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Policy Area Infection Prevention
Applicability UNC Medical Center

Emergency Department

I. Description

This policy provides guidelines for reducing the risk of the transmission of infectious agents to healthcare personnel (HCP) and patients in the Emergency Department (ED).

II. Policy

A. Bioterrorism

For any suspicion of bioterrorism, immediately contact the Infection Preventionist on-call by calling the hospital operator or by paging through the [myUNC Health Directory](#). Staff should be familiar with the information found in the Infection Prevention policy: [Infection Control Response to the Intentional Use of a Biothreat Agent](#).

B. Personnel

1. HCP exposed to communicable diseases (e.g., hepatitis A, meningococcal meningitis, pertussis, TB) should report the exposure to their supervisor. The exposed employee will complete a SAFE report and be seen by Occupational Health Service (OHS) for appropriate exposure prophylaxis/treatment as needed. Infection Prevention will work with OHS for any exposure investigations and notifications.
2. 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 per OSHA guidelines.
3. There will be a periodic review by members of Infection Prevention to assess

compliance with established Infection Prevention 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 in the Infection Prevention policy: [Isolation Precautions](#). Consult with Infection Prevention (984-974-7500 or via [myUNC Health Directory](#)) 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 Prevention policy: [Psychiatric Units](#).
3. When a patient with a known or suspected communicable disease is transported or transferred 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 Patient Logistics Center (PLC) 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 Infection Prevention policy: [Isolation Precautions](#).
4. Immunocompromised patients should be managed using Protective Precautions per the Infection Prevention policy: [Isolation Precautions](#). 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. HCP in the ED should encourage meticulous respiratory etiquette for patients who present with symptoms of an upper respiratory infection. Surgical masks, tissues, and hand sanitizer should be available in the triage and waiting room areas. Patients should be instructed to cover all coughs, wear a surgical mask if possible, perform hand hygiene after tissue use, and dispose of tissues appropriately. Once the patient is placed in an exam room, all staff should follow contact/droplet precautions until the patient is transferred or discharged from the ED.
6. Patients suspicious for highly communicable diseases (e.g., novel influenza virus, hemorrhagic fever viruses, SARS-CoV-1, SARS-CoV-2, MERS) should be managed per guidelines found in the Infection Prevention 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). A [list of rooms](#) is available on the Infection Prevention website. The patient should wear a surgical mask

when transported out of the isolation room. All HCP working with the patient should wear a fit tested N95 respirator or PAPR (Powered Air Purifying Respirator), if not able to be fit tested). Visitors should wear a surgical mask. Information on the management of patients with known or suspected TB is provided in the Infection Prevention policy: [Tuberculosis Control Plan](#).

8. Patients with suspected or confirmed chicken pox must be placed on Airborne-Contact Precautions and placed in an AIIR or negative pressure room. 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 or PAPR, if not able to be fit tested, gloves, and an isolation gown. Visitors should wear a surgical mask, isolation 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 and should be placed in an AIIR or negative pressure room. Visitors should wear gown and gloves. If patient is on airborne, the visitors should also wear a surgical mask. 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.
10. Place patients with known or suspected measles on Airborne Precautions in an AIIR. All staff working with the patient, regardless of immune status, should wear a fit tested N95 respirator or PAPR, if not able to be fit tested. Visitors should wear a surgical mask.
11. Tissue tests must be done prior to placing the patient in the AIIR or negative pressure room 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 Plant Engineering/maintenance to correct the airflow.
12. Laboratory specimens should be collected and transported in leak proof containers. Do not contaminate the outside of the container. Place specimens in a sealed plastic bag with a biohazard label before being transported via the tube system. Urine and stool specimens are double bagged.
13. All sterile procedures will be performed using meticulous aseptic technique.
14. 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 eye-wear should be worn if indicated per the Infection Prevention policy: [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. All patient care equipment and all equipment in the ED Eye Room will be cleaned and maintained in accordance with manufacturer's instructions for use (MIFU).
2. Foley catheters will be inserted using aseptic technique and managed according to Nursing policy [Urinary Drainage Devices: Indwelling and External Catheters](#) and Infection Prevention policy [Infection Control Guidelines for Adult and Pediatric Inpatient Care](#). Patients known or anticipated 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.
3. Intravenous catheters will be inserted using aseptic technique and managed per the Infection Prevention policy: [The Prevention of Intravascular Catheter-Related Infections](#) and the Nursing policies: [Peripheral Intravenous Devices and Venipuncture](#) and [Central Venous Access Device \(CVAD\) Care and Maintenance](#).
4. Peripheral arterial catheters should be inserted using aseptic technique and managed per the Nursing policy: [Arterial Blood Sampling and Line Care](#) and the Infection Prevention policy: [The Prevention of Intravascular Catheter-Related Infections](#).
5. Sharps (needles, scalpel blades and other sharp instruments) must be disposed of immediately or as soon as possible after use, in a designated leak proof, puncture resistant container. Refer to the Infection Prevention policy: [Exposure Control Plan for Bloodborne Pathogens](#).
6. Disposable equipment will not be reused; label with patient's name and send with the patient when appropriate or discard after use.
7. Follow the Infection Prevention policies: [Sterilization of Reusable Patient-Care Items](#) and [High-Level Disinfection \(HLD\) - Manual Reprocessing of Reusable Semi-Critical Medical Devices](#) for handling of reusable equipment going to CPD for sterilization and high-level disinfection.
8. IV poles/pumps and lamps will be wiped with an EPA-registered disinfectant routinely, when used on a patient on isolation precautions, and when visibly soiled.
9. 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 must be stored separately.
10. Clean glucometer after each use with an EPA-registered disinfectant per MIFU.
11. Multiple dose medication vials are managed per the Patient Care - Medication Management policy: [Medication Management: Use of Multi-Dose Vials/Pens of](#)

[Injectable Medications and Vaccines in Acute Care and Ambulatory Care Environments.](#)

12. 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, if safe to do so. The empty container can be placed in the regular waste. A handwashing sink must not be used for disposal.
13. All empty blood product containers as well as IV tubing should be placed in a regular trash receptacle.
14. Electronic thermometer probe unit and cord should be cleaned routinely, when used on a patient on isolation precautions, and when visibly soiled with an EPA-registered disinfectant.
15. All reusable instruments that have contact with mucous membranes or non-intact skin must be high-level disinfected or sterilized after each use. Guidelines for the appropriate cleaning and disinfection of these instruments can be found in the Infection Prevention policies: [Sterilization of Reusable Patient-Care Items](#) and [High-Level Disinfection \(HLD\) - Manual Reprocessing of Reusable Semi-Critical Medical Devices.](#)
16. Glidescopes have stylets that must be sterilized before their first use. Glidescopes are transported to central processing in a leak-proof, puncture proof container labeled with a biohazard symbol, for sterilization after use per MIFU and Infection Prevention policy: [Sterilization of Reusable Patient-Care Items.](#) After each use, discard the disposable cover and wipe off the Glidescope with an EPA-registered disinfectant.
17. McGrath video laryngoscopes should be high-level disinfected or sterilized between patient uses per MIFU and the Infection Prevention policies: [Sterilization of Reusable Patient-Care Items](#) and [High-Level Disinfection \(HLD\) - Manual Reprocessing of Reusable Semi-Critical Medical Devices.](#)
18. Endoscopes must be pre-treated, cleaned, and high-level disinfected as outlined in the [Infection Prevention policy: Endoscope.](#)
19. Patient care supplies must be stored as outlined in the Infection Prevention policy: [Infection Control Guidelines for Adults and Pediatric Inpatient Care.](#)
20. Computers and touch screen monitors
 - a. Computer keyboards and touch screen monitors should be cleaned daily using an EPA-registered disinfectant. Detailed information is located in the [Wipe it Right](#) handout.
 - b. Remove gloves and perform hand hygiene 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 isolation precautions. 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

- See Infection Prevention policy: [Environmental Services](#)

III. Implementation

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

IV. Related Policies

[Infection Prevention Policy: Endoscope](#)

[Infection Prevention Policy: Environmental Services](#)

[Infection Prevention Policy: Exposure Control Plan for Bloodborne Pathogens](#)

[Infection Prevention Policy: High-Level Disinfection \(HLD\) - Manual Reprocessing of Reusable Semi-Critical Medical Devices](#)

[Infection Prevention Policy: Highly Communicable Diseases: Preparedness and Response Plan](#)

[Infection Prevention Policy: Infection Control Response to the Intentional Use of a Biothreat Agent](#)

[Infection Prevention Policy: Infection Prevention Guidelines for Adult and Pediatric Inpatient Care](#)

[Infection Prevention Policy: Isolation Precautions](#)

[Infection Prevention Policy: Psychiatric Units](#)

[Infection Prevention Policy: Sterilization of Reusable Patient-Care Items](#)

[Infection Prevention Policy: The Prevention of Intravascular Catheter-Related Infections](#)

[Infection Prevention Policy: Tuberculosis Control Plan](#)

[Nursing Policy: Arterial Blood Sampling and Line Care](#)

[Nursing Policy: Central Venous Access Device \(CVAD\) Care and Maintenance](#)

[Nursing Policy: Peripheral Intravenous Device and Venipuncture](#)

[Nursing Policy: Urinary Drainage Devices: Indwelling and External Catheters](#)

V. References

[Bloodborne Pathogens - Standards | Occupational Safety and Health Administration \(osha.gov\)](#)

[103. Occupational Exposure to Bloodborne Pathogens | Infection Prevention for Occupational Health | Table of Contents | APIC](#)

[Healthcare Equipment | Disinfection & Sterilization Guidelines | Guidelines Library | Infection Control | CDC](#)

[Cleaning | Disinfection & Sterilization Guidelines | Guidelines Library | Infection Control | CDC](#)

Approval Signatures

Step Description	Approver	Date
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