



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

CLINICAL ISSUES

DENISE MAXWELL-DOWNING, RN, MS, CNOR

Ambulatory surgery center infection control coordinator

QUESTION: I work at an ambulatory surgery center (ASC) and have heard that we need an infection control coordinator. Is this true? What is the basis for the requirement?

ANSWER: On August 31, 2007, the Centers for Medicare and Medicaid Services (CMS) published proposed changes to the ASC conditions for coverage (CFCs), including the Conditions for Coverage—Infection Control.¹ The new CFCs took effect on January 1, 2009, with some amendments becoming effective May 18, 2009.

According to CMS rule §416.51(b) and §416.51(b)(1), an ASC “must maintain an ongoing infection control program designed to prevent, control, and investigate infections and communicable diseases.”² This program should be “under the direction of a designated and qualified professional who has training in infection control.”² The ASC administrators must designate, in writing, the individual or group of individuals who are qualified through education, training, experience, or certification to be an infection control professional.

If the ASC is not Medicare or Medicaid certified but is accredited by one of several ambulatory accreditation organizations (eg, the Accreditation Association for Ambulatory Health Care [AAAHC], the American Association for Accreditation of Ambulatory Surgery Facilities [AAAASF], the Joint Commission), specific infection control requirements must be met for the health care organization to retain its accreditation status. For additional infor-

mation refer to AAAHC Standard 5—Quality Management and Improvement^{3(p30-33)} and Standard 8—Facilities and Environment, items B through P,^{3(p37-38)} and AAAASF Standard 5.001.61.0 through 5.001.65.0.^{4(p28-29)}

The Centers for Disease Control and Prevention (CDC) defines an infection control professional as

a person whose primary training is in either nursing, medical technology, microbiology, or epidemiology, and who has acquired specialized training in infection control.^{5(p51-52)}

On July 10, 2008, the Association for Professionals in Infection Control and Epidemiology (APIC) began referring to infection control professionals as infection preventionists because of their expanding roles.⁶ Activities that are typical of an infection preventionist (eg, coordinator, officer) include, but are not limited to, the following:

- oversight of employee health services related to infection prevention (eg, exposure to and treatment of infectious diseases, tuberculosis screening, administration of vaccines);
- staff member and volunteer health, education, and infection control training;
- preparedness for annual outbreaks (eg, influenza, severe acute respiratory syndrome);
- monitoring of selected infection control practices;
- monitoring the environment for safety and sanitation;
- oversight of risk assessment and

For answers to your questions, contact the Center for Nursing Practice at (800) 755-2676 x 265 or send an e-mail to consult@aorn.org. AORN's Perioperative Standards and Recommended Practices can be purchased from <http://www.aornbookstore.org>.

implementation of preventive measures associated with construction and renovation;

- prevention of multidrug-resistant organism transmission;
- communication with facility staff members and state and local health department personnel concerning infection control issues;
- evaluation of new medical products that could be associated with an increased infection risk (eg, infusion devices and equipment); and
- participation in research projects.^{4,7}

The CMS does not mandate that the ASC administrators, the infection preventionist, and staff members follow one specific infection control guideline. Ambulatory surgery center administrators should consider all related regulations and standards and base their infection control policies and procedures on the needs of the facility. These regulations and standards are authored by several nationally recognized infection control organizations, including but not limited to:

- the CDC Healthcare Infection Control Practices Advisory Committee—<http://www.cdc.gov/ncidod/dhqp/guidelines.html>;
- the Occupational Safety and Health Administration—http://www.osha.gov/pls/oshaweb/owastand.display_standard_group?p_toc_level=1&p_part_number=1910;
- APIC—<http://www.apic.org/AM/Template.cfm?Section=Practice>;
- the Society for Healthcare Epidemiology of America—<http://www.shea-online.org/>;
- AORN—<http://www.aorn.org/PracticeResources>; and
- the Association for the Advancement of Medical Instrumentation—<http://www.aami.org/standards/smo.html>.

Typically hospital staffing ratios for infection preventionists are one to every 150 to 200 beds. The ASC administrator should determine the facility's needs based not only on the number of ORs or postanesthesia care unit beds within the facility, but also on

- the complexity of the organization;
- characteristics of the patient population seen at the health care facility;
- the unique or urgent needs of the health care facility;

- the scope of the existing infection control program; and
- tools available to assist the infection preventionist in performing essential tasks (eg, electronic tracking, electronic medical records).

REFERENCES

1. Apolskis M. CMS proposes changes to conditions for coverage for ambulatory surgical centers. July 18, 2007. Medicare Update. http://medicareupdate.typepad.com/medicare_update/ambulatory_surgical_centers. Accessed December 14, 2008.
2. 42 CFR—Part 416. Electronic Code of Federal Regulations (e-CFR). <http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr;rgn=div2;view=text;node=20081118%3A1.63;idno=42;sid=2738cf3c31eb789f9e3fcd5d0a6c6252;cc=ecfr;start=1;size=25>. Accessed December 14, 2008.
3. *Accreditation Handbook for Ambulatory Health Care*. Skokie, IL: Accreditation Association for Ambulatory Health Care, Inc; 2008:30-33, 37-38.
4. *Medicare Standards and Checklist for Accreditation of Ambulatory Surgery Facilities*. Version 3. Gurnee, IL: American Association for Accreditation of Ambulatory Surgery Facilities, Inc; 2005:28-29.
5. Siegel JD, Rhinehart E, Jackson M, Chiarello L; The Healthcare Infection Control Practices Advisory Committee. *Management of Multidrug-Resistant Organisms in Healthcare Settings*, 2006. Centers for Disease Control and Prevention. <http://www.cdc.gov/ncidod/dhqp/pdf/ar/mdroguideline2006.pdf>. Accessed January 21, 2009.
6. New name for infection control profession [news release]. Washington, DC: APIC; July 10, 2008.
7. Siegel JD, Rhinehart E, Jackson M, Chiarello L; The Healthcare Infection Control Practices Advisory Committee. Part II: Fundamental elements needed to prevent transmission of infectious agents in healthcare settings. In: *Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings June 2007*. Atlanta, GA: Centers for Disease Control and Prevention; 2007. <http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Isolation2007.pdf>. Accessed December 14, 2008.

RESOURCES

Friedman C, Barnette M, Buck AS, et al. Requirements for infrastructure and essential activities of infection control and epidemiology in out-of-hospital settings: a consensus panel report. Association for Professionals in Infection Control and Epidemiology and the Society for Healthcare Epidemiology of America. *Infect Control Hosp Epidemiol*. 1999;20(10):695-705.

Resources from the ASC Association. Conditions for coverage redline version. Ambulatory Surgery Center Association. <http://ascassociation.org/cfc/redline.pdf>. Accessed December 14, 2008.