Infection Prevention & Control

San Joaquin General Hospital

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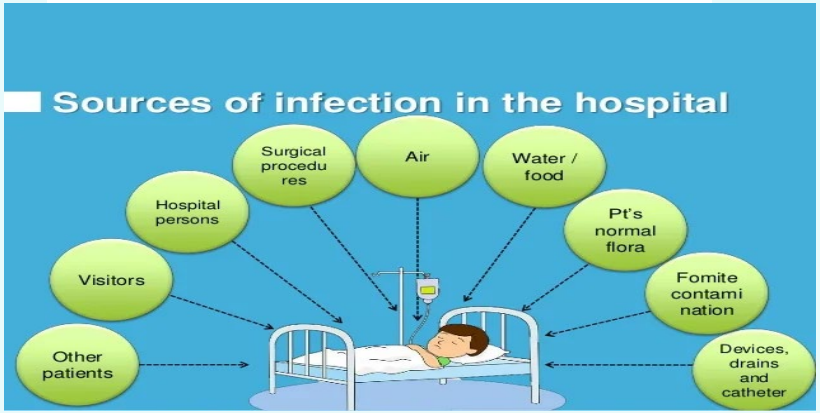
Objectives

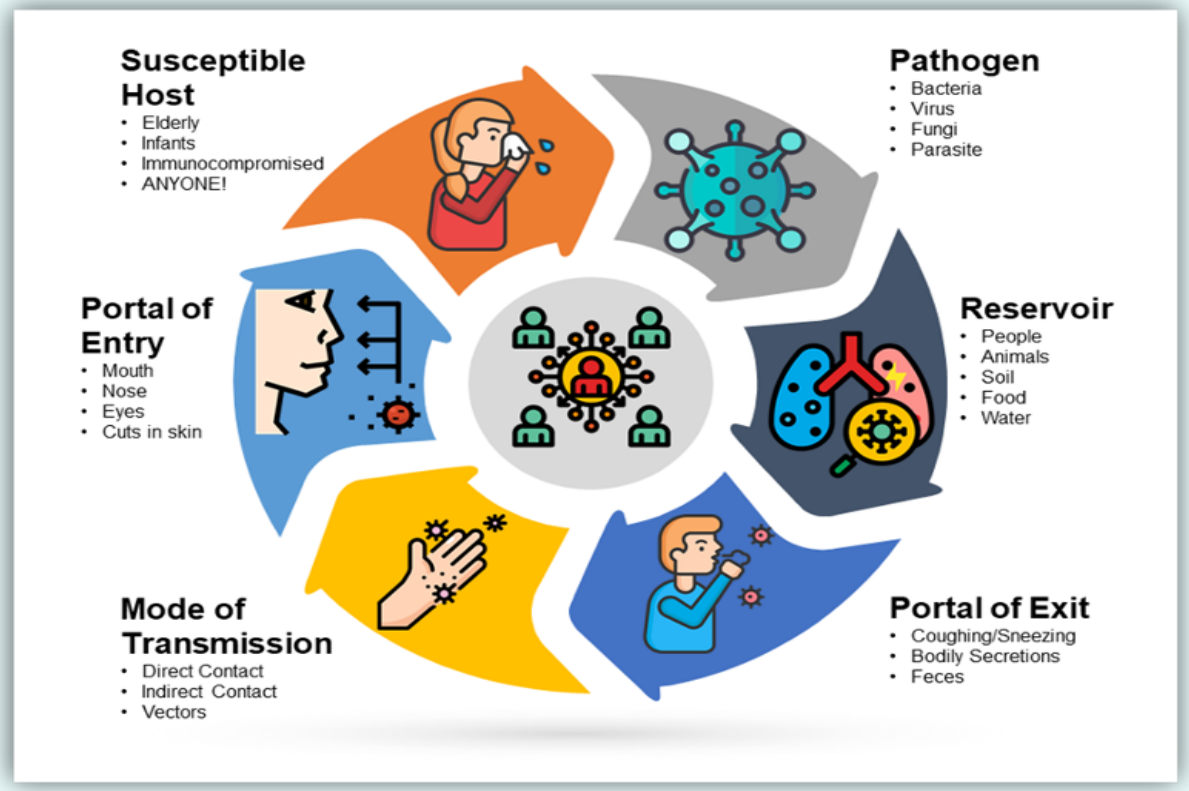
- Communicate SJGH Infection Prevention Plan
- Understand commonly transmitted infections within health care setting
- Understand our roles in preventing infections
- Describe strategies to prevent healthcare associated infections (HAI's)
- Understand transmission-based precautions (isolation)
- Review safe injection practices and practices to prevent blood-borne pathogen
- Understand requirements for waste management

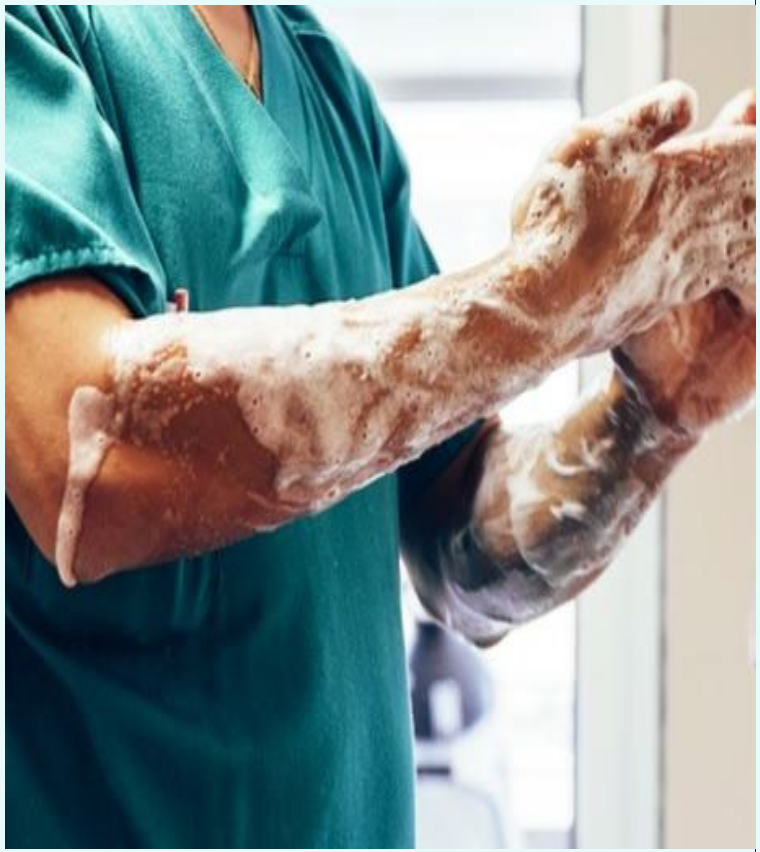


Strategies for Infection Prevention

- Use Standard Precautions including hand hygiene
- Surveillance for infectious diseases-what we look at every day (All positive labs and radiology)
- Isolation (Transmission-Based Precautions)
- Environmental Cleaning
- Prevention Multi-Drug Resistance Antimicrobial Stewardship

Chain of Infection





What are HAI's?

Healthcare Associated Infections

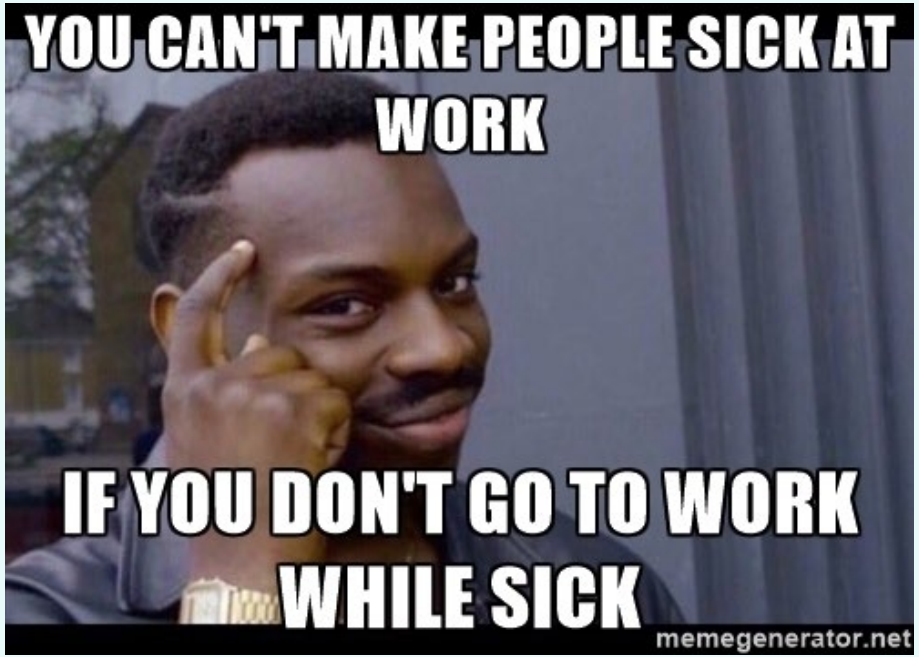
- On any given day, 3–4% (or 1 in 30) hospital patients get an HAI
- Approximately 2 million patients per year
- Lathrop, Manteca, and Ripon

FOCUS ON INFECTION PREVENTION

Financial cost of HAI's: Approximately $45 Billion/year

Healthcare ACQUIRED INFECTON	COST PER CASE	% OF TOTAL HAI COSTS
CLABSI Central line associated Bloodstream infection	$45,814	18.9%
CAUTI Catheter associated Urinary Tract Infections	$896	less than 1%
SSI Surgical Site Infections	$20,785	33.7%
CDI C. Difficile Infection	$11,285	15.4%

Another Risk often overlooked…



- NEVER come to work sick – ever.
- If you feel unwell or exhibit any symptoms of COVID-19, please stay home. If you have COVID-19 symptoms, contact our Respiratory line immediately at 209-468-6514.

NATIONAL PATIENT SAFETY GOAL # 07:

REDUCE RISK OF HEALTH CARE ASSOCIATED INFECTIONS (HAI'S) USING EVIDENCE-BASED PRACTICES

HAND HYGIENE

- Use Hand Cleaning Guidelines from the CDC (Centers for Disease Control).
- Set goals and use them to improve hand hygiene
- Our goal is 95% (we range between 89–95%)

Hand Hygiene observations occur house-wide to include staff, volunteers, students, and visitors entering and exiting patient care areas.

Why is Hand Hygiene Important?

- Infections are a serious problem in healthcare facilities.
- Every year, an estimated 2–3 million patients get a hospital-related infection.
- Many infections are transmitted on the hands of healthcare personnel.
- Hand hygiene is part of Standard Precautions. It can reduce the transmission of healthcare-associated infections – to your patients and to you.

https://www.youtube.com/watch?v=LvRP3c5n3P8

Video

When should healthcare workers practice hand hygiene?

5 Moments for Hand Hygiene

- Before entering room and touching a patient – Each encounter
- Before clean or aseptic procedure or handling invasive medical devices
- After blood, body fluids, or contaminated surfaces
- After touching a patient or their surroundings
- When leaving room

(WHO, 2006)

Additional moments for health care workers to practice hand hygiene… just a reminder!

- Before moving from work on a soiled body site to a clean body site on the same patient
- Immediately after glove removal
- After using the restroom/ and before eating or handling foods
- Before/After medication administration

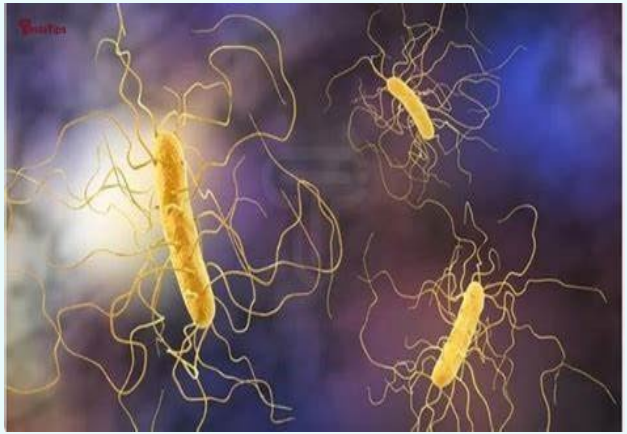
(CDC, 2021)

Which product should I use?

- Alcohol-based hand sanitizer is preferred
- For non-visibly-soiled hands
- Use after removing gloves
- Use after dry skin contact
- Quick, effective, kind to skin
- More effective than soap and water for killing bacteria
- *NEVER use for C-diff rooms (not effective sporicidal)*

Hand Hygiene 101
Sanitizers

WHO: How to handrub? With alcohol-based formulation (youtube.com) Video

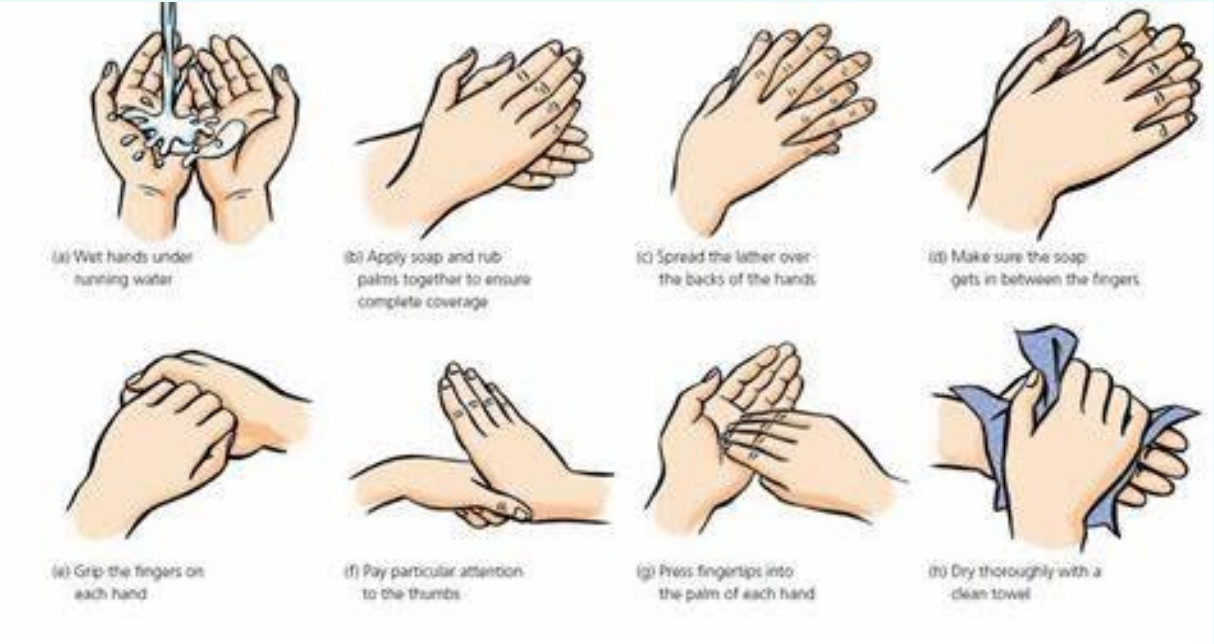


When do I use Soap & Water?

- When your hands are visibly soiled
- After going to the restroom
- Before and after you eat OR drink anything
- After known or suspected exposure to Clostridium difficile (C. diff) 29,000
- After known or suspected exposure to patients with infectious diarrhea from Norovirus
- Known exposure to Bacillus anthracis (anthrax)

Hand Hygiene 101
Soap and Water

Hand-washing Steps Using the WHO Technique – YouTube Video



ANTIMICROBIAL STEWARDSHIP

- The key elements of antimicrobial stewardship are:
- To ensure we prescribe the right antibiotic, antiviral, antifungal for the patient
- Consider age, medical conditions, pregnancy, or long-term care resident choose the right dose, duration, and route for the condition you are treating
- Mandated by CDC as of 2024 and we report our use of Antibiotics and the organisms that the patient was being treated for

Why is Antimicrobial Stewardship Important? (youtube.com) Video

Reference: David Boan, PdD; Paul Cook MD; Christopher Crnich MD; et al. "What Every Health Care Executive Should Know: The Cost of Antibiotic Resistance" Joint Commission Resources , June 2009.

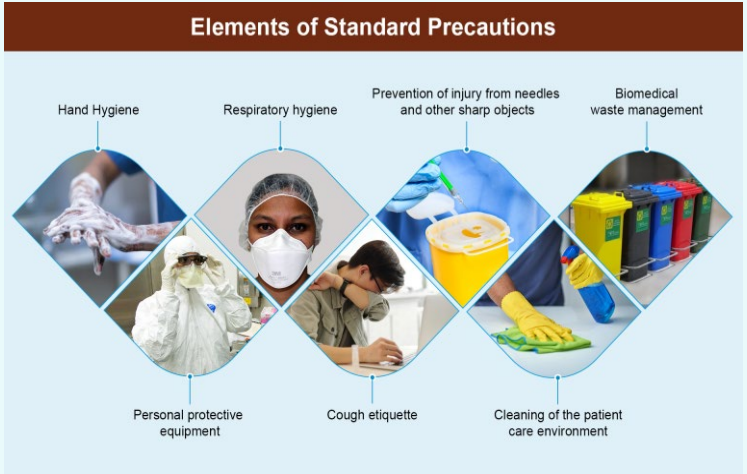
Standard Precautions

TREAT ALL BLOOD AND BODY FLUID AS POTENTIALLY INFECTIOUS

Applies to ALL patients regardless of diagnosis or ID status

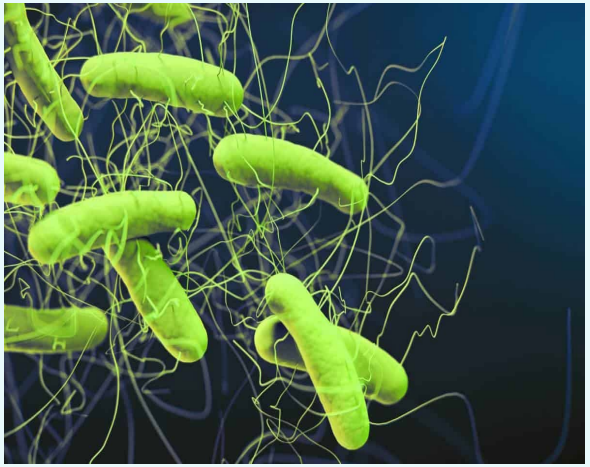
Key elements of Standard Precautions include:

- Risk assessment
- Hand hygiene
- Respiratory hygiene and cough etiquette
- Patient placement (isolating those appropriate)
- Personal protective equipment
- Aseptic technique
- Safe injections and sharps injury prevention
- Environmental cleaning
- Handling of laundry and linen
- Waste management
- Decontamination and reprocessing of reusable patient care items and equipment (SPD)



- **Fingernails** (Direct clinical staff, support staff and dietary)
- No artificial nails, extenders, tips, or gels.
- Natural nails no longer than ¼ inch beyond nailbed.
- Nail polish not be chipped.
- Nails clean and trimmed.
- **Hand Health**
- Hand hygiene: Wet hands before applying product.
- Cuticles, hands and forearms w/o oozing areas. Breaks in skin integrity clean and covered with waterproof dressing.
- Limit jewelry on hands and wrists. If worn, plain wedding band preferred.
- **Lotion**
- Recommended: Before Starting Work; After Hand Hygiene; Before Breaks, Before Leaving Work.
- Hospital-approved product.

C. diff PREVENTION (*Clostridium difficile*)



- *C. diff* can live on people's skin. People who touch an infected person's skin can pick up the germs on their hands.

- Make sure all healthcare providers clean their hands before and after caring for you. Ask them to clean their hands if you don't see them do so. Must use soap and water

- While caring for you and other patients with *C. diff*, healthcare providers will use certain precautions like wearing a gown and gloves. This will prevent the spread of *C. diff* to themselves and other patients.

- Assure proper Daily and Terminal Cleaning is performed

Pathogens survive on surfaces

Pathogen	Length of survival
Acinetobacter sp.	3 days to 5 months
Adenovirus	7 days-3 months on inanimate surface
Influenza	24–48 hrs on nonporous surfaces
Coronavirus	72 hrs on non-porous surfaces
RSV	6 hrs
Norovirus	8 hr-7 days on inanimate surface, <14 days stool
Rotavirus	6–60 days
C-difficile	5 months on hospital floors
MRSA	7 days to 7 months
Pseudomonas	6 hours-16 months; on dry floor: 5 weeks
VRE	5 days to 4 months

CDC Science Brief: SARS-CoV-2 and Surface (Fomite) Transmission for Indoor Community Environments. 2021

Kramer et al. BMC Infect Dis 6, 130 (2006). https://doi.org/10.1186/1471-2334-6-130

High Touch Surfaces – “ *Patients Surroundings”*

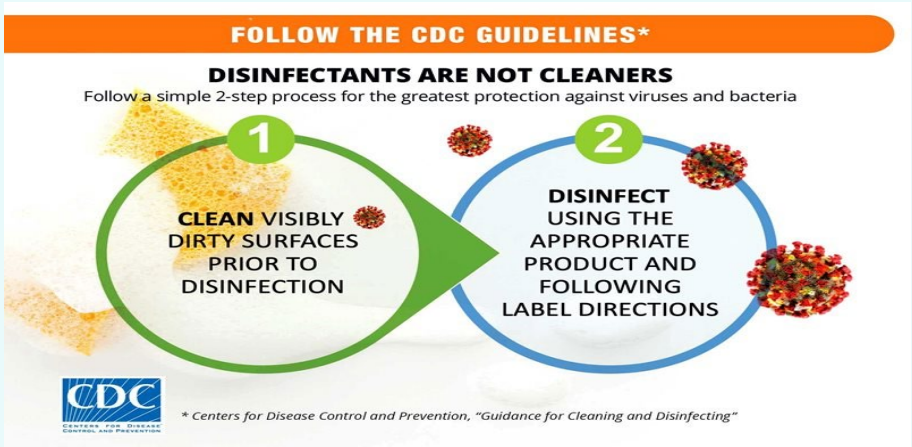
Strategies to improve Environmental Hygiene

Healthcare environmental hygiene comprises cleaning all surfaces in hospital rooms and plays a crucial role in infection prevention and control. For this practice to be effective, it relies on adequate cleaning products and supplies, best practices-based protocols, training, education and quality control, and the institutional safety climate.

- Clean the general hospital environment & Clean shared equipment items
- Educate and train staff
- Source Control: Reduce contamination of the environment by patients.
- Promptly Clean Soiled Equipment and Environmental Surfaces before drying. All surfaces/lumens- use friction.
- Safe and Effective Use of Disinfectants.
- Cleaning and Disinfection of High Touch Surfaces in Patient-Care Areas

Two-Step Cleaning Process

- Step 1: Clean visibly soiled equipment
  - may use a wipe
  - remove blood and/or potentially infectious material
- Step 2: Disinfection of equipment
  - thoroughly wet surface with product
  - allow for the appropriate wet contact/dwell time depending on product used



Cleaning Before Disinfecting

- Cleaning removes large numbers of microorganisms from a surface that would otherwise interfere with the disinfection process
- Disinfectants are not as effective in the presence of organic material

Important: A thorough cleaning must occur before a surface can be disinfected!

Contact Time AKA " Dwell Time"

- Dwell Time: The time a disinfectant is in direct contact with a surface, and remains wet, for an item to be effectively disinfected.
- The surface of the item must be wet for the duration of time specified on the canister

Start Time
Application of product

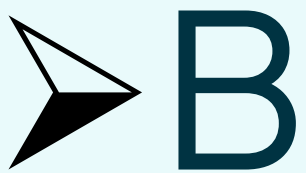
End Time
Drying has occurred

DWELL TIME 2 MINUTES

Dwell Time Scenarios

- A. Wipe an entire OR table and then wait 2 minutes for anyone to use it?
- B. Continuously wipe the OR table for 2 minutes then let it dry before use?
- Is it A or is it B?
- And the answer is……

Dwell Time Scenarios



PPE Donning & Doffing

Perform hand hygiene before donning gloves

Perform hand hygiene upon completion of removal of gloves, gown, mask, and eye shield

Remember gloves do not replace hand hygiene!

Transmission-Based Isolation Precautions

- Precautions start before you enter a patient's room – Anticipate the supplies you will need
- Leave all signage up, EVS will remove after the room has been terminally cleaned

Communicate:

Notify receiving department/hospital before transferring the patient of ALL ISOLATION required. Use required form for all transfers out of facility.

- Contact Precautions
- Contact Precautions w/ enteric precautions- C. diff only- alcohol gel removed from room; appropriate disinfectant and floor cleaning – Droplet Precautions
- Enhanced Droplet/Contact (COVID) --- N95
- Droplet surgical mask
- Airborne Precautions N95

Enteric Contact Isolation (Special)

When entering a room with enteric contact precautions, <u>washing with soap and water required.</u>

Closteroides difficille (C diff)

- Must only use soap and water – Hand sanitizer gels are NOT effective for HH
- Room cleaned with specialized cleaner – Oxycide – NOT BLEACH
- Bleach found not to be effective in most recent data and research

CONTACT PRECAUTIONS

STOP

ALTO

Visitors must report to Nursing Station before entering.

☑ Perform hand hygiene before entering and upon leaving room.

☑ Wear gloves when entering room or cubicle, and when touching patient's intact skin, surfaces, or articles in close proximity

☑ Wear gown when entering room or cubicle and whenever anticipating that clothing will touch patient items or potentially contaminated environmental surfaces.

☑ Use patient-dedicated or single-use disposable shared equipment or clean and disinfect shared equipment (BP cuff, thermometers) between patients.

PRECAUCIONES DE CONTACTO

Los visitantes deben presentarse primero al puesto de enfermeria antes de entrar. Lávese las manos. Póngase guantes al entrar al cuarto.

CONTACT PRECAUTIONS

STOP

ALTO

Visitors must report to Nursing Station before entering.

SPECIAL ENTERIC

☑ Perform hand hygiene before entering room AND wash hands with soap and water upon leaving room.

Remove any alcohol gel / foam from the room to prevent unintentional use.

☑ Wear gloves when entering room or cubicle, and whenever touching the patient's intact skin, surfaces, or articles in close proximity.

☑ Wear gown when entering room or cubicle and whenever anticipating that clothing will touch patient items or potentially contaminated environmental surfaces.

☑ Use patient-dedicated or single-use disposable shared equipment whenever possible. Otherwise, clean and disinfect shared equipment (BP cuff, thermometers) with diluted bleach between patients (bleach wipes are also approved for disinfection).

PRECAUCIONES DE CONTACTO

Los visitantes deben presentarse primero al puesto de emfermeria antes de entrar. Lávese las manos con agua y jabón. Póngase guantes al entrar al cuarto.

DROPLET PRECAUTIONS

STOP

ALTO

Visitors must report to Nursing Station before entering.

☑ Perform hand hygiene before entering and before leaving room

☑ Wear mask when entering room Visitors and health care workers

☑ Wear gloves when entering room or cubicle, and whenever touching the patient's intact skin. surfaces, or articles in close proximity.

☑ Wear gown when entering room or cubicle and whenever anticipating that clothing will touch patient items or potentially contaminated environmental surfaces.

PRECAUCIONES DE GOTAS DIMINUTA

Los visitantes deben presentarse primero al pueeto de enfermeria antes de entrar. Lávese las manos. Póngase mascara al entrar al cuarto. No debe entrar el dietista.

AIRBORNE INFECTION ISOLATION PRECAUTIONS

Visitors must report to Nursing Station before entering.

☑ Perform hand hygiene before entering and upon leaving room

☑ Wear N95 respirator when entering room
Visitors see nurse for instruction on proper use.

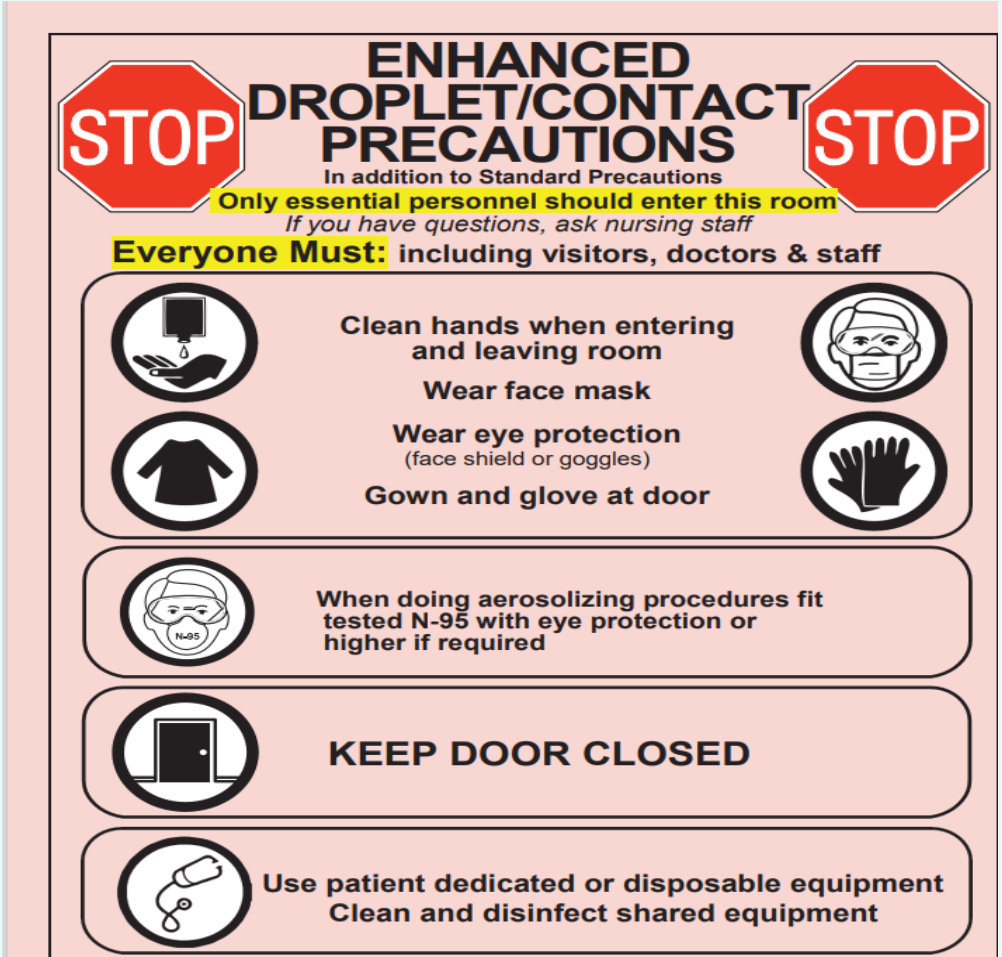
☑ Keep door closed

☑ Dietary may not enter
No debe entrar el dietista

PRECAUCIONES AMBIENTALES

Los visitantes deben presentarse primero al puesto de enfermeria antes de entrar. Lávese las manos. Póngase mascara N95 confiltro al entrar al cuarto. Mantenga la puerta cerrada. No debe entrar el dietista.

COVID if no Negative Airflow room Available



Does a COVID-19 Patient need Airborne Isolation?

No. Airborne Isolation is preferred but not mandated by CDC

COVID patients can go in single room, door shut, Contact plus Droplet isolation, MUST WEAR N95

COVID – ALWAYS AN N95

MRSA – Methicillin Resistant Staph aureus (SB 1058)

- Methicillin-resistant Staphylococcus aureus (MRSA) infection is caused by a type of staph bacteria that's become resistant to many of the antibiotics used to treat ordinary staph infections.
- MRSA infections occur in people who've been in hospitals or other health care settings, such as nursing homes and dialysis centers.
- Hospital Acquired -MRSA can spread by health care workers touching people with unclean hands or people touching unclean surfaces.
- Another type of infection has occurred in the wider community — among healthy people. This form, community-associated (Community Acquired-MRSA), often begins as a painful skin boil. It's usually spread by skin-to-skin contact.



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MRSA Isolation

- Contact Precautions on admission for ACTIVE disease
- Active Disease: Open and Draining wounds or current respiratory illness
- Can be cohorted
- Isolation for Nares/Colonization is not needed

Surveillance Testing for MRSA: Swab nares on admit if:

- Transferred from Skilled Nursing Facility (or High-Risk Healthcare Facility determined by Physician)
- Discharge from an Acute Care Hospital within 30 days of the admit
- Admit to ICU within 24 hours of admission (Admit to ICN from another hospital)
- ALL dialysis patients ON DISCHARGE
- Susceptible immunocompromised surgery patient determined within 1st 24 hours admit, determined by Physician.
- Positive for MRSA? Documented MD notification of patient or responsible party; documented teaching to prevent transmission of MRSA; documented notification of receiving hospital/SNF on discharge.
- ****Put Chart alert on the EMR****

Other Pathogens of Importance we routinely monitor

- Influenza
- TB- 61 Active cases in SJGH in 2024– Newly diagnosed here!
- Candida auris- None in San Joaquin County, YET!
- Legionella – Present in another facility in San Joaquin County
- SARS-CoV-2 – KP 3.1.1 Variant is dominant now and virulent – uptick in admissions and employee cases
- Acinebacter- A. baumannii is the most concern. Specific to Hospitals and spreads like wildfire! Must practice great Hand Hygiene and Isolation precautions to prevent its spread!

Tuberculosis, TB
(Mycobacterium tuberculosis)

- Tuberculosis (TB) is a disease caused by germs that are spread from person to person through the air.
- TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys, or the spine.
- A person with TB can die if they do not get treatment. It is thought that 25% of the population of the world has been infected by TB
- The general symptoms of TB disease include feelings of sickness or weakness, unintended weight loss, fever, and night sweats, blood in sputum, travel and stay in a foreign country for 30 or more days. The symptoms of TB disease of the lungs also include coughing, chest pain, and the coughing up of blood.
- TB gets into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks, or sings. These germs can stay in the air for several hours, depending on the environment..

Tuberculosis, TB
(Mycobacterium tuberculosis) (cont.)

- TB disease can be treated by taking several drugs for 6 to 12 months.
- It is very important that people who have TB disease finish the medicine and take the drugs exactly as prescribed. If they stop taking the drugs too soon, they can become sick again; if they do not take the drugs correctly, the germs that are still alive may become resistant to those drugs.
- TB that is resistant to drugs is harder and more expensive to treat.
- In some situations, staff of the local health department meet regularly with patients who have TB to watch them take their medications. This is called directly observed therapy (DOT). DOT helps the patient complete treatment in the least amount of time.
- HIGH background rate of TB in San Joaquin County

- What You Need to Know About Tuberculosis Fact Sheet | Tuberculosis (TB) | CDC

Tuberculosis, TB

(Mycobacterium tuberculosis) (cont.)

- Suspected Infectious TB Patient:

Unless the individual's condition has been medically determined to result from a cause other than TB

You can place patient in isolation upon your assessment

- Is a person known, or with reasonable diligence should be known, to have TB infection and has signs and symptoms of pulmonary or laryngeal TB.
- Has a positive acid-fast bacilli (AFB) sputum smear, or
- Has a persistent cough lasting 2 or more weeks, fever, night sweats, fatigue, unexplained/unplanned weight loss, hemoptysis, foreign travel with stay for over 30 days, known exposure to person with TB
- Has been started on anti-tuberculosis medications for clinical suspicion of active pulmonary or laryngeal TB but has completed less than 2 weeks of treatment or has not demonstrated clinical response.

Additional symptoms or risk factors: HIV infection, homelessness, alcoholism or drug abuse, poor nutrition.

TB: Early Identification and Treatment

- Prompt patient Respiratory Hygiene/Cough Etiquette
- Ventilation: Airborne Infection Isolation Room (AIIR, Negative Pressure Room) with door closed.
- Fast Track Placement in AIIR. Contact Nursing Supervisor if AIIR not available. Place in single patient room w/ procedure mask on patient and close door, until AIIR is available.
- Tissue Test on AIIR, by assigned RN at beginning of shift.
- Essential Caregivers and Visitors Only
- Defer Aerosol-Generating Procedures until AIIR available when possible.
- Transfer patient w/ procedure mask in place.

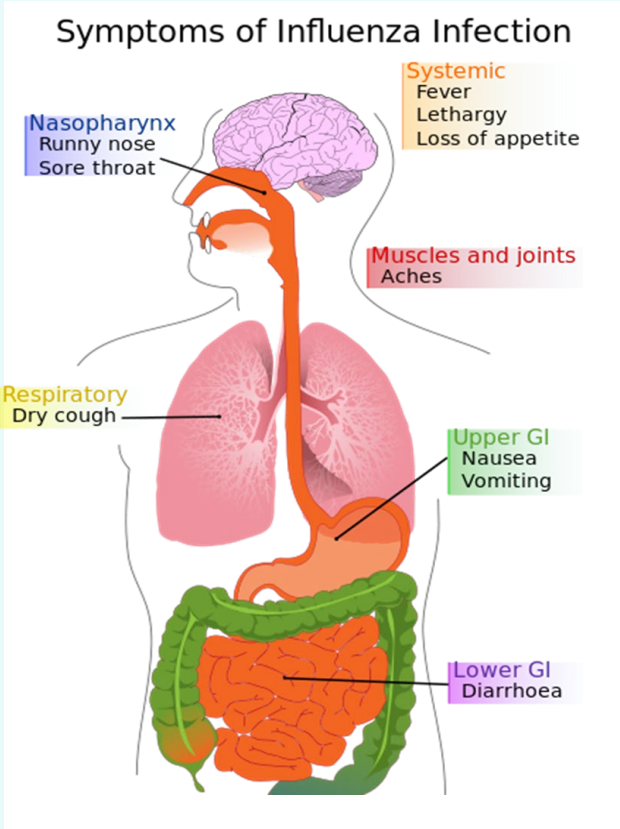
- Discharge Plan approved by San Joaquin County Public Health Services – MANDATED PT cannot be discharged with out their approval. After Hours, weekends and holidays, contact SJGH Operator who will get you the On call SJVCPHS Rep

Multi Drug Resistant TB can be caused by:

- Incomplete Treatment
- Interrupted Treatment
- Lack of adequate anti-TB Treatment
- MDR-TB and XDR-TB strains resistant to conventional TB treatment
- We have these strains in our community now!

Who needs a flu vaccination?

"EVERYONE"



Who is at Risk for needlestick?

- Healthcare personnel at risk for exposure to contaminated sharps (% exposures/job class):
- RN (51%)
- LVN (3%)
- NA (7%) OCA (2%)
- Physician/Std (24%)
- Resp Therapy (1%)
- OR/SPD Tech (5%)
- Housekeeper (2%)
- Laundry (0%)
- Security (0%)

Who is at Risk for needlestick? (cont.)

Medical Student/Resident injuries:

- Suture needles (44%)
- Hypodermic needles/syringes (22%)
- Scalpel (10%)

Clinicians doing an injection procedure:

- Manipulating needle in patient (18%)
- Recapping needle (14%)*

If you sustain a needlestick or sharps injury:

- WASH the wound immediately with soap and water
- FLUSH with water.
- Notify your supervisor
- Call Nursing Supervisor if your supervisor is not here
- REPORT the incident IMMEDIATELY – NO EXCEPTIONS!
- Fill out an Employee Accident Report & BBE form
- Goal of treatment: within 2 hrs.
- DISCUSS the risk of infection based on the circumstances of the injury
- FOLLOW-UP as directed by Nursing Supervisor (EHS or ED)

Please immediately report ALL needlesticks

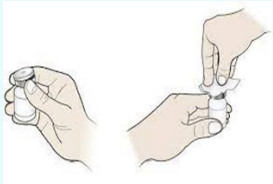
Most common causes of under-reporting:

- "lack of time"
- Perception of incidents as "low risk"
- Stigmatization/embarrassment
- Not knowing the procedure and afraid to say so
- "don't want to cause any problems"
- "I should have known better"

Medication Administration

- USE ASEPTIC TECHNIQUE

- Hand Hygiene
- Use a new needle and new syringe for every injection
- Disinfect the medication vial by rubbing the diaphragm (Rubber top) with alcohol for 5 seconds & allow to dry
- Draw up all medications in a clean medication preparation area- area wiped with appropriate cleaning wipe
- Discard all used needles and syringes and vials after the procedure is over in the sharps box.
- Never, ever, ever Recap a needle – Never. (don't even think about it)



Safe Injection Practice

SINGLE DOSE VIAL (SDV):

- SINGLE patient, SINGLE procedure or injection
- No antimicrobial preservative
- Do not save left over medication
- Discard after use
- Rubber not sterile. Wipe with alcohol for 5 seconds and let dry before accessing vial
- If it has already been accessed (e.g. needle-punctured), throw it away.

MULTIPLE DOSE VIAL

- Must have original manufacturers label
- Label with Month/Day/Year format (ex: 6/1/2023) when you use for the first time
- May be used for more than one patient with aseptic technique *IDEALLY ONLY ONE PATIENT*
- Contain antimicrobial preservative-no effect on bloodborne viruses (ie. Hepatitis B/C, HIV)
- Do NOT use when:
  - The beyond-use date has been reached
  - Doses are drawn in a patient treatment area (must be in med room)
  - Any time vial sterility is in question

WHEN IN DOUBT, THROW IT OUT

Protect Yourself, Co-Workers, and Your Patients

- Use safer needle devices and needleless devices to decrease exposures. disposable syringes and winged steel needles (butterflies)
- Avoid hurried care.
- Plan for safe sharps disposal.
- Discard contaminated sharps immediately or when feasible in appropriate container.
- Do not bend, recap, or remove contaminated needles.
- Wear gloves whenever blood or body fluids are present.
- Wear gowns and face/eye protection whenever blood or body fluid exposure is possible.
- All healthcare workers at risk should be immunized against Hepatitis B.

Waste Management

Hazardous Waste Containers commonly used

San Joaquin General Hospital

RED BAG WASTE & SHARPS WASTE	CHEMOTHERAPY WASTE	PATHOLOGY WASTE	SOLID WASTE (TRASH)	HAZARDOUS WASTE
Red Biohazard Bag Blood/blood products & OPIM Examples: ➢Saturated or grossly soiled disposables, i.e., bloody gauze, dressings, lap pads, OB and surgical peri-pads & gloves ➢Containers, catheters, or tubes with fluid blood or blood products not discarded or flushed i.e., blood sets, suction canisters liners & drainage sets ➢Dialyzers & tubing ➢Microbiology specimens, used culture plates, tubes, bottles, & devices Must be labeled with the int'l biohazard symbol and the word "biohazard" OR "Biohazardous Waste." *STEAM STERILIZED* **Sharps Containers** ➢Needles & syringes ➢Scalpel blades & lancets ➢Glass pipettes, slides, and tubes ➢Broken contaminated glass ➢Staples & wires ➢Disposable suture sets & biopsy forceps ➢**Vacutainer urine specimen collection lids** Must be labeled "sharps waste" OR with the int'l biohazard symbol and the word "biohazard."	**Chemotherapy Waste-Sharps, Container, or Bag** Trace-contaminated items generated in the preparation & administration of antineoplastic/cytotoxic drugs - Examples: ➢ Gowns ➢ Gloves ➢ Masks ➢ Barriers ➢ IV tubing ➢ Empty bags/bottles ➢ Empty drug vials ➢ Spill clean-up materials or kits ➢ HEPA filters from Pharmacy laminar air flow hood ➢ Needles & syringes Must be labeled "Chemotherapy Waste" OR "Chemo"  **Pharmaceutical Waste** ➢ Stericycle cannot accept any RX drugs that are RCRA and contain the following characteristics: ignitable, corrosive, reactive or toxic. ➢ When placed into storage, do not place these containers in a secondary container unless designated for RX waste. Must be labeled "Incineration Only." 	**Human or animal body parts** ➢Organs ➢Tissues ➢Surgical specimens ➢Suction Canisters with solidifier Exclusive of Formaldehyde or other preservatives Must be labeled "Pathology Waste" or "Path" *INCINERATED*  Stericycle®	Examples: ➢Paper & plastic wrappers, packaging, boxes, computer paper, office waste ➢ Unused medical products & supplies ➢ PPE (worn, but not soiled) ➢ Food products & waste (soda cans, paper cups, plastic utensils) ➢ Empty IV bags, bottles & tubing without needles ➢ Empty urine cups, stool containers, Foley bags/tubing, diapers, chux ➢ Exam & cleaning gloves ➢ Empty collection bottles & bags ➢ Sanitary napkins & tampons (personal) ➢ Disposable paper drapes, lab coats, paper towels, band aids ➢ Disposable basins, bedpans, urinals ➢ Non-mercury batteries ➢ Empty aerosol pressure cans 	Examples: ➢ Bulk chemotherapy waste or pourable chemo waste ➢ Certain pharmaceuticals-RCRA Pharmaceuticals are considered hazardous if they contain any of the following characteristics: ignitable, corrosive, reactive or toxic. I.E.-Epinephrine, Unused Nicotine patches, inhalers, warfarin etc. ➢ Mercury-filled devices, batteries, thermometers, & blood pressure cuffs & gauges ➢ Used solvents, stains, paints, & thinner ➢ Chemicals such as formaldehyde & formalin, acetone, toluene, mercury fixatives, alcohol, disinfectants & chemical sterilizing agents ➢ Radioactive material ➢Must be labeled "Hazardous Waste" 

Biohazard Material Waste Disposal (CDC)

- Disinfect, sterilize, inactivate or burn depending on its type and how contagious it is.
- Separate infectious materials from noninfectious.
- Red, Leak-proof , puncture-resistant containers, labeled w/international symbol.
- Plastic bags contained in a designated rigid or semi-rigid container. Keep containers covered during transport.
- Disinfect containers and carts used regularly for transport. Destroy single-use containers.
- Store for as short a period as possible. Pack to reduce exposure to rodents, vermin and other animals.
- Use state or local government approved disposal options.

Handling of Linen to Prevent Spread of Infection

- Always wash hands, then apply gloves
- Change linen between each patient AND when soiled AND as needed
- Prevent aerosols → DO NOT "fluff"
- DO roll linens up
- DO NOT carry linen close to body/uniform
- Inspect for hazardous instruments/sharps
- Contain linen in an impervious linen bag and tie the top shut
- Remove gloves, then do Hand Hygiene

Questions?

Appreciation

- Charo Jumaoas, RN MSN, CPHQ, HACP Deputy Director Standards & Compliance- "The Boss"
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- Phyllis Sloneski. MSN, RN - Mom- *"Healthcare is not just medicines and machines, its about caring, listening, educating, treating, giving all you got- and often a smile, a tender touch and an open ear is means more than you know"*

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THANK YOU

For questions…

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