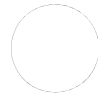


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<h2>Infection Control: What to Do and How to Do It</h2> <p>Presenter: A.U. Bankaitis, PhD, FAAA Vice President of Oaktree Products, Inc</p> <p>Moderator: Carolyn Smaka, AuD, Editor in Chief, AudiologyOnline</p>	

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<ul style="list-style-type: none">• Technical Assistance: 800-753-2160• CEU Total Access members can earn credit for this course<ul style="list-style-type: none">○ Must complete outcome measure with passing score (within 7 days for live webinar; within 30 days of registration for recorded/text/podcast formats)• Questions? Call 800-753-2160 or use Contact link on AudiologyOnline.com	



Infection Control:

What To Do & How to Do It



A.U. Bankaitis, PhD, FAAA

Vice President

Oaktree Products, Inc.

St. Louis, MO

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
4. Plan for Accidents & Accidental Exposure Follow-up
5. Implementation Protocols
6. Post Exposure Plans & Records



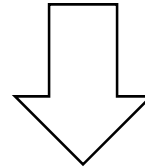
Follow Up
Follow Up
Follow Up

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.
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

IMMEDIATELY
AFTER GLOVE
REMOVAL

AFTER
PATIENT
APPT

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

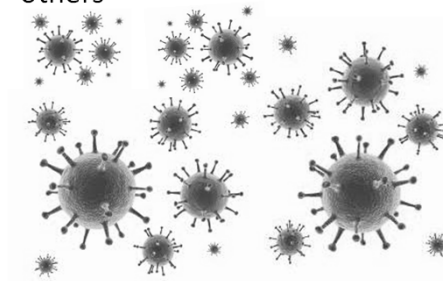
CLEAN

- 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



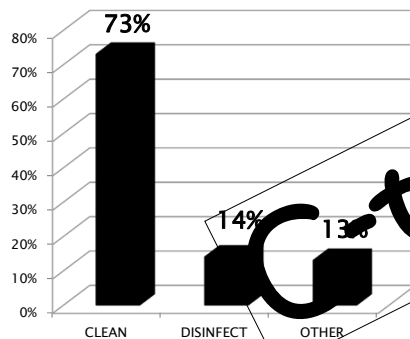
Clean & Disinfect

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

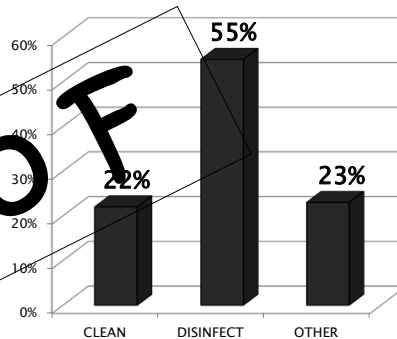


CLEAN vs DISINFECT

define CLEAN as:



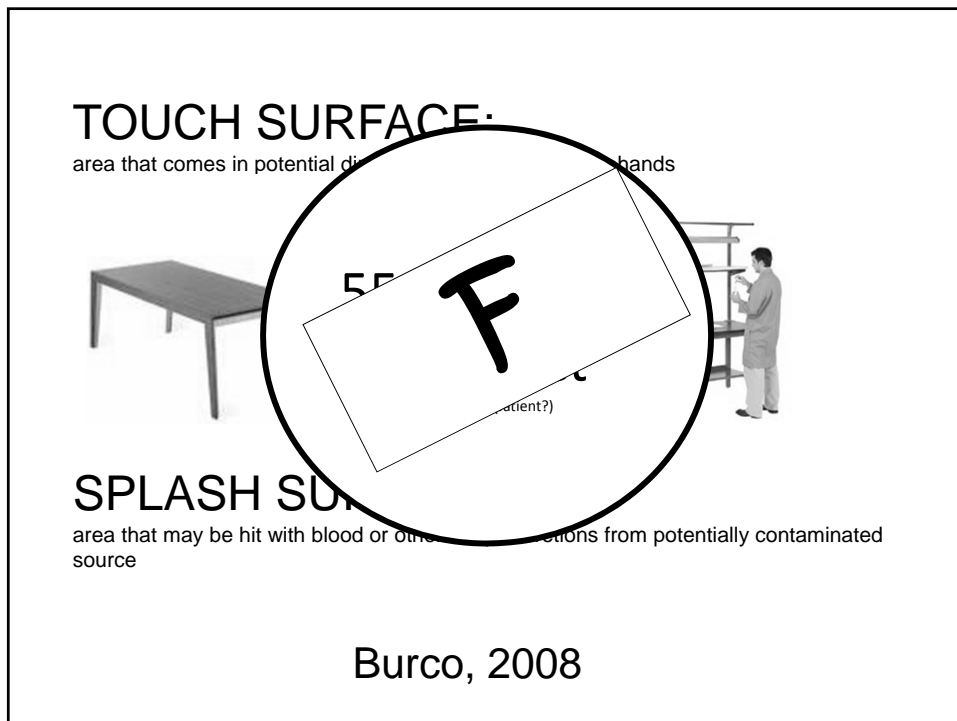
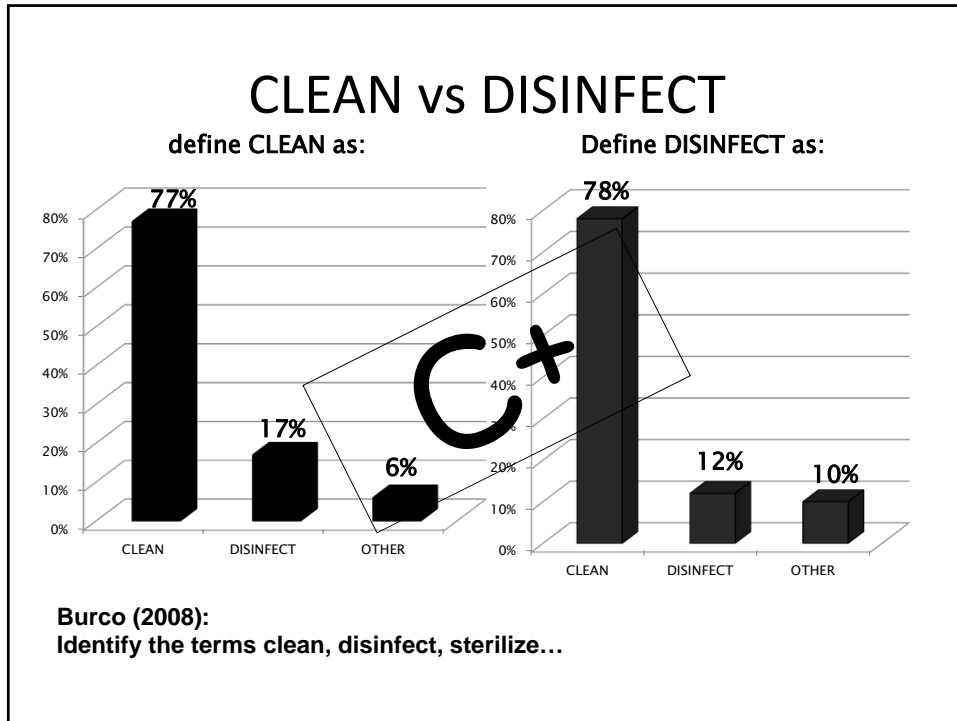
define DISINFECT as:



Amlani (1999):

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

74% = YES

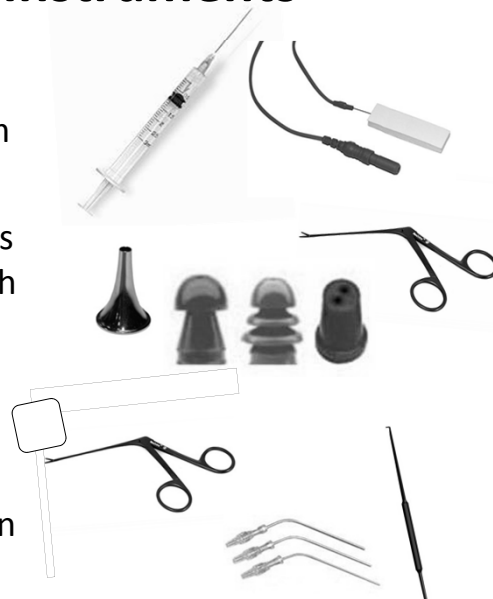


Standard Precautions

- 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

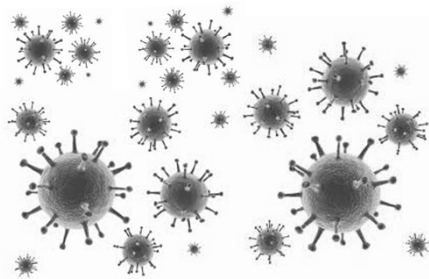
- Instruments introduced directly into bloodstream
- Non-invasive instruments that come in contact with mucous membranes or bodily substances
- Instruments that can potentially penetrate skin from use or misuse



TERMINOLOGY

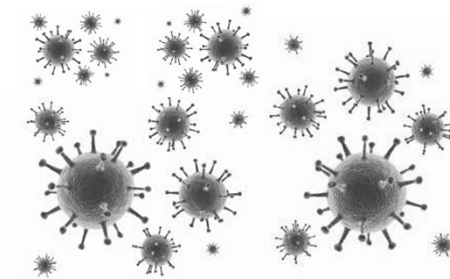
DISINFECT

- 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



- 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

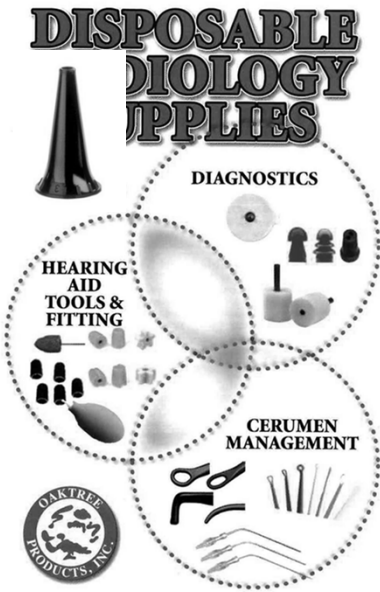
- Hydrogen Peroxide solution (7.5%)
- Gallon
- 6 hour soak time
- 21 day reuse



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

DISPOSABLE OTOLOGY APPLIES



The advertisement features three overlapping circles containing different types of otology tools. The top circle is labeled 'DIAGNOSTICS' and contains a tuning fork, a reflex hammer, and a malleus. The middle circle is labeled 'HEARING AID TOOLS & FITTING' and contains various hearing aid components like domes, coils, and a hearing aid. The bottom circle is labeled 'CERUMEN MANAGEMENT' and contains ear picks, ear wax removers, and ear syringes. A logo for 'OAK TREE PRODUCTS, INC.' is located at the bottom left of the advertisement.

- 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



The image shows a biohazard sharps container, a scalpel, a razor blade, a syringe, and other contaminated tools. The sharps container is a black plastic bin with a biohazard symbol and the text 'INFECTIOUS WASTE' and 'BIOHAZARD'. The scalpel is a surgical instrument with a handle and a blade. The razor blade is a standard safety razor blade. The syringe is a plastic syringe with a needle. The other tools include a pair of ear picks and a pair of ear wax removers.

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

A.U. Bankaitis, PhD, FAAA
Oaktree Products

800.347.1960

www.oaktreeproducts.com

au@oaktreeproducts.com

<https://twitter.com/aubankaitis>