Hospice of Rutherford County, Inc
Policy and Procedures

Policy:
Hospice of Rutherford County shall comply with established guidelines to help prevent transmission of harmful microorganisms among patients, staff and volunteers. Precautions are taken by staff to control the spread of harmful microorganisms and reduce the risk of infection. In addition to the following guidelines, Hospice has developed Blood-borne Pathogens and Tuberculosis Exposure Control Plans (RM021 and RM022).

Staff and volunteers shall follow infection control guidelines. Patients and families will receive education at time of admission and ongoing as needed on infection control principles. Personal Protective Equipment (PPE) needs will be assessed on going and will be made available to staff and volunteers. The Director of Clinical Services ensures the implementation of the infection policy and procedures.

The Home Care and Hospice House Coordinators will monitor the implementation of the infection control policies and procedures through surveillance and will document noncompliance, provide corrective action plans and education and training as needed.

I. Hand Hygiene
Good hand washing is the number one infection control principle. Hospice of Rutherford County utilizes information regarding hand hygiene from the U. S. Centers for Disease Control. Employees may refer to these guidelines in addition to the procedures listed in this policy.

Procedure:
Vigorously washing of the hands with soap and water for 15-30 seconds before rinsing, or the use of alcohol based waterless hand solution should be done in order to help prevent the spread of harmful bacteria. In addition to basic hand washing related to hygiene, hands should be washed before and after patient contact, after removing gloves or other PPE, before entering nursing supply bag (if in the home care setting), and immediately after any exposure to blood, body fluid, secretions, and contaminated articles.

Because home care staff may not have immediate access to running water, waterless hand washing solution will be provided. Staff is to wash hands with soap and water as soon as possible.

Waterless hand solution is ineffective to prevent the spread of Clostridium difficile (C.Diff), hand washing with soap and water is the effective means along with appropriate precautions listed in this policy.
All patients and families in the home care setting shall be encouraged to use soap for hand washing and paper towels for drying. If needed by clinical staff antibacterial soap and paper towels will be provided.

II. Precautions/ Isolation

A. Standard Precautions:
A method of infection control in which all blood, body fluids, and secretions, except sweat are treated as potentially infectious. **Standard precautions are initiated on every patient and adhered to by staff.**

Personal Protective Equipment:
- Gloves with any potential contact with blood, body fluid and or secretions, and with contact with contaminated articles,
- Disposable fluid resistant Gown with any potential for soiling of clothes from blood or body fluids,
- Mask and or goggles for any potential risk of splashing, spraying with the potential for mucous membrane exposure.

Direct care home care staff should keep an extra set of clothing easily accessible in the event gross contamination of the clothing occurs. It is the responsibility of Hospice to launder staff clothing that has been contaminated with blood or body fluids.

B. Contact Precautions:
A method of infection control used to prevent the spread of infections transmitted through direct skin-to-skin contact or through indirect contact via contaminated articles and surfaces. Diseases or conditions that require the use of contact precautions include but are not following:
- Methicillin Resistant Staph Aureus (MRSA)
- Vancomycin Resistant Enterococci (VRE)
- Scabies, Head Lice
- Impetigo
- Rotavirus
- Clostridium difficile

Personal Protective Equipment:
- Gloves with any patient contact or handling of patient care equipment.
- Disposable gown with any prolonged contact with patient or contaminated articles.
- Mask with any risk of secretions coming in contact with mucous membranes (example, Suctioning a patient, close contact with patient who has a tracheostomy.)
Patients on Contact Precautions should be given patient care equipment to be used only for their care while on these precautions. Items such as blood pressure cuffs, stethoscopes, thermometers etc.

C. Airborne Precautions:
Airborne precautions are used to prevent the transmission of infections that are transmitted by the airborne route via tiny respiratory secretions known as air borne droplet nuclei. Examples of Diseases/ Illnesses that are transmitted via this route that require these precautions to be initiated are, but not limited to the following: Tuberculosis, Chicken Pox, and Measles, SARS.

Any staff member not immune to airborne childhood illnesses should wear a surgical mask when providing care. Providing care for a Tuberculosis patient requires the use of a NIOSH approved N95 or greater particulate respirator mask and specific precautions for the patient not listed here. (See TB Exposure Control Plan RM 022).

D. Droplet Precautions:
Droplet Precautions are used to prevent the spread of microorganisms transmitted by large-particle respiratory droplets. Large droplets don’t remain suspended in the air and don’t travel more than three feet. Examples of microorganisms requiring this type of precautions are; Hemophilus influenza type B (meningitis, pneumonia) Neisseria meningitis (meningitis, pneumonia, sepsis). Some common illness requiring these precautions is, streptococcal pharyngitis, pertussis, scarlet fever, and mumps. Staff coming in close contact (< 3 feet) with patients requiring droplet precautions should wear a surgical mask.
Patients should also wear a surgical mask when out of their room in the inpatient/residential facility.

E. Neutropenia Precautions:
These precautions are indicated when caring for patients who are immunocompromised. Guidelines to be followed when caring for patients may include but are not limited to the following:
Good hand washing as outlined earlier.
Limiting visitors in some instances.
Patients’ diets consisting of fresh vegetables and fruits are limited only to those that can be peeled.
Provide a clean environment for the patient
Staff wears masks in some instances
Visitor restrictions in some instances
Any staff with respiratory infections should avoid providing direct care.
III. Waste Disposal
   A. Feces, urine, blood and any liquid should be disposed of down the patient toilet if possible. In the inpatient/residential facility, disposal can also take place by using the flush sink in the dirty utility room.
   B. Bandages, dressings, catheters, soiled PPE etc. should be double bagged in the home and disposed of with other household trash. These items in the inpatient residential facility may be disposed of in red biohazard bags if it is estimated that they are contaminated with greater than 20 ml of blood or body fluids.
   C. Contaminated needles and sharps, used blood tubes, shall be disposed of in puncture-resistant sharps containers and will be disposed of when ¼ full. Hospice of Rutherford County contracts with an outside company to pick up and dispose of all regulated waste and sharps. Additional procedures regarding waste disposal specific to the inpatient/residential facility shall be obtained from the Inpatient Policy and Procedures. (IP)
   D. Patients and families will be instructed to dispose of all needles and sharps for individual use in hard puncture resistant plastic containers such as empty bleach containers/liquid laundry detergent containers.

IV. Specimen Handling
   A. All specimens shall be handled using gloves and placed in sealed biohazard specimen bags. Containers/tubes will be labeled with the patient’s name, date and time of collection.
   B. All specimens being transported to Rutherford Hospital lab will be transported in hard leak proof containers labeled with a biohazard sticker.

V. Linens
   When handling patient linens they should be rolled up, held away from clothing and placed in a designated soiled laundry container following standard precautions. For patients in their own homes, linens/clothing soiled with blood or body fluids should be laundered separate from other clothing using a 1:10 ratio of Bleach and water along with detergent. This applies also to patients on contact precautions. For additional instructions related to handling of linen in the inpatient/residential facility refer to specific policies in the Inpatient/Residential Facility Policy and Procedure Manual.

VI. Patient Equipment/Supplies
   A. Equipment such as blood pressure cuffs and stethoscopes, pulse oximeters are considered noncritical equipment, which means under normal circumstances they come in contact with only intact skin. Therefore, if not visibly soiled such equipment can be cleaned periodically at the nurses’ discretion.
B. If contaminated with blood or body fluids they shall be cleaned and disinfected immediately if possible. If unable to clean immediately they are to be bagged, sealed and labeled until cleaning can take place.

C. All durable medical equipment provided by Hospice shall be cleaned and disinfected between patient use. All dirty/contaminated equipment shall be labeled as such and stored away from all clean equipment until cleaning and disinfecting can take place.

D. When transporting supplies and equipment to homecare patients, clean supplies will be stored, transported separate from dirty contaminated supplies. Cleaning shall be done using soap and water and then disinfecting done by wiping down with a 1:10 bleach and water solution or a tuberculocidal such Cavicide® or equivalent.

VII. Environmental Cleaning of Surfaces, Beds etc.
Visibly Contaminated surfaces, floors etc. shall be cleaned immediately and disinfected with a 1:10 solution of bleach and water and or tuberculocidal disinfectant such as Cavicide or equivalent. PPE shall be worn when cleaning up spills and contaminated surfaces and disposed of according to the stated guidelines in Section IV of this policy.

A. Routine Cleaning Inpatient/ Residential Facility
   1. Routine cleaning shall be done to provide an environment free of offensive odors, dust and dirt accumulation & to minimize the spread of harmful microorganisms.
   2. Patient rooms shall be cleaned thoroughly and disinfected between patient use to include furniture, mattresses etc. and on an as needed basis thereafter
   3. Floors shall be cleaned regularly, to include shampooing of any carpeting and polishing floor surfaces with non-skid finishes.

VIII. Employee Restrictions Regarding Illnesses
Employees who become medically ill must report to their supervisor. The supervisor shall use this guide to determine if the illness may put patients and staff at risk. After review by the infection control nurse and or medical director, the employee may be restricted from patient contact or excluded from duty until illness/infection subsides or they are no longer contagious.
Listed below are illnesses that require work restriction or exclusion from duties. **This list is by no means conclusive but acts as a guide.** Decisions to restrict duties or exclude from work shall be made by the supervisor after consultation with the infection control nurse and or medical director and the Executive Director. The information is obtained from “Infection Control In Home Care and Hospice” Refer to this manual for more extensive listings and information page 212 table 13-1.

<table>
<thead>
<tr>
<th>Disease/Illness</th>
<th>Restrictions</th>
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<tbody>
<tr>
<td>Conjunctivitis</td>
<td>No patient contact till treatment and drainage ceases.</td>
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<tr>
<td>Impetigo</td>
<td>Excluded from duties until evaluated and tx initiated x 24 hours</td>
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<tr>
<td>Scabies</td>
<td>If suspected obtain medical evaluation. No patient contact till 24 hours after treatment initiated.</td>
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<tr>
<td>Herpes Zoster (shingles)</td>
<td>If lesions are generalized restrict from patient contact until lesions crusted and dried.</td>
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<tr>
<td>Respiratory Tract infections</td>
<td>Exclude from work till period of communicability has passed</td>
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<tr>
<td>(Active TB, some pneumonias)</td>
<td>(Employees with Active TB must provide a statement stating that they are free from active disease)</td>
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<tr>
<td>Enteric Infections</td>
<td>No patient contact till symptoms cease and or determined non infectious</td>
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<tr>
<td>(vomiting and diarrhea of undetermined origin, Hepatitis A, Salmonella, etc)</td>
<td></td>
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<tr>
<td>Blood-Borne pathogens</td>
<td>Consultation with Medical Director, case by case and refer to any state regulations.</td>
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<tr>
<td>(Hepatitis B, HIV, Hep C)</td>
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<tr>
<td>Skin lesions</td>
<td>Lesions, dermatitis, and wounds – no patient contact unless areas can be covered with an occlusive fluid impermeable bandage.</td>
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**Multi-Drug Resistant Organisms (MDRO)**

In an effort to prevent cross contamination of methicillin resistant staphylococcus aureus (MRSA), Vancomycin-resistant enterococci (VRE), and Clostridium difficile (C.Diff). the following guidelines/ control measures are followed.

- Hand hygiene as listed previously in this policy
- Standard precautions for all patients- if practiced consistently this should be sufficient for controlling the spread of MDRO in the home care setting and inpatient facility
Contact precautions- the implementation in addition to standard precautions should be done based on the site and severity of the infection. Patients with the following:

a. Lower respiratory infection and patients with tracheostomy who have a MDRO colonized and who are unable to handle secretions
b. Foley catheter associated MRSA or VRE infection
c. Patients with positive history of MRSA or VRE who’s current status is positive or uncertain
d. Active newly diagnosed C.Diff infection
e. Patients with diarrhea and C.Diff is suspected
f. Wounds heavily colonized or infected with MRSA or VRE

The hospice physician will be notified and will determine what screening will be done to determine presence of MDRO in order to assist in the determination of precautions to follow.

Patients, families, will be educated on admission and ongoing during the course of care related to controlling the spread of infections. Employees will be review infection control policies and receive education on infection control at hire and annually.

Each department director will share the responsibility for the monitoring and enforcement of infection control guidelines set forth in this policy. Disciplinary action may be initiated with employees not following guidelines outlined in this and other infection control policies.