

UW Medicine - Pathology

100-05-01-10

Prion / CJD Control Plan Procedure

Adopted Date: 09/16/02 Review Date: 06/19/09 Revision Date: 05/20/11
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PURPOSE

To ensure that proper handling of specimens suspected of prion/CJD is followed by all pathology personnel responsible for handling specimens.

SCOPE

All staff, faculty and residents/fellows responsible for handling specimen that are suspected of prion/CJD.

PROCEDURE

For Specimen Handling and Protocols:

UWMC (Gross Room): refer to the Creutzfeldt-Jakob Disease Specimen Handling and Transport procedure.

UWMC (Autopsy): refer to the Handling of Neuropathology Research and Suspected CJD Cases policy

HMC (Cytology): refer to the Handling of Specimen Suspected of Contamination with CJD procedure

HMC (Autopsy): refer to the CJD Specific Autopsy procedure

Specimen Handling:

HMC (Neuropathology):

1. The Circulator will notify Neuropathology to come to the room for the specimen.
2. A sterile specimen cup and Telfa will be given to the Scrub, who will in turn put the specimen in it from the sterile field.
3. The specimen will be safely transferred into a specimen biohazard bag.
4. The specimen will be given to the pathologist in the room, fresh. There will be no frozen section. The specimen will be carried to Pathology.

Specimen Protocol:

HMC (Neuropathology): refer to the Suspected CJD Specimen Handling procedure

Decontamination / Waste Disposal:

1. All tissue and other waste (including disposable instruments used on specimens suspected of contamination) will be collected in biohazard bags to be disposed of by incineration.

2. All glassware and containers must be decontaminated with 5% sodium hypochlorite (household bleach) or other approved disinfectant for CJD for 1 hour before washing.
3. All instruments and microtome knives must be decontaminated by soaking in 5% sodium hypochlorite or other approved disinfectant for CJD for 1 hour. (*Note:* This may cause corrosion to metal instruments / equipment).
4. All surface areas must be decontaminated by using 5% sodium hypochlorite or other approved disinfectant for CJD. All suspected contaminated areas must be wiped down. (*Note:* this may cause correction on certain surfaces)
5. All solutions used for processing and staining contaminated tissue will be decontaminated with 5% sodium hypochlorite or other approved disinfectant for CJD for 1 hour before discarding.

Exposure Care & Follow Up:

In the case of employee exposure to CJD:

1. Non-percutaneous:
 - a) Wash area with soap and water.
 - b) Report exposure to supervisor / manager
 - c) Report exposure to Employee Health
 - d) Complete an incident report using Patient Safety Net (PSN)
2. Percutaneous:
 - a)

REFERENCE

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- Creutzfeldt-Jakob Disease Specimen Handling and Transport procedure, 6000-01-05-09
 - Handling of Specimen Suspected of Contamination with CJD procedure, 4000-05-01-09
 - Handling of Neuropathology Research and Suspected CJD Cases policy, 5000-13-01-16
 - CJD Specific Autopsy procedure, 500-01-01-12
 - Suspected CJD Specimen Handling procedure, 600-01-05-08

UWMC Pathology Chief of Service:
(Signature and Date)

 5/24/13

Suzanne Dintzis, MD, PhD

HMC Pathology Chief of Service:
(Signature and Date)

 5/24/13

Stephen Schmechel, MD, PhD

Written by:
(Signature and Date)

Revised by:
(Signature and Date)

Kim Simmons 5/2011