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## Safety Policies Key Takeaways

### **Safety Policy 801: Emergency Situations**

All personnel must be prepared for emergencies, with specific procedures in place for various situations. Emergency contact information for both personnel and clients is stored electronically, and staff should ensure all individuals are evacuated safely during emergencies. Evacuation procedures include using primary exits, not using elevators during a fire, and assembling in the designated parking lot. For tornadoes, shelter should be taken on the ground floor or an interior room, while in the case of an earthquake, the "Drop, Cover, and Hold On" technique should be used. Active shooter procedures emphasize lockdown and communication with authorities. In medical emergencies, appropriate CPR/First Aid should be followed, and incident reports must be filed within 24 hours.

### **Safety Policy 802: Reporting an Injury**

All personnel and students must report injuries according to established procedures. Students or volunteers should inform their instructor or clinical faculty member and complete a First Report of Injury or Illness form. Employees must notify their supervisor and submit a report to the Environmental Health and Safety Department and Employee Benefits within 24 hours. In emergencies, employees should seek treatment at the nearest emergency room and initiate the workers' compensation process. For non-emergencies, employees must contact their supervisor and call the Workplace Injury and First Notice of Loss Call Center to determine if further medical treatment is necessary.

### **Safety Policy 803: Infection Control for Memphis Speech and Hearing Center**

The infection control guidelines for MSHC emphasize the importance of minimizing exposure to bloodborne and other infectious pathogens. The procedures include using engineering controls, personal protective equipment (PPE), and proper cleaning and disinfecting practices to safeguard patients, students, and staff. Key steps include thorough hand washing, use of gloves, and sterilization of instruments that encounter bodily fluids. Specific protocols for cleaning, disinfecting, and sterilizing equipment are outlined, with particular attention to audiology and speech-language pathology tools. Additionally, there are procedures for handling waste, personal illness, and potential exposure, along with regular reviews and updates to ensure compliance with safety standards.

### **Safety Policy 804: Infection Control for the Videostroboscopy Equipment**

This policy emphasizes minimizing exposure to bloodborne and non-bloodborne pathogens through engineering controls, personal protective equipment, and environmental infection control practices. Waste material must be disposed of according to biohazardous procedures, and chemicals should be handled and disposed of following the Material Safety Data Sheet (MSDS) guidelines. The guidelines stress the importance of reporting new materials or chemicals for documentation, and an annual review of infection control procedures will be conducted by the Clinical Policies Committee to ensure ongoing safety and compliance.

### **Safety Policy 805: Infection Control for Research Labs**

The infection control guidelines for the School of Communication Sciences & Disorders aim to protect personnel, students, and research participants from exposure to infectious materials.

These procedures align with OSHA's Bloodborne Pathogens Standard and include proper cleaning, disinfection, sterilization, and waste disposal protocols for research labs. Personnel handling biohazardous materials must undergo annual training in Bloodborne Pathogens and Hazardous Waste. Personal protective equipment, such as gloves and lab coats, is required during procedures, and regular handwashing is essential. Infection control procedures and waste management, including the disposal of biohazardous materials, are carefully outlined to ensure safety.

**Safety Appendix 8.1: Statement Acknowledging Need to Report**

This statement acknowledges the individual's responsibility to report suspected child abuse or neglect in accordance with Tennessee State Law (TN Code Annotated 37-1-403(i)(1)). The individual confirms understanding of the procedures for reporting abuse, the requirement to report any suspected crime on the University of Memphis campus to campus security, and that they have read the guidelines on working with minors. Additionally, they certify that they have never been convicted of a crime related to the abuse or neglect of minors or the elderly.

# Safety Policy 801

## Emergency Situations

Effective Date: March 1, 2018  
Supersedes Date: Not applicable  
Review Date: May 2026

Policy: All personnel should be prepared for an emergency.

### Procedure:

- I. Personal Emergency Information
  - a. CSD client emergency data are kept in their electronic medical record.
  - b. CSD personnel submit their emergency contact information through Team CSD in the CSD Faculty and Staff channel.
  - c. CSD students submit their emergency contact information in their clock hours system profile.
- II. Emergency Evacuation Procedures
  - a. In the event of an emergency, call 911 or the U of M Campus Police 678-4357 (678-HELP).
  - b. If you are told to evacuate, you should do so immediately.
  - c. Faculty and staff are responsible for making sure that all handicapped persons in their charge leave the building safely.
- III. Fire
  - a. Use listed primary exits in case of emergency unless they are blocked. A floor plan is posted in the hallways indicating the primary and alternate exits.
  - b. Elevators are not to be used in case of fire.
  - c. People with mobility impairments who are not on the first floor should move to the stairwells located in the four corners of the building. Someone (faculty or staff) must stay with the person, while another person directs emergency/rescue personnel to their location.
  - d. On the first floor, clients should be led out of the building.
    - i. At no time should clients be left unattended during a building evacuation.
    - ii. A wheelchair is in the MSHC file room on the first floor, if needed.
  - e. The assembly point in the event of a fire is the parking lot behind the building, behind the second row of parking spaces. All personnel should assemble there and wait for a head count.
  - f. Do not block fire lanes and building entrances and do not re-enter the building until given the all-clear from Campus Police or emergency personnel.
- IV. Shelter in Place
  - a. In the event of a shelter in place emergency, everyone should head inside.
  - b. Close and lock all windows and doors, where possible. Try to shelter in spaces where there is room for everyone to sit.
  - c. Close fire-doors if possible.
  - d. Report everyone who is with you to the Dean via email ([ljrmlwcz@memphis.edu](mailto:ljrmlwcz@memphis.edu)).

- e. Await further instruction.

V. Tornado

- a. In case of a tornado warning, all occupants should proceed to the ground floor to the internal hallways in the clinic.
- b. If the ground floor cannot be reached (e.g., wheelchair bound), find an interior room or hallway.
- c. Stay away from rooms with windows.

VI. Earthquake

- a. In the event of an earthquake, occupants should follow the “Drop, Cover, and Hold On” technique. Drop to the ground, take cover under a sturdy object (e.g., desk) or cover your head and neck, and hold on.
- b. Avoid windows and unsteady objects that could fall.
- c. Do not try to exit the building during the earthquake.
- d. Do not use elevators.
- e. After the earthquake, if the building is damaged, evacuate and alert Physical Plant and Police Services of building damage.

VII. Active Shooter

- a. If a shooter is outside your building and you are inside, go to a room that can be locked, close all doors and windows and turn off the lights. If possible, have everyone get down on the floor and out of view from windows & doors.
- b. Call 911 and alert them to the situation. Stay out of sight until you get an ‘all clear’ message from the University or law enforcement.
- c. If a shooter is inside your building, follow the procedure above. If a locked room is not available, go to a room, close the door and have everyone gather along the wall nearest the door. Avoid clumping together and barricade the door as you are able. Cellphones should be put on silent.
- d. If a shooter enters your classroom or office, call 911 and let police know the shooter’s location, if possible. If you cannot speak, leave the line open. Your goal should be to either escape or hide. Trying to physically overpower the shooter should be used only as a last resort. If you decide to escape, do not attempt to take injured people with you. Let emergency personnel know where they are. Have an escape route and plan in mind and keep your hands free.
- e. Regardless of where you are relative to the shooter, do not leave campus until emergency personnel have indicated it is safe to leave (see E. Shelter in Place).

VIII. Medical Emergency Procedures

- a. Follow appropriate CPR/First Aid guidelines.
  - i. Students: Call for help if alone with a client.
  - ii. Notify a supervisor or faculty member.
  - iii. If possible, send another student for a faculty member.
  - iv. Notify a family member or other appropriate person to come to the location of the emergency.
  - v. If unable to reach a family member or guardian and if emergency treatment is warranted:

1. Individual involved will call 911 or campus police and will accompany client to the hospital if the parent is not present.
2. Clinical faculty member will notify family member via phone.
3. An AED is in the mail/copy room (1064) in the clinic.
4. [Incident report](#) must be filed by the supervising clinician/clinical faculty member within 24 hours of event. See Phys-306.

# Safety Policy 802

## Reporting an Injury

Effective Date: September 8, 2023

Supersedes Date: August 6, 2018

Review Date: May 2026

Policy: All personnel and students should report injuries according to policy. Information can be found at the [Office of Environmental Health and Safety](#).

### Procedure:

- I. Student/Volunteer/Patient Report of Injury
  - a. The student's instructor or clinical faculty member should be informed of any injury after an accident.
  - b. The student and faculty member should complete the Student/Visitor First Report of Injury or Illness form.
- II. Employee First Report of Injury
  - a. An employee's supervisor should be informed of any injury after an accident. The employee and their supervisor are to complete a [First Report of Injury or Illness form](#) and submit it to the Environmental Health and Safety Department ([ehs@memphis.edu](mailto:ehs@memphis.edu)) and Employee Benefits ([benefits@memphis.edu](mailto:benefits@memphis.edu)) on main campus.
  - b. Reports must be submitted within 24 hours of the injury.
  - c. Employees will also forward a copy of their injury report to the Administrative Associate to be kept on file.
- III. Workers Compensation
  - a. In an emergency, employees should go to the nearest emergency room and seek treatment.
  - b. Contact your supervisor and Employee Benefits as soon as possible to start the workers' compensation claims process.
  - c. A written record of any information pertaining to any emergency, not in the forms mentioned above, should be maintained in the employee's file.
- IV. Non-Emergency
  - a. In a non-emergency, immediately notify your supervisor and then call the Workplace Injury and First Notice of Loss Call Center at 1.866.245.8588.
    - i. Choose option 1 and speak to a nurse who will recommend whether or not you should seek treatment.
    - ii. If the recommendation is for you to seek treatment, you should proceed to the medical facility that the nurse recommends that you go to.

# Safety Policy 803

## Infection Control For Memphis Speech and Hearing Center

Effective Date: March 19, 2021

Supersedes Date: July 1, 2020

Review Date: May 2026

**Policy:** The following guidelines for infection control are written to inform and instruct all personnel, faculty, staff, volunteers and students who participate in clinic at the Memphis Speech and Hearing Center. Further information regarding infectious disease, disinfection, sterilization, regulatory agencies and terminology can be found in the references listed at the end of these guidelines. The CSD Exposure Control Plan is available for review in the CSD Dean's suite. Infection Control for Research Labs is outlined in Safety Policy 312. It is strongly recommended that all personnel be familiar with the information contained in these references.

### Procedure:

#### I. Background

- a. In accordance with the Occupational Safety and Health Administration's Bloodborne Pathogens Standard (29 CFR 1910.1030), this plan has been developed to minimize the risk of exposure to bloodborne pathogens as well as other potentially infectious bodily substances. While direct exposure to blood is unlikely, this plan is written to protect the employees, students, volunteers and patients from that possibility and to reduce the exposure of personnel to non-bloodborne pathogens, as well. If exposure occurs, please visit <http://www.memphis.edu/ehs/pdfs/bbpecattach3.pdf> to complete the report form.
- b. Engineering and work practice controls will be utilized to minimize or eliminate potential exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment will be utilized.
- c. Environmental infection control and basic housekeeping practices will be implemented to protect patients, students, volunteers, and employees.
- d. Potentially contaminated waste material will be disposed of in accordance with approved biohazardous waste procedures.
- e. All chemicals in use in the MSHC will be stored, utilized, labeled and disposed of in accordance with the directions contained in the Material Safety Data Sheet (MSDS) for that product.
- f. Purchase and use of materials or chemicals not reported in this document will be reported to the Administrative Associate for appending to this document.
- g. There will be an annual review of the infection control documents for MSHC with oversight by the CSD Clinical Education and Policies Committee.

#### II. Personnel

- a. Not all faculty, staff, volunteers, students, and/or interns have the same potential risk of exposure to infectious materials.
- b. Professional Staff, Students and Volunteers
  - i. Audiologists, Speech-Language Pathologists, volunteers and students engaged in direct patient contact might encounter the following tasks or



procedures that place them at some risk of exposure to infectious material including but not limited to using, handling, cleaning, disinfecting, or sterilizing:

<b>Audiology</b>	<b>Speech-Language Pathology</b>	<b>All</b>
Instruments with 2% glutaraldehyde Earmolds/hearing aids/cochlear implants Ear examination through otoscopy Cerumen management Ear impressions Otosopes Hearing Aid Workroom Equipment (e.g. Stethosets, Cleaning tools) Sound Suite Equipment (e.g. Headphones, Audiometers, Immittance bridges)	Oral Mechanism Examinations Endoscopic equipment Airflow masks Nasometers TEP prostheses Speaking valves Inner cannulas of tracheostomy tubes Dentures Oral prostheses Mucous/sputum	Patient "touch and splash" surfaces Immittance probe tips, earlight tips, and specula Toys Changing diapers Microphones Headphones Surfaces/tables Emesis

- c. Clinic and Office Personnel
  - i. Clinic and/or office personnel may be exposed to infectious material but typically do not participate in cleaning/disinfecting procedures.
- d. Building Maintenance and Cleaning Staff
  - i. These individuals may be exposed to infectious material through assistance in cleaning or through removal of trash containing infectious materials.
- e. Other personnel utilizing space in MSHC should be aware of and comply with University policy regarding Hazardous Waste and Bloodborne Pathogen training and policies.

### III. Cleaning and Disinfecting

- a. Definitions from Bankaitis & Kemp (2005)
  - i. Cleaning: removal of gross contamination from contaminated instruments and areas without necessarily involving the killing of germs.
  - ii. Disinfecting: process involving killing a percentage of germs.
- b. Procedures will be used in the clinic areas including all sound rooms, hearing aid rooms all therapy rooms, speech clinic laboratory, and lobby as well as the sound rooms and surrounding suite space.
- c. Containers with a cleaning and disinfecting solution will be in infection control/materials areas on the first floor.
- d. Clorox or viricidal wipes will be in each therapy space and should be used to clean each room after every patient.
- e. Sterilization materials will be limited to the infection control/materials rooms.
  - i. Containers for sterilization chemicals will be provided with lids that must remain in place except when instruments are being placed or removed.
  - ii. There will be no food or drink in these areas.

- f. All soiled instruments needing cleaning, disinfection, or sterilization will have visual soil and debris removed with a germicidal cloth or enzyme soap prior to being placed in a cleaning and disinfectant bath.
  - i. Personnel assigned to infection control duties will be responsible for transferring instruments to a sterilization bath and carrying out sterilization procedures.

#### IV. Infection Control Protocols

##### a. Environmental

- i. Surface Disinfection - Surfaces to be Cleaned will include counter tops, tabletops, doorknobs, light switches, chair armrests, and test equipment surfaces will be cleaned and disinfected following each clinic session or following test procedures (responsible party-student or employee completing their session).
  1. The table surfaces used for therapy, diagnostics, hearing aids, cochlear implants will be cleaned and disinfected following each use (responsible party-student or employee doing the hearing aid modifications).
  2. Headphones and other equipment used with a patient (such as the patient signal button) will be cleaned and disinfected with a disinfectant towelette following each use (responsible party-student or employee completing the testing).
  3. Toys used in clinic will be cleaned and disinfected following each use. Items may be cleaned in the dishwasher or washer & dryer located in the infection control/materials room.
  4. Areas used for disinfection and sterilization will be cleaned and disinfected daily (responsible party-the students assigned to infectious disease duties).

- b. Surface Disinfection Procedures is a two-step process of cleaning gross contamination followed by a disinfectant to kill germs. A product containing both a cleaning compound and disinfectant can be used for both steps.

- i. Each sound room, test, or therapy area will be supplied with a hospital grade disinfectant/cleaner, wipes or spray and will be supplied with disposable drop-cloths.
  - ii. During cleaning, gross contamination and debris will be removed with a paper towel or other disposable or cleanable device. The surface will then be wiped down with a disinfectant cloth or spray solution.
  - iii. Disinfection will follow with a surface wipe or spray leaving it wet for at least two minutes, or longer if specified on the product label. The surface will then be wiped dry, if needed.

##### c. Disinfection

- i. Immersion: Noncritical objects and instruments will be immersed for disinfection. These items include rod portion of the endoscope, earmolds, and pen light tips that appear to be free of blood, mucus, or cerumen. These items will remain in the disinfectant bath as long as directed on the disinfectant instructions.
- ii. UV disinfection of instrumentation: All facets of instruments exposed to exhalation by unmasked faculty, volunteers, students, and patients will be

disinfected for at least 10 seconds by use of a UV wand, and the space in which this activity occurred will be illuminated by UV light for at least 15 minutes. Signage on the door of the space will warn personnel of the period that the UV light has been on.

- d. All equipment that meets humans is assumed to be contaminated and is always to be handled with gloved hands prior to and during cleaning and disinfection.
- e. Handling, Cleaning and Disinfecting Hearing Aids and/or Earmolds
  - i. The hearing aid and/or earmold will be received from the patient/patient in a disinfectant cloth, gloved hand, tissue, or container provided for this purpose.
    - 1. There will be small plastic bags and/or cardboard boxes available in all audiology test areas as well as front desk reception and the business office for receipt of hearing aids and earmolds.
    - 2. The business office staff will be instructed to have the hearing aid/earmold placed in a bag or box by the patient and will place the box in the Hearing aid workroom for drop box clinic.
    - 3. Under no circumstances will the office personnel handle the hearing aids or earmolds that have not been cleaned and disinfected.
  - ii. Audiologists and students will wear gloves during cleaning and disinfecting process.
    - 1. Due to the inability to immerse hearing aids or cochlear implants for disinfection, disinfectant cloths or spray (Sanitize H/H) on a tissue will be used to clean and disinfect the surface areas of the hearing aid or cochlear implant.
    - 2. Then the hearing aid or cochlear implant should undergo UVC light source treatment.
    - 3. Earmolds, which can be separated from behind-the-ear hearing aids or cochlear implants, will be immersed in a cleaning solution.
    - 4. All instruments (wax loop, picks, etc.) used to clean a hearing aid or cochlear implant will be disinfected following use.
  - iii. Stethoscope ear tips and the tip that attaches to the hearing aid or cochlear implant will be cleaned with a disinfectant cloth following each use and then immersed in sterilizing solution, if needed.
  - iv. Once cleaned and disinfected, hearing aids or cochlear implants can be placed in the test box for electroacoustic analysis or for programming purposes. The hearing aid surface or cochlear implant will be disinfected again following test completion.
  - v. The disposable boxes or plastic bags used to receive and store hearing aids or cochlear implants are to be thrown out once the hearing aid or cochlear implant is returned to the patient.
  - vi. Syringes used during earmold impressions are to receive surface disinfection with a disinfectant cloth or spray unless it encounters blood. In this instance, once wiped cleaned, should be immersed in sterilizing solution.

## V. Sterilization

- a. Definitions from Bankaitis & Kemp (2005)

- i. Sterilization: killing 100% of germs including endospores.
  - b. This procedure is required for instruments that contact blood, ear drainage, cerumen, mucous, sputum, or emesis.
    - i. This includes probe tips, specula, stethoscope tips, oral appliances, and TEP.
    - ii. Instruments used in cleaning hearing aids such as wax loops and picks may occasionally need sterilization if blood or ear drainage is encountered during their use.
    - iii. Items belonging to or leaving with patients will typically be cleaned, disinfected, and returned to the patient.
    - iv. If otoscopy reveals blood or visible ear drainage, sterilization of the earmold should be considered.
      - 1. Cold sterilization with 2% glutaraldehyde (Aurasept, Wavicide, etc.) or 7.5% hydrogen peroxide (Sporox) will be utilized.
  - c. Sterilizing solution will be placed in a covered plastic tray, which is approved for this use.
    - i. Gloves and eye protection will be worn when handling the solution.
    - ii. Lab coats for protection of clothing are available for use when changing sterilizing solution.
    - iii. Instruments will be removed, rinsed in water, and set on a prepared surface to dry. Once the instruments are dry, they will be returned to the appropriate storage containers.
- VI. All disinfectant and sterilizing solutions will be changed every 14-28 days as directed on the label, or sooner if the solution becomes visibly soiled, viscous and/or fails the effectiveness test.
  - a. Infection control logs will be posted in each cleaning area. Each solution change will be dated and recorded on the log.
  - b. MSDS instructions will be followed in safe handling and disposal of the solution.
- VII. Handling and Cleaning the Rod Portion of the Endoscope (see Appendix III - C for full cleaning procedures)
  - a. The soiled portion of the endoscope will be cleaned with enzyme soap and rinsed.
  - b. The fiber optic portion of the endoscope is immersed in the sterilizing solution (Cidex Plus) for 20 minutes.
  - c. Rinse with running water until residue is cleaned.
  - d. Dry with a soft cloth and place in the clean endo-caddy.
  - e. This procedure must be done for each trial with a new person/patient.
- VIII. Human
  - a. Hand Washing
    - i. Hands will be thoroughly cleaned before and after each patient (and after handling any potentially biohazardous material) through handwashing or use of an alcohol-based handrub.
    - ii. The hand washing procedure to be followed is remove rings (as able), start water, lather the soap scrubbing palms, the backs of hands, between fingers, under fingernails, over the wrists, and onto the forearms. Rinse the soap off with running water, dry the hands using a paper towel, then turn off

the water using the damp towel, not clean hands. Avoid using hot water as this may increase risk of dermatitis. Or apply alcohol-based hand rub product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. Follow the manufacturer's recommendations.

b. Gloves and Protective Clothing

- i. Gloves will be worn for all procedures that may create exposure to blood, cerumen, ear drainage, or contagious rashes. This applies to earmold impression removal, oral mech exams, endoscopic exams, otoscopy, immittance, OAEs, placing and removing immittance tips and specula, any hearing aid procedure and other situations as deemed appropriate by each clinician.
- ii. Gloves must be changed after each procedure is complete and prior to any additional procedure requiring gloves if the user encounters unclean objects, one's clothing, hair, skin, or body fluids or leaves the room.
- iii. Gloves will be worn for cleaning and disinfecting instruments, toys, hearing aids, and when handling sterilizing solutions. Two pairs of gloves will be worn when treating patients known to be infected with HIV or Hepatitis B.
- iv. Gloves are to be removed by grasping the wrist of one glove with the other gloved hand, pulling the glove off into an inside/out position. The ungloved hand will then be used to grasp the inside edge of the remaining glove and pull off in an inside/out manner folding the first glove inside the second. Gloves will then be placed in a trash receptacle.
- v. Before and after glove removal, the clinician should wash hands with soap and water or use alcohol-based hand sanitizer when soap and water are not immediately available.
- vi. When using the endoscope or during VNG appointments (where exposure to emesis or other contaminants may occur), each clinician present in the room will be required to wear a disposable gown, buttoned lab coat, or other protective covering available in the lab. This must be discarded before leaving the lab. Lab coats are to be cleaned if soiled (or weekly if used regularly) in the infection control room. Personal lab coats may be taken home for cleaning if stored in a plastic or paper bag before leaving the clinic.

IX. Personal Illness

- a. Staff, volunteers and students are encouraged to use good judgment regarding personal illness and the potential for spreading illness to co-workers and patients.
- b. Staff, volunteers and students should not enter the clinic, at MSHC or off-site, if they are sick. Illness that creates an inability to attend to clinic responsibilities may necessitate a change in clinical faculty member, student clinician, or evaluation/therapy appointment (refer to Policy C-107).
- c. Symptoms of infectious disease include, but are not limited to fever, rash, cough, sore throat, vomiting, and diarrhea.
- d. Medical treatment for strep throat, conjunctivitis, and other contagious diseases is required before returning to clinic.

## X. Waste Management

- a. Most waste can be placed in the regular trash that will consist of plastic lined trash bins placed throughout the clinic area.
- b. Items that are visibly contaminated with cerumen, ear drainage, blood, mucous, sputum or emesis will be disposed of as Biohazardous Waste in the red biohazard bags. After the red bag is sealed, it is transferred to the biohazard disposal container for Stericycle, Inc. pick-up as scheduled or specially arranged. To arrange a special pick-up, call 800-633-9278.
- c. All other waste contaminated with cerumen, saliva, drainage, etc. can be placed in the regular trash.
- d. Tongue blades are to be broken before they are discarded.
- e. Used disinfectant will be disposed of in accordance with the directions found on the Material Safety Data Sheet (MSDS) for each product which will be kept in a binder in the Infection Control Room.
- f. All sharps are to be disposed into an approved Sharps Disposal Container. When the container is full, then it is to be placed into the Stericycle, Inc. disposal container for biohazard materials. Stericycle, Inc. will pick-up the disposal container biannually unless notified otherwise. Sharps may include needles, razor blades, broken glass and/or syringes.

## XI. References

- a. Bankaitis, A. U., & Kemp, R. J. (2005). *Infection control in the audiology clinic* (2nd ed.). Auban. Clark, J. G., Kemp, R. J., & Bankaitis. (2019, November 30). *Infection Control in Audiological Practice*.
- b. Audiology. <https://www.audiology.org/publications/guidelines-and-standards/infection-control-audiological-practice>.
- c. *Environmental Guidelines*. (2019, July 23). <https://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html>.
- d. Kemp, R. J., & Iles, R. L. (1996). *Infection control for the professions of audiology and speech-language pathology*. Oaktree Products.
- e. Kemp, R. J., Roeser, R. J., & Ballachandra, B. B. (1996). *Infection control for the professions of audiology and speech-language pathology*. Oaktree Products.
- f. Kemp, R., & Bankaitis, A. U. (2000, June 4). *Infection Control in Audiology*. <https://www.audiologyonline.com/articles/infection-control-in-audiology-1299>.
- g. Kulpa, J. (1990). AIDS/HIV: Implications for Speech-Language Pathologists and Audiologists. *ASHA*, 32(12). <https://doi.org/10.1044/policy.tr1989-00234>

## Safety Policy 804

### Infection Control for the Videostroboscopy Equipment

The following guidelines for infection control are written to inform and instruct all personnel-faculty, staff, and students-who participate in videostroboscopic evaluations in the Memphis Speech and Hearing Clinic. Further information regarding infectious disease, disinfection, sterilization, regulatory agencies, and terminology can be found in the references listed at the end of these guidelines. Also, the Exposure Control Plan document and Infection Control Policies for the Research labs are located in the Dean's office. It is strongly recommended that all personnel be familiar with the information contained in these references.

#### **POLICY:**

- I. In accordance with the Occupational Safety and Health Administration's Bloodborne Pathogens Standard (29 CFR 1910.1030), this plan has been developed to minimize the risk of exposure to bloodborne pathogens as well as other potentially infectious bodily substances. While direct exposure to blood is unlikely, this plan is written to protect the employees, students and clients from that possibility and to reduce the exposure of personnel to non-bloodborne pathogens, as well. If exposure occurs, please visit <http://www.memphis.edu/ehs/pdfs/bbpecattach3.pdf> to complete [the report](#) form.
- II. Engineering and work practice controls will be utilized to minimize or eliminate potential exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment will be utilized.
- III. Environmental infection control and basic housekeeping practices will be implemented to protect clients, students, volunteers and employees.
- IV. Potentially contaminated waste material will be disposed of in accordance with approved biohazardous waste procedures.
- V. All chemicals in use in the MSHC will be stored, utilized, labeled and disposed of in accordance with the directions contained in the Material Safety Data Sheet (MSDS) for that product.
- VI. Purchase and use of materials or chemicals not reported in this document will be reported to the Administrative Associate for appending to this document.
- VII. There will be an annual review of the infection control documents for the MSHC with oversight by the Clinical policies Committee.

## **PROCEDURE:**

### **I. Personnel**

Not all employees, staff, or students have the same potential risk of exposure to infectious material.

- a. Professional Staff and Students
  - i. Speech-Language Pathologists and students engaged in direct client contact might encounter the following tasks or procedures that place them at some risk of exposure to infectious material.
    - 1. Disinfecting patient "touch and splash" surfaces.
    - 2. Oral mechanism examinations
    - 3. Oral and intraoral manual therapy and diagnostic techniques
    - 4. Using and storing endoscopic equipment
    - 5. Cleaning endoscopic equipment with Cidex Plus
    - 6. Use of electromyographic sensors and equipment
- b. Office Personnel
  - i. Office personnel are not typically exposed to infectious material, nor do they participate in cleaning/disinfecting procedures.
- c. Building Maintenance and Cleaning Staff
  - i. These individuals may be exposed to infectious material through assistance in cleaning or through removal of trash containing infectious materials.

### **II. Cleaning and Disinfecting**

- a. General Information
  - i. Cleaning and disinfecting procedures will be completed in the endoscopy clinic room. Containers with a cleaning and disinfecting solution and Clorox wipes will be located in the endoscopy room cupboards.
  - ii. Sterilization materials will be limited to the endoscopy clinic room. Containers for sterilization chemicals will be provided with lids that must remain in place except when instruments are being placed or removed. There will be no food or drink in these areas.
  - iii. All soiled instruments needing cleaning, disinfection, or sterilization will have visual soil and debris removed with an enzymatic wash and placed in a cleaning and disinfectant bath (Aztec caddy or Endobath). Personnel assigned to endoscopy duties<sup>1</sup> will be responsible for transferring instruments to a sterilization bath and carrying out sterilization procedures.
  - iv. Rigid Endoscope Cleaning: Aztec endoscope caddy with lid
    - 1. In the endoscopy room with the door open
    - 2. Cleaning Solution: Cidex OPA Concentrate



v. Flexible Endoscope Cleaning: Endobath Flexible Scope SmartBasin M601

1. In the endoscopy room with the door open.
2. Cleaning Solution: Cidex OPA Concentrate
3. See sections 6.0-8.3 of Endobath Instruction Manual 2.0 for detailed operating procedures.

**III. Infection Control Protocols**

a. Environmental

i. Surface Disinfection

1. Surfaces to be Cleaned
  - a. Rigid endoscope.
  - b. Flexible endoscope.
  - c. Counter, sink, and cabinet surfaces in the endoscopy room.
  - d. Vertical surfaces of the endoscopy tower.
  - e. Endoscope dirty bin following cleaning procedures.
2. Surface Disinfection Procedures
  - a. Will follow Phys-309
3. Endoscope Disinfection Procedures
  - a. This is a two-step process of cleaning gross contamination followed by a disinfectant to kill germs. A product containing both an enzymatic cleaning compound and disinfectant can be used for both steps.
  - b. The endoscopy room will be supplied with the enzymatic cleaning compound in liquid form.
  - c. During cleaning, gross contamination and debris will be removed with a designated enzymatic sponge or other disposable or cleanable device, wiping the endoscope area from proximal (nearer the handle) to distal end (nearer the lens or camera end) at least 20 times. Following cleaning, the endoscope will be rinsed with water from proximal to distal end and wiped down with a clean cloth in the same direction.

ii. Sterilization

1. Instruments will be removed, rinsed in water, and set on a prepared surface to dry. Once the instruments are dry, they will be returned to the appropriate storage containers.
2. All disinfectant and sterilizing solutions will be changed every 14-21 days as directed on the label, or sooner if the solution becomes visibly soiled or viscous.

# Safety Policy 805

## Infection Control for Research Labs

**POLICY:** The following guidelines for infection control are written to inform and instruct all personnel-faculty, staff, volunteers, and students-who participate in research labs in the School of Communication Sciences & Disorders. Further information regarding infectious disease, disinfection, sterilization, regulatory agencies, and terminology can be found in the references listed at the end of these guidelines. Also, the Exposure Control Plan document and Infection Control Policies for the Research labs are located in the Dean's office. It is strongly recommended that all personnel be familiar with the information contained in these references.

### PROCEDURE:

- I. In accordance with the Occupational Safety and Health Administration's Bloodborne Pathogens Standard (29 CFR 1910.1030), this plan has been developed to minimize the risk of exposure to bloodborne pathogens as well as other potentially infectious bodily substances. While direct exposure to blood is unlikely, this plan is written to protect employees, students, volunteers, and research participants from that possibility and to reduce the exposure of personnel to non-bloodborne pathogens, as well. If exposure occurs, please visit <http://www.memphis.edu/ehs/pdfs/bbpecattach3.pdf> to complete the exposure form.
- II. Each research lab will develop and maintain its own infection control and waste disposal procedure. The procedure will identify all reusable materials, all disposable materials, and chemicals in use in the laboratory. It will define the correct methods for cleaning, sanitization, and storage of reusable materials. It will define the correct methods for safe handling, disposal and storage for all disposable materials and chemicals.
- III. A copy of each lab's procedures, along with MSDS's and information about accessing safety stations in the Community Health Building (e.g. eye wash, safety showers) will be maintained in the lab as well as in the Dean's Suite.

- IV. Engineering and work practice controls will be utilized to minimize or eliminate potential exposure to employees and students. Where occupational exposure remains after the institution of these controls, personal protective equipment will be utilized.
- V. Environmental infection control and basic housekeeping practices will be implemented to protect research participants, students, volunteers, and employees. Potentially contaminated waste material will be disposed of in accordance with approved biohazardous waste procedures.
- VI. All hazardous chemicals will be identified, labeled, stored and disposed of in accordance with the MSDS for that product.
- VII. There will be an annual review of the infection control procedure for each lab with oversight by the Dean's Office. The infection control procedure for each lab will also be reviewed and updated each time an Academic Faculty member has a new grant or project that will be conducted in the laboratory.
- VIII. In compliance with UM1759, all employees, volunteers, and students who are working in research labs that produce biohazardous or hazardous waste will undergo Hazardous Waste Training on an annual basis.
- IX. In compliance with the School's Exposure Control Plan, all employees, volunteers, and students who are exposed or are likely to be exposed to bloodborne pathogens or other potentially infectious materials (e.g. cerumen, saliva, urine, solid waste) will undergo Bloodborne Pathogen Training on an annual basis.

## Safety Appendix 8.1

### Statement Acknowledging Need to Report Suspected Abuse

Date: \_\_\_\_\_

I, \_\_\_\_\_, understand:

- \_\_\_\_\_ The duty to report child abuse or neglect under Tennessee State Law TN the duty to report child abuse or neglect under Tennessee state law TN Code Annotated 37-1- 403(i)(1),
- \_\_\_\_\_ the procedures to follow when I suspect abuse or neglect,
- \_\_\_\_\_ that any suspected crime committed on the University of Memphis campus is to be reported to Police Security,
- \_\_\_\_\_ I have read the guidelines Working with Minors Do's and Don'ts.
- \_\_\_\_\_ I certify that I have never been convicted of a crime related to abuse and neglect of minors or the elderly.

\_\_\_\_\_  
Signature