(See https://www.asha.org/practice/infection-control/ for ASHA Resources)

INTRODUCTION

The incidence of communicable diseases, such as cytomegalovirus (CMV), hepatitis B (HBV), herpes simplex, tuberculosis, influenza, and acquired immune deficiency syndrome (AIDS) are increasing. These diseases, in addition to other infections, are contagious and can be life-threatening. In light of the increased prevalence of infectious diseases and the expanded scope of practice for audiologists and speech language pathologists, infection control, and prevention of disease transmission are essential concerns for the practicing clinician.

Students, staff, and faculty in the UW Speech and Hearing Clinic may handle hearing aids, earmolds, headphones, earphones, tongue blades, toys, and other instruments that come in direct or indirect contact with their clients. As a result, they must protect themselves and their patients from infection. Infection control programs can include routine preventative measures (handwashing, protective barriers, the wearing of face coverings, and immunizations) in addition to antimicrobial processes (cleaning, disinfection, and sterilization). The objectives of the Infection Control Policy and Procedures are to maintain a clean and healthy environment for patient testing and treatment. Infection control policies should be implemented whenever students and faculty are in the clinic, both when performing labs and when seeing patients. Training on communicable diseases, and policies and procedures will be provided to staff and students before they participate in clinic.

STANDARD PRECAUTIONS

Standard precautions were previously known as "universal precautions." The Centers for Disease Control and Prevention (CDC) recommend certain practices to prevent transmission of blood-borne pathogens. Standard precautions include using hand hygiene and isolation precautions; wearing personal protective equipment; and following appropriate procedures for needle and sharps safety and disposal, medical waste disposal, and sterilization of reusable equipment.

- **Hand washing/Hand hygiene** is the most effective way to prevent infection and is often considered the first line of defense against germs. Hand hygiene is important for the safety of health care workers and the patients they treat.
- **Isolation Precautions** are taken in health care settings to prevent the spread of an infectious agent from an infected or colonized patient to susceptible persons.
• **Personal Protective Equipment** includes gloves, face masks, gowns, protective glasses, and other equipment used to provide a barrier of safety between the health care worker and the patient.

**IMMUNIZATIONS**

In your various clinical clerkships, you may be placed in hospitals, schools, VA medical centers, specialty clinics, nursing homes, or rehabilitation centers. Many of these sites require proof of immunization for contagious diseases. If you have not been inoculated or do not have evidence of protection for the following diseases, please be aware that some sites may not be available to you.

The immunization requirements are typically for the following diseases: Tuberculosis, Measles, Mumps, Rubella, Polio, Hepatitis B, chickenpox verification, and yearly TB tests. Immunization shots are available through UW Health Services. For information and scheduling of inoculations, call: (608) 265-5600 or visit http://www.uhs.wisc.edu/index.jsp.

**EMPLOYEE & STUDENT CATEGORIZATION**

Exposure Guidelines by OSHA (Occupational Safety and Health Administration)

- **Category 2:** All faculty & AuD students: some tasks in normal work routine may lead to exposure to blood or other infectious substances, but exposure is not inherent in the job.
- **Category 3:** Support staff: normal work routine leads to no exposure to blood, bodily fluids or tissues

**INFECTION CONTROL POLICY AND PROCEDURES**

Work practice controls will be utilized to minimize or eliminate potential exposure to infectious microorganisms to employees, patients, and other personnel.

**Incidents** (Human bites, incidents involving bodily fluids): All incidents will be reported immediately to the clinical supervisor.

**Human bites:**

Anyone who receives a human bite is and will be advised to seek immediate medical care with their physician or University Health Services.

**Incidents involving contamination of objects and/or by body fluids:**

- The clinical supervisor will be contacted immediately.
- The object will be isolated using standard infection control procedures while wearing gloves.
• The contaminated item(s), area(s), object(s) will not be used until disinfected with a hospital-grade disinfectant according to infection control guidelines.
• The clinical supervisor will notify the building manager.
• The building manager will contact janitorial services at UW-Madison to request appropriate cleanup.
• If the item(s) or object(s) must be discarded, they will be placed in the appropriate infection control container.

Routine Preventative Measures

Hand Hygiene:
Authorities and experts agree that hand washing is the most critical step in eliminating the possibility of infection or cross-contamination.

To minimize the exposure to disease, faculty, staff, and students in the UWSHC shall implement the following standard policy and procedures:

• Use the hand sanitizer or wash hands before and after each client
• Wash hands immediately after contamination or potential contamination with blood or bodily fluids
• Wash hands immediately after removing gloves
• Wash hands before and after eating, after use of the bathroom facilities, the application of cosmetics, lip-balm, adjustment of contact lenses, and the like, or any other time deemed necessary and appropriate.
• Handwashing technique:
  o Use medical grade antiseptic or germicidal liquid soap
  o Wash hands thoroughly for 30 seconds (wash for 60 seconds pending potential contamination)
  o Use vigorous movements utilizing the fingers
  o Hand washing includes hands, forearms, wrists and under fingernails
  o Rinse with warm water
  o While leaving the water running, retrieve a disposable paper towel and dry hands with the paper towel
  o Use the same paper towel to turn off the water faucet
• If disinfectant soap and water are not available a waterless "no-rinse" hand disinfectant can be used
• If a sink is not available in your diagnostic or hearing aid room, please utilize the first floor lavatories or hand sanitizer/disinfectant
Protective Barriers:

- **Gloves**
  - Due to the presence of COVID 19, current practice is to wear gloves at all times during patient contact, or when handling items or conducting procedures noted accordingly under the work practice procedure guidelines.
  - Appropriately-fit examination gloves fitting tightly, like a second skin, will be used during necessary procedures.
  - **Proper Gloving Procedure:**
    - Place gloves on a clean paper towel
    - Inspect for tears
    - Wash hands before putting on gloves
    - Remove gloves:
      - Upon conclusion of procedures necessitating use of gloves, using a gloved hand, pinch the glove material of the opposite glove at the level of the wrist.
      - Grab the outer surface of the opposite glove at the level of the upper wrist and peel the glove off from wrist to fingertip
      - Maintain the removed glove with the remaining gloved hand.
      - Using the bare hand, insert the index finger underneath the glove so that the finger is between the hand and the inner portion of the glove
      - Still using the bare hand, peel off the second glove from the inside, wrist to fingertip
      - During the removal process, tuck the first glove inside the second glove
      - Dispose of gloves in trash receptacle
        - If gloves are contaminated with blood, ear drainage, or cerumen, place in a small plastic bag, separate from other trash
        - Gloves containing significant amounts of blood should be disposed of in impermeable bags labeled with biohazard symbol
          - Wash hands according to the hand hygiene protocol
  - **Eye Protection:** Diseases can be transmitted through the eyes.
    - Required when:
      - Treating high risk patients
- Risk of splash or splatter of potentially infectious material
- Clinician or patient is at risk of airborne contamination
  - Types
    - Eyeglasses worn for visual correction
    - Safety eyeglasses
    - Face shields
- **Masks:** Diseases such as airborne microorganisms (tuberculosis) can be transmitted through mouth or nose
  - Required when:
    - A patient reports a potentially contagious airborne microorganism disease
    - They are mandated by local, state, and or national public health experts.
  - Procedure:
    - Surgical masks are single-use
    - Dispose of masks in a trash receptacle after use
    - Mask must fit snugly over mouth and nose
    - Re-useable cloth masks may be worn but must be washed between uses.

**Surface Disinfection Protocol**

It is the policy of this clinic that all horizontal surfaces where potential direct or indirect contact could be made, will be first cleaned and then disinfected with a designated, hospital-grade, EPA-registered disinfectant immediately after the patient appointment, before vacating the room for the next appointment. Surface disinfection will occur at the end of each appointment regardless of the nature of the appointment.

- **Using disinfectant towelettes to clean and disinfect**
  - After the patient's appointment and before vacating the room for the next appointment, first, clean all horizontal work counters by wiping the surface with a disinfectant towelette.
  - After removing the gross contamination, re-wipe the surface again with a fresh towelette.
  - Leave the surface wet for the time specified on the label, then wipe dry with a paper towel.
Sterilization Protocols

Sterilization of critical instruments will occur at the end of the day, in preparation for the next business day, to allow for appropriate soaking times per the manufacturer’s instructions.

- Immediately after the last appointment of the day, designated, covered containers holding contaminated instruments will be brought to the sterilizing area.
- While wearing gloves, clean the surface of critical instruments with a paper towel or disinfectant towelette. The same towel or towelette may be used to clean all instruments.
- Once the instruments are cleaned, carefully place the instruments with the gloved hands into the appropriate plastic tray containing the cold sterilant solution making sure that all instruments are completely submerged in the solution.
- Cover the tray and allow to minimally soak according to manufacturer’s directions (overnight).
- Remove gloves and wash hands according to designated procedures.

Retrieval of sterilized instruments

- After cold sterilization is complete, put on a fresh pair of gloves
- Remove instruments from the solution using special removal trays or by placing each instrument on a designated tray
- Rinse instruments in the sink
- Allow instruments to air dry
- Return instruments to the appropriate location for use
- Cold sterilant solution should be changed according to manufacturer’s instruction or sooner if the solution becomes visibly soiled.

Work Practice Infection Control Procedures

AUDIOLOGIC MEASURES

Otoscopy:

- If upon reviewing the external ear, drainage is noted, glove
- Complete otoscopic procedure
- Remove specula and dispose of in trash receptacle
- If the tip is contaminated with blood or bodily fluids, place in a small plastic bag, separate from other trash. Materials containing significant amounts of blood should be disposed of in impermeable bags labeled with the biohazard symbol.
  - If the tip is contaminated with blood or bodily fluids, and the external ear did not denote drainage, glove before removing specula and dispose of it in an appropriate container.
Tympanometry:

- If otoscopy revealed drainage, infection, blood or foreign body, glove
- Administer test
- Remove disposable ear tips and place in a jar labeled “dirty"
  - If the tip is saturated with a significant amount of wax throw it away in the trash.
  - If the tip is contaminated with blood or bodily fluids, place in a small plastic bag, separate from other trash. Materials containing significant amounts of blood should be disposed of in impermeable bags labeled with the biohazard symbol.
- Disinfect any hard level surface surrounding the equipment with disposable germicidal pre-moistened cloth (Sani-Cloth)

Headphones:

- Administer test
- Glove
- Disinfect with disposable germicidal pre-moistened cloth (Sani-Cloth) or spray
  - Wipe headband
  - Wipe headphone cushions (be careful not to wet the speaker component of the headphone)
- Hang in designated area and let dry
- Throw disinfectant cloth and gloves in trash receptacle
  - If cloth or gloves are contaminated with blood or bodily fluids, place in a small plastic bag, separate from other trash. Materials containing significant amounts of blood should be disposed of in impermeable bags labeled with biohazard symbol.

Inserts:

- Administer test
- Glove
- Remove Earlink tips and dispose of in trash receptacle
- Disinfect remaining tube sockets and cables with disposable germicidal pre-moistened cloth (Sani-Cloth)
- Hang in designated area and let dry
- Throw disinfectant cloth and gloves in trash receptacle
  - If cloth or gloves are contaminated with blood or bodily fluids, place in a small plastic bag, separate from other trash. Materials containing significant amounts of blood should be disposed of in impermeable bags labeled with biohazard symbol.
Auditory Brainstem Response Test:

- Wash hands before the procedure
- Glove
- Scrub and prep patient
- Disregard prepping agents in the trash receptacle
  - If prepping agents are contaminated with blood or bodily fluids, place in a small plastic bag, separate from other trash. Materials containing significant amounts of blood should be disposed of in impermeable bags labeled with the biohazard symbol
- Remove gloves-complete test
- Upon completion- put on new gloves
- Remove electrodes, disconnect from appropriate cords and throw away electrodes in the trash receptacle
  - If electrodes are contaminated with blood or bodily fluids, place in a small plastic bag, separate from other trash. Materials containing significant amounts of blood should be disposed of in impermeable bags labeled with the biohazard symbol
- Disinfect ear equipment with disposable germicidal pre-moistened cloth (Sani-Cloth)
- Hang and let dry
- Disinfect any hard level surface surrounding the equipment with disposable germicidal pre-moistened cloth (Sani-Cloth)

Otoacoustic Emissions:

- Wash hands before the procedure
- If otoscopy revealed drainage, infection, blood or foreign body, glove (however, you most likely would not administer if these conditions were present)
- Administer Test
- Remove ear tip and disregard in a trash receptacle
  - If the tip is contaminated with blood or bodily fluids, glove, then place in a small plastic bag, separate from other trash. Materials containing significant amounts of blood should be disposed of in impermeable bags labeled with the biohazard symbol
- Glove
- Disinfect remaining ear level equipment/tube with disposable germicidal pre-moistened cloth (Sani-Cloth)
- Let dry and lay on appropriate surface or charging unit
- Disinfect any hard level surface surrounding the equipment with disposable germicidal pre-moistened cloth (Sani-Cloth)

**Ear Impressions:**

- Hands will be washed thoroughly immediately prior to initiating earmold impression procedures
- In the absence of open wound or ear drainage, gloves need not be worn during the insertion of otoblock* or injection impression material.
- Place all needed supplies and equipment on a clean paper towel on the counter/table
- **Glove**
- Complete otoscopy
- Complete ear impression procedure
- As the impression material is setting, the earmold impression box will be prepared.
- Due to the risk of exposure to blood, ear drainage, or cerumen containing blood or ear drainage, appropriately sized gloves will be worn on both hands while removing impression material from patient’s ear canal(s).
- Remove ear impression, place in the appropriate designated container immediately.
- Gloves will be removed according to appropriate procedures.
  - If the gloves or any component of the materials used for taking the impression is contaminated with blood or bodily fluids, place in a small plastic bag, separate from the other trash. Materials containing significant amounts of blood should be disposed of in impermeable bags labeled with the biohazard symbol
- Immediately following glove removal, appropriate hand hygiene procedures will be followed.
- Repeat otoscopy
- Place used syringes, spleader, and otolight in designated area for cleaning, disinfection, and sterilization
- Throw away all disposable used materials in a trash receptacle
- Surface disinfection of table and counter in the hearing aid room should be performed after ear impressions are made, before vacating the room for the next patient
*At no time will the otoblock, once inserted and subsequently removed from the ear canal, be handled with bare hands. In the event, there is a need to reposition the otoblock, either remove the otoblock without making contact with the block, discard into the waste, and initiate insertion with a new block OR before removing the block, put on a pair of gloves to allow for manipulation and re-sure of the pre-inserted otoblock.

**Hearing Aids and Earmolds:**

Hearing aids and earmolds will not be handled with bare hands until the item has been thoroughly cleaned first then disinfected with a disinfectant towelette. Disinfection of hearing aids and earmolds is appropriate when it is not contaminated with blood, otorrhea, or cerumen that contains either substance.

**Hearing Aid and Earmold Surface Disinfecting**

- The hearing aid or earmold can be received with a gloved hand or ask the patient to place the instrument on a tissue, disinfectant towelette, in a container, or in a resealable plastic bag.
- Gloves must be worn or the hearing aid/earmold should be held by a disinfectant towelette while cleaning and disinfecting.
- Clean the hearing aid or earmold with spray solutions such as Audiologist's Choice Earmold and ITE Hearing Aid Spray or a disinfecting towelette such as SaniWipes.
- After cleaning the hearing aid, use a fresh disinfecting towelette to wipe the surface. **NOTE:** If a disinfectant towelette is used to clean the hearing aid or earmold, a fresh towelette must be used to disinfect.

**Hearing Aid Listening Check**

- Pre-clean and disinfect the entire surface of the hearing aid according to the hearing aid disinfecting procedure.
- Attach the hearing aid to the listening probe tip of the hearing aid stethoscope.
- After performing the listening check on one or both hearing aids, use a fresh disinfectant towelette to clean the listening probe tip and both earpieces of the stethoscope.
- Place the stethoscope in the appropriate resting location for later use.

**Electroacoustic analysis of hearing aid**

- Pre-clean and disinfect the entire surface of the hearing aid according to the hearing aid disinfecting procedure.
- Attach the receiver portion of the hearing aid to the coupler using standard procedures.
• Once measurements are completed, remove the hearing aid from the coupler.
• Using a fresh disinfectant towelette, clean the surface of the coupler

Real-ear measurements with a hearing aid

• In the absence of open wound or ear drainage, gloves need not be worn during the insertion of probe tube into the ear canal.
• Once measurements are completed, remove the probe tube from the ear canal, being careful not to handle or touch the contaminated tube.
• Immediately discard probe-tube into waste
• Disinfect earpiece with disposable germicidal pre-moistened cloth (Sani-Cloth)
• Let air dry and place on surface storage
• Disinfect any hard level surface surrounding the equipment with disposable germicidal pre-moistened cloth (Sani-Cloth)

Earmold modifications

• Pre-clean and disinfect the entire surface of the hearing aid according to the hearing aid disinfecting procedure.
• Before initiating the use of a grinding or buffing wheel, do the following:
  o Put on a pair of safety glasses
  o Put on a mask to cover the nose and mouth area
  o Position the protective cover of the grinding or buffing wheel to minimize exposure to particles from the wheel or hearing aid
• During modification procedures, disinfect earmold or hearing aid surface with fresh disinfectant towelette before insertion in the patient's ear for modification assessment.
• Upon completion of modification procedures, disinfect earmold or hearing aid surface with fresh disinfectant towelette and insert in the patient's ear.
• Clean and disinfect counter top areas where modifications were performed.
• Remove gloves, discard appropriately, and initiate appropriate hand hygiene procedures.
• Remove mask and discard in the regular trash

SPEECH-LANGUAGE PATHOLOGY MEASURES

Oral-Peripheral Examination

• Wash hands before procedure
• Glove
• Dispose of the tongue blade or other disposable object used within the mouth
• Wipe flashlight with Sani-Cloth

**AAC Speech Generating Device (SGD) Management Computer Access/Speech/Voice Instrumentation**

• Glove and disinfect materials (touch screen, mouse, adaptive peripherals, device) as per direction detailed in the room

**Food Consumption**

• Wash hands before the procedure
• Glove
• Use sanitized dishes (client-specific or disposable utensils and plates)
• Dispose of all foods (liquids and solids) in an appropriate receptacle
• Wash dishes and let dry and lay on an appropriate surface
• Disinfect any hard level surface surrounding food/beverage items using germicidal pre-moistened cloth (Sani-Cloth)

**Disinfecting Materials:**

*Wear exam gloves when handling contaminated items or harmful chemicals*

**Protocol:** Tympanogram tips, tools used for taking impressions and tools used to clean and work with hearing aids

- Rinse instruments and/or tips
- Change out the ultrasonic liquid before each use
- Disinfect in ultrasonic machine for full cycle
- Rinse instruments
- Sanitize instruments in sporox disinfectant in designated container per posted guidelines
- Rinse instruments and lay to dry with cover

**Protocol:** Surface disinfection

• Glove and wipe countertops with SaniWipe Disinfectant cloth and let dry for at least 10 minutes.
• If a surface area has been contaminated with blood or bodily fluids, the following is recommended:
  - Glove and isolate surface area in a designated room away from the contact of others. If the surface is an unremovable item, the diagnostic or therapy room will be closed until the time that University Janitorial Services can come and appropriately treat.
  - Dispose of gloves in an impermeable bag labeled with the biohazard symbol
Notify Building Manager (Michael Block michael.block@wisc.edu) to call Janitorial Services for clean-up

**Protocol:** Toy Disinfection

- Glove and wipe all surfaces of toy with SaniWipe Disinfectant cloth and let dry

**Protocol:** Hearing Aid Drop Off:

- Reception area staff may receive a hearing aid in a sealed bag or offer a sealable bag for the patient to transport instrument into before handing to staff
- The bag is stored in the drop off bin until evaluation

**References:**

*Updated 7/21/2022*