MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

INITIATED: 8/2000
FORM: Policy IC #1
TITLE - Infection Control Program

POLICY: There is an active, facility-wide infection control program with effective measures to identify, control and prevent infections acquired or brought into the Assisted Living facility from the community or other health care facilities.

PROCEDURE:

1. Elements of the Infection Control Program include but are not limited to:
   a. Definitions of nosocomial infections for surveillance purposes.
   b. Provision of early uniform identification and reporting of infections.
   c. Determination of pertinent infection rate.
   d. A resident who develops a communicable disease after admission shall have the appropriate isolation procedure initiated, according to the CDC and DOH.
   e. If the resident cannot be managed in the facility, arrangements shall be made by the resident physician for the transfer of the resident to an appropriate facility at the earliest practical time.
   f. All residents who develop a communicable disease after admission shall be reported to the appropriate health agencies and adequate steps shall be taken to determine the source and degree of dissemination of the disease.
   g. Any member of the facility's staff with signs and symptoms of communicable disease or infected skin lesion shall not be allowed to work until he/she is free from infection.

2. Visitors
   a. It is not necessary to close the facility during communicable disease outbreaks. However, the facility shall provide notification of visitor restrictions during periods of community outbreaks of contagious disease.
   b. Signs shall be posted during such periods of concern with restrict visitors in the facility.
   c. Visitor restrictions will include coronavirus, influenza, highly contagious diseases such as Varicella (Chickenpox), Conjunctivitis, and Infestations (Scabies, Lice).
   d. The facility will assure that every new employee is thoroughly oriented to the Infection Control Program and that education on infection control is ongoing.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

INITIATED: 8/2000
FORM: Policy IC #2
TITLE - Infection Control Committee

POLICY: The facility shall establish an Infection Control Committee. This Committee is recommended by Federal and State regulations.

PROCEDURE:

The committee has as its main objectives the prevention of nosocomial infections, the detection of infectious outbreaks, and the correction of the conditions, which resulted in the occurrence.

The objectives are met by monitoring of the Infection Control Program. The committee reviews all Infection Control reports among residents and personnel and recommends corrective actions based on these reports. Further the committee conducts annual reviews of policies and revises these policies, where appropriate, using the latest authoritative information. Consistent with the current policies of the CDC and other agencies, infection control policies are maintained in Nursing Policy and Procedure Manuals. The committee holds regular meetings to ensure that these measures are implemented and carried out.

1. Implement and maintain the Infection Control Program in accordance with the requirements of the Department of Health and the Centers for Disease Control, and local regulating agencies.

2. Implement a program of organized infection surveillance, analyze data, and make the necessary recommendations based on pertinent findings.

3. Through the Infection Control Nurse/Designee, communicate with and act as liaison with the medical staff, nursing staff, and other departments in matters concerning infection control.

4. Identify and assess the educational needs of the staff regarding infection control and conduct in-service programs on pertinent topics.

5. Define and communicate infection control concepts and practices (i.e. isolation and aseptic practices) to all staff by conducting orientation and in-service programs.

6. Assist staff in identifying their individual responsibility and role in the infection control program.

7. Coordinate policies as they relate to the Employee Health Service and evaluate the infection control component of the program.

8. Review, implement, and evaluate policies, procedures, and techniques as they relate in infection control.

9. Facilitate quality care through the reduction of nosocomial infections and improved infection control/aseptic techniques.

10. Identify, request, and obtain necessary administrative support for the goals of the committee.

11. Identify and explore areas of research in infection control, complete studies as deemed necessary and make pertinent recommendations.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

Title: Infection Control Committee

12 Monitor staff performance to ensure that all policy and procedures for effective infection control is executed.

13. Review and approve all cleaning and disaffection procedures and products.

14. Assist with recommendations for protective equipment/devices.

15. Assure that the facility has an adequate pest control program

16. Maintain minutes of all committee meetings.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

INITIATED: 8/2000
FORM: Policy IC #3
TITLE - Surveillance and Reporting Mechanisms

POLICY: The Director of Wellness or Designee will conduct surveillance on a continuous basis, to monitor the occurrence of infections in the facility, the management of residents with infection, and the completion of appropriate reports.

PROCEDURE:

1. The Director of Wellness or Designee will:

    a. review each case with the nurse in charge to verify proper care is being rendered, including the need for precautions, cultures, and follow-up.

    b. Follow-up on each infection and complete the bottom portion of the form.

    c. Investigate infection to determine if it is a recurrence, a new hospital acquired infection, or a nosocomial infection.

    d. Forward information regarding reportable diseases to the medical director, administrator, and the appropriate local or state agencies.

    e. Track, record, and summarize the infection control worksheets, and report on these findings at the infection control meetings.

    f. Tour facility to observe and discuss any infection problems, concerns, breaks in techniques, etc. with the staff, and all nurses as applicable.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE
Criteria for Defining Infection in Assisted Living. Facilities

These criteria are intended for surveillance purposed only and are not intended to be used as a basis for medical diagnosis or treatment.

- Changes in functional status (a significant change in the resident's ability or willingness to carry out activities of daily living) are always key criteria for identifying the possibility of infection. For example: new incontinence, new inability to walk to dining room, increased difficulty in transfers.

- Change in mental status: a significant change in the resident's cognitive function. Some examples: increased level of confusion, new unwillingness to participate in activities.

RESPIRATORY TRACT INFECTION:

INFECTION/SITE	CRITERIA	CONDITIONS AND COMMENTS
COMMON COLD SYNDROME	MUST HAVE at least two (2) of the Following: *Runny nose or sneezing *Stuffy nose (nasal congestion) *Sore throat, hoarseness, or difficulty swallowing *Dry cough *New swollen or tender glands in neck (cervical lymphadenopathy)	Fever may or may not be present. Symptoms must be acute and not related to allergy (seasonal or medication).
INFLUENZA-LIKE ILLNESS	MUST HAVE fever (>100 F) taken at any site. MUST HAVE at least 3 of the following: *Chills *Headache or eye pain *Myalgia (muscle aches) *Malaise or loss of appetite *Sore throat *Dry cough	During this season, if criteria for influenza like illness and another upper or lower respiratory tract infection are met at the same time, only the diagnosis of influenza-like illness should be recorded.
PNEUMONIA	MUST HAVE chest X-ray demonstrating pneumonia, probable pneumonia, or infiltrate. MUST HAVE at least two (2) of the following: *Cough *Increased sputum production *Fever (>100 F) *Pleuritic chest pain *Rales, rhonchi, wheezes on chest exam *One or more of the following *new shortness of breath *increased respiratory rate (<25/minute) *worsening of mental or mental functional status	Non-infectious causes of symptoms must be ruled out. In particular, congestive heart failure is a common cause of symptoms and signs similar to those of respiratory infection NOTE: The diagnosis can be made only if chest X-ray was done.

Coronavirus (COVID-19)	MUST HAVE fever (>100 F) taken at any site. MUST HAVE at least 2 of the following and reported exposure to the COVID -19 *Headache *Shortness of breath *Cough *Reduction in Lymphocyte Count *Diarrhea	Non-infectious causes of symptoms must be ruled out.

Criteria for Defining Infection in Assisted Living. Facilities

RESPIRATORY TRACT INFECTION

INFECTION/SITE	CRITERIA	CONDITIONS /COMMENTS
OTHER LOWER RESPIRATORY TRACT INFECTIONS (bronchitis, tracheobronchitis)	MUST HAVE at least three (3) of the following: *Cough *New or increased sputum production *Fever (>100 F) *Pleuritic chest pain *Rales, rhonchi, wheezes on chest exam *Organism isolated from culture obtained by deep tracheal aspirate or bronchoscopy *One or more of the following: *new shortness of breath, *increased respiratory rate (>25/min) *worsening of mental or functional status	This diagnosis can be made only if no chest X-ray was done, or if an X-ray did not confirm the presence of pneumonia

URINARY TRACT INFECTION

INFECTION/SITE	CRITERIA	CONDITIONS/COMMENTS
UTI in resident WITHOUT CATHETER	MUST HAVE at least three (3) of the following: *Fever (>100 F) or chills *Burning pain or urination, or frequency or urgency *Flank or suprapubic pain or tenderness *Change in character of urine *Worsening of mental or functional status (may be raw or increased incontinence) *Urine culture with >10.3 colonies/ml of single uropathogen in patient/resident on appropriate antimicrobial therapy *Positive nitrite, urine dipstick test	This category includes only symptomatic urinary tract infections. Because many patients/residents have bacteria in their urine as a baseline status, surveillance for asymptomatic bacteriuria is not recommended. Change in character of urine, any significant change of the gross character of the urine (e.g., new bloody urine, foul odor or increased sediment) or in the microscopic character (e.g., new pyuria, or microscopic hematuria). In order to determine microscopic changes, results of a previous urinalysis must b available.
UTI in patient/resident WITH CATHETER	MUST HAVE at least two (2) of the following: *Fever (>100F) or chills *Flank or suprapubic pain or tenderness *Change in character of urine *Worsening of mental or functional	Because the most common occult infectious source of fever in catheterized patients/residents is the urinary tract, the combination of fever and worsening of mental or functional status in such patients/residents insets the criteria for a UTI. However, care should be taken to rule out other causes of these symptoms. If a catheterized

	status *Urine culture > 10.3 colonies/ml of single uropathogen in patient/resident on appropriate antimicrobial therapy *Positive nitrate, urine dipstick	patient/resident with only fever and worsening mental or functional status meets criteria for infection at a site other than the urinary??? only the diagnosis of infection at this only site should be made. Change in character of urine any significant change of the gross character of the urine (e.g., ??, bloody urine, foul odor, or increased amount of sediment) or in the microscopic character (e.g, new pyuria, or microscopic hematuria). In order to determine microscopic changes, results of a previous urinalysis must be available.

GASTROINTESTIONAL INFECTION

INFECTION/SITE	CRITERIA	CONDITIONS/COMMENTS
GASTROENTERITIS	MUST HAVE at least 1 of the following: *Two (2) or more loose or watery stools above what is normal for residents within a 24-hour period. *Two (2) or more episodes of vomiting within a 24-hour period *Both of the following *Stool culture positive for pathogen (Salmonella, Shigella, E. coli 0157:H7 Campylobacter) or a toxin assay positive for C. difficile toxin AND *At least one (1) of the following: Nausea, vomiting, diarrhea, abdominal pain or tenderness.	Care must be taken to rule other noninfectious causes of symptoms. For instance, new medication may cause both diarrhea and vomiting.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

INITIATED: 8/2000
FORM: Policy IC #4
TITLE - Infection Control In-services

POLICY: In-services on Infection Control will be part of orientation process and will be provided on a regular basis in accordance with state and federal regulations.

PROCEDURE:

1. Infection control in-services will be conducted at orientation and at least two (2) times per year.

    a. Handwashing technique
    b. Hepatitis B/HIV blood borne pathogens
    c. Isolation precautions
    d. Tuberculosis
    e. Specific infectious diseases/organisms (as needed)
    f. Topic specific as required – i.e.- Regulated medical waste
        - Blood Spill clean up
        - Environment of care issues related to infection
        - control

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

INITIATED: 8/2000
REVISED: 5/2004
FORM: Policy IC #5
TITLE - Employee Health Program

POLICY: To identify infection risks related to employment and the institution of appropriate preventive measures to reduce the risks of endemic and epidemic nosocomial infections in the healthcare worker.

PROCEDURE:

1. A complete pre-employment physical examination and 2 Step PPD is required for all personnel. This also applies to an employee who has been termed for more than 3 months. The physician physical exam and the PPD series is initiated upon employment.
2. The examination includes immunization status and history of significant past or present infectious diseases. All new employees are screened for tuberculosis upon employment.

   A. The employee health nurse will coordinate the pre-employment physicals and tuberculosis screening.

   B. The employee will complete the Employee Health Exam form at the time of their pre-employment physical.

   C. The 1st Step PPD and Hepatitis consent/waiver will be administered at the time of the physical. The 2nd Step PPD will be scheduled the following week. Employees are tested annually thereafter. If an employee has a positive PPD, a chest x-ray will be performed at Merion Gardens., and then every 5 years. A chest x-ray done within the past 3 months of hire will be accepted. A two step PPD done within the last six months will also be accepted for new employees.

2. Education on health and safety in the workplace including training on prevention of exposure to blood borne pathogens and tuberculosis is presented annually.

3. Training on hand washing personal hygiene and the use of standard/ universal precautions is presented biannually.

4. Immunization programs for influenza will be posted as offered by the county. Employees are required to participate in the county free clinic for influenza.

5. Employee Communicable Disease Monitoring

The following are conditions that department heads must promptly report to Infection Control/Employee Health/Administration:

- Chickenpox/shingles
- Conjunctivitis
- Oral Herpes Simplex (cold sores) Open, draining lesions
- Sore throat with elevated temperature
- Persistent productive cough
- Pediculosis
- Clinical features of immunosuppressed conditions
- Measles (Rubella or Rubeola)
- Symptoms of or diagnosis of Tuberculosis
- Coronavirus

Specific guidelines for employee work restrictions for infectious diseases are attached.

A physician's statement is required for the employee's return to work for a communicable illness, however, when an employee has been absent for no longer than three days, the employee's return to work may be approved by either the facility's director of nursing or the infection control committee, following assessment by a registered nurse.

It is the responsibility of all department heads to monitor their employee's communicable disease call outs and required physician statements to return to work.

6. There is surveillance and management of job-related illnesses and exposures to infectious diseases including blood borne infections.

7. There is confidential maintenance of employee health records

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

INITIATED: 8//2000
FORM: Policy IC #6
TITLE - Infection Control/Employee Health Mantoux Test

POLICY: Each new employee shall receive a two-step Mantoux tuberculin skin test upon employment. Annually a one step Mantoux test will be performed on those employees with documented negative two-step Mantoux tests.

The only exceptions will be those employees:
1. With a documented positive Mantoux skin test [10 or more millimeters of induration].
2. Who have received appropriate medical treatment for tuberculosis?
3. For whom the test is medically contraindicated.

- For all of the exceptions listed above, medical documentation will be required for the employee's personnel file.

PROCEDURE:

1. Inject 0.1 cc of 5 TU (tuberculin units) of Tuberculin Purified Protein Derivative, (PPD Intradermally) (just below the surface of the skin) or acceptable substitute as directed. A discrete, pale elevation of the skin (i.e., a wheal) that is 6-10 mm in diameter should be produced.
2. The test will be read in 48 to 72 hours by a designated nurse, and the results recorded in millimeters. The result of the test is based on the presence or absence of an induration (palpable hardness) at the site of the injection. Redness or erythema should not be measured.

Interpretation of PPD Tuberculin skin-test results

a. An induration of >5mm is classified as positive in:
   1) persons who have HIV;
   2) persons who have had recent close contact with persons who have active TB;
   3) persons who have fibrotic chest radiographs (consistent with healed TB).

b. An induration of >10 is classified as positive in all persons who do not meet any of the criteria above but who have other risk factors for TB, including:

High-risk groups

a. injecting-drug users known to be HIV seronegative;
b. persons who have medical conditions that reportedly increase the risk for progressing from latent TB to active TB (e.g., silicosis; gastrectomy or jejuno-ileal bypass; being >10% below ideal body wt.; chronic renal failure with dialysis; diabetes mellitus; high dose corticosteroid or other immuno-suppressive therapy; some hematologic disorders, and malignancies;
c. children < 4 years of age.

High-prevalence groups

a. persons born in Asia, Africa, the Caribbean, and Latin America that have high prevalence of TB;
b. persons from medically undeserved, low-income populations;
c. residents of LTC facilities;
d. persons from high-risk populations in their communities.

Title: Infection Control/Employee Health Mantoux Test

3. Recent converters are defined on the basis of both size of the induration and the age of the person

   >10mm increase within a 1-year period is classified as a recent conversion for persons

Record Keeping:

1. The skin test results shall be recorded in the employee's personnel health file.

2. The recorded information shall include at least the following:
   a. Date of testing
   b. Testing material and lot number used
   c. Date the test was read
   d. The size of the reaction in millimeters.
   e. The name of the person administering and/or interpreting the results.
   f. Follow-up required and results.

3. Records shall be maintained for at least the duration of employment plus 30 years, in compliance with OSHA regulation.

4. A positive skin test after employment (an exposure or annual test) is recordable on the OSHA 200 log.

5. All personnel tested may receive a copy of their test results upon request.

6. DOH form will be completed as required for positive results.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

INITIATED: 8/2000
FORM: Policy IC #7
TITLE - Resident Mantoux Testing

POLICY: In order to screen for tuberculosis, all new admissions will receive a two-step Mantoux skin test within 30 days of admission. If the admission screening is conducted through a chest x-ray **within three months prior to admission,** the resident shall receive a two-step Mantoux skin test **within three months after admission.** If the resident has already received one step and the results are negative additionally, the appropriate time of 7-14 days has not lapsed; a second step ppd may be administered according to the time frame of the first ppd.

PROCEDURE:

1. Administer the intradermal injection at the flexor surface of the forearm about 4 inches below the bend of the elbow.
2. Cleanse the forearm with alcohol and allow to dry.
3. The test dose (0.1ml) of Tuberculin PPD Intermediate strength is administered with a 1 ml syringe.
4. Cleanse the rubber cap of the vial with alcohol and allow to dry.
5. Insert needle gently through the cap and aspirate the required amount of the Tuberculin PPD into the syringe.
6. Insert the point of the needle into the most superficial layers of the skin with the bevel pointing upward.
7. A definite white bleb will rise at the needlepoint, about 10mm in diameter.
8. The test should be read 48-72 hours after administration.
    a. Positive reaction-any palpable induration measuring 10mm or more
        An induration of >5mm is classified as positive in:
        1) persons who have HIV
        2) persons who have had recent close contact with persons who have active TB;
        3) persons who have fibrotic chest radiograph (consistent with healed TB).
    b. An induration of >10 is classified as positive in all persons who do not meet any of the criteria above but who have other risk factors for TB, including: recent immigrants <5 years from high prevalence countries, injection drug users, resident's of high-risk congregate settings, mycobacteriology laboratory personnel, children under 4 years of age or children and adolescents exposed to adults in high-risk categories.
9. Step two will be completed 7 to 14 days after step one, following the above procedure.

** If positive reaction occurs, a chest x-ray must be completed within 48 hours. Step 2 of the test will be held. Keep resident isolated use PPE available until results received.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

TITLE - Infection Control Hepatitis B Immunization

POLICY: It is the policy of this facility that all employees are offered Hepatitis B vaccination at no cost to the employee, to prevent and control the transmission of the disease.

PROCEDURE:

1. All employees will be offered Hepatitis B immunization. The employee must complete a Hepatitis B Vaccine Consent Form before receiving the vaccine and complete the training program on Hepatitis B. All employees will receive a titer if they are unsure or believe they have all ready received the vaccine.

2. The employee will be offered Hepatitis B vaccine within 10 (ten) days of employment any may receive it at anytime during their employment if they previously rejected vaccination.

3. The Hepatitis B vaccine should not be given in employees with hypersensitivity to yeast or any component of the vaccine. Employees who are HIV positive may be exempt from routine immunization mandates depending upon their clinical condition.

4. Employees that are pregnant, suspect pregnancy and nursing mothers should discuss the risk with their physician before receiving Hepatitis B vaccine

5. The vaccine will be administered as follows:

    a. 10 mcg/1ml Recombivax HB or 20 mcg/1ml Engerix B in the deltoid muscle. Repeat doses 2 and 3 at 1 ml (Engerix) and 2mls (Recombivax).
    b. If the series is interrupted, it can be continued separating the second and third dose at least 2 to 5 months.
    c. Complete the documentation of immunization in the employee's medical records and maintain this record for 30 years.
    d. Provide the employee with the written documentation of the Hepatitis B Vaccine series.
    e. Titers will be drawn at the end of the series to determine if the employee is immune or the series needs to be repeated. If negative after second series, employee must consult their primary care physician.
    f. Titers may be drawn prior to check immunity if the employee has had it previously

6. If the employee, prior to hiring, started the vaccine series, pick up the series and continue until completed

7. Above schedule and dose may be altered for employees that require an accelerated schedule, booster dose or has immuno-suppression (i.e. employee with AIDS, hemodialysis, etc.)

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE
Administration of Influenza Vaccinations

POLICY

All residents residing here between October 1st and February 1st will be screened to determine eligibility for influenza vaccine. If agreeable with the physician, eligible residents will be offered the vaccine unless contraindicated by health history.

Those individuals considered at high risk are:

- Age 65 or older
- Age less than 65 and has history of cardiac or pulmonary disease, immunosuppression (including medications), diabetes, or other chronic conditions.

PROCEDURE

Verbal or written agreement from Resident or Power of Attorney will be required to receive Vaccine 0.5ml IM". Licensed nurse initials are affixed to the MAR on the date of vaccination.

Vaccination may be delayed per physician consultation for any resident with fever of 100°F or an active upper respiratory infection.

The nurse or a qualified third party such as a pharmacist is responsible for administering the vaccine intramuscularly in the deltoid muscle. If another location is used, the nurse on duty will document in the clinical record. (NOTE: When giving influenza vaccine and PPV at the same time, give one injection in each arm.)

The nurse on duty will monitor residents for severe immediate reactions and provide immediate medical intervention if necessary.

Following vaccination, mild reactions such as low-grade fever, malaise, myalgia or muscle soreness at injection site may occur. These reactions can occur as early as six hours after vaccination and persist for two days. Therapy with acetaminophen may be used if ordered by the physician.

During the 48 hours following vaccination, the on-duty nurse is responsible for ascertaining and recording any adverse reactions if they should occur.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

Administration of Pneumococcal Vaccinations

POLICY

All residents admitted to this facility will be screened to determine eligibility for pneumococcal polysaccharide vaccine (PPV). All eligible residents will be provided with the opportunity and encouraged to receive pneumococcal vaccinations.

Those individuals considered to be at high risk are:

- Age 65 or older and never received pneumococcal polysaccharide vaccine.
- Age less than 65 and has history of cardiac or pulmonary disease, immunosuppression, diabetes or other chronic conditions and never received PPV.
- Previously immunized five years ago or more, were under age 65 at that time and now over age 65. (NOTE: for any person who has received a dose of pneumococcal vaccine at age 65 or over, revaccination is not indicated.)

PROCEDURE

Upon admission, the resident or POA will fill out an immunization form that will indicate if the resident has already received the pneumococcal vaccine/year the vaccine was received or refuse the vaccine.

After determining that the vaccine has not been given to a new resident upon admission, the nurse shall obtain an order from the physician for "PPV 0.5ml IM" with resident or POA written or verbal consent.

The resident's temperature is taken prior to vaccination. Vaccination is delayed for any resident with fever of 100°F or an active upper respiratory infection.

Vaccine is administered intramuscularly into left deltoid muscle. (NOTE: When giving influenza vaccine and PPV at the same time, give one injection in each arm.)

The nurse shall monitor vaccine recipients for severe immediate reactions within fifteen minutes to one hour of vaccination.

During the 48 hours following vaccination, the nurse is responsible for observing for any adverse reactions, such as low-grade fever, malaise and soreness at the injection site.

After the resident has been vaccinated, administration is recorded on the Immunization Record.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

Title- Emergency preparedness plan for the management of an Influenza outbreak.

Policy- Merion Gardens Assisted Living has a written plan for managing an Influenza outbreak, this plan includes:

1. Diagnosis of Influenza.
2. Responsibility for outbreak management
3. Isolation measures
4. Administration of therapeutic or preventative medications
5. Notification of local health department and DHS as required

A. Diagnosis of Influenza (Determining the outbreak strain)

Early in the outbreak, nasopharyngeal-swab or nasal wash specimens from patients with symptoms suggestive of Influenza for Influenza virus culture or antigen detection will be obtained. The state health department will assist if necessary.

B. Responsibility for outbreak management: The Infection Control Coordinator/Medical Director/Administration will maintain responsibility for the outbreak management.

EMERGENCY PREPARDNESS PLAN FOR THE MANAGEMENT OF AN INFLUENZA OUTBREAK:

C. Isolation measures:

1. Keep a resident for whom Influenza is suspected or diagnosed in a private room, or in a room with other patients with proven Influenza unless there are medical contraindications.
2. As much as feasible, place together persons with Influenza-like illness in an area with an independent air supply and exhaust system.
3. Institute masking of individuals who enter the room of a patient with Influenza.
4. As much as possible during periods of Influenza activity in the community, remove patient-care staff who have symptoms of febrile respiratory tract infection suggestive of Influenza from duties that involve direct patient contact.
5. When outbreaks are characterized by high attack rates and severe illness.

    a.) Restrict visitors who have a febrile respiratory illness.
    b.) Curtail or temporarily close facility to new admissions as necessary.

6. Vaccinate Patients and Personnel
   Administer current influenza vaccine to unvaccinated patients and staff, especially if the outbreak occurs early in the influenza season. (The state health department can help with this.)

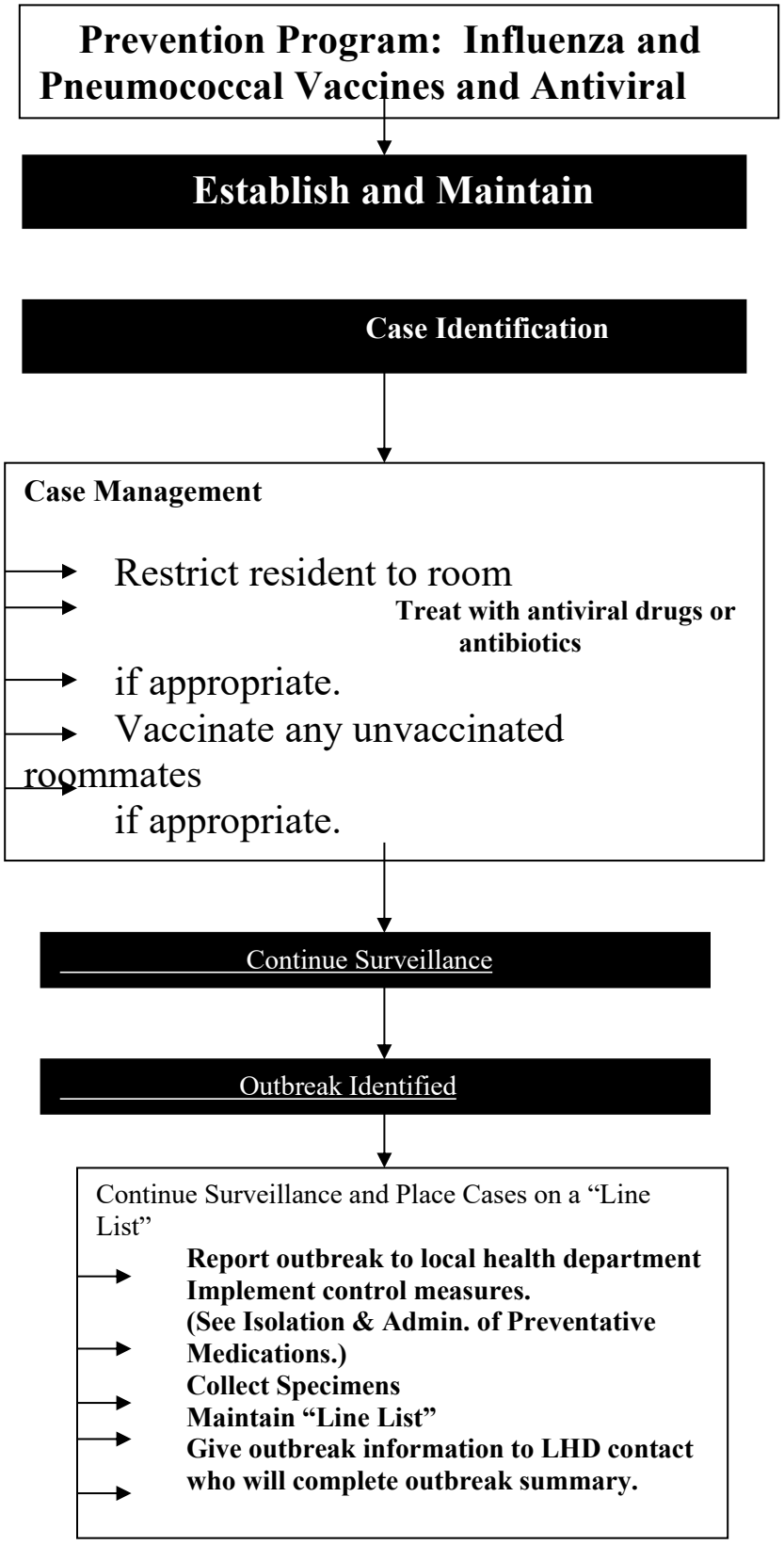
D. As per resident physician, Administration of therapeutic or preventive medications:

When a nosocomial outbreak of influenza (A) is suspected or recognized, consider the use of amantadine as follows:

1. Administer amantadine or rimantadine as prophylaxis to all uninfected patients in the involved unit for whom it is not contraindicated. Do not delay administration of amantadine or rimantadine unless the results of diagnostic tests to identify the infecting strain(s) can be obtained within 12 to 24 hours after specimen collection.
2. Administer amantadine or rimantadine for prophylaxis to unvaccinated staff members for whom it is not medically contraindicated and who are in the involved unit or taking care of high-risk patients.
3. Discontinue amantadine or rimantadine if laboratory tests confirm or strongly suggest that Influenza type A is not the cause of the outbreak.
4. If the cause of the outbreak is confirmed or believed to be Influenza type A AND vaccine has been administered only recently to susceptible patients and personnel, continue amantadine or rimantadine prophylaxis until 2 weeks after the vaccination.
5. To the extent possible, do not allow contact between those at high risk of complications from influenza and patients who are taking amantadine or rimantadine for *treatment* of acute respiratory illness; prevent contact during and for 2 days after the latter discontinue treatment.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

FLOW CHART FOR THE MANAGEMENT OF RESPIRATORY ILLNESS OUTBREAKS IN LONG-TERMCARE FACILITIES



MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

Line Listing for Respiratory Illness Outbreaks

List for: ☐ Residents ☐ Employees

Name of Facility: _____ Address: _____

Contact Person: _____ Telephone: _____

						Signs and Symptoms									Laboratory Results (if applicable)												
Name	Age (optional)	Sex (optional)	Room No. or Shift* & Unit*	Date of Onset	Shift of Onset	Duration of Illness	Fever (Record highest temp)	Cough	Sore Throat	Runny Nose	Congestion – Nasal	Congestion – Chest	Muscle Aches	Vomiting or Diarrhea	Pneumonia	X-Ray Results (of taken)	Influenza Vaccine Y/N(Date)	Hospitalized	Death (Date)	Viral Throat Culture (Date)	Bacterial Sputum Culture (Date)	Rapid Antigen Detection (Date)	Serology-acute (Date)	Rapid Antigen Detection (Date)	Serology-convalescent (Date)	Antiviral if given (Date)	

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

Title- Emergency preparedness plan for the management of a Coronavirus outbreak.

Policy- Merion Gardens Assisted Living has a written plan for managing a Coronavirus outbreak, this plan includes:

1. Diagnosis of Coronavirus.
2. Responsibility for outbreak management
3. Isolation measures
4. Administration of therapeutic or preventative medications
5. Notification of local health department and DHS as required

A. Diagnosis of Coronavirus -19

B. Responsibility for outbreak management: The Infection Control Coordinator/Medical Director/Administration will maintain responsibility for the outbreak management.

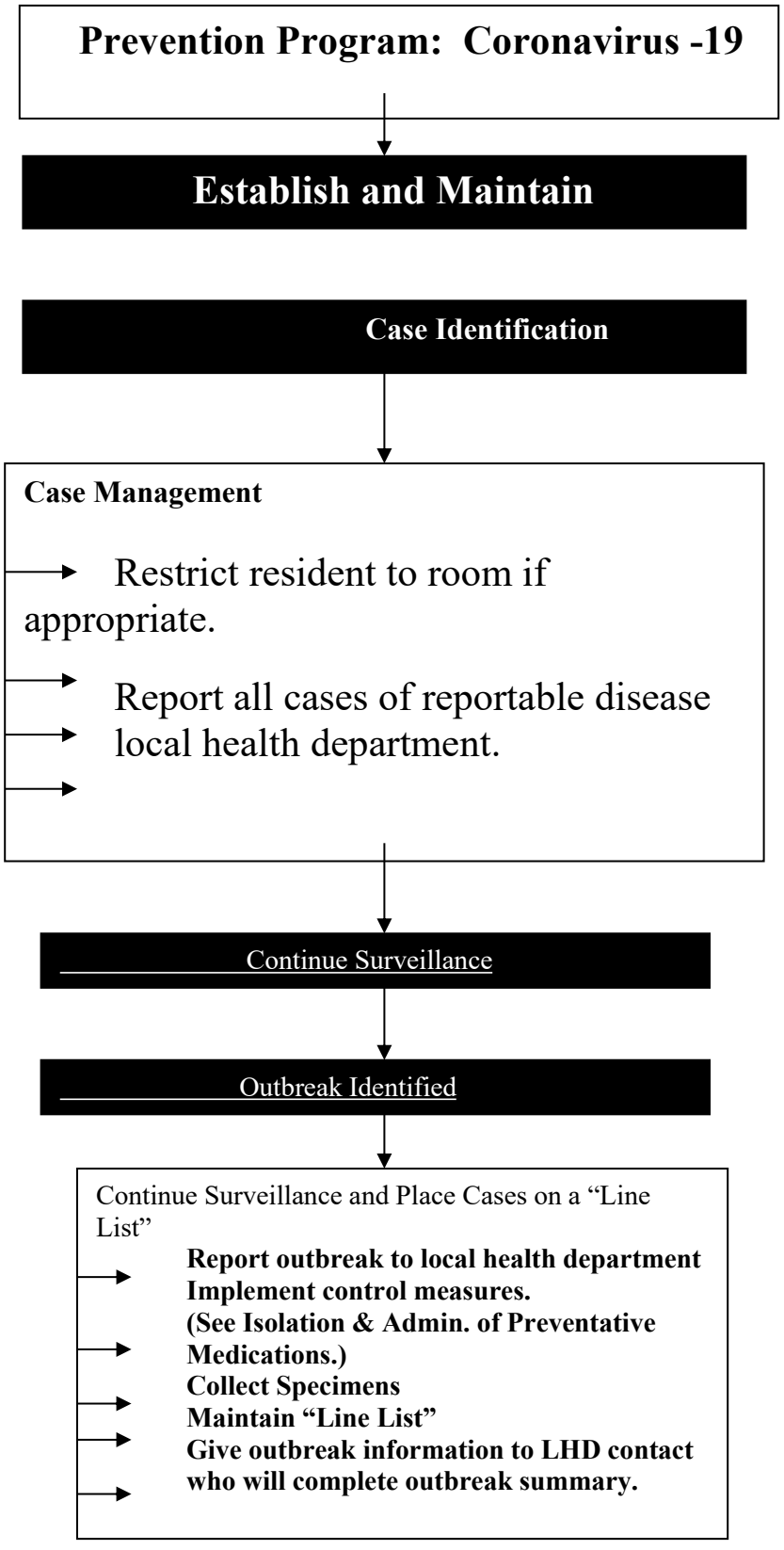
EMERGENCY PREPARDNESS PLAN FOR THE MANAGEMENT OF AN INFLUENZA OUTBREAK:

C. Isolation measures:

1. Keep a resident for whom Coronavirus is suspected or diagnosed in a private room, or in a room with other patients with proven Coronavirus unless there are medical contraindications.
2. As much as feasible, place together persons with Corona-like illness in an area with an independent air supply and exhaust system.
3. Institute masking of individuals who enter the room of a patient with Coronavirus.
4. As much as possible during periods of Coronavirus activity in the community, remove patient-care staff who have symptoms of febrile respiratory tract infection suggestive of Coronavirus from duties that involve direct patient contact.
5. When outbreaks are characterized by high attack rates and severe illness.

    a.) Restrict visitors who have a febrile respiratory illness.
    b.) Curtail or temporarily close facility to new admissions as necessary.

FLOW CHART FOR THE MANAGEMENT OF RESPIRATORY ILLNESS OUTBREAKS IN LONG-TERMCARE FACILITIES



MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

Line Listing for Respiratory Illness Outbreaks

List for: ☐ Residents ☐ Employees

Name of Facility: _____ Address: _____

Contact Person: _____ Telephone: _____

						Signs and Symptoms									**Laboratory Results (if applicable)**												
Name	Age (optional)	Sex (optional)	Room No. or Shift* & Unit*	Date of Onset	Shift of Onset	Duration of Illness	Fever (Record highest temp)	Cough	Sore Throat	Runny Nose	Congestion – Nasal	Congestion – Chest	Muscle Aches	Vomiting or Diarrhea	Pneumonia	X-Ray Results (if taken)	Influenza Vaccine Y/N(Date)	Hospitalized	Death (Date)	Viral Throat Culture (Date)	Bacterial Sputum Culture (Date)	Rapid Antigen Detection (Date)	Serology-acute (Date)	Rapid Antigen Detection (Date)	Serology-acute (Date)	Serology-convalescent (Date)	Antiviral if given (Date)

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

INITIATED: 3/2020

FORM: Policy IC #9

TITLE - Infection Control Outbreak/Reporting Infectious Disease

POLICY: The facility will follow regulations and appropriate health practices in reporting outbreaks of infectious diseases, or individual reportable diseases.

CRITERIA: Special precautions and reporting processes outlined herein will be initiated when one or more of the following takes place:

1. As required by the communicable disease guidelines of Center for Disease Control, Department of Health or other regulatory agencies.

2. When a significant number of residents (or staff) on one nursing unit, or in one specific area, manifest symptoms of infection unrelated to their illness.

3. When determined appropriate by the Medical Director, Infection Control Nurse, Administrator, and Director of Nurses.

CONTROL MEASURES: Restrictions will be dependent upon the location and nature of infectious cases. The extent of restriction will be determined by the medical director in consultation with the Administrator, Infection Control Nurse and Director of Nurses. ***Institute precautions immediately when ordered by a physician.

These restrictions may include:

1. Residents will be restricted to their rooms.

2. Residents will not participate in off grounds activities for a defined length of time.

3. During periods of outbreak, employees assigned to the unit will not be re-assigned to other units, unless absolutely necessary.

4. All visitors will be restricted at the discretion of the Director of Wellness, and Administrator, in consultation with the Medical Director.

5. Restriction of transfers and admissions to and from other units.

INVESTIGATION FOR A CARRIER: A review of all the residents' contacts (i.e. Visitors, employees, consultants) will be conducted by the Infection Control Nurse, in an effort to identify a carrier.

PROCEDURES:

1. The Infection Control Nurse designee confirms the existence of the outbreak in the long-term care facility.
   a. Notifies Director of Nursing, Administrator, and Medical Director.
   b. The Director of Nursing/Administrator files a report with the state health department and contracts them by telephone as required.
   c. If necessary environmental cultures will be done.

2. A meeting of department heads is requested to discuss the institution of appropriate control measures. Each department head is informed of what will be expected of the department.

3. Nurses are advised of control measures by the infection control nurse.

Title: Infection Control Outbreak/Reporting Infectious Disease

4. Nurses are to

    a. inform family, residents, and staff of what is required from them.
    b. Monitor adherence to infection control measures.
    c. Ask the Infection Control Committee and infection control nurse to assist as necessary.

5. Nurse/supervisor monitors the occurrence of new cases and informs department heads/infection control nurse of the status of the outbreak.

6. A consultant epidemiologist may be called upon request of the Medical Director.

7. The Medical Director determines when the danger of transmissions (spread) of disease has ended and when to remove control measures.

    a. Nurses and department heads are notified.

8. Details of the outbreak and the control measures implemented are documented in the minutes of the Infection Control Committee.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

INITIATED: 8/2000
FORM: IC #10
TITLE - Infection Control Criteria by Site

POLICY: Effective measures are developed to prevent, identify, and control infections acquired or brought into the long-term care facility from the community.

PROCEDURE:

1. Definitions of nosocomial infections for surveillance purposes provide early, uniform identification and reporting of infections.

2. A community acquired infection is one that is present or incubating at time of admission.

3. Signs and symptoms (S&S) of infection must be present within 72 hours of admission. There may be exceptions to this guideline (e.g., chicken pox); however, this decision is made by the infection control chair or infection control nurse.

4. A nosocomial infection is one that was not present or was not incubating at time of admission. Resident does not exhibit S&S of infection during the first 72 hours of admission.

I. Clinical Aspects of Infection

Infection may cause clinical signs and symptoms in a resident. However, an infected host may remain asymptomatic, as with Human Immunodeficiency Virus (HIV) infection. A common clinical manifestation of infection is fever, an oral temperature 100 degrees F. Other generalized symptoms include weakness, anorexia, fatigue, elevated respiration rate, and weight loss. In the elderly population, symptoms may vary; fever may not develop, and lethargy or altered mental status may be the only apparent sign of possible infection. In order to help provide the highest quality of resident care, it is necessary to have a basic understanding of the clinical presentation, the signs and symptoms, or infection. Early recognition of infection, and initiation of appropriate therapy if indicated, are essential for good resident care0
. An awareness of good infection control procedures by medical personnel may prevent spread of infection to other residents. The following is a list of the commonly infected sites in LTC residents. The signs, symptoms, specific laboratory test markers, and the most common reasons why infection develops, are also listed.

A. Urinary Tract Infection

Signs and Symptoms:

- Frequent urination
- Burning with urination
- Cloudy, bloody, malodorous urine
- Flank pain
- Fever

Laboratory Results

- Culture Colony Count > 100,000 or 10
- Urinalysis pyuria >10 WBC/HPF
- CBC, WBC > 10,000

Title: Infection Control Infection Criteria by Site

Most common Reasons Why a Resident May Get a UTI:
Residents with indwelling urinary catheter:
- Catheter manipulation
- Catheter not immobilized to thigh
- Closed catheter system has been open
- Bladder irrigation
- Non-sterile catheter insertion technique
- Use of contaminated drainage bag collection canister
- Infrequent bathing of resident or perineum
- Neglect of handwashing before and after each resident
- Improper Foley Catheter Care

Residents without indwelling catheter:
- Neurongenic bladder
- Enlargement of prostate
- Urethral stricture and incomplete emptying of bladder
- Renal stones

B. Upper Respiratory Infection (URES) – Colds and Flu

Signs and Symptoms
- Coryza
- Nasal Congestion
- Runny nose and eyes
- Sneezing
- Coughing
- Sore Throat
- Headache
- Increased pulse and respiration rate
- Fever

Laboratory Results:
- Not required

Most Common Reasons Why a Resident May Get a URI:
- Transmission by hands of person with URI:
- Close and direct contact with person with URI

C. Lower Respiratory Tract Infection (LRES) – Pneumonia

Signs and Symptoms:
- Productive cough
- Purulent sputum
- Pleuritic chest pain
- Difficulty in breathing
- Increased pulse and respiration rate
- Fever
- Altered mental status

Laboratory Results:
- Sputum Gram Stain has> 25 WBC/<25 Epi cells (Polymorphonucleated cells – Polys)
- Culture of pathogen
- CBC WBC > 10,000

Radiology Results:
- Pulmonary Infiltrate
- Evidence of Infectious process

Most Common Reasons Why a Resident May Get a LRES:
- Secondary to other infections (arguers or Flu)
- Immobility
- Aspiration of saliva, vomit, own normal flora

D. Infected Pressure Ulcer (CUT)

Signs and Symptoms:
- Purulent or malodorous drainage
- Redness at site
- Unusual pain or tenderness
- Insuration, swelling
- Cellulitis
- Fever

Laboratory Results
- Culture of pathogen from purulent material
- CBC WBC > 10,000

Most Common Reasons Why a Resident May Develop a Pressure Sore Infection:
- Friction or shearing
- Improper positioning
- Immobility
- Incontinence
- Mechanical abrasion
- Obesity

E. Conjunctivitis (Eyes) (OTHR)

Signs and Symptoms:
- Watery or purulent secretions
- Itchiness
- Redness
- Sensation of a foreign body in the eye

Laboratory Results:
- Not required

Most Common Reasons Why a Resident May Develop an Eye Infection:
- Transmission by hands of person with conjunctivitis
- Transmission of micro-organism from another site by hands of residents.
- Wound infected or colonized with Staph aureus
- Secondary to viral URI

F. Gastrointestinal – Enteric Infections (GI)

Signs and Symptoms:

- Diarrhea – (3 times or more per 24-hour period)
- Vomiting
- Abdominal cramps
- Bloody or foul-smelling stools
- Dehydration
- Occasional Fever

Laboratory Results:

Culture of a pathogen

- Identification of a parasite
- Electrolyte imbalance
- CBC WBC > 10,000 in some cases
- Occasional fecal leukocytes

Most Common Reasons Why a Resident May Develop a GI Infection:

- Ingestion of contaminated food or water
- Transmission by hands of infected person
- Contact with contaminated fomites and environmental surfaces

G. Pseudomembranous Colitis (PMC) – Antibiotic Associated Colitis

Signs and Symptoms:

- Diarrhea
- Abdominal Pain
- Fever

Laboratory Results:

- Fecal leukocytes
- Positive C. difficile toxin assay
- CBC WBC > 10,000

Most Common Reasons Why a Resident May Develop PMC:

- Following antibiotic therapy within the past 30 days
- Nosocomial transmission from resident to resident on hands of personnel
- Contact with contaminated fomites

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

TITLE - Infection Control Precaution/Isolation Identification

POLICY: The category of precautions/isolation to be used will be addressed on the health service plan. A sign will be placed outside room directing visitors to the nurse. (A STOP SIGN)

The health service plan will address precautions/isolation category to be used in the following areas. All staff will be made aware of protective clothing, or equipment needed when caring for residents with specific needs.

1. General Blood and Body Fluid/Universal precautions
2. Contact Isolation
3. Respiratory Isolation
4. Strict Isolation

When it is necessary to alert visitors and staff to specific precautions (more than universal precautions) a **STOP** sign directing them to the nurse will be placed outside the room.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

INITIATED: 8/2000
FORM: IC #12
TITLE - Body Substance Precaution/Standard Precautions
POLICY:

Standard Precautions combines UNIVERSAL PRECAUTIONS AND BODY SUBSTANCE ISOLATION and are to be used regardless of diagnosis or presumed infection status. Standard precautions refer to reducing transmission of pathogens from moist body substances. This applies to all body fluids, secretions, excretions, and contaminated items. At its simplest, it can be explained that "IF IT'S WET, WEAR GLOVES!"
Blood, urine, stool, saliva, and wound drainage are all considered contaminated body substances.

PROCEDURE:

1. Unsterile gloves are worn when handling resident's blood, urine, feces, saliva, or wound drainage.

2. Hand washing procedures are followed after any contact with body fluids, even when gloves are worn

3. Linens contaminated with body fluids are placed in a laundry bag using a technique that prevents the spread of these fluids to uncontaminated areas.

4. Bedpans containing urine, feces, or both are covered until emptied.

5. All dressings containing wound drainage are bagged for disposal.

Personal Protective Equipment

The facility provides personal protective equipment to assure that all healthcare workers are provided with adequate protection to prevent:

1. Exposure to potentially infectious materials on non-intact skin

2. Cross-contamination

3. Exposure from splashing, splattering or ingestion of potentially hazardous materials.

4. Inhalation of potentially hazardous organisms via the airborne route.

Gloves: It is the policy of this facility that gloves be worn when handling blood or body fluids, mucous membranes, and non-intact skin.

Procedure

1. Gloves shall be used for touching excretions, secretions, blood, body fluids, mucous membranes, and non-intact skin.

2. When gloves are indicated they shall be used only once and discarded into the appropriate receptacle.

3. The use of gloves will vary according to the procedure involved. The use of disposable gloves is indicated for procedures where body fluids are handled and includes the following circumstances:

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

Title: Body Substance Precaution/Universal Precaution

a. If it is likely that the employee's hands will come in contact with blood or body fluids, mucous membranes, or non-intact skin while performing the procedure;
b. If the employee has any cuts, wounds, or scrapes on his or her hands;
c. If the employee's hands are chapped or have a skin rash or skin condition;
d. If handling soiled linen or items that may be contaminated;
e. During instrumental examination of oropharynx, gastrointestinal tract, and genitourinary tract;
f. When examining abraded or non-intact skin or residents with active bleeding;
g. During invasive procedures; and
h. During all cleaning of blood, body fluids, and decontaminating procedures.

4. Gloves must be of appropriate material, usually intact latex or intact vinyl, of appropriate quality for the procedures performed, and of appropriate size for each healthcare worker.

5. Surgical or examination gloves shall not be washed or disinfected for reuse. (Note: General purpose utility (rubber) gloves worn by maintenance, housekeeping, laundry, or other non-medical personnel may be decontaminated and reused.)

6. Gloves shall not be used if they are peeling, cracked, or discolored, or if they have punctures, tears, or other evidence of deterioration.

7. Hand washing is necessary even if gloves are used.

Gowns: It is the policy of this facility that personnel use gowns/aprons when soiling of the clothing with blood or body fluids is likely.

Procedure

1. Personnel must wear a gown, apron, or lab coat when performing a task (s) that will likely soil the employee's clothing with infective matter (i.e., blood, feces, body fluid, tissues, etc.).

2. When gowns are used, they shall be used only once and discarded into appropriate receptacles.

3. Gowns used to protect against gross soiling of blood (especially during exposures to large amounts of blood or invasive procedures) shall be made of or lined with puncture-resistant (impervious) material and shall protect all areas of exposed skin.

4. Gowns or aprons used to prevent splashing or soiling of body fluids during routine resident care will be adequate to contain soil.

Masks It is the policy of this facility that masks be worn when splashing of blood or body fluids in the nose or mouth is likely.

Procedure

1. All personnel must wear masks when the splashing of blood or body fluids in the nose or mouth is likely.

2. When masks are indicated, they should be used only once and then discarded into the appropriate receptacle. Masks should only be handled by the strings.

3. Masks must be changed when they become moist or soiled.

Goggles/Eyewear: It is the policy of this facility that personnel use eyewear to protect the mucous membranes of the eyes when splashes from blood or body fluids are likely.

Procedure

1. Eyewear will be readily available on every nursing section.

2. When anticipating splashes of blood or body fluids to the eyes, eyewear will be worn.

3. Regular eyeglasses may be adequate for protection from splashes in most situations likely to arise in the long-term care setting.

4. Regular cleaning and disinfecting procedures used within the facility are adequate for decontamination of soiled eyewear.

PRECAUTIONS FOR SELECTED INFECTIONS

Infections or Conditions	**Precaution Type**
Abscess or Pressure Sore:	
Draining, not contained by dressing	Contact
Draining, contained by dressing	Standard
Clostridium difficile colitis	Contact
Conjunctivitis, Acute Bacterial	Standard
Enterococcus Vancomycin Resistant	Contact
Gastroenteritis, Salmonellosis	Standard
HIV Infection	Standard
Influenza	Respiratory
Legionnaire's Disease	Standard
MRSA	Contact
Scabies	Contact
TB, Pulmonary	Respiratory
UTI	Standard
Coronavirus	Respiratory

TRANSMISSION – BASED PRECAUTIONS

CONTACT PRECAUTIONS/ISOLATION

In addition to Standard Precautions there are additional precautions recommended such as:
1. A private room or cohorting the resident,
2. Limiting the movement or transport of residents to essentials only
3. Where possible have dedicated resident care items

Title: Infection Control Standard Precautions

4. Strict gloving, removing gloves in room and hands are washed

Title: Body Substance/Standard Precautions

Care is taken that hands do not touch potentially contaminated surfaces. For example, residents with Clostridium difficile are able to contaminate their immediate environment with the highly resistant bacterial endospore. Contact Precautions would limit their spread to others.

RESPIRATORY ISOLATION

For microorganism which can be transmitted by airborne droplet nuclei

1. Private rooms, cohorting and limiting resident movement as well as wearing a mask when entering the room. This may be appropriate, for example, for residents infected with the influenza virus.
2. Limitation of resident transport
3. Infectious TB would require negative air pressure as well.

STRICT ISOLATION

Combines the principals of both contact and respiratory precautions. All attire must be worn to enter the room. i.e. gowns/gloves and masks.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

INITIATED: 8/2000
FORM: IC #14
TITLE - Contact Precaution/Isolation

POLICY: The facility shall follow CDC guidelines for Contact Precaution/Isolation

PROCEDURE

1. The Director of Wellness or/Designee will assure that any resident with the following disease will be placed in Contact Precaution.

    a. Acute respiratory infections in infants and young children, including: croup, colds, bronchitis, adenovirus, coronavirus, influenza virus, parainfluenza virus, and rhinovirus.
    b. Conjunctivitis, gonococcal in newborns.
    c. Cornavirus-19
    d. Diphtheria, cutaneous
    e. Endometritis, Group A Streptococcus
    f. Furunculosis, Staph in newborns
    g. Herpes Simplex, disseminated, severe primary or neonatal
    h. Impetigo
    i. Influenza, in infants and youngsters
    j. Multiply resistant bacteria, infection or colonization, any site, with:
    Gram-negative bacilli resistant to all aminoglycosides (gentamicin, tobramycin, amikacin).
    Staph Aureus, resistant to methicillin, nafcillin, or oxacillin.
    Pneumococcus, resistant to penicillin. Hemophilus Influenza, resistant to ampicillin and chloramphenicol. Other resistant bacteria judged by the Infection Control Committee to be of special significance.
    k. Pediculosis
    l. Pharyngitis, infectious, in infants and young children.
    m. Pneumonia, viral, in infants and young children.
    n. Pneumonia, Staph Aureus or Group A Strep
    o. Rabies
    p. Rubella, congenital or other.
    q. Scabies
    r. Scaled skin syndrome, staphylococcal, (Ritter's Disease)
    s. Skin, would or burn infection, major (draining and not covered by a dressing or dressing does not adequately contain the purulent material) including those infected with Staph Aureus or Group A Streptococcus.
    t. Vaccinia (generalized and progressive eczema vaccinatum).

2. Will report the above cases to the Director of Wellness or designee, and administrator immediately.

3. Will post appropriate signs, document set up of precautions, prepare articles for procedure, and notify appropriate personnel.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

SPECIFICATIONS FOR CONTACT PRECAUTION:

1. Private room is indicated; in general, residents infected with the same organism may share a room.

2. Gowns are indicated if soiling is likely.

3. Masks are indicated for those who come close to the resident

4. Gloves are indicated for touching infective material.

5. Hands must be washed after touching the resident or potentially contaminated articles, and before caring for another resident.

6. Articles contaminated should be discarded or bagged before being decontaminated or reprocessed.

7. Visitors should be instructed in proper precaution technique.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

INITIATED: 8/2000
FORM: IC #15
TITLE - Respiratory Isolation

Please see nurse before entering.

Respiratory Isolation will be implemented for:

1. Measles (for 4 days after rash)
2. Mumps (for 9 days)
3. Meningococcal diseases (for 24 hours after effective therapy)
4. Epiglottis caused by Hemophilus influenza
5. Erythema infectiosum (for 7 days)
6. Tuberculosis
7. Coronavirus – 19 (14 days)

Specifications for Respiratory Precautions:

1.	**Gowns**	NOT indicated
2.	**Masks**	INDICATED FOR THOSE WHO COME IN CLOSE CONTACT – Persons not immune to measles or mumps should not enter the room.
3.	**Gloves**	NOT indicated.
4.	**Hands**	MUST BE WASHED AFTER TOUCHING THE RESIDENT OR POTENTIALLY CONTAMINATED ARTICLES AND BEFORE TAKING CARE OF ANOTHER RESIDENT.
5.	**Articles**	CONTAMINATED WITH INFECTED MATERIAL SHOULD BE DISCARDED OR BAGGED AND LABELED BEFORE BEING SENT FOR DECONTAMINATION AND PROCESSING.
6.	**Door**	MUST REMAIN CLOSED!

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

INITIATED: 8/2000
FORM: IC #16
TITLE - Strict Isolation

POLICY: Please see nurse before entering room.

Strict Isolation will be implemented for:

1. Chicken Pox
2. Diphtheria
3. Hemorrhagic
4. Herpes Varicella Zoster (HVZ) in immuno-compromised residents
5. Disseminated HVZ in non-compromised residents.

PROCEDURE:

Barriers in addition to Universal Precautions:

1. Gloves must be worn by all persons entering the room.
2. Masks must be worn by all persons entering the room except in chicken pox or HVZ residents and persons known to be immune. Persons not immune should not enter the room.
3. Gowns/aprons must be used by all persons entering the room.
4. Residents with the same condition may share a room under the direction of the infection control coordinator or medical director.

Visitors:

1. Those visiting chicken pox or HVZ residents who are immune and not at risk need no barriers except hand washing. Visitors not immune to chicken pox should not enter the room.
2. Full barriers are necessary for other conditions.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

INITIATED: 8/2000
FORM: IC #17
TITLE - MRSA

POLICY: The facility will have a procedure for the management of MRSA, based on the recommendations of the Center for Disease Control and the State Department of Health.

PROCEDURE:

General Routine Precautions for MRSA Patients

1. Ideally, residents whose cultures reveal MRSA should be placed in an isolation room private room, or in a cohort room with another MRSA resident. However, a resident with MRSA may share a room with a Non-MRSA resident who has no open wounds, invasive devices, [foley catheter, gastrostomy tube, nasogastric tube, tracheostomy] has a normal immune system, and appropriate infection control precautions are used.

2. Although OBRA requires respect for resident's rights in long-term care facilities, medical necessity allows appropriate cohorting of residents with infectious disease on an individual basis.

3. As with all residents, proper hand washing technique should be used whenever performing direct resident contact responsibilities.

4. Contact precautions will be followed, and after one negative culture, precautions may be removed.

   [masks are only required if the MRSA is in the sputum and the health care provider is in close contact with the patient, i.e. suctioning if the patient is coughing.]

5. Schedule of cultures:
   a. 48 hours after antibiotic therapy is completed.

6. If first culture result is positive, notify the physician, maintain contact precautions and antibiotic therapy.

7. See attached training from Association for Professionals in Infection Control and Epidemiology entitled "Guide to the Elimination of MRSA in LTC Facilities"

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

TITLE - C-DIFFICILE

POLICY: Management of C-Difficile is based on the recommendations of the Center for Disease Control and appropriate state regulatory agency.

PROCEDURE:

1. The attending physician will be notified of the positive culture and asked for orders for treatment and enteric precautions.

2. Residents Health Service plan will be updated as required.

3. A STOP sign will be posted outside the resident's room directing visitors to nursing office.

4. Gowns and gloves will be assessable for staff use.

5. Place hampers in the resident's room for soiled linen and trash.

6. The infected resident will be given a commode (if double occupancy).

7. Precautions will be taken to avoid splashing feces on toilet seat when emptying commode.

8. Schedule follow-up cultures to be done 48 hours after the antibiotic is finished.

9. Discontinue precautions after two (1) negative cultures have been received.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

INITIATED: 8/2000
FORM: IC #19
TITLE - Vancomycin Resistant Enterococcus

POLICY: All residents identified as having cultures positive for VRE require isolation for prevention and containment of spread of this organism throughout the facility. All identified VRE positive residents will have the receiving facility notified, in advance, of their positive cultures when they are transferred out of our facility.

Residents will be considered negative if they have one negative culture. The culture should be obtained 48 hours after the last dose of antibiotic.

All residents identified as positive for VRE must be placed in contact isolation (in addition to standard precautions).

PROCEDURE:
Private room is highly suggested

GLOVES:
Wear gloves when entering resident room. Change gloves after having contact with infective material that may contain high concentrations of microorganisms. Remove gloves before leaving resident room.

WASH:
Wash hands with an antimicrobial agent immediately after glove removal. After glove removal and hand washing to ensure that hands do not touch potentially contaminated environmental surfaces or items in the resident's room to avoid transfer of microorganisms to other residents or environment.

GOWN:
Wear gown when entering resident room if you anticipate that your clothing will have substantial contact with the resident, environmental surfaces, or items in the residents' room, or if the resident is incontinent, or has diarrhea, an ileostomy or colostomy or wound drainage not contained by a dressing. Remove gown before leaving the residents' environment and ensure that clothing does not contact potentially contaminated environmental surface to avoid transfer of microorganisms to other residents or environments.

RESIDENT TRANSPORT:
Limit transport of resident to essential purposes only. During transport, ensure that precautions are maintained to minimize the risk of microorganisms to other residents and contamination of environmental surfaces and equipment.

RESIDENT CARE EQUIPMENT:
Dedicate the use of non-critical resident care equipment. If common equipment is used, clean and disinfect thoroughly between residents.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

INITIATED: 8/2000
FORM: IC #20
TITLE - Pediculosis, Treating

POLICY: Therapeutically treat a resident with pediculosis; prevent the spread of pediculosis.

EQUIPMENT:

1. Pediculicide shampoo or lotion (must be ordered by physician)
2. Fine tooth comb
3. Red plastic isolation bags
4. Exam gloves
5. Equipment for a bed bath and shampoo, if necessary

PROCEDURE:

1. Identify and treat type of louse.

A. Head lice are found on scalp, behind ears or at the nape of the neck
   a) Put on gloves
   b) Shampoo the resident's hair with pediculicide shampoo. Comb hair with a fine toothcomb to remove lice or eggs.
   c) Repeat shampoo in one week
   d) After each treatment soak combs and brushes in pediculicide for six minutes or place them in hot water over 126 degrees F.
   e) Double bag all bed linen and towels and send to laundry.
   f) Wigs and hats which can not be washed with pediculicide are double bagged for 14 days.

B. Body lice, found in clothing which is in close contact with the skin such as belt line.
   a) Bag all resident's personal clothing and send home with family. Instruct the family to launder in water 126 degrees F and dry in hot dryer.
   b) Or send to facility laundry in double bag.
   c) Put on gloves and apply lotion to body.
   d) Bathe resident after 8-12 hours – wear gloves
   e) Double bag all bed linen, towels and wash cloths and send to laundry.
   f) Examine patient to determine if re-treatment is necessary.

C. Pubic lice are found in the pubic hair, but can be found on eyelashes, mustaches, and in axillary hair.
   a) Put on gloves
   b) Apply pediculicide lotion to the pubic hair, or entire body. Comb hair with a fine toothcomb to remove lice or eggs.
   c) Double bag clothes and linen.
   d) Bathe in 12 hours
   e) Re-examine resident to assure that treatment was effective. Contact attending physician if a second treatment may be necessary.
   f) Repeat procedure in one week, if ordered.
   g) After each treatment, soak fine tooth comb in pediculicide for six minutes or soak in 126-degree F. water for ten minutes.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

Title: Pediculosis, Treating

Note:

1. Itching and scratching of infested areas may require antihistamines and antipruritic to relieve discomfort.
2. Pediculicides vary as to their application and length to time for treatment, etc. Follow manufacturer directions or physician's orders.

SCABIES PROTOCOL:

1. The medical director, attending physician, and infection control coordinator, will immediately be notified of all residents suspected of having scabies
2. Confirmation for scabies will be with a skin scraping, which is done by a medical physician or by diagnosis by dermatologist.
3. Residents will be placed in Contact Isolation and cohorted if possible.
4. Kwell or other appropriate therapy will be ordered by the attending physician.
5. Roommates of confirmed cases of scabies will be prophylactically treated.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

INITIATED: 8/2000
FORM: IC #21
TITLE - Infectious Disease Residents

POLICY: Personnel of the long-term facility will use current concepts of disease control to ensure optimal treatment and care of residents with acquired immune deficiency syndrome (AIDS).

No employee may refuse to carry out any required procedure or refuse to care for any resident who has an infection or infectious disease providing the necessary protective barriers have been made available.

All precautions and protective barriers necessary to work with all infectious diseases are found in the IC manual.

If an associate feels that a problem does exist with their caring for a particular resident, they will contact their immediate supervisor who will in turn discuss the problem with them.

Sometimes an associate's refusal to work in the presence of AIDS will be based on legitimate or recognized concerns such as those associates whose immune system may be weaken as a result of steroid treatment or chemotherapy.

Admissions of a Resident with AIDS

Should a resident with AIDS be admitted to the facility, Body Substance/Universal/Standard Precautions will be utilized according to the CDC guidelines. No employee shall be exempt from caring for an AIDS resident. No employee shall be exempt from handling materials from an AIDS patient.

If a resident is diagnosed with AIDS at the long-term facility, attending physician is asked to report the disease to the AIDS Program at the department of health service.

PURPOSE:

HIV infection is a human situation to which Merion Gardens Assisted Living must respond in a manner consistent with our mission and goals. We recognize that those persons with HIV and AIDS are in need of healing spiritually and emotionally, even when a physical cure is beyond our scientific power of faith.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

Title: HIV INFECTED ASSOCIATES AND PHYSICIANS WORKING IN THE ASSISTED LIVING FACILITY

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Policy: The theological and ethical principles of this policy are as follows:

1. To recognize the dignity of the human person demands that person with HIV and AIDS be provided access to high quality healthcare, and that they not be discriminated against solely on the basis of their diagnosis.

2. To respect and maintain the confidentiality about and privacy of the person with HIV or AIDS, while at the same time assuring that healthcare professionals, with need to know, are adequately informed.

3. To be proactive in preventing insurance, housing, or employment discrimination against our HIV positive professionals or residents.

4. To provide education in pain management for persons with HIV and AIDS. This should be high priority, especially when the source of the HIV infection has been a result of drug abuse, because people used to heavy doses of drugs in their systems routinely have more difficulty managing pain.

5. To develop and present educational programs for healthcare professionals, including the HIV infected associate and physician, as well as, the community. These programs should be value based and informative to include; the action of the virus, how it is transmitted, how to avoid transmission, how it is treated, side effects, what opportunistic infections are, how they might develop, and how they are treated.

Operational Principals

A. Mandatory testing of healthcare professionals and associates is NOT to be required. Under ordinary circumstances, information about caregivers' HIV status may not be demanded. Associates or professionals accidentally exposed to blood or body fluids in the workplace will be counseled, tested and evaluated.

B. Associates and physicians will be permitted to work/practice in the facility so long as resident care procedures can be performed with safety to both the resident, associate and physician alike.
Reassignment of clinical practice, particularly as it pertains to invasive procedures may be required and will be evaluated on a case-by case basis if compliance to Body Substance and/or Infection Control practices are not being followed or if the person's health status prevents him/her from performing satisfactorily. The evaluation will be subject to the Medical Director/Administration.

C. HIV infected associates and physicians will be evaluated individually and will be counseled regarding the potential risk for caring for residents with communicable diseases, and the need for strict adherence to existing CDC and Facility Body Substance Precautions Policies. This evaluation will be at the discretion of the Medical Director/Administration in consultation with designated healthcare professional, such as the Occupational Health physician, Infectious Disease physician and/or of Infection Control/Employee Health. Nurse, Physician and associate counseling will be performed by one of the above healthcare professionals.

D. Should the Facility become aware of a practicing physician's HIV status, notification of the physician's former/current residents of the physician's positive HIV status will be determined on a

case-by case basis. This will occur after consultation with the after consultation with the Medical Director and Administration.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

INITIATED: 8/2000
FORM: IC #22
TITLE - Precautions/Isolation

POLICY: A resident may be placed into a specific precaution/isolation either upon the physician's order or as a temporary nursing intervention.

PROCEDURE:

1. When it is determined that the resident needs specific precautions or isolation, the Director of Wellness or designee nurse will notify nursing staff regarding the specific isolation/precaution and organism/disease.
2. The nurse will post the appropriate isolation sign and document such in the residents' medical record.
3. The nurse must also notify the Social Services, Activities, Housekeeping, Therapies, and Dietary if indicated. All departments must carry out the appropriate procedures.
4. Isolation precautions shall remain in effect until discontinued by the resident's physician or when criteria are met.
5. When isolation precautions are implemented, the charge nurse for the room where isolation precautions are instituted, shall:

    a. Maintain an adequate array of isolation supplies (i.e., gloves, gowns, masks, etc. (as needed) near the isolation room so that appropriate protective clothing can be easily put on before entering the isolation room;
    b. Post the appropriate isolation sign on the room entrance door so that all personnel will be aware of isolation precautions;
    c. Make sure that a laundry hamper and waste containers are placed in/near the isolation room and that each is lined with a plastic liner;
    d. Place necessary equipment and supplies in the room that will be needed during isolation;
    e. Make sure that an adequate supply of antiseptic soap and paper towels are maintained in the room during the isolation period;
    f. Explain to the resident the reason (s) for the isolation precautions; and
    g. Document actions on medical records.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

INITIATED: 10/2014
FORM: IC #23
TITLE - Guidelines for Collecting Culture Specimen

POLICY: All culture specimens are obtained by a licensed nurse either in response to a physician order before starting antibiotic therapy or if the physician suspects an infection.

DEFINITIONS:

Cultures
A culture is a method of promoting the growth of a microorganism by providing the nutrients, temperature, and humidity, which are optimal for any bacteria, which may be present in the specimen. Cultures must be incubated at the proper temperature for at least 18-24 hours before any bacterial growth appears. The cultured organism is then identified by biochemical tests. A culture usually takes 48-72 hours to be completed, according to what organism has grown.

Isolation
Isolation of an organism from any site indicates the presence of the organism in the material cultured. It does not necessarily indicate the site is infected. Organisms may be present in cultured material due to a true infection, colonization, or contamination. True infection in a resident has definite significant signs and symptoms.

Laboratory Specimens
Each specimen should be put in a well-constructed container with a secure lid to prevent leaking during transport. Care should be taken when collecting specimens to avoid contamination of the outside container. All specimens must be placed in an impervious bag.

PROCEDURE:
Skin and Soft Tissue Culture
1. An aerobic specimen is obtained by rotating a culturette swab across the wound bed in a zigzag pattern.
2. An anaerobic specimen is taken from the fresh purulent material in a culturette.

Genital Culture
1. Gram stain must be ordered only if physician ordered as such.
2. Gram stain is only on certain sources such as urethral discharges.
3. Submit in a culturette.

Urine Culture
1. Must be submitted in a sterile container.

Nose/Throat Culture
1. Order this culture for source such as:
   Nose Swab
   Nose Drainage
   Throat Swab
   Mouth
   Nasal Sinus
2. Indicate exact source.
3. Submit in culturette

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

Title: Guidelines for Collecting Culture Specimen

Stoma Site Culture

1. Clean site with NSS before obtaining specimen.
2. Submit in a culturette.

Sputum Culture

1. Sputum cultures are to be submitted in sterile containers.
2. Indicate in slip if specimen is trans tracheal aspirate.

Surveillance Cultures are obtained as per MRSA/VRE polices

1. Stool cultures following acute diarrhea illness in employees may be obtained by the medical director.
2. Stool cultures for follow-up of Salmonella and Shigella forty-eight (48) hours after the discontinuance of antimicrobials may be obtained by the infection control coordinator.
   In emergency situations, the administrator and medical director shall have the administrative authority, accountability, and responsibility to:
   a. Request and order screening, surveillance, and follow-up cultures as necessary; and
   b. Report laboratory findings to the health department, as appropriate.
3. Completed culture reports shall be reviewed by the Director of Wellness or designee and filed in accordance with established record keeping requirements.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

INITIATED: 11/2014
FORM: IC #24
TITLE - Sharps Disposal

POLICY: All sharps including used needles, syringes, scalpel blades, and intravenous needles are disposed in the appropriate receptacle.

Used needles and syringes are not to be re-sheathed.
Used needles are not to be cut or broken.
Sharps receptacles are locked and attached to the side of the medication carts and dated.
Disposal by an approved vendor must be completed within 1 year.

PROCEDURE:

1. All sharps are dropped unsheathed and unbroken directly through the opening in top of receptacle.

2. New receptacles are replaced by the nurse on duty.

3. When sharps receptacles are ¾ full, the receptacle, is closed and taped. It is placed in a red bag in the Stericycle box located off the medication room.

4. Filled sharp receptacles are removed from the facility by an approved environmental services vendor and disposed of following State and Federal guidelines.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

INITIATED: 8/2000
FORM: IC #25
TITLE - Biomedical Waste Management Plan

POLICY: All regulated medical waste is handled, processed, stored, and transported following state and federal regulations, including the Environmental Protection Agency (EPA) and Occupational Safety and Health Administration (OSHA) standards from the point of origin to the point of final disposal. Safe and sanitary practices are followed for all components of the waste management system, including transport and storage systems.

GENERAL INFORMATION:

1. Medical waste that is tracked (regulated medical waste) consists of:
   a. Cultures and stocks of infectious agents (includes discarded live and attenuated vaccines)
   b. Human pathological waste, including tissues and body fluids
   c. Human blood and blood products, including blood saturated bandages, intravenous (IV) equipment (bags, bottles, tubing), and disposable suction canisters
   d. Sharps

PROCEDURE:

1. Wastes are segregated into:
   a. Sharps that are placed in sharps containers that are spill-proof, puncture resistant, and labeled with a biohazard label.
   b. Fluids that are poured down a sanitary sewer (sink or toilet)
   c. Other regulated medical waste that is placed in red bags, each red bag being at least 3 mil thick

2. After bagging is complete, waste is stored in a special receptacle labeled with a biohazard sign in a designated area for pick up by environmental services/maintenance.

3. Each facility will log waste per state/federal regulations.

4. Log must contain name of waste contractor, date of pick-up, weight of waste, and destination.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

INITATED: 8/2000
TITLE - Cleaning/Decontaminating Spills or Splashes of Blood/Body Fluids

POLICY: It is the policy of this facility that all spills or splashes of blood or other body fluids are cleaned up and the area decontaminated as soon as practical.

PROCEDURE:

1. Surfaces and equipment contaminated with spills or splashes of blood or body fluids must be cleaned up as soon as practical.

2. Gloves must be worn when cleaning up spills or splashes of blood or body fluids. (Note: Other protective equipment (i.e., gowns, masks, and goggles) may be necessary if splashing blood or body fluids into the eyes, nose, or mouth, or soiling of clothing is likely. Shoe covering will be necessary if there is massive blood contamination on the floor.)

3. Currently, OSHA and CDC guidelines (CPL 2-2.44B, February 1990), recommend that after the initial cleanup of blood/body fluids, one (1) of the following should be used for disinfecting spills of blood and/or body fluids.

    a. Chemicals germicides that are approved for use as hospital disinfectants and are tuberculocidal when used at recommended dilutions;
    b. Products registered by the Environmental Protection Agency (EPA) as being effective against HIV with an accepted "HIV (AIDS) virus" label.
    c. 1: A solution of 5.25% sodium hypochlorite (household bleach) diluted between 1:10 and 1:1000 with water.

    A spill kit must be utilized for large spills. The liquid must first be absorbed with the powder in the spill kit before the area is disinfected.

4. Hands must be washed as soon as practical after an exposure to blood or body fluids.

5. After a spill area has been decontaminated, it should be cleaned using regular environmental disinfectants.

6. As all residents' blood and body fluids with visible blood are considered potentially infectious, all exposures to blood must be reported to the Director of Wellness or supervisor.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

INTIATED: 8/2000
TITLE - Reporting of Communicable Disease

POLICY: The Director of Wellness shall maintain a current list of all reportable disease and report forms obtainable from the local Department of Health office.

It shall be the duty of the Medical Director or appropriate designee, or the Director of Wellness to report suspected reportable condition to the State Health officer.

REPORTABLE DISEASES

The following diseases shall be reported immediately to the local health department by phone. Such report shall be followed up by a written report within 24 hours of the initial report.

Botulism
Diphtheria
Hemophilus Influenza
Hepatitis A
Measles
Meningococcal Diseases
Pertussis
Plague
Poliomyelitis
Rabies
Rubella
Viral hemorrhagic fevers, including but not limited to Ebola, Lassa and Marburg.
Foodborne intoxications, such as ciguatera, paralysis shell poisoning, etc.
Foodborne, waterborne, nosocomial out break
Group A Strep

Reportable diseases from hospitals.

Anthrax
Arboviral diseases
Cornavirus-19
Guillain-Barre syndrome
Hemolytic uremia syndrome
Kawasaki Disease (Mucocutaneous Lymph Node Syndrome)
Legionnaires' disease, nosocomial
Rabies, animal bites treated for rabies
Rheumatic fever, acute
Rubella (German Measles), including Congenital Rubella Syndrome
Tetanus
Toxic Shock syndrome
Trichinosis
Tuberculosis
Yellow Fever

If a resident has been diagnosed with a reportable disease prior to admission, such as an HIV infection, consider this disease to have been reported.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

TITLE - Disinfectants

POLICY: The facility shall use germicides and disinfectants that are approved by the FDA, EPA and Center for Disease Control.

PROCEDURE:

1. Medical devices, instruments, or resident care items should be thoroughly cleaned before being exposed to a germicide. Manufacturer's instructions or recommendations should be followed at all times.

2. Chemicals:

    A. Household bleach as well as a "tuberculocidal" quat. Bleach in a 1:10 solution is effective as a disinfectant of the HIV and HBV virus.

** All treated surfaces which come into contact with food must be rinsed with potable water before reuse.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

INTIATED- 8/2000
TITLE - Post-Mortem Care of Isolated Residents

POLICY: Personnel use the same precautions for the body that has been instituted for the resident when alive. Masks may be excluded.

PROCEDURE:

1. Resident will remain in their apartment until the mortuary reports to remove the body from in the body bag provided by the mortuary.

2. Standard precautions are maintained. The apartment remains closed available to family.

3. The nurse informs mortician of the type of isolation, if any, before removal of body.

4. Room is cleaned by housekeeping services.

    a. If resident expires on weekend or off-shift hours, room is left intact with door closed until it is cleaned by housekeeping services.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

INITATED: 10/2014
TITLE: HAND WASHING TECHNIQUE

Policy: All **nursing and service personnel will thoroughly wash their hands:**

1. Before and after their work shift.
2. Before and after physical contact with each resident.
3. After handling contaminated items such as bedpans, urinals, dressings, etc.
4. Before putting on and after removing protective clothing or gloves.
5. Before eating, drinking, or handling food.
6. After using the toilet, blowing of nose, covering a sneeze, etc.
7. Whenever hands become obviously soiled.

Procedure:

1. Remove all jewelry before washing hands.
2. Vigorously RUB all surfaces of LATHERED hands for at least 10 to 30 seconds.
3. Rinse hands under RUNNING water.
4. Dry well with paper towel.
5. Use separate paper towel to turn off faucet; all faucets are considered contaminated.

*** **SPECIAL NOTE**: Hand washing before and after caring for each resident is the SINGLE MOST IMPORTANT procedure in preventing the spread of infection.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

INITIATED: 11/2014
FORM: IC #36
TITLE - Personal Hygiene and Dress Code

Purpose:

Personal cleanliness and appearance of employees in this facility will decrease the risk of infection and will project a positive image Merion Gardens Assisted Living.

Procedure:

- All employees should bathe or shower before work.
- Use deodorant.
- Practice good oral hygiene.
- Cosmetics and perfume should be used in moderation.
- Hair is to be neat and contained with long hair pulled back or pinned up.
- Dietary personnel must wear a hairnet.
- Fingernails extended beyond the fingertips are not permitted.
- All RN's and LPN's may wear any color print scrub top with white uniform pants or knee length uniform shorts.
- No sweat pants may be worn.
- A clean uniform should be worn each day.
- Pierced earrings are to be small. Necklaces are to be tucked below scrub top.
- No canvas sneakers are permitted.
- See employee handbook for detailed descriptions.

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MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

INITIATED: 11/2014

TITLE - Visitation

POLICY: It is the policy of this facility to implement guidelines for visitation to prevent the spread of diseases in the community to the facility, and from the facility to the community.

Procedure:

1. The administrator has the authority to prohibit facility visitation during outbreak situations.

2. Visitors should be discouraged from visiting when they have infectious conditions, (i.e., upper respiratory infection (URI), coronavirus, influenza, gastroenteritis, or unexplained rashes).

3. The facility does not have an age restriction policy. However, visitors under the age of twelve (12) must be strictly supervised. The charge nurse should inquire of the person accompanying children if the children have recently been exposed to chickenpox.

4. Children who have or were exposed to chickenpox within the past ten (10) to twenty-one (21) days should not be permitted to visit.

5. Visitation of scout troops and school groups must be strictly supervised, and the groups should only be allowed in common areas or as arranged with Director of Activities.

6. Visits by pets must be considered individually and strictly supervised. Shot records must be provided in advance of the visit to the Administrator.

7. Visits by persons using seeing eye dogs should be considered individually. Seeing eye dogs are, by legislation, allowed in public areas.

8. When residents have infectious conditions, visitors should be advised of the precautions to use.

9. Generally, unless the visitor takes an active role in resident care, there are no extraordinary barriers needed.

10. Visitors should be encouraged to wash their hands upon arrival and when leaving the facility.

11. The “Notice to Visitors” should be provided to the responsible family member upon admission, and a copy should be posted in the foyer

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

TITLE - TB Control Program

POLICY: Every health care facility will have a TB plan, which includes policies and procedures for screening and treatment of employees and residents for TB.

PROCEDURE:

Responsibility for compliance with the TB Exposure Control Plan ultimately rests with the facility administration.

Supervisory responsibility for the program will be assigned to the infection control nurse.

Baseline risk assessment to evaluate the risk for transmission of tuberculosis in the facility will be done. Appropriate infection control interventions will then be developed on the basis of actual risk.

A. Who to Test?

1. Employees are required to submit to a two-step PPD upon entry into the facility and a one-step PPD annually as necessary.
2. All physicians who have admitting or consulting privileges will be strongly encouraged to do the same.
3. Individuals with a history of Bacillus of Calmette and Guerin (BCG) vaccination will be given a Mantoux test.
   a) There is no data to indicate that Mantoux skin testing of an individual with a history of BCG would have an excessive severe reaction.
   b) Anybody with a history of BCG and a positive reaction is considered infected with TB.
4. Tuberculin skin testing will be done before immunization with viral vaccines, i.e., MMR or Varicella or 8 to 12 weeks after immunizations are given.
5. The only permissible exclusion from pre-employment or follow-up skin testing is:
   a) individuals with a previously documented positive reaction to a tuberculin testing;
   b) individuals with documented previous or present adequately treated TB disease.
   c) individuals who completed adequate preventive therapy.

6. Individuals excluded from skin testing due to a prior positive test or past disease will have an initial Chest X-ray. Annual documented follow-up will occur post exposure for signs and symptoms of active disease. Chest XRAY will be every 5 years.

B. What Test to Use

1. The only currently acceptable method for TB skin testing is the Mantoux method using 5 tuberculin units of purified protein derivative (PPD) intradermal injection. Other forms of TB skin testing are poorly standardized.

2. All new employees, except those excluded in A,6, will be given a two-step Mantoux test for initial testing.
3. Follow-up testing after the initial two-step Mantoux test will be 1 annual intradermal Mantoux test.
4. Individuals can have TB skin testing done by an appropriate health professional other than the facility staff (i.e., the individual's private physician, if the skin testing results and any necessary follow-up evaluation documented and shared with the Employee Health Service.)
5. How to perform, interrupt and follow-up the Mantoux test is discussed in the Employee Health Policy.

For purposes of TB control and prevention, CDC has retained the following definition of "health care worker." All paid and unpaid persons working in health care facilities, including but not limited to, administrators, physicians, nurse aids, social workers, therapist, office personnel, technicians, students, part-time personnel, temporary staff not employed by the facility, volunteers, dietary, housekeeping, maintenance, and clerical staff.

Risk assessment for TB

1. Review the community TB profile, which you request from the public health department.

2. Review the number of TB residents who were treated in the facility.
   a. This information can be obtained by analyzing lab surveillance data and by reviewing discharge diagnoses or medical and infection control records.

3. Review the drug susceptibility patterns of TB isolates of residents who were treated at the facility.

4. Analyze PPD TB skin test results of health care workers (HCW's) by area or occupational group for HCW's not assigned to specific areas.

5. Calculate interval from the date of admission until TB suspected.

6. Was appropriate discharge planning conducted?

7. Perform an observational review of TB infection control practices.

8. Using the results of the risk assessment one of the five categories of risk is assigned to the facility, Minimal, Very low, Low, Intermediate, or High.

I. General considerations
   A. Population at Risk
      1. Persons with HIV Infection
      2. Elderly
      3. Foreign – born persons from countries with a high prevalence of TB (Asis, Africa, Latin America, and some Caribbean and European countries).
      4. Immunocompromised residents/employees with HIV and/or on steroids or chemotherapy.
      5. Correctional Inmates
      6. Close contacts of persons with TB
      7. Alcoholics and IV drug users.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

Title: TB Control Program

B. Clinical Signs of TB

1. A resident with a productive or persistent cough, night sweats, anorexia, unexplained wt. Loss, or hemoptysis.
2. A resident with a chest x-ray of pulmonary cavitation or hilar/mediastinal adenopathy.
3. A resident with a known or suspected human immunodeficiency virus (HIV) infection with a cough or fever, even in the absence of a classic TB chest x-ray.
4. Any resident with a cough and fever especially if there is a significant reaction to a PPD test; a history of exposure to infectious TB.

C. Early Identification and Treatment of residents with TB

1. Residents will be screened prior to admission for history of TB, positive PPD and/or prior treatment. A chest x-ray will be accepted, however a two-step Mantoux is still required when resident is admitted.
2. On admission a two-step Mantoux testing is completed. (Step one could have been done in hospital-you must have results). Follow up with chest x-ray or therapy as ordered.
3. If a current resident develops questionable symptoms, they will be transferred to a hospital.

Facility must have an agreement with a hospital to accept a resident with suspected TB.

II. Exposure Determination – Employee

If an Employee is exposed to a potentially infectious TB resident for whom infection control practices have not been taken, initial skin testing will be done if the employee's previous skin test is over three months prior to the exposure. If the initial test is negative, a repeat skin test will be performed twelve weeks after exposure. If the employee has a previous positive PPD reading, evaluation of previous follow-up will be done and a chest X-ray will be done every 5 years after the initial.

I. Work Removal

1. When an employee has pulmonary or laryngeal TB, she/he shall be excluded from work until adequate treatment is instituted, there cough is resolved and a physician certifies they are no longer infectious. (Three consecutive sputum AFB smears are negative, and has an improving chest x-ray).

2. Employees infected with TB at sites other than lung or larynx who are otherwise healthy and undergoing preventive therapy need not be excluded from work.

II. Training and Education

1. Employees shall be trained regarding the hazards and control of TB during orientation and annually as part of infection control in-service. At a minimum, the following subjects shall be discussed.
   a) The cause and transmission of TB
   b) definition of "infectious"
   c) the distinction between TB disease and TB infection
   d) the purpose and interpretation of TB skin testing, including the significance of a skin test conversion
   e) the signs and symptoms of TB
   f) the reporting mechanism of the signs and symptoms

g) the purpose of preventive therapy
h) the risk factors for TB disease development
i) the treatment of TB
j) the origin and prognosis of multi-drug resistant TB (MDRTB)
k) the purpose of surveillance and the recommended follow-up skin tests
l) specific protocols – work areas and the employee at high risk
m) problems related to the co-infection of TB/HIV

III. Record Keeping

A. Records of skin testing results, medical evaluations and treatments are considered employee medical records and must be preserved and maintained for at least the duration of employment plus 30 years.

B. Tuberculosis infections (positive skin test) and tuberculosis disease are both recordable on the OSHA 200 log in the facilities where TB has been identified as a hazard. A positive skin test for TB even on baseline testing (except pre-employment screening) is recordable on the OSHA 200 log because there is a presumption of work relatedness in these settings, unless there is clear documentation that an outside exposure occurred. For example, if an employee is found to have a positive skin test and was also positive prior to employment, the case would not be reportable.

C. If an employee's tuberculosis infection (positive Mantoux test) progresses to tuberculosis disease during employment, this case would also be recordable on the OSHA 200 log because there is, again, presumption of work-related exposure in these settings. This information would be important to employers who are evaluating the efficacy of their TB control program.

The OSHA 200 log does not determine eligibility for workers compensation cases nor does it automatically trigger an OSHA inspection. If unusually high TB rates are identified through record keeping, the next step is to evaluate the effectiveness of the exposure-control practices at the work site, and make appropriate policy changes, to afford employee protection.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

Title: TB Control Program

FACILITY T.B. RISK ASSESSMENT

REVIEW COMMUNITY TB PROFILE
AND
REVIEW NUMBER OF TB RESIDENTS EXAMINED
AS INPATIENTS OR OUTPATIENTS AT THE FACILITY

TB RESIDENTS IN
FACILITY OR COMMUNITY

ANALYZE (BY AREA* AND OCCUPATIONAL GROUP)
PURIFIED PROTEIN DERIVATIVE (PPD) TEST DATA,
NUMBER OF TB RESIDENTS, AND OTHER RISK FACTORS

HCW PPD CONVERSION RATE IN AREA OR GROUP SIGNIFICANTLY HIGHER
THAN RATES FOR AREAS OR GROUPS IN WHICH OCCUPATIONAL EXPOSURE TO
MYCOBACTERIUM TUBERCULOSIS
IS UNLIKELY, OR THAN PREVIOUS RATE IN AME AREA OR GROUP?
OR
CLUSTER OF HCW PPD CONVERSIONS?
OR
EVIDENCE OF PERSON-TO-PERSON TRANSMISSION?

NO
NO TB RESIDENTS ADMITTED AS INPATIENTS TO FACILITY DURING
PRECEDING YEAR
AND
PLAN TO REFER RESIDENTS WITH CONFIRMED OR SUSPECTED TB TO A
COLLABORATING FACILITY IF INPATIENT CARE IS REQUIRED

VERY LOW RISK

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

Title: TB Control

FACILITY T.B. RISK ASSESSMENT

REVIEW COMMUNITY TB PROFILE
AND
REVIEW NUMBER OF TB RESIDENTS EXAMINED
AS INPATIENTS OR OUTPATIENTS AT THE FACILITY

TB RESIDENTS IN
FACILITY OR COMMUNITY

ANALYZE (BY AREA* AND OCCUPATIONAL GROUP)
PURIFIED PROTEIN DERIVATIVE (PPD) TEST DATA,
NUMBER OF TB RESIDENTS, AND OTHER RISK FACTORS

HCW PPD CONVERSION RATE IN AREA OR GROUP SIGNIFICANTLY HIGHER
THAN RATES FOR AREAS OR GROUPS IN WHICH OCCUPATIONAL EXPOSURE TO
MYCOBACTERIUM TUBERCULOSIS
IS UNLIKELY, OR THAN PREVIOUS RATE IN AME AREA OR GROUP?
OR
CLUSTER OF HCW PPD CONVERSIONS?
OR
EVIDENCE OF PERSON-TO-PERSON TRANSMISSION?

NO

FEWER THAN SIX
TB RESIDENTS ADMITTED TO AREA DURING PRECEDING YEAR

LOW RISK

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

Title: TB Control

FACILITY T.B. RISK ASSESSMENT

REVIEW COMMUNITY TB PROFILE
AND
REVIEW NUMBER OF TB RESIDENTS EXAMINED
AS INPATIENTS OR OUTPATIENTS AT THE FACILITY

TB RESIDENTS IN
FACILITY OR COMMUNITY

ANALYZE (BY AREA* AND OCCUPATIONAL GROUP)
PURIFIED PROTEIN DERIVATIVE (PPD) TEST DATA,
NUMBER OF TB RESIDENTS, AND OTHER RISK FACTORS

HCW PPD CONVERSION RATE IN AREA OR GROUP SIGNIFICANTLY HIGHER
THAN RATES FOR AREAS OR GROUPS IN WHICH OCCUPATIONAL EXPOSURE TO
MYCOBACTERIUM TUBERCULOSOS
IS UNLIKELY, OR THAN PREVIOUS RATE IN AME AREA OR GROUP?
OR
CLUSTER OF HCW PPD CONVERSIONS?
OR
EVIDENCE OF PERSON-TO-PERSON TRANSMISSION?

NO

SIX OR MORE TB RESIDENTS
ADMITTED TO AREA DURING PRECEDING YEAR

INTERMEDIATE RISK

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

Title: TB Control Program

FACILITY T.B. RISK ASSESSMENT

REVIEW COMMUNITY TB PROFILE
AND
REVIEW NUMBER OF TB RESIDENTS EXAMINED
AS INPATIENTS OR OUTPATIENTS AT THE FACILITY

TB RESIDENTS IN FACILITY OR COMMUNITY

ANALYZE (BY AREA* AND OCCUPATIONAL GROUP)
PURIFIED PROTEIN DERIVATIVE (PPD) TEST DATA,
NUMBER OF TB RESIDENTS, AND OTHER RISK FACTORS

HCW PPD CONVERSION RATE IN AREA OR GROUP SIGNIFICANTLY HIGHER
THAN RATES FOR AREAS OR GROUPS IN WHICH OCCUPATIONAL EXPOSURE TO
MYCOBACTERIUM TUBERCULOSIS
IS UNLIKELY, OR THAN PREVIOUS RATE IN AME AREA OR GROUP?
OR
CLUSTER OF HCW PPD CONVERSIONS?
OR
EVIDENCE OF PERSON-TO-PERSON TRANSMISSION?

YES

EVALUATE CAUSES (S) OF TRANSMISSION

CAUSE (S) OF TRANSMISSION IDENTIFIED AND CORRECTED?

YES NO

Repeat PPDs and Risk Assessment at 3 months

PPD conversions or other evidence of transmission?

NO YES

Reassures interventions. Repeat PPDs and Risk Assessments at 3 mos.

PPD conversions or other evidence of transmission?

Resume appropriate lower-risk protocol NO YES

HIGH RISK

OBTAIN CONSULT

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

Title: TB Control Program

Cleaning Procedures, Disinfection and Sterilization

A. The same routine daily cleaning procedures used in the facility (i.e., an EPA registered Tuberculocidal quaternary disinfectant should be used to clean the rooms of residents on AFB Isolation.

There are no differences in the manner of performing routine disinfection and sterilization of equipment in the care of a suspected or confirmed TB resident.

Coordination with Public Health Authorities

A. Reporting Requirements to the New Jersey Department of Health (NJDOH)

1. Reporting requirements (N.J.A.C. 8:57 – 1.5 (a) must be adhered to including reporting individual suspect cases, diagnosed cases and outbreaks of TB to the SDH Tuberculosis Control Program. Positive AFB smears, positive speciation for Mycobacterium tuberculosis (MTB), the antimicrobial susceptibility pattern for MTB isolates are reported to the NJSDH Tuberculosis.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

INITIATED: 8/2000
FORM: IC #39
TITLE - Tuberculosis (AFB) Precaution

Policy: This facility does not accept infectious TB residents'; therefore, the facility will arrange for immediate transfer of the resident to an appropriate facility equipped to manage an infectious TB resident.

The following precautions will be maintained until the resident can be transported out of the facility.

SPECIFICATIONS FOR TUBERCULOSIS (AFB) PRECAUTION / RESPIRATORY ISOLATION

1. Private Room with special ventilation (hepafilter) is indicated; door must be kept closed; in general, residents with the same infectious organism may share a room.

2. Masks are indicated to enter the room.

3. Gowns are indicated only if needed to protect gross contamination of clothing.

4. Gloves are indicated when touching any body fluids. (to maintain body substance/universal precautions).

5. Hands must be washed after touching the resident or potentially contaminated articles, and before taking care of another resident.

6. Articles are rarely involved in transmission of TB; however, articles should be thoroughly cleaned and disinfected, or discarded.

7. Visitors must be instructed in proper precaution technique.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

INITIATED: 8/2000
FORM: IC #40
TITLE - Bloodborne Pathogens Exposure Control Plan

Purpose: To assume that all associates working in the Nursing Facility protect themselves from infectious body fluids through utilization of the concepts within the OSHA Bloodborne Pathogens Standard.

Policy: In accordance with the OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030, the following exposure control plan has been developed:

Exposure Determination

CATEGORY

OSHA requires employers to perform an exposure determination concerning departments which have employees who may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e., associates are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list departments in which all associates may be expected to incur such occupational exposure, regardless of frequency. At this facility, the following departments are in this category:

Employee Health
    Nurse
Housekeeping Services
    Worker
Nursing
    Nurse Manager, Registered Nurse, Licensed Practical Nurse, Nurse Aide
Physicians
    Medical Director, Attending & Consulting

CATEGORY II

In addition, OSHA requires a listing of departments in which some associates may have occupational exposure. Since not all the associates in this category would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these associates to have occupational exposure are also required to be listed in order to clearly understand which associates in this category are considered to have occupational exposure. The departments and tasks/procedures for this category are as follows:

Tasks/Procedures

Patient/Family Communications/Interviews/Counseling/Education/Interpretation/Interventions
Performs Routine Patient Care/Diagnostic Testing
Possible Handling of Specimens
Assists Employee with Tasks/Coverage if Short Staffed
Delivers, Collects & Handles Food Trays
Routine Patient Care Transport
Performs Routine Physical/Occupational/Recreational/Speech Therapy

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

TITLE: Bloodborne Pathogens Exposure Control Plan

Exchanges Nursing Med Carts
Possible Contact with Specimen/in Areas of Sharps
Examination of Resident/Patient in Areas of Sharps
Responds/Assists with Emergency Situations, Including Combative Persons
Supervising Resident/Patient Care/Observation of Staff/Students Clinical Skills
Observation of Wounds
Potential of Soiled Linen on Clean/Exchange Cart
Routine Maintenance in Resident/Patient Rooms/Non-Resident Rooms

Department/Positions

Administration
    Director, Resident Relations, Resident Relations Rep.
Activities Personnel
Admissions
    Officer, Registrar, Clerk
Audiology/Speech Pathology
    Pathologist, Audiologist, Director
Environmental Services
    Director/Supervisor
Facilities Management
    Mechanic,Director
Food & Nutrition
    Director/Manager/Supervisor, Dietitian, Aide, Cook, Technician
Infection Control
    Practitioner
Nursing/DON
Occupational Therapy
    Aide, Therapist
Pastoral Care
    Chaplain
Physical Therapy
    Aide, Assistant, Therapist, Manager
Recreational Therapy
    Therapist
Social Services
    Director, Social Worker
Volunteers
    Volunteers

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

Title: Bloodborne Pathogens Exposure Control Plan

CATEGORY III

Some associates in the following departments are not expected and have potential occupational exposure at this facility.

Departments/Positions

Administration
Administrator, Assistant Administrator
Admissions
Director and Coordinator
Business Office
Accounts Receivable/Payable/Accounting Assistant/Cashier/Manager
Medical Records Personnel
Implementation Schedule and Methodology

OSHA also requires that this plan include a schedule and method of implementation for the various requirements of the standards. The following complies with this requirement:

Compliance Methods

Universal/Body Substances Precautions will be observed at this facility in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual. (Refer to the Infection Control Universal/Body Substance Precautions (BSP) Policy.)

Engineering and work practice controls will be utilized to eliminate or minimize exposure to associates at this facility. (Refer to the Infection Control Universal/Body Substance Precautions (BSP) Policy.)

Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. At this facility, the following engineering controls will be utilized.

- Rigid sharps containers are available on each med cart and other designated areas. (i.e., soiled utility rooms.
- Personal protective equipment available to all associates:
  Impervious Gowns
  Gowns
  Goggles
  Masks
- Hand washing facilities
- Non-aqueous hand wash solutions
- Needleless IV System
- No recapping of needles unless required
- Mouth pipetting prohibited
- All linen and trash handled in leak proof bags
- All specimens in leak proof containers and placed in specimen bags for transport

Title: Bloodborne Pathogens Exposure Control Plan

The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows:

- All Nurse Managers and/or Department Heads/Immediate Supervisors will review daily and will ensure availability of supplies.

- Infection Control Practitioner/Performance Improvement will review as needed and implement use of these items into daily operations.

Hand washing Facilities

Hand washing facilities are also available to the associates who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. At this facility hand washing facilities are located:

- All Resident/Patient Rooms/Areas.
- All Nurses Stations
- All Bathrooms

If hand washing facilities are not feasible, the facility provides a non-aqueous antiseptic cleanser. If these alternatives are used then the hands are to be washed with soap and running water as soon as feasible.

Needles

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OSHA allows an exception to this if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required then the recapping or removal of the needle must be done by the use of a mechanical device or a non-handed technique. At this facility recapping or removal is only permitted for the following procedures:

- IN CERTAIN RARE EMERGENCY SITUATIONS WHEN PROPER EQUIPMENT MAY NOT BE AVAILABLE

Containers for Sharps
At this facility, the sharps containers are puncture resistant, labeled with a biohazard label, and are leak proof. At this facility sharps containers are located in the following areas:

*Attached to all Nursing medication carts.

Nursing is responsible for checking, removing and replacing filled sharps containers on a daily basis on each medication cart.

Title: Bloodborne Pathogens Exposure Control Plan

Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, associates are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

Specimens

Specimens of blood or other potentially infectious materials will be placed in a specimen transport bag that prevents leakage during the collection, handling, processing, storage, and transport of the specimens. Southgate Health Care Center Universal/Body Substances Precautions in the handling of all specimens and the containers are recognizable as containing specimens.

All specimens taken out of the facility are placed in a container that is labeled and/or color coded.

Specimens that could puncture a primary container will be placed within a secondary container that is puncture resistant. Such specimens may include guide wires, screws, implants, etc. A second larger puncture resistant specimen container may be used in this instance and may be obtained from the Lab.

outside contamination of the primary container occurs, the primary container shall be placed within a secondary container that prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

Contaminated Equipment

Equipment that has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

All equipment in the facility will be decontaminated prior to servicing or shipping.

Personal Protective Equipment

All personal protective equipment used at this facility will be provided without cost to associates. 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 associate's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Protective clothing will be provided to associates. All protective clothing and/or equipment will be provided in designated areas on each unit. Department Managers and/or Supervisors will be responsible for providing employees with protective clothing or equipment. The employee, however, will be responsible for wearing personal protective clothing/equipment when necessary. The following are lists of procedures which would require personal protective clothing/equipment and the type of protection required:

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

Title: Bloodborne Pathogens Control Plan

Task	Hand Wash	Gloves	Masks & Goggles if Aerosolization Likely	Gowns if soilage of Clothing expected	No Barriers needed unless contact with body fluid
Suctioning-oral/pharyngeal, Endotracheal tubes, tracheostomies	Yes	Yes	Yes		
Intubation/Extubation	Yes	Yes	Yes	yes	
Resuscitation	Yes	Yes	Yes	yes	
Specimen obtaining & processing	Yes	Yes	Yes	yes	
Oral examinations	Yes	Yes	Yes	Yes	
All dental procedures	Yes	Yes	Yes	Yes	
Tracheostomy care	Yes	Yes	Yes	yes	
Handling linen equipment, or articles soiled with secretions, blood or urine	Yes	Yes	Yes	yes	
Venipunctures/arterial punctures	Yes	Yes	Yes	Yes	
Transfusion therapy	Yes	Yes	Yes	Yes	
Central line access	Yes	Yes	Yes	Yes	
Managing blood or drainage from wounds, wound care, wound exams	Yes	Yes	Yes	Yes	
Irrigation or care of wounds/catheters	Yes	Yes	Yes	yes	
Vaginal exams	Yes	Yes	Yes	Yes	
Catheterizations (foley/straight)	Yes	Yes	Yes	Yes	
Administering enemas	Yes	Yes	Yes	Yes	
Ostomy care	Yes	Yes	Yes	Yes	
Tube drainage (gall bladder,t-tube, rectal tubes)-insertion & removal	Yes	Yes	Yes	Yes	
Rectal exams	Yes	Yes	Yes	yes	
Plumbing/sewer work	Yes	Yes	Yes	Yes	
Patient transportation					Yes
Delivering/collecting food trays	Yes				Yes
Performing routine physical therapy	Yes				Yes
Bathing, dressing, feeding, ambulating & routine assessments	Yes				Yes
Routine housekeeping in resident care areas	Yes				Yes

All personal protective equipment will be cleaned/laundered/disposed of/repaired/replaced by the facility at no cost to the employee.

Title: Bloodborne Pathogens Control Plan

All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area. All disposable equipment will be placed in medical waste trash. If goggles are not soiled, they may be wiped off with the approved germicide. If goggles are grossly soiled, they should be disposed. Replacement garments will be provided by the supervisor.

Gloves must be worn where it is reasonably anticipated that associates will have had contact with blood, other potentially infectious materials, non-intact skin and mucous membranes. Gloves are available on each unit and in each room and will be used for the following procedures: phlebotomy, suctioning, starting IV's, emptying bed pans, etc. Additional procedures were identified on previous pages of this plan.

Disposable gloves used at this facility are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required 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. Situations at this facility which would require such protection are as follows: suctioning, intubation, irrigation of tubes. Additional procedures were identified on previous pages of this plan.

The OSHA standard also requires appropriate protective clothing to be used, such as lab coats, aprons, clinic jackets, or similar outer garments. The following situations require that such protective clothing be utilized: lab coats, gowns, or clinic jackets which are not impervious will be worn on units. Impervious gowns will be worn to protect clothing and arms if spraying, splashing, or splattering should occur.

<u>Cleaning and Decontamination</u>

The facility will be cleaned and decontaminated according to the following schedule: individual areas cleaning frequency is listed in the specific Environmental Services policy for that area. In summary, all resident care areas are cleaned seven days per week, offices cleaned five days per week. (Refer to all Environmental Services Cleaning Policies.)

Decontamination will be accomplished by utilizing the following material:

The facility approved germicidal detergent.

For removal of blood:

Bleach (10%) solution

A Tuberculocidal quaternary agent utilized by employees for the clean up of small blood spills when Environmental Services would not need to be called, i.e., side rails, counter tops, etc.

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning. Environmental Services cleans spills as per policies. Individual departments clean their respective work surfaces after completion of procedures or after any spills.

Title: Bloodborne Pathogens Control Plan

Any broken glassware which may be contaminated will not be picked up directly with the hands. The following procedure will be used: broken glass will be swept up with dust pan and brush or picked up with tongs and placed in rigid, puncture-resistant containers.

Regulated Waste Disposal

All contaminated sharps shall be discarded as soon as feasible in sharps containers which are located in the facility. Sharps containers are located on each nursing medication cart.

Regulated waste other than sharps shall be placed in appropriate red bag containers. Such containers are located in each soiled utility room. Infectious medical waste is boxed, labeled and picked up by a contracted hauler. Other non-regulated medical waste is compacted and transported to a licensed landfill facility in accordance with State and Federal Regulations.

Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use.

All associated who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials.

Laundry at this facility will be cleaned within the facility.

Hepatitis B Vaccine

All associates who have been identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost to the associate. The vaccine will be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the associate has previously had the vaccine or wishes to submit to antibody testing which shows the associate to have sufficient immunity. (Refer to the Employee Health Policy, Hepatitis B Vaccine Consent and Body Substances Post Exposure Evaluation & Follow-up Policy)

Associates who decline the Hepatitis B vaccine will sign a waiver which uses the wording in the OSHA standard. (Refer to the Hepatitis B Vaccine Waiver)

The Infection Control/Employee Health Nurse is responsible for assuring that this vaccine is offered to all associates who are identified as having exposure to blood or other potentially infectious materials and that waivers are signed for those associates who refuse the vaccine. The Employee Health Nurse and/or Infection Control designated nurse will administer the vaccine.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

Title: Bloodborne Pathogens Exposure Plan

Post-Exposure Evaluation and Follow-Up

When the associate incurs an exposure incident, it should be reported to his/her supervisor.
All employees who incur an exposure incident will be offered post-exposure evaluation and follow up in accordance with the OSHA standard.
This follow-up will include the following:

Documentation of the route of exposure and the circumstances related to the incident. (Refer to the Facility Incident Report)
If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity.
Results of testing of the source individual will be made available to the exposed associate with the exposed associate informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
The associate will be offered the option of having their blood collected for testing of the associate's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the associate to decide if the blood should be tested for HIV serological status. However, if the associate decides prior to that time that testing will or will not be conducted then the appropriate action can be taken and the blood sample discarded.
The associate will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service).
The associate will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The associate will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

Above follow-up will be provided by a contracted Occupational Health Service as designated by the Workers Compensation Carrier or Medical Director if OHS is closed.

The following person (s) has been designated to assure that the policy outlined here is effectively carried out as well as to maintained records related to this policy:

Supervisor
Director of Wellness
Safety Committee
Administrators

Interaction with Healthcare Professionals

A written opinion shall be obtained from the health care professional who evaluates associates of this facility. Written opinions will be obtained in the following instances:

Whenever the associate is sent to a healthcare professional following an exposure incident.

Health care professionals shall be instructed to limit their opinions to:

1. Whether the Hepatitis B vaccine is indicated and if the associate has received the vaccine, or for evaluation following an incident.
2. That the associate has been informed of the results of the evaluation, and
3. That the associate has discussed any medical conditions resulting from exposure to blood or other potentially infectious materials.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

Title: Bloodborne Pathogens Exposure Control Plan

Education and Development

Education for all associates will be conducted prior to initial assignment to tasks where occupational exposure may occur. Please refer to the Infection Control Hospital-Wide Orientation booklet and quizzes.

Education for associates will include the following explanation of:

* The OSHA Standard for Bloodborne Pathogens
* Epidemiology and symptomatology of bloodborne diseases
* Modes of transmission of bloodborne pathogens
* This Exposure Control Plan, i.e., points of the plan, lines of responsibility, how the plan will be implemented, etc.
* Procedures which might cause exposure to blood or other potentially infectious materials at this facility.
* Control methods which will be used at this facility to control exposure to blood or other potentially infectious materials.
* Personal protective equipment available at this facility.
* Procedures to be followed for post exposure evaluation and follow-up.
* Persons/departments who should be contacted concerning post exposure evaluation and follow-up.
- Hepatitis B Vaccine program at this facility.

Record Keeping

All records required by the OSHA standard will be maintained by the Personnel Department. The Personnel Department will maintain records after the associate has resigned.

Education was conducted by using a combination of lectures, video tapes, written booklets and post test questionnaires. The Infection Control/Employee Health Departments and Nursing Departments are responsible for conducting this education.

All associates receive annual refresher training within one year of the associate's previous training.

Additional Body substance/standard precautions in-services have been provided and associate sign-in sheets are maintained in the Central In-service Book.

The outline for the educational material is located in the Central In-service Book.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

INITIATED: 11/2014
TITLE - Cleaning of Portable Ice Carts

Policy: At this time no portable ice carts are in this facility, but this procedure will remain in place in the event that one is ever used.

Procedure:

1. All portable ice containers will be lined with a plastic liner.

2. The liner will be changed every shift by the nursing staff when fresh ice is placed into the container.

3. Environmental Services will disinfect the container monthly using either a quaternary disinfecting agent of a 1-10 freshly prepared bleach solution. The container will be thoroughly rinsed with tap water and dried. A new liner will then be placed into the container.

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

INITIATED: **12/1/02**
FORM: **IC #**
TITLE: **Humidifiers**

Policy: The use of home (store bought) humidifiers IS NOT PERMITTED in the facility. This is in compliance with current CDC recommendations "for the prevention of pneumonia".

MULLICA GARDENS ASSISTED LIVING
INFECTION CONTROL POLICY AND PROCEDURE

Initiated: **12/1/02**

Title: **None are currently used in this facility but this procedure will remain in place.**
Cleaning of Portable Ice Carts

Policy: It is the policy of this facility that all portable ice carts will consistently be maintained clean and sanitized.

Procedure:

1. All ice in the portable ice containers will be changed every shift, and fresh ice will be placed in the container.

2. The Nurse Aide's on the 11-7 shift will disinfect the container and the ice scoop holders weekly, using either a quaternary disinfecting agent, or a 1-10 freshly prepared bleach solution. The container will be thoroughly rinsed with tap water and dried.