DEPARTMENT OF CORRECTIONS

Policy:	**500.017**
Title:	**Health Services Infection Control**
Effective Date:	**8/21/18**

PURPOSE: To provide a safe working environment, reduce the risk of health care associated infections among patients, and reduce occupational exposures among health care personnel.

APPLICABILITY: All health services personnel

DEFINITIONS: None

PROCEDURES:

A. Personnel

1. Health services personnel must:
   a) Be knowledgeable about department policies, procedures, and operating guidelines relating to infection control, bloodborne pathogens, tuberculosis, handling of hazardous waste materials, security, instrument control, and confidentiality (see "References" section below); and

   b) Comply with standard precautions and additional measures as indicated to prevent the potential spread of diseases.

2. Education and training
   a) Health services staff must complete all mandatory training annually. Training is documented and retained in the agency electronic training management system. Refer to Policy 105.150, "Right to Know Program," Policy 103.420, "Pre-Service and Orientation Training," and Policy 103.410, "In-Service Training."

   b) Health services staff receive training regarding occupational exposure to potentially infectious agents and infection control procedures/protocols appropriate for and specific to their assigned tasks:
      (1) On initial employment;
      (2) When new tasks or procedures affect employees' occupational exposure; and
      (3) At least annually.

B. Preventing transmission of bloodborne pathogens

1. Refer to Policy 105.170, "Bloodborne Pathogens."

2. To reduce the risk of exposures to blood and other potentially infectious material (OPIM), staff must:
   a) Comply with Policy 105.118, "Proper Management of Sharps and Sharp Containers";

   b) Use standard precautions for all patient encounters;

c) Consider sharps items that are contaminated with blood and saliva as potentially infectious, and follow engineering and work practices to prevent injuries; and

d) Follow the work practices to minimize and manage health services staff exposures to blood and bodily fluids.

3. If an exposure occurs, staff must follow post-exposure management techniques:
   a) Follow CDC recommendations after percutaneous, mucous membrane, or non-intact skin exposure to blood or OPIM;

   b) Comply with post-exposure management and medical follow-up policies, including procedures for prompt reporting, evaluation, counseling, treatment, and medical follow-up of occupational exposures; and

   c) Follow established protocols for referral to a qualified health care professional for medical evaluation and follow-up.

4. To adhere to engineering and work practice controls, staff must:
   a) Identify, evaluate, and select devices with engineered safety devices at least annually, and as they become available on the market (e.g., safer anesthetic retractable syringes, blunt suture needles, or retractable scalpels);

   b) Place used disposable syringes, needles, scalpel blades, and other sharps in appropriate puncture-resistant and leak-proof containers located as close as feasible to the area of use;

   c) Never recap used needles by using both hands or use any other technique that involves directing the point of the needle toward any part of the body. Instead either use a one-handed scoop technique or a mechanical device designed for holding the needle cap when recapping needles (e.g., before multiple injections and before removing from a non-disposable aspirating syringe); and

   d) Never bend, break, or remove needles before disposal..

C. Hand hygiene – general requirements
1. Health services staff must perform hand hygiene when:
   a) Hands are visibly soiled;

   b) After barehanded touching of inanimate objects likely to be contaminated by blood, saliva, or respiratory secretions;

   c) Immediately after removing gloves; and

   d) Before and after each contact with a patient.

2. Staff must use an appropriate soap or hand sanitizer.

D. Personal protective equipment (PPE) – health services staff must use appropriate PPE according to Policy 105.113, "Personal Protective Equipment (PPE)."
1. Masks, protective eyewear, and face shields

a) Wear a surgical mask and eye protection with solid side shields or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures likely to generate splashing or spattering of blood or other body fluids; and

b) Change the mask if it becomes soiled or wet.

2. Protective clothing
   a) Wear protective clothing (e.g., reusable or disposable gown, laboratory coat or uniform) that covers personal clothing and skin (e.g., forearms) likely to be exposed to blood, saliva, or OPIM;

   b) Change protective clothing if visibly soiled;

   c) Change protective clothing immediately or as soon as feasible if penetrated by blood or OPIM; and

   d) Remove barrier protection including gloves, mask, eyewear and gown before departing the work area (e.g., health services or dental patient care area, instrument processing, or laboratory areas).

3. Gloves
   a) Use only disposable, single-use gloves;

   b) Wear medical gloves when a potential exists for contact with blood, saliva, mucous membranes, or OPIM;

   c) Remove gloves that are torn, cut, or punctured as soon as feasible and wash hands before re-gloving;

   d) Ensure that appropriate gloves in the correct size are readily available;

   e) Use appropriate gloves (e.g., puncture and chemical resistant utility gloves) when cleaning instruments and performing housekeeping tasks involving contact with blood or OPIM; and

   f) Discard used gloves as appropriate.

E. <u>Decontamination, disinfection and sterilization of patient care items</u>
1. General requirements for all staff:
   a) Refer to Policy 105.150, "Right to Know Program;"

   b) Use single-use disposable instruments only once and dispose of correctly; and

   c) Never use liquid chemical sterilants /high-level disinfectants for environmental surface disinfection or as holding solutions (see Procedure F.2 below).

2. Instrument processing
   a) If manual cleaning is necessary, staff must use work practice controls that minimize contact with sharps (e.g., long-handled brush); and wear appropriate PPE (e.g., mask, protective eyewear when splashing or spraying is anticipated, gown and household cleaning rubber or plastic gloves when handling or cleaning contaminated instruments).

b) Staff must use an autoclave for sterilizing reusable metal instruments after each patient use and then repackage. When using the autoclave, staff must monitor the autoclave routinely by using a combination of mechanical, chemical, and biologic indicators to evaluate the sterilizing conditions and the microbiologic status of processed items. Staff must check the autoclave manufacturer operation guidelines for the test type and frequency based on usage.

c) All testing must be recorded on a paper or electronic log indicating daily, weekly or monthly testing and include the type of test performed (e.g. spore testing, temperature, etc.), the results, and any corrective action taken.

f) All sterilized supplies must be stored far enough from the floor (eight to 20 inches), the ceiling (five inches unless near a sprinkler system, and then 18 inches from any sprinkler head), or an outside wall (two inches) to allow adequate air circulation. Staff must never store sterilized medical/surgical supplies under a sink or any location where they could become wet.

F. Environmental infection control

1. General requirements for all health services staff

a) Follow manufacturer's instructions for correct use of cleaning and Environmental Protection Agency (EPA)-registered hospital disinfecting products;

b) Do not use liquid chemical sterilants/high-level disinfectants for disinfection of environmental surfaces (clinical contact or housekeeping); and

c) Use PPE as appropriate when cleaning and disinfecting environmental surfaces. Such equipment might include gloves (e.g., puncture and chemical resistant utility), protective clothing (e.g., gown, jacket, or lab coat), and protective eyewear/face shield and mask.

2. Spills of blood and bodily substances

Staff must clean spills of blood or OPIM and decontaminate the surface with an EPA-registered hospital disinfectant with low (i.e., HBV and HIV label claims) to intermediate (i.e., tuberculocidal claim) level activity, depending on the size of the spill and the surface porosity.

3. Regulated medical waste

a) General requirements

(1) Health services staff must comply with a medical waste disposal management program meeting federal, state, and local regulations; and

(2) Health services staff who handle and dispose of medical waste must be trained in handling and disposal methods and informed of possible health and safety hazards.

b) Management of regulated medical waste in health care facilities

(1) Staff must use a color-coded or labeled container that prevents leakage (e.g., biohazard bag) to contain non-sharp regulated medical waste;

(2) Staff must place sharps (e.g., needles, scalpel blades, broken metal instruments, and burs) in an appropriate sharps container (e.g., puncture resistant, color-coded and leak proof);

(3) Staff must close the container immediately before removal or replacement to prevent spillage or protrusion of contents during storage, transport or shipment; and

(4) Staff must pour blood, suctioned fluids, or other liquid waste carefully into a drain connected to a sanitary sewer system, if local sewage discharge requirements are met and the state has declared this an acceptable method of disposal.

4. Single use devices
   a) Staff must use single-use devices for one patient only; and

   b) Staff must dispose of single-use devices appropriately.

5. Handling biopsy specimens
   a) During transport, staff must place biopsy specimens in a sturdy, leak-proof container labeled with the biohazard symbol.

   b) If a biopsy specimen is visibly contaminated, staff must clean and disinfect the outside of the container or place it in an impervious bag labeled with the biohazard symbol.

6. Phlebotomy laboratory
   a) Staff must use appropriate PPE when handling, collecting or processing specimens received in the laboratory.

   b) Before handling specimens in the laboratory, staff must clean, disinfect, and rinse all areas of patient care.

G. <u>Dental unit waterlines, biofilm and water quality</u>

1. General requirements
   Use water meeting EPA regulatory standards for drinking water (i.e., < = 500 CFU/ml of heterotrophic water bacteria) for routine dental treatment output water.

2. Boil-water advisories (only pertinent if city water is used in treatment rooms)
   a) When a boil-water advisory is in effect:
      (1) Do not deliver water from the public water system to the patient through the dental operative unit, ultrasonic sealer, or other dental equipment that uses the public water;
      (2) Do not use water from the public water system for dental treatment, patient rinsing, or hand washing;
      (3) For hand washing, use antimicrobial-containing products that do not require water for use; and
      (4) If hands are visibly contaminated, use bottled water, if available, and soap for hand washing, or use an antiseptic towelette.

   b) When a boil-water advisory is cancelled:

(1) Follow guidance given by local water utility regarding adequate flushing of water lines; and
(2) If no guidance is provided, flush dental waterlines and faucets for one to five minutes before using for patient care.

3. Dental handpieces and other devices attached to air and water lines
   a) Clean and heat-sterilize handpieces and other intraoral instruments that can be removed from the air and waterlines of dental units between patients; and
   b) Do not disinfect, use liquid chemical sterilants, or ethylene oxide on handpieces and other intraoral instruments that can be removed from the air and waterlines of dental units between patients.

H. Dental radiology
1. Wear gloves when exposing radiographs and handling contaminated film packets; and

2. Use other PPE (e.g., protective eyewear, mask, and gown) as appropriate if spattering of blood or other body fluids is likely.

INTERNAL CONTROLS:
A. Training is documented in the designated training management system.

B. Documentation of equipment monitoring is retained in the health services area.

ACA STANDARDS: None

REFERENCES:
Policy 103.420, "Pre-Service and Orientation Training"
Policy 103.410, "In-Service Training"
Policy 105.113, "Personal Protective Equipment (PPE)"
Policy 105.118, "Proper Management of Sharps and Sharps Containers"
Policy 105.150, "Right to Know Program"
Policy 105.170, "Bloodborne Pathogens"
Policy 105.180, "Tuberculosis Control for Applicants, Employees, Contractors, Volunteers, and Students"
Policy 301.040, "Tool Control"
Policy 500.520, "Tuberculosis Prevention and Control for Offenders"
CDC Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008
Occupational Safety and Health Administration Bloodborne Pathogen Standard 1910.1030
Centers for Disease Control and Prevention (CDC), Healthcare Infection Control Practices Advisory Committee (HICPAC): "Guidelines for Environmental Infection Control in Health-Care Facilities," 2003

REPLACES:
Policy 500.017, "Health Services Infection Control," 3/6/18.
Division Directive 500.057, "Dental Services Infection Control," Procedure G, and Procedure H. 1. And H.2., 3/1/16.
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

ATTACHMENTS: None

APPROVALS:

Deputy Commissioner, Community Services
Deputy Commissioner, Facility Services
Assistant Commissioner, Facility Services
Assistant Commissioner, Operations Support