Little Company of Mary - San Pedro Hospital
Infection Control Orientation

Policies and Procedures
The Infection Control policies and procedures that you must follow are located in the Infection Control Manual, as well as a Meditech Library Cabinet. For further information or questions, call the Infection Control Practitioner at (310) 514-5475 or beeper (310) 685-0241.

OSHA Exposure Control Plans
In accordance with OSHA regulations, exposure control plans have been formulated for the prevention of transmission of tuberculosis and blood borne pathogens. These exposure control plans are updated annually and are located in the Infection Control Policy and Procedure Manual.

Blood/Body Fluid Exposure
Exposure to blood or other potentially infectious material is defined as:
1. Injury with a contaminated sharp object (e.g., needlestick, scalpel cut).
2. Spills or splashes of blood or other potentially infectious materials onto non-intact skin (e.g., cuts, hangnails, dermatitis, abrasions, chapped skin), or onto mucous membrane (e.g., mouth, nose, eyes)

Immediately following an exposure to blood or other potentially infectious material:
1. Wash needlesticks and cuts with soap and water.
2. Flush splashes to the nose, mouth, or skin with water.
3. Irrigate eyes with clean water, saline, or sterile irrigant.

There is NO scientific evidence that using antiseptics or squeezing the wound will reduce the risk of transmission of a bloodborne pathogen. Using a caustic agent such as bleach is NOT recommended.

In case of blood or body fluid exposure you MUST:
1. Report to Employee Health immediately. After hours, report to the Emergency Department for follow up and treatments.
2. Notify your supervisor.
3. Fill out supervisor’s incident report.
4. Fill out worker’s compensation report.

Handwashing
Be aware... Diseases in the health care workplace can easily be spread to employees and patients. To prevent this, wash your hands!

Handwashing should be:
♦ Immediate and thorough if contaminated with blood or other potentially infectious materials (OPIM).
♦ Performed after each patient contact.
♦ Performed after each glove removal.
♦ Remove personal protective equipment and wash your hands before leaving patients’ room.

Hand Hygiene Guidelines (or Handwashing 101)
When to wash your hands with soap and water and when to use an alcohol-based hand rub:

Soap and water:
♦ when hands are visibly soiled with dirt, blood or body fluids
♦ before eating and after using a restroom
♦ if exposed to spore-forming organisms (C. Diff, Anthrax etc.)

Alcohol-based Hand-Rub:
♦ before having direct contact with patients
♦ before putting on sterile gloves when inserting catheters or other devices that do not require a surgical procedure
♦ after contact with patient’s intact skin during procedures such as taking vital signs or lifting
♦ after contact with body-fluids/excretions, mucous membranes, non-intact skin, and wound dressings
♦ after moving from a contaminated body site to a clean body site during patient care
♦ after contact with inanimate objects (including medical equipment) close to the patient
♦ after removing gloves

No Artificial nails for all staff with direct patient contact
Do not bring lotion from home. Use lotion provided for staff use at Nurses Station.
Standard Precautions
For all patients regardless of diagnosis, treat all blood and body fluids as potentially infectious.
It is your responsibility to understand, learn and always practice STANDARD PRECAUTIONS:
♦ Hands will be washed before and after direct patient contact and immediately if accidental contact with blood or body fluids from any patient occurs.
♦ Gloves should be worn when contact with blood or body fluids from any patient is anticipated.
♦ Gloves will be removed and hands will be washed between each patient. No gloves in the hallway.
♦ Gown, mask and goggles should be worn when performing or assisting in any invasive procedure which may result in accidental splattering of blood or body fluids from any patient.
♦ No eating, drinking, applying cosmetics or handling contact lenses at the Nurses Station and work area.

Airborne Precautions (TB, Measles, Varicella)
For organisms that are dispersed widely by air.
Patients on airborne precautions must be placed in a negative pressure room and all staffing must wear an N95 mask to enter room. At SPH, Negative Pressure Rooms are 263, 281, 381, the Bronch Room (203) in Ambulatory Care, and CCC beds 3 and 9. To maintain negative pressure, door must be kept closed, and for Rooms 263, 281, 381, and Bronch Rooms (203), fan by window must be switched on. Negative pressure monitor outside room must have green light on at all times when room is used for a patient on airborne precautions. For patient transport, place a surgical mask (not an N95) on the patient.

Droplet Precautions (Pertussis, Strep. Pharyngitis, Influenza, etc.)
For organisms that are large particle that spread when patient coughs, sneezes and talks.
Place patient in a private room, (or if not possible, must be >3 feet from roommate) and wear a surgical mask when working within 3 feet of patient. Patient wears surgical mask for transport out of room.

Contact Precautions (MRSA, VRE, C. Diff, RSV, any Undiagnosed Rash, etc.)
For organisms that are transmitted when touching the patient directly or touching contaminated surface.
♦ Private room, or cohort with another patient with same organism (call Infection Control for assistance).
♦ Wear gown and gloves every time you enter the room. Wear a mask if organism is in respiratory tract and patient has respiratory symptoms (coughing, etc.).
♦ Remove gloves and gown and wash hands before leaving room.
♦ Duration of Isolation for MRSA and VRE:
For MRSA
Place all MRSA patient in isolation until three (3) consecutive negative cultures, taken at least 24 hours apart, have been obtained from the original site of infection or colonization, other wounds, and nares. These cultures must be obtained after all antibiotics effective against MRSA have been discontinued for at least 24 hours. The Infection Control Practitioner should be notified for consultation prior to removing the patient from isolation.
For VRE
Discontinuation of isolation requires VRE negative results on at least three (3) consecutive occasions (at least 1 week apart) for all cultures from multiple body sites including the original positive site, stool or rectal swab, perineal area, axilla or umbilicus, wound, urinary catheter, and/or colostomy, if present. The Infection Control Practitioner should be notified for consultation prior to removing the patient from isolation.

Sharps
Handle sharps with care. Do not recap used sharps. Always activate the engineered safety device and correctly dispose of sharps in sharps container.

Biohazardous Waste
Biohazardous waste is:
♦ Waste which has blood, blood products, bloody body fluids, and containers or equipment containing blood.
♦ Waste containing discarded materials contaminated from highly communicable diseases (such as Smallpox, Anthrax, Ebola, Cholera), as defined by the Infection Control Committee.

Note: All other waste from isolation rooms will be discarded in the regular trash.
All Biohazardous waste is to be placed in a red bag and transported to the biohazardous storage room in a rigid leak proof container. This transport container is located in the soiled utility room on each unit.

Pharmaceutical Waste
♦ Place pharmaceutical waste in special containers marked “Pharmaceutical Waste”, or return to pharmacy in med cart cassette drawer or Pyxis return bin.
<table>
<thead>
<tr>
<th><strong>DEPARTMENT OF INFECTION CONTROL</strong></th>
<th><strong>ISOLATION PRECAUTION CATEGORIES</strong></th>
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<tbody>
<tr>
<td><strong>Contact</strong></td>
<td><strong>Airborne</strong></td>
</tr>
<tr>
<td><strong>Indication</strong></td>
<td><strong>Precautions</strong></td>
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</table>
| **MRSA, C. difficile diarrhea, VRE, other multi-drug resistance organisms**** | "Gloves when entering room
*Gowns and gloves for direct contact with patient, patient care items and environmental surfaces" | **Tuberculosis:** N95 respirator must be worn
**Varicella/Measles:** Nonimmunized persons should not enter room; persons with immunity may enter without respiratory protection. |
| **Precautions**                   | **Respiratory Protection:**          | **Invasive meningococcal disease, pertussis, other diseases*** |
| **Room Assignment**               | **Private room or cohorting if private room not available** | **Private room:** negative pressure room (CDC-defined isolation room)** |
| **Equipment**                     | **Standard disinfection practices:** | **Standard disinfection practices** |
| *Standard disinfection practices. Dedicate non-disposable items to patient, e.g. stethoscope, commode | | |
| **Room Cleaning**                 | **Standard practices**               | **Standard practices**           |
| **Transport**                     | **Notify receiving department of precautions
*cover wounds and contain body fluids
*patient handwashing
*clean outer cover gown** | **Notify receiving department of precautions
*Patients wears surgical mask.
*Patient handwashing. TB patients cannot be transferred to another facility without approval from Public Health.** |
| **Discontinue Precautions**       | **Isolate for duration of hospitalization; see discontinuation criteria***** | **Isolation discontinuation must be approved by ICC Chairman and/or Infection Control Nurse** |
| **Readmission**                   | **Continue precautions unless discontinuation criteria are met;*** | **Call Infection control for consult** |
| **See reverse side for additional diseases requiring this category of precautions** | **See discontinuation criteria on Fact Sheet for Contact Precautions** |
| **Multi-drug resistant as defined by Infection Control and/or Infectious Disease physician** | |
| **See discontinuation criteria on Fact Sheet for Contact Precautions** | | |
DISEASES REQUIRING CONTACT PRECAUTIONS

Abscess (draining, major, not contained)
Adenovirus (in infants) D
Bronchiolitis (in infants)
Cellulitis (uncontrolled drainage)
Chickenpox (varicella) A
Clostridium difficile (patients with diarrhea)
Congenital rubella
Conjunctivitis (acute viral)
Coxsackie virus (infants)
Croup (infants)
Decubitus ulcer (infected, major)
Diptheria (cutaneous)
Ebola (viral hemorrhagic fever) A
Enterocolitis (C. difficile)
Enterovirus
Furunculosis (infants)
Hand, foot and mouth disease (enterovirus)
Hemorrhagic fevers (Ebola, Lassa, Marburg)
Hepatitis A (diapered or incontinent patients)
Herpangina (infants)

A Airborne Precautions also required
D Droplet Precautions also required
NP Private room NOT required

DISEASES REQUIRING DROPLET PRECAUTIONS

Adenovirus (infants only) C
Diptheria
Epiglottitis (H. influenzae)
Fifth’s disease (Erythema infectuom, Parvovirus B19)
German measles (rubella)
Influenza M
Meningitis (N. meningitidis of H. influenzae)
Meningococcal pneumonia (N. meningitidis)
Meningococcemia sepsis (N. meningitidis)
Mumps
Pertussis (whooping cough)
Pneumonic plague
Whooping Cough (pertussis)

C Contact Precautions also required
M Mask required to enter room

DISEASES REQUIRING AIRBORNE PRECAUTIONS

Chickenpox (varicella)
Herpes zoster (immunocompromised patient or if disseminated) C
Measles (rubella)
Tuberculosis (pulmonary)
Varicella (chickenpox) C
Hemorrhagic fevers (Ebola, Lassa, Marburg) C

C Contact Precautions also required
# EXPOSURE TO BLOOD – CDC GUIDELINES

## What healthcare personnel need to know
Healthcare personnel are at risk for occupational exposure to bloodborne pathogens, including hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV). Exposures occur through needlesticks or cuts from other sharp instruments contaminated with an infected patient’s blood or through contact of the eye, nose, mouth, or skin with a patient’s blood. Important factors that influence the overall risk for occupational exposures to bloodborne pathogens include the number of infected individuals in the patient’s population and the type and number of blood contacts. Most exposures do not result in infection. Following a specific exposure, the risk of infection may vary with factors such as these:
- The pathogen involved
- The type of exposure
- The amount of blood involved in the exposure
- The amount of virus in the patient’s blood at the time of exposure

Your employer should have in place a system for reporting exposures in order to quickly evaluate the risk of infection, inform you about treatments available to help prevent infection, monitor you for side effects of treatments, and determine if infection occurs. This may involve testing your blood and that of the source patient and offering appropriate postexposure treatment.

## How can occupational exposures be prevented?
Many needlesticks and other cuts can be prevented by using safer techniques (for example: not recapping needles by hand), disposing of used needles in appropriate sharps disposal containers, and using medical devices with safety features designed to prevent injuries. Using appropriate barriers such as gloves, eye and face protection, or gowns when contact with blood is expected can prevent many exposures to the eye, nose, mouth, or skin.

<table>
<thead>
<tr>
<th></th>
<th>HBV</th>
<th>HCV</th>
<th>HIV</th>
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| **Risk of infection after occupational exposure** | If vaccinated and immune: no risk  
Not vaccinated: 6-30%  
No risk from exposure to intact skin | Average risk: 1.8%:  
No known risk from exposure to intact skin | After cut or needlestick: 0.3%  
After exposure of eye, mouth,  
nose: 0.1%  
After exposure to non-intact skin: <0.1% |
<p>| <strong>How many healthcare personnel have been infected with bloodborne pathogens?</strong> | Decreased since vaccination became available in 1982 from &gt;10,000 in 1983 to &lt;400 in 2001 | 1% of hospital healthcare personnel has evidence of infection (compared to 3% of U.S population with evidence of infection)) | As of 12/2001: 57 documented cases and 138 possible cases among healthcare personnel in the US since 1985 |</p>
<table>
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<th>HIV</th>
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<tbody>
<tr>
<td>Is vaccine or treatment available to prevent infections with bloodborne pathogens?</td>
<td>Hepatitis B vaccine since 1982</td>
<td>No</td>
<td>No vaccine. Postexposure prophylaxis (PEP) may be recommended for certain exposures</td>
</tr>
<tr>
<td>How are exposures to blood from an individual whose infection status is unknown handled?</td>
<td>Follow up testing should be available for all personnel</td>
<td></td>
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<tr>
<td>What specific drugs are recommended for postexposure treatment?</td>
<td>Hepatitis B vaccine and/or HBIG</td>
<td>None</td>
<td>A 4-week course of a combination of 2 or 3 antiretroviral drugs is recommended</td>
</tr>
<tr>
<td>How soon after exposure to a bloodborne pathogen should treatment start?</td>
<td>ASAP, preferably within 24 hrs, no later than 7 days.</td>
<td></td>
<td>ASAP, preferably within hours.</td>
</tr>
<tr>
<td>Has the FDA approved these drugs to prevent bloodborne virus infection?</td>
<td>Yes, both hepatitis B vaccine and HBIG are approved for this use</td>
<td></td>
<td>No, only for existing HIV. May be prescribed by physicians when use is warranted.</td>
</tr>
<tr>
<td>What is known about the safety and side effects of these drugs?</td>
<td>Both hepatitis B vaccine and HBIG are very safe</td>
<td></td>
<td>All antiviral drugs have moderate to serious side effects</td>
</tr>
<tr>
<td>Can pregnant healthcare personnel take the drugs recommended for postexposure treatment?</td>
<td>Yes. Pregnant and breastfeeding women can and should be vaccinated.</td>
<td></td>
<td>Yes, after careful consideration of risks and benefits.</td>
</tr>
<tr>
<td>What follow-up should be done after an exposure?</td>
<td>1-2 months after vaccination series to check if immune.</td>
<td>ASAP testing for HCV antibody and liver enzyme levels for baseline and again 4-6 weeks later.</td>
<td>ASAP testing for HIV antibody for baseline and periodically for at least 6 months after exposure.</td>
</tr>
<tr>
<td>What precautions should be taken during the follow-up period?</td>
<td>None</td>
<td>None</td>
<td>No donation of blood, semen, or organs and no sexual intercourse. Stopping breastfeeding is recommended</td>
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</tbody>
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