	POLICIES & PROCEDURES Number: **40-40** Title: **Creutzfeldt-Jakob Disease (CJD)**
Authorization: [🗐] SHR Infection Prevention & Control Committee [ ] Facility Board of Directors	Source**: Infection Prevention & Control** Date Initiated: November 26, 2002 Date Reaffirmed: June, 2003 Date Revised: November 2017 Scope: SHR Agencies

Introduction

Transmissible spongiform encephalopathies (TSEs), also known as prion diseases, are fatal degenerative brain diseases that occur in humans and certain animal species. Human TSEs occur in sporadic, inherited, and acquired forms. TSEs are not known to spread by contact from person to person, but iatrogenic transmission can occur during invasive medical interventions. Exposure to infectious material through the use of human cadaveric-derived pituitary hormones, dural and cornea homograft's, and contaminated neurosurgical instruments has caused human TSEs. Transmission of CJD has not been associated with environmental contamination or skin contact. Normal social and clinical contact and non-invasive clinical investigations, i.e., x-ray imaging procedures with CJD clients do not present a risk to the healthcare worker (HCW), relatives or the community.

FORM	CAUSE	DISTINGUISHING FEATURES
Sporadic CJD (85-90%) Includes 5 subtypes with distinct clinical & pathological features	Unknown	Affects mainly people over age 50. Ataxia, dementia spongiform change, rarely plaques. Short course
Inherited prion disease Familial CJD (15%) Gerstmann-Straussler-Schieinker Syndrome (GSS) Fatal Familial Insomnia (FFI)	Inherited mutation in PrP gene	Often younger onset than sporadic CJD. Symptom pattern depends on type of mutation, but could be similar to that of sporadic CJD and with a longer course of illness.
Acquired by Infection Iatrogenic* CJD(<1%)	Contamination through brain surgery, corneal transplant, dura mater graft, human growth hormone	The age at onset depends on the age at exposure and on the incubation time. Clinical and pathological features often indistinguishable from sporadic CJD.
Variant CJD (vCJD)	Exposure to BSE (Bovine Spongiform Encephalopathy)	Young onset and longer duration than classical CJD. Psychiatric signs at presentation. Distinctive "daisy" plaques.

*Iatrogenic CJD younger onset. Ataxia rather than dementia. Growth hormone cases show plaques.

Policy

1. Routine Practices apply to all care procedures except for invasive procedures involving high or low infectivity tissues of a high risk client or high infectivity tissue and CSF of an at-risk client.
2. Incineration or the CJD decontamination process must be followed without exception when instruments are exposed to high or low infectivity tissues of a high risk client or high infectivity tissue and CSF of an at-risk client.
3. Use disposable cover sheets whenever possible to avoid environmental contamination.
4. CJD precautions should be initiated when exposure to high infectivity tissues or CSF from an at-risk client is anticipated. (See Tables 1, 2 & 3).
5. Notification of Population & Public Health of clients diagnosed with any form of CJD by physician.

Purpose

1. To provide guidance for precautions to prevent or minimize exposure of both clients and healthcare workers to CJD.

Procedure

1. Risk Assessment

    - Using the following Tables 1 & 2, assess client and tissue risk for CJD. Use Table 3 to assess Infection Prevention & Control management based on risk assessment for CJD.

Table 1: Client Risk for CJD	
High Risk Client	**At-Risk Client**
Clients considered to be at high risk of transmitting CJD iatrogenically are those diagnosed, prospectively or retrospectively, with: • **CJD** – confirmed, probable, or possible CJD, familial CJD, Gerstmann-Sträussler-Scheinker disease (GSS), or fatal familial insomnia (FFI) depending on pathological, laboratory, and clinical evidence and following the Surveillance definitions for Classic CJD **Suspected CJD** – undiagnosed, rapidly progressive dementia and CJD not ruled out. • **Asymptomatic carrier of genetic transmissible spongiform encephalopathy (TSE)** – a person who displays no symptoms or signs of TSE, but meets one or more of the following criteria : 1. The person has been confirmed by genetic testing to carry a genetic mutation causative of familial CJD, GSS, or FFI; 2. The person has at least one first-degree relative who has been confirmed by genetic testing to carry such a mutation, with or without pathologic confirmation of TSE; 3. The person has two or more first-degree relatives who have been diagnosed with either confirmed or probable TSE, with or without confirmation by genetic testing. The procedures recommended for managing instruments used on high-risk clients depend on the potential infectivity of the tissue contacted.	The following clients are at-risk of iatrogenic CJD: • Recipients of human tissue derived pituitary hormone treatment (either growth hormone or gonadotropin). • Recipients of a dura mater graft (until 1992 for Lyodura grafts, until 1997 for Tutoplast Dura grafts). • Recipients of a corneal graft originating in a jurisdiction that does not require graft donors to be screened for neurological disease. • Clients who have been exposed, via contact with instruments, to high-infectivity tissue of a confirmed CJD client.

*The incidence of CJD in Canada does not justify classifying people who have undergone neurosurgical procedures as at-risk clients.

Table 2: Tissue Risk for CJD

High Infectivity	Low Infectivity
• Brain • Cerebrospinal fluid (CSF)* • Dura mater • Pituitary gland • Posterior eye (optic nerve and retina) • Spinal cord and spinal ganglia • Trigeminal ganglia	• Cornea • Kidney • Liver • Lung • Lymph nodes • Placenta • Spleen

No Detected Infectivity			
• Adipose tissue • Adrenal gland • Appendix • Blood (including cord blood) • Blood vessels • Bone marrow • Breast milk (including colostrum) • Dental pulp • Epididymis	• Esophagus • Feces • Gingival tissue • Heart • Ileum • Jejunum • Large intestine • Nasal mucosa • Nasal mucous • Ovary	• Pancreas • Pericardium • Peripheral nerves • Placental fluids • Prostate • Saliva • Semen • Seminal vesicle • Skeletal muscle • Skin	• Sweat • Tears • Testis • Thymus • Thyroid gland • Tongue • Tonsil • Trachea • Urine • Uterus (non-gravid)

*While CSF is a low-infectivity tissue, contact with CSF necessarily implies contact with high-infectivity tissue and should be managed as a high infectivity tissue/fluid for Infection Prevention & Control purposes.

2. Notification

- **Attending physician notifies Microbiologist on-call via switchboard at 306-655-1000 when a client has probable prion disease.**
- Attending physician notifies **pathology** at RUH prior to an **autopsy**. See specific autopsy room procedure.
- Nurse assigned to the client notifies **Infection Prevention & Control Practitioner** on admission and prior to any surgery or procedure. Prior to surgery suspect or confirmed CJD must be noted on the booking slip (Form #100095) under Alerts and Additional Conditions.
- Nursing unit will notify the **operating room** prior to any surgery or procedure on a client where CJD may be suspected.
- Royal University Hospital (RUH) has an assigned case cart for the OR set up to be used for neurological procedures that involve clients with suspected CJD.
- Notify **nursing staff** when contact with high infectivity tissues or CSF of high-risk client or high infectivity tissues of at-risk clients is likely (i.e., single client use, disposable set-ups for CNS monitoring and drainage systems).
- Write the diagnosis of CJD or query CJD clearly on the body tag of a deceased client.
- If the name of the **funeral home** is known, call them directly so that they can use proper precautions.

3. Reporting Requirements

- Requirement by the Saskatchewan Public Health Act (1994); PART IV. Category 1 Communicable Diseases; Responsibility to report. Section 32(1) and (2).
  - Creutzfeldt-Jakob Disease – (classical or new variant infection) any cases shall be reported to a medical health officer (Population & Public Health) by:
    In acute care:
    a) **A physician or nurse** who, while providing professional services to a person, forms the opinion that the person is infected with or is a carrier of a category 1 communicable disease (not later than 48 hours after the opinion is formed);

b) The **manager of a medical laboratory** if the existence of a category 1 communicable disease is found or confirmed by examination of specimens submitted to the medical laboratory (not later than 48 hours after confirmation of the results);

- The physician or nurse must document that Population & Public Health has been notified.
- To report Communicable Diseases call 655-4612, Monday to Friday 0800 – 1630h or 655-4620 after hours.
  - Population & Public Health will contact the client once the physician has advised him/her of the results.
- The Public Health Nurse will notify Infection Prevention & Control Practitioner.

4. Accommodation

- Single room is not required for Infection Prevention & Control purposes.

5. Routine Practices

- Are adequate for providing care to high or at-risk clients under normal clinical contacts, and for non-invasive clinical investigations. Precautions are not required for personal care items (i.e., feeding tubes, suction canisters) and eating utensils.
- Disposable gowns and gloves should be worn if handling contaminated or potentially contaminated equipment or articles. Refer to #8 for Waste Disposal.

6. Personal Protective Equipment

- PPE requirements when performing invasive procedures or handling infective tissue including CSF include:
  - Gown must be disposable and liquid repellant
  - Gloves
  - Mask with visor

7. Linen

- Routine Practices apply, however linen that is exposed to high infectivity tissues or CSF of a high risk client or high infectivity tissues of an at-risk client, should be treated as waste. Refer to #8 for Waste Disposal.

8. Waste Disposal – See Appendix C - Figure #1

- Waste such as gowns, gloves, specimen containers, linens, instruments, sharps and sharps containers or any articles that has been exposed to high infectivity tissues or CSF of a high risk client or high infectivity tissues of an at-risk client is to be **incinerated**.
- The waste receptacle used should be sealed and labelled "Incinerate".
- In the RUH OR, this CJD waste container (red chemotherapy bin) is kept in the OR hallway beside the OR attendants work room.
- RUH 6300, has the red (chemo) bin containing all supplies are in storage room 6316 –All supplies are in the red bin/container and include lumbar puncture tray, gloves, mask with shield, disposable gown, absorbent pad, specimen bags, green labels "Suspect CJD" and infectious white with orange lid container. The red (chemo) bin is incinerated.
- Other areas will need to obtain a red "chemo" bin from stores (SKU #201905) refer to Chemo.

9. Medical Procedures

- Procedures normally carried out at the bedside (i.e. lumbar puncture, bone marrow biopsy) may be performed at the bedside, but care should be taken to ensure environment is protected with disposable drapes should spillage occur.

- **The CSF collection kit is located in the lab for CJD testing and must be obtained before testing occurs.** Dispose of unused parts along with the used Do not return waste or other parts of the kit to the lab after use other than testing samples and the sample conatiners Dispose of directly from the unit.
- Cover work surfaces with disposable drapes/ material, which can be removed and incinerated. Anything contaminated with spillage during the procedure (disposable or not) should be placed in the red (chemo) bin to be incinerated.
- Extra care should be taken to protect all surfaces. Surfaces that become contaminated must be decontaminated with appropriate disinfectant (See Procedure #12 or Annex 1 Decontamination of Surfaces below). If it is not possible to decontaminate the surface/object according to the protocol the object must be incinerated.

10. Medical Instrument Use

- The risk of transmission via instruments used on at-risk, asymptomatic clients is negligibly low, therefore, follow routine processes. Screening procedures should be performed to identify high-risk clients, and not to identify at-risk clients. A client who self-identifies as being at-risk should be evaluated clinically for evidence of CJD.
- For high risk, It is recommended to:
    - Limit as much as possible the number of instruments used for any procedure.
    - Use disposable rather than reusable instruments whenever possible and especially when in contact with high-infectivity tissue.
    - Quarantine reusable instruments until diagnosis is confirmed at RUH OR in specific bins/box.

Autopsy:

- In the autopsy room a separate set of instruments is used for questionable/known CJD cases only and quarantined appropriately.

11. Collecting/Handling Specimens (See Appendix B – Management of CJD Specimens Work Standard)

- Attending physician needs to notify the Microbiologist On-call that a **CSF/brain specimen will be collected prior to the procedure.**
- Indicate clearly on the requisition form **and** on the specimen container of the probable diagnosis of CJD.
- Obtain Special CJD Kit containing labels, Category A transport container, bags, etc. from the microbiology lab prior to procedure.
- Healthcare workers should wear single-use disposable PPE when collecting and handling high infectivity tissues or CSF from a high-risk client or high infectivity tissues from an at-risk client.
- Single-use disposable instruments should be used when performing lumbar punctures or when managing drainage systems such as those used with external lumbar and ventricular drains, and intracranial monitoring systems.
- High infectivity tissues or CSF specimens should be bagged and closed and placed in a "spill-proof", "puncture proof" sealed container obtained from microbiology lab (See Appendix C – Figure #2), clearly labeled as high risk for CJD. Ensure that the lid is appropriately closed and sealed and that there is no risk of leakage. Seal the requisition and container in a plastic bag for transport.
- **Do not place the specimen in the pneumatic tube system.** Call for a porter to hand deliver the specimen to the laboratory.
- **Do not leave the specimen unattended**. Ensure someone at the Microbiology Laboratory is available to receive the specimen.
- See Annex 1 below for decontamination of instrument and surfaces

12. Decontamination of Surfaces

- TSE agents are unusually resistant to disinfection and sterilization by most of the physical and chemical methods in common use for decontamination of infectious pathogens in healthcare.

ANNEX 1: Procedure for Mechanically Cleaning and Disinfecting Equipment and Surfaces - Subject to Potential Contamination:

1) Flood the surface with 1N NaOH or undiluted sodium hypochlorite.
2) Let it stand for 1 hour.
3) Mop up and rinse with water.
4) Surfaces that cannot tolerate NaOH or hypochlorite should not be present in areas where these procedures are performed.

13. Decontamination of Instruments

NEVER MECHANICALLY PROCESS ANY SUSPECTED CJD INSTRUMENTS AND EQUIPMENT

- According to Annex III - WHO Infection Control Guidelines for Transmissible Spongiform Encephalopathies (1999), the safest and most unambiguous method for ensuring that there is no risk of residual infectivity on contaminated instruments and other materials is to discard and destroy them by incineration.
- All reusable equipment must be quarantined until diagnosis is confirmed.

14. Instrument/Equipment Quarantine

- It is recommended that quarantined items from other sites in the region be contained to prevent leakage and carefully transported for storage to the yellow quarantine crate at RUH (See Appendix C for containers).

Suspected CJD: If diagnosis is suspected for CJD and not yet confirmed quarantine the equipment.

- If diagnosis is suspected for CJD and not yet confirmed:
  - Wipe item with damp cloth,
  - Discard cloth in CJD waste container,
  - Keep the item moist, and
  - Quarantine the instruments in a leak proof puncture-resistant, sealed container (See Appendix C - Figure #3) labeled "? CJD HOLD UNTIL FURTHER NOTICE".
  - Stamp this label with the client information and quarantine the instrument until diagnosis is confirmed. (See Appendix C - Figure #1)
  - Labels are in CJD bin in the OR core (RUH).
  - Close the container and secure with zip ties.
  - Give box to OR aides to be stored in locked yellow bin in the dirty disposal room (RUH) until positive or negative diagnosis is made.
- At RUH a large yellow crate with padlocks on either side is available for storing these containers. The purpose of this large crate is for use by all sites and is located on ground floor in the waste disposal service room near the OR.
- The key for the padlocks can be obtained from the OR office.
  - Refer to the Operating Room Policy Number: 3.28 CREUTZFELDT-JACOB DISEASE (CJD) PROTOCOL FOR THE OPERATING ROOM for detailed protocol regarding the process for Reusable Contaminated Instruments.
- **(RUH) There are 2 keys for the yellow box. You only need one of them.** Locations - (1) equipment technician's office drawer, and (2) locked in narcotic cupboard labelled "instrument quarantine box".

Confirmed CJD: If a diagnosis of CJD is confirmed all reusable equipment used on the client is incinerated.

- Place **"Incinerate"** sticker on container. (See Appendix C – Figure #4)

Quarantine Removal: A confirmed diagnosis other than CJD, either clinical or pathological, or a postmortem examination excluding CJD, is required to take instruments out of quarantine.

NOTE: A brain biopsy that is negative for CJD, in the absence of a confirmed alternate diagnosis, does not suffice to take instruments out of quarantine.

- Open the leak-proof, puncture-resistant, sealed container and send instrument(s) to SPD for regular processing. (See Appendix C - Figure #1)

Table 3: Infection Prevention & Control Management Based on Risk Assessment for CJD	
High risk client - involving high or low infectivity tissues	
Prevention Management (risk identified before an invasive procedure)	• Develop and implement CJD precautions as required for specific departments (i.e., OR, Lab, SPD). • Provide education programs to ensure that personnel are adequately trained. • Provide advance notification of admission to appropriate personnel (i.e., ICPs) • Provide advance notification to various departments as required (i.e., OR, Lab, SPD). • Consider scheduling surgery at the end of the procedure day. • Minimize personnel involved in the procedure. Ensure only educated and trained staff are involved. • Use disposable supplies and equipment. Keep to a minimum the number of items. • If disposable equipment cannot be used, use old instruments that are at the end of their life cycle in set up and procedures.
Containment Management (risk identified during an invasive procedure)	• Implement CJD precautions immediately. • Obtain and immediately implement disposable or old instruments that are at the end of their life cycle. • Obtain and immediately implement the use of disposable supplies and equipment for invasive procedures. Keep the number of items used to a minimum. • Minimize personnel involved in the procedure. Ensure only educated and trained staff are involved. • Notify appropriate departments as required (i.e., OR, Lab, SPD, Facilities Services, Admin). • Identify all reusable equipment used on client prior to the risk being identified.
Contingency Management (risk identified after an invasive procedure)	• Implement CJD precautions immediately. • Notify appropriate departments as required (i.e., OR, Lab, SPD, Facilities Services, Admin) in order to arrange a meeting. • Identify reusable equipment exposed to high or low infectivity tissues from a high risk client or involving high infectivity tissue from an at risk client. A detailed inspection of a complex or fragile piece of a reusable device may reveal that the item can be dismantled more thoroughly than anticipated. Various parts of the device may tolerate the CJD decontamination process safely. By completing this process, far less of the device may need to be incinerated. Contact the manufacturer for assistance. A decision whether or not to inform exposed clients will be contingent upon the hospital's policy.

References

1. Canadian Standards Association (CSA) Z317.10-15 Handling of health care waste materials. Annex F (informative)-Creutzfeldt-Jakob disease (CJD) and other human transmissible spongiform encephalopathies (TSEs)

2. Health Canada: Classic Creutzfeldt-Jakob Disease in Canada: An infection control guideline. CCDR 2002;28S5:1-84.

3. WHO Infection Control Guidelines for Transmissible Spongiform Encephalopathies. Report of a WHO consultation, Geneva, Switzerland, 23-26 March 1999.

4. Creutzfeldt-Jakob Disease Foundation: CJD & Prion Disease. Third Printing, March 2006.

5. Health Canada: CJD Guideline: Quick Reference Guide - September 2007 http://www.phac-aspc.gc.ca/nois-sinp/pdf/cjd-eng.pdf. Accessed Jan 27, 2016

6. Rutala WA, Weber DJ. Creutzfeldt-Jakob disease: recommendations for disinfection and sterilization. SHEA Guideline. Infection Control and Hospital Epidemiology. February 2010, vol. 31, no. 2.

7. Biosafety in Microbiological and Biomedical Laboratories. Section VIII-H: Prion Diseases. www.cdc.gov/biosafety/publications/bmbl5/bmbl5_sect_viii_h.pdf

8. The Disease Control Regulations cP-37.1 Reg 11; 25 April 2003.

9. Statutes of Saskatchewan, 1994. Chapter P-37.1 Public Health Act.

40-40 Appendix A – High-risk CJD Client Management

High-risk CJD Clients Managed PROSPECTIVELY	
CJD	
Instruments that were in contact with:	***Action to be taken:***
High-infectivity tissue	Discard.
Low-infectivity tissue	Can the instruments tolerate CJD decontamination? • If yes, CJD decontaminate & reuse; • If no, discard.
No detected infectivity tissue	Routine reprocessing & reuse.
Suspected CJD	
Instruments that were in contact with:	***Action to be taken:***
High-infectivity tissue	Routine reprocessing separately & quarantine. Is diagnosis of CJD excluded? • If yes, reuse; • If no, discard.
Low-infectivity tissue	Can the instruments tolerate CJD decontamination? • If yes, CJD decontaminate & reuse; • If no, routine reprocessing separately & quarantine. Is diagnosis of CJD excluded? • If yes, reuse; • If no, discard.
No detected infectivity tissue	Routine reprocessing & reuse.
Asymptomatic carrier of genetic TSE	
Instruments that were in contact with:	***Action to be taken:***
High-infectivity tissue	Discard
Low/No detected infectivity tissue	Routine reprocessing and reuse.

High-risk CJD Clients Managed RETROSPECTIVELY	
CJD	
Instruments that were in contact with:	***Action to be taken:***
High/Low-infectivity tissue	Can specific instruments or sets be identified? • If yes, proceed as for prospectively managed CJD; • If no, were instruments reprocessed more than 9 times? o If yes, proceed as for prospectively Managed CJD (option A) or reuse (option B); • If no, proceed as for prospectively managed CJD (option A).
No detected infectivity tissue	Continue to reuse

At-risk Clients for CJD	
CJD	
Instruments that were in contact with:	***Action to be taken:***
Any tissue	Routine reprocessing & reuse

40-40 Appendix B – Management of CJD Specimens Work Standard

Putting Patients First Transforming Health Care through Lean	**Name of Activity:** Management of CJD Specimens **Role performing Activity**: All SHR Staff, Physicians and Residents		
WORK STANDARD	**Location:** Saskatoon Health Region (SHR) - RUH, SPH, SCH	**Department:** All	
	Document Owner: Infection Prevention & Control	**Region/Organization where this Standard Work originated:** SHR	
	Date Prepared: March 2016	**Last Revision:**	**Date Approved:**

Work Standard Summary: The following steps must be taken to ensure the safety of staff on the unit and in the Microbiology, Chemistry and Hematology Laboratories.

Task Sequence	**Task Definition:** Provide safe collection and identification of cerebrospinal fluid (CSF) for suspect Creutzfeldt-Jakob Disease (CJD).
1.	For any CSF testing with query CJD (Lab Test #14-3-3) the **Microbiologist-on-Call** must be notified by the physician prior to the sampling being performed.
2.	RN/LPN may enter SCM orders flagging that the sample is for query CJD. • Any manual or downtime requisitions must have the green "Suspect CJD" label affixed to them when the samples are sent Microbiology.
3.	Call Microbiology (306-655-0611) to obtain the CJD supply kit. • The kit will include a red chemotherapy bin, lumbar puncture tray, gloves, mask with shield, disposable gown, absorbent pad, specimen bags, green labels "Suspect CJD" (see back for picture) and "INFECTIOUS" white container with orange lid (see back for picture).
4.	Physician performs the lumbar puncture, avoiding spillage of the CSF. • Samples should be collected directly into specimen tubes not into syringes and transferred. • Tighten lids securely. • Limit assistants. All assistants should be wearing PPE.
5.	If spillage occurs all material in contact with CSF must be contained and placed in the red chemotherapy bin (from the CJD supply kit) for incineration (this includes any linen if contaminated). • All supplies used including PPE, absorbent pads and contaminated linen are disposed of in the red biohazard bin and the bin is sealed.
6.	RN/LPN that is wearing PPE can label each of the tubes and place them in individual specimen bags with a green "Suspect CJD" label on them. All specimens are then placed in the "INFECTIOUS" white container with orange lid (see back for picture). **Remove the 'EMPTY' label and replace it with a green "Suspect CJD" label.**
7.	A unit support worker will take the specimen container and requisitions to Microbiology.
8.	The red chemotherapy bin should be left at the client bedside for 1 hour allowing time for any site leakage and any other potentially contaminated items to be added to the bin. The bin shall be sealed shut with the lid provided. • The unit support worker will take the red chemotherapy bin to the designated drop off area to be picked up by Environmental Services to send for incineration.
9.	If any "INFECTIOUS" white container with orange lid is found without the empty label affixed to it, it should be taken to Microbiology by the unit support worker. Do not open the container.

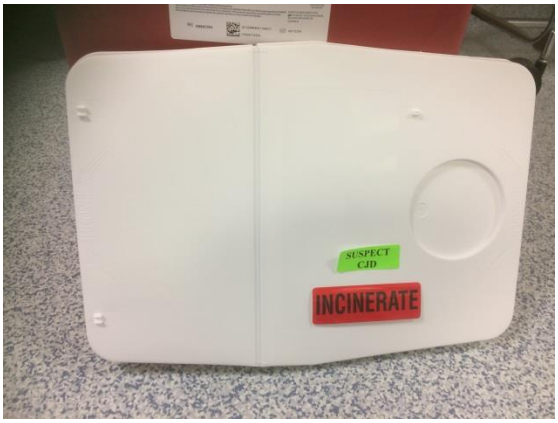
Please see Infection Prevention & Control policy #40-40 Creutzfeldt-Jakob Disease for more information.

“INFECTIOUS” White Container with Orange Lid

“Suspect CJD” Labels

40-40 Appendix C – CJD Containers

Figure #1 - CJD Waste Receptacle – (Red "Chemotherapy" Waste Bin) SKU #201905.



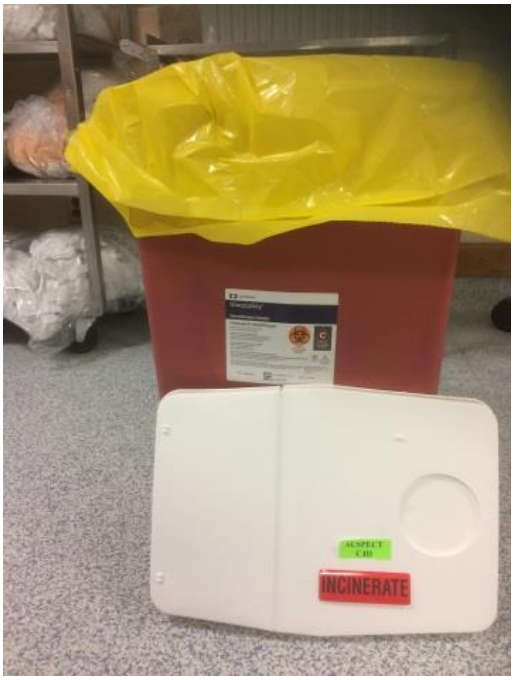
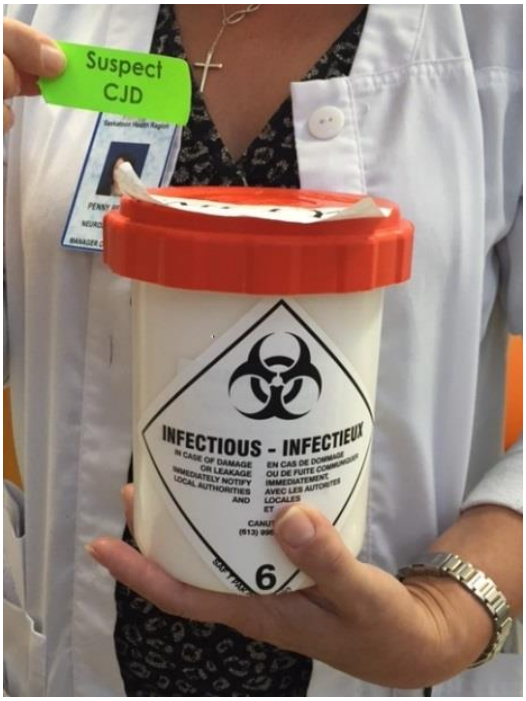


Figure #2 - Lab specimens – Spill-proof, puncture proof sealed container with label. Obtain from Microbiology Lab.



40-40 Appendix C – CJD Containers

Figure #3 – Instrument/Equipment Quarantine for **Suspect** and **Confirmed** CJD diagnosis. RUH "Operating Room" cases.

Note: Simply remove the **"? CJD – Hold until Further Notice"** label if the specimen is positive.

40-40 Appendix D – Contents of the CJD Supply Bin

Contents for the CJD Bin When Performing a Lumbar Puncture

SKU # 51040 Lumbar Puncture Tray—check expiry date, make sure label affixed
SKU # 61354 Chlorhexidine Skin Prep 2% Sponge
SKU # 83128 Face Shield and Mask (3)
SKU# 44970 Small Sterile Surgical Gloves
SKU # 44975 Medium Sterile Surgical Gloves
SKU # 44980 Large Sterile Surgical Gloves
SKU # 45390 Linen Disposable Gowns (3)
SKU # 44170 Absorbent Pads
SKU# 125785 (from Supply Chain) Clear Plastic Bags with Side Pocket for requisition
SKU# 89276 XL 9x12 Zip Lock Bags
White Container with Orange Lid
Green "Suspect CJD" Labels for Requisitions and Samples