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| Approved By: Mohamad Khraizat | Title: Health Operations Manager |
| Signature:  | Date: 11-9-19 |

I. POLICY

The policy of ACCESS Community Health and Research Center (ACCESS CHRC) that effective infection control is central to providing high quality support for consumers and a safe working environment for ACCESS employees, board members, students, and visitors. Staff and consumers are most likely sources of infectious agents and are also the most common susceptible hosts. Other people visiting the premises may be at risk of both infection and transmission.

The main modes for transmission of infectious agents are contact (including blood borne), droplet and airborne. Transmission of infection may also occur through sources such as contaminated food, water, medications, devices or equipment. Infection control is integral to consumer support, not an additional set of practices. Consumers' rights are respected at all times; they are involved in decision-making about their support, and they are sufficiently informed to be able to participate in reducing the risk of transmission of infectious agents.

II. PURPOSE

The purpose of this policy is to minimize as far as possible risks of harm to ACCESS Board members, staff, consumers, volunteers, students and visitors which may arise through passing infections between each other.

III. APPLICATIONS

This policy applies to all ACCESS employees, interns and volunteers who provide support and treatment on behalf of the ACCESS Community Health and Research Center.

IV. DEFINITIONS

Infection requires three main elements — a source of the infectious agent, a mode of transmission and a susceptible host.

Infection control is preventing the transmission of infectious organisms and managing infections if they occur. Infectious agents are biological agents that cause disease or illness to their hosts.

Contact transmission usually involves transmission of an infectious agent by hand or via contact with blood or body substances. Contact may be direct or indirect.

Direct contact transmission occurs when infectious agents are transferred from one person to another, for example, *a consumer's blood entering a healthcare worker's body through an unprotected cut in the skin.*

Indirect contact transmission involves the transfer of an infectious agent through a contaminated intermediate object or person, for example, *an employee touches an infected body site on one consumer and does not perform hand hygiene before touching another consumer.*

Standard precautions are work practices which require everyone to assume that all blood and body substances are potential sources of infection, independent of perceived risk.

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V. PROCEDURES

- A. Risks of infection are regularly assessed, identified and managed. Employees are trained in infection control practice, including relevant application of precautions to minimize the risk of infection.
- B. Policy Implementation. The organization ensures effective implementation of infection control. All staff have access to policies and procedures relating to infection control. Tailored training is provided to persons with specific tasks where infection transmission is a risk.

Records of infection control activities are maintained, including infection control training undertaken, information provided to consumers and the use of personal protective equipment (PPE).

- C. There are mechanisms for monitoring compliance with infection control Infection Control Risk Management Plan. Once infection risks are identified, the organization's risk management program includes:
- a. eliminating the risk factors
 - b. modifying or changing procedures, protocols and work practices
 - c. monitoring consumer and employee compliance with infection control procedures
 - d. providing information/education and training to consumers and employees.
- D. Infection Risk Assessment
 ACCESS identifies and assesses infection control risks by taking into consideration the likelihood of infection from a particular hazard and the consequences if a person is infected. Factors such as frequency of exposure, levels of training and knowledge, existing controls, environmental factors and the experience of employees are considered.
 The risk assessment matrix (see Risk Management Policy) prioritizes identified risks for action. ACCESS develops and prioritizes actions for managing identified risks.
- E. Education regarding infection prevention core principles is provided to all new staff and to existing staff annually. Advice and information is provided to staff regarding new and emerging infectious disease threats and trends. Advice and education related to infection prevention is routinely provided to consumers.
- F. Standard precautions are applied in all situations in which staff may have contact with blood / body fluids.
- G. Hand washing and hand care are considered the most important measures in infection control.
- a. Skin is a natural defense against infection.
 - b. Cuts and abrasions on exposed skin should be covered with a water-resistant dressing changed as often as necessary.

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- c. Hands must be washed and dried before and after any direct consumer contact and/or the removal of gloves.
 - d. Hands should be washed with soap or cleaning agent covering all surfaces.
 - e. Protective gloves must be worn when handling blood and body substances.
- H. Protective barriers (eye shields, gloves, gowns and masks) are to be used whenever there is a potential for exposure to blood and body substances.

General purpose utility gloves should be worn for housekeeping tasks including: cleaning clinical instrument and handling chemical disinfectants. Utility gloves are to be discarded if they are peeled, torn or punctured or have other evidence of deterioration.

- I. **Needles and Sharps.** Special care must be taken to prevent injuries during procedures when cleaning sharp instruments, and use or disposal of sharps (needles). Sharps must not be passed from one worker to another unless specifically required for the proper conduct of the procedure.

Needles must not be removed from disposable syringes for disposal nor re-sheathed before disposal. Where special circumstance requires re-sheathing, it is preferable to use forceps or a protective guard.

Sharps containers should be placed as close as practical to the consumer care area, not easily accessible to visitors and out of the reach of children. Containers should be clearly labelled with the biohazard symbol and never overfilled.

- J. **Quarantining.** Staff, Board members, students, volunteers and consumers experiencing infectious conditions will be requested to refrain from ACCESS premises and activities during the infectious period of the condition.
- K. **Response to Possible Infection.** When potentially infected body fluids come into contact with an employee, Board member, student, volunteer or consumer, steps are taken to decrease the impact of such contact, including first aid and assessment at a medical service. A supervisor must be notified of such incidents as soon as possible and an incident report form completed.
- L. **Notifiable Diseases.** ACCESS notifies the Public Health Unit in the event of an outbreak of any of the following: food borne illness in two or more related cases or gastroenteritis among people of any age in an institution.

VI. QUALITY ASSURANCE/IMPROVEMENT

ACCESS' quality improvement program must include measures for both the monitoring of and continuous improvement of the program or process described in this policy.

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VII. COMPLIANCE WITH ALL APPLICABLE LAWS

ACCESS Employees, interns and volunteers are bound by all applicable local, state, and federal laws, rules, regulations, and policies, all federal waiver requirements, state, and county contractual requirements, policies, and administrative directives in effect and as amended.

VIII. RESOURCCES

Emergency Action Plan
Risk Management Policy
Incident Report Form