



APSIC Surgical Site Assessment Tool

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Hospital name:

INSTRUCTIONS: Fill in each item, as “YES” for full hospital-wide implementation; “NO” for not consistently practiced.

General		NOTE: Make sure to select only ONE “Yes” or “No”	Action plan
1	Surveillance of SSI is done using accepted international methodology	<input type="radio"/> Yes <input type="radio"/> No	
2	Laminar airflow is not installed in new or renovated operating rooms to prevent SSI	<input type="radio"/> Yes <input type="radio"/> No	
Pre-operative			Action plan
3	Patients who will undergo surgery have at least 1 preoperative bath with soap (antimicrobial or non-antimicrobial)	<input type="radio"/> Yes <input type="radio"/> No	
4	Mechanical bowel preparation and oral antibiotic preparation are used in combination for all elective colorectal surgery in adults	<input type="radio"/> Yes <input type="radio"/> No	
5	Hair removal is avoided unless hair interferes with the operative procedure	<input type="radio"/> Yes <input type="radio"/> No	
6	If hair removal is necessary, a razor is avoided and an electric clipper is used	<input type="radio"/> Yes <input type="radio"/> No	
7	Screening for MRSA is done because of high incidence rates	<input type="radio"/> Yes <input type="radio"/> No	
8	Patients undergoing cardiothoracic and orthopaedic surgery with known nasal carriage of S. aureus receive perioperative intranasal application of mupirocin 2% ointment with or without a combination of CHG body wash	<input type="radio"/> Yes <input type="radio"/> No	
Perioperative			Action plan
9	Surgical hand preparation is performed either by scrubbing with a suitable antiseptic soap and water or a suitable ABHR before surgical team dons sterile gown and gloves	<input type="radio"/> Yes <input type="radio"/> No	
10	ABHR used in surgical hand preparation complies with EN 12791 or ASTM E-1115 standards	<input type="radio"/> Yes <input type="radio"/> No	
11	Where the quality of water used is not assured, surgical hand rub with ABHR is used	<input type="radio"/> Yes <input type="radio"/> No	
12	Alcohol-based skin antiseptic preparations is used, unless contraindicated	<input type="radio"/> Yes <input type="radio"/> No	
13	Administration of antimicrobial surgical prophylaxis is only performed when indicated	<input type="radio"/> Yes <input type="radio"/> No	
14	Prophylactic antimicrobials are administered within 1 hour before incision for all antimicrobials except vancomycin and fluoroquinolones where these are administered within 2 hours	<input type="radio"/> Yes <input type="radio"/> No	
15	Re-dosing is considered to maintain adequate tissue levels based on agent half-life	<input type="radio"/> Yes <input type="radio"/> No	
16	Only a single dose of antimicrobial prophylactic is given, unless re-dosing is required	<input type="radio"/> Yes <input type="radio"/> No	

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Perioperative <i>continued >>></i>		NOTE: Make sure to select only ONE “Yes” or “No”	Action plan
17	Preoperative HbA1C levels are less than 8%	<input type="radio"/> Yes <input type="radio"/> No	
18	Blood glucose levels are between 140-200 mg/dL (7.8-11.1 mmol/L) in patients with and without diabetes undergoing surgery	<input type="radio"/> Yes <input type="radio"/> No	
19	Where it is hard to control diabetes, a team-oriented approach, including a surgeon and physician, is adopted	<input type="radio"/> Yes <input type="radio"/> No	
20	Personal protective equipment (gloves, gowns, masks, protective eyewear) are available and worn by staff in accordance with the facility guidelines	<input type="radio"/> Yes <input type="radio"/> No	
21	All reusable scrub attire are laundered in a health care-accredited laundry facility after each daily use and when soiled or contaminated	<input type="radio"/> Yes <input type="radio"/> No	
22	Limit the number of people in the OT room to ensure adequacy in space for work to be carried out safely	<input type="radio"/> Yes <input type="radio"/> No	
23	Perioperative normothermia is maintained using active warming devices	<input type="radio"/> Yes <input type="radio"/> No	
24	Hemodynamic goal-directed therapy is adopted to reduce SSI	<input type="radio"/> Yes <input type="radio"/> No	
25	Antimicrobial agents are not used to irrigate the incisional wounds before closure	<input type="radio"/> Yes <input type="radio"/> No	
26	Antimicrobial impregnated sutures are used because of high SSI rates in clean surgeries, in spite of basic preventive measures	<input type="radio"/> Yes <input type="radio"/> No	
27	Non-iodophor-impregnated drapes are not used	<input type="radio"/> Yes <input type="radio"/> No	
28	Iodophor-impregnated incise drapes are used in orthopaedic and cardiac surgical procedures, unless the patient has an iodine allergy or other contraindication	<input type="radio"/> Yes <input type="radio"/> No	
29	Careful evaluation of wound protectors is done before implementation	<input type="radio"/> Yes <input type="radio"/> No	
30	Vancomycin powder is not used at the surgical site	<input type="radio"/> Yes <input type="radio"/> No	
Post-operative			Action plan
31	Primary vacuum dressings or Negative Pressure Wound Therapy (i.e., for clean-contaminated and contaminated surgeries) and silver-based dressings are not routinely used	<input type="radio"/> Yes <input type="radio"/> No	

Results

Number of “Yes”

Total (Yes + No)

% Score

NOTE:
 Only hit this button if you want **ALL** input data to clear completely on all pages ▼

About APSIC

The Asia Pacific Society of Infection Control (APSIC) was established in 1998 and is a multi-national, voluntary, organization dedicated to the advancement of infection control practice to reduce hospital associated infections, monitor and control emerging and re-emerging infectious diseases and improved patient outcomes.

APSIC aims to bring together multidisciplinary infection control professionals in the region to share their knowledge, experience, skills, and quality improvement and research findings by facilitating the exchange of information through training courses, seminars, congresses and conferences in the Asia Pacific region.

APSIC is working towards establishing collaborative partnerships in the region to facilitate and encourage quality improvement initiatives and infection control research to promote cost effective evidence based practices throughout the Asia Pacific region.

About 3M

At 3M, we apply science to deliver safe and effective solutions that improve patients' lives.

3M is a global science company that never stops inventing. Using 46 technology platforms, our integrated team of scientists and researchers works with customers to create breakthroughs. Our inventions have improved daily life for hundreds of millions of people all over the world. With \$30 billion in sales, our 90,000 employees connect with customers all around the world. Scientists, researchers and marketers work across countries and across subjects to solve challenges big and small.



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