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## Understanding the Components of a Written Infection Control Plan

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# Understanding the Written Infection Control Plan

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**St. Louis, MO**

## CDC's Response to HIV/AIDS

**1983**

- CDC Guideline for Isolation Precautions in Hospitals

**1985**

- CDC expanded blood & bodily fluid precautions to prevent HIV transmission

**1987**

- All blood treated as if infected with HIV

UNIVERSAL  
PRECAUTIONS

BODY  
SUBSTANCE  
ISOLATION

**1991**

- Two-tiers of precautions

STANDARD  
PRECAUTIONS

TRANSMISSION  
BASED

## What Do We Need to Do?

**Control Mode and      Written Infection  
Route of Microbes      Control Plan for Clinic**



## 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

### 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

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### EXPOSURE TO BLOOD & BODILY FLUIDS:

**1**

Primary job responsibility

**2**

Secondary job responsibility

**Employer to provide HBV vaccination free of charge**

## WRITTEN INFECTION CONTROL PLAN

### REQUIREMENTS

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|                                         |                                                     |
|-----------------------------------------|-----------------------------------------------------|
| WITHIN<br>90 DAYS<br>OF INITIAL<br>HIRE | ANNUALLY                                            |
| WITHIN<br>90 DAYS OF<br>REASSIGNMENT    | WHEN NEW<br>OR UPDATED<br>PROCEDURES<br>IMPLEMENTED |

## WRITTEN INFECTION CONTROL PLAN

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### Occupational Exposures

1. Percutaneous injury

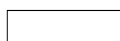


2. Contact of mucous membrane or non-intact skin with blood, tissue, or other body fluids



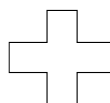
## What HIV Results Mean

### • Negative Test Result



- Seroconversion takes 2 weeks – 6 months
- Retest in 3 months

### • Positive Test Result



- Confirmatory test (Western Blot test)
- Postexposure Prophylaxis Regimen

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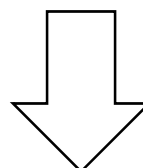


## WRITTEN INFECTION CONTROL PLAN

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### CLINIC SPECIFIC



- Work Practice Controls
- Standard Precautions
- Appropriate Products

## Creating Work Practice Control

- Appropriate personal barriers 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

PERSONAL  
BARRIERS

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



OPEN or  
VISIBLE  
WOUNDS

HANDLING  
CONTAMINATED  
OBJECTS



## Hand Hygiene

HAND  
HYGIENE

- Liquid, medical grade soap & water
- No-rinse hand degermers



## 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



CLEAN &  
DISINFECT

## SPLASH SURFACE:

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

## TERMINOLOGY

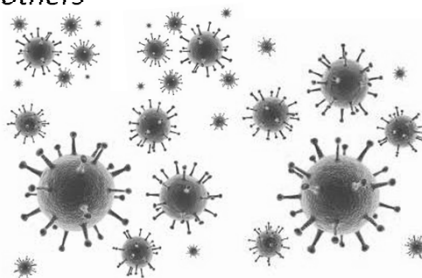
### CLEAN

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



### DISINFECT

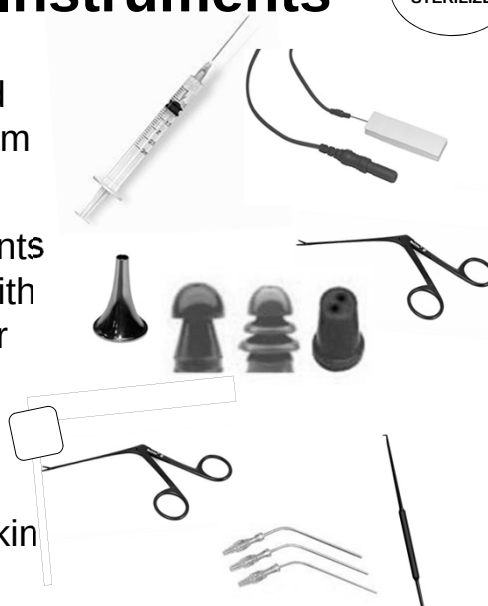
- Process whereby germs killed
- Spectrum of kill depends
- Performed on touch & splash surfaces or on patient's items that are not transferable to others



## Critical Instruments

CLEAN &  
STERILIZE

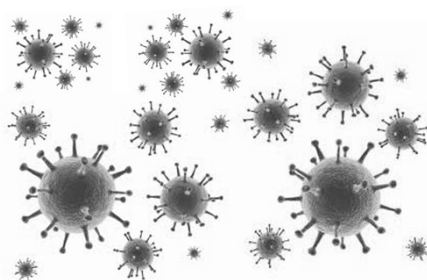
- Instruments introduced directly into bloodstream
- Non-invasive instruments that come in contact with mucous membranes or bodily substances
- Instruments that can potentially penetrate skin from use or misuse



## TERMINOLOGY

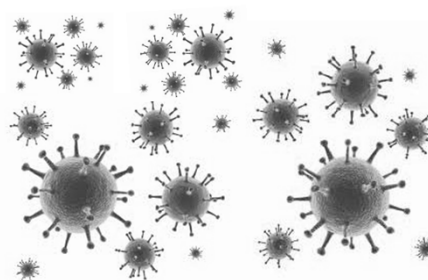
### DISINFECT

- 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  
( $\geq 2\%$ )

Hydrogen  
Peroxide  
( $\geq 7.5\%$ )

- Soak Time

10 hour  
soak

6 hour  
soak

- Use/Reuse

28 days

21 days

## Infectious wastes

**INFECTIOUS  
WASTE**

- Sharp  
instruments



- Contaminated  
waste



## **OTOSCOPY** example one

Personal  
Barriers

Infectious  
Waste

- **Attach new disposable speculum to otoscope**
- **Perform otoscopy**
- **Remove speculum using gauze/tissue**
- **Dispose speculum in trash**
- **Return otoscope to resting location**

## **OTOSCOPY** example two

Personal  
Barriers

Sterilize

- **Attach new disposable speculum to otoscope**
- **Perform otoscopy**
- **Remove speculum using gauze/tissue**
- **Place speculum in tray for later sterilization prior to reuse**
- **Return otoscope to resting location**

## **Take home messages**

- Infection control is a required element
- Create written plan, including work practice control
- Use standard precautions as your guide
- Select product
- Implement
- Rely on resources

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