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|  | <b>Massachusetts General Hospital</b><br><b>Infection Control Policy</b> | <i>Effective Date</i> | <i>8/10</i>   |
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## I. STANDARD INFECTION CONTROL PRACTICES

### A. OCCUPATIONAL/EMPLOYEE HEALTH


All personnel will:

1. Complete pre-employment and annual screening, immunizations including testing, treatment, and monitoring. (IC/OHS Policy – See Infection Control Manual).
2. If indicated, receive the hepatitis B vaccine, be determined to be immune, or sign the declination statement. (IC/OHS Policy – See Infection Control Manual).
3. Complete post-exposure follow-up for bloodborne pathogens and airborne respiratory infections. (IC/OHS Policy – See Infection Control Manual and Bloodborne Pathogen Exposure Control Plan and Tuberculosis Exposure Control Plan).
4. Report to Occupational Health and comply with off-work order requirements for communicable disease and communicable disease follow-up by Occupational Health. (IC/OHS Policy – See Infection Control Manual).
5. Complete annual PPD skin testing or equivalent (according to the TB Exposure Control Plan). (IC/OHS Policy – See Infection Control Manual).

### B. INFECTION TRANSMISSION REDUCTION METHODS

The following policies and guidelines relating to patient care practices are adhered to by all personnel where applicable (See-Infection Control Manual for complete policies and guidelines):


1. Standard Precautions
2. Hand Hygiene Policy
  - a. All staff must perform hand hygiene before and after patient contact or contact with environmental surfaces in the immediate vicinity of the patient with a hospital-approved, alcohol-based, waterless hand rub. Gloves may not be used as a substitute for hand hygiene.
  - b. If hands are visibly soiled, wash with soap and water, dry, and then use

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- an alcohol-based, waterless hand rub.
    - c. Handwashing with soap and water followed by use of an alcohol-based, waterless hand rub is required for patients on Contact Precautions *Plus*.
- 3. Fingernail Policy
- 4. Aseptic Technique Policy
- 5. Central Venous and Pulmonary Artery Catheter Insertion Policy
- 6. Isolation Precautions Policies
- 7. Precautions as directed by the Infection Control Unit
- 8. The provisions of the Tuberculosis Exposure Control Plan
- 9. The provisions of the Bloodborne Pathogen Exposure Control Plan
  - a. Prompt reporting of blood or body fluid exposure.
  - b. Proper handling and disposal of infectious waste and sharps.
  - c. Use of appropriate personal protective equipment

The following policies and guidelines are adhered to by all departments in relation to care of the environment, equipment and supplies (See- Infection Control Manual for complete policies and guidelines):

1. Visitor and Traffic Policy
2. Only hospital-approved disinfectants are used to disinfect equipment or surfaces. (See Infection Control Unit website for list of hospital approved antiseptics and disinfectants <http://infectioncontrol.massgeneral.or/icu/>).
3. All patient care areas are cleaned/disinfected daily per Environmental Services Cleaning Procedures.
4. Departmental personnel are responsible for cleaning/disinfection of biomedical and other patient care equipment whenever visible soiling or contamination occurs.
5. Unit-based equipment is routinely cleaned and disinfected between patients by Unit staff.

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6. Centrally managed equipment is routinely cleaned and disinfected by Materials Management staff.
7. Refrigerators: medication, specimens, and patient food must be stored in 3 separate refrigerators and properly labeled. Refrigerators/freezers must have a thermometer, and the temperature must be checked and recorded daily. Refrigerators must be cleaned/defrosted regularly by departmental staff. (See Refrigerator Policy, food and specimens only – Infection Control Manual. For Medication Refrigerator Policy- See Medication Manual).
8. Before use, packaged/wrapped patient-care supplies and instruments/equipment are checked for package integrity. If package integrity is compromised, the item is not used. If an expiration date is present, the date is checked.
9. Patient-care supplies are stored to protect them from dust, moisture, and contamination, either in a dedicated “clean supply” room with the door closed or in cabinets, enclosed shelves, closed containers, or on a cart with appropriate cover.
10. Supply carts, shelves and cabinets are maintained clean, and supplies are rotated following the “last in, first out” principle.
11. Patient-care supplies are not stored in external shipping cartons, Internal boxes may be stored until empty, then discarded.
12. Sterile water and sterile saline are dated when opened and replaced every 24 hours.
13. Cleaning, Sterilization and Disinfection Policy (See Infection Control Manual).
  - a. Disposable patient-care equipment is discarded after single patient use
  - d. Reusable instruments/equipment are cleaned and disinfected or sterilized as indicated between patients
  - c. Sterilizers are tested at least weekly with a biological indicator. A log documenting the time and contents of each load and the results of the biological indicator test is maintained. Records are kept for a minimum of three years

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## II. DEPARTMENTAL ACTIONS

The departmental administrator or designee:


- A. Is responsible for reporting known or suspected infection control problems to the Infection Control Unit.
- B. Submits Departmental Infection Control policies and procedures to Infection Control for approval at least every 3 years.
- C. Is responsible for monitoring departmental compliance with Infection Control policies and procedures, including education and practice issues.
- D. Is a (consultative) member of the Infection Control Committee

## III. DEPARTMENTAL INFECTION CONTROL EDUCATION

- A. All newly hired personnel will attend infection control orientation.
- B. All personnel adhere to infection control practices as outlined in the Infection Control Manual and departmental policies.
- C. All personnel with patient or specimen contact or contact with contaminated items will complete annual review of Infection Control practices, OSHA Bloodborne Pathogen Standard, and the Tuberculosis Exposure Control Plan.
- D. Additional in-service presentation(s) and consultation(s) with Infection Control are provided as needed. Please call the Infection Control Office to arrange consultation.

## IV. DEPARTMENT- SPECIFIC PRACTICES (IF APPLICABLE)

- A. Biomedical Engineering Staff adhere to the BBP ICP when handling contaminated equipment-see departmental procedure for details
- B. Biomed dialysis team members adhere to Dialysis Department infection control policies for specific population and equipment

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**V. REFERENCE INFORMATION**

- A. MGH Infection Control Manual
- B. Departmental Policy and Procedure Manual
- C. Bloodborne Pathogen Exposure Control Plan (Appendix to Infection Control Manual)
- D. Tuberculosis Exposure Control (Appendix to Infection Control Manual)

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| Review Cycle                               | ▪ Three (3) years  | Approval Date: 8/10<br>Effective Date: 8/10 |
| Departmental Manager<br><br>Patricia Volpe | Chief of Infection Control Unit<br><br>David C. Hooper, MD<br>Chair, Infection Control Committee |   |