

POLICY & PROCEDURE



TITLE: Infection Control Plan				
Scope/Purpose: To identify risks of infections and implement policies and processes to minimize or eliminate the spread of infectious diseases among patients, employees, visitors, and volunteers.				
Division/Department: All HealthPoint Clinics			Policy/Procedure #:	
Original Date: June 2014			_X_ New ___ Replacement for:	
Date Reviewed:	Date Revised:	Implementation:	CPIC Approved:	Board Approved:
	June 30, 2014		07/10/14	
Responsible Party: Director of Compliance/QA; Safety Officer				

DEFINITIONS:

Standard Precautions - the minimum infection prevention activities that should be applied to all patient care, regardless of infection status of patient, provider, or employee.

Personal Protective Equipment (PPE) - equipment worn to protect providers from exposure to or contact with infectious agents.

POLICY:

All HealthPoint employees shall follow Infection Control Plan to reduce risk to employees, patients, visitors and volunteers.

The Infection Control Plan is an overarching, conceptual framework that guides the development of a proactive program for infection control initiatives and activities. The plan is operationalized through a formal, written infection control program.

The plan promotes evidence-based practices for infection control to promote a safe and healthy environment for patients to receive care, providers to practice medicine and for employees to work.

PROCEDURE:

I. STANDARD PRECAUTIONS FOR OUTPATIENT CARE

These standards are designed to prevent the spread of infection through patient, provider and employee populations.

A. Hand Hygiene

Proper hand hygiene is crucial to preventing the spread of infectious diseases in outpatient care. Alcohol-based hand rub (ABHR) should be the primary mode of hand hygiene in healthcare settings because of its protective nature against a broad spectrum of epidemiologically important pathogens. Also,

when compared to soap and water, ABHR can increase compliance with recommended hand hygiene practices because it requires less time, irritates skin/ hands less, and allows for hand hygiene practices at patient's bedside. Soap and water should be utilized if hands are visibly soiled, visible blood or other bodily fluids, and after providing care to patients with known or suspected infectious diarrhea.

Hand hygiene should be performed:

- Before touching a patient, even if gloves will be worn
- Before leaving the patient's care area after touching the patient or the patient's immediate environment
- After contact with blood, bodily fluids or excretions, or wound dressings
- Prior to performing an aseptic task, such as preparing an injections site or assisting with a procedure
- If hands will be moving from a contaminated-body site to a clean-body site during patient care
- After glove removal
- After using the toilet
- After blowing their nose
- After covering a sneeze or cough
- Before eating, drinking, or handling food

B. Personal Protective Equipment (PPE)

Employees must wear PPE based on the nature of care, patient interaction and potential for exposure to blood, bodily fluid and infectious agents. PPE includes gloves, gowns, face masks, goggles and face shields. *Hand hygiene is always the final step after removing and disposing of PPE.*

C. Injection Safety

Injection safety includes all activities designed to prevent infectious disease transmission between patients or between patient and provider during preparation and administration of parenteral medications. All providers should adhere to the following injection safety guidelines:

- Aseptic techniques should be used when administering medications.
- The access diaphragms of medication vials should be cleansed with 70% alcohol before inserting a device into the vial.
- The same syringe should never be used to administer medication to multiple patients – even if the needle is changed or the injection is administered through an intervening length of intravenous tubing.

- Syringes should not be reused to enter a medication vial or solution.
- Needles with safety devices should be used for collection of blood specimens and injections.
- Multi-dose vials should be used on a single patient when possible. When not possible, vials should be stored in centralized medication area and should not enter a patient's immediate patient treatment area.
- Used syringes and needles should be disposed of at the point of use in a sharps container that is closable, puncture-resistant, and leak-proof.

D. Environmental Cleaning

An outpatient care should be provided in a clean, disinfected environment to prevent spread of infectious disease. Routine cleaning and disinfection should be performed on all environment surfaces and devices, with an emphasis on those surfaces and devices in proximity to the patient or those that are frequently touched.

Cleaning refers to the removal of visible soil and organic contamination from devices and off of all environmental surfaces using the physical action of scrubbing with a surfactant or detergent and water, or an energy-based process with appropriate chemical agents.

Disinfection is a process of microbial inactivation that eliminates virtually all recognized pathogenic microorganisms but not necessarily all microbial forms, like bacterial spores. Cleaning must always precede disinfection.

Clinics staff complete appropriate cleaning and decontamination of spills or blood or other potentially infectious materials based on disinfection/cleaning solution usage guidelines.

E. Medical Equipment

All medical equipment should be labeled by the manufacturer as either reusable or as single-use. Staff will follow the manufacturer's instructions for appropriate cleaning, disinfection/sterilization and maintenance of reusable equipment to decrease risk of patient-to-patient transfer of infectious diseases.

High usage equipment such as refrigerators/freezers and centrifuges may require more frequent cleaning and disinfection. This process must be completed immediately after any breakage or spill of specimens.

Staff should be wearing appropriate PPE when handling and reprocessing contaminated patient equipment.

F. RESPIRATORY HYGIENE / COUGH ETIQUETTE

Respiratory hygiene/ cough etiquette is crucial for the prevention of infectious disease and highlights the need for prompt implementation at the first point of encounter with the facility, reception and triage area. This strategy is targeted at patients and accompanying family members or friends and applies to any person with signs of illness including cough, congestion, or increased production of respiratory secretions when entering the facility. Respiratory hygiene/ cough etiquette measures recommended include:

- Post signs at front desk to instruct patients/visitors to cover their mouth/nose when coughing or sneezing, use and dispose of tissues, and to perform hand hygiene after hands have been in contact with respiratory secretions
- Provide tissues and no-touch receptacles for tissue disposal
- Provide all necessary products for hand hygiene in or near waiting areas
- Offer masks to coughing patients and other symptomatic persons upon entry
- Provide space and encourage symptomatic patients to sit as far away from others as possible.

II. REPORTING COMMUNICABLE DISEASES

Diseases listed on the ‘Notifiable Conditions List’ should be reported to the Texas Department of State Health Services (DSHS), local or regional health department in the timeframe outlined on the List. Any outbreaks, exotic diseases, and unusual group expressions of diseases must be reported in addition to the conditions on the List.

In general, cases or suspected cases of illness considered as public health emergencies, outbreaks, exotic diseases, and unusual group expressions of disease must be reported to the local health department or DSHS immediately. Other diseases for which there must be a quick public health response must be reported within one working day. All other conditions must be reported to the local health department or DSHS within one week.

Reporting may be done via fax, mail, or phone – as dictated by designated disease reporting timeframe as designated on the DSHS Notifiable Condition List. All reports of communicable diseases should include name, age, sex, race/ethnicity, date of birth, address, telephone number, disease, date of onset, method of diagnosis, and name, address, and telephone number of physician. A copy of the reporting form should be maintained in clinical records.

The Initial Provider Disease Report should be used to report most cases and is designed to report one case at a time.

The Confidential Disease Report is to be used when reporting multiple cases at the same time.

Specialized reporting forms are used for contaminated sharps injury, varicella (chickenpox), and Vancomycin-intermediate Staphylococcus aureus (VISA) / Vancomycin-resistant Staphylococcus aureus (VRSA) reports.

III. EMPLOYEE HEALTH

Employee health and vaccinations are crucial to preventing infectious disease transmission to other employees, providers or patients. HealthPoint employees are offered Tuberculosis Test, Hepatitis B Vaccine and Influenza Vaccine. (Refer to Infection Control – Employee Health Policy.)

Employees who have exudative lesions/weeping dermatitis or open sores should cover wounds, if possible, and refrain from direct patient care until the condition is resolved. Employees having a temperature or other symptoms of an infectious condition should not come to work in order to avoid exposing patients and other employees.

Employees are not to eat, drink or apply make-up/lip balm in a patient care or laboratory area.

IV. HAZARDOUS MATERIALS

Proper treatment, handling, and disposal of regulated medical waste generated in the facility are integral parts of infectious disease control. Regulated medical waste can be defined as:

- Blood Products — includes all human blood, serum, plasma, and other blood components of 100 ml or more in volume.
- Microbiological Waste — includes cultures and stocks of infectious agents and associated biologicals; cultures of specimens from laboratories; disposable culture dishes; and disposable devices used to transfer, inoculate, and mix cultures.
- Pathological Waste — includes, but is not limited to, human materials removed during biopsy, laboratory specimens of blood and tissue after completion of laboratory examination or procedures.
- Sharps — includes all hypodermic needles; hypodermic syringes with needles attached; lancets; scalpel blades; suture needles; razor blades and disposable razors; pipettes; and glass tubes, and microscope slides used in medical procedures.

Sharps are to be disposed of in appropriate containers, which shall be puncture-resistant, closable, leak-proof on sides and bottom, color-coded or labeled clearly with the BIOHAZARD symbol. Clinical personnel, not janitorial staff, shall manage the proper disposal of sharps and other regulated medical waste.

Collection and disposal of all other regulated medical waste must include:

- Receptacles designated for special waste should be set up in the clinics, readily accessible for staff use.
- The BIOHAZARD label must be predominantly fluorescent orange or orange-red with letters or symbols in a contrasting color. A red bag or container may be substituted for labels.
- Containers must be closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- If outside contamination of the regulated waste container occurs, it shall be placed in a second container which meets the same specifications as the first.
- For waste treated off-site: a written receipt must be obtained from the registered transporter for the shipment and the receipts must be kept on file for at least three years after the date of shipment.

V. AUTOCLAVE

An autoclave is a sterilizer that uses steam for its microbicidal process. Clinic autoclaves will be monitored to determine that they are functioning properly – i.e. achieving temperatures to ensure sterilization.

Critical items are objects that enter sterile tissue or the vascular system (surgical instruments) and must be sterilized in the autoclave before use. Reusable instruments shall be wrapped for autoclaving and use manufacturer recommendations for temperature and time.

Noncritical items that come into contact with intact skin but not mucous membrane (like a blood pressure cuff) require low- or intermediate-level disinfection and do not necessarily need to be autoclaved.

RELATED POLICY:

Infection Control – Employee Health

Reporting Communicable Diseases

Bloodborne Pathogens and Needlesticks (includes post exposure management)

REFERENCES:

www.osha.gov

DSHS Infection Control Plan

CDC Guide to Infection Prevention

REQUIRED BY:

Department of State Health Services (DSHS)

Occupational Safety & Health Administration (OSHA)

ATTACHMENTS/ENCLOSURES:

DSHS Notifiable Conditions List

DSHS Initial Provider Disease Report

DSHS Confidential Disease Report

DSHS Contaminated Sharps Injury Reporting Forms

DSHS Varicella (Chickenpox) Reporting Forms

DSHS VISA/VRSA Reporting Forms

POLICY/PROCEDURE TRACKING FORM

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Original Date: June 30, 2014			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement for:	
Date Reviewed:	Date Revised:	Implementation:	CPIC Approved:	Board Approved:
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