

Medicare Revises Infection Control Surveyor Worksheet for Ambulatory Surgical Centers

The AANA supports patient safety through the use of evidence-based infection prevention and control practices as outlined in the AANA *Infection Prevention and Control Guidelines for Anesthesia Care*.¹ Nurse anesthetists and other healthcare professionals are encouraged to stay current with best practice as noted in the Centers for Medicare of Medicaid Services (CMS) Infection Control Worksheets and AANA infection control resources.²⁻⁴

CMS has recently issued an advance copy of an update to the Ambulatory Surgical Center (ASC) Infection Control Surveyor Worksheet.³ The final version will be published later and may slightly dif-

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fer from the advance copy. The worksheet is used by state and federal surveyors for survey activity in ASCs to assess compliance with CMS ASC Infection Control Conditions for Coverage (CfCs). The CfCs are federal regulations that healthcare facilities must comply with in order to participate in the Medicare program.

The worksheet updates include elements of hand hygiene, injection practices, single use devices, sterilization, and high-level disinfection, among others. To optimize patient safety, review the CMS ASC *Infection Control Worksheet*³ (advance copy) and your facility policies to comply with these recommended practices. Table 1 presents a summary of relevant anesthesia infection prevention practices that will be assessed by surveyors.

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In addition, CMS has a separate infection control surveyor worksheet available for hospitals.² All nurse anesthetists and other healthcare professionals are encouraged to familiarize themselves with the CMS infection control worksheets and AANA infection control resources. AANA Professional Practice Division: practice@aana.com, 847-655-8870.

References and Resources

1. Infection Prevention and Control Guidelines. Park Ridge, IL: American Association of Nurse Anesthetists; 2015. <http://www.aana.com/infectioncontrolguidelines>
2. Centers for Medicare and Medicaid Services. Hospital Infection Control Worksheet. 2014. <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-12-Attachment-1.pdf>. Accessed January 7, 2015.
3. Centers for Medicare and Medicaid Services. ASC Infection Control Surveyor Worksheet. 2015. <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-43.pdf>. Accessed July 11, 2015.
4. American Association of Nurse Anesthetists. Infection Control. <http://www.aana.com/infectioncontrolresources>. Accessed July 21, 2015. ■

See Table 1, Anesthesia Practice Summary Anesthesia Practice Summary from Centers for Medicare & Medicaid Services (CMS) Ambulatory Surgical Center (ASC) Infection Control Surveyor Worksheet on page 19.



Table 1. Anesthesia Practice Summary from CMS ASC Infection Control Surveyor Worksheet

Element	Practices to be Assessed
Hand Hygiene	<p>A. All patient care areas have readily accessible, in appropriate locations*:</p> <ul style="list-style-type: none"> • Soap and water • Alcohol-based hand rubs <ul style="list-style-type: none"> ○ If alcohol-based hand rub is available in patient care areas, it is installed as required. (There are Life Safety Code (LSC) requirements at 42 CFR 416.44(b)(5) for installation of alcohol-based hand rubs)
	<p>B. Staff perform hand hygiene:</p> <ul style="list-style-type: none"> • After removing gloves • Before direct patient contact • After direct patient contact • Before performing invasive procedures (e.g. placing an IV) • After contact with blood, body fluids, or contaminated surfaces (even in gloves are worn)
	<p>C. Regarding gloves, staff:</p> <ul style="list-style-type: none"> • Wear gloves for procedures that might involve contact with blood or body fluids <p>Wear gloves when handling potentially contaminated patient equipment Remove gloves before moving to the next tasks and/or patient*</p>
	<p>D. <i>Personnel providing direct patient care do not wear artificial fingernails and/or extenders when having direct contact with patients.</i></p>
Injection Practices	<p>A. Needles are used only for one patient.</p>
	<p>B. Syringes are used for only one patient (<i>this includes manufactured prefilled syringes.</i>)</p>
	<p>C. The rubber septum on a medication, whether unopened or previously accessed, vial is disinfected with alcohol prior to piercing.</p>
	<p>D. Medication vials are always entered with a new needle.</p>
	<p>E. Medication vials are always entered with a new syringe.</p>
	<p>F. Medications that are pre-drawn are labeled with the date and time of draw, initials of the person drawing, medication name, strength, <i>beyond-use date</i> and time. Note: A "No" answer should result in citation as a deficient practice in relation to 42 CFR 416.48(a), Administration of Drugs</p>
	<p>G. a. Single dose (single-use) medication vials are used for only one patient. H. <i>The ASC has voluntarily adopted a policy that medications labeled for multi-dose use for multiple patients are nevertheless only used for one patient.</i> Note: a "No" answer to question H. does not indicate a breach in infection control practices and does not result in a citation. <i>However,</i> a "No" response to either or both of the related questions I and J should be cited.</p>
<p>I. Multi-dose vials are dated when they are first opened and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial. Note: This is different from the expiration date for the vial. The multi-dose vial can be dated with either the date opened or <i>the beyond-use date</i> as per ASC policies and procedures, so long as it is clear what the date represents and the same policy is used consistently throughout the ASC.</p>	
<p>J. <i>Multi-dose medication vials used for more than one patient are stored appropriately and do not enter the immediate patient care area (e.g., operating room, anesthesia carts).</i> <i>NOTE: If multi-dose vials enter the immediate patient care area, they must be dedicated for single patient use and discarded immediately after use.</i></p>	
Single-Use Devices	<p>a. If single-use devices are reprocessed, they are devices that are approved by the FDA for reprocessing.</p>
	<p>b. If single-use devices are reprocessed, they are reprocessed by an FDA-approved reprocessor.</p>
High-level Disinfection	<p>C. Items are pre-cleaned according to manufacturer's instructions or, <i>if the manufacturer does not provide instructions,</i> evidence-based guidelines prior to high-level disinfection.</p>
Point of Care Devices	<p>D. <i>If used for more than one patient, the point-of-care testing device (e.g., blood glucose meter, INR monitor) is cleaned and disinfected after every use according to the manufacturer's instructions.</i> <i>NOTE: if the manufacturer does not provide instructions for cleaning and disinfection, then the device should not be used for >1 patient.</i></p>

*Bold and italicized formatting indicates a revision to the worksheet.