

## Infection Control and Prevention

### A. Providing a sanitary environment

- All treatment-related areas, equipment and surfaces are kept free of blood, mold, and accumulation of dirt, dust and other potentially infectious materials.
  - Treatment-related areas include any areas accessible to patients or public and areas where dialysis supplies, equipment, and medications are stored, prepared, or processed.
  - There is a clear separation of clean and dirty work areas. Clean areas are used for storage and preparation of medications and unused supplies; dirty areas are used for contaminated equipment.
- Blood spills are promptly cleaned up with EPA-registered tuberculocidal hospital disinfectant per manufacturer directions for use, with a second application of same using a new wipe/cloth for contact time per directions.
- Infectious waste and sharps are disposed in clearly marked, leak-proof receptacles. Sufficient numbers of infectious waste receptacles and Sharps are available in patient treatment areas at point of use to reduce potential for blood contamination of the patient care environment.
- Hand washing sinks and hand sanitizer dispensers are available in sufficient numbers for use by staff, patients and public to promote hand hygiene.
  - Hand washing sinks with warm water and soap for patient use in isolation room/area; home training room(s); reuse room; medication preparation area; and for every four to six in-center hemodialysis stations.

### B. Preventing and managing a specific pathogen exposure

- **Hepatitis B**
  - Surveillance: Test all patients per CDC guidelines: prior to admission; ongoing testing as indicated by patient's immunity status; test results reviewed promptly and acted upon if indicated.
  - Vaccination: Offer vaccine to all susceptible patients and staff with followup testing for vaccine response
  - Management:
    - Isolate hepatitis B surface antigen positive (HBV+) patients for dialysis treatments in a dedicated isolation room. If an isolation room is not possible for facilities Medicare certified prior to October 14, 2008, use an isolation "area" separated from other dialysis stations by the width of one dialysis station.
    - Dedicate the isolation room/area for only HBV+ patient(s) when there is at least one such patient on census; all equipment and supplies are dedicated to the isolation room/area.
    - Staff caring for HBV+ patients must not care for HBV-susceptible patients at the same time, including the period when dialysis is terminated on one patient and initiated on another.
    - When the last HBV+ patient on census is discharged, terminal cleaning of the isolation room/area and equipment is required before use for non-HBV+ patient.
- **Hepatitis C**: Surveillance: Test all patients per CDC guidelines: prior to admission; ongoing testing as indicated by the patient's immunity status; test results reviewed promptly and acted upon if indicated.
- **Tuberculosis**: Surveillance: Baseline testing of all patients and staff with rescreening for symptoms. Develop contingency plan for management of patients with active tuberculosis infection.
- **Influenza**: Offer all patients and staff annual vaccination.
- **Pneumococcal pneumonia**: Offer all patients vaccination.
- **Modified Contact Precautions**:
  - Draining wound: Separation of wound care from any dialysis-related care; full personal protective equipment worn for wound care and discarded when completed; patient separation at a dialysis station with as few adjacent stations as possible; and dedicated gown for staff caring for patient(s) with noncontained draining wound(s).
  - Fecal incontinence: Separation of incontinence care from any dialysis-related care; full personal protective equipment worn for incontinence care and discarded when completed; patient separation at a dialysis station with as few adjacent stations as possible and dedicated gown for staff caring for patient(s) with uncontrolled diarrhea or fecal incontinence.