**[Your Practice]**

**Infection Control & Sterilization Policy**

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**Purpose:** To provide guidelines for provision of a safe environment that eliminates or minimizes the risk for transmission of pathogens and infection in our podiatry office for the patient, employees, and physicians.

**Introduction:** These guidelines address basic infection control practices and applications for routine foot care. CMS defines routine foot care as “the cutting or removal of corns or calluses, the trimming of nails and other routine hygienic care.”

The information set forth in these guidelines is based on federal and state regulations that include, but are not limited to, the following: Occupational, Safety and Health Act (OSHA), the Environmental Protection Act (EPA), New Jersey Department of Health (NJDOH), and national infection control guidelines and recommendations from the Centers for Disease Control and Prevention (CDC), Association for Professional in Infection Control and Epidemiology (APIC), the American Association for Medical Instrumentation (AAMI), and the American Podiatric Medical Association (APMA). Sanding and burring precautions are also identified since additional precautions are needed to address the aerosolization of the nail and skin dust and environmental contamination that results.

**Policy:**

It is the policy of this practice to provide safe care for our podiatry patients, as well as provide for a safe environment for our employees and physicians with respect to podiatry services, while maintaining compliance with current federal, state, and OSHA guidelines. This practice uses sterile or high level disinfected instruments for procedures involving viable tissue and for nail and foot care. This includes bandage scissors.

**Occupational Health Risks to the Employee or Physician:**

OSHA and the Joint Commission require that healthcare facilities protect workers and patients from known risks.

1. Because injuries with sharps are a potential risk, OSHA requires use of sharps with safety features, which include scalpels, blades, and needles/syringes.
2. People who require foot care are in a high-risk group for carriage of multi-drug resistant organisms such as MRSA and VRE.
3. Aerosolizing procedures can transmit pathogens and cause environmental contamination.
4. All high level disinfectants by definition are toxic, their fumes are known irritants, and patients need protection from exposure. This practice minimizes the risks associated with these disinfectants through appropriate selecting, handling, storing, transporting, using and disposal of high level disinfectants utilized in podiatry.

**Room Appropriateness for Foot Care:**

1. Routine Foot Care: Any room is appropriate for routine foot care (trimming of nails, corns, calluses).
2. Sanding/Burring: A room dedicated to sanding/burring is recommended. Sanding/burring procedures generate dust aerosolization, contaminating the environment, equipment, and supplies in the room increasing the risk of pathogen transmission.

**Settings NOT Recommended for Sanding:**

1. Minor Operating Room or surgical procedure room or injection room.
2. Exam rooms that will be used for different types of patient exams between foot care sanding procedures.

**Hand Hygiene:**

As per the CDC, alcohol-based hand sanitizers are the most effective products for reducing the number of germs on the hands of healthcare providers. Antiseptic soaps and detergents are the next most effective, and non-antimicrobial are the least effective. When hands are not visibly dirty, alcohol-based hand sanitizers are the preferred method for cleaning your hands in the setting of a podiatric office. Soap and water are recommended for cleaning visibly dirty hands.

1. When cleaning your hands with soap and water, wet your hands first with water, apply a generous amount of soap, and rub your hands vigorously for 15 seconds, covering all surfaces of the hands and fingers.
2. Rinse your hands with water and disposable towels to dry. Use towel to turn off the faucet.
3. When cleaning your hands with alcohol-based hand sanitizer, put product on hands and rub hands together for 20 seconds. Cover all surfaces until hands feel dry.

Hand hygiene reminder signs are posted in the bathroom and by all sinks in the office suite.

Gloves should be worn during all procedures. Wearing gloves is not a substitute for hand hygiene. Remove gloves after contact with a patient. Do not wear the same pair of gloves for the care of more than one patient.

**Room Set Up & Clean Up:**

All rooms are to be cleaned by medical assistant between patients and at the end of day. All rooms are also cleaned nightly by cleaning service provided by landlord. The cleaning service not only follows the protocols set forth in the itemized list below but also mops the floor with disinfectant solution and throws out all garbage.

Specifically, following each patient encounter, the examination rooms are cleaned by the medical assistant in the following manner:

1. Keep countertop space as free and clear as possible to facilitate ease in cleaning.
2. Remove or minimize room equipment.
3. Discard disposable used items into trash.
4. Place all used non-disposable instruments out of circulation to commence sterilization process (see Instrument Processing & Reprocessing).
5. The entire treatment chair is wiped down with antibacterial disinfectant spray and soft clean cloth.
6. The debris tray is emptied of any contents and cleaned and disinfected with bleach spray or all-purpose antibacterial cleaner with a soft clean cloth.
7. A fresh sanitary towel is placed on the foot portion of the treatment chair.
8. The floor is swept and vacuumed.
9. All countertop surface areas are cleaned and disinfected with bleach spray or all-purpose antibacterial cleaner with a soft clean cloth.
10. Perform hand hygiene when exiting room.

**Instrument Processing & Reprocessing:**

The APMA recommendations in conjunction with the CDC designate podiatric instruments that have the potential to penetrate the skin, such as nail clippers, scalpels, tissue nippers, curettes, dissecting scissors, files, and burrs to be considered critical instrumentation that requires sterilization or high level disinfection between each patient.

The following specific measures are implemented at all times to ensure effective sterilization of all instruments:

1. Assure proper reprocessing, storage, and handling of all sterile and clean instruments, including bandage scissors.
2. Perform hand hygiene prior to accessing sterile instruments.
3. Use sterile instruments for procedures involving viable tissue.
4. Remember single use sterile instruments are disposable and discarded after patient use.
5. Do not store sterile instruments in unsterile areas.
6. Soiled instruments must be thoroughly cleaned prior to sterilization or high level disinfection to remove proteinaceous soil. All used instruments are scrubbed in a mixture of bleach and water with a wire brush and placed in a basin to soak with an enzymatic agent. Follow manufacturer’s dilution instructions for the enzymatic agent. Gown, gloves, and eye protection are worn during this process. Assure that all sharp ends of instruments are pointing in the same direction to avoid injury. Clean and dry all containers used for soaking.
7. Following scrubbing and soak in the basin, all instruments are placed into an ultrasonic cleaner filled with enzymatic agent. Follow manufacturer’s dilution instructions for the enzymatic agent and instructions for operation and maintenance. The ultrasonic cleaner is checked regularly for effective operation and cleaned following operation.
8. Following ultrasonic cleaning, the instruments are rinsed and dried and placed into pouches to commence the autoclaving process.
9. All instruments are to be autoclaved. Follow manufacturer’s instructions for operation and maintenance. The autoclave is to be run 1-2x per week. The autoclave is to be tested with prompt regularity for detection of spores and effective operation (biologics). The autoclave is to be tested annually by a third party for effective and compliant operation. A log is to be maintained for all times the autoclave is operated.
10. All autoclaved instruments are placed in sealed pouches with sensor disks to ensure proper sterilization is achieved and are dated with the date of autoclaving. Fresh packs of sterilized instruments are utilized for each patient and are inspected before each use.

**Procedure Safety:**

Prevent environmental contamination.

1. Perform hand hygiene:
2. Before touching a patient upon entering the room.
3. Before clean/aseptic procedures, when moving from a dirty task to a clean task, remove gloves and perform hand hygiene.
4. After body fluid exposure/risk, between dirty and clean steps of the procedure.
5. After touching a patient, and when moving away from the procedure to access additional supplies.
6. After touching patient surroundings, and immediately before or immediately following exiting the patient room.
7. Prevent placing dirty items with clean items.
8. Wear appropriate personal protective equipment (PPE) for procedures performed.
9. Discard activated sharps into a compliant and compliantly placed sharps container.
10. Assure floor is free or nail clipping when asking patients to walk barefoot. Clean patients’ feet after the clinical observation.

Gloves should be worn during all procedures. Wearing gloves is not a substitute for hand hygiene. Remove gloves after contact with a patient. Do not wear the same pair of gloves for the care of more than one patient.

**Open Multi-Dose Vials:**

See Policy entitled Injectables and Expired Medications.