
	Infection Control			
	Chapter:	Board Services and Program Administration	Policy #	2-12-2
	Section:	Safety and Therapeutic Environment	Revision #	2

- I. **PURPOSE:** To reduce the risks of infections in individuals served, care providers, and employees through identification, prevention, control, and surveillance.

- II. **APPLICATION:** The guidelines and procedures stated herein apply to all employees, consumers, visitors and contracting vendors working in programs operated directly by the Board.


- III. **REQUIRED BY:** Accrediting agencies, Mental Health Manual, Department Of Labor, Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens, Recommendations for Prevention of HIV Transmission in Health Care Settings, U.S. Department of Health and Human Services, Public Health Services, Centers for Disease Control.

- IV. **DEFINITIONS:**
 1. Airborne Pathogens: Microorganisms capable of causing diseases that may be transmitted through excretions or secretions from the upper or lower respiratory system.
 2. Blood: Human blood, human blood components and products made from human blood.
 3. 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.
 4. Body Fluids: Applies to all body fluids, secretions, and excretions except sweat and tears regardless of whether or not they contain visible blood.
 5. Carrier: An infected person without symptoms who can transfer the organism to others.
 6. Communicable Disease: The spread of disease from individual to individual via direct contact, contact with body fluids, or airborne.
 7. Contaminated: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
 8. Contaminated Laundry: Laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.
 9. Contaminated Sharps: Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass.
 10. 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.
 11. Employee: A person performing work directly for West Michigan Community Mental Health who may or may not be financially compensated. For the purposes of


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infection control, a volunteer that is reasonably anticipated to have an exposure to blood or other potentially infectious materials at his/her worksite is considered an employee.

12. 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.
13. Exposure Control Plan: The Exposure Control Plan refers to a written document designed to eliminate or minimize employee exposure to blood and body fluids, it includes determining employee's potential exposure, standard precautions, engineering controls, work practices, personal protective equipment, housekeeping practices, Hepatitis B vaccination program, post-exposure procedures, warning labels and signs, employee training, and record keeping. It shall be reviewed and updated annually or whenever it is necessary to reflect new or revised employee job positions or job tasks and procedures or other laws. It is the core element used to reduce worker risk by minimizing or eliminating employee exposure to bloodborne pathogens.
14. 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.
15. Exposure Incident: Percutaneous (needle stick, human bite, or cut) or mucous membrane (splash to eyes, nose, or mouth) exposure to blood and other potentially infectious material, or accutaneous (above the skin) when the employee's skin is chapped, abraded or otherwise non-intact.
16. Healthcare Workers: People including, but not limited to, nurses, medical assistants, physicians, housekeepers, direct care staff members, and others whose work involves contact with body fluids.
17. Hepatitis B: Caused by a virus that attacks and destroys the liver.
18. Hepatitis B Carrier: A person carrying the Hepatitis B virus who may or may not be symptomatic but is able to infect others.
19. 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.
20. 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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21. 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.
22. Informed Consent: A consent that is given voluntarily with full knowledge of risks, benefits, and limitations of the proposed treatment.
23. 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.
24. Parenteral: The piercing of mucous membranes or the skin barrier. Incidents may include needle sticks, human bites, cuts, and abrasions.
25. Personal Protective Equipment: Specialized clothing or equipment worn by an employee for protection against an occupational exposure. Latex or vinyl gloves, surgical mask, face shield and gown are the primary protective equipment used at West Michigan Community Mental Health.
26. 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.
27. Sharps: Refers to intact or broken objects capable of puncturing, lacerating or otherwise penetrating skin or mucous membranes.
28. Source Individual: Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure.
29. Transmission Based Precautions: Precautions designed for persons documented or suspected to be infected with highly transmissible or epidemiologically important pathogens for which additional precautions beyond Standard Precautions are needed to interrupt transmission of the disease.
30. 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.
31. 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 bloodborne pathogens.
32. 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 recommended 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
- Appendix 2-12-2D: Hepatitis B Virus
- Appendix 2-12-2E: Hepatitis C Virus
- Appendix 2-12-2F: HIV
- Appendix 2-12-2G: Tuberculosis
- Appendix 2-12-2H: Coronavirus
- Appendix 2-12-2I: Synopsis of Types of Precautions
- Appendix 2-12-2J: Hand Hygiene Protocol
- Appendix 2-12-2K: Bed Bugs

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)

VIII. **POLICY/PROCEDURE REVIEW:**

REV#	APPROVED BY	Policy/Procedure	DATE
			10/2010
			01/2016
			05/2019
			05/2020
2	Corp. Comp.	Annual Review	01/2022
Board Approval Date: 04/16/1996			

IX. **CHIEF EXECUTIVE OFFICER ENDORSEMENT:**

I have reviewed and approved of policy # 2-12-2 Revision # 2.

CEO: Lisa A. Williams Approval Signature: _____

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:

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:

Job Classifications At Risk

1. Nursing Staff
 - Tasks/Procedures
 - Lifesaving/CPR procedures
 - Treatment of injuries
 - Injections
2. Community Living Support & Employment Coordinator
 - Tasks/Procedures
 - Physical management of aggressive consumers
 - Lifesaving/CPR procedures
 - Treatment of injuries
 - Handling soiled linens
3. Community Living & Employment Supports Specialist
 - Tasks/Procedures
 - Physical management of aggressive consumers
 - Lifesaving/CPR procedures
 - Treatment of injuries
 - Handling soiled linens

4. Care Manager or Supports Coordinator
 - Tasks/Procedures
 - Physical management of aggressive consumers
 - Lifesaving/CPR procedures
 - Treatment of injuries
5. Infant Mental Health Clinician
 - Tasks/Procedures
 - Lifesaving/CPR procedures
 - Treatment of injuries
 - Contact with breast milk
6. Home-Based Children's Services Clinician
 - Tasks/Procedures
 - Lifesaving/CPR procedures
 - Treatment of injuries
7. Supports Coordinator Assistants
 - Tasks/Procedures
 - Physical management of aggressive consumers
 - Lifesaving/CPR procedures
 - Treatment of injuries
8. Peer Support Specialist
 - Tasks/Procedures
 - Lifesaving/CPR procedures
 - Treatment of injuries
9. Peer Recovery Coach
 - Tasks/Procedures
 - Lifesaving/CPR procedures
 - Treatment of injuries
10. Youth Peer Support Specialist
 - Tasks/Procedures
 - Lifesaving/CPR procedures
 - Treatment of injuries
11. Parent Support Partner
 - Tasks/Procedures
 - Lifesaving/CPR procedures
 - Treatment of injuries
12. Veteran's Navigator
 - Tasks/Procedures
 - Lifesaving/CPR procedures
 - Treatment of injuries

13. DBT Care Manager
 - Tasks/Procedures
 - Physical management of aggressive consumers
 - Lifesaving/CPR procedures
 - Treatment of injuries
14. DBT Mental Health Clinician
 - Tasks/Procedures
 - Physical management of aggressive consumers
 - Lifesaving/CPR procedures
 - Treatment of injuries
15. Medical Assistants
 - Tasks/Procedures
 - Lifesaving/CPR procedures
 - Treatment of injuries
16. Access or CSS Mental Health Clinician
 - Tasks/Procedures
 - Lifesaving/CPR procedures
 - Treatment of injuries
17. Home-Based Children's Services Care Manager
 - Tasks/Procedures
 - Lifesaving/CPR procedures
 - Treatment of injuries
18. Mental Health Clinician
 - Tasks/Procedures
 - Lifesaving/CPR procedures
 - Treatment of injuries
19. Clinical Service Planners
 - Tasks/Procedures
 - Lifesaving/CPR procedures
 - Treatment of injuries
20. Staff Members Trained to do First Aid
 - Tasks/Procedures
 - Lifesaving/CPR procedures
 - Treatment of injuries

II. **IMPLEMENTATION SCHEDULE AND METHODOLOGY:**

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

WCMCMH. 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 WCMCMH 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 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 20 seconds in a manner causing friction on both inner and outer surface of hands.
- Antiseptic towelettes are 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 quarterly 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)
 - HHI Wing
- 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
- 645 Michigan Ave, Baldwin
 - Universal Restroom

2. **Mouth Pieces, Gowns, Masks, Goggles, and Gloves: (need to be made of vinyl) 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.
- When administering an injection or drawing labs (venipuncture)

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
 - Executive Assistant's 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 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 mouthpiece 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
 - HHI wing
 - 910 Conrad, Ludington
 - Program Manager's office
 - 105 Lincoln, Hart
 - HHI MA office
 - 101 North Water Street, Hart
 - Site Supervisor's office
 - 645 Michigan Avenue, Baldwin
 - Site Supervisor's office
 - 1090 North Michigan, Baldwin
 - HHI MA office

4. **Activities of Daily Living:**

CMH employees are encouraged to refrain from the following tasks while working in program areas: eating, drinking, 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 date it on a label as it is only good for 24 hrs.**
- 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 Lysol wipes.

5.3 At a minimum all eating surfaces shall be disinfected prior to and after eating lunch.

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 reach out to the Infection Control RN or Safety Officer for further instruction.
- Employees shall not take home any contaminated personal clothing for laundering purposes.
- WMCMH 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:**

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. Notification to HR is necessary for follow up.
 - 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 (WMCMH 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 (WMCMH 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 WMCMH 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, WMCMH shall make available the Hepatitis B vaccination at that time. The employee shall sign a Hepatitis B Consent Form (WMCMH 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:**

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 upon employment only or if an exposure occurs.
- 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 Infection Control RN by the consumer's case holder. 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 Infection Control 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 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 A 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 residential 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 Infection Control RN shall notify the Chief Healthcare Integration Officer, Chief Executive Officer, appropriate CMH employees, and the appropriate County Health Department (refer to Appendix 2-12-2C). In addition, contract residential homes and AFC homes 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 Infection Control RN to monitor infectious diseases among consumers and CMH employees for possible trends and patterns. The Medical Director or Infection Control 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:**

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.

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

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.
2. The involved employee and/or program coordinator/manager shall immediately contact the Medical Director or Infection Control RN and the Safety Officer, complete a Critical Incident Report (WMCMH Form #EC001) and submit it to Human Resources and a copy to the Safety Officer within 24 hours.
3. Upon receiving the copy of the Critical Incident Report, the Safety Officer shall follow-up with Human Resources and the Medical Director to ensure that the employee sought appropriate medical treatment, if necessary.
4. The Medical Director or Infection Control RN 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 case holder 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.
 - 4.1 The source individual shall receive pre and post-test counseling when he/she is tested for HIV.
 - 4.2 If the source individual is already known to be infected with HIV or HBV, it is not necessary to retest.
 - 4.3 Results of the source individual's testing shall be kept confidential.
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 an approved occupational health provider. If in the event the exposure incident occurs after hours, the CMH employee shall seek treatment through the emergency room.

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.
6. An approved occupational health provider 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.

An approved occupational health provider 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.

7. West Michigan Community Mental Health shall be responsible for providing the approved occupational health provider or the appropriate County Public Health Department with the following information when making arrangements for a follow-up evaluation:
 - 7.1 A copy of the federal bloodborne pathogens regulation and the Post Exposure Prophylaxis for Hepatitis B.
 - 7.2 A description of the exposed employee's duties as they relate to the exposure.
 - 7.3 The route of exposure and the circumstances under which the exposure occurred.
 - 7.4 If available, the results of the source individual's blood test.
 - 7.5 Any medical information relevant to the appropriate treatment of the employee including his/her vaccination status.
8. Any HIV seronegative post exposure employee shall be offered retesting at increments recommended by Public Health and an approved occupational health provider at no cost to the employee. The employee shall be responsible for making any necessary follow-up appointments.
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:**

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 Staff 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:**

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.

Revised 10/2009, 5/19, 5/20, 01/2022

**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)
COVID - 19	Poliovirus
Coxiella burnetii (Q Fever)	Plasmodium species (Malaria)
Cryptococcus neoformans	Rabies virus
Crytospridium species	Reye's Syndrome
Cyclospora species	Rheumatic fever
Dengue virus	Rickettsia rickettsii (Rocky Mountain Spotted Fever)
Ehrlichia species	Rickettsia species (Typhus Group)
Encephalities, viral	Rubella virus
California serogroup	Salmonella species
Eastern Equine	Salmonella typhi (Typhoid Fever)
Powassan	Severe Acute Respiratory Syndrome (SARS)
St. Louis	Shigella species
Western Equine	Spongiform Encephalopathy (Includes CJD)
West Nile	Staphylococcus aureus, vancomycin intermediate/resistant (VISA/VRSA)
Unspecified	Staphylococcus aureus, (MRSA), outbreaks only
Entamoeba histolytica (Amebiasis)	Streptococcus pyogenes, group A, sterile sites
Escherichia coli, O157:H7 and all other shiga toxin positive serotypes	Streptococcus pneumonia, sterile sites, susceptible/resistant
Francisella tularensis (Tularemia)	Toxic Shock Syndrome
Giardia lamblia	Treponema pallidum (Syphilis)
Guillain-Barre Syndrome	Trichinella spiralis (Trichinosis)
Haemophilus ducreyi (Chancroid)	Varicella (Chickenpox)
Haemophilus influenza, <15 years of age sterile site	Vibrio cholera (Cholera)
Hantavirus	Yellow fever virus
Hemolytic Uremic Syndrome (HUS)	Yersinia enterocolitica
Hemorrhagic fever viruses	Yersinia pestis (Plague)
Hepatitis, viral	Unusual occurrence, outbreak or epidemic of any disease or condition
Hepatitis A virus, (Anti-HAV IgM)	
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 Infection Control RN 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 ensure 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.

Hepatitis B Virus (HBV)

HBV is a potentially life threatening bloodborne pathogen. Centers for Disease Control estimates there are approximately 280,000 HBV infections each year in the United States.

Approximately 8,700 health care workers each year contract Hepatitis B, and about 200 will die as a result. In addition, some who contract HBV will become carriers, passing the disease on to others. Carriers also face a significantly higher risk for other liver ailments, which can be fatal, including cirrhosis of the liver and primary liver cancer.

HBV infection is transmitted through exposure to blood and other infectious body fluids and tissues. Anyone with occupational exposure to blood is at risk of contracting the infection.

The incubation period of Hepatitis B ranges from 45 to 180 days. The onset of the acute illness occurs gradually and is discovered in the patient only after the illness has become fully involved at which time symptoms of anorexia, malaise, nausea, vomiting, abdominal pain, jaundice, skin rashes, and arthritis appear. Hepatitis B may be clearly asymptomatic or as mild as "flu" symptoms.

Employees must use standard precautions and protective clothing and equipment to prevent exposure to potentially infectious materials. The best defense against Hepatitis B is vaccination.

Hepatitis C Virus (HCV)

HCV is a bloodborne pathogen that can lead to severe illness, life-long disease, and cirrhosis of the liver, liver failure, liver cancer or even death.

Almost 4 million people in the US have HCV and don't even know it. Almost 75,000 people get HCV each year. Signs of the disease may show up quickly or it may take 10-40 years before there are any signs of liver problems. The majority of those infected with HCV become chronic carriers of the virus. There is no vaccine to protect against an HCV infection and there is no treatment that results in a cure once the person becomes infected.

Because HCV is more prevalent in the general population than HIV, it is logical that it is a greater threat to healthcare workers who experience needle sticks.

Patients with Hepatitis C infection are now the largest fraction of patients undergoing liver transplantation in the United States.

Human Immunodeficiency Virus (HIV)

The Human Immunodeficiency Virus (HIV) attacks the body's immune system increasing risk to disease and eventually causing the disease known as AIDS or Acquired Immune Deficiency Syndrome. Currently there is no vaccine to prevent infection. Persons infected with HIV may carry the virus without developing symptoms for a number of years. They may also eventually develop AIDS. They may suffer from flu-like symptoms, fever, diarrhea, and fatigue a few weeks after exposure.

HIV is transmitted primarily through sexual contact and intravenous drug use, but also may be transmitted through exposure to blood and body fluids. Touching, feeding, or working around other persons who carry the virus does not transmit HIV. There are no known cases of HIV transmission by insects such as mosquitoes. Dogs, cats, and domestic animals are not a source of infection from HIV.

Persons with the HIV virus may develop AIDS related illnesses including neurological problems (dementia), cancer (Kaposi's Sarcoma) and other opportunistic infections (e.g., Pneumocystis Carini pneumonia, mycobacterium tuberculosis).

TUBERCULOSIS (TB)

TB is an airborne disease that can damage a person's lungs or other parts of the body and cause serious illness. In almost all instances, with medication, TB can be cured.

TB is spread when people who have active TB germs in their lungs or throat cough, sneeze, or speak and send their germs into the air. TB is usually contracted if there has been very close, day-to-day contact with an infected individual. It is not spread through the use of dishes, drinking glasses, sheets or clothing.

If TB germs enter a person's body, in most cases the body's defenses control the germs by walling them off. The germs can stay alive inside these walls for years in an inactive state. While the germs are inactive, they cannot be spread to other people.

TB disease can occur when the body defenses are weak, even after many years of being inactive. The germs then break out of the walls, begin multiplying and damage the lungs or other organs. The most common symptoms of TB are cough, fever, weight loss, night sweats, constant tiredness, and loss of appetite.

If people with TB do not take their medication, they can become seriously ill, and may even die. But people with TB can be cured if they have proper medical treatment and take their medication as prescribed. Usually, after a week or more of taking their medication, most people with TB disease will stop spreading germs.

Coronavirus Disease (Covid-19)

Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. Most people infected with the virus will experience mild to moderate respiratory illness and recover without requiring special treatment. However, some will become seriously ill and require medical attention. Older people and those with underlying medical conditions like cardiovascular disease, diabetes, chronic respiratory disease, or cancer are more likely to develop serious illness. Anyone can get sick with COVID-19 and become seriously ill or die at any age.

The best way to prevent and slow down transmission is to be well informed about the disease and how the virus spreads. Protect yourself and others from infection by staying at least 6 feet apart from others, wearing a properly fitted mask, and washing your hands or using an alcohol-based rub frequently. Get vaccinated when it's your turn and follow local guidance.

The virus can spread from an infected person's mouth or nose in small liquid particles when they cough, sneeze, speak, sing, or breathe. These particles range from larger respiratory droplets to smaller aerosols. It is important to practice respiratory etiquette, for example by coughing into a flexed elbow, and to stay home and self-isolate until you recover if you feel unwell.

To prevent infection and to slow transmission of COVID-19, do the following:

- Get vaccinated when a vaccine is available to you.
- Stay at least 6 feet apart from others, even if they don't appear to be sick.
- Wear a properly fitted mask when physical distancing is not possible or when in poorly ventilated settings.
- Choose open, well-ventilated spaces over closed ones. Open a window if indoors.
- Wash your hands regularly with soap and water or clean them with alcohol-based hand rub.
- Cover your mouth and nose when coughing or sneezing.
- If you feel unwell, stay home and self-isolate until you recover.

COVID-19 affects different people in different ways. Most infected people will develop mild to moderate illness and recover without hospitalization.

Most common symptoms:

- fever
- cough
- tiredness
- loss of taste or smell

Less common symptoms:

- sore throat
- headache
- aches and pains
- diarrhea
- a rash on skin, or discoloration of fingers or toes
- red or irritated eyes

Serious symptoms:

- difficulty breathing or shortness of breath
- loss of speech or mobility, or confusion
- chest pain

Seek immediate medical attention if you have serious symptoms.

People with mild symptoms who are otherwise healthy should manage their symptoms at home. On average it takes 5–6 days from when someone is infected with the virus for symptoms to show, however it can take up to 14 days.

Synopsis of Types of Precautions

A. STANDARD PRECAUTIONS

Use Standard Precautions for the care of all consumers.

B. TRANSMISSION-BASED PRECAUTIONS

Designed for persons documented or suspected to be infected with highly transmissible or epidemiologically important pathogens for which additional precautions beyond Standard Precautions are needed to interrupt transmission of disease. There are three types: airborne, droplet, and contact precautions.

1. Airborne Precautions: In addition to Standard Precautions, use Airborne Precautions for persons known or suspected to have serious illness transmitted by airborne droplet nuclei. Examples of such illness include:
 - a. Measles
 - b. Varicella (chicken pox and disseminated zoster)
 - c. Tuberculosis
 - d. Shingles
 - e. SARS (Severe Acute Respiratory Syndrome)

The following additional measures are to be taken to minimize risk of transmission:

When TB is suspected: Instruct the person to wear a mask. Personnel who are exposed to an unmasked person should be referred to Human Resources for exposure follow-up.

When Chicken Pox or Shingles (in an Immuno-Compromised Person) is suspected, screen all personnel for Chicken Pox before they are allowed to enter the person's room. Personnel who have not had Chicken Pox should not be allowed to enter the room. (If such contact occurs, non-immune personnel should be referred to Human Resources for exposure follow-up).

2. Droplet Precautions: In addition to Standard Precautions, A Droplet shall be used for persons known or suspected to have serious illnesses transmitted when administering medications. Examples of such illnesses are:
 - a. Invasive Haemophiles Influenza type B disease, including meningitis, pneumonia, epiglottitis, and sepsis.
 - b. Invasive Neisseria meningitis disease, including meningitis, pneumonia, and sepsis.
 - c. Other serious bacterial respiratory infections spread by droplet transmission, including
 - *Diphtheria
 - *Mycoplasma pneumonia
 - *Pertussis
 - *Pneumonic plague
 - *Streptococcal pharyngitis, pneumonia, or scarlet fever in infants and young children.
 - *Monkeypox and Smallpox

In addition to Standard Precautions, a mask shall be worn when having contact with the person.

- a. Serious viral infections spread by droplet transmission, including;
 - *Adenovirus
 - *Influenza
 - *Mumps
 - *Parvovirus B19

*Rubella
*Avian Flu

3. CONTACT PRECAUTIONS: In addition to Standard Precautions, use contact precautions for people known or suspected to have serious illnesses easily transmitted by direct contact or by contact with items in the person's environment. Examples of such illnesses include:
 - a. Gastrointestinal, respiratory, skin or wound infections or colonization with multi-drug resistant bacteria judged by the Infection control Program, based on current state, regional, or national recommendations, to be of special clinical and epidemiological significance.
 - b. Enteric infection with a low infectious dose or prolonged environmental survival, including:
 - *Clostridium difficile
 - *For diapered or incontinent persons; enterohemorrhagic escherichia coli 0157:H7, shigella, Hepatitis A, or rotavirus
 - *Respiratory syncytial virus, parainfluenza virus, or enteroviral infections in infants or young children
 - *Skin infections that are highly contagious or that may occur on dry skin, including:
 1. Diphtheria
 2. Herpes simplex virus (neonatal or mucocutaneous)
 3. Impetigo
 4. Major (non-contained) abscesses, cellulitis, or decubiti
 5. Pediculosis
 6. Scabies
 7. Staphylococcal furunculosis in infants and young children
 8. Zoster (disseminated or in the immunocompromised host)
 - *Viral/hemorrhagic conjunctivitis
 - *Viral hemorrhagic infections (Ebola, Lassa, Marburg)
4. Wear gloves when entering the person's environment. During the course of providing care for the person, change gloves and wash hands after having contact with infective material that may contain high concentrations of microorganism's fecal material, wound drainage). Remove gloves before leaving the persons environment and wash hands immediately. If hand-washing facilities are not available, use a waterless antiseptic agent. After glove removal and hand washing, ensure that hands do not touch potentially contaminated environmental surfaces or items.
5. Wear a gown when entering the person's environment if you anticipate that your clothing will have substantial contact with the person, environmental surfaces, or items in the person's environment, or if the person is incontinent or has diarrhea, an ileostomy, a colostomy, or wound drainage not contained by a dressing. Remove the gown before leaving the person's environment. After gown removal, ensure that clothing does not contact potentially contaminated environmental surfaces.
6. Limit the movement and transport of the person to essential purposes only. If the person is transported, ensure that precautions are maintained to minimize the risk of transmission of microorganisms to others, surfaces, or equipment.
7. Dedicate the use of all care equipment to a single person.

Hand Hygiene Protocol

Hand Hygiene is considered the most important measure to prevent and control health care-associated infections.

1. Indications for hand washing and hand antisepsis.
 - A. Wash hands with soap and water when visibly dirty or contaminated with proteinaceous material, or visibly soiled with blood or other body fluids, or if exposure to potential spore forming organisms is strongly suspected or proven or after using the restroom.
 - B. Preferably use an alcohol-based hand rub for routine hand antisepsis in all other clinical situations described in items C (1) to C (6) listed below if hands are not visibly soiled. Alternatively, wash hands with soap and water.
 - C. Perform Hand hygiene:
 - 1) before and after having direct contact with consumers
 - 2) after removing gloves
 - 3) before handling an invasive device (regardless of whether or not gloves are used) for consumer care
 - 4) after contact with body fluids or excretions, mucous membranes, non-intact skin or wound dressings
 - 5) if moving from a contaminated body site to a clean body site during consumer care
 - 6) after contact with inanimate objects (including medical equipment) in the immediate vicinity of the consumer
 - D. Wash hands with either plain or antimicrobial soap and water or rub hands with an alcohol-based formulation before handling medication and preparing food
 - E. When alcohol-based hand rub is already used, do not use antimicrobial soap concomitantly.
2. Hand hygiene technique
 - A. Apply a palmful of the product and cover all surfaces of the hands. Rub hands until hands are dry.
 - B. When washing hands with soap and water, wet hands with water and apply the amount of product necessary to cover all surfaces. Vigorously perform rotational hand rubbing on both palms and interlace fingers to cover all surfaces. Rinse hands with water and dry thoroughly with a single use towel. Use running and clean water whenever possible. Use towel to turn off facet.
 - C. Make sure hands are dry. Use a method that does not contaminate hands. Make sure towels are not used multiple times or by multiple people. Avoid using hot water, as repeated exposure to hot water may increase the risk of dermatitis.
 - D. Liquid, bar, leaflet or powdered forms of plain soap are acceptable when washing hands with a non-antimicrobial soap and water. When bar soap is used, small bars of soap in racks that facilitate drainage should be used.
3. Use of gloves
 - A. The use of gloves does not replace the need for cleansing by either hand-rubbing or hand washing.
 - B. Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, and non-intact skin will occur.
 - C. Remove gloves after caring for consumer. Do not wear the same pair of gloves for the care of more than one consumer.

4. Staff educational training
 - A. Staff will complete Essential Learning trainings related to Infection Control and Hand hygiene annually.
 - B. Infection Control Officer will send emails to all staff with reminders regarding hand washing periodically throughout the year.
 - C. Infection Control Officer will monitor incident reports for trends in infection related activity, as reported. Any activity will be reported to the Safety Committee.

Bed Bugs

Bed bugs or *Cimex lectularius* are [insects](#) from the genus *Cimex* that feed on human blood, usually at night. Their bites can result in a number of health impacts including [skin rashes](#), psychological effects, and [allergic](#) symptoms. Bed bug bites may lead to skin changes ranging from small areas of redness to prominent [blisters](#). Symptoms may take between minutes to days to appear and [itchiness](#) is generally present. Some individuals may feel tired or have a [fever](#). Typically, uncovered areas of the body are affected. Their bites are not known to transmit any [infectious disease](#). They spread by crawling between nearby locations or by being carried within personal items. [Infestation](#) is rarely due to a lack of [hygiene](#) but is more common in high-density areas. Transfer to new places is usually in the personal items of the human they feed upon. Diagnosis involves both finding the bugs and the occurrence of compatible symptoms. Bed bugs spend much of their time in dark, hidden locations like mattress seams, or cracks in a wall. Bed bugs can survive up to 70 days without feeding.

WMCMH procedures regarding bed bugs are as follows:

- Once bed bugs are suspected or detected in premise, go to WMCMH front desk and obtain the bed bug spray or alcohol spray.
- Spray down the suspected area.
- Wipe down the setting.
- Put a note in housekeeping's mailbox with the room or area that needs to be well-vacuumed.
- Complete a WMCMH Critical Incident Report
- Notify Facilities Specialist.
- If any questions/concerns arise, please contact Safety Officer or Infection Control RN.