

AC Nursing and Health Services Inc. Policies and Procedures	
Human Resources Section 5 -Infection Control	
Policy: Infection Control	
Policy Number: HR-IC 1.00	
Effective Date: January 2022	
Revision Date:	
Approved by: Board of Directors – Management	

PURPOSE

AC Nursing and Health Services has endorsed the development of a comprehensive Infection Control Program for distribution to, and use by, its employees and contractors. Effective infection control practices will ensure quality care for the individuals participating in services. The Infection Control Program Manual provides the basic information needed to promote awareness of infection surveillance, prevention, and control practices. AC Nursing and Health Service will endeavor to provide an environment that will protect all individuals served, employees and visitors from sources and transmission of infections.

SCOPE

Centers for Disease Control (CDC) suggests that infection control should ideally include surveillance for both infections and individual care practices, developing infection control policies, and training and assisting employees with approaches to preventing and controlling infections in individuals receiving services, as well as in themselves.

EMPLOYEE TRAINING

Training for all employees is conducted prior to initial assignment to tasks where occupational exposure to bloodborne pathogens may occur. All employees also receive annual refresher training that is to be conducted within one year of the employee’s previous training. Refresher trainings are completed through AC Nursing and Health Service internal nursing educator. Additional infection control training will be scheduled as needed with individual employee, when procedures change, or new infection control officers are hired.

AVAILABILITY AND DISTRIBUTION OF INFECTION CONTROL POLICIES AND PROCEDURES

The Infection Control Plan shall be included within the AC Nursing and Health Services Procedures. All employees shall have access to infection control policies and procedures.

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DESIGNATION OF RESPONSIBILITIES

All Employees

Awareness and competency to participate in infection surveillance, prevention, and control activities shall be required of every employee. All employees are expected to cooperate with their supervisors in meeting conditions specified by the hospital partnerships in the event of an infectious epidemic. Reporting potential infections/diseases/infestations is the responsibility of all employees. The information will be provided to the Infection Control Committee and the Professional Practice Leader by completion of an Incident Report.

EMPLOYEE HEALTH SCREENING AND PREVENTION ACTIVITIES

Tuberculosis (TB) Screening

A. Mycobacterium tuberculosis (TB) is spread by airborne particles, known as droplet nuclei, which can be generated when persons with pulmonary or laryngeal TB sneeze, cough, speak, or sing. Infection occurs when a susceptible person inhales droplet nuclei containing tubercle bacilli.

B. All new employees of AC Nursing and Health Services will provide proof of Tuberculosis (TD) skin test. The TB Skin test is a subcutaneous injection of purified protein derivative (PPD) of killed tubercle bacilli and is administered in the inner forearm. The site is examined by a nurse 48 to 72 hours after injection for indurations (palpable swelling).

1. If the TB skin test is negative, no further action is required.
2. If the TB skin test is positive, the employee will be required to be followed by their primary physician for a chest x-ray

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3. No direct care shall be provided until employee has negative TB skin test or chest x-ray.

Hepatitis B Vaccine

All employees are required to show proof of a Hepatitis B vaccination.

COVID vaccines

All employees are required to show proof of a minimal doses for acute facilities.

All employees are required to show proof of three doses for all long-term care facilities

Influenza Vaccine

Influenza vaccine is the primary method for preventing influenza and its severe complications. The vaccine is made from highly purified, egg-grown viruses that have been made non-infectious (inactivated). Inactivated influenza vaccine contains non-infectious killed viruses and cannot cause influenza.

The vaccine prevents the most current strain of the virus.

The most common side effect is soreness at the site of injection.

Fever, aches, and tiredness can occur following vaccination.

The flu vaccine is recommended to all employees of AC Nursing and Health Services with services provided by our hospital partnerships or their own primary health care provider.

AC Nursing and Health Services will use CDC information and any other pertinent educational material obtained through the local Health District, websites, or other providers to create handouts/posters to educate employees. Handouts and posters will include information on the vaccine, non-vaccine controls, prevention measures, and the diagnosis, transmission, and impact of influenza. In addition to

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educational material in the form of handouts/posters, an email which informs employees that flu vaccines will be offered, including date, time and locations will be sent out.

SIGNIFICANT INFECTIONS

Definition of Significant Infections

Significant infections are defined for the purpose of educating employees as to what are reportable conditions. Significant infections include:

- Actual infections or conditions for which antibiotics have been prescribed and/or which have been designated as communicable.
- Infections considered to be communicable by any route of transmission and/or to be of enough seriousness to interfere with an individual's participation in daily activities (i.e., work, school, etc.).
- Symptoms may signify potential infections (i.e., fever, chills, sore throat, rash, nausea, vomiting, diarrhea, purulent drainage, persistent cough, runny nose, tissue redness, swelling, etc.). These symptoms, unless diagnosed by a physician as non-infectious, should be considered potentially infectious.

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Examples of Significant Communicable Diseases and Infections:

Common Cold	Chicken Pox	Diphtheria	E. coli
Gastroenteritis, Viral	Gonorrhea	Head Lice	Hepatitis, Viral Type A
Herpes Simplex (cold sores)	Impetigo	Influenza	Meningitis (viral & bacterial)
MRSA (Methylicillin Resistant Staphylococcus Aureus)	Measles	Mumps	Norovirus
Pertussis (Whooping Cough)	Pink Eye	Pinworms	Polio
Ringworm	Rubella (German Measles)	SARS (Severe Acute Respiratory Syndrome)	Salmonellosis
Scabies	Shigellosis	Strep Throat	Scarlet Fever
Syphilis	Coronavirus		

GENERAL METHODS OF PREVENTION AND CONTROL

Interventions/Methods to Reduce the Risk of Infection Transmission

A. Standard Blood and Bodily Fluid Precautions:

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1. Simply referred to as "Standard Precautions", this strategy stresses that all individuals should be assumed to be infectious for HIV and other blood-borne infections.
2. Standard Precautions should be followed by all employees and individuals served, when exposed to blood or any bodily fluid visibly contaminated with blood. It is recommended that all bodily fluids be treated as potentially hazardous.
3. "Exposure" is defined as a percutaneous injury (e.g., needle stick or other penetrating puncture of the skin with a used needle or other item), contamination of a mucous membrane (splatter/aerosols into eyes, nose, or mouth), or significant contamination of an open wound or non-intact skin with blood, semen, vaginal secretions, or other body substances which contain visible blood.
4. To minimize the risk of acquiring HIV and HBV during performance of job duties, employees should be protected from exposure as circumstances dictate. Protection can be achieved through adherence to work practices designed to minimize or eliminate exposure and through use of personal protective equipment (i.e., gloves, CPR mouthpiece, etc.), which provides a barrier between the employee and the exposure source.
5. Standard Precautions shall be adopted, and in-services provided, to assure adequate training and protection for employees, physicians, volunteers, and other caregivers who might be exposed to blood and body fluids of individuals served. Compliance with Standard Precautions will be monitored by the facility Infection Control Officer.

B. Personal Protective Equipment

1. It is the responsibility of the Infection Control Officer at each partnership facility to ensure each location maintains a supply of latex gloves, a minimum of one Spill Kit, a Personal Protection Kit or the inventory found in the Personal Protection Kit, and several disposable CPR airway devices, with one-way valves to prevent a victim's saliva or vomitus from entering the caregiver's mouth. It is recommended

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that disposable CPR airway devices be stocked in areas where emergency first aid is a possibility to reduce the chance of transmission of various communicable diseases during CPR.

2. Gloves Should be Worn:

- a. Whenever you will be in contact with blood or bodily fluids.
- b. If you have cuts, open wounds or lesions on your hands and you will be providing services directly to an individual
- c. If you are doing therapies which require you to put your hands in an individual's mouth.
- d. If you are changing bandages covering an individual's cuts or lesions.
- e. If the individual has uncovered cuts or lesions and you will be providing services directly to the individual.

3.0 Diseases Transmitted Through Air-Borne Contamination

- 1. Encourage the use of tissues for coughing and sneezing.
- 2. Dispose of tissues in waste baskets with a plastic liner.
- 3. Encourage the practice of washing hands after using tissues.
- 4. Discourage the passing of cigarettes, cups, soft drinks, and eating utensils.
- 5. Maintain a distance from an individual who is observed to have a respiratory illness.

4.0 Handwashing Techniques

- 1. Handwashing is the single most important means of preventing the spread of infections. Frequent handwashing will ensure hands and fingernails are free of potentially infectious

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material and will prevent the spread of infection to self and others. See the Centers for Disease Control (CDC) Guidelines for Handwashing (attachment#9). When handwashing facilities are not available, employees shall use an alcohol-based hand sanitizer to prevent the spread of infections. When hands are visibly soiled, they should only be washed with soap and water. Health care personnel should avoid wearing artificial nails and keep natural nails less than one quarter of an inch in length if they care for patients at high risk for acquiring infections.

2. The use of gloves does not eliminate the need for hand hygiene. Likewise, the use of hand hygiene does not eliminate the need for gloves.

3. Examples of when to wash hands with soap and water:

- a. Before contact with everyone, his/her environment, and things that come in contact with the individual.
- b. After contact with everyone, his/her environment, and things that come in contact with the individual.
- c. After you go to the toilet.
- d. When your hands are visibly soiled.

Examples of when to use alcohol-based hand sanitizer:

- a. When you arrive at your assigned work area.
- b. Prior to leaving your work unit.
- c. Before and after eating.
- d. Before and after feeding individual.

How to wash hands:

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- a. Remove rings and jewelry.
- b. Wet hands under warm running water.
- c. Keeping hands lower than elbows, apply antimicrobial soap.
- d. Rub hands together vigorously using friction until a soapy lather appears and continue for at least 20 seconds. Be sure to scrub between fingers, under fingernails, and around the tops and palms of hands.
- e. Thoroughly rinse hands under running water.
- f. Dry hands with a clean, disposable (or single use towel), being careful to avoid touching the faucet handles or towel holder with clean hands.
- g. Turn the faucet off using the towel as a barrier between your hands and the faucet handle.
- h. Use the towel to open the door and discard the used towel in the trash can either before or after leaving the restroom.
- i. Apply hand cream liberally after frequent hand washings.

DO NOT USE A COMMUNAL BAR OF SOAP (This may cause the spread of infection).

Directives and guidelines are furnished within this plan which address the areas listed. If an employee is faced with an infection control issue which is not addressed within this plan, the employee is urged to contact the Professional Practice Leader or the Executive Director.

Needles and Syringes and Incidents of Needle-Stick

A. Safety Syringes

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1. All medical personnel are expected to use extreme caution when handling needles and syringes.
2. Handwashing is mandated prior to beginning the procedure of giving an injection or drawing blood, and again before providing care to another patient.
3. Only safety syringes are permitted for use in Tri-County Behavioral Healthcare facilities.
4. Used syringes, as well as soiled alcohol preps and Band-Aids, shall be disposed of in an approved puncture-resistant, leak-proof, container labeled “sharps container”.
 - a. The container should be located as close as practical to the work area. Needles in the sharps container shall not be capped or bent.
 - b. The box must be secured (locked/closed) and disposed of when no greater than 2/3 full, or after 30 days of use.
 - c. The boxes should be marked with a permanent marker, with an expiration date noted to guarantee timely disposal in areas of infrequent use.
 - d. Used needles and syringes are defined by the Occupational Safety and Health Administration (OSHA) as biohazard waste, requiring special handling, treatment, and disposal.
 - e. Employee shall be able to accurately describe the policy for handling a full sharps container.

B. Incidents of Needle-Stick - If an employee suffers a needle-stick, sharps injury, or was exposed to the blood or other body fluid of a patient during your work, immediately follow the following steps:

1. Wash needle-sticks and cuts with soap and water.

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2. Flush splashes to the nose, mouth, or skin with water. Irrigate eyes with clean water, saline, or sterile irrigates. No scientific evidence shows that using antiseptics or squeezing the wound will reduce the risk of transmission of a blood borne pathogen. Using a caustic agent, such as bleach, is not recommended.
3. Report the incident to your supervisor immediately, who will then direct exposed individual to the facility Professional Practice Leader.
4. An Incident Report must be completed
5. Facility Occupational Health and Safety officer will notify the Senior Human Resource Specialist of the incident.
6. Follow-up testing for any exposed employee is necessary to determine if the exposure resulted in transmission of a bloodborne disease.
7. At the time of the exposure, the employee will be referred to the Urgent Care or local emergency room for appropriate treatment.
8. Incidents of contaminated (used) needle stick injuries require the submission of a Contaminated Sharps Injury Reporting Form, as required by the Occupational Health and Safety department
 - a. This form should be completed no later than 10 working business days after the incident occurs.
 - b. Completed forms shall be provided to the Occupational Health and safety Officer of the facility.

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9. Preventative practice should include effective education, monitoring compliance, assistance, retraining if necessary, and disciplinary action towards those who repeatedly fail to follow the recommended guidelines as presented.

C. Sharps Injury Log

1. The employer shall establish and maintain a sharps injury log to record percutaneous injuries from contaminated sharps. The sharps injury log must include dates, times, and related incident information as mandated by law. The information in the sharps injury log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee. The sharps injury log will contain, at a minimum:

- a. The type and brand of device involved in the incident.
- b. The department or work area where the exposure incident occurred.
- c. The explanation of how the incident occurred.

Cleaning and Decontaminating After Blood Spills

- All spills of blood and blood-contaminated fluids should be promptly cleaned up using an EPA-approved germicide, or a 1:100 (1 part to 100 parts) solution of household bleach. WHILE WEARING DISPOSABLE GLOVES, visible material should first be removed with disposable towels or other appropriate means that will ensure against direct contact with blood. If splashing is anticipated, protective eye wear shall be worn along with a plastic gown which provides an effective barrier to splashes. The area should then be decontaminated with an appropriate germicide.
- Soiled cleaning equipment (i.e., mops) should be cleaned and decontaminated, or disposed of in labeled, red, leak-proof biohazard bags. Labeled leak-proof plastic bags shall be available for removal of contaminated items from the site of the spill.

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- Shoes may become contaminated with blood in certain instances. Clean-up should not occur until the individual cleaning up the spill has obtained disposable plastic shoe coverings or is willing to dispose of the shoes which he/she is wearing.
- Once the area has been cleaned and decontaminated, and all exposed clothing and cleaning equipment has been taken care of, the individual may remove the disposable gloves and must thoroughly wash hands.

SURVEILLANCE OF INFECTIONS

The surveillance of infection will monitor the effects of intervention strategies on infection rates and provide valid measures of the risk of infection among individuals/residents receiving services. Surveillance often results in action to reduce those risks and decrease infection rates.

The Occupational Health and Safety officer shall approve actions to prevent or control infection based on an evaluation of surveillance reports of infections and of the infection potential among individuals receiving services and organization personnel.

The Infection Control Committee shall provide feedback to selected physicians, nurses, and support employee, when appropriate and pertinent, about infection risk of the individuals under their care who reside in residential facilities.

Reporting and Documenting Employee Illnesses

- A. Employees are prohibited from working at any partnership facility Healthcare during the communicable phase of an infectious disease or illness. The Director of Nursing makes the determination if it is the best interest of the individual and others at risk of infection to be restricted from work or programming.

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B. Immediately upon recognition or diagnosis of a potential or confirmed communicable disease or infection, employees are required to report to their immediate supervisor. Employees dismissed from direct care duties due to the presence of infectious illness may utilize accrued Paid Time Off (PT) per HR policy. Employees must be symptom free for at least twenty-four hours before returning to the facility partner.

C. Symptoms of potential infectious illness include, but are not limited to:

1. Fever (above 100.5F)
2. Vomiting
3. Diarrhea
4. Hemoptysis (bloody cough)
5. Open Wound(s)
6. Infestation (e.g., lice or bedbugs)

Reporting and Documenting Patient Illness

A. Each employee is responsible for the timely reporting of communicable diseases or infections reported by or observed in individuals receiving services. All communicable diseases shall be reported to the designated facility Occupational Health and Safety officer and agency.

EDUCATION

A. Education and training of consumers will be conducted by nurses in the areas of general health, nutrition, hand hygiene, oral health, safety, self-administration of medication, social sexual awareness, prevention of illness and infection, communicable diseases, and other health-related subjects as indicated by the individual units. Education is conducted individual and in group settings. Individuals will receive education and training specific to the individual’s assessed needs, ability, learning preferences,

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cooperation, and readiness to learn as appropriate to the care and services provided by AC Nursing and Health Services

- B. Education regarding medication can include, but is not limited to:
1. Name and description of medication
 2. Dosage, route of administration and duration of medication therapy
 3. Intended use and expected actions of the medication therapy
 4. Special directions and precautions for preparing, self-administering, or using the medication by the individual in the organization or at home
 5. Action to be taken in the event of a wrong or missed dose
 6. Significant side effects, interactions or therapeutic contraindications that may be encountered and how to avoid and respond to such factors
 7. Techniques for self-monitoring medication therapy
 8. Proper storage and expiration of medications
 9. Prescription refills
 10. Drug-food interactions
 11. Proper disposal of unused or expired medications