

**EAST CAROLINA UNIVERSITY**  
**INFECTION CONTROL POLICY**

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Department Cardiovascular Sciences

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Approved by:

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Department Chairman

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Administrator/Manager

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Chairman, Infection Control Committee

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Infection Control Nurse

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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 there is any use of hazardous agents 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 Department of Cardiovascular Science's clinical outpatient facility resides in the Cardiovascular Heart Institute at East Carolina University. This 220,000 square foot four story building currently has three floors which are completed and operational.

The First floor houses Pediatric Cardiology which falls under the Department of Pediatrics and the Cardiovascular Imaging Center which is governed by the Department of Cardiovascular Sciences.

#### **The Cardiovascular Imaging Center**

Exam rooms (4)	Room numbers 1366, 1368, 1374, 1378
Ultrasound rooms (7)	Room numbers 1352, 1354, 1356, 1358, 1360, 1362, and 1364
Stress rooms (3)	Room numbers 1326, 1324, and 1318
Nuclear Cameras (2)	Room numbers 1328 and 1322
Hot Lab (1)	Room number 1357
Injection rooms (3)	Room number 1323, 1321, and 1319
Chest X-ray (1)	Room number 1307
Vitals (2)	Room number 1305, 1309
Laboratory	Room number 1302
Clean Utility	Room number 1353
Dirty Utility	Room number 1327

#### **Second Floor Cardiology**

The Second Floor of the building houses the Cardiology domain where general Cardiology outpatient care is provided.

Exam rooms (24)	Room numbers 2321, 2323, 2325, 2327, 2329, 2326, 2333, 2335, 2337, 2339, 2341, 2343, 2353, 2355, 2357, 2359, 2361, 2363, 2365, 2369, 2371, 2373, 2375, 2381
Procedure room (1)	Room number 2379
Infusion room (1)	Room number 2377
Phlebotomy room (1)	Room number 2317
Assessment/Vitals (2)	Room number 2313, and 2314
Clean Utility/Supply (2)	Room number 2374, and 2318
Dirty Utility (2)	Room number 2358 and 2320

#### **Third Floor Cardiothoracic and Vascular Surgery**

The third floor of the building houses Cardiothoracic and Vascular Surgery clinical domains as well as Outpatient Clinical Trials. Clinical care for each of these clinical areas is provided on the third floor.

Exam rooms (22)	Room numbers 3323, 3325, 3327, 3329, 3326, 3333, 3335, 3337, 3339, 3341, 3343, 3345, 3347, 3359, 3361, 3363, 3365, 3367, 3371, 3373, 3375, and 3377
Procedure room (1)	Room number 3319

Infusion room (1)            Room number 3379

Isolation room location.

There is no specific designated isolation room in the clinical areas.

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 and per manufacturer's instructions.

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) 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  $\geq 3$  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 tested (due to sizing, facial hair, etc). Each clinic will provide proper sized masks and additional masks stocked for replacement. Helmet respirators are disinfected after each use, recharged and stored: Clean Supply room 2322.

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. 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), 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. 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.
- 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 the following locations:  
Gloves are located in all exam rooms, clean and dirty utility rooms, phlebotomy rooms, procedure rooms, medication rooms, ultrasound rooms, stress rooms, nuclear camera rooms, and in patient services registration areas.  
Gowns, masks and eyewear are located in 1353, 2322, 3318, 3374.  
In addition patient access services registration areas on first, second, and third floors have masks for employees, non-employees, and students.
- 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 rooms 1331, 1353, 2322, 2318, 2374, 3319, 3374, and 3318
- B. Dirty disposable supplies are placed in red biohazard containers. Biohazard waste will be stored in rooms 1327, 2258, 2320, 3320, and 3356 until pickup by the biohazard waste technician.

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.

Semi critical equipment (touches mucous membranes) requiring high level disinfection with glutaraldehyde will be cleaned and disinfected according to the **Reprocessing of Medical Devices policy** and the **Glutaraldehyde Usage**

**Guidelines Policy.** All semi critical equipment currently used is disposable.

- C. Equipment is inspected periodically and repaired or replaced as necessary. 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 in all exam rooms, stress rooms, medication preparation rooms, dirty utility rooms, ultrasound rooms, procedure rooms, phlebotomy rooms, and the laboratory. 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 clean utility rooms and limited quantities in patient exam rooms.

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**

<b>Common Procedures</b>	<b>Minimum Equipment Needed</b>
Minor Debridement of Wounds	Sterile gloves, gowns, mask, eyewear
Suture/ Staple removal	Gloves
Wound care with irrigation	Gloves, mask, eyewear
Wound care without irrigation	Gloves
Thoracentesis	Sterile gloves, gown, mask, eyewear
Starting Intravenous line	Gloves
Wound Culture	Gloves