Administrative Policy and Procedure Manual

Infection Control

COLORADO HEALTH CARE TRAINING & CONSULTING

Table of Contents

INFLUENZA

1. Influenza A and B are the two types of influenza viruses that cause epidemic human disease.

2. Influenza A viruses are categorized into subtypes on the basis of two surface antigens: **hemagglutinin** and **neuraminidase**.

3. During 1977-2013, influenza A (H1N1) viruses, influenza A (H3N2) viruses and influenza B viruses have circulated globally.

4. New influenza virus variants result from frequent antigenic change (i.e., antigenic drift) caused by point mutations and recombination events that occur during viral replication.

5. Annual influenza vaccination is the most effective method for preventing influenza virus infection and its complications.

Influenza Vaccinations

1. Annual influenza vaccination is the most effective method for preventing influenza virus infection and its complications.

2. Annual vaccination is recommended.

3. All persons aged six months and older should be vaccinated annually.

4. The CDC does not recommend one flu vaccine over the other. The important thing is to get a flu vaccine every year.

Influenza Vaccination Program

- Successful vaccination programs combine publicity and education for staff and other potential vaccine recipients, a plan for identifying persons at high-risk, use of reminder/recall systems, assessment of practice-level

vaccination rates with feedback to staff, and efforts to remove administrative and financial barriers that prevent persons from receiving the vaccine, including use of standing orders programs.

- Using standing orders programs is recommended for long term care facilities (i.e., nursing homes, skilled nursing facilities), hospitals and home health agencies to ensure the administration of recommended vaccinations for adults.

- Standing orders programs for both influenza and pneumococcal vaccination should be conducted under the supervision of a licensed practitioner according to Agency policy by staff trained to screen patients for contraindications to vaccination, administer vaccine and monitor for adverse events.

- The Centers for Medicare and Medicaid Services (CMS) has removed the physician signature requirement for the administration of influenza and pneumococcal vaccines to Medicare and Medicaid patients in hospitals, long term care facilities and home health agencies. To the extent allowed by local and state law, these facilities and agencies may implement standing orders for influenza and pneumococcal vaccination of Medicare- and Medicaid-eligible patients.

- In addition, physician reminders (i.e., flagging charts) and patient reminders are recommended strategies for increasing rates of influenza vaccination. Persons for whom influenza vaccine is recommended can be identified and vaccinated in the settings described in the following sections.

Policy

1. Influenza vaccination is the primary method for preventing influenza and its severe complications. Therefore, vaccination against influenza will be offered to all staff and Consumers of this Agency.

2. Healthcare entities and healthcare workers have a shared responsibility to prevent the spread of infection and avoid causing harm to their patients or residents by taking reasonable precautions to prevent the transmission of vaccine-preventable diseases. Vaccine programs are, therefore, an essential part of infection prevention and control for slowing or stopping the transmission of

seasonal influenza viruses from adversely affecting those individuals who are most susceptible.

Procedure

1. The Agency shall perform an initial assessment of the Agency to assist in the development of a written policy regarding influenza transmission from its healthcare workers to its patients, residents or Consumers. The assessment shall, at a minimum, consider the following criteria:

    - The number of healthcare workers at the healthcare entity
    - The number of patients, residents or Consumers served by the healthcare entity
    - Whether the healthcare entity has an ongoing employee wellness program that offers annual influenza vaccinations
    - Whether influenza transmission from healthcare workers is addressed in the healthcare entity's infection control policy
    - What precautions are taken to prevent the transmission of influenza from unvaccinated healthcare workers
    - What type of educational material is utilized by the healthcare entity to promote influenza immunization for its healthcare workers

2. The Agency shall offer each employee the opportunity to receive an annual influenza immunization. Strategies that have been demonstrated to increase influenza vaccine acceptance shall be implemented, such as vaccination clinics, availability at various hours, modeling by Agency leaders.

3. Any staff who decline the influenza vaccination for reasons other than medical contraindication shall be required to sign a declination form.

4. The Agency will maintain records of each employee's annual immunization, declination or exemption from immunization.

5. All staff will be educated on the following:

    - The benefits of influenza vaccination and the potential health consequences of influenza illness for themselves and their patients
    - The availability of influenza immunization
    - The epidemiology and modes of transmission, diagnosis, treatment and non vaccine infection prevention and control strategies, in accordance with their level of responsibility in preventing healthcare-associated influenza
    - Control measures if staff are not vaccinated (i.e., use of Standard and Transmission-Based Precautions)

6. The Agency shall track and report the annual influenza vaccination rate for its employees through December 31st of each year. This report shall be submitted to the Department, in the form and manner specified, no later than March 31st of the following year.

7. If the Agency is able to demonstrate that it has vaccinated a targeted percentage of its employees, it shall be exempt from the above requirements. The minimum target required is 90 percent of employees vaccinated by December 31, 2014; and by December 31st of each year thereafter.

    - The Agency must have defined procedures to prevent the spread of influenza from its unvaccinated healthcare worker.
    - Maintain supporting documentation for a period of three (3) years that may be examined by the Department in a random audit process.
    - Report to the Department that the qualifying percentage of its employees was appropriately vaccinated (according to the annual recommendations of the Advisory Committee on Immunization Practices) against seasonal influenza by December 31st of the year specified. This report shall be submitted to the Department, in the form and manner specified, no later than March 31st of the following year.

PERSONAL PROTECTIVE EQUIPMENT

Policy

The Agency provides personal protective equipment to all staff who need to protect themselves against exposure, at no cost to the staff. The personal protective equipment provided by the Agency includes, but is not limited to:

- Gloves (latex or vinyl)
- Face shields/masks
- Goggles
- Gowns/aprons
- CPR masks

Hypoallergenic gloves and similar alternatives are available to staff who are allergic to the gloves normally used.

Procedure

1. The appropriate personal protective equipment will be worn when:

    - The cleaning procedure requires the use of personal protective equipment
    - Whenever there is a danger of contamination from blood, body fluids (including secretions and excretions except sweat), or other potentially infectious materials
    - Using chemicals that are dangerous or harmful
    - Indicated in isolation guidelines
    - Any time it may be necessary to safely complete a job or cleaning task

2. All personal protective equipment is removed prior to leaving a work area.

3. Replace disposable gloves if they have been torn, punctured or otherwise lose their ability to function as a barrier. Never wash gloves for future use.

4. Masks and eye protection (goggles, face shields) are used whenever splashes or sprays may generate droplets of infectious materials.

5. Protective clothing (gowns and aprons) is worn according to isolation guidelines, policy or necessity.

6. Contaminated PPE should be disposed of in the Consumer's home by sealing in leak proof container and placing in a trash receptacle.

Definitions

Nationally Notifiable Infectious Diseases: The list of nationally notifiable infectious diseases is revised periodically.

For example, a disease may be added to the list as a new pathogen emerges, or a disease may be deleted as its incidence declines. Public health officials at state health departments and CDC continue to collaborate in determining which diseases should be nationally notifiable; CSTE, with input from CDC, makes recommendations annually for additions and deletions to the list of nationally notifiable diseases.

Reporting of nationally notifiable diseases to CDC by the states is **voluntary**.

Reporting is currently mandated (i.e., by state legislation or regulation) only at the state level. The list of diseases that are considered notifiable, therefore, varies slightly by state. All states generally report the internationally quarantinable diseases (i.e., cholera, plague, yellow fever) in compliance with the World Health Organization's International Health Regulations.

Reporting Patient Infections

1. The Agency shall consider reporting the following diseases to the CDC:
    - Cholera
    - Plague
    - Yellow fever

2. The Agency shall obtain from the County or State the list of mandatory reportable diseases for the State of Colorado. The Agency shall report notifiable infectious diseases to the local health department as required.

3. The requirements for Agency reporting are included in the initial staff orientation process and are reviewed at least annually thereafter.

4. Staff will report all infectious diseases to the Agency per the Reporting Patient Infections policy.

INFECTION REPORTING

Purpose

To provide a reliable, consistent method of surveillance of infections occurring in the home care population.

Policy

All Consumers with a suspected infection will have a Consumer infection report completed within 24 hours of discovery.

Procedure

1. The Consumer infection report should be completed when:
    - A new actual or suspected infection is reported to home care staff
    - A culture is ordered and performed
    - A new antibiotic is ordered
    - A Consumer is admitted to a hospital due to an acute or suspected infection
    - A Consumer dies due to an actual or suspected infection
    - A reportable, communicable infection is identified
    - Consumer has temperatures greater than 101 degrees F
    - Consumer has conjunctivitis
2. Staff completing the report shall notify the Manager of the report and the Consumer's authorized representative, if s/he is not already aware.

3. Infections are summarized, trended and analyzed. The breakdown and summary may include, but is not limited to:

   - Number and types of infections
   - Diagnoses
   - Age/sex of Consumers
   - Family/caregiver
   - Pathogens
   - Orders/medications

4. The Agency will investigate possible causal factors and recommend appropriate action to contain the transmission of the infection.

5. Reports of Consumer infections are tracked and trended as part of the organization wide infection prevention and control program and the quality management program.

UNIVERSAL PRECAUTIONS

Purpose

To provide guidelines for interactions between Consumers and healthcare providers to prevent the transmission of infections agents associated with healthcare delivery.

Policy

All Agency personnel will adhere to the following precautions and will provide instruction to Consumers/caregivers on appropriate infection control precautions.

Standard Precautions are designed for care of all Consumers, regardless of diagnosis or presumed infection status, to reduce the risk of transmission from both recognized and unrecognized sources of infection.

Procedure

1. Hand washing will be performed according to the Agency's hand hygiene policy.

2. Personal protective equipment should be utilized according to the following:

    - Gloves are to be worn when contact with non-intact skin is anticipated, when in contact with bodily fluids, when in contact with mucous membranes, during invasive procedures (not applicable for non-medical HCAs), when in contact with contaminated equipment, when handling soiled linen, and when the staff member has cuts, abraded skin, or chapped hands.

    - Gloves should be changed between tasks and procedures on the same Consumer after contact with material that may contain a high concentration of microorganisms.

- Gowns are to be worn during Consumer-care activities when contact with blood, body fluids, secretions or excretions is anticipated to prevent soiling or contamination of clothing and to protect skin. Gowns are to be removed before leaving the Consumer's environment.

- Masks, goggles, face shields and combinations of each should be worn according to the need anticipated by the task performed, to protect the mucous membranes of the eyes, nose and mouth during procedures and Consumer-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions and excretions

3. Respiratory Hygiene/Cough Etiquette:

Direct care staff shall be educated on the importance of source control measures to contain respiratory secretions to prevent droplet and fomite transmission of respiratory pathogens, especially during seasonal outbreaks of viral respiratory tract infections (i.e., influenza, RSV, adenovirus, parainfluenza virus) in communities.

HAND HYGIENE

Purpose

To provide guidelines for effective hand hygiene in order to prevent the transmission of bacteria, germs and infections.

Policy

1. All Agency staff providing Consumer care will practice proper hand hygiene techniques by using the following techniques.

2. Hand hygiene shall be observed:

- When arriving and leaving the Consumer's home
- Prior to initial entry into the supply bag, when applicable
- Before providing direct Consumer care
- Following each Consumer contact
- After touching bodily excretions or soiled materials
- Before donning gloves
- Before and after performing any invasive procedure or wound care
- After working on a contaminated body site and then moving to a clean body site on the same Consumer
- Immediately following contact with blood and/or other body fluids
- After the removal of gloves
- Before and after eating, after use of the toilet, after blowing nose, sneezing or coughing

3. Hand washing using soap and water must occur when hands are visibly soiled or if infection with C-Diff has been identified.

4. If hands are not visibly soiled, hands may be disinfected with either an alcohol-based hand rub (ABHR) or soap and water.

5. All Agency staff providing direct Consumer care will keep fingernails short in length

Procedure

1. Hand washing with soap and water:

- Keep clothing away from sink and splashes.
- Wear minimal jewelry.
- Turn on water and adjust temperature for your comfort.
- Wet hands wrists and apply manufacturer's recommended amount of soap to hands. Lather well (soap reduces surface tension enabling the removal of bacteria).
- Clean fingernail area (bacteria may be harbored beneath fingernails).
- Wash hands thoroughly, using rigorous scrubbing action for at least 20 seconds. Work lather around fingernails, top of hands, etc. (to facilitate eradication of all bacteria).
- Rinse hands and wrists under running water.
- Dry hands with clean paper towel.
- Turn off faucets with used paper towel and discard.

2. Using an alcohol-based hand rub:

   - Apply the manufacturer's recommended amount of alcohol-based hand rub to palm of one hand.

   - Rub hands together, covering all areas of the hands and fingers, until hands are dry, per manufacturer's recommendations.

3. Gloves are to be worn when contact with blood, bodily fluids, mucous membranes, dressings, non-intact skin, etc., is anticipated.

4. Change gloves and discard after each Consumer contact. One pair of gloves - one Consumer.

5. Change gloves when moving from a contaminated body site to a clean body site on the same Consumer. Wash hands after removing old gloves and donning new gloves.

COMMUNICABLE DISEASES

Purpose

To establish a process for managing employees who are known or suspected to be affected with a communicable illness.

Policy

The Agency will enact work restrictions on those who demonstrate symptoms or, or are known to have, an infectious illness.

Procedure

1. Employees with symptoms or known cases of the following will be relieved from direct Consumer contact:

   - Infectious conjunctivitis (until discharge ceases)
   - Diarrhea (until symptoms resolve)
   - Group A streptococcal infection (until 24 hours after appropriate treatment has been initiated)
   - Active tuberculosis (until proved noninfectious)
   - Hepatitis A (until 7 days after onset of jaundice)
   - Herpetic whitlow (until lesions heal)
   - Active and post-exposure measles (from the 5th through the 21st day after exposure and/or 7 days after the rash appears)
   - Active mumps (until 9 days after onset of parotitis)

- Post-exposure mumps (from the 12th through the 26th day after exposure or until 9 days after the onset of parotitis)

- Active pertussis (from the beginning of the catarrhal stage through the 3rd week after onset of paroxysms or until 7 days after start of effective therapy)

- Active rubella (until 5 days after the rash appears)

- Post-exposure rubella (from the 7th through the 21st day after exposure and/or 5 days after rash appears)

- Scabies (until effectively treated)

- Staphylococcus aureus (skin lesions) (until lesions have resolved)

- Varicella (until all lesions are dry and crusted)

- Post-exposure varicella (from the 10th through the 21st day after exposure or if varicella occurs until all lesions dry and crust)

- Exudative lesions or weeping dermatitis (until condition resolves)

2. Employees with symptoms or known cases of the following will be given partial work restrictions:

    - Convalescent state salmonella (personnel should not care for high risk Consumers until stool is free of the infecting organism on 2 consecutive cultures not less than 24 hours apart)

    - Enteroviral infections (personnel should not take care of infants and newborns until symptoms resolve)

    - Acute hepatitis B and NANB (personnel should wear gloves for procedures that involve trauma to tissues or contact with mucous membranes or non-intact skin until antigenemia resolves)

    - Orofacial herpes simplex (personnel should not take care of high risk Consumers until lesions heal)

- Upper respiratory infections, including influenza (personnel should not take care of high risk Consumers until acute symptoms resolve)

- Herpes Zoster (appropriate barrier should be utilized and personnel should not take care of high risk Consumers until lesions dry and crust)

REFERENCE:

The CDC Guidelines for Infection Control in Home Health Care Personnel, 1998
http://www.cdc.gov/hicpac/pdf/infectcontrol98.pdf

TUBERCULOSIS TRANSMISSION PREVENTION

Purpose

1. To minimize/prevent the transmission of tuberculosis for Consumers and staff and within the Agency geographical service area.

2. To ensure systems to monitor rate of infection and comply with Center for Disease Control recommendations.

Policy

1. The Agency is committed to reducing the risk of tuberculosis transmission in compliance with OSHA and CDC guidelines.

2. Agency staff is to use Standard Precautions when providing care and/or services to tuberculosis Consumers.

3. Tuberculosis precautions will remain in effect until the Consumer has been medically designated as “non-infective”.

Procedure

1. Consumers will be assessed at admission for high risk categories or conditions and signs and symptoms of TB.

2. When Consumers have signs and symptoms suggestive of TB (persistent cough longer than two weeks in duration, bloody sputum, night sweats, weight loss, anorexia, fever) respiratory precautions will be initiated and continued until infection has been either confirmed or ruled out.

3. If a Consumer is already diagnosed with TB, the decision to accept the Consumer for home care based will be made by the governing body, with advice from the Professional Advisor.

4. If Consumers who have been diagnosed with TB are accepted, Agency staff will wear NIOSH certified fit-tested personal protective equipment while caring for the Consumer and follow all Agency policies and procedures regarding infection control, exposure and prevention.

5. All Consumer care staff will receive training regarding basic concepts of TB transmission, the potential for occupational exposure, infection control measures, the purpose of PPD testing, principles of drug therapy, and the responsibilities of the home care worker and the Agency.

6. Agency staff may be tested for TB according to a risk assessment based on the Agency's geographic location and the population served by the Agency.

7. If the Agency determines TB testing of employees is necessary, a PPD will be conducted at hire and then at least annually. Any new employee who has evidence of a PPD test completed by another organization in the last three (3) months does not need to undergo additional testing by the Agency at hire.

8. If a new employee has history of positive treated disease, the employee must provide a chest radiograph to determine current disease state.

9. Any employees with a positive PPD will be referred to the appropriate Agency/care provider for recommendations and treatment.

10. Employees with confirmed active infection will be put on work restrictions per the Agency's Employee Health Work Restrictions policy.

CONSUMER INFECTION CONTROL LOG

Date: _____

Date of Onset/ Notice	Patient's Name	MR#	Type of Infection	Symptoms	Physician Notified	Labs	Treatment	Resolution	Staff Signature

INFECTION CONTROL PROGRAM

Policy

The Agency has established an infection control to include at minimum, procedures for the prevention of caregiver and Consumer infection control.

Purpose

To ensure consistent communication among personnel and Consumers regarding infection control policies and procedures. (CH. XXVI, SECTION 6.15)

Procedure

1. Next of Kin Home Care provides training for its employees regarding the Agency's written infection control policies and procedures at the time of hire and annually.

2. The HCA evaluates the adequacy of its infection control policies and procedures at least annually, makes any necessary substantive changes, and documents in writing.