



## INFECTION CONTROL PLAN

### Glossary

ALF and / or Organization = Residential Plaza at Blue Lagoon

AHCA = The Agency for Healthcare Administration

CDC = The Centers for Disease Control and Prevention

PPE = Personal protective Equipment

### Policy

The Organization has developed and implemented infection control practices that conform to AHCA regulations, CDC guidelines, federal, state and local regulations and currently accepted standards of practice. All employees are assigned responsibility for the management of infection prevention and control activities.

### Purpose

To prevent or decrease the exposure of residents and employees to diseases and infections and to establish and maintain a surveillance program of identifying, reporting, and analyzing infections.

### Procedures

1. The Infection Control Plan conforms to CDC guidelines, AHCA, federal requirements, state and local regulations and currently accepted standards of practice.
2. The Infection Control Plan establishes and implements policies and procedures for controlling employee exposure to COVID-19. These policies/procedures include:
  - a. Identifying all those residents and employees at risk of exposure to COVID-19.
  - b. Establishing procedures for the evaluation of circumstances surrounding exposure incidents.
  - c. Establishing a training program upon employment which:
    - i. Educates residents and employees in the infection control program
    - ii. Advises residents and employees of any revisions or when changes occur.
    - iii. Provides record keeping in accordance with regulations.
    - iv. Ensuring that provisions of equipment and supplies necessary to minimize the risk of infection with COVID-19 or other potentially infectious materials are available to all residents and employees at risk of exposure.
    - v. Establishing a process for educating residents/employees regarding infection control policies/procedures.



- vi. Establishing a surveillance program for infections acquired in home health care.
  - vii. Reviewing the program's effectiveness systematically and revising as necessary.
  - viii. Establishing policies/procedures that will reduce the spread of COVID-19 to employees and residents.
  - ix. Monitoring staff adherence to recommended policies, procedures and protective measures. When monitoring reveals a failure to follow recommended precautions:
    - Counseling, education and/or retraining will be provided.
    - If necessary, appropriate disciplinary action will be taken.
  - x. Screening staff as required by law and regulation for exposure to COVID-19, and/or immunity to infectious diseases that staff may come in contact with. All screening processes may change based on CDC and/or State Department recommendations.
  - xi. Directing residents and employees to self-isolate who have been exposed to or who potentially have been exposed to COVID-19 and/or any other viral/infectious disease to physicians for assessment, testing, prophylaxis treatment, counseling and/or immunization as per CDC guidelines.
3. The Organization will respond to COVID-19 confirmed cases as specified in the Organization's Policy "Responding To COVID-19 Confirmed Cases"
  4. The goals for the infection control program are to:
    - a. Ensure that established infection control procedures are designed to minimize the spread of infection from resident to resident and resident to staff (including outside third party vendors) by addressing prioritized risks.
    - b. Reduce the risk of acquisition and transmission of COVID-19 by addressing prioritized risks.
    - c. Limit unprotected exposure to COVID-19 throughout the organization by implementing current CDC and OSHA guidelines.
    - d. Improve hand hygiene compliance.
    - e. Minimize the risk of transmitting COVID-19 associated with the use of procedures, medical equipment and medical devices.
    - f. Improve protocol about what to do if employees or residents are sick with COVID-19.
  5. Emergency operations planning for COVID-19 disease outbreak includes:
    - a. Preparing to respond to an influx, or the risk of an influx, of residents/employees
    - b. Managing the ongoing influx of potentially exposed residents and employees over by:
      - i. Suspending admissions for new residents when necessary.



- ii. Restricting on-site visits only to screened essential health care personnel (e.g. hospice, nurses, emergency responders, etc.), vendors and state officials. (Exceptions are permitted for limited family visits in end-of-life situations)
    - c. Providing or arranging for the residents to have alternative ways to communicate / interact with family, such as: phone calls, video conferences, text message, etc.
    - d. Establishing for information management before and during the COVID-19 outbreak, or risk of an outbreak.
6. The Organization will keep abreast of and obtain current information about COVID-19 that could cause an increased number of potentially infectious residents through communication with resources, e.g., hospitals, CDC, Federal, local and state health departments, offices of emergency management and, local media (e.g., television, radio and newspapers).
7. Critical information will be disseminated to residents, families, staff, key practitioners, physicians, and leaders through e-mail, voicemail, telephone and staff meetings.
8. The risk analysis defines the current surveillance activities and will be reviewed systematically, and on an as needed basis whenever significant changes occur.
9. Management will assign responsibility for infection control program management to each department supervisor.
  - a. The assigned individual will be qualified for such responsibilities based on education, additional training and/or experience.
  - b. The individual coordinates all activities and assures ongoing surveillance, data collection, aggregation, analysis and monitoring of the effectiveness of the program.
  - c. The individual meets regularly with leaders, managers and staff to:
    - i. Develop strategies.
    - ii. Review and react (as appropriate) to surveillance data.
    - iii. Assess successes and failures of program.
    - iv. Review and revise program.
    - v. Perform annual infection control program evaluation, and provide an annual update with a review of any new or significantly changed infection prevention standards



## **EXPOSURE CONTROL PLAN OSHA REGULATIONS**

### **Policy**

Residential Plaza will develop, implement and maintain infection control policies and procedures for residents diagnosed with infections and/or contagious diseases and for the protection of employees caring for such residents. Policies and procedures will reflect OSHA regulations and accepted standards of care.

### **Purpose**

To prevent and control the exposure of Residential Plaza employees and residents to infections and hazardous products.

### **Procedure**

#### **General Information – Infection Control and Standard Precautions**

1. Blood, body fluids and tissues of all residents are presumed infectious.
2. If questions arise concerning a particular technique or policies of infection control, they should be directed to the administrator.
3. Refrigerate food promptly and keep in a refrigerator separate from blood or other potentially infectious materials. Medications and biologicals are also stored separately.
4. Maintain a clean resident environment with emphasis on common areas surfaces such as: countertops, handles, handrails, bathroom and kitchen cleanliness.
5. Use aseptic technique, and universal precautions attending the ALF residents.

### **Hand Hygiene**

Hand hygiene is the most important procedure in the prevention of infections. Handwashing will be performed by all staff according to established Hand Hygiene Policy.

### **Methods of Disinfection**

1. Reusable articles in the ALF contaminated with blood or body fluids, e.g., feces, pus, mucous or other organic matter, will be washed with soap and water.
  - a. If a danger of contamination of body parts or adjacent areas exists, items will be washed in a specific container for that purpose and the subsequent solution discarded into the toilet bowl.
  - b. Full strength disinfectant will be used to clean toilet bowl and seat.



2. Whenever it is necessary to use equipment which must be disinfected after use and which will be used by or for a resident over a period, e.g., bedpans, urinals, bedside commodes, etc.
3. Blood glucose monitors are cleaned when visibly soiled or according to manufacturers' recommendations (third party provider – HHA).
4. All solutions will be checked for expiration date prior to patient use.
  - a. When the patient no longer needs the treatment, all opened solutions and solution containers, etc., will be discarded after use.
  - b. Other disposable supplies, e.g., irrigation trays, syringes, suture removal sets,
5. Thermometers will be wiped with alcohol pad after each use. The effectiveness of this technique is dependent on vigorous friction. Allow to air dry. Thermometers with disposable shields are to be cleaned with alcohol pad after disposal of shield.
6. Stethoscopes (third care provider – HHA) and blood pressure cuffs will be cleaned after each use by the employee who has possession of the equipment.
7. All resident's laundry is to be handled minimally and not shaken or placed against the employee's clothing or body. Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Laundry will be placed immediately in the resident's laundry area or washing machine to minimize employees and resident's exposure.
8. Broken glassware, e.g., contaminated blood collection tubes, will not be picked up directly by hand.
9. Use the contents of the spill kit by sprinkling the spill with the absorbent material.
10. Broken glassware which may be contaminated is picked up using mechanical means, such as a brush and dust pan. Wear gloves to scoop up the absorbed spill and broken glass.
11. Dispose in container and place container into a contaminated garbage bag.



## **EMPLOYEE INFECTION CONTROL TRAINING**

Employees will receive education and training during orientation and at least annually, or when threat of viral or bacterial exposure warrant it.

### **1. Standard Precautions**

- a. Hand hygiene
- b. Gloves
- c. Gowns/aprons
- d. Masks
- e. Protective eyewear and shoe covers
- f. CPR resuscitation masks
- g. Disinfection
- h. Linens
- i. Eating utensils
- j. Needles, scalpels and other sharp instruments or devices: disposal

### **2. Employee Health Requirements**

- a. TB test – chest x-ray
- b. HBV vaccine
- c. Infections or illness to be reported to supervisor

### **3. Hygiene**

- a. Personal hygiene (handwashing)
- b. PPE requirements-types, uses, location, handling, removal, and disposal

### **4. List of Reportable Communicable Diseases**

- a. Disease information
- b. Disease/infection mode of transmission
- c. Vaccine availability: signs and symptoms

### **5. Transmitted Infections**

- a. Wound infections
- b. IV site infections



- c. Hepatitis, AIDS
- d. COVID-19, MRSA, VRE
- e. Other reportable communicable diseases

## **6. Infectious Waste Disposal**

## **7. Cleaning and Disinfection of Equipment**

- a. Thermometers
- b. Stethoscope
- c. Sphygmomanometer
- d. Glucometers

## **8. OSHA Regulations**

- a. Exposure Control Plan
- b. Standard Precautions
- c. Work practice controls
- d. Personal protective equipment (PPE) Orientation and training
- e. Labels and signs
- f. Hepatitis B Vaccination
- g. Post-exposure plans
- h. TB/Airborne Exposure Control Plan



## **SPECIFIC PROCEDURES FOR EMPLOYEE AND RESIDENT INFECTION CONTROL TRAINING**

### **Policy**

To ensure that all employees and residents are educated and understand specific procedures regarding infection control.

### **Purpose**

All ALF employees and residents are educated and understand proper infection control precautions.

### **Procedure**

#### **Staff**

1. All employees who are providing direct resident care will use the following in compliance with Standard Precautions procedures:
  - a. Apply gloves before contact with any moist body site, fluids or solids, including mucous membranes, e.g., when assisting residents with bathing, toileting, and meals preparations.
  - b. Wear other situation-specific PPE for all residents' care.
  - c. Change gloves and wash hands between residents.
2. Wear an apron or gown and protective eyewear if danger of body fluid splash is present.
3. Bag all soiled dressings in plastic and close the bag securely then remove for disposal according to established procedures.
4. Any piece of disposable equipment which has been in contact with blood/body fluids or moist body substances must be disposed of in a plastic bag. Place the plastic bag in the covered trash receptacle.

#### **Resident Education**

1. Instruct in all basic principles of Standard Precautions and any other procedures as applicable to the resident's care.
2. Instruct in modes of transmission of all possible contaminants and specific organisms, if known.
3. Instruct regarding disposal of all infectious wastes.





4. Instruct on isolation needs if they were exposed to any contagious diseases.
5. Bathrooms should be cleaned with a 10% bleach solution.
6. Instruct residents to cover the nose and mouth when infected, or under investigation for possible infection.
7. Contact infection control specialists at a local hospital or the local health department for as stated in policies and procedures regarding specific organisms, when known.



## HAND HYGIENE POLICY AND COMPLIANCE PROGRAM

### Policy

Hand hygiene will be done by all employees to reduce the transfer of microbes and germs to residents and to prevent the growth of microorganisms on the nails, hands and forearms.

### Purpose

To prevent transfer of germs and transmission of infections to residents and to implement a hand hygiene compliance program.

### Equipment

- Antibacterial foam/ gel liquid
- Sink running water
- Soap- liquid, antimicrobial
- Paper towels
- Disposable plastic bag or waste can

### Procedure

1. Indications for employees performing hand hygiene are:
  - a. Before and after direct resident care.
  - b. After using the bathroom.
  - c. After blowing or wiping the nose.
  - d. Before and after eating.
  - e. When hands are soiled.
  - f. After any contact with contaminated materials.
2. All employees are responsible for implementing hand hygiene procedures on an ongoing attempt to prevent and/or contain infectious processes and communicable diseases.
3. Antibacterial foam/gel/liquid is the preferable hand hygiene method. When using antibacterial foam/gel/liquid, the procedure is as follows:
  - a. Place adequate amount of foam or liquid on hands.
  - b. Using friction, clean between fingers, around and under nails, palms and backs of hands until hands are completely dry.



4. The proper procedure for handwashing when using soap and water is as follows:
  - a. Turn water to a comfortable warm temperature.
  - b. Hold hands under running water so they get completely wet.
  - c. Lather hands well with liquid, antimicrobial soap: use friction; wash between fingers, wash area around and under nails.
  - d. Using a clean paper towel, dry hands thoroughly.
  - e. Turn off water faucet using towel.
  - f. Discard paper towels in a disposable bag or waste can.
5. Management has implemented an aggressive program to address hand hygiene and decrease rates of infections. This includes:
  - a. providing a liquid, antimicrobial soap and paper towels in all resident care areas.
  - b. Providing orientation and annual staff training that includes hand hygiene.
  - c. Monitoring staff compliance with use of Antibacterial foam/gel/liquid.



## **SUPPLY MAINTENANCE**

### **Policy**

Residential Plaza maintains and delivers supplies according to applicable AHCA, federal/state laws and regulations.

### **Purpose**

To assure that the supplies used by employees and/or residents are sanitary and appropriate for use.

### **Procedure**

1. Administrator will assess the facility for appropriate location for storage of supplies.
2. Staff will be instructed on proper storage of medical supplies and maintenance of an optimal clean environment for supplies.
3. Administrator will supervise that the facility keeps enough supplies to face any unexpected viral and/or infection exposures.
4. Administrator will have an account with a supplier to guarantee restocking of supplies when needed.
5. Items will be stored according to vendor/manufacture's recommendations, e.g., refrigeration if necessary.
6. Employees will be instructed on principles of safe handling of clean supplies, equipment, medication and solutions.
7. Employees will be instructed on proper disposal and handling of utilized supplies.



## **RESIDENTS/FAMILIES EDUCATION OF INFECTION PRECAUTIONS AND INFECTION CONTROL PRACTICES**

### **Policy**

The Organization will assure that residents/families are informed of any infection precautions or control precautions.

### **Purpose**

The Organization will educate the residents/families regarding any precautions to be taken to prevent and/or control any infection. Residents and family members play a role in increasing resident safety by practicing infection prevention themselves, and in supporting the staff in prevention practices.

### **Procedure**

1. Appropriate employees will provide to the residents/families any information/education regarding infection prevention or control precautions to be taken, such as Standard or barrier precautions. (The term family includes the person or persons who play a significant role in the resident's life and may include persons who are not actually related to the resident). Residents/families will also be instructed regarding any observations to be reported to ALF staff.
2. As appropriate to the services which the residents is receiving, education may include such precautions as:
  - a. Appropriate hand hygiene
  - b. Use of gloves and/or protective clothing
  - c. Dressing changes with disposal of soiled dressings
  - d. Personal care
  - e. Equipment cleaning
  - f. Handling resident's personal items, e.g., laundry and dishes