

YALE NEW HAVEN HOSPITAL INFECTION CONTROL POLICY

Creutzfeldt-Jakob Disease (CJD) Precautions Policy

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POLICY

Purpose:

Creutzfeldt-Jakob Disease (CJD) is an infectious disease caused by an agent that is resistant to sterilization and disinfection processes routinely used in healthcare settings. This policy is to protect health care workers and patients from potential iatrogenic and nosocomial transmission of CJD from specimens collected from or items used on patients with *known* or *suspected* CJD (see Appendix 1 for definition).

Disease and Transmission:

Creutzfeldt-Jakob Disease (CJD) is a rare, degenerative and fatal brain disorder that causes a rapid, progressive dementia, visual deterioration and associated pyramidal and extrapyramidal disturbances. The pathogenic agent of CJD is neither a virus nor bacteria but rather a pathogen consisting of protein known as a “prion”, short for “proteinaceous infectious particle”.

The disease can afflict anyone and affects both men and women of diverse ethnic backgrounds usually between the ages of 50 to 75 years, although a new variant form of CJD (vCJD) has been identified in a much younger population primarily in the UK. The incubation period can vary from months to decades but once symptoms develop about 90 percent of patients die within 6 months.

CJD is not considered to be contagious in the traditional sense. CJD is not transmitted by direct contact or by droplet or airborne spread. Standard precautions should be used by health care workers when caring for a patient with CJD. At the present time, the only proven manner for contracting CJD from an infected person has been through iatrogenic transmission, an unintended consequence of a medical procedure using contaminated human matter or surgical instruments. Iatrogenic transmission of CJD has occurred in cases involving corneal transplants, implantation of electrodes in the brain, dura mater grafts, contaminated surgical instruments and the injection of natural human growth hormone derived from cadaveric pituitaries. It has not yet been proven that CJD is spread by contact with blood.

The CDC¹ recommends contaminated specimens be placed into 3 categories depending on the level of risk. **High-risk** infectious tissue includes brain, spinal cord and eye. **Low risk** infectious tissues and fluid include cerebrospinal fluid, lung, kidney, liver, spleen, placenta, and lymph node. **No risk** infectious fluids and tissue include all other specimens (i.e. blood, urine, sputum and tears).

Persons in whom CJD should be suspected and/or persons who are at higher risk to develop CJD are defined in Appendix 1.

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Precautions:

Use **standard precautions** for all patients with known or suspected CJD. As with all patients, perform hand hygiene before and after patient contact regardless of glove use. Additional precautions are not necessary for routine patient care including collection and handling of infective material. Gloves should be worn for the handling of blood and body fluids. Masks, gowns, and protective eyewear should be worn if exposure of mucous membranes or skin to blood or other material that is potentially infectious is anticipated.

Blood and body fluids may be disposed of in a sanitary sewer system. Regulated medical waste (i.e. bulk blood, pathological waste, and sharps) is disposed of in the same manner as other regulated medical waste.

No special precautions are required for laundry or for patient care equipment not in direct contact with high risk infectious tissues (brain, spinal cord, eye). Current data is not sufficiently strong or compelling to make recommendations beyond standard precautions and routine disinfection/sterilization procedures when handling low risk infectious tissues (e.g. CSF, lung, kidney, liver, spleen, placenta and lymph node).^{1,2}

Because CJD-contaminated material can lead to deadly nosocomial transmission, the National Institute of Neurological Disorders and Stroke (NINDS)³ advises that **“the most important safety rule is to avoid self-induced injury from instruments used in the course of examination”**. The Institute also says to avoid contact between contaminated material and non-intact skin.

Disinfection and sterilization guidelines are more stringent for reusable items or instruments used on patients with known or suspected CJD (Appendix 3). Thus, every effort should be made to use disposable instruments or equipment dedicated for use on patients with CJD when contact with high risk infectious tissue is expected (e.g. brain biopsy). Reusable instruments require special disinfection and sterilization procedures as outlined in Appendix 3. All reusable instruments used on suspected CJD patients that are returned for processing to Central Sterile Supply should be collected in a leakproof plastic bag and labeled **“SUSPECTED CJD”**.

Contact Hospital Epidemiology at 688-4634 for any questions or problems that may arise while caring for a patient with suspected or documented CJD.

Responsibilities:

Attending Physician

The attending physician will notify the Hospital Epidemiology Department (688-4634) or call the operator for the person on call for Hospital Epidemiology with a diagnosis of suspected or confirmed CJD, or other prion diseases before the patient enters any area of the hospital system.

Neurosurgery

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The Neurosurgery attending, or designee, will notify Hospital Epidemiology (688-4634) when consulted to perform a brain biopsy on a patient meeting the criteria for suspected CJD (Appendix 1) and the CJD Biopsy Advisory Group will be convened by Hospital Epidemiology (Appendix 2).

Hospital Epidemiology

Hospital Epidemiology will notify the **CJD Team** as soon as the diagnosis of CJD is suspected or confirmed. The CJD team includes, but is not limited to, representation from Administration, Admitting, Patient Care Coordination, Clinical Advisor, Central Sterile Supply, Environmental Services, Hospital Epidemiology, Neurology, Neurosurgery, the Surgical Pathologist on call, Occupational Health Services, and the Operating Room. The CJD Team serves as a consultant in the implementation of the CJD Precautions policy for suspected and confirmed CJD cases.

The **CJD Biopsy Advisory Group**, as defined in Appendix 2, will be convened in the event that a suspected CJD patient, or one at high risk for CJD, is referred for brain biopsy.

Nursing

Notify Hospital Epidemiology **immediately**. Communication within the health care facility is critical as soon as the diagnosis of CJD is suspected or confirmed.

When a patient expires, ensure that the morgue and funeral home are notified that the patient has CJD. No additional burial precautions (i.e. a special cemetery) are required.

Note: Patients with known or suspected prion disease should not serve as donors for organs, tissues, blood components, or sources of tissue (i.e. dura mater or hormones).

Discharge Planning

Care coordinators will notify Hospital Epidemiology of suspected CJD patients before they are transferred to or admitted from other hospitals. Hospital Epidemiology will notify Care Coordinators of suspected CJD cases so that care can be planned for patients being transferred to other facilities or being discharged home.

Occupational Health Service

Occupational Health Service will ensure that exposed staff has appropriate follow-up, if applicable, and counseling following an exposure to high risk infectious material. No prophylaxis is available for CJD but evaluation for bloodborne pathogens (e.g. HIV, HBV, HCV) must take place. In the event a patient is diagnosed with CJD at autopsy, the pathologist will notify Occupational Health Service so that a review of any blood or body fluid exposures involving the patient can be done. The review will be done by Occupational Health Service and will involve only the period of time that the patient had symptoms suspicious for CJD.

Specimens:

All specimens sent to the Pathology Laboratory which are potentially infected with the CJD agent, must be placed in an **impervious bag and labeled "SUSPECTED CJD"**. Notify the Pathology Laboratory before transporting specimens.

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Current data is not sufficiently strong or compelling to make recommendations beyond standard precautions and routine disinfection/sterilization procedures when handling low risk infectious tissues (e.g. CSF, lung, kidney, liver, spleen, placenta and lymph node).^{1,2}

Environmental Surfaces:

Disinfect surfaces contaminated with high risk infective material/tissue (brain, spinal cord, eye) by flooding the surface with a 1:10 bleach solution **before** routine cleaning. Allow **1 hour** contact time keeping surface wet throughout the hour. Then rinse 3 times with water and proceed with regular cleaning. Wear appropriate single-use personal protective equipment (impervious gown, mask, goggles and gloves). Surfaces contaminated with low risk or no risk material/tissue should be cleaned in the standard manner using the hospital-approved disinfectant.^{1,2,4}

Occupational Exposures:

Care must be taken to avoid self-inoculation with sharp objects. In the event of a **percutaneous exposure** to high risk infectious materials (brain, spinal cord and eye tissue) the exposed area should be immediately cleansed (avoid scrubbing) with soap and water and the exposed person should report **immediately** to Occupational Health Services, or the Emergency Department off hours, for further evaluation.

Mucous membrane exposure to infectious tissues or fluids should be managed by irrigating the mucous membranes thoroughly and the exposed person should report **immediately** to Occupational Health Services, or the Emergency Department off hours. For exposure to low risk infectious materials, the exposed area should be flushed with copious amounts of water and Occupational Health Services contacted **immediately** at 688-2462 for further follow-up.

Procedures and High Risk Infectious Tissue from Suspected/Known CJD Patients:

Cleaning, Disinfection and Sterilization: OR and Central Sterile Supply

Every effort should be made to use disposable instruments or equipment dedicated for use on patients with suspected/known CJD when contact with high risk infectious tissue is expected (e.g. brain biopsy). Reusable instruments require special disinfection and sterilization procedures as outlined in Appendix 3. All reusable instruments used on suspected/known CJD patients that are returned for processing to Central Sterile Supply should be collected in a leakproof plastic bag and labeled **“SUSPECTED CJD”**.

Standard disinfection and sterilization methods are ineffective against the CJD agent. Prior to disinfection, place the contaminated items in a container filled with water to avoid adherence of material to the medical device. See Appendix 3 for acceptable disinfection and sterilization procedures.

Neurology

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Disposable needle electrodes should be used in electromyography that can be discarded and incinerated after each use. Avoid the use of pins or other sharp objects that may puncture the skin during the neurological exam. Notify Hospital Epidemiology of suspected CJD cases.

Ophthalmology

Use disposable equipment as much as possible that can be discarded and incinerated after use. Non-disposable surgical equipment must be disinfected following the sterilization procedures outlined in Appendix 3 (Cleaning, Disinfection and Sterilization).

Neurosurgery/Surgery/Anesthesia

Use single use disposable products/equipment (CJD Disposable Brain Biopsy Kit, ORIS code: BRNBXCJD). If single use disposable products/equipment cannot be used and re-processing will be necessary this must be coordinated with Central Sterile Supply at the time the procedure is booked (Appendix 3).

- Cases of suspected or confirmed CJD may be booked for surgery **after consultation with the CJD Biopsy Advisory Group and receiving approval from the OR Patient Service Manager**, or designee, for date and time.
- If an implant will be used (i.e., plate and screws), it should be selected and the implant set removed from the room prior to the start of the procedure.
- Eliminate all unnecessary equipment and instruments from the room prior to the start of the procedure.
- Environmental Services should be notified prior to start of case that waste/disposable instruments will require incineration and to obtain appropriate leak-proof puncture resistant waste containers.
- No power tools are to be used for surgical procedures. These items cannot be adequately sterilized to render them safe for use on another patient.
- Flash sterilization of instruments/equipment is not acceptable under any circumstances.
- The health care worker passing the instruments during a procedure should wipe the reusable instrument with a damp disposable cloth/operating room sponge. Avoid excess handling.
- At the end of the procedure, all drapes, contaminated supplies and disposable equipment/instruments, trash, solidified liquid waste, etc. should be carefully collected to minimize contamination. These items should be contained in a designated leak-proof puncture resistant container, obtained from Environmental Services, and discarded as hazardous waste for incineration. Contact Environmental Services regarding waste to be incinerated.

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- Disinfect surfaces contaminated with infective material by flooding the surface with a 1:10 bleach solution **before** routine cleaning. Allow **1 hour** contact time keeping surface wet throughout the hour. Then rinse 3 times with water and proceed with regular cleaning. Wear appropriate single-use personal protective equipment (impervious gown, mask, goggles and gloves).
- When incineration of equipment/instruments is not possible use the multi-step decontamination process (Appendix 3: Cleaning, Disinfection and Sterilization). Non-disposable surgical instruments should be carefully contained prior to terminal decontamination. Do not pre-clean. Place non-disposable items in a leak-proof puncture resistant container and label “SUSPECTED CJD”. Notify Central Sterile Supply immediately and send for reprocessing using processes outlined in Appendix 3.

Procedures for OR set-up for a case involving a patient with suspected or known CJD and cleaning of room upon completion of the case are described in the OR Policy “CJD Precautions” (Appendix 4).

Pathology/Autopsy Services:

Occupational infection with CJD has not been a major concern, but there are established safety practices for laboratories when working with suspected CJD cases. Although there is no evidence that CJD is transmitted by aerosols or by non-penetrating mucosal contamination, the following precautions have been drawn up by the College of American Pathologists (CAP) in 1998 for working with high-risk tissues potentially infected with CJD.

1. Brain biopsies for rapidly progressive dementia should be treated as potential CJD cases; the lab should perform **no frozen sections** from patients with this diagnosis.
2. In autopsies involving patients who had biopsy results consistent with CJD, if there is any suspicion of CJD, the autopsy should be limited to the brain only, except for research purposes or if other system diseases are sought, and the tissue treated as outlined below.
 - a. Standard precautions (including the use of a disposable waterproof gown, mask, eye shield, and cut resistant gloves) should be followed during autopsy. A handsaw should be used to remove the calvaria and label specimens as “CJD infectious material”. Alternatively, a power saw attached to a suctioning system may be used and the head of the power saw decontaminated in a 1:10 bleach solution after use.
 - b. Dissection should be performed within the opened body bag and should be limited to the brain, except for research purposes or if other system diseases are sought. Ensure that the body bag is arranged to confine all tissues and fluids.
 - c. Neuropathology tissues from cases of Creutzfeldt-Jakob disease that have been fixed in phenol-formalin should be processed by hand. Tissue treated with formic acid is essentially decontaminated and may be processed routinely. Hand-processed material is treated as potentially infectious and double gloves are worn at all times.
 - d. All solutions, including water washes, are collected and treated with equal volumes of fresh undiluted household bleach for 60 minutes before disposal.

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- e. The microtome may be wiped with a 1:10 bleach solution. No special precautions are needed in handling intact glass slides once they have been coverslipped. Broken slides should be decontaminated by immersing in formic acid before discarding in a puncture proof container.
 - f. Paraffin blocks should be stored in a bag or box and labeled as "CJD infectious material".
 - g. Make sure not to contaminate the outside of specimen containers.
 - h. At the conclusion of the autopsy, swab any part of the body surface that requires incision with fresh undiluted household bleach and allow it to remain undisturbed for 15 minutes before sealing the body bag.
3. In the Pathology Laboratory, the following precautions should be observed:
- a. Specimens should be hand processed and embedded. Treat hand processed material as potentially infectious. Wear double gloves at all times. Tissues should be fixed in formalin, followed by formic acid treatment of tissue blocks. Before disposal, treat all solutions and tissues with equal volumes of fresh undiluted bleach for 60 minutes and use the same procedures for tools and disposable items as in the autopsy.
 - b. Collect all scraps of paraffin and unused sections on a disposable sheet. Use disposable microtome blades; wipe the microtome with undiluted bleach. Pathology laboratories that handle a lot of CJD cases should consider dedicating an old microtome exclusively for use in CJD cases.
 - c. No special precautions are needed in handling intact glass slides once they have been coverslipped. Broken slides should be decontaminated by immersing in formic acid before discarding in a puncture proof container.
 - d. Paraffin blocks should be stored in a bag or box and labeled as "CJD infectious material".
 - e. Blocks should be prepared from the specimen after it is described, and these should be submitted to the histology laboratory in double containers that have been clearly labeled as coming from a patient with CJD.
 - f. Tissue remnants, cutting debris, and any contaminated formaldehyde solutions should be discarded within a plastic container as infectious material for eventual incineration.

References:

1. CDC Draft Guideline for Disinfection and Sterilization in Healthcare Facilities, 2002.
www.cdc.gov/ncidod/hip/dsguide.htm
2. Rutala WA and Weber DJ. Creutzfeldt-Jakob Disease: Recommendations for Disinfection and Sterilization. Clin Infect Dis 2001;32:1348-56.
3. [NINDS ref]
4. WHO Infection Control Guidelines for Transmissible Spongiform Encephalopathies. Geneva, Switzerland, 23-26 March 1999.
5. Weekly Epidemiological Record. 73;361-365(1998).

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6. Collie DA, et al. MRI of Creutzfeldt-Jakob Disease: Imaging Features and Recommended MRI Protocol. *Clinical Radiology* 2001;56:726-739.
7. WHO: The Revision of the Variant Creutzfeldt-Jakob (vCJD) Case Definition. Edinburgh, UK, 17 May 2001.

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Appendix 1

Human Transmissible Spongiform Encephalopathies

I. Criteria for Probable Sporadic CJD (Wkly Epidem Rec 73:361-365, 1998)

Progressive dementia;
and

At least 2 out of the following 4 clinical features:

- Myoclonus
- Visual or cerebellar disturbance
- Pyramidal/extrapyramidal dysfunction
- Akinetic mutism;

and

- Typical EEG during an illness of any duration

and/or

A positive 14-3-3 CSF assay, in the appropriate clinical setting, and a clinical duration to death < 2 years

- Routine investigations should not suggest an alternative diagnosis

EEG interpretation:

- Strictly periodic activity
 - Variations in intercomplex intervals are no higher than 500 ms
 - Periodic activity is continuous for at least one 10 second period;
- Bi- or triphasic morphology of periodic complexes;
- Duration of majority of complexes 100-600 ms;
- Periodic complexes may be generalized or lateralized but not regional or asynchronous

II. Persons at high risk for CJD who may currently be asymptomatic

- Recipients of :
 - Human growth hormone
 - Dura mater grafts
 - Clinical presentations of iatrogenic CJD cases may differ from classic sporadic CJD.
- Family history of CJD

III. Variant CJD (vCJD)

- The clinical presentation of vCJD differs from the presentation of classic sporadic CJD.
 - WHO: The Revision of the vCJD Case Definition, 17 May 2001
 - Collie, et al. Clinical Radiology 2001;56:726-739

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Appendix 2

CJD Biopsy Advisory Group

Purpose:

To offer non-binding advice on whether a biopsy should be performed on a suspect case of CJD as defined in "Criteria for Probable Sporadic CJD".

Rationale:

WHO discourages use of cerebral biopsy *except to make an alternative diagnosis of a treatable disease (Wkly Epidem Rec 73:361-365, 1998)*.

Procedure:

1. The CJD Advisory Group will be convened on an ad-hoc basis when a cerebral biopsy is requested for a patient meeting the "Criteria for Probable Sporadic CJD". The group will meet within one week of request to review case for biopsy.
2. If it is determined that the patient is a candidate for cerebral biopsy, or the primary physician deems it necessary in spite of the Advisory Group's suggestion against, the Hospital Epidemiologist (or designee) will contact the OR regarding the possibility of CJD. The OR will then make all the necessary preparations for the procedure. The procedure will not be performed until the OR Patient Service Manager, or designee, has determined that all preparations are complete.
3. Members of the CJD Advisory Group:
 - Neurologist not involved in case
 - Neurosurgeon not involved in case
 - Neuropathologist
 - Neuroradiologist - MRI
 - Hospital Epidemiologist

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Appendix 3

Cleaning, Disinfection and Sterilization Procedure for Reusable Instruments

Routine methods of disinfection and sterilization are not sufficient to inactivate prions. Thus, critical and semi-critical CJD-contaminated patient care equipment that has been in contact with high-risk infectious material, and is not disposable, should be decontaminated using either sodium hydroxide or heat, or a combination of both, as described below. Flash sterilization is not acceptable under any circumstances.

Equipment that has been in contact with no risk or low risk infectious material can be sterilized with routine sterilization procedures.

No procedures requiring ethylene oxide, hydrogen peroxide, paracetic acid, or gluteraldehyde should be used for sterilizing surgical instruments or other critical or semi-critical items. These processes do not provide an adequate level of sterilization for CJD.

The following agents are the only agents that are effective in inactivating the CJD agent.

Multi-step decontamination process for instruments that can withstand exposure to Sodium Hydroxide and Heat:

Step 1:

Decontamination with Sodium Hydroxide (NaOH) (Lye)

- (a) Immerse instruments in 1N NaOH and soak for 60 minutes (do not wash).
- **Note: Sodium hydroxide is a hazardous substance requiring neutralization before disposal.**
- Contain and incinerate **all** liquid waste including wash water.

Decontamination with Heat

- (a) 134°C for 18 minutes in a **prevacuum sterilizer**
OR
- (b) 132°C for 60 minutes in a **gravity displacement sterilizer**
OR
- (c) Soak in 1N sodium hydroxide for 1 hour followed by 30 minutes of standard gravity steam sterilization at 121°C.

Step 2: Clean instruments, rinse in water, and subject to routine sterilization.

Note: 1N sodium hydroxide is very caustic. **HANDLE CAREFULLY.** Review Material Safety Data Sheet before handling. Excess solution will be disposed of as hazardous waste after neutralization. Pharmacy must be notified ahead of time regarding the need to procure 1N NaOH.

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Appendix 4

YALE-NEW HAVEN HOSPITAL DEPARTMENT OF PERIOPERATIVE SERVICES

Creutzfeldt-Jakob Disease Precautions

Effective: 8/96

Revised: 6/02

PURPOSE

This policy is to supplement the YNHH Creutzfeldt-Jakob Disease (CJD) Precautions Policy located in the Infection Control Manual. The guidelines listed below are specific for the Operating Room.

GUIDELINES

A. Scheduling of Case

1. The OR PSM (or designee) will be notified by the CJD Biopsy Advisory Group of a pending Brain Biopsy to be performed on a patient with suspected CJD.
2. The case will be scheduled at the end of the day if possible.
3. A cleaning time of 2 hours will be added to the scheduled time.
4. Pathology will be notified of the pending case and time.
5. The ORIS code BRNBXCJD will be used, which will then generate a pick sheet and case cart with the correct instrumentation and supplies.

B. Preoperative Activities

1. Notify Environmental Services of pending case and that incineration of waste will be required.
2. Remove all unnecessary equipment and furniture.
3. Cover all surfaces that may potentially be contaminated with high-risk infectious tissue (i.e. brain, spinal cord, eye) with impervious covers.
 - Cover anesthesia equipment with plastic case cart covers.
 - Cover pass through cabinets and room cabinets with plastic.
 - Cover computers with plastic.
4. Cover electrical cords with plastic sleeves.
5. Use disposable linen/drapes.
6. Only essential instruments/equipment should be brought into the room.
7. Obtain case cart from CSS with BRNBXCJD pick sheet and CJD disposable kit.

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C. Intraoperative Activities

1. All staff will wear appropriate PPE.
 - Protective eyewear.
 - Gowns, masks, and shoe covers must be fluid resistant.
2. Minimize traffic through room.
3. A nursing staff member should be available outside the OR to complete paper work, assist in double bagging of specimens, obtaining extra supplies, making phone calls, etc.
4. Label specimens as R/O CJD and notify Pathology.
5. Do not use any power tools.
6. Reusable instruments and equipment that are not discarded, must be disinfected and sterilized using special procedures as outlined in the CJD Precautions Policy (Infection Control Manual) in Appendix 3. **Routine disinfection/sterilization procedures are not adequate for CJD contaminated items.** If instruments or equipment cannot tolerate the disinfection/sterilization process outlined in Appendix 3 then they must be discarded.
7. Do NOT flash sterilize any contaminated instrument or equipment.
8. All instruments, equipment and supplies that are to be discarded should be placed in a designated leak proof, puncture resistant container for incineration.
9. Retain all liquids for decontamination and incineration.

D. Post Operative Activities

1. Only persons trained in the procedure specific to R/O CJD cases should clean the room.
2. Disposable and reusable instruments that are going to be thrown away must be placed in designated leak proof puncture resistant containers for incineration.
3. All linen/drapes and coverings of horizontal surfaces should be carefully collected and placed in designated containers for incineration.
4. If any re-usable instruments are used, they must be labeled as R/O CJD before being sent to CSS for reprocessing (unless they are to be discarded).
5. Notify CSS prior to sending instruments for reprocessing.
6. Any unprotected surfaces that were contaminated with high-risk infectious tissue during the case should be cleaned with a 1:10 bleach solution.
 - Flood the surface and let stand for one hour.
 - Rinse 3 times.
 - Clean with EPA approved disinfectant.
7. All liquid waste, tissue remnants, and trash must be incinerated.

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SUSPECTED CJD BRAIN BIOPSY

PSM or designee notified by CJD Biopsy Advisory Group

Schedule Case ☞ Allow 2 hours cleaning postop

Preoperative Activities

- **Remove all unnecessary equipment and furniture**
- **Cover all surfaces with impervious covers**
- **Use disposable brain biopsy kit**
- **Cover electrical cords with plastic sleeves**
- **Notify Environmental Services that waste will require incineration**

Intraoperative Activities

- **All staff will wear appropriate PPE**
- **Minimize traffic through room**
- **A nursing staff member available outside OR**
- **Label specimens as R/O CJD and notify Pathology**
- **Do NOT flash sterilize any contaminated instrument or equipment**
- **Place all disposable materials in designated leak proof, puncture resistant container for incineration**
- **Retain all liquids for decontamination and incineration**

Postoperative Activities

- **Only persons trained in R/O CJD procedure should clean the room**
- **Any unprotected surfaces should be cleaned with a 1:10 bleach solution**
- **All trash, liquid waste, and tissue remnants must be placed in designated leak proof, puncture resistant containers and incinerated**