

## ACG GI Practice Toolbox

### Developing an Infection Control Plan for Your Office

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#### INTRODUCTION:

Preventing the spread of infection is an important part of medical practice in all health care settings and gastroenterologists, like other health care providers, need to take responsibility for preventing the transmission of infectious disease to their patients in their outpatient clinic. Having a documented infection control policy is an important part of your practices procedural manuals and of your compliance plan for both Medicare and the Occupational Health and Safety Administration (OSHA).

#### TOPIC OVERVIEW:

This issue of the ACG Toolbox seeks to provide the basic format and sample contents for an infection control plan for an outpatient gastroenterology office. Gastroenterologists, like all health care providers, must take responsibility for preventing transmission of infectious disease in their outpatient offices and an office policy will involve all staff members in that aim. This is especially important as new and evolving viral pathogens such as MERS-CoV (Middle East respiratory syndrome coronavirus) and genetically drifted influenza virus continue to emerge. Increasingly resistant strains of bacterial pathogens including methicillin-resistant *Staphylococcus aureus* (MRSA) and multi-drug resistant tuberculosis as well as transmissible pathogens germane to the gastroenterologist: vancomycin-resistant enterococcus, *Clostridium difficile*, and other enteric pathogens are on the rise. The emergence of these and other etiologic agents demonstrate the critical importance for population-based infection control applicable to all settings where people seek health care.

#### SUGGESTED STEPS TO ENFORCING AN EFFECTIVE INFECTION CONTROL POLICY:

1. Review the attached sample office infection control policy
2. Modify to include any additional policies that apply to your unique setting
3. Educate the staff about the policy in a staff meeting, including a demonstration of proper techniques outlined in the policy
4. Require demonstration of the techniques by staff members
5. Have staff members review and sign the policy
6. Periodically review the contents at staff meetings
7. Train all new staff members in the policy and techniques.



## **PARTS OF AN INFECTION CONTROL POLICY:**

1. Introduction
2. Outline of Universal Precautions
3. Hand Hygiene Policy
4. Facial Protection Policy
5. Special Contact Precautions Policy
6. Office Space Utilization for Infection Prevention
7. Office Sanitation Policy
8. Staff dress code and personal hygiene

## **PRACTICAL SUGGESTIONS AND EXAMPLE FOR YOU PRACTICE:**

Attached is a complete SAMPLE infection control policy FOR YOUR USE.

## **RESOURCES:**

1. Centers for Disease Control and Prevention. *Guidelines for Environmental Infection Control in Health-Care Facilities, 2003*. Atlanta: Centers for Disease Control and Prevention: 2003.
2. Wilson LJ, Lonks JR, McBroom R, Infection Control in the Gastroenterology Office Setting, Online-American College of Gastroenterology Healthcare Reform and Practice Management Center; <http://gi.org/wp-content/uploads/2016/04/Infection-Control-in-the-Gastroenterology-Office-Setting.pdf> March 2016
3. Siegal JD, Rhinehart E., Jackson M, et al. *Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*. Atlanta: Centers for Disease Control and Prevention: 2007
4. Boyce JM, Pittet D. *Guideline for Hand Hygiene in Health Care Settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force*. ICHE 2002:23:S12.
5. American Institute of Architects. *Guidelines for Design and Construction of Healthcare Facilities*. New York: American Institute of Architects; 2006.

## **ACG WEBSITE RESOURCES:**

<http://gi.org/practice-management/health-reform-and-practice-management-center/>

Wilson LJ, Lonks JR, McBroom R, Infection Control in the Gastroenterology Office Setting, Online-American College of Gastroenterology Healthcare Reform and Practice Management Center; <http://gi.org/wp-content/uploads/2016/04/Infection-Control-in-the-Gastroenterology-Office-Setting.pdf> March 2016



# SAMPLE

## Office Policy: Infection Control

### 1. Introduction

Infection control is an important part of providing a safe office environment for our patients, visitors to our office, and our staff. Wichita Falls Gastroenterology Associates recognizes the seriousness of that responsibility and puts forth this policy to improve safety in our office. All physicians and staff members are expected to review and adhere to this policy at all times. Periodic demonstration of the policy and techniques may be required by management.

### 2. Outline of Universal Precautions

Standard infection precautions, also known as “universal precautions” are to be used with all patients at all times and in all health settings, regardless of presumed infectious status or diagnosis. The concept of “standard precautions” refers to routine use of hand washing and hygiene, personal protective equipment when appropriate, and the minimizing of the risk of transmission of communicable diseases between health care providers and patients. These standard precautions apply to blood, body fluids and secretions, non-intact skin or mucous membranes, cough etiquette and respiratory hygiene, and safe injection practices.

### 3. Hand Hygiene Policy

Hand hygiene is carried out in three main ways. These include the use of alcohol-based hand rubs (ABHR), hand washing, and the wearing of protective gloves. Hand hygiene is the single most important way to prevent the transmission of infection in the outpatient office. Some form of hand hygiene should be performed at the following times:

- First on arrival or before leaving the workplace.
- After any direct contact with the patient and before contact with the patient (direct contact refers to a hand contacting the patient’s skin or body).
- Before performing any invasive procedures.
- After contact with any body fluids, secretions, blood, or wounds.
- After contact with any potentially contaminated items.
- Immediately after removing gloves or other body barriers such as gowns.
- Before preparing, handling, serving, or eating food, smoking, or whenever hands are visibly soiled.
- After performing any personal functions such as blowing of the nose or using the toilet.



## **Glove usage should also be outlined:**

- Gloves are not required when a provider's contact is limited to a patient's intact skin, and their use is not a substitute for good hand hygiene.
- Clean non-sterile gloves should be used if there is contact with any body fluids, blood, secretions, mucous membranes, wounds, or non-intact skin.
- Gloves should also be used to handle any visibly soiled items, especially if it is soiled with blood or body fluid.
- Gloves should be worn when the health care provider has open skin lesions on their hands, and open skin lesions or wounds on the health care provider's hands should be fully covered by a clean dressing. Providers with wounds should avoid contacting patients until they are healed.

## **4. Facial Protection Policy**

The principles of wearing facial protection include the following:

- Masks, eye protection, and face shields are worn to protect the mucous membranes of the eyes, nose, or mouth during procedures and any patient activity likely to generate splashes of body fluid.
- Perform hand hygiene before putting on or removing the facial mask.
- The mask should fit snugly over the face, and it should fully cover the nose, mouth, and chin.
- The metallic wire clip of the mask should be fixed securely over the bridge of the nose.
- All strings of the mask should be tied or rubber bands placed around the ears proper.
- Masks should not be worn dangling around the neck.
- Change a mask if it becomes moist or soiled.
- Perform hand hygiene again after removing and discarding the mask.
- Prescription eyeglasses are not considered adequate eye protection.



## 5. Special Contact Precautions Policy

- Contact precautions are used when a patient is known to have, or is suspected to have, microorganisms that can be spread by direct contact.
- Contact could be with the infected patient includes indirect contact through environmental surfaces or patient care equipment.
- Any health care provider likely to have direct skin-to-skin contact with an infected patient should wear gloves and a fluid-resistant gown. The gown should cover any uncovered skin and prevent soiling of clothing during patient care activities. Gowns should be put on immediately prior to contact and then removed carefully when the contact is completed to avoid contamination of clothing. A gown should never be used for more than one patient.

## 6. Office Space Utilization for Infection Prevention

- There should be one examine room available for each physician.
- Each room should have a hand-cleaning station with ABHR or soap and water, as well as a separate counter for documentation.
- Faucet aerators should not be used because they can harbor infectious bacteria.
- There should be a room or designated area for clean and sterile supplies, as well as a separate room for the collection, storage, or disposal of any soiled materials.
- A bathroom containing a sink should be positioned so that it is easily accessible from all patient care rooms.
- A separate bathroom should serve the patient waiting area.
- Public areas include the reception desk and waiting room. Any toys or materials used for patient diversion in the waiting room should receive regular cleaning with soap and water and/or detergent.
- Waiting rooms should allow the segregation of patients suspected of having infectious illness.
- Hand hygiene stations should be highly visible and readily available for reception staff and for patients.

## 7. Office Sanitation Policy

- The office should be clean and straightened on a daily basis
- Sinks, toilets, bathroom facilities will be sanitized daily and whenever visibly soiled
- Disinfectant cleaning solutions will be used as per OSHA standards for health care facility maintenance.
- Hand-held computer tablets, laptops, or keyboards used by patients in the waiting area should be covered with a waterproof surface so they can be regularly cleaned and disinfected.



## 8. Staff dress code and personal hygiene

- The conduct and attire of the professional staff of your practice is very important. The appearance and conduct of the staff should be professional and instill confidence in the patients and visitors.
- Staff members who provide direct patient care should wear surgical scrub or designated uniform clothing. Laboratory coats and jackets are acceptable to wear over scrub/uniform clothes. All uniforms should be clean and neat in appearance.
- Long hair should be tied back or held securely in place.
- Fingernails should be kept at a reasonable length and kept clean.
- Shoes should be kept neat and clean.
- Name/ID badge shall be worn by all professional staff for patient recognition of staff members.
- Jewelry shall be kept to a minimum.
- The staff will wear home laundered scrubs and uniforms. They will be educated on proper home laundering at the time of hire and periodically during staff meetings.

I have read the above policy and agree to the infection control plan as outlined in the policy. I also understand that failing to do so could cause harm to visitors and patients, as well as myself and other staff members.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Management Signature: \_\_\_\_\_ Date: \_\_\_\_\_

