

*****SAMPLE*****

Policy and Procedure

Title: Infection Control Standards, Biohazardous Waste, and Disposition of Patients with Contagious Diseases

Area: Personnel & Infection Control

Infection Control Standards

Universal Precautions

With the identification of HIV (human immunodeficiency virus) and its mode of transmission, as well as an increase in the incidence of Hepatitis B, the Centers for Disease Control (CDC) now recommends that the precautions taken for bloodborne diseases, i.e. blood/body fluid precautions, be utilized for all patient encounters whenever direct patient contact is involved, regardless of whether or not a bloodborne disease is initially suspected. Due to the necessity for expanding the application of blood/body fluid precautions, this procedure is referred to as “Universal Precautions”.

Universal Precautions means that all blood and body fluids will be treated as infectious, although the special hazards and higher risks of transmission with certain body fluids are recognized. In order to prevent transmission of potentially infectious agents, a consistent approach to managing body substances must be carried out. Universal Precautions are recognized as an integral component of an overall infection control program and will be used in all work activities with any potential for exposure to blood or other body fluids.

When designing office policies and procedures, consideration must be given to meeting all current and applicable regulations of Cal/OSHA, and the Department of Health Services.

Any materials that could potentially be contaminated with blood or other human body fluids, including instruments, environmental surfaces, etc. should be considered infectious.

PCP office staff will prevent cross contamination of infection by the use of proper infection control techniques, appropriate use of clean/sterile supplies and equipment, and provide a safe environment, utilizing infection control procedures and precautions between the following categories of persons:

- Patients and employees
- Patients and patients
- Patients and visitors
- Employees and employees
- Employees and visitors

All new staff must be trained in infection control principles and techniques. Continuous education of staff is important to ensure compliance with standards.

Infection Control Procedures

- Adequate infection control devices and supplies must be available in the patient areas. These include a sink, preferably with 4-6 inch wing tip faucet handles, antibacterial soap, paper towels, and appropriate garbage receptacle, disposable gloves, and sharps container.
- All personnel who have occupational exposure to blood borne pathogens will be offered Hepatitis B vaccine and necessary boosters as per Cal/OSHA requirements. Documentation of vaccine status or declination of vaccine will be kept on record.
- All personnel must wear protective gloves during procedures where contact with potentially contaminated substances is likely.
- All personnel must wear protective eye wear during procedures when it is likely that the eyes may be splashed with potentially contaminated substances.
- All personnel must wear a protective mask during procedures when it is likely that mouth or nose may be splashed with potentially contaminated substances.
- All personnel must wear a protective, fluid resistant gown during procedures when it is likely that clothes will be contaminated with blood or body fluids.
- Hands must be washed when gloves are removed and after any direct or indirect contact with any blood or body substances.
- Potentially contaminated instruments must be handled carefully wearing gloves designed to withstand cleaning procedures. Instruments, equipment and environmental surfaces must be cleaned with solutions appropriate to the level of contamination and that meet appropriate guidelines. Surfaces must be cleaned with a 10% bleach solution (1:10 solution of household bleach and water). Solution is stable only 24 hours; therefore a fresh solution should be mixed every 24 hours. When mixed and stored in a separate container, the container must be dated, labeled, and discarded after 24 hours. Germicidal solutions must be effective against tuberculosis, hepatitis and HIV.
- A critical instrument (that which has penetrated soft issue, bone, or come in contact with mucous membranes) if not disposable, must be sterilized in a heat or heat pressure sterilizer.
- A touch and splash surface (exposed to the splatter of blood or body fluids or contaminated by treatment personnel) must be immediately disinfected with a 10% bleach solution or germicidal solutions which must be effective against tuberculosis, hepatitis and HIV.
- Use of appropriate housekeeping techniques to prevent cross-contamination.
- Potentially contaminated waste must be disposed of per “handling of Biohazardous Waste” procedures.

Hand Washing

One of the most effective ways to prevent infection transmission among patients as well as personnel is by hand washing. Thorough hand washing is to be done upon entering and leaving a room. Hand washing is the single most important means of preventing the spread of infection. Hands must always be washed following any contact with a patient, before performing invasive procedures, before taking care of particularly susceptible patients such as those who are severely immuno-compromised or newborn infants, before and after touching wounds, after touching inanimate sources that are likely to be contaminated, such as urine measuring devices or linen.

Hand washing facilities shall be readily accessible. For routine hand washing, a vigorous rubbing together of all surfaces of soap lathered hands for at least ten seconds, followed by a thorough rinsing under a stream of water is recommended. Bactericidal hand wipes are acceptable. Hand washing or the use of hand wipes should be performed whenever personnel are in doubt about the necessity for doing so.

Designated “Soiled Area” and “Clean Area”

A “soiled area” and a “clean area” must be designated in the work area where soiled instruments are placed prior to processing for sterilization.

Biohazardous Waste

All staff members shall be knowledgeable of procedures for handling and disposing of infectious waste. Medical waste, including biohazardous waste, sharps waste and waste which is generated or produced as a result of the diagnosis, treatment or immunization, is handled according to the Medical Waste Management Action which became effective January 1, 1997. Medical waste must be contained separately from other waste. A Hazardous Waste Management hauler who is registered with the State of California must perform the hauling of medical waste. A signed contract with an approved licensed medical waste hauler is to be kept on-site and current at all times. Receipts and/or logs of materials removed by contractors must be maintained for at least two years.

Biohazardous waste includes, but is not limited to:

- Cultures from medical and pathological labs.
- Cultures and stocks of infectious agents from research and industrial labs.
- Wastes from the production of bacteria, viruses, or the use of spores, discarded live and attenuated vaccines, culture dishes and devices used to transfer, and inoculate and mix cultures.
- Waste containing any microbiologic specimens sent to lab for analysis.
- Human surgery specimens or tissues removed at surgery.
- Waste containing discarded materials contaminated with excretion, exudates, or secretions from humans who are required to be isolated to protect others from highly communicable disease.
- Blood and body fluids.

Biohazardous Waste Standards

Biohazardous waste must be consistently handled with universal precautions. Containers used for biohazardous waste must be labeled or color-coded to alert all employees that the containers require compliance with universal precautions.

Biohazardous Waste Handling Procedures

- Protective gloves are to be worn when handling any potentially contaminated waste.
- A cover gown should be worn to protect clothing when it is possible that clothing will be contaminated by waste.
- Masks and/or eye protection should be worn when it is possible that the mucous membranes and/or eyes may be splashed with contaminated waste.
- The area used for the storage of medical waste containers must be secured so as to deny access to unauthorized persons and must be marked with a warning sign on or adjacent to the exterior doors, gates or lids.
- The warning signs, “Caution-Biohazardous Waste Storage Area, unauthorized persons keep out”, must be posted and legible.
- Containers holding biohazardous waste must be red and labeled with the standard fluorescent orange or orange-red ‘Biohazardous Waste’ label or with the biohazardous symbol and word “Biohazard”.
- Biohazardous waste must be disposed of in an appropriate container, i.e. sharps in sharps container.
- All biohazardous waste containers will be disposed of according to federal, state and local regulations.

Sharps Waste Handling Procedure

Sharps waste means any device having acute rigid corners or edges capable of cutting or piercing, including but not limited to hypodermic needles, syringes, blades and needles with attached tubing, broken glass items, such as blood vials contaminated with medical waste.

Contaminated needles and other contaminated sharps shall not be sheared or purposely broken. Cal/OSHA allows recapping, bending or removal of contaminated needles only when the medical procedure requires it and no alternative is feasible. If such action is required, then it must be done by the use of a mechanical device or a one-handed technique.

Place all sharps immediately after use into a sharps container, a rigid puncture-resistant container which, when sealed, is leak resistant and cannot be reopened without great difficulty. Sharps containers must be located as close as possible to the area where sharps are used.

Sharps containers shall not be allowed to be overfilled. Sharps containers must be maintained in an upright position. The lid on a full sharps container, ready for disposal, must fit tightly or be taped closed.

Label the sharps container with the words “sharps waste” or with the international biohazard symbol and the word “Biohazard”. Biohazardous waste must be consistently handled with universal precautions. Containers used for biohazardous waste must be labeled or color-coded to alert all employees that the containers required compliance with universal precautions.

Security (meaning locked) of portable containers in patient care areas is maintained at all times.

Accidental Needle Sticks

All personnel who have occupational exposure to blood borne pathogens will be offered Hepatitis B vaccine and necessary boosters as per Cal/OSHA requirements. Documentation of vaccine status or declination of vaccine will be kept on record.

Medical evaluation and procedures, including the Hepatitis B vaccine and vaccination series and post exposure follow-up, including prophylaxis, must be made available at no cost to the employee, made available to the employee at a reasonable time and place, performed by or under the supervision of a licensed physician or another licensed health care professional, provided according to the recommendations of the U.S. Public Health Service. All laboratory tests must be conducted by an accredited lab at no cost to the employee.

The source individual’s blood shall be tested as soon as feasible and after consent is obtained in order to determine Blood Borne Pathogens infectivity.

When the source individual is already known to be infected with HBV or HIV, testing for the source individual’s known HBV or HIV status need not be repeated.

Results of the source individual’s testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBV and HIV serological status will comply with the following:

The exposed employee’s blood shall be collected as soon as feasible and tested after consent is obtained.

The employee will be offered the option of having their blood collected for testing for HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the Cal/OSHA standards.

Training or re-training regarding correct sharps handling and disposal methods will be done.

Disposition of Patients with Contagious Diseases

General Information

Patients with known or suspected communicable diseases/conditions calling in advance to schedule appointments should be advised to go directly to the receptionist's window upon arrival at the office.

The receptionist should immediately notify the medical assistant or nurse of the patient's arrival and request that the patient remain at the receptionist's window until the medical assistant/nurse arrives to escort him/her to the exam room.

Ideally, an alternate entrance that would facilitate direct placement into the designated exam room is preferred.

Masks covering both the nose and mouth should be worn by all personnel having close contact with the patient. Masks may be worn only once and should be discarded before leaving the room. Gloves and gowns are not indicated.

Thorough hand washing is to be done upon entering and leaving the room. Discard all disposable waste materials which have or may have come in contact with the patient in the trash container designated for infectious waste.

Re-usable instruments/materials should be bagged and labeled before being sent to the "dirty" utility area for decontamination.

This exam room must remain closed with no admittance for at least one hour after the patient leaves.

Disease requiring isolation:

- Epiglottitis, Hemophilus Influenza
- Measles, Rubeola
- Meningitis – H Flu
- Meningococcal Pneumonia
- Meningococccernia
- Mumps
- Pertussis (Whooping Cough)
- Hemophilus Influenza Pneumonia (in children any age)

