Steven Hirsch & Associates

Accreditation News

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How to Formulate a Risk Assessment Document

By Linda Paternie, RN, BS, MHA, CJCP

The Joint Commission standard EC.02.03.01 EP11 calls for the completion of periodic evaluations of potential fire hazards that could be encountered during surgical procedures.

It is expected that the organization conduct a proactive risk assessment that identifies potential problems and provides actions to mitigate or reduce the likelihood of fire in the surgical setting. The following is a brief guide on how to get started with the risk assessment.

Begin by **Identifying the Risk.**

The Oxford English Dictionary defines risk as "the chance or possibility of danger, loss, injury or other adverse consequences." Hazards can be defined as any agents that can cause harm or damage. Risk therefore can be viewed as the probability that exposure to a hazard will lead to a negative consequence.

Start your assessment by walking throughout the areas in which surgical procedures are conducted and then identify "things" that would cause the potential for harm from fire. "Things" that are hazards could include products, supplies, and equipment. In the surgical environment, numerous hazards can be identified.

Ask the employees about any possible risks or hazards. They should be able to identify any hazards they encounter in the surgical workplace. Observe the daily tasks performed by the staff to make sure the risks for fire are recognized. Risks can be process risks, behavior risks, environmental risks, product/equipment risks or even economic risks. Hazards can be both physical as well as activity based. Physical hazards may be structures or items/equipment, etc. Activity based risks may be present, such as the use of improper technique in performance of pre-operative surgical skin prep. Were the manufacturer instructions for use of the prep product known and followed by the employee? Did the policy and procedure adequately reflect the manufacturer instructions? Knowledge of and compliance to the specific manufacturer's instructions for use are essential in risk reduction.

Review any accident or event reports that could help identify hazards that have occurred. Aggregate the risks identified.

Utilize guidance on hazards via websites such as the Association of Perioperative Registered Nurses (AORN), the American National Standards Institute (ANSI), the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE), the Association for Advancement of Medical Instrumentation (AAMI), the National Fire Protection Association (NFPA) and the Occupational Safety and Health Administration (OSHA) guidelines.

Next **Evaluate and Prioritize the Risks.**

Determine how likely it is that the risk will occur in your work environment. All risks may not be able to be eliminated but the organization must be aware of the main risks as well as how to address and manage those risks. The hospital is to do everything reasonably practicable to protect people from harm. This means evaluating the level of risk and reducing the risk level by implementing and maintaining all the measures required to gain control.

Finally **Mitigate the Risks.**

Establish control measures that can be put into place for each hazard. Actions are to be proportionate to the level of risk identified. Ask yourself how to get rid of the hazard altogether. If that is not possible, and it may not be, identify how you can control the risks so that harm is unlikely.

In Conclusion

A basic risk assessment should reflect and document that a proper and complete review was conducted. Those areas and people that could be affected were identified in the risk assessment process. The selected prevention and mitigation strategies were delineated, reasonable and practical.

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How to Formulate a Risk Assessment Document *Continued...*

Employees were included in the risk assessment process. The hazards were ranked from more serious to less serious. Long term, as well as short term, solutions were identified. The risk assessment was shared with employees and employee training was initiated as appropriate.

Since few workplaces stay the same over time, the risk assessment should be reviewed on a regular basis, especially as new equipment, supplies, procedures and techniques are introduced.

Boosting Influenza Vaccinations for Healthcare Workers

By Kari Wawro, RN, BS, CIC

The best way to protect against influenza (flu) is to get vaccinated each year. Flu vaccination is especially important for people who work in healthcare settings because they are at increased risk for getting the flu and passing it on to susceptible patients, many of whom are vulnerable to serious complications from the illness. The Advisory Committee on Immunization Practices (ACIP) recommends that all healthcare personnel receive the flu vaccine every year but about one-fifth of US healthcare workers don't get the vaccine, leaving themselves, their families, their co-workers and their patients at risk.

The collected data for Influenza morbidity and mortality notes that flu vaccine efficacy decreases as age increases. Therefore, the elderly are at greater risk of severe complications and death from the flu, making influenza vaccination among health care personnel in long-term care settings especially important. Healthcare workers and residents of long-term care facilities should be offered the flu vaccination each year as soon as vaccine becomes available.

All levels of healthcare institutions have been asked to increase their flu vaccination rates incrementally to reach the 2020 Healthy People goal of more than 90% of staff receiving flu vaccine. This population includes anyone working in the institution for one day or more during the period between October 1st and March 31st the following year, and includes licensed independent practioners (LIPs). By occupation, flu vaccination coverage was highest among physicians (96.1%), pharmacists (92.2%), nurses (90.5%), and nurse practitioners and physician assistants (87.8%) according to the CDC reporting.

Health care workers (HCW) such as aides and assistants, especially those working in long-term care settings continue to have some of the lowest flu vaccination rates in the industry. Influenza vaccination declinations include concerns about adverse reactions to the vaccine, perceived lack of susceptibility, and alleged lack of vaccine availability. Vaccine has become more readily available as healthcare plans and Medicare offer vaccination coverage through community Pharmacies, including those in big box stores such as Costco and Sam's Club. Free vaccine is offered thru various state funded programs as part of the national effort to increase vaccination rates among all citizens.

Education is provided by national and local media. Education related to the safety and efficacy of the vaccines is provided by the medical community, local health departments and the Infection Preventionist at healthcare institutions. Small facilities with few resources can refer their staff to locations in the community where vaccine and related education is offered free.

The benefits to increasing vaccination rates include fewer hospitalizations for severe illness related to Influenza infections, thereby decreasing healthcare costs. Decreased sick time for employees results in improved productivity during the winter season and decreased cost of registry staff. Several studies have shown that in addition to helping to protect pregnant women, a flu vaccine given during pregnancy helps protect the baby from flu for several months after birth, when he or she is not old enough to be vaccinated.

Investigate the Joint Commission's website for ideas on promotion of influenza vaccinations. Educational materials and posters are available on your local health department's websites and the CDC website. An investment in pre-planning Influenza vaccination can have an excellent pay back with decreased staff absences and reduced risk of having an influenza outbreak among your patients.

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Steven Hirsch & Associates has been providing healthcare management consulting services including accreditation preparation services to hospitals and other healthcare related organizations throughout the United States since 1987. Beyond accreditation and licensure survey preparedness, our healthcare consulting team can provide assistance in a number of areas including Medicare certification, performance improvement, nursing management, infection prevention and control, Life Safety Code compliance, medical staff services (including credentialing and independent peer review), clinical lab management and compliance with HIPAA. For more information on how Steven Hirsch & Associates can assist you with accreditation and licensure preparedness, Medicare certification and other management challenges, please contact us at (800) 624-3750 or visit www.shassociates.com.

Environmental Cleaning and Disinfection

By David Woodard, M.Sc., MT(AMT), CLS, CIC, CPHQ, FSHEA

The CMS as well as the Joint Commission (TJC) continue to focus on the processes of cleaning and disinfection of the entire facility environment during their surveys. It is important to note that this is not just within the prevue of the Infection Control (IC) component but is observed by all the surveyors throughout the entire visit. There has been a new focus from The Joint Commission and other accreditation agencies with respect to all aspects of Infection Prevention throughout accredited healthcare organizations.

Some questions to consider as you prepare a comprehensive facility wide program:

- How often do you change the mop heads in large "bay" areas such as the treatment rooms in the ED or in the Nursery?
- How often do you calibrate the dilution stations that dilute your cleaning/disinfecting agents? Is this documented?
- Do you follow the manufacturer's instruction for use when cleaning or disinfecting the cabinets of equipment such as washer/ disinfector or endoscope reprocessor?
- How do you assure the competency of personnel who are responsible for the various processes? Is it documented?

The various processes have been well defined by the CDC in their publication (2008 with updates) https://www.cdc.gov/infectioncontrol/guidelines/disinfection/index.html. There is a myriad of publications on how to develop and maintain a strong and valid environmental cleaning process. Many of the core tasks associated with cleaning and disinfection have been relegated to the Environmental Services (EVS) workers and patient care assistants. For this reason, it is imperative that facilities develop a comprehensive program that begins with training and education and is sustained with ongoing monitoring and constructive corrective actions.

When selecting agents for use for disinfection and cleaning it is important that there is a method that will ensure that the expectations are met. One consideration is to conduct a risk assessment. Things to consider in this process should include the "kill" spectrum (has the product been certified to kill the organisms that are important to the organization?); the wet, dwell, or contact time, compatibility with various targets (chlorine will damage some metals), toxicity to staff, patients and visitors; costs; and ease of use (dilution and effectiveness over time). People who should be involved in the process include the executive housekeeper, a staff member (patient care), finance, and Infection Prevention.

Considerations	Questions	Value
Kill claim	Does it kill what you want dead	
Kill time	How long does it take to meet its claim	
Safety	What is harmed by the product (people, things) toxicity, interactions	
Ease of Use	Storage, dispensing, disposal, "one step (cleans and disinfects)", odor,	
Other	COSTS, compatibility with existing programs, "add ons"	
As with all ICRA, give each item a score, in this case 1-10, add them up for all products, not just the one under consideration. Highest score wins. Adapted from Rutula presentation @ APIC 2014		

One of the emerging issues in the arena of hospital environment is the floor and floor care. Most facilities don't consider that the floor is a high-risk area and thus use whatever detergent is most effective in the cleaning. There is increased concern about the relationship between C. difficile spores on the floor and the risks to subsequent patients. Many of the quaternary ammonium products may not be the best product as they tend to have a residue and dull the finish. There are data that suggest that the corners and bathroom floors may have significant accumulation of C. difficile spores, emphasizing the need to have thorough, monitored and evaluated room cleaning procedures. One of the issues that some organizations have experienced is the amount of time necessary to thoroughly clean an isolation room at discharge when compared to the industry standard for general room cleaning.

Most hospital housekeeping departments have protocols for cleaning of rooms, public areas, and treatment areas. One question that is being asked is, how often do you change the mop heads for large areas? If the EVS training program is based on a patient room, the housekeeper may have issues when trying to respond to a large area such as an open bay in the ED. There should be a review conducted of the processes to ensure that they are applicable to all areas of the organization. For those facilities that have contract services, does the contractor use a "one size fits all" model, or have they tailored their policies and procedures to meet the needs of the organization?

The entire process for disinfection requires an initial cleaning process. One of the core tenets of infection is that you can clean without disinfecting, but you cannot disinfect without cleaning. It is imperative that the organization defines how these processes will be performed, by whom, how frequently, and how items that have been processed are identified.

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Environmental Cleaning and Disinfection *Continued...*

One effective method is to prepare a "cleaning matrix". This is a spreadsheet that identifies all equipment, both fixed and mobile, that has patient contact, who is responsible for cleaning the equipment, when is the equipment to be cleaned (after each use, weekly when in use, when not regularly used) and how the cleaned/disinfected equipment will be identified. A note here is to NOT use stickers as the tape residual adhesive will impact the ability of the equipment to be cleaned and disinfected.

This matrix must be prepared with all involved parties included in the decision and to define "ownership" for the process. This cannot be the sole responsibility of IC, either to develop or monitor.

Item	Who	When	What	Storage	Comment
IV pump (in use)	Registered Nurse	Daily	Hospital approved agent	N/A	Include pole
IV pump @ discharge	CNA/EVS	At discharge	Hospital approved agent	Clean utility room	Include pole, use rubber band to secure cord when complete
Radiology gurney	Rad Tech/ Transporter	After each use	Disinfectant wipes	In alcove in dept	Use pipe cleaner as an indicator that the equipment has been cleaned and is ready for use

There are a variety of techniques available to monitor the effectiveness of cleaning, including bioluminance, culture, fluorescent dye indicators, and "touch". Each of these methods has its relative advantages and disadvantages.

Methodology	Advantages	Disadvantages	Comment
Bioluminance	Sensitive	Expensive Interfering substances (phosphorous in soap or disinfectant)	Maybe useful in teaching and rapid feed back
Culture	Pathogen Identification	Time consuming, 24-48 hours Expensive (special media and techniques)	Useful for specific investigations Requires use of special methods and trained personnel
Fluorescent Dye	Fast Easy to use	Non-specific Residual material may confound the findings	Provides immediate feedback in training
Touch	Easy	Non-specific	

The choice of cleaning agents should be done as a cooperative process and performed in a way to ensure that the product is safe for the patients, families, staff and physicians; does not harm the equipment; has a tolerable odor; and has the requisite EPA registration. The EPA is the federal agency that governs the disinfectants and that approves their label indications.

One of the biggest issues with surface disinfectants is their requisite 'contact', 'dwell', or wet times. While an organization may choose to vary their contact time based on published research, it will be cited during survey as using an agent outside of its EPA approval. By law, all applicable label instructions on EPA-registered products must be followed. If the user selects exposure conditions that differ from those on the EPA-registered product label, the user assumes liability from any injuries resulting from off-label use and is potentially subject to enforcement action under FIFRA.

Best Wishes for a Happy Holiday Season and a Wonderful New Year!

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