

**WEST MICHIGAN COMMUNITY MENTAL HEALTH SYSTEM
ADMINISTRATIVE MANUAL**

		Chapter: 2	Section: 12	Subject: 2
CHAPTER: Board Services and Program Administration				
SECTION: Safety and Therapeutic Environment				
SUBJECT: Infection Control				
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- I. **PURPOSE:** To establish policy and procedures to reduce the risk of transmission of infectious diseases, to include but not limited to, Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and tuberculosis among employees and consumers.
- II. **APPLICATION:** All programs and services operated by West Michigan Community Mental Health Governing Body.
- III. **REQUIRED BY:** Accrediting agencies, Mental Health Manual, Department Of Labor, Occupational Safety and Health Administration, Occupational Exposure to Bloodborne Pathogens.
- IV. **DEFINITIONS:**
 1. **Airborne Pathogens:** Pathogenic microorganisms that are present in the air and can cause disease in humans such as Tuberculosis.
 2. **Bloodborne Pathogens:** Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, HBV and HIV.
 3. **Carrier:** An infected person without symptoms who can transfer the organism to others.
 4. **Communicable Disease:** The spread of disease from individual to individual via direct contact, contact with body fluids, or airborne.
 5. **Contaminated:** The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
 6. **Contaminated Laundry:** Laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.
 7. **Contaminated Sharps:** Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass.
 8. **Decontaminated:** The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles.
 9. **Employee:** A person performing work directly for West Michigan Community Mental Health who may or may not be financially compensated. For the purposes of infection control, a volunteer that is reasonably anticipated to have an exposure to

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blood or other potentially infectious materials at his/her worksite is considered an employee.

10. Engineering Controls: An action which isolates or removes the bloodborne pathogens hazard from the workplace by either removing the hazard or isolating the worker from the exposure. For example, sharps disposal containers, self-sheathing needles, installation of bio-safety cabinets.
11. Exposure Control Plan: The exposure control plan refers to a written document designed to eliminate or minimize employee exposure to bloodborne diseases. It is the core element used to reduce worker risk by minimizing or eliminating employee exposure to bloodborne pathogens.
12. Exposure Determination: A written list of jobs, job classification, and tasks or procedures in which employees in those jobs, or performing those tasks, have the potential for occupational exposure to bloodborne and airborne pathogens.
13. Exposure Incident: A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties. Please note that human bites are considered to be an exposure incident whether or not there are visible breaks in the skin.
14. Healthcare Workers: People including, but not limited to, nurses, physicians, housekeepers, direct care staff members, and others whose work involves contact with body fluids.
15. Hepatitis B: Caused by a virus that attacks and destroys the liver.
16. Hepatitis B Carrier: A person carrying the Hepatitis B virus who may or may not be symptomatic, but is able to infect others.
17. Hepatitis B Vaccine: A noninfectious, yeast-based vaccine prepared from recombinant yeast cultures rather than human blood or plasma. There is no risk of contamination from other bloodborne pathogens, nor is there any chance of developing HBV from the vaccine.
18. Human Body Fluids: Semen, vaginal secretions, cerebrospinal fluid, synovial 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.

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19. HIV: A pathogen that once inside the body begins to replicate and gradually depletes the number of cells which are essential for host immune function. This process leaves the infected individual increasingly susceptible to opportunistic infections such as pneumonia.
20. Informed Consent: A consent that is given voluntarily with full knowledge of risks, benefits, and limitations of the proposed treatment.
21. Occupational Exposure: Any reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of any employee's duties.
22. Parenteral: The piercing of mucous membranes or the skin barrier. Incidents may include needle sticks, human bites, cuts, and abrasions.
23. Personal Protective Equipment: Specialized clothing or equipment worn by an employee for protection against an occupational exposure. Latex or vinyl gloves are the primary protective equipment used at West Michigan Community Mental Health.
24. Regulated Waste: 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.
25. Source Individual: Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to employees.
26. Tuberculosis: An infectious disease caused by the tubercle bacillus. It most commonly affects the respiratory system but other parts of the body such as gastrointestinal and genitourinary tracts, bones, joints, nervous system, lymph nodes, and skin may become very infected.
27. Universal Precautions: An approach to infection control whereby all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
28. Work Practice Controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed. For example, prohibiting needle recapping, universal precautions, contaminated linen policy.

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V. **POLICY:** It is the policy of the West Michigan Community Mental Health (WMCMH) to adhere to appropriate precautions which minimize the transmission of infectious diseases, including but not limited to, HBV, HIV, and tuberculosis (refer to Appendix 2-12-2A). It is also the policy of the organization not to discriminate in serving recipients. The infection control plan shall be implemented and reviewed on an annual basis.

VI. **PROCEDURES:** Not Applicable.

VII. **SUPPORTING DOCUMENTS:**

Appendix 2-12-2A: Exposure Control Plan

Appendix 2-12-2B: Reportable Communicable Diseases

Appendix 2-12-2C: Food Preparation Guidelines

Please refer to:

Hepatitis B Vaccination/Declination/Previously Immunized Against Form (WMCMH Form #EC015)

Consumer Consent to be Tested for HBV and HIV (WMCMH Form # 471)

Educational Training Record For Infection Control (WMCMH Form #EC021)

Post Exposure Evaluation (WMCMH Form #EC020)

Critical Incident Report (WMCMH Form #EC001)

**WEST MICHIGAN COMMUNITY MENTAL HEALTH
EXPOSURE CONTROL PLAN**

The purpose of the Exposure Control Plan is to eliminate or minimize West Michigan Community Mental Health employees' exposure to bloodborne and airborne diseases. It is the core element used to reduce worker risk by minimizing or eliminating employee exposure to bloodborne pathogens.

The exposure control plan shall be reviewed and updated by the Medical Director or his/her designee and Safety Committee at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure, and to reflect new or revised employee positions with occupational exposure.

This exposure control plan shall be made available to federal and state OSHA officials upon request for examination and copying. It is included in initial employee training and reviewed annually by all employees who have been identified as being at risk of exposure to bloodborne diseases. The exposure control plan, as well as a copy of the Federal Register, is available upon request to all employees.

An exposure determination list has been developed to identify those jobs or job classifications whereby people in those jobs or job classifications have the potential for occupational exposure.

I. EXPOSURE DETERMINATION BY JOB CLASSIFICATION:

- A. Following is a list of job classifications whereby West Michigan Community Mental Health employees in those positions are at risk or sometimes at risk of an occupational exposure. Also included is a list of exposure related tasks and procedures:

1. Job Classifications At Risk

1.1 Nursing Staff

- Tasks/Procedures
- Lifesaving/CPR procedures
- Treatment of injuries
- Injections

1.2 Vocational Services Site Supervisor

- Tasks/Procedures
- Physical management of aggressive consumers
- Lifesaving/CPR procedures
- Treatment of injuries
- Handling soiled linens

1.3 Community & Employment Program Specialist

- Tasks/Procedures
- Physical management of aggressive consumers
- Lifesaving/CPR procedures
- Treatment of injuries
- Handling soiled linens

- 1.4 Client Services Managers for persons who are Mentally Ill
 - Tasks/Procedures
 - Lifesaving/CPR procedures
 - Treatment of injuries

- 1.5 Client Services Managers for persons who are Developmentally Disabled
 - Tasks/Procedures
 - Physical management of aggressive consumers
 - Lifesaving/CPR procedures
 - Treatment of injuries

- 1.6 Infant Mental Health Specialist
 - Tasks/Procedures
 - Lifesaving/CPR procedures
 - Treatment of injuries
 - Contract with breast milk

- 1.7 Home-Based Children's Services Clinician
 - Tasks/Procedures
 - Lifesaving/CPR procedures
 - Treatment of injuries

- 1.8 Lead Psychologist
 - Tasks/Procedures
 - Lifesaving/CPR procedures
 - Treatment of injuries
 - Physical management of aggressive consumers

- 1.9 Clinical Services Aide
 - Tasks/Procedures
 - Physical management of aggressive consumers
 - Lifesaving/CPR procedures
 - Treatment of injuries

- 1.10 Peer Support Specialist
 - Tasks/Procedures
 - Lifesaving/CPR procedures
 - Treatment of injuries

- 1.11 Children's Respite Supervisor
 - Tasks/Procedures
 - Physical management of aggressive consumers
 - Lifesaving/CPR procedures
 - Treatment of injuries

- 1.12 DBT Client Services Manager
 - Tasks/Procedures
 - Physical management of aggressive consumers
 - Lifesaving/CPR procedures
 - Treatment of injuries

- 1.13 DBT Mental Health Clinician
 - Tasks/Procedures
 - Physical management of aggressive consumers
 - Lifesaving/CPR procedures
 - Treatment of injuries

- 1.14 PILLARS Coordinator
 - Tasks/Procedures
 - Lifesaving/CPR procedures
 - Treatment of injuries

- 1.15 Medical Assistants
 - Tasks/Procedures
 - Lifesaving/CPR procedures
 - Treatment of injuries

- 1.16 Service Entry Specialist
 - Tasks/Procedures
 - Lifesaving/CPR procedures
 - Treatment of injuries

- 1.17 Home-Based Children's Services Care Manager
 - Tasks/Procedures
 - Lifesaving/CPR procedures
 - Treatment of injuries

- 1.18 Staff Members Trained to do First Aid
 - Tasks/Procedures
 - Lifesaving/CPR procedures
 - Treatment of injuries

II. **IMPLEMENTATION SCHEDULE AND METHODOLOGY:**

- A. West Michigan Community Mental Health (WMCMH) employees will use universal precautions in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual. In addition, engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at WMCMH. Where the potential of occupational exposure remains after the institution of these controls, personal protective equipment shall also be utilized.

Following are engineering, work practices and protective equipment controls that shall be implemented by WMCMH employees in order to minimize the risk of exposure to bloodborne pathogens.

1. **Handwashing:**

- 1.1 Handwashing shall occur before and/or after the following tasks:
- After significant contact (shaking hands, assisting and/or ambulation, etc.) with another person.
 - Before and after touching wounds.
 - After contact with mucous membranes or body products (e.g. toileting).

- After removing gloves or other protective equipment.
- Before eating and handling food.
- After smoking.
- Prior to and after parenteral injections and blood draws.

1.2 When washing hands, the following procedures shall be implemented:

- Employees shall wash his/her hands with soap and hot water immediately, or as soon as feasible, after contact with blood or other potentially infectious materials for at least 15 seconds in a manner causing friction on both inner and outer surface of hands.
- Antiseptic towelettes are located in each of the organization's vehicles and first aid kits. The antiseptic towelettes or alcohol-based cleaners shall be used if soap and water are not available; however, as soon as soap and water are accessible, the affected area shall be cleansed.
- The Safety Officer or his/her designee shall be responsible for checking all agency vehicles on a semi-annual basis to ensure that the first aid kits are supplied with antiseptic towelettes as well as other first aid supplies. The Safety Officer or his/her designee shall be responsible for documenting this information on the Vehicle Safety Kit Checklist form.

1.3 Handwashing facilities are located in the following areas:

- 920 Diana Street, Ludington
 - Men and women public restrooms
 - CSM wing restrooms
 - Service Entry restrooms
 - Administrative wing restroom
 - Employee restroom (next the kitchen)
 - Health Services office
- 910 Conrad, Ludington
 - Men and women public restrooms
- 105 Lincoln, Hart
 - Men and women public restrooms
 - Handicap accessible restroom (southeast corner of building)
- 101 North Water Street, Hart
 - Employee restroom Men and women restrooms at gathering site
- 1090 North Michigan, Baldwin
 - Men and women public restrooms
 - Men and women employee restrooms

2. **Mouth Pieces, Gowns, Masks, Goggles, and Gloves: (need to be made of vinyl or latex) Please note: Do not use mineral oil or petroleum products prior to putting on gloves.**

2.1 Disposable Mouthpieces shall be used when performing mouth-to-mouth resuscitation.

2.2 Gowns, mask and goggles shall be worn whenever there is potential body

or clothing exposure. The type characteristics will depend upon the task and degree of exposure anticipated.

2.3 Gloves shall be worn when implementing the following tasks:

- When it is reasonably anticipated that the employee may have contact with blood, or other potentially infectious materials, mucous membranes, or non-intact skin when performing exposure related tasks and procedures.
- When providing first aid.
- When assisting consumers with toileting.
- When examining consumers with active bleeding, large abrasions, or dermatitis.
- When handling linen or other materials obviously contaminated.
- When touching contaminated surfaces.
- When assisting consumers in cleaning their apartment.
- When cleaning up after a minor/major accident.
- When an employee has open lesions or weeping dermatitis on his/her hands.

2.4 When using mouth pieces, gowns, masks, goggles, or gloves the following procedures shall be implemented:

- Shall be removed after contact with each person, and placed in the trash. If soaked with blood and/or other human body fluids, they shall be placed into a red biohazard bag. **Please note that urine, feces, vomit and saliva are not considered to be infectious unless they contain visible signs of blood.**
- Shall **not** be washed or disinfected for reuse.

2.5 Mouth Pieces, Gowns, Masks, Goggles, and Gloves are kept with the first aid kits in the following locations:

- 920 Diana Street, Ludington
 - Assistant to Executive Leadership office
 - Employee Kitchen
 - Main entrance receptionist area
 - OBC Small Group Room
 - Copy room in west wing
- 910 Conrad, Ludington
 - Program Staff Office
- 105 Lincoln, Hart
 - Receptionist area at the north and south entrances

- 101 North Water Street, Hart
 - Gathering site program area
- 645 Michigan Ave, Baldwin
 - In Staff office desk area
- 1090 North Michigan, Baldwin
 - Adjacent to mailboxes
- These items are also located in all of the organization's vehicles, and can be obtained by asking the nursing staff, medical assistants, or Safety Officer if needed.
- The Safety Officer or his/her designee shall be responsible for checking the communicable disease, first aid, and mouth piece kits on a quarterly basis utilizing the First Aid Kit Checklist to ensure that they are properly supplied. The Safety Officer shall maintain the completed First Aid Kit Checklist in his/her office.

3. **Handling Needles:**

3.1 When handling needles, the following procedures shall be implemented:

- Needles shall not be recapped by hand, purposely bent or broken by hand, or otherwise manipulated by the hands.
- If there is an occasion where a needle must be recapped, it must be done by using the one-handed technique or self-sheathing shield.
- After using disposable syringes and needles, they shall be placed in a puncture-resistant, leak proof container for disposal. The container shall be labeled biohazard. Containers will be picked up every 90 days by an agency contracted biohazardous waste disposal company. Documentation from this company showing the disposal of the containers shall be maintained by the Accounts Payable & Purchasing Associate.
- CMH employees that are insulin dependent and need to administer insulin while at work may recap their syringes. After the employee has administered the insulin, he/she shall take the syringe and dispose of it in the sharps container in one of the following locations.
 - 920 Diana Street, Ludington
 - Health Services office
 - 910 Conrad, Ludington
 - Program Manager's office
 - 105 Lincoln, Hart
 - Health Services office
 - 101 North Water Street, Hart
 - Site Supervisor's office

- 645 Michigan Avenue, Baldwin
 - Site Supervisor's office
- 1090 North Michigan, Baldwin
 - Health Services office

Please note that when a CMH employee disposes of a syringe that is recapped, he/she shall document the reason for recapping the needle anonymously. For example, recapped needle after giving self an insulin injection.

4. **Activities of Daily Living:**

CMH employees are encouraged to refrain from the following tasks while working in program areas: eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses. Examples of these areas are: Gathering sites and medication lab/exam rooms.

5. **Housekeeping:**

5.1 All contaminated work surfaces will be decontaminated immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as at the end of work shift if the surface may have become contaminated since the last cleaning.

5.2 Employees shall implement the following procedures for cleaning and disinfecting contaminated areas:

- Use a solution of one (1) part bleach to ten (10) parts water. **Please note that bleach solution needs to be made up for the same day that it is being used and document it on the Bleach Solution Maintenance Schedule form.**
- Wash around the spill with paper towel or mop in a circular motion up to and including the spill. **Please note that bleach solution must remain on the contaminated surface for at least ten minutes.**
- If a mop, broom or dustpan is used, they should be rinsed in the disinfectant.
- Dispose of cleaning solutions down the toilet.
- Paper towel shall be placed in the trash; however, if the paper towel is soaked with blood and/or other human body fluids, it shall be placed into a red biohazard bag. **Please note that urine, feces, vomit and saliva are not considered to be infectious unless they contain visible signs of blood.**
- Exam room and laboratory surfaces will be cleaned between patients with medical grade wipes. Staff MUST wear gloves when using these wipes as the solution is liver toxic and can be absorbed through the skin.

- 5.3 CMH employees working in the agency's gathering sites shall document on the Exposure Control Plan Inspection and Maintenance Schedule form each time he/she disinfects a contaminated area. At a minimum all eating surfaces shall be disinfected prior to and after eating lunch. The appropriate program manager shall ensure the effectiveness of this engineering control by reviewing the Exposure Control Plan Inspection and Maintenance Schedule form on a monthly basis.
- 5.4 When cleaning up broken glassware, a broom or dustpan must be used. **HANDS SHALL NOT BE USED TO PICK UP BROKEN GLASS.** Prior to the disposing of broken glass in the trash, it should be placed in a box or a non-plastic heavy bag.
- 5.5 All WMCMH operated facilities shall be cleaned in accordance with the organization's Housekeeping policy (Chapter 2; Section 12; Subject 3).

6. **Laundry:**

- 6.1 CMH employees shall implement the following procedures when handling contaminated laundry:
- Employees shall wear gloves and handle the contaminated clothing/linen as little as possible.
 - The contaminated clothing shall not be sorted or rinsed but immediately placed in a bag.
- 6.2 Following are the procedures that shall be implemented if a consumer's clothing becomes contaminated:
- If a consumer's clothing becomes contaminated with his/her vomit, urine and/or feces, the clothing shall be placed in a trash bag after removal.
 - If a consumer's clothing becomes contaminated with blood or other human body fluids, the clothing shall be placed into a red biohazard bag.
 - The trash bag or biohazard bag shall be labeled with the consumer's name on it and placed in a non-service consumer area. The consumer's caretaker shall be informed that any clothing sent home in a bag is considered contaminated with urine, feces, vomit, blood or other human body fluids.
- 6.3 Following are the procedures that shall be implemented if a CMH employee's clothing becomes contaminated with another person's blood and/or human body fluids: **Please note that vomit, saliva, urine and feces are not considered to be infectious unless they contain visible signs of blood.**
- Employees shall remove the contaminated clothing and place them in a biohazard bag.
 - The employee shall place his/her clothing in a biohazard bag, seal it and take it to one of three location, as follows:

- Ludington program sites-- Blue Ribbon Dry Cleaners or NSI Dry Cleaners
- Hart program sites--Hansen Foods
- Baldwin program site--Baldwin Coin Wash
- Employees shall not take home any contaminated personal clothing for laundering purposes.
- WCMCHS shall be responsible for paying for the cost of having the employee's clothing dry cleaned.

7. **Disposing of Bio-hazard bags**

Biohazard bags shall be dated and placed in a non-consumer area for two weeks and then placed in the regular trash.

III. **HEPATITIS B (HBV) IMMUNIZATION:**

- A. West Michigan Community Mental Health shall implement the following procedures when offering the Hepatitis B Immunization:
1. All new employees, including probationary and temporary employees reasonably anticipated (refer to section I Exposure Determination By Job Classification), as the result of his/her job duties, to have contact with blood or other potentially infectious body fluids shall be offered the Hepatitis B vaccine within 10 working days of initial assignment. The cost of the immunization shall be the responsibility of West Michigan Community Mental Health.
 - 1.1 If the employee covered under the standard has any questions prior to obtaining consent and administering the vaccine, they will be directed to the Mason County Health Department.
 - 1.11 If the employee chooses to be immunized, the Mason County Health Department shall administer the first shot to the employee once the employee has signed the Hepatitis B Consent Form (WCMCH Form #EC015). Hepatitis B Consent form shall be kept in the employees Medical File within the Human Resources Department.
 - 1.12 If the employee indicates that he/she has already been immunized against Hepatitis B, he/she shall provide proof of immunization, and sign a consent for Previously Immunized Against Hepatitis B Declination for Re-immunization (WCMCH Form #EC015). After obtaining the employee's signature, the form shall be placed in his/her medical file along with the proof of immunization. The proof of immunization shall include the dates, time and the signature of the person who gave the injections.
 - 1.13 If the employee refuses to receive the immunization, he/she shall sign a Hepatitis B Declination Form WCMCHS Form #EC015). After obtaining the employee's signature, the form shall be placed in his/her medical file. **Please note if the CMH employee is declining to receive the Hepatitis B immunization due to his/her physician's recommendation, the CMH employee shall provide the Medical**

Director with a written explanation from the physician indicating the reason the CMH employee should not receive the Hepatitis B immunization. This shall be attached to the CMH employee's signed Hepatitis B Declination Form.

1.131 If at a later date, while still covered under the standard, the employee (refer to section I Exposure Determination By Job Classification) decides to accept the vaccination, WMCMHS shall make available the Hepatitis B vaccination at that time. The employee shall sign a Hepatitis B Consent Form (WMCMHS Form #015). The Hepatitis B Consent Form shall be kept in the employee's medical file and the employee will be directed to Mason County Health Department.

1.14 In the event an employee is less than 18 years of age, or is older but has a legal guardian, the parent or guardian shall be asked to review the fact sheet. If the employee refuses to receive the vaccine after his/her parent(s) or guardian have consented, the employee shall be asked to sign a Hepatitis B Declination Form (WMCMH Form #EC015). After obtaining the employee's signature, the form shall be placed in his/her medical file.

2. The Mason County Health Department shall be responsible for administering the Hepatitis B immunization. The Hepatitis B immunization consists of a series of three injections. After receiving the first injection, the employee waits one to two months, then receives the second injection, and then waits at least two months after the second injection and four months after the first injection before receiving the third and final injection.

2.1 At the completion of the vaccination, each employee shall receive a copy of the record of immunization from the Mason County Health Department. The record of immunization shall be placed in the employee's medical file.

3. Those CMH employees who are trained specifically to provide first aid and CPR in medical emergency situations shall be given the option of being immunized against Hepatitis B within 24 hours if he/she has an exposure related incident while performing first aid and CPR during work related business. Those employees who are not designated to administer first aid or CPR shall refrain from doing so.

IV. **CONTROL OF OTHER INFECTIOUS DISEASES:**

A. West Michigan Community Mental Health shall implement the following procedures to control other forms of infectious diseases:

1. **Tuberculosis (TB):**

1.1 All CMH employees and contract employees shall receive the TB Mantoux skin test as a part of the employee physical.

1.2 If an employee finds that they have been exposed to a client with active TB, the employee shall contact the Medical Director. The protocol will be followed as directed by current health department protocol.

- 1.3 Consumers who are having symptoms of TB shall be referred to the Medical Director or his/her designated RN by the consumer's responsible case manager. The Medical Director shall determine if further medical follow-up is needed.
- If it is determined that additional medical follow-up is needed, the Medical Director or his/her designated RN shall refer the consumer to his/her personal physician or the local health department. The consumer and/or his/her legal guardian shall provide documentation to the Medical Director as to whether or not he/she is an active TB carrier.
 - If a consumer has possible infectious TB, he/she shall be asked to wait in a separate waiting area and given a surgical mask, a box of tissues and instructions regarding the use of these items.

1.4 CMH employees will receive training and information regarding the transmission of TB.

2. **Cytomegalovirus Infections (CMV), Rubella and Staph Infections:** Please refer to Appendix 2-12-2B for an overview of these diseases.

3. **Personal Health:**

3.1 Community Mental Health employees and consumers shall comply with the following practices:

3.11 Appropriate clean clothing shall be worn.

3.12 Good basic hygiene including hand washing at appropriate times, bathing, and hair care shall be observed.

3.13 Avoid close contact with individuals who have an active cough and encourage appropriate disposal of tissues.

3.2 Community Mental Health employees and consumers shall not remain in program or report to work under the following conditions:

3.21 High fever;

3.22 Severe diarrhea;

3.23 Vomiting;

3.24 Severe cold, sore throat or persistent cough; or

3.25 Skin eruptions or rashes considered to be communicable.

3.3 If the home provider sends a consumer to WMCMH programs while ill, the provider shall be contacted and asked to pick the consumer up and to keep him/her home until treated by a physician and/or feeling better.

3.31 Contract group homes shall maintain a log of all consumers with known infectious diseases. This shall be monitored monthly by the staff nurse/ contracted nurse to determine if there is a pattern of

illness. If there is a pattern of illness noted, the staff nurse shall inform the appropriate Home Administrator/Operator.

3.32 If there is an outbreak of a highly communicable disease, the Medical Director or his/her designated RN shall notify the Deputy Director of Clinical Services, Executive Director, appropriate CMH employees, and the appropriate County Health Department (refer to Appendix 2-12-2C). In addition, staffed group homes and AFC home providers shall be notified, informed of signs and symptoms to look for, and request consumers be kept home if they begin to exhibit symptoms.

3.4 It is the responsibility of the program coordinator/manager and Medical Director or his/her designated RN to monitor infectious diseases among consumers and CMH employees for possible trends and patterns. The Medical Director or his/her designated RN shall report this information to the Safety Committee on a quarterly basis.

4. **Food Preparation:**

CMH employees and consumers shall implement the following procedures when preparing food:

- Hands shall be washed before handling food in accordance with section II item 1.2 of the Exposure Control Plan.
- All eating surfaces shall be washed with a bleach solution before all meals.
- All leftover food shall be placed in waterproof, plastic containers, labeled, dated and placed in the refrigerator.

V. **POST EXPOSURE PLAN:**

A. West Michigan Community Mental Health shall offer a post-exposure evaluation and follow-up to each employee who experiences an exposure related incident. This evaluation and follow-up shall be at no cost to the employee.

1. Following are procedures that shall be implemented when an employee is involved in an exposure related incident:

1.1 The individual applying first aid shall milk the puncture site to expel blood (squeeze the blood out of the wound) and cleanse the wound with soap and water.

1.2 The involved employee and/or program coordinator/manager shall immediately contact the Medical Director or his/her designated RN and the Safety Officer, complete a Critical Incident Report (WMCMH Form #EC001) and submit it to the designated member of the Service Enhancement Team and a copy to the Safety Officer within 24 hours.

1.3 Upon receiving the copy of the Critical Incident Report, the Safety Officer shall follow-up with the Medical Director to ensure that the employee sought appropriate medical treatment, if necessary.

1.4 The Medical Director or his/her designee shall make arrangements to have

the source individual's blood tested at the appropriate County Health Department for HIV and HBV after obtaining his/her consent or consent from his/her parent or legal guardian (WMCMH Form # 471). If a consumer is the "source individual" his/her Care Services Manager shall be responsible for obtaining the consent. If consent cannot be obtained this shall be documented on the consent form by the employee obtaining the consent.

1.41 The source individual shall receive pre and post-test counseling when he/she is tested for HIV.

1.42 If the source individual is already known to be infected with HIV or HBV, it is not necessary to retest.

1.43 Results of the source individual's testing shall be kept confidential.

1.5 The Medical Director or his/her designee shall make arrangements through WMCMH Human Resources to have the exposed employee's blood tested for HBV and HIV serologic status at the Precision Medical and Occupational Health, Memorial Family Care Center of Hart, Baldwin Family Health Care Clinic or the appropriate County Health Department. If in the event the exposure incident occurs after hours, the CMH employee shall seek treatment through the emergency room.

1.51 If the exposed employee consents for baseline testing, but refuses HIV testing, the blood sample drawn shall be kept for 90 days in the event the employee changes his/her mind regarding having such testing.

1.6 The Precision Medical and Occupational Health, Memorial Family Care Center Clinic in Hart, Baldwin Family Health Care Clinic and/or the appropriate County Public Health Department shall be responsible for counseling the exposed employee about what happened, how to prevent further spread of the potential infection(s), and prescribe any needed treatment. This shall be at no cost to the employee and Human Resources Department will be responsible for coordinating the care.

1.62 The Precision Medical and Occupational Health, Memorial Family Care Center Clinic in Hart, Baldwin Family Health Care Clinic and/or the appropriate County Public Health Department shall be responsible for completing the Post Exposure Evaluation Form (WMCMH Form #EC020) and returning it to WMCMH. This form shall be placed in the exposed employee's medical file.

1.7 West Michigan Community Mental Health shall be responsible for providing the Precision Medical and Occupational Health, Memorial Medical Center Clinic in Hart, Baldwin Family Health Care Clinic or the appropriate County Public Health Department with the following information when making arrangements for a follow-up evaluation:

1.71 A copy of the federal bloodborne pathogens regulation and the Post Exposure Prophylaxis for Hepatitis B.

1.72 A description of the exposed employee's duties as they relate to the

exposure.

- 1.73 The route of exposure and the circumstances under which the exposure occurred.
 - 1.74 If available, the results of the source individual's blood test.
 - 1.75 Any medical information relevant to the appropriate treatment of the employee including his/her vaccination status.
- 1.8 Any HIV seronegative post exposure employee shall be offered retesting at increments recommended by Public Health, Precision Medical and Occupational Health, Memorial Family Care Center Clinic in Hart or Baldwin Family Health Care Clinic at no cost to the employee. The employee shall be responsible for making any necessary follow-up appointments.
 - 1.9 Employees who do not have job duties that would place them at risk of an occupational exposure, but have an exposure related incident shall be offered the same post-exposure treatment as those employees whose job duties place them at risk of an occupational exposure.

VI. **RECORD KEEPING:**

- A. West Michigan Community Mental Health shall implement the following RECORD KEEPING requirements:
 1. Each employee shall have a medical file which is kept confidential and separate from his/her personnel file.
 2. Following are examples of information that shall be maintained in the employee's medical file:
 - 2.1 Employee's name and social security number.
 - 2.2 Copy of the employee's Hepatitis B vaccination status including the date of all Hepatitis B vaccinations, consents, refusal of vaccination, medical reasons for not receiving the vaccination, etc.
 - 2.3 A record containing the results of examinations, medical testing, and follow-up procedures that were completed due to an exposure related incident. If the employee is tested for HIV, his/her test results shall not be revealed to WMCMH without the employee's written consent.
 - 2.4 A copy of the Unusual Incident Report and Post Exposure Evaluation Form.
 - 2.5 A copy of information given to the exposed employee regarding medical conditions which can result from exposure to blood or other potentially infectious body fluids and the right to HIV testing. In addition, the employee shall be informed of the need to report and seek medical attention if he/she develops an acute febrile illness within 12 weeks from the date of exposure.
 3. Employee medical files shall be made available to the employee and shall not be disclosed to others without written consent from the employee. The only exception to the confidentiality rule is with OSHA and MIOSHA.

Representatives from these agencies may have access to the medical file for purposes of monitoring compliance with regulations. Medical files shall be retained for the duration of the employee's employment with West Michigan Community Mental Health plus 30 years.

VII. **TRAINING PLAN:**

A. West Michigan Community Mental Health shall provide the following training to employees who are at risk of an occupational exposure:

1. **Training Table:**

1.1 West Michigan Community Mental Health employees shall be provided with training prior to administration of the Hepatitis B vaccine and prior to his/her initial assignment to work involving the potential for occupational exposure to blood or other infectious material unless the employee has already received the vaccine or currently does not want to receive the vaccine. The Hepatitis B vaccine shall be administered within 10 working days of initial assignment at the Mason County Health Department.

1.2 CMH employees that are classified as a Category A employee (potential for exposure) shall be trained annually. Category B employees (no chance of exposure) will be trained initially and every three years.

1.3 Employees shall also be trained prior to implementing any new tasks or procedures that may place him/her at risk of an occupational exposure.

2. **Training Program:**

2.1 The training program shall be implemented by the Human Resources Director or his/her designee, which includes the following information:

2.11 The OSHA standard of Bloodborne Pathogens

2.12 Epidemiology and symptomatology of bloodborne diseases, especially HBV and HIV

2.13 Modes of transmission of bloodborne pathogens.

2.14 The agency's Exposure Control Plan

2.15 Procedures which might cause exposure to blood or other potentially infectious materials at agency sites

2.16 Control methods which will be used in the agency to control exposure to blood or other potentially infectious materials.

2.17 Personal protective equipment available to CMH staff members and how to obtain it.

2.18 An overview of the Hepatitis B immunization and post exposure evaluation follow-up.

2.19 Signs and labels used at WMCMHS to indicate if something is infectious.

2.20 Question and answer period.

2-12-2 Infection Control
Revised 10/2009, 5/19

WEST MICHIGAN COMMUNITY MENTAL HEALTH

REPORTABLE COMMUNICABLE DISEASES

Acquired Immunodeficiency Syndrome (AIDS)	Hepatitis, non-ABC
Avian influenza	Histoplasma capsulatum
Bacillus anthracis (Anthrax)	HIV, (Confirmed positive HIV serology and detection tests; CD4 counts/percents and all viral loads on people already known to be infected)
Blastomyces dermatitidis	Influenza virus (Weekly aggregate counts)
Bordetella pertussis (Pertussis)	Kawasaki Disease
Borrelia burgdorferi (Lyme Disease)	Leptospira species
Brucella species	Legionella species
Burkholderia pseudomallei	Listeria monocytogenes
Burkholderia mallei	Meningitis, viral
Calymmatobacterium granulomatis	Meningitis, bacterial
Campylobacter jejuni	Measles virus (Rubeola)
Chlamydia psittaci (Psittacosis)	Mumps virus
Chlamydia trachomatis (Genital infections), (LGV)	Mycobacterium bovis
Chlamydia trachomatis (Trachoma)	Mycobacterium leprae (Leprosy)
Clostridium botulinum (Botulism)	Mycobacterium tuberculosis (Tuberculosis)
Clostridium tetani (Tetanus)	Neisseria gonorrhoeae (Gonorrhea)
Coccidioides immitis (Coccidioidomycosis)	Neisseria meningitides, sterile sites (Meningococcal Disease)
Corynebacterium diphtheria (Diphtheria)	Orthopox viruses (Smallpox, Monkeypox)
Coxiella burnetii (Q Fever)	Poliovirus
Cryptococcus neoformans	Plasmodium species (Malaria)
Cryptosporidium species	Rabies virus
Cyclospora species	Reye's Syndrome
Dengue virus	Rheumatic fever
Ehrlichia species	Rickettsia rickettsii (Rocky Mountain Spotted Fever)
Encephalities, viral	Rickettsia species (Typhus Group)
California serogroup	Rubella virus
Eastern Equine	Salmonella species
Powassan	Salmonella typhi (Typhoid Fever)
St. Louis	Severe Acute Respiratory Syndrome (SARS)
Western Equine	Shigella species
West Nile	Spongiform Encephalopathy (Includes CJD)
Unspecified	Staphylococcus aureus, vancomycin intermediate/resistant (VISA/VRSA)
Entamoeba histolytica (Amebiasis)	Staphylococcus aureus, (MRSA), outbreaks only
Escherichia coli, O157:H7 and all other shiga toxin positive serotypes	Streptococcus pyogenes, group A, sterile sites
Francisella tularensis (Tularemia)	Streptococcus pneumonia, sterile sites, susceptible/resistant
Giardia lamblia	Toxic Shock Syndrome
Guillain-Barre Syndrome	Treponema pallidum (Syphilis)
Haemophilus ducreyi (Chancroid)	Trichinella spiralis (Trichinosis)
Haemophilus influenza, <15 years of age sterile site	Varicella (Chickenpox)
Hantavirus	Vibrio cholera (Cholera)
Hemolytic Uremic Syndrome (HUS)	Yellow fever virus
Hemorrhagic fever viruses	Yersinia enterocolitica
Hepatitis, viral	Yersinia pestis (Plague)
Hepatitis A virus, (Anti-HAV IgM)	Unusual occurrence, outbreak or epidemic of any disease or condition
Hepatitis B virus, (HBsAg)	
within 24 hours on pregnant women	
Hepatitis C virus, (Anti-HCV)	

1. Unusual outbreaks of any disease: For example, food or waterborne outbreaks or poisoning or a significant increase in the rate of nosocomial infection.
2. The Medical Director or his/her designee shall be responsible for reporting any of the above diseases to the Michigan Public Health Department if a CMH employee or recipient develops such a disease and the organization has knowledge of it.

Food Procedures

Staff in charge of handling food

All staff responsible for the handling of food will be responsible to have read and understood the food preparation guidelines. The signed and dated procedure will be included in their personnel file to show that they are competent for food preparation and handling.

Hand Washing

A separate hand washing facility will be located at each site where food preparation and handling is taking place. Tempered running water with suitable hand cleaner, dispensed paper towels, and a waste receptacle will be provided. If approved, when food exposure is limited; the following may be acceptable substitutes:

- a) Chemically treated towelettes may be used.

When to Wash

Staff and consumers must wash their hands and exposed portions of the arms after: touching bare human body parts, using the restroom, handling animals, coughing/sneezing, using a handkerchief, using tobacco, eating/drinking, handling soiled equipment/utensils, as often as necessary to prevent cross-contamination, when switching between raw and ready-to-eat food, and after engaging in other activities that contaminate the hands.

How to Wash

Staff and consumers shall clean their hands and exposed portions of the arms in a properly equipped hand washing facility by vigorously rubbing together the surfaces of the lathered hands and arms and thoroughly rinsing with clean water. Employees shall pay particular attention to the areas underneath the fingernails and between the fingers. To avoid recontamination of hands and/or food, employees may use disposable paper towels or similar barriers when touching surfaces such as Faucet handles.

Staff and Consumers Health

If a staff person or consumer has symptoms such as diarrhea, fever, vomiting, jaundice, and/or sore throat with fever, they must be symptom free for at least 24 hours before working and working with food preparation or handling.

Hygiene

Staff and consumers shall maintain a high degree of personal cleanliness and shall conform to good hygienic practices during all working periods. Food employees shall have clean outer garments and wear effective hair restraints. Smoking, eating, and drinking are not allowed by food employees in the food preparation and service areas. All non-working unauthorized persons must be restricted from the food preparation and service areas

No Bare Hand Contact with Food

Staff and consumers will not have bare hands contact with food. Suitable utensils, such as deli paper, spatulas, tongs, dispensing equipment, or gloves will be used.

Food Source

All food must be obtained from sources that comply with the law. All meat and poultry must come from USDA-approved sources. Home-canned and home-prepared foods are not allowed. Ice for use as a food or a cooling medium must be made from water obtained from an approved source.

Preparation

All food preparation will be done at either Dimensions Unlimited, Progressions, or other approved Health Department kitchen. The cooking of hotdogs, hamburgers, etc. is allowed at offsite picnic settings on a grill. The internal temperature of the meat cooked must be taken to insure that food is cooked to the proper temperature.

Cooking

- Poultry; stuffing containing fish, meat, or poultry; stuffed fish, meat, pasta or poultry - 165° F for 15 seconds
- Comminuted fish, meat, or pooled raw eggs - 155° F for 15 seconds
- Raw shell eggs broken and prepared in response to consumers order and for immediate service, fish, meat, and pork - 145° F for 15 seconds

Thawing

Potentially hazardous food shall be thawed either under refrigeration maintaining the food temperature at 41° F or less; completely submerged under running water having a temperature of 70° F or below; or as part of a cooking process

Reheating for Hot Holding

Potentially hazardous food that is cooked, cooled, and reheated for hot holding shall be reheated so that all parts of the food reach a temperature of at least 165° F for 15 seconds within two hours.

Date Marking

Ready-to-eat potentially hazardous food held refrigerated for more than 24 hours must be clearly marked at the time of preparation to indicate the date by which the food shall be consumed which is seven calendar days or less from the day the food is prepared.

Dry Storage

All food, equipment, utensils, and single service items shall be stored at least six inches off the floor on pallets, tables, or shelving protected from contamination, and shall have effective overhead protection.

Cold Storage

Either mechanical refrigeration units or effectively insulated hard-sided cleanable containers with sufficient ice to maintain potentially hazardous food at 41° F or below shall be provided. Unpackaged food and packaged food subject to the entry of water may not be stored in direct contact with ice or water. It is recommended that all storage units be secured to prevent intentional contamination of foods.

Hot Storage

Hot food storage units (i.e., electrical equipment, propane stoves, grills, etc.) shall be used to keep potentially hazardous foods at 135° F or above.

Thermometers

A thermocouple or metal stem thermometer shall be provided to check internal temperatures of potentially hazardous hot and cold food items. Food temperature measuring devices shall be accurate to +/- 2° F, and should have a range of 0° F to 220° F. Each cold storage unit shall have a numerically scaled thermometer accurate to +/- 3° F to measure the air temperature of the unit.

Utensil Storage

In-use food dispensing utensils must be stored either in the food with their handles above the top of the food container; in running water of sufficient velocity to flush particles to a building drain; or in a container of water if the water is maintained at a temperature of at least 135° F or below 41° F and the water is changed at least every four hours.

Cross-Contamination

Food shall be protected from cross-contamination by separating raw animal foods from ready-to eat foods during storage, preparation, holding, and display. Equipment and utensils (including knives, cutting boards, and food storage containers) must be thoroughly cleaned and sanitized after being used for raw animal foods and before being used again.

Cleaning Ware Washing

Either a sanitizing dishwasher or a three-compartment sink set-up must be utilized to wash, rinse, and sanitize equipment and utensils coming into contact with food. The minimum requirements for a utensil washing set-up to wash/rinse/sanitize should consist of three basins that are large enough for immersion of the utensils, a potable hot water supply, and an adequate disposal method for the wastewater. In-use equipment and utensils must be cleaned and sanitized at least every four hours.

A two-compartment sink may be used for small batch operations for cleaning kitchenware provided:

- a) specific approval has been granted
- b) the number of items to be cleaned is limited
- c) the cleaning and sanitizing solutions are made up immediately before use and drained immediately after use, or
- d) a detergent sanitizer is used as specified under section 4-501.115 of the State of Michigan 2000 Food Rules.

Sanitizing

An approved sanitizer must be provided for sanitizing food contact surfaces. Sanitizers must be used at appropriate strengths as specified by manufacturer. Three common sanitizers, and the typical concentrations required by manufacturers, are:

- a) Chlorine solution = 50 ppm
- b) Iodine solution = 12.5 to 25 ppm, or
- c) Quaternary ammonium compound = 200 ppm

An approved test kit to measure sanitizer concentrations must be available and used.

Wiping Cloths

Wet wiping cloths in use for wiping food spills from food contact and nonfood contact surfaces of equipment shall be stored in a clean chlorine sanitizing solution at a concentration of 100 mg/l. Dry wiping cloths may be used to wipe food spills from tableware and carryout containers. All wiping cloths shall be free of food debris and visible soil, and shall be used for no other purpose.

Wastewater Disposal

Wastewater shall be disposed in an approved wastewater disposal system.

Food Contact Surfaces

All food contact surfaces shall be smooth, easily cleanable, durable, and nonabsorbent. All other surfaces shall be finished so that they are easily cleanable

Garbage

An adequate number of nonabsorbent, easily cleanable garbage containers must be provided. The containers must be covered and rodent proof. Grease must be disposed of properly.

Personal Belongings

Personal clothing and belongings must be stored at a designated place away from food, equipment, utensils, linens, and single service articles.