Purpose/Policy Statement:
To establish guidelines to prevent cross-transmission of infection from medical devices contaminated by infectious agents causing CJD.

Definitions:
- N/A

**POLICY CONTENT**

A. Precautions are used for all patients with known or suspected Prion Disease and for those at high risk for development of a Prion Disease.

High-risk patients include:
- Those with rapidly progressive dementia
- Possible CJD
- Gerstmann-Straussler-Scheinker Syndrome
- Fatal familial insomnia, or
- Variant CJD, and/or
- Those who have received dura mater transplants or corneal transplants.
- Human growth hormone injections

All brain biopsies done on patients in whom a specific lesion has not been demonstrated (eg. by MRI and CT scans) will be treated as high risk and decontamination and sterilization precautions will be followed.

1. Standard precautions should be used for all patients with known or suspected CJD.
   a. Gloves will be worn for handling of blood and body fluids.
   b. Masks, gowns and protective eyewear will be worn if exposure to blood or other material that is potentially infectious to mucous membranes or skin is anticipated.

2. Tissue samples and specimens require special handling.
   a. Gloves will be worn when handling tissue samples and specimens because standard decontamination of tissue samples with formalin may not inactivate CJD.
   b. Samples and specimens will be labeled as “Biohazard” and “suspected CJD” prior to being sent to Pathology or to the Laboratory.

3. No additional precautions are required:
   a. Blood and body fluids will be managed as regulated medical wastes.
   b. Medical wastes, including Sharps, will be managed per regulations for medical wastes.
   c. Laundry will be managed per regulations.
   d. No special precautions for handling of food utensils.
B. Tissue involved will be identified as high, low or no risk.
   1. High-risk tissue: Brain (including Dura Mater), spinal cord, and eye (eg. cornea).
   2. Low risk tissue: CSF, liver, lymph node, kidney, lung and spleen.
   3. No risk tissue: Peripheral nerve intestine, bone marrow, whole blood, leukocytes, serum, thyroid gland, adrenal gland, heart, skeletal muscle, adipose tissue, gingival, prostate, testis, placenta, tears, nasal mucus, saliva, sputum, urine, feces, semen, vaginal secretions and milk.

C. Devices will be classified according to critical, semi-critical and non-critical.
   1. A critical device enters a sterile tissue or the vascular system (eg. surgical instruments and implants).
   2. A semi-critical device comes into contact with mucous membranes or skin that is not intact (eg. endoscopes and respiratory therapy equipment).
   3. A non-critical device comes into contact with intact skin, but not mucous membranes (eg. floors, walls, BP cuffs, and furniture).

D. Decontamination and sterilization precautions will be taken when the patient assessment is high risk, the tissue involved is high risk and the device is critical or semi-critical.
   1. Decontamination will include a cleaning process that is effective in tissue removal. If the item is difficult to clean, it will be discarded.
   2. Sterilization by steam autoclaving either at 2700 F for 18 minutes in a pre-vacuum sterilizer or 2500 F for 1 hour in a gravity displacement sterilizer.
   3. Flash sterilization will not be used for reprocessing.
   4. Environmental surfaces (non-critical) contaminated with high-risk tissue will be cleaned and spot decontaminated with 1:10 dilution of bleach.

See Salem Health Policy for Guidelines

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Equipment/Supplies (If Applicable):

na

Form Name & Number or Attachment Name (If Applicable):
Surgpath02.01

Author Position:
Operation Manager

Review/Revision Authority (Position Not Individual Name):
Medical Director, Operation Manager, Safety Officer, Pathologist Assistant

Expert Consultant Position/s (Not Individual Name/s):
na

References (Required for Clinical Documents):
na

Is there a Regulatory Requirement? Yes [ ] No [x]
If yes, insert requirement information here:

Review History (No Changes):
na

Revision History (Note changes in area under header):
na

Computer Search Words:
na

Policy, Procedure or Protocol Cross Reference Information:
na