

Senior Alternatives: Infectious Disease and Control Protocols

GOAL

- To protect our clients, caregivers and core office staff from harm resulting from exposure to an emergent infectious disease while they are in the Senior Alternatives office or in a client's residence.
- This protocol includes policies and procedures for prevention and control of infection for all parties.

PURPOSES

- To describe the scope and requirements of the infection control program.
- To explain the clear sequence of events in the identification, reporting, prevention and control of infection to ensure appropriate services and timely action.
- To communicate guidelines for office staff and caregiver interaction with clients, families and other parties that promote appropriate prevention and control of infection.

POLICY

Senior Alternatives maintains an infection control program to reduce the risks for infection in clients, families, caregivers and staff. The agency bases the program on universal (standard) precautions for all clients, caregivers and staff, current scientific methods for prevention and epidemiological issues relevant to both patients and staff. Senior Alternatives management mandates that staff comply with infection control policies and procedures and standard/universal precautions.

Anyone employed by Senior Alternatives must demonstrate knowledge and understanding of accepted professional standards, principles and practice requirements for employee health and client care, including personal hygiene, hand washing and attire and personal protective precautions for staff and patients. The agency ensures staff know and follow infection control policies and procedures by providing orientation and annual continuing education programs for staff (in content and vocabulary geared toward the educational level, literacy, and language of the employee) in prevention and control of infections, including the following topics:

- Personal protective equipment (PPE)
- Hand washing and good hygienic practices
- Modes of infection transmission
- Infection control practices during care delivery
- Compliance with universal precautions
- TB screening and immunization requirements
- Hazardous materials and waste handling and disposal
- Exposure incident reporting and investigating
- Information specific to job responsibilities

- Reporting signs and symptoms to supervisory staff promptly

Universal precautions offer the greatest protection from the spread of infection. Consider all patients as infectious and capable of spreading infection. Consider all blood, body fluids, and tissue as contaminated.

Universal precaution procedures require staff to:

- Wash hands
 - Hand washing with soap and water is the single most effective way to prevent the spread of infection
 - Since hands are constantly touching contaminated surfaces, they are the principal vehicle for transmitting infection
 - Examples of when to wash hands include:
 - After caring for personal needs, such as using the toilet, blowing nose, covering a sneeze, combing hair, etc.
 - Before eating, drinking, handling, or serving food
 - Upon return from public places
 - Before and after each work shift
 - Before and after each significant client contact
 - Following contact with a contaminated object
 - After handling waste materials, secretions, or blood
 - After handling soiled items, such as linens, clothing, bedpans or garbage
 - Before and after wearing gloves
 - Any time contact with infectious material may have occurred
 - When washing hands, remember:
 - Liquid soap is preferred, as bar soap kept in a container provides a breeding ground for bacteria
 - Carry hand sanitizer in case there is no running water available, then wash hands with soap and water as soon as possible
- Use gloves when there is a danger of contact with blood or body fluids
 - Recommended times to wear gloves include when staff are:
 - Performing mouth care, nasal suctioning, a bowel routine, etc.
 - Handling utensils or supplies soiled with body fluids
 - Changing linens soiled with body fluids
 - Cleaning up spills of body fluids
 - Performing wound care or changing dressings (one pair to remove and discard soiled dressing, a second pair to apply new dressing)
 - Gloves are not necessary for casual contact with patients, such as transferring, bathing intact skin, etc.
 - Putting on gloves does not substitute for the need to wash hands
- Wear protective clothing when there is a chance that blood or body fluids will splash
 - Use disposable waterproof gowns to protect clothing
 - Use disposable masks to protect mouth and nose area
 - Use goggles to protect eyes
 - Use shoe covers and caps to protect shoes and hair
- Flush patient wastes (feces, urine, sputum) down the toilet

Influenza-Specific Guide

The following are symptoms of influenza. These symptoms may develop very quickly and without much warning. Symptoms may start with a sudden high fever, chills, muscle aches or pain, and a general feeling of tiredness.

Then other symptoms may develop:

- Sudden fever higher than 100.4°F (38°C)
- Chills
- Muscle aches or pain
- Headache
- Feeling of weakness and/or exhaustion
- Cough or sore throat 1 Runny or stuffy nose
- Signs of dehydration such as decreased urine, dry mouth & eyes, dizziness, etc.
- Diarrhea, vomiting, abdominal pain

When a person is sick with influenza, they should get plenty of rest and drink plenty of liquids. Monitoring flu symptoms and giving flu medications regularly can help to lessen their flu symptoms. A person with flu may be able to spread illness for at least five (5) days and maybe as long as 14 days after the first sign of being sick.

Influenza Prevention:

CDC recommends a yearly flu vaccine as the first and most important step in protecting against influenza and its potentially serious complications.

- Try to avoid close contact with sick people.
- While sick, limit contact with others as much as possible to keep from infecting them.
- If you are sick with flu-like illness, CDC recommends that you stay home for at least 24 hours after your fever is gone except to get medical care or for other necessities. (Your fever should be gone for 24 hours without the use of a fever-reducing medicine.)
- Cover your nose and mouth with a tissue when you cough or sneeze. After using a tissue, throw it in the trash and wash your hands.
- Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub.
- Avoid touching your eyes, nose and mouth. Germs spread this way.
- Clean and disinfect surfaces and objects that may be contaminated with germs like flu.
- If you are sick with flu, antiviral drugs can be used to treat your illness.
- Antiviral drugs are different from antibiotics. They are prescription medicines (pills, liquid or an inhaled powder) and are not available over-the-counter.
- Antiviral drugs can make illness milder and shorten the time you are sick. They may also prevent serious flu complications.
- CDC recommends prompt antiviral treatment of people who are severely ill and people who are at high risk of serious flu complications who develop flu symptoms.

PROCEDURE: Hand Washing

PURPOSES

- Prevent the transfer of disease-producing organisms from person to person or place to place
- Demonstrate compliance with infection control principles and universal precautions

Wash hands:

- After caring for personal needs, such as using the toilet, blowing nose, covering a sneeze, combing hair, etc.
- Before consuming, handling, or serving food or drink
- Upon return from public places
- Before and after each work shift
- Before and after each significant patient contact
- Following contact with a contaminated object
- After handling waste materials, secretions, drainage, or blood
- After handling soiled items, such as linens, clothing, bedpans, urinals, or garbage
- Before and after wearing gloves
- Before and after touching wounds or performing wound care
- After any potential contact with infectious material

Procedure for hand washing:

- Turn on water and adjust to warm temperature.
- Rinse hands and lather well with soap and warm water, keeping hands lower than elbows. Liquid soap is preferred, as bar soap creates a breeding place for bacteria. If using bar soap, rinse lather from bar soap and return to soap dish.
- Scrub fingers, palms, backs of hands, wrists, and between fingers for at least 10 seconds.
- Rinse hands thoroughly.
- Use paper towels to dry hands.
- Use a clean paper towel to turn off faucet.

Procedure for hand washing when staff cannot leave the bedside (e.g., during a dressing change):

- Apply approved waterless solution liberally
- Clean the hands for at least 10 seconds, paying attention to fingers, palms, backs of hands, wrists, and spaces between fingers
- Dry hands with paper towels

PROCEDURE: Personal Protective Equipment

PURPOSES

- Protect patients, family members and friends, and healthcare workers from the spread of infection

- Define circumstances when staff must wear personal protective equipment (PPE), masks and other face guards
- Ensure appropriate use of PPE during client care delivery
- Demonstrate compliance with infection control principles and universal precautions

PROCEDURE FOR WEARING A GOWN

- Wear a waterproof, disposable gown whenever there is the potential for body fluids to splash onto clothes.
- Wash hands.
- Put on the gown. Adjust the fit to cover clothing.
- Put on gloves.
- Perform client care.
- Remove and discard gloves.
- To remove the used gown, grab the inside of the gown (without touching clothing) and roll it into a ball, keeping the contaminated surface inside. Avoid touching the outside of the gown.
- Discard the used gown into a plastic trash bag with the regular garbage.
- Wash hands.

PROCEDURE FOR WEARING A FACE MASK

- Wear a disposable face mask whenever there is a reasonable expectation that blood or other body fluids could be splattered or aerosolized (spread through the air)
- Wash hands
- Put on and adjust mask so it covers both the nose and mouth
- Put on gloves and other PPE as appropriate
- Perform client care
- Change the mask any time it becomes wet
- Following care delivery, take off and discard the mask:
 - Using the same gloves if mask is soiled with blood or body fluids
 - After removing gloves if mask is not soiled with blood or body fluids
- Remove and discard other PPE according to established procedure
- Wash hands

PROCEDURE FOR WEARING GOGGLES OR SAFETY EYEGLASSES

- Wear goggles or safety eyeglasses when there is a reasonable expectation that blood or body fluids might splatter into the eyes.
- Wash hands.
- Apply goggles or glasses and adjust fit. The eye protection should extend from directly over the eyes to all areas around the eyes.
- Put on gloves and other PPE as appropriate.
- Perform client care.
- Remove the goggles or safety glasses:
 - Wearing the same gloves if eyewear is soiled with blood or body fluids. Set goggles or safety glasses on a barrier for cleaning, if soiled.
 - After removing gloves if eyewear is not soiled with blood or body fluids.
- Remove and discard other PPE according to established procedure.

- Wash hands.
- Wear utility gloves and:
 - Clean goggles with soap and water after each use.
 - Clean blood-spattered goggles a second time with ethyl alcohol or chlorine compound.
 - Discard cracked or heavily contaminated goggles into a plastic trash bag.
- Wash utility gloves and place them to dry.
- Wash hands.

PROCEDURE FOR WEARING A FACE SHIELD

- Wear a face shield when there is a reasonable expectation that blood or body fluids could be splattered or aerosolized (spread through the air) to the eyes, nose, and mouth
- Wash hands
- Apply face shield and adjust fit
- Apply gloves and other PPE as appropriate
- Perform client care
- Remove the face shield:
 - Wearing the same gloves, if face shield is soiled with blood or body fluids. Set face shield on a barrier for cleaning.
 - After removing gloves if face shield is not soiled with blood or body fluids.
- Remove and discard other PPE according to established procedure
- Wear utility gloves and:
 - Clean face shield with soap and water after each use
 - Clean blood-spattered face shield a second time with ethyl alcohol
 - Discard cracked or heavily contaminated face shield into a plastic trash bag
- Wash utility gloves and place them to dry
- Wash hands

PROCEDURE: Using Gloves

PURPOSES

- Protect patients, family members and friends, and healthcare workers from the spread of infection
- Define those circumstances when staff should wear gloves
- Define the requirements for use of gloves during client care delivery
- Demonstrate compliance with infection control principles and universal precautions

PROCEDURE

- Wear gloves whenever there is a reasonable expectation of contact with blood or body fluids
- Define the use of each type of glove:
 - Use non-sterile gloves when performing personal care if it is likely there will be direct contact with blood or body fluids. Examples of such situations include perianal care, handling soiled linens, performing dressing changes not requiring sterile gloves, assisting a client who is actively bleeding (e.g., from a nosebleed) and examining skin that is abraded or with weeping lesions.
 - Use utility gloves when cleaning equipment, the work area, or spills and when doing housekeeping chores that involve potential exposure to blood and body fluids.

- To apply non-sterile gloves:
 - Remove any jewelry that could puncture the gloves
 - Wash hands and dry thoroughly
 - Put on the gloves carefully, taking care not to tear or puncture them
- To remove gloves:
 - Grasp the cuff of one glove with the opposite gloved hand.
 - Pull the glove downward carefully, turning it inside out as it is removed, and crunch it into a ball in the gloved hand.
 - Continue holding the removed glove with the gloved hand.
 - Grasp the inside top of the cuff of the gloved hand with the ungloved hand. (This is considered to be the cleanest part of the glove.)
 - Peel the glove downward carefully, turning it inside out over the other glove.
 - Discard both gloves in a plastic trash bag immediately.
 - Wash hands.
 - Never wash or try to decontaminate disposable gloves.
- To use utility gloves:
 - Wash hands and dry thoroughly
 - Put on the gloves
 - Inspect the gloves for cracking, peeling, or tearing
 - Clean undamaged gloves with detergent and hot water
 - Remove and place the gloves on a clean surface to dry
 - Dispose of gloves with any tears or cracks

PROCEDURE: Infection Control Practices During Daily Personal Care

PURPOSES

- Prevent the spread of infectious diseases
- Demonstrate compliance with infection control principles and universal precautions

PROCEDURE FOR BATHING

- Gather all the supplies and place them in a clean area near the patient
- Explain the procedure to the patient
- Position the patient, ensuring privacy and comfort
- Wash hands and dry thoroughly
- Apply non-sterile gloves if the patient's skin is broken or bleeding and/or to bathe the perineal area
- Apply other personal protective equipment (PPE) as appropriate for the situation
- Bathe the patient or assist with bathing as appropriate
 - Work from cleaner to dirtier areas
 - Change water, gloves, and supplies as indicated when moving from a dirtier to a cleaner area
- Assist with drying or dry the patient thoroughly
- Apply any after-bath products (e.g., lotions, powders, or deodorant) as appropriate
- Remove and discard gloves and PPE, when appropriate, following established procedure
- Dress the patient in appropriate attire
- Wash hands

- Document the bath and pertinent observations

PROCEDURE FOR PERFORMING PERINEAL CARE FOR THE FEMALE PATIENT

- Gather all the supplies and place them in a clean area near the patient.
- Explain the procedure to the patient.
- Position the patient, ensuring privacy and comfort. Drape a bath blanket over the patient.
- Wash hands and dry thoroughly.
- Apply non-sterile gloves.
- Apply other PPE as appropriate for the situation.
- Use a minimum of soap and a soft washcloth, working from cleaner to dirtier areas.
- Carefully wash the skin folds formed by the inner thigh and outer labia, working from the pubic area to the rectum and avoiding contact with anal area.
- Separate the folds of the labia with one hand and, using downward strokes, wash very gently. Use a different section of the washcloth for each stroke.
- Rinse thoroughly and pat dry.
- Help patient turn onto side.
- To remove any fecal material:
 - Wipe the anal area with toilet tissue, using one backward stroke
 - Start at the posterior vaginal area and wipe from front to back
 - Properly dispose of tissue
- Use a clean washcloth to wash and rinse area.
- Dry area gently but thoroughly.
- Apply any topical medications as assigned or a thin layer of powder, if desired.
- Observe skin condition.
- Apply a clean incontinence product as appropriate.
- Clean and put away equipment. Remove gloves and discard when appropriate.
- Wash hands and dry thoroughly.
- Document care delivery and any observations.

PROCEDURE FOR PERFORMING PERINEAL CARE FOR THE MALE PATIENT

- Gather all the supplies and place them in a clean area near the patient.
- Explain the procedure to the patient.
- Position the patient, ensuring privacy and comfort. Drape a bath blanket over the patient.
- Wash hands and dry thoroughly.
- Apply non-sterile gloves.
- Apply other PPE as appropriate for the situation.
- Use a minimum of soap and a soft washcloth, working from cleaner to dirtier areas.
- Hold shaft of penis with one hand. Move washcloth from tip down, toward pubic area.
 - Clean tip of penis
 - Using a circular motion, start at urethral opening and work outward with a washcloth or cotton ball
 - If patient is uncircumcised, gently retract foreskin when cleaning
 - Rinse area with a clean washcloth or cotton ball
- Wash scrotum and surrounding skin folds.
- Rinse thoroughly and pat dry.
- Help patient turn onto side.
- To remove any fecal material:
 - Wipe the anal area with toilet tissue, using one backward stroke

- Start at the posterior scrotal area and wipe from front to back
- Properly dispose of tissue
- Use a clean washcloth to wash and rinse area.
- Dry area gently but thoroughly.
- Apply any topical medications as assigned or a thin layer of powder, if desired.
- Observe skin condition.
- Apply a clean incontinence product as appropriate.
- Clean and put away equipment. Remove and discard gloves when appropriate.
- Wash hands and dry thoroughly.
- Document care delivery and any observations.

PROCEDURE FOR PERFORMING HAIR CARE

- Gather all the supplies and place them in a clean area near the patient.
- Explain the procedure to the patient.
- Position the patient, ensuring privacy and comfort.
- Wash hands and dry thoroughly.
- Apply non-sterile gloves if the patient's scalp contains sores, broken skin, or lice.
- Assist or wash the patient's hair and scalp thoroughly, following established procedure.
- Dry the patient's scalp and hair with a towel.
- Assist with combing or brushing, or comb or brush the patient's hair; blow dry if preferred.
- Clean and put away equipment. Remove and discard gloves when appropriate.
- Wash hands and dry thoroughly.
- Document care delivery and any observations.

PROCEDURE FOR PERFORMING MOUTH CARE

- Gather all the supplies and place them in a clean area near the patient
- Explain the procedure to the client
- Wash hands and dry thoroughly
- Apply non-sterile gloves
- Assist with or perform mouth care following established procedure
- Remove and discard gloves
- Wash hands and dry thoroughly
- Document care delivery and any observations

PROCEDURE FOR DISPOSAL OF PATIENT WASTE

- Wash hands and apply non-sterile gloves
- Put on goggles to protect possible splashing of patient waste
- Pour client feces, urine, blood and emesis into the toilet carefully, to avoid splashing
- Flush the toilet
- Clean emesis container, bedpan, urinal, or toilet with soap and hot water
- Remove and discard gloves
- Remove face shield, if used
- Wash hands

PROCEDURE FOR DISPOSAL OF BANDAGES, DRESSINGS, GLOVES, INCONTINENCE PADS, AND DRAINAGE RECEPTACLES

- Wash hands and apply non-sterile gloves.
- Perform removal of bandages, dressings, catheters, incontinence pads, or drainage receptacles.

- Spray or pour a 10% bleach solution or agency-approved disinfectant on dressings that are soiled with blood or body fluid before placing in a plastic trash bag for disposal.
- Wrap dressings soiled with blood or body fluid in a plastic or paper bag.
- Place the wrapped, soiled dressings in a plastic trash bag with the patient's regular garbage.
- Double bag articles soiled with blood or body fluid if they are heavily contaminated and there is the potential for leakage. Discard them in the regular garbage.
- Remove and discard gloves. Wash hands.
- Tie the plastic trash bag securely and dispose of it according to local laws. Never push down on trash in the bag when attempting to tie the bag for disposal, as the bag could contain sharps or other harmful material.
- Wash hands.