Infection Control

What You Need to Know About Infection Control

Purpose
To provide a consistent approach, to be used by all personnel when managing all body substances (e.g., blood, feces, wound drainage, oral secretions, bile, amniotic fluid, semen, vomitus, etc.) from all patients. This is essential to prevent transmission of potentially infectious agents among patients, employees/students/contractors and visitors. All supplies (gloves, masks, gowns/aprons, protective eyewear) necessary to implement these precautions will be readily available.

Hand hygiene is the single most important procedure of interrupting transmission of infections to patients and employees.

Hand hygiene is to be performed in all areas of the hospital and clinics using the “Your 5 Moments for Hand Hygiene” reminder:

1. **Before Touching A Patient**
   - **When:** Clean your hands before touching a patient when approaching him/her.
   - **Why:** To protect the patient against harmful germs carried on your hands.

2. **Before Clean/Aseptic Procedure**
   - **When:** Clean your hands immediately before performing a clean/aseptic procedure.
   - **Why:** To protect the patient against harmful germs, including the patient’s own, from entering his/her body.

3. **After Body Fluid Exposure Risk**
   - **When:** Clean your hands immediately after an exposure risk to body fluids (and after glove removal).
   - **Why:** To protect yourself and the health-care environment from harmful patient germs.

4. **After Touching A Patient**
   - **When:** Clean your hands after touching a patient and his/her immediate surroundings, when leaving the patient’s side.
   - **Why:** To protect yourself and the health-care environment from harmful patient germs.

5. **After Touching Patient Surroundings**
   - **When:** Clean your hands after touching any object or furniture in the patient’s immediate surroundings, when leaving – even if the patient has not been touched.
   - **Why:** To protect yourself and the health-care environment from harmful germs.

- If hands are not visibly soiled, an alcohol-based hand rub is the method of choice for routine decontamination of hands. Alternatively, hands may be washed with soap and water.
- When hands are dirty or visibly soiled with blood or other body fluids, hands must be washed with soap and water.
- The minimum duration of hand hygiene should be 15 seconds and should be performed in view of patient and/or visitors.
- Artificial fingernails, nail jewelry and nail decals are prohibited for all direct care and support care employees.
- Patients are given material with the “It’s OK to Ask” theme reinforcing the message that everyone caring for them should sanitize their hands.

**Standard Precautions = appropriate selection of protective barriers**
Direct patient care providers will evaluate their patient interactions and use barriers as appropriate, based on anticipated contact with body substances, not the patient’s diagnosis.

- Personal protective equipment (PPE) including gloves, cover gowns, respiratory protection and facial protection (e.g., goggles, face shields) are provided at no cost.
  
  a) Personnel are to use PPE in all instances when exposure to blood-borne pathogens or other potentially infectious materials is likely to occur.
  
  b) Gloves are to be worn when contact with blood, body fluid, tissues or contaminated surfaces is anticipated. Gloves must be worn for all venous access procedures, including drawing blood and starting IVs.
  
  c) Gowns or plastic aprons are indicated if blood spattering is likely.
  
  d) Facial protection (e.g., surgical masks and protective goggles) are to be worn if aerosolization or splattering are likely to occur, such as in certain dental and surgical procedures, wound irrigations, postmortem examination, endoscopy and bronchoscopy.
  
  e) The only exceptions to the wearing of personal protective equipment are emergency situations when exposure is unanticipated and rare situations in which its use would compromise the safety of the patient or health care worker.

**Standard Precautions = same practice for ALL patients**
- All linen and trash is handled using the same precautions.
- All needles and sharp objects are managed with caution (NO recapping!) and placed into sharps containers immediately after use.
- All blood/body fluid spills are managed in the same manner regardless of patient diagnosis.
  
  - Always wear gloves.
  
  - For small spills, use absorbent towels and dispose in infectious waste container.
  
  - Remove and dispose soiled gloves and perform hand hygiene.
  
  - Wearing clean gloves, clean the soiled area with disinfectant.
  
  - Remove and dispose of gloves; perform hand hygiene.

**Standard Precautions = report exposures to blood or body fluids**
- Wash the exposed area thoroughly with soap and water. Rinse mucus membranes with normal saline or tap water.
- Report the incident promptly to your supervisor. Prompt reporting will ensure evaluation of preventive medication needs.

**Standard Precautions = appropriate identification & disposal of waste**
Waste management and disposal is in accordance with the Minnesota Infectious Waste Control Act of 1989. All waste is designated as infectious waste (includes sharps), pathological waste, objectionable waste, sharps or general waste, and is separated at the point of generation.
a) **Infectious Waste** means laboratory waste, blood, regulated body fluids, sharps and research animal waste that have not been decontaminated.

b) **Sharps** means:
   1. Discarded items that can induce subdermal inoculation of infectious agents, including needles, scalpel blades, pipettes, and other items derived from human or animal patient care, blood banks, laboratories, mortuaries, research facilities, and industrial operations; and
   2. Discard items, or rigid plastic vials containing infectious agents.

c) **Laboratory Waste** means waste cultures and stocks of agents that are generated from a laboratory and are infectious to humans; discarded contaminated items used to inoculate, transfer, or to otherwise manipulate cultures or stocks of agents that are infectious to humans; wastes from the production of biological agents that are infectious to humans; and discarded live or attenuated vaccines that are infectious to humans.

d) **Blood** means waste human blood and blood products in containers, or solid waste saturated and dripping human blood products. Human blood products include serum, plasma, and other blood components.

e) **Regulated Human Body Fluids** means cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid that are in containers or that drip freely from body fluid soaked solid waste items.

f) **Pathological Waste** means human tissues and body parts removed accidentally or during surgery or autopsy intended for disposal. Pathological waste does not include teeth.

Infectious to be disposed of as Infectious (red bag) waste
- Blood or blood products
- Blood administration tubing
- Tubing and drainage collection devices (i.e., hemovacs, JP bulbs, pleurovacs) that cannot be emptied and rinsed of all visible blood
- Wound dressings that are soiled with area of blood greater than 2 inches in diameter
- Regulated body fluids (pleural, amniotic, synovial, cerebrospinal, peritoneal, pericardial fluid) in containers or solid waste items that are dripping and saturated with these fluids
- Any regular trash item that is grossly contaminated with blood

Items to be disposed of as Regular (clear bag) trash
- IV tubing and empty solution containers
- Empty urinary catheter tubings and drainage bags
- Ventilator tubing
- Cast padding with serious drainage
- Diapers, tripads, etc.
- Regular trash from isolation rooms

**ISOLATION: Over and above standard precautions**
Because different diseases are spread in different ways, a number of diagnoses or conditions require precautions in addition to Standard Precautions. Examples include:
- Chickenpox (vericella)
- Herpes Zoster/Varicella—localized in immunocompromised patient or disseminated
- Measles (rubeola)
- Monkeypox
- MRSA (Methicillin-Resistant Staphylococcus Aureus)
- VRE (Vancomycin-Resistant Enterococci)
- Mumps (infectious parotitis)
- Pertussis (whooping cough)
- Rubella (German measles)
- SARS (Severe Acute Respiratory Syndrome)
- Tuberculosis, pulmonary, confirmed or suspect

While onsite at Ridgeview, non-employees are NOT fit tested for respirators and are NOT allowed to enter airborne isolation rooms. If necessary, a just-in-time FIT test can be done. A listing of isolation conditions and isolation type indicated is located in policy #4067.

I have questions! Who are the Infection Control experts at Ridgeview?

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