## ANESTHESIA INFECTION PREVENTION ROUNDS SURVEY

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| **Area Surveyed:** | **Date:** C = compliant | | | | |
| NC = Not compliant  **Surveyed by:**  **Name**  \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N/A = not applicable | | | | | |
| **Survey Items** | | **C** | **NC** | **N/A** | **Comments** |
| Policies and Procedures | |  | | | |
| * A Policy & Procedure (P&P) for Infection Prevention and Control exists for Anesthesia practices. | |  |  |  |  |
| * Staff are trained upon hire/appointment and annually on IC P&Ps. | |  |  |  |  |
| * Anesthesia staff can articulate and practice per the P&P, or hospital policies should a focused anesthesia policy not exist. | |  |  |  |  |
| Hand Hygiene/Glove use | |  | | | |
| * Approved hand hygiene (HH) products are readily available and easy to access. | |  |  |  |  |
| * Staff verbalizes understanding of when alcohol-based hand rub may not be used (e.g., visibly soiled hands). | |  |  |  |  |
| * No jewelry on fingers, hands, wrists. | |  |  |  |  |
| * No artificial nails. Natural nails do not exceed 1/4 “, polish isn’t chipped. | |  |  |  |  |
| * HH consistently used during movement from dirty to clean. | |  |  |  |  |
| * Gloves in various sizes are available and easy to access. | |  |  |  |  |
| * Clean gloves are worn for dirty procedures (intubation, suctioning) Gloves are then removed and HH performed prior to contact w/ clean environment (meds, keyboard). (Double gloving for dirty procedure/removal of one set for clean procedure is permitted) | |  |  |  |  |
| * HH is performed before donning sterile gloves (e.g., central line placement). | |  |  |  |  |
| **PPE/Attire** | |  | | | |
| * Staff adhere to surgical attire P&P. | |  |  |  |  |
| * Staff properly uses PPE for self-protection (gown, mask covering nose and mouth, eye protection, gloves). | |  |  |  |  |
| * In addition to Standard Precautions, staff adheres to requirements for transmission-based precautions per P&P. Is a mechanism in place for anesthesia to know which patients are on precautions? | |  |  |  |  |
| **Environment (clean vs. dirty)** | |  | | | |
| * Clean and dirty spaces are clearly defined and treated as such. | |  |  |  |  |
| * Staff responsible for room turnover are trained in steps involved in the process. What to discard and where, surface cleaning & disinfection. | |  |  |  |  |
| * Method is in place that indicates that the room turnover is complete for the environment and medications and room is ready for the next patient. (A technician may be responsible for room turnover and the anesthesia staff for the medications). | |  |  |  |  |
| * Sharps containers and trash bins are easy to access, not over filled and are located away from clean areas. | |  |  |  |  |
| * Laryngoscope blades are contained/bagged in storage until use. | |  |  |  |  |
| * Clear roles and responsibilities exist for room and equipment turnover between cases. | |  |  |  |  |
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| **Workflow** | |  | | | |
| * Efforts are made where feasible to limit staff turnover during the implant phase of a surgical procedure. | |  |  |  |  |
| * Staff do not eat or drink in the room. | |  |  |  |  |
| * Clear separation of workflow between dirty and clean activities/spaces. | |  |  |  |  |
| * No expired medications or supplies. | |  |  |  |  |
| * The anesthesia workroom is clean and orderly, and items are at least 6” off floor. Solid bottom shelves on any storage carts. | |  |  |  |  |
| * Nonessential personal equipment is not brought into clean work area/OR room. (e.g., backpacks, computers). | |  |  |  |  |
| * If visitors are allowed into OR room (e.g., parents, spouse in L&D), a consistent plan is in place for what they wear (scrubs or covering apparel) and when and where in the room they should and should not be. | |  |  |  |  |
| * Frequently used supplies are easily accessible within the OR suite to decrease traffic. | |  |  |  |  |
| * Needed supplies are pulled prior to the case to limit need to go into the clean cart after case has started. If you need to get more supplies from the cart, HH is to be performed prior to accessing the supplies. | |  |  |  |  |
| **Safe Injection Practices and Medications** | |  | | | |
| * Single dose vials/syringes are used whenever possible. | |  |  |  |  |
| * Syringes are not used between patients (even if the needle has been changed). Changing the needle for such a purpose is unacceptable. | |  |  |  |  |
| * Multi-dose vials are avoided when possible but when used between patients are not stored or accessed in the “immediate patient care” environment. | |  |  |  |  |
| * After penetration of the rubber stopper, multi-dose vials require a beyond use date of 28 days unless the manufacturer’s expiration date will be reached before 28 days or the product labeling (package insert) states otherwise. | |  |  |  |  |
| * A new syringe and needle are used when accessing a vial. | |  |  |  |  |
| * All medication and flush syringes are appropriately labeled. | |  |  |  |  |
| * Medications are securely stored (locked) when not overseen by anesthesia staff. | |  |  |  |  |
| * Medication storage and preparation area is maintained as a clean space. | |  |  |  |  |
| * Used medications are not stored back on the clean preparation area. | |  |  |  |  |
| * Vials/syringes are not stored or transported in clothing or pockets. | |  |  |  |  |
| * Diaphragms of vials are cleansed using friction and sterile 70% isopropyl alcohol, ethyl alcohol, iodophor or another approved antiseptic swab and allowed to dry prior to accessing. | |  |  |  |  |
| * Ampules are disinfected and allowed to dry prior to opening. Filter needles are used when accessing contents. | |  |  |  |  |
| * Aseptic technique is used when handling and administering medications. | |  |  |  |  |
| * Plans for consideration for drug shortages are in place. | |  |  |  |  |
| * Process to prevent medication diversion in place. | |  |  |  |  |
| **IVs and Intravenous Therapy** | |  |  |  |  |
| * Sharps safety devices are in use and being used accordingly. | |  |  |  |  |
| * Infusion supplies such as needles, syringes, flush solutions, administration sets, or IV fluids are not used on or for more than one patient. E.g., no common source flush bag. | |  |  |  |  |
| * Chevroning an IV site with tape prior to application of a dressing is not recommended. Utilize securement techniques after a sterile dressing is applied. | |  |  |  |  |
| * Priming IV Tubing   + is performed within one hour of administration (USP-797).   + is included in staff education and observations.   + is performed in a clean workspace. Tubing labeled with date/time/initials. | |  |  |  |  |
| * When patients are receiving a new central line during the case, new IV solution and tubing should be used for this line. | |  |  |  |  |
| * Streamline type of IV tubing and IV dressing with hospital P&P whenever possible. | |  |  |  |  |
| * Stopcocks and manifold devices are handled using aseptic technique. | |  |  |  |  |
| IV Caps/hubs are disinfected with sterile 70% isopropyl alcohol, ethyl/ethanol alcohol, iodophor or another approved antiseptic and allowed to dry before accessing. | |  |  |  |  |
| Stopcocks and manifold ports are covered with a sterile cap when not in use. | |  |  |  |  |
| A prompting system is in place for anticipated surgical prophylaxis redosing. | |  |  |  |  |
| **Neuraxial Procedures** | |  | | | |
| (Epidural, spinal, or combined spinal– epidural administration of anesthetics, analgesics, or steroids; lumbar puncture or spinal tap; epidural blood patch; epidural lysis of adhesions; intrathecal chemotherapy; epidural or spinal injection of contrast agents for imaging; lumbar or spinal drainage catheters; or spinal cord stimulation trials). | | | | | |
| * Cap, mask, sterile gloves and eye protection are worn during these procedures noted above. (Glasses for vision do not constitute full eye-protection) | |  |  |  |  |
| * Sterile drape, skin prep w/ dry time, sterile occlusive dressings are used. | |  |  |  |  |
| Respiratory care procedures/equipment | |  | | | |
| * Breathing circuit – use filter with efficiency rating of 95% for particle micron sizes of 0.3micron. | |  |  |  |  |
| * IV bags or bottles are not to be used as a common source (e.g., saline flushes) for multiple patients. | |  |  |  |  |
| * Describe the scope, process, and frequency of maintaining the anesthesia equipmennt. | |  |  |  |  |
| * Procedure for turning over the anesthesia machine between cases, e.g., circuits. | |  |  |  |  |
| Disinfection | |  | | | |
| * Proper disinfection with hospital-approved product at end of case includes but is not limited to: anesthesia med/supply cart, anesthesia machine (knobs, surfaces, cords, keyboard, monitor, APL valve), IV pole, laryngoscope handle, common stethoscope) | |  |  |  |  |
| * Single patient use items are discarded at the end of each case (e.g., circuits, airway bags, suction tubing). | |  |  |  |  |
| * Stethoscopes properly disinfected w/ a hospital-approved product between patients. | |  |  |  |  |
| * Anesthesia machine, knobs and medication cart cleaned and disinfected between cases. | |  |  |  |  |
| * Are anesthesia staff responsible for cleaning and high-level disinfection and/or sterilization of any reusable equipment?  If yes, competencies in place and all quality control measures performed and documented? | |  |  |  |  |
| * Preventative maintenance of the Anesthesia machine is documented, Biomed sticker in place, dated and within allowable timeframe (e.g. annual)? | |  |  |  |  |
|  | |  |  |  |  |
| **Exposure Management** | |  | | | |
| * Staff can articulate when and how to handle and report exposures to blood/body fluids or other contagious diseases (e.g. Tuberculosis, Pertussis, Hepatitis A). | |  |  |  |  |

**Do you have any questions or concerns today about …?**

**Miscellaneous Comments/ Observations:**