POLICY AND PROCEDURE ON UNIVERSAL PRECAUTIONS AND SANITARY PRACTICES

I. 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.

II. Policy:
It is the policy of the organization to minimize the transmission of illness and communicable diseases 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.

III. Procedure:

Care and sanitation of the general program site

A. The Program Coordinator/Program Manager/Program Director will ensure that the program site including the interior and exterior of buildings, structures, or enclosures, walls, floors, ceilings, registers, fixtures, equipment, and furnishings are maintained in good repair and in sanitary and safe condition. Furnishings (such as furniture and carpet), particularly upholstery, will be routinely inspected and cleaned as necessary. The program site will be kept clean and free from accumulations of dirt, grease, garbage, peeling paint, mold, vermin, and insects.

B. Any building and equipment deterioration, safety hazards, and unsanitary conditions will be corrected. The Program Coordinator/Program Manager/Program Director will be the primary individual(s) responsible for this coordination. Cleaning and disinfecting schedules will be developed by the Program Coordinator/Program Manager/Program Director and implemented by staff.

C. Food will be obtained, handled, and properly stored to prevent contamination, spoilage, or a threat to persons served. Food and drink will not be stored in areas where bodily fluids, hazardous materials, and harmful substances may be present (i.e., bathrooms).

D. Chemicals, detergents, cleaning supplies, and other hazardous or toxic substances will not be stored with food or drink products or in any way that poses a hazard to persons served.

E. Each person served will have the following personal care items for their own use, if needed and/or desired. These items will be stored in a safe and sanitary manner to prevent contamination:
1. Hair comb/brush and hair accessories.
2. Toothbrush, toothpaste, and floss.
3. Cosmetics.
4. Deodorants.
5. Razors/shavers.
6. Bath soap/body wash.
7. Shampoo/conditioner.

Definitions: Communicable Disease Transmission

- Contact transmission: Occurs directly through person to person contact or indirectly by a person coming in contact with a contaminated surface or object. This is the most common means of disease transmission.

- Airborne transmission occurs by "droplet infections" via breathing, talking, coughing or through contaminated dust. These can be the most difficult to control.
- Blood-borne transmission: Occurs through contact with blood, semen, vaginal secretions or body fluids visibly contaminated with blood. (These substances are also known as infectious materials.) Generally, these diseases are transmitted through skin, eyes, damaged skin, or mucous membranes (mouth, vaginal or rectal tissue). This mode of transmission includes but is not limited to Hepatitis B virus (HBV) and Human Immune Deficiency virus (HIV).

A. Blood-Borne Pathogens Exposure Plan
   1. An exposure incident is defined as a specific eye, mouth, other mucous membrane, non-intact skin, or skin piercing contact with blood or other potentially infectious material that results from the performance of an employee's duties.
   2. Employee Responsibilities if exposure with a blood-borne pathogen occurs:
      a. Immediately wash hands and contact area with soap and water for 3-5 minutes. If mucous membranes or eyes are the contact area, flush with water for 3-5 minutes.
      b. Immediately notify your immediate supervisor, OMI on-call or the Human Resource personnel.
      c. During the post exposure period (testing and follow-up) you should:
         i. Abstain from sexual intercourse, use measure to prevent transmission to partner
         ii. Refrain from breast feeding infants
         iii. Refrain from donating blood, semen or organs
   3. Complete a First Report of Injury by calling the Nurse Advantage line (844) 891-6022.
   4. Read, fill out and sign Consent for Treatment form following possible exposure to HIV / HBV.
   5. Indicate the appropriate request(s) for treatment with yes or no. Take with to your medical appointment.
   6. Fill in your name, date of the exposure, route & circumstances, what personal protective equipment was used and if not why on the Physician's written evaluation of exposure incident form and bring with to medical appointment.
   7. Fill out your name and phone number on the Provider Notification Form and bring with to medical appointment.
   8. The supervisor may request that the source person be tested. If the legal representative gives consent for testing, the results may be made available to the staff.
   9. Exposed staff may be offered testing again within 6 weeks, 12 weeks or 6 months if the source person is known to be HIV positive or refuses testing.
   10. Information and counseling can be obtained by calling your primary physician, Midwest occupational medicine (251-9675), St. Cloud Express Care (202-8949), urgent care, or the emergency room at the local hospital or clinic.

B. Direct Supervisor Responsibilities:
   1. Upon notification from the employee that exposure has occurred, the direct supervisor, OMI on-call or Human Resource personnel may recommend to the employee to have a pre-screen draw (HEP-B panel) at Midwest Occupational Medicine (320-251-9675) or St. Cloud Express Care (320-202-8949) within 24 hours of exposure.
   2. The direct supervisor will set up an appointment with the employee to meet within 72 hours of exposure to complete an Exposure Incident Form and a First Report of Injury by calling the Nurse Advantage line. (844) 891-6022.
   3. The supervisor may request that the source person be tested. The supervisor will send "Consent for testing of Persons Served in the event of exposure to staff member" form to the person's legal representative within 24 hours of the request. If consent is given, results of the testing will be made available to the staff.
   4. The Exposure Incident Form will be turned into Human Resource personnel within 3 business days.

C. Other Responsibilities:
   1. The HR personnel keep a copy of all reports in a permanent file.
   2. The HR personnel must first determine if the injury is First Aid only or if it is a reportable Worker's compensation claim. The HR personnel will need to refer to the "U.S. Bureau of Labor Record Keeping, Reporting and Posting Requirements Handbook" for the definition and as a guideline to determine a First Aid only injury. It defines what a recordable First Aid injury is. If the injury is not a recordable injury, then it is an incident only. If the injury is more than a recordable injury, then it is a reportable Workers Compensation Claim.
      a. Incidents: Are the written reports employees must make about anything and everything concerning persons served and staff. Bodily Injury is the main injury that the insurance is interested in. (Not recordable on the OSHA log).
      b. First Aid: First Aid is the one-time treatment (and no subsequent observation of minor physical injuries) and does not result in incapacity for a longer period than the day of injury. See US Bureau of Labor Info. (Not recordable on the OSHA log).
      c. Worker's Compensation Injury: An occupational injury such as a cut, fracture, sprain, strain, head injury, back injury, neck injury, knee injury or more serious injury which results from exposure in the work environment and results in an incapacity for a longer period of time than the day of injury. You must check with your State's worker compensation laws (Definitely reportable on the OSHA log)
   3. If it is determined to be a First Aid injury now but turns into something more serious in the future, HR personnel will need to take the Exposure Incident Form, transfer the information onto a Worker's Compensation Injury Report, using the current date as the date of this report.
   4.

D. Source Person
   1. HBV and HIV blood testing of the source person
      a. The source person will be identified, documented on the exposure Incident Form (by number).
      b. The source person's blood shall be tested as soon as feasible and when consent is obtained. Site supervisor will obtain consent from the legal representative.
      c. The legal representative of the source person must sign consent for HIV and HBV blood testing form.
      d. If the state is the legal representative, the County Social Service Agency must give consent for HIV testing. For consent to be approved the following criteria must be met: The person must be considered at high risk by meeting one of the following criteria:
         i. History IV drug use
         ii. Hemophilia
         iii. Male to male sexual contact
         iv. Multiple sexual contacts with people in the high-risk category
         v. Sexual contact with infected individuals or their partners
         vi. Received blood before April 1985
         vii. Victim of sexual abuse with high-risk activity
         viii. The person's physician must submit a written request to test the person based on medical symptoms or high-risk behavior.
         ix. The blood testing procedure must be explained to the person if the person is capable of understanding.
         x. The county will then consent or deny HIV testing.
      e. If the source person is already known to have AIDs or Hepatitis B, blood testing for AIDs or Hepatitis B will not be required.
      f. Results of the source person's testing shall be made available to the exposed employee. The employee shall be informed of all applicable laws concerning disclosure of the identity and infectious status of the source individual.
      g. Results of the source person's blood testing for HIV and HBV will be made available to the employee's physician.

h. If a person served is diagnosed with a blood-borne communicable disease, the legal representative and day placement/work/school will be notified. If the diseases listed under reportable diseases form are reported or observed in persons served, volunteers or staff members:
   i. A report to the local health authority must be made within 24 hours.
   ii. Since all the diseases listed under the reportable diseases require medical examination and/or laboratory testing, they must be diagnosed and treated by a physician. Therefore, the delegated report is the person's physician diagnosing the disease.

i. The OMI nurse will be responsible for reporting any unusual case incidence of reportable diseases to the local or state health department. The nurse may contact the health department to determine if unusual case incidence has occurred. Diseases Reportable to the Minnesota Department of Health is located in the procedure book, under infection control.

j. If a person served is diagnosed with a communicable disease when they are already receiving services from Opportunity Matters, staff will follow all physician's orders and precautions needed to prevent transmission of the disease to others.

IV. Prevention of Infection

A. Employees who have an infection, fever, vomiting, diarrhea or any communicable disease that could be transmitted to a person should check with their supervisor before reporting to work. (See Personnel policy 205, work absentee policy).
B. All Employees should practice good hand washing.
C. Employees will wear gloves whenever occupational exposure may occur.
D. Employees with any break in the skin of their hands will either wear gloves when performing hands on tasks with the person served or maintain appropriate bandage coverage to the open wound. Employees with breaks in the skin, lesions, or open wounds should contact their supervisor for further direction before working with the persons and their equipment. Appropriate steps will be taken to prevent infection exposure. (See Personnel policy 205)
E. Employees will change gloves after each contact with a person served.
F. If possible, employees should change their clothes immediately if they become soiled with body substances from persons served.
G. Employees will wear a face mask and eye protection if splashing or other contact in that area is possible.
H. Report any infection or on the job accident immediately to your direct supervisor or OMI on-call to receive further instructions on what is required to be completed.

V. Training Procedures:

A. All new employees of Opportunity Matters Inc. will receive training on infection control/sanitary practices and blood-borne pathogens by appropriate personnel before providing direct support to the persons served. All staff persons who may encounter infectious body fluids or air-borne infectious particles as part of their job will be trained in infection control procedures. Policies and procedures for hand washing, glove use, cleaning, etc, will be part of new orientation.
B. Employees will receive training two times a year by appropriate personnel on infection control/sanitary practices and blood-borne pathogens.
C. A policy book will be located on the computer using the Netgain server with specific procedures for hand washing, glove use, cleaning, etc. for staff to use a reference.
D. Training will include but is not limited to:
   1. The OSHA standards for Blood Borne Pathogens
   2. Modes of transmission of blood-borne pathogens
   3. The Blood borne Exposure Plan (i.e., points of the plan, lines of responsibilities, how the plan will be implemented, post exposure evaluation and follow-up, etc.)
   4. Procedures which might cause exposure to blood or other potentially infectious materials at the homes.
   5. Control methods that will be used at the homes to control exposure to blood or potentially infectious materials.

VI. Universal Precautions:

A. Hand Washing Procedure: Hand washing is the single most important practice for preventing the spread of disease and infection. Proper hand washing will be completed as a part of regular work practice and routine, regardless of the presence or absence of any recognized disease and infection. Staff are also expected to assist persons served to ensure regular hand washing.
   1. Employees will wash hands thoroughly (20 to 30 seconds) before and after working with persons. Wearing gloves does not eliminate the need for thorough washing before and after using gloves.
   2. If wearing jewelry, be sure to soap vigorously under and around the rings etc (if possible, remove jewelry).
   3. Do not lean against the sink but stand away.
   4. Wet hands and wrists, keeping hands lower than elbows.
   5. Apply soap and lather all surfaces well. Be sure to scrub all areas of your hands, wrists and fingernails thoroughly, for at least 20 to 30 seconds. Be sure to clean under your fingernails by rubbing fingernails against palms of opposite hand.
   6. After lathering for at least 20 to 30 seconds, rinse all surfaces of hands wrists and fingers keeping hands lower than the elbows and the fingertips down. Rinse thoroughly, allowing the water to drip off your fingertips.
   7. Dry all surfaces of hands, writs and fingernails thoroughly with a clean, dry paper towel and discard the towel.
   8. Use a clean, dry paper towel to turn off the faucets and discard the towel.

B. Staff will ensure that their coughs and sneezes are appropriately covered. Appropriately covered means coughing or sneezing into a tissue or paper towel. When these items are not available, staff will cough or sneeze into their elbows. Staff are also expected to assist persons served to understand and use appropriate means to cover their coughs and sneezes.

C. Glove Use: Gloves will be used as a barrier between hands and any potential source of infection.
   1. Gloves must be worn when contact with high-risk bodily fluids can be reasonably anticipated. This includes but is not limited to the following situations:
      a. Administering first aid treatment to a cut or wound
      b. Removing and disposing of wound dressings.
      c. Brushing or flossing a person's teeth
      d. Handling contaminated laundry
      e. Administering vaginal or rectal medications
      f. Assisting with menstrual hygiene
      g. Completing physical inspections of the genital area
      h. Completing medical procedures in which there may be contact with blood or body fluids
   2. While universal precautions do not require gloves to be used when in contact with vomit, feces, nasal secretions, and urine unless visibly contaminated with blood, it is recommended that gloves be worn when:
      a. Cleaning up vomit, feces or urine
      b. Changing a person's incontinence pad
      c. Cleaning equipment used for treatment of any body area
      d. Disposing of tissues contaminated with thick mucus or pus draining from the eye or nose
   3. Procedure for glove use:
      a. Wash your hands for 20 to 30 seconds.
      b. Gather together any materials that are needed prior to putting on gloves
      c. Take a clean glove, pull it onto your hand, easing into the fingers and leaving the cuff of the glove at the wrist area.
      d. Remove gloves prior to leaving the work area and/or if task is interrupted.

e. To remove the gloves, with one gloved hand, grasp the other glove at the palm, pull glove off. Slip fingers from the ungloved hand underneath cuff of remaining glove at wrist, and remove glove turning it inside out as it is removed. Place them into an appropriate garbage container.
f. Fresh gloves must be used for each person involved and for each procedure
g. If gloves become torn, punctured, cracked or peeling, remove and discard them immediately
h. Wash hands, wrists and fingernails thoroughly for 20 to 30 seconds after gloves are removed.

D. Cleaning Procedures:
1. Objects or surfaces in the environment may be a source of disease transmission. All employees shall ensure that the site environment is maintained in a clean and sanitary manner. Standard housekeeping practices are adequate for routine cleaning. Contamination with blood or body fluids (including vomit, feces, semen, vaginal secretions and urine) must be cleaned immediately with special cleaning and decontamination procedures.
2. Hard Surface and Food Contact Surface Area Cleaning:
   a. Utility gloves are recommended for use in cleaning procedures. Clean the gloves after each use. Place gloves on both hands.
   b. Remove excess fluids with paper towels or rags, place used rags in plastic bag, tie and throw away.
   c. Clean area with detergent and warm water.
   d. Wash down or spray area with a freshly prepared solution of 10 parts water to 1 part bleach.
   e. Do not rinse
   f. Allow to air dry for 30 minutes
3. Fabric or carpeted surfaces contaminated with blood or body fluids should be laundered or dry-cleaned whenever possible. If this is not possible, the following procedure should be used.
   a. Utility gloves are recommended for use in cleaning procedures. Clean the gloves after each use. Place gloves on both hands.
   b. Remove excess fluid with paper towels or rags, place used rags in a plastic bag, tie and throw away.
      i. Clean area with soap and cold water
      ii. A fabric or carpet-cleaning solution may be used
      iii. Spray with Lysol following cleaning.
      iv. In the event that there is a large amount of blood in the home, staff will call supervisor or on call and they will make appropriate plans for clean-up.
4. Wastebasket Procedures:
   a. All wastebaskets shall be lined with plastic bags
   b. All wastebaskets should be emptied regularly and not allowed to overflow
   c. Infectious material such as paper toweling used for clean-ups, dressings, gloves, soiled incontinence products or like products, and menstrual supplies shall be placed in a plastic bag, tied securely and then placed in a plastic lined wastebasket.
   d. All contaminated garbage must be inaccessible to persons served.
5. Contaminated Laundry Procedures: Laundry is contaminated when soiled with blood or body fluids, semen or vaginal secretions.
   a. Staff should wear gloves when handling contaminated laundry. Laundry should be handled as little as possible and with minimum agitation to prevent exposure to the person handling the laundry.
      i. Wash contaminated laundry separately from other laundry.
      ii. Pre-soak in cold water if needed for stain removal (blood).
      iii. Use cold water cycle for at least 10 minutes with detergent.
   b. ½ cup of bleach may be added per load of laundry if allowable according to clothing manufacturer's instructions.
   c. Laundry will be dried in a clothes dryer whenever clothing manufacturer's recommendation permits
   d. Sanitize the laundry basket with bleach by spraying it; allow it to soak for 5 minutes and rinse. Allow to air dry.

   e. Staff should place contaminated bag inside of another plastic bag, tie it, and throw it away.
6. Person Served Personal Property and Living Area Procedure:
   a. Each person is to have his or her own individual toothbrush and comb and/or hairbrush
   b. Disposable cups or individual cups are to be provided in each bathroom for person's use.
   c. Persons served will take showers or baths on a daily basis, unless indicated otherwise.
   d. Bathtubs and showers will be cleaned and disinfected daily or after each use. A disinfectant cleaner will be applied, allowed to soak for 5 minutes and rinsed.
   e. The common living areas will be cleaned regularly or as needed by the employees.
   f. Wheelchairs and walkers will be wiped down weekly.

VII. Administration of the Mantoux:

A. Within 30 days prior or 3 days after admission a person will receive a TB screening by their primary physician if deemed necessary
B. The physician and the support team will determine whether the person would require a mantoux. This decision would be made based on the health history of the person.
C. If a person served has a positive TB test result, a chest x-ray will be required to be completed to determine active TB.
D. OMI will not admit a person with active Tuberculosis.