Patient Care Services, Quality and Safety

Being Ready for Every Patient Every Day

Department of Public Health Infection Control Survey
Resource Guide for Licensed Staff
Excellence Every Day

The Department of Public Health (DPH) is in the process of conducting unannounced surveys which are focused on Infection Control. This Resource Guide describes the DPH Infection Control survey process and includes information about what the survey will be like, what surveyors will evaluate, and what questions they may ask. For more information, feel free to contact the resources listed on the last page of the guide.

Survey Process

What will the survey be like? The DPH Infection Control survey is specific to infection control and prevention. One or two surveyors will be at MGH for at least 5 days. They will assess our compliance with infection control standards by observing practice, inspecting the environment, reviewing records and documentation, and interviewing staff. Surveyors will be accompanied by staff members from the Infection Control Unit and from PCS Office of Quality and Safety. They will visit as many practice sites as possible; they will especially focus on high-risk areas such as procedural sites, ICU’s, emergency department, operating rooms, sterile processing and dialysis.

Who will be Involved? As the surveyor tours the unit and observes care, he or she may interview all members of the healthcare team including nurses, therapists, OAs, PCAs, USA’s, NPs, and physicians.

What will the DPH surveyor look at?

- Staff trained
- Hand hygiene and Standard Precautions guidelines followed
- Transmission-based precautions correctly implemented (Contact, Contact Plus, Airborne, Droplet etc.)
- Protective equipment and supplies available
- Precaution gowns and gloves worn and removed per policy
- Needle boxes present and not overfilled
- Equipment cleaned and disinfected between patients with hospital-approved disinfectant
- Clean equipment identified and properly stored
- No expired supplies, no external shipping boxes; no supplies on floor, windowsill or underneath sinks
- Clean supplies/linen on covered cart or in cabinet/container or clean supply room
- Clean and soiled utility rooms doors closed
- Sterile water and sterile saline discarded after each use
- High-touch surfaces in patient rooms cleaned daily
- Aseptic technique per procedure
- Checklist completed during central venous and pulmonary artery catheter insertion
- Patient and family education documented (e.g. hand hygiene, prevention of surgical site and central line infections, isolation precautions)
- Staff food and drink limited to approved areas
- Patient food labeled, dated, discarded after 3 days
- Refrigerator temperatures checked and documented

What types of questions will Infection Control surveyor ask?

Q **What training have you received regarding infection control and what does it include?**
A I’ve received training about general infection control practices such as hand hygiene, blood borne pathogens and tuberculosis guidelines; and other MGH practices to prevent healthcare-associated infections such as MRSA, VRE, C-diff, central-line associated blood stream infections, surgical site infections, and catheter-associated urinary tract infections.
Q: When did you receive this training?
A: During orientation; it is repeated each year as part of required annual training.

Q: What are the most common ways you prevent transmission of infections from one patient to the next?
A: Hand hygiene before and after contact with the patient and the patient’s environment; and early identification of patients requiring isolation and timely placement on appropriate precautions.

Q: What is the MGH target for compliance with hand-hygiene standards?
A: Minimum target is 90% before and 90% after contact.

Q: What is the compliance rate for your unit?
A: (Each month infection control sends unit-specific compliance data to each Nursing Director. Quarterly the data is broken down by role group).

Q: When must you wash your hands with soap and water?
A: When hands are visibly soiled, after using the toilet and before eating. Hands must also be washed with soap and water after caring for a patient on precautions for *C. diff*

Q: When are gloves worn?
A: Clean, non-sterile, gloves are worn when touching blood, body fluids, secretions, excretions, mucous membranes, and contaminated medical equipment.

Q: Where are staff allowed to eat and drink on this unit?
A: We can only eat in the staff lounge, conference room or private offices. We can’t eat at the nursing station. We can drink at the nurse’s station in areas where there is no risk for contamination. For example, we can place drinks on the low interior surfaces. Drinks are not allowed in surfaces in the hallway such as WOW’s, bedside tables outside of patient rooms, counters between patient rooms, portable chart racks.

Q: Where do you store food families bring in for patients? What procedures do you have in place to ensure the food does not spoil?
A: When a family member brings in food, we place it in a baggie and label it with the patients name and date. We store it in the nourishment refrigerator. The food is discarded after 3 days. The nourishment refrigerator temperature is checked every day by a member of the staff and is recorded on a log sheet. If the temperature is out of range, Building and Grounds is notified to check it.

Q: Where are infection control policies located?
A: In the Infection Control Manual which is on the MGH Policy and Procedure intranet site (Trove).

Q: What is your policy regarding employees and volunteers who have symptoms of, or have been exposed to, infection disease/illness?
A: Employees and volunteers must contact Occupational Health Service if they have: Skin lesions and/or rash, especially if lesions are weeping or fever is present; non-intact skin or dermatitis; conjunctivitis or “pink eye”; diarreal illness; cough of more than two weeks (unless explained by a non-infectious disease); new onset of jaundice; exposure to chickenpox, TB or other contagious condition or when their primary care provider diagnoses a communicable disease such as chickenpox, staph skin infections, influenza.

Q: What cleaning agents do you use to clean equipment between patient use and what is the contact time?
A: We use Super-Sani Cloths (contact time, 2 minutes) and Virex (contact times, 10 minutes)
Q How do you know that equipment has been cleaned between patients?
A Clean equipment located on the LEAN cart is tagged by Materials Management. Equipment that is cleaned on the unit is kept in the clean utility room and/or another designated area. Dirty equipment is kept in the dirty utility room. If I am not sure about a particular piece of equipment, I assume it’s dirty and clean it prior to patient use.

Q Is it safe to store supplies on the window sills in a patient’s room?
A Patient care items should not be left on the window sill. This includes linens.

Q How long is sterile water and sterile saline good for after you use it for irrigation?
A Sterile water and sterile saline must be discarded after each use.

Q How often does patient care equipment need to be cleaned?
A In general, all patient care equipment must be cleaned after patient use before another patient uses it. Guidelines for the frequency of cleaning hospital equipment are found in the Infection Control Manual.

Q What do you do with supplies from a precaution room upon discharge of the patient?
A Unopened, untouched, clean and/or sterile supplies can be returned to the appropriate area upon patient discharge. Opened, contaminated, or damaged items must be discarded.

Q How do you prevent contamination of multi-dose vials?
A I use aseptic technique for each entry including wiping the rubber stopper with alcohol. I discard multi-dose vials when I observe or suspect contamination or when the manufacturer’s expiration date is reached.

Q How do you know if one of your patients has MRSA, VRE, C-difficile or an MDRO?
A There are several ways that I find out
   • I review laboratory reports; Infection Control or Microbiology laboratory notifies the nursing unit; physicians also inform us.
   • Patients identified at MGH by Infection Control are “flagged” in CAS with a red “P” in the corner of the screen. Caregivers can click on the “P” and it opens a window with information on the organism and precautions required.
   • When patients are transferred from another hospital I read the history.

Q What precautions do you use for patients with MRSA or VRE?
A Patients with known or suspected MRSA or VRE are placed on Contact Precautions.
   • They’re placed in a private room or a semi-private room with another patient infected or colonized with MRSA or VRE.
   • Gloves are worn on entry into the room; gowns are worn when there is contact with the patient, surfaces, patient care items and equipment.
   • Equipment is dedicated to the patient if possible. If equipment is shared it is cleaned and disinfected with hospital-approved disinfectant (Virex or Super Sani Cloth)

Q Describe the procedure for donning and removing precaution gown and gloves.
A Perform hand hygiene, then place the gown over the shoulders, tie or Velcro the precaution gowns at both the neck and waist. Ensure that gown provides full coverage of clothing both front and back. Put on the gloves, pulling them up to cover the cuffs of the gown. When leaving the room, take off gloves first, then gown, then disinfect hands with Cal-Stat.

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Q What precautions do staff use when delivering dietary trays to patients on Contact Precautions?
A The person delivering the tray wears gloves when entering the precaution room. The gloves are removed and hands are disinfected when leaving the precaution room. Gloves are also worn when picking up soiled trays.

Q If a patient on precautions is leaving the unit to go to x-ray, how does the transporter know the patient is on precautions? How does radiology know?
A The transporter is informed by the sign on the door or by communication with the nursing staff. The nurse also writes in the type of precautions on the “Sticker to Ride” which is placed on the front of the patient record.

Q What precautions do you take when transporting a patient on Contact Precautions to x-ray?
A When transporting a patient who’s on contact precautions I drape the patient with a clean sheet then I remove my gowns and gloves and disinfect my hands before leaving the patient’s room. If I need to travel with the patient during transport, I wear gloves and gowns on route if I may have contact with the patient or with contaminated equipment. When I get to x-ray and my contact is completed. I do not touch clean surfaces e.g. elevator buttons en route.

Q What do you do with the chart when transporting a patient?
A The chart is carried by the a health care worker or placed on the bottom of the stretcher where it does not come in contact with the patient or patient’s linen. Another option is to place the chart in a plastic bag on top of the stretcher. If the chart is transported in direct contact with the patient’s linen, it is considered contaminated and wiped with disinfectant.

Q Where should the linen hamper be placed for a patient on Contact Precautions?
A The most optimal placement is in the anteroom. If there is no anteroom, inside the room but close to the door is best. If the hamper must be placed outside the room (due to lack of linen hampers), then the hamper should be just outside the door so we can place “dirty” linen in hamper without actually exiting room. Once dirty linen is deposited into hamper, we remove gowns and gloves and disinfect our hands immediately prior to exiting room.

Q Can patients on Contact Precautions come out of their rooms to ambulate?
A Yes. We instruct the patient to wash or disinfect hands and put on a clean robe or pajamas before leaving the room. If we need to have direct contact with the patient, we wear gloves and gowns. If a walker, wheelchair, or other device is used to assist the patient, it is disinfected after use.

Q What is required of visitors for patients on Contact Precautions?
A Visitors should wash hands or disinfect with Cal Stat when leaving the patient’s room.

Q Do you have written information for patients and families regarding MRSA and VRE? Where is it located?
A Yes, it is available on the Infection Control Unit website which is accessible in Trove. I can also get to it by going to the MGH intranet site, directory, and clicking on Infection Control. Then I scroll down the left hand side to the section on Patients and Families.

Q What precautions do you use with patients who have C-diff?
A Patients with know or suspected C. diff are placed on Contact Precautions PLUS. This is similar to contact precautions with two primary differences. After contact with the patients, hands must be washed with soap and water first then disinfected with Cal Stat. Patient rooms and equipment are cleaned daily with a bleach-based detergent disinfectant.

Q What do you do if a patient admitted to your unit is suspected of having TB?
A Place the patient on Airborne Precautions, in a private room with negative air pressure; the negative air pressure is checked everyday either by looking the pressure gauge or performing the tissue test.
Q: What other precautions do you take when caring for patients on Airborne Precautions?
A: I wear an N-95 respirator when in the room. The respirator has been sized and fitted for me.

Q: What is required of visitors for patients on Airborne Precautions?
A: Visitors are offered particulate respirators. Should a visitor be unable or unwilling to wear a respirator, the visitor is offered a surgical mask.

Q: What equipment must be disinfected before it leaves the room of a patient on Droplet Precautions?
A: All equipment must be completely wiped down with disinfectant before leaving the room. It is best to designate certain items (due to frequent use) such as thermometers, stethoscopes or commodes to that patient only. These can then be disinfected or disposed of when the precautions are discontinued.

Q: Describe the steps that are taken to prevent infection when inserting a central line.
A: We do the following:
   - Perform hand hygiene prior to catheter insertion
   - A qualified individual monitors the insertion for breaks in sterile technique and completes the Central Line Infection Prevention Checklist.
   - Use a standardized kit and protocol
   - Educate patients and families about ways to prevent central line infections.

Q: Describe steps that are taken to prevent surgical site infections.
A: We do the following:
   - Use aseptic technique during invasive procedures; this includes use of sterile equipment, skin preparation, and managing the environment.
   - Use aseptic technique during dressing changes and closely monitor wounds
   - Educate patients and families about ways to prevent surgical site infections.

Q: Describe a few ways you prevent urinary tract infections.
A: We limit the use of urinary catheters and only use for indications stated in the MGH Protocol. I have been trained on sterile insertion technique. I secure the catheter to prevent movement and urethral traction. I maintain a closed sterile drainage system. I use the sterile port for sample collection. I keep the bag below the level of the bladder and off the floor. I avoid irrigation. I provide daily meatal care with soap and water. I document why the catheter needs to be continued and any attempts at alternatives in my note.

Q: How do you prevent hospital acquired pneumonia?
A: We do the following:
   - Decrease or prevent aspiration
   - Use hand hygiene and other appropriate measures to prevent cross-contamination
   - Ensure that respiratory equipment is appropriately cleaned
   - Administer vaccines against influenza, pneumococcal pneumonia and
   - Educate patients and families about infection control

Remember!
- Surveyors know the standards, but YOU know your practice and your patients and families.
- Relax and take your time answering the surveyor’s questions, but be direct and to the point with your response
- You will not be alone, your CNS, Nursing Director and others will be there to help you.
- If you don’t know the answer to a question, it’s okay to say “I don’t know but I know where to find it.”
Patient Care Services Resources

- Your Director, Clinical Nurse Specialist, Operations Managers
- Your Infection Control Liaison
- Staff from the PCS Office of Quality and Safety (ext. 3-0140)
  - Colleen Snydeman, RN, Director
  - Linda Akuamoah-Boateng, BSPT, Senior Project Specialist
  - Judi Carr, RN, Staff Specialist
  - Deb Frost, RN, Staff Specialist
  - Amy Giuliano, MPH, Senior Project Manager
  - Patti Shanteler, RN, Staff Specialist
  - Mary Ann Walsh, RN, Nurse Clinician