

EAST CAROLINA UNIVERSITY
INFECTION CONTROL POLICY

Department of Medicine/Internal Medicine

Date Originated: April 22, 1998

Date Reviewed: 4.22.98, 4.25.01

Date Approved: April 25, 2001

11/18/04

Approved By:

Departmental Chairman

Nursing Supervisor

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 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) will be given PPD skin testing with follow-up per Prospective Health protocol.

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

C. Any ECU staff or ECU student, who has an exposure to a communicable disease through a needle stick or other means, will report that exposure to the appropriate supervisor or instructor; non-ECU students follow institution policy. Follow-up will be done per Bloodborne Pathogen Exposure Control Plan, Tuberculosis Exposure Control Plan, or Prospective Health Policy depending on exposure.

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 the Radiation Safety Manual, the Biological Safety Manual, and the Chemical Hygiene Plan.

D. Employees will receive education on infection control, standard precautions and OSHA standards upon employment and yearly thereafter.

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

III. Physical Layout

A. Hall A has 7 exam rooms and 1 nurse's room. Hall B has 7 exam rooms, 1 nurse's room and a procedure room.

IV. Procedures

- A. Handwashing should be done with an antimicrobial soap and water immediately before and after each patient contact. Handwashing facilities are available in each exam room, 2 bathrooms, procedure room, both nurses= rooms and at the reception station.

If handwashing facilities are not immediately available, antiseptic hand cleaners in conjunction with clean cloth/paper towels or antiseptic towelettes will be provided.

- B. Aseptic technique should be strictly observed with all procedures listed in 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 are worn if splashing is likely. Gowns are worn if more extensive splashing of uniform is likely.

- Needles should be handled with extreme caution.
- 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 per OSHA guidelines.

Health care workers who have exudative lesions or weeping dermatitis shall refrain from handling patient care equipment, devices used in performing invasive procedures, and from all direct patient contact until the condition resolves. Open wounds or sores should be covered with a protective dressing.

Patients who are seen in the clinic are evaluated for signs and symptoms of *Mycobacterium tuberculosis* (MTB). If a patient exhibits symptoms consistent with a potential transmissible pathogen, then respiratory isolation procedures should be initiated. These procedures include masking the patient and making sure the patient is evaluated quickly and leaves the clinic as soon as possible. The staff will have appropriate respiratory protection provided when evaluating the patient. All staff having patient contact will have appropriate respiratory equipment available. Appropriate mask protection is available for those having been fit tested and helmet respirators (PAPRA) for those unable to be fit tested (ie sizing, facial hair, etc). Each staff member is supplied with a proper size mask with additional masks stocked for replacement. Helmet respirators are kept in the procedure /check-in room.

A patient mask will be available in all clinical areas and reception area for those patients identified to have known or suspected diagnosis of MTB or other respiratory illness. Patients will be asked to wear the mask until triaged or examined.

If a patient is diagnosed with MTB prior to being evaluated in the clinic, the patient will wear a mask during the clinic visit and may be scheduled at a less busy time during the clinic (ie the end of the day).

- D. Procedures performed in the department include: Pelvic exams, pap smears, IV infusions, spirometry, finger sticks, injections, skin tests, venipuncture, accessing central lines, EKGs, biopsy procedures, joint injections, urinary catheterizations, and dressing changes to wounds with or without irrigation.
 - E. Anoscopic Exam. Gloves are worn when doing exam, cleaning anoscope and developing Hemocult slides. The anoscope is washed with detergent solution and water, and then soaked in glutaraldehyde solution at manufacturer=s concentration, temperature, and soaking time for 100% Mycobacterium tuberculosis kill.
 - F. Pap smears. Gloves are worn during the procedure. Dispose of cytobrushes and pap sticks in contaminated trash. Disposable speculums are used and are disposed of in the contaminated trash.
 - G. Between patient visits, contaminated areas of exam tables and counter tops will be cleaned with an approved disinfectant. Table paper will be changed, soiled linen removed, and contaminated or used supplies disposed of or removed from room between patients.
 - H. All 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.
 - I. Personal protective equipment which includes gloves, gowns, masks, eyewear, face shield, and appropriate respiratory protection for MTB will be available for employees, non-employees, and students in each exam room.
 - J. Refer to Appendix A for a list of common procedures that require minimum personal protective equipment.
- V. Equipment and Supplies
- A. Clean equipment is stored in the nurses rooms.

Dirty disposable supplies are placed in red biohazardous bags or sharps containers. Reusable dirty equipment is cleaned at the nurses check-in room or in the exam rooms. Reusable dirty equipment is cleaned with a detergent and soaked in a glutaraldehyde solution at manufacturers instructions.
 - B. Equipment is inspected periodically, repaired, or replaced as necessary. Reusable contaminated equipment is cleaned with an approved disinfectant or sterilized.

- Contaminated disposable equipment will be discarded in appropriate containers.
- C. Each exam room will have an appropriately labeled contaminated trash can (red bag) and a non-contaminated 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 clear or brown bags.
 - D. Sharps disposal units are located in each exam room and at both nurses check-in rooms. 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.
 - D. Clean linen is stored in each exam room. Soiled linen should be placed in covered a 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

: List of common procedures and minimum protective equipment needed

Common procedures	Minimum equipment needed
Pelvic exam	Gloves, face shield if appropriate
IV infusion	Gloves
Spirometry	Gloves, mask if active respiratory symptoms
Glucose finger stick	Gloves
Injection and skin tests	Gloves
Venipuncture	Gloves
Accessing central lines	Gloves
EKGs	Gloves if open lesions present
Biopsy-Punch or Kevin	Gloves
Dressing changes with irrigation	Gloves, face shield, and gown
Dressing changes without irrigation	Gloves
Joint injections	Gloves
Anoscopic exams	Gloves
Urinary catheterizations	Gloves