

LINK ASSOCIATES  
POLICY/PROCEDURE  
Section Environment/Safety, Policy 6: Infection Control

I. POLICY

It is the policy of Link Associates to maintain and adhere to infection control procedures which will help prevent or reduce the spread of communicable disease and to assure proper sanitation procedures are followed in all facilities. Link Associates will follow universal precautions to prevent or reduce the spread of blood borne pathogens. Link Associates will maintain and document compliance with applicable federal, state and local standards and national accreditation standards. This policy will be reviewed on an annual basis.

II. PROCEDURE

A. Definitions

1. Blood borne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
2. Body Fluids include the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, and amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
3. Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
4. Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials.
5. Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.
6. Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
7. Other Potentially Infectious Materials (OPIM) means the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
8. Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard is not considered to be personal protective equipment.
9. Regulated Waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials AND are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
10. Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens.

### III. Exposure Control Plan

#### A. General Information

1. All employees have occupational exposure.
2. Tasks in which occupational exposure may occur include: providing minor basic first aid, glucose finger-sticks, administration of injections (nurse only), and assisting with menstrual care, toileting, and hygiene activities.
3. Engineering controls to prevent exposure to blood borne pathogens include sharps disposal containers, disinfectant solution, spill kits specifically designed for blood and body fluids, hand washing facilities, and personal protective equipment.
4. Administrative controls to prevent exposure to blood borne pathogens include the use of universal precautions, employee training, biohazardous waste collection procedures.

#### B. Post-Exposure Plan

1. In the event of an exposure incident, the employee will
  - a. Encourage the wound to bleed, unless contraindicated.
  - b. For exposure to broken skin (including bites, needle sticks, puncture wounds, and open wounds) wash area with soap and water for 20 minutes.
  - c. For exposure to the mouth, repeatedly rinse the mouth with water without swallowing for 20 minutes.
  - d. For exposure to the eye, irrigate the eye with running water (such as in a shower) for 20 minutes. Turn the head so that the involved eye is down.
  - e. For exposure to the nose, wipe out with damp gauze, changing gauze frequently for 20 minutes.
2. The employee will immediately notify his/her supervisor or the agency nurse.
3. The supervisor and the agency nurse will verify that exposure to blood or a bodily fluid has occurred.
4. If it is determined that exposure to blood or bodily fluids has occurred, the supervisor or nurse will notify the outreach director who will make arrangements for the employee to receive medical evaluation at the appropriate occupational health clinic or hospital.
5. Testing, follow-up appointments, and vaccinations must be completed as ordered by the attending physician. The nurse or outreach director will ensure that the Hepatitis B vaccination is offered by a health care facility within 24 hours of the exposure incident. If the employee declines the Hepatitis B vaccination at that time he/she shall sign the First Report of Exposure to Blood and Bodily Fluids Hepatitis B Vaccination form.
6. The nurse or outreach director will provide the health care facility with a description of the exposed employee's duties as they relate to the exposure incident, documentation of the route(s) exposed and circumstances under which exposure occurred.
7. The employee shall complete the First Report of Exposure, First Report of Injury, and Safety Committee Incident forms within 12 hours of exposure.
8. The nurse or outreach director shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. The opinion shall be limited to the following information: that the employee has been informed of the results of the evaluation and that the employee has been told about any medical condition resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
9. Post-exposure counseling shall be provided by the occupational health staff.

### IV. Hepatitis B vaccinations

- A. Employees shall be advised of the effects of the Hepatitis B virus, the vaccine's benefits and potential side effects by the agency nurse at the their initial health screen. At the initial health screen, the new employee and the agency nurse complete the form E-6f (Employee Orientation to Health Services and Related

Procedures). The employee shall then accept or decline to receive the Hepatitis B vaccination series and document his/her choice on the form.

- B. Employees may receive a Hepatitis B vaccine within 10 working days after the initial assignment. When an employee wishes to receive a Hepatitis B vaccination (even if he/she previously declined), he/she will contact the agency nurse. The agency nurse or designee will provide the employee with an authorization form and instructions on making arrangements to receive the vaccine at the appropriate clinic.
- C. The clinic will provide the employee with a schedule for subsequent vaccinations, but it is the employee's responsibility to make arrangements for subsequent vaccinations. The vaccines are provided at no cost to the employee while employed at Link Associates.

V. Methods of compliance

- A. UNIVERSAL PRECAUTIONS & PERSONAL PROTECTIVE EQUIPMENT-Universal precautions shall be observed in any situation involving exposure (or potential exposure) to blood and bodily fluids. The appropriate personal protective equipment shall be used in such situations.
  - 1. Masks and protective eyewear are to be worn in situations where blood or bodily fluid may come into contact with the mucous membranes of the eyes, nose or mouth.
  - 2. Protective (waterproof) gowns are to be worn when blood or bodily fluids may come into contact with skin that is not protected by other personal protective equipment.
  - 3. Gloves are to be worn when any contact (or potential contact) may occur with blood or bodily fluids, including (but not limited to) contact with mucous membranes, contact with non-intact skin, performing blood glucose sticks, and handling contaminated items. Gloves should be changed and hands washed between consumers.
  - 4. Pocket masks are to be worn when giving rescue breaths during CPR.
  - 5. Gloves and protective gowns/aprons shall be worn when cleaning and/or showering consumers who have been incontinent of feces.
- B. SPILLS-Spills containing blood or bodily fluids shall be cleaned immediately. Fecal matter, vomitus and urine may be carefully poured into a toilet and flushed. (If the toilet becomes contaminated, it will need to be appropriately cleaned as well.) Other fluids will be wiped with a disposable wipe. The wipe should be discarded into a biohazardous waste bag. The area of contamination will be cleaned with an appropriate disinfectant (such as Procon Green) or a solution of 1 part bleach and 10 parts water.
- C. LAUNDRY
  - 1. Laundry that is contaminated with blood or OPIM shall be placed in a waterproof biodegradable laundry bag immediately and the bag shall be sealed. The laundry bag shall be handled wearing gloves and shall immediately be placed in the washing machine. The laundry shall be washed twice in a washing machine on the highest agitation cycle, on the hot water setting, with at least 1 cup of laundry detergent and ½ cup (4 fluid ounces) of bleach. The laundry shall then be dried in a dryer on a heated setting. The contaminated linen may be commercially dry-cleaned instead of laundered at home.
  - 2. Laundry grossly soiled with feces or urine (but is NOT contaminated with blood or OPIM) shall be washed alone twice in a washing machine on the highest agitation cycle, on the hot water setting. Formed feces should be disposed of into the toilet before laundry is placed in the washing machine.
- D. WASTE DISPOSAL
  - 1. Regulated waste shall be disposed of in waterproof, red bags with the biohazard symbol (four interlocking circles) and the word "BIOHAZARD" printed on them. The waste will be brought to the nurse's office and placed in the 5 gallon red container, marked biohazard. The nurse shall dispose of the 5 gallon red biohazard container by participation in the Stericycle mail-back program. If regulated waste is generated at a location other than the administration building, it must be double bagged in red biohazard bags before transport to the administration building. The method of double bagging must ensure that absolutely no waste can spill outside the bags. The bag should be placed in a location in the vehicle of transport that is not near people (i.e. the

- trunk) and should have ample room (i.e. should not be "squeezed into place"). If generation of regulated waste becomes a regular occurrence at a location other than the administration building, a red, biohazard container will be placed at that location.
2. Soiled sanitary napkins will be wrapped in toilet tissue and placed in a leak-proof bag that lines a container. At the RCF's, the container will be metal. Every twenty-four hours (if the container has been used), the liner will be removed, placed in a plastic bag, sealed, and taken to the dumpster. The container will then be cleaned with a disinfectant solution (such as Betco 256).
- E. SHARPS DISPOSAL-Gloves will be worn when using any needles, syringes or sharp instruments. Sharps are not to be recapped and shall be disposed of immediately after use. Used sharps will be placed into a puncture-resistant, leak-proof, red, biohazard-labeled container. The sharps container shall be in close proximity to the area of use. When syringe containers are full they are to be properly sealed, with lid in place and brought to the nurse's office. The nurse will dispose of sharps containers and other biohazardous waste in a manner compliant with federal, state & local regulations.
- F. HANDWASHING-Hand washing is the most effective way to prevent the transmission of diseases. A paper towel (or individual hand towels at the homes) shall be secured before washing hands. Hands will be wetted and soap applied. Hands will then be rubbed together for 15 seconds, and then rinsed with running water. After drying hands, the paper towel should be used to turn off the faucet, and then discarded. Hand washing for employees and consumers should occur:
- at the beginning and end of a work shift
  - whenever hands are obviously dirty
  - after contact with mucous membranes, blood or bodily fluid (i.e. rubbing eyes, blowing nose)
  - before and after any kind of first aid care or dressing change
  - before and after using the restroom or assisting consumers in using the restroom
  - before and after eating & assisting consumers with eating
  - before and after food preparation, especially after handling raw meat products
  - after general household or facility cleaning, garbage removal, and handling soiled linens or clothing
  - after removing gloves
  - before and after assisting consumers with personal hygiene
  - before and after medication administration
- G. GENERAL CLEANING- All facilities and residences shall be maintained in a generally clean, hygienic and organized manner.
1. Bathrooms shall be cleaned daily in the vocational and administrative areas. An antimicrobial cleaner will be used on the sink, tub/shower and the toilet and the floor will be mopped with each cleaning. The frequency of bathroom cleaning at the residential locations shall be determined by the residential supervisor of each location but shall not be cleaned less than once per week. Hand urinals will be disinfected after each use. Each resident will have his/her own towel to use for after hand washing or disposable towels may be used. Cloth towels will be laundered and replaced at least weekly, more often if soiling occurs.
  2. Dining area tables shall be wiped off and disinfected after each snack and meal, or after activities as indicated. All work surfaces in the vocational and day habilitation areas shall be wiped off daily.
  3. All floors shall be either vacuumed or swept and mopped at least weekly, more often if indicated or in areas of high traffic. Mop heads shall be laundered between uses. If the mop has a non-washable mop head, it shall be thoroughly rinsed in hot water.
  4. Trash receptacles shall be lined with plastic liners. Trash shall be removed whenever receptacle is reasonably full, at least weekly. Trash receptacles shall be rinsed and sanitized whenever indicated, at least monthly.
  5. Kitchen surfaces (counters, stove top, microwave, etc.) shall be wiped with a disinfectant solution after each meal. Kitchen towels, cloths and sponges should be laundered and replaced at least every three days for residential locations and at least daily for the lunchroom, more often if soiling occurs. Ovens shall be cleaned at least every three months, more often if

indicated. Refrigerators should be cleaned weekly by disposing of outdated food and wiping any spills.

- a. Dishes shall be washed in the automatic dishwasher when available. At the Residential Care Facilities, bleach will be added to the dishwasher per instructions on the dishwasher log sheet. The amount of bleach will be tested for monthly with test strips to ensure 50-100 bleach parts per million is accomplished.
  - b. When an automatic dishwasher is not available, dishes will be washed in hot, soapy water and rinsed in the hottest water possible.
6. All hard-topped surfaces shall be dusted at least monthly.
  7. Floor mats and changing tables will be wiped off after use.
  8. Laundry shall be washed in a washing machine with an appropriate amount of laundry detergent.
  9. Residential Care Facilities will also adhere to Iowa Code 481-63.24(135C) for housekeeping, maintenance, laundry and waste disposal regulations.
  10. Drinking fountains in the vocational and day habilitation areas shall be disinfected every day.
  11. Cleaning of healthcare equipment will be as follows:
    - a. Oral thermometers will be used only with disposable covers and cleaned after use with soap and water, then cleaned with alcohol.
    - b. Stethoscope heads will be wiped with alcohol between uses on individual consumers.
    - c. blood pressure cuff becomes contaminated with blood; the outer cover of cloth material will be removed and washed per contaminated linen procedure. Other parts of the cuff (such as the metal, rubber or plastic parts) will be cleaned thoroughly with alcohol or as directed by the manufacturer.

#### H. FOOD PREPARATION-

1. Refrigerators and freezers will be kept free of food that is inedible or unsafe to eat. Food and beverages shall be kept covered. Refrigerator temperatures shall remain between 34 and 40 degrees Fahrenheit.
2. Foods will be thawed in the refrigerator (not on the countertop).
3. Perishable foods will be refrigerated in a timely manner.
4. Persons with communicable diseases (including colds) will not participate in the preparation or service of foods or beverages.
5. Utensils, plates, bowls or cutting boards that have been used to handle raw meat shall not be used again until they have been properly cleaned.
6. Residential Care Facilities will also adhere to Iowa Code 63.19 (1-6) for additional food service regulations.

- I. SPECIAL HEALTH CARE CONSIDERATIONS - A consumer will not be admitted to (or remain in a program) if he/she has medical needs that cannot be reasonably met by his/her program(s). If a consumer needs specific cares, such as, but not limited to: oxygen, urinary catheter, feeding syringes, intravenous or central line, ostomy, or respiratory suctioning, specific guidelines for cares shall be written by the nurse. Written copies of the procedure for the cares shall be distributed to the appropriate employees and their supervisors and copies will be kept in the residential on-call book (as applicable) and in the consumer's vocational area or residence (as applicable). The nurse will provide initial training for all employees for new special procedures. The supervisor will train new employees for existing special procedures that are in place at the time of a new employee's hire. The nurse will be consulted promptly if any questions or problems arise.

#### VI. Communicable Diseases

- A. ATTENDANCE - Employees or consumers that have had diarrhea, vomiting, a fever of 100 degrees or more, or are suspected of having a communicable disease (including head lice) will be excluded from attending work, vocational, or day programs respectively. The employee or consumer may return to work, vocational, or day program once he/she is no longer contagious.
- B. LICE

1. RESIDENTIAL - If a residential consumer is found to have head lice, the consumer's housemates will also be checked for head lice and treated if necessary. Treatment will be with a permethrin containing agent (such as Nix or Rid) according to the package directions. The consumer will be rechecked daily for head lice beginning the seventh day after treatment for the following five days. The consumer's residence will be treated for lice in the following manner:
  - a. Bedding and clothing belonging to a consumer with head lice shall be laundered and dried for at least 20 minutes on high heat.
  - b. The consumer's combs, brushes and hair ornaments will be placed in boiling water for 10 minutes.
  - c. The floors, upholstered furniture and mattress shall be thoroughly vacuumed.
  - d. Stuffed animals and any other objects that cannot be placed in hot water may be either placed in a sealed plastic bag for 10 days OR sprayed with a lice control spray that contains permethrin, such as Nix Lice Control Spray.
  - e. In cases of recurrent lice a consumer's health care provider will be consulted and lice control spray will be used on the carpets, upholstered furniture and mattress.
2. VOCATIONAL - If a vocational or day habilitation consumer is found to have head lice, the consumer will be sent home immediately, but may return after he/she has been properly treated for head lice. Consumers and staff that have had close contact with the infected consumer will be checked for head lice. Notes will be sent home with all consumers in a program area if three or more cases of head lice are found within one week in that program area.

C EMPLOYMENT Per Iowa Code 481-63.11(1) Link Associates will not employ any individual if the person has a disease:

1. Which is transmissible through required workplace contact and
2. Which presents a significant risk of infecting others and
3. Which presents a substantial possibility of harming others and
4. For which no reasonable accommodation can eliminate the risk.

D. EMPLOYEE HEALTH SCREENING

Potential Employees of Residential Care Facilities will have a physical examination and tuberculin test at an occupational health facility before employment. All other employees will have a tuberculin test and health screen with the Agency nurse before employment. In the event that a tuberculin test is positive (or a history of positive tuberculin test is known) a chest x-ray will be done. Tuberculin tests done elsewhere will be accepted as proof if done within the last 12 months and a valid written record is provided.

VII. Employee Training

- A. A new employee shall briefly review the universal precautions policy with the agency nurse during his/her initial health screen.
- B. A new employee shall make every effort to attend the Universal Precautions class within the first 30 days of employment. A new employee is required to attend the Universal Precautions Class within the first 90 days of employment and to attend the Universal Precautions In-service annually thereafter.
- C. A copy of OSHA's blood borne pathogens standard shall be available through the Agency Nurse by request at any time.
- D. Annual training shall include information required by OSHA standard 1910.1030(g) (2) (vii) & (viii), summarized on the OSHA & Universal Precautions form.
- E. If changes in tasks or procedures occur, that affect the employee's occupational exposure, additional training shall be provided by the Agency Nurse.

VIII. Record Keeping

- A. Records regarding exposure incidents shall be kept in compliance with OSHA standard 1910.1030(h)(1)(i-iv).

- B. Training records will be kept in Employee Support Services' in the general training records and in the employee's personnel file and shall be in compliance with OSHA standard 1910.1030(h) (2).
- C. A sharps injury log will be maintained by the nurse in compliance with OSHA standard 1910.1030(h) (5).

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Link Associates  
Infection Control/Cleaning Procedure  
RCF-MR

General

1. Disinfectant solution to be used will be 1 part bleach to 10 parts water, unless otherwise indicated.
2. Wastebaskets will be lined with plastic liners and trash will be emptied daily. Wastebaskets will be disinfected weekly.
3. All hard-topped surfaced will be dusted weekly.
4. All carpeted areas will be thoroughly vacuumed weekly.
5. All floors, carpets, baseboards and windows throughout the home will be thoroughly cleaned quarterly.
6. Cleaning agents shall not be accessible to residents except as indicated in a resident's CCSP.

Kitchen/food preparation

1. Persons with any communicable disease (including colds) shall not be allowed in the food preparation area.
2. Residents will not be allowed in the food preparation area unless specified in their CCSP.
3. Residents will be closely monitored while preparing/serving food and/or beverages.
4. Hair will be covered with hairnets.
5. Hands will be washed before and after food preparation and after handling uncooked meat.
6. Utensils and dishes that are used to handle uncooked meat shall not be used to handle cooked foods until properly washed.
7. Cutting boards will be used if necessary during food preparation and disinfected after use.
8. Foods placed in the refrigerator shall be labeled and dated. These foods shall not remain in the refrigerator longer than five days.
9. No perishable food will be allowed to stand at room temperature any longer than is required to prepare and serve it.
10. Poisonous compounds will not be stored in the food preparation area.
11. Food will not be used if it is damaged or from an unlabeled container.
12. A minimum of a two-day supply of food will be kept on hand at all times.

Kitchen cleaning

1. The dining room tables shall be disinfected before and after each meal.
2. The dining room chairs shall be disinfected after each meal using warm, soapy water.
3. The kitchen and dining room floors shall be disinfected at least three times per week, more often if indicated. (A separate mop shall be used for the kitchen and bathroom, these will be labeled.)
4. Kitchen towels and cloths shall be replaced after each meal.
5. Kitchen and dining room floors shall be swept after each meal.
6. Dishes shall be washed promptly after each meal in an automatic dishwasher. Bleach shall be added to the dishwasher per instructions on the dishwashing/bleach log. Dishes will be air dried or may be automatically dried by the dishwasher. Towel drying will not be allowed.
7. Pots and pans may be washed by hand. They will be washed in hot soapy water, rinsed, air dried and put away after each meal.
8. Ovens will be cleaned weekly.
9. Refrigerators will be cleaned weekly.
10. All surfaces (countertops, stovetops, and refrigerator) shall be disinfected after each meal with warm, soapy water. Surfaces that held uncooked meat will be cleaned with bleach solution.

Bathrooms

1. Disinfect sinks, faucets & faucet handles, floors, toilets, & countertops daily. (A separate mop shall be used for the kitchen and bathroom, these will be labeled.) Soft Scrub (or a similar cleaner) may be used to disinfect the sinks.
2. Disinfect showers and tubs every other day & in between uses by individual consumers.
3. Liquid soap and paper towels will be available for use in each bathroom.

4. Soiled sanitary napkins will be wrapped in toilet tissue and placed in a leak-proof bag that lines a metal container. Every twenty-four hours (if the container has been used), the liner will be removed, placed in a plastic bag, sealed, and taken to the dumpster. The metal container will then be cleaned with a disinfectant solution.

#### Floor Cleaning

1. Separate mops will be used for the kitchen and bathrooms. These mops will be labeled accordingly.
2. Disinfectant solution made of Pine Sol (or a similar cleaner) will be used for mopping.
3. Used mop water will be dumped into the utility sink in the laundry room or janitor's closet promptly after use.
4. Mops heads will be changed after use.
5. Mop heads will be washed weekly in a solution on ½ cup of bleach per load and dried thoroughly.
6. Mops & buckets will be stored in the utility closet.

#### Laundry

1. Kitchen linens will be laundered separately from bathroom linens.
2. All towels will be washed in the hot wash cycle.
3. Each resident's clothing will be laundered weekly. See the Universal Precautions Policy Section III, Letter C Laundry for guidelines on washing clothes that have blood or bodily fluids on them.

#### Outdoors and storage areas

1. Hallways and corridors shall be kept clear of furniture.
2. Odors shall be kept under control by cleanliness and proper ventilation.
3. Polishes are not permitted on floors unless they are of the non-slip finish variety.
4. Throw or scatter rugs are not permitted.
5. Entrances, exits, steps and outside walkways shall be kept free from ice, snow and other hazards.

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Infection Control/Cleaning Procedures  
For Vocational & Day Programs

Vocational & Day Program Areas

7. Disinfectant solution used will be Betco 256, mixed according to the box directions.
8. Wastebaskets will be lined with plastic liners and trash will be emptied daily. Wastebaskets will be disinfected at least monthly.
9. All tables/work-area surfaces will be disinfected at the end of each work day.
10. Floors will be swept daily and mopped at least weekly.
11. All hard-topped surfaces shall be dusted at least monthly.
12. Floor mats and changing tables will be wiped off with a disinfectant solution after each use.
13. Consumers will be strongly encouraged to wash their hands before and after meals and after toileting.
14. All drinking fountains will be disinfected at least weekly and more frequently if indicated.

Lunchroom

1. Dining tables shall be wiped off and disinfected after each meal, or after activities as indicated.
2. Cloths used for cleaning will be changed daily or after heavy soiling.
3. Dining chairs will be wiped off each week. A different cloth will be used for the chairs than is used for the tables.
4. Floors will be swept and mopped daily, more often if indicated.
5. Food older than 5 days shall be removed from lunchroom refrigerators each week and the refrigerators will be wiped clean.
6. Countertops and microwaves (outside and inside surfaces) shall be disinfected daily.
7. Vending machine buttons and food retrieval areas will be wiped with disinfectant weekly.