Ambulatory surgery centers (ASCs) accredited by the Accreditation Association for Ambulatory Health Care (AAAHC) can expect noteworthy changes in the 2010 accreditation handbook to be published in February 2010.

For the first time in 30 years, a new core chapter is being added, focusing on infection control and safety. The chapter pulls existing standards from other chapters and adds new standards.

Infection control is in the spotlight. US Department of Health and Human Services (HHS)-funded infection control surveys of ASCs have been underway for several months. The surveys follow detailed interpretive guidelines and a worksheet developed by the Centers for Medicare and Medicaid Services and the Centers for Disease Control and Prevention (CDC) (October OR Manager).

**Infection control highlights**

Highlights of the new chapter include:
- having an infection control and prevention program approved by the governing body that is part of the facility’s quality improvement program and is based on nationally recognized infection control guidelines
- reducing the risk of health care-associated infection by education and active surveillance
- adhering to standards, guidelines, and manufacturers’ instructions for cleaning, disinfection, and sterilization of instruments, equipment, supplies, and implants.

Each organization is free to decide which nationally recognized infection control guidelines work best for its situation, notes Marsha Wallander, RN, AAAHC’s assistant director of accreditation services. On hand hygiene, for example, ASCs could choose between guidelines from the CDC or the World Health Organization.

The safety standards cover areas such as preventing sharps injuries for staff, preventing patient falls, and reducing medication errors. The standards specify that facilities will need to investigate the safer devices available at least annually.

“We hope to call that to the forefront,” Wallander says. The requirement for review of safer devices is in line with the Occupational Safety and Health Administration’s bloodborne pathogens regulation.

**Conduct drills quarterly**

In a clarification on emergency drills in the Facilities and Environment chapter, at least 1 drill will need to be conducted quarterly, and at least 1 drill during the year must focus on or include cardiopulmonary resuscitation (CPR). Previous language required 4 drills per year, which was
sometimes misinterpreted to mean the drills could all be conducted within a short time, Wallander notes.

The chapter also adds a new standard to say that when a facility undergoes demolition, construction, or renovation, it needs to conduct a risk assessment for potential environmental hazards, such as dust, asbestos, and the like, and implement safety measures based on ongoing assessments.

**Surgical practice**

Among changes in the Surgical and Related Services chapter:

- The standard on a safe surgical environment is expanded to be more specific about surgical attire and prevention of skin and tissue injury.
- A new standard requires a procedure to address when sponge, sharps, and instrument counts will occur and a process for conducting counts when it is appropriate to do so.

**More user-friendly handbook**

In a change in format, the 2010 handbook will be shrink-wrapped rather than bound and 3-hole punched so it can be kept in a binder.

In other user-friendly changes, in the front section, policies for facilities seeking Medicare deemed status through AAAHC are separated into their own section. In the standards chapters, the additional Medicare requirements are flagged with an icon so they can be spotted easily.

*Accreditation changes for 2010 are posted on the AAAHC website at www.aaahc.org
The site also has links to infection control and safety resources.*