

SECTION V
INFECTION CONTROL

Policy title	Policy number
Standard Precautions	V-001
Infection Control	V-002
Hazardous Waste/Red Bag Trash	V-003

**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
FACILITIES MANAGEMENT/ENVIRONMENTAL SERVICES**

SUBJECT: STANDARD PRECAUTIONS	POLICY #: V-001
DEPARTMENT: ENVIRONMENTAL SERVICES	PAGE: 1 of 2
EFFECTIVE: August 2008 Supersedes: November 2010	Reviewed: March 2018

POLICY:

- Standard Precautions combine the features of universal precautions and body substance isolation. Standard Precautions apply to all patients regardless of their diagnosis or suspected infection status. Standard Precautions apply to the following
 - Blood
 - All body fluids, secretions and excretions except sweat whether or not they contain visible blood.
 - Non-intact skin
 - Mucous membranes
- Standard Precautions include the following:
 - **Hand Hygiene** - Adherence to hand hygiene technique including washing hands with soap and water or use of an alcohol-based hand rub, reduces transmission of antimicrobial resistant organisms and overall infection rates. If hands are visibly dirty or contaminated with protein material or are visibly soiled with blood or other body fluids, wash hands with either a non-antimicrobial soap and water or an antimicrobial soap and water. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in all other clinical situations.
 - **See hand hygiene policy for procedure**
 - **Gloves** - Gloves are to be worn when touching blood, body fluids, secretions, excretions and other contaminated items. Clean, non-sterile gloves will be adequate. Gloves shall be changed between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms.
 - **Mask, Eye Protection, Face Shields** - When performing procedures that may be likely to generate splashes or sprays of blood, body fluids, secretions or excretions, wear a mask and eye protection or a face shield. This will protect the mucous membranes of the eyes, nose and mouth.

**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
FACILITIES MANAGEMENT/ENVIRONMENTAL SERVICES**

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- **Gowns** -When performing procedures that may be likely to generate splashes or sprays of blood, body fluids, secretions or excretions, wear a gown to protect the skin and to prevent soiling of clothing. Always remove the soiled gown as soon as possible and wash hands.
- **Patient Care Equipment** -All patient care equipment that is soiled with blood, body fluids, secretions or excretions shall be handled in a manner that will prevent skin and mucous membrane exposures. Single use, disposable items must be disposed of properly. Make sure that reusable equipment has been cleaned and reprocessed appropriately, prior to use on another patient.
- **Environmental Controls** - Make sure that the facility has adequate procedures and that they are followed for the routine cleaning of all surfaces, including beds,, bedrails, bedside equipment and other frequently touched surfaces
- **Linen** - Used Linen soiled with blood, body fluids, secretions and excretions will be handled, transported and processed in a way that prevents skin and mucous membrane exposure, contamination of clothing and the transfer of micro-organisms to other patient and the environment.
- **Occupational Health and Blood borne Pathogens**- Avoid injuries if at all possible when using needles, scalpels and other sharp instruments. Place all contaminated needles, syringes, scalpel blades and other sharp items in designated puncture resistant containers. These containers should be located at close as possible to the area where the times are used.
- Instead of doing mouth-to-mouth resuscitation, use mouthpiece. Resuscitation bags or other ventilation devices when the need for resuscitation is anticipated.

**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
FACILITIES MANAGEMENT/ENVIRONMENTAL SERVICES**

SUBJECT: INFECTION CONTROL	POLICY #: V- 002
DEPARTMENT: ENVIRONMENTAL SERVICES	PAGE: 1 of 4
EFFECTIVE: August 2008 Supersedes: November 2010	Reviewed: March 2018

PURPOSE:

To control the spread of infection within the hospital by maintaining a thoroughly clean and safe environment.

RESPONSIBILITIES:

- Environmental Services Supervisor
 - Supervises all activities in the department
 - Assesses skills of personnel in the department
 - Evaluates product used in the department and submits to the Infection Control Committee for approval, as appropriate
 - Acts as consultant to the Infection Control Committee
 - Provides educational programs for Environmental Services Department employees and documents attendance.
 - Submits all departmental policies and procedures relative to infection control to the Committee; reviews and revises annually.

- Infection Control Practitioner:
 - Assists Environmental Services Supervisor in evaluation of sanitation practices.
 - Assists in infection control related programs for Environmental Services Department.
 - Periodically assesses infection control practices in the department.

**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
FACILITIES MANAGEMENT/ENVIRONMENTAL SERVICES**

SUBJECT: INFECTION CONTROL	POLICY#: V-002(cont.)
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- Infection Control Committee:
 - Reviews and approves all infection control policies and procedures.
 - Evaluates and approves cleaning products
- Chairperson, Infection Control Committee:
 - Consults with any of the above, as necessary.

INFECTION CONTROL PRACTICES:

- Sanitation within the hospital environment depends on cleaning thoroughness and frequency. There shall be procedures for cleaning walls, floors, windows, beds, furniture, draperies, carpets, waste containers, bathrooms, equipment, stairs, special patient care departments and other non-patient areas.
 - Patient Rooms:
 - All upward facing horizontal surfaces shall be damp cleaned daily.
 - Hard floor surfaces shall be wet cleaned daily.
 - Tile floors shall be wet mopped daily, using approved disinfectant solution. Spills shall be attended to immediately.
 - Carpeted floors shall be vacuumed and cleaned daily with approved disinfectant agent. Carpets shall be shampooed on a regular basis. The vacuum cleaner shall be one that does not add airborne particles to the environment. Filters should be checked and changed if necessary.
 - Bathrooms shall be cleaned daily and special attention given to sanitizing the commodes, all bars, handles and doorknobs.
 - Drapes shall be vacuumed on a regular basis.
 - After patient discharge, all parts of beds and mattresses shall be wet-cleaned with an approved disinfectant solution before remaking.

**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
FACILITIES MANAGEMENT/ENVIRONMENTAL SERVICES**

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- When cleaning isolation rooms, personnel shall observe dress code and cleaning requirements.
- All mattresses and pillows shall be covered with plasticized covers.
- Environmental Services Department carts shall be wet cleaned and restocked.
- All trash receptacles shall have water proof liners to confine any organism that maybe on trash surfaces
- Environmental Services Department personnel shall report any equipment failure to Environmental Services Supervisor.
- Soap dispensers shall be maintained per established procedure.

- Non-patient Areas:
 - Entrances, lobbies and halls shall be mopped or vacuumed cleaned daily.
 - Soap dispensers shall be maintained per established procedure.

- Infectious Waste:
 - All infectious waste, including impervious needle containers and pathological specimens, shall be singled red-bagged at the point of origin, transported by Environmental Services Department personnel to the outside compound and placed in the designated area.
 - Environmental aides, when assigned to this area, shall observe hand washing requirements and precautions for the handling of infectious waste.
 - The enclosed compound area shall be kept clean of debris, locked and secured when unattended.

**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
FACILITIES MANAGEMENT/ENVIRONMENTAL SERVICES**

SUBJECT: INFECTION CONTROL	POLICY#: V- 002(cont.)
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- Equipment;
 - All equipment, including electrical cords and wheels, shall be wet cleaned with approved disinfectant daily before returning to storage.
 - Cleaning equipment for specialty areas are not interchangeable.
- Personnel:
 - Personnel shall comply with the Employee Health Program.
 - Personnel shall be free of skin lesions, respiratory and/or gastrointestinal infections.
 - Personnel off duty three (3) days or more with an infectious process shall obtain the supervisor's approval before returning to work.
 - Personnel shall attend mandated in-service education programs.
 - All personnel shall observe departmental dress code.
 - All personnel shall observe dress code for specific areas, i.e., isolation rooms, Surgery and Recovery Rooms.
- Controls of the System:
 - There shall be a formula for every mixture used in the department. Each solution must have a proven, effective spectrum of disinfectant action and be EPA approved for hospital use.
 - All bottles and container shall be properly labeled as to content and the intended purpose or use and dwell time if required.
 - Environmental cultures will not be performed unless there is an epidemiological reason to do so.
 - Environmental cultures will be ordered by the Infection Control Practitioner or his/her designee.



Health Services

LOS ANGELES COUNTY

POLICIES AND PROCEDURES

SUBJECT: HAND HYGIENE IN HEALTH CARE SETTINGS JOINT COMMISSION REQUIREMENTS

POLICY NO: 392.3

PURPOSE:

To promote hand hygiene practices that reduce the transmission of pathogenic organisms to patients and personnel in health care settings.

SCOPE:

This policy applies to all healthcare workers who provide direct patient care, handle patient care supplies, equipment or food, and laboratory and select pharmacy staff.

POLICY:

It is the goal of the Department of Health Services to provide a safe and healthy environment for the treatment of patients. A major part of this goal is to promote hand hygiene and optimal hand conditions.

Joint Commission (JC) accreditation requires hospitals and health care facilities to comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or with the World Health Organization hand hygiene guidelines. The following practices promote a safe environment for patients and health care workers and are to be adhered to by all health care personnel as noted in the Scope of this policy:

- Handwashing with water and plain or antimicrobial soap, or decontaminating hands with an antimicrobial agent is to be practiced as necessary and in the manner required by infection control guidelines and policies.
- Direct patient care staff and health care workers who provide direct patient care and/or handle patient supplies, equipment and food are prohibited from wearing artificial fingernails and long natural fingernails. Natural nails must be clean, with tips less than inch beyond the tip of the finger. If fingernail polish is worn, it must be in good condition, free of chips, and preferably clear in color.

APPROVED BY:

EFFECTIVE DATE: January 1, 2009

REVIEW DATES:

SUPERSEDES: January 1, 2004

Signature(s) on File:

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DEPARTMENT OF HEALTH SERVICES COUNTY OF LOS ANGELES

SUBJECT: HAND HYGIENE IN HEALTH CARE SETTINGS JOINT COMMISSION
REQUIREMENTS

POLICY NO.: 392.3

- a Wearing rings with stones on fingers is discouraged. They can harbor bacteria and also tear gloves. Wearing bands may be allowed if they are cleaned along with the appropriate handwashing technique.

RESPONSIBILITY FOR COMPLIANCE: CEO's AND MANAGERS

1. Hospital Chief Executive Officers (CEO's) and health facility managers shall develop internal operational procedures applicable to their facility describing proper hand hygiene protocols and infection control procedures, consistent with this policy, and CDC and JC requirements.
2. Hand hygiene products including plain soap and/or antimicrobial soap and hand disinfecting agents (alcohol-based hand rub intended for hospital use) are to be provided in direct and indirect patient care areas. Store alcohol products in accordance with Los Angeles County regulations and National Fire Protection Agency recommendations.
3. The Department Manager or designee is responsible for monitoring compliance with this hand hygiene policy.
4. Education regarding hand hygiene shall be provided to all employees upon implementation of this policy. This policy shall be included in the new employee orientation for health care workers as defined in the Scope of this policy.

RESPONSIBILITY FOR COMPLIANCE: EMPLOYEES

1. Employees are expected to adhere to hospital policies and guidelines. Compliance with safety and infection control and prevention policies will be considered during the employee's overall performance evaluation.
2. An employee who does not comply with the fingernail provision of this policy will be sent home without pay and not permitted to return to work until he or she has complied. Failure to comply with these requirements within 15 calendar days of being sent home may subject the employee to disciplinary action, up to and including discharge.
3. Employees are required to sign an acknowledgement that they have received a copy of this policy and agree to abide by its provisions.

EFFECTIVE DATE:

SUPERSEDES: January 1, 2004

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DEPARTMENT OF HEALTH SERVICES COUNTY OF LOS ANGELES

SUBJECT: HAND HYGIENE IN HEALTH CARE SETTINGS JOINT COMMISSION
REQUIREMENTS

DEFINITIONS:

POLICY NO.: 392.3

Hand Hygiene

A general term used to describe handwashing and other methods to sanitize/decontaminate hands and proper hand care conditioning.

Artificial Fingernails

Any material applied to the fingernail for the purpose of strengthening or lengthening nails (e.g., tips, acrylic, porcelain, silk, jewelry, overlays, wraps, fillers, superglue, any appliques other than those made of nail polish, nail-piercing jewelry of any kind, etc.)

REFERENCES:

CDC Morbidity and Mortality Weekly Report, October 25, 2002, Vol. 51, No. RR-16, "Guideline for Hand Hygiene in Health-Care Settings"

Joint Commission National Patient Safety Goals.

EFFECTIVE DATE:

SUPERSEDES: January 1, 2004

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RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER

Infection Control

SUBJECT: ISOLATION GUIDELINES: ISOLATION PRECAUTIONS FOR VISITORS

Policy No.: IC103D
Last revised: 06/2009
Page: 1 of 1

The Rancho Rehabilitation Center understands the need and encourages patients to be visited by their family and friends. To protect our patients, Rancho requires patients' family and friends to be free of an active or incubating infection when visiting.

Patients placed on isolation may continue to have family and friends visit as per hospital policy. Only in rare instances would time and number of visitors need to be limited. All visitors must be instructed in how to carry out proper isolation technique. The following guidelines are to help aid in such instructions:

Contact precautions

Standard Precautions plus:

1. Perform hand hygiene before and after visiting patients even if gloves were worn
2. Gloves and gown necessary if involved in patient care or touching contaminated articles.
3. On the Acute Care Units, children under the age of 12 years old are not allowed to visit a patient who is on Contact Precautions Isolation. On the Rehabilitation Units, children are allowed to visit a patient who is on Contact Precautions isolation if:
 - a. The child is accompanied by an adult at all times
 - b. The child is restricted while in the room, i.e. no running around, no sitting on the bed, no touching of different items in the room
 - c. The adults(s) adheres to the precautionary measures.

Droplet Precautions

Standard Precautions plus:

1. Gloves, gown and mask *before* entering room
 2. Perform hand hygiene before and after visiting patient
- Children under the age of 12 years old are not allowed to visit a patient who is on Droplet Isolation.

Airborne Precautions

Standard Precautions plus:

1. Nurse will instruct visitors on how to wear the N-95 respirator and self-check for proper fitting according to manufacture instructions
2. Wear NIOSH-approved N-95 respirator *before* entering room
3. Remove the N-95 respirator **after** exited the room and closed the door. Discard the N-95 respirators after each use
4. Perform hand hygiene before and after visiting patient
5. Children under the age of 12 years old are not allowed to visit a patient who is on Airborne Precautions.

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
Infection Control
BLOODBORNEPATHOGENSEXPOSURECONTROLPLAN

**SUBJECT: WORKPLACE TRANSMISSION-
PERSONAL PROTECTIVE EQUIPMENT (PPE)**

Policy No.: IC202D
Revision Date: 06/2009
Page: 1 of 3

Personal protective equipment (PPE) protects employees from contact with potentially infectious materials. The type of PPE appropriate for a given task depends on the degree of exposure anticipated.

When occupational exposure is anticipated, appropriate PPE such as gloves, gowns, face shields or masks, eye protection, mouth pieces, resuscitation bags will be used by employees. PPE should not permit blood or other potentially infectious materials to pass through or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the PPE will be used.

Gloves

Gloves are the most widely used form of PPE. They act as a barrier between your hands and blood borne pathogens.

1. Gloves will be worn when hand contact with blood or body fluids, mucous membranes or non-intact skin is anticipated.
2. Gloves will be worn while performing patient care services if there are open areas, cuts or abrasions on the hands.
3. Gloves will be worn when performing venipuncture and other vascular access procedures.
4. Gloves will be worn when handling contaminated items or surface.
5. Gloves can be torn or punctured by sharps. Cuts will be bandaged before donning gloves.
6. Gloves will be changed between patients; whenever torn, or when a needle stick or other injury occurs.
7. Gloves will be changed after contact with a contaminated site (i.e. infected wound) And prior to contact with a clean site on the same patient.
8. Disposable gloves will NOT be washed or re-used.
9. Sterile gloves will be used for all procedures involving contact with normally sterile areas in the body.
10. Utility gloves such as rubber household gloves may be used for housekeeping chores involving potential blood contact or gross microbial contamination, as well as for instrument cleaning and decontamination procedures. They may be decontaminated and re-used unless they are torn, punctured, cracked or peeling, and no longer provide barrier protection.
11. Hands will be decontaminated immediately after gloves are removed and before new gloves are donned.

12. All allergic reactions to gloves (i.e., hand rashes) are reportable to Occupational Health Services for follow-up.

Gowns/Aprons

1. Fluid resistant gowns or aprons will be worn during procedures likely to cause splashing, droplets and spraying. (Example: surgery, hemodialysis, radiology
Procedures which cause splashes of blood/body fluids).
2. Disposable gowns/aprons will be discarded in the trash after one use.
3. Reusable gowns will be handled as regular linen (all linen is handled as if contaminated).
4. Turn the outer, "contaminated" side of the gown inward and roll into a ball to contain contamination then discard into a designated container for waste or linen.
5. Clinical and laboratory coats or jackets worn over personal clothing are not considered PPE.

Mask and Protective Eyewear

Masks and protective eyewear includes goggles, full face shields, masks with shields, or Glasses with solid side shields.

1. Face shields or masks and protective eyewear will be worn during invasive procedures or other procedures that generate splashes or sprays of blood, body fluids, secretions or excretions to prevent exposure to mouth, nose and eyes.
2. Reusable eyewear or face shields will be washed with soap and water and wiped with a hospital-approved disinfectant.
3. Disposable masks and shields are placed in regular trash after one use. However, if visibly soiled with blood/body fluids, it will be placed in a red-lined trash can.
4. NIOSH-approved N-95 respirators or higher will be worn to prevent transmission of airborne diseases. They will be worn prior to entering a Category 4 isolation room. Employees can only wear an N-95 respirator if they have been fit-tested. Respirator fit-testing is done annually by Occupational Health Services. A hooded Powered Air Purifying Respirator (PAPR), available from Respiratory Therapy Services, will be available to those who failed the fit-test.
5. Masks and respirators should be changed when they become wet.
6. Removal of face shield, goggles, and mask can be performed safely after the gloves have been removed. The pieces that are considered "clean" are the ties, ear pieces, and headband, therefore safe to touch with bare hands. The front of the mask, goggles, and face shield are considered contaminated.
7. Eyeglasses are not protective equipment.

PERSONAL PROTECTIVE EQUIPMENT (PPE) DURING PATIENT TRANSPORTATION:

The PPE, in addition to Standard Precautions, to be worn by healthcare worker while transporting an isolation patient depends on which type of isolation as described above and the type of communicable disease, dressings or drains, etc. the patient has.

Four Key points to keep in mind:

1. Follow Standard Precautions and any other designated isolation posted for the patient in selecting PPE
2. Don PPE before entering into patient's room
3. Prepare the Patient
4. Safely remove and discard PPE before leaving patient's room.

It is important to prepare patients before taking them out of their rooms:

1. For a patient in Contact Precautions:
 - a. Make sure dressings are dry; if not, ask nursing staff to change the dressing.
 - b. Have patients wash their hands.
 - c. Have the patient wear a clean patient gown.
2. For Droplet Precautions isolation: if the patient has an open or unplugged tracheotomy tube, cover the tracheotomy tube opening with a surgical mask; If the patient has an unhealed tracheotomy stoma, cover the stoma with gauze.
3. For Airborne Precautions isolation and/or patients symptomatic with a cough: have patients wear the surgical mask, covering the nose and the mouth.
4. When the patient is ready to be transported out of the room, remove PPE and dispose it inside the patient's room. However, the following exceptions are approved by the Hospital Infection Committee:

Exception A: When the **same** therapist that prepares patient for transport, transports and conducts therapy immediately in the hallway or other locations on campus, may not need to remove the PPE (except change gloves) when taking the patients out of their rooms for therapy. However, the therapist must:

- Pay attention not to contaminate the environment when wearing contaminated PPE, e.g., gloves.
- Remove PPE immediately and dispose it properly after patient therapy session is completed.

Exception B: In Airborne Precautions isolation, remove the mask **after** you have exited the room and closed the door.

5. Perform hand hygiene and put on a new pair of gloves to transport the patient.
6. Report to the **receiving staff** about the patient's isolation status.

RESUSCITATION EQUIPMENT

Ventilation devices such as ambu bags, mouth pieces, pocket resuscitation masks with one-way valves, or other devices should be used in a code situation instead of resuscitating mouth-to-mouth. Resuscitation equipment is found in areas where the need for resuscitation is predictable such as patient rooms, treatment areas, etc. This equipment is also available in crash carts.

All PPE (gowns, masks, goggles, gloves) are removed prior to leaving work area. It shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

NOTE: Familiarize yourself with the location of all PPE in your area. If equipment is unavailable, please notify your supervisor immediately.

**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
FACILITIES MANAGEMENT/ENVIRONMENTAL SERVICES**

SUBJECT: HAZARDOUS WASTE/RED BAG TRASH	POLICY #: IV-003
DEPARTMENT: ENVIRONMENTAL SERVICES	PAGE: 1 of 1
EFFECTIVE: August 2008 Supersedes: November 2010	Reviewed: March 2018

POLICY:

All regulated waste **must be placed** in a bio-hazardous trash can/red-can that is lined with a **red-bag**.

1. Liquid or semi-liquid blood or other potentially infectious materials.
2. Contaminated items that would release blood or other infectious materials in a liquid or semi-liquid state if compressed.
3. Items caked with dried blood or other infectious material that are capable of releasing these materials during handling.
4. Contaminated sharps.
5. Medical waste as regulated by the California Health and Safety Code.
 - a. Bio-hazardous laboratory waste
 - b. Liquid blood, fluid blood, fluid blood products, containers or equipment containing fluid blood.
 - c. Sharp (including needles)
 - d. Contaminated animals
 - e. Surgical specimens
 - f. Isolation waste from highly communicable disease waste contaminated with human or animal excretion, secretions.

NOTE: Isolation waste from patients with highly communicable diseases and/or organisms, must be red-bagged and considered regulated waste.

Regulated waste will be placed in containers that are closeable, puncture resistant, leak proof on sides and bottom, and labeled or colored coded (red bag).

PROCEDURE:

During use, containers for contaminated sharps shall be accessible to staff located as close as possible to the area where sharps are used. Once the sharps containers are filled to the "fill-line", they are to be replaced.

Red trash cans are to be lined only with red bags. Do not line with clear plastic bags

Red bags are supplied to every Environmental Services Supply Room and are to be used. Protective equipment such as latex gloves, are to be worn during the handling, transporting, and disposing of hazardous waste.

Red trash cans should always be closed with the appropriate lid. At no time, should red-bag waste be left anywhere but inside a red trash can with the red liner and lid.

REFERENCE; Rancho Infection Control Policy IC202E
California Health and Safety Code