



EDUCATIONAL RESOURCES

# INFECTION CONTROL IN THE SLEEP LAB

## Insight to the ACHC Survey Process

# COURSE DESCRIPTION AND LEARNING OBJECTIVES

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- This webinar will demonstrate the ACHC Surveyor process for assessing infection control procedures within the sleep lab.
- Discuss the ACHC Standard for Infection Control Policies and Procedures.
- Understand the ACHC Surveyor approach to assessing infection control processes in the sleep lab setting.

# SURVEY PROCESS

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- Review Infection Control Program
  - Who is responsible in the SLC?
  - How is it communicated?
- Ensure staff demonstrate understanding of Infection Control Program
  - Orientation
  - Competencies
  - Annual Compliance Training
- Review evidence of enforcement of Infection Control Program
  - Cleaning and Maintenance Logs

# ACHC STANDARD SLC7-1A

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- Written policies and procedures are established and implemented that address the surveillance, identification, prevention, control and investigation of infectious and communicable diseases and the compliance with regulatory standards.

# PROCEDURES

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- Identify the personnel who have the responsibility for the implementation of the infection control activities and personnel education.
- Provide infection control education to employees, contracted providers and clients/patients regarding both basic and high-risk control procedures as appropriate to the care/services provided.
- All personnel demonstrate infection control procedures in the process of providing care/service to clients/patients as described in OSHA and CDC standards, and as adopted into program care/service policies and procedures.

# PROCEDURES

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- The SLC maintains and documents an effective infection control program that protects clients/patients and personnel by preventing and controlling infections and communicable diseases.
- The SLC's infection control program must identify risks for the acquisition and transmission of infectious agents in all care/service settings.
- There is a system to communicate with all personnel and clients/patients about infection prevention and control issues including their role in preventing the spread of infections and communicable diseases through daily activities.

# ACCEPTED STANDARDS OF PRACTICE

- Written policies and procedures are established and implemented to include accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.
- Commonly accepted health standards established by national organizations, boards, and councils (e.g., Association for Professionals in Infection Control and Epidemiology [APIC], American Nurses Association [ANA])
  - The Centers for Disease Control and Prevention (CDC)
  - The Agency for Healthcare Research and Quality (AHRQ)
  - State Practice Acts

# POLICIES TO INCLUDE

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- General infection control measures appropriate for care/service provided
- Hand washing
- Use of standard precautions and personal protective equipment
- Appropriate cleaning/disinfecting procedures
- Infection surveillance, monitoring and reporting of employees and clients/patients
- Disposal of regulated waste, if applicable
- Precautions to protect immune-compromised clients/patients
- Employee health conditions limiting their activities
- Assessment and utilization of data obtained about infections and the infection control program



# GENERAL INFECTION CONTROL MEASURES

- Appropriate for care/service provided
  - Sleep Lab setting
    - PSG, CPAP, MSLT/MWT, PAP Naps, HST, etc...
- Hand washing /Hand sanitizer
  - Prior to entering patient room OR in patient room
- Use of standard precautions and personal protective equipment
  - Gloves
  - Gowns
  - Face shields/splash guards

# AREAS OF CONCERN IN THE SLEEP LAB

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- Multi-patient use items:
  - Masks/interfaces, Tubing, Humidifier chambers
  - Thermistors
  - Respiratory effort belts
- HST Units
- Bed linens
- Personnel
- Patients

# MASK/INTERFACES/TUBING/HUMIDIFIERS

- Three primary manufacturers
- All provide recommendations for multi-patient use cleaning and disinfection
  - Low-level disinfection vs. High-level disinfection
- High-level disinfection methods
  - Thermal
  - Chemical
  - Autoclave
  - Sterilization

# MULTI-PATIENT USE EQUIPMENT

- Manufacturer Instructions
  - Disassembly
  - Pre-clean
  - Contact time with HLD (Soak time)
  - Rinsing
    - Running water vs. tub
    - How many pieces at a time?
    - How long/how many times to rinse?

# HLD-DISINFECTANT/GERMICIDE

- Must be able to kill a broad range of pathogens
  - HIV-1
  - Pseudomonas aeruginosa
  - Staphylococcus aureus (MRSA)
  - Salmonella choleraesuis
  - E. Coli
  - Herpes Simplex virus type 1
  - Herpes Simplex virus type 2
  - Influenza virus type A
  - Influenza A2 virus

# HIGH LEVEL DISINFECTANTS

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- How to prepare and store
  - Container type and size
  - Storage Temperature
- Once prepared, how long is it effective?
  - Date prepared
  - Expiration Date
- Concentration must be tested for efficacy
  - Test strips
- Proper disposal

# TRACKING PROCESS-MULTI USE

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- Drying method
  - Air dry-how long prior to reassembly
- Tracking use cycles
  - 20, 30 uses?
- Logs
- Lori B at CSI has excellent tracking process!

# RESPIRATORY EFFORT BELTS

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- Manufacturer recommendations
- Generally do not have to be cleaned with HLD
- Hand wash/air dry in well-ventilated area
  - Drip-catch pad



# HST UNITS

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- Manufacturer packaging
  - Hard case with foam insert
  - Soft case
- Porous?
  - Saliva/mucous
  - Smoke
- Alternate methods of packaging/transport
  - Easier to disinfect

# BED LINES

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- Who is responsible for removing linens?
  - Is PPE provided for techs?
    - Gloves
    - Gowns
- Is there a separate process for soiled linens?
  - Regulated Waste/Biohazard Waste
- In-lab laundering
  - “Home” laundry methods vs. healthcare facility
  - Training/competencies
- Linen Service
  - Certified for healthcare facility linens

# REGULATED WASTE-OSHA DEFINED

- Liquid or semi-liquid blood or other potentially infectious materials
- Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed
- Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling
- Contaminated sharps
- Pathological wastes containing blood or other potentially infectious materials

# BIOHAZARD WASTE DEFINED

- Biohazard waste
  - Feces
  - Urine
  - Menses
- Most states have regulations that require bandages, gauze, bed sheets, and other non-sharps' materials that are contaminated with blood and other infectious bodily fluids to be disposed of in specially marked red, leak-proof waste bags.
  - These bags are also to be marked with the standard 'biohazard' symbol.

# BLOOD BORNE PATHOGEN STANDARDS

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- States and territories that operate their own OSHA-approved state programs are required to adopt a Bloodborne Pathogens standard that is at least as effective as the Federal OSHA standard
- [Quick Reference Guide to the Bloodborne Pathogens Standard](#)

# OSHA BLOOD BORNE PATHOGEN

- OSHA's Bloodborne Pathogens standard ([29 CFR 1910.1030](#)) as amended pursuant to the *Needlestick Safety and Prevention Act* of 2000, prescribes safeguards to protect workers against the health hazards caused by bloodborne pathogens.
- Its requirements address items such as exposure control plans, universal precautions, engineering and work practice controls, personal protective equipment, housekeeping, laboratories, hepatitis B vaccination, post-exposure follow-up, hazard communication and training, and recordkeeping

# PERSONNEL

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- Employee health conditions limiting their activities.
- The SLC provides infection control education to employees, contracted providers and clients/patients regarding both basic and high-risk control procedures as appropriate to the care/services provided.
- All personnel demonstrate infection control procedures in the process of providing care/service to clients/patients as described in OSHA and CDC standards, and as adopted into program care/service policies and procedures.

# PERSONNEL

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- TB Exposure Plan
- Hepatitis B
- Sick Policies:
  - Fever
  - Gastrointestinal
  - Other?
- Call out days before seeing MD
- Release back to work



# TB EXPOSURE PLAN

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- Written policies and procedures detail OSHA Blood borne Pathogen and TB Exposure Control Plan training for all direct care personnel.
- Plans are available to the personnel at the workplace during the work shift.
- The exposure control plans are reviewed annually and updated to reflect significant modification in tasks or procedures that may result in occupational exposure.

# TB EXPOSURE PLAN (CONTINUED)

- The Exposure Control Plan includes engineering and work practice controls that eliminate occupational exposure or reduce it to the lowest feasible extent (e.g., use of safer medical devices and appropriate respiratory protection devices).
- The TB Exposure Control Plan includes a current organization assessment indicating the prevalence rate of TB in the communities serviced by the organization as well as the rate of TB of the clients/patients serviced by the organization.

# TB TESTING AND RISK ASSESSMENT

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- TB testing of direct care personnel:
  - Upon hire
  - Option for baseline TB testing of direct care personnel upon hire
- If proof of TB testing in accordance with state requirements is presented from anytime in the past, it can be combined with a symptom screening tool prior to patient contact in lieu of a new TB test.
- If there is no evidence of a baseline TB test, TB testing is conducted by the organization.

# HEPATITIS B

- Hepatitis B vaccination program and post-vaccination antibody titer are performed in accordance with CDC and OSHA guidelines.
- Personnel sign a declination statement for the Hepatitis B vaccination within 10 working days of employment if they choose not to become vaccinated.
- The following are circumstances under which an SLC is exempt from making the vaccination available:
  - The complete Hepatitis B vaccination series was previously received
  - Antibody testing shows the employee to be immune
  - The vaccine cannot be given to the individual for medical reasons or the individual cannot receive antibody testing

# PATIENT SCREENING

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- Pre-study information packet
  - When not to test
- Day of testing
  - Do you have a cough, congestion or cold symptoms?
  - Do you have a fever/body aches?
  - Recent exposure to anyone who has been sick?

# ACHC SURVEYOR REVIEW PROCESS

- Written Policies and Procedures for Infection Control Program
  - Who is responsible for implementing?
  - How is it communicated?
- Ensure staff demonstrate understanding of Infection Control Program
  - Orientation
  - Annual Compliance Training
  - Competencies
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# VIRUSES-DID YOU KNOW?

- Written Policies and Procedures for Infection Control Program
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# MORE ABOUT VIRUSES

- For most viral **infections**, treatments can only help with symptoms while you wait for your immune system to fight off the virus.
- **Antibiotics** do not work for viral **infections**.
- There are antiviral **medicines** to treat some viral **infections**.
- Vaccines can help prevent you from getting many viral diseases.







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# QUESTIONS?

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