

EAST CAROLINA UNIVERSITY

INFECTION CONTROL POLICY

Department Geriatrics Center of Family Medicine

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Approved by:

Department Chairman

Administrator/Manager

Chairman, Infection Control Committee

Infection Control Nurse

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 policies.

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:

Description

Family Medicine Geriatric Center: This facility is located in Quadrangle Building C: This center is a free standing clinic designed with a reception area, business office, one (1) patient rest room, one (1) employee restroom, four (4) examination rooms, one (1) nurses' station, one (1) preceptor room, one employee lounge, and (2) offices.

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 in every exam room, procedure room, and restroom area in the Geriatrics Center.
If hand washing facilities are not immediately available, antiseptic hand cleaners or antiseptic towelettes are provided.
- B. Aseptic techniques should be strictly observed with procedures listed in Appendix A.
- 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 test (due to sizing, facial hair, etc). Each clinic will provide proper sized masks and additional masks stocked in supply room for replacement. Helmet respirators are kept in Family Medicine procedure room and disinfected after each use, recharged and stored in the special procedure room.

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).

The Geriatric Center 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.

Clean gowns and drapes (sheets) are provided for each patient. Instruments and equipment are removed and placed in appropriate containers for soaking or wiped with an approved disinfection solution. Contaminated disposable equipment is discarded in appropriate biohazard containers.

- 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 special procedure room.
- G. Refer to **Appendix A** for a list of commonly performed procedures and the minimum personal protective equipment required.

V. Equipment and Supplies:

- A. Clinical supplies and clean equipment are stored in examination rooms, closed cabinets, covered storage carts, drawers, and specified storage rooms. Instruments and equipment are cleaned and assembled in a designated cleanup area for each module.
- B. Dirty disposable supplies are placed in red biohazard containers. Biohazard waste will be stored in each examination room and procedure room in appropriately labeled contaminated trash can (red bag) until pickup by the biohazard technician.
- C. The Geriatric Center does not have an autoclave. Reusable, dirty equipment is thoroughly cleaned, with an approved enzymatic cleaner to remove all organic matter. Critical equipment that will enter sterile tissues or the vascular system will be cleaned with enzymatic instrument cleaner and air dried. Nursing staff at the Geriatric center packages the items with a chemical indicator strip in each pack. The packaged items are then delivered to the Family Medicine Clinic for autoclaving. See Family Medicine policy for procedure.

Appendix A

List of common procedures and minimum protective equipment needed

Family Medicine Clinic:

<u>Common Procedures</u>	<u>Minimum Equipment Needed</u>
Assisting with procedures	Gloves
Chlamydia cultures	Gloves
Cleaning rooms, equipment and instruments	Gloves
Dressing change and irrigation	Sterile gloves, gown, mask/face/eye shield
Dressing change, without irrigation	Gloves
Endometrial biopsy	Gloves
Enema administration	Gloves
Fingerstick Blood Sugar	Gloves
Fingerstick hematocrit	Gloves
Fingerstick cholesterol	Gloves
Foley catheter	Sterile gloves
Gonorrhea cultures	Gloves
Herpes culture	Gloves
I&D Bartholin cyst/word catheter	Sterile gloves/gown/mask/eye shield
I&D of abscess	Sterile gloves, mask/eye shield
In & Out catheterization	Sterile gloves
Intradermal injection	Gloves
Intramuscular injection	Gloves
IV therapy	Gloves
Joint injection/aspiration	Gloves
Laceration repair	Gloves
Mole removal	Sterile gloves, eye sheild
Nebulizer treatment	None
Pap smear/pelvic exam	Gloves
Sterile Pelvic exam	Sterile Gloves
Peak flow monitoring	None
Phebotomy	Gloves
Punch biopsy	Gloves
Rapid strep testing	Gloves
Skin biopsy	Sterile gloves, goggles
Sputum collection	Gloves, mask, goggles
Stool guaiac	Gloves

Appendix A continued
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Common Procedures

Minimum Equipment Needed

Subcutaneous injections	Gloves
Suture and staple removal	Gloves
Transport of lab specimens	Gloves
Toenail removal	Gloves, goggles
Urinalysis/dip/microscopic	Gloves
Wet preps	Gloves
Wound debridement	Gloves, goggles
Wound irrigation	Gloves, goggles