Surgical Site Infection Prevention
Objectives

• Review the epidemiology of surgical site infections (SSI)
• Explore causes and mechanisms of SSI
• Describe evidence-based practices for preventing SSI
• Discuss adherence monitoring and feedback
2020 SSI Prevention Goal

• Target set by National Action Plan to Prevent HAI
  • Recommended by CDPH HAI Advisory Committee for California hospitals

• 30% SSI reduction from 2015 baseline = SIR 0.70 in 2020
  • On track if SIR 0.88 in 2017
    → SIR 0.82 in 2018
    → SIR 0.76 in 2019
SSI Epidemiology

- SSI generally occur within 30 days following surgery
  - 8 California-mandated procedures monitored to 90 days
- 2% of hospitalized surgical patients acquire SSI
  - 3% die (75% attributable to the SSI)
  - Many result in long term disability
- SSI increase hospital length of stay by 7-10 days
Source of SSI Pathogens

• Patient’s flora
  • From skin, GI tract, mucous membranes
  • Due to inadequate skip prep
  • Seeding from pre-existing sites of infection

• Surgical personnel flora
  • Inadequate hand hygiene
  • Breaks in aseptic techniques

• Contaminated equipment (*less common*)
  • Surgical instruments
  • Medical devices in operating room
  • Ventilation
Common SSI Pathogens

*Staphylococcus aureus* – 21%
*Escherichia coli* – 14%
Coagulase-negative Staphylococci – 8%
*Enterococcus faecalis* – 8%
*Pseudomonas aeruginosa* – 5%
Bacteroides - 5%

Appendix to Table 4 of the 2011-2014 NHSN Antimicrobial Resistance Report
SSI Types
SSI Prevention – What works?

Evidence-based SSI prevention practice recommendations from

• CDC/HICPAC SSI Prevention Guideline, 2017
• CDC SSI Prevention Guideline, 1999
Antimicrobial Prophylaxis

• Administer antimicrobial prophylaxis in accordance with evidence-based standards and guidelines
  • Administer such that bactericidal concentration is highest in serum and tissues at time of incision
  • Administer before skin incision in all Cesarean sections
  • For all clean and clean/contaminated procedures, **STOP antibiotics** after incision is closed in the OR, even in the presence of a drain

• Topical antimicrobial agents (such as ointments, solutions, or powders) should not be applied to the surgical incision
Antiseptic Prophylaxis

- Before surgery, patients should shower/bathe (full body)
  - Soap or an antiseptic agent
  - At least the night before the operative day
- Skin preparation in the operating room should be performed with an \textcolor{blue}{alcohol-based} antiseptic
Perioperative Care

• During surgery, control blood glucose level in all patients (<200mg/dl)

• Maintain perioperative normothermia in all patients

• Administer increased fraction of inspired oxygen (FiO₂) during surgery and after extubation in the immediate postoperative period for patients with normal pulmonary function undergoing anesthesia with endotracheal intubation
Prosthetic Joint Arthroplasty

• Transfusion of blood products should not be withheld from surgical patients as a means to prevent SSI.

• For prosthetic joint patients receiving systemic corticosteroid or other immunosuppressive therapy, in clean and clean-contaminated procedures, do not administer additional antimicrobial prophylaxis doses after the surgical incision is closed in the operating room, even in the presence of a drain.
Preparation of Surgical Patient

- Identify and treat remote infections before elective operation
  - Postpone elective operation until infection resolved
- **Do not remove hair** unless it will interfere with the operation
  - If necessary, remove hair immediately before the operation with **clippers** immediately prior to procedure
- Encourage tobacco cessation for minimum of 30 days prior to surgery
- Ensure skin around incision site is free of gross contamination prior to antiseptic skin preparation
Hand and Forearm Antisepsis for Surgical Team

• Perform preoperative hand and forearm antisepsis according to manufacturer’s recommendations for the product being used

• Refer to additional recommendations in CDC Guidelines for Hand Hygiene in Healthcare Setting, 2002 (*summarized on next slide*)
Surgical Hand Antisepsis

• Remove rings, watches, and bracelets before beginning the surgical hand scrub

• Remove debris from underneath fingernails using a nail cleaner under running water

• Perform surgical hand antisepsis using either an antimicrobial soap or an alcohol-based hand rub with persistent activity before donning sterile gloves

• When using an alcohol-based surgical hand-scrub product with persistent activity, allow hands and forearms to dry thoroughly before donning sterile gloves
Operating Room Ventilation

• Maintain positive pressure ventilation in the operating room and adjoining spaces
• Maintain the number of air exchanges, airflow patterns, temperature, humidity, location of vents, and use of filters in accordance with recommendations from the most recent version of the Facilities Guidelines Institute – Guidelines for Design and Construction of Hospitals and Outpatient Facilities (current version – 2014)
Cleaning and Disinfection of Environmental Surfaces

• Do not perform special cleaning or closing of OR after contaminated or dirty operations
Reprocessing Surgical Instruments

- Sterilize all surgical instruments according to published guidelines and manufacturer’s recommendations.
- Immediate-use steam sterilization should never be used for reasons of convenience, as an alternative to purchasing additional instrument sets, or to save time.
  - This practice should be reserved only for patient care items that will be used immediately in emergency situations when no other options are available.
- Refer to CDC HICPAC 2008 Guideline for Disinfection and Sterilization in Healthcare Facilities for additional recommendations.
Surgical Attire and Drapes

• Wear a **surgical mask** that fully covers the mouth and nose
  • When entering the operating room if an operation is about to begin or already under way
  • If sterile instruments are exposed
  • Wear the mask throughout the operation

• Wear a new disposable or hospital-laundered **head covering** for each case
  • Whenever entering the operating room
  • Ensure it fully covers all hair on the head and all facial hair not covered by the surgical mask

• Wear **sterile gloves** if serving as a member of the scrubbed surgical team
  • Put on sterile gloves after donning a sterile gown
Surgical Attire and Drapes

• Use surgical gowns and drapes that are effective barriers when wet
  • Materials that resist liquid penetration
• Change scrub suits that are visibly soiled, contaminated, and/or penetrated by blood or other potentially infectious materials
Post-Op Incision Care

• Protect primarily closed incisions with a sterile dressing for 24-48 hours postoperatively
Sterile and Surgical Technique

• Adhere to principles of sterile technique when performing all invasive procedures

• If drainage is necessary, use a closed suction drain
  • Place drain in a separate incision distant from the operative incision
  • Remove drain as soon as possible
Hospital Role in SSI Prevention

- Ensure policies and practice reflect current evidence based practices
  - CDC guidelines
- Ensure staff competency upon hire and at least annually
  - Return demonstration to ensure competency
  - New hire orientation
  - Annual skills fair
- Perform SSI surveillance
- Develop an adherence monitoring program for SSI prevention practices
- Provide feedback to frontline staff and leaders
  - Present adherence results with SSI incidence to surgeons, perioperative services, and surgical units
Are SSI Prevention Care Practices Used Routinely in YOUR facility?

You won’t know if you don’t monitor!
Adherence Monitoring for SSI Prevention

- OR observations
- Hand hygiene
- Safe injection practices
- Environmental cleaning and disinfection
- Device reprocessing
- High level disinfection of reusable devices
- Sterilization of reusable devices

CDPH Adherence Monitoring Tools

www.cdph.ca.gov/hai
Monitoring in the Operating Room

Healthcare-Associated Infections Program Adherence Monitoring
Operating Room Observations

Regular monitoring with feedback of results to staff can maintain or improve adherence to SSI prevention strategies and serve as a tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of setting, including the operating room.

Instructions: Observe each practice in the operating room and check a box if adherent, Yes or No. In the table below, add the number of “Yes” for adherent practices observed and the total number of observations (“Yes” + “No”). Calculate the percent adherence by dividing the number of “Yes” by the total number of observations.

<table>
<thead>
<tr>
<th>Surgical Site Practice</th>
<th>OR Observations 1</th>
<th>OR Observation 2</th>
<th>OR Observation 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>SS1. Pre-operative hand antisepsis following manufacturer’s recommendations. No long or artificial nails, no jewelry worn.</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>SS2. Hair not removed. If necessary, removed just prior to surgery with clippers.</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>SS3. Skin prep in OR with alcohol-based agent</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>
# Monitoring Device Reprocessing

**Healthcare-Associated Infections Program Adherence Monitoring Device Reprocessing**

Regular monitoring with feedback of results to staff can maintain or improve adherence to device reprocessing opportunities for improvement. Monitoring may be performed in any type of location where device reprocessing occurs.

**Instructions:** Observe each practice in the reprocessing area and check a box if adherent, Yes or No. In the table below, calculate adherence for adherent practices observed and the total number of observations (“Yes” + “No”). Calculate adherence for each device reprocessing practice.

<table>
<thead>
<tr>
<th>Device Reprocessing Practices</th>
<th>Procedure 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DR1.</strong> Policies, procedures, and manufacturer reprocessing instructions for reusable medical devices used in the facility are available in the reprocessing area(s).</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td><strong>DR2.</strong> Reusable medical devices are cleaned, reprocessed (disinfection or sterilization) and maintained according to the manufacturer instructions. Note: If the manufacturer does not provide such instructions, the device may not be suitable for multi-patient use.</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td><strong>DR3.</strong> Single-use devices are discarded after use and not used for more than one patient. 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.</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>
Preventing SSI: The MOST Important Things

*Prevent the Devastating Effects of Deep/Organ Space SSI*

- **Prophylactic antibiotics**
  - *Right drug, right dose, right time*
  - No doses after incision closed

- Alcohol-based skin prep

- Blood glucose control, all patients

- Normothermia, all patients

- Increased FiO2, if normal function

- Pre-night shower or bath

- Treat other infections

- Smoking cessation at least 30 days

- No hair removal; if must, clippers

- Maintain positive pressure ventilation

- Hand hygiene

- Surgical attire worn entire time including mask and head cover (covering all head and facial hair)

- Clean and disinfect all surfaces between cases

- Flash sterilization only if emergency

- Sterile dressing for 24-48 hours
Additional SSI Prevention References and Resources


- Institute for Healthcare Improvement (IHI), [http://www.ihi.org/Engage/Memberships/MentorHospitalRegistry/Pages/InfectionPreventionSSI.aspx](http://www.ihi.org/Engage/Memberships/MentorHospitalRegistry/Pages/InfectionPreventionSSI.aspx)

- Surgical Care Improvement Project (SCIP), [https://www.qualitynet.org/dcs/ContentServer?cid=1137346750659&pagename=Medqic/Content/ParentShellTemplate&parentName=TopicCat&c=MQParents](https://www.qualitynet.org/dcs/ContentServer?cid=1137346750659&pagename=Medqic/Content/ParentShellTemplate&parentName=TopicCat&c=MQParents)

- World Health Organization (WHO), [www.who.int/patientsafety/safesurgery/en/](http://www.who.int/patientsafety/safesurgery/en/)
Questions?

For more information, please contact any HAI Liaison IP Team member

Or email

HAIProgram@cdph.ca.gov