

INFECTION CONTROL POLICY

PURPOSE

While not all infections or illnesses are transmissible, some such as influenza (flu), norovirus, SARS – COVID-19, Clostridium Difficle (C-Diff), scabies, strep-throat, tuberculosis or even a stomach virus or cold (as well as others), have the potential to spread from one person to another. Infection prevention and control is EVERYONE's responsibility and all Associates in our Community play an important role in minimizing the risk of the spread.

The spread of infections can be mitigated by following standard infection control and universal precaution practices. Training for Associates during the orientation process includes infection control, standard universal precautions, the use of personal protective equipment, respiratory hygiene (cough etiquette), work practice controls and Community sanitation procedures. Associates who provide direct resident care should be trained, prior to providing resident care services.

It is important that the Community has an ample supply of Personal Protective Equipment and hand sanitizer, at all times, to assist in the ability to take prompt action should a Trend/Outbreak (see below for definition) occur.

DEFINITIONS

- **Universal Precautions** is an approach to infection control and is used to mitigate the risk of the spread of disease that can be acquired by contact with certain human bodily fluids such as blood, urine, feces, vomit, saliva, respiratory secretions and any other bodily fluid or drainage, non- intact skin rashes and mucous membranes.
- **Infection Control** is a combination of processes and procedures, intended to minimize the risk of the spread of infections.
- **Personal Protective Equipment (PPE)** is defined as gloves, gowns, masks, gowns, eye protection, and face shields.
- **Personal Care Tasks** are tasks performed to assist residents with eating, bathing, toileting, dressing, transferring (moving from one place to another), and personal hygiene of skin, hair, and teeth.
- **Bloodborne Pathogens** are microorganisms such as viruses or bacteria that are carried in blood and can cause disease in people, most notably Hepatitis B (HBV), Hepatitis C (HCV) and the Human Immunodeficiency Virus (HIV).
- **Exposure Incident** is when blood, or other potentially infectious materials, comes into contact with eyes, mouth, or other mucous membranes (non-skin) during the performance of any Associate's duties.
- **Infection Trend (Outbreak)*** refers to a trend and/or cluster of illness with similar symptoms, in excess of normal expectancy, which varies according to the disease-causing agent, and the size and type of previous and existing exposure to the agent. (***Outbreak may be further defined by each state or locality.***)
- **Work Practice Controls** are processes intended to reduce the likelihood of exposure by altering the way a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).
- **A Spill Kit** is a portable kit or other compilation of absorbent materials, cleaners, and/or chemical neutralizers, used to clean, contain, or absorb accidental spills, releases, or discharges of hazardous substances such as bodily fluids.

PROCESSES/PROCEDURES

Best practice processes that minimize the risk of exposure and/or spreading of illnesses or infections comprise a multitude of things, including appropriate hygiene, proper environmental cleaning, encouraging vaccinations against communicable or transmissible diseases or illnesses. All Associates must understand basic infection control practices, regardless of their role within the Community.

Associates must understand that they should not report to work with a potentially contagious illness.

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The below section includes basic infection control protocols. Infection control processes relating to specific tasks and responsibilities are included at the end of this section.

BASIC INFECTION CONTROL PROTOCOLS

The first and most basic principle (step) in infection control in ANY environment, is hand hygiene.

Hand Hygiene

How

- Effective hand washing takes a minimum of 15 seconds (e.g., sing Happy Birthday twice).
- Wash your hands with warm water, rubbing them together vigorously to create friction, which helps to remove germs. A hand sanitizer may be used in place of hand washing if hands are not soiled, however, washing hands with soap and water is preferred.
- Use paper towels to dry your hands, and to turn off faucets and open doors.

When

- Before and after work.
- After using the toilet.
- Before and after, eating, drinking, or smoking.
- After covering your mouth for sneezing or coughing.
- Before and after handling food.
- After wiping down surfaces or completing any other cleaning/housekeeping task.
- After contact with bodily fluids, materials, or potentially contaminated surfaces.
- After removing PPE.
- Before and after assisting with a task that may involve contact with bodily fluids.
- Before and after handling any medications and/or treatments.
- After handling soiled laundry.
- After caring for or handling animals.

The second principle in infection control is standard precautions. The term “standard precautions” refers to compliance with specific OSHA health standards, appropriate use and disposal of PPE, routine environmental cleaning, disinfecting/sanitizing and decontamination, and handling and disposal of waste and sharps.

Standard Precautions

OSHA 29 CFR 1910.130 (Bloodborne Pathogens), OSHA CFR 1910.134 (General Industry) and OSHA 29 CFR 1910.141 (Sanitation)

- The Bloodborne Pathogens standard requires that appropriate precautions include the availability of PPE to protect workers from exposure to infectious diseases.
- The General Industry standard requires that employers establish a program and procedures for the use of respirators (including N-95 and KN-95 masks) to assist in protecting the health of workers when such masks are necessary.
- The Sanitation standard states that workers are not permitted to consume food or beverages, apply cosmetics or handle contact lenses in a work area where there is a potential exposure to bodily fluids or other potentially infectious or toxic substances, or where the potential for contamination of work surfaces exists.

Proper Use and Disposal of PPE

- Use appropriate PPE for the tasks being performed.
- Wear appropriate PPE when aiding with grooming and/or toileting.
- Remove and properly dispose of PPE after providing services to one resident, before providing services to another.
- Dispose of PPE prior to leaving the work area.

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- Minimize splash or spray of potentially infectious materials.
- Do not provide resident care and or handle equipment with open cuts, scrapes, or wounds, unless appropriately covered by PPE.

Routine Environmental Cleaning

- Environmental cleaning is different from general disinfecting, sanitizing or decontamination. Environmental cleaning involves the removal of dirt and foreign materials from objects, surfaces and equipment using water, detergents, soaps, and enzymes, so that the environment is clean.

Disinfecting/Sanitizing and Decontamination of Surfaces and Equipment

- Disinfecting, sanitizing and decontamination cannot be accomplished if routine cleaning is inadequate.
- While routine cleaning in all areas of the Community, assists with mitigating the spread of infectious diseases and illnesses, disinfection is a process that eliminates and/or destroys many or all pathogenic microorganisms and infectious agents (except bacterial spores) on inanimate objects (e.g., surfaces, objects, equipment).

Handling and Disposal of Waste and Sharps

- Infectious waste includes contaminated materials and/or sharps that have been exposed to human bodily fluids or cells, or with biohazardous materials.
- Contaminated waste and sharps must be disposed of properly, as detailed below.

SPECIFIC INFECTION CONTROL PROTOCOLS

This section of the policy is intended to provide details regarding specific best practices for infection control based on tasks and responsibilities. This is not an all-inclusive list but provides guidance for those tasks most frequently performed by staff, which require additional attention relating to infection control.

Performing Routine Personal Care Tasks for Residents

- Associates must wear PPE if soiling or splattering of bodily fluids may occur while performing a task.
- Dispose of supplies used in providing personal care tasks (e.g., gloves, cotton balls, swabs, tissues, colostomy bags, etc.) in an appropriate trash receptacle in resident's apartment.
- Place supplies saturated (i.e., dripping) with blood, urine or other potentially infectious materials in a biohazard bag and dispose of them in a biohazard container.

Assistance with Self-Administration of Medication

- Associates must wash or sanitize their hands before and after aiding with self-administration of medication to each resident.
- If Associate is aiding with eye, ear, or nasal medication, topicals, or patches, Associate must wear gloves.
- Gloves and supplies should be disposed of in an appropriate trash receptacle.
- Supplies and PPE which are saturated (i.e., dripping) with blood or other potentially infectious materials, must be disposed of in a biohazard bag and placed in a biohazard container.
- Sharps and any type of disposable medical device used to puncture skin, should be disposed of in a red sharps container. When the sharps container is 3/4 full, it should be taped over and sealed, and disposed of as biohazardous waste.

Handling Laundry

- Associates should wash their hands, prior to putting on disposable gloves.
- Disposable gloves must be worn when handling laundry.
- When handling soiled laundry (i.e., laundry that is wet with bodily fluids such as urine, feces, emesis, blood, etc.), Associates must also:
 - Wear additional PPE if splattering or soiling is likely.
 - Handle the laundry away from their body.
 - Bag the soiled laundry in the Resident's Apartment before transporting.
 - Soiled linen should be washed separately from other items.

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Performing Housekeeping Functions

- Associates should wash their hands, prior to putting on disposable gloves.
- Disposable gloves should be worn while cleaning.
- All areas that are required to be disinfected, must be thoroughly cleaned before disinfecting them. Non-disposable gloves should be worn while using disinfectants, as disposable gloves cannot withstand the chemicals used in disinfectant products.
- When cleaning areas known to be contaminated with bodily fluids and/or blood, utilize disposable towels or other means of cleaning (e.g., brooms, mops) that will eliminate direct contact between you and the bodily fluids.
- Once the cleanup is finished, all tools and equipment used should be washed and disinfected.
- Throw all soiled disposable cleaning materials in a leak-proof plastic bag and dispose of according to local or public health regulations for your community.

INFECTION TREND (OUTBREAK)

It is the practice of the Community to identify infection trends and/or outbreaks, in order to implement enhanced infection control protocols, with the intent of minimizing the continued spread of a communicable or infectious disease or illness.

Trends or outbreaks are defined differently by type of disease or illness. Additionally, federal, state, and local authorities, may recommend different processes for the handling of such events. Therefore, this policy provides guidance based on CDC recommended best practices, for the general handling of a trend or outbreak event.

Infection control procedures for the prevention and spread of GI, viral and respiratory outbreaks, as well as all transmissible diseases shall be practiced at all times, with additional measures taken during outbreaks.

INFECTION TREND/OUTBREAK PROTOCOLS

1. If a trend and/or cluster of illness with similar symptoms is identified in the Community by any staff member or third-party service provider, the Executive Director must be notified immediately.
2. The Executive Director must notify the Regional Director of Operations to discuss the potential infection trend and confirm next steps regarding current federal, state, or local reporting requirements.
3. All communications with state or local authorities regarding the initial report of the suspected trend/outbreak, as well as all subsequent communications, must be documented in the Community's QA file and saved on Google Drive.
4. Associates must be advised of the event and educated on symptoms of the identified illness so they can be on alert for others who may show similar symptoms, and advise the Executive Director immediately, for appropriate actions to be taken.
5. Ensure the Community has an ample supply of masks, gloves, and hand sanitizer. KN-95 and/or N-95 masks should be available, as may be needed per guidance received by local authorities.
(* Please refer to the Respiratory Protection Program in Policy Tech, for additional details)
6. Ensure that masks and hand sanitizer are available to all visitors and vendors, as well as residents and staff.
7. Visitors should be screened upon arrival at the Community and only permitted to enter/visit if they are not displaying any symptoms of illness.

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Heightened Infection Control

The Community will follow heightened infection control protocols during an identified Trend/Outbreak, as may be defined by State or local authorities. (* *State Reportable Disease Guidelines are attached, which identify - as of the effective date of this policy - illnesses and/or diseases which are reportable in Florida, Georgia, and Louisiana.*)

The following heightened protocols are based on best practice guidance from the Centers for Disease Control (CDC), as of the effective date of this policy, however, all protocols should be confirmed with local and/or state health authorities to remain compliant with current requirements:

1. Communicate the outbreak to all residents, staff, family members, and third parties, and ask for assistance in minimizing visits to the Community, as well as residents leaving the Community.
2. Closely monitor access to the Community, to minimize the risk of spread both inside and outside of the Community.
3. Minimize resident gatherings, outings, and social activities, as appropriate.
4. Serve meals with disposable cutlery and dishes.
5. Follow guidance from state and local authorities regarding quarantine, masks, temperature checks and testing.
6. Staff members who display symptoms similar to those identified in the trend/outbreak, should remain out of the Community until they have been cleared to return.
7. Follow enhanced cleaning, sanitizing and decontamination protocols, as directed.

Considerations should be given, and guidance obtained from local health authorities, regarding the following relating to specific residents who may be contagious:

1. Should the resident be quarantined?
2. Does a sign need to be posted on their door advising all who may enter, to confirm appropriate precautions, before entering the room?
3. Is a droplet precaution sign recommended?
4. What type of PPE is appropriate, considering the type of transmissible disease/illness?
5. Should we set up PPE supply area, with the appropriate PPE (per above) near the resident's room, so that persons who enter, can appropriately don and doff, PPE?
6. Does the resident's room need a laundry hamper and trashcan with red plastic bags as liners, for the proper handling processes for contaminated items?
7. Status of the door to the resident's room – is it required to be kept closed?
8. Should group dining and activities be suspended?
9. Do we need a third-party provider to complete a more thorough decontamination process of the resident's room, or other locations in the Community?
10. Is any notice required to be posted at the entrance to the Community, to advise of the outbreak and protocols in place?

*** This policy is not intended to be all encompassing. The protocols suggested in this document are general in nature and based on CDC best practice recommendations, as of the effective date of this policy. Therefore, each Community must ensure to confirm current requirements for Infection Control, as well as Trend or Outbreak events, based on their state and locality (county, parish, etc.) requirements, which may be in addition to, or in lieu of, the protocols identified in this policy.*