

THE GULF COAST CENTER

INFECTION CONTROL

STUDY MANUAL

PROGRAM: Health Related Services

PROCEDURE: Infection Control

STATEMENT OF INTENT: Proper infection control techniques will be used to prevent the spread of disease. (See also: GCC Occupational Exposure Control Plan)

PROCEDURES:

I. Hand Washing

A. Physicians/nurses/all Center staff will wash hands:

1. Before and after physical contact.
2. Before and after use of restroom.
3. After contact with and body discharge or drainage, soiled clothing, or equipment.
4. Before contact with food, medication, and after handling soiled or contaminated items.
5. After removal of disposable gloves.

II. Gloving

A. Physicians/nurses/all Center staff will wear gloves when:

1. Obtaining blood samples.
2. Handling body secretions and excretions.
3. Providing care for an open wound.

B. Steps in glove use:

1. Wash and dry hands before and after use.
2. Apply gloves.
3. Use a fresh pair of gloves become soiled or contaminated.
4. Discard by turning glove inside out while pulling off and dispose of glove immediately.

III. Disposing of Sharps

A. Needles will not be bent, broken or recapped.

B. Needles, Syringes, Scalpels and all other sharp objects will be disposed of in rigid plastic containers which shall be marked "biohazard waste".

C. Containers for disposing of sharps will be sealed when full.

1. Nurses will call the medical waste disposal company, selected by The Gulf Coast Center, to arrange an appointment for pick up of the containers for disposal.

IV. Two-way valve masks will be used whenever possible, when administering CPR.

V. Immunizations/Screening

A. Individuals who are admitted to the Center will be referred annually by the IPC to TB screening. Individuals will be recommended for Hepatitis-B screening and immunization, if appropriate, by the IPC.

- B. Individuals who are carriers of Hepatitis-B may prepare and serve food only if they demonstrate good hygiene skills. This will be assessed by when the program planning for the individual.
- C. Category I workers who refuse to be screened/immunized for Hepatitis-B will be required to sign a waiver, which will be filed in personnel records.
- D. Any direct care staff deemed high risk, by the medical committee, for contracting Hepatitis B, will be offered immunization through the Center.
- E. All staff will be screened annually for Tuberculosis.
  - 1. The medical committee will be responsible for scheduling and reporting these tests to the Quality Assurance Department, who will report to Personnel.
  - 2. A staff who requires screening by chest x-ray must present a copy of the x-ray results every three years.
  - 3. Licensed clinical nurses will administer all TB tests and immunizations.

#### VI. HIV/Aids Guidelines

It is the intent of the Gulf Coast Center to comply fully with the provisions of Section 504 of the Rehabilitation Act of 1973, as amended, the Texas Commission on Human Rights Act of 1983 which recognized AIDS as a medical disability or handicap and prohibits discrimination based upon AIDS, and Section 5.03 of Senate Bill 959 concerning the development and implementation of workplace guidelines. The Center recognizes the need for increased awareness and understanding of AIDS and HIV infection in order to deal with the sensitive and growing concerns of employees in the workplace. The Center also recognizes its obligation and commitment to provide and maintain a safe and healthy work environment for all employees.

As a Licensed TCADA Outpatient Treatment entity, the Center will provide counseling concerning AIDS/HIV issues and referral to Community Health Clinics for AIDS/HIV testing to any individual in need of such services. The counseling and referral of individuals needing these services will be provided with intent to provide complete confidentiality for such individuals under federal confidentiality guidelines.

The Circuit Breakers High Risk Adolescent Support Group Program and the Circuit Breakers Parent's Program will provide an HIV/AIDS education curriculum to school and parent groups as part of the larger Circuit Breaker and Parenting Education Curricula to include the following:

#### Modes of Transmission:

Current scientific research indicates that HIV is transmitted through blood, semen, vaginal fluids, and possibly breast milk. HIV is transmitted:

1. By sexual contact (anal, vaginal, oral).
2. By sharing needles and syringes, particularly all paraphernalia illicit intravenous drugs.

3. From an infected woman to her baby, either before or during birth, possible through breastfeeding.
4. Through contaminated blood or blood products (a very remote possibility since implementation of screening procedures in 1985) or occupational exposure to contaminated blood as the result of spills, sticks, splashes or other means.

Method of Prevention: Sexual Behaviors

1. Practice sexual abstinence
2. Maintain a long-term relationship with one sex partner
3. Practice safer techniques (use condoms with spermicide)
4. Avoid sexual contact with people who have sex for money or drugs
5. Avoid sexual contact with the partners of people who participate in unsafe sex, use illicit intravenous drugs, or those who frequent male or female prostitutes.

Method of Prevention: Substance Abuse Behaviors

1. Abstain from using illicit drugs
2. Seek help to overcome substance addictions
3. Avoid sharing needles and syringes including all paraphernalia involved in the use of illicit intravenous drugs
4. Use proper techniques to clean needles and syringes which may be shared

An essential part of these methods of prevention is avoiding the use of substances which impair judgment. Impaired judgment can result in any of the high-risk behaviors listed above.

VII. Post-Exposure Management Guidelines

A. Contact with blood and/or body fluids

1. When blood or body fluids come in contact with skin, the affected skin will be washed immediately with soap and water and then swabbed with a 1 to 10 bleach and water solution.
2. Should blood or body fluids come into contact with the eye or mucous membranes of the nose or mouth, these areas will be flushed thoroughly with a normal saline solution or tap water.
3. Clothing and bedding contaminated with blood or body fluids will be removed and kept in a plastic bag until they can be washed in a 1 to 10 bleach and water solution. Gloves must be worn.
4. Spills of blood or body fluids will be swabbed down with soap and water and then a 1 to 10 bleach and water solution.

B. Significant Infections

1. A significant infection is infection which would preclude the individual's attendance at school, work, or other scheduled activity due to its communicability potential and the seriousness of the infection.

2. Actual infections or conditions for which antibiotics are prescribed and/or are designated as communicable.
  3. Symptoms that may signify potential infections (unless diagnosed by physician as noninfectious), include:
    - A. fever
    - B. chills
    - C. sore throat
    - D. rash
    - E. diarrhea
    - F. purulent drainage
    - G. persistent cough
    - H. persistent runny nose
    - I. tissue redness or swelling
- C. Reporting (consumers)
1. Individual Program Coordinator (IPC) will notify program nurse if an individual is exposed to a communicable disease. The nurse will advise you of symptoms to look for. If Symptoms develop, the nurse will contact the physician for evaluation and diagnosis.
  2. If the physician's diagnosis is confirmed, guidelines and precautions will be taken as advised by the Texas Department of Health, and the physician.
  3. If isolation is necessary, the nurse will notify the parents or guardians of the individuals, as well as care providers and other people who may have been exposed.
  4. The physician/dentist is responsible for disclosing reportable disease to the local health authorities. If for any reason the disease is not reported, it is the responsibility of the RN to report the disease according to Texas Department of Health reporting procedures.
- D. Reporting (staff)
1. Notify supervisor of suspected or diagnosed communicable disease.
  2. An employee with a suspected communicable disease is advised to see a physician for diagnosis and treatment. Depending on the disease, an employee may be required to produce documentation from his physician stating diagnosis, medications required, and activities allowed.
  3. It is the responsibility of the nurse and/or program director to see that proper guidelines and precautions are being taken
- E. Maintaining Records
1. Records of communicable disease will be documented as follows:

- A. Physician diagnosis, treatment control measures, and special instructions (physician's progress notes).
  - B. Instructions from the Texas Department of Health.
  - C. Record of infection disease.
2. All reports, records, etc., furnished to the local health authority or the Texas Department of Health are confidential and cannot be made public except for medical/epidemiological information, released only as statistical information (no patient identifying information is included), except with consent of the identified person, except to state agencies to comply with Texas Department of Health rules, except to appropriate Federal agencies, and except to medical personnel in a medical emergency to protect the health or live of the named party.
  3. These reports are reviewed and evaluated by the medical committee quarterly and as needed. Any identified trends in infectious disease are reported to the medical director for review and consultation. Committee findings and reports are forwarded to the QA Coordinator for review and follow-up, if necessary.
- F. Treatment and Control Measures
1. Upon receipt of physician orders, the program nurse will assist in initiating all required control measures, monitoring follow-up activities, and notifying staff and providers who are responsible for service provision.
  2. Individuals who react positively to the PPD skin test will be referred to their physician for further evaluation and treatment. Isolation procedures will be implemented if prescribed by the physician. Individuals in close contact at the residential or work site may require screening as directed by the Texas Department of Health.
  3. Individuals and staff who are exposed to Hepatitis-B or who are carriers of Hepatitis-B will be expected to practice prudent infection control measures. Universal precautions will be taken at all times.
  4. The residential programs are capable of managing individuals with non-acute conditions that can be safely isolated. The individual must be able to understand and cooperate. The physician, with input from the provider/program director, will make the final determination of whether the individual may be treated at home or transferred to another facility. If the physician determines that transfer to a hospital or nursing facility is indicated for treatment, the individual will be transported either by personal or Center vehicle, unless other emergency conditions exist. If emergency care is required, EMS will be contacted for transport.

## G. Isolation Procedures

1. Strict Isolation-Tuberculosis (pulmonary); Diphtheria (pharyngeal).
  - a. Hospitalization for intensive treatment during acute illness.
  - b. Private room use of masks, gowns, and gloves for all persons entering room.
  - c. Special ventilation requirements.
2. Contact Isolation-Pneumonia (antimicrobial-resistant pneumococcal); Typhus Fever, Diphtheria (Coetaneous).
  - A. Hospitalization for intensive treatment during acute illness.
  - B. Private room or room shared by patients infected with same pathogen.
  - C. Masks will be worn unless specifically indicated by physician for special procedures.
  - D. Gowns are indicated if soiling is likely.
  - E. Gloves are indicated when handling infectious material or articles soiled with feces, urine, or vomit.
  - F. Linen and soiled clothing are bagged separately for laundry. Soiled underwear is rinsed out in toilet and underwear is soaked for one hour in germicidal solution before placing in soiled line container and laundered.
  - G. Hand washing is thorough before and after direct patient contact.
  - H. Dishes are used and food is served in regular utensils.
  - I. Trash is sealed in plastic using double-bagging method
  - J. Thermometers are not shared between individuals. They are soaked in germicidal solution after use.
3. Respiratory Isolation-Pertussis; Mumps; Meningococemia; Meningitis; Venezuelan Equine Encephalomyelitis; Measles(Rubella, Rubeola).
  - A. Gowns and gloves are indicated.
4. Enteric Precautions-Amebiasis; Diarrhea, acute; Meningitis; Gastroenteritis; Salmonellosis; Shingellosis Poliomyelitis; Hepatitis A; Typhoid Fever.
  - A. Private room if patient hygiene is poor.

5. Drainage/Secretion Precautions-Infectious Conjunctivitis; Streptococcal Diseases (Strep Throat, Scarlet Fever);Abscesses, impetigo; Dermatophytosis; Herpes Simplex.

A. Private room is not indicated.

6. Blood/Body Fluid Precautions- Hepatitis B; AIDS/HIV/ARC.

A. Exclusion for school, day program, and/or occupations during acute illness- Common Cold; Influenza; Impetigo; Scabies; Ringworm of the Scalp; Infectious Conjunctivitis; Pediculosis; Chicken Pox.

B. In addition to reportable diseases, case exclusion may be required for the above diseases during acute illness. Individuals excluded for communicable diseases may be required to meet one or more of the following conditions before readmittance to school, day program, and/or work:

Certification from attending physician attesting to the individual not having a communicable disease or to his or her recovery or non-infectiousness.

Readmission permit from local health authority.

After period of time corresponding to the duration of the communicability of the disease as established by the Commissioner of Health.

7. Chronic/Carrier State Diseases-may include, but are not limited to, Amebiasis; Shigellosis; Giardiasis; Herpes Simplex; Streptococcal Diseases; Hepatitis B; AIDS/HIV/ARC.

8. Quarantine

a. The Local Health Authority is responsible to declare a state of quarantine whenever a case of communicable disease occurs which, if not immediately controlled, presents a threat to public health. The following diseases may be subjected to quarantine: Cholera, Diphtheria, Gonorrhea, Syphilis, Plague, Tuberculosis, Viral Hemorrhagic Fever (any Etiology), Yellow Fever.

b. If quarantine of a facility is ordered, procedure implementation is the same as those for isolation with exception that no person leaves or enters the place of quarantine except with specific permission of local health authority.

H. Special Instructions-Concerning Isolation

1. Admissions-No admissions occur at a facility while isolation procedures are in effect

2. Furloughs-Individuals on furlough at the time isolations is initiated may return after their parents/guardian is fully informed of the existing conditions by the program

nurse unless contradicted by attending physician. Individuals may go on furlough leaves from isolated areas only as approved by attending physician. If a parent/guardian removes an individual from an area under isolation against physician advice, they are requested to sign a release form stating their knowledge of the existing condition.

3. Staffing Patterns-Isolation areas are staffed by employees regularly assigned to the facility unless the employee has a statement from their physician contradicting the ability to work in the facility. Pregnant employees who have not had a communicable disease for which a facility is isolated, will check Administrative and support personnel authorized to perform duties in the isolated area may enter after contacting the nurse or designee for any specific precautions.
  4. Visiting Privilege-Only those persons approved by the physicians may visit in isolated areas.
  5. Individual Programming-Individuals may continue to participate in normal programming and recreation at the facility as advised by the physician and IDT. When individual programming cannot be carried out as specified on the Individual Program Plan, program changes will be documented by the IPC in the clinical record.
  6. Germicidal Solution-When necessary, the following solution is used to disinfection: One (1) part chlorine bleach to ten (10) parts water.
- I. Discontinuing Isolation/Quarantine
1. Isolation may be lifted on physician orders.
  2. Quarantine may be lifted only on order of the local health authority.
  3. If programming is discontinued during period of isolation or quarantine, these activities are reactivated on lifting of isolation/quarantine.
- J. Infection Control Measures (In GCC programs and residential areas)
1. All facilities must have hot and cold running water.
  2. Garbage containers must be durable and cleanable, have plastic liners and lids.
  3. Kitchens must have functional refrigeration and freezer capacity large enough to accommodate perishables and other foods and must be clean.
  4. All windows which can be opened must be equipped with insect screens.
  5. Kitchens must have clean food preparation equipment and utensils.
  6. Persons preparing and serving food must:

- A. Be free of infectious disease that can be transmitted during food preparation.
  - B. Follow good hygiene practices, handle food in a sanitary manner, and be free of open sores and wounds.
7. Food served to an individual that is not consumed must be discarded.
  8. Dishes and utensils must be cleaned either by the use of a dishwasher or by washing with the addition of a chemical sanitizer to the rinse water.
  9. Dishes and utensils must be free from chips, cracks, and loss of glaze, and discarded after one use if disposable.
  10. Dry or staple food must be stored at least 6 inches above the floor in a ventilated room that is not subject to waste water back flow or to contamination by condensation or leaking.
  11. Facilities with a nonpublic water supply must have water inspected at least annually and deemed potable by appropriate authorities.
  12. All pets in premises must have current vaccinations and determine by a veterinarian at the time of such vaccinations to be in good health.
  13. Restrooms must have soap, towels or drying machines, toilet paper, and hot and cold running water.
- K. Personal Hygiene
1. Individuals must use separate towels and washcloths.
  2. Individuals must wash their hands and after using toilet facilities.
  3. Individuals must avoid sharing eating utensils, drinking cups, combs, hair brushes, tooth brushes, and other personal hygiene items.
  4. Individuals must cover their mouth when coughing or sneezing, and dispose of soiled tissues properly.
  5. Individuals must keep their bodies clean by frequent soap and water bathing (at least every other day).
- L. Staff Training
1. All staff will attend a training on Infection Control at orientation and annually thereafter. The training will be comprised of following.
    - A. Infection Process

- B. Infection Control Measures
- C. Significant Infections
- D. Reporting Infections
- E. Isolation
- F. Chronic Carrier States
- G. OSHA Guidelines Regarding Exposure to Blood borne Pathogens
- H. GCC Occupational Exposure Control Plan

## INFECTION CONTROL TEST

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ SCORE: \_\_\_\_\_

Read the following statements and write T for a true statement and F for a false statement in the space provided.

- \_\_\_\_ 1. A person with no symptoms of illness may be contagious.
- \_\_\_\_ 2. Disease causing organisms can be present in inanimate objects such as dust.
- \_\_\_\_ 3. Infectious organisms can be spread by coughing or sneezing.
- \_\_\_\_ 4. Everyone is susceptible to infections.
- \_\_\_\_ 5. You should add bleach to your rinse water if you do not use a dishwashing machine.
- \_\_\_\_ 6. Hand washing is the single most important prevention for spreading infectious diseases.
- \_\_\_\_ 7. It is okay for individuals to share towels and washcloths.
- \_\_\_\_ 8. It is not necessary to always wear gloves when performing first aid for a cut or wound.
- \_\_\_\_ 9. It is not necessary to wear gloves for performing first aid procedures on people you know well.
- \_\_\_\_ 10. AIDS is not spread by common everyday contact.

### Multiple Choices

- \_\_\_\_ 1. Which of the following are ways that infectious organisms can be transmitted?
  - a. Contaminated food or water
  - b. Person to person
  - c. Droplet or airborne
  - d. All of the above
- \_\_\_\_ 2. Which of the following may signify potential infection?
  - a. fever
  - b. sore throat
  - c. rash
  - d. all of the above

\_\_\_\_\_ 3. If you suspect an individual has an infectious disease you should:

- a. wait until fever develops
- b. Wait until two people become ill
- c. Notify the nurse or doctor

\_\_\_\_\_ 4. Clothing or linen contaminated with blood should be:

- a. Washed with the regular wash load
- b. Discarded
- c. Washed separately in hot water containing a 1-10 bleach/water solution

\_\_\_\_\_ 5. Spills of blood or other body fluids:

- a. Should be cleaned up with a damp paper towel
- b. Should be cleaned with soap and water and a 1-10 bleach/water solution
- c. Should be cleaned with soap and water and a 1-10 vinegar/water solution

Reviewed by:

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NAME

DATE

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TITLE