

EAST CAROLINA UNIVERSITY

INFECTION CONTROL POLICY

Family Medicine Physical Therapy

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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 and students 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) will be given PPD skin testing with follow-up per Prospective Health protocol.

Other health care students with clinic rotations through the ECU clinics, other non-employee health care workers, and any others who may have patient contact will have documentation of Infection Control required training, required vaccines administered, and PPD skin testing results.

C. Any staff or student, who has an exposure to a communicable disease through a needlestick or other means, will report that exposure to the appropriate supervisor or instructor. Follow-up will be done per Bloodborne Pathogen Exposure Control Plan, Tuberculosis Exposure Control Plan or Prospective Health Policy depending on exposure.

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 the Radiation Safety Manual, the Biological Safety Manual, and the Chemical Hygiene Plan.

D. Employees will receive education on infection control, standard (universal) precautions and OSHA standards upon employment and yearly thereafter.

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

III. Physical Layout:

A. The physical therapy suite is located on the ground floor of the Family Medicine Center Building. Sink and cabinets are located to the right. There are large cabinets along the front and back walls of the room for equipment, linen and supply storage.

- B. There is no isolation room within the Physical Therapy suite. Standard precautions will be observed on all patients. If other isolation measures are needed, the patient will be scheduled at a less busy time. If respiratory infectious diseases are suspected or known, the patient may have treatment in another patient care area.

IV. Procedures:

- A. Handwashing should be done with an antimicrobial soap and water immediately before and after each patient contact. Handwashing facilities are available within the Physical Therapy area.

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

- B. Aseptic technique should be strictly observed with wound care and whirlpool therapy.
- 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 splashing is likely. Gowns are worn if extensive splashing of uniform is likely.

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 the condition resolves. Open wounds or sores should be covered with a protective dressing.

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 and making sure the patient is evaluated quickly and leaves the clinic as soon as possible. The staff will have appropriate respiratory protection provided when evaluating the patient.

All staff having patient contact will have appropriate respiratory protective equipment available. Appropriate mask protection is available for those having been fit tested and helmet respirators (PAPRA) for those unable to be fit tested (i.e., sizing, facial hair, etc.). Each staff member is supplied with a proper size mask with additional masks stocked for replacement. Helmet respirators are kept in FPC modules.

A surgical patient mask will be available in all clinic areas and reception area for those patients identified to have known or suspected diagnosis of MTB or other

respiratory illness. Patients will be asked to wear the mask until triaged or examined.

- D. Procedures performed in the Department include:
Whirlpool, wound care/dressing change, therapeutic exercise, gait training and modalities.
 - E. Between patient visits, contaminated areas of exam tables and counter tops will be cleaned with an approved disinfectant. Table paper will be changed, soiled linen removed, and contaminated or used supplies disposed of or removed from room between patients.
 - F. All specimen containers will be placed in leak-proof plastic bags marked with biohazard label and transported in a covered secondary container marked with biohazard label.
 - G. Personal protective equipment which includes gloves, gowns, masks and eyewear or face shield and appropriate respiratory protection for tuberculosis will be available for employees, nonemployees, and students. PPE is located in the physician exam rooms on the hallways in the Family Medicine Center Building.
 - H. 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 wall cabinets.

Dirty disposable supplies are placed in red biohazard garbage containers. Reusable dirty equipment, hydrotherapy equipment and wound care equipment are placed in disinfectant solution bath.
 - B. Equipment is inspected periodically and repaired or replaced as necessary. Reusable contaminated equipment is cleaned with an approved disinfectant or sterilized. Contaminated disposable equipment will be discarded in appropriate containers.
 - C. The Physical Therapy suite will have an appropriately labeled non-contaminated trash can (clear or brown bag). There will be an appropriately labeled contaminated trash can (red bag) available. Any contaminated non-sharp trash will go in the red bag trash. These red bags will be gathered by staff and sent for incineration. Any non-contaminated trash will go in clear or brown bags.
 - D. Sharps disposal units are available. 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. Cleaned linen is stored in cabinets along the back wall. 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

List of common procedures and minimum protective equipment needed

| Common Procedures | Minimum Equipment Needed |
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| Range of motion | As indicated per patient diagnosis or if patient has open skin areas |
| Gait training | As indicated per patient diagnosis or if patient has open skin areas |
| Therapeutic exercise | As indicated per patient diagnosis or if patient has open skin areas. |
| Modalities (heat, ice, ultrasound, electric stimulation) | As indicated per patient diagnosis or if patient has open skin areas. |
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