

EAST CAROLINA UNIVERSITY
INFECTION CONTROL POLICY

Pediatric Specialty Clinic/ECU-Hemby Lane

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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:

- A. Description: The Pediatric Specialty Clinic is composed of two nursing stations.

1. The clinic is all one story consisting of 1 patient registration area, 1 waiting area, 2 processing rooms, 16 exam rooms, 2 dental operatories, 1 compressor/suction closet, 2 echo rooms, 1 laboratory, 1 clean room, 1 dirty room, 7 bathrooms, 4 storage closets, 4 consult rooms, 15 offices, 1 break room, 1 mechanical room, and 1 housekeeping closet.

- B. Room # 9 is a negative pressure, airborne infection isolation (AII) room.

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. 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 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 clinic is equipped with a negative pressure exam room, Room #9. Negative pressure is verified by smoke test monthly and before use with each patient suspected of having an airborne infection.

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.

- 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 patient room or the clinical supply closet.

- 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 the clinical supply closet.

- 1. Ear thermometers and Welch-Allyn electronic thermometers use disposable probe covers. A new probe cover is used for each patient. Probes are stored in the storage closet.

- 2. Disposable ear speculums are kept in metal containers in examination rooms.

- 3. Disposable speculums used for pelvic exams are stored at the foot of exam tables in designated examination rooms." Cytobrushes, sure path containers, culturettes and cotton-tipped applicators are kept in the pelvic/pap tray. The culturettes and cotton-tipped applicators come in individual sterile packages.

- 4. Sterile suturing and suture removal sets come in individual, sterile packages and are stored in the clinical supply closet.

- 5. MediPort and Hickman trays are disassembled and disposed of in sharps containers and contaminated trash.

- 6. All other equipment is stored until needed in the clinical supply closet.

- B. Dirty Equipment

- 1. Exam tables - paper is changed between each patient. If contaminated with blood or other potentially infectious materials, the paper is discarded in the contaminated trash. Table surfaces are cleaned with an EPA approved disinfectant.

- 2. Disposable ear probe covers are disposed of in the contaminated trash after patient use.

- 3. Ear speculums are cleaned and disinfected with an approved EPA disinfectant after each patient. Disposable ear speculums are disposed of after each patient use.

- 4. Disposable vaginal speculums are disposed of after patient use.

5. Sterile suture and suture removal kits are disposable and are disposed of in sharps containers and contaminated trash after patient use.
 6. MediPort and Hickman trays are disassembled and disposed of in sharps containers and contaminated trash.
 8. Dirty disposable supplies are placed in red biohazard containers. Biohazard waste is stored in the “dirty room” until pickup by the biohazard waste technician.
 9. This building houses the Pediatric Specialty Dental Clinic which has an autoclave. However, only dental instruments are sterilized in this autoclave. Pediatric Specialty Clinic does not have an autoclave. (See Dental Clinic policy).
- C. 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 wall mounted and located in every exam room, procedure room, patient processing rooms, and nursing station. 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 closed cabinets in each examination room or in the linen closet. “Dirty” linen hampers are kept in each examination room and lined with a leak-proof bag. Soiled linen should be placed in covered “dirty” linen hampers. When hampers are full, the bags are tied closed and placed in the “dirty” room prior to pickup each week by the contract linen service. Gloves will be worn when handling soiled linen. Dirty linen is picked up every Thursday.

APPENDIX A
Minimum PPE Required for Commonly Performed Procedures

Common Procedures	Minimum Equipment Needed
Accessing MediPort	Sterile gloves
Accessing Hickmans	Sterile gloves
Pelvic exams	Gloves
Hemoglobin A1C	Gloves
Fingerstick blood sugar	Gloves
Preparing urines	Gloves
Cleaning rooms/countertops	Gloves
Wound irrigation	Gloves, masks, eyewear , gown
Administering subcutaneous injections	None, unless combative or uncooperative patient
Administering intramuscular injections	None, unless combative or uncooperative patient
Intravenous catheter insertion	Gloves
Assisting with suturing	Sterile Gloves
Preparation of Equipment for Sterilization	Gloves
Catheterization	Sterile Gloves