

EAST CAROLINA UNIVERSITY
INFECTION CONTROL POLICY

Department Firetower Medical Office

Date Originated: 1/19/05

Date Reviewed: 1/19/05, 3/4/08, 6/4/13,
9.13.16, 9.20.22

Date Approved: 1/19/05

Page 1 of 7

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:

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 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.

C. Any 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 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 patient and follow-up with ECU Health Medical Center 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.

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. ECU Physicians/Firetower Medical Office is a primary care clinic with approx 12,832 sq ft of office space. It contains a large waiting area, with two private bathrooms, at the front entrance with two smaller areas on each side of the clinic, twelve private offices, twenty-seven exam rooms, two procedure rooms with attached bathrooms, one triage room, and five nurse stations. Centrally located is the Patient Access area, medical records, Pediatric station, laboratory and radiology services with a waiting area, staff- kitchen, two staff bathrooms, one large conference room and one treatment room.
- B. Isolation rooms: Rooms FMO 005 and FMO 069 are negative pressure isolation rooms.

IV. 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 when performing invasive procedures such as intravenous line insertion, injections, phlebotomy, finger sticks and when changing dressings. Strict aseptic (sterile) technique is used while performing or assisting any surgical or sterile procedure.

- C. 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.

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 ≥ 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. Staff members who have a beard, or are unable to be fit tested for any reason, will not have contact with any patient exhibiting signs and symptoms of MTB. Each staff member will be provided a proper sized mask 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., 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

during the clinic (i.e., the end of the day).

The clinic is equipped with two Airborne Infection Isolation rooms FMO 005 and FMO 069. 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. Procedures performed in the department include: pap smears, colposcopy, endometrial biopsy, cervical biopsy, simple wound care, keloid injection, cryosurgery, incision and drainage, joint injection, pilonidal cyst drainage, toe nail removal, pulmonary function testing, unna boot application, Intravenous fluid therapy, laceration repair, punch biopsy, urethral catheterizations and electrocardiograms.
 - E. 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.
 - F. 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.
 - G. 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. These will be located in each procedure room.
 - H. Refer to Appendix A for a list of common procedures that require minimum personal protective equipment.
- V. Equipment and Supplies:
- A. Clean equipment and supplies are stored in closed cabinets of the procedure and exam rooms and also in the supply room.
 - B. This clinic does have an autoclave. 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 and then, sterilized by autoclave. The responsibility of autoclave sterilization will be assigned to an individual who has demonstrated competence in autoclave operation, maintenance and monitoring. The sterilization procedure will be monitored by three methods:
 - Mechanical- assessment of cycle time, temperature, and pressure
 - Chemical indicators- tape on the outside of the package or pack indicates that the package has been processed but does not

guarantee sterilization. A chemical indicator (strip) will also be placed on the inside of each package to verify steam penetration.

- Biological spore indicators are the only process indicators that directly measure sterilization and will be run weekly or with each load if less than weekly. Each pack will be labeled and dated. If failure occurs, autoclave will be serviced. Designated staff will maintain documentation of monitoring.
- C. Routine maintenance will be performed according to manufacturer's recommendation. Typically, this is at least yearly.
- D. Dirty disposable supplies are placed in trash containers in each area. Contaminated disposable supplies are placed in a red biohazard bag located in all patient care areas. Contaminated reusable equipment is disassembled in the procedure room and is cleaned by appropriate methods and disinfected or sterilized as appropriate.
- E. Equipment is inspected periodically and repaired or replaced as necessary. Reusable 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.
- G. Sharp disposal units are located in each exam room, procedure room, nurse station, and shot area. 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.
- H. Clean linen is stored in the linen closet and in each exam room table or closed cabinet. 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.
- I. A shower is located in room FMO 024.

APPENDIX A

Common Procedures	Minimum Equipment Needed
Pap Smears	Gloves
Colposcopy	Gloves
Endometrial Biopsy	Gloves
Cervical Biopsy	Gloves
Simple wound care	Gloves
Flexible sigmoidoscopy	Gloves, gown,
Keloid injection	Sterile gloves
Cryosurgery	Gloves
I & D of abscess	Sterile gloves, eye shield, mask, gown
Joint injection	Gloves
Pilonidal cyst	Sterile gloves, make, gown, eye shield
Toe nail removal	Sterile gloves
Diaphragm fitting	Gloves
Pulmonary function tests	None
Unna boot application	Gloves
IV fluid therapy	Gloves
Laceration repair	Sterile gloves, gown
Punch Biopsy	Sterile gloves
Urethral catheterization	Sterile gloves
ECG	None

