

Behind the Mask:

Fundamentals of Specialty Department Rounding

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Meet our Subject Matter Experts



Alisha Sheffield MSN, RN CIC

Alisha is an Infection Preventionist and Registered Nurse with 21 years of experience in a variety of healthcare settings including ambulatory, acute care, and surgical areas. Over the past 13 years, she has worked as an Infection Preventionist in outpatient surgery as well as at a large academic medical center. Her recent work has focused on utilizing her IPC expertise to develop infection control tools and resources to assist Infection Preventionists in under-resourced settings.



Lauren Musil BSN, RN

Lauren is an Infection Preventionist with a background as Registered Nurse. She has a wide variety of healthcare experience having worked in neurology, neurosurgery, ambulatory surgery, home health and with the Nebraska Biocontainment unit. As an IP, her primary focus was in critical care, oncology, VAE prevention and as the IP to the Nebraska Biocontainment Unit. Her recent work has been spent in a grant funded role to develop innovative tools to aid IPs in rural and remote settings.

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Disclosure Declaration



- We have no financial disclosures or conflicts related to this presentation.
- This work has been grant funded through the Center for Disease Control and Prevention in support of Project Firstline.
- The views and opinions expressed during this webinar are those of the presenters and do not necessarily reflect those of the University of Nebraska Medical Center, The Nebraska Medical Center or the Centers for Disease Control and Prevention.

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IPC Program Rounding Objectives



Discuss the principles and methodologies used to perform specialty department rounding.



Explore performance monitoring principles and strategies for specialty departments.



Apply rounding principles to meet objectives of IPC programs and specialty services.



Analyze results of rounding to inform program performance improvement initiatives in specialty areas.

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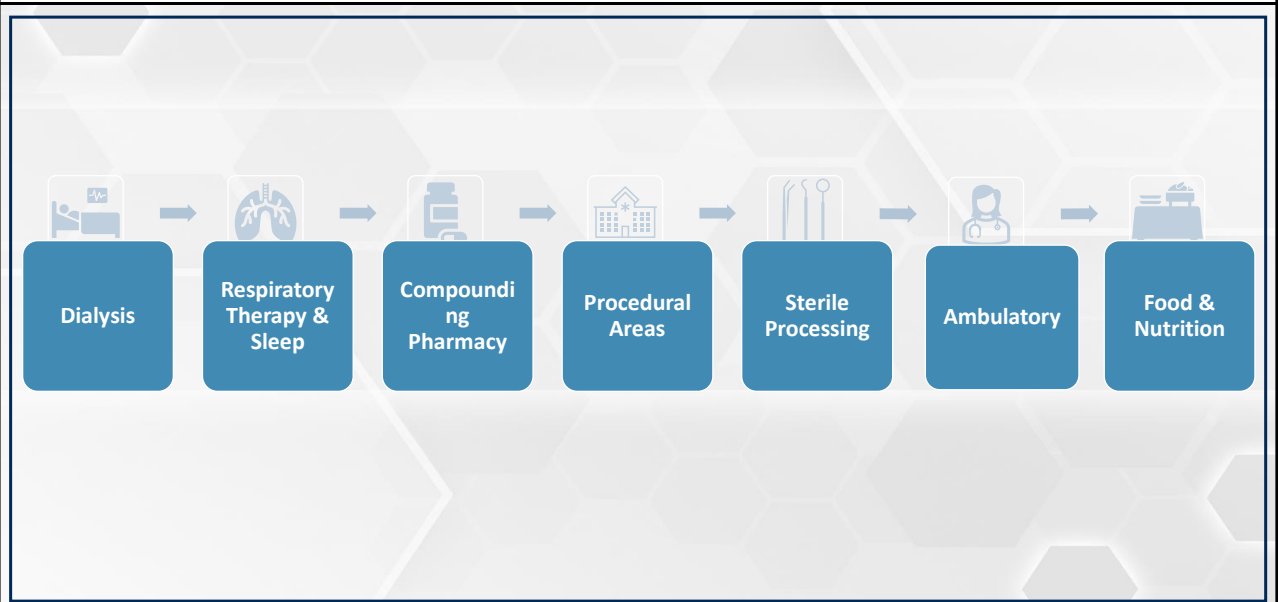
Rounding Webinar Series Outline



IPC Program Rounding	Device & Process Rounding	Specialty Department Rounding
<ul style="list-style-type: none"> • Key Concepts • Basics of Rounding • Rounding Tools • Data Analysis • Communicate Findings & Providing Feedback 	<ul style="list-style-type: none"> • Device Rounds <ul style="list-style-type: none"> ○ Vascular Access Devices ○ Foley Catheters ○ Ventilators • Process Rounds <ul style="list-style-type: none"> ○ Device Reprocessing ○ Cleaning/Disinfection ○ Isolation/ PPE ○ Hand Hygiene • Tools • Partnering with Frontline Staff • Feedback loop 	<ul style="list-style-type: none"> • Unique Practice Settings/ Service Specific Patient-Care Areas <ul style="list-style-type: none"> • Procedural areas • Dialysis • Respiratory Therapy • Support Services & Care Environment <ul style="list-style-type: none"> • Sterile Processing • Food and Nutrition • Compounding Pharmacy

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Today's Order of Operations



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What is a Specialty Area?



- Areas that perform unique services or procedures within a specific area of medicine
- Key Features
 - Narrow focus (specialty)
 - Specialized staff expertise
 - Advanced technology
 - Unique procedures & processes
 - e.g., endoscope reprocessing, dialysis water testing, etc.



IPC principles apply regardless

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Common Challenges in Specialty Areas



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Mentimeter

What are some common challenges you've experience in specialty areas?

focus bold leader creative fast inspiration transpiration

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Common Challenges in Specialty Areas



Unfamiliarity
with area/
Culture collision

Number of
locations to visit

Space/
Workflow
challenges

Advanced
technology

Complicated
IFUs/Competing
Authority

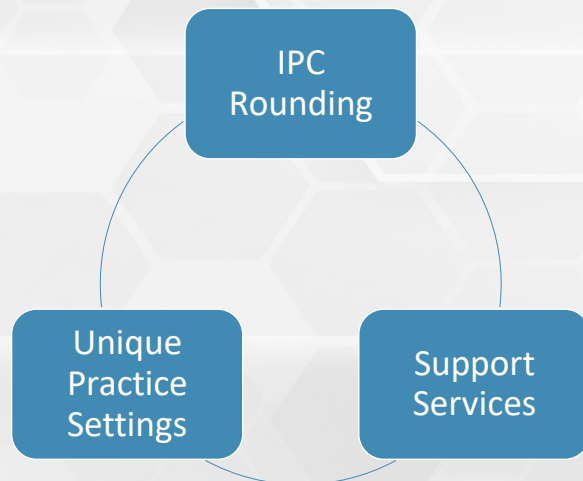
Observation
Challenges

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What To Round On in Specialty Areas?



- Regulatory Compliance
- Challenges/ Risk in the area
- Vertical & Horizontal Measures
- Surveillance Data
- Safety Events
- New Products/ Protocols



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First Steps



TOUR THE AREA

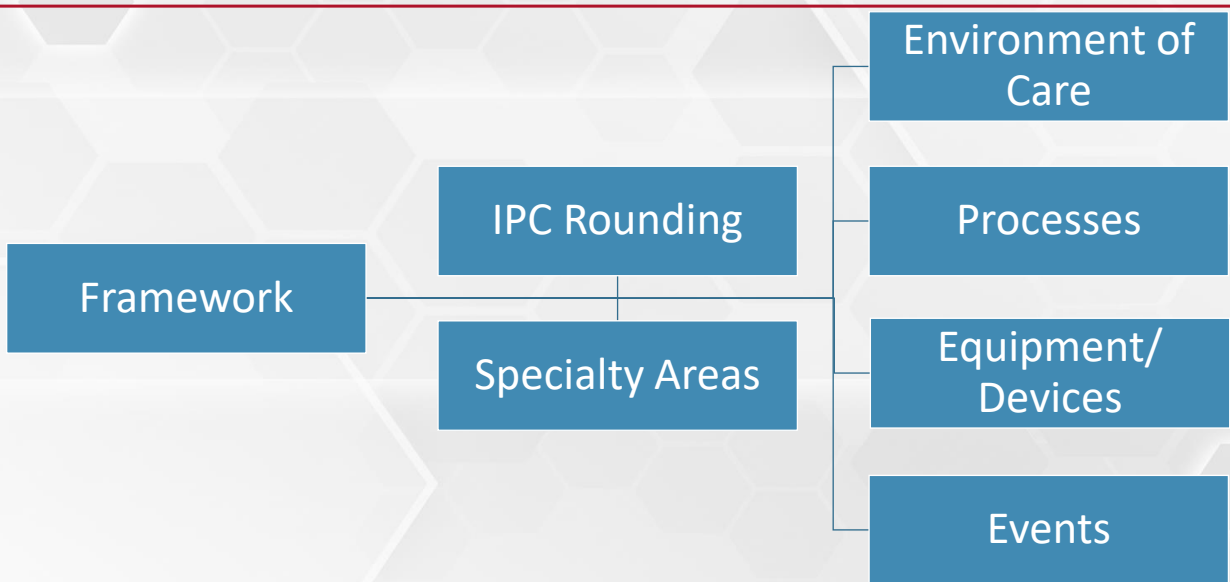
- Learn their process currently
- What devices/ equipment are in the space?
- What services are offered?
- Not Looking For Gaps

BUILD RELATIONSHIPS

- Get to know the staff
- Learn background, education, training, etc.



Specialty Rounding Framework



Dialysis



Scope of Practice:

- Care and treatment of patients with renal disease through dialysis.
- Hemodialysis
- Peritoneal dialysis
- Continuous renal replacement therapy

Special Considerations

- Chronically ill + multiple comorbidities= higher risk of infection

Common Risks & Challenges

- Bloodborne Pathogens
- MDROs
- Line & site Infections
- Water Quality

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Dialysis- Environment of Care



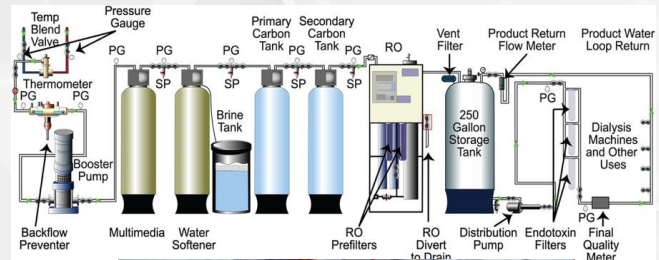
Water Management

- Water distribution system
- Water treatment process
- Water & dialysate quality & testing
 - Total viable bacteria in water
 - Endotoxin levels in water
 - Endotoxin levels in dialysate
 - Cultures (hemodialysis)

Bay/ Room Set Up

Cleaning & Disinfection

- Patient Bay
- Dialysis Machine Reprocessing
- Water Access



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Dialysis- Processes



- **Line/ Site Access & Care**
 - Injection Safety
 - Bloodstream/CLABSI infection prevention practices
- **Care Delivery Outside of Dialysis Unit**
 - Continuous Renal Replacement Therapy
 - Transmission-based Precautions
- **Cleaning & Disinfection**
 - Dialysis Machine Reprocessing
 - Room/ Bay Turnover
- **Environmental Monitoring**
- **Routine Serologic Testing**
 - Hepatitis B & C
 - HIV



Checklist: Dialysis Station Routine Disinfection

This list can be used if there is no visible soil on surfaces at the dialysis station. If visible blood or other soil is present, surfaces must be cleaned prior to disinfection. The proper steps for cleaning and disinfecting surfaces that have visible soil on them are not described herein. Additional or different steps might be warranted in an outbreak situation. Consider gathering necessary supplies⁵ prior to Part A.

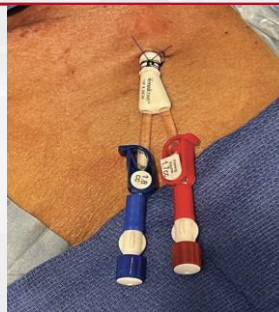
Part A: Before Beginning Routine Disinfection of the Dialysis Station

- Disconnect and takedown used blood tubing and dialyzer from the dialysis machine.
- Discard tubing and dialyzers in a leak-proof container².
- Check that there is no visible soil or blood on surfaces.
- Ensure that the priming bucket has been emptied³.
- Ensure that the patient has left the dialysis station⁴.
- Discard all single-use supplies. Move any reusable supplies to an area where they will be cleaned and disinfected before being stored or returned to a dialysis station⁵.
- Remove gloves and perform hand hygiene.

PART B: Routine Disinfection of the Dialysis Station – AFTER patient has left station

- Wear clean gloves.
- Apply disinfectant⁶ to all surfaces⁷ in the dialysis station using a wiping motion (with friction).
- Ensure surfaces are visibly wet with disinfectant. Allow surfaces to air-dry⁸.
- Disinfect all surfaces of the emptied priming bucket³. Allow the bucket to air-dry before reconnection or reuse.
- Keep used or potentially contaminated items away from the disinfected surfaces.
- Remove gloves and perform hand hygiene.

Dialysis- Equipment & Devices



- **Dialysis Machine & Components**
 - Dialyzers
 - Tubing
 - Priming buckets
 - Waste Drain Ports

- **Wall Boxes**
- **Water Treatment System & Lines**

- **Central Venous Catheter**
 - Tunneled Line (Subclavian, Jugular)
 - Non-tunneled (Internal Jugular)

- **Patient Bay**
 - Non-critical devices
 - Biohazardous waste

Dialysis- Events

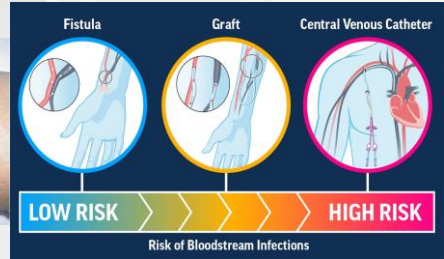


- **Bloodstream Infections**

- CLABSI

- **Site Infections**

- Fistula
- Graft
- Peritoneal site



- **Disease Transmission/ Outbreaks**

- Bloodborne Pathogens
- MDROs


- **Above action levels in Water/ Dialysate Testing**

Testing	Total Limit	Action Level
Total Viable Bacteria in Water	<200 cfu/mL	>50cfu/mL
Endotoxin Levels in Water	<2 EU/mL	>1 EU/mL
Endotoxin Levels in Dialysate	<0.5 EU/mL	>0.25 EU/mL

Association for the Advancement of Medical Instrumentation. *American national standards for water treatment for hemodialysis applications (RD62:2001)*. Arlington, VA: AAMI.
 Association for the Advancement of Medical Instrumentation. *American national standards for dialysate for hemodialysis (RD52:2004)*. Arlington, VA: AAMI; 2004.

Dialysis



Environment of Care	Processes	Equipment/ Devices	Events
<ul style="list-style-type: none"> • Water Management • Water & dialysate quality & testing • Water treatment process • Water distribution • Cleaning & Disinfection • Space set up 	<ul style="list-style-type: none"> • Line/ site access • Transmission-based Precautions • Dialysis care outside of the dialysis unit • Serologic testing • Cleaning & Disinfection • Room/ Bay Turnover 	<ul style="list-style-type: none"> • Dialysis Machines • Water Treatment System & Lines • Wall Boxes • Central Lines • Patient Bay 	<ul style="list-style-type: none"> • Bloodstream Infections • Site Infections • Above action levels • Disease transmission & Outbreaks 

Respiratory Therapy & Sleep Labs



Scope of Practice

- Care of patients requiring pulmonary diagnostic and treatment procedures to monitor and support respiratory function
- Sleep labs- diagnosis of sleep disorders. Assistance with home sleep equipment set up and education

Special Considerations

- Wide variety in patient population
Wide variety of treatments delivered
- Wide variety of locations where care is delivered

Unique Risks & Challenges

- Aerosol Generating Procedures
- Transmission-based precautions
- Patient volume
- Numerous devices, machines, and component
- Multi-dose medications

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RT & Sleep Environment of Care



Cleaning & Disinfection

- Single use vs Reusable

Equipment Storage

- Clean vs Dirty

Air Handling & Oxygen Delivery

- Pulmonary Labs
- Pulmonary Function Testing Clinics
- Fit Testing

Sleep Lab Environments

- Often set up for comfort

Water Sources



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RT & Sleep Processes



Aerosol Generating Procedures

- Intubation
- Bronchoscopy
- Sputum induction
- CPR
- Nebulizer/ Inhaler Use

Cleaning & Disinfection

- Device Reprocessing
 - Ventilators
 - Non-invasive devices
 - Sleep Study Monitoring Equipment
 - Bronchoscopes
 - Pulmonary Function Testing Equipment
 - Patient owned equipment

Multi-dose Medication

- Common Cannister Protocols



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RT & Sleep- Equipment & Devices



Ventilator & Components

- Circuits
- Filters
- Humidifiers

Non-invasive ventilation devices & components

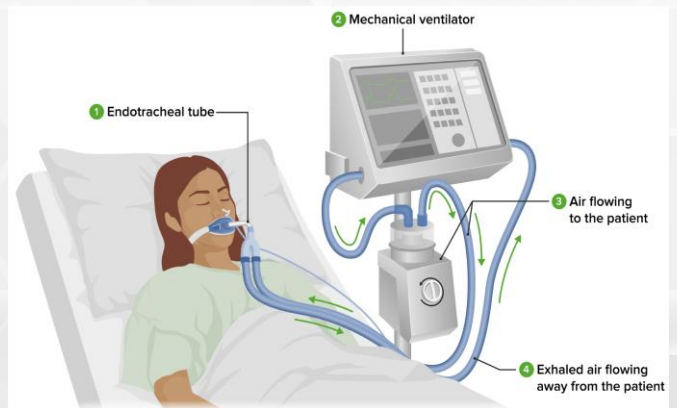
Aerosol Delivery Devices

- Nebulizers
- Metered Dose Inhalers

Pulmonary Function Equipment

Sleep Study Equipment

Bronchoscopes



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Respiratory Therapy & Sleep



Environment of Care	Processes	Equipment/ Devices	Events
<ul style="list-style-type: none"> • Cleaning & Disinfection • Storage • Air Handling & Oxygen Delivery • Sleep lab rooms <ul style="list-style-type: none"> • Furniture 	<ul style="list-style-type: none"> • Aerosol Generating Procedures • Device/ Equipment reprocessing • Suctioning • Airway Management <ul style="list-style-type: none"> • Tracheostomy • Oral Intubation • Non-invasive • Multi-dose medication 	<ul style="list-style-type: none"> • Ventilators & components • Non-invasive ventilation devices • Aerosol Delivery Devices <ul style="list-style-type: none"> • Nebulizers • Inhalers • Humidifiers • Pulmonary Function Testing Equipment • Sleep Study Equipment • Bronchoscopes 	<ul style="list-style-type: none"> • Healthcare-associated Pneumonias <ul style="list-style-type: none"> • Ventilator-associated • Non-ventilator associated • Disease Transmission • Outbreaks

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Compounding Pharmacy



<p>Scope of Practice</p> <ul style="list-style-type: none"> • Process of combining drug ingredients to prepare medications that are not commercially available to meet specific patient needs. 	<p>Special Considerations</p> <ul style="list-style-type: none"> • Significant regulation (FDA, USP, BOP, TJC, etc.) • High risk of mortality and sentinel events when errors or contamination occur
<p>Common Risks & Challenges</p> <ul style="list-style-type: none"> • Contamination (especially injectables) • Drug storage & stability • Air handling/ HVAC • Cleaning & disinfection • Injection Safety/ Sharps Disposal • PPE 	

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Compounding Environment of Care



Sterile Compounding Area Design & Maintenance

- Anteroom
- Clean Room
- Storage

Engineering Controls

- Primary Engineering Control (Compounding Hood)
 - Biosafety Cabinet (BSC) vs. Laminar Airflow Workbench (LAFW)
- Secondary Engineering Control (Buffer Zone)

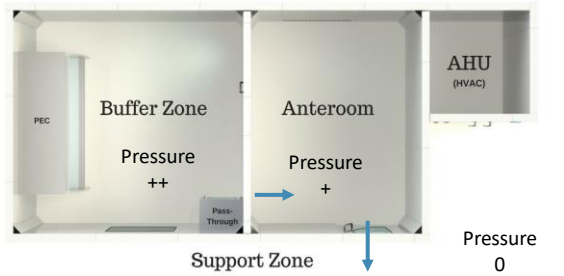


Environmental Monitoring

- Environmental Sampling
- Air-Handling Data
- Maintenance and Testing Frequency

Cleaning & Disinfection

Personnel & Traffic Management



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Compounding Processes



- **Sterile Medication Compounding**
 - Aseptic Technique
 - Injection/ Sharps Safety
- **Cleaning & Disinfection**
- **Environmental Sampling**
 - Air & Surface
- **Storage & Dating of Medications**
 - Appropriate use to decrease risk of contamination and risk of endotoxin growth
- **Waste Disposal**
 - Sharps and hazardous drug disposal

Sample Cleaning & Disinfection Schedule	
Space	Frequency
Compounding Hood	Initial clean of the day
	Between drugs
	End of the day
	* Every 30 minutes of continuous compounding (USP 797)
Buffer/Clean Room	Daily Clean
	Monthly Surface Clean (ceilings, walls, shelving)
Ante Room	Daily Clean
	Monthly Surface Clean (ceilings, walls, shelving)

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Compounding Equipment & Devices



- **Compounding Hood**
 - Biosafety Cabinet (BSC) vs. Laminar Airflow Workbench (LAFW)
- **Pharmaceutical Packaging**
 - IV/ Infusion Bags
 - Syringes
 - Needles
 - Vials
 - Multi-dose Vials vs Single Dose Vials
- **Compounding Process Equipment**
 - Filters
 - Syringes/ Pipettes
 - Scales
- **Medication Management**
 - Labeling & Dating
- **Medication Storage**
 - Fridges/ Freezers
 - Temp Monitoring & Control



Compounding Pharmacy



Environment of Care	Processes	Equipment/ Devices	Events
<ul style="list-style-type: none"> • Cleaning & Disinfection • Space setup • Engineering Controls • Environmental Sampling • Personnel and Traffic Management 	<ul style="list-style-type: none"> • Sterile Medication Compounding • Injection Safety • Environmental Sampling • Cleaning & Disinfection • Storage of medications • Waste Management 	<ul style="list-style-type: none"> • Hoods • Medications • Filters • Syringes • Bags 	<ul style="list-style-type: none"> • Environmental Contamination <ul style="list-style-type: none"> • Positive Cultures • Contaminated Medication • Beyond Expiration Dates • Improper storage of medication



Operating Room- Surgical core/hallway



- Proper Scrub
- What is being put in the sink?
- Equipment storage
- Watching the field

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Anesthesia



WHO cleans their equipment?

How do you clean it?

Separation of clean and dirty

Expiration Dates

Hand hygiene

Reprocessing of reusable supplies

Safe injection practices

Supply integrity

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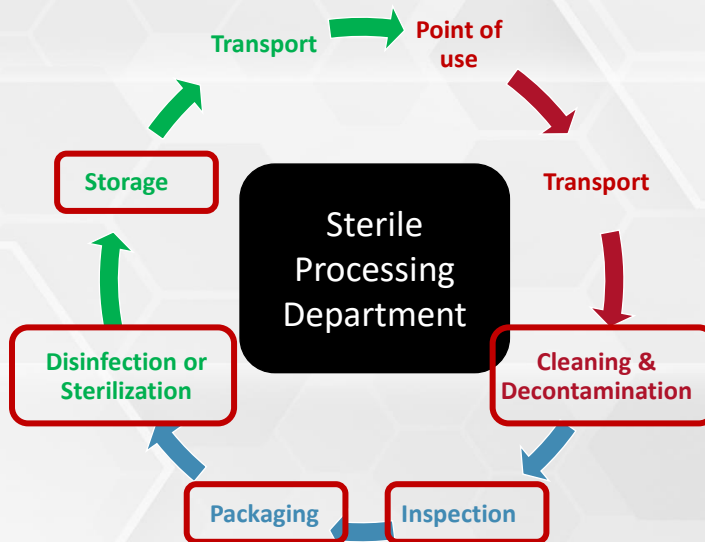
Operating Room



- Disinfectants/Cleaning procedures
- Attire
- Temperature/humidity regulation/HVAC
- OR traffic
- Sterile field
- Skin prep
- Surgical instruments

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Sterile Processing Department



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Sterile Processing Department (SPD)



Scope of Practice

- Reprocessing of medical devices to ensure they are safe for patient use

Special Considerations

- High volume and variety of instruments + complex devices + complex requirements = high risk for error
- Manufacturer IFU

Unique Risks & Challenges

- Complex devices
- Complex requirements
- Complex processes
- Documentation

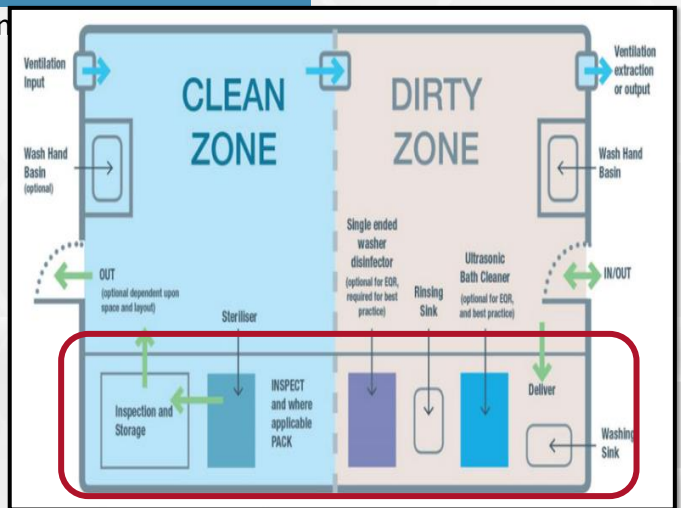
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Sterile Processing Department Decontamination Area



Environment of Care

- Workflow
 - Separate decontamination and clean area
 - Workflow from dirty to clean
- Equipment
 - 3 sinks is ideal
 - Instrument air
 - Lights
 - Washer/Disinfector
 - Ultrasonic
- HVAC and utilities
 - Negative airflow
 - Critical water for rinsing
 - Employee comfort



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Sterile Processing Department Arrival on Instruments



- ✓ Biohazard label
- ✓ Puncture resistant
- ✓ Leakproof
- ✓ Cleaned at point of use
- ✓ Kept moist

Point of Use Cleaning

- ✓ Open, disassembled
- ✓ Sterile water
- ✓ Flush lumens
- ✓ Follow manufacturer's IFU
- ✓ Enzymatic
- ✓ Single use items discarded



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Sterile Processing Department Decontamination Area- Manual Cleaning



Sink 1

- ✓ Rinse to remove debris or pre-treatment
- ✓ PPE

Sink 2

- ✓ Enzymatic dilution and temperature
- ✓ Brush/flush
- ✓ Under water
- ✓ How are brushes cleaned


Sink 3

- ✓ Final Rinse
 - ✓ Rinse Water
- Instruments not safe for handling after manual cleaning!**

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Sterile Processing Department Automated Cleaning

Ultrasonic




- ✓ Cavitation
- ✓ Detergent concentration and temp
- ✓ Change water at least daily or more
- ✓ Clean unit daily
- ✓ Remove gross soil first
- ✓ Must rinse
- ✓ Degassed

Washer/Disinfector



- ✓ Heat tolerant items
- ✓ Disinfects instruments- safe for handling
- ✓ Several washes and rinses
- ✓ May sterilize but items are NOT considered sterile

Tunnel Washer



- ✓ Hands-off approach
- ✓ Directly from OR to the washer
- ✓ Pre-rinse
- ✓ Wash
- ✓ Ultrasonic
- ✓ Rinse
- ✓ Dry

✓ Detergent solution and concentration


✓ Temperature verification


✓ Load Verification


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Sterile Processing Department Inspection

Purpose of inspection: Verify appropriate cleaning







Verification- Required

- Washing indicators
- Ultrasonic indicators
- Must be documented

Visual Inspection- Required

- Visible debris
- Instrument integrity

Soil marker detection- Encouraged

- Protein tests
- ATP

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Decontamination



Environment of Care

- Negative Airflow
- Separation of clean and dirty
- Workflow
- Air exchanges
- Temperature
- Humidity

Processes

- Sort
- Pre-soak
- Cleaning
- Rinsing
- Inspection

Equipment/ Devices

- Washer/Disinfector
- Ultrasonic
- Instrument air
- Lumen flusher
- Brushes

Events

- Inadequate cleaning and decontamination
- Failure to verify devices

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Sterile Processing Department Packaging



Purpose of packaging

- maintain the sterility of a device
- protect it until ready for use



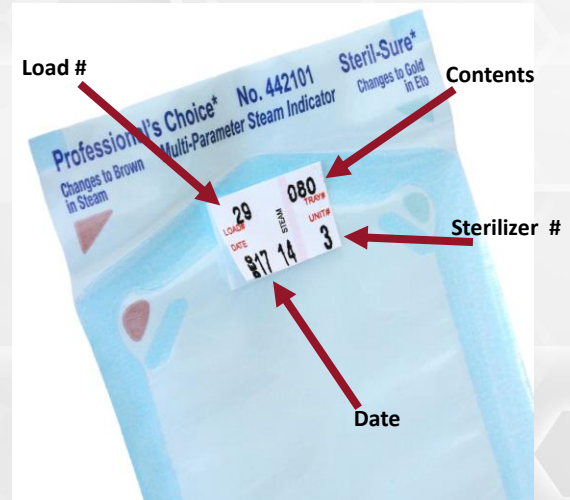
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Sterile Processing Department Packaging



Every package must have:

- ✓ Sterilizer number
- ✓ Cycle and load number
- ✓ Date of sterilization
- ✓ Contents
- ✓ Person who packaged
- ✓ An indicator (internal and external)



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Sterile Processing Department Packaging



Pouches must be sized and applied properly to allow for adequate air removal, sterilant penetration, and drying

- 1 inch around perimeter of item

Peel-packs are only made for 1-2 instruments

All instruments need to be in the open position (If ratcheted it must be unclamped)

All sharp items require a tip protector to prevent strike thru on paper side

Must have a chemical indicator



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Sterile Processing Department Packaging



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Sterile Processing Department Packaging



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Packaging



Environment of Care

- Separate from decontamination
- Positive Airflow
- Air exchanges
- Temperature
- Humidity

Processes

- Inspection of instruments
- Selection of packaging materials
- Labeling and documentation

Equipment/ Devices

- Paper/plastic pouches
- Wrap
- Rigid containers
- Indicator tape

Events

- No Chemical indicator
- Improper packaging
- Packaging integrity (tears or holes)

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Sterile Processing Department Sterilization



- Sterilizer capacity and weight limit
- Lightest to heaviest from top to bottom
 - Peel pouch
 - Wrapped
 - Rigid Container
- Nothing hanging over edges
- Concave items on edge in same direction
- No stacking

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Sterilization Monitoring






Bowie-Dick Test Pack

Machine No.: _____
 Date: _____
 Operator: _____
 Result: _____

- This Side Up In Sterilizer
- Operation Condition: 132°C w/ 134" x 3.5min
- Single use only
- EN ISO 11140-1&EN 867-4

LOT: BD160727
 Mfg: 20160727
 Exp: 20180726

UNPROCESSED PASS FAIL

Physical Monitoring

- Time
- Temperature
- Pressure

```

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

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

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

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

LOAD                      081106

TEMP MAX=133.5C
TEMP MIN=132.2C



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

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

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Sterilization Monitoring

External Chemical Indicator






Before Processing After Processing

Internal Chemical Indicator

Biological Indicator

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Sterilization Monitoring



External Chemical Indicator

- ✓ Help distinguish between processed and non-processed items
- ✓ Found on the OUTSIDE of the packaging
- ✓ Checked before opening the item for the sterile field

Internal Chemical Indicator

- ✓ Verify that conditions for sterilization have been met (time, temperature, steam)
- ✓ Placed INSIDE the packaging
- ✓ If Internal CI failed and placed on the field, the field is considered contaminated

Biological Indicator

- ✓ Measures lethality of the sterilization process
- ✓ Ran at least weekly (minimum)
- ✓ Placed inside a PCD
- ✓ Must always have a test tube and a control tube from the SAME lot number
- ✓ Control tube is placed in the incubator without going through a sterilization cycle
- ✓ Test tube is placed in sterilization cycle
- ✓ Control should be positive
- ✓ Test should be negative
- ✓ Documentation REQUIRED

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Sterilization



Environment of Care

- Positive Airflow
- Air exchanges
- Temperature
- Humidity

Processes

- Sterilization monitoring
- Load configuration
- Documentation

Equipment/ Devices

- Autoclaves
- Low temperature sterilizers
- Biological indicators
- Chemical indicators

Events

- Failed cycles
- Positive indicators

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Sterile Processing Department Storage



Event related sterility

Concerns include:

- Moisture Contamination
- Dirt, Dust, and Debris
- Physical Damage
- Breakdown of Packaging Material due to Wear or Age



Sterile items should be stored:

- At least 2" away from exterior wall
- 8-10" above the floor
- 8-10" from the ceiling
- Temperature: 64° -75° F
- Humidity: 35% - 75%
- Solid bottom shelf
- Avoid stacking >3 high
- FIFO

Note: Fire codes may specify 18" from sprinkler heads.

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Sterile Processing Department Storage



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Storage

Environment of Care

- Dedicated sterile storage area
- Positive airflow
- Temperature and humidity
- Proper shelving

Processes

- Package integrity
- Stock rotation

Equipment/ Devices

- Storage racks with solid bottoms

Events

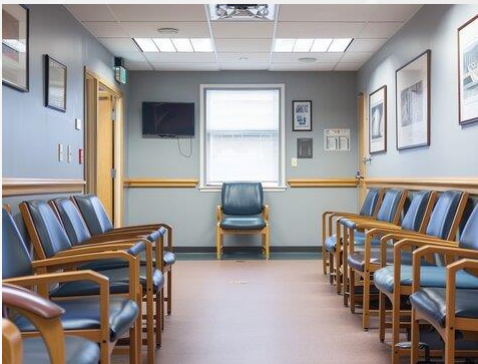
- Compromised sterility/ Contamination
- Storage area failures
- Expired items

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Ambulatory Facilities

Limited access to:

- Dedicated IP and EH
- Training programs
- Quality measures
- Regulations/standards



Infection Prevention Risks to consider

- ✓ Shared common areas
- ✓ Quick turnover
- ✓ Unique processes
- ✓ Device Reprocessing
- ✓ Difficult follow up
- ✓ Patients with unknown infections
- ✓ Staff in multiple roles

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Food & Nutrition



Scope of Practice

- Food and nutrition delivery to both patients and visitors of the health system.

Special Considerations

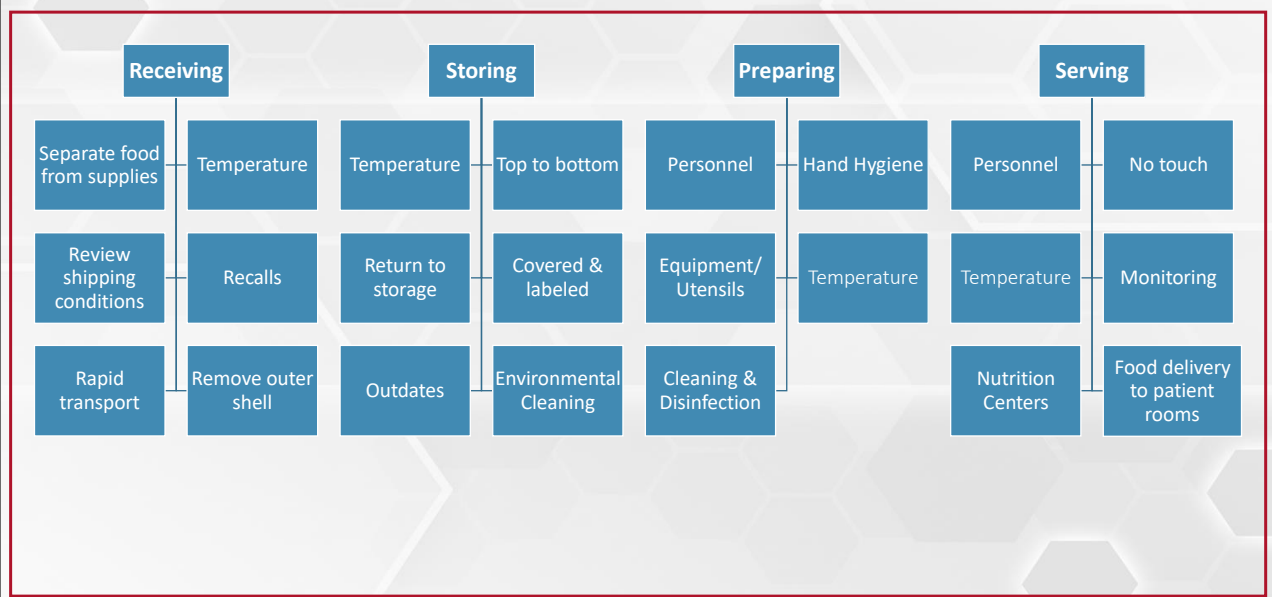
- Regulation (e.g., FDA, state department of health and human services)
- Widespread service

Unique Risks & Challenges

- Foodborne illness
 - Cross contamination
 - Temperature and storage
- Transmission

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Food & Nutrition Processes



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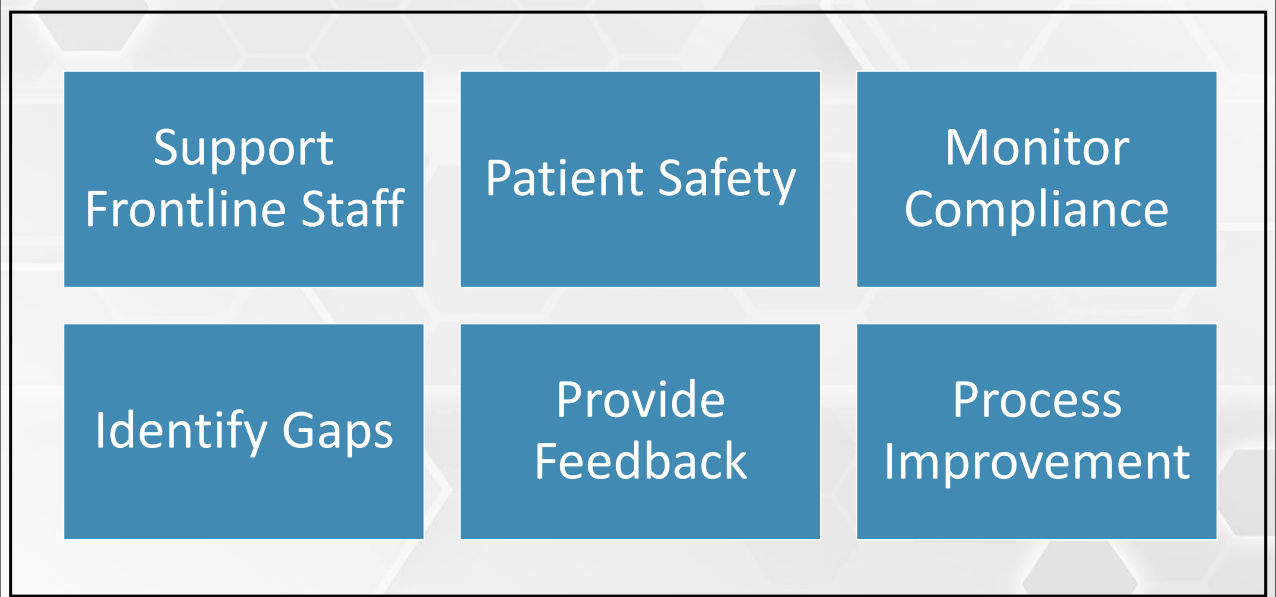
Food & Nutrition



Environment of Care	Processes	Equipment/ Devices	Events
<ul style="list-style-type: none"> • General cleanliness • Docks, Storage, Preparation, Serving • Nutrition Centers • Surfaces, Dishes, Utensils • Food Storage • Food Receiving 	<ul style="list-style-type: none"> • Temperature Monitoring & Control • Contamination Prevention & Monitoring <ul style="list-style-type: none"> • Hazard Analysis & Critical Control Points • Cleaning & Disinfection • Food Service Cycle <ul style="list-style-type: none"> • Receiving • Storage • Preparation • Serving • Food Delivery (patients) • Waste Management • Pest Control 	<ul style="list-style-type: none"> • Refrigerators/ Freezers • Ice & Water Machines • Handwashing Sinks • Vending Machines • Thermometers/ Temp. Logs • Dishes • Utensils • Dishwashers • Ovens • Microwaves • Formula/ Tube Feeding Mixing Equipment 	<ul style="list-style-type: none"> • Foodborne Illness <ul style="list-style-type: none"> • Outbreaks • Contamination <ul style="list-style-type: none"> • Formula • Tube Feeding • Food Supply Chain

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Summary



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**Join us next month for
Construction & HVAC**

**November 21st, 2024
12-1 CST**

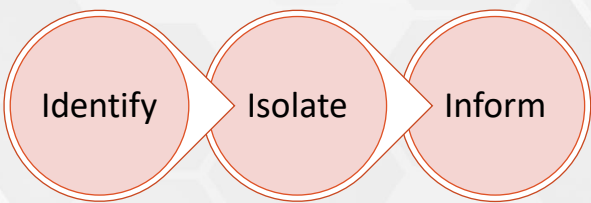


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Infection Prevention Preparedness


**Rwanda Marburg Virus Outbreak
IPC Resources**



<https://netec.org>



<https://www.unmc.edu/healthissecurity/transmission/>



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Questions

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Office Hours

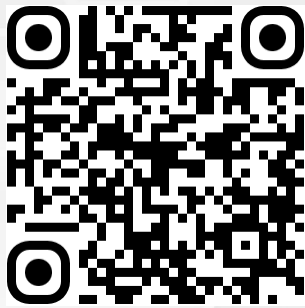


If you have a questions:

- Raise hand and our admin will take you off mute
- OR
- Enter your question into the chat
- Email us at infoforipslice@nebraskamed.com if you have additional questions that have not been answered.

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Self-Led Infection Control Evaluation SLICE



SLICE Domains	
Infection Prevention & Control Program	Transmission-based & Standard Precautions
Hand Hygiene	PPE
Surveillance	CAUTI
Injection Safety	CLABSI
Environment of Care	VAE
Environmental Cleaning	Non-Ventilator Associated Pneumonia
Non-Critical Device Reprocessing	SSI
Semi-Critical Device Reprocessing	Clostridioides difficile
Critical Device Reprocessing	

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