Infection Control Coordinators: Roles, Resources and Responsibilities

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Forsyth Institute
Today’s Agenda

Infection Control Policy & Program Development and Evaluation

After attending this session, the participant will be able to:

1. Describe key roles and responsibilities of the infection control coordinator.
2. Describe education and training indicated for an infection control coordinator.
3. Identify tools and resources to facilitate program planning, implementation and evaluation.
Which Comes First?

The program?

The program coordinator?
What is an Infection Prevention and Control Program?

A system of policies, procedures and practices that when successfully implemented, will minimize the risk of transmission of pathogenic microorganisms. The goal is to prevent:

- healthcare-associated infections in patients
- injuries and illnesses in healthcare personnel
An infection-control coordinator, knowledgeable or willing to be trained, should be assigned responsibility for coordinating the program.
Role of the Infection Control Coordinator

• Review existing policies and standard operating procedures
  • Identify gaps and outdated information
• Act as a resource for the rest of the team or organization
• Maintain related permits, licenses and other documents
• Provide training and education related to infection control
• Monitor compliance through observations, checklists and other methods
Resources

• To be a resource for the team, the coordinator must have access to:
  • Publications
  • Continuing education
  • Workshops and seminars
  • Relevant memberships (OSAP, ADAA, ADHA, etc.)
  • Time
  • Support of top management/administration

• Network with other professionals responsible for infection control

• Often a role within a larger job position, e.g.: Safety director, dental assistant, office manager, etc.
DEFINITIONS

POLICIES

• Express rules, expectations and requirements
• Explain what to do
• Are realistic and attainable
• Have an active voice (subject-verb-object)

PROCEDURES

• List steps to follow
• Tell “how” to perform a job
• Have an active voice and are imperative
Infection Prevention and Safety Program

Regulations, Guidance, Standards

Patient & Personnel Safety

Individual Provider, Practice, Institution (SOPs, Ethics)

Professional Standards, Best Practices
Policy vs Procedure

**POLICY**
All staff must complete the XYZ practice/institution Occupational Health Questionnaire upon hire.

**PROCEDURE**
Complete form XYZ-1.
1. Submit form XYZ-1 and requested documentation to _____ by________
STEPS FOR THE DEVELOPMENT OF POLICIES AND PROCEDURES

1) Assess the Need
2) Determine regulatory requirements and recommendations
3) Research Best Practice
4) Develop a Written Plan
5) Draft and Edit the Policy and/or Procedure
6) Obtain Approval
7) Engage in Communication and Education
8) Practice Review and Revision
Prompts for Policies

- Regulations
- Guidelines
- Standards
- Institutional Rules
- New issues arise
- Adverse events that are preventable
Key Considerations for Developing Policies

• Finding relevant and credible sources for a policy is only a first step. To achieve desired outcomes, the policies must be evaluated and implemented skillfully.

• Consider a policy's relevance, its specificity, its target population, its readiness for implementation and any inherent biases.

• Before implementation, build consensus for the policy, adapt it to meet local practice or organization’s needs, plan for its evaluation, pilot test it and revise it as needed.

• A critical part of evaluating an infection prevention and safety policy is examining the evidence that supports it and the outcomes of its implementation.
Keep Policies Current

• Remain current with all relevant guidelines, regulations and statutes.
• Join list serves for notifications for new or updated information.
• Set up a schedule with key websites (e.g., www.ohsa.gov/dentistry, www.cdc.gov, www.fda, etc.)
• Create search strategies on key policy questions and infection control and safety issues.
  • Examples include setting up a MyNCBI account on PubMED and inputting the search strategies. Notifications of new scientific publications will sent from PubMed via email on your designated notification frequency.
WRITING SKILLS

• Say what you mean and mean what you say.
• Be aware of all possible interpretations.
  • *For example:* Chemical Monitoring. Internal Chemical Indicators will be used inside each instrument cassette.
• Use specific language for Procedures:
  • *For example:* Place the internal chemical indicator inside each instrument cassette in the middle of the cassette prior to closure and wrapping for sterilization.
• Consider the Reader/Users
• Don’t assume anything
  • *For example:* Place the Chemical integrator strip in the middle of the instrument cassette.
• Look at the experience of the user.
WRITING SKILLS

• The Gunning Fog Index defines a difficult word as any word of three syllables or more.
  • Use with words of one or two syllables.
  • Aim for a maximum of 15 words per sentence.
  • For example: Write, ‘Use form R-31 7b’; do not write, ‘Use the appropriate request form’.
• Watch out for Weasel Words
  • Weasel words are words that sound as if you’re trying to wiggle out of a commitment.
  • For example: CDC Recommends Healthcare Personnel should receive the influenza vaccine annually. Policy: Personnel should receive the influenza vaccine annually.
• Words such as should vs must leave room for interpretation and noncompliance.
  • For example: Personnel must receive the influenza vaccine annually. If personnel refuse they must sign the Influenza vaccine declination form. All personnel not immunized must wear a surgical face mask while in the clinical facility for the duration of influenza season
Discussion

• **POLICY EXCERPTS**
• Documentation for Sterility Assurance: Maintain a sterilization log of each sterilization load. [Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008](#)
  • AMSI/AAMI ST79 Amendment IV 2013
• **Work Restrictions** –
  • Review the Work Restrictions table to determine when to refrain from direct patient care. [2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](#)
  • Report all suspected or confirmed reportable diseases in patients and personnel to the Clinic Director.
  • Reportable diseases as required by state and local health departments
Developing tools to support policy implementation
Example: Instrument Processing

Excerpts from a policy on instrument processing.

All critical and semi critical instruments must be heat sterilized between patients.

The heat sterilization process must be validated with the use of chemical indicators in each pack, a chemical integrator challenge pack in each load and weekly testing with biological indicators.

An air removal test must be performed for each sterilizer at the beginning of each day, before the first load (pre-and post-vacuum autoclaves).
Policies requiring complex procedures

May benefit from standard operating procedures (SOP’s) and checklists

Do not include rationale and references in SOP’s and checklists

Keep information process-oriented
Determine requirements

- transport
- cleaning
- prep and pack
- sterilization
- storage
- monitoring
Standard operating procedures

• “A Standard Operating Procedure (SOP) is a set of written instructions that document a routine or repetitive activity followed by an organization. The development and use of SOPs are an integral part of a successful quality system as it provides individuals with the information to perform a job properly and facilitates consistency in the quality and integrity of a product or end-result”.

• EPA. EPA QA/G-6
STANDARD OPERATING PROCEDURES

Instrument Recirculation

Unauthorized persons may not enter the sterilization, cleaning and dispensing areas. Contact clinic management to gain access to the areas during non-operational hours.

1) Personal protective attire
   a) Wear mask, protective eyewear, heavy duty gloves and clinic gown when:
      i) Removing instruments and cassettes from transport cart
      ii) Placing instruments in basket or other container
      iii) Placing baskets or containers into ultrasonic cleaner
      iv) Removing baskets or containers from ultrasonic
      v) Drying instruments
      vi) Placing cassettes and baskets into instrument washers
      vii) Wrapping or bagging instruments and cassettes that have not been through washer/disinfector

2) Dirty intake room
   a) Wear gown, eye protection and gloves when handling returned items
   b) Collect amalgam in containers provided in the dirty intake
   c) Carefully discard disposable sharp items into sharps container (report the name of the student returning disposable sharps to the manager).
5) **Sterilizing instruments**
   a) Place instrument pouches or wrapped cassettes in cassette racks or in a single layer on the sterilization racks.
      i) Place larger items or wrapped items on lower racks to promote faster drying.
   b) Place integrator test packet on the bottom and center of sterilization rack. Mark with date, cycle #, sterilizer # and initials on the outside of the test pack.
   c) When using PreVacuum sterilization cycle, perform air removal test at the beginning of the day before preheating the autoclave.
   d) Perform biological indicator testing for the first load of the week.
   e) Wearing heat protective gloves, insert sterilization rack into the sterilizer.
   f) Securely close door and sterilize instruments at the time and temperature indicated for the type of load (P01 for most cycles).
   g) Wearing heat protective gloves remove the sterilization rack at the completion of the cycle.
   h) When removing instruments from the sterilizer, initial the cycle record on the tape and check to ensure the cycle parameters were correct for the type of load
   i) If the integrator test pack indicates sterilization was successful, release the load for use in the clinics
   j) If the test pack did not pass, resterilize the load with another test pack. If the next pack fails, contact Building Operations to request service and do not use the sterilizer until it has been checked by the manufacturer’s representative.
   k)

6) **Storage of instruments**
   a) Store all instruments in the pouches or wrapped cassettes in which they were sterilized.
Checklists for Repeatable Processes

Remind individuals of critical steps to complete each time
Provide verification that the steps have been completed
Create a history that can be reconstructed if there is an adverse event
Checklist for processes that must be completed in the same sequence every time

<table>
<thead>
<tr>
<th>Date</th>
<th>Sterilizer Number</th>
<th>Load Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Turn off alarm</td>
<td></td>
<td>ejc</td>
</tr>
<tr>
<td>Check temp. and exposure t.</td>
<td></td>
<td>ejc</td>
</tr>
<tr>
<td>Initial cycle end time</td>
<td></td>
<td>ejc</td>
</tr>
<tr>
<td>Move cart to storage room</td>
<td></td>
<td>ejc</td>
</tr>
<tr>
<td>Check the test &amp; tape to cart</td>
<td></td>
<td>ejc</td>
</tr>
</tbody>
</table>
Checklists for each process group

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<tbody>
<tr>
<td>Date</td>
<td>Time</td>
<td>Sterilizer#</td>
<td>Load #</td>
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<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td>Packages stamped &amp; dated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test pack prepared &amp; on center of bottom shelf</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Door sealed</td>
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<td></td>
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<tr>
<td>Sterilizer started</td>
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<td></td>
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<tr>
<td>Start time initialed</td>
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<td></td>
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<tr>
<td>Cycle started</td>
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<td></td>
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<tr>
<td>Signature</td>
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</tbody>
</table>
## Sterilization Audit Checklist

### Decontamination Area

1. Doors and pass-through windows are kept closed to confine airborne contaminants?  
2. The area is clean and free of improper items, eg. debris, shipping boxes, food, drink?  
3. The area is monitored for proper temperature (60-65°F), humidity (30-60%)?  
4. Floors, walls, ceilings and work surfaces cleaned frequently?  
5. Hand hygiene facilities accessible and kept supplied?  
6. Personnel wearing appropriate PPE?  
   a. Heavy-duty gloves?  
   b. Gown?  
   c. Eye protection?  
7. Mechanical washers are loaded properly?  
8. Chemicals are labeled and MSDS are available in the workplace?

### Packaging and Sterilization Area

1. Personnel wearing appropriate PPE  
   a. Gowns?  
   b. Hair covers?  
2. Floors, walls, ceilings and work surfaces cleaned frequently?  
3. All cassettes are inspected before packaging?  
4. Chemical integrators being used inside all packs?  
5. Class V challenge pack used in each load and logged?  
6. Sterilization checklists completed for each load?  
7. Area monitored for proper temperature (up to 74°F) and humidity (30-70%)?  
8. Sterilizer log initialized for each load?  
9. Weekly spore test for each sterilizer completed and recorded?  
10. Spore test control from same lot as test used each week?  
11. Daily air removal test conducted and recorded?

### Sterile Storage Area

1. All packs are maintained in a clean and dry environment?  
2. All packs are scanned prior to placement on storage shelves?  
3. Personnel wear appropriate PPE?  
   a. Gown?  
   b. Hair cover?
Immunization and Work Restriction Policies
Immunization of HCP

CDC. Immunization of health-care personnel: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2011;60(No. RR-7).
Common Questions about Hepatitis B Vaccine Series
Who should receive the HBV vaccine?

- All HCP whose work-, training-, and volunteer-related activities involve reasonably anticipated risk for exposure to blood or body fluids should be vaccinated with a complete, ≥3-dose HepB vaccine series.

CDC. Immunization of health-care personnel: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2011;60(No. RR-7).
When should HCP receive the HBV vaccine?

OSHA mandates that vaccination be available for employees within 10 days of initial assignment.

HCP trainees should complete the series before the potential for exposure with blood or body fluids, when possible, as higher risk has been reported during professional training (e.g., residency training).

- CDC. Updated CDC recommendations for the management of hepatitis B virus-infected health-care providers and students. MMWR 2012;61(No. RR-3).
Post-Exposure Serologic Assessment

- Because vaccine-induced anti-HBs wanes over time, testing HCP for anti-HBs years after vaccination might not distinguish vaccine nonresponders from responders.
- CDC Guidance: Pre-exposure assessment of current or past anti-HBs results upon hire or matriculation, followed by one or more additional doses of HepB vaccine for HCP with anti-HBs <10 mIU/mL, if necessary, helps to ensure that HCP will be protected if they have an exposure to HBV-containing blood or body fluids.
- CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management Recommendations and Reports December 20, 2013 / 62(rr10);1-19
  http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6210a1.htm?ss_cid=rr6210a1_w
OSHA and Declination of Vaccination

- HCP refusing HepB vaccination can obtain vaccination at a later date at no expense if the HCP is still covered under OSHA's Bloodborne Pathogens Standard. Health-care institutions should encourage HepB vaccination among HCP to improve HBV protection and to achieve the Healthy People 2020 target of 90% vaccination.
Program Evaluation: Immunization of DHCP

• Program Element
  • Appropriate immunization of dental health-care personnel (DHCP).
    • Develop and implement a program that promotes immunity of health-care personnel according to current CDC ACIP recommendations for health-care personnel.
      • HBV Vaccine: OSHA Bloodborne Pathogens Standard Regulate Employer provide Education and Training, access to HBV vaccine during normal working hours, and pay for the vaccine. If employee refuses, the OSHA Declination form must be signed, but employee can change his/her mind.
    • Other CDC recommended vaccines.

• Evaluation Activity
  • Conduct an annual review of personnel records to ensure up-to-date immunizations.
    • Keep updated immunization records of personnel.
    • Refer non-immune personnel to a qualified health-care provider for evaluation and indicated vaccinations/immunizations.
CDC Resource

• CDC Immunization Recommendations for Healthcare Personnel:
  • Visit this website for general information about immunizations for healthcare workers:
    • http://www.cdc.gov/vaccines/hcp.htm
  • Health-Care Personnel (11/25/11) "Immunization of Healthcare Workers"
    http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6007a1.htm?s_cid=rr6007a1_e
  • See also: Influenza Vaccination of Health-Care Personnel
The Infection Control Coordinator Role

Lead in policy development, implementation and monitoring
Policy Examples for Dental Practice Settings - Forsyth

- All staff (personnel) will complete the Forsyth Institute Occupational Health Screening Form (http://intranet2.forsyth.org/intranet/index.cfm).
- Personnel must provide appropriate documentation, including a copy of a medical immunization record, indicating receipt of the CDC/ACIP recommended immunizations for healthcare personnel OR, laboratory evidence of immunity.
  - This information will be reviewed by the Forsyth Director of Occupational Health and Safety.
- Referrals to the Occupational Medicine Center at New England Baptist Hospital for indicated occupational health screenings and services will be made. The Forsyth Institute Referral for Medical Evaluation is found on the Forsyth Institute http://intranet2.forsyth.org/intranet/index.cfm.
Accessing Immunizations

- Personnel who do not have immunity to any or all of the CDC is recommended immunizations for Health Care Personnel (HCP):
- Forsyth will provide access to and pay for Hepatitis B immunization and post immunization titer as well as all immunizations for vaccine preventable diseases as recommended by CDC Advisory Council on Immunization Practices (ACIP) recommendations
http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html http://www.cdc.gov/vaccines/hcp.htm#healthcare
<table>
<thead>
<tr>
<th>Condition</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>Give 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2). Give IM. Obtain anti-HBs serologic testing 1-2 months after dose #3</td>
</tr>
<tr>
<td>Influenza</td>
<td>Give 1 dose of TIV or LAIV annually. Give TIV intramuscularly or LAIV intranasally. Follow 2014-15 recommendations from CDC</td>
</tr>
<tr>
<td>MMR</td>
<td>HCP born in 1957 or later without evidence of immunity or prior vaccination, give 2 doses MMR, 4 weeks apart. Give SC. If born before 1957, 1 dose. Two doses for all HCP during mumps outbreak.</td>
</tr>
<tr>
<td>Varicella</td>
<td>HCP with no serologic proof of immunity, prior vaccination, or history of varicella disease, give 2 doses of varicella vaccine, 4 weeks apart. Give SC.</td>
</tr>
<tr>
<td>Tetanus/diphtheria/pertussis</td>
<td>All HCP need Td every 10 years after completing a primary series. Give 1 dose of Tdap IM, if direct patient contact, prioritize HCP in contact with pts. &lt;12 mos.</td>
</tr>
<tr>
<td>Meningococcal</td>
<td>Give 1 dose to microbiologists who are routinely exposed to isolates of N. meningitidis.</td>
</tr>
</tbody>
</table>
Refusal

- Personnel who refuse the Hepatitis B immunization or other CDC recommended immunizations for healthcare personnel must complete a declination form located on the Forsyth Intranet http://intranet2.forsyth.org/intranet/index.cfm in the Common C drive/Forsyth Safety Program.

- Submit the completed form and documents to the Forsyth Director of Occupational Health and Safety. Personnel who refuse immunization services at the time of hire or assignment may reconsider at any time. Contact the Forsyth Director of Occupational Health to arrange referrals and services.
Work Restrictions of HCP
Medical Conditions, Work-Related Illness, and Work Restrictions

• Under certain circumstances, health-care facility managers might need to exclude DHCP from work or patient contact to prevent further transmission of infection (e.g., conjunctivitis, influenza, etc.)

• Managers may exclude DHCP from patient contact to prevent transmission

• Work restrictions based on mode of transmission and period of infectivity

• Written policies should define who can exclude DHCP (e.g., personal physicians) and be clearly communicated
Medical Conditions, Work-Related Illness and Work Restrictions

- Exclusion policies should
  - 1) be written,
  - 2) include a statement of authority that defines who can exclude DHCP (e.g., personal physicians), and
  - 3) be clearly communicated through education and training. Policies should also encourage DHCP to report illnesses or exposures without jeopardizing wages, benefits, or job status.
Medical Conditions, Work-Related Illness and Work Restrictions

Policies should encourage DHCP to report illnesses or exposures without jeopardizing wages, benefits, or job status.
Sample Policy - Work Restrictions

• The Forsyth Institute has established referral arrangements with qualified healthcare professionals for work-related illnesses and injuries at the New England Baptist Hospital, Care Group Occupational Health Network to ensure prompt and appropriate provision of preventive services and post exposure management and medical follow-up.

• Care Group Occupational Health Network
• 70 Parker Hill Avenue
• 5th Floor
• Boston, MA 02120
• Telephone# 617-754-5620
Program Management - CDC

- Effective program management is a systematic way to ensure procedures are:
  - useful
  - feasible
  - ethical
  - accurate
“Program evaluation provides an opportunity to identify and change inappropriate practices, thereby improving the effectiveness of your infection control program.”

• Centers for Disease Control (CDC) “Guidelines for Infection Control in Dental Health-Care Settings – 2003”
Program Evaluation

• Evaluation offers an opportunity to improve the effectiveness of both the infection-control program and dental-practice protocols.

• Evaluate on a day-to-day basis and over time.
Continuous Quality Improvement

Proactive

Reactive
Program Evaluation

• If deficiencies or problems in the implementation of infection-control procedures are identified, further evaluation is needed to eliminate the problems.
  • System deficiency?
  • Personnel deficiency?
  • Resource deficiency?
Program Evaluation

Strategies and Tools
Periodic observational assessments
Checklists to document procedures
Routine review of occupational exposures and illnesses
Program Evaluation

**Immunizations**

**Hand Hygiene**

**PPE**
Elements of an Infection Control Program Evaluation

**Dental Water Quality**

**Biological Monitoring**

**Waste Disposal**
Program Evaluation

- Evaluate infection control practices
- Assess adverse outcomes
- Document work-related illnesses
- Monitor health care-associated infections
Basic infection prevention recommendations for outpatient settings

Administrative measures
Education and training of all HCP
Report process and outcome measures

Standard Precautions
Hand hygiene  PPE
Injection safety  Environmental cleaning
Medical equipment  Resp hygiene/cough etiquette

Resources
Disinfection and sterilization
FDA device information
Transmission based precautions
<table>
<thead>
<tr>
<th>1. Facility Policies</th>
<th>Practice Performed</th>
<th>If answer is No, document plan for remediation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Written infection prevention policies and procedures are available, current, and based on evidence-based guidelines (e.g., CDC/HICPAC), regulations, or standards <em>(Note: Policies and procedures should be appropriate for the services provided by the facility and should extend beyond OSHA bloodborne pathogen training)</em></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• Infection prevention policies and procedures are re-assessed at least annually or according to state or federal requirements</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• At least one individual trained in infection prevention is employed by or regularly available to the facility</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• Supplies necessary for adherence to Standard Precautions are readily available <em>(Note: This includes hand hygiene products, personal protective equipment, and injection equipment.)</em></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Best Practices Checklist - COMING SOON
• High visibility, in-practice operational aid
• Lists sequential behaviors for entire life cycle of patient visit
OSAP Resource for Portable and Mobile Dental Programs

- Guidance on Infection Control Considerations for Dental Services in Sites Using Portable Equipment or Mobile Vans: http://www.osap.org/?page=PortableMobile
<table>
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<tr>
<th>Level I</th>
<th>Level II</th>
<th>Level III</th>
<th>INFECTION CONTROL PRACTICE</th>
<th>Yes</th>
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<tbody>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Hand Hygiene, Continued</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>If not, are alcohol-based hand sanitizers available?</td>
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<td></td>
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<td></td>
<td>Is staff properly trained in the use of alcohol handrub products?</td>
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</tr>
<tr>
<td>X</td>
<td>X</td>
<td></td>
<td>Personal Protective Equipment (PPE) (e.g., gloves, masks, protective eyewear, protective clothing)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Wear mask if have respiratory infection</td>
<td>Is there a protocol that outlines what PPE are worn for which procedures?</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Is PPE storage available and close to care?</td>
<td>Are facilities available to disinfect PPE (DHCP eyewear, patient eyewear, heavy duty utility gloves)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>X</td>
<td>As necessary</td>
<td>Environmental Surfaces: Clinical Contact Surfaces (e.g., light handles and countertops)</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Is there a list of what surfaces will be cleaned, disinfected or barrier protected and the process and products to be used?</td>
<td>If chemical disinfectants are used, is there a protocol for how they are managed, stored and disposed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>X</td>
<td></td>
<td>Housekeeping Surfaces (e.g., floors, walls)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Is there a list of which housekeeping surfaces will need to be cleaned and disinfected and how often?</td>
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</table>
REFERENCES

Infection Prevention and Safety
A Public Trust & Expectation