Infection Control Plan
XYZ Hearing Aids, Inc.
123 HearWeAre Street
Anywhere, NY 11234

Date: ______________ Revision: ______________

Introduction

The purpose of this infection control plan is to quantify and organize the procedures to be used to minimize and contain the possible transmission of potentially infectious organisms to patients, employees of others related to our practice.

The plan has been prepared in accordance with OSHA guidelines for the handling, of bloodborne pathogens and other potentially infectious bodily substances and addresses procedures to be used should exposure, though remote, to these hazards occur during the day to day activities of our practice.

It is our policy that all blood and bodily fluids be regarded as infectious and potentially hazardous in nature. These fluids include: saliva, secretions, tissue, cerumen or other patient drainage of any kind.

Universal precautions will be practiced for all patient contact and will be practiced by all members of our practice.

In compliance with OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030) plan is comprised of:

1. Employee Classification
2. Hepatitis B Vaccination Records
3. Training Plan and Records
4. Work Practice Controls
5. Emergency Procedures
6. Post Exposure Follow-up
7. Appendix - MSDS Forms
SECTION #1 - EMPLOYEE CLASSIFICATION

Policy: Each Employee must be classified based upon their tasks as to their potential exposure to blood or other potentially infectious agents.

Procedure: Employees will be classified into three categories based upon their potential exposure to potentially infectious materials.

Employee Classification Categories:

Category 1: Primary job function has direct exposure to potentially harmful bloodborne pathogens on a regular basis. Including exposure to blood, mucous, bodily fluids, spills/splashes of blood, contaminated cerumen.

Category 2: Secondary job function with potential exposure to cross infection through exposure to ear drainage, ear discharge, cerumen and blood. This includes personnel which are exposed or clean potentially contaminated surfaces and instruments.

Category 3: Job function never exposes them to blood or other bodily fluid and do not involve cleaning of instruments or potentially contaminated surfaces.

SECTION #2 - HEPATITIS B (HBV) VACCINATION

Policy: All personnel identified in Category #1 or Category #2 and have direct or indirect exposure to potentially harmful pathogens will be provided the opportunity to receive the Hepatitis B (HBV) vaccination series.

Procedure: All Category #1 & #2 personnel will be offered the Hepatitis B (HBV) vaccination series at the expense of the practice.

The initial vaccination will be offered prior to possible exposure to harmful pathogens. If an employee can prove prior a vaccination series they will be exempt.

All Category #1 & #2 personnel will be required to complete a Hepatitis B (HBV) Consent/Decline form.

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SAMPLE INFECTION CONTROL PLAN

SECTION #3 - TRAINING

Policy: Infection control training will be conducted for all personnel on an annual basis with additional training as required based upon classification.

Procedure: Infection control training will include but not be limited to the following:

   Universal Precautions
   Office Protocols for: Cleaning
                        Sanitizing
                        Disinfection
                        Sterilization, etc....

SECTION #4 - WORK PRACTICE CONTROLS

Policy: Work practice controls will be utilized to minimize and/or eliminate exposure to potentially infectious materials.

Procedure: Set up work practice controls based upon the specifics of the practice including:

   Work area restrictions
       Contaminated areas vs. non-contaminated areas
       Patient Care Rooms for different procedures
       Hazardous Areas

   Receiving Hearing Aids from Patients
       Handling Procedure - Proper container

   Protective Gear
       Gloves and Proper use and Disposal
       Eye Protection

   Waterless hand cleaner
       Use between patients up to 4 - 5 times

   Medical Grade Soap
       Use between patients after using waterless 4-5 times

   Others.........
SECTION #5 - EMERGENCY PROCEDURES

Policy: All personnel will follow emergency procedures

Procedure: Should a patient or employee be exposed to a potential exposure to infection due to an accident or procedure which leads to the presence of blood, the exposure’s severity must be evaluated immediately.

Situations where blood or bodily fluids are present will be handled by Category #1 & #3 personnel only and never by a Category #3. Respondents must use appropriate safety equipment and determine if severity warrants calling 911 and paramedics.

SECTION #6 - POST EXPOSURE FOLLOW-UP

Policy: Employees immediately must create a written report of any unprotected incidents were they have been exposed to blood and a bloodborne pathogens or to other potentially infectious materials.

Procedure: Though unlikely the possibility of exposure to a bloodborne is possible and should be reported immediately to management and recorded in detail on the Post Exposure Record Form. Follow-up with a physician remains the responsibility of the employee.

APPENDIX

Material Safety data Sheets (MSDS)

Copies of MSDS forms must be maintained for all disinfectants used in the practice safely stored away in a metal file cabinet
SAMPLE INFECTION CONTROL PLAN

EMPLOYEE CLASSIFICATION FORM

Employee Name: __________________________________________

SS #: _______________________ Date: ____________________

□ Category 1: Primary job function has direct exposure to potentially harmful bloodborne pathogens on a regular basis. Including exposure to blood, mucous, bodily fluids, spills/splashes of blood, contaminated cerumen.

□ Category 2: Day to day activities may lead to exposure to cross infection through exposure to ear drainage, ear discharge, cerumen, or blood. Function involves the cleaning of potentially contaminated instruments or surfaces.

□ Category 3: Day to day activities never has exposure to blood or other bodily fluid and does not involve cleaning of instruments or potentially contaminated surfaces.

Employee Signature: _______________________________________

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HEPATITIS B (HBV) VACCINATION FORM

The Hepatitis B (HBV) vaccine is typically well tolerated without serious side effects. However the following have been reported: injection site redness/swelling, flu-like symptoms, fatigue, slight fever, nausea and diarrhea.

If you are ill, pregnant, allergic to yeast, have a compromised immune system or suffer from cardiac issues you will consult for personnel physician for approval before taking the vaccine.

I have read the information on this form and have had the opportunity to ask questions which have been answered to my satisfaction. I have received information regarding the vaccine and its risks and benefits and if need be, consulted my personal physician for clearance.

☐ I agree to have the vaccination series administered to me and understand that the series consists of an initial vaccination followed by two follow-up vaccinations to complete the series.

☐ I Decline at this time and acknowledge that I have been given the opportunity to be vaccinated and by declining I remain at risk of acquiring Hepatitis B Virus (HBV) through the potential exposure of blood and other infectious materials.

Employee: ______________________________ Date: _______________
Witness: ______________________________

Record of Vaccination:

Initial: Date: ____________
Second: Date: ____________
Final: Date: ____________
Training as outlined in the Infection Control Plan was conducted:

☐ Initial Training for new hire

☐ Annual Training

☐ Advanced Training

Subjects covered:

1. ________________________________

2. ________________________________

3. ________________________________

4. ________________________________

5. ________________________________

6. ________________________________

7. ________________________________

Employee: ___________________________  Date: _________
SAMPLE INFECTION CONTROL PLAN

EXPOSURE MANAGEMENT FORM

Employee: ________________________  Date: _________________

Description: ________________________________________________

_______________________________________________________

_______________________________________________________

_______________________________________________________

Exposure: ________________________________________________

_______________________________________________________

_______________________________________________________

_______________________________________________________

Patient/Employee Information:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

For Exposure to Blood:

Employee grants permission for tests for antibodies of HIV and/or HBV and acknowledges receiving counseling concerning these tests

☐ HIV  Date: _________

☐ HBV  Date: _________

Employee: ________________________  Date: _________________

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