

## INFECTION CONTROL

**Information:** Memorial: 334-6078 office Jaquith 3 Bunker  
University: 856- 3293 office: HA-802

**Emergencies:** Page the infection control practitioners through the hospital operator 334-1000  
After 5pm contact the Infection Control beeper4632 (for **emergencies only**)

The Infection Control Program of UMass Memorial Health Care is committed to the prevention of transmission of pathogenic microorganisms to patients, employees, visitors, students, and volunteers. The major infection control policies and procedures can be found in the Infection Control Section (5000) of the Centerwide Policy/Procedures/ Guidelines Manual. These policies are also in electronic format in on the Intranet Lynx web page, Policy section. This manual can be located on every nursing unit and in every department. Examples of Infection Control policies are Exposure Control Plan, Hand hygiene, Medical Waste, Transmission-Based Precautions, Tuberculosis Control, Disinfection and Sterilization among others. Consult departmental specific policies for information about the insertion and maintenance of invasive medical devices and other patient care equipment.

### Hand hygiene:

Hand hygiene is the single most important measure to reduce the risks of transmitting organisms. Hand hygiene consists of antiseptic hand rub, handwashing with soap and water and surgical hand scrub. The routine and preferred approach to hand hygiene is the use of an alcohol-based waterless hand rub. Soap and water will only be required if visible soiling of the hands is present. For presurgical hand antisepsis, health care workers (HCWs) should use either an antimicrobial soap and water, or a waterless alcohol-based agent. **Short and well-trimmed nails** are necessary to reduce reservoirs of microorganisms that may be harbored under the long natural nail having the opportunity to be transmitted to patients. Long natural nails have been linked to surgical infections in patients. Restricting the use of artificial nails, wraps, and tips is essential to eliminate a reservoir of microorganisms that cannot be effectively removed with handwashing or surgical scrubs. The CDC has recommended banning artificial nails in all healthcare workers who provide patient care. Nails should be short and well trimmed. Nail polish, if used, should be freshly applied and free of chipping. Skin integrity of the hands is also an important factor in the bacterial load of microorganisms. If inflammation is present the bacterial load is higher. The waterless hand rub and hospital approved lotion will reduce irritation to the hands. Perform routine hand hygiene before eating, after using the bathroom, before caring for all patients, before touching any patient device, during the care of a patient when hands become contaminated, after handling used equipment or touching contaminated surfaces, after each patient contact and after removing gloves. Technique for hand hygiene with waterless alcohol-based hand rub: Dispense a golf ball size of product in one hand. Spread over both hands up to ½ inch above the wrists. Rub vigorously until dry. Water and paper towels are not needed. Handwashing with soap and water needs to be performed when hands are **visibly soiled**. Technique: Use soap and running water. Lather vigorously for 210 seconds. Rinse thoroughly. Dry with paper towels. Turn faucets off with paper towels.

### OSHA BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN:

#### **PURPOSE:**

To establish a system that will assure that all employees who have potential contact with blood/body fluids are protected from these infectious agents. Contained therein. Under this plan OSHA mandates consistent use of Standard Precautions **for all patients**. Standard Precautions includes the use of Personal Protective Equipment (PPE) when there is anticipated contact with blood or other potentially infectious material (OPIM) including when splashing or spraying of same it is likely. PPE includes gloves, gowns, masks, and eye shields.

#### **GLOVES**

##### Indications

Gloves are worn to 1. Provide a barrier to protect the hands from potentially infectious agents when touching blood, body fluids, secretions/excretions, mucous membranes and non-intact skin. 2. To reduce the likelihood of transmitting microorganisms on the hands of healthcare workers to patients. 3. The Occupational Safety and Health Administration's (OSHA) blood borne pathogen regulations mandate that gloves be worn for phlebotomy and venipuncture. Gloves never take the place of handwashing or antiseptic hand rub. Change gloves between patients. Use antiseptic hand rub after removing gloves. Use sterile gloves for procedures involving contact with normally sterile body areas. Use examination gloves for procedures involving contact with mucous membranes unless otherwise indicated. Do not wash or disinfect gloves for reuse. Use general-purpose utility gloves for housekeeping chores, instrument cleaning, and mixing chemicals. If you experience rash or irritation while wearing gloves please inform your supervisor and contact the Employee Health Service for evaluation and treatment. If you are latex-sensitive, alternate gloves are available.

#### **MASKS, RESPIRATORS, EYE PROTECTION, FACE Shields**

If you are performing a procedure where you can reasonably anticipate that body fluids will splatter or spray onto you face or into your eyes or mouth, protective facewear must be worn. Acceptable face and eye protection may be goggles and surgical mask that covers the nose and mouth, an "all-in-one" face shield or helmet or a combination surgical mask and eye shield.

If you are caring for patients with diseases or conditions transmitted by the airborne or large droplet route, a surgical mask is worn.

If active pulmonary or laryngeal tuberculosis is suspected, health care workers must wear a **N95 respirator mask**. **A respirator cannot be issued to an individual until that person has been medically evaluated, fit tested checked and trained in the use, and disposal of the respirator. Medical evaluation must be conducted annually in coordination with the Employee Health and Safety Programs. Alternative respirators (Positive Air Purifying Respirators [PAPRs] are available for individuals that fail fit testing or cannot be fit tested due to facial hair or anatomy. OSHA mandates these regulations.**

### **GOWNS AND OTHER PROTECTIVE APPAREL**

Gowns and laboratory coats are worn to prevent contamination of clothing and to protect the skin from blood and body fluid exposures. OSHA mandates that these gowns be fluid resistant.

Gowns are also worn when in direct contact with patients infected or colonized with epidemiologically significant organisms such as vancomycin resistant enterococci (VRE), methicillin resistant *Staphylococcus aureus* (MRSA), etc. The practice is based on published reports that demonstrate a reduction in transmission of these organisms when gowns are worn in this setting.

Booties and other leg and shoe covers are also available to protect employees from blood fluid spills and splashes. They are used typically on the Obstetrical Service and in other procedures where large volumes of fluid are anticipated.

### **SAFE WORK PRACTICES**

OSHA also mandates that safe work practices are followed. This includes: minimizing splashing, spraying of blood/body fluids; practicing good hand hygiene; prohibiting personal care in hazardous work areas; appropriate decontaminating of equipment between patients; separating food and drink from areas where blood/body fluids are; safe handling of specimens which would include appropriate bagging of specimens to avoid spillage and contamination of the environment; safe needle/sharp handling; and decontamination of blood/body fluid spills.

- Resuscitation equipment
  - Mouth to mouth resuscitation is to be avoided
  - Resuscitation bags, mouthpieces, or other devices are strategically located where the need for resuscitation is anticipated.
- Sharps Safety
  - Handle with care
  - Discard in a point-of-use rigid container
  - Used needles are not bent, broken, or unnecessarily handled
  - Re-sheath only if a support device or one-handed method is used
- Patient Placement
  - Patients are to be placed in private room if they have excessive excretions/secretions that cannot be contained
  - Any patient who is on isolation must also be placed in a private room
- Patient Transport
  - Routine transports do not require the use of gloves
  - Reinforce dressings etc. prior to transport
  - Wear protective apparel only if handling secretions
- Blood Spills
  - Clean up blood spills promptly with a hospital approved disinfectant solution
- Linen
  - No special handling for isolation linen
- Dishes
  - Disposable dishes/utensils/glasses are **not** necessary for any patient for infection control purposes
- Cleaning
  - All reusable equipment is cleaned between patient contacts with an approved agent
  - Sani Wipes are available for this purpose
  - Patient rooms and diagnostic/support areas are cleaned according to hospital housekeeping procedures
- Disposal of Waste
  - Wound dressings are disposed in a manner to confine and contain any body fluid
  - Remove dressings with gloved hands and place in an impervious bag
  - Discard as regular trash
  - Blood or OPIM from any patient is to be treated as medical waste

### **Engineering Controls:**

OSHA also mandates the engineering controls be in place to protect against blood-borne pathogens. Such devices would be needle safety devices, biohazard hoods, and lab splash splashguards to mention a few. The hospital evaluates new devices, as they are available. The Regulatory Affairs Value Analysis Committee is a standing committee of the Infection Control Committee. Its mission is to promote primary prevention strategies combined with effective tracking of injuries in order to reduce the number of employee critical exposures to blood borne pathogens. The Regulatory Affairs Value Analysis Committee is responsible for establishing criteria for safer devices; overseeing device evaluation by

representative groups of device users; selecting preferred devices for purchase; and, collecting data after a safer device is adopted to evaluate its impact.

#### **Standard Housekeeping Procedures:**

OSHA also mandates that EBS/Housekeeping:

- will provide a clean and sanitary workplace.
- Written work schedules
- Equipment, environment, and working surfaces shall be cleaned and decontaminated after contact with blood/body fluids.

#### **Medical Waste:**

##### **Definition:**

- Cultures and stocks of infectious agents
- Bulk blood/blood products
- Pathological waste
- Sharps
- Body parts
- Animal carcasses and bedding

OSHA mandates that the above be collected, stored, and shipped in leak-proof containers, and disposed of by off-site incineration.

#### **Laundry:**

All laundry is considered contaminated under Standard Precautions.

Employees use PPE as necessary in handling dirty laundry.

Used linen must be collected, stored, and transported in leak-proof bags.

#### **Hepatitis B Vaccine:**

- Is available free of charge to all employees who have potential for contact with blood/body fluids
- Is available in the Employee Health Service
- Employees with potential for blood/body fluid exposure should be offered the vaccine within 10 days of employment.
- Employees with potential contact with blood/body fluids who decline the vaccine must sign a "Declination Statement". At a later date if you change your mind, the hospital will make the vaccine available to you.

#### **Hazard Communication:**

- Biohazard labels shall be affixed to containers of medical waste, refrigerators and freezers containing blood/body fluids; and other containers used to store/transport or ship blood/body fluids.
- Used equipment must be cleaned of visible blood and tagged prior to transport

#### **Information and Training**

- must be provided upon initial assignment and annually thereafter.

#### **2001: 4 Areas for Change in OSHA:**

- Engineering Controls definitions changes requiring safer needle devices
- There must be a yearly and periodic review of the Exposure Control Plan
- There must be employee input into the selection process of safer needle devices
- There must be a sharps injury log maintained for recording injuries from contaminated sharps

#### **Compliance Monitoring:**

- Employees must comply with all infection control standards appropriate to their position
- Supervisors/managers shall monitor compliance of their employees' infection control practices

### **Post-Exposure Evaluation and Follow-Up:**

#### **Definition of body fluids that apply to an exposure capable of transmitting a blood-borne pathogen:**

- Blood
- Body fluids that contain visible blood
- Other body fluids: cerebrospinal, synovial, peritoneal, pleural, amniotic, semen, and vaginal secretions.

#### **Definition of blood/body fluid exposure:**

- Contaminated needle stick or puncture accident with sharp instrument
- Mucous membrane exposure (splash to eye or mouth)
- Prolonged cutaneous exposure, or exposure to non-intact skin

Confidential postexposure medical evaluation and follow-up will be provided immediately.

#### **This includes:**

- Appropriate serology from employee and source patient, if known, and if informed consent is obtained
- Counseling
- Illness reporting
- Pos-exposure prophylaxis (PEP)
- Follow-up testing

#### **WHAT TO DO:**

- Apply immediate first aid
- Notify Employee Health immediately:

**Memorial Campus:** Notify supervisor of exposure and **immediately** contact the Employee Health Nurse by **paging beeper # 6789** to report the exposure and to receive appropriate evaluation and follow-up care or call Employee Health (334-6238) 7 - 3 pm. Monday through Friday. Nights, weekends and holidays, report to the Emergency Department. Tell the registrar you are an employee that has sustained a body fluid exposure. Complete a **First Report of Employee Injury (FREI)** form within 24 hours

**University Campus:** Notify supervisor of exposure and immediately contact the Employee Health Nurse by **paging beeper # 2847 (BUGS)**. If you do not get a response from the BUGS beeper within 20 minutes, then call Employee Health at 856-6263, 7:30am – 4:30 pm Monday – Friday. Nights, weekends and holidays, report to the Emergency Department for care. Tell the registrar you are a school employee that has sustained a body fluid exposure.

Complete a **First Report of Employee Injury (FREI)** form within 24 hours.

#### **Potential parenteral exposure risks and treatment options:**

Hepatitis B: vaccine vs. HBIG

Hepatitis C: there is no current prophylactic therapy. Serological surveillance.

HIV: post exposure prophylaxis with combination antiretroviral therapy.

**Antiretroviral therapy should be administered as soon as possible.**

OSHA compliance directives state the incident should be logged by the end of the shift. You have the right to an immediate and confidential evaluation. Please report all potential exposures as soon as possible. **EHS will evaluate possible treatment options. EHS will notify physician/HIV counselor to assess source patient.**

#### **ISOLATION / PRECAUTION PROCEDURE:**

Two tier system

##### **Standard Precautions (already addressed)**

- Applies to all patients
- Requires all blood and OPIM to be handled as if infected
- Precautions are applied for reasonable contact

#### **Major Components:**

- Hand hygiene (already addressed)
- Gloves (already addressed)
- Gowns (already addressed)
- Protective face wear (already addressed)
- Resuscitation equipment
  - Mouth to mouth resuscitation is to be avoided
  - Resuscitation bags, mouthpieces, or other devices are strategically located where the need for resuscitation is anticipated.
- Sharps Safety

- Handle with care
- Discard in a point-of-use rigid container
- Used needles are not bent, broken, or unnecessarily handled
- Re-sheath only if a support device or one-handed method is used
- Patient Placement
  - Patients are to be placed in private room if they have excessive excretions/secretions that cannot be contained
  - Any patient who is on isolation must also be placed in a private room
- Patient Transport
  - Routine transports do not require the use of gloves
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**Transmission Based Isolation/Precautions (Please refer to the entire Transmission Based Precautions Policy #5003)**

Additional isolation/precautions required for the suspected presence of agents transmitted via the

- Airborne Route
- Droplet Route
- Contact Route

There are six categories of Transmission Based Precautions:

- Airborne (Orange sign)
- Droplet (Green sign)
- Contact (Fuchsia sign)
- Strict Precautions (Blue sign)
- Strict Airborne (Red sign for SARS)
- VZV (Varicella Zoster Virus) (yellow sign)

**1. N95 Respirator Required Airborne Precautions-**

Requires a negative pressure isolation room

Door must be kept closed

Sign posted outside room "N95 Respirator Required"

Patient can leave room only in emergency wearing a surgical mask

**Diseases requiring this category: --- TB alone**

- Active pulmonary TB or laryngeal disease \*
- Andes virus infection
- Cough, fever, pulmonary infiltrate in any lung location in an HIV infected patient of a patient at high risk for HIV infection
- Cough, fever, upper lobe pulmonary infiltrate in any patient who is low risk for HIV disease
- Glanders
- HerpesZoster –localized in an immune-compromised patient, or disseminated
- Rubeola
- Smallpox
- Viral hemorrhagic fevers ( Ebola, Lassa, Marburg)
- Varicella
- Rash or exanthems, generalized, etiology unknown:
  - Vesicular
  - Maculopapular with coryza and fever

\* ( **N.B The TB CONTROL PLAN can be located in the Center wide Policy and Procedures section of the hospital Intranet under Infection Control Policies #5021**)

## 1. Droplet Precautions

Private Room required  
Sign posted outside room "Masks Required"  
Door must be kept closed may remain open  
All persons entering room must wear a surgical mask  
If patient must leave room he/she must wear a surgical mask

### Diseases requiring this category:

Adenovirus in children	Influenza	Chickenpox
*Measles (Rubeola)*	Diphtheria	<i>N. meningitides</i>
Fifth's Disease	Pertussis	<i>H. Influenzae</i>
Pneumonic Plague	Herpes (disseminated)	Rubella
Hemorrhagic fevers	Group A Strep	Mumps

Adenovirus infection in infants and children  
Andes virus infection  
Diphtheria- Pharyngeal  
Equine encephalitis, Venezuelan  
Fifth Disease (Parvovirus B 19) in immunodeficient patients with chronic disease or in red cell crisis only  
Hemophilus influenza type B disease: epiglottitis, meningitis, pneumonia in children  
Influenza (negative pressure room if available)  
Meningococcal pneumonia  
Meningococemia (meningococcal sepsis)  
Monkey pox  
Mumps (infectious parotitis)  
Mycoplasma pneumonia  
Neisseria meningitides (meningococcal) known or suspected  
Pertussis (whooping cough)  
Plague, Pneumonic  
Q fever  
Rubella (German measles)  
Streptococcus, Group A: pneumonia, pharyngitis, and scarlet fever in infants and young children  
\* These require negative airflow room

## 2. Contact Precautions

Private Room required  
Sign posted "Contact Precautions"  
Gloves must be worn on entering room  
Gowns must be worn for direct patient or environmental contact  
Remove gowns/ gloves when leaving room  
Perform hand hygiene

### Diseases requiring this category:

Abscess, major-draining  
Brucellosis  
Cellulitis, uncontrolled drainage  
Cholera, *Vibrio cholera*  
*Clostridium difficile*  
Congenital rubella  
Conjunctivitis-acute viral (acute hemorrhagic)  
Decubitus ulcer- major  
Diarrhea (refer to Isolation Precautions Policy- Clinical Syndrome or Condition – Addendum C)  
Diphtheria – cutaneous (Note: N95 respirators can only be issued to medically-evaluated and fit-tested employees. For additional information regarding diagnosis, management and surveillance of tuberculosis, refer to the Tuberculosis Exposure Control Plan)  
Enteroviral infection (Coxsackieviruses, hand, foot and mouth) in infants and young children  
*Escherichia coli* enterohemorrhagic 0157:H7 diapered or incontinent  
Furunculosis-staphylococcus in infants and young children  
Hepatitis, viral Type A, diapered or incontinent  
Herpes B virus infection  
Herpes simplex (Herpes virus hominis)

- Neonatal-place infant on contact precautions during any admission until 1 year of age, unless nasopharyngeal and urine cultures are negative for virus after age 3 months.
- Severe, primary mucocutaneous, disseminated

Impetigo  
 Lice (pediculosis)  
 Multiply antibiotic resistant organisms  
 VRE  
 MRSA  
 VRSA (vancomycin-resistant staph aureus)  
 Resistant *Streptococcus pneumoniae*  
*Clostridium difficile*  
 Rotavirus  
 Other organisms determined to be of epidemiological significance  
 Multidrug-resistant organisms infected or colonized in gastrointestinal, respiratory, skin, wound or burn

- Vancomycin resistant enterococcus (VRE)
- Methicillin resistant Staphylococcus aureus
- Vancomycin resistant Staphylococcus aureus (see Strict Precautions)
- Extended spectrum beta lactamase gram negative bacilli
- Epidemiologically important organisms

Parainfluenza virus infection, respiratory in infants and young children  
 Respiratory infectious disease, acute (if not covered elsewhere) in infants and young children  
 Respiratory syncytial virus infection, in infants and young children and immunocompromised adults  
 Rotavirus-diapered or incontinent  
 Scabies  
 Shigella species-diapered or incontinent  
 Staphylococcal disease (S. aureus) Major in skin, wound, or burns  
 Streptococcal disease (Group A streptococcus) Major in skin, wound, or burns  
 Vibrio parahaemolyticus  
 Vibrio vulnificus  
 Wound infections – Major (Abscess or draining wound that cannot be covered or contained).

**Strict Precautions:** (for VRSA\*/VRSE\*/VISA\*) CDC RECOMMENDATION

**\* Identification of all Staphylococcus has the same Minimum Inhibitory Concentrations (MIC)**

VISA – Vancomycin Intermediate Staphylococcus aureus: 8-16 ug/ml.  
 VRSA- Vancomycin Resistant Staphylococcus aureus: =>32.0 ug/ml  
 VRSE – Vancomycin Resistant Staphylococcus epidermidis: =>32.0 ug/ml

Private Room is required  
 Strict Precautions sign is placed at the entrance of the room  
 Staffing should be limited to designated staff  
 A logbook will be placed outside the isolation room. Every healthcare worker entering the room will be required to sign the logbook that will later be used for obtaining future nasal surveillance cultures if this becomes necessary  
 Gown, gloves, masks and eye protection are required before entering the room  
 All therapy will be conducted in the patient's room

**Strict Airborne Precautions (for Severe Acute Respiratory syndrome (S.A.R.S.))**

**A red "Strict Airborne Precautions" sign will be placed on the patient's door**

(See further explanation contained in Addendum F of Isolation Policy)

The Isolation Policy also contains several addenda as follows:

- Addendum A-** "Type and Duration of Precautions Needed for Selected Infections and Conditions"
- Addendum B-** "Clinical Syndromes or Conditions Warranting Additional Empiric Precautions to Prevent Transmission of "Epidemiologically Important Pathogens Pending Confirmation of Diagnosis"
- Addendum C-** "Multiply Drug Resistant Organisms"
- Addendum D-** "UMass Memorial Health Care Patient Instructions"
- Addendum E-** "Isolation Precautions Signs"
- Addendum F-** "UMMMC Interim Strict Airborne Isolation Precautions"

## REPORTABLE DISEASES AND CONDITIONS

Massachusetts General Laws requires that physicians report immediately any of the conditions listed below in writing the Board of Health. **The Infection Control Department** reports all reportable conditions that are diagnosed at UMMC and a permanent file maintained.

**HIV / AIDS will be reported by the Infectious Disease Division.**

**Reportable to the Worcester Board of Health**

Amebiasis  
Anthrax  
Babesiosis  
Brucellosis  
Campylobacter enteritis  
Chickenpox (varicella)  
Cholera  
Cryptosporidiosis

***Cyclospora cayetanesis***

Diphtheria  
*E. coli* 0157:H7 including hemolytic uremic syndrome  
Encephalitis  
Food borne poisonings  
    Botulism  
    Paralytic shellfish poisoning  
    Other food borne poisonings as defined in 105 CMR 300.020  
Giardiasis  
Hansen's disease  
Hemophilus influenzae infections  
Hepatitis A, B, C, D, unspecified, active or carrier  
Kawasaki's disease  
Legionellosis  
Leptospirosis  
Listeriosis  
Lyme disease  
Malaria  
Measles (rubeola)  
Meningitis (bacterial, viral, other)  
Mumps  
Pertussis  
Poliomyelitis  
Psittacosis  
Rabies, human or animal, post exposure prophylaxis  
Reyes syndrome  
Rheumatic fever  
Rocky Mountain Spotted Fever  
Salmonellosis (including typhoid and paratyphoid fevers)  
Shigellosis  
Tetanus  
Toxic Shock Syndrome  
Toxoplasmosis  
Trichinosis  
Tularemia  
West Nile Virus  
Yersiniosis

Animal bites are reported through the Emergency Department

Reportable directed to the Massachusetts Department of Public Health

AIDS  
Chancroid  
Chlamydial infection (genital)  
Genital warts  
Gonorrhea  
Granuloma inguinale  
Herpes, neonatal, within 30 days after birth  
Ophthalmia neonatorum  
    Gonococcal  
    other agents  
Pelvic inflammatory disease - gonococcal and other agents  
Rabies post exposure prophylaxis  
Syphilis  
Tuberculosis

Any cases of illnesses believed to be due to food consumption shall be reported immediately by telephone to the local Board of Health (105 CMR 300.120)



## **BIOTERRORISM PRECAUTIONS**

If a letter, package or object contains a powdery substance and/or a written or verbal threat raising a concern regarding bio-terrorism the following is advised:

- Do not shake or empty the contents of any suspicious envelope or package; do not try to clean up powders or fluids.
- Place the envelope or package in a plastic bag or some other type of container to prevent leakage of contents.
- If you do not have container, cover the envelope or package with anything (e.g., clothing, paper, trashcan, etc.) and do not remove this cover.
- Leave the room and close the door, or section off the area to prevent others from entering (i.e., keep others away).
- Wash your hands with soap and water to prevent spreading any powder to your face or skin.
- Contact Environmental Health and Safety to evaluate material.
- List all people who were in the room or area when this suspicious letter or package was recognized. Give this list to both the local public health authorities and law enforcement officials for follow-up investigations and advice.
- If clothing or articles of clothing become contaminated with powder, carefully remove the clothes and keep them in a plastic bag until you are notified of result of testing.
- If you have body or clothing exposure to a suspect material, then shower with soap and water as soon as possible. Do not use bleach or disinfectant on your skin.

If a patient is suspected of suffering from a bio-terrorist event notify local and state public health authorities so that they can begin an epidemiological investigation, and so that local coordination of medical care can be initiated (MDPH 617-983-6800; UMMC 508-856-4240).

Bio-terrorism information: CDC bio-terrorism website - <http://www.bt.cdc.gov>

### ***Infection Control Department***

**University Campus:** (508) 856-3293

**Memorial Campus:** (508) 334-6078

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