



**Title**  
Infection control policy (Universal Precautions and Sanitary Practices)

**Policy**  
**Infection control policy**  
**Universal Precautions and Sanitary Practices Policy**

**Course 112.01**  
**Record 196**

**Rationale**

To prevent infections from spreading and causing harm to other staff and individuals.

**Policy**

As long as employees are able to meet acceptable performance standards and medical evidence indicates that their condition is not a threat to themselves or others, they may remain at work/employed. Employees with signs or symptoms of a communicable disease cannot have direct contact with individuals or their food.

**Infectious Agents**

**Pneumonia**

**Definition** - Pneumonia is an Upper Respiratory Infection, bacterial or viral. It is diagnosed by X-ray and through clinical symptoms of Transmission: Airborne and secretions

**Groups at risk** - People with history of repeated cases, elderly, handicapped and infants.

**Infection Control** - Masks are recommended when suspected or diagnosed. In an extreme case, when a person is coughing frequently s/he may eat at different times or in her/his room.

**Hepatitis B**

**Definition** - The HBV virus is a blood borne disease.

**Mode of Transmission** - Secretions of the infected person (semen, vaginal secretions and blood or body fluids with visible blood)

**Risk factors** - Newborns born of mothers with Hepatitis B, blood or semen exposure from an infected person.

**Infection Control** - Gloves, or other personal protective equipment is to be worn whenever contact is possible with blood or body fluids

**HIV Virus**

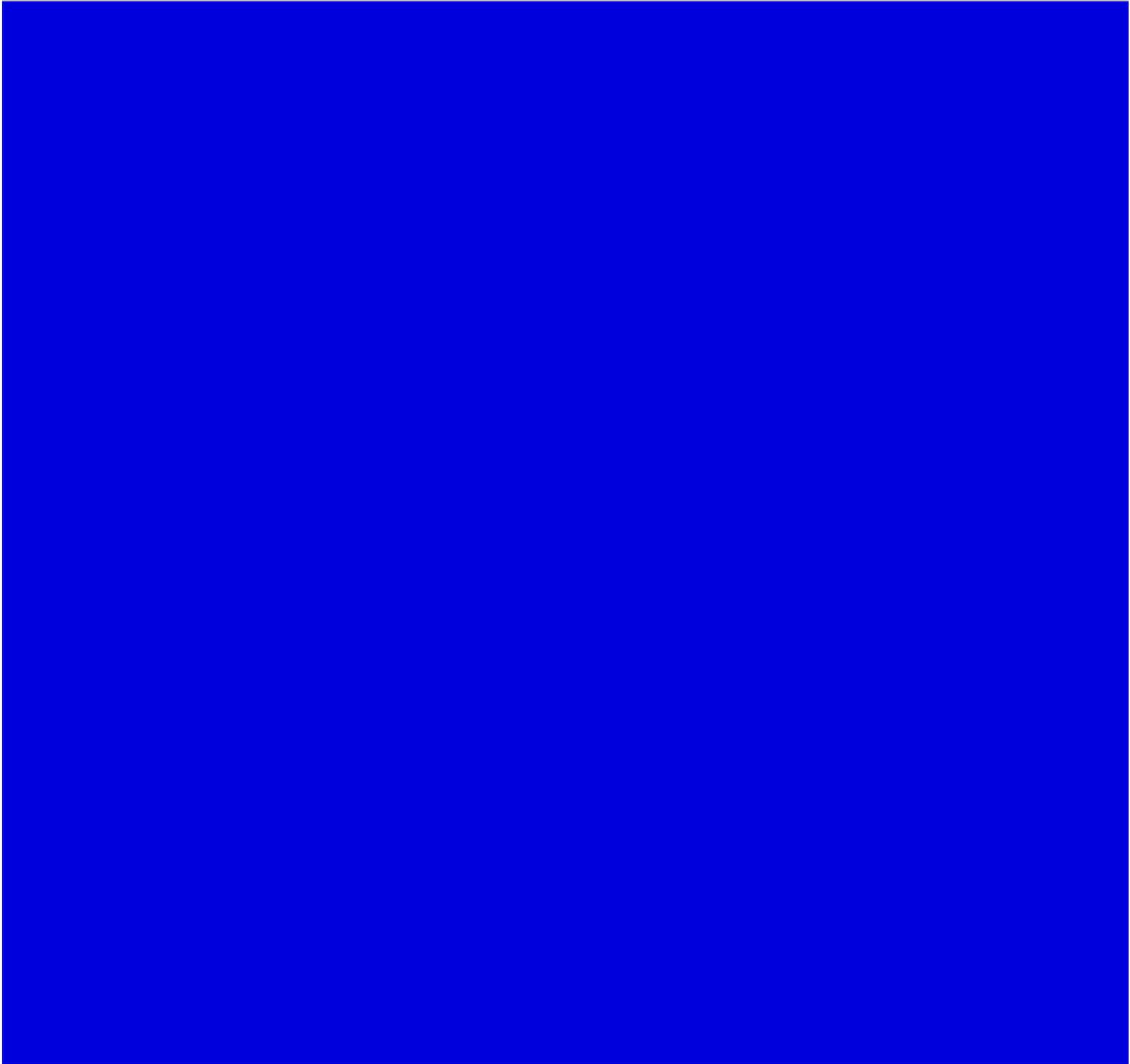
**Definition** - The Human Immunodeficiency Virus (HIV) suppresses the immune system of those who are HIV infected, rendering them increasingly incapable of warding off a number of other secondary diseases and infections. The HIV is the virus that can lead to a diagnosis of AIDS; though individuals can be HIV infected, and HIV infectious, without showing any visible signs or symptoms. The virus is found at levels sufficient for transmission under most conditions only in the blood, semen, vaginal secretions, and in a few cases, the breast milk of an HIV infected person. While detected in saliva, tears, sweat and other body fluids, the amounts found are not sufficient for transmission to occur.

**Mode of Transmission** - HIV is transmitted through sexual intercourse (anal, vaginal and oral) when there is an exchange of blood or vaginal secretions; through the sharing of drug injection equipment (needles, syringes, etc.); through transfusions of infected blood (though blood in the US. is screened and tested for HIV); and from mother to child through pregnancy, and in a few rare cases, through breast feeding. The HIV is not transmitted in various interactions at work such as eating meals in the same place, sharing bathroom facilities or touching office equipment.



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**Title**  
Infection Control Precautions (Universal Precautions and Sanitary Practices) (Safe Medication Assistance and Administration) TM

**Policy**  
**Infection Control Precautions**

**Universal Precautions and Sanitary Practices Policy**  
**Safe Medication Assistance and Administration Policy**

**Course 112.01**  
**Record 806**

**Rationale**

Using Infection Control Precautions can protect yourself and those you work with from infectious diseases. ( practice of these is imperative to keeping everyone healthy.

**Transmission of Communicable Diseases**

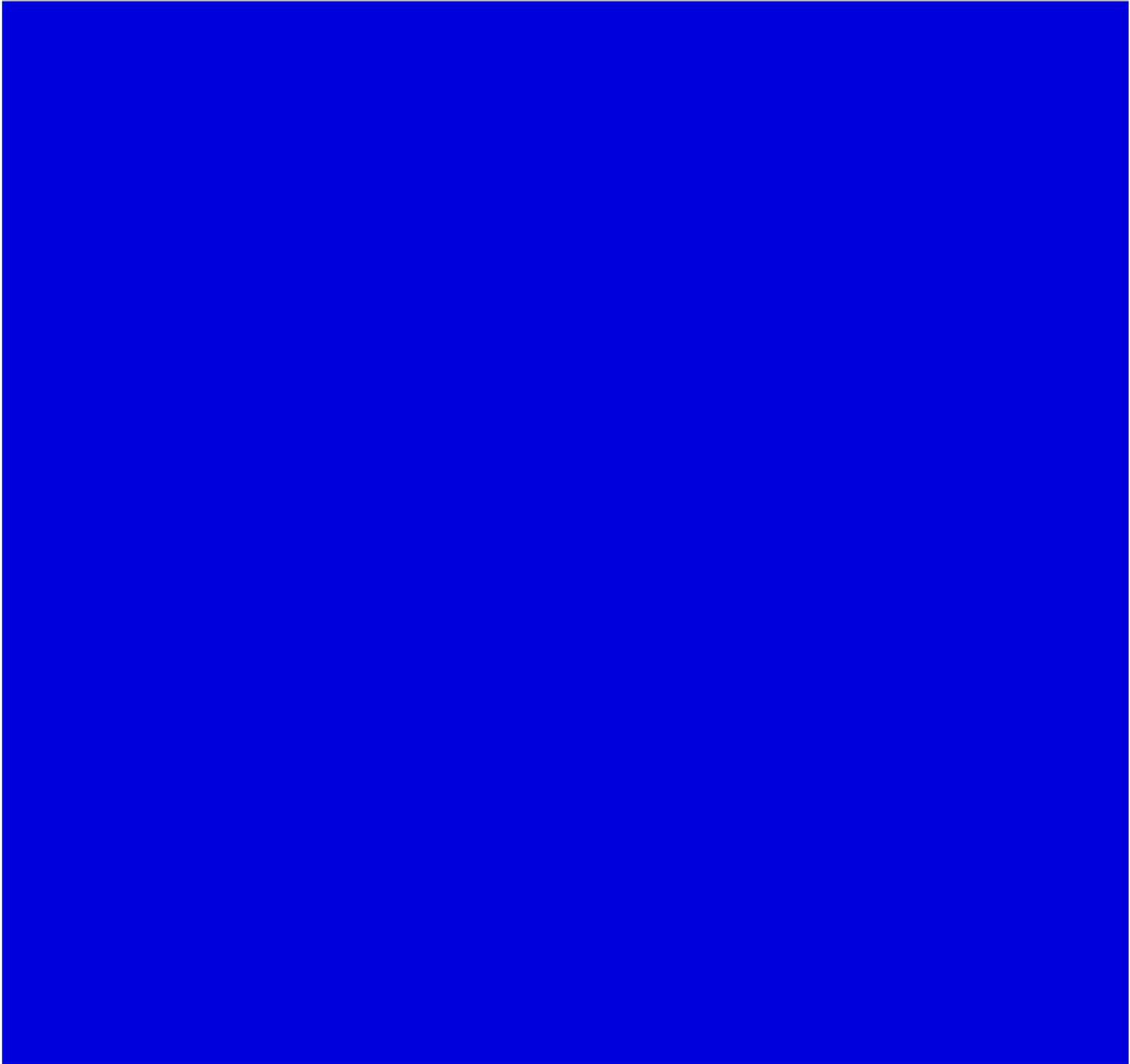
1. Communicable diseases occur when disease-causing germs such as certain bacteria or viruses, or paras such as ticks or lice, invade an uninfected person and multiply. Communicable diseases can be spread in s ways:
2. Airborne diseases such as tuberculosis, chicken pox and measles, are spread when the germs are exhale the air, where they may attach to small particles such as dust, and travel about in the air until they enter an uninfected person.
3. Some diseases are spread when the uninfected person comes in direct contact with the infected person, s when someone touches infected wound drainage and the germs enter a break in the skin. Impetigo, lice and sexually transmitted diseases are examples.
4. Diseases caused by indirect contact occur when an object such as a used needle or other equipment is contaminated with the disease causing germs. If the uninfected person gets stuck with the needle or comes contact with the equipment, the germs can enter this person's body through a break in the skin or mucous membrane.
5. Droplet transmission occurs when germs contained in droplets from the infected person's respiratory tract introduced into the environment (for example, when the person sneezes or coughs). The uninfected person comes in contact with the contaminated droplets, which may enter the person's body through a break in the : mucous membrane. Influenza, pneumonia and the common cold are spread through droplets.
6. Some diseases can be spread through a common vehicle, such as contaminated food or water. Others a vector-borne, in which a living creature is the means of transmission; lyme disease from a deer tick, and encephalitis from a mosquito are examples.
7. Blood borne transmission occurs when an uninfected person comes in contact with the blood of an infecte person, generally through a break in the skin or mucous membrane. AIDS and Hepatitis B are examples.

**Procedures**



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**Title**  
 AXIS OSHA Bloodborne Pathogens Exposure Control Plan (Universal Precautions and Sanitary Practices)

**Policy**  
**AXIS OSHA Bloodborne Pathogens Exposure Control Plan  
 Universal Precautions and Sanitary Practices Policy**

AXIS is committed to providing a safe and healthful work environment for our entire staff.

In accordance with the OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030, the following OSHA Bloodborne Pathogens Exposure Control Plan has been developed to:

- Eliminate or minimize occupational exposure to bloodborne pathogens;
- Inform employees of their risk of exposure to bloodborne pathogens;
- Educate employees regarding bloodborne pathogens, and;
- Make available, vaccination against Hepatitis B to all employees at high risk of occupational exposure.

Note: Employees may review a copy of the OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030 by searching for it under 1910.1030 in Easy AXIS. Additional resources are available for understanding more about this Standard by searching for the word "Bloodborne Pathogens" in Easy AXIS or by asking your House's Nurse Case Manager or the Director of Nursing.

- 1. BLOODBORNE PATHOGENS** are very small organisms, mostly viruses, but also bacteria and parasites, that can cause illness when they get into your blood.
- 2. WORK PLACE EXPOSURE** occurs when the blood of an infected person enters the body of another person through:
  - A. An open cut or wound of an uninfected person;
  - B. Bites and scratches in which skin is broken;
  - C. Needle sticks from contaminated needles;
  - D. Blood or body fluid splashes to the eyes, or;
  - E. Skin punctures from contaminated sharps.

**3. EXPOSURE DETERMINATION**

A. Positions at high risk of exposure to bloodborne pathogens during the performance of daily job responsibilities. All employees in this classification have occupational exposure.

- Direct Service Staff (DSS)
- Nurses (all)
- Occupational/Physical Therapists
- Qualified Intellectual Disability Professional
- Volunteer

B. Employees at minimal risk of exposure to bloodborne pathogens during the performance of routine job responsibilities. Some employees of this classification have occupational exposure.

- Dietary personnel
- Program Supervisor
- Program Coordinator

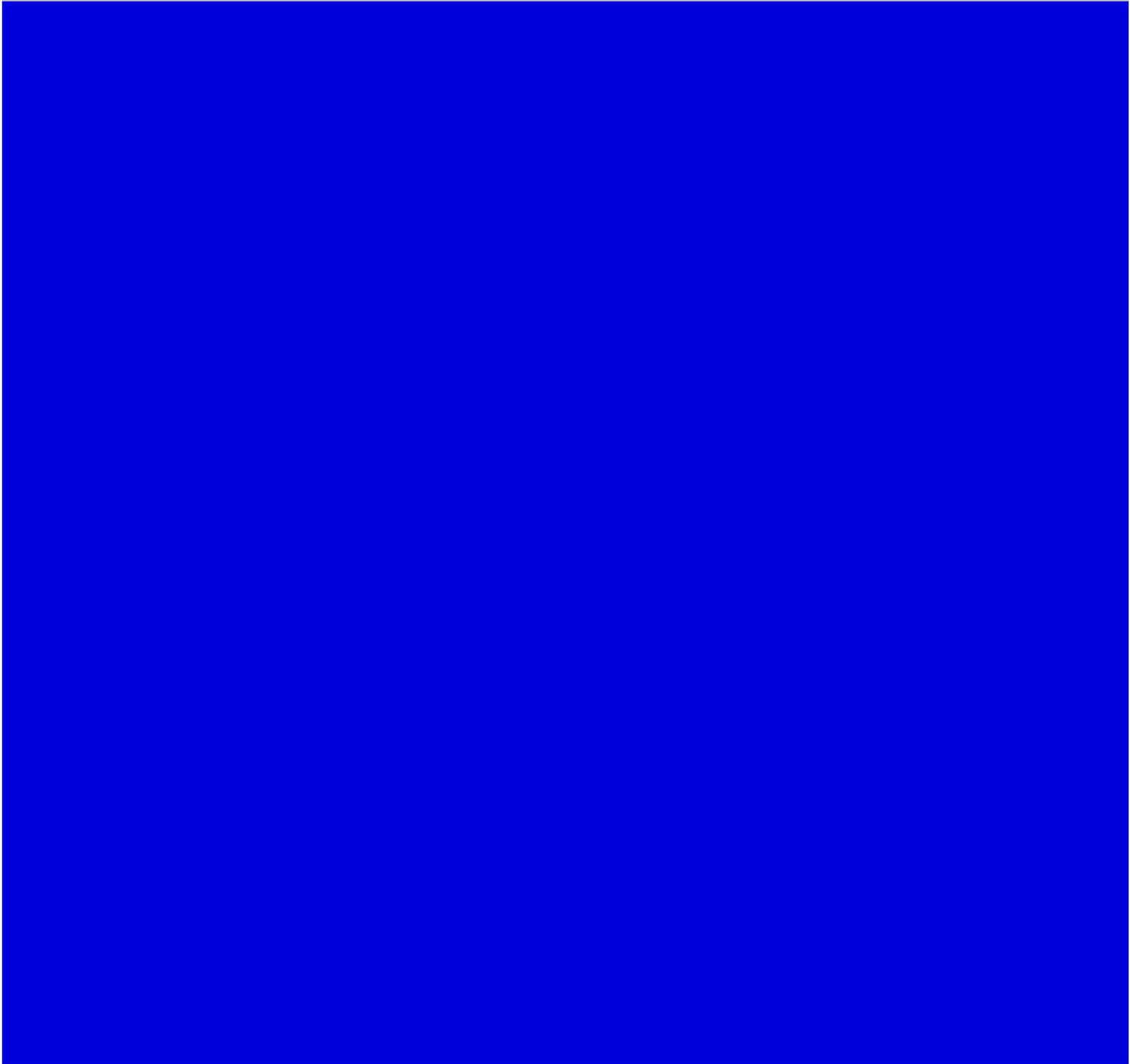
C. Employees of this classification have no occupational exposure to bloodborne pathogens during the performance of routine job responsibilities.

- Business office employees
- Quarantine



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**Title**  
Hepatitis B (Bloodborne Pathogen Exposure Control Plan) (Universal Precautions and Sanitary Practices)

**Policy**  
**Hepatitis B (Bloodborne Pathogen Exposure Control Plan)**

**Universal Precautions and Sanitary Practices Policy**

NAME OF DISEASE: Hepatitis B (other types = viral A,C,D,E and chemical, drug).

PREVALENCE: About 300,000 Americans infected per year, mostly adolescents and young adults.

MAJOR BODY PART AFFECTED: Liver (inflammation).

INCUBATION: 6 weeks to 6 months, usually 2-3 months.

DIAGNOSIS: Blood tests to determine whether active disease present, carrier status, or immune.

SIGNS/SYMPTOMS: (Develop slowly) fatigue, loss of appetite, abdominal discomfort, nausea, vomiting, mild fever, dark urine. (I frequently, jaundice, muscle aches, joint pain, rash. Some cases so mild that no signs or symptoms are present.)

TREATMENT: No cure. Bed rest, good nutrition (may need diet high in protein to repair damaged cells and high in carbohydrates protect the liver) and avoidance of drugs and alcohol unless prescribed by doctor.

RECOVERY: May take several months.

PROGNOSIS: Less than 1% die during acute phase. 6-10% lifetime carriers (can infect others for the rest of their lives). Carriers higher incidence of liver cancer (about 200 times higher), cirrhosis of the liver, liver failure later in life.

TRANSMISSION: Virus found in blood, saliva, vaginal fluids, semen (not in urine or feces). Enters uninfected person through bre skin, (e.g., cut or needle stick), mucous membranes, (e.g., eyes or mouth, sexual intercourse). May be transmitted during ear pier tattooing, acupuncture if equipment not sterilized. Kissing. Sharing of personal items, e.g., razors, toothbrushes. Mother to unbo

PREVENTION: Wash hands according to standard. Use of protective equipment, (e.g., \*latex gloves) for all contact with blood or fluids). Follow proper surface cleaning procedures. Do not share needles, toothbrushes, razors or other personal items. Do not r needles (use sharps caddy). Ear piercing, acupuncture, tattooing only if sterile equipment. Safe sex (e.g., one partner, use of con though not 100% effective). Hep B vaccine.

VACCINE: Highly effective. Effective only against Hep B. Given in three doses: 1st at elected time, 2nd one month after 1st, and months after 1st.

Available free through AXIS. Get Hepatitis Vaccination Form from Supervisor if you want vaccine. Go to Occupational Health or I Care Provider.

If you suspect you have been exposed to Hepatitis B, go to health care provider for Blood test to determine status; not paid by AX unless exposed. Following exposure, also get Hep B immune globulin immediately to provide immediate protection, along with 1s vaccine series, unless immune. Booster every 7 years. The only common side effect of the vaccine is soreness at site for 1-2 day. Uncommon side effects (but equal to or greater than 1%) include redness, bruising, swelling and nodule formation at the site of inj fatigue, weakness, headache, fever, malaise, nausea, diarrhea, pharyngitis, URI. Less than 1% report sweating, aching or vomitin Recombivax, 9/91, per Lynn, PCA pharmacist 8/2495). Check at clinic regarding side effects before getting vaccine. If pregnant, planning to become pregnant, consult physician before getting vaccine; not recommended to receive vaccine during pregnancy.

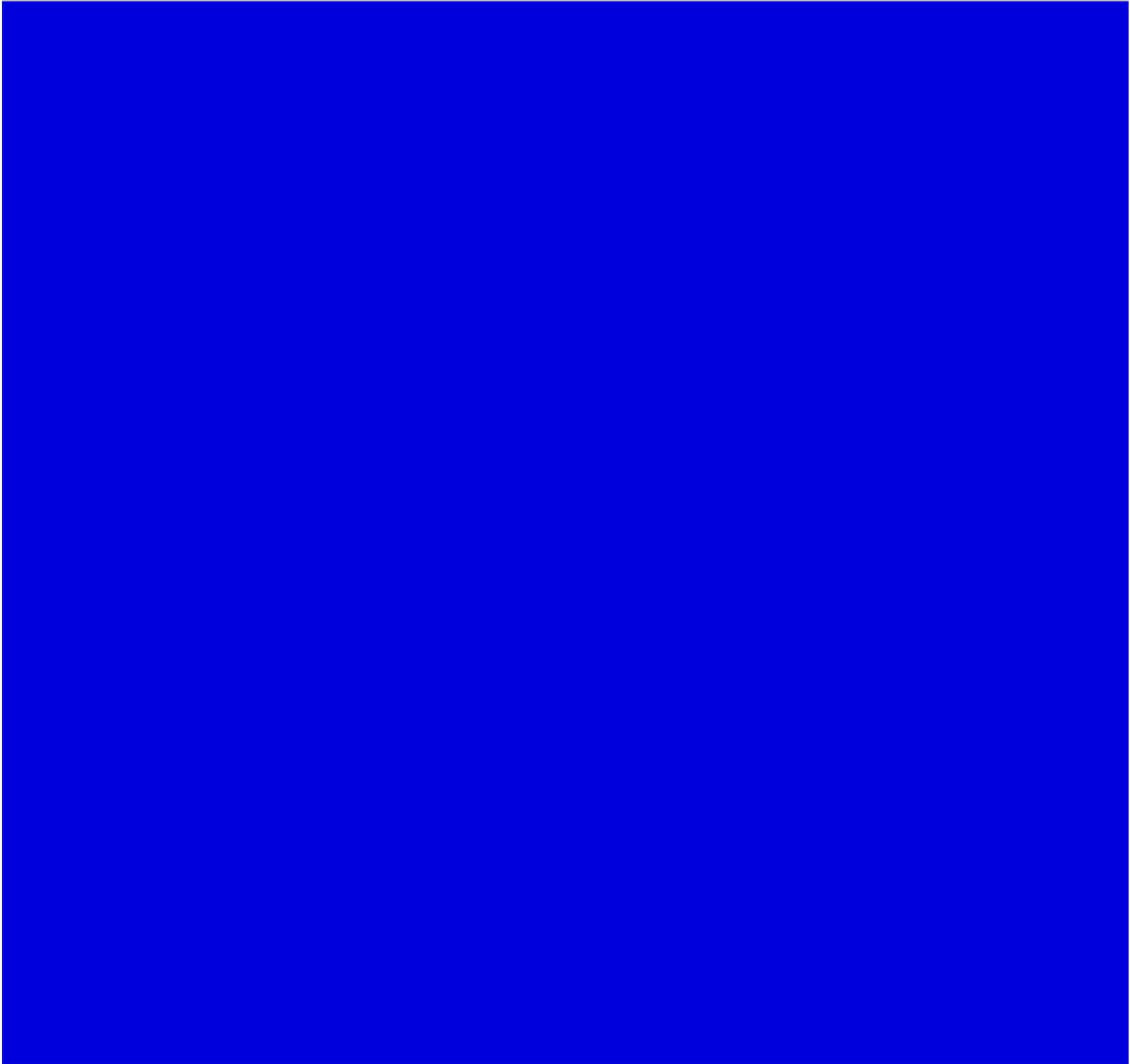
If more than 2 shots are needed because the employee missed a shot in the series, the additional cost for protection will be at the employee's expense. If employment is terminated, employee will no longer be eligible for AXIS reimbursement for the vaccine. authorization from AXIS is required prior to getting the vaccine for billing purposes.

\* Hypoallergenic gloves, glove liners, powder-less gloves, or other similar alternatives shall be readily accessible to those employe are allergic to the gloves normally provided.



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**Title**  
AIDS (Bloodborne Pathogen Exposure Control Plan) (Universal Precautions and Sanitary Practices)

**Policy**  
**AIDS (Bloodborne Pathogen Exposure Control Plan)**  
**Universal Precautions and Sanitary Practices Policy**

NAME OF DISEASE: AIDS (Acquired Immunodeficiency Syndrome).

CAUSED BY: Infection with Human Immunodeficiency Virus (HIV).

PREVALENCE: First reported in U.S. in 1981. Since then 500,000 cases of AIDS reported to Public Health Service. Over half of have resulted in death. An estimated 600,000 to 800,000 people infected with HIV but little or no symptoms or illness. In Minnesc 2700 cases reported, and estimated 4000 to 15,000 infected with HIV.

MAJOR BODY PARTS AFFECTED: HIV attacks the immune system and may also attack the central nervous system including th As the immune system deteriorates the person develops opportunistic diseases that affect other body parts, e.g., respiratory, skin, organs. If the central nervous system is attacked, mental changes such as memory loss may occur, vision may be affected.

INCUBATION: A few weeks to more than 10 years.

DIAGNOSIS OF AIDS: Positive HIV test, plus the presence of an opportunistic infection such as pneumocystis pneumonia which fever, coughing and difficulty breathing or kaposi's sarcoma, a form of cancer that produces purple blotches on the skin or in the n and later may affect internal organs, or certain tests that demonstrate damage to parts of the immune system, e.g. low T-helper ce (T-helper cells are part of the immune system and are important in fighting infection. With HIV infection, these cells are attacked.)

SIGNS AND SYMPTOMS: (Most people infected with HIV have no symptoms and feel well.) Tiredness, fever, loss of appetite and diarrhea, night sweats and swollen lymph nodes (glands), usually in the neck, armpits or groin. (Anyone who has these symptoms more than 2 weeks should see a doctor.) Symptoms of AIDS appear in about 70% of infected individuals within 12-14 years. Also with pneumocystis pneumonia and kaposi's sarcoma, vaginal yeast infections (in women) and TB are common in individuals infec HIV.

TREATMENT: Currently no known cure. Several drugs have been approved by FDA for treatment of HIV; some may help slow development of HIV into AIDS. Other medications may prevent or delay some of the diseases that attack as the immune system t weaker. New medications are currently being tested. In addition, radiation, surgery and treatment of symptoms, e.g., bedrest, prc nutrition.

RECOVERY: Individuals may recover from an acute illness and feel healthy for a period of time. However, once infected with HIV person will be infected for life.

PROGNOSIS: AIDS may be a fatal disease.

TRANSMISSION: HIV is present in the blood, semen, vaginal secretions and other body fluids of an infected person. Once infect HIV, a person will be infected and can spread the infection to others for the rest of his or her life. It can be spread when infected b enters an uninfected person through a break in the skin, such as a cut or needle stick, through sharing of needles to pierce, tattoo drugs, or through sexual contact with an infected person. Can be spread from mother to unborn child, and through breast milk. Transfusion of blood and blood products between 1978 and 1985; since 1985 all donated blood has been tested for HIV and is co safe. (HIV is NOT spread through casual contact such as shaking hands, hugging, coughing, sneezing, a "social" kiss, swimming toilet seats, food, insects, animals, air or cups.)

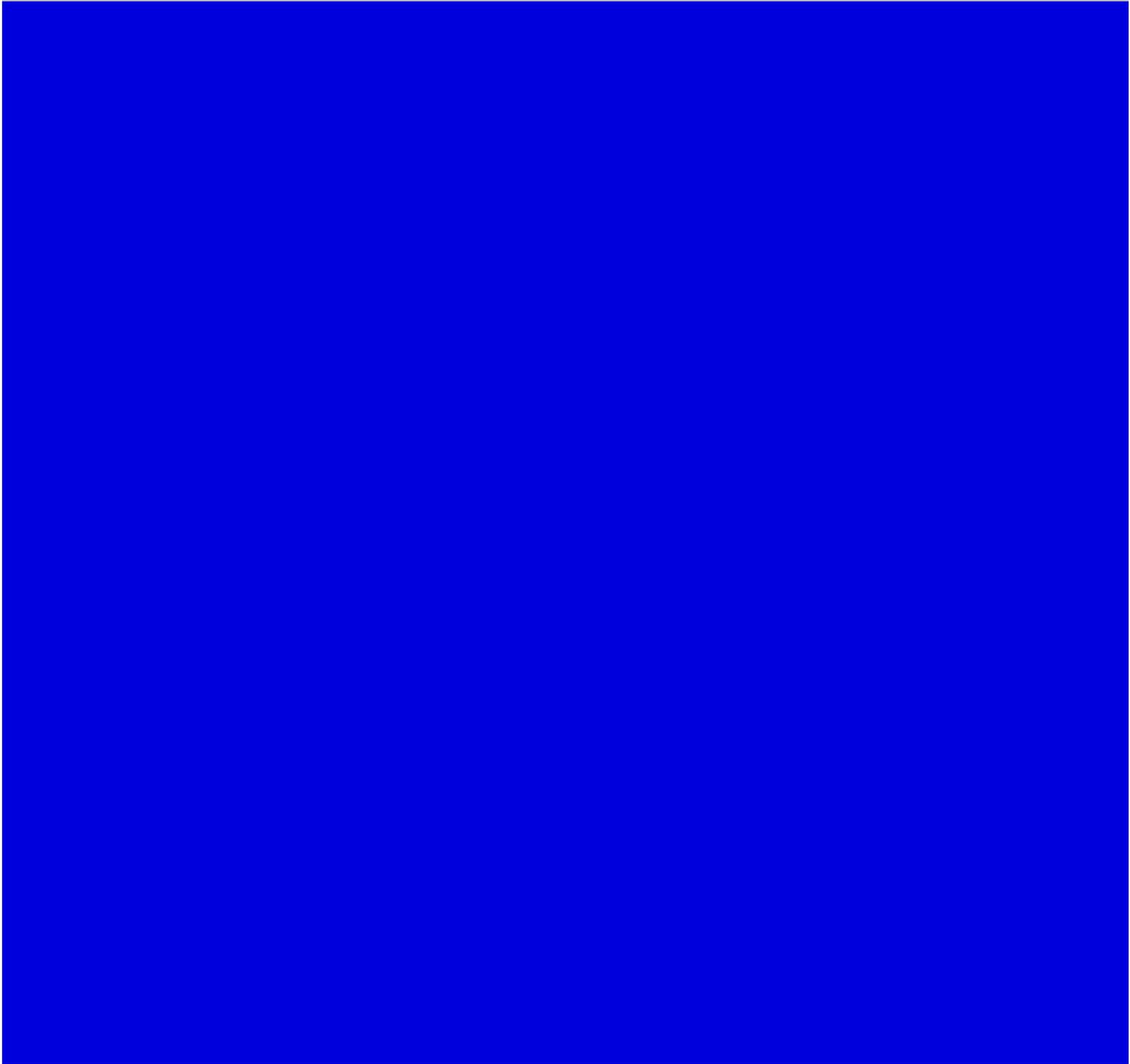
PREVENTION: Follow handwashing standard. Use of protective equipment (e.g., \*latex gloves) for all contact with blood or body Do not share personal items such as razors or toothbrushes. Do not bend or recap needles (place in sharps caddy and bring to sl container immediately). Do not share needles or other injectable drug equipment. Safe sex, e.g., single, uninfected partner, prop condoms (although not 100% effective). Currently there is NOT a vaccine known to prevent HIV infection. If infected, be respons not infecting others.

\*Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employee are allergic to the gloves normally provided.



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**Title**  
AXIS Ringworm Policy, Cause and Cure

**Policy**  
**AXIS Ringworm Policy, Cause and Cure**

**Course Number: 3370**

If you suspect ringworm, make an appointment for the resident to be seen by the physician.  
Follow the physician's orders for treatment of ringworm.  
If ringworm is diagnosed, employees must wash clothing, bed linens, and towels, daily in hot water until the ringworm is resolved.  
With each new diagnosis of ringworm, employees must be retrained.  
Follow the policy of individual day programs and schools to address when residents may return to their program. If day program c has no policy, follow the directions of the physician.

**What is Ringworm and how is it spread?**

Ringworm is a contagious fungal infection that can affect the scalp, body, feet and nails.  
The name comes from the characteristic red ring that forms on the skin. It has nothing to do with worms. It is caused by one of se types of fungal organisms.  
Ringworm is spread by skin to skin contact with an infected person or pet, by indirect contact with an object or surface that the infe skin area of the person has touched (sheets, clothing, personal items etc.). It is rarely spread by contact with the soil.

**Symptoms**

The symptoms of ringworm include:  
Skin with itchy red, raised scaly patches that may blister and ooze. The patch edges are sharply defined edges. They are often re around the outside with normal looking skin in the center. This may create the appearance of a ring.  
When the scalp and beard are infected you will have bald patches.  
Infected nails become thicken, yellow and crumbly.

**Treatment**

Ringworm is treated with fungal killing medicine prescribed by the resident's primary physician. If the ring worm is on the skin, a to cream or ointments applied to the infected skin area. You should always follow the direction of the ordering physician regarding tii day and duration that the medication should be applied.  
Keep area covered with a clean dry dressing until after 5 days of treatment. There are several other skin disorders that mimic ring Eczema is one example. Mimics, like eczema, will not respond to treatment. If the skin condition does not respond to the orderec treatment, make a follow up appointment for the resident to be seen by the primary physician.

**Prevention**

Good hand washing between cares of residents is the best way to fight the spread of disease.  
Keep skin clean and dry.  
Using agency-provided cleaning agents, keep common surface areas clean.



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