 CODE USAMVBT - R045	University of Life Sciences "King Mihai I" from Timișoara	Issuing body Department of Quality Management
	REGULATIONS OF ORGANIZATION AND FUNCTIONING OF THE UNIVERSITY VETERINARY CLINIC OF THE FACULTY OF VETERINARY MEDICINE TIMISOARA	Edition 2 / Revision 1

Appendix 6

RULES REGARDING THE CONTROL OF INFECTIOUS DISEASES AND NOSOCOMIAL INFECTIONS IN UNIVERSITY VETERINARY CLINIC

1. The importance of infectious disease control and infections _ NOSOCOMIAL

Control of the passage of infectious microorganisms and /or contagious from veterinary medical staff and students to animals as well as from animals to animals is a critical issue in the process of caring for sick animals. Many of the animals at the University Veterinary Clinics (CVU) are in critical or potential condition immunosuppressed and all possible measures must be taken by the veterinary medical staff and students , to avoid the possibility of appearance infections nosocomial in clinic animals.

Some animals present a flora of microorganisms that represent a significant risk for the health of students and of the veterinary medical personnel who handle the animals.

agents can be found within the University Veterinary Clinics major zoonotic diseases

:

- Dermatophyte fungi , such as *Microsporum kennel* ;
- Pathogenic bacteria such as: *Leptospira* , *Salmonella* , methicillin- resistant staphylococci , *E. coli* with multiple resistance to antibiotics;
- Pathogenic bacteria from the gastrointestinal sphere: *Salmonella* ; *Yersinia* , *Campylobacter* ;
- Viruses, such as distemper virus;
- Parasites.

If an infectious disease is diagnosed zoonotic disease in any patient in the CVU, all measures will be taken to inform the medical-veterinary staff, students INVOLVED and the owner of the patient regarding this problem.

students and medical personnel who are with a certain physiological status, such as pregnancy or immunosuppression, are not obliged to provide care services to patients suspected of possible zoonotic diseases .


2. Organization of infection prevention activities in university veterinary clinics reception , preliminary consultation spaces (triage), general treatment spaces, corridors, etc., are included in the general area of the clinic. Animals consulted/treated in this area are assumed to be at low risk of contracting or transmitting pathogenic microorganisms and /or potential zoonotic to or from other animals.

Patients with potentially contagious diseases should be moved from this area in a manner that minimizes contact with other animals, veterinary staff and students .

Animals with open wounds or drainage tubes must be transported on a stretcher in transit through these areas. The stretchers and materials used will be subjected to a rigorous disinfection with a broad-spectrum solution .

Immunosuppressed / immunocompromised animals must not have access to these areas.

If animals with potentially contagious conditions require imaging or other investigations for diagnostic and treatment purposes in the general areas of the clinic, these

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procedures should take place at the end of the work day to reduce contact with other animals, veterinary staff/ students and visitors.

Animals suspected of being infected with pathogenic / contagious / potentially pathogenic microorganisms zoonotic (with unhealed wounds, with fistulas, abscesses, young animals with acute/severe diarrheal diseases), are consulted in the triage room specially intended for these categories of patients and by a limited number of staff. After the examinations are completed, the triage room is closed to the others patient and the standard cleaning protocol is applied and space disinfection .

emergency area (anesthesia and intensive care), represents a separate area of the clinic.

The animals present in this section are considered to have a high degree of risk of contacting nosocomial diseases , presenting a high degree of immunosuppression. The movement of medical staff and students is restricted in this area, except for those involved in patient management.

Veterinary medical staff/ students /technicians in these wards should remain in the emergency /anesthesia and intensive care area and should not be involved in the handling of animals in the general area or in the diagnostic imaging section , except in cases where this is critical for animal care. The didactic activity in the intensive care area is reduced to the minimum necessary to ensure both medical-veterinary assistance to the patient and professional training to the students.

Animal owners / attendants can visit sick animals hospitalized in this section at the end of the working day. The circulation of the owners within this area is only accompanied by the clinic staff or students designated for this and with appropriate protective equipment (gown, cap, mask and gloves).

The veterinary clinician, the technician or the student who manages the case within the intensive care unit supervises the animal owner during the entire visit, as interaction with other animals in this section is prohibited .


The Diagnostic Imaging Laboratory is considered a transitional area for the control of infectious diseases and regarded as an area with potential contamination. Animals hospitalized in the clinic's wards do not need additional precautions to enter the diagnostic imaging area.

Staff serving the diagnostic imaging area should receive advance notification of patients who are at increased risk of complications . infectious or contracting nosocomial diseases , to allow a cleaning and an adequate disinfection of the laboratory. It is recommended to schedule these categories of animals at the end of the working day, except in cases where it is absolutely necessary for patient management.

Diagnostic imaging laboratory staff must be notified in advance of patients being admitted to isolation areas to allow for cleaning and adequate disinfection of the room before performing other diagnostic procedures with others patients .

The isolation area is represented by the space/spaces where patients with suspected contagious infectious diseases are isolated and receive medical-veterinary assistance .

Animals hospitalized in the isolation area are considered a potential (significant) source of pathogenic microorganisms, which can affect the health of the other animals in the clinic. For these reasons, all measures must be taken to avoid contact between the animals in the isolation area and the rest of the animals in the clinic . All clinical examinations, treatments for animals admitted to the isolation ward should be carried out in

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this area. For this reason, in this section , a stock of medicines and consumables necessary for taking samples for diagnosis, disposable gowns , gloves is permanently provided. and protection for shoes . Medicines for the treatment of patients in the isolation ward should be issued before entering this area. It is forbidden to transfer medicines/consumables of any kind from the isolation section to the general area of the clinic or vice versa. patients inpatients in the isolation area enter the building through a separate clinic door to avoid contamination of the environment in the general area. All waste resulting from this area is stored in special containers and managed according to the regulations for the category of waste whose collection and disposal are subject to special measures regarding the prevention of infections.

Owners/ attendants can visit hospitalized animals in the isolation area at the end of the day. The owners will wear appropriate protective elements during the visit , such as gowns, gloves and disposable shoe covers , being accompanied throughout the period by students and /or by the clinic staff. Pet owners in the containment area must enter and exit the clinic through a separate entrance and are not allowed access to the rest of the clinic areas at the end of their visit.

The aseptic surgery area benefits from specific protocols for entering this area, provided in the internal regulations of the surgery clinic.

3. Circulation of medical-veterinary staff and students in the CVU

Proper circulation of CVU staff and students is an important element in preventing nosocomial infections . Compliance with the internal rules regarding the flow of activities, patients and people within each specialty clinic is mandatory.

. Access to operating rooms is prohibited and obstetrics-gynecology rooms, of personnel who are not part of the intervention team . Similarly, access to the pharmaceutical warehouse and the sterilization area is controlled.

responsibility students from the clinic in order to care for animals is done by rotation , based on the schedule of teaching activities , especially during the years of study with clinical activities . All these have the role of minimizing student traffic and of the veterinary medical staff in the clinic areas.


Students responsible for the care of animals in the isolation ward cannot be assigned to care for animals in the emergency department / anesthesia and intensive care.

The veterinary medical staff and students leaving the isolation area ensure that they have removed and disposed of all their protective clothing , respectively other items used in this area, upon entering the general areas of the clinic. Hands must be washed before leaving the isolation area. Stethoscopes, thermometers and all other items used in the clinical or diagnostic assessment of patients in the isolation area should be thoroughly cleaned and swabbed with 70% alcohol before use in the others patients from other areas of the clinic.

The isolation area must be provided with transparent glass, to allow students to visually assess the condition of the patients , without entering this area.

Also, transfer of students from large animal clinics to pet clinics and vice versa should be avoided.

also involves the fundamental elements of individual and collective hygiene. In addition to washing and disinfection of hands, wearing clinical or sterile examination gloves is mandatory for each animal, regardless of the medical procedure performed.

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4. The circulation of the owners or companions of animals and other people in the premises of the CVU

animal owners/ companions as well as other visitors is very important because they represent an increased epidemiological potential in a clinic due to the frequency of carriers of unknown germs and through their equipment which may be contaminated.

The owners and/or companions of animals requesting medical-veterinary services will move around the premises of the CVU only accompanied by staff employed by the CVU or students of the Faculty of Veterinary Medicine present during clinical teaching activities, practice activities or volunteering.

The circulation of animal owners/companions and other categories of people is monitored especially by the staff and students who carry out activities within the Reception-Triage, Guard and Hospital Services, but also by the staff of specialized clinics, when the presence of the owners is needed in these spaces.

Visiting the hospitalized animals will only be done during the time intervals established by the CVU management. During the visit, visitors will wear a protective gown , received against cost, from the wardrobe set up for this purpose.

In special epidemiological situations, the prohibition is general for well-defined periods, upon the recommendation of the clinic coordinator.

Visits to surgery, intensive care, obstetrics and infectious disease wards are prohibited.

The staff of the Hospital Service will control the food brought to sick animals and return those that are contraindicated. circulation companions in the hospital must be limited to the maximum possible.

5. Rules for cleaning and disinfection in the spaces within the CVU

functional circuits of the CVU must facilitate a proper activity and prevent contamination of the external environment, minimizing the possibility of infections .

cleaning and disinfection spaces in our unit are carried out daily, several times a day, according to the procedures described in *Annex 8a* Disinfection aeromicroflora is performed: daily in the operating rooms or whenever needed and once a week in the anesthesia and intensive care department , the other specialized clinics or whenever needed.


The operating block is a unit completely separated from the rest of the spaces , in order to avoid contamination inside. The operating rooms are being cleaned and disinfected after each operation . It is done every morning disinfection aeromicroflora and whenever needed. Periodic disinfection is done weekly. The stages of access to the operating room and, respectively, to the operating rooms, are provided in the Biosecurity Manual of the University Veterinary Clinics.

6. The CVU waste circuit

waste circuit includes, from a sanitary and veterinary point of view , the measures taken to avoid contamination of the external environment by ensuring their proper collection and disposal.

Generalities:

All waste (hazardous or non-hazardous) produced in the veterinary medical clinic is called " residues resulting from medical activity";

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b. Non-hazardous waste is all household waste and those wastes assimilated to household waste (paper, plastic packaging, etc.) that are not contaminated with blood or other organic liquids;

c. Hazardous residues - solid and liquid waste , which came into contact with blood or other biological fluids (tampons, compresses, tubing, syringe body - but without needle, etc.);

d. Sharp objects (needles, scalpel blades, needles , catheters, glass ampoules, etc.);

e. Anatomical -pathological remains.

Collection of non-hazardous waste :

waste is collected at the place of production in black bags. The length of the bags will be twice the height of the container, so that they cover the container completely and externally, at the time of use. After filling, lift the outer part, twist it and a knot is made. Bags full of waste are collected from the place of production (reception room, triage areas, treatment areas, offices, etc.) in bags or black bags.

Hazardous waste collection :

- the liquid and solid infectious ones in special yellow boxes with a polyethylene bag inside, where the maximum degree of filling of the bag is $\frac{3}{4}$ of its volume, marked with the "biological hazard" icon;

- the sharp ones in yellow plastic boxes resistant to mechanical actions, with a special red lid, marked with the "biological hazard" icon. After filling, the containers are hermetically sealed;

- the anatomical -pathological ones are collected in yellow boxes with bags inside provided with a red stripe .

Waste transport :

All the waste collected in black bags is transported in bins to the garbage containers where they are stored until final evacuation, by the specific service provider with whom the institution has signed contracts.

All waste collected in yellow boxes is transported to the infectious disease warehouse of the clinic and stored until final disposal.

The transport of hazardous waste to the place of final disposal is carried out in strict compliance with hygiene and safety regulations in order to protect personnel and the general population .

The transport of hazardous waste within the clinic premises is carried out on a separate circuit from that of the patients and visitors.


Waste is transported with the help of bins; they are washed and disinfected after each use, in the place where they are unloaded.

The access of unauthorized persons to the rooms intended for the temporary storage of waste is prohibited infectious and cutting-stinging. The place of temporary waste storage infectious and cutting-stinging devices is provided with a closing device that allows access only to authorized persons.

Household waste disposal and infectious , will be done by a trained person. The person who ensures the evacuation of waste containers will wear a protective gown with the "biological hazard" icon printed on it. At the waste ramp, cleaning is carried out and the daily washing of the dumpsters, as follows: the emptied dumpster is cleaned of debris, after which it is washed and disinfected using a disinfectant solution .

7. Personal protection rules

protective equipment is mandatory for all persons carrying out activities in the CVU.

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The most important and safest way to prevent contamination and the spread of microbial agents is hand washing. Simple, hygienic hand washing is done as often as necessary, using water and liquid soap; this procedure is not a substitute for hygienic hand disinfection.

Hygienic hand disinfection is done by washing or rubbing, using an antiseptic product, preferably alcohol-based. In cases of *Clostridium difficile* hygienic hand disinfection is done with soap and water, not with alcohol solutions.

The recommended procedures for hand disinfection depend on the level of risk:

- **Minimal risk** - simple hygienic hand washing with water and liquid soap. It is done: when the hands are visibly dirty; at the beginning and end of the working hours; before and after cleaning activities; before and after contact with patients; after using the sanitary group (WC);

- **Intermediate risk** - washing with water and liquid soap, followed by hygienic hand disinfection by rubbing with an antiseptic, usually alcohol-based, or hygienic hand disinfection by washing with water and antiseptic soap. It applies: after contact with an isolated septic patient; before performing an invasive procedure; after any accidental contact with blood or other biological fluids; after contact with an infected patient and/or with objects that came into contact with him; after all potentially contaminating maneuvers; before contact with a prophylactically isolated patient; before handling intravascular devices, drain tubes; between successive maneuvers on the same patient; before and after wound care;

- **High risk** - surgical hand disinfection by rubbing with an alcohol-based antiseptic, after prior washing with sterile water and antiseptic soap. It is the usual procedure before all surgical, obstetric interventions; before all maneuvers that require surgical asepsis.