

EAST CAROLINA UNIVERSITY

INFECTION CONTROL POLICY

Department of Surgery — Moyer II — First Floor

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Approved by:

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:

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.

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 health care students with clinical rotations through ECU clinic, 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.

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 the appropriate supervisor or instructor and follow-up will be done per Blood borne Pathogen Exposure Control Plan, Tuberculosis Exposure Control Plan or Prospective Health Policy depending on exposure. Resident physicians (Interns, Residents or Fellows) who have an exposure to a communicable disease in ECU clinics are to notify ECU Prospective Health for testing of patient and follow-up with ECU Health Medical Center's Occupational Health. Non-ECU students will follow their institutional policy.

If any hazardous materials 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.

Employees will receive education on infection control, standard precautions and OSHA TB and Blood borne pathogen standards upon employment and yearly thereafter.

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

III. Physical Layout:

A. Description — Moye II — 1st floor — Two (2) check-in stations, two (2) check out stations, phone hub room with sink, eighteen (18) exam rooms, two (2) procedure rooms, two (2) dictation/workrooms, one (1) nurse station with sink, one (1) kitchen with sink, four (4) triage rooms, three (3) referral coordinator offices, one (1) conference room, one (1) phone hub, two (2) bathrooms female), two (2) unisex bathrooms, two (2) staff bathrooms (male, female) and three (4) offices.

There are no negative pressure rooms.

IV. Procedures:

Handwashing is done with an antimicrobial soap and water immediately before and after each patient contact. Handwashing facilities are available in the bathrooms, exam rooms, and procedure rooms.

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

Aseptic techniques should be strictly observed with Hickman catheter and MediPort removal, excision of skin lesions/sebaceous cysts, removal of foreign body, breast and lymph node biopsies, and thoracentesis.

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 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 re-sheathed unless absolutely necessary. If needles must be re-sheathed, 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 refrain 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; using current epidemiologic factors as a guide, i.e., fever and cough, presence of influenza or SARS in the community, suspicion of unusual clinical presentation etc. These procedures include masking the patient and placement in a negative pressure airborne infection isolation (All) room.

All staff having patient contact will have appropriate respiratory protective equipment: N-95 respirator in proper size for those having been fit tested and helmet respirators (PAPRA) for those unable to pass a fit test (due to sizing, facial hair, etc.) Each clinic will provide proper sized respirators and additional respirators stocked for replacement. Surgical masks will be available in all clinic areas and reception areas. Patients identified with known or suspected diagnosis of MTB or other respiratory illness will be asked to wear the mask until triaged or examined. If MTB 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., ECU Health Medical Center) 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 (i.e., the end of the day).

Moye II, Ist floor clinics are not equipped with a negative pressure, airborne infection room (All), 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 (N-95 respirators) 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.

Between patient visits, contaminated areas of exam tables and countertops 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.

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.

Personnel protective equipment that includes gloves, gowns, masks and eyewear or face shield, and appropriate respiratory protection for MTB will be available for employees, nonemployees and students. Personal protective equipment is located in all procedure rooms.

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 cabinets in exam rooms and designated closets.
- B. Dirty disposable supplies are placed in red biohazard garbage containers located in the Janitor room in a larger red biohazard container.
- C. 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, packaged with chemical indicators in each pack and taken to be autoclaved in the Department of Dermatology on the third floor.
- D. Semi critical equipment is cleaned and/or soaked in Valsure enzymatic cleaner.
- E. Equipment is inspected periodically and repaired or replaced as necessary. Nonreusable contaminated equipment will be discarded in appropriate containers.
- F. 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

- G. Sharp disposal units are located in each exam room and 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 incinerator
- H. Clean linen is stored in a designated closet and in the appropriate drawer under exam tables. Soiled linen is 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

List of common procedures and minimum protective equipment needed

Hickman Catheter removal	Sterile gloves, gown, mask, eyewear
Mediport removal	Sterile gloves, gown, mask, eyewear
Incision and drainage of abscess	Sterile gloves, gown, mask, eyewear
Minor debridement of wounds	Gloves, mask, eyewear
Aspiration of seroma/cysts	Gloves, mask, eyewear
Excision of skin lesion/sebaceous cyst & lipoma	Sterile gloves, gown, mask, eyewear
Removal of foreign body	Sterile gloves, gown, mask, eyewear
Toe nail removal	Sterile gloves, gown, mask, eyewear
Breast/lymph node biopsy	Sterile gloves, gown, mask, eyewear
Gastrostomy/J-tube insertion	Gloves, eyewear
Suture/staple removal	Gloves
Wound care with irrigation	Gloves, mask, eyewear
Wound care without irrigation	Gloves
Starting intravenous line	Gloves
Thoracentesis	Sterile gloves, gown, mask, eyewear
Stool Guaiac	Gloves
Intramuscular injection	Gloves
Wound culture	Gloves