

| | | |
|--|------------------------|--|
| SECTION | Approval date: | |
| Infection Control | Approved by: | |
| POLICY AND PROCEDURE | Effective date: | |
| Infection Control / Standard and Universal Precautions | Revision date: | |

POLICY:

Infection Control standards are practiced on site to minimize risk of disease transmission. Site personnel will apply the principles of “Standard Precautions” (CDC, 1996) used for all patients regardless of infection status. Standard precautions apply to blood, all body fluids, non-intact skin, and mucous membranes, which are treated as potentially infectious for HIV, HBV, HCV, and other blood borne pathogens. “Universal precautions” refers to the OSHA mandated program that requires implementation of work practice controls, engineering controls, blood borne pathogen orientation/education, and record keeping in healthcare facilities.

PROCEDURE:

I. Hand Washing Facilities

- A. Hand washing facilities are available in the exam room and/or utility room, and include an adequate supply of running potable water, soap, and single use towels or hot air-drying machines. Sinks with a standard faucet, foot-operated pedals, 4-6-inch wing-type handle, automatic shut-off systems or other types of water flow control mechanism are acceptable. Staff is able to demonstrate infection control “barrier” methods used on site to prevent contamination of faucet handle, door handles, and other surfaces until hand washing can be performed. On occasions when running water is not readily available, an antiseptic hand cleanser, alcohol-based hand rub, or antiseptic wipes is acceptable until running water is available (29 CFR 1919.1030).
- B. Hand washing prevents infection transmission by removing dirt, organic material and transient microorganisms from hands. Hand washing with plain (non-antimicrobial) soap is acceptable for general patient care (Association for Professionals in Infection Control and Epidemiology, Inc., 1995).

[Hand Hygiene: Why, How & When? \(who.int\)](http://who.int)

II. Antiseptic Hand Cleaner

- A. Antimicrobial agents or alcohol-based antiseptic hand rubs are used for hand washing when indicated to remove debris and destroy transient microorganisms (e.g., before performing invasive procedures, after contact with potentially infectious materials). Plain and antiseptic hand wash products are properly maintained and/or dispensed to prevent contamination.
- B. Hands shall be washed with soap and water when they are visibly soiled or after healthcare personnel have been in contact with patients with diarrheal illnesses such as Norovirus or *C. difficile*. As a precaution, wash with soap and water when in contact with any diarrheal illness.

III. Personal Protective Equipment (PPE)

- A. PPE is specialized clothing and/or equipment for protection against blood borne pathogen hazards, and does not include general work clothes (e.g., uniforms, cloth lab coats) that permit liquid to soak through.
- B. PPE is available for staff use on site, and includes,
 - Water repelling gloves
 - Clothing barrier (e.g., gown, sheets)
 - Face/eye protection (e.g., goggles, face shield)
 - Respiratory infection protection (e.g., mask)
- C. Other necessary PPE are available specific to the practice and types of procedures performed on site. General work clothes are appropriate only if blood/OPIM does not penetrate through employee's work clothes, undergarments, skin, eyes, mouth, or other mucous membranes under NORMAL conditions of use.
- D. The storage of PPE should be adequate to protect the PPE from contamination, loss, damage, water or sunlight. Proper storage often requires a dry and clean place that is not subject to temperature extremes.

IV. Contaminated Laundry

- A. Contaminated laundry (soiled with blood/OPIM) is laundered by a commercial laundry service, or a washer and dryer on site. Contaminated laundry should not contain sharps, and when transported, should have the appropriate warning label. Manufacturer's guidelines are followed to decontaminate and launder reusable protective clothing, linens and other reusable barriers. Ensure that laundry areas have handwashing facilities and products and appropriate PPE available for staff. Laundry requirements are "not applicable" if only disposable patient gowns, linens and PPE are used on site.

V. Isolation Procedures

Personnel are able to demonstrate or verbally explain procedure(s) used on site to isolate patients with potentially contagious conditions from other patients.

- A. Airborne precautions:
 - 1. Have patient enter through a separate entrance to the facility (e.g., dedicated isolation entrance), if available, to avoid the reception and registration area;
 - 2. Provide a facemask (e.g., procedure or surgical mask) to the patient and place them immediately in an airborne infection isolation room (AIIR);
 - 3. If an AIIR is not available, place the patient immediately in an exam room with a closed door. If an AIIR is not available, place the patient immediately in an exam room with a closed door. Turn off air condition/heating equipment that may circulate the air from the isolation room into other patient areas within the facility;
 - 4. Instruct the patient to keep the facemask on while in the exam room, if possible, and to change the mask if it becomes wet; and
 - 5. Initiate protocol to transfer patient to a healthcare facility that has the recommended infection-control capacity to properly manage the patient;

6. PPE use:
 - Wear a fit-tested N-95 or higher level disposable respirator, if available, when caring for the patient; the respirator should be donned prior to room entry and removed after exiting room
 - If substantial spraying of respiratory fluids is anticipated, gloves and gown as well as goggles or face shield should be worn
7. Perform hand hygiene before and after touching the patient and after contact with respiratory secretions and/or body fluids and contaminated objects/materials;
8. Use soap and water when hands are visibly soiled (e.g., blood, body fluids);
9. Instruct patient to wear a facemask when exiting the exam room, avoid coming into close contact with other patients, and practice respiratory hygiene and cough etiquette;
10. Once the patient leaves, the exam room should remain vacant for generally one hour before anyone enters; however, adequate wait time may vary depending on the ventilation rate of the room and should be determined accordingly; and
11. If staff must enter the room during the wait time, they are required to use respiratory protection.

B. Droplet Precautions

1. Provide the patient with a facemask and place the patient in an exam room with a closed door as soon as possible (prioritize patients who have excessive cough and sputum production); if an exam room is not available, the patient is placed in a separate area as far from other patients as possible while awaiting care;
2. PPE use:
 - Wear a facemask, such as a procedure or surgical mask, for close contact with the patient; the facemask should be donned upon entering the exam room
 - If substantial spraying of respiratory fluids is anticipated, gloves and gown as well as goggles (or face shield in place of goggles) should be worn;
3. Perform hand hygiene before and after touching the patient and after contact with respiratory secretions and contaminated objects/materials; *note*: use soap and water when hands are visibly soiled (e.g., blood, body fluids);
4. Instruct patient to wear a facemask when exiting the exam room, avoid coming into close contact with other patients, and practice respiratory hygiene and cough etiquette; and
5. Clean and disinfect the exam room accordingly.

C. Contact Precautions

1. Apply to patients with any of the following conditions and/or disease:
 - Presence of stool incontinence (may include patients with Norovirus, rotavirus, or Clostridium difficile), draining wounds, uncontrolled secretions, pressure ulcers, or presence of ostomy tubes and/or bags draining body fluids
 - Presence of generalized or diffuse rash;
2. Prioritize placement of patients in an exam room if they have stool incontinence, draining wounds and/or skin lesions that cannot be covered, or have uncontrolled secretions;
3. Perform hand hygiene before touching patient and prior to wearing gloves;
4. PPE use:
 - Wear gloves when touching the patient and the patient's immediate environment or belongings
 - Wear a gown if substantial contact with the patient or their environment is anticipated;
5. Perform hand hygiene after removal of PPE; *note*: use soap and water when hands are visibly soiled (e.g., blood, body fluids), or after caring for patients with known or suspected infectious diarrhea (e.g., Clostridium difficile, Norovirus);
6. Clean/disinfect the exam room accordingly; and

7. Instruct patients with known or suspected infectious diarrhea to use a separate bathroom, if available. Clean/disinfect the bathroom before it can be used again.

VI. Waste Disposal Container

- A. Contaminated wastes (e.g., dental drapes, bandages, sanitary napkins, soiled disposal diapers) are disposed of in regular solid waste (trash) containers, and are maintained to prevent potential contamination of patient/staff areas and/or unsafe access by infants/children.
- B. Blood and Other Potentially Infectious Materials (OPIM) are all human body fluids, any unfixed tissue or organ (other than intact skin) from a human (living or dead), and HIV or HBV-containing blood, cells, tissue, organs, cultures, medium or solutions. Containers for blood and OPIM are closable, leak proof, and labeled and/or color-coded. Double bagging is required only if leakage is possible.