POLICY AND PROCEDURE PERTAINING TO UNIVERSAL PRECAUTIONS AND SANITARY PRACTICES

PURPOSE

The purpose of this policy is to establish guidelines to follow regarding universal precautions and sanitary practices, including hand washing, for infection prevention and control, and to prevent communicable diseases.

POLICY

It is the policy of EON, Inc. to minimize the transmission of illness, communicable diseases and prevent infection by practicing and using proper sanitary practices. Staff will be trained on universal precautions to prevent the spread of blood borne pathogens, sanitary practices, and general infection control procedures. This includes active methods to minimize the risk of contracting illness or disease through individual to individual contact or individual to contaminated surface contact.

It is the policy of EON, Inc. to follow universal precautions and sanitary practices, including hand washing, for infection prevention and control, and to prevent communicable diseases.

The term "universal precautions" means to treat all blood and other potentially infected materials (OPIM), bodily fluids visibly contaminated by blood, semen and vaginal secretions) as infectious materials, as if they were infectious for HIV and Hepatitis B. All blood and/or body fluids containing blood, semen and vaginal secretions should be considered infectious regardless of the perceived status of the individual.

PROCEDURE

I. Control of Communicable Diseases

Communicable diseases are defined as those found on the Minnesota Department of Health's website (http://www.health.state.mn.us) under Reportable Infectious Diseases: Reportable Disease's A-Z. A copy of this list is maintained in the Safety Manual.

When a person receiving services has been diagnosed with a communicable disease, it will be reported to the supervisor via completion of a General Event Reports (24-hour sites) or Accident Incident Report (hourly sites). It will also be promptly reported to other licensed providers (i.e. work).

When an employee is diagnosed with a communicable disease, it will be reported to the supervisor via completion of an Accident Incident Report. The employee may return to work upon direction of a health care professional.

II. Methods of Control

Home maintenance and work practice controls should be utilized to eliminate or minimize exposure to employees at all facilities. Where occupational exposure remains after the institution of these controls, personal protective equipment may also be utilized.

Intermediate Care Facility (ICF)/Developmental Disability and 24-hour Supervised Living Services (SLS)/Waiver/Assisted Living sites – the following home maintenance controls should be utilized:

A. Disposal of sharps

Parenteral medication (other than insulin) shall not be administered by EON, Inc. staff without a nursing license. The needles used to draw up medication then shall be disposed into the puncture proof red sharps container. When the container is full, it should be taken to the 1913 Alison house and disposed of in large biohazard container which will be picked up by Stericycle on arranged schedule. Nursing staff may also use sharps to administer Mantoux test and Hepatitis B to employees. Never recap, bend, or remove used needles by hand. Discard into the sharps container as noted above.

B. Personal protective equipment (PPE) kits including disposable gloves, gown, mask, and eye shield shall be available and on hand at all times.

The above controls will be examined and maintained on a regular schedule. Cleaning supplies, protective clothing, etc. shall be checked once per month by supervising staff or immediately after a contamination incident by the staff in charge.

Home Care, Unit Based Services (Non-Residential), and Adult Day Services

Each client case shall be evaluated against a set of criteria to determine the need for protective measures to protect staff against a possible exposure incident (staff risk exposure form). The criteria shall be based on the type of client care and programming required.

If it is determined that exposure to bloodborne pathogens is a distinct possibility, a PPE kit shall be issued to the site.

III. Supply Check

Home Care – any usage of the protective materials shall be reported to the registered nurse (RN) supervisor, who will insure adequate supplies are available.

Unit Based (Non-Residential), Adult Day Services – any usage of the protective materials shall be reported to the Non-Residential or Adult Day Services supervisor, who will insure adequate supplies are available.

A. The Use of Gloves

The use of disposable, non-sterile gloves must be used for protection against direct contact or suspected contact with blood or other body fluids containing visible blood and also to semen, vaginal secretions, and saliva in dental procedures (ex. brushing teeth).

Examples: Blood – assisting person who has a bloody nose or who has been cut or injured resulting in bleeding.

Semen – handling clothing or bedding which might contain semen. (i.e. bathing assist).

Vaginal secretions – assisting women with menstrual hygiene or changing sanitary pads.

It is recommended that staff use gloves when dealing with feces, urine and vomitus in order to reduce possible transmission of infections/illness that are acquired with non-blood borne pathogens.

Use of gloves: Gloves should be put on prior to any contact with the body fluids noted. When tasks are completed, gloves should be removed from wrist down, thereby turning glove inside out and disposed of properly (See Section E: Garbage). Remove and replace gloves immediately if they are torn, punctured or if their barrier function is in anyway compromised. Never wash disposable gloves for reuse.

B. Washing hands

Hands should be washed thoroughly with soap and water on all surfaces of the hands for at least 15 seconds or the length of time it takes to sing the Happy Birthday song.

If hands or any part of the body comes into contact with the noted body fluids as well as nasal secretions, sweat, tears, and sputum, thorough washing techniques should be employed immediately.

Hands should be thoroughly washed after the use of gloves, periodically during the shift and must be washed prior to, during, and after food preparation.

C. Use of Masks, Eye Protection, and Face Shields

Masks, eye protection, and face shields must be worn whenever splashes, spray, spatter or droplets of blood or OPIM may be generated and eye, nose or mouth contamination can be reasonably anticipated (i.e. brush/floss client's teeth, client frequently blows, or spits).

D. Laundry

All linen or clothing visibly soiled or possibly soiled with blood (double bag if possibility of dripping) and/or body secretions should be handled with gloves and placed into a plastic bag and securely closed. Laundry shall be transferred from bag to washer either with gloves on or in such a way as to avoid personal contact with soiled items. Dispose of plastic bag properly (See Section E: Garbage) and wash hands. Soiled items shall be washed with the hottest water temperature setting on the washing machine (add Clorox as appropriate).

E. Garbage

All disposable items having contact or suspected contact with blood or other noted body fluids shall be placed into a plastic garbage bag. It is not recommended that any employee or client dig through or directly handle contents of garbage/waste container. Plastic bag should be secured with twist tie or tied in a knot, then removed to trash can.

F. Cleaning and Sanitation

All contaminated work surfaces (following spill of blood or contact with OPIM) should be cleaned immediately after using a disinfectant solution such as Lysol, following manufacturer's recommendations for decontamination. Lysol must remain on surface for ten minutes to disinfect. (Rubber gloves must be used). Water used for cleanup shall be flushed down the toilet and area wiped clean.

G. Client Care Equipment

Equipment which has been contaminated with blood or OPIM shall be decontaminated with a disinfectant solution such as rubbing alcohol. Equipment must be soaked for 30 seconds, then left to air dry.

1. Otoscope and thermometer shall be used with a plastic sheath;
2. Toenail/fingernail clippers;
3. Scissors for health care use;
4. Wash basin for health care use, etc. and;
5. Disposable safety razors.

H. Broken Glass

Any broken glassware which may be contaminated should not be picked up directly with the hands. Put on disposable gloves; use a broom and dustpan; use tongs to grasp pieces as necessary. Decontaminate all items used. Wash hands.

I. Regulated Waste Disposal

Regulated contaminated waste is defined as waste containing sufficient blood, fluid containing blood, semen or vaginal secretions that would emit liquid if compressed (i.e. oozing or dripping bandages, etc.) Such waste shall be deposited into the marked red infectious waste bag and tied shut. The infectious waste bag should then be taken to the 1913 Alison house and disposed of in large biohazard container which will be picked up by Stericycle on arranged schedule.

Biohazard Waste – Stericycle picks up hazardous materials from the 1913 Alison house on arranged schedule determined by the need of EON, Inc.

Note: Remove protective equipment before leaving the work area and after it has been contaminated. Dispose of into the garbage or regulated waste container (described above) as appropriate.

Note: Sites with the need for red infectious waste bags, red Sharps containers, personal protective equipment and gloves can stock or replace this equipment when they need to, all supplies can be found at the EON, Inc. nurses' office.

IV. Sharps Injury Control Plan

A subcommittee will be formed at each site that uses sharps. The committee will provide timely review and recommendations regarding all safety engineering controls at their site and particularly regarding the handling and disposal of contaminated sharps. Engineering controls are defined as controls that eliminate or minimize the risk of bloodborne pathogen exposure from the workplace. This subcommittee will be assisted by the EON, Inc. supervising RN who is the current medication administration teacher. The leadership position of supervisor at any site where sharps are used will be the liaison to the medication administration teacher. Anytime initial, additional or replacement engineering controls are going to be selected, staff members from the affected site will meet to recommend the best device, product or method. The supervising RN will bring concerns, questions, follow-up to the Safety Committee. This site committee will meet as needed or annually (at minimum) and pass on to the Safety Committee any recommendations that it has. They will also review written exposure and control plans and suggest updates as necessary. The committee will assess if the personal protective equipment is appropriate for the tasks at hand. (For example, are supplies on hand when needed? Do the gloves we supply meet the needs for protection?)

The supervising RN will use the medication administration protocol sheet to review all staff engineering practices for use of sharps at the time of hire and as the RN deems necessary.

If an exposure incident has occurred, the injured employee will fill out the EON, Inc. Accident/Incident Report and submit it to EON, Inc. within 24 hours. The Medication Trainer completes the Sharps/Exposure Log and the Quality Control Compliance Report Concerning Bloodborne Pathogens, routes a copy to the Safety Committee Chair and keeps original for the file.

V. Administering Medication by Injection

Only an RN or LPN will provide intramuscular or intravenous injections when ordered by a physician.

- Waiver site staff may administer subcutaneous injections under the following conditions. The medication administration teacher (RN) will provide initial and ongoing training as necessary. This training will include (but is not limited to) information about the person’s disorder requiring subcutaneous injections, information on the injectable medication, along with safety instructions and successful return demonstration completed by all approved staff members.

Unless staff has completed the training listed above, they will not be able to administer subcutaneous injections. If there is not a trained staff present, staff will need to call a site where nursing coverage is in place and ask them to give the injection. Currently this location is 1913 Alison Avenue (507) 354-3501.

VI. Needles/Sharps Handling and Disposal

Compliance with this policy will be monitored by the house supervisor.

A. All disposable syringes with needles, scalpel blades, glucose level checking devices and other sharp items capable of causing injury must be placed into approved, leak-proof, closable, readily accessible puncture resistant containers.

B. Needles and sharps may not be manually recapped, purposely bent, broken, or otherwise manipulated by hand.

C. Used sharps are dropped into a puncture resistant disposable container with the sharp edge pointing away from self and bystanders.

D. Sharps containers may not be overfilled, opened, emptied, or cleaned manually.

E. Employees will not put their fingers into a sharps container or attempt to remove objects from it.

VII. What to do if an Exposure Incident Occurs

If an exposure incident occurs (blood or OPIM contact with employee eye, mouth, other mucous membrane, non-intact skin or through parenteral contact (puncture of skin):

- Clean wound with soap and water;
- Flush mucus membrane with water.

CONTACT THE SUPERVISOR WHO WILL NOTIFY THE EON, INC. SUPERVISING REGISTERED NURSE. IF NOT AVAILABLE, CONTACT THE MANAGER OR COO.

Employees should report exposure incidents immediately. An EON, Inc. Accident/Incident Report will be completed and turned into EON, Inc. within 24 hours and follow-up by a health care professional shall be obtained. An assessment/evaluation of the incident will be done by the OSHA RN using the Sharps/Exposure Injury Log.

The exposed employee shall be directed to a health care professional and the Post Exposure Medical Evaluation form is to be taken along. EON, Inc. shall provide the health care professional with the following:

- A copy of the Occupational Safety and Health Administration (OSHA) standard;
- Description of the employee's job duties relevant to the exposure incident;
- Documentation about the specific exposure circumstances of exposure;
- Results of client blood tests if available and;
- Relevant employee health records including vaccination status (Hepatitis B (HBV), Mantoux).

The exposed employee's blood will be tested for HBV and human immunodeficiency virus (HIV). If the employee does not give consent for HIV serological testing for baseline testing, the employee's blood sample must be kept for at least 90 days should the employee elect to have the baseline sample tested.

The client's "source blood" will be tested if client agrees. A client known to be infectious for HIV or HBV does not need to be retested. The client will be given the Blood/Body Fluid Information for Testing and the Counseling and Consent Form must be signed.

The health care professional will provide a written opinion to the employer. The opinion shall include and be limited to a statement that the employee has been informed of the results of the medical evaluation and any medical conditions resulting from the exposure incident that may require further treatment.

EON, Inc. must provide a copy of the written opinion to the employee within 15 days of the completed evaluation.

VIII. Record Keeping

(Note: All records shall be made available to the Assistance Secretary of Labor for Occupational Safety and Health upon request).

A. Employee Medical Records

A medical record will be established for all direct care, housekeeping and maintenance employees and will be kept at the EON, Inc. office by the OSHA RN. These records are considered confidential and are kept separate from the employee personnel files.

Contents: The record shall contain: the employee name, social security number, HBV vaccination status, the dates of vaccination and any comments from the RN regarding the HBV vaccination.

The record shall also include any reports of exposure incidents and the results of the tests following the incident. The RN shall also provide a written post-evaluation opinion which includes what information has been provided to the health care provider.

Medical records shall be kept 30 years after the last date of employment for all employees who have had actual incidents of exposure to blood or other body fluids. The medical records are available to the specific employee or anyone having the employee's written consent.

B. Training and Training Records

Each training session regarding blood pathogens and EON, Inc.'s Exposure Control Plan shall be documented and kept on file for at least three years. The documentation shall include date, content outline, name of the trainer and qualifications, and the name and job titles of all persons attending. Training records are available to staff upon request.

Written information on what shall be supplied to each new employee at the time of orientation and written documentation of the information review noted in the employees training record. The RN shall be available to answer any questions or concerns of the employee regarding matters stated above.

IX. Employee Information and Training

All occupationally exposed employees shall receive training at the same time of their initial assignment and annually thereafter. Training shall include but not be limited to the information contained in this policy and procedural statement. Any changes or modifications in this statement shall be disseminated to staff at the time of the change. The training shall include information on bloodborne pathogens, methods of transmission and epidemiology and symptoms of bloodborne pathogens, the proper use of personal protective equipment.

A copy of the regulatory text (including an explanation of the contents) and a copy of the EON, Inc. policies and procedures are available to all employees at the company office site.

X. Acquired Immune Deficiency Syndrome (AIDS)

A. Definition

AIDS is a breakdown of the body's natural immune system. It is caused by a virus that is transmitted through sexual contact and exposure to infected blood or blood components and perinatally from mother to neonate. HIV has been isolated from blood, semen, vaginal secretions, saliva, tears, breast milk, cerebrospinal fluid, amniotic fluid and urine and is likely to be isolated from other body fluids, secretions and excretions. However, epidemiologic evidence had implicated only blood, semen, vaginal secretions, and possibly breast milk in transmission.

AIDS is the 9th leading cause of death. It can take up to five-ten years to test positive.

B. Symptoms may not appear for months or even years (incubation time may be up to five years after exposure)

1. Daily fatigue and loss of appetite;
2. Unexplained weight loss;
3. Fever, 101 degrees or more for longer than two weeks;
4. Night sweats;
5. Swollen glands, with or without pain;
6. Black and blue flat or raised blotch or bump. Occur on or under skin, not painful, inside mouth, eyelids, nose or rectum – persisting more than one month.

C. Facts about AIDS:

1. At this time, there is no known cure, Zidovudine (AZT) is a drug which has been licensed for treating HIV. Large studies have established that AZT increases survival among people with AIDS, and delays the onset of AIDS in HIV positive people who have no symptoms.
2. AIDS is not exclusively a disease of homosexual men, may also occur in males and females of all ages, races and sexual orientation.

3. You cannot get AIDS from donating blood.
4. There is less than 1 in 1,000,000 chance of getting AIDS by receiving a blood transfusion. Blood banks test all donated blood.
5. People at high risk for AIDS should not donate blood, organs or sperm.
6. You can reduce your risk of getting AIDS by limiting the number of sexual partners and avoiding the exchange of body fluids, and by never sharing needles for injecting drugs or for other purposes such as ear piercing or tattooing.
7. There are no known cases of AIDS transmission by insects such as mosquitoes.
8. Dogs, cats, and domestic animals are not a source of infection from AIDS virus.
9. Although the AIDS virus has been found in tears and saliva, no instance of transmission from these body fluids has been reported.
10. The HIV dies outside the body within seconds.

D. Precautions to prevent transmission of HIV:
   1. Prevent skin and mucous membrane exposure when contact with blood or other body fluids;
      a. Gloves, wash hands after removing gloves.
      b. Washing hands immediately and thoroughly if contaminated with blood or other body fluids.
   2. Clean environment
      a. Use disinfectant, detergent for keeping house clean;
      b. Spills of blood or other body fluids should be cleaned up immediately and area disinfected;
      c. Soiled linen should be handled as little as possible;
      d. Linen should be washed in hot water with detergent.

XI. Hepatitis B and C Viruses

HEPATITIS B AND C VIRUSES		
	Hepatitis B	**Hepatitis C**
Risk Factors	• Immigrants from endemic areas • IV drug users • Homosexually active males • Household contacts of HBV carriers • Hemodialysis patients • Healthcare workers with frequent blood contact • Staff of institutions for mentally retarded	• IV drug users • Community acquired (no known route) • Transfusion recipients • Healthcare workers with frequent blood contact • Hemodialysis patients and staff • Sexual contact with multiple heterosexual partners or person with hepatitis
Prevalence	5-7% of the population	3-5% of the population
Transmission	• Exposure to contaminated blood/blood products • Needle stick (IV drug-users, healthcare worker) • Intimate/personal or sexual contact with transfer body fluids	• Exposure to contaminated blood/blood products • Heterosexual sexual contact (incomplete evidence currently on homosexual sexual contact) • Personal contact (possibly) • Perinatal transfer not well documented
Incubation	30-120 days (avg. 12 weeks) (shorter incubation period with larger inoculum)	2-26 weeks (avg. 8 weeks)
Serologic Markers	Antigen and antibody appear during incubation and some marker remain lifelong	Antibodies may not appear for up to 12 months after exposure
Manifestations	• About 50% have symptoms insidious onset with malaise, etc. • About 20% have jaundice • Acute phase lasts 1-4 weeks with slow recovery • <2% develop fulminant hepatitis with liver failure and death • 5-10% become carriers • In 10-15% can progress to cirrhosis, liver cancer	• Fewer symptomatic patients than HBV • Nonspecific and GI symptoms followed by jaundice • High rate of chronic hepatitis with severe chronic complications
Treatment	• Supportive care • Body substance isolation	• Supportive care • Body substance isolation

HEPATITIS B AND C VIRUSES		
	Hepatitis B	**Hepatitis C**
	• Anti-viral agents studied for chronic phase	• Alpha-interferon studies
Prophylaxis	• Vaccine Recombivax HB, Engerix-B • Immune globulin (HBIG; ISG)	ISG moderately effective

(Information compiled from various sources: Abbott; Ortho; CDC; American Red Cross; others)

XII. Blood and OPIM Clean-Up Procedure for Carpeting and Upholstery

A. Purpose

Many situations occur in which blood or OPIM are spilled on carpeting or upholstery. The following method provides best effort removal of such spills from these surfaces.

It should be noted that unlike hard surfaces, the weave and density of carpet and upholstery make it difficult to assure that complete cleaning has taken place. This procedure is a best effort based upon current technology and information and if properly done, should result in a surface which is clean and essentially free of potentially infectious materials. The only way to assure complete safety of these types of surfaces is to replace the contaminated item.

Materials Required: Vinyl or latex gloves
Paper towels
Plastic garbage bag
Disinfectant solution (such as Lysol)

B. Procedure

Spills of blood or OPIM should be removed and decontaminated as soon as possible to reduce penetration of the liquid and decrease the infection potential of the spill.

1. Apply gloves. Prepare fresh solution of disinfectant per label directions and apply to spill and surrounding area.
2. Completely cover entire blood or OPIM spill with paper towels to absorb. Discard towels in a red infectious waste bag. After clean-up, put into red infectious waste bag and take to 1913 Alison house and dispose of in the large red bin with biohazard symbol.
3. When gross contamination has been wiped up, re-apply disinfectant solution to the soiled area. Wipe off with paper towels to remove soils attached to fibers. Spray paper towel with disinfectant and clean spray bottle.
4. When completely clean, apply an application of disinfectant solution and allow to remain in contact with the material for ten minutes. Wipe up product and carefully remove gloves, by turning them inside out, and place in plastic

bag. Close and dispose according to facility exposure control plan.

5. Wash hands thoroughly.
6. If possible, a hot water carpet extraction cleaning is recommended after the initial clean-up procedure.

Due to concerns regarding color fastness of these materials, a pre-test in an inconspicuous area should be done prior to instituting and decontamination procedure. In addition, the use of disinfectant products may remove and stain resistant products.

REFERENCED POLICIES

REFERENCED FORMS

HX-4-1 GLOSSARY OF SAFETY TERMS

HX-4-2 REPORTABLE DISEASES

HX-4-3 STAFF EXPOSURE RISK EVALUATION

HX-4-4 HEP B VACCINE CONSENT - DECLINE AND VACCINATION RECORD

HX-4-5 SUBCUTANEOUS INJECTION TRAINING AND RETURN DEMONSTRATION

HX-4-6 ACCIDENT INCIDENT FORM

HX-4-7 SHARPS - EXPOSURE INJURY LOG

HX-4-8 POST EXPOSURE MEDICAL EVALUATION

HX-4-9 BLOOD - BODY FLUID INFORMATION FOR SOURCE PERSON

HX-4-10 BLOOD - BODY FLUID COUNSELING AND CONSENT FORM

HX-4-11 QUALITY CONTROL COMPLIANCE REPORT