Infection Control
AAAHC Chapter 7
Subchapter 1

Helpful Hints ☺
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Chapter Overview

"An accreditable organization maintains an active and ongoing infection prevention and control program as evidenced by the following characteristics…"

(§416.51 Conditions for coverage — Infection control.
The ASC must maintain an infection control program that seeks to minimize infections and communicable diseases.)

Customize Your Program

7.I.B.4 - "Appropriate to the organization and meets all applicable state and federal requirements"

Make sure your program "fits" your facility (i.e. types of cases you do, equipment you have, your environment, state regulations, county health department, etc.)

Formal Risk Assessment

7.I.B.5 - "plan of action for preventing, identifying, managing…"

- Create a formal risk assessment of YOUR facility. Your docs, your cases, your environment. Ask for input.
- Assign priorities to the risks.
- This will help you create and identify MEASURABLE goals, which will in turn help identify potential QA/PI studies.

Formal Risk Assessment (cont.)

7.I.B.4 "appropriate to the organization…"

Where are you?
- Population served/location
- Geographic location and seasonal issues (TB, flu, etc.)
- Who are your local public health authorities?

Formal Risk Assessment (cont.)

Environment?

7.I. G "safe and sanitary environment… safeguards… adequate space, equipment, supplies, and personnel"
- Facility environment (new construction, old building, etc.)
- Space, equipment, supplies, personnel

Formal Risk Assessment (cont.)

Sharps Injury Prevention Program 7.I.F:

- Include risks for sharps injury - written plan: education, handling, storage, disposal
- Placement of sharps containers vs. floor plan and accessibility?
- Tampering Risk?

Educate

- Make sure EVERYONE understands the plan and their role, not just the IC Coordinator: Staff, Physicians, even Administrative Personnel in the facility.
- Use nationally recognized guidelines and look to them for resources to help you educate.
- Make sure everyone knows what equipment to use and how to use it in their department(s).
- Make sure everyone knows what supplies/ products to use and how to use them in their department(s).

Integrate

- Make sure GB approves and reviews risks and plan.
- Make sure nationally recognized guidelines are referenced in the plan.
- Incorporate infection control into your QA/PI program. (7.I.B.2)
- Make sure GB is aware of IC related QAPI studies and infections/outcomes/corrective actions.

Document

- Policies (make sure to reference manufacturer's guidelines)
- Logs (sterilization, High Level disinfection, low level disinfection)
- QA/PI study data
- Education of IC coordinator/nurse
- Education of all present r/t their role
- Actual infections, investigation, corrective actions

Review

- Periodic review of records and processes of sterilization, high level disinfection, etc.

- Can you track a tray back if an infection was identified? Can you narrow it down? How narrow? How many people would you have to notify of a breach?

Evaluate Effectiveness

- Evaluate effectiveness of education. Are they doing it right? Can they verbalize the processes? Do they know what/when/how to report?
- Look for trends (increased IUSS, decreased hand washing compliance, areas missed by housekeeping, ABX timing, etc.).
- Any infections?

Revise

Your program should never be stagnant. The program should change with you. Acquisition of new equipment, construction, personnel changes, new procedures, etc. etc. etc. will affect your policies, procedures, and most importantly… RISK.

The End