Infection Control in the Hearing Aid Clinic

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OBJECTIVES

What is infection control & why should we care?
What do we need to do?

‘….conscious management of the clinical environment for purposes of minimizing or eliminating the potential spread of disease’

Bankaitis & Kemp, 2003, 2004

What is infection control?

HIV

Concern for cross-contamination
OSHA enacts regulations
Provide guidelines on minimizing exposure
### Why Should We Care?
- Contact with bodily fluids
- Multiple Contact with Multiple objects & patients
- Opportunistic Infections

### Standard Precautions
- Appropriate personal barriers (gloves, masks, eye protection, gowns) must be worn when performing procedures that may expose to infectious agents
- Hands must be washed before and after every patient contact and after glove removal
- “Touch” and “splash” surfaces must be pre-cleaned and disinfected
- Critical instruments must be sterilized
- Infectious waste must be disposed of appropriately

### PERSONAL BARRIERS
- GLOVES
- SAFETY GLASSES
- DISPOSABLE MASKS
- DISPOSABLE GOWNS

### Hands must be washed......
- PATIENT APPTS
- GLOVE REMOVAL
- AS NEEDED

### TERMINOLOGY
- **CLEAN**
  - Remove gross contamination
  - Germs not necessarily killed
  - Important precursor to disinfecting & sterilizing
- **DISINFECT**
  - Process whereby germs killed
  - Spectrum of kill depends
  - Performed on touch & splash surfaces or on individual patient’s items that are not transferable to others

### TOUCH SURFACE:
area that comes in potential direct or indirect contact with hands

### SPLASH SURFACE:
area that may be hit with blood or other body secretions from potentially contaminated source
Critical Instruments

- Instruments introduced directly into bloodstream
- Non-invasive instruments that come in contact with mucous membranes or bodily substances
- Instruments that can potentially penetrate skin from use or misuse

TERMINOLOGY

DISINFECT
- Process whereby germs killed
- Spectrum of kill depends
- Performed on touch & splash surfaces or on individual patient’s items that are not transferable to others

STERILIZE
- Process whereby ALL germs killed
- Specific product requirements
- Performed on all reusable critical instruments that have been cleaned prior to reuse

Infectious wastes

- Sharp instruments
- Contaminated waste

Select Product

- Traditional soap & water
- Addition of no-rinse hand degermers

PERSONAL BARRIERS

- Latex vs non Latex
- Powder vs Powderless
- Size matters!
**Hand Hygiene**
- Liquid
- Medical grade
- Anti-microbial not critical
- No-rinse = alternative

**Disinfectants**
- Spray, towelette, liquid
- Hospital Grade
- Non-alcohol based

**Clean & Sterilize**
- Cold sterilization
- Ingredients
  - Hydrogen Peroxide (5-6%)
  - Glutaraldehyde solutions (>2%)
- Soak Time
  - 10 hour soak
  - 6 hour soak
- Use/Reuse
  - 21 days
  - 28 days

**Material Safety Data Sheet (MSDS)**
- Document that outlines hazards associated with chemical products
  - Chemical composition
  - Physical & chemical characteristics
  - Acute & chronic health effects
  - Exposure limits
  - Precautionary measures, first aid consideration
- Not necessarily included in packaging
- OSHA requires MSDSs

**Disposables**
- One time, one use only
- Thrown out after use
- No need to clean, disinfect or sterilize
- Eliminates potential infection control errors

**Infectious Waste**
- Sharps container
- Biohazard bags
- Spill kit
IS A WRITTEN PLAN NECESSARY?
- OSHA federal regulatory body responsible for overseeing implementation of safety procedures in the work place
- Guidelines on how to reduce exposure to infectious agents
- Scope of practice dictates OSHA’s jurisdiction
- Obligated to uphold federally mandated infection control standards

WRITTEN INFECTION CONTROL PLAN

REQUIREMENTS
1. Employee Exposure Classification
2. Hepatitis B (HBV) Vaccination Plan
3. Plan for Annual Training & Records
4. Plan for Accidents & Accidental Exposure Follow-up
5. Implementation Protocols
6. Post Exposure Plans & Records

What We Need To Do

What services do you provide?
Profession specific procedures
Standard Precautions
- Personal Barriers
- Hand Hygiene
- Clean & Disinfect
- Sterilize
- Waste Management

Hearing Aid Listening Check
Work Practice Control Procedure
- Accept hearing instrument w/disinfectant towelette
- Clean hearing aid surface w/portion of towelette; disinfect same surface with unused portion of towelette
- Discard used towelette in trash
- Attach hearing aid to listening bell of stethoscope
- After performing listening check, use fresh disinfectant towelette to clean listening bell and both ear pieces; disinfect same surfaces w/unused portion of towelette
- Return stethoscope to appropriate resting location
- Discard used towelette in trash

Take home messages
- Infection control is a required element
- Create work practice controls
- Use standard precautions as your guide
- Select product
- Implement
- Rely on resources

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