



# CONWAY MEDICAL CENTER

## PROCEDURE

*When in hard copy form, refer to Policy Manager to validate this as the most current revision.*

TITLE:	Standard Precautions		
ISSUED BY:	Infection Control	REFERENCE #:	INF-3.50-PRO
APPROVED BY:	Infection Control Committee Chair	EFFECTIVE DATE:	03-2005

**SCOPE:** Standard precautions for all patient care.

**PROCEDURE:**

**I) Purpose:**

- A) Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals. Healthcare workers (HCW's) must assume that all patients are infectious. Standard Precautions apply to the following:
- 1) Blood;
  - 2) All body fluids, secretions and excretions, except sweat, regardless of whether or not they contain blood;
  - 3) Non-intact skin and;
  - 4) Mucous membranes.

**II) Clinical Procedure:**

- A) Standard Precautions will be used by all Healthcare workers for the care of all patients at Conway Medical Center.
- B) Standard Precautions will include the following:

**Hand Hygiene (Refer to Hand Hygiene Policy)**

Use soap and water for visibly soiled hands. Hand hygiene is required before and after contact with patients (i.e., whether patient is or is not in patient room, in wheelchair, stretcher, etc) and their environment. This includes after touching blood, body fluids, secretions, excretions, contaminated items, immediately after removing gloves, and between patient contacts.

**Personal Protective Equipment (PPE): Safe Donning and Removal of PPE**

refers to gloves, gown, eye protection, mask or respirator: The type of clinical interaction determines PPE use.

- **Gloves:** Wear for expected contact with blood, body fluids, secretions, excretions, contaminated items, for touching mucous membranes and non-intact skin. Gloves are to be removed immediately upon completion of the task and discarded.
- **Gown:** Wear during procedures and patient-care activities when contact of clothing/exposed skin with blood/body fluids, secretions, and excretions is anticipated. Gown is to be removed immediately after use and discarded appropriately.



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- **Eye Protection (goggles, face shield, visor or glasses with solid side shields, or chin-length face shields):** Wear when there is anticipation of splash or spray of blood or body fluids to protect the eyes, nose, and mouth (Note: regular eye glasses are NOT considered eye protection).
- **Mask or Respirator:** Wear to protect mucosa and airway from inhalation during procedures and patient-care activities likely to generate splashes or sprays of blood, body fluids, secretions, especially suctioning, endotracheal intubation, accessing spinal fluid procedures or injecting material into the spinal canal.

### Work Practice Controls

- All employees who have occupational exposure to blood borne pathogens will comply with the OSHA Blood borne Pathogen rules and regulations.
- All staff should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures.
- To prevent needle stick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated.
- After they are used, disposable syringes and needles, scalpel blades, and other sharp items should be placed in puncture-resistant containers for disposal.
- Safety devices should be used when provided. New safety devices will be evaluated on an ongoing basis to prevent exposures (SEE HOSPITAL BLOOD AND BODY FLUID EXPOSURE CONTROL PLAN)
- Contact Employee Health or Nursing Supervisor for any employee exposures.

### Patient-care Equipment / Medical Devices

Patient-care equipment that is contaminated is handled in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments. All reusable equipment is appropriately cleaned and reprocessed prior to reuse. Single use items are properly discarded after use. Dedicate use of non-critical patient care equipment to a single patient when possible.

### Environmental Control

Ensure all patient care items, bedside equipment, and frequently touched surfaces receive daily disinfection. Privacy curtains are changed when visibly soiled or as needed. Follow established procedures for routine care, cleaning, and disinfection of environmental surfaces, especially frequently touched surfaces in patient-care areas. Immediately clean spills of any blood or body fluids with approved CMC disinfectant.

### Dietary Supplies



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Routine meal trays: no special precautions are needed for dishes, utensils, or cups for patients on standard precautions or if transmission-based isolation precautions are added.

### Linen

Handle in a manner that prevents transfer of microorganisms to others and to the environment.

### Lumbar Puncture

Surgical facemasks are effective in limiting the dispersal of oropharyngeal droplets. Wear a surgical facemask when placing a catheter or injecting material into the spinal canal or subdural space (i.e., myelograms, LPs, and spinal or epidural anesthesia).

### Needles and Other Sharps

Do not recap, bend, break, or hand-manipulate used needles. If recapping is required, use a one-handed scoop technique only. Use safety features when available and place used sharps in puncture-resistant container.

### Patient Placement

Prioritize for single-patient room if patient is at increased risk of transmission, is likely to contaminate the environment, does not maintain appropriate hygiene, or is at increased risk of acquiring infection or developing adverse outcome following infection. If cohorting becomes necessary, refer to transmission-based procedure in policy.

**Respiratory Hygiene/Cough Etiquette** (source containment of infectious respiratory secretions in symptomatic patients, beginning at initial point of encounter e.g., triage and reception areas in emergency departments and physician offices)

Instruct symptomatic persons to cover mouth/nose when sneezing/coughing; use tissues and dispose immediately after use; clean hands after contact with respiratory secretions; wear surgical mask if tolerated or maintain spatial separation, >3 feet if possible.

### Safe Injection Practices

- Use a sterile, single-use, disposable needle and syringe for each injection given. Dispose of needle and syringe properly after one use. Prevent contamination of injection equipment and medication.
- Whenever possible, use of single-dose vials is preferred over multiple-dose vials, especially when medications will be administered to multiple patients.
- Do not use bags or bottles of IV solution as a common source of supply for multiple patients.



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## Specimen/Specimen Transport

All specimens of blood and body fluids should be placed in a well-constructed CMC approved container with a secure lid to prevent leaking during transport. A clean outer container / bag must be utilized in transport to prevent potential exposure to others. This container / bag should be labeled with a biohazard symbol for identification.

**RECORDS:** N/A

### REFERENCE/STANDARDS:

- I) CDC GUIDELINES FOR ISOLATION IN HEALTHCARE FACILITIES-2007
- II) CMS Conditions of Participation: 42 CFR §484.42(a) A-0749
- III) Det Norske Veritas National Integrated Accreditation for Healthcare Organizations (NIAHO):
  - A) IC.1 SR.1, IC.1 SR.2

### REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
		Reviewed/Revision Dates: Replaces the Universal Precaution Policy-January 2005; March 2005; October 2006; February 2007; April 4, 2008, November 2, 2011
06-07-2013	All	Formatting only
09-20-2013	Standards	Added
11-11-2013		Final Approval
9-30-2014		Reviewed and Added Mask to lumbar puncture section and safe injection practices. Infection Control Committee approved on 9/30/2014.
7/27/2017	Reviewed	Reviewed with no revisions.



# CONWAY MEDICAL CENTER POLICY

*When in hard copy form, refer to Policy Manager to validate this as the most current revision.*

POLICY TITLE:	Hand Hygiene Guidelines		
ISSUED BY:	Infection Control	REFERENCE #:	INF-3.10-POL
APPROVED BY:	Infection Control Committee	EFFECTIVE DATE:	11-2003

**SCOPE:** Hand hygiene guidelines for all Conway Medical Center employees.

**POLICY STATEMENT:** Hand washing is the single most important action a health care worker can do to prevent the spread of infection in a health care facility. Conway Medical Center fully endorses the Hand-Hygiene Guidelines set forth by CDC and HICPAC. All CMC employees shall adhere to the following guidelines.

### **POLICY REQUIREMENTS:**

#### **I) INDICATIONS FOR HAND WASHING AND HAND ANTISEPSIS:**

- A) When hands are visibly dirty or contaminated with a proteinaceous material or visibly soiled with blood or other body fluids, wash hands with soap and water.
- B) If hands are not visibly soiled, you may use an alcohol-based hand rub for routinely decontaminating hands or use soap and water.
- C) Decontaminate hands before having direct contact with patients.
- D) Decontaminate hands before donning sterile gloves when inserting a central intravascular catheter.
- E) Decontaminate hands before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices that do not require a surgical procedure.
- F) Decontaminate hands after contact with a patient's intact skin.
- G) Decontaminate hands after contact with body fluids or excretions, mucous membranes, non intact skin, and wound dressings if hands are not visibly soiled.
- H) Decontaminate hands if moving from a contaminated – body site to a clean body site during patient care.
- I) Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.
- J) Decontaminate hands after removing gloves.
- K) Before eating and after using a restroom, wash hands with soap and water.

#### **II) HAND HYGIENE TECHNIQUE:**

- A) When decontaminating hands with an alcohol-based hand rub, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry.
- B) When washing hands with soap and water, apply soap to hands and rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use towel to turn off the faucet.



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### III) SURGICAL HAND ANTISEPSIS:

- A) Remove rings, watches, and bracelets before beginning surgical hand scrub.
- B) Remove debris from underneath fingernails using a nail cleaner under running water.
- C) Surgical hand antisepsis using either an antimicrobial soap or an alcohol-based hand rub before donning sterile gloves when performing surgical procedures.
- D) When performing surgical hand antisepsis using an antimicrobial soap, scrub hands and forearms 5 minutes for the initial scrub.
- E) When using an alcohol-based surgical hand scrub, pre-wash hands and forearms with a non-antimicrobial soap and dry hands and forearms completely. After application of the alcohol-based product, allow hands and forearms to dry thoroughly before donning sterile gloves.

### IV) OTHER ASPECTS OF HAND HYGIENE:

- A) Do not wear artificial fingernails or extenders when having direct contact with patients.
- B) Keep natural nails less than ¼ inch long.
- C) Wear gloves when contact with blood or other infectious materials, mucous membranes and non-intact skin could occur.
- D) Remove gloves after caring for a patient. Do not wear the same pair of gloves between uses with different patients.
- E) Change gloves during patient care if moving from a contaminated body site to a clean body site.
- F) Health Care workers may use hand lotions or cream to minimize the occurrence of irritant contact dermatitis associated with hand ~~antisepsis~~ or hand washing.

**RECORDS:** None

### REFERENCE/STANDARDS:

- I) CDC Guidelines for Preventing Healthcare-associated Infections
- II) CMS Conditions of Participation: 42 CFR §484.42(a) A-0749
- III) Det Norske Veritas National Integrated Accreditation for Healthcare Organizations (NIAHO):
  - A) IC.1 SR.1, IC.1 SR.2

### REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
		Reviewed/Revised: 01/20/2005, 03/2005, 10/2006, 05/30/2007, 06/09/2008
11/01/2011		Reviewed
09/04/2012		Revised
04/11/2013		New Format
09-19-2013	Standards	Added
11-11-2013		Final Approval
6/8/2015		Reviewed-No changes
6/13/2017	Scope	Revised scope





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TITLE:	Transmission Based Precautions		
ISSUED BY:	Infection Control	REFERENCE #:	INF 4.10-PRO
APPROVED BY:	Infection Control Committee	EFFECTIVE DATE:	2014-09-30

**SCOPE:** Healthcare workers caring for patients with suspected or documented infections.

**Purpose:** Transmission-based Precautions (isolation) are designed for patients with suspected or documented infection with microorganisms that are highly transmissible and *should be used in addition to Standard Precautions*. These four categories of additional precautions are contact, special enteric, droplet and airborne.

Transmission-based isolation precautions require specific PPE to be used and are dependent on the method of transmission of the suspected or diagnosed infection. Refer to Appendix B: Transmission based Precautions Chart. Hand hygiene is performed before entering and as leaving patient room.

**Responsible Persons:**

Health Care Workers

**Procedure:**

**Initiating Transmission-based Precautions**

The RN can initiate transmission-based precautions.

**Patient Placement**

- Appropriate patient placement is a significant component of transmission-based (isolation) precautions.
- A private room is preferred because it is important to prevent direct or indirect contact transmission when the source patient has poor hygiene habits, contaminates the environment, or cannot be expected to assist in maintaining infection prevention precautions to limit transmission of microorganisms (i.e., children or patients with altered mental status).
- When possible, a patient with highly transmissible or epidemiologically important microorganisms shall be placed in a private room with hand washing and toilet facilities, to reduce opportunities for transmission of microorganisms.
- Patients suspected or infected with like organisms that require transmission-based (isolation) precautions may share a room. As appropriate, contact Infection Prevention for assistance with patient placement or isolation requirements. Patients requiring Airborne Precautions are to be placed in a negative airflow room and the door is to be kept closed at all times. If an isolation room is not available, notify Infection Prevention to assist with possible alternatives.

**Signage and Isolation Supplies**



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- a. Yellow isolation bag will be hung on the outside of the patient's room door. Hospital approved transmission-based (isolation) precautions signage is to be displayed at the entrance of the patient room. More than one sign may be indicated. Yellow bag with signage is to remain in place until the room / area is cleaned.
- b. Place isolation supplies / PPE in the yellow bag.

#### Gloves and Hand Hygiene

- a. Performing hand hygiene, either with washing hands with soap and water or by using a waterless hand sanitizer, is the single most important component of infection prevention and control in isolation precautions. Perform hand hygiene (scrub a minimal of 15-20 seconds) as promptly and thoroughly as possible upon entering and leaving a patient's room or environment, between patient contacts and after contact with blood, bodily fluids, secretions, excretions, and contaminated equipment and/or articles. In addition to hand hygiene, gloves play an important role in reducing the risks of transmission of microorganisms (see Hand Hygiene policy).
- b. Waterless hand sanitizer containers shall be available in appropriate clinical areas and in every patient room.
- c. Perform hand hygiene before donning gloves (clean, non-sterile). Don gloves prior to entering the room of a patient on contact isolation.
- d. Change gloves and perform hand hygiene after having contact with infective material (i.e., fecal material, urine or other body drainage).
- e. Before leaving room remove gloves, sanitize hands, and discard.
- f. Wash hands immediately or use waterless hand sanitizer. **Wash hands with soap and water when leaving room of a patient on Special Enteric precautions.**
- g. Ensure that hands do not touch potentially contaminated surfaces or items in the room after glove removal.
- h. Failure to change gloves between patient contacts is an infection prevention hazard.

#### Gowns

- a. Gowns are worn during the care of patients suspected or infected with epidemiologically recognized microorganisms to reduce the opportunity for transmission of pathogens from patients or items in their environment to other patients or environments.
- b. Wear a gown (clean, non-sterile) to enter the room of a patient on Contact Precautions and/or Special Enteric Precautions (or if the patient is not in a room, don a gown as you approach the patient's environment; refer to Appendix A: Safe Donning and Removal of PPE).
- c. The gown shall be removed before leaving the patient's room or environment and disposed of in the trash. Perform hand hygiene upon leaving the patient's room or environment.
- d. Gowns shall be single use. Do not reuse.

#### Mask, Respirator & Eye Protection (visor / face shield / goggles /N95respirator / PAPR)





- a. OSHA mandates wearing of masks with eye protection or face shields when splashing or splattering of blood or body fluids is anticipated to reduce the risk of exposures to blood borne pathogens.
- b. Hospital employees and personnel must wear a mask with eye protection to protect against spread of infectious large-particle droplets that are transmitted by close contact and generally travel only short distances (up to 6 feet) from infected patients who are coughing or sneezing.
- c. Mask with eye protection shall be worn during bronchoscopy and endoscopy, as well as when performing lumbar punctures or any procedure where the epidural space is accessed.
- d. Either Powered Air Purifying Respirator (PAPR) or fit-tested N95 respirator mask is required for healthcare workers caring for patients in Airborne Precautions for rule-out or known tuberculosis patients, etc.

#### Equipment / Supplies

- a. Non-critical patient care equipment shall be dedicated to a single patient in isolation precautions.
- b. All disposable supplies or items that cannot be cleaned, including packages of sterile supplies, shall be discarded when patient is discharged from the room.
- c. All other equipment that cannot be dedicated to a single patient shall be thoroughly cleaned and disinfected immediately.

#### Linen

- a. Although soiled linen may be contaminated with pathogenic microorganisms, the risk of disease transmission is negligible if it is handled, transported, and laundered in a manner that avoids transfer of microorganisms to patients, personnel, and environments.
- b. Linen shall be placed in a single bag in the room.

#### Dishes, Glasses, Cups, Eating Utensils, and Medication

- a. No special precautions are needed for dishes, glasses, cups, or eating utensils. Disposable meal trays are not necessary. The combination of hot water and detergents used in hospital dishwashers is sufficient to decontaminate dishes, glasses, cups, and eating utensils.
- b. Any medications / IV solutions, tube feedings or baby formula taken into an isolation area that is not used shall be discarded when the patient is discharged (do not return medications / IV solutions to Pharmacy or restock baby formula).

#### Patient Transport or Ambulation

Limit the movement and transport of patients isolated for transmission-based precautions. Ensure that such patients leave their rooms for essential therapeutic and diagnostic purposes only. Whenever feasible, the patient's procedure shall be done in the patient's room. If the procedure cannot be done in the patient's room, then it is preferred that the patient's procedure be scheduled at the end of the day (see Appendix C: Transport of Isolation Patients). This reduces opportunities for transmission of microorganisms.

When patient transport is necessary:

- a. Healthcare workers shall use PPE as outlined in Appendix C: Transport of Isolation Patients.
- b. Prior to patient ambulation, the patient shall have on a clean patient gown to be used as a barrier.



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- c. Clean linens shall be placed over the patient on the stretcher or wheelchair to serve as a barrier.
- d. Patients with draining wounds shall have on clean dressings.
- e. Patients on droplet or airborne precautions shall have on a surgical mask.
- f. Personnel in the receiving area shall be notified of the isolation status of the patient prior to transport.
- g. Isolation status shall be communicated in patient care handoff, if applicable.
- h. PPE is not to be worn by healthcare workers transporting the patient unless providing direct patient care during transport.
- i. Transport equipment (i.e., wheelchair, stretcher) shall be thoroughly cleaned with hospital approved disinfectant after each patient transport.

### Patient and Visitor Education

- a. Educate the patient on the reason for precautions and how to adhere to appropriate isolation practices. Document in the medical record, education provided.
- b. Educate family / visitors on appropriate isolation practices and document same in the medical record.

### Visitors

- a. Visitors of patients in Airborne Precautions for suspected pulmonary M. tuberculosis shall be limited to immediate adult household members who have had recent contact with the patient. Visitors shall wear a surgical tie mask while in the patient's room.
- b. Visitors who cannot comply with wearing of required PPE may not visit with patient(s) on transmission-based (isolation) precautions.
- c. Children less than 12 years old should be discouraged from visiting patients on transmission-based (isolation) precautions due to risk of inappropriate PPE use.

### Cleaning

- a. Occupied isolation rooms shall be cleaned daily and upon patient discharge (refer to EVS Cleaning and Disinfection policy).
- b. Daily cleaning requires:
  - Thorough cleaning and adequate disinfection of bedside equipment and environmental surfaces (i.e., bedrails, bedside tables, carts, commodes, doorknobs, faucet handles, light switches, call button, etc.).
  - Use of appropriate cleaning products.
- d. Upon discharge of the patient, all isolation signs shall remain on the door / entrance until room cleaning has been completed.
- e. For Airborne Precautions, room remains closed 30-60 minutes after patient is discharged and leaves room to allow for adequate air exchange.



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- f. Upon patient discharge, all isolation rooms shall be thoroughly cleaned. Wipe all high touch surfaces in the room including the bed, bed railings, bedside table, carts, commodes, door knobs, faucet handles, telephone, IV poles, light switch, call button, etc. Wet mop / disinfect floors. Clean walls if visibly soiled. Change privacy curtains for all Contact Precaution rooms or if visibly soiled. Send curtains, linens, and other durable items to be laundered.
- g. If more than one isolation class is required, the highest level shall apply.

### Isolation in Special Procedure Areas

- a. Special procedure areas (i.e., PACU, Endoscopy, etc.) shall utilize isolation requirements in the patient's immediate environment.
- b. Operating Rooms (OR):
  - i. All ORs shall notify recovery areas of precaution status to allow for appropriate placement and handling of patients.
  - ii. OR cleaning is not different for patients on transmission-based (isolation) precautions.
  - iii. When patient is on Contact Precautions, OR staff shall wear gloves and gown when it is anticipated that staff member's hands and clothing shall have contact with patient or patient's environment. Patient environment is defined as, but not limited to tubes, drains, EKG wires, bed, linens, lines, ventilator, etc.
  - iv. OR staff shall wear a mask with eye protection if within six feet of a patient who is on Droplet Precautions or an N95 respirator for Airborne Precautions.

### Discontinuing Isolation

- a. Isolation of patients with known or suspected organisms with durations as delineated in Appendix D. Discontinuing Transmission-based (Isolation) Precautions for Certain Identified Pathogen/Disease Guideline; CDC Guidelines for Duration of Isolation, may be discontinued after meeting specified requirements.
- b. Call Infection Prevention with questions regarding the removal of isolation precautions or if precautions are discontinued against policy guidelines.

### Contact Precautions (green sign)

Contact Precautions are used for patients who are suspected or known to be infected with organisms that can be transmitted by direct contact with the patient (hand or skin-to-skin contact that occurs when performing patient care activities that require touching the patient's dry skin) or indirect contact with environmental surfaces or patient-care items in the patient's environment.

This isolation category requires the use of gloves and gown to enter the room regardless of patient contact.

Patients should be placed in a private room whenever possible.

If a private room is unavailable, the patient must be placed in a room with another patient who has active infection or colonization of the same microorganism but with no other organisms requiring isolation (cohorting). Consult with Infection Prevention when considering cohorting patients.



### Special Enteric Precautions (brown sign)

Special Enteric Precautions are designed to reduce transmission of Clostridium difficile (C-diff) or other GI organisms (example: norovirus) transmitted by direct contact with the patient and/or the environment.

Contact Precautions are used with Special Enteric Precautions with hand hygiene by soap and water only.

Hand hygiene with soap and water must be used when leaving the patient's room / environment in order to remove the spores.

**(REMINDER: Although not on Standardized signage A 1:10 bleach solution shall be used to disinfect environmental surfaces and equipment. (i.e. Clorox Bleach Wipes)**



## Droplet Precautions (orange sign)

Droplet Precautions are used for a patient known or suspected to be infected with microorganisms transmitted by droplets (large-particle droplets larger than 5 µm in size) that can be generated by the patient during coughing, sneezing, talking, or the performance of procedures involving the respiratory tract.

Microorganisms can be acquired by contact with droplets over distances of 3-6 feet, as well as by contact with objects recently contaminated with respiratory secretions.

Universal masking is recommended during Respiratory Syncytial Virus (RSV) and influenza seasons for select immunosuppressed populations.

Patients should be placed in a private room.

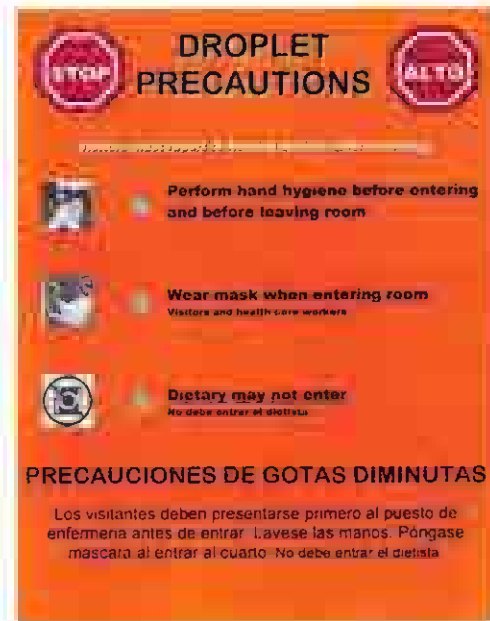
When a private room is not available, the patient must be placed in a room with a patient(s) who has active infection with the same microorganism but with no other infection (cohorting).

Consult with Infection Prevention when considering cohorting patients. When a private room is not available and cohorting is not achievable, maintain spatial separation of at least 3-6 feet between the infected patient and other patients and visitors.

Special air handling and ventilation are not necessary, and the door may remain open.

Curtains should be in place between patients on Droplet Precautions when cohorting is required.

In addition to wearing a mask as outlined under Standard Precautions, a surgical mask shall be worn when working within 3 feet of the patient.





**Airborne Precautions (pink sign)**

Airborne Precautions are used for patients known or suspected to be infected with microorganisms transmitted by airborne droplet nuclei (small particle residue of 5 µm or smaller in size) of evaporated droplets containing microorganisms that remain suspended in the air and that can be dispersed widely by air currents within a room or over a long distance.

Place the patient in a private room that has:

- 1) monitored negative air pressure in relation to the surrounding areas;
- 2) a minimum of 6-12 air changes per hour; and
- 3) appropriate discharge of air outdoors or monitored high-efficiency purified air filtration (HEPA) of room air before the air is circulated to other areas in the facility.

Portable HEPA filter units should remain in use in the room for 30-40 minutes after patient discharge and before admitting another patient (CDC TB Guideline, 2005).

**Keep the room door closed and the patient in the room.**

This isolation category requires the use of either a Positive Air Purifying Respirator (PAPR) that is obtained on the unit (additional ones can be obtained by calling Infection Prevention) or a N95 mask that has been fit-tested on the user for entry into the patient's room.

**Seal Check** - should be performed to ensure that proper respirator fit can be achieved. To perform a seal check on a 3M N95 cup shaped disposable respirator, place both hands completely over the respirator and exhale. The respirator should bulge slightly. If air leaks between the face and the face seal of the respirator, reposition it and readjust the nose clip for a more secure seal. If air leaks around the respirator edges, adjust the position on the face and the straps along the sides of the head and recheck fit.

If a proper fit cannot be achieved, do NOT enter the area requiring respiratory protection.) In the case of varicella or measles, the individual does not require a PAPR/N95 if immunity is documented.



Airborne Isolation Rooms are as follows:

<b>Medical:</b> Room Numbers 240 & 241	<b>E.R.:</b> Room Number 7
<b>Telemetry Unit:</b> Room Numbers 308 & 309	<b>2-Surgical Unit:</b> Room Numbers 207 & 208;  209 & 210; 217 & 218; 225 & 226
<b>CCU:</b> Room Numbers 9 & 10; 17 & 18; 25 & 26 <b>COU:</b> Room Numbers 5 & 6	<b>Pediatrics:</b> Room Numbers 266 & 267



### Appendix A: Safe Donning and Removal of Personal Protective Equipment (PPE)

SEQUENCE FOR DONNING PERSONAL PROTECTIVE EQUIPMENT (PPE)	SECUENCIA PARA PONERSE EL EQUIPO DE PROTECCIÓN PERSONAL (PPE)
<p><small>Use type of PPE based on level of protection required. e.g., gloves, gown, cap, mask or respirator.</small></p> <p><b>1. GOWN</b></p> <ul style="list-style-type: none"> <li>Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back</li> <li>Fasten in back of neck and waist</li> </ul> <p><b>2. MASK OR RESPIRATOR</b></p> <ul style="list-style-type: none"> <li>Secure ties or elastic bands at middle of head and neck</li> <li>Fit flexible band to nose bridge</li> <li>Fit snug to face and below chin</li> <li>Fit check respirator</li> </ul> <p><b>3. GOGGLES OR FACE SHIELD</b></p> <ul style="list-style-type: none"> <li>Place over face and eyes and adjust to fit</li> </ul> <p><b>4. GLOVES</b></p> <ul style="list-style-type: none"> <li>Extend to cover wrist of gown/gown</li> </ul>	<p><b>1. BATA</b></p> <ul style="list-style-type: none"> <li>Cubra con la bata todo el torso desde el cuello hasta las rodillas, los brazos hasta la muñeca y dóblala alrededor de la espalda</li> <li>Absuelva por detrás a la altura del cuello y la cintura</li> </ul> <p><b>2. MASCARA O RESPIRADOR</b></p> <ul style="list-style-type: none"> <li>Asegúrese los corcheros a la banda elástica en la mitad de la cabeza y en el cuello</li> <li>Ajuste la banda flexible al puente de la nariz</li> <li>Acomódela en la cara y por debajo del mentón</li> <li>Verifique el ajuste del respirador</li> </ul> <p><b>3. GAFAS PROTECTORAS O CARETAS</b></p> <ul style="list-style-type: none"> <li>Colóquelas sobre la cara y las ojos y ajústelas</li> </ul> <p><b>4. GUANTES</b></p> <ul style="list-style-type: none"> <li>Extienda los guantes para que cubran la parte del puño en la bata de aislamiento</li> </ul>
<p><small>Use type of PPE based on level of protection required. e.g., gloves, gown, cap, mask or respirator.</small></p> <ul style="list-style-type: none"> <li>Keep hands away from face</li> <li>Limit surfaces touched</li> <li>Change gloves when torn or heavily contaminated</li> <li>Perform hand hygiene</li> </ul>	<p><b>EVITE PRÁCTICAS DE TRABAJO SEGURAS PARA PROFESIONALES QUE SE ENVIOLAN LA PROTECCIÓN DE LA CONTAMINACIÓN</b></p> <ul style="list-style-type: none"> <li>Mantenga las manos alejadas de la cara</li> <li>Limite el contacto con superficies</li> <li>Cambie los guantes si se rompen o están demasiado contaminados</li> <li>Realice la higiene de las manos</li> </ul>
SEQUENCE FOR REMOVING PERSONAL PROTECTIVE EQUIPMENT (PPE)	SECUENCIA PARA QUITARSE EL EQUIPO DE PROTECCIÓN PERSONAL (PPE)
<p><small>Except for respirator, remove PPE at doorway or at exit door. Remove respirator after leaving patient room and entering door.</small></p> <p><b>1. GLOVES</b></p> <ul style="list-style-type: none"> <li>Outside of glove is contaminated</li> <li>Grasp outside of glove with opposite gloved hand; peel off</li> <li>Hold removed glove in gloved hand</li> <li>Slide fingers of ungloved hand under remaining glove at wrist</li> <li>Peel glove off over first glove</li> <li>Discard gloves in waste container</li> </ul> <p><b>2. GOGGLES OR FACE SHIELD</b></p> <ul style="list-style-type: none"> <li>Outside of goggles or face shield is contaminated</li> <li>To remove - handle by head band or ear pieces</li> <li>Place in designated receptacle for reprocessing or in waste container</li> </ul> <p><b>3. GOWN</b></p> <ul style="list-style-type: none"> <li>Gown front and sleeves are contaminated</li> <li>Unfasten ties</li> <li>Roll away from neck and shoulders, touching inside of gown only</li> <li>Turn gown inside out</li> <li>Roll or roll into a bundle and discard</li> </ul> <p><b>4. MASK OR RESPIRATOR</b></p> <ul style="list-style-type: none"> <li>Front of mask/respirator is contaminated -- DO NOT TOUCH!</li> <li>Grasp bottom, then top ties or elastics and remove</li> <li>Discard in waste container</li> </ul>	<p><b>1. GUANTES</b></p> <ul style="list-style-type: none"> <li>El exterior de los guantes está contaminado</li> <li>Agarre la parte exterior del guante con la mano opuesta a ésta que todavía tiene puesto el guante y deslícelo</li> <li>Sálgalo al guante que se está quitando con la mano enguantada</li> <li>Deslice los dedos de la mano sin guante por debajo de la parte superior del guante que no se ha deslizado todavía a la altura de la muñeca</li> <li>Quítelo de manera que oculte cubriendo al primer guante</li> <li>Amómbalo en el recipiente de desechos</li> </ul> <p><b>2. GAFAS PROTECTORAS O CARETA</b></p> <ul style="list-style-type: none"> <li>El exterior de las gafas protectoras o de la careta está contaminado</li> <li>Para quitarlas, tómalas por la parte de la banda de la cabeza o de las piezas de las orejas</li> <li>Colóquelas en el recipiente designado para reprocesar materiales o en un contenedor de desecho</li> </ul> <p><b>3. BATA</b></p> <ul style="list-style-type: none"> <li>La parte delantera de la bata y las mangas están contaminadas</li> <li>Desate los corcheros</li> <li>Tocando solamente el interior de la bata, pásala por encima del cuello y de los hombros</li> <li>Voltee la bata al revés</li> <li>Dóblala a enrolla y sálgala</li> </ul> <p><b>4. MASCARA O RESPIRADOR</b></p> <ul style="list-style-type: none"> <li>La parte delantera de la máscara o respirador está contaminada -- ¡NO LA TOQUE!</li> <li>Primero agarre la parte de abajo, luego las corcheros o la banda elástica de arriba y por último quítela de la máscara o respirador</li> <li>Amómbalo en el recipiente de desechos</li> </ul>
<p><small>Use type of PPE based on level of protection required. e.g., gloves, gown, cap, mask or respirator.</small></p> <p><b>EVITE LA HIGIENE DE LAS MANOS INMEDIATAMENTE DESPUÉS DE QUITARSE CUALQUIER EQUIPO DE PROTECCIÓN PERSONAL</b></p>	<p><b>EVITE LA HIGIENE DE LAS MANOS INMEDIATAMENTE DESPUÉS DE QUITARSE CUALQUIER EQUIPO DE PROTECCIÓN PERSONAL</b></p>





# Conway Medical Center

## PROCEDURE

### Appendix B: Transmission Based Precautions Chart

Standard Precautions ALWAYS applies: All employees must follow Standard Precautions for all patients. Standard Precautions are designed to reduce the risk of transmission of microorganisms for both recognized and unrecognized sources of infections.

Standard Precautions consist of the following elements:

- Routine handwashing
- Appropriate use of masks, eye protection and face shields (i.e. suctioning)
- Routine cleaning or disposal of patient-care equipment
- Bag linen at point of use
- Face mask for lumbar punctures
- Safe injection practices
- Consistent and correct use of gloves
- Appropriate use of gowns to prevent contamination of uniform/clothing
- Regular cleaning of environmental surfaces
- Strict adherence of occupational safety requirements
- Respiratory hygiene/cough etiquette

<u>Isolation Type</u>	<u>Contact Precautions</u>	<u>Contact Precautions-Special Enteric</u>	<u>Droplet Precautions</u>	<u>Airborne Precautions</u>
Private Room	Yes	Yes	Yes	Yes
Door Closed	No	No	No	Yes
Mask/Eye Protections	No	No	If within 6 feet of patient	Yes
Gown	Yes-To enter room	Yes-To enter room	No	No
Gloves	Yes-To enter room	Yes-To enter room	Yes-To enter room	No
Dedicated thermometer	Yes	Yes	Yes	No
Dedicated BP apparatus	Yes	Yes	Yes	No
Transport	Patient in clean linens	Patient in clean linens	Patient in face mask and clean linens	Patient in face mask
Disposable Meal Tray	No	No	No	No
Procedures not done in room should be done at the end of day	Preferred	Preferred	Preferred	Preferred

All equipment is to be cleaned between patient use regardless of isolation status.



# Conway Medical Center

## PROCEDURE

### Appendix C: Transport of Isolation Patients

**Standard Precautions ALWAYS Apply**

Isolation Type	One or Two Person Transport*
<b>Airborne Precautions</b> (pink sign)	<ol style="list-style-type: none"> <li>1. Healthcare worker shall put on PAPR/N95 respirator prior to entering the patient room.</li> <li>2. Isolation / surgical mask is put on patient (<b>NOT</b> N95 respirator).</li> <li>3. Healthcare workers are not required to wear PAPR/N95 respirator once mask is on patient or worker is out of patient room.</li> <li>4. Prior to taking the patient's mask off, all staff must have on PAPR/N95 respirators.</li> </ol>
<b>Contact Precautions</b> (green sign)  Or  <b>Special Enteric Precautions</b> (brown sign)	<ol style="list-style-type: none"> <li>1. When direct patient contact is needed during the transport, then healthcare workers shall wear gown and gloves.</li> <li>2. Another healthcare worker is "clean" and shall not wear gown and gloves and shall proceed ahead of patient and transport staff to open doors, press elevator buttons, etc.</li> <li>3. Clean linens shall be placed over the patient on the stretcher or wheelchair.</li> <li>4. PPE is not to be worn by healthcare workers transporting the patient unless providing direct patient care during transport.</li> </ol> <p>In addition, with <b>Special Enteric Precautions, wash hands with soap and water</b> immediately after patient contact.</p>
<b>Droplet Precautions</b> (orange sign)	<ol style="list-style-type: none"> <li>1. Healthcare worker shall put on a surgical mask prior to entering the patient room.</li> <li>2. Isolation / surgical mask is put on patient.</li> <li>3. Healthcare workers are not required to wear surgical mask once mask is on patient or worker is out of patient room.</li> <li>4. Prior to taking the patient's mask off, all staff must have on a surgical mask.</li> </ol>

\*Utilize strategies to not contaminate the environment such as ask for assistance, use elbow to push elevator buttons or utilize inside of gown.



## Conway Medical Center PROCEDURE

### Appendix D

#### ***Discontinuing Transmission-based (Isolation) Precautions for Certain Identified Pathogen/Disease Guideline***

This guideline is intended to give additional guidance at CMC for selected pathogens and is not all-inclusive. Clinicians can refer to the CDC table, *Type and Duration of Precautions Recommended for Selected Infections and Conditions* at this website

[http://www.cdc.gov/nisnac/2007/P/2007p\\_appendixA.html](http://www.cdc.gov/nisnac/2007/P/2007p_appendixA.html) to search by condition/infection for initiation and duration of precautions. Always notify Infection Prevention for clarification if in doubt prior to discontinuing isolation.

Pathogen/Disease	New Diagnosis	Arrived with
Clostridium Difficile Infection (CDI)	<p>Contact isolation along with special enteric precautions should be continued in all hospitalized patients with known CDI until the time of hospital discharge.</p> <p>Patients hospitalized longer than 2 weeks following resolution of symptoms and treatment of CDI may be removed from contact isolation and special enteric precautions with Infection Prevention approval when there are no signs and symptoms of CDI. The patient's room is then terminally cleaned with bleach solution per Environmental Services.</p>	<p>Contact isolation along with special enteric precautions should be continued in all hospitalized patients with known CDI until the time of hospital discharge.</p> <p>Patients hospitalized longer than 2 weeks following resolution of symptoms and treatment of CDI may be removed from contact isolation and special enteric precautions with Infection Prevention approval when the patient has no signs and symptoms of CDI. The patient's room is terminally cleaned with bleach solution per Environmental Services.</p>
Influenza	<p>Adult patients with confirmed influenza are to remain on droplet precautions for at least 7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer, while the patient is in a healthcare facility.</p> <p>If a patient is receiving mechanical ventilation the patient should</p>	<p>Patients should remain on droplet precautions for <b>7 days</b> from symptom onset or until 24 hours after resolution of influenza-like illness symptoms, whichever is longer. If a patient is receiving mechanical ventilation, the patient should remain on droplet precautions until symptoms can be assessed (i.e., the patient should be reassessed after off of</p>



## Conway Medical Center

### PROCEDURE

Pathogen/Disease	New Diagnosis	Arrived with
	<p>remain on droplet precautions until symptoms can be assessed (i.e., the patient should be reassessed after off of mechanical ventilation).</p> <p>Pediatric patients should also be on droplet and contact precautions for remainder of hospitalization.</p>	<p>mechanical ventilation).</p> <p>Pediatric patients should also be on droplet and contact precautions for remainder of hospitalization.</p>
<p>Meningococcal disease: sepsis, pneumonia, meningitis</p>	<p>Droplet precautions for 24 hours after initiation of effective therapy</p>	<p>Droplet precautions for 24 hours after initiation of effective therapy.</p>
<p>Multi-Drug Resistant Gram Negative Organisms (MDRO): may include but not limited to ESBL (extended spectrum beta lactum) producers, MRSA, VRE, CRE, Pseudomonas aeruginas, Acinetobacter baumannii, and Strenotrophomonas</p>	<p>Patients with a <b>new (+)</b> positive culture should remain on contact precautions until they are discharged, <b>OR</b> have completed an adequate course of therapy for their infection and have clinically improved.</p> <p>NOTE: It is not necessary to send a microbiological sample as a “test of cure” to confirm eradication of the organism. In addition these patients do <b>NOT</b> require automatic contact isolation upon readmission to the hospital unless the infection persists.</p>	<p>These patients do <b>NOT</b> require automatic contact isolation upon readmission to the hospital unless the infection persists.</p>
<p>Klebsiella pneumonia-carbapenemases (KPC)(also known as carbapenem-resistant enterobacteriaceae (CRE)</p>	<p>Contact isolation for duration of hospitalization</p>	<p>Contact isolation for duration of hospitalization</p>



# Conway Medical Center

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Pathogen/Disease	New Diagnosis	Arrived with
<p>Tuberculosis:</p> <ul style="list-style-type: none"> <li>A. Pulmonary or laryngeal, confirmed</li> <li>B. Pulmonary or laryngeal, suspected.</li> <li>C. Other: open or draining soft tissue lesion</li> </ul> <p>Refer to TB Control Plan</p>	<p>Discontinue airborne precautions only when:</p> <ul style="list-style-type: none"> <li>A. Patient is on effective therapy for at least two (2) weeks, is improving clinically and has three (3) consecutive sputum smears negative for acid- fast bacilli (AFB) collected 8-24 hours apart with one being an early morning specimen.</li> <li>B. When a diagnosis other than pulmonary tuberculosis is confirmed and tuberculosis is no longer considered in the differential diagnosis or the patient has three (3) consecutive sputum smears negative for acid fast bacilli collected 8-24 hours apart with one being an early morning specimen.</li> <li>C. The patient is on effective therapy is improving clinically and when smears obtained from wound drainage are negative for AFB, or when in the opinion of the hospital Infection Preventionist there is little or no significant risk of transmission.</li> </ul>	<p>Patients with previously diagnosed TB readmitted before confirmation of complete cure are placed on airborne infection isolation pending assessment of their infectiousness.</p> <p>Discontinue Airborne precautions only when:</p> <ul style="list-style-type: none"> <li>A. Patient is on effective therapy for at least two (2) weeks, is clinically improving and has three (3) consecutive sputum smears negative for acid- fast bacilli (AFB) collected 8-24 hours apart with one being an early morning specimen.</li> <li>B. When a diagnosis other than pulmonary mycobacterium tuberculosis is confirmed and tuberculosis is no longer considered in the differential diagnosis or the patients has three (3) consecutive sputum smears negative for acid fast bacilli collected 8-24 hours apart with one being an early morning specimen.</li> <li>C. The patient is on effective therapy is improving clinically and when smears obtained from wound drainage are negative for AFB, or when in the opinion of the hospital Infection Preventionist there is little or no significant risk of transmission.</li> </ul>





# Conway Medical Center PROCEDURE

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**RECORDS:** Medical Record

**REFERENCE STANDARDS:**

CDC Guidelines for Isolation Precautions: Preventing transmission of infectious agents in Healthcare Settings. HICPAC 2007. <http://www.cdc.gov/hicpac/pdf/isolation/isolation2007.pdf>

CDC Guidelines for Environmental Infection control in Health-Care Facilities MMWR 2003 [http://www.cdc.gov/hicpac/pdf/guidelines/eic\\_in\\_HCF\\_03.pdf](http://www.cdc.gov/hicpac/pdf/guidelines/eic_in_HCF_03.pdf)

CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Healthcare Settings 2005 MMWR. <http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>

**REVISION/REVIEW HISTORY:**

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
9/30/2014		New procedure-approved per ICC 9/30/2014
7/30/2015		Reviewed-no changes
8/31/2016	Signage and Isolation supplies	Revised wording in the signage and isolation supplies section to reflect the yellow isolation bags.
2/10/2017		Revised/deleted section regarding MRSA colonization/isolation, flagging of MRSA on re-admission.



# CONWAY MEDICAL CENTER POLICY

<b>POLICY TITLE:</b>	Infection Control Guidelines for All CMC Employees		
<b>ISSUED BY:</b>	Infection Control Practitioner	<b>REFERENCE #:</b>	INF-54322-POL
<b>APPROVED BY:</b>	Infection Control Committee	<b>EFFECTIVE DATE:</b>	10/01/2012

**SCOPE:** Conway Medical Center Non-Patient Care Units

**POLICY STATEMENT:** Insure safety of personnel through active participation in the infection control process. To prevent and control the transmission, dissemination, or acquisition of infectious or communicable disease.

**POLICY REQUIREMENTS:** All units will provide a safe environment through the utilization of effective infection control measures and guidelines as follows:

- 1) Strict hand-hygiene guidelines shall be followed by all personnel. (Refer to Hand-Hygiene Policy)
- 2) All personnel shall adhere to Standard and Transmission-Based precautions as outlined in the Standard Precautions and Transmission Based Procedure.
- 3) All newly hired personnel shall be required to received documented orientation on infection prevention and control practices.
- 4) All personnel shall participate in annual in-service programs relating to infection prevention and control practices.
- 5) All personnel shall restrict any eating or drinking to designated areas.
- 6) All personnel shall conform to CMC infection Control and Employee Health policies.
- 7) The Employee Health Dept. /Infection Control Dept. shall be notified promptly of any employee who is absent from work due to a communicable illness or possible communicable illness. In the absence of either the Employee Health nurse or Infection Control Practitioner, emergency employee problems will be dealt with on an individual basis by the Nursing Shift Coordinator on duty.

**RECORDS:** N/A

**REFERENCE STANDARDS:**

1. CDC ISOLATION GUIDELINES FOR HEALTHCARE WORKERS-2008
2. OSHA FEDERAL REGISTER-54242 1994

**REVISION/REVIEW HISTORY:**

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
9/17/2012	New policy created.	
10/15/2012	Approved -CJ	Name of policy changed
1/20/2016	Reviewed	No changes-Reviewed



# CONWAY MEDICAL CENTER PROCEDURE

*When in hard copy form, refer to Policy Manager to validate this as the most current revision.*

TITLE:	Guidelines for Cleaning Equipment		
ISSUED BY:	Infection Control Committee	REFERENCE #:	INF-54323.2-PRO
APPROVED BY:	Infection Control Committee	EFFECTIVE DATE:	11/30/2012

**SCOPE:** To delineate guidelines and standards for cleaning, disinfection and sterilization within Conway Medical Center. Cleaning is a shared responsibility between all CMC departments.

**PROCEDURE:** In accordance with existing infection prevention and control policies and procedures, Conway Medical Center will implement and maintain processes to ensure all patient-care equipment, critical and non-critical, as well as the environment, is cleaned, disinfected, and/or sterilized as appropriate per Federal and State guidelines.

Guidelines for Equipment Cleaning			
Item to be Cleaned	When to Clean	How to Clean	Responsible Party
Crash Cart	Weekly	Hospital approved disinfectant	Housekeeping
Walker (Surgical Unit)	After each use	Hospital approved disinfectant	Housekeeping
Copiers	Monthly	Hospital approved disinfectant	Housekeeping
Otoscope/Ophthalmoscope (Wall Mount)	Daily	Wipe with 70% alcohol	Housekeeping
Pedestal Fan	After each use	Hospital approved disinfectant	Housekeeping
IV pump	At discharge & between patients	Hospital approved disinfectant	Housekeeping & User
TV/VCR/DVD Cart	After each use and weekly	Hospital approved disinfectant	Housekeeping & User
Free standing radiant warmer	After each use and weekly	Hospital approved disinfectant	Housekeeping & User
Seizure Pads	After each use	Hospital approved disinfectant	Housekeeping & User
Shower Chair	After each use	Hospital approved disinfectant	Housekeeping/Nursing
Bedside Commode	After each use	Hospital approved disinfectant	Housekeeping/Nursing
Cardiac/Resp. Monitors	At discharge & between patients	Hospital approved disinfectant	Housekeeping/Nursing
Workstation on wheels-cart/computer/keyboard	Weekly or as needed	Hospital approved disinfectant	IT
Desktop Computers/Keyboards (Patient care areas)	Monthly	Hospital approved disinfectant	IT
Printers	Monthly	Hospital approved disinfectant	IT



# CONWAY MEDICAL CENTER PROCEDURE

*When in hard copy form, refer to Policy Manager to validate this as the most current revision.*

Item to be Cleaned	When to Clean	How to Clean	Responsible Party
Mobi-lab Devices	After each use	Hospital approved disinfectant	Lab
Phlebotomy Chairs	After each use	Hospital approved disinfectant	Lab
Optiflex Machines	Monthly	Hospital approved disinfectant	Materials Mgmt.
Omnicell Machines	Monthly	Hospital approved disinfectant	Pharmacy
Walker (PT)	After each use	Hospital approved disinfectant	PT
Free Weights	After each use	Hospital approved disinfectant	PT
Gait Belt	After each use	Hospital approved disinfectant	PT
CPM Machine	After pt. discharge	Hospital approved disinfectant	PT
Imagery Cassette	After each use	Hospital approved disinfectant	Radiology
Radiology Portable Units	Every shift	Hospital approved disinfectant	Radiology
Radiology Tables/Pads	After each use	Hospital approved disinfectant	Radiology
Respiratory care equipment	After each use	Hospital approved disinfectant	Respiratory Therapy
SCD/IPC machine	After each use	Hospital approved disinfectant	Sterile Supply
PCA pump	After each use	Hospital approved disinfectant	Sterile Supply & User
Thermometer (Mounted)	Daily	Wipe with 70% alcohol	User
Breast Pump (electric)	After each use	Hospital approved disinfectant	User
Walker (ODSU, Tele, CCU, Med)	After each use	Hospital approved disinfectant	User
Glucometer	After each use	Wipe machine with 70% alcohol	User
Pulse Oximeter	Probe after each use, machine every shift	Wipe machine with 70% alcohol	User
Stretcher	After each use	Hospital approved disinfectant	User
Wheelchair	After each use	Hospital approved disinfectant	User
Apnea Monitor	After each use	Hospital approved disinfectant	User
Patient lift equipment including non-disposable sling	After each use	Hospital approved disinfectant	User
Vena Scan	After each use	Hospital approved disinfectant	User
Ascom phone	Between users	Wipe with 70% alcohol	User
Isolette	After each use	Hospital approved disinfectant	User
Bassinets	After each use	Hospital approved disinfectant	User
Geri-Chair	After each use	Hospital approved disinfectant	User



# CONWAY MEDICAL CENTER PROCEDURE

*When in hard copy form, refer to Policy Manager to validate this as the most current revision.*

Bear Hugger	After each use	Hospital approved disinfectant	User
Portable Electronic Devices (example: Ipad)	After each use	Hospital approved disinfectant	User



# CONWAY MEDICAL CENTER PROCEDURE

*When in hard copy form, refer to Policy Manager to validate this as the most current revision.*

Item to be Cleaned	When to Clean	How to Clean	Responsible Party
Cooling Blanket	After each use	Hospital approved disinfectant	User
Transvenous pacer	After each use	Wipe with 70% alcohol	User
Glide Scope	After each use	Hospital approved disinfectant	User
Balloon Pump	After each use	Hospital approved disinfectant	User
Defibrillator	After each use and weekly	Hospital approved disinfectant	User
Crash Cart	After each use	Hospital approved disinfectant	User
High Chair	After each use	Hospital approved disinfectant	User
Bili-Blanket	After each use	Hospital approved disinfectant	User
Bili-Check	After each use	Wipe with 70% alcohol	User
Nursery/Pediatric Scale	After each use	Hospital approved disinfectant	User
Transfer/Slider Board	After each use	Hospital approved disinfectant	User
Vital Signs Machine	After each use	Hospital approved disinfectant	User
Cyracom Phone	After each use	Hospital approved disinfectant	User
Doppler	After each use	Hospital approved disinfectant	User
Otoscope/Ophthalmoscope (Hand held)	After each use	Wipe with 70% alcohol	User
Fetoscope	After each use	Hospital approved disinfectant	User
Stethoscope	After each use	Wipe with 70% alcohol	User
Percussion Hammer	After each use	Wipe with 70% alcohol	User
Syringe Pump	After each use	Hospital approved disinfectant	User
Thermometer (Hand held)	After each use	Wipe with 70% alcohol	User
Bladder Scanner	After each use	Wipe with 70% alcohol	User
Clipper Handle	After each use	Hospital approved disinfectant	User
Reusable Blood Pressure Cuff	After each use	Hospital approved disinfectant	User
Traction Equipment	After each use	Hospital approved disinfectant	User
Patient room keyboards	Daily	Hospital approved disinfectant	User
WOW- keyboards	Daily	Hospital approved disinfectant	User
Desktop keyboards	Daily	Hospital approved disinfectant	User
Fax machines	Monthly	Hospital approved disinfectant	User
TCOM Machine	After each use	Wipe with 70% alcohol	Wound Care staff





# CONWAY MEDICAL CENTER PROCEDURE

*When in hard copy form, refer to Policy Manager to validate this as the most current revision.*

**RECORDS:** N/A

**REFERENCE STANDARDS:**

- I) Medicare Conditions of Participation
  - A) 42 CFR § 482.42(a)(1)
- II) Det Norske Veritas NIAHO Standards
  - A) IC.1 SR.1
- III) Centers for Disease Control
  - A) Guideline for Disinfection and Sterilization in Healthcare and Sterilization in Health-Care Facilities, 2008
- IV) Association for Professionals in Infection Control and Epidemiology (APIC)
  - A) APIC Text of Infection Control and Epidemiology, Revised 2002

**REVISION/REVIEW HISTORY:**

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
02/11/2013	Created new procedure	
9/30/2014		Added "non-disposable sling" to equipment table. Infection Control Committee approved on 9/30/2014.
7/27/2017	Cleaning table	Added "Portable Electronic Devices" to cleaning table



# CONWAY MEDICAL CENTER

## POLICY

*When in hard copy form, refer to Policy Manager to validate this as the most current revision.*

POLICY TITLE:	Employee Health Requirements		
ISSUED BY:	Infection Control/Employee Health	REFERENCE #:	INF-7.32-POL
APPROVED BY:	Infection Control Committee Chair/VP Quality	EFFECTIVE DATE:	03-1993

**SCOPE:** Organizational-Wide Access, CMC Intranet

### POLICY REQUIREMENTS:

**I) Purpose:**

- A) To provide a safe and hazard free environment for patients, personnel, and visitors through the practice of effective infection prevention and control measures.

**II) Responsible Clinician:**

- A) The Employee Health Nurse or Infection Control Nurse is responsible for documentation and reporting of any disease or condition when required by S.C.D.H.E.C. regulations.
- B) Each Department Manager or Shift Coordinator is responsible for initiating and maintaining adequate employee's health and work status according to our facility policy.
- C) The Employee Health Nurse is responsible for initiating and maintaining adequate employee health records.

**III) Policies:**

- A) All new employees shall be required to satisfy all health requirements according to our current policy and S.C.D.H.E.C. regulations.
- B) All employees thereafter shall be required to complete any annual or additional health requirements according to current CMC policy and S.C.D.H.E.C. regulations.
- C) Employees revealing any significant test result shall receive appropriate documented health status counseling as required by this facility and S.C.D.H.E.C. regulations.
- D) Personnel exposed to any infectious or communicable disease must immediately report and document the exposure known or suspect, to their immediate supervisor and the Employee Health Nurse.
- E) Personnel who are ill or have active infections or are absent from work because of an infectious process must report the nature of the illness to their supervisor:



# CONWAY MEDICAL CENTER

## POLICY

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- 1) The Shift Coordinator, Director, E.R. physician, or employee's personal physician, depending on the extent of the illness, must clear the employee before returning to work.
  - 2) If deemed necessary, the employees shall be relieved of duties, relocated or reassigned to less critical duties until the employee is no longer considered infectious.
  - 3) Employees with cuts, scratches, or abrasions, must have the areas dressed or covered with a band-aid and wear disposable gloves as required by the nature of the work assignment.
- F) These health records are confidential, distinct, and separate from all other personnel records and are property of the Conway Medical Center and shall be maintained as long as required by this facility. Any employee desiring access to an employee health record is required to sign a release of employee health information form.
- G) Assisting, as needed and when requested, in teaching Infection Control and proper techniques to new employees and volunteers at Orientation.

**RECORDS:** Employee Health Record

**REFERENCE STANDARDS:**

- I) CMS Conditions of Participation: 42 CFR §484.42(a) A-0748
- II) Det Norske Veritas National Integrated Accreditation for Healthcare Organizations (NIAHO):
  - A) IC.1 SR.3, IC.1 SR.4, IC.1 SR.5, IC.1 SR.6, IC.1 SR.7, IC.1 SR.8

**REVISION/REVIEW HISTORY:**

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
		Reviewed/Revision Dates: March, 1993; February, 1996; August 1999; May 2001; March 2002; September; March 2005; May 2005; October 2006; February 2007; April 4, 2008; December 30, 2011
06-12-2013	All	Formatting only
09-19-2013	Standards	Added
12-30-2014	Reviewed	Reviewed



# CONWAY MEDICAL CENTER PROCEDURE

*When in hard copy form, refer to Policy Manager to validate this as the most current revision.*

TITLE:	Rubella Immunization		
ISSUED BY:	Infection Control/Employee Health	REFERENCE #:	INF-8.70-PRO
APPROVED BY:	Infection Control Committee Chair	EFFECTIVE DATE:	09-1982

**SCOPE:** Organizational-Wide Access, CMC Intranet

## **PROCEDURE:**

Rubella, which is usually a common mild disease, poses a significant threat to the fetus of the susceptible woman who contracts the disease in the first trimester. Prevention of infection to the fetus and the consequent abnormalities associated with congenital Rubella Syndrome is the major focus of the Rubella screening/immunization program. Infection by medical personnel to pregnant women has occurred; therefore, it is necessary that all hospital personnel and volunteers who have contact with pregnant women be immune to Rubella.

### **I) Clinical Procedure:**

- A) A Rubella titer will be drawn on all new employees by the Conway Medical Center Lab in order to document the employee's Rubella status officially.
- B) Employees who submit written documentation of a prior positive Rubella titer will be exempt from Rubella vaccination.
- C) All new employees unable to document a positive Rubella titer will be offered the Rubella vaccine, after having received information regarding the possible side effects of the vaccine.
- D) Consent for the Rubella vaccination must be signed prior to administration. Consents will be kept in the Employee Health Office.
- E) Particular emphasis will be placed on the avoidance of pregnancy within three months of the vaccination given to women.
- F) The Rubella vaccine will be administered by the Employee Health Nurse or her designee.
- G) Any woman who fails to take the proper precautions and becomes pregnant within three months after the vaccination should report this to the Employee Health Nurse and the employee's obstetrical physician immediately.
- H) Individuals wishing to have the vaccine given by their doctor or the Public Health Department may do so, however, written documentation of vaccination is due prior to employment for prospective new employees.
- I) Rubella vaccine shall not be given to any pregnant women.
- J) Individuals refusing the vaccine shall sign a Refusal of Rubella Immunization form stating that the hospital is relieved of any adverse outcome of pregnancy following exposure to Rubella.
- K) Individuals refusing the vaccine will be evaluated, as necessary, for placement in areas not by pregnant females.



# CONWAY MEDICAL CENTER PROCEDURE

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**RECORDS:** n/a

**REFERENCE STANDARDS:**

- I) CMS Conditions of Participation: 42 CFR §484.42(a) A-0748
- II) Det Norske Veritas National Integrated Accreditation for Healthcare Organizations (NIAHO):
  - A) IC.1 SR.3, IC.1 SR.4, IC.1 SR.5, IC.1 SR.6, IC.1 SR.7, IC.1 SR.8

**REVISION/REVIEW HISTORY:**

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
		Reviewed/Revision Dates: March 1, 1996; Sept. 1999; June 2002; March 2003; March 2005; May 2005; Oct. 2006; May 2007; June 12, 2008; December 29, 2011
06-12-2013	All	Formatting only
09-19-2013	Standards	Added



# CONWAY MEDICAL CENTER POLICY

*When in hard copy form, refer to Policy Manager to validate this as the most current revision.*

POLICY TITLE:	Employee Health Tuberculosis Screening (PPD)		
ISSUED BY:	Employee Health/Infection Control	REFERENCE #:	Section 8:75
APPROVED BY:	VP of Quality and Medical Advisor, Infection Control	EFFECTIVE DATE:	05/1990

**SCOPE:** Organizational wide access

**POLICY REQUIREMENTS:**

I) To provide guidelines for routine tuberculosis screening and surveillance of health care workers and volunteers in Conway Medical Center.

A) Employee Health Tuberculosis Screening (PPD)

- 1) All new Conway Medical Center employees, long-term contract employees, and volunteers must have a PPD (0.1cc I.D. Mantoux) skin test performed and read before starting to work, unless they have documentation of a previously positive TST in mm. or unless it is contraindicated by their private physician. If no documentation is presented as stated above, a 2-step TST will be administered per DHEC guidelines. Baseline chest x-ray will be done on previous positive employees, unless documentation of a negative chest x-ray within 3 months of employment is provided. Annual chest x-rays are not required. Employee Health Questionnaire will be done annually to assess for signs and symptoms of tuberculosis.
- 2) The 2-step procedure will be used for testing in order to establish a reliable baseline. The initial PPD test will be given at the time of pre-employment physicals, and is to be repeated 1-3 weeks after initial dose. If employee provides documentation of negative PPD within 3 months of hire, only one PPD will be given.
- 3) The PPD test is to be read 48-72 hours after being administered. Induration, not erythema, will be measured and results will be recorded in the mm of induration.
- 4) Employees and volunteers will be considered negative if their PPD test results fall between 0-9 mm induration and may begin working.
- 5) An employee or volunteer's PPD skin test will be considered positive if:
  - a) Person with induration of 10 mm or greater.
  - b) Person with induration of 5 mm who were previously negative and have had recent close contact with an infectious T.B. patient.
  - c) Person with reactions of 5 mm or greater who are HIV positive.





# CONWAY MEDICAL CENTER POLICY

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- 6) If an employee or volunteer is positive, a CXR will be done at the expense of the Conway Medical Center and the person will be referred to the Horry County Health Department for follow-up and treatment and will not be allowed to return to work until cleared through the Health Department.
- 7) Employees who complete treatment, either for TB disease or infection, may be exempt from further routine chest radiographic screening, unless they have symptoms of TB, such as, night sweats, low grade fever, weight loss, persistent cough, etc.
- 8) CMC employees, long-term contract employees, or volunteers who are positive reactors and are unable or unwilling to take preventive treatment need not receive an annual CXR, but should report any signs or symptoms of TB to the Employee Health Nurse.
- 9) All employees will complete yearly Employee Health Questionnaires that will be returned to the Employee Health Nurse to be analyzed, filed and acted upon if necessary.
- 10) All employees, except previously PPD positive, will have an annual PPD test administered and read by the Employee Health Nurse or designee.
- 11) Volunteers will be done annually. It will be the Director of Volunteer's responsibility to monitor compliance to this policy.
- 12) If TB exposure occurs to employee/volunteer, a baseline PPD test will be obtained, and will be repeated in 3 months.
- 13) If employee is pregnant and PPD test is contraindicated by employee's physician, a note to that effect must be submitted to the Employee Health Department.

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## **RECORDS:**

- I) Employee Annual Physical Results Form #615
- II) Employee Health Assessment Form #613
- III) Employee PPD Test Results Form #610
- IV) Employee Health History & Physical Questionnaire #606
- V) Employee Health Annual Questionnaire #600

## **REFERENCE/STANDARDS:**

- I) CDC Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Setting, 2005
- II) CMS Conditions of Participation: 42 CFR §484.42(a) A-0748
- III) Det Norske Veritas National Integrated Accreditation for Healthcare Organizations (NIAHO):
  - A) IC.1 SR.3, IC.1 SR.4, IC.1 SR.5, IC.1 SR.6, IC.1 SR.7, IC.1 SR.8



# CONWAY MEDICAL CENTER POLICY

*When in hard copy form, refer to Policy Manager to validate this as the most current revision.*

## REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
5/1995		revised
2/21/2012		
3/20/2013		Reviewed/revised
09/19/2013	Standards	Added
03/16/2015	Header	Revised to read VP of Quality