All About IPC in the Ambulatory Care Setting

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Made for this™

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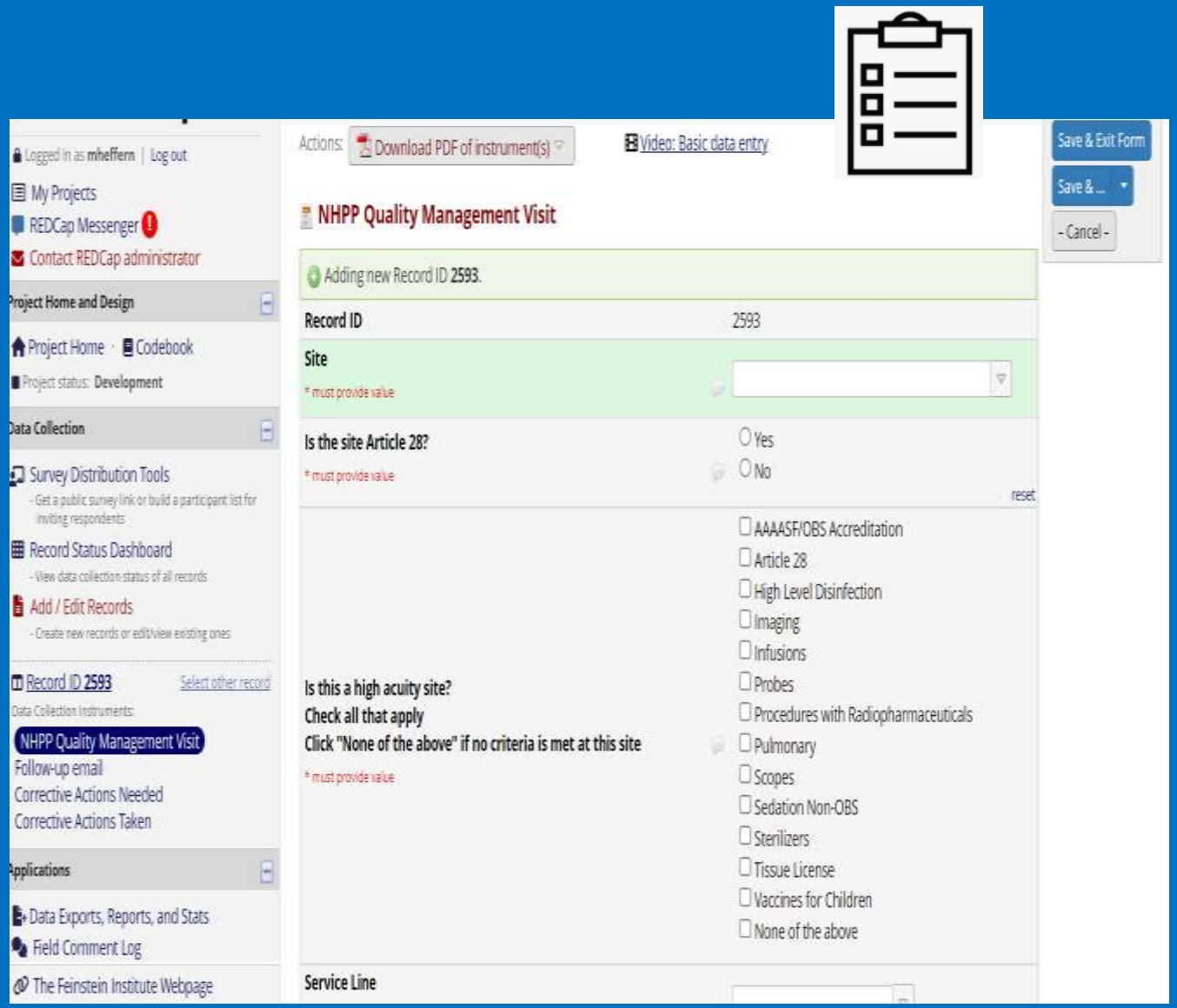
The following course directors, planners , speakers, and reviewers, have no relevant financial relationships to disclose: Mary Heffernan RN, DNP, CPHQ, CIC

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



2022 Over 400 Site Encounters

Site Visits

- Total Sites: > 750
- Article 28: 48
- AAAASF: 15

Article 28

52 scopes, 30 sterilization, 85 probes, 18 Other (Ophthalmology , Brackets, Pulmonary)

Prioritize

Infection Prevention and Control Standards Priorities

Hand hygiene

Use of personal protective equipment (e.g., gloves, masks, eyewear)

Respiratory hygiene / cough etiquette

Sharps safety (engineering and work practice controls)

Safe injection practices (i.e., aseptic technique for parenteral medications)

Sterilization and Disinfection of Patient-Care Items and Devices

Clean and disinfected environmental surfaces

Onboarding and Construction

Infection Prevention Onboarding Tool
May 2022

INFECTION PREVENTION TEAM	CONTACT INFORMATION
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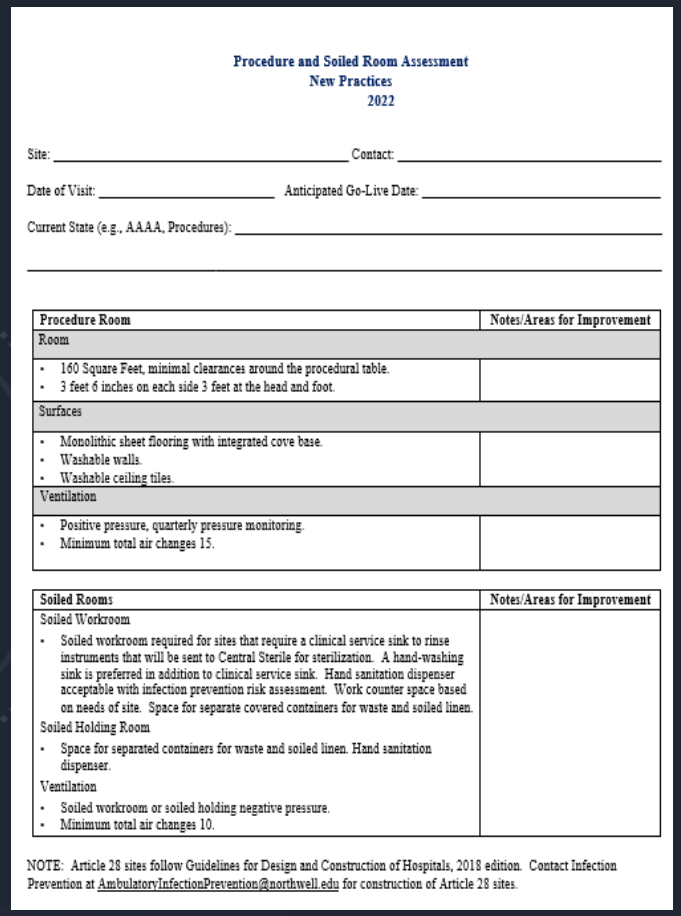
PRIOR TO GO-LIVE PHASE Assessment Visit Prior to Go-Live (for sites with High-Level Disinfection, Sterilization and/or AAAASF, as requested)	
Construction Guidelines	***Endoscope High-Level Disinfection:*** Scope High Level Disinfection Assessment (New Practices) 2022 Procedure & Soiled Room Assessment (New Practices) 2022
	Ultrasound Probe High-Level Disinfection: Probe High Level Disinfection (HLD) Assessment (New Practices) 2022
	Sterilization: Tabletop Sterilization Assessment (New Practices) 2022
Education	***Endoscope High-Level Disinfection Learn:*** • *NHPP Scope High Level Disinfection Part 1 & 2*
	Ultrasound Probe High-Level Disinfection Learn: • *NHPP Trophon High Level Disinfection* ***Trophon Online Training:*** Nanosonics Academy
	Sterilization Learn: • Sterilization – pending upload



Procedure and Soiled Room Assessment
New Practices
2022

Site: _____ Contact: _____

Date of Visit: _____ Anticipated Go-Live Date: _____

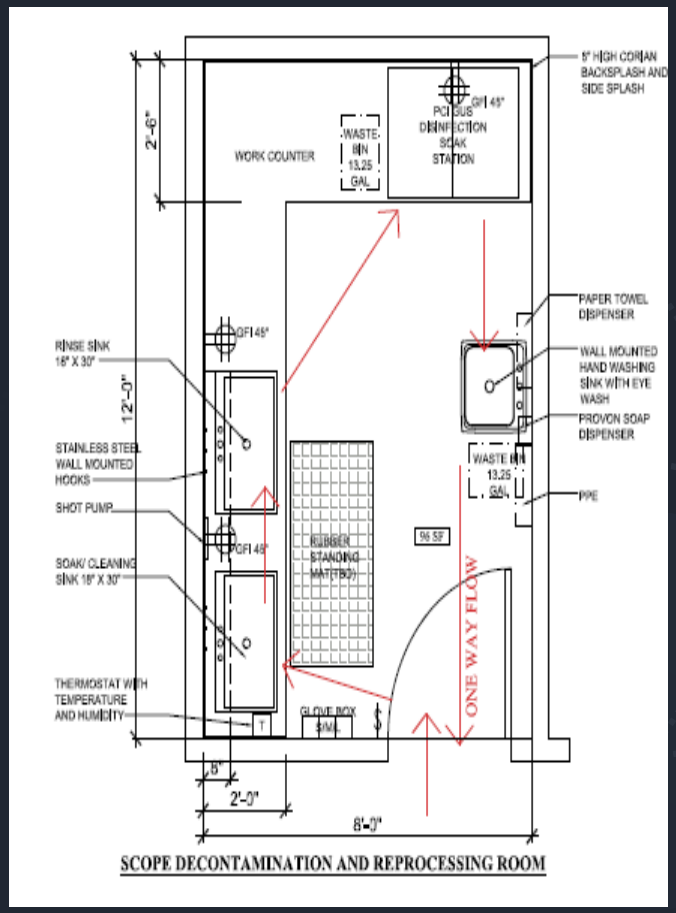
Current State (e.g., AAAA, Procedures): _____

_____

Procedure Room	Notes/Areas for Improvement
Room	
• 160 Square Feet, minimal clearances around the procedural table. • 3 feet 6 inches on each side 3 feet at the head and foot.	
Surfaces	
• Monolithic sheet flooring with integrated cove base. • Washable walls. • Washable ceiling tiles.	
Ventilation	
• Positive pressure, quarterly pressure monitoring. • Minimum total air changes 15.	

Soiled Rooms	Notes/Areas for Improvement
Soiled Workroom • Soiled workroom required for sites that require a clinical service sink to rinse instruments that will be sent to Central Sterile for sterilization. A hand-washing sink is preferred in addition to clinical service sink. Hand sanitation dispenser acceptable with infection prevention risk assessment. Work counter space based on needs of site. Space for separate covered containers for waste and soiled linen. Soiled Holding Room • Space for separated containers for waste and soiled linen. Hand sanitation dispenser. Ventilation • Soiled workroom or soiled holding negative pressure. • Minimum total air changes 10.	

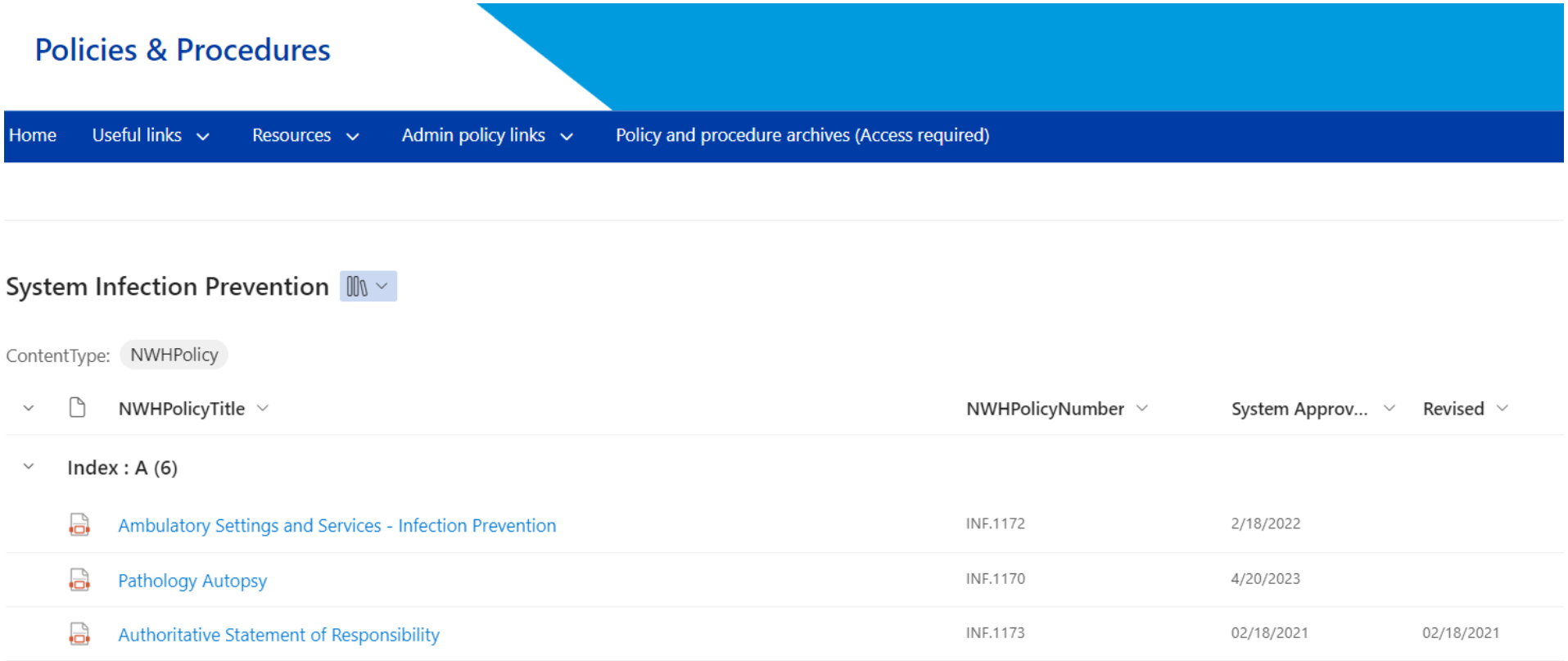
NOTE: Article 28 sites follow Guidelines for Design and Construction of Hospitals, 2018 edition. Contact Infection Prevention at AmbulatoryInfectionPrevention@northwell.edu for construction of Article 28 sites.



SCOPE DECONTAMINATION AND REPROCESSING ROOM

Assessment & Evaluation

https://northwell.sharepoint.com/sites/NWHPolicies/NSUH-InfectionControl/Forms/Policy%20View.aspx



https://northwell.sharepoint.com/sites/NWHPolicies/NSUH-InfectionControl/INF.1129%20Patient%20on%20Precautions%20Rev_08.30.23.pdf

Northwell Health

System Infection Prevention

POLICY/GUIDELINE TITLE: Patients on Precautions Guideline	**SYSTEM POLICY AND PROCEDURE MANUAL**
POLICY #: INF.1129	**CATEGORY:**
System Approval Date: 2/18/2022 **Site Implementation Date:** 4/8/2022	**Effective Date:** 1/17/14 **Last Reviewed/ Approved:** 9/5/19
Prepared by: Donna Armellino, RN, DNP, CIC, Vice President, Infection Prevention and Site 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 diseases and other potentially harmful pathogens.

Scope, Probes, Lasers and Accessories

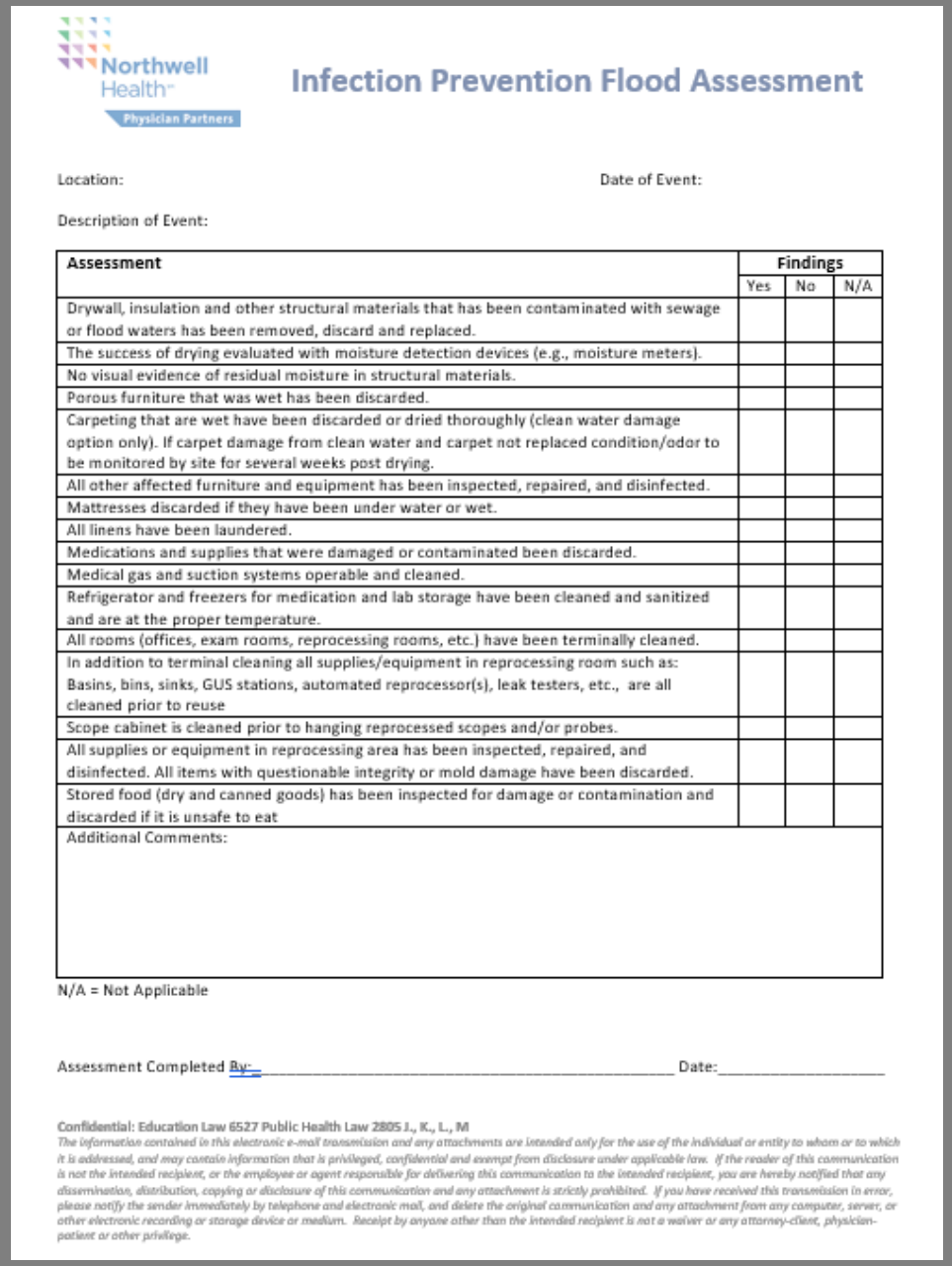
- Standardization and Bundling New Products:
    - Probes
    - Lasers
    - Accessories: i.e., cable light and cable head

- Infection Prevention and BioMed review Capital Purchases:
    - Reprocessing
    - Standardization
    - Duplication

Standardization

Guidelines and Checklists

Standardizing



Northwell Health Physician Partners

Infection Prevention Flood Assessment

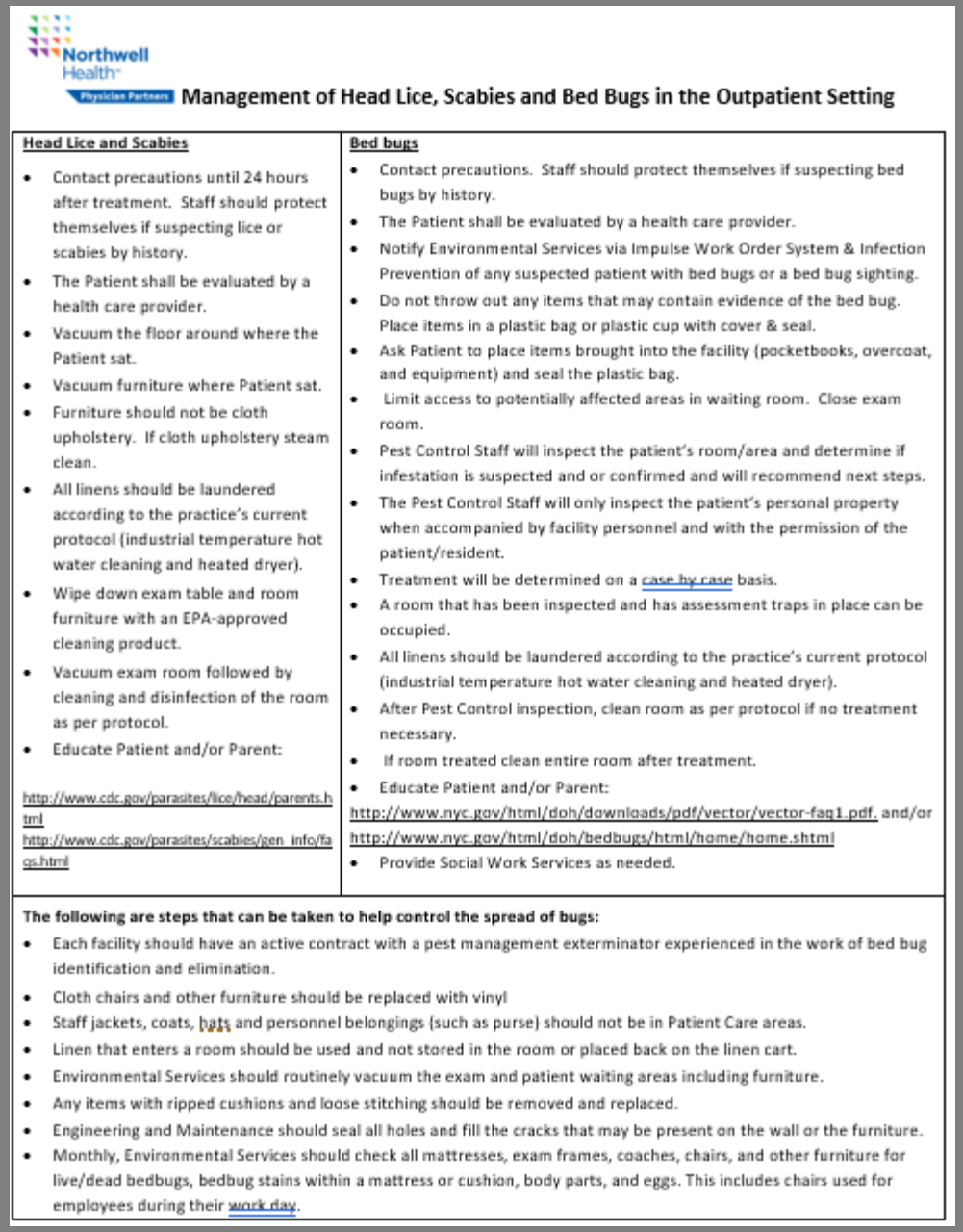
Location: Date of Event:

Description of Event:

Assessment	Findings		
	Yes	No	N/A
Drywall, insulation and other structural materials that has been contaminated with sewage or flood waters has been removed, discard and replaced.			
The success of drying evaluated with moisture detection devices (e.g., moisture meters).			
No visual evidence of residual moisture in structural materials.			
Porous furniture that was wet has been discarded.			
Carpeting that are wet have been discarded or dried thoroughly (clean water damage option only). If carpet damage from clean water and carpet not replaced condition/odor to be monitored by site for several weeks post drying.			
All other affected furniture and equipment has been inspected, repaired, and disinfected.			
Mattresses discarded if they have been under water or wet.			
All linens have been laundered.			
Medications and supplies that were damaged or contaminated been discarded.			
Medical gas and suction systems operable and cleaned.			
Refrigerator and freezers for medication and lab storage have been cleaned and sanitized and are at the proper temperature.			
All rooms (offices, exam rooms, reprocessing rooms, etc.) have been terminally cleaned.			
In addition to terminal cleaning all supplies/equipment in reprocessing room such as: Basins, bins, sinks, GUS stations, automated reprocessor(s), leak testers, etc., are all cleaned prior to reuse			
Scope cabinet is cleaned prior to hanging reprocessed scopes and/or probes.			
All supplies or equipment in reprocessing area has been inspected, repaired, and disinfected. All items with questionable integrity or mold damage have been discarded.			
Stored food (dry and canned goods) has been inspected for damage or contamination and discarded if it is unsafe to eat			
Additional Comments:			

N/A = Not Applicable

Assessment Completed By:_____ Date:_____



Northwell Health Physician Partners

Management of Head Lice, Scabies and Bed Bugs in the Outpatient Setting

Head Lice and Scabies

- Contact precautions until 24 hours after treatment. Staff should protect themselves if suspecting lice or scabies by history.
- The Patient shall be evaluated by a health care provider.
- Vacuum the floor around where the Patient sat.
- Vacuum furniture where Patient sat.
- Furniture should not be cloth upholstery. If cloth upholstery steam clean.
- All linens should be laundered according to the practice's current protocol (industrial temperature hot water cleaning and heated dryer).
- Wipe down exam table and room furniture with an EPA-approved cleaning product.
- Vacuum exam room followed by cleaning and disinfection of the room as per protocol.
- Educate Patient and/or Parent:

http://www.cdc.gov/parasites/lice/head/parents.html
http://www.cdc.gov/parasites/scabies/gen_info/faqs.html

Bed bugs

- Contact precautions. Staff should protect themselves if suspecting bed bugs by history.
- The Patient shall be evaluated by a health care provider.
- Notify Environmental Services via Impulse Work Order System & Infection Prevention of any suspected patient with bed bugs or a bed bug sighting.
- Do not throw out any items that may contain evidence of the bed bug. Place items in a plastic bag or plastic cup with cover & seal.
- Ask Patient to place items brought into the facility (pocketbooks, overcoat, and equipment) and seal the plastic bag.
- Limit access to potentially affected areas in waiting room. Close exam room.
- Pest Control Staff will inspect the patient's room/area and determine if infestation is suspected and or confirmed and will recommend next steps.
- The Pest Control Staff will only inspect the patient's personal property when accompanied by facility personnel and with the permission of the patient/resident.
- Treatment will be determined on a case by case basis.
- A room that has been inspected and has assessment traps in place can be occupied.
- All linens should be laundered according to the practice's current protocol (industrial temperature hot water cleaning and heated dryer).
- After Pest Control inspection, clean room as per protocol if no treatment necessary.
- If room treated clean entire room after treatment.
- Educate Patient and/or Parent:

http://www.nyc.gov/html/doh/downloads/pdf/vector/vector-faq1.pdf. and/or
http://www.nyc.gov/html/doh/bedbugs/html/home/home.shtml

- Provide Social Work Services as needed.

The following are steps that can be taken to help control the spread of bugs:

- Each facility should have an active contract with a pest management exterminator experienced in the work of bed bug identification and elimination.
- Cloth chairs and other furniture should be replaced with vinyl
- Staff jackets, coats, hats and personnel belongings (such as purse) should not be in Patient Care areas.
- Linen that enters a room should be used and not stored in the room or placed back on the linen cart.
- Environmental Services should routinely vacuum the exam and patient waiting areas including furniture.
- Any items with ripped cushions and loose stitching should be removed and replaced.
- Engineering and Maintenance should seal all holes and fill the cracks that may be present on the wall or the furniture.
- Monthly, Environmental Services should check all mattresses, exam frames, coaches, chairs, and other furniture for live/dead bedbugs, bedbug stains within a mattress or cushion, body parts, and eggs. This includes chairs used for employees during their work day.

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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.

Risk Assessments

Infection Prevention Risk Assessment

Problem: Paper towels causing clogs in water saving toliets and bathrooms unkempt due to improper discarding.	What is the potential impact of replacing paper towels with hand dryers in public and patients/visitor restrooms?				How will we deal with Risk?	Numerical Risk Level
Risks	High (3)	Med (2)	Low (1)	None (0)		
Public Bathrooms						
Hand dryers may spread bacteria into the enviormment.	3				Hand dryers should only be used in **public and patients/visitor restrooms. Not to be used within examination rooms or employee bathrooms**. In staff hand washing areas hand towels should be used.	3
Air-dryers may take too long to dry wet hands	3				High speed commercial hand dryers to be installed.	3
Slippage in Bathroom from excess water		2			High speed commercial hand dryers will be placed strategically to minimize distance from sink to dryer.	2
Batteries failure on hand dryer		2			Whenever possible hand dryers will be connected to electrical power to prevent battery replacement concerns.	2

Approved By: Mary Heffernan, RN, DNP, CIC Program Director, Infection Prevention, Quality Management Northwell Health Physician Partners

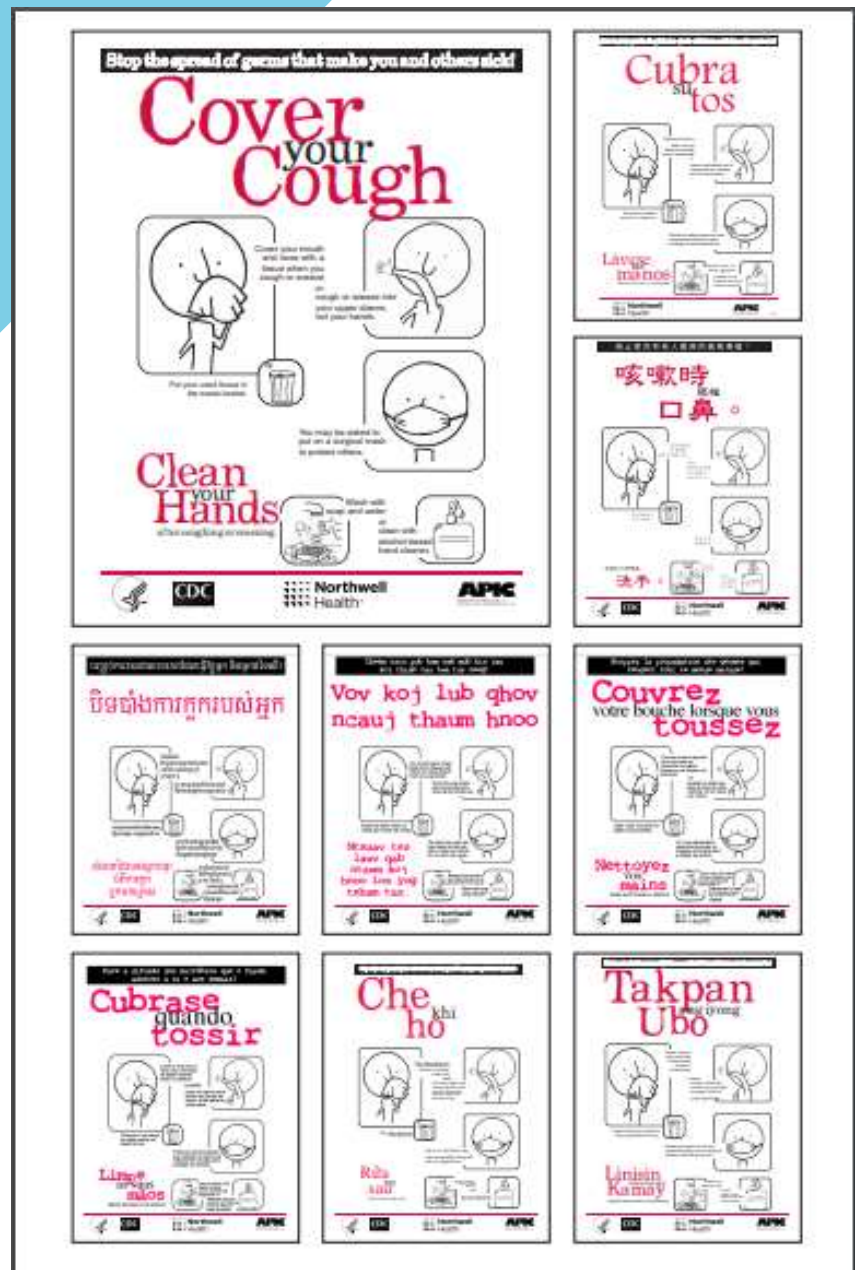
Date: 11/30/20 Reviewed 3/2/2023

Risk Assessment for 1999 Marcus Ave Lake Success Pain Center

Wound Care Patients will be seen in adjacent Pain Center suite in exam room adjacent to the procedure room Monday to Friday. This room will be dedicated to wound care patients only. On Wednesdays when the Pain Center is closed, Wound Care patients will be examined and treated in Pain Center. On Wednesday wound care patients will be seen in bays and in the exam room adjacent to the procedure room. No wound care patients or staff will enter the Pain Center procedure room. A facility risk assessment conducted to identify and review potential risk factors for infection related to the sharing space between Wound Care and Pain Center patients is as follows:

Potential Event or Condition	What is potential impact of event/condition on patients and staff?				What is probability of event/condition occurring?				What is organization's preparedness to deal with this event/condition?				Numerical risk level	Risk Mitigation Plan
	High (3)	Med (2)	Low (1)	None (0)	High (3)	Med (2)	Low (1)	None (0)	None (3)	Poor (2)	Fair (1)	Good (0)	Total	
POTENTIAL FOR INFECTION TRANSMISSION WOUND CARE PATIENTS TO PAIN CENTER PATIENTS														
Improper cleaning between patients: Chair/exam table, equipment, high touch areas		2					1					0	3	Infection Prevention Specialist/Site Managers will review proper cleaning and disinfection between patients with Wound Care and Pain Center Staff.
Poor Hand Hygiene		2					1					0	3	Ensure all staff (Wound Care and Pain) completed annual hand hygiene training and observations with just in time training is conducted by site management.
Improper use of Personal Protective Equipment (PPE)		2					1					0	3	Infection Prevention Specialist/Site Managers will review PPE donning and doffing. Observations with just in time training is conducted by site management.
Potential Contamination Supplies		2					1					0	3	Wound Care will provide own supplies for patients and will not use any supplies from Pain Center.
Improper end of day cleaning		2					1					0	3	Corporate Facilities Services will review Cleaning and Disinfection Procedures Policy Reference #8026B with Pain Center Leadership and arrange for cleaning with auditing of end of day cleaning each day the area has scheduled patients.

Mary Heffernan, RN, DNP, CPHQ, CIC Completed 2/16/23



Highly Infectious Disease

Pre-Appointment Process

Last Updated March 17, 2023

Modify accordingly for pediatrics

Book Appointment

↓

Inform all patients:

- May be required to wear a mask based on symptoms, positive COVID-19, or if diagnosed with or exposed to someone with COVID-19 within 10 days of appointment.
- Persons accompanying patient should not have COVID-19 or have been exposed to someone with COVID-19 within 10 days of appointment.
- For sick or pulmonary appointment to bring personnel metered dose inhaler (MDI) to visit (if they have).

Verbal Assessment at Time of Visit

Last Updated March 17, 2023

Modify accordingly for pediatrics, include parent screening for pediatric visits

At front desk assess the following for patient and companion:

1. Assess **symptoms**: Do you have a rash, fever, body aches or any cough or cold symptoms?
2. Assess exposure risk: Have you been diagnosed or exposed to someone with COVID-19 in the last 10 days?

No symptoms or risk:
May stay in waiting area

1. When in Exam Room follow Routine Care
2. Use standard precautions (mask, face shield, gown, gloves) based on patient signs and symptoms.

Symptoms and/or exposure risk (COVID-19):

1. Provide patient and/or companion with mask (see exceptions below)
2. Escort (no touch) patient to private room, close door.

Wear **full PPE for screening in exam room and direct patient care**: N95, face shield, gown, gloves.

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=D411IY14pCI

Hand Hygiene Audit

Site Name/ Location: _____ *Service Line:* _____

Champion's Name: _____ *Manager's Name:* _____

***Audit Tool:* Hand hygiene observations**

Observation	Discipline (circle one)	Hand Hygiene Opportunities (circle one)	Performed Hand Hygiene?	Comments
1	❑MOA ❑ Front Desk ❑ Nurse ❑Physician ❑Other_____	❑ Before patient contact ❑ After patient contact ❑ Before clean procedure ❑ After body fluid exposure ❑ After touching soiled object	❑ Yes ❑ No	
2	❑MOA ❑ Front Desk ❑ Nurse ❑Physician ❑Other_____	❑ Before patient contact ❑ After patient contact ❑ Before clean procedure ❑ After body fluid exposure ❑ After touching soiled object	❑ Yes ❑ No	
3	❑MOA ❑ Front Desk ❑ Nurse ❑Physician ❑Other_____	❑ Before patient contact ❑ After patient contact ❑ Before clean procedure ❑ After body fluid exposure ❑ After touching soiled object	❑ Yes ❑ No	
4	❑MOA ❑ Front Desk ❑ Nurse ❑Physician ❑Other_____	❑ Before patient contact ❑ After patient contact ❑ Before clean procedure ❑ After body fluid exposure ❑ After touching soiled object	❑ Yes ❑ No	
5	❑MOA ❑ Front Desk ❑ Nurse ❑Physician ❑Other_____	❑ Before patient contact ❑ After patient contact ❑ Before clean procedure ❑ After body fluid exposure ❑ After touching soiled object	❑ Yes ❑ No	
6	❑MOA ❑ Front Desk ❑ Nurse ❑Physician ❑Other_____	❑ Before patient contact ❑ After patient contact ❑ Before clean procedure ❑ After body fluid exposure ❑ After touching soiled object	❑ Yes ❑ No	
7	❑MOA ❑ Front Desk ❑ Nurse ❑Physician ❑Other_____	❑ Before patient contact ❑ After patient contact ❑ Before clean procedure ❑ After body fluid exposure ❑ After touching soiled object	❑ Yes ❑ No	
8	❑MOA ❑ Front Desk ❑ Nurse ❑Physician ❑Other_____	❑ Before patient contact ❑ After patient contact ❑ Before clean procedure ❑ After body fluid exposure ❑ After touching soiled object	❑ Yes ❑ No	
9	❑MOA ❑ Front Desk ❑ Nurse ❑Physician ❑Other_____	❑ Before patient contact ❑ After patient contact ❑ Before clean procedure ❑ After body fluid exposure ❑ After touching soiled object	❑ Yes ❑ No	
10	❑MOA ❑ Front Desk ❑ Nurse ❑Physician ❑Other_____	❑ Before patient contact ❑ After patient contact ❑ Before clean procedure ❑ After body fluid exposure ❑ After touching soiled object	❑ Yes ❑ No	

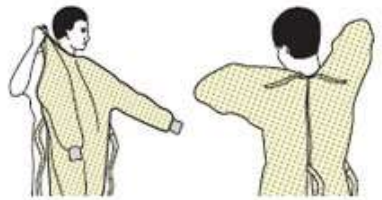
Hand Hygiene

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 type 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

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

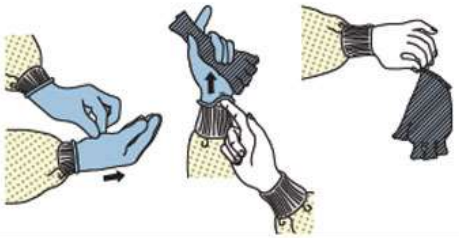
Highly Infectious Disease

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

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard 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

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

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container

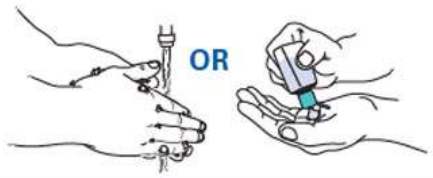
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard 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

Highly Infectious Disease

CS250672-E

Occupational Exposures to Blood and Body Fluids

1. Seek medical attention in the Emergency Department within one hour of the occurrence
2. 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.
3. Complete report
4. Follow-up visit is mandatory with Employee Health Service (EHS) within four business days for continued monitoring and documentation.

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
- [illegible]s please contact Employee Health Services at 718-470-

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

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

- According to this picture, What's wrong?

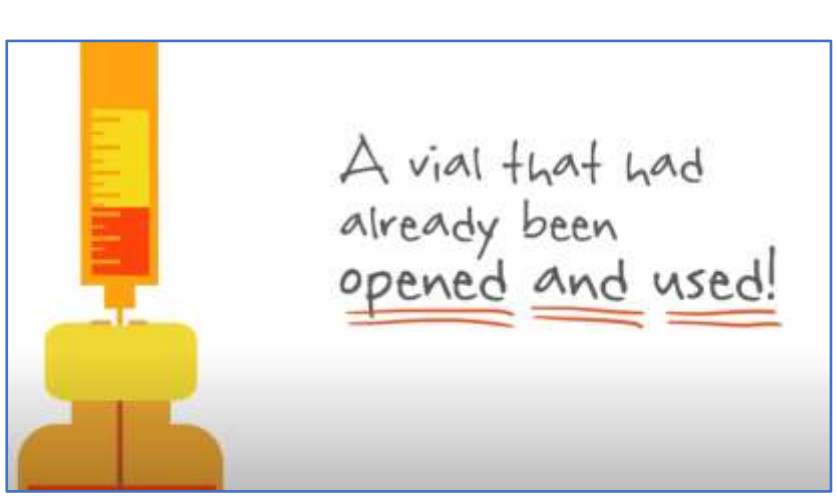
1. Tissues are available to patients if needed.
2. Patients should be six feet apart.
3. Hand sanitizer is available to patients if needed.

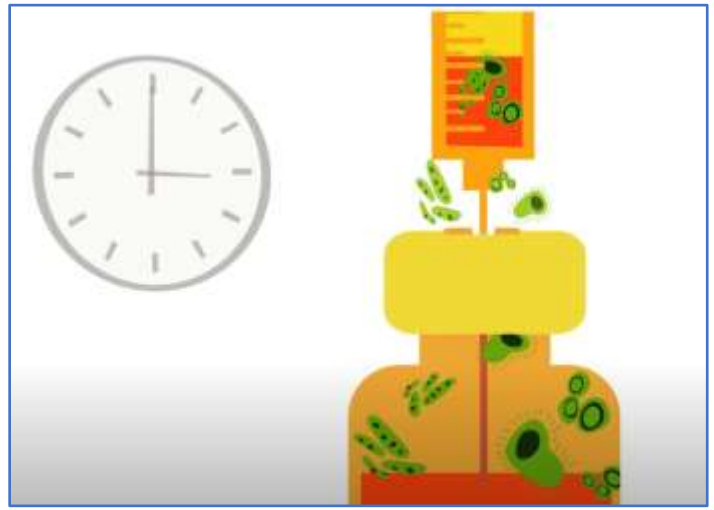
Monday Morning Brief

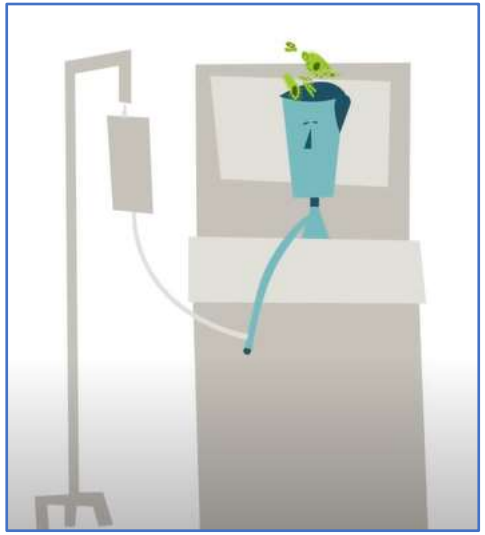
November 7, 2022

Education

Safe Injection Practices







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

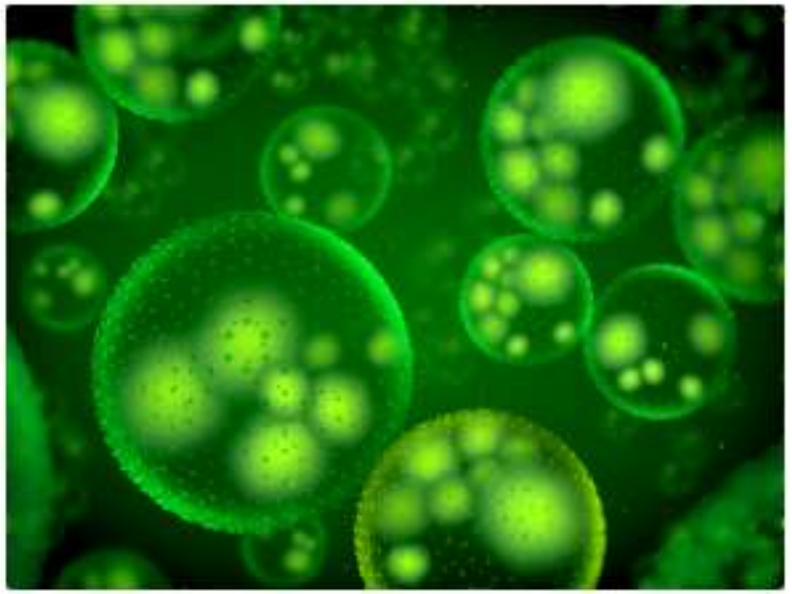
Ambulatory Public Health Emergency Resources
Click here for more updated information pertaining to public health emergencies.

Antibiotic Stewardship
Click here for the Antibiotic Stewardship Program.

Courses and Educational Material
Click here for iLearn 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 sites.



Standardize & Spread

Education

Competencies

- Hand Hygiene
- Probe Reprocessing
- Scope Reprocessing

Education

My Transcript

Region North Shore-LIJ Health System
Facility: Medical Group - Corporate
Department: FPP Quality Management [MGCOR] [30002253]
Name: Heffernan, Mary **Employee ID:** MHeffern **Hire Date:** 7/12/1993

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 Firstline - 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

Welcome and Approval of Minutes	Mary Heffernan, DNP	4:00-4:05pm
Ambulatory Pharmacy	Ed Poon, RPh *Director, NHPP Pharmacy*	4:05-4:10pm
Corporate Safety	David Flammio *AVP, Safety Regulations*	4:10-4:15pm
Workforce Safety	*Paul Power* *AVP Safety Regulations*	4:15-4:25pm
Real Estate Services	Stephen Asselta *Dir, Real Estate Services* *Corporate Facilities Services*	4:25-4:35pm
Dialysis	Ryan Guda, RN *Sr Manager, Patient Care, Dialysis*	4:35-4:40pm
Dental	Antonietta Downs *Supervisor, Dental Services*	4:40-4:45pm
Oncology Pharmacies	Steve Dicrescento, RPh *AVP, Pharmacy Cancer Institute*	4:45-4:50pm
Ambulatory Infection Prevention Updates	Mary Heffernan, RN *Dir, Infection Prevention – NHPP*	4:50-4:55pm
Closing		
Next Meeting - 3rd Quarter 2023 **September 28th, 2023 – 4pm TEAMS**		

Spread and Share
IP Committee

IHI Forum Session Proposal

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

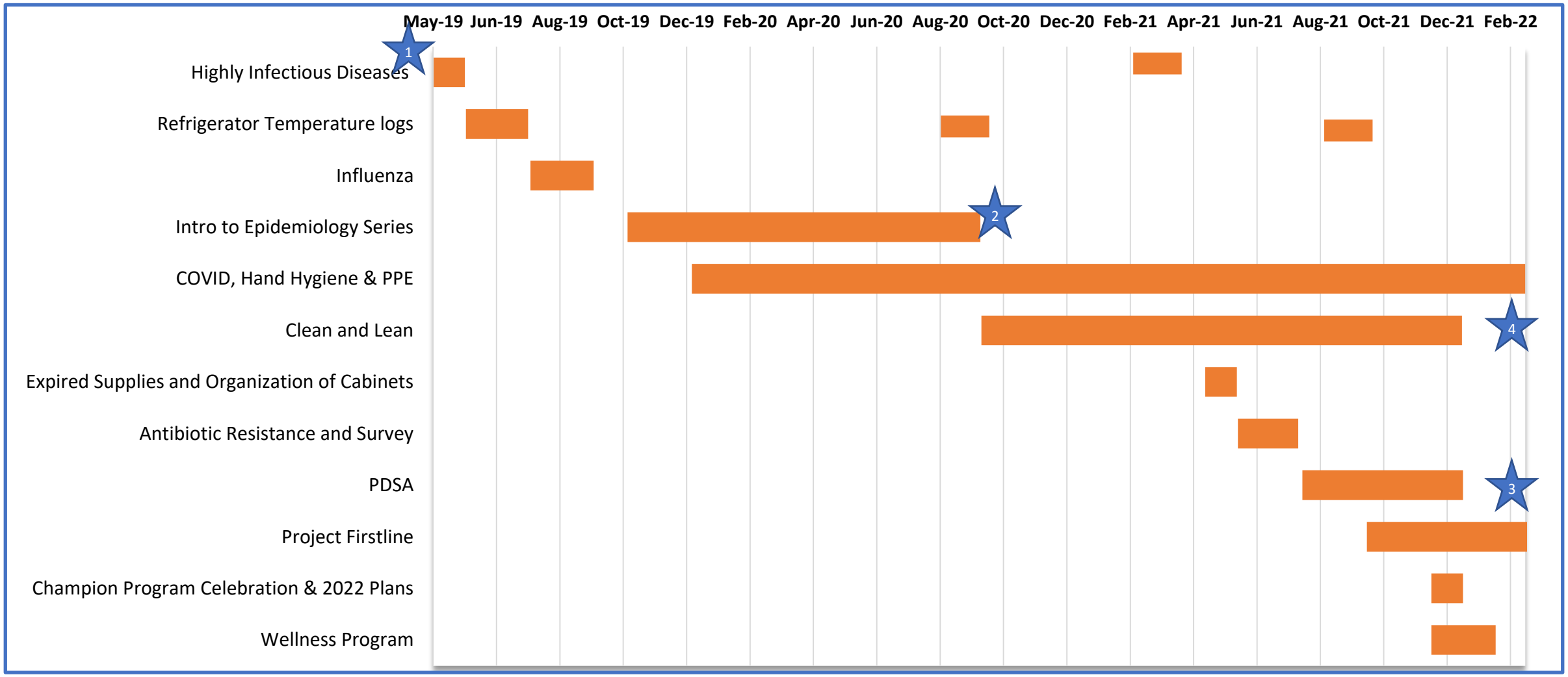
Measurement and Feedback

Better Ideas
- Pro 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 Roadmap

Spread

Milestone	
	1. Program Launch: Since its inception, the program membership grew by over 400%
	2. Intro to Epidemiology series complete.
	3. PDSA Education program complete.
	4. Lean & Clean Initiative: a. The non-compliance for the supplies measure improved by 6.5 percentage points. b. The clean item storage measure improved by 3.7 percentage points. c. The clean office measure improved by 5.4 percentage points.

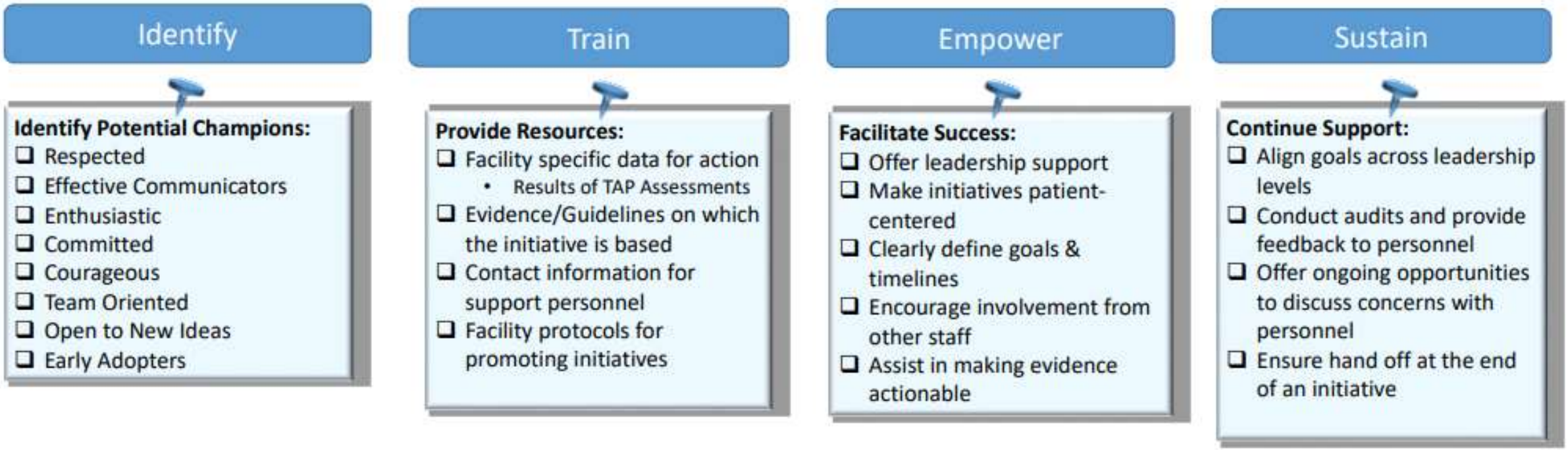
Spread

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)

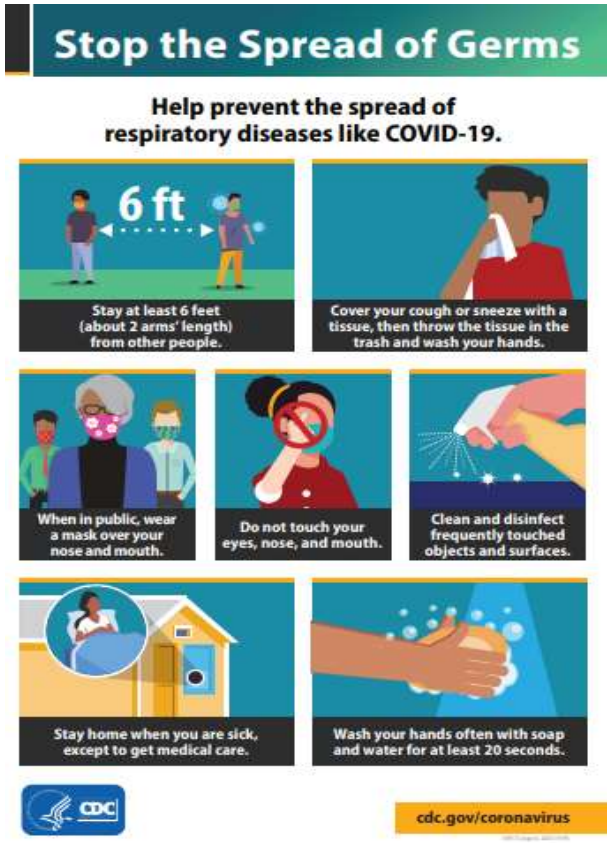
CDC: Identify, Train, Empower, and Sustain



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

Three Improvements

1) Think out loud when washing hands and putting on PPE
2) Keeping exam rooms clean and clutter free before, during, and after a patient visit
3) 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

Spread

Organize work area

Use visual cues.

Spread

White Board Calendar for visual display of Medivator 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

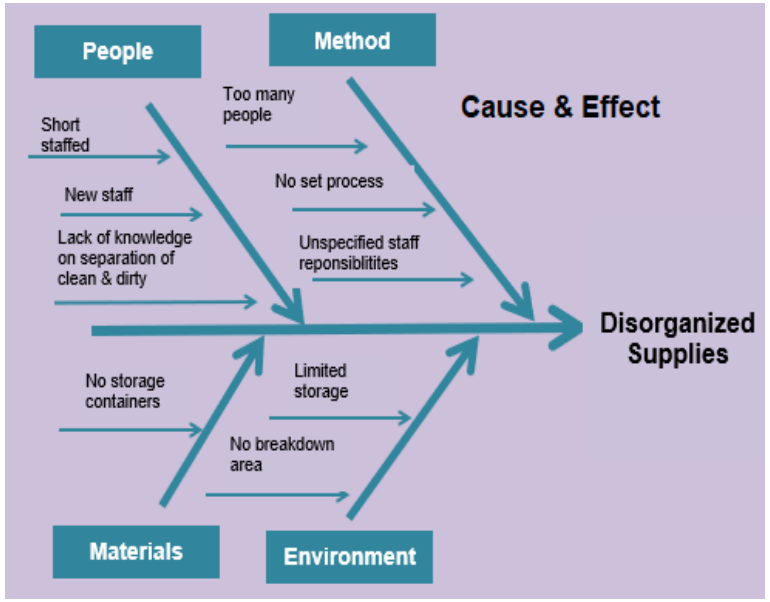
Background

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

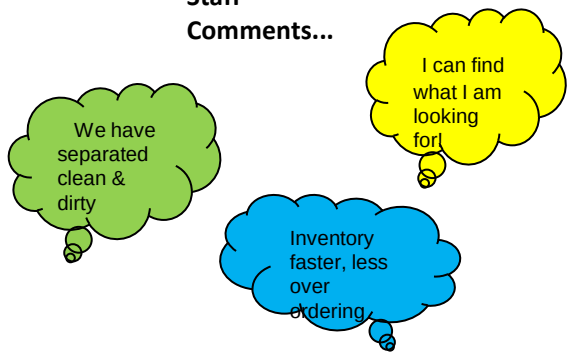


Raise quality raise health

1. **Organization of supplies**
2. **Staff Comments**
3. **Decrease in survey deficiencies**

Outcomes / Metrics

Staff Comments…



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

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.

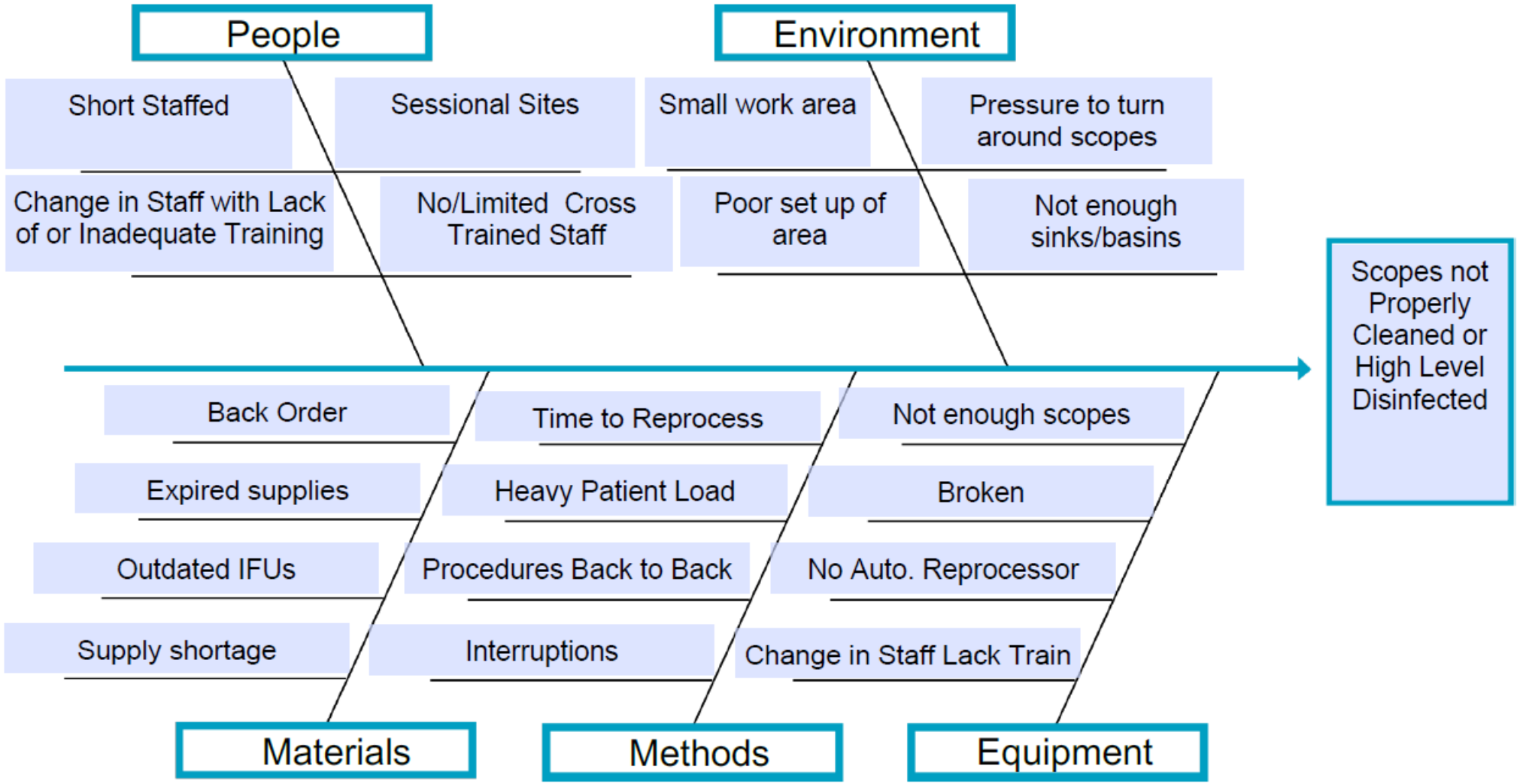
80% Correct

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

HLD



Cause and Effect

Failure Modes and Effects Analysis (FMEA)

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 reprocesses
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 accordingly 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?

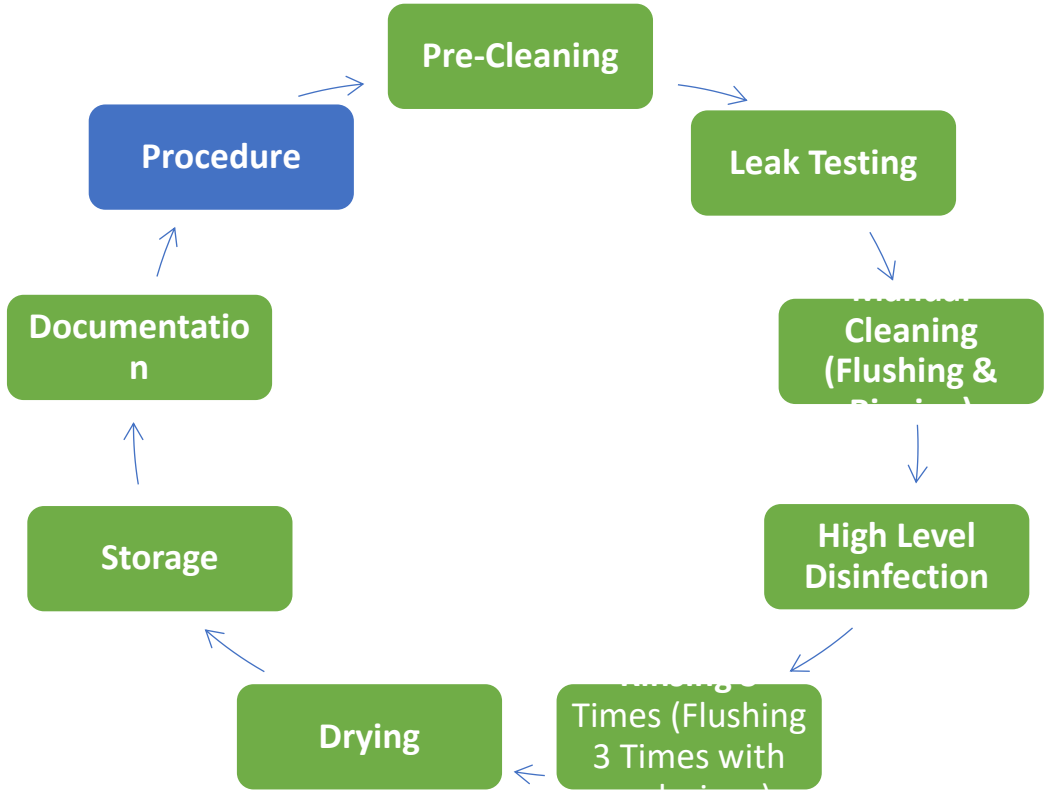
Recognition

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

HLD

Scope High Level Disinfection Process Map and Safer Matrix



Safer Matrix High Level Disinfection (HLD) Other

Infection Prevention & Control

Likelihood to Harm a Patient/Staff/Visitor

Immediate Threat to Health or Safety				
High 3	• No manual clean • HLD < Soak Time • Inappropriate personal protective equipment (PPE) with event • No minimum effective concentration (MEC) testing with negative result when tested (not for bleach) • No HLD temperature monitoring with negative MEC result (not for bleach)			
Moderate 2	• No pre clean with immediate manual cleaning • No evidence of staff education with deficiencies • Expired products • Manual cleaning with incorrect concentration of detergent solution (not for bleach) • No MEC testing with positive MEC when tested (not for bleach) • Devices are not dried thoroughly prior to reuse • No temperature monitoring of HLD solution (not for bleach) • Workflow pattern is not followed such that devices clearly flow from high contamination areas to clean/sterile areas (i.e., there is clear separation between soiled and clean workspaces)			
Low 1	• Inappropriate staff PPE no event • No evidence of staff education without deficiencies • Filters not changed as per manufacturer (not for bleach) • No HLD solution temperature monitoring with positive MEC result (not for bleach) • Containers, devices, or carts used to transport soiled instrumentation not marked with a biohazard label			
0	No Concerns			
	Scope	Limited	Pattern	Widespread

Northwell Health Physician Partners

HLD

OLYMPUS

REPROCESSING MANUAL

INSTRUCTIONS

CYSTO-NEPHRO VIDEOSCOPE

OLYMPUS CYF-VH
OLYMPUS CYF-VHR

Endoscope feature

Not equipped with the suction func

Accessories:

- Sterilization cap (MAJ-1538)
- Channel cleaning brush (BW-15B)
- Channel-opening cleaning brush (M
- Forceps/irrigation plug (isolated typ

*1 This product may not be available

MAJ-1538

WAD5991A

Refer to the endoscope's companion
cover, for operation information.
USA: CAUTION: Federal law restri

GA-S 001 / USA / 2013-12 V2.0 / ECO 2013-0366

OLYMPUS

REPROCESSING GUIDE FOR OER-MINI

Olympus Rhino-Laryngo Flexible Endoscope

Refer to the OER-Mini's OPERATION MANUAL for additional instructions regarding proper use of the OER-Mini

PRECLEANING - IMMEDIATELY AFTER USE

1. Wipe the insertion tube
2. When using scopes having instrument channel
3. When using scopes having instrument channel

Wipe down the insertion tube with a clean, lint-free cloth moistened in detergent solution.

Aspirate detergent solution into the instrument channel to confirm that the channel is not obstructed and to remove debris. Aspirate air into the instrument channel.

Disconnect all detachable parts.

This guide is only a summary of the steps necessary to properly clean your endoscope. Be sure to follow the detailed steps outlined in the ENDOSCOPE REPROCESSING MANUAL and OER-Mini OPERATION MANUAL that were included with your endoscope and OER-Mini when purchased.

LEAKAGE TESTING

4. Attach the leakage tester to the venting connector on the endoscope.
5. Connect MB-155 to the maintenance unit (MU-1) or the light source and turn the power switch on. OR Close the pressure release lever. Press the hand pump so that the pointer stays within the green area.
6. Immerse the entire endoscope in water, observe for 30 seconds while unguiding the bending section and confirm that there is no continuous series of bubbles.
7. Remove the endoscope from the water and release the air pressure in the endoscope.* Detach the leakage tester from the endoscope.

MANUAL CLEANING

8. Brush the channel
9. Clean the channel

Immerse in freshly prepared detergent solution. Clean all external surfaces.

Brush instrument/suction channels, suction cylinder and instrument channel port. Repeat until all debris is removed.

OER-Mini PROCESSING

10. Monitor the disinfectants MEC before each cycle.
11.
12.

Place endoscope in the OER-Mini basin. Connect the connecting tube. Place the valves in the washing case.

Press the Function select button on the control panel to select "WASHING." Press the START button on the control panel.

After the buzzer beeps three times, pour 20mL of EndoQuick from the measuring container into the basin. Close the lid.

13.
14.

Make sure that a jet of water is output from the nozzle to the dome of the lid. Confirm fluid exits the holes in all connecting tubes, tubes are attached to the connectors, and tubes are not kinked.

When cycle ends, remove endoscope and dry with a sterile, lint-free cloth to remove excess moisture.

ACCESSORIES

15. Discard reprocess these items in OER-Mini

Discard all single-use items. Wash, then disinfect or autoclave all reusable parts not reprocessed in the OER-Mini (cleaning brush, etc.).

IMPORTANT

- Wear appropriate personal protective equipment.
- During precleaning, confirm that all endoscope channels flow freely and there are no obstructions.
- Store endoscope by hanging it vertically with valves and caps removed and locks in the "free" position.

*When using MH-505, turn the light source or MU-1 off and detach the leakage tester from the air source.

OLYMPUS AMERICA INC.

OLYMPUS

REPROCESSING MANUAL

INSTRUCTIONS

EVIS EXERA III

EVIS EXERA III GASTROINTESTINAL VIDEOSCOPE

OLYMPUS GIF-H190

EVIS EXERA III COLONOVIDEOSCOPE

OLYMPUS PCF-H190L/I

Accessories:

- Biopsy valve (MB-358)
- Air/water valve (MH-438)
- Auxiliary water tube (MAJ-855)
- Suction cleaning adapter (MH-856)
- Injection tube (MH-946)
- ETO cap (MB-156)
- Channel cleaning brush (BW-20T)
- Suction valve (MH-443)
- Mouthpiece (MB-142)
- Auxiliary water inlet cap (MAJ-215)
- Channel plug (MH-944)
- AW channel cleaning adapter (MH-948)
- Channel-opening cleaning brush (MH-507)
- Single use combination cleaning brush (BW-412T)

Refer to the endoscope's companion manual, the "OPERATION MANUAL" with your endoscope model listed on the cover, for operation information.
USA: CAUTION: Federal law restricts this device to sale by or on the order of a physician.

HLD

Manual Cleaning of Probes with Recess

Outside Dimensions and Construction

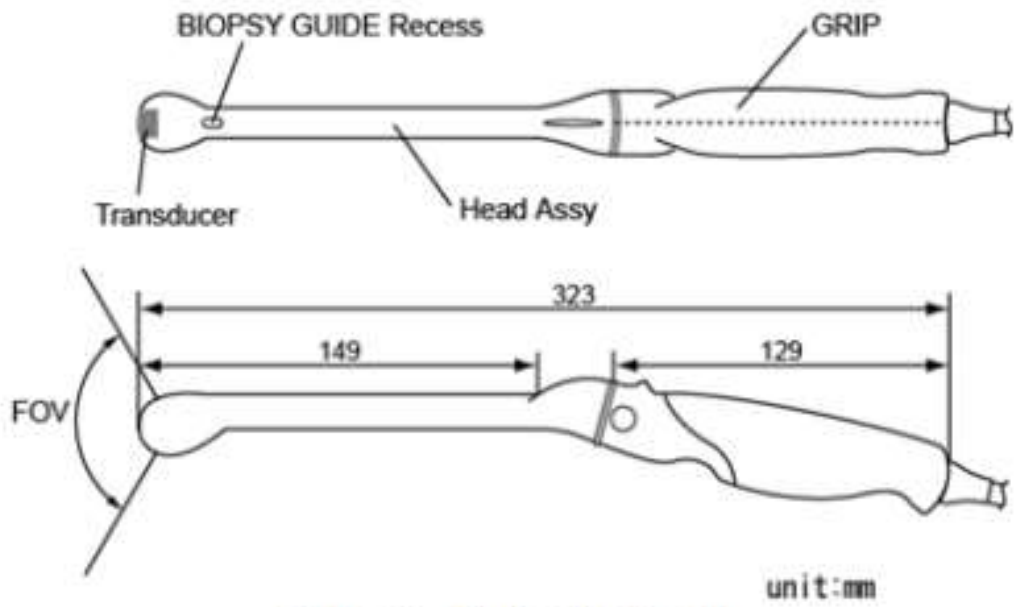
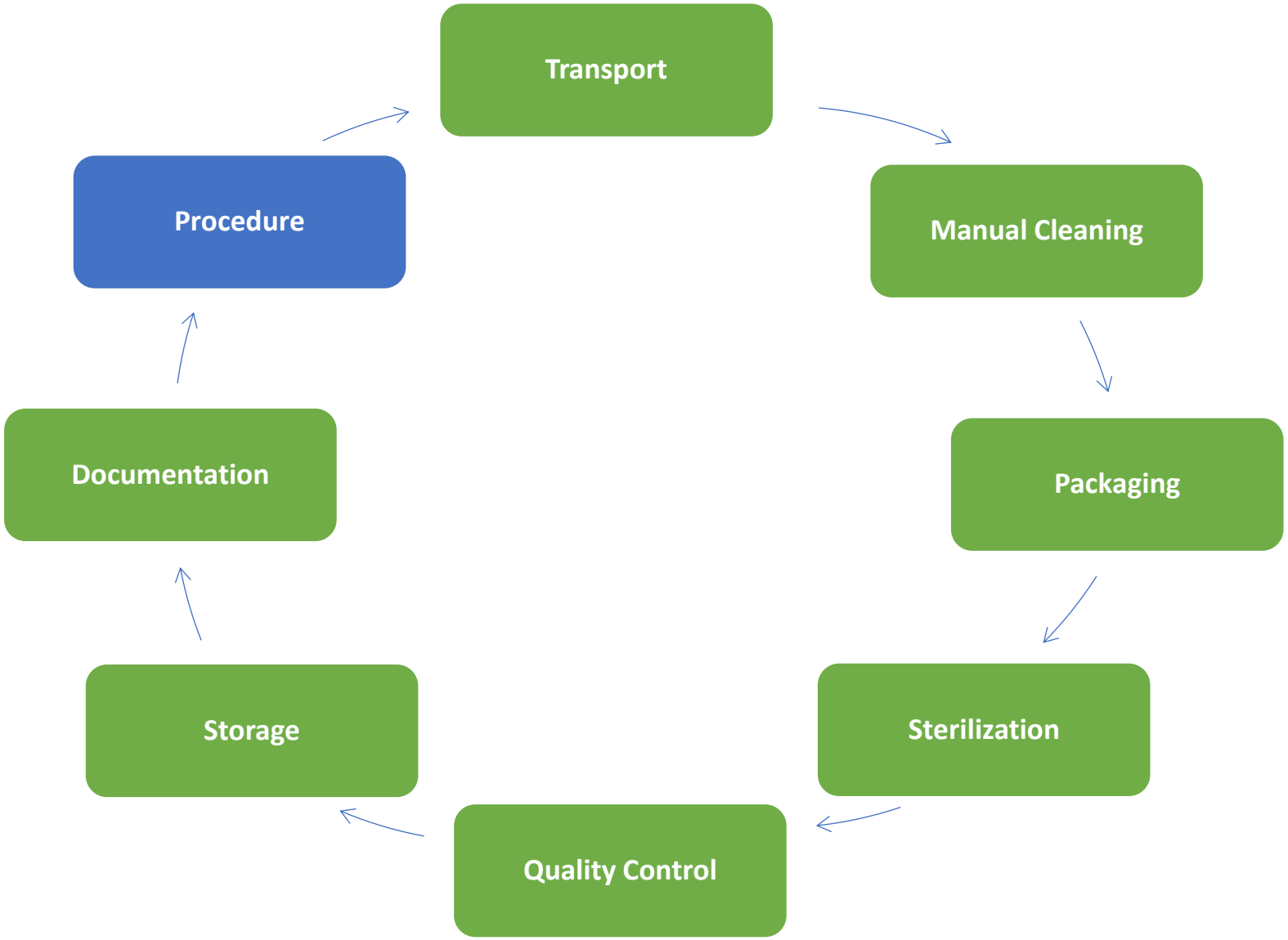


Figure -1. Probe dimensions

HLD

Sterilization Process Map



Northwe
Health
Physician Pa

Sterilization

On Site Sterilization

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

GENERAL STATEMENT of PURPOSE

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

POLICY

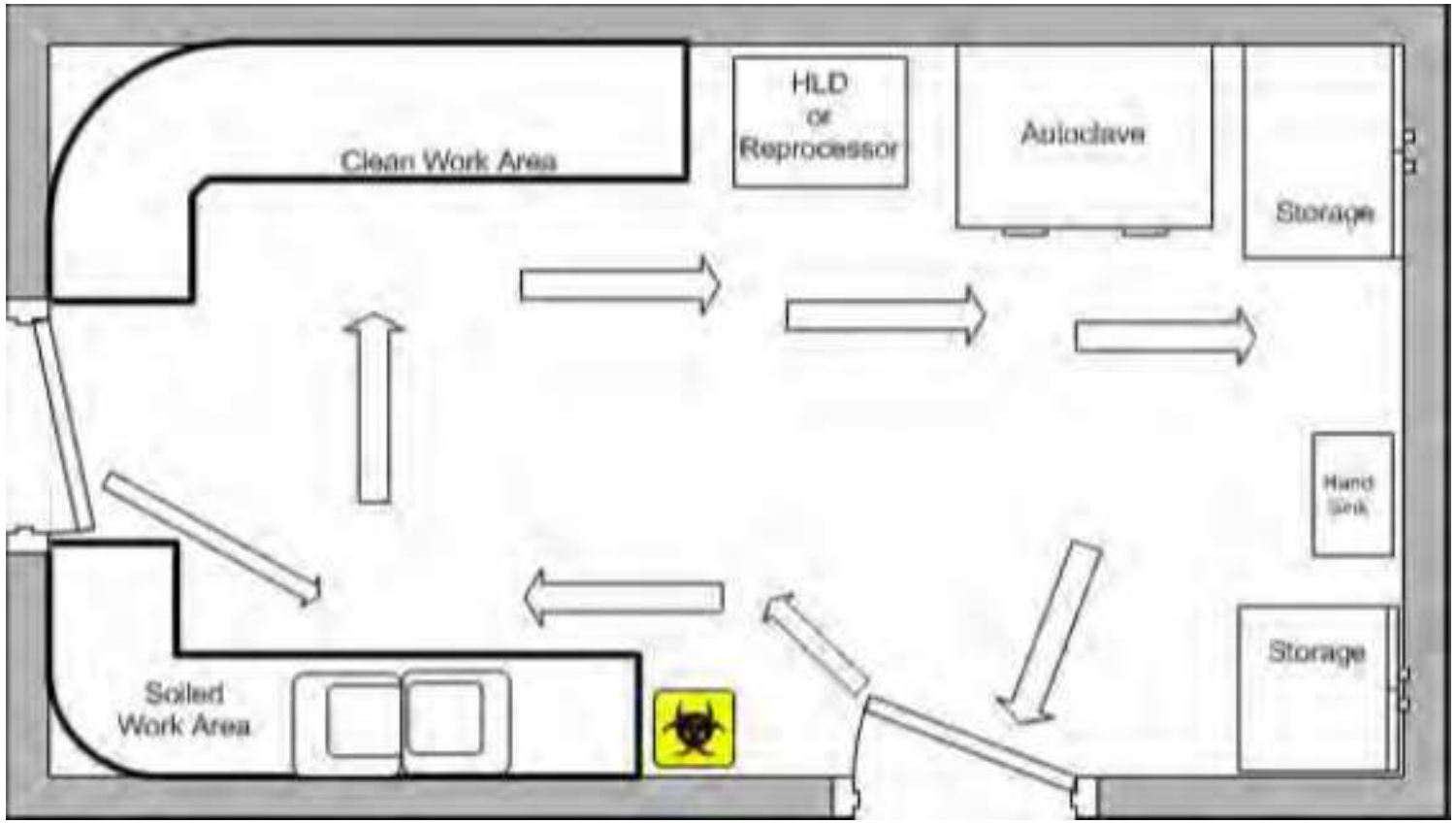
All on-site sterilization shall follow manufacture instructions for use for transporting, cleaning and decontaminating, sterilizing and storage for each instrument or piece of equipment. Access to user manuals and manufacturer's guidelines should be kept updated and available.

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.

Northwell Health Physician Partners

Workflow



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

myRecognition

Celebrating National Healthcare Quality Week

October 15-21, 2023

Recognition