OSHA – BLOODBORNE PATHOGEN RULE
- Handwashing between patient contacts is mandatory.
- Blood and body fluids from all patients are considered potentially infectious at all times, regardless of diagnosis. The Federal Government (OSHA) has mandated rules governing practice both inside and outside the hospital or in the medical offices. Annual training is mandated. PPE (personal protective equipment) is required depending on task, or medical procedure being performed.
- There are specific guidelines governing the handling of potentially infectious TB patients. These guidelines are based on CDC and Prevention recommendations, NYSDOH and OSHA rules.

Needles/Sharps Disposal
- Regulated Medical Waste (Red Bag Waste) includes only blood soaked/dripping items/ dressings and isolation trash.
- Disposal of all needles and sharps into puncture resistant containers is mandatory to avoid injury litigation and government fines. Engineering controls (safety needles) are continually being updated. Safer equipment is mandatory.

Guidelines for Sterilization/Disinfection
- Documentation by policy and procedure is mandatory. Training with documentation of workers who will perform these procedures is mandatory.
- Instruments or any devices that enter sterile tissue of any patient must be sterilized before each use. Documentation of the process should be kept on file (i.e. sterilized spore testing).
- Devices that contact mucous membrane should be sterilized or must have high level disinfection (i.e. glutaraldehyde, kills vegetative organisms and viruses but not spores). Note, glutaraldehyde has new OSHA and Federal worker protection limits which include worker monitoring; air monitoring and disposal other than into the sewer.)
- Chemical germicides registered with the EPA may be used for disinfectant depending on contact time and prior removal of protein material with soap/water solution or soaking agent. Alcohol wiping is not sufficient for devices that enter mucous membranes.
- External devices such as blood pressure cuffs, stethoscopes may be wiped clean with alcohol or an EPA approved disinfectant.

New CDC Precautions
- Patients admitted to the hospital system with infections or potentially communicable diseases are to be placed on the appropriate isolation/precautions until rendered non-infectious or the potential infection is ruled out. Patients with laboratory confided colonization/infections may be cohorted by Infection Control.
- The appropriate information is to be communicated to Admitting/Emergency Dept. at the time of admission so that appropriate room placement may be made. You must report all mandated reportables identified in your practice.
- Seven types of precautions are used:
  1) Blood/body fluids, 2) Contact; 3) Respiratory, 4) Respiratory for Suspect TB, 5) Strict, 6) Enteric, and 7) Drainage/Secretion

Discontinuation of Precautions
- Patients who are infected/colonized with the same organism may be cohorted at the discretion of INFECTION CONTROL and Infectious Diseases, especially if there are epidemics. Patients having positive cultures for MRSA and positive smears for TB have specific protocols for discontinuing isolation. VRE (Vancomycin Resistant Enterococcus faecium/faecalis) patients remain on Contact Isolation during their hospital stay.
- Please read and follow signage instructions posted outside rooms of patients on precautions.

EMPLOYEE HEALTH
- Proof of immunity for Rubella and Varicella is required. A PPD is required annually to be placed and read unless history of a past positive PPD. Then CXR results must be provided. Physicians need to supply this information to the Medical Staff Office.

EDUCATION
- Physicians are required to have attended a state mandated infection control course by July 1994 and every four (4) years thereafter. Certificates must be submitted to the Medical Staff Office and not to the New York State Office unless specifically required.

POLICY AND PROCEDURE MANUALS
- Infection Control manuals are available for your consultation on each patient unit, including the Occupational Exposure and TB Exposure Control Plan

Any further questions, kindly contact the Infection Control Department – 968-3092

ORIENTATION/Inf. Control – in-service
I. SECURITY
   a) Provided 24 hours /day, 7 days/week
   b) Monitor entrances and respond to incidents as necessary
   c) Availability

   Office Hours (1 Center) Monday-Friday 8:00 a.m. – 4:00 p.m.
   Extension #3300

   All other times:
   Non-emergency – Page Security Supervisor through “Operator”
   STAT – Dial “555” from any phone
   d) Visible Hospital – issued ID badge must be worn while in facility. ID badge is issued/replaced by
      Security Dept., Ext. 3300

II. FIRE SAFETY
   a) PA announcement for fire CODE 3600 and location (see posted code charts for chime signal locations).
   b) REPORT ALL FIRES
   c) Report a fire by:
      A – Dialing “3600” on phone – NOT OPERATOR
      B – Pull Red alarm box handle
   d) For FIRE in your area remember R.A.C.E.
      R - REMOVE people
      A – ALARM transmitted
      C – CONFINE FIRE. Close doors
      E – EXTINGUISH – if you can
   e) For fire in another area:
      - Stay put, don’t open large smoke compartment doors in hallways
      - Don’t use elevators until the all clear announcement
   f) Follow direction of Emergency Response Team
   g) If necessary, evacuate, use stairs and don’t return until area is declared safe.
   h) The Hospital is smoke-free EXCEPT Psych and Detox Patients, with physician’s orders only
   i) The most effective fire safety is fire prevention.

III. FEDERAL HAZARD COMMUNICATION STANDARD
   a) You have a right-to-know about hazardous substances in the workplace.
   b) You need to determine when or if these substances are present.
   c) Personal protective equipment (PPE) and information (Material Safety Data Sheets) are available to you
      in the user areas.
   d) Problems associated with hazardous substances should initially be reported to the supervisor or
      Department Head. Additional reports should be made to the Department of Safety and Security.

IV DISASTER RESPONSE
   Certain internal or external disaster conditions (natural, mass casualty incidents, etc.) may necessitate a physician
   response to the Hospital to provide an augmentation of the in-house medical staff. Notifications to selected (or
   designated physicians will be made by Department chairpersons (or designee)

   Any further questions may be addressed to:

   William Dugan, Director of Security 968-3300