



training.

“INFECTION CONTROL PROGRAMS IN COMMUNITY HEALTH CENTERS”

Presented By: R.P. Salyk, DDS

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INFECTION CONTROL PROGRAMS IN COMMUNITY HEALTH CENTERS

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Objectives

- Describe the major principles of CHC Infection Control programs.
- Discuss Specific Clinical requirements and procedures in Infection Control (Medical, Lab, Dental, etc.)
- Discuss these concepts and their relationship to external site visits and regulatory agencies

Disclaimers

- Some IC material is black and white, some isn't
- Facts based on any / all available sources
- Opinions based on personal experience, accumulation of reading, multiple site visits, discussions, training.....
- However.....

Infection Control Principles

- Most IC programs start backwards
- IC is a structured process
- IC is individualized to your population and services
- IC must meet applicable regulatory guidelines (JCAHO, NYSDOH, NYCDOH, etc.)
- Must meet JCAHO NPSG's if accredited

Infection Control Principles

- IC should be integrated with Patient Safety, EOC and Quality Improvement (PI)
- Designated trained and qualified individual(s)
- Adequate resources and staff
- Adaptable/Adjustable to changing environment

IC PROGRAM STEPS

- RISK ASSESSMENT (leads to)-
- PRIORITIES FOR YOUR ORGANIZATION (leads to)-
- GOALS (leads to)-
- OBJECTIVES (leads to)-
- SPECIFIC POLICIES, PROCEDURES AND TASKS
- MANY PROGRAMS START AT POLICIES OR TASKS

THE WRITTEN IC PLAN-THE MANUALS

- DOES IC MANUAL CONTAIN EVERYTHING IN PREVIOUS SLIDE?
- DOES IC MANUAL AGREE WITH : LAB, DENTAL, MEDICAL, NURSING, WOMEN'S HEALTH, ADMIN MANUALS?
- AGREEMENT OF MANUAL/KNOWLEDGE OF PERSONNEL/ACTUAL PROCEDURES

Example of Agreement

- RISK ANALYSIS- NEED TO PROTECT EMPLOYEES FROM BLOODBORNE PATHOGENS
- GOAL, OBJECTIVE-NEED FOR EYE PROTECTION, COMPLIANCE WITH OSHA, JCAHO, NYSDOH
- POLICY AND PROCEDURE IN MANUAL(S)-IC, MEDICAL, DENTAL, LAB, NURSING.....
- EYESHIELDS PURCHASED AND AVAILABLE
- EYESHIELDS ACTUALLY WORN
- STAFF KNOW WHEN AND HOW TO USE AND DISINFECT EYESHIELDS

The JCAHO 2006 National Patient Safety Goals

Goal #7: Reduce the risk of health care-acquired infections.

Requirement #7.a.

Comply with current CDC hand hygiene guidelines. (includes use of alcohol gels)

Requirement #7.b.

Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-acquired infection.

JCAHO CONTINUED

- If you are accredited or seeking accreditation:
- IC.6.10
- As part of its emergency management activities, the organization prepares to respond to an influx, or the risk of an influx, of infectious patients.

ROLE OF LEADERSHIP

- IC is an organization-wide issue
- IC is not solely the job of the IC person and committee
- **Leadership** must provide the resources to achieve the goals and objectives they expect from IC
- **Lab, equipment and supplies, qualified staff, adequate staff, education, time.....**

Take Home Messages for a Strong Infection Prevention and Control Program in Any Health Care Setting

- Start With Risk Assessment
- Written Plan – Periodically updated
- Multidisciplinary and collaborative
- Qualified staff
- Overlap with HR, EOC, Facilities
- Integration into Patient Safety and Quality Improvement Programs
- Demonstrate Improvement Using Data ???????
- Emergency Planning Connection
- National Patient Safety Goals for Infection Control

Helpful References

- www.jcaho.org
- www.cdc.gov
- www.apic.org
- www.shea-online.org
- www.idsociety.org

INFECTION CONTROL IN CHC'S

SUGGESTED READINGS

- CDC/MMWR DENTAL INFECTION CONTROL PRACTICES DEC 19,2003
- CDC/MMWR FACILITY INFECTION CONTROL GUIDELINES JUNE 6, 2003
- CDC/MMWR HANDWASHING GUIDELINES OCTOBER 25, 2002
- OSHA REGULATIONS 1910.1030 (ABOUT 20 PAGES-WORTH YOUR WHILE)

SPECIFIC CLINICAL ISSUES THROUGHOUT THE COMMUNITY HEALTH CENTER

THE DETAILS

CHC INFECTION CONTROL DETAILS

INFECTION CONTROL-SPORE TESTING

- WEEKLY
- RESULTS AVAILABLE
- FOLLOW UP OF POSITIVES
- WRITTEN POLICY FOR FOLLOW-UP
- TRY A FAKE POSITIVE?
- MISSING REPORTS?- HOW DO YOU KNOW?
- PROCESS INDICATOR-BACK-UP ONLY

CHC INFECTION CONTROL DETAILS

■ ***INFECTION CONTROL-PERSONAL PROTECTIVE EQUIPMENT (PPE)***

- GLOVES, MASKS, FACESHIELDS
- IN POLICY?
- AVAILABLE?
- WORN?
- CONSISTENCY OF POLICY/REALITY
- LATEX-FREE AVAILABLE? POLICY?
- DISPOSABLE GOWNS?

CHC INFECTION CONTROL DETAILS

■ **INFECTION CONTROL-SHARPS**

- WHO IS RESPONSIBLE?
- NEEDLES, SUTURES, SCALPELS, BURS, FILES
- CONSISTENCY OF POLICY AND REALITY
- SCALPEL BLADE REMOVAL (DISPOSABLES?)
- NO STORAGE ON SHARPS BOX (NOT A SHELF!)
- SHARPS BOX MOUNTED, NOT LOOSE
- RECAPPERS- AVAILABLE? USED?
- EVIDENCE OF LOOKING FOR SAFER SHARPS? (Center-wide)

CHC INFECTION CONTROL DETAILS

INFECTION CONTROL-WASTE

- REGULATED BY STATE, CITY, OSHA, EPA
- RED CAN-NO STORAGE, NOT A SEAT
- SEPARATION-BIOHAZARD/SHARPS/TRASH
- TEETH-BIOHAZARD-AMALGAM? PATIENT TAKES TOOTH?
- LEAD WRAPPERS FROM FILM-HAZARD? PICK-UP?
- FIXER- HAZARD? PICKUP?

CHC INFECTION CONTROL DETAILS

INFECTION CONTROL- INSTRUMENTS

- NO DRYING OF MATERIAL
- MINIMAL HANDLING-ULTRASONIC?
- PPE-NITRIL GLOVES/FACESHIELDS
- SOAKING LIQUID-DETERGENT/WATER/ CIDEX!?!?%&&&
- AVOID HIGH LEVEL DISINFECTANT FOR SOAK
- STORED INSTRUMENTS-DATED?
- 30 DAY? 90 DAY? EVENT RELATED STERILITY?
- MONITOR THE STORAGE DRAWER
- RESTERILIZE- WET, TORN, FALL ON FLOOR

CHC INFECTION CONTROL DETAILS

■ **INSTRUMENTS, CONT'D**

- **SEPARATION OF CLEAN AND DIRTY AREAS**
- **BEST-SEPARATE ROOMS**
- **NEXT BEST-SEPARATE AREAS (SPATIAL SEPARATION) IN SAME ROOM**
- **NEXT NEXT BEST-NEXT TO EACH OTHER BUT WITH DEFINED CLEAN AND DIRTY AREAS-BARRIERS?**

CHC INFECTION CONTROL DETAILS

INFECTION CONTROL- NEEDLESTICKS

- POLICY?
- STAFF AWARE OF POLICY?
- CDC OR NYSDOH OR OTHER?
- CAN WORKER BE ASSESSED QUICKLY?
- CAN WORKER BEGIN MEDICATION QUICKLY?
- FOLLOW UP-TRENDS? IMPROVEMENTS?

CHC INFECTION CONTROL DETAILS

INFECTION CONTROL- EYEWASH

- AVAILABLE AND NEARBY?
- DOES STAFF KNOW WHERE THEY ARE?
- EXPIRATION DATES?
- KEEP CLEAN
- DON'T MOVE THEM!!!!!!!!!!!!!!!!!!!!!!

CHC INFECTION CONTROL DETAILS

INFECTION CONTROL- REFRIGERATORS

- 3 TYPES----FOOD VERSUS STORAGE VERSUS LAB
- TEMPERATURE LOG FOR MEDICATIONS

INFECTION CONTROL-SINKS

- NO STORAGE UNDER SINKS-CHECK OFTEN

CHC INFECTION CONTROL DETAILS

INFECTION CONTROL- HANDWASHING

- POLICY?
- IS STAFF AWARE OF POLICY?
- SOAP VERSUS ALCOHOL RUBS
- CHANGING GLOVES ALONE IS INSUFFICIENT
- IN ORIENTATION?
- IN REVIEW?
- JCAHO NPSG 2007 # 7

CHC INFECTION CONTROL DETAILS

INFECTION CONTROL- TRAINING

- INITIAL
- ANNUAL
- DOCUMENTED?
- BY UNIT OR WHOLE STAFF?
- IS STAFF AWARE? THEY MAY BE QUESTIONED
- USE OF CHECKLISTS
- RANDOM "SITE VISITS" BY STAFF

CHC INFECTION CONTROL DETAILS

TREATMENT VERSUS NON- TREATMENT ROOM (as per OSHA)

- POLICIES FOR EATING/DRINKING
- POLICIES FOR MAKE-UP/CONTACT LENSES
- POLICIES IN MANUAL?
- STAFF AWARE?
- IN ORIENTATION? IN REVIEW? IN REAL LIFE?

CHC INFECTION CONTROL DETAILS

HEPATITIS B VACCINATIONS

- All "exposed" staff OR signed declination
- Need to work with HR
- I'll bet some are missing!

CHC INFECTION CONTROL DETAILS

- PPD/ TB TESTING
- CAN BE CUSTOMIZED TO YOUR AREA
- BASED ON RISK
- OFTEN ANNUALLY
- WORK WITH HR
- I'LL BET YOU ARE MISSING SOME!

CHC INFECTION CONTROL DETAILS

- **COMPETENCIES**
- EMPHASIS ON ASSISTANT COMPETENCIES
- DOCUMENTATION ON FILE?????
- INSTRUMENT PROCESSING/AUTOCLAVE USE
- SPECIFIC FILES ASKED FOR-AN ASST. WHO STERILIZES INSTRUMENTS???????
- GENERAL EMPLOYEE EVALUATION INSUFFICIENT

CHC INFECTION CONTROL DETAILS

- **COMPETENCIES (CONTINUED)**
- INFECTION CONTROL OFFICER/CHAIR
- IS THAT YOU?
- BACKGROUND
- TRAINING
- DOCUMENTATION
- PROFESSIONAL ORGANIZATIONS

CHC INFECTION CONTROL DETAILS

- **INFECTION CONTROL ROUNDS**
- NEVER ASSUME
- SMALL TEAM WITH UNFAMILIAR MEMBERS
- OPEN ALL DOORS
- WRITTEN F/U LIST WITH RESPONSIBLE PERSON
- CHECK ALL F/U
- QUESTION ALL STAFF-FIRE? SAFETY? CODES RED, BLUE, PINK, GREEN, X-RAY POLICIES? IC POLICIES?

UN-ASKED-FOR OPINIONS

- "JCAHO SAYS..." – PROBABLY NOT
- "OSHA SAYS".... – PROBABLY NOT
- THERE ARE AREAS WITHOUT STRICT GUIDELINES AND ANSWERS THAT YOUR ORGANIZATION MUST SOLVE
- YOU MAY DEVELOP YOUR OWN RULES AND GUIDELINES (EXAMPLES....)

INFECTION CONTROL IN CHC'S

QUESTIONS

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