INFECTION CONTROL POLICY

<table>
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<tr>
<th>Rheumatology Clinic</th>
<th>Date Originated: 3/28/1999</th>
<th>Date Reviewed: 3/28/99, 8/28/02, 11/16/05, 9/20/06, 12/4/12, 12/6/16</th>
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<tr>
<td>Date Approved: 11/16/02</td>
<td>Page 1 of 8</td>
<td>Approved by:</td>
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Instructions for Departments with Multiple Clinical Sites

If the department operates multiple clinical sites, serving different patient populations, providing different services, or using different physical facilities, the overall departmental Infection Control Policy will be supplemented with a clinic-specific statement of the Infection Control practices to be followed in each particular clinic regarding issues such as Blood born pathogens, communicable respiratory diseases, sterilization, medical waste, etc. This clinic-specific procedure supplement will document how each individual clinic complies with the ECU Infection Control policy given its unique physical location, patient care functions and resources.

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 polices.

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 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 patient and
follow-up with Vidant Occupational Health. Non-ECU students will follow their
institutional policy.

If there is any use of biologicals 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 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. Description
Module D of Brody Building includes two (2) check in stations and five (5) exam rooms. There is one (1) room which houses a microscope and is used also for patient research. One physician utilizes this area for office space

B. Isolation room location: N/A

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:
1. Joint aspiration and medication injections
2. Joint injections
3. Subcutaneous injections, IM injections, IV injections
4. Muscle trigger point injections
5. Schirmer’s Tear Test
6. Diathermy heat application

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 is likely.

Needles and sharps should 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 per manufacturer’s instructions.

- 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.

1. 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 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 if available. 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 respirator (PAPR) for those unable to pass a fit test (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: Module C

Surgical masks will be available in all clinic areas and reception area. Patient 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. 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).

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 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 each exam room.

G. Procedures performed in the Department include:

1. Joint aspiration and medication injections
2. Joint injections
3. Muscle trigger point injections
4. Subcutaneous injections, IM injections, IV injections
5. Schirmer’s Tear Test
6. Diathermy heat application

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 the nurse’s check in stations, in each clinic room, and
the research room

Dirty disposable supplies are placed in red biohazard containers.

Reusable dirty equipment is thoroughly cleaned, with approved instrument cleaner, to remove all organic matter. This clinic does not have an autoclave. 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 at outside facility.

B. Equipment is inspected periodically and repaired or replaced as necessary. Reusable contaminated 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 Biohazard Waste technicians and sent for incineration. Any non-contaminated trash will be placed in a clear or brown bag.

D. Sharp disposal units are located on the walls of each exam room/check in station/patient research 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 each exam room. 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

<table>
<thead>
<tr>
<th>Common Procedures</th>
<th>Minimum Equipment Needed</th>
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<tbody>
<tr>
<td>Joint Aspiration</td>
<td>Gloves</td>
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<td>Joint Injection</td>
<td>Gloves</td>
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<tr>
<td>IM Injections</td>
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<tr>
<td>Subcutaneous Injections</td>
<td>Gloves</td>
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<tr>
<td>Muscle Trigger Point Injections</td>
<td>Gloves</td>
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<tr>
<td>Schirmer Tear Test</td>
<td>Gloves</td>
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<tr>
<td>Diathermy Heat Application</td>
<td>Gloves</td>
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Appendix B  
Brody School of Medicine  
Autoclave Competency Checklist

Name: ___________________________         Date: _____________________
Title: ____________________________          Clinic: ___________________

Competency Criteria: Must meet all elements  Circle Grade:  Pass  Fail

<table>
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<tr>
<th>Met</th>
<th>Not Met</th>
<th>Criteria</th>
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<tr>
<td></td>
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<td>Verifies knowledge and performance of routine maintenance per manufacturer’s recommendations</td>
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<td>Assures items are appropriately cleaned and dried prior to packaging for sterilization</td>
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<td>Places a chemical indicator inside each package to verify steam penetration</td>
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<td>Places all instruments in the open position and/or dissembles to their smallest parts; protects sharp points with gauze</td>
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<td>Labels package with date of sterilization; load number; initials of person preparing package</td>
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<td></td>
<td>Follows manufacturer’s directions for the loading and operation of autoclave ensuring that packs are loaded in manner that allows for free steam and air circulation</td>
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<td>Knows biological monitoring is done on a weekly basis or with each load if run less than weekly</td>
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<td></td>
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<td>Knows how to interpret the chemical and biological indicator results</td>
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<td>Describes the recall procedure for a positive results</td>
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<td>Assures all results are recorded in autoclave log and stored in an organized manner</td>
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<td></td>
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<td>Checks processed packages for tears, puncture, moisture or broken seal</td>
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</table>

I certify that this individual has met all competencies for sterilization.

Supervisor: ___________________________  Date: ___________________________