

Infection Control and Prevention Programs Make Safety Contagious

Transmission of viral and bacterial pathogens is an ever-present safety risk for healthcare providers. To help you protect patients and staff members against this hazard, this article delineates some of the basic principles of a sound infection control and prevention (ICP) program. In addition to these general principles, your ICP program should reflect the range of procedures performed and healthcare specialists present at your facility. Other organization-specific risk factors to be considered include patient case mix, nursing care and allied healthcare support.

For a more comprehensive overview of standards and recommendations, you can access the government and professional association resources listed on page 2.

Standard Precautions

Major sources of outpatient infection include failure to adhere to standard disease precautions, cross-contamination during examinations, use of contaminated instruments and injectable agents, and ineffective waste management and environmental practices. To improve staff vigilance, as well as patient and employee safety, ensure that your facility's written policies governing ICP are drafted clearly, updated annually and created with maximum staff input. All personnel should receive and review information regarding these policies during orientation and at regular intervals thereafter.

Hand hygiene should be performed before and after contact with patients, bodily fluids and soiled materials; after removing gloves and using the restroom; and whenever hands are visibly soiled. Hand-washing methods can range from scrubbing with plain or antimicrobial soap under running water to the use of alcohol-based hand sanitizers and manicure sticks, depending upon the task to be performed. By locating hand sanitizer stations in or near treatment rooms, you can help enhance staff compliance.

Non-sterile examination gloves made of powder-free latex, vinyl or nitrile should be available for use by all staff members. Gloves

are required whenever there is a reasonable chance of contact with blood, bodily fluids, secretions or excretions, or with any items contaminated by these fluids. Instruct staff to wash hands after removing their gloves.



Gowns or plastic aprons are necessary whenever staff clothing is likely to be soiled by secretions, excretions, blood or bodily fluids.

Masks, face shields and protective eyewear should be worn if there is any possibility of splashing of bodily fluids. The Occupational Safety and Health Administration (OSHA) and the National Institute for Occupational Safety and Health require the use of N-95 or equivalent respirators when caring for patients with airborne contagious agents. Ensure that your educational programs review the parameters for proper fitting of masks.

Respiratory etiquette applies when patients with a communicable disease enter your facility. It consists of signage, provision of tissues and waste containers, instructions on how to cough and sneeze, and use of surgical masks, if needed. For posters, flyers and a variety of related educational materials, visit the Seasonal Flu Web site of the Centers for Disease Control and Prevention (CDC) at <http://www.cdc.gov/flu/protect/covercough.htm>.

Antiseptic skin and environmental surface treatment can reduce the spread of microbes. Skin preparation agents include isopropyl alcohol, chlorhexidine gluconate, iodine and iodophors. Contaminated surfaces should be cleaned with a detergent and followed by an

application of a freshly prepared bleach solution.

Impermeable sharps must be handled in accordance with state and local regulations. Containers for used sharps should be placed in clinical areas, and written disposal policies that meet regulatory standards should be implemented. In addition, ensure that your facility's needle-stick injury program complies with OSHA reporting requirements.

Modes of Transmission

You can enhance the efficacy of standard precautions by teaching employees about the primary routes of bacterial and viral transmission: direct/indirect contact, droplet and airborne. The following measures cover contact with blood, urine, stool and respiratory tract secretions, as well as contaminated hands and objects.

Contact precautions against antimicrobial-resistant organisms, infectious drainage and intestinal infections include equipment and surface disinfection, hand hygiene, and the wearing of gloves, face masks and gowns (if soiling is likely).

Droplet precautions against colds and influenza, pertussis, respiratory virus and SARS include equipment and surface disinfection, eye protection, hand hygiene, respiratory etiquette and face masks.

Airborne precautions against chicken pox, measles and tuberculosis (TB) include hand hygiene and use of N-95 or equivalent respirators (if TB bacteria are suspected or confirmed, and for staff members who are not immune to chicken pox or measles).

Require administrators to review OSHA guidelines relating to blood-borne infectious diseases – notably hepatitis B, hepatitis C and HIV – on an ongoing basis. In addition, ensure that staff adheres to the basic principles of aseptic technique for the preparation and administration of parenteral medications. (See CNA HealthPro, 2006 ALERT Bulletin Three, "Needle and Syringe Reuse = Infection Risk," available for viewing at www.cna.com)

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Staff response to needle-stick and splash exposures should be prompt, thorough and consistent. Key measures include immediate first aid, baseline serology and thorough incident documentation. It is also necessary to obtain patient consent to test for blood-borne pathogens.

Environmental Infection Control

Effective cleaning and disinfection are at the heart of environmental infection control in all healthcare settings. The CDC's comprehensive volume on the subject, titled "Guidelines for Environmental Infection Control in Health-Care Facilities," is available for downloading at www.cdc.gov/ncidod/dhqp/pdf/guidelines/enviro_guide_03.pdf.

Because effective infection control is critical to patient and healthcare worker safety, only well-trained personnel should be assigned to clean and disinfect exam rooms and care units. You can promote accountability by preparing a checklist that defines both facility standards for infection prevention and the scope of individual staff members' cleaning responsibilities.

Sterilization and Disinfection

In general, equipment that contacts mucous membranes requires high-level disinfection, whereas instruments that penetrate skin or mucosal membranes must be sterilized.

The effectiveness of disinfection depends upon the type and concentration of disinfectant, elapsed contact time and microbial resistance. Sterilization involves the use of an autoclave, dry heat or gas; results are gauged using manual, chemical or biological indicators. Carefully document sterility and store all sterilized or disinfected equipment where it will not become contaminated.

When using reprocessed medical instruments and/or equipment, remember to follow the manufacturer's recommended guidelines, as well as generic regulations. Reprocessed items must be classified as critical, semi-critical or non-critical.

Other Measures

Waste management practices must comply with federal OSHA standards, as well as state and local regulations. Medical waste at your facility may include dressings, needles, sharps and bodily fluid samples. Written policies should define infectious waste and establish safe procedures for separating, labeling, storing and transporting it. Staff should know how to handle potentially dangerous waste, manage spills and respond to inadvertent exposures.

Reporting suspected disease outbreaks to state and local health authorities must be guided by written protocols and comply with applicable rules and regulations in your jurisdiction.

Employee health initiatives should be undertaken to minimize the spread of infection among your staff. Implement measures to ensure that your health program is tracking and documenting vaccinations and tuberculin skin testing, as well as scrupulously managing any staff-acquired disease.

Iatrogenic infection remains a central issue in healthcare risk management. The ideas and suggestions in this article can serve as a starting point in the continuing effort to stay a step ahead of this ever-changing threat to your patients and staff, and to your facility's assets and reputation.

Online Resources:

- Accreditation Association for Ambulatory Health Care (AAAHC), at www.aaahc.org
- American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF), at www.aaaasf.org
- Association for Professionals in Infection Control and Epidemiology, Inc. (APIC), at www.apic.org
- Centers for Disease Control and Prevention (CDC), at www.cdc.gov
- The Joint Commission (JC), at www.jointcommission.org
- The National Institute for Occupational Safety and Health (NIOSH), at www.cdc.gov/niosh
- Occupational Safety & Health Administration (OSHA), at www.osha.gov
- World Health Organization (WHO), at www.who.int/en

Review your insurance needs for the upcoming policy period.

Now is the time to reassess whether your current coverage will meet your plans for the upcoming policy period.

Optional coverages include, but are not limited to:

General Liability Endorsement

- Do you have client or patient visits at your practice location?
- Do you provide services at your patient or client's home?
- Do you rent or lease office space?

If you answered "yes" to any of these questions, you should consider purchasing General Liability insurance protection.

The benefit of having General Liability is that it provides your business with a separate limit of coverage in addition to your professional liability limit and provides you with more protection should you face a lawsuit.

Additional Insured Endorsement

When required by a contractual agreement, this endorsement provides vicarious liability protection for an individual or entity when named along with the business in a covered claim.

If you have any questions regarding how to apply for these optional coverages offered through HPSO or just want additional information, please contact us at 1-888-288-3534.