

EAST CAROLINA UNIVERSITY

INFECTION CONTROL POLICY

Office of Prospective Health Infection Control Plan

Date Originated: August 26, 2003

Date Reviewed: 10/22/03;
9/04/07; 03/09/10; 9/01/15;

Date Approved:

6/05/18; 9/22

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Approved by:

Chairman, Infection Control Committee

Infection Control Nurse

The Office of Prospective Health conducts employee health clinical and surveillance services and selected industrial hygiene and safety services for East Carolina University.

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. Employees who have potential for exposure to *Mycobacterium tuberculosis*(MTB) have PPD skin testing with follow-up per Prospective Health protocol.

I. Infectious Exposures and Prevention

1. Scope

A. Employees with exposure to blood, body fluids or tissues in clinical or waste collection activities will be immunized for Hepatitis B as indicated. They will be trained regarding Bloodborne Pathogens when hired and annually.

B. All Prospective Health employees with patient contact or entry into patient care rooms will be subject to tuberculosis training and surveillance and respiratory protection. Those with entry into the animal facility will receive tuberculosis surveillance.

C. Those with face-to-face patient contact will be subject to ECU immunization requirements.

D. Those with infectious exposures will be followed up in accordance with ECU Infection Control Policy. Exposure to human blood or body fluid will be reported to the Employee Health Nurse via incident report form.

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

II. Physical Layout

1. Clinical, medical and nursing services are provided in Life Science Building 188 J and Life Science Building 190. Room 188J has single pass airflow, but is not an isolation room per se.
2. Procedures include phlebotomy, immunizations, physical exams and treatment of minor injuries, suturing of lacerations and removal of dermal foreign bodies, respiratory fit testing and pulmonary function testing.
3. Aseptic techniques should be strictly observed with all procedures.

III. Procedures

- A. Handwashing is done with an antimicrobial soap and water immediately before and after each patient contact. Handwashing facilities are available in each exam room. If handwashing facilities are not immediately available, antiseptic hand cleaners will be carried.
- B. 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 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 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.

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.

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 Work Restriction for Personnel.

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, making sure the patient is evaluated

quickly, and leaves the clinic as soon as possible. The clinical staff will have appropriate respiratory protection provided when evaluating the patient.

Appropriate mask protection is available for those having been fit tested. Each staff member is supplied with a proper size N-95 mask with additional masks stocked for replacement. N-95 masks are kept in Room 193A.

If a patient is diagnosed or suspected to have MTB prior to being evaluated in the clinic, the patient will wear a surgical mask during the clinic visit and may be scheduled at a less busy time during the day (i.e., the end of the day).

Surgical masks are provided in the waiting area for any employees or patients who have a fever or cough.

- C. 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. The examination table will be cleaned each day that patient care occurs.
- D. 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.
- E. Personal 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 in exam room.

IV. Equipment and Supplies:

- A. Clean equipment is stored in exam room and laboratory cabinets.
- B. Dirty Disposable supplies are discarded in biohazard waste bags. 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.
- C. Equipment is inspected periodically and repaired or replaced as necessary. Nonreusable contaminated equipment will be discarded in appropriate containers.
- D. Each exam room will have an appropriately labeled contaminated trash can (red bag) and a non-contaminated 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.

- E. Sharp disposal units are in both exam rooms. These containers are checked routinely by staff and disposed of when they are $\frac{3}{4}$ full. They should be securely sealed and placed in the red bag storage area prior to pick-up for incineration.
- F. Disposable gowns and drapes are stored in a closed cabinet and used for patient care. These are disposed of in red bag waste receptacles if contaminated with blood or body fluid. Gloves will be worn when handling soiled linen.

Common Procedures	Minimum Equipment Needed
Physical Exams	Gloves for broken skin
Wound cleaning, suturing	Gloves ± facemask or gown, sterile gloves
Venipuncture	Gloves