


Infection Control Manual		
	Policy Name	Prosthetics and Orthotics
	Policy Number	IC 0047
	Date this Version Effective	Jan 2011
	Responsible for Content	Hospital Epidemiology

I. Description

Describes infection control guidelines for Prosthetics and Orthotics.

II. Rationale

Prosthetics and Orthotics is a service provided to the patients of UNC Health Care through contract with Atlantic Prosthetics and Orthotics. In providing services, personnel often have contact with patients who have both intact and nonintact skin. Careful adherence to infection control guidelines can reduce the risk of transmission of infectious organisms to personnel and patients.

III. Policy

A. Personnel

1. Personnel should adhere to guidelines established by UNC Health Care System for contracted employees. These guidelines are detailed in the policy: "Infection Control and Screening Program – Occupational Health Service."
 - a. Immunizations should be up to date. Documented immunity for rubella, measles, mumps, and varicella is required, unless contraindicated. New employees will receive Tdap (tetanus/diphtheria/pertussis) vaccine unless contraindicated.
 - b. Influenza, tetanus/diphtheria/pertussis, varicella, and hepatitis B immunizations are available free of charge to the employee through OHS and are encouraged.
 - c. Tuberculosis screening is done initially upon employment and PPD testing is offered annually thereafter.
 - d. Personnel with communicable infections (URI with fever, conjunctivitis, diarrhea, open draining lesions on hands or face, active oral herpes simplex, herpes zoster) should not have direct patient contact. Evaluation by OHS as to work status is required. When OHS is closed, employees with urgent work-related illness will be seen in the Emergency Department.
 - e. Personnel exposed to communicable diseases, for example, hepatitis A, meningococcal infection, pertussis, or tuberculosis, should 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 exposed to rubella, measles, or varicella and are not immune (immunity is provided by natural disease or vaccination) or who have questionable immunity, should report the exposure to the supervisor, fill out an incident report, and be seen in OHS so that follow-up may be instituted if necessary.
2. Hand hygiene is required before and after patient contact, with an approved antimicrobial agent (e.g., chlorhexidine gluconate 2%). A waterless antiseptic agent (e.g., Purell) may be used if hands are not visibly soiled. Refer to the Hand Hygiene Infection Control Policy.
3. Nitrile gloves should be worn whenever there is anticipated contact with non-intact skin or exposure to blood or other potentially infectious materials. Perform hand hygiene after glove removal.
4. Pregnant personnel may be at increased risk in terms of maternal/fetal infections when attending to patients with certain communicable diseases. These personnel are referred to

the policy: "Recommendations for Pregnant Employee Interaction with Patients with Communicable Infectious Diseases."

B. Isolation Precautions

1. Personnel must be familiar with the placement and meaning of UNC Health Care's isolation precautions signs. Personnel who enter rooms of patients on isolation precautions must be educated regarding appropriate use of personal protective equipment (PPE). It is not uncommon for referral patients to have wound infections; therefore, it is important that personnel are familiar with specific isolation precaution guidelines and disinfection of equipment and other reusable supplies. Guidelines are provided in the policies: "Isolation Precautions" and "Cleaning, Disinfection and Sterilization of Patient Care Items."
2. Personnel must be familiar with the "Exposure Control Plan for Bloodborne Pathogens" and the "TB Control Plan."
3. Employees should report promptly all needle stick/sharps, mucous membrane, and non-intact skin exposures from blood and other potentially infectious materials to the appropriate OHS.
4. Personnel will wear personal protective equipment (e.g., protective eyewear, mask, gloves, and gown) as needed when splash or splatter of blood or other potentially infectious material is likely. Gloves are worn when performing venous access and for handling specimens. Hand hygiene should be performed after glove removal. Safety devices are used in accordance with the Exposure Control Plan for Bloodborne Pathogens.
5. Eating, drinking, application of lip balm and handling contact lenses are prohibited in areas where there is potential for contamination with blood or other potentially infectious materials.
6. There will be periodic review by Hospital Epidemiology to assess compliance with established infection control policies and procedures.

C. Equipment

1. Shared equipment (e.g., measuring tools) will only have contact with the patient's intact skin or wound covered with a clean dressing. This equipment should be cleaned between patient uses with an EPA-registered disinfectant (e.g., Metriguard, Sani-Cloth). If shared equipment is taken into an isolation precautions room, it must be cleaned and disinfected upon removal.
2. All horizontal surfaces (e.g., exam room tables and counter tops) in patient care areas will be cleaned when obviously soiled and at the end of the day with an EPA registered disinfectant. A clean paper or cloth sheet should be placed on the examination-room table for each patient.

D. Education

Infection control education to include bloodborne pathogens and tuberculosis is required annually.

E. Implementation

Implementation of this policy will be the responsibility of the director of the contracted service.

IV. Reviewed/Approved by

Hospital Infection Control Committee

V. Original Policy Date and Revisions

Revised on July 2005, Jan 2008, Jan 2011