

POLICY TITLE: Ambulatory Services	CLINICAL POLICY AND PROCEDURE MANUAL
POLICY #: INF.1172	CATEGORY: Infection Prevention
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GENERAL STATEMENT OF PURPOSE

The purpose of this policy is to outline standards for ambulatory services to minimize the risk of infection.

POLICY

Health system personnel are responsible for minimizing risk for exposure to pathogens that can cause disease and/or infection. Attachment A, “Ambulatory Services” provides recommendations to minimize the risk for acquiring or transmitting an infection or disease to a patient or health care personnel while delivering care for ambulatory services.

SCOPE

This policy applies to all Northwell Health employees, as well as medical staff, volunteers, students, trainees, physician office staff, contractors, trustees and other persons performing work for or at Northwell Health; faculty and students of the Hofstra Northwell School of Medicine conducting research on behalf of the School of Medicine on or at any Northwell Health facility; and the faculty and students of the Hofstra Northwell School of Graduate Nursing and Physician Assistant Studies.

DEFINITIONS

N/A

PROCEDURE/GUIDELINES

Refer to Attachment A “Ambulatory Services” to minimize the risk for acquiring an infection.

CLINICAL REFERENCES/PROFESSIONAL SOCIETY GUIDELINE

- Centers for Disease Control and Prevention. Draft Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007.

2. Guideline for Disinfection and Sterilization in Healthcare Facilities 2008.
http://www.cdc.gov/hicpac/Disinfection_Sterilization/toc.html.
3. Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care 2014.
<http://www.cdc.gov/HAI/settings/outpatient/outpatient-care-guidelines.html>
4. Federal Register 69 (113) June 14, 2004.
5. Centers for Disease Control and Prevention. Fact sheet. Respiratory Hygiene/Cough Etiquette in Healthcare Settings. www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.html

REFERENCES to REGULATIONS and/or OTHER RELATED POLICIES

1. Joint Commission Surveillance, Prevention and Control of Infections
2. New York State Department of Health 405.11

ATTACHMENTS

Attachment A: Ambulatory Services

APPENDICES

N/A

FORMS

N/A

<u>APPROVAL:</u>	
System Clinical P&P Committee	1/25/17❖
System PICG/Clinical Operations Committee	1/25/17❖

Standardized Versioning History:

*=Clinical Policy Committee Approval; ** =PICG/Clinical Operations Committee Approval
 3/6/15 (e-vote)* 3/19/15**

- ❖ Expedited Approval Granted by:
 Alex Hellinger, Co-Chair – System Clinical P&P Committee
 Morris Rabinowicz, Co-Chair, - System PICG/Clinical Operations Committee

Ambulatory Services

I. Infection Prevention Practices

A. Health Care Personnel (HCP):

1. Hand hygiene will be performed by HCP in accordance with the Hand Hygiene policy located within the Infection Control Manual.
2. Personal protective equipment (PPE) will be readily available and worn for protection, when indicated.
3. HCP will ensure a clean and neat patient care environment.
4. Eating and drinking are not allowed in patient care areas, including reception desks.
5. All sinks will have a functional soap dispenser with soap and paper towels. Placement of alcohol-based hand antiseptic is encouraged in all exam and treatment rooms as well as common areas. Areas without adequate handwashing facilities should have available an alcohol-based hand antiseptic or an appropriate alternative.
6. Infection related trends, concerns, and problems will be reported to the Infection Prevention Department.

B. Employee Health:

1. HCP with signs/symptoms of infection (e.g., skin lesions, diarrhea, upper respiratory infections) should report to their supervisor. The supervisor will in turn refer them to Employee Health Service (EHS) where appropriate action will be determined.
2. In the event of inadvertent exposure to patients with a communicable disease or an occupational injury (e.g., needlestick), the employee will report this immediately to their supervisor, complete an employee occurrence report (found on the intranet) and will be referred to EHS or nearest emergency room for treatment and follow-up as soon as possible.
3. All staff should meet EHS requirements regarding annual physicals, immunizations, and tuberculin skin test (TST).
4. Care should be employed to avoid injury. Needles, syringes, and sharps are to be disposed uncapped and uncut into puncture resistant sharps containers in accordance with the facility's policy. Safety needles/syringes should be used.
5. HCP will report promptly (as soon as possible) all occupational injuries or infectious exposures to the Emergency Department for treatment and follow-up.
6. In the event of an employee exposure/needle stick, it is the office responsibility to ensure that source person is appropriately tested. Each office has an EHS "yellow" envelope that contains instructions, lab slips, blood tubes to obtain source blood. These envelopes are available through EHS. Education and location related to this process should be included in staff office orientation. Refer to EHS Policy "Bloodborne Source Person Testing (HIV, Hep B, and Hep C-Policy #2.2.3). Ambulatory personnel should be familiar with indications for anonymous human immunodeficiency virus (HIV) source testing as outlined in the policy.

C. Personal Hygiene:

1. All HCP will maintain a high level of personal cleanliness.
2. Uniform or civilian attire worn on the job will be maintained in a neat and clean manner.
3. Nail length should be natural and no longer than a ¼ inch in length beyond the nail tip for staff who have patient contact. Refer to Human Resource Policy entitled *Personal Appearance* and Infection Prevention Policy #INF.1109 *Hand Hygiene*.

D. In-service Education:

1. All personnel in Northwell Health's Physician Partner locations will participate in orientation upon hire or being granted privileges and mandatory annual in-service education, i.e., Mandated Topics and ad hoc education as appropriate.

E. General Information:

1. Diseases designated as reportable by health code, for example viral meningitis, will be reported to the appropriate Health Department Office. Refer to the Infection Prevention Manual for additional information on the reporting of identified diseases and situations.
2. Precautions will be followed in accordance with the Infection Control Manual. Questions regarding precautions should be directed to Infection Prevention Staff
3. A system of triage will be established to select those patients with the greatest likelihood of having infections or communicable diseases. Precaution measures will include: Promptly placing such a patient in an examining room apart from other patients, and expeditiously interviewing and examining such patients. The patient will be referred or discharged as soon as possible.
4. Patients with known or suspected communicable diseases are immediately placed in a treatment room and remain there until ready to leave.
5. Patients with suspected communicable diseases that spread by the airborne or droplet route (e.g., tuberculosis, varicella [chickenpox], bacterial meningitis) are separated from others and will wear a mask while in the ambulatory area and while being transported to other facility areas. The patient should be instructed to cover his/her nose and mouth with a tissue when coughing or sneezing. Refer to Precaution Policy for identified diseases
6. Patients suspected of contact to a communicable disease such as Ebola Virus Disease (EVD), Middle Eastern Respiratory Syndrome (MERS), or H7N9 should be provided with a mask and placed in the designated private room. (Refer to the Highly Infectious Diseases Preparedness Personal Protective Equipment (PPE) Training and Drilling for EVD within the Infection Control Manual).
7. All ambulatory service areas should be stocked with needed PPE and educated on their use: e.g., gowns, gloves, masks, respirators and goggles.
8. Proper precautions should be taken when transporting a patient with a communicable disease. (Refer Transportation Protocol in this manual.)
9. All patients are on Standard Precautions regardless of their diagnosis. Personnel will wear gloves for contact with blood, body fluids, non-intact skin, open wounds, or drainage.
10. Patient education regarding infectious diseases will focus on prevention and/or intervention to reduce the risk of a future occurrence or transmission to others.
11. If there are patients or employees exposed prior to placing a mask on the patient and placement into a room, call Infection Prevention at 516-823-8232. Exposure follow-up will be conducted under the direction of Infection Prevention.
12. To reduce the transmission of infectious diseases the following three signs should be visibly posted in the waiting room to highlight patient symptoms that may require

precautions. Patients with listed complaints noted on signs number one, and two should be given a mask, placed in a designated exam room in a low-traffic area with the door closed. After being evaluated by the practitioner, the patient will be given a surgical mask to wear upon exiting the facility if the patient is diagnosed or suspected to have a communicable disease. These signs can be obtained from the Intranet/Ambulatory Quality.

Standard Signage (#1):

ATTENTION

If you are experiencing any of the following complaints, please tell the receptionist:

- Fever or rash
- Cough for more than three weeks
- Cough with blood
- Recent significant weight loss for unknown reason
- Fever and night sweats
- Diagnosis of tuberculosis
- Currently being treated for tuberculosis

International Travel sign (#2):

ATTENTION ALL PATIENTS

If you have
traveled internationally
or had close contact
with someone who
recently traveled
internationally
and was ill



And you have:
fever, cough, trouble breathing, rash, vomiting or diarrhea



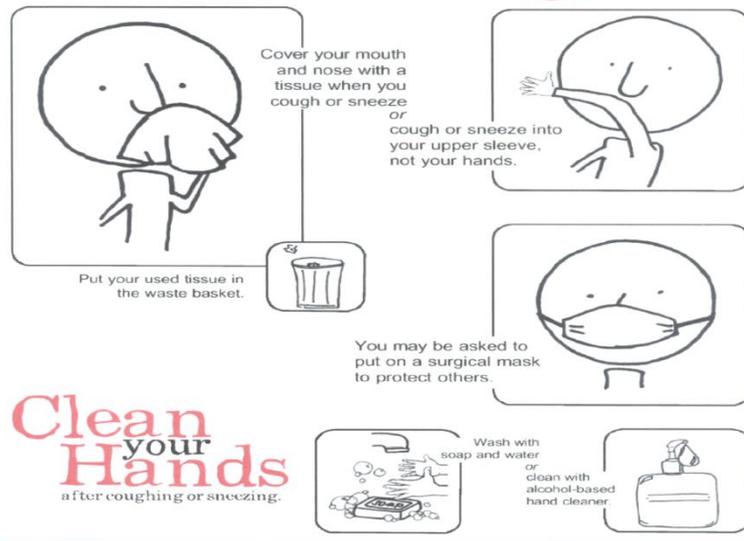
PLEASE TELL STAFF IMMEDIATELY!



Cover your cough (#3):

Stop the spread of germs that make you and others sick!

Cover your Cough



F. Respiratory Hygiene/Cough Etiquette Protocol:

1. **Definition of “Respiratory Hygiene/Cough Etiquette”:** An infection prevention practice to prevent transmission of respiratory infections at first point of contact within a healthcare setting. It is intended to be incorporated as one component of Standard Precautions.
2. **Definition of Suspected Respiratory Infection:** A patient with both fever and a cough (while recognizing that the absence of fever does not exclude the presence of a respiratory infection, e.g., common cold, pertussis).
3. **Elements of Respiratory Hygiene/Cough Etiquette:**
 - i. Patient-related procedures for patients in outpatient waiting areas, including the emergency department:
 - ii. Education of patients and accompanying persons to include posted signs in appropriate languages.
 - iii. Provide patient information and education.
 - a) Cover mouth/nose with a tissue when coughing and dispose of tissue in waste receptacle.

- b) Use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use.
- c) Hand hygiene with an alcohol-based hand rub (or wash with soap and water) after contact with respiratory secretions.
- d) Maintain at least three (3) feet of separation between patient with suspected respiratory infection and others (in common waiting room) when possible.
- e) During the period of increased respiratory infection in the community, the patient with fever and cough should wear a surgical mask or procedure mask (**not** an N-95 respirator mask) if tolerated (not for children younger than 6 years of age). (Information on proper masks is attached.)

Note: The patient does not need to wear a mask while in his assigned examination room.

iv. Health care provider-related responsibilities:

- a) Ensure an understanding of the rationale for these measures and the intended procedures among patients and staff.
- b) Employ standard precautions including hand hygiene (alcohol-based hand rub or washing hands with soap and water) before and after contact with the patient or his/her immediate environment; use of gloves is optional but does not obviate the need for hand hygiene.
- c) Clean medical equipment that touches the patient, e.g., stethoscope, BP cuffs, and handles with the Environmental Protection Agency (EPA) acceptable wipes after each encounter.
- d) Observe Droplet Precautions, e.g., wear a procedure mask or surgical mask (**not** an N-95 respirator mask) when having close contact (e.g., physical examination) with a patient with a suspected influenza infection.

G. Disposal of potentially infectious waste:

1. Infectious waste should be disposed of as defined in the Infectious Waste Policy. (Reference: Infection Control Manual, Safety Manual)
2. Contaminated linen is to be placed in the laundry bags and laundered as outlined by the department/company that provides service.
3. Full soiled linen bags are to be placed in an appropriate soiled area until picked up by vendor.
4. Used needles and sharps should be placed in a puncture resistant sharps container. The containers should be closed and replaced monthly or when 3/4 full (whichever comes first) by contracted vendor.
5. Appropriate sharps container covers can be obtained from contracted vendor and should be used in areas that are at risk for accidental exposures.

H. Management of patient care equipment:

1. Disposable items are utilized as much as possible. Items are marked with the patient's name and discarded upon their discharge.
2. Clean/sterile gear is stored in a dry, clean area away from contaminated areas or supplies.
3. Sterile supplies and equipment are preferably stored in closed cabinets or shelves that are elevated at least 8-10 inches off the floor and are 18-20 inches from the ceiling. Sterile or

clean supplies should never be stored on the floor. All sterile packages should be rotated on a first in, first out basis. Expiration dates should be noted on all packages.

4. All supplies are checked for wetness, discoloration, or broken seals on receipt, and prior to use. Solutions should be checked for cloudiness or cracked glass/plastic. If in doubt as to the sterility of the item, consider the item unsterile and discard appropriately.
5. Critical items are instruments or objects that are introduced directly into the blood stream or into normally sterile areas of the body (e.g., vascular catheters) and should be sterilized and remain in a sterile package.
6. All patient gear that requires sterilization (e.g., instruments and protective trays) will be sent for sterilization to the affiliated sterile processing department or contracted vendor unless the ambulatory area has been authorized by Infection Control to perform the sterilization process on site.
7. Ambulatory areas that have a sterilizer in use will strictly adhere to the following guidelines.
 - i. Steam sterilizers should be monitored at least weekly with spore testing. Weekly checks are mandated.
 - ii. Maintain a log of all spore testing. Report to the Infection Control any unexpected outcome and corrective action taken.
 - iii. Indicators and integrators should be used on all items that are sterilized in the practice and should be checked prior to instrument use.
 - a) Daily maintenance of sterilizers includes: cleaning, straining, wiping inside chamber, checking gaskets, and checking temperature recording graphs
 - b) Documentation of above should be performed daily.
 - c) Workflow patterns should flow from soiled receiving areas to decontamination areas to sterile processing areas to storage areas.
8. Semi-critical items are items that come in contact with intact mucous membranes, but do not ordinarily penetrate body surfaces (e.g., respiratory therapy equipment such as atomizer). These items should be subjected to a high-level disinfection procedure after each use. This can be accomplished by thorough and meticulous cleaning of the item with an enzymatic cleaner, and then soaking the item in an appropriate high-level disinfectant; refer to the High-Level Disinfection policy for guidelines for the solution being used.
9. Ear irrigation equipment should be disinfected as outlined between each patient use:
 - i. The equipment will be wiped clean and immersed in 3% hydrogen peroxide for at least 10 minutes.
 - ii. After disinfection, the device should be thoroughly rinsed with water and dried before use.
 - iii. Disinfecting solution should be changed at least daily and container should have a label including: date, time, and signature when providing the disinfecting solution.
10. Non-critical items are items that do not touch the patient or only come in contact with intact skin. Routine washing of these items with a hospital disinfectant between patients is generally sufficient.

I. General infection control practices:

1. Care should be employed to avoid injury. Needles, syringes, and sharps are to be disposed uncapped and uncut into puncture resistant sharps containers in accordance with the facility's policy. Safety needles/syringes should be used. Sharps containers will be conveniently located and emptied/replaced at least every 30 days.

2. Staff will report promptly (as soon as possible) all occupational injuries or potentially infectious exposures to EHS or Emergency Department for treatment and follow-up based on the facility protocol.
3. In the event of an employee exposure/needle stick, each office has an EHS “yellow” envelope that contains instructions, lab slips, and blood tubes to obtain source blood. These envelopes are available through EHS. Education and location related to this process should be included in staff office orientation.
4. Linen management;
 - i. Examination tables are to be covered with clean linen or paper that is discarded after each patient.
 - ii. Tables are to be impregnate wiped with an EPA approved disinfectant at the end of every day and when the table is visibly soiled or the paper barrier is torn, wet, or soiled.
 - iii. Disposable gowns and drapes are used whenever possible.
 - iv. Soiled linen will be placed in an impervious linen bag of sufficient quality to contain used/soiled linen.
5. Regulated medical waste will be disposed of in accordance with external regulatory requirements. The ambulatory area will dispose of regulated medical waste in accordance with the *Regulated Medical Waste Policy*. Follow guidelines in the Infection Control Manual.
6. Approved medical refrigerators, such as but not limited to, a Summit, will have thermometers to assure proper temperature control.
 - i. Temperatures are recorded daily in a log book.
 - ii. Any discrepancies should immediately be escalated to the Office Manager for further direction.
 - iii. Documentation of discrepancies and actions taken should be noted in the logbook.
 - iv. In refrigerators that store vaccines, temperatures will be monitored twice a day.
 - v. Food, biologicals/specimens, and medications will be contained in separate refrigerators. Refrigerators that contain either biologicals/specimens should have a biohazard sign on the door of the unit.
 - vi. A thermometer that calibrates temperature with a Certificate of Traceability & Calibration Testing should be used in areas not served by a backup generator such as a thermometer that records the minimum and maximum temperature.
7. Process for when the temperature falls out of control will be in place and staff will be instructed on the process, and be able to speak to it.
8. A hospital-approved EPA disinfectant may be used for environmental cleaning. All patient contact surfaces should be disinfected with an EPA-approved disinfectant at the end of each patient examination and when a patient contact surface is contaminated unless a cloth or paper barrier is used. In all cases, the equipment should be disinfected at least daily.
9. Floors and other horizontal surfaces will be cleaned daily and when visibly soiled with an EPA approved hospital grade disinfectant.
10. Ambulatory areas with operating rooms/special procedures rooms will adhere to the same housekeeping requirements as set forth by the hospital for daily and terminal cleaning of Operating Rooms. Follow policy found in the Infection Control Manual.
11. All blood or body fluid spills will be cleaned promptly, refer to Policy #INF.2008 *Management of Blood Spills*.

J. Post-discharge surveillance for ambulatory services that are affiliated with a hospital-use if applicable:

1. In an effort to identify adverse outcomes after a surgical procedure, a post discharge surveillance program is an essential part of the Infection Prevention Program. Therefore, any patient that develops a surgical site infection should be identified by the practitioner and referred to Infection Control.
2. The following information should be recorded and forwarded to the of the Director Infection Prevention of the Medical Group Practice when a suspected surgical site infection has been diagnosed:

POST-DISCHARGE SURVEILLANCE RECORD/Reporting Medical Office/Date/Contact Person:	
Patient name:	
Medical record #:	Birth date:
OR date (if known):	Procedure :
Name of facility were procedure was done:	
Date infection diagnosed:	Date of onset:
Site of infection:	Minor <input type="checkbox"/> Deep <input type="checkbox"/>
Culture taken: Yes <input type="checkbox"/> No <input type="checkbox"/>	Results pending <input type="checkbox"/>
Organism (if known):	
Treatment:	
Readmitted: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, facility name:	

3. When received, the information should be reviewed and included within the monthly Infection Control Report.