



## Policy and Procedure

Policy Name:	Infection Control & Universal Precautions		
Effective Date:		Revision Date:	
Department(s)/Site(s):			
Document Owners:			
Approved By:			
Relevant Law/Standard:	California Department of Health Care Services under Title 22, California Code of Regulations, Section 53230. (Requires the review and certification of Primary Care Practitioner (PCP) sites.)  Department of Health Care Services (DHCS) All Plan Letter 20-006, Site Reviews: Facility Site Review and Medical Record Review or any superseding APL		

**POLICY:**

Infection Control standards are practiced on site to minimize risk of disease transmission.

Site personnel will apply the principles of "Standard Precautions" (CDC, 1996), used for all patients regardless of infection status.

Standard precautions apply to blood, all body fluids, non-intact skin, and mucous membranes, which are treated as potentially infectious for HIV, HBV or HCV, and other blood borne pathogens. "Universal precautions" refer to the OSHA mandated program that requires implementation of work practice controls, engineering controls, blood borne pathogen orientation/education, and record keeping in healthcare facilities.

**PROCEDURE:**

I. Hand Washing Facilities

A. Hand washing facilities are available in the exam room and/or utility room, and include an adequate supply of running potable water, soap and single use towels or hot air-drying machines. Sinks with a standard faucet, foot-operated pedals; 4-6-inch wing-type handle, automatic shut-off systems or other types of water flow control mechanism are acceptable. Staff is able to demonstrate infection control "barrier" methods used on site to prevent contamination of faucet handle, door handles and other surfaces until hand washing can be performed. On occasions when running water is not readily available, an antiseptic hand cleanser, alcohol-based hand rub, or antiseptic towelettes is acceptable until running water is available (29 CFR 1919.1030).

B. Hand washing prevents infection transmission by removing dirt, organic material, and transient microorganisms from hands. Hand washing with plain (non-antimicrobial) soap in any form (e.g., bar, leaflet, liquid, powder, granular)

is acceptable for general patient care (Association for Professionals in Infection Control and Epidemiology, Inc., 1995).

## II. Antiseptic Hand Cleaner

A. Antimicrobial agents or alcohol-based antiseptic hand rubs are used for hand washing when indicated to remove debris and destroy transient microorganisms (e.g., before performing invasive procedures, after contact with potentially infectious materials). Plain and antiseptic hand wash products are properly maintained and/or dispensed to prevent contamination.

## III. Waste Disposal Containers

A. Contaminated wastes (e.g. dental drapes, band aids, sanitary napkins, soiled disposal diapers) are disposed of in regular solid waste (trash) containers, and are maintained to prevent potential contamination of patient/staff areas and/or unsafe access by infants/children.

## IV. Isolation Procedures

A. If you suspect that a patient may have a communicable disease you

- a. Take the patient immediately to the closest exam room, place the patient in the exam room and close the door completely.
- b. Immediately notify the physician or on-site practitioner of the situation and request that they see the patient as quickly as possible.
- c. Wipe the reception counter down with disinfectant cleaning solution and continue seeing patients.

B. If the practitioner indicates that the patient DOES NOT have a communicable disease, clean the room as usual between patients and continue to use the room.

C. If the practitioner indicates that the patient DOES have a communicable disease

- a. Follow the practitioner's directions and orders without variation.
- b. If the practitioner indicates that the patient needs a mask make certain that you have put on the personnel protective gown, gloves, mask, goggles from your PPE Kit (Spill Kit)
- c. Assist the patient with placing the mask on correctly and escort the patient to the closest exit door preferably not through the waiting room.
- d. Keep the exam room door closed when you leave.
- e. Return to the room with the necessary cleaning solution and materials and equipment. Keep the room door closed while cleaning the room.
- f. Be certain to dispose of all trash, exposed disposable items, etc. in a red leak proof Biohazard bag. This includes the protective gown, mask, gloves and hair cover you are wearing while cleaning the room. Seal the bag.
- g. Clean all surfaces in the room with the cleaning solution, do not wipe dry, and let the room air dry ensuring that the surfaces stay wet for the contact time indicated by the manufacturer on the container label.
- h. Have a co-worker bring a second red bag to the room door and wearing gloves hold the bag open.
- i. Place the bag from the room into the second bag, being careful not to touch your co-worker with the bag.

j. Your Co-worker places their gloves in the bag and closes the bag tightly and places it directly into the biohazard storage area.

k. When the contact time has been exceeded and the surfaces are dry you can open the room, remake the exam table, and continue to use the room.

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