

EAST CAROLINA UNIVERSITY
INFECTION CONTROL POLICY

Department: Adult and Pediatric Health Care/Moye II/2nd Floor

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Approved By:

Department Chair

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 Vidant 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 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: The Adult and Pediatric Health Care Clinic is composed of four (4) nursing stations and is composed of one (1) floor. It is located at 517 Moye Blvd in a 3-story building and is on the 2nd floor.

The area consists of two (2) waiting rooms, six (6) bathrooms, one (1) front registration area, three (3) physician conference rooms, ten (10) staff offices, four (4) patient processing rooms, thirty (30) exam rooms with sinks, one (1) procedure room/negative pressure room, four (4) nursing stations, one (1) vision and hearing room, one (1) communication room, one (1) electrical room, three (3) storage rooms, one (1) housekeeping closet, four (4) utility rooms and one (1) break 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 the 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 and per manufacturer's instructions. 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 ECU clinics are evaluated for signs and symptoms of *Mycobacterium tuberculosis* (MTB). If a patient exhibits symptoms consistent with a potential transmissible respiratory pathogen, then respiratory isolation procedures should be initiated. These procedures include masking the patient, moving them from common waiting areas to an exam room for evaluation as soon as possible and having the patient evaluated quickly.

All staff having patient contact will have appropriate respiratory protective equipment available and will wear appropriate respiratory protection provided when evaluating the patient. Disposable N95 respirator masks are available for those employees who have been fit tested. Each staff member is supplied with a proper size mask and additional masks are stocked for replacement. Patient masks (surgical masks) will be available in all clinic areas and reception areas for those patients identified to have known or suspected diagnosis of MTB or other respiratory illness. Patients will be asked to wear the mask while triaged or examined and until infectivity has been ruled out, including when sent to other areas including lab and x-ray. 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 (i.e., the end of the day)

D. Between patient visits, contaminated areas of exam tables and counter tops will be

cleaned with an EPA 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 shields, 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 in the storage closet by the nursing station.
 - 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 storage closet by the nursing station.
 - 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 cabinet at the nurse's station.
 - 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 storage closet located near the nurse's station.
 - 7. Equipment is inspected periodically and repaired or replaced as necessary. Non-reusable contaminated equipment will be discarded in appropriate containers.
 - 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. Non-disposable ear speculums are cleaned and disinfected with an EPA approved 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.
 7. Dirty disposable supplies are placed in red biohazard containers. Biohazard waste is stored in the dirty room until pickup by the biohazard waste technician.
 8. 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. See Appendix B for detailed process.
- 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 wall mounted and located in every exam room, procedure room, patient- processing room, 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.

- E. 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, at the back of the clinic 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 MediPorts	Sterile gloves
Accessing Hickman catheters	Sterile gloves
Pelvic exams	Gloves
Circumcisions	Sterile gloves
Hemoglobin A1C	Gloves
Fingerstick blood sugar	Gloves
Preparing urines	Gloves
Cleaning rooms/countertops	Gloves
Wound irrigation	Gloves, mask, eyewear, gown
Administering subcutaneous injections	None, unless combative or uncooperative patient
Administering intramuscular injections	None, unless combative or uncooperative patient
Intravenous catheter insertion	Sterile Gloves
Assisting with suturing	Sterile Gloves
Preparation of Equipment for Sterilization	Gloves
Catheterization	Sterile Gloves

Appendix B
Preparation for Sterilization
Handling, Cleaning, and Packaging

I. HANDLING & CLEANING

1. Wear personal protective equipment when handling instruments.
2. Reusable dirty instruments are scrubbed with a brush until all visible debris is removed at the dirty sink at the nursing station.
3. They are soaked in Klenzyme for a minimum of 2-5 minutes but longer if needed.
4. Equipment is rinsed thoroughly with warm water and air dried.

II. PACKAGING

1. The instruments are packaged individually in self-sealing pouches.
2. The self-sealing pouches have a view window so that contents are easily viewed. The pouches are labeled with the current date, instrument name, and department location.
3. Pre-printed sterilization indicator strip is placed on the inside of each pouch prior to sealing.
4. The pouches are taken to Vidant for sterilization.
5. Once packages are picked up from Vidant, the indicator strips are checked to make sure indicator (● **OK**) is visible on each strip. This indicates that the package has been exposed to sterilization. The packages are also checked to make sure that they have not been punctured.