

Office Safety Policy & Procedure Manual

2011

Section C

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Infection Control	
OS-C100	Infection Control
OS-C101	Cold Sterilization
OS-C102	Steam Sterilization
OS-C103	Waste Management

POLICY NUMBER	OS-C100
POLICY TITLE	Infection Control
INITIAL EFFECTIVE DATE	09/98
REVISION EFFECTIVE DATE (S)	
DEPARTMENT	Quality Assessment
ORGANIZATION (S)	CCHP, CCHCA
LINES OF BUSINESS	

Purpose

To prevent transmission of potentially infectious agents by providing a consistent approach to managing body substances from all persons.

Policy

It is the policy to consider any materials that could be potentially contaminated with blood or other human body fluids as infectious and to consider all materials, instruments, environmental surfaces, etc. that could possibly be contaminated with blood or body fluids as infectious and to prevent cross contamination of infection between the following categories of persons: patients and employees, patients and patients, patients and visitors, employees and employees, and employees and visitors by the use of proper infection control techniques, appropriate use of clean/sterile supplies and equipment and providing a safe environment utilizing infection control procedures and precautions.

Procedure

- 1) All personnel who have occupational exposure to blood borne pathogens will be offered HepB vaccine and necessary boosters as per OSHA requirements. Documentation of vaccine status or declination of vaccine will be kept.
- 2) All personnel must wear protective gloves during procedures where contact with potentially contaminated substances is likely.
- 3) All personnel must wear protective masks during procedures when it is likely that mouth or nose may be splashed with potentially contaminated substances.
- 4) All personnel must wear protective eyewear during procedures when it is likely that the eyes may be splashed with potentially contaminated substances.
- 5) All personnel must wear protective cover gowns during procedures when it is likely that clothes will be contaminated with blood or body fluids.
- 6) Hands must be washed when gloves are removed or after any direct or indirect contact with any blood or body substances.
- 7) Potentially contaminated instruments must be handled carefully and while wearing gloves designed to withstand cleaning procedures.

- 8) Instruments, equipment and environmental surfaces must be cleaned in solutions or sterilizers that are appropriate to their level of contamination and that meet appropriate guidelines.
 - a) A critical instrument (has penetrated soft tissue or bone or come in contact with mucous membranes) must be sterilized in a heat or heat pressure sterilizer.
 - b) A touch and splash surface (exposed to the splatter of blood or body fluids or contaminated by treatment personnel) must be carefully disinfected with an intermediate or higher level EPA registered, hospital grade disinfectant. This includes but is not limited to equipment and environmental surfaces.
- 9) Use of appropriate housekeeping techniques to prevent cross contamination.
- 10) Appropriate management of infectious patients with communicable diseases.
- 11) Potentially contaminated waste must be disposed of per Handling of Biohazardous Waste procedure (refer to that policy and procedure).
- 12) A list of job classifications in which employees may have occupational exposure require.
- 13) Needles/sharps should not be place in pockets or left open on unattended surfaces. Sharps Injury Log has been establish and maintained as a record.

Responsibility/Department Linkages

- 1) It is the responsibility of the employer to ensure that all policies and procedures meet with all current and appropriate regulations and recommendations and to provide training and review of all policies and procedures as mandated by OSHA and all other applicable agencies. It is also the employer's responsibility to ensure that all policies and procedures are being followed.
- 2) It is the responsibility of the employee that policies and procedures be reviewed, understood and followed at all times.

QA Assessment Department

POLICY NUMBER	OS-C101
POLICY TITLE	Cold Sterilization
INITIAL EFFECTIVE DATE	10/98
REVISION EFFECTIVE DATE (S)	
DEPARTMENT	Quality Assessment
ORGANIZATION (S)	CCHP, CCHCA
LINES OF BUSINESS	

Purpose

To ensure proper cold sterilization of reusable equipment using chemical disinfectants.

Policy

All non-disposable instruments that are heat sensitive require cold sterilization after use.

Procedure

1. Preparation of Instruments
 - a) The cold sterilization process applies to all heat sensitive instruments which cannot be steam sterilized including but not limited to the following:
 - Non-metal, non-disposable vaginal speculums
 - Scopes with light bulbs, i.e., Gyroscopes
 - b) In order to remove all foreign material, clean instrument with soap and water thoroughly.
 - c) Before immersing instruments in the solution, open all scissors, clamps, etc.
2. Immerse the instrument completely in the solution; all surfaces must be in contact with solution.
3. Prepare solution according to manufacturer’s directions and soak all instruments for the time indicated instructions.
4. Use sterile forceps to remove the equipment from the solution.
5. Rinse with sterile water and place the sterilized equipment on a clean drape or towel.

Responsibility/Department Linkages

Physician(s), nursing and office staff. / QA Assessment Department

POLICY NUMBER	OS-C102
POLICY TITLE	Steam Sterilization
INITIAL EFFECTIVE DATE	10/98
REVISION EFFECTIVE DATE (S)	
DEPARTMENT	Quality Assessment
ORGANIZATION (S)	CCHP, CCHCA
LINES OF BUSINESS	

Purpose

To clean and prepare non-disposable instruments for sterilization.

Policy

It is the policy that all surgical instruments be properly sterilized before use.

Procedure

1. Cleaning:
 - a. Clean instruments thoroughly with soap and water.
 - b. Rinse well and dry.
 - c. Open all clamps, scissors, etc.
2. Wrapping:
 - a. Place all instruments in appropriate covering/wrapping.
 - b. Seal all packages with pressure/temperature sensitive indicator tape.
 - c. Label all packages with expiration date.
3. Loading:
 - a. Load instruments into chamber; do not overload.
 - b. Set temperature of autoclave at 250-260 degrees Fahrenheit. Set timer for 30-35 minutes.
 - c. When instruments are removed check indicator tape to determine if optimum exposure to steam.
4. Storing:
 - a. Glass test tube packaging = 1 month
 - b. Muslin wrapped = 1 month
 - c. Plastic covered muslin wrapped = 6 months
 - d. Paper wrapped = 1 month
 - e. Laminate plastic wrapped = 3 months
5. Monthly bacteriological tests will be conducted per test manufacture frequency instruction, and records of results kept for up to one year.

Responsibility/Department Linkages

Medical Assistant's and/or back office nurse. / Quality Assessment Department

POLICY NUMBER	OS- C103
POLICY TITLE	Waste Management
INITIAL EFFECTIVE DATE	09/98
REVISION EFFECTIVE DATE (S)	
DEPARTMENT	Quality Assessment
ORGANIZATION (S)	CCHP, CCHCA
LINES OF BUSINESS	

Purpose

To provide a consistent approach to handling waste considered to be biohazardous and to label or color code containers used for this waste. To educate all employees that the containers require compliance with universal precautions.

Policy

It is the policy to consider all materials that are potentially contaminated with blood or other human body fluids to be considered biohazardous waste and to handle and dispose of this waste in a way consistent with universal precautions and all applicable agency regulations.

Procedure

- 1) Protective gloves are to be worn when handling any potentially contaminated waste.
- 2) A cover gown should be worn to protect clothing when it is possible that clothing will be contaminate by waste.
- 3) Masks and/or eye protection should be worn when it is possible that the mucous membranesand/or eyes may be splashed with contaminated waste.
- 4) Biohazardous waste must be disposed of in an appropriate container (i.e., sharps in Sharps Container).
- 5) Containers holding biohazardous waste must be red and/or labeled with standard fluorescent orange or orange-red "BIOHAZARD" label.
- 6) All biohazardous waste containers will be disposed of according to federal, state, and local regulations.
- 7) An exposure control plan will be implemented and maintained. (May refer to Bloodborne Pathogens Resource Package.)

Responsibility/Department Linkages

Physician(s), nursing and office staff. / QA Assessment Department