EAST CAROLINA UNIVERSITY

INFECTION CONTROL POLICY

Plastic & Reconstructive Surgery Division

Date Originated: July 23, 1997
Date Approved: October 22, 2003

Dates Reviewed: 7.23.97, 10.25.00, 10.22.03, 11.15.06, 3.5.2013, 9.13.16

Approved by:

Division Chief Plastic and Reconstructive Surgery
Clinic 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 personnel 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 healthcare students with clinic rotations through the 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.

C. Any staff 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.

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 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 plastic and reconstructive surgery division is a 6672 square feet office and clinical facility including ten (10) exam rooms, two (2) minor surgery rooms, a dirty utility room, a clean utility room, and a dirty instrument room.

B. Patients are screened for signs and symptoms of tuberculosis and will complete a form that is included with this policy as Appendix D.
C. The surgery rooms will be maintained as positive pressure

IV. Procedures:
A. Handwashing should be done with an antimicrobial soap and water immediately before and after each patient contact. Surgical scrub procedure will be done before surgical cases with an approved antimicrobial soap. Refer to Appendix B for the surgical scrub procedure. Handwashing facilities are available in each exam room and utility area. Scrub sinks are available outside each surgery room.

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

B. Surgical aseptic technique should be strictly observed with surgical procedures. For all other procedures aseptic technique will also be used.

C. Employees will wear scrubs as well as sterile surgical gowns for cases requiring gowns.

D. Traffic Control: The area of the building in which the surgeries are located will be restricted to staff only. Visitors may access recovery from Nursing Station One (1). Refer to Appendix E for a map of the facility.

E. 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 should be handled with extreme caution. 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.

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 wound or sores should be covered with a protective dressing.

F. Procedures performed in the Department include: excision of skin lesions, debridement, micro pigmentation, and minor surgical procedures. For a list of minor surgical procedures, refer to Appendix A.

G. Contaminated areas of exam tables and counter tops will be cleaned between patients 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.

Refer to Appendix B for Scrub procedure of surgical cases and Appendix C for cleaning
procedures for the procedure/surgery rooms.

H. 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.

I. Personal protective equipment which includes gloves, gowns, masks, eyewear or face shield, and appropriate respiratory protection for tuberculosis will be available for employees, nonemployees, and students. These will be located in the cabinets in the clean utility room and in each of the procedure/surgery rooms. Gloves will be available in each exam room.

J. Refer to Appendix A for a list of common procedures that require minimum personal protective equipment.

K. Patients will undergo a screening history for signs and symptoms of respiratory communicable diseases (i.e. TB). These patients will complete a questionnaire that will be reviewed by medical personnel (i.e. physician/nurse) to ascertain if symptoms are present that may be consistent with *Mycobacterium tuberculosis* (MTB) pulmonary infection.

V. Equipment and Supplies:
   A. Clean equipment is stored in the clean utility room and each procedure/surgery room. Dirty disposable supplies are disposed of in sharps containers or biohazard bags in each exam room and each procedure room. Reusable dirty equipment will be cleaned in the dirty instrument room and will then undergo steam sterilization.

   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. 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 staff and sent for incineration. Any noncontaminated trash will be placed in clear or brown bag.

   D. Sharps disposal units are located in each exam room, procedure room and utility 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 incineration.

   E. Clean linen is stored in the linen closet and in the exam table drawers. 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.

   F. Autoclaves:
      1. Steam sterilization will be utilized for sterilization of reusable instruments.
      2. All instruments and trays for sterile procedures will be cleaned prior to
sterilization.
3. After cleaning, these instruments are wrapped prior to sterilization.
4. Each individually wrapped instrument, tray, etc. will have a clinical indicator in place.
5. Each package is labeled, dated, and initialed.
6. Biological spore testing is done at least weekly and documented.
7. The spore tests are incubated according to manufacturer’s recommendations and documented in a log.
8. The incubator and log are monitored by the designated staff for date and condition.

G. Flash Sterilization
1. Definition: Flash sterilization is of unwrapped items in a gravity displacement sterilized with recommended minimum exposure times and temperatures as follows:
   a. Instruments, metal, three (3) minutes at or above 132 degrees C (270 degrees F).
   b. Instruments, metal combined with porous items, ten (10) minutes at or above 132 degrees C (270 degrees F).
2. Use of Flash Sterilization
   a. Flash sterilization should be used only when time does not permit sterilization by the preferred wrap procedures, and should only be used for unwrapped instruments and porous items.
   b. A heat indicator should be run with every flash sterilization cycle.
   c. Generally, implantable items should not be flash sterilized, the manufacturer’s recommendations will be followed.
   d. Additionally a biological indicator will be run with all implantable items. A positive biological indicator will be reported to the nurse manager who will notify:
      1) The clinic director or designee
      2) The Biomedical Department at Vidant
      3) ECU Infection Control Practitioner
   e. Items will not be used from a flash sterilization cycle that has been aborted or discontinued before the full cycle.
   f. Items transferred from the sterilizer should be transferred in a manner to maintain their sterility.
   g. With each flash sterilization load, the operators will monitor the pressure, temperature gauges, and the computer tape to assure proper functioning.
   h. A record of all graphs or written documentation of autoclave functioning will be maintained.
Appendix A

Plastic & Reconstructive Surgery Division
List of common procedures and minimum protective equipment needed

<table>
<thead>
<tr>
<th>Common Procedures</th>
<th>Minimum equipment needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excision of skin lesions</td>
<td>Gloves, Face Protection</td>
</tr>
<tr>
<td>Chemical Peel</td>
<td>Gloves</td>
</tr>
<tr>
<td>Debridement</td>
<td>Gloves, Face Protection</td>
</tr>
<tr>
<td>Micro pigmentation</td>
<td>Gloves</td>
</tr>
<tr>
<td>*Rhytidectomy</td>
<td>Gloves, Face Protection, Gown</td>
</tr>
<tr>
<td>*Blepharoplasty</td>
<td>Gloves, Face Protection, Gown</td>
</tr>
<tr>
<td>*Rhinoplasty</td>
<td>Gloves, Face Protection, Gown</td>
</tr>
<tr>
<td>*Otoplasty</td>
<td>Gloves, Face Protection, Gown</td>
</tr>
<tr>
<td>*Dermabrasion</td>
<td>Gloves, Face Protection, Gown</td>
</tr>
<tr>
<td>*Tissue Expanders</td>
<td>Gloves, Face Protection, Gown</td>
</tr>
<tr>
<td>*Breast Biopsy</td>
<td>Gloves, Face Protection, Gown</td>
</tr>
<tr>
<td>*Breast Implants</td>
<td>Gloves, Face Protection, Gown</td>
</tr>
<tr>
<td>*Suction Lipectomy</td>
<td>Gloves, Face Protection, Gown</td>
</tr>
<tr>
<td>*Scar Revision</td>
<td>Gloves, Face Protection, Gown</td>
</tr>
<tr>
<td>*Rotation Flaps</td>
<td>Gloves, Face Protection, Gown</td>
</tr>
</tbody>
</table>

*Also Refer to Appendix B and Appendix C
Appendix B

Scrub for Surgical Cases

I. Dress
   A. Scrub clothes, foot covers, head covers, mask.
   B. Fingernails should be free of polish.
   C. No jewelry on hands or arms, other jewelry must be confined within scrub attire.

II. Scrub Procedure
   A. Thoroughly wash hands and arms up to three (3) inches above the elbow starting with
      fingernails and progress to fingers, between fingers, palm back of hand, forearm, and elbow.
   B. Five (5) minute scrub done at the beginning of each case.
      1. Preliminary - one (1) minute.
      2. Left hand 12 minute, right hand 12 minute, left arm and right arm 2 minute each.
      3. Rinse thoroughly.

III. Drying
   A. Drying is done in the Operating Room Suite using a sterile towel.
   B. Pick up towel by outside corner allowing it to unfold full length without touching non-sterile
      objects.
   C. Dry hands - Start with fingertips - using one (1) end of the towel in a blotting motion.
   D. Move upward on the arm to three (3) inches above the elbow.
   E. Repeat with second hand and arm and with the other end of the towel.
   F. Discard towel in proper receptacle being careful not to touch any non-sterile object.

** Note:
Always scrub with an approved Surgical Scrub soap.
Always scrub with a steady stream of water. Do not splash.
Hold hands above elbow level so the water runs from fingertips off elbows.
Scrub with short strokes and in a circular motion.
Maintain good lather.

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Appendix C

Cleaning Procedures for the Clinical Areas

I. Exam Rooms

II. Utility Areas
   B. Clinical staff will disinfect horizontal work surfaces at the end of each day with an approved disinfectant.
   C. The contract housekeeping staff will clean sinks, remove trash liners, and mop floors daily with approved products.

III. Operating/Procedure Rooms
   A. Before the first case of the day:
      1. Clinical staff will clean all horizontal surfaces, equipment and overhead lamps with a clean cloth that has been moistened with an approved disinfectant.
   B. After each case:
      1. Blood or body fluid spills will be cleaned as soon as possible with an approved disinfectant.
      2. Floors should be cleaned by mopping with a germicidal cleaner after designated minor surgery. Refer to Appendix A for a list of minor surgical procedures done. Water must be changed after each use. A clean mop head will be used after each case. Mop heads will be discarded in the laundry hamper after each use.
      3. Disposable personal protective equipment will be placed in proper receptacles prior to leaving the room. Flow traffic will be kept to a minimum.
      4. All unwrapped linen in the room will be placed in the linen hampers for the laundry whether soiled or not.
      5. Soiled instruments will be transferred from the room to the dirty instrument room and placed in a disinfectant. Trays should also be disinfected.
      6. Used suction canisters will be disposed of in red trash bags in the rooms.
      7. Large volumes of body fluids will have adsorbent added to solidify prior to disposal.

   C. Terminal cleaning at the end of the day
      1. Terminal cleaning at the end of the day is done by the contract housekeeping staff. The following will be cleaned:
         a. Furniture thoroughly scrubbed with an approved disinfectant including wheels and casters of furniture and equipment.
         b. Lights.
         c. All wall mounted or ceiling mounted equipment.
         d. Handles of cabinets and push plates.
         e. Face plates of vents.
         f. Horizontal surfaces.
         g. Entire floor.
         h. Kick buckets.
i. Scrub sinks.
Appendix D

Plastic & Reconstructive Surgery Division

Name of patient

MPI# ___________________

Please complete this questionnaire:

Date:_____________Name:______________________________________

Date of Birth:________________Age:____________Current wt.________ht.________________

Name of family physician:__________________________________________________________

Date of last physical exam:_________________________________________

Other physicians you see___________________________________________________________

Reason for today’s visit:____________________________________Date of injury____________

Past Medical History

Circle any conditions that you have ever been told that you have/had:
Seizures High Blood Pressure Heart attack
Stroke Tuberculosis Emphysema
Asthma Cancer Diabetes (sugar)
Hypo/hyperthyroid Kidney disease/failure HIV/AIDS
Bleeding problems Sickle Cell Anemia

Past Surgical History

<table>
<thead>
<tr>
<th>Date</th>
<th>Surgery/Illness</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

List all medicines that you take:

<table>
<thead>
<tr>
<th>Medicine</th>
<th>How Much?</th>
<th>How Often?</th>
<th>Physician</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Are you allergic to any medications? No___Yes____ Please list:
___________________________________  _______________________________________
___________________________________  _______________________________________
Are you allergic to latex? __________
Have you ever had a reaction to local or general anesthesia? ___________________________
Last tetanus shot?__________  Transfusion reaction? No_____  Yes____

Do you smoke?  No____Yes____  Do you drink alcohol? No_____  Yes____
Years you have smoked?_____  Packs per day?_____

Note: See Other Side

Family History
Please mark any health problems in you blood relatives (parents, grandparents, children, brother or sister) and indicate relationship.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Relative</th>
</tr>
</thead>
<tbody>
<tr>
<td>___</td>
<td>___</td>
<td>Cancer</td>
</tr>
<tr>
<td>___</td>
<td>___</td>
<td>Heart disease</td>
</tr>
<tr>
<td>___</td>
<td>___</td>
<td>Stroke</td>
</tr>
<tr>
<td>___</td>
<td>___</td>
<td>Sickle cell anemia</td>
</tr>
<tr>
<td>___</td>
<td>___</td>
<td>Diabetes</td>
</tr>
<tr>
<td>___</td>
<td>___</td>
<td>Other? Specify</td>
</tr>
</tbody>
</table>

Review of System

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>___</td>
<td>___</td>
<td>Headache</td>
<td>Pain on urination</td>
</tr>
<tr>
<td>___</td>
<td>___</td>
<td>Spotty or double vision</td>
<td>Swelling (edema)</td>
</tr>
<tr>
<td>___</td>
<td>___</td>
<td>Back or neck pain</td>
<td>Stiff swollen joints</td>
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<tr>
<td>___</td>
<td>___</td>
<td>Pain in arms or legs</td>
<td>Paralysis/numbness</td>
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<tr>
<td>___</td>
<td>___</td>
<td>Flu, cold, sinus infection</td>
<td>Trouble healing</td>
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<tr>
<td>___</td>
<td>___</td>
<td>Cough producing phlegm</td>
<td>Bad scar</td>
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<tr>
<td>___</td>
<td>___</td>
<td>Chest pain</td>
<td>Skin rash</td>
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<tr>
<td>___</td>
<td>___</td>
<td>Shortness of breath</td>
<td>Chills or fever</td>
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<tr>
<td>___</td>
<td>___</td>
<td>Coughed/vomited blood</td>
<td>Infection</td>
</tr>
<tr>
<td>___</td>
<td>___</td>
<td>Abdominal pain</td>
<td>Person or family crisis</td>
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<tr>
<td>___</td>
<td>___</td>
<td>Nausea or vomiting</td>
<td>Trouble sleeping</td>
</tr>
<tr>
<td>___</td>
<td>___</td>
<td>Loss of appetite</td>
<td></td>
</tr>
<tr>
<td>___</td>
<td>___</td>
<td>Weight change (up or down)</td>
<td></td>
</tr>
</tbody>
</table>
Number of pounds_____

___  ___  Diarrhea/constipation

___  ___  Blood in urine/stool

Woman
Are you pregnant?_____
Menstrual period_____
Number of pregnancies_____
Number of deliveries_____
Number of living children_____
Last mammogram_________
Received by:_______________
Date:____________________