

Madison County Public Health

NUMBER: GNF 16	ISSUED: 7/2007
POLICY: OSHA Regulations, Infection Control, Exposure Control Plan	REVISED: 7/6/2010
	REVIEWED: 7/6/2010; 1/2012

SCOPE OF PRACTICE: All Staff

PURPOSE: Provide infection control practices for staff to implement.

POLICY: The Agency shall maintain policies and procedures for the care of clients with infectious and/or contagious diseases and for infection control practices by employees which conform with **OSHA** (Occupational Safety and Health Administration) regulations and currently accepted standards of care. These policies and procedures will be reviewed and updated annually.

PROCEDURE: If a client is suspected or known to have an infectious or contagious process. Agency personnel shall be advised and shall implement the procedures specific to the suspected disease. In addition, employees shall implement infection control procedures with regard to clients, employees, and their environment. The Agency shall provide all client care employees with appropriate protective equipment which may include, but not be limited to, gloves, gowns or aprons, masks, eye protection, and face shields.

INTRODUCTION:

The increasing prevalence of Human Immunodeficiency Virus (HIV), Hepatitis B, Hepatitis C, and other blood/body pathogens increases the risk that health care workers may be exposed to blood from patients infected with HIV, especially when blood and body fluid precautions are not followed for all patients. All patients are to be considered potentially infected with HIV and/or other blood-borne pathogens. All direct care staff providing services in the home will be considered employees at risk.

UNIVERSAL PRECAUTIONS:

Universal precautions apply to any procedure involving blood or other body fluids or the potential for exposure to blood and body fluids.

OCCUPATIONAL EXPOSURE:

	NONE	INFREQ	OCC	FREQ
RN				X
HHA				X
Office personnel		X		

GENERAL WORK RULES:

1. In any situation where there is a potential for contamination of blood borne pathogens or other infectious materials, employee shall not eat, drink, smoke, apply cosmetics or lip balm, or handle contacts.
2. Food and drink will not be kept in same area as storage for client supplies, vaccines, or storage of blood products or potentially infectious material.

EMPLOYEE HEALTH:

1. All direct care employees and personnel contracted to provide direct patient care services will show evidence of absence from communicable disease. Staff will have evidence of immunizations per staff immunization policy.

EMPLOYEES WITH POTENTIAL INFECTIONS:

1. Staff with exudative lesions or weeping dermatitis will not provide direct patient service or handle patient care equipment until condition is resolved.
2. Employee is to bandage all open wounds while at work. Bandage is to be changed if it becomes wet or soiled.
3. Employees with oral Herpes Simplex infection may be restricted in client care procedures
 - a. Employee will not have contact with neonatal, immunosuppressed or burn clients until lesions have crusted.
 - b. Will be thoroughly instructed on careful hand washing and avoidance of touching lesions.
 - c. Staff with uncrusted lesions providing direct client care may be asked to minimize client contact until lesions have crusted. Office personnel may remain on duty if no direct client contact is required.
 - d. If work assignments cannot be scheduled to avoid direct client contact, sick leave may be granted until lesions have crusted.
4. Clients with oral herpes will be instructed in good hand washing and other hygiene measures. Mothers will be encouraged to wear a mask when caring for their baby.

HIV INFECTED HEALTH CARE WORKERS:

1. Due to increase risk of acquiring or experiencing serious complications from other infectious disease, the HIV infected worker will follow infection control measures carefully to reduce risk of exposure to any infectious agent.
2. Work assignments may be altered after consultation with the worker, worker's personal physician, public health administration, and Board of Health medical advisor.
3. Public Health department will maintain incident reports for employees who are exposed to potentially infectious materials. These incident reports will be maintained with administrative records for a period of 30 years after employee termination.

GENERAL CLIENT CARE ISSUES:**Safety Procedures:**

1. Staff will adhere to good safety measures in all client care procedures.

2. All incidents/accidents will be reported to supervising personnel or public health administrator for proper investigation and follow-up care.
3. Public health employees will practice basic home safety and appropriate infection control measures in all care provided in the home and clinic setting.
4. Measures will be taken to prevent, identify, and control infections.
5. Employees will follow health and dress code policies established.
6. Any staff assigned to a potentially infectious case will be instructed on the precautions to take.
7. Employees shall report to the public health administrator any signs/symptoms of an infection or communicable disease.
8. All direct care personnel will follow universal precautions.
9. Proper hand washing will be used between patient contacts and at other appropriate times.
10. ALL patients are to be considered potentially infected with HIV and/or other blood-borne pathogens. All direct care staff providing services in the home will be considered employees at risk.
11. Universal precautions apply to any procedure involving blood or other body fluids.

HANDWASHING:

1. Good handwashing is to be followed before and after all procedures and immediately if contaminated with blood products. Wearing gloves does not negate need for handwashing.
2. Hands are to be washed after gloves are removed.
3. Handwashing procedures are to be followed in client care situations in the home and in the office.
4. If employee is in a home situation where handwashing is not feasible, an alternative antiseptic hand cleanser will be available such as ISOGEL. Employee may use small amount to cleanse hands with, then wash hands as opportunity is available, but at least after ten to twelve uses of the product.
5. Procedure for good handwashing is as follows:
 - a. Set out equipment such as soap and paper towels.
 - b. Remove rings and other jewelry, move watch up on arm.
 - c. Turn on faucet with paper towel, wet hands, and soap thoroughly using lots of friction.
 - d. Rinse hands (re-soap if grossly contaminated), dry with paper towel, turn off the faucet with a dry towel.
6. In the event of exposure to blood or infectious materials, exposed area is to be flushed with water as soon as it is feasible.

LAB SPECIMENS:

1. All specimens of blood/body fluids will be collected in an appropriate container, labeled accurately, and transported in a manner, which will reduce risk of contamination to the outside of the container and of accidental exposure to contents. Specimen containers will be placed in a Ziplock plastic bag or other container for transport.

HANDLING SHARPS:

1. Precautions will be taken to prevent injury of the health care worker during all procedures.

2. Needles will NOT be recapped, bent, broken, or manipulated by hand in any manner.
3. Needles, syringes and other sharp objects are to be placed in a puncture resistant container for disposal.
4. Puncture-resistant containers will be available in nursing bags and in clinic areas for disposal of needles and other sharps.
5. Disposable needles, any sharp items, or other potentially infectious waste materials will be returned to the public health office and disposed of via incineration. All infectious materials will be kept in a clearly labeled puncture-resistant container until transported to site of incineration.
6. If a client has a condition which requires frequent use of needles, a puncture-resistant container (such as covered coffee can) will be provided and instruction given to client and significant other in use.
7. RNs or LPNs are the only staff members allowed to handle uncapped needles/syringes.

USE OF PROTECTIVE BARRIERS:

1. The public health department will provide protective equipment to all public health personnel who may come into contact with blood, other body fluids containing visible blood, or other potentially infectious body fluid.
2. The Public health department will provide employees with a kit containing gloves, protective eye wear, masks, gown/aprons, paper towels, bacterial soap, and ventilation mask (if employee is CPR certified). Supplies of these items will be maintained in the public health office and the employee is responsible for maintaining their own personal equipment kit.
3. Equipment kits are to be returned to the public health office after employee termination.
4. Use of the kit and its supplies will be in-serviced upon employment and annually thereafter.
5. All personal protective equipment shall be properly disposed of before leaving the client's home.
6. The type of protective barrier should be appropriate to the procedure being performed and the type of exposure anticipated. Employee judgment should be used.
7. When contact with blood/body fluids is anticipated protective barriers are to be worn (gloves, mask, protective eyewear, or gowns). See USE OF GLOVES below.
8. Other protective barriers (mask, eye shields, gowns) are to be worn if procedure might generate splashing of blood/body fluids. These protective barriers are not needed for routine cares unless employee so desires.

USE OF GLOVES:

1. Use of gloves can reduce the risk of contact with blood borne pathogens but do not prevent penetrating injuries. Gloves will be replaced as soon as possible if torn or punctured.
2. Latex/vinyl (HIV resistant) gloves will be available to all employees who wish to use them in client care procedures.
3. Sterile gloves will be worn when dealing with normally sterile areas of the body.
4. Gloves will be changed between client contacts. Gloves will be disposed of immediately after use.
5. Utility gloves can be used for housekeeping chores and disinfection procedures. Utility gloves may be decontaminated with bleach solution or other disinfectant and reused if glove integrity is maintained.

6. Gloves will be worn when:
 - a. Employee may come in contact with blood/body fluids, mucous membranes, or non-intact skin;
 - b. If employee has cuts, abrasions, chapped skin, or dermatitis on own hands.
 - c. When performing invasive procedures such as venipunctures, procedures involving vascular access, catheterization, ect.
 - d. During disinfection procedures.

CLIENT CARE PROCEDURES:

1. If procedure involving oral cavity has high risk of bleeding such as with a patient on blood thinners, gloves should be worn by staff when providing oral cares.
2. If dealing with a patient with an open wound, cuts, or lesions, employee will provide care utilizing disposable gloves. Soiled gloves will be turned inside out and wrapped with other contaminated items in paper before disposal.
3. Ventilation devices will be available for use in the event of need for mouth-to-mouth resuscitation.
4. Mouth pipetting/suctioning of blood or other potentially infectious materials is strictly prohibited.

CLIENT EDUCATION ON SAFETY AND INFECTION CONTROL:

1. Patient education will include the following safety/infection control education as deemed appropriate:
 - a. Basic home safety to prevent falls and accidents
 - b. Safe use of medical equipment in the home
 - c. Safe handling/disposal of needles
 - d. Management of medical gases-storage and administration of oxygen
 - e. Safe management of all medication
 - f. Basic first aid
 - g. Handwashing and proper disposal of contaminated supplies/wastes
 - h. Proper handling of hazardous materials
2. Patient understanding of safety education will be monitored on an ongoing basis and reinforcement of instruction provided as needed.
3. Patient and family will be taught signs and symptoms of infection and the need to be reported to their physician.
4. Staff will instruct client/significant others in good infection control measures such as handwashing, waste management, disinfection procedures, proper dressing procedures, and other ways to decrease chances of spread of infections.
5. Toothbrushes, razor, and razor blades should not be shared with other family members. Other articles used in daily activities do not require special handling. If soiled with blood or other body fluids, laundry, and/or disinfect with alcohol or bleach solution.

EMPLOYEE TRAINING:

1. All employees who have an occupational risk of exposure to infectious materials will be provided a training program on infection control. Training will be provided during

- introductory period and prior to assignment of tasks, which pose a risk of exposure to infectious materials. Training will be repeated annually thereafter.
2. Additional training will be provided as changes in tasks, procedures, and regulations occur.
 3. All training will be at the level of understanding of employee.
 4. Content of training will include but not limited to:
 - a. Infection control and common terms.
 - b. Growth conditions, and mode or transportation of microorganisms and measures to control infection via this information.
 - c. How AIDS and Hepatitis virus are transmitted and actions to minimize own risk.
 - HIV disease processes
 - Signs and Symptoms
 - Transmission
 - High-risk activities
 - Prevention recommendations
 - d. Use of universal precautions.
 - e. Effective handwashing procedure and other health care precautions.
 - f. Methods of waste management.
 - g. Current OSHA regulation requirements
 - h. Agency exposure control plan.
 - i. Degree of occupational exposure-each job description.
 - j. Work practice controls and risk management measures.
 5. Employee will be instructed on public health department exposure control plan, incident reporting, and safety measures. The department will follow all regulations outlined by the Madison County Board of Supervisors for reporting an incident of accidental exposure.
 6. Employee will receive instruction on Hepatitis B vaccination and HIV testing as appropriate.
 7. Employee will be given opportunity for interactive questions and answers on infection control regulations and requirements.
 8. Training records will be maintained on employees and kept for at least three years after training session. Record will contain date of session, instructor, content of session, and qualification of instructor.
 9. Person knowledgeable of subject matter will conduct training sessions as it relates to the workplace.

DISINFECTION AND WASTE MANAGEMENT:

CLEANING OF EQUIPMENT:

1. Care equipment contaminated during services to the patient will be properly cleaned and disinfected at the site of service.
2. Equipment such as scissors, thermometers, and hemostats shall be cleaned with alcohol after each patient use. Stethoscopes and blood pressure cuff will be cleaned only if contaminated during client care or clinic services.
3. Patients will be encouraged to have own personal health care equipment such as thermometers.
4. Nursing bag, equipment, and supplies shall be placed on a clean surface or a plastic bag and proper bag technique used. Plastic bag may then be used for waste disposal. Nursing bag shall be wiped with a germicidal solution upon return to public health office.

5. If sterile supplies are used, items are considered sterile if not outdated and package is intact and dry.
6. Exam areas and baby scales will be covered with disposable covering and surface cleansed with a disinfectant after each use.
7. All equipment, exam areas, environmental surfaces will be decontaminated as soon possible after contamination with blood or potentially infectious material.

SPILL CLEAN-UP:

1. In event of spills of blood/body fluids or contamination of equipment, disinfection of surfaces is needed.
2. Visible material should first be removed with soap and water.
3. Contaminated surfaces should then be cleaned with a liquid germicidal agent, disinfectant, or bleach solution (one part bleach to ten parts water mixed immediately before use).
4. Gloves shall be worn during all clean up and decontamination procedures.
5. If spill involves broken glass that may be contaminated with blood, spill should not be picked up by hand but be cleaned up by mechanical means.

WASTE DISPOSAL:

1. Disposable needles, any sharp items, or other potentially infectious waste materials will be returned to the public health office and disposed of via incineration. All infectious materials will be kept in a clearly labeled puncture resistant container until transported to site of incineration.
2. Blood/body fluids may be discarded via routing sewage disposal methods.
3. Contaminated gowns and gloves may be incinerated.
4. Soiled dressings or disposable supplies that are contaminated with body fluids shall be bagged or wrapped in newspaper and placed in the client's trash container.
5. When disposing of liquid body wastes pour into container and pour into the toilet and flush.

LABELING OF HAZARDOUS WASTE:

1. Warning labels will be affixed to any container containing blood or potentially infectious or hazardous material that is taken from the client's home. The following items will carry a "biohazardous" label or be contained in a red (orange-red) container:
 - a. Container with contaminated sharps.
 - b. Refrigerator/freezer with possible blood products or other potentially hazardous materials.
 - c. Specimen containers with blood or other potentially hazardous or infectious material.
 - d. Contaminated equipment being transported to the public health office for disinfection procedure.
 - e. Laundry (contaminated with blood or other body fluids containing visible blood or potentially infectious drainage), which is transported out of the home for disinfection.
2. Biohazardous labels or red bags will be available to staff who have potential for handling hazardous materials.

POSTEXPOSURE EVALUATION AND FOLLOW-UP

1. An employee who receives a laceration or bite wound while on the job should immediately wash area thoroughly with soap and water and disinfect with isopropyl (rubbing) alcohol. Immediate supervisor will be notified and appropriate incident reports filed (as per County Regulations).
2. If an employee feels that exposure has occurred to the AIDS virus or any other blood-borne infection (by injury or by other means of transmission), the public health administrator shall be notified and the necessary incident reports filed. The source person will be informed of the incident and tested for serologic evidence of HIV infection after consent is obtained. If test proves positive for HIV antibody, counseling regarding risks and serologic testing will be provided to those involved. It is recommended for possible AIDS exposure that a blood test within 4 weeks of the exposure be performed and repeated at intervals of 6 months and 12 months. All testing will be accompanied by counseling.
3. Right to receive a physical exam and treatment, either from Dr. deRegnier or their own personal physician.

QUALITY ASSURANCE CONTROLS:

1. The Public Health Administrator is responsible for monitoring staff adherence to safety and infection control procedures.
2. Compliance will be monitored on supervisory visits.
3. Compliance will be reviewed at least annually with each staff member at time of annual performance evaluation process.
4. Staff education programs will be presented annually on safety and infection control.
5. Any unusual incident, accident, or injuries will be promptly reported to the Public Health Administrator orally and in writing.
6. In case of injury or accident directly involving an employee, an immediate verbal report will be made to the public health office and an incident report will be completed and presented to the public health administrator and appropriate county department within 24 hours of the incident. If the incident occurs prior to a weekend or holiday, the report is due the first working day following the incident. A copy will be retained by the public health department, shared with the governing board, and reported to the appropriate county department. The employee will keep a second copy for insurance purposes, if appropriate. If appropriate, a workman's compensation claim will be filed.
7. If a client is involved, an incident report will be completed and presented to the Public Health Administration and the specifics of the incident recorded in the client's clinical record. The Public Health Administrator will be notified immediately of all incidents involving a client, as well as the Madison County Board of Health.
8. All incident reports will be reviewed quarterly to assess trends and safety problems and corrective safety management activities initiated as appropriate.
9. Client and employee infections will be monitored periodically to assess trends and infection control problems and corrective management activities initiated as appropriate.