



Partnership Resources, Inc.

Infection Control Plan

Updated 06.24.2024

PURPOSE

The purpose of this policy is to minimize the transmission of communicable disease and prevent infection when possible, helping to ensure optimum health for all clients and employees of PRI.

1. Infection Control procedures include:
 - Specific precautionary and response actions to reduce the risk of contracting diseases and reduce the spread of disease.
 - The on-going monitoring of communicable illness and disease among individuals.
 - The ongoing monitoring of compliance with procedures.
 - The method of communicating information about the existence of communicable disease.
2. The Infection Control procedures are designed to meet compliance with the OSHA standards for Occupational Exposure to Bloodborne Pathogens.
3. Infection Control procedures follow Standard Precaution guidelines.
4. Infection Control procedures will be followed for all instances of illness, injury, and communicable disease.

COMMUNICABLE DISEASE TRANSMISSION

1. Contact transmission occurs directly through person to person contact or indirectly by a person coming in contact with a contaminated surface or object. This is the most common means of disease transmission.
2. Airborne transmission occurs via breathing, talking, coughing, or through contaminated dust. These can be the most difficult to control. This mode of transmission includes, but is not limited to, tuberculosis.
3. Bloodborne transmission occurs through contact with blood, semen, vaginal secretions, or body fluids visibly contaminated with blood. (These substances are also known as infectious materials). Generally, these diseases are transmitted through skin, eyes, damaged skin, or mucous membranes (mouth, vaginal, or rectal tissue). This mode of transmission includes, but is not limited to, Hepatitis B virus (HBV), Hepatitis C virus (HCV), and human immune deficiency virus (HIV).

IMMUNIZATIONS AND SCREENINGS

1. Employees with occupational exposure will be offered Hepatitis B vaccine and vaccination per OSHA regulations.
2. Employees will receive information on Hepatitis B vaccinations from Human Resources during new employee orientation.

3. Blood screenings to identify immunity status or presence of communicable diseases will occur per physician recommendation. If consent is required for the screening, it will be obtained.

STANDARD PRECAUTIONS

1. Standard precautions are the basic level of infection control that should always be used in the care of all individuals regardless of suspected or confirmed infectious status of the patient.
2. Standard Precautions is an approach to infection control that applies to blood, all body fluids, secretions and excretions (except sweat) whether or not they contain visible blood, non-intact skin, and mucous membranes.
3. Standard precautions require:
 - a. Handwashing (**See handwashing procedure**).
 - b. Use of gloves when in contact with blood or other infectious materials (**See glove use procedure**).
 - c. Use of other personal protective equipment as determined necessary (**See personal protective equipment procedures**).
 - d. Respiratory hygiene/cough etiquette.
 - e. Bagging contaminated laundry (**See laundry procedure**).
 - f. Cleaning and disinfecting procedures for contaminated surfaces (**See cleaning procedures**).
 - g. Disposal of sharps, without recapping, into a special container (**See sharps procedure**).
 - h. Specimens of blood or other potentially infectious materials will be handled with gloves, placed in a container which prevents leakage during storage and transport, and labeled with a person's name and type of specimen.

HANDWASHING PROCEDURE

1. Handwashing is the single most important procedure for preventing the spread of common infections. Thus, proper handwashing is expected to occur routinely, even in the absence of recognized disease.
2. In general handwashing must occur each time the hands come in contact with someone who is ill, after contact with blood or infectious materials, or with an object that is potentially contaminated. This includes, but is not limited to the following times:
 - before and after removal of gloves or other protective equipment
 - before and after medication administration
 - after going to the bathroom
 - after toileting or changing a person
 - after contact with an ill person or objects that the person has touched
 - before meal preparation and eating
 - immediately after any contact with blood, semen, vaginal secretions, or any bodily fluid visibly contaminated with blood.
3. Supplies needed for Handwashing:

- Running water
 - Soap
 - Disposable paper towels
 - Wastebasket
 - Hand lotion (water based)
4. Standard Handwashing Procedure:
 - a. Turn on and adjust the water temperature.
 - b. Wet hands and add soap, lather completely.
 - c. Rub hands together, vigorously for at least 20 seconds.
 - d. Rinse hands under running water.
 - e. Dry hands thoroughly using a paper towel.
 - f. Take a clean, dry paper towel and use it to turn off running water so that the clean hands do not touch the dirty water controls.
 - g. Dispose of paper towels in wastebasket.
 - h. Dry, rough hands may carry infection, so use water-based hand lotion after drying hands as indicated.
 - i. Keep fingernails trimmed.
 5. In the event handwashing must be done in an area that does not have immediate access to running water, hand sanitizer may be used. Procedure for use of hand sanitizer:
 - a. Place a small amount in palm of hand.
 - b. Massage, covering hands completely.
 - c. Rub lightly until dry, do not rinse.
 - d. Wash hands with water and soap after every 8-10 applications of sanitizer.
 - e. If hand sanitizer is used after exposure to blood or infectious materials, hands must be washed as soon as possible.

PERSONAL PROTECTIVE EQUIPMENT PROCEDURES

1. Personal protective equipment is specialized clothing or equipment worn by an employee for protection against a hazard. Personal protective equipment used to limit occupational exposure to bloodborne pathogens or other infectious materials may include:
 - a. **Gloves:** must be used when an employee's hands may come in contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin.
 - i. Apply gloves just before touching mucous membranes or contacting blood, body fluids, secretions, or excretions.
 - ii. Remove gloves promptly after use and discard before touching non-contaminated items or environmental surfaces, and before providing care to another individual.
 - iii. Wash hands immediately after removing gloves.
 - b. **Masks, in combination with eye protection devices (such as goggles or glasses with solid side shields):** must 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 be reasonably anticipated.

- i. Personal eyeglasses and contact lenses are *not* considered adequate eye protection.
 - ii. May use goggles with facemasks, or face shield alone, to protect the mouth, nose and eyes.
 - c. **Gowns or other protective body clothes:** must be worn whenever a medical procedure is performed with anticipated exposure to blood or infectious materials. This will depend on the task and degree of exposure anticipated.
 - i. Apply gown prior to performing such activities that may generate splashes or sprays of blood, body fluids, secretions, and excretions.
 - ii. Do not wear the same gown for the care of more than one individual.
2. The goal in using personal protective equipment is to prevent blood or other infectious materials from having contact with an employee's clothes, skin, eyes, mouth, or other mucous membranes.
3. PRI will provide any recommended or required personal protective equipment.
4. PPE must not be shared.
5. Single use or disposable PPE must be disposed of appropriately, never re-worn or decontaminated.
6. The only acceptable reason for not using protective equipment is when an employee makes a judgment that use of protective equipment would cause a delay in an emergency that would threaten a person's life. All such cases will be investigated and documented to determine whether changes could be instituted to prevent such occurrences in the future.

GLOVE USE PROCEDURE

1. Gloves can be used as a barrier between hands and a potential source of infection. Gloves must be used whenever there is contact with blood, all body fluids, secretions and excretions (except sweat) whether or not they contain visible blood, non-intact skin; and mucous membranes. This includes, but is not limited to the following situations:
 - Administering first aid treatment
 - Removing and disposing of wound dressing/bandage
 - Brushing or flossing a person's teeth
 - Cleaning contaminated surfaces
 - Handling soiled laundry
 - Administering vaginal or rectal medications
 - Administering topical medications to non-intact skin or to the genital area
 - Assisting with menstrual hygiene
 - Completing physical inspections of the genital area
 - Completing medical procedures in which there may be contact with blood/body fluids
 - Cleaning up vomit, feces, or urine
 - Changing a brief

- Cleaning equipment used for treatment of any body area
 - Disposing of tissues contaminated with mucus or pus draining from the eye, nose, or mouth
2. Procedure for Glove Use:
 - a. Wash hands and gather any materials needed prior to putting on gloves.
 - b. Remove gloves from box or package touching only the wrist edge of the glove.
 - c. Place gloves on hand minimizing contact with finger and palm areas.
 - d. Remove gloves prior to leaving the work area and/or if task is interrupted.
 - e. Fresh gloves must be used for each person involved and for each procedure.
 - f. If gloves become torn, punctured, cracked or peeling, remove and discard them immediately.
 - g. Remove and replace contaminated gloves as soon as practical.
 - h. Remove gloves pulling wrist area over fingertips to avoid contact with potentially contaminated areas.
 - i. Discard disposable gloves into a plastic-lined wastebasket.
 - j. Wash hands thoroughly after gloves are removed.
 3. Disposable gloves at PRI facilities will be located:
 - a. In the restrooms and changing rooms
 - b. In the medication cabinet/area
 - c. In the Supply closet
 4. The supply of disposable gloves will be replenished on an as needed basis.

CLEANING PROCEDURES

1. Objects or surfaces in the environment may be a source of disease transmission.
2. PRI staff must ensure that the environment is maintained in a clean and sanitary manner. Standard housekeeping practices are adequate for routine cleaning.
 - Employees will clean and disinfect their own workstation/area regularly.
 - Common areas and shared equipment such as work surfaces, doorknobs, faucets, phones, and other commonly used items will be cleaned and disinfected daily at minimum.
 - Shared computers and equipment will be disinfected before and after each use.
 - Use only Lysol (disinfectant wipes or disinfectant spray on a paper towel) or alcohol wipes/spray for cleaning of computer/electronic equipment.
3. Objects or surfaces contaminated with blood, or any bodily fluids (this includes vomit, feces, semen, vaginal secretions, and urine) must be cleaned immediately after contamination following one of the procedures listed below.
4. Shared non-disposable Patient Care Equipment (such as changing tables or a lift sling) that has potential to come in contact with bodily fluids will be disinfected immediately after use and before reuse with another individual.
5. All cleaning or disinfecting solutions should be clearly labeled.

6. Disposable gloves will be worn when cleaning and disinfecting surfaces. Other protective equipment may also be appropriate (for example, goggles) to protect your skin and eyes from potential splashes.

Hard surface cleaning procedure for blood and body fluids:

- a. Place gloves on both hands.
- b. Remove excess fluids with paper towels.
- c. Clean area with detergent and warm water.
- d. Wash down or spray area with a freshly prepared solution of 10 parts water to 1 part bleach or EPA approved disinfectant.
- e. Do not rinse.
- f. Allow to air dry.

Food contact surface area cleaning procedure for blood and body fluids:

- a. Place gloves on both hands.
- b. Remove excess fluids with paper towels.
- c. Clean area with detergent and warm water.
- d. Wash down or spray area with freshly prepared solution of 10 parts water to 1 part bleach or EPA approved disinfectant.
- e. Allow to air dry for 30 minutes.
- f. Then wash area with water.

Fabric or carpeted surfaces contaminated with blood or body fluids should be laundered or dry cleaned whenever possible. If that is not possible, the following procedures will be used:

- a. Place gloves on both hands.
- b. Remove excess fluid with paper towels.
- c. Clean area with soap and cold water.
- d. A fabric or carpet cleaning product may be used.
- e. Spray with Lysol or EPA approved disinfectant following cleaning.

Procedure for cleaning up broken glassware contaminated with blood:

- a. Do not use hands to pick up contaminated broken glassware.
- b. Use a mechanical device to pick up glass and dispose of glass immediately.

Wastebasket Procedures:

- a. All wastebaskets will be lined with plastic bags and will be emptied regularly and not allowed to overflow.
- b. Infectious material such as paper toweling used for blood clean up, dressings, gloves, and menstrual supplies will be placed in a plastic bag, tied securely, checked for leakage and placed in a plastic lined waste basket.
- c. To empty the wastebasket, remove the plastic bag liner, tie securely, and place in the outdoor trash container.

LAUNDRY PROCEDURES

1. All soiled laundry will be handled with gloves.
2. Laundry must be handled as little as possible and with a minimum of agitation to prevent exposure to the person handling the laundry.
3. Laundry soiled with blood or body fluids visibly contaminated with blood, semen, and vaginal secretions should be laundered immediately, if possible.
4. All contaminated laundry that cannot be laundered immediately will be placed in a double plastic bag marked "contaminated" and fastened securely. The bag will be checked to make sure no leakage occurs. This bag marked, "contaminated," will signify to others that this laundry is contaminated, and laundry procedures must be followed.

Contaminated Laundry Washing Procedures:

- a. Use gloves when handling unwashed contaminated laundry.
 - b. Wash contaminated laundry separate from other laundry.
 - c. Use hot water in a washing machine. This is acceptable for soaking, cleaning, sanitizing, and disinfecting washable articles.
 - d. Read label on laundry detergent.
 - e. Read the label and follow directions exactly if using bleach.
 - f. One-half cup bleach may be added per load of laundry if allowable according to clothing manufacturer's recommendations.
 - g. Dry items in a dryer on high heat separately from other clothing/linens.
5. Linen which is saturated (dripping) with blood or other infectious body fluid will be handled with gloved hands and put directly into a bag labeled as biohazard. Bags will be fastened in such a way as to prevent leakage and placed in the biohazard container. Inform your supervisor of items placed in the container.
 6. If it is necessary that contaminated laundry be sent home with a client for cleaning, the laundry transfer procedure must be followed:

Contaminated Laundry Transfer Procedure:

- a. Use Gloves.
- b. Place contaminated laundry in 2 plastic bags (double bag) and fasten securely.
- c. Label with person's name and type of stain (blood, semen, etc.).

SHARPS PROCEDURE

1. All needles, syringes, lancets, or other medical equipment used to pierce or cut the skin must be used and disposed of according to procedure.
2. Needles will not be bent, sheared, or recapped after use.
3. Immediately after use, sharps will be placed in a sharps container
4. Sharps containers will be:
 - Closable
 - Puncture resistant
 - Leakproof on sides and bottom
 - Labeled

- Stored as close to area of use as possible
 - Stored in a locked cabinet if there is risk a person may tamper with the container
 - Always maintained upright
 - Replaced routinely and not allowed to overflow
 - The sharps container and contents will be disposed of when full
5. Contact your local solid waste management company to receive instructions for safe disposal of sharps container.

SURVEILLANCE PROCEDURES

1. Surveillance Responsibilities
 - All staff are responsible for on-going infection control surveillance. Observations made indicating issues/problems with infection control will be made to your supervisor or Designated Safety Team Representative.
 - The Supervisor and/or Safety Team is responsible for recommending corrective action when problems/issues are identified.
2. Surveillance Components
 - a. Adherence to Infection Control Procedures
 - The Supervisors will periodically review the implementation of infection control procedures by staff to ensure adherence to procedures.
 - The Supervisor, with input from the staff, will identify potential obstacles to the implementation of proper procedures and will make changes as needed.
 - b. Availability of Infection Control Supplies
 - The Designated Safety Team representative for each program will periodically monitor the availability of infection control supplies required and ensure needed supplies are available.
3. Staff Training
 - a. All new employees will be trained in these Infection Control Procedures at the time of orientation.
 - b. All employees will complete Bloodborne Pathogens/Universal Precautions training at the time of orientation and complete an annual refresher training.
 - c. PRI provides all employees with training on Hepatitis B vaccinations. This training will include the benefits, safety, administration, and availability of the vaccine.
 - d. Additional staff training needs will be identified, and this training will be arranged as needed.
 - e. All PRI positions/job classifications are involved in occupational exposure or possible exposure to blood/body fluids and human bites while working with intellectual and developmentally disabled individuals.
 - f. Tasks performed that could result in exposure include toileting, feeding, and caring for lacerations resulting from accidents, self-mutilation, seizures, or aggressive behaviors.
 - g. Employee exposure determination is reviewed annually by Human Resources.
4. Evaluation of Current Procedures

- a. The Safety Team will annually review infection control procedures to assure that current infection control needs are met and to assure that procedures are current.
- b. As individuals are newly admitted to PRI, or as the needs of individuals served change, the program leaders will bring information to the Safety Team to determine needs for revision or addition to infection control procedures.

RESTRICTION & RESPONSE PROCEDURES

1. Communicable Disease Restrictions

- a. Clients and employees will be informed of and encouraged to self-monitor for signs and symptoms of infectious illness at all times.
- b. If a client or employee is sick or experiencing symptoms of infectious illness at home, they will not report to a PRI site and should call PRI to inform of any confirmed cases of infectious illness.
- c. In general, PRI advises that clients and employees stay home when experiencing symptoms of infectious illness. Symptoms that warrant staying home may include:
 - i. A fever of 101 or higher
 - ii. Uncontrolled coughing, shortness or breath, difficulty breathing, and/or wheezing
 - iii. Unexplained fatigue, body aches, sore throat, severe congestion/runny nose, or severe headache
 - iv. Unexplained diarrhea or vomiting
 - v. Unusual rash or eye drainage
 - vi. This list does not include all possible symptoms, and contacting a healthcare provider is recommended for further guidance
- d. If a client or employee becomes sick or is experiencing symptoms during their time at PRI, then the illness will be reported to their supervisor or any available management personnel, and they will be given space to rest until they can promptly go home.
- e. PRI follows Hennepin County Epidemiology/Infectious Disease guidance for when an employee or client is permitted to return to PRI following an infection:
<https://www.hennepin.us/daycaremanual>
 - Individuals may return to PRI earlier if a doctor provides a written release to return to work/program.
 - For general illness/symptoms related to colds, flu, COVID, etc. without a specific diagnosis, general recommendations for return are that an individual can return to PRI when both are true, for at least 24 hours:
 1. Symptoms are mild and improving, **and**
 2. Individual has not had a fever (and are not using fever-reducing medication).

- f. When aware of a potential exposure to an infectious illness, PRI will promptly notify clients and staff who may have been exposed while at PRI through a written memo sent home with the individual or sent via email. The memo will inform of the potential exposure and related guidance from Hennepin County Epidemiology and/or applicable Infectious Disease resource.
2. Outbreak
 - a. If there is an outbreak or significant spread of a communicable illness within a program, PRI may make the determination to voluntarily close a facility temporarily until services can be delivered safely. Factors considered in making the determination include, but are not limited to:
 - i. Number of cases or exposures within a location
 - ii. Ability to maintain minimum staffing ratios
 - iii. Non-participation by individuals receiving services due to exposure of infection
 - iv. Overall assessment of safety for all individuals
 - b. If 3 or more people (client or staff) within the same program/facility display the same illness within the same 14 days, PRI will work with the Minnesota Department of Health to determine if there is a potential outbreak and what next steps are advised.
 - c. If the determination is made to suspend services at a PRI location(s), an orderly shutdown of the site(s) will occur in accordance with PRI's Emergency Closing Procedures.
 - d. Virtual services may be offered during a temporary closure.
 3. Employee Exposure to Blood & Body Fluids
 - a. If exposure was to skin, or from puncture wound from needle stick or other contaminated sharp, immediately wash the site with large amounts of soap and water for at least 3 to 5 minutes.
 - b. If exposure was to eyes, nose or mouth, immediately flush area with plenty of clean water for 10 minutes. (To flush eyes, hold lids open and flush from inner to outer corners of eyes with gentle stream of cool, clean tap water. May use sterile eyewash solution for eye exposure, if available.)
 - c. If clothing becomes contaminated, as soon as possible, carefully remove contaminated clothing to avoid additional exposure.
 - d. Promptly report the Exposure Incident to a supervisor as soon as possible
 - Employee will call the work injury hotline with supervisor if available
 - Via the hotline, a nurse will gather information, provide treatment recommendations, and start the worker's compensation claim
 - e. Following an Exposure Incident, the employee is **STRONGLY URGED** to seek immediate medical evaluation and/or treatment at a healthcare provider of the employee's choice. The employee is **STRONGLY URGED** to have HIV, Hepatitis B, and Hepatitis C antibodies drawn, even if the employee has already received the

Hepatitis B vaccine. (According to the Centers for Disease Control and Prevention [CDC] this should be done within hours rather than days. Post-exposure prophylaxis is most likely to be effective if given as soon as possible.)

- Results will be reported to the employee only. PRI will NOT receive the results.
 - Treatment will be at the discretion of the employee's attending physician.
- f. Permission to draw Hepatitis B, Hepatitis C, and HIV antibodies from the source of exposure must be obtained from the individual or his or her legal representative. Permission must include consent to send the results of the test to the physician of the employee who was exposed. The consent must be signed by the guardian and placed in the individual's chart. If consent is denied or can NOT be obtained, this must be documented on the consent form and placed in the individual's chart, and the employee's attending physician must be notified.
- g. ALL Exposure Incidents are investigated by the supervisor and Human Resources to ensure appropriate follow-up and determine any necessary changes to prevent future Exposure Incidents.

References:

Hennepin County Epidemiology

<https://www.hennepin.us/daycaremanual#Sec4>

Minnesota Department of Health:

<https://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/pre/standard.html>

<https://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/icar/res/icf.html>

<https://www.health.state.mn.us/people>

OSHA

<https://www.osha.gov/sites/default/files/publications/bbfact01.pdf>

MRA

<https://www.mranet.org/resource/bloodborne-pathogens-policy>

CDC

<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>