

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Care and Treatment of Patient –
Infection Control
POLICY # TX IV-1

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SUBJECT: Standard Precautions

EFFECTIVE DATE: October 2008
SUPERCEDES DATE: October 2007

Reference:

Related ACA Standards

**4th Edition Standards for Adult Correctional
Institutions 4- 4354, 4-4358**

POLICY

Standard precautions should apply to any situation where there is the potential of contact with blood or body fluids.

DEFINITIONS

Medical history and physical examination cannot always reliably identify all patients infected with the human immunodeficiency virus (HIV), the etiologic agent of acquired immunodeficiency syndrome (AIDS), viral hepatitis, MRSA, (refer to HCPM policy CP-20) or other bloodborne pathogens, therefore blood and body fluid precautions must be consistently practiced for all patients. Blood is the single most important source of HIV, HBV, and other bloodborne pathogens in the occupational setting.

The following human body fluids as well as blood are considered to be potentially infectious materials and must be handled appropriately: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, amniotic fluid, saliva in dental procedures, any body fluid that is contaminated with blood.

PROCEDURE

All staff shall be aware that the most important function in handling potentially infected fluid and preventing spread of disease is proper hand washing.

Infection Control Equipment and Supplies

- A. The Division of Prisons will make appropriate personal protective equipment and supplies available to all employees who are at risk of occupational exposure.
- B. Infection control equipment and supplies will be readily available in each work area where employees are likely to have occupational exposure.

Barriers

Strict adherence to standard precautions must be practiced to minimize the risk of exposure to blood and body fluids of all patients. All health care workers will routinely use appropriate barrier precautions to prevent exposure when contact with blood and body fluids of any patient is anticipated. The following are barriers and should be worn to reduce or prevent exposures to blood and body fluids:

- A. **Gloves** will be worn when it can be reasonably anticipated that contact may occur with blood, other potentially infectious materials, mucous membranes, and non-intact skin. Gloves will be worn when performing vascular access procedures (including phlebotomy and starting IV's) and when handling or touching contaminated items or surfaces.

Disposable (single use) gloves such as surgical or examination gloves will be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

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Gloves will be changed after contact with each patient. Change gloves when performing procedures from one body site to another on the same patient. Remove gloves and wash hands upon leaving the room. Gloves should be removed before touching environmental surfaces (e.g., telephones, addressograph machines, counter tops). In general, double gloving is not necessary, however, double gloving has been shown to reduce blood exposure during operative procedures. Disposable (single use) gloves will not be washed or decontaminated for reuse.

Utility gloves may be decontaminated for reuse if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

- B. **Mask, eye protection, and face shields** will be used whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eyes, nose, and mouth contamination can be reasonably anticipated.

Prescription eye glasses are not permissible to be used as eye protection unless equipped with side shields. Protective eye wear must also be worn by persons wearing contact lenses when there is potential for eye contamination.

- C. **Gowns, aprons, and other protective body clothing** such as, but not limited to, laboratory coats, clinic jackets, or similar outer garments will be worn in occupational exposure situations. The type and characteristics of the protection or body clothing depends upon the task and degree of exposure anticipated. Based upon this determination, appropriate personal protective clothing will be selected. Appropriate protective clothing must prevent contamination of an employee's skin or clothing by blood or other potentially infectious materials. Plastic disposable aprons or water proof gowns are available for use. **If an employee's garment(s) is penetrated by blood or other potentially infectious materials**, the garment(s) will be removed immediately or as soon as feasible. The contaminated clothing will not be taken home and laundered.

Contaminated personal clothing will be laundered as outlined in the facility exposure control plan.

- D. **Surgical caps or hoods and/or shoe covers** will be worn in instances where gross contamination can be reasonably anticipated (operating rooms, emergency rooms).

Health Care Equipment and Environment

The work site will be maintained in a clean and sanitary condition.

- A. **Equipment and environmental work surfaces** will be decontaminated with an appropriate disinfectant after completion of procedures, immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials, and at the end of the work shift if the surfaces may have become contaminated since the last cleaning. Equipment contaminated with blood or other potentially infectious materials will be checked routinely and decontaminated if possible prior to servicing or shipping. If parts of the equipment cannot be decontaminated prior to servicing or repair, an BIOHAZARD tag/label stating additional information as to which parts of the equipment are contaminated must accompany the equipment.

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- B. **Protective covering** such as plastic wrap, aluminum foil, or imperviously backed absorbent paper used to cover equipment and environmental surfaces will be removed and replaced after each patient.
- C. **All bins, pails, cans, and similar receptacles** intended for reuse which have reasonable likelihood for becoming contaminated with blood or other potentially infectious materials will be inspected and decontaminated on a regularly scheduled basis, and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- D. **Broken glassware** which may be contaminated will not be picked up directly with hands. Clean up will be by mechanical means, such as a brush and dust pan, tongs or forceps, and placed in a rigid container (e.g., sharps container for disposal).
- E. **Reusable sharps** that are contaminated with blood or other potentially infectious materials will be placed in an appropriately labeled container for cleaning. The sharps will be removed using tongs or forceps. Employees shall not reach by hand into the container to remove contaminated sharps. If the sharps are in a basin covered with water/liquid, the solution should be drained from the basin before removing with tongs.

Cleaning and Decontaminating Spills of Blood or Other Body Fluids

Blood and body fluid spills should be contained by covering with disposable towels or a dry liquid treatment system (absorbent powder) and then scooped or swept up with a brush and dust pan. This should be placed in a small plastic bag, closed and placed in the medical waste container. An EPA approved chemical germicide that is registered as a "hospital disinfectant" (e.g., quaternary ammonium compounds, phenolics) may then be used at the recommended dilution to decontaminate the blood or body fluid spill. Gloves must be worn during the cleaning and decontaminating procedures.

Containment and Disposal of Contaminated Sharps

- A. **Contaminated sharps** will be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, and leak proof on the sides and bottom. Containers will be labeled with a BIOHAZARD label. In DOP facilities contaminated sharps containers will be kept in a secure location and placed as close as feasible to the patient care area. The contaminated sharps containers will be maintained upright throughout use and be routinely replaced and not be allowed to overfill. When removing containers of contaminated sharps from the area of use, the container will be closed immediately prior to removal to prevent spillage or protrusion of contents during handling, storage, or transporting. Contaminated sharps containers will be disposed of by a licensed vendor.
- B. **All health-care workers** should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures. To prevent needle stick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated.
- C. **Hands** must be thoroughly washed between all direct patient contacts or after handling soiled or contaminated equipment. Hands and other skin surfaces must be washed immediately and thoroughly if contaminated with blood or other potentially infectious body fluids. Hands must be washed immediately after gloves are removed.

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Emergency Resuscitation Equipment

To minimize the need for emergency mouth-to-mouth resuscitation, one-way valve CPR masks should be available in strategic locations in each facility. Mouthpieces, resuscitation bags/masks or ventilation devices as appropriate are to be available in patient care areas.

Dermatitis

Health-care workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling contaminated patient-care equipment until the condition resolves. Personnel who have dermatitis or allergies associated with hand washing agents, gloves, or other products should request assistance from supervisor in resolving the problem.

Food and Drink

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure. Food and drink will not be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or workbench tops where blood or other potentially infectious materials are present.

Regulated Waste

A. Regulated waste shall include:

1. Sharps
2. Bandages, gauze, and compresses
3. Disposable personal protective equipment that is soiled with blood or other suspect material
4. Any material which contains suspect materials in liquid or semi-liquid form, which will release such material if compressed and which is considered not worth laundering.
5. Any material which is caked with dried suspect material, which could release such material when handled, and which is considered not worth laundering.
6. Medical Waste
 - a. Blood and body fluids in individual containers in volumes greater than 20 ml.
 - b. Microbiological waste
 - c. Pathological waste

B. Management of regulated waste

1. Management of general regulated waste
 - a. Contaminated sharps shall be placed in a puncture resistant container, as described on previous page, and disposed of by a licensed vendor.
 - b. Contaminated bandages, gauze, compresses, and soiled disposable personal protective equipment shall be placed in designated containers. The containers shall be closable, red, or clearly marked with the BIOHAZARD label and constructed to contain all contents and prevent leakage.
 - c. Regulated waste receptacle bag liners shall be red or labeled with the BIOHAZARD label. Facilities choosing to use red liners may want to confer with local landfill operators since some

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landfill operators may be reluctant to accept red bags. Red bags have traditionally been identified as containing pathological waste. The red dye may also create toxic residue in the soil.

- d. The bag liners shall be closable and durable enough to prevent leakage or protrusion of contents during handling and removal from the workplace.
 - e. Containers of blood with less than 20 ml. of blood may be placed in the general medical waste containers.
 - f. General medical waste shall be removed from the workplace by persons who are appropriately trained, wearing personal protective equipment, and shall be handled with a minimum of agitation. Bags of general regulated waste may be disposed of in the local landfill subject to local ordinances.
 - g. Cases where landfill operators refuse acceptance of general regulated waste will be resolved individually by the Facility Superintendent/designee. In these situations, it may be necessary to utilize outside vendors to dispose of regulated waste.
- C. Management of medical waste
1. North Carolina landfills will not accept the following types of medical waste without proper prior treatment:
 - a. Blood and body fluids in individual containers in volumes greater than 20 ml.
 - b. Microbiological waste
 - c. Pathological waste
 2. Containers of medical waste shall be removed from the workplace by persons who are appropriately trained, wearing personal protective equipment and shall be handled with a minimum of agitation.

Contaminated Laundry

Contaminated laundry shall include any article of reusable clothing or cloth which; contains blood in liquid or semi-liquid form and could release such material if compressed. Contaminated laundry shall be handled only by persons wearing personal protective equipment, and shall be handled as little as possible with a minimum of agitation to prevent gross microbial contamination of the air and of the persons handling the linen. Contaminated laundry shall be bagged or containerized at the location of use and shall not be sorted or rinsed at the facility. Contaminated laundry shall be placed in bags which meet the requirements of bags used of medical waste.

Pregnant Employees

Pregnant health-care workers are not known to be at a greater risk of contracting HIV or HBV infection than health-care workers who are not pregnant; however, if a health-care worker develops HIV or HBV infection during pregnancy, the infant is at risk of infection resulting from prenatal transmission. Because of this risk, pregnant health-care workers should be especially familiar with and strictly adhere to precautions to minimize the risk of disease transmission.

Invasive Procedures

All procedures involving blood or other potentially infectious materials will be performed in such a manner as to minimize splash, spraying, spattering, and generation of droplets of these materials.

Standard blood and body fluid precautions are to be practiced for any invasive procedure. An invasive procedure is defined as surgical entry into tissue, cavities, or repair of major traumatic wounds in outpatient settings during which

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bleeding occurs or the potential for bleeding or blood exposure exists. All health care workers who participate in invasive procedures must routinely use appropriate barrier precautions to prevent skin and mucous membrane contact with blood and other body fluids of all patients. Gloves and surgical masks must be worn for all invasive procedures.

Double gloving has been shown to reduce blood exposure during operative procedures. Protective eyewear should be worn for all procedures that commonly result in generation of droplets, splashing of blood and other body fluids, or the generation of bone chips. Gowns made of materials that provide an effective barrier must be worn during procedures that are likely to result in splashing of blood or other body fluids.

If a glove is torn or a needlestick or other injury occurs, the glove should be removed and a new glove used as promptly as patient safety permits. If a needlestick occurs, the needle must be changed as well.

Postmortem Care

Patients with communicable diseases remain infectious after death. If an inmate is on any category of isolation, then appropriate isolation should be maintained until the inmate is placed in a zippered body bag. If the stretcher becomes contaminated, it must be cleaned with an EPA registered hospital disinfectant. NC General Statute 130A-145 requires the attending physician to notify persons handling and transporting bodies of the appropriate precautions to follow to prevent infection from persons who have died of the reportable diseases. Follow procedures set forth in Policy AD V-4.

Precautions for Dialysis

Patients with end-stage renal disease who are undergoing maintenance dialysis and who have HIV infection or viral hepatitis can be dialyzed in hospital based or free standing dialysis units using conventional infection control precautions. Contractors who operate dialysis units within the Division of Prisons will be responsible for implementing infection control policies to insure adherence to universal blood and body fluid precautions.

Precautions for Laboratories

Blood, body fluids, and body tissues from all patients must be considered infectious. The following precautions apply to health-care workers in clinical laboratories.

- A. All specimens of blood, body fluids, and body tissues must be put in a sturdy container with a secure lid to prevent leaking during transport. Containers must be appropriately labeled. Care should be taken when collecting each specimen to avoid contaminating the outside of the container and the laboratory form accompanying the specimen. If outside contamination of the primary container occurs, the primary container will be placed in a second container which prevents leakage during handling, processing, storage, or transport.
- B. All persons processing blood, body fluid, or tissue specimens (e.g., removing tops from vacuum tubes) will wear gloves. Mask and protective eyewear will be worn if mucous membrane contact with blood or body fluids is anticipated. Gloves will be changed and hands washed after completion of specimen processing.
- C. Mechanical pipetting devices will be used for manipulating all liquids in the laboratory. Mouth pipetting must not be done.

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- D. Use of needles and syringes must be limited to situations in which there is no alternative. Recommendation for preventing injuries outlined under Invasive Procedures on previous page must be followed.
- E. Laboratory work surfaces must be decontaminated with an appropriate chemical germicide after a spill of blood or other body fluids and when work activities are completed.
- F. Contaminated materials used in laboratory tests must be decontaminated before reprocessing or be placed in bags and disposed of in accordance with departmental policies for disposal of medical waste.
- G. Equipment that has been contaminated with blood or other body fluids must be decontaminated and cleaned before being repaired in the laboratory or transported for repairs. If part of the equipment cannot be decontaminated prior to servicing or shipping for repair, a BIOHAZARD tag must be attached listing which parts are contaminated and prepare a memorandum listing the contaminated parts and why decontamination is not feasible. A copy of the memo must be provided to all employees, service representatives, manufacturers, or persons handling the equipment as appropriate.
- H. All persons must wash their hands after completing laboratory activities and remove protective clothing before leaving the laboratory.

Standard Blood and Body Fluid Precautions for all patients eliminates the need for labeling individual specimens since blood and other body fluids from all patients are considered to be infectious.

Sterilization and Disinfection

Instruments or devices that enter sterile tissue or the vascular system of any patient or through which blood flows must be sterilized before reuse.

Devices or items that contact intact mucous membranes must be sterilized or receive high-level disinfection, a procedure that kills vegetative organisms and viruses but not necessarily large numbers of bacterial spores. Chemical germicides that are registered with the U.S. Environmental Protection Agency (EPA) as “sterilants” may be used either for sterilization or for high-level disinfection depending on contact time.

Medical devices or instruments that require sterilization or disinfection should be thoroughly cleaned before being exposed to the germicide, and the manufacturer’s instructions for the use of the germicide should be followed. The manufacturer’s specifications for compatibility of the medical device with chemical germicides must be closely followed.

Prison facilities that operate steam or gas sterilizers must follow the guidelines set forth in Policy AD VII-3 to insure that the sterilizer is functioning as it should.

Management of Exposures

After an exposure incident, which is defined as a specific eye, mouth, mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious material, a confidential post-exposure medical evaluation and recommendations for follow-up is required. The DOP supervisor will specifically ask the exposed person if any of the aforementioned occurred during the incident. The source individual will be identified and their blood will be tested for HBV and HIV as soon as practical. If the source individual is known to be infected with HBV or HIV, testing of the source individual is not indicated. Using Policy P II-2 as a guideline, the Unit Health Authority will

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document the route of exposure and circumstances under which the exposure incident occurred on DOC-WC-4 and make appropriate follow-up recommendations to the employee. The exposed employee will be referred to a physician in accordance to worker compensation guidelines. The examining physician should provide recommendations for post-exposure follow-up in accordance to current CDC recommendations.

Training

The Division of Prisons will provide all occupationally exposed healthcare workers with training at the time of assignment and annually thereafter. The training will include the DOP Bloodborne Pathogen Policy and Infection Control Policy. Additional training will be provided when task/procedures change or new task/procedures are instituted which affect occupational exposure.



10/31/08

Paula Y. Smith, M.D., Director of Health Services

Date

SOR: Infection Control Coordinator