

EAST CAROLINA UNIVERSITY
INFECTION CONTROL POLICY

Internal Medicine - Moye I

Date Originated: April 22, 1998

Date Approved: April 25, 2001

Date Reviewed: 4.22.98, 4.25.01,

11/18/04, 6/2/09, 9/10/13

3/15/2022

Page 1 of 7

Approved by:

Clinical Medical Director

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) 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 for students and 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 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 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 biological or radiation, 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: Moye Medical Building 1, 2nd Floor, General Internal Medicine Clinic

B. Isolation rooms location: 263

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 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 or syringe (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 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: RM 246.

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 the 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 (i.e. the end of the day).

Check appropriate box:

The clinic is equipped with a negative pressure exam room, Room 263. 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.

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 Room 271.
 - G. Refer to Appendix A for a list of common procedures that require minimum personal protective equipment required.
- V. Equipment and Supplies:
- A. Clean equipment is stored in room 271.
 - B. Dirty disposable supplies are placed in red biohazard containers. Biohazard waste will be stored in Room 246 until pickup by the biohazard waste technician.

Please check applicable paragraph for each clinical facility.

Paragraph 1. Clinic has 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 per the **Reprocessing of Medical Devices Policy** and the **Autoclave Use and Monitoring Policy**. See **appendix B** for detailed process.

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 by does not guarantee sterilization. A chemical indicator (strip) will also be placed on the inside of 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.
- Routine maintenance will be performed according to manufacturer's recommendation. Typically this is at least yearly.

- C. 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**. See **appendix C** of the Glutaraldehyde policy for a detailed description of the process.
- D. Equipment is inspected periodically and repaired or replaced as necessary. Non-reusable contaminated equipment will be discarded in appropriate containers.
- E. 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.
- F. Sharp disposal units are located in all exam rooms. 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.
- G. Clean linen is stored in Room 248.

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

Common procedures	Minimum equipment needed
Pelvic exam	Gloves, face shield if appropriate
IV infusion	Gloves
Glucose finger stick	Gloves
Injection and skin tests	Gloves
Venipuncture	Gloves
Accessing central lines	Gloves
EKGs	Gloves if open lesions present
Biopsy-Punch or Kevin	Gloves
Dressing changes with irrigation	Gloves, face shield, and gown
Dressing changes without irrigation	Gloves
Joint injections	Gloves
Anoscopic exams	Gloves
Urinary catheterizations	Gloves