

**Shepherds Recovery Counseling Services Inc.**

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**Employee Hand Out**

Effective:-08/20/2019

Revised:-07/12/2020

Approved By: - **Executive Director**

Section:- (1.H.5 (c) (6)

**149.01: Scope:-** This policy applies to all **SRCS** Staff/Clients. To provide knowledge to employees/clients/families/other individuals on infectious/communicable diseases that may arise in the work place/Direct Care environment/or community, which could potentially threaten their health and safety, and to give direction on how to effectively and efficiently control them.

**149.02: Goal: -** The goal of this policy is to provide a safe, accessible, effective and efficient environment for members, staff and others in the care and service settings. The goal of infection control is to promote health and the prevention and spread of diseases. There must be a systematic method of collecting, consolidating and analyzing data concerning the distribution and dissemination of a given disease or event followed by dissemination of the information to those who can improve the outcomes.

This policy is written to diminish the risks of infections in individuals served, behavior health care providers, and employees through prevention, control, identification, and observation/surveillance. Implementation of infection control practices, including provision of a sanitary environment and an active program for the prevention, investigation, management, and control of infections and communicable diseases in client's residence.

This policy is also written to establish/designate roles and responsibilities of **Infection Control Officer (ICO), Clinical Director, Executive Director**, staff responsibilities, and roles defined through mental health occupational accountabilities.

**149.03: Policy: -** The “**Direct Care**” outpatient behavior/mental health care setting have unique circumstances and population risks to consider when designing and implementing an infection control program. Psychosocial needs are recommended to be balanced with infection control needs in the mental health care setting.

**SRCS** is committed to ensuring the safety of its employees/clients/families/other individuals, by establishing procedures for responding to infectious/communicable diseases and for protecting the privacy of infected persons, in accordance with federal/state and local laws associated with **Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030** also recommendations for prevention of HIV Transmission in Health Care Settings, U.S. Department of Health and Human Services, Public Health Services, Centers for Disease Control; Oklahoma City, Oklahoma.

**SRCS** shall design, implement, and document educational programs to orient new employees and develop and improve employees' skills to carry out their job responsibilities. **SRCS** is also required to educate staff (verbal and written) regarding specific tasks being delegated to them.

A staff orientation program is mandatory. Each staff should/must have an orientation program for job responsibilities in the agency. The agency is responsible to maintain a record of staff orientation. If the agency provides special care services then staff needs to be trained to meet client's requirements.

On annual basis, all employees shall receive in-service training in at least the

Following:

- a.) Fire and accident prevention and safety.
- b.) Mental and physical health needs of the residents, including behavior problems.
- c.) Prevention and control of infections, including universal precautions.
- d.) Clients Rights.

#### Interpretive Guidelines

- Annual is defined as 12 months from the previous in-service of the same topic.
- Records of training should be kept for all staff members.
- The record should include: a.) date of training b.) agenda or synopsis of training and name of the presenter

#### **149.04: Definitions**

**149.04.01:-Infectious Diseases:-**An infectious disease is an illness caused by a specific infectious agent or its toxic produces, which can be passed on from one individual to another. It may be transmitted directly from one body to another, without the help of other objects such kissing, sexual contact, droplet spray from sneezing, coughing, spitting, singing or talking. It may be passed indirectly when an object transmits the organism.

Objects of transmission could be utensils, food, water, milk, clothing, linens, air, soil or insects. They include, but are not limited to: malaria, strep throat, influenza, common cold, HIV/AIDS, measles, mumps, rubella, SARS, Tuberculosis, chicken pox, conjunctivitis, hepatitis (A, B, C), lice, ringworm, scabies, scarlet fever, yeast infections, sexually transmitted diseases, and corona virus 19.

#### **TABLE OF DEFINITIONS**

<b>Airborne Pathogens</b>	Microorganisms capable of causing diseases that may be transmitted through excretions or secretions from the upper or lower respiratory system.
<b>Blood</b>	Human blood, human blood components and products made from human blood.
<b>Blood Borne Pathogens</b>	Microorganisms present in blood and body fluids that are capable of causing disease. These pathogens include but are not limited to HBV, HCV and HIV.

<b>Body fluids</b>	Applies to all body fluids, secretions and excretions except sweat and tears regardless of whether or not they contain visible blood.
<b>Contaminated</b>	The known or suspected presence of blood or other potentially infectious materials on an item or surface.
<b>Decontamination</b>	The use of physical or chemical means to remove, inactivate or destroy blood borne pathogens on a surface or item.
<b>Exposure</b>	Percutaneous (needle stick, human bite, or cut) or mucous membrane (splash to eyes, nose or mouth) exposure to blood and other potentially infectious material, or accutaneous (above the skin) when the employee's skin is chapped, abraded or otherwise non-intact.
<b>Exposure Control Plan</b>	Spells out how each Board location will address requirements of the blood borne pathogen standard. Includes determining employee's potential exposure, standard precautions, engineering controls, work practices, personal protective equipment and housekeeping practices, Hepatitis B vaccination program, post-exposure procedures, warning labels and signs, employee training and record keeping. It shall be reviewed and updated annually or whenever it is necessary to reflect new or revised employee job positions or job tasks and procedures or other laws.
<b>HBV</b>	Hepatitis B Virus
<b>HCV</b>	Hepatitis C Virus
<b>HIV</b>	Human Immunodeficiency Virus (AIDS)
<b>ICO</b>	Infection Control Officer
<b>TB</b>	Tuberculosis
<b>Occupational Exposure</b>	Skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
<b>Other Potentially Infectious Materials</b>	The following human body fluids: semen, synovial fluids, vaginal secretions, pleural

	fluids, amniotic fluid, cerebrospinal fluid or where it is difficult or impossible to differentiate between body fluids. Also includes unfixed human tissues or organs.
<b>Personal Protective Equipment</b>	Specialized clothing or equipment worn by an employee for protection against a hazard.
<b>Regulated Waste</b>	Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological waste containing blood or other potentially infectious materials.
<b>Sharps</b>	Refers to intact or broken objects capable of puncturing, lacerating or otherwise penetrating skin or mucous membranes.
<b>Source Individual</b>	An individual, living or dead, whose blood or other potentially infectious body fluids may be a source of occupational exposure.
<b>Standard Precautions</b>	An approach to infection control to treat all human blood and other body fluids as if they contained blood borne pathogens.
<b>Sterilize</b>	The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
<b>Transmission Based Precautions</b>	Precautions designed for persons documented or suspected to be infected with highly transmissible or epidemiologically important pathogens for which additional precautions beyond Standard Precautions are needed to interrupt transmission of the disease.
<b>Work Practice Controls</b>	Risk reduction through altering the manner in which a task is performed.

### **Hepatitis B Virus (HBV)**

**HBV** is a potentially life threatening blood borne pathogen. Centers for Disease Control estimates there are approximately **280,000 HBV** infections each year in the United States.

Approximately **8,700** health care workers each year contract Hepatitis B, and about 200 will die as a result. In addition, some who contract HBV will become carriers, passing the disease on to others. Carriers also face a significantly higher risk for other liver ailments, which can be fatal, including cirrhosis of the liver and primary liver cancer.

HBV infection is transmitted through exposure to blood and other infectious body fluids and tissues. Anyone with occupational exposure to blood is at risk of contracting the infection. The incubation period of Hepatitis B ranges from **45 to 180 days**. The onset of the acute illness occurs gradually and is discovered in the patient only after the illness has become fully involved at which time symptoms of anorexia, malaise, nausea, vomiting, abdominal pain, jaundice, skin rashes and arthritis appear. Hepatitis B may be clearly asymptomatic or as mild as “flu” symptoms.

Employees must use standard precautions and protective clothing and equipment to prevent exposure to potentially infectious materials. The best defense against Hepatitis B is vaccination.

### **Hepatitis C Virus (HCV)**

**HCV** is a blood borne pathogen that can lead to severe illness, life-long disease, and cirrhosis of the liver, liver failure, liver cancer or even death. Almost 4 million people in the **US** have **HCV** and don't even know it. Almost **75,000** people get **HCV** each year. Signs of the disease may show up quickly or it may take **10-40** years before there are any signs of liver problems. The majority of those infected with **HCV** become chronic carriers of the virus. There is no vaccine to protect against an **HCV** infection and there is no treatment that results in a cure once the person becomes infected. Because **HCV** is more prevalent in the general population than HIV, it is logical that it is a greater threat to healthcare workers who experience needle sticks. Patients with Hepatitis C infection are now the largest fraction of patients undergoing liver transplantation in the United States.

### **Human Immunodeficiency Virus (HIV)**

The Human Immunodeficiency Virus (HIV) attacks the body's immune system increasing risk to disease and eventually causing the disease known as AIDS or Acquired Immune Deficiency Syndrome. Currently there is no vaccine to prevent infection. Persons infected with HIV may carry the virus without developing symptoms for a number of years. They may also eventually develop AIDS. They may suffer from flu-like symptoms, fever, diarrhea and fatigue a few weeks after exposure. HIV is transmitted primarily through sexual contact and intravenous drug use, but also may be transmitted through exposure to blood and body fluids. Touching, feeding, or working around other persons who carry the virus does not transmit HIV. There are no known cases of HIV transmission by insects such as mosquitoes. Dogs, cats and domestic animals are not a source of infection from HIV. Persons with the HIV virus may develop AIDS related illnesses including neurological problems (dementia), cancer (Kaposi's Sarcoma) and other opportunistic infections (e.g., Pneumocystis Carini pneumonia, mycobacterium tuberculosis).

### **TUBERCULOSIS (TB)**

**TB** is an airborne disease that can damage a person's lungs or other parts of the body and cause serious illness. In almost all instances, with medication, **TB** can be cured.

**TB** is spread when people who have active **TB** germs in their lungs or throat cough, sneeze, or speak and send their germs into the air. **TB** is usually contracted if there has been very close, day-to-day, contact with an infected individual. It is not spread through the use of dishes, drinking glasses, sheets or clothing.

If **TB** germs enter a person's body, in most cases the body's defenses control the germs by walling them off. The germs can stay alive inside these walls for years in an inactive state. While the germs are inactive they cannot be spread to other people.

**TB** disease can occur when the body defenses are weak, even after many years of being inactive. The germs then break out of the walls, begin multiplying and damage the lungs or other organs. The most common symptoms of **TB** are cough, fever, weight loss, night sweats, constant tiredness, and loss of appetite.

If people with **TB** do not take their medication, they can become seriously ill, and may even die. But, people with **TB** can be cured, if they have proper medical treatment and take their medication as prescribed. Usually, after a week or more of taking their medication, most people with **TB** disease will stop spreading germs.

#### **149.05:- Universal/Standard Precautions**

Universal Precautions are measures that can be followed to help prevent the spread of infection through contact with potentially infectious materials. All blood and body fluids are considered potentially infectious materials and every client is handled as if he/she could have an infectious disease.

**149.05.01:- Standard Precautions/Universal Precautions** also refers to infection prevention practices that apply to all residents, regardless of suspected or confirmed diagnosis or presumed infection status. It is a combination and expansion of Universal Precautions and Body Substance Isolation.

**Transmission – Base Precautions** – refers to the actions (precautions) implemented, in addition to Standard precautions that are based upon the means of Transmission standard precautions that are based upon the means of transmission (airborne, contact, and droplet) in order to prevent or control infections.

#### **149.05.02:- Universal/Standard Precautions include:**

- Hand Washing
- Personal Protective Equipment
- Body Specimens
- Blood and Body Fluid Spills

- Sharp Objects
- Household Waste
- Laundry
- Hygienic Measures in the Home
- Social Distance

The **Centers for Disease Control and Prevention (CDC)** identifies hand washing as the single most effective way to prevent the transmission of disease. Hand Washing refers to washing hands with plain soap and water. Hand Hygiene is a general term that applies to washing hands with water and either plain soap or soap/detergent containing an antiseptic agent; or thoroughly applying an (ABHR).

### **149.06:-Hand Washing**

Hand washing remains the single most effective means of preventing disease transmission. Wash hands often and well, paying particular attention to around and under fingernails and between the fingers. Wash hands whenever they are soiled with body substances, before food preparation, before eating, after using the toilet, before performing invasive procedures and when each outpatient direct care resident's care is completed.

#### **149.06.01:-Key situations where hand hygiene should be performed include:**

- Before contact with a patient.
- Before performing an aseptic task (e.g., insertion of IV, preparing an injection).
- After contact with the patient or objects in the immediate vicinity of the patient.
- After contact with blood, body fluids or contaminated surfaces.
- If hands will be moving from a contaminated-body site to a clean body site during patient care.
- After removal of personal protective equipment (PPE).

#### **149.06.02:- Proper hand washing technique includes these steps:**

- Use a sink with warm running water, soap, and paper towels.
- Push sleeves up above wrists (some recommend removing jewelry and wristwatch).
- Apply soap to the hands and wash the hands vigorously using plenty of lather and friction for 10 or more seconds; interlace fingers and rub palms and the back of the hands in a circular motion; clean between fingers and vigorously clean the fingertips and nail beds.
- Rinse hands and wrists thoroughly, keeping hands down and elbows up.
- Dry hands thoroughly from the fingers down to the forearms and wrists with a paper towel; if available, use clean paper towel to turn off the water.



The use of antiseptic hand washing soaps are recommended during outbreaks, following gross contamination, prior to performing invasive procedures and prior to caring for high risk.

#### **149.07:- Personal Protective Equipment**

Personal Protective Equipment (**PPE**) refers to wearable equipment that is intended to protect HCP from exposure to or contact with infectious agents. Examples include gloves, gowns, face masks, respirators, goggles and face shields.

The selection of **PPE** is based on the nature of the patient interaction and potential for exposure to blood, body fluids or infectious agents. Examples of appropriate use of **PPE** for adherence to Standard Precautions include: use of gloves in situations involving possible contact with blood or body fluids, mucous membranes, non-intact skin or potentially infectious material; use of a gown to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated; use of mouth, nose and eye protection during procedures that are likely to generate splashes or sprays of blood or other body fluids. Hand hygiene is always the final step after removing and disposing of **PPE**.

Each outpatient facility should evaluate the services they provide to determine specific needs and to assure that sufficient and appropriate PPE is available for adherence to Standard Precautions. All **HCP** at the facility should be educated regarding proper selection and use of PPE.

#### **149.08:- Gloves**

Wear gloves when it can be reasonably anticipated that hands will be in contact with mucous membranes, non-intact skin, any moist body substances (blood, urine, feces, wound drainage, oral secretions, sputum, vomitus, or items/surfaces soiled with these substances) and/or persons with a rash. **Federal OSHA laws require that gloves must be changed between residents and between contacts with different body sites of the same resident.** If the glove is torn or a needle stick or other injury occurs, the glove should be removed, discarded in the trash and a new glove used promptly as resident safety permits.

**REMEMBER:** Gloves are not a cure-all. They should reduce the likelihood of contaminating the hands, but gloves cannot prevent penetrating injuries due to needles or sharp objects. Dirty gloves are worse than dirty hands because microorganisms adhere to the surface of a glove easier than to the skin on your hands. Handling medical equipment and devices with contaminated gloves is not acceptable.

Always select the type of glove that is appropriate for the task being performed. **Non-powdered gloves are preferred as they decrease the risks for acquiring a latex allergy.**

**The following general guidelines are recommended:**

1. Use sterile gloves for procedures involving contact with normally sterile areas of the body.
2. Use examination gloves for procedures involving contact with mucous membranes (unless sterile gloves are indicated) and for other resident care or diagnostic procedures that do not require the use of sterile gloves.
3. Change gloves between contacts (as defined above) with different residents or with different body sites of the same resident.
4. Do not wash or disinfect surgical or examination gloves for reuse. Washing with surfactants may cause "wicking," i.e., the enhanced penetration of liquids through undetected holes in the glove. Disinfecting agents may cause glove deterioration.
5. Use general-purpose utility gloves (e.g., rubber household gloves) for housekeeping or plant engineering chores involving potential blood contact and for instrument cleaning and decontamination procedures. Utility gloves may be decontaminated and reused but should be discarded if they are peeling, cracked, or discolored; or if they have punctures, tears, or other evidence of deterioration.
6. If two pairs of gloves are worn, one on top of the other, both pairs are considered contaminated after use and **both** pairs must be changed.
7. Medium sized non-powdered gloves should be available for use. Other sizes should be available in a supply closet/area. If gloves are creating an allergic response, hypoallergenic gloves or glove liners must be made available.
8. Use hand lotions to protect skin; however, petroleum-based hand lotions such as Vaseline will cause latex to deteriorate.
9. Be alert to and report signs and symptoms of latex sensitivity (e.g.: dry, itchy, irritated areas on hands; rash that begins 24-48 hours after contact to latex; immediate skin redness; hives or itching; and/or respiratory symptoms from runny nose to difficulty breathing).

#### **149.09:- Face and Eye Protection**

Wear masks and/or eye protection when it is likely that eyes and/or mucous membranes will be splashed with body substances, (e.g., when suctioning a resident with copious secretions, emptying fluids, irrigating a wound). These items should be available and accessible for personnel when needed. After use, either discards disposable masks/eye shields in the resident's room or place reusable goggles or face shields in a specified container in the utility room until they can be washed with soap and water.

#### **149.10:- Apron or Gown**

Protect clothing with a plastic apron or gown when it is likely that clothing will be soiled with body substances. These items are primarily designed to reduce the soiling of the clothing of personnel with moist body substances. They should be worn any time soiling of clothes is anticipated. They should be removed and discarded after completion of each resident contact task. Outer garments, coats when soiled with blood or body fluids should be removed as soon as feasible and placed in the facility laundry for cleaning.

### **149.11:- Cardiopulmonary Resuscitation (CPR)**

To minimize the need for mouth-to-mouth resuscitation, resuscitation devices (mouthpieces, pocket masks, and resuscitation bags) should be located in designated areas within the facility. No transmission of hepatitis B virus (HBV) or human immunodeficiency virus (HIV) via mouth-to-mouth resuscitation has been documented. However, because of the risk of salivary transmission of other infectious diseases (e.g., herpes simplex and *Neisseria meningitidis*) and the theoretical risk of HIV and HBV transmission during artificial ventilation of residents, resuscitation devices should be used. Disposable resuscitation equipment and devices should be used once and disposed of or, if reusable, thoroughly cleaned and disinfected after each use following manufacturer's guidelines.

### **149.12:- Disposal of Regulated Waste from Client's Homes**

According to OSHA, regulated waste is defined as:

- Liquid or semi-liquid blood or other potentially infectious materials (OPIM);
- Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed;
- Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling;
- Contaminated sharps; and
- Pathological and microbiological wastes containing blood or OPIM.

All trash generated from individual resident's home, with the exception of fluid-filled containers and regulated waste as above can be disposed of in regular trash bags as per usual practice.

### **149.13:- Fluid-Filled Containers**

All fluid-filled containers may be emptied directly into a hopper or toilet. Personnel should wear protective attire (gloves, goggles) to protect themselves from splashes unless a protective mechanical barrier (splash shield) is provided.

If fluid-filled containers are disposed of without emptying, follow the regulated waste handling procedures of the facility. These procedures must utilize closable containers that are leak proof and are either red or biohazard labeled. If the outside of the container becomes contaminated, the regulated waste must be placed in a second labeled or red container before being transported by a licensed infectious waste hauler. Alternatively, a facility can decontaminate all regulated waste in accordance with Department of Natural Resources

### **149.14:- Precautions for Clients with Airborne Diseases**

Some diseases are transmitted through an airborne route and require precautions beyond the routine Body Substance Precautions. Airborne diseases are transmitted on tiny particles in the air. Fortunately, there are few airborne diseases seen in the United States (measles, TB, chickenpox and disseminated herpes zoster).

There are basically two types of airborne diseases:

1. Those that people develop immunity to after vaccination or exposure and
2. Those to which you do not develop immunity after exposure.

#### **149.15:- Transportation of the Client with an Airborne Disease**

Clients with diseases transmitted by an airborne route should not be transported unnecessarily to hospital or other facility. If these clients must be transported, they should wear a mask. (The receiving facility/hospital should be notified in advance so that immune personnel can be assigned). Although masks are generally not helpful when care givers wear them to protect themselves from airborne viruses, placing surgical masks on the patient with an airborne disease will minimize the droplets that may be shed into the air when coughing, laughing, and sneezing, etc. Therefore, masks should be placed on any patient with an airborne disease when transporting to another department or facility.

#### **149.16:- Environmental Cleaning**

Proper cleaning of the environment is an essential component of the entire spectrum for preventing and controlling infections. Detailed procedures, schedules and training must be in place for cleaning in all areas in order to reduce bacterial load (quantity of bacteria).

Routine cleaning should be done with a disinfectant or disinfectant/detergent registered with the Environmental Protection Agency (EPA), the evidence of which is an EPA number on the product label. Cleaning agents and disinfectants must be appropriate for the type of soilage and the surface or equipment to be decontaminated.

All equipment, protective coverings on equipment, environmental surfaces, working surfaces (countertops, etc.), bins, pails, cans and similar receptacles must be regularly observed for contamination with blood or other potentially infectious materials (OPIM). If such contamination is known to have occurred, then prompt cleaning and decontamination must be carried out.

Low level disinfectants with or without combined detergents should remove or kill most bacteria within 10 minutes contact time. Low level disinfectants are appropriate for noncritical items; i.e., those that come into contact with intact skin such as bedpans, crutches, bed rails, bedside tables, floors and furniture. Such disinfectants are iodophors, phenolics, quaternary ammonium compounds (QUATS) diluted per manufacturer's recommendations and sodium hypochlorite (bleach solution) diluted to 100 ppm (1/4 oz/gallon water).

Good housekeeping practices begin with fresh cleaning cloths, fresh cleaning or mopping solutions, and clean buckets and mop heads on a daily basis. Solution should be changed frequently throughout the day, but particularly if solution becomes gray (possibly every 3 rooms).

Cleaning should always start with the cleanest part of the room (top areas) and proceeds to the dirtiest-bottom, floor areas and then the commode or toilet area. Always clean grossly soiled areas (feces, urine, vomitus, sputum, and drainage) with an organic cleaner/detergent before using the disinfectant. Mop heads should be bagged and laundered at the end of the day or when grossly soiled.

### **149.17:-Synopsis of Types of Precautions**

#### **A. STANDARD PRECAUTIONS**

Use Standard Precautions for the care of all patrons/clients.

#### **B. TRANSMISSION-BASED PRECAUTIONS**

Designed for persons documented or suspected to be infected with highly transmissible or epidemiological important pathogens for which additional precautions beyond Standard Precautions are needed to interrupt transmission of disease

There are three types: airborne, droplet, and contact precautions.

1. **Airborne Precautions:** In addition to Standard Precautions, use Airborne Precautions for persons known or suspected to have serious illness transmitted by airborne droplet nuclei.
2. Examples of such illness include:
  - a. Measles
  - b. Varicella (chicken pox and disseminated zoster)
  - c. Tuberculosis
  - d. Shingles
  - e. SARS (Severe Acute Respiratory Syndrome)

The following additional measures are to be taken to minimize risk of transmission:

When TB is suspected: Instruct the person to wear a mask. Personnel who are exposed to an unmasked person should be referred to Human Resources for exposure follow-up.

When Chicken Pox or Shingles (in an Immuno-Compromised Person) is suspected, screen all personnel for Chicken Pox before they are allowed to enter the person's room. Personnel who have not had Chicken Pox should not be allowed to enter the room. (If such contact occurs, non-immune personnel should be referred to Human Resources for exposure follow-up).

3. **Droplet Precautions:** In addition to Standard Precautions, A Droplet shall be used for persons known or suspected to have serious illnesses transmitted when administering medications. Examples of such illnesses are:
  - a. Invasive Haemophilus Influenza type B disease, including meningitis, pneumonia, epiglottitis, and sepsis.
  - b. Invasive Neisseria meningitis disease, including meningitis, pneumonia, and sepsis.

- c. Other serious bacterial respiratory infections spread by droplet transmission, including:
  - Diphtheria
  - Mycoplasma pneumonia
  - Pertusus
  - Pneumonic plague
  - Streptococcal pharyngitis, pneumonia, or scarlet fever in infants and young children;
  - Monkeypox and Smallpox

In addition to Standard Precautions, a mask shall be worn when having contact with the person.

- a. Serious viral infections spread by droplet transmission, including:
  - Adenovirus
  - Influenza
  - Mumps
  - Parvovirus B19
  - Corona Virus 19
  - Rubella
  - Avian Flu
- 4. **Contact Precautions:** In addition to Standard Precautions, use contact precautions for people known or suspected to have serious illnesses easily transmitted by direct contact or by contact with items in the person's environment. Examples of such illnesses include:
  - a. Gastrointestinal, respiratory, skin or wound infections or colonization with multi-drug resistant bacteria judged by the Infection Control Training Program, based on current state, regional, or national recommendations, to be of special clinical and epidemiological significance.
  - b. Enteric infection with a low infectious dose or prolonged environmental survival, including:
    - Clostridium
    - For diapered or incontinent persons; enterohemorrhagic escherichia coli 0157:H7, shigella, Hepatitis A, or rotavirus
    - Respiratory syncytial virus, parainfluenza virus, or enteroviral infections in infants or young children
- a) Skin infections that are highly contagious or that may occur on dry skin, including:
  1. Diphtheria
  2. Herpes simplex virus (neonatal or mucocutaneous)
  3. Impetigo
  4. Major (non-contained) abscesses, cellulitis, or decubiti
  5. Pediculosis

6. Scabies
7. Staphylococcal furunculosis in infants and young children
8. Zoster (disseminated or in the immunocompromised host)
9. Viral/hemorrhagic conjunctivitis
10. Viral hemorrhagic infections (Ebola, Lassa, Marburg)

### **149.18:-Infection Control and Prevention**

Infection Control Guidelines shall be maintained in the emergency Procedures Manual at each **SRCS** Office. All employees will comply with health and infection control policies, plan, and guidelines regardless of the setting of the service.

To provide safe care, at a minimum; preventive measures, **behavioral care providers should:**  
Recognize their responsibility to implement safe care practices

Practice good **hand hygiene** – including use of alcohol-based hand rubs or hand washing with soap and water, to reduce the risk of spreading infections

To provide safe care, at a minimum **behavior health facilities should:**

1. Develop and maintain infection prevention and occupational health programs
2. Assure sufficient and appropriate supplies necessary for adherence to Standard Precautions (e.g. hand hygiene products, personal protective equipment, injection equipment)
3. Assure at least one individual with training in infection prevention is employed by or regularly available to the facility
4. Develop written infection prevention policies and procedures appropriate for the services provided by the facility and based upon evidence-based guidelines, regulations, or standards
5. Provide job- or task-specific infection prevention education and training to all behavioral care provider professionals
6. Adhere to local, state, and federal requirements regarding behavioral care provider-associated infection surveillance, reportable diseases, and outbreak reporting
7. Perform regular audits and competency evaluations of staff's adherence to infection prevention practices
8. Utilize CDC's infection prevention checklist for outpatient settings to assess infection control practices

Be aware that consequences of failure to adhere to recommended practices include:

- Putting Clients at risk for infection
- Malpractice suits filed by Clients
- Loss of business license, certification, accreditation and/or reimbursement
- Referral of behavioral care provider personnel to licensing boards for disciplinary action

To ensure that they are receiving safe care Direct Care Outpatient Behavior Health service from their provider **Clients** should:

1. Speak up. Talk to your provider/Case Manager about any worries you have about your safety and ask them what they are doing to protect you from acquiring an infection.
2. Keep hands clean. If you do not see your behavior health providers clean their hands, ask them to do so. Also remind your loved ones. They want to prevent infections just like you do. Cleansing hands can prevent the spread of germs.
3. Ask your behavioral care provider, "Will there be a new needle and a new syringe used to draw my medication?" Behavioral care providers should never reuse a needle or syringe on more than one patient.

**CDC is committed to helping ensure all Clients receive safe care every time they visit an outpatient behavior health or medical facility. CDC has and will continue to:**

1. Provide evidence-based guidance for the prevention of infections in outpatient behavioral care provider facilities
2. Work with partners and professional organizations to ensure behavioral care provider personnel have the information and resources needed to prevent infections
3. Work with federal and state partners to ensure that minimum safe care practices are consistently maintained or exceeded and that behavioral care providers are held accountable for effective infection prevention.

A. The following precautions and work practice controls are required:

1. All body fluids are to be treated as if they are infectious.
2. Staff persons are encouraged to keep skin clean, smooth and unbroken. Nails should be appropriate for the work performed.
3. Eating, drinking, smoking, applying cosmetics or lip balm, or handling of contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
4. Hand lotions or creams with a petroleum or mineral oil base should not be used with latex gloves.

B. All personal protective equipment used in this agency will be provided without cost to employees. Personal protective equipment used in this agency will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth or other mucous membranes under normal conditions and durations of use.



1. Disposable gloves shall be worn where it is reasonably anticipated that employees will have contact with blood, body fluids, other potentially infectious material, non-intact skin or mucous membranes.
  2. Utility gloves (rubber and synthetic) are to be used by custodians and others when housekeeping duties are performed. Wash hands prior to and after use. Remove gloves carefully to avoid skin contamination. Utility gloves must be inspected for breaks; holes or cracks prior to each use and must be discarded if potential leaks are found. Disinfections procedures are to be posted in custodial work areas.
  3. Disposable masks and eyewear are to be worn whenever splashes, spray, splatter or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can reasonably be anticipated. Disposable masks and resuscitation masks with one-way valves are to be located in each first aid kit at each agency location and in agency vehicles.
  4. Disposable gowns are to be worn to protect the skin and prevent contamination of clothing during procedures that are likely to generate splashes or sprays of blood, body fluids, secretions or excretions or cause soiling of clothes.
  5. Disposable protective equipment soiled with blood or other potentially infectious materials must be disposed of in a biohazard bag. The bag must be tied off and stored for pickup by the licensed medical waste company.
- C. Education and training shall be presented to each new employee, intern and volunteer identified of being at substantial risk for occupational exposure to HIV, HCV, HBV, TB and other communicable diseases. This training will take place upon date of hire and then annually thereafter. Information will also be available to all employees since many of them may as a collateral duty become involved in the agency of first aid. Blood borne pathogen training will be provided at no cost to the employee.

Included in this program shall be:

1. Epidemiology – modes of transmission and precautionary measures to help prevent the transmission of HIV, HCV, HBV and TB.
2. Possible risk to a fetus from HIV, HCV and HBV and associated infections.
3. Benefits and risks of the Hepatitis B vaccine.
4. Concepts and techniques of standard precautions.
5. Location and proper use of personal protective equipment.
6. Proper handling of contaminated articles.
7. Decontamination procedures for environmental spills.
8. Use and meaning of color codes in biohazard emblems.
9. Procedures to follow subsequent to an exposure.

#### **149.19:- Control**

- A. In general employees should not report to work when ill with infections or communicable diseases until cleared to return to work by their health care provider.
- B. The employee should notify his/her **Clinical Director/Executive Director** of any condition that could pose a threat to others.
- C. The Clinical Director will notify the **Executive Director** and Human Resources of any condition that could pose a risk to others in the workplace.
- D. The **Clinical Director** or, in his/her absence, the **Executive Director**, may institute appropriate measures when it is determined that the risk of exposure for others to epidemiological important disease exists.
- E. Hepatitis B vaccine is offered to all employees. TB screening is offered to employees when there has been a risk of exposure or where evidence of screening is required for agency work, such as work in home base counseling outpatients.
- F. A post-exposure plan for blood borne pathogens is in place.
  - 1. Any exposed employee should immediately initiate first aid.
  - 2. Contaminated skin, a cut, scratches or a puncture wound should be vigorously scrubbed for 10 minutes with an iodine solution (such as butadiene) and copious amounts of water.
  - 3. Contaminated eyes or other mucous membranes should be irrigated for 15 minutes with normal saline or water.
  - 4. Employees should seek immediate medical attention.
    - a. Employees should be seen by a physician within 24 hours for an exposure to Hepatitis B.
    - b. Employees should be seen by a physician within 2 hours for an exposure to HIV.
  - 5. Employees are to report to Human Resources to obtain the needed forms to take to the physician; “Physicians Report For Community Mental Health for Oklahoma”
  - 6. Employees are to be provided free medical evaluation and treatment after they experience an exposure incident. Exposed employees will be referred to a licensed health care provider who will counsel the individual about what happened and how to prevent further spread of any potential infection. The employer shall ensure that the health care professional who evaluates an employee after an exposure incident is provided with:
    - a. A description of the affected employee’s duties as they relate to the exposure incident.
    - b. Documentation of the route or routes of exposure and the circumstances under which exposure occurred.
    - c. Results of the source individual’s blood testing, if available.

- d. All medical records which are relevant to the appropriate treatment of the employee, including vaccination status, and which is the employer's responsibility to maintain.
  - e. A description of any personal protective equipment used or to be used.
7. The first step for the exposed employee is to have his/her blood tested. The employee does have the option to give the blood sample but refuse permission for HIV testing at time. The agency must assure that the employee's blood sample is maintained at a lab for 90 days in case the employee changes his/her mind about testing.
  8. The health care provider will counsel the employee based on the test results. If the source individual was HBV positive or in a high-risk category, the exposed employee may be given Hepatitis B immune globulin and vaccination as necessary. If there is no information on the source individual, or the test is negative and the employee has not been vaccinated or does not have immunity, he/she may receive the vaccine.
  9. The health care provider chosen by the employer will prescribe appropriate treatment in line with current U.S. Public Health Service recommendations and evaluate any reported illness to determine if the symptoms may be related to HIV, HCV or HBV.
  10. The health care provider will provide a written report to the employer, which identifies whether treatment was recommended for the exposed employee, whether or not the employee received treatment and the health care professional's recommend limitations upon the employee's use of personal protective clothing or equipment. The employer shall obtain and provide the employee with a copy of the evaluating health care professional's written opinion within 15 working days of the completion of the evaluation. The health care provider must also note that the employee has been informed of the results of the evaluation and told of any medical conditions that may result from the exposure which could requires further evaluation or treatment. The employer must keep these reports in a confidential medical file and provide them upon request for examination and copying to the subject employee, to anyone who has a written consent of the subject employee and to the Executive Director/Clinical Director. Any added findings must be kept confidential. The employee must give specific written consent for anyone to see the records. Records must be maintained for the duration of employment plus 30 years in accordance with OSHA standard on Access Employee Exposure and Medical Records.
  11. The source individual shall be identified and tested in accordance with Oklahoma Compiled Laws 333.5133 (12). The source individual shall be informed of the exposure and requested to consent to blood testing for HIV, HCV and HBV and to allow a release of information to the exposed

employee. If consent is obtained, the testing shall be done at no expense to the source individual or employee. If consent is denied, an employee may be tested without consent provided that the employee is an employee of the agency and was informed in writing at the time of exposure that such a situation might occur. If consent is denied the employee shall be evaluated clinically and offered antibody testing for HIV, HCV and HBV (if not previously immune) as soon as possible. Exposed employees testing seronegative for HIV shall be offered retesting at 6 and 12 weeks, at 6 months and at one year post-exposure.

12. The employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

- G. Employees who have an exposure incident are to report the incident to their Clinical Director/Executive Director immediately.
- H. All work areas will be maintained in a clean, sanitary condition.
- I. All equipment, environmental and working surfaces shall be cleaned and decontaminated as soon as possible after contact with any potentially infectious material.

**New Life Youths and Family (CS) Inc.**  
1609 Greenbriar Place  
Oklahoma City, Ok 73159

**Employee Acknowledgement Signature Infection Control**

I hereby acknowledge that I have read the **SRCS** Infection Control Policy and (check appropriate box):

I fully comply with its provisions and am not party to any conflicts

I comply with its provisions with the exception of the below disclosed potential conflicts of interest. (If you have checked this box please outline, in detail form, your Potential conflicts of interest.)

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\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature