Policies, procedures and protocols that promote compliance

Kathy Eklund, RDH, MHP
Forsyth Institute
and
Eve Cuny, MS
University of the Pacific School of Dentistry
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
Policy vs Procedure

POLICY

All staff must complete the XYZ practice/institution Occupational Health Questionnaire upon hire and provide proof of immunization.

PROCEDURE

Complete form XYZ-1. Submit form XYZ-1 to Human Resources and provide requested documentation upon reporting for the first day of work.
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 writing 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.


• 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 Class 5 Chemical integrator strip in the middle of the instrument cassette.
• Look at the experience of the user.
The Gunning Fog Index defines a difficult word as any word of three syllables or more. Stick 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’.
WRITING SKILLS

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 received 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


AMSI/AAMI ST 79 2012

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
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
Checklists

• 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
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

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 Pre vacuum 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
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 Class V chemical indicator 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).
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 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ejc ejc ejc ejc ejc</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

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Sterilizer#</th>
<th>Load#</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Packages stamped</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test pack prepared</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Door sealed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterilizer started</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start time intialed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cycle started</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Checklists for compliance

### 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, e.g., 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?
   - Heavy-duty gloves?
   - Gown?
   - 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
   - Gowns?
   - 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?
   - Gown?
   - 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).
CDC Recommendations – Immunization of DHCP

- Immunization of DHCP before they are placed at risk for exposure remains the most efficient and effective use of vaccines in health-care settings. Some educational institutions and infection-control programs provide immunization schedules for students and DHCP.
OSHA

- OSHA requires that employers make hepatitis B vaccination available to all employees who have potential contact with blood or OPIM.
- Employers are also required to follow current CDC recommendations for vaccination, evaluation, and follow-up procedures.
CDC Resources

• 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
Example school vaccine policy

- All students and residents are required to show serological evidence of immunity for
  - MMR
  - Varicella
  - Polio
  - HBV
  - TDAP
  - Annual influenza
  - TB testing (PPD, negative chest x-ray, or interferon-gamma release assay)
Example School vaccination non-compliance

- Required to provide before matriculation
- Standby students
- Incomplete records from physician
- NP tracks vaccinations in EHR
- Notifies EHS of noncompliant students
- Email to students (usually multiple)
- EHS notifies student and GPL of policy
- Student receives “D” in patient management each quarter they are noncompliant
- New compliance rate: 100%
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.
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>Disease</th>
<th>Immunization Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hepatitis B</strong></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><strong>Influenza</strong></td>
<td>Give 1 dose of TIV or LAIV annually. Give TIV intramuscularly or LAIV intranasally. Follow 2013 recommendations from CDC.</td>
</tr>
<tr>
<td><strong>MMR</strong></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><strong>Varicella</strong></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><strong>Tetanus/ diph-theria/ pertussis</strong></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.</td>
</tr>
<tr>
<td><strong>Meningococcal</strong></td>
<td>Give 1 dose to microbiologists who are routinely exposed to isolates of <em>N. meningitidis</em>.</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
Decisions concerning work restrictions are based on the mode of transmission and the period of infectivity of the disease.
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.
Work restrictions

Policies should encourage DHCP to report illnesses or exposures without jeopardizing wages, benefits, or job status.
“Weasel word” sample policy - work restrictions

• **Less effective:**
  • Personnel *are encouraged* to report their illnesses or exposures to facilitate appropriate health management.

• **More effective:**
  • Personnel *are encouraged* to report any medical conditions or medical treatments that may render them more susceptible to opportunistic infection.
  • Personnel *must* report any infection that poses a significant risk of transmission to other DHCP and patients.
  • All reports *must be* directed to the Forsyth Director of Occupational Health and Safety.
Support your policies

- 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
Resources


• Middle East Respiratory Syndrome (MERS)
  • [http://www.cdc.gov/coronavirus/mers/infection-prevention-control.html]
  • Interim Guidance
REFERENCES


