

All About IPC in the Ambulatory Care Setting

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Quality Management

Made for this

Northwell Health

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Rise: Quality: Rise: Health

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Mary Heffernan RN, DNP, CPHQ, CIC

Northwell Health

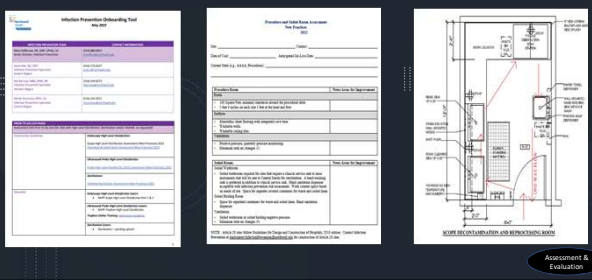
AGENDA

- ✓ Site Visits
- ✓ Prioritizing Work
- ✓ Onboarding, Construction, and Risk Assessments
- ✓ Standardization
- ✓ Hand Hygiene, Highly Infectious Diseases and Staff Safety
- ✓ Education
- ✓ Spread
- ✓ High Level Disinfection and Sterilization
- ✓ Antibiotic Stewardship
- ✓ Ambulatory IP Committee

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Onboarding and Construction



Assessment & Evaluation

<https://northwell.sharepoint.com/sites/NWHPolices/NSUH-InfectedControl/Forms/Policy%20View.aspx>

Policies & Procedures

Home | World Sites | Resources | Admin Policy Tools | Policy and procedure archives (Access required)

System Infection Prevention

Content Type	NWHPolicyTitle	NWHPolicyNumber	System Approval	Revised
Index (A-B)				
	Ambulatory Settings and Services - Infection Prevention	000-1172	5/16/2022	
	Pathology Authority	000-1173	4/7/2022	
	Authoritative Statement of Responsibility	000-1174	10/16/2021	10/16/2021



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Raiser Quality: Raise Health

Standardization

<https://northwell.sharepoint.com/sites/NWHPolices/NSUH-InfectedControl/Forms/Policy%20View.aspx>



System Infection Prevention

POLICY/GUIDELINE TITLE: Patients on Precautions Guidelines	SYSTEM POLICY AND PROCEDURE MANUAL
POLICY #: INS-1174	CATEGORY:
System Approval Date: 2/16/2022	Effective Date: 11/1/14
Site Implementation Date: 4/9/2022	Last Reviewed/Approved: 5/1/19
Prepared By: Devon Armistead, RN, DNSP, CIC, Vice President, Infection Prevention and Risk Specific Infection Prevention Committee	Notations: N/A

GENERAL STATEMENT OF PURPOSE:

The purpose of this document is to outline a process for placing patients on precautions to minimize transmission of pathogens that cause infection and/or disease.

POLICY:

It is the policy of Northwell Health that all Health Care Personnel (HCP) minimize the risk of spreading facility-acquired infection. Attachment A, "Patient Isolation Precaution Guideline" outlines a process to minimize the transmission of disease and other potentially harmful pathogens.



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Standardization

Scope, Probes, Lasers and Accessories

- Standardization and Bundling New Products:
 - Probes
 - Lasers
 - Accessories: i.e., cable light and cable head
- Infection Prevention and BioMed review Capital Purchases:
 - Reprocessing
 - Standardization
 - Duplication



Guidelines and Checklists

Standardizing

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Collaborative: Chaired by Quality and Infection Prevention. Focus on:

- HLD
- Sterilization
- Screening Guidelines
- Environment of Care

Purpose: To standardize practices amongst all Northwell Health AAAASF sites to ensure patient safety by maintaining evidence-based standards in which are compliant with office-based standards for procedures or surgeries. Accredited facilities will be re-evaluated through both self-survey and onsite survey as dictated by AAAASF.

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The 4 E's of an Effective Hand Hygiene Program

Engage

Educate

Execute

Evaluate

<https://www.cdc.gov/handhygiene/providers/training/index.html>
<https://www.youtube.com/watch?v=D4111Y14pCI>

Hand Hygiene Audit

Site Name/Location: _____ Site ID: _____

Number of Sites: _____ Manager's Name: _____

Audit Tool: Hand hygiene observations

Number	Observer and date	Hand Hygiene Observations	Performance percentage	Comments
1	Druck, Dr. med. h.c. / Dr. med. Dr. med. Dr. med.	1. Did not use hand hygiene 2. Did not use hand hygiene 3. Did not use hand hygiene 4. Did not use hand hygiene 5. Did not use hand hygiene 6. Did not use hand hygiene 7. Did not use hand hygiene 8. Did not use hand hygiene 9. Did not use hand hygiene 10. Did not use hand hygiene	0%	
2	Druck, Dr. med. h.c. / Dr. med. Dr. med. Dr. med.	1. Did not use hand hygiene 2. Did not use hand hygiene 3. Did not use hand hygiene 4. Did not use hand hygiene 5. Did not use hand hygiene 6. Did not use hand hygiene 7. Did not use hand hygiene 8. Did not use hand hygiene 9. Did not use hand hygiene 10. Did not use hand hygiene	0%	
3	Druck, Dr. med. h.c. / Dr. med. Dr. med. Dr. med.	1. Did not use hand hygiene 2. Did not use hand hygiene 3. Did not use hand hygiene 4. Did not use hand hygiene 5. Did not use hand hygiene 6. Did not use hand hygiene 7. Did not use hand hygiene 8. Did not use hand hygiene 9. Did not use hand hygiene 10. Did not use hand hygiene	0%	
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5	Druck, Dr. med. h.c. / Dr. med. Dr. med. Dr. med.	1. Did not use hand hygiene 2. Did not use hand hygiene 3. Did not use hand hygiene 4. Did not use hand hygiene 5. Did not use hand hygiene 6. Did not use hand hygiene 7. Did not use hand hygiene 8. Did not use hand hygiene 9. Did not use hand hygiene 10. Did not use hand hygiene	0%	
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9	Druck, Dr. med. h.c. / Dr. med. Dr. med. Dr. med.	1. Did not use hand hygiene 2. Did not use hand hygiene 3. Did not use hand hygiene 4. Did not use hand hygiene 5. Did not use hand hygiene 6. Did not use hand hygiene 7. Did not use hand hygiene 8. Did not use hand hygiene 9. Did not use hand hygiene 10. Did not use hand hygiene	0%	
10	Druck, Dr. med. h.c. / Dr. med. Dr. med. Dr. med.	1. Did not use hand hygiene 2. Did not use hand hygiene 3. Did not use hand hygiene 4. Did not use hand hygiene 5. Did not use hand hygiene 6. Did not use hand hygiene 7. Did not use hand hygiene 8. Did not use hand hygiene 9. Did not use hand hygiene 10. Did not use hand hygiene	0%	

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific level of PPE.

- 1. GOWN**
 - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
 - Fasten in back of neck and waist
- 2. MASK OR RESPIRATOR**
 - Secure ties or elastic bands at middle of head and neck
 - Fit flexible band to nose bridge
 - Fit snug to face and below chin
 - Fit-check respirator
- 3. GOGGLES OR FACE SHIELD**
 - Place over face and eyes and adjust to fit
- 4. GLOVES**
 - Extend to cover wrist of isolation gown

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Remove hands away from face
- Wipe surfaces frequently
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

1. GLOVES

- Do not touch your face, eyes, nose, mouth, or hair while removing PPE.
- Grasp the wrist of the glove and peel it away from your hand. Do not touch the outside of the glove.
- Repeat for the other hand.
- Discard gloves in a waste container.

2. GOGGLES OR FACE SHIELD

- Do not touch your face, eyes, nose, mouth, or hair while removing PPE.
- Grasp the top of the frame and lift the goggles or face shield away from your face.
- Repeat for the other side.
- Discard goggles or face shield in a waste container.

3. GOWN

- Do not touch your face, eyes, nose, mouth, or hair while removing PPE.
- Grasp the bottom hem of the gown and peel it away from your body.
- Repeat for the other side.
- Discard gown in a waste container.

4. MASK OR RESPIRATOR

- Do not touch your face, eyes, nose, mouth, or hair while removing PPE.
- Grasp the top of the mask or respirator by the top of the headband or the top of the ear loops.
- Repeat for the other side.
- Discard mask or respirator in a waste container.

5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE

PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

1. GOWN AND GLOVES

- Do not touch your face, eyes, nose, mouth, or hair while removing PPE.
- Grasp the wrist of the glove and peel it away from your hand. Do not touch the outside of the glove.
- Repeat for the other hand.
- Grasp the bottom hem of the gown and peel it away from your body. Do not touch the outside of the gown.
- Discard gown and gloves in a waste container.

2. GOGGLES OR FACE SHIELD

- Do not touch your face, eyes, nose, mouth, or hair while removing PPE.
- Grasp the top of the frame and lift the goggles or face shield away from your face. Do not touch the outside of the frame.
- Repeat for the other side.
- Discard goggles or face shield in a waste container.

3. MASK OR RESPIRATOR

- Do not touch your face, eyes, nose, mouth, or hair while removing PPE.
- Grasp the top of the mask or respirator by the top of the headband or the top of the ear loops.
- Repeat for the other side.
- Discard mask or respirator in a waste container.

4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE

PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

Occupational Exposures to Blood and Body Fluids

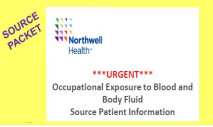

- Seek medical attention in the Emergency Department within one hour of the occurrence
- Wash the affected area with soap and water. For potentially infectious materials in eyes, nose, mouth or broken skin, immediately flood the exposed area with water and/or soap and water. Do not rub eyes.
- Complete report
- Follow-up visit is mandatory with Employee Health Service (EHS) within four business days for continued monitoring and documentation.

Staff Safety

BLOOD/BODY FLUIDS EXPOSURE PROCESS FOR SOURCE PATIENT TESTING

- Source Patient testing should be managed by the site manager or designee
- A YELLOW envelope should be available at your site which includes source testing instructions, lab requisitions and blood collection tubes.
- Draw blood from the source patient as soon as possible
- The packet contains 2 gold top and 2 lavender tubes
- Prior to blood draw, ensure that the blood tubes are not expired

Please contact Employee Health Services at 718-470-XXXX

Staff Safety

Other Staff and Patient Safety

Exposures

- Pertussis
- TB
- COVID
- Sharps

Water Testing

- Dental
- Dialysis
- Legionella

Staff and Patient Safety

Education

Online Learning Portal

Webinars

Partner with Manufacturers

Podcasts

Monday Morning Brief

Internet Page

Onsite Education and Training

Education

Northwell Health | MyNorthwell | Confidential: Education, Law 6527 Public Health Law 2005 S, A, L, M | Raise Quality, Save Lives

Access iLearn

- Annual Hand Hygiene Competency Training - Project Firstline*
- NHPP Ambulatory Safety Needle and Sharps Training - *Duration 10 minutes*
- NHPP Blood and Body Fluid Exposure Procedures for Ambulatory Sites - *Duration 15 minutes*
- NHPP Ophthalmology Equipment Using Bleach - *Duration 10 minutes*
- NHPP Proper Handling of Soiled Instruments in Ambulatory Setting - *Duration 10 minutes*
- NHPP Scope High Level Disinfection Part 1 & 2 - *Duration 1.5-2 hours*
- NHPP Temperature Monitoring Using Min Max Thermometer - *Duration 15 minutes*
- 2022 Probe Cleaning, High Level Disinfection with and without Trophon and Storage- *Duration 30 minutes*
- NHPP Vmax High Level Disinfection - *Duration 15 minutes*

Access iLearn

Education

•According to this picture, What's wrong?

1. Any disinfectant is good to use to sterilize instruments between use.
2. Staff does not need competency to clean and disinfect scopes.
3. Always ask supervisor if you do not know how to clean or disinfect equipment.
4. All of the above

Education 25

•According to this picture, What's wrong?

1. Tissues are available to patients if needed.
2. Patients should be six feet apart.
3. Hand sanitizer is available to patients if needed.

Education 26

Monday Morning Brief
November 7, 2022

Education

Safe Injection Practices

The infographic is divided into six panels. The top row shows: 1) A vial with a red stopper and a needle inserted, with text 'A vial that had already been opened and used!'. 2) A clock and a vial with a needle, representing time and reuse. 3) A clock and a vial with a needle, representing time and reuse. The bottom row shows: 4) A vial with a needle. 5) Two healthcare workers, one wearing gloves and using a sharps container. 6) A sharps container being filled with a used needle.

Unsafe injection practices put patients and healthcare personnel at risk of disease transmission, including bacterial infections like MRSA or bloodborne pathogens like hepatitis C virus.

<https://www.youtube.com/watch?v=uibofZZVcLI>

Education

<https://northwell.sharepoint.com/sites/NHPP-QualityMgmt/SitePages/Infection.aspx>

Infection prevention

- Ambulatory Public Health Emergency Resources
[Click here](#) for more updated information pertaining to public health emergencies.
- Antibiotic Stewardship
[Click here](#) for the Antibiotic Stewardship Program.
- Courses and Educational Material
[Click here](#) for learn courses and educational material.
- Infection Prevention Joint Commission Readiness v. 06/2023
[Click here](#) for information on Infection Prevention Joint Commission Readiness.
- Onboarding v. 06/2023
[Click here](#) for more updated information pertaining to onboarding or new hires.

Standardize & Spread

Education

Northwell Health | [MyNorthwell](#)

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Raise Quality. Raise Health.

Competencies

- Hand Hygiene
- Probe Reprocessing
- Scope Reprocessing

Education

Northwell Health Physician Partners

My Transcript

Region: North Shore LIJ Health System
 Facility: Medical Group - Corporate
 Department: FPP Quality Management [MGCOR] [0000223]
 Name: McElreath, Mary Employee ID: 08161616 Hire Date: 7/21/1993

Course Name	Date Completed	Score	Credit Hours
2022 Probe Cleaning, High Level Disinfection with and without Trophon and Storage	08/29/2022	100	
Quality/Regulatory Institute for Health Care Improvement	08/29/2022	100	
Project Fluidline - Annual Hand Hygiene Competency Training	08/29/2022	100	
Basic Stroke Snapshot	08/29/2022	100	
2022 AMT HIPAA Security and Payment Card Industry Compliance (approx. 20 min)	08/29/2022	100	
2022 AMT HIPAA Privacy (approx. 30 min)	08/29/2022	100	
2022 AMT Corporate Compliance Regulatory Requirements (approx. 20-30 min)	08/29/2022	100	
2022 AMT Respectful Work Environment, Discrimination and Sexual Harassment Prevention (approx. 30 min)	08/29/2022	100	
2022 AMT Fire Safety and Environment of Care (approx. 7 min)	08/29/2022	100	
2022 AMT Emergency Management	08/29/2022	100	

Agenda

Infection Prevention and Control Quality Sub-Committee Meeting
 Thursday, June 29, 2023, 4:00pm-5:00pm, Microsoft Teams

Topic	Presenter	Time
Welcome and Approval of Minutes	Mary McElreath, DNP	4:00-4:05pm
Ambulatory Pharmacy	Ed Pease, RN, Director, AMP Pharmacy	4:05-4:10pm
Corporate Safety	David Henrico, JMT Safety Regulations	4:10-4:15pm
Workforce Safety	Paul Wang, JMT Safety Regulations	4:15-4:20pm
Real Estate Services	Stephen Asatla, Director, Real Estate Services, Equipment Facilities Services	4:20-4:30pm
Dialysis	Ryan Gault, RN, Director, Asset Care, Dialysis	4:30-4:40pm
Dental	Antoinette Downs, Supervisor, Dental Services	4:40-4:45pm
Oncology Pharmacies	Shana D'Amico, RN, JMT Pharmacy Owner Liaison	4:45-4:50pm
Ambulatory Infection Prevention Updates	Mary McElreath, RN, Director, Infection Prevention Liaison	4:50-4:55pm
Closing		

Spread and Share IP Committee

IHI Forum Session Proposal

Leadership

- Ambulatory leadership support
- Goals align with ambulatory quality mission
- Site management support

Measurement and Feedback

Better Ideas

- Pto active risk assessment of patient incident data
- Infection prevention champion
- Covid-19 vaccine safety

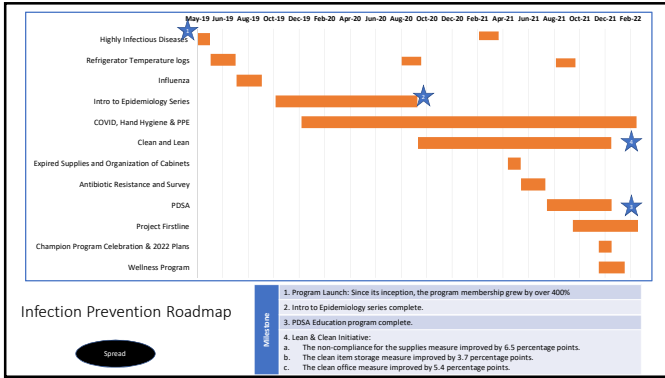
Set up

- Identified audience
- Embedded culture of safety
- Education designed for all team members

Social System

- Adaptation of communication strategies
- Staffing constraints including deployment to hospitals
- Managing resistance

Spread





Infection Prevention Champions

Champions are respected individuals with strong communication skills who are knowledgeable and enthusiastic about the topic at hand. These front line personnel promote and lead infection prevention initiatives by engaging and educating colleagues, solving problems, and communicating across all levels of leadership.

Centers for Disease Control and Prevention (CDC)

CDC: Identify, Train, Empower, and Sustain

Identify	Train	Empower	Sustain
Identify Potential Champions: <ul style="list-style-type: none"> Respected Effective Communicators Enthusiastic Committed Courageous Team Oriented Open to New Ideas Early Adopters 	Provide Resources: <ul style="list-style-type: none"> Facility specific data for action <ul style="list-style-type: none"> Results of TAP Assessments Evidence/Guidelines on which the initiative is based Contact information for support personnel Facility protocols for promoting initiatives 	Facilitate Success: <ul style="list-style-type: none"> Offer leadership support Make initiatives patient-centered Clearly define goals & timelines Encourage involvement from other staff Assist in making evidence actionable 	Continue Support: <ul style="list-style-type: none"> Align goals across leadership levels Conduct audits and provide feedback to personnel Offer ongoing opportunities to discuss concerns with personnel Ensure hand off at the end of an initiative

Note: The Targeted Assessment for Prevention (TAP) Strategy is a framework for quality improvement developed by the Center for Disease Control and Prevention (CDC) to use data for action to prevent hospital-associated infections (HAIs).

Three Improvements

- Think out loud when washing hands and putting on PPE
- Keeping exam rooms clean and clutter free before, during, and after a patient visit
- Working as a team to ensure exam rooms are kept clean and motivating, reminding, and challenging each other to ensure the QI project is a success

Share/Spread: Team meeting and daily huddles

865 Northern Boulevard Suite 102 - Northwell Health Internal Medicine at the Irvin Goldman Family Care Center - A division of North Shore University Hospital

Organize work area

Use visual cues.

Spread

Northwell Health

White Board Calendar for visual display of Mediator filter change dates



Spread





Spread

Glen Cove Family Medicine- How well staff protected your safety

- Temperature and COVID/Ebola screening
- Mask and hand sanitizer for all patients
- Maintaining chairs in the waiting area 6 feet apart
- Supplies in the exam rooms are covered
- Our staff follows PPE guidelines

Spread

Northwell Health

Raise Quality Raise Health

Background
Problem: Disorganization of supplies caused delay with finding supplies, over ordering, and potential for contamination of clean.
Overview
Staff unable to find supplies disrupting patient care
Too much stock potential for expired supplies
Potential sources for contaminating supplies

Implementation / Method
Cause & Effect
People: Staff unable to find supplies, No set process, Disorganized staff communication, Limited storage
Method: No set process, Disorganized staff communication, Limited storage
Materials: No storage containers
Environment: No standard area
Disorganized Supplies

Outcomes / Metrics

Conclusions / Key Findings

- Staff able to find supplies easier
- Decrease par ordering avoiding expiration and waste of supplies
- Removed potential sources for contaminating supplies

Transferability

- Share project at Regional and Quality Meetings
- Staff spread when float or visit other sites

Staff Comments...
"I can't find what I need to supply"
"Inventory is better, but..."

Raise quality raise health

- Organization of supplies
- Staff Comments
- Decrease in survey deficiencies

Spread

Ambulatory Antibiotic Stewardship

financial resources leader multidisciplinary committee

program Data Opportunities for improvement

Antibiotic Stewardship

Antibiotic Knowledge Assessment

8 Question Quiz on Antibiotics by Champions to Team Members. 252 responses.

Question 2

Because antibiotics don't affect viruses, they are useless against many common illnesses. Which of these conditions is MOST likely to respond to the drugs?


a. Common cold
b. Strep throat
c. Flu
d. Bronchitis

b. Because antibiotics don't affect viruses, they are useless against many common illnesses. Which of these conditions is MOST likely to respond to the drugs? Sore throats caused by Streptococcus bacteria usually clear up quickly after treatment with antibiotics. Keep in mind, however, that 85 percent of people with sore throats don't have strep. Most have a viral infection that will not respond to antibiotics. Likewise, antibiotics won't have any effect against colds, flu, or other common viral illnesses.

80% Correct

Antibiotic Stewardship

Scope High Level Disinfection Champion



Culture of Safety

Cause and Effect


Human Factors

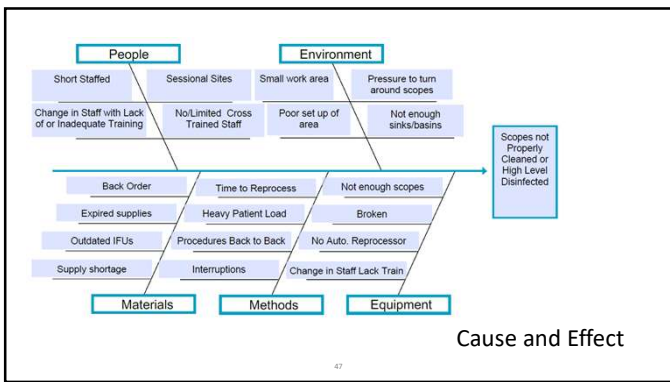
Education

Best Practices


Failure Modes and Effects Analysis (FMEA)

Olympus Online Classes





Steps in the Process	Failure Mode	Failure Causes	Failure Effects	Likelihood of Occurrence (1-10)	Likelihood of Detection (1-10)	Severity (1-10)	Risk Profile Number	Actions to Reduce Occurrence of Failure
Staff are trained in HLD. Steps are specific to scope/instrument brand and type	Staff may not be sufficiently trained	Time must be allotted for sufficient training. Coordination of training. Learners needs differ.	Scope not reprocessed appropriately	4	1	8	24	Improve communications between IP and Managers on training. Work with Flex Staff on training prior to assignment
Scopes and other instruments are reprocessed in soiled work area	Work areas may be cramped, process may be manual with increased steps, poor flow leads to improper process	Many offices have limited space and reprocessing equipment expensive	Process slow and due to lay out of room may cause missed steps in process	2	1	5	10	Continue to work with Operations and Facilities on existing and new builds and on promoting automated reprocessors
For sites with more than one type of scope. Various supplies required. Each type of scope may require different supplies	The scope IFU is not followed about the use of supplies (e.g., type of brush, rinse water, wipe)	Complexity of instructions for use combined with variety of scopes and instruments leads to confusion	Scope not reprocessed according to IFU	4	1	5	20	Organize work area so supplies are accessible according by scope. Post visual cues.
Scopes not reprocessed in time for next case even when reprocessed in a timely manner	Reprocessed scope not available for Clinician use when needed	Delay in patient care	Pressure on staff may lead to skip steps in process	2	1	4	8	Schedule procedures according to number of scopes available. Purchase additional scopes
Scopes and other instruments require different types of high-level disinfection based on IFU	Site may require several different methods of reprocessing.	Challenges to staff: Space constraints, need for increase education, staff fatigue	Increase complexity may lead to mistakes	3	1	4	12	Consider transition to sterilization



Actions to Reduce Occurrence of Failure

Improve	• Improve communications between IP and Managers on training. Work with Flex Staff on training prior to assignment
Continue	• Continue to work with Operations and Facilities on existing and new builds and on promoting automated reprocesses
Organize	• Organize work area so supplies are accessible accordingly by scope. Post visual cues.
Schedule	• Schedule procedures according to number of scopes available. Purchase additional scopes
Consider	• Consider transition to sterilization

Champions

•What does Self-care mean to you?

PHYSICAL
Sleep
Stretching
Walking
Physical rehab
Healthy food
Yoga
Rest

EMOTIONAL
Stress management
Emotional maturity
Forgiveness
Compassion
Kindness

SOCIAL
Boundaries
Support systems
Positive social media
Communication
Time together
Ask for help

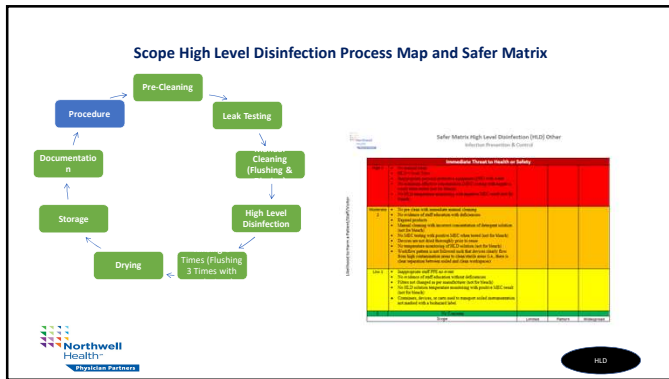
SPIRITUAL
Time alone
Meditation
Yoga
Connection
Nature
Journaling
Sacred space

Recognition Month Day Year

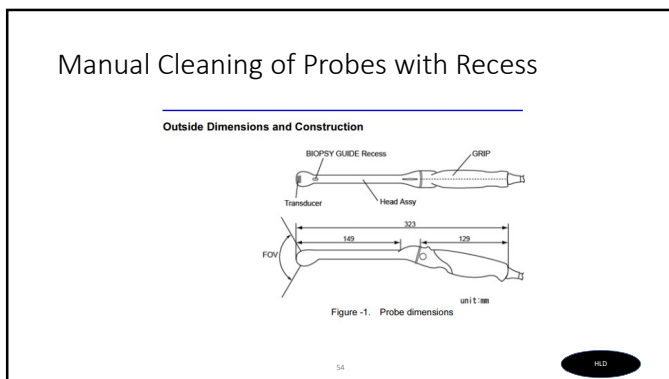
Actions to Reduce Occurrence of Failure

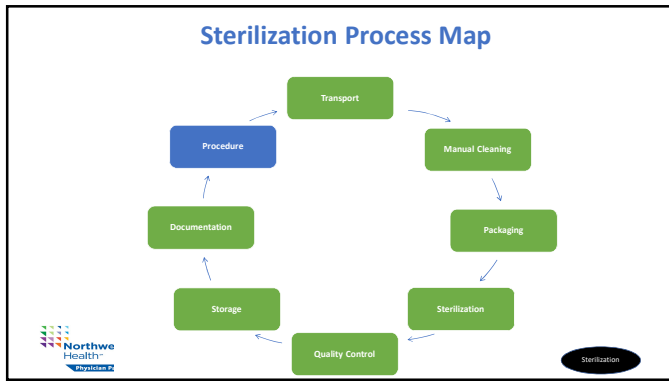
Improve	• Improve communications between IP and Managers on training. Work with Flex Staff on training prior to assignment
Continue	• Continue to work with Operations and Facilities on existing and new builds and on promoting automated reprocesses
Organize	• Organize work area so supplies are accessible accordingly by scope. Post visual cues.
Schedule	• Schedule procedures according to number of scopes available. Purchase additional scopes
Consider	• Consider transition to sterilization

HELD










On Site Sterilization





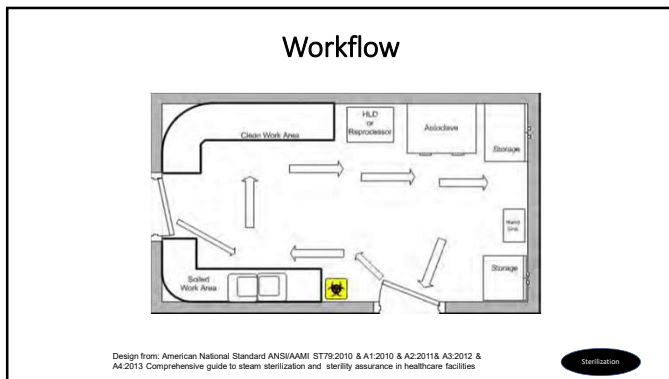
Northwell Health Physician Partners		PHYSICIAN PARTNERS PATIENT CARE	
POLICY TITLE: STERILIZATION OF INSTRUMENTATION IN AN OUTPATIENT PRACTICE		POLICY PROCEDURE AND GUIDELINES	
Prepared by: SNIP Director of Infection Prevention		Approval Date:	Last Revised/Reviewed:
Effective Date:			

GENERAL STATEMENT of PURPOSE
 To provide guidelines for decontamination in an outpatient practice. For the purpose of this policy, sterilization equipment limited to a table-top or similar sized sterilizer(s).

POLICY
 All on-site sterilization shall follow manufacturer instructions for use for transporting, cleaning and decontaminating, packing and storage for each instrument or piece of equipment. Access to user manuals and manufacturer's guidelines should be kept updated and available.

SCOPE
 This policy applies to all members of the Northwell Health Physician Partners but not limited to employees, business associates, medical staff, volunteers, students, physician office staff, and other persons performing work for or at Northwell Health.



Design from: American National Standard ANSI/AAMI ST79:2010 & A1:2010 & A2:2011& A3:2012 & A4:2013 Comprehensive guide to steam sterilization and sterility assurance in healthcare facilities