MHMR Services for the Concho Valley
1501 W. Beauregard • San Angelo, TX 76901-4004 • (325) 658-7750 • www.mhmrcv.org

INFECTION CONTROL PROGRAM

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APPENDICES

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DESIGNATION OF CENTER STAFF

I. CENTER STAFF

A. The following Center employees are designated as performing the following functions. In their absence, designees will perform the related tasks.

(1) Staff Development Director:	Nancy Woods Hernandez
(2) Human Resources Director:	Frances Salter
(3) Infection Control Officer:	Lalanie Dohrse, R.N. (MH)
(4) Quality Management Director:	Melinda McCullough
(5) Safety Officer:	Annette Hernandez

PURPOSE/RESPONSIBILITY/AVAILIBILITY/REVIEW

The program is designed to comply with the Texas Administrative Code and OSHA requirements and eliminate or minimize employee exposure to blood borne pathogens. The Executive Director has overall authority for implementation and management of the Infection Control Program. This responsibility is delegated to the Infection Control Officer, Quality Management Director and Safety/Risk Management Officer. Program managers and supervisors are responsible for exposure control and compliance with universal precautions within their departments. Staff development personnel are responsible for the coordination of general orientation and annual training of employees.

The Infection Control Officer and Staff Development Director are responsible for the content of training curriculum. Employees are responsible for knowing what tasks they perform that have occupational exposure, complying with universal precautions, attending pre-service and annual update training, and observing good infection control and personal hygiene habits.

The Infection Control Program is available to employees at any time in an electronic format posted in the Center's SharePoint site under the heading of "Documents/Forms." The program will be reviewed by the Executive Director and Medical Director and revisions and updates will be completed as needed whenever occupational exposures are changed or added. (The term employee includes those individuals that contract with the Center to provide services to individuals served).

STANDARD PRECAUTIONS

I. STANDARD PRECAUTIONS

A. Blood and body fluid precautions should be promptly implemented for all Individuals served at the time of admission.

(1) There are no additional precautions for individuals served with communicable blood borne diseases, including individuals served with AIDS, individuals served with HIV-positive blood, and individuals served undergoing a diagnostic work-up for AIDS.

(2) All body substances from any individual should be considered potentially infectious because every individual is a potential disease carrier, and the undiagnosed case represents the greatest risk of transmission.

B. Hands should be washed routinely after caring for an individual served and immediately if soiled with a body substance. Hand washing is the only precaution necessary for most consumer contact.

C. Disposable gloves are recommended for all direct contact with a body substance, or with items soiled with such. This is particularly important if the employee has fresh cuts or breaks in the skin.

(1) Gloves are an adjunct, not a substitute for hand washing.

(2) **RUBBER GLOVES ARE REQUIRED FOR CLEANING BLOOD AND BODY SUBSTANCE SPILLS.**

(3) **HEP-Aid Bodily Fluid Disposal Kits are available in each location and vehicles that routinely transport individuals served.**

D. Needles and sharps should be handled with extreme care and minimal manipulation to prevent accidental punctures. **Do not recap, bend, break, or remove needles from syringes.**

E. Particulate masks are provided for staff to reduce the risk of exposure to Tuberculosis. Employees should be trained in the use of particulate mask during Infection Control training.

F. One-way CPR masks are available in each location and vehicle. Employees should be trained in the use of a one-way CPR mask during CPR training.

HANDLING OF SHARPS

I. GENERAL INFORMATION

A. All needles and/or sharps will be disposed of in a hospital approved, impervious container for sharps.

B. Sharps containers will be kept in all patient rooms and patient care areas as well as in medication areas, laboratory, or other areas in which sharps are used.

C. Containers will be routinely checked by the area staff and replaced when 2/3 full.

D. Containers will be secured and placed in the Biohazard box for disposal.

E. Sharps will be disposed of at the closest point.

F. Exposed sharps are not to be carried from one area to another.

G. Needles will not be recapped except under special situations when reuse of a needle for the same patient is necessary during a procedure. If a needle is recapped it will be recapped using a one-handed technique.

H. Safety needles and devices will be used whenever possible.

BLOOD BORNE PATHOGEN SPILLS

I. HEP-AID BODILY FLUID DISPOSAL SPILL KITS

A. HEP-AID BODILY FLUID DISPOSAL SPILL KITS are provided in each facility and the instructions for use are printed on the kit. If a kit is not available, the following instructions are to be followed:

(1) Blood and body fluid spills should be cleaned up promptly with a 1:10 bleach/water solution.

(2) Wearing gloves, place disposable towels over spill to remove gross organic matter and discard as infectious waste.

(3) Clean up the remaining blood and/or body fluid using the water/bleach solution.

(4) Remove gloves.

(5) Wash hands immediately after the task has been completed.

HAND WASHING PROCEDURE

I. PROCEDURE

A. Stand away from the sink so as not to have clothing in contact with the sink.

B. Turn on the water. Keep the water slightly warm to prevent chapping and keep it at this temperature during the entire process.

C. Wet hands and wrists under running water.

D. Soap hands thoroughly, work up lather and wash well between fingers and under nails.

E. Wash palms and backs of hands with brisk friction motion. Scrub hands for at least 20 seconds.

F. Rinse hands well with hands down so "dirty" water does not run down the arms toward the elbows.

G. Dry hands thoroughly by patting gently with a towel or air dry them.

H. Turn water off by using a paper towel for hand-controlled faucets. This prevents your clean hands from touching dirty faucets.

I. Use lotion or cream if necessary, to further prevent chapping.

II. WHEN TO WASH HANDS

A. After removal of disposable gloves.

B. Before, during and after preparing, serving, or handling food.

C. Before and after eating, drinking, or smoking.

D. Before and after feeding or assisting in the feeding of individuals served.

E. After hands have been in contact with contaminated objects such as diapers, urinals, toilets, bandages, dressings, menstrual pads, garbage, door handles, or gas pumps.

F. After use of toilet or assisting individuals with toileting.

G. Before and after giving intimate personal care.

H. Before and after treating a cut or wound.

I. After contact with blood or other body fluids.

J. After handling pet food or pet treats.

K. After blowing your nose, coughing, or sneezing.

L. Before touching your eyes, nose, or mouth.

III. STAFF TRAINING

A. Proper hand washing procedures will be part of staff training.

DISPOSABLE GLOVES REQUIREMENTS

I. STAFF IS REQUIRED TO WEAR DISPOSABLE GLOVES:

A. When providing direct care involving contact with all body fluids such as blood, fecal matter, urine, saliva, tears, semen, or vaginal fluids.

B. While handling objects that might be soiled with blood, saliva, or other body fluids (e.g. diapers, menstrual pads, clothes, or equipment).

C. When handling all laundry.

D. When employee has open oozing lesions on his/her hands or lower arms.

E. When cleaning toilets.

F. When removing waste or receptacle liners.

G. When cleaning an area contaminated with body fluids.

H. When working with irritating solutions.

I. When food is being handled directly.

J. While feeding or assisting in the feeding of individuals served.

K. While giving any intimate personal care.

L. While applying topical medications to individuals served.

M. When performing needle sticks of any kind (i.e. giving injections, performing venipuncture).

ROUTES OF TRANSMISSION OF DISEASE

I. FOUR MAJOR ROUTES OF TRANSMISSION OF DISEASE

A. Respiratory or Airborne Route: These germs are spread when infected droplets of moist material from the nose, throat, mouth, or lungs are coughed, sneezed, talked, sung, or otherwise sprayed into the air. These droplets are then inhaled when breathed in and may cause disease if you are susceptible to the germ. This route is the way you are infected, or "catch" such diseases as the flu, measles, mumps, chicken pox and tuberculosis.

B. Direct Contact Route: These germs are spread by directly touching infectious materials and then touching yourself or someone else. These germs are found in body fluids such as saliva, nasal discharge, eye drainage, infected oozing sores and stool. Conditions such as colds, pink eye, impetigo, and food poisoning are spread by direct contact.

(1) Blood borne germs are spread directly when infected blood enters the blood stream of another person through sexual contact, cuts or breaks in the skin.

(2) Some diseases are spread by having direct person-to-person contact with certain parasites such as mites, which cause scabies, lice with infestation of the head or body, or by pinworms. Having direct or indirect contact with infected stool spreads giardia, an organism that causes severe diarrhea.

C. Indirect Contact Route: These germs are spread by touching contaminated articles or surfaces and then touching yourself or someone else. For example, if germs that are airborne land on items that eventually go into the mouth, they may cause viral illnesses, meningitis, ear infections or strep throat.

(1) Some direct contact organisms found in the body secretions and excretions may also infect indirectly.

(2) They rest on items such as toys, food, and dishes. They may also be found on tabletops, sink faucets, toilet flush handles and diaper areas.

(3) If hands are accidentally placed in the eyes, nose, or mouth after having contact with these contaminated surfaces, a person could develop a cold, pink eye, food poisoning, Hepatitis-A, or infectious diarrhea.

D. Vector Borne Route: These diseases are rare and are spread by the bite of an infected parasite. Infected mosquitoes, found in other countries, cause Malaria. Infected dog and deer ticks found in the United States, cause Rocky Mountain Spotted Fever, or Lyme disease. These diseases are not communicable from person-to-person. (Most mosquitoes and ticks do not carry disease).

REPORTING INFECTIOUS/CONTAGIOUS DISEASES & CONDITIONS

I. REPORTING

A. Unit Nurses, Program Directors, and Supervisors will be responsible to report all infectious and contagious diseases among the individuals served and employee populations to the Center's Infection Control Officer.

B. The report of infectious diseases shall be used to log infectious and contagious diseases for both individuals served and employees. The individual responsible for reporting will call the Center's Infection Control Officer and file an Incident Report following the Center's procedure for Incident Reporting (#4.15.01.00).

II. REPORTABLE DISEASES

A. The following communicable diseases and conditions have been recommended by the Texas Department of State Health Services to be reported to the local health department.

(1) Diseases and conditions that are reportable by name, age, sex, and race:

Arboviral Diseases (such as West Nile virus, eastern and western equine encephalitis)	Ehrlichiosis	Listeriosis	Toxic shock syndrome (other than streptococcal)
Babesiosis	Foodborne disease outbreak	Lyme disease	Tuberculosis
Campylobacteriosis	Giardiasis	Novel Influenza A virus infections	Vancomycin intermediate Staphylococcus aureus (VISA)
Chancroid	Gonorrhea	Pesticide-related illnesses and injuries	Vancomycin resistant Staphylococcus aureus (VRSA)
Chickenpox	Haemophilus influenza, invasive disease	Poliovirus infection, nonparalytic	Vibriosis
Chlamydia	Hantavirus pulmonary syndrome	Rabies (human and animal cases)	Viral hemorrhagic fever (including Ebola virus, Lassa virus, among others)
Coccidioidomycosis	Hemolytic uremic syndrome, post-diarrheal	Salmonella Para typhi and typhi infections	Waterborne disease outbreak
Coronavirus, novel	HIV Infection	Severe acute respiratory syndrome-associated coronavirus disease	Zika virus disease and infection (including congenital)
Cryptosporidiosis	Invasive pneumococcal disease	Shiga toxin-producing Escherichia coli (STEC)	
Cyclosporiasis	Lead, elevated blood level	Shigellosis	
Dengue virus infection	Legionnaire disease (legionellosis)	Syphilis, including congenital syphilis	

(2) Tuberculosis - Tuberculosis cases are individually reported on state Tuberculosis report form, including name, address, birth date, sex, race, and social security number, with pertinent information on the status of the disease. For such cases, an Incident Report shall be completed by unit staff or in the case of administrative staff, by the Quality Management Director.

(3) Sexually Transmitted Diseases

(a) The Texas Department of Health will be notified of test results suggestive of Syphilis, Gonorrhea and Chlamydia Trachomatis on STD 27 form. The TDH forwards the report to the director of the local health department.

(b) The attending physician shall report a diagnosis of Syphilis, Gonorrhea and Chlamydia Trachomatis to the county health department and will also complete the confidential report of venereal disease and local health department forwards to the regional STD office.

(c) For AIDS, the attending physician shall notify the local health department and then complete "AIDS Confidential Case Report Form" or telephone (325) 657-4214 (to be reported only once per case, following initial physician diagnosis).

(4) Disease reportable by numerical totals: Influenza

(5) Diseases reportable by number and age group only: Chicken pox

(6) Diseases reportable by number, age group, and sex only: Human Immune Deficiency Virus (HIV) Infections

(7) Diseases to be reported immediately by telephone:

(a) Botulism

(b) Cholera

(c) Diphtheria

(d) Measles

(e) Pertussis

(f) Plague

(g) Poliomyelitis, paralytic

(h) Rabies in man

(i) Rubella

(j) Smallpox

(k) Yellow Fever

B. In addition to the requirement of individual case reports, any unusual or group expression of illness, which may be of public concern, shall be reported to the local health authorities by the most expeditious means.

C. All reports of communicable diseases shall be included in reports presented to the Risk Management Committee quarterly.

REPORTING PERSONAL ILLNESS

I. NOTIFICATION & TRACKING

A. The Department Manager, or whoever takes the call from the staff member who is going to be absent with an infectious illness, must contact the Infection Control Officer.

B. When the call is for illness, the staff member receiving the call should ask sufficient information to determine that infectious symptoms are present.

C. It is the responsibility of the Infection Control Officer and Quality Management Department to track trends or patterns of personal illness.

D. If a staff member is ill for more than three consecutive days, written clearance by a physician should be obtained.

EMPLOYEE HEALTH PROGRAM

I. PURPOSE

A. To maintain a health standard required of all employees to perform their assigned duties.

B. To ensure employees are not at risk of acquiring communicable diseases nor are they potentially disseminating infectious agents to other personnel or individuals served.

II. REPORTING

A. All employees who have signs and symptoms of infectious diseases, or who are believed to be incubating diseases that are communicable by respiratory or by contact shall report such illnesses to their immediate supervisor.

B. No employee with a communicable disease shall be allowed to work until the period of communicability has been determined to terminate.

C. Any employee who is absent from work with undiagnosed diarrhea, "viral" infections, and chronic illnesses, shall report such illness (es) to their immediate supervisor for evaluation. The Infection Control Officer has the option to further action, such as referrals to delineate the problem.

D. Any employee with an infectious or communicable disease, who is at his/her work location, shall promptly report such illness to his/her supervisor. The supervisor shall take appropriate action.

III. CENTER ACQUIRED ILLNESSES

A. Monetary charges for medical services may be incurred by the Center's Workers' Compensation Carrier when it is determined that the illness was acquired while performing duties in the facility. When the illness has been determined to be the result of performing his/her duties, laboratory and therapeutic monetary charges may be absorbed by the Center's Workers' Compensation Carrier. The Workers' Compensation Law will supersede the Infection Control Program when this possibility exists.

B. The employee's supervisor will notify the Infection Control Officer of any claimed Center acquired illness. The Infection Control Officer will investigate the probability and report findings to Human Resources and Quality Management Department.

IV. EMERGENCIES

A. While at the Center, employees requiring emergency care shall be sent to the closest facility of choice. However, if the emergency care is a result of a potential exposure to HIV/AIDS, the employee will be sent to the hospital. The hospital is the only facility in the area that has the medication available for this treatment.

B. Emergency treatment procured by an employee in-house or elsewhere shall require a copy of the medical report from the treating physician to be turned into the Infection Control Officer. The Infection Control Officer will coordinate information with the appropriate staff to comply with Workers' Compensation Law.

C. The treating facility shall be a licensed authorized health care provider with the signature of the physician.

EMPLOYEE EXPOSURE TO COMMUNICABLE DISEASE

I. PROTOCOLS

A. Employees exposed, or believed to have been exposed, to any communicable diseases shall report the incident promptly to their immediate supervisor.

B. The supervisor shall document such incident and report the same to the Infection Control Officer for further investigation when advisable. S/he shall make appropriate recommendations to Quality Management/Safety Officer.

(1) Documentation shall include whether the employee had taken any precautionary measures to prevent such incident.

(2) When it is believed that there is some degree of neglect in practicing good aseptic technique, and the incident was a result of such neglect, this shall be incorporated in the report.

II. RESPONSIBILITIES

A. The employee has the responsibility for prompt reporting of exposure to communicable disease incidents to his/her immediate Supervisor.

B. The Supervisor shall be responsible for completing documentation of the incident and taking immediate action to prevent further personnel exposures. This shall be referred to the Infection Control Officer for investigation.

C. The Infection Control Officer shall be responsible for retaining an incident log and making health or personnel referrals if needed. Medical referrals shall be made using the "Information to Emergency Room" memorandum.

III. PROCEDURES

A. Employees exposed to highly communicable diseases, such as Pulmonary Tuberculosis, Viral Hepatitis (A, B Non-A, Non-B), etc. must report to their supervisor by using the Incident Report Form.

(1) Include the time, place and person exposed (consumer or employee).

(2) Record duration of exposure, if known.

(3) Record how exposed.

(4) Record disease, if known.

B. Human Resources is to retain a copy of the document in the personnel health record, whether the reported incident has been proven to require further referral.

C. Referrals requiring prophylactic or therapeutic treatment shall be determined by the employee's private physician unless the employee was exposed to HIV/AIDS in which case the employee will be referred to Shannon Medical Center Emergency Room for assessment and treatment.

D. Therapeutic treatment may be made, for medical incidents, including accidents, by the employee's private physician.

E. No medical referral is required when the reported incident has been determined epidemiologically to be of no risk to the individual.

IV. DOCUMENTATION

A. The Infection Control Officer shall maintain all necessary documents according to health standards as recommended by the Texas Department of State Health Services.

V. HEPATITIS B VACCINE

A. The Hepatitis B vaccine is offered free of charge to all Center employees. At-risk employees are defined based on their category-of-work assignment as outlined below. All Category I employees will be encouraged to receive the Hepatitis B vaccine series.

(1) Category I: All employees who routinely have contact with blood or body fluids and/or used sharps.

(2) Category II: Employees who rarely, if ever, have contact with blood or fluids and have no contact with used sharps.

(3) Category III: Employees who are not required to have direct contact with individuals served and will not have contact with blood, body fluids or used sharps and Category I tasks are not a condition of employment.

B. Employees will receive information regarding the Hepatitis B vaccine and will be asked to sign an informed consent prior to vaccination. Those who elect not to be vaccinated will be asked to sign a statement that they elect not to be vaccinated at this time.

VI. RESPONSE TO SPECIFIC DISEASE EXPOSURES

A. Rubella: Rubella titers should be drawn on any exposed pregnant employees and counseling given to those with negative titers by hospital social workers. When ordered by a physician immune serum globulin is given to personnel but will not prevent infection although it may make the disease less severe. Immune serum globulin should generally not be given to exposed pregnant staff, since there is a risk of congenital rubella to infants.

B. Meningocele Meningitis: Exposure of employees to an unrecognized case of meningocoele meningitis occurs occasionally. Exposure consists of intimate contact with the consumer, such as mouth-to-mouth or direct contact with contaminated secretions or fluids. Documentation of an exposure is necessary. Recommendations for prophylaxis are based on the amount and kind of contact with the undiagnosed and untreated consumer.

C. Acquired Immune Deficiency Syndrome AIDS: Please see the Center's procedures regarding Infection Control (4.15.02.01) and HIV/AIDS in the Workplace (1.04.10.03).

D. Varicella: Staff who are exposed to chickenpox, and for whom antibody status to varicella is unknown, should have an antibody titer done as soon as possible. Incubation for varicella is 14-21 days. The disease is most contagious 2 days prior to eruption of the vesicles and continues until 5 days after eruption, when in most cases lesions are crusted and dried. If positive varicella antibody status is not determined or status is negative, staff should be removed from consumer care from 10 days after exposure until day 21.

E. Coronavirus, novel: Staff who are exposed to coronavirus, novel should immediately notify the supervisor and get tested, following the recommended isolation period.

ACCIDENTAL BLOOD/BODY FLUID EXPOSURE

I. PURPOSE

A. To provide a guideline for the management of employees injured with contaminated needles or sharp instruments.

II. GENERAL GUIDELINES

A. Needle sticks and injuries occurring from sharp instruments shall be managed according to procedures delineated below.

B. The administrative management of the injured employee is the responsibility of the Infection Control Officer and shall include documentation and follow-up indicated to ensure optimal delivery of care is provided.

III. RESPONSIBILITIES

A. The employee is primarily responsible for **IMMEDIATELY REPORTING** his/her injury to his/her Supervisor.

B. The Employee's Supervisor is responsible for completing an Incident Report form and notifying the Infection Control Officer.

C. The Employee's private physician is responsible for the medical management of the injured employee according to protocol. If the exposure is suspected to be to HIV/AIDS, the employee will be referred to Shannon Medical Center for assessment and treatment.

D. The Infection Control Officer is responsible for investigating and implementing preventative measures where applicable and the administrative management of the injured employee. Appropriate documentation and follow-up shall be noted on the Employee's Health Record in Human Resources.

E. The Safety Officer and Quality Management Director are responsible for assisting the Infection Control Officer with investigating and implementing preventative measures where applicable.

F. The Staff Development Coordinator is responsible for providing in-service education to all employees to prevent unsafe events through means available in the facility.

IV. PROCEDURES

A. Employee

(1) Allow or induce punctured site to bleed (if bleeding has not already taken place.) This step may prevent further injury through infection(s).

(2) If wound is dirty, use soap and running water to cleanse the site. A contamination to the eye should be immediately rinsed out.

(3) Report injury **IMMEDIATELY** to supervisor. The supervisor initiates the completion of the Incident Report.

(4) If the wound is profusely bleeding, initiate first aid principles.

(5) Consult with a medical staff person, or a private physician. Should the exposure to HIV/AIDS be suspected, the individual would be referred to Shannon Medical Center for assessment and treatment.

(6) Follow prescribed treatment.

(7) Respond to follow-ups as recommended. Some diseases need to be monitored for prolonged periods of time. The employee is expected to respond appropriately.

B. Infection Control Officer

(1) Receive and process the Incident Report within 24 hours of incident.

(2) Ensure the consumer or injured employee is processed according to center policy and contact departments/services needed for follow-up.

(3) Maintain documents and follow-up schedule as needed. Follow-up will include documenting that post exposure treatment is completed by the individual receiving the exposure. The individual will also be monitored for signs and symptoms that may develop.

C. Human Resource Department

(1) Tracks exposure for possible Workers Compensation reporting.

V. MANAGEMENT OF ACCIDENTAL EXPOSURE TO BLOOD/BODY SUBSTANCES

A. "Exposure" in the MHMRCV setting is defined as a percutaneous injury (e.g. needle stick or other penetrating puncture of the skin with a used needle or other item) or contamination of a mucous membrane, (splatter/aerosols into the eyes, nose, or mouth) or significant contamination of an open wound or non-intact skin with blood, semen, vaginal secretions or other body substances which contain visible blood.

B. Under the conditions defined in the previous paragraph, appropriate counseling shall be given by trained counselors and shall include information on the potential risk of infection and specific measures to prevent transmission.

VI. REQUIRED ACTIONS

A. If a employee has a parenteral (needle stick or cut) or mucous-membrane (splash to eye or mouth) exposure to blood or other body fluids, or has a cutaneous exposure involving large amounts of blood or prolonged contact with blood (especially when the skin is chapped, abraded, or afflicted with dermatitis) the following actions shall be taken:

(1) The source consumer should be assessed clinically and epidemiologically to determine the likelihood of HIV infection. The Center cannot compel a consumer to be tested for HIV; however, every effort shall be made to encourage him/her to do so.

(2) If assessment suggests the infection may exist, the source consumer should be informed of the incident and requested to consent to serologic testing for the evidence of HIV antibody formation. Trained counselors shall give appropriate counseling. Written informed consent from the source consumer is required to perform this test.

(3) If the source consumer has AIDS or other evidence of HIV infection, or has a seropositive HIV antibody, the affected employee should be counseled regarding the risk of infections and be evaluated clinically for the exposure. Written informed consent from the employee is required to perform this task. The employee will be advised to report and seek medical evaluation for any acute febrile illness (particularly one that is characterized by fever, rash, or lymphadenopathy) that occurs within twelve (12) weeks after exposure.

(4) Seronegative health-care workers should be retested zero (0) weeks post-exposure and periodically thereafter, six (6) weeks and six (6) months to determine if transmission has occurred. During this follow-up period (especially the first 6-12 weeks and after exposure when most infected persons are expected to seroconvert to positive) the exposed health care worker should be counseled to follow U.S. Public Health Service recommendations to prevent transmission of HIV.

(5) If the source consumer is negative, no further follow-up of the exposed employee is necessary unless the source consumer is at high risk of HIV infection. In this situation, a subsequent specimen (12 weeks following exposure) may be obtained for the employee for antibody testing.

(6) If the source consumer will not be tested, decisions regarding appropriate follow-up should be individualized based upon the type of exposure and the likelihood that the source consumer was infected.

(7) If a consumer has a parenteral or mucous-membrane exposure to blood or the body fluid of an employee, the consumer should be informed of the incident and the same procedure outlined above should be followed for both the source employee and the exposed consumer.

HUMAN IMMUNODEFICIENCY VIRUS

I. COUNSELING

A. Pre and post-test counseling must be provided to all individuals who are to be tested for the HIV antibody.

II. SIGNS, SYMPTOMS & METHODS OF TRANSMISSION

A. Routine screening of individuals served, including new admissions, is not to be performed; however, all persons admitted should be assessed for their risk of having become HIV infected and, as appropriate, should be encouraged to be tested for the HIV antibody in order that early treatment interventions can be offered. Signs, symptoms, and methods of transmission as follows:

(1) Signs and symptoms of HIV: Immune suppression phase can produce night sweats, weight loss, diarrhea, nerve pain, fatigue, rashes, mouth ulcers and slowing of thinking.

(2) Signs and symptoms of AIDS: Can last one to five years with severe infections such as pneumonia, tuberculosis, and tumors in any body system. This virus attacks every organ in the body.

(3) HIV/AIDS transmission - Direct contact with person's blood, semen, or vaginal fluids:

(a) By having unprotected sexual intercourse; that is, not using latex condom when having anal, vaginal, or oral intercourse;

(b) By sharing needles, syringes, or sharps;

(c) From an HIV-infected mother to her baby during pregnancy or birth; OR

(d) By receiving HIV-infected blood or blood products. (Risks from transfusions are now very rare because of blood –screening which started in 1985).

III. SCREENING

A. Screening may be performed only when, in the judgment of the attending or admitting physician, the consumer:

(1) Clinically exhibits signs that are consistent with the Centers for Disease Control (CDC) case definition of AIDS or HIV - related illness;

(2) Is considered to have significant potential, because of behavior characteristics, to transmit the infection;

(3) Has been potentially exposed to HIV infection;

(4) Has previously been diagnosed as having HIV infection or AIDS, and confirmation is required (serologic tests have been run elsewhere);

(5) Is documented to be the source of a significant exposure of another person, and then in accordance with established infection control protocols; or

(6) The physician requiring the screening will document the medical/behavioral necessity for the screen in the Physician's Order section or Progress Notes section of the consumer's medical record.

IV. INFORMED CONSENT

A. Requirements regarding informed consent for HIV testing are set forth in the Communicable Disease Act, Sec. 9.02, as amended by SB 959. The following exceptions are granted:

(1) "A person or entity may not require another person to undergo any medical procedure or test designed to show or help show whether a person has AIDS or infection, or HIV antibodies ... unless the medical procedure or test is necessary...

(a) To test individuals served of the Texas Department of Mental Health and Mental Retardation, but only if,

(i) The test result would change the medical or social management of the person tested or others who associated with that person; and

(ii) The test is conducted in accordance with guidelines that have been adopted by the Texas Department of Mental Health and Mental Retardation, and approved by the department..."

(2) Although the foregoing exceptions are provided; it is recommended that informed consent be obtained, if possible, from individuals who are to be tested.

V. EMPLOYEE SCREENING

A. Routine screening of employees or prospective employees is not to be performed.

B. The risk of acquiring or transmitting HIV infection is related to the degree of percutaneous contact or mucous membrane contamination, with blood or semen containing HIV. Studies have shown that there is a very low risk of transmission and seroconversion in employees who deal with persons with HIV infection, so long as standard precautions are utilized in the health care setting and there is no sexual contact with the HIV infected individual. The same very low risk of

seroconversion for HIV has been shown in studies of employees who sustained needle sticks with no other risk factors present.

VI. CONFIDENTIALITY OF TEST RESULTS

A. The results of HIV tests are **confidential** by law. Reports, records, and information may not be released or made public except as provided by the Communicable Disease Prevention and Control Act as amended by SB 959. Strict penalties for violations are set forth therein. Requests from insurance companies, the Social Security Disability Determination Division of the Texas Rehabilitation Commission, or other agencies or entities MUST be accompanied by the appropriate signed release form authorizing the release of HIV specific information (Consistent with the policies and procedures of the Association of Medical Records Technicians and the Center's Administrative Procedure on Confidentiality).

B. The terms AIDS, ARC, or HIV infection shall not be placed on the outside of any consumer records, neither shall lists be maintained to identify these individuals served. All individuals served are to be treated with Standard Precautions. Signs indicating Blood/Body Fluid Precautions shall not be affixed to any surface.

VII. DOCUMENTATION OF TEST RESULTS

A. Results of HIV antibody tests may be placed in the consumer's medical record, but test results must not be accessible by computer with the exception that appropriate ICD-9 codes may become a part of the medical record.

VIII. REQUIRED REPORTING OF TEST RESULTS

A. Positive HIV (Western Blot) results on staff or individuals served initially screened at the Center will be reported to the local health authority in accordance with the Communicable Disease Prevention and Control Act as amended by SB 959. The Infection Control Officer shall be designated as the reporting authority and shall ensure that reports required by law are completed.

IX. LIMITATION OF CONSUMER ACTIVITY

A. The behavior and medical considerations of each consumer will be evaluated by the attending physician with appropriate consultation, and only those restrictions recognized to be necessary relative to containment of infection in each case will be imposed.

B. Individual cases shall be thoroughly reviewed by the physician in consultation with appropriate members of the interdisciplinary team in accordance with the Texas Communicable Disease Prevention and Control Act, restrictions regarding confidentiality of the information. The reviews will be at intervals specified in the consumer's treatment plan or when there are significant changes in the

consumer's behaviors that might affect the consumer's potential for infecting other individuals served or staff. If risk potential is established, the least restrictive intervention shall be implemented by the interdisciplinary treatment team to ensure the safety of other individuals served and staff. **Any restrictions which employ the use of seclusion as an isolation procedure must meet the criteria detailed in the relevant Departmental Rules (Chapter 405F (405.128)).**

Seclusion as part of isolation procedures for an individual with a contagious disease will be utilized when medically indicated to protect the health and safety of other individuals until the individual infected is no longer contagious.

C. Individuals served who are too ill medically to benefit from MHMRCV facility services shall be expeditiously referred to an appropriate medical facility.

X. PERSONNEL ISSUES

A. All employees, as indicated by their job descriptions, are expected to perform their duties, including providing care for individuals served with all communicable diseases, one of which is AIDS.

B. Employees who refuse to work with individuals served or with other employees who have HIV infections or who exhibit discriminatory behavior toward these individuals may be considered insubordinate. Their actions shall be evaluated and handled in accordance with the Center's Personnel Procedures.

C. All employees, including those with HIV infection, will be hired and/or retained in their jobs based on their ability to perform the job adequately and safely. Strict confidentiality of employee medical information shall be maintained.

CORONAVIRUS (COVID-19)

(INCORPORATED AND IMPLEMENTED MARCH 16, 2020)

I. CORONAVIRUS DISEASE

A. Coronavirus Disease (COVID-19) is a respiratory illness that can spread from person to person.

II. TRANSMISSION

A. Person to person in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes.

B. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching your mouth, nose, or possibly eyes, but this is not thought to be the main way the virus spreads.

III. SYMPTOMS

A. Fever

B. Cough

C. Shortness of breath or wheezing

D. Sore throat

E. Muscle or body aches

F. Headache

G. New loss of taste or smell

H. Fatigue

I. Congestion or runny nose

J. Nausea or vomiting

K. Diarrhea

IV. PREVENTIVE ACTIONS

A. Avoid close contact with people who are sick.

B. Avoid touching your eyes, nose, and mouth with unwashed hands.

C. Avoid handshaking – use other noncontact methods of greeting.

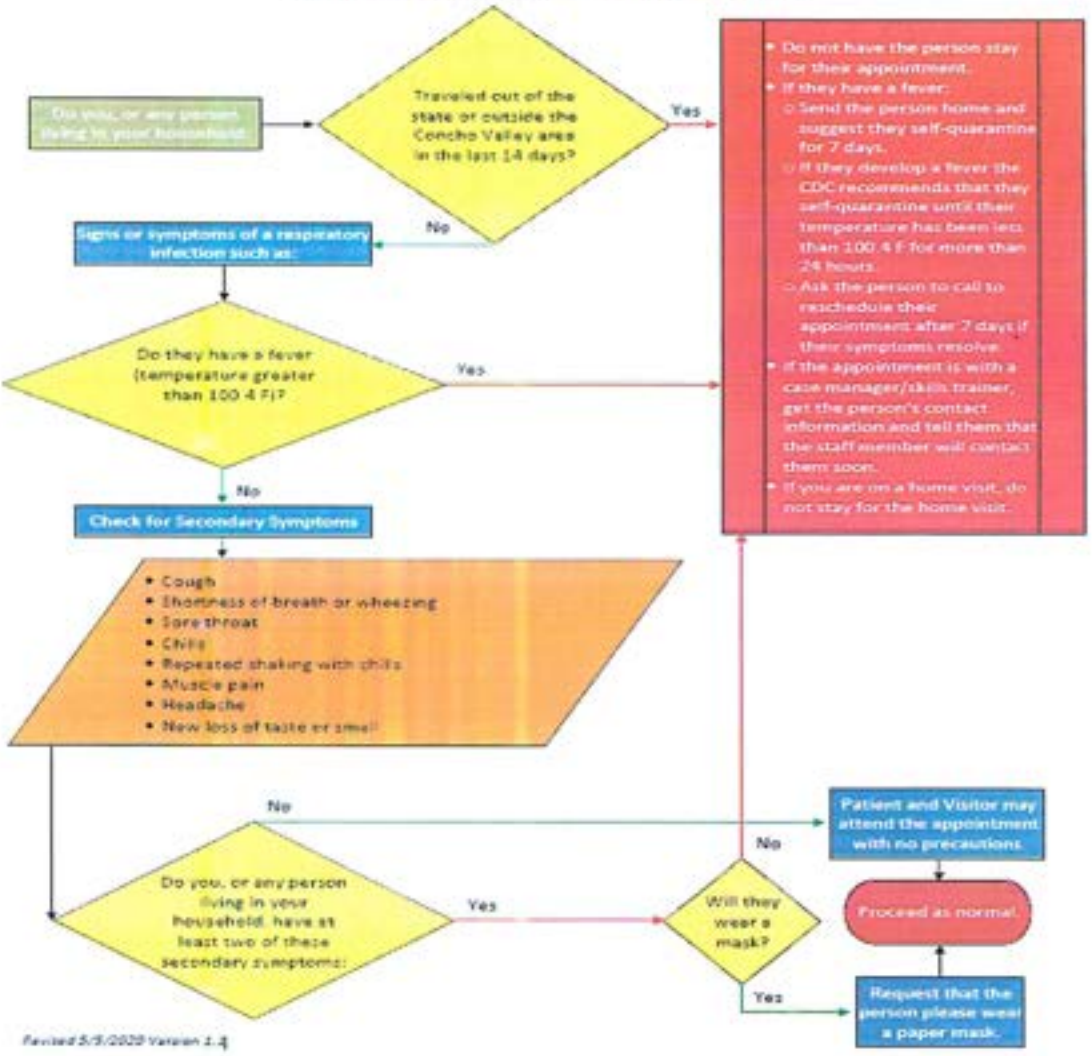
D. Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

E. Refer to the instructions from the Centers for Disease Control and Prevention (CDC) on how to protect yourself.

F. Clean and disinfect all facilities. Disinfection solution shall follow the CDC Infection Control Advisory. Refer to guidelines from the CDC.

G. Immediately implement the steps described in the "COVID-19 Screening Flow Chart" for scheduling and confirming any appointments.

COVID-19 SCREENING FLOW CHART



Revised 5/5/2020 Version 1.4

H. Increase ventilation by opening windows or adjusting air conditioning.

I. Wear a face covering when in contact with individuals.

J. Practice social distancing (6ft apart).

V. ACTIONS TO TAKE IF YOU ARE SICK

A. Stay home when you are sick or when you have a sick family member at home.

B. Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

C. Clean and disinfect frequently touched objects and surfaces.

D. Report illness to your Supervisor who will then report the illness to the Infection Control Officer.

VI. ACTIONS RECOMMENDED BY CDC AND OSHA AND IMPLEMENTED CENTER-WIDE

A. Post signs of no entrance if you have symptoms on all front doors.

B. Implement screening tool for confirming or scheduling appointments (refer to flowchart located in section IV-G).

C. Post handwashing signs at all sinks.

D. Use the CDC Infection Control Advisory regarding disinfection.

E. Designate a person for each building to disinfect commonly touched surfaces on an hourly basis. Commonly touched surfaces include, but are not limited to door handles, seats, reception areas, bathroom sinks, toilets, keypads, telephones, etc.

F. Masks are required for those patients coughing and/or sneezing. If the person chooses not to wear a mask, then reschedule the appointment and/or call in medication refills.

G. Day HAB/Vocational/Clubhouse – Individuals with flu-like and or cold symptoms should not enter the program and instead return home.

H. Discourage workers from using other workers phones, desks, offices or other work tools or equipment.

I. Direct Care Staff will wear personal protective equipment (PPE) when in contact with patients.

ACUTE EXPOSURE TO BLOOD THAT CONTAINS (OR MIGHT CONTAIN) HEPATITIS B SURFACE ANTIGEN (HBsAg)

I. GENERAL INFORMATION

A. Hepatitis B infection is caused by the Hepatitis B virus. The incubation period is 45 - 160 days and the onset of acute disease is generally insidious. Clinical symptoms and signs include anorexia, malaise, nausea, vomiting, abdominal pain, and jaundice.

II. TRANSMISSION AND INFECTION

A. Transmission occurs via percutaneous or permucosal routes, and infective blood or body fluids can be introduced at birth, through sexual contact, or by contaminated needles. Infection can also occur in settings of close personal contact, presumably via unapparent or unnoticed contact of infective secretions with skin lesions or mucosal surfaces.

III. HBsAg POSITIVE EMPLOYEES

A. HBsAg - positive employees need not be restricted from consumer contact unless they have been epidemiologically associated with HBV transmission. Rather, they should be educated about the potential mechanisms of HBV transmission. Adherence to aseptic techniques minimizes the risk of transmissions.

IV. HBV CARRIERS

A. HBV carriers have a risk of developing primary liver cancer that is 12 - 300 times higher than that of other persons. According to the state of Texas statistics an estimated 4,000 persons die each year from Hepatitis B-related cirrhosis, and more than 800 die from Hepatitis B-related liver cancer.

B. The decision to provide HBV prophylaxis must consider several factors. Discuss these with your private physician.

(1) The Hepatitis B vaccination status of the exposed person.

(2) Whether the source of blood is known or unknown.

(3) Whether the HBsAg status of the source is known or unknown.

V. EXPOSURE

A. Such exposures usually occur in persons who are candidates for Hepatitis B vaccine; for any exposure in a person not previously vaccinated, Hepatitis B vaccination is recommended.

VI. PROPHYLAXIS

A. The following information summarize prophylaxis for percutaneous (needle stick, bite, cut, etc.) ocular, or mucous-membrane exposure to blood according to the source of exposure and vaccination status of the exposed person.

(1) EXPOSED PERSON:

(a) Unvaccinated: Initiate HB vaccine series.

(b) Vaccinated: Test exposed person for anti-HBs.

(c) If inadequate antibody (less than 10 SRU by RIA, negative by EIA), HBIG xl dose immediately plus HB vaccine booster dose.

(d) SOURCE: Known low-risk HBsAg positive.

(2) EXPOSED PERSON:

(a) Unvaccinated: Initiate HB vaccine series.

(b) Vaccinated: No action required.

(c) SOURCE: Unknown

VII. EXPOSED PERSON NOT PREVIOUSLY VACCINATED

A. Hepatitis B vaccination should be considered the treatment of choice in the case of an exposed person not previously vaccinated. Depending on the source of the exposure, HBsAg testing of the source and additional prophylaxis of the exposed person may be warranted. Screening the exposed person for immunity should be considered if such screening is cost-effective and if this will not delay treatment beyond seven days.

B. SOURCE: Known HBsAg-Positive

(1) A single dose of HBIG should be given as soon as possible after exposure and within 24 hours if possible.

(2) The first dose of Hepatitis B Vaccine should be given intramuscularly at a separate site within seven days of exposure and the second and third doses given one month and six months later.

(3) If HBIG cannot be obtained, IG in an equivalent dosage may provide some benefit.

C. SOURCE: Known HBsAg Status Unknown

(1) The following guidelines are suggested based on the relative probability that the source is HBsAg-positive and on the consequent risk of HBV transmission:

(a) HIGH RISK THAT THE SOURCE IS HBsAg POSITIVE - Such as individuals served with a high risk of HBV carriage or individuals served with acute or chronic liver disease (serologically undiagnosed). The exposed person should be given the first dose of Hepatitis B vaccine within one week of exposure and vaccination completed as recommended. The source person should be tested for HBsAg. If positive, the exposed person should be given HBIG if within seven days of exposure.

(b) **LOW RISK THAT THE SOURCE IS POSITIVE FOR HbsAg** - The exposed person should be given the first dose of Hepatitis B vaccine within seven days of exposure and vaccination completed as recommended.

VIII. EXPOSED PERSON PREVIOUSLY VACCINATED AGAINST HBV.

A. For percutaneous exposures to blood in persons who have previously received one or more doses of Hepatitis B vaccine, the decision to provide additional prophylaxis will depend on the source of exposure and on whether the vaccinated person has developed anti-HBs following vaccination.

IX. SOURCE KNOWN HBsAg POSITIVE

A. When ordered by a physician the exposed person should be tested for anti-HBs unless s/he has been tested within the last 12 months. If the exposed person has adequate antibody, no additional treatment is indicated.

(1) If the exposed person has not completed vaccination and has inadequate levels of anti -body, one dose of HBIG should be given immediately and vaccination completed as scheduled.

(2) If the exposed person has inadequate antibody on testing or has previously not responded to vaccine, one dose of HBIG should be given immediately and vaccination completed as scheduled.

(3) If the exposed person shows inadequate antibody on testing but is known to have had adequate antibody in the past, a booster dose of Hepatitis B vaccine should be given.

X. SOURCE KNOWN HBsAg STATUS UNKNOWN

A. High risk that the source is HBsAg positive. Additional prophylaxis is necessary only if the exposed person is non-responsive to known vaccine. In this circumstance, the source should be tested for HBsAg and, if positive, the exposed person treated with one dose of HBIG immediately and a booster dose of vaccine at a different site. In other circumstances, screening of the source for HBsAg and the exposed person for anti-HBs is not routinely recommended because the actual risk of HBV infection is very low, less than 1:1,000.

B. Low risk that the source is HBsAg positive. The risk of HBV infection is minimal. Neither testing of the source for HBsAg nor testing of the exposed person for anti-HBs is recommended.

C. Source Unknown The risk of HBV infection is minimal. No treatment is indicated.

INFECTION RISKS AMONG INDIVIDUALS SERVED

I. LIFESTYLE

A. The communal living style of the consumer residences creates a unique infection control problem. There is close frequent contact through group activities and family style eating in some homes and programs.

II. POPULATIONS

A. Certain programs of MHMRCV are associated with an increased incidence of specific infectious diseases.

(1) Adolescent populations – sexually transmitted disease, pediculosis, usual childhood diseases.

(2) Intellectual and Developmental Disability populations - Hepatitis A and B.

(3) Geriatric populations - decubitus and urinary tract infections.

(4) Adult MH population- sexually transmitted diseases, Hepatitis A, B, C, HIV/AIDS.

III. BEHAVIORS

A. Some of the individuals served by MHMRCV attempt to do bodily harm to themselves or others. There is a higher incidence of the following behaviors among MHMRCV individuals served:

(1) Lacerate, puncture, or abrade skin and mucous membranes.

(2) Irritate wounds or injuries by picking or scratching.

(3) Avoid or resist treatment of these injuries.

(4) Inflict injuries on others through biting or striking. This type of assault may result in local infections that may spread to underlying tissue or structures.

(5) Ingest harmful objects or chemicals that may traumatize internal organs and predispose to infection.

IV. INTERVENTIONS

A. Provide training to individuals served to reduce risk of transmission of HIV/AIDS, HEP-B, Tuberculosis. Infection Control training will be provided to individuals served in classes available at Oasis House, as well as, annually by RN in outpatient clinic.

B. Provide an environment that relieves opportunity for injury and infection.

C. Treat psychiatric illness to modify destructive behaviors.

D. Use infection control measures as appropriate.

V. HYGIENE

A. Individuals served may be disoriented or unable to perform basic hygiene practices. Risks associated with these behaviors include:

(1) Accumulation of organic debris or microorganisms near body orifices, resulting in infections of the oral cavity or skin.

(2) Inoculation of self or others with enteric pathogens when sharing food or cigarettes.

(3) Environmental contamination through dispersal of organic material (e.g. feces).

(4) These behaviors may result in enteric infections for the individual or for the consumer group.

B. Interventions

(1) Assist disoriented individuals served in performance of basic hygiene practices.

(2) Incorporate basic hygiene into the treatment program.

(3) Reinforce bathing, hand washing, teeth brushing, toilet training, nutrition, skin care, exercise, and rest.

(4) Avoid assigning these individuals served to kitchen duty or food preparation.

VI. CHANGE IN SYMPTOMS

A. Individuals served may be unable to detect changes in sensations or unwilling to identify and report the sensations of pain, heat, swelling, itching or nausea. Some of the associated risks include:

(1) Skin breakdown may develop at pressure points and remain undetected by consumer or staff.

(2) Postponed treatment of decubiti or lacerations may result in failure to heal and infection of underlying tissue.

(3) Minor, local infections may become systemic if treatment is delayed (e.g., group A streptococcal throat infections or gonorrhea).

B. Interventions

(1) Refer to private physician when illness is suspected.

(2) Administer prompt medical therapy when infection is noted.

(3) Develop infection surveillance and reporting system designed to accommodate the special needs of the individuals served.

VII. TREATMENT COMPLIANCE

A. Individuals served may be uncooperative in the treatment of their medical disease/condition or in following isolation precautions. Risks associated with these behaviors include:

(1) Individual may transmit the microorganism to other individuals served, resulting in individual infections or an outbreak.

B. Interventions

(1) Survey individuals served on a routine basis for evidence of infections.

(2) Consider cohorting individuals served during outbreaks.

(3) Restrict activity until disease is no longer communicable, until effective treatment has been given or disease has run its course (e.g., sexually transmitted disease, pediculosis, group A streptococcal infection or chicken pox).

VIII. FALSE SYMPTOMS

A. Individuals served may complain of imaginary lice, pain, sexual contacts, etc. Risks associated with these behaviors include:

(1) Consumer may receive unnecessary treatment.

(2) A real infection or exposure may not be recognized or treated because of the frequency of imaginary conditions.

B. Interventions

(1) Perform routine physical assessment of individuals served having these complaints.

RESIDENTIAL/RESPITE PROGRAMS

I. RESIDENTIAL PROGRAMS

A. Individuals served must be considered by a physician to be medically stable for residence in the community or be under the care of a private physician if any medical conditions are present.

B. The following infectious illnesses can be safety treated in the residential programs. Individuals experiencing any of the identified illnesses will only be considered for admission to the program if a private physician has prescribed medical treatment.

(1) AIDS
(2) Amebiasis
(3) Brucellosis
(4) Chlamydia Trachomatis
(5) Common Cold
(6) Conjunctivitis – bacterial and/or viral
(7) Coronavirus, novel
(8) Gastroenteritis, viral
(9) Gonorrhea
(10) Herpes Simplex
(11) HIV
(12) Impetigo
(13) Measles
(14) Mumps
(15) Pediculosis
(16) Pinworm
(17) Ringworm of scalp
(18) Scabies
(19) Scarlet Fever
(20) Streptococcal: sore throat
(21) Syphilis
(22) Trichinosis
(23) Tularemia
(24) Chicken Pox
(25) Hepatitis, viral: Type A, Type B, and type unspecified
(26) Rubella
(27) Other infectious diseases will be evaluated on a case-by-case basis

C. If an individual contracts the illness while in the residential program, or the illness is identified by Center staff, he/she will be referred to their private physician for treatment.

D. Prospective residents will be assessed for symptoms of the following infectious illnesses during the admission process as part of the admission physical. These illnesses cannot be safely treated in the residential programs and individuals experiencing these illnesses will not be considered for admission to the program during the communicable phase of the illness.

E. The 24-hour residential staff members will be trained to observe and report to the residential nurse or the attending physician, any of the following signs or symptoms that might indicate an infectious process is taking place:

(1) Fever of 100 degrees Fahrenheit or above.

(2) Abdominal pain accompanied with fever.

(3) Purulent drainage.

(4) Diarrhea.

F. Since no unit has the capacity for total isolation, individuals who have minor contagious infections (i.e., flu, colds, coronavirus, etc.) should have limited exposure to other persons in the environment following instructions of the physician/nurse. Significant infections must be treated by a physician and reported to the Health Department, since they may spread quickly from person to person through direct or indirect contact. The physician/nurse will determine the appropriate placement based on the individual's infection and needs.

DAY HABILITATION/VOCATIONAL

I. DAY HABILITATION/VOCATIONAL

A. Individuals served must be considered by a physician to be medically stable for admission and participation in Day Habilitation or vocational programs.

B. Individuals experiencing any of the identified illnesses will only be considered for admission and/or continued participation if a physician has prescribed medical treatment and provided a written statement that the individual can safely return to programming.

(1) AIDS
(2) Amebiasis
(3) Brucellosis
(4) Chlamydia Trachomatis
(5) Common Cold
(6) Conjunctivitis – bacterial and/or viral
(7) Coronavirus, novel
(8) Gastroenteritis, viral
(9) Gonorrhea
(10) Herpes Simplex
(11) HIV
(12) Impetigo
(13) Measles
(14) Mumps
(15) Pediculosis
(16) Pinworm
(17) Ringworm of scalp
(18) Scabies
(19) Scarlet Fever
(20) Streptococcal: sore throat
(21) Syphilis
(22) Trichinosis
(23) Tularemia
(24) Chicken Pox
(25) Hepatitis, viral: Type A, Type B, and type unspecified
(26) Rubella
(27) Other infectious diseases will be evaluated on a case-by-case basis

C. If an individual contracts the illness while in the day habilitation/vocational program, or the illness is identified by Center staff, he/she will be referred to their LAR or residential provider for medical treatment.

D. Staff members will be trained to observe and report to the residential provider nurse or provider staff, any of the following signs or symptoms that might indicate an infectious process is taking place:

(1) Fever of 100 degrees Fahrenheit or above.

(2) Abdominal pain accompanied with fever.

(3) Purulent drainage.

(4) Diarrhea.

F. Since no unit has the capacity for total isolation, individuals who have minor contagious infections (i.e., flu, colds, etc.) should have limited exposure to other persons in the environment following instructions of the physician/nurse. Significant infections must be treated by a physician and reported to the Health Department, since they may spread quickly from person to person through direct or indirect contact.

STAFF DEVELOPMENT

I. ORIENTATION AND TRAINING

A. All new employees attend pre-service orientation (prior to assuming work duties) and annual update training in Infection Control. Staff Development maintains records of this attendance.

(1) The material presented is appropriate in content and vocabulary to educational level, literacy, and language of employees.

(2) Infection Control training is computer based.

(3) Employees have the opportunity for interactive questions with a person knowledgeable on the subject matter.

B. Infection Control training consists of an orientation to the nature of nosocomial infections and ways of preventing and controlling them.

(1) The broad goals of this training are to:

(a) Provide an understanding of the basic concepts, sources, and prevention of infection, including the concept of standard precautions.

(b) Provide a working knowledge of the susceptibility of the employee and the factors of that susceptibility.

(c) Convince each employee that he/she has a personal responsibility and role in the control of infection within the Center.

(d) Provide an understanding of two specific blood borne diseases, AIDS, and Hepatitis B.

II. IN-SERVICE EDUCATION

A. In-service education, pertinent to the identified Infection Control needs of each program or department is reported to the Staff Development Department and documented in each employee's individual training record.

III. CONTINUING EDUCATION AND ANNUAL TRAINING UPDATES

A. Continuing education is offered, and annual training updates are required in Infection Control. This education is documented in each employee's individual training record.

HOUSEKEEPING SERVICES

I. CLEANING AND DISINFECTION

A. Cleaning and disinfection techniques are updated to reflect the most recent in scientific advances in that area. Housekeeping Services contracted by MHMRCV for clinics and other areas will adhere to the same standard of quality as that of the Center.

B. Housekeeping Services have the following duties and responsibilities.

(1) To clean and dust furniture, fixtures, windows, doors, trim and all other furnishings.

(2) To collect all wastepaper and trash.

(3) To clean, disinfect and service all lavatories and restrooms.

(4) To dust or wash interior partitions, picture frames, doors, facings, etc.

(5) To dust mop, vacuum, or scrub floors and other surfaces.

(6) To wash and/or clean windows and glass doors.

C. USDA - approved germicidal detergents as recommended by the Infection Control Officer will be used throughout the Center. Any cleaner used should be nonirritating to the skin, eyes and nose when breathing the fumes.

D. Contaminated work surfaces shall be decontaminated after completion of procedures. Surfaces will be cleaned as soon as feasible when they are overtly contaminated or after any spill of blood or other potentially infectious materials.

E. Broken glassware that may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical items, such as brush, dustpan, tongs, or forceps.

F. All trash is placed in enclosed plastic bags prior to being transported through the facility.

G. No pesticides, rodenticide or similar products or materials may be applied by anyone not conforming to local laws, and federal regulations.

I. Floors, walls, linen and other selected items or surfaces may be cultured as ordered by the Infection Control Officer.

J. Linen should be changed weekly unless excessively soiled. No consumer should sleep on linen that was used by another consumer without first washing the linen. The following procedures will be used when handling linens that have been contaminated with bodily fluids:

(1) Linen that has been contaminated to the extent of oozing under pressure, caking or flaking, or pooling or puddling:

(a) Wear gloves.

(b) Wear the protective equipment included in the spill kit that is necessary.

(c) Carefully place the linen in a red bag to carry to the washing machine.

(d) Wash the linen in 1:10 bleach solution then launder again using soap.

(e) After laundering, sanitize the machine with a 1:10 bleach solution.

(f) Dispose of protective equipment used in the bio-waste container.

(2) Linen that has not been contaminated to the above extent:

(a) Wear gloves.

(b) Wash the linen in a 1:10 bleach solution then launder again using soap.

(c) After laundering sanitize the machine with a 1:10 bleach solution.

(d) Dispose of protective equipment used in the bio–waste container.

NUTRITION SERVICES

I. FOOD PREPARATION

A. Sanitation procedures are developed as a basic guide for food preparation areas. Maintaining strict sanitary conditions is of vital importance to prevent food contamination and reduce the risk of food-borne illness. The objective of these rules is to establish, implement, and maintain firm sanitary procedures.

B. Persons handling food, are not allowed to work in the service area if he/she is:

(1) Infected with a communicable disease transmissible through food.

(2) A carrier of organisms that cause communicable disease.

(3) Afflicted with an infection, transmissible to another (such as a boil, infected wound, acute respiratory infection, diarrhea, etc.).

C. After being released from duty for one of the above health related problems, the person will not again be allowed to work with food until after the infectious period of the illness is ended.

D. All persons will be required to wash hands thoroughly with soap and warm water prior to handling food, after smoking, eating, using the restroom, handling garbage or dirty dishes or touching exposed parts of his/her body.

E. Persons shall not use tobacco in food preparation areas.

F. All persons handling food should be clean when handling food.

G. All persons handling food will be trained according to a food handler training program.

II. RECEIPT OF FOOD, FOOD STORAGE AND TRANSPORTATION

A. When shopping for food items, inspection should be made for signs of spoilage or damage prior to purchase.

(1) Canned Foods: Swollen top and/or bottom; dents along seams.

(2) Frozen Foods: Signs of thawing.

(3) Perishable Foods: Warm to the touch.

(4) Produce: Wilting, discoloration, blemishes, bruises

B. Groceries are properly stored in a timely manner. Perishable foods are stored first; frozen foods next; dry goods last.

C. All perishable food shall be stored at 150 degrees Fahrenheit or above for hot foods and 40' F. or below for cold foods.

D. Produce and fresh fruits will be stored in coolers maintaining temperatures of 40 degrees Fahrenheit or below.

E. Frozen foods will be stored in a freezer maintaining a temperature of –10 degrees Fahrenheit to O degrees Fahrenheit (-23' to -17.8' Celsius).

F. Dairy products (milk, cheese, butter/margarine) will be stored in refrigerators maintaining temperatures of 36 degrees Fahrenheit to 40 degrees Fahrenheit (2.22' to 4.44' Celsius).

G. Meats, poultry, and fish will be stored in coolers maintaining the temperatures of 36 degrees Fahrenheit to 40 degrees Fahrenheit (2.22' to 4.44' Celsius), for short time storage not to exceed 1 to 2 days.

H. Dry storage temperatures should be 70 degrees Fahrenheit (21' Celsius), or lower for proper shelf life of canned and dry goods (flour, meal, etc.).

I. All nonfood supplies will be stored in an area separate from where food supplies are stored. All supplies will be clearly labeled.

III. FOOD PRODUCTS

A. Agencies that provide MHMRCV Nutrition Services with staple and dry groceries are inspected and licensed by the F.D.A. All warehouses are to be set up and arranged as specified by the F.D.A. Merchandise is stored under specified control temperatures on specially prepared and arranged shelving and bins. All warehouses are inspected by the F.D.A. for any type of infestations, broken packages, and such. Insecticides used must be regulated by the state and city. Merchandise is rotated on a regular basis. Outdated merchandise is not to be accepted by nutrition service staff.

B. Meats and meat by products are purchased from U.S.D.A. and inspected by the state/city.

C. U.S.D.A. eggs are purchased with proof of inspection certificates from vendors. All cartons are sealed and stamped.

D. All supplies are stored in accordance with the sanitation standards for Food Service Departments set by the Texas Department of Health (8050-07-05).

IV. FOOD HANDLING

A. Handle food with clean hands or use tongs or disposable gloves.

B. Food must be held below 40 degrees Fahrenheit (for salads, fruits, condiments) or above 150 degrees Fahrenheit (Meats, vegetables, casseroles).

C. Food must be covered and dated when stored.

D. Cooked meat and other food items should not be sliced on the same board used for cutting raw meat. Cutting boards will be marked for raw meats, cooked meats, vegetables, etc.

E. All "hot" food must be heated to 165 degrees Fahrenheit (internal temperature) when served.

F. Frozen foods should never be refrozen.

G. Leftover food items shall be cooled and stored at 40 degrees Fahrenheit or less. All leftover food items shall be kept covered and away from raw, unprocessed food. All leftovers will be labeled and dated when stored.

H. Holding and Reuse of Leftovers

(1) Meat

(a) Meat, without gravy, sauce, or other accompaniments, whose internal temperature was maintained at 150 degrees Fahrenheit or higher may be retained for reuse within 24 to 48 hours if stored at 40 degrees Fahrenheit or below.

(b) Casserole dishes, stews, meats in sauces and gravies shall be discarded after the meal, or if the internal temperature was maintained at 150 degrees Fahrenheit . or above, these items may be placed in shallow pans no more than two (2) inches deep, quickly cooled in 4 hours or less to an internal temperature of 40 degrees Fahrenheit and utilized within a 24 to 48-hour period.

(2) Vegetables

(a) Leftover vegetables with sauces are discarded.

(b) Plain vegetables with nothing added except oleo/butter may be cooled rapidly to 40 degrees Fahrenheit or below, served within 48 hours, and unused food discarded.

(3) Fruits

(a) Fresh, canned, or frozen fruits may be held at 40 degrees Fahrenheit or below and served as soon as possible within five days, after which time they shall be discarded.

(4) Gelatins, Fruit Pies, Frozen Cakes

(a) These foods may be retained at 40 degrees Fahrenheit or lower and served within 48 hours.

(b) Such food items should be discarded after this amount of time has passed.

(c) Fruit pies and frozen cakes may be refrozen.

(5) Cream Pies, Custards, Food Containing Cream Fillings, Eggs or Milk

(a) Leftovers of any of these food items shall be discarded.

V. CARE AND CLEANING OF EQUIPMENT

A. Dish washing equipment is maintained in good working order to ensure proper sanitizing of service ware to prevent contamination.

B. Pots, pans, utensils and cutting boards that are washed by hand must be properly sanitized.

(1) A clean rag using soapy water is used to clean the surface and a clean rag with clear water is used to rinse the soap off.

(2) An abrasive cleaner may be used for some cleaning, but surfaces must then be rinsed thoroughly. Do not use abrasive cleaners on stainless steel. Stainless steel must be clear of foods before a cleaner is used.

(3) When cleaning, clean small areas at a time.

(4) Use 1/3-cup bleach for 5 gallons water. Immerse items for one minute for proper sanitizing. Allow to air dry.

C. Disposable containers and utensils are discarded after one use.

D. Any trays, cups or bowls that have lost their glaze or are chipped or cracked will be discarded to prevent bacteria growth.

INFECTION CONTROL PROGRAM REVIEWED AND APPROVED BY:

Dr. Mark Janes, Medical Director — 07/31/2020 Date

Gregory J. Rowe, Executive Director — 7/31/2020 Date

APPENDICES

TEXAS NOTIFIABLE CONDITIONS – 2020

TEXAS Health and Human Services | Texas Department of State

Texas Notifiable Conditions - 2020

Report all Confirmed and Suspected cases

24/7 Number for Immediately Reportable – 1-800-705-8868

Unless noted by*, report to your local or regional health department using number above or find contact information at *http://www.dshs.texas.gov/idcu/investigation/conditions/contacts/*

A – L	When to Report	L – Y	When to Report
*Acquired immune deficiency syndrome (AIDS) [1]	Within 1 week	Legionellosis [2]	Within 1 week
Amebiasis[2]	Within 1 week	Leishmaniasis [2]	Within 1 week
Amebic meningitis and encephalitis [2]	Within 1 week	Listeriosis [2, 3]	Within 1 week
Anaplasmosis [2]	Within 1 week	Lyme disease [2]	Within 1 week
Anthrax [2, 3]	Call Immediately	Malaria [2]	Within 1 week
Arboviral infections [2, 4, 5]	Within 1 week	Measles (rubeola) [2]	Call Immediately
*Asbestosis[6]	Within 1 week	Meningococcal infection, invasive (*Neisseria meningitidis*) [2, 3]	Call Immediately
Ascariasis [2]	Within 1 week	Multidrug-resistant *Acinetobacter* (MDR-A) [2, 7]	Within 1 work day
Babesiosis [2]	Within 1 week	Mumps [2]	Within 1 work day
Botulism (adult and infant) [2, 3, 8]	Call Immediately[1]	Paragonimiasis [2]	Within 1 week
Brucellosis [2, 3]	Within 1 work day	Pertussis [2]	Within 1 work day
Campylobacteriosis [2]	Within 1 week	*Pesticide poisoning, acute occupational[9]	Within 1 week
*Cancer[10]	See rules[10]	Plague (*Yersinia pestis*) [2, 3]	Call Immediately
Carbapenem-resistant *Enterobacteriaceae* (CRE) [2, 11]	Within 1 work day	Poliomyelitis, acute paralytic [2]	Call Immediately
Chagas disease [2, 5]	Within 1 week	Poliovirus infection, non-paralytic [2]	Within 1 work day
*Chancroid [1]	Within 1 week	Prion disease such as Creutzfeldt-Jakob disease (CJD)[2, 12]	Within 1 week
*Chickenpox (varicella)[13]	Within 1 week	Q fever [2]	Within 1 work day
**Chlamydia trachomatis* infection[1]	Within 1 week	Rabies, human [2]	Call Immediately
*Contaminated sharps injury[14]	Within 1 month	Rubella (including congenital) [2]	Within 1 work day
*Controlled substance overdose[15]	Report Immediately	Salmonellosis, including typhoid fever [2, 3]	Within 1 week
Coronavirus, novel [2, 16]	Call Immediately	Shiga toxin-producing *Escherichia coli* [2, 3]	Within 1 week
Cryptosporidiosis [2]	Within 1 week	Shigellosis [2]	Within 1 week
Cyclosporiasis [2]	Within 1 week	*Silicosis[17]	Within 1 week
Cysticercosis [2]	Within 1 week	Smallpox [2]	Call Immediately
Diphtheria [2, 3]	Call Immediately	*Spinal cord injury[18]	Within 10 work days
*Drowning/near drowning[18]	Within 10 work days	Spotted fever group rickettsioses [2]	Within 1 week
Echinococcosis [2]	Within 1 week	Streptococcal disease (groups A[2], B[2]; *S. pneumo.* [2, 3]), invasive	Within 1 week
Ehrlichiosis [2]	Within 1 week	*Syphilis – primary and secondary stages [1, 19]	Within 1 work day
Fascioliasis [2]	Within 1 week	*Syphilis – all other stages[1, 19]	Within 1 week
*Gonorrhea[1]	Within 1 week	*Taenia solium* and undifferentiated *Taenia* infection[2]	Within 1 week
Haemophilus influenzae, invasive [2, 3]	Within 1 week	Tetanus [2]	Within 1 week
Hansen's disease (leprosy) [20]	Within 1 week	*Traumatic brain injury [18]	Within 10 work days
Hantavirus infection [2]	Within 1 week	Trichinosis [2]	Within 1 week
Hemolytic uremic syndrome (HUS) [2]	Within 1 week	Trichuriasis [2]	Within 1 week
Hepatitis A [2]	Within 1 work day	Tuberculosis (*Mycobacterium tuberculosis* complex) [3, 21]	Within 1 work day
Hepatitis B, C, and E (acute) [2]	Within 1 week	Tuberculosis infection[22]	Within 1 week
Hepatitis B infection identified prenatally or at delivery (mother) [2]	Within 1 week	Tularemia [2, 3]	Call Immediately
Hepatitis B, perinatal (HBsAg+ < 24 months old) (child) [2]	Within 1 work day	Typhus [2]	Within 1 week
Hookworm (ancylostomiasis) [2]	Within 1 week	Vancomycin-intermediate *Staph aureus* (VISA) [2, 3]	Call Immediately
*Human immunodeficiency virus (HIV), acute infection [1, 23]	Within 1 work day	Vancomycin-resistant *Staph aureus* (VRSA) [2, 3]	Call Immediately
*Human immunodeficiency virus (HIV), non-acute infection [1, 23]	Within 1 week	*Vibrio* infection, including cholera [2, 3]	Within 1 work day
Influenza-associated pediatric mortality [2]	Within 1 work day	Viral hemorrhagic fever (including Ebola) [2]	Call Immediately
Influenza, novel [2]	Call Immediately	Yellow fever [2]	Call Immediately
*Lead, child blood, any level & adult blood, any level [24]	Call/FaxImmediately	Yersiniosis [2]	Within 1 week

In addition to specified reportable conditions, any outbreak, exotic disease, or unusual group expression of disease that may be of public health concern should be reported by the most expeditious means available. This includes any case of a select agent [25]
See select agent list at *https://www.selectagents.gov/selectagentsandtoxinslist.html*

***See condition-specific footnotes for reporting contact information**

HEPATITIS B VACCINE
CONSENT OR REFUSAL FORM

Hepatitis B infection is caused by a Hepatitis B virus that causes death in 1% to 2% of individuals served. Hepatitis B is an inflammation of the liver that can lead to chronic persistent Hepatitis, chronic active Hepatitis, cirrhosis, and liver cancer. Most people with Hepatitis B recover completely, but approximately 5% to 10% become chronic carriers of the virus. Most of these people have no symptoms but can continue to transmit the disease to others. The employee is at risk of acquiring this infection due to frequent exposure to blood and body fluids.

Hepatitis B vaccine (recombinant) is available and requires three injections for adequate immune response, although some persons may not develop immunity event after three doses. The duration of immunity is not known at this time. The vaccine has been tested extensively for safety and efficacy in large-scale clinical trials with human subjects.

The Hepatitis B vaccine is non-infectious recombinant DNA vaccine obtained by culturing a genetically engineered yeast cell that carries the surface antigen gene of the Hepatitis 6 virus. For this reason, any person with hypersensitivity to yeast should not receive this vaccine.

The vaccine side effects are very few. Tenderness and redness of the injection site and low-grade fever are the most common side effects, occurring about 10% of the time. Rash, nausea, joint pain, and mild fatigue have also been reported. This vaccine should not be taken if pregnant or nursing, because effects at this time are not known.

I understand that I should not take this vaccine if active infection, febrile illness, or hypersensitivity to yeast is present. I further understand that I should not take the vaccine if active infection is present or if I have an allergy to the following compounds: Formalin or Thimerosal (a mercury derivative) or Baker's yeast.

In consideration of MHMRCV providing the Hepatitis B Series vaccine, the undersigned employee does hereby waive, discharge and release MHMRCV, its agents, officers, and employees from any and all causes of action arising out of the administering of the three-shot series.

_____ _____

I request the vaccine be given to me (printed name) I do not wish to participate

_____ _____

I request the vaccine be given to me (signature) Signature of witness

_____ _____

Signature of witness Date of Signatures

DOSE	DATE	VACCINE	LOT#	EXPIRES	GIVEN BY
First	_____	_____	_____	_____	_____
Second	_____	_____	_____	_____	_____
Third	_____	_____	_____	_____	_____

INFORMATION LETTER FOR PERSONNEL WHO HAVE HAD ACCIDENTAL EXPOSURE TO BODY FLUIDS

1. Inform your private physician and see them as he/she indicates.

2. If a baseline HIV Antibody Test is requested, your written informed consent is necessary.

3. You are encouraged to report and seek a medical evaluation for any acute febrile illness particularly one that is characterized by swollen glands, fever and/or rash that occurs within 12 weeks after exposure.

4. If your first HIV test results are negative, you are encouraged to retest in three and six months after exposure.

5. If you have never been vaccinated with Hepatitis B Vaccination, this series of vaccinations is available to you. Your written informed consent is necessary to administer or refuse the Hepatitis B Vaccination. The first injection may be received immediately, a second in one month, and a third in six months.

   Your private physician will decide if a Tetanus Booster is appropriate at this time.

I have received a copy of this information and have been provided with an explanation of my choices. I understand the material presented to me.

_____

Signature of Staff Member

_____

Witness

_____

Date/Time of Signatures

cc: Infection Control Coordinator
Quality Management
Human Resources

EXPOSURE PROTOCOL
(Consumer)

1. Immediately wash the exposed area with soap and water. If the exposure is in the eyes, mouth, or nose, do not use soap; use cool water to slush the area.

2. If the injury is a puncture wound that is not bleeding, encourage bleeding by applying pressure to the surrounding areas.

3. If the injury is a ragged-edge bite or laceration and the area is bleeding profusely, or if you are a hemophiliac, apply pressure with a clean bandage (preferably sterile) to stop the flow of blood.

4. Notify the staff on duty, or your personal physician, nurse, or service coordinator.

5. Discuss the exposure with your physician, including risks of becoming infected by another person's blood.

6. Go immediately to your personal physician or the Emergency Room of your choice for evaluation and treatment of your exposure.

   A. If you know your source of exposure is HIV positive, ask the physician to discuss the risks and benefits of immediate treatment with AZT or other agents with you.

   B. Request that the physician order blood to be drawn for:

      1. An HIV test
      2. A Hepatitis Profile (includes A, B, C, D, E)
      3. An RPR

   C. Have the physician contact the Infection Control Coordinator and inform them of their recommendations for your treatment and follow-up, and activity level.

7. Follow your physician's recommendations for treatment, follow-up, and activity level.

8. Sign consent for Release of Information related to the exposure to include:

      1. Treatment received
      2. Results of evaluation
      3. Recommendations for follow-up, activity level, & medications prescribed
      4. Copy of physician statement and discharge slip from the emergency rm.
      5. Bills, statements, etc.

9. See your personal physician to obtain the results of your blood tests and discuss any issues or concerns you may have about the tests and/or results.

MHMRCV staff & I have reviewed this protocol. I understand what is expected & necessary.

_____ _____

Consumer Signature Date Witness Signature Date

EXPOSURE PROTOCOL
(Employee)

1. Immediately wash the exposed area with soap and water. If the exposure is in the eyes, mouth, or nose, do not use soap; use cool water to slush the area.

2. If the injury is a puncture wound that is not bleeding, encourage bleeding by applying pressure to the surrounding areas.

3. If the injury is a ragged-edge bite or laceration and the area is bleeding profusely, or if you are a hemophiliac, apply pressure with a clean/sterile bandage to stop the blooding.

4. Notify your supervisor.

5. Have your supervisor complete the Incident Report.

6. Go immediately to your personal physician or the Emergency Room of your choice for evaluation and treatment of your exposure.

   A. If you know your source of exposure is HIV positive, ask the physician to discuss the risks and benefits of immediate treatment with you.

   B. Request that the physician order blood to be drawn for:

      1. An HIV test
      2. A Hepatitis Profile (includes A, B, C, D, E)
      3. An RPR

   C. Have the physician contact the Infection Control Coordinator and inform them of their recommendations for your treatment and follow-up, and activity level.

7. Follow your physician's recommendations for treatment, follow-up, and activity level.

8. Call your supervisor & notify them of the results & recommendations of your evaluation.

9. Call the Infection Control Officer to advise of your status and any additional needs.

10. Forward all information regarding the incident to Q.M. who will notify Human Resources.

    A. Signed consent for Release of Information related to the exposure to include:
       1. Treatment received
       2. Results of evaluation
       3. Recommendations for follow-up, activity level, & medications prescribed

    B. Copy of physician statement and discharge slip from the emergency room

    C. Bills, statements, etc.

11. See your personal physician to obtain the results of your blood tests and discuss any issues or concerns you may have about the tests and/or results.

My supervisor and I have reviewed this protocol. I understand what is expected and necessary.

Employee Signature Date

Supervisor/Designee Signature Date

INFORMATION FOR EMERGENCY ROOM STAFF
(Consumer)

To: **Emergency Room Staff**

From: **Primary Physician**_____

Nurse/Individual Service Coordinator_____

Subject: **Blood Borne Pathogen Exposure Management (Consumer)**

Please be advised that _____ is receiving
(Consumer Name)
services from MHMR Services for the Concho Valley. This consumer has just been exposed to a blood borne pathogen via,_____ at_____ _____
(Type of injury) *(Time)* *(Date)*

_____.
(Site of Injury)

This consumer is coming to you for immediate evaluation and treatment of the exposure. MHMR Services for the Concho Valley calls for:

1. Baseline serum tests for:
   a. An HIV test
   b. A Hepatitis Profile (includes A, B, C, D. E)
   c. An RPR

2. Counseling and discussion of the risks and benefits of beginning AZT therapy if the source of their exposure is known HIV+ or considered to be a high risk for + due to known risk behaviors.

3. Repeat the tests outlined in item 1, at 6-week, 12 week, and 6-month intervals.

4. Notify the consumer's primary physician, nurse or individual service coordinator of the results and recommendations of the evaluation.

If you have any questions or concerns, please contact the following:

_____	_____	_____
Primary Physician	Office Number	Pager Number
_____	_____	_____
Nurse	Office Number	Pager Number
_____	_____	_____
Service Coordinator	Office Number	Pager Number

INFORMATION FOR EMERGENCY ROOM STAFF
(Employee)

To: **Emergency Room Staff**

From: **Primary Physician/Designee**_____

Nurse/Individual Supervisor _____

Subject: **Blood Borne Pathogen Exposure Management (Staff)**

Please be advised that _____ is an
(Staff Name)
employee of MHMR Services for the Concho Valley. This employee has just been exposed to a blood borne pathogen via,_____ at_____ _____
(Type of injury) *(Time)* *(Date)*

_____.
(Site of Injury)

This employee is coming to you for immediate evaluation and treatment of the exposure. MHMR Services for the Concho Valley calls for:

1. Baseline serum tests for:
   a. An HIV test
   b. A Hepatitis Profile (includes A, B, C, D. E)
   c. An RPR

2. Counseling and discussion of the risks and benefits of beginning AZT therapy if the source of their exposure is known HIV+ or considered to be a high risk for + due to known risk behaviors.

3. Repeat the tests outlined in item 1, at 6-week, 12 week, and 6-month intervals.

4. Notify the named employee and the Workman's Compensation Representative of MHMR Services for the Concho Valley of the results and recommendations of the evaluation.

If you have any questions or concerns, please contact the following:

_____	_____	_____
Employee	Office Number	Pager Number
_____	_____	_____
Supervisor of Employee	Office Number	Pager Number
Frances Butler	(325) 481-4353	NA
Workman's Compensation Rep.	Office Number	Pager Number

NOTICES TO BE POSTED

AT CENTER CAMPUSES

HIV/TB TRANSMISSION and SIGNS & SYMPTOMS OF HIV, AIDS & TB

REVIEWED AND REVISED JANUARY 15, 1998

Incorporated into program
Addendum November 6, 1997
Infection Control Program

HIV TRANSMISSION

Direct contact with person's blood, semen, or vaginal fluids:

(1) By having unprotected sexual intercourse; that is, not using latex condom when having anal, vaginal, or oral intercourse;
(2) By sharing needles, syringes, or sharps;
(3) From an HIV-infected mother to her baby during pregnancy or birth; OR
(4) By receiving HIV-infected blood or blood products. (Risks from transfusions are now very low because of blood screening which started in 1985).

TUBERCULOSIS TRANSMISSION

See Infection Control Program

PARTICULATE MASKS ARE PROVIDED TO STAFF TO ASSIST IN THE REDUCTION OF RISK OF EXPOSURE TO TUBERCULOSIS.

SIGNS AND SYMPTOMS OF HIV

Immune suppression phase: can produce night sweats, weight loss, diarrhea, nerve pain, fatigue, rashes, mouth ulcers and slowing of thinking.

SIGNS AND SYMPTOMS OF AIDS

Can last one to five years with severe infections such as pneumonia, tuberculosis, and tumors in any body system. This virus attacks every organ in the body. Hepatitis B only attacks the liver.

SIGNS AND SYMPTOMS OF TUBERCULOSIS

General Symptoms may include weakness, feeling sick, weight loss, fever, and night sweats. Commons symptoms of TB of the lungs may include long term cough, chest pain, and coughing up blood

POST EXPOSURE ACTIONS/STEPS RECOMMENDED BY CDC FOR BLOOD & BODY FLUID SPILLS

IMMEDIATELY:

(1) Needle sticks and cuts should be washed with soap and water.
(No scientific evidence shows that the use of antiseptics for wound care or squeezing the wound will reduce the risk of transmission of HIV. The use of a caustic agent such as bleach is not recommended).

(2) Splashes to the nose, mouth or skin should be flushed with water.

(3) Eyes should be irrigated with clean water, saline or sterile irrigants.

(4) Report the exposure to your supervisor and/or Infection Control Officer (MR – xt. 355, MH – xt. 420). Prompt reporting is essential because, in some cases, HIV post exposure treatment may be recommended, and it should be started as soon as possible---preferably within 1-2 hours.

POST EXPOSURE FOLLOW-UP MONITORNG:

(1) You should be tested for HIV antibody as soon as possible after exposure (baseline), and periodically for at least 6 months after exposure (e.g. at 6 weeks, 12 weeks, and 6 months).

(2) If you are taking antiviral drugs for post exposure treatment, you should be checked for drug toxicity, including a complete blood count and kidney and liver function tests just before starting treatment and 2 weeks after starting treatment.

(3) You should report any sudden or severe flu-like illness that occurs during the follow-up period, especially if it involves fever, rash, muscle aches, tiredness, malaise, or swollen glands. Such illness or symptoms may suggest HIV infection, drug reaction, or other medical conditions.

(4) During the follow-up period, especially the first 6-12weeks when most infected persons are expected to show signs of infection, you should follow recommendations for preventing transmission of HIV. These include refraining from blood, semen, or organ donation and abstaining from sexual intercourse. If you choose to have sexual intercourse, using a latex condom consistently and correctly may reduce the risk of HIV transmission. In addition, women should not breast-feed infants during the follow-up period to prevent exposing their infants to HIV in breast milk.