

EAST CAROLINA UNIVERSITY

INFECTION CONTROL POLICY

Department Gynecologic Oncology/Leo Jenkins Cancer 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 LJCC personnel, both ECU and Vidant employees, 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 employer's Occupational Health Policy or Prospective Health Policy. All Employee Health records will be maintained by Prospective Health or Occupational 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 have PPD skin testing with follow-up per Prospective Health protocol or Occupational Health.

Other health care students with clinical rotations through Leo Jenkins Cancer Center, 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 Vidant Medical Center or 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 Leo Jenkins Cancer Center are to notify ECU Prospective Health for testing of the source patient, then personally follow-up with Vidant Occupational Health. Non-ECU students will follow their institutional policy.

If any hazardous materials (biological 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 and students 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: 4 exam rooms (201,202,203,217), 1 procedure room (216), 1 patient conference room (205), 1 physician consult room (204), 1 patient check in site (276), 1 bathroom for patients inside 217, 1 clean/dirty utility room (222).

- 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 agents are available in the lobby, lounges, exam rooms, and staff restrooms. Waterless hand sanitizing agents are located throughout the department. Handwashing sinks with soap and paper towels are located in each room.

- B. Aseptic techniques should be strictly observed with the list of procedures 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.

Providers and staff will maintain strict adherence to safe injection practices during patient care:

- Never administer medications from the same syringe to more than one patient, even if the needle is changed.
- Do not enter a vial with a used needle or syringe (even if the needle is changed.)

Hepatitis C virus, Hepatitis B virus, and HIV can spread from patient to patient when the above precautions are not followed. Additional protection is offered by adhering to the following:

- Medications packaged as single-use vials will not be used for more than one

patient.

- Medications packaged as multi-use vials will be assigned to a single patient whenever possible.
- Bags or bottles of intravenous solution will not be used as a common source of supply for more than one patient.
- Absolute adherence to proper infection control practices will be maintained during the preparation and administration of injected medications.

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 LJCC 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 other known respiratory infections 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. Each clinic will provide proper sized masks and additional masks stocked for replacement.

Surgical masks will be available in all clinic areas and reception area. Patients identified with known or suspected diagnosis of MTB or other respiratory illnesses 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. Vidant) 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).

This clinic is not equipped with a negative pressure, airborne infection room (AII). 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. The room will be closed off for 2 ½ - 3 hours after the patient is moved. After that period of time, the room may be cleaned by Housekeeping and put back into service.

- 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 stored in room 216.
- 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 equipment drawer in each exam room.
- B. 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.

X 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.

- A. Semi critical equipment requiring high level disinfection with glutaraldehyde will be cleaned and disinfected according to the ECU Glutaraldehyde Usage Guidelines Policy.
- B. Equipment is inspected periodically and repaired or replaced as necessary. Non-reusable contaminated equipment will be discarded in appropriate containers.
- C. 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.
- D. Sharp disposal units are located in each exam room and the procedure room. 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.
- E. Clean linen is stored in roll top linen cabinet across from room 272. 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 Procedure	Minimum Equipment Needed
In & Out Catheterization	Sterile gloves
Fingerstick H&H	Gloves
Fingerstick Blood Sugar	Gloves
Pap Smear	Gloves
Dressing Changes	Gloves, gown, mask & eyewear or face shield
without irrigation/with irrigation	Gloves
Foley Catheter	Gloves
Suture and Staple Removal	Gloves
IV Therapy	Gloves
Pelvic Exams	Gloves
Venipuncture	Gloves
Accessing Mediport	Sterile gloves/mask/hair net
Cervical Biopsy	Gloves
LEEP Procedure	Gloves, mask & eyewear or face shield
Cystoscopy	Sterile gloves, mask & eyewear or face shield
Proctoscopy	Gloves, mask & eyewear or face shield
Stool Guaiac	Gloves
Colposcopy	Gloves
IV Medications	Gloves
Cervical Cultures -GC -Herpes -Aerobic & Anaerobic -Chlamydia	Gloves
Transport Lab Specimens	Gloves
Assisting with procedures	Gloves

Cleaning Equipment and Instruments	Gloves, gown, mask & eyewear or face shield
Laser vaporization	Sterile gloves, gowns, filtering mask, eyewear
Phlebotomy	Gloves
Intravenous Catheter Insertion	Gloves
Use of laryngeal scopes	Gloves, mask, eyewear
Thoracentesis	Sterile gloves, gown, mask, eyewear
Paracentesis	Sterile gloves, gown, mask, eyewear
Foley Catheter insertion/removal	Sterile gloves
Urine Dip testing	Gloves
Aspiration of wound seroma	Gloves, gown, goggles
Injections – SQ, IM, ID	Gloves
Skin/Wound care/debridement	Gloves
Endometrial Biopsy/ECC	Gloves
Skin Punch, FNA, Core biopsy	Sterile gloves
Excision of lesion	Sterile gloves
Infusaport removal	Sterile gloves/sterile gown/mask
Evaluation for fistula	Sterile gloves