Infection Control Assessment and Promotion Program

Intraoperative Anesthesia Infection Prevention Audit Tool

Departmental Infection Prevention and Control (IPC) Policy and Procedures (P&P)	C	NC	NA	Comments
Departmental P&Ps for IPC exists for anesthesia practices (e.g., PPE, Surgical Attire, Hand Hygiene)				
Staff are trained upon hire and annually on departmental IPC P&Ps				
Other:				
Surgical Attire- General	**C**	**NC**	**NA**	
Staff adhere to surgical attire departmental P&P (e.g., hospital provided scrubs (top/pants), surgical cap/bouffant covering all head and facial hair when in the semi-restricted and restricted areas)				
Other:				
Hand Hygiene	**C**	**NC**	**NA**	
Staff adhere to departmental P&P related to wrist and hand jewelry				
Staff adhere to departmental P&P related to nail polish and artificial nail coverings				
Hand hygiene is performed following departmental P&P* (e.g., donning/doffing sterile/non-sterile gloves) (CDC or WHO 5 Moments)				
ABHR is easily accessible to anesthesia staff in immediate work area (Note: following NFPA LSC 101/AHJ requirements)				
Other:				
Personal Protective Equipment (PPE)	**C**	**NC**	**NA**	
Staff properly wear PPE when opening sterile supplies or when sterile instruments are open				
Staff properly wear PPE for Standard Precautions when contamination is likely (e.g., gown, mask covering nose and mouth, eye protection, and gloves during intubation/suctioning)				

Audit tool adapted from Dolan SA, Heath J, Potter-Bynoe G, Stackhouse RA. Infection prevention in anesthesia practice: a tool to assess risk and compliance. Am J Infect Control. 2013 Nov;41(11):1077-82. doi: 10.1016/j.ajic.2013.06.012. Epub 2013 Sep 18. PMID: 24054838.

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Staff adhere to full maximal sterile barrier precautions when placing all CVCs, axillary, and femoral arterial lines. Full maximal sterile barrier precautions include wearing mask, hair covering, sterile gown, sterile gloves, and using a sterile drape during insertion. Peripheral arterial lines (e.g., radial, brachial, or dorsalis pedis arterial lines) should be placed with a minimum of a cap, mask, sterile gloves, and a small sterile fenestrated drape.				
Staff follow departmental P&Ps for patient isolation precautions				
Other:				
Intravenous (IV) Supplies & Therapy	**C**	**NC**	**NA**	
Infusion supplies (e.g., needles, syringes, flush solutions, administration sets, IV fluids) are not used for more than one patient.				
IV bag and tubing are labeled per departmental P&P (e.g., date, time, medication additives, initials)				
IV sites secured with a sterile dressing (e.g., no chevroning with tape per departmental P&P)				
IV bags are not removed from their protective overwrap until ready to use				
IV bags/tubing is not primed more than one hour before use per departmental P&P				
Stopcocks and manifold devices are handled using aseptic technique				
Stopcocks are covered with a sterile cap when not in use				
IV caps/hubs are disinfected with sterile alcohol wipes, iodophor or another approved antiseptic and allowed to dry before accessing				
Processes are in place to assure timely redosing of antimicrobial prophylaxis, when indicated				
Other:				

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Safe Injection Practices and Medication Administration	**C**	**NC**	**NA**	
Sharps safety devices are used and disposed of appropriately				
Sterile syringes and needles are single-use patient devices				
Aseptic technique is used when preparing, handling, and administering medications				
Single-dose medication vials and flushes are used whenever possible				
If multidose medication vials are used, they are used for only one patient and are accessed with a new sterile syringe and new sterile needle for each entry				
If multidose mediation vials are used and opened, they are labeled with an opened date and beyond use date (following USP 797)				
All medications (non- and controlled) are securely locked when not overseen by anesthesia staff				
Medications are not stored or transported in clothing/pockets				
Other:				
Laryngoscope Handles and Blades	**C**	**NC**	**NA**	
Direct/video reusable *handles* have been reprocessed per mfg. IFU. Packaging and storage of handles ensures reprocessing integrity				
Single-use blades are disposed of appropriately and not reprocessed				
Reusable blades have undergone at least high-level disinfection prior to reuse. Sterilization is also acceptable				
Packaging and storage of handles and reprocessed blades ensures reprocessing integrity				

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Contaminated handles and blades are isolated after use to prevent reuse for another patient (prior to reprocessing)				
Processes are in place for transport of contaminated handles/blades to reprocessing area				
Other:				
Environment	**C**	**NC**	**NA**	
Responsibility of cleaning/disinfecting anesthesia equipment/workspace is identified per departmental P&P				
Cleaning and disinfection of the anesthesia work area is completed during room turnover or terminal cleaning (to include discard/replacement of single-use items)				
Sharps containers are easily accessible and replaced as necessary				
Other:				
Workflow	**C**	**NC**	**NA**	
Needed supplies are pulled prior to the procedure to minimize accessing of clean/sterile supplies in anesthesia cart (reduce potential of cross-contamination if HH cannot be performed)				
Sterile supplies are not opened prior to immediate use (e.g., Yankaur)				
Personal property of anesthesia personnel is not stored in the operative suite (e.g., no backpacks, no purses, etc.)				
Other:				

An exception for HH not being performed between changing of gloves can be made when an urgent patient safety need arises. Laryngoscope handles can be categorized as non-critical items. A risk assessment should be completed evaluate current facility practices and recommendations. C, compliant; NC, not compliant; N/A, not applicable.

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