


Infection Control Manual		
	Policy Name	Patient Support Personnel
	Policy Number	IC 0042
	Date this Version Effective	July 2011
	Responsible for Content	Hospital Epidemiology

I. Description

Describes infection prevention guidelines to prevent disease transmission to patient support personnel and patients.

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II. Rationale

Patient support personnel often interact and have direct contact with patients. Careful attention to infection prevention guidelines can reduce the risk of disease transmission.

III. Policy

A. Applicable Departments

1. Admitting Office
2. Environmental Health and Safety
3. Hospital Epidemiology
4. Hospital Police
5. Hospital School
6. Medical Information Management
7. Nursing Practice Education and Research
8. Pastoral Care
9. Patient Relations, Valet and Concierge Service
10. Risk Management
11. Clinical Care Management
12. Spanish and International Interpreters
13. Volunteer Services
14. ACC Administration

15. Physicians and Associates

B. Personnel

1. Personnel must adhere to guidelines established by the Occupational Health Service (OHS). See the policy entitled “Infection Control and Screening Program – Occupational Health Service.”
 - a. Immunizations should be up-to-date. Documented immunity to rubella, varicella, mumps, pertussis, and measles is required, unless contraindicated. Hepatitis B vaccine is offered to employees with potential exposure to blood or contaminated body fluids.
 - b. Tuberculosis screening is required at the time of employment and strongly recommended annually thereafter.
 - c. Influenza immunization is available at the hospital’s expense to all employees through OHS. Annual influenza vaccination is strongly recommended.
 - d. Personnel exposed to communicable diseases, for example, meningococcal infection, pertussis, tuberculosis, hepatitis A, must report the exposure to their supervisor as soon as possible, fill out an incident report, and be seen in OHS so follow-up may be instituted if necessary.
 - e. Personnel exposed to rubella, measles, mumps, varicella, or pertussis who are not immune (immunity is provided by natural disease or vaccination), or who have questionable immunity, must report the exposure to the supervisor, fill out an incident report, and be seen in OHS so follow-up may be instituted if necessary.
 - f. Personnel with communicable infections (e.g., upper respiratory infection with fever, diarrhea, rash, open draining lesions, active oral herpes [cold sore], herpes zoster [shingles], varicella [chicken pox], conjunctivitis) should not have direct patient contact until evaluated by the OHS.
 - g. Hand hygiene should be performed with an approved antimicrobial agent (e.g., 2% chlorhexidine gluconate, alcohol-based hand rub) before entering and when exiting a patient room. An alcohol-based hand rub may be used if hands are not visibly soiled or contaminated with proteinaceous material or visibly soiled with blood or body fluids. When caring for patients on enteric contact precautions, hand hygiene must be done using CHG and water.
 - h. Pregnant personnel may be at increased risk of maternal/fetal infections when attending patients with certain communicable diseases. (See the policy entitled “Recommendations for Pregnant Employee Interaction with Patients with Communicable Infectious Diseases.”)
 - i. Bloodborne pathogen and TB training is provided for those employees/volunteers whose job description places them at risk of exposure. Personnel should adhere to the “Exposure Control Plan for Bloodborne Pathogens” and the “Tuberculosis Control Plan” found on the Infection Control website.
 - j. Personnel must be prompt in reporting any exposures to blood or other potentially infectious materials (e.g., needlestick, splashes to the eyes or mucous membranes or non-intact skin). Personnel will call the Needlestick Hotline at 6-4480.

C. Isolation Precautions

Personnel who enter patient rooms must have a basic understanding of UNC Health Care’s Isolation Precautions Policy. This basic information is provided by an Infection Control Professional during new employee and new volunteer orientation programs. Only personnel

who are specifically trained in the proper use of isolation attire, by the individual department's orientation program, should enter isolation rooms requiring personal protective equipment.

D. Equipment

Shared equipment that has contact with the patient's intact skin should be cleaned weekly and when visibly soiled. An EPA-approved disinfectant detergent or 70 percent alcohol should be used. If shared equipment is taken into an isolation/precaution room; it is best to leave it with the patient until no longer needed. When removed from the room, it should be thoroughly cleaned with soap and water (if visibly soiled) and then wiped with an EPA-approved disinfectant detergent or 70 percent alcohol.

E. Implementation

Implementation of this policy will be the responsibility of the Director of each department.

IV. Reviewed/Approved by

Hospital Infection Control Committee

V. Original Policy Date and Revisions

Revised on July 2004, June 2006, Aug 2008, July 2011