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	Page Number:	1
	Department/Section:	Quality Assurance
	Document Title:	STEPS FOR EVALUATING AN INFECTION CONTROL BREACH

**PURPOSE:**

To have a systematic approach in evaluating breach in Infection Control in the hospital.

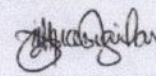
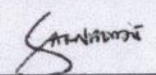
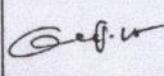

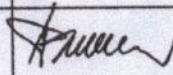
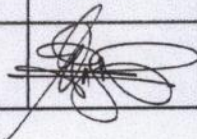
**OBJECTIVE:**

To effectively manage breaches in Infection Control and prevent disease transmission.


**RESPONSIBLE PERSON:**

Infection Control Specialists, Attending Physicians, Infection Control and Prevention Unit, Total Quality Division, Company Doctor, Health Care Providers

**APPROVAL:**

	Name/Title	Signature	Date
Prepared by:	JOANNA MARIE M. AGUILAR, RN Accreditation Standard Internal Auditor		6-16-2020
Verified:	APRIL ROSE N. BERJIT, RN OIC- Infection Control Prevention and Control Supervisor		6-16-2020
	GERONIMO TEOFISTO P. ESTRELLA Corporate Communications Officer		6-17-2020
Reviewed:	DENNIS C. ESCALONA, MN, FPSQua Quality Assurance Supervisor		06-17-2020
Recommending Approval:	HENRY F. ALAVAREN, MD, FPSMID Total Quality Division Officer		6/19/20
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		06/22/20



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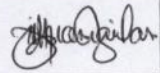
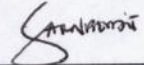
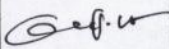

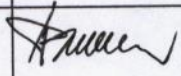
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## **PROCEDURE:**


### **1. Identification of Infection Control breach**

- 1.1 Depending on the procedure(s), device(s), or practice(s) involved, an infection control breach may result in exposure to body fluids, tissues, or other biologic substances. The types of potentially infectious substances that could have been harbored on the contaminated instrument or device should be determined. The body surfaces or spaces (e.g, mucosal membranes, solid organs or tissues, blood vessels) of exposed patients expected to come in contact with the contaminated device should also be identified.
- 1.2 For breaches involving an instrument or device, the manufacturer's instructions for use and recommended reprocessing methods should be reviewed and the degree to which the breach deviated from these recommendations should be determined. The nature of the breach should be assessed relative to recommended practice to better understand the extent of the breach and its potential impact on overall disinfection and sterilization or aseptic technique.
- 1.3 If a breach appears to be ongoing, procedures should be halted until a plan can be implemented to correct the infection control lapse.
- 1.4 Inform immediately Department Head, Infection Control and Prevention Unit, Attending Physician regarding the breach.
- 1.5 Ensure proper documentation of the events and creation of Incident Reports.

### **2. Gather additional data**

- 2.1 The time frame during which the breach occurred should be determined based on staff interviews and review of instrument reprocessing, procedure, or employee records. The exposure time frame may correspond to the dates of employment of a particular healthcare provider whose individual practices are in question, the dates a specific procedure was performed, or the period of time



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during which there was a known breach-as indicated by staff interviews or reprocessing records.

2.2 Evidence of liver transaminase elevations from medical chart reviews is potentially useful in identifying patients with undiagnosed HBV or HCV infections. These activities might also be used to identify previously infected patients who could have served as a source for transmission.

2.3 If cases of blood-borne pathogen transmission that resulted from the breach are identified or suspected, a more detailed epidemiological and laboratory investigation is warranted.

### 3. Notify and involve key stakeholders

3.1 Key partners will vary depending on the situation but should be identified and engaged as early as possible. Parties to consider involving include: infection control practitioners, hospital epidemiologists, representatives of facility risk-management teams, local health department (Department of Health), affected healthcare providers, and licensing or other regulatory agencies.

### 4. Perform Qualitative Assessment of Breach


4.1 A qualitative assessment of the breach should be made based on the nature of the breach, its deviation from recommended practices, and additional information gathered.

4.2 "Category A" errors correspond to gross mistakes in infection control practices, typically with identifiable risk. The risk assessment is based on documented blood-borne pathogen transmission in association with similar practices in the past, or the observed or very high likelihood of blood exposure as a result of the breach.

4.2.1 Examples of Category A errors include:

- Reuse of needles or syringes between patients; and



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- Reuse of contaminated syringes to access multi-dose medication vials or intravenous fluid bags.

4.3 "Category B" errors correspond to breaches of infection control where the likelihood of blood exposure resulting from the breach is uncertain, but thought to be less than would occur with a Category A breach.


4.3.1 Examples of Category B errors include:

- Colonoscopy reprocessing performed with incorrect disinfectant solutions or those performed with a shorter duration than is recommended by the manufacturer;
- Prostate biopsy probes and needles that were sterilized but the retained tissue was not physically removed from biopsy probe channel.

## 5. Make Decision regarding patient notification and testing

- 5.1 If a hospital staff was exposed in the breach, they should be referred to the Company Doctor for assessment. Should there be a need for referral to an Infectious Disease Specialist, the order should come from the Company Doctor.
- 5.2 For Category A breaches, patient notification and testing is warranted. In these breaches, an identifiable or significant risk of bloodborne pathogen transmission exists and should be considered to outweigh the potential harms of patient notification and testing.
- 5.3 For Category B breaches, the decision to notify and/or test patients should be based on a number of factors including the information gathered and assessment of the breach and should involve key stakeholders. Public concern and perceived risk in the community or among exposed individuals may also be factors and should be addressed regardless of decisions for or against patient testing. If a decision is made to test for bloodborne pathogens in the context of an infection control breach, testing for HBV, HCV, and HIV should be offered.



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## 6. Communicate and provide logistical issues

- 6.1 Develop communication materials once they identify the patients, and have contact information for the patients. Notify the patients by telephone call, by written letter, by email and / or by media if the situation calls for.
- 6.2 Consider post-exposure prophylaxis if appropriate.
- 6.3 Determine who will conduct testing, obtain consent, and/or perform counseling, if appropriate.
- 6.4 Determine if follow up testing is needed.
- 6.5 Facilitate public inquiry and communication.
- 6.6 Address media and legal issues.

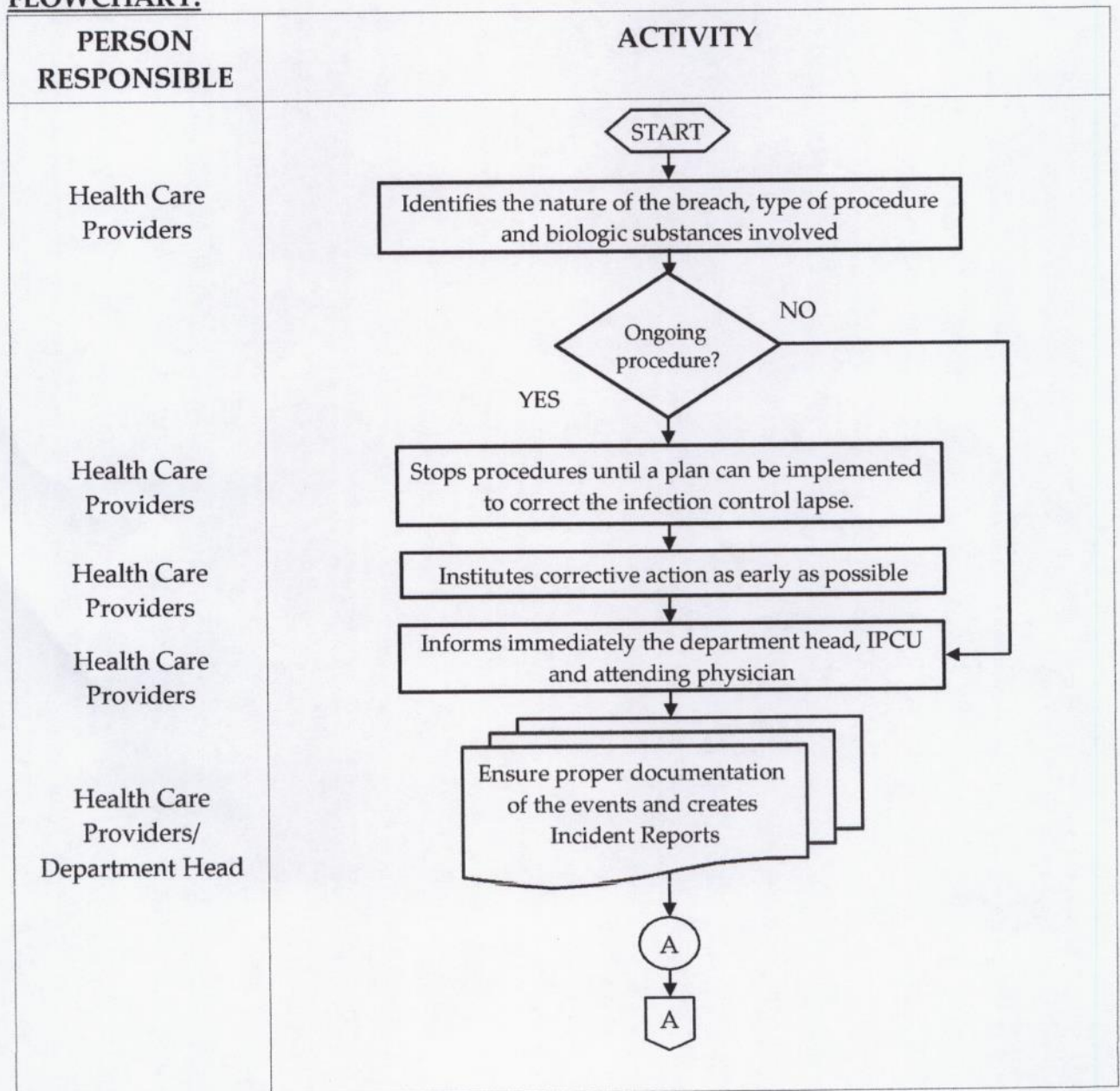


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### FLOWCHART:



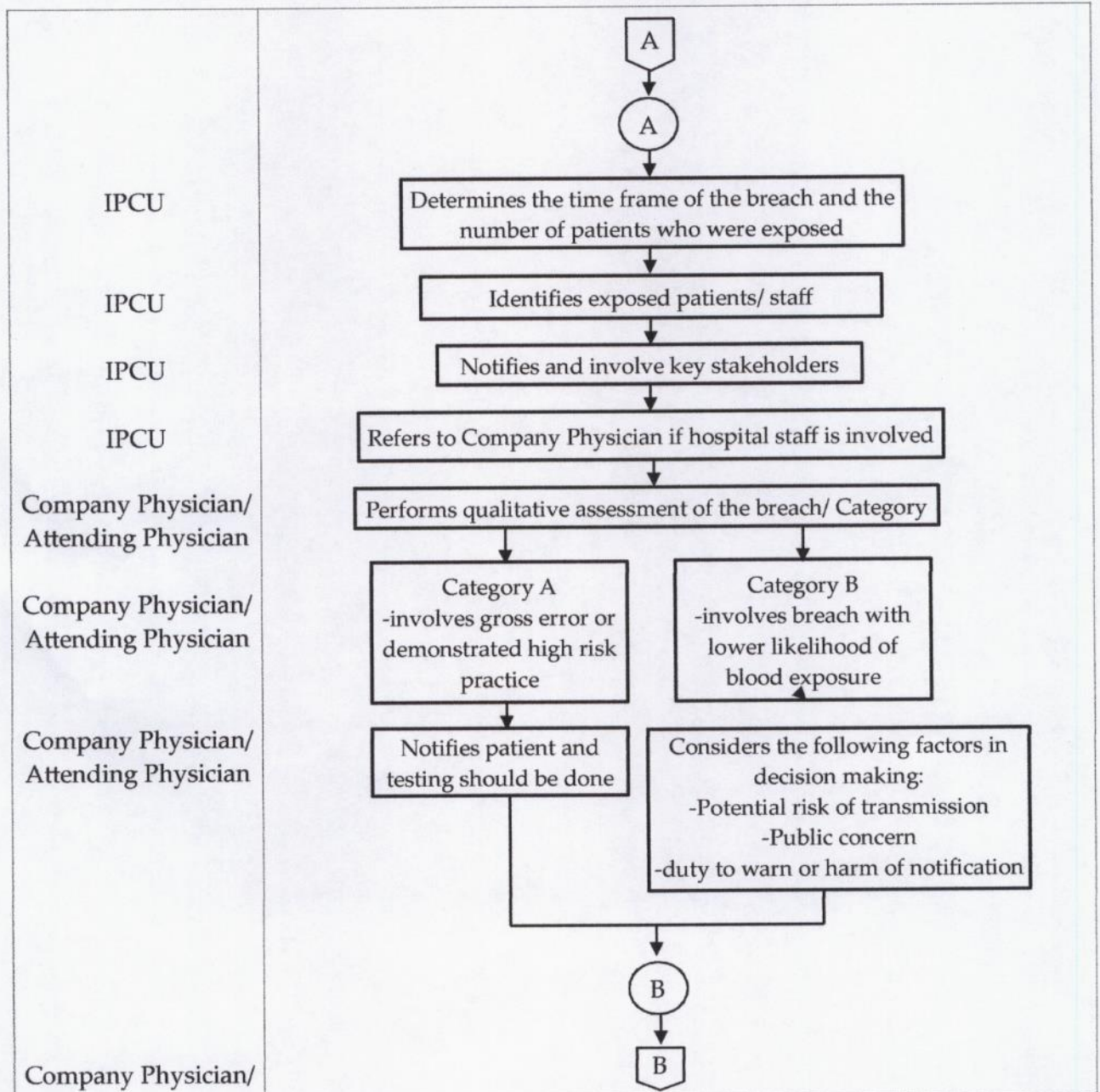




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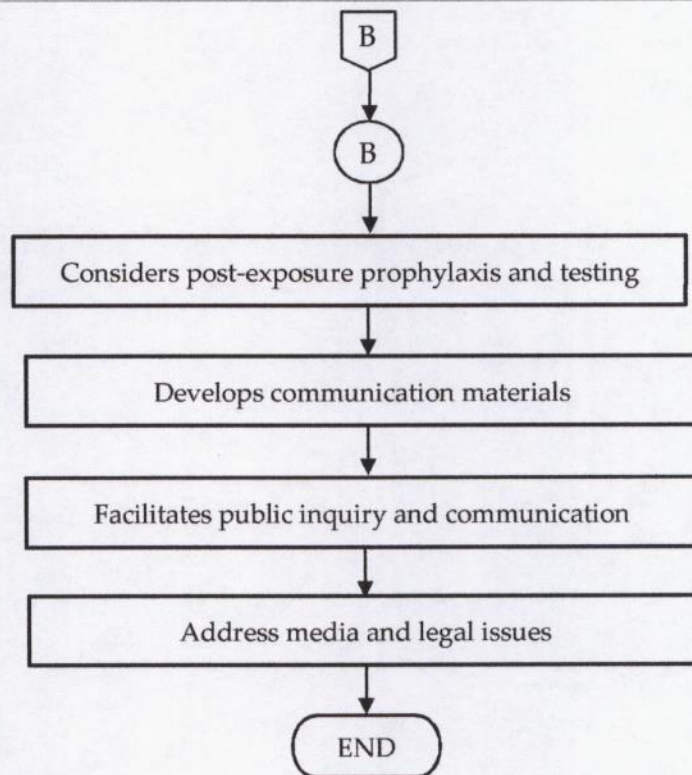
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Attending Physician

Total Quality  
Division

Corporate  
Communications  
Officer  
Corporate  
Communications  
Officer



### REFERENCE:

Adapted from Steps for Evaluating an Infection Control Breach. (2012, February 27). Retrieved April 16, 2020, from [https://www.cdc.gov/hai/outbreaks/steps\\_for\\_eval\\_ic\\_breach.html](https://www.cdc.gov/hai/outbreaks/steps_for_eval_ic_breach.html)