

3.

Promotion of Persons Served Health and Safety

C. Sanitary Practices

1. Infection Control / Sanitary Practices

- a. **Exposure Risk:** Staff members caring for persons with disabilities may have exposure to body fluids, such as urine, feces, vomiting, sputum, saliva, blood, and wound drainage.
- b. **Purpose:** The purpose of infection Control / Sanitary Practices is to minimize the transmission of communicable disease, to prevent infection, when possible, and to help insure optimum health for all clients and staff.
- c. **Policy:** It is the policy of this Department of Human Services (DHS) provider, Meridian Services, Incorporated to follow universal precautions and sanitary practices, including hand washing, for infection prevention and control, and to prevent communicable diseases. All Meridian Services staff who may encounter body fluids as a part of their job will be trained in infection control procedures.

All new staff will review the infection control procedure. Procedures for hand washing, glove use, cleaning, etc., will be explained as a part of the initial orientation.

Hepatitis B vaccination information will be given to the employee at time of hire. All employees in a position to encounter body fluids as part of their job will be expected to be vaccinated and to document this decision on the appropriate form. If they choose not to participate, they **MUST** sign a waiver of the vaccination, as a condition of continued employment.

Employees will be provided with a yearly in-service in sanitary practices. All exposure to blood and body fluid will be reported to the Program Manager and documented immediately. Documentation will be maintained in the employee's personnel file.

- d. **Universal Precautions, Sanitary Practices and Prevention:** Universal Precautions apply to the following materials: blood, bodily fluids visibly contaminated by blood; semen; and vaginal secretions. All staff required to follow universal precautions and sanitary practices, including:
 1. Use of proper hand washing procedure]
 2. Use of gloves in contact with infectious material
 3. Use of a gown or apron when clothing may become soiled with infectious materials.

4. Use of a mask and eye protection, if splashing is possible
5. Use of gloves and disinfecting solutions when cleaning a contaminated surface
6. Proper disposal of sharps
7. Use of gloves and proper bagging procedures when handling and washing contaminated laundry

e. General Procedures:

1. Hand Washing:

Wash hands thoroughly before and after working with each client.

Remove all jewelry.

Do not lean against the sink but stand away.

Turn on water without contaminating the faucets. This is easier to do if there are knee or foot controls. If these devices are not present, you must use a paper towel to turn on the water, discarding the towel afterward.

Adjust the water temperature.

Wet hands and forearms with water. Keep hands lower than elbows.

Apply an antibacterial soap. A foot-operated soap dispenser is preferable to a bar of soap.

Lather well with soap and additional water as needed. Be sure to scrub all areas of your hands and forearms thoroughly, for at least fifteen (15) seconds. Use a brush. Be sure to clean under your fingernails. Keep your fingernails short.

Rinse thoroughly, allowing the water to drip off your fingertips.

Dry hands thoroughly with paper towel and discard the towel.

Use a clean paper towel to turn off the faucets.

Dispose of the paper towel.

Hand lotion may be used.

Wearing gloves does not eliminate the need for thorough washing before and after donning gloves.

2. Glove Use:

Disposable gloves should be used whenever staff may be handling body fluid.

Gloves for universal precautions and general use need not be sterile.

Wash your hands.

Take a clean glove.

Bunch the glove up and then pull onto your hand; ease into fingers leaving cuff on glove at wrist area.

To remove the gloves, grasp the outside of the glove near the cuff, with the thumb and the forefinger of the other hand. Pull it off, turning it inside out as you pull. Then hook your bare thumb inside the other glove and pull it off, turning it inside out. The two gloves will be rolled together, with the side that was nearest your hands on the outside.

Drop them into a plastic-lined wastebasket.

Wash your hands again.

3. Staff Exposure to Blood and Body Fluids:

Wash your hands and other skin surfaces immediately and thoroughly if they are contaminated with blood or body fluid.

Liquids and solid waste should be flushed in the toilet.

Contaminated dressings and disposable pads are to be placed in a strong plastic bag, tied securely, and placed in a sealed receptacle for collection.

All tampon / sanitary napkins should be placed in the proper bag dispensers for this purpose in bathrooms.

4. Surface Exposure to Blood and Body Fluids:

Wear gloves.

Remove excess fluids with paper towels and place in a plastic-lined wastebasket. Body fluid spills on walls, floors, or other surfaces will be promptly cleaned with a disinfectant solution such as 1:10 solution of bleach.

Do not rinse, allow to air dry.

Dispose of gloves in a plastic-lined wastebasket.

5. Contaminated Laundry:

Use gloves when handling unwashed contaminated laundry.

Place contaminated laundry in red plastic bag having non-contaminated person holding the bag open, tie the bag and take to laundry.

Inform staff doing laundry that you have placed contaminated clothing in the laundry.

All linen exposed to body fluid will be disinfected with a 1:10 solution of bleach in the washing machine and then dried in the dryer. This will be done separately from other clothing.

Gloves, cloth rags, etc., used to clean up body fluid spills will be soaked in a 1:10 solution of bleach for five minutes. They will be rinsed and placed in a plastic bag that will then be immediately closed and disposed of.

When sending a client's contaminated laundry home, place the plastic bag in the client's tote. If there is no tote, double bag the laundry in another plastic bag and label with the client's name.

6. Client's Personal Property:

Each resident is to have his or her own individual toothbrush, comb, and brush, marked with their name. Each article is to be identified for the client.

Disposable cups may be provided in each bathroom for resident use.

Residents' toothbrush, comb, and other toilet articles are to be checked every day. Articles are to be washed and sanitized as needed.

Residents are to take regular showers and encouraged to do so (i.e., bathe and shampoo every day as needed.)

Bathtub and shower are to be cleaned and disinfected after each use.

Make sure common areas are carefully cleaned between patients.

Do not shake linens when changing beds.

Do not keep dinner trays for patients; some foods will spoil.

Wheelchairs and walkers are to be wiped down weekly.

7. Food Preparation and Storage Sanitation:

Staff will not store food next to cleaning supplies or other toxic materials.

Staff will routinely check refrigerated foods and throw out any not used after a reasonable time.

Staff will wash their hands thoroughly before handling any food.

Staff will ensure all food surfaces are clean before use.

Staff will ensure food has been cooked according to instructions and that it is thoroughly prepared before serving.

Staff must ensure that persons served eat food prepared according to any physician or dietitian ordered dietary instructions.

Staff will ensure that all preparation, serving and eating utensils and dishes, etc. are properly cleaned after use.

8. Control of Communicable diseases (Reporting Infection Diseases: Reportable Diseases A-Z Minnesota Department of Health) (<http://www.health.state.mn.us>):
Note: The website from the Minnesota Department of Health (MDH) is included as a resource for additional information.

- a. Staff will report signs of possible infections or symptoms of communicable disease that a person receiving services is experiencing to their supervisor.
- b. When a person receiving services has been exposed to a diagnosed communicable disease, staff will promptly report to other licensed providers and residential settings.
- c. Staff diagnosed with a communicable disease, may return to work upon directions of a health care professional.