

# Infection Control

It is the policy of Legacy Behavioral Health Center, Inc. (Legacy) to develop a written plan for exposure control regarding infectious diseases and apply it to all staff, volunteers, and clients. The plan will be initially approved and reviewed annually by the medical director. This plan is in strict compliance with the Chapters 381 and 384 of the Florida Statutes; Chapters 64D-2 AND 64D-3, F.A.C. and Occupational Safety and Health Administration's (OSHA) Blood borne Pathogen Standard 29CFR1910.1030. This plan will also be consistent with the protocols and facility standards published in the Federal Center for Disease Control Guidelines and Recommendations for infectious Diseases, Long Term Care Facilities. Implementation and monitoring of education and training requirements of this program will be the responsibility of the Human Resource Department.

## **II. PROCEDURES:**

The basic components of Legacy's exposure plan are as follows:

### **Methods of Compliance:**

#### **Universal Precautions and Sanitary Procedures:**

**Rules of Universal Precautions:** All blood or other potentially infectious materials shall be considered infectious regardless of the perceived status of the source individual. Under circumstances in which differentiation between body fluid types is difficult to detect, all body fluids shall be considered potentially infectious materials. All Legacy staff members will utilize universal precautions. All Staff will receive an explanation of the Exposure Control Plan (ECP) during their "Staff Orientation". Training on "Workplace Bloodborne Pathogens" will be provided annually. All Clients will have access to the Agency's Exposure Control Plan (ECP) upon admissions to the Agency, when they receive their "Recipient Guide". Clients will sign a form confirming that they received their handbook and participated in an initial orientation session. The signed form will be filed in the Client's chart. If requested, the Clinical Director will provide a Staff and/or Client with a copy of the ECP and/or any of the Agency's Policies and Procedures they request free of charge and within 15 days of the request. Visual reminders and written information about these issues will be posted in different areas throughout the Agency both in English and Spanish.

**Hand Washing:** Hand washing is the number one method of infection control. Hands shall be washed before and after all tasks involving potential occupational exposure to blood borne pathogens. Hands will be washed when gloves are removed after performing each task that involves contact with blood or body fluids, mucous membranes, or non-intact skin. Hand washing facilities are available in bathrooms at each site. When other skin areas or mucous membranes come into contact with blood or other potentially infectious materials, the skin shall be washed with soap and water, and the mucous membranes shall be flushed with water as soon as possible. Visual reminders will be posted in the Agency's restrooms, both in English and Spanish. This information will also be included in the Recipient's Handbook and the Staff Manual.

**Facility Cleanliness:** Special care will be given to facility cleanliness. Bathrooms and eating areas should be disinfected daily with a fresh daily solution of one part household bleach to ten (10) parts water.

**Spills:** All body fluid spills (regurgitation, diarrhea, urination, bleeding, sputum, etc.) will be cleaned promptly and the contaminated area disinfected. The area will be cleaned with a fresh solution of one (1) part bleach to ten (10) parts water.

**Waste Disposal:** All items that contain liquid or semi-liquid blood or other bodily fluids, or items that would release blood or other infectious material if compressed (cleaning rags, tissues, dressings, gloves, gowns, masks, etc.) are to be discarded in labeled biohazard red bags. These bags are to be closed to prevent spillage or protrusion of contents during handling storage, transport or shipping. In some instances, double bagging may be necessary. These bags will be coded with the regulated waste insignia and taken to a local hospital for appropriate disposal.

**Barrier Protection:** Gloves are to be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all consumers if performing vascular access (medication injection) procedures. Gloves are for single use only. Gloves will be available at each work site for use by staff members. Hands are to be immediately washed after the gloves are removed.

**Exposure Determination and Guidelines:** All job categories in which it is reasonable to anticipate that a staff member may have skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials will be covered by the guidelines of the exposure control plan. Parenteral contact is defined as piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions. Other potentially infectious materials include body fluids (semen, vaginal secretions, cerebrospinal fluid, pleuran fluid, pericardial fluid, peritoneal fluid, amniotic fluid, any body fluid visibly contaminated with blood, all body fluids in situations where it is difficult or impossible to differentiate between body fluids), any unfixed tissue or organ from a human (living or dead), HIV/HBV containing cell or tissue cultures, organ cultures and culture medium, blood, and organs or other tissues from experimental animals infected with HIV or HBV. As outlined by OSHA, Legacy staff tasks fall under Category III. **Category III Tasks involve no exposure to blood, body fluids, or tissues and risk is minimal that employment would require performing unplanned tasks.**

**Procedures for Evaluation and Follow-up of Exposure Incidents:** An exposure incident is a specific eye, mouth, or other mucous membrane, non-intact skin or parental contact with blood or other potentially infectious materials that results from performance of a staff member's duties. Any staff member who experiences an exposure incident will immediately report the incident to his/her immediate supervisor and complete a Critical Incident Report form. The supervisor will follow the incident reporting procedures contained in organizational policy. Any Client who experiences an exposure incident will immediately report the incident to a Staff member, who will complete a Critical Incident Report form. The supervisor will follow the incident reporting procedures contained in organizational policy. The source individual, if known, will be requested to have his/her blood tested for HIV/HBV/HCV antibodies, unless he/she is known to be infected with HIV/HBV/HCV. If the source individual declines testing and his/her status are unknown, the staff member will be advised of legal avenues that may be pursued under state law. The

Clinical Director will maintain documentation of the exposure incident information that will include a copy of the OSHA 1910.1030 blood borne pathogens standard, a description of the exposed staff member's duties as they relate to the exposure incident. The critical incident review and management process, as defined in organizational policy and procedures, will support a review of the circumstances of the exposure and consider work practices, duties performed, and the staff member's training, and will make recommendations for appropriate changes in this policy.

**Preventing and Limiting the Spread of Airborne Communicable Diseases:** For staff members and persons served who have known airborne communicable diseases such as TB, influenza, and colds, the following precautions should be taken: Wash hands frequently, especially after coughing or sneezing. Avoid meal preparation for other people. Avoid small, enclosed areas where close continual contact with others occurs. Cover mouth when sneezing or coughing. Use disposable tissues and remove from them from the area frequently. Do not share glasses, cigarettes, or other items that could spread germs upon direct contact.. Visual reminders and written information about these issues will be posted in different areas throughout the Agency both in English and Spanish. This information will also be included in the Recipient's Handbook and the Staff Manual.