Checklist for Medicare Survey — Infection Control (Excerpt)

- ☐ Does the organization have an explicit infection control program?
- ☐ Does the organization follow nationally recognized infection control guidelines? And, is there documentation that shows the organization considered these when creating the infection control program?
- ☐ Does the organization have a "licensed healthcare professional" qualified through training in infection control and designated to direct the program? The infection control officer should be a licensed individual, and have ongoing education (online education, seminars, etc) to show proof of training. **UPDATE:** Note, in the regulations it does not state that the individual must be "licensed", yet in the Infection Control Survey document that will be utilized by the surveyors, it references this point. It is up to the organization how they want to interpret, but we would recommend having someone with a "license" in this position.
- ☐ Does the organization have a system to actively identify infections related to procedures, and is there supporting documentation to confirm this tracking? In most centers, surgeons are queried postoperatively regarding infections. The list of patients and letters returned by the surgeons should be kept on file.
- ☐ Does the organization have a policy/procedure in place to comply with the state notifiable disease reporting? Centers should have their State Infectious Disease reporting requirements printed and on site, as well as a policy that says you will follow these regulations.
- ☐ Do staff members — **including medical staff** — receive infection control training? How often? What method? Upon orientation ALL staff should receive some sort of education on infection control/prevention. Medical staff as well as LIP/allied health should also receive an orientation and show education/review on infection control. Annually — all staff should also go through education/inservicing on infection control.

INJECTION PRACTICES IN INFECTION CONTROL

Medications that are pre-drawn are labeled with:

- ☐ a. time of draw;
- ☐ b. initials of the person drawing;
- ☐ c. medication name;
- ☐ d. strength; and
- ☐ e. expiration date or time.

- ☐ Single-dose vials are used for only one patient.
- ☐ Multidose injectable medications are used for only one patient. If not, then they will look for the following:
- ☐ a. rubber septum on a multidose vial used for more than one patient is disinfected with alcohol prior to each entry
- ☐ b. when used for more than one patient are dated when they are first opened and discarded within 28 days of opening or according to manufacturer's recommendations, whichever comes first.
- ☐ c. When used for more than one patient are not stored or accessed in the immediate areas where direct patient contact occurs.

SINGLE-USE DEVICES, STERILIZATION, AND HIGH-LEVEL DISINFECTION

- ☐ If single-use devices are reprocessed, you must verify that they are "approved by the FDA for reprocessing," and "reprocessed by an FDA approved reprocessor."
- ☐ Items are pre-cleaned according to manufacturer's instructions or evidence-based guidelines prior to sterilization.
- ☐ Items that go under high-level disinfection are allowed to dry before use.
- ☐ Following high-level disinfection, items are stored in a designated clean area in a manner to prevent contamination.

ENVIRONMENTAL INFECTION CONTROL

- ☐ Operating rooms are cleaned and disinfected after each surgical or invasive procedure using an EPA-registered disinfectant.
- ☐ Operating rooms are terminally cleaned daily.

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POINT-OF-CARE DEVICES (e.g., Glucometers)

☐ A new single-use, auto-disabling lancing device is used for each patient.

☐ The glucometer is not used on more than one patient unless the manufacturer's instructions indicate this is permissible, meaning that you can show it is for "institutional use/professional."

☐ The glucometer is cleaned and disinfected after EVERY use. How do you document this?

Source: AXIOM Integrated Services, Chicago.