

## Emergency Medicine

### **Purpose.**

The Emergency Medicine Department is tasked daily to triage and treat physical injuries and maladies which span the entire range of medical practice – Internal Medicine, Surgery, Pediatrics, Obstetrics, Gynecology, Trauma, Infectious Disease, etc. It is not the intent of this policy statement to address, in detail, all aspects of infection control in the Emergency Medicine Department. For a detailed discussion, refer to BUMEDINST 6000.3.

### **Responsibilities.**

- Department Head. Has the ultimate responsibility of ensuring that the EMD is adhering to established Infection Control policy. Establishes departmental practices that follow accepted Infection Control Guidelines. Ensures a safe environment for patients and staff alike.
- Division Officer. Works in concert with and offers guidance to the Infection Control Officer. Ensures that the staff is adhering to established Infection Control policy. Appoints the EMD Infection Control Officer.
- Infection Control Officer. Serves as a resource person to other staff. Provides quarterly Infection Control In-service. Provides additional in-services as the need arises. Performs review and update of the EMD Infection Control Manual as needed or when requested.
- Staff. Must have a working knowledge of the Infection Control Manual. Must adhere to established Infection Control policy and procedures. Must report communicable diseases/occupational injuries to Preventive Medicine/Occupational Health respectively for treatment and follow-up. Must complete certifications for aseptic technique as prescribed in the EMD orientation package.

### **Handwashing.**

Handwashing is considered the most important procedure for preventing nosocomial infections. Hand will always be washed with soap, prior to gloving, between patient contacts, after removing gloves, and after touching inanimate objects likely to be contaminated by the patient's body fluids.

### **General Policies.**

For protection against blood borne pathogens, "Universal/Standard Precautions" will be followed for all patients, regardless of their diagnosis.

- Protective attire
  - Gloves. Gloves will always be worn when one anticipates contact with blood, body fluids, mucous membranes, non-intact skin, or device that may have been in contact with same. For the protection of patients, all aseptic procedures will be performed using sterile gloves utilizing aseptic technique.
  - Facemasks. The use of facemasks is required during any aseptic procedure and whenever a treatment may produce aerosol spray. The facemask will be discarded after the treatment.
  - Eye protection. Eyes will be protected with shatter-resistant eye wear whenever aerosol spray of body fluids is anticipated.
  - Gowns. Gowns will be worn whenever the uniform is at risk of being contaminated with infective materials. The gown must be disposed of properly after each use.

**Sharps.**

Used sharps (needles, scalpel blades, and other sharp instruments) are to be considered as potentially infectious. They will be handled with extraordinary care to prevent accidental injury. Disposable sharps must be placed in puncture-resistant containers located as close as practical to the area in which they are being used. Needles are not to be recapped. Follow the algorithm in the Infection Control Manual if a needlestick or sharps injury occurs.

**Cleaning Instruments.**

Cleaning is the removal of all foreign material (i.e., soil, organic material) from objects. It is normally accomplished with water, mechanical action, and detergents. Cleaning must precede disinfection and sterilization procedures. After appropriate cleaning, instruments are sent to the MOR for wrapping and sterilization.

**Infectious Waste.**

Infectious waste will be disposed of in accordance with hospital policy. Follow the guidelines in the Infection Control Manual.

**Soiled Linen.**

Soiled linen must be placed in an impervious linen bag of sufficient quality to contain used/soiled linen.

**Decontaminating Surfaces and Equipment.**

- Gurneys and working surfaces are routinely cleaned each night with an EPA approved disinfectant detergent. They are also cleaned each time soiling occurs and following treatment of a patient with a known infectious agent. Linen is changed between patients.
- Floors and horizontal surfaces are cleaned at least daily by housekeeping using an EPA approved disinfectant detergent. Spot soiling of the floor by body fluids, during treatments, will be cleaned and disinfected with a 1:10 bleach solution by EMD staff immediately following the treatment.

**Ambu Bags.**

Disposable ambu bags are routinely used and disposed of after each use.

**Triage.**

Emphasis is placed on identifying infectious patients and on identifying immuno-suppressed patients. Isolation will be followed in accordance with the Infection Control Manual and EMD Policy and Procedures Manual.

- Communicate. Staff providing care, must be alerted so that they can take appropriate measures.
- Respiratory. Patients with communicable diseases that are spread by droplet or airborne transmission (i.e., varicella, TB, and measles) are separated from the general patient population, placed in a room, and required to wear a disposable mask.
- Immuno-suppressed. These patients must be identified and appropriate measures taken to protect them from the risk of infections. These patients should be removed from the general waiting area if possible.

**Traffic Control.**

It is prudent to eliminate unnecessary traffic as this reduces the risk of transmission of infectious agents to others.

**Laboratory Specimens.**

EMD staff has a responsibility to properly prepare specimens for delivery to the lab. Care must be taken to prevent contamination of the outside of the specimen containers. All blood specimens must be placed in a zip-lock bag for transport.

All patients are considered potentially infectious. “Universal/Standard Precautions” will be followed on all patients regardless of their diagnosis.