# INFECTION PREVENTION CHECKLIST FOR OUTPATIENT SETTINGS:

## Minimum Expectations for Safe Care

National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion

CS224818

# INFECTION PREVENTION CHECKLIST FOR OUTPATIENT SETTINGS

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## Minimum Expectations for Safe Care

The following checklist is a companion to the *Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care*. The checklist should be used:

1. To ensure that the facility has appropriate infection prevention policies and procedures in place and supplies to allow healthcare personnel to provide safe care.

2. To systematically assess personnel adherence to correct infection prevention practices. (Assessment of adherence should be conducted by direct observation of healthcare personnel during the performance of their duties.)

Facilities using this checklist should identify all procedures performed in their ambulatory setting and refer to appropriate sections to conduct their evaluation. Certain sections may not apply (e.g., some settings may not perform sterilization or high-level disinfection). If the answer to any of the listed questions is No, efforts should be made to correct the practice, appropriately educate healthcare personnel (if applicable), and determine why the correct practice was not being performed. Consideration should also be made for determining the risk posed to patients by the deficient practice. Certain infection control lapses (e.g., re-use of syringes on more than one patient or to access a medication container that is used for subsequent patients; re-use of lancets) can result in bloodborne pathogen transmission and should be halted immediately. Identification of such lapses warrants immediate consultation with the state or local health department and appropriate notification and testing of potentially affected patients.

| Section I: Administrative Policies and Facility Practices | | |
|---|---|---|
| **Facility Policies** | **Practice Performed** | **If answer is No, document plan for remediation** |
| A. Written infection prevention policies and procedures are available, current, and based on evidence-based guidelines (e.g., CDC/ HICPAC), regulations, or standards<br><br>*Note: Policies and procedures should be appropriate for the services provided by the facility and should extend beyond OSHA bloodborne pathogen training* | Yes No | |
| B. Infection prevention policies and procedures are re-assessed at least annually or according to state or federal requirements | Yes No | |
| C. At least one individual trained in infection prevention is employed by or regularly available to the facility | Yes No | |
| D. Supplies necessary for adherence to Standard Precautions are readily available<br><br>*Note: This includes hand hygiene products, personal protective equipment, and injection equipment.* | Yes No | |

| General Infection Prevention Education and Training | | |
|---|---|---|
| A. Healthcare Personnel (HCP) receive job-specific training on infection prevention policies and procedures upon hire and at least annually or according to state or federal requirements<br><br>*Note: This includes those employed by outside agencies and available by contract or on a volunteer basis to the facility.* | Yes No | |
| B. Competency and compliance with job-specific infection prevention policies and procedures are documented both upon hire and through annual evaluations/assessments | Yes No | |

## Occupational Health

**For additional guidance on occupational health recommendations consult the following resource(s):**

**Guideline for Infection Control in Healthcare Personnel available at:**
http://www.cdc.gov/hicpac/pdf/InfectControl98.pdf

**Immunization of HealthCare Personnel, guidance available at:**
http://www.cdc.gov/vaccines/spec-grps/hcw.htm

**Occupational Safety & Health Administration (OSHA) Bloodborne Pathogens and Needlestick Prevention Standards available at:**
http://www.osha.gov/SLTC/bloodbornepathogens/index.html

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| A. HCP are trained on the OSHA bloodborne pathogen standard upon hire and at least annually | Yes No | |
| B. The facility maintains a log of needlesticks, sharps injuries, and other employee exposure events | Yes No | |
| C. Following an exposure event, post-exposure evaluation and follow-up, including prophylaxis as appropriate, are available at no cost to employee and are supervised by a licensed healthcare professional | Yes No | |
| D. Hepatitis B vaccination is available at no cost to all employees who are at risk of occupational exposure | Yes No | |
| E. Post-vaccination screening for protective levels of hepatitis B surface antibody is conducted after third vaccine dose is administered | Yes No | |
| F. All HCP are offered annual influenza vaccination at no cost | Yes No | |
| G. All HCP who have potential for exposure to tuberculosis (TB) are screened for TB upon hire and annually (if negative) | Yes No | |
| H. The facility has a respiratory protection program that details required worksite-specific procedures and elements for required respirator use | Yes No | |

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| I. Respiratory fit testing is provided at least annually to appropriate HCP | Yes No | |
| J. Facility has written protocols for managing/preventing job-related and community-acquired infections or important exposures in HCP, including notification of appropriate Infection Prevention and Occupational Health personnel when applicable | Yes No | |
| **Surveillance and Disease Reporting** | | |
| A. An updated list of diseases reportable to the public health authority is readily available to all personnel | Yes No | |
| B. The facility can demonstrate compliance with mandatory reporting requirements for notifiable diseases, healthcare associated infections, and for potential outbreaks. | Yes No | |
| **Hand Hygiene**<br>**For additional guidance on hand hygiene and resources for training and measurement of adherence, consult the following resource(s).**<br>**Guideline for Hand Hygiene in Healthcare Settings available at:** http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf<br>**Hand Hygiene in Healthcare Settings available at:** http://www.cdc.gov/handhygiene/<br>**List of tools that can be used to measure adherence to hand hygiene available at:** http://www.jointcommission.org/assets/1/18/hh_monograph.pdf | | |
| A. The facility provides supplies necessary for adherence to hand hygiene (e.g., soap, water, paper towels, alcohol-based hand rub) and ensures they are readily accessible to HCP in patient care areas | Yes No | |
| B. HCP are educated regarding appropriate indications for hand washing with soap and water versus hand rubbing with alcohol-based hand rub<br>*Note: Soap and water should be used when bare hands are visibly soiled (e.g., blood, body fluids) or after caring for a patient with known or suspected infectious diarrhea (e.g., Clostridium difficile or norovirus). In all other situations, alcohol-based hand rub may be used.* | Yes No | |
| C The facility periodically monitors and records adherence to hand hygiene and provides feedback to personnel regarding their performance<br>Examples of tools used to record adherence to hand hygiene: http://www.jointcommission.org/assets/1/18/hh_monograph.pdf | Yes No | |

## Personal Protective Equipment (PPE)

**For additional guidance on personal protective equipment consult the following resource(s):**

**2007 Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings available at:** http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf

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| A. The facility has sufficient and appropriate PPE available and readily accessible to HCP | Yes No | |
| B. HCP receive training on proper selection and use of PPE | Yes No | |

## Injection Safety

**For additional guidance on injection safety consult the following resource(s):**

**2007 Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings available at:** http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf

**CDC Injection Safety Web Materials available at:** http://www.cdc.gov/injectionsafety/

**Frequently Asked Questions (FAQs) regarding Safe Practices for Medical Injections available at:** http://www.cdc.gov/injectionsafety/providers/provider_faqs.html

**CDC training video and related Safe Injection Practices Campaign materials available at:** http://www.oneandonlycampaign.org/

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| A. Medication purchasing decisions at the facility reflect selection of vial sizes that most appropriately fit the procedure needs of the facility and limit need for sharing of multi-dose vials | Yes No | |
| B. Injections are required to be prepared using aseptic technique in a clean area free from contamination or contact with blood, body fluids or contaminated equipment | Yes No | |
| C. Facility has policies and procedures to track HCP access to controlled substances to prevent narcotics theft/diversion | Yes No | |

## Respiratory Hygiene/Cough Etiquette

**For additional guidance on respiratory hygiene/cough etiquette consult the following resource(s):**

**2007 Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings available at:** http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf

**Recommendations for preventing the spread of influenza available at:** http://www.cdc.gov/flu/professionals/infectioncontrol/

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| **A.** The facility has policies and procedures to contain respiratory secretions in persons who have signs and symptoms of a respiratory infection, beginning at point of entry to the facility and continuing through the duration of the visit. Measures include: | | |
| **i.** Posting signs at entrances (with instructions to patients with symptoms of respiratory infection to cover their mouths/ noses when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after hands have been in contact with respiratory secretions.) | Yes No | |
| **ii.** Providing tissues and no-touch receptacles for disposal of tissues | Yes No | |
| **iii.** Providing resources for performing hand hygiene in or near waiting areas | Yes No | |
| **iv.** Offering facemasks to coughing patients and other symptomatic persons upon entry to the facility | Yes No | |
| **v.** Providing space and encouraging persons with symptoms of respiratory infections to sit as far away from others as possible. If available, facilities may wish to place these patients in a separate area while waiting for care | Yes No | |
| **B.** The facility educates HCP on the importance of infection prevention measures to contain respiratory secretions to prevent the spread of respiratory pathogens when examining and caring for patients with signs and symptoms of a respiratory infection. | Yes No | |
| **Environmental Cleaning**<br>**For additional guidance on environmental cleaning consult the following resource(s):**<br>**Guidelines for Environmental Infection Control in Healthcare Facilities available at:**<br>http://www.cdc.gov/hicpac/pdf/guidelines/eic_in_HCF_03.pdf | | |
| **A.** Facility has written policies and procedures for routine cleaning and disinfection of environmental services, including identification of responsible personnel | Yes No | |
| **B.** Environmental services staff receive job-specific training and competency validation at hire and when procedures/policies change | Yes No | |
| **C.** Training and equipment are available to ensure that HCP wear appropriate PPE to preclude exposure to infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye protection) | Yes No | |

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| **D.** Cleaning procedures are periodically monitored and assessed to ensure that they are consistently and correctly performed | Yes No | |
| **E.** The facility has a policy/procedure for decontamination of spills of blood or other body fluids | Yes No | |

## Reprocessing of Reusable Medical Devices

**The following basic information allows for a general assessment of policies and procedures related to reprocessing of reusable medical devices. Ambulatory facilities that are providing on-site sterilization or high-level disinfection of reusable medical equipment should refer to the more detailed checklists related to sterilization and high-level disinfection in separate sections of this document devoted to those issues.**

**Critical items (e.g., surgical instruments) are objects that enter sterile tissue or the vascular system and must be sterile prior to use (see Sterilization Section).**

**Semi-critical items (e.g. , endoscopes for upper endoscopy and colonoscopy, vaginal probes) are objects that contact mucous membranes or non-intact skin and require, at a minimum, high-level disinfection prior to reuse (see High-level Disinfection Section).**

**Non-critical items (e.g., blood pressure cuffs) are objects that may come in contact with intact skin but not mucous membranes and should undergo cleaning and low- or intermediate-level disinfection depending on the nature and degree of contamination.**

**Single-use devices (SUDs) are labeled by the manufacturer for a single use and do not have reprocessing instructions. They may not be reprocessed for reuse except by entities which have complied with FDA regulatory requirements and have received FDA clearance to reprocess specific SUDs.**

**Note: Pre-cleaning must always be performed prior to sterilization and/or disinfection**

**For additional guidance on reprocessing of medical devices consult the manufacturer instructions for the device and the following resource(s):**

**Guideline for Disinfection and Sterilization in Healthcare Facilities available at:**
http://www.cdc.gov/hicpac/pdf/guidelines/Disinfection_Nov_2008.pdf

**FDA regulations on reprocessing of single-use medical devices available at:**
http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm071434

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| **A.** Facility has policies and procedures to ensure that reusable medical devices are cleaned and reprocessed appropriately prior to use on another patient<br><br>*Note: This includes clear delineation of responsibility among HCP.* | Yes No | |

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| **B.** Policies, procedures, and manufacturer reprocessing instructions for reusable medical devices used in the facility are available in the reprocessing area(s) | Yes No | |
| **C.** HCP responsible for reprocessing reusable medical devices are appropriately trained and competencies are regularly documented (at least annually and when new equipment is introduced) | Yes No | |
| **D.** Training and equipment are available to ensure that HCP wear appropriate PPE to prevent exposure to infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye protection).<br><br>*Note: The exact type of PPE depends on infectious or chemical agent and anticipated type of exposure.* | Yes No | |
| **Sterilization of Reusable Instruments and Devices**<br><br>**For additional guidance on sterilization of medical devices consult the manufacturer instructions for the device and the following resource(s):**<br><br>**Guideline for Disinfection and Sterilization in Healthcare Facilities available at:**<br>http://www.cdc.gov/hicpac/pdf/guidelines/Disinfection_Nov_2008.pdf | | |
| **A.** All reusable critical instruments and devices are sterilized prior to reuse | Yes No | |
| **B.** Routine maintenance for sterilization equipment is performed according to manufacturer instructions (confirm maintenance records are available) | Yes No | |
| **C.** Policies and procedures are in place outlining facility response (i.e., recall of device and risk assessment) in the event of a reprocessing error/failure. | Yes No | |
| **High-Level Disinfection of Reusable Instruments and Devices**<br><br>**For additional guidance on reprocessing of high-level disinfection devices consult the manufacturer instructions for the device and the following resource(s):**<br><br>**Guideline for Disinfection and Sterilization in Healthcare Facilities available at:**<br>http://www.cdc.gov/hicpac/pdf/guidelines/Disinfection_Nov_2008.pdf | | |
| **A.** All reusable semi-critical items receive at least high-level disinfection prior to reuse | Yes No | |
| **B.** The facility has a system in place to identify which instrument (e.g., endoscope) was used on a patient via a log for each procedure | Yes No | |

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| **C.** Routine maintenance for high-level disinfection equipment is performed according to manufacturer instructions; confirm maintenance records are available | Yes No | |

**Additional Resources and Evidence-based Guidelines available at:**
http://www.cdc.gov/HAI/prevent/prevent_pubs.html

| Section II: Personnel and Patient-care Observations | | |
|---|---|---|
| **Hand hygiene performed correctly** | **Practice Performed** | **If answer is No, document plan for remediation** |
| **A.** Before contact with the patient or their immediate care environment (even if gloves are worn) | Yes No | |
| **B.** Before exiting the patient's care area after touching the patient or the patient's immediate environment (even if gloves are worn) | Yes No | |
| **C.** Before performing an aseptic task (e.g., insertion of IV or preparing an injection) (even if gloves are worn) | Yes No | |
| **D.** After contact with blood, body fluids or contaminated surfaces (even if gloves are worn) | Yes No | |
| **E.** When hands move from a contaminated-body site to a clean-body site during patient care (even if gloves are worn) | Yes No | |
| **Personal Protective Equipment (PPE) is correctly used** | | |
| **A.** PPE is removed and discarded prior to leaving the patient's room or care area | Yes No | |
| **B.** Hand hygiene is performed immediately after removal of PPE | Yes No | |
| **C.** Gloves | | |
| **i.** HCP wear gloves for potential contact with blood, body fluids, mucous membranes, non-intact skin, or contaminated equipment | Yes No | |
| **ii.** HCP do not wear the same pair of gloves for the care of more than one patient | Yes No | |
| **iii.** HCP do not wash gloves for the purpose of reuse | Yes No | |
| **D.** Gowns: | | |
| **i.** HCP wear gowns to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated | Yes No | |
| **ii.** HCP do not wear the same gown for the care of more than one patient | Yes No | |

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| **E.** Facial protection:<br>**i.** HCP wear mouth, nose, and eye protection during procedures that are likely to generate splashes or sprays of blood or other body fluids<br>**ii.** HCP wear a facemask (e.g., surgical mask) when placing a catheter or injecting material into the epidural or subdural space (e.g., during myelogram, epidural or spinal anesthesia) | Yes No<br>Yes No | |
| **Injection safety** | | |
| **A.** Needles and syringes are used for only one patient (this includes manufactured prefilled syringes and cartridge devices such as insulin pens) | Yes No | |
| **B.** The rubber septum on a medication vial is disinfected with alcohol prior to piercing | Yes No | |
| **C.** Medication vials are entered with a new needle and a new syringe, even when obtaining additional doses for the same patient | Yes No | |
| **D.** Single dose (single-use) medication vials, ampules, and bags or bottles of intravenous solution are used for only one patient | Yes No | |
| **E.** Medication administration tubing and connectors are used for only one patient | Yes No | |
| **F.** Multi-dose vials are dated by HCP when they are first opened and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial<br>*Note: This is different from the expiration date printed on the vial.* | Yes No | |
| **G.** Multi-dose vials are dedicated to individual patients whenever possible. | Yes No | |
| **H.** Multi-dose vials to be used for more than one patient are kept in a centralized medication area and do not enter the immediate patient treatment area (e.g,. operating room, patient room/cubicle)<br>*Note: If multi-dose vials enter the immediate patient treatment area they should be dedicated for single-patient use and discarded immediately after use.* | Yes No | |
| **I.** All sharps are disposed of in a puncture-resistant sharps container | Yes No | |
| **J.** Filled sharps containers are disposed of in accordance with state regulated medical waste rules | Yes No | |
| **K.** All controlled substances (e.g., Schedule II, III, IV, V drugs) are kept locked within a secure area | Yes No | |

| Point-of-Care Testing (e.g., blood glucose meters, INR monitor) | | |
|---|---|---|
| **For additional guidance on infection prevention during point-of-care testing consult the following resource(s):**<br><br>**Infection Prevention during Blood Glucose Monitoring and Insulin Administration available at:**<br>http://www.cdc.gov/injectionsafety/blood-glucose-monitoring.html<br><br>**Frequently Asked Questions (FAQs) regarding Assisted Blood Glucose Monitoring and Insulin Administration available at:**<br>http://www.cdc.gov/injectionsafety/providers/blood-glucose-monitoring_faqs.html | | |
| **A.** New single-use, auto-disabling lancing device is used for each patient<br><br>*Note: Lancet holder devices are not suitable for multi-patient use.* | Yes No | |
| **B.** If used for more than one patient, the point-of-care testing meter is cleaned and disinfected after every use according to manufacturer instructions<br><br>*Note: If the manufacturer does not provide instructions for cleaning and disinfection, then the testing meter should not be used for >1 patient.* | Yes No | |
| **Environmental Cleaning** | | |
| **A.** Environmental surfaces, with an emphasis on surfaces in proximity to the patient and those that are frequently touched, are cleaned and then disinfected with an EPA-registered disinfectant | Yes No | |
| **B.** Cleaners and disinfectants are used in accordance with manufacturer instructions (e.g., dilution, storage, shelf-life, contact time) | Yes No | |
| **Reprocessing of Reusable Instruments and Devices** | | |
| **A.** Reusable medical devices are cleaned, reprocessed (disinfection or sterilization) and maintained according to the manufacturer instructions.<br><br>*Note: If the manufacturer does not provide such instructions, the device may not be suitable for multi-patient use.* | Yes No | |
| **B.** Single-use devices are discarded after use and not used for more than one patient.<br><br>*Note: If the facility elects to reuse single-use devices, these devices must be reprocessed prior to reuse by a third-party reprocessor that it is registered with the FDA as a third-party reprocessor and cleared by the FDA to reprocess the specific device in question. The facility should have documentation from the third party reprocessor confirming this is the case.* | Yes No | |
| **C.** Reprocessing area has a workflow pattern such that devices clearly flow from high contamination areas to clean/sterile areas (i.e., there is clear separation between soiled and clean workspaces) | Yes No | |

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|---|---|---|
| **D.** Medical devices are stored in a manner to protect from damage and contamination | Yes No | |
| **Sterilization of Reusable Instruments and Devices** | | |
| **A.** Items are thoroughly pre-cleaned according to manufacturer instructions and visually inspected for residual soil prior to sterilization<br><br>*Note: For lumened instruments, device channels and lumens must be cleaned using appropriately sized cleaning brushes.* | Yes No | |
| **B.** Enzymatic cleaner or detergent is used for pre-cleaning and discarded according to manufacturer instructions (typically after each use) | Yes No | |
| **C.** Cleaning brushes are disposable or cleaned and high-level disinfected or sterilized (per manufacturer instructions) after each use | Yes No | |
| **D.** After pre-cleaning, instruments are appropriately wrapped/packaged for sterilization (e.g., package system selected is compatible with the sterilization process being performed, hinged instruments are open, instruments are disassembled if indicated by the manufacturer) | Yes No | |
| **E.** A chemical indicator (process indicator) is placed correctly in the instrument packs in every load | Yes No | |
| **F.** A biological indicator is used at least weekly for each sterilizer and with every load containing implantable items | Yes No | |
| **G.** For dynamic air removal-type sterilizers, a Bowie-Dick test is performed each day the sterilizer is used to verify efficacy of air removal | Yes No | |
| **H.** Sterile packs are labeled with the sterilizer used, the cycle or load number, and the date of sterilization | Yes No | |
| **I.** Logs for each sterilizer cycle are current and include results from each load | Yes No | |
| **J.** After sterilization, medical devices and instruments are stored so that sterility is not compromised | Yes No | |
| **K.** Sterile packages are inspected for integrity and compromised packages are reprocessed prior to use | Yes No | |
| **L.** Immediate-use steam sterilization (flash sterilization), if performed, is only done in circumstances in which routine sterilization procedures cannot be performed | Yes No | |
| **M.** Instruments that are flash-sterilized are used immediately and not stored | Yes No | |

| High-Level Disinfection of Reusable Instruments and Devices | | |
|---|---|---|
| **A.** Flexible endoscopes are inspected for damage and leak tested as part of each reprocessing cycle | Yes No | |
| **B.** Items are thoroughly pre-cleaned according to manufacturer instructions and visually inspected for residual soil prior to high-level disinfection<br><br>*Note: For lumened instruments, device channels and lumens must be cleaned using appropriately sized cleaning brushes.* | Yes No | |
| **C.** Enzymatic cleaner or detergent is used and discarded according to manufacturer instructions (typically after each use) | Yes No | |
| **D.** Cleaning brushes are disposable or cleaned and high-level disinfected or sterilized (per manufacturer instructions) after each use. | Yes No | |
| **E.** For chemicals used in high-level disinfection, manufacturer instructions are followed for:<br><br>**i.** preparation<br><br>**ii.** testing for appropriate concentration<br><br>**iii.** replacement (i.e., prior to expiration or loss of efficacy) | <br><br>Yes No<br><br>Yes No<br><br>Yes No | |
| **F.** If automated reprocessing equipment is used, proper connectors are used to assure that channels and lumens are appropriately disinfected | Yes No | |
| **G.** Devices are disinfected for the appropriate length of time as specified by manufacturer instructions | Yes No | |
| **H.** Devices are disinfected at the appropriate temperature as specified by manufacturer instructions | Yes No | |
| **I.** After high-level disinfection, devices are rinsed with sterile water, filtered water, or tap water followed by a rinse with 70% - 90% ethyl or isopropyl alcohol | Yes No | |
| **J.** Devices are dried thoroughly prior to reuse<br><br>*Note: Lumened instruments (e.g., endoscopes) require flushing channels with alcohol and forcing air through channels.* | Yes No | |
| **K.** After high-level disinfection, devices are stored in a manner to protect from damage or contamination<br><br>*Note: Endoscopes should be hung in a vertical position* | Yes No | |
| **Additional Resources and Evidence-based Guidelines available at:**<br>http://www.cdc.gov/HAI/prevent/prevent_pubs.html | | |