

**ECU Infection Control Policies Related to ECU Speech-Language & Hearing Clinic  
Bloodborne Pathogen Exposure Control Plan**

For other information [www.ecu.edu/cs-dhs/prospectivehealth/index.cfm](http://www.ecu.edu/cs-dhs/prospectivehealth/index.cfm)

1. **Standard/Universal Precautions:** all body fluids considered potentially infectious materials;
  - a. hand washing ASAP after contact with BBP or after removal of gloves or PPE;
  - b. PPE provided at no cost, when needed;
2. **Engineering and Work Practice Controls**
  - a. Handwashing;
  - b. face shield or guard;
  - c. needles/sharps disposal;
  - d. restrain from eating, drinking, smoking, applying cosmetics or contact lens in areas which might have BBP;
  - e. contaminated waste in red bags in hazardous waste cans;
  - f. instruments that puncture tissue must be disposed of or sterilized;
3. **Personal Protective Equipment:**
  - a. gloves worn when potential for contact with blood, infectious materials, mucous membranes or non-intact skin OR when there are cuts or breaks on skin;
  - b. masks or eye protection should fit securely;
  - c. gowns, lab coats worn if potential for soiling;
  - d. fluid resistant clothing if potential for splashing;
4. **Housekeeping:** plan for cleaning and disinfecting work surfaces;
5. **Cleaning, Disinfection, & Sterilization procedures:** gloves are worn and items are cleaned and then disinfected or sterilized;
6. **Contaminated sharps and other regulated waste:** hazardous waste cans and sharps containers;
7. **Hazard Communications:** warning labels; training programs;
8. **Training records with dates,** content, names and qualifications of trainers, names of participants kept for 3 years;
9. **Hepatitis B Vaccination:** 3 doses and may decline in writing;
10. **BBP incident** if stuck, cut or scratched with a contaminated object or splash into eye or mucous membrane AND follow up medical evaluation at PH for employees or SHS for students;
11. **Complete ECU Non-Patient Incident Report and Facility Report;** wash area with soap & water, flush mucous membranes with water; remove contaminated clothing & then medical evaluation;
12. **After Hours Incidents:** during evening or weekend hours, use exposure hotline 816-8500;
13. **Evaluation and Surveillance Program** & can order testing, and implement treatment if needed;

**Policies related to ECU Speech-Language-Hearing Clinic**

**Hand washing Policy:** policy to ensure hand washing to help safeguard from transmission of infection;

1. before and after work, between each client, immediately after contact with blood or potentially infectious materials, after removing PPE, before and after restroom, before and after eating;
2. steps: wet hands if using water; scrub 15-30 seconds between fingers, back of hands and wrists;

**One time Disposable Equipment:** disposable tools shall not be re-sterilized or reused and will be disposed of appropriately;

**Equipment Disinfection and Cleaning Inventory:**

1. reminds of definitions for cleaning, disinfection, and sterilization;
2. offers approved products for doing so;

**Equipment Decontamination:** to ensure consistency in equipment decontamination prior to disinfection or sterilization;

**1. Definitions:**

- a. **Cleaning:** removal of all foreign material from objects;
- b. **Disinfection:** eliminates many pathogenic microorganisms with the exception of spores, from inanimate objects
- c. **Sterilization:** completely eliminates all forms of microbial life; established protocols for sterilization;

**2. Steps in Cleaning for reusable equipment and tools**

- b. remove visible contamination by placing in a container with water and detergent;
- c. scrub and rinse;
- d. soaked in disinfectant OR wrapped and sent for sterilization;

**3. Levels of disinfection**

- a. high-level: destroys all microorganisms except spores;
- b. intermediate level: inactivates most but does not kill spores;
- c. low-level: kills most but not resistant microorganisms (tubercle bacilli) or spores;

**4. Device classification**

- a. Critical: objects that enter sterile tissue or vascular system;
- b. Semi critical: objects contact mucous membranes or non-intact skin
- c. Non critical: contact intact skin only

Level of disinfection/sterilization determined by device classification: must use pre-approved products

**Identification of Patients with Potential TB and other Communicable Respiratory Illness:** to prevent exposure;

1. patients will be sent wearing a mask and clinic staff will receive notification;
2. will be seen ASAP without stay in a waiting room and discharged ASAP;

**Cleaning and Disinfection of Toys:** to provide consistency in cleaning & disinfection of toys;

**1. Diapered Children**

- d. ideally toys should not be shared because of likely hand and mouth contact;
- e. use only non-porous easily cleaned toys;
- f. stuffed or other non-porous toys are allowed if they are not shared;
- g. toys contacted by mouth or hand should be washed, disinfected, and rinsed prior to re-use;
- h. toys should be stored in a clean, dry area;

**2. Non Diapered Children**

- i. toys that are used should be cleaned and disinfected weekly and when soiled;
- j. toys contaminated with blood or body fluids must be immediately cleaned and disinfected; if disinfection is not possible then toys must be discarded;
- k. toys should be stored in a clean, dry area;

**Standard Precautions and the Use of Personal Protective Equipment:** to provide consistent use.

**2. Definitions:**

- a. Standard Precautions apply to blood, all body fluids, secretions, and excretions regardless of whether or not they contain visible blood, non-intact skin, and mucous membranes.
- b. Personal Protective Equipment is clothing or equipment worn for protection against hazard.

3. **Standard Precautions** used to prevent contact with any potentially infectious body material.
4. **PPE used:**
  - a. **Gloves** when may be contact with blood or other potentially infectious materials, mucous membranes or non-intact skin of all patients; and are changed after contact with each patient or between procedures if necessary; hands are washed immediately after gloves are removed;
  - b. **Fluid resistant gowns or aprons** when there may be splashes of blood or other potentially infectious materials;
  - c. **Impermeable gowns or aprons** worn when procedures may saturate clothing;
  - d. **Masks, protective eyewear or face shields** when may be splash to mouth, nose, and eyes;
  - e. **Lab coats** to prevent contamination of clothes;
5. **Disposal or cleaning of PPE**
  - e. must be readily available where needed and must be cleaned or disposed of at no cost to employee;
  - f. disposable PPE that are contaminated are thrown away in red bag trash;
  - g. disposable PPE not contaminated may be thrown in regular trash;
  - h. Lab coats used as PPE are to be cleaned by the department;
  - i. Garments that are contaminated are to be removed ASAP;
  - j. All PPE shall be removed and stored, cleaned or disposed of properly.

**Soiled Linen, Trash, and Body Tissues:** to insure proper handling

1. **Soiled linens**, such as non-disposable lab coats, will be placed and transported in impervious laundry bags to the linen service to processing.
2. **No sorting of soiled linen** will be done **in clinic areas**.

**Infectious Waste Management:** to insure accordance with NC Medical **Waste Management rules;**

1. **Items are considered “infectious waste”** include blood or items containing blood, pus, saliva, body fluids;
2. **Infectious waste in hazardous trash, and sharps in sharps container;**
3. **If infectious waste is spilled**, then evacuate personnel and use PPE, use absorbent material and soak up material and use a germicidal (in spill kit); if large amounts contact housekeeping;

**Blood and Other Potentially Infectious Material Exposure:** to insure reporting and follow-up.

1. **Exposure is defined as:**
  - a. puncture or cut from sharp object previously contaminated with blood or other potentially infectious materials;
  - b. contamination with blood or other potentially infectious materials on any exposed area of the body with broken or non-intact skin;
  - c. contamination with blood or other potentially infectious materials to any mucous membrane surface; i.e., splash or splatter which introduces blood into the mucous membrane lining of the eye, nose, or mouth.

\*\*\*\*Contamination of unbroken intact skin does not constitute an exposure.

2. **When ECU employees are exposed at ECU:**
  - a. Complete ECU Non-patient incident report form & employee takes to ECU Prospective Health;
  - b. Facility Incident Report completed & stays in facility;

If exposed at another site, the supervisor at that site needs to work with ECU PH to determine follow-up.

**3. When ECU students are exposed at ECU:**

- a. Student report exposure to ECU faculty/supervisor and will complete source patient evaluation;
- b. Student referred to Student Health Services;

**4. When Patient is exposed at ECU:**

- a. Report on a Patient Incident Report form;
- b. Notify ECU Prospective Health;
- c. Sent to Prospective Health;

\*\*\*\*Failure to report an exposure will be considered a serious breach of policy

**Management of HIV Post-Exposure:** to facilitate the work up and management of those exposed to known HIV positive blood;

## 1. Exposure is:

- a. percutaneous exposure to blood, body fluid or unfixated tissue;
  - f. percutaneous exposure to bloody urine, saliva or respiratory secretions;
  - g. skin contact if extensive and non-intact skin;
5. ECU employees seen by PH and students by SHS within 2-3 hours of exposure and may use hotline for after hours exposure;

**Blood and Other Potentially Infectious Material Exposure Counseling:**

1. testing is free;
2. follow-up counseling by physician and/or PH;
3. testing positive for some conditions may result in report to Health Department

New policies at [www.ecu.edu/cs-dhs/prospectivehealth/infectioncontrolpolicies.cfm](http://www.ecu.edu/cs-dhs/prospectivehealth/infectioncontrolpolicies.cfm)

1. Management of Soiled, Clean & Sterile Supplies;
2. Reprocessing of Medical Devices;
3. Autoclave Use and Monitoring;
4. Cleaning, Disinfection and Sterilization of Patient Care Items;
5. High Level Disinfection of Endoscopic Equipment and Accessories;
6. Reportable Diseases;