

Southern Community Laboratories Infection Prevention & Control

Facility Audit Update Checklist

A. Infection Prevention Control System Requirements (ensure written auditable trail for the following)

- **Governance** – endorsement, reporting, accountability, monitoring, documentation, review
- **IPC Team** – members with IPC range, skills, information, results access, surveillance, resource backup (e.g. CSCL and internet sites e.g. ‘Infection Control Today’ and CDC). All staff meetings have minutes, one of agenda items IPC – thus documented regular IPC meetings with staff
- **Policies and Procedures** – adhere to IPC principles, legislation and ISO requirements, all documented and reviewed
- **Education** – staff IPC overview, hand hygiene, standard precautions, key IPC issues, policies and guidelines e.g. <http://www.infectioncontroltoday.com/> free email updates (bottom of homepage) good papers printed and in a folder for staff to sign when read (provides auditable proof)
- **Surveillance** – relevant objectives, priorities, indicators, criteria, comparisons, evaluations for analysis, feedback and discussion towards continuous improvement - less items done well is best e.g. post-surgery wound infection rate surveillance, e.g. hand hygiene audit – direct or indirect surrogate audit of alcohol/hand towel volumes e.g. post ear syringing e.g. environmental cleaning and waste audits
- **Antimicrobial Usage statement** – facility supports prudent use of AB’s, and follows specific best practice clinical guidelines e.g. BPAC. e.g. supports scripts ‘post 3 days’, where appropriate. All to reduce MDRO’s and keep antibiotics available for longer timeframe usefulness for all

B. Some Specifics (written policies for)

1. Hand Hygiene

- alcohol hand rubs, but not post infectious gastro – Norovirus (? efficacy) or *C. difficile* (spores totally resistant). Also post itchy rash contact ?? scabies (no evidence of efficacy)
- liquid soap and water
- compliance, audit of both the above (e.g. actual or surrogate – alcohol volume and/or paper towel usage per week compared to what all agree number of procedures should average)

2. Standard Precautions – ***for all people all the time***

- Hand hygiene, gloves if broken skin or body fluids (+ gown if ? splash), cleaning, waste disposal
- all biological fluids considered infectious

3. Transmission Based precautions in addition to Standard Precautions when added predictable risks:

- a. **Contact** b. **Droplet** c. **Airborne** precautions – define and when to use, + which PPE (+ PPE donning/doffing procedure + N95 mask fit checking)
- e.g. which/when for MDRO, respiratory/ILI, pandemics, TB, measles, gastro - placement, triage, transfer, notification of, tertiary referrals, decontamination cleaning of affected rooms

4. Waste Management

- a. ‘ordinary’ + recycled b. **controlled waste** (i.e. “no expressible liquid”, cannot leak)
- c. infectious/hazardous d. **sharps** (*waste disposal costs escalate a. – d.*)

5. Chain of Infection – understand the infection transmission cycle and our bacterial microbiome

6. Specific organism issues

- MRSA, ESBL, VRE, MDRO’s (multidrug resistant organisms)
- Norovirus, symptoms, incubation, isolation, food, staff return to work policy post infection
- Influenza – seasonal, pandemic, vaccination, transmission, isolation, prevention, HCW
- UTI, soft tissue/wounds, respiratory ILI including cough etiquette, rash, reception area policies

7. **Cleaning for Reprocessing instruments**
8. **Single use items** – written policy, note medical and legal risks when reusing single use items
9. **Disinfection** (Read + follow manufacturer's instructions exactly)
prior cleaning critical: consider magnifying glass post cleaning + drying to view serrated edges, etc. for debris or organic material residue
 - *right disinfectant for purpose* (e.g. vegetative bacteria, spores, TB, virus, fungi)
 - *right concentration*
 - *for right contact time to be effective*
 - *at right freshness, how often to remake* (+ registered brand name, date implemented)
NB 'Clinidet' is a **detergent** *not* a disinfectant – importance of reading label carefully
10. **Sterilisation** – **method**, training, cleaning, packaging, loading, control (indicator strips + strongly recommended electronic), traceability, recall and failure process, maintenance, annual calibration & validation, records kept for all
11. **Needlestick** – risks/process/education, informed consents, HBV, HCV, and HIV. Specific requirement for post known or high risk HIV fluid injury for **immediate** ED or Infectious Disease Physician follow up 24/7
12. **Vaccinations, staff health** – e.g. influenza, Hep B, MMR, *B pertussis*, return to work policy if ill, etc
13. **Cleaning of facility & Linen** – how, who, frequency, monitor, audit, contract specs if outsourced
14. **Pandemic, current organisms of interest, outbreaks** – e.g. rest homes, MOH, CDC, WHO updates sources + awareness (epidemics, norovirus, measles, influenza, pertussis, Ebola, etc.)
15. **Audit and continual improvement process** Demonstrate – any corrective improvement actions post adverse events, documented annual overview and review

FYI links for Canterbury SCL website for some infection control issues and contacts

www.canterburyscl.co.nz

Under Infection Control options there is a lot of useful information for free downloading including:

- **Blood Body Fluid Exposure (BBFE/needlestick)** forms, procedures & FAQ's
- **Facility Audit Update Checklist**
- **Infection Control Manual guidelines for General Practice**
- **Most Commonly Requested Information Sheets for GP** on the following topics
 - Microbiome, Hand Hygiene, Standard and Transmission Precautions
 - Cleaning, Disinfection & Sterilisation
 - MDRO, MRSA, ESBL, VRE, CRE
 - Scabies and Headlice
 - Pertussis Whooping Cough
 - Influenza
 - Antibiotic Cumulative Susceptibilities & Pharmacology Principles
 - Wounds
 - Causes of Foodborne Illness
 - Medical Waste

Resources

- Centres for Disease Control & Prevention (USA) <http://www.cdc.gov/DiseasesConditions/>
- WHO http://www.who.int/topics/infection_control/en/
- MOH <http://www.health.govt.nz/>
- Society for Healthcare Epidemiology of America
<http://www.shea-online.org/GuidelinesResources/Guidelines.aspx>
- HQSC <http://www.hqsc.govt.nz/our-programmes/infection-prevention-and-control/>
- <http://www.apic.org/Professional-Practice/Practice-Resources>
- <http://www.racgp.org.au/download/Documents/Standards/infectionpreventionandcontrolstandards.pdf>

RNZCGP Foundation Standard + Guidance Notes

<https://www.rnzcgp.org.nz/assets/documents/Standards--Policy/Foundation-Standard/FoundationStandardsInterpretationGuide3.1Nov2015.pdf>

3.1 Nov 2015

The Foundation Standard represents what is considered to be the minimum legal, professional, and regulatory requirements for general practice.


All practices are required to meet the Foundation Standard by 1 July 2016

INDICATOR 15

The practice ensures effective infection control to protect the safety of patients and general practice team members

| Criteria | Evidence may include | <input checked="" type="checkbox"/> |
|---|---|-------------------------------------|
| 15.1 The practice has infection control policies and procedures that align with the AS/NZS 4815: 2006 Standard. | <ul style="list-style-type: none">■ Infection control policy; and■ Copy of AS/NZS 4815:2006 standards. | <input type="checkbox"/> |
| 15.2 General practice team members responsible for managing infection control have received sterilisation and disinfection training, within the last three years. | <ul style="list-style-type: none">■ Infection control training records – name of provider, date of delivery, names/certificates or persons attending. | <input type="checkbox"/> |
| 15.3 The practice can demonstrate how it monitors the effectiveness of each sterilisation cycle. | <ul style="list-style-type: none">■ Sterilisation documentation.■ Records of effective sterilisation cycles. | <input type="checkbox"/> |
| 15.4 A current calibration and validation record is available for the steriliser. | <ul style="list-style-type: none">■ Calibration and validation records. | <input type="checkbox"/> |

Guidance notes

General practices frequently undertake invasive procedures such as minor surgery, and there are emerging antimicrobial resistant organisms and blood-borne viral infections. It is important to provide a safe environment for staff, patients and other people in the practice. To ensure this, all team members should be equipped with the requisite knowledge, skills and attitudes required for good infection control practices. 

The infection control policy should include but is not limited to:

- Facilities, equipment, and procedures necessary to implement standard and additional (transmission based) precautions for control of infections.
- Cleaning, disinfecting and reprocessing of reusable equipment.
- Cleaning schedule for the practice premises.
- Waste management.
- Special situations, e.g. influenza epidemics, norovirus, H1N1.
- Staff immunity and infections.
- Hand hygiene.
- Prevention and management of infection by service providers.
- Antimicrobial usage.
- Single-use items.
- Management of occupational exposure to blood and body fluids.
- Cleaning, decontamination, disinfection and sterilisation of instruments and equipment wound management.
- Linen services.
- Venepuncture.
- Cryotherapy.
- Cleaning and servicing of the steriliser.

Resources

- Ministry of Business, Innovation & Employment. *An introduction to Employers' Rights and Responsibilities under the Health and Safety in Employment Act; 2003*
- Hazardous Substances and New Organisms Act 1996
- Health and Safety in Employment Act 1992
- Standards New Zealand. AS/NZS 4815:2006 Office-based health care facilities—Reprocessing of reusable medical and surgical instruments and equipment and maintenance of the associated environment
- Standards New Zealand. NZS 4304:2002 Management of Health Care Waste
- Infection Prevention and Control
- Hand Hygiene NZ



INDICATOR 14

There is safe storage and disposal of health care waste

| Criteria | Evidence may include | <input checked="" type="checkbox"/> |
|--|--|-------------------------------------|
| 14.1 Practice waste is correctly categorised, safely stored, collected and disposed of in accordance with the industry standard NZS 4304:2002. | <ul style="list-style-type: none">■ Waste management policy; and■ Waste collection units; and■ Waste storage area; and■ Method of waste disposal. | <input type="checkbox"/> |
| 14.2 In all areas where sharps are used, the practice has puncture resistant sharps containers that are out of reach of children, and that display a biohazard symbol in accordance with NZS 4304:2002 | <ul style="list-style-type: none">■ Sharps containers located out of reach of children, and marked in accordance with NZS 4304:2002. | <input type="checkbox"/> |

Guidance notes

New Zealand Standard NZS 4304:2002 details how health care waste is managed. To ensure compliance, practices should obtain a copy from Standards New Zealand. The essentials are summarised here but the Standard should be consulted for detail. Management of some hazardous waste will require reference to other sources (e.g. National Radiation Laboratory Code or controls under the HSNO Act).

Health care waste refers to all waste generated by a health care facility and includes 'non-hazardous', 'controller' and hazardous' waste. Non-hazardous waste constitutes the bulk of waste generated and is managed in the same way as household waste.

Hazardous waste requires proper handling, storage, transport and disposal to minimise risk to personnel, the public and the environment, and to prevent causing cultural or aesthetic offence.

A fundamental principle of waste management is the minimisation of waste.

Hazardous waste

This is initially classified as either sharps or non-sharps waste.

Sharps waste is categorised as radioactive, cytotoxic or infectious and is subject to controls for both sharps and the appropriate hazardous waste.

Non-sharps waste is categorised as infectious (including body parts), radioactive, cytotoxic or other (e.g. solvents, chemicals, pharmaceuticals).

Controlled waste

This includes waste that is recognisable as coming from a health care facility and that is contaminated with body fluids (that cannot be expressed) or may be aesthetically offensive. It includes intravenous tubing, catheters, cannulas, empty syringes (no needles), disposable sheeting, disposable scopes, used dressings, disposable gloves or other surgical garments.



Non-hazardous waste

Categorised as recyclable (paper, glass, plastics, metal) or general waste (solid or liquid).

Segregation

Waste must be segregated according to its category at the time and place it is generated, and then be bagged, packaged or containerised as appropriate.

Sharps must be placed in sharps containers.

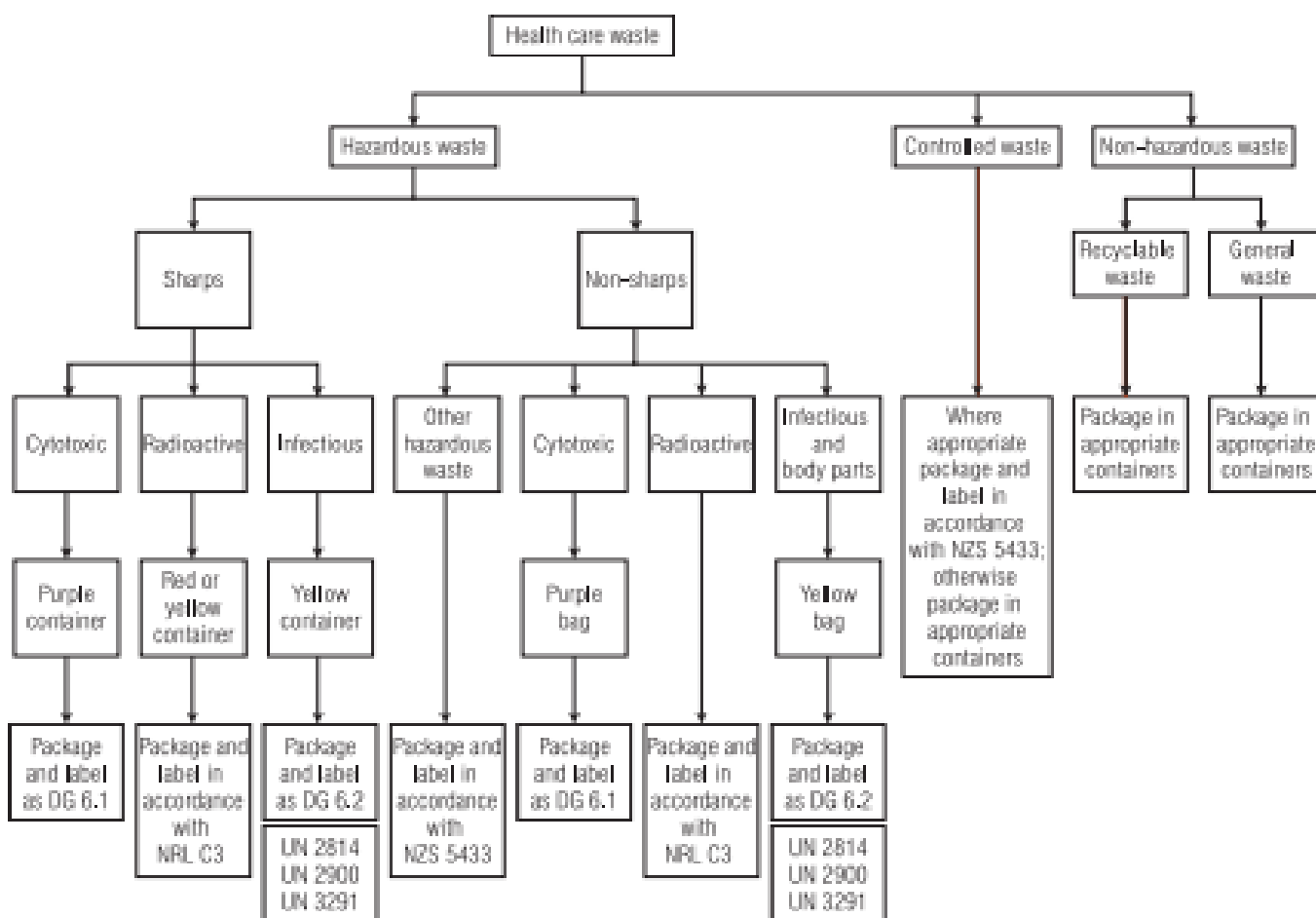
Hazardous waste requiring refrigeration must be stored in a dedicated refrigerator.

Radioactive waste must be segregated and stored in accordance with the National Radiation Laboratory Code of Safe Practice.

Containers and packaging

Figure 2 shows the appropriate containers for packaging different categories of health care waste.

Figure 2. Segregation and packaging process



Bags

Bags for the collection and storage of waste other than sharps must

- have sufficient strength to contain waste
- comply with NZS 7603 (for plastic bags)
- conform to the colour coding and marking system (in Figure 2)
- be filled to not more than two-thirds of their capacity

- allow for the secure final closure when two-thirds full
- be secured with closure devices that do not have sharp protuberances (e.g. staples).
- Paper bags must not be used for hazardous waste.

Sharp containers

These must meet the requirements in AS/NZS 4261 (Reusable containers for the collection of sharp items used in human and animal medical applications).

Sharps containers should be in place in all clinical and treatment areas or where any hazardous waste may be generated such as sluice/sterilising rooms. The disposal of sharps is the responsibility of the person generating the sharps. Used sharps should be disposed of directly after use not left on work surfaces. Needles should never be bent, broken or recapped. Fill containers to the designated level only. When full, securely attach the well-fitting lid and dispose of through a licensed operator. These measures reduce the risk of inadvertent needle stick injuries. Holders for the biohazard containers should preferably be wall mounted at chest height, out of doorways and high traffic areas. Loose biohazard containers (not wall mounted) in current use, should not be left on the floor, on trolley tops, on consultation desks or on any surface within easy reach of children.

Rigid-walled containers

Reusable rigid-walled containers (e.g. mobile garbage bins) should be resistant to leakage, impact rupture and corrosion and should be inspected after each use to ensure they are intact.

Packaging and labelling for transport

Hazardous and controlled waste must be packaged, labelled and documented for transport in accordance with NZS 5433 (Transport of dangerous goods on land).

Health care waste storage

Hazardous and controlled waste must be stored in designated areas and must not be left unattended at road-side or other area where the public may have unsupervised access.

The storage areas must be sufficient to maintain segregation of waste and separation from other stored materials. It must:

- be secure
- be vermin-proof and easily cleaned, with walls and floors of impervious material and floors banded or graded to a valved sewer outlet
- have adequate access and space for movement
- have adequate lighting so it can be effectively cleaned and information on containers and documents easily read
- have adequate ventilation to remove odours and exhaust vents must prevent exhaust entering buildings or public areas
- be identified with signs appropriate to the categories of waste stored
- must have ready access to materials for managing spills, suitable protective clothing and handwashing facilities.

Each regional council will have its own bylaws and regulations with regard to waste disposal, which practices must be cognisant of and comply with.

Resources

- [Standards New Zealand. NZS 4304:2002 Management of Health care Waste](#)

