



Key Infection Control Practices for Outpatient Health Care Settings¹

1. Know your reporting requirements as mandated by the New York State Public Health Law and the New York City Health Code²

- Become familiar with the diseases and conditions common to your medical practice that must be reported to the New York City Health Department, including disease clusters.
- Ensure that all clinical personnel are familiar with their reporting requirements, including when and how to contact the Health Department immediately.

2. Establish and maintain infection control policies and procedures

- Implement written policies and procedures according to published guidelines.
- Ensure that all clinical personnel receive job-specific training on infection prevention policies and procedures, including the OSHA bloodborne pathogen standard, upon hire and at least annually.
- Offer all personnel annual influenza vaccination at no cost.
- Offer hepatitis B vaccine series to nonimmune clinical personnel, in accordance with Occupational Safety and Health Administration (OSHA) regulations.
- Conduct a risk assessment to determine need for a respiratory protection program that details required worksite-specific procedures and elements for required respirator use.
- Reassess written infection control policies and procedures at least annually.
- Ensure that at least one individual trained in infection prevention is employed by or regularly available to the facility.
- Ensure that the facility has sufficient and appropriate supplies of personal protective equipment (PPE) available and readily accessible to clinical personnel.
- Train clinical personnel on proper selection and use of PPE.
- Establish policies and procedures to rapidly identify and appropriately manage potentially infectious patients (such as immediately isolating people with fever and a rash), beginning at point of entry to the facility and continuing through the duration of the visit.
- Take the following steps to reduce transmission of respiratory infections:
 - Post visible signage at entrances educating symptomatic patients on respiratory hygiene.
 - Train staff to recognize and offer masks to coughing patients.
 - Provide masks and hand sanitizer in waiting areas.

3. Practice injection safety

- Use devices with safety features to isolate sharps and needle-free IV delivery systems.
- Do not recap needles.
- Use needles and syringes for only one patient (this includes manufactured prefilled syringes and cartridge devices such as insulin pens).
- Disinfect the rubber septum on a medication vial with alcohol and allow it to dry prior to piercing.

- Use a new needle and a new syringe to enter a medication vial, even when obtaining additional doses for the same patient.
- Do not reuse a syringe to enter a medication vial or container.
- Avoid prefilling and storing batch-prepared syringes unless in accordance with pharmacy standards.
- Prepare medications as close as possible to the time of administration.
- Ensure that single-dose (single-use) medication vials, ampules and bags or bottles of intravenous solution are used for only one patient.
- Ensure that medication administration tubing and connectors are used for only one patient.
- Date multidose vials when they are first opened and discard within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial.
- Dedicate multidose vials to individual patients whenever possible.
- Ensure that multidose vials to be used for more than one patient are kept in a centralized medication area and do not enter the immediate patient treatment area (e.g., operating room, patient room or cubicle).
- Dispose of all sharps in a puncture-resistant, leak-proof and closable sharps container that is positioned close to the point of use.
- Never put hands or fingers into a sharps container.
- Dispose of filled sharps containers in accordance with state regulated medical waste rules.
- Keep all controlled substances (e.g., Schedule II, III, IV, V drugs) locked within a secure area.
- Develop and regularly review policies and procedures to prevent sharps injuries among staff.
- Maintain a sharps injury protocol³ and be certain that all employees know where it is kept in case it is needed after a sharps injury.
- Keep a log of all sharps injuries.
- If sharps injury occurs, perform a root cause analysis⁴ and mitigate all identified hazards.

4. Strictly adhere to aseptic technique

- Ensure all staff members perform proper hand hygiene before and after gloving, between patients and whenever hands are soiled.
- Avoid cross-contamination with soiled gloves.
- Provide adequate soap and water, disposable paper towels and waterless alcohol-based hand rubs throughout the facility.

5. Properly reprocess medical equipment

- Follow manufacturer's recommendations for proper cleaning, disinfection and sterilization of all reusable equipment.
- Wear appropriate PPE when handling contaminated medical devices.
- Designate staff responsible for maintaining proper reprocessing procedures.
- Perform precleaning as soon as practical after use to prevent soiled materials from becoming dried onto instruments.
- Visually inspect reusable medical devices for residual soil prior to disinfection or sterilization.

- Ensure designated staff members are properly trained in reprocessing each piece of equipment.
- Never reprocess equipment designated for single use.
- Maintain a log of all equipment reprocessing.

6. Properly conduct environmental cleaning

- Ensure the facility has written policies and procedures for routine cleaning of environmental services.
- Identify personnel responsible for specific tasks, including cleaning of specific equipment and the frequency of cleaning, with special attention to cleaning of high-touch areas (e.g., examination table, blood pressure cuff and door knobs).
- Use only EPA-registered disinfectants when cleaning environmental surfaces.
- Periodically monitor and assess cleaning procedures to ensure that they are consistently and correctly performed.
- Ensure the facility has a policy or procedure for decontamination of spills of blood or other bodily fluids

7. Fulfill all federal and state requirements for infection control training

- All health care personnel must complete bloodborne pathogen control training annually.
- All licensed health care professionals in New York State (physicians, physician assistants, special assistants, registered professional nurses, licensed practical nurses, podiatrists, optometrists, dentists and dental hygienists) are required to receive training on infection control and barrier precautions every four years through a New York State-approved provider.
- Course providers and course participants should maintain records that document the training completed by each participant. .
- Use competency-based training with skills or knowledge assessments after each training, as appropriate.

8. Ensure that all staff function within their legal scope of practice and that the activities of all unlicensed staff and students are closely supervised by licensed health care professionals⁵

- Establish and implement policies that prohibit medical assistants and other unlicensed personnel to prepare or administer medications by any route, including injections and infusions.

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