

POLICY AND PROCEDURE

INFECTION CONTROL

7008

INFECTION CONTROL AND HANDLING INFECTIOUS WASTE

Patients and staff in the ambulatory setting have risks for the development of various infections. Many of these infections are preventable through standard infection prevention and control measures.

Use of Universal Precautions:

Universal precautions will be used with all patients. This means that all human blood and other potentially infectious materials are to be handled as if they are infectious.

Cleaning, Disinfecting, and Sterilizing Patient Care Equipment:

Soiled reusable patient care equipment items that require sterilization will be placed in the sink in the examination room so there is no chance of confusion with clean instruments. They will be removed to the nursing office prior to another patient entering the examination room. Equipment items will be thoroughly cleaned prior to sterilization in the autoclave.

Soiled reusable patient care equipment items that require disinfecting will be disinfected in the examination or procedure room and returned to the supply area.

The following methods will be used for cleaning patient care equipment:

<i>EQUIPMENT</i>	<i>PROCESSING METHOD</i>	<i>COMMENTS</i>
Alligator forceps	Sterilize	Use disposable, single use
Auricular (ear) specula		Use disposable, single use
Biopsy forceps or punches	Sterilize	Or use disposable, single use
Ear irrigation syringe	Clean with soap & alcohol	Or use disposable, single use
Endocervical curettes	Sterilize	Or use disposable, single use
Forceps used for surgical procedures	Sterilize	
Glucometers	Disinfect in Lab	
Hemostats used for surgical procedures	Sterilize	
Infant scales	Fresh paper for each child; disinfect in between each use	
Laryngoscope blades	Sterilize in Autoclave.	
Mouthpieces for pulmonary function testing	Disinfect in Nursing Room	Or use disposable, single use
Nail clippers	Disinfect in Nursing Room	

Nasal tongs	Disinfect in Nursing Room	
Otoscope handles	Disinfect in Exam room	Use single use tips
Peak flow meters	Disinfect in Nursing Room	Or use disposable, single use
Punch biopsy	Sterilize	Or use disposable
Scalpels	Discard in sharps container	
Scissors for surgical procedures	Sterilize	
Scissors for suture removal	Sterilize	Or use disposable, single use
Staple removers	Sterilize	Or use disposable, single use
Stethoscope	Disinfect in Exam Room	
Surgical instruments/trays	Sterilize	
Suture removal equipment	Sterilize	Or use disposable, single use
Thermometers, electronic	Disinfect in Exam Room	Dispose of tip covers after each patient
Tympanogram tips		use disposable, single use
Vaginal specula	Sterilize	Or use disposable, single use

Spore checks of the autoclave will be performed per manufacturer's instructions and a log maintained.

Personal Protective Equipment (PPE):

Personal Protective Equipment (PPE) is specialized clothing or equipment worn to protect against a hazard. PPE is intended to prevent the spread of microorganisms from patient to caregiver or caregiver to patient.

Gloves are not meant to be a substitute for hand washing, but rather an additional protective measure. Glove will be worn when it can be reasonably anticipated that an employee may have hand contact with blood, other potentially infectious material, mucous membranes, or non-intact skin. Gloves are required for phlebotomy. Gloves do not need to be worn for contact with intact skin or routine care. However, when worn, gloves must be changed between tasks, procedures, and patients. Gloves must not be washed and used again.

Staff must wear face and eye protection is there is a possibility of splashes or sprays of blood or other potentially infectious materials. Goggles, glasses and masks will be used for staff protection when appropriate.

Soiled Linens:

Soiled linen will be collected at the point of use and handled minimally to prevent aerosolization of microorganisms. If linen is contaminated with blood or body fluid, wear barriers during handling of the items.

The soiled linen will be placed in the soiled linen container in the utility room in the medical department to be washed and dried when a sufficient amount for a load is collected. Linens will be washed on-site, folded and put away by BCHC staff.

Hand Hygiene:

Hand washing is a key element for prevention of cross-infection in the healthcare setting. Please refer to the department's "Hand Washing Procedure for details.

Housekeeping:

Risk of infection transmission in primary care offices and clinics is generally considered lower than for hospital patients. However, infection prevention strategies need to be in place for both patient care practices and the environment in order to ensure a low risk of infection for both patients and staff.

- General cleaning of examination, waiting, and rest rooms will be performed daily. Visibly soiled surfaces will be cleaned after each patient.
- Examination tables and baby scales will have clean paper used between each patient. These surfaces will be cleaned daily and when visibly soiled.
- Surfaces in contact with intact skin of the patient or staff member will be cleaned when soiled and on a daily basis.
- Cleaning agents will be EPA approved agents.
- Cleaning should be performed going from the cleanest to the most soiled. Dispensing product from a spray bottle directly on the surface and wiping with a clean cloth is acceptable cleaning practice. If blood or body fluids are being cleaned up, the spill initially should be absorbed with a moistened cloth or paper towel, the area sprayed with cleaner-disinfectant, and then cleaned again with cloth or paper towel.
- For floors, cleaning should start with a clean mop head and fresh bucket of cleaner-disinfectant solution. Used mop heads and buckets of cleaning solution should never be stored overnight or for use at a later time due to the growth potential of microorganisms.
- Carpeting will be vacuumed daily and shampooed when soiled.
- Regulated medical waste and regular trash must be separated for disposal. In the medical department, the lab and procedure room will have two disposal containers, one for trash and one for regulated waste. In the dental department, the operatories will have trash disposal and access to regulated waste container when needed.
- Refrigerators will be clean and well-maintained using these guidelines:
 - Store medications and specimens in separate, labeled refrigerators.
 - Store all medications at the temperatures indicated by the product labels or package inserts.
 - Label the specimen refrigerator with a biohazard label
 - Use a thermometer inside each refrigerator and freezer
 - Monitor and chart temperatures each day the clinic is open. Note on the chart the acceptable temperature range.
 - If the temperature is outside of acceptable range, adjust the thermostat and wait one hour. If the temperature is still outside acceptable range, move the medications to another refrigerator. Consult with drug manufacturing company for how long medications will be safe if outside the acceptable temperature range.
 - Clean and defrost refrigerators quarterly and when soiled or a spill occurs.
 - A full refrigerator will retain a constant temperature better than an empty one. If there is a great deal of extra space in a refrigerator, place containers of water in the refrigerator to help maintain the temperature. Label the containers "Water. Not for drinking. Do not

remove from the refrigerator. The water needs to stay in the refrigerator to help maintain a constant temperature.”

Handling Regulated (Potentially Infectious) Medical Waste:

These procedures apply to all human blood products, body fluids, anatomical waste, contaminated sharps and laboratory waste. The policy will be made available to the haulers of our waste products to the disposal facility and to any agency that is determined by regulation to have responsibility for the disposal or handling of such waste.

- Unless otherwise determined to be inadequate, all regulated medical waste will be contained in red bags for disposal.
- All sharps will be placed in a hard plastic container prior to placement in the red plastic bags.
 - All such containers will have a lid which is either a “screw on” or otherwise securely fastened.
 - Sharps containers will be placed in all examination, treatment and procedures rooms between 52 and 56 inches from the floor to the top of the container. For seated workstations the optimal height is 38 to 42 inches above the floor. They will never be placed on the floor where there is the potential for access by small children.
- After the waste has been generated, it will be placed in such a bag and the bag will be kept in a suitable plastic container until the hauler of such waste removes it from the clinic area.
 - The container will be appropriately labeled as regulated medical waste.
- Contractual arrangements will be made with a commercial waste disposal agency or with the local hospital for regular pick up of regulated medical waste.
- All personnel who handle potentially infectious waste will wear rubber gloves to avoid personal contamination. This includes the drawing of blood, handling and preparation of the same for testing and washing instruments used in procedures where contamination with such waste occurs.
- After waste is discarded and gloves are removed, hands will be thoroughly washed with an antibacterial soap.
- All surfaces that have been exposed to potentially infectious waste, such as exam tables and countertops will be cleaned with a disinfectant cleaner when visibly soiled and at least once a day. In addition, they will also be cleaned with a disinfectant cleaner once a week as part of the regular clinic maintenance schedule.

Communicable Disease Control

Staff Testing for TB

All staff involved with direct patient care at Bullhook Community Health Center, Inc. are required to have a 2 step PPD test within 7 days of employment, in accordance to the current State DPHHS and CDC guidelines; or provide proof of a previous test within the last year and this shall be recorded in his or her personnel records. Any employee who tests positive shall be referred to a provider for further testing and diagnosis. An annual review by the Chief Medical Officer will determine employees who are at high risk to being exposed to TB patients.



CHIEF EXECUTIVE OFFICER

Date: 3-11-19



CHAIR, BOARD OF DIRECTORS

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