

**SOUTH CAROLINA**  
**DEPARTMENT**  
**OF**  
**DISABILITIES AND SPECIAL NEEDS**

**INFECTION CONTROL MANUAL**

## TABLE OF CONTENTS

Introduction	3
Infection Control Committee	4
Authority of Infection Control Committee	5
Infection Control Coordinator	6
Infection Control Precautions	7
Guidelines for Hand Washing	9
Guidelines for Infection Control in Linen/Laundry	11
Guidelines for Infection Control in Dental Services	12
Guidelines for Infection Control in Program Services	14
Guidelines for Infection Control in Dietary Services	15
Guidelines for Infection Control in Housekeeping Department	18
Guidelines for Infection Control Laboratory Procedure	20
Guidelines for Infection Control for Medical Services	22
Guidelines for Infection Control in Maintenance	23
Guidelines for Infection Control in Occupational and Physical Therapy	24
Guidelines for Infection Control in Radiology	25
Guidelines for Infection Control Recreation Services	26
Guidelines for Reporting Infectious and Communicable Diseases to DHEC	27
Guidelines for Infection Control in Direct/Residential Program Services	28
Medical Supplies/Equipment	31
Infectious Waste Disposal	32
Surveillance and Reporting Program	33
Modified Quarantine	34
Isolation Guidelines	35
Time Frames for Disposables	36

## INTRODUCTION

It is the right of every individual residing in a facility for individuals with disabilities and special needs to have a standard of living which includes an infection-controlled environment. It is incumbent upon each DDSN facility to provide that environment.

Individuals in long term care facilities often have a number of chronic illnesses. In addition, owing to their handicap, physical and mental, most individuals have an altered immunologic response. These factors are often present in conjunction with poor nutritional status and medical and surgical procedures that may accompany disabilities and special needs. As such, this population is particularly susceptible to infection.

The ultimate goal of an infection control program in this DDSN facility is the protection of individuals and staff from institution-related infections. While infection prevention efforts generally fall under the auspices of the infection control committee, it is the responsibility of the administration to see that such efforts are carried out. Every programmatic service within the DDSN facility must share the larger burden of the DDSN facility – to maintain a safe environment for the individuals they serve.

## **INFECTION CONTROL COMMITTEE**

The Infection Control Committee is comprised of a representative of the following, where applicable:

Infection Control Coordinator  
Medical/Health Staff  
Nursing Services  
Pharmacist  
Dietary  
Laboratory  
X-Ray  
Housekeeping Service  
Laundry  
Maintenance  
Residential  
Dental  
Program Services

The Infection Control Committee meets as necessary.

The minutes for the meeting are kept in the Infection Control Office. All written policies and procedures relating to the Infection Control Program are reviewed annually and as needed by the Infection Control Committee.

### **PURPOSES:**

#### **Purpose:**

The major goals of the Infection Control Committee are to provide guidance and recommendations necessary to identify and prevent the development and transmission of infections and ensure staff education in infection control practices.

#### **Objectives:**

1. To ensure infection control policy and procedure implementation and revision.
2. To prevent, investigate and control nosocomial infections.
3. To distinguish, as far as possible, between those acquired within the DDSN facility (nosocomial) and those acquired outside (brought in by individuals from other facilities, hospitals, or the community).
4. To review and enforce aseptic techniques within the facility as indicated.
5. To educate the staff to the importance of reporting to responsible authorities when they have an infection likely to be transmitted to others.
6. To review all reported communicable diseases and ensure that appropriate cases are reported to the Department of Health and Environmental Control.

**AUTHORITY**

**INFECTION CONTROL COMMITTEE**

Be it known that the Infection Control Committee and/or the Infection Control Coordinator has the authority to institute appropriate control measures or initiate any studies they feel necessary to prevent danger to personnel or individuals in certain infection cases. This has been approved by the Medical Staff and the Administration.

Approved: \_\_\_\_\_  
Infection Control Coordinator

Date: \_\_\_\_\_

Approved: \_\_\_\_\_  
Facility Administrator

Date: \_\_\_\_\_

## **INFECTION CONTROL COORDINATOR**

The Infection Control Coordinator serves as the eyes, ears, and arms of the Infection Control Committee. Dealing with every department within the facility he/she must have firm backing from the administration in order to do an effective job. The objectives of the Coordinator are to serve as a liaison for all team members, report information on Infection Control, develop policies and procedures and see that they are implemented. This results in a high quality of individual care.

At present, the Infection Control Coordinator is a Registered Nurse employed in a full-time capacity. The Coordinator functions as surveillance officer for the facility.

The Infection Control Coordinator is responsible for staff education, policy development and implementation, promotion of effective infection control and ensuring reporting of reportable diseases to DHEC.

## **INFECTION CONTROL PRECAUTIONS**

**Definition:** An approach to infection control incorporating a combination of Universal and Standard Precautions.

**Purpose:** To minimize the risk of exposure to blood and other potentially infectious body fluids of all individuals.

**Responsible Persons:** All employees and volunteers

I. Universal Precautions are regulations for preventing the transmission of bloodborne infections issued by the Occupational Safety and Health Association (OSHA). They are based on the concept that all human blood and other potentially infectious body fluids are treated as if they are infected with certain bloodborne pathogens. Specific control measures must be used when contact with blood or those potentially infectious body fluids is possible.

A. Body fluids to which Universal Precautions apply:

1. Blood (single most important source)
2. Semen and vaginal secretions (implicated in the sexual transmission of HIV and HBV)
3. Cerebrospinal fluid (spinal column fluid)
4. Pleural fluid (fluid around lungs)
5. Synovial fluid (fluid around joints)
6. Peritoneal fluid (fluid of abdominal cavity)
7. Pericardial fluid (fluid around heart)
8. Amniotic fluid (fluid around an unborn baby)

B. Body fluids to which Universal Precautions do not apply:

1. Feces, nasal secretions, sputum, saliva, sweat, tears, urine, and vomitus unless they contain visible blood.

II. Standard precautions are infection control recommendations for preventing the transmission of infections issued by the Centers for Disease Control and Prevention (CDC). They apply to blood, all body fluids, secretions, excretions (except sweat), non-intact skin and mucous membranes.

A. These precautions apply to every individual whether existing infections are recognized or not.

B. The CDC also recommends transmission-based precautions such as airborne, contact or droplet for use with individuals documented or suspected to be infected with pathogens for which additional precautions are needed.

- III. Protective barriers that reduce the individual's risk of exposure to blood or other potentially infectious body fluids are as follows:
  - A. Gloves
    - 1. Should be worn when touching blood or other potentially infectious fluids.
    - 2. Gloves need not be worn when feeding individuals. When wiping saliva from the skin, use protective barriers such as bibs or towels.
    - 3. General infection control practices already in existence, including the use of gloves for digital examination of mucous membranes and endotracheal suctioning, should continue to be followed.
    - 4. Wear gloves when performing phlebotomy.
    - 5. Change gloves between contact with each individual and dispose of after one use.
    - 6. Dispose of gloves out of reach of individuals you care for.
    - 7. Wash hands well after removal of gloves.
  - B. Masks, Eye Protection, Face Shields, Aprons or Gowns
    - 1. Shall be worn whenever splashes, spray, splatter, droplets, aerosols or soiling of blood or other potentially infectious body fluids may occur.
- IV. Miscellaneous Equipment
  - A. Sharps
    - 1. Contaminated sharps must be placed in a puncture-proof container located at site of use.
    - 2. Safety needles must be used when applicable. Needles/syringes must not be bent, broken, clipped or recapped. If needles must be recapped in certain situations, a one-handed scoop method must be used.
    - 3. When sharps containers are  $\frac{3}{4}$  full, cap securely, and dispose of according to policy.
  - B. CPR Barriers
    - 1. Mouthshields and ambu-bags should be used when available to prevent the need for emergency mouth-to-mouth contact during resuscitation.
  - C. Personal Care Items (such as razors, bar soap, toothbrushes, hairbrushes, etc.) must be used individually and labeled with the individual's name to prevent spreading of infections and diseases.
- VI. Blood Spill Procedure
  - A. Put gloves on.
  - B. Wipe up visible material with paper towels. Dispose of paper towels in plastic lined trashcan.
  - C. Pour diluted chlorine bleach (1:10) onto spill.
  - D. Wipe up solution with paper towels and dispose of them in plastic-lined trashcan. Tie plastic trash bag securely and place in covered container for later disposal at the county landfill.
  - E. Mop area with EPA-approved disinfectant/detergent.

## Guidelines for Hand Washing

**Purpose:** To provide guidance for adherence to the Centers for Disease Control and Prevention (CDC) recommendations for hand washing and hand asepsis. This has been shown to terminate outbreaks of infections in health-care facilities, to reduce transmission of antimicrobial resistant organisms and reduce overall infection rates.

### Guidelines:

#### I. When to wash/clean hands

- A. Wash/clean hands that are visibly dirty or contaminated with blood or body fluids with either a non-antimicrobial or antimicrobial soap and water.
- B. Use an alcohol-based hand rub for routinely cleaning hands in all other clinical situations.
- C. Wash/clean hands before having direct contact with individuals you care for.
- D. Wash/clean hands before putting on gloves if you will be performing an invasive procedure.
- E. Wash/clean hands after having contact with the individual's intact skin, non- intact skin, body fluids, excretions, secretions, mucous membranes or wound dressings that you are caring for.
- F. Wash/clean hands during care for an individual if you move from a contaminated body site to a clean body site.
- G. Wash/clean hands after contact with contaminated objects or medical equipment in the immediate vicinity of the individual you are caring for.
- H. Wash/clean hands after removing gloves
- I. Wash hands with soap and water (either antimicrobial or non- antimicrobial) before eating and after using the restroom.
- J. Wash hands with either type of soap and water if exposure to *Bacillus Anthracis* or *Clostridium Difficile* is suspected or proven. The physical action of washing and rinsing hands under these circumstances is recommended because alcohols and other antiseptic agents have poor activity against spores.

#### II. Hand Hygiene Technique

- A. When cleaning hands with an alcohol-based hand rub, apply the product to the palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry.
- B. When washing hands with soap and water, wet hands first with water, apply soap to the hands, and rub vigorously for at least 20 seconds, covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use towel to turn off the faucet. Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis.

- C. Liquid, leaflet or powdered forms of plain soap are acceptable when washing with a non-antimicrobial soap and water.
- D. Do not use multiple-use cloth towels of the hanging or roll type in health-care settings.

### III. Selection of hand-hygiene agents

- A. Use soaps that are as mild as possible to reduce irritation due to frequent hand washings.
- B. To maximize acceptance of hand-hygiene products by Health Care Workers (HCWs), their input should be solicited regarding the feel, fragrance and skin tolerance of any products under consideration.
- C. When selecting non-antimicrobial soaps, antimicrobial soaps, or alcohol-based hand rubs, solicit information from the manufacturers regarding any known interactions between products used to clean hands, skin care products, and the types of gloves used in the facility.
- D. Evaluate dispenser systems of the various products used in hand hygiene to ensure that dispensers' function adequately and deliver an appropriate volume of the product.
- E. Never add soap to partially empty soap dispensers. This can lead to bacterial contamination of the soap.

### IV. Skin Care

- A. Encourage the use of hand creams/lotions (not petroleum based) to minimize the occurrence of irritant contact dermatitis associated with antiseptic hand washing.
- B. Solicit information from manufacturers regarding any effects that hand lotions, creams, or alcohol-based hand antiseptics may have on the persistent effects of antimicrobial soaps being used in the facility.

### V. Miscellaneous

- A. Keep nails trimmed and neat.
- B. Staff performing direct care should not wear artificial nails as they harbor bacteria.
- C. Wear gloves when contact with blood or other potentially infectious materials, mucous membranes, and non-intact skin could occur.
- D. Remove gloves after caring for each individual. Do not wear the same pair of gloves for the care of another individual. Do not wash gloves between uses with different individuals.
- E. Change gloves during care of the individual if moving from a contaminated body site to a clean body site.
- F. Educate all personnel regarding the types of activities that can result in hand contamination and ways to control this.
- G. Monitor HCWs adherence with recommended hand-hygiene practices.
- H. When outbreaks of infections occur, assess the adequacy of HCW hand hygiene.

## **GUIDELINES FOR INFECTION CONTROL IN LINEN/LAUNDRY**

**Purpose:** To provide an effective Infection Control program when handling linen/laundry in accordance with State and Federal regulations.

### **Recommendations:**

#### **I. Routine Handling of Soiled Linen**

- A. Soiled linen should be handled as little as possible and with minimum agitation to prevent gross microbial contamination of the air and of individuals handling the linen.
- B. All soiled linen should be bagged or put into carts at the location where it was used; it should not be sorted or pre-rinsed in patient-care areas.
- C. Linen supersaturated with blood or body fluids should be deposited and transported in bags that prevent leakage.
- D. Universal precautions shall be observed at all times when handling soiled linen/laundry or all soiled linen containers will be labeled to indicate the use of universal precautions.

#### **II. Hot-Water Washing**

If hot water is used, linen should be washed with a detergent in water at least 71 C (160 F) for 25 minutes.

#### **III. Low-Temperature Water Washing**

If low temperature (less than 70 C) laundry cycles are used, chemicals suitable for low- temperature washing at proper use concentration should be used.

#### **IV. Transportation of Clean Linen**

Clean linen should be transported and stored by methods that will ensure its cleanliness.

## **GUIDELINES FOR INFECTION CONTROL IN DENTAL SERVICES**

**Purpose:** To provide an effective Infection Control Program for Dental Services in accordance with State and Federal regulations.

**General:** In providing dental care, there is a possibility of transmitting infections. The strictest of infection control practices should be followed to prevent this possibility.

### **I. Procedures**

#### **A. Hand Washing**

Hands are to be washed with soap and water at the start of work, before and after patient contact (treatment), before leaving work area, or as needed.

#### **B. Gloves**

In accordance with infection control precautions for Dentistry, the use of gloves is mandatory when having contact with mucous membranes, blood, or saliva during dental procedures. Gloves are removed by turning them inside out. They are disposed of after each use in an area where they cannot be retrieved by individuals.

#### **C. Masks**

Surgical masks/face shields are used during dental treatment of the patient. They are also to be used during other procedures that may result in an airborne spray of liquid or solid particles.

#### **D. Eye Protection**

Safety glasses or face shields are worn during treatment, sterilization, and laboratory procedures. This is to prevent saliva, blood, or debris from entering a staff member's eye.

#### **E. Gowns**

Impervious gowns are to be worn by dental personnel during procedures. They are disposed of after use.

### **II. Care of Physical Environment**

**A.** Each operatory is to be cleaned after each treatment procedure with an EPA- approved disinfectant according to the manufacturer's instructions.

**B.** Autoclavable instruments are placed in an ultrasonic bath – which is both an approved presoak and cleaner – for 5 to 10 minutes. They are removed, rinsed with warm water, and dried. The instruments are then packaged and placed in an autoclave for 20 minutes at 250 degrees F.

- C. The efficiency of the autoclave is assured by monthly biological testing. Results are logged in a notebook in the dental clinic. Daily tests are done with indicator tape on packages used to wrap the instruments.
- D. Disposable equipment is to be used only once.
- E. All sterile items are checked for expiration dates and are properly disposed of as needed.
- F. Safety dental syringes are to be used if at all possible. If recapping of dental syringes is necessary, then either a mechanical device or one-handed scoop technique must be used. The needle is then placed in a sharp's container. The container is disposed of according to procedure.
- G. Gauze, extracted teeth, tissue, and other materials saturated with blood are disposed of in a biohazard bag or container. These items are disposed of according to procedure.
- H. Floors and fixtures are cleaned by housekeeping on a regular basis.
- I. Eating and drinking are to be done in designated areas. No food or drink is allowed in the treatment areas of the dental clinic.
- J. All storage areas are to be clean and dust free.

### III. Personnel

- A. Employees who have rashes, open wounds, colds, viral illness, etc. should limit their contact with the patient until their condition has cleared.
- B. Other staff are required to wear masks, gloves, gowns, and eye protection if their assistance is needed during clinical procedures.

## **GUIDELINES FOR INFECTION CONTROL IN PROGRAM SERVICES**

**Definition:** Developmental/Program Services is responsible for providing active treatment in a hygienically clean and safe environment.

**Purpose:** To maintain a sanitary environment through strict observance of infection control by providing a way of cleaning items that come into contact with mucous membranes or intact skin.

**Responsible Person:** Developmental/Program

### **I. Employees:**

- A. Should maintain a high degree of personal cleanliness.
- B. Are to wash hands before starting to work, before and after breaks, before leaving work area, after bathroom breaks, and after direct contact with individuals.

### **II. Individuals with disabilities and special needs:**

- A. Should maintain a high level of personal cleanliness.
- B. Are to wash hands before starting to work, before and after breaks, before and after eating and after bathroom breaks.
- C. All individuals with boils and open lesions must have areas covered with dressings.
- D. Individuals with elevated temperature should be evaluated as whether or not to attend programs services.

### **III. General Guidelines**

- A. All equipment used in Program Services should be checked for cleanliness and proper functioning prior to use.
- B. Equipment and furnishings should be cleaned after each use and at the end of program day with ½ cup of chlorine bleach per gallon of water (mixed daily and labeled with dilution and date), premixed chlorine solutions or an acceptable disinfectant.
- C. Disposables shall be disposed of in closed trash containers away from work area.
- D. Report unsafe, unsanitary conditions and defective equipment to immediate supervisor.
- E. Report inadequacies in ventilation, lighting, temperature, plumbing, and heating/cooling to supervisor or maintenance.

## **GUIDELINES FOR INFECTION CONTROL IN DIETARY SERVICES**

**Definition:** The Dietary Department provides food service for the residential facility. Food items vary from regular diets to therapeutic diet preparation.

**Purpose:** Food Service is an important factor within the facility contributing to client health and morale. Unsanitary food service can play a significant role in disease transmission. Prevention of infection in a food service department requires healthy personnel, properly maintained equipment, uncontaminated supplies, and on-going awareness of proper sanitation and hygiene.

**Responsible Person:** Dietary Staff

### **I. Infection Control Practices**

#### **A. Individuals with Disabilities and Special Needs:**

Nursing Service notifies the dietary service when individuals are placed on infection precautions. Specific instructions will be given.

#### **B. Personal Hygiene**

Proper attire for food handlers includes an apron of impervious material, a hair covering, freshly laundered uniform, and short clean fingernails. Facial hair is kept trimmed.

Aprons must be changed when moving from a dirty area into a clean area. Smoking is not permitted in food preparation or serving areas. Hand washing sinks with soap dispensers and single-use towels or hand dryers are provided.

#### **C. Food Products and Storage**

Food is stored sufficiently above floor level and away from walls. This facilitates cleaning of floors and corners, and protects against contamination by the cleaning process itself and accidental flooding from any source.

All non-food items are properly labeled and stored away from food products. Toxic cleaning materials are identified, stored and used in such a manner as not to contaminate food.

Home-canned foods are not used.

Maintain proper storage of perishable food at 45 degrees F or below. Store frozen foods at or below 0 degrees F.

Opened food and beverage containers are to be labeled, dated, and covered.

#### **D. Food Preparation and Service**

Food coming from broken packages or swollen cans, or food with an abnormal appearance or odor, is not served.

Food is served with clean tongs, scoops, forks, spoons, spatulas or other suitable implements so as to avoid manual contact of unpackaged food.

Individual portions of food once served are not served again. Prepared food is transported to other areas in closed food carts. Unwrapped foods are protected from contamination by covers. Single-service articles are discarded after one use.

E. Equipment

Plastic ware or china that has lost its glaze or is chipped or cracked is disposed of, after being broken to prevent further use.

Disposable containers and utensils are discarded after one use. Food carts are cleaned at least daily in order to remain clean and sanitary.

The dishwasher maintains a final sanitizing rinse of 180 degrees F and wash water of 150 degrees F.

F. Ice Machine

1. The outside of the ice machine is cleaned daily.
2. The inside of the ice machine is cleaned monthly and preventative maintenance performed on an as necessary basis.
3. Food items may not be stored directly in the ice machine.
4. Cultures are performed on each ice machine when necessary.
5. The ice scoop is kept uncovered in a clean container on top of the ice machine and is cleaned daily.

G. Food Prepared or Stored Outside Dietary Department

1. Food Storage on the nursing unit.
  - a. Medicine may be stored in enclosed containers in refrigerators containing foodstuffs.
2. Food used for supplemental feedings, complete dietary intake, or as medication additive, used to disguise the taste of medicine, is considered medication.
  - a) All open containers are dated.
  - b) Such food is not stored for greater than 24 hours.
3. Thermometers must be present in all refrigerators and log.
4. All personal foods are dated and discarded after one week.

## H. Housekeeping

1. All food work surfaces, utensils and equipment are cleaned and sanitized after each use. All counters are cleaned daily and as needed with EPA-approved disinfectant.
2. All floor surfaces are wet-mopped daily and as needed with EPA approved disinfectant.
3. Rodent and pest control is provided on a regular schedule and as needed.

## I. Waste Disposal

Waste cans with plastic garbage bags are used for all non-food waste and are to be removed daily.

The removal and proper disposal of garbage from the kitchen are provided. Non-food garbage is removed daily. Trash cans are cleaned and sanitized.

## II. Controls on the System

All preventative and corrective maintenance is documented. Environmental cultures are done as necessary. A foodborne outbreak, or suspicion of such, is grounds for cultures of possible sources. Results are to be reviewed by the Infection Control Committee.

Periodic prevalence walks are conducted by the Food Service Director. Records of proper temperature for refrigeration and freezing equipment are kept in Food Service.

## **GUIDELINES FOR INFECTION CONTROL IN THE HOUSEKEEPING DEPARTMENT**

- Definition:** The Housekeeping Department is responsible for providing safe, comfortable, clean, and attractive living surroundings.
- Purpose:** To maintain sanitary environment in the facility through strict observance of established housekeeping and custodial policies and procedures, as required by state and local codes.
- Responsible Person:** Housekeeping staff

### **I. General Information**

- A. Select detergents/sanitizers for cleaning, sanitizing and disinfecting all areas.
- B. Housekeeping personnel are to prepare disinfectant solutions according to manufacturer's instructions in housekeeping procedure.
  - 1. Underdilution results in ineffective kill of organisms.
  - 2. Overdilution may result in safety hazard.
- C. Always use utility gloves for housekeeping procedures – not medical exam gloves.
- D. Rodent and pest control is on a routine schedule and as needed.

### **II. Cleaning Guidelines**

- A. Clean from least-contaminated to most-contaminated areas.
  - 1. Clean from top to bottom.
  - 2. Remove loose dirt/debris before washing or mopping.
- B. Change cleaning cloths, mop heads and solutions according to policy.
- C. After use, rinse mop buckets and store dry.
- D. Avoid cleaning methods that generate dust aerosols.
  - 1. Remove dirt and debris with micro fiber dust mop.
  - 2. Straw brooms are not to be used to sweep floors. Only use straw brooms when sweeping outside.
- E. Reduce potential contamination from cleaning toilet fixtures.
  - 1. Personnel are to wear gloves during procedure.
  - 2. Wash hands after cleaning each area.
  - 3. Clean reusable toilet mops frequently, store dry between uses.

F. Special Cleaning Activities

1. When isolation precautions are used, follow isolation instructions.
2. Change curtains when soiled.
3. Clean and damp dust vents and blinds when dusty.
4. Spot wash walls as necessary.
5. Clean light fixtures as necessary.

G. Terminal Cleaning

1. Use same procedure as daily cleaning.
2. All disposable items must be placed in a plastic bag and be disposed of as trash.
3. Reusable items shall be removed by nursing service personnel and cleaned and disinfected according to procedure.
4. It is not necessary to discard toilet paper or paper towels following an individual's discharge.

H. Wastebaskets or other receptacles should be lined with sturdy plastic bags.

1. Close bags securely and remove when  $\frac{3}{4}$  full.
2. Transport bags to dumpster at least daily.

I. Blood/Bloody Body Fluids Clean-Up

1. Always use gloves; use other barrier precautions (masks, gowns, goggles, etc.) as needed.
2. Using paper towels, mop up gross blood. Dispose of gloves and paper towels in plastic lined trashcan.
3. Pour diluted bleach (1:10) on blood/bloody body fluids (do not splash!); let sit 5 minutes.
4. With new gloves on, wipe up bleach with paper towels and dispose of gloves and towels in plastic lined trashcan.
5. Mop area with an EPA approved detergent.
6. Rinse bucket and let dry.

## **GUIDELINES FOR INFECTION CONTROL FOR LABORATORY PROCEDURES**

**Definition:** The laboratory procedures are performed to provide diagnostic and therapeutic results.

**Purpose:** The clinical laboratory provides diagnostic testing, consultation, interpretation of results, and resource material for the appropriate collection and transport of specimens. Infection control practices shall be observed to prevent the spread of infections.

**Responsible Person:** Laboratory Technologist/Nursing Staff

### **I. Precautionary Measures**

- A. To prevent parenteral, mucous membrane, and non-intact skin exposure from pathogens in body fluids:
  - 1. Gloves are provided for handling body fluid specimens. Mask and protective eyewear are required when the worker's mucous membranes may come into contact with body fluids.
  - 2. Gloves shall be provided to the phlebotomist.
- B. To protect the laboratory technologist's clothing, a closed lab coat is worn in the laboratory.
- C. Hand washing must be performed before and after blood drawing or handling body fluids.
- D. To maintain an aseptic environment:
  - 1. Floors and counters are cleaned daily using an EPA-approved disinfectant detergent.
  - 2. The refrigerator interior and exterior surfaces are cleaned as needed.
  - 3. Spills of blood are wiped up with diluted chlorine bleach (1:10).
- E. To dispose of contaminated materials:
  - 1. Put the entire needle/syringe into a "puncture proof needle disposal container" at site of use. When  $\frac{3}{4}$  full transfer unit for pick-up by biohazard disposal contract company.
  - 2. If a vehicle is used, all biohazard wastes including sharps containers must be transported between sites in the trunk of a car or the back of a truck.
  - 3. Liquid waste is flushed down the sink.
  - 4. Culture slides, blood tubes, urine and stool cups are disposed of in a biohazard puncture proof container.
  - 5. Biohazard containers are stored in a locked area.
  - 6. Biohazard waste is transported to be incinerated according to State regulations.

## II. Collection and Transporting Of Lab Specimens

### A. Collection of Blood

1. Use appropriate barrier techniques.
2. Use aseptic technique and disposable equipment.
3. Use sterile equipment.

### B. Transporting Specimens

1. Use containers with secure closures.
2. Flag specimens at collection site with biohazard symbol.

## **GUIDELINES FOR INFECTION CONTROL FOR MEDICAL SERVICES**

**Definition:** Medical Services are responsible for prevention of infections.

**Purpose:** To insure optimum protection through strict adherence to established infection control and safety policies and procedures.

**Responsible Person:** Medical Services Personnel

### **I. General Guidelines**

#### **A. Employees:**

1. Should maintain a high degree of personal cleanliness.
2. Staff should wash hands after performing tasks involving direct contact with body fluids.
3. Gloves or other appropriate barrier precautions should be used when contact with blood or other potentially infectious body fluids are anticipated.

#### **B. Equipment**

1. All disposable contaminated equipment items must be disposed of according to infectious waste procedure.
2. All contaminated sharps are to be disposed of in sharps container according to procedure.
3. All contaminated, non-disposable equipment is to be cleaned and disinfected according to procedure.
4. Refrigerators in medical areas:
  - a. Will be cleaned and defrosted as needed.
  - b. Will contain a thermometer to assure the temperature is in the safe zone.
  - c. All opened containers will be dated, labeled, covered, and disposed of according to policy.
  - d. All refrigerated medications must be kept in a closed container for medicines only.
5. Medicine Carts
  - a. Will be cleaned each day.
  - b. Will have waterless hand disinfectant available for use when soap and water are unavailable after giving medicines.

#### **C. Linen**

1. Clean linen is to be kept in a closed area or covered when not in use.
2. All soiled linen will be placed in a covered laundry hamper immediately after use.

## **GUIDELINES FOR INFECTION CONTROL IN MAINTENANCE**

**Definition:** The Maintenance Department provides a hygienically clean environment by systematic inspection and preventative maintenance of all equipment.

**Purpose:** To ensure that the facility is structurally and environmentally safe and sanitary by adhering to established policies and procedures and maintaining compliance with standards established by federal, state, and local regulatory agencies.

**Responsible Person:** Maintenance Staff

### **I. Infection Control Practices**

#### **A. Equipment**

##### **1. Water Supply**

- a. Facility water supply systems are not connected with other piping systems or with fixtures that may allow contamination.
- b. Water supplies are protected from contamination by the installation of vacuum breakers.

#### **B. Maintenance of Buildings**

1. All surfaces (floors, walls and ceilings) are constantly inspected and repaired when necessary in order to maintain smooth, dry and cleanable surfaces.
2. Any openings or breaks in the walls, foundations, window frames, etc., are repaired in order to preserve a clean environment.
3. Employees shall report all unsanitary, unsafe environmental or working conditions to the supervisor.
4. Rodent and pest control is on a routine schedule and as needed if applicable to this department.

#### **C. Personnel**

##### **1. Dress Code**

- a. Clothing and shoes are changed when they become contaminated.
- b. Heavy boots and coveralls and/or gloves are worn when maintenance personnel are exposed to gross contaminated wastes (dumpsters, broken sewage lines and so on).
- c. Maintenance personnel follow the dress code for specific areas when applicable.

#### **D. Ventilation System**

1. Inlet and outlet openings are protected by a grill or screen and cleaned as needed.
2. Air filters on air conditioning units.
  - a. Filters are cleaned and replaced as necessary.
  - b. Disposable filters are never cleaned and reused.

## **GUIDELINES FOR INFECTION CONTROL IN OCCUPATIONAL THERAPY AND PHYSICAL THERAPY**

**Definition:** The role of occupational/physical therapy is to prevent cross- contamination and infections.

**Purpose:** To ensure optimum protection of individuals in the administration of occupational therapy and physical therapy through strict adherence to established infection control and safety policies and procedures.

**Responsible Person:** Occupational Therapy and Physical Therapy Personnel

### **I. General Guidelines**

#### **A. Employees**

1. Should observe infection control precautions at all times.
2. Should maintain a high degree of personal cleanliness.
3. Staff should wash hands before and after assisting with tasks involving direct contact. Wash hands with a liquid soap using proper hand washing techniques.
4. Gloves should be worn when coming in contact with any blood, potentially infectious body fluids, or open wounds. Gloves will be removed and discarded immediately after contact.
5. Gloves should be worn during digital exam or stimulation or the oral cavity.

#### **B. Equipment**

1. All equipment should be cleaned after each use with an antiseptic solution following the manufacture's recommendation.
2. Adaptive Equipment
  - a. All adaptive equipment will be labeled with the person's name and used individually.
  - b. All adaptive feeding equipment will be sanitized after washing and dried. They may then be stored in a clean, dry environment.
  - c. All adaptive toothbrushes will be rinsed after each use, and air- dried before storage.

#### **C. Linen**

1. If using linen to cover positioning equipment, change linen after use on each person.
2. Clean linen will be kept covered or in enclosed cabinets.
3. All soiled linen will be placed in a covered laundry hamper immediately after each use.

## **GUIDELINES FOR INFECTION CONTROL IN RADIOLOGY**

**Definition:** The Radiology Department provides diagnostic and therapeutic procedures.

**Purpose:** The Radiology Department performs diagnostic procedures which require radiology personnel to have direct contact with individuals and occasionally with their blood and body secretions during radiological procedures. Proper techniques shall be observed in order to prevent the spread of infection.

**Responsible Person:** Radiology Personnel

### **I. Infection Control Practices**

- A. Follow infection control precautions at all times.
- B. Non-contrast studies, such as plain film radiology.
  - 1. Have individuals with an illness spread by the airborne route wear a mask while in the department.
  - 2. Wash hands before and after contact.
  - 3. Use sterile gloves and dressings for open wounds.
- C. Follow the physician's orders while maintaining aseptic technique during contrast-media studies.
- D. Cleaning X-ray Equipment
  - 1. Radiology equipment shall be cleaned after each use with an EPA- approved disinfectant.
  - 2. A thorough cleaning of all x-ray equipment and surfaces shall be performed monthly.

## **GUIDELINES FOR INFECTION CONTROL FOR RECREATION SERVICES**

**Definition:** To prevent cross-contamination of infection in recreation services.

**Purpose:** To maintain a sanitary environment in recreation services through strict observance of established infection control and safety policies and procedures.

**Responsible Person:** All Recreation Staff

### **I. General Guidelines**

#### **A. Employees**

1. Observe infection control precautions at all times
2. Maintain a high degree of personal cleanliness.
3. Staff should wash hands before and after tasks involving direct contact. Wash hands with a liquid soap using proper hand washing techniques.

#### **B. Equipment**

1. All other equipment will be cleaned and disinfected after each use and as needed.

## **GUIDELINES FOR REPORTING INFECTIOUS AND COMMUNICABLE DISEASES TO DHEC**

**Definition:** The official reporting of certain infectious and communicable diseases to Department of Health and Environmental Control (DHEC) in accordance with their yearly published list.

**Purpose:** To provide information to the Department of Health and Environmental Control concerning certain infectious and communicable diseases for statistical, informational, and consultative purposes as well as for use in disease prevention.

**Responsible Person:** Infection Control Coordinator

### **I. General Guidelines**

#### **A. List of reportable diseases**

1. Official yearly reportable disease list will be obtained from DHEC annually by the Infection Control Coordinator.
2. The list will be duplicated to all physicians, nursing supervisors, and nurses' stations for posting.

#### **B. In case of reportable disease**

1. The Infection Control Coordinator will be notified of the reportable disease by the nursing staff and/or physician in charge.
2. The Infection Control Coordinator will obtain the necessary information to complete the DHEC Reportable Disease Card and notify either by phone or mail the appropriate county health department according to the instructions on the official list.
3. The Infection Control Coordinator will document the above actions.
4. This information will be shared with the appropriate person.

## **GUIDELINES FOR INFECTION CONTROL IN DIRECT/RESIDENTIAL PROGRAM SERVICES**

**Definition:** Direct/Residential Program Services is responsible for preventing cross-contamination of infections while providing active treatment in a clean and safe environment.

**Purpose:** To ensure optimum protection in the administration of activities of programs and daily living through strict adherence to established infection control and safety policies and procedures.

**Responsible Person:** Direct/Residential Program Services Personnel

### **I. General Guidelines**

#### **A. Employees**

1. Employees should maintain a high degree of personal cleanliness.
2. Staff should wash hands and/or use hand-wipes when assisting in tasks involving direct contact.
3. Wash hands with a liquid soap or alcohol-based hand sanitizer using proper hand washing techniques. Wash hands before starting work, before/after breaks and after bathroom breaks.
4. Gloves should be worn when coming in contact with any blood, potentially infectious body fluids or open wounds. Gloves will be removed and discarded immediately after contact. Wash hands well.
5. Direct/Residential Program Services personnel will receive periodic in- service instruction regarding infection control and preventing of cross- contamination.
6. Observe infection control precautions at all times.
7. Staff should report any signs or symptoms of illness observed during care to the unit nurse.

#### **B. Individuals with Disabilities**

1. Personal care items (combs, brushes, toothbrushes, razors, etc.)
  - a. Keep clean and in good condition.
  - b. Label with each person's name and use individually.
  - c. Store appropriately.
  - d. Never use on more than one individual.
2. Mealtime

Employees must:

  - a. Wash and dry hands before meals.
  - b. Use waterless disinfectant as needed during meal time.

- c. Wash hands and faces before and after meals.
- d. Provide hand towels and soap.
- e. Clean and disinfect feeding area after meals

C. Cleanliness of Equipment

1. Wheelchairs should be cleaned after each meal, toileting accidents, and as needed.
2. Bathing facilities should be cleaned after each use.
3. Bedpans and urinals should be labeled with name (not shared), stored, and covered accordingly.

D. Linen and Clothing

1. Towels, washcloths and clothing must not be shared
2. Dirty Linen/Clothing
  - a. Should not be placed on floor.
  - b. Must be transported to dirty linen area in a covered container.
  - c. Linen/clothing should be sorted and placed in covered containers for storage.
3. Clean Linen/Clothing
  - a. Clean linen is to be kept in a closed area or covered when not in use.
  - b. Linen should not be stockpiled in work areas.
  - c. When transporting clean linen, it should be covered.

E. Activity materials

1. All activity materials should be checked for cleanliness and proper functioning prior to use.
2. Activity materials and furnishings should be cleaned after each use with a disinfectant.
3. Disposables should be discarded in closed trash containers.
4. Report unsafe, unsanitary conditions and defective equipment to immediate supervisor.
5. Report inadequacies in ventilation, lighting, temperature, plumbing and heating/cooling to supervisor or maintenance.

F. Waste Disposal

1. All soiled adult briefs are placed in a covered container, lined with a plastic trash bag.
2. All bagged trash should be disposed of in outside receptacles daily or more frequently, as needed.
3. All peri-pads or disposable diapers containing blood are bagged prior to placing them in a plastic trash can.

## **MEDICAL SUPPLIES/EQUIPMENT**

- A. Most medical supplies are disposable, used one time only and discarded.
- B. The following precautions are observed in the collection of reusable items:
  - 1. All supplies and equipment used in medical procedures are considered potentially infectious and handled accordingly.
  - 2. Used equipment is cleaned with soap and water prior to disinfection according to manufacturer's instructions.

## **INFECTIOUS WASTE DISPOSAL**

**Definition:** The safe disposition of infectious waste.

**Purpose:** To prevent the spread of diseases through safe disposal of infectious waste.

**Responsible Person:** All Staff

### **I. General Guidelines**

- A. All soiled dressings or blood contaminated items are to be placed in a covered, plastic-lined trashcan or bagged and placed in open plastic-lined trashcan.
- B. All soiled diapers and peri-pads are to be wrapped or bagged prior to placing in a plastic-lined trashcan or covered container.
- C. All blood and body excreta shall be flushed into the sewer system.
- D. All bagged trash is disposed of in the dumpster daily or more frequently if necessary.

### **II. Contaminated Material**

- A. All sharps (such as needles, scalpel blades, razor blades, ampules and other disposable sharps) shall be placed in impervious plastic containers designated for this purpose for collection and disposal and incineration by contract agency.
- B. All super saturated items (dripping blood) are to be placed in a red biohazard bag to be collected for disposal and incineration by contract agency.

## **SURVEILLANCE AND REPORTING PROGRAM**

**Purpose:** To detect and record infections in a systematic fashion. This in turn enables the most effective and practical control procedures to be utilized.

**Techniques Used:**

1. Review all culture reports and follow up if needed.
2. Consultations with all service areas as necessary.
3. Prevalence study done as needed.
4. Telephone reports as necessary.
5. The Infection Control Coordinator reports to DHEC as necessary.

## **MODIFIED QUARANTINE**

**Definition:** A selective, partial limitation of daily activities of individuals who are known or presumed to have been exposed to certain communicable diseases and have the potential for transmitting it to others.

**Purpose:** To prevent the transmission or outbreak of certain communicable diseases.

**Responsible Person:** Physicians and Nurses

### **Activities:**

1. All individuals in the building under modified quarantine will be excluded from programming, school or work for a period of time no longer than the longest incubation period of the disease, with the count beginning from the last reported active case.
2. No outside activities or visits from individuals other than the necessary workers in the building will be allowed until the incubation period has lapsed.
3. Good hand washing techniques must be observed with hands washed between contact with each individual. Wash hands before leaving the building.
4. The physician and the infection control coordinator will determine by the type of communicable disease if any special precautions, as in laundry, dietary or housekeeping are necessary.

## **ISOLATION GUIDELINES**

Follow the CDC Guidelines

## TIME FRAMES FOR DISPOSABLES

Single Use Devices (ex: suture sets)	Use one and dispose of
Feeding Syringes (nasogastric and gastrostomy)	Clean and air dry after each use; label with date and name; change every 3 days
Humidifiers used with water (H <sup>2</sup> O)	If disposable, change every 7 days. If reusable, empty, disinfect and refill with sterile water every 24 hours.
Nasal cannulas, masks and H <sup>2</sup> O tubing	For individual use only; dispose of as needed or at discharge.
Nebulizers on IPPBs and mist machines	Dispose of single use handheld Nebulizer kits after 24 hours (1 kit/person/day). For reusable, after every use empty liquid, disinfect and refill with sterile distilled water.
Tubing and masks on mist machines	Change every 24 hours.
Irrigation Fluids	Date when opened and discard 24 hours after opening
Multi-dose medication vials	Date when opened and discard on expiration date or at the manufacturer's recommendation in the package insert.
Nasogastric tubes	Change as orders or as needed.
Tube feeding sets	Every 24 hours.
Opened feedings, juices, etc., in refrigerator	Date when opened and discard every 24 hours.
IV Cannulas	Every 72 hours or as ordered.
IV Fluids	Every 24 hours.
IV Tubings	Every 48 hours.
Urinary Catheters	As needed.
Suction Catheters	Flush with sterile water and dispose of after each use.
Suction Bottles	If disposable, empty and rinse every 8 hours and dispose of at discharge or as needed. If reusable, empty every 8 hours and disinfect after discharge.
Suction Tubings	Dispose of after discharge or as needed.