

SECTION	Approval date:	
Infection Control	Approved by:	
POLICY AND PROCEDURE	Effective date:	
Sanitary Environment & Decontamination of Surfaces	Revision date:	

POLICY:

Site environment shall be maintained in a clean and sanitary condition. Environmental safety includes the hygienic condition of the site. The site shall follow decontamination procedures on contaminated surfaces according to Cal-OSHA Standards, 8 CCR §5193; CA H&S Code §118275. The site shall utilize products from the most current EPA approved product list and information available from the EPA, Antimicrobial Division's website at <https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>

PROCEDURE:

I. General Appearance

- A. Patient areas, restrooms, furniture, walls, floors, and carpets shall be unsoiled, neat, tidy, uncluttered, and in good repair.
 - 1. Cleaning shall be performed regularly, as scheduled, by staff or contracted service.
 - 2. Staff is responsible for keeping work areas neat and clean.
 - 3. Staff is responsible for reporting to the office manager/provider any soiled carpet, walls, etc. that require professional cleaning, repair, or replacement. Designated staff shall arrange for appropriate services, as needed.
 - 4. Staff is responsible for reporting to the office manager/provider if any equipment, furniture, carpet, etc. is in need of repair (i.e., torn upholstery covers, etc.). Designated staff shall arrange for repair or replacement, as needed.

II. Sanitary Supplies

- A. Appropriate sanitary supplies shall be available for restroom use, including toilet tissue, hand washing soap, cloth/paper towels or antiseptic wipes.
- B. Staff shall check restrooms frequently for presence of supplies and replenish supplies as necessary.

III. Hand Washing Facilities & Antiseptic Hand Cleaner

- 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 wipes 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).
- C. Antimicrobial agents or alcohol-based antiseptic hand rubs shall be 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.

IV. Routine Decontamination

- A. Contaminated work surfaces are decontaminated with an appropriate disinfectant (29 CFR 1910.1030). Written "housekeeping" schedules have been established and are followed for regular routine daily cleaning. Staff is able to identify frequency for routine cleaning of surfaces and equipment, the disinfectant used and responsible personnel.

V. Disinfectant Products

- A. Products used for decontamination have a current EPA-approved status. Product shall effectively kill HIV/HBV/TB. If manufacturer's product label indicates it will kill TB, it is understood that product will effectively kill HIV and HBV. Decontamination products are reconstituted and applied according to manufacturer's guidelines for "decontamination."

VI. 10% Bleach Solution

- A. If 10% bleach solution is used (using a minimum of 5.25% sodium hypochlorite concentration), it is changed/reconstituted **every** 24 hours (due to instability of bleach once mixed with water). Surface is cleaned prior to disinfecting due to presence of organic matter (e.g., dirt, blood, excrement) inactivating active ingredient, sodium hypochlorite. Surface is air dried or allowed appropriate time (stated on label) before wiping it dry and use. Manufacturer's directions, *specific* to every bleach product, are followed carefully.

VII. Waste Disposal Container

- A. Contaminated wastes (e.g., dental drapes, band aids, sanitary napkins, soiled disposable 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. Closed containers are not required for regular, solid waste trash containers. (California Health and Safety Code Section 118275-118320)
<https://www.hercenter.org/rmw/oshha-bps.php>
- B. Blood and Other Potentially Infectious Materials (OPIM) are all human body fluids, any unfixed tissue or organ (other than intact skin) from a human (living or dead), and HIV or HBV-containing blood, cells, tissue, organs, cultures, medium or solutions. Containers for blood and OPIM are closable, leak proof, and labeled and/or color-coded. Double bagging is required only if leakage is possible.

VIII. Spill Procedure

- A. Staff is able to identify procedures for prompt decontamination of blood/body fluid spills, the Personal Protective Equipment (PPE) and disinfectant used, and the responsible person(s).

- B. PPE for protection against bloodborne pathogen hazards is available on site and shall include: water repelling gloves; clothing barrier/gown; face/eye protection (e.g., goggles/face shield); and respiratory infection protection (e.g., mask). It does not include general work clothes (e.g., uniforms, cloth lab coats) that will permit liquid to soak through. General work clothes are appropriate only if blood/OPIM does not penetrate through employee's work clothes, undergarments, skin, eyes, mouth, or other mucous membranes under NORMAL conditions of use. The storage of PPE are adequate to protect the PPE from contamination, loss, damage, water or sunlight. Proper storage often requires a dry and clean place that is not subject to temperature extremes.