

Greater New Orleans Surgery Center

BIOHAZARDOUS WASTE PLAN

Page 1 of 5

Reviewed: August 1, 2001

~~08/01/2003, 05/01/2009~~

Deleted: August 1, 2003

Implemented: August 1, 2001

SUBJECT: Biohazardous waste plan.

PURPOSE: The purpose of this policy is to provide proper management of Biohazardous waste within this office as in accordance with the State and Federal laws.

SCOPE: All nursing personnel.

POLICY: It is the policy of this facility to handle and store biohazardous or infectious waste in compliance with State and Federal laws.

DEFINITION:

A. Biohazardous waste: Any solid waste or liquid waste, which may present a threat of infection to humans.

The term includes but is not limited to: Non-liquid human tissue and body parts; laboratory waste which contains human disease-causing agents; discarded sharps, human blood, human blood products and body fluids.

The following are also included: Used absorbent materials, such as bandages, gauzes or supersaturated sponges, having the potential to drip or splash, with blood or body fluids that have dried. Non-absorbent disposable devices that have been contaminated with blood, body fluids, or blood contaminated secretions or excretions and have been sterilized or disinfected by an approved method.

Devices, which retain blood adhering to inner surfaces after use and rinsing such as intravenous tubing and catheters.

B. Biohazardous waste generator: A facility or person who produces or generates biohazardous waste. The term includes but is not limited to: Hospital, clinics, physician's office.

C. Body fluids: Those fluids which have the potential to harbor pathogens, such as human immunodeficiency virus and hepatitis B virus and include lymph, semen, vaginal secretions and cerebrospinal, synovial, pleural, peri-toneal, pericardial and amniotic fluids.

Body excretions, such as feces, and secretions, such as nasal discharges, saliva, sputum, sweat, tears, urine and vomitus, should not be treated as biohazardous waste unless visibly contaminated with blood.

D. Human blood & blood products: The fluid circulated by the heart, which carries oxygen and nutrients throughout the body and waste materials to excretory channels. This definition includes whole blood, serum, plasma and blood components.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

BIOHAZARDOUS WASTE PLAN

Page 2 of 5

- E. On site: An area, which is part of or contiguous to the facility where the biohazardous waste is generated.
- F. Point of origin: The room or area where the bandage, sponge or other object becomes contaminated with body fluids or blood.
- G. Sealed: Free from openings that allow the passage of liquids.
- H. Sharps: Devices with physical characteristics capable of puncturing, lacerating or otherwise penetrating the skin. These devices include but are not limited to: Needles, intact or broken glass and intact or broken hard plastic.

PROCEDURE:

A. Segregation and handling:

1. Biohazardous waste is identified and segregated from all other solid waste at the point of origin.
2. Biohazardous waste, except sharps, will be packaged in impermeable, red, polyethylene or polypropylene plastic bags. Each plastic bag will meet the impact and tearing resistance as specified in the Administrative code. The bag manufacturer's testing and quality shall be on file in this section of the manual. Red bags are located in the supply room.
3. Sharps will be placed directly into leak-resistant, rigid, puncture-resistant containers, which have been designed primarily for the containment of sharps and are clearly labeled with the biological hazard symbol. These are easily accessible in preop, O/R and PACU.

Deleted: oiled utility

Deleted: GI,

Any needles found capped in this container have been capped using the one-handed technique. Any suture packets found in this container have a needle inside the packet.

B. Labeling:

1. Biohazardous waste shall be labeled prior to transport off-site at the generating facility. The label will be securely attached or permanently printed on each bag, container or outer layer of packaging and be clearly legible and easily readable. The following information will be included in the labeling.
 - a. Facility name and address.

Deleted: INFECTION CONTROL .doc

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Greater New Orleans Surgery Center

BIOHAZARDOUS WASTE PLAN

Page 3 of 5

b. ~~The international biological hazard symbol.~~

c. ~~The phrase "Biohazardous Waste" or "Infectious Waste".~~

Deleted: Date the waste was sealed (on sharps container and red bag package) or date the first item was placed into red bag.
c. .

Deleted: d

2. If biohazardous waste becomes mixed with hazardous waste, it will all be treated as hazardous waste.

3. If biohazardous waste becomes mixed with solid waste, which is neither hazardous nor radioactive, it will all be treated as biohazardous.

Deleted: If biohazardous

4. When filled, all sharps containers or red bags will be properly sealed to prevent leakage.

C. On-site storage/transportation:

1. Medical materials and supplies must not be stored next to housekeeping items and under sinks.

2. On-site storage of biohazardous waste will be in a designated area away from the general traffic flow patterns and will be accessible to authorized personnel only.

3. Storage of biohazardous waste will not be for a period greater than 30 days. The 30 days time period will commence when the first item of biohazardous waste is placed into the red bag or when the sharps container is full.

4. Areas primarily used for the storage of biohazardous waste, other than the point of origin, will be constructed of smooth, easily cleanable materials that are impervious to liquids and capable of being readily maintained in a sanitary condition. Vermin and insects will be excluded from such areas. In addition, outdoor storage areas and containers will be secured from vandalism. The outdoor container is marked with the biological hazard symbol. The interior of this outdoor container will be checked weekly and cleaned as needed.

5. Biohazardous waste will be taken from the point of origin and transported to the storage area, which is located in the soiled utility room. Personnel handling packages of biohazardous waste will wear protective clothing, including gloves.

D. On-site/off-site transportation:

1. Liquid or semi-solid biohazardous waste will be disposed of into the municipal sewage system. The person handling the materials will wear personal protective equipment, which consists of eyewear, gowns and mask.

Deleted: INFECTION CONTROL .doc

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Greater New Orleans Surgery Center

BIOHAZARDOUS WASTE PLAN

Page 4 of 5

2. These materials will be disposed of in such a manner as to ensure that aerosol formation is kept to a minimum.
3. Our biohazardous waste contractor will collect the biohazardous waste from the collection container located in the back of the Facility every 30 days. Medical Waste Services of America will transport the biohazardous waste to their incinerator.

E. Contingency plan/cleaning solutions:

1. Surfaces contaminated with spilled or leaked biohazardous waste will be cleaned with a solution of industrial strength detergent to remove visible soil and will be disinfected. A chemical germicide that is registered by the Environmental Protection Agency as a disinfectant and tuberculocidal is used in recommended dilutions.
2. The disinfectant utilized at the Facility is Virex 256 mixed at ½ once per one (1) gallon of water or Cavicide Wipes and Quat Stat.

Deleted: TBQ mixed at two (2) ounces of TBQ per one (1) gallon of water.

F. Record/training:

1. Biohazardous management records, including any documentation provided by the transporter, will be maintained in the purchasing office for a minimum of three (3) years. The Department of Health and Rehabilitative Services upon will request these records be made available for inspection.
2. Employees will receive BHW training at orientation, and it will be updated yearly. Employee training material covered will include:
 - a. Identification.
 - b. Segregation of waste.
 - c. Handling of BHW (onsite).
 - d. Labeling of BHW.
 - e. Storage of BHW.
 - f. Treatment of BHW.
 - g. Use of protective clothing.
 - h. Transport.
3. Facility must provide documentation that employees have been properly trained. Documentation of employee training is located in the In-service Manual and is signed off on the Orientation Sheet.

G. Treatment of Biohazardous waste:

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

BIOHAZARDOUS WASTE PLAN

Page 5 of 5

1. Biohazardous waste shall be treated by heat, incineration or other equivalent method suitable for hazard inactivation acceptable to HRS.

2. Name of contracted off-site transportation company:

Medical Waste Services of America

H. Records:

Biohazardous records are kept on premise for three (3) years.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company.
Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

BIOHAZARDOUS WASTE PLAN

EMPLOYEE'S DECISION FOLLOW-UP TO OCCUPATIONAL EXPOSURE

The undersigned, experienced an occupational exposure in the course of my duties. I acknowledge that I may be examined by a physician and be tested for Hepatitis B virus (HBV) and human immunodeficiency virus (HIV) at no charge.

Deleted: _____,

_____, who is authorizing the testing, should be informed of the latest CDC guidelines regarding the testing frequencies which are 6 weeks, 12 weeks and 6 months subsequent to the exposure. A baseline sample may be requested for testing, which will be drawn after the exposure.

The results will be forwarded to _____ in a confidential manner and will be communicated to me by the physician.

_____ I hereby authorize the examination and testing for the presence of HBV and HIV.

_____ I do not authorize the examination and testing for the presence of HBV and HIV.

_____ I hereby authorize the examination and testing for HBV only.

Employee's Printed Name

Employee's Signature

Date

Witness's Signature

Date

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

BREAKS IN INFECTION CONTROL POLICIES/STERILE TECHNIQUE

Page 1 of 2

Reviewed: August 1, 2001
~~08/01/2003, 05/01/2009~~

Implemented: August 1, 2001

Deleted: August 1, 2003 .

SUBJECT: Breaks in infection control policies/sterile technique.

PURPOSE: To ensure safe quality care to our patients by monitoring breaks in techniques or reports of infection.

SCOPE: All nursing staff and medical staff.

POLICY:

- A. Incidents of suspected breaks in infection control policy and procedure manual will be reported to the Administrator or Clinical Manager immediately.
- B. Members of the Greater New Orleans Surgery Center medical staff or nursing staff are required to fill out a Facility incident report with any possible break in infection control requirements.
- C. Members of the medical staff and nursing staff must report to the Greater New Orleans Surgery Center Administrator or infection control coordinator any reports of postop patients being put on antibiotics or other treatments in response to signs or symptoms of postop infection.

Deleted: Nurse Manager

PROCEDURE FOR REPORTING:

- A. Any of the situations in A, B or C of the infection control policy warrant filling out a Facility Incident report.
- B. The Incident Report will be completed by the person identifying the suspected problem area.
- C. A report will be given to the Clinical Manager, the Infection Control Coordinator and to the Administrator.
- D. The Facility Incident Report will be completed and presented at the next scheduled medical staff meeting by the Administrator or designee.
- E. The Infection Control Reports will be reviewed annually by the medical staff for evidence of possible correlation between infection rate and the policies, practices and procedures of the facility medical and nursing staffs.

Deleted: Nurse Manager

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

BREAKS IN INFECTION CONTROL POLICIES/STERILE TECHNIQUE

Page 2 of 2

- F. Any suspected correlation between infection control rate and the Facility policies, procedures and practices will be evaluated by the medical staff and, if indicated, appropriate action will be taken.
- G. A report of the annual review of infection control rate will be reviewed by the Medical Advisory/Governing Board.
- H. Criteria and/or symptoms which may indicate nosocomial infection include fever, pain, tenderness, swelling, drainage and redness.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company.
Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

CHEMICAL DISINFECTION & STERILIZATION

Page 1 of 2

Reviewed: August 1, 2001
08/01/2003, 05/01/2009

Implemented: August 1, 2001

Deleted: August 1, 2003 .

SUBJECT: Chemical disinfection and sterilization.

PURPOSE: To assure proper usage and potency of our chemical disinfecting solution.

SCOPE: All operating room personnel.

DEFINITIONS:

- A. Glutaraldehyde-A/Cidex OPA disinfecting and sterilizing solution that is rapid acting, non-staining and rust inhibiting, is sporicidal, tuberculocidal, virucidal, bacteriocidal, fungicidal and pseudomonacidal (or equivalent to glutaraldehyde solution).
- B. Disinfection-immersion of items completely for a minimum of 12 minutes to destroy vegetative pathogens including mycobacterium, tuberculosis, pseudomonas, aeruginosa and viruses.
- C. Sterilization-immersion of items completely for a minimum of 10 hours to destroy resistant pathogenic spores.

USAGE:

Disinfection of instruments, i.e., cystoscopes, resectoscopes, laparoscopes and arthroscopies.

PROCEDURE:

- A. Mix glutaraldehyde/Cidex OPA according to directions.
If using already mixed glutaraldehyde, be sure to check expiration date.
- B. Record mixing date and expiration date on container with a marker.
Expiration date is 14 days after mixing, including mixing date.
- C. Pour glutaraldehyde/Cidex OPA into appropriate soaking container.
- D. Monitoring indicators to check effectiveness of glutaraldehyde to be used daily and results recorded in appropriate log book.
- E. Item to be soaked should be thoroughly cleansed with enzymatic cleanser detergent, rinsed and rough dried before immersing in full-strength glutaraldehyde solution.
- F. Items with lumens, channels, crevices and joints should be disassembled before cleaning.

Deleted: INFECTION CONTROL .doc

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Greater New Orleans Surgery Center

CHEMICAL DISINFECTION & STERILIZATION

Page 2 of 2

- G. Chemical germicides should be registered with U.S. Environmental Protection Agency (EPA) and cleared for marketing by the U.S. Food and Drug Administration (FDA).
- H. Immerse items completely with no air pockets for the entire exposure time.
 - 1. Disinfection - 12 minutes.
 - 2. Sterilization - 10 hours.
- I. Remove items from glutaraldehyde solution when time is up, using sterile technique and rinse thoroughly with sterile water.
- J. A nurse is assigned to check the glutaraldehyde for out-dating. It will be poured down the sink and flushed with water. Monitoring indicators used according to manufacturer's written instructions.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company.
Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

CLEAN & SOILED UTILITY AREAS

Page 1 of 1

Reviewed: August 1, 2001
08/01/2003, 05/01/2009

Implemented: August 1, 2001

Deleted: August 1, 2003 .

SUBJECT: Clean and soiled utility areas.

PURPOSE: To identify the clean and soiled utility areas and to maintain proper aseptic principles in their use.

SCOPE: All nursing personnel.

POLICY: The identification of clean and soiled areas and the proper usage and storage principles of same are to be used by staff at all times.

PROCEDURE: Identification of areas:

A Clean area: Equipment/purchasing storage room.

B. Soiled utility:

1. Soiled utility room.

- a) Contaminated equipment and supplies from the surgical procedures.
- b) Cleaning supplies.

Deleted: b) . Sonic.¶
c

2. Trash and linen room.

Trash and soiled linen from the surgical procedures.

C. Sterile room:

- 1. Sterile supplies freed from outside cartons.
- 2. Sterile instruments.
- 3. Clean processing area.

- a) No outside cartons.
- b) Clean instruments for processing.
- c) Sterilizer load records and indicators.
- d) Wrappers.
- e) Instrument pans.
- f) Warming cabinet

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

CLEANING OF CUBICLES AND STRETCHERS

Page 1 of 1

Reviewed: August 1, 2001
08/01/03, 03/05/09
Implemented: August 1, 2001

- SUBJECT:** Cleaning of cubicles and stretchers.
- PURPOSE:** To prevent cross infection between patients.
- SCOPE:** All personnel.
- POLICY:** Stretchers must be cleaned between each patient use. The outside of cubicles must be cleaned daily and inside weekly.

PROCEDURE:

A. Stretchers:

1. Apply gloves.
2. Strip stretcher of sheets and place in linen hamper.
3. Wipe down mattress, side rails, bumper rail, lower shelf, and IV pole with disinfectant solution using disposable wipes or spray on disinfectant leaving on as per the manufacturers recommended kill time and then wipe dry.
4. Allow to dry then apply clean sheets.

Deleted: germasepti

Deleted: c

B. Cubicles:

1. Apply gloves.
2. Wipe down outside of each bedside stand with disinfectant solution and disposable wipes at the end of each day.
3. Wipe down inside shelves of each bedside stand with disinfectant solution and disposable wipes at end of the day each Friday.

Deleted: germaseptic

Deleted: germaseptic

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

COMMUNICABLE DISEASE REPORTS

Page 1 of 1

Reviewed: August 1, 2001
08/01/2003, 05/01/2009

Implemented: August 1, 2001

Deleted: August 1, 2003 .

SUBJECT: Communicable disease reports.

PURPOSE: To report to the Health Department any communicable diseases identified, treated and released from the Greater New Orleans Surgery Center.

SCOPE: All departments.

POLICY: The facility will report, when identified, all communicable diseases as required to the Department of Health and Rehabilitative Services.

PROCEDURE:

A. Forms:

1. HRS - H Form 2000.
2. CDC Viral Disease Form.

B. Notification will be done through the mail on appropriate forms by administrator, Clinical Manager.

Deleted: nurse manager

C. Exceptions:

1. Those diseases which are starred on the attached form will be reported immediately by telephone to the Health Department. These diseases will be reported on suspect.
2. Phone reports will be made at the discretion of the Infection Control Nurse Consultant when he/she feels that prompt notification of the Health Department will facilitate the follow-up of contacts of persons with diseases which do not ordinarily require phone reports.
3. Any employee who becomes ill with one of the stated illnesses will also be reported, unless that employee has been hospitalized. In this care, they would have been reported by the hospital in which they were a patient. A doctor's written release will be required for the employee to return to work.
4. Patients or employees diagnosed as having hepatitis will have the attached CBC "Viral Hepatitis Care Record" completed. This record will be mailed to the Health Department along with HRS form report.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

DISPOSAL OF WASTE AND TRASH

Page 1 of 1

Reviewed: August 1, 2001
08/01/2003, 05/01/2009
Implemented: August 1, 2001

SUBJECT: Disposal of waste and trash.

PURPOSE: To eliminate infectious hazards in all patient care areas and insure proper disposal.

SCOPE: All nursing/housekeeping personnel.

POLICY: Waste and trash will be properly bagged, contained and disposed of to an outside trash bin daily.

PROCEDURE:

A. Collection:

1. **Operating Rooms:** Collected between cases; taken to trash room and placed in hard plastic trash bins.
2. **Holding Areas:** Collected daily and taken to trash room.
3. **PACU:** Collected daily and taken to trash room.
4. **Wash hands after handling trash.**

B. Disposal:

1. At the end of the day, housekeeping takes trash bags to outside dumpster.
2. Wash hands at end of trash disposal.

C. Weekly disinfection of trash containers.

1. Spray all sides in and out with disinfectant solution.
2. Rinse and wipe with mop or disposable cloth.
3. Wear gloves and goggles while doing this procedure.
4. Wash hands when done.

Deleted: DECONTAMINATION & DISINFECTION OF ENDOSCOPIC EQUIPMENT¶

¶ Page 1 of 6 Reviewed: August 1, 2001¶
¶ August 1, 2003 Implemented: August 1, 2001¶

¶ **SUBJECT:** Decontamination and disinfection of endoscopic equipment.¶

¶ **PURPOSE:** To render endoscopic instruments clean and free of microorganisms prior to use on patient in order to prevent infection.¶

¶ **SCOPE:** All GI lab personnel.¶

¶ **POLICY:** Endoscopic instruments used for an endoscopy procedure will be cleaned and disinfected.¶

¶ **PROCEDURE FOR CLEANING AND DISINFECTING ENDOSCOPIC EQUIPMENT:**¶

¶ A. Immediately after procedure is finished, suction detergent water through scope.¶

¶ B. Physically scrub exterior of scope with cleaning sponge to remove gross debris.¶

¶ C. Remove blue air/water channel valve and apply air/water channel adaptor and purge blue button four times with machine on.¶

¶ D. Brush scope internally via biopsy channel and suction channel in both directions. (Do not vigorously scrub back and forth.)¶

¶ E. Clean air/water valve, suction valve, and biopsy port with cleaning brush¶

¶ F. Apply water-resistant cap securely.¶

¶ G. Place scope in endoscope disinfectant (see attached instructions for procedure) or disinfect scope in glutaraldehyd... [1]

Deleted: August 1, 2003 .

Deleted: decontamination

Deleted: 2. CSR and Core: Collected daily or whenever necessary and taken to trash room.¶
3

Deleted: 4

Deleted: 5

Deleted: germaseptic

Deleted: INFECTION CONTROL .doc

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Greater New Orleans Surgery Center

FLOOR CARE AND MAINTENANCE PROCEDURES

Page 1 of 1

Reviewed: August 1, 2001
08/01/03, 03/05/09
Implemented: August 1, 2001
03/05/09

SUBJECT: Floor care and maintenance procedures.

Deleted: ¶

PURPOSE: The principle objective of floor care is to kill or remove microbial contamination from the surface and maintain a non-porous surface.

SCOPE: Operating room/housekeeping personnel.

POLICY: Floor care maintenance procedures will be done regularly as a safety factor to maintain the lowest possible level of microbial contamination.

A good floor care program is based on preventive maintenance. The floors should be kept in such a condition that regular stripping is eliminated. Stripping should only be done on an "as needed" basis. Regular care consists of light cleaning, rinsing and application of one or two additional coats of finish.

PROCEDURE:

A. Daily Maintenance:

Damp mop between cases and at end of day with disinfectant solution.

B. Monthly Maintenance:

Floors will be buffed and recoated monthly.

C. Complete Renovation:

When none of the above procedures are effective, the floor should be completely renovated.

1. Strip the floor.
2. Remove stripping solution; wet mop.
3. Wet the floor with clear water and pick up with mop.
4. Rinse again, if necessary.
5. Damp mop with clear water.
6. Floor must be absolutely clean; repeat any of the above steps, if necessary.

D. Apply Finish:

1. Use freshly laundered mop and bucket with wringer.
2. Apply maximum of three coats.
3. Buff in between coats.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

GUIDELINES FOR INFECTION CONTROL

Page 1 of 2

Reviewed: August 1, 2001
~~08/01/2003, 05/01/2009~~

Implemented: August 1, 2001

Deleted: August 1, 2003 .

SUBJECT: Guidelines for infection control.

PURPOSE: To control and reduce post-procedure infections by monitoring all areas of care.

SCOPE: All personnel.

POLICY: An ongoing program for monitoring of patients' postoperative infections will be in place.

PROCEDURE:

A. Medical Director:

1. Review data on all surgical infections.
2. Review and approve surgical infection control policies.
3. Mediate disputes concerning patient placement.

B. Operating Surgeon:

1. Direct all procedures in the O/R during surgery.
2. Adhere to established O/R infection control standards.
3. Provide documentation on postoperative infections as needed.

C. Clinical Manager:

Deleted: Nurse Manager

1. Schedule cases to minimize infection hazard.
2. Assign adequate staff.
3. Assure good health of O/R staff.
4. Assist in establishing written infection control guidelines.
5. Observe, assess and enforce infection control policies and procedures on the part of all O/R staff.
6. Provide and document in-service orientation and continuing education for all O/R personnel.
7. Report infected O/R cases to Infection Control Coordinator.
8. Assure proper maintenance of equipment.
9. Maintain a safe and comfortable environment for the patient.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

GUIDELINES FOR INFECTION CONTROL

Page 2 of 2

D. Chief of Anesthesiology:

1. Assure the proper anesthesia equipment maintenance.
2. Supervise conduct of other anesthesiologists and anesthesiologists.
3. Review and approve guidelines for infection control in anesthesia.
4. Assure adequate maintenance and cleaning of anesthesia equipment.
5. Assure compliance of staff to OSHA Rules and Regulations.

E. Performance Improvement Council:

1. Review all the data relating to surgical infections.
2. Review and revise policies for infection control as necessary.
3. Review results of environmental cultures and follow-up when necessary.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company.
Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

INFECTION CONTROL PROGRAM GUIDELINE: NOSOCOMIAL INFECTIONS

Page 1 of 2

Reviewed: August 1, 2001

~~08/01/2003, 05/01/2009~~

Implemented: August 1, 2001

Formatted: Tabs: Not at -0.5" + 0" + 1.5" + 2" + 2.5" + 3" + 3.5" + 4" + 4.5" + 5" + 5.5" + 6" + 6.5" + 7" + 7.5" + 8" + 8.5" + 9" + 9.5"

Deleted: ¶

Deleted: August 1, 2003 . ¶

Deleted:

SUBJECT: Infection control program guideline: Nosocomial infections.

PURPOSE: Guidelines for determining presence and classification of infection.

SCOPE: All nursing personnel.

POLICY: Nosocomial infections express themselves in patients in whom the infection was not present or incubating at the time of admission.

When the incubation period is unknown, an infection is called nosocomial if it develops at any time following admission. An infection present on admission can be classified as nosocomial only if it is directly related to or the residual of a previous admission. All infections that fail to satisfy these requirements are classified as community acquired.

The term "nosocomial infection" will include potentially preventable infections as well as some infections that may be regarded as inevitable.

Application of specific guidelines requires that the clinical and laboratory data be reliable. There must be a high degree of certainty as to when the clinical manifestations of the infection in question had their onset.

CLASSIFICATIONS:

The following guidelines are for the classification of nosocomial infections in specific sites; though specifically directed towards nosocomial infection, the criteria for establishing the presence of an infection, per se, may also prove useful in identifying community-acquired infections.

A. Asymptomatic bacteriuria:

Applied to those persons having colony counts in urine of greater than 100,000 organisms per ml of urine.

B. Respiratory infections:

1. Upper respiratory infections - This category includes clinically manifested infections of the nose, throat or ear (singly or in combination).

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

INFECTION CONTROL PROGRAM GUIDELINE: NOSOCOMIAL INFECTIONS

Page 2 of 2

The signs and symptoms vary widely and depend on the site or sites involved. The majority of these infections will be viral or of uncertain etiology. Careful attention must be paid to the incubation period in order to separate community-acquired infections that develop after admission and nosocomial infections.

2. Lower respiratory infections - Clinical signs and symptoms of a lower respiratory infection (cough, pleuritic chest pain, fever and particularly purulence) developing after admission are regarded as sufficient evidence to diagnose respiratory infection, whether or not sputum cultures or chest x-rays are obtained. When there is evidence of both upper and lower respiratory infections concomitantly, entries will be made for both sites.

C. Skin and subcutaneous infections:

1. Surgical wound infections - Any surgical wound which drains purulent material, with or without a positive culture, is considered to be the site of a nosocomial infection. The source of the organisms, whether endogenous or exogenous, is not considered.
2. Other cutaneous infections - Any purulent material in skin or subcutaneous tissue first developing after admission is regarded as indicating a nosocomial infection, whether or not a culture is positive, negative or has not been taken.

D. Other sites of infection:

1. Any culture-documented bacteremia that develops in a patient who was not admitted with evidence of bacteremia is regarded as a nosocomial infection, unless the organism has been judged to be a contaminant.
2. Intravenous catheters and needles - Purulent drainage from the site of an intravenous catheter or needle is regarded as nosocomial infection, even if no cultures are obtained. Inflammation of such sites without purulent material or strong clinical evidence of cellulitis is not regarded as an infection unless a positive culture is obtained from the catheter tip or from aspirates of tissue fluid.
3. Endometritis - Purulent cervical discharge, accompanied by either a positive culture for pathogens or systemic manifestations of infection, is regarded as nosocomial endometritis if the onset occurs after admission.
4. Many other possible sites of nosocomial infection must sometimes be considered. Application of the general principles outlined above, however, will generally make classification of these infections possible. It must be re-emphasized that Clinical Impressions/Diagnosis, if available, always supercedes laboratory or radiological data.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company.
Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

INFECTION CONTROL SURVEY

Page 1 of 2

Reviewed: August 1, 2001
08/01/03, 03/05/09
Implemented: August 1, 2001, 03/05/09

SUBJECT: Infection control survey.

PURPOSE: To control and reduce post-procedure infections by monitoring and auditing patient post-procedure activity.

SCOPE: All nursing personnel and medical staff.

POLICY: Infections and complications will be reported via correspondence from physicians on a monthly basis (see accompanying forms) and from survey of postop phone calls.

PROCEDURE:

- A. In the third week of the month, the Infection Control Coordinator will send to each physician a list of the patients on whom procedures were performed the previous month. To ensure accurate reporting the center will keep a checklist to verify that all patients are accounted for. If not returned a second report will be sent, if no response the Medical Director will be notified and asked to intervene. If no response it will be reported to the Board.
- B. Upon receiving the completed forms, the Infection Control Coordinator will note and log infections in the Infection Control Summary.
1. Notations will be made of any infections and a follow-through investigation will be initiated by the Infectious Control Coordinator and reported in the Incident Report Database and will be reported to the Medical Advisory Committee.
 2. The investigation will begin by reviewing the medical records and auditing, as necessary, the following sources: Circulating nurse, scrub personnel, anesthesia, equipment, autoclaves, instrument preparation, aseptic techniques and preparation of the patient's skin.
 3. If a pattern occurs, the physician involved will be notified by the Medical Director.
 4. If any individual pattern is identified, counseling will occur and periodic audits will be conducted until a noticeable reduction in the infection rate is noted. This information will then be forwarded to the Medical Advisory Committee.
- C. Overview - The Performance Improvement Committee shall be responsible for infection control surveillance and corrective action based on records and reports of infections and infection potentials among patients and Center personnel.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company.
Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

INFECTION CONTROL SURVEY

Page 2 of 2

The Committee shall delegate to the Administrator and Medical Director the responsibility for overseeing day to day infection control activities.

The Administrator and Medical Director are responsible for reporting, at least quarterly and sooner if necessary, to the Medical Advisory Committee regarding infections or serious breaks in aseptic technique.

- D. Meetings: The Medical Advisory Committee shall take up the review of infection control activities at each of its committee meeting. That review should include the following:
1. Postop clean case surveillance.
 2. Any cultures of personnel or the environment required by the Center, the medical staff or local, state or federal agencies or regulations. Except for local, state or federal requirements, such sampling activities shall be originated, supervised, reviewed and acted upon by the Infection Review Committee.
 3. Periodically, review and update current policies and procedures.
- E. Reports & findings: The Medical Advisory Committee shall report its findings and recommendations to:
1. The Medical Staff.
 2. The Administrator.
 3. The Clinical Manager.

Deleted: Nurse Manager

Pertinent findings shall be made part of the Center's continuing education program.

- F. Functions: The Performance Improvement Committee shall provide standard criteria for reporting all types of infections.

In addition to the required routine data, surveillance personnel shall be concerned with:

1. The investigation of clusters of infection above expected levels.
2. Single cases of nosocomial infections.
3. The development and implementation of improved patient care procedures.
4. Assistance in employee health activity and in-service education on infection control.
5. Verification of required reporting to public health authorities.
6. Conduct prevalence studies to spot check on the adequacy of reporting.
7. Coordinate procedures for isolation of patients.

The Committee shall make policies and clinical decisions only when an appropriate physician member is present.

Deleted: INFECTION CONTROL .doc

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Greater New Orleans Surgery Center

INFECTIOUS DISEASES MANDATORY NOTIFICATION OF HEALTH DEPARTMENT

Page 1 of 1

Reviewed: August 1, 2001
08/01/2003, 05/01/2009

Implemented: August 1, 2001

Deleted: August 1, 2003 .

SUBJECT: Infectious diseases: Mandatory notification of Health Department.

PURPOSE: Whenever a diagnosis is made on a patient with a disease or conditions listed on the Sanitary Code Reportable Disease the attending physician and/or nursing staff will immediately notify the medical director or designee.

Deleted: one of the

Deleted: s

Deleted: on the attached list, th

SCOPE: All departments.

POLICY: To assure compliance with State and Federal regulations.

PROCEDURE:

A. The medical records administrator will notify the Parish Health Department in writing within 48 hours, see shared file – Risk Management for Document to report with.

Deleted: County

Deleted: giving the name, address, date of onset, age, race and sex

B. In the absence of the medical records administrator, the responsibility for notification of the Health Department will pass to the Clinical Manager.

Deleted: In some cases (see attached list), the disease or condition must be immediately reported by telephone. The telephone conversation must be followed up with written notification.¶

C.

C. A copy of the written notification will be made a part of the patient's chart and another copy will be kept on file in the records of the Interdepartmental Review Committee.

Deleted: nurse manager

Deleted: D

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

INVESTIGATION AND ANALYSIS OF AN EPIDEMIC

Page 1 of 1

Reviewed: August 1, 2001
08/01/2003, 05/01/2009

Implemented: August 1, 2001

Deleted: August 1, 2003 .

- SUBJECT: Investigation and analysis of an epidemic.
- PURPOSE: To provide some guidelines in a sequence which will ordinarily lead to a conclusion by easy steps.
- SCOPE: Interdepartmental Review Committee.
- POLICY: In the Interdepartmental Review of an outbreak, several components will, out of necessity, be dealt with concurrently.
- PROCEDURE: The Infection Control Committee will, in the event of an outbreak or epidemic, investigate the following:
- A. Establish the existence of an epidemic:
 - 1. Verify diagnosis.
 - 2. Consider reliability of reporting sources.
 - 3. Review laboratory results versus clinical.
 - 4. Delineate groups involved into definite, probable and suspect cases.
 - 5. Review incidence as compared to "normal".
 - B. Orient the epidemic as to time, place and person by:
 - 1. Chronological distribution of onset of cases.
(Ex: Postop followup.)
 - 2. Concentration within given geographical areas.
 - 3. Assemble results of non-statistical collateral investigation.
 - C. Search for human or animal source of infection.
 - D. Seek further facts until an array is found which matches all the deductions and is inconsistent with all others.
 - E. Base conclusions upon all pertinent evidence, not relying upon any single distribution or circumstance by itself.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company.
Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

O/R SCRUBBING TECHNIQUE

Page 1 of 2

Reviewed: August 1, 2001
08/01/03, 03/05/09
Implemented: August 1, 2001, 03/05/09

- SUBJECT:** O/R scrubbing technique.
- PURPOSE:** To remove debris and transient micro-organisms from the nails, hands and forearms; reduce the resident microbial count to a minimum; inhibit rapid rebound growth of microorganisms.
- SCOPE:** All O/R personnel, surgeons.
- POLICY:** Scrubbing of hands and forearms is required prior to sterile gowning and gloving of surgeons and personnel.

GENERAL

COMMENTS: The first scrub of the day and subsequent scrubs thereafter should be timed following the recommendations of the manufacturer on the scrub agent the physician and O/R personnel are using for their scrub (per AORN recommendations and standards).

PROCEDURE:

A. PRELIMINARY:

1. Jewelry removed from hands and forearms.
2. Fingernails must be kept short and clean - recommend no nail polish or false nails.
3. Cuticles, hands and forearms should be free of open lesions and breaks in skin integrity.
4. Have hair completely covered by cap.
5. Put on clean mask that fits snugly over nose and mouth. These are to be changed after each case.

B. ACTUAL PROCEDURE:

1. Open scrub brush of choice; adjust temperature of water.
2. Hands and forearms should be washed to remove gross soil and transient microbes with approved anti-microbial scrub agent.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company.
Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

O/R SCRUBBING TECHNIQUE

Page 2 of 2

3. Clean underneath the fingernails with nail cleaner under running water, discard.
4. Wet both hands and arms with water and wet the scrub brush.
5. On alternate hands and with circular motion, with hands held higher than elbows and away from surgical attire:
 - a. Scrub fingernails.
 - b. Scrub hands, starting between fingers, then palm and backs of hands.
 - c. Scrub wrist area.
 - d. Scrub above wrist and elbow.
6. Do not return to previously scrubbed areas.
7. Rinse with water with hands held higher than elbows and away from surgical attire to keep water from running from contaminated to clean area.
8. Discard brush or sponge appropriately.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company.
Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

OPENING OF STERILE PACKAGES

Page 1 of 1

Reviewed: August 1, 2001
~~08/01/2003, 05/01/2009~~

Implemented: August 1, 2001

Deleted: August 1, 2003 .

SUBJECT: Opening of sterile packages.

PURPOSE: To provide instruction in order to maintain quality assurance of all sterile supplies used in a surgical procedure.

SCOPE: All perioperative nurses and operating room personnel.

POLICY: The opening of sterile supplies shall adhere to strict aseptic technique.

PROCEDURE:

- A. Check package for holes, tears, etc.
- B. Check autoclave tape for sterility indicator (diagonal stripes should have turned black if conditions for sterility have been met.)
- C. Check indicator strip.
- D. Do not reach over area of sterile field to provide sterile objects to sterile field.
- E. Wrapped packages:
 - 1. Holding package in one hand, open each flap, being careful not to contaminate inner wrapper. Open towards self.
 - 2. Do not let folds snap back.
 - 3. With other hand, hold three ends together under hand and sterile package. This will enclose the hand.
 - 4. Hand package to scrub nurse or deposit carefully at the edge of sterile draped table.
- F. Peel pack envelopes:
 - 1. Place thumbs on inside of split open edges; pull down evenly and gently.
 - 2. Drop on sterile surface or allow scrub nurse to remove inner package.

Deleted: left

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

PACKAGING, PROCESSING AND STORING STERILE SUPPLIES

Page 1 of 3

Reviewed: August 1, 2001
08/01/2003, 05/01/2009

Implemented: August 1, 2001

Deleted: August 1, 2003 .

SUBJECT: Packaging, processing and storing sterile supplies.

PURPOSE: To ensure asepsis through proper packaging, sterilization and storage of supplies and/or instruments.

SCOPE: All operating room personnel.

PROCEDURE:

A. Assembly, wrapping and storing of supplies:

Instrument sets and supplies will be assembled, wrapped and sterilized according to CSR Cardex located in CSR.

1. Unwrapped instruments to "flash" autoclave must be packed loosely with all ratchets open. They must be run for 3 or 10 minutes at 270° F or 135° C and at 30 lbs pressure.

a. Individual instruments - 3 minutes with zero dry time.

Deleted: Amsco, 3 minutes Castle

b. Instrument sets - 4 minutes with 1 minute dry time.

Deleted: 10

2. Wrapped instrument sets are run according to approved procedure. These instruments must be kept dry and cooled before removing and placing on the appropriate shelf. 4 minute sterilize, 30 minute dry at 135 degrees.

- a. Instruments and supplies are always put away with the most recently sterilized instruments in the back.
- b. The shelf life of a packaged sterile item is event related if stored in a good climate with package seals unbroken and no holes, tears or cracks.
- c. Every sterilized item should have a load control identification that indicates the sterilizer used, the cycle or load, and date of sterilization. This information should be placed in the appropriate log book.
- d. Items packaged with porous disposable wrap must be used only once and then discarded.
- e. Rubber bands are not to be used to hold supplies or instruments together for sterilization.
- f. Any instruments that have been opened and placed on scrub nurse's table must go through decontamination room before being brought into clean area.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

PACKAGING, PROCESSING AND STORING STERILE SUPPLIES

Page 2 of 3

- g. Sterile items will not be placed adjacent to unsterile items. Sterile supplies will be stored on shelves which are no lower than eight (8) inches from the floor or eighteen (18) inches from the ceiling to prevent a fire hazard.
- h. Sterile supplies will be rotated on a first-in, first-out basis to assure sterility.
- i. Articles should always be placed in the autoclave in loose contact with each other.
- j. Wrapped articles must never be removed from autoclave unless completely dry.
- k. Any item that does not have an indication strip which has the appropriate color will not be considered sterile.

Only clean disinfected items will be received and/or stored in clean areas. Any items used on a patient or any item that has been sanitized must be processed through a decontamination room before entry into clean areas.

B. Types of sterilization. Four types are used:

- 1. Steam sterilization under pressure.
- 2. High pressure - "flash" autoclave.
- 3. Cold sterilization - glutaraldehyde - for 12 minutes.

Deleted: 4. . Steris,¶

C. Steam autoclaves:

- 1. No pack may ever be larger than 12" x 12" x 20" x 12 lbs.
- 2. A small indicator strip should be inserted into the centermost part of any pack. If the center of the pack has been exposed to the heat of the sterilizing cycle, the ends will be black. (Always check for this indicator when sterile supplies are opened and discard entire pack if it has not turned.)

D. Flash or high-pressure autoclaves:

- 1. 270° F for or 135° C for 3 minutes at 30 lbs pressure for single item sterilization.
- 2. 270° F or 135° C for 4 minutes at 30 lbs pressure for instrument sets sterilization.
- 3. Instruments must have ratchets open and must be packed so steam can penetrate all surfaces.

Deleted: 10

E. Cold sterilization - Glutaraldehyde: [Cidex OPA](#)

Follow manufacturer's suggestion for time - 12 minutes. The following procedure must be followed:

- 1. Items placed in glutaraldehyde containers.

Deleted: INFECTION CONTROL .doc

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Greater New Orleans Surgery Center

PACKAGING, PROCESSING AND STORING STERILE SUPPLIES

Page 3 of 3

2. Items must be grease free and clean.
3. Items must be completely submerged.
4. Lumens must be filled.
5. Always rinse thoroughly with sterile water.
6. Monitoring indicators to check effectiveness of glutaraldehyde used before each soak.

F. Recall of unsafe items:

1. In the event any problem is discovered that indicates there might be a doubt as to the safety or sterility of any item, all items will be recalled and reprocessed.
2. If any such item is used on a patient prior to recall, the attending physician will be notified as soon as discovered.
3. The systemic and immediate collection of these items from all areas of the Center will be the responsibility of the Clinical Manager or her designee.

Deleted: Nurse Manager

G. Prepackaged sterile supplies from manufacturer:

1. Selection of supplies is done per policy "New Equipment and Supply Evaluation".
2. Prepackaged sterile supplies will be examined for package integrity.
3. The sterility expiration will be listed by the manufacturer.
4. Storage and handling procedures are done the same as for other instruments and supplies processed in CSR.
5. Use and disposable will be done following manufacturer's recommended procedure as well as center's policies and procedures.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company.
Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

PATIENT ISOLATION

Page 1 of 1

Reviewed: August 1, 2001
08/01/2003, 05/01/2009

Implemented: August 1, 2001

Deleted: August 1, 2003 .

SUBJECT: Patient isolation.

PURPOSE: To isolate a patient with a known or suspected communicable disease.

SCOPE: All nursing personnel.

POLICY: Patients with chicken pox or salmonella require isolation while in the facility. If a patient is currently under treatment for active TB or suspected positive for TB will not have procedures in the Greater New Orleans Surgery Center surgery center.

PROCEDURE:

- A. The area used for isolation of these patients for preoperative and postoperative care will be the operating room.
- B. Gloves, gowns, masks, shoe covers, and protective eye wear will be used by employees caring for these patients. Careful attention should be given to hand washing between patients, as with all patient care. All employee contact with tuberculosis or suspected tuberculosis patient will wear Hepta respiratory masks.
- C. A sign shall be posted on the entrance door of any area in which the patient may be located indicating Isolation Precautions are necessary. Traffic flow in and out of the room will be limited.
- D. Soiled linen used on the patient shall be double-bagged in red liners before transfer to the contaminated laundry bins.
- E. In the event a patient with a known or suspected communicable disease requires hospitalization, the ambulance service, hospital receiving patient and other who may come in contact with the patient will be notified prior to any contact with the patient.
- G. Reporting of communicable disease:

See policy: Communicable Disease Reports.
- F. Routine cleaning should be applied to the area.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

PREPARATION OF INSTRUMENTS FOR STERILIZATION

Page 1 of 3

Reviewed: August 1, 2001
08/01/2003, 05/01/2009

Implemented: August 1, 2001

Deleted: August 1, 2003 .

- SUBJECT:** Preparation of instruments for sterilization.
- PURPOSE:** To provide protective cover for shelf life of sterilized instruments.
- SCOPE:** All operating room personnel.
- POLICY:** Instruments will be wrapped, identified and dated prior to sterilization.
- PROCEDURE:**

- A. Instruments placed in sterilizing containers or double ply wrapper.
1. Double ply wrapper:
 - a. Choose appropriate size disposable wrapper for item to be wrapped.
 - b. Wrap with a sheet of double ply wrapper, having placed indicator inside, and secure with autoclave tape.
 2. Sterilizing containers:
 - a. Insert new upper and lower filters.
 - b. Place inside tray with instruments with integrator into container.
 - c. Secure lid with two exposure-sensitive clips and outside integrator.
 3. Mark all items with cycle load, date and autoclave number.
 4. List each item or tray on sterilizing log envelope and identify with sterilizer load, autoclave number, and date.
- B. Instruments placed in peel packages.
1. Choose appropriate size see-through envelope with built in exposure indicator.
 2. Slip instrument inside package and seal envelope.
 3. Place in next larger see-through envelope and seal as needed to prevent changing integrity of package due to sharp instruments, etc.
 4. Mark items with cycle load and date.

Deleted: and date.

Deleted: in

Deleted: book

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

PREPARATION OF INSTRUMENTS FOR STERILIZATION

Page 2 of 3

5. List each item or tray in sterilizing log book and identify with sterilizer load, autoclave number, and date.

C. Sterilizing.

1. Load in autoclave according to procedure. (See #D.)
2. Run the autoclave through the complete cycle.
3. When cycle is completed, note whether the auto-clave indicator tape has turned the appropriate black color. Supplies are then put away in assigned storage.
4. If complete change on the autoclave tape has not taken place, notify your immediate supervisor so that necessary steps can be taken to find the problem. This is an indication that sterility is in question and that the load should not be released nor stored but rewrapped and rerun in another functioning autoclave. Maintenance to be called to check questionable autoclave.
5. If any peel package has a break in the seal, items are no longer considered sterile and are to be rewrapped and sterilized.

D. Loading of sterilizer for large loads.

1. Articles must be arranged in the sterilizer to permit prompt and complete permeation of the materials with the moisture and heat of the steam.
2. Packs should be resting on edge in loose contact with each other.
3. The upper layer is placed crosswise of the lower layer.
4. Jars and other nonporous containers for dry materials should be loaded in the sterilizer to provide a horizontal path for the escape of air.

E. Transporting flashed sterilized instruments.

1. Sterilizing containers will be used for flashing and transporting of instruments.
2. Place new filters in sterilizing containers and place tray with instruments with integrator strip into sterilizing container. Place in autoclave, having partially covered container with the lid. **DO NOT COVER COMPLETELY.** Close autoclave and run for ten (10) minutes at 135° Celsius (270° Fahrenheit) with 0 dry time.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

PREPARATION OF INSTRUMENTS FOR STERILIZATION

Page 3 of 3

3. After the autoclave has run for the appropriate time and autoclave print out is marked with patient name and surgeon, and is initialed by person checking the parameters, open autoclave door.
4. Carefully slide lid over sterile container so as to cover completely. Close latches and transport to room using heavy safety gloves provided at autoclaves.
5. Check all integrators before taking instruments from container and placing on sterile field.

F. Sterilization of implants.

1. Implants will be wrapped with proper size double ply wrapper.
2. Proper integrator will be placed inside wrapper with implant.
3. Implant will be placed in autoclave for load run after following steps from A three (3) and four (4).
4. Check integrator before use to be sure implant has been exposed to the sterilization process.

Greater New Orleans Surgery Center

RESPONSIBILITIES OF EMPLOYEES AND MEDICAL STAFF IN INFECTION CONTROL

Page 1 of 2

Reviewed: August 1, 2001
08/01/03, 03/05/09
Implemented: August 1, 2001, 03/05/09

- SUBJECT:** Responsibilities of employees and medical staff in infection control.
- PURPOSE:** To provide a consistent approach in the management of patients exposed to infectious conditions during their stay at Greater New Orleans Surgery Center.
- SCOPE:** All nursing personnel.
- POLICY:** Due to the type of care (same-day surgery) offered at the Greater New Orleans Surgery Center, the environment is conducive to contact with a variety of infectious conditions. However being an ASC we are at low risk of Tuberculosis exposure as we do not accept patients with a known risk of Tuberculosis

The Greater New Orleans Surgery Center medical staff and personnel must be aware of the important role each individual plays in the control of infections. Sound practices of asepsis are fundamental to the prevention of infection.

PROCEDURE:

A. Employee responsibilities:

1. All personnel are to report any skin eruption, infectious or potentially infectious conditions or other condition (such as diarrhea) to their supervisor.
2. Employees with health problems, such as skin lesions or diarrhea, may be reassigned to other duties other than direct patient care. Employees may be required to be seen by a physician and be asked to present a "return to work" permit.
3. Personnel having patient contact are to wash their hands between each patient contact.
4. Eating and drinking by personnel is limited to the lounge areas.
5. The facility personnel will follow isolation procedures for suspected infectious cases.
6. All personnel will attend an in-service on Infection Control, included in the bloodborne pathogens inservice, at least yearly.
7. Employees will report any job related injury or unusual exposure to disease or any on-the-job illness to their immediate supervisor.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company.
Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

RESPONSIBILITIES OF EMPLOYEES AND MEDICAL STAFF IN INFECTION CONTROL

Page 2 of 2

8. Yearly PPD skin test or other tests as deemed necessary on an annual basis will be performed.

B. Medical staff responsibilities:

1. Upon initial credentialing to the medical staff, inquiry will be made to the date and result of the last TB test. Beyond this, no additional testing will be required as the medical staff are not employees of the surgery center.
2. All medical staff are to report any skin eruption, infectious or potentially infectious condition or other condition (such as diarrhea) to the Administrator. The Administrator will confer with the Medical Director as to whether or not the physician should refrain from or limit patient contact or use additional protective equipment (such as double-gloving) so as to minimize or prevent the spread of infectious conditions.
3. Physicians are required to wash their hands between each patient contact.
4. Eating and drinking by medical staff is limited to the lounge and business office areas.
5. Medical staff physicians will follow isolation procedures for suspected infectious cases.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company.
Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

ROUTINE CLEANUP BETWEEN CASES

Page 1 of 2

Reviewed: August 1, 2001
08/01/03, 03/05/09
Implemented: August 1, 2001, 03/05/09

SUBJECT: Routine cleanup between cases.

PURPOSE: To maintain a safe environment for patients and personnel by decreasing or eliminating bacteria, preventing transmission of infectious organisms and achieving an aesthetically pleasing operating room suite.

SCOPE: All operating room personnel.

POLICY: A routine cleanup procedure shall be followed between cases.

PROCEDURE:

A. Circulating nurse duties.

1. Furniture, equipment, O/R table, O/R lights and arms are to be wiped with germicidal solution at least 1/2 hour before first case of the day.
2. After procedure, patient is taken to PACU, report given, specimens properly taken care of and any controlled medications used signed for.
3. Carry trash from room to trash room. This trash room will be emptied in an outside dumpster daily.
4. Nurse returns to room to help with remainder of cleanup.

B. Scrub personnel duties.

1. Remain sterile until anesthesiologist gives approval to contaminate or patient is out of the room.
2. Place clean instruments back in instrument pan and dirty instruments in basin of water.
3. Take clean and dirty instruments to soiled utility room sinks for processing.
4. Dispose of sharps in sharps container in room.
5. Special equipment (drills, etc.) must be hand carried to the sterile room after it has been cleaned and oiled when necessary.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

ROUTINE CLEANUP BETWEEN CASES

Page 2 of 2

6. Heavily soiled items are disposed of per Biohazard Waste Protocol.

C. Shared duties.

1. Place linen in hamper outside of room.
2. Collect trash and place clean bag in its place.
3. Used suction bottles are capped and disposed of per Biohazard Waste Protocol. New ones are to replace those used. Dornoch Ultra Fluid cart cleaned as per protocol.
4. Equipment in room is wiped down with a clean cloth after spraying with germaseptic atomizer or disinfectant wipes.
5. Move table to side of room and mop floor area. The solution will be changed daily unless heavily soiled. Mop heads are changed after disinfection of room.
6. Secure table in proper place and remake it with clean sheets.
7. Dirty mop heads are placed in plastic bags and sent out to laundry. The dirty solution is disposed of in mop room.
8. Anesthesia personnel will be responsible for cleaning their equipment between cases.

D. Routine terminal cleaning. Housekeeping wearing disposable gloves at the end of the day will carry out the following procedures.

1. Walls, baseboards and air vents are to be checked for soil and wiped down, if needed.
2. The O/R floors are mopped with disinfecting solution, moving the O/R table and equipment as necessary.
3. The dirty solution in the mop bucket is to be dumped in the mop room when the cleaning is completed. Dirty mop heads are to be placed in plastic bags and sent out to the laundry. Other cleaning equipment is either discarded or properly disinfected after use.
4. After terminal cleaning, housekeeping must wash their hands before leaving the area.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

SURGICAL DRESS CODE

Page 1 of 1

Reviewed: August 1, 2001
08/01/2003, 05/01/2009

Implemented: August 1, 2001

Deleted: August 1, 2003 .

SUBJECT: Surgical dress code.

PURPOSE: To eliminate bacterial threat (personnel clothing and shoes) in the immediate operating room environment.

SCOPE: All physicians, nurses and other personnel entering the operating room suite.

POLICY: Physicians, nurses and other personnel and visitors entering the operating room suite shall don clean and appropriate scrub attire.

PROCEDURE:

A. Male personnel.

1. Scrub pants and shirt.
2. Surgical cap - hair to be completely covered.
3. Shoe covers to be worn over shoes. May wear designated shoes for Greater New Orleans Surgery Center O/R without shoe covers.
4. Disposable masks are provided at scrub sinks and should be changed between cases and not dangled around neck.

B. Female personnel.

1. Scrub pants, shirt and warm-up long-sleeved jackets (as needed).
2. Surgical cap (hair is to be completely covered).
3. Shoe covers are to be worn over shoes. May wear designated shoes for the facility O/R without shoe covers.
4. Disposable masks are provided at scrub sinks, should be changed between cases and not hung around neck.
5. Artificial nails and fingernail polish are not recommended.

C. General.

1. Lab coats provided for use if leaving the center are hanging on hooks at door leading to purchasing/receiving room.

2. Excessive jewelry is not to be worn in the operating room suite. Earrings are to be covered by a cap.

Deleted: 2. Physicians and nursing personnel will change into freshly laundered scrub attire before entering the operating room suite.¶
3

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

TRAFFIC CONTROL

Deleted: ¶

Page 1 of 2

Reviewed: August 1, 2001
08/01/2003, 05/01/2009

Implemented: August 1, 2001

Deleted: August 1, 2003 .

SUBJECT: Traffic control.

PURPOSE: To maintain a sterile environment in the surgical area and therefore decrease the possibility of infection.

SCOPE: All personnel, patients and family.

POLICY: To provide and maintain infection control for patient care and staff safety.

The Facility is divided into three zones, which are:

- A. UNRESTRICTED AREA - Where street clothes are permitted include: The lobby, business offices, hall from office area to the lounge, back door of the Center to the double doors of the O/R suite.
- B. SEMI-RESTRICTED AREA - Include: The preoperative area, recovery room, post-surgical lounge and the GI lab. Families of patients are permitted into these areas with supervision.
- C. RESTRICTED AREA - Include: The O/R hall, O/R rooms and the central sterile processing area. Appropriate scrub attire must be worn in these areas at all times.

PROCEDURE:

- A. Doors to the restricted hall and the O/R rooms are to be kept closed except when personnel are entering or exiting.
- B. Patients will enter the preop area and from there be taken into the surgical suites. Personnel will enter the surgical suites by way of locker room areas.
- C. Patients will leave the "sterile area" by way of double doors and from there exit the building out of PACU.
- D. Nursing personnel in scrub attire stepping outside the Center will wear a clean lab coat. Upon re-entering the Center, lab coats will be removed.
- E. When supplies are delivered to the Center, they are stored in the bulk storage room in the unrestricted area. When these items are to be transferred to the restricted area, their outer containers are removed and the sterile supplies are then delivered to the surgical suite in containers or on carts to protect the integrity of the packages.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

TRAFFIC CONTROL

Page 2 of 2

- F. Trash is to be stored in the trash room until taken out daily to the dumpster. Soiled laundry is stored in the biohazard room until picked up weekly by the laundry service. The door to this room is to be kept locked at all times.
- G. The flow of contaminated instruments will be in one direction. Dirty instruments will be transported from the O/R directly to the decontamination instrument room where they are washed. Instruments are taken to the sterile instrument supply room for processing. Instruments are then wrapped or placed in appropriate container and sterilized as quickly as possible. After sterilization, the wrapped instruments are stored on a designated cart or shelf within this room until needed. The instruments and sterile supplies will leave this area by the door to the surgical hall. Sterile instruments or supplies must never be passed through the glass doors to the decontamination room.
- H. The storage of supplies is kept to a minimum and in a central location to facilitate retrieval and inventory control.
- I. Supplies are arranged on shelves to facilitate rotation of items to prevent outdated material.
- J. Sterile items are to be physically separated from solid waste material at all times.
- K. Any equipment removed from the unrestricted area will be damp-dusted with an appropriate disinfectant solution prior to being brought into the restricted area.
- L. Access from semi-restricted area to restricted area is done through the men's and women's locker area via the lounge.
- M. Movement within the O/R is to be kept to a minimum while surgery is in progress.
- N. Life threatening emergencies or fire safety hazards may necessitate modification in traffic control practices during the emergency only.

Deleted: decontamination

Deleted: decontamination

Deleted: closed

Deleted: and ultrasonic cleaner used

Deleted: The glass doors dividing these two rooms will be kept closed at all times except for passing cleaned instruments to the sterile area.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

TUBERCULOSIS - EXPOSURE CONTROL PLAN

Page 1 of 5

Reviewed: August 1, 2001
08/01/03, 03/05/09
Implemented: August 1, 2001, 03/05/09

SUBJECT: Tuberculosis - risk management/exposure control plan.

PURPOSE: To assess any patient for possible TB and to prevent occupational exposure to the health care workers. To recognize the signs and symptoms of TB and anticipate and prevent exposure.

SCOPE: All personnel.

POLICY: To assure compliance with state and federal regulations.

PROCEDURE:

A. Nursing management:

1. Assess patients during pre-operative assessment for signs and symptoms of TB, which include: persistent cough of greater than 2 weeks duration, bloody sputum, night sweats, weight loss, anorexia, fever and/or immuno-suppressed patients (drug induced or HIV positive) presenting with pulmonary signs and symptoms. If a patient is found to have any of these signs and/or symptoms, the facility will notify the surgeon of possible cancellation based on the findings.
The new CDC Guidelines Federal Register Volume 58, Number 195/Tuesday, October 12, 1993, page 74, states that "Elective operative procedures on patients with TB should be delayed until the patient is no longer infectious."
2. The CDC guidelines also recommend that bronchoscopy procedures should be done in a negative pressure room and should not be done as a diagnostic procedure.
 - a. If bronchoscopy should be done in a positive pressure room, such as an operating room, the risk of TB must be ruled out beforehand.
 - b. Persons in the room with a patient during bronchoscopy should wear a respirator, not just a mask.
3. Should a patient or his family member arrive at the facility exhibiting signs of TB, the employees coming in contact will be required to wear a disposable respiratory mask, and the persons exhibiting the signs will be asked to cover all coughs and sneezes with a tissue. Cover patient's face with a mask and place in treatment room until evaluated by anesthesia and/or physician as to cancellation of case.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company.
Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

TUBERCULOSIS - EXPOSURE CONTROL PLAN

Page 2 of 5

B. Exposure control plan:

The facility will enforce an Exposure Control Plan and employee education program based on CDC guidelines from the Federal Register, Volume 58, Number 195. The Exposure Control Plan and employee education will be reviewed annually.

C. Administrative responsibility:

Facility-wide management of the TB Exposure Control plan will be the responsibility of the Administrator.

1. The written plan will be maintained as part of the Center's policy and procedure manuals and will be distributed to all areas of the facility where TB exposure could occur. The plan will be updated as needed and formally reviewed and approved by the Medical Review Board whenever changes take place and as least annually.
2. The Medical Advisory Board will also participate in risk assessments, problem evaluations and other areas of program administration according to their areas of expertise. The members of the PIC will also participate in risk assessments, problem evaluations and other areas of program administration according to their areas of expertise.

This TB control program is based on a hierarchy of control measures. Though each is important, some rank higher in importance. These control measures follow, listed by level of importance. Administrative controls, including written policies and protocols to ensure rapid detection, isolation, diagnostic evaluation and treatment of persons likely to have TB, and effective work practices in the facility.

D. Risk assessment:

In compliance with the CDC and Prevention's 1993 guidelines, the facility will assess the risk of tuberculosis within the work setting. An initial risk assessment will be conducted to determine the risk of TB transmission throughout the facility and in specific areas and groups of employees. This initial assessment will be based upon the following three factors:

1. The number of TB patients by area (both inpatient and outpatient);
2. Drug susceptibility patterns of TB patients; and,
3. Health Care Worker (HCW) PPD skin test data analysis (by area and/or occupational group).
Each area or group will be classified as high, intermediate or low risk according to the following:

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company.
Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

TUBERCULOSIS - EXPOSURE CONTROL PLAN

Page 3 of 5

1. High risk - Areas or groups where the PPD test conversion rate is significantly greater than other areas or previous rate, OR there is a cluster (two or more over a 3-month period) or PPD conversions, OR there is evidence of patient-to-patient or patient-to-HCW transmission.
2. Intermediate risk - Areas or groups where the PPD test conversion rate is NOT higher than other areas, there are no clusters of PPD conversion, and there is no evidence of patient-to-patient or patient-to-HCW transmission, BUT there have been six or more TB patients within the year.
3. Low risk - PPD test conversion rate is not higher than in other areas or groups, there are no clusters of PPD conversion, no evidence of patient-to-patient or patient-to-HCW transmission, AND there are less than six TB patients in the past year.

A review of the medical records of a sample of consecutive TB patients admitted to the facility will be conducted annually to evaluate infection control parameters. This data will be used to help determine if there is a need to modify existing protocols, policies or procedures related to the control of TB.

Direct observation of infection control practices will be conducted annually to assess adherence to the TB policies and procedures. In addition to the regularly scheduled review, this assessment should be performed whenever there is an increase in the HCW PPD test conversion rate or number of TB patients.

B. Risk assessment:

In compliance with the Center for Disease Control and Prevention's 1993 Guidelines, the Facility will assess the risk of tuberculosis within the work setting. Classification for risk for "high", "intermediate", or "low" is based on the following criteria.

1. The number of infectious TB patients admitted to the Center or the estimated number of infectious TB patients to whom health care workers in an occupational category may be exposed.
2. The results of an analysis of health care worker PPD test conversions and possible patient-to-patient TB transmissions.

Low risk area or groups are those in which the PPD test conversion rate is not greater than in areas or groups with occupational exposure to TB patients or than previous rates in the same area or group; there are no clusters of PPD test conversions; there is no evidence of patient-to-patient transmission; and where there are less than 6 TB patients admitted per year.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company.
Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

TUBERCULOSIS - EXPOSURE CONTROL PLAN

Page 4 of 5

Based on Risk Assessment, the CDC recommends the following actions:

In low risk areas, PPD testing of health care workers, evaluation of ventilation system and reassessment of the risk should be performed annually. PPD testing will be by Mantoux technique of 0.1 ml of purified protein derivative containing 5 tuberculin units. Tuberculin skin test should be interpreted according to current guidelines in the Federal Register, Volume 58, Number 195, tabs S2-1 on page 77. A record will be kept on each employee's TB skin results, date given.

Follow-up risk assessment will be conducted based on the data of the most recent risk assessment:

1. In high risk areas, every 3 months.
 - a. Repeat PPD skin testing
 - b. Repeat risk assessment
 - c. Evaluate the ventilation system.
2. In intermediate risk areas, every 6 months:
 - a. Repeat PPD skin testing
 - b. Repeat risk assessment
 - c. Evaluate the ventilation system.
3. In low risk areas, at least annually:
 - a. Repeat PPD skin testing
 - b. Repeat risk assessment
 - c. Evaluate the ventilation system.

F. Early detection of patients with TB:

The following measures should be taken when TB is suspected in a patient. Evaluation of patient prior to admission is of vital importance. Patients with signs or symptoms suggestive of TB should be further evaluated prior to admission.

1. Suspect a diagnosis of TB for any patient with persistent cough greater than two week's duration or other signs or symptoms compatible with TB (bloody sputum, night sweats, weight loss, anorexia, fever).
2. Request further diagnostic measures for such patients, including: history, physical exam, PPD test, CXR, sputum culture (or culture of other appropriate specimens). Bronchoscopy or biopsy may be indicated for some patients.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

TUBERCULOSIS - EXPOSURE CONTROL PLAN

Page 5 of 5

3. Laboratories should use the most rapid methods available for cultures, species identification and drug-susceptibility testing. Results of AFB smears will be available within 24 hours of specimen collection.
4. Patients with suspected or confirmed TB should be reported to the health department immediately to allow for prompt contact investigation.

G. Engineering controls:

Engineering controls will meet all federal, state and local requirements and will consider the needs of both general use areas of the facility as well as treatment areas.

General ventilation - describe air flow patterns, use of smoke tubes to monitor, how often monitoring is done, who is responsible, where air is exhausted and ventilation filtration systems in place for general facility air.

H. Respiratory protection:

Appropriate respiratory protection will be worn by all persons entering an area where there is a risk of contracting TB. Respiratory protective equipment will be available in appropriate styles and sizes to meet the needs of personnel while performing duties that may potentially expose them to TB.

I. HCW TB education:

All HCWs will receive education about TB that is appropriate to their job category. Training will be provided before initial assignment and repeated on a periodic basis, at least annually. Training content will include elements listed in the Employee TB Training Program. Documentation of TB training will be maintained with other employee training records.

J. HCW counseling, screening and evaluation:

Due to the increased risk of rapid progression from latent TB to active TB in HIV-positive or otherwise severely immunocompromised persons, all HCWs should know if they have a condition or treatment that may suppress their immunity. HCWs at risk for HIV infection should be encouraged to seek counseling and testing for HIV antibody status. All HCWs should be counseled about the potential risks in severely immunocompromised persons and the need to follow existing recommendations for infection control. Options for changes in job setting should be discussed with HCWs who are severely immunocompromised. Anergy testing will be provided.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

UNIVERSAL PRECAUTIONS

Page 1 of 3

Reviewed: August 1, 2001

08/01/2003, 05/01/2009

Implemented: August 1, 2001

Deleted: TB RISK ASSESSMENT YEAR
ADMISSIONS ... [2]
Deleted: August 1, 2003

SUBJECT: Universal precautions.

PURPOSE: To provide a consistent approach to management of body fluid precautions with regard to all patients.

SCOPE: All nursing and medical personnel.

POLICY: Personnel must routinely use personal protective equipment when there is a potential for exposure to blood or other infectious body fluids or materials. Personal protective equipment will be readily available in examination rooms and near the biohazardous storage area.

PROCEDURE:

A. General:

1. Gloves must be worn when the employee has the potential to have direct skin contact with blood or other potentially infectious body fluids or materials, mucous membranes non-intact skin and when handling surfaces soiled with blood or other potentially infectious body fluids or materials.
2. Disposable single-use gloves must be changed as soon as possible when visibly soiled, torn, punctured or their ability to function as a barrier is compromised. They cannot be washed or disinfected for reuse.
3. Gowns (fluid-resistant clothing) must be worn if there is potential for splashing or spraying of blood or other potentially infectious materials.
4. Masks, eye wear or face shields must be worn whenever splashes, spray, droplets or aerosols of blood or other potentially infectious materials may be generated and there is a potential for eyes, nose or mouth contamination.
 - a. Prescription eye glasses must be equipped with protective side shields if used for eye protection.
 - b. Protective eye wear must be worn by persons wearing contact lenses where there is a potential for contamination.
5. Mouth-to-mouth resuscitation is not recommended. Oral airways and ambu/mask are easily accessible.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

UNIVERSAL PRECAUTIONS

Page 2 of 3

6. Sharp items (needles, scalpel blades and other sharp instruments) must be disposed of into designated leak-resistant, rigid, puncture-resistant containers at the point of origin. Each container will have the required biohazardous symbol.
 - a. Sharp containers will be available in each exam room and easily accessible to employees.
 - b. Sharps containers will be replaced when two third full and not allowed to overfill. Containers will be closed prior to removal or replacement. Refer to the section on waste disposal for further details.
 - c. Contaminated needles or other sharps must not be sheared, bent, or broken.

B. Cleaning and disinfection:

1. Noninvasive equipment (e.g., blood pressure cuffs, thermometer, etc.), environmental and working surfaces shall be properly cleaned and disinfected after contact with blood or other potentially infectious materials.
2. Chemical germicides that are approved for use as hospital disinfectants can be used to decontaminate spills of blood or other body fluids.
 - a. Gloves must be worn for cleaning spills of blood or other body fluids, for cleaning or disinfecting any contaminated items.
 - b. Designated biohazardous liner (red bag) will be available in all examination rooms.
3. Soiled linen should be handled as little as possible and with minimum agitation. Soiled linen will be bagged in leak-proof bags at location where it is used. It will not be stored or rinsed in the examination room.
4. Contaminated reusable instruments (e.g., forceps, scissors, hemostat, etc.) should be thoroughly cleaned and dried before being exposed to a high level disinfection. Follow manufacturer's instructions.

C. Specimen handling:

1. Specimens of blood or other potentially infectious body fluids and materials shall be placed in a closable, leak-proof container prior to being transported.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

UNIVERSAL PRECAUTIONS

Page 3 of 3

2. Care should be taken not to contaminate the outside of the transporting bag. If outside contamination of the primary container is likely, then a second leak-proof container will be placed over the outside of the first.
3. Specimen bags should have the biohazardous symbol to inform transporters of the potentially infectious material in the bag.

D. Work practices:

1. Eating, drinking, smoking, applying cosmetics and handling contact lenses are prohibited in examination rooms.
2. Food and drink shall not be stored in refrigerators, freezers or cabinets where blood or other potentially infectious body fluids and materials are stored.
3. No staff who have exudative lesions or weeping dermatitis will perform or assist in invasive procedures or other direct patient care activities or handle equipment used for patient care until the condition resolves.
4. Employees with these conditions will be assigned to front office or billing duties.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

050109 INFECTION CONTROL .doc

48

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

BIOTERRORISM

Page 1 of 3

Reviewed: May 01, 2009

Implemented: June 01, 2009

SUBJECT: Bioterrorism

PURPOSE: To provide for an effective response to a real or suspected
bioterrorism attack.

SCOPE: All nursing and medical personnel.

POLICY: The Center will develop responses to the medical needs of patients and staff that have or may have been exposed to a source of biological contamination. The response should minimize the risk of secondary infection by exposure of staff members and other patients while providing the highest level of patient care

PROCEDURE:

DEFINITIONS:

A biological agent is a rare microorganism (may be highly contagious) that poses serious immediate health risks to the individual and potentially to others who come in contact with the infected individual. Examples are plague, anthrax, and smallpox.

1. All patients are managed using Standard Precautions because biological agents are generally not spread from person to person through aerosolization.
2. Airborne precautions, including the use of an isolation room, are used for any patient that is suspected smallpox or pneumonic plague.
3. Patients with certain signs and symptoms may be cohorted in a designated area.
4. If a patient potentially exposed to a biological agent comes to the Center the following steps should be taken:
 - a. the patient should immediately go to an isolation or private room
 - b. ask the patient to remove clothing and place it in a plastic bag
 - c. label the plastic bag with the patient's name and seal the bag
 - d. have the patient wash with soap and water if there was skin exposure
 - e. provide patient with a gown
 - f. examine the patient for the presence and extent of bodily injury

Formatted: Bullets and Numbering

Formatted: Bullets and Numbering

Formatted: Bullets and Numbering

Formatted: Bullets and Numbering

Formatted: Bullets and Numbering

Deleted: INFECTION CONTROL .doc

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Greater New Orleans Surgery Center

BIOTERRORISM

Page 2 of 3

- g. screen patient(s) for degree and location of biological agent exposure
- h. contact County Office of Emergency Management and local Health Department
- i. decontaminate all equipment and space used at the Center before release f or routine use
- j. help patients and family cope with emotional distress resulting from the incident
- k. keep family informed of patient's condition
- l. call the health department to determine the necessity of obtaining vaccines and/or pharmaceuticals (e.g. antibiotics)
- m. determine necessity of prophylaxis or vaccination of Center personnel

Anthrax

Anthrax is an acute infection caused by the bacterium Bacillus Anthracis. Anthrax most often occurs in warm blooded animals. Humans often pick up the spores through contact with anthrax from these animals or their products. Humans may be exposed from drinking the bacteria from contaminated water or breathing bacteria spread through the air in the ventilation system. Breathing in anthrax bacteria that are released into the air causes the gravest form of human anthrax, and chance of death may be high even with the correct treatment. The chance of getting anthrax through intact skin is low even after being in contact with anthrax spores. When anthrax gets into a person's skin, it is called cutaneous anthrax. People who already have cuts and scratches are more likely to get the illness. Areas of uncovered skin, such as arms, hands, face, and neck are most often at risk.

Symptoms: The symptoms will depend on how the person was exposed to the disease. The first symptoms (look for them over the first six days) may seem like a common cold. After a few days, the symptoms may progress to severe breathing problems and shock. The type of anthrax people get from breathing in the bacteria can result in death one to two days after the start of symptoms.

Treatment: The first drug of choice is penicillin. Other drugs used are erythromycin, tetracycline, or chloramphenicol. To get rid of anthrax, treatment should begin early. If not treated, a person with anthrax can die from the illness.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

BIOTERRORISM

Page 3 of 3

Cleaning Protocols: People who may have been in contact with anthrax through skin or clothing should remove clothing immediately. Place all clothing and any potentially contaminated items carefully in plastic bags and then shower using lots of soap and water. Use a bleach solution (one part household bleach to 10 parts water) to clean contaminated items. This would include items such as letters or the surface in direct contact with the item. Hands should be washed after touching these items. Any person in direct contact with the contaminated item or substance should receive an antibiotic until the substance is proved not to be anthrax.

Smallpox

Smallpox is an illness caused by a virus called variola. This virus causes an infection known by a certain type of skin rash. Smallpox germs are spread through the air and when coming in contact with skin sores. The virus can be caught during all stages of the disease. It is easy to catch until the sores scab (in about three weeks).

Symptoms: Symptoms of smallpox are flu-like symptoms. These include fever (102-105°F), headache, tiredness, weakness, backache, and overall muscle aches. Other symptoms are generalized illness, vomiting, stomach pain, and rash often on face, arms, and legs. Look for symptoms during the next 7-17 days.

Treatment: There is no treatment for smallpox. Vaccination can prevent the illness. The risk of getting smallpox from the vaccine, although very small, is now greater than the risk of the smallpox disease itself.

Cleaning Protocols: Clothing and other items should be removed and placed in a plastic bag. Shower using a lot of soap and water. Further cleansing of other people who have had direct contact with smallpox is not needed. Hands should be washed after coming in contact with any item soiled with discharge from a person with smallpox.

Reference:Friedman, C., Peterson, K., (2003). *Infection Control*

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

050109 INFECTION CONTROL .doc

51

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

INFECTION CONTROL PROGRAM

Page 1 of 4

Reviewed: August 1, 2001
08/01/2003, 05/01/2009

Implemented: August 1, 2001
05/18/09

Purpose:

The purpose of the Infection Control Program for GNOSC is to provide goals to minimize infections and communicable diseases. Through the implementation of these objectives, the Center will lower its risk of transmission within the facility.

1. Establishment of proper hand washing techniques conducive to an infection free environment
2. Increasing the staffs awareness of the importance of infection free practices
3. Infection Control –designation of staff person who oversees the implementation of infection control processes – Clinical Director along with the Compliance Coordinator
4. Effective collection of data with analysis and implementation of a quality task force to meet objectives
5. It will be the organizations responsibility to establish guidelines for infection control techniques
6. Communication between physician and other staff to potentiate the highest degree of satisfaction in Infection control programs

Formatted: Font: 12 pt

Formatted: Font: 12 pt

Formatted: Font: 12 pt

Formatted: Font: 12 pt

Formatted: Bullets and Numbering

Formatted: Font: 12 pt

The Infection Control program is under the direction of the Clinical Manager who has training in infection control and is an integral part of the ASC's quality assessment and performance improvement program. The program is responsible for providing a plan of action for preventing, identifying and managing infections and communicable diseases and for immediately implementing corrective and preventative measures that result in improvement.

Formatted: Font: 12 pt

Scope: All nursing and medical personnel

Formatted: Font: Not Bold, No underline

Policy:

This program will include patient populations who have been cared for at this ASC. The type of proactive monitoring that will take place through this program is:

Formatted: Font: Bold

Formatted: Font: 12 pt

Formatted: Font: 12 pt

1. Incident Reports that include the description of infectious disease processes with occurrence at the Center. These will be reported as quickly and efficiently as possible to ward off any untoward effects experienced by patients or staff. Incident reports will be monitored continuously throughout each year and trends are identified and reported quarterly to MAB and GB.
2. Reporting of any adverse events will be reported by staff, patients and physicians immediately to Clinical Director.
3. Patient Safety Goals will be monitored through PI audits quarterly during each year
4. Patients with known communicable disease require clearance prior to procedure/surgery

Formatted: Bullets and Numbering

Formatted: Font: 12 pt

Deleted: INFECTION CONTROL .doc

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Greater New Orleans Surgery Center

INFECTION CONTROL PROGRAM

Page 2 of 4

5. Patients currently under treatment of active TB or suspected positive are not eligible for surgery at CSSC.
6. Patients with known MRSA infections require 2 negative cultures (nasal Cultures) prior to surgery/procedure.
7. CSSC will communicate with Williamson County Health Department, CDC (Center for Disease Control), and state for local known communicable diseases.
8. High Risk Population Identification- TB for each year per Williamson County Health Department
9. Employees and physicians are offered flu vaccinations annually and encouraged to comply- goal is for an increase in vaccinations.
10. Annual TB testing or declination for all employees on an annual basis. Declination of the annual TB testing requires a TB questionnaire reviewed by employee's primary care physician and recommendations by MD based on questionnaire.

Formatted: Font: 12 pt

Formatted: Bullets and Numbering

Responsibility and Oversight

Infection Control is the responsibility of each and every employee of the surgery center. The Administrator and medical staff leaders are responsible for creating a culture of prevention and control activities as they relate to infection control processes. It is the responsibility of the Medical Advisory Board and the Governing Body to enforce and oversee the Infection Control Plan within the facility. Other committees are the Nursing, Medical Staff, Safety Officer and the quality Assurance /Performance Improvement Committee.

Formatted: Font: 12 pt

Formatted: Font: 12 pt

Mechanisms for Coordination

All departments will be responsible for the integration of the Infection Control Plan. The mechanisms that ensure this are the:

1. Performance Improvement Program
2. The Environment of Care Program
3. Patient Safety Officer
4. Pharmacy Consultant
5. Leadership meetings
6. Database integration
7. Coordination with Health Department (CDC)
8. Follow guidelines set by TOSHA
9. JCAHO National Patient Safety Goals implementation
10. World Health Organization Guidelines on Hand Hygiene

Formatted: Bullets and Numbering

Patient Education

In order for patients to fulfill their responsibilities for infection control they must be educated.

The patient has the right to be informed about his/her care, in regards to infection control.

Patients have the right to ask questions and participate in decision making. As appropriate to

Deleted: INFECTION CONTROL .doc

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Greater New Orleans Surgery Center

INFECTION CONTROL PROGRAM

Page 3 of 4

his/her condition. The patient is considered to be a partner in the health care process. All efforts are made to insure an infection free environment. Identification of risk factors and implementation of the highest quality of care is enhanced where disease transmission is decreased.

Formatted: Font: 12 pt

Formatted: Font: 12 pt

Disclosure of Unanticipated Outcomes

Patients have the right to be informed in regards to the outcome of their care, this will include unanticipated outcomes. When an infection occurs on a patient from the Surgery Center the patient and family are entitled to prompt explanation as to how the infection occurred. Disclosure should be made on the part of the performing physician, Administrator or Medical Director –documentation of the conversation should be made in the patient’s medical record.

Formatted: Font: 12 pt

Staff Education

Ensuring that all staff is effectively educated about their role in infection control is imperative.

Education will include:

1. Increased awareness of and identification of potential infectious processes
2. Patient rights and need for adequate information about their care, including adverse effects
3. Role in reporting infections and adverse patient events
4. Annual Hand Hygiene, general Infection Control Principles, Influenza Vaccination, and TB Training as required by the State Department of Health; annual Bloodborne Pathogen training as required by OSHA

Formatted: Bullets and Numbering

Formatted: Font: 12 pt

Reporting

Adverse Patient Events:

1. Internal: Any staff aware of an infectious process (i.e. patient arrival with a known transmittable communicable disease) must notify the Clinical Manager or Administrator.
2. For reporting of infectious processes or infectious diseases:
 - a. reporting system
 - b. direct conversation
3. External: following immediate notification and verification that an infectious process has occurred, Administration will make the required notifications to external authorities such as: The Governing Body and for Sentinel Events; State Department of Health Unusual Event Reporting
4. On an annual basis, A Risk management report is prepared and submitted to the Risk Manager for review and submission to the Quality Council.

Formatted: Bullets and Numbering

Formatted: Font: 12 pt

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: INFECTION CONTROL .doc

Greater New Orleans Surgery Center

INFECTION CONTROL PROGRAM

Page 4 of 4

Routine infection control data collection and analysis is through:

Formatted: Font: 12 pt

1. Incident Reporting
2. Infection surveillance
3. Staffs perception of, and suggestions for improving infection control
4. Staff willingness to report errors
5. Patient/family perceptions of, and suggestions for improving infection control
6. Facility infection control surveillance

Formatted: Bullets and Numbering

Formatted: Font: 12 pt

Mechanisms for Responding to Adverse Events and Outcomes

When a facility acquired infection occurs and results in an adverse event, the following procedures should be followed:

1. Provide needed care. Patient must be provided with proper medical care in case of occurrence of infectious process. Treatment can occur and be given by the physician.
2. Contain the risk: This may be a reportable incident, report to the Infection Control Coordinator.
Take action when appropriate to insure wellness and safety to patients.
3. Investigate the infection. Look for trends such as same room, same equipment used, same staff, same physician, etc. and determine if there is a correlation between the infection and any of the elements investigated
4. Preserve confidentiality. Protect the patient's and involved staff/medical staff members confidentiality by complying with the organization's confidentiality policies and procedures.

Formatted: Bullets and Numbering

Formatted: Bullets and Numbering

Program Effectiveness

Program effectiveness can be determined in a multitude of ways, including:

1. The incidence of infection during each will be maintained at 1% or less.
2. Infection Control will continue to be monitored and the effectiveness will show through maintenance of low infection rates.
3. Patients with known communicable diseases/TB/MRSA will be monitored and the effectiveness will show through maintenance of low infection rates.
4. Effectiveness in flu vaccinations program for employees of CSSC will be reflected in increased in vaccinations.

Formatted: Bullets and Numbering

Formatted: Indent: Left: 0", First line: 0", Tabs: Not at -0.5" + 0" + 1.5" + 2" + 2.5" + 3" + 3.5" + 4" + 4.5" + 5" + 5.5" + 6" + 6.5" + 7" + 7.5" + 8" + 8.5" + 9" + 9.5"

Deleted: INFECTION CONTROL .doc

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

DECONTAMINATION & DISINFECTION OF ENDOSCOPIC EQUIPMENT

Page 1 of 6

Reviewed: August 1, 2001
August 1, 2003

Implemented: August 1, 2001

SUBJECT: Decontamination and disinfection of endoscopic equipment.PURPOSE: To render endoscopic instruments clean and free of microorganisms prior to use on patient in order to prevent infection.SCOPE: All GI lab personnel.POLICY: Endoscopic instruments used for an endoscopy procedure will be cleaned and disinfected.PROCEDURE FOR CLEANING AND DISINFECTING ENDOSCOPIC EQUIPMENT:

- A. Immediately after procedure is finished, suction detergent water through scope.
- B. Physically scrub exterior of scope with cleaning sponge to remove gross debris.
- C. Remove blue air/water channel valve and apply air/water channel adaptor and purge blue button four times with machine on.
- D. Brush scope internally via biopsy channel and suction channel in both directions. (Do not vigorously scrub back and forth.)
- E. Clean air/water valve, suction valve, and biopsy port with cleaning brush
- F. Apply water-resistant cap securely.
- G. Place scope in endoscope disinfector (see attached instructions for procedure) or disinfect scope in glutaraldehyde solution using the following method:
 - 1. Apply all channel irrigator.
 - 2. Instill glutaraldehyde solution through channels using 60 cc syringe.
 - 3. Submerge scope and valves completely in disinfectant solution and allow to soak for 12 minutes. (Never submerge scope longer than 30 minutes.)
 - 4. Rinse thoroughly with water through all channel irrigator and rinse scope externally.
 - 5. Dry scope internally by connecting all channel irrigator to O₂ at 10 l/min for two minutes.
 - 6. Hang up scope in proper holder and then remove water-resistant cap. (Never store scope with cap on.)

7. Externally wipe scope dry.

DECONTAMINATION & DISINFECTION OF ENDOSCOPIC EQUIPMENT

Page 2 of 6

Any generic glutaraldehyde solution may be used, such as Cidex or Sporidicin. Manufacturer's instructions to achieve disinfection must be followed.

PROCEDURE FOR CARE AND CLEANING ENDOSCOPIC ACCESSORIES:

A. Snares and biopsy forceps

1. Break accessories down.
2. Clean with detergent solution (Endozyme). Use designated brush to remove gross debris from tips of forceps and snares.
3. Place accessories in tray.
4. Put in ultrasonic cleaner and rinse cycles.
5. Accessories that puncture mucous membranes must be run in autoclave for 10 minutes at 135° C to sterilize between patient use.
6. Allow to air dry. Irrigate snare sheath with alcohol solution and blow out with O₂, then reassemble items as required.

B. Heater probe

1. Irrigate internally with sterile water followed by air before disconnecting from machine.
2. Clean externally with detergent solution (Endozyme).
3. DO NOT submerge power connection.
4. Disinfect by soaking in glutaraldehyde for 20 minutes, per manufacturer's recommendation. (Do not soak power connection.)
5. Rinse thoroughly.
6. Air dry before storing.

C. Balloon Dilators

1. Inflate balloon with air using syringe and leave syringe attached during cleaning process.
2. Clean externally with detergent solution (Endozyme).
3. Soak in glutaraldehyde to disinfect for 12 minutes, per manufacturer's recommendation.
4. Rinse thoroughly.
5. Allow to air dry before removing syringe and deflating balloon.
6. Store with protection sheath over balloon tip.

DECONTAMINATION & DISINFECTION OF ENDOSCOPIC EQUIPMENT

Page 3 of 6

END OF DAY SCOPE CARE PROCEDURES:

- A. Put all scopes used for the day in endoscope disinfectant using cycle #1. (Disinfection cycle includes alcohol and air cycle). If endoscope disinfectant is not used and scope is manually disinfected, or if scope is last run on scope disinfectant cycle #2, then, after testing scope, instill 1/2 strength 70% ethyl alcohol through all channel irrigator, then dry internally by connecting all channel irrigator to O₂ 10 l/min for 2 minutes. To facilitate maximum drying of internal channels, place fingers over distal end of air/water channels to force excess water out of insertion tube end.
- B. Scopes will be leak tested according to Olympus instructions, after being disinfected. See attached instructions for leak testing procedure.
- C. Scope is then hung on proper holder, water-resistant cap is removed and scope is wiped externally dry.
- D. Apply black sheath to protect light source connection.
- E. Remove valves until just prior to scope use.

PROCEDURE FOR USING ENDOSCOPE-DISINFECTOR:

- A. Daily setup at the beginning of each work day.
 1. Turn water source on (turn handle all the way to the left).
 2. Check supply of alcohol and bacteriostatic enzymatic detergent in dispensers. Fill as needed, leaving 1/4" head space for cap replacement.
 3. Check record of when cartridges last replaced and replace as indicated. Sediment water filter - replace every 45 days.
Disinfectant water filters - replace every two weeks when glutaraldehyde is changed.
Internal water filter - change every six months, contact Olympus technician.
Air filters - change every three months.
 4. Verify electrical power "on" to disinfectant.
 5. Check glutaraldehyde for outdate and potency with test strips and record in log.
 6. Verify reservoir fluid level sensors are activated. (Refer to instruction manual.)
 7. Verify heater is "on".

B. Disinfecting an endoscope

1. Place scope in disinfectant as instructed by Olympus after performing cleaning. (See procedure for cleaning and disinfecting endoscopic equipment.)
2. Remove all channel valves from endoscope.

DECONTAMINATION & DISINFECTION OF ENDOSCOPIC EQUIPMENT

Page 4 of 6

3. Block endoscopic ports with the appropriate fittings. (Refer to instruction manual.)
4. Coil instrument inside basin with control section positioned at the right rear of the basin with the light guide connected at the left front. Endoscope must be positioned so that all of the endoscope is covered when the basin is filled with disinfectant.
5. Verify water-resistant cap is secure.
6. Attach endoscope channel fittings to endoscope's light guide connector.
7. Verify inflow end of channel connector attached to the basin fitting.
8. Position end of endoscope so that fluid can be seen exiting the channel.
9. Place cover on basin.
10. Select station A or B where endoscope is located.
11. Select program 1 or 2 (2 is end of day selection with alcohol and air in cycle). Press enter, then start.
12. When cycle is completed, indicator light will come on.
13. Print cycle log at the end of the day. Store in log book.
14. Remove channel connectors from scope.
15. Remove endoscope from disinfectant.
16. Hang scope in proper holder.
17. Dry scope externally.
18. Remove water resistant cap.

C. Daily shutdown - end of the day care

1. Close water source. Turn handle all the way to the right.
2. Clean upper basins and lids with TBQ and wipe dry.

*Refer to Olympus instruction manual for further information and troubleshooting.

PROCEDURE FOR LEAK TESTING:

- A. Attach leak tester to the light source. This step must be done first.

- B. Turn on the light source and depress tip at the distal end of leakage tester to assure air is being released.
- C. Connect distal end of the leakage tester to the ETO venting connector. Inflation of the bending section should be visible.
- D. Submerge the entire scope in water except for the light guide connector and watch for bubbles escaping from the scope. If bubbles are seen, remove scope immediately from water and dry thoroughly. Notify supervisor and send scope to Olympus for repair.

DECONTAMINATION & DISINFECTION OF ENDOSCOPIC EQUIPMENT

Page 5 of 6

- E. Disconnect leakage tester from light source. Wait 30 seconds to ensure distal end of the scope has deflated.
- F. Disconnect the leakage tester from the ETO venting connector.
- G. Continue steps for end of the day scope care.

CLEANING OF GI LAB:

- A. Turn off all video/VCR equipment and suction machine.
(Be sure to turn off microphone.)
- B. Remove doctor's dictation tape from recorder, properly label with the date and give to transcriptionist.
- C. File all pink procedure copies in alphabetical order.
- D. Terminally clean scopes if last procedure of the day. (See instructions for this under "End of the Day Procedures".)
- E. Clean endoscope-disinsector as appropriate. (See instructions under "Endoscope-Disinsector Procedures".)
- F. Empty red contaminated box when full. Empty suction canisters and other contaminated trash and dispose of via Biohazard waste protocol.
- G. Empty water bottle, soak in glutaraldehyde solution for 12 minutes, rinse thoroughly.
- H. Empty detergent and rise water. Autoclave metal soak basin for 10 minutes at 135° C. Disinfect transfer and soaking basins with TBQ spray and wipe thoroughly, being sure not to cross-contaminate.

- I. Empty water filled syringes and pan used for rinsing. Soak in glutaraldehyde solution for 20 minutes and rinse thoroughly.
- J. Place all used linen in linen hamper.
- K. Restock items, such as syringes, 4x4s, gloves, towels, gowns, etc.
- L. Order drugs, if needed, such as Colyte, Narcan, Glucagon, etc.
- M. Return unused narcotics to Pharmacy and verify narcotics have been properly signed out.

DECONTAMINATION & DISINFECTION OF ENDOSCOPIC EQUIPMENT

Page 6 of 6

DISPOSAL OF GLUTARALDEHYDE SOLUTION:

In compliance with EPA Requirements, glutaraldehyde may be disposed of as an ordinary domestic waste if the proper procedures are followed.

- A. Use glutaraldehyde test strips to determine when glutaraldehyde has lost its effectiveness and must be discarded.
- B. Discard glutaraldehyde solution with copious amounts of water so the solution concentration is diluted. Normal health care facility drains may be used.
- C. Glutaraldehyde vapor monitors will be worn by exposed personnel twice yearly (according to manufacturer's instructions) to verify glutaraldehyde vapors are below the OSHA limit of 0.2 ppm.

Page Break

