


<b>CHAPTER</b> Human Resources	<b>CHAPTER</b> 05	<b>SECTION</b> 001	<b>SUBJECT</b> 195
<b>SECTION</b> Personnel		<b>DESCRIPTION</b> Infection Control Program	
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**APPLICATION:**

<input checked="" type="checkbox"/> CMH Staff	<input checked="" type="checkbox"/> Board Members	<input type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input type="checkbox"/> Employment Services Provider Agencies	<input checked="" type="checkbox"/> Independent Contractors	<input checked="" type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input checked="" type="checkbox"/> Volunteers	<input checked="" type="checkbox"/> Persons Served		

**POLICY:**

Lapeer County Community Mental Health provides protection to persons served and staff from communicable diseases and infections.

**STANDARDS:**

- A. All Infection Control policies, procedures and guidelines are established with the recommendations of the Health and Safety Committee members along with the contribution of administration, physicians, nursing staff and outside resources and references necessary to define acceptable and practical methods of infection control.
- B. The Centers for Disease Control (CDC) and the Lapeer County Health Department are primary sources of information for updated and approved policies concerning infection prevention and control.
- C. Infection Control at LCCMH is overseen by the Health and Safety Committee.
  - This committee consists of at least five staff persons representing various programs and must include at least one physician or nurse, and an administrative staff.

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**PROCEDURES:**

- A. A nurse or physician (Health and Safety Committee member) is designated as the Infection Control Coordinator and is directly responsible for the management of infection surveillance, prevention and control.
- B. The Infection Control Coordinator:
- Maintains a collection of reference materials concerning infection control;
  - Is the primary, but not sole, contact person between LCCMH and the Public Health Department;
  - Is responsible for infection control educational programs;
  - Is responsible for keeping nursing and medical staff informed of policy additions and changes;
  - Seeks and considers the input of nursing and medical staff regarding infection control concerns;
  - Keeps and maintains an Infection Control Manual containing policies and procedures, educational information and other pertinent materials regarding infections, and have the manual accessible to all staff;
  - Reports pertinent activities and concerns at the Health and Safety Committee meetings.
- C. The Health and Safety Chairperson writes and submits an annual summary of reports, policies, programs and infection control activities. This annual summary is presented to the Quality Improvement Coordinator for the Quality Improvement Program Annual Report.
- D. All new employees receive infection control education during new hire orientation.
- E. Staff training regarding infection surveillance, prevention and control is scheduled at least yearly and more often if necessary. Specific and customized trainings

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are offered to staff if high-risk or special circumstances are identified for persons served.

- F. Universal Precautions Guidelines are practiced among persons served and staff. The Universal Precautions Policy and Procedure #05.003.15 is given to all new employees at orientation. All staff complete annual training.
1. Personal Protective Equipment is readily available for all departments to use according to CDC guidelines.
  2. Protective mouthpieces for mouth-to-mouth resuscitation are easily accessible, mounted on the wall at each location where the Automated External Defibrillator (AED) is kept. Following the use of protective mouthpieces, they are discarded and staff notifies nursing personnel for replacement.
  3. Hand washing is promoted and required as the primary method of stopping the spread of disease. Soap and towels are provided at all sinks.
- G. First Aid Kits are available at all sites. First Aid Kit inventory is maintained by the Health and Safety Committee.
- H. Personnel with symptoms of a possible infectious agent are expected to follow the CDC Guidelines for returning to work.
- I. Persons served who are observed to have or complain of symptoms of an infectious agent may be recommended to see their physician or referred to the Lapeer County Health Department.
1. Case managers, nurses, physicians, therapists or program staff can make recommendations directly to the person served, parent, guardian or foster care provider.
  2. Conditions are documented in the clinical record, along with contacts, recommendations and follow-up.
  3. Before returning to program or group, persons participating in day programs or groups may be required to obtain a physician written approval indicating any restriction or recommendation.

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- J. The agency nurse in accordance with current reporting requirements reports known or suspected reportable communicable diseases among staff or persons served to the Lapeer County Health Department.
- K. The Infection Control Coordinator according to public health guidelines monitors any serious communicable or infectious condition. The written report includes:
  - 1. Type of infection
  - 2. Origin of infection
  - 3. Number of people involved
  - 4. Confirmed or suspected diagnosis
  - 5. Involvement of outside agencies
  - 6. Care given
  - 7. Actions taken
  - 8. Recommendations for the prevention of further infection

The Infection Control Coordinator keeps a copy of the report. Non-identifying data and information will be reviewed by the Health and Safety Committee.

- L. LCCMH maintains policies and procedures concerning Hepatitis and Tuberculosis.
- M. LCCMH staff working with known carriers of communicable diseases are made aware and kept up to date regarding the potentially infectious condition except for Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome as protected by Section 504 of the Rehabilitation act of 1973 and Title II of the Americans with Disabilities Act of 1990.
- N. Personnel exposed to parasitic insects notifies the RN Supervisor or their designee as soon as possible for treatment instructions.
- O. The Quality Council reviews any recommendations regarding vaccines and testing of staff and persons served based on evaluations, reports of infections, and of infection potential among persons served and staff. These recommendations and the basis for the recommendations will be documented in the Quality Council meeting minutes.
- P. Known Hepatitis A carriers will not participate in the preparation and cooking of other people's food. They may however participate in the preparation of their own food. Activities involved in the clean-up after food consumption is allowed.

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- Q. In program rooms, all counter tops, tabletops, chairs, appliances and utensils are cleaned using a disinfectant solution daily or as needed.
- R. The agency provides disposable cups, plates, and flatware intended for single use for staff, visitors and persons served. Staff is responsible for ensuring non-disposable utensils and containers are washed and sanitized immediately after use.
- S. Food items are stored off the floor in areas separate from cleaning supplies.
- T. The Health and Safety Committee assures regular inspections and exterminations for insects and vermin.
- U. Staff is responsible for ensuring thorough cleaning procedures using disinfectant agents is done frequently and regularly. Periodic checks are completed. Staff noting areas of neglect or concern are to report concerns to the supervisor.
- V. All trash containers are lined with leak-proof plastic bags and emptied regularly.
- W. Biohazard puncture-resistant containers for the disposal of sharps are readily available in clinic areas. Containers are picked up and disposed by the contracted biohazard disposal company quarterly or as needed when full.

SW:mgr

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This policy supersedes  
#07/080347 dated 07/11/2008.  
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