

POLICY	
Infection Control	
Procedure Included: Isolation Precautions and PPE	
Applies to: Direct Care Personnel (DSP, Aides, Therapy, LVN/LPN, RN, etc)	Approved By: Policy Review Committee
	Revision dates:
	Orig: 02/2019 Rev: 02/2020 Rev 08/2020

POLICY:

When clients, residents, or patients have a known infection, direct care personnel must follow precautions to reduce the risk of cross contamination to other clients.

Direct care personnel known to have currently contagious conditions that pose a risk to others will be remain at home and not come to work.

Team members exposed or possibly exposed to infectious materials or a communicable disease will immediately report the occurrence to his/her supervisor.

Direct care staff who have draining wounds, lesions or weeping dermatitis should refrain from all direct patient/client care and from handling adaptive equipment until the condition resolves.

The office will comply with state laws regarding reporting communicable diseases.

Standard precautions:

All personnel providing direct care and supports performing their job-related duties will observe Standard Precautions, which includes the use of appropriate personal protective equipment to prevent exposure to blood and other body fluids. Standard precautions will be followed in all direct care settings, when in close contact, and will include the use of Personal Protective Equipment (PPE).

Equipment:

- Gloves
- Gowns
- Masks
- Eyewear

1. Hand hygiene: Handwashing is required of all personnel:

- Before and after direct contact between clients/patients; whether or not gloves are worn
- Before donning and immediately after removing gloves
- Before and after handling any invasive device
- After touching blood, body fluids, secretions, excretions, non-intact skin, and contaminated items, even when wearing gloves
- During client/patient care, before moving from a contaminated to a clean body site
- After contact with objects in the immediate vicinity of the individual served

2. Hand Hygiene Procedure:

- Hand washing (20 seconds): Wet hands and apply soap (preferably liquid soap); rub all surfaces; rinse hands and dry thoroughly with a single-use towel; use towel to turn off faucet.
- Hand sanitizer (20–30 seconds): For use when handwashing facilities are not available. Apply hand sanitizer (at least 60% alcohol) to cover all areas of the hands; rub hands until dry.

Personal Protective Equipment (PPE):

All direct care personnel will use appropriate barrier precautions to prevent exposure to respiratory secretions, blood and other body fluids.

1. Glove Use:

Gloves will be worn when it can be reasonably anticipated that contact with blood, body fluids, mucous membranes and non-intact skin is likely, when performing vascular access procedures, and when handling/touching contaminated items or surfaces

- Wash hands prior to and after glove use.
- Change gloves between tasks and procedures on the same individual and after contact with potentially infectious material, and immediately if torn or punctured.
- Remove gloves after use, before touching non-contaminated items and surfaces, and before caring for another individual.
- Perform hand hygiene immediately after removing gloves.

2. Mask Use

- A surgical mask, or procedure mask is to be used when caring for or in close contact with clients/patients with respiratory droplet or bloodborne illnesses (see below for more information) and where splashes or sprays are likely.
- Note: a cloth mask is not considered PPE and should not be used in caring for infectious or potentially infectious clients/patients.
- A face shield is worn when there is a likelihood of droplets, sprays or splashes of blood, body fluids, secretions and excretions.
- Masks should be used once and discarded. (Refer to [PPE conservation](#) guidelines when supplies of masks are limited or non-existent, for re-use of typically single-use PPE.)
- N95 masks (or other, equivalent FDA approved masks, like KN95) are reserved for direct care providers providing care for, or in close contact with patients/clients with airborne illnesses and when performing aerosol-generating procedures like deep suctioning, tracheostomy care, or aerosolized medication administration, particularly when in short supply (such as in a pandemic situation) and are not needed outside of healthcare settings.
 - Direct care workers who use the N95 (or equivalent) mask must be fit tested and receive training on whether and how to use them.
 - If fit-testing materials are unavailable due to nationwide shortages – such as during a pandemic – all users will conduct a seal check upon donning the mask.
 - Upon hire, clinicians likely to be performing procedures/interventions requiring the n95 mask will be trained regarding the use, handling and maintenance of the mask.
 - All staff will conduct a seal-check each time the mask is used.
 - See also [PPE conservation guidelines](#) in the event of supply-chain disruptions.

2. Eye Protection:

- Eye protection (safety glasses, visors or goggles) are worn to protect the eyes when there is a likelihood of sprays or splashes of blood, body fluids, secretions and excretions.
- Refer to [PPE conservation guidelines](#) when supplies are limited or non-existent, for re-use of single-use PPE.

3. Gowns:

- Gowns or aprons will be worn during procedures that are likely to generate splashes of infectious fluids, blood, or other body fluids.
- Gowns are worn to protect the skin and prevent soiling of clothing during activities that are likely to generate splashes or sprays of blood, or other body fluids.
- Perform hand hygiene before and after gown use.

- Remove a soiled gown as soon as possible and between clients/patients to avoid cross contamination.
- Refer to [PPE conservation guidelines](#) when supplies of gowns are limited or non-existent.

Work Practice Controls:

Direct care personnel will adhere to work practice controls to minimize occupational exposure.

- Care will be used when handling and disposing of needles and other sharp instruments or devices, and cleaning used supplies.
- Safety needles and needleless systems (e.g., needless I.V. connectors) are to be used.
- Needles and other sharps will not be bent, broken, reinserted into a sheath or unnecessarily handled. If needles or other sharps must be recapped, this will be accomplished by using an approved mechanical device or the one-handed method.
- Used needles, syringes, lancets, and other sharp items must be disposed of immediately after use in a puncture-resistant, leak proof container labeled with the biohazard sign. These containers should be located as close as practical to the area of use.
- Food and drink will not be kept in areas where contamination, leakage/spilling of specimen containers, by contact with contaminated items or by performance of activities that could generate splashes, sprays or droplets of blood or other potentially infectious materials.
- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of exposure.
- All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets.
- If specimens are collected for laboratory tests:
 - They will be collected in laboratory containers.
 - Each specimen collected in the home will be segregated from other specimens and supplies by placing it into a closed, impervious, puncture-resistant and leak-proof container for transport to the lab.
 - Containers will be labeled with the biohazard label or the container itself will be red.
 - Spill kits will be used, and gloves worn in the event of a biohazardous spill, or where blood or other body fluids are spilled.

Respiratory Hygiene and Cough Etiquette:

Persons with respiratory symptoms should be encouraged to cover their nose and mouth with a tissue when coughing/sneezing. Used tissues will be disposed of immediately. Perform hand hygiene after contact with respiratory secretions.

For Residential/Group Homes and ICFs:

- Clients who are acutely febrile or have symptoms of respiratory illness should remain at least 6 feet from other persons and avoid common areas in the home.
- Post visual alerts instructing persons to practice respiratory hygiene/cough etiquette.
- Make hand hygiene resources, tissues, and masks available.

Environmental Cleaning:

- Provide routine cleaning and disinfection of environmental and other frequently touched surfaces.
- Follow company [cleaning and disinfection guidelines](#).

Linens:

- Handle, transport, and process used linen in a manner which:
 - Prevents skin and mucous membrane exposure and contamination of clothing.

- Avoids transfer of pathogens to other residents/patients, staff, or the environment.

Waste Disposal:

- Ensure waste handling and disposal occurs in a manner that protects staff and clients/patients from exposure to pathogens. Appropriate PPE will be used.
- Hazardous waste will be properly disposed of at an approved disposal facility.
- Hazardous waste will be labeled immediately after packaging, if the package is to be transported away from the client/patient areas to a disposal site, the label should be securely attached or permanently printed on the outer layer of packaging in indelible ink, clearly legible and easily readable
- Sharps (e.g., needles, lancets) will be placed in a puncture-resistant sharps container for disposal.
- Used dressings should be placed in a double plastic bag before placing in the trash unless state regulation requires otherwise.
- Bulk blood, suctioned fluids, and other bodily fluids may be carefully poured down a drain/toilet connected to a sanitary sewer. The toilet is to be cleaned after disposal.
- Contaminated disposable items will be double bagged using plastic bags and placed in the regular home trash for pick-up.
- Drug disposal:
 - In our residential homes, unused or expired medications are counted and transported to the core office for disposal
 - Appropriate personnel in the core office will count the medications upon receipt, and note any discrepancies. Destruction of the medication will be conducted per local requirements and be completed by two people.
 - In home care or intermittent care settings, drugs remain the property of the patient/client. Permission from the client/patient is required in order to destroy medications. This will be documented in the record.

Equipment and Assistive Devices:

- Equipment that is soiled with blood, or other bodily fluids are handled in a manner that prevents skin and mucous membrane exposure, contamination of clothing, and transfer of pathogens to others or the environment. Appropriate PPE will be used.
- [Clean and disinfect](#) reusable equipment before use by another individual.

Isolation Precautions:

The following section describes that varying types of precautions which may be implemented should a client or patient be suspected of or diagnosed with a communicable disease.

Airborne Precautions

Implemented for clients/patients known or suspected to be infected with pathogens transmitted by the airborne route (e.g., COVID-19, tuberculosis, measles, chickenpox):

- Source control: whenever possible, the client/patient will wear a face mask in the presence of another person.
- In settings where an airborne infection isolation room is not available, the patient/client will wear a mask wherever possible. For residential clients, they should be placed in a room (without a roommate) and the door should be kept closed to reduce the likelihood of airborne transmission until the individual is either transferred or their condition resolves.
- Restrict persons at high risk due to their own immune status from entering the room.
- Use PPE appropriately, which may include an N95 or higher-level mask. In the event that n95 shortages are experienced, refer to [PPE conservation guidelines](#).
- Limit transport and movement of clients/patients outside of the room. If transport or movement is necessary, instruct the client to wear a surgical mask, if possible, and observe respiratory hygiene/cough etiquette. See also [Transportation guidelines](#).

Personnel transporting clients who are on Airborne Precautions are to wear a mask during transport.

Droplet Precautions

Implemented for clients/patients known or suspected to be infected with pathogens transmitted via respiratory droplets (e.g., Diphtheria, rubella Streptococcal pharyngitis, pneumonia, scarlet fever, etc.)

- This will include isolating the client/patient surgical or N95 mask, gown and gloves.
- Source control: put a mask on the patient/client if possible.
- A surgical or n95 mask, gown and gloves will be worn while in contact with the client/patient.

Residential Homes/ICFs:

- Ensure the client is placed in a single room if possible.
- Make decisions regarding client placement on a case-by-case basis considering infection risks to other clients and available alternatives.
- Use PPE appropriately. Apply mask upon entry into the room.
- Limit transport and movement of the client. If transport or movement outside of the room is necessary, instruct the client to wear a mask if possible and follow respiratory hygiene/cough etiquette.

Contact Precautions

- Is implemented for clients/patients known or suspected to be infected with pathogens that are considered multidrug resistant (e.g., VRE, MRSA, Clostridium Difficile (C-Diff), etc.) antibiotic resistant wound infections. Gloves, gown, and eye protection will be worn if splashing is expected.
- Ensure client is placed in isolation.

For clients/patients with suspected Clostridium Difficile (C-Diff):

- Immediate isolation measures are implemented, including use of a bedside commode or toilet only to be used by infected patient/client.
- Once confirmed, maintain contact precautions for at least 48 hours after diarrhea has resolved.
- Restrict any unnecessary personnel from entering the home of clients/patients known or suspected to have C-Diff.
- Use PPE appropriately; wear a gown and gloves for all interactions that may involve contact with the client or their environment.
- Don PPE upon room entry and properly discard before exiting the room to contain pathogens.
- Complete the [Personal Waiver Regarding the use of Chlorine Bleach in a Residential Home](#).
- Carefully and thoroughly clean rooms and equipment used for the client/patients care with a C-Diff sporicidal bleach wipe or spray (EPA List K agent).
- Wash all linens separately in hot water with an additive of bleach (EPA List K agent) to the laundry soap.

Isolation Procedure:

1. Verify physician order for isolation precautions.
 - a. Identify specific precaution required.
2. Post precaution sign on the door.
3. Protective equipment will be outside of client/patient's door.
4. Wash hands before entering room and after leaving room.
5. Gather all equipment needed in client/patient's room, using equipment designated only for the specific client/patient. This equipment is kept inside the room.
6. Inform the client/patient that you are entering their room before applying PPE.
7. Apply gown, being sure to cover all outer garments, tie securely at neck and waist.

8. Apply mask next, if needed, then eyewear, if needed, then clean gloves. Bring glove cuff over edge of gown sleeves, per specific precaution indicated above.
9. If stethoscope is reused, clean earpieces and diaphragm with alcohol swab before entering and after leaving the room.
10. When procedure is completed, dispose of all trash in room.
11. Leave the room and then remove gloves:
 - a. Pinch the outside of the glove about an inch or two down from the top edge inside the wrist.
 - b. Peel downwards, away from the wrist, turning the glove inside out
 - c. Pull the glove away until it's removed from the hand. Hold the inside-outglove in the gloved hand.
 - c. With your gloveless hand, slide your fingers under the wrist of the glove, **do not touch the outside of the glove.**
 - d. Repeat step 3. Peel downwards, away from the wrist, turning the glove inside out.
 - e. Continue pulling the glove down and over the first glove. This ensures that both gloves are inside out, one glove enveloped inside the other, with no contaminants on the bare hands.
 - f. Dispose of the gloves in a trash container.
12. Dispose of all contaminated items.
13. Wash hands.

- Limit transport and movement of clients/patients outside of the room. When transport or movement is necessary, cover or contain the infected areas of the client's/patient's body. Remove and dispose of contaminated PPE and perform hand hygiene prior to transporting the client/patient. Don clean PPE upon arrival at destination
- Use disposable or equipment dedicated only to the client/patient (e.g., blood pressure cuffs). If common use of equipment for multiple clients/patients is unavoidable, clean and disinfect such equipment before use on another individual.
- Prioritize cleaning and disinfection of the rooms of clients/patients on contact precautions ensuring rooms are frequently cleaned and disinfected (e.g., at least daily or prior to use by another individual) focusing on frequently touched surfaces and equipment in the immediate vicinity of the client.

Training:

- All staff will be trained in and familiar with Infection Control & PPE procedures upon orientation and annually.
- When identified for use, staff will be fitted and trained on N95 mask.
- Competency will be documented.