Being Ready for Every Patient Every Day

Department of Public Health Infection Control Survey
Resource Guide for Patient Care Associates
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, about what to do when patients are on precautions, how to prevent infections such as urinary track infections. I also learned about how to clean equipment between patients.

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, cleaning equipment between patients, and following precaution signs.

Q  What is the MGH target for compliance with hand-hygien standards?
A  The 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. difficile.

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  What do you do if you have symptoms of, or have been exposed to, infection disease/illness?
A  I let my Nursing Director know what my symptoms are. It may be necessary for me to call Occupational Health if I have something that is contagious.

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 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 What precautions do you use for patients with on Contact Precautions?
A I follow what is on the precaution sign on the door. I always put on gloves before I enter the room. If I am going to come in contact with the patient or patient furniture or patient care items, I also put on a gown.

Q Describe how you put on and remove precaution gown and gloves.
A First I perform hand hygiene, then place the gown over the shoulders, tie or Velcro the precaution gowns at both the neck and waist. I make sure that the gown provides full coverage of clothing both front and back. Then I put on the gloves, pulling them up to cover the cuffs of the gown. When leaving the room, I take off gloves first, then gown, then disinfect my hands with Cal-Stat.

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 Where should the linen hamper be placed for a patient on Contact Precautions?
A The best place 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 with Cal-Stat 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 What precautions do you use with patients who have C-diff?
A I use the same precautions that I use with patients on Contact Precautions with one added step. After contact with the patient, I also wash my hands with soap and water after first then disinfected with Cal Stat.

Q What 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 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.

Q Describe a few ways you prevent urinary tract infections.
When getting a sterile specimen I perform hand hygiene, wear gloves, only obtain specimens from the injection port, clean the insertion site with alcohol, avoid kinking of the tube, keep the urine bag lower than the bladder and off the floor.

**Remember!**

- 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.”
- If you have questions about the upcoming survey, feel free to ask your Nursing Director, Clinical Nurse Specialist, Operations Managers or Infection Control Liaison.

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