INFECTION CONTROL

PURPOSE

Prevent infection among employees and patients.

POLICY

A. DECREASING THE RISK OF INFECTION TO EMPLOYEES

1. **Precautions**
   Standard and transmission-based precautions are used for all patients. Assessment of the patient is critical. Anytime there is blood or body fluids that cannot be contained; personnel must use the necessary precautions to avoid contact. (i.e. Personal Protective Equipment).

2. **Hand Washing**
   *Infection Control Policy IC 2.0: Hand Hygiene Guidelines,* are followed. Staff shall follow the hand washing protocol:
   
a) Wash hands with soap and water for 15 seconds before and after each routine patient contact.

   b) Wash hands for five minutes (Betadine), or six minutes (Chlorhexidine gluconate) before an invasive procedure is done, or when the patient is highly susceptible to infection.

   c) Staff who have a documented allergy to both Betadine and Chlorhexidine gluconate may use Triseptin water-aided surgical hand scrub for three minutes.

   d) Waterless alcohol hand sanitizer and surgical hand scrub are available and may be used when hands are not visibly soiled.

3. **Gloves**
   When using clean or sterile gloves, staff shall wash hands before gloves are applied and after removal of gloves. Clean gloves are worn in addition to hand washing when handling any patient’s body fluids.

4. **Personal Protective Equipment**
   Gowns, goggles, shoe covers, and masks are available when there is possibility of splashing of body fluids.

5. **Employee Exposure to Infectious Disease**
   The Occupational Health Nurse is consulted if an employee is exposed to any infectious disease.

6. **Personnel Contaminated Clothing**
   When clothing of personnel is contaminated with any blood or body fluid, *their attire is changed immediately.*
   Refer to IC 5.0, *Care of Personal Clothing Soiled with a Patient’s Blood/Body Fluids.*
7. **On the Job Injury**
   The Occupational Health guidelines are carefully followed when an on-the-job injury occurs:
   
   a) For a needle stick injury or an exposure to a possible infectious disease, the employee shall follow the *Infection Control Bloodborne Pathogen Control Plan, IC 1.0.1 and the Hospital Safety Manual, Policy 8.2, Occupational Health Clinic – Blood/Body Fluid Exposure.*
   
   b) **If trauma is involved, the injured employee goes immediately to the ECC.** Refer to the *Hospital Safety Manual, Policy 8.3, Occupational Health Clinic – On-the-Job Injury.*
   
   c) Copies of all employee incident reports are either hand carried to the Occupational Health Clinic or placed in a box specified for on-the-job-injuries.

8. **Hepatitis B Vaccine**
   Employees are strongly encouraged to take the Hepatitis B Vaccine. Refer to IC 1.0, *Infection Control BIT, Bloodborne Pathogen Control Plan.*

9. **Influenza (Flu) Vaccination**
   Employees will be compliant with *Hospital Policy 3.16.0: Influenza (Flu) Vaccination Policy for Employees.*

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**B. DECREASING THE RISK OF INFECTION FOR PATIENTS**

1. **Employees**
   Employees who have respiratory infections, a productive cough, or a draining lesion shall not work directly with patients, assist in invasive procedures, or handle contaminated equipment. If there are questions, the supervisor is notified. If any further questions, the Occupational Health Nurse is consulted.

2. **Invasive Devices**
   The nursing procedure manual is followed when inserting invasive devices. Since these devices are usually placed during an emergency, personnel recognize the increased risk of infection from these devices. If the proper technique is not followed when inserting these devices, the nurse of the unit to which the patient is admitted is notified of the situation so that the nurse may change the device when the patient is stabilized.

   Refer to:
   *IC 16.0, Methods to Prevent Health Care Associated Intravascular Device-Related Infections*
   *IC 22.0, Skin Preparation for Invasive Procedures,*
   *Hospital Policy 5.50.0 Preventing CLABSI & Insertion and Care of CVL*

3. **Antimicrobial and Antiseptic Solutions:**
   Staff shall follow the protocol regarding antimicrobial and antiseptic solutions:
   
   a) Betadine, Hibiclens, and Peroxide must be dated when opened. Discard these solutions one week after being opened.
   
   b) Antimicrobials such as Betadine and Hibiclens are discarded if outside of container becomes soiled.
   
   c) All solutions, once opened, are not to be placed back into storage bins. This intervention will decrease the risk of contamination of other solutions.
4. **Disposable Equipment**
   At no time is disposable equipment or supplies reprocessed and reused. Disposable patient care items are patient care items that are assigned to and used for only one patient. Single use patient care items are one time use items, and are discarded after each use.

   Refer to IC 7.1, Reuse of Disposable Items and Equipment for details.

5. **Respiratory Therapy Equipment**
   a) Disposable ambu bags are available and are discarded after each patient use.
   b) Suction tubing and canister are changed between each patient. Used suction canisters are placed intact into the appropriate trash box.
   c) Humidifiers for oxygen will be opened immediately prior to use and sterile water added at that time and not before. Only sterile water shall be used.
   d) Laryngoscopes blades and handles are sent to CMS after each use for cleaning and sterilization. Laryngoscope blades are maintained in individual wrappers until they are used.

6. **Otoscopes and Ophthalmoscopes**
   a) The handle is cleaned and disinfected with a disinfectant wipe between patient uses. Disinfectant is allowed to dry prior to the next use (approximately 1 minute).
   b) The tips are disposable and are discarded after each use.

7. **IV Tubing**
   IV tubing is connected to the IV bag immediately prior to patient use. IV tubing and solutions hanging in a patient room or bays are discarded when the patient is discharged or transferred, regardless of whether they have been used or not. Staff shall not leave IV tubing hanging from the previous patient for the next patient.

8. **Sterile Normal Saline and Sterile Water**
   Sterile Normal Saline and Sterile Water are dated and initialed when opened and are discarded after 24 hours.

9. **Supplies**
   The following protocol shall be followed related to supplies:
   a) Supplies are checked weekly for expiration dates and maintenance of sterility.
   b) Sterile items are not used if found opened or the package is soiled, watermarked, or damaged.
   c) Sterile supplies are stored with other sterile supplies.
   d) Clean and sterile supplies may be stored in the same room or on the same shelf, but must be separated by a physical barrier, such as a bin.
   e) Dirty Items shall be stored separately from all other types of supplies.
   f) Items are not stored in boxes in which they were shipped.

   See IC 23.0: Storage of Clean and Soiled Supplies
10. **Cleaning and Disinfecting Stretchers and Equipment**  
The following protocol shall be followed related to cleaning and disinfecting stretchers and equipment:

a) Stretchers and all equipment contaminated with blood and body fluids are cleaned and disinfecte immediately after use with the hospital-approved disinfectant, or a 1:10 solution of bleach.

- If present, gross blood/body fluids are removed using a clean disinfectant-saturated cloth or clean disinfectant wipe.
- After gross soil is removed, a second clean cloth or wipe is used for disinfection.
- Disinfectant is allowed to dry before the next use, approximately one minute.
- If bleach is used, it is mixed fresh, and leftover solution is discarded.

b) Nurses and/or nursing assistants clean and disinfect stretchers with the hospital-approved disinfectant between each patient and change the linens.

c) Stretcher pads are inspected by ECC Nursing Staff daily. Stretcher pads with cuts or tears should be pulled from service immediately and sent for repair or replacement.

Note: The equipment is not cleaned with a water hose because of the possibility of splashing body fluids.

d) Nurses and/or Nursing Assistants will clean and disinfect the following items between each patient using the approved hospital disinfectant or Caviwipes disinfectant wipes.

- If present, gross blood/body fluids are removed using a clean disinfectant-saturated cloth or clean disinfectant wipe.
- After gross soil is removed, a second clean cloth or wipe is used for disinfection.
- Disinfectant is allowed to dry before the next use, approximately one minute.

   - Cables for cardiac monitor (EKG, NIBP, SPO2)
   - Speculum light source
   - Transfer boards
   - Ultrasound machine
   - Any other reusable patient care equipment

Note: This protocol is for ultrasound machines that are used on intact skin only. If there are ultrasound machines that are used on mucous membranes, or non intact skin, high level disinfection must be accomplished. In this case the cleaning/disinfecting process would be:

- The probe is wiped clean of gross blood/body fluids.
- Then wiped again with a second disinfectant wipe.
- Covered in a plastic bag and sent to CMS for high level disinfection. CMS is notified in advance of arrival.
- All vaginal probes used will be taken to 4th floor Labor Unit for high level disinfection

11. **Dressings and Disposable Items**

All dressings and other disposable items soiled by patient excretions or secretions that contain visible blood are considered contaminated. Items that contain blood or blood-containing body fluids that can be transferred by touching or squeezing are placed in a red medical waste container. Items that have dried blood or blood-containing body fluids that cannot be transferred by touching or squeezing may be placed in regular trash containers.  
Refer to IC 6.0, Waste Policy: Contaminated/Regular.
12. **Needles, Sharps, and Other Equipment**

All needles and sharps are placed in hospital supplied sharps containers for medical waste disposal. The caps are not replaced on needles because of possible personal injury. Syringes or suction containers that may release blood or blood-containing body fluids on contact or during handling are placed in medical waste containers.

Refer to IC 6.0, Waste Policy: Contaminated/Regular for a detailed list of items to be disposed of in medical waste containers.

13. **Clean Linen**

Clean linen is stored in the designated areas and is kept covered at all times.

14. **Environmental Services**

Environmental Services:

a) Cleans floors when soiled, between patient cases on 7-3 shift.

b) Is notified to clean soiled floors as needed on 3-11 and 11-7 shifts.

c) Shall routinely change privacy curtains every three months and whenever visibly soiled as determined by the ECC Nursing staff.

15. **Computers**

Staff shall follow the list below regarding computer usage.

a) Gloves are not worn during computer use.

b) Hands are de-germed after accessing the computer and before touching patients. Hands must be washed or alcohol based hand sanitizer used.

c) Laptop surfaces, including keyboards, are cleaned/disinfected using hospital approved disinfectant wipes by wiping surfaces with friction for 5 seconds once a day and when soiled.

d) If a laptop is taken into a patient’s room, it must be cleaned/disinfected by wiping with friction for 5 seconds using a disinfectant wipe before entering the patient’s room and upon exiting the room.

e) Disinfectant wipes are used once and discarded.

f) Laptop computers are not taken into isolation rooms.

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**C. PATIENT ISOLATION**

1. **The computer system flags those patients previously discharged with a resistant organism or who required/isolation.** Upon patient registration in the ECC, the Hospital Admit Tech will print the face sheet and give the face sheet to the nurse. The nurse will initiate Isolation Precautions.

2. **If patients are suspected or diagnosed with an infectious disease,** staff shall follow the protocol:

a) **The patient shall be isolated as soon as possible.**

b) Children less than two years of age with a respiratory virus shall be isolated.
c) Patients who have a constant cough are placed in a private room or the patients are given and instructed to wear a mask.

3. Refer to the Infection Control BIT regarding specific isolation issues which is available within the department or online.

4. For follow-up exposure policy for ECC transportation personnel, see IC 20.0, Reporting Exposure of Infectious Diseases to Transportation Service. Packets for exposure protocol are maintained in a centralized location in the department. The Charge Nurse shall complete the exposure packets. Additional packets are located in the Infection Control Department.

D. SURVEILLANCE OF HEALTHCARE ASSOCIATED INFECTIONS

The physician or the staff nurse shall notify the Infection Control Practitioner when patients return after hospitalization with signs and symptoms of a health-care associated infection.

E. NOTIFICATIONS AND CONSULTS TO THE INFECTION CONTROL DEPARTMENT

1. The charge nurse and the attending physician are responsible for completing the appropriate form and sending the form to the Infection Control Department for all patients with communicable or sexually transmitted diseases. See listing of diseases and conditions in IC 21.0, Reporting Communicable and Sexually Transmitted Diseases.

2. The physicians and staff nurses consult the Infection Control Department as needed.

F. POLICY ADHERANCE

All staff must follow the standing policies from the listed areas:

► Emergency Care Center Nursing Policy Manual
► Emergency Care Department Policy Manual
► Infection Control Department Policy Manual
► LSUHSC-S Hospital Safety Policy Manual
REFERENCES

Hospital Manual

3.16.0 Influenza (Flu) Vaccination Policy for Employees

5.50.0 Preventing CLABSI & Insertion of CVL

Hospital Safety Manual

8.2 Occupational Health Clinic, Blood/Body Fluid Exposure

8.3 Occupational Health Clinic, On-The-Job Injury
   http://myhsc.lsuhscshreveport.edu/SafetyOffice/SafetyOfficePolicies.aspx

Infection Control Policy Manual

1.0 Infection Control BIT “Bloodborne Pathogen Control Plan, Isolation, Tuberculosis Control Plan”

2.0 Hand Hygiene

5.0 Care of Personal Clothing Soiled with a Patient’s Blood/Body Fluids

6.0 Waste Policy: Contaminated/Regular

7.1 Reuse of Disposable Items and Equipment

16.0 Methods to Prevent Health Care Associated Intravascular Device-Related Infections

20.0 Reporting Exposure of Infectious Disease to Transportation Service

21.0 Reporting Communicable and Sexually Transmitted Diseases

22.0 Skin Preparation for Invasive Procedures
   http://www.medcom.lsuhscshreveport.edu/cfdocs/policies/IC_Revisions.cfm

23.0 Storage of Clean and Soiled Supplies