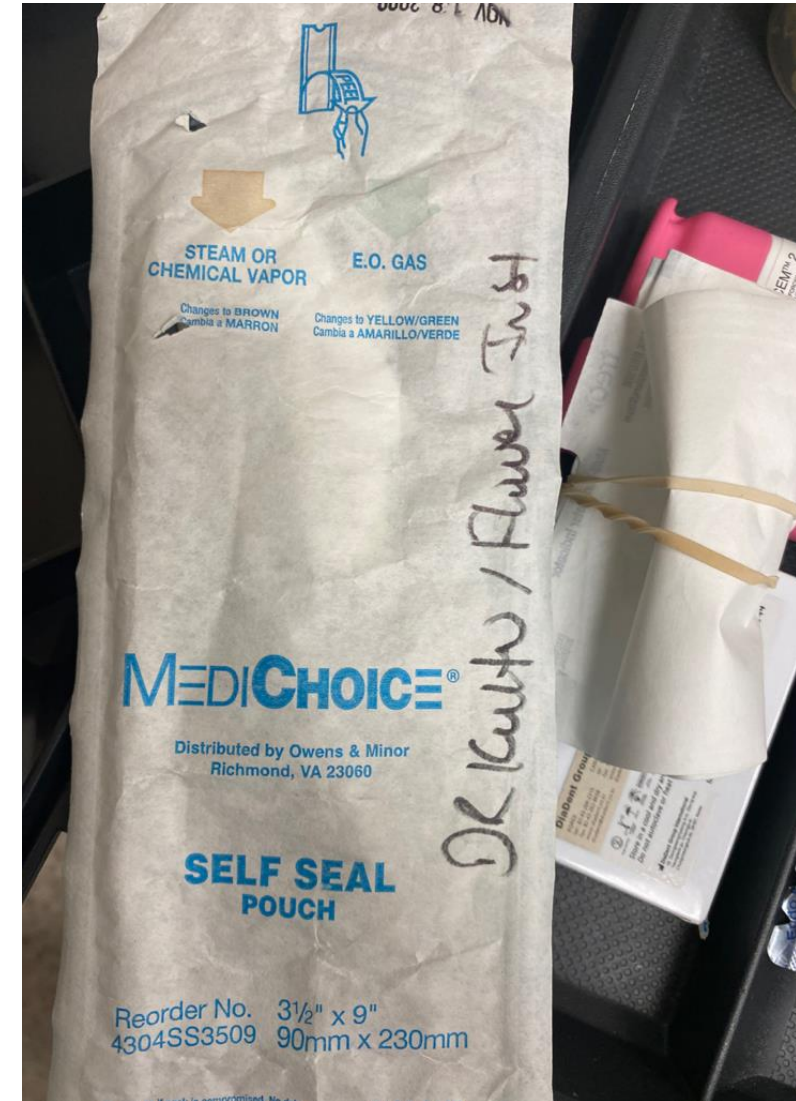
COLOR CHANGE





# External Indicator: Peel Pouch

- Changes Color
- Follow the Instructions
- Gas vs steam will have different colors to show it meet standards for sterilization





# Internal Chemical Indicators

- Staff have to know how to read.

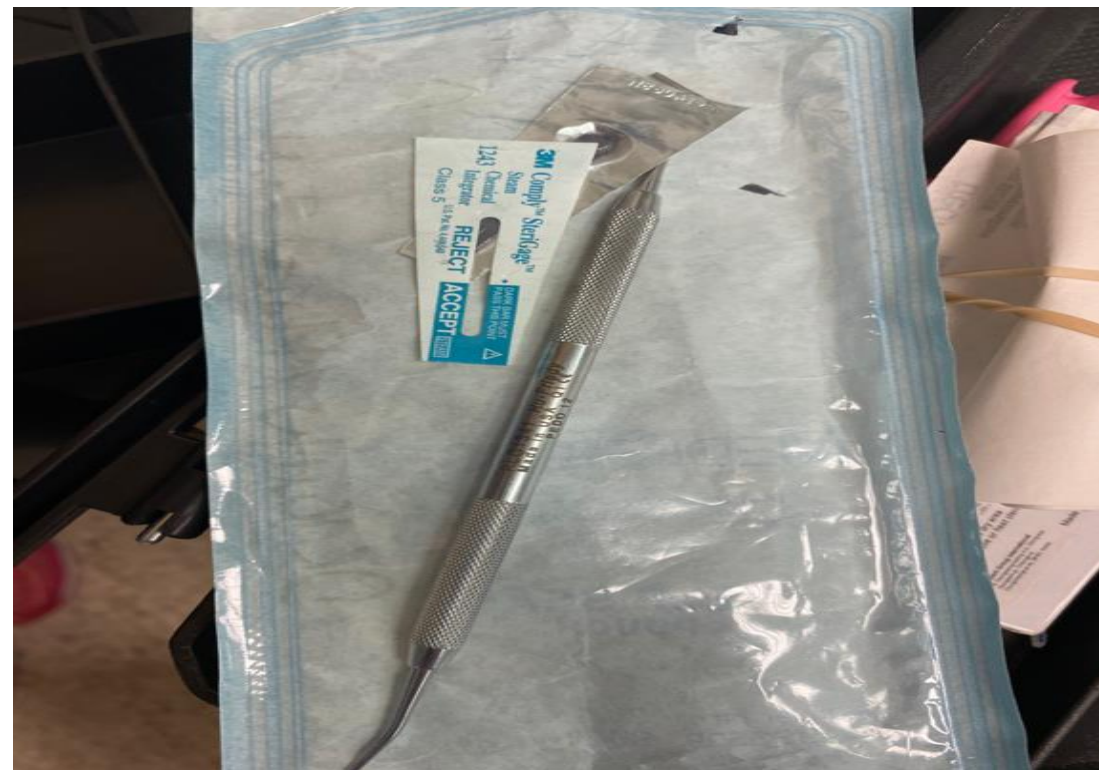
## Class 5 Chemical Indicators



# Is it acceptable?



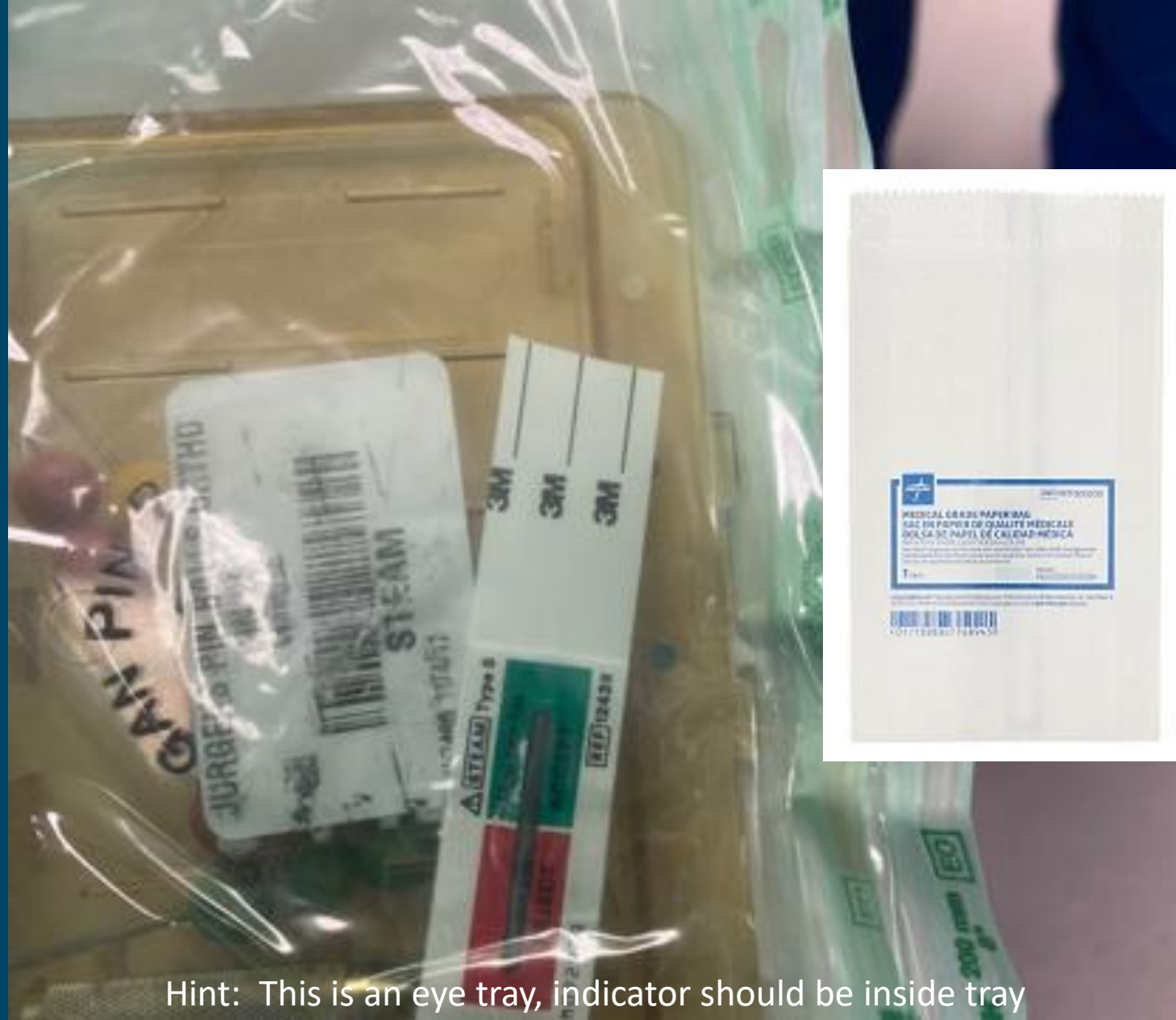
# Internal Indicator: Is it present? Damaged?





# Internal Indicators: Correct Position

- each level of tray
- inside paper bag
- inside small containers





Metal Rigid  
Container:

Filter in place and  
not wet



# Not Pitted

# Not Damaged

# Not locked



# What went wrong?







The black handle stylet for Glidescope is single use.



# Instrument Identification Tape

- Used to identify instruments for a designated department or service.



## **INSTRUCTIONS FOR USE:**

1. Clean fingers with isopropyl alcohol to remove oils or wear gloves.
2. Clean and dry application area of instrument to remove any residue that may exist.
3. Wipe area with alcohol; allow alcohol to dry.
4. Firmly apply tape; do not stretch. Tape should be applied to the nonworking end of the instrument. Application should not impede instrument functionality.
5. Wrap tape 1.5 times on a stainless steel instrument. Tape should lay flat without gaps.
6. Steam sterilize the instrument to bond the adhesive.

# How does it go wrong?

- ID tape:
  - Applied Incorrectly
  - Damaged
  - Discolored



# Not secure



# Instrument ID Tape: Damaged

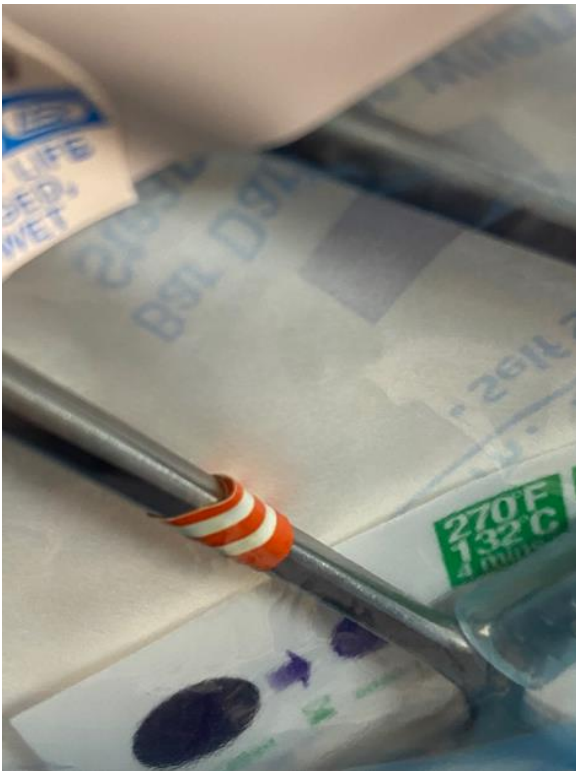




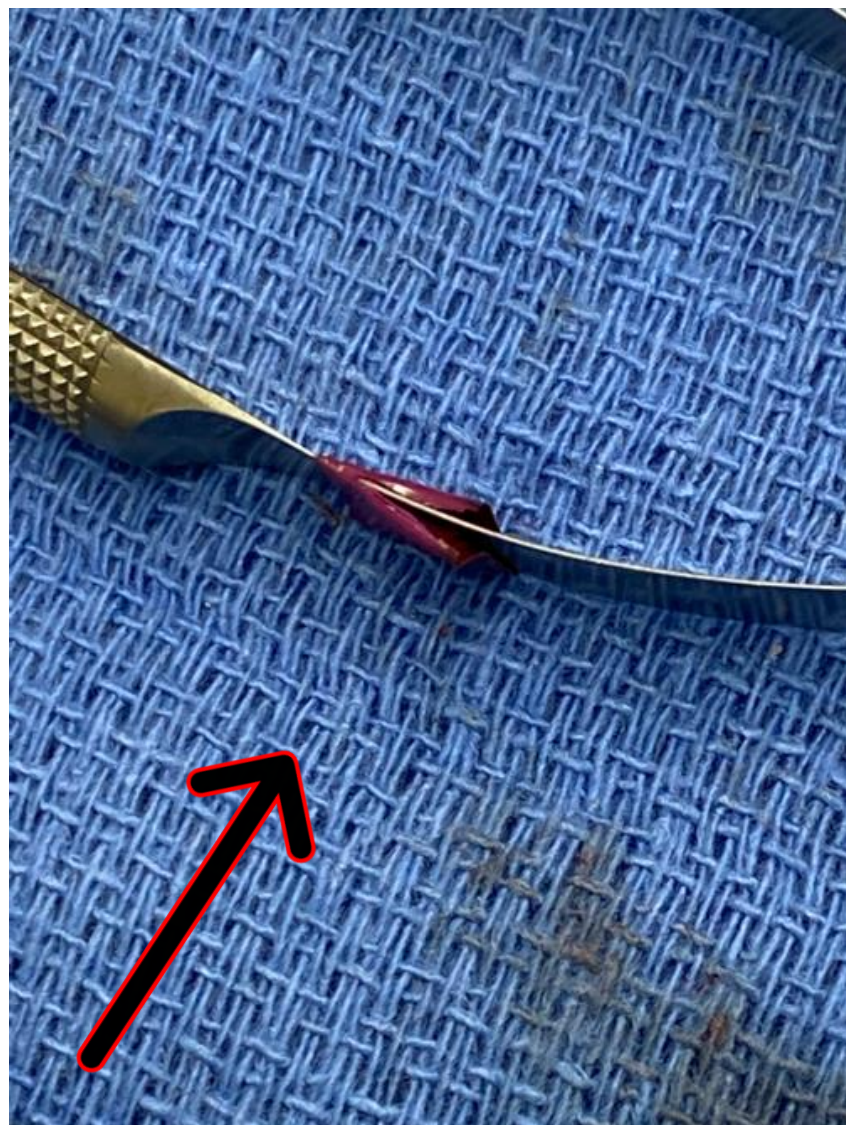
# Not removed properly



# Applied with Gap



**Damaged**







**Was not applied  
Around 1.5 times  
around**



**Applied too  
many times  
around**



# Can it be sterilized?



# Tea Strainer – No IFUs!



# Kitchen Spoons!



# Is it ready for use:

- Validate:
  - Stored properly
  - Package intact: no stains or tears
  - No writing on paper
  - Double pouch not folded
  - External Indicator & Tape Intact
  - Internal Indicator: exposed, on correct levels
  - Instrument: not locked, damaged, dirty
  - ID Tape: Applied correctly, not damaged
  - Trays: filters, not wet



# AAMI ST79: 11.1. Storage

- Shelving, carts, and bins used for sterile storage should be maintained organized, clean, and dry. **The bottom shelf of storage carts or shelving should be solid.** The shelving or carts should be designed for the weight and configuration of the load.





# Is the item stored correctly to prevent contamination or damage?

- 8-10 inches from the floor
- 18 inches below ceiling or sprinkler head
- 2 inches from outside wall

AAMI ST79: 11.1





Stacking heavy items to prevent tears.



Open lower wire shelf.





# Stored in warmer

# Sterile stored in biohazard container



Sterile items and gel stored in warmer



Clean or dirty?





Is the storage  
bin clean?

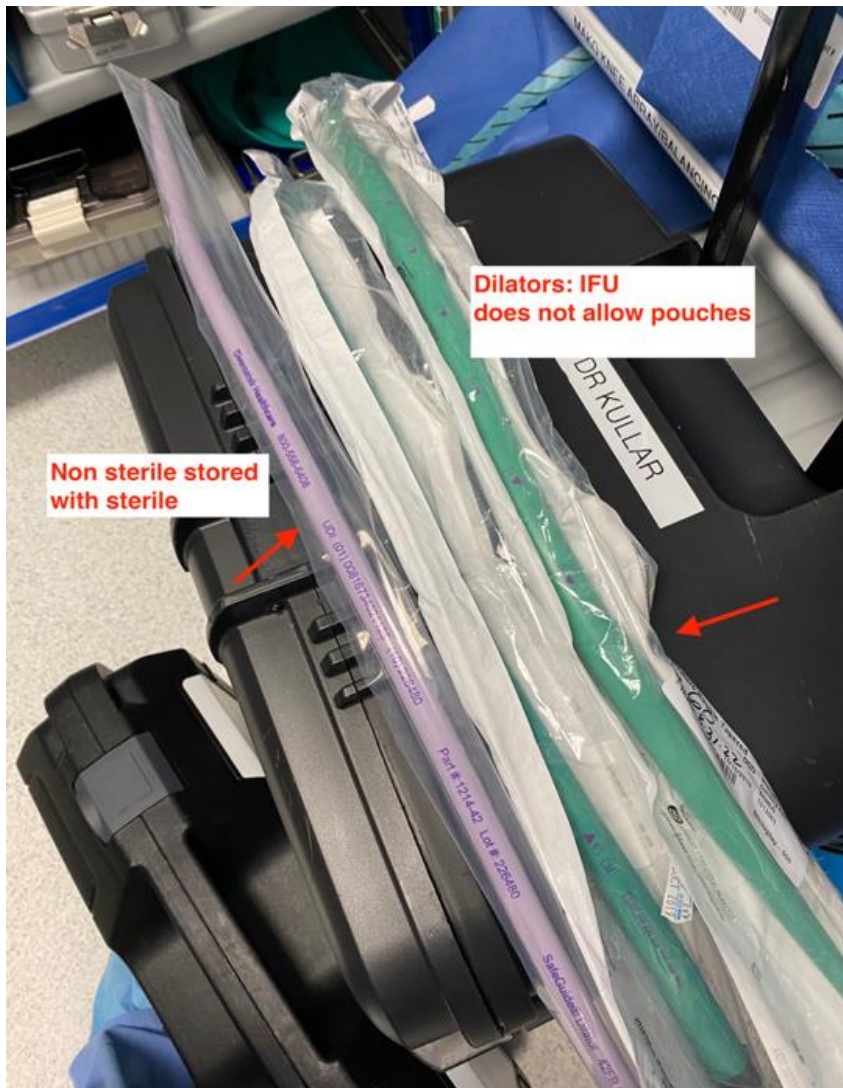
# Sterile Storage: Temperature & Humidity

- Temperature and Humidity Requirements – Guidance for Storage of Sterile Supplies
- Do we need to monitor the temperature and humidity of the rooms where sterile supplies are stored?
  - Building Code Requirements: ASHRAE has upper temperature limits
  - CMS Infection Control Worksheets (*published by CMS but not mandated*)
  - Manufacturer's IFU
  - Evidence Based Guidelines: Protect from contamination and maintain integrity of packaging

# Dilators:







- Expired
- Sterile stored with non-sterile
- Rope holder dirty







Questions?



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# Thank you

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