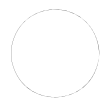


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Infection Control:

What To Do & How to Do It



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OBJECTIVES

Part I: #23808

**Why Audiologists
need to care**

Part II: #23909

**What do we need
to do?**

- **Written Requirements**
- **Work Practice Controls**
- **Selecting Products**
- **Putting it All Together**

WRITTEN INFECTION CONTROL PLAN

REQUIREMENTS

1. Employee Exposure Classification
2. Hepatitis B (HBV) Vaccination Plan
3. Plan for Annual Training & Records
4. Plan for Accidents & Accidental Exposure Follow-up
5. Implementation Protocols
6. Post Exposure Plans & Records

WRITTEN INFECTION CONTROL PLAN

REQUIREMENTS

1. Employee Exposure Classification

EXPOSURE TO BLOOD & BODILY FLUIDS:

1

Primary job responsibility
Intraop monitoring, post
surgical audiological
assessments

2

Secondary job responsibility
Handling HI/EMI, cerumen
management

3

No part of job responsibility
Administration, front office
staff

WRITTEN INFECTION CONTROL PLAN

REQUIREMENTS

1. Employee Exposure Classification
2. Hepatitis B (HBV) Vaccination Plan

EXPOSURE TO BLOOD & BODILY FLUIDS:

1

Primary job responsibility
Intraop monitoring, post
surgical audiological
assessments

2

Secondary job responsibility
Handling HI/EMI, cerumen
management

Employer to provide HBV
vaccination free of charge

WRITTEN INFECTION CONTROL PLAN

REQUIREMENTS

1. Employee Exposure Classification
2. Hepatitis B (HBV) Vaccination Plan
3. Plan for Annual Training & Records

WITHIN 90 DAYS OF INITIAL HIRE	ANNUALLY
WITHIN 90 DAYS OF REASSIGNMENT	WHEN NEW OR UPDATED PROCEDURES IMPLEMENTED

WRITTEN INFECTION CONTROL PLAN

REQUIREMENTS

1. Employee Exposure Classification
2. Hepatitis B (HBV) Vaccination Plan
3. Plan for Annual Training & Records
4. Plan for Accidents & Accidental Exposure Follow-up



**KNOW
WHAT TO DO**

WRITTEN INFECTION CONTROL PLAN

REQUIREMENTS

1. Employee Exposure Classification
2. Hepatitis B (HBV) Vaccination Plan
3. Plan for Annual Training & Records
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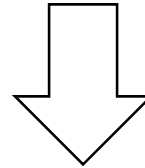
**Follow Up
Follow Up
Follow Up**

WRITTEN INFECTION CONTROL PLAN

REQUIREMENTS

1. Employee Exposure Classification
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3. Plan for Annual Training & Records
4. Plan for Accidents & Accidental Exposure Follow-up
- 5.
6. Post Exposure Plans & Records

CLINIC SPECIFIC



Implementation Protocols

Assess
Scope of
Practice

Work
Practice
Controls

Standard
Precautions

What services do you provide?

**Profession specific procedures
designed to minimize spread of
disease**

**Guidelines designed to
minimize spread of disease**

Standard Precautions

- Appropriate personal barriers (gloves, masks, eye protection, gowns) must be worn when performing procedures that may expose you to infectious agents
- Hand hygiene must be performed before and after every patient contact and after glove removal
- Touch and splash surfaces must be pre-cleaned and disinfected
- Critical instruments must be sterilized
- Infectious waste must be disposed of appropriately

PERSONAL BARRIERS

- **GLOVES**
- **PROTECTIVE EYEWEAR**
- **DISPOSABLE MASKS**
- **LAB COAT or APRON**

Hand Hygiene

- **PATIENT APPTS**
- **BETWEEN DIRTY VS CLEAN ACTIVITIES**
- **AFTER MEMBER CONTACT**

BEFORE
PATIENT
APPT

AFTER
PATIENT
APPT

IMMEDIATELY
AFTER GLOVE
REMOVAL

DURING
PATIENT
APPT



TOUCH SURFACE:

area that comes in potential direct or indirect contact with hands



SPLASH SURFACE:

area that may be hit with blood or other body secretions from potentially contaminated source

TERMINOLOGY

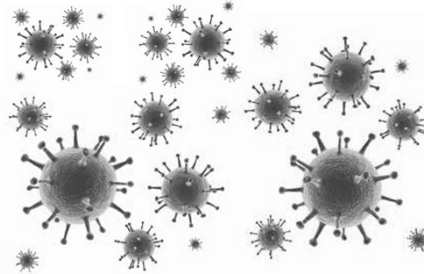
CLEAN

- Remove gross contamination
- Germs not necessarily killed
- Important precursor to disinfecting & sterilizing



DISINFECT

- Process whereby germs killed
- Spectrum of kill depends
- Performed on touch & splash surfaces or on patient's items that are not transferable to others



Clean & Disinfect

- TOUCH & SPLASH SURFACES



- OTHER NON-CRITICAL RE-USABLE ITEMS



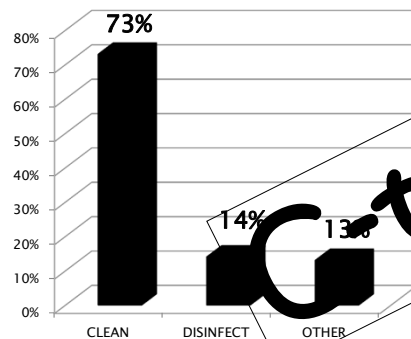
Clean & Disinfect

- **HOSPITAL GRADE DISINFECTANTS** (FDA REGISTERED, KILL SHEETS)
- **OTHER DISINFECTANTS & CLEANERS**

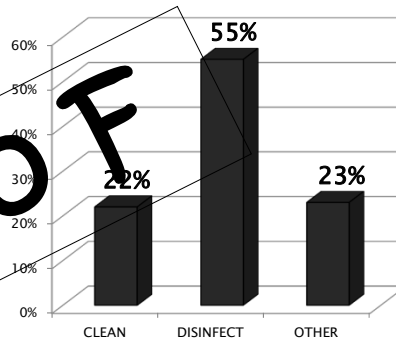


CLEAN vs DISINFECT

define CLEAN as:



define DISINFECT as:

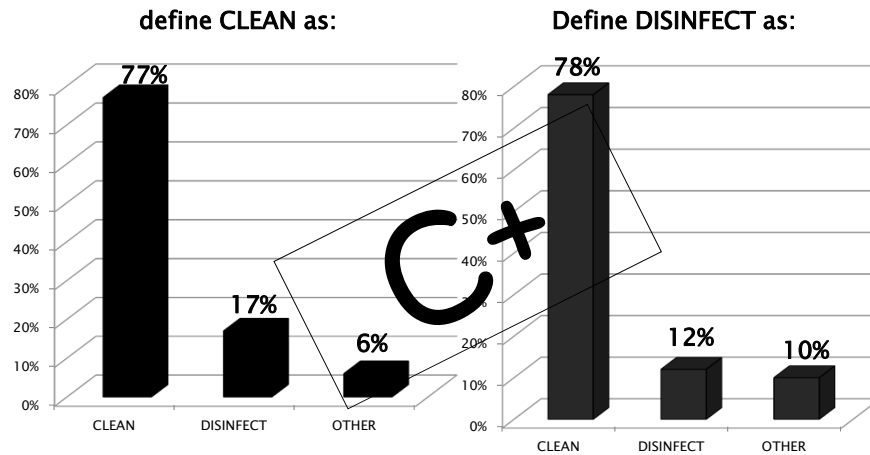


Amlani (1999):

Are you aware of distinction between the terms clean, disinfect, sterilize?

74% = YES

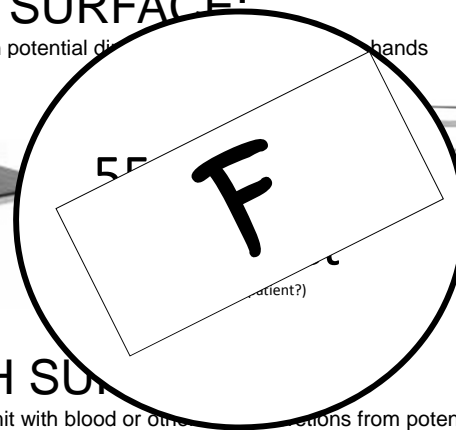
CLEAN vs DISINFECT



Burco (2008):
Identify the terms clean, disinfect, sterilize...

TOUCH SURFACE:

area that comes in potential direct contact with hands



SPLASH SURFACE:

area that may be hit with blood or other body fluids from potentially contaminated source

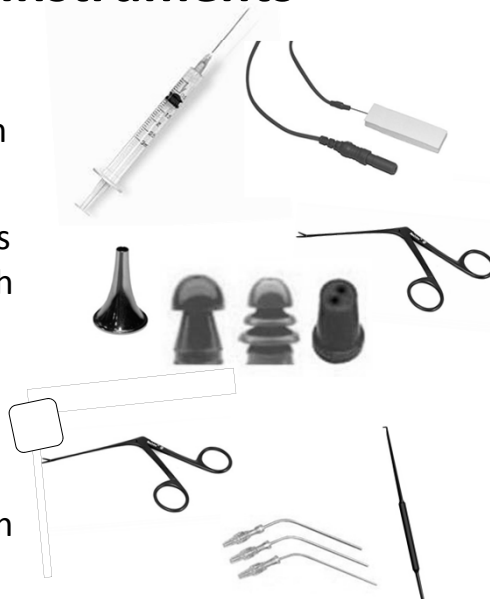
Burco, 2008

Standard Precautions

- Appropriate personal barriers (gloves, masks, eye protection, gowns) must be worn when performing procedures that may expose you to infectious agents
- Hand hygiene must be performed before and after every patient contact and after glove removal
- Touch and splash surfaces must be pre-cleaned and disinfected
- Critical instruments must be sterilized
- Infectious waste must be disposed of appropriately

Critical Instruments

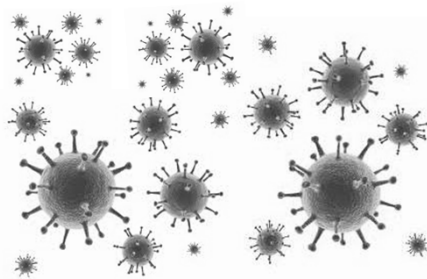
- Instruments introduced directly into bloodstream
- Non-invasive instruments that come in contact with mucous membranes or bodily substances
- Instruments that can potentially penetrate skin from use or misuse



TERMINOLOGY

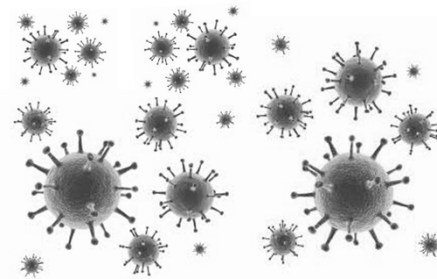
DISINFECT

- Process whereby germs killed
- Spectrum of kill depends
- Performed on touch & splash surfaces or on patient's items that are not transferable to others



STERILIZE

- Process whereby ALL germs killed
- Specific product requirements
- Performed on all reusable critical instruments intended for reuse with other patients



- Cold sterilization



**CLEAN &
STERILIZE**

- Ingredients

Glutaraldehyde
solutions
(≥2%)

Hydrogen
Peroxide
(≥7.5%)

- Soak Time

10 hour
soak

6 hour
soak

- Use/Reuse

28 days

21 days

COLD STERILANT SOLUTIONS

Wavicide

- Glutaraldehyde solution (2.5%)
- Gallon or quart size
- 10 hour soak time
- 28 day reuse



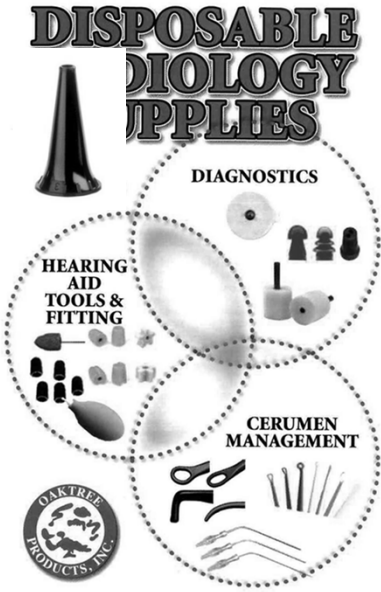
Sporox

- Hydrogen Peroxide solution (7.5%)
- Gallon
- 6 hour soak time
- 21 day reuse



Material Safety Data Sheet (MSDS)

- Document that outlines hazards associated with chemical products
 - Chemical composition
 - Physical & chemical characteristics
 - Acute & chronic health effects
 - Exposure limits
 - Precautionary measures, first aid consideration
- Not necessarily included in packaging
- OSHA requires MSDSs




- One time, one time use only
- Thrown out after use
- No need to clean, disinfect or sterilize
- Eliminates potential infection control errors

Infectious wastes

- Sharp instruments



- Contaminated waste



Hearing Aid Listening Check Work Practice Control Procedure

Personal
Barriers

- Accept hearing instrument w/disinfectant towelette
- Clean & disinfect hearing aid
- Discard used towelette in trash

Clean
&
Disinfect

- Attach hearing aid to listening bell of stethoscope
- After listening check, clean & disinfect listening bell and both ear pieces

Infectious
Waste

- Return stethoscope to appropriate resting location
- Discard used towelette in trash

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