

Infection Control Manual			
 UNC HEALTH CARE	Policy Name	Emergency Department	
	Policy Number	IC 0018	
	Date this Version Effective	June 2017	
	Responsible for Content	Hospital Epidemiology	

I. Description

This policy provides guidelines for reducing the risk of the transmission of infectious agents to employees and patients in the Emergency Department.

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II. Rationale

Adult and pediatric patients with communicable infectious diseases are regularly evaluated in the Adult and Pediatric EDs, and personnel working in these areas should take appropriate measures to prevent transmission of disease to other patients, visitors and personnel. Likewise, appropriate infection control measures relating to the ED personnel, equipment utilized in these areas, and the environment should be observed.

III. Policy

A. Bioterrorism

For any suspicion of bioterrorism, immediately contact the Infection Preventionist on call via pager 123-7427. Staff should be familiar with the information found in the infection control policy "Infection Control Response to the Intentional Use of a Biothreat Agent" and the UNC Health Care System Disaster Manual/HEICS.

B. Personnel

1. Healthcare Personnel must adhere to guidelines found in the Infection Control Policy: Infection Control and Screening Program: Occupational Health Services.
2. Personnel exposed to communicable diseases (e.g., hepatitis A, meningococcal meningitis, pertussis) should report the exposure to their supervisor. Hospital Epidemiology (4-7500) or the Infection Preventionist on call (pager 123-7427) should be notified to initiate the exposure evaluation. The exposed employee will complete an incident report and be seen by OHS for appropriate exposure prophylaxis/treatment as needed.
3. Personnel shall adhere to the Infection Control Policies: Exposure Control Plan for Bloodborne Pathogens IC0021 and the Tuberculosis Control Plan IC0060.

4. Personnel shall adhere to all personnel guidelines in the Infection Control Policy: Infection Control Guidelines for Adult and Pediatric Inpatient Care IC0030.
5. Hand hygiene will be performed in accordance with the Infection Control Policy: Hand Hygiene and Use of Antiseptics for Skin Preparation IC0024.
6. Personnel should know which diseases are reportable to the North Carolina Health Department (see UNC Health Care System Policy: "Reporting of Communicable Diseases"). Communicable Disease Report Forms are available on the Infection Control website and in the policy above. Completion of Communicable Disease Report Forms is the responsibility of the patient's physician. Completed forms should be sent to Hospital Epidemiology via mail (Room 1001 West Wing NCMH), fax (984-974-7719, or tube station (#704). Hospital Epidemiology will send the form to the appropriate Health Department.
7. Healthcare personnel must adhere to the Infection Control Policy: Isolation Precautions. If a communicable disease is in the differential diagnosis, the appropriate Isolation Precautions should be ordered and instituted.
8. As outlined in the Exposure Control Plan for Bloodborne Pathogens, all employees will be trained on and will use engineering controls, (e.g., safety IV catheters, protective blood drawing devices) provided by UNC Health Care System. A departmental Sharps Safety Trainer may be designated. The employee's supervisor and Hospital Epidemiology must approve any exceptions to the use of safety devices.
9. Drinking, eating, application of lip balm and handling of contact lenses are prohibited in areas where there is potential for blood and other potentially infectious materials exposure.
10. Infection control education including OSHA education for bloodborne pathogens and tuberculosis is required annually and administered through the Learning Made Simple Management System (LMS). Hospital Epidemiology personnel are available for staff inservices and consultation.
11. There will be a periodic review by members of Hospital Epidemiology to assess compliance with established Infection Control policies and procedures.

C. Patients

1. All patients with suspected or known communicable diseases must be placed on the appropriate isolation precautions by the ED physician or nurse placing an order for isolation. Guidelines are provided in the Infection Control Policy: Isolation Precautions IC0031. An Isolation Precautions Quick Reference can be found on Infection Control's intranet website. Consult with Infection Control (984-974-7500) for any questions related to isolation.
2. Patients with suspected or known communicable diseases housed in areas of the ED dedicated to psychiatry (e.g., Behavioral Health Emergency Department) will follow the indications for isolation precautions in the Infection Control Policy: Psychiatric Units IC 0048.
3. When a patient with a known or suspected communicable disease is transported to another department (e.g., Radiology), the receiving department must be notified of the patient's impending arrival so that appropriate isolation precautions guidelines can be followed. The attending physician, unit personnel receiving the patient and Bed Management should also be notified prior to patient transfer. When a patient is transported to the unit or other departments, appropriate precautions must be taken as indicated in the Isolation Precautions policy.
4. Immunocompromised patients should be managed using Protective Precautions per Isolation Precautions policy. These patients should be removed from common waiting areas as soon as possible and placed in a private room when feasible. If the patient is suspected

or known to have a communicable disease, indicated precautions for the communicable infection must also be instituted.

5. It is important for personnel in the ED to encourage meticulous respiratory etiquette among patients who present with symptoms of an upper respiratory infection. Surgical masks, tissues, and a waterless hand hygiene agent should be readily available in the triage and waiting room areas. Patients should be instructed to cover all coughs, wear a surgical mask if possible, and perform hand hygiene after tissue use and dispose of tissues appropriately. Once the patient is placed in an exam room, all staff should follow droplet precautions and wear a mask when working with symptomatic patients until the patient is discharged from the ED.
6. Patients suspicious for highly communicable diseases (e.g., novel influenza virus, Ebola, SARS, MERS) should be managed per guidelines found in the infection control policy "Highly Communicable Diseases Preparedness and Response Plan".
7. Patients with known or suspected tuberculosis should be placed on Airborne Precautions and placed in an airborne infection isolation room (AIIR) with negative pressure). Information on the management of patients with known or suspected TB is provided in the Tuberculosis Control Plan. The patient should wear a surgical mask when transported out of the isolation room. All staff working with the patient should wear a fit tested N95 respirator. Visitors should wear a surgical mask.
8. Patients with suspected or confirmed chicken pox must be placed on Contact and Airborne Precautions and placed in an AIIR. Patients with suspected or confirmed chicken pox should wear a tight-fitting surgical mask and be covered from chin to toes with a sheet when transported out of the isolation room. All staff working with the patient should wear a fit tested N95 respirator and a yellow gown. Visitors should also wear a surgical mask and gown and gloves.
9. Patients with known or suspected varicella zoster/shingles should be placed on Contact precautions. Immunocompromised patients or patients with disseminated varicella zoster require Airborne precautions in addition to Contact precautions. When being transported patients should have their lesions covered with a sterile dressing unless the lesions are on the face. If the lesions are disseminated, cover the patient with a sheet from chin to toes. A mask is not required for patient transport. Visitors should wear gown and gloves. If patient is on airborne also then the visitors should also wear a surgical mask.
10. Tissue tests must be done prior to placing the patient in the AIIR to document negative pressure. Results of the tissue test should be recorded in the patient care record. If the room does not have a negative pressure, immediately notify Maintenance to correct the air flow.
11. Laboratory specimens should be collected and transported in leakproof containers. The outside of the container and the requisition must not be contaminated. Specimens should be placed in a plastic zip lock bag with a biohazard label before being transported via the tube system. Urine and stool specimens are double bagged.

All sterile procedures will be performed using meticulous aseptic technique.
12. Lumbar Puncture: Aseptic technique must be used when performing a lumbar puncture. The use of sterile drapes, sterile gloves and mask is required. Gown and protective eyewear should be worn if indicated per the Exposure Control Plan for Bloodborne Pathogens. Skin preparation is accomplished by using a 2% CHG and alcohol preparation (i.e Chloraprep) or povidone-iodine with appropriate sterile drapes and allowing it to dry completely. The prep should not be removed with alcohol.

D. Equipment/Supplies/Invasive Devices

1. Foley catheters will be inserted using aseptic technique and managed according to nursing policy Urinary Drainage Devices: Percutaneous Nephrostomy Tube, Urinary Bladder and Suprapubic Catheters and Infection Control Policy "Infection Control Guidelines for Adult and Pediatric Inpatient Care." Patients known or suspected in advance to be admitted to ICUs will have metered urine bags placed in order to prevent replacement and breaking of the closed system in the ICU.
2. Intravenous catheters will be inserted using aseptic technique and managed per the Infection Control Policy "The Prevention of Intravascular Catheter-Related Infections" and the Nursing Policies: "Peripheral Intravenous Devices and Venipuncture" and "Central Venous Access Device Care and Maintenance."
3. Peripheral arterial catheters should be inserted using aseptic technique and managed per the Infection Control Policy "The Prevention of Intravascular Catheter-Related Infections". A cap, mask, sterile gloves, and a large fenestrated drape should be used for insertion.
4. Clean respiratory therapy equipment is used for each patient.
5. Sterile suction catheters must be discarded after each use.
6. Sharps (needles, scalpel blades and other sharp instruments) must be handled with extraordinary care. Immediately or as soon as possible after use, sharps must be disposed of in a designated puncture resistant container. Needleless devices (e.g., needleless urinary collecting system) and other engineering controls should be used to minimize the risk of sharps injury in accordance with the Infection Control policy, "Exposure Control Plan for Bloodborne Pathogens."
7. Disposable equipment will not be reused; label with patient's name and send with the patient when appropriate or discard after use.
8. Reusable equipment going to CPD for sterilization should be cleaned or decontaminated so that all visible organic soil (blood, proteinaceous matter, debris, etc.) is removed prior to being placed in the CPD container. This prepares the item for safe handling and for subsequent disinfection or sterilization. Wear gloves and use extreme caution to prevent sharps injury. If splash or splatter is likely, wear appropriate protective equipment (gown, eyewear/mask, or face shield).
9. IV poles/pumps and lamps will be wiped with an EPA registered disinfectant-detergent routinely and when visibly soiled.
10. Patient nutrition and medication refrigerators should be clearly identified and maintained in a visibly clean state. The temperature of the refrigerator should be checked and recorded daily or monitored remotely (e.g., Aeroscout). Food, breast milk, laboratory specimens, and medications should be stored separately.
11. The glucometer and case are maintained in a visibly clean manner at all times. The glucometer is cleaned after each patient use with an EPA registered disinfectant such as Sani-Cloth wipes. The glucometer should be stored in a designated area (e.g., Nurses Station).
12. Multiple dose medication vials are managed per the Administrative Policy: Use of Multi-Dose Vials/Pens of Parenteral Medications in Acute Care and Ambulatory Care Environments.
13. Small volumes (≤ 20 ml) of blood or body fluids may be disposed of in trash receptacles and discarded with the regular hospital waste. Bulk blood and body fluids (≥ 20 ml) must be discarded in a toilet or hopper. A handwashing sink must not be used for disposal. The empty container can then be placed in the regular waste.

14. All empty blood product containers as well as IV tubing should be placed in a regular trash receptacle.
15. Electronic thermometer probe unit and cord should be cleaned routinely and when visibly soiled with 70-90% alcohol single use pledget or EPA registered disinfectant such as Sani Cloths or Metriguard.
16. All reusable instruments that have contact with mucous membranes or nonintact skin must be high-level disinfected after each use. Guidelines for the appropriate cleaning and disinfection of these instruments can be found in the policy, "Cleaning, Disinfection, and Sterilization."
17. Glidescopes have stylets that must be high-level disinfected or sterilized before their first use and after each subsequent use per manufacturer's recommendations and Infection Control Policy: Cleaning, Disinfection and Sterilization of Patient Care Items. After each use, the disposable cover is a one-time use element of the Glidescope system and should be discarded. After disposable cover is discarded, Glidescope may be wiped off with an EPA registered disinfectant such as Sanicloths or Metriguard.
18. McGrath video laryngoscopes should be high-level disinfected or sterilized between patient uses per manufacturer's instructions and Infection Control Policy: Cleaning, Disinfection, and Sterilization.
19. Endoscopes must be cleaned and disinfected as outlined in the Endoscope Infection Control Policy. Only personnel who have been trained and competency tested may reprocess endoscopes. Endoscopes used in the ED are sent to Pulmonary Function Lab for disinfection. Patient care supplies must be stored as outlined in the Infection Control Policy: "Infection Control Guidelines for Adults and Pediatric Inpatient Care."
20. Computers and touch screen monitors
 - a. Frequently used computer keyboards and touch screen monitors should be cleaned daily using an EPA registered disinfectant. The surface should appear visibly wet and then allowed to air dry. Sani-Cloth® wipes are safe to use for this purpose. Touch screen monitors can be safely cleaned with alcohol.
 - b. Gloves must be removed and hand hygiene preformed after providing patient care and prior to use of computers located at the nurse's station (clinical workstation).
 - c. Mobile units should be used with clean hands. The computers should not be taken into the rooms of patients who are on Contact Isolation or Enteric Contact Isolation. If the computer is taken into the room, it must be disinfected prior to use for another patient.
 - d. Computers and keyboards that remain in the patient room should be cleaned by Environmental Services as part of the terminal cleaning process when the patient is discharged.
21. Environmental Services
 - a. See Infection Control Policy: Environmental Services)

E. Implementation

It is the responsibility of the Emergency Department Medical Director, Nurse Manager, and Clinical Coordinator to implement this policy.

IV. Reviewed/Approved by

Hospital Infection Control Committee

V. Original Policy Date and Revisions

Revised on Feb 2004, Aug 2005, Apr 2008, June 2010, Aug 2013, August 2016, June 2017_{rev}

Appendix 1: Emergency Room Cleaning Duties

ITEM	FREQUENCY	RESPONSIBLE PERSON	CLEANING PRODUCT
Abdominal Ultrasound Machine used on intact skin	after each use	ED Staff	EPA registered disinfectant (Sani Cloths, Metriquard)
Backboards	after each use	ED Staff	EPA registered disinfectant (Sani Cloths, Metriquard)
Slideboards	After each use	ED Staff	EPA registered disinfectant (Sani Cloths, Metriquard)
Bovie Machine	after each use	ED Staff	EPA registered disinfectant (Sani Cloths, Metriquard)
BP Cuffs	On a routine basis, when visibly soiled, or used on a Contact or Enteric Contact Precautions patient, or on non-intact skin	ED Staff	EPA registered disinfectant (Sani Cloths, Metriquard)
Bronchoscope	after each use	Respiratory Therapy Staff	Must be high-level disinfected per policy: See Cleaning, Disinfection and Sterilization Policy and Endoscope Policy
Doppler	after each use	ED Staff	EPA registered disinfectant (Sani Cloths, Metriquard)
EKG Machine	Will be cleaned between patients by the staff in these departments per manufacturer's recommendations, using an EPA registered hospital disinfectant.	EKG Staff	EPA registered disinfectant (Sani Cloths, Metriquard)

Eye Examination Equipment	Per table in appendix 2 below.	ED staff	See Appendix 2 of this policy
Nutrition Refrigerator	All refrigerators will be cleaned when soiled.	ED staff	EPA registered disinfectant(Sani Cloths, Metriguard)
Lamps	on a routine basis	Housekeeper	EPA registered disinfectant(Sani Cloths, Metriguard)
Stretcher Mattresses	after each use	ED Staff	EPA registered disinfectant (Sani Cloths, Metriguard)
Mayo Stands	after each use	RN/NA-Flat Surface	EPA registered disinfectant (Sani Cloths, Metriguard)
Medication Refrigerator (inside)	On a routine basis and when soiled	ED staff	EPA registered disinfectant (Sani Cloths, Metriguard)
Monitors	Daily	Housekeeper	EPA registered disinfectant(Sani Cloths, Metriguard)
Papoose Boards	after each use	ED staff	EPA registered disinfectant (Sani Cloths, Metriguard)
Pyxis (Outside)	On a routine basis	Housekeeper (Outside)	70% alcohol
Standing Scale	on a routine basis and when visibly soiled	Housekeeper/ED staff when visibly soiled after use	EPA registered disinfectant(Sani Cloths, Metriguard)
Stethoscopes	On a routine basis and after use in Contact Precautions or Enteric Contact Precautions room	ED Staff	EPA registered disinfectant (Sani Cloths, Metriguard)

Toys	Used cleanable toys are cleaned with an EPA-registered disinfectant (e.g. Sani Cloths) and then rinsed or wiped with tap water on a routine basis (e.g. weekly) and when visibly soiled. Non-cleanable toys (e.g., puzzles, books, cardboard, etc.) should not be used unless they are intended to be given to a single patient.	ED Staff	EPA registered disinfectant (Sani Cloths, Metriquard), 70% isopropyl alcohol
Vaginal Ultrasound Probe or Abdominal Probe used on non-intact skin	after each use	ED Staff	Must be high-level disinfected per Cleaning, Disinfection and Sterilization Policy

Note: Items used for patients on Enteric Contact precautions should be disinfected with bleach.

Appendix 2: Cleaning and Disinfection of Eye Equipment/Room in the ED

Eye Equipment	Cleaning/Disinfection	Frequency
Slit lamp, occluder	1:10 diluted bleach solution or 70% alcohol	After patient use
Tonopen	Entire unit wiped with 70% alcohol; new tip cover for each patient	After patient use
Applanation tonometer tip	Put tip in 1:10 bleach solution for at least 5 minutes, flush with tap water 15-20 seconds, air dry or tissue dry	After patient use
Laser/Gonio lenses	Soak in 1:10 bleach solution for 10 minutes, rinse thoroughly with 3 cycles of tap water, air dry	After patient use
20,28,60,90 lenses	Wipe with 70% alcohol or soak in 1:10 bleach solution	After patient use, when visibly soiled, or weekly basis
Pac Scan 3000	Soak tips in 1:10 bleach solution for 5 minutes, rinse with tap water, air dry	After patient use
Sonomed Master Vu 12MHz B-Scan Probe	Wipe with 70% alcohol	After patient use
QTI Scan 1000	Wipe with 70% alcohol	After patient use
Blood pressure cuffs Treatment room bed	Clean with a disinfectant detergent (e.g., MetriGuard, , or Sani-Cloths)	Weekly, when visibly soiled, or after a patient on Contact Precautions

Physician Responsibility

- Change the tissue paper on the slit lamp and wipe the entire slit lamp, headrest and handlebars with a 1:10 bleach solution or 70% alcohol after each use.
- Applanation tonometers are disinfected after each patient use. The tonometers are soaked in 1:10 bleach for a minimum of 5 minutes, then flushed with tap water for 15-20 seconds and allowed to air dry.
- Tonopens are thoroughly disinfected by wiping the entire unit with 70% alcohol after each use. A new tip cover is placed on the tonopen tip for each patient use.
- Laser lenses and gonio lenses are disinfected between patient uses by soaking in 1:10 bleach solution for a minimum of 10 minutes and then rinsed thoroughly through 3 cycles using tap water and allowed to air dry.
- Ultrasound probes are disinfected after each patient use.
 - A-scan probes (tips) are to be soaked in 1:10 bleach solution for 5 minutes, rinsed with tap water and air-dried.
 - B-scan probes are disinfected with 70% alcohol wipe after each use.

Nursing Responsibility

- Please ensure that a bottle of 1:10 bleach solution remains in the Eye Room. The container must display an appropriate safety label and expiration date. Bleach solutions expire 30 days after mixing.