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PROFESSIONAL SOLUTIONS INSURANCE COMPANY BRINGS YOU PRACTICAL TIPS FOR AVOIDING A MALPRACTICE ALLEGATION

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Infection Control in the Physician Office

“Infection control” is commonly associated with the hospital setting. However, practicing good infection control is just as important in physician offices or other ambulatory care settings.



Patients do not expect their physician’s office to be the source of an infection, but healthcare-acquired infections are not peculiar to the hospital setting. Bacterial and viral infections can be spread through person-to-person contact, through inanimate objects (person-to-object-to-person), through contact with droplets transmitting infection (e.g., sneezing or coughing), and through a common “vehicle,” such as blood, food, air or water.

Fortunately, good infection control practices and procedures, physician and staff education and compliance, and patient education together can significantly reduce the risk of acquiring or transmitting an infection.

OSHA and the Bloodborne Pathogens Standard

The Occupational Safety & Health Administration (OSHA) has several standards applicable to medical offices to ensure the safety and health of their employees.¹ The one most closely tied to infection control is the Bloodborne Pathogens Standard. It was specifically intended to address exposure to the three most common bloodborne pathogens (human immunodeficiency virus, hepatitis B virus and hepatitis C virus). It was later updated to include the Needlestick Safety and Prevention Act in 2000.

To comply with this standard, a physician practice’s infection control plan must:

- Have a written exposure control plan, updated annually.
- Use universal precautions.
- Consider, implement and use safer engineered needles and sharps.
- Use engineering and work practice controls and appropriate personal protective equipment (e.g., gloves, face and eye protection, and gowns).
- Provide Hepatitis B vaccines to exposed employees at no cost.
- Medically follow-up in the event of an “exposure incident.”
- Use labels or color-coding for items such as sharps disposal boxes and

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containers for regulated waste, contaminated laundry, and certain specimens.

- Provide employee training.
- Properly contain all regulated waste.

Unfortunately, infection control is an area where physician practices are most often non-compliant with the OSHA requirements, resulting in the largest number of citations and monetary fines.² Though the requirements are not extremely complex, they do require a dedicated effort to establish an exposure control plan, as well as the ongoing commitment of the entire staff to reduce the transmission of infections.

Staff Education and Protection

All staff members of the practice should receive infection control training upon hiring, which includes:

- Information about infectious agents.
- Routes of transmission and techniques to prevent transmission, such as hand hygiene, respiratory etiquette, and universal precautions, and medical device sterilization and disinfection techniques.
- Instructions about what to do in case

A significant number of healthcare providers are less than diligent with their hand hygiene.

of exposure to bloodborne pathogens.

Staff education on infection control should be ongoing and occur regularly to reinforce the importance of constant vigilance. The practice must also provide staff with the necessary personal protective equipment (PPE) at no cost. Staff should be aware of the location of PPE and provided information on how to correctly use it. OSHA also requires the practice to address sharps safety, as well as hazardous or regulated waste labeling, handling and disposal.

The OSHA regulations apply whether the medical office has one employee or 200. A practice must be aware of and comply with these requirements or face sanctions. The complete regulations can be found in Title 29 of the Code of Federal Regulations (29 CFR) or on www.osha.gov. In addition, 22 states administer their own occupational safety and health programs that are required to be “at least as effective” as the federal program.

OSHA inspections of medical offices may be scheduled in advance, or they may be unannounced if they are the result of a written, signed complaint filed with OSHA or a referral from another agency. Staff must understand that these regulations are there to provide a safe environment for them and their patients.

Hand Hygiene

Hand hygiene is considered the single-most effective infection control measure. Yet, studies report that significant numbers of healthcare providers are less



than diligent with their hand hygiene.

The World Health Organization’s “Save Lives: Clean Your Hands Campaign” is an annual global campaign that was launched in 2009. As of May 2010, more than 14,000 healthcare facilities worldwide had joined this campaign to reduce the number of healthcare-acquired infections. It has been demonstrated that proper hand hygiene—done at the right time and in the right way—can prevent most healthcare acquired infections. The WHO’s website, www.who.int/gpsc/5may/en/, contains many tools to help healthcare facilities improve their workers hand hygiene practices. For example, its “Your Five Moments for Hand Hygiene” poster identifies the following critical times for hand hygiene:

1. Before touching a patient.
2. Before a clean, aseptic procedure.
3. After body fluid exposure risk.
4. After touching a patient.
5. After touching patient surroundings.

Immunization and Vaccination

Another effective infection control

tactic is the immunization and vaccination of staff. The CDC recommends that all healthcare workers are immunized, except when contraindicated, against influenza, measles, mumps, rubella and varicella. Proof of vaccination and immunization should be part of the employee hiring process.

In addition, the CDC *recommends* and OSHA *requires* that hepatitis B vaccine be offered to healthcare workers who have a reasonable expectation of being exposed to blood on the job. This requirement does not include healthcare workers who would not be expected to have occupational risk (e.g., receptionists, billing staff and general office workers).

The hepatitis B vaccination series is available at no cost to workers with occupational exposure to bloodborne pathogens after initial employee training and within nine days of initial assignment to all employees identified in the exposure determination section of this plan. Vaccination is encouraged unless:

1. Documentation exists that the employee has previously received the series.
2. Antibody testing reveals that the employee is immune.
3. Medical evaluation shows that vaccination is contraindicated. If an employee declines the vaccination, the employee must sign a declination form.

Recent influenza pandemics have brought to light the key infection control role of the physician office—in particular

primary care physician offices. When studying the healthcare system's reaction to public health emergencies, such as the 2009 H1N1 influenza pandemic, the CDC found that physician practices played a vital role as the patient's main entry point into the healthcare delivery system. In this way, primary care physician offices are essential in alleviating surges in hospital emergency departments.

However, the CDC also found evidence of a lack of planning by individual physician offices, with even less evidence of any integration of an individual office's plan into its community's or region's pandemic influenza plans. Consequently, the CDC developed a template, www.cdc.gov/h1n1flu/guidance/pdf/abb_pandemic_influenza_plan.pdf, to help primary care providers and office managers respond quickly to the increase in patient calls and visits common in an influenza pandemic.

The CDC, the Advisory Committee on Immunization Practices and the Healthcare Infection Control Practices Advisory Committee all recommend that all U.S. healthcare workers get vaccinated annually against influenza. For this purpose, healthcare workers include (but are not limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by the healthcare facility, and persons (e.g., clerical, dietary, housekeeping, laundry, security, maintenance, administrative, billing, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted between healthcare workers and patients.

The CDC website is also a good source

for annual updates with regard to seasonal flu immunizations for patients and for individuals working in a healthcare setting.

Injection Safety

Despite including standard recommended procedures for safe injections in its 2007 *Guidelines for Isolation Precautions*, the CDC continues to receive reports of transmission of infections, outbreaks, and subsequent patient notifications resulting from healthcare personnel non-compliance with the standard precautions and basic infection control practices.

For that reason, CDC issued the following to remind healthcare personnel of the following practices that are critical for patient safety:³

- *Never* administer medications from the same syringe to more than one patient, even if the needle is changed or you are injecting through an intervening length of IV tubing.
- Do *not* enter a medication vial, bag or bottle with a used syringe or needle.

- *Never* use medications packaged as single-dose or single-use for more than one patient. This includes ampoules, bags and bottles of intravenous solutions.
- *Always* use aseptic technique when preparing and administering injections.

Workers in any healthcare setting are at particularly high risk of infection simply by nature of the setting. It is extremely important that a practice has policies and procedures in place that comply with applicable OSHA regulations and its employees are trained in and follow good hand hygiene, facility hygiene and other evidence-based infection control measures.

- 1,2 Medical & Dental Offices, A Guide to Compliance with OSHA Standards. OSHA 3187-09R, 2003. www.osha.gov/Publications/OSHA3187/osha3187.html
- 3 www.cdc.gov/injectionsafety/providers/provider_faqs.html

SAMPLE HEPATITIS B VACCINE DECLINATION

SAMPLE HEPATITIS B VACCINE DECLINATION

I, _____, understand that due to my occupational exposure to blood
(Employee Name)

or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with a hepatitis B vaccine at no charge to myself.

However, I decline the hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signed: _____ Date: _____
(Employee Name)

Source: *Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards*. OSHA 318606N (2003), at www.osha.gov.

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Infection Control Resources

Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care. National Center for Emerging and Zoonotic Infectious Diseases, Division of Healthcare Quality Promotion, Centers for Disease Control and Prevention. Publication No. CS217710. May 2011. www.cdc.gov/hai/pdfs/guidelines/ambulatory-care-04-2011.pdf

Infection Prevention Checklist for Outpatient Settings: Minimum Expectations for Safe Care (Companion to above Guide). www.cdc.gov/HAI/pdfs/guidelines/ambulatory-care-checklist-07-2011.pdf

Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008. Centers for Disease Control and Prevention, National Center for Preparedness, Detection, and Control of Infectious Diseases, and Division of Healthcare Quality Promotion. www.cdc.gov/hicpac/Disinfection_Sterilization/toc.html

Unsafe Injection Practices: Outbreaks, Incidents, and Root Causes. Centers for Disease Control and Prevention. Online Free CME Activity offered through Medscape. www.medscape.org/qna/preactivity/20856?formid=3&dest_url=http://www.medscape.org/viewarticle/745695

CDC Clinical Reminder: Use of Fingerstick Devices on More than One Person Poses Risk for Transmitting Bloodborne Pathogens. Division of Healthcare Quality Promotion, National Center for Emerging and Zoonotic Infectious Diseases, Centers for Disease Control and Prevention. August 23,

2010; Updated: February 9, 2011. www.cdc.gov/injectionsafety/PDF/Clinical_Reminder_Fingerstick_Devices_RiskBP.pdf

Frequently Asked Questions Regarding Safe Practices for Medical Injections. Division of Healthcare Quality Promotion, National Center for Emerging and Zoonotic Infectious Diseases, Centers for Disease Control and Prevention. May 21, 2010 (last updated: February 9, 2011). www.cdc.gov/injectionsafety/providers/provider_faqs.html

The One and Only Campaign. The One & Only Campaign is a public health campaign, led by the Centers for Disease Control and Prevention and the Safe Injection Practices Coalition, to raise awareness among patients and healthcare providers about safe injection practices. The campaign aims to eradicate outbreaks resulting from unsafe injection practices. *One Needle, One Syringe, Only One Time.* www.oneandonlycampaign.org

Compliance Assistance Quick Start: Healthcare Industry. OSHA website to assist small employers in the healthcare field to identify and protect against inherent hazards in the practices that put staff and patients at risk. This site provides various resources and publications that can help you comply with OSHA requirements and prevent workplace injuries and illnesses. www.osha.gov/dcspl/compliance_assistance/quickstarts/health_care/index_hc.html

Questions?

if you have any questions you'd like our Connection experts to answer, please e-mail them to riskmanagement@psicinsurance.com

Information for Employers: Complying with OSHA's Bloodborne Pathogens Standard (Brochure), March 2009. DHHS Publication No. 2009-11. www.cdc.gov/niosh/docs/2009-111/pdfs/2009-111.pdf

World Health Organization's Save Lives Clean Your Hands Campaign. Resources, posters and tools. www.who.int/gpsc/5may/en/ Includes: WHO Guidelines on Hand Hygiene in Healthcare (2009). http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf

Abbreviated Pandemic Influenza Plan—Template for Primary Care Provider Offices. A planning tool developed based on input from stakeholders (PCPs, PCP office managers, hospitals, local and state public health departments, and local and state emergency management agencies) during a CDC-sponsored meeting in August 2009. It is intended to assist PCPs and office managers with preparing their offices for quickly putting a plan in place to handle an increase in patient calls and visits during influenza season. www.cdc.gov/h1n1flu/guidance/pdf/abb_pandemic_influenza_plan.pdf

Medical & Dental Offices: A Guide to Compliance with OSHA Standards. OSHA Publication 3187-09R. 2003. www.osha.gov/Publications/OSHA3187/osa3187.html



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