



DRAFT

Healthcare-Associated Infections Advisory Committee

March 23, 2016

APPOINTED MEMBERS PRESENT: Laurie Murray-Snyder (phone)
 Pat Preston, MS (phone)
 Mary Shanks, RN, MSN, CIC
 Dee Dee Vallier (phone)
 Diane Waldo, MBA, BSN, RN, CPHQ, CPHRM, LNCC
 Bethany Walmsley, CPHQ, CPPS

NOMINATED MEMBERS PRESENT: Beth DePew (phone)
 Debra Hurst, RN, BSN, CIC
 Ruby Jason, MSN, RN, NEA-BC
 Akiko Saito
 Teresa Shepherd (phone)

APPOINTED MEMBERS EXCUSED: Paul Cieslak, MD
 Kelli Coelho, RN, CNOR
 Jon Furuno, PhD
 Jamie Grebosky, MD
 Joan Maca, RN
 Nancy O'Connor, RN, BSN, MBA, CIC
 Rachel Plotinsky, MD
 Dana Selover, MD, MPH

NOMINATED MEMBERS EXCUSED: Deborah Cateora
 Larlene Dunsmuir, DNP, FNP, ANP-C

ADJUNCT MEMBERS PRESENT: Mary Post, RN, MS, CNS, CIC

OHA STAFF PRESENT: Zintars Beldavs, MS, HAI Program Manager/ACDP Section Manager
 Genevieve Buser, MD, HAI Public Health Physician
 Kate Ellingson, PhD, HAI Reporting Epidemiologist
 Alexia Zhang, MPH, HAI Epidemiologist

ISSUES HEARD:

- Call to Order and Roll Call
- Approval of December 2015 HAIAC Meeting Minutes
- OAR Language Updates
- NHSN 2015 Data Update
- Outbreaks 2016
- Findings from On-site Facility IP Assessments (2015-2016)

- Promoting Injection Safety and Understanding Risks
- Surgical Site Infection Webinars for Prevention
- CAUTI Prevention in Long-Term Care
- Public Comment
- Discussion: Themes & Topics for Future 2016 Meetings
- Adjourn

These minutes are in compliance with Legislative Rules. Only text enclosed in italicized quotation marks reports a speaker's exact words. For complete contents, please refer to the recordings.

Call to Order and Roll Call

Chair Mary Shanks

1pm. Quorum present.

Approval of December 2015 HAIAC Meeting Minutes

All Committee Members

Minutes were unanimously approved as written.

OAR Language Updates

All Committee Members

Discussion

Clarification requested on location information:

- Question: Are patients receiving specialty care integrated into medical, surgical, and medical/surgical units?
- Answer: No, Oregon rules align with CMS, which requires reporting from units specifically defined as medical, surgical, or medical/surgical units. In NHSN mapping documentation (http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf), wards must be defined as “mixed acuity” if they house beds for both medical and specialty care.
- Member Comment: It is likely that HAIs are occurring in these units even though there are lots of underlying infections. Even if surveillance is not perfect, you should be able to track change over time.

- Chair Comment: Many hospitals do track infections in these units, even if they are not reportable.
- OHA Response: OHA can only “see” infections that are reportable by law. We would encourage hospitals to conduct surveillance in specialty units for quality improvement and prevention. When considering which HAIs should be made publically reportable by law, we have to consider issues like risk adjustment, additional burden borne by hospitals, and validity of surveillance in these units.
- OHA comment: Based on member concern about clarity of unit definitions, we will not vote on passage of the OHA updates today.

Action Items

- Kate Ellingson to review location specification in OARs.
 - UPDATE: location information currently exists under 333-018-0100, “Definitions.” This section updated to include wards that were integrated into the Oregon’s mandatory reporting program in January, 2015.
 - Revised OARs, including the updated “Definitions” section, will be sent to HAIAC by email on 4/13/2016.
 - OAR updates will be voted on at Rules Advisory Committee (RAC) on 4/20/16.
 - All HAIAC members will be invited to the RAC.
-

NHSN Update – 2015 Preliminary Data (*see slides for details*)

Kate Ellingson, Oregon Public Health Division

Preliminary data for 2015 presented for HAIs reportable by hospitals.

- Majority of CLABSI infections reported from wards, not ICUs
- CAUTI definition changed in 2015, so SIRs unreliable for comparison
- HHS targets will be reestablished for 2020 based on 2015 data
- C. difficile increased in 2015; Oregon did not meet 2013 HHS target
- Next Steps:
 - Validate all data with facilities by 5/15/16
 - Create PDFs of aggregate data for printing
 - Provider and Consumer versions
 - No facility-specific data, but aggregate by state, region, county
 - Post all facility-specific data online:
 - Data.oregon.gov: excel spreadsheets and trends
 - HAI & HCW influenza vaccination interactive map

Discussion

- Question: Will there be a printable option for the online portion of the report?

- OHA Response: Online maps might be tricky to print, but we can work on options for printing out of data.oregon.gov; the ultimate goal, if we can find the resources, is a report card for each facility, and potentially each infection that makes meaningful comparisons.
-

Outbreak Update – 2016 Review (*see slides for details*)

Alexia Zhang, Oregon Public Health Division

Outbreak Snapshot for 1/1/16 – 3/18/16

- HAI outbreaks account for > 50% of all outbreaks reported to OHA
- GI outbreaks responsible for >75% of all healthcare-related outbreaks
 - GII norovirus sub-type appears to be spreading
 - Several sapovirus infections confirmed in assisted-living
- Outbreak reporting criteria reviewed; clarified in new OARs and on poster
- SSI cluster among orthopedic patients
- Zika virus outbreak: 6 Oregon cases; information for healthcare providers at bitly.com/zikaoregon

Discussion

- Question: what's the pathogen for the SSI outbreak?
 - OHA response: it's mixed organism for both hip and knee replacements, including different GI and GU organisms, but not staphylococcus.
 - OHA comment: one reason for the number of healthcare-associated influenza and GI outbreaks in LTCFs is that OHA has been proactive about encouraging LTCFs to report outbreaks; reporting is not punitive, rather a mechanism for understanding the epidemiology of these pathogens and instituting control measures.
-

Infection Control Assessment and Response (ICAR) Update (*see slides for details*)

Mary Post, Oregon Patient Safety Commission

- As part of CDC/Ebola funding, OHA funds on-site infection prevention consultations
 - 25 facilities offered consultations in 1st year; 35 minimum for subsequent years
 - Visits involve using a standardized CDC assessment tool
 - OPSC/OHA lead, local health department, and local APIC member on-site
 - Facilities selected based on NHSN data, outbreak data, CMS nursing home compare, HCW influenza vaccination rates, other recommendations
 - Settings: hospitals, ASC, LTCFs, dialysis, and clinics
 - Visit entails opening meeting, staff interviews, observations, and audits
 - Information from visit summarized from facility, then aggregated and sent (de-identified) to CDC
- Key findings from first 19 assessments

- Injection safety lapses: multidose vials in immediate care areas, labeling
- Incomplete implementation of mandatory interfacility communication requirement
- Antibiotic stewardship implemented in hospitals but little support for activities in other settings
- Instrument sterilization and high-level disinfection practices can be improved
- Training programs for environmental services teams need to be developed
- Next Steps
 - Finalize first year (baseline) results
 - Plan mitigation strategies
 - Hold regional meetings to improve collective infection prevention and communication across sites sharing patients and healthcare infrastructure
 - Identify facilities who may benefit from IP consultation in Year 2

Discussion

- Member Comment: A medical or nursing license is a social contract with the people of Oregon, and our job is public safety, so I wonder who in the leadership is supposed to formulate plans?
- Ebola grant part B overview: provided facilities with baseline consultation and follow-up a few months later. Initially had trouble getting in the door, but word has spread and it's much easier this year.

Action Item

OHA will send out a summary of Mary's observations. Charge of committee is to figure out how to prioritize infection control gaps and how to use data to inform outbreak investigations.

Promoting Injection Safety and Understanding Risks (*see slides for details*)

Kate Ellingson, Oregon Public Health Division

Oregon involvement in One and Only Campaign

- Official member state
- Goals to raise awareness among provider communities and public health
- Small grant targeting providers in rural areas
- Infections can occur when:
 - Syringes are reused
 - Single-dose vials are used for >1 patient
 - Multi-dose vials are misused
 - Glucometers are used for >1 patient and not properly disinfected
 - Healthcare workers divert controlled substances by injecting themselves and contaminating vials or syringes subsequently used for patients
- Resources available here: <http://www.oneandonlycampaign.org/>

Discussion

- Member comment: there are many issues related to opioid use and prescribing. We had a complaint brought to the nursing board from a patient who said their pain was not adequately managed because a nurse was trying to taper a patient off per guidelines. Providers are acutely aware of opioid issues; patients will ER shop.
 - OHA Response: OHA is conducting surveys of hospitals, ASCs, and SNFs about infection prevention practices. There are questions on that survey about injection safety competency and training. Results to be presented at the June meeting and we can continue to discuss this issue and the HAIAC's role in guiding the program.
-

Surgical Site Infection Webinars for Prevention

Mary Shanks, Kaiser Westside Medical Center

Diane Waldo, Oregon Association of Hospitals and Healthcare Systems

- Two webinars have been held so far to encourage sharing of practices and improvement processes with the goal of providing resources/education to other IPs or Quality professionals working on improving surgical outcomes.
- Focus on reportable procedures: Total Joint procedures, Colon surgery and laminectomy.
- Webinar #1 Hips and Knees 2/23/16
 - Kaiser Permanente, Legacy Good Sam, Providence St Vincent, Salem
 - Reviewed pre-admit, pre-op, intra-op, post-op practices
 - Included pre-op bathing with CHG cloths or Hibiclens, use of mupirocin vs iodine, surgical prep, traffic control, attire
 - Differences noted in: screening- MRSA/MSSA, decolonization, dressings, glucose management, involvement of the surgical team as well as leadership
- Webinar #2 Colon SSI 3/17/16
 - Kaiser Permanente, OHSU, MultiCare Tacoma
 - KP- pathway to zero
 - OHSU- standardized bowel prep- abx
 - Ertapenem
 - Dedicated closure tray
 - MultiCare- Clean fascia closure-anastamotic time out- change gloves/gown/hand hygiene, PICO dressings, use of wound protector, standardized post op-wound care instructions
- Third webinar scheduled for 4/19- Laminectomy
- OAHHS records all webinars working to promote slides to others

Discussion

- Member comment: what about other types of surgeries in other types of settings?
- OHA response: we are focusing now on currently reportable surgeries, but certainly there are concerns about standardization of practices in other settings. This could be a topic of discussion for a future date (how to address major surgeries or risky procedures performed in ambulatory settings).

Public Comment & Topics for Future 2016 Meetings (*see slides for details*)
Kate Ellingson, Oregon Public Health Division

- Public comment read from a member of a residential care facility (independent living) concerned about influenza vaccination among healthcare workers
 - Concerned that reporting of rates for SNFs only, not assisted or independent living settings with vulnerable patients
 - Recommended consideration of legislation as other states have to require influenza vaccination of all healthcare workers and volunteers
- Possible future meeting topics (*See slides for details*)
 - Continued data updates (NHSN, outbreaks, site visits)
 - HCW influenza vaccination
 - Update on Ebola-funded center of excellence hospitals
 - Focus on long-term care issues

Discussion

- Members discussed pursuing legislation that would require healthcare workers to receive flu vaccinations
 - Uphill battle due to union resistance.
 - Oregon has a law that prohibits forcing vaccinations on workers
 - Possible to at least extend reporting of HCW vaccinations beyond SNFs to residential care facilities
- Request for a longer meeting so that more issues can be covered in depth

Action Steps

- OHA will confer with the Office of Licensing and Regulatory Oversight (OLRO) on the issue of extending healthcare worker influenza vaccination requirements in residential settings.
- OHA will look into lengthening the meetings to 3 hours starting in December.

Minutes Written by:

Kate Ellingson

Exhibit Summary

A – Agenda

B – December 16, 2015 Minutes

C – Oregon Administrative Rules - Oregon Health Authority, Public Health Division, Chapter 333

D – Oregon Public Health Division Reporting for Healthcare-Associated Infections Poster

E – NHSN Update: 2015 Preliminary Data

F – Outbreak Update

G – Healthcare-Associated Infections Advisory Committee: Ebola Grant Overview Part B

H – Prevention Focus: Making Every Injection Safe

I – Healthcare-Associated Infections Advisory Committee: CAUTI Prevention in Long-Term Care

J – Topics for Future Meetings

NHSN Update: 2015 Annual Report Data

Kate Ellingson, PhD
HAIAC Meeting
June 22, 2016

Oregon
Health
Authority

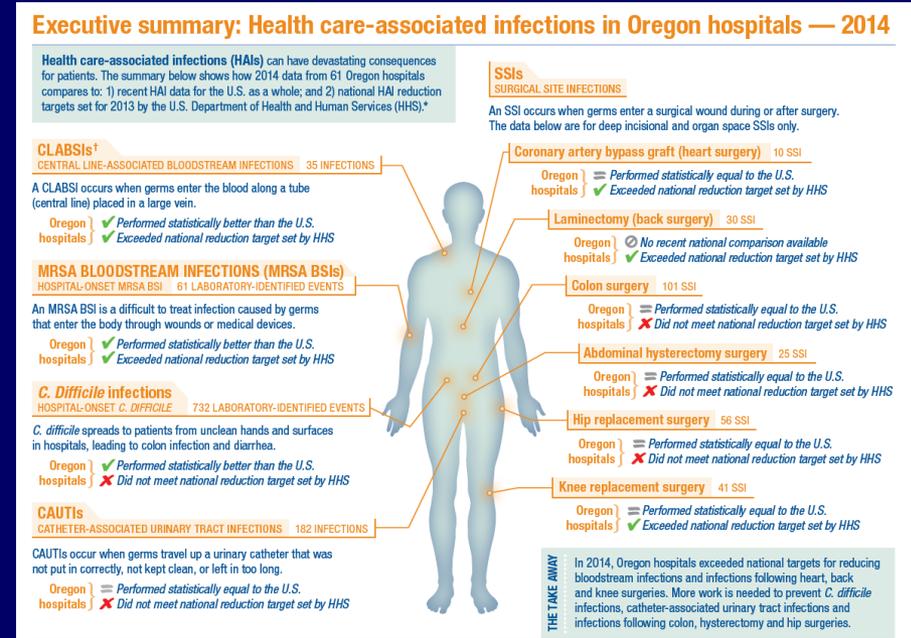
2015 Report: Overview

- Publication Timeline: July
 - Validation in progress (mostly complete)
 - PDF report for aggregate data (consumers/providers)
- Moving more information online
 - Data.Oregon.Gov: Open Data Portal
 - All facility-specific tables and maps



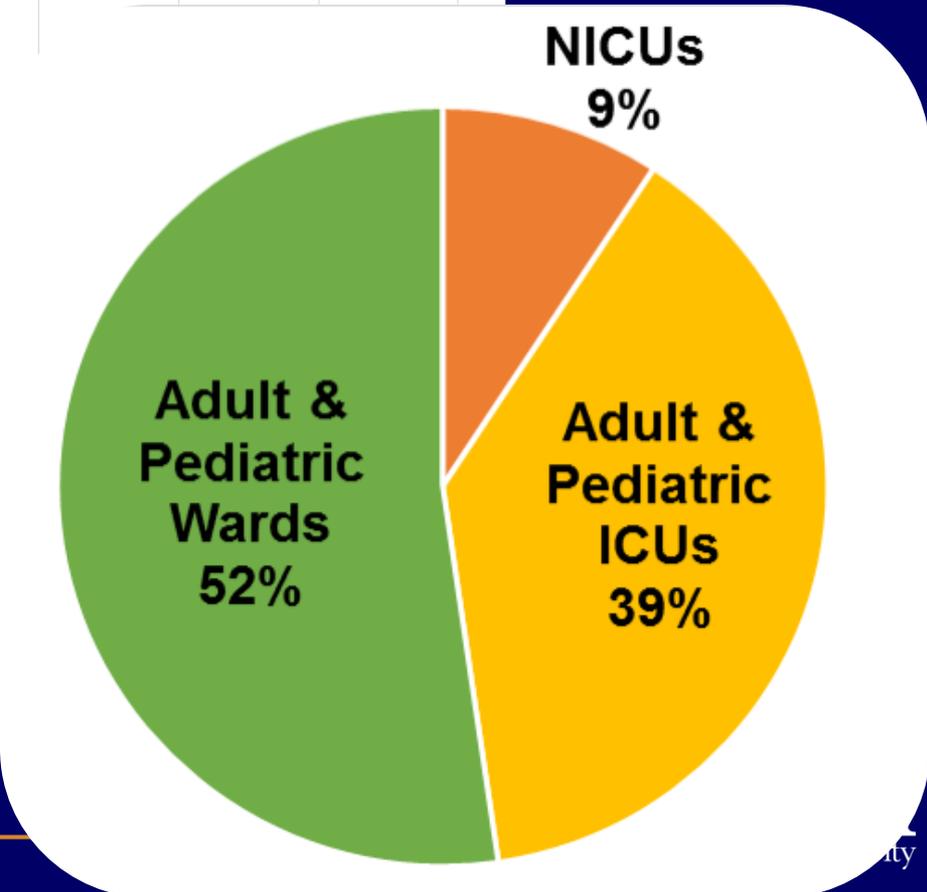
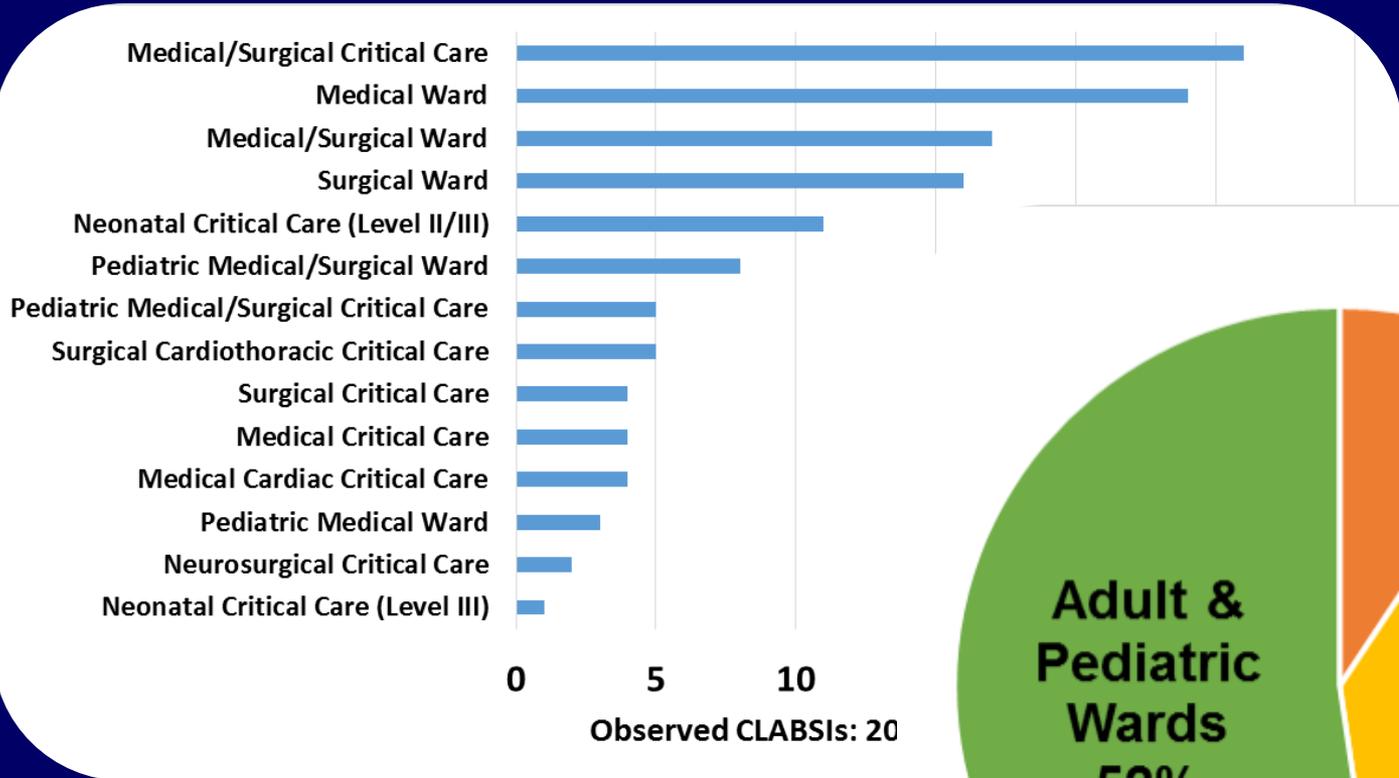
Executive Summary: *In Progress*

- Feedback from '14
 - Too busy
 - Table on back confusing
- Changes for '15
 - Split graphic into 2 pgs
 - DA & LabID on front
 - SSIs on back
- Device-associated infections
 - Split by hospital location type: NICU, ICU, Wards
 - Benchmarks overall and by location type

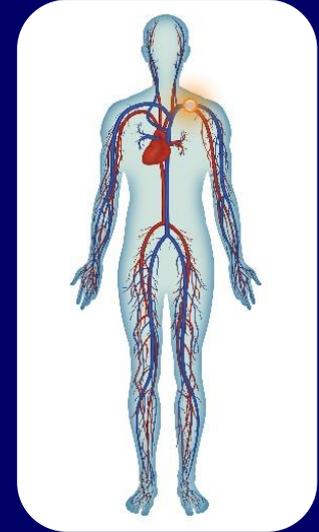


Observed CLABSIs by Location

N=130 Overall



Central Line-Associated Bloodstream Infection (CLABSI)



- 52 acute care hospitals reporting
 - All adult & pediatric ICUs
 - Medical, surgical & medical/surgical wards
- 161,715 central line days
- 118 infections
- SIR: 0.43 (0.36-0.52)
- 57% fewer infections than predicted



Meets
HHS Target

NICU Central Line-Associated Bloodstream Infection (CLABSI)

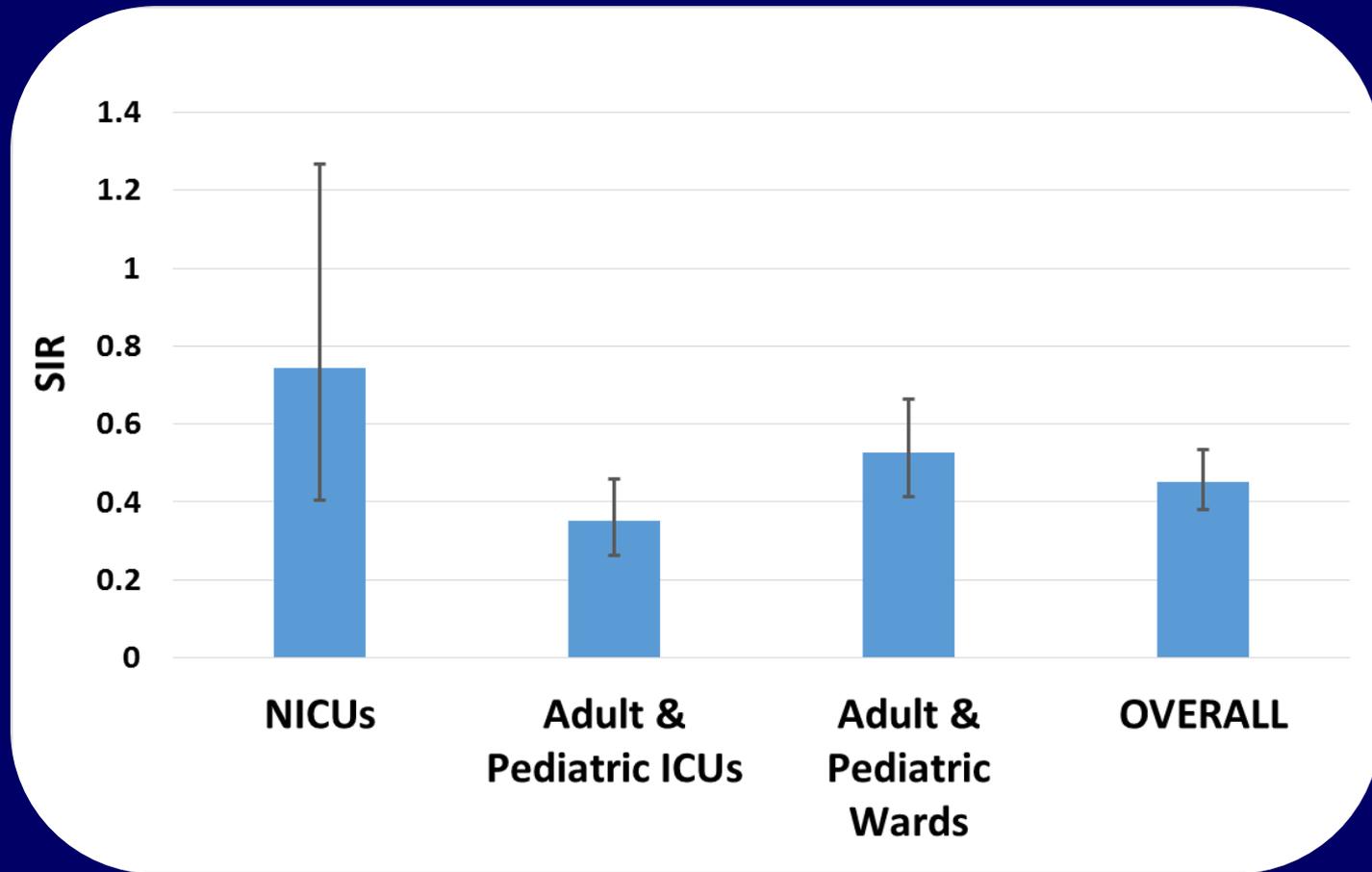


- 7 acute care hospitals reporting
- 7622 central line days
- 12 infections
- SIR: 0.75 (0.41-1.27)
- 25% fewer infections than predicted
- HHS target for 2013=50% reduction



Does
NOT meet
HHS Target

CLABSI Standardized Infection Ratios (SIRs) by Location Type: 2015

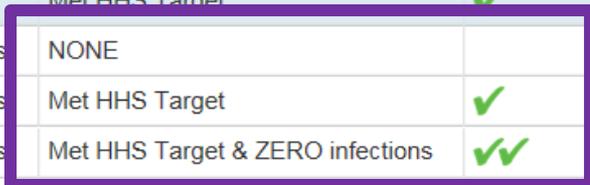


CLABSI: Adult/Peds ICUs + M/S/MS Wards

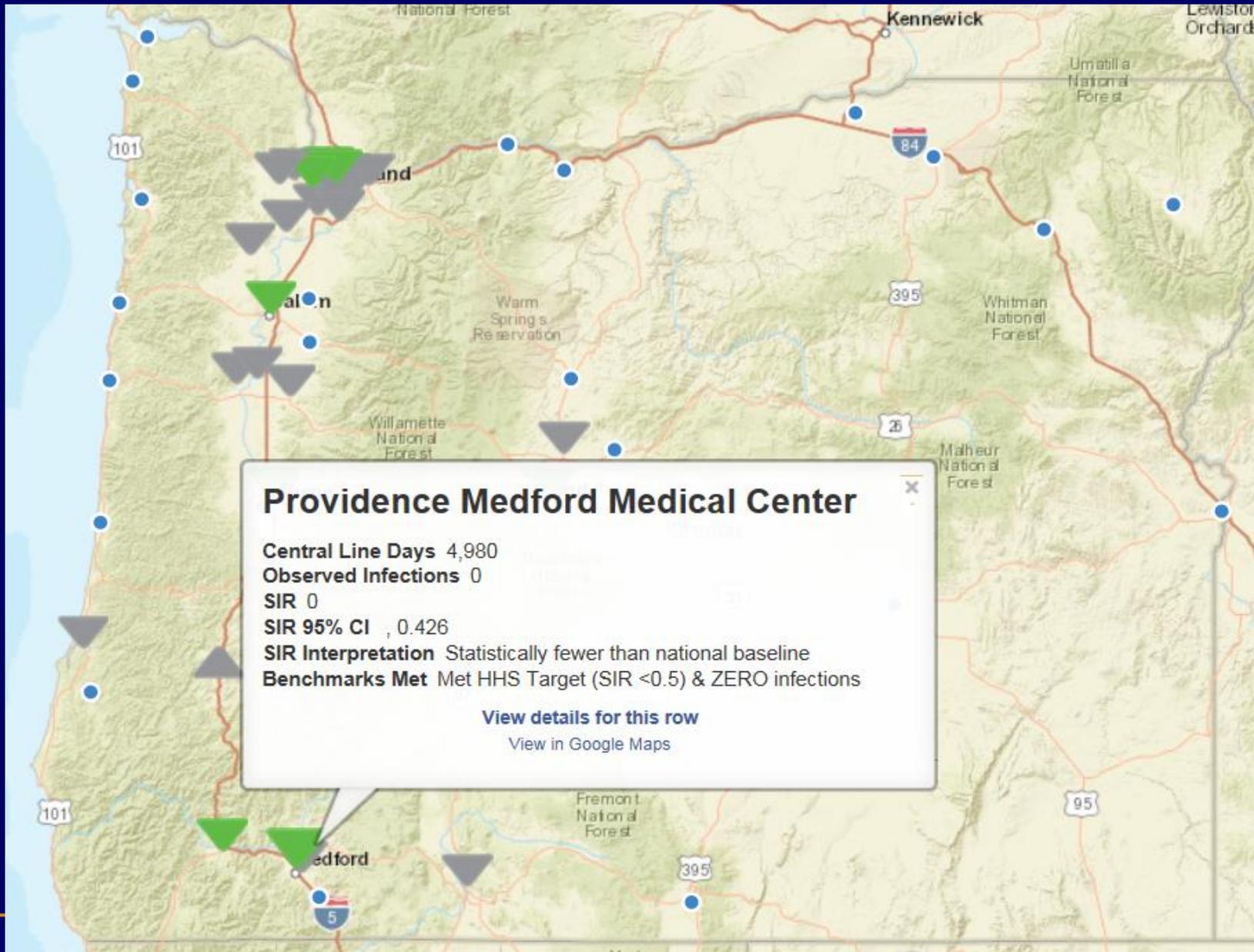
2015 Central Line-Associated Bloodstream Infection (CLABSI)
(No description provided)

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Observed Infection	Predicted Infection	SIR	SIR 95% CI	SIR Icon	SIR Interpretation	Benchmarks Met	Benchmark County
118	271.59	0.434	0.361, 0.518	▼	Statistically fewer infections	Met HHS Target	✓
12	16.04	0.748	0.405, 1.272	▼	Fewer infections	NONE	
4	7.99	0.501	0.159, 1.207	▼	Fewer infections	NONE	
5	11.85	0.422	0.155, 0.935	▼	Statistically fewer infections	Met HHS Target	✓
4	11.08	0.361	0.115, 0.871	▼	Statistically fewer infections	Met HHS Target	✓
26	76.28	0.341	0.227, 0.492	▼	Statistically fewer infections	Met HHS Target	✓
5	13.29	0.376	0.138, 0.834	▼	Statistically fewer infections	Met HHS Target	✓
2	7.08	0.283	0.047, 0.934	▼	Statistically fewer infections	Met HHS Target	✓
1	3.28	0.305	0.015, 1.502	▼	Fewer infections	Met HHS Target	✓
4	15.12	0.265	0.084, 0.638	▼	Statistically fewer infections	Met HHS Target	✓
11	12.76	0.862	0.453, 1.499	▼	Fewer infections	NONE	
24	44.22	0.543	0.356, 0.795	▼	Statistically fewer infections	NONE	
17	29.22	0.582	0.350, 0.913	▼	Statistically fewer infections	NONE	
8	17.23	0.464	0.216, 0.882	▼	Statistically fewer infections	Met HHS Target	✓
3	7.57	0.396	0.101, 1.079	▼	Fewer infections	Met HHS Target	✓
16	30.67	0.522	0.309, 0.829	▼	Statistically fewer infections	NONE	
1	7.84	0.127	0.006, 0.629	▼	Statistically fewer infections	Met HHS Target	✓
0	3.88	0	, 0.773	▼	Statistically fewer infections	Met HHS Target & ZERO infections	✓✓
1	2.3	0.434	0.022, 2.142	▼	Fewer infections	Met HHS Target	✓
0	1.66	0	, 1.800	▼	Fewer infections	Met HHS Target & ZERO infections	✓✓
7	10.59	0.661	0.289, 1.307	▼	Fewer infections	NONE	
1	0.64	*	*		*	NONE	



CLABSI: Adult/Peds ICUs + M/S/MS Wards

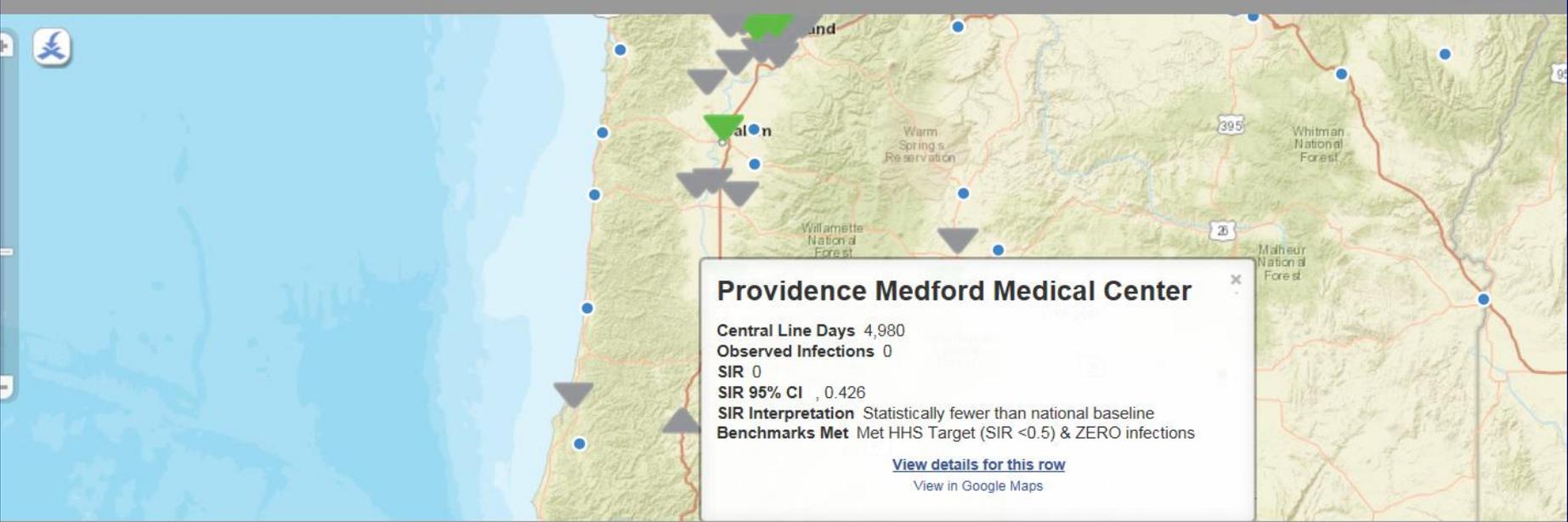


CLABSI: Adult/Peds ICUs + M/S/MS Wards

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Based on Map: CLABSI Adult/Pediatric ICUs/Wards (No description provided)

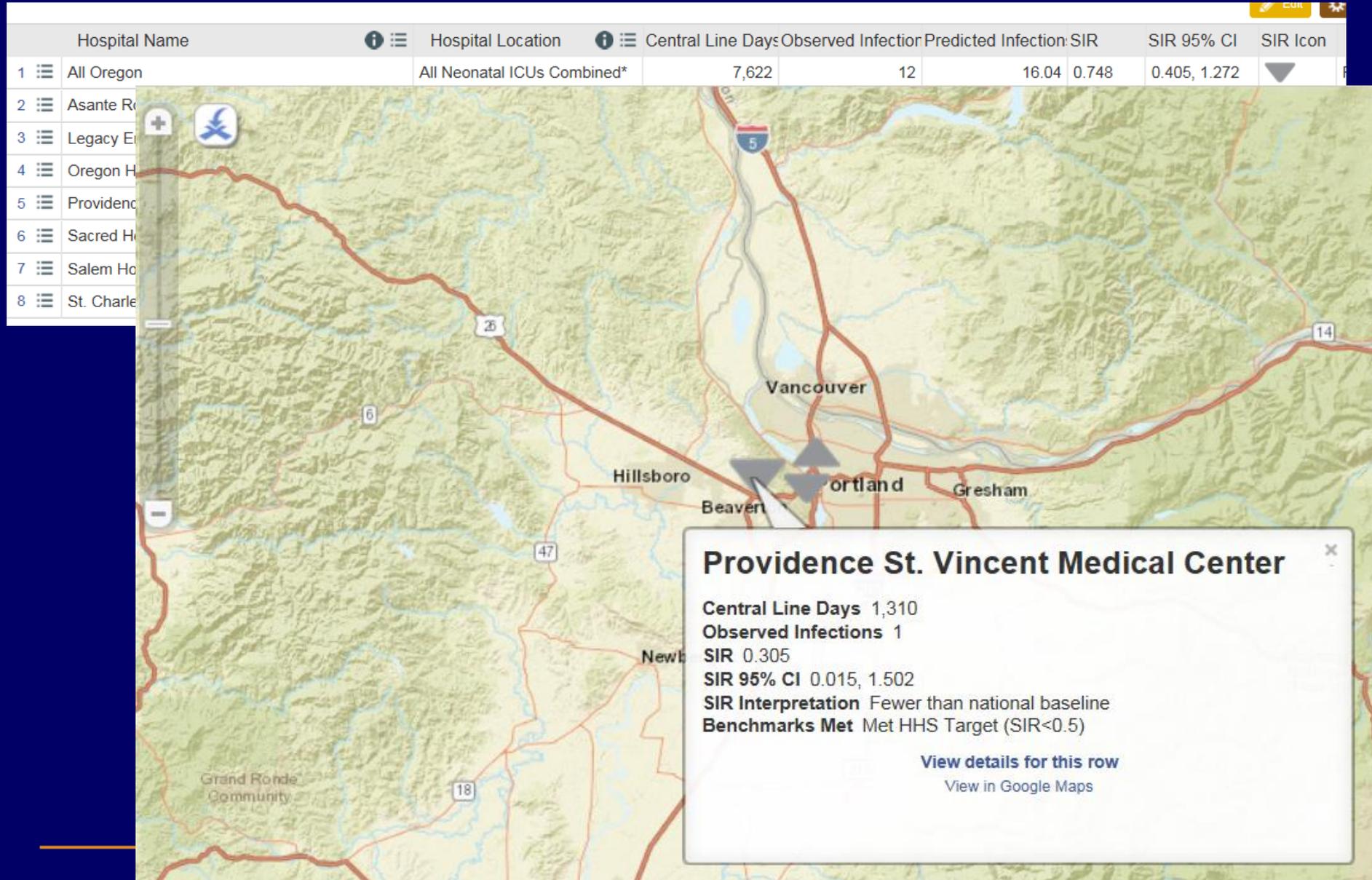
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Hospital Name	Providence Medford Medical Center	SIR Interpretation	Statistically fewer than national baseline
Hospital Location	All Adult/Ped ICUs & M/S/MS Wards Combined*	Benchmarks	
Central Line Days	4,980	Benchmarks Met	Met HHS Target (SIR <0.5) & ZERO infections
Observed Infections	0	County	JACKSON

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CLABSI: NICUs Only



CLABSI: Aggregate Tables

- By Location Category

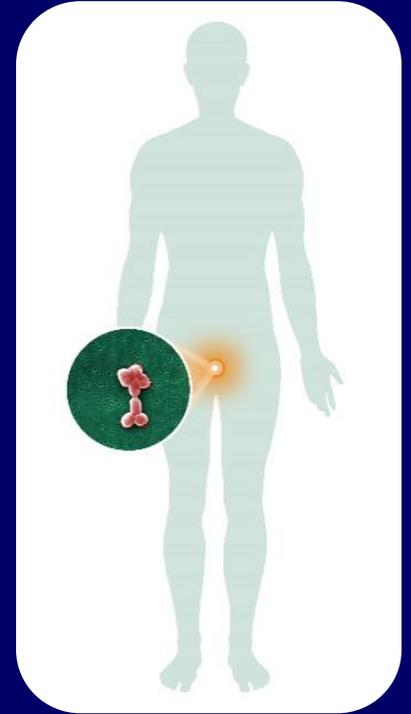
Hospital Location	CL Days	Observed	Predicted	SIR	95% CI	SIR Interpretation	Benchmark
Adult & Pediatric ICUs	76215	50	142.7	0.35	0.263, 0.458	Statistically fewer than national baseline	Meets HHS benchmark (SIR<0.5)
Adult & Pediatric Wards	85500	68	128.89	0.528	0.413, 0.665	Statistically fewer than national baseline	None (SIR>0.5)
NICUs	7622	12	16.04	0.748	0.405, 1.272	Fewer than national baseline	None (SIR>0.5)

- By HPP Regions

HPP Region	CL Days	Obs	Pred	SIR	95% CI	SIR Interpretation	Benchmark
Region1	103971	87	188.71	0.461	0.372, 0.566	Statistically fewer than national baseline	Meets HHS benchmark (SIR<0.5)
Region2	20027	12	28.63	0.419	0.227, 0.713	Statistically fewer than national baseline	Meets HHS benchmark (SIR<0.5)
Region3	20115	12	33.61	0.357	0.193, 0.607	Statistically fewer than national baseline	Meets HHS benchmark (SIR<0.5)
Region5	15221	9	21.93	0.41	0.200, 0.753	Statistically fewer than national baseline	Meets HHS benchmark (SIR<0.5)
Region6	397	0	0.55	0		Cannot calculate	Zero infections
Region7	8522	7	12.76	0.549	0.240, 1.085	Fewer than national baseline	None (SIR>0.5)
Region9	1084	3	1.44	2.083	0.530, 5.670	More than national baseline	None (SIR>0.5)

Catheter-Associated Urinary Tract Infection (CAUTI)

- 56 acute care hospitals reporting
- 191,494 catheter days
- 188 infections
- SIR: 0.54 (0.47-0.63)
 - 57% fewer infections than predicted
 - HHS target for 2013=25% reduction
 - Major changes in CAUTI definition



CAUTI: Adult/Peds ICUs + M/S/MS Wards

urinary tract infection (CAUTI) table for 2015

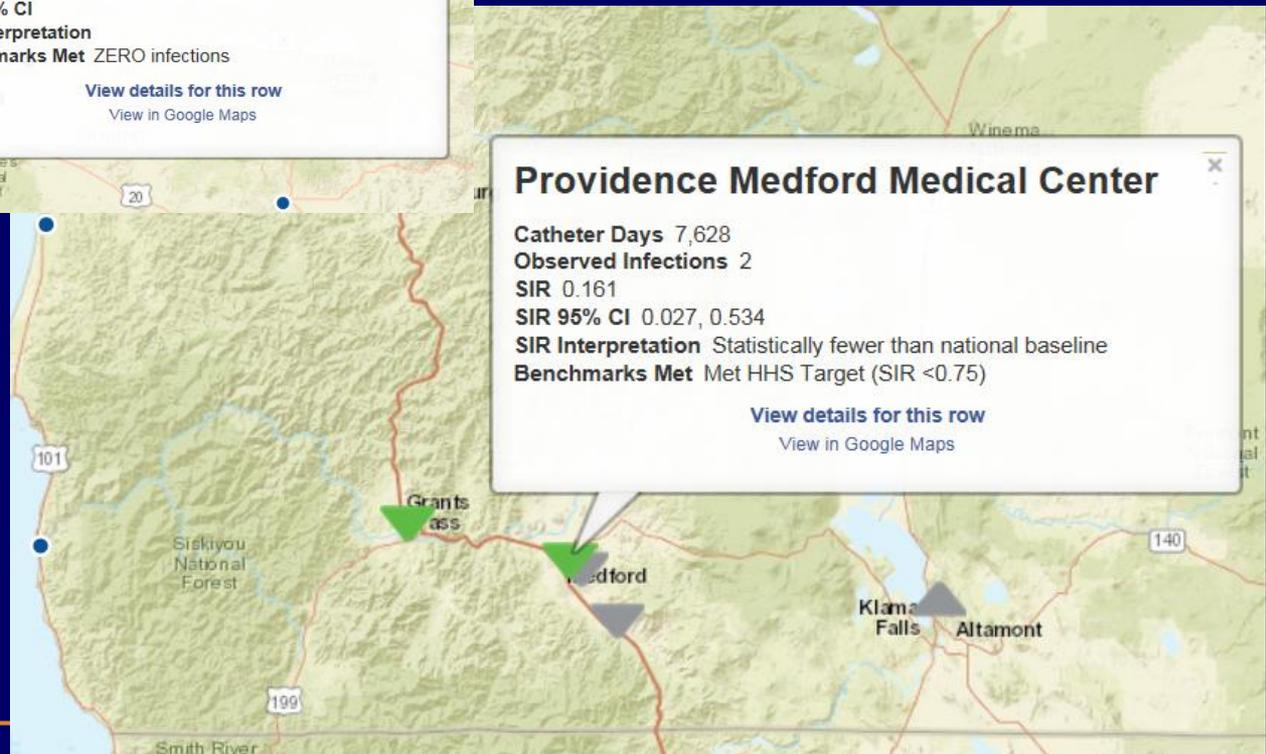
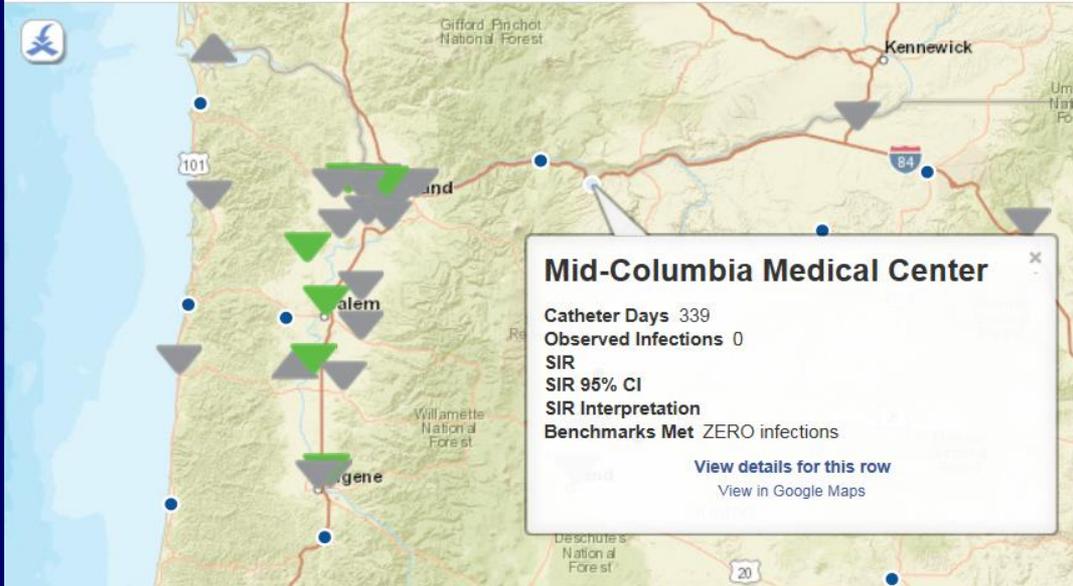
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Hospital Location	Catheter Days Observed	Infections	Predicted In/SIR	SIR	SIR 95% CI	SIR Icon	SIR Interpretation	Benchmark Icon	Benchmarks Met	
All Adult/Ped ICUs & M/S/MS Wards Combined*	191,494	188	345.48	0.544	0.470, 0.626	▼	Statistically fewer infections	✓	Met HHS Target (SIR <0.75)	
Center	All Adult/Ped ICUs & M/S/MS Wards Combined*	4,471	1	9.09	0.11	0.006, 0.543	▼	Statistically fewer infections	✓	Met HHS Target (SIR <0.75)
Center	Adult Medical/Surgical ICUs	1,819	1	4.18	0.239	0.012, 1.179	▼	Fewer infections	✓	Met HHS Target (SIR <0.75)
Center	Adult Medical Wards	1,324	0	2.52	0	, 1.191	▼	Fewer infections	✓✓	Met HHS Target & ZERO infections
Center	Adult Surgical Wards	1,328	0	2.39	0	, 1.253	▼	Fewer infections	✓✓	Met HHS Target & ZERO infections
ional Medical Center	All Adult/Ped ICUs & M/S/MS Wards Combined*	9,968	14	15.94	0.878	0.500, 1.439	▼	Fewer infections		NONE (SIR >0.75)
ional Medical Center	Adult Cardiothoracic ICUs	2,920	7	4.96	1.41	0.617, 2.789	▲	More infections		NONE (SIR >0.75)
ional Medical Center	Adult Medical/Surgical ICUs	3,233	2	3.88	0.516	0.086, 1.703	▼	Fewer infections	✓	Met HHS Target (SIR <0.75)
ional Medical Center	Adult Medical Wards	1,037	2	1.97	1.015	0.170, 3.354	▲	More infections		NONE (SIR >0.75)
ional Medical Center	Adult Medical/Surgical Wards	2,453	1	3.92	0.255	0.013, 1.257	▼	Fewer infections	✓	Met HHS Target (SIR <0.75)
ional Medical Center	Pediatric Medical Wards	15	0	0.02				✓		ZERO infections
ional Medical Center	Rehabilitation Wards	310	2	1.18	1.698	0.285, 5.609	▲	More infections		NONE (SIR >0.75)
s Medical Center	All Adult/Ped ICUs & M/S/MS Wards Combined*	5,184	2	8.73	0.229	0.038, 0.757	▼	Statistically fewer infections	✓	Met HHS Target (SIR <0.75)
s Medical Center	Adult Medical/Surgical ICUs	1,604	0	2.09	0	, 1.437	▼	Fewer infections	✓✓	Met HHS Target & ZERO infections
s Medical Center	Adult Medical Wards	2,042	1	3.88	0.258	0.013, 1.271	▼	Fewer infections	✓	Met HHS Target (SIR <0.75)
s Medical Center	Adult Surgical Wards	1,538	1	2.77	0.361	0.018, 1.782	▼	Fewer infections	✓	Met HHS Target (SIR <0.75)

CAUTI: Adult/Peds ICUs + M/S/MS Wards

Map: CAUTI in Adult/Pediatric ICUs & Wards

Based on CAUTI Dataset for Map
(No description provided)



CAUTI: Aggregate Tables

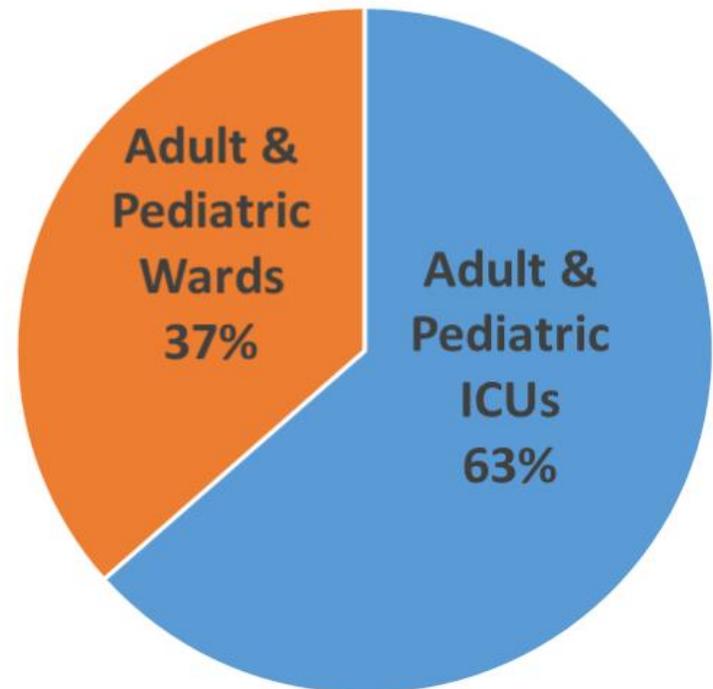
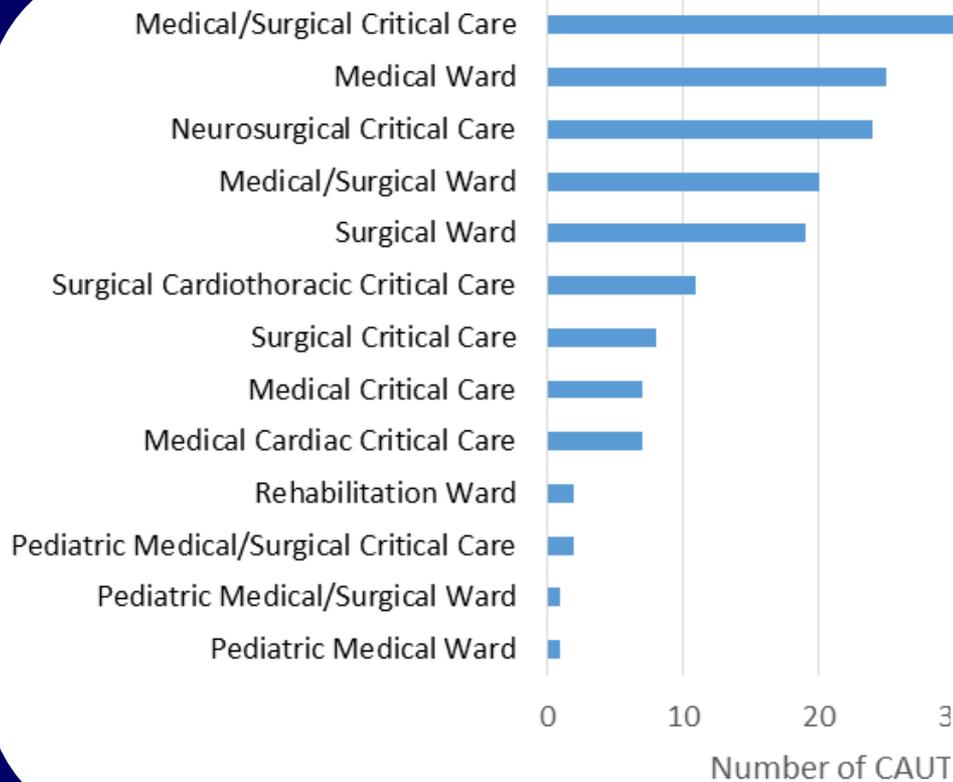
- By Location Category

Hospital Location	Cath Days	Observed	Predicted	SIR	95% CI	SIR Interpretation	Benchmark
Adult/Ped ICUs	90987	117	167.12	0.7	0.582, 0.836	Statistically fewer than national baseline	Met HHS benchmark (SIR<0.75)
Adult/Ped Wards	100507	71	178.41	0.398	0.313, 0.499	Statistically fewer than national baseline	Met HHS benchmark (SIR<0.75)

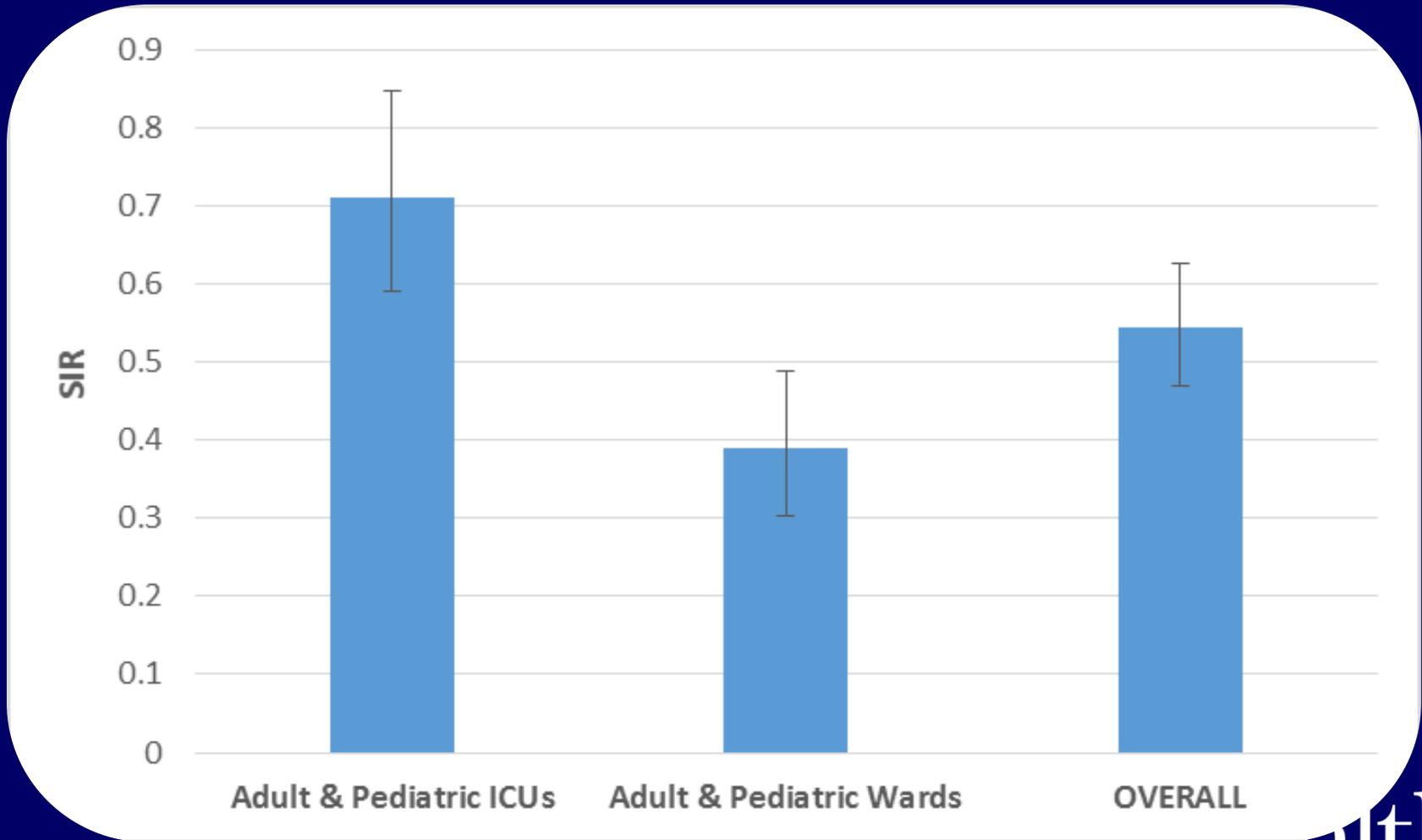
- By HPP Regions

HPP Region	Cath Days	Observed	Predicted	SIR	95% CI	SIR Interpretation	Benchmark
Region1	91926	117	181.48	0.645	0.536, 0.770	Statistically fewer than national baseline	Met HHS benchmark (SIR<0.75)
Region2	30337	18	46.63	0.386	0.236, 0.598	Statistically fewer than national baseline	Met HHS benchmark (SIR<0.75)
Region3	28824	15	52.99	0.283	0.164, 0.456	Statistically fewer than national baseline	Met HHS benchmark (SIR<0.75)
Region5	23454	19	38.11	0.499	0.309, 0.764	Statistically fewer than national baseline	Met HHS benchmark (SIR<0.75)
Region6	757	0	1.18	0		Fewer than national baseline	Met HHS benchmark (SIR<0.75)
Region7	11555	17	17.84	0.953	0.574, 1.495	Fewer than national baseline	
Region9	4641	2	7.3	0.274	0.046, 0.905	Statistically fewer than national baseline	Met HHS benchmark (SIR<0.75)

Observed CAUTI by Location: N=186 Overall

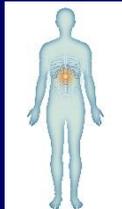


CAUTI Standardized Infection Ratios (SIRs) by Location Type: 2015

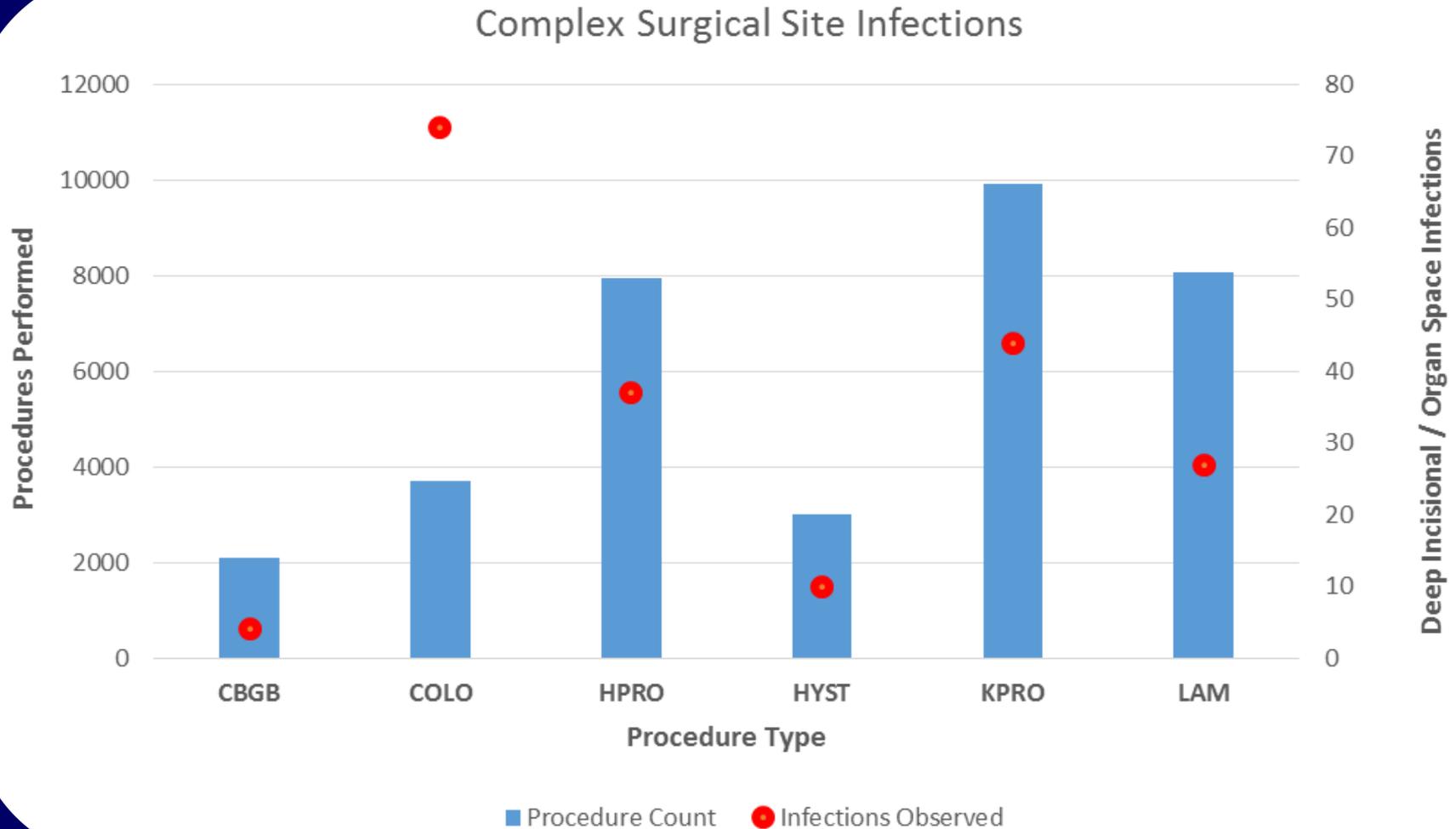


Surgical Site Infection (SSI): Complex Deep/Organ Space

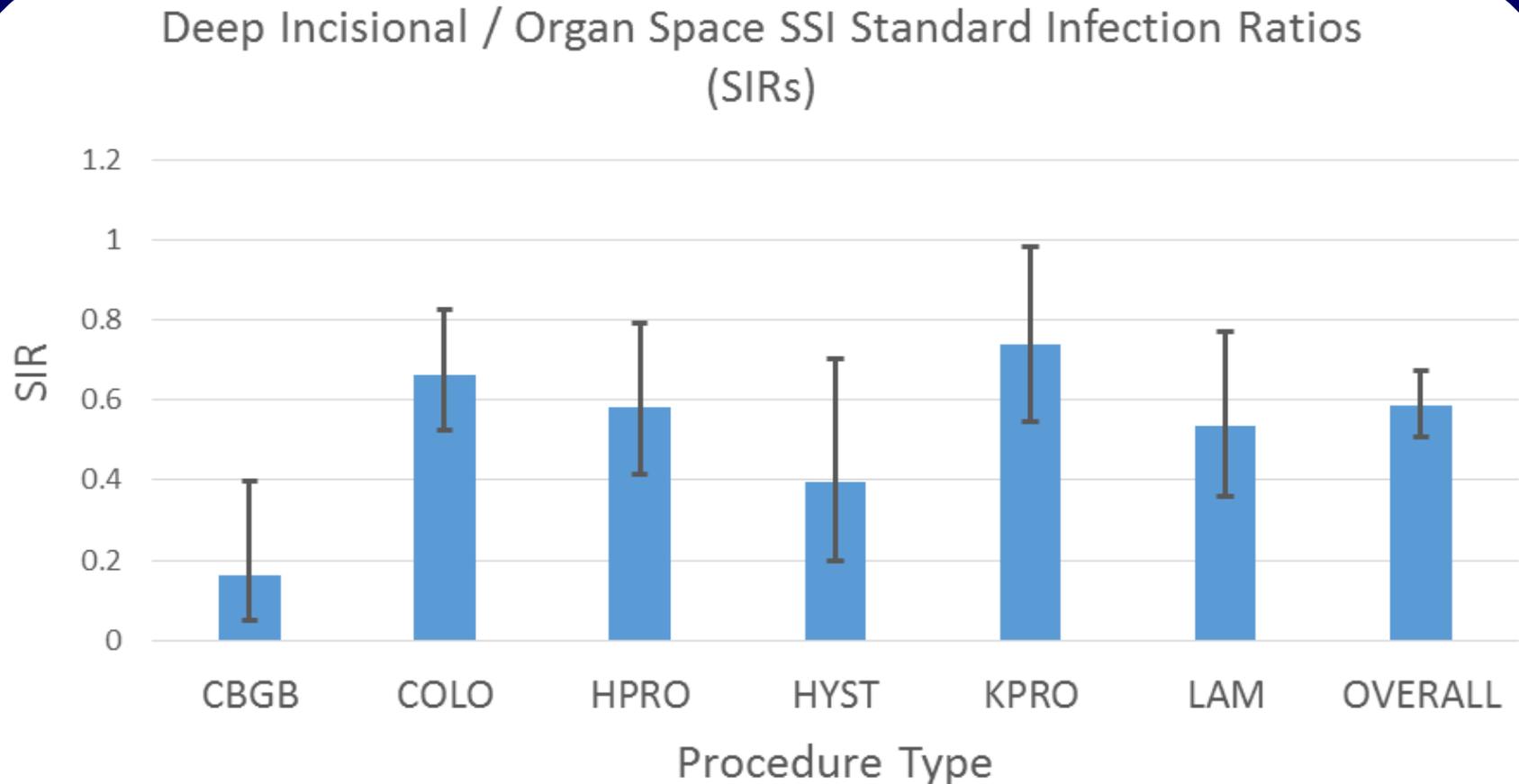
- 34763 procedures reported
- 196 complex SSIs
- SIR: 0.59 (0.51-0.67)
- 41% fewer than predicted
- 2013 HHS target=25% reduction



Procedure Counts and Infections

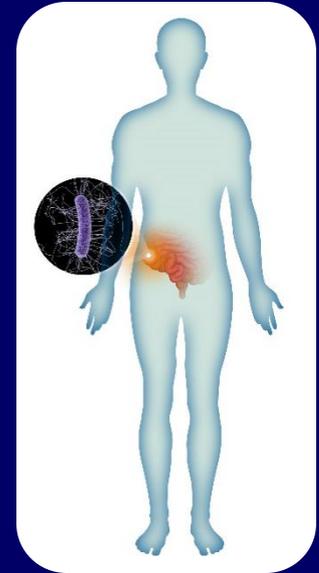


Surgical Site Infection SIRs: 2015



C. difficile LabID Reporting

- 60 acute care hospitals reporting
- 1,395,478 patient days
- 909 hospital-onset infections
- SIR: 0.88 (0.82-0.94)
- 12% fewer infections than expected
- HHS target for 2013: 30% reduction



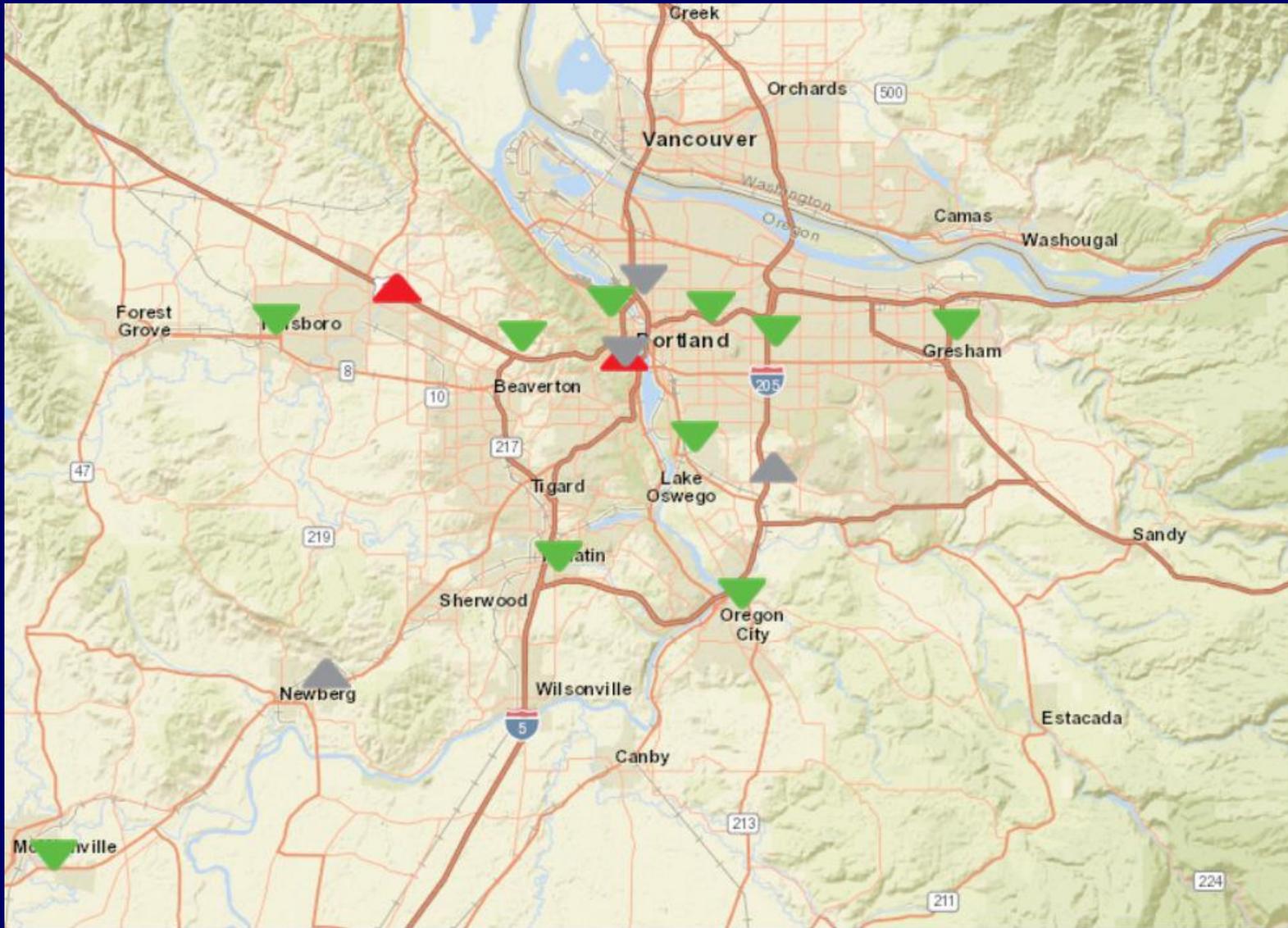
C. difficile LabID Reporting

Infections: 2015

Edit Manage More Views Filter Visualize Export

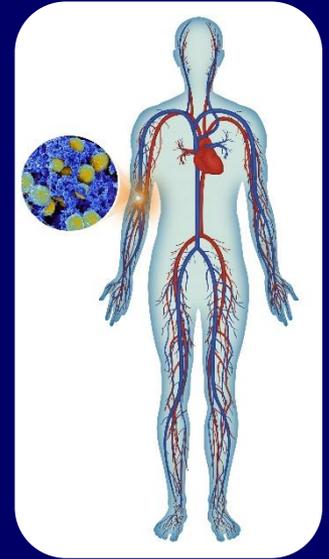
	Patient Days	Hospital-Onset (HO) CDI	Predicted HO-CDI	SIR	SIR95CI	SIR Icon	sir_symbol	SIR Interpretation	benchmarks_met
al Center	37,415	13	25	0.52	0.289, 0.867	▼	Green down	Statistically fewer infections than national baseline	Met HHS Target (SIR <0.7)
	5,572	0	3.79	0	, 0.791	▼	Green down	Statistically fewer infections than national baseline	Met HHS Target & ZERO infections
	5,280	3	2.1	1.431	0.364, 3.894	▲	Grey up	More infections than national baseline	NONE (SIR >0.7)
	1,044	1	0.5						
Medical Cen	58,502	58	53.13	1.092	0.837, 1.401	▲	Grey up	More infections than national baseline	NONE (SIR >0.7)
Medical Cente	23,133	27	17.54	1.54	1.035, 2.209	▲	Red up	Statistically more infections than national baseline	NONE (SIR >0.7)
	2,737	0	1.19	0	, 2.510	▼	Grey down	Fewer infections than national baseline	Met HHS Target & ZERO infections
	86,610	50	59.81	0.836	0.627, 1.093	▼	Grey down	Fewer infections than national baseline	NONE (SIR >0.7)
Center	41,865	16	29.48	0.543	0.321, 0.863	▼	Green down	Statistically fewer infections than national baseline	Met HHS Target (SIR <0.7)
Center	30,907	10	19.88	0.503	0.256, 0.897	▼	Green down	Statistically fewer infections than national baseline	Met HHS Target (SIR <0.7)
ter	24,199	7	14.33	0.488	0.214, 0.966	▼	Green down	Statistically fewer infections than national baseline	Met HHS Target (SIR <0.7)
	503	0	0.23						ZERO infections
nter	24,672	9	13.71	0.656	0.320, 1.204	▼	Grey down	Fewer infections than national baseline	Met HHS Target (SIR <0.7)
	28,485	18	18.26	0.986	0.603, 1.528	▼	Grey down	Fewer infections than national baseline	NONE (SIR >0.7)
	6,846	3	3.45	0.87	0.221, 2.367	▼	Grey down	Fewer infections than national baseline	NONE (SIR >0.7)
sity	155,993	198	111.54	1.775	1.540, 2.036	▲	Red up	Statistically more infections than national baseline	NONE (SIR >0.7)
	3,721	1	2.13	0.47	0.024, 2.317	▼	Grey down	Fewer infections than national baseline	Met HHS Target (SIR <0.75)
oner	825	0	0.37						ZERO infections
eville	2,646	1	1.66	0.602	0.030, 2.968	▼	Grey down	Fewer infections than national baseline	Met HHS Target (SIR <0.7)

C. difficile LabID Reporting



MRSA Bloodstream Infection LabID Reporting

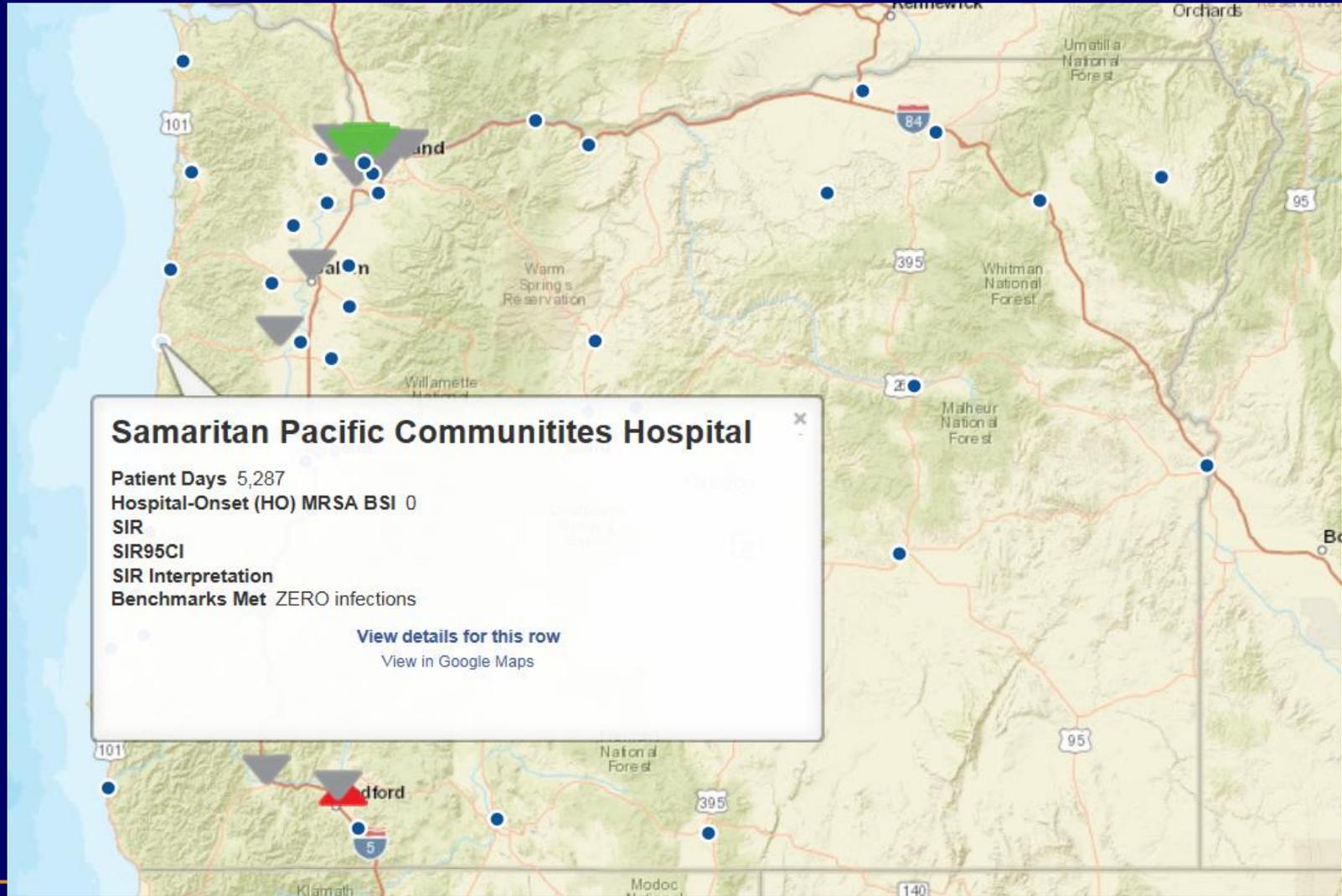
- 59 acute care hospitals reporting
- 1,498,541 patient days
- 51 hospital-onset infections
- SIR: 0.59 (0.44-0.77)
- 41% fewer infections than expected
- HHS target for 2013: 25% reduction



MRSA Bloodstream Infection LabID Reporting

	Patient Days	Hospital-Onset (HO) MRSA B&P	Predicted HO-MRSA B&P	SIR	SIR95CI	SIR Icon	SIR Interpretation	Benchmarks Met
	1,498,541	51	86.75	0.588	0.442, 0.767	▼	Statistically fewer infections than national baseline	Met HHS Target (SIR <0.75)
enter	32,124	0	1.99	0	, 1.504	▼	Fewer infections than national baseline	Met HHS Target & ZERO infections
onal Medical Center	76,888	8	3.05	2.622	1.218, 4.978	▲	Statistically more infections than national baseline	NONE (SIR >0.75)
s Medical Center	29,020	0	1.07	0	, 2.798	▼	Fewer infections than national baseline	Met HHS Target & ZERO infections
y Hospital	4,985	0	0.18					ZERO infections
	13,475	0	0.51					ZERO infections
pital	357	0	0.01					ZERO infections
pital District	276	0	0.01					ZERO infections
munity Hospital	1,377	0	0.1					ZERO infections
pital	1,111	0	0.04					ZERO infections
gional Medical Center	39,245	1	1.64	0.611	0.031, 3.013	▼	Fewer infections than national baseline	Met HHS Target (SIR <0.75)
ical Center	5,572	0	0.24					ZERO infections
pital	5,718	0	0.2					ZERO infections
pital	1,142	0	0.04					ZERO infections

MRSA Bloodstream Infection LabID Reporting



Questions? Follow Up?

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Oregon
Health
Authority



Advancing Frontline Care™

Rigid Reusable & Single use Sigmoidoscopes, Anoscopes, and Accessories

Cleaning, Disinfection, and Sterilization Instructions

Mat'l 103251 Ver. B

(This document is made from 713512 Version B).



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The CE mark on these products indicates that they are in conformity with the provisions of Council Directive 93/42/EEC.



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ENGLISH

Intended Use

The Welch Allyn Rigid Reusable & Single Use Sigmoidoscopes and Anoscopes are used to illuminate and facilitate the examination of the rectal and anal cavity. The instrument also provides a means of entry for surgical instruments into the rectal and anal cavity.

Endoscopes and the insufflation system are categorized as semi-critical devices requiring high level disinfection and the illumination system is categorized as a non-critical device requiring low-level disinfection according to the Multi-society guideline for reprocessing flexible gastrointestinal endoscopes published by Gastrointestinal Endoscopy (volume 58, No. 1, 2003) and simultaneously in Infection Control and Hospital Epidemiology. Optional higher level processes have been included in these instructions.

Refer to ASTM F1518-00, Standard Practice for Cleaning and Disinfection of Flexible Fiberoptic and Video Endoscopes Used in the Examination of the Hollow Viscera, for additional guidance on reprocessing of these devices/accessories. Although this standard is for flexible endoscopes, it contains information that can be applied to rigid endoscopes as well.



Caution U.S. federal law restricts this device to sale by or on the order of a physician or licensed healthcare practitioner. This device should only be used by trained personnel.

Caution Perform reprocessing immediately after each use.

Caution Consult your facility's procedures and the reprocessing agents manufacturer's instructions for the agents reuse, recommended Personal Protective Equipment and other safety precautions such as ventilation, etc.

Caution Examine surfaces of all components for wear or damage after cleaning, disinfection, and/or sterilization.

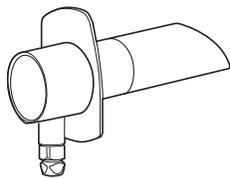
Caution For cleaning and/or disinfection, use brushes appropriate for the size of the endoscope channel parts, connectors, and orifices (e.g. bristles should contact all surfaces). Cleaning/disinfection tools (brushes, etc.) should be single use or thoroughly cleaned, disinfected, and/or sterilized between uses.

Caution Unless otherwise specified, perform all reprocessing procedures at ambient (room) temperature.

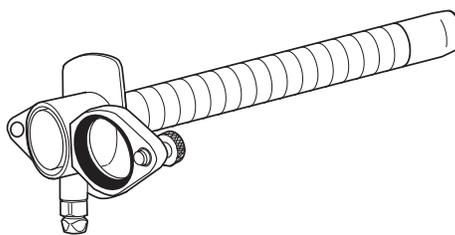
Caution Clean and disinfect all devices or accessories per these instructions prior to returning to Welch Allyn (e.g. for repair and service).

Caution Users are responsible to qualify any deviations from these procedures.

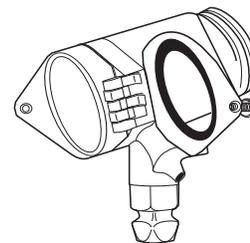
Rigid Sigmoidoscopes, Anoscopes, and Light Carrier



37023



32820



36019

Anoscope Part Numbers:		Sigmoidoscope Part Numbers:		Light Carrier Part Numbers:
37019	38614	32010	32820	36019
37023	38619	32020	32830	38700
37027	38622	32410	33220	Suction Tube*
38108	38900	32420	33620	Part Numbers:
38114	39614	32810	33830	30130
38119	39619			30140
38122	39622			

*Suction Tubes not illustrated

Note For all steps, remove obturator for separate cleaning and open viewing window.

Caution  Welch Allyn recommends the use of the Single Use Insufflation Bulb Filter (REF 30210) for all applicable endoscopic procedures. The filter does not eliminate the need to properly process the insufflation bulb with each use, but restricts internal contamination and aspiration of fluids.

Cleaning

1. Prepare an enzymatic detergent formulated for endoscopic instruments according to the manufacturer's instructions. These instructions were validated using ENZOL[®]/CIDEZYME[®].
2. Submerge the item in the cleaning solution.
3. Using a soft bristle brush, scrub the item submerged in the cleaning solution for a minimum of 5 minutes then rinse with sterile water for 5 minutes.

High Level Disinfection

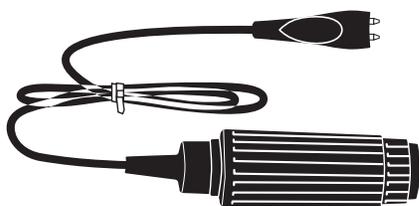
1. Follow the Cleaning instructions above.
2. Using CIDEX[®] OPA (0.55% OPA, 14-day maximum reuse), soak the item for a minimum of 12 minutes.
3. Perform 3 sequential rinses of the item for a minimum of 5 minutes each with sterile water.

4. Allow the item to dry for 24 hours or until no moisture remains in the device. Any moisture in the device could occlude the insufflation bulb filter.

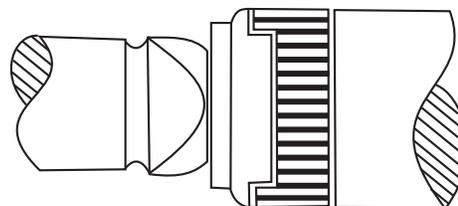
Sterilization

1. Follow the Cleaning instructions above.
2. Perform one autoclave cycle that includes 6 minutes at 270° F (132° C) and a cool down period of at least 15 minutes. These instructions were validated using a gravity autoclave. Validate any other sterilization equipment and load configurations.

Light Handle Assembly and Handle Adapter



Part Numbers 73210 and 73211
(including 07800-U lamp)



Part Number 73500
(including 03100-U lamp)

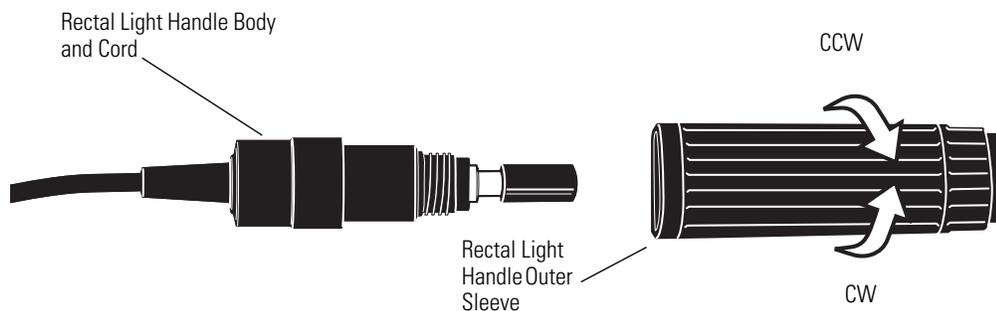


WARNING Allow the lamp to cool for at least 5 minutes before handling.

Note Leave the lamp installed while reprocessing 73210, 73211 and 73500.

Assembly and Disassembly Instructions for 73210 and 73211

1. Disconnect the light handle from the power supply cord and the device.
2. Unscrew the outer sleeve of the handle by turning it counterclockwise.



3. Follow one of the reprocessing methods described below.



Caution Do not immerse the rectal light handle body and cord in any solution. Doing so may damage the rectal light handle body and cord and void the warranty.

4. After performing a reprocessing procedure, wipe the lamp with a soft, dry, lint free cloth.
5. Re-attach the clean sleeve to the handle by screwing in a clockwise direction.
6. Re-connect the power supply cord to the light handle and verify that the unit works by plugging it in. If the lamp fails to illuminate follow the troubleshooting instructions located in light handle manual ([REF](#) 700791) supplied with your handle.

Cleaning (73210, 73211 and 73500)

1. Prepare an enzymatic detergent formulated for endoscopic instruments according to the manufacturer's instructions. These instructions were validated using ENZOL/ CIDEZYME.
2. Submerge the rectal light handle outer sleeve in the cleaning solution.
3. Using a soft bristle brush, scrub the item submerged in the cleaning solution for a minimum of 5 minutes then rinse with sterile water for 5 minutes.
4. Wet the rectal light handle body and cord with the cleaning solution.
5. Using a soft bristle brush, scrub the cord with the cleaning solution for a minimum of 5 minutes then rinse the cord with sterile water for 5 minutes.

Intermediate Level Disinfection (73210, 73211 and 73500)

1. Follow the Cleaning instructions above.
2. Using CaviWipes™, wipe all item surfaces and keep wet with CaviWipe solution for a minimum of 5 minutes.
3. Allow the item surface to dry for a minimum of 10 minutes.

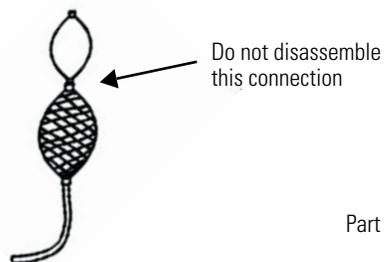
Sterilization (73211 ONLY)



Caution Autoclaving the light handle may reduce the product's functional life.

1. Follow the Cleaning instructions above.
2. Perform one autoclave cycle that includes 6 minutes at 270° F (132° C) and a cool down period of at least 15 minutes. These instructions were validated using a gravity autoclave. Validate any other sterilization equipment and load configurations.

Insufflation System



Part Number: 30200

 **Caution** Welch Allyn recommends the use of the Single Use Insufflation Bulb Filter (REF 30210) for all applicable endoscopic procedures. The filter does not eliminate the need to properly process the insufflation bulb with each use, but restricts internal contamination and aspiration of fluids.

Caution Do not disassemble the insufflation bulb.

Caution The insufflation bulb may discolor after disinfection or sterilization without effecting performance.

Caution Do not autoclave insufflation system. Damage will occur.

Cleaning

1. Prepare an enzymatic detergent formulated for endoscopic instruments according to the manufacturer's instructions. These instructions were validated using ENZOL/ CIDEZYME.
2. Submerge the item in the cleaning solution.
3. Using a soft bristle brush, scrub the item submerged in the cleaning solution for a minimum of 5 minutes then rinse with sterile water for 5 minutes.
4. Using a 60 cc syringe, deliver 60 cc of the cleaning solution to the inside of the bulb through the hose-end.
5. Lightly agitate the solution inside of the bulb for a minimum of 5 minutes.
6. Empty the cleaning solution from the bulb.
7. Using a 60 cc syringe, deliver 60 cc of sterile water into the bulb through the hose-end.
8. Lightly agitate the water inside of the bulb for a minimum of 5 minutes.
9. Empty the rinse water from the bulb, and repeat rinse with sterile water 5 more times.
10. The bulb must be dried sufficiently. Any moisture inside the device could occlude the insufflation bulb filter (if used) or dilute disinfection or sterilization agents. One way to achieve this is to hang the bulb with the tube down for a minimum of 24 hours.

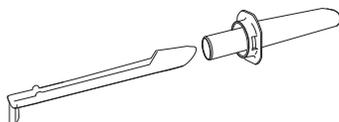
High Level Disinfection

1. Follow steps 1 through 9 of the Cleaning instructions.
2. Using CIDEX OPA (0.55% OPA, 14-day maximum reuse), soak the item for a minimum of 12 minutes.
3. Perform 3 sequential rinses of the bulb for a minimum of 5 minutes each with sterile water.
4. Using a clean 60 cc syringe, deliver 60 cc of the CIDEX OPA solution to the inside of the bulb through the hose-end.
5. Lightly agitate the solution inside of the bulb for a minimum of 12 minutes.
6. Empty the solution from the bulb.
7. Using a clean 60 cc syringe, deliver 60 cc of sterile water into the bulb through the hose-end.
8. Lightly agitate the water inside of the bulb for a minimum of 5 minutes.
9. Empty the rinse water from the bulb, and repeat rinse with sterile water 5 more times.
10. The bulb must be dried sufficiently. Any moisture inside the device could occlude the insufflation bulb filter (if used) or dilute disinfection or sterilization agents. One way to achieve this is to hang the bulb with the tube down for a minimum of 24 hours.

Sterilization

1. Follow steps 1 through 10 of the Cleaning instructions.
2. Sterilize using a STERRAD® 100S for one 55 minute cycle. Validate any other sterilization equipment and load configurations.

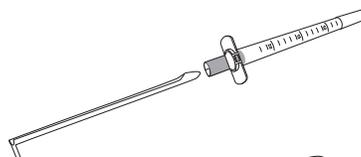
Single Use Sigmoidoscopes and Anoscopes



53110

Single Use Anoscope Part Numbers:

53110
53110-B
53110-JP



53130

Single Use Sigmoidoscope Part Numbers:

53130
53130-B
53130-F
53130-JP

Caution  Welch Allyn recommends the use of the Single Use Insufflation Bulb Filter (REF 30210) for all applicable endoscopic procedures. The filter does not eliminate the need to properly process the insufflation bulb with each use, but restricts internal contamination and aspiration of fluids.

Caution Sterilization process is not valid for 53130-L and 53130-LF. These single use devices are lubricated and cannot be sterilized.

Caution These devices are not reusable, but can be sterilized one time prior to single use.



Sterilization

1. Remove the device from the plastic bag before sterilizing.
2. Sterilize using a STERRAD 100S for one 55 minute cycle. Validate any other sterilization equipment.

Power Supply



Part Numbers:
73305, 73322, 73324, 73326

Caution Do not immerse the power supply in any solution or sterilize. Doing so may damage the power supply and void the warranty.

Caution The power supply can only be wiped with a soft, dry, lint free cloth or scrubbed with a dry brush.

The following cleaning instructions apply to the Power Cord ONLY:

1. Disconnect the power supply cord from the light handle.
2. Disconnect the power supply from its wall receptacle.

Cleaning the Power Cord

1. Prepare an enzymatic detergent formulated for endoscopic instruments according to the manufacturer's instructions. These instructions were validated using ENZOL/CIDEZYME.
2. Wet the cord with the cleaning solution.
3. Using a soft bristle brush, scrub the cord with the cleaning solution for a minimum of 5 minutes then rinse the cord with sterile water for 5 minutes.

Intermediate Level Disinfection of the Power Cord

1. Follow the Cleaning instructions above.
2. Using CaviWipes, wipe the cord and keep wet with CaviWipe solution for a minimum of 5 minutes.
3. Allow the cord surface to dry for a minimum of 10 minutes.

Rechargeable Handle



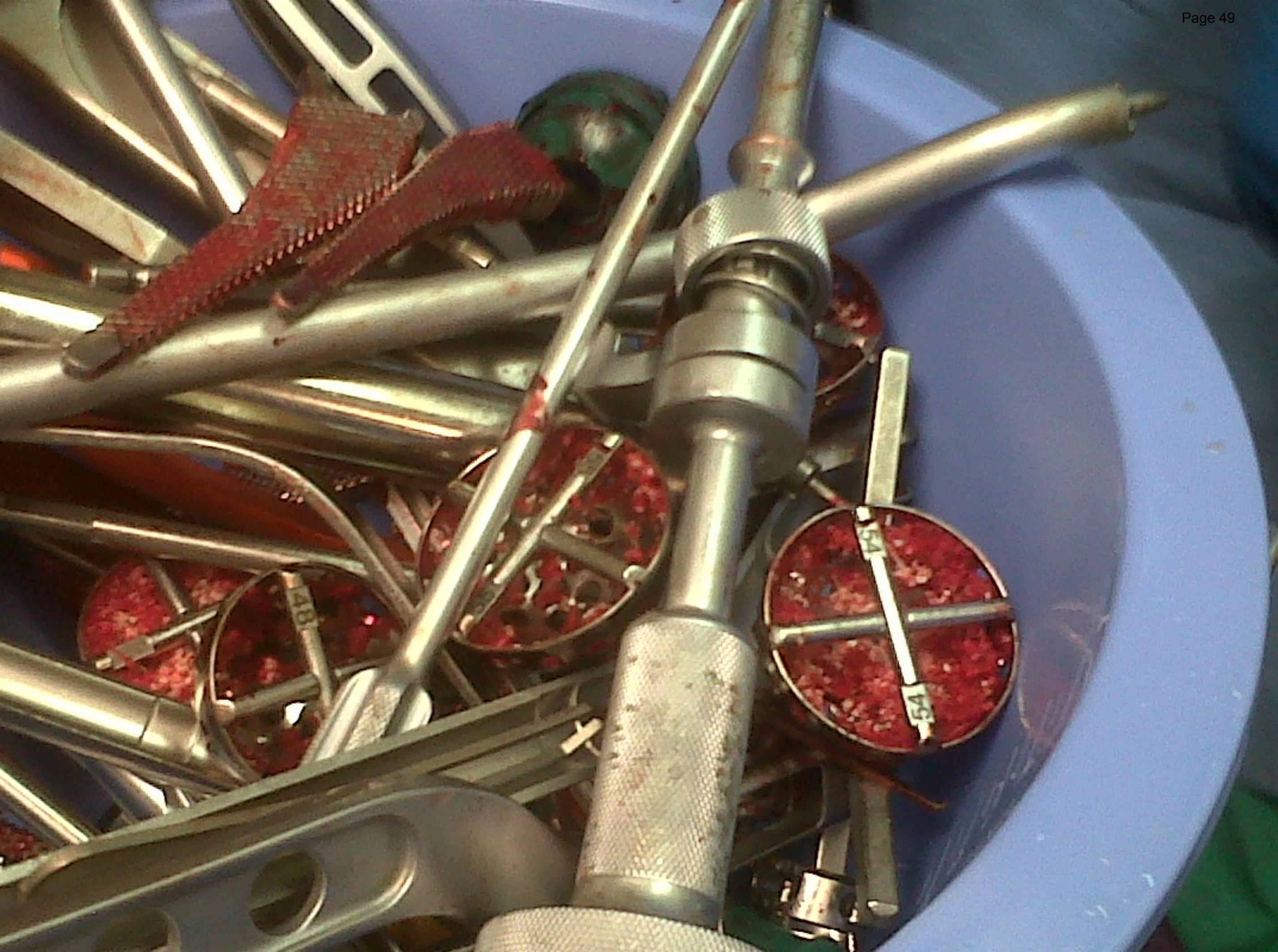
Cleaning

Caution Do not saturate the rheostat area. Excess solution entering the assembly may damage internal components in the handle.

1. Using CaviWipes, wipe the surface to remove all gross debris.
2. Using a soft bristle brush, scrub the handle for a minimum of 5 minutes then repeat wipe with a second CaviWipe.
3. Allow the handle surface to dry for a minimum of 10 minutes.

Intermediate Level Disinfection

1. Follow the Cleaning instructions above.
2. Using CaviWipes, wipe the handle and keep wet with CaviWipe solution for a minimum of 5 minutes.
3. Allow the handle surface to dry for a minimum of 10 minutes.





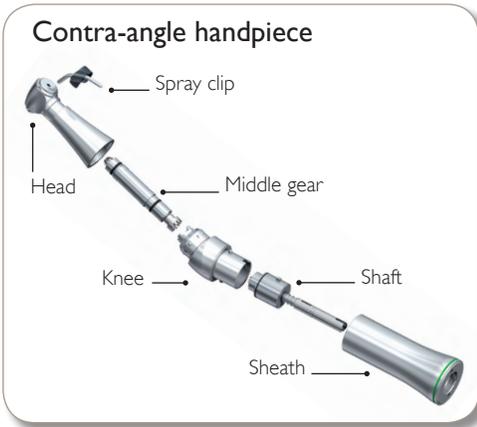
Alaris® System Cleaning Products

The following cleaning products are recommended by CareFusion for use on the Alaris® System. Refer to the applicable Alaris® System Directions for Use for detailed cleaning instructions.

Cleaner	Dilution
10% bleach	1 part bleach to 9 parts water
70% isopropyl alcohol (IPA)	Not applicable
Compublend II (Base V with fragrance)	0.5 oz/gallon water
Aseptizyme	1 oz/gallon water
Clorox Wipes	Not applicable
Detergezyme	1 oz/gallon water
Dimension III	0.5 oz/gallon water
Dispatch	Not applicable
Expose II 256	0.5 oz/gallon water
Hibiclens	25.6 oz/gallon water
LpH Disinfectant Cleaner	0.5 oz/gallon water
Manu-Klenz	0.25 – 0.5 oz/gallon water
Maxima 128	1 oz/gallon water
Metrizyme	1 oz/gallon water
Mild detergent	per manufacturer's recommendation, as needed
Phenolic 256 DC	0.5 oz/gallon water
Professional Amphyl Hospital Bulk Disinfectant Cleaner	1.28 oz/gallon water
Staph-Attack	Not applicable
Super Sani-Cloth	Not applicable
Thymocide	Not applicable
Virkon	1.28 oz/gallon water
Warm water	Not applicable
Wexcide 128	1 oz/gallon water
Wexcide-Ready-To-Use	Not applicable

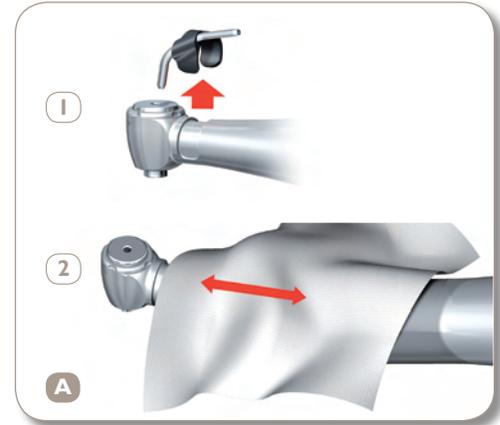
Osscora™ Cleaning and Sterilization Quick Guide

For detailed instructions refer to the Osscora Surgical Set, Instructions for Use. Always follow your country specific directives.



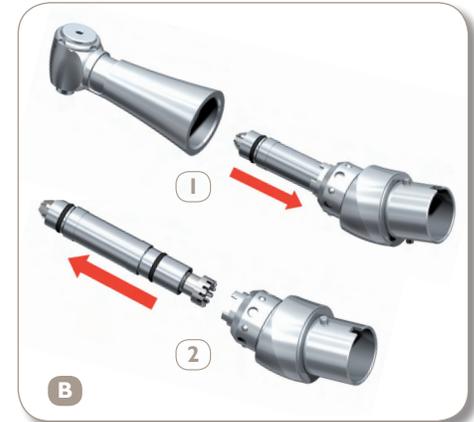
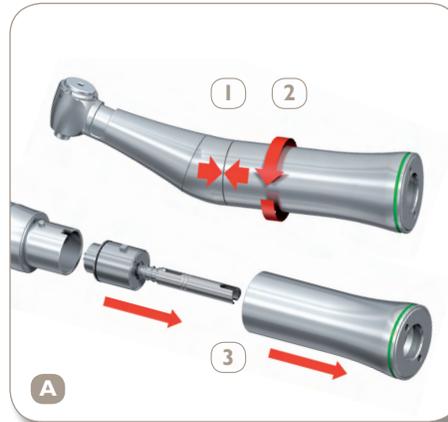
STEP 1: Pre-disinfection

- A** 1. Remove the spray clip.
- 2. If heavily soiled, clean first with disinfectant cloths.



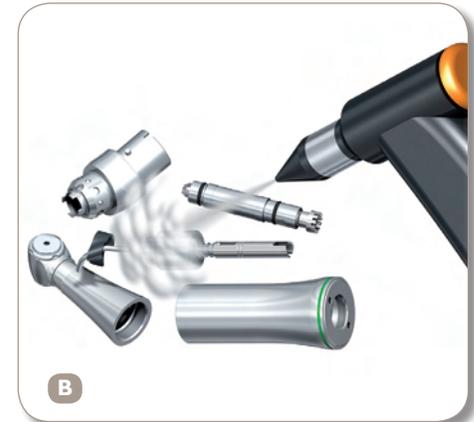
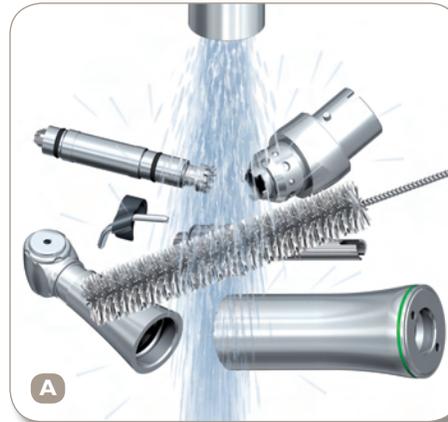
STEP 2: Disassembly

- A** 1. Hold the head firmly with one hand. Push sheath and knee gently together.
- 2. At the same time twist the sheath from the knee.
- 3. Remove the sheath and the shaft.
- B** 1. Remove the knee.
- 2. Remove the middle gear from the knee.



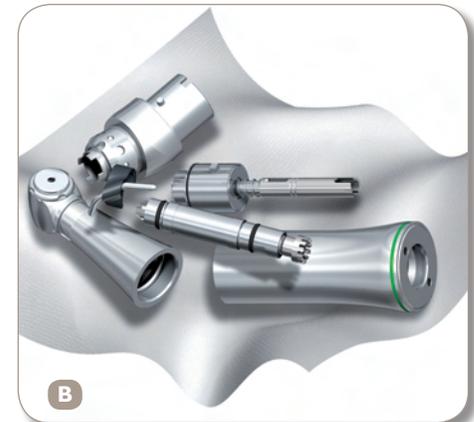
STEP 3: Cleaning

- A** Rinse under demineralized water (<math><38^{\circ}\text{C}</math>, 100°F).
- B** Remove any liquid residues by blow-drying with compressed air or wiping with an absorbent cloth.



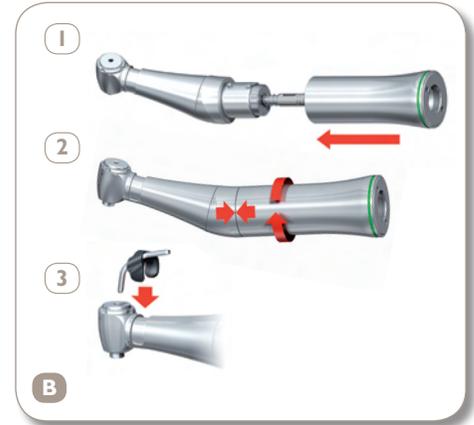
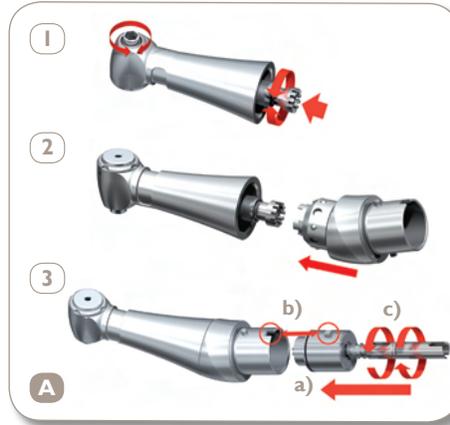
STEP 4: Cleaning & disinfection

- A** 1. Clean coolant outlet carefully with the nozzle cleaner to remove dirt and deposits.
- 2. Blow through the coolant tube and coolant outlet with the compressed air.
- B** Disinfect all contra-angle handpiece parts. Cochlear recommends processing with a thermo washer disinfector, or use wiping disinfection.

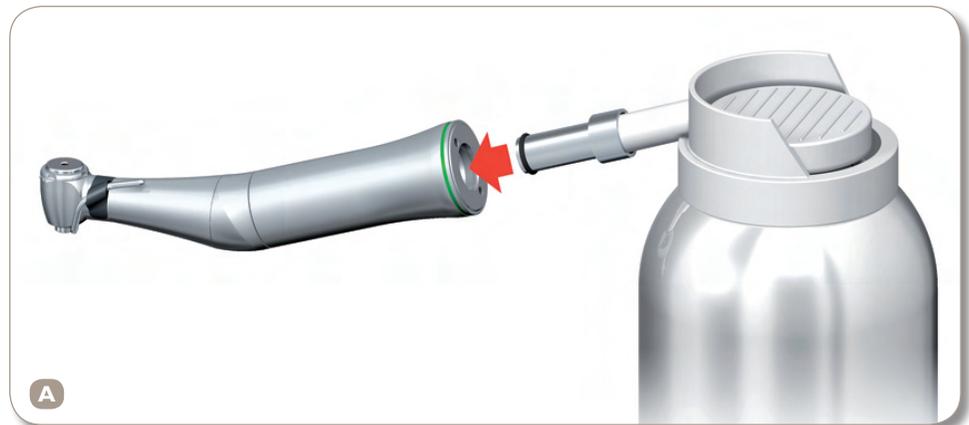


STEP 5: Assembly

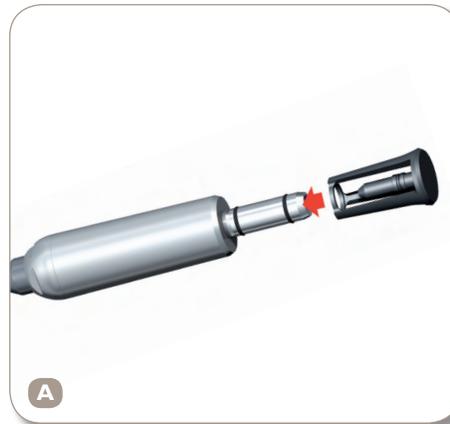
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 2. Insert the knee onto the contra-angle head until it engages.
 3. a) Put the shaft in the knee.
b) Observe the position of the rotational lock.
c) Check free running rotation.
- B**
1. Press the sheath firmly against the knee.
 2. Twist until it engages.
 3. Attach the spray clip.

**STEP 6: Lubrication**

- A**
- Lubricate the contra-angle handpiece with W&H service oil FI, MD-400. Follow the Instructions for Use on the oil spray can. Always sterilize after lubrication.

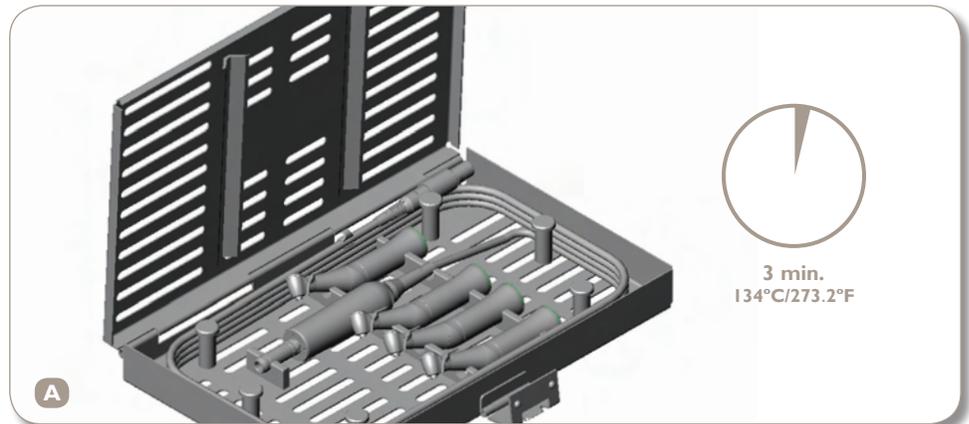
**STEP 7: Motor with cable**

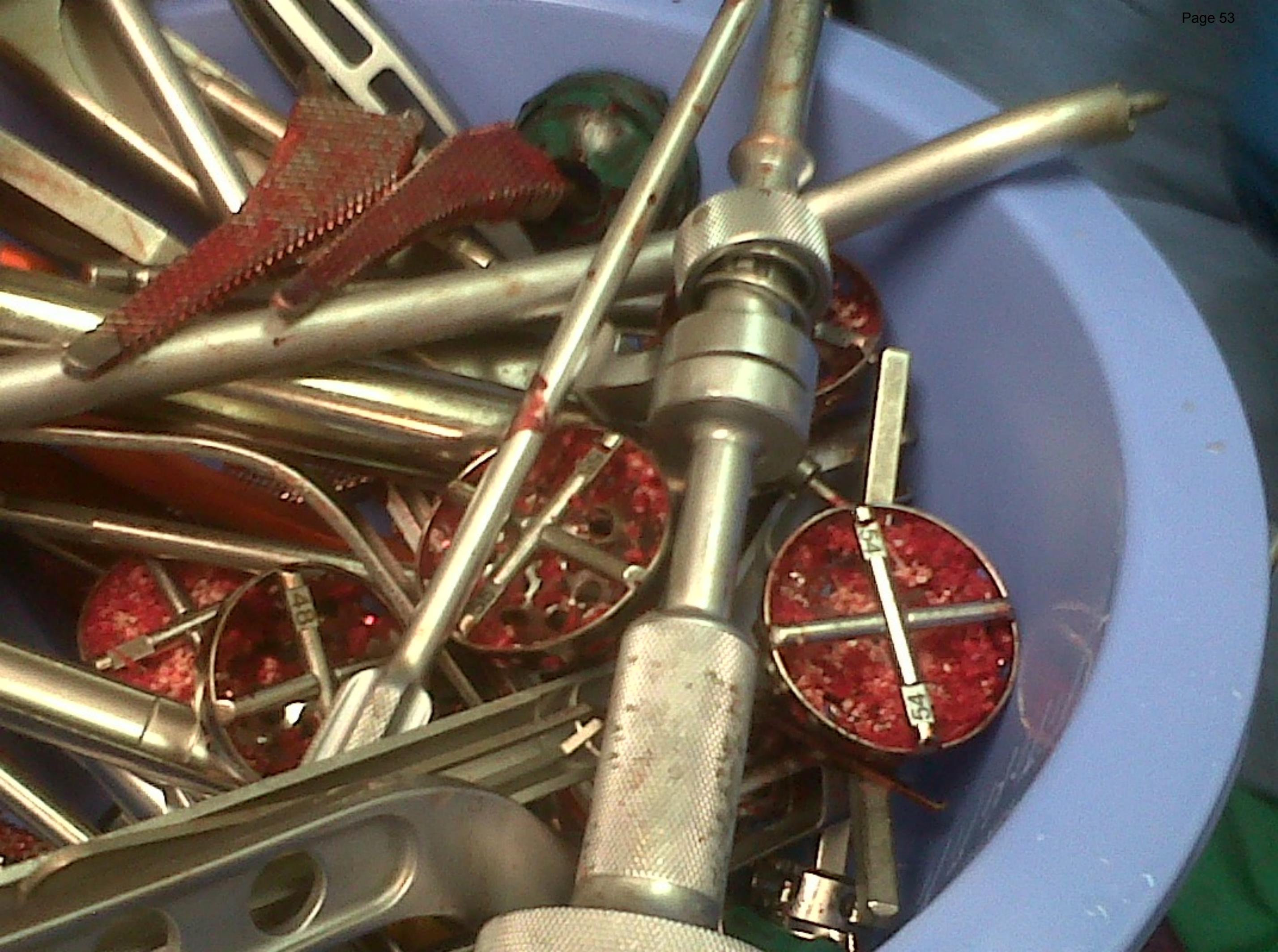
- A**
- Before disinfection and cleaning, push the motor protective cover onto the motor attachment.
- B**
- If heavily soiled, clean first with disinfectant cloths.
 - Rinse under demineralized water (< 38°C, < 100°F).
 - Remove any liquid residues (absorbent cloth, blow-dry with compressed air).
 - Disinfect with surface disinfectants. Wiping disinfection is recommended.

**STEP 8: Sterilization**

- A**
- Cochlear recommends steam sterilization according to EN 285 and EN 13060, class B and class S (class S: Sterilizer manufacturer approval required for sterilizing contra-angle handpiece). Minimum of 3 minutes at 134°C (273.2°F). Cochlear recommends using the sterilization cassette.

Motor with cable. For sterilization in sterilizers with drying program, we recommend removing the motor protective cover. Do not twist or kink the motor cable. Do not coil it too tightly.







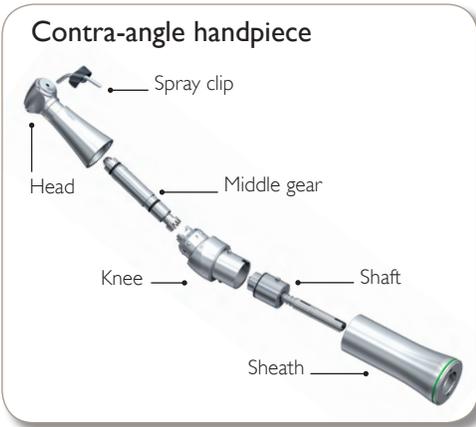
Alaris® System Cleaning Products

The following cleaning products are recommended by CareFusion for use on the Alaris® System. Refer to the applicable Alaris® System Directions for Use for detailed cleaning instructions.

Cleaner	Dilution
10% bleach	1 part bleach to 9 parts water
70% isopropyl alcohol (IPA)	Not applicable
Compublend II (Base V with fragrance)	0.5 oz/gallon water
Aseptizyme	1 oz/gallon water
Clorox Wipes	Not applicable
Detergezyme	1 oz/gallon water
Dimension III	0.5 oz/gallon water
Dispatch	Not applicable
Expose II 256	0.5 oz/gallon water
Hibiclens	25.6 oz/gallon water
LpH Disinfectant Cleaner	0.5 oz/gallon water
Manu-Klenz	0.25 – 0.5 oz/gallon water
Maxima 128	1 oz/gallon water
Metrizyme	1 oz/gallon water
Mild detergent	per manufacturer's recommendation, as needed
Phenolic 256 DC	0.5 oz/gallon water
Professional Amphyl Hospital Bulk Disinfectant Cleaner	1.28 oz/gallon water
Staph-Attack	Not applicable
Super Sani-Cloth	Not applicable
Thymocide	Not applicable
Virkon	1.28 oz/gallon water
Warm water	Not applicable
Wexcide 128	1 oz/gallon water
Wexcide-Ready-To-Use	Not applicable

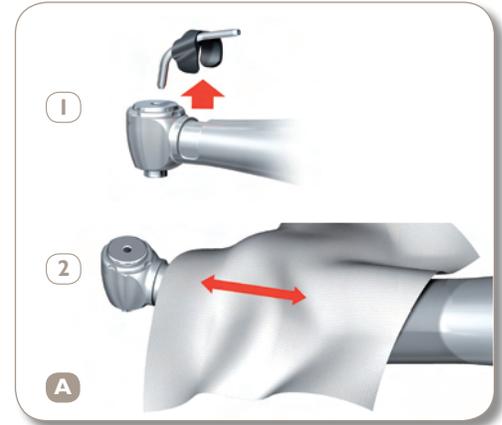
Osscora™ Cleaning and Sterilization Quick Guide

For detailed instructions refer to the Osscora Surgical Set, Instructions for Use. Always follow your country specific directives.



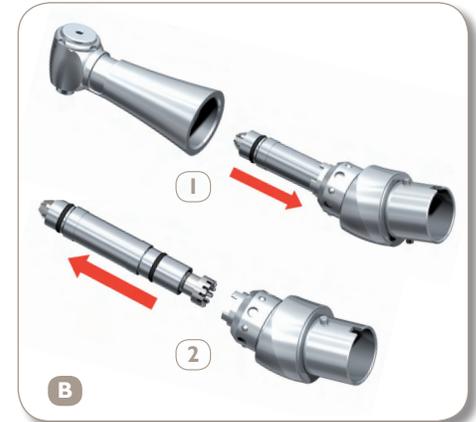
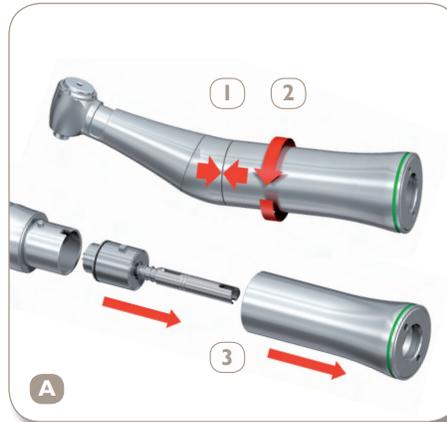
STEP 1: Pre-disinfection

- A** 1. Remove the spray clip.
- 2. If heavily soiled, clean first with disinfectant cloths.



STEP 2: Disassembly

- A** 1. Hold the head firmly with one hand. Push sheath and knee gently together.
- 2. At the same time twist the sheath from the knee.
- 3. Remove the sheath and the shaft.
- B** 1. Remove the knee.
- 2. Remove the middle gear from the knee.



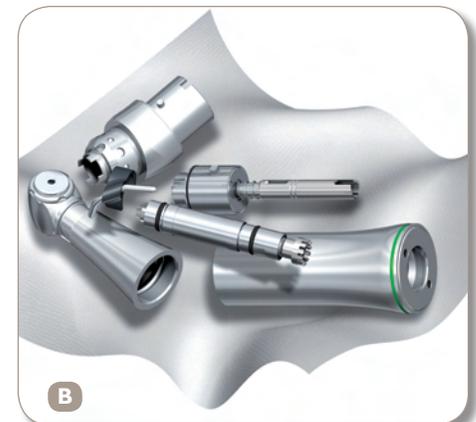
STEP 3: Cleaning

- A** Rinse under demineralized water (<math><38^{\circ}\text{C}</math>, 100°F).
- B** Remove any liquid residues by blow-drying with compressed air or wiping with an absorbent cloth.



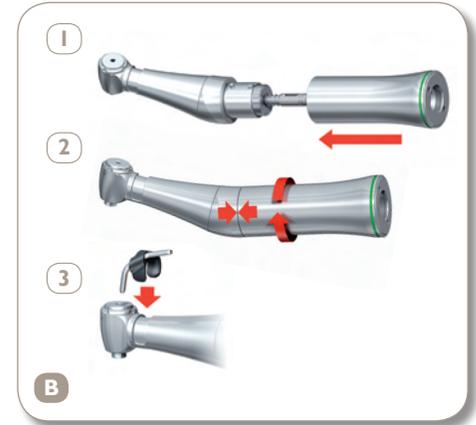
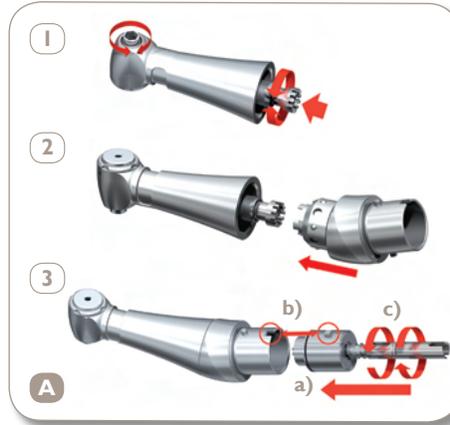
STEP 4: Cleaning & disinfection

- A** 1. Clean coolant outlet carefully with the nozzle cleaner to remove dirt and deposits.
- 2. Blow through the coolant tube and coolant outlet with the compressed air.
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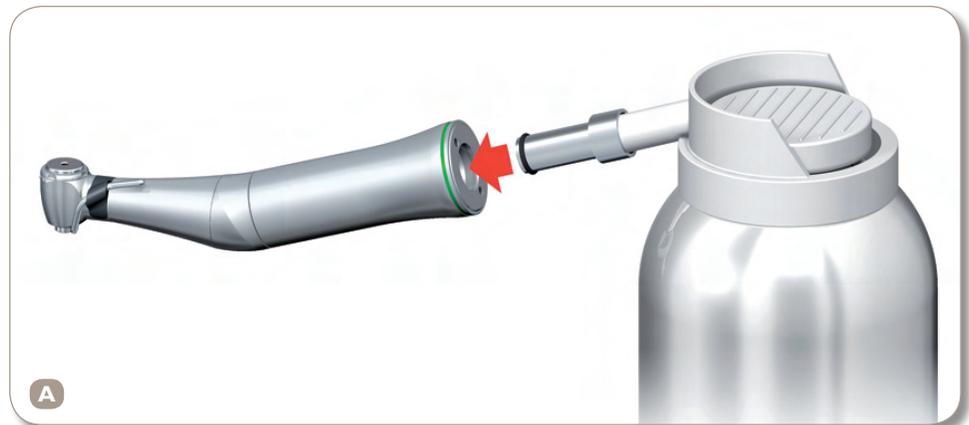


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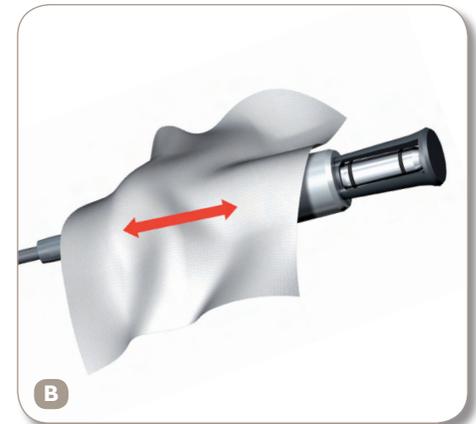
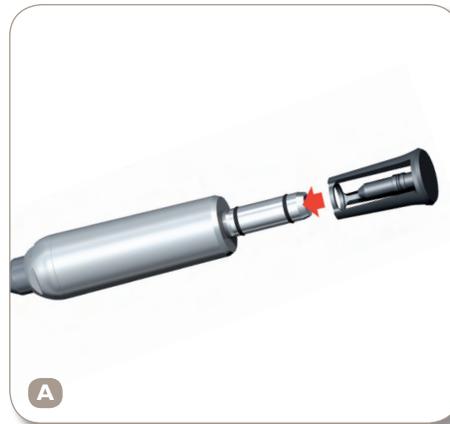
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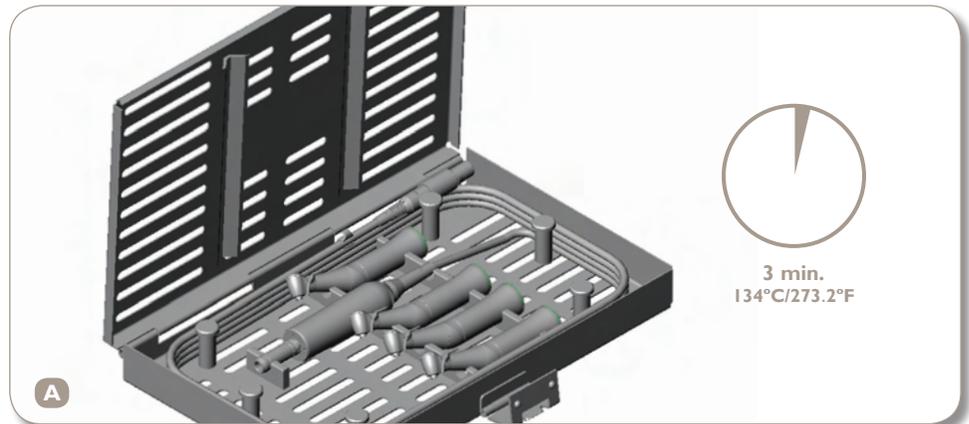
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HEALTHCARE-ASSOCIATED INFECTIONS ADVISORY COMMITTEE: EBOLA GRANT PART B CONSULTATIONS

June 22, 2016

Mary T. Post, RN, MS, CNS, CIC

Director, Infection Prevention

Oregon Patient Safety Commission

Centers for Disease Control (CDC) Ebola Grant

Focus: build statewide infection prevention infrastructure, capacity and education

- Conduct Ebola readiness consultations of Oregon Ebola Tier 2 Assessment Hospitals
- Develop statewide infection control capacity to prevent healthcare-associated infections
- Expand biosafety capacity at the Public Health Laboratory

Part B. Targeted Infection Prevention Assessments

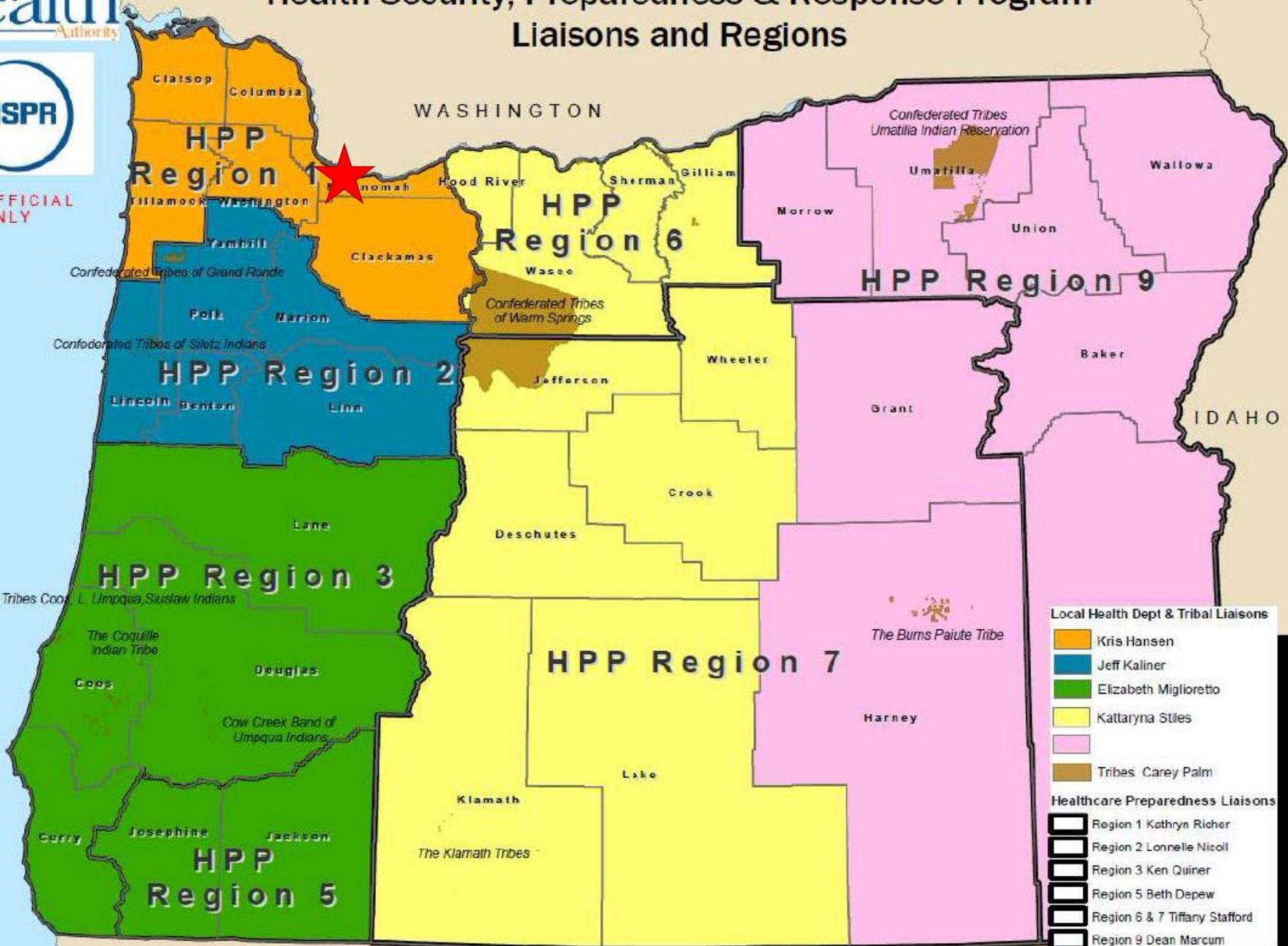
- The CDC is funding on-site infection prevention assessments for facilities across the continuum of care
- Oregon is using a regional approach in facility selection with a goal to build partnerships between facilities in the same vicinity
- 25 facilities were offered the opportunity for consultations during the first year; numbers will increase to a minimum of 35 in subsequent years
- Include Local Health Department, local APIC member on visits
 - Cross-pollination, practice ICAR tools

Selection Criteria

- Team reviewed the following data elements
 - Point system using HAI NHSN Data (two years), HAI CADs
 - Outbreak and unusual pathogen data (e.g., Noro, Flu, CRE, NTM)
 - CMS Nursing Home Compare (star rating)
 - Healthcare worker Influenza immunization rates
 - Regulatory Surveyors Recommendation
 - Regional Dialysis Network Recommendation
- Some facilities have requested consults due to infection clusters
- Thoughts for future:
 - Focus on region, healthcare chains or systems
 - Focus on facilities with new Infection Preventionists



FOR OFFICIAL USE ONLY



Local Health Dept & Tribal Liaisons	
	Kris Hansen
	Jeff Kaliner
	Elizabeth Miglioretto
	Kattaryna Stiles
	Tribes Carey Palm

Healthcare Preparedness Liaisons	
	Region 1 Kathryn Richer
	Region 2 Lonnelle Nicoll
	Region 3 Ken Quiner
	Region 5 Beth Depew
	Region 6 & 7 Tiffany Stafford
	Region 9 Dean Marcum

Consultations

- CDC has developed 4 different tools:
 - Acute Care, Long-term Care (LTC), Dialysis, and Ambulatory
- Each tool has different domains and requirements
- Template agendas have been created for each facility setting
- The majority of information to complete the tool is now obtained through observations, audits, and staff interviews in the clinical care areas

During the Visit

- Opening conference
- Brief tour of facility (dialysis, ambulatory, LTC facilities)
- Perform unit observations, audits, and staff interviews (varies by facility type)
- Chart audits: inter-facility transfer communication, antibiotic orders
- Review IC policy and procedures, educational training records
- Address additional concerns
- Exit conference
- Visit length varies by facility size, but most take a full day

Assessment Domains

- Infection control program and infrastructure
- Healthcare personnel and resident safety
- Surveillance and disease reporting
- Hand hygiene
- Personal protective equipment
- Respiratory/cough etiquette
- Antibiotic stewardship
- Injection safety and point of care testing
- Environmental cleaning
- Additional domains are specific for facility type settings

Observations and Audits

- Blood glucose monitoring and medication administration
- Hand hygiene and contact precautions
- Urinary or vascular catheter insertion and/or maintenance audits
- Environmental cleaning – bathroom and room cleaning
- Wound care
- Catheter access techniques
- Surgical procedure including OR set-up and room turnover
- Observations and interviews in sterile processing departments including high-level disinfection procedures

General Infection Prevention Assessments

- 24 assessments provided to date
 - 2 ambulatory surgery centers, 3 public health clinics, 7 hospitals, 3 dialysis centers, 2 assisted living facilities, 7 nursing homes/skilled nursing facilities
- Consultations will be provided for 35 facilities next year
- Can be used post-outbreak to support facility educational and general infection prevention program development
- CDC assessment tools emphasize competency-based training, performance feedback, and routine auditing of infection prevention practices

A Caution Regarding the Findings

- For most domains, the CDC Tools routinely ask about:
 - Observational competency training programs on hire, annually, and when equipment changes
 - Periodic audits (monitors and documents) with performance feedback to personnel
- The majority of facilities have zeros in most domains, with the exception being dialysis facilities
- This is not reflective of the quality of care provided nor a regulatory requirement; rather it is reflective of the processes the CDC and others would like to see facilities have in place in the future



AMBULATORY SURGERY CENTERS AND AMBULATORY CLINICS

Infection Control Program Infrastructure

- One of five facilities met all infrastructure requirements (20%)
- Three of five had annually updated evidence-based infection control policies and procedures (60%)
- Two (20%) had designated and trained Infection Preventionists (IPs)
- Three (60%) had system for early detection and management of infectious person at points of patient encounter

Infection Control Training and Competency

No facility had a competency-based training program that provided job-specific training on infection prevention policies and procedures to healthcare personnel

Healthcare Personnel Safety Domain

- One facility (20%) met all domain requirements
- Three (60%) had exposure control plans, 80% meet BBF training requirements, all provided post-exposure f/u, 40% tracked and tried to improve exposure rates
- Two (40%) have work-exclusion policies concerning avoiding contact with patients when ill, 40% encouraged prompt illness reporting to supervisor, 60% had policies not penalizing ill staff
- 80% conduct employee TB screening according to guidelines
- 80% offered free Hepatitis B and influenza vaccinations

Surveillance and Disease Reporting Domain

- All facilities met this reporting requirement
- All had list of reportable infections
- All educated patients on signs and symptoms of infections and when to notify if develop such signs and symptoms

Hand Hygiene Domain

- No facility met all elements of the hand hygiene domain
- 60% provided HH education on hire, 40% annually, none required observational competency and only one (20%) performed periodic audits with performance feedback
- One (20%) had policies promoting preferential use of alcohol-based hand rubs
- 60% had required supplies readily accessible
- 20-40% Hand hygiene adherence. Was commonly not performed after contact with patient, environment, or after removing gloves

Personal Protective Equipment(PPE) Domain

- No facility met all elements primarily due to PPE observational competency, audit, and feedback requirements, however 80% provide training on hire and annually
- PPE supplies were available (100%)
- 80% performed HH after PPE removal
- 100% wore PPE for potential contact with BBFs
- 40% did not wear gowns as required
- 20% did not wear face protection as required

Injection Safety Domain

- No facility met all elements of the domain due to competency and audit requirements
- 60% provide Injection safety training on hire but none provide annual training, observational competencies, audits, or feedback
- 20% had P & P to track HCP access to controlled substances to prevent drug diversion
- 60% scrubbed vial rubber septum when accessed
- 60% did not share multi-dose vials in immediate patient care areas
- All controlled substances were locked and secured
- Observation: Immediate use labeling requirements not followed by 60%

Respiratory/Cough Etiquette Domain

- Three facilities (60%) met all elements of the domain
- All had signage posted at entrances
- All had required supplies located at entrances and common areas
- 80% provide designated space for sick individuals in waiting room
- All educate families and visitors to notify staff and take appropriate precautions if they are having symptoms of respiratory infection
- 80% staff receive education on respiratory precautions

Point of Care Testing

- No facility meet all domains for Point of Care Testing
- 80% had training on hire but only 20% annually
- 40% required competency based training, no facility performed audits or feedback
- All used single- use lancets
- 40% did not adequately disinfect shared point -of - care device according to manufacturer's instructions

Environmental Cleaning Domain

- No facility met all elements of the domain
- No facility had policies that clearly define responsibilities for cleaning and disinfection of environmental surfaces and non-critical equipment
- No facility trained all personnel (includes RNs) on cleaning procedures on hire, annually, performed competency observations and audits and provided feedback

Observational Findings:

Environmental Services staff not consistently able to articulate dwell times for specific disinfectants as well as directions for mixing solutions and testing concentrations

Surgical Site Infection Prevention Practices

- Applied to two of five facilities
- No facility met all elements of the domain
- No facility monitored adherence to preoperative surgical scrub application, use of surgical attire, drapes application, aseptic technique and sterile field, ventilation requirement in surgical suites, OR traffic, environmental cleaning during room turnover and terminal cleaning

Device Reprocessing Domain

- No facility met all elements of the domain due to competency and audit requirements
- 40% had P & P for cleaning & reprocessing reusable devices
- 40% consult IP to ensure appropriate reprocessing P & P when new items are introduced
- 60% receive hands on training on hire, 20% annual, 20% observational competency, no one performs audits and provides feedback
- 20% had P & P and manufacturer instructions available to staff
- 20% performed correctly
- 20% reused single-use device
- 40% had appropriate workflow between soiled and clean workspaces

Sterilization of Reusable Devices

- One facility met all elements of the domain
- 60% used enzymatic cleaners appropriately
- 20% used brushes appropriately
- 20% wrapped/packaged instruments appropriately
- 60% used chemical indicators correctly
- 40% used biological indicators correctly
- 40% labeled packs/pouches appropriately and appropriately maintained logs for each load

High-Level Disinfection of Reusable Devices

- Only two facilities performed high-level disinfection
- One did not use enzymatic cleaners appropriately
- One did not handle brushes appropriately
- Both used high-level disinfectant appropriately



DIALYSIS FACILITY FINDINGS

Infection Control

Program Infrastructure

- Three dialysis facilities have had consultations
- 66% had designated IP with special training
- 66% participated in network HAI QI Project
- 66% have contact precautions protocol
- All provide education to patients on access care, risks, signs of infection, and hand hygiene
- Space between dialysis stations and computers a concern
- All have HBV isolation room, none have isolation room for other conditions

Infection Control Training, Competency, and Audits

- All facilities provide job-specific training and observational competency to HCP on IP P & P on hire, and 66% annually
- All used standardized tools for education and practice assessments

Healthcare Personnel Safety Domain

- Two facilities (66%) met all domain requirements
- All provided post-exposure f/u, 66% tracked and tried to improve exposure rates
- All screen patients for HCV according to recommended interval
- All offered influenza vaccinations to staff
- All screened staff for TB
- All encouraged prompt illness reporting to supervisor, 66% had policies not penalizing ill

Surveillance and Disease Reporting Domain

- All entered bloodstream infection data into NHSN
- All had a list of reportable infections including hepatitis infections
- Only one facility had system in for interfacility transfer communication

Respiratory/Cough Etiquette Domain

- No facility met all elements of the domain
- 66% had signage posted at entrances
- All had required supplies located at entrances and common areas
- 33% provide designated space for sick individuals in waiting room
- 33% had ability to separate symptomatic patients by at least 6 feet from other patients during treatment

Personal Protective Equipment(PPE) Domain

All facilities met all domain requirements

Environmental Cleaning Domain

- One facility met all elements of the domain
- All facilities had policies that clearly define responsibilities for cleaning and disinfection of environmental surfaces and non-critical equipment
- 66% provided training on hire, annually, and when P & P changes
- 33% performed audits and provided feedback
- All had P & P for disinfection of glucometer , dialysis clamp, and conductivity/pH meters
- One facility performed dialyzer reuse- performed appropriately
- Observations: No facility meet all dialysis station disinfection requirements since process started prior to patient leaving chair



CDC Urging Dialysis Providers and Facilities to Assess and Improve Infection Control Practices to Stop Hepatitis C Virus Transmission in Patients Undergoing Hemodialysis

The Centers for Disease Control and Prevention (CDC) has received an increased number of reports of newly acquired hepatitis C virus (HCV) infection among patients undergoing hemodialysis. Infection control lapses in dialysis care could expose patients to HCV. Any case of new HCV infection in a patient undergoing hemodialysis should prompt immediate action. CDC is urging dialysis providers and facilities to:

- 1) Assess current infection control practices and environmental cleaning and disinfection practices within the facility to ensure adherence to infection control standards;
- 2) Address any gaps identified by the assessments;
- 3) Screen patients for HCV, following CDC guidelines, to detect infections, determine treatment potential, and halt secondary transmission; and
- 4) Promptly report all acute HCV infections to the state or local health department.

Hand Hygiene Domain

- All facilities met all elements of the hand hygiene domain
- Hand hygiene rates ranged 85-95% due to ready access to sanitizers

Injection Safety Domain

- All had appropriate supplies and equipment to comply with safer sharps and injection devices
- 33% had a clean room physically separate from the treatment area for storage and preparation of injectable medications
- All facilities shared multi-dose vials in immediate treatment area
- All facilities had gaps identified when labeling immediate-use medications

Summary of Findings Across the Continuum of Care

- Most facilities do not have observational competency and audit requirements in place, so scoring poorly. Dialysis is an exception.
- Sharing of multi-dose vials in immediate care areas and labeling and use of immediate use medications remains an issue for dialysis and anesthesiologists; recommend partnership with pharmacies
- Gaps were commonly identified in the labeling and administration of immediate use medications
- Disinfection of blood glucose devices not always performed correctly
- Implementation of Oregon inter-facility transfer written communication requirements is incomplete
- Reports such as device infection prevention bundle elements are sometimes lost with electronic health record implementation
- Hand hygiene practices can be improved, especially in the long-term care setting. Excellent in dialysis facilities.

Summary of Findings (cont'd.)

- Mixing and use of appropriate disinfectants for healthcare facilities can be improved
- Antibiotic stewardship programs are being implemented in hospitals and are starting to be implemented in long-term care facilities, but other settings require additional support and resources
- Instrument sterilization and high-level disinfection practices can be improved across all facility settings
- Training programs for environmental services teams need to be developed and implemented
- The Infrastructure of Infection Prevention programs outside the hospital setting need additional dedicated, trained resources .
Dialysis facilities have made great strides in improving infrastructure

Consultation Findings

- Consultations have validated the reasons for ongoing competency-based training, performance feedback, and routine auditing of infection prevention practices
 - Hardwires training for new employees and new graduates
 - Rural areas often orienting staff who have no experience in their new positions so they need robust training programs
 - Practices “drift” unless reinforced
 - Individuals responsible for a process leave employment and no one is trained to continue the effort
 - When there are no infections for several months (e.g., CAUTIs, CLABSIs), it’s still important to celebrate and keep everyone thinking about prevention
 - Presence and feedback is an important component of infection prevention – care happens at the bedside

Infection Prevention Next Steps

- Infection Prevention Fundamentals training course (Free)
 - November 1-3, 2016, Ambridge Center, Portland
 - Revisions in progress to allow long-term care facilities to complete course in two days
- Training courses under development
 - Hands-on training for instrument reprocessing
 - Healthcare facility Environmental Services managers/supervisors
 - Possible medical clinic toolkit and training workshop
 - Environmental Services room/bathroom cleaning video
- Webinars
 - Will be offered to address common gaps or interests

Next Steps

- Plan mitigation electronic consultations
- Incorporate findings into Infection Prevention Fundamentals Training Course and other educational offerings
- Hold regional meetings between healthcare facilities, local county health departments, and emergency preparedness representatives with state health department involvement
- Network and share resources with other states in Northwest Region
- CDC Long-Term Care Nurse Consultant to visit Oregon to observe our approach for general infection prevention consultations in long-term care facilities

HAIAC Outbreak Update

Alexia Zhang, MPH

Healthcare-Associated Infections Epidemiologist

Acute and Communicable Disease Prevention Program

Wednesday, June 22nd 2016

Oregon
Health
Authority

Etiology	Count	Setting
Norovirus	36	LTCF (18) , school (7), restaurant (6) other* (5)
Gastroenteritis		
<i>Salmonella</i>	3	Restaurant (1), other * (2)
<i>Shigella</i>	1	MSM/Homeless population
Sapovirus	2	LTCF (2)
Astrovirus	3	LTCF (1) , School (2)
unknown	21	LTCF (7) , Restaurant (1), school (5), Hospital (3) , DCC (1), other* (4)
Respiratory		
Influenza	15	LTCF (10) , Hospital (2) , school (3)
RSV	3	LTCF (2) , school (1)
Strep pyogenes	1	school
Rhinovirus	1	LTCF(1)
Pertussis	2	School (2)
Unknown	6	school (1), LTCF (3) , Hospital(1)
Rash (unknown)	2	school
Scombroid	2	Restaurant
Other	3	Hospital (1)
Total	101	

*Other includes: cafeteria, private home, caterer, shelter

Healthcare associated outbreaks, Mar 1st-June 14th 2016

- Healthcare associated infections account for 52% (n=53) of all outbreaks from January to March 2016
- Most common syndrome was gastroenteritis
 - 58% of all outbreaks in a healthcare setting (n=31)
 - All but 3 outbreaks were in LTCF (other 3 in hospital setting)
- Of the 31 outbreaks, 9 were confirmed (2+ positive specimens) norovirus

Norovirus GII	# Outbreaks
GII.4 Sydney	2
GII.4 Untypeable	4
GII.2	2
GII. 3	1

Healthcare associated outbreaks

Mar 1st-June 14th 2016

- 17 out of 53 (32%) healthcare associated outbreaks were respiratory in nature
- 14/17 (82%) occurred in a LTCF
- 3/17 (18%) occurred in a hospital wing

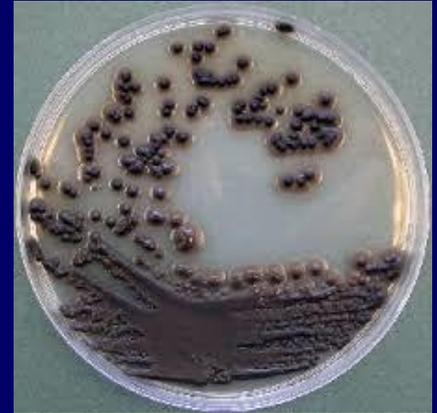
Etiology	# Outbreaks
Influenza A	5
Influenza B	5
Influenza A/Influenza B mix	1
Rhinovirus	1
RSV	2
Unknown	3

Highlight: *Exophiala dermatitidis* following corticosteroid injection in knee

- Patient receiving corticosteroid, lidocaine, and Hylagan injections in knee
- Intrinsic contamination unlikely
- Focusing on remediation plan for MDV storage and injection preparation
- Ongoing investigation involving clinic, county, state, and CDC

Highlight: *Exophiala dermatitidis* following corticosteroid injection in knee

- Black mold
- Rare clinical isolate
- Likes hot, wet places
- Associated with intrinsic contamination in NC



[CDC Home](#) | [Search](#) | [Health Topics A-Z](#)

MMWR™

Weekly

December 13, 2002 / 51(49);1109-1112

***Exophiala* Infection from Contaminated Injectable Steroids
Prepared by a Compounding Pharmacy --- United States, July--
November 2002**

regon
Health
Authority

Highlight: *Exophiala dermatitidis* following corticosteroid injection in knee

The “bucket” (a.k.a. “the cart”)



Highlight: *Exophiala dermatitidis* following corticosteroid injection in knee

SAFETY STEPS

FOLLOW THESE INJECTION SAFETY STEPS FOR SUCCESS!

BEFORE THE PROCEDURE

Carefully **read the label** of the vial of medication.

- If it says single-dose and it has already been accessed (e.g. needle-punctured), **throw it away**.
- If it says multiple-dose, **double-check the expiration date** and the beyond-use date if it was previously opened, and visually inspect to ensure no visible contamination.
- When in doubt, throw it out.



- Be sure to clean your hands immediately before handling any medication.
- Disinfect the medication vial by rubbing the diaphragm with alcohol.
- Draw up all medications in a clean medication preparation area.

DURING THE PROCEDURE

Use aseptic technique.

- Use a new needle and syringe for every injection.

- Use a clean medication preparation area
- any time vial sterility is in question

Click for more information:

FAQs Regarding Safe Practices for Medical Injections

<http://www.oneandonlycampaign.org/single-dose-multi-dose-vial-infographic>

Acute and Communicable Disease Prevention Program
Oregon Public Health Division

Highlight: *Exophiala dermatitidis* following corticosteroid injection in knee

GUIDE TO INFECTION PREVENTION FOR OUTPATIENT SETTINGS: MINIMUM EXPECTATIONS FOR SAFE CARE

Key recommendations for safe injection practices in outpatient settings:

7. Dedicate multidose vials to a single patient whenever possible. If multidose vials will be used for more than one patient, they should be restricted to a centralized medication area and should not enter the immediate patient treatment area (e.g., operating room, patient room/cubicle).



https://www.cdc.gov/hai/pdfs/guidelines/Ambulatory-Care+Checklist_508_11_2015.pdf

Thank You

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