

EAST CAROLINA UNIVERSITY

INFECTION CONTROL POLICY

Department: Pediatrics/ TEDI BEAR Children's Advocacy Center

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Approved by:

Department Chairman

Administrator/Manager

Chairman, Infection Control Committee

Infection Control Nurse

Instructions for Departments with Multiple Clinical Sites

If the department operates multiple clinical sites, serving different patient populations, providing different services, or using different physical facilities, the overall departmental Infection Control Policy will be supplemented with a clinic- specific statement of the Infection Control practices to be followed in each particular clinic regarding issues such as Blood born pathogens, communicable respiratory diseases, sterilization, medical waste, etc. This clinic - specific procedure supplement will document how each individual clinic complies with the ECU Infection Control policy given its unique physical location, patient care functions and resources.

I. Purpose: The Infection Control policy is established to help safeguard patients and personnel from the transmission of infection between patient and personnel during patient care. All ECU personnel, students, and other healthcare workers are to comply with all infection control polices.

II. Personnel:

A. All new and current employees will comply with employment screening as outlined in the Prospective Health Policy. All Employee Health records will be maintained by Prospective Health.

B. Employees who have potential for blood or other potentially infectious material exposure will be offered hepatitis B vaccine at no charge to the employee. Medical students and employees who have potential for exposure to *Mycobacterium tuberculosis* (MTB) have PPD skin testing with follow-up per Prospective Health protocol.

Other health care students with clinical rotations through ECU clinics, other non-employee healthcare workers, and any others who may have patient contact, will have documentation of Infection Control training, required vaccines administered, and PPD skin testing results according to BSOM policy for students/visitors.

C. Any ECU staff (including physicians) or student who has an exposure to a communicable disease through a needle stick or other means will report that exposure to their supervisor or instructor and follow-up will be done per Bloodborne Pathogen Exposure Control Plan, Tuberculosis Exposure Control Plan or Prospective Health Policy depending on exposure. Resident physicians (Interns, Resident's or Fellows) who have an exposure to a communicable disease in ECU clinics are to notify ECU Prospective Health for testing of the source patient, then personally follow-up with PCMH Occupational Health. Non-ECU students will follow their institutional policy.

If any biologicals or radiation are used, Staff and other workers will follow ECU policy with regard to training, monitoring, etc. Accidental exposures to chemicals and radiation will be reported on an incident report form. The person exposed to these hazards will be evaluated according to ECU Policy. Refer to Radiation Safety Manual, the Biological Safety Manual, and the Chemical Hygiene Plan.

D. Employees will receive education on infection control, standard precautions and OSHA TB and Blood borne pathogen standards upon employment and yearly thereafter. Clinical employees will complete an Employee Health Update annually.

E. This policy will be evaluated every three (3) years and as needed due to change in practice or

standards.

III. Physical Layout:

- A. Description: TEDI BEAR CAC is a Brody School of Medicine clinic where evaluations and treatment for alleged child maltreatment is done.
Waiting room is for both medical and therapy patients.
2 exam rooms on medical hallway with lab area.
One side of building designed for patient use.
Other side of building (through solid wood door) for staff use.
- B. Isolation room location. NONE

IV. Infection control procedures:

- A. Handwashing is done with an antimicrobial soap and water immediately before and after each patient contact. Handwashing facilities are available.

If handwashing facilities are not immediately available, antiseptic hand cleaners or antiseptic towelettes are provided.
- B. Aseptic techniques should be strictly observed with (list procedures see appendix)
- C. Standard precautions will be observed on all patients. Gloves are worn if hands may be exposed to blood and other potentially infectious materials. Protective mask and eyewear or face shield is worn if facial splashing is likely. Gowns are worn if more extensive splashing of uniform or clothing is likely.

Needles and sharps will be handled according to the Needle Stick Safety and Prevention Act. Needles should not be bent or broken. Needles should not be resheathed unless absolutely necessary. If needles must be resheathed, it must be done with a mechanical device or with a one-handed technique. Safety sharps will be used according to OSHA policy. Vacutainer holders will not be reused.

Health care workers who have exudative lesions or weeping dermatitis shall be prohibited from handling patient care equipment and devices used in performing invasive procedures and from all direct patient contact until evaluation by Prospective Health and clearance obtained. Open wounds or sores should be covered with a protective dressing. Refer to policy Work Restriction for Personnel.

Patients who are seen in the ECU clinics are evaluated for signs and symptoms of *Mycobacterium tuberculosis* (MTB) and any infectious respiratory illness. Refer to

policy Identification of Patients with potential Tuberculosis and any other Communicable Respiratory Illness. If a patient exhibits symptoms consistent with possible pulmonary tuberculosis (cough for ≥ 3 weeks hemoptysis or coughing up blood, or chest pain for > 3 weeks) or if tuberculosis is suspected (part of the differential diagnosis) respiratory protection **WILL** be initiated. If other transmissible respiratory pathogens are possible, then respiratory isolation procedures should be initiated; using current epidemiologic factors as a guide; e.g. fever and cough, presence of influenza or SARS in the community, suspicion of unusual clinical presentation etc. These procedures include masking the patient, limiting the time in waiting areas, and placement in a negative pressure airborne infection isolation (AII) room. All staff having patient contact will wear appropriate respiratory protective equipment: N-95 mask in proper size for those having been fit tested and helmet respirators (PAPRA) for those unable to pass a fit tested (due to sizing, facial hair, etc). Each clinic will provide proper sized masks and additional masks stocked for replacement. Helmet respirators are disinfected after each use, recharged and stored: Not stored on location.

Surgical masks will be available in all clinic areas and reception area. Patients identified with known or suspected diagnosis of MTB or other communicable respiratory illness will be asked to wear the mask until triaged or examined. If TB is part of the differential diagnosis the mask will be worn until evaluation is completed, including during transportation to x-ray or lab. If the patient is suspected to have active TB or any other airborne communicable illness and requires extensive care or hospital admission, they will be transported, wearing a mask, to other facilities (i.e. PCMH) as deemed necessary. The receiving facility will be notified by phone of patient requiring airborne precautions. If a patient is diagnosed with MTB prior to being evaluated in the clinic, the patient will wear a mask throughout the clinic visit and may be scheduled at a less busy time during the clinic (ie the end of the day).

Check appropriate box:

The clinic is equipped with a negative pressure exam room_____. After the patient leaves the room, the door will be closed and not reused for 20-30 minutes to allow time for air-borne infectious agents to be cleared from the air. A sign will be posted on the door notifying staff when it is safe to resume use.

This clinic is not equipped with a negative pressure, airborne infection room (AII), therefore patients with infectious or potentially infectious respiratory illness will be instructed to put on a mask and be placed in an exam room immediately. Physicians and clinical staff wearing respiratory protection will assess the patient. After the patient evaluation, the door to the examination room will be closed and posted with a sign to prohibit use for 2.5 to 3 hours to allow time for air changes to remove airborne infectious agents. by. After that period of time, it is safe to resume use.

D. Between patient visits, contaminated areas of exam tables and counter tops will be cleaned with an approved disinfectant. Table paper is changed, soiled linen removed,

and contaminated or used supplies disposed of or removed from room between patients.

- E. All patient specimen containers will be placed in leak-proof plastic bags marked with a biohazard label and transported in a covered secondary container marked with a biohazard label.
- F. Personnel protective equipment that includes gloves, gowns, masks and eyewear or face shield, and appropriate respiratory protection for MTB, will be available for employees, non-employees and students. Personal protective equipment is located in each exam room and in medical lab area.
- G. Refer to Appendix A for a list of commonly performed procedures and the minimum personal protective equipment required.

V. Equipment and Supplies:

- A. Clean equipment is stored in each exam room in appropriate containers.

Dirty disposable supplies are placed in red biohazard containers.

Please check applicable paragraph for each clinical facility.

Paragraph 1. Clinic has Autoclave

Reusable, dirty equipment is thoroughly cleaned, with approved instrument cleaner, to remove all organic matter. Critical equipment that will enter sterile tissues or the vascular system will be cleaned with instrument cleaner and then, sterilized by autoclave.

The responsibility of autoclave sterilization will be assigned to an individual who has demonstrated competence in autoclave operation, maintenance and monitoring. The sterilization procedure will be monitored by three methods:

- Mechanical- assessment of cycle time, temperature, and pressure
- Chemical indicators- tape on the outside of the package or pack indicates that the package has been processed but does not guarantee sterilization. A chemical indicator (strip) will also be placed on the inside of each package to verify steam penetration.
- Biological spore indicators are the only process indicators that directly measure sterilization and will be run weekly or with each load if less than weekly. Each pack will be labeled and dated. If failure occurs, autoclave will be serviced. Designated staff will maintain documentation of monitoring.
- Routine maintenance will be performed according to manufacturer's recommendation. Typically this is at least yearly.

Paragraph 2. Clinic does not have an autoclave

Reusable dirty equipment is thoroughly cleaned, with approved instrument cleaner, to remove all organic matter. This clinic does not have an autoclave. Critical equipment that will enter

sterile tissues or the vascular system will be cleaned with instrument cleaner, packaged with chemical indicators in each pack and taken to be autoclaved at outside facility.

- B. Semi critical equipment requiring high level disinfection with glutaraldehyde will be cleaned and disinfected according to the ECU Glutaraldehyde Usage Guidelines Policy.
- C. Equipment is inspected periodically and repaired or replaced as necessary. Nonreusable contaminated equipment will be discarded in appropriate containers.
- D. Each exam room will have an appropriately labeled contaminated trash can (red bag) and a noncontaminated trash can (clear or brown bag). Any contaminated non-sharp trash will be placed in the red bag trash. These red bags will be gathered by ECU Biohazard Waste technicians and sent for incineration. Any non-contaminated trash will be placed in a clear or brown bag to be collected by housekeeping.
- E. Sharp disposal units are located in the lab area. These containers are checked routinely by staff and disposed of when they are 3/4 full. They should be securely sealed and placed in the red bag storage area prior to pick- up for incineration.
- F. Clean linen is stored in the lab area cabinet.

Soiled linen should be placed in covered dirty linen hampers. This linen is picked up each week by the contract linen service. Gloves will be worn when handling soiled linen.

APPENDIX A
Minimum PPE Required for Commonly Performed Procedures

Common Procedures	Minimum Equipment Needed
Genitalia examination/lab collection	gloves