VMG HEALTH

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INFECTION CONTROL RISK ASSESSMENT

A Guided Review

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Learning Objectives

1. Review of CMS standards.
2. Understand the components of an infection control risk assessment.
3. Define how to make an infection control risk assessment meaningful.
4. Know what the narrative portion of an infection control risk assessment looks like.

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Centers for Medicare & Medicaid Services (CMS)

§ 416.51 Conditions for Coverage Infection Control

The ASC must maintain an infection control program that seeks to minimize infections and communicable disease.

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Interpretive Guidelines: §416.51

The ASC's infection control program must:

- Provide a functional and sanitary environment for surgical services, to avoid sources and transmission of infections and communicable diseases;
- Be based on nationally recognized infection control guidelines;
- Be directed by a designated healthcare professional with training in infection control;

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Interpretive Guidelines: §416.51

The ASC's infection control program must:

- Be integrated into the ASC's QAPI program;
- Be ongoing;
- Include actions to prevent, identify and manage infections and communicable diseases; and
- Include a mechanism to immediately implement corrective actions and preventative measures that improve the control of infection within the ASC.

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Interpretive Guidelines: §416.51

To facilitate assessment of compliance in a CMS survey,

One (1) surveyor is responsible for completion of the **Infection Control Surveyor Worksheet**

Access the worksheet here.

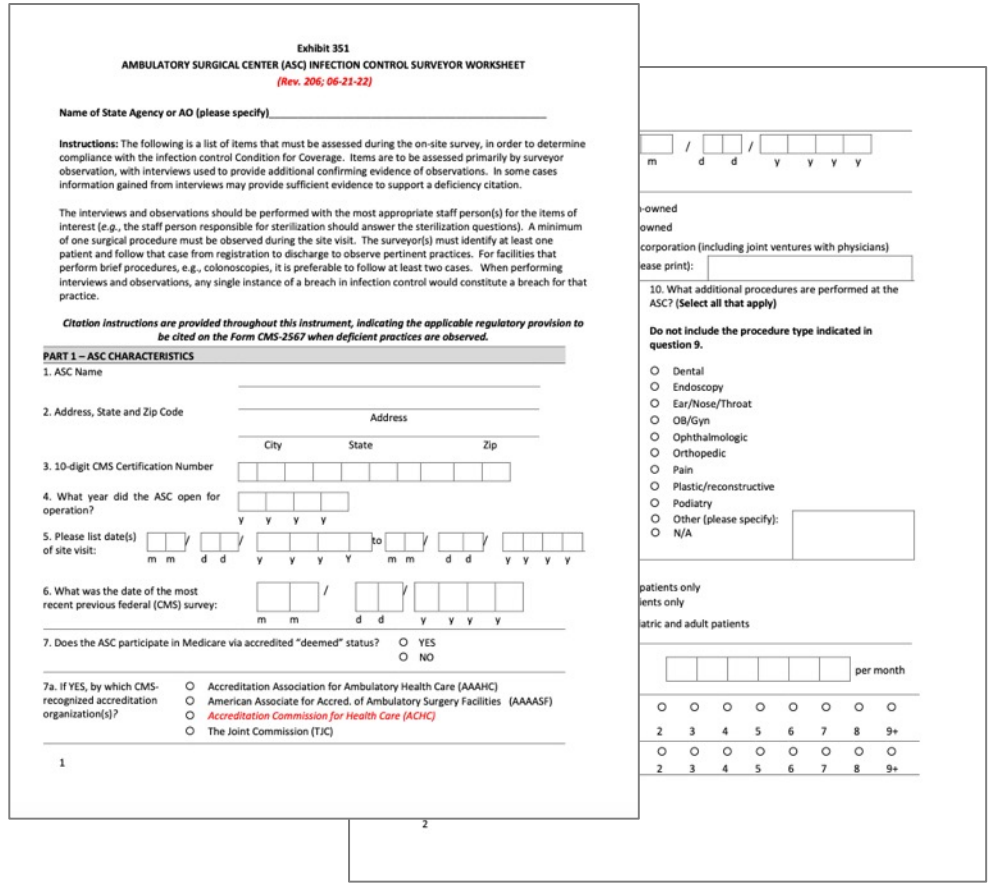

Exhibit 351

AMBULATORY SURGICAL CENTER (ASC) INFECTION CONTROL SURVEYOR WORKSHEET

(Rev. 206; 06-21-22)

Name of State Agency or AO (please specify)_____

Instructions: The following is a list of items that must be assessed during the on-site survey, in order to determine compliance with the infection control Condition for Coverage. Items are to be assessed primarily by surveyor observation, with interviews used to provide additional confirming evidence of observations. In some cases information gained from interviews may provide sufficient evidence to support a deficiency citation.

The interviews and observations should be performed with the most appropriate staff person(s) for the items of interest (*e.g.*, the staff person responsible for sterilization should answer the sterilization questions). A minimum of one surgical procedure must be observed during the site visit. The surveyor(s) must identify at least one patient and follow that case from registration to discharge to observe pertinent practices. For facilities that perform brief procedures, e.g., colonoscopies, it is preferable to follow at least two cases. When performing interviews and observations, any single instance of a breach in infection control would constitute a breach for that practice.

Citation instructions are provided throughout this instrument, indicating the applicable regulatory provision to be cited on the Form CMS-2567 when deficient practices are observed.

PART 1 – ASC CHARACTERISTICS

1. ASC Name

2. Address, State and Zip Code
Address
City State Zip

3. 10-digit CMS Certification Number

4. What year did the ASC open for operation?
y y y y

5. Please list date(s) of site visit: m m / d d / y y y Y to m m / d d / y y y y

6. What was the date of the most recent previous federal (CMS) survey: m m / d d / y y y y

7. Does the ASC participate in Medicare via accredited "deemed" status? O YES O NO

7a. If YES, by which CMS-recognized accreditation organization(s)?
O Accreditation Association for Ambulatory Health Care (AAAHC)
O American Associate for Accred. of Ambulatory Surgery Facilities (AAAASF)
O *Accreditation Commission for Health Care (ACHC)*
O The Joint Commission (TJC)

1

m m / d d / y y y y

-owned
owned
corporation (including joint ventures with physicians)
ease print):

10. What additional procedures are performed at the ASC? **(Select all that apply)**

Do not include the procedure type indicated in question 9.

O Dental
O Endoscopy
O Ear/Nose/Throat
O OB/Gyn
O Ophthalmologic
O Orthopedic
O Pain
O Plastic/reconstructive
O Podiatry
O Other (please specify):
O N/A

patients only
ients only
atric and adult patients

per month

O O O O O O O O
2 3 4 5 6 7 8 9+
O O O O O O O O
2 3 4 5 6 7 8 9+

2

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Infection Prevention (IP) Responsibilities

Collect, analyze, and report data on surgical site infections and other health related infections

Surveillance and outbreak investigations

Planning, implementing, and evaluating infection prevention and control measures

Selection of evidence-based infection prevention practices

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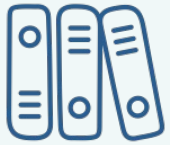
Infection Prevention (IP) Responsibilities

Education of staff, nursing, physicians, anesthesia, technicians, environmental services (appropriate training for level of care provided)

Documentation of staff training in evidence-based infection prevention practices



Development of infection prevention policies and procedures

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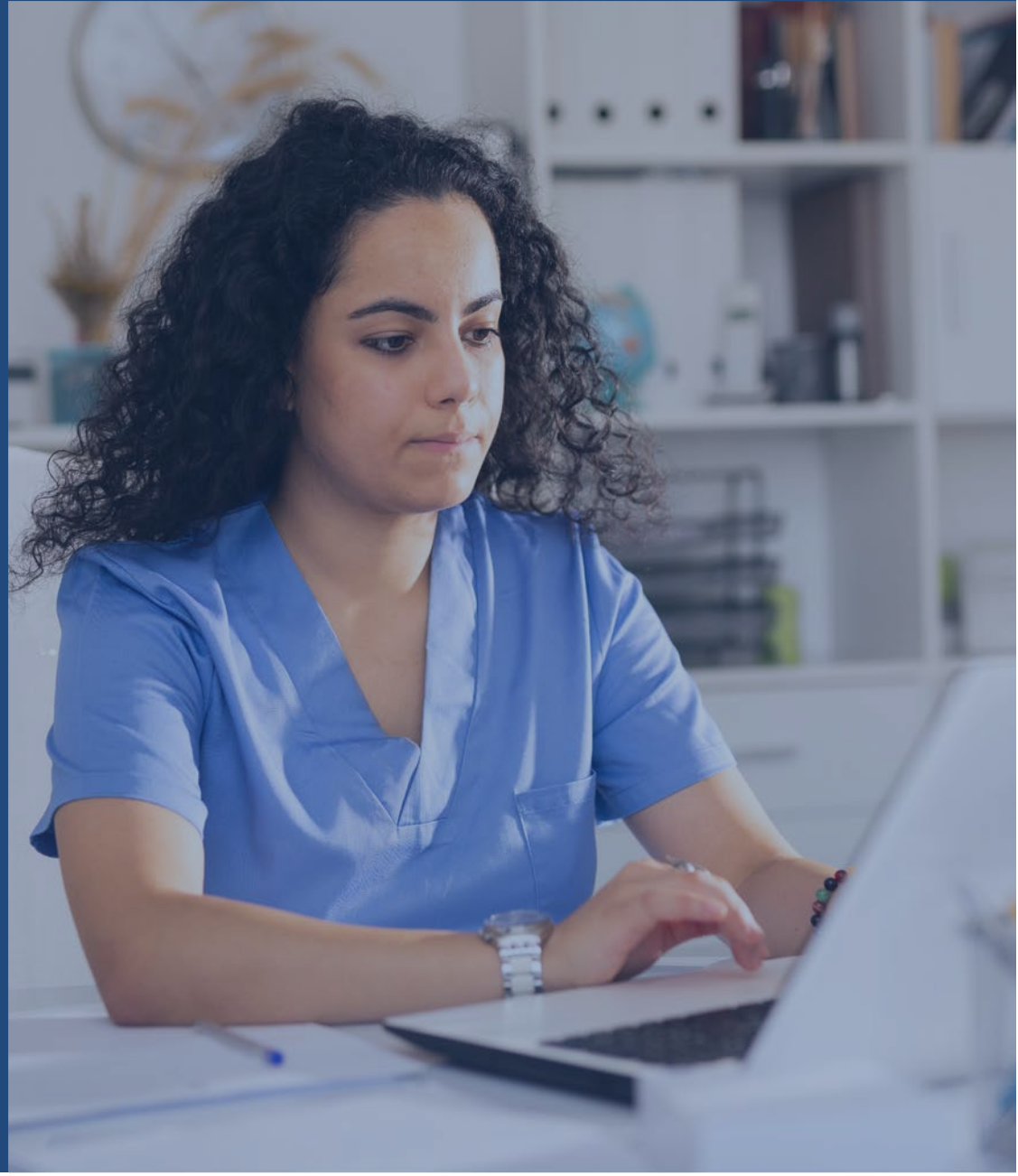
Develop a Written Infection Control Plan

- Collect, analyze, and report data on surgical site infections and other health related infections
- Surveillance and outbreak investigations
- Planning, implementing, and evaluating infection prevention and control measures
- Selection of evidence-based infection prevention practices



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Heavy emphasis on Risk.

"Risk" is mentioned **84 times** in the CfCs

- Mitigation of risks contributing with healthcare-associated infections (HAI).
- Mitigation of risks associated with patient infections present upon admission.
- The ASC must conduct monitoring activities throughout the entire facility in order to identify infection risks or communicable disease problems.

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Facility Risk Assessment

The Purpose:

- Infection prevention and surveillance activities
- Identify Risks
  - Patient care risks
  - Healthcare Personnel Risks
  - Environmental Risks
  - Site specific risks
- Where to focus surveillance efforts – prioritize risks
- Establish Goals
- Select Outcome Measures
- Meet regulatory and other requirements

(TJC National Patient Safety Goal NPSG.07.05.01) (4.)

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Infection Control Risk Assessment (ICRA)

What and How:

- Assess the facility risk related to infection control.
- Ensure policies and practices are in place to be prepared.
- Must be customized to individual facility.
- Two sections must be completed.
- Reviewed, updated and approved annually by the Governing Body.

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Guidelines, Standards, and Resources

Association of perioperative Registered Nurses (AORN)

Society for Healthcare Epidemiology of America (SHEA)

Centers for Disease Control and Prevention (CDC)

Association for Professionals in Infection control and Epidemiology (APIC)

Healthcare infection Control Practices Advisory Committee (HICPAC)

Advisory Committee on Immunization Practices (ACIP)

Facilities Guidelines Institute (FGI)

National Healthcare Safety Network (NHSN)

Division of Healthcare Quality Promotion (DHQP)

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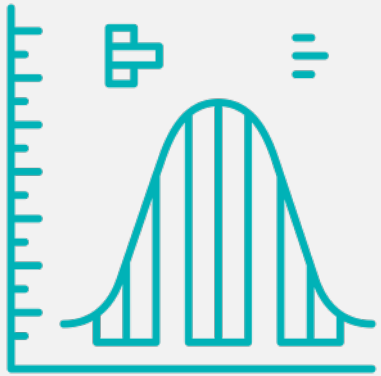
ICRA Components



Probability of Occurrence

Risk/Impact

(Health, Financial, Legal, Regulatory)

Preparedness

How ready is the facility? (internal response time, staff and supplies)

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ICRA Potential Risks/Problems

1

Geographical Risks

2

Communicable Diseases

3

Patient Population Risks

4

SSI / HAI

5

Lack of Prevention Activities

6

Staff Development

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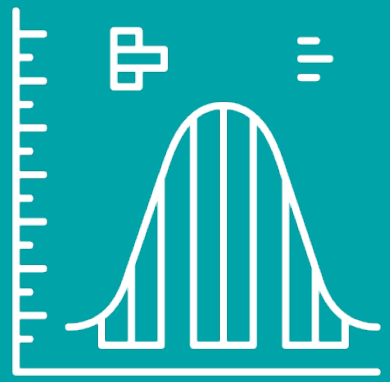
ICRA Components



Probability of Occurrence

- Known risk
- Historical data
- Reports in literature

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ICRA Components

Risk / Impact

(Health, Financial, Legal, Regulatory)

- Threat to life and/or health
- Disruptions of services
- Loss of function
- Loss of community trust
- Financial impact
- Legal issues
- Regulatory/accrediting/organizational issues

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ICRA Components

Preparedness

How ready is the facility? (internal response time, staff and supplies)

- Status of current plans/implementation
- Training status
- Availability of backup systems
- Community/Public health resources

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Risk Priority Score

	Probability of Occurance				Risk/Impact (Health, Financial, Legal, Regulatory)				How ready are you with internal response time, staff and supplies?				
	High	Med	Low	None	Life Threatening	Permanent Harm	Temp Harm	None	Poor	Fair	Good	None	Risk Priority Score
Potential Risks/Problems	**3**	**2**	**1**	**0**	**3**	**2**	**1**	**0**	**3**	**2**	**1**	**0**	
Geographical Risks													**Geographical Risks**
Natural Disasters		1				1				1			1
Communicable Disease													**Communiable Disease**
Top 5 communicable diseases:		1				1				1			1
TB		1				1				1			1
Influenza		1				1				2			2
COVID-19		3				1				2			6
Hep. B/HIV		1				1				1			1
Patient Population Risk													**Patient Population Risk**
Age >55		3				1				1			3
SSI/HAI													**SSI/HAI**
Surgical Site Infection/ Endophthalmitis		1				3				2			6
MRSA/C-diff/other		1				2				1			2
TASS		1				2				1			2
Lack of Prevention Activities													**Lack of Prevention**
Incomplete implementation of CDC Hand Hygiene Guidelines		2				2				1			4
Appropriate cleaning and disinfection of clinical contact surfaces		1				2				1			2
Proper Instrument Processing		1				2				1			2
Staff Development													**Staff Development**
No Infection Control training for DON		1				1				1			1
Staff training related to job specific competencies		1				1				1			1

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Risk Priority Score

- The total values represent the events most in need of focus and resources for planning.
- Determine a value below which no action is necessary.
  - acceptance of risk is at the discretion of the organization
- Based on the priority level of the risk, action must be taken accordingly to mitigate said risk.

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Narrative Section

Area/Issue/Topic	Current Status	Desired Status	Gap (Describe)	Action Plan & Evaluation	Priority
Geographic Risks					
Natural disasters such as massive winter storms or earthquakes that might impact infection control activities in the ASC.	• No natural disasters required a change in operating hours or patent care needs.	• No changes	• N/A	• Ensure contingency plan is in place to include patient and staff notification of reduced or cancelled services • Ensure Backup power supply	1
Communicable Disease					
Proactive surveillance of XXX Department of Health Communicable Disease reporting Exposure to communicable diseases	• Current status shows the top five reportable diseases are: Chlamydia, Gonorrhea, Campylobacterosis, Syphilis early and Lyme Disease based on most recent data (2015) from the public health department. Due to our scope of care, these communicable diseases are not of immediate concern • The ASC does not admit patients with any known communicable disease. • The ASC has protocols in place of what to do if a patient arrives with a suspected communicable disease.	• Ensure top 5 communicable diseases are known and precautions in place, as needed. • Upon hire and annually staff is educated on standard precautions.	• N/A	• Continue annual review of communicable disease reporting policy and protocols.	1
TB	• The ASC is low-risk facility for TB, as outlined in the TB Risk Assessment. Two-step TB test conducted upon hire.	• Conduct TB risk assessment annually and audit two-step TB testing annually. • Upon hire and annually staff is educated on standard precautions.	• N/A	• Continue to conduct TB risk assessment annually and adjust policies as needed.	2
Influenza	• Influenza vaccine offered and declination rates tracked.	• Flu vaccine compliance goal of ____%.	• Staff not aware of the value of influenza	• Staff and patients are made aware of aware	4

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Narrative Section

Area / Issue / Topic	Current Status	Desired Status	Gap	Action Plan and Evaluation	Priority
Include any issue that may be a risk area for infection control in the facility					

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Narrative Section

Area / Issue / Topic	Current Status	Desired Status	Gap	Action Plan and Evaluation	Priority
Include any issue that may be a risk area for infection control in the facility	Include what is currently seen/done at the facility or may impact the facility				

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Narrative Section

Area / Issue / Topic	Current Status	Desired Status	Gap	Action Plan and Evaluation	Priority
Include any issue that may be a risk area for infection control in the facility	Include what is currently seen/done at the facility or may impact the facility	The outcome strived for			

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Narrative Section

Area / Issue / Topic	Current Status	Desired Status	Gap	Action Plan and Evaluation	Priority
Include any issue that may be a risk area for infection control in the facility	Include what is currently seen/done at the facility or may impact the facility	The outcome strived for	The gap between current and desired status		

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Narrative Section

Area / Issue / Topic	Current Status	Desired Status	Gap	Action Plan and Evaluation	Priority
Include any issue that may be a risk area for infection control in the facility	Include what is currently seen/done at the facility or may impact the facility	The outcome strived for	The gap between current and desired status	Include plans for lessening the gap and/or maintaining the current status	

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Narrative Section

Area / Issue / Topic	Current Status	Desired Status	Gap	Action Plan and Evaluation	Priority
Include any issue that may be a risk area for infection control in the facility.	Include what is currently seen/done at the facility or may impact the facility.	The outcome strived for.	The gap between current and desired status.	Include plans for lessening the gap and/or maintaining the current status.	The same Risk Priority Score from step one. You will look at the area that has the higher scores.

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Sample Narrative I Geographic Risks

Area / Issue / Topic	Current Status	Desired Status	Gap	Action Plan and Evaluation	Priority
Natural disasters such as massive winter storms that might impact infection control activities in the ASC.	No natural disasters required a change in operating hours or patient care needs.	No changes	N/A	• Ensure contingency plan is in place to include patient and staff notification of reduced or cancelled services • Ensure backup power supply • Regularly scheduled disaster drills annually	

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Sample Narrative I Communicable Disease

Area / Issue / Topic	Current Status	Desired Status	Gap	Action Plan and Evaluation	Priority
Influenza	• Influenza vaccine offered during flu season and declination rates tracked • Current influenza vaccination rate is ____%	• Influenza vaccine compliance goal of ____% • Upon hire and annually staff are educated on standard precautions	Staff unaware of the value of the influenza vaccine or percentage goal of employees being vaccinated	• Staff and patients made aware of proper hand hygiene and cough etiquette • Hand hygiene supplies appropriately placed throughout facility • Increase compliance of influenza vaccine with education • Communicate goals for compliance with influenza vaccination of staff	

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Sample Narrative I At Risk Patient Populations

Area / Issue / Topic	Current Status	Desired Status	Gap	Action Plan and Evaluation	Priority
Large percentage of patients over the age of 55	• Complete H&Ps are performed on all surgical patients • Patients are sent for medical clearance as determined is necessary • Patients are monitored during the surgical procedure • Proper pre and postop medications are prescribed to reduce risk of infection, if applicable • Physicians are queried for postop complications and infections every 30 days	• No surgical complications during the procedure or post procedure infections	N/A	• Continue to ensure H&Ps are obtained on all surgical patients • Continue to query surgeons for postop infections on a monthly basis	

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Sample Narrative I SSI/HAI

Area / Issue / Topic	Current Status	Desired Status	Gap	Action Plan and Evaluation	Priority
Reduce risk of postoperative infection associated with surgeries being performed	• The facility follows national recommendations for preop medications • Stringent surgical preparation of the operative site is performed • Hand hygiene based on facility policy • Surgeons are queried monthly for infections/complications • SSI will be investigated and tracked	• The current national infection rate for _____ surgery is _____ for the year 2024. The number of infections at the facility was _____.	This will depend on the facility percentage of infections compared to the national average.	• Continue querying surgeons monthly for infections/complications • Perform hand hygiene per manufacturer IFUs • Regular hand hygiene surveillance • Follow manufacturer IFUs for all decontamination and sterilization • Thorough infection investigation whenever an infection occurs	

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Sample Narrative I Lack of Prevention Activities/Environmental Risks

Area / Issue / Topic	Current Status	Desired Status	Gap	Action Plan and Evaluation	Priority
Proper instrument processing	• Prevac sterilizers are utilized for sterilization of surgical trays and instruments • Biological and bowie-dick are performed on each unit every morning • Indicators are used in every package as required • Critical water is used for the decontamination of instruments per MIFUs • Each load is documented and can be tracked to specific patients	• 100% compliance with MIFUs on all instruments and equipment	N/A	• Continue to collect and catalog all needed MIFUs • Continue to review all MIFUs to ensure proper processes are being followed • Ensure required staff have adequate and ongoing training around the importance of instrument processing	

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Sample Narrative I Staff Development

Area / Issue / Topic	Current Status	Desired Status	Gap	Action Plan and Evaluation	Priority
Staff training related to job specific competencies	• Staff are trained upon hire and then annually • Infection control training is provided to all staff • Specific infection control training related to job descriptions is provided, i.e., sterile processing staff are trained and competent in sterile processing activities	• Staff are annually evaluated for competency in their job functions	N/A	• Provide and ensure annual training for all staff in infection control and as it pertains to their job	

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Construction ICRA

- Additional ICRA required whenever doing construction in the facility
- Some States require this to be submitted

ASHE

Infection Control Risk Assessment 2.0
Matrix of Precautions for Construction, Renovation and Operations

Step One:
Using Table 1, identify the Construction Project Activity Type (A-D).

Table 1 - Construction Project Activity Type: _____

Type A	**Inspection and non-invasive activities.** Includes but is not limited to: • Removal of ceiling tile for visual inspection-limited to 1 tile per 50 square feet with limited exposure time. • Limited building system maintenance (e.g., pneumatic tube station, HVAC system, fire suppression system, electrical and carpentry work to include painting without sanding) that does not create dust or debris. • Clean plumbing activity limited in nature.
Type B	**Small-scale, short duration activities that create minimal dust and debris.** Includes but is not limited to: • Work conducted above the ceiling (e.g., prolonged inspection or repair of firewalls and barriers, installation of conduit and/or cabling, and access to mechanical and/or electrical chase spaces). • Fan shutdown/startup. • Installation of electrical devices or new flooring that produces minimal dust and debris. • The removal of drywall where minimal dust and debris is created. • Controlled sanding activities (e.g., wet or dry sanding) that produce minimal dust and debris.
Type C	**Large-scale, longer duration activities that create a moderate amount of dust and debris.** Includes but is not limited to: • Removal of preexisting floor covering, walls, casework or other building components. • New drywall placement. • Renovation work in a single room. • Nonexisting cable pathway or invasive electrical work above ceilings. • The removal of drywall where a moderate amount of dust and debris is created. • Dry sanding where a moderate amount of dust and debris is created. • Work creating significant vibration and/or noise. • Any activity that cannot be completed in a single work shift.
Type D	**Major demolition and construction activities.** Includes but is not limited to: • Removal or replacement of building system component(s). • Removal/installation of drywall partitions. • Invasive large-scale new building construction. • Renovation work in two or more rooms.

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Construction and Compliance
What is Required?

Condition for Coverage §416.44: Environment

- The ASC must comply with requirements governing the construction and maintenance of a safe and sanitary physical plant, safety from fire, emergency equipment and emergency personnel.

Survey Procedures

- A surveyor trained in surveying for the applicable Life Safety Code standards must survey for compliance with the Safety from Fire Standard; the rest of the standards under this Condition are surveyed by Health surveyors.

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Facilities Guidelines Institute (FGI)

FGI 5.1

- **5.1** Planning and Design Planning for health care facilities shall include, in addition to space and operational needs, provisions for infection control and protection of patients during any renovations or new construction
- During the programming phase of a construction project, the owner shall provide an Infection Control Risk Assessment (ICRA), it should:
  - Address only areas affected by construction
  - Initiated during design and planning and continue until project completion
  - The GC should incorporate mitigating activities into contract and implement specifics during the construction phase.

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Why an ICRA?

- The impact of disrupting essential services to patients and employees
- Patient placement or relocation
- Placement of effective barriers to protect susceptible patients from airborne contaminants
- Air handling and ventilation needs in surgical services airborne infection isolation and protective environment rooms, laboratories, local exhaust systems for hazardous agents, and other special areas
- Determination of additional numbers of airborne infection isolation or protective environment room requirements

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Construction ICRA Requirements

FGI 5.2, 5.3

- **5.2** Phasing
- **5.2.A.** Projects involving renovation of existing buildings shall include phasing
- **5.2.B.** Phasing will include assurance for clean to dirty airflow, emergency procedures, criteria for interruption of protection, construction of roof surfaces, written notification of interruptions, and communication authority.
- **5.2.C.** Phasing plans shall include considerations of noise and vibration control that result from construction activities.
- **5.2.D.** Renovation areas shall be isolated from occupied areas during construction using airtight barriers and exhaust airflow shall be sufficient to maintain negative air pressure in the construction zone.
- **5.2.E.** Existing air quality requirements and other utility requirements for occupied areas shall be maintained.
- **5.3** Commissioning Acceptance criteria for mechanical systems shall be specified. Crucial ventilation specifications for air

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Interim Life Safety Measures (ILSM)

- Implemented during construction/renovations.
- Must have policies and appropriate assessment tools and signage.
- Surveyors will look for this

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Integrate into QAPI

- Identify risks and gaps through customization of ICRA
  - Use Risk Priority Scores
- Ongoing surveillance and monitoring quarterly
- Review collected data for areas of improvement or change
- Develop measurable goal
- Take action
- Reassess regularly

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Compliance & Operations > Risk Assessments

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CLICK LINKS BELOW TO DOWNLOAD

- Equipment/Medical Equipment
- Facility Building and Category
  - Policy: Determining Physical Environment Risk Category
  - Facility Building and Category EXAMPLE
- Fire Safety
- Hazardous Materials and Waste
- Hazard Vulnerability Analysis
  - HVA Risk Mitigation (Sample)
- Infection Control Risk Assessment Instructions
  - Infection Control RA | Matrix Precautions for Construction & Renovation
  - Infection Control RA | Priority Score Spreadsheet Tool
  - Infection Control RA Action Plan
- Operating Room Wet Area Risk Assessment
  - Operating Room Wet or Dry Location - A Guide to Risk Assessments
- Safety and Security
- Surgical Site Fire Risk Assessment
- TB Risk Assessment
- Risk Assessment: USP 800 Handling of Hazardous Drugs
- Utilities
- Water Quality Processing Medical Devices

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Compliance & Operations > Policies & Procedures > Safety

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- Comprehensive Emergency Management Plan
- CEMP 1135 Waiver
- CEMP Activation Evaluation (Disaster Drill)
- CEMP Business Office
- CEMP Communication Plan
- CEMP Cyber Security
- CEMP Earthquake
- CEMP Education and Training
- CEMP Emergency Response
- CEMP Emerging Infectious Disease
- CEMP Notification and Logistics
  - Log: Emergency Tracking - Staff and Patients
- Annual Evaluation of the Effectiveness of the CEMP
- Emergency Call System
- Fire Response Plan
- Fire System Maintenance
- Fire Watch Plan and Forms
- Interim Life Safety Measures
  - ILSM Attachment I - Life Safety Deficiency Assessment
  - ILSM Attachment II - Assessment Tool
  - ILSM Attachment III - Signage
  - ILSM Attachment IV - Exit Closure Signage
  - ILSM Attachment V - Monitoring Form

- Administration
- Anesthesia/Medication Management
- Human Resources
- Infection Control
- Nursing
- OSHA
- QAPI
- **Safety**

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Compliance & Operations > Infection Control

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A DIVISION OF VMG HEALTH

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INFECTION CONTROL: OVERVIEW

CMS Conditions for Coverage require that ASCs comply with the following standards:

416.51 Standard: Infection Control

The ASC must maintain an infection control program that seeks to minimize infections and communicable disease.

416. 51 (a) The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice.

416.51 (b) The ASC must maintain an ongoing program designed to prevent, control, and investigate infections and communicable diseases. In addition, the infection control and prevention program must include documentation that the ASC has considered, selected, and implemented nationally recognized infection control guidelines. The program is:
(1) Under the direction of a designated and qualified professional who has training in infection control
(2) An integral part of the ASC's quality assessment and performance improvement program; and
(3) Responsible for providing a plan of action for preventing, identifying, and managing infections and communicable diseases and for immediately implementing corrective and preventive measures that result in improvement.

SEARCH

INFECTION CONTROL

- **Infection Control Overview**
- Infection Control Coordinator
- Infection Prevention & Investigation
- Hand Hygiene
- Surgical Eye Prep
- Instrument Decontamination and Sterilization
- Environmental Sanitation
- Tuberculosis Control Program
- Vaccine Storage and Handling
- Scope Processing
- Infection Control Resources
- COVID-19

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RN	1 CE Contact Hour
CASC	1 AEU
CAIP	1 IPCH

Complete Course Evaluation sent via email by **Friday, January 10**

Allow up to 2 weeks to process your certificates

Any questions regarding CE Credit, contact Jenna White

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FEB 28	20		**Demystifying RCM: A Practical Guide to Terminology, Financial Insights, and Effective Board Presentations**	**Nancy Stephens** *VMG Health* **Robert Marinich** **Patricia Smith** *Synergen Health*
MAR 24	60	RN, CASC	**Sweeping the Nation: Surgical Smoke Legislation**	**Emily Jones** MSN, RN, CNOR *AORN*

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