

Guidance and responses were provided based on information known on 7/12/2023 and may become out of date. Guidance is being updated rapidly; users should look to CDC and NE DHHS guidance for updates.

Infection Prevention Updates for Acute Care and Outpatient Settings

July 12, 2023



NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Presenters & Questions and Answer Session

Presenters today are:

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Moderated by Margaret Deacy

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Please use the Q&A box in the webinar platform to type a question to be read aloud. If your question is not answered during the webinar, please e-mail it to nebraskaicap@nebraskamed.com or call Monday – Friday 8:00 am – 4:00 pm CST to speak with one of our Infection Preventionists.

Slides and a recording of this presentation will be available on the Nebraska ICAP website

<https://icap.nebraskamed.com/events/webinar-archive/>



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In order to obtain either contact hour, you must be present for the entire live webinar and complete the post webinar survey

No conflicts of interest were identified for any member of the planning committee, presenters or panelists of the program content

This CE is hosted by Nebraska Medicine and UNMC along with Nebraska ICAP and Nebraska DHHS



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The accredited provider has mitigated and is disclosing identified relevant financial relationships for the following faculty, planners, and others in control of content prior to assuming their roles:

FACULTY

The faculty have nothing to disclose: Jody Scebold, EdD, MSN, RN, CIC Jenna Preusker, Pharm.D., BCPS

PLANNING COMMITTEE

The planning committee members have nothing to disclose:

Daniel Brailita, MD	Kate Tyner, RN, BSN, CIC	Josette McConville, BSN, RN, CIC	Lacey Pavlovsky, MSN, RN, CIC
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CDC and Nebraska ASAP Be Antibiotics Aware (BAA) Educational Effort

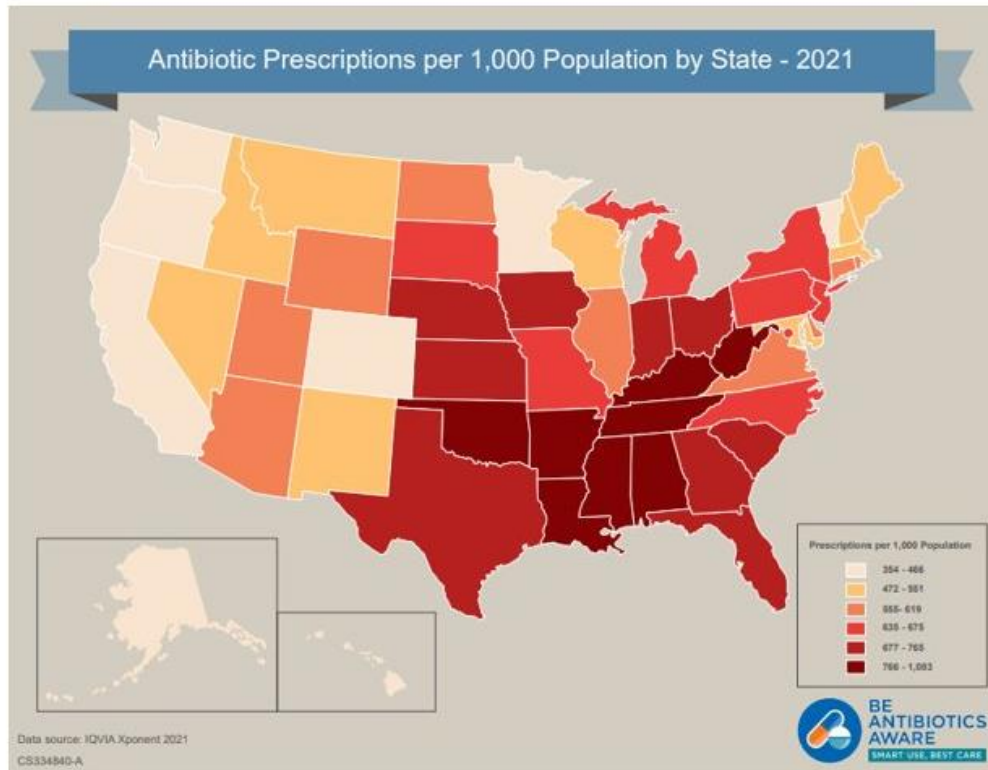
Jenna Preusker, PharmD, BCPS, BCIDP
Nebraska ASAP Pharmacy Coordinator

The logo for the Nebraska Antimicrobial Stewardship Assessment and Promotion Program (ASAP) consists of a red silhouette of the state of Nebraska. The letters "ASAP" are written in white, bold, sans-serif font across the bottom of the state outline.

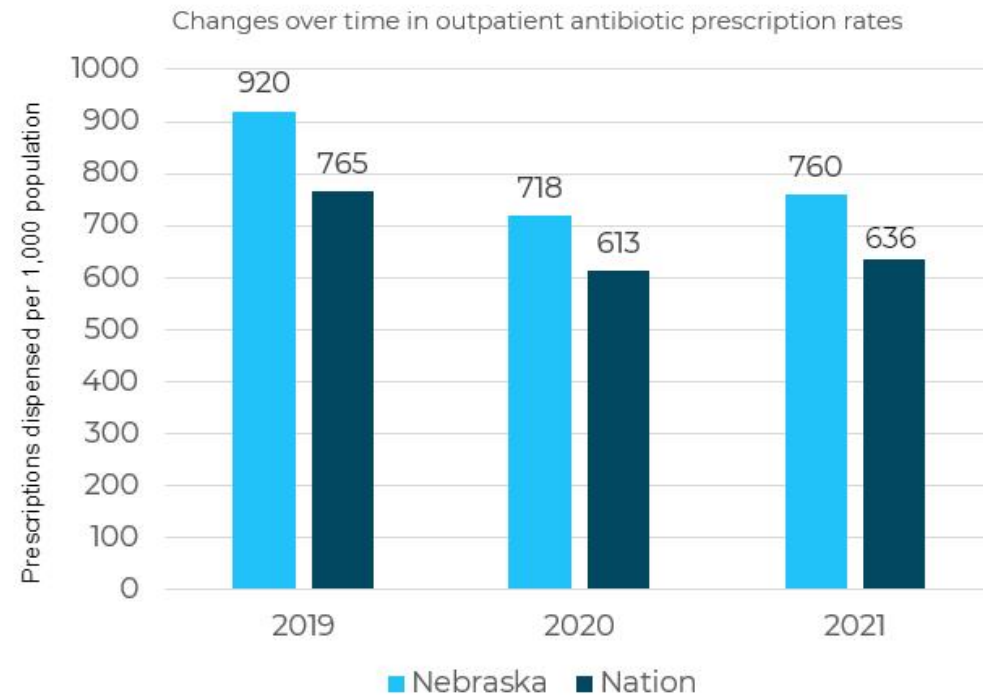
ASAP

**Nebraska Antimicrobial Stewardship
Assessment and Promotion Program**

Community Antibiotic Prescribing Rates Nebraska, 2021



<https://www.cdc.gov/antibiotic-use/data/report-2021.html>



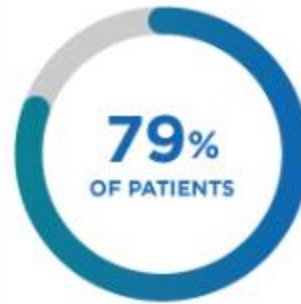
<https://arpsp.cdc.gov/profile/geography/nebraska>

NEW CDC DATA

MORE THAN HALF OF ANTIBIOTIC PRESCRIBING FOR SELECTED EVENTS IN HOSPITALS WAS NOT CONSISTENT WITH RECOMMENDED PRESCRIBING PRACTICES



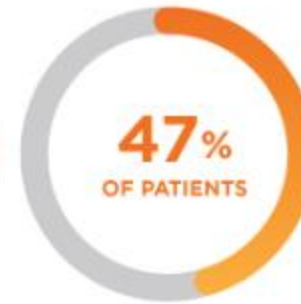
ANTIBIOTIC PRESCRIBING WAS NOT SUPPORTED IN:



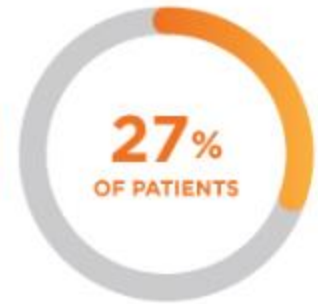
with community-acquired pneumonia



with urinary tract infections



prescribed fluoroquinolone treatment



prescribed intravenous vancomycin antibiotic

HOSPITAL PRESCRIBERS & PHARMACISTS CAN IMPROVE PRESCRIBING:



Optimize antibiotic selection



Re-assess antibiotic treatment when the results of diagnostic testing are available



Use the shortest effective duration of therapy

FIND RESOURCES ON HOW TO IMPROVE HOSPITAL ANTIBIOTIC USE AND HELP FIGHT ANTIBIOTIC RESISTANCE:
<https://bit.ly/HospitalCoreElements>

CDC and Nebraska ASAP Be Antibiotics Aware (BAA) Educational Effort

- **By raising knowledge and awareness, and motivating behavior change among intended consumer and healthcare professional (HCP) audiences, the Centers for Disease Control and Prevention (CDC) Be Antibiotics Aware (BAA) national educational effort seeks to:**
 - **Optimize antibiotic prescribing and use**
 - **Improve patient safety and healthcare quality**
 - **Combat antibiotic resistance**
- **CDC is conducting a targeted pilot assessment intervention, including a large-scale paid media buy and partner promotion over a 3-month period in the state of Nebraska (beyond the ongoing national initiative).**

CDC and Nebraska ASAP Be Antibiotics Aware (BAA) Educational Effort

- **Based on primary practice setting, CDC will send relevant hardcopy BAA materials to you FREE of charge.**
 - **If you are interested in receiving these educational materials, please fill out the survey.**
 - **Requests will be sent by Nebraska ASAP to the CDC, who will send copies of requested educational materials directly to your mailing address.**
 - **Please note the delivery time to receive materials is about 4 weeks from placing the order.**

- **We appreciate your support with this important project!**

You may open the survey in your web browser by clicking the link below:
[Be Antibiotics Aware \(BAA\) Educational Effort](#)

If the link above does not work, try copying the link below into your web browser:
<https://redcap.nebraskamed.com/surveys/?s=CLELJN3PEDFJ4ATA>



CDC & Nebraska ASAP Educational Effort Acute Care Resources

Please select your primary setting type

* must provide value

- Acute Care
- Long-Term Care
- Urgent Care/Outpatient Clinic
- Dental Office
- Community Pharmacists

Please indicate the number of copies you need for the following:

Across all audiences (Community dwelling older adults, 65+ / Healthy Adults who visit Urgent Care, ages 18-64 / Family Caregivers of nursing home (long-term care) residents) o [Viruses/Bacteria Chart \(English\)](#)

* must provide value

Please indicate the number of copies you need for the following:

Across all audiences (Community dwelling older adults, 65+ / Healthy Adults who visit Urgent Care, ages 18-64 / Family Caregivers of nursing home (long-term care) residents) o [Antibiotics Aren't Always the Answer Brochure \(English\)](#)

* must provide value

Please indicate the number of copies you need for the following:

Hospitalists o [Hospital Inpatient Fact Sheet](#)

* must provide value

Be Antibiotics Aware (BAA) Educational Effort (nebraskamed.com)

Viruses or Bacteria What's got you sick?

Antibiotics are often prescribed when they are not needed for respiratory infections. Antibiotics are only needed for treating certain infections caused by bacteria. Viral illnesses cannot be treated with antibiotics. When an antibiotic is not prescribed, ask your healthcare professional for tips on how to relieve symptoms and feel better.

Common Respiratory Infections	Common Cause			Are Antibiotics Needed?
	Virus	Virus or Bacteria	Bacteria	
Common cold/runny nose	✓			No
Sore throat (except strep)	✓			No
COVID-19	✓			No
Flu	✓			No
Bronchitis/Chest cold in otherwise healthy children and adults*		✓		No*
Middle ear infection		✓		Maybe
Sinus infection		✓		Maybe
Strep throat			✓	Yes
Whooping cough			✓	Yes

* Studies show that in otherwise healthy children and adults, antibiotics for bronchitis won't help patients feel better.

BE ANTIBIOTICS AWARE SMART USE, BEST CARE
To learn more about antibiotic prescribing and use, visit www.cdc.gov/antibiotic-use.
CDC

Why does taking antibiotics lead to antibiotic resistance?
You have used antibiotics. They can make you feel better, but they also kill the good bacteria in your body. This can lead to antibiotic resistance, which means the antibiotics won't work as well as they used to.

What is the right way to take antibiotics?
If you need antibiotics, take them exactly as prescribed. Never save your antibiotics for later use or share them with family or friends.

Antibiotics Aren't Always the Answer.

What are the side effects?
Common side effects caused by antibiotics to your body include:

- Diarrhea
- Nausea
- Head infections

Get immediate medical help if you experience:

- Severe diarrhea - could be a sign of a C. difficile infection, which can lead to severe complications.
- Severe and life-threatening allergic reactions, such as swelling, hives, blisters, and anaphylaxis (which also includes feeling that your throat is closing or choking or your vision is changing).

To learn more about antibiotic prescribing and use, visit www.cdc.gov/antibiotic-use or call 1-800-CDC-INFO.

Why is it important to Be Antibiotics Aware?
Antibiotics are powerful. The wrong drug, when given to the wrong patient, can cause antibiotic resistance. This means the antibiotics won't work as well as they used to.

What do antibiotics treat?
Antibiotics are only needed for treating certain infections caused by bacteria. Antibiotics are not needed for viral infections such as the common cold, flu, or COVID-19.

What don't antibiotics treat?
Antibiotics do not work on viruses, such as those that cause the flu, COVID-19, or the common cold. Antibiotics also won't help with common bacterial infections, including most cases of bronchitis, strep throat infections, and some ear infections.

How can I stay healthy?
You can stay healthy and keep others healthy by:

- Washing your hands with soap and water for 20 seconds or using a hand sanitizer that contains at least 60% alcohol.
- Covering your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow.
- Getting recommended vaccines, such as the flu vaccine.

Ask your healthcare professional about when you can help prevent them.

In children, reactions from antibiotics are the most common cause of medication-related emergency room visits.

You've Been Prescribed an Antibiotic in the Hospital for an Infection

Your healthcare team has decided you or your loved one has an infection that requires antibiotics, or needs antibiotics to prevent an infection in certain circumstances, such as before surgery. Antibiotics save lives, and they are critical tools for treating a number of common infections, such as pneumonia, and for life-threatening conditions such as sepsis. They need to be used properly because they can cause side effects and lead to antibiotic resistance.

Your healthcare team may run tests before you start taking an antibiotic.

- Your team may take samples (from your blood, urine or other areas) to run tests to look for bacteria. These tests are important to determine if you need an antibiotic at all and, if you do, which antibiotic will work best.

After a few days of treatment, your healthcare team might change, or even stop, your antibiotic.

- While they are working to find out what is making you sick, your team has started you on an antibiotic.
- If test results show a different antibiotic would be better to treat your infection, they will change your antibiotic.
- Your team may review antibiotic therapy after 48 to 72 hours after it is started based on your clinical condition and microbiology culture results, and stop or change antibiotic orders as needed—an important step in your care.
- In some cases, once your team has more information, they might decide that you do not need an antibiotic at all. They may find out that you don't have an infection, or that the antibiotic you're taking won't work against your infection. For example, an infection caused by a virus can't be treated with antibiotics. Staying on an antibiotic when you don't need it won't help you and the side effects could still hurt you.

You may experience side effects from your antibiotic.

- Like all medications, antibiotics have side effects. Some of these can be serious.
- Let your healthcare team know if you have any known allergies when you are admitted to the hospital.
- Common side effects of antibiotics can include rash, dizziness, nausea, yeast infections, and diarrhea.
- The most serious side effects include Clostridium difficile infection (also called C. difficile or C. diff) and life-threatening allergic reactions. C. difficile causes diarrhea that can lead to severe colon damage and death.
- Diarrhea caused by C. difficile can be serious and must be recognized and treated quickly. When you are taking an antibiotic and you develop diarrhea, let your healthcare team know immediately.
- The risk of getting C. difficile diarrhea can last for up to several months even after you are no longer getting antibiotics. You should let your healthcare team know if you develop diarrhea even after you are no longer getting an antibiotic.

Remember, antibiotics are life-saving drugs and they need to be used properly. If you have any questions about your antibiotics, please talk to your healthcare team.

As a patient or caregiver, it is important to understand your or your loved one's antibiotic treatment. It is especially important for caregivers to speak up when patients can't speak for themselves. Here are some important questions to ask your healthcare team:

- What infection is this antibiotic treating and how do you know I have that infection?
- Is the antibiotic being prescribed the most targeted to treat the infection while causing the least side effects?
- What side effects might occur from this antibiotic?
- How long will I need to take this antibiotic?
- Is it safe to take this antibiotic with other medications or supplements (e.g., vitamins) I am taking?
- Are there any special directions I need to know about taking this antibiotic? For example, should I take it with food?
- How will I be monitored to know whether my infection is responding to the antibiotic?
- What should I do if my infection doesn't get better or gets worse?
- What tests may help to make sure the right antibiotic is prescribed for me?

ASAP

CDC & Nebraska ASAP Educational Effort Outpatient/Urgent Care Resources

Please select your primary setting type

* must provide value

Acute Care
 Long-Term Care
 Urgent Care/Outpatient Clinic
 Dental Office
 Community Pharmacists

Please indicate the **number of copies** you need for the following:

Across all audiences (Community dwelling older adults, 65+ / Healthy Adults who visit Urgent Care, ages 18-64 / Family Caregivers of nursing home (long-term care) residents)

[o Viruses/Bacteria Chart \(English\)](#)

* must provide value

Please indicate the **number of copies** you need for the following:

Across all audiences (Community dwelling older adults, 65+ / Healthy Adults who visit Urgent Care, ages 18-64 / Family Caregivers of nursing home (long-term care) residents)

[o Antibiotics Aren't Always the Answer Brochure \(English\)](#)

* must provide value

Please indicate the **number of copies** you need for the following:

Healthy Adults who visit Urgent Care, ages 18-64

[o Symptom Relief for Viral Illnesses Rx Pad \(English\)](#)

* must provide value

Viruses or Bacteria What's got you sick?

Antibiotics are often prescribed when they are not needed for respiratory infections. Antibiotics are only needed for treating certain infections caused by bacteria. Viral illnesses cannot be treated with antibiotics. When an antibiotic is not prescribed, ask your healthcare professional for tips on how to relieve symptoms and feel better.

Common Respiratory Infections	Common Cause			Are Antibiotics Needed?
	Virus	Virus or Bacteria	Bacteria	
Common cold/runny nose	✓			No
Sore throat (except strep)	✓			No
COVID-19	✓			No
Flu	✓			No
Bronchitis/chest cold (in otherwise healthy children and adults)*		✓		No*
Middle ear infection		✓		Maybe
Sinus infection		✓		Maybe
Strep throat			✓	Yes
Whooping cough			✓	Yes

* Studies show that in otherwise healthy children and adults, antibiotics for bronchitis aren't help patients feel better.



Symptom Relief for Viral Illnesses



1. DIAGNOSIS

Cold or cough
 Middle ear fluid (Otitis Media with Effusion, OME)
 Flu
 Viral sore throat
 Bronchitis
 Other:

2. GENERAL INSTRUCTIONS

Drink extra water and fluids.
 Use a cool mist vaporizer or saline nasal spray to relieve congestion.
 For sore throats in older children and adults, use ice chips, sore throat spray, or lozenges.
 Use honey to relieve cough. Do not give honey to an infant younger than 1.

You have been diagnosed with an illness caused by a virus. Antibiotics do not work on viruses. When antibiotics aren't needed, they won't help you, and the side effects could still hurt you. The treatments prescribed below will help you feel better while your body fights off the virus.

3. SPECIFIC MEDICINES

Fever or aches:
 Ear pain:
 Sore throat and congestion:

4. FOLLOW UP

If not improved in ___ days/hours, if new symptoms occur, or if you have other concerns, please call or return to the office for a recheck.
 Phone:
 Other:

Use medicines according to the package instructions or as directed by your healthcare professional. Stop the medication when the symptoms get better.

Signed: _____
 To learn more about antibiotic prescribing and use, visit www.cdc.gov/antibiotic-use.



Antibiotics Aren't Always the Answer.

Why does taking antibiotics lead to antibiotic resistance?

Why is it important to Be Antibiotics Aware?

What are the side effects?

What do antibiotics treat?

How can I stay healthy?

What don't antibiotics treat?

Why is it important to Be Antibiotics Aware?

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How can I stay healthy?

What don't antibiotics treat?

Be Antibiotics Aware (BAA) Educational Effort (nebraskamed.com)



Be Antibiotics Aware (BAA) Educational Effort

Other settings

➤ Long-Term Care

- ✓ [VirusOrBacteria-Original-P.pdf \(cdc.gov\)](#) (For LTC caregivers/family)
- ✓ [Antibiotics Aren't Always the Answer \(cdc.gov\)](#)
- ✓ [Antibiotic use: Nursing home \(cdc.gov\)](#)
- ✓ [VirusOrBacteria-NH-P.pdf \(cdc.gov\)](#) (For LTC residents and caregivers/family members)

➤ Dental Offices

- ✓ [Antibiotic Use For A Safe Dentist Visit \(cdc.gov\)](#)

➤ Community Pharmacies

- ✓ [VirusOrBacteria-Original-P.pdf \(cdc.gov\)](#) (For LTC caregivers/family)
- ✓ [Antibiotics Aren't Always the Answer \(cdc.gov\)](#)
- ✓ [Symptom Relief for Viral Illnesses \(cdc.gov\)](#)

Survey Link: [Be Antibiotics Aware \(BAA\) Educational Effort \(nebraskamed.com\)](https://nebraskamed.com)



Core Elements of Hospital Antibiotic Stewardship Programs



Hospital Leadership Commitment

Dedicate necessary human, financial, and information technology resources.



Accountability

Appoint a leader or co-leaders, such as a physician and pharmacist, responsible for program management and outcomes.



Pharmacy Expertise (previously “Drug Expertise”):

Appoint a pharmacist, ideally as the co-leader of the stewardship program, to help lead implementation efforts to improve antibiotic use.



Action

Implement interventions, such as prospective audit and feedback or preauthorization, to improve antibiotic use.



Tracking

Monitor antibiotic prescribing, impact of interventions, and other important outcomes, like *C. difficile* infections and resistance patterns.



Reporting

Regularly report information on antibiotic use and resistance to prescribers, pharmacists, nurses, and hospital leadership.



Education

Educate prescribers, pharmacists, nurses, and patients about adverse reactions from antibiotics, antibiotic resistance, and optimal prescribing.

Questions and Answer Session

Please use the QA box in the webinar platform to type a question

Attendees also have the option to upvote other attendee's questions

Questions will be read aloud by the moderator

A recording of the discussion will be made available on the Nebraska ICAP website
<https://icap.nebraskamed.com/events/webinar-archive/>

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Juan Teran Plasencia, MD

If time does not allow and we are unable to answer your question, please email us at NE ICAP or call 402.552.2881

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Past Webinars and Slides

Acute Care and Outpatient Setting Webinars



Observing and Auditing in Sterile Processing: Instrument Preparation and Sterilization

Jody Scebold, EdD, MSN, RN, CIC
Infection Preventionist, NE ICAP

The logo for the Infection Control Assessment and Promotion Program (ICAP). It features a red silhouette of the state of North Carolina on the left, with the letters "ICAP" in white, bold, sans-serif font overlaid on the right side of the silhouette.

ICAP

**Infection Control Assessment
and Promotion Program**

NE ICAP Webinar Series on SSI and SPD

Nebraska ICAP is here for you and in case you missed it, we have our recent webinar slides and recordings available on-line. The below are some recent webinars related to SSI prevention and the sterile processing department with lots of helpful tips on observing and auditing.



Acute and Outpatient Facilities
2.8.23 Acute & OP – SSI Prevention

[Slide deck](#)



Acute and Outpatient Facilities
4.12.23 Acute & OP – Observing and Auditing in the OR – Opening Sterile Supplies

[Slide deck](#)



Acute and Outpatient Facilities
6.22.22 Acute & OP – Surgical Site Infections

[Slide deck](#)



Acute and Outpatient Facilities
2.22.23 Acute & OP – SSI: Intraoperative Anesthesia Infection Prevention Audit Tool

[Slide deck](#)



Acute and Outpatient Facilities
4.26.23 Acute & OP – Observing and Auditing in Sterile Processing

[Slide deck](#)

<https://icap.nebraskamed.com/events/webinar-archive/>



SPD: Policy and Procedure Review

- Staff Orientation, Education, and Annual Competencies
- Staff Attire (facility provided scrub tops/bottoms/jackets and employee-owned shoes)
- PPE (decontamination vs. clean side or transition from dirty to clean in one-room set-up)
- Hand and Wrist Jewelry/Fingernails
- Environmental (cleaning frequency including walls/vents/ceilings, responsibilities (EVS vs SPD staff))
- Utilities (HVAC- frequency of monitoring temp, humidity, air exchanges, air pressure)
- Water Quality (“critical water”)
- Steam Quality/Purity
- Handwashing (soap/H₂O and ABHR available)
- Eye Wash Stations

SPD: Policy and Procedure Review (cont.)

- Equipment Maintenance and Testing (per cycle/load, daily, weekly, monthly, annual)
- Instructions for Use (equipment, instruments, consumables)
- Instrument Repair Process
- Chemical Indicator/Integrators and Biological Monitoring
- Implants (including BI monitoring)
- Loaner Instruments (including pre-inventory of instrumentation/implants, timeframe before use (e.g., 48 hours before scheduled case, IFU for processing, unique rigid container system (if applicable))
- Traffic Control (including vendor accessibility/limitations)
- Point of Use Decontamination (to include OR/Procedure/Clinic responsibility)
- Manual and Automated Cleaning and Disinfection
- Transport and Receiving
- Process Failures and Recalls
- Instrument Identification (etching/barcode labels/instrument tape)
- Storage

CDC ICAR Resources

[CDC Infection Control Assessment and Response \(ICAR\) Tool for General Infection Prevention and Control \(IPC\) Across Settings: Module 5: High-Level Disinfection and Sterilization Facilitators Guide](#)

- Interview questions
 - Environmental assessment
 - Types of reprocessing (HLD/sterilization) (onsite or offsite)
 - Policies/Procedures:
 - Reprocessing errors
 - Reprocessing equipment maintenance per IFUs
- Sterilization observation questions
 - IFU availability, adequate instrument inventory, hand hygiene, PPE, separation of soiled/clean workspaces, enzymatic use, brushes, appropriate wrap/package for sterilization, chemical and biological indicators, instrument tracking (load numbers/date), documentation/sterilization logs, IUSS, inspection/integrity of sterilized items

[CDC Infection Control Assessment and Response \(ICAR\) Tool for General Infection Prevention and Control \(IPC\) Across Settings: Section 3: Observation Form- High-Level Disinfection and Sterilization](#)

- Sterilization observation questions (same as above)



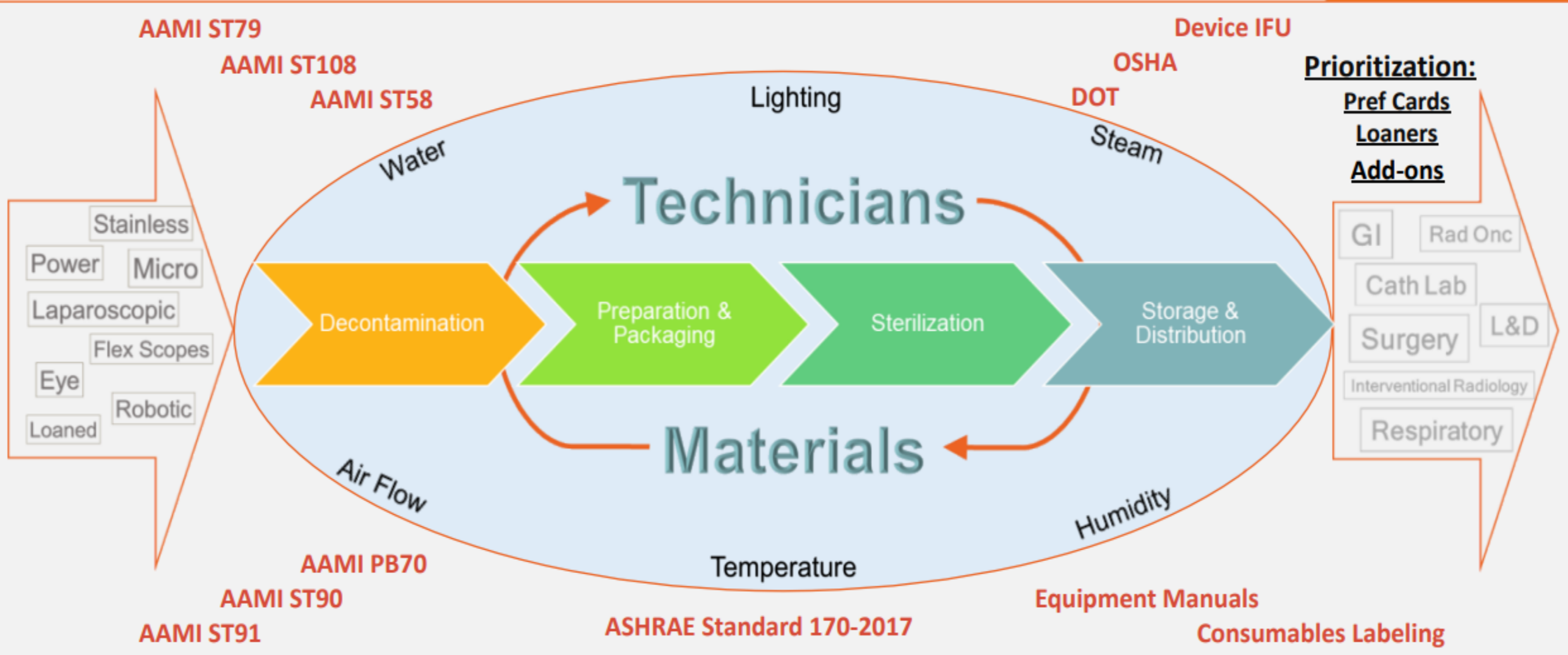
Additional CDC ICAR Resources

- [Infection Control Assessment and Response \(ICAR\) Tool for General Infection Prevention and Control \(IPC\) Across Settings: Module 1: Training, Auditing and Feedback Facilitator Guide](#)
 - General assessment for staff training (all staff, not focused on SPD)
 - Does not address ongoing training, education, competencies, and respective documentation. Department can adapt form to reflect evidence-based guidelines
- [Infection Control Assessment and Response \(ICAR\) Tool for General Infection Prevention and Control \(IPC\) Across Settings: Module 4: Environmental Services Facilitator Guide](#)
- [Infection Control Assessment and Response \(ICAR\) Tool for General Infection Prevention and Control \(IPC\) Across Settings: Section 3: Observation Form - Environmental Services \(EVS\)](#)
 - Focuses on patient care areas; however, questions can be adapted to reflect sterile processing
- [Infection Control Assessment and Response \(ICAR\) Tool for General Infection Prevention and Control \(IPC\) Across Settings: Module 2: Hand Hygiene](#)
- [Infection Control Assessment and Response \(ICAR\) Tool for General Infection Prevention and Control \(IPC\) Across Settings: Section 3: Observation Form- Hand Hygiene](#)

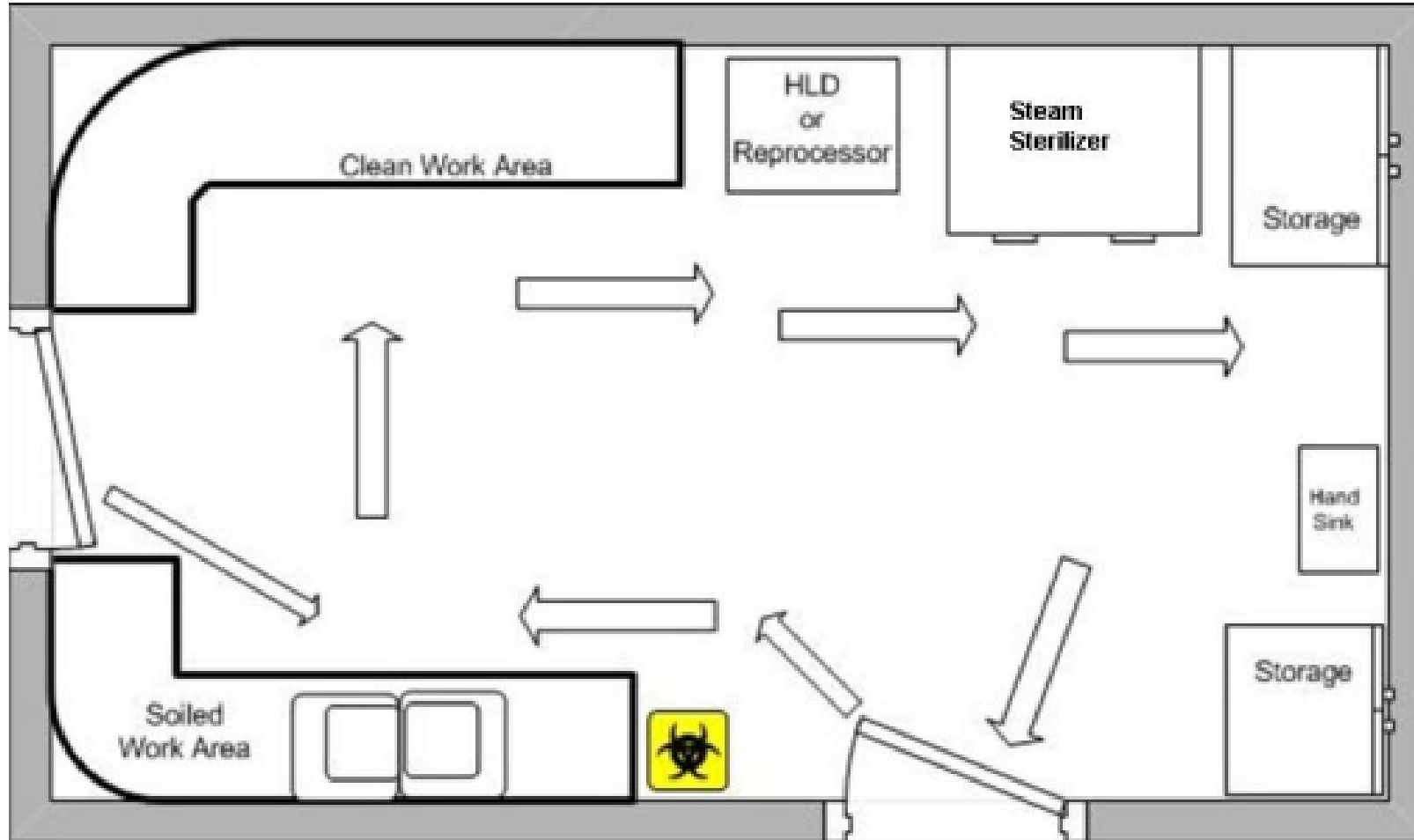
SPD Operating Overview

Sterile Processing is a Complex Production and Compliance Environment

#APIC2023

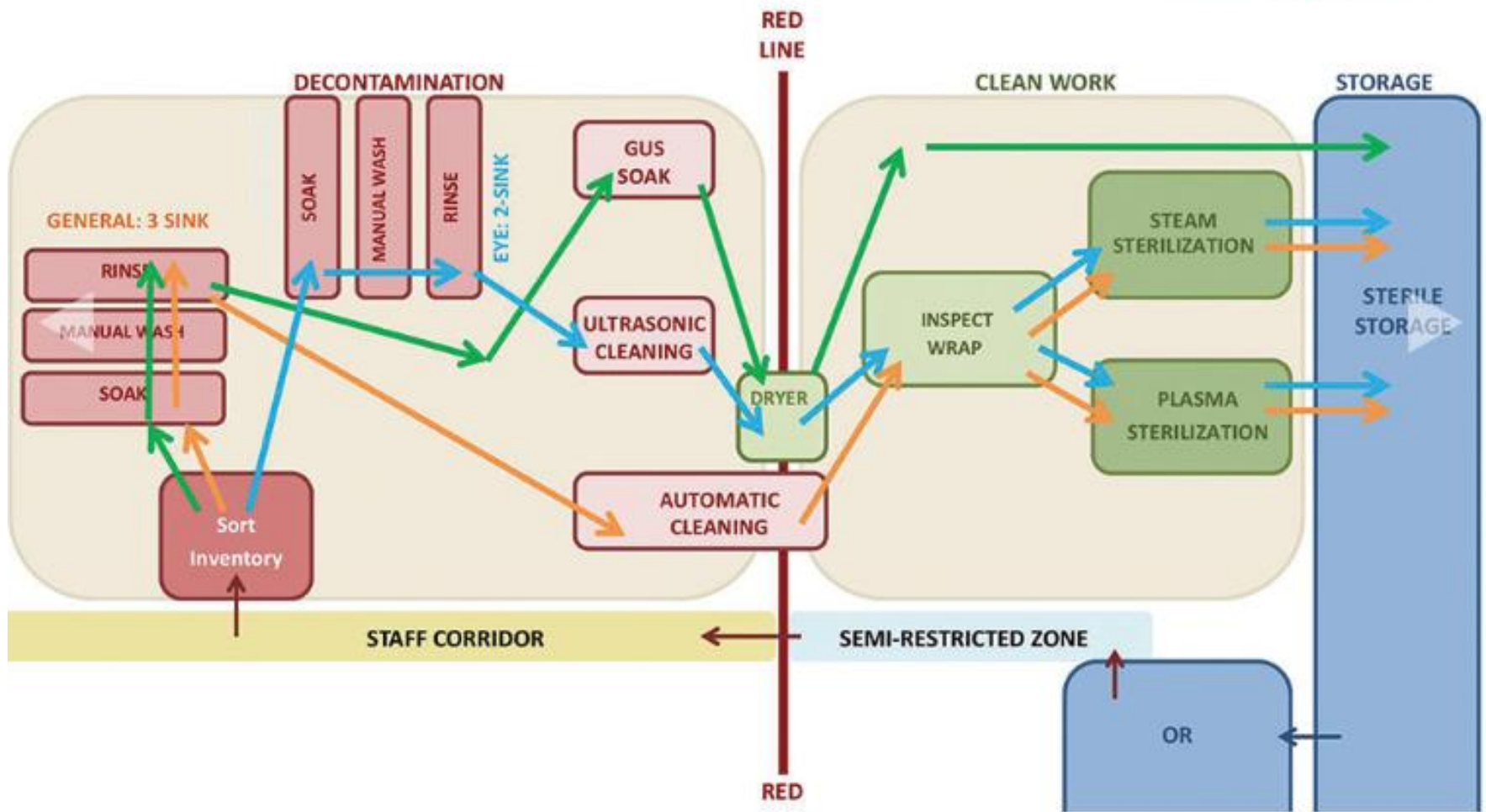


Workflow Patterns: Single Room



Workflow Patterns: Two Room

STERILE PROCESSING DEPARTMENT
WORK FLOW DIAGRAM



Personal Protective Equipment

5. Do HCP engaged in sterilization activities wear appropriate PPE to prevent exposure to infectious agents or chemicals?
- Yes
 - No
 - Not observed but endorsed by reprocessing staff
 - Not observed and not endorsed by reprocessing staff

"Ensure that workers wear appropriate PPE to preclude exposure to infectious agents or chemicals through the respiratory system, skin, or mucous membranes of the eyes, nose, or mouth. PPE can include gloves, gowns, masks, and eye protection. The exact type of PPE depends on the infectious or chemical agent and the anticipated duration of exposure. The employer is responsible for making such equipment and training available. Category II, IC."

Source: [Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008 \(cdc.gov\)](#)

What is missing?

- Does not delineate PPE for dirty and clean side (two-room) or workflow for dirty to clean in a single-room
- Does not account SPD staffing structure (e.g., OR staff fulfilling SPD roles, dedicated SPD staff for decontamination area versus clean side)

What is occurring within your facility?

- Policies and procedures outline PPE requirements for SPD
- Centralized SPD department or is sterilization/HLD occurring in multiple locations (e.g., off-site ASC or clinics)

Additional resources to assist in identifying PPE for SPD

- [AAMI ST79](#) ([AAMI ST 58](#) for HLD)
- [Healthcare Sterile Processing Association](#) (HSPA)
- [AORN](#), [SGNA](#)



Wrapped/Packaged for Sterilization

10. After cleaning, are instruments appropriately wrapped/packaged for sterilization?

- Yes
- No
- Not observed but endorsed by reprocessing staff
- Not observed and not endorsed by reprocessing staff

"Ensure that packaging materials are compatible with the sterilization process and have received FDA 510(k) clearance. Category IB."

"Place items correctly and loosely into the basket, shelf, or cart of the sterilizer so as not to impede the penetration of the sterilant. Category IB"

"...hinged instruments should be opened; items with removable parts should be disassembled unless the device manufacturer or researchers provide specific instructions or test data to the contrary... devices with concave surfaces should be positioned to facilitate drainage of water; heavy items should be positioned not to damage delicate items;"

Source: [Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008 \(cdc.gov\)](#)

What is missing?

- Mention of referencing IFUs for instrumentation, packaging/containers, sterilizers

What is occurring within your facility?

- What types of sterilization processes are occurring within your facility?
- Are the instruments prepared and packaged according to the IFU in addition to the IFU for the type of package/wrap/container and sterilizer?
- What accessories are utilized (e.g., inserts or tip protectors)?

Additional resources

- IFUs: instrumentation, packaging/containers, sterilizers
- [AAMI ST79](#) ([AAMI ST 58](#) for HLD)
- [Healthcare Sterile Processing Association](#) (HSPA)



Sterilization Logs

15. Are sterilization logs current and complete (include results from each load)?

- Yes
- No
- Not observed but endorsed by reprocessing staff
- Not observed and not endorsed by reprocessing staff

"For each sterilization cycle, record the type of sterilizer and cycle used; the load identification number; the load contents; the exposure parameters (e.g., time and temperature); the operator's name or initials; and the results of mechanical, chemical, and biological monitoring. Category II"

Source: [Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008 \(cdc.gov\)](#)

What is missing?

- How is this information recorded? Manual or electronic?
- Frequency recording (e.g., after each load?)
- How are load contents identified?
- Does staff know how to read a sterilization print-out?
- Documentation associated with maintenance activities

What is occurring within your facility?

- Policies and procedures outline documentation requirements
- Auditing as part of continuous quality assurance program

Additional resources

- Regulatory or accreditation requirements
- Sterilizer IFUs
- [AAMI ST79](#) ([AAMI ST 58](#) for HLD)



Mechanical Monitoring

Standard Steam Sterilization Cycles:

- Gravity
- Pre-Vacuum and/or Post-Vacuum
- Liquids
- Flash/IUSS
- Reading a sterilizer print-out
 - Cycle type
 - Condition
 - Sterilize
 - Evacuation

```

===== PREVAC =====
=====
CYCLE START AT 15:14:55
ON 8/11/09

CYCLE COUNT 8675
OPERATOR M
STERILIZER: 421
CYCLE TYPE PREVAC
CYCLE NO. 4

STER TEMP = 132.2C
CONTROL TEMP = 133.3C
STER TIME = 4 MIN
DRY TIME = 40 MIN

          V=inhg
- TIME    T= C P=psig
-----
C 15:15:17 35.3 0.0P
C 15:16:18 107.6 12.1P
C 15:17:43 85.5 11.1V
C 15:19:19 129.1 26.0P
C 15:21:05 92.7 14.0V
C 15:22:24 130.2 26.1P
C 15:24:09 94.5 15.0V
C 15:25:26 130.2 26.1P
C 15:27:11 95.6 16.0V
S 15:29:45 132.2 28.3P
S 15:30:45 133.5 29.3P
S 15:31:45 133.1 29.1P
S 15:32:45 133.2 29.0P
E 15:33:45 133.2 29.1P
E 15:34:34 105.6 3.6P
E 16:14:35 40.2 28.1V
Z 16:16:11 40.9 1.9V

LOAD 081106

TEMP MAX=133.5C
TEMP MIN=132.2C

CONDITION = 0:14:28
STERILIZE = 0:04:00
EXHAUST = 0:42:26
TOTAL CYCLE = 1:00:54

=====
= READY TO UNLOAD =
=====
    
```

Chemical Indicators (CI)

11. Is a chemical indicator (process indicator) placed correctly in the instrument packs in every load?

- Yes
- No
- Not observed but endorsed by reprocessing staff
- Not observed and not endorsed by reprocessing staff

"Monitor each load with mechanical (e.g., time, temperature, pressure) and chemical (internal and external) indicators. If the internal chemical indicator is visible, an external indicator is not needed. Category II."

Source: [Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008 \(cdc.gov\)](#)

What is missing?

- Referencing IFUs for CIs, placement in packaging/container/sterilizer
- Type of CI based on cycle selection and/or load type
- Does not delineate between gaseous/vapor and solution indicators

What is occurring within your facility?

- What type of CIs are used in SPD?
- Are sterilization/HLD processes occurring outside of SPD (e.g., clinics)
- How are results documented?

Additional resources

- Chemical indicator IFU
- [AAMI ST79](#) ([AAMI ST 58](#) for HLD)



Key Points

- Review departmental policies and procedures
- Essential to meet with SPD department leadership and educator
 - Establishes goals and learning opportunities for the IP
- Observations and audits can focus on one component of the entire process. Do not expect to learn it all in one setting!
- Incremental steps when learning SPD:
 - Workflow
 - Equipment (instrumentation, washers, sterilizers, accessories)
 - Chemicals and monitoring practices
 - Documentation (to include staff education and competencies)
 - Resources
 - IFU
 - Regulations
 - Professional organizations

Additional Resources

[CDC Infection Control Assessment and Response \(ICAR\) Tool for General Infection Prevention and Control \(IPC\) Across Settings](#)

[CDC Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008 \(Update: May 2019\)](#)

[Centers for Medicare & Medicaid Services Hospital Infection Control Worksheet](#)

[Centers for Medicare & Medicaid Services Ambulatory Surgical Center \(ASC\) Infection Control Surveyor Worksheet](#)

[FDA-Cleared Sterilants and High Level Disinfectants with General Claims for Processing Reusable Medical and Dental Devices](#)

[Healthcare Sterile Processing Association](#)

[Association for the Advancement of Medical Instrumentation](#)

[OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030](#)



Questions and Answer Session

Please use the QA box in the webinar platform to type a question

Attendees also have the option to upvote other attendee's questions

Questions will be read aloud by the moderator

A recording of the discussion will be made available on the Nebraska ICAP website
<https://icap.nebraskamed.com/events/webinar-archive/>

Speakers/ Panelists:

Jody Scebold, EdD, MSN, RN, CIC

Jenna Preusker, Pharm.D., BCPS

Daniel Brailita, MD

Kate Tyner, RN, BSN, CIC

Rebecca Martinez, BA, BSN, RN, CIC

Chris Cashatt, RN, BSN, CIC

Sarah Stream, MPH, CDA, FADAA

Josette McConville, BSN, RN, CIC

Lacey Pavlovsky, MSN, RN, CIC, LTC-CIP

Juan Teran Plasencia, MD

If time does not allow and we are unable to answer your question, please email us at NE ICAP or call 402.552.2881

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Past Webinars and Slides

Acute Care and Outpatient Setting Webinars



Focused ICAR Visits Are Available

Nebraska ICAP is available for on-site infection control assessment and response (ICAR) non-regulatory voluntary visits. Based on your request, we can provide a more focused assessment including some, or all of the below domains. An example would be an SSI focused ICAR looking at surgical suite practices including device reprocessing.

- Surgical Site Infection (SSI) Prevention
- Device Reprocessing including sterilization and high-level disinfection
- Infection Control Program and Infrastructure
- Hand Hygiene
- Personal Protective Equipment (PPE)
- Catheter-associated Urinary Tract Infection (CAUTI) Prevention
- Central Line associated Bloodstream Infection (CLABSI) Prevention
- Ventilator-associated Event (VAE) Prevention
- Injection Safety
- Clostridioides difficile infection (CDI) Prevention
- Environmental Cleaning & Disinfection (ATP testing offered during visit)
- Surveillance and Systems to Detect, Prevent, and Respond to HAIs and MDROs
- Healthcare Personnel Safety
- Water Management
- COVID-19 Prevention and Response
- Antimicrobial Stewardship (the NE ASAP program remains a resource for comprehensive assessments)

REQUEST



Please let us know if interested
nebraskaicap@nebraskamed.com

(402) 552-2881

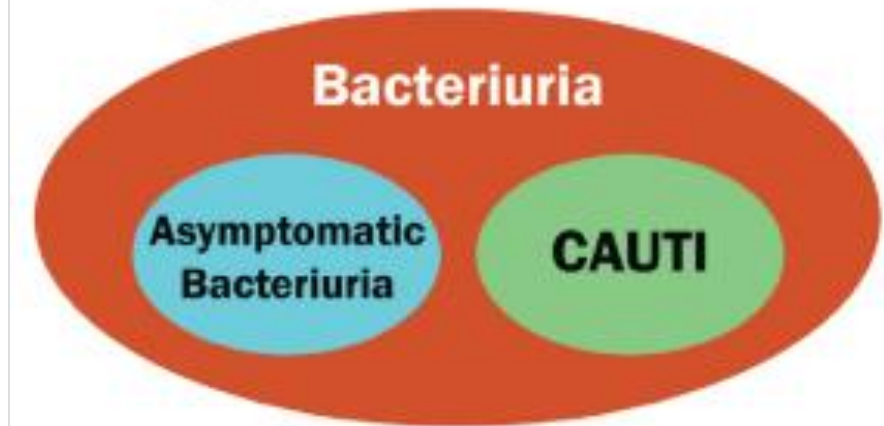


Join Us on Upcoming Webinars

- **August 9, 2023**
 - Strategies to decrease the testing for and treatment of asymptomatic bacteriuria
- **September 13, 2023**
 - Strategies to prevent MRSA in acute care hospitals – 2022 SHEA Update
- If you have suggestions for future webinar topics, please include them in the continuing education (CE) survey or contact us with your requests! Call us at 402.552.2881 or email nebraskalCAP@nebraskamed.com
- You can also be added to our setting specific mailing lists, receive webinar and training invites and be connected to an Infection Preventionist that specializes in your area by filling out the contact form at: <https://icap.nebraskamed.com/contact-us/>

1. Bacteria in the urine does **not necessarily mean a catheter-associated urinary tract infection (CAUTI) is present.**

Bacteriuria is the term used to describe a positive urine culture, the presence of bacteria in the urine. This could point to either asymptomatic bacteriuria or to CAUTI. People can have bacteria in the urine that do not cause symptoms or harm; asymptomatic bacteriuria is not a urinary tract infection.



[Image Courtesy of CDC NHSN Training 2018](#)

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Find resources for all facility types at our website:
<https://icap.nebraskamed.com/>



Does your facility have questions about the NHSN Antibiotic Use and Resistance (AUR) Module?

Nebraska ASAP Pharmacists are here to help!

To schedule a Q&A meeting about AUR,

Call 402-552-2881

Office Hours are Monday – Friday

8:00 AM - 4:00 PM Central Time



**Nebraska Antimicrobial Stewardship
Assessment and Promotion Program**

ICAP Contact Info

Call 402-552-2881

Office Hours are Monday – Friday

8:00 AM - 4:00 PM Central Time

Weekends and Holidays 8:00-4:00

On-call hours are available for emergencies only



Scan the QR Code to be taken to our website contact form. You can request a call back from an IP, Sign up for newsletters and reminders and request an ICAR Review for your facility.

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CNE Nursing Contact Hours:

- Completion of survey is required.
 - The survey must be specific to the individual obtaining credit.
 - (i.e.: 2 people cannot be listed on the same survey)
- One certificate is issued quarterly for all webinars attended
 - Certificate comes directly from ICAP via email
 - Survey functionality is lost on mobile devices

