## THE COLLEGE OF CHIROPODISTS OF ONTARIO

Practice Assessment Tool

## \*\*UPDATED ASSESSMENT CRITERIA FOR SURGICAL SUITE

## 10.0 Surgical Suite – Infection Control

| 10.0  | Surgical Surice – Infection Control   |     |    |     |
|-------|---|-----|----|-----|
|       |   | Yes | No | N/A |
| 10.1  | Is there an autoclave onsite and used in compliance as per Reprocessing Guidelines?   |     |    |     |
| 10.2  | Is there a system to verify sterilization?  |     |    |     |
| 10.3  | If not built into package/pouch, are Chemical Indicators (CIs) placed in and on each package?                                     |     |    |     |
| 10.4  | Are sterilizer displays, print outs or USBs checked and signed for by person processing the load?                                 |     |    |     |
| 10.5  | Are the CIs checked prior to using the contents of the sterilized package?  |     |    |     |
| 10.6  | If a failed CI is noted, is the package reprocessed?  |     |    |     |
| 10.7  | Are sterilizers tested with Biological Indicators (BIs) in a process challenge device (PCD) each day the sterilizer is used?      |     |    |     |
| 10.8  | Are sterilized packages stored in a clean, dry area?  |     |    |     |
| 10.9  | Does the sterilization log include:   |     |    |     |
| а     | load control label (sterilizer number, load number, date) and contents?   |     |    |     |
| b     | parameters of the sterilization cycle?  |     |    |     |
| С     | person responsible for the sterilization cycle?   |     |    |     |
| d     | CI and BI monitoring results?   |     |    |     |
| 10.10 | Is a sink accessible for proper pre-operative surgical scrub?   |     |    |     |
| 10.11 | Is the suite/room cleaned and disinfected prior to each procedure and has a hard surfaced floor for easy cleaning (not carpeted)? |     |    |     |
| 10.12 | Is sterile technique used:  |     |    |     |
| а     | during gowning and gloving?   |     |    |     |
| b     | for surgical tray set-up?   |     |    |     |
| С     | for the duration of the procedure?  |     |    |     |
| 10.13 | Is hair cover and mask worn during set-up and while performing the procedure?   |     |    |     |
|       |   |     |    |     |

ADDITIONAL COMMENTS/INFORMATION:

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# 11.0 Surgical Suite – Safety/Risk Management

|      |   | Yes | No | N/A |
|------|---|-----|----|-----|
| 11.1 | Is there adequate room for:   |     |    |     |
| а    | treatment chair, surgical trays, surgical equipment?  |     |    |     |
| b    | movement of practitioner/assistants during procedure while maintaining the sterile field?       |     |    |     |
| 11.2 | Is equipment in good working order (oxygen, power equipment, X-Ray, chair)?                     |     |    |     |
| 11.3 | Are supplies/disposables readily available and sterilized (sutures, drapes, gowns, gloves)?     |     |    |     |
| 11.4 | Is equipment/medication required for emergency situations readily available and log maintained? |     |    |     |
|      |   |     |    |     |
|      |   |     |    |     |
|      |   |     |    |     |

| ADDITIONAL COMMENTS/INFORMATION: |  |  |  |  |  |  |
|----------------------------------|--|--|--|--|--|--|
|                                  |  |  |  |  |  |  |
|                                  |  |  |  |  |  |  |