

INFECTION PREVENTION

General Information:

Adult Infectious Diseases (305-6925)

John P. Narro, MD
Mark Rasnake MD
Russell J. Smith, MD

Infection Control Department (305-9805)

John P. Narro, MD, Infectious Disease, Hospital Epidemiologist
Mark Rasnake MD, Infectious Disease, Resident Program Director
Lee George, IC Coordinator, MT, PhD, MPH (Cell 228-2787)
Annette Skoczylas, IC Specialist, MPH (Cell 202-7434)
Tamra Turberville, IC Specialist, RN, BSN (250-5814)

Occupational Health Services (305-8831)

David Stockton, MD
Brenda Leach, Coordinator
Joy Holiway, LPN

Occupational Health Services (305-8831)

Managed at University Family Physicians (UFP)

Services: Pre- employment screening
TB skin testing *
Blood exposure evaluation and follow up.

Vaccine Programs: Hepatitis B
Hepatitis A
Varicella
Influenza *
MMR

Any on the job injury evaluation

* also provided by Hospital Epidemiology/Infection Control Department

Requirements for Medical Residents

- HBV Vaccine
- Annual Bloodborne Pathogens Education
- Annual TB Control Education
- Annual Skin Testing
- Respirator Protection Program (for use of TB Respirators)

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Two OSHA Standards Impact on Infection Control Practices

- Bloodborne pathogens Standards (passed December 1991)
- Control of Mycobacteria Tuberculosis in Healthcare Facilities (passed December 2005)

Two Hospital documents related to OSHA standards

- Exposure Control Plan
- TB Control Plan
- *Plans and Policies are located on the hospital internal web site. Go to main web site. Select Policies and Procedures. Select Infection Prevention.*

Hospital Infection Control Facts

- Risk Factors for Bloodborne Disease transmission associated with contaminated sharps injury:
 - HBV 33% (prevention & post exposure prophylaxis)
 - HCV 3% (no pre or post exposure prophylaxis)
 - HIV 0.3% - (post exposure prophylaxis available)

Blood Exposure Management

1. Clean exposure site
2. Report incident to department supervisor
3. Call lab and order NSTICK Panel on employee and source if known
4. Evaluate employee/staff (Occupational Health during work hours; Emergency Department during after hours). Tennessee State Law allows for HIV testing w/o patient permission for healthcare worker and first responder exposures.
5. Infection Prevention staff will call the Rapid HIV result on source to exposed employee and complete the Blood/Body Fluid Exposure Form at that time. This form will be submitted by IP to Occupational Health and Workers Compensation.

NSTICK Panel Includes:

- HBsAg
- HBsAb
- HBcAb
- HIV Ab (SUDS)
- HCV Ab

Note: Lab will not release source result to any employee

General Isolation Policy at UTMCK

1. Standard precautions for all patients at all times. (OSHA LAW)

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2. Expanded precautions (isolation) when you need to go beyond standard precautions to protect yourself, other employees, your patients, visitors, or the community.

Expanded Precautions (Isolation)

1. Color-coded door signs and labels required.
2. Nursing can implement isolation precautions for 24 hours without a doctor's order. The physician should be notified and order for isolation obtained.
3. Physician order not required for isolation of VRE or MRSA.

<u>Type of Isolation</u>	<u>Color sign/chart label</u>
Respiratory Airborne for Pulmonary Tuberculosis	Blue
Respiratory Airborne for Varicella/Measles	Yellow
Respiratory Droplet	Green
Maximum Contact	Pink
Protective	White

Maximum Contact Precautions

are required for MRSA, VRE, Clostridium difficile, other drug resistant organisms, patients with ectoparasites and all other situations requiring contact precautions.

- Isolate in private room as soon as possible.
- Gloves & Gown to enter room.
- Remove gloves/ gown in room.
 - Wash hands and fingertips with soap and water or alcohol hand rubs. See next section for Hand Hygiene instructions
- Dedicated equipment such as stethoscopes and blood pressure cuffs should be left in the room. Items that go from patient/patient should be wiped down with disinfectantwipes prior to next patient use.
- Patients newly diagnosed with MRSA/VRE or other drug resistant organism will remain on isolation for the duration of their hospital stay.
- Surveillance cultures will be done on readmissions of known MRSA/VRE cases.

Tuberculosis Management

All Patients with active pulmonary or laryngeal TB, highly suspect for TB, or R/O TB should be placed on Respiratory Airborne Precautions (isolation). This includes cases previously diagnosed and on current therapy when success of therapy is unknown.

- Sputum smears should be obtained on admission to verify treatment effectiveness unless this can be documented from other agency.

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- Discontinuation of isolation requires 3 negative sputum smears collected a minimum of 8 hours apart with at least one being an early morning specimen.

Admit to:

1. Negative Air Pressure Rooms (private room) with air vented to outside:
 - 4 East (424 - 425)
 - 5 East (529 - 530)
 - 7 South (748)
 - 9 East (929 - 930)
 - MCC1 (1 – 4)
 - MCC2 (13, 14)
 - SCCU (23 – 24)
 - ED (Rooms 7 & 8)
 - HLVI (Procedure room located in Building E on 2nd floor)
 - Hemo Dialysis (6)
 - NICU (27 & 28)
 - PICU (6)

Note: Portable HEPA unit can be used in non-negative pressure room until negative pressure room available

2. Keep door closed, open door slowly when entering room.
3. Use appropriate NIOSH approved & personally fit tested respirator to enter room.
4. Patient remains on isolation until **3 negative sputum smears** are obtained (or appropriate information obtained from Health Department).
5. When ordering tests/procedures that cannot be done in the patient's room, ask for **end of day scheduling** that will minimize potential for exposure.
6. Hospital Infection Control is responsible for reporting TB cases to the Health Department.

Discharge follow-up and medication supplied:

- East Tennessee Regional TB Clinic (patients residing outside Knox Co.) - Phone 549-5261 or 549-5359
- Knox County TB clinic (patients residing in Knox County) - Phone 215-5370.

The Health department is responsible for follow – up on family and community contacts. Hospital Infection Control and Occupational Health are responsible for follow-up on potentially exposed healthcare workers.

HAND HYGIENE BASICS

1. No artificial fingernails for direct patient care providers
2. No nail polish that are cracked and chipped
3. Fingernails kept short to ¼ inch
4. Hand Hygiene

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- a. Lather soap and water all over hands and fingertips for 15 seconds; rinse well; use clean paper towel to dry hands; use paper towel to turn off faucet
- b. Alcohol hand rub is acceptable except for *C. difficile* infected patients and when hands are visibly soiled. Rub product all over hands and fingertips until hands are dry.