Objectives

- Discuss Routine Practices
- Need for additional precautions
- Post SARS lessons
- Look at the issues of the physician’s office
  - Regular cleaning, sanitizing
  - Disinfection
  - Sterilization
  - Risks

Jim’s Basics

- We are buggy people
- Our patients are buggy people
- Some have fancy names
  - Stenotrophomonas maltophilia
- Others get the label “Superbug”
  - MRSA, VRE, C. difficile

- Never forget we need a mode of transmission!
  - Hands
  - Equipment
  - Coughing/Sneezing/Snorting

Routine Practices

- Also known as Standard Precautions
  - Adapted from Universal Precautions, and Body Substance Precautions
  - Premise: assume all patients are infectious
    - Blood and body fluids, excretions, secretions or any object soiled with these substances

Routine Practices - Hands

- Hand Hygiene
  - Soap and water
    - Requires a minimum of 10 – 15 seconds to adequately remove transient flora and soil
    - Very technique dependent
    - Red finger paint check!!
Infection Control in Doctors’ Offices
Jim Gauthier, MLT, CIC
Sponsored by JohnsonDiversey (www.johnsondiversey.com)

Routine Practices - Hands
- Antibacterial Soap
  - Triclosan, chlorhexidine, PCMX
  - Used before invasive procedures
  - Leaves residue on hands, can be irritating
  - Routine in a General Practice?
    - Not sure!

Routine Practices - Hands
- Hand Sanitizers
  - Alcohol based products
  - Easier on hands that soap and water
  - Use on visibly clean hands
    - If soiled, must wash!
  - Hands should be wet for 15 – 20 seconds
    - I like to use two pumps of product
  - Gel vs. liquid formulations

Routine Practices - Hands
- Alcohol and C. difficile
  - Many authors and facilities are recommending not to use alcohol if C. difficile is suspected.
    - If hands soiled – WASH, don’t use alcohol
    - If no contact with feces is this still applicable?
    - If contact with feces with gloves on, is this still applicable?
  - The debate will continue!
  - Is C. difficile there or not?

Routine Practices - Masks
- For Physician and staff
  - At minimum a procedure mask or surgical mask with febrile, coughing patients
  - Eye protection is also necessary

Routine Practices – Masks
- If TB, measles or chickenpox is suspected, an N95 or equivalent mask is required.
- If immune to measles and chickenpox, not required

Routine Practices – Masks
- Ask patient to wear a mask
  - Limits soiling of environment
  - If not able, provide tissues to cover coughs and sneezes

A Webber Training Teleclass
Hosted by Paul Webber  paul@webbertraining.com
www.webbertraining.com
Routine Practices – Gloves

- Used for contact with, or anticipated contact with blood or body fluids
- Must be used appropriately to protect environment

Routine Practices – Gloves

- Keep task specific
- Really not required if touching intact skin
- Wash or sanitize hands after removal
- Latex allergies on increase
  - Vinyl and Nitrile now more widely used
  - Neoprene also coming into its own

Routine Practices – Gowns

- Used if chance of soiling clothes
  - Plastic aprons
  - Cover gowns
- Need to be “single patient use”

Additional or Transmission Based Precautions

- Acute Care has Contact, Droplet and Airborne precautions
- Ongoing discussion to Non-acute settings
  - Long term care
  - Complex continuing care
  - Physician’s office

Contact Precautions - Organisms

- Methicillin Resistant Staphylococcus aureus (MRSA)
- Vancomycin Resistant Enterococci (VRE)
- Clostridium difficile (CD)
- Antibiotic Resistant Organisms (ARO)

Contact Precautions – Acute Care

- Gown and gloves for all contact with patient
  - If patient is not soiling the environment, is this necessary?
    - Research indicates it does limit spread
  - Any patient soiling the environment
    - Use gown, gloves, face protection
    - Clean in a standard manner (more later)
**Doctor’s Office**
- Any patient soiling the environment – protect yourself
  - Contact, droplet
- Any suspicion of TB – mask them or yourself – N95 or equivalent
- Hand hygiene before and after contact with patient

**Waiting Room**
- Screening still applicable
  - Fever and cough
    - Mask Please!
  - Rash
    - Mask Please!
- Need some space between patients
  - Move to an empty exam room
  - End of day visit

**Waiting Room**
- Immunocompromised patients need some space also
- Masking for them, as a routine, is controversial
  - Many illnesses are from their own flora
  - But, being coughed on does not help!

**Patient with MRSA, VRE, etc.**
- Some recommendations to practice Contact Precautions in Doctor’s offices
  - Flag charts
  - I am not so sure about the necessity
    - If not soiling the environment...
  - Community Acquired MRSA

**Office Equipment**
- Cleaning is very important for reusable equipment
- Single use equipment MUST be single use
- Need for disinfection or sterilization based on equipment use
- Disposable is best, if available

**Spaulding’s Classification**

<table>
<thead>
<tr>
<th>CLASS</th>
<th>USE</th>
<th>REPROCESSING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical</td>
<td>Sterile body site or vascular system</td>
<td>Cleaning followed by sterilization</td>
</tr>
<tr>
<td>Semi-Critical</td>
<td>Intact mucous membranes or non-intact skin</td>
<td>High Level disinfection</td>
</tr>
<tr>
<td>Non-Critical</td>
<td>Intact skin</td>
<td>Low or intermediate disinfection</td>
</tr>
</tbody>
</table>
Cleaning
- Removes dirt, body substances
- Dishwasher can be used for non-lumen instruments
- Soap and water
- Enzymatic cleaners
- Done as soon after use as possible

Sterilization
- Table top autoclaves
  - Must maintain
  - Must challenge with biological indicator
    - Daily? Weekly?
  - Tape only shows temperature was achieved
  - Wrapping important if not being used right away
  - Trays for procedures available

Sterilization
- Chemicals (Cold Sterilization)
  - Issue with toxicity and ventilation
  - Storage of equipment after
  - Time (usually hours)
  - Rinse water should be sterile
  - New products being introduced all the time

Disinfection
- High Level
  - Kills all microorganisms, with the exception of high numbers of bacterial spores

Disinfection
- High
  - Kills all microorganisms, with the exception of high numbers of bacterial spores
- Intermediate Level
  - Kills M. tuberculosis, vegetative bacteria, most viruses and fungi, but not spores
Infection Control in Doctors’ Offices
Jim Gauthier, MLT, CIC
Sponsored by JohnsonDiversey (www.johnsondiversey.com)

Disinfection

- **High**
  - Kills all microorganisms, with the exception of high numbers of bacterial spores
- **Intermediate**
  - Kills *M. tuberculosis*, vegetative bacteria, most viruses and fungi, but not spores
- **Low Level**
  - Kills vegetative bacteria, enveloped viruses

Methodology

- Sterilization is preferred over High Level Disinfection if tolerated or available
  - Margin of safety

Disinfection

- Usually done with liquid chemicals
- Bleach, hydrogen peroxide, alcohol most common, glutaraldehyde has ventilation issues
- Quats are mainly for cleaning, or low level disinfection

Bleach

- Low to intermediate disinfection
- Some evidence it will kill spores with high concentrations and long contact time
- Corrosive
- Inactivated by organic matter
Alcohol
- Low to intermediate disinfection
  - Thermometers, stethoscope
  - Flammable
  - Not effective against some non-enveloped viruses

Hydrogen Peroxide
- 3% - low level
- 6% or Accelerated Hydrogen Peroxide
  - Intermediate to high level
  - Depends on contact time and concentration
  - 7% range
  - Sterilant in 2 – 6 hours

Quaternary Ammonium Compounds
- Low level
- Floors, surfaces

Fixed Equipment
- Exam tables
  - Change covering between patients
  - Need for “wiping”
    - Routine
    - Between patients?
  - If soiled, written procedure in place
    - Clean, then disinfect

Fixed Equipment
- Waiting Room
  - Clean at end of every day
  - Surfaces must be able to be wiped
  - Magazines should be disposed of if appear soiled

Toys
- Hmmm, what to do??
- Clean after use?
  - Sanitize with freshly prepared bleach solution or spray with disinfectant that leaves no residue (hydrogen peroxide agents – check label)
  - No cloth or plush toys!
  - Play stations should be wiped down daily
Infection Control in Doctors’ Offices
Jim Gauthier, MLT, CIC
Sponsored by JohnsonDiversey (www.johnsondiversey.com)

A Webber Training Teleclass
Hosted by Paul Webber paul@webbertraining.com
www.webbertraining.com

Staff
- Immunizations up to date
  - MMR
  - Tetanus
  - Varicella
  - Hepatitis B (if possibility of blood exposure)
  - Annual influenza vaccination
  - Pneumovax for at risk

Staff
- Need to have written exposure protocol
- Check with Infectious Disease expert
- Check with Medical Officer of Health
  - http://www.cpsp.on.ca/Publications/publications.htm

Wrap Up
- Assume every patient has left you a present
- Assume every patient can make you or your next patient sick
- We cannot perform too much hand hygiene!!

November 2005 Teleclasses
For more information, refer to www.webbertraining.com/schedule.cfm

November 15 – UK Teleclass – ESBL Management
Presented by Dr. Graham Harvey
Sponsored by JohnsonDiversey (www.johnsondiversey.co.uk)

December 1 – Preventing Ventilator Assisted Pneumonia
Presented by Dr. Robert Garcia
Sponsored by Sage Products (www.sageproducts.com)

December 8 – Bloodborne Pathogen Control in the Community
Presented by Dr. Jun Wu

December 15 – C. difficile: Environmental Survival
Presented by Dr. Michelle Ali
Sponsored by Virox Technologies (www.virox.com)

Questions? Contact Paul Webber paul@webbertraining.com