



IC5.1.01 - Infection control program plan

ADMINISTRATION 018610, approved by AAMC on 1/2002

Policy Statement

It is the policy of Anne Arundel Medical Center to utilize the most commonly accepted aseptic techniques in order to ensure a clean and safe environment for the treatment and care of its patients.

The Infections Committee has the ultimate responsibility for the surveillance and control of infectious disease within the Medical Center. Infection control must be practiced by all Medical Center employees.

Procedures

A. The Infection Control Coordinator acts as liaison between the Infection Committee and all other departments of the hospital. The Infection Control Coordinator is responsible for the tracking and monitoring of nosocomial infections. This information is reported to the Infection Committee for analysis and follow-up as a component of the hospital's Quality Assurance program.

Diseases of immediate public health importance should be reported by phone or in writing to the Infection Control Coordinator who will report them as required by law to the Anne Arundel County Health Department.

All potential problems pertaining to Infection Control should be referred to the Infection Control Coordinator. The Infection Control Coordinator may be reached Monday - Friday, 8:00 AM - 4:30 PM on long range pager 1200-850-8124 or at extension 1591. If an immediate response is needed at other hours, the supervisor or director of the affected department should be contacted.

In the absence of the Infection Control Coordinator, Hospital Epidemiologist should be contacted at extension 1590 or through the hospital operator.

B. Aseptic techniques in the care of all patients, at all times regardless of the patient's diagnosis, include, but are not limited to, the following:

1. Wear gloves when it is likely that hands will be in contact with body substances (blood, urine, feces, wound drainage, oral secretions, sputum, vomitus).
2. Protect clothing with a plastic apron or water repellent gown when it is likely that clothing will be soiled with body substances.
3. Wear masks and/or eye protection when it is likely that eyes and/or mucous membranes will be splashed with body substances.
4. Discard uncapped needle/syringe units and sharps in puncture-resistant containers for this purpose. Do not re-cap, bend, break or cut needles.
5. Patients should be screened for infectious diseases or for the presence of infectious disease in the patient's family. Special room assignment and use of barrier techniques may be instituted to prevent spread of infection.
6. Clean, fresh supplies should be used for each patient. A clean room with necessary supplies should be provided for each patient. Equipment which is used repeatedly by the same patient should be frequently cleaned and decontaminated or sterilized, if necessary. Equipment such as heating pads, air mattresses, etc., used by a number of patients should be cleaned and decontaminated after each individual patient use.
7. Patient care should be administered, either directly or indirectly, by personnel who are themselves free from infection. Employees who are in questionable health should be seen by the Employee Health Nurse.
8. Hand washing must be done before and after any contact with a patient. Unless personnel wash their hands thoroughly before and after any activity, they may contaminate clean or sterile supplies and equipment or spread

pathogens directly or indirectly to the patient and others. Waterless, alcohol-based solutions such as Avagard, are the preferable agent for handwashing.

9. Proper sterilization and decontamination of supplies and equipment must be maintained. The storage of infrequently issued supplies and equipment in closed cabinets helps to prevent contamination.

10. Single-use vials and bottles of sterile solutions and medications are preferable to multi-use containers.

11. Clean and dirty procedures and items must be separated. Carts or dumbwaiters for returning or procuring supplies should be designated clean or dirty. They should be cleaned daily, or more often if indicated.

12. The environment should be maintained as clean as possible. This can be enhanced by:

a. Good, thorough housekeeping practices.

b. Providing the patient with clean bed linen, blanket, and clothing as often as indicated to aid in removing pathogens from the immediate environment.

c. Removing soiled linen from the bed, and rolling the most contaminated side innermost with a minimum amount of motion, which helps prevent dissemination of pathogens.

d. Teaching patients the proper use of paper wipes when they cough, sneeze, and expectorate, and to discard used wipes directly into a moisture-proof bag.

e. Teaching the patient good personal hygiene such as thorough bathing and Hand washing to reduce opportunities for self-infection, or reinfections, and infection of others.

f. Minimizing traffic in any area when sterile procedures are being performed.

13. Hazardous or infectious waste must be bagged and put in a specially designated trash container for incineration.

14. Each department shall develop detailed policies and procedures for infection control.

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